



Where the end of breast cancer begins.™

COMMUNITY GRANTS REQUEST FOR APPLICATIONS

GRANT WRITING WORKSHOP: November 2019

APPLICATION DEADLINE: December 16, 2019

PERFORMANCE PERIOD: April 1, 2020 – March 31, 2021

AWARD NOTIFICATION: March 20, 2020

GRANTEE ORIENTATION: April 2020

OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER

OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026.

Susan G. Komen® Inland Empire
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ABOUT SUSAN G KOMEN® AND KOMEN INLAND EMPIRE

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Inland Empire has invested \$6.5 Million in community breast health programs in Riverside and San Bernardino counties and has helped contribute to the more than \$988 million invested globally in research.

ELIGIBILITY REQUIREMENTS

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
 - If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- Must have 501(c)3 status for a minimum of 3 years.

ELIGIBLE SERVICE AREA

Applicants must provide services to **residents** of one or more of the following Counties:

- Riverside County
- San Bernardino County

FUNDING PRIORITIES

Komen Inland Empire supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at www.komenie.org.

Priority will be given to projects that demonstrate benefit to the following communities:

- Hispanic/Latinas in MSSA 128 (Arabia, Coachella, Desert Beach, Flowing Wells, Indo South, La Quinta East, Mecca, Oasis, and Thermal)
- African-Americans in MSSA 145.2 (Adelanto, Phelan, Pinon Hills and Victorville Northwest)
- African-Americans in MSSA 151 g (Muscoy and San Bernardino Central)
- African-Americans in MSSA 151 k (Highland and San Bernardino East)

The funding priority areas are listed below

Patient Navigation (Clinic or Hospital Setting)

Komen Inland Empire seeks to fund patient navigation projects that target a defined set of health services required to complete an episode of breast cancer care, focusing on the identification of individual patient-level barriers to care, and aiming to reduce delays in accessing the continuum of care services to ensure patients progress into treatment from an abnormal finding within 60-day period.

Project must provide culturally appropriate one-on-one patient navigation programs that aid breast cancer patients in accessing and understanding the medical system and help to ensure that they receive and complete the best treatment possible (including, but not limited to: translation, transportation, accurate information, awareness raising, system navigation, insurance navigation, etc.) This may require collaboration with healthcare providers to improve culturally sensitive services, increase community linkages and improve treatment continuity and follow-up.

Culturally appropriate patient navigation reduces disparities in breast cancer outcomes by increasing a woman's likelihood of initiating and completing treatment, especially among medically underserved women.

Priority will be given to projects that provide patient navigation to residents, including uninsured, underinsured (underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer) and undocumented, in Riverside and San Bernardino Counties.

Required Evaluation Methods:

- Baseline breast cancer specific data (survey/medical reports): the type and stage of cancer at diagnosis, and what treatment was prescribed. Cancer baseline data should be recorded according to NCI standards.
- Abnormal screening and treatment follow up (tracking logs): How many clients with an abnormal screening got a diagnostic resolution? How many clients completed their treatment program?

- Time to progress through each step of the continuum of care (tracking logs): How many days between screening and diagnostic resolution? How many days from diagnosis to treatment?
- Overcoming barriers to care (tracking logs):
- What barriers to care were identified? How were barriers overcome?
- Client reported outcomes (survey):
- Was the client satisfied with their patient navigation? Did the client feel less distressed or have a better quality of life with the patient navigator?

Barriers to Care and Access to Breast Cancer Screening and Diagnostic Services (site-neutral):

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Riverside and San Bernardino Counties. “Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer” (Patient Advocate Foundation, <http://www.patientadvocate.org/resources.php?p=781>).

Komen Inland Empire seeks to fund projects that provide no cost or low-cost screening/diagnostic/treatment services, mobile mammography, co-pay and deductible assistance, financial assistance with genetic screening.

Required Screening and Diagnostic Evaluation Methods:

- Services provided (tracking logs): What services were provided? How many services to many unduplicated clients?
- Timeline (tracking logs): How many days from authorization request to approval/denial response? How many days from approval to diagnostic service provided?

