

**NEW HAMPSHIRE CANCER PLAN
BUDGET PLAN AND SUMMARY**

Submitted by
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This budget has been compiled from intervention information and consultation with the Chairs of the following Committees of the New Hampshire Cancer Plan:

Peter Ames, Primary Prevention

Joanne Gersten, Breast Cancer

Joanne Gersten and Lynn Butterly, Colorectal Cancer

Nancy Kane and William Santis, Prostate Cancer

Kathy Karwowski and Lise Mendham, Treatment and Survivorship

Yvonne Corbeil and Don McDonah, Palliation

In addition, information and estimates were provided by Susan Knight, BRFSS coordinator at the NH Division of Public Health Services, Margaret Murphy, Chronic Disease Administrator, NH Division of Public Health Services and Mary Bubnis of the State Department of Education.

Administrative coordination was supplied by Shawn LaFrance.

NEW HAMPSHIRE CANCER PLAN BUDGET SUMMARY		
ITEM	BUDGET (\$s)	TOTAL (\$s)
I. PRIMARY PREVENTION		
Personnel	75,000	
Tobacco		
Strategy 1	87,000	
Strategy 2	100,000	
Strategy 3	50,000	
Strategy 4	750,000	
Strategy 6	12,000,000	
Strategy 7	-0-	
Strategy 8	133,000	
Strategy 11	25,000	
TOTAL		13,220,000
2nd Hand Smoke, Radon		
Strategy 1	100,000	
Strategy 3	25,000	
TOTAL		125,000
Personnel	37,500	
Skin Cancer		
Strategy 1	10,000	
Strategy 2	15,000	
TOTAL		62,500
Nutrition	Personnel included with skin	
Strategy 1	100,000	
Strategy 2	20,000	
TOTAL		120,000
Physical Activity	Personnel included with skin	
Strategy 1	100,000	
Strategy 2	20,000	
TOTAL		120,000
Diet		
Strategy 1	Cost included in YBRS	
TOTAL		-0-
TOTAL - PRIMARY PREVENTION		13,647,500
II. PREVENTION AND EARLY DETECTION		

NEW HAMPSHIRE CANCER PLAN BUDGET SUMMARY		
ITEM	BUDGET (\$S)	TOTAL
Breast Cancer		
Strategy 2	315,000	
Strategy 3	no cost	
Strategy 4	350,000	
TOTAL		\$665,000
Colorectal Cancer		
Strategy 2	825,000	
Strategy 3	275,000	
TOTAL		1,100,000
Colorectal Cancer PERSONNEL		
Strategy 1	89,500	
Strategy 3	15,000	
Strategy 4	6,000	
Strategy 11	6,000	
Strategy 12	4,000	
TOTAL	750,000	870,500
Prostate Cancer		
Strategy 1	855,000	
Strategy 2	15,000	
Strategy 4	277,000	
TOTAL		1,147,000
TOTAL - PREVENTION AND EARLY DETECTION		3,782,500
III. TREATMENT AND SURVIVORSHIP		
Patient Resources		
PERSONNEL	56,250	
Strategy 1	included in Personnel	
Strategy 4	307,000	
TOTAL		363,250
Clinical Trials		
Strategy 1	15,000	
Strategy 3	2,500	
TOTAL		17,500
Advance Care Directives		
Strategy 1	5,000	
Other		

NEW HAMPSHIRE CANCER PLAN BUDGET SUMMARY		
Laptop computer TOTAL	1,500	6500
TOTAL - TREATMENT AND SURVIVORSHIP		387,250
IV. PALLIATION		

NEW HAMPSHIRE CANCER PLAN BUDGET SUMMARY		
PERSONNEL	103,750	
Professional Education		
Focus groups (8)	48,000	
Educational seminars (8)	24,000	
Exhibit	5,000	
Equipment		
Laptop computer	1,500	
LCD	1,500	
Screen	300	
TOTAL		184,050
Access	3000	
TOTAL		3,000
Public/Consumer Education	315,000	
TOTAL		315,000
TOTAL - PALLIATION		502,050
 V. OTHER		
PERSONNEL		
Communications/Advocacy	70,650	
Administrative Staff	57,600	128,250
 DEPARTMENT OF HEALTH		
PERSONNEL		
Management	93,953	
Data/Analysis	93,953	187,906
(Epidemiologist)		
 Evaluation – Process and Outcome	1,865,000	1,865,000
TOTAL - OTHER		2,181,156
 GRAND TOTAL		20,500,456

NEW HAMPSHIRE CANCER PLAN BREAKDOWNS FOR EACH OBJECTIVE AND STRATEGY

I. PRIMARY PREVENTION

OBJECTIVE 1 – STRATEGIES 1-4, 7-8 TOBACCO - \$13,220,000

Personnel:

