# Buncombe County Cancer Patient Advocacy, Support, and Community Education Program

FY 2017 Buncombe County Community Funding

## The Hope Chest for Women

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## **Application Form**

## **Project Name\***

Name of Project

Buncombe County Cancer Patient Advocacy, Support, and Community Education Program

## **Amount Requested\***

Amount Requested \$38,700.00

#### Service Area\*

Which Commissioner Districts are served by this program?

Access a map of Buncombe County Commissioner districts here.

District 1

District 2

District 3

## Which county sustainability goal aligns best with the goals of this project?\*

Based on the Buncombe County Sustainability Plan, select a <u>Category</u>, <u>Goal</u> & <u>Objective</u> that align with the focus of the project and the specific results that will be achieved.

Access the Buncombe County Sustainability Plan here.

Community > Equity in Access > Improve equality in access to healthcare

## If applicable, select a second sustainability goal that aligns with project goals.

**Result 2 is optional -** Select if project aligns with more than one Sustainability Category, Goal & Objective.

Community > Healthy People > Assure the availability of a medical home for all

## If applicable, select a third sustainability goal that aligns with project goals.

**Result 3 is optional -** Select if project aligns with more than one Sustainability Category, Goal & Objective.

Community > Citizen Participation in Community Decisions > Increase opportunities for civic engagement and participation

## **Project Description**

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#### Description of Project

Provide outreach & support to 500 Buncombe County cancer patients yearly: visit local chemotherapy treatment rooms & BC cancer support groups to comfort & provide assistance to patients in treatment.

Participate in 4 health fairs, & 6 workshops in BC to promote cancer awareness & prevention to reach an estimated 1500 BC residents per year. Advocate for the importance of cancer screening & early detection.

Double our ability to provide medical & non-medical bill pay assistance to women diagnosed w' breast or gynecologic cancer. We spend 17k a year for mini-grants to pay providers on behalf of our BC clients. Assist w' non-medical bills e.g. heat, housing, food & gas to meet basic needs of patients. We provide up to \$500 in assistance per women yearly & refer them to additional local support agencies. We fulfilled 104 BC women requests last fiscal year w' direct financial assistance to providers on their behalf. Hire a 1/2 time volunteer coordinator to increase civic engagement.

## How many people will this project serve?\*

State the number of individuals or households in Buncombe County that will be served by this project. Also state the number of people that will experience the desired result. For example, if dropout prevention services are being delivered to 100 students, how many will successfully graduate from high school?

In 2014 we served 55 Buncombe County women with breast and/or gynecological cancer and granted 17k in direct support for medical and non-medical financial assistance. This project would allow us to double our capacity to directly support women in Buncombe County by increasing the number of women served and/or maximum amount of aid given per patient annually. Currently our max per patient is \$500 per year.

500 Buncombe County women with breast and/or gynecological cancer will receive support and comfort through visits to cancer treatment rooms and/or cancer support groups. 1500 Buncombe County women will receive information and education regarding access to preventative health care, healthy lifestyle, and health screenings for early detection. Increase by 25% our yearly number of volunteers to 200. Volunteers will be recruited to utilize their talents to benefit women served. They will help with fund raising events, clerical work, and wherever their talents can best be used for service.

## Describe the people this project will serve.\*

Characterize the demographics of the project's target population in terms such as age, gender, income, race, ethnicity, geographic area, etc. Include information about method of referral/recruitment of the target population.

People served are residents of Buncombe County who are diagnosed with breast and/or gynecological cancer or at risk of these kinds of cancer. 100% of the women we support with assistance are in financial crisis due to the cost of cancer treatment. Many of our patients are living on fixed incomes, lost jobs or temporarily out of work due to treatment. The average cost of a cancer diagnosis is 30k with insurance. Women we serve once living above the poverty line have now lost jobs, spent their savings and often unable to meet basic needs. Our data reports 34% of the women we serve are minorities. We do assist women ages 28-88 but the majority of women served are age 50 or older. Our main method of recruitment is referrals from billing offices at local oncologists and self referrals. We conduct outreach to cancer patients who are in

crisis. Many patients are on Medicaid/Medicare and receive food stamps. We also navigate resource support for those that have never applied for assistance.

## What key steps will you take to achieve the results of this project?\*

Describe the core elements of your implementation plan, including milestones that will take place within the funding timeframe.

