

Iowa Cancer Consortium

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MULTI-YEAR PROJECT APPLICATION: FY2018 Iowa Cancer Plan Implementation Grants

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: \$42,485

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

<input type="checkbox"/>	Prevention
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Treatment
X	Quality of Life

Brief project description, including collaborators and summary of timeline, activities and goals. (Suggested length 300-500 words):

THE GOAL of **All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer** is to develop and implement self-sustaining education programs and public awareness campaigns for oncology care providers to improve quality of life issues of sexual health agency and sexual health for Iowans impacted by cancer. The target audience includes advance practice nurses, physician assistants, oncology nurses, social workers, physical and mental health therapists.

In the first grant year, FY17, focus group participants (N=50) from the target audience identified barriers providers face in addressing sexual health issues with patients. A committee of oncology healthcare specialists collaborated to develop a training tool for educating advanced practice professionals. Objectives for the tool:

1. Normalize the provider-patient conversation about sexual health.
2. Set realistic expectations about the impact of side effects.
3. Refer patients to specialists in a timely manner.

As part of a public awareness campaign we created a video and developed a website. The five-minute video (www.allofme.org.) highlights a patient's story of her journey through cancer treatment, sexual health challenges she faced, and the impact it had on her self-image and intimate relationship. The video offers a positive narrative about maintaining agency through support while acknowledging that unaddressed cancer-treatment related sexual dysfunction can adversely affect the patient, their partner and family. Challenges to addressing sexual health topics are also presented.

The website was created as a resource for health care professionals and patients to:

- Request information and schedule training workshops for CEU and CME credit.

- Access selected scientific papers and current articles related to sexual health in oncology.
- Learn common side effects of various therapies and treatment protocols.
- Access training components for addressing sexual health issues with patients.
- Access a Provider Directory and map highlighting facilities having completed the **All of Me** training.
- Access patient resource materials on communication and reconnecting intimate relationships.

Resources are added to the website monthly.

OBJECTIVES for FY2018:

- Our first onsite CEU and CME training workshop is planned for June 2017, at Mercy Cancer Center, Mason City, Iowa.
- Continue committee work developing the training tool addressing sexual health in patients for use by professionals in workshops and conference presentations. The training tool will be detailed on the **All of Me website**.
- Create pre- and post- assessments of the training tool for evaluation and revision with plans to publish results.
- Conduct customized onsite train the trainer workshops in up to five locations across the state. We currently have requests for workshop in Des Moines and the Quad Cities. Onsite workshops will include facilitated sexual health communication practice with simulated patients in oncology specific scenarios and train-the-trainer instruction.
- Present at Des Moines University Grand Rounds during the 2017/2018 academic year. The audience will be 1st and 2nd year physician and physician assistant students, faculty and clinicians. Grand Rounds are streamed live, on-line through GoToWebinar. An average of 250 people attend each Grand Rounds session.
- Continue planning for two **All of Me: Prioritizing Sexual Health and Oncology** conferences: January 2018, University of Iowa Hospitals and Clinics, and April 2018, John Stoddard Cancer Center in Des Moines. Conference speakers will be recorded to create four online learning modules as part of an e-learning series providing CEU and CME credit.

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.journeyforward.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).
- A recent systematic review of patient-provider communication about sexual concerns in cancer affirms that sexual issues go unaddressed for many cancer survivors, particularly women. The authors concluded that

enhanced communication about sexual concerns through evidence-based interventions could improve patient sexual function and quality of life (Barsky Reese, et al. J Cancer Surviv 2017;11:175-188).

- 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?seach_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.
- In our focus groups, during individual calls with target group members, and during past awareness raising presentations to oncology nurses, the importance of sexual health care was acknowledged.

Providers wanted to implement care but described many barriers. 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 for patients suffering from sexual dysfunction as a result of cancer or its treatment. Working with patients during and after cancer treatment on finding intimacy with life partners through new communication strategies. Coaching survivors to address the physical and emotional changes experienced after a diagnosis, to reconnect with their life partners through physical and emotional intimacy.

Present 'voice of the patient' feedback to health care professionals on existing communication gap between healthcare providers and patients regarding sexual health side effects resulting from cancer therapy. I am a cancer survivor of nine years, and have long lasting sexual health issues from my cancer therapy. My experience could have been significantly improved if the provider patient conversation had been normalized, if expectations had been set, and if a referral for rehabilitation therapy had been given in a timely manner.

Through my coaching and advocacy work, I have personally learned how sexual dysfunction has negatively impacted the lives of other cancer survivors. I am passionate about making a positive difference in the lives of patients, as it relates to quality of life issues, specifically sexual health care. Through this project, giving providers the tools and resources to

consistently address these issues, we will positively impact the lives of their patients.

Address: 127 Cayman Street

City, State, Zip: Iowa City, Iowa 52245

Phone: 319-499-1751

Email: erin@aftercancer.co

Project responsibilities:

- Collaborate in validation of teaching tool for sexual health communication in the oncology setting.
- Collaborate to develop onsite train-the-trainer workshop agenda and specific instruction.
- Assist in facilitating Calgary-Cambridge role play scenarios including sexual history-taking sessions.
- Collaborate in training of simulated patients who will participate in onsite workshops.
- Develop oncology specific scenarios to be used for the role plays in the onsite workshops.
- Schedule the onsite workshops with host facilities and interview to understand current process, patient demographics, and specific barriers to care.
- Provide updates for further development of allofmeiowa.org website.
- Collaborate with University of Iowa and Des Moines University to register, promote, evaluate, and transition workshop and conference content to an e-learning platform for online continuing education credits for health care professionals across the state of Iowa.
- Collaborate with University of Iowa Holden Cancer Center and John Stoddard Cancer Center to schedule conference date, develop marketing materials to promote it, and create agenda of speakers and content to be delivered.
- Collaborate with Des Moines University to develop the post assessment evaluation for the distribution of CME and CEU credit.
- Participate in the editing conference content to create the four separate learning modules for online learning to be developed in year two of this proposal.
- Develop additional content for the online learning modules.
- Incorporate evaluations from onsite workshops and conferences to enhance future educational workshops and conferences.
- Continue providing feedback from oncology patients on relevant website and workshop content.
- Form an alliance group of Iowa health care professionals to champion future efforts, beyond the grant project end date, to prioritize sexual health in Iowans impacted by cancer.

