FY19 COMMUNITY GRANTS PROGRAM REQUEST FOR APPLICATIONS

FOR BREAST CANCER PROJECTS
in the Continuum of Care Navigation Program

PERFORMANCE PERIOD: APRIL 1, 2019 - MARCH 31, 2020

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

Susan G. Komen® Central Indiana
3500 DePauw Blvd, Suite 2070
Indianapolis, IN 46268
www.komencentralindiana.org

TABLE OF CONTENTS

Contents

KEY DATES

Grant Writing Workshop	Indianapolis: Thursday, October 11, 2018 10:00am
	Terre Haute: Thursday, October 18, 2018 10:00am
GeMS Technical Webinar	Monday, October 29 10:00am
Application Deadline	Friday, January 11, 2019 4:00pm
Award Notification	On or Before March 31, 2019
Award Period	April 1, 2019 - March 31, 2020

ABOUT SUSAN G KOMEN® AND KOMEN CENTRAL INDIANA

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than $956 million in research and provided more than $2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Central Indiana is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Central Indiana Race for the Cure®, Komen Central Indiana has invested over $17 million in community breast health programs in 41 counties.

NOTICE OF FUNDING OPPORTUNITY AND STATEMENT OF NEED

Komen Central Indiana is offering community grants to support breast cancer projects that address specific funding priorities, which were selected based on data from the current Komen Central IndianaCommunity Profile Report, found on our website at www.komencentralindiana.org.

The funding priority areas are listed below in no particular order:

- **Patient Navigation**

    Projects that provide evidence-based patient navigation for un- and under-insured breast cancer patients that reside in the Komen Central Indiana service area, especially the priority counties of Boone, Marion, Rush, Shelby, Vermillion, Vigo, and Wayne Counties. Patient navigation must follow the individual from a breast cancer diagnosis through treatment.

    Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling,

care coordination, health system navigation, and access to transportation, language services and financial resources).

Examples of successful projects include those that result in:

- A reduction in the number of women "lost to follow-up;"
- A reduction in time from diagnostic resolution to treatment;
- An increase in treatment compliance.

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

ELIGIBILITY REQUIREMENTS

The following eligibility requirements must be met at the time of application submission:

- Individuals are not eligible to apply.

- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.

- Applicant organizations must provide services to **residents** of one or more of the following locations:
    - Clark County, IL
    - Edgar County, IL
    - Bartholomew County, IN
    - Blackford County, IN
    - Boone County, IN
    - Brown County, IN
    - Clay County, IN
    - Clinton County, IN
    - Decatur County, IN
    - Delaware County, IN
    - Fayette County, IN
    - Fountain County, IN
    - Franklin County, IN
    - Grant County, IN
    - Greene County, IN
    - Hamilton County, IN
    - Hancock County, IN
    - Hendricks County, IN
    - Henry County, IN
    - Howard County, IN
    - Jay County, IN
    - Johnson County, IN
    - Madison County, IN
    - Marion County, IN
    - Monroe County, IN
    - Montgomery County, IN
    - Morgan County, IN
    - Owen County, IN
    - Parke County, IN
    - Putnam County, IN
    - Randolph County, IN
    - Rush County, IN
    - Shelby County, IN
    - Sullivan County, IN
    - Tippecanoe County, IN
    - Tipton County, IN
    - Union County, IN
    - Vermillion County, IN
    - Vigo County, IN
    - Warren County, IN
    - Wayne County, IN

- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with

breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.

- All past and current Komen-funded projects must be in compliance with Komen requirements.

- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.

ALLOWABLE EXPENSES

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

- Key Personnel / Salaries
- Consultants/ Sub-contracts
- Supplies
- Travel
- Patient care
- Other direct project expenses
- Equipment, including software, not to exceed $5,000 total, essential to the breast health-related project to be conducted
- Indirect costs, not to exceed 10 percent of direct costs

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

Funds may **not** be used for the following purposes:
- Research, defined as any project or program with the primary goal of gathering and analyzing data or information.
  - Specific examples include, but are not limited to, projects or programs designed to:
    - Understand the biology and/or causes of breast cancer
    - Improve existing or develop new screening or diagnostic methods
    - Identify approaches to breast cancer prevention or risk reduction
    - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
    - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer.
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Grantees can view, download and print all of Komen's educational materials by visiting http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html. If a grantee intends to use supplemental materials, they should be consistent with Komen messages.

- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
- General operating funds (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
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over $5,000 total
- Projects or portions of projects not specifically addressing breast cancer

IMPORTANT GRANTING POLICIES

Please note the following non-negotiable policies before submitting an application:

- The project must occur between April 1, 2019 and March 31, 2020.
- Recipients of services must reside in the Affiliate Service Area.
- The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. **No expenses may be accrued against the project until the grant agreement is fully executed**. *The contracting process can take up to six weeks from the date of the award notification letter.*
- Any unspent funds over $1.00 must be returned to Komen Central Indiana.
- Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
- Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
- At the discretion of Komen Central Indiana, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
- Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
  - Commercial general liability insurance with combined limits of not less than $1,000,000 per occurrence and $2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;
  - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than $1,000,000; and
  - Excess/umbrella insurance with a limit of not less than $5,000,000.
  - To the extent any transportation services are provided, $1,000,000 combined single limit of automobile liability coverage will be required.

- To the extent medical services are provided, medical malpractice coverage with combined limits of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate will be required.
- Grantees are also required to provide Komen Central Indiana with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Central Indiana, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.

EDUCATIONAL MATERIALS AND MESSAGES

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

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

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

REVIEW PROCESS

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

Impact 10%: How successful will the project be at increasing the percentage of people who enter, stay in or progress through the continuum of care, thereby reducing breast cancer mortality? To what extent has the applicant demonstrated that the project will have a substantial impact on the selected funding priority?

Statement of Need 10%: How well has the applicant described the identified need and the population to be served, including race, ethnicity, economic status and breast cancer mortality statistics? How closely does the project align with the funding priorities and target communities stated in the RFA?

Project Design 25%: How likely is it that proposed activities will be achieved within the scope of the project? How well has the applicant described the project activities to be completed with Komen funding? To what extent is the proposed project designed to meet the needs of specific communities including the cultural and societal beliefs, values and priorities of each community? How well does the applicant incorporate an evidence-based intervention and/or a promising practice? To the extent collaboration is proposed, how well does the applicant explain the roles, responsibilities and qualifications of project partners? How well does the budget and budget justification explain the need associated with the project?

Organization Capacity 10%: To what extent does the applicant's staff have the expertise to effectively implement all aspects of the project and provide fiscal oversight, including the appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? How well has the applicant demonstrated evidence of success in delivering services to the target population described? To what extent has the applicant demonstrated they have the equipment, resources, tools, space, etc., to implement all aspects of the project?

Monitoring and Evaluation 20%: To what extent will the documented evaluation plan be able to measure progress toward the stated project goal and objectives, and the resulting outputs and outcomes? To what extent does the evaluation plan aim to collect the relevant required metrics in Appendix A of the RFA? To what extent are the applicant's monitoring and evaluation (M&E) resources/ expertise likely to adequately evaluate project success?

Inventory of Community Resources 10%: To what extent does the applicant understand the resources are currently available in an applicant's target area? To what extent are there plans to connect with these resources to avoid duplication of services in the community? To what extent does the applicant demonstrate needs beyond those that other agencies may be able to fill? Is the plan for using Komen Central Indiana dollars to fill these gaps a sound one?

Community Collaboration and Outreach 15% Does the organization plan to actively outreach to individuals residing in the priority counties of Boone, Marion, Rush, Shelby, Vermillion, Vigo, and Wayne? What kind of outreach is the organization doing? If the applicant organization is not actively outreaching to individuals in these counties, do subcontractors and/or community partnerships demonstrate an active outreach to these priority communities?

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

SUBMISSION REQUIREMENTS

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

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

APPLICATION INSTRUCTIONS

The application must be completed and submitted via the Komen Grants eManagement System (GeMS), https://affiliategrants.komen.org. The required sections/pages in GeMS are listed in ALL CAPS and described below. For an application instruction manual, please visit our webpage, www.komencentralindiana.org, or contact Stephanie Laskey, slaskey@komencentralindiana.orgl. When initiating an application in GeMS, make sure it is a **Community Grants** application, designated "CG", and not a Small Grants ("SG") application to apply to this RFA.

PROJECT PROFILE

This section collects applicant information including proposed partner organizations, and accreditations earned (if applicable).

Attachments for the Project Profile page (if applicable):

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

ORGANIZATION SUMMARY

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

PROJECT PRIORITIES AND ABSTRACT (limit 1,000 characters)

This section collects information about the funding priorities to be addressed and the project abstract. The abstract should include the target populations to be served, the need to be addressed, a description of key activities, the expected number of individuals to be served and the expected change the project will likely bring to the community including how it will be measured. The abstract is typically used by the Affiliate in public communications about funded projects.

PROJECT NARRATIVE

This is the core piece of the application divided into the following subsections:

<u>Statement of Need</u> (limit 5,000 characters)

- Describe evidence of the risk/need within the identified population.
- Describe the target population to be served with Komen funding using race, ethnicity, socioeconomic and breast cancer mortality statistics.
- Describe how this project aligns with Komen target communities and/or the RFA funding priorities.

