A picture containing shape

Description automatically generated*GRANT PROPOSAL to Raise Breast Cancer Screening and Awareness among uninsured women*

Be Aware and get Screened for the Uninsured

American Cancer Society

HLTH 6770

Samala Shruthi

|  |  |  |
| --- | --- | --- |
|  | GRANT COMPONENTS | Pg. no |
| 1 | Organization/Agency Summary | 1 |
| 2 | Executive Summary | 2 |
| 3 | Needs Statement | 4 |
| 4 | Goals/Objectives | 5 |
| 5 | Timetables/Plan for Implementation | 6 |
| 6 | Partnership and Collaboration | 7 |
| 7 | Sustainability | 8 |
| 8 | Program Evaluation | 11 |
| 9 | Budget and Budget Narrative | 12 |
| 10 | Attachments | 14 |
| 11 | Appendix | 21 |

**Organizational Summary**

American Cancer Society (ACS), formerly known as American Society for the Control of Cancer (AMSCC) was first established in the year 1913 by 10 doctors and 5 lay people in New York city (American Cancer Society, 2019). The mission of the Society is "to save lives, celebrate lives, and lead the fight for a world without cancer" (ACS, 2017). The ACS, Inc., is a 501(c)(3) tax-exempt nonprofit organization with a single board of directors (ACS, 2021). The Employer Identification Number of the American Cancer Society is 13-1788491 (ACS, 2021).

If progress against cancer was to be accomplished, Society's founders realized that there is a need for public awareness about cancer, and so formed the society (ACS, 2019). Marjorie G. Illig, an ASCC field representative and chair of the General Federation of Women’s Clubs Committee on Public Health, in 1936 advocated forming a legion of volunteers, who are eventually called the Women's field Army, whose primary mission is to wage war on cancer, they went on streets to raise money and educate public about cancer (ACS, 2019). Currently, there are 3 million volunteers globally in the Society. The Society is delighted to have been part of an effort that has led to 29% reduction in overall cancer death rates in the United States between 1991-2017 (ACS, 2019).

Our organization raises around $700 million annually (ACS, 2021). Our regional and local offices help communities to join the battle against cancer by providing potentially lifesaving services and programs and generating vital funding to support our goal (ACS, 2021).  The board of directors oversee creating policies, setting long term goals, supervising general operations and resource allocation (ACS, 2019). The Board of Directors of ACS is made up of five Volunteer Officers and 17 At-Large Directors (ACS, 2019). The Volunteer Officers include a Chair, Vice Chair, Secretary/Treasurer, Board Scientific Officer, and the Immediate Past Chair of the Board of Directors (ACS, 2019). Volunteer Officers are elected to serve one term and Board of Directors are elected to serve two terms at ACS. Because Society's mission requires diverse perspectives of medical experts, Society is dedicated to including appropriate representation of the Medical Profession (ACS, 2019). There are a total of 7,194 employees working at the society towards a shared goal to create a world without cancer (LinkedIn).   

**Executive Summary**

Logic Model is included in Attachments

## ACS is a 501(3)(C) voluntary health organization established in 1913, is in 6 geographics regions with 250 regional offices throughout the United States with headquarters in Atlanta, GA. The mission of the Society is “to save lives, celebrate lives, and lead the fight for a world without cancer”. Connecticut (CT) Cancer Action Canter are working to ensure that federal breast cancer screening and early detection program which saved 5.6 million women receives funding in Congress and every state legislature.

## “Be Aware and Get Screened for the Uninsured” will help to raise awareness and screening of breast cancer among uninsured in CT. This program aims to bring communities in CT together to raise awareness and provide comprehensive access for screening of breast cancer for Uninsured woman. Three major objectives of this program include collecting information about uninsured women in CT, creating events to raise awareness and send mobile mammograms to 8 Counties to get them screened. Awareness is raised through weekly events hosted by breast cancer survivors to inspire women with their real-life stories and free healthy, nutritious food will be provided in events to attract them. Personal phone calls are given to them requesting them to attend the events and encourage them to get their mammograms done.

## Awareness about Breast cancer is significantly important because it helps in early diagnosis through screening and one can start treatment at treatable stage. Through awareness programs we can educate women about breast cancer, its preventive measures, make them realize that it can be treatable with early diagnosis and through mass screening we can estimate the total number of positive cases and plan program continuation for treatment accordingly. This program will help in early detection, decrease in incidence of breast cancer and its mortality in the state. Feedback surveys will be conducted and total number of cases getting treatment for breast cancer after implementation of program will be collected to recognize success. Since, 1946 Society has invested in more than $5 billion in cancer research all in the hopes of discovering new and better treatments, uncovering carcinogenic factors, and improving quality of life for cancer patients. “Making Strides against breast cancer" has brought communities, businesses and individuals around the country together in the fight to eradicate breast cancer through large scale traditional walks to unique local events and celebrations.