Breast Cancer Education

Evidence-based breast cancer education project(s) that provide appropriate and culturally relevant educational methods, and the implementation of a follow up plan that establishes links to provide individuals with free or low-cost breast cancer screenings and completion of screening. Breast cancer education (e.g., one-on-one and group sessions) should include a focus on Komen’s breast self-awareness messages, breast cancer insurance options and local resources to assist individuals in overcoming cultural and linguistic barriers in accessing breast cancer care. Health fairs and mass media campaigns are not evidence-based interventions and will not be accepted.

Required Evaluation Methods:

- Knowledge increase (Pre and post knowledge survey)
 - What percentage did the participants’ knowledge increase after the education?
- Intent to get screened increase (Pre and post intent survey)
 - Did the participants’ intent to get screened change after the education?
- Behavior patterns (behavior survey)
 - What are the participants’ current screening behavior patterns? If not yet recommended for screening, did the participants make behavior pledges?
- Number of requested screening and follow-up (tracking logs)

- How many participants requested assistance in scheduling screening? How many of those participants made and appointment for screening? How many of those appointments were completed?
 - For participants not yet recommended for screening: How many referred family members for screening? How many family members were screened?

Breast Cancer Patient Financial and Transportation Assistance

Projects that provide breast cancer treatment financial support for patients that are medically uninsured, underinsured or undocumented. Breast cancer patients are those currently in treatment and those living with metastatic breast cancer. Komen Inland Empire seeks to fund transportation assistance, childcare/elder care, financial assistance for daily living expenses or medical treatment assistance and/or financial assistance with treatment co-pays/deductibles. Patient treatment assistance program must be available to residents within all of San Bernardino and Riverside Counties.

Required Evaluation Methods:

- Financial aid provided (tracking logs): How much financial aid was provided to how many unduplicated clients? What was the financial aid provided for? How the financial aid was provided (i.e. gift card, direct payment, etc.)?

Support Services & Survivorship:

Komen Inland Empire seeks to fund projects that provide support & survivorship services to breast cancer patients, individuals living with metastatic disease (breast cancer) and/or survivors, with a focus on further addressing cultural and survivorship needs

Follow-up services and survivorship support may include navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long-term effects of treatment, managing side effects, emotional support, the importance of follow up appointments and communication with their providers. Education can address some of these barriers and help a woman progress through the continuum more quickly.

A project that would provide evidence-based and culturally competent wellness services to breast cancer patients (including newly diagnosed), survivors, and those living with metastatic disease (breast cancer) including, but not limited to: nutrition education, physical therapy and/or exercise classes, and lymphedema services in the following areas:

Required Evaluation Methods:

- Support services provided (tracking logs): How many support service items were provided to how many unduplicated clients?
- Client reported outcomes (survey): Were the client's needs met? Did the client receive follow up? Was the client satisfied with their support service?

Examples of successful projects include those that result in:

- An increase in breast cancer action due to knowledge gained;
- An increase the number of “never screened” women getting breast cancer screening;
- A reduction in the number of women “lost to follow-up;”
- A reduction in time from abnormal screening to diagnostic procedures;
- A reduction in time from diagnostic resolution to treatment;
- An increase in treatment compliance.

ALLOWABLE COSTS

Applicants may request funding from \$5,000 up to \$20,000 for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives:

- **Salaries and Fringe Benefits**
Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project.
- **Consultants/ Sub-contracts**
Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant.
- **Supplies**
Resources needed to achieve project objectives.
- **Travel**
Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives.
- **Patient Care**
Costs for providing direct services for a patient to achieve project objectives.
- **Other Direct Costs**
Direct costs directly attributable to the project that cannot be included in existing budget sections.

NON-ALLOWABLE COSTS

- Research, defined as any project activity with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects

- Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.
- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
- General operating funds (no indirect costs)
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer
- Reimbursement for a Clinical Breast Examinations
- Computers and printing equipment
- Indirect costs

BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

If an applicant wants to develop educational resources, they must discuss with Komen prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound (SMART)** objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served.

Guidance on crafting SMART objectives is located here:

<https://ww5.komen.org/WritingSMARTObjectives.html>.

PROJECT NARRATIVE

Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- Explain how project objectives will address the stated funding priorities.

Project Design

- Describe what will be accomplished with project funding.
- Explain how the project incorporates evidence-based practices providing citations for all references.
- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.

