Application

FY26 Iowa Cancer Plan Implementation Grant Cycle

Iowa Cancer Consortium
www.canceriowa.org

Applicant Information:

Name of Project Lead: Ann McCurdy
Project Lead Email Address: mccae@casshealth.org
Project Lead Phone Number: 712-243-7405
Organization: Cass Health
Street Address: 1501 E. 10th Street
City: Atlantic
Zip Code: 50022

Project Details:

Project Title: Cass Health Cancer Action Plan Implementation
Total Amount of Funds Requested for FY26 (up to $25,000): $25,000

Provide a brief description of your intended project and any relevant background information about your organization. *(Suggested: 1,000 words or less.)*
Cass Health is a Critical Access Hospital (CAH) located in Atlantic, Iowa. We serve 13,000+ residents in Cass County, in addition to thousands of patients from within a 30-mile radius of our facility. We also have satellite primary care clinics in three towns: Anita, Griswold, and Massena. As the leading healthcare organization in southwest and west central Iowa, Cass Health is the go-to healthcare provider for many. We employ more than 450 staff members. For the fifth consecutive year, we have been ranked as a Top 20 CAH in the nation.

Cass County currently holds the second highest incidence rate of cancer in Iowa. Cass Health seeks to have a meaningful impact on the health of its patients, particularly in the areas of cancer prevention and early detection. In November 2024, Cass Health formed a Cancer Action Plan team to begin more aggressively addressing cancer in our area. Based on the Iowa Cancer Plan from the Iowa Cancer Consortium, we wrote a team charter and action plan that provides a framework for meeting our goals through four focus areas: data, prevention & risk reduction, early detection & screening, and survivorship & support. Our overall goal is to ultimately reduce the cancer incidence rate in Cass County while improving the health of our residents.

Our Team Goals

1. Learn and share more about cancer in Cass County. Read, research, and connect with experts on creating a full picture of our current cancer status.
2. Identify what data is most meaningful to understand and track with the goal of improving our cancer incidence rate and increased screenings. Create a shared dashboard to regularly monitor this data.
3. Analyze primary care practices with a goal to create standard screening guidelines for Cass Health patients; create cancer risk screening process for primary care, better understand barriers to primary care and cancer screenings, and increase the opportunities for providers and patients to have meaningful conversations about cancer prevention and screenings.
4. Develop community education materials, events, and messages focused on prevention & risk reduction and screening & early detection.
5. Create partnerships with community partners whenever possible to promote healthy lifestyles, cancer prevention, screenings, and survivor support.

Additionally, after reviewing the data from Iowa Cancer Registry, we have decided to particularly focus on breast, colorectal, lung, and prostate cancers at this time.

How many individuals in Iowa do you expect to reach through your project?
Cass Health's catchment area is approximately 35,000 Iowans in the southwest and west central region of the state.

Specifically with our direct mail piece that we wish to use grant funds for, we plan to reach every household in Cass County, which is approximately 6,700 households representing about 13,100 Iowans.

The direct mail postcard will be done concurrently with our own advertising and promotional efforts to address preventive care, building a relationship with a primary care provider, cancer screening guidelines, and healthy lifestyle education. We work beyond our county border and throughout our catchment area, and we would expect to reach residents of neighboring communities who come to Cass County for work, retail, or healthcare services; or those who rely on Cass County based medias such as our three local newspapers or three local radio stations, all of which cover a multi-county area. Our social media accounts include Facebook, Instagram, and LinkedIn. Facebook is our primary social media, and we have more than 4,000 followers from a wide geographic area.

In which Iowa counties do you expect to reach people through your project?
Primarily Cass County, and we also expect to reach people in Shelby, Audubon, Montgomery, Adams, Guthrie, Adair, and eastern Pottawattamie.

Please describe how your project addresses one or more of these priority areas: *(Suggested: 1,000 words or less.)*

- Addressing cancer disparities across the cancer continuum.
- Addressing cancer prevention and/or early detection.
- Formalizing lasting and broad change in cancer control through policy and systems change within organizations, systems, and communities.

Our project addresses two priority areas: cancer prevention and early detection, as well as cancer control through policy and systems change. Our first major project clearly tackles both issues.

