


Because breast cancer is everywhere, SO ARE WE.
At Susan G. Komen®, our mission is to SAVE LIVES by meeting the most critical needs in our COMMUNITIES and investing in BREAKTHROUGH RESEARCH to prevent and cure breast cancer.

NATIONAL CAPITAL REGION COMMUNITY HEALTH GRANTS

2017 REQUEST FOR APPLICATIONS

Susan G. Komen
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Dallas, Texas 75244
Questions: nationalcapitalarea@komen.org
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KEY DATES

Application System Open:	Tuesday, January 10, 2017
RFA Overview Webinar:	Wednesday, January 18, 2017 at 2:00PM EST (register via email to nationalcapitalarea@komen.org)
Application Initiation Deadline:	Wednesday, February 8, 2017 at 12:00PM EST
Application Completion Deadline:	Tuesday, February 14, 2017 at 12:00PM EST
Award Notification:	On or before March 31, 2017

ABOUT SUSAN G. KOMEN®

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit 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 $920 million in research and provided more than $2 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 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. Visit komen.org or call 1-877 GO KOMEN. Connect with us on social at ww5.komen.org/social.

NATIONAL CAPITAL REGION COMMUNITY PROFILE REPORT

The Komen National Capital Region (NCR), which includes the District of Columbia and surrounding areas in Maryland and Virginia, faces pronounced disparate outcomes in breast cancer incidence and mortality. Recent analyses have shown that Washington, D.C. has the highest incidence (including late-stage diagnosis) and mortality rates for breast cancer in the United States, with late-stage diagnosis and mortality rates more than 30 percent higher than the national average. Incidence rates are nearly 15 percent higher than the national average in the District of Columbia.[i]

In response to these findings, Komen completed a Community Profile Report in 2015 to investigate the health needs and assets in the NCR, and pinpoint where our efforts will have the most impact.

For the Executive Summary of the report, please refer to "Appendix A: Susan G. Komen® 2015 National Capital Region Community Profile Executive Summary" on page 24 of this RFA.

PRIORITY COMMUNITIES

Based on the findings of the Community Profile Report, the following have been designated as priority communities for 2017 funding:

- Alexandria, VA;
- Wards 2, 5, 7 and 8 within the District of Columbia (DC)

Alexandria, Virginia

Alexandria was selected as a target community based on the age-adjusted death rate as well as late-stage incidence rates. The age-adjusted death rate for this area (23.0 per 100,000) is higher than that of the U.S. overall. Alexandria, VA is the only area in the NCR to have an increasing death rate, which means that it is not likely to reach the Healthy People 2020 (HP2020) breast cancer death rate target. Late-stage incidence rates are also higher than the

national rate as well as the rate for the NCR service area. It is predicted that Alexandria, VA will also not achieve the HP 2020 breast cancer target for late-stage incidence.

District of Columbia

Data indicate that the District of Columbia as a whole will not quickly achieve the HP2020 targets for breast cancer death rate and late-stage incidence rate. However, the data also reveal distinct differences in the needs within the District across the Wards, leading to the selection of Wards 2, 5, 7 and 8 as target communities. All four of these Wards have age-adjusted death rates that exceed the national rate (22.6 per 100,000), the rate within the combined NCR Service Area (23.5 per 100,000), and the overall District of Columbia rate (29.3 per 100,000).

Considerations for Priority Communities

Applicants must provide services to individuals from Alexandria, VA and/or D.C. Wards 2, 5, 7, and 8. While applicants are not required to be physically located within the priority communities, they must be able to describe how they provide services to individuals from either or both of the listed priority communities. For example, an organization that is physically located in Falls Church, VA (non-priority) that is actively serving a significant client population from Alexandria, VA (priority), would be eligible to apply for funding to address this priority community. Evidence of existing work and local partnerships must be described within the application Narrative.

Applications will be considered from other service areas within the National Capital Region. **However, priority will be given to those applicants who are serving Alexandria and/or D.C. Wards 2, 5, 7 and 8.**

Each organization submitting an application for a non-priority community must thoroughly describe the need for addressing the population/target community. **Data that illustrate the need to support communities that are not identified as a priority community are strongly encouraged, and should be included in the Statement of Need section in the Project Narrative**. This data should provide justification as to why the non-priority community is being targeted, and should outline a local needs assessment analysis including:

- A description of the specific population to be served through the proposed program. The description should include information about the population demographics, socioeconomic status, etc.;
- A detailed analysis of the specific unmet breast health and breast cancer needs of this population; and

PRIORITY FOCUS AREAS

Based on the findings of the Community Profile Report, the following have been designated as priority focus areas for 2017 funding:

- Priority I: addressing barriers to care through patient navigation, specifically in Alexandria, VA and District of Columbia Wards 2, 5, 7 or 8
- Priority II: small, high-impact breast health education projects targeting a specific population (public) and/or health care providers for a defined purpose, specifically in Alexandria, VA and District of Columbia Wards 2, 5, 7 or 8

Please note, applicants may apply for both Priority I and Priority II focus areas. **In such cases, the applications will be considered separately and only ONE grant will be awarded.**

For more information on Priority I, please see Section I on page 8 of this RFA, covering the regular grant application process. For more information on Priority II, please see Section II on page 17 of this RFA, covering the small grant application process.

ELIGIBILITY

- Applicant organizations/institutions **must be federally tax-exempt, nonprofit entities** providing services within the described priority communities.
- Any past and/or current Komen-funded grants or awards must be up-to-date and in compliance with Komen requirements.
- If an applicant is a previous Komen grantee, past performance will be taken into consideration at the time of application review, including previously submitted progress and final reports, budgets, total number of individuals served, challenges and successes, etc.
- Organizations with a current Komen Community Health Grant with an active term through March 2018 from Komen **are not eligible** to apply for funding.
- Projects must be specific to breast health and/or breast cancer.

EVIDENCE-BASED PRACTICES

Proposed programs are required to incorporate the use of, and focus on, evidence-based interventions. Evidence-based practices refer to an intervention/activity that has been tested and shown to be effective through repeated, rigorous, quantitative/empirical data collection and analysis.

Applicants should use the following websites as resources for incorporating evidenced-based interventions into their programs:

- http://www.thecommunityguide.org/cancer/screening/provider-oriented/index.html
    - The Community Guide recommends provider assessment and feedback and provider reminder and recall systems to increase breast cancer screening.
    - Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).
    - Reminders inform health care providers it is time for a client's cancer screening test ("reminder") or that the client is overdue for screening ("recall"). The reminders can be provided in different ways, such as in client charts or by email.
- https://rtips.cancer.gov/rtips/index.do
    - **RTIPs** is a searchable database of evidence-based cancer control interventions and program materials, and is designed to provide program planners and public health practitioners with easy and immediate access to research-tested materials.
- http://www.naccho.org/topics/modelpractices/
    - National Association of County and City Health Officials: Online, searchable database of innovative best practices across public health areas.
- http://www.innovations.ahrq.gov/index.aspx
    - Agency for Healthcare Research & Quality: The Exchange helps to solve problems, improve health care quality and reduce disparities as being a resource

to find evidence-based innovations and quality tools, view new innovations and tools published, and learn from experts through events and articles.

- http://cancercontrolplanet.cancer.gov/index.html
    - Provides access to data and resources that can help program staff design, implement and evaluate evidence-based cancer control programs.

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 require that grantees provide educational messages and materials that are consistent with those promoted by Komen, including promoting the breast self-awareness messages – know your risk, get screened, know what is normal for you and make healthy lifestyle choices**.

Komen NCR Grantees must use/distribute only Komen-developed or Komen-approved educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are safe, accurate, based on evidence and consistent and to avoid expense associated with the duplication of effort to develop educational resources. If Grantees intend to develop educational materials that are otherwise not provided by Komen, they must be approved by Komen Headquarters prior to development.

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.

Komen does not recommend monthly breast self-exams and therefore will not fund programs that teach monthly breast self-exams or use breast models. To learn more, visit http://ww5.komen.org/BreastCancer/BreastSelfExam.html.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. To view our educational materials, visit http://www.shopkomen.com/.

Additional Komen educational resources can also be located on komen.org at the following links:

- Komen Educational Materials: http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html
- Komen Translated Materials: http://ww5.komen.org/translations.html
- Breast Cancer Education Toolkits: http://komentoolkits.org

FUNDING INFORMATION AND RESTRICTIONS

- If the Applicant organization is receiving in-kind support, please include a letter from a senior official of the institution providing the support, confirming the type of support and value in dollars. This letter should be uploaded under “Letters of Support” on the budget summary page in the system.
- Salaries, if requested, are for personnel related to this project only and not general work of applicant.