## Our program is estimated to cost 3 million dollars and we request you to fund us one million dollar which helps in successful implementation of our program. Our Society is partnered with many organizations, our major partners include Genentech, NHL, Pfizer who are funding $2,00,000 each for this program. Your investment of one million will be a valuable contribution for educating people and saving lives. I’m very grateful for your consideration and look forward to hearing from you.

**NEEDS STATEMENT**

Statistical and Graphical representations in Attachments

1. After Washington DC, Connecticut has the highest female breast cancer rates in the United States (Connecticut Breast Health Initiative, 2021). The prevalence of breast cancer rates in CT are 136.6 per 100,000 which is much higher than the national average of 122.7 per 100,000 (Connecticut Breast Health Initiative, 2021).
2. After lung cancer, breast cancer is the second leading cause of deaths in CT women (CT Breast Health Initiative, 2021). It claimed the lives of 430 women in CT in 2019 (CT Breast Health Initiative, 2021), which calls for serious action against breast cancer.
3. In a research study conducted by Baucom et.al., (2006), it was discovered that women with breast cancer at late stages have poor life quality after treatment. This decreased quality of life is due to side effects of cancer treatment. It was also found that many women, especially younger women after systemic treatment begin to develop menopausal symptoms such as hot flashes, reduced sexual desire and dryness of vagina. Therefore, our program targets women to raise awareness and encourage them to undergo screening to detect cases in the early treatable stages.
4. In research it was found that in 2018, 6.3% of individuals are in CT are uninsured (KFF, 2021). According to US census bureau (2019) there are total of 18.2 lakh women in CT among which, 7.7% of women in CT are uninsured (Americas Health Rankings, 2021). As the result, initiatives aimed at Ct’s Uninsured women is critical, as they are unable to undergo mammograms owing to lack of insurance.
5. In a research study made by Duffy et.al., (2020), it was found in first 10 years of experiment that women who were screened for breast cancer were 25% less likely die due to breast cancer. Therefore, its crucial for women to get screened for breast cancer at early stages which can only be accomplished through mammographic screening of women for breast cancer.

**Goals and Objectives**

The Goal of “Be Aware and Get Screened for the Uninsured” is to decrease breast cancer and mortality due to breast cancer in CT. Overall, it is anticipated that 90% of uninsured in CT will be served in this program for the FY 2021-2022. The program will meet the following objectives,

1. Recruit all the required staff and gather personal details about Uninsured women in CT
2. Create a 4-month long County events to raise awareness
3. Conduct group talk, group education and one on one education and brainstorming activities in the events which will raise breast cancer awareness and develop relationships with community leaders
4. Database is created to enter number of women participated in events, screening, lab reports, and positive cancer cases.
5. Create 8-month mobile screening facilities with two mobile mammograms sent to two locations in a County
6. Reminder calls and messages are sent to women participated in the events about screening in their towns
7. Outputs of the program are measured by increased women knowledge about breast cancer and preventive measures, increased partnership and relationship with community leaders and enhanced perception among women about mammogram.
8. Short-term outcome is measured through increased participation of women in events and screening, decreased fear, increased awareness and expanded networks. Medium-term outcomes are measured by double the number of awareness and screening rates weekly, and long-term outcomes are measured by decreased breast cancer rates and mortality due to breast cancer in CT.

**Timetable**

Timeline included in Attachments

The goal of “Be Aware and get Screened for Uninsured “is to raise awareness and get every uninsured woman in CT screened for Breast Cancer. Milestones of the program:

Recruit staff for awareness events (1/20/22), Collect data of Uninsured women (1/25/22), Successful completion of event one (2/12/22), Successful completion of event five (4/10/22), Hire all required staff for screening of breast cancer (5/6/22), Successful completion of screening in County one (6/30/22), Successful completion screening in County five (10/30/22), Successful completion of program (1/31/22)

The program is estimated to cover a period of 13 months 1st month for hiring & prep, 2nd to 5th month awareness events, 6th to 13th month screening events. Their activities are