After several months of discussion and research, we have decided our next step is to hire for a new position within our primary care clinic. This new position — a Health Coach — will work directly with patients to increase screening appointments while also collaborating with our primary care team.

We intend to use a portion of the grant funds to pay for this new Health Coach. Our vision for the Health Coach's role includes the following:

- Creating reports to identify patients who are eligible and/or overdue for cancer screenings
- Creating reports to identify patients overdue for routine annual visits
- Reaching out to patients to schedule new or overdue cancer screening appointments such as colonoscopies, mammograms, blood tests, or CT scans
- Reaching out to patients who utilize our services, such as our Rapid Care clinic, but are not yet established with a primary care provider
- Collaborating with our primary care providers and nurses to review charts on scheduled patients each day to determine screenings that need to be addressed during their visit; or creating a more universal process to standardize this process between providers' nursing staff
- Helping develop a new dashboard within Epic (our electronic medical record) that easily enables the health coach and other staff members to monitor our organizational progress towards increasing screenings and annual visits
- Identifying and championing changes that need to be made to Epic or in Cass Health processes, documentation, or communications

Turning towards our external focus on cancer prevention and screenings, the remaining funds will be used to begin a targeted campaign to the public to promote the importance of screenings and early detection.

Because there are varying screening guidelines, Cass Health primary care providers have worked together over the last few months to formalize and standardize our suggested screening guidelines. Based on the current published recommendations from The U.S. Preventive Services Task Force, The American College of Obstetricians and Gynecologists, American Cancer Society, and the National Cancer Institute, these guidelines will represent Cass Health's primary care team recommendations for our community. We felt it was important to have a consistent message to the public that can be easily understood.

We also feel it is important in this message to recognize and address individual risk factors as well as unique medical needs, again stressing the importance of having a relationship with a primary care provider who can provide guidance on testing, screening, and leading a healthy lifestyle. We intend to use grant funds to assist in promoting cancer screenings as well as cancer prevention through modifiable risk factors. Our work on these campaigns will begin this summer.

Please indicate which type of funding you are applying for (choose one):

☐ **Single Year** (applying for one year of funding only)

☒ **Multi-Year: Year 1** (applying for the first year of a two- or three-year project with the intention of applying for Year 2 in FY27, if awarded)

☐ **Multi-Year: Year 2** (FY25 Year 1 awardees only) *

☐ **Multi-Year: Year 3** (FY25 Year 2 awardees only) *

Which goal(s) and strategy(ies) from the Iowa Cancer Plan will your project support/help to implement? (*Suggested: 100 words or less.)*

- Prevention and Risk Reduction
    - Lifestyle community education efforts to address tobacco, alcohol, nutrition, and exercise
- Screening and Early Detection
    - Increasing awareness of recommended cancer screenings
    - Support strategies to increase access to cancer screening and diagnostic services
    - Empower healthcare systems to strengthen cancer screenings and diagnostic services

Project Objectives:

These objectives will serve as the grant deliverables for your project, if awarded. The Iowa Cancer Consortium Board of Directors may request to change, add, or remove objectives with your agreement prior to funding. Where applicable, please include baseline (current) data. Please add additional objectives, if desired.

***Objective #1:** By May 31, 2026, increase the number of Cass Health patients who are up-to-date on routine screenings to 85% for colorectal, breast, and cervical cancers by enacting a multi-faceted campaign to reach residents who are overdue. The campaign will center around direct phone calls to patients and in-direct communication such as a direct mail postcard to every household in Cass County, social media messaging, brochures, and information on the Cass Health website. Working with Cass County Public Health and our Patient Financial Services team, our Health Coach will connect patients with resources such as Care for Yourself or our Financial Assistance Application for patients who are uninsured or underinsured. The Marketing team will also work with our Chuukese translator to develop materials in Chuukese to better reach our Pacific Islander population. We also partner with Crawford County Public Health to

translate materials into Spanish as needed; we anticipate using their services to translate our screening guidelines.