PROJECT COLLABORATORS

At least one collaborator is required.

A Letter of Support is required from each collaborator.

[Click here for a sample Letter of Support.](#)

PROJECT COLLABORATOR 1

A Letter of Support is required from each collaborator.

Name: This is a shared role to include Veronika Kolder, MD and Sarah Shaffer, MD

Organization: University of Iowa Hospital and Clinics

Organization description:

- Veronika Kolder (VK)- Associate Professor Clinical Obstetrics and Gynecology, Medical Director Menopause and Sexual Health Clinic, Department of Obstetrics and Gynecology;
- Sarah Shaffer (SS)- Assistant Professor Clinical Obstetrics and Gynecology, Department of Obstetrics and Gynecology.

Email:

veronika-kolder@uiowa.edu; sarah-shaffer@uiowa.edu

Project responsibilities:

In order to ensure project sustainability, capacity for growth, and expand our expertise, we have invited Dr. Shaffer to collaborate. Dr. Shaffer is a generalist gynecologist with interests in the care of females at genetically increased risk for cancers (eg. BRCA gene mutations, Lynch syndrome) and sexual medicine. She has experience in providing Vulvovaginal Disease Clinic specialty care at the University of Iowa, is Assistant Clerkship Director for medical students during their Ob Gyn clerkships at the Carver College of Medicine, and is completing a one-year Association for Professors for Gynecology and Obstetrics scholars and leaders course focused on medical education, medical education research, and curriculum development.

Shared responsibilities:

- Collaborate in creation and validation of teaching tool for sexual health communication in the oncology setting (SS, VK).
- Collaborate to develop customized on-site train-the-trainer agendas (VK).
- Meet with and train the identified simulated patients who will travel with the facilitators to on-site trainings for communications training sessions (VK).
- Co-facilitate Calgary-Cambridge model based sexual health communication sessions during on-site trainings (VK).
- Present content about best practices and management options for preservation and improvement of sexual health for females impacted by cancer during customized on-site trainings as needed (VK).
- Provide updates for further development of allofmeiowa.org website (SS, VK).
- Collaborate in development of provider participation incentivization via website acknowledgement (SS, VK).
- Collaborate with chair and University of Iowa Holden Cancer Center and John Stoddard Cancer Center to schedule conference date, develop marketing strategies and materials to promote conference, and create agenda of speakers and content to be delivered (SS, VK).
- Present one half-hour content at two [All of Me Iowa: Prioritizing Sexual Health in Oncology](#) conferences in January 2018 and April 2018 (SS, VK).
- Collaborate with chair and Des Moines University to update post-assessment evaluation for the distribution of CME and CEU credit (SS).
- Participate in the editing conference content to create the four separate learning modules for online CEU to be developed in year two of this proposal (SS, VK).
- Incorporate evaluations from onsite workshops and conferences to enhance education programs (SS, VK).
- FY2019: Develop additional content for the online learning modules (SS, VK).

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

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 an onsite train-the-trainer workshop.

PROJECT COLLABORATOR 4

A Letter of Support is required from each collaborator.

Name: Vanessa Ross, MHA, CMP, CHCP

Organization: Des Moines University, Des Moines, Iowa

Organization description: Director, Continuing Medical Education

Email: vanessa.ross@dmu.edu

Project responsibilities:

- Provide the following CME/CEU credits to attendees.
 - *AMA PRA Category 1 Credits™* through the Iowa Medical Society
 - American Osteopathic Association Category 2-A Credits
 - Nursing CEUs through the Iowa Board of Nursing
 - Certificates of attendance to all non-physicians and nurses which designate the activity for *AMA PRA Category 1 Credits™*
- Assist in the development, creation, and distribution of the pre- and post-test evaluation.
- Collect attendee registrations through the CME website found at <https://cme.dmu.edu>.

Promote the CME activities to DMU faculty, students, staff, and alumni.

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?

YES

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

This was funded as an FY17 Iowa Cancer Consortium Project.

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

Throughout the last year we have raised awareness of the need for sexual health care training with oncology healthcare professionals across the state. We conducted focus groups to better understand what health care professionals need to address sexual health with oncology patients. As part of the public awareness and development of an educational program, we created a short video highlighting a patient's story, created the All of Me website, www.allofmeiowa.org, a resource for healthcare providers, and began developing a training tool to educate healthcare professionals on addressing sexual health care issues with their patients.

Erin Sullivan Wagner and Dr Veronika Kolder were invited to present the **All of Me Iowa** project, at the 2017 Scientific Network of Female Sexual Health and Cancer Conference, held at UC Davis Campus in Sacramento, California on April 7th, 2017. We received extremely positive feedback, specifically from Sharon Bober, ARNP, Dana Farber Cancer Institute, Jeanne Carter, ARNP, Sloan Kettering Cancer Center, and Stacy Lindau, MD, University of Chicago Comprehensive Cancer Center.

