2018-2019 COMMUNITY GRANTS PROGRAM REQUEST FOR APPLICATIONS

FOR BREAST CANCER PROJECTS
PERFORMANCE PERIOD: APRIL 1, 2018 - MARCH 31, 2019

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

Susan G. Komen® Northeast Ohio
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KEY DATES

Application Available in GeMS	September 1, 2017
Grant Writing Workshop	September 6, 2017 (attendance strongly encouraged)
Application Deadline	November 1, 2017 at 5:00pm EST
Application Compliance Review	November 2, 2017 - November 8, 2017
Application Correction Period	November 9, 2017 - November 14, 2017
Grant Review Period	November 17, 2017 - March 2, 2018
Award Notification	March 9, 2018
Award Period	April 1, 2018 - March 31, 2019

ABOUT SUSAN G. KOMEN NORTHEAST OHIO

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. Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Northeast Ohio is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Cleveland and Akron Race for the Cure®, Komen Northeast Ohio has invested more than $15 million in community breast health programs in 22 counties and has helped contribute to the more than $920 million invested globally in research**.** For more information, call (216) 292-2873 or visit www.komenneohio.org.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Northeast Ohio will award community grants to organizations that will provide breast cancer projects that address specific funding priorities, which were selected based on data from the 2015 Komen Northeast Ohio Community Profile Report. The 2015 Community Profile Report can be found on our website at www.komenneohio.org.

While any organization providing services within the 22 county Northeast Ohio service area are eligible for funding, priority will be given to applicants that demonstrate significant benefit to at least one of the following target areas: Ashtabula County, Cuyahoga County, Harrison County, Jefferson County, Lorain County, and Mahoning County. Note: priority will be given to programs that create umbrella networks of multiple partners, creating collaboration between facilities and partners in multiple counties for maximum impact and efficiency (reflected in the Impact score).

According to the Centers for Disease Control and Prevention (CDC), determinants of health are factors that contribute to a person's current state of health. Social Determinants of Health (SDOH) include not only the environment and settings where an individual lives and works, but also patterns of social engagement and an individual's overall sense of security and well being (WHO, 2017). Examples of these resources include safe and affordable housing, access to education, availability of healthy foods, and environments free of toxins (WHO, 2017). In order to ensure programs address the SDOH in all aspects of program implementation, all applicants must implement the Pathways model as the model for patient navigation. Pathways models

incorporate individual patient needs assessments to determine primary barriers to care and act as a referral and care coordination source to break down those specific barriers.

Funding priority areas are listed below in no particular order:

Screening Navigation – Utilizing Community Health Workers (CHWs), determine appropriate pathway to educate, assess, and address barriers, make necessary referrals to address SDOH, and verify completion of screening as the desired outcome.

Successful programs will educate low-income, uninsured, underinsured, high-risk, and/or working poor women who are non-compliant with screening guidelines on breast self-awareness messaging, risk reduction, personal risk, and genetic/inherited mutations in an effort to dispel myths, increase awareness of existing resources, and reduce fears surrounding breast cancer screenings and outcomes (see Appendix B for resources on CHW programs).Programs must lead to a documented action – either mammogram and/or connection to a primary care medical home – through a Screening Navigation Pathway (see Appendix D for information related to required Pathways).

Each patient connected to a screening, diagnostic, and/or treatment service must have a patient needs assessment conducted prior to the administration of service(s) to determine primary barriers to care and/or treatment (see Appendix D for information on required patient need assessments). The needs assessment should address the Social Determinants of Health (see Appendix E for information on the social determinants of health). Once a needs assessment is complete, individuals must then be referred and navigated to the appropriate Pathway to address potential barriers.

Additionally, programs must ensure clients who receive a mammogram order follow through with services by documented completion of a Screening Pathway (see Appendix D for information related to required Pathways). Patients without health insurance who are not eligible for BCCP must also be navigated to ongoing sources of health insurance with documented completion of a Health Insurance Pathway. Individuals with abnormal screening results must have documented completion of a Diagnostic and, if necessary, Treatment Pathway. These Pathways are required and must be built into screening navigation programs.

In addition to CHW support, funding for Screening Navigation Pathways may include funds to address financial and logistical barriers to screening, diagnostic, and treatment services for the low-income, uninsured, underinsured, and/or working poor through the use of mobile mammography, co-pay assistance, coverage of out of pocket costs, genetic testing costs, transportation and childcare assistance, etc., to ensure timely access to quality, affordable services.

Continuum of Care Navigation – Increase quality and timeliness of follow-up care for women with breast abnormalities or abnormal screening results through completion of the Continuum of Care Navigation Pathway by educating, assessing, and addressing barriers, making necessary referrals to address SDOH, and verifying completion of diagnostic test(s) and treatment (if necessary) as the desired outcome.

Each patient connected to a diagnostic and/or treatment service must have a patient needs assessment conducted prior to the administration of service(s) to determine primary barriers to care and/or treatment (see Appendix D for information on required

patient need assessments). The needs assessment should address the Social Determinants of Health (see Appendix E for information on the social determinants of health). Once a needs assessment is complete, individuals must then be navigated to the appropriate Pathway to address potential barriers.

Additionally, programs must ensure clients who receive follow-up referrals follow through with services by documented completion of a Continuum of Care Pathway (see Appendix D for information related to required Pathways).

In addition to navigator support, funding for Continuum of Care Navigation Pathways may include funds to address financial and logistical barriers to diagnostic and treatment services for the low-income, uninsured, underinsured, and/or working poor through the use of mobile mammography, co-pay assistance, cost of living assistance, coverage of out of pocket costs, genetic testing costs, transportation and childcare assistance, etc., to ensure timely access to quality, affordable services.

Applicants may request funding from $10,000 up to $75,000 (combined direct and indirect costs) for one year.

TRAINING OPPORTUNITIES

Komen Northeast Ohio will offer multiple webinars, in-person trainings, and coaching opportunities from September through October to acquaint all applicants with Komen Northeast Ohio's grant funding priorities, the Pathways model, the 2015 Community Profile, grant writing tips and tricks, and the grant submission process.

Training Webinars
On September 1, 2017, Komen Northeast Ohio will upload two presentations to www.komenneohio.org. The first, Grant Writing 101, will provide an overview of the grant writing process specific to Komen Northeast Ohio's grant application and submission requirements, funding priorities, and how to use Komen's Grants eManagement System (GeMS). The second, Monitoring & Evaluation 101, will provide an overview of program evaluation, data collection and analysis methods, and the expectations of grant reporting for a Komen Northeast Ohio grant. Applicants can review these presentations online at any point during the application process.

