

Iowa Cancer Consortium

www.CancerIowa.org

Click [HERE](#) to access the FY19 Iowa Cancer Plan Implementation Grants Invitation for Proposals documents.

MULTI-YEAR PROJECT APPLICATION: **FY2019 Iowa Cancer Plan Implementation Grants**

PROJECT INFORMATION

RESOURCE: [Writing a Grant Application for Funding](#)

Project Title: All of Me: Prioritizing Sexual Health in Iowans Impacted by Cancer

Total funding amount requested: **\$24,484**

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

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THE GOAL of **All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer** is to develop and implement self-sustaining education programs, along with a public awareness campaign for oncology care providers. We aim to improve quality of life, sexual health agency, and sexual health for Iowans impacted by cancer. The target audience includes advance practice professionals, oncology nurses, social workers, and physical and mental health therapists. Collaborator #1 and #2 are actively involved in the development of educational materials related to the implementation framework, the on-site workshops, creation of the e-learning modules, and other website content. Collaborator #2 and #3 have supported this project for the last two years by review our project design, participating in the video awareness campaign for the project website. Collaborator #5 has been involved with the project learning events as the accrediting body for CME and Contact Hour Credits.

In the first grant year, FY17, focus group participants (N=50) from the target audience identified barriers faced in addressing sexual health with patients. A workgroup of oncology advanced practice professional and nurses collaborated to develop a training tool, now referred to as the Implementation Framework, for educating advanced practice professionals and implementing sexual health care in oncology settings. Objectives of the framework include:

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.

We have validated and refined this five page framework with the providers who attended the two **All of Me** conferences conducted in FY2018.

As part of the public awareness campaign, we created a five-minute video which can be viewed at www.AllofMelowa.org. It highlights a patient's journey through cancer treatment, the sexual health challenges she faced, and the impact it had on her self-image and intimate relationship. The video describes the All of Me project and is shown at the beginning of every conference, workshop, and presentation we conduct.

The project website was created as a resource. Health care professionals and patients can:

- Request information and schedule on-site workshops for continuing medical education and nursing contact hour credit.
- Access selected scientific articles related to sexual health and oncology.
- Learn common side effects of cancer therapies.
- Access workshop materials including pre-workshop homework.

- Access a Provider Directory and map highlighting facilities that have completed **All of Me** workshops (available in July 2018).
- Access patient education materials on sexual health and relationships

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 Marital 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?search_api_views_fulltext=sexuality), 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, Fort Dodge and Waterloo. Veronika Kolder, MD and Brad Erickson, MD have partnered with Ms. Sullivan Wagner since 2014, raising awareness about sexual health and cancer through presentations to the oncology nursing community at John 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.
- Patients have also joined this movement to validate this project and offer guidance and feedback for the on-site workshop exercises.
- A needs assessment was undertaken fall of 2017. This consisted on collection of peripheral information

as well as a survey of 'target audience' members working in Iowa.

o In addition to consideration of literature previously noted, review of content from recent conferences hosted by national and international organizations focused on oncology or sexual health was considered. Very few occurrences of simultaneous consideration of sexual health and oncology were identified. The course listings for advanced practice degree programs in Iowa were considered for content. None of these programs were found to have a combination, much less a robust offering, of information about oncology and sexual health.

o A survey of local 'target audience' members was also undertaken. Response showed that, while over half reported encountering cancer or cancer-related health issues >20 in a week, more than half also reported that they rarely encounter sexual health topics (<5 times a week). Two sexual dysfunction knowledge questions were tucked into the survey; only one in five answered correctly that 80% of patients impacted by cancer will experience sexual side effects or negative effects on sexual function. No one correctly identified a situation lacking criteria to represent true sexual dysfunction. Finally, while most respondents felt that both their cancer and sexual health training were adequate, 100% of respondents voiced interest in a framework aimed at supporting sexual health care in an oncology setting.

Please explain how your project has demonstrated progress throughout Year 1:

During FY2018 we held two all-day multi-disciplinary **All of Me** conferences on sexual health and cancer, one at University of Iowa Hospital and Clinics in January 2018 and the other at John Stoddard Cancer Center in April 2018. The UIHC conference registered 110 enthusiastic participants. We arranged to have eight conference presenters make Panopto TM recordings for future use as learning modules, part of the online learning series we are creating in FY2019. These learning modules will qualify for CME and continuing education contact hour credit for health care professionals.

Over the course of the past funding year, we added resources to the project website. We have recently organized the provider and patient resources by cancer type, gender, and symptoms. We are continuing to add both provider and patient resources as needs are identified through our workshops.

At the start of FY2018 we had not conducted any on-site workshops with simulated patients. Over the past year, we have scheduled five workshops and completed four.

- Mercy Cancer Center, Mason City, Iowa
- Covenant, Mercy Hospital, Waterloo, Iowa
- Hall-Perrine Cancer Center, Cedar Rapids, Iowa
- University of Iowa, Iowa City, Iowa

So far, five additional sites have requested workshops for FY2019. Letters of support from these facilities are attached.

Erin Sullivan Wagner was the invited speaker on behalf of the **All of Me** project for Grand Rounds at Des Moines University in September 2018. Two hundred fifty participants attended.

- o At the beginning of the FY2018 we had a skeleton draft of a training tool for sexual health care for oncology providers based on prior work. We had identified three main components, but nothing further. Over the course of the year, a multi-site workgroup met by conference call for an hour or more each week to develop the tool. While originally conceived as a training tool, our collaboration led to development of what we now see as a framework for the implementation of sexual health care in oncology clinics. We then designed questions for providers to evaluate the framework and set aside dedicated time at each of the two **All of Me** conferences earlier this year for provider validation of the framework. Attendees to the All of Me Iowa conferences held in Iowa City in January and Des Moines in April were provided the draft Implementation Framework for review in small groups. They were queried about content, understandability, relevance, usability, perceived barriers in implementation and preferred format to maximize accessibility. Nearly all feedback was positive stating these goals had been achieved or highlighting particularly useful portions. Constructive responses with suggestions for improvement were also received. The most common concern expressed for the version of the Implementation Framework shared was the length and the amount of information included ("too wordy", "may be overwhelming", "needs to be simplified"). Other common comments included: include/integrate existing

patient information (e.g. NCCN Patient & Caregiver Resources website), continue to consider options for dissemination, information to garner institutional support and team member buy-in as well as assistance with reimbursement for sexual health care provision in the oncology setting.

After each conference, we returned to the document with new feedback and refined content. We have added relevant reference material to support the implementation framework. These reference materials have been added to the project website, www.AllofMelowa.org.

ALIGNMENT WITH THE IOWA CANCER PLAN

2018-2022 Iowa Cancer Plan: <http://canceriowa.org/iowa-cancer-plan.aspx>

Below, please indicate which 2018-2022 Iowa Cancer Plan **priority(ies)** this project aligns with:

- | | |
|---|--|
| | 1. (PREVENTION) Prevent cancer from occurring whenever possible. |
| | 2. (SCREENING) Detect cancer at its earliest stages. |
| | 3. (TREATMENT) Improve the accessibility, availability, and quality of cancer treatment services and programs. |
| X | 4. (QUALITY OF LIFE) Ensure the highest possible quality of life for all Iowans affected by cancer. |
| X | 5. (HEALTH EQUITY) Identify and eliminate cancer health disparities. |

This project aligns with the following 2018-2022 Iowa Cancer Plan goal:

- Our primary goal and action steps align to Quality of Life 13I and 13J.

This project also aligns to the following goals and action steps.