We continue to expand the resource section of the website, with plans to organize the resource section by provider and patient resources. The provider section will contain cancer site specific type resources, therapy specific resources, selected articles to the most recent science regarding sexual health in oncology, current protocols for use in treatment of common sexual health issues, as well as the training components for addressing sexual health issues with patients. The patient resource section will contain additional information on patient stories and communication strategies for reconnecting in intimate relationships during and after cancer treatment.

We will have each facility completing All of Me onsite train-the-trainer workshop be designated as an All of Me site. The designated site will be listed on the www.allofmeiowa.org website. We are currently working on additional strategies to incentivize participation for the All of Me training. We will continue development of a state map, with a star denoting those locations having completed the All of Me onsite training workshop.

Year One:

In year one of this proposal application, FY2018, we will:

- Finalize the training tool for sexual health communication in the oncology setting that we will use in the onsite workshops, test its validity, and publish the findings. Our plan is to submit findings in article form to the Oncology Nursing Forum, a peer-reviewed journal which supports oncology nursing research
- We will plan two conferences on sexual health care and oncology, distributing CEU or CME credit to attendees.
- Record presentations for development of online training program.

Year Two:

In year two of this proposal application, FY2019, we will:

- Transition the onsite workshop content, conference content, and speaker presentations into learning modules, as part of an e-learning program on sexual health care and oncology for continuing education credit.
- Host the 2019 All of Me Iowa conference.
- Form an alliance/committee of oncology healthcare professionals across the state. The group will meet twice annually to discuss best practices related to sexual health provider-patient communications, current barriers to

care, and develop future content for additional online learning modules related to sexual health care in patients.

- Additionally, we will continue to
 - Update the allofmeiowa.org website to add resource information for providers and patients, including a best practice section for facilities trained through the All of Me project, and testimonials from champions who have completed onsite train-the-trainer workshops.
 - Recognize All of Me sexual health champions and their facilities on a state map at the allofmeiowa.org website, and authorize them to use the All of Me logo on their own website and in marketing materials promoting their comprehensive approach to addressing patient needs.
 - Promote addressing sexual health care in oncology patients through social media and email campaigns and through onsite train-the-trainer workshops throughout the year as requested.

TARGET POPULATION

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

The target audience includes advance practice nurses, physician assistants, oncology nurses, social workers, physical and mental health therapists.

What is your experience working with this population(s)?

Over the last 12 months, 50 representatives of the target audience made up our focus groups. The chair and collaborator 1 (VK) conducted focus groups to better understand barriers to care as their first course of action. We reached out to other members of the Iowa Cancer Consortium who are members of the target group and other contacts who had expressed interest in our project.

We had representation of roles and responsibilities of health care professionals who work closely with various patient populations related to specific type of cancer therapies. Those who participated in the focus groups were ARNPs and RNs working in Radiation therapy and Chemotherapy; RNs, ARNP, PAs working in survivorship clinics, ARNPs specializing in AYA concerns, mental health specialists in Iowa City, Cedar Rapids, and Des Moines, and PTs working in private practice in North Liberty and Davenport. We also reached out to patient groups in Des Moines, Fort Dodge, Cedar Rapids, and Iowa City to understand their perspective on the communication gap regarding sexual health conversations.

The committee to develop a training tool for sexual health communication was formed by the chair and lead collaborator, with the thought that we needed representation from advanced practice professionals who our focus groups suggested are responsible for delivering sexual health care in most oncology settings. We reached out to everyone who participated in our focus groups and conducted extensive email correspondence with nursing, PA, and other target group organization leadership. The committee developing the training tool has been meeting once a week for the last 60 days. The current committee representatives include:

- a Doctor of Nursing Practice
- two ARNPs specializing in survivorship and Adolescent and Young Adult (AYA) needs
- a practicum student from the College of Public Health at the University of Iowa
- a certified life coach/cancer survivor and patient advocate (ES)
- two gynecologists, one of whom is trained in curriculum design and medical education research (SS, VK)

After interviewing 7 patients and 8 target group providers, we invited an ARNP who is a cancer survivor and works in survivorship care to share her story in our public awareness campaign video. She continues to be involved with the project.

As part of our continued effort to collaborate with as many lowans in our target group, we presented our project at the Iowa Cancer Consortium Spring meetings in Fort Dodge and Des Moines, and have invited additional individual and groups to collaborate in FY2018 and FY2019. We have promoted the website, www.allofmeiowa.org with an email campaign to advanced practice oncology providers throughout the state.

Estimated number of Iowans reached by the project:

50 target group health care professionals participated in 1-2 hour conversations in clinics, offices, and hospital settings, and in a few cases via conference calls with ES and VK, sharing their experiences and needs related to the provision of sexual health care in the oncology setting. We estimate each focus group member touches a minimum of 125 patients over the course of a year.

We estimate the two half-day conferences planned for FY2018 will have 75 participants each, reaching another 150 providers. Each of the customized onsite train-the-training workshops planned for FY2018 will provide in-depth training to 6 sexual health champions.

The website www.allofmeiowa.org is estimated as having a minimum of 5 visitors/day, touching 450 people over the last 90 days. In the last 12 months we estimate our project connected with 550-600 health care professionals, who will impact the lives of over 6,000 Iowans in the next year. Our goal is 100% participation by Iowa oncology providers who endorse a comprehensive cancer care approach.

ADDRESSING HEALTH DISPARITIES

The Iowa Cancer Consortium will prioritize applications that address health equity and disparities. More information on health equity and disparities in cancer can be found at the following links.

- **CDC Health Disparities in Cancer**
- **NCI About Cancer Health Disparities**

How will your proposed project address health disparities?

