

Buncombe County Cancer Patient Support through Non-Clinical Community Navigation

*FY 2018 Buncombe County Community
Funding*

The Hope Chest for Women

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Application Form

Project Name*

Name of Project

Buncombe County Cancer Patient Support through Non-Clinical Community Navigation

Amount Requested*

Amount Requested

\$28,952.00

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 Category, Goal & Objective 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 > Equity in Access > Improve equality in access to healthcare

Project Description

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Description of Project

This project proposal is to expand our community patient lay navigator program and hire a full time navigator. Currently our executive director and part time admin person split time to work as non-clinical community patient navigators. Patients will be given support through our patient navigator during and post treatment to ensure they have access to care regardless of medical provider or health system and ability to pay for cancer care. Research shows disparities in cancer incidence, morbidity, and survival are, partly, due to logistical, structural, and socio-cultural barriers. Patients in financial crisis during treatment have higher mortality rates. When we increase our case load with a full time navigator we will need to increase the money we spend on direct bill pay assistance. For calendar year 2016 we have budgeted to spend \$30,000.00 for mini-grants to pay providers on behalf of our clients throughout Western North Carolina. As of December 1st, 2016 \$1,000 is left to spend. The need for direct assistance from cancer patients residing in Buncombe County far exceeds our ability to pay. Starting in 2016 we were able to increase our limit per yearly direct support from \$500 to \$1000. On average each woman from Buncombe County received just over \$300. The requested \$10,000 would enable us to at minimum provide double the amount of direct support given to 40 women. Assistance with non-medical bills such as heat, housing, food and gas are important to meet basic needs of patients. We pay these needs for women living over the poverty level in financial crisis during treatment because they do not qualify at other agencies. We refer low income women to our partner local support agencies once our maximum is reached. In 2016 we served 33 women and paid approximately \$10,000 to women in direct support for medical and non-medical financial assistance. Project funding will increase the number of women we serve and raise the average dollar amount of assistance paid out.

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?

40 women will experience the desired result of increased direct bill pay assistance. Funding will allow us to double our capacity to directly support women in Buncombe County by increasing the amount of women served by 20% to 40. Funding will also increase the maximum amount of aid given per patient annually (currently \$303 per women on average). Minority and low income women have historically been more likely to not utilize cancer screening, to be diagnosed with late-stage disease, to fail to complete recommended treatment, and consequently to die from cancer. Through community partnerships with our patient navigator another 1500 Buncombe County women will receive information and education regarding access to preventative health care, healthy lifestyle, and health screenings for early detection. In addition 300 Buncombe County women with breast or gynecologic cancer will receive support and comfort through visits to local chemotherapy treatment rooms and/or cancer support groups.

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.

We serve female residents of Buncombe county who are diagnosed with breast and/or gynecologic cancer. Age range is from 28- 92 years old. The median age served is 56 years old. 81% served are white, 9% African American, 3% Hispanic, 2% American Indian and 5% not reported. Approximately 60% of the women we serve are living in households under the poverty threshold on fixed incomes, with lost jobs, or temporarily off work due to treatment. An estimated 40% of women live above the poverty threshold but after diagnosis and treatment found themselves with lost jobs, no more savings, and thus unable to meet basic needs. Park Ridge Health, Pardee and Mission Health, Hope Women's Cancer Center, SECU Cancer Center, 21st Century Oncology's medical support staff such as nurse navigators, oncology social workers and counselors fax patient's applications to us to enroll our target population. In addition we receive self-referral from residents and referrals from other nonprofit organizations.

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.

Our implementation plan includes evidence based patient navigation training to assist with non clinical needs. Lay community navigator training will be given during the first 6 months of hire. Our full time navigator will partner with registered nurses, oncology providers, county social services and local nonprofits. Referred patients submit an application and recent pathology report to enroll in services. Implementation for our support services start with a patient initial intake. Our staff works with our Board of Directors who review eligibility and need to determine amount to be allocated within our budget. Monthly online and paper files on all clients with progress reports and updates will be kept. Our patient navigator will refer patients to local and national assistance programs to leverage support. We partner with utility companies and local agencies for bill pay assistance. We will also work with medical providers to enroll patients in medical debt relief programs.

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?

Our project model is based on evidence in support of community non clinical patient navigators was reported in the Journal of Cancer Education: the official journal of the American Association of Cancer. Social service barriers represent those obstacles related to meeting life's most basic needs, like housing and income, which are often supported by public policy, regulation and services. Vulnerable women with multiple barriers, when at least one is a social service barrier, have delays in care despite clinical navigation. Financial disparities in cancer detection, treatment, and outcomes among racial/ethnic minorities, rural and low-income patients are well documented. Our lay navigator will address these disparities by providing local and national coordination of financial assistance. We model program services to address inequity in cancer

outcomes for minorities and vulnerable populations who have been linked to delays in cancer care that arise from barriers to accessing care

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.

