

BMS Proposal - RFP Code RFP-21-CG-HE-102

Summary: goal, importance of request and plan to use funds. (4000 character)

Lack of transportation as a barrier to care disproportionately impacts African American cancer survivors. Specifically, compared to white cancer survivors, African American cancer survivors were more likely to delay care because of transportation. Overall, lack of transportation causes patients to miss appointments or forego treatment, thus impacting their quality of life or chances of survival. This compounds the cancer outcome disparities by race and/or socioeconomic status, which are well documented for breast, colorectal, prostate and lung cancers.

Breathing Room Foundation's (BRF) *Breaking Barriers* program addresses this disparity by providing rides to treatment or payment of transportation expenses for cancer patients in the Philadelphia area. BRF's basic service model is to partner with patient navigators and social workers from 49 healthcare facilities. Patient navigator programs are an evidence-based model of services that decrease the time from diagnosis to treatment, increasing survival, and decreasing disparities in outcomes. Patient navigators rely on BRF to fulfill patients' immediate transportation needs, allowing patients to begin treatment immediately even if the patient and patient navigator continue to find longer term solutions to transportation needs, such as enrolling in medicaid transport.

Breaking Barriers partners with RoundTrip Health to provide door-to-door ride services from any location to treatment facility through Lyft drivers. Once a patient is enrolled in the program, patient navigators are able to schedule rides at any time, whether it be in advance or at the last minute when an alternative ride has fallen through. As Jefferson Health, one of BRF's largest referral sources for *Breaking Barriers*, published in a research poster, "[t]hrough the utilization of patient-focused transportation platforms oncology patients are more compliant with treatment regimens."

Although *Breaking Barriers* provided 3,006 rides to treatment in 2020 and has already provided 4,600 rides to treatment in 2021, BRF recognizes it cannot meet the transportation needs for all cancer patients in the Philadelphia region alone. BRF therefore plans to expand *Breaking Barriers* by hiring a dedicated staff person to run the program while also developing a community coalition to identify solutions to the transportation gap in our community.

BRF is therefore seeking \$300,000 from Bristol Myers Squibb to expand BRF's *Breaking Barriers* transportation services. Expansion of *Breaking Barriers* and formation of a community coalition around transportation services will work to provide more reliable transportation to the Black community and, in turn, begin to close the disparities in outcomes created by unmet transportation needs.

I. Overview of Requesting Organization

Since its founding in 1997, Breathing Room Foundation (BRF) has worked to build a community

of support for individuals and families facing the devastating effects of a cancer diagnosis. Founders Diane and Bernie Fitzgerald's vision for BRF was sparked by Diane's ongoing battle with Breast Cancer as they parented three young children. Diane and Bernie noticed that the tremendous support they received from their large family and tight-knit community did not exist for other families facing the same hurdles, so they founded BRF to create that support for others. Since that time, BRF, a 501c3 organization, has served over 13,000 cancer patients and 39,000 family members. In this service, BRF believes all recipients and volunteers make up one community, one family fighting cancer together.

BRF's mission is to provide individualized care and support to families affected by cancer by addressing their most critical needs so that they can concentrate their efforts on regaining their physical health. Our vision is that no person battling cancer will feel alone in their fight.

BRF advances this mission through several core programs: Comfort Program, Children's Program, Critical Needs Program, and Breaking Barriers. Through the Comfort Program, cancer patients and their families receive comfort and care through a year of cancer treatment. Although this comfort and care looks different for each family, it often includes care packages, home cooked meals, household goods, and phone call check-ins from BRF and its volunteers. The Children's Program provides individualized holiday gifts, Thanksgiving meals, Easter baskets, school supplies, and summer fun activities to ensure the children impacted by cancer, whether their own or that of a family member, continue to have joyful childhood memories. BRF's Critical Need Program provides a one-time financial award to cancer patients to address their most critical needs, such as payment of a utility bill, rent or mortgage payment, or out-of-pocket medical expense. Breaking Barriers is explained in more detail throughout this request.