- Goal 1: Collaboration 1B, 1D, 1F
- Goal 10: Increase Access 10A, 10D, 10G
- Goal 11: Increase Treatment/Training 11B and 11D
- Goal 13: Quality of Life 13I, 13J, 13K, 13L, 13M, 13O (Our primary goal and action steps align to 13I and 13J)
- Goal 14: Health Equity 14A, 14C, 14F, and 14G

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 St

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 (REQUIRED)

A Letter of Support is required from each collaborator.

Name: Sarah Shaffer, DO

Organization: University of Iowa Hospitals and Clinics, Iowa City, Iowa

Organization description:

Sarah Shaffer (SS)- Assistant Professor Clinical Obstetrics and Gynecology, Department of Obstetrics and Gynecology.

Email: 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 become collaborator #1. 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.

Responsibilities:

- Collaborate in creation and validation of the implementation framework for sexual health care in the oncology setting.
- Provide updates for further development of project website.
- Collaborate in development of provider participation incentivization via website acknowledgement.

Collaborate with chair and Des Moines University to update post-assessment evaluation for the distribution of CME and nursing contact hour credit

- Participate in the editing conference content to create the learning modules for online for CME and nursing contact hour credits to be developed in FY2019.
- Incorporate evaluations of implementation framework obtained from providers at the two 2018 All of Me conferences to enhance implementation framework and education programs.
- Plan full-day statewide All of Me conference for FY2018

PROJECT COLLABORATOR 2

A **Letter of Support** is required from each collaborator.

Name: Veronika Kolder, MD

Organization: University of Iowa Hospitals and Clinics, Iowa City, Iowa

Organization description:

- Organization description: Veronika Kolder (VK)- Associate Professor Clinical Obstetrics and Gynecology, Medical Director Menopause and Sexual Health Clinic, Department of Obstetrics and Gynecology

Email: veronika-kolder@uiowa.edu

Project responsibilities:

- Co-facilitate five on-site workshops
- Analyze workshop content and evaluations analysis to inform ongoing workshop and project development
- Train and update simulated patients who travel to on-site workshops with the facilitators
- Present evidence-based content about sexual health care in oncology, medical communication, and management options for preservation and improvement of sexual health for females impacted by cancer during customized on-site workshops, as needed.
- Provide updates to and further development of project website.
- Participate in project Sustainability Workgroup.
- Collaborate in development of provider participation incentivization via website acknowledgement
- Develop additional content for the e-learning modules

PROJECT COLLABORATOR 3

A **Letter of Support** is required from each collaborator.

Name: Kimberly Leslie, MD

Organization: University Of Iowa Hospitals and Clinics

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

Email: kinberly-leslie@uiowa.edu

Project responsibilities: Review project design

PROJECT COLLABORATOR 4

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 5

A Letter of Support is required from each collaborator.

Name: Vanessa Ross

Organization: Des Moines University, Des Moines, Iowa

Organization description: Director, Continuing Medical Education

Email: vanessa.ross@dmu.edu

Project responsibilities:

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

PROJECT COLLABORATOR 6

A Letter of Support is required from each collaborator.

Name: Suzanne Hockley Murry

Organization: Independent

Organization description: Licensed Psychologist (WI); Consultant and Coach to Individuals, Groups, and Organizations. Specializing in facilitating the change process; and maximizing the thriving of individuals, groups, and organizations. Cancer Survivor.

Email: mbswellbeing@gmail.com

Project responsibilities:

- Member of the Sustainability Workgroup
- Strategic Thought Partner on Project Design, Implementation, and Sustainability Issues-as directed by the Project Director and Veronika Kolder, MD
- Consultant to the Project Collaborators re: achieving Organizational and Systemic support of the project's Mission and their commitment to including sexual health in cancer care.
- Coach to the Project Collaborators re: developing effective ways of engaging key stakeholders including Iowa Oncology Clinic leadership. Develop collaborative partnerships.

PREVIOUS ACTIVITIES

As a part of the review process, consideration will be given to projects that have demonstrated success 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.

- Please see the [Iowa Cancer Consortium Project Bank](#) for ideas.

Has the project been implemented previously? yes

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

This project is in the second year of a multi-year application submitted in May 2017 for FY2018 and FY2019.

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

The funds for FY2019 will be used to expand our reach throughout Iowa and make this project sustainable for FY2020 and beyond.

Expanding our reach-

- "All of Me" half-day onsite workshops: Throughout FY2018 we have concentrated our efforts on reaching providers in the eastern Iowa area where we are located. As of May 2018, we have conducted workshops in Mason City, Cedar Rapids, Waterloo, and Iowa City. Feedback from these workshops have given us valuable information on how to improve the pre read materials, the day of exercises, the oncology scenario role plays, and the workshop content materials.
We have actively sought out facilities outside eastern Iowa to collaborate on this project for FY2019 and to expand our current reach. The following sites have expressed interest, are scheduled, or are in the process of scheduling workshops:

June E Nylen Cancer Center, Sioux City, Iowa

Unity Point, Cedar Rapids Community Cancer Center, Cedar Rapids, Iowa

Trinity Cancer Center, Fort Dodge Iowa

Mercy Cancer Center, Des Moines, Iowa

John Stoddard Cancer Center, Des Moines, Iowa

Unity Point, outreach clinics, Ankeny Iowa

We will also be in contact with sites in the Dubuque and Quad Cities for scheduling workshop in FY2019.

- Expanding our reach through developing an online learning educational series for health care providers on In addition to growing our impact and expanding our reach throughout Iowa, we are focused on sustainability by creating a train the trainer package for all workshops. In FY2019, we will include a pre-packaged set of materials to leave with the facility at the end of the workshop. Materials will include:

- Pre-read materials and activities related to understanding the facility's current patient communication workflow and referral roadmap
- The day of agenda with timeline for each agenda item
- Slide presentations on evidence based research related to sexual health and cancer and common issues related to men's and women's health
- Exercises for the learner to accompany the role play videos of the various oncology scenarios. These role plays will instruct on creating an introductory script to initiate the conversation with patients, appropriate responses and transitions out of the conversation, and how to address sexual health side effects in challenging patient situations to include the following:
 1. Patient offended at the topic of sexual health
 2. Patient with others accompanying them in the room
 3. An emotional patient
 4. Patient with cultural differences
- Video of the All of Me Project overview, highlighting a patient story and the impact of her treatment on her intimate relationship and her quality of life. This video offers a positive narrative about the role health care providers can play in addressing sexual health with their patients.
- A Patient Communication Workflow outlining the current opportunities to address patient side effects of their specific cancer treatment. Every opportunity to discuss side effects is an opportunity to discuss sexual health side effects as well.

- Referral Roadmap of the current process of when and who to refer patients to within your organization as well as outside your organization when necessary.

We are also expanding our reach by continuing to expand the website resources for providers and patients.

- The provider section contains 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. We continue to add provider resources to this site
- The patient resource section contains additional information on patient stories and communication strategies for reconnecting in intimate relationships during and after cancer treatment. We continue to add patient resources to this site on a monthly basis.
- We are planning to add online course modules to the AllofMelowa.org website as well. Though the continuing education credits will be received by reviewing the courses on either Des Moines University or University of Iowa learning platform, our website will have the courses available to all. Currently we have eight courses ready to upload and will be adding a minimum of four additional courses in FY2019. We are also adding courses to include role plays of oncology scenarios with providers and simulated patients for specific provider type; for example, Advanced practice professionals, oncology nurses, and social workers. These courses will include creating an introductory script to initiate the conversation related to cancer and sexual health, transitioning out of the conversation and setting patient expectations. We will also include a module on developing a referral roadmap, outlining when and where to refer patients during and after cancer treatment.

We are writing an abstract to present at the Scientific Network of Female Sexual Health and Cancer in September 2018 at annual meeting at Duke Campus, Raleigh, North Carolina.

