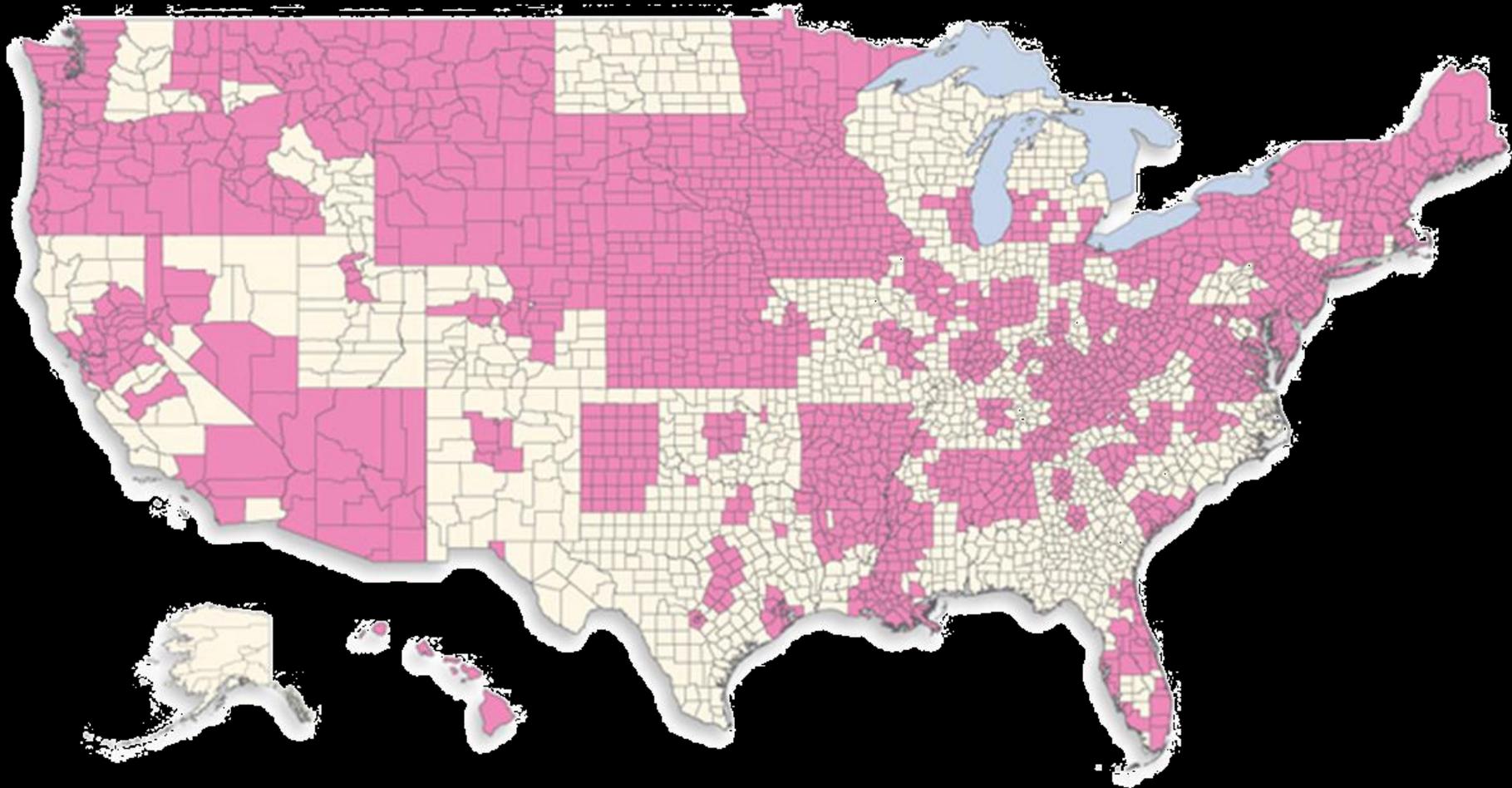




Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever.

In 1982, that promise became Susan G. Komen for the Cure and launched the global breast cancer movement.