1. Program manager: Organizing activities in conformity with programs mission, objectives, develop budget and operational plan.
2. Program coordinator: Is responsible to make program run smoothly. Helps program manager in finalizing budget and operational plan.
3. Program implementors: are responsible to get things done in the right way as planned.
4. Program evaluator: Should evaluate success of the program and submit a report once in 12 weeks, 6 months and 12 months to funders and stakeholders.
5. Technical staff: To collect data on uninsured women, feedbacks, update data about program, staff, participants in events and screening, lab reports.
6. Web designer: to handle and update social media platform
7. Event organizers: Should organize awareness events.
8. Inspirational speakers: Should inspire women with their real-life stories and inspire them
9. Caterers: Finalize snack bowls for the events which encourages local farmer’s market.
10. Volunteers: Their activities include call uninsured woman to inform them about events and screenings, attend phone calls, guide them to the locations, assist them at centers.
11. Mammograph technologists: To conduct mammograms
12. Nurse: To assists women during mammograms
13. Radiologist: To make lab reports based on mammograms.

Data of participants in events & screening and their feedback are updated in database and a graph is made to see average participants from events, screenings, and their responses to anticipate success of the program. If participation rates in events and screenings are decreasing and getting negative feedback from participants program manager will be fired, new manager will be hired we’ll come up with team solution which encourages diversity of thoughts and most accepted ideas will come into play to continue the program. Evaluation reports are prepared for three time in the program. Once in 12 weeks, 6 months, and 12 months. Evaluation is done based on increase in participants in events & screenings, their feedback, state data of number of uninsured women getting treated for breast cancer after program implementation which will depict success or failure of program.

**Collaboration Summary**

Letter of Support included in Attachments

Without collaboration or support of partners American cancer society would not be able to achieve what it achieved today. Major partners of ACS against cancer include Genentech partnership, Pfizer, and NHL (National Hockey League). American Cancer Society with the assistance of Genentech (A member of Roche group). Partnership has led a multisectoral comprehensive campaign to boost cancer screening rates (ACS, 2021). Pfizer and ACS have collaborated for years to promote patient service, research and advocacy aimed at successfully preventing, diagnosing, and treating cancer (ACS, 2021). “Pfizer is a critical partner for the American Cancer Society as we work together to address disparities in cancer care and mortality. With partners like Pfizer, we can get people back on track with cancer screening and save more lives. We are so thankful for Pfizer’s commitment to help us be there for cancer patients and their families. With their help, we are leading the fight for a world without cancer” (Karen E. Knudsen, CEO, ACS).

NHL established Hockey Fights Cancer in 1998. Since its establishment, Hockey Fights Cancer has collected more than $20 million to support local and national cancer programs, from research to local charities. Hockey Fights Cancer helps ACS through lodging of cancer patients who need to travel distance for screening and treatments; transportation for patients for treatment (Hockey Fights Cancer has provided more 15,000 rides to patients so far for cancer treatment; and Round the clock support which includes 24/7 helpline, trust worthy cancer information service (ACS, 2021). Other partners of ACS are CVS Health, Walmart, Sam’s club, LG H&H, DELTA, AMGEN, Kroger, CHEVROLET, KOHL’S, NUCOR, IBM, MERCK, Anthem (Foundation and Blue Cross, Blue Shield) and NOVARTIS (ACS, 2021).

**Sustainability**

In next two years after program completion, we can observe increase in breast cancer awareness and decrease in the breast cancer mortality rates among uninsured women in CT. A sequel program aimed at treating breast cancer among uninsured population will be established over the next five years to protect uninsured women from the serious consequences of the disease. In next 10 years there will be no uninsured women in CT who do not have access to screening, awareness, or treatment facilities for breast cancer. The support for the early expenses is funded by our collaboration partners i.e., Genentech, NHL, Pfizer. Before beginning, program recruiters will start searching for staff to be hired from our organizations and outside organization. Advance bookings will be made for mobile mammograms from the early support. We have constant fundraising from our major partners in cancer, other partners and public funds which will help us run our program constantly and develop new programs in future based on success of this program for uninsured women.

To assure program’s longevity in the first six months we will compute the cost and income for first 6 months to see if they were as planned or not, participation rates in events, and feedback surveys. The documented data of our program evaluation will assist state of CT to gather statistics about number of uninsured women aware about breast cancer, who underwent mammograms and positive and negative breast cancer cases among uninsured women in CT. Our program helps in decrease of overall state data related to breast cancer such as breast cancer cases and mortality. We will send electronic newsletters once in 12 weeks, 6 months, and 12 months with evaluation reports to our stake holders and schedule a meeting once in every 6 months to discuss about the pros and cons of the program and will consider various stakeholders’ proposals in future project development. Community leaders from all counties will be given special invitation to attend events and screenings in their respective counties to witness the program and spread a good word to their community uninsured women.

