



## MINI-GRANT GUIDELINES - 2010

### **Background:**

The New Hampshire Comprehensive Cancer Collaboration (NHCCC) is part of a national effort to systematically and comprehensively address cancer control in each state. In 2003, NH DHHS received funding from the Centers for Disease Control and Prevention for the planning of Comprehensive Cancer Control. The initial goal was to bring together representatives from organizations in the state working in various aspects of cancer control, for the purpose of assessing cancer control challenges and prioritizing activities.

In 2005, a cancer control plan entitled, *Cancer in New Hampshire – A Call to Action* was completed. The Cancer Control Plan spelled out the goals and initial objectives for a comprehensive effort to control cancer in New Hampshire. In that same year, the NHCCC Board of Directors was established and the statewide organization reformatted its workgroups along the lines of the new Cancer Plan – primary prevention, prevention and early detection, treatment and survivorship and palliation. A fifth workgroup, emerging issues, was added the following year.

In January of 2009, the NHCCC began revising the existing Cancer Plan. Workgroups met to review and evaluate current plan objectives and strategies. After over a year of revision, the new Plan, *Cancer in New Hampshire, 2010 – 2014* will go online in March, 2010 at [www.NHCancerPlan.org](http://www.NHCancerPlan.org) (the web site provides additional information about the activities of the Collaboration). The NHCCC is now beginning the process of implementing this five-year plan.

### **Purpose:**

The purpose of the NHCCC mini-grants for 2010 is to accelerate implementation of the strategic Cancer Plan for New Hampshire and create an opportunity to further develop community partnerships. These mini-grants will support projects that are consistent with the strategic plan's objectives (see enclosure: *Cancer in New Hampshire 2010-14 Objectives and Strategies*).

**Proposals can be submitted** for grant awards ranging from \$1,500 - \$3,000 for each proposed project. We expect to be able to fund 4-6 mini-grants.

### **Exclusions/Limitations:**

The grant program's current guidelines preclude support for:

- Funding of ongoing staff positions. Contract and temporary staff positions will be considered for funding.
- Individuals
- Endowments
- Capital campaigns
- Organizations that advocate, support or practice discrimination based on race, religion, age, national origin, language, sex, sexual preference, or physical handicap

- Religious purposes
- Medical services/equipment, screening tests, labs, or supplies
- Fundraising
- Lobbying.

**Proposal Evaluation Criteria – *Projects Must Meet All Criteria:***

- There is a clear and concise explanation of how it impacts implementation of *Cancer in New Hampshire 2010-2014 (see objectives and strategies)*.
- There is evidence of collaboration with key partners.
- A letter from the workgroup chair(s) accompanies the proposal.
- There is a well defined, specific, and feasible workplan that the project will use to achieve its stated objectives.
- Wherever possible, the project methods are drawn from proven and/or evidenced-based strategies. (See <http://cancercontrol.cancer.gov/rtips/>)
- Higher priority will be given to applicants with a realistic timeline for completing activities **by June 30, 2010**.
- The budget is realistic, consistent with project objectives, and organized to reflect contributions by all organizations involved. Higher priority will be given to organizations that can match the grant funding.
- The program should not duplicate any other services already available in the community.

**Funding Status:**

The status of proposed projects will fall within one of three categories:

<u>Funded</u>	The proposal is funded in full with no budgetary or programmatic modifications recommended by the Review Team.
<u>Funded with Modifications</u>	The proposal is funded, but with budgetary or programmatic adjustments.
<u>Unable to Fund</u>	The proposal will not be funded.

**Eligible Applicants:**

Proposals for this funding cycle will only be accepted from the membership of the Collaboration’s five Cancer Plan Implementation Workgroups: **Primary Prevention; Prevention and Early Detection; Treatment and Survivorship; Palliation; and Emerging Issues**. A non-profit organization must be identified on the cover sheet to serve as the fiscal agent for the proposal.