Partners and Sustaining the Project

- Explain how collaboration strengthens the project.
- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
- Describe the resources to be used to implement the project.
- Describe the organization's current financial state and fiscal capability to manage the project. If the organizational budget has changed explain the reasons.
- Describe present relationship with the State's version of the National Breast and Cervical Early Detection Program?
- Describe how the proposed project will refer to or work with Every Woman Counts?

Impact and Evaluation

- Describe the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improve outcomes through patient navigation.

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- Describe how specific project outcomes will be evaluated.
 - Describe the resources and expertise that will be used for monitoring and evaluation during the performance period.

REVIEW PROCESS

Each grant application will be reviewed by at least three reviewers from the community, who will consider each of the following criteria:

Statement of Need 30%:

- How well has the applicant identified the need for the project and explained the target population to be served?
- To what extent do project objectives address the stated funding priorities?

Project Design 20%:

- How well has the applicant described what will be accomplished with project funding?
- To what extent does the project include evidence-based practices?
- How well does the budget and budget justification support project objectives?
- To what extent does project staff have the expertise to effectively implement and provide fiscal oversight of the project?

Partners and Sustaining the Project 25%:

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?
- How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
- How well has the applicant described the resources to implement the project?
- Does the applicant have the fiscal capability to manage the project?
- How well has the applicant demonstrated a beneficial relationship with the State's version of the National Breast and Cervical Early Detection Program?
- To what extent does the proposed project refer to or work with Every Woman Counts?

Impact and Evaluation 25%:

- How successful was the applicant at describing the strategy to reduce breast cancer mortality?
- To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?
- To what extent does the evaluation plan aim to collect the relevant required metrics?
- To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success?

REQUIRED REPORTING METRICS

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

Demographics

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

Education & Training

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

Screening Services

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

Diagnostic Services

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

Treatment Services

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

Treatment Support

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

Barrier Reduction

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

Patient Navigation, Care Coordination & Case Management

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to; Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

SUBMISSION REQUIREMENTS

All applications must be submitted online through the Komen Grants Portal at komen.smartsimple.com before the application deadline to be considered.

Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

The application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

CHECKLIST FOR APPLICATION COMPLETION

1. **Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
 2. **Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.
 3. **Non-Allowable Costs** – non-allowable costs are not included in the application.
 4. **Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
 5. **Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.
 6. **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
 - **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).
 - **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
 - **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
 - Recipients of services must reside in the Affiliate Service Area.

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- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. No expenses may be accrued against the project until the grant agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.
 - Any unspent funds over \$1.00 must be returned to Komen.
 - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
 - Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
 - At the discretion of Komen, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
 - Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;
 - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Inland Empire, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.
 - Must be a 501(c) (3) for a minimum of 3 years.
 - Current list of board of directors, board position, business title and board term limit.
 - Most current 990.

APPENDIX C: MONITORING AND EVALUATION TOOL TEMPLATES

- Breast Health Knowledge Pre/Post Survey
- Patient Navigation Tracking Form
- Patient Navigation Satisfaction Survey
- Care Coordination Tracking Survey



Breast Health Knowledge Survey

Please check: Pre Post

1. When was your last mammogram? (please check only one)

-
- I don't know Never Within 6 months Within 1 year More than 1 year, but less than 2
More than 2 years

2. Do you get a mammogram on a regular basis?

- Yes If yes, what is your regular schedule? _____
No If no, what keeps you from doing so? And will you after today? (please check only one)

- I'm afraid I don't have insurance
 I don't know where to go to get one I don't have any transportation
 I feel uncomfortable/embarrassed I don't have the time
 I don't trust my healthcare provider I don't have the money
 Other (please describe: _____)
 Yes, I will get regular mammograms now No, I will still not get regular mammograms

Before today, did you know:

3. As I get older, my chances of getting breast cancer increase.

- Yes No

4. A woman at average risk needs to get a mammogram every year after 40 even if she doesn't feel lumps in her breast or any pain in the breasts.