- **Funds may be used for the following types of program expenses:**
  - Salaries and fringe benefits for program staff
  - Consultant fees
  - Meeting costs
  - Supplies, including Komen educational materials
  - Reasonable travel costs related to the execution of the program. For Priority I, this may include patient navigation training, including but not limited to:
    - Harold P. Freeman Patient Navigation Institute
    - National Consortium of Breast Centers – Breast Patient Navigator Certification
  - Other direct program expenses including **(for Priority I organizations only)**:
    - Transportation assistance
    - Child care assistance
    - Translation services
    - Genetic testing, for the sole purpose of informing treatment decisions
  - Equipment, **for Priority I grants only**, not to exceed $5,000, essential to the breast health-related project to be conducted
    - Equipment costs for Priority II grants are not allowed
  - Indirect costs, **for Priority I grants only**, not to exceed 10% of total direct costs
    - This includes costs the organization would incur regardless of the project such as rent, telephone, internet, etc.
    - Indirect costs for Priority II grants are not allowed
- **Funds may NOT be used for:**
  - Breast thermography
  - Screening or Diagnostic Services, including;
    - Clinical breast exams
    - Screening mammograms
    - Diagnostic mammograms
    - Breast ultrasounds
    - Breast biopsies
    - MRI's
  - Treatment, including:
    - Surgery
    - Chemotherapy
    - Radiation therapy
    - Targeted therapy
    - Hormonal therapy
  - Support services, including:
    - Wigs or scarves
    - Mastectomy bras
    - Financial assistance for food, housing and/or medical insurance
  - Research, which is 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
- Organizational/Institutional liability coverage
- Professional dues or memberships fees
- Education regarding breast self-exams/use of breast models
- Education via mass media (television, radio, newspapers, billboards), health fairs and material distribution. These methods may be used to promote projects, but evidence-based education methods such as 1:1 and group sessions should be used.
- Patient incentives
- Construction or renovation of facilities
- Political campaigns or lobbying
- Endowments
- 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
- Program-related investments/loans
- Scholarships or fellowships
- Projects or portions of projects not specifically addressing breast cancer

Section I:

Application Process for Priority I – Patient Navigation

Evidence has shown an improvement in 5-year survival rates of breast cancer patients who were navigated from screening through resolution[ii]. Because of this strong connection to improved outcomes, Komen is accepting applications that support, expand or create breast cancer-specific, patient navigation programs. **Proposals for general patient navigation programs will not be accepted.**

Specifically, programs should focus on coordinating and improving access to and timely utilization of breast health services through the breast cancer continuum of care (Figure 1).

The breast cancer continuum of care (CoC) represents how a woman typically moves through the health care system to get screened for breast cancer, and if necessary, undergo diagnostic tests and receive treatment for breast cancer. The breast cancer continuum of care has four stages: screening, diagnosis, treatment, and follow-up care.

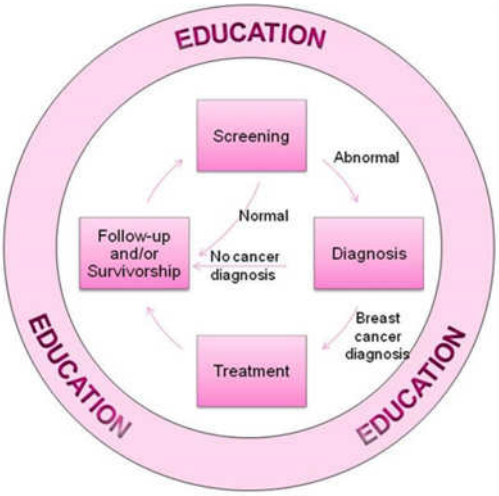

Figure 1. Breast Cancer Continuum of Care (CoC)

Proposed projects **must focus on patient navigation after an abnormal finding on a breast imaging test**.

Proposals that include funding requests for navigation into screening or for screening, diagnostic testing, or treatment for breast cancer will not be accepted. Examples of appropriate patient navigation programs may include, but are not limited to those that:

- Link patients with appropriate care after an abnormal finding on a breast imaging test, and assist in moving women through the health care system;
- Provide linkages to community resources for financial assistance, transportation, family needs, and/or translation services;
- Provide education and psychosocial support to patients and their families as they move through the breast cancer continuum of care; or
- Seek to enhance services for an identified vulnerable population, such as the hiring of culturally and/or linguistically competent patient navigators.

Because barriers to care are often complex and involve multiple systems, **proposed navigation programs are required to provide proof of partnership with external organizations or providers that demonstrate cooperation in addressing specific barriers to care.**

Applicants may request up to $100,000 for up to two years for a project submitted under Priority I.

RESPONSIBILITIES OF GRANTEES

All Priority I grantees will be required to submit semi-annual progress and financial reports and a final report to include final expenditures. All reports will be submitted electronically via Komen's online Grants eManagement System (GeMS).

SELECTION CRITERIA

Applications will be reviewed by a committee of experts in breast cancer care, grant-making, nonprofit administration, program management and public health. They will consider each of the selection criteria listed below. Additionally, reviewers will consider the past performance of any previously funded organization. Final funding decisions will be made by Komen leadership.

Statement of Need:

- Is there a clear description of the population to be served, including race, ethnicity, economic status and breast cancer statistics, and a clearly identified need?
- How closely does the program align with the funding priorities and target communities stated in the RFA?
- If a program is being proposed that is not targeting a priority focus area, is sufficient data and background information provided to justify serving the proposed community?

Program Design:

- How likely is it that the objectives and activities will be achieved within the scope of the funded program? Are the program's goals and objectives well thought-out and planned?
- Do the proposed collaborations clearly delineate how participants will progress through the breast health CoC?
- Is the program culturally competent (designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community)?
- How well does this application utilize evidence-based theories/public health practices?
- Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the program?

Impact:

- Will the program have a substantial positive impact on increasing the percentage of people who enter, stay in or progress through the continuum of care?
- Will the program substantially contribute to a reduction in breast cancer mortality?

Organization Capacity:

- Do the applicant organization, Project Director and his/her team have the expertise to effectively implement all aspects of the program?
- Is there evidence of success in delivering services to the target population?
- Is the organization fiscally capable of managing the grant program, including having appropriate financial controls in place?
- If a previous Komen Grantee, does past performance indicate that Grantee has the capacity to be successful in meeting stated objectives?
- Does the applicant organization have the equipment, resources, tools, space, etc., to implement all aspects of the program?

Monitoring and Evaluation:

- Is there a documented plan to measure progress against the stated program goal and objectives, and the resulting outputs and outcomes?
- Is there sufficient monitoring and evaluation (M&E) expertise for the program?

ONLINE COMMUNITY GRANTS APPLICATION INSTRUCTIONS

The Komen Community Grants Program uses an online grant application process. All applications and attachments must be submitted using the Komen Grants eManagement System (GeMS). To access the system and register, go to: https://affiliategrants.komen.org.

To Register for GeMS:

- Access the website: https://affiliategrants.komen.org
- Click "register now"
- Complete the registration form with the following information:
    - For position at your Affiliate, select "Applicant" – **click the pink Go button**
    - For Affiliate State, select "District of Columbia" – **click the pink Go button**
    - For Affiliate, select "Global Race for the Cure" – **click the pink Go button**
    - Select your organization from the drop-down menu. If your organization is not listed, select "other" in the drop-down menu, click the pink Go button and complete the Organization section that will appear.

Please note that the registration and submission process for grant applications in the GeMS system requires two registrations to be completed before an application may be submitted. Your organization will require both a Project Director and an Authorized Signer. The Project Director and Authorized Signer **MAY NOT** be the same person.

The registration steps above are required for NEW Project Directors who are not currently registered to apply for National Capital Region grants. Any new Project Director will be approved by Komen staff before access to the system is granted. Project Directors must then approve an Authorized Signer for their organization.