# KOMEN NATIONAL



# OUR WORK – SERVICE AREA

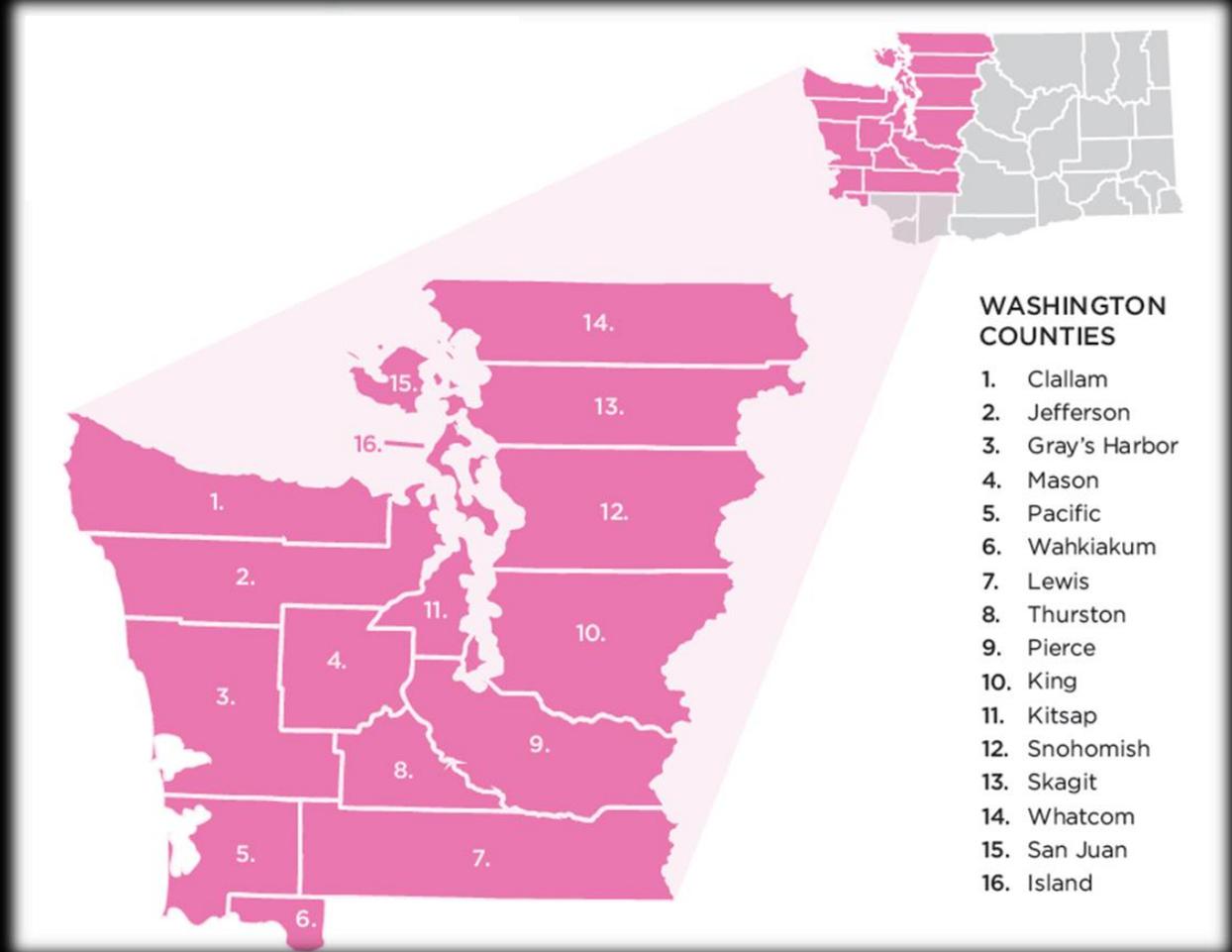
25%

to Research



75%

to Education,  
Screening and  
Treatment Support



**MORE THAN PINK**

**Save lives by meeting the most  
critical needs in our  
communities and investing in  
breakthrough research to  
prevent and cure breast  
cancer.**

# The Bold New Goal.

Reduce the current number  
of breast cancer deaths by

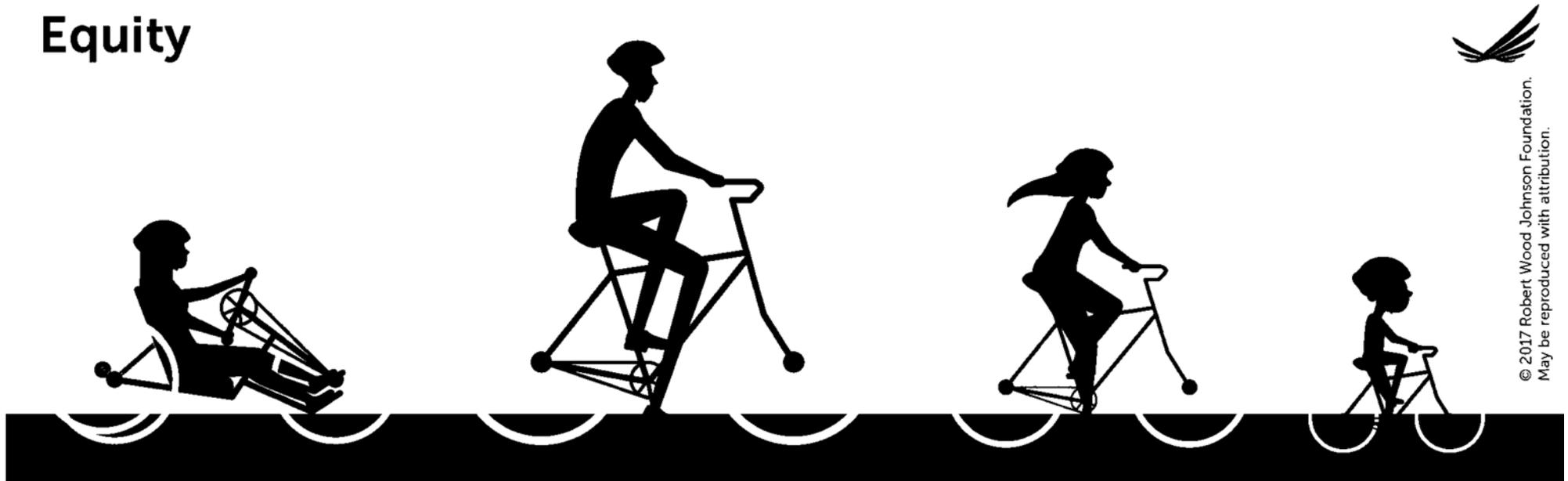
**50%**

in the U.S. within the next decade.

# Equality



# Equity



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# Mission Program Strategy

## Increase Awareness

- Coordinate with partners to ensure that individuals know about breast health and understand how and where to access health care services, including understanding their insurance options.



## Improve Access

- Ensuring that individuals have access to screening and diagnostic services, treatment and support services, including availability of quality providers.



## Ensure Acceptability

- Providing support for culturally-sensitive health systems and providers to ensure that individuals are appropriately trained to meet patient needs.



## Influence Agenda

- Work with key partners to support a coordinated movement for the breast cancer community through the alignment of key initiatives and consistent voice to ensure breast cancer remains a priority in communities and at the state level.