- 1 FTE for Objectives #1,2 (\$50,000+benefits 15,000+adm 7500+travel 2500 = **\$75,000**)

Strategy #1 \$87,000

- Increase cigarette tax to at least \$1.30 by 2008
 - Program: a tax support smoke free campaign, with media buys (radio and newspaper) (\$80,000) and a survey of public support of a tax increase (\$7,000)

Strategy #2 - \$100,000

- Educate employers about smoking cessation and the benefits of a smoke-free workplace, including college campuses
 - Program: provide comprehensive overview with interactive support (\$100,000)

Strategy #3 - \$50,000

- Educate health-care professionals about the importance of tobacco prevention education and increase the percentage of health-care providers who offer tobacco cessation counseling to patients and their families
 - Program: Create and implement interactive materials (\$50,000)

Strategy #4 - \$750,000

- Conduct a media campaign for the public regarding the importance of tobacco use prevention and cessation
 - Program: media buys (tv, radio/newspaper) and printed materials (\$750,000)

Strategy #6 – \$12,000,000

- Increase level of funding for statewide tobacco control programs to the CDC-recommended level of per capita spending (\$9.28 per capita x 1.3 million residents)
 - Conduct statewide tobacco control programs per CDC best practices (12,000,000)

Strategy #7 – no cost

- Continue to survey tobacco use, utilizing the NH Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Survey
 - Program: Current smoking questions and question regarding recent quit attempt part of BRFSS core without charge

Strategy #8 – \$133,000

- Collect and evaluate data on tobacco use in disparate populations and develop interventions
 - Program: Oversampling of BRFF and YBRFF surveys - \$130,000; printed materials translated into three languages (\$1.50 x 2000=\$3000).

Strategy #11 – \$25,000

- Support evidence-based tobacco prevention and cessation programs targeted at youth

OBJECTIVE 2 – STRATEGIES 1, 3 2nd HAND SMOKE, RADON - \$125,000

Strategy #1 – \$100,000

- Utilize a mass media campaign to educate the public on the risks of second-hand smoke exposure in the home, workplace, etc
 - Program: Media development, media buys (tv, radio and newspaper) and survey of public support

Strategy #3 - \$25,000

- Increase the number of New Hampshire homes tested for radon gas
 - Program: media buys and develop materials for homeowners to inform about radon gas

OBJECTIVE 3 – STRATEGIES 1-2 SKIN CANCER - \$62,500

- **Personnel:** .5 FTE for Objectives #3-6 (\$25,000+benefits 7500 +adm.3750, + \$2500 travel = **\$37,500**)

Strategy #1 - \$10,000

- Promote evidence-based materials on decreasing UV exposure to New Hampshire schools, ski resorts, camps, community programs, employers with outside workers, and other recreational facilities
 - Program: Print and distribute evidence-based materials (\$10,000)

Strategy #2 - \$15,000

- Conduct a public campaign about prevention of skin cancer
 - Program: Targeted media campaign (\$15,000); distribute existing materials

OBJECTIVE 4 – STRATEGIES 1-2 NUTRITION - \$120,000 (Personnel in Obj#3)

Strategy #1 – \$100,000

- Advocate for policies that promote healthy food choices in schools, the work place, and communities
 - Program: Create advocacy campaign and materials to encourage healthy food choices (\$100,000)

Strategy #2 – \$20,000

- Develop relationships with health-care providers to establish baseline measurements for educating their patients about a healthy weight and lifestyle
 - Program: Create materials for educating patients (\$20,000)

OBJECTIVE 5 – STRATEGIES 1-2 PHYSICAL ACTIVITY \$120,000 (Personnel in Obj#3)

Strategy #1 \$100,000

- Advocate for policies that promote increased physical activity in schools, the workplace, and communities
 - Program: Create advocacy campaign and materials to promote increased physical activity (\$100,000)

Strategy #2 – \$20,000

- Encourage health-care providers to discuss appropriate physical activity guidelines with their parents
 - Program: Create materials needed for educating patients (\$20,000)

OBJECTIVE 6 – STRATEGY 1 DIET - -0-

Strategy #1

- Collect baseline data regarding the intake of fruits and vegetables by New Hampshire youth using the Youth Risk Behavior Survey (YRBS)
 - Program: Per Department of Education baseline information collected representative of NH high schools

II. PREVENTION AND EARLY DETECTION

OBJECTIVE 7 – STRATEGIES 2-4 BREAST CANCER- \$665,000

Strategy #2 - \$315,000

- Conduct at least one awareness campaign to promote screening programs and services for low-income women
 - Program: A month-long campaign produced by an agency, including production of radio TV and print ads (\$40,000), statewide media buys on TV, radio and newspapers (\$250,000) and Internet production (\$5000) and buys (\$20,000)

Strategy #3 - no cost

- Continue to measure mammogram rates every two years through the Behavioral Risk Factor Surveillance System
 - Program: Per State Health department, this is part of BRFSS core; data to be provided without cost

Strategy #4 – \$350,000

- Collect and evaluate data on diverse and disparate populations and promote evidence-based interventions that target these women for screening
 - Program: Oversampling of blacks and Hispanic women over 40 plus refugee populations (\$275,000). Investigate interventions and plan program (\$75,000).

