

Iowa Cancer Consortium

www.CancerIowa.org

Click [HERE](#) to skip instructions and go straight to the multi-year application.

APPLICATION CHECKLIST: FY2020 Iowa Cancer Plan Implementation Grants

Please use this checklist to ensure your application is complete:

- | |
|--|
| Letter of Intent is submitted to Lindsay Heck at heck@canceriowa.org by 5:00 PM CST on April 5, 2019 . |
| Objectives are SMART (specific, measurable, achievable, realistic, and time bound). |
| Evidence sources are cited : web links and/or other details are provided. |
| Project aligns with 2018-2022 Iowa Cancer Plan goals and actions. |
| Budget items are explained and totals are accurate . |
| Letters of Support are included from all collaborators . |
| Resumes/CVs are included for each staff member if funding is requested for their time. |
| Completed grant application is a single PDF . |
| Complete application is submitted as a <i>single PDF</i> to Lindsay Heck at heck@canceriowa.org by 5:00 PM CST on May 10, 2019 . |
| Please reach out if you need assistance integrating the documents into one PDF. |

One of the priorities of the 2018-2022 Iowa Cancer Plan is addressing Health Equity. If you or your organization require accessibility support with this application (Example: a mailed hard copy), please do not hesitate to reach out to Lindsay Heck at heck@canceriowa.org.



Iowa Cancer Consortium

www.canceriowa.org

Click [HERE](#) to access the FY20 Iowa

for Proposals documents.

Cancer Plan Implementation Grants Invitation

INSTRUCTIONS: FY2020 Iowa Cancer Plan Implementation Grants

PURPOSE

The Iowa Cancer Consortium's Board of Directors is soliciting project proposals that support the [2018-2022 Iowa Cancer Plan](#). The intent of the Invitation for Proposals (IFP) is to fund collaborative projects that address identified gaps in Iowa's cancer control and prevention efforts. Successful grant applications will incorporate **goals** and/or **action steps** from the [2018-2022 Iowa Cancer Plan](#).

IOWA CANCER PLAN

The 2018-2022 Iowa Cancer Plan is divided into five **priorities**. Each priority includes a set of evidence-based cancer control goals, action steps, and data targets. Priorities are major issues to be addressed in order to reduce the burden of cancer in Iowa. **Goals** are measurable aims that address one or more of the outlined priorities. **Action steps** identify work that must be done to accomplish the corresponding goal. **Data targets** are benchmarks that are used to measure and evaluate progress towards the outlined goals.

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

APPLICATION OPPORTUNITIES

The Iowa Cancer Consortium offers funding opportunities that support single-year and multi-year projects. Information below describes types of projects appropriate for each opportunity.

Single-Year Application

- Infrastructure is already in place.
- Partnerships among collaborators are established or currently exist.
- Buy-in from target population or existing relationship with target population for the specific project.

Note: Projects in this category should realistically be able to be completed in one year.

Multi-Year (up to 3 years) Application

- Requires development of new or recently initiated relationship with target population and/or key stakeholders.
- Requires development or establishment of infrastructure.
- Can demonstrate significant progress toward goals in year one and show high likelihood to reach program objectives in years two and three.

GRANT APPLICATION GUIDELINES

- All proposed projects must relate to at least one Iowa Cancer Plan **goal** and/or **action step**. Read the 2018-2022 Iowa Cancer Plan at <http://canceriowa.org/iowa-cancer-plan.aspx>.
- Project activities must occur within Iowa and serve Iowans.
- Applicants **must submit a Letter of Intent** (LOI) to Lindsay Heck at heck@canceriowa.org by 5 p.m. CST on April 5, 2019. [Click here](#) for a sample Letter of Intent. This can be a simple email that includes a couple sentences about the planned project.
- If you would like technical assistance or specific feedback on your application, requests must be submitted by 5 p.m. CST on Friday, April 19. Please email [Lindsay Heck](#) to schedule time to meet with a staff member from April 22 to May 3. Applications do not need to be complete by the time you meet with a staff member, but providing current documents is helpful for staff.
- A Letter of Support (LOS) from each collaborator must be included with the application. **At least one collaborator is required.** [Click here](#) for a sample Letter of Support.
- Applicants are encouraged to join the Consortium's FY20 IFP webinar at 12:00 p.m. CST on March 27, 2019. [Click here](#) to join the webinar!
- If assistance is required combining the application documents into one PDF, please reach out to [Lindsay Heck](#).
- **Applications must be submitted by 5:00 PM CST on Friday, May 10.**
Incomplete and/or late materials will not be accepted.
- Applicants are encouraged, but not required, to join the Iowa Cancer Consortium. Membership information is available at www.canceriowa.org/membership.aspx.
- ***IDPH funds are used to provide these grants – if you receive IDPH funds, you are strongly encouraged to contact your IDPH contractor to ensure that there is no duplication PRIOR to submitting your application.***
- All activities funded through this grant process must be completely tobacco free.

GRANT APPLICATION RESTRICTIONS

- Grant funds may not be used to replace dollars currently earmarked for cancer programs/projects.
- Grant funds may not be used for lobbying.
- Grant funds may not be used to cover indirect costs, which may include administrative or overhead costs.
- Grant funds may not be used to cover clinical care. Clinical care including the provision of medication, vaccinations, and/or treatment is not an allowable expense. Service Delivery including radon mitigation and screening test purchase will be heavily reviewed. Community organizations and collaborators are encouraged to provide financial support for service delivery components.

PROJECT PERIOD

The project period is July 1, 2019 – May 29, 2020.

AVAILABLE FUNDING

- Applicants may receive up to \$25,000 per year in funding.
- **The total number and dollar amount of awards is dependent upon funds available and the number and scope of proposals submitted.**

APPLICATION TIMELINE

March 1, 2019	Invitation for Proposals (IFP) released.
March 27, 2019 12 – 1:00 PM CST	IFP overview webinar. This webinar is intended for potential applicants and will review the Iowa Cancer Consortium Invitation For Proposals and discuss application requirements. Click here to participate!
April 4, 2019	IFP application assistance available at the Iowa Cancer Consortium Regional Spring Meeting in Davenport. Contact Consortium staff to schedule a time to meet.
April 5, 2019 5:00 PM CST	Letter of Intent (LOI) due electronically to heck@canceriowa.org. The LOI must identify the applicant and which goal of the Iowa Cancer Plan (prevention, screening, treatment, quality of life, health equity) the proposed project aligns with. This can consist of a simple email with a few sentences outlining the proposed project. *A Letter of Intent is required in order to submit a full IFP application.
April 16, 2019	IFP application assistance available at the Iowa Cancer Consortium Regional Spring Meeting in Ottumwa. Contact Consortium staff to schedule a time to meet.
April 19, 2019 5:00 PM CST	Deadline for requesting application feedback. Application completion is not necessary. Please email Lindsay Heck to schedule a time from April 22-May 3 to meet with staff.
April 26, 2019	IFP application assistance available at the Iowa Cancer Consortium Regional Spring Meeting in Fort Dodge. Contact Consortium staff to schedule a time to meet.
May 10, 2019 5:00 PM CST	Proposals due electronically to heck@canceriowa.org.*
June 21, 2019	Tentative award notification.
June 28, 2019	Signed acceptance letters & fiscal agreements due back to rollins@canceriowa.org .
July 1, 2019	Project period begins.

Applications are considered complete when all documents are sent in a single PDF to Lindsay Heck at heck@canceriowa.org by 5:00 PM CST on Friday, May 10, 2019

REVIEW PROCESS

All applications submitted under the guidelines above will be reviewed for completeness and receive feedback. Completed applications will be evaluated by a committee comprised of three to four comprehensive cancer control experts from across the United States. A copy of the scoring rubric that will be used by the grant review committee is available [by clicking here](#). Scores and comments will be submitted to the Iowa Cancer Consortium Board of Directors, who will make final awards.

Points on the scoring rubric will be given to projects that:

- Address ***Health Equity** and/or focus on underserved populations.
- Focus on ****Access** to prevention, screening, treatment, and quality of life.

***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](#))

****Access** – Access to health services means "the timely use of personal health services to achieve the best health outcomes." It requires 3 distinct steps: gaining entry into the health care system (usually through insurance coverage), accessing a location where needed health care services are provided (geographic availability), and finding a health care provider whom the patient trusts and can communicate with (personal relationship). ([Healthy People 2020](#))

APPLICATION ASSISTANCE

Applicants have the opportunity to meet with a Consortium staff member, either by phone or in person, to discuss their project following submission of the LOI. **These meetings are optional.** The deadline to request specific application feedback is April 19 at 5:00 PM CST. Please email [Lindsay Heck](mailto:Lindsay.Heck@canceriowa.org) to schedule a time to meet with a staff member from April 22 – May 3. Additionally, in-person evaluation planning and application writing assistance is available at the Consortium Spring Meetings. April 4th in Davenport, April 16th in Ottumwa, and April 26th in Fort Dodge. Consortium staff members are also available to answer questions and/or assist with applications. You may email heck@canceriowa.org to schedule a time to meet with a staff member in person, by phone, or on Zoom.

Iowa Cancer Consortium staff:

- Tessa Allred, Program Coordinator, allred@canceriowa.org
- Lindsay Heck, Program Associate, heck@canceriowa.org
- Sloane Henry, Community Health Educator, henry@canceriowa.org
- Kelly Rollins, Administrative & Financial Coordinator, rollins@canceriowa.org
- Rachel Schramm, Communications & Outreach Coordinator, schramm@canceriowa.org
- Kelly Wells Sittig, Executive Director, sittig@canceriowa.org

AWARD AND REPORTING REQUIREMENTS

1. Awardees must meet with Consortium staff in person or by Zoom conference at least twice during the project period to discuss project progress, successes and challenges.
2. Awardees must complete and submit quarterly reports, use all funds and submit a final report by May 29, 2020. **Carryover of funds is not allowed.**
3. Awardees may be required to present or provide a brief written update for fall and spring Consortium meetings.
4. At least three photos documenting the project must be submitted with the final report. The Iowa Cancer Consortium reserves the right to use these pictures in publications and marketing materials. Awardees must obtain appropriate consent for all pictures for use by both the grantee organization and the Iowa Cancer Consortium. Please email staff@canceriowa.org if a consent form is needed. All pictures are to be submitted electronically in JPEG format with people and places identified.

REPORTING TIMELINE

July 1, 2019	Project period begins.
September 13, 2019	First-quarter progress reports due to staff@canceriowa.org
December 13, 2019	Mid-year progress reports due to staff@canceriowa.org .
March 13, 2020	Third-quarter progress reports due to staff@canceriowa.org .
May 29, 2020	Project completed and all funds expended.
May 29, 2020	Final report and budget due to staff@canceriowa.org .

USE OF FUNDS

- All materials must contain the following statement: This program is made possible by the Iowa Cancer Consortium and the Iowa Department of Public Health.
- When appropriate and space permits, the Iowa Cancer Consortium logo and website (www.canceriowa.org) will be included in project materials.
- All materials created using Iowa Cancer Consortium funds must go through the following review process: A draft of project materials (CD, DVD, printed materials, agendas, save-the-date, fliers, etc.) must be submitted to heck@canceriowa.org at least five working days before they are produced. Grantees will receive approval for producing materials via e-mail from Consortium staff.
- Project promotion is available through the Consortium's email newsletter, social media, and workgroup meetings as requested.

MULTI-YEAR FUNDING REQUESTS

Applicants may request up to three years of funding (not to exceed \$25,000 per year and \$75,000 for a three-year period). Multi-year applications should identify objectives, action plan steps and a budget for each year of funding requested. **Funding for multi-year projects will be subject to competitive renewal. Applicants must demonstrate significant progress towards objectives in the first year.** [Click here for the multi-year IFP application.](#)

BUDGET INSTRUCTIONS

Allowable categories have been identified. If funding is requested for a category, a brief explanation or funding justification must be included. Be sure to identify the source of funds and any in-kind or cash contributions from collaborators, etc.