Patient applications are updated yearly. In our CMS database we document client support services including: county of residence, the name, address, email, date of birth, ethnicity, race, age, diagnosis, and referring Doctor of the recipient, amount/s, date/s, and purpose of support. Paper files are kept on site for each patients served as electronic backup. Monthly the Board of Directors reviews financial reports and balance sheets. Quarterly the finance committee conducts audits. We also track patients served through quarterly visits to treatment rooms, support groups, and participation in health fairs to track individuals served. We document support by tracking treatment needs and evaluating outcomes for patients served monthly. Our client management system tracks aid requests, amount spent on aid, date received, assistance category, annual totals per patient and where in Buncombe County each patient we support resides. We compile end of the year data in an annual report.

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?

One strength about our capacity to track data by date is it allows us to do monthly program reports on patients served. These are reviewed by our Board of Directors and compiled into annual reports. Our Executive Director is responsible for problem solving, training staff and adapting technology needs. We utilize whenever possible volunteer programmers, equipment repair, and graphic designers to work with us to overcome the lack of resources to pay for these services. We have a technological savvy director and great volunteers to overcome many obstacles. Our CAKEPHP database is maintained via a service contract through Data Backup. Funding needed to update our database is a barrier to how we track data. Our database is 8 years old. We can only pull data through our current system by date/time frame rather than by individual data fields. We are able to report specific outcomes by data field but it requires an export into Excel which can be rather cumbersome and time consuming.

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 and identify and address health disparities. Our strategic plan is adapted yearly based on needs of our community and our annual budget to meet those needs. This grant will enable us to increase our capacity to provide outreach and support to more women by hiring a full time navigator. A full time community navigator will build partnerships with multiple agencies and health providers to benefit women with breast and gynecologic cancer. This will help build capacity of our organization and expand our goals to serve more women. We will advance our goals in support of financial client assistance, community outreach and advocacy for female specific cancer patients. This is how funds for our proposed project will be used to reach more recipients living in Buncombe County.

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.

During the past 3 years we have expanded our program from a patient assistance program at Hope Women's Cancer center to now working with 43 doctors to assist patients. For 2 years our ED serves on the steering committee of the Western North Carolina Cancer Consortium to build cancer survivorship programs among regional healthcare partners and agencies. Through collaboration with key partners we strengthen our community by removing barriers to treatment so women can provide for their families, get healthy and reduce medical financial crisis. We have also built community partnerships with local businesses, elected government officials, and other non-profit agencies. These partnerships enhance our organization's strength allowing us to maximize our impact on households in crisis. 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.

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 work closely with oncology providers, social workers, nurse navigators and counselors at Mission Health, SECU Cancer Center, Park Ridge Health, WNCCHS and additional medical providers to recruit at risk patients to identify needs and barriers. We are listed with the United Way throughout our region in the 211 North Carolina Database of Community Resources. We collaborate with local agencies providing direct resources such as: Eblen Charities, the Salvation Army, ABCCM, Council on Aging, local churches, Manna food bank and Homeward bound to help our clients receive direct support for household expenses. Often we match funds with these local agencies for clients whose needs cannot meet only by one program alone. By leveraging direct support in this way we maximize direct patient assistance. We work with three national programs providing direct patient support: Cancer Care, The Patient Advocate foundation, and the Pink Fund.

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 audited 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.

HCFW 2015 Form 990 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.

Financial Statements - Upload here

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

HCW 2015 Final Compilation Report.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.

Buncombe County community-funding-budget-form FY 2018.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.

The proposed year budget differs from our current year to include the additional requested funds from Buncombe County. Restricted funding of \$18,952 is proposed for hiring a full time lay patient community navigator. The additional \$10,000 requested would be restricted for direct bill pay assistance for Buncombe County residents in cancer treatment. This amount would increase our assistance to individuals from \$30k a year to \$40k a year.

The proposed funding match would cover half the cost of a full time lay patient navigator with provided health insurance. We would get our matching funds from our allocated staff budget to replace a part time program/admin coordinator with a full time non clinical community navigator. We will start 2017 with approximately \$80,000.00 in equity/retained earnings. During the year we expect to raise approximately \$140,000.00 in revenue from individual donations, grants and fundraising special events.

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.

None

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

The executive directors wage category is \$20.00-\$24.99 wage equivalent. Our executive director is currently the only full time employee and receives a benefit of \$350 per month included in this salary for employer provided health insurance coverage.

Employees without employer-provided health insurance*

List the number of employees in your organization without 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

3 part time employees without employer provided health insurance are in the \$12.50-\$14.99 wage equivalent (combined the average hours per employee per week is 16) Our development coordinator works 8 hours per week. Our admin/program coordinator is 20 hours per week. Our mission coordinator works 20 hours per week.