- **Project Director:** The role of Project Director should be assigned to the individual at a grantee/applicant organization who will serve as the project's lead contact for the purposes of grant management. This individual is responsible for validating all new users when they register for the system under their organization. This individual will have the highest level of access in the system and will be responsible for overseeing all administrative functions available, such as application and report creation and completion. **There can only be one Project Director per project/application.**
- **Authorized Signer:** The role of Authorized Signer should be assigned to the individual(s) at an organization who has/have the authority to sign legal documents on behalf of the organization. This individual is responsible for electronically signing the application before submission and the grant contract, amendment requests, and reports if the organization is awarded funds. **There can be more than one Authorized Signer per organization.** If an Authorized Signer is sometimes unavailable, it may be wise to have an additional individual with the role of Authorized Signer to serve as a backup during critical times (e.g., during application submission).

To Create a Community Grant (Priority I) Application in GeMS:

When initiating an application for Priority I on GeMS, please make sure it is a **Community Grants application, designated "CG,"** and not a Small Grants ("SG") application in order to apply to this priority.

Completed applications and all attachments must be submitted via the online system, on or before Tuesday, February 14, 2017 at 12:00 PM Eastern Time. NOTE: Komen's Grants

eManagement System (GeMS) will stop accepting new applications on Wednesday, February 8, 2017 12:00 PM EDT. Applications not submitted but started prior to this date will still have access to edit and submit by February 14, 2017 12:00 PM EDT.

Applicants must follow the application submission instructions, including character counts, and submission of required application materials. All application materials must be in English and must be submitted online in GeMS. No paper applications or applications sent by email will be accepted.

Failure to adhere to these instructions will result in applications being administratively withdrawn from consideration, without appeal.

Applicants are strongly encouraged to complete, review and submit their applications with sufficient time to allow for technical difficulties, varying time zones, human error, loss of power/internet, sickness, travel, etc.

Extensions to the submission deadline will not be granted to allow for lateness, corrections or submissions of missing information, confusion about time zone, or for not starting an application by February 8, with the rare exception made for severe extenuating circumstances, at the sole discretion of Komen.

Additional Support: If you have questions or need assistance with the use of GeMS, please email nationalcapitalarea@komen.org.

Below please see details regarding each section that must be completed in the online application:

Project Profile

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

Required attachments for the Project Profile page:

- **Letters of support or memoranda of understanding from proposed collaborators –** Partnerships and collaboration are required for each proposed program. A letter of memorandum must be attached for each partner. The letter or memorandum should specifically describe the partnership activities and the services/expertise/personnel to be provided through the collaboration, and must not be duplicative across organizations *(i.e., this should not be a template letter).*
- If the Applicant organization is receiving in-kind support, a letter from a senior official of the institution providing the support, confirming the type of support and value in dollars must be attached. This includes the applicant organization.

Organization Summary

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

Project Priorities and Abstract (limit 3,000 characters)

This section collects important 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, **evidence-based strategies**, the expected number of individuals served and the expected change your program will likely bring in your community. The abstract is typically used by Komen in public communications about funded projects.

Project Narrative

This is the core piece of the application. On the Project Narrative page of the application in GeMS, please address the requests below for each section.

Statement of Need (limit – 7,000 characters)

- Describe the population to be served. Provide population characteristics (race, ethnicity, economic status, and breast cancer statistics) specific to the target population.
- Describe evidence of the risk/need within that population, using the RFA funding priorities and Komen National Capital Region Community Profile Executive Summary (Appendix A) as a guide or other data sources as applicable.
- Describe how this program aligns with Komen National Capital Region target communities and/or RFA funding priorities.

Program Design (limit – 7,000 characters)

- Explain the program's goal and objectives, as outlined in your Project Work Plan, and what specifically will be accomplished using Komen funding.
- Explain how the program will increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the program is culturally competent (designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community).
- Explain how the program incorporates an evidence-based intervention (please cite references).
- Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
- Discuss whether your proposed partners are currently receiving funding from Komen and, if so, how duplication in funding will be avoided.
- Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application.

Organization Capacity (limit – 7,000 characters)

- Explain why the applicant organization, Project Director and staff are best-suited to lead the program and accomplish the goals and objectives set forth in this application. Please include appropriate organization or staff licenses, certifications and/or accreditations.
- Describe evidence of success in delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.

- Describe the equipment, resources, tools, space, etc., that the applicant organization possesses or will utilize to implement all aspects of the program.
- Describe fiscal capability to manage the delivery of the proposed goals and objectives and ensure adequate measures for internal control of grant dollars.
- Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.

Monitoring and Evaluation (limit – 7,000 characters)
Grantees will be required to report on the following outputs and outcomes in the progress and final reports: successes and accomplishments, challenges, lessons learned, best/promising practice example, a compelling story from an individual who was served with Komen funding and number of individuals served through Komen funding for each objective (county, race and ethnicity, age and population group).

The Monitoring and Evaluation narrative should address both process and outcome evaluation:

- Process – Describe in detail how the organization(s) will measure progress against the stated program goal and objectives. Describe the specific evaluation tools that will be used as well as how they will help measure your processes. These tools can include client satisfaction surveys, pre and post-tests, tracking forms, etc. Please include any templates, logic models, or surveys as attachments in the Project Work Plan – Objectives page.
- Outcome – Describe how the organization(s) will assess how the program had an effect on the selected priority. Describe the specific outcomes that will be measured as a result of the program activities that will be implemented. 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 monitoring and evaluation (M&E) expertise and resources that will be available for this purpose. Specify whether these resources are requested as part of this grant, or if they are existing organizational resources.

Project Target Demographics

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

The target demographics is a checklist in the GeMS system. You will be required to select the priority community(ies) that you will be serving through the proposed program.

Project Work Plan

In the Project Work Plan component of the application on GeMS, you will be required to submit the goal and objectives:

- The **Goal** should be a high-level statement that provides overall context for what the program is trying to achieve.
- **Objectives** are specific statements that describe what the program is trying to achieve to meet the goal. An objective should be evaluated at the end of the program to establish if it was met or not met.

The project goal must have at least one objective; there is no limit to the number of objectives that you include. Please ensure that all objectives are **SMART** objectives:

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives can be located at the following: http://ww5.komen.org/WritingSMARTObjectives.html.

You will also be required to submit the timeline, the anticipated number of individuals to be served and the evaluation method you will utilize for each objective. **Although GeMS will require these details, applicants should clearly state objectives that include the five elements (SMART) as stated above.**

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. **The Project Work Plan should include a single goal that will be accomplished with funds requested from Komen. Objectives that will be funded by other means should not be reported here, but instead, can be included in your overall program description.**

Example Work Plan
GOAL: Provide patient navigation to women with screening abnormalities in order to reduce delays in and barriers to diagnostic care.

OBJECTIVE 1: By February 12, 2018, the patient navigator will have contacted 100 percent of women with an abnormal screening result within three business days to schedule a follow-up appointment.

OBJECTIVE 2: By end of grant period, provide patient navigation services to 50 uninsured/underinsured women, ensuring completion of all necessary diagnostic procedures.

Attachments for the Project Work Plan page should include:

- **Monitoring and Evaluation forms, surveys, logic models, etc.,** that will be used to monitor progress and determine the effectiveness of these objectives.

Budget Section

Provide a detailed total program budget for the entire requested grant term. For each line item in the budget, provide a calculation and 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 requesting salary for an individual, the total salary for personnel should be included, not just the salary for proposed work on the project.

Attachments Needed for Key Personnel/Salaries Section:

- **Résumé/Job Description** – For key personnel who are currently employed by the applicant organization, provide a résumé 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)*.
- **Attached résumés should not exceed the two-page limit. Résumés that are more than two pages will be considered non-compliant and may result in removal of your application for consideration of funding.**

Consultants/Subcontracts

This section should be completed if your project requires a third party to help with a piece of 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 your organization. Direct 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, education supplies, and any other type of supplies your organization will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources. If awarded project funds, grantees must use/distribute only Komen-developed or Komen-approved educational resources. Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit shopkomen.com.

Travel

This section should be completed if you are requesting funds for any type of travel including conference travel, registration fees and mileage reimbursement by organization staff or volunteers related to project activity. (This section is NOT for transportation assistance for patients/clients. Patient travel-related expenses should be recorded on the “Patient Care” page.)

Patient Care

This section should only include funds requested for providing direct travel services for patients.

Other

This section should include any allowable expenses that do not fit the other budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.

Indirect

This section collects the allowable indirect cost which is requested as a percentage of direct costs.

Project Budget Summary

This section includes a summary of the total project budget. Other sources of funding 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

- **Published Financial Statements** – Please include a web link to your organization's most-recently published financial statements. If there is no web link, please attach your organization's most recent financial statement/990.