Equipment

Identify equipment needed for project implementation. Equipment costs must be justified and an explanation provided for equipment use after the grant period ends. Items that cost \$5,000 or more are not routinely funded but will be considered on a case by case basis. **Webinar and**

teleconference services are available to funded projects at no cost to the grantee.

Printing and Copying

Estimate the total number of document pages that will be copied or printed. Use \$0.06/page for calculating costs. Example: 500 pages X \$0.06/page = \$30.00

Supplies

Estimate the unit cost for each item to be purchased and the total number of items needed.

Example: 200 brochures X \$1.25/brochure = \$250.00

Staff Support

The Iowa Cancer Consortium exists due to contributions of time and resources from partner organizations. In most cases, Consortium projects are carried out by existing grantee organization staff through in-kind donation of staff time. In certain cases, a project may require an extraordinary amount of staff time—over and above what is normally requested of partners. If this is the case, grant collaborators may request funds for key personnel. Funds may not be requested to supplant existing job responsibilities. **If funding is requested for staff support, staff resume(s), number of funded hours, and a list of staff project-related responsibilities must be included in the budget request.**

Conference Calls and Webinar Services

Funded projects may use the Consortium's Zoom conferencing webinar and teleconference platform as needed for the funded project throughout the budget year at no cost. Please do not include these webinar or conference line expenses in the Iowa Cancer Consortium funds requested part of your budget. As a note, the Iowa Cancer Consortium's Zoom Conferencing package does not include HIPAA compliance. Please indicate in your application if you plan to request this support.

Travel

Travel essential to the proposed project may be funded under this proposal. Travel reimbursement is allowed at the following rates: \$0.39/mile, \$12.00/breakfast, \$15.00/lunch, and \$29.00/dinner. Maximum lodging reimbursement is \$98 plus taxes per night. *(Please note that these reimbursement rates may be subject to change)*

Incentives

Incentives are an allowable expense only if proven to be effective as part of an evidence-based intervention. The evidence base must be explained and a statement of need is required to explain the need for funding for incentives.

Clinical Care/Service Delivery

Clinical care including the provision of medication, vaccinations and/or treatment is not an allowable expense. Service delivery including radon mitigation and screening test purchase will be heavily reviewed. Community organizations and collaborators are encouraged to provide financial support for service delivery components.

SAMPLE PROJECT BUDGET

Items below are for example only and do not necessarily reflect current and/or past funded projects' budgets.

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.

Category: Staff Support

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)

Senior Program Manager (\$36.00/hr. x 8 hrs. x 52 weeks)		\$14,976.00	\$14,976.00
Category: Travel			
2 Round trips each from Des Moines to proposed centers in Sioux City, Cedar Rapids, Davenport, Ames, & Ft. Dodge. Total of 1234 miles x .39/mile x 2 trips = 962.52	\$962.52		\$962.52
Per Diem lunches – 10 trips x 2 people @ \$15/lunch	\$300.00		\$300.00
Category: Printing			
Program brochures for staff and patients – 600 brochures x 5 practices @ .39 per brochure	\$1,170.00		\$1,170.00
Category: Supplies			
Folders for cancer center meetings – 200 @ .38 per folder	\$76.00		\$76.00
Category: Shipping			
UPS shipping of units to cancer centers – 250 units @ \$13.00	\$3250.00		\$3250.00
Category: Other			
TOTALS	\$5,758.52	\$14,976.00	\$20,734.52

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.



Iowa Cancer Consortium

www.canceriowa.org

Iowa Cancer Consortium
www.CancerIowa.org

Click [HERE](#) to access the FY20 Iowa Cancer Plan Implementation Grants Invitation for Proposals documents.

SAMPLE LETTER OF INTENT: FY2020 Iowa Cancer Plan Implementation Grants

Iowa Cancer Consortium Board of Directors
2501 Crosspark Road
A164 MTF
Coralville, IA 52241

<Project Contact>
<Organization>
<Contact Information>

Dear Iowa Cancer Consortium,
<Organization/Project Contact> intends to apply in response to the FY2020 Iowa Cancer Plan Implementation Grant Invitation for Proposals.
<Project Description (4-5 sentences)>
This project aligns with the Iowa Cancer Plan goal(s) for <Prevention, Screening, Treatment, Quality of Life, Health Equity>.
The full proposal will be submitted by May 10, 2019.
Sincerely,
<Signature>



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Click [HERE](#) to access the FY20 Iowa Cancer Plan Implementation Grants Invitation for Proposals documents.

SAMPLE LETTER OF SUPPORT: FY2020 Iowa Cancer Plan Implementation Grants

Iowa Cancer Consortium Board of Directors
2501 Crosspark Road
A164 MTF
Coralville, IA 52241

< Contact>
<Organization>
<Contact Information>

Dear Iowa Cancer Consortium Board of Directors,
I write on behalf of <organization> in support of <project name> proposed to the Iowa Cancer Consortium as part of the FY2020 Iowa Cancer Plan Implementation Grant Invitation for Proposals.

<Organization> will fulfill the following roles in this partnership:

- <Role>
- <Role>
- <Role>

Sincerely,
<Signature>



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SCORING RUBRIC: FY2020 Iowa Cancer Plan Implementation Grants

Project Title:

APPLICATION COMPLETION AND TIMELINESS (3 POINTS)

Project is submitted on time but is not complete.

Project is submitted on time and is complete, including all required documents:

☐ All documents are complete.

		<input type="checkbox"/> Résumés are included if staff financial support is requested. <input type="checkbox"/> Application is combined into one PDF. <input type="checkbox"/> Budget is accurately recorded and calculated. <input type="checkbox"/> A Letter of Support is included from each collaborator.	
(0)		(3)	
Comments:		Score:	
OVERALL PROJECT (15 POINTS)			
Project poorly constructed. Little evidence of potential and/or community support.	Project somewhat described but without enough detail to gauge impact or goals.	Project described well. Goals and objectives could be improved. Good community collaboration.	Project has clear goals, objectives, and evaluation plan. Need for the project is well described. Collaborators' roles are clear and appropriate. High potential for success.
(0-3)	(4-7)	(8-11)	(12-15)
Comments:		Score:	
PROJECT COLLABORATORS (5 POINTS)			
Appropriate collaborators are not involved or no partners are identified. Letter of Support missing.	Some appropriate collaborators appear to be missing. Letters of support are incomplete or unrelated to project.	The collaborators identified are adequate and their roles are clearly stated.	The collaborators identified are fitting and will strengthen the project. A letter of support is provided that clearly indicates the partners' role.
(0)	(1-2)	(3-4)	(5)
Comments:		Score:	
CLARITY OF PROJECT OBJECTIVES (5 POINTS)			
Project objectives are unclear or inappropriate. Objectives not offered or not SMART.	Project objectives are clear. Questionable objectives are offered that are weak or lack specificity or measures.	Project objectives are well framed and adequate. Objectives are adequate to the task but could be strengthened.	Project objectives are well crafted and clear. Objectives are SMART and written in alignment with successfully accomplishing goals.
(0)	(1-2)	(3-4)	(5)
Comments:		Score:	
PROJECT PLAN (5 POINTS)			
The project plan is incomplete.	Proposed steps are not clear. Person(s) responsible for completing tasks may not be appropriate, or time for completing steps is unreasonable. Project will likely not accomplish goal.	Proposed steps are appropriate but could be improved. Person(s) responsible for completing steps may be appropriate. Time for completing steps seen as adequate. Project may accomplish goals.	Proposed steps are clear and well thought out. Person(s) responsible for completing steps are well suited for the effort. Project is very likely to accomplish goals.
(0)	(1-2)	(3-4)	(5)
Comments:		Score:	
PROJECT EVALUATION (10 POINTS)			
Evaluation measures and methods are missing or not relevant to success of project. Evaluation plan incomplete.	Evaluation measures and methods are offered but could be enhanced or improved. Data source or methods are unclear. Evaluation plan not well defined.	Evaluation measures and methods are adequate as offered. Data sources and collection methods may show success of project.	Evaluation measures and methods are clear. Success of the project would be clear. Data sources are appropriate and collection methods are strong.
(0-2)	(3-5)	(6-8)	(9-10)
Comments:		Score:	

PROJECT IMPACT (10 POINTS)			
Project not likely to reach the target population and does not work toward a policy, systems or environmental change.	Project will make little impact in targeted community and/or policy, systems, and environmental change plans are not included/likely.	Project will likely reach target population. Policy, systems and environmental change are well defined and possible.	Project will reach target population and create policy, systems and environmental change during implementation or based on outcomes.
(0-2)	(3-5)	(6-8)	(9-10)
Comments:			Score:
PROJECT SUSTAINABILITY AND DISSEMINATION (5 POINTS)			
No plans for sustainability or dissemination.	Plans for sustainability and dissemination poorly constructed and not feasible.	Plans for sustainability and dissemination are appropriate to the plan and timeline.	Plans for sustainability and dissemination are well crafted. Project is likely to continue following funding period.
(0)	(1-2)	(3-4)	(5)
Comments:			Score:
LINK TO IOWA CANCER PLAN: PROJECT OBJECTIVES (5 POINTS) Iowa Cancer Plan			
Project objectives are not related to the priorities, goals, or actions of the Cancer Plan.	Project objectives are related to the priorities of the Cancer Plan, but there is not a clear connection to goals or actions.	Project objectives are clearly related to the priorities and goals of the Cancer Plan.	Project objectives align with the priorities and goals of the Cancer Plan and a specific action(s) is addressed within the project application.
(0)	(1-2)	(3-4)	(5)
Comments:			Score:
PROJECT BUDGET (5 POINTS)			
Budget is very poorly constructed and disconnected from project.	Budget marginally constructed and appropriately connected to the project with some exceptions. Some expenses are questionable.	Budget aligns with scope of work. Expenses are appropriate to support project.	Budget is well crafted and appropriate for project completion with in-kind or financial support from collaborators.
(0)	(1-2)	(3-4)	(5)
Comments:			Score:
*ADDRESSING HEALTH EQUITY (5 POINTS)			
Project does not work toward health equity.	Plans to impact health equity are not included/likely.	Plans to impact health equity are well defined and possible.	Project will impact health equity during implementation or based on outcomes.
(0)	(1-2)	(3-4)	(5)
Comments:			Score:
**ADDRESSING ACCESS (5 POINTS)			
Project does not work to improve access to prevention, screening, treatment, and/or quality of life.	Plans to impact access to prevention, screening, treatment, and/or quality of life are not included/likely.	Plans to impact access to prevention, screening, treatment and/or quality of life are well defined and possible.	Project will impact access to prevention, screening, treatment, and/or quality of life during implementation or based on outcomes.
(0)	(1-2)	(3-4)	(5)

Comments:	Score:
OVERALL COMMENTS/RECOMMENDATIONS	
	Total Score: _____/78



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***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)*

****Access** – Access to health services means "the timely use of personal health services to achieve the best health outcomes." It requires 3 distinct steps: gaining entry into the health care system (usually through insurance coverage), accessing a location where needed health care services are provided (geographic availability), and finding a health care provider whom the patient trusts and can communicate with (personal relationship). *(Healthy People 2020)*

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Application Documents Begin on Page 13.

MULTI-YEAR PROJECT APPLICATION: **FY2020 Iowa Cancer Plan Implementation Grants**

PROJECT INFORMATION

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

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

Total funding amount requested: **\$24,579**

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

THE GOAL of All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer is to develop and implement self-sustaining education programs, 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 primary target audience includes advance practice professionals, oncology nurses, social workers, and physical and mental health therapists.

The first phase of this project was made possible through funding from the Iowa Cancer Consortium and took place between 2016 and 2019. During the first phase, collaborators:

- conducted focus groups with 50 participants, created a public awareness video
- developed project website (www.allofmeiowa.org)
- delivered on-site provider workshops at nine Iowa oncology clinics
- developed educational materials including: detailed implementation framework, provider-patient role play scenarios, and evidence-based presentations
- hosted two conferences that generated content for the project website.

In response to target group requests, we have added to website content, including the creation of a patient brochure about sexual health and cancer available in English and Spanish which can be downloaded from the website.