In-Person Training
Komen Northeast Ohio will offer one in-person training on September 6, 2017 from 2:00pm-4:00pm focused on the social determinants of health and the Pathways model of care. This session will also focus on updates to the 2018-2019 Request for Applications (RFA) and new requirements for grant application compliance. The training will be held at the Summit County Public Library (60 S. High Street, Meeting Room A/B, Akron, OH 44326). ***Grant applicants are strongly encouraged to attend this in-person training opportunity***. To RSVP for the in-person training session, please click here.

GeMS Assistance
Komen Northeast Ohio will only accept grant applications submitted through Komen's Grants eManagement System (GeMS). GeMS can be accessed at affiliategrants.komen.org. All new applicants and/or new program staff for returning applicants are ***strongly encouraged*** to review the GeMS training materials on www.komenneohio.org. Affiliate staff will be available throughout the RFA period for questions and consultation. Please allow adequate time (at least 5-10 business days) for issues and/or questions with GeMS to be resolved.

Grant Application Pre-Review
An optional grant pre-review period will be available to all applicants in the month of October. Applicants who wish to participate in the optional pre-review process are required to submit a portion of their grant application to be reviewed by Komen Northeast Ohio staff, grant writing experts, and former Grant Review Committee members. Feedback and comments from pre-reviewers will be summarized in a written document and returned to participating applicants via email.

Applicants who wish to participate in the pre-review process must submit a PDF copy of the application electronically to Gina Chicotel at gchicotel@komenneohio.org no later than 5:00pm on October 6, 2017. Application feedback and comments will be returned to all participating applicants no later than 5:00pm on October 20, 2017. If the applicant has further questions related to the pre-review feedback, in-person appointments and/or conference calls can be scheduled on an as-needed basis.

Coaching (including consultation prior to, during, or following the grant pre-review period) is independent of the grant review process. ***Feedback received at any point in the application process does not predict a final funding decision nor does it guarantee funding.***

ELIGIBILITY REQUIREMENTS

Applicants must meet the following eligibility criteria to apply. Eligibility requirements must be met at the time of application submission.

- 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.
- Applicant organizations must provide services to residents of one or more of the following locations: Ashtabula, Cuyahoga, Harrison, Jefferson, Lorain, and/or Mahoning Counties.
- 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 grants to an applicant 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.

- Any program that provides direct clinical services, including mammograms and/or diagnostics, must be an Ohio Breast and Cervical Cancer Project (BCCP) contracted provider. This collaboration must be demonstrated through a letter of support. Women who are eligible for services through the BCCP must be served under these funds rather than Komen Northeast Ohio funds. Komen Northeast Ohio funds may be used for BCCP eligible women to supplement costs for services not covered under BCCP.

ALLOWABLE EXPENSES

Funds may be requested for the following types of expenses, provided they are **directly attributable** to the project:

- Salaries and fringe benefits for project staff for personnel related to this project only. Salaries should only be requested for patient service oriented positions related to the grant project, not administrative roles or other grant projects. Fringe benefits should only be included for personnel members that work 50% of their work commitment on an annual basis on the Komen-funded grant program. We will proportionally cover fringe benefits, not exceeding 25% of their annual salary for the grant program. Otherwise, it is expected that the supporting organization should maintain total fringe benefit coverage.
- Consultants/ Sub-contracts
- Supplies
- Travel
- Patient care within the National Comprehensive Cancer Network Guidelines
- Clinical services or patient care costs at BCCP/ Medicaid Reimbursement Rates
- Funds to address barriers
- Other direct project expenses
- Equipment, including software, not to exceed $5,000 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 15 percent of direct costs
- Marketing costs should be requested under “other”, not to exceed 5% of the total budget request. All marketing materials must be approved by Komen Columbus and follow Komen branding guidelines. Awarded programs will be provided a toolkit of marketing resources to utilize. Applicants are encouraged to utilize navigators as outreach instead of mailings and advertising.

For more information, please refer to the descriptions in the Budget Section below.

Funds may **not** be used for the following purposes:

- Research, defined as any project or program 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
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need
- 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
- Political campaigns or lobbying
- General operating funds (in excess of allowable 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
- Land acquisition
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over $5,000 total
- Projects or portions of projects not specifically addressing breast cancer

IMPORTANT GRANTING POLICIES

Please note these policies before submitting a proposal. These policies are non-negotiable.

- The project must occur between April 1, 2018 and March 31, 2019.
- Recipients of services must reside in the Affiliate Service Area.
- 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 grant. **No expenses may be accrued against the grant until the contractual 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 Northeast Ohio.
- Grant payments will be made in installments pending execution of grant agreement and compliance with terms and conditions of 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 Northeast Ohio, the grantee may request one no-cost extension of no more than six months per grant. 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, and property damage;

- 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.
- In the event any transportation services are provided in connection with project, $1,000,000 combined single limit of automobile liability coverage will be required.
- If any medical services (other than referrals) are provided or facilitated, 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 Northeast Ohio with a Certificate of Insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Northeast Ohio, 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.

- All staff or personnel funded at least 25% by the grant are expected to acknowledge Komen Northeast Ohio funding in e-mail signatures and newly printed business cards when possible with the language, "This position is supported by a grant from Susan G. Komen Northeast Ohio".
- All grantees will be provided with signage to show the availability of funding support at their locations. This signage should be displayed and photo documentation of it on display sent to Komen Northeast Ohio.

EDUCATIONAL MATERIALS AND MESSAGES

Susan G. Komen is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund projects that use educational messages and materials that are consistent with Komen messages, including our breast self-awareness messages - know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages can reduce confusion, improve retention and lead to the adoption of actions we believe are important for quality breast care. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages**:**
http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html**.**

Breast self-exam must not be taught or endorsed.

According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer. Therefore, Komen <u>will not</u> fund education projects that teach or endorse monthly breast self-exams or use breast models. As an evidence-based organization, we do not promote activities that are not supported by scientific evidence or that pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Creation and Distribution of Educational Materials and Resources

Komen grantees are encouraged to use Komen-developed educational resources, including messages, materials, Toolkits or other online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand is current, safe, accurate, consistent and based on evidence. In addition, this practice will avoid expenses associated with the duplication of existing educational resources. Grantees **can view, download and print all of Komen's educational materials by visiting**

http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html**.** If a grantee intends to use other supplemental materials, they should be consistent with Komen messages.

Komen materials should be used and displayed whenever possible.

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

Use of Komen's Breast Cancer Education Toolkits for Black and African-American Communities and Hispanic/Latino Communities and Other Resources

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 use 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/. Komen has additional educational resources on komen.org, that may be used in community outreach and education projects. Check with Komen Northeast Ohio for resources that may be used in programming.

REVIEW PROCESS

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

Impact 25%**:** How successful will the project be at increasing the percentage of people who enter, stay in or progress through the continuum of care, thereby reducing breast cancer mortality? To what extent has the applicant demonstrated that the project will have a substantial impact on the selected funding priority?

