

**Mentorship Program**

**Project Proposal Work Plan**

Final work plans are due to NCI by December 15, 2011

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The purpose of this document is to outline a development plan for the project the mentee has chosen to complete with their mentor during the mentorship period. This is to be completed by the mentee, with guidance from the mentor.

1. **Mentorship Pair**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Organization Contact Info (address, phone, email, etc.)** |
| **Mentee** | *Lisa Troyer* | *MT DPHHS*  *Cancer Control Programs*  *PO Box 202951*  *Helena, MT 59620*  [*ltroyer@mt.gov*](mailto:ltroyer@mt.gov)  *406-444-6089; 406-459-9105 (cell)* |
| **Mentor** | *Eugene Lengerich, VMD, MS* | *Penn State University, Hershey Cancer Center*  [*elengerich@psu.edu*](mailto:elengerich@psu.edu)  *717-531-7178; 717-531-6141; 717-364-0856 (cell)* |

1. **Project Title: Increasing Colorectal Cancer Screenings in Montana** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. **Prioritized Competencies***Please indicate the competencies you hope to develop through your completition of this project.*

x Analytic/Assessment Skills

x Policy Development/Program Planning

Skills

Cultural Competency Skills

Basic Public Health Science Skills

X Partnership, Collaboration, and Community

Engagement Skills

Advocacy and Communication Skills

1. **Project Description and Overall Purpose**

*Please briefly describe the project, including overall goal and objectives.*

*The Montana Cancer Control Programs is focusing on increasing cancer screening compliance for breast, cervical and colorectal cancer screenings through systems change. We are using a multi-pronged approach to systems change, focusing on medical and non- medical systems. For the medical systems change projects, one approach we are using is to increase the number of healthcare providers who discuss and recommend appropriate screening for breast, cervical and colorectal cancers. We are utilizing the ACS/NCCRT/Thomas Jefferson University Toolbox and our thirteen regional contractors to provide physician and office staff education on the evidence for and importance of a physician recommendation, office policies , an office reminder system, and an effective communication system.*

*My project will focus on a second approach, partnering with insurance companies and association healthcare plans to promote compliance with breast, cervical and colorectal cancer screenings. Our overall objective is to work with healthcare plans to promote and increase the utilization of cancer-screening and diagnostic services, using evidence based interventions. We are collaborating with the three major insurance companies in Montana to promote and track breast, cervical and colorectal cancer screening utilization rates using Community Guide recommended cancer screening activities including implementing policy change. Additionally, we are partnering with small association healthcare plans throughout the state to educate their members about preventive and wellness program coverage and encourage policy inclusion within their wellness programs for cancer screenings.*

1. **Deliverables & Activities**

*Please use the table below to list all project deliverables and the activities necessary to complete them, timeline for completion, and measures of success. Please be as detailed as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverable** | **Key Activities to Complete Deliverable** | **Evidence of Achievement/Measures** | **By What Date?** |
| *Evidence Based Planning Process Utilized* | *Written description of project and lay out of goals* | *Development of project description* | *December 15th* |
| *Logic Model* | *Evaluation of medical systems change logic model and development of non-medical systems change logic model* | *Development of logic model* | *December 1st* |
| *Evaluation Plan* | *Program planning meeting to determine what data collection is needed and what is valuable to evaluate.*  *Meeting with Cancer Control Program Epidemiologist for assistance on evaluation template.* | *Development of evaluation plan and methods* | *January 1st* |
| *Data Collection* | *Developing relationships with insurance companies and developing agreement for yearly data sharing* | *Data collected* | *End of 2011 and ongoing* |
| *Small media campaigns developed and utilized by insurance groups* | *Creating postcards and messages reflecting covered cancer screenings* | *Creation of postcards and dissemination to members* | *September 2011 and ongoing with personalized messages* |
| *Wellness programs offered through insurance groups* | *Promote adoption and expansion of cancer screening benefits to insurers.* | *Increased number of wellness programs offered and/or increased number of cancer screening benefits* | *September 2012* |
| *Insurance benefit plans cover cancer screenings as preventive benefits* | *Verify that policies cover preventive screenings such as breast, cervical and colorectal cancer.* | *Confirmation of cancer screening coverage as preventive services* | *Jan 2012 and ongoing* |

1. **Assets & Resources Available to the Mentee**
   1. What is unique and important about this project?

