Program Narrative

A. Assessment

According to the American Cancer Society’s “Cancer Facts and Figures, 2009” excluding cancers of the skin, breast cancer is the most frequently diagnosed cancer and the second leading cause of cancer death for South Dakota women, where this project will take place. Studies published in 2004 and 2005 found that some of the highest rates of cancer are found in the tribes of the northern plains, who are more likely than non-Native Americans to present with cancer at an advanced stage.

A century ago, breast cancer in Native Americans was rare. However, the last two decades have seen major increases in both incidence and mortality rates. According to a 2008 article “Breast Cancer incidence Among American Indian and Alaska Native Women: US, 1999-2004,” breast cancer is a leading cause of cancer morbidity and mortality among American Indian women. Breast cancer incidence rates among American Indian women vary across Indian Health Services regions. Surveys conducted by Walking Forward found particularly low levels of breast cancer screening among Native American women from the Northern Plains.

The women of this project, members of the Oglala Sioux and the Rosebud Sioux tribes, live on the Pine Ridge and Rosebud Reservations in South Dakota. The Pine Ridge Reservation is located in the southwest corner of South Dakota on the Nebraska border and consists of 3,468 square miles of land area, larger than Delaware and Rhode Island combined. The Rosebud Reservation is bounded on the west by Pine Ridge Reservation and consists of 1,970 square miles of land area.

Large percentages of American Indian women are diagnosed with advanced breast cancer. Previous studies have shown several factors associated with late stage diagnosis, including failure to adhere to mammography screening guidelines. The current Federal goal for mammograms on Pine Ridge Reservation is 48%. According to an Indian Health Services query, of the 4,586 women age 40 and over on Pine Ridge who are eligible for mammograms this year, 391 have received them as of July 31st, 2011.

According to the National Cancer Institute, approximately 63% of all American Indian/Alaska Native American breast cancer patients are alive 5 years after diagnosis. This is the poorest 5-year relative survival rate of any ethnic and minority group in the United States.

B. Program Description

1. Goals and Objectives:

We are expanding the target population of our project next year to include women from the Rosebud Reservation. We were contacted by Rapid City Regional Cancer Center’s Walking Forward program (described in more detail in Section 3) this year to request our mobile mammography services be made available on Rosebud.

The goal of this project is to provide breast health outreach and screening services via our Digital Mobile Mammography Coach to women residing on the Pine Ridge and Rosebud Reservations in South Dakota.
Our objectives include:

a. We will provide free mammography exams to a minimum of 250 women over the age of 40 who are uninsured or underinsured.

b. We will provide clinical breast exams to a minimum of 250 women over the age of 40 who are uninsured or underinsured.

c. We will provide breast health education to 300 women who reside on both Reservations.

d. An outreach worker will distribute 1,000 brochures describing the screening program to locations on the Pine Ridge and Rosebud Reservations.

We anticipate between 5 – 10% of the screening mammograms performed will require additional imaging and procedures. These referrals will be directed to Walking Forward and Indian Health Services, who will be partnering with us on this project.

2. Key Personnel:

Marie Luhmann, RN, Cancer Outreach Coordinator for the Norma J. Vinger Breast Care Center and Elizabeth Arnold, MPH, Coordinator of the Global Partners Program, will serve as co-project directors.

Ms. Arnold will be supporting the project in her role as the Coordinator for the Gundersen Lutheran Global Partners Pine Ridge Reservation Volunteer Health Care initiative. She will coordinate with the Indian Health Service (IHS) Hospital in Pine Ridge to insure continuity of care and effective communication. In this role, she will meet with IHS representatives as their liaison with Gundersen Lutheran. She will also work with the Oglala Sioux Tribal (OST) Health Administration to market and communicate the screenings to the Pine Ridge community and with the Rosebud Sioux Tribal Health Administration (RST) and staff of Walking Forward on the Rosebud Reservation to conduct these activities. Ms. Arnold will meet with OST and RST representatives and act as project liaison with Gundersen Lutheran. Ms. Arnold will insure that there is ongoing communication with IHS and the OST and RST Health Boards. She will organize and coordinate monthly women's health education that will include breast health. These will occur at the monthly medical clinics on the Pine Ridge Reservation. Ms. Arnold will assist Ms. Luhmann with compilation of the Client Intake Form data, will make sure all paperwork required by Avon is completed and submitted, and ensure that Gundersen Lutheran providers complete IHS paperwork. Her time commitment to this project will be 200 hours.