There are significant cancer-related health disparities identified in the medical literature. Comparatively little has been written about intersectionalities and the added burden of stigma, shame, and reluctance to disclose sexual health concerns, particularly when the person impacted by cancer is from a minority group that is already burdened by stereotypes related to marital status, sexual behavior, sexually transmitted illness/cancer, gender expression, race and/or ethnicity.

We anticipate that among Iowan adults impacted by cancer:

- 40% or more will have been divorced (Wang & Parker, 9/24/14 pewsocialtrends.org, accessed 5/17/17; Wisner, 8/25/11 The Courier at wfcourier.com accessed 5/17/17)
- 23% of men and 17% of women will never have married, but may be cohabitating
- 13.3% are non-white, non-Hispanic (Iowa - US Census Bureau, census.gov, accessed 5/17/17)
- 6% will identify as part of a sexual or gender minority group
- 4.7% are non-US born (Iowa - US Census Bureau, census.gov, accessed 5/17/17)

Hence we recognize that addressing health disparities in our project will require an inclusive, non-judgmental approach that includes the teaching of advanced skills in rapport building and sexual health communication.

The need for diversity in project leadership was recognized from the inception of this project, and is part of what led ES, the project chair, to collaborate with VK, a lesbian. In creating our video, the main storyline is told by a person who was unmarried at the time of her experience with the sexual health consequences of breast cancer treatment. We recorded

five additional supporting professionals for the video, three of whom were from minority groups (non-white or LGBT). However, Metro, our media consulting firm, recommended using the footage from only one of the supporting individuals, the best actor on camera, to increase the impact of the main story line. In part to compensate for this, we have personally invited a diverse group of professionals to contribute pictures or short videos to the website, and included racially and ethnically diverse images of providers and patients on the website.

Importantly, our approach has been informed by a comprehensive communication model (Calgary-Cambridge model as taught at the Carver College of Medicine) in which building rapport, avoiding assumptions, using of non-judgmental language, and avoiding medical jargon are stressed. We find these to be essential and acquirable skills for professionals tasked with the discussion of sensitive quality of life issues like sexual health in the oncology setting.

Please describe the communities you plan to work with related to health disparities (geography, race, age, gender identity, sexual orientation, insurance status, ability status, etc.)

Through all the communication channels available to us through this project, which include our website, social media email campaign, onsite train-the-trainer workshops, conferences, and future online learning modules, we will train sexual health champions to address the needs of persons most impacted by health disparities.

We will continue to particularly include the stories of unmarried persons (eg. story featured in video), individuals not currently with a partner, non-white people, LGB people, gender nonconforming people, and persons in hospice settings, and senior citizens in all the previously listed groups, as all of these people are the subject of assumptions or stigma related to sex or gender.

How do you plan to reach the communities described above?

We will:

- Continue to invite diverse providers to share their messages on the website.
- List resources specific to minority communities on the website, where possible (eg: therapists who specifically welcome LGBT clients).
- Include diverse images of providers and patients on the website, in brochures, and in patient educational materials.
- Dedicate half an hour to cultural humility and communication about sexual health in the oncology setting.
- Dedicate another half hour presented by a sex therapist to issue of shame and sexual health care.
- Incorporate feedback from a social media or email campaign to solicit input from minority groups regarding their experiences with provider communication on sexual health in their cancer care.

What culturally specific strategies will you utilize within the proposed project? Please provide a brief rationale for the strategies you selected.

- Specific provider resources (LGBT, other) were available on website.
- Word of mouth (ES reaching out to diverse members of cancer survivorship community, VK reaching out to diverse members of medical community).
- Since our target group includes advanced practice professionals, themselves a minority group within the medical field and sometimes disparagingly referred to as mid-level providers, and nurses, who may lack physician support or protocols to include sexual health care within their own institutions, we have tried to listen especially carefully where matters of power and status are concerned, and deliberately sought the collaboration of ARNPs,

PA's, and a DNP in developing our core materials, including the teaching tool still under development.

- Utilize connections to allied groups through the Iowa Cancer Consortium to invite feedback on our work with the goal of improving care of particularly vulnerable or underserved groups.

EVIDENCE BASE

Proposed projects/interventions must be evidence based. This means there is scientific evidence to support that the program will be effective if implemented appropriately.

Click here to view a webinar that explains how to find and use evidence-based programs. Or, email Consortium staff with questions.

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

Health Equity & Disparities evidence-based resources:

- Prevention Research Center (PRC) webinar: Using Evidence-Based Practices: A Webinar for Public Health Practitioners & Community Partners (provides information on tailoring EBI's). **Click here to view.**
- National Cancer Institute: Research-tested Intervention Programs (can search topic, age, setting, race and ethnicity, materials, origination and gender). **Click here to view.**
- National Comprehensive Cancer Control Program (NCCCP) Library of Indicators & Data Sources: Health Disparities Indicators and Evidence-Based Strategies. **Click here to view.**
- CDC pdf: 'A Practitioner's Guide for Advancing Health Equity.' **Click here to view.**
- CDC website: 'Health Disparities in Cancer.' **Click here to view.**

Please explain which evidence-based intervention(s) you have selected during the development of your project.

Please discuss why you chose this intervention(s):

- 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 (a.) 'lack of training of health care professionals, (b.) discomfort of providers with the topic, and (c.) 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 customized on-site follow up visits which include 1) Calgary- Cambridge model based sexual health communication training with simulated patients and train-the-trainer instruction and 2) address lingering barriers to implementation including resource allocation and coding.
- A recent systematic review of patient-provider communication about sexual concerns in cancer affirms that sexual issues go unaddressed for many cancer survivors, particularly women. The authors concluded that enhanced communication about sexual concerns through evidence-based interventions could improve patient sexual function and quality of life (Barsky Reese, et al. J Cancer Surviv 2017;11:175-188).
- 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 evidence-based. It 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 train-the-trainer workshops and conferences and enhanced by the previously created video, created as part of the FY17 proposal.