**Timeline:**

<b>February 11, 2010</b>	RFP issued
<b>March 5, 2010</b>	Notification of intent to apply. Deadline to submit questions in writing relative to this RFP. Notify and submit questions to Judy Proctor ( <a href="mailto:jproctor@healthynh.com">jproctor@healthynh.com</a> ) or postal mail to address below).
<b>March 19, 2010 by 4:00 PM</b>	Proposals due* (must be received by this date, not just postmarked)
<b>April 2, 2010</b>	Notices sent to selected applicants
<b>June 30, 2010</b>	Projects must be completed

\*Please e-mail or postal mail the proposal to:  
Judy Proctor  
NH Comprehensive Cancer Collaboration  
Foundation for Healthy Communities  
125 Airport Road  
Concord, NH 03301  
[jproctor@healthynh.com](mailto:jproctor@healthynh.com)

**Note:** you will need to send the signed work group chair form by mail unless you are able to obtain an electronic signature.

**Proposal Outline:**

- ◇ Cover Page (See attached form)
- ◇ Proposal Narrative (not to exceed 5 pages double-spaced)
- ◇ Workplan (Objective, Strategy, Tasks, Measurable Outcome, Timeframe, Person Responsible- see attached form)
- ◇ Budget (See attached form)
- ◇ Budget Narrative (Provide descriptive explanation for each budget item; Include description of other income sources either secure or pending)
- ◇ Workgroup chair letter (see attached)

**IMPORTANT**

Funds will be awarded to applicants contingent upon availability of funds at the Foundation for Healthy Communities. This funding is currently pending Governor and Council approval, but is expected in March.

Selected applicants will be asked to sign a letter of agreement. Note that receipt of the funds may be up to 30 days after the letter of agreement is signed.

\*A final written and financial report of activities will be due to Karen Bugler at the Division of Public Health Services no later than September 1, 2010. No extensions will be granted and failure to submit the report could disqualify an applicant from eligibility for future funding opportunities.

**More Information:**

Questions relative to the RFP must be submitted in writing to Judy Proctor (see contact information above) by the date noted in the time table. The questions and answers will be posted on the NHCCC webpage at [www.nhcancerplan.org](http://www.nhcancerplan.org). Contact Judy Proctor ([jproctor@healthynh.com](mailto:jproctor@healthynh.com)) if you have additional questions.

**Enclosures: (Note:** Electronic forms will be sent to those who submit notification of intent to apply for funding.)

- ◇ 2010-14 Cancer Plan objectives and strategies
- ◇ Proposal cover page
- ◇ Budget
- ◇ Work Plan
- ◇ Work Group Chair letter



## **Cancer in New Hampshire 2010-14 Cancer Plan Objectives and Strategies**

*These objectives and strategies are listed by work group:*

Primary Prevention- Objectives 1-16

Prevention and Early Detection- Objectives 17-22

Treatment and Survivorship- Objectives 23-26

Palliation- Objectives 27-29

Emerging Issues- Objectives 30-33

### **Primary Prevention**

#### ***Objective 1***

Decrease the percent of New Hampshire high school youth who report first using cigarettes before the age of 13 to 8.5%.

*Baseline: 11.5%, 2007 New Hampshire Youth Risk Behavior Survey (NH YRBS)*

#### *Strategies*

- Support measures to increase the cost of a pack of cigarettes to \$5–\$6.  
*Baseline: \$4 - \$5, cost in January 2010*
- Support measures to reduce youth access to tobacco products.
- Support measures to fund evidence-based tobacco-prevention programs for youth.
- Partner with the New Hampshire Department of Education (NH DOE) to evaluate current health curricula and offer recommendations.

#### ***Objective 2***

Decrease the percent of New Hampshire adults who currently report:

- Smoking cigarettes to 14.0%,
- Using smokeless tobacco to 1.5%, and
- Smoking cigars to 4.0%.

*Baseline: 17.1% for cigarettes, 1.9% for smokeless tobacco, and 5.9% for cigars, 2008 NH BRFSS*

#### *Strategies*

- Increase the number of individuals accessing evidence-based tobacco-cessation services.
- Support funding for treatment services through nicotine-replacement therapy.

- Support measures to increase the cost of tobacco products.
- Support the engagement of insurers, employers, and insurance purchasers to include evidence-based tobacco-dependence treatment (counseling and pharmacotherapy) as part of their basic health benefits packages.
- Support a targeted, public, evidence-based media campaign focusing on the importance of tobacco-use prevention and cessation.
- Through a baseline survey, determine the number of healthcare providers and healthcare systems following the Public Health Service guidelines.