OBJECTIVE 8 – STRATEGIES 2-3 COLORECTAL CANCER \$1,100,000

Strategy #2 - \$825,000

- Conduct at least three media campaigns in New Hampshire to increase public awareness regarding the importance of screening for colorectal cancer
 - Program: A month-long campaign using ads already produced (CDC or ACS). Includes statewide media buys on TV, radio and newspapers (\$250,000) and Internet production and buys (\$5000/20,000) \$275,000 = X 3 Campaigns

Strategy #3 – \$275,000

- Develop a plan or system to collect/obtain colorectal cancer data on diverse and disparate populations
 - Program: Oversampling of blacks and Hispanic men and women over 40 plus refugee populations (\$275,000)

OBJECTIVE 9 – STRATEGIES 1,3,4,11,12 COLORECTAL CANCER - \$870,500

- **Personnel: \$89,500**
1 FTE for objective 9, strategies #3,4 (\$60,000 + fringe 30,000 + adm. 15,000 + travel 2500) = \$89,500
- **Strategy #1 - \$15,000**
- Assess insurance coverage of New Hampshire residents for colorectal cancer screenings and, if not adequate, develop a plan of action
 - Program: Hire consultant to survey companies in New Hampshire. Survey already developed by other states; would need to pilot and revise as necessary. (\$15,000)
- **Strategy #3 – \$6000 + Personnel included above**
- Implement evidence-based educational programs to increase the knowledge of primary-care physicians regarding colorectal cancer screening
 - Program: Staff to make visits to primary care physicians (similar to drug company visits). Materials - \$6000 + Personnel included above
- **Strategy #4 – \$6000 + Personnel included above**
- Work with primary-care physicians' offices to implement an organized, systems-based approach for colorectal cancer screening
 - Program: Staff to make visits to primary care physicians (similar to drug company visits). Materials - \$6000 + Personnel included above
- **Strategy #11 – \$4,000**
- Determine if colorectal cancer should be a yearly Behavioral Risk Factor Surveillance Identify and address barriers to participation in clinical trials in New Hampshire System Question and whether the question should be modified
 - Program: Cost for adding two question yearly on BRFSS - \$2000 per question
- **Strategy #12 – \$750,000**
- Explore and secure funding for colorectal cancer screening for un- and underinsured New Hampshire residents

- Program: Pilot program to provide colorectal screening and colonoscopy services for 600 uninsured residents through HRSA funded Community Health Centers (\$750,000)

OBJECTIVE 10 – STRATEGIES 1, 2, 4 PROSTATE CANCER- \$1,147,000

Strategy #1 - \$855,000

- Conduct three public awareness campaigns encouraging men to talk with their physicians about prostate cancer
 - Program: A month-long campaign produced by an agency, including production of radio TV and print ads (\$40,000), statewide media buys on TV, radio and newspapers (\$250,000) and Internet production (\$5000) and buys (\$20,000) = \$315,000 (years 2 and 3 @ 270,000 – no production) = \$855,000

Strategy #2 - \$15,000.

- Identify the best evidence-based materials for a New Hampshire prostate cancer public awareness campaign
 - Program: Literature review and environmental scan of potential interventions (Consultant: \$15,000)

Strategy #4 - \$277,000

- Add a question on the BRFSS as to whether men have discussed prostate cancer with their physician and oversample for disparate populations
 - Program: Estimated cost to add question to BRFSS - \$2,000. Oversampling of blacks and Hispanic men over 40 plus refugee populations (\$275,000)

!!!. TREATMENT AND SURVIVORSHIP

OBJECTIVE 11 – STRATEGIES 1, 4 PATIENT RESOURCES –\$363,250

• Personnel: \$56,250

.50 FTE for objective 11, strategies #1,4 to conduct inventory and crease database and to create materials (\$25,000 +benefits 7500+ adm 3750 +travel 1250) = \$37,500

. 25FTE for updating materials (\$12500 +benefits 3750 +adm 1875 + travel 625 including fringe) = \$18,750

Strategy #1 - \$ see Personnel above

- Identify and promote existing national and local resources
 - Program: Inventory national and local resources via telephone survey with computer email and search activity to support process. Cost included in Personnel above