Requests for funding to support incentives must be clearly justified and strongly supported by evidence:

Funding is requested for training, travel, and payment of simulated patients, and for travel of facilitators (ES, VK) to customized on-site trainings. This request is based on strong evidence for the need for communications training and availability of an evidence-based model for medical communication, the Calgary-Cambridge model. We are adapting this model to the oncology setting where it has great potential to improve the quality of life of Iowans impacted by cancer.

YEAR-ONE PROJECT OBJECTIVES

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

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

SMART Project Objectives are:

- **Specific:** Who? (Target population and persons doing the activity) and What? (action/activity)
- **Measurable:** How much change is expected? (baseline data and goal data; change in rates)

- **Achievable:** Can be realistically accomplished given current resources and constraints.
- **Realistic:** Provides reasonable steps to address the problem.
- **Time-Bound:** Provides a timeline indicating when the objective will be met (specific date/month).

OBJECTIVE 1

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

By August 31st, 2017 Finish and validate a training tool for use in provider-patient communication regarding sexual health for oncology patients. This tool will be used in up to five customized onsite train-the-trainer workshops. Content for the training tool has been derived from focus group meetings: We met with over fifty healthcare professionals across Iowa from August 2016 to February 2017, to understand their need for resources and barriers to care in regards to addressing sexual health issues with their patients. The following are the current barriers to providing sexual health care to patients, compiled from our focus groups.

- No formal training for health-care professionals on how to address the topic of sexual health/initiating the conversation.
- No additional time in the day.
- No system/process in place today regarding the timing of when to address these issues, patients, or whose responsibility it is.
- Lack the knowledge of resources/specialists available to address patient concerns.
- Concern about embarrassing self or patient and offending patient.
- Privacy concerns (patient is seldom alone after the diagnosis).
- Need physician support to implement consistent behaviors regarding sexual health care.
- A Current Culture that believes patients will ask for help if needed.

The training tool consists of three main components to address the above barriers to care in an oncology setting. The three main components are normalizing the provider-patient conversation, setting realistic expectations, and timely referring patient out to other health care specialists when needed. We have formed a committee of six people, meeting weekly, to develop a measurable training tool. Sylvia Blanchfield, PhD, is a nurse educator, recently joined the committee to provide awareness and assistance in regards to the latest educational methodology used in nurse education. The training tool, once finalized, will be validated with a pre-and post-assessment, with the intent to publish the findings.

We will use this training tool in our onsite train-the-trainer workshops, at our two Sexuality and Oncology conferences planned for January and April of 2018, and will be made available on our website, www.allofmeiowa.org.

The first **All of Me** onsite train-the-trainer workshop is scheduled at Mercy Cancer Center in Mason City in June, 2017. We have requests from facilities in Des Moines, Cedar Rapids, and the Quad Cities to schedule onsite train-the-trainer workshops in the summer and fall of 2017. Our workshops are designed in a train the trainer format to develop champions and a sustainable program implemented within the facility. The four hour workshop will include oncology specific role play scenarios with two simulated patients, two facilitators, and six healthcare professionals. We will specifically address the three training components, normalizing the provider-patient communication, setting realistic patient expectations, and referring patients to specialists in a timely manner when needed. The provider-patient role plays will include patients of diverse backgrounds regarding age, race, cultural, and sexual orientation. From our focus groups, we learned the provider-patient discussion on sexual health is additionally challenging with patients of diverse culture, varying ages and marital status, and sexual orientation.

After attending our onsite train-the-trainer workshops, the health care professional will have the confidence and the wording to comfortably and consistently address sexual health issues with patients after an oncology diagnosis.

We will use the feedback and evaluations from each workshop to improve our training materials and role play scenarios

for the remaining workshops scheduled throughout the project. The **All of Me** onsite train-the-trainer workshops have been approved for 4.8 hours of CEU credit and 4 hours of CME credit distributed by Des Moines University in Des Moines, Iowa.

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

We currently have a committee, meeting weekly on a conference call, working on this training tool. The committee consists of one physician, one nurse educator, two nurse practitioners, one former patient/advocate, and our practicum student, through the University of Iowa School of Public Health, assigned to this project.

We will schedule the workshops with our contacts at up to five facilities to train six professionals on the provider-patient communication, conducting oncology specific role plays with simulated patients and facilitators. We will also do a pre and post evaluation at every onsite train-the-trainer workshop to continually improve the content and delivery of the training, for every subsequent workshop throughout the project

We have the first workshop planned for June in Mason City, and have workshop request in Des Moines and the Quad Cities.

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

The committee is collaborating with Des Moines University on writing the pre- and post- evaluation questions to validate the training tool used in the **All of Me** onsite train-the- trainer workshops, and we will publish the results. Attached is the evaluation form that will be used in our first workshop in June 2017. Once our training tool is finalized, it will be validated.

Target completion date: (This date should be included in your objective.)

The training tool will be completed by August 2017 and will be used in the onsite train-the-trainer workshops throughout the year.

