

**Wyoming Comprehensive Cancer Control Consortium
Estimated Yearly Budget Proposal
2006-2010**

The Wyoming Comprehensive Cancer Control Consortium (WCCCC) is made up of over 160 stakeholders statewide with an interest in decreasing the impact of cancer in Wyoming. WCCCC is a varied collection of individuals—physicians, other health care providers, national and statewide cancer resource organizations, state agencies, pharmaceutical companies, education representatives, faith-based organizations, policymakers, cancer survivors, and other cancer prevention and control advocates—from all of the regions of the state of Wyoming.

The WCCCC was formed with one goal in mind, decreasing the impact of cancer on Wyoming. The group has worked to develop a comprehensive, collaborative approach to increase cancer prevention initiatives, promote early detection and screening, coordinate diagnosis and treatment efforts, and improve quality of life for all Wyoming people. The first undertaking of the Consortium was to develop the *2006-2010 Wyoming Cancer Control Plan* modeled on prior work completed through the Centers for Disease Control and Prevention.

Implementation efforts have begun in Wyoming, and identifying costs relating to the plan is imperative in obtaining future funding opportunities. This budget proposal is an estimate, and many of the partnering programs have requested the right to change estimates as activities or monetary needs change.

DRAFT YEARLY BUDGET SUMMARY

Programming for CCC

Wyoming Comprehensive Cancer Control Program	\$ 362,555
Prevention & Intervention	
Public Education/Awareness	\$ 95,000
Statewide Cancer Marketing Campaign	\$ 500,000
Tobacco Prevention & Control	\$ 7,897,176
Coordinated School Health Programming	\$ 1,550,000
Adult Worksite Wellness Community Programs	\$ 230,000
Early Detection / Screening/ Diagnostics/ Treatment	
Breast Cancer & Cervical	\$ 3,931,488
Colorectal Cancer	\$ 2,373,450
Provider Education & CEUs	
Education to Professionals/Caregivers (includes cancer conference)	\$ 275,000
Electronic Tumor Board / Telehealth Project	\$ 300,000
Quality of Life/ Survivorship	
Community Cancer Resource Coordinators/ Patient Navigators	\$ 3,450,000
Data & Evaluation	
Data Collection/Assessments	\$ 441,000
Wyoming Cancer Surveillance Program Enhancement	\$ 380,000
TOTAL BUDGET SUMMARY COST PER YEAR	\$ 21,585,669

Wyoming Comprehensive Cancer Control Program

\$362,555

The Wyoming Comprehensive Cancer Control Program (WCCCP) is housed within the Wyoming Department of Health Preventive Health and Safety Division. The WCCCP is under the Chronic Disease Section. The program staff includes one full time position. This position is the WCCCP Program Coordinator. A part time support staff position is salaried by a professional services contract approved by the Centers for Disease Control and Prevention's Procurement and Grants Office.

The WCCCP received a planning grant from the Centers for Disease Control and Prevention National Comprehensive Cancer Control Program in July 2004 for the purpose of pulling together a consortium to create and implement a statewide comprehensive cancer control plan for all Wyoming physicians, healthcare providers, hospice caregivers, cancer control advocates, cancer patients and their families, as well as cancer survivors (Cooperative Agreement #U55-CCU821964-03).

Wyoming's Comprehensive Cancer Control stakeholders were tasked with designing the state's first comprehensive cancer control plan. The plan was unveiled in October 2005. Currently, the WCCCP is in the process of applying for implementation dollars in order to begin working on priority goals, objectives and strategies outlined in the *2006-2010 Wyoming Cancer Control Plan*.

The program will work to maintain the larger vision of Cancer Prevention & Control throughout the state by coordinating statewide efforts, identifying systems for process implementation, housing Community Cancer Resource Coordinator contracts, and provide education and awareness about cancer prevention & control to local community representatives. The WCCCP will work to connect Wyoming people to resources locally, statewide, regionally, and nationally.

WCCCP Staff

Wyoming Comprehensive Cancer Control Program Manager: Manages the Comprehensive Cancer Control (CCC) cooperative agreement with the Centers for Disease Control & Prevention; develops and maintains the statewide cancer control plan; mobilizes support for comprehensive cancer control implementation activities by continued assessment and building support among the public and private sectors; continued assessment of the state cancer burden to determine ongoing critical target areas for cancer prevention and control activities through data collection and surveillance, assessing gaps in programs and services, developing and implementing measurable program goals and objectives, identifying implementing organizations to implement priority plan strategies; and conducting systematic evaluation of the comprehensive cancer control planning and implementation processes, as well as the CCC program, through identifying resources for evaluation, defining evaluation questions, assessing the planning and implementation processes, and identifying emerging challenges, solutions and outcomes of the planning and implementation processes. Develops and submits program reports and applications for federal funding; represents the Wyoming CCC Program at CDC sponsored teleconferences, meetings, and committees; recommends policies, procedures, and programming; monitors quantity and quality of services, data, and program outcomes; responsible for overall programmatic, fiscal, and administrative program operation.