Completed applications and all attachments **must** be submitted via the online system, on or before **Tuesday, February 14, 2017** at 12:00PM Eastern Time.

Additional Support: If you have questions or need assistance please email nationalcapitalarea@komen.org.

Section II:

Small Grant Application Process for Priority II – Public and Provider Education

Effective education efforts equip people to take action. Education plays an important role throughout the entire CoC by empowering people to make informed breast care decisions, encouraging them to get screened, emphasizing the importance of timely follow-up (due to abnormal imaging), lessening fear, providing and understanding treatment options, and addressing barriers that prevent women from progressing through the entire care path.

However, key to bringing about positive health outcomes in diverse populations is the delivery of health care services that are respectful of and responsive to health beliefs, practices and needs of diverse patients and that reflect individuals' cultural and language preference. In short, education of both patient and provider is needed.

The purpose of this priority is to support education projects that are focused on:

(1) **public education** that increases knowledge and utilization of available breast cancer resources and motivates women to action with an emphasis on reaching the low-income, underinsured, uninsured, working poor, racial and ethnic communities, women with disabilities, and/or LGBTQ; or

(2) improving health care quality and advancing health equity through **health care provider training and assessment** utilizing the US Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards).

Proposed projects should not be year-long education programs, but rather smaller efforts such as an educational series or conference, that target a specific population or provider for a defined purpose.

Proposed projects are required to incorporate the use of, and focus on, evidence-based education interventions that increase knowledge and encourage informed breast care decision making in culturally competent manners. See page 4 of RFA for more on evidence-based practices and resources.

In order to maximize programmatic impact, we require that all applications submitted under Priority II implement sound evaluation techniques related to the proposed objectives. Examples of evaluation methods for Priority II applications may include:

- Evaluation of trainers providing education (process evaluation),
- Pre- and post-education surveys (for outcomes related to knowledge gained), and
- Successful linkages to health care systems to ensure women enter and progress through the continuum of care.

Applicants can find resources for developing logic models to help guide evaluation plans in the Community Tool Box. The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change.

Organizations/institutions applying for Priority II may request up to $10,000 for projects that occur between June 1, 2017 and March 31, 2018. Komen will only support non-medical expenses for this funding opportunity.

RESPONSIBILITIES OF GRANTEES

All Priority II grantees will be required to submit a final report to include final expenditures. All reports will be submitted electronically via Komen's online Grants eManagement System (GeMS).

SELECTION CRITERIA

Applications will be reviewed by a committee of experts in breast cancer care, grantmaking, nonprofit administration, program management and public health. They will consider each of the selection criteria listed below for Priority II. Additionally, reviewers will consider the past performance of any previously funded organization. Final funding decisions will be made by Komen leadership.

Statement of Need:

- Will the project benefit one or more of the priority communities described in the RFA?
- How closely does the project align with the funding priorities stated in the RFA?
- If a project is being proposed that is not targeting a priority focus area, is sufficient data and background information provided to justify serving the proposed community?

Program Design:

- Are the project's goal and objectives well thought-out and planned?
- Is the project culturally competent (designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community)?
- How well does this application utilize evidence-based theories/public health practices?
- Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project?

Impact/Evaluation:

- Will the project have a substantial positive impact on increasing the percentage of people who enter, stay in or progress through the continuum of care?
- Will the project substantially contribute to a reduction in breast cancer mortality?
- Is there a documented plan to measure progress against the stated project goal and objectives, and the resulting outputs and outcomes?

ONLINE SMALL GRANT APPLICATION INSTRUCTIONS

The Komen Small Grants Program uses an online grant application process. All applications and attachments must be submitted using the Komen Grants eManagement System (GeMS). To access the system and register, go to: https://affiliategrants.komen.org.

To Register for GeMS:

- Access the website: https://affiliategrants.komen.org
- Click "register now"
- Complete the registration form with the following information:
    - For position at your Affiliate, select "Applicant" – **click the pink Go button**

- For Affiliate State, select “District of Columbia” – **click the pink Go button**
- For Affiliate, select “Global Race for the Cure” – **click the pink Go button**
- Select your organization from the drop down menu. If your organization is not listed select “other” in the drop down menu, click the pink Go button and complete the Organization section that will appear

Please note that the registration and submission process for grant applications in the GeMS system requires two registrations to be completed before an application may be submitted. Your organization will require both a Project Director and an Authorized Signer. The Project Director and Authorized Signer **MAY NOT** be the same person.

The registration steps above are required for NEW Project Directors who are not currently registered to apply for National Capital Region grants. Any new Project Director will be approved by Komen staff before access to the system is granted. Project Directors **must** then approve an Authorized Signer for their organization.

- **Project Director:** The role of Project Director should be assigned to the individual at a grantee/applicant organization who will serve as the project’s lead contact for the purposes of grant management. This individual is responsible for validating all new users when they register for the system under their organization. This individual will have the highest level of access in the system and will be responsible for overseeing all administrative functions available, such as application and report creation and completion. **There can only be one Project Director per project/application.**
- **Authorized Signer:** The role of Authorized Signer should be assigned to the individual(s) at an organization who has/have the authority to sign legal documents on behalf of the organization. This individual is responsible for electronically signing the application before submission and the grant contract, amendment requests, and reports if the organization is awarded funds. **There can be more than one Authorized Signer per organization.** If an Authorized Signer is sometimes unavailable, it may be wise to have an additional individual with the role of Authorized Signer to serve as a backup during critical times (e.g., during application submission).

To Create a Small Grants (Priority II) Application in GeMS:
When initiating an application for Priority II on GeMS, please make sure it is a **Small Grants application, designated “SG”,** and not a Community Grants (“CG”) application in order to apply to this priority.

Completed applications and all attachments must be submitted via the online system, on or before Tuesday, February 14, 2017 at 12:00 PM Eastern Time. NOTE: Komen’s Grants eManagement System (GeMS) will stop accepting new applications on Wednesday, February 8, 2017 12:00 PM EDT. Applications not submitted but started prior to this date will still have access to edit and submit by February 14, 2017 12:00 PM EDT.

Applicants must follow the application submission instructions, including character counts, and submission of required application materials. All application materials must be in English and must be submitted online in GeMS. No paper applications or applications sent by email will be accepted.

Failure to adhere to these instructions will result in applications being administratively withdrawn from consideration, without appeal.

Applicants are strongly encouraged to complete, review and submit their applications with sufficient time to allow for technical difficulties, varying time zones, human error, loss of power/internet, sickness, travel, etc.

Extensions to the submission deadline will not be granted to allow for lateness, corrections or submissions of missing information, confusion about time zone, or for not starting an application by February 8, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

Additional Support: If you have questions or need assistance with the use of GeMS, please email nationalcapitalarea@komen.org.

Below please see details regarding each section that must be completed in the online small grant (SG) application:

Project Profile

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

Required attachments for the Project Profile page:

- **Letters of support or memoranda of understanding from proposed collaborators –** If partnerships and collaboration are part of the proposed program, a letter of memorandum must be attached for each partner. The letter or memorandum should specifically describe the partnership activities and the services/expertise/personnel to be provided through the collaboration, and must not be duplicative across organizations *(i.e., this should not be a template letter).*

Organization Summary

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

Project Priorities and Abstract (limit 1,500 characters)

This section collects important 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 program will likely bring in your community. The abstract is typically used by Komen in public communications about funded projects.

Project Narrative (limit 8,000 characters)

This is the core piece of the application. The project narrative must contain the following information:

- Describe the project or activity, including the population to be served.
- Explain what specifically will be accomplished using Komen funding.

- Explain how the project/activity will increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project/activity is culturally competent (designed to meet the needs of specific communities including the cultural and societal beliefs, values, and priorities of each community).
- Explain how the project/activity incorporates an evidence-based intervention (please cite references).
- Explain why the applicant organization is best-suited to conduct the project/activity and accomplish the objectives set forth in this application.
- Describe how the organization will measure progress against the stated project objectives.
- Within your narrative, be sure to address the selection criteria.

Project Target Demographics

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

The target demographics are a checklist in the GeMS system. You will be required to select the priority community(ies) that you will be serving through the proposed program.

Project Work Plan

In the Project Work Plan component of the application on GeMS, you will be required to submit the goal and objectives:

- The **Goal** should be a high-level statement that provides overall context for what the program is trying to achieve.
- **Objectives** are specific statements that describe what the program is trying to achieve to meet the goal. An objective should be evaluated at the end of the program to establish if it was met or not met.