The following staff will direct the program:

[REDACTED]
[REDACTED]
[REDACTED]

II. Statement of Need/Identifying the Disparity

Despite the common view of transportation as a simple aspect of life, transportation is often a cancer patient's link between suffering and surviving. Research shows that some patients may forgo needed treatment because of their inability to find adequate transportation to their ongoing cancer treatments. In a survey conducted by the Cancer Support Community, 54 percent of respondents identified lack of transportation as the primary reason they did not get all of the medical care, tests, or treatment they or their doctor believed they needed.¹ The 2017 American College of Surgeons Commission on Cancer accreditation survey results "found that transportation ranked as one of the most commonly cited barriers to care."²

Lack of transportation as a barrier to care disproportionately impacts African American cancer survivors. Specifically, African American individuals face a documented disparity in their need for transportation.³ Research has further shown that not only are African American cancer survivors more likely to delay cancer care when compared with white cancer survivors but that, compared to white cancer survivors, African American cancer survivors were more likely to delay care specifically because of transportation.⁴ Overall, lack of transportation causes patients to miss appointments or forego treatment, thus impacting their quality of life or chances of survival. This compounds the cancer outcome disparities by race and/or socioeconomic status, which are well documented for breast, colorectal, prostate and lung cancers.⁵

III. Goals & Implementation

A. Program Goals

The purpose of the BRF's *Breaking Barriers* program is to tear down these obstacles so that cancer patients can show up for their life-saving treatment. *Breaking Barriers* provides immediate rides to patients until they and their patient navigators can locate and apply for other transportation resources or when family members or shuttle services are unavailable on certain days of treatment. BRF also seeks to sustain and advance *Breaking Barriers* by hiring a staff member to coordinate services as well as facilitate collaboration in the Philadelphia community to identify and implement broader solutions to the transportation gap.

Breaking Barriers seeks to ensure that **1,500 cancer patients** have access to life-saving cancer treatment by providing rides and transportation assistance, such as gas cards, car repairs, and insurance payment assistance. BRF's goal is to provide **11,500 rides and 100 transportation supports** in this grant funding period.

¹ Cancer Support Community. (2016, November). *Access to Care in Cancer 2016: Barriers and Challenges*. Accessed at https://www.cancersupportcommunity.org/sites/default/files/uploads/policy-and-advocacy/patient-access/access_to_care_in_cancer_2016_barriers_and_challenges_final.pdf, p. 26.

² National Academies of Sciences, Engineering, and Medicine. (2018). *Establishing Effective Patient Navigation Programs in Oncology: Proceedings of a Workshop*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25073>, p. 15.

³ Health Research & Educational Trust. (2017, November). *Social determinants of health series: Transportation and the role of hospitals*. Chicago, IL: Health Research & Educational Trust. Accessed at www.aha.org/transportation, p. 6.

⁴ King, C.J. et al. (2015) *Decomposing Differences in Medical Care Access Among Cancer Survivors by Race and Ethnicity*. *American Journal of Medical Quality* 30 (5). DOI: 10.1177/1062860614537676, p. 459-469.

⁵ National Cancer Institute. (2019). *Cancer Disparities*. Accessed at <https://www.cancer.gov/about-cancer/understanding/disparities#ui-id-2>.

Additionally, BRF plans to expand community collaboration to identify creative solutions to the transportation barrier faced by more cancer patients than any one organization in our community

can solve. To that end, BRF will hire an individual who will initiate bi-monthly meetings of community partners. This group will **identify three (3) potential community-based solutions** to the transportation gap.

B. Implementation

Breaking Barriers builds off of the existing BRF infrastructure and processes, which have been developed and refined over our twenty-four (24) years of service. BRF partners directly with hospital social workers serving as patient navigators at hospitals in our five-county area to eliminate barriers to accessing care. Once a patient is referred to BRF and approved for accessing our services, a BRF staff member calls the patient to better understand their circumstances and needs. When a transportation need arises, whether it be that a recipient needs a ride to treatment or financial assistance for the gas needed to get to treatment, *Breaking Barriers* is accessed.