<u>Project Design</u> (limit 5,000 characters)

- Describe how the project will increase the percentage of people who enter, stay in or progress through the continuum of care and thereby reduce breast cancer mortality.
- Explain what specifically will be accomplished using Komen funding and how the project's goal and objectives align with the selected funding priorities.
- Explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community.
- Explain how the project incorporates an evidence-based intervention (please cite references). Due to character limits in GeMS, citation lists may be emailed to slaskey@komencentralindiana.org
- Explain how collaboration strengthens the project, including roles and responsibilities of all organizations and why partnering organizations are qualified to assist in accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs on Project Profile page.

Organization Capacity (limit 5,000 characters)

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

Monitoring and Evaluation (limit 5,000 characters)

- Describe how the organization(s) will measure progress toward the stated project goal and objectives, including the specific evaluation tools that will be used to measure progress. These tools can include client satisfaction surveys, pre- and post-tests, client tracking forms, etc.
- Describe the specific outcomes that will be measured as a result of proposed project activities, including those metrics required in Appendix A of the RFA. Outcomes reported can include number of days to diagnostic resolution after an abnormal imaging test, number of days from diagnosis to first day of treatment, etc.
- Describe the resources and expertise available for monitoring and evaluation during the project period. Specify if the expertise and resources are requested as part of this project, or if they are existing organizational resources.

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:
- Accomplishments
- Challenges
- Upcoming tasks
- Lessons learned
- A compelling story from an individual that was served with Komen funding
- Demographics of individuals served through Komen funding (see Appendix A)
- Types of services provided (see Appendix A)

Inventory of Community Resources (limit 5,000 characters)

- Please describe what resources are currently available in your community that you may partner with to achieve the described objectives of this proposal. Describe how this program will avoid duplicating services that other agencies may provide. Describe what gaps in service exist in your community, and how you plan to use Komen Central Indiana grant dollars to fill those gaps.

Community Collaboration and Outreach (limit 5,000 characters)
- Describe how the applicant organization and/or its subgrantees and/or community partners will actively outreach to individuals residing in the priority counties of Boone, Marion, Rush, Shelby, Vermillion, Vigo and Wayne.

PROJECT TARGET DEMOGRAPHICS

This section collects information regarding the various groups the project will target. This does not include *every* demographic group the project will serve but should be based on the groups that the project will primarily focus its attention.

PROJECT WORK PLAN

In this section, all applicants are required to develop project objectives in order to meet the universal goal to:

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

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

Specific
Measurable
Attainable
Realistic
Time-bound

A guide to crafting SMART objectives is located in Appendix B with examples provided.

The submission of a timeline and anticipated number of individuals to be served is also required.

Write the Project Work Plan with the understanding that each objective must be reported on in progress reports. **The Project Work Plan must only include measurable objectives that will be accomplished with funds requested from Komen Central Indiana**. Objectives that will be funded by other means should **not** be reported here, but instead can be included in the description of the overall program in the Project Narrative section.

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

- **Evaluation forms, surveys, logic models** that will be used to measure the objectives.

BUDGET SECTION

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

KEY PERSONNEL/SALARIES

This section collects information regarding the personnel needed to achieve proposed project objectives. Any individual playing a key role should be included with information for employee's salary and benefits adjusted to reflect the percentage of effort on the project. If no funds are requested from Komen for staff salary, enter 0 in the % of Salary on Project request field to properly complete an application.

Attachments Needed for Key Personnel/Salaries Section:

- **Resume/Job Description** – For any staff member involved in the project, please provide a resume. For those staff who are seeking Komen Central Indiana funds to supplement their salaries, please provide BOTH a resume and a job description (Two page limit per individual per document.)

CONSULTANTS/ SUB-CONTRACTS

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

SUPPLIES

This section should include the supplies needed to help achieve proposed project objectives.

TRAVEL

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

PATIENT CARE

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

OTHER

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

INDIRECT

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

PROJECT BUDGET SUMMARY

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

Attachments Needed for the Project Budget Summary Section:

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

   https://www.irs.gov/charities-non-profits/exempt-organizations-select-check

- **Organizational 990 from the last fiscal year**
- **Optional: Organizational annual report from the last fiscal year**

Applicant Support: Questions should be directed to:

Stephanie Laskey

317-252-0469

slaskey@komencentralindiana.org

APPENDIX A: FY19 REPORTING METRICS

Grantees will be required to report on the below metrics in FY19 Progress/Final Reports. All grantees will report on services provided, race and ethnicity, and breast cancer diagnoses by county of residence of those served; demographics of those served; and a more detailed account of breast cancer diagnoses, including by race and ethnicity and services that led to a diagnosis. The remaining categories will only need to be reported on if a grantee offers those services in their Project Workplan. For example, if a grantee has only an education objective, they will only have the option to report metrics for the Education & Training category.