All Priority II applications must include only one program goal and no more than three objectives. Please ensure that all objectives are **SMART** objectives:

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives can be located at the following:
http://ww5.komen.org/WritingSMARTObjectives.html.

Write your Project Work Plan with the understanding that each item must be accounted for during progress reporting. **The Project Work Plan should include a single goal that will be accomplished with funds requested from Komen. Objectives that will be funded by other means should not be proposed here, but instead, can be included in your overall project narrative.**

Example Work Plan
GOAL: Host an educational series for Black/African-American women in D.C. Ward 7 addressing common barriers to obtaining quality breast health care faced by the community.

OBJECTIVE 1: By September 30, 2017, host an educational event in Ward 7 for at least 50 Black/African-American women addressing common sociocultural barriers, including dispelling myths, mistrust of the health system, and fear of a cancer diagnosis.

OBJECTIVE 2: By November 30, 2017, host an educational event in Ward 7 for at least 50 Black/African-American women addressing common financial barriers, with partners present to educate on free/reduced-cost care options, insurance enrollment, patient navigation programs, etc.

Attachments for the Project Work Plan page should include:

- **Monitoring and Evaluation forms, surveys, logic models, etc.,** that will be used to monitor progress and determine the effectiveness of these objectives.

Budget Section

Provide a detailed total program budget for the entire requested grant term. For each line item in the budget, provide a calculation and 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 requesting salary for an individual, the total salary for personnel should be included, not just the salary for proposed work on the project.

Consultants/Subcontracts

This section should be completed if your project requires a third party to help with a piece of the project. Consultants are persons or organizations who 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 your organization.

Supplies

This section should include office supplies, education supplies, and any other type of supplies your organization will need to complete the project.

Note: Komen grant funds may not be used for the development of educational materials or resources. If awarded project funds, grantees must use/distribute only Komen-developed or Komen-approved educational resources. Komen grantees are eligible to receive preferred

pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. To view our educational materials, visit shopkomen.com.

Travel

This section should be completed if you are requesting funds for any type of travel by organization staff or volunteers related to project activity.

Other

This section should include any allowable expenses that do not fit the other budget categories. This section should only be used if the item cannot be included on any of the other various budget sections.

Project Budget Summary

This section includes a summary of the total project budget. Other sources of funding 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

Completed applications and all attachments **must** be submitted via the online system, on or before **Tuesday, February 14, 2017** at 12:00 PM Eastern Time.

Additional Support: If you have questions or need assistance please email nationalcapitalarea@komen.org.

APPENDIX A: Susan G. Komen® National Capital Region Community Profile Executive Summary

At Komen, our mission is to save lives by meeting the most critical needs of our communities and investing in breakthrough research to prevent and cure breast cancer.

The Komen National Capital Region (NCR) is a community served by Komen, which includes the District of Columbia, Montgomery County and Prince George's County in Maryland and Prince William County, Loudoun County, Arlington County, Fairfax County and the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park in Virginia.

The NCR has one of the highest rates for breast cancer incidence and mortality in the nation. The District of Columbia, specifically, has the highest incidence and mortality rates for breast cancer in the United States, with incidence rates nearly 15 percent higher than the national average, and mortality rates more than 30 percent higher than the national average.

Working in consultation with local community leaders, Komen conducted a quantitative and qualitative assessment and a health systems analysis – called the Community Profile -- to better understand the barriers women face in regards to access to and utilization of care. The resulting Community Profile Report is used to help develop strategies for addressing such barriers and eradicating breast health disparities. Komen will use the results of the analyses to establish target populations and mission action priorities for the next five years.

Primarily, Komen centers its mission action priorities in the NCR through the National Capital Region Community Grants Program. Other notable activities aimed at addressing the goals of the NCR include Komen's leadership and participation in local breast cancer coalitions/summits, patient advocacy efforts and survivor networks; the African-American Health Equity Initiative; and scientific research activities designed to find the cures for breast cancer.

QUANTITATIVE DATA: MEASURING BREAST CANCER IMPACT IN LOCAL COMMUNITIES

The Quantitative Data Report (QDR) for the NCR combines evidence from many credible sources to identify the highest-priority areas for evidence-based breast cancer programs. The QDR utilized breast cancer statistics (e.g., death and late-stage incidence rates and trends) to predict if communities would meet Healthy People 2020 (HP2020) breast cancer targets by year 2020.

HP2020 is a major federal government initiative that provides specific health objectives for communities and for the country. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to assess how areas across the country are progressing towards reducing the burden of breast cancer.

The HP2020 breast cancer targets used in the analysis are:

- Reducing women's death rate from breast cancer [Target as of the writing of this report: 20.6 cases (age-adjusted) per 100,000 women].
- Reducing the number of breast cancers that are found at a late-stage [Target as of the writing of this report: 41.0 cases (age-adjusted) per 100,000 women].

To assess how communities in the NCR are progressing toward these targets, the report used age-adjusted breast cancer death and late-stage incidence rates and trends for years 2006 to 2010 to estimate how many years it will take for each community to meet the HP2020 objectives (Table 1). Communities were classified on a spectrum from "Highest" to "Lowest," depending on the number of years needed to achieve the HP2020 targets (Table 1).

- Communities that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Communities that have already achieved both targets are considered to have the lowest needs.

The time estimated for each community to achieve HP2020 targets was combined with demographic and socioeconomic data to select four target communities in the National Capital Region service area. These target communities will be prioritized for evidence-based breast cancer interventions over the next several years:

- Alexandria, VA
- Ward 2 in District of Columbia
- Ward 5 in District of Columbia
- Wards 7 and 8 in District of Columbia

Alexandria, VA was selected as a target community based on the age-adjusted death rate as well as late-stage incidence rates. The age-adjusted death rate for this area (23.0 per 100,000) is higher than that of the US overall and is very close to NCR (23.5 per 100,000). Alexandria, VA is the only area in the NCR to have an increasing death rate, which means that it is not likely to reach the HP2020 breast cancer death rate target. Late-stage incidence rates are also higher than the national rate as well as the rate for the NCR. It is predicted that Alexandria, VA will not achieve the HP 2020 breast cancer target for late-stage incidence.

While data indicate that the entire District of Columbia will not quickly achieve the HP2020 targets, the data also reveal variation and distinct differences in the needs within the District across the Wards, leading to the selection of **Ward 2, Ward 5, and Wards 7 and 8** as target communities. These Wards have age-adjusted death rates that exceed the national rate (22.6 per 100,000), the NCR death rate (23.5 per 100,000), and the overall District of Columbia death rate (29.3 per 100,000) (Table 1).

- **DC Ward 2** has the highest age-adjusted death rate (35.7 per 100,000) of all the District of Columbia's Wards (Table 1). This rate far exceeds that of the NCR which is 23.5 per 100,000 and is well above the US rate of 22.6 per 100,000 (Table 1). This ward is predominantly White (71.7 percent) with a substantially larger Asian/Pacific Islander (API) female population than the entire District of Columbia. Although the Ward has one

of the lowest unemployment rates, nearly 10 percent of the population ages 40-64 do not have health insurance.

- **DC Ward 5** has an age-adjusted death rate of 33.9 per 100,000 (Table 1). The population of this Ward is 76.0 percent Black/African-American. In addition, 18.3 percent of the population of this Ward lack a high school education, 20.0 percent have an income below the 100 percent poverty level, and 12.2 percent of those between the ages of 40 and 65 lack health insurance. Each of these characteristics exceeds that of the entire District of Columbia and may contribute to the disparities seen in this community.
- **DC Ward 7 and Ward 8** both have high breast cancer death rates and are similar demographically, socioeconomically and geographically. Given this, Ward 7 and Ward 8 have been combined into one target community. Ward 7 has an age-adjusted death rate of 30.1 per 100,000, while Ward 8 has a death rate of 30.9 per 100,000 (Table 1). Both Wards are predominantly Black/African-American (94.9 percent and 93.5 percent, respectively). Several population characteristics may be contributing to the disparities seen in this community. Over a quarter of the population (26.0 percent) in Ward 7 is below the 100 percent poverty level, while Ward 8 has the highest percentage of people below the 100 percent poverty level (36.0 percent). Additionally, Wards 7 and 8 have the two highest unemployment rates in DC (16.8 percent and 24.9 percent, respectively). Ward 7 has the third-highest uninsured rate (18.1 percent) of the eight Wards, while Ward 8 has a small percentage of uninsured individuals age 40-64 (5.7 percent). The unemployment rates and low number of insured individuals may be contributing to the breast cancer disparities.