If funding permits, BRF plans to advance *Breaking Barriers* by hiring a new staff member to coordinate the existing services and expand the support BRF can provide.⁶ *Breaking Barriers* will include the following aspects:

Direct Rides through Roundtrip Health

If rides are needed, BRF registers the patient in the Roundtrip portal so that the patient navigator can schedule the necessary rides for the patient. BRF then pays the costs directly to Roundtrip. Since November 2018, BRF has partnered with Roundtrip. This innovative company empowers healthcare workers to coordinate rides online to make requesting transportation seamless. Patient navigators are able to schedule rides for patients in advance or at the last minute if an alternative plan has fallen through. In 2020, BRF provided 3,006 rides through Roundtrip. Already in 2021, BRF has provided 4,600 rides through Roundtrip.

Transportation Assistance

Some BRF recipients have access to a car but lack the financial resources necessary for repairs, gas, or car insurance. Under these circumstances, *Breaking Barriers* can make a one-time payment directly to a vendor, such as a car insurance company or a mechanic. If a BRF recipient needs gas cards, these are delivered by one of our volunteers. With additional funding, BRF plans to offer to these recipients up to \$100 per month in gas cards for up to four months.

⁶ BRF's plan to hire a new staff person is contingent on sufficient funding. If BRF does not receive the full amount requested nor obtain other funding for this purpose, BRF will operate *Breaking Barriers* under its current structure, with the Executive Director acting as the Program Coordinator. Without hiring an additional staff person, community collaboration to solve the larger transportation gap is unlikely to be possible.

Community Collaboration

Even though BRF has successfully assisted hundreds of patients in getting to treatment, BRF recognizes the gap in transportation services far exceeds what BRF can solve alone. BRF participates in roundtable discussions with service providers to better understand the barriers cancer patients face accessing treatment; however, there is no systematic review of transportation services, identification of potential solutions, or implementation of efforts for larger scale solutions. BRF’s goal is to coordinate a collaborative community group that will do just that.

At this time due to resources, when a cancer patient is referred to BRF, the recipient must choose between accessing *Breaking Barriers* transportation services or the one-time financial assistance provided through the Critical Needs program. With funding from Bristol Myers Squibb, BRF plans to open both programs to all recipients, to address both cancer patients’ most critical financial need as well as their urgent transportation needs. With an additional \$130,400, BRF could offer both the financial award and the *Breaking Barriers* transportation program for 652 individuals--the number of cancer patients supported by *Breaking Barriers* transportation in the last twelve (12) months.

C. Target Audience

BRF provides support to individuals and families battling cancer in all of Philadelphia and parts of Bucks, Montgomery, Delaware, and Chester counties in Pennsylvania. Since its founding in 1997 in Jenkintown, Pennsylvania, BRF has deliberately chosen to contain its distribution of services to this locality in order to maintain its individualized services and tight-knit community—a founding value of the organization. In 2020, BRF provided care and support for 1,065 patients and their families, with 1,021 of those being new requests for support. Approximately 89 percent of the families referred are low income and underserved populations.