Epidemiologist: The Epidemiologist will ensure the integrity of surveillance systems and epidemiological activities, assure documents produced by the WCCCP receive appropriate

epidemiology input, and conduct all program evaluations. Both the Program Coordinator and the Epidemiologist will oversee the integration of information from surveillance and evaluation efforts into program implementation activities. The WCCCP will provide 15% of his salary.

Community Outreach Specialist: Responsible for Comprehensive Cancer Control (CCC) outreach and education, as well as local partnership and coalition activities. This includes, but is not limited to, activities related to the CCC program components as outlined in state cancer control plan. The primary function of the outreach specialist is to increase awareness among priority populations of the need for and availability of cancer screening services, address barriers that prohibit screening, and motivate people to seek these services. The primary function of partnership and coalition activities is to expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of priority populations, and promote the delivery of comprehensive cancer control initiatives within local communities. In addition, activities include: working in partnership with the Wyoming Comprehensive Cancer Control Consortium workgroups as a task force leader to the prevention, early detection, diagnosis and treatment, and quality of life workgroups; developing program marketing materials, including brochures and newsletters; developing educational materials based on evidence-based practice; conducting presentations regarding comprehensive cancer control to a wide variety of audiences; developing and conducting evaluation activities related to professional development, public education and outreach, and partnerships and coalition activities.

Accounting Specialist: Responsibilities will include processing all payment vouchers relating to screening or treatment services provided by the program, assuring payments are received in a timely manner, answers billing questions or requests information pertaining to billing issues, as well as tracking and maintaining payment information.

Administrative Assistant: The CCC Administrative Assistant job function includes: providing administrative support in carrying out comprehensive cancer control planning activities and special projects; responding to inquiries and requests for informational and educational materials from statewide community coalitions, committees, support groups and the general public; coordinating the procurement process, preparing required forms for travel and reimbursement; and monitoring program expenditures. This position will also take the lead on mailing out enrollment forms for screening and treatment services, and be the point of contact for questions by enrollees.

Comprehensive Cancer Control Program Budget Summary Breakdown

Line Item	Funding Amount
Salaries	\$149,064
Benefits	\$ 67,706
Equipment	\$ 5,000
Supplies	\$ 10,400
Travel	\$ 20,000
Other	\$ 33,504
Contractual	\$ 25,460
Indirect Costs (18%)	\$ 51,421
Total	\$362,555

Public Education and Awareness

\$ 95,000

Cancer education, training and information are an essential component of a statewide cancer control plan. The general population, as well as high risk populations, needs up to date information on the latest screening guidelines and recommendations, as well as evidence-based prevention methods to control cancers of the skin, breast, cervix, colon, lung and prostate. Information about clinical trials, treatment options, palliative care, and survivorship are necessary in order to allow for informed decision-making about one’s own health and well-being.

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| 1. | Online Clearinghouse/WCCCC website | \$20,000 |
| 2. | Hard Copy Clearinghouse | \$75,000 |

Cancer Prevention & Control Statewide Marketing Campaign

\$500,000

In addition, a comprehensive media campaign is needed to educate and inform Wyoming people about the impact of cancer on Wyoming. Media outreach will include development and creation of a mass media campaign including printed and electronic materials, advertisements and outreach information. A variety of mediums including television, radio and newspaper are needed to reach the diverse and rural populations in the state. Culturally appropriate media for high risk populations will be utilized to increase prevention efforts, screening and access to treatment.

Tobacco Prevention & Control

\$7,897,176

Best Practice funding estimates for tobacco prevention and control programs have been outlined in *Best Practices for Comprehensive Tobacco Control Programs*, a guidance document published by the Centers for Disease Control and Prevention. This document is to provide a baseline funding amount to states in implementing and evaluating effective, evidence based programs surrounding tobacco control. Currently, Wyoming CDC recommended funding guidelines are sitting at approximately \$7.3 million per year. As you can see above, the average costs to maintain this program while keeping the standard of practice at a high level of excellence is approximately \$7.9 million.