Individual/organization responsible:

Erin Sullivan Wagner, chair, Veronika Kolder, MD, Sarah Shaffer, MD, Vanessa Ross, Des Moines University

OBJECTIVE 2

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

By April 2018, we will have presented two half-day conferences, **All of Me Iowa: Prioritizing Sexual Health in Iowans Impacted by Cancer**, providing a state-of-the-art update on the multidisciplinary field of sexual medicine and oncology to our oncology provider target group. The goal of these conferences is to improve sexual health care in the oncology setting in Iowa through education about sexual health communication, evidence-based practices, and removal of barriers to care.

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

July 2017: Finalize date and room with hosting institution.

August 2017: Design an outreach strategy to reach as many target group providers as possible.

August 2017: Select, invite, and prepare speakers.

August 2017: Arrange high-quality integrated recording of speaker, slides, and agenda for each half-hour presentation

during January 2018 Holden Cancer Center conference, for later adaptation to and incorporation into All of Me website as CEU.

November 2017: Design pre- and post-conference participant evaluations.

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

We will collaborate with Vanessa Ross from Des Moines University to create the pre- and post-conference participant evaluations, to measure achievement of conference objectives.

Target completion date: (This date should be included in your objective.)

January 2018 - Holden Cancer Center

April 2018 - John Stoddard Cancer Center

Individual/organization responsible:

All of Me collaborators are responsible for organizing and conducting conferences, pre- and post-evaluation. Host institution will provide space.

OBJECTIVE 3

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

By the end of May 2018, we will select content to be developed into four online learning modules for CEU and CME credit.

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

Review content from January and April conferences to select the material to be used for the online learning modules. A visual reference guide will be incorporated in each learning module with information/titles describing each slide and corresponding time associated to each slide. Learners will be able to move backward and forward through the learning modules by using the reference guide.

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

Create pre- and post- assessments of the training tool for evaluation.

Target completion date: (This date should be included in your objective.)

May 2018.

Individual/organization responsible:

Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, MD, Vanessa Ross, Des Moines University.

YEAR-ONE EVALUATION PLAN

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

Example methods for collecting evaluation data:

- Surveys about satisfaction and importance of the initiative.
- Behavioral surveys (pre-/post-).
- Interviews with key participants.
- Available data sources (Community Health Needs Assessment, BRFSS, Iowa Cancer Registry, census data, etc.).
- Observations of behavior and environmental conditions.
- Self-reporting, logs or diaries.
- Documentation system and analysis of contribution of the initiative.
- Community-level indicators of impact (e.g. cancer rates).
- Documentation of policy or systems changes.

For additional information about creating an evaluation plan, email: allred@canceriowa.org.

What are your evaluation questions? (Examples: How has behavior changed as a result of participation in the program? Are participants satisfied with the experience? How much and what kind of a difference has the program or initiative made on the community as a whole?)

Please see attached evaluation form from Des Moines University Continuing Education Department. As the teaching tool for sexual health communication in oncology is completed, pre- and post-assessment questions for learners will be used to evaluate and validate the tool. We will address four areas on each conference call as follows:

- What was the most helpful part of the training?
- What have you implemented with patients?
- What challenges have you faced in the implementation or with using the tool?
- What do you need from us to be successful?

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

We will know the project is successful through:

- Number of website hits
- Richness of descriptive content and resources on website
- Workshop and conference evaluations
- Follow-up conference calls after workshops
- Shift in medical culture:
 - Advance practice professionals are empowered to provide sexual health care in the oncology setting
 - Iowans impacted by cancer retain agency over their sexual health, experience improved sexual health care and outcomes, resulting in better quality of life

What baseline data will you use and how will you collect it?

Baseline data will be:

- Qualitative assessments of current practices and barriers to care from focus groups.
- Quantitative assessments before workshops and conferences.

What data will you collect during the project period and how will it show progress?

We will collect evaluation data at every onsite train-the-trainer workshop and make improvements to that evaluation form as needed. We will also collect evaluation data at the two conferences we are planning for 2018.

The training tool we are actively working on completing by August 2017 will also have a pre- and post-assessment component. This will be used to validate our approach. This tool will be used in our workshop training and will be

available on our website. Our intent is to publish our findings on the success of this tool. We are currently working with Sylvia Blanchfield, PhD, a retired nurse educator, on this part of the project.

Website hits will be tallied quarterly through the use of Google Analytics and inform revisions in project strategy.

What data will be compared to baseline data to show the success of the project? How will this data be collected?

Pre- and post-assessment will be performed at each half-day conference and at each customized on-site training.

Number of hits to website will be tallied.

Qualitative data will include testimonials from providers on the website.

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

Vanessa Ross

Des Moines University

(515) 271-4226

Vanessa.ross@dmu.edu

Erin Sullivan Wagner

(319) 499-1751

erin@aftercancer.co

YEAR-TWO 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>

SMART Project Objectives are:

- **Specific:** Who? (Target population and persons doing the activity) and What? (action/activity).
- **Measurable:** How much change is expected? (baseline data and goal data; change in rates).
- **Achievable:** Can be realistically accomplished given current resources and constraints.
- **Realistic:** Provides reasonable steps to address the problem.
- **Time-Bound:** Provides a timeline indicating when the objective will be met (specific date/month).

OBJECTIVE 1

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

By October 2018, we will create four online learning modules from the onsite workshop content and conference presentations, to be part of an e-learning series on sexual health care and oncology for continuing education credit for healthcare professionals.

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

Using content from the multidisciplinary conferences, we will develop the online educational version of the project, which will be available on the website in four learning modules with CEU and CME credits offered. We are currently working with the University of Iowa Holden Cancer Center and Des Moines University on the details of developing those modules. Des Moines University has given us the pricing for hosting the site for online learning in an audio version only. We have corresponded with Tina Devery, MHA, Associate Director of Administration, Holden Cancer Center, and Brittain Deerberg, of the CME Office at the Carver College of Medicine, University of Iowa to discuss project details and have tentative agreements to collaborate.