Table 1. Female breast cancer incidence, death and late-stage incidence rates and trends and Healthy People 2020 priority classification, National Capital Region

Population Group	Female Population (Annual Average)	Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends			Healthy People 2020 Priority Classification	Key Population Characteristics
		# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)		
US	154,540,194	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-1.2%		
HP2020	.	-	-	-	-	20.6	-	-	41.0	-		
District of Columbia	308,298	441	139.7	0.7%	98	29.8	NA	181	58.0	-4.3%		
Maryland	2,942,268	4,206	128.0	1.7%	818	24.5	-2.0%	1,521	46.4	-0.5%		
Virginia	3,993,827	5,420	124.8	1.3%	1,074	24.0	-1.9%	1,896	43.9	0.1%		
Komen National Capital Region Service Area	2,324,241	2,939	126.0	1.3%	550	23.5	NA	1,064	45.2	-0.9%		
White	1,323,847	1,822	130.6	1.6%	305	21.3	NA	592	42.4	0.3%		
Black/African-American	718,248	853	122.6	1.2%	223	32.2	NA	377	53.6	-2.8%		
AIAN	17,456	6	63.7	-1.7%	SN	SN	SN	SN	SN	SN		
API	264,690	179	75.0	3.4%	22	9.2	NA	67	27.6	2.5%		
Non-Hispanic/ Latina	2,009,819	2,791	130.2	1.4%	531	24.5	NA	1,006	46.7	-1.0%		
Hispanic/ Latina	314,422	147	77.2	1.7%	18	9.8	NA	58	26.7	1.7%		
District of Columbia - DC	308,298	441	139.7	0.7%	98	29.8	-2.3%	181	58.0	-4.3%	High	%Black/African-American, poverty, employment, medically underserved
Ward 1	NA	38	110.8	NA	7	21.8	NA	NA	NA	NA		
Ward 2	NA	38	124.9	NA	11	35.7	NA	NA	NA	NA		
Ward 3	NA	74	154.1	NA	13	23.4	NA	NA	NA	NA		
Ward 4	NA	69	125.9	NA	15	27.4	NA	NA	NA	NA		
Ward 5	NA	61	124.9	NA	17	33.9	NA	NA	NA	NA		
Ward 6	NA	50	135.1	NA	10	26.2	NA	NA	NA	NA		
Ward 7	NA	49	109.5	NA	14	30.1	NA	NA	NA	NA		
Ward 8	NA	43	146.0	NA	8	30.9	NA	NA	NA	NA		
Montgomery County - MD	492,599	720	127.5	-0.5%	115	19.6	-3.0%	230	40.9	-4.4%	Lowest	%API, foreign born
Prince George's County - MD	444,819	532	118.5	0.2%	121	27.8	-1.8%	214	47.0	-7.3%	Medium High	%Black/African-American

Population Group	Female Population (Annual Average)	Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends			Healthy People 2020 Priority Classification	Key Population Characteristics
		# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)		
Arlington County - VA	99,145	118	130.8	3.1%	20	21.9	-2.4%	39	43.7	-3.0%	Medium Low	
Fairfax County - VA	530,502	693	126.7	1.7%	113	21.6	-2.5%	227	40.9	3.0%	Medium	%API
Loudoun County - VA	147,541	144	122.5	-1.1%	23	21.2	-2.2%	49	41.9	-2.0%	Medium Low	%API, rural
Prince William County - VA	190,490	186	116.0	0.7%	34	22.7	-2.2%	67	40.8	2.5%	Medium High	
Alexandria City- VA	69,407	83	121.4	5.6%	16	23.0	15.7%	30	44.6	5.9%	Highest	
Fairfax City - VA	11,197	17	124.8	-3.7%	4	32.0	-3.3%	5	37.9	-29.5%	Medium High	%API
Falls Church City - VA	5,868	9	143.5	25.7%	SN	SN	SN	4	51.3	48.7%	Highest	
Manassas City - VA	17,895	18	118.3	5.4%	3	24.0	-2.7%	7	43.7	-7.9%	Medium Low	%Hispanic/Latina, education, poverty, language, insurance
Manassas Park City - VA	6,482	4	93.7	6.0%	SN	SN	SN	SN	SN	SN	Undetermined	%Hispanic/Latina, education, foreign, language, insurance

- NA – data not available
- SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
- Data are for years 2006-2010 except for the incidence and late-stage data for the State of Virginia, Virginia counties and NCR and Ward level incidence and death rates which are from 2005-2009.
- Rates are in cases or deaths per 100,000 women.
- Age-adjusted rates are adjusted to the 2000 US standard population.
- Source of incidence and late-stage data: NAACCR – CINA Deluxe Analytic File.
- Source of death rate data: CDC – NCHS mortality data in SEER*Stat.
- Source of death trend data: NCI/CDC State Cancer Profiles.
- Source of District of Columbia Ward incidence and death data: District of Columbia Cancer Registry, District of Columbia Department of Health, program funded by NPCR-CD

HEALTH SYSTEMS, POLICY AND PARTNERSHIPS

Health Systems Overview

The breast cancer continuum of care (CoC) is a framework that highlights how a person typically will move through the health care system for breast care, including screening, diagnosis, treatment, follow-up and/or survivorship.

Figure 1 provides a visual representation of the cycle of care that a person will complete while seeking breast health information or care. Throughout the entire CoC, breast health education is essential to each step in the process. To better understand the available resources for the entire CoC in the NCR, health systems data were collected through a comprehensive internet search.

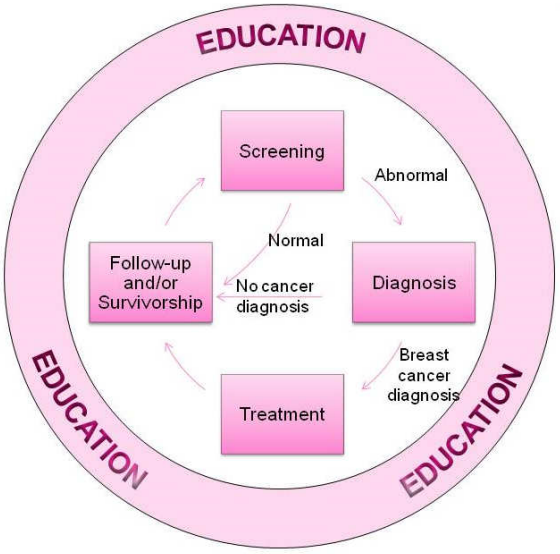

Figure 1. Breast Cancer Continuum of Care (CoC)

The following types of health care facilities or community organizations that may provide breast cancer related services were identified:

- **Hospitals** – Public or private, for-profit or nonprofit.
- **Community Health Centers** (CHC) – Community-based organizations that provide primary care regardless of ability to pay; include Federally Qualified Health Centers (FQHCs) and FQHC look-alikes.
- **Free Clinics** – Safety-net health care organizations that utilize a volunteer/staff model and restrict eligibility for their services to individuals who are uninsured, underinsured, and/or have limited or no access to primary health care.
- **Health Departments** – Run by government entity (e.g., county, city) and focused on the general health of its citizens.
- **Title X Providers** – Family planning centers that also offer breast and cervical cancer screening. Services are provided through state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, other private nonprofits.
- **Other**s – Any institution that is not a hospital, CHC, free clinic, health department or Title X provider (e.g., FDA-certified mammography center that is not a hospital/CHC, community organization that is not a medical provider but does connect people to services or provide support services such as financial/legal assistance).

Information collected through these means was inputted into a Health Systems Analysis spreadsheet by service type: screening, diagnostics, treatment, and support.

- The **screening** service category encompasses clinical breast exams (CBEs), screening mammograms, mobile mammography units, ultrasounds, and patient navigation.

- The category of **diagnostics** includes diagnostic mammograms, ultrasounds, biopsy, MRI, and patient navigation.
- **Treatment** modalities counted were chemotherapy, radiation, surgery consultations, surgery, reconstruction, and patient navigation.
- **Support** encompasses a broad range of services including support groups, wigs, mastectomy wear, individual counseling/psychotherapy, exercise/nutrition programs, complementary therapies, transportation assistance, financial assistance for cost of living expenses, as well as end-of-life care, legal services, and education.