The Centers for Disease Control and Prevention has identified the following four goals as a framework for state tobacco prevention and control programs:

1. Prevent the initiation of tobacco use among youth people;
2. Promote quitting among adults and young people;
3. Eliminate exposure to environmental tobacco smoke; and
4. Identify and eliminate health disparities among population groups.

Furthermore; there are currently nine components for success in tobacco prevention and control. These components are: Community programs, chronic disease programs, school prevention programs, enforcement of tobacco control policies, statewide programs, counter-marketing, smoking cessation programs, surveillance and evaluation systems, and strong administrative systems.

One third of all cancers are tobacco-related. Not only does this give cause for concern, it justifies the importance of dedicated partnership development between cancer control programs and tobacco control programs throughout the state.

The WCCCC would like to see adequate tobacco prevention and control funding within the State of Wyoming. We would also like to see program integration with regard to Diabetes, Cardiovascular Disease, Stroke, and Cancer-related programming. 1/3 of all cancers are tobacco-related. We will work to promote and enhance efforts relating to tobacco prevention and control initiatives. The following is the approximated budget summary of necessary tobacco control initiatives throughout the state:

Tobacco Free Wyoming Community Programs \$1,391,453

Currently, the Wyoming Tobacco Prevention & Control (TP&C) Program, housed in the Wyoming Department of Health, is funding 22 counties and the Wind River Indian Reservation for community-based tobacco prevention and control services in order to decrease the physical and economic burden of tobacco use on Wyoming residents. The Wyoming TP&C Program has been in existence since 1999.

Wyoming Tobacco Technical Assistance Consortium \$350,000

WyTACC provides support and technical assistance to Wyoming tobacco free community programs and acts as a liaison between the State of Wyoming and the community level programs.

Miscellaneous Meetings \$50,000

ETS Symposium (\$30,000)
LWP Planning (\$20,000)

Wyoming Families Matter \$200,000

Wyoming Families Matter: Coordinates statewide efforts to offer incentives to and aid pregnant women in quitting tobacco use during their pregnancy. This program is facilitated by the Wyoming Health Resources Network, Inc.

Tobacco-Free Schools of Excellence \$210,000

The Tobacco-Free Schools of Excellence program has eight criteria that can place a Wyoming school in tobacco-free status:

- School has a policy prohibiting tobacco use by students, all school staff, parents, visitors, and everyone on all school property, and in school vehicles. The school enforces the tobacco policy with students and staff while at school-sponsored functions away from school property.
- Schools enforce the policy prohibiting tobacco use by students, all school staff, parents, visitors, and everyone on all school property, in school vehicles. The school enforces the tobacco policy with students and staff while at school-sponsored functions away from school property.
- Students who use tobacco are provided the opportunity to participate in a program designed to help them quit tobacco use.

- Students who are cited for tobacco use or break school tobacco policy are directed to a school sponsored program designed to help them quit tobacco use.
- Staff members who use tobacco are provided a school sponsored opportunity to participate in a program designed to help them quit tobacco use.
- The school provides specific instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social/community influences on tobacco use, peer norms regarding tobacco use, and refusal skills at every grade level.
- The school sponsors a youth tobacco prevention coalition designed to actively and meaningfully involve a diverse and varied population of students.
- At least one staff and five youth from the school regularly participate with the local community tobacco prevention coalition (if the community has one). This group does not have to be tobacco-specific; however, they must address the tobacco issue and work collaboratively with the local tobacco prevention coalition (if the community has one).

Any Wyoming school may apply to receive TFSE status.

A Tobacco-Free School environment is one part of a comprehensive community plan for tobacco-prevention and control. It has been shown that a healthy school environment aids in students achieving academic success. Wyoming continues to strive towards creating happier and healthier Wyoming youth. As of August, 2005, 81 Wyoming schools and 11 school districts had met the 8 TFSE criteria.

Enforcement of Underage Tobacco Sales to Minors

\$230,000

The Synar amendment came into existence in 1992, when Congress enacted the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act. The act requires states to enact and enforce the laws prohibiting the manufacturer, retailer, or distributor from selling or distributing tobacco products to people under the age of 18.

Wyoming is committed to the enforcement of the Synar amendment. Through the use of programs at the State Department of Health, such as the Reward and Reminder Program, Wyoming has seen a decrease in its tobacco sales to minors data over the past six years. Currently, Wyoming maintains a 7% compliance rate. States must remain under 20% or they risk losing up to 40% of the state's prevention and treatment block grant funding.