*Please list any timely circumstances or opportunities that make this project unique and important.*

*The MT Cancer Control Programs has been using a systems change approach to increase primary care referrals for cancer screenings using the ACS/NCCRT/Thomas Jefferson University Toolbox. Working with insurance providers to change policies and systems will complement the work happening with the Toolbox.*

*The goal to increase cancer screenings is included in the Montana Comprehensive Cancer Control Plan and has funding available for projects to achieve our goal. There have also been some changes in preventative care within the Affordable Care Act that will assist in changing what benefits are covered under health insurance plans.*

*The Montana Cancer Control Programs has a close relationship with the MT Tumor Registry and the Montana Behavior Risk Factor Surveillance Systems (BRFSS) as well as an epidemiologist working closely with us to develop evaluation tools.*

* 1. Opportunities for Trainings, Conferences, and Educational Activities

*Please use the table below to brainstorm some trainings, conferences, or other educational activities (outside those provided by NCI through this program) in which the mentee can take advantage of to enhance or supplement their skills and competencies.*

|  |  |
| --- | --- |
| **Training/Conference/Activity (Date, if known)** | **Targeted Skills/Competencies** |
| *Grant Writing: November 14-17, 2011* | *Increased written competencies* |
| *Program Planning, November 22, 2011* | *Year-long project planning* |
| *Basics of Management, February-March 2012* | *Project planning and enhanced supervisory skills* |
| *Evidence-based Cancer Control Planning and Implementation November 2011(NCI, Cynthia Vinson at MTCCC Meeting)* | *Adopting and adapting evidence based interventions* |

* 1. Are there any particular topics for webinars or technical assistance trainings that you would like NCI to consider providing over the next year and a half to help with your competency development?

*Developing evaluation plans; and disseminating evaluation results*

* 1. Other Staff/Consultants/Partners

*Please use the table below to identify any other people in your office/organization, researchers, other public health professionals, partner organizations, etc., who will be working on this project or who might be able to lend their expertise to this project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Role in Project** | **Area(s) of Expertise** |
| *Leah Merchant* | *Health Educator* | *Working with statewide contractors to implement Toolbox* |  |
| *Ginny Furshong* | *Program Manager* | *Supervising project planning and implementation* |  |
| *Laura Biazzo* | *Epidemiologist* | *Assisting in Evaluation tool development and tracking* |  |

1. **Potential Constraints and Challenges**
   1. What are the major challenges that the mentee will face in accomplishing this project?

*Getting the insurance companies on board with the project will be challenging. Ensuring groups will provide data on an ongoing basis could also be challenging.*

* 1. Are there any timing considerations that will be important for the mentee/mentor to be aware of when working on this project and its deliverables (e.g. scheduled vacations; conferences, meetings, partnership activities, grant deadlines, etc.)?
     1. *Key Dates:*

*MTCCC Statewide Meeting: November 10, 2011*

*MTCCC Statewide Meeting: May 2012*

*Montana Worksite Health Promotion Coalition Meeting: May 2012*

1. **Other Considerations**

*Are there any other important issues that the mentor, mentee and/or program coordinator should know about this project?*

1. **Agreement**

I reviewed this work plan and agree to accomplish these deliverables as mentor/mentee. This agreement may be amended with the consent of all parties named below. If amendments are made, revised agreement must be submitted to the NCI Program Coordinator.

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*Mentee Signature (can be electronic)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mentor Signature (can be electronic)*

\_\_\_\_\_12/14/11\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Return completed form to by December 15, 2011: Peyton Purcell, Research to Reality Mentorship Program Coordinator, National Cancer Institute; [purcellp@mail.nih.gov](mailto:purcellp@mail.nih.gov) or Fax: (301) 496-7063   
NOTE: If faxed, please email or call Peyton to let her know it is on its way.

Received by: \_\_Peyton Purcell, Program Coordinator\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_