## Enhance Funding

- New (and current) donors are knowledgeable and engaged in mission-related investment opportunities and that these relationships are fostered proactively.

susan g.  
komei  
PUGET SOUND



# Intervention Strategies that Increase Cancer Screening

## Increase Community Awareness

Group Education\*

One-on-one Education\*

Client Reminders\*

Client Incentives

Mass Media

Small Media\*

## Increase Community Access

Interventions to Reduce Client Out-of-Pocket Costs\*

Interventions to Reduce Structural Barriers\*

- Reducing Administrative Barriers
- Providing Appointment Scheduling Assistance
- Using Alternative Screening Sites
- Using Alternative Screening Hours
- Providing Transportation
- Providing Translation
- Providing Child Care

## Improve Provider Acceptability & Delivery

Provider Reminders\*

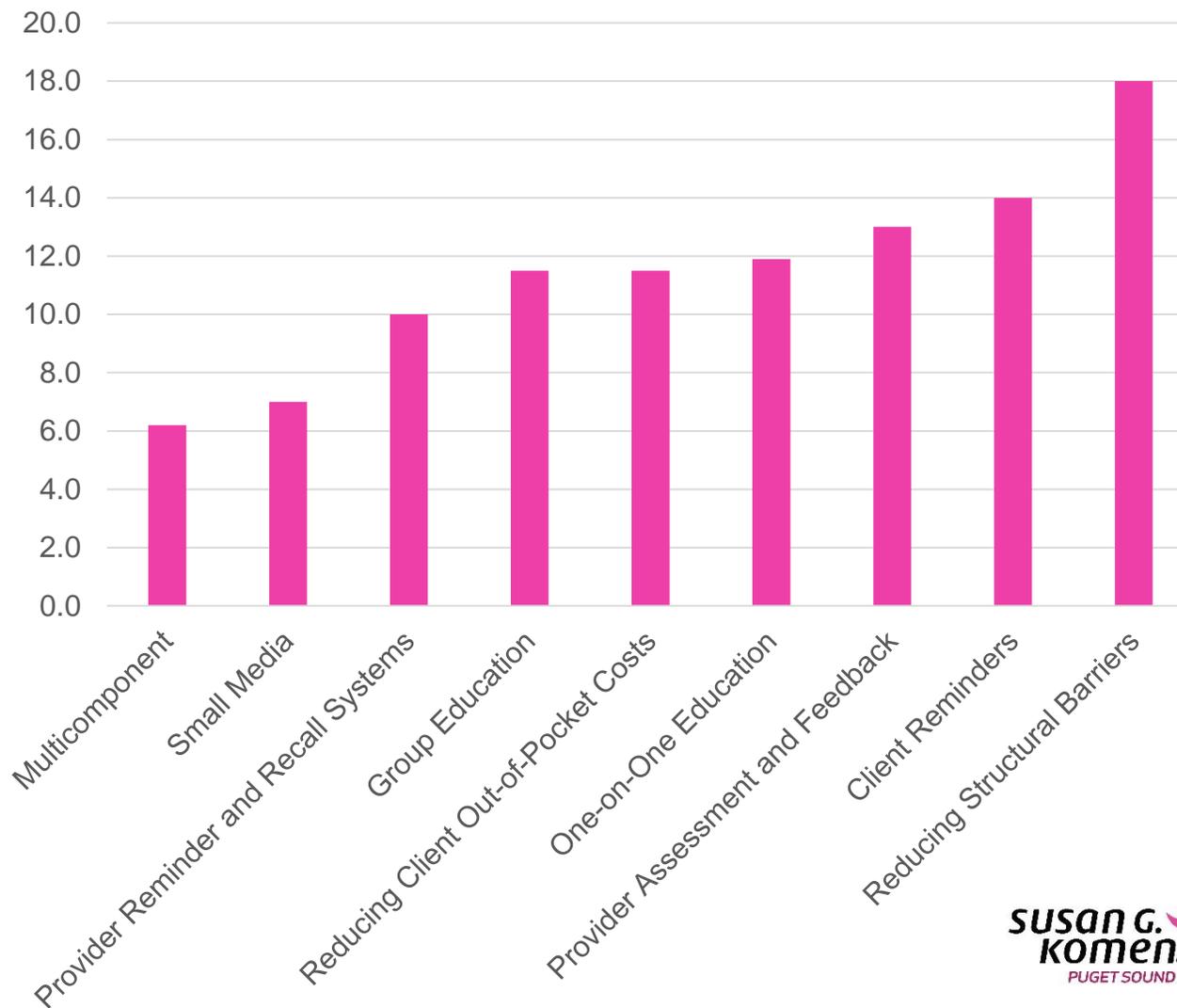
Provider Incentives

Provider Performance, Assessment and Feedback\*

# Community Preventive Services Task Force

Increasing Cancer Screening		
Intervention	Recommendation	% Point Increase in Mammography Screening
Multicomponent Interventions	<u>Recommended</u>	6.2
<b>Client-Oriented Interventions</b>		
<i>Client Incentives</i>	<u>Insufficient Evidence</u>	N/A
Client Reminders	<u>Recommended</u>	14.0
Group Education	<u>Recommended</u>	11.5
<i>Mass Media</i>	<u>Insufficient Evidence</u>	N/A
One-on-One Education	<u>Recommended</u>	11.9
Reducing Client Out-of-Pocket Costs	<u>Recommended</u>	11.5
Reducing Structural Barriers	<u>Recommended</u>	18.0
Small Media	<u>Recommended</u>	7.0
<b>Provider-Oriented Interventions</b>		
Provider Assessment and Feedback	<u>Recommended</u>	13.0
<i>Provider Incentives</i>	<u>Insufficient Evidence</u>	N/A
Provider Reminder and Recall Systems	<u>Recommended</u>	10.0