We will leverage social medica platforms to raise funds. We will update our evaluators report on social media platforms to make public realize that our program is aimed at community need and their funds will help us reach our more and serve community even better. Moreover, to gain attention of maximum uninsured women, we will engage inspiring women celebrities such as player or influencers as our ambassadors. We do not charge any service fee because poverty has made them uninsured, but they can donate some money only if they are willing to. There is no revenue generation from the program itself.

Our Society is well positioned to lead global fight against cancer, and with the previous organizational transformations we are now transforming more into the flexible, high impact organization required to lead change in world of cancer (Organizational outcome, 2015). Reducing cancer inequalities and promoting health equity are critical in attaining our objectives. The Society’s revenue has become more stabilized and now it is able to invest more money in our mission and gain competitive edge (Organizational outcome, 2015). Society has invested $147 millions on cancer research, $269 millions in patient support, $104 millions in awareness programs (education and prevention), 63$ in detection and treatment of cancer, and $5 billion in cancer research (American Cancer Society, 2021).

Our society has protected the lives of 2.9 million people from deadly cancer since 1991 (American Cancer Society, 2021). Society’s IRS 990 tax forms are included in the appendix. Total liabilities and net assets of Society in 2020 are $ 1,742,994 (Financial statements, 2020). Society’s Financial statements are included in the appendix. If our Society runs out of money for this program our partners are ready to invest for successful implementation and completion of the program. List of Board of Directors of the Society, Organizational chart of the Society, list of funding resources and collaborating of the Society is included in the appendix.

Dr. Karen Knudsen MBA, PhD., is the first female CEO of the 107-year-old Society. Knudsen was formerly the executive vice president of Oncology Services and enterprise director for Jefferson Health's Sidney Kimmel Cancer Center (American Cancer Society, 2021). At the Association of American Cancer Institutes, Knudsen holds the presidential position, a platform that emphasizes equity, diversity, and inclusion, and serves at National Cancer Institute as board of Advisors (American Cancer Society, 2021). The Chief Financial Officer (CFO) of the society is Kael Reicin who also serves as CFO at American Cancer Society Cancer Action Networks, a 501(c)4 organization. Prior to joining the Society, he worked as CFO at Geller & Company which is a billion-dollar financial company (American Cancer Society, 2021).

“Making Strides Against Breast cancer” has brought communities together in the battle against breast cancer and has funded groundbreaking research, providing 24/7 support for women with breast cancer and provide access to screening (American Cancer Society, 2021). Making strides is now the nation’s biggest network of breast cancer activities (American Cancer Society, 2021). Cincinnati has raised more than $350000 on weakened walk at “Making Strides Against Breas Cancer” (Ottillie, 2021). If “Be Aware and Get Screened for Breast Cancer” runs out of money along with our collaborating partners, we can use Making strides to raise funds for our program completion.

**Program Evaluation**

Evaluation Table included in Attachments

**Evaluation Plan:** Evaluation will be done by program evaluator. All the reports should be submitted to evaluator who will compare required data and submit evaluation report to community stakeholders and funders. Evaluation table and questions analyzed during evaluation is under attachments section.

**Objective 01 evaluation** (Collect personal data on uninsured women in Connecticut): Data of number of participants in awareness events and screenings in one County is compared with data of number of uninsured women in that County. If the percentage of participants is less than number of uninsured women, it indicates that personal data of all uninsured women in CT is not collected.

**Objective 02 evaluation**: (Raise awareness): Percentage of participants attending the events is collected and graph is prepared for every event. The graph prepared in every event is compared with previous event. Increase in the percentage indicates higher participation, higher knowledge, and increased awareness.

**Objective 03 evaluation**: (Screening): Percentage of participants attending the screening is collected and graph is prepared for every screening event. The graph prepared in every county (screening) is compared with percentage of uninsured women in that county and parentage of women attended the awareness events in that county. When the percentage is equal to or greater than participation percentage, it indicates successful screening program. State data of number of patients getting treated for breast cancer before and after program implementation is compared and increase in number of breast cancer treatment after implementation indicates that this program has resulted in decrease in incidence of breast cancer mortality in the state.

