APPENDICES

APPENDIX 1: CANCER PLAN STRATEGIES

Note regarding worksite-related activities:
The below strategies may be implemented at worksites in the form of providing technical assistance, providing outreach, or supporting the development or implementation of worksite wellness activities for a business/employer external to your organization. Internal (within your organization) worksite wellness strategies are restricted to the strategies outlined under the “Worksite Wellness Within Your Organization (Internal)” section and are subject to different funding guidelines (all provided on page 3).

Cancer Prevention

Nutrition and Physical Activity

- Promote access to healthy foods in worksite or school settings.
  - Example(s): promote access to healthy foods at meetings; address school concessions, incentives in the classroom, fundraising, school parties, and school stores; increase accessibility to farmers markets and/or community gardens.

- Support onsite physical activity programs in the workplace or increase access to physical activity sites for workers.
  - Example(s): promote the use of break times for exercise, walking programs, walking/standing meetings.

- Conduct community-wide campaigns to increase physical activity opportunities.
  - Example(s): policy changes addressing integration of physical activity in school classrooms, recess time, quality and quantity of physical education classes, opportunities for extracurricular physical activity, and walking/biking to school; assess community walkability; educate decision makers on the importance of improving community walkability; participate in community planning for community walkability.

- Partner with existing organizations and programs to change the environment to support active living, particularly among underserved populations.

Breastfeeding

- Support education, training, or implementation of breastfeeding friendly workplaces.
  - Example(s): increase the number of businesses that apply for infant-friendly worksite designation.

Radon

- Educate the public, employers, health professionals about cancer-related environmental exposures including radon.

Skin Cancer

- Primary school programs to educate students, parents, and teachers about skin cancers risks.
- Implement sun-protection policies and guidelines in childcare settings.
Advocate for local and state policies that support sun and UV protective measures at schools, parks, worksites and/or address UV tanning device use.
  - Example(s): collaborate with Parks and Recreation programs and camps to develop sun safe policies and manuals prior to summer camp sessions.

Support education and sun protection policies in outdoor occupational settings.

**HPV Prevention**

- Support HPV Vaccination programs in schools for adolescents 9-18 years old.
  - Example(s): implement school-based immunization clinics in underserved areas.
- Advocate for client reminders by health-care professionals to complete the vaccination series.
- Support HPV immunization reminder/recall systems.
- Increase community demand for the HPV vaccination using small and large media and/or community outreach events.
  - Example(s): provide HPV prevention education and interventions to increase the number of patients completing the entire immunization series.

**Tobacco**

- Promote ND Quits and local cessation services.
- Promote healthcare provider training on Public Health Service Guidelines, Treating Tobacco Use and Dependence.
- Promote healthcare systems change by institutionalizing Public Health Service Guidelines.
- Advocate for smoke-free policies that reduce exposure to secondhand smoke and prevalence of tobacco use including smoke-free multi-unit housing.

**Cancer Screening**

- Promote cancer screening education using a multi-component approach, including small media and one-to-one education.
  - Example(s): conduct skin cancer education and screening events, partnering with a healthcare provider to facilitate the screening process; provide education on screenable cancers, cancer screening tests available along with risks and benefits, cancer screening guidelines, informed/shared decision-making, and/or how to discuss cancer screening options with healthcare providers to worksites or at the community level.
- Support ongoing efforts to identify and address gaps among persons who could be served by no or low-cost screening programs, such as the North Dakota Breast and Cervical Cancer Screening Program (Women’s Way), Family Planning, Community Health Centers, Indian Health Services or Tribal clinics, with particular attention to identify people who experience health disparities.
- Reduce barriers to cancer screening including but not limited to language, financial, geographic, access and low literacy.
- Advocate for the development of outreach systems for the underserved and minority populations, such as patient navigation.
- Promote healthcare providers’ utilization of client reminders for cancer screening.
- Promote strategic partnership to reach age-appropriate men and women who are not being screened for colorectal cancer and facilitate the screening process.

**Quality of Life**

- Advocate for improvement of pain management by the implementation of the cancer-related pain guide for practice.
- Promote healthcare providers’ utilization of electronic health records or other clinical data sources to identify patients who would benefit from palliative care services.
- Support training certification of palliative care providers.

**Treatment**

- Support and engage communities and those with health disparities in identifying and solving access to care issues.
o Support efforts to expand patient navigation services in cancer treatment centers and underserved or minority areas of the state.