Drs. R. Deming, Mercy Cancer Center, and Kimberly Leslie, University of Iowa Dept of Gynecology have supported this project from its inception by reviewing our project design and participating in the public awareness video and campaign.

During the second phase of this project, we will develop and roll out an Implementation Plan for the sexual health care for Iowan's impacted by cancer. Activities for FY20 will include:

- Generate an Implementation Plan based on the 5-page validated Implementation Framework
- Pilot research implementation in one rural, one urban, and two academic oncology clinics
- December 16th, 2019: Pilot design, preparation, IRB review, and pre-implementation assessments completed
- January 13th, 2020: Pilot roll out

- May 4th, 2020: Pilot and post-implementation assessments completed
- June 8th, 2020: Written summaries of site-specific pilot outcomes/process/lessons learned submitted to Iowa Cancer Consortium
- Perform a qualitative empirical assessment of patient sexual health needs as identified through nationally endorsed screening tool (Related to Object #2- Collaborator #4 will lead)
- Generate patient educational materials, which will complement the provider material already available on the website (Collaborator #3 will lead) January 31, 2020.
- Build on existing momentum and demonstrate continued responsiveness to provider requests:
- Host a second statewide All of Me Conference in 2020 (Collaborator #1, #2, #4, Chair and Consultant will assist)
- Interview content experts and present cases during quarterly conference calls
- Develop and add requested provider materials to the website

The implementation pilots will be evaluated with pre- and post- provider acceptability and confidence assessments. The in-depth qualitative patient needs information will be shared in written format. Together, the pilot evaluations, patient needs information, and provider implementation experiences (as shared during the quarterly conference calls) will all inform a statewide Implementation Plan that will be finished and rolled out in FY21.

While the FY20 activities will build momentum in anticipation of the statewide plan, the results of FY20 activities will be needed in order to achieve the greatest implementation uptake and impact in FY21. We anticipate submitting a separate FY21 grant application. Briefly, FY21 activities will include additional outreach to oncologists and other physicians and who care for Iowans impacted by cancer, an incentivization strategy that includes the entire clinical oncology team, not just the current target group, and additional efforts to reach Iowan's impacted by cancer.

Please explain how your project has demonstrated progress to date:

FY17:

- Conducted focus groups of our target audience
- Designed provider workshop content
- Established a project website (AllOfMEIowa.org)
- Created a public awareness video of a patient story

FY18:

- We held two all-day multi-disciplinary All of Me conferences on sexual health and cancer, one at University of Iowa Hospital and Clinics (UIHC) in January 2018 and the other at John Stoddard Cancer Center in April 2018. The UIHC conference registered 110 participants. Eight conference presenters made Panopto TM recordings which can be viewed on the All of Me website.
- We conducted statewide workshops with trained simulated patients and two facilitators (ESW and VK). These workshops were designed to give our target audience the confidence and resources to address normalizing the sexual health conversation as it related to treatment side effects with cancer patients.
- We formed an All of Me workgroup to meet weekly and develop and validate a 5-page sexual health care Implementation Framework. ESW 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.

FY19:

- We conducted additional workshops, training a total of 82 Sexual Health Champions at nine workshops across Iowa. Workshop evaluations and pre- and post-workshop assessments of provider confidence were analyzed after each workshop and future workshop content adjusted in response to target group needs.
- We reorganized the website and added to its content in response to provider requests.
- The most recent tool is an All of Me trifold patient brochure available in English and Spanish.
In response to continued requests for workshops, we have decided to forgo the cost of offering CEU for website education in favor of creating video learning modules that capture the workshop experience with simulated patients. The video recordings are currently in production and will be part of the train-the-trainer materials on the website, adding to sustainability and dissemination of the project.

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.
X	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. FY2019.

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

- Goal 1: Collaboration 1B, 1D, 1F
 - A Engage traditional and nontraditional partners in coordinated cancer control efforts.
 - B Increase resource sharing between cancer control partners.
 - C Encourage all cancer control partners in Iowa to use the Iowa Cancer Plan for planning, funding and advocacy.
 - D Coordinate with partners to ensure the use of consistent and accurate cancer control messages.
 - E Increase collaborative efforts among county public health departments.
 - F Increase the number and diversity of Iowans engaged in collaborative work through the Iowa Cancer Consortium.
- Goal 10: Increase Access 10A, 10D, 10G
 - A Increase availability of culturally and linguistically appropriate cancer education materials
 - D Increase availability of telemedicine services and infrastructure.
 - G Provide free or reduced-cost cancer services for underinsured or uninsured Iowans.
- Goal 11: Increase Treatment/Training 11B and 11D
 - B Support continuing education opportunities for oncology and other health care providers involved in cancer control.
 - D Increase the number of health systems that reimburse tuition for health care providers practicing in Iowa.
- Goal 13: Quality of Life 13I, 13J, 13K, 13L, 13M, 13O (Our primary goal and action steps align to 13I and 13J)
 - I Increase patient and caregiver awareness of and access to psychosocial, wellness, financial, sexual, spiritual, rehabilitation and community-based support services.
 - J Train health care providers on how to communicate difficult information, including end-of-life conversations.
 - K Educate health care providers on the importance of early and regular conversations with patients on goals of care, including patients' cultural preferences.

- L Educate health care providers, patients, families and communities on the specific and unique needs of cancer survivors, including sexual health, physical activity, nutrition, fertility, depression and anxiety
- M Encourage providers to recognize and address unique needs of childhood, adolescent and young adult cancer population including survivorship, late effects of treatment, employment, education and financial barriers.
- N Implement best practices for transition from active cancer treatment to post-treatment care and hospice services. O Increase resources and support for the unique needs of caregivers.
- Goal 14: Health Equity 14A, 14C, 14F, and 14G
 - A Identify and change institutional and structural systems that promote or reinforce activities, behaviors, attitudes and/or biases that contribute to inequitable cancer outcomes.
 - B Promote the use of evidence-based strategies and activities to reduce bias, discrimination and racism in health care settings.
 - C Support initiatives that provide training and education about the impact of discrimination and racism on lowans navigating health care, including topics related to cultural humility, privilege and power dynamics.
 - F Increase the use of health literate practices in all cancer control activities.⁴⁵
 - G Address social determinants of health in project and intervention planning

PROJECT CHAIR

Name: Erin Sullivan Wagner

Organization: After Cancer, Solutions for Sexual Health

Organization description:

Erin is a former anal cancer patient who has permanent sexual health side effects from her cancer therapy. She is a life coach to patients suffering from sexual dysfunction as a result of their treatment and regularly speaks with survivor groups on finding intimacy again. Like so many other patients, Erin's experience could have been significantly improved if the provider-patient conversation had been normalized, if expectations had been set, and if she had been referred for physical therapy timely. She presents '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. She has assisted in developing content for educational workshops she co-facilitates with Veronika Kolder, MD, led efforts to create the patient brochure (requested by workshop participants), and leads committee activities related to the hosted conferences and quarterly provider calls. Her work with the **All of Me** project will be complete when sexual health side effects are addressed as standard care with oncology patients.

Address: 127 Cayman Street

City, State, Zip: Iowa City, Iowa 52245

Phone: 319-594-5933

Email: erin@aftercancer.co

Project responsibilities:

- Collaborate to develop conference invitation flyer, agenda, date and location, speakers, list of attendees, and recording of specific components for online learning modules to be added to All of Me website.
- Assist in facilitating Calgary-Cambridge role play scenarios including sexual history-taking sessions that we upload to website as learning modules for providers.
- Collaborate in training of simulated patients who will participate in online workshop modules
- Develop oncology specific scenarios to be used for the role plays in the onsite workshops addressing sexual gender minorities and cultural diversity
- Provide updates for further development of alloffmeiowa.org website on provider materials and patient

materials

- Collaborate with leadership/stakeholders of the pilot sites to provide patient resource materials, articles, presentations, and workshops needed for their clinicians in addressing sexual health with their patients throughout this pilot period.
- Collaborate with University of Iowa Holden Cancer Center and project collaborators to develop marketing materials to promote statewide conference, and create agenda of speakers and content to be delivered.
- Collaborate to develop/update the post assessment evaluation for the distribution of Nursing Contact Hour credit.
- Participate in the editing of conference content to create separate learning modules for online for All of Me website
- Collaborate with Simulated Patients on the project to develop additional role play scenarios and recorded content for the online learning modules.
- Collaborate to develop quarterly webinar educational topics Continue providing feedback from oncology patients on relevant website and workshop content.

PROJECT COLLABORATORS

PROJECT COLLABORATOR 1 (REQUIRED)

A Letter of Support is required from each collaborator.

Name: Amy Pearlman, MD

Organization: University of Iowa Hospitals and Clinics, Department of Urology and Men's Health

Organization description: Clinical Assistant Professor of Urology, Director of the Men's Health Program

Email: amy-pearlman@uiowa.edu

Project responsibilities:

- Lead Pilot program of the Implementation Plan in the Urology Clinic of the University of Iowa Hospitals and Clinics (Objective #1)
- Co-lead statewide Sexual Health and Cancer conference Spring 2020 (Objective #3)
- Participate in a Quarterly conference call on educational topics related to sexual health side effects
- Create learning module videos on educational topics to be added to project website (Objective#4)
- Review project design and content

PROJECT COLLABORATOR 2

A Letter of Support is required from each collaborator.

Name: Emily Hill, MD

Organization: University of Iowa Hospitals and Clinics, Department of Gynecology Oncology

Organization description:

Clinical Assistant Professor

Division of Gynecologic Oncology

Email: emily-hill@uiowa.edu

Project responsibilities:

- Lead Pilot program of the Implementation Plan in the Gynecology Oncology Clinic at the University of Iowa Hospitals and Clinics (Objective #1)
- Co-lead a statewide Sexual Health and Cancer conference Spring 2020 (Objective #3)

PROJECT COLLABORATOR 3

A Letter of Support is required from each collaborator.

Name: Nicole Goff, WHNP

Organization: University of Iowa Hospitals and Clinics (UIHC), Gynecology Oncology

Organization description: ARNP located in UIHC, Davenport, Iowa

Email: Nicole-goff@uiowa.edu

Project responsibilities:

- Conduct a qualitative study to identify sexual healthcare resources needed for patients impacted by gynecologic cancers (Objective #2)
- Submit a written report of the study findings in May of 2020
- Participate in the statewide conference to report on the qualitative study

PROJECT COLLABORATOR 4

A Letter of Support is required from each collaborator.

Name: Jen Lee, PhD

Organization: Mount Mercy University Department of Psychology; University of Iowa Colleges of Nursing and Medicine

Organization description: Associate Professor of Psychology; Adjunct Assistant Professor of Nursing

Email: oniowaandgohawks@gmail.com

Project responsibilities:

- Research design and implementation (patient recruitment, assessment and analysis)
- Statistical support
- Community collaboration
- Content expert
- Conference coordination (Objective #3)

PROJECT COLLABORATOR 5

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:

- Review Project design and content
- Consultant to the project chair

PROJECT COLLABORATOR 6

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: Kimberly-leslie@uiowa.edu

Project responsibilities:

- Review project design and content
- support UIHC gynecology- oncology pilot

PROJECT COLLABORATOR 7

A Letter of Support is required from each collaborator.

Name: Elizabeth Graf, PA

Organization: University of Iowa Hospitals and Clinics

Organization description: Menopause and Sexual Health Clinic

Email: Elizabeth-Graf@uiowa.edu

Project responsibilities:

- Support Statewide conference by serving on a committee related to agenda, speaker topics, or conference logistics (Objective #3)
- Support quarterly conference call by creating a presentation on educational topic to be uploaded to AllOfMelowa.org website (Objective #4)
- Provide ongoing input to the All of Me project

PROJECT COLLABORATOR 8

A Letter of Support is required from each collaborator.

Name: Kiran Annam, ARNP

Organization: University of Iowa Hospitals and Clinics, Department of Urology and Men's Health

Organization description: Advance Practice Nurse Practitioner, Men's Health Program

Email: Kiran-annam@uiowa.edu

Project responsibilities:

- Review project design and content
- Support UIHC urology pilot (Objective #1)
- Participate in conference on Sexual Health and Cancer in Spring of 2020 (Objective #3)

PROJECT COLLABORATOR 9

A Letter of Support is required from each collaborator.