Statement of Need 15%**:** How well has the applicant described the identified need and the population to be served, including race, ethnicity, economic status and breast cancer mortality statistics? How closely does the project align with the funding priorities and target communities stated in the RFA?

Project Design 20%**:** How likely is it that proposed activities will be achieved within the scope of the project? How well has the applicant described the project activities to be completed with Komen funding? To what extent is the proposed project designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community? How well does the applicant incorporate an evidence-based intervention and/or a promising practice? To the extent collaboration is proposed, how well does the applicant explain the roles, responsibilities and qualifications of project partners? How well does the budget and budget justification explain the need associated with the project?

Organization Capacity 15%**:** To what extent does the applicant's staff have the expertise to effectively implement all aspects of the project and provide fiscal oversight, including the appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? How well has the applicant demonstrated evidence of success in delivering services to the target population described? To what extent has the applicant demonstrated they have the equipment, resources, tools, space, etc., to implement all aspects of the project?

Monitoring and Evaluation 15%**:** To what extent will the documented evaluation plan be able to measure progress against the stated project goal and objectives, and the resulting outputs

and outcomes? To what extent are the applicant's monitoring and evaluation (M&E) resources/ expertise likely to adequately evaluate project success?

Social Determinants of Health [10%]: To what extent does the proposed project have the capacity, plans, and partnerships in place to successfully address social determinants of health? How relevant and appropriate are the partners (if applicable) listed to addressing social determinants of health? Does each Pathway have a clearly defined Completion Step that is achievable and measurable? Are the patient needs assessment and Pathways forms included in the Project Work Plan appropriate, measurable, and comprehensive?

The grant 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.

Applicant Support: Questions should be directed to:

Gina Chicotel, Director of Mission
(216) 292-2873 x112
mailto:gchicotel@komenneohio.org

SUBMISSION REQUIREMENTS

All proposals must be submitted online through the Komen Grants eManagement System (GeMS): https://affiliategrants.komen.org. All applications must be submitted before the Application Deadline listed in the Key Dates section above. Applicants are strongly encouraged to complete, review and submit their applications with sufficient time to allow for technical difficulties, human error, loss of power/internet, sickness, travel, etc.

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

APPLICATION INSTRUCTIONS

The application must be completed and submitted via the Komen Grants eManagement System (GeMS), https://affiliategrants.komen.org. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit the Affiliate's Grants webpage, http://komenneohio.org/grants/how-to-apply-for-community-grants/how-to-apply-for-funding/, or contact Gina Chicotel at (216) 292-2873 x112 and/or mailto:gchicotel@komenneohio.org. When initiating an application in GeMS, make sure it is a **Community Grants** application, designated "CG" and not a Small Grants ("SG") application to apply to this RFA.

PROJECT PROFILE

This section collects basic organization and project information, including the title of the project, contact information and partner organizations.

Attachments for the Project Profile page (if applicable):

- **Letters of support or memoranda of understanding from proposed collaborators** to describe the nature of the collaboration and the services/expertise/personnel to be provided through the collaboration.

ORGANIZATION SUMMARY

This section collects information regarding your organization's history, mission, programs and accomplishments, staff/volunteers, budget and social media.

PROJECT PRIORITIES AND ABSTRACT (limit 1,000 characters)

This section collects information about the priorities to be addressed and a summary of the project (abstract). This abstract should include the target communities to be served, the need to be addressed, a description of activities, the expected number of individuals served and the expected change your project will likely bring in your community. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

This is the main content section of the application divided into the following subsections:

Statement of Need (limit 5,000 characters)

- Describe evidence of the risk/need within the identified population.
- Describe the target population to be served with Komen funding (e.g., Black/African American, low-income, rural) using race, ethnicity, socioeconomic and breast cancer mortality statistics.
- Describe how this project aligns with the RFA funding priorities.

Project Design (limit 5,000 characters)

- Describe how the project will increase the percentage of people who enter, stay in or progress through the continuum of care and thereby reduce breast cancer mortality.
- Explain what specifically will be accomplished using Komen funding and how the project's goal and objectives align with the selected funding priorities.
- Explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community.
- Explain how the project incorporates an evidence-based intervention (please cite references). References should be uploaded as a separate document in AMA format in the Project Budget Summary section of the application.
- Explain how collaboration strengthens the project, including roles and responsibilities of all organizations and why partnering organizations are qualified to assist in accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs on Project Profile page.
- Screening programs must outline what screening recommendations they will use under the program. If screening program will assist with costs for the underinsured, organizations must also outline what qualifies an individual as underinsured (i.e., has insurance but finances equal to or lower than 250% of the FPL).

Organization Capacity (limit 5,000 characters)

- Explain why the applicant organization and associated project staff are suited to lead the project and accomplish the goal and objectives. Include appropriate organization or staff licenses, certifications and/or accreditations.

- Describe evidence of success in delivering breast cancer services to the proposed population. If the breast cancer project is new, describe relevant success with other projects.
- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the project.
- Describe the organization's current financial state and fiscal capability to manage all aspects of the project to ensure adequate measures for internal control of grant dollars. If the organizational budget has changed over the last three years, explain the reason for the change.

Monitoring and Evaluation (limit 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:

- Accomplishments
- Challenges
- Upcoming tasks
- Lessons learned
- A compelling story from an individual that was served with Komen funding
- Demographics of individuals served through Komen funding (county, race and ethnicity, age and population group)
- Time from service X to service Y (i.e., time from education to screening, time from screening to diagnosis, time from diagnosis to treatment, etc.)
- Number of services provided per patient (number of screenings, number of diagnostics, number of breast cancers diagnosed, etc.)
- Specific Pathways outcomes not associated with GeMS (therefore must be tracked externally - please see Appendix X for required tracking spreadsheet), including:
    - Number of needs assessments completed
    - Number of steps completed in each assigned Pathway
    - Number of completions steps achieved in each assigned Pathway
    - Type of Pathway(s) completed for each patient (i.e., food access, sustainable housing, job placement services, etc.)
    - Number of patients connected to BCCP
    - Number of patients connected to ongoing sources of health insurance
    - Number of patients connected to a primary care doctor and/or primary care medical home
    - Number and type of barriers for those navigated

The Monitoring and Evaluation (M&E) narrative must address the following items:

- Describe how the organization(s) will measure progress against the stated project goal and objectives, including the specific evaluation tools that will be used to measure progress. These tools can include client satisfaction surveys, pre- and post-tests, client tracking forms, etc. Please include any templates, logic models or surveys as attachments in the Project Work Plan page(s).
- Describe the specific outcomes that will be measured as a result of proposed project activities. Outcomes reported can include number of days to diagnostic resolution after an abnormal imaging test, number of days from diagnosis to first day of treatment, etc.
- Describe the resources and expertise available for M&E during the project period. Specify if the expertise and resources are requested as part of this project, or if they are existing organizational resources.