Through With Chew

\$545,000

Wyoming Through with Chew (WTWC) is a comprehensive statewide program to decrease morbidity and mortality from spit tobacco by promoting long-term policy change, preventing youth initiation, decreasing use rates, and changing the cultural norms and acceptance of spit tobacco use. Recognizing the fact that more than two times the amount Wyoming's young men chew than the national average, the Wyoming legislature allocated an expansion by increasing funds 350% to increase staffing and to include an even more comprehensive approach to spit tobacco prevention and control in July, 2005.

WTWC is currently conducting a national survey to asses Spit Tobacco Prevention and Control nationwide. WTWC is gathering this information, along with statewide information and working with over twenty statewide Wyoming organizations to draft a five-year strategic plan for spit tobacco control in Wyoming. Elements of the spit tobacco plan will include the following:

- Spit Tobacco Use and Increase Cessation Support;
- Prevent Youth Initiation to Spit Tobacco; and
- Awareness and Knowledge of Spit Tobacco's Health Effect.

It is estimated that the budget amount for this line item will increase significantly as needs for Wyoming's spit tobacco program increase. This budget will need to be revised as the spit tobacco plan for Wyoming is established.

Live, Work, Play...Smokefree Wyoming \$400,000

Smokefree Wyoming is a public information and media campaign designed to provide information about environmental tobacco smoke. The initiative advocates for smoke-free public places in Wyoming, such as homes, daycares, workplaces, restaurants, and bars through the use of media. All Wyoming citizens deserve smoke-free air.

Cessation Programs \$2,966,000

Wyoming Quit Tobacco Program: Nicotine replacement therapy and prescription medications are available to residents at low or no cost through the Wyoming Quit Tobacco Program. This program is facilitated by Wyoming Health Resources Network, Inc., with a contract from the Department of Health Substance Abuse Division. This program coordinates with local hospitals, healthcare providers, and pharmacies.

Quitline/Quitnet: These programs provide free counseling to Wyoming residents to aid in quitting tobacco use either via telephone or online.

Screen and Intervene: A program designed to help healthcare providers gain information about effective cessation services. Research shows that when a tobacco user is asked to quit by their healthcare provider and offered resources to aid them in quitting, they are more likely to quit.

Surveillance and Evaluation \$597,000

The University of Wyoming Survey and Analysis Center (WYSAC) has worked with the state Tobacco Prevention & Control Program to track Wyoming tobacco-related data, complete studies, evaluations, and publications surrounding all tobacco use in Wyoming.

Staffing/Fringe Benefits/Program Equipment & Supplies/Travel \$404,919

In order to maintain the state TP&C Program, an increase in funding is needed to support staff requirements, allow for training and travel for program staff, and other miscellaneous program-related expenses.

Chronic Disease Programs \$250,000

Heart Disease & Stroke Prevention Program (HDSPP): The HDSPP works to prevent, detect, and monitor cardiovascular disease within Wyoming. The Program provides cardiovascular health promotion and disease prevention programs to communities as well as health care providers. The CVD Program focuses on risk factors including elevated blood pressure, and

elevated blood cholesterol. The program currently is receiving \$125,000 per year for the 2006-2007 biennium in order to reduce risk factors to heart disease and stroke in the State of Wyoming.

In an effort to increase integration of common risk factors of chronic disease in the state of Wyoming, the WCCCC would like to see money allocated to program integration. Common risk factors are seen in various chronic diseases in Wyoming such as diabetes, cancer, cardiovascular disease, obesity, arthritis, and asthma. The WCCCC would like to see an additional \$125,000 per year be allocated to efforts to integrate programming within the state to create a more cost effective, efficient, and non-duplicative system approach to fighting chronic disease within the state.

Other \$302,804

Includes printing costs, telephone charges, postage and any other miscellaneous expenses not indicated in budget narrative above.

Tobacco Prevention & Control Budget Summary Breakdown

Line Item	Funding Amount
Community Programs	\$1,391,453
WyTACC	\$ 350,000
Misc Statewide Meetings	\$ 50,000
Wyoming Families Matter	\$ 200,000
Tobacco Free Schools of Excellence	\$ 210,000
Enforcement of Underage Sales to Minors	\$ 230,000
Through With Chew	\$ 545,000
WY Media Campaign	\$ 400,000
Cessation Programs	\$2,966,000
Surveillance/Evaluation	\$ 597,000
Staffing/Administrative Costs	\$ 404,919
Chronic Disease Programming & Integration	\$ 250,000
Other Costs (MISC)	\$ 302,804
Total	\$7,897,176