### ***Objective 3***

Increase the percent of adults in New Hampshire who report they are free from exposure to secondhand smoke in the:

- Workplace to 100.0%,
- Home to 85.0%, and
- Car to 85.0%.

*Baseline: 81.9% in the workplace, 79.6% in the home, and 77.8% in the car, 2006 NH BRFSS and 2002 New Hampshire Adult Tobacco Survey (NH ATS)*

### *Strategies*

- Increase the number of tobacco-free worksites.
- Support a statewide media campaign that includes countermarketing education.
- Work with public-health networks to engage tobacco-control advocates in promoting smoke-free outdoor areas.

### ***Objective 4***

Increase the percent of high school youth in New Hampshire who report they are free from exposure to secondhand smoke:

- Indoors to 75.0%, and
- In a car to 100%.

*Baseline: 56.1% indoor and 75.0% in a car; 2007 Youth Tobacco Survey (YTS)*

### *Strategies*

- Promote policies that increase the number of tobacco-free workplaces, houses, and vehicles.
- Support a statewide media campaign that includes countermarketing education.

### ***Objective 5***

Reduce the average annual increase in prevalence of overweight and obese adults from 1.0% to 0.0%.

*Baseline: 1.0%, 2008 NH BRFSS*

### *Strategies*

- Support policies that promote healthy eating and active living in worksites and communities.

- Coordinate with Healthy Eating Active Living (HEAL) New Hampshire to use social marketing and media campaigns to disseminate consistent messages that promote healthy eating and active living.
- Encourage healthcare providers and health educators to promote the current dietary guidelines for Americans (published annually by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture) and physical activity guidelines for Americans (published by the U.S. Department of Health and Human Services) with their patients and clients.

**Objective 6**

Reduce the average biennial increase in the percent of overweight and obese youth from 1.2% to 0.0%.

*Baseline: 13.2%, 2005 NH YRBS; 14.4%, 2007 NH YRBS*

*Strategies*

- Support policies that promote healthy eating and active living in childcare programs, schools, and communities.
- Encourage educators to promote the current dietary guidelines for Americans (published annually by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture) and physical activity guidelines for Americans (published by the U.S. Department of Health and Human Services) with students, families, faculty members, and school staff members.
- Promote the implementation of the Centers for Disease Control and Prevention’s (CDC) School Health Index (a self-assessment and planning tool that schools can use to improve their health and safety policies and programs) by New Hampshire schools.

**Objective 7**

Increase the percent of adults who regularly engage in moderate or vigorous physical activity to 57.0% and 33.0%, respectively.

*Baseline: 54.0% for moderate physical activity and 31.2% for vigorous physical activity, 2007 NH BRFSS*

*Strategies*

- Support policies that promote healthy eating and active living in worksites and communities.
- Increase the number of schools that provide access to their physical-activity facilities (e.g., gyms, tracks, tennis courts) for community members outside of regular school hours.

**Objective 8**

Increase the percent of youth who are physically active at least 60 minutes per day on five or more of the past seven days to 49.0%.

*Baseline: 46.9%, 2007 NH YRBS*

*Strategies*

- Increase the number of schools that provide access to their physical-activity facilities (e.g., gyms, tracks, tennis courts) for youth and their families outside of regular school hours.
- Increase the number of schools that promote safe walking and biking routes to school (up to a two-mile radius).

- Increase the number of schools that participate in the Catch Kids Club after-school program, which emphasizes physical activity.  
*Baseline: Since the program began in 2004, it has expanded to 18 sites in New Hampshire in 2009*

**Objective 9**

Reduce the percent of youth who report watching three or more hours of television per day to 23.0%.

*Baseline: 25.1%, 2007 NH YRBS*

*Strategies*

- Promote the practice of 5-2-1-0 in pediatric and school settings.
- Reduce the use of television in school, community, and childcare settings.
- Increase the number of schools that promote and participate in TV Turnoff Week.

**Objective 10**

Increase the percent of adults who eat fruits and vegetables five or more times per day to 30.0%.

*Baseline: 28.5%, 2007 NH BRFSS*

*Strategies*

- Increase the number of worksites and community organizations that adopt healthy eating policies.
- Incorporate CDC fruit and vegetable strategies into the New Hampshire Division of Public Health Services (NH DPHS) programs.