TARGET POPULATION

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

The original project target audience included advanced practice professionals, oncology nurses, social workers, and physical and mental health therapists. This group continues to be the primary target of our work. However, in order to expand our reach, sustainability, and impact, we will add key stakeholders from oncology clinic leadership to our target audience in FY2019.

At inception of this project, we hoped to develop a straightforward way to incentivize oncology clinic leadership endorsement of sexual health care. We considered the elegant approach taken by the Human Rights Campaign when they sought to make hospital and clinic mission statements more inclusive by acknowledging those institutions that had the desired anti-discrimination clauses on a map on their organizations' website (Healthcare Equality Index of the Human Rights Campaign, www.hrc.org).

However, based on conversations with members of the primary target population during the implementation portion of our workshops, and target population evaluation responses after the two All of Me conferences, we are gaining a more nuanced picture of the variety of institutional challenges some providers face. Our project Sustainability Workgroup has focused on these challenges and recommended that the project target population be expanded to include key stakeholders from oncology clinic leadership in FY2019.

What is your experience working with this/these population(s)

In the first year we conducted focus groups throughout the state with 50 health care professionals to understand their barriers to sexual health care in the oncology setting. We developed our workshops addressing the barriers.

During FY2018 we engaged with target audience members during two full-day conferences with a total of 145 attendees, facilitated implementation discussions during four half-day workshops with 40 attendees, and queried 160 contacts from our target population with a needs-assessment.

We used evaluations from the conferences and workshops to gain insight into how our speakers, methods of teaching, and content, impacted participants. Please see attached evaluation summaries. In addition, we used and analyzed pre- and post-surveys to assess participant confidence in seven areas of sexual health care at three of the four workshops.

We have learned that each group within our original target population has some unique educational and

implementation challenges. Further, since the clinical responsibilities of individuals within a given group vary by institution, content needs also vary.

We worked closely with our targeted population over the last two years and have come to understand the similarities in the barriers they face, as well as the vast differences in institutional support for implementing change. Since the past collaborators had limited experience working at the institutional level, we have invited Suzanne Hockley Murry, a member of our project Sustainability Workgroup, and Tina R. Devery, MHA, MBA, Associate Director of Administration for Holden Comprehensive Cancer Center, to join us as collaborators for FY2019.

Estimated number of Iowans to be reached by the project:

In FY2018, we have directly worked with 185 health care professionals through our two conferences and four onsite workshops. We believe these professionals will impact 125 patients in FY2019, resulting in \$23,125 patients impacted during FY2019.

We had 605 total visits to the website in that time frame and 527 unique visitors. On average, visitors spent a little over a minute on the site and visited about 2 pages.

The data below is a breakdown of the pages that users visited in the same time frame as above.

Page ?	Pageviews ?	Unique Pageviews ?	Avg. Time on Page ?	Entrances ?	Bounce Rate ?	% Exit ?
All of Me Traffic	1,064 % of Total: 32.59% (3,265)	915 % of Total: 33.14% (2,761)	00:01:39 Avg for View: 00:01:48 (-8.15%)	605 % of Total: 24.99% (2,421)	74.71% Avg for View: 81.08% (-7.86%)	56.86% Avg for View: 74.15% (-23.32%)
1. /	591 (55.55%)	518 (56.61%)	00:01:59	503 (83.14%)	74.60%	70.56%
2. /resources/	115 (10.81%)	94 (10.27%)	00:02:22	25 (4.13%)	56.00%	47.83%
3. /grant/	97 (9.12%)	72 (7.87%)	00:00:55	13 (2.15%)	58.33%	22.68%
4. /grant-contributors/	85 (7.99%)	75 (8.20%)	00:02:50	30 (4.96%)	80.00%	52.94%
5. /contact/	64 (6.02%)	56 (6.12%)	00:00:51	7 (1.16%)	71.43%	37.50%
6. /provider-directory/	57 (5.36%)	49 (5.36%)	00:00:28	5 (0.83%)	100.00%	22.81%
7. /continuing-education/	43 (4.04%)	39 (4.26%)	00:01:22	14 (2.31%)	92.86%	46.51%
8. /privacy-policy/	6 (0.56%)	6 (0.66%)	00:00:01	5 (0.83%)	100.00%	83.33%
9. /conference	1 (0.09%)	1 (0.11%)	00:00:00	0 (0.00%)	0.00%	100.00%
10. /contact/thank-you.	1 (0.09%)	1 (0.11%)	00:00:04	0 (0.00%)	0.00%	

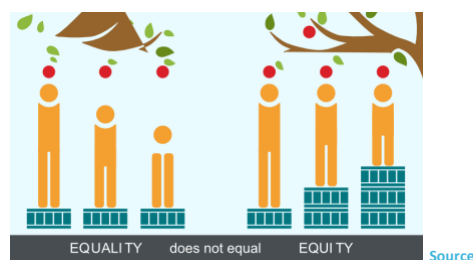
Our goal is 100% participation by Iowa oncology providers who endorse a comprehensive cancer care approach.

Attached is a document outlining all analytics captured through the AllofMelowa.org website.

ADDRESSING HEALTH EQUITY AND DISPARITIES

The Iowa Cancer Consortium IFP Grant Rubric assigns points to 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](#)



Health Equity – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (*Healthy People 2020*)

Health Disparities – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced

greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. (*Healthy People 2020*)

How will your proposed project work towards health equity and address health disparities?

The *All of Me* project works toward health equity by recognizing that all Iowans impacted by cancer deserve access to comprehensive cancer care including sexual health care. Particular groups are less likely to be offered information about sexual health and cancer, including women, single people, un-partnered people, and LGBTQ people (see Evidence Base).

We specifically addressed disparities in sexual health care and cancer during our conferences (Dr. Kolder's lecture at Holden Comprehensive Cancer Center and Dr. Freund's lecture at John Stoddard Cancer Center). During workshops, we offer providers the opportunity to practice talking about sexual health and cancer with a simulated patient who portrays any scenario or type of patient concern the provider identifies as most challenging. Typical requests include situations where discussions are deemed difficult because of historical and contemporary injustices including patient partner-status and sexual orientation. In effect, this amplifies learning related to minority populations.

The facilitated learning of communication skills during workshops aims to normalize sometimes challenging clinical sexual health conversations. The fact that communication skills are learned is underscored. Our agenda is outcome-driven in that effective, efficient medical communication is needed in order to attain optimal sexual health outcomes in oncology for all Iowans.

Going forward into FY2019, we will continue to grow the resources offered to providers and patients via the website, reducing barriers related to rural geographic location. Since not all patients have access to the internet, we will develop customizable templates for written patient education materials. Patient educational disparities will be addressed by considering health literacy in the writing of all patient materials. We will work toward health equity by continuing to travel throughout the state to conduct workshops, including to more rural areas where both oncology providers and patients face challenges in accessing sexual health education.

Real-time monitoring and evaluation of ongoing workshops is a key component of performance management, and has been important in addressing pertinent disparities. For example, when a site identified cultural and religious differences between themselves and their patients, we were able to speak to this challenge from a cultural sensitivity perspective, share and practice the pertinent communication skills, and follow up with additional literature. In FY2019, these resources will be made available via the website.

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.)

Our project addresses disparities related to education and geographic location within our primary target population. Our educational content for oncology providers addresses patient health disparities related gender, relationship status, sexual orientation, gender expression. Challenges related to talking about sexual health and cancer to patients on both ends of the age spectrum also routinely comes up during our workshops. Our FY2019 patient educational materials will address patient educational disparities and comply with current guidance related to health literacy

How do you plan to reach the communities described above?

Iowans impacted by cancer will be reached by the target population of providers and via the Iowa Cancer Consortiums website.

The primary target population has been reached through our public awareness campaign, focus groups, needs-assessment, conference publicity, conferences, workshop publicity, and workshops.