Survivorship
o Support education for cancer patients, their families and the general public about cancer survivorship care plans, the importance of the plan, and how to access templates on reliable websites, as well as discussing the development of a survivorship plan with their healthcare professionals.
  - Example(s): conduct an education campaign for the public regarding cancer survivorship and strategies to support survivorship.

o Facilitate the exchange of information, utilizing survivorship care plans, among all healthcare professionals involved in the care of cancer survivors.

o Advocate for payment of services for a survivorship visit to develop a survivorship care plan.

o Support implementation of Commission on Cancer Survivorship requirements.

o Identify, develop and maintain accessible cancer survivorship resources (including local programming/education/events).
  - Example(s): Develop or implement physical activity opportunities for survivors in your community as physical activity can combat fatigue and prevent comorbid illnesses.

**Worksite Wellness Within Your Organization (Internal)**
The strategies below are separate from providing technical assistance to external businesses/employers in one of the areas listed above. The strategy you select should be based on where your organization is in the process of achieving a worksite wellness program.

A minimum of two awards up to $3,500 each will be awarded. Proposals and budget requests should be proportional and realistic to the starting point for the organization. The order of the strategies below is meant to be a guide for effective startup of an internal worksite wellness program:

o Develop a local worksite wellness committee.
o Complete a worksite wellness score card or workforce survey.
o Develop a local or organizational wellness policy.
o Implement wellness policies and activities addressing the top concerns of employees based on results of a wellness score card or workforce survey.

*Funding may be used to attend ND Worksite Wellness Summits and/or Gearing Up Training to build capacity for developing and implementing worksite wellness, staff time to complete health risk assessments, walkability/environmental assessments, etc. Funding cannot be used to purchase large equipment.*

*For examples of previously funded projects, visit the NDCC website at [www.ndcancercoalition.org](http://www.ndcancercoalition.org). Select the “Resources” tab and then ND CCCP sub-contract abstracts.*

*For questions on cancer plan priority areas or to discuss topics, email [ndcc@nd.gov](mailto:ndcc@nd.gov) and the person best able to assist will contact you.*
APPENDIX 2: SAMPLE WORKPLAN

See instructions in red text for completing each section. The topic shown is an example ONLY and is not in any way a higher priority topic than any other found in Appendix 1.

Do not include existing interventions that you do not intend to expand on in this grant period as an evidence-based intervention (EBI). For example, using the sample provided below, if your organization already uses reminder/recall THEN you would NOT include that as an EBI. You would include that as part of the approach to the project in the “Implementation of the Evidence-Based Activity” line item. Only NEW EBIs or those that will be expanded upon if funded should be included.

Each Project Period Objective must have at least one (1) Cancer Plan Strategy. There is no limit to the number of cancer plan strategies per topic area or topic areas being addressed, copy and paste additional boxes if necessary.

<table>
<thead>
<tr>
<th>Topic Area: HPV Prevention (From Appendix 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a new topic/project or expanded: Yes (New topic for awardee or new strategies or sites added to a topic or project that has been funded in the past)</td>
</tr>
<tr>
<td>Is the target population considered disparate: Yes, underserved population lacking access to clinical immunization providers (Use Appendix 4, #6 to determine)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Period Objective 1: Increase the number of cumulative HPV prevention strategies implemented by June 2018 from 0 to 2. (Objectives must be SMART, instructions above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Plan Strategy: Support HPV immunization reminder/recall systems. (Copy and paste DIRECTLY from Appendix 1)</td>
</tr>
<tr>
<td>Evidence-Based Intervention 1.1: Initiate immunization reminder/recall systems in 2 clinics in X county. (Concise, overall statement about what your organization plans to do)</td>
</tr>
<tr>
<td>Target Population: Two clinics located in X County, ND that provide healthcare services to children, adolescents, and young adults. (Who the strategy addresses and where the target population is, if appropriate)</td>
</tr>
<tr>
<td>Capacity (staff and partner(s) assigned): Program Coordinator (PC) Peggy Sue, local clinic 1, local clinic 2, NDDoH Immunization Program. (Brief list of responsible staff and partners for this strategy)</td>
</tr>
<tr>
<td>Experience (with topic or population): Organization has provided HPV vaccine to patients that come in to be seen for public health services and provided HPV prevention and health education to clinic staff. (Brief description of past work on the topic or with the partners/population)</td>
</tr>
</tbody>
</table>
Data that supports the need for intervention: Immunization rates do not meet Healthy People 2020 goal with only 32% of eligible adolescents up-to-date on HPV immunization (NDIIS). (Include the source(s) of information that supports need for work in the topic area)