**Objective 11**

Increase the percent of youth who eat fruits and vegetables five or more times per day to 24.0%.

*Baseline: 22.3%, 2007 NH YRBS*

*Strategies*

- Promote access to and consumption of fruits and vegetables in communities, schools, and childcare programs.
- Support the New Hampshire Fresh Fruit and Vegetable Program by providing nutrition-education materials, technical assistance, and overall program promotion.

**Objective 12**

Reduce the percent of youth who drink a sugar-sweetened beverage one or more times a day to 22.0%.

*Baseline: 24.2%, 2007 NH YRBS*

*Strategies*

- Promote access to and consumption of quality drinking water in communities, schools, and childcare programs.
- Collaborate with partners (including HEAL NH and the New Hampshire Dental Society) to eliminate advertising of access to sugar-sweetened beverages in school settings.

- Include information about sugar-sweetened beverages in comprehensive nutrition-education curricula.

**Objective 13**

Increase the percent of infants exclusively breastfed at three months and at six months to 40.0% and 17.0%, respectively.

*Baseline: 38.0% and 11.6%, respectively, 2005 National Immunization Survey*

*Strategies*

- Encourage maternity units to incorporate the Ten Steps to Successful Breastfeeding (part of *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint World Health Organization (WHO) and UNICEF statement).
- Promote “mother friendly” workplaces to provide support for breastfeeding in the workplace.
- Work with the NH CCC Communications Committee to broadcast (through local media outlets) public service announcements from the 2004 *Babies Were Born to Be Breastfed* campaign, created by the U.S. Department of Health and Human Services Office on Women’s Health and the Ad Council.
- Encourage New Hampshire healthcare providers to routinely offer prenatal classes on breastfeeding to all pregnant women.

**Objective 14**

Reduce the percent of adults who report having had a sunburn in the past year to 38.0%.

*Baseline: 42.6%, 2004 NH BRFSS*

*Strategies*

- Work with partners to increase the number of townwide and citywide educational efforts that emphasize the importance of adopting sun-safety behaviors in order to reduce the risks of developing skin cancer.
- Implement an effective media and public service campaign that promotes sun-safety practices.
- Create statewide partnerships to further sun-safety education and practices among children and adults. This includes promoting activities that encourage sun-safety behaviors at school, at home, and in recreational settings.
- Fund a repeat of the 2004 NH BRFSS question (used to establish a baseline) on the 2010 or 2011 BRFSS.

**Objective 15**

Promote the strengthening of state regulations concerning youth and indoor tanning facilities.

*Strategies*

- Support a NH YRBS indoor tanning question for 2011 in order to create a baseline measure of teens and indoor tanning.
- Promote awareness of tanning regulations in New Hampshire.
- Work with the NH CCC Communications Committee to develop messages for teens about the dangers of indoor tanning.

### ***Objective 16***

Promote state-of-the-art diagnostic procedures for melanoma to New Hampshire healthcare providers.

#### *Strategies*

- Promote and/or develop continuing education programs for New Hampshire healthcare providers about early diagnosis for melanoma.
- Work with the NH CCC Communications Committee to develop key messages that encourage sun safety and early detection of skin cancer.
- Implement training incentives for physicians, nurse practitioners, and physicians' assistants by providing professional development hours or continuing education credits relating to skin cancer.
- Collaborate with comprehensive cancer control programs in other states to develop medical education and/or distance-learning activities for rural primary care physicians.

## **Prevention and Early Detection**

### ***Objective 17***

Increase the percent of adults age 50 and older who are screened for colorectal cancer to 80%.