Ms. Luhmann will be responsible for supervision of all staff related to the mammography services. She will oversee the coordination of scheduling the patients, ensuring that the imaging is completed, evaluated by a radiologist and that results are sent to the patient. Ms. Luhmann will work with local agencies in South Dakota to follow up with any patients requiring additional imaging or procedures. She will work with any patients wishing to go to Gundersen Lutheran to make sure their needs are met without any additional charges. This would include documentation of all financial charges which would be submitted to Avon in accordance with this grant. Her time commitment to this project will be 200 hours.
Ms. Darcy Cuny, RN, who resides on the Pine Ridge Reservation, will serve as an outreach worker for the project. The OST assisted us with identifying this individual and she is serving in this capacity in our current project. She will distribute fliers and posters advertising the times and locations of the Mobile Mammography Coach on both Reservations. She will schedule appointments for mammograms, contact women to remind them about their appointments, travel to each Reservation prior to screening to do promotion and assist women with completing the Client Intake Forms at registration. This individual will devote 250 hours to this project.

Biographical sketches and a CV for these key personnel are found in the online application.

3. Program Implementation Strategies:

For the past two years, medical professionals from Gundersen Lutheran Health System in La Crosse, Wisconsin have been traveling to the Porcupine Clinic on the Pine Ridge Reservation in South Dakota under the auspices of our Global Partners Program. There they provide primary care services for both children and adults for one week each month on a volunteer basis. We work collaboratively with Indian Health Services and the Oglala Sioux Tribe Administration Board to provide these services and to coordinate medical care with local health providers.

We will take our Mobile Mammography Coach from La Crosse, WI to the Pine Ridge and Rosebud Reservations in South Dakota for two trips in 2012. We plan to have the coach stationed at the Porcupine Clinic and at other accessible sites in small towns located on both Reservations. During these visits women will receive mammograms and clinical breast examinations. The images will be reviewed by radiologists at the Norma J. Vinger Breast Care Center in La Crosse, Wisconsin. Women who need further care will be referred to Indian Health Services in a timely manner if they desire to receive care from a local provider.

We will be using educational materials provided through the American Cancer Society and available from the Native American Cancer Education for Survivors website. This educational information is targeted to Native American women with their cultural, educational and spiritual needs in mind. This educational material will be made available to patients at the Porcupine Clinic on the Pine Ridge Reservation at all times, not just when the Mobile Mammography Coach is on location. Educational materials will also be transported on the Coach and will be distributed at various locations on both Reservations.

As we implement next year’s project, we will continue to work closely with Indian Health Services and the Oglala Sioux Tribe Health Administration Board, Walking Forward (a partner that joined us earlier this year) and work with a new partner, the Rosebud Sioux Tribe Health Administration Board. Our project co-directors will make one trip to South Dakota to meet with project partners for planning purposes early next year. This activity occurred this year, and was very beneficial in terms of establishing relationships and working collaboratively to ensure the success of the project.

The Walking Forward Program provides comprehensive outreach, education to American Indian communities and facilitates screening services for breast, cervical, colorectal and prostate cancers. Walking Forward engages the communities to advocate cancer screening and healthy behaviors. They currently have community research representatives and cancer screening coordinators that serve both Reservations. They promote cancer screening through cancer education and assist the community members with appointments, follow-up and in understanding cancer screening test results. Staff from
Walking Forward will assist with identifying women who need mammography screening and work with our outreach worker, Darcy Cuny, RN, to schedule appointments for them when the Coach is on the Rosebud Reservation. Walking Forward will also assist any women who need follow-up care after their mammogram.

After our first week of screening, we learned that many women found out about the Coach via our advertising activities. Due to this success, we will increase the number of newspaper ads next year. Also, prior to the Coach visits, Ms. Cuny will distribute fliers and posters advertising the times and locations of the screenings. She will schedule appointments for mammograms, contact women to remind them about their appointments, assist women with completing the Client Intake Form, assist with community-based education programs and register women the days of the Coach visits.