Social Determinants of Health (limit 5,000 characters)

The Social Determinants of Health (SDOH) narrative must address the following items:

- Describe in detail how the organization will implement the Pathways model.
- Provide a comprehensive overview of each Pathway the program will address (including the required Health Insurance, Medical Home, and appropriate Breast Cancer Pathways), with the steps from Initiation to Completion, and describe in detail how the organization will implement and monitor each Pathway.
- Explain if patients will be directed to internal and/or external resources and provide an overview of what those resources are. If collaborating with an external resource, outline why these organizations are the most appropriate for collaboration, the services they have committed to provide, and how the collaboration strengthens the project.
- Outline who in the organization(s) will be responsible for overseeing the completion of various Pathways the organization will utilize.

PROJECT TARGET DEMOGRAPHICS

This section collects information regarding the various groups you intend to target with your project. This does not include every demographic group your project will serve but should be based on the groups on which you plan to focus your project's attention.

PROJECT WORK PLAN

In the Project Work Plan component of the application on GeMS, you will be required to submit SMART objectives in order to meet the universal goal:

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

The project must have at least one objective. While there is no limit to the number of objectives allowed, the number of objectives should be reasonable, with each able to be evaluated. Please ensure that all objectives are SMART objectives:

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives is found in Appendix A or at http://ww5.komen.org/WritingSMARTObjectives.html.

You will also be required to submit the timeline and the anticipated number of individuals to be served.

Write your Project Work Plan with the understanding that each objective must be reported on in progress reports. **The Project Work Plan must include measureable objectives that will be accomplished with funds requested from Komen Northeast Ohio**. Objectives that will be funded by other means should **not** be reported here, but instead, can be included in your overall project description.

Example Work Plan (For additional examples and a SMART objective checklist, please refer to Appendix A).

OBJECTIVE 1: By February 1, 2019, the patient navigator will have contacted 100 percent of all women with an abnormal screening result in Green County within three business days to schedule a follow-up appointment.

OBJECTIVE 2: By March 31, 2019, the project will provide 30 uninsured/underinsured Green County women free/reduced cost diagnostic procedures within 30 days of an abnormal screening.

Attachments to support the Project Work Plan page may include, but are not limited to:

- **Evaluation forms, surveys, logic models, etc.,** that will be used to assess the progress and/or the effectiveness of these objectives.

BUDGET SECTION

For each line item in the budget, applicant must **provide an estimated expense calculation and a brief justification** explaining how the funds will be used and why they are necessary to achieve proposed objectives. A description of each budget category follows:

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel that will be needed to complete the project. Any individual playing a key role in the project should be included in this section. This section should also include information for any employee's salary for which your project is requesting funds, if applicable**.** If no funds are requested from Komen for staff's salary, enter $0 in the salary request fields to properly complete an application.

Salaries and fringe benefits for project staff for personnel related to this project only. Salaries should only be requested for patient service oriented positions related to the grant project, not administrative roles or other grant projects.

Fringe benefits should only be included for personnel members that work 50% of their work commitment on an annual basis on the Komen-funded grant program. We will proportionally cover fringe benefits, not exceeding 25% of their annual salary for the grant program. Otherwise, it is expected that the supporting organization should maintain total fringe benefit coverage.

Attachments Needed for Key Personnel/Salaries Section:

- **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)*.

CONSULTANTS/ SUB-CONTRACTS

This section should be completed if the applicant requires a third party to help with the project. Consultants are persons or organizations that offer specific expertise not provided by staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project, often providing services not provided by the applicant. Patient Care services, even if subcontracted, should not be included in this section; those funds should be included in the Patient Care budget section.

SUPPLIES

This section should include office supplies or any other type of supplies the applicant will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Only Komen-developed or Komen-approved educational resources may be used/ distributed.

TRAVEL

This section should be completed if travel expenses such as conference registration fees/travel or mileage reimbursement by organization staff or volunteers related to project activity is necessary to complete the project. (This section is NOT for transportation assistance for patients/clients – this expense should be recorded on the "Patient Care" page.)

PATIENT CARE

This section should include all funds requested for providing direct services for a patient. This should be the cost needed to provide the direct services mentioned in the goal and objectives section of the application. Navigation or referral project costs should not be included in this section but can be included in Key Personnel/ Salaries or Consultants/ Sub-Contracts sections, as appropriate.

OTHER

This section should only be used for items that are directly attributable to the project but cannot be included in the existing budget sections.

INDIRECT

The allowable indirect cost, which is requested as a percentage of direct costs, includes expenses supporting the project, including, but not limited to, allocated costs such as facilities, technology support, communication expenses and administrative support.

PROJECT BUDGET SUMMARY

This section includes a summary of the total project budget. Other sources of funding for this project must also be entered on this page.

Attachments Needed for the Project Budget Summary Section:

- **Proof of Tax-Exempt Status** – To document your **federal tax-exempt status**, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not attach your Federal tax return. To request verification of your organization's tax-determination status, visit the following page on the IRS Web site:

  http://www.irs.gov/Charities-&-Non-Profits/EO-Operational-Requirements:-Obtaining-Copies-of-Exemption-Determination-Letter-from-IRS

APPENDIX A: WRITING SMART OBJECTIVES

Project planning includes developing project objectives. **Objectives** are specific statements that describe what the project is trying to achieve and how they will be achieved. Objectives are more immediate than the goal and represent milestones that your project needs to achieve in order to accomplish its goal by a specific time period. Objectives are the basis for monitoring implementation of strategies and/or activities and progress toward achieving the project goal. Objectives also help set targets for accountability and are a source for project evaluation questions.

Writing SMART Objectives

To use an objective to monitor progress towards a project goal, the objective must be **SMART**.

A **SMART** objective is:

- **S**pecific:
    1. Objectives should provide the "who" and "what" of project activities.
    2. Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
    3. Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., "understand" or "know") since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify three of the four Komen breast self–awareness messages).
    4. The greater the specificity, the greater the measurability.
- **M**easurable:
    1. The focus is on "how much" change is expected. Objectives should quantify the amount of change expected.
    2. The objective provides a reference point from which a change in the target population can clearly be measured.
- **A**ttainable:
    1. Objectives should be achievable within a given time frame and with available project resources.
- **R**ealistic:
    1. Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame.
    2. Objectives that do not directly relate to the project goal will not help achieve the goal.
- **T**ime-bound:
    1. Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
    2. Including a time frame in the objectives helps in planning and evaluating the project.

SMART Objective Examples

Non-SMART objective 1: Women in Green County will be provided educational sessions.