Name: Amy Little, DPT, WCS, CLT

Organization: University of Iowa Hospitals and Clinics, Department of Rehabilitation Therapy

Organization description: Physical Therapist-Pelvic Floor Specialist

Email: amy-little@uiowa.edu

Project responsibilities:

- Develop a learning module on pelvic floor therapies for quarterly conference call (Objective #4)
- Develop additional content for project website

PROJECT COLLABORATOR 10

A Letter of Support is required from each collaborator.

Name: Sarah Shaffer, DO, FACOG, NCMP

Organization: University of Iowa Healthcare and Carver College of Medicine

Organization description: Gynecology Department

Email: sarah-shaffer@uiowa.org

Project responsibilities:

- Review and edit plans for implementation pilot programs (rural, urban, academic) of the All of Me Iowa – Framework/Implementation Plan for Sexual Health Care in Oncology (Objective #1)
- Participate in and contribute to educational topics for planned quarterly calls (Objective #4)
- Assist with execution of All of Me Iowa statewide conference in 2020 (Objective #3)

PROJECT COLLABORATOR 11

A Letter of Support is required from each collaborator.

Name: Jacob Priest, Ph.D., LMFT

Organization: Director - LGBTQ Clinic in College of Education

Assistant Professor, Couple and Family Therapy Program, College of Education, University of Iowa

Email: Jacob-b-priest@uiowa.edu

Project responsibilities:

- Serve on conference committees to organize and select speakers (Objective #3)
- Act as a consultant on LGBTQ patient concerns for provider educational materials and role play scenarios
- Act as a consultant on psychosocial issues with couples after cancer experience

PROJECT COLLABORATOR 12

A Letter of Support is required from each collaborator.

Name: Holden Comprehensive Cancer Center, University of Iowa Hospitals and Clinics

Email: tina-devery@uiowa.edu, Administrative Director

Project responsibilities:

- Support of the two site piloting the Implementation Plan, conducted in Gynecology-Oncology Clinic and Urology at the University of Iowa Hospitals and Clinics (Objective #1)
- Support of statewide conference through identifying speakers and promoting event (Objective #3)

PROJECT COLLABORATOR 13

A Letter of Support is required from each collaborator.

Name: John Stoddard Cancer Center, Des Moines, Iowa

Email: sarah.zeidler@unitypoint.org

Project responsibilities:

- Continue committee work on the Training Framework/Implementation Plan
- Be a pilot site for the **All of Me** Implementation Plan (Objective #1)
- Host a workshop for providers in preparation for the pilot

PROJECT COLLABORATOR 14

A Letter of Support is required from each collaborator.

Name: St Anthony's Regional Cancer Center

Email: cltheulen@stanthonyhospital.org

Project responsibilities:

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- Implementing a pilot program of the All of Me Implementation Plan (Objective #1)
- Participate in the quarterly provider Educational Webinars/conference calls. (Objective #4)

PROJECT COLLABORATOR 15

Name: Lindsey Clifford, RN, BSN, OCN

Organization: Adolescent and Young Adult (AYA) Clinical Coordinator

Organization Description: Adolescent and Young Adult Cancer Program, University of Iowa Health Care

Email: aogilvie@ppheartland.org

Project responsibilities:

- Support Statewide conference in 2020 by serving on a planning committee (Objective #3)
- Support quarterly provider calls by presenting an educational topic (Objective #4)
- Provide input from an Adolescent and Young Adult perspective on addressing sexual health in cancer patients for the online learning modules (Objective #4)

PROJECT COLLABORATOR 16

A Letter of Support is required from each collaborator.

Name: Leslie Caton

Organization: Blue Consulting

Organization description: Web Writing and Content, Business Planning Services

Email: lesliecaton@gmail.com

Project responsibilities:

- Review and edit professional material used for website content
- Support web development as needed

PROJECT COLLABORATOR 17**A Letter of Support is required from each collaborator.**

Name: Susan Owen

Organization: Self

Organization description: Simulated Patient

Email: owensusan36@gmail.com

Project responsibilities:

- Collaborate on roleplay scenarios for patient-provider communications
- Participate as a simulated patient in online learning modules

PROJECT COLLABORATOR 18**A Letter of Support is required from each collaborator.**

Name: Anya Ogilvie

Organization: Planned Parenthood of the Heartland

Organization description: Health Educator, Cedar Rapids, Iowa

Email: aogilvie@ppheartland.org

Project responsibilities:

- Review and assist with educational strategies for online learning modules
- Participate as a simulated patient when needed

PROJECT COLLABORATOR 19**A Letter of Support is required from each collaborator.**

Name: Cindy Lyness

Organization: Retired Business owner of MRI of Cedar Rapids

Organization description: Recruiting/Search firm

Email: Clyness24@gmail.com

Project responsibilities:

- Workshop design and content review for online learning modules
- Assist in website layout

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

Name: Veronika Kolder, MD

Organization: Independent contractor, former collaborator

Organization description: Associate Professor Emeritus, Department of Obstetrics and Gynecology, UIHC

Email: veronika-kolder@uiowa.edu

Project responsibilities: Consult on project design and content as needed

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](http://canceriowa.org/Iowa-Cancer-Plan/Grants/FY2020-Grants.aspx) for ideas.

Has the project been implemented previously? Yes

If yes, how was the previous implementation funded?

This project is in the third year of a multi-year application submitted in May 2017- for FY2018 and FY2019 through the Iowa Cancer Consortium.

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

To date, the funds have been used to:

- Develop a website with resource materials for patients and providers
- Develop a video highlighting a patient story, to raise awareness
- Conduct nine half- day All of Me workshops,
- Developed an Implementation Framework
- Hosted the first conference related to Cancer and Sexual Health
- Creating a patient brochure on sexual health side effects in English and Spanish
- Made initial contact with facilities across the state.

The funds FY2020 will be used to fund:

- Implementation pilots at St Anthony's Hospital in Carroll Iowa, at John Stoddard Cancer Center in Des Moines, Iowa, and at the Department of Urology and Department of Gynecology-Oncology at the University of Iowa Hospitals and Clinics.
- An in-depth qualitative patient needs study at the University of Iowa Gynecology Oncology location in Davenport, Iowa.
- Co-host, in collaboration with Holden Comprehensive Cancer Center, a statewide Cancer and Sexual Health Conference, focusing on health disparities in LGBTQ communities, rural communities, and in diverse cultures.
- Create educational learning modules on with simulated patients, recorded, uploaded to the All of Me project website for use by all providers. We will also continue to add resources to the All of Me project website for providers in our target audience and their patients.
- Translate the patient brochure into a third language

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 FY2020.

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 provider 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. In regard to FY2020 pilot, our target audience will include the entire clinical oncology care team since most of oncology care is delivered by care teams, and buy-in from all team members, including physicians, is critical to oncology practice

change and eventual adoption of a statewide Iowa implementation plan in FY2021.

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 All of Me onsite workshops to address the barriers identified from the focus groups. (Time in overburdened clinics, knowledge of physical, hormonal, and emotional side effects of various treatment modalities, Embarrassment, how to initiate the topic, and privacy concerns.

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 Tina R. Devery, MHA, MBA, Associate Director of Administration for Holden Comprehensive Cancer Center, Nicoloe Goff, NP, Elizabeth Graf, PA, Kiran Annam, NP, Amy Little, DPT, Jacob Priest, Director of an LGBTQ Clinic, to join us as collaborators in support of FY2020 objectives.

Estimated number of Iowans to be reached by the project:

To date, we have directly worked with 262 health care professionals through our two conferences and four onsite workshops. We believe these professionals will impact 125 patients in FY2019, resulting in \$32,750 patients impacted.

The audience data shows that in the last 2 years we have had 3,592 users to the AllofMelowa.org website. 96.2% of your traffic is new visitors.

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

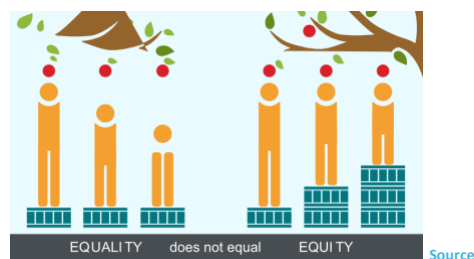
Page ?		Pageviews ? ↓	Unique Pageviews ?	Avg. Time on Page ?	Entrance
		3,261 % of Total: 61.89% (5,269)	2,876 % of Total: 63.50% (4,529)	00:02:08 Avg for View: 00:02:06 (1.38%)	57.2%
1. /		1,956 (59.98%)	1,732 (60.22%)	00:02:41	1,689
2. /resources/		308 (9.44%)	260 (9.04%)	00:03:21	104
3. /grant/		246 (7.54%)	198 (6.88%)	00:00:52	57
4. /grant-contributors/		200 (6.13%)	178 (6.19%)	00:02:10	88
5. /contact/		145 (4.45%)	132 (4.59%)	00:01:44	43
6. /provider-directory/		140 (4.29%)	130 (4.52%)	00:00:44	34
7. /continuing-education/		103 (3.16%)	92 (3.20%)	00:01:46	48

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

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 offered 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 and language and cultural differences. 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 FY2020, 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, as in the Patient Brochure developed in FY2019 in both English and Spanish. We will work toward health equity by continuing to offer educational material with providers across the state in quarterly webinar/conference calls, as well as on the AllofMelowa.org website.

Real-time monitoring and evaluation of ongoing workshops was 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 FY2020, these resources will be made available via the website.

We will also conduct a statewide health care provider conference in the first half of 2020, with content and modules addressing health equity for sexual gender minorities, as well as addressing age, race, and cultural diversity.

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 address patient educational disparities and comply with current guidance related to health literacy. On request from the workshop attendees, we developed a patient brochure/trifold related to sexual health side effects from cancer or its treatment. The brochure references side effects, questions to ask your medical team, reconnecting with a partner intimately, and related topics of interest on the www.AllofMelowa.org website. This brochure is available in English and Spanish, and will be translated to at least one additional language in FY2020.

Our online learning modules featuring oncology role play scenarios with simulated patients will address health disparities in the following areas- Sexual Gender Minorities Race, Cultural, Race, and Age. These modules will be available on the website and will be announced on the quarterly webinars/conference calls with providers across the state.

The planned statewide conference in early 2020 will also have presentations specifically addressing these communities.

How do you plan to reach the communities described above?

Jacob Priest, Director of the LGBTQ Counseling Clinic at the University of Iowa and Assistant Professor of Couple and Family Therapy, will join the **All of Me** project as a collaborator. He will assist on content related to LGBTQ patient population and psychosocial issues related to couples counseling. Any content related to this will be added to the project website and will also inform our role play scenarios for additional online learning modules.

A rural Hospital site, St Anthony's, in Carroll, Iowa, will conduct a pilot of the Implementation Plan (draft attached). Our goal is to identify resources needed for providers in rural communities to confidently address sexual health with patients. We will identify what additional resources will be needed different from the academic and urban pilot sites.

We have engaged Megan Hartwig on this project. Megan is the State Office of Rural Health Coordinator for the Iowa Department of Public Health. She partners with two rural organizations, The Iowa Hospital Association and the Iowa Association of Rural Health Clinics. The Iowa Hospital Association includes 116 hospitals, which includes 82 rural Critical Access (25 Bed) Hospitals, and 4 PPS (50 Bed) Hospitals. The Iowa Association of Rural Health Clinics includes 170 rural clinics in Iowa. We will work with Megan to reach the rural healthcare providers who interface with patients who are currently having cancer therapy, or who have received cancer therapy in the past. We will provide the **All of Me** website information, educational materials, patient brochures, and information about the 2020 Statewide **All of Me** Conference, as well as information about any upcoming quarterly educational **All of Me** conference calls.

The conference calls will be also posted on the **All of Me** project website, www.AllofMelowa.org, posted in the Iowa Cancer Consortium newsletter and on their website, and invitations will be sent via email to all past workshop attendees and other providers in our target group.