- Deadline *(funding period is July 1, 2025-May 31, 2026):* May 31, 2026
- Baseline data: As of May 2025
  Mammogram status current: 64.8% of eligible patients
  Colorectal cancer screening status current: 64.8% of eligible patients
  Cervical Cancer status current: 70.8% of eligible patients
  Lung Cancer status current: 48.3% of eligible patients
  Prostate Cancer status overdue: *Data still being compiled.

- Target by deadline: As of May 31, 2026 our goals would be:
  Mammogram status current: 85% of eligible patients
  Colorectal cancer screening status current: 85% of eligible patients
  Cervical Cancer status current: 85% of eligible patients
  Lung cancer status overdue: *Goal still being determined.
  Prostate status current: *Data still being compiled.

  We want to note that a portion of our current work regarding lung cancer is in progress. First, we are working through discrepancies in charting to better standardize how lung cancer screening is routinely addressed. Second, we are developing a self-pay option for low dose lung cancer screenings. Because many people with environmental exposures (such as through farming, radon, etc.), vaping or smoking histories do not qualify for the screening, we feel it is important to expand access through a cash pay option. We are currently working through how this would work with the goal truly being expanding access as we would offer this service at cost.

***Objective #2:** By May 31, 2026, decrease the number of patients who do not have a primary care provider identified in their medical chart by 10% through process improvements and collaboration between our Rapid Care and our primary care clinics. This would include directly communicating with Rapid Care patients either through follow-up phone calls or during their visit, utilizing Chuukese or other translators as needed. These efforts will be done in conjunction with broad messaging to the community stressing the importance of developing a relationship with a primary care provider, who can see them regularly and help them keep on top of their health maintenance needs, including cancer screenings.

- Deadline *(funding period is July 1, 2025-May 31, 2026):* May 31, 2026
- Baseline data:
  In 2024, 1,009 out of 6,738 patients seen in the Cass Health Rapid Care clinic had no primary care provider identified. Additionally, 685 out of 4,043 patients seen in the Cass Health Emergency Department had no primary care provider listed.
- Target by deadline: By May 31, 2026, decrease the number of patients without a primary care provider by 10%.

Project Collaborators:

The Iowa Cancer Consortium seeks to fund collaborative proposals. **At least one collaborator is required per project.** A letter of support is required for each listed collaborator.

Collaborator #1 (required)

Name: Megan Roberts on behalf of Grace McAfee, Cass County Wellness Coordinator*
Organization: Healthy Cass County
Mailing Address: 1408 E. 10th Street
Phone: 712-250-8170
Email: robml@casshealth.org and mcage@casshealth.org
Please describe the collaborator's proposed responsibilities/role in the project. *(Suggested: 100 words or less)*
Healthy Cass County is a community-focused network that promotes the health and well-being of Cass County residents. This group represents more than 25 local organizations and has been supporting the health of Cass County residents for more than 10 years. Our purpose is to spread health information and initiate programs throughout the county.

Healthy Cass County works closely with Cass Health on a number of projects, including sharing vendor space this summer at the weekly farmer's market, Produce in the Park. Together, we will promote cancer prevention through modifiable risk factors, as well as promoting the importance of primary care and routine screenings.

**Letter of support written by Megan Roberts, Director of Cass County Public Health. The Cass County Wellness Coordinator, Grace McAfee, oversees Healthy Cass County, but is currently on maternity leave.*

Evidence & Evaluation:

Resources for Evidence-Based Interventions and Evaluation: (This and additional resources can be accessed at https://canceriowa.org/grants/ifp)

- *The Iowa Cancer Consortium has put together a blog post, A Public Health Professionals Guide to Evidence-Based Cancer Control Interventions (EBIs), which contains state and national resources for public health professionals to visit when selecting interventions.*
- *CDC's Program Evaluation Framework guides public health professionals in conducting program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.*

What scientific evidence is there that your project will be effective? (*Suggested: 500 words or less.)*
We know that patients who routinely see their primary care provider have lower total healthcare expenses, better outcomes, fewer emergency visits, are more likely to stay on track with recommended health screenings, and overall have better health.

Additionally, multiple studies have shown that phone calls are more effective than letters and/or text messages for convincing patients to complete necessary cancer screenings. We think that a multifaceted campaign — direct mail, community education and messaging, promotions at events, advertising, and social media — in conjunction with personalized phone calls and conversations with Cass Health staff will be effective at increasing the rates of cancer screenings and rates of patients with an identified primary care provider in Cass County.