Coordinated School Health Programming **\$1,550,000**

Comprehensive School Health Education (CSHE)/Coordinated School Health Programs (CSHP) seeks to reduce health-related barriers to student academic and personal success. CSHE/CSHP focuses on the six health-risk behavior categories, identified by the Centers for Disease Control and Prevention (CDC), which are known to cause premature morbidity and mortality among youth. These six categories are: unintentional and intentional injury, tobacco use, alcohol and other drug use, sexual behavior, poor dietary behaviors, and physical inactivity. This program is operated through a cooperative agreement with the CDC. Activities include:

- production and distribution of the results of the Youth Risk Behavior Survey (YRBS),
- production of the newsletter *Wyoming Health Briefs*,
- coordination of the annual Summer Institute for Health Education,
- HIV prevention training opportunities,
- partnership with UW for provision of technical assistance to schools on K-12 Health Education Standards through the Wyoming Health and Physical Education Network (WYHPE),
- promotion of Coordinated School Health Programs (CSHP).

CSHE/CSHP works through partnerships with schools, community and professional organizations, parent groups, and other government agencies. The CSHE/CSHP program also provides HIV/AIDS and K-12 Health Education materials at no charge to Wyoming public schools and others. These materials have been reviewed and approved for recommended age levels and audiences. Schools are encouraged to preview all materials with their school or district health advisory council prior to use in the classroom. This service is provided through a cooperative agreement with the Centers for Disease Control and Prevention, Division of Adolescent and School Health.

The WCCCC would like to see all school districts funded for a CSHE/CSHP.

Adult Worksite Wellness Community Pilot Project

\$230,000

A Physical Activity and Nutrition Program (PANP) would be created at WDH and take the lead on statewide planning to reduce obesity in the state of Wyoming. According to the 2004 BRFSS, 20.8% of Wyoming adults self-reported a BMI \geq 30. WDH would utilize the money to identify effective and cost effective statewide efforts to decrease obesity among Wyoming adults. This program would work collaboratively with the Wyoming Department of Education in order to merge adult and youth programming. The budget summary indicated below will prepare Wyoming to apply for a federally funded obesity prevention and control program.

Through the PANP, Wyoming businesses/industries/facilities would receive the opportunity to apply for funding up to \$8,000 per site to develop worksite wellness programs and practices, as well as establish workplace policies relating to the overall wellbeing of employers within the facility. No more than 10 worksites will be funded.

The pilot worksites will be chosen based on criteria given in a community grant application, including, but not limited to the use of the 5 A Day Program (an evidence-based, best practice program by NIH/NCI), programs which promote increased physical activity, as well as Health Behavior Change Modules to include tobacco education, cessation opportunities, mental health services, substance abuse education and intervention, and overall chronic disease prevention and management. Participating facilities will be required to track changes in programs, practices and policies, as well as attendance and qualitative data relating to the well-being of participants. Based on the results, action steps to create this system statewide will be determined.

This small grant opportunity would include private businesses; industries; public or private schools, local government entities. State and federal government entities would not be eligible.

Estimated Budget Summary

▪ 5-A-Day Trainings	\$ 35,000
▪ Statewide physical activity/nutrition planning	\$ 15,000
▪ Community level worksite wellness mini-grants	\$ 80,000
▪ Staff/Administrative Costs	\$100,000
<i>Total Budget Cost</i>	<i>\$230,000</i>

Education to Healthcare Professionals and Caregivers **\$275,000**

The need for provider education, distance education, and training is an essential part of the *2006-2010 Wyoming Cancer Control Plan*. Utilizing web conferencing, videoconferencing, in house training and other forms of communication, the WCCCC wishes to support provider education (CEU's and CME's). A variety of cancer-related topics can be covered to improve knowledge and understanding of the disease.

Health professionals need up-to-date and accurate cancer information in order to effectively treat their patients. When needed, training in the newest methods and procedures should be readily available for Wyoming oncology and cancer health professionals.

Professional education, training and development of materials for health professionals	\$250,000
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Annual Wyoming Cancer Conference	\$ 25,000
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Data/Research **\$441,000**

Data Support:

BRFSS Survey Support	\$ 6,000
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Assessments:

County Resource Assessments/Capacity Assessment	\$100,000
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Transportation Study/Assessment	\$ 75,000
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BRFSS Cancer Risk Factor Assessment	\$ 10,000
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<u>GIS Mapping and Surveillance:</u>	\$150,000
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(Includes training, data collection, analysis, and staff time to complete GIS maps)

The WCCCC understands the need for more extensive data collection and surveillance surrounding cancer prevention and control initiatives. Utilizing GIS systems, we are able to take a look at Wyoming from various perspectives and identify disparities, environmental issues, cancer clusters, gaps in program and services, access to healthcare, and other pertinent issues to cancer control within the state.