Both personal and public transportation are major barriers on the Reservations. We are requesting funds to give each woman who has a mammogram a credit card valued at $10. This will help to offset the cost of transportation to the sites where the Coach is stationed on the Reservations. We are using credit cards because there is no gasoline station on the Reservations that offers gas cards. In addition, we will secure donated toiletries (i.e., shampoo, conditioner, lotion, etc.) which will be distributed to the women who have mammograms. We believe that using these evidence-based strategies again in 2012 will increase the utilization of breast cancer screening on the Reservations.

This project’s objectives address the goal for Early Detection found in the South Dakota Comprehensive Cancer Plan, 2005-2010. The goal is “to increase appropriate screening and early detection for cancer.” For breast cancer, the outcomes are “to have a decreased number of advanced stage breast cancer diagnoses” and “to eliminate barriers that prevent women from seeking and receiving screening services.” Providing screening services and educating Native American women about the importance of regular rescreening will address the first outcome. Taking the Mobile Coach to various locations on the Reservations and providing credit cards to cover transportation costs will address the second outcome. (As of the writing of this year’s proposal, a representative from the SD Comprehensive Cancer Control Program stated that a new plan has not been published yet but is expected within the next few months.)

4. Past Recipients:

We received $23,000 this year to implement our project on the Pine Ridge Reservation. Our objectives are:

a. We will provide free mammography exams to a minimum of 200 women over the age of 40 who are uninsured or underinsured.

b. We will provide clinical breast exams to a minimum of 200 women over the age of 40 who are uninsured or underinsured.

c. We will provide breast health education to 300 women who reside on the both Reservations.

d. The Outreach worker will distribute 800 brochures about breast health to locations on the Pine Ridge and Rosebud Reservations.

As of the submission of this proposal, we have completed one trip to the Pine Ridge Reservation (from August 15-19) and provided the following:
118 mammograms (59% of our goal)
133 Clinical Breast Exams (62% of our goal)
Breast health education was provided to 133 women during this week

Our next screening trip is scheduled for September 19-23, 2011.

Since January, 2011, we have accomplished the following:

- Attended a planning meeting on April 22, 2010, in Pine Ridge with representation from IHS, Walking Forward, Gundersen Lutheran and Sanford Health
- Finalized schedule of screenings to reach 5 communities throughout Pine Ridge Reservation
- Finalized IT/mobile unit contingency planning
- Created a flier for promotion
- Finalized the scheduling process with IHS clinics (Kyle and Wanblee) and identified contacts for scheduling appointments for non-IHS clinics
- Finalized the process for getting results into IHS record
- Worked with Walking Forward to develop a press release for Rapid City, SD
- Contracted with Oglala Sioux Tribe Health Administration for the Avon grant-funded Outreach Worker position, which has been filled by Darcy Cuny, RN, a member of the Oglala Sioux Tribe
- Establishing regular communication with partners via email and phone calls
- Finalized team members for the mobile mammography unit trips in August and September
- Completed the paperwork required for credentialing and volunteering through Indian Health Service
- Engaging the local radio and newspaper on Pine Ridge to help with promotion of the events
- Darcy Cuny, the Outreach Worker for this grant and also a nursing student at Oglala Lakota College, has been followed by Dateline NBC as part of a documentary they are doing on Pine Ridge. As a result, they are interested in filming her activities promoting and participating in these outreach events. This may create potential national exposure of Avon Foundation for Women and Gundersen Lutheran through Dateline NBC.

5. Clinical Partnerships:

Screening mammography for this project will take place on the Norma J. Vinger Center for Breast Care Mobile Mammography Coach which will travel to different locations on the Pine Ridge and Rosebud Reservations.

We will contact women who received mammograms in 2011 via letter and phone and encourage re-screening in 2012. We project that there will be new women who will be screened in 2012 (approximately 25%), but that the majority of the women we see will be re-screenings. The women who will participate in this project reside on the Pine Ridge and Rosebud Reservations. They are entitled to health care through treaties with the United States Government and are not charged for health care services.

The Norma J. Vinger Center for Breast Care works collaboratively with the La Crosse County Health Department. Currently, we are participating in a “Cancer Awareness and Screening Project for Hmong Women” with them. The goal of this project is to create an effective social marketing campaign for
awareness of breast and cervical cancer in the Hmong community and to increase the numbers of women who are screened for these cancers.