Going forward, local sexual health champions will continue to be identified, trained, given train-the-trainer tools, and supported in training the next generation of sexual health care providers in oncology.

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

In the rural Midwest, humility related to city- and academic-culture is appreciated. By customizing each workshop to the specific educational requests of each site, we show respect for our rural colleagues. By traveling to their workplace, we demonstrate our valuing of their clinic and professional time.

The Iowa Cancer Consortium IFP Grant Rubric assigns points to applications that address access to prevention, screening, treatment, and quality of life services. More information on access in cancer control and prevention can be found at the following links:

-
- Source

How will your proposed project address access to prevention, screening, treatment, and quality of life services?

- Minimum of five additional half-day workshops for health care professional in all regions of Iowa
- Continual updates and additions to the provider and patient resources on the AllofMelowa.org website
- Specifically making the train-the-trainer workshops available to all health care providers through the AllofMelowa.org website
- Provide online learning modules related to sexual health and cancer on the AllofMelowa.org website and as part of an educational series launched on the Des Moines University learning platform

The All of Me project is providing both health care provider and patient resources through the AllofMelowa.org website, making them available to everyone, regardless of geography, and at no cost. Our onsite workshops, as well as the train-the-trainer workshop package we are making available on the AllofMelowa.org website, address the additional age, gender identity, and sexual orientation, related to addressing sexual health concerns with patients.

Project chair will contact all Iowa cancer centers to give them information on resources available to them on the AllofMelowa.org website, through the online learning series at Des Moines University, and through onsite workshops. We will also provide patient resources specific to these patient populations on the AllofMEIowa.org website

In the rural Midwest, humility related to city- and academic-culture is appreciated. By customizing each workshop to the specific educational requests of each site, we show respect for our rural colleagues. By traveling to their workplace, we demonstrate our valuing of their clinic and professional time.

Email Consortium staff with questions.

- **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 (NCI): Research-tested Intervention Programs (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.](#)

For information about evidence-based programs, as well as where to find and how to collect data, please contact:

- Brad McDowell, Bradley-mcdowell@uiowa.edu
- Michele West, Michele-west@uiowa.edu

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

National Guidance

- The 2014 National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines for sexual dysfunction stated 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, multidisciplinary conferences, and ongoing customized on-site workshops which include 1) Calgary Cambridge model based sexual health communication training with simulated patients and 2) facilitation, guidance, and support for target audience practitioners in addressing lingering barriers to sexual health care implementation.

- The updated 2017 NCCN Guidelines for survivorship provide an algorithm for sexual health care including (a.) the recommendation to ask about sexual function in females and males at regular intervals, (b.) an outline for the diagnostic evaluation of problems and (c.) sex-specific treatment options for common symptoms. Evidence for these guidelines is rated category 2A (based upon lower-level evidence, with uniform NCCN consensus that the intervention is appropriate), using a scale from category 1 (highest level evidence, uniform NCCN consensus) to category 3 (any level of evidence, major NCCN disagreement). The 2A rating underscores the growing evidence base and national consensus supporting the current project (NCCN Guidelines Version 1.2017, Sexual Function, SSF-1 to SSF-3).

- Going farther, the 2017 American Society of Clinical Oncology (ASCO) practice guidelines on interventions to address sexual problems in people with cancer recommend that a member of the health care team initiate a discussion about sexual function with the patient alone, at the time of diagnosis (Carter J, et al., J Clin Oncol 2017;36:492-511). Cumulatively, the summarized national guidance makes the need for provider education and training in medical communication about sexual health all the more urgent.

Equity & Disparities

- A recent systematic review of patient-provider communication about sexual concerns in cancer affirms that sexual issues continue to go unaddressed for many cancer survivors, particularly females. 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).

- Lack of sex-specific equity in pretreatment counseling and provision of sexual health information is but one challenge in assuring the highest level of sexual health care for all people impacted by cancer. Recent studies have identified that traditional masculinity may reduce help-seeking, including disclosure of sexual symptoms (Medina-Perucha L, et al. J Psychosoc Onc 2017;35(5):531-43).

- Difficulties related to sexual orientation disclosure and perceived provider rejection resultant in missed

care opportunities for gay and bisexual males impacted by prostate cancer. This underscores the importance of provider facilitation of sexual orientation disclosure as a key to appropriate sexual health care (Rose D, et al., Euro J Cancer Care 2017;26(1). Doi: 10.1111/ecc.12469). The medical communications training in our conferences and the simulated patient communication practice in our workshops facilitate incorporation of best practices related to facilitation of sexual orientation disclosure, addressing an avoidable inequity in LGBTQ health care.

- Rural areas, like much of Iowa, have been identified as locations where disparities in health care access contribute to different and sometimes inferior medical care. This is particularly true of individuals at the intersection of multiple disadvantages (Ruiz P & Primm A (Eds.), Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives, 2009). By traveling throughout the state and compiling resources on a website designed for patients and providers, we hope to improve access to sexual health care for all Iowans and reduce discrimination and exclusion based on this difference in geographic location.

- During the past year, providers attending our workshops almost always verbalize uncertainty, frustration, and dissatisfaction with providing sexual health care to people impacted by cancer who are from cultures and/or religions different than their own. We recognize this as a challenge related to the increasingly diverse populations of Iowa and have begun to include best medical communications recommendations related to working with patients from other cultures in our workshops ((Kurtz S, et al., Academic Med 2003;78:806, Silverman J et al., *Skills for Communicating with Patients*, 3rd ed., 2013, CRC Press, Boca Raton, FL. and American Psychiatric Association, Diagnostic and Statistical Manual -5, Cultural Formulation, p. 749-59).

- Social determinants of health addressed in our workshops include Adverse Childhood Experiences (ACEs) and the impact of sexual abuse on sexual health, compliance with medical recommendations (eg. vaginal therapies & dilators), and sexual health outcomes.

- Since health and eHealth literacy of the patient and partner determine medical knowledge and the need for printed or video educational materials, all of the patient information on the project website will be written according to best practices (Song L, et al., Onc Nurs Forum 2017;44(2):225-33; CDC, Simply Put at www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf accessed 5-10-18.; Stossel LM, et al., J Gen Intern Med 2012;27(9):1165-70)

Need Determination

- Researchers in the field of sexual health and oncology have summarized some of the factors that make it so difficult to move the needle on sexual health care (Reese JB, et al., Cancer 2017;123(24):4757-63).

- Recent studies show that long-term survivors continue to want information about sexual health, and that sex therapists and treatments may be under recommended (Movsas TZ et al. Am J Clin Oncol. 2016; 39(3): 276-9 and Zhou ES, et al., Patient Ed Counseling. 2016;9:2049-54).

- Communication about sexuality in advanced illness aligns with palliative care approaches (Leung MW, et al. Curr Oncol Rep. 2016;18(2):11)

- Education can improve provider perception of having enough knowledge and training to provide sexual health care (Jonsdottir JI, et al., Euro J Onc Nursing 2016;21:24-30). Our project measures confirm these findings and provider evaluations demonstrate mastery of additional objectives, including formulating a short introductory message about sexual health and cancer.

- Our approach of training advanced practice providers to bring up the topic of sexual health is supported by data indicating that intake questionnaires can miss sexual health concerns that patients will share when asked in person by a provider. Furthermore, a recent Sloan Kettering survey found that 70% of oncology clinic outpatients preferred that topics of sexual function be raised by the medical team (Stabile C. et al., Breast Cancer Res Treat. 2017;165(1):77-84).

- 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.

Justification for Approach

- 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 provided the rationale for selection of our target group and the diverse specialties of the speakers for the two full day multidisciplinary conferences (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). It continues to inform our approach in ongoing workshops, particularly in regard to developing local roadmaps for sexual health referrals, and is an integral aspect of the materials offered on the All of Me website.