- Yes No

5. A woman is more likely to get breast cancer if her mother, aunt or sister had it.

- Yes No

6. It is important for me to know my personal risk of getting breast cancer.

- Yes No

7. I should notify my healthcare provider if I notice any changes in my breasts.

- Yes No

8. Making healthy lifestyle choices including limiting alcohol can help reduce my risk of getting breast cancer.

- Yes No

Before today, did you know:

9. Being overweight and not exercising regularly can increase my risk of getting breast cancer.

Yes No

10. In San Bernardino and Riverside Counties, African American women get breast cancer less than other people but die from it more often.

Yes No

11. Would you like to be contacted for help in scheduling your next mammogram?

Yes No

12. Do you have a regular doctor?

Yes No

CONTACT INFORMATION

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Race or Ethnicity:

- Unspecified Asian Pacific Islander Other
 African American, African Descent (non-Hispanic origin) Hispanic, Latino/Latina
 Middle Eastern Native American or Alaska Native White (non-Hispanic origin)



Patient Navigation Tracking Form

Client Name:

Project Director:

Grantee Reporting Period: (from dd/mm/yyyy) _____ (to dd/mm/yyyy) _____

PATIENT DEMOGRAPHICS

Gender							
	Male			Female			
Race							
	African Am.	Native Am.	Asian	Pacific Islander	White	Other	Unknown
Ethnicity							
	Hispanic/Latino		Not Hispanic/Latino			Unknown	
Primary Language							
	English	Spanish	Tagalog	Chinese	Vietnamese	Other	

POINT OF ENTRY INTO PATIENT NAVIGATION PROGRAM

Outreach	Screening	Abnormal Finding	Cancer DX	Treatment	Survivorship	Palliative care	
Age:							
Insurance							
Uninsured	Private	Fee for Service	Medicaid	Medicare	Employer Provided		

TIMELINESS OF CARE

Time from Date of Abnormal Clinical Breast Exam or Mammogram to the Date that Abnormality was Resolved (either as cancer or not cancer)					
	Less than 30 Days	30-60 Days	61-90 Days	91 Days or More	Unknown
Time From the Date Cancer was Diagnosed to the First Day that Treatment (either surgery, chemotherapy, or radiation) Was Given					
	Less than 30 Days	30-60 Days	61-90 Days	91 Days or More	Unknown
Completed Recommended Treatment					
	Yes	No			

Patient Satisfaction with Navigator



Directions: Please circle the one response that describes how strongly you agree or disagree with these statements about your navigator.

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
1. My navigator gives me enough time.	1	2	3	4	5
2. My navigator makes me feel comfortable.	1	2	3	4	5
3. My navigator is dependable.	1	2	3	4	5
4. My navigator is courteous and respectful to me.	1	2	3	4	5
5. My navigator listens to my problems.	1	2	3	4	5
6. My navigator is easy to talk to.	1	2	3	4	5
7. My navigator cares about me personally.	1	2	3	4	5
8. My navigator figures out the important issues in my health care.	1	2	3	4	5
9. My navigator is easy for me to reach.	1	2	3	4	5



Care Coordination Tracking Form

Client Name:

Project Director:

Grantee Reporting Period: (from dd/mm/yyyy) _____ (to dd/mm/yyyy) _____

PATIENT DEMOGRAPHICS

Gender							
	Male			Female			
Race							
	African Am.	Native Am.	Asian	Pacific Islander	White	Other	Unknown
Ethnicity							
	Hispanic/Latino		Not Hispanic/Latino		Unknown		
Primary Language							
	English	Spanish	Tagalog	Chinese	Vietnamese	Other	

POINT OF ENTRY INTO CARE COORDINATION PROGRAM

Outreach	Screening	Abnormal Finding	Cancer DX	Treatment	Survivorship	Palliative care	
Age Range							
18-29	30-39	40-49	50-64	65+			
Insurance							
Uninsured	Private	Fee for Service	Medicaid	Medicare	Employer Provided		

BARRIERS TO CARE

	Number of referrals	REFERRAL OUTCOME (Time from request to service provided)						Follow Up
		0-2 Days	3-7 Days	8-14 Days	15-30 Days	31 Days or More	Request Denied	
								Provide date of follow up to assure that service was provided and any other relevant info
Transportation								
Childcare								
Food Assistance								
Financial Assistance								
Housing Needs								
Prosthesis, Wigs, etc								
Counseling/Support								
Language barriers								
Other								

APPENDIX D: KOMEN INLAND EMPIRE TERMS AND DEFINITIONS

Abnormal Screening—any breast screening (clinical breast exam, mammogram, etc.) that has an abnormal finding (lump, white area on film, etc.) that causes a recall or diagnostic test.