## Percentage Point Increase in Mammography Screening

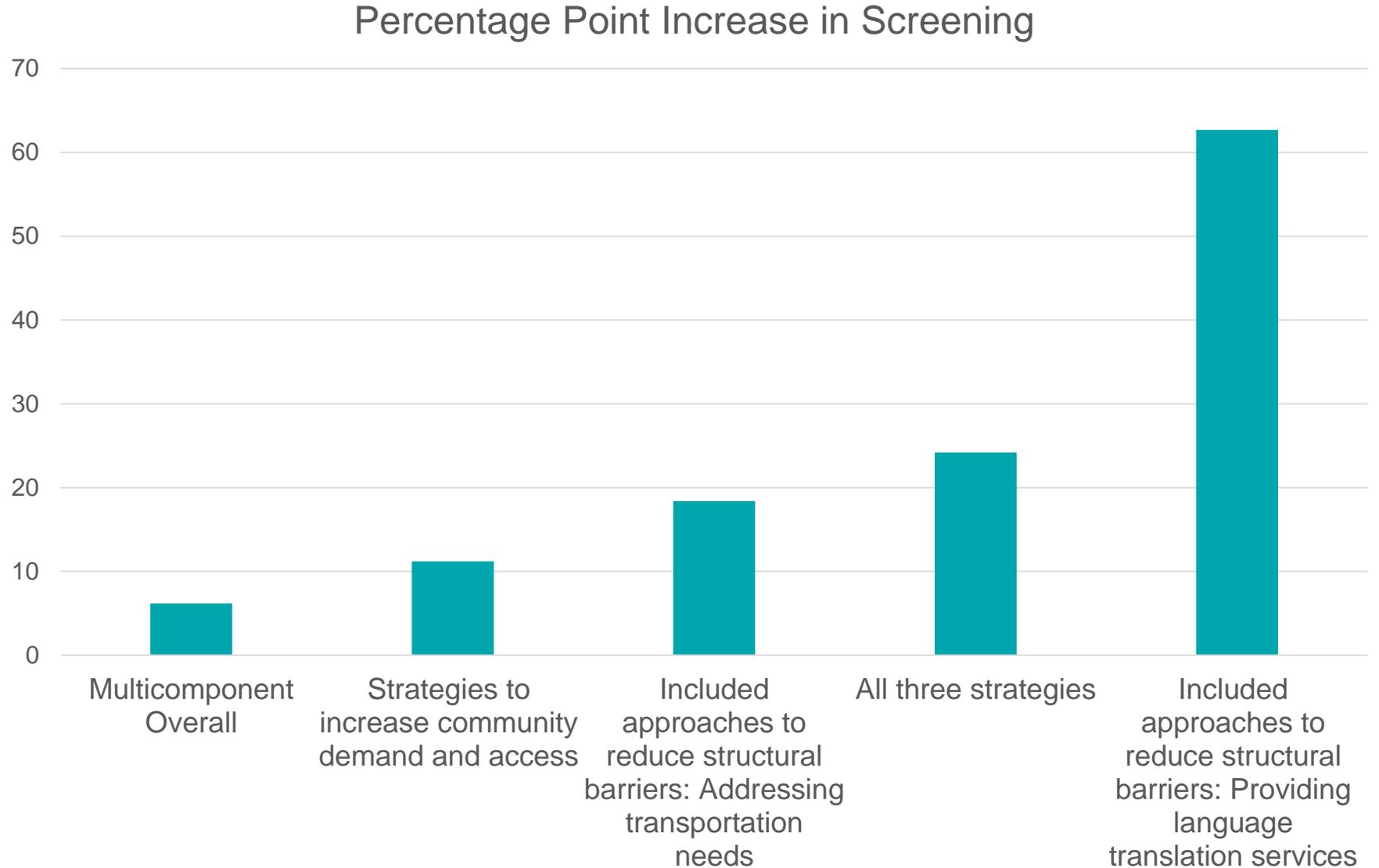


# Multi-Component Interventions

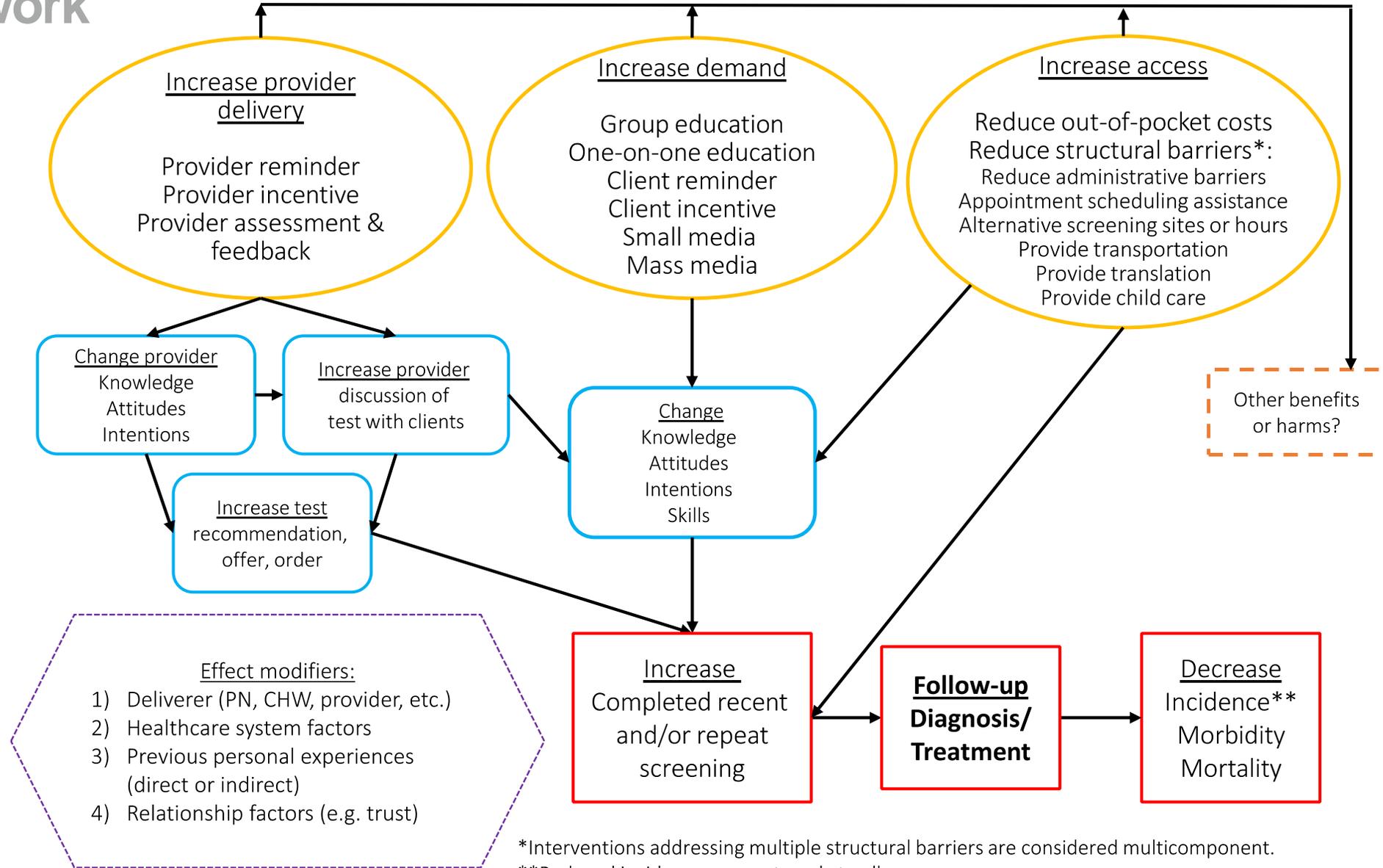
## What are Multicomponent Interventions?

Multicomponent interventions to promote breast, cervical, or colorectal cancer screening combine two or more intervention approaches reviewed by the CPSTF.

The largest screening increases were seen among **multicomponent interventions that combined approaches from each of the three strategies or that combined approaches to increase community demand and access.**



# Multi-Component Interventions Analytic Framework



\*Interventions addressing multiple structural barriers are considered multicomponent.  
 \*\*Reduced incidence may not apply to all cancers.

# Our Investments -- Intervention Strategies that Increase Cancer Screening

## Increase Community Awareness

Group Education\*

One-on-one Education\*

Client Reminders\*

Client Incentives

Mass Media

Small Media\*

## Increase Community Access

Interventions to Reduce Client Out-of-Pocket Costs\*

Interventions to Reduce Structural Barriers\*

- Reducing Administrative Barriers
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## Improve Provider Acceptability & Delivery