- Obtaining commitment to an action step, especially in a public setting (in our case, commitment to becoming a 'sexual health champion' during the multidisciplinary conferences and on-site workshops), 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). We will offer all the materials and resources developed and modified over the course of the last year's project experience as a turn-key program on the project website.

- 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). While local expertise on this topic has been difficult to find, we continue to view addressing this concern and including pertinent resources on the website as a goal.

- 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 our focus groups, needs assessment, and conference and workshop participant comments, and enhanced by the previously created public awareness video, created as part of the FY17 proposal.

- Since a recent survey found that oncology clinic outpatients prefer written educational materials about sexual and genital health needs, followed by expert discussion, we will develop customizable patient educational materials during the upcoming project year, and make the templates available to providers via the All of Me website (Stabile C. et al., Breast Cancer Res Treat. 2017;165(1):77-84).

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

Funding is requested for lunch during our half-day workshops when conducted over the lunch hour timeframe. Also funding is requested for the CME and nursing contact hour credit for our onsite workshops and our online learning modules through Des Moines University, Des Moines, Iowa.

YEAR-ONE PROJECT OBJECTIVES – These were the objectives of year one (FY2018) of our multi-year application from FY2018.

OBJECTIVE 1

Please identify a specific, measurable, achievable, realistic, 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:

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.

Have you accomplished this objective? Please be sure to demonstrate progress in your explanation.

Yes - we have produced a usable version of the training tool, which we refer to as the Implementation Framework in this document and moving forward with this project. Starting in August 2017, we began utilizing an Instructional Design (ID) process to organize the information that had been collected and the efforts to meet needs of the 'target audience'. One goal of the ID process was to realize the objective of creating a 'teaching tool' for providing sexual health in the oncology setting. A needs assessment was performed and the literature reviewed in arranging and forming the Implementation Framework (previously 'teaching tool'). Thereafter, a workgroup held weekly conference calls where the Implementation Framework was reviewed, vetted and re-worked. The Framework was presented to members of the target audience at two different conferences in early 2018. It was introduced as a structure for oncology programs to identify current resources, define needs and to organize current care processes to begin inserting sexual health care into oncology care. Small groups of conference attendees provided feedback on the Implementation Framework that the workgroup has considered as a way to further refine the Framework. Furthermore, portions of the information in the Framework are used to structure the customized workshops held during the past year.

Completion Date (or target date): April 2018

Individual/Organization Responsible:

Committee led by Sarah Shaffer, DO, Collaborator #1,

Additionally members of the committee who met weekly included:

Erin Sullivan Wagner

Veronika Kolder, MD, University of Iowa Hospitals and Clinics

Jen Witt, ARNP, John Stoddard Cancer Center

Rachel Fyfe, AYA Program Coordinator, John Stoddard Cancer Center

Autumn Petersen and Whitney Deng- Graduate Program-Fall 2018 and Spring 2019 respectively-Practicum Students through Graduate Program -University of Iowa School of Public Health

Cindy Lyness, Volunteer

OBJECTIVE 2

Please identify a specific, measurable, achievable, realistic, 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:

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.

Have you accomplished this objective? Please be sure to demonstrate progress in your explanation.

Yes.

We held two full day conferences on Sexual Health and Oncology. The first at the University of Iowa on January 31, 2018 and the second at John Stoddard Cancer Center in Des Moines, Iowa on April 4th, 2018. Attached is the evaluation summary of both conferences.

Completion Date (or target date):

- January 31, 2018 University of Iowa , Iowa City, Iowa
- April 4th, 2018 John Stoddard Cancer Center, Des Moines, Iowa

Individual/Organization Responsible:

Project Chair and Collaborator #1 planned all aspects of the University of Iowa conference in January with over one hundred attendees. It was a full day with ten separate presentations, as well as a panel discussion over the lunch hour. We partnered with two representatives from John Stoddard Cancer Center to plan and coordinate the April conference in Des Moines. We had a nationally respected key note speaker at this conference, Dr Jennifer Barsky Reese, from Fox chase Cancer Center in Philadelphia, PA.

In addition to the conferences four onsite workshops were conducted by Veronika Kolder, MD, Erin Sullivan Wagner, along with two simulated patients through the College of Medicine at the University of Iowa.

Pre and post workshop surveys were developed by Erin Sullivan Wagner and Veronika Kolder, MD

Post workshop evaluations were developed in collaboration with Vanessa Ross, Director of Continuing Education at Des Moines University, Des Moines, Iowa.

All data from those surveys and evaluations are attached.

OBJECTIVE 3

Please identify a specific, measurable, achievable, realistic, 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:

Review content from January and April conferences to select the material to be used for the online learning modules. An 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.

Have you accomplished this objective? Please be sure to demonstrate progress in your explanation.

Yes, we identified eight presentations from the January 2018 conference to be used for online learning modules. The presentations were recorded by the presenters ahead of the conference or immediately after the conference. These audio recorded presentations have accompanying slides and will be used as part of the learning series we're developing in FY2019.

Completion Date (or target date): February 15, 2018

Individual/Organization Responsible: Veronika Kolder, MD, Autumn Petersen, Erin Sullivan Wagner

YEAR-ONE EVALUATION

What were your evaluation questions?

Below are the full day conference and onsite workshop questions:

Place a checkmark in the column that best describes each speaker and their teaching methods. Add comments below.

Nashae Please rate the following:	Excellent	Very Good	Good	Fair	Poor
Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.					
Speaker's teaching effectiveness, knowledge, and organization.					
Speaker's ability to communicate ideas and information clearly.					

Conference facilities.					
Please indicate the extent to which you agree with the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The content was appropriate to my practice.					
This activity will make me more effective in my practice.					
The presentations were balanced and free of commercial bias.					
Did the activity meet your expectations in accomplishing the stated objectives?	Completely	Mostly	Partially	Minimally	Not at All
List two things learned about sexual health care in the cancer setting.					
Write a 2-3 sentence introductory message about sexual health and cancer, initiating the conversation with a patient or client.					
Plan, list, and commit to two next steps to improve sexual health care in your setting.					
<ul style="list-style-type: none"> • List two (2) things you learned at this conference • Write a 2-3 sentence introductory message about sexual health and cancer that can help initiate the conversation with patients or clients • Plan, list, and commit to two (2) next steps to improve sexual health care in your setting • Do you anticipate any barriers to implementation? If so, please describe • Additional comments or suggestions for future educational activities 					
<p>How do you know your project is successful? Consider both immediate and long-term success.</p> <p>Immediate success is understood by reviewing the evaluations and comments section, plus receiving direct feedback from participants the day of and through email over the following week.</p> <p>We will have opportunity to understand the impact of conference objectives through requests for onsite workshops, by reviewing website analytics, and participation and feedback on our quarterly calls throughout FY2019.</p> <p>Long term success will be realized when key stakeholders are supportive of this project, implementation barriers are eliminated, and addressing sexual health care with all patients is a standard of care.</p>					
<p>What baseline data do you have?</p> <p>Pre and post workshop survey results related to confidence of the direct care professional in addressing sexual health.</p> <p>Pre workshop activities completed regarding Current Patient Communication Workflow</p> <p>Pre workshop activity completed regarding current Referral Roadmap</p>					
<p>What data did you collect during Year 1 and how does it show progress?</p> <p>We collected evaluations from the conferences and onsite workshops. There was no previous data to compare against.</p> <p>Through website analytics we can see traffic to our website increased</p> <p>The conferences we hosted were the first conferences and the onsite workshops held were the first of its kind also in Iowa</p>					
<p>Who completed the evaluation component of the project? (Include name, email, and phone number.)</p> <p>Implementation framework- Sarah Shaffer, DO, University of Iowa Hospitals and Clinics, sarah-shaffer@uiowa.edu, (616) 204-1615</p> <p>Onsite Workshop evaluations -Whitney Deng, Practicum Student Spring 2018, whitney-deng@hotmail.com, 319-400-6998</p>					

YEAR-TWO PROJECT OBJECTIVES

Objectives must be SMART: Specific, Measurable, Achievable, Realistic, 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).

