



A Promise Renewed: Komen in Our Next Decade August 2014

Nationally, Susan G. Komen has transformed the way the world treats breast cancer, and is widely viewed as the inspiration and leader of a breast cancer movement that has changed the world. In only 30 years, five-year survival rates for early stage breast cancers have climbed from 74% to 99%. Breast cancer death rates have declined 34% in just the past two decades. Personalized treatments have replaced the radical, invasive, one-size-fits-all approach that was the norm. We broke the silence around breast cancer and took the issue to Main Street, America, empowering women to care about their health – not just the health of their spouses, children and parents.

Since our Affiliate's founding in 1992, Komen Oregon and SW Washington has had a transformational impact on breast cancer across our region. In little more than 20 years, we have:

- educated and supported thousands of breast cancer survivors and their families
- changed numerous state laws and policies that directly affect breast cancer screening and treatment
- gotten health systems and other organizations to step up and do more for and about breast cancer
- channeled the passion of thousands of volunteers and donors into the breast cancer movement
- fueled the research of scientists at leading health care institutions with \$11 million in funding
- funded cancer screenings for tens of thousands of low-income, uninsured people with \$10 million in funding
- provided breast cancer education, outreach and support at over 100 organizations with \$9 million in funding

Though some know us primarily for our grant making, Komen Oregon and SW Washington actually works to advance our mission of saving lives and ending breast cancer forever in three ways:

The work we do ourselves. Examples include:

Breast Care Helpline. Our toll-free national hotline provides personalized support and assistance to callers from 6:00 am-7:00 pm Monday-Friday, local time.

Affiliate Phone Support. Here at home, we provide support to hundreds of newly diagnosed men and women, and others seeking information about breast cancer screening, every year.

Breast Cancer Issues Conference. Our annual statewide event provides up-to-date, practical information and support to over 550 providers, survivors and caregivers.

Educational Seminars. Events like *Your Jewish Genes & Cancer* and *OHSU-Komen Cancer Chat* provide opportunities to learn about specific issues of interest.

Culturally-Specific Initiatives. Our Latina Initiative - *Poder y Vida* - is mobilizing the Latino community to improve disparities in screening and late-stage diagnosis rates.

Community Education. Our presence at health fairs and community events, in print and broadcast media and via digital media educates tens of thousands of people about breast cancer in our region.

The work we do by leveraging, lobbying and convening others. Recent examples include:

Leveraging. We secured \$1 million in donated breast cancer screenings from Kaiser Permanente NW.

Lobbying. We secured \$1 million in state funds for Oregon's Breast and Cervical Cancer Program.

Convening. Our *Your Jewish Genes & Cancer* workshop engaged the Jewish community, including Mittleman Jewish Community Center and the Jewish Federation of Portland.

The work we do by funding others. We have awarded \$30 million in Oregon and SW Washington in the following categories:

Research. We make nationally-awarded grants to researchers in Oregon and Washington, across the country and around the world, including at OHSU Knight Cancer Institute and Providence Cancer Center.

Early Detection. We fund breast and cervical cancer screenings for low-income, uninsured women and men through the Oregon and Washington Breast and Cervical Cancer Programs.

Community Grants. We have awarded over 500 grants to health care and community-based organizations for an array of education, outreach, survivor support and patient navigation services.

Treatment Access. Our grant funds transportation, lodging, food and other financial assistance for low-income survivors in treatment.

Regional Grants. We fund educational SCREEN Programs in Southern Oregon (led by Community Cancer Center in Roseburg) and the Willamette Valley (led by Samaritan Health Services in Corvallis).

Mini-Grants/Project Support. Our small grants fund education, outreach, community awareness and support activities across our region, typically through one-time events.

Target Group Grants. Our plans for enhanced funding of culturally-specific projects in the Latino, African American, Asian, Native American and Disability communities.

Changes in Breast Cancer

The breast cancer arena has changed tremendously in the 22 years since Komen Oregon & SW Washington was founded, and continues to change rapidly today. Virtually all of those changes have been quite positive. Breast centers have been built at most major medical centers. Treatments are more personalized, and less radical and invasive. Insurance is now available to many of who have not had it. Education resources are more plentiful, and easier for many people to find. Patient navigation services have become the standard of care. Support groups are more numerous.

While the breast cancer detection, treatment and support has improved dramatically, the environmental context in which Komen works has actually become more challenging. Breast cancer is no longer a “hot new” issue. Some people think few people die from breast cancer anymore. The economy has contracted, making fundraising harder. Breast cancer organizations have multiplied. And Komen’s national headquarters made several public missteps in recent years (which have since been corrected).

Challenges in Our Current Grants Model

In addition to both the positive and challenging changes outlined above, we see some other challenges in our current grants model. Examples of those challenges include:

More money. It assumes that Komen will have increased financial resources every year. Our current model calls for us to incrementally add six regional grants and five target group grants to the research, early detection, community grants, treatment access grant and mini-grants/project support we already award.