Also included in the Health Systems Analysis spreadsheet were accreditation standards that these local resources may have including: National Cancer Institute Designated Cancer Centers, American College of Radiology Breast Imaging Centers for Excellence, American College of Surgeons Accreditation Program for Breast Centers, American College of Surgeons on Cancer Certification, and Food and Drug Administration (FDA)-approved Mammography Facilities.

Alexandria, Virginia has a total of 10 facilities that provide screening services, six that provide diagnostic services, three that provide treatment, and three that provide survivorship support. A total of 24 facilities provide screening services in **DC Ward 2**, eight provide diagnostic services, four provide treatment, and five provide survivorship support. **DC Ward 5** had five facilities that provide screening only and three facilities that provide the entire continuum of care for breast health. In **DC Wards 7 and 8** there are 14 identified health care facilities and community organizations that provide screening services, three provide diagnostic services, and one provides survivorship support services.

A review of the health system analysis identified needs and gaps within the breast cancer continuum of care for the target communities. Although there are services available in the target communities, the services that are available may not be sufficient to service the community. Per the US Department of Health and Human Services (2015), each of the target communities has areas designated as medically underserved or have medically underserved populations.

Public Policy Overview

The Breast and Cervical Cancer Mortality Prevention Act was signed into Public Law (101-354) in 1990 to improve access to cancer screening for underserved women, establishing the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). NBCCEDP funds all 50 states, the District of Columbia, 5 US territories, and 11 American Indian/Alaskan native tribal organizations, providing breast and cervical cancer screening. The Centers for Disease Control and Prevention (CDC) developed a National Comprehensive Cancer Control Program (NCCCP) in 1998. The NCCCP has been active in promoting health equity as it relates to cancer control throughout the 50 US states, District of Columbia, tribal groups, and Associated Pacific Islands/territories.

The NCR is serviced by three NBCCEDP and NCCCP programs: District of Columbia, State of Maryland, and the Commonwealth of Virginia. Komen works with the NBCCEDP implementing

organizations to ensure uninsured and underinsured women receive necessary breast cancer screenings, diagnostics, and treatment services through collaboration in the local communities. In addition, Komen has participated in the development of the Comprehensive Cancer Control (CCC) plans in Virginia, Maryland, and the District of Columbia.

The Patient Protection and Affordable Care Act (ACA) was signed into Public Law by President Barack Obama on March 23, 2010. ACA has several provisions including guaranteed issue of health care coverage to individuals with pre-existing health conditions, prohibition of annual limits on the amount spent for coverage by insurers and more. Under ACA, state Medicaid programs have the option to expand eligibility to ensure health care coverage for individuals who were previously ineligible, reducing the number of uninsured Americans. As of August 2015, the Commonwealth of Virginia has not adopted Medicaid expansion, while the District of Columbia and the State of Maryland have.

Each year, Komen works to identify, through a transparent, broad-based, and intensive vetting and selection process, the policy issues that have the greatest potential impact on Komen's mission. This process includes the collection of feedback from Komen Headquarters leadership, policy staff, and subject matter experts; Komen Affiliates from across the country; advisory groups including the Komen Advocacy Advisory Taskforce (KAAT), Advocates in Science (AIS), and Komen Scholars; and other stakeholders with a vested interest in breast cancer-related issues. The selected issues are the basis for Komen's annual state and federal advocacy work. Komen advocacy priorities include, but are not limited to:

- Support expanded federal funding for breast cancer research at the National Institutes of Health and the Department of Defense.
- Support state and federal funding for the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.
- Advocate for policies to improve insurance coverage of breast cancer treatments, including those that would require oral parity, preclude specialty tiers, and prevent step therapy protocols.
- Evaluate state and federal policies to reduce or eliminate out-of-pocket costs for medically necessary diagnostic mammography.

Partnerships and Collaborations

Partnerships and collaborations are essential to Komen's work in the NCR. Komen relies on these relationships to assist in addressing the goals of reducing late-stage diagnosis and mortality, and eliminating breast cancer disparities within the NCR. Partnerships primarily consist of collaborations with grantees through our Community Grants Program. These partnerships have proven invaluable, as grantees have a close pulse on the myriad of challenges faced by underserved women in need of breast health and breast cancer services within the NCR target communities.

In the past, Komen has partnered with the DC Department of Health, and has maintained ties with the U.S. Congress to close the gaps in research and public policy that lead to breast cancer disparities. Recently, however, there has been a deficit in partnerships involving other

federal/governmental, and health department agencies in the NCR. Without federal action and/or cooperation to bridge the gaps in early detection and treatment on a national level, many racial and ethnic minorities, the poor, and those with little or no health insurance will continue to receive low-quality cancer care, and will therefore be more likely to die because of a breast cancer diagnosis. Thus, expanding Komen's existing relationships to include these overarching partnerships is critical to addressing the goals of reducing late-stage diagnosis and mortality in the NCR.

Komen currently partners with community-based organizations, through the Community Grants Program, in support of programs that address the unmet needs of breast cancer patients, survivors, and their families. These partners and programs provide a broad range of direct services, including: breast cancer screening, diagnosis, and treatment assistance; patient navigation/support services; community education about breast cancer risk factors, the importance of early detection, and breast health resources available within the community; and education for health practitioners regarding cultural competency in breast care, with the goal of reducing/eliminating bias, confusion, and/or fear as patients make their way through the cancer care continuum.

QUALITATIVE DATA: ENSURING COMMUNITY INPUT

The NCR Community Profile Team conducted key informant interviews as well as focus groups in each of the target communities. Key informant interviews are structured conversations between an interviewer and a representative from a target population or community that allows for in-depth and probing questions on specific issues. Focus groups are structured discussions used to obtain in-depth information from a group of five to 10 people about a specific topic.

In each target community, the main questions that focus group participants answered included:

- Types of breast health services and support available and used.
- Interactions with health care providers and if their needs were met.
- Quality of breast cancer services (e.g., screening, diagnostics, and treatment) provided.
- Barriers experienced by community members in accessing and/or utilizing available breast health services.
- Solutions that could be implemented to reduce the identified barriers.

Key informant interview participants answered the following questions:

- Whether breast cancer is perceived as a concern.
- Who may be less likely to access breast cancer screenings.
- Barriers experienced in accessing and/or utilizing available breast health services.
- Solutions that could be implemented to reduce the identified barriers.

Of the 97 eligible invitees, 75 women participated in a total of 10, 90-minute focus groups. These participants represented District of Columbia Wards 2, 5, 7 and 8 and Alexandria, Virginia. The average age of the focus group participant was 47. Focus group participants

identified with the following race/ethnicity groups: Black/African-American (61); White/Non-Hispanic (6); Hispanic/Latino (4); Asian (e.g., South Asian, Chinese, Filipino, Japanese, Korean, and Vietnamese) (2); Native Hawaiian or Other Pacific Islander (e.g., Native Hawaiian, Guamanian/Chamorro, and Samoan) (1); and one participant chose not to disclose race/ethnicity.

A total of 34 potential key informants were contacted for an interview, and of those participants a total of 20 key informant interviews and/or surveys were conducted. The key informants were staff members of local organizations that provide services to residents of the target communities.

Through these qualitative data collection activities, we learned that the concept of breast cancer risk is not easily understood by individuals within the target communities. In addition, while breast cancer is of concern for women, other health concerns take precedence over breast cancer such as diabetes and heart disease/high blood pressure. Within each target community, focus groups participants and key informants indicated that women perceive screening mammograms as being painful and therefore are resistant to breast cancer screening and/or further diagnostic tests. Key informants indicated that in all target communities, low-income racial and ethnic subgroups, uninsured individuals, individuals with low health literacy (education), dual minorities and those that do not speak English fluently are less likely to get breast cancer screenings.

Within each of the target communities, focus group participants identified key themes regarding potential barriers to care:

- Focus group participants from Alexandria, Virginia listed a lack of knowledge about breast cancer and how to detect it early, as well as the need for services as overall themes.
- In District of Columbia (DC) Ward 2, the focus group participants listed fear of the tests being painful and lack of education as barriers to breast health and self-advocacy as a necessary practice for being proactive about their health.
- In DC Ward 5, three key themes emerged from discussions with participants, including a lack of information, fear as a barrier to receiving services, and the need for more outreach in the community. Many participants in DC Ward 5 were unaware of breast health services in their community and travelled to other areas to receive care.
- In DC Wards 7 and 8 the overall themes included lack of services in low-income communities and the need for education and outreach.