EXAMPLE:

The Iowa Cancer Consortium will increase the number of IFP Grant Applications received from XX (FY2018) to YY (FY2019) by May 11, 2018.

- **SPECIFIC:** Iowa Cancer Consortium Staff & Board will announce IFP Application to members and contacts.
- **MEASURABLE:** Increase in applications received from XX to YY, an increase of ZZ%.
- **ACHIEVABLE:** Consortium Staff, Board, and Grant Reviewers have capacity to review YY applications, which occurred most recently in FY2016.
- **REALISTIC:** The Consortium received YY applications in FY2016. In order to return to YY total applications, Consortium Staff have reached out to ## new contacts and have offered diversified outreach across the state through Spring Meetings, the Iowa Cancer Summit, and Capacity Building Webinars.
- **TIME-BOUND:** Deadline of May 11, 2018.

OBJECTIVE 1

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

We will create and disseminate educational materials through the project website, www.AllofMelowa.org by May 1st, 2019.

Please pull out each detail from your SMART objective here:

- **Specific:** We will review and update the project website every two months and provide four online learning modules, three lectures, a train-the trainer package, and template for a patient education brochure via the website by May 1st, 2019.
- **Measurable:** Content will be on website by May 31st, 2019.
- **Achievable:** We continue to collect content and review current literature due to ongoing interaction with the target population via workshops and contacts from the FY2018 conferences. Provider requests are reviewed after every workshop, informing future website content.
- **Realistic:** This objective is at the heart of this project and part of our regular activity in preparing for workshops and delivering on requests from individuals in the workshops. We have demonstrated capacity with past projects deliverables.
- **Time-Bound:** Deadline May 1st, 2019.

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

- Online learning modules- In collaboration with Des Moines University, we will create an online learning series related to Sexual Health and Cancer. These modules will have an agenda, accompanying slides, audio presentation, visual presentation on the learning modules with simulated patients, and a quiz at the end of each module. We have four modules completed from the University of Iowa conference, downloaded in podcast form. These learning modules will be available for nursing contact hour credits, as well as be available for viewing on the AllofMelowa.org website. We are developing up to four additional modules in FY2019. These will relate to initiating and normalizing the conversation with patients and setting appropriate patient expectations through anticipatory guidance. These modules will include communication skills demonstrations with simulated patients and a healthcare provider.
- Train-the-trainer workshop program- We are developing a package of the educational materials we currently use in an onsite workshop, to include:
All of Me Workshop Overview and Video of a patient story
Pre-workshops homework including Current Workflow and Roadmap for Referrals- to be completed by facility
Presentation- Evidence based overview of sexual health and cancer

Presentation- Advanced Treatment of Female Sexual Health and Cancer
 Presentation- Advanced Treatment of Men Sexual Health and Cancer
 Presentation- A patient perspective on the important of normalizing the sexual health conversation
 Current NCCN and ASCO guidelines on sexual health care for males and females
 Video recordings of oncology scenarios with simulated patients

- Resources for patients and providers- We are developing the website to be a resource where both health care providers and patients can find relevant information on sexual health and cancer. As we continue to engage with professionals through our onsite workshops, we learn what additional resources are needed and they are added to the website.

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

We have no online learning modules on the All of Melowa.org website currently, nor do we have them on the Des Moines University learning platform. We will know we're successful when both of these objectives are completed. We will know we have the train-the-trainer package completed when it is available on the website.

How often will you be evaluating your progress?

We plan to complete four online learning modules by December 31, 2018. Pieces of these modules will be used in the development of the train-the-trainer workshop program, to be completed by February 28th, 2019.

We will report on our progress in the Iowa Cancer Consortium quarterly progress reports

Target Completion Date: May 31, 2019

Individual/Organization Responsible:

Project Chair- Erin Sullivan Wagner

Collaborator #2- Veronika Kolder, MD for train-the-trainer package

We are actively working to identify a target audience collaborator for the video content in the oncology setting, and in formatting learning modules and creating an appropriate test.

Collaborator #5- Vanessa Ross, Des Moines University

OBJECTIVE 2

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

Engage and enlist strategic support from key stakeholders in oncology clinics across Iowa.

Please pull out each detail from your SMART objective here:

- **Specific:** Project chair and collaborator #2 will meet key stakeholders at four Iowa cancer clinics by May 1st, 2019.
- **Measurable:** Project chair with report on meetings at quarterly project review with Iowa Cancer Consortium.
- **Achievable:** The project chair and collaborator #2 are available to meet this objective, with the support of collaborator #6. Meetings will take place in person, via video conferencing, or via conference call.
- **Realistic:** We are engaged with providers at the four clinics that have hosted past workshops and can identify key stakeholders through them. We already have a mature set of project tools to offer stakeholders. Collaborator #6 has agreed to coach us on communications.
- **Time-Bound:** Deadline for five meetings with stakeholders by November 30th, 2018

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

We will begin to form collaborative relationships with key leadership stakeholders of the four clinics that have completed the onsite workshops. We will engage with our oncology provider contacts from these four facilities to identify key stakeholders and connect with them by November 30, 2018. We have interest from five additional facilities to host an onsite workshop in FY2019. As we continue to conduct workshops, we will identify additional leadership stakeholders, and reach out to them within 60 days after the onsite workshop date.

In our meetings with key facility stakeholders we will:

- Provide the results of the workshop surveys and evaluations,
- Share the mission of the All of Me project and the project's offerings (on line and in person).

- Explore each clinic's degree of support for moving the needle forward on sexual health care within their setting and partner with them to improve sexual health care, and offer project resources designed to improve sexual health care. We will offer to work with someone leadership identifies as their in-house sexual health trainer.
- Identify ways the All of Me project team may be able to assist the clinic in achieving their goals.
- Identify additional key leadership who should be included in future discussions.

The Project Chair and Collaborator #2 will commit to five meetings with stakeholders through a video conferencing or an in person meeting by November 30, 2018.

The Project chair will reach out to our current contact of the four facilities we have completed All of Me workshops in FY2018. By August 31, 2018 we will have identified the names of the key stakeholders of each facility, and by September 15, 2018 we will have reached out to set an appointment for a meeting by November 30, 2018.

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

We will record our progress in our quarterly progress report

How often will you be evaluating your progress?

This will be evaluated every week through August 31st. After that time we will evaluate our progress monthly and ongoing.

Target Completion Date: March 31, 2019

Individual/Organization Responsible: Erin Sullivan Wagner, Veronika Kolder, MD,

OBJECTIVE 3

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

Inspire and equip direct care professionals with the tools and resources they need in order to provide sexual health care at the service delivery level.

Please pull out each detail from your SMART objective here:

- **Specific:** We will conduct five additional workshops to increase skill level and confidence of direct care professionals. We will provide resources and up to four online learning modules.
- **Measurable:** We will conduct five workshops and contact all cancer centers, as well as create four online learning modules for the AllofMelowa.org website and on the Des Moines University learning platform for continue medical education and nursing contact hour credit
- **Achievable:** We have planned five workshops with the ability to conduct up to nine through FY2019, as well as create four online learning modules for the AllofMelowa.org website and on the Des Moines University learning platform for continue medical education and nursing contact hour credit.
- **Realistic:** We currently have two workshop scheduled. The other three locations have been identified and will be scheduled before September 30, 2018. In addition, we will create four learning modules for the AllofMelowa.org website and on the Des Moines University learning platform for continue medical education and nursing contact hour credit.
- **Time-Bound:** The five workshop dates will be scheduled by September 30, 2018 and completed by March 31, 2019. The four online learning modules will be completed by May 1, 2019.