We participate in the Wisconsin Cancer Council and one of our Breast Care Center physicians leads the treatment component of the Wisconsin Comprehensive Cancer Program. The goal of this program is to increase access to cancer treatment by reducing economic, geographic, cultural, and systems barriers throughout Wisconsin.

The following medical providers will be involved with this project: Norma J. Vinger Breast Care Center and Indian Health Services. As of submission, completed Medical Provider Commitment Forms have been uploaded. (Due to unforeseen leadership changes at Pine Ridge Hospital shortly before the proposal deadline, we are still working on securing a signed form from Pine Ridge Hospital. We will forward it to Cicatelli Associates as soon as we receive it.)

6. Follow-up Services:

Local follow-up care in South Dakota will be coordinated by Indian Health Services and Walking Forward. Women will also have the option to travel to the Norma J. Vinger Center for Breast Care in La Crosse, Wisconsin for follow up breast care services.

7. Data Collection and Reporting:

We will make reminder phone calls and send out reminder letters to all women who have scheduled an appointment to be seen on the Coach. Appointments for clients who are referred for screening will be made using the Indian Health Services Electronic Health Record system. This system tracks whether appointments are kept or missed. Because of the partnership between IHS and Gundersen Lutheran, our staff will have access to this system. We will monitor the screening referral orders and all orders that do not result in a screening mammogram will be sent back to the referring provider. We will advise the provider that the appointment was not kept.

All patients will be informed of the collaborative partnership with Indian Health Services and that both providers will have access to patients’ results and images. All patients will receive, via mail, a lay letter with their mammogram results. The referring provider will also receive a copy of those results. Consent is not required for this portion of the process. If a patient needs additional imaging, they will be instructed to inform us of the preferred location for this follow-up.

The project co-directors and the outreach worker for this project have completed confidentiality and HIPAA training. Interactions with patients will be monitored for privacy by the project co-directors and will meet HIPAA regulations. For any patients wishing to go to a medical facility not associated with Indian Health Services, the Norma J. Vinger Center for Breast Care will obtain a signed release form completed by the patient. This will allow us to send the reports and images to the facility of the patient’s choice.

Client Intake Forms will be completed by the patients when the clinical breast exams are performed. We anticipate these being performed in advance of the date that the Mammography Coach is on site. If a patient arrives at the mobile coach without having the form completed, the staff aboard the coach will work with the patient to complete the form. This will also be an indication to the staff that a patient has
not yet had her clinical breast exam. Staff will be available at all locations to perform these exams for patients.

Quarterly reports will be submitted to Avon with all of the appropriate data collected from the screening and educational events. We intend to request permission to submit Client Intake Form data electronically.

8. Proposed Involvement with the Avon Walks

We will provide information to the women on the Reservations and to Indian Health Services staff about the Avon Walk for Breast Cancer and refer them to the website.

C. Information about Your Organization

Gundersen Lutheran Health System is a comprehensive healthcare network including one of the nation’s largest multi-specialty group practices, a hospital, regional community clinics, home care, behavioral health services, vision centers, pharmacies, and air and ground ambulances. We serve 500,000 patients in the 19 counties of our tri-state service area encompassing western Wisconsin, southeastern Minnesota, and northeastern Iowa.

Our Norma J. Vinger Center for Breast Care, which opened in 2003, is located at the Gundersen Lutheran Campus in La Crosse, Wisconsin. The Center is nationally recognized as an interdisciplinary model for early detection, efficient diagnosis, and individualized treatment as well as comprehensive follow-up of breast health. We were the first breast center in the nation to be named a Certified Quality Breast Center of Excellence by the National Quality Measures for Breast Centers Program, the organization’s highest level of distinction.

The Center for Breast Care is staffed by an interdisciplinary team of experienced members including a sub specialized radiologist, pathologist, surgeon, medical oncologist, radiation oncologist, plastic surgeon, technologists, a nurse navigator and a social worker who are skilled in the latest methods of early detection, rapid diagnosis, modern treatment, and reconstructive surgery. Whenever breast cancer is diagnosed, the patient’s treatment plan begins immediately, with unprecedented coordination. This coordinated approach allows women to receive a fast diagnosis and streamlined pathway through treatment. A woman has her first surgery within nine days of diagnosis. This compares to traditional models of patient care, where this process can take 22 days or longer.