*Baseline: 69.8% adults screened, 2008 NH BRFSS*

#### *Strategies*

- Work with healthcare systems to adopt the NH CCC colorectal cancer objective and determine ways to measure progress.
- Work with healthcare providers to implement the use of provider reminder and recall systems.
- Conduct provider education and training to increase knowledge of colorectal cancer screening.
- Work with health insurance plans to adopt the NH CCC colorectal cancer objective as measured by Healthcare Effectiveness Data and Information Set (HEDIS) rates; to expand benefits for colorectal cancer screening by removing required deductibles and co-payments; and to provide coverage for colorectal cancers screening in all plans.
- Work with employers to implement policies that support colorectal cancer screening, such as providing time off from work as well as expanding health benefits to remove deductibles and co-payments.
- Explore mandatory insurance coverage legislation if other strategies do not decrease the barriers to screening.
- Promote the development of patient navigation programs specifically for screening.
- Conduct public awareness and educational activities that include targeted small-media campaigns and large-scale media campaigns.
- Reduce disparities in colorectal cancer incidence and mortality by implementing and supporting the New Hampshire Colorectal Cancer Screening Program (NHCRCSPP) to provide a limited number of free colonoscopies to New Hampshire's uninsured or underinsured residents.
- Implement and support NHCRCSPP's population-based strategies designed to reduce barriers to screenings, and increase colorectal cancer screening through work with individuals, providers, employers, health insurance companies, healthcare systems, legislators, and community groups.

- Expand the NH BRFSS to include questions regarding perceived barriers to colorectal cancer screenings (such as transportation, reimbursement, capacity, loss of work time, fear, and embarrassment) and develop plans to reduce barriers based on the responses to these questions.
- Explore using colonoscopy volume data from the New Hampshire Colonoscopy Registry as an outcome measure in addition to the NH BRFSS.
- Use data and publications, when available, from the New Hampshire Colonoscopy Registry to understand and address how screening and surveillance are being practiced. This information (including follow-up intervals; incidence and prevalence of polyps; percent of high-risk individuals; and complications) will help improve colorectal cancer screening.
- Create and implement methodology to assess screening and surveillance for average-risk and increased-risk groups separately.

### ***Objective 18***

Decrease the percent of distant and regional staged colorectal cancer to 35.0%.

*Baseline: 45.0%, NH DHHS, Office of Health Statistics and Data Management*

### ***Strategies***

- Work with healthcare systems to adopt the NH CCC colorectal cancer objective and determine ways to measure progress.
- Work with healthcare providers to implement the use of provider reminder and recall systems.
- Conduct provider education and training to increase knowledge of colorectal cancer screening.
- Work with health insurance plans to adopt the NH CCC colorectal cancer objective as measured by Healthcare Effectiveness Data and Information Set (HEDIS) rates; to expand benefits for colorectal cancer screening by removing required deductibles and co-payments; and to provide coverage for colorectal cancers screening in all plans.
- Work with employers to implement policies that support colorectal cancer screening, such as providing time off from work as well as expanding health benefits to remove deductibles and co-payments.
- Explore mandatory insurance coverage legislation if other strategies do not decrease the barriers to screening.
- Promote the development of patient navigation programs specifically for screening.
- Conduct public awareness and educational activities that include targeted small-media campaigns and large-scale media campaigns.
- Reduce disparities in colorectal cancer incidence and mortality by implementing and supporting the New Hampshire Colorectal Cancer Screening Program (NHCRCSP) to provide a limited number of free colonoscopies to New Hampshire's uninsured or underinsured residents.
- Implement and support NHCRCSP's population-based strategies designed to reduce barriers to screenings, and increase colorectal cancer screening through work with individuals, providers, employers, health insurance companies, healthcare systems, legislators, and community groups.
- Expand the NH BRFSS to include questions regarding perceived barriers to colorectal cancer screenings (such as transportation, reimbursement, capacity, loss of work time, fear, and embarrassment) and develop plans to reduce barriers based on the responses to these questions.
- Explore using colonoscopy volume data from the New Hampshire Colonoscopy Registry as an outcome measure in addition to the NH BRFSS.

- Use data and publications, when available, from the New Hampshire Colonoscopy Registry to understand and address how screening and surveillance are being practiced. This information (including follow-up intervals; incidence and prevalence of polyps; percent of high-risk individuals; and complications) will help improve colorectal cancer screening.
- Create and implement methodology to assess screening and surveillance for average-risk and increased-risk groups separately.

***Objective 19***

Increase the percent of women age 40 and older in the lowest income and education levels who currently receive recommended breast-cancer screenings to 68.0% and 69.0%, respectively.