> *This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be*

conducted, what type of educational sessions will be conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 30, 2017, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

Non-SMART objective 2: By March 30, 2018, reduce the time between abnormal screening mammogram and diagnostic end-result for women in the counties of Jackson, Morse and Smith in North Dakota.

This objective is not SMART because it is not specific or measurable. It can be made SMART by specifically indicating who will do the activity and by how much the time will be reduced.

SMART objective 2: By March 30, 2018, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in North Dakota.

SMART Objective Checklist

Criteria to assess objectives	**Yes**	**No**
1. Is the objective SMART?		
• ***Specific:*** *Who? (target population and persons doing the activity) and What? (action/activity)*		
• ***Measurable:*** *How much change is expected?*		
• ***Achievable:*** *Can be realistically accomplished given current resources and constraints*		
• ***Realistic:*** *Addresses the scope of the project and proposes reasonable programmatic steps*		
• ***Time-bound:*** *Provides a time frame indicating when the objective will be met*		
2. Does it relate to a single result?		
3. Is it clearly written?		

Source: Department of Health and Human Services- Centers for Disease Control and Prevention. January 2009. Evaluation Briefs: Writing SMART Objectives. http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

APPENDIX B: COMMUNITY HEALTH WORKER PROGRAMS

The following information is taken from the Centers for Disease Control and Prevention's (CDC) "Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach" policy brief.

Community Health Workers (CHWs) are known by a variety of names – community health advisor, outreach worker, community based representative (CHR), promotora de salud, patient navigator, lay health advisor, etc. These individuals are trusted members of and/or have an unusually close understanding of the community they serve. CHWs serve as liaisons, links, or intermediaries between health/social services and the community to facilitate seamless access to services and improve quality and cultural competence of service delivery.

One of the most important features of CHWs is that they strengthen already existing ties with community networks. CHWs generally live in the communities where they work and understand the social context of community members' lives. CHWs also educate healthcare providers and administrators on community need and the cultural relevancy of interventions by helping providers and health systems managers build their cultural competence and strengthen communication skills.

The unique role of CHWs as culturally competent mediators between providers and members of diverse communities, as well as CHWs' effectiveness in promoting the use of primary and follow-up care for preventing and managing disease, have been extensively documented and recognized for a variety of health concerns. Evidence supporting CHWs in the prevention and control of chronic disease continues to grow.

CHWs help overcome barriers to controlling chronic disease. In 1998, the National Community Health Advisor Study identified the core roles, competencies, and qualities of CHWs. Seven core roles were identified and continue to guide the field.

- Build cultural mediation between communities and the health system.
- Provide culturally appropriate and accessible health education and information.
- Ensure people get the services they need.
- Provide informal counseling and social support.
- Advocate for individuals and communities.
- Provide direct services (such as basic first aid) and administer health screening tests.
- Build individual and community capacity.

Additionally, CHWs can provide support to multidisciplinary health teams in the prevention and control of chronic disease through the following functions:

- Provide outreach to individuals in the community setting.
- Measure and monitor blood pressure.
- Educate patients and their families on the importance of lifestyle changes and on adherence to their medication regimens and recommended treatments, and find ways to increase compliance with medications.
- Help patients navigate health systems (e.g. by providing assistance with enrollment, appointments, referrals, and transportation to and from appointments; promoting continuity of health services; arranging for child care or rides and arranging for bilingual providers or translators).

- Provide social support by listening to the concerns of patients and their family members and help them solve problems.
- Create community-clinical linkages to help create a team based approach through supporting and enhancing the work of the healthcare team.
- Address how well a self-management plan helps patients meet their goals.
- Support patient self-management plans and long term self-management support.
- Support work of the chronic care team and increase the team's cultural competence when serving as an integrated member of a healthcare team.
- Support individual goal setting.
- Play a role in self-management program administration by leading or supporting self-management programs.

Additional CHW Program Resources

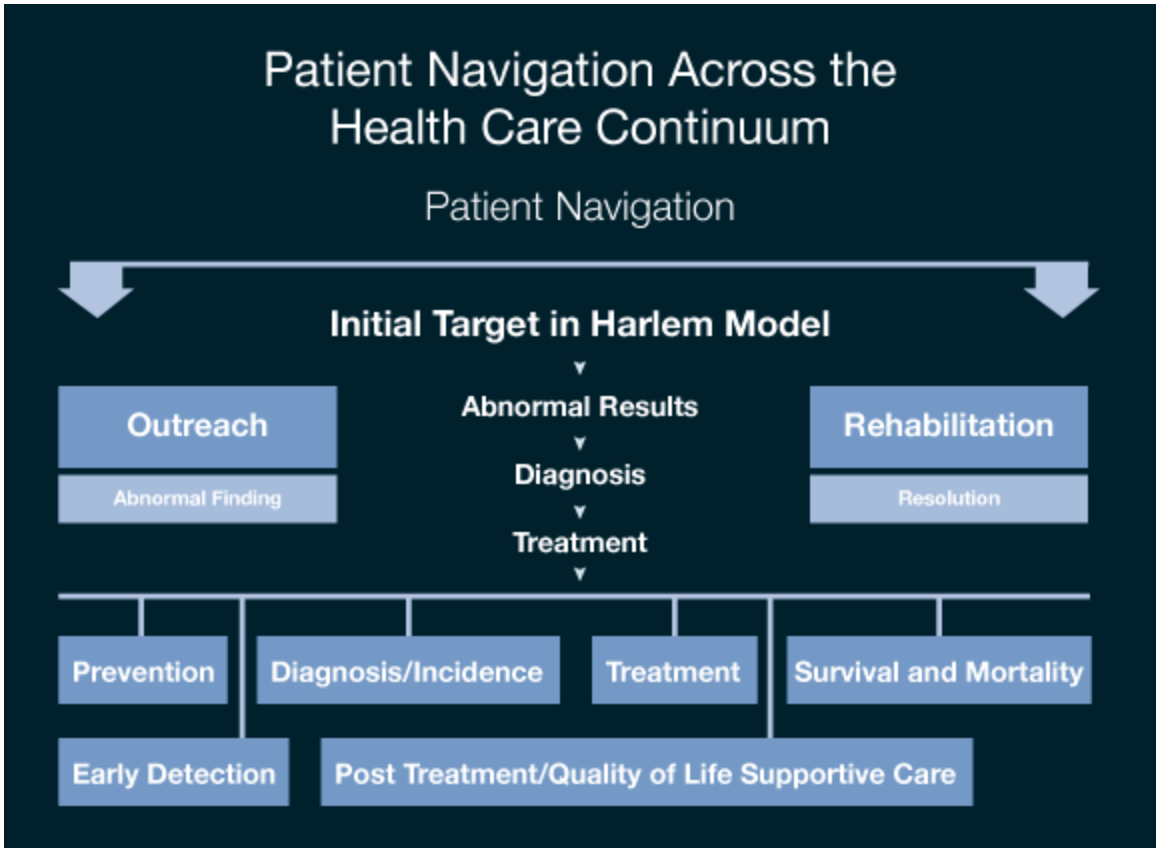
- Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation: Community Health Worker Policy Brief – Article outlining the select research findings on CHW utilization and considers key challenges.
- National Academy for State Health Policy – Information on requirements for certified CHW programs by state.
- Penn Center for Community Health Workers – Includes a tool-kit for implementing CHW programs.
- Rural Health Information Hub (RHIhub) – Provides an overview of six different CHW models, including Promotora de Salud, Care Coordinator/Manager Model, Health Educator model, and others. Also includes multiple tool-kits and additional resources for training and education.