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

Demographics

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

Breast Cancers Diagnosed

- Staging of breast cancers diagnosed resulting from:
    - Screening services*
    - Non-Biopsy diagnostic services*
    - Biopsy-only
    - Community navigation into screening*
    - Patient navigation into diagnostics*

Education & Training

- Type of session: One-on-one, Group
- Topic of session: Breast self-awareness, available breast health services and resources, clinical trials, treatment, survivorship and quality of life, metastatic breast cancer
- Number of individuals reached by topic area
- Follow-up completed
- Action taken: Did not take action, talked to health care provider, received a breast cancer screening, shared information with family/friends, received genetic counseling/testing, talked to provider about clinical trials, enrolled in a clinical trial, adopted healthy behavior
- If health care provider training, total number of providers trained in each session (one-on-one, group) and number by provider type (Community health workers, lay educators, patient navigators, social workers, nurses, technicians, nurse practitioners/physician assistants, doctors)

Screening Services

- First time to facility
- Number of years since last screening
- Screening facility accreditation*
  - American College of Radiology – Mammography accreditation (ACR)
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
- Count of screening services provided*
  - Clinical breast exam
  - Mammogram – in facility
  - Mammogram – mobile
  - Genetic testing/counseling
- Screening result*
- Referred to diagnostics*

Diagnostic Services

- Time from screening to diagnosis*
- Diagnostic facility accreditation*
  - American College of Radiology – any individual ACR breast diagnostic test accreditations (ACR)
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - American College of Radiology – Diagnostic Imaging Center of Excellence (DICOE)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
  - American College of Surgeons - Commission on Cancer (CoC)
- Count of diagnostic services provided*
  - Diagnostic mammogram
  - Breast ultrasound
  - Breast MRI
  - Biopsy
  - Genomic testing to guide treatment
- Referred to treatment*

Treatment Services

- Time from diagnosis to beginning treatment*
- Treatment facility accreditation*
  - American College of Radiology – any individual ACR breast cancer treatment accreditations (ACR)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
  - National Cancer Institute-Designated Cancer Center (NCI)
  - American College of Surgeons - Commission on Cancer (CoC)
- Count of treatment services provided*
  - Chemotherapy
  - Radiation therapy
  - Surgery
  - Hormone therapy
  - Targeted therapy

- Count of patients enrolled in a clinical trial*

Treatment Support
- Count of treatment support services provided

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

Patient Navigation, Care Coordination & Case Management
- Count of individuals receiving coordination of care to diagnostic services
- Count of individuals receiving coordination of care to treatment services
- Time from referral to screening*
- Accreditation of screening facility navigated to*
  - American College of Radiology – Mammography accreditation (ACR)
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
- Time from abnormal screening to diagnostic resolution*
- Accreditation of diagnostic facility navigated to*
  - American College of Radiology – any individual ACR breast diagnostic test accreditations (ACR)
  - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
  - American College of Radiology – Diagnostic Imaging Center of Excellence (DICOE)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
  - American College of Surgeons - Commission on Cancer (CoC)
- Time from diagnostic resolution to beginning treatment *
- Accreditation of treatment facility navigated to*
  - American College of Radiology – any individual ACR breast cancer treatment accreditations (ACR)
  - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
  - National Cancer Institute-Designated Cancer Center (NCI)
  - American College of Surgeons - Commission on Cancer (CoC)
- Patient enrolled in a clinical trial*
- Individual completed physician recommended treatment*
- Survivorship care plan provided
- Breast cancer records provided to primary care provider

APPENDIX B: WRITING SMART OBJECTIVES

A **SMART** objective is:

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

<u>**SMART Objective Examples**</u>

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

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

SMART objective 1: By September 30, 2019, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

Non-SMART objective 2: By March 30, 2020, reduce the time between abnormal screening mammogram and diagnostic end-result for women in the counties of Jackson, Morse and Smith in North Dakota.

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

SMART objective 2: By March 30, 2020, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in North Dakota.

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
• **_Specific:_** _Who? (target population and persons doing the activity) and What? (action/activity)_		
• **_Measurable:_** _How much change is expected?_		
• **_Achievable:_** _Can be realistically accomplished given current resources and constraints_		
• **_Realistic:_** _Addresses the scope of the project and proposes reasonable programmatic steps_		
• **_Time-bound:_** _Provides a time frame indicating when the objective will be met_		
2. Does it relate to a single result?		
3. Is it clearly written?		

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