What culturally specific strategies will you utilize within the proposed project? Please provide a brief rationale for the strategies you selected. (ASK JEN LEE TO ADVISE ON THIS SECTION)

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.

There are differences in cancer rates among minority racial groups, e.g., African American women die more from Breast Cancer and have more HPV-associated cancer; Hispanic American women have higher rates of infection-related and gall bladder cancers. Thus, we will (1) work with the Iowa Department of Human Rights and **Iowa Commission on the Status of African-Americans (ICSAA)** who educate minority citizens on healthy lifestyles; and (2) include bilingual staff (Dr. Jen Lee) on the project team.

We will also aim to involve sexual minority content, patients, and providers in our project. To accomplish this, Jacob Priest, Director of the LGBTQ Clinic, University of Iowa Hospitals and Clinics, will collaborate on this project. Indeed, research suggests sexual dysfunction after cancer treatment does not differ between heterosexual and homosexual patients.

(Boehmer et al., 2013); lesbian women experience the same sexual health issues as straight women, particularly when they struggle with sexual attractiveness, urogenital, and/or menopause symptoms after cancer.

Boehmer U, Glickman M, Winter M, Clark MA. Lesbian and bisexual women's adjustment after a breast cancer diagnosis. *J Am Psychiatr Nurses Assoc* 2013;19:280-92

ADDRESSING ACCESS

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:

- [Healthy People 2020](#)
- [Johns Hopkins Center for Health Equity](#)
- [CDC Health People 2020](#)



Source

Access – Access to health services means "the timely use of personal health services to achieve the best health outcomes." It requires 3 distinct steps: gaining entry into the health care system (usually through insurance coverage), accessing a location where needed health care services are provided (geographic availability), and finding a health care provider whom the patient trusts and can communicate with (personal relationship). ([Healthy People 2020](#))

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

The All of Me Project is addressing access to care in FY2020 with an expanded reach:

- The four sites piloting the All of Me Implementation Plan will prepare us for a statewide implementation
- Statewide Sexual Health and Cancer Conference 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, with individual learning modules demonstrating oncology scenarios with simulated patients, available to all health care providers through the AllofMelowa.org website
- Quarterly educational Webinars/Conference calls for providers on educational topics related to sexual health, highlighting a subject matter expert followed by a facilitated discussion with participants on the call
- The recently created patient brochure has been created in English, translated in Spanish, and will be translated to a third language in FY2020. (TBD based on most common languages for Iowa population)

Please describe the communities you plan to work with related to access (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 address patient educational disparities and comply with current guidance related to health literacy. On request from the workshop attendees,

Our online learning modules featuring oncology role play scenarios with simulated patients will address health disparities in the following areas- Sexual Gender Minorities Race, Cultural, Race, and Age. These modules will be available on the website and will be announced on the quarterly webinars/conference calls with providers across the state.

The planned statewide conference in early 2020 will also have presentations specifically addressing these communities. We have selected a rural hospital, St Anthony's in Carroll Iowa, as one of the 4 pilot sites for the All of Me Implementation Plan. We will identify the challenges related to resources in a rural clinic or hospital to inform a statewide rollout of the Implementation Plan in FY2021

How do you plan to reach the communities described above?

A rural Hospital site, St Anthony's, in Carroll, Iowa, will conduct a pilot of the Implementation Plan (draft attached).

We have engaged Megan Hartwig on this project. Megan is the State Office of Rural Health Coordinator for the Iowa Department of Public Health. She partners with two rural organizations, The Iowa Hospital Association and the Iowa

Association of Rural Health Clinics. The Iowa Hospital Association includes 116 hospitals, which includes 82 rural Critical Access (25 Bed) Hospitals, and 4 PPS (50 Bed) Hospitals. The Iowa Association of Rural Health Clinics includes 170 rural clinics in Iowa. We will work with Megan to reach the rural healthcare providers who interface with patients who are currently having cancer therapy, or who have received cancer therapy in the past. We will provide the **All of Me** website information, educational materials, patient brochures, and information about the 2020 Statewide **All of Me** Conference, as well as information about any upcoming quarterly educational **All of Me** conference calls.

The conference calls will be also posted on the **All of Me** project website, www.AllofMelowa.org, in the Iowa Cancer Consortium newsletter and on their website, and invitations to the statewide conference and quarterly calls will be sent via email to all past workshop attendees and others in our target group.

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. By choosing a rural community Hospital, St Anthony's Hospital, in Carroll, Iowa, we will understand the specific challenges related to addressing sexual health side effects in patients who have been impacted by cancer.

There are differences in cancer rates among minority racial groups, e.g., African American women die more from Breast Cancer and have more HPV-associated cancer; Hispanic American women have higher rates of infection-related and gall bladder cancers. Thus, we will (1) work with the Iowa Department of Human Rights and Iowa Commission on the Status of African-Americans (ICSAA) who educate minority citizens on healthy lifestyles; and (2) include bilingual staff (Dr. Jen Lee) on the project team.

One of the pilot sites will take place in a rural community, for the purpose of identifying challenges related to access of resources.

We will also aim to involve sexual minority content, patients, and providers in our project. To accomplish this, we will contact LGBTQ+-oriented sites, such as the UIHC LGBTQ+ clinic, and/or the Unity Point LGBTQ Clinic. Indeed, research suggests that sexual dysfunction after cancer treatment do not differ between heterosexual and homosexual patients (Boehmer et al., 2013); lesbian women experience the same sexual health issues as straight women, particularly when they struggle with sexual attractiveness, urogenital, and/or menopause symptoms after cancer.

Boehmer U, Glickman M, Winter M, Clark MA. Lesbian and bisexual women's adjustment after a breast cancer diagnosis. J Am Psychiatr Nurses Assoc 2013;19:280–92

EVIDENCE BASE

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

[Click here](#) to view a webinar that explains how to find and use evidence-based programs.

[Email Consortium staff](#) with questions.

Examples of evidence-based sources:

- The Community Guide: <http://www.thecommunityguide.org>
- Research-tested Intervention Programs (RTIPs): <http://rtips.cancer.gov/rtips>
- Cancer Control P.L.A.N.E.T.: <http://cancercontrolplanet.cancer.gov>
- Scholarly journal articles

Health Equity & Disparities evidence-based resources:

- Prevention Research Center (PRC) webinar: Using Evidence-Based Practices: A Webinar for Public Health

Practitioners & Community Partners (provides information on tailoring EBI's). [Click here to view.](#)

- National Cancer Institute (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:

- Lindsay Heck at heck@canceriowa.org who will connect you with subject matter experts

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 2018 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 2018;36(5):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.

National guidance for translational projects is provided by a number of models, including the Iowa Model of Evidence Based Practice to Promote Quality Care (Titler, MD, et. al, The Iowa Model of Evidence-Based Practice to Promote Quality Care, in Translating Research into Practice, from Critical Care Nursing Clinics of North America 2001;13(4):497-509). We used this model to evaluate the evidence base supporting advance practice professional provision of cancer-related sexual health care and determine the next steps needed for effective practice change. (Model Attached)

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 result 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 to cancer centers throughout the state and compiling resources on a website designed for patients and providers, we are improving access to sexual health care for all Iowans and reduce discrimination and exclusion based on differences in geographic location.

In its 2010 report on the future of nursing, the Institute of Medicine called for all nurses to practice to the full extent of their nursing “education, training, and competencies” (Institute of Medicine. 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12956>.) This is especially important in rural states like Iowa where lower numbers of per capita oncologists may contribute to gaps in survivorship cancer care (Murry J and Mollica M, Front Oncol 2016;6:174).

Advanced practice professionals who attended our workshops verbalized 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 included best practices related to medical communication with patients from other cultures in our more recent 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). Our patient brochure is written at a ninth grade literacy level.

Need Determination:

Iowa is one of only 8 states with the lowest percentage of oncologists per population, having only 1.6 to 2.3 oncologists per 100,000 residents (ASCO State of Cancer Care in the US 2014, <https://ascopubs.org/doi/full/10.1200/jop.2014.001386>, accessed 4-21-19).

Nationally, only 3% of oncologists are based in rural areas, where 20% of Americans live (ASCO State of Cancer Care in the US 2014, <https://ascopubs.org/doi/full/10.1200/jop.2014.001386>, accessed 4-21-19).

Access to oncologists is limited in Iowa and therefore oncologists in our state have limited time to provide cancer-related sexual health care. Oncology Nurses and Advanced Practice Professionals are increasingly providing survivorship care (Murry J and Mollica M, *Front Oncol* 2016;6:174).

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):225-21517), 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 (Dangi-Garimella S, Changing Trends in Oncology Practice: Value-Based Care and an Empowered Patient, reporting on a panel at the Association of Community Cancer Centers’ 44th Annual Meeting & Cancer Center Business Summit, <https://www.ajmc.com/conferences/accc-2018/changing-trends-in-oncology-practice-valuebased-care-and-an-empowered-patient>, posted 3-15-18, accessed 4-24-19; Porter & Lee, *Harvard Business Review* at <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). Some oncology administrators framed oncology sexual health care as “cost avoidance”, where providing a low Relative Value Unit (RVU) service prevents larger revenue losses resulting from clients going elsewhere due to failure to provide a valued service expected from a comprehensive cancer center. We continue to view addressing this concern and including pertinent resources on the website as a goal.

Because web-based nursing 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 have created web-based educational materials informed by our focus groups, needs assessment, conference and workshop participant comments, and

enhanced by the previously created public awareness video.

Since a recent survey found that oncology clinic outpatients prefer written educational materials about sexual and genital health needs, followed by expert discussion, we developed a customizable patient brochure in English and Spanish during FY19, which can be downloaded from the All of Me website (Stabile C. et al., Breast Cancer Res Treat. 2017;165(1):77-84).

Oncology pilot studies are used to identify areas of success/challenge before larger scale implementation, allowing for adjustments and concessions along the way (O'Neill M, Oncology Care Model, ECG Management Consultants, blog entry 11-22-17 at www.ecgmc.com, accessed 4-21-19; Centers for Medicare and Medicaid, Oncology Care Model, www.innovation.cms.gov/initiatives/oncology-care, accessed 4-21-19; and Mackler E, et al., Impact of a Statewide Oral Oncolytic Initiative on Five Participating Practices, J Onc Pract 2018;14(5):e304-e309).

In accordance with the Iowa Model of Evidence-Based Practice to Promote Quality Care, the research base supporting advanced practice professional provision of sexual health care in oncology is sufficiently developed to guide practice. Therefore implementation on pilot units is the next step in moving toward practice change. This is the goal of FY20 objective #1 (Titler, MD, et. al, The Iowa Model of Evidence-Based Practice to Promote Quality Care, in Translating Research into Practice, from Critical Care Nursing Clinics of North America 2001;13(4):497-509).

Because there is no recent research base addressing the sexual health care needs and preferences of Iowans impacted by cancer, further information is needed in this area and is the goal of FY20 objective #2 (Titler, MD et al., 2001, as above). (Iowa Model Attached)

- World Health Organization (2018). Sexual and reproductive health. Retrieved from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
- Oncology practice change requires more than data. Change is underpinned by a shared vision, effective leadership, organizational structure supporting change, creating readiness for change, and addressing resistance (Gesme D & Wiseman M, How to Implement Change in Practice, J Onc Pract 2010;6(5):257-9). Because continued education, momentum building, and implementation trouble shooting are needed to incentivize change, we will host a second state-wide conference and continue to demonstrate responsiveness to implementation needs of our provider target audience through FY20 objectives #3 and #4.
- Recognized national or Iowa keynote speakers who themselves have been impacted by cancer and have experienced sexual side effects help engage conference participants emotionally and build a shared vision supporting provision of sexual health care. Data suggest several mechanisms by which celebrities influence peoples' health behaviors, thereby making this initiative likely beneficial for the conference participants and patients alike (Hoffman S, Tan C. Biological, psychological and social processes that explain celebrities' influence on patients' health-related behaviors. *Archives of Public Health* 2015 73:3).

Below are the literature review references to support the Qualitative Study in Objective #2 of this application.