APPENDIX C: PATIENT NAVIGATION RESOURCES

The following information is taken from [The Harold P. Freeman Patient Navigation Institute](#).

Patient navigators provide one-on-one guidance and assistance to individuals as they move through the healthcare continuum of care, from prevention to end-of-life care. The principle function of the navigator is to eliminate any and all barriers to timely screening, diagnosis, treatment, and supportive care for each individual. Navigators act as the support hub for all aspects of a patient's movement through the healthcare system. The navigator's role is to provide smooth and timely continuity of care to the point of resolution, with patient-centered care being the primary focus.

A critical window of opportunity to apply patient navigation is between the point of an abnormal finding to the point of resolution of the finding by diagnosis and treatment. Patient navigation has shown efficacy as a strategy to reduce cancer mortality and is currently being applied to reduce mortality in other chronic diseases.



Harold P. Freeman Patient Navigation Institute Patient Navigation Model

Examples of some of the frequently encountered barriers that may be eliminated through patient navigation are the following:

- Financial barriers (including uninsured and underinsured)
- Communication barriers (such as lack of understanding, language/cultural)
- Medical system barriers (fragmented medical system, missed appointments, lost results)
- Psychological barriers (such as fear and distrust)

- Other barriers (such as transportation and need for child care)

Additional Patient Navigation Resources

- Association of Community Cancer Centers (ACCC) – Includes patient navigation resources and tools for multi-disciplinary teams, with resources on how to build a program from the ground up, evaluation metrics, information on patient-centered care, nurse navigators, and how to grow patient navigation programs.
- George Washington University Cancer Institute's Advancing the Field of Cancer Patient Navigation: A Toolkit for Comprehensive Cancer Control Professionals – A comprehensive toolkit for institutions interested in developing, implementing, and monitoring a cancer patient navigation program.
- Health Care Association of NY State: Breast Health Patient Navigator Resource Kit – Includes multiple templates for standard patient navigation forms including a program description, navigator role description, brochures, flyers, navigator policies and procedures, intake form, press release, satisfaction survey, tracking tools, and mush more.
- Institute for Healthcare Improvement – Overview of the Harold P. Freeman Patient Navigation Model.
- Kansas Cancer Partnership: Cancer Patient Navigation Program Toolkit – Overview of patient navigation program implemented by the Kansas Cancer Centers.
- Primary Care Coalition of Montgomery County, Maryland – Comprehensive guidebook on patient navigation goals, attributes, expected outcomes, navigation from outreach to treatment, documentation, evaluation, and other resources.

APPENDIX D: PATHWAYS MODEL INFORMATION AND RESOURCES

Overview of Pathways Model as a Method of Patient Navigation

Patient navigation is a process by which an individual - a navigator - guides patients through and around barriers in the complex cancer care system to help ensure timely diagnosis and treatment. Susan G. Komen Northeast Ohio seeks to build seamless navigation from screening to survivorship. In this model, community-based navigators will conduct outreach to link women to screening and health system-based navigators will conduct diagnostic, treatment, and survivorship navigation. The Pathways model will first focus on utilizing trained/certified members of the community who serve as a liaison between health/social services and the patient to facilitate access to and improve the quality of service delivery. In this model, navigators will assess patients for any needs they may have, including guidance on how to utilize existing insurance, connection(s) to other resources like BCCP, providing free screening, or addressing other barriers like transportation, education to dispel fears, childcare, etc. The CHWs will provide the navigation to screening and connect clients to health-system based navigation if necessary.

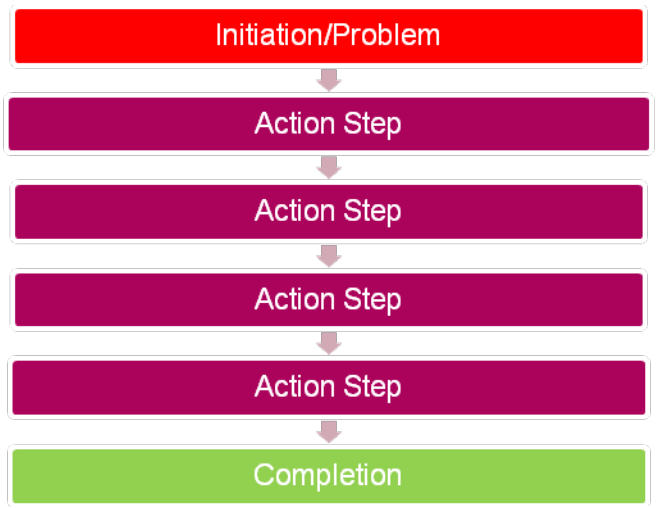
The following information is taken from the Community Health Access Project's manual, Pathways: Building a Community Outcome Production Model.

A Pathway is a standardized process that identifies, defines, and resolves an at-risk individual's needs. Each Pathway represents one issue that is tracked through to completion with a measurable outcome. Pathways are unique in that the outcomes are tracked at the level of the individual being served. It is the sum of the individual outcomes that will begin to impact the persistent problem of health disparities.

At first glance, Pathways may resemble clinical guidelines or protocols. They are, however, quite different. In a protocol, accountability is not in a specific sense taken into consideration. If the patient does not show for follow-up appointments or the medication isn't being taken correctly, then the provider is not held accountable as long as he/she "followed the protocol." This is not the case in a Pathway. The Pathway is not considered complete until an identified problem is successfully resolved.

In order to understand what barriers affect each patient and what Pathways need to be assigned to that patient, a patient needs assessment must be completed prior to enrollment in the program. A comprehensive program will assign a Pathway for each barrier presented during the needs assessment.

Pathways include multiple steps, but contain three overarching steps – Initiation/Problem, Action, and Completion. Pathways are built from the bottom up, beginning with the Completion Step. The Completion Step is the successful resolution – outcome – of an identified problem. This outcome must be a variable that can be measured. The Completion Step is clearly defined, easy to measure, and based on accepted criteria. When an agency or community meets to build Pathways, the first task is to prioritize what the desired, measurable outcomes will be.