Strategy #4 - \$307,000

- Identify specific treatment and support needs for persons who experience cancer as a long-term or ongoing process
 - Program: Inventory existing cancer related support groups statewide. Implement 5 focus groups (3 urban, 2 rural, 1 special) recruiting existing support group attendees. Focus groups to identify resources available and unmet needs of cancer survivors. Focus groups: \$6,000

(includes consultant, stipends for attendees, refreshments) x 5 groups = \$30,000; Add a question to the BRFSS (based on existing questions from other states) re survivorship needs (\$2000). Oversampling of blacks and Hispanic men and women survivors plus refugee populations (\$275,000)

OBJECTIVE 12 – STRATEGIES 1, 3 CLINICAL TRIALS - \$17,500

Strategy #1 – \$15,000

- Identify and address barriers to participation in clinical trials in New Hampshire
 - Program: Based on recently completed pre-assessment, develop and implement survey of 25 New Hampshire facilities to identify barriers to participation in clinical trials in state. Hire consultant to pilot survey developed for use in other states, revise as necessary and implement. (\$15,000).

Strategy #3 - \$2,500

- Encourage educational and promotional opportunities that explain the value of clinical trials to the public
 - Program: Present NHCCC programs at appropriate educational forums. Costs include registration/sponsorship fee, promotional materials, travel and miscellaneous items – (\$2500)

OBJECTIVE 13 – STRATEGY 1 ADVANCE CARE DIRECTIVES – \$6,500

Strategy #1 - \$5000

- Ensure all appropriate providers have access to educational programs on the use of advanced directives and DNR (Do Not Resuscitate) orders
 - Program: Support education related to recent legislation HB 656. Costs include literature and educational materials, travel and other miscellaneous items (\$5000)

Other: \$1,500

Laptop Computer – 1500.00

IV. PALLIATION

- **Personnel \$103,750**

1 FTE Coordinator for Objectives #1,2 (\$50,000+benefits 15,000+adm 7500+travel 2500) = \$75,000

.5 FTE Clerical (\$20,000+ benefits6000 + adm 1500+travel 1250) = \$28,750

- **Professional education: \$77,000**

- **Access: \$3,000**

- **Public consumer education: \$315,000**

- **Equipment \$3,300**

OBJECTIVE 14 – STRATEGIES 3, 5, 8 INFORMATION/ACCESS

- Increase the number of New Hampshire hospitals and health systems with clinical palliative care services

- Provide educational and support to New Hampshire hospitals to develop clinical Palliative Care programs, consisting of a minimum of two designated individuals from different clinical disciplines (such as a physician and nurse) responsible for dissemination of information and resources on palliative care
- Provide a variety of education programs and formats enabling clinicians caring for persons living with cancer to acquire basic information and skills in the principles of palliative and hospice care

OBJECTIVE 15 – STRATEGY 2 SYMPTOM MANAGEMENT

- Ensure all providers caring for persons living with cancer have current evidence-based information on symptom management
 - Program: professional education
 - a) run a series of focus groups (one in each of eight regions with 4-8 persons in each focus group) cost per focus group \$6,000 (includes consultant, stipends for attendees, refreshments) x 8 groups = \$48,000;
 - b) based on results of focus groups run series of half-day educational seminars in each of eight regions \$3000 per site (includes facility, refreshments, mailings, brochures, meeting materials, Powerpoint, speakers) x 8 programs = \$24,000, Exhibit \$5000;
 - Program: access
 - Meet with 4-5 insurance company executives \$1000 (includes facility, lunch). Publish and distribute results of what learned at access meeting \$2000 = \$3000
 - Program: public/consumer education
 - A month-long public awareness campaign Includes production of radio, TV and print ads (\$40,000), statewide media buys on TV, radio and newspapers (\$250,000) and Internet production and buys (\$5000/20,000) = \$315,000
 - Equipment:
 - LCD Projector (\$1500), Screen (300), Laptop computer (1500) = \$3300

V.OTHER

- **Personnel \$128,250**
 Communications/Advocacy: **\$70,650**
 1 FTE – (\$47,000 + benefits 14,100 + adm. 7050 + travel 2500) = 70,650
 Administration:– **\$57,600**
 1 FTE – (38,000 + benefits 11,400 + adm 5,700 + travel 2500) = 57,600

DEPARTMENT OF HEALTH – \$187,906

- **Personnel \$187,906**
 Program planning **\$93,953**

I FTE -- \$93,953 (Grade25 – 52,295 +benefits 29,928 +administration
8200 +travel 2500) =93,953

Data /Analysis **\$93,953**

I FTE– \$93,953 (Grade 25 – 52,295 + benefits 29,928 + administration
8200 + travel 2500) =93,953

Evaluation – Process and Outcome (\$1,865,000)