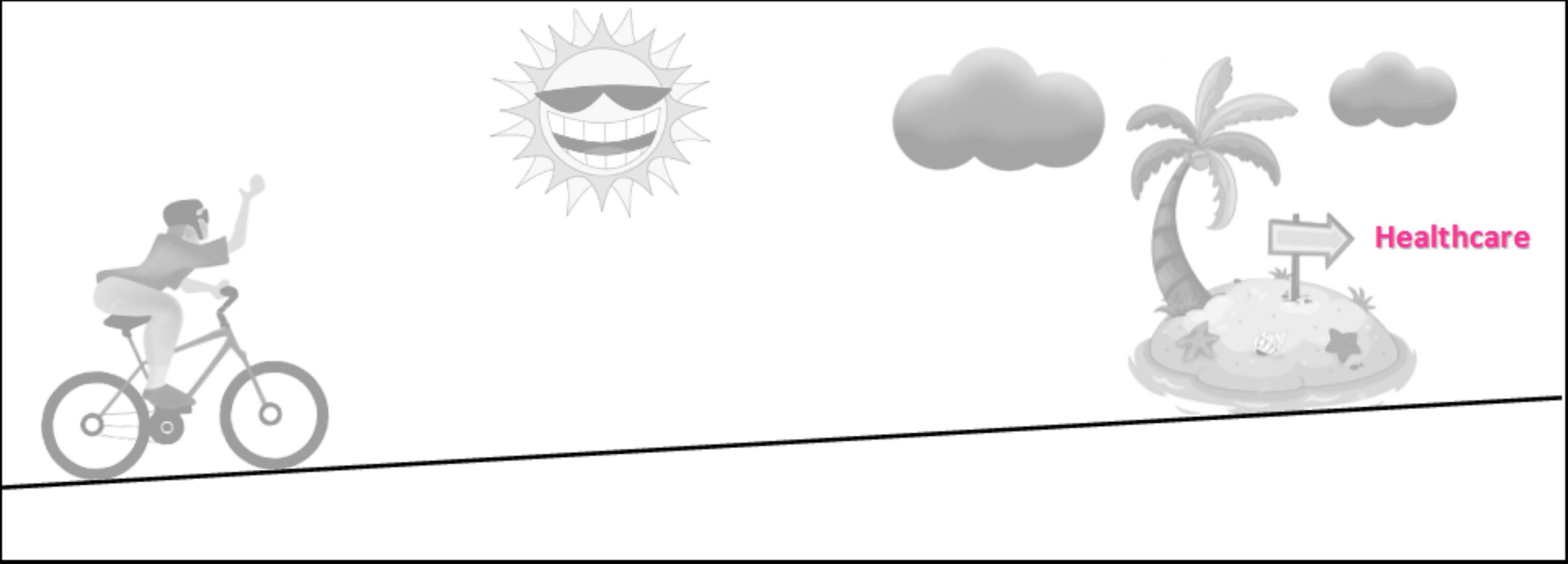
Provider Reminders\*

Provider Incentives

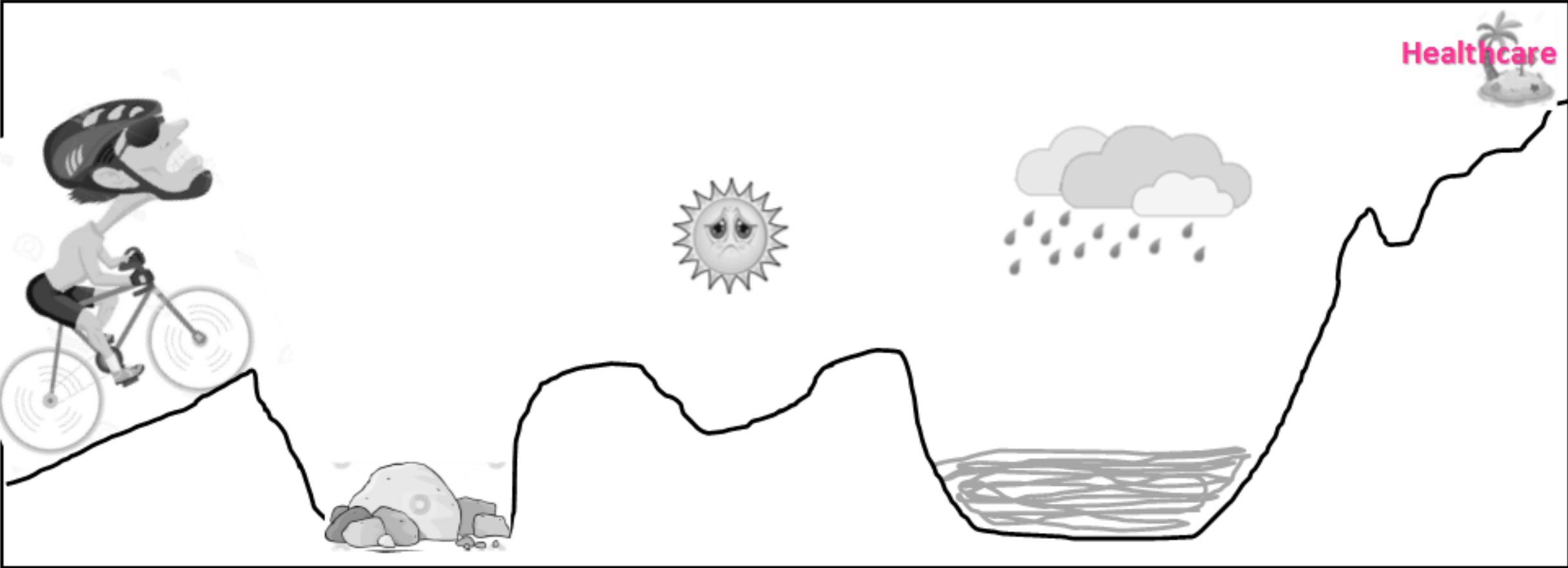
Provider Performance, Assessment and Feedback\*