We have yet to determine whether these presentations will be audio only or audio/visual, based on finances and ease of access for learners. By developing this content in an e-learning format we will offer sustainable learning with minimal cost annually, as we will only be paying for hosting, maintenance, and updates to the content.

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

In collaboration with Des Moines University we will develop online pre- and post- assessment.

Target completion date: (This date should be included in your objective.)

October 2018

Individual/organization responsible:

Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, MD, Vanessa Ross, Des Moines University, Des Moines University, University of Iowa Holden Cancer Center, John Stoddard Cancer Center

OBJECTIVE 2

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

By March 2019, we will plan and host our third half-day conference, **All of Me Iowa: Prioritizing Sexual Health in Oncology**, providing a state-of-the-art update on the multidisciplinary field of sexual medicine and oncology to our target group.

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

- August 2018: Finalize date and room with hosting institution.
- September 2018: Begin the e-marketing campaign to reach as many target group providers as possible.
- October 2017: Select, invite, and prepare speakers.
- October 2017: Arrange high-quality integrated recording of speaker, slides, and agenda for each half-hour presentation during 2019 annual All of Me Sexual Health conference, for later adaptation to and incorporation into All of Me website as CEU credit.
- November 2017: Design pre- and post-conference participant evaluations.

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

In collaboration with Des Moines University we will develop a pre- and post- assessments.

Target completion date: (This date should be included in your objective.)

March 2019.

Individual/organization responsible:

Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, MD

OBJECTIVE 3

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

By May 2019 an alliance group will be created, comprising of at least five oncology health care champions across the state who have completed the All of Me train-the-trainer workshop.

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

- Meet twice annually to discuss new science, current studies, and articles to be added to website resources.
- Discuss current barriers to care and best practices regarding sexual health care for oncology patients.
- Collaborate on content and schedule for annual Sexuality and Oncology Conference.
- Collaborate on content updates for online learning modules.

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

- Members identified and listed on the www.allofmeiowa.org website.
- Updates will be added to the www.allofmeiowa.org website.
- Updates will be added to the Iowa Cancer Consortium newsletter.

Target completion date: (This date should be included in your objective.)

May 2019

Individual/organization responsible:

Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, MD

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

Example methods for collecting evaluation data:

- Surveys about satisfaction and importance of the initiative.
- Behavioral surveys (pre/post).
- Interviews with key participants.
- Available data sources (Community Health Needs Assessment, BRFSS, Iowa Cancer Registry, census data, etc.).
- Observations of behavior and environmental conditions.
- Self-reporting, logs or diaries.
- Documentation system and analysis of contribution of the initiative.
- Community-level indicators of impact (e.g. cancer rates).
- Documentation of policy or systems changes.

For additional information about creating an evaluation plan, email allred@canceriowa.org.

What are your evaluation questions? (Examples: How has behavior changed as a result of participation in the program? Are participants satisfied with the experience? How much and what kind of a difference has the program or initiative made on the community as a whole?)

Please see attached evaluation form from Des Moines University Continuing Education Department. We will address four areas in evaluating the e-learning modules and March 2019 conference:

- What was the most helpful part of the learning module/conference?
- What will you implemented with patients?
- What challenges will you faced in implementation?
- What do you need from us to be successful?

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

We will know the project is successful through:

- Number of website hits
- Number of contacts via website
- Qualitative assessment of richness of descriptive content and resources on website
- Workshop, conference, and online learning evaluations
- Follow-up conference calls after workshops
- Shift in medical culture:
 - Advance practice professionals are empowered to provide sexual health care in the oncology setting
 - lowans impacted by cancer retain agency over their sexual health, experience improved sexual health care and outcomes, resulting in better quality of life

What baseline data will you use and how will you collect it?

Baseline data will be:

- Qualitative assessments of current practices and barriers to care from focus groups.
- Quantitative assessments from workshops and conferences conducted in FY2018.

What data will you collect during the project period and how will it show progress?

We will collect evaluation data at every onsite train-the-trainer workshop and make improvements to that evaluation form as needed. We will also collect evaluation data at the March 2019 conference and compare it to the data from the two conferences in FY2018. Website hits and contacts will be tallied quarterly and compared to FY2018 using google analytics to inform revisions in project strategy.

What data will be compared to baseline data to show the success of the project. How will this data be collected?

Results from assessments of workshops, conferences, and e-learning modules from FY2019 will be compared to FY2018.

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

Erin Sullivan Wagner, erin@aftercancer.co, 319-499-1751

Sarah Shaffer, sarah-shaffer@uiowa.edu

Vanessa Ross, vanessa.ross@dmu.edu, (515) 271-1541

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 training tool we develop and validate will be used to train six professionals at each site in a train-the-trainer format. These healthcare professionals will be the sexual health champions at that facility and will train other healthcare professionals within their facility and community.

Each facility completing the training and endorsing a comprehensive approach to cancer care that includes sexual health care will be acknowledged on a state map on the website. Each facility will have the opportunity to take part in follow up conference calls designed to address questions or challenges in implementing sexual health care. These calls will take place 45 days after the train-the-trainer workshop and again after 90 days, with the goal of assisting in addressing implementation challenges.

The training tool will be published and distributed to Iowa Cancer Consortium members, sent to all cancer facilities throughout the state of Iowa in an email campaign, will be available on the www.allofmeiowa.org website. The alliance group will continue to expand the resources for health care providers and patients on the www.allofmeiowa.org website, plan annual conferences, and update online learning offerings. Additional presentation material will include, the impact on mental health, stability of committed relationships, cultural humility in sexual health care, best practices on providing sexual health services as a revenue source for the facility, and considering and calculating cost avoidance.