Evaluator’s report will be shared with community stake holders, funders to let them understand the effectiveness of the program. Raw data about feedbacks, participants, awareness events, screenings and lab reports of positive and negative cases will be shared through a database with access to funders and stakeholders.

**Budget Narrative (**Budget included in Attachments)

The program is estimated to cover a period of 13 months and cost a whooping 3-million-dollars. Your organization is expected to provide a substantial source of money in the amount of one million dollars. We have reached to this number after calculating all the revenue and cost from all the funders and our organization’s capacity. Salaries for the team members are determined using the preceding program budget. Because we highly desire experience people to avoid errors while screening, mammogram reports and entering entire program data we estimated higher salary rates for mammogram technologist, radiologist, and technical staff.

Only 20% of staff are recruited from prior successful organization’s programs whose wages are paid by the organization itself, and almost 80% of the staff are hired on contract basis, with their salaries ending as the program concludes There is no budget section for rent in the budget spread sheet because we opt to select public places such as public schools and churches who provide free leasing space to conduct community need programs.

We estimated 3,00,00 gloves, face masks and sanitizers because total uninsured women in CT are 1,40,140, estimated to use one set on awareness day and one set on screening day, and remaining to be used by staff. Even though awareness events are conducted only once in a week, screenings are conducted 5 days in a week because they are estimated to screen at least 1,30,000 uninsured women at 8 counties for period of 8 months, thorough breast examination takes time and cannot be done in haste. Moreover, our target population is uninsured women and most of uninsured women come from low income where they do not have fixed schedules and schedule their work according to opportunities, so that our flexible time will give them opportunity to get screened in their free time, for which we are planning to pay higher salaries to staff related to screening.

Among two mobile mammograms, organization already has one mobile mammogram and budget for another mammogram is sponsored by the organization itself. Volunteers are not given any salaries; they will be given experience certificate from our organization. Among 40 Volunteers, 20 will work for 1st 6 months and remaining 20 will work for last 7 months of the program.

**Attachments**

**Evaluation Table**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation term | Evaluation Activity | Desired outcome | How is it measured |
| Short term | Head count of women participants from week 01 to week 12. | Number of participants must increase from event to event | Data of all the women attending awareness events is entered into databased regularly |
| Short term | Response to the evaluation questionnaire asked on awareness feedback survey | Increased awareness  Decreased fear | Response of the participants to the questions are entered into data based and responses are evaluated based in the answers |
| Medium term | Head count of women participants of 1st 6 months after program implementation | Number of participants must increase from event to event | Data of all the women attending awareness events is entered into databased regularly and number of participants from event to event are calculated |
| Medium term | Head count of women participants attending screening 01 from event 01 | 90% of participants of event 01 should attend screening 01 | Data from event 01 is matched with data from participants of screening 01 |
| Long term | Head count of women participants attending all screenings from all events | 90% of participants from events should attend screening and unattended uninsured participants of events should also attend screening | Participants data from events is matched with screening and total uninsured women in that county |
| Long term | Increased number of uninsured women getting treated for breast cancer | Increased detection of breast cancer cases | State data of Uninsured women getting treated for breast cancer after program implementation is measured |
| Long term | Increased number of uninsured women getting treated for breast cancer | Decreased breast cancer mortality rates among uninsured women | State data of Uninsured women getting treated for breast cancer and cured after program implementation is measured |

How will I gather and analyze feedback? (Few questions copied from google)

|  |  |  |
| --- | --- | --- |
| Feedback questionnaire | Desired outcome | How is it analyzed |
| Do you know breast cancer?  Do you think screening is helpful for early detection?  Do you think early detection can improve survival?  Did you gain knowledge about breast cancer symptoms?  Was this event helpful?  How did you learn about this event?  Did this event enhance your knowledge on breast cancer?  Did you gain knowledge about Breast self-examination?  Is BSE early tool for breast cancer detection?  Based on the knowledge you gained rates this event?  Were all your questions answered?  Did you have any difficulties in finding location?  Was the food served healthy and nutritious?  Were you informed through phone call and email about event?  Select another location 2 for screening in your county? | Yes/no  Yes  Yes  Yes  Yes  Social media, phone call, email  Yes  Yes  Yes  8 and above  Yes  No  Yes  Yes  Xxx | All the answers are collected entered into database and percentage of answers are calculated. |
| Rate your experience with screening?  Were technical, clinical & volunteers were supportive?  Did you face difficulties in finding location?  Were you informed month prior before screening?  Was this the location you selected for screening? | 8 and above  Yes  No  Yes  Yes | Same as above |

**Letter of Support**

November 13, 2020,

Connecticut.