D. Timeline

Timetable	Activities/Responsible Party	Milestones
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1 st qtr.	<ul style="list-style-type: none"> ● Develop <i>Breaking Barriers</i> Program Coordinator job description ● Hire/Train <i>Breaking Barriers</i> Program Coordinator (PC) – Executive Director (ED) ● Review process for ride requests – ED ● Administer satisfaction surveys - Volunteers ● Refine <i>BB</i> section of website - Consultant ● Report metrics to the BOD - PC 	<ul style="list-style-type: none"> ● Submit at least 2 grant proposals for <i>Breaking Barriers</i> ● Provide at least 1,200 rides
2 nd qtr.	<ul style="list-style-type: none"> ● Evaluate returned surveys – PC ● Assemble Transportation Community Collaboration Group - PC 	<ul style="list-style-type: none"> ● ID 2 major donors for <i>BB</i> ● Provide at least 1,200 rides ● Hold first Community Collaboration meeting
3 rd qtr.	<ul style="list-style-type: none"> ● Assess satisfaction/revise process - PC ● Administer recipient surveys - Volunteers ● Provide Roundtrip with feedback - PC 	<ul style="list-style-type: none"> ● Submit 2 grant proposals ● Provide at least 1,200 rides
4 th qtr.	<ul style="list-style-type: none"> ● Draft impact and costs reports - PC ● Data evaluation for year 3 of <i>BB</i> - PC ● Revise protocol and policy - PC 	<ul style="list-style-type: none"> ● Present reports to BOD - PC ● Distribute program reports ● Provide at least 1,200 rides

IV. Tactics

A. Integrating Patient Navigator Programs

Breaking Barriers partners directly with forty-nine (49) hospitals and treatment facilities, including hospital social workers who serve as patient navigators. Patient navigation programs assist patients in overcoming barriers to care, including lack of transportation. One study discussed at the National Academies of Sciences workshop on *Establishing Effective Patient Navigation Programs in Oncology* “found that navigation significantly reduced the time between diagnosis and the start of treatment.”⁷ A secondary analysis of the same study “found that navigation eliminated disparities in cancer outcomes due to differences in income, employment

⁷ National Academies of Sciences, Engineering, and Medicine 2018. *Establishing Effective Patient*

Navigation Programs in Oncology: Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25073>, p. 25.

status, and the presence of concurrent diseases.”⁸ An additional study of approximately 2,300 patients with poor prognosis “found a significant survival benefit for patients who had received navigation services compared with those who had not,” with one of the greatest survival advantages in patients who were African American.⁹

A key aspect of patient navigators is their ability to assist patients in overcoming barriers to care, such as lack of transportation. For patient navigators to be able to accomplish this, they need access to programs like *Breaking Barriers*. BRF’s low-barrier direct referral process allows patient navigators to schedule transportation for their patients, often the same day as initial referral, ensuring immediate transportation services and thus shorter time between diagnosis and start of treatment.

The Sydney Kimmel Cancer Center at Jefferson Health in Philadelphia highlighted its use of patient-focused transportation platforms, such as RoundTrip, in a research poster that concluded, “[t]hrough the utilization of patient-focused transportation platforms oncology patients are more compliant with treatment regimens.”¹⁰[4] Jefferson Health social workers refer patients to *Breaking Barriers* at the second-highest rate of any health system, only slightly behind the Hospital of the University of Pennsylvania.

B. Engaging Multiple Stakeholders

BRF currently holds bi-monthly meetings with RoundTrip Health to collaborate in meeting the transportation needs of cancer patients. BRF also holds roundtable discussions with other nonprofit organizations in the region to better understand the evolving needs for the population we serve.

BRF plans to expand community collaboration to identify creative solutions to the transportation barrier faced by more cancer patients than any one organization in our community can solve. To that end, BRF will hire an individual who will initiate bi-monthly meetings of community stakeholders, including community members, patients, caregivers, healthcare payers/providers, social workers, and other nonprofit cancer outreach organizations. During the funding period, this group will **identify at least three (3) potential community-based solutions** to the transportation gap.

⁸*Ibid.* At 25.

⁹*Ibid.* at 26.

¹⁰ Cammy, MSW, LCSW, Rebecca; Sandos, MSW, LCSW, Jodi; and Chapman, BS, Stephanie, "Breaking the Transportation Barrier: Enhancing Access to Cancer Treatment through Technology and Philanthropy" (2019). *Department of Medical Oncology Posters*. 8. <https://jdc.jefferson.edu/medoncposters/8>.