The WCCCC depends on data collection and surveillance to make adequate data-driven decisions. They strive to take a big-picture look at Wyoming to address barriers to cancer prevention, early detection and screening, quality of life issues, and diagnostic and treatment issues.

Research: \$100,000
(2 FT Graduate Assistants, supplies, data collection costs)

Cancer research is the foundation of saving lives of those inflicted by the disease. Modern medicine and therapies are improving and the use of clinical trials for cancer patients are providing cancer patients with a sense of hope. Research must continue if we are to improve cancer control initiatives throughout the state. The WCCCC will continue to advocate for research opportunities to further Wyoming's progress in providing quality cancer care in the state.

Community Cancer Resource Coordinators \$ 3,450,000
Patient Navigation/ Outreach

The 2006-2010 Wyoming Cancer Control Plan identifies the need for a system which would work to eliminate the impact of cancer within a community by providing education and outreach communities, as well as work to lessen the burden on cancer patients and their families. This system would assist with coordination of appointments, acquiring needed information and records, answering insurance questions, identifying resources locally, statewide, regionally, or nationally, including but not limited to mental health services, financial support, transportation venues, and childcare needs. This coordinator would also obtain local data and create partnerships to promote CCC efforts within their community. Each community would require 1.5 FTE's to accomplish this work. The WCCCC would like to see each county funded at \$150,000 per year for purposes of implementing a navigation system.

Electronic Communication System/Tumor Board \$ 300,000

The WCCCC has identified the need for an electronic communication system to link healthcare providers throughout the state in order to apply a multi-disciplinary approach to providing quality cancer care. This will improve access to evidence-based research and information, as well as specialized care. The tumor board will be created in order to allow Medical and Radiation Oncologists throughout the state to link electronically each month for tumor board meetings.

This special linkage will first be installed at eight pilot sites throughout Wyoming. In order to be a part of the pilot project, a hospital or cancer center must be willing to pay for a T1 connection and provide IT personnel for implementation and upkeep of the system.

After successful evaluation of the pilot sites, the WCCCC wishes to investigate the opportunity for each county to have the equipment to link into the system.

Wyoming faces many unique barriers that require special consideration when creating a comprehensive approach to decrease the impact of cancer. Prior to the formation of the WCCCC, many physicians had little or no knowledge about cancer care that was being provided in other parts of the state. Physicians have, however, taken an active role in the Consortium and are now talking about a multi-disciplinary approach to cancer care, including the possibility of creating a statewide standard of cancer care. They have also discussed the importance of increasing that knowledge general physicians have of specialized treatments via a statewide tumor board which will be implemented via an electronic linkage by various cancer centers and hospitals.

The Wyoming Department of Health Office of Telemedicine received a grant in order to create such connections across the State of Wyoming. A proposal has been completed and we hope to pilot this project at up to 8 areas in Wyoming. We are looking to provide statewide access to provide telemedicine across the board. Not only does this technology improve access to healthcare among cancer patients, but to other chronically ill people throughout the state. This will decrease transportation barriers for patients and allow for access to specialized cancer care when needed. This is an amazing step forward in Wyoming cancer care. The cost to provide the equipment at each site is approximately \$10,000. The WCCCC would recommend at least one telehealth system in each county by the year 2010.

23 Wyoming Counties * \$10,000/cite = \$230,000
 Personnel/ Technical Assistance and Support = \$70,000

Access to Healthcare/Medical Services

<u>Breast & Cervical Cancer Screening, Diagnostics, and Treatment</u>	Breast:	\$2,400,858
	Cervical:	\$1,530,630
	Total:	\$3,931,488

Breast Cancer:

In 2003, Wyoming reported 334 new invasive breast cancer cases and 66 deaths (WDH Annual Report on Cancer-2003, 2005). Although mammograms are recommended annually for women 40 and over (American Cancer Society, 2005), only 68.2 percent of Wyoming women over the age of 40 reported that they had received a mammogram within the past two years (BRFSS, 2004). Uninsured, low-income women without a healthcare provider are at higher risk for not receiving mammograms.

The Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) targets low-income, uninsured women 50 through 64 years of age for breast cancer screening and diagnostic services. According to an analysis of U.S. Census Bureau data conducted by the Wyoming Administration and Information Department Economic Analysis Division, an estimated 8,000 women between the ages of 40 and 64 are below the 250 percent of the federal poverty level (FPL) and uninsured. A gap in service for an estimated 4,000 women aged 40 through 49 remains. Closing this access-to-services gap is the goal of this proposal.

For the purpose of consistency with the WBCCEDP, the target of serving 20 percent (n=800) of the estimated eligible women was selected and used to calculate the cost estimates of this proposal. Also consistent with WBCCEDP policy is utilization of Medicare reimbursement rates. The source for screening and diagnostic service rates is the WBCCEDP Clinical Cost Worksheet (CCW) (2006). Treatment cost estimates are based on expenditures provided by the Wyoming Medicaid Office.

The annual estimated cost of to increase access to breast cancer screening, diagnostic, and treatment services to low-income, uninsured women age 40 through 49 follows. *This calculation is based on current costs and does not reflect anticipated increases in healthcare or administrative costs.*

A. Screening Services

Items	Unit Cost	Total Cost (800 women)
Office Visits	\$ 95	\$ 76,000
Mammogram	\$ 81	\$ 64,800
Total Screening Cost	\$176	\$140,800

B. Diagnostic Services

Of 800 WBCCEDP-enrolled women who have a new mammogram, an estimated 224 women (27.9 percent) will have abnormal results (WBCCEDP CCW, 2006). Of these women, an estimated 118 (52.5 percent) will obtain a diagnostic mammogram, diagnostic ultrasound, or (most frequently) both. An estimated 82 women (36.6 percent) will also receive a surgical consult and biopsy.

Items	Unit Cost	Total Cost	Women Served
Diagnostic mammogram	\$ 75	\$ 8,850	118
Diagnostic ultrasound	\$ 66	\$ 7,788	118
Surgical consult	\$ 127	\$ 10,414	82
Biopsy, pathology fee, facility fee	\$3,000	\$246,000	82
Total Diagnostic Cost	-----	\$273,052	-----

C. Administrative Costs

Administrative costs of the WBCCEDP to enroll 800 additional women include two additional full-time state positions for enrollment, billing, data management, rescreening follow-up, and case management services consistent with current Centers for Disease Control and Prevention (CDC) policies.

Item	Unit Cost	Total Cost (2 FTEs/benefits)
Total Administrative Cost	\$43,503	\$87,006

D. Treatment Services

Most WBCCEDP-enrolled women diagnosed with breast cancer are eligible for EqualityCare (Wyoming Medicaid). Women transitioned to Medicaid from the WBCCEDP receive full Medicaid benefits. The estimated annual cost of treatment is calculated as follows based on a projected 100 women enrolled in Medicaid.

Items	Unit Cost	Total Cost (100 women)
Total Treatment Cost	\$19,000	\$1,900,000

Cervical Cancer:

According to the 2004 BRFSS, 86.1 percent of Wyoming females age 18 and over (who had not had a hysterectomy) reported they had received a Pap test within the past 3 years. Wyoming women at highest risk for not being screened for cervical cancer are those without a high school diploma, women in households with incomes lower than \$25,000, uninsured women, and women without a healthcare care provider.

The Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) targets low-income, uninsured women 50 through 64 years of age for cervical cancer screening and diagnostic services. Women under the age of 50 who have not had a Pap test within five years are at higher risk for cervical cancer and are also a WBCCEDP-target population. A gap in services remains for low-income, uninsured women 18 through 49 years. According to an analysis of U.S. Census Bureau data conducted by the Wyoming Administration and Information Department Economic Analysis Division, an estimated 16,271 women aged 18 through 49 years fall below the 250 percent FPL and are uninsured. In 2004, the Wyoming Health Council served 7,632 women through statewide family planning clinics. Therefore, an estimated 8,639 women may be in need of services (some may be accessing other healthcare providers, however data is not available).

For the purpose of consistency with the WBCCEDP, the target of serving 20 percent (n=1,728) of the estimated eligible women was selected. Also consistent with WBCCEDP policy is utilization of Medicare reimbursement rates. The source for screening and diagnostic service rates is the WBCCEDP CCW (2006). Treatment cost estimates are based on expenditures provided by the Wyoming Medicaid Office.