Pathways Model of Care

Completion steps must result in a defined positive outcome. For example, a client's receipt of a flyer on smoking cessation provides no evidence that this represents any defined positive outcome. The client must achieve some clear decrease in smoking or complete a training/treatment process that has been proven through evidence-based mechanisms to decrease smoking. If a client has been given bus tokens and a medical referral, these alone do not define positive outcomes, unless it is confirmed that the client was actually seen by a medical provider.

The Pathways Model is a useful tool in positive outcome production. Pathways can be used within an agency, a community, or statewide to focus on and track outcomes. A Pathway simply defines the problem to be addressed, the desired positive outcome, and the key intervention steps required to achieve the outcome. By reporting on common variables, or Pathways, it is possible to compare different employees, agencies, or communities to learn and share successful strategies. The goal is to increase positive outcome production to impact health and social service disparities.

Komen Northeast Ohio expects each organization to perform a needs assessment for every individual that benefits from a Komen funded service. Sample needs assessment forms can be found on Komen Northeast Ohio's website. The needs assessment must be utilized to connect individuals to appropriate Pathways. At least one of the following Pathways are required for a Komen funded program. When the needs assessment identifies a need, a pathway for that need must be initiated by referral by the grantee.

Screening Navigation: All programs seeking funding for screening navigation should describe how the elements below will be incorporated into the project design section of the application, and include a sample needs assessment form.

Continuum of Care Navigation: All programs seeking funding for continuum of care navigation should describe how the elements below will be incorporated into the project design section of

the application, and include a sample needs assessment form.

Ability to refer to partners to address other Pathways will be prioritized.

Sample forms for the optional additional Pathways can be found on Komen Northeast Ohio's website and in the Agency for Healthcare Research and Quality's Pathways Quick Start Guide.

Additional Pathways Resources

- Agency for Healthcare Research and Quality: Pathways Community HUB Manual – A Guide to Identify and Address Risk Factors, Reduce Costs, and Improve Outcomes –

Guide designed to help those interested in improving care coordination to individuals at highest risk for poor health outcomes.

- Agency for Healthcare Research and Quality: Connecting Those at Risk to Care – The Quick Start Guide to Developing Community Care Coordination Pathways – The Quick Start Guide complements the Pathways Community HUB manual and provides a detailed overview of the model.
- Catholic Health Association – Article outlining Pathways Model and successful case studies of implementation and execution.

Paying for Screenings

Note: It is not required to assign a budget or cost amount to each step in the Pathway; however, you may find this useful for budgeting.

You must create an intake and assessment form to identify eligible clients and conduct an assessment of potential barriers.

Financing for screening for women should be referred based on eligibility below:

Uninsured, <250% FPL, 40+, BCCP
Uninsured, <250% FPL, ages 39 and under, refer to Komen funding
Insured, utilize insurance

Other imaging or medical costs should only be involved in exceptional circumstances, since all diagnostic and further testing would be referred on to health systems.

Underinsured, 0-200% FPL and out of pocket costs over 5% of income, utilize insurance and supplement with Komen funding
Underinsured, 200-400% FPL and out of pocket costs over 10% of income, utilize insurance and supplement with Komen funding

Addressing Barriers

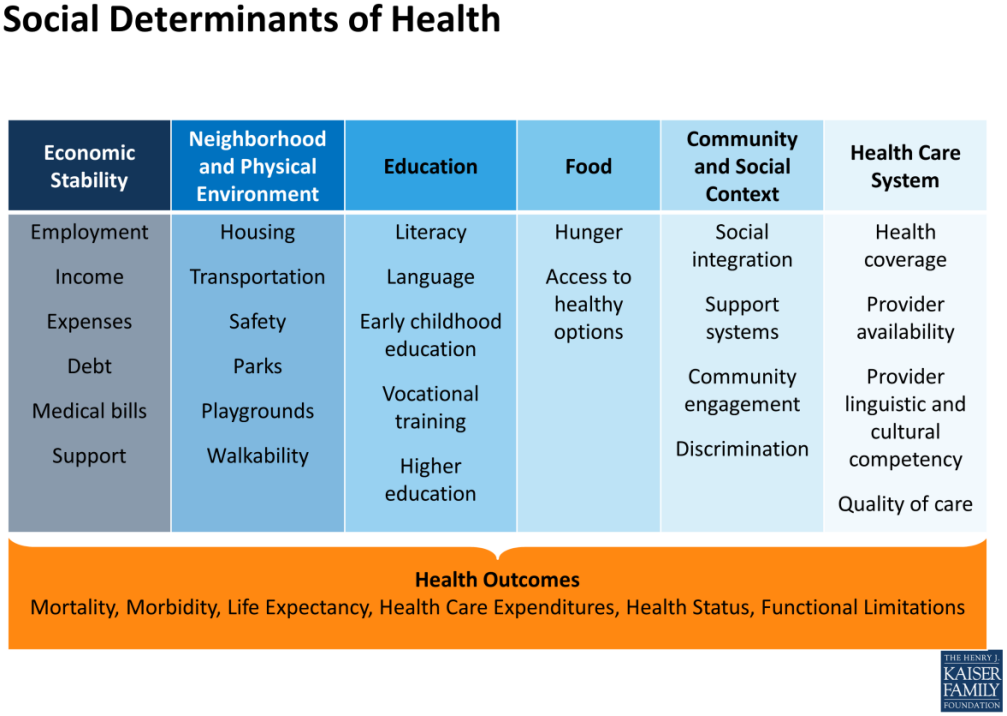
Refer to existing resources, like insurance and BCCP, when possible. Funding for addressing barriers may be requested in the proposal for translation services, transportation assistance, childcare assistance, etc

APPENDIX E: SOCIAL DETERMINANTS OF HEALTH

The following information is taken from the Kaiser Family Foundation's Beyond Healthcare: The Role of Social Determinants in Promoting Health Equity policy brief.

While increasing access to healthcare and transforming the healthcare delivery system are important, research demonstrates that improving population health and achieving health equity also will require broader approaches that address social, economic, and environmental factors that influence health. Social determinants of health are "the structural determinants and conditions in which people are born, grow, live, work and age." They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to healthcare.