C. Identifying and Reaching Underserved Populations

BRF's partnership with hospital social workers gives our organization a direct link to underserved populations accessing cancer treatment. Of BRF's new recipients in 2020, 47% identified as African American or Black, 52% were over 60 years old, and 89% lived in low income households. BRF's low barrier referral process and strong relationships with patient navigators streamlines identifying and reaching underserved populations.

V. Budget

****See Projected Breaking Barriers Budget attached to submission.**

Salary & Fringe Benefits: BRF plans to hire a new staff member to coordinate *Breaking Barriers*. This staff member's time would be spent entirely on *Breaking Barriers*; therefore, this salary is contributed entirely to the *Breaking Barriers* budget. For the Executive Director and the Manager of Development, costs are based on a percentage of the salary, depending on the percentage of each staff person's time spent on *Breaking Barriers*.

Subcontract: "Roundtrip" costs are based on patient need. \$221,600 of grant funding would go directly to providing approximately 11,500 rides to patients over a two year period. BRF also pays a \$200 per month subscription fee to Roundtrip to ensure services are convenient and uninterrupted. Subcontracted grant writer services will ensure implementation plan goals are met and future funding is secured.

Other Direct Costs: *Breaking Barriers* also provides gas cards or car expenses, such as insurance payment or repair payment, to individuals who have access to a car but are challenged in paying to maintain or run the car in order to get to treatment. BRF purchases these gas cards from or makes payments directly to local vendors. BRF expects to spend approximately \$5,000 each year to directly support recipients' personal transportation to treatment.

Indirect Costs: Indirect costs include a percentage of rent, utility, insurance, and office necessities associated with running BRF. This percentage is calculated by determining that *Breaking Barriers* makes up 13% of BRF's program budget. These indirect costs are necessary in order to maintain the BRF office, out of which our staff and volunteers fulfill the mission.

Other sources of financial support for *Breaking Barriers*

This request is meant to add resources to a project supported by multiple funders. If BMS provides the requested funding for *Breaking Barriers*, BMS will be the lead funder; however, the

following funders also support *Breaking Barriers*:

Funder
Ethel Sergeant Clark Smith Fund
Johnson & Johnson
Merck Co.
Minford Foundation
The Community Foundation
Forst Family Fund
Julianna Hike Fund
Ed Forst
Matthew 25 Fund
Matthew Cullison
Globus Medical
BioPharm
Jefferson
Abramson Cancer Center-Penn
Fox Chase Cancer Center

VI. Reach & Impact

Breaking Barriers seeks to ensure that **1,500 cancer patients** have access to life-saving cancer treatment in the two-year funding period by providing rides and transportation assistance, such as gas cards, car repairs, and insurance payment assistance. BRF's goal is to provide **11,500 rides and 100 transportation supports** in the two-year funding period. All *Breaking Barriers* services will be provided in the Philadelphia region, including Philadelphia and parts of Montgomery, Bucks, Delaware, and Chester counties in Pennsylvania.

Additionally, BRF plans to expand community collaboration to identify creative solutions to the transportation barrier faced by more cancer patients than any one organization in our community can solve. To that end, BRF will hire an individual who will initiate bi-monthly meetings of community stakeholders. This group will **identify three (3) potential community-based solutions** to the transportation gap.

The combination of BRF's immediate transportation services and the proposed community collaboration will help to close the transportation gap both in the short-term and the long-term. Expansion of *Breaking Barriers* and formation of a community coalition around transportation services will work to provide more reliable transportation to the Black community and, in turn, begin to close the disparities in outcomes created by unmet transportation needs.

VII. Collaboration

BRF plans to expand community collaboration to identify creative solutions to the transportation barrier faced by more cancer patients than any one organization in our community can solve. To that end, BRF will hire an individual who will initiate bi-monthly meetings of community stakeholders, including community members, patients, caregivers, healthcare payers/providers, social workers, and other nonprofit cancer outreach organizations.