The BOD reviews patient eligibility and need to determine payment of each request within our monthly allotted budget. We work with utility companies and local agencies for bill pay assistance. We use a direct provider payment system to assist women in treatment unable to pay for services. We track visits to treatment room, support groups, and participation in Health Fairs and track individuals impacted by our presence. We work with women through case manged referrals to secure funding from local and national assistance programs. We will utilize a volunteer coordinator to increase our number of volunteers and quality of volunteer service. We will create a database with our new hire of volunteers and track service, and hours provided by person. volunteering. We use a client management system to track data for age, ethnicity, income level, aid requests, amount spent on aid, assistance category, annual totals per patient and geographic location for each patient we support.

## Describe the evidence of success that backs this project's approach.\*

What evidence of success (i.e. evidence-based research, practice model, accreditation, industry standards, and/or other framework) are you using as a basis for your project design?

According to the American Cancer Society the overwhelming cost of medical and indirect needs often cause women to discontinue treatment. This destabilizes households, leads to increased poverty in our county. Our case managed approach is used to identify unmet needs. We fill local gaps in assistance by providing what other local agencies are unable to pay. By paying providers directly we ensure money is spent for the purpose requested. We give ongoing support by tracking treatment needs and progress reports on the patients we assist annually. If there is a lapse in treatment due to financial crisis we work with women to identify the cause. Helping women complete treatment allows them to return to work, avoid additional financial crisis and strengthens households in our community. Our bylaws and leadership design is based on the Duke University nonprofit management certificate program that utilizes best practice and nonprofit industry standards.

## Describe your data collection, tracking, and reporting procedures.\*

Explain your methods for documenting project, service and client information. Include a description of any software or other tools utilized.

We utilize CAKEPHP database to record all necessary client support information including: county of residence, name of recipient, address, email, diagnosis, date of birth, referring Dr. amount of support, date of support and purpose of support. We have an application process that requires a current pathology report to confirm eligibility for assistance. Client applications are updated yearly. We keep files on all clients and maintain progress reports and updates on women we serve. We document financial needs and agency referrals. We track assistance payments, clients served and donor information in our custom database. Our board of directors reviews financial reports and balance sheets monthly. The finance committee does quarterly audits.

#### Explain your technological resources and capacity.\*

Explain your current technological strengths and barriers and how this impacts your ability to track data and report outcomes. Who is responsible for adaptation and use of technology within your organization?

We hire Data backup to administer our CAKEPHP database. We face barriers within this system to pull specific data by field or record type. We can only pull data by date/time frame and not by individual data fields. We are able to report specific outcomes by data field but it does take a lot of time to sort in excel. Monthly program reports are reviewed by our BOD and compiled into annual reports. Our staff are responsible for all other IT needs. Our executive director is responsible for problem solving and adapting technology needs. We have very limited operating support for updating technology within our organization. Volunteer programmers, equipment repair and graphic designers work with us to overcome the lack of resources to pay for these services.

## **Organizational Profile**

## How does the proposed project support your mission and strategic plan?\*

State your mission and the date of your most recent strategic plan, and explain how the proposed project helps advance your organizational goals.

The Hope Chest for Women's mission is to support women living in our community diagnosed or at risk for breast and gynecologic cancer. Our strategic plan is adapted each year based on needs of our community and our annual budget to meet those needs. American Cancer Society guidelines and available screening assistance programs guide our community prevention education plan.

This project focuses on financial client assistance, community outreach and advocacy for female specific cancer patients. We support female cancer patients living in all 22 Counties of Western North Carolina. Funds from this grant will be restricted to recipients living in Buncombe County.

This grant will enable us to increase our capacity to provide outreach and support, educate women on the importance of cancer screening and early detection, and provide bill pay assistance for women with breast and gynecological cancer. Civic engagement and participation will be enhanced through use of our volunteer coordinator.

## What expertise/accomplishments do you have that are relevant to the proposed project?\*

List your organization's strengths as well as accomplishments from the past 3 years that position the organization to be successful with the proposed project.

Since we incorporated as a 501C3 in 2003 we have awarded over \$230,000 in financial assistance to 1200 women in Western North Carolina to help overcome economic difficulty due to cancer treatment costs.

We use a case managed approach to assist patients with individual unmet needs and eliminate barriers that develop causing them to discontinue treatment and those that lead to financial crisis. In our community 43 doctors rely on us to assist their cancer patients. We have built successful community relationships by partnering with local businesses, elected government leaders and other nonprofit agencies. These relationships are organizational strengths that allow us to maximize our impact on households in crisis. We

strengthen community by removing barriers to treatment so women can provide for their families, get healthy and reduce medical financial crisis.