To,

The CEO,

Genentech corporate headquarter,

California.

Dear CEO,

The ACS has developed a “Be Aware and Get Screened for the Uninsured/Underserved” with the mission to raise awareness and conduct screenings in CT state targeting uninsured/underserved women. CT ranks second in the USA for highest breast cancer rates, breast cancer is the second leading cause of death in CT women, 6.3% individuals in CT are uninsured among which 7.7% i.e., 1,39,000 are uninsured women. Therefore, our program targets CT uninsured women to raise awareness and diagnose women with breast cancer and protect them from the serious repercussions of breast cancer. I request you to write a letter of support to one of my funding organization “Breast Cancer Alliance” highlighting below points,

1. highlight about the strength of our collaboration
2. our achievements in the field of cancer through our collaboration
3. provide your honest feedback on our organization and its work

Deadlines for application package is 12/21/21, share you Letter of support through email with organizational stamp on it, I thank you from the bottom of my heart for all the support

Thanking you

Yours Sincerely,

Samala Shruthi

**Statistical Data**

Chart, bar chart

Description automatically generated

Chart, line chart

Description automatically generatedStatistical data demonstrating needs statement A

Statistical data demonstrating needs statement D

Diagram

Description automatically generated

1. **Difference between women who attend screening and who doesn’t attend screening**

**Logic Model**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INPUTS** |  | **ACTIVITIES** |  | **OUTPUTS** |  | **OUTCOMES** | | |
| A. Program manager  B. Program coordinator C. Program Implementor D. Program Evaluator E. Caterers F. Event organizers G. Inspirational speakers  H. 4 Technical staff I. 4 caterers  J. 2 mobile mammograms K. 2 Mammogram technologists L. 2 Radiologists M. 2 nursing staff N. 40 Volunteers | A. Recruiting and training of all the required staff **PART A (Awareness events)** B. Group talks C. Group education D. One on One education E. Head count of people attended the event  F. Inspirational speeches G. Brainstorming activities  H. Feedback about the event and their interest in getting screened for breast cancer **Part B** I. Phone calls to attend screening  J. Deploying mobile mammograms K. Feedback on screening | A. Increased women knowledge about breast cancer and preventive measures  B. Establish partnerships with community leaders   B. Enhanced perception among women about mammogram | Short-term  (12 weeks) | Medium-term  (6 months) | Long-term  (12 months) |
| A. Increased in number of women participations in the events B. Increased awareness  C. Decreased fear D. Response to the evaluation questionnaire asked on awareness feedback survey. | A. Increased in number of women participations in screening B. Response to the evaluation questionnaire asked on screening feedback survey | A. Decreased breast cancer rates among Uninsured women in Connecticut B. Decreased breast cancer mortality rates among Uninsured women in Connecticut |

|  |  |  |
| --- | --- | --- |
| **PROCESS EVALUATION** |  | **OUTCOME EVALUATION** |
| A. Required staff are recruited to conduct events, perform and maintain mobile mammograms  B. Women are educated about breast cancer through various means in the events. C. Women are encouraged to undergo screening for breast cancer |  | Outcome will be evaluated based on   * number of women participations weekly in the events and in screening. * Decrease in incidence of breast cancer and mortality due to breast cancer. |

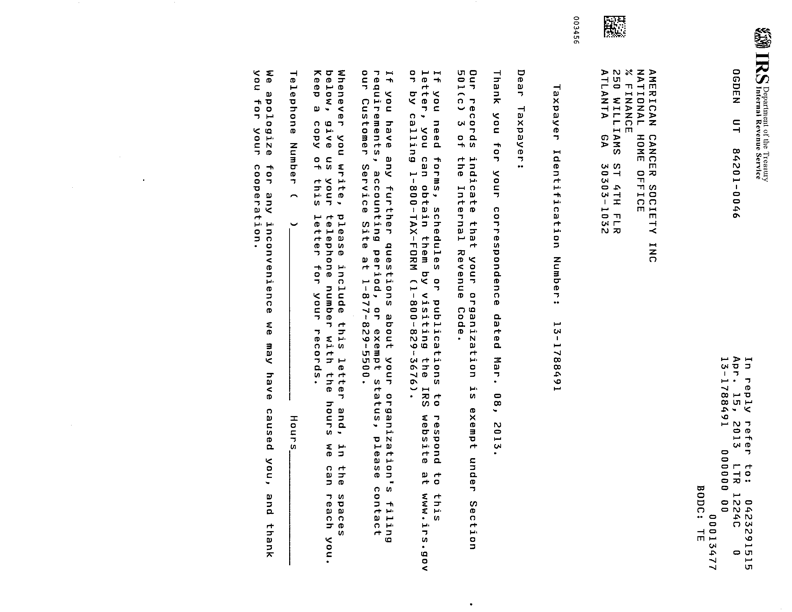
Budget: <https://docs.google.com/spreadsheets/d/1YUX4ykcgRDEXkXss69YjZ7z-48j94lgXYSZn6Mv2SEU/edit?usp=sharing>