- Qualitative studies provide depth and detail by recording patient attitudes, feelings, and behaviors and attempting to avoid pre-judgment. Afiyanti, Y., Milanti, A., & Putri, R. H. (2018).
- Supportive care needs in predicting the quality of life among gynecological cancer patients. *Canadian Oncology Nursing Journal*, 28(1), 22-29. Bakker, R. M., Mens, J. W. M., de Groot, H. E., Tuijnman-Raasveld, C. C., Braat, C., Hompus, W. C.P., Poelman, J.G.M., Laman, M.S., Velema, L.A., de Kroon, C.D., van Doorn, H.C., Creutzberg, C.L., & ter Kuile, M.M. (2017).
- A nurse-led sexual rehabilitation intervention after radiotherapy for gynecological cancer. *Supportive Care in Cancer*, 25(3), 729-737. Bal, M. D., Yilmaz, S. D., & Beji, N. K. (2013).

- Sexual health in patients with gynecological cancer: a qualitative study. *Sexuality and Disability*, 31(1), 83-92. Barbera, L., Fitch, M., Adams, L., Doyle, C., DasGupta, T., & Blake, J. (2011).
- Improving care for women after gynecological cancer: the development of a sexuality clinic. *Menopause*, 18(12), 1327-1333. Beesley, V. L., Alemayehu, C., & Webb, P. M. (2018).
- A systematic literature review of the prevalence of and risk factors for supportive care needs among women with gynecological cancer and their caregivers. *Supportive Care in Cancer*, 26(3), 701-710. Bober, S. L., Reese, J. B., Barbera, L., Bradford, A., Carpenter, K. M., Goldfarb, S., & Carter, J. (2016).
- How to ask and what to do: a guide for clinical inquiry and intervention regarding female sexual health after cancer. *Current opinion in supportive and palliative care*, 10(1), 44. Bober, S. L., & Varela, V. S. (2012).
- Sexuality in adult cancer survivors: challenges and intervention. *Journal of Clinical Oncology*, 30(30), 3712-3719. Bruner, D. W., & Boyd, C. P. (1999).
- Assessing women's sexuality after cancer therapy: checking assumptions with the focus group technique. *Cancer Nursing*, 22(6), 438-447. Chen, C. H., Lin, Y. C., Chiu, L. H., Chu, Y. H., Ruan, F. F., Liu, W. M., & Wang, P. H. (2013). Female sexual dysfunction: Definition, classification, and debates. *Taiwanese Journal of Obstetrics and Gynecology*, 52(1), 3-7. Chow, K. M., Chan, C. W. H., Choi, K. C., Shiu, A. T. Y., Cheng, K. K. F., Ip, W. Y., & Wong, C. M. W. (2013).
- Psychometric properties of the Chinese version of sexual function after gynecologic illness scale (SFAGIS). *Supportive Care in Cancer*, 21(11), 3079-3084. Chow, K. M., So, W. K. W., Choi, K. C., & Chan, C. W. H. (2018).
- Sexual function, psychosocial adjustment to illness, and quality of life among Chinese gynecological cancer survivors. *Psycho-oncology*, 27(4), 1257-1263. Cleary, V., Hegarty, J., & McCarthy, G. (2011).
- Sexuality in Irish women with gynecologic cancer. *Oncology nursing forum*, 38(2). Cleary, V., Hegarty, J., & McCarthy, G. (2013).
- How a diagnosis of gynecological cancer affects women's sexuality. *Cancer Nursing Practice*, 12(1). Dizon, D. S., Suzin, D., & McIlvenna, S. (2014). Sexual health as a survivorship issue for female cancer survivors. *The oncologist*, 19(2), 202-210. Faubion, S. S., MacLaughlin, K. L., Long, M. E., Pruthi, S., & Casey, P. M. (2015).
- Surveillance and care of the gynecologic cancer survivor. *Journal of Women's Health*, 24(11), 899 -906. Ferreira, S. M. D. A., Gozzo, T. D. O., Panobianco, M. S., Santos, M. A. D., & Almeida, A. M D. (2015).
- Barriers for the inclusion of sexuality in nursing care for women with gynecological and breast cancer: perspective of professionals. *Revista latino-americana de enfermagem*, 23(1), 82-89. Frumovitz, M., Sun, C. C., Schover, L. R., Munsell, M. F., Jhingran, A., Wharton, J. T., Eifel, P., Bevers, T., Levenback, C.F., Gershenson, D.M., & Bodurka, D. C. (2005).
- Quality of life and sexual functioning in cervical cancer survivors. *Journal of Clinical Oncology*, 23(30), 7428-7436. Golbasi, Z., & Erenel, A. S. (2012).
- The quality of sexual life in women with gynecological cancers. *Archives of gynecology and obstetrics*, 285(6), 1713-1717. Hay, C. M., Donovan, H. S., Hartnett, E. G., Carter, J., Roberge, M. C., Campbell, G. B., Zuchelkowski, B.E., & Taylor, S. E. (2018).
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- Filling in the gaps: Sociodemographic and medical predictors of sexual health and ot he supportive care needs, and desire for help in gynecological cancer survivors. *Canadian Oncology Nursing Journal*, 27(3), 251-258. Onujiogu, N., Johnson, T., Seo, S., Mijal, K., Rash, J., Seaborne, L., Rose, S., & Kushner, D. M. (2011).
- Survivors of endometrial cancer: who is at risk for sexual dysfunction? *Gynecologic oncology*, 123(2), 356-359. Ratner, E. S., Foran, K. A., Schwartz, P. E., & Minkin, M. J. (2010).

- Sexuality and intimacy after gynecological cancer, *Maturitas*, 66(1), 23-26. Sekse, R. J., Råheim, M., & Gjengedal, E. (2015).
- Shyness and openness—common ground for dialogue between health personnel and women about sexual and intimate issues after gynecological cancer. *Health care for women international*, 36(11), 1255-1269.
- Society of Gynecologic Oncology (2019). What is a gynecologic oncologist? Retrieved from <https://www.sgo.org/patients-caregivers-survivors/what-is-a-gynecologic-oncologist/> Stabile, C., Goldfarb, S., Baser, R. E., Goldfrank, D. J., Abu-Rustum, N. R., Barakat, R. R., Dickler, M.N., & Carter, J. (2017).
- Sexual health needs and educational intervention preferences for women with cancer. *Breast cancer research and treatment*, 165(1), 77-84. Ussher, J. M., Perz, J., & Gilbert, E. (2015).
- Perceived causes and consequences of sexual changes after cancer for women and men: A mixed method study. *BMC cancer*, 15(1), 268.

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

Funding is requested for lunch during the All of Me statewide conference. Also funding is requested for nursing contact hour credit for attendance to the conference

YEAR-ONE PROJECT OBJECTIVES - Please list from previous application.

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?

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

Additional members of the committee who met weekly:

- 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.

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

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

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. A visual reference guide will be incorporated in each learning module with information/titles describing each slide and corresponding time associated to each slide. Learners will be able to move backward and forward through the learning modules by using the reference guide.

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 PLAN

What were your evaluation questions?

Below are the full day conference and onsite workshop questions:

Speaker E 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	Strong 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					
Plan, list, and commit to two next steps to improve sexual health care in your setting.					

- **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**

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

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.

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.

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.

What baseline data do you have?

- Pre and post workshop survey results related to confidence of the direct care professional in addressing sexual health
- Pre workshop activities completed regarding Current Patient Communication Workflow
- Pre workshop activity completed regarding current Referral Roadmap

What data did you collect during Year 1 and how does it show progress?

- We collected evaluations from the conferences and onsite workshops. There was no previous data to compare against.
- Through website analytics we can see traffic to our website increased.
- The conferences we hosted were the first conferences and the onsite workshops held were the first of its kind also in Iowa.

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

- Implementation framework- Sarah Shaffer, DO, University of Iowa Hospitals and Clinics, sarah-shaffer@uiowa.edu, (616) 204-1615
- Onsite Workshop evaluations -Whitney Deng, Practicum Student Spring 2018, whitney-deng@hotmail.com, 319-400-6998

YEAR-TWO PROJECT OBJECTIVES - Please list from previous application.

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.

Have you accomplished this objective?

Yes. Throughout FY2018/2019 we have added videos, recorded presentations, patient brochure, modules from our onsite accredited onsite workshops to the AllofMelowa.org website. By June 15th, 2019 we will have completed the role play scenarios with simulated patients to be added as a learning module to the site also. We had shifted our focus from uploading these learning modules to the Des Moines University learning platform only, and instead, have the learning modules on the AllofMelowa.org site. By shifting our focus away from one specific learning platform we open it up to all

who want to view by adding to our project website. Financially this adds additional sustainability for the project, as we won't need to have costly renewal charges to keep learning modules current and online for our target audience of providers statewide.

Completion Date: June 15th, 2019

Individual/Organization Responsible:

- Project Chair- Erin Sullivan Wagner
- Collaborator #2- Veronika Kolder, MD
- Future collaborator- Amy Pearlman, MD

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.

Have you accomplished this objective?

Yes. We had had success in engaging and working with facilities across the state. We conducted 5 additional workshops and 54 additional providers in small rural communities, community cancer centers, and large urban facilities. We have distributed the newly created patient brochure (attached) to all previous workshop attendees, plus announced its availability through Iowa Cancer Consortium. Chairperson has contacted all cancer centers in Iowa to make available the patient brochure and to raise awareness of the provider and patient resources available on the www.AllofMelowa.org website.

Completion Date: May 15, 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. They include:

- 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.

Have you accomplished this objective?

Yes. We have accomplished this through our All of Me workshops and ongoing additions to the resource section of the project website. In direct response to requests from workshop attendees, we developed a patient brochure in English and Spanish to assist providers in initiating this topic with their patients. (Patient Brochure is attached)

Completion Date: May 31, 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

Have you accomplished this objective?

This objective is an ongoing focus. We have identified common barriers and designed our workshops to address those barriers, i.e. time in over-burdened clinics, creating a scripted introductory message, understanding side effects to set patient expectations, and developing a referral roadmap for referring patients to other specialists. We will continue to identify other barriers through our piloting of the Implementation Plan at four Iowa clinical sites in FY2020. We will identify and address barriers for each individual location, which will inform our learning modules, website content, and the future quarterly Webinars/Zoom conferences with providers.

Completion Date: March 31, 2019

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

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.

Have you accomplished this objective?

Yes, we have had extremely positive feedback from our workshops and the value they have in normalizing the conversation of sexual health in cancer care. We have collected data through evaluations and pre- and post-surveys related to confidence and competence on addressing sexual health with patients. We have also stayed in contact with those facilities on All of Me project website additions and new resources (patient brochure).

Completion Date: May 31, 2019

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

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.

Have you accomplished the objective?

We are in the process of compiling this report and will have completed by May 31st, 2019

Target Completion Date: May 31, 2019

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

YEAR-TWO EVALUATION PLAN

What were your evaluation questions?

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
 - o What value do you perceive oncology patients will gain from the process being designed?
 - o What value have you as a provider derived or do you expect to derive in the future?
 - o How much different do you think the patient care interactions will be?
 - o How much different to you think the patient experience will be?

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

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

What baseline data do you have?

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

What data did you collect during Year 2 and how does it show progress?

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

YEAR-THREE 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 (FY2019) to YY (FY2020) by May 10, 2019.

- **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 FY2017.
- **REALISTIC:** The Consortium received YY applications in FY2017. 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 10, 2019.

OBJECTIVE 1

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

Design, pilot, and evaluate an Implementation Plan for sexual health care that will inform future statewide roll out

Please pull out each detail from your SMART objective here:

- **Specific:** Clinical oncology care teams including medical assistants, oncology nurses, advanced practice professionals (APPs), social workers, physical and mental health therapists, and physicians will pilot a sexual health care implementation plan. The following sites have expressed interest in conducting a pilot of the Implementation Plan:
 - University of Iowa Health Care's Department of Urology, Iowa City Iowa;
 - University of Iowa Health Care's Department of Gynecology Oncology, Iowa City, Iowa;
 - John Stoddard Cancer Center, Des Moines, Iowa;
 - St Anthony's Hospital, Carroll, Iowa.