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

- By March 31st, 2019, conduct five additional half-day onsite workshops to include 6-8 direct care professionals from our target audience, 2 facilitators, and 2 simulated patients to develop new and pertinent communication skills.

We currently have requests from five additional sites to schedule an onsite workshop in FY2019. They include:

Trinity Cancer Center, Fort Dodge Iowa

June E Nylen Cancer Center, Sioux City Iowa

Unity Point Community Cancer Center, Cedar Rapids Iowa

Mercy Cancer Center, Des Moines Iowa

John Stoddard Cancer Center, Des Moines Iowa

- We will also be in contact with the cancer centers on our target list below in order to send information on our workshops and schedule a workshop before the end of FY2019. We have the sites identified and will have the ability and bandwidth to contact and conduct workshops in these additional locations.

Mary Greeley Cancer Center, Ames Iowa

Genesis Cancer Institute, Davenport Iowa

Wendt Regional Cancer Center, Dubuque Iowa

Develop a second type of workshop for professionals in specific direct care roles (ARNPs only) to provide a facilitated discussion of their unique barriers to implementation and develop an action plan to reduce and eliminate barriers. For example, in workshops we conducted in FY2018 a common barrier for advance practice professionals was uncertainty about a pain focused gynecologic speculum exam. This identified challenge could be addressed with future workshop development for providers in this specific role.

- We recently received a pledge of interest and support from the University of Iowa Holden Comprehensive Cancer Center (HCCC) and John Stoddard Cancer Center in Des Moines to be a partner in “project design and a potential pilot program of the All of Me Implementation Framework”. The goal of project design will be achieved by using an Instructional Design (ID) process yet again to identify needs specific to sexual health care provision in the HCCC oncology setting. This process is imperative to ensure that the proper and achievable portions of the Framework for which resources are available and/or obtainable will be planned to fit the setting/clinic in HCCC where the pilot will eventually occur. The Implementation Framework is organized around three major goals: Normalize the Sexual Health Conversation, Set Expectations and Refer as Indicated. We will use the ID process to identify the portions of the Framework and related goals that meet a need and/or have a high chance of successful implementation to begin designing a process for change.
- Supplemental Tools- Another portion of the Implementation Framework is continued development of the Supplemental Tools. These Tools are designed to fill an identified void of available or well-organized information – usually for information to be utilized by providers – thereby supporting achievement of the goals of the Implementation Framework. Some are simpler than others; some are visual while others exist in the form of a worksheet to, as an example, assist a clinic or cancer center in organizing current/active referral resources before attempting to address areas where there is not a known or available resource. There was great interest expressed by conference attendees when the Supplemental Tools currently in production were briefly discussed.

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

In the quarterly report, we will report on workshops completed, further work on the Implementation Framework and Supplemental Tools , as well as the Implementation Framework project design of future pilot

How often will you be evaluating your progress:

We review our progress on our objectives monthly during workgroup conference calls and/or during in-person meetings among collaborators

Target Completion Date: May 1, 2019

Individual/Organization Responsible: Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, DO

OBJECTIVE 4

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

Continued identification of systemic barriers to including sexual health care in cancer care

Please pull out each detail from your SMART objective here:

- **Specific:** Project chair and Collaborator #2 will continue to facilitate discussions of implementation barriers at every workshop. We will also continue to summarize workshops and analyze pre-and post-workshop surveys and evaluations, looking for systematic barriers. Project chair will reach out to key stakeholders, as identified by our onsite workshop contact.
- **Measurable:** Workshop dates, summaries, pre-and post-surveys, and evaluations will be shared during quarterly project meetings with the Iowa Cancer Consortium. With stakeholder contacts, we will request a meeting through Zoom conferencing or in person
- **Achievable:** We have facilitators and simulated patients for the workshops and the bandwidth to make the calls to our contacts to identify the stakeholders and their contact information
- **Realistic:** We have already done four workshops, giving us a realistic sense of our capabilities. We are actively working with facilities that have hosted workshops and it will not be a stretch to request information about barriers and stakeholders, or to make the calls to set up the meetings
- **Time-Bound:** Workshops will be completed by March 31st, 2019. We will have the stakeholders identified by August 31st and meetings completed by November 30th, 2018

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

- Gather information through engagement with providers during workshops
- Analyze direct workshop feedback and evaluations from participants after workshops
- Gather information from direct stakeholders and clinic leadership in our in person or zoom conference meetings
- Use all information received regarding identified systemic barriers to inform our objectives when developing goals beyond this grant cycle

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

We will report on workshops completed and data collected in the quarterly progress report

How often will you be evaluating your progress:

We review our progress on our objectives monthly

Target Completion Date: March 31, 2019

Individual/Organization Responsible: Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, DO

OBJECTIVE 5

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

Provide ongoing support to sexual health champions and interested target audience members

Please pull out each detail from your SMART objective here:

- **Specific:** We will host quarterly calls to discuss challenges, answer questions, and report on best practices with all past workshop attendees. We will send out Zoom conferencing invites 30 days in advance
- **Measurable:** We will set up four calls in FY2019 beginning in August 2018
- **Achievable:** We will announce this activity at the workshops and will make all attendees aware of the timing of the quarterly calls
- **Realistic:** This is a natural progression of identifying challenges and providing resources to assist in making this work easy and a standard of care for their patients
- **Time-Bound:** Calls will be held every 90 days and all facilities can join any of the calls regardless of when they hosted a workshop.

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

- We will offer individual or group conference calls, or zoom conference calls, with designated sexual health trainers, as these are assigned by each clinic location during the onsite workshop
- We will offer a quarterly Zoom conference call for all past workshop attendees to report on challenges and ongoing barriers to implementing the skills learned in the workshops, discuss any best practices, and identify other tools or resources needed by direct care providers offering sexual health care services to patients. These calls will be scheduled a month in advance to provide opportunity for direct care providers to prepare questions

and send to us ahead of the call. We will have time to research the answer on the joint call with all past workshop attendees.

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

We will summarize these calls in the quarterly progress report

How often will you be evaluating your progress:

We review our progress on all objectives monthly

Target Completion Date: May 31, 2019

Individual/Organization Responsible: Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, DO

OBJECTIVE 6

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

Based upon our commitment to sustainability for this project, we will summarize what we have learned from this project

Please pull out each detail from your SMART objective here:

- **Specific:** We will write a summary report regarding our findings related to this project
- **Measurable:** There is no report today
- **Achievable:** We will have the information from specific objectives of this multi-year project to pull together a final report
- **Realistic:** Our summary will be based on each objective
- **Time-Bound:** We will write the report by May 31st, 2019

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

In addition to the evaluation measures outlined, we will provide a summary of what we have learned about the state of sexual health care in oncology in Iowa.

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

We will write a report to be turned in to the Iowa Cancer Consortium Staff on May 31, 2019.

How often will you be evaluating your progress:

We review our progress on our objectives monthly

Target Completion Date: May 31, 2019

Individual/Organization Responsible: Erin Sullivan Wagner, Veronika Kolder, MD, Sarah Shaffer, DO

YEAR-TWO 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.

These cancer-program evaluators can help develop a project evaluation to determine if a project is successful:

- Anne Abbott, anne-abbott@uiowa.edu

- Karen Buechler, Karen.buechler@idph.iowa.gov

For additional information about creating an evaluation plan, email Lindsay Heck at heck@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?)

- (see evaluation questions for Implementation Framework-document included at the end of this application
- (see evaluation questions for the Workshops- document included at the end of this application
- Evaluation questions for the *project design process* for a pilot of the Implementation Framework
 - What value do you perceive oncology patients will gain from the process being designed?
 - What value have you as a provider derived or do you expect to derive in the future?
 - How much different do you think the patient care interactions will be?
 - How much different to you think the patient experience will be?