Research has found that social factors, including education, racial segregation, social supports, and poverty accounted for over a third of total deaths in the United States in a year. In the United States, the likelihood of premature death increases as income goes down. Similarly, lower education levels are directly correlated with lower income, higher likelihood of smoking, and shorter life expectancy. Children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health. Their neighborhoods are more likely to be unsafe, have exposed garbage or litter, and have poor or dilapidated housing and vandalism. They also are less likely to have sidewalks, parks or playgrounds, recreation centers, or a library. In addition, poor members of racial and ethnic minority communities are more likely to live in neighborhoods with concentrated poverty than their poor White counterparts. There is also growing evidence demonstrating that stress negatively impacts health for children and adults across the lifespan. Recent research showing that where a child grows up impacts his or her future economic opportunities as an adult also suggests that the environment in which an individual lives may have multi-generational impacts.



Recently there has been increasing recognition of the importance of social determinants of health. A growing number of initiatives are emerging to address these broader determinants of health and develop integrated solutions within the context of the health care delivery system. In particular, a number of efforts to link health care to broader social needs are emerging through many Medicaid delivery and payment initiatives. Some examples include:

- Mapping and place-based approaches - A number of initiatives are using geospatial analysis and community needs assessments to guide place-based approaches to address social and environmental factors impacting individual and community health.
- Health in all policies - This approach recognizes the need to address social determinants of health to improve population health and seeks to ensure that decision-makers across different sectors are informed about the health, equity, and sustainability consequences of policy decisions in non-health sectors.
- Integrating social determinants into healthcare - There also are emerging efforts to integrate social and environmental needs into the health care system. In particular, a number of delivery and payment reform initiatives within Medicaid address the diverse needs of the population served through an increased focus on social determinants of health.

Given the importance of social determinants on health and health equity and the new opportunities provided by the ACA, a range of initiatives to address social determinants of health are emerging at the federal, state, local, and provider level. These include initiatives designed to assess and address health impacts in other policy areas as well as efforts to integrate social determinants into the health care system. In particular, many new initiatives within Medicaid include a focus on social determinants, given the program's role serving a diverse population with complex needs. Looking ahead, framing health through a broader context to include factors related to the communities in which people are born, grow, live, work and age and learning from current initiatives will contribute to increased knowledge of how to achieve broader improvements in health and greater health equity.

Additional Resources for Social Determinants of Health

Centers for Disease Control and Prevention (CDC) – Includes general information, where to find data, tool-kits and articles for putting the determinants in action, featured resources, policy resource, and CDC programs for addressing the determinants.
Healthy People 2020: Determinants of Health – Provides an overview of the broad categories determinants fall under, including policymaking, social factors, health services, individual behavior, and biology and genetics.
The Nation's Health: Social Determinants of Health Series – Includes podcasts, articles, infographics, and news stories on information on the social determinants including education, housing, income inequity.
The National Academies of Sciences, Engineering, and Medicine: A Framework for Educating Health Professionals to Address the Social Determinants of Health
Robert Wood Johnson Foundation Health Policy Brief: The Relative Contribution of Multiple Determinants to Health Outcomes – Outlines five major categories of health determinants and provides information on research to date.
Rural Health Information Hub: Social Determinants of Health for Rural People

APPENDIX F: FY18 REPORTING METRICS

Grantees will be required to report on the below metrics in FY18 Progress/Final Reports. All grantees will report on Demographics of those served. The remaining categories will only need to be reported on if a grantee offers those services in their Project Workplan. For example, if a grantee has only an education objective, they will only have the option to report metrics for the Education & Training category.

***** *Indicates data must be provided by race & ethnicity (**only** by Hispanic/Latino and non-Hispanic/Latino – not by specific Hispanic/Latino/Spanish origin)*

Demographics

- State of residence
- County of residence
- Age
- Gender
    - Female, Male, Transgender, Other, Unknown
- Race
    - American Indian or Alaska Native, Asian, Black/African-American, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Unspecified
- Ethnicity
    - Colombian, Cuban, Dominican, Mexican/Mexican-American, Chicano, Puerto Rican, Salvadoran, Other Hispanic/Latino/Spanish origin, Not of Hispanic/Latino/Spanish origin
- Special Populations
    - Amish/Mennonite, Breast cancer survivors, Healthcare providers, Homeless/residing in temporary housing, Immigrant/Newcomers/Refugees/Migrants, Living with metastatic breast cancer, Individuals with disabilities, Identifies as LGBTQ, Rural residents

Breast Cancers Diagnosed

- Staging of breast cancers diagnosed resulting from
    - Screening services*
    - Diagnostic services*
    - Community navigation into screening*
    - Diagnostic patient navigation*

Education & Training

- Type of session
    - One-on-one, Group
- Topic of session
    - Breast self-awareness, available breast health services and resources, clinical trials, treatment, survivorship and quality of life, metastatic breast cancer

- Number of individuals reached by topic area
- Follow-up completed
- Action taken
- If healthcare provider training, total number of providers trained in each session (one-on-one, group) and number by provider type (Community health workers, lay educators, patient navigators, social workers, nurses, technicians, nurse practitioners/physician assistants, doctors)

Screening Services

- First time to facility
- Number of years since last screening
- Screening facility accreditation*
    - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
    - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Count of screening services provided*
- Screening result*
- Referred to diagnostics*

Diagnostic Services

- Time from screening to diagnosis*
- Diagnostic facility accreditation*
    - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
    - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Count of diagnostic services provided*
- Referred to treatment*

Treatment Services

- Time from diagnosis to beginning treatment*
- Treatment facility accreditation*
    - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
    - National Cancer Institute-Designated Cancer Center (NCI)
    - American College of Surgeons - Commission on Cancer (CoC)
- Count of treatment services provided*
- Count of patients enrolled in a clinical trial*

Treatment Support

- Count of treatment support services provided

Barrier Reduction

- Count of barrier reduction assistance services provided*
    - Transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare

Community Navigation, Patient Navigation & Care Coordination/Case Management

- Count of individuals receiving coordination of care to diagnostic services
- Count of individuals receiving coordination of care to treatment services
- Time from referral to screening*
- Accreditation of screening facility navigated to*
    - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
    - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Time from abnormal screening to diagnostic resolution*
- Accreditation of diagnostic facility navigated to*
    - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
    - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
- Time from diagnostic resolution to beginning treatment *
- Accreditation of treatment facility navigated to*
    - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
    - National Cancer Institute-Designated Cancer Center (NCI)
    - American College of Surgeons - Commission on Cancer (CoC)
- Patient enrolled in a clinical trial*
- Individual completed physician recommended treatment*
- Survivorship care plan provided
- Breast cancer records provided to primary care provider

Additional Affiliate Reporting Requirements

In addition to required HQ reporting, the Affiliate has Pathways specific requirements. You will also need to report:

- Number of individual needs assessments completed
- Average number of steps completed in each Pathway
- Average time it takes to complete a Pathway
- Number of successful (completed) referrals
- Number of referrals made to partners
- Number of referrals made to internal programs

This additional required information can be reported on a spreadsheet, a word doc, or PDF. Demographics for this information are not required.