Gundersen Lutheran’s Center for Breast care takes a unique approach to the process of interpreting mammograms. In most organizations, they are read by radiologists who interpret other types of images, like X-rays of broken bones and CT scans, at the same time they interpret mammograms. At Gundersen Lutheran, the sub-specialized breast care radiologists who read mammograms are doing only that and in a controlled environment. We also have two fellowship-trained clinical breast radiologists who specialize in breast imaging.

Having sub-specialized radiologists on the interdisciplinary breast team has an immediate clinical and financial impact. For example, if the radiologist spots something suspicious, more than 95% of Gundersen Lutheran patients have a less invasive, clinic-based, image-guided needle biopsy rather than surgery. The national average is 50%.
At our Center for Breast Care, 93% to 97% of screening mammograms detect cancers at Stage 0 or Stage 1 while the tumor is small and confined to the breast. The five year survival rate at our Center is 97% for Stage 0 and 90% for Stage 1, which is above the national benchmark.

In April 2010, Gundersen Lutheran was one of 14 sites chosen by the National Cancer Institute (NCI), part of the National Institutes of Health, to be part of a national network of community cancer centers offering expanded research opportunities and state-of-the-art cancer care at hospitals and clinics serving largely rural, suburban, small-town and underserved urban populations. Gundersen Lutheran received $2.75 million over two years to enhance cancer programs, services and research as part of the NCI National Community Cancer Centers Program (NCCCP). Gundersen Lutheran was recently chosen by the NCI to be part of a network of cancer centers with local access to state-of-the-art clinical trials for prevention and treatment as part of the Community Clinical Oncology Program (CCOP). We will receive approximately $1.7 million over three years to provide patients in our tri-state service area with access to NCI-sponsored cancer treatment and control trials.

Gundersen Lutheran Medical Foundation, a 501(c) 3, will serve as the payee organization for this grant. Staff from the Norma J. Vinger Center for Breast Care will be responsible for carrying out the screening activities. The Project Co-Directors will be responsible for assuring project objectives are achieved and that all programmatic and fiscal reports are submitted in a timely manner.
Avon Breast Health Outreach Program - Program Budget and Budget Justification

Applicant Organization Name: Norma J. Vinger Breast Care Center
Form Revised 06-10-2011

2012 Funding

Provide a line-listed, total program budget (not just the portion requested from the Avon Breast Health Outreach Program) for one year of the project. You are required to prepare your budget and budget justification narrative using this form. Please note: the indirect cost rate should not exceed 10%; the fringe rate should not exceed 25%; and no more than 5% of your Avon request (up to $2,500) may be used for incentives. A sample budget is available in the Request for Applications document.

All program funding from sources other than the Avon BHOP, including in-kind contributions from your agency, should be included in this budget. If you are also receiving in-kind support from your institution, provide a letter from a senior official at your organization confirming the type and value in dollars. This letter should be uploaded on page 6 of the online application under the 'Letters of Support' category.

A Budget Justification Narrative needs to be included in the space provided below the budget template. A sample budget narrative is available in the Request for Applications document.

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*Other secured funding sources (for example: Susan G. Komen for the Cure, United Way, government grants, etc.)
Liz Arnold, Project Co-Director, will be responsible for all programmatic and fiscal report submission, work with project partners and will coordinate Gundersen Lutheran logistics for Pine Ridge and Rosebud trips. $100/hour X 200 hours. Marie Luhmann, RN, Project Co-Director, will coordinate medical professionals on screening trips and will assist Liz Arnold with data collection and compilation for quarterly reports. $80/hour X 250 hours. Darcy Cuny, RN, Outreach Worker, will distribute information about screening trips, make appointments in advance of trips, and assist with registration at screening events. $75/hour X 250 hours. The position of mammography technician is budgeted for 192 hours which includes travel time for two trips (80 hours) and overtime (112 hours) for a total cost of $10,720 ($57/hour which includes fringe benefits). These costs will be covered by the Norma J. Vinger Breast Care Center and a grant from the Gundersen Lutheran Medical Foundation.

Fringe benefit rate for Liz Arnold is 40% ($3,100) and 30% ($3,074) for Marie Luhmann. Avon will cover 25% of the fringe rate and Gundersen Lutheran will cover the additional amount in kind. Ms. Cuny will not receive benefits as this is a contracted position with Indian Health Services.