**Timeline**

|  |  |
| --- | --- |
| **Month of the year** | Task to be accomplished |
| January 2022 | 1. Recruit all the required staff for the awareness events 2. Collect data of Uninsured Women in CT and divide them according to county |
| February 2022 | 1. Call and inform uninsured women of County 1 & 2 about events in their respective counties 2. Conduct Events 1 & 2 and collect feedbacks 3. Call and inform uninsured women of County 3 & 4 about events in their respective counties |
| March 2022 | 1. Conduct Events 3 & 4 and collect feedbacks 2. Call and inform uninsured women of County 5 & 6 about events in their respective counties 3. Prepare first evaluation report |
| April 2022 | 1. Conduct Events 5 & 6 and collect feedbacks 2. Call and inform uninsured women of County 7 & 8 about events in their respective counties 3. Recruit all the staff required for screening |
| May 2022 | 1. Conduct Events 7 & 8 and collect feedbacks 2. Call and inform uninsured women of County 1 & Event 1 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 01 |
| June 2022 | 1. Conduct screening at County 01 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 2 & Event 2 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 02 4. Second evaluation report 5. First stakeholder meeting |
| July 2022 | 1. Conduct screening at County 02 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 3 & Event 3 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 03 |
| August 2022 | 1. Conduct screening at County 03 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 4 & Event 4 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 04 |
| September 2022 | 1. Conduct screening at County 04 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 5 & Event 5 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 05 |
| October 2022 | 1. Conduct screening at County 05 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 6 & Event 6 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 06 |
| November 2022 | 1. Conduct screening at County 06 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 7 & Event 7 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 07 4. Third evaluation report |
| December 2022 | 1. Conduct screening at County 07 at two different locations and collect feedbacks 2. Call and inform uninsured women of County 8 & Event 8 about screening in their respective County 3. Finalize screening locations 1 & 2 at County 08 4. Second stakeholder meeting |
| January 2022 | 1. Conduct screening at County 08 at two different locations and collect feedbacks. 2. Final evaluation report. |

**Appendix**

* IRS 990s forms: <https://www.cancer.org/about-us/financial-governance-information/irs-form-990s.html>
* Society’s Financial statements for 2018, 2019, 2020: <https://www.cancer.org/about-us/financial-governance-information/combined-financial-statements.html>
* List of board of directors of American Cancer Society <https://www.cancer.org/about-us/financial-governance-information/board-of-directors.html>
* Organizational Chart of American Cancer Society <https://theorg.com/org/american-cancer-society/org-chart>
* List of funding resources and Collaborating partners of American Cancer Society <https://www.cancer.org/our-partners.html>



**References**

American Cancer Society (2019), *Our History.* Retrieved from American Cancer Society. <https://www.cancer.org/about-us/who-we-are/our-history.html>

American Cancer Society (2017), *Mission Statement.* Retrieved from American Cancer Society. <https://www.cancer.org/about-us/who-we-are/mission-statements.html>

American Cancer Society (2019), *By Laws of American Cancer Society.* Retrieved from American Cancer Society. <https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/policies/Bylaws%20of%20American%20Cancer%20Society.pdf>

American Cancer Society (2021), *Facts About American Cancer Society.* Retrieved from American Cancer Society. <https://www.cancer.org/about-us/who-we-are/fact-sheet.html>

American Cancer Society (2021), *What is the American Cancer Society Federal Tax number.* Retrieved from American Cancer Society. [Donation Frequently Asked Questions](https://www.cancer.org/about-us/online-help/donation-faq.html)

American Cancer Society [Linkedin], Retrieved from Linkedin <https://www.linkedin.com/company/american-cancer-society/>

American Cancer Society (2021), *Join the Movement. Fund the future.* Retrieved from <https://www.cancer.org/involved/fundraise/making-strides-against-breast-cancer.html>