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

- Immediate
 - Engagement in the project design process
 - Momentum in the project design process
 - Problem-solving & innovation in the project design process
 - Planning or pledges made by workshop participants to implement portions of the Framework practiced or developed (e.g. Roadmap to Referrals) during the workshop
 - Commitment of workshop participant to become an active member of the All of Me Iowa project
- Long-term
 - Engagement of a regional/national organization to further develop & disseminate (i.e. publish) the Implementation Framework
 - Continued quality improvement efforts in Iowa cancer centers who initiate a pilot of a portion of the Implementation Framework
 - On-going utilization of the e-learning modules

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

- Workshop
- Implementation Framework
 - Continued use of focus group evaluation questions in venues where the target audience can be engaged to review & consider the content
 - Use of evaluation questions for pilot project design team members when working with portion of the Implementation Framework
 - Survey of target audience satisfaction, perception of value, etc. prior to beginning a pilot
- Supplemental Tools
 - Survey of target audience satisfaction, perception of value, plans for use, etc. before a tool is implemented
 - Survey of patient satisfaction, perception of value, suggestions for improvement, etc. before a tool is implemented
- Online learning modules
 - Evaluations to be developed in collaboration with Des Moines University for each learning module

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

- Workshop
- Implementation Framework
 - Survey of target audience satisfaction, perception of value, etc. during (and after?) pilot
- Supplemental Tools
 - Survey of target audience satisfaction, perception of value, plans for use, etc. after a tool is implemented

- Survey of *patient satisfaction*, perception of value, suggestions for improvement, etc. *after* a tool is implemented
- E-learning modules

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

We will use the data from the workshops, surveys, and implementation framework validation to inform the pieces we include in our workshop and online modules.

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

Sarah Shaffer, DO, University of Iowa, Collaborator #1, sarah-shaffer@uiowa.edu, (616) 204-1615

Vanessa Ross, Des Moines University, Collaborator #5, vanessa.ross@dmu.edu, (515) 271-1541

SUSTAINABILITY AND DISSEMINATION

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

Our long term goal from the beginning of this project in 2015 has been to provide a sustainable program of educational materials, implementation tools, and resources for our targeted audience of health care professionals.

Our focus groups in the first year identified the barriers to addressing sexual health with cancer patients. We created our website, AllofMelowa.org as a 24/7 information hub resources for both patients and health care providers. This site will house all pertinent information regarding this project after this funding cycle.

Our onsite workshops can continue beyond this grant cycle for facilities interested in more training, but they will also have the ability to access the agenda, presentations, and video recordings of oncology role play scenarios with simulated patients through our train-the-trainer program, also located on the AllofMelowa.org website. This program will provide the tools to continually train new health care professionals on the knowledge and communication skills to address sexual health with cancer patients.

Sustainability has been the focus of the All of Me project Sustainability Workgroup which grew out of enthusiasm generated by the January 2018 All of Me conference. The All of Me project Framework Workgroup has been meeting since FY2017 with the goal of finishing a referenced Implementation Framework for oncology clinics seeking to include sexual health care. We plan to circulate this document, the first of its kind, to the best of our knowledge, widely after it is piloted.

In August 2018 we are beginning our quarterly conference calls with providers having completed an onsite workshop. These meetings will identify sustainability committee candidates, and address implementation barriers, new patient challenges, and best practices in using the skills learned in the workshops.

The oncology role play scenarios will also be developed into online learning modules and uploaded to the Des Moines University learning platform for continuing medical education and nursing contact hour credit for two years beyond this grant cycle.

The All of Me statewide Sustainability Committee being formed in FY2019 will consist of 6-12 sexual health champions from cancer centers throughout Iowa.

FY2019 will be dedicated to not only developing the educational materials for health care professionals regarding sexual health care in oncology, but also, the various formats and delivery methods for making these education materials available. Disseminated information will be more accessible to patients because best evidence for writing easy-to-read materials that consider health literacy will be utilized.

As we identify key stakeholders in facilities across Iowa, we will engage with them to understand their specific implementation challenges in providing sexual health care, offer All of Me project resources, and partner with them around shared goals.

We began this project with a goal to provide a training tool for our target audience of health care professionals to normalize the sexual health conversation, set appropriate patient expectations regarding their cancer or its treatment on their sexual health, and timely refer patients out to another health care professional when needed. The Implementation Framework elaborates on each of these components and will be the foundation in the project design of a pilot program in two interested locations, University of Iowa Holden Comprehensive Cancer Center and John Stoddard

Cancer Center.

We are currently seeking funding for creation of an app for sexual health impacts of cancer and cancer treatment, which has the potential to have international reach.

Beyond this grant cycle we will see the impact of this project as a pilot program is created, implemented, and validated by the health care professionals using the Implementation Framework. We will plan to publish our findings in a peer review oncology journal in order to disseminate the findings.

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.
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.

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

These workshops address several of the barriers to care in addressing sexual health with cancer patients.

- Overburdened clinics with no extra time for additional services
- Training
- Knowledge of common issues for men and women
- How and who to refer patients to when needed

We are giving the facilities the tools to confidently address sexual health with their patients while addressing these current barriers to care

As part of our sustainability objective, we are addressing the institutional barriers. Leadership of site facilities and cancer center stake holders will be presented with the evaluations and surveys from the workshops, as well as implementation barriers uncovered in our follow-up conference calls (90-120 days after the onsite workshop).

We are actively working to understand what groups or individuals within the organizations who give guidance to both community cancer centers and comprehensive cancer centers so we can address what we need to develop and present to them to move them toward a shift in guidelines to include addressing sexual health concerns with patients.

YEAR ONE BUDGET (These numbers are pending final invoices still being received through May- from FY2018 grant cycle)

Please click [HERE](#) for budget instructions, an example, and 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

If salary funding is requested, a resume or CV must be included for each identified staff member

NOTE: The Iowa Cancer Consortium has potential capacity to assist with collaborative infrastructure.

This includes but is not limited to networking, registration services, webinar hosting, and Zoom conferences.

Please reach out to [Consortium Staff](#) for more information.

YEAR TWO PROPOSED PROJECT BUDGET

Please click [HERE](#) for budget instructions, an example, and 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, and development of project pilot of design- project staff time (10hours@\$125x 3 people)	\$3600	\$35000	\$38600
Category: Continuing Education			
CME/CE application fee (3 year approval)	\$1500	\$0	\$1500
Per activity administrative processing fee	\$800	\$0	\$800

On-line learning modules- development and CME/CE.3yr approval	\$4500	\$0	\$4500
Category:			
Room usage for workshop trainings	\$300	\$1100	\$1400
Honorariums and travel expenses for regional presenters for workshop presentations/simulated patients	\$3072	\$0	\$3072
Presentation/workshop travel (250 miles x \$.39x 2people)x8 workshops	\$1560	\$0	\$1560
lunch for workshop participants for up to 8 locations (\$12 x 12 attendees, facilitators, simulated patients, host/workshop x 8 workshops)	\$1152	\$0	\$1152
Category:			
Website hosting, maintenance, and content additions/changes	\$3900	\$800	\$4700
Recordings of workshop and role play scenarios for train-the-trainer program/edit to individual modules/resource content to create file to be uploaded into four online learning modules/edit raw recording of conference to a create module	\$3800	\$0	\$3800
Category: Development of workshop materials			
Printing workshop materials	\$200	\$0	\$200
Develop evaluation materials for each-workshop	\$100	\$0	\$100
TOTALS	\$24,484	\$36900	\$61,384

If salary funding is requested, a resume or CV must be included for each identified staff member

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If salary funding is requested, a resume or CV must be included for each identified staff member

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