Diffused Impact. It divides a limited pot of money across many organizations, projects and programs, potentially lessening our impact in core areas of our mission.

Activity vs. outcome. It focuses on activity outputs rather than measurable outcomes. For example, we tend to track numbers of people reached rather than changes in rates of screening, late stage diagnosis or treatment completion.

Only money = impact. It tends to assume that we have to give away money in order to have an impact on a breast cancer need or issue.

Only Komen. It allows for Komen to be the sole funder of a project, which sometimes limits local ownership and can make long-term sustainability of Komen-funded projects less likely.

Fragmented focus. It encourages Komen doing something in a lot of places, rather than strengthening our focus and helping more people in our areas of top priority.

Spread thin. It requires us to spend more of our limited staff time on the administrative side of grants management, rather than on working strategically with grantees to maximize the impact of our funds.

Our Response: Komen Grant Making in 2015 and Beyond

Prioritize and Focus. In order to have maximum impact with our limited resources, Komen will prioritize and focus our grant making in four categories:

Research. These grants will continue to be peer-reviewed, funded out of Komen's national research pool (which our Affiliate helps fund), and awarded with input from Komen's national Scientific Advisory Panel.

Early Detection. These grants will continue to provide access to breast cancer screening for low-income, uninsured women and men across our region.

Treatment Access. This statewide grant will continue to ensure successful completion of treatment for low-income women and men living at least 25 miles away from treatment by defraying costs of transportation, lodging and/or food.

Disparity Initiatives. These grants will be time-limited, require matching funds and address disparities in early detection/screening, late-stage diagnosis and/or treatment completion in particular geographic areas and/or in specific populations.

Fund Measurable Outcomes. To ensure that our limited funds have the greatest impact, our grants will focus on moving the needle in terms of measurable outcomes. Examples of such outcomes may include:

Increasing screening rates from x% to y%.

Increasing treatment completion rates from x% to y%.

Decreasing late-stage diagnosis rates from x% to y%.

Leverage Others' Funds. In order to expand our impact and increase chances that Komen-funded projects are sustained long-term, we will seek to partner with other funders, wherever possible. Examples may include:

Komen dollars serve as a catalyst to start a conversation about need in a community.

Komen provides seed funds, matching funds or challenge grants that incentive other donations.

Komen grants are awarded with declining dollar amounts over time.

Evaluate and Report Results. In order to be accountable and share our learnings with others in the breast cancer movement, we will regularly evaluate and report our results. Examples may include:

Project summaries and key findings posted on komenoregon.org.

Disseminating project summaries and key findings to breast cancer providers and partner organizations across Oregon and SW Washington, and beyond.

Sharing project summaries and key findings with media, elected officials, community leaders and other foundations.

Komen Grant Making: 2015 and Beyond Questions & Answers

Q: Is Komen decreasing its commitment to grant-making?

A: No. Starting with the grants we award in March 2015, we will prioritize and focus our limited resources in four categories: research, early detection, treatment access and disparity initiatives.

Q: I am a current Komen grantee. Will these changes effect my current grant?

A: No. Grants awarded in 2014 will continue as awarded. Changes will be effective in grants we award in March 2015.

Q: My organization has received community education, regional or mini/project support grants from Komen in the past. Will we become ineligible to apply?

A: No. Recipients of community education, regional and mini/project support grants may apply for a Disparities Initiative grant.

Q: I understand research, early detection/screening and treatment access grants. Komen gives those already. But what is a “disparity initiative”?

A: A disparity is a significant difference in rates of screening, late-state diagnosis and/or treatment completion seen in a specific geographic area (county, town, neighborhood) and/or a specific population (race/ethnicity, disability, sexual orientation). A disparity initiative grant would help fund evidence-based interventions to increase screening rates, increase treatment completion rates and/or lower late-state diagnosis rates.

Q: Without community grants for education, won't screening rates decline in some target populations or in some geographic areas?

A: No, for several reasons. Our disparity initiative grants will have significant education components. Also, health care reform means that providers and insurers now have a financial incentive to increase breast cancer screening rates, providing more leverage for community education. Finally, we will work more strategically with Breast and Cervical Cancer Programs (BCCPs) in Oregon and Washington to enhance the education outreach components of those programs.

Q: What about grants for Patient Navigation?

A: If patient navigation is a component of a disparity initiatives intervention, we will consider funding it. That said, in light of healthcare reform, health care systems now have a financial incentive to provide patient navigation services. And because patient navigation has become the recognized evidence-based standard of care, health systems will need to provide such services in order to be competitive.

Q: With fewer grantees, won't Komen lose visibility and relevance in some areas of the state and in some communities?

A: No. Our early detection and treatment access grants will continue to provide services across all of Oregon and SW Washington. We will regularly communicate numbers of women and men being served in each county. Additionally, we will be more active in convening health systems, community organizations, funders and media to strategize local solutions in geographic areas of greatest need.