*Baseline: 66.4% and 66.8%, 2008 NH BRFSS*

*Strategies*

- Enhance existing and develop new strategies to advocate for continued funding for the NH BCCP as well as Medicaid treatment options at the state and federal levels.
- Promote the use of client reminders (such as phone calls or postcards) for appointments to increase the percent of underserved women accessing regular breast-cancer screenings.
- Continue to measure mammogram rates every two years through the NH BRFSS.
- Collect and evaluate data on diverse and disparate populations to establish a baseline in order to promote evidence-based interventions that will target diverse and disparate women for screening.
- Promote the use of interventions that include one-on-one education in hospitals, community health centers, and other provider-based settings for women to increase the rate of breast-cancer screening.

***Objective 20***

Increase the percent of women between the ages of 18 and 69 who report having had a Pap test in the previous three years to 91.1%.

*Baseline: 86.1%, 2008 NH BRFSS*

*Strategy*

- Among primary care physicians (PCPs), promote the use of client reminders (such as phone calls or postcards) for Pap test appointments.

***Objective 21***

Increase the percent of women at the lowest income and education levels who report having had a Pap test in the previous three years.

*Baseline: 66.7%, 2008 NH BRFSS*

*Strategies*

- Identify and, if necessary, develop culturally sensitive educational materials to effectively reach targeted populations.
- Conduct outreach to increased-risk populations by partnering with key organizations (such as the Minority Health Coalition, the Manchester and Nashua Health Departments, and Planned Parenthood) that are located within the targeted areas.

### ***Objective 22***

Increase the number of men age 40 and older who report having discussed prostate cancer screening with their healthcare providers (in other words, those who have made an informed decision about the screening) to 73.0%.

*Baseline: 68.9%, 2008 NH BRFSS*

#### *Strategies*

- Continue to work with the NHPCC through members' presence on the NH CCC prevention and early detection work group.
- Continue support for the NHPCC's strategic goals.

## **Treatment and Survivorship**

### ***Objective 23***

Disseminate information about existing and evolving survivorship resources to 50.0% of targeted New Hampshire healthcare providers and a majority of survivors.

#### *Strategies*

- Develop a baseline number of targeted healthcare providers (e.g., primary care physicians, oncologists, and cancer centers).
- Group and catalog survivorship resources.
- Populate the NH CCC website with resources available to survivors.
- Disseminate information about survivorship resources at the NH CCC annual conferences.
- Provide survivorship resources and information to targeted healthcare providers.
- Identify opportunities for collaboration among the NH CCC work groups.

### ***Objective 24***

Increase the use of survivorship care plans by 50.0% among providers working with cancer survivors.

#### *Strategies*

- Create an electronic survey (such as through [www.SurveyMonkey.com](http://www.SurveyMonkey.com)) to establish a baseline for the current use of survivorship care plans.
- Drive traffic from the above survey to the NH CCC website to disseminate information about survivorship care plans.

### ***Objective 25***

Disseminate consumer-oriented, clinical-trial information to the general public.

#### *Strategies*

- Provide five public-education events for providers across the state regarding clinical trials (e.g., Clinical Trials 101) during the next five years.
- Develop a consumer-friendly (patient) tool within the NH CCC website that outlines the advantages and disadvantages of clinical-trial participation.

- Develop a consumer-friendly link(s) within the NH CCC website to disease-specific clinical protocol sites.

**Objective 26**

Increase provider awareness of clinical trials.

*Strategies*

- Offer a workshop for clinical-trial coordinators in collaboration with an NH CCC annual meeting.
- Explore the potential benefits of developing a professional network of clinical-trial coordinators for New Hampshire.

## Palliation

**Objective 27**

Increase the participation of hospitals providing palliative-care services to cancer survivors to 90.0%.

*Baseline: 75.0%, 2008 data from Foundation for Healthy Communities/NH CCC survey of hospitals in New Hampshire*

*Strategies*

- Disseminate palliative-care survey results and develop our own report card for comparison.
- Educate NH CCC work groups about palliative care and the National Quality Forum (NQF).
- At an NH CCC annual conference, offer a workshop about changes and improvements made in palliative-care awareness in New Hampshire.
- Work with hospitals' cancer committees to assess the need for continued professional education about offering palliative care from the time of patient diagnosis.
- Disseminate palliative-care information, including work group studies, to hospitals' cancer committees.
- Identify hospitals' strengths and weaknesses in relation to palliative care to develop voluntary mentorship programs.
- Conduct a palliative-care follow-up survey in 2013.