- John Stoddard Cancer Center, Des Moines, Iowa; Department of Gynecology Oncology-University of Iowa Hospitals and Clinics; Department of Urology/Men's Health Clinic-University of Iowa Hospitals and Clinics; St Anthony's Regional Hospital-Carroll, Iowa.
- **Measurable:** The pilot will measure 1.) pre- and post-implementation oncology nurse and APP confidence in providing sexual health care, 2.) oncology nurse and APP preferences related to format of pilot materials, and 3.) pre- and post- implementation acceptability of the Implementation Plan to care team including MAs, oncology nurses, APPs, physicians and any other clinical team members.
- **Achievable:** Pilot design, preparation, IRB review, and pre-implementation assessments will be completed by December 16th, 2019. Pilot roll out will begin in January 2020. The active phase of the pilot will last 4 months, ending in May 2020, when post-implementation assessments will take place. Invited project collaborators will provide needed expertise, leadership, and research design experience to assure pilot success.
- **Realistic:** This pilot seeks information about oncology nurse and APP confidence in providing sexual health care and preferences related to format of pilot materials because oncology nurses and APPs are likely to be tasked with providing sexual health care where per capita number of oncologists are low, as they are in Iowa. Because oncology care is increasingly team-based, we assess acceptability of the implementation to all members of the care team, including MAs, oncology nurses, APPs, physicians and any other clinical team members.
- **Time-Bound:**
- December 16th, 2019: Pilot design, preparation, IRB review, and pre-implementation assessments completed
- January 13th, 2020: Pilot roll out
- May 4th, 2020: Pilot and post-implementation assessments completed
- June 8th, 2020: Written summaries of site-specific pilot outcomes/process/lessons learned submitted to Iowa Cancer Consortium.

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

1. Design pilot
 - a. Develop and vet health equity strategy with ICC, Holden CCC, and IA Dept of Public Health Rural Access Bureau
 - b. Develop and vet Implementation Plan with project clinical and research collaborators
2. Prepare for pilot
 - a. Assist each site in preparing a local Roadmap for Referrals
 - b. Create exam room messaging/small poster
 - c. Request Nursing/APP/MD approval for exam room messaging and All of Me brochure
 - d. Review project website for completeness and clarity of organization
 - e. Enhance project website with:
 - i. Train-the-Trainer tool
 - ii. Workshop Standardized Patient video (now in production)
 - iii. Website version of workshop
 - iv. Trauma-informed Care Resources
 - v. Male sexual health materials provided by Dr. Amy Pearlman
 - vi. Reading list for patients (UpToDate list) and providers
 - vii. Links to diverse populations best practices (Calgary-Cambridge Model, DSM-5, GLMA, WPATH)
 - viii. Table of evidence-based interventions for female sexual problems (based on 2018 ASCO guidelines)
 - ix. Video on how to determine if referral to a pelvic floor physical therapist is appropriate

- x. Prepare options for teaching the pain-focused female pelvic exam
3. Seek IRB review
4. Conduct pre- and post-implementation assessments
5. Analyze pre-implementation provider format preference data and add materials/learning options as needed
6. Conduct pilot
7. Write pilot summary for each site including lessons learned and shared with ICC June 8th, 2020
8. Please note: A Grant Application to support final pilot summary report (including lessons learned and proposed changes to Implementation Plan in preparation for statewide roll out), integration of qualitative patient needs information from OBJECTIVE 2, a statewide roll out plan, and actual statewide implementation will be submitted for FY2021.

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

Pre- and post-implementation assessments of provider confidence in providing sexual health care, and provider's format preferences for how to integrate tools and information will be collected. In addition, all care team members will complete pre- and post-implementation assessments of the acceptability of the implementation plan. We will have accomplished FY2020 OBJECTIVE 1 after all pre- and post-implementation assessments, site-specific pilot process narratives and site-specific lessons learned are summarized in writing and submitted to the Iowa Cancer Consortium.

How often will you be evaluating your progress?

- Monthly project leadership email reports to collaborators during pilot design and preparation.
- Every other week emails from project leadership to collaborators during pilot

Target Completion Date: June 8th, 2020

Individual/Organization Responsible:

Collaborators include: Dr Amy Pearlman (Dept of Urology); Kiran Annam, ARNP (UIHC urology); Collaborator Dr. Emily Hill (Dept of Gyn-Oncology); Elizabeth Graf, PA (UIHC gynecology, Menopause and Sexual Health Clinic); Collaborator Jennifer Lee, PhD (gynecologic oncology researcher), Jacob Priest, PhD (Director of LGBTQ Clinic); Sarah Zeidler of John Stoddard Cancer Center; Jessica Borkowski, RN, (St. Anthony's Regional Hospital, Erin Sullivan Wagner and Veronika Kolder, MD.

OBJECTIVE 2

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

Perform a qualitative assessment of sexual health needs of gynecology oncology patients by March 30th 2020

Please pull out each detail from your SMART objective here:

- **Specific:** Patients receiving care for gynecologic cancers in the Department of Gynecology Oncology at the Davenport Iowa offsite location of the University of Iowa Hospitals and Clinics will be interviewed by Nicole Goff, WNHP and DNP student at Maryville University, to identify resource or treatment needs related to their sexual health.
- **Measurable:** Every patient will be screened using a nationally endorsed screening assessment tool and will be followed up on eight weeks following the initial assessment
- **Achievable:** The labor resources are available and have determined the time and process flow needed to accomplish this objective

- **Realistic:** The reviewer meets with all patients and has determined amount of time needed for initial interview and a follow up interview. It is estimated there will be twenty patients taking part in this qualitative review
- **Time-Bound:** All patient assessments/interviews will take place on initial visit and then again eight weeks later through a phone call to the patient

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

1. Initial survey inquiring about sexual health side effects from cancer treatment, and changes impacting the genitals
2. Initial interview consisting of qualitative questions assessing sexual health and symptomatology, prior knowledge of these side effects, desired treatment
3. Treatment recommendations for physical, hormonal, and emotional symptoms including resources and referrals.
4. Follow-up interview assessing response to recommended treatments for physical, hormonal, and emotional symptoms including resources and referrals.
5. Patients perception of the interview and resources supplied

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

- Reassess symptoms eight weeks after the first interview when treatment recommendations were provided.
- Assess if patients found the ARNP-led interview to be helpful at assessing their sexual health needs.
- Responses will be analyzed and put into a findings report by March 30th, 2020.

Below is an initial draft of the survey questions to patients:

Step 1:

Following cancer treatment, many women experience changes to their body which may affect their sexual health and well-being. Please complete the following questionnaire to help us recognize and treat any symptoms you're experiencing or concerned about.

Are you satisfied with your sexual health? ☐ Yes ☐ No

Do you have any concerns about your vaginal health? ☐ Yes ☐ No

Do you experience any of the following:

Little or no interest in sex ☐ Yes ☐ No

Decreased sensation (or loss of sensation) ☐ Yes ☐ No

Decreased vaginal lubrication (dryness) ☐ Yes ☐ No

Difficulty reaching orgasm ☐ Yes ☐ No

Pain during sex ☐ Yes ☐ No

Vaginal or vulvar pain or discomfort (not during sex) ☐ Yes ☐ No

Anxiety about sex ☐ Yes ☐ No

Other concern: _____

Would you like to speak to a nurse practitioner in our department who works with patients that suffer from these issues? ☐ Yes ☐ No

*Note, these symptoms may appear at a later time. Please notify your gynecologic oncology team with any concerns.

Step 2:

Phone call to patients who checked yes to last question on questionnaire.

Ask qualitative questions. Below are some ideas I have so far. Again, I would appreciate your feedback J

Demographics: Age, cancer type and stage, treatments, treatment date _____

Have you spoken to anyone about your sexual health? ☐ Yes ☐ No

Has a provider ever asked you about your sexual health? ☐ Yes ☐ No

What has changed since treatment? _____

What type of symptoms are you experiencing (physical, sexual, relationship, emotional, psychological, body

image)? _____

Do you remember if you had these symptoms prior to treatment? ____ Yes ____ No

How are they different? _____

Were you aware of potential side effects? ____ Yes ____ No

Who informed you? ____ Provider ____ Friend ____ Internet?

What is the most distressing symptoms? _____

What do you think will help your symptoms? _____

Who do you feel should address this? ____

Provider interview during follow up? _____

____ GYN Oncologist?

____ RN interview?

____ Referral to specialty service?

____ No preference?

____ Other

How do you feel this should be addressed?

____ Questionnaire?

____ During follow up appointments?

____ Providing list of potential side effects and resources?

____ Other

When do you think this should occur?

____ Before treatment

____ During treatment

____ Following treatment

____ Other

Step 3:

Follow up call:

Did you find this phone interview helpful? ____ Yes ____ No

Were treatments helpful? ____ Yes ____ No

How so/what has improved sexually and psychosocially? _____

Do you have any additional recommendations on how to provide better care? _____

How often will you be evaluating your progress?

Each Follow up interview to be completed eight weeks following initial interview for each patient. We will evaluate the progress and patient responses related to resources needed every two weeks on a cadence of calls with Chair and Consultant to the project.

Target Completion Date: March 30th, 2020

Individual/Organization Responsible: Nicole Goff (Collaborator #3), Veronika Kolder(Consultant), and Erin Sullivan Wagner (Chair)

OBJECTIVE 3

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

Host a Statewide Sexual Health and Cancer conference by May 1st, 2020

Please pull out each detail from your SMART objective here:

- **Specific:** In collaboration with the Holden Comprehensive Cancer Center, we (chairperson, collaborator #1, 2, 3, and Consultant Veronika Kolder, MD) will host a statewide Sexual Health and Cancer full day conference for oncology providers of our target population in early 2020
- **Measurable:** We will invite providers through email and phone calls from every cancer center in Iowa to have

20% more attendees than in 2018

- **Achievable:** We have identified a committee of project collaborators and supporters to work on invitation and marketing, the agenda and speakers, and logistics of the conference beginning in early July 2019.
- **Realistic:** We will invite past workshop attendees, past conference attendees, and all providers in every Iowa cancer center. We will communicate this invitation through email, on the website and through Iowa Cancer Consortium Summit meeting and newsletter.
- **Time-Bound:** We will host the statewide conference by May 1st, 2020

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

The second biennial All of Me Iowa conference will be co-hosted by urologist Amy Pearlman, MD, and Emily Hill, MD, in the first half of 2020. Because of the excellent turn out and feedback from the 2018 conference, it will again be held in collaboration with Holden Comprehensive Cancer Center. The conference will focus on implementing sexual health care in the oncology setting. Beyond Normalizing the Conversation: Anticipatory Guidance and Hope.

We will reach out to our target population through the Iowa Cancer Consortium newsletter, social media outlets, AllofMelowa.org website, previous workshop attendees, and conference flyers sent to all cancer centers in Iowa. This conference will cover topics of:

- Rick Redner, impacted by prostate cancer, penile implant, award winning book “Everything You Never Wanted to Know About ED and Penile Implants”
- Possible talks, preference given to Advance Practice Provider content experts
- Best patient care practices series (alphabetical)
- Addressing Sexual Health in Diverse Cultures
- Sexual Health Resources for Rural Communities
- Sexual Health and Pelvic Cancers
- Sexual Health and Breast Cancer
- Sexual Health and GI cancer
- Sexual Health and Head & Neck
- Sexual Health and Prostate Cancer
- Mental Health Care Access in Iowa: Challenges and Solutions
- Role of Physical Therapy strategies addressing sexual health issues
- Certification of Sexual Health Counselors: Strategies for Iowa
- Medical Communication Strategies that Facilitate Cross-Cultural Understanding
- Beyond Resilience: Post-traumatic Growth
- Hope Deconstructed
- Vaginal Health and Body Image: When Sex Doesn’t Matter

How will it be measured?

The evaluations below will be used in measuring our success in meeting Objective #3.