American Cancer Society (February 2021) *American Cancer Society Launches Return to Screening Initiative with Support from Genentech.* Retrieved from American Cancer Society <http://pressroom.cancer.org/GenentechReturnToScreening>

American Cancer Society (2021), *Working together to increase cancer access to cancer care for all.* Retrieved form American Cancer Society <https://www.cancer.org/our-partners/pfizer.html>

American Cancer Society (2021), *Hockey Fights Cancer.* Retrieved form American Cancer Society <https://www.cancer.org/our-partners/hockey-fights-cancer.html>

American Cancer Society (2021), *Our Partners,* Retrieved form American Cancer Society<https://www.cancer.org/our-partners.html#Partners_Against_Cancer>

America’s Health Ranking, (2021), *Health of Women and Children,* Retrieved from United Health Foundation <https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Uninsured_women/state/CT/compare/RI>

American Cancer. Society (2015), *Organizational Outcome.* Retrieved from American Cancer Society. <https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/reports/acs-organizational-outcomes-2015.pdf>

American Cancer Society (2021), *Making a Difference.* Retrieved from <https://www.cancer.org/about-us/what-we-do/making-a-difference.html>

American Cancer Society (2021), *Facts about American Cancer Society.* Retrieved from<https://www.cancer.org/about-us/who-we-are/fact-sheet.html>

Baucom, D. H., Porter, L. S., Kirby, J. S., Gremore, T. M., & Keefe, F. J. (2005). Psychosocial issues confronting young women with breast cancer. *Breast disease*, *23*, 103–113. <https://doi.org/10.3233/bd-2006-23114>

Breast Cancer Alliance (2021), *All About BCA.* Retrieved from BCA. <https://breastcanceralliance.org/about-bca>

Breast Cancer Alliance (2021), *What we Fund.* Retrieved from BCA <https://breastcanceralliance.org/what-we-fund>

Connecticut Breast Health Initiative (2021), *Breast Cancer Statistics.* Retrieved from <https://www.ctbhi.org/about-us/breast-cancer-statistics>

Connecticut tumor registry (2016), *Breast Cancer in Connecticut FACT SHEET*. Retrieved from <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/Breast_Cancer/BreastCancerFactSheetpdf.pdf>

***CT, State Library (2013). List of Connecticut Towns & Counties Including Year Established.* Retrieved from** [**https://ctstatelibrary.org/cttowns/counties**](https://ctstatelibrary.org/cttowns/counties)

Office of Legislative Research (2020), *Connecticut's Non-Elderly Uninsured Population Demographics.* Retrieved from <https://cga.ct.gov/2020/rpt/pdf/2020-R-0346.pdf>

United States Census Bureau (2019), *Quick Facts Connecticut.* Retrieved from <https://www.census.gov/quickfacts/CT>

KFF (2021), *State Health Care Snapshots: Connecticut.* Retrieved from <https://www.kff.org/statedata/election-state-fact-sheets/connecticut/>

Madeline Ottillie (Oct, 2021), *More than $350,000 raised at American Cancer Society's 'Making Strides Against Breast Cancer' walk.* Retrieved from <https://www.wcpo.com/news/local-news/more-than-350-000-raised-at-american-cancer-societys-making-strides-against-breast-cancer-walk>

United States Census bureau (2021), *Connecticut Female population.* Retrieved from <https://www.google.com/search?q=total+number+of+women+in+Connecticut&sxsrf=AOaemvLDrHvjwJBePCOzXmKmomYp1b4okQ%3A1637200168137&ei=KLGVYbvUB5KGyAP15bGICw&ved=0ahUKEwi7iMrz5aD0AhUSA3IKHfVyDLEQ4dUDCA4&uact=5&oq=total+number+of+women+in+Connecticut&gs_lcp=Cgdnd3Mtd2l6EAM6BwgAEEcQsAM6BQgAEJECOgsIABCABBCxAxCDAToFCAAQgAQ6CwguEIAEEMcBENEDOhEILhCABBCxAxCDARDHARDRAzoICAAQgAQQsQM6BAgjECc6BAguEEM6BAgAEEM6CgguEMcBENEDEEM6BwgAEMkDEEM6BQgAELEDOggIABCABBDJA0oECEEYAFDGDFj6QWC-RGgDcAJ4AIABrQGIAccikgEENC4zMpgBAKABAcgBCMABAQ&sclient=gws-wiz>