Barriers to Care—anything that would prevent or delay someone from going to the doctor, getting a mammogram, having a diagnostic test, receiving treatment, etc. (i.e. transportation, childcare, finances, language, cultural beliefs, religious beliefs, insurance coverage, fear, etc.).

Clinical Breast Exams (CBE)—the exam a doctor performs by physically feeling a patient's breast for lumps or irregularities.

Continuum of Care (CoC)—model for how an individual should move through the health system to be screened for breast cancer, receive any necessary diagnostic care, get treatment if breast cancer is diagnosed, and receive follow-up care after treatment.

Community Profile—Komen's in-depth needs assessment study conducted to identify the current state of breast cancer in the community, identify areas of highest risk for not reaching the federal benchmarks for breast cancer rates, identify the gaps in existing health systems in the community, identify and address the needs presented by the discovered gaps and guide and direct grantmaking and Komen's action plan.

Diagnostic Mammogram—mammogram done after an abnormal finding to determine whether the abnormality is cancer or not.

Diagnostic Resolution—the answer to whether an abnormality is cancer or not.

Diagnostic Services—any test, screening or exam to determine whether an abnormality is cancer or not (i.e. diagnostic mammogram, ultrasound, MRI, biopsy, etc.).

Every Woman Counts Program (EWC)—California's state-funded program under the NBCCEDP to provide free clinical breast exams, mammograms, pelvic exams, and Pap tests to California's underserved women over age 40 at or under the 200% FPL.

Federal Poverty Level (FPL)—a measure of income issued every year by the Department of Health and Human Services and are used to calculate eligibility for programs such as Every Woman Counts, Medicaid and the Children's Health Insurance Program (CHIP).

Fiscal Agent—a non-profit organization that acts on behalf of Komen San Diego performing various financial duties, such as paying approved authorizations for diagnostic services with provided Komen funding.

Healthy People 2020 (HP2020)—a major federal government initiative that has set specific health objectives for improving the health of communities and for the country as a whole by the year 2020. Specifically regarding Breast Health, these objectives include reducing the rate of late-stage breast cancer diagnoses to 19.6 (per 100,000) women and reducing the rate of breast cancer death to 20.6 (per 100,000) women.

Letter of Recommendation (LOR)—letter written by a partnering or collaborating organization in support of the applicant organization for the program the applicant organization is requesting funds for.

Medical Home (Primary Medical Home)—a clinic/hospital/community health center that a person can go to for not only breast health care, but all medical care.

MSSA—acronym for Medical Service Study Areas. MSSAs are sub-city and sub-county geographical units used to organize and display population, demographic and physician data.

Memorandum of Understanding (MOU)—memos written between two organizations, much like a contract, to specify the agreement or understanding between the two, usually about the services they will provide.

National Cancer Institute (NCI)—part of the National Institutes of Health (NIH), which is one of eleven agencies that are part of the U.S. Department of Health and Human Services, main responsibilities include coordinating the National Cancer Program; conducting and supporting cancer research; training physicians and scientists; and disseminating information about cancer detection, diagnosis, treatment, prevention, control, palliative care, and survivorship.

Priority Areas—services seen as the highest priorities based on the Community Profile (i.e. access to care, diagnostic services, screening)

Priority Populations—groups or populations with the highest late-stage incidence rates and death rates, and highest percentages of barriers to care (i.e. linguistically isolated, low income, low levels of education, etc.).

Screening Mammogram—a mammogram done for regular screening purposes.

Target Areas—areas at the highest risk for not reaching the HP2020 benchmarks. Described as areas with the most barriers to care, areas with the highest populations of groups with high late-stage incidence rates and death rates, and areas with inadequate medical service resources.

Underinsured—those who have insurance but have limited coverage (such as catastrophic plans) and/or face out-of-pocket costs that equal 10 percent or more of household income – or 5 percent for those whose income is less than twice the Federal Poverty Level (FPL) – and those whose deductible is 5 percent or more of family income.