# Community Health Workers.

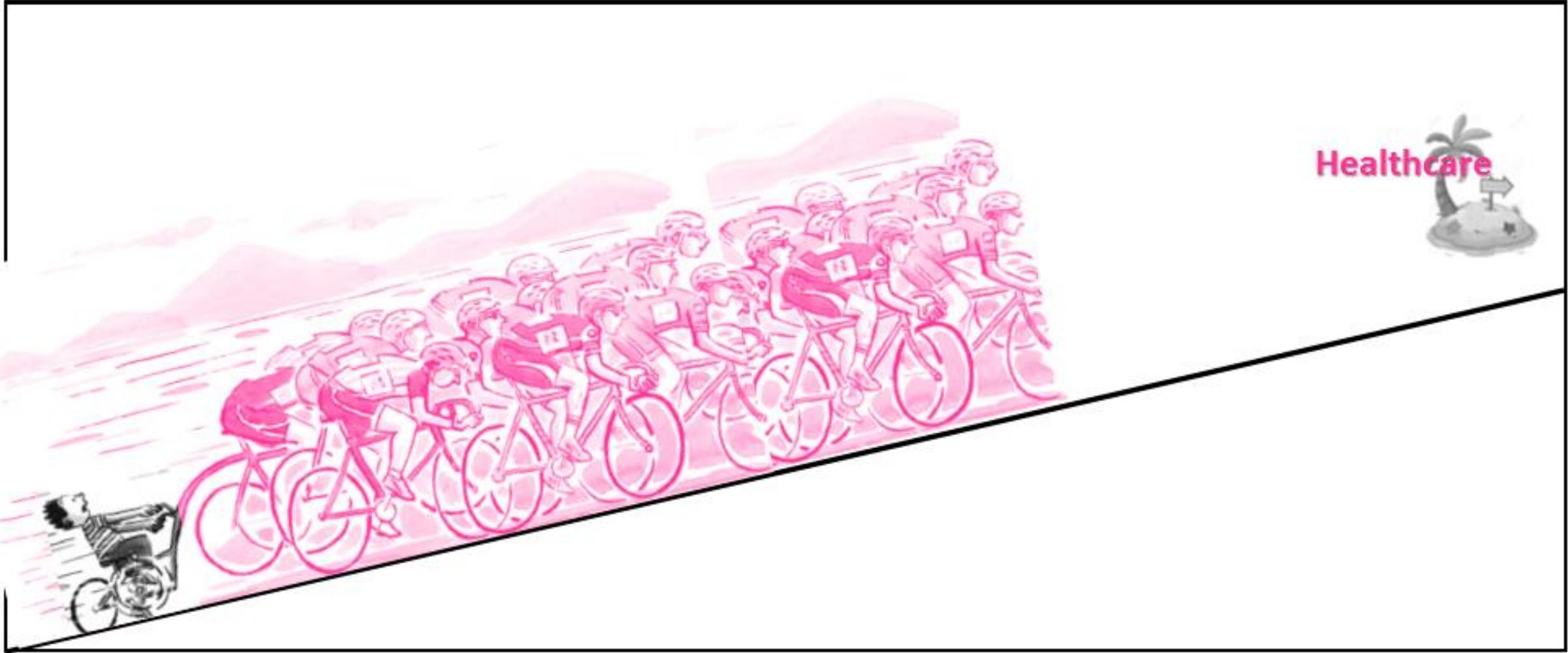
# Navigating the Health System



# Navigating the Health System

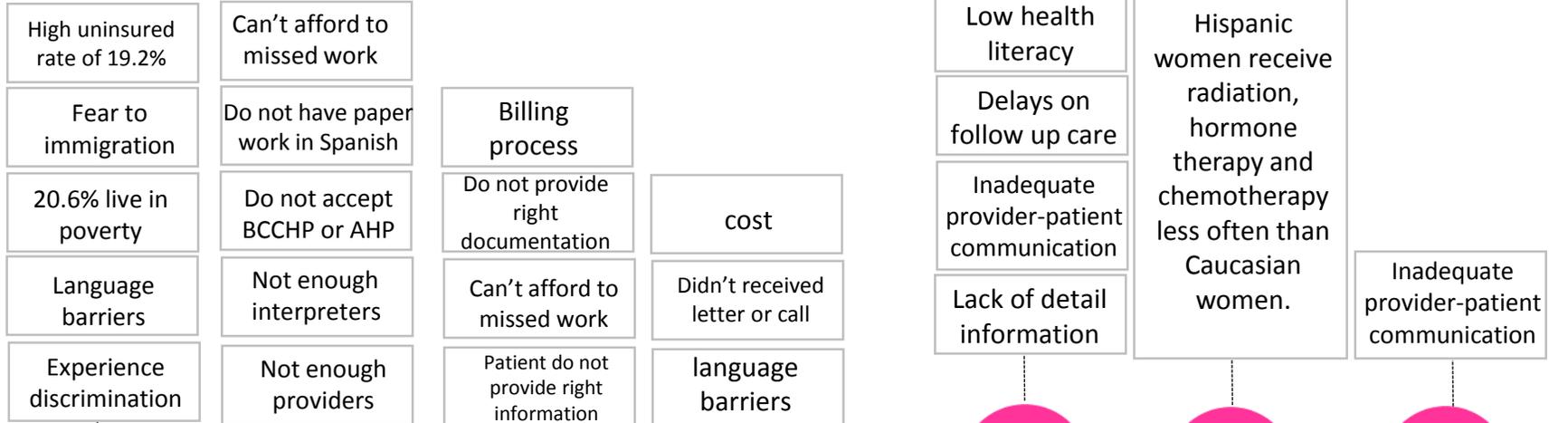


# Promotoras/CHWs can Help Accelerate Access

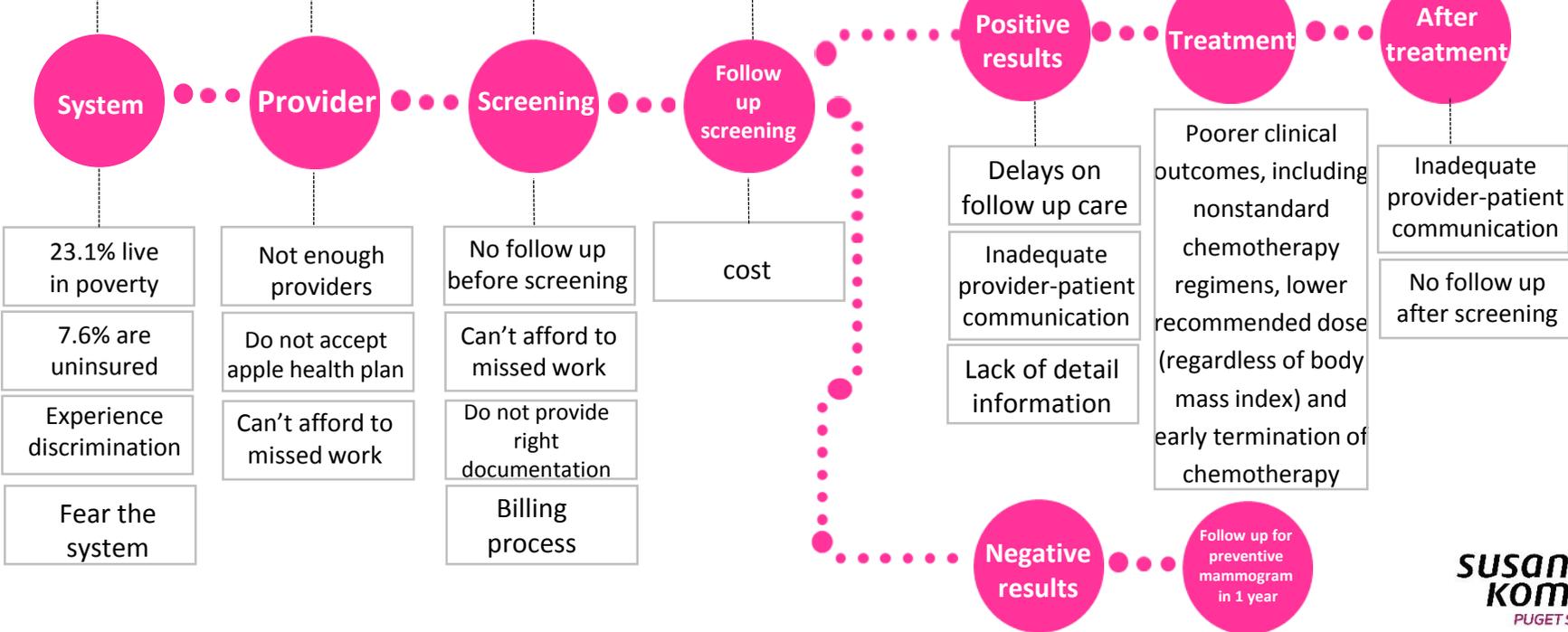


# Barriers to Care

## Hispanic/Latina(o)



## African American



# What do CHWs actually do?

Promotoras/CHWs **improve preventative and treatment outcomes** across a range of populations and conditions, leading to **increased 5-year survival rates**.

**Improving**  
access to  
services

**Help**  
understand the  
health and social  
service system

**Enhance**  
communication  
between client  
and health  
provider

**Increasing**  
appropriate rates  
of service  
utilization

**Decreasing**  
costs for  
organizations and  
government  
programs

**Improving**  
adherence to  
health  
recommendations

**Reducing**  
the need for  
emergency and  
specialty services

**Improving**  
overall community  
health status



# What is Komen Puget Sound doing to support CHWs?

## **Funding (FY2017):**

- \$46,500 Lutheran Community Services
- \$63,000 International Community Health Services
- \$55,800 Northwest Leadership Foundation
- \$35,096 Citrine / Women's Health Outreach
- \$80,000 SPIPA

## **Coalition Building:**

- Promotores/CHW's, Migrant and Refugee Coalition
- King County Promotores Network (KCPN)
- **State-level advocacy**

# The Promotores/CHW's Coalition

## Coalition Components:

- Advocacy Program
- Leadership Program
- Training Program
- Networking Program
- Fundraising Program
- EVALUTE!



# The Promotores/CHW's Coalition

## Advocacy

1. **Build Coalition:** define mission statement, goals and vision; develop job descriptions; identify and recruit members; develop strategy and work plan; and develop a communication process.
2. **Create Advocacy Strategy:** identifying advocacy goals, stakeholders and target audiences, staff and consultants, risks and proposed solutions.
3. **Train CHWs on Advocacy Approaches:** Developing advocacy messages tailored to target audiences, identifying strategies to convince your targets, implementing the strategies, and monitoring progress.

## Leadership

1. **Develop a leadership program:** leadership development is an ongoing project. Every person, no matter how much they know and how well they already function as a leader, needs to continue learning and growing in order to meet the ever growing challenges around them.
2. **Community capacity building,** should not be about pilot schemes or short-term interventions; it needs to involve long-term commitment that will involve local leadership.
3. **Peer Mentoring Program,** relationships between mentors and mentees sometimes develop organically, organizations will reap the greatest benefits from creating structured mentoring programs.



# The Promotores/CHW's Coalition

## Training

1. Develop learning objectives, process of training, program and framework
2. Develop training materials
3. Design training materials
4. Implement the training
5. Evaluation

## Networking

1. **Identify Regional Committees** that offer a structure that brings individual Promotores/CHW's together
2. **Host a 1-2 conference training** to bring all network together
3. **Host monthly meeting to build the Network** to provide Promotores/CHW's with workforce development and professional training

# The Promotores/CHW's Coalition

## Evaluation

### **Process measures**

- # of health service per month,
- professionals trained to use an evidence-based curricula,
- number and level of participation of organizations involved in the program,
- number of preventive procedures provided,
- number of referrals to other providers,
- number of participants who express awareness of the existence of breast health programs in their communities
- Advocacy wins/loses

### **Outcome measures**

- Frequency
- Time
- Preventive Services

### **Impact measures**

- Percentage increase in patients served
- Percentage increase in breast health exams
- Amount of additional revenue available

## Fundraising

- Grant writer (Latino Community Fund) with the HHS assistance
- Secured a fiscal agency (LCF)

# Mission Fundraising.

# Collective Impact

1

## Common Agenda

- **Common understanding** of the problem
- **Shared vision** for change

2

## Shared Measurement

- **Collecting data and measuring results**
- Focus on **performance management**
- **Shared accountability**

3

## Mutually Reinforcing Activities

- **Differentiated approaches**
- **Coordination** through joint plan of action

4

## Continuous Communication

- **Consistent and open communication**
- Focus on **building trust**

5

## Backbone Support

- Separate organization(s) with **staff**
- Resources and skills to **convene** and **coordinate** participating organizations

# Collective Impact Offers Funders New Opportunities

## Amplify Impact

Involves multiple partners working towards **long term, systemic change**

Offers a **holistic approach** by channeling the energy of various stakeholders towards solving a problem

Provides opportunities to **influence the system** from within and outside by coupling advocacy with action

## Increase Efficiency of Resources

Allows **more efficient use of funding**, especially in times of scarce resources

Enables **leveraging of public and private sources of funding**

Opens channels for organizations to access **additional funding** against an issue

## Drive Alignment

**Reduces duplication** of services

**Increases** coordination

Embeds the drive for sustained social change within the community, facilitating **“order for free”**