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 					
How often will you be evaluating your progress? We will have monthly cadence calls to plan the conference agenda, possible speakers, and logistics- July-December 2019, and 2 calls monthly-January 2020 through conference date, which we are targeting for the Spring of 2020. Three committee chairs-TBD for conference planning in areas of, 1) agenda and speakers, 2) location, food, and logistics, and 3) marketing and invitations.					
Target Completion Date: By May 1, 2019					
Individual/Organization Responsible: Amy Pearlman, MD, Kiran Anam, ARNP, Jen Lee, PhD, Emily Hill, MD, Elizabeth Graf, PA, Amy Little, DPT, Erin Sullivan Wagner, and Veronika Kolder.					
<h2>OBJECTIVE 4</h2>					
Please identify a specific, measurable, achievable, realistic, and time-bound project objective: Provide continued support and responsiveness to our target groups' needs by hosting quarterly Educational Zoom Conferences/Webinars, followed by uploading relevant presentations and content to AllofMelowa.org website under Provider Resource section.					
Please pull out each detail from your SMART objective here:					
<ul style="list-style-type: none"> Specific: We will host quarterly 60-minute Zoom Conference Calls for our target population with an educational topic, subject matter expert, or best practice speaker, followed by a facilitated conversation with participants. We will send out Zoom conferencing invites to our past workshop attendees, and Consortium members, as well as our contact list 2-4 weeks in advance. We will also highlight notification of these calls on our website and on the Iowa Cancer Consortium website. Measurable: We will set up four Zoom calls in FY2020, beginning in August 2019, and then every quarter as follows: November 2019, February 2020 and May 2020. All presentations from these quarterly calls will be uploaded to theAllofMelowa.org website within 14 days of each call. Achievable: We will create our contact list of invitees and use that list, along with social media and our website to announce this activity 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 quarter for all providers regardless of past participation.

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

We will offer a quarterly Zoom conference call for all providers across the state, specifically past workshop attendees, and consortium members. After the educational presentation will have a facilitated discussion on challenges and ongoing barriers to implementing the skills learned in the workshops and demonstrated in the learning modules on the website; discuss best practices, and identify tools or resources needed by direct care providers offering sexual health care services to patients. These calls will last for 60 minutes and will be scheduled 2-4 weeks in advance to provide opportunity for direct care providers to prepare questions and send to us ahead of the call.

How often will you be evaluating your progress?

We are developing an evaluation/survey to give feedback on educational topic of the call, the speaker/presenter, and comments to improve future calls, as well as suggestions for future educational topics.

Target Completion Date: May 10th, 2020

Individual/Organization Responsible: Erin Sullivan Wagner, Veronika Kolder, MD, Amy Pearlman, MD, Jen Lee, PhD

YEAR-THREE EVALUATION PLAN

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

Example methods for collecting evaluation data:

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

For additional information about creating an evaluation plan, email 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?)

There will evaluations done for each objective in the project. The implementation pilots will be evaluated with pre- and post- provider acceptability and confidence assessments. The in-depth qualitative patient needs information will be shared in written format. Together, the pilot evaluations, patient needs information, and provider implementation experiences (as shared during the quarterly conference calls)

The completed pre- and post- provider acceptability and confidence assessments have not been finalized as of this submission.

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

Design, pilot, and evaluate an Implementation Plan for sexual health care that will inform future statewide roll out. All

the data from 4 pilot sites will be compiled and part of a written report by May 31, 2020.

We will have evaluations completed from the statewide Cancer and Sexual Health Conference in 2020, and evaluations of the quarterly health care provider calls introducing educational topics.

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

Pre and post implementation confidence assessments will be developed to evaluate Objective #1

The literature review done by Nicole Goff, collaborator #3, will be used as baseline data for Objective #2.

The conference Baseline data (Objective #3) is evaluation data from previous conferences and All of Me workshops

Baseline data for Objective #4, the quarterly calls, is current website content.

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

We will collect the pre and post confidence assessments from the providers involved in each of the 4 pilot sites. In addition to the assessments we will have ongoing contact/weekly call with assigned contact liaison for the pilot to understand needs of the providers, identified patient needs for additional resources, more training, etc.

On Objective #2, questionnaires with initial screening questions will be filled out by patients at the University of Iowa Gynecology oncology clinic and at the Davenport Iowa location. The follow-up interviews for all patients will be conducted by Nicole Goff, WHNP.

Conference- we will assign committees to plan the event using our past spreadsheet of items to be completed. At the conference we'll collect evaluations also used at the previous conference in 2018. We'll collect data from quarterly calls related to provider successes and challenges based on their implementation of the workshop skills learned, which will inform website content. We will upload the presentations from the quarterly conference calls within 2 weeks of every quarterly call.

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

- We will collect the pre and post confidence assessments from the providers involved in each of the 4 pilot sites
- Collect data from the initial screening questions with patients, followed by qualitative data from follow up 8 weeks later
- Collect evaluations from the statewide conference in Spring of 2020 (Evaluation form used for the past conference will be used for the Spring 2020 conference is listed below.)
- Collect data from quarterly calls on an educational topic and provider success and challenges based on implementation of the workshop skills learned. Information and presentations from these calls will be added to the All of Me project website within 2 weeks of every quarterly call.

Who will complete the evaluation component of the project?

Amy Pearlman, MD, (collaborator #1), Jen Lee, PhD, (Collaborator #3) Veronika Kolder, MD (Consultant), and Erin Sullivan-Wagner, along with one site leader from each Pilot sites who will be assigned to report of pilot data and complete a summary of lessons learned.

SUSTAINABILITY AND DISSEMINATION:

Our long term goal from time of initial project implementation 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 to list 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 online learning modules on the project website, www.AllofMelowa.org. 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 through the Sustainability Workgroup, which grew out of enthusiasm generated by the January 2018 All of Me conference. The All of Me project Framework Workgroup met weekly over one year, 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. From the Implementation Framework, we have developed the Implementation Plan for the pilot areas for FY2020. (Implementation Plan is attached)

We will begin our quarterly conference calls with providers of our targeted group. These calls will introduce an educational topic, as well address implementation barriers, determine new patient challenges, and understand 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 All of Me project website for use by providers beyond this project grant cycle.

FY2019 was 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 the aim of providing a training tool for our target audience of health care professionals to normalize the sexual health conversation, setting appropriate patient expectations regarding their cancer or its treatment on their sexual health, and timely referring patients out to other health care professional when necessary. The Implementation Framework elaborates on each of these components and is the foundation in the project design and Implementation Plan for the pilot programs in four interested locations, University of Iowa Urology and Gynecology Oncology Clinics, John Stoddard Cancer Center in Des Moines, and St Anthony's Hospital in Carroll, Iowa.

Beyond diffusion and dissemination of educational materials, our FY2020 objectives aim to change oncology practice in Iowa through a statewide implementation plan and adoption of sexual health care in oncology as a standard of care. We will accomplish through 1.) evaluation of the pilot process at every site and 2.) analysis of its measurable outcomes. We will integrate qualitative information from the patient needs descriptions generated by Ms. Nicole Goff, ARNP, tailoring patient resources accordingly. Both pilot and qualitative data will result in improvements to the

Implementation Plan. This will eventually allow roll out of a statewide Implementation Plan based on the best Iowa-specific provider and patient information and translational methodology. Adoption of the plan will be incentivized through our continued efforts to share the All of Me vision through a second statewide conference, provide ongoing leadership and implementation troubleshooting through quarterly conference calls, grow nursing and physician leadership support through direct outreach and inclusion, and continued building of readiness for change through the indomitable and sustained work of Erin Sullivan Wagner, the project leader.

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

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.
	Other:
	Other:

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

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

- Overburdened clinics with no extra time for additional services
- Training-creating a script to introduce the topic with patients
- Addressing challenging scenarios related to emotional, offended, unengaged, or embarrassed patients
- Addressing patients with family members present, LGBTQ patient population, and various age groups and diverse cultures
- Knowledge of common physical, hormonal, and emotional concerns after cancer or its treatment
- Develop a referral roadmap-the how, who, and when to refer patients to other specialists if necessary

We developed a worksheet to assist workshop attendees with creating their own 30 second introductory script to initiate the topic of sexual health side effects with patients. We received multiple requests from workshop attendees, to develop a patient brochure in English and Spanish to also be used when addressing sexual health with patients. The presentations during the workshop are added to the project website, along with recordings of simulated oncology role plays with patients. (Patient Brochure is Attached)

This coming year, FY2020, our work will focus on continuing to provide valuable content for all Iowa facilities through our project website. Learning modules will be added, as available, through video recordings of additional role play scenarios and through conference recording and slide presentations obtained from the quarterly provider calls. We will move to the second phase of this project with our four planned pilot projects of the Implementation Plan (based off of the Implementation Framework and is attached). By conducting these pilot programs in urban, academic, and rural sites we will identify resources needed in preparation for a statewide rollout of the Implementation Plan in FY2021, giving guidance to both community cancer centers and clinics, as well as comprehensive cancer centers. The statewide conference will continue to raise awareness on topics related to addressing sexual health issues in cancer patients.

Educational materials and resources posted on the All of Me project site will be available for providers and patients for years after the completion of this phase of the project.

YEAR ONE 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, 2 conferences, and development of training tool- project staff time (7 hours@\$125x 4 people)	\$3,500	\$30,000	\$33,500
Continuing Education			
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
Workshops			
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			
Website maintenance and additions/changes	\$3,800	\$0	\$3,800
Professional Recording Conference speakers/edit, add agenda in time segments, content materials for development of web based online learning modules	\$2,500	\$800	\$3,300
Online learning modules - Development fee for annual hosting	\$500	\$0	\$500
TOTALS	\$22,040	\$32,700	\$54,740

YEAR TWO ACTUAL PROJECT BUDGET

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	\$3600	\$35000	38,600
Category: Continuing Education- elearning			
CME/CE application fee (3 year approval)/development of conference video. Online learning modules of onsite workshops-role play scenarios-recording /editing/men/women's health and evidence-based overview/ four modules	\$8726	\$0	\$8726
Honorariums and travel expenses for regional presenters for workshop presentations/simulated patients	\$2789.	\$0	\$2789
lunch for workshop participants for up to 8 locations (\$12 x 12 attendees, facilitators, simulated patients, host/workshop x 5 workshops)	\$882	\$0	\$882
Category: Web Hosting Maintenance/Recordings/Additions			
Website hosting, maintenance, and content additions/videos	\$5600	\$0	\$5600
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	\$2500	\$0	\$2500
Category: Brochures and Workshop Printing Scanning			
Printing Workshop Materials	\$217	\$0	\$217
TOTALS	\$24314	\$35000	\$59314

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YEAR THREE PROPOSED PROJECT BUDGET

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: Staff time			
Curriculum development related to online learning modules, and development of project pilot and conference agenda and speakers- project staff time (10hours@\$125x 3 people)	\$3600	\$40000	\$43600
Category: Conference			
CEU-Nursing Contact hours for Spring conference / Application fee	\$450	\$0	450
Conference -Room Fee/Food Beverage	\$3200	\$0	\$3200
Conference Printing materials and marketing	\$250	\$0	\$250
Honorariums for Keynote Conference Speakers	\$1400	\$0	\$1400
Travel/Lodging for Conference Speakers	\$800	\$0	\$800
Category :Qualitative Study and Pilot Implementation Plan			
Qualitative study funding-(screening tool, patient interviews, follow-up, analysis (20 pts-total of 111 hrs@\$69/hr)	\$7659	\$0	\$7659
Pilot for St Anthony's Hospital-training, mileage, Simulated patient honorarium	880	\$0	\$880
Pilot for UIHC (Urology and Gyn-Onc) training, mileage and honorarium for Simulated patients	360	\$0	\$360
Pilot for John Stoddard (training) training, travel, Simulated patient honorarium	880	\$0	\$700
Brochure and poster printing	\$800	\$0	\$800
Category: Online hosting maintenance and training modules			
Web hosting	\$600	\$0	\$600

Ongoing Website content changes/ adding modules and development of additional content	\$700	\$0	\$2100
Simulated patient honorarium for educational learning modules/ video recordings	\$600	\$0	\$600
learning Online learning modules of onsite workshops-role play scenarios- recordings /editing /men/women's health and evidence-based overview, conference recording & editing	\$2400	\$0	\$2400
TOTALS	24,579	\$40,000	\$64,579



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