Three studies that have shown phone calls do improve cancer screening rates, as opposed to other communication methods, are listed below.

Mailed Letter Versus Phone Call to Increase Uptake of Cancer Screening: A Pragmatic, Randomized Trial
The Journal of the American Board of Family Medicine November 2018, 31 (6) 857-868; DOI: https://doi.org/10.3122/jabfm.2018.06.170369
Telephone Care Management To Improve Cancer Screening among Low-Income Women: A Randomized, Controlled Trial
Publication: Annals of Internal Medicine Volume 144, Number 8
https://doi.org/10.7326/0003-4819-144-8-200604180-00006
Patient-Refined Messaging for a Mailed Colorectal Cancer Screening Program: Findings from the PROMPT Study
The Journal of the American Board of Family Medicine May 2019, 32 (3) 318-328; DOI: https://doi.org/10.3122/jabfm.2019.03.180275

How will you evaluate your project? How will you know if you have been successful? (*Suggested: 250 words or less.)*
Our goal of having 85% of eligible patients current on several recommended cancer screenings is in alignment with the Iowa Cancer Consortium's data targets under the priority to increase awareness of recommended cancer screenings.

We will be looking for correlations between improved screening numbers, improved primary care appointments with new patients, and improved cancer data. We know that Cass County is above the state average in several areas for cancers diagnosed at Stage 3 and Stage 4. It will be significant in Cass County to see a reduction in our Stage 3 and 4 cancer findings to more Stage 1 and Stage 2, and long-term, we hope a lowering of our total incidence rate.

Through our new Epic dashboard, we will be able to see our progress on cancer screenings throughout the year. At the start of the grant, we will measure our current cancer screening rates for breast, colorectal, prostate, and lung cancers. At the end of the grant term, we will be able to remeasure those cancer screening rates to hopefully see a decrease in overdue exams and a total increase in the number of completed cancer screenings. We will also be able to measure our before and after data for the number of patients who do not have a primary care provider identified.

Additionally, we will continue to collaborate with the Iowa Cancer Consortium and the Iowa Cancer Registry to analyze current data for both our county and catchment area.

How will you modify your project to meet the unique needs of certain populations? *(Suggested: 500 words or less.)*
In Cass County, we have a large population from the Federated States of Micronesia, mostly from the island of Chuuk. Many of these individuals speak the language Chuukese. We are fortunate to have a Chuukese translator on staff who will be able to translate our screening guidelines as well as our any educational materials on cancer prevention.

We also have a smaller Hispanic population. We frequently work with Crawford County Public Health to translate documents into Spanish, such as our Financial Assistance Application, and we plan to continue using their services to translate documents for community outreach and education.

Budget:

Allowable budget categories have been identified below. If funding is requested within a specific category, a brief explanation or funding justification is required.

Staff Support

- Applicants may request funds for key personnel. Funds may not be requested to supplant existing job responsibilities.
- For any staff support requests through this grant mechanism, a copy of staff resume/CV, estimate of project hours, and list of staff project-related responsibilities must be included along with the budget request. Resumes should be included as an attachment.

Travel

- Travel essential to the proposed project may be funded under this proposal.
- Travel reimbursement is allowed at the following rates: $0.50/mile; in-state travel reimbursements follow Iowa Department of Administrative Services (DAS) guidelines, which is $37/day for meals ($27.75/day for first and last day of travel); out-of-state travel reimbursements follow Iowa DAS guidelines, which varies by destination. Maximum lodging reimbursement for in-state hotels is $80 plus taxes per night (see the Iowa DAS travel webpage for more information and resources).

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 $.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

Indirect/Administrative Costs

- Applicants for whom the Iowa Cancer Consortium is not serving as a fiscal agent may charge an indirect rate limited to 8% of the direct costs proposed in the budget.
- The total budget, including indirect or administrative costs, may not exceed the total requested funds (maximum of $25,000).
- Administrative costs are those incurred for common or joint objectives and cannot be identified readily and specifically with a sponsored program but are still necessary to the organization's operations.
- For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.
- If there is a need for indirect funding beyond 8% of direct program costs, requests should be written into the applicant's budget and justified heavily.
- The applicant shall maintain documentation to support the administrative cost allocation. The Consortium reserves the right to request the documentation at any time.

