



2012-2013 STATEMENT OF NEED

Overview

The Komen NC Triangle Affiliate is committed to addressing our mission by being a catalyst within our 20-county service area. Each year, the Komen NC Triangle Affiliate Board of Directors and staff review an extensive community profile to refine this Statement of Need (see www.komennctriangle.org for the full, new 2011 Community Profile).

The Komen NCT funds programs that provide essential direct services such as screening and treatment. However, it is our aim to encourage creativity, innovation, ingenuity and collaboration among existing and potentially new service providers. We look for outcomes that consider both the longevity and the quality of care. We also emphasize life-long education and services that address the entire continuum of care and recovery. In considering the balance of funds awarded, we strive to minimize duplication with existing programs and to maximize the use of existing structures by encouraging partnerships and collaborations within communities.

Komen NC Triangle will only consider funding programs that definitively respond to the required and priority elements outlined in this Statement of Need for 2012-2013 Community Health Grants.

Here is a summary of the required and priority elements of all program applications. See below for details.

I. Summary of Required Elements

Applications must include all of the following elements to be considered.

- A. Address at least one of the following: education, screening, diagnosis, treatment, post-diagnosis services/ issues AND include appropriate referral plans to ensure a seamless continuum of care.
- B. Fill gaps and address disparities in your community.
- C. Utilize documented strategies and have a strong evaluation component.
- D. Include uninsured and under-insured populations in your program's target audience.
- E. Demonstrate cultural responsiveness to your target audience(s).
- F. Serve individuals within our 20-County Service area.

II. Summary of Priority Elements

These elements are not required. However, programs that address these important priorities will receive preference during the review process.

- A. Forge meaningful organizational partnerships to maximize resources and impact.
- B. Extend targeted outreach activities beyond your existing institutional community.
- C. Address the long-term impact on both your community and on individual constituents/patients.
- D. Include innovative programs that address access to services.

I. Required Elements

A. Address at least one of the following: education, screening, diagnosis, treatment, post-diagnosis services/ issues, AND include appropriate referral plans to ensure a seamless continuum of care.

- Our top priority is to fund programs that identify and serve people who are not getting access to education, screening, diagnosis, treatment, and post-diagnosis (both social/psychological and physical) services.
- In cases where the proposal focuses on one element of the continuum of care, we expect programs to articulate a clear and measureable continuum-of-care referral and follow-up process (example: patient education must lead to appropriate screening).

B. Fill gaps and address disparities in your community.

- Programs should address gaps in the continuum of care within a particular community. Promising programs will offer innovative approaches that supplement or support existing education, screening, diagnosis, treatment and post-diagnosis options in a community.
- We encourage programs to address demographic, social or geographic disparities that impact the breast cancer incidence and mortality rates in a given community.
- We encourage programs to address informational gaps in the continuum of care and implement culturally-appropriate health communication mechanisms as a component of the program.

C. Utilize documented strategies and have a strong evaluation component.

- Your program must be grounded in documented best-practices and/or evidence-based strategies (See the RFA, Section V)
- All proposals must include a well-developed evaluation plan with clearly defined and measurable objectives.

D. Include uninsured and under-insured populations in your program's target audience.

- Our service area is demographically and geographically diverse (2011 Community Profile). Higher disparities in breast cancer mortality, access and quality of care are especially evident in rural communities, among persons of color, people living below the poverty line and those without health insurance. As such, these are our highest priorities and your program must include one or more of these populations.

E. Demonstrate cultural responsiveness to your target audience(s).

- In being culturally responsive, programs should demonstrate as appropriate protocols for providing effective communication and services to diverse populations. Strategies might include offering multi-lingual, low-literacy and/or culturally appropriate outreach and services.

F. Serve individuals within our 20-County Service area.

- The Komen NC Triangle Affiliate serves the counties of Caswell, Chatham, Durham, Edgecombe, Franklin, Granville, Halifax, Harnett, Johnston, Lee, Moore, Nash, Northampton, Orange, Person, Pitt, Scotland, Vance, Wake and Warren. Grant funds can only be used in these counties. Patients / clients must live in OR be served in one of these 20 counties.

II. Summary of Priority Elements

These elements are not required. However, programs that address these important priorities will receive preference during the review process as follows. For each one of these four Priority Elements that your program clearly addresses, your application will receive “bonus points” during the review process. (Please see RFA, Section V, for specifics)

A. Forge meaningful organizational partnerships to maximize resources and impact.

- To support our goal of catalyzing creativity and ingenuity in addressing needs, we give priority to programs that are collaborative, integrative and coordinated with other service providers, not necessarily limited to health care providers.
- Examples of innovative partnerships include, but are not limited to: transportation services, NC-BCCCP providers, public housing developments, faith-based organizations, local worksites, multi-cultural and community organizations, senior centers, local hospitals/clinics and university-based health care systems.

B. Extend targeted outreach activities beyond your existing institutional community.

- We strongly encourage programs that innovatively and strategically bring services (including education) to where the target community resides or works. This may include reaching out to neighboring counties, regions and/or communities.
- Some programs limit outreach and marketing to “easy-to-reach” individuals, specifically those in the institution’s database/mailling list or who live or work nearby. We encourage programs to reach deeper into the community by developing innovative communication and outreach strategies to engage hard-to-reach populations.

C. Address the long-term impact on both your community and on individual constituents/patients.

- Recognizing that breast health is an ongoing process for any individual, we seek programs that demonstrate a long-term impact on any given individual.
- Programs should promote proactive and ongoing behaviors related to breast health, including consecutive annual screening procedures and appropriate follow-up and/or treatment.

D. Include innovative programs that address access to services.

- In order to remove barriers to care for the uninsured and under-insured, we encourage programs to creatively address issues that may include: transportation, language, financial burdens, family responsibilities, disabilities, scheduling issues and/or availability of services.
- We do fund programs that address the needs of persons who are undocumented.
- We encourage clinics, hospitals, oncology facilities and health departments to document in your proposal that you offer low-cost or subsidized services for high-need patients. These costs should reflect the current Medicaid rate wherever possible.
- Where appropriate, programs should provide cultural, economic and privacy sensitivity training to breast health providers who serve target populations