Implementation of the Evidence-Based Activity (include timeline): PC will provide technical assistance and training for private clinics to utilize reminder/recall system for all children turning 11 and those 12-18 that have not started or completed the vaccine series by December 2017. This may include a referral process for guardians to call public health offices to set up appointments in addition to school-based clinics to be implemented. (Brief explanation of the approach and how this strategy will be addressed/ what specifically will YOUR organization do)

Program Monitoring and Evaluation Activity: Reminder/Recall process will be written and adopted. The number of reminders/recalls tracked and compared to series completion. (All strategies and programming should have an element of process or outcome evaluation and/or ongoing monitoring including how your organization will measure success or progress)

Cancer Plan Strategy 1.2: Support HPV Vaccination programs in schools for adolescents 9-18 years old.

Evidence-Based Intervention 1.2: Reduce access barriers to adolescent immunizations including the HPV vaccine series. (Concise, overall statement about what your organization plans to do)

Target Population: Patients aged 9-18 attending schools in North Dakota located in counties that do not have clinical immunization providers.

Capacity (staff and partner(s) assigned): PC, two staff nurses, middle school administrative staff (forms mailing), school administration (providing onsite space)

Experience (with topic or population): PC provides education at schools for students and staff regularly. Two nurses on staff with 6+ years of immunization experience.

Data that supports the need for intervention: Immunization rates do not meet Healthy People 2020 goal according to NDIIS with only 32% of eligible adolescents up-to-date on HPV immunization.

Implementation of the Evidence-Based Activity (include timeline): PC and two staff nurses will provide consent forms to schools; administrative staff will ensure the consents go home to all 6th and 7th grade students for school-based immunization days in prepaid envelopes to return to public health in the month prior to scheduled on-site clinic. PC will track consents. PC will screen all children at school-based clinics and two staff nurses will provide immunizations that will occur at each site once in October and once in April. PC will work with school administration to develop a policy for school-based immunizations including access to space and assistance in providing and collecting consent forms.

Program Monitoring and Evaluation Activity: Track number of consent forms sent out versus returned, the number of students that complete the series at school-based clinics, a survey of parents for satisfaction and preferred methods of contact, one memorandum of agreement developed with the school district to continue using school locations for future school years.
APPENDIX 3: BUDGET PLANNING

When developing your budget, please keep in mind the scope of your work and your ability to use the funds. You may request any amount of funds UP TO $7,000 (Up to $3,500 for Internal Worksite Wellness program development). Indirect costs or administrative fees are limited to 10 percent. The ND CCCP may propose a budget change if the scope of the work is more or less than the budget request.

The Application includes the final reporting columns in the budget. For the purpose of the application, you must complete the three columns shown below.