The relationships we have developed with oncology healthcare professionals across the state will remain a lasting resource to the oncology community.

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

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 and a link to the www.allofmeiowa.org website through the www.canceriowa.org website.
X	Work with mass media to share information about the project.
X	Other: <ul style="list-style-type: none"> ● Email to Iowa Cancer Consortium members and LinkedIn contacts across the state. ● Facebook marketing campaign to various health care individuals, groups, and associations regarding the resources available to them, the www.allofmeiowa.org website, upcoming onsite train-the-trainer workshops, and conferences. ● Present training tool to the Scientific Network of Female Sexual Health in Oncology, where we presented the abstract at the Spring meeting, April 7th, 2017, in Sacramento at University of California, Davis Campus.

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 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 incorporated 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:

	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**:

- Increase knowledge and awareness of the issues relevant to people impacted by cancer.
- Increase confidence and competence in addressing sexual health with patients.

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.

YEAR-ONE PROPOSED PROJECT BUDGET

[Click here to view grant instructions with allowable expenses.](#)

Budget Items and Explanation (Please divide into categories – which may include: staff support, travel, supplies, equipment, etc.) *If service delivery or incentives are included in the budget please include a statement of need with each budget item.	Consortium Funds (funds being requested from the Consortium)	Other Funding (In-kind support, collaborator financial support, & other financial support.)	Total Funds for project (Consortium Funds + Other Funding)
Category:			
Curriculum development related to 5 workshops, 2 conferences, and development of training tool- project staff time (7 hours@\$125x 4 people)	\$3,500	\$30,000	\$33,500
Presentation/workshop travel (150 miles x \$.39x4 people)x5 workshops	\$1,170	\$0	\$1,170
Annual fee for CEU application (workshop training application and conference application- \$500/each x 2	\$1,000	\$0	\$1,000
Registration online through Des Moines University for workshops and conference- \$150 for all workshops and \$150 for conferences	\$300	\$0	\$300
CEU distribution through DMU at \$100/activity- 5 workshops/2 conferences	\$700	\$0	\$700
Develop evaluation materials \$150 for each-workshop and conference	\$300	\$0	\$300
Handouts, surveys, creation of marketing materials	\$150	\$0	\$150
Room usage workshop trainings/2 conferences	\$700	\$700	\$1,400
Honorariums and travel expenses for national/regional presenters for two conferences	\$4,200	\$1,200	\$5,400
Lunch for workshop participants for in 5 locations (\$12 x 12 attendees, facilitators, simulated patients, host/workshop x 5 workshops)	\$720	\$0	\$720
Winter and Spring conference lunch (\$12 x 75 attendees x 2 conferences)	\$1,800	\$0	\$1,800
Regional and national speakers (hotel expenses for speakers- \$175x 4)	\$700	\$0	\$700
Website maintenance and additions/changes	\$3,800	\$0	\$3,800
Professional Recording Conference speakers/edit, add agenda in time segments, content materials for development of web based online learning modules	\$2,500	\$800	\$3,300
Online learning modules - Development fee for annual hosting	\$500	\$0	\$500
TOTALS	\$22,040	\$32,700	\$54,740

YEAR-TWO PROPOSED PROJECT BUDGET

[Click here to view grant instructions with allowable expenses.](#)

Budget Items and Explanation (Please divide into categories – which may include: staff support, travel, supplies, equipment, etc.) *If service delivery or incentives are included in the budget please include a statement of need with each budget item.	Consortium Funds (funds being requested from the Consortium)	Other Funding (In-kind support, collaborator financial support, & other financial support.)	Total Funds for project (Consortium Funds + Other Funding)
Category:			
Curriculum development/revisions for online learning modules/workshops/ conference- project staff time- (8 hours@\$125 x 3 people)	\$3000	\$25,000	\$28,000
Annual fee for CEU application (workshop training application and conference application- \$500/each x 2	\$1,000	\$0	\$1,000
Annual fee and distribution of credits for CEU/CME through Univ of Iowa, conference	\$1,375	\$0	\$1,375
Annual fee and distribution of credits for CEU/CME through Univ of Iowa, online learning	\$1,850	\$0	\$1,850
CEU distribution through DMU at \$100/activity- 3 workshops/1 conference	\$400	\$0	\$400
Registration online through Des Moines University for workshops and conference- \$150 for all workshops and \$150 for conferences	\$300	\$0	\$300
Develop evaluation materials \$150 for each-workshop and conference	\$300	\$0	\$300
Conference- online registration through University of Iowa-	\$300	\$0	\$300
Room usage for 3 workshop trainings/ 1 conference	\$500	\$0	\$500
Honorariums and travel expenses for national/regional presenters for annual conference	\$2,100	\$800	\$2,900
Presentation/workshop travel (150 miles x \$.39x4 people)x3 workshops	\$600	\$0	\$600
lunch for workshop participants for in 5 locations (\$12 x 12 attendees, facilitators, simulated patients, host/workshop x 5 workshops)	\$720	\$0	\$720
Regional and national speakers-hotel expenses for speakers- (\$175x 2)	\$350	\$0	\$350
Website hosting, maintenance, and content additions/changes	\$3,400	\$0	\$3,400
Edit conference/workshop/resource content to create file to be uploaded into four online learning modules	\$3,500	\$0	\$3,500
Online learning modules - annual hosting and maintenance	\$750	\$0	\$750
TOTALS	\$20,445	\$25,800	\$46,245



Iowa Cancer Consortium

www.canceriowa.org