Key informants identified four barriers that prevented residents within the target communities from accessing and remaining in the continuum of care: personal, environmental, financial and health care system operations. Table 2 represents overall themes as well as barriers revealed by key informant participants of organizations that provide services to residents of Alexandria, Virginia and DC Wards 2, 5, 7 and 8.

Table 2. Barriers to continuum of care services identified by key informants

	Screening Barriers	Diagnostic Barriers	Treatment Barriers
Personal	• Competing priorities (e.g., family and work)[1,2,3,4] • Language[1,2,3,4] • Cultural (i.e., not supportive of screening, God will heal)[1,2,3,4] • Fear[1,2,3] • Lack of understanding where to go[1,2,3,4] • Age[1,2,3,4] • Unsure where insurance is accepted[1,2,3] • Time[3] • Health literacy[3] • Mistrust of health care providers/system[3] • Lack of support system[4]	• Language[1,2,3,4] • Do not understand why additional tests are needed[1,2,3,4] • Fatalism[1] • Fear[1,2,3,4] • Provider unable to reach patient with abnormal results and next steps[1,2,3,4] • Time[1,2,3,4] • Cultural (e.g., do not question doctors, family does not want them to go back) [1,2,3,4]	• Competing priorities (e.g., family, work, other health issues)[1,2,3,4] • Language[1,2,3] • Time[1,2,3,4] • Lack of resources (i.e. support)[1,2,4]
Environmental	• Transportation[1,2,3] • Lack of comprehensive services within local community[1,2,3,4] • Ability to easily access facilities if have disability[1,2,3,4]	• Transportation[1,2,3,4] • Facilities providing diagnostic services are located outside of local community[1]	• Transportation[1,2,3,4] • Access to providers/facilities in local community[1,2,3,4]
Financial	• Insurance status[1,2,3,4] • Copays/deductibles/out-of-pocket costs[1,2,3,4] • Coverage verification issues-takes multiple appointments[1,4] • Financial assistance not determined until after service has been completed[4]	• Insurance coverage issues between facilities[1,2,3,4] • Copays/deductibles/out-of-pocket costs[3,4]	• Delays in applying or re-certifying public insurance[1,2,3,4] • Billing mistakes (e.g., receive a bill and cannot pay, so do not return for services)[1,2,3,4] • Cost will burden family[1] • Difficulty finding provider that accepts insurance[3] • Copays/deductibles/out-of-pocket costs[4]
Health Care System Operations	• Scheduling not patient-centered[1,2,3,4] • Unwelcoming atmosphere of facilities – not treated like others[1,2] • Go to doctor for mammogram order, but other conditions treated first and order not received[1,4]	• Patient gets lost in transitioning from one facility to another for services[1,2,3,4] • All services not offered in one facility[1] • Scheduling provider-centered not patient-centered[1,2]	• Fragmentation of care-to complete treatment may have to go to three different facilities[1,2,3,4] • Level of care accessible less quality than other facilities[1,2] • Lack of coordinated care between the multidisciplinary team[1,2,3,4]

1= District of Columbia Ward 2
2= District of Columbia Ward 5
3= District of Columbia Wards 7 and 8
4= Alexandria, Virginia

Recommendations provided by focus group participants and key informants for addressing the barriers experienced by women in Alexandria, Virginia include:

- Community outreach about risk reduction, breast abnormalities, early detection, why additional diagnostic tests are needed, and available local breast cancer services.
- Expanded capacity using mobile mammography at locations where people congregate, community health workers to provide education, expanded hours (evenings, weekends and holidays), and ensure services are free to those that need them.
- Patient navigation programs that can support and assist residents in entering the continuum of care, receiving screenings, and moving them seamlessly as needed through diagnostics and treatment into survivorship services. Navigators can also assist the individuals with "wrap around" services to reduce other barriers[1].
- Health care provider training about racial and ethnic health care practices and how to improve patient-provider and provider-provider communication.

Recommendations provided by focus group participants and key informants for addressing the barriers experienced by women in District of Columbia Wards 2, 5, 7 and 8 include:

- Patient navigation programs that can support and assist residents in entering the continuum of care, receiving screenings, and moving them seamlessly as needed through diagnostics and treatment into survivorship services. These navigation programs need be available in each Ward and for specific populations (e.g., Black/African-American, Hispanic/Latino, Immigrants, LGBT) so that the navigators can easily identify with the individuals that need assistance. Navigators can also assist the individuals with "wrap around" services to reduce other barriers[1].
- Development of a "health care oasis," "PODS," "one-stops," or "community assessment and referral sites" where all screening and survivorship services can be provided in one community location. These models could utilize mobile mammography units, offer support and provide transportation, child care, and additional health services.
- Expanded capacity of health care facilities to provide service outside of normal business hours, days, and locations.
- Financial assistance that can reduce identified barriers (copays, deductibles, out-of-pocket costs, transportation).
- Community outreach that stresses survivorship issues, the importance of breast cancer early detection stressing breast self-awareness, self-advocacy, being proactive about one's health and reducing stigmas and misperceptions about breast cancer through comprehensive, evidence-based education programs. Involve individuals that are trusted in the community such as health care providers and community and religious organizations.
- Health care provider training about racial and ethnic health care practices and how to improve patient-provider and provider-provider communication.

[1] "Wrap-around" services include the non-medical services that increase the availability or effectiveness of health care by linking, retaining, and supporting those who may need help taking their medications regularly, getting to their appointments on time, or coping with the psychological and emotional stresses surrounding their diagnosis. These services can include housing support, transportation, child care, emergency financial assistance, and psychosocial counseling.

MISSION ACTION PLAN

Utilizing the key findings from the quantitative, health system, public policy and partnership analysis, and qualitative data, the Komen Community Profile Team along with the Community Health Grantmaking and Advocacy Teams developed a comprehensive Mission Action Plan to address the identified issues in each of the target communities.

Problem Statement: It is predicted that Alexandria, Virginia and the District of Columbia will not achieve the Healthy People 2020 breast cancer late-stage diagnosis and death rate targets. Health system analyses found that within the target communities there is disproportionate access to breast cancer services among specific populations, even if services are available within the local communities. Common target community barriers identified by focus group participants and key informants included lack of breast cancer education and training, communication issues, competing priorities, transportation, financial, scheduling flexibility, and fragmented quality health care services.

Priority: Enhance the ability of health care systems and community organizations that provide breast cancer services to residents in Alexandria, Virginia and District of Columbia Wards 2, 5, 7 and 8 to provide seamless continuity of care between referral, screening, diagnosis, treatment, and survivorship services.

Objective: Support the development and/or growth of breast cancer patient navigation and/or community health worker programs within Alexandria, Virginia and District of Columbia Wards 2, 5, 7 and 8 to assist residents in accessing screening and transitioning throughout the breast cancer continuum of care.

Objective: Support the development or expansion of programs to provide breast cancer services beyond normal business hours (8 a.m. - 5 p.m.), on weekends (i.e., Saturday and Sunday), and/or at alternative locations in Alexandria, Virginia and District of Columbia Wards 2, 5, 7 and 8 such as churches, community centers, and places of employment.

Objective: Support the development or expansion of programs that reduce financial, communication and transportation barriers to breast cancer care for underserved residents of Alexandria, Virginia and District of Columbia Wards 2, 5, 7 and 8.

Objective: Support programs that aim to improve health care quality and advance health equity through health care provider training and assessment utilizing the US Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards).

Priority: Initiate and support education efforts focused on increasing knowledge and utilization of available breast cancer resources, the importance of early detection, and motivating women to action with an emphasis on reaching the low-income, uninsured, underinsured, working poor, and racial and ethnic minorities in Alexandria, Virginia and District of Columbia Wards 2, 5, 7 and 8.

Objective: Support culturally appropriate, evidence-based one-on-one and group breast cancer education programs to underserved populations in Alexandria, Virginia and District of Columbia Wards 2, 5, 7 and 8.

Priority: Advocate to ensure that the fight against breast cancer is a priority among policymakers that serve the NCR.

Objective: On an annual basis, provide Maryland and Virginia US Representatives and Senators and District of Columbia policymakers at least one policy briefing regarding one of Komen's Advocacy Priorities.

Note: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen® NCR Community Profile Report.

[i] Susan G. Komen. (2015). *Susan G. Komen National Capital Region community profile: 2015*. Dallas, TX: Author.

[ii] Freeman, H. Patient Navigation: A Community Centered Approach to Reducing Cancer Mortality. J Cancer Educ; 21(Suppl): S11-S14, 2006.