SAMPLE ESTIMATED PROJECT BUDGET AND JUSTIFICATION

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested Sub-contract Funding</th>
<th>In-kind Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Printing, copying</strong></td>
<td>$277.50</td>
<td>50 client reminder cards donated by health care providers at $0.25 = $12.50</td>
</tr>
<tr>
<td>Itemized description:</td>
<td></td>
<td>50 evaluation surveys donated by health care providers at $0.10 = $5.00</td>
</tr>
<tr>
<td>150 fact sheets at $0.05 = $7.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>300 brochures at $0.30 = $90.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>400 Lunch and Learn Invitations at $0.45 =</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$180</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Justification:</strong> Printing costs will be incurred to produce the invitations and educational materials for the lunch and learn events. Area health care providers have agreed to donate the client reminder cards and surveys to be filled out by clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supplies (e.g., purchase of materials, etc.)</strong></td>
<td>$180.00</td>
<td>Postage for client reminders to be donated by health care providers – 50 reminders at</td>
</tr>
<tr>
<td>Itemized description:</td>
<td></td>
<td>$0.45 = $22.50</td>
</tr>
<tr>
<td>Postage for Lunch and Learn Invitations - 400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at $0.45 = $180.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Justification:</strong> Postage is needed to invite people to the lunch and learn events.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meetings (e.g., facilities/associated costs; mileage @ $0.535/mile)</strong></td>
<td>$1,200.00</td>
<td>Noon meal costs of $7.50/person x 150 participants (donated by oil company sponsor) =</td>
</tr>
<tr>
<td>Itemized description:</td>
<td></td>
<td>$1,125.00</td>
</tr>
<tr>
<td>6 meeting rooms at $200 each = $1,200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Justification:</strong> Meeting room fees at the area employers are required to host the lunch and learn events. The identified oil company will donate the costs for the noon meal for all participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Special events: (e.g., educational sessions, focus groups, etc.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itemized description:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Justification:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personnel hourly wage (include fringe benefits)</strong></td>
<td>$2,275.00</td>
<td>Salary/fringe benefits for administrative support staff to assist with development of</td>
</tr>
<tr>
<td>Itemized description:</td>
<td></td>
<td>invitations, mailing, lunch and learn scheduling, etc. - $25/hour at 10 hours =</td>
</tr>
<tr>
<td>Salary/fringe benefits for Jane Doe, project manager - $35/hour at 65 hours = $2,275.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Justification:** Jane Doe will be the lead person for implementation of this project and will teach all of the lunch and learn sessions. She will work with the employers hosting the lunch and learn sessions to organize and carry them out. She will also spend a significant amount of time working with local health care providers to ensure a streamlined process for implementation on their end. The administrative assistant is needed to assist with various clerical duties necessary to move the project forward.

**Other Expenses**

<table>
<thead>
<tr>
<th>Itemized description</th>
<th>$1,250.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client incentives (grocery store gift cards) – 50 incentives at $25 = $1,250.00</td>
<td>$1,250.00</td>
</tr>
<tr>
<td>Television advertisements donated by local stations encouraging HPV vaccination – 25 ads at $30 = $750</td>
<td>$1,250.00</td>
</tr>
</tbody>
</table>

**Justification:** Grocery store gift cards will increase the likelihood that parents will begin their children on the HPV vaccination series.

**Subtotals:**

| Total: $5,182.50 | Total: $2,165.00 |
APPENDIX 4: SCORING

Total points possible: 45 points (plus 2 bonus points)

1. Following Format Guidelines (up to 3 points)
   1. Includes all required information on cover page – 2 points
   2. Follows other formatting guidelines – 1 points

2. Project Narrative (up to 15 points)
   Statement of Need, Capacity, and Sustainability
   1. Describes the geographic area and target population you plan to reach – up to 5 points
      a. Statement regarding project history (Is this a new project? If it is a previously funded project, include the number of consecutive years the project has received funding) – 0 points awarded, but is mandatory to address
   2. Describes the identified need(s) of your target population – up to 5 points
   3. Describes the capacity and training to implement the proposed project, and plans for project sustainability – up to 5 points

3. Work Plan (up to 25 points) (see example workplan in Appendix 2)
   This section should lay out the project implementation process. The proposed action plan must address the following and will be scored based on:
   1. The extent to which project period objective statements are SMART – up to 5 points
   2. Identifies appropriate cancer plan strategies relevant to project proposal and described needs – up to 3 points
   3. Identifies specific target populations – up to 2 points
   4. The extent to which appropriate team member(s) and resources fulfill proposal needs – up to 4 points
   5. The extent to which the project approach and project timeline are accurately described, realistic, and address project goals – up to 6 points
   6. The extent to which identified project evaluation, measures, and sources for continuous program monitoring relate to project objective(s) – up to 5 points

4. Project Budget (No points awarded but required) (see example budget in Appendix 3)
   1. Describes whether there is in-kind support for the project
   2. Describes how the sub-contract grant funds requested relate to the project goal
   3. Provides adequate justification for budget items
   4. Identifies all budgetary items specifically, including cost per item and the total number of items/services etc. projected for use during the grant period when appropriate
   5. If the purchase of incentives is requested with project funds, the appropriate incentive request form is completed and is included in the proposal budget.

5. Letters of Support (up to 2 points)

6. Bonus Points (up to 2 points)
   Additional points will be awarded for proposals addressing the following:
   1. New projects/grantees – up to 1 point
   2. Proposals that address disparate (low income and minority) and underserved populations – up to 1 point
      a. Examples of low income can include, but are not limited to, participation in SNAP, WIC and Medicaid
      b. Underserved populations include those lacking regular access to certain healthcare services