Supplies

This includes food and lodging for the project co-directors to take one planning trip to Pine Ridge and Rosebud and then one trip each for screening. This includes $40/night/person for lodging for 14 nights ($1,120) and $280 ($20/day X 14 days) for food.

We are requesting $300 for food (soup, bread, milk, and fruit) for two trips to feed patients who are waiting for a screening appointment over the lunch hour.

The Norma J. Vinger Breast Care center will cover the cost of $1400/trip for two trips for gas and generators for the mobile mammography unit.

Transportation: Clients

We are requesting $2,500 to purchase $10 credit cards to be given to patients to cover transportation expenses to travel to the mobile coach locations. (There are no gasoline chains on the reservations so we must purchase credit cards rather than gas cards.)

Transportation: Outreach Worker

We are requesting $1,100 (2,000 miles X .55/mile) for mileage reimbursement for Darcy Cuny, RN, Outreach Worker.
Printing

We are requesting $1,250 to cover the cost of printing 5000 posters and fliers (.25/each) that will describe the project, the importance of mammograms and the mobile mammography screening dates and times.

Advertising

We are requesting $1,000 to place four ads ($250/each) in local newspapers announcing the mobile mammography screening dates and times and encouraging women to make appointments for mammograms.

Indirect Costs

We are requesting Indirect Costs from Avon at a rate of 10%. Gundersen Lutheran's negotiated federal rate is 15% and will contribute the remainder as an in-kind contribution.
August 10, 2011

Ms. Diane Bal  
Project Coordinator  
Avon Foundation Breast Care Fund

Dear Ms. Bal,

We are pleased to provide this letter of support requesting continued Avon Breast Health Outreach Program funds to enable us to serve Native American women on the Pine Ridge and Rosebud Reservations in South Dakota. We will use BHOP funds to take our Mobile Mammography Unit to the Reservations for two trips and provide mammography services, targeting underinsured and uninsured women over the age of 40. In addition, we will provide breast health education programs during our visits. We are looking forward to working with our new partner, Walking Forward, on this project and expanding our outreach to women residing on the adjacent Rosebud Reservation.

This service will enhance our Global Partners program which currently sends medical professionals from Gundersen Lutheran to the Porcupine Clinic on the Pine Ridge Reservation one week per month to provide primary care services to both children and adults. This program has been in effect for almost two years and we continue to see substantial numbers of both new and returning patients each month.

We are committed to ensuring that this project meets its goals and objectives and will provide the support needed to see that these are met during the grant period.

Thank you very much for considering our request for continued BHOP funding.

Sincerely,

Jeannette Gasai-Spilde, M.D.  
Department Chair  
Norma J. Vinger Center for Breast Care

Jeffrey Landercasper, M.D.  
Norma J. Vinger Center for Breast Care

Gundersen Lutheran  
Mail Stop EBI-002 ~ Mailing Address: 1900 South Avenue, La Crosse, WI 54601-5467  
Scheduling (608) 775-1004 or (800) 362-9567, Ext. 1004
August 24, 2011

Dear Ms. Bal:

This is to confirm that we will provide a grant from the Gundersen Lutheran Medical Foundation for $10,720 to cover the cost of the mammography technician involved in the project.

In addition, Gundersen Lutheran will contribute the following amounts as agency in-kind:

$3,274 for fringe benefits for the Project Co-Directors
$2,800 for Coach mileage reimbursement
$2,785 for indirect costs

Philip Schumacher
Executive Director
Gundersen Lutheran Medical Foundation
22 August, 2011

Diane Bal
Project Coordinator
Avon Foundation Breast Care Fund

Dear Ms. Bal:

The Walking Forward Program at the Rapid City Regional Hospital is pleased to support the Gunderson-Lutheran clinic’s proposal to Avon Foundation with the goal of providing mammography services to Native American women in the Northern Plains. The proposed project goal, which is to provide mammography services to Native women are well aligned with those of our program, which is to reduce cancer disparities among Northern Plain Native American population through our diverse activities designed to increase timely access to cancer care and increase clinical trial participation.