Other:

- Equipment
    - Describe 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 an individual basis.
- Incentives
    - Incentives are an allowable expense only if proven to be effective as part of an evidence-based intervention. The research or evidence case must be outlined.

- 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 cancer screening test purchases, will be reviewed individually.
    - Community organizations and collaborators are encouraged to provide financial support for service delivery components.

Please explain your budget in words: *(Suggested: 100 words or less)*

Our budget primarily includes funding towards a new role at Cass Health – a Health Coach. Cass Health will match and exceed those grant dollars to fully fund the position as well as benefits. The remaining grant dollars will be used to begin our community outreach efforts with a set of banners, printed brochures, materials for use at our farmer's market, and a direct mail postcard. Our intent this year with community outreach is to partner with existing community events to reach residents, primarily starting with our weekly farmer's market that we are a leading sponsor of.

Use the table below to complete your proposed budget:

Reminder: Funding period is July 1, 2025, to May 31, 2026. This is an 11-month period, not a full year.

If possible, please divide them into categories. Examples include staff support, travel, supplies, equipment, etc. If service delivery or incentives are included within the budget, please include a statement of need along with each budget item.	*Funds being requested from the Iowa Cancer Consortium.*	*Include in-kind support, volunteer hours, collaborator financial support, and other types of financial support.*	*Include requested Iowa Cancer Consortium funds + items outlined in the Other Funding category.*
Staff Support			
Health Coach	$18,428	Cass Health to fund the remaining salary and all benefits. Position to be hired summer 2025; total salary and benefits pending hire.	
Printing			
Tri-fold brochure	$970	Content, art, and printing coordination will be done by Cass Health Staff.	
EDDM Postcard + Postage	$4,000	Content, art, and printing coordination will be done by Cass Health Staff. Cass Health staff will also develop this same information into a web page on casshealth.org.	
Supplies			
Banners with cancer screening and prevention messages $42 each, qty 6	$252.00 plus $50 shipping	Cass Health will provide employees each week to promote health, wellness, and preventive care including cancer screenings at weekly Farmer's Market through September 25.	
Produce in the Park supplies 100 apple slicers + printed materials on fiber, fruits and vegetables, and colorectal cancer screenings.	$900 $400	Cass Health will supply staff to talk about fiber, fruits and vegetables, particularly focused on apples, which will be the theme of our mid-September farmer's market. Cass Health will also design a printed material about the importance of fiber and colorectal screening guidelines.	
Totals:	$25,000		

Healthy Cass County
c/o Cass County Public Health
1408 East 10th Street, Atlantic, IA 50022
HCC@casshealth.info
712-243-7552

May 14, 2025

Iowa Cancer Consortium,

On behalf of Healthy Cass County, I am writing to express our strong support for the grant application submitted by Cass Health to the Iowa Cancer Consortium. The proposed funding will support a health coach within Cass Health's Federally Qualified Rural Health Center (FQHC), focused on preventive wellness efforts—including cancer-related screenings, lab work, and patient support services.

Healthy Cass County is a coalition of community partners united by a shared commitment to improving the health and wellbeing of our residents. Our partners include healthcare providers, schools, local government, non-profits, and community organizations. Together, we are often responsible for implementing the county's Community Health Improvement Plan (CHIP), and we recognize the critical role preventive care plays in improving cancer outcomes.

We are thrilled to see Cass Health taking a proactive leadership role in advancing cancer care and prevention in our community. The integration of a health coach into the FQHC model aligns directly with our coalition's mission and fills a vital gap in helping individuals navigate preventive services. This effort will strengthen not only cancer prevention and early detection, but also our broader county-wide goals around chronic disease prevention, health equity, and accessible care.

We fully support this initiative and look forward to partnering with Cass Health and the Iowa Cancer Consortium to improve cancer outcomes in Cass County.

Sincerely,

Megan Roberts

Megan Roberts
Public Health Director
Member, Healthy Cass County