The annual estimated cost to increase access to cervical cancer screening, diagnostic, and treatment services is calculated follows. *This calculation is based on current costs and does not reflect anticipated increases in healthcare or administrative costs.*

A. Screening

According to the American Cancer Society (2006), Pap tests should be done every one to two years depending on the technology used and certain risk factors. Women over the age of 30 may be eligible for Pap tests with HPV testing every three years. Because of the variability in testing recommendations resulting in less than 100 percent of eligible women obtaining Pap tests annually, the estimates provided are based on services provided to 75 percent (n=1,296) of the eligible women.

Items	Unit Cost	Total Cost (1,296 women)
Office Visits	\$ 95	\$123,120
Pap test	\$ 15	\$ 19,440
Total Screening Cost	\$110	\$142,560

B. Diagnostic Services

Diagnostic services are calculated based on one-third of women having abnormal screening results (n=428).

Items	Unit Cost	Total Cost (428 women)
Office Visits	\$ 36	\$15,408
Colposcopy with Biopsy	\$158	\$67,624
Cervical Pathology	\$103	\$44,084
Total Diagnostic Cost	\$297	\$127,116

C. Administrative Costs

Administrative costs for the WBCCEDP are included in the Breast Cancer Treatment section heretofore mentioned.

D. Treatment Services

Most WBCCEDP-enrolled women diagnosed with cervical pre-cancer or cancer are eligible for EqualityCare (Wyoming Medicaid). Women transitioned to Medicaid from the WBCCEDP receive full Medicaid benefits. Therefore, the estimated cost of treatment includes the cost to Medicaid for all healthcare services received. An estimated 80 percent (n=342) of women undergoing diagnostic testing was used to calculate annual treatment costs.

Items	Unit Cost	Total Cost (342 women)
Total Treatment Cost	\$3,687	\$1,260,954

Colorectal Cancer

\$2,373,450

Colorectal cancer was the fourth most common cancer diagnosed among Wyoming men and women in 2003 representing 234 new cases and 106 deaths. According to the 2003 BRFSS, only 50.9% of Wyoming men and women over age 50 reported they had ever received a colonoscopy or sigmoidoscopy.

Adults ages 50-59, those in the lowest density counties, and those who were uninsured were least likely to have had a sigmoidoscopy or colonoscopy. Results were not associated with gender, education level, household income, or race/ethnicity. Currently in Wyoming, individuals who are not qualified for Medicaid or Medicare have no program to help them with colorectal cancer screening. Screening methods for colorectal cancer include home FOBT, flexible sigmoidoscopy, (alone or in combination), colonoscopy, and double-contrast barium enema. Each one of them has distinct advantages and limitations. The suggested intervention in Wyoming will use the FOBT, colonoscopy, and sigmoidoscopy, as main methods of screening.

According to the Census Bureau, 135,661 men and women over the age of 50 live in Wyoming (2000). According to this data, 52,000 Wyoming men and women in this age group

are below the 250% FPL. Of that population, 5,000 (approximately 10%) report no health insurance to aid in screening. If 20% of the eligible men and women in Wyoming took advantage of this program, it is estimated that the program could provide services to 1,000 Wyoming men and women each year. Therefore, the annual cost of the program is calculated as follows:

A. Screening

Items	Unit Cost	Total Cost
Office Visits	\$ 91.23	\$91,230
Colonoscopy	\$1,800.00	\$1,800,000
 Total screening cost	 \$1913.45	 \$1,891,230

- **funding for 1-2 FTE's, as well as administrative costs and supplies, must be added to the CCC program budget to implement this project.**

B. Diagnostics & Treatment

In 2003, 234 Wyoming citizens were diagnosed with colorectal cancer. Based on the same criteria listed above (approximately 10%), it is estimated that roughly 23 patients would need treatment services each year. Therefore, the annual cost of treatment for colorectal cancer is calculated as follows.

Items	Unit Cost	Total Cost
Facility fee, pathology, removal to tumors/polyps, sedation, radiology	\$20,000	\$460,000

Wyoming Cancer Registry Enhancement \$380,000

1. Health Disparity Investigations/ Environmental Issues

Funding is needed to investigate reports of possible reports of cancer clusters. "Clusters" are frequently reported by the public and are reviewed based on data available within the Registry. Should a field study be indicated, funds are necessary to provide a detailed public health review.

2-3 investigations annually \$200,000

2. WCSP Additional Quality of Life tracking

Accurate cancer treatment information pertaining to Quality of Life for the cancer patient and survivor is difficult to obtain, particularly for patients who have been diagnosed and treated in multiple facilities. The WCSP requires funding to strengthen this aspect of data collection and dissemination.

Personnel, Data Collection, Dissemination \$180,000