**Objective 28**

Establish a baseline of how cancer survivors access information about palliative care.

*Strategies*

- Conduct a baseline needs assessment of palliative-care information at hospitals, cancer centers, oncology groups, long-term care settings, pediatric-care settings, and so on.
- Based on the results of the needs assessment, develop guidelines to be used in all informational pieces developed and disseminated by the palliation work group.
- Work with the NH CCC Communications Committee to develop materials that are targeted to a variety of groups (cancer patients, family members, etc.) and settings (hospitals, cancer centers, oncology groups, long-term-care settings, pediatric-care settings, etc.).

### ***Objective 29***

Increase the proportion of New Hampshire cancer-care settings that have adopted evidence-based assessment and symptom management by a minimum of 5.0%.

#### *Strategies*

- Survey cancer-care settings in the state to establish a baseline of those that have adopted evidence-based assessment and symptom management.
- Continue to participate in the NHHPCO's annual Pain and Beyond Conference to promote professional education about pain-management issues and trends in hospice and palliative care.
- Collaborate with the NHPI and the NH HPCO Palliative Care Clinician Group to strengthen clinician best practices for cancer pain management and access to palliative care from diagnosis, including responsible opioid prescribing.
- Educate New Hampshire professionals about evidence-based practice as it relates to cancer symptom management.
- Disseminate information to long-term-care facility professionals about the best practices for symptom management in cancer patients as well as the goals of hospice and palliative care.

## **Emerging Issues**

### ***Objective 30***

Identify four emerging issues within the continuum of cancer annually.

#### *Strategies*

- Develop criteria for selecting priority issues from existing emerging issues.
- Select four of those issues each year about which to disseminate information using the developed criteria.
- Rank the four issues for order of information dissemination.

### ***Objective 31***

Develop materials for each emerging issue to translate the information and make it accessible to targeted audiences.

#### *Strategies*

- Identify the appropriate format to communicate information for each issue.
- Identify the appropriate audience for each issue.
- Develop the appropriate materials for communicating each issue.

### ***Objective 32***

Each quarter, disseminate the information about one issue to targeted audiences.

#### *Strategies*

- Post information on each issue to NH CCC website.
- Communicate information on each issue to NH CCC work group chairs for distribution among members.

- Provide information on each issue to NH CCC stakeholders via email and the organization's newsletter.
- Partner with NH CCC Communications Committee to publicize newsworthy information to statewide media.

***Objective 33***

Monitor the identified emerging issues until scientific consensus is reached.

*Strategies*

- Review the latest science and articles on each identified emerging issue.
- Communicate any significant evolution or consensus regarding the issue.



**Mini-Grant Project Proposal, 2010**  
**Cover Sheet**

Workgroup Name (and subcommittee, if applicable): \_\_\_\_\_

Proposal Name: \_\_\_\_\_

Proposal Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

**Amount of Request: \$** \_\_\_\_\_

Fiscal Contact Person (if different from above): \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



Work Group Name:

Name of Applicant:

Title of Application:

This application is consistent with one of the objectives written in the *2010-14 New Hampshire Cancer Plan*.

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Work Group Chair Name

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Work Group Chair Signature

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Date



## NH Comprehensive Cancer Collaboration Mini Grant Proposal Work Plan

Work Group Name: \_\_\_\_\_

Applicant/Organization Name: \_\_\_\_\_

Time Period: \_\_\_\_\_

Use the *2010-14 New Hampshire Cancer Plan Objectives and Strategies* to develop this work plan.

<b>Cancer Plan Objective # ____:</b>				
<b>Cancer Plan Strategy # ____:</b>				
Task/Activity	Responsible Party	Time - frame	Measure of success	Outcomes/Progress

**BUDGET FORM - 2010**

<p><b>NH Comprehensive Cancer Collaboration</b>  <b>2010-14 Cancer Plan Mini-Grant Budget</b></p>
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**Workgroup Name:**

**Applicant Name :**

**Budget Period:**

Line Item	Funds Requested	Other Funds	Total
1. Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits		\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Other	\$ -	\$ -	\$ -
8. Marketing/Communications	\$ -	\$ -	\$ -
9. Education/Training	\$ -	\$ -	\$ -
10. Other (specify):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -