



Attachment E: Definitions

This section expands on terminology and concepts mentioned in this Request for Applications (RFA). Having a clear understanding of these terms is vital in completing a well-written response to this RFA.

- Affiliate: Susan G. Komen® Colorado
- Applicant: Agency, foundation or organization responding to this RFA. All Applicants must provide proof of non-profit status.
- Medicaid Breast & Cervical Cancer Treatment Program (Medicaid BCCP): A specialty Medicaid program administered by the Colorado Department of Health Care Policy & Financing. The program provides treatment for qualified women aged 40-64 who have been diagnosed with breast or cervical cancer, have incomes under 250% of the federal poverty level, be uninsured or lack creditable insurance for breast or cervical cancer treatment, and meet federal residency requirements. Applicants who contract with HCPF to provide BCCP can only apply for Komen funds directly related to breast cancer treatment for individuals not eligible for BCCP.
- Breast Self Awareness: Susan G. Komen®'s core concepts to increase public awareness to promote improvements in breast cancer outcomes:
 - know your risk
 - get screened
 - know what is normal for you; and
 - make healthy lifestyle choices.
- Breast Health Awareness: The Affiliate considers Breast Health Awareness to be a comprehensive approach that combines Breast Self Awareness with overall health literacy concepts to increasing public understanding of:
 - risk of breast cancer
 - breast cancer screening recommendations
 - evaluating self-risk and noting changes in breasts that differ from an individuals' "normal"
 - factors that increase or reduce risk
 - how to navigate the health care system to see a health care provider in the event of changes to the breast
 - what breast health care services are covered by insurance plans; and
 - how to use health insurance to minimize out-of-pocket costs for breast health care.
- Coalition/Consortium: For the purpose of this RFA a Coalition is defined as one of several regional partnerships or alliances comprised of distinct parties, persons or organizations coming together for the joint action of improving the continuum of care within the region.
- Colorado Indigent Care Program (CICP) is administered by the Colorado Department of Health Care Policy & Financing to provide discounted health care services to low-income people and families. CICP is not a health insurance program. Discounted health care services are provided by Colorado hospitals and clinics that participate in the CICP. To identify participating facilities and learn about eligibility parameters, visit <https://www.colorado.gov/pacific/hcpf/colorado-indigent-care-program>.
- Commercial Health Insurance / Connect for Health Colorado: Subsidized commercial health insurance plans for individuals, families and small groups is available for purchase through

Connect for Health Colorado – Colorado’s healthcare marketplace. Plans can be purchased during annual open enrollment periods (November 1 – February 15), as well as outside those periods if uninsured individuals experience certain qualifying life events. For information about pro-rated financial assistance to offset costs of care for these plans, as well as qualifying life events for purchase of plans outside of open enrollment periods, visit <http://connectforhealthco.com/get-started/new-customers/>. Applicants applying for Komen funds directly related to breast cancer clinical services must demonstrate internal processes to evaluate patients for eligibility to purchase and/or refer for assistance in considering purchase of commercial plans.

- **Community Review Panel:** The Community Review Panel is an independent group comprised of health care professionals, breast cancer survivors, educators, advocates, community members, representatives from other nonprofits, and other types of professionals (including accountants, attorneys, financial professionals, etc), who are invited by the Affiliate to review all incoming grant applications and make funding recommendations to the Affiliate’s Board of Directors.
- **Continuum of Care:** The continuum of care refers to the range of services available within the health care sector, and to some extent, outside of it, that address services and access to breast health, breast screening, diagnostics, breast cancer treatment and survivorship services. The continuum of care is a theoretical model rather than an actual system of care delivery.
- **Evaluation Plan:** A detailed plan of how you will measure achieving the program objectives and how the impact of the program will be assessed. It includes who will conduct data collection, when data will be collected and what methods will be used, such as surveys, intake forms, etc.
 - A strong evaluation plan measures the quantity (i.e. numbers served) and quality (i.e. satisfaction) of the implementation and effectiveness) of the outcomes (i.e. all follow up completed within 60 days). Staff members responsible for evaluation need the ability to:
 - Assess program outcomes
 - Monitor program processes and performance of program
 - Analyze evaluation data and results
 - Present evaluation findings
- **Evidence-Based Practices:** Strategies have been tested, evaluated, and found to be effective in improving access, promoting behavioral change and/or empowering individuals to make good breast health decisions. Evidence-based strategies are peer reviewed, and usually published in a public health or medical journal.
- **Funding Slate:** Rank-order listing of grant applications as determined by the Community Review Panel.
- **Mission Initiatives Committee (MIC):** The role of the MIC is to develop and oversee the Strategic Mission Initiatives Plan, which aligns all mission programs, and to advise the Board of Directors. The MIC advises the Affiliate on grantmaking initiatives and assures that the RFA seeks Applicants that address Community Profile priorities.
- **Medically Underserved:** A term that refers to individuals who lack access to routine primary and medically recommended specialty care because they are:
 - socioeconomically disadvantaged
 - live in areas with high poverty rates
 - reside in rural areas
 - are foreign-born
 - use a language other than English when seeking information about health and health care

The term also refers to individuals who reside in geographic areas where the Index of Medical Underservice (IMU) is 62 or less. Health Resource Services Administration (HRSA) criteria designate a service area with an IMU of 62 or less as a "medically underserved area (MUA)." For more information go to: <http://www.hrsa.gov/shortage/mua/index.html>.

- **Measurable Outcomes:** Program proposals must include a detailed evaluation plan that outlines proposed outcome measures that are relevant to program services and include the number of services provided as well as individuals served as well as more qualitative measures like changes in a patient's ability to better engage in everyday life or satisfaction with services provided. These projections may be derived from previous, comparable project outcomes, from data from programs providing similar services or from information provided by a community needs assessment. Funded Applicants must report how many actual services were provided during the granting cycle, as compared to the estimates made in this application. You must also be able to report all information applicable to your application category listed in the Reporting Templates and the Data Outcomes Sheet Included with the RFA.
- **MOU:** Memorandum of Understanding. Community Health Worker/Navigation and some Screening category Applicants must provide a Memorandum of Understanding (MOU) a (sub)contract or Letter of Agreement. Please refer to specific requirements under specific Application Instructions. A sample MOU is provided for reference. You do not need to use this template but your MOU must address all requirements under the funding category for which you are applying.
- **Proof of Insurance:** In circumstances, such as a grant, where the Affiliate does not have direct control over an activity and cannot therefore manage the risk associated with the activity, The Affiliate should ensure that the third-party adequately manages the risk. In the grant context, the grant agreement provides that the Affiliate is only responsible for funding the grant, and all activities of the grantee and any problems that arise from those activities are the exclusive responsibility of the grantee. Therefore, we require that grantees indemnify or defend the Affiliate if someone claims that the Affiliate is responsible for the actions of the grantee, by providing proof of insurance coverage to cover any potential claims. Please see the RFA for more information.
- **Promising Practices:** Innovative approaches that are likely to be effective but have not yet been fully evaluated. They may also be called "emerging best practices."
- **RFA:** Request for Applications.
- **Scoring Rubric:** The template used by the Community Review Panel that is used to objectively score RFA responses in a consistent manner. All applicants have access to the scoring rubrics upon request.
- **Underinsured:** Applicant organizations should use the following as guidance when determining whether patients are underinsured for purposes of benefiting from Komen Colorado grant funds:
 - "For families earning at least twice the federal poverty level (FPL), the Colorado Health Access Survey defines underinsurance as spending at least 10 percent of annual income on out-of-pocket medical expenses. For families below that threshold, underinsurance is defined as spending at least five percent of annual income on out-of-pocket medical expenses."
- When Insurance Is Not Enough: How Underinsurance Impacts Health and Finances, at http://www.coloradohealthinstitute.org/uploads/postfiles/CHAS/CHAS_Underinsurance_brief_2014.pdf

- Applicant organization's policy to evaluate whether cost would prevent or delay an individual from seeking clinically recommended medical care, with consideration given to household income, savings and other assets.

- Women's Wellness Connection: Women's Wellness Connection (WWC) is a program administered by the Colorado Department of Public Health and Environment (CDPHE) and part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). WWC provides breast and cervical cancer screening (clinical breast exams, Pap tests and pelvic exams and mammograms) and diagnostic procedures to eligible women at over 130 sites through cooperative efforts of multiple statewide providers. The program provides services for qualified women aged 40-64 who have incomes under 250% of the federal poverty level, are uninsured or are uninsured, and meet state residency requirements. The providers of WWC operate under the HIPPA confidentiality laws (Health Insurance Portability and Accountability Act of 1996). Applicants who contract with CDPHE to provide WWC screening services can only apply for Komen funds directly related to breast cancer screening and diagnostics for individuals not eligible for WWC funding.

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