Our mutual commitment to reducing cancer disparities among Native Americans in this region has resulted in collaborative efforts in providing community education and outreach and increase access to cancer care to Native women on Pine Ridge Indian reservation in western South Dakota. This has been very well received by both the Native community and the Indian Health Service. The proposed project will duplicate these efforts on Rosebud Indian reservation. This is a worthy and a timely project, as Natives in this region experience one of the most glaring cancer disparities in the US. Lack of access to cancer screening is one of the many reasons for these disparities. This project activity will help fill in these gaps.

I look forward to working in collaboration with the Gunderson Lutheran Clinic in addressing cancer health disparities in the Native communities in the Northern Plains.

Sincerely,

Daniel G. Peteren, MD
Principal Investigator
NIH Grant/Walking Forward Program
Associate Professor: University of Wisconsin Medical School
Professor: University of South Dakota Medical School
John T. Vucurevich Regional Cancer Care Institute
Rapid City Regional Hospital
353 Fairmont Blvd.
Rapid City, South Dakota 57701
Phone: 605-719-2300
Fax: 605-719-2336
AVON BREAST HEALTH OUTREACH PROGRAM

MEDICAL PROVIDER COMMITMENT FORM

Dr. Jeannette Gasal-Spilde, located at Gundersen Lutheran, 1900 South Avenue, La Crosse, WI 54601

agrees to provide the following services to Screening Native American Women in South Dakota,

during the January 1, 2012 to December 31, 2012 period, in connection with a grant from the Avon Breast Health Outreach Program:

FOR A SCREENING PROVIDER

MAMMOGRAMS

250 # of mammograms provided free of charge to the women.

# of mammograms provided to each woman at a charge of $__________.

The program above will be charged a fee of $__________ for __________ # of mammograms.

CLINICAL BREAST EXAMS

250 # of CBES provided free of charge to the women.

# of CBES provided at a charge to each woman of $__________.

REQUIRED: If you are a CDC BCCEDP contractor or sub-contractor, please check here __________
If desired, detail in the space provided here any other sources of reimbursement for the above screening services.

FOR A SURGICAL/ONCOLOGY PROVIDER

FOLLOW-UP CARE

# of women will receive free follow-up care.

# of women will receive follow-up care provided at a low-cost charge to each woman.

Provider: please add a line or two about the specific follow-up care you are committing to provide. (e.g., You will provide biopsies, as well as surgical and systematic therapy.)

SIGNATURE REQUIRED

Authorized Signature for Provider: __________________________ Print name: __________ Dr. Jeannette Gasal-Spilde

Title: __________________________ Phone number: (608) 775-0046 Date: 8/18/11

THANK YOU FOR YOUR SUPPORT!
AVON BREAST HEALTH OUTREACH PROGRAM

MEDICAL PROVIDER COMMITMENT FORM

_________ Dr. Jeffrey Landercasper, located at Gundersen Lutheran, 1900 South Avenue, La Crosse, WI 54601
(provider name)

agrees to provide the following services to Screening Native American Women in South Dakota,
(program name)
during the January 1, 2012 to December 31, 2012 period, in connection with a grant from the Avon Breast Health Outreach Program:

FOR A SCREENING PROVIDER

**MAMMOGRAMS**

_________ # of mammograms provided free of charge to the women.

_________ # of mammograms provided to each woman at a charge of $__________.

The program above will be charged a fee of $__________ for _________ # of mammograms.

**CLINICAL BREAST EXAMS**

_________ # of CBEx provided free of charge to the women.

_________ # of CBEx provided at a charge to each woman of $__________.

**REQUIRED:** If you are a CDC BCCEDP contractor or sub-contractor, please check here ____________

If desired, detail in the space provided here any other sources of reimbursement for the above screening services.

FOR A SURGICAL/ONCOLOGY PROVIDER

**FOLLOW-UP CARE**

_________ # of women will receive free follow-up care.

____25 ______ # of women will receive follow-up care provided at a low-cost charge to each woman.

*Provider: please add a line or two about the specific follow-up care you are committing to provide. (e.g., You will provide biopsies, as well as surgical and systematic therapy.)*

SIGNATURE REQUIRED

Authorized Signature for Provider: ____________________ Print name: Dr. Jeffrey Landercasper

Title: Breast Surgeon ______________________ Phone number: (608) 775-2886 Date: 8/18/11

THANK YOU FOR YOUR SUPPORT!