We have participated in over 40 Health Fairs and presented countless presentations on early intervention/detection.

## Describe partners that are critical to the success of your organization.\*

List any external partners, intermediaries or advisors important to your success, and describe their role and evidence of their commitment. Describe successful collaborations with these people or groups.

We are listed with the United Way throughout our region in the 211 North Carolina Database of Community Resources. We collaborate with local and national agencies providing direct resources. We work with three national programs providing direct patient support: Cancer Care, The Patient Advocate Foundation, and the Pink Fund. We collaborate with local organizations Eblen Charities, Salvation Army, ABCCM, and Homeward Bound to help our clients receive direct support from their programs for utility, housing, transportation and medical co-pays. Our local agencies refer clients whose needs they have maxed out or cannot meet and vice versa. We believe in collaboration if we can find an organization to pay one bill, we can then pay another to offer the most assistance possible.

We coordinate monthly with our Bosom Buddies Support group. We work with the YMCA with their Live Strong Program and may possibly collaborate with them with our Navigating Treatment Workshop.

## **Financial Information**

## Nonprofit financial assurance requirements:

Financial statements, prepared using a recognizable basis of accounting (i.e., modified accrual) and IRS Form 990s must be submitted to Buncombe County annually.

- Organizations with annual revenues of \$300,000 or greater must submit financial statements <u>audited</u> in accordance with generally accepted auditing standards.
- Those with revenues between \$100,000 and \$300,000 must submit financial statements reviewed in accordance with SSARS 19.
- Those with revenues of less than \$100,000 must submit non-disclosure financial statements compiled in accordance with SSARS 19.

All financial statements must be reported on by a certified public accountant and include a full balance sheet, income statement, and cash flow statement.

These requirements are considered minimum requirements. Organizations may submit a higher level of assurance than is required.

#### IRS Form 990 - Upload Here

Click Choose File to upload a copy of the 990 form you most recently completed.

HCW 2014 Form 990EZ Final - for Public Inspection.pdf

#### If your organization does not have a 990, briefly state the reason.

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

[Unanswered]

#### **Financial Statements - Upload here**

Click Choose File to upload a copy of the most recently completed financial statements (audit, compilation or review).

Hope Chest for Women 2014 Compilation Report-Final 8-6-2015.pdf

### If your organization does not have financial statements, briefly state the reason.

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

## Complete Budget Worksheet - Upload Here\*

Download the budget form **Here.** 

Complete the budget form for this project/program and the overall agency. Save it to your computer, then upload it by clicking Choose File.

Copy of Revised BUNCOMBE Copy of community-funding-budget-form.xlsx

## **Budget Narrative\***

Describe all differences between current year and proposed year. List all pending funding sources with expected date of notification. Please detail any other information that may help clarify the budget.

We have added the requested funds from this request to our proposed year budget. Our operational budget totals reflect both our programs.

## What (if any) portion of requested funds will be used to support capital expenses?\*

Capital projects are defined as those used to acquire or upgrade physical assets such as property, buildings, or equipment. Please detail.

N.A.

## **Employee Wages**

Please provide information about the wage breakdowns of your employees. Living wage for Buncombe County has been identified as \$11.00 per hour for employees with employer-provided health insurance and \$12.50 per hour for employees without.

#### Employees with employer-provided health insurance\*

List the number of employees in your organization with employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

\$7.25 - \$10.99 per hour \$11.00 - \$14.99 per hour \$15.00 - \$19.99 per hour \$20.00 - \$24.99 per hour \$25.00 - \$29.99 per hour \$30.00 - \$34.99 per hour \$35.00 - \$39.99 per hour

\$40.00+ per hour

executive director is the only full time employee with employer provided health insurance coverage. Her hourly wage category is between \$15.00 - \$19.99 wage equivalent.

## Employees without employer-provided health insurance\*

List the number of employees in your organization <u>without</u> employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

\$7.25 - \$12.49 per hour \$12.50 - \$14.99 per hour \$15.00 - \$19.99 per hour \$20.00 - \$24.99 per hour \$25.00 - \$29.99 per hour \$30.00 - \$34.99 per hour \$35.00 - \$39.99 per hour \$40.00+ per hour Sara Laws The Hope Chest for Women

3 part time employees in the \$12.50-\$14.99 wage equivalent (average hours per employee per week is under 10)

1 part time employee in the \$15.00-\$19.99 per hour category (works 8 hours per week)