BRF's existing partners include patient navigators and social workers at the following healthcare facilities:

Thomas Jefferson University Hospital	Bayada
Hospital of University of Pennsylvania	Children's Hospital of Philadelphia
Jewish Federation of Community Support	Crozer

VA Medical Center	Lankanau
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Abington Hematology/Oncology	Main Line Health
Jefferson Health - Multiple locations	Southeastern Homecare
Univ. of Penn Health System - Multiple locations	Alliance Cancer Center
Temple Health	Einstein Cancer Center
Fox Chase Cancer Center	Holy Redeemer
Mercy Fitzgerald	St. Mary's Medical Center

Through BRF's relationships with these social workers, we both address immediate needs of cancer patients while also identifying systemic needs to proactively serve BRF recipients.

BRF also partners with other cancer outreach organizations in the Philadelphia area, including the following:

Bringing Hope Home	Fred's Footsteps
For Pete's Sake	Kisses for Kyle
Kevin From Heaven	Lisa's Army
Dolan Fund	The MIP Foundation
Women of Faith and Hope	Cure for Cam
Ride Hard Breathe Easy	

BRF brings together these partners on a quarterly basis to better understand the barriers cancer patients face accessing treatment.

VIII. Evaluation

To ensure *Breaking Barriers* is meeting the needs of those BRF serves, BRF evaluates both quantitative and qualitative information. The quantitative information will be largely maintained

from internal records, including the data segmentation provided through the Roundtrip portal and intake data collection. Specifically, BRF calculates the number of people who are provided rides to treatment as well as their demographic information, the total number of rides provided, the number of miles driven, and the cost broken down by recipient as well as by treatment facility. This information demonstrates the scope of the support that is provided through *Breaking Barriers*.

To ensure that the support being provided is impactful, BRF also maintains ongoing surveys of recipients as well as annual surveys of referring partners. In addition to surveys addressing the quality of the services provided, surveys will also gather information regarding the need the service is filling. BRF has identified two retired social workers who will revise BRF's existing survey and referral forms to better capture *Breaking Barriers* data and maintain continuing follow up phone calls to gather relevant data. All surveys will include questions regarding transportation services' impact on patient retention and treatment compliance, broken down by race. All surveys are distributed by email; however, volunteers also follow up with recipients to ensure feedback is collected. Surveys are utilized on an ongoing basis to improve the program and services. BRF also conducts a systematic review of survey results at the beginning of each year in order to reassess the helpfulness of the program and the need it is fulfilling.

In addition to surveys, BRF currently holds bi-monthly meetings with RoundTrip Health to improve process efficiency. With an additional staff member, BRF will also be able to hold quarterly meetings with referring partners to ensure BRF is meeting the current need, processes are effective, and improvements are implemented.

IX. Reporting

BRF will report both quantitative results and narrative descriptions. At each reporting period, BRF will provide the number of people who are provided rides to treatment as well as demographic information, the total number of rides provided, the number of miles driven, and the cost broken down by recipient as well as by treatment facility. At the end of the grant funding period, BRF will report data on responses collected regarding how *Breaking Barriers* impacted treatment compliance and retention, broken down by race. Additionally, BRF will provide narrative descriptions of several recipients, protecting recipients' identities, to illustrate examples of how *Breaking Barriers* impacts individuals as well as the larger system.

X. Sustainability & Replicability

Our goals include reporting our program results to local hospitals, social workers, current funders, potential funders, and national oncology agencies. In addition, we will include our outcomes in our annual report to donors and any grant funders. To further publicize our work, the BRF website and social media accounts will contain information about this program and patient impact stories.

BRF has included goals for seeking additional grants and major donors for the *Breaking Barriers* program in its implementation plan. Based on the increased demand and BRF's ability to meet the urgent needs of its community, BRF received increased funding from several sources in 2020. BRF also made the transportation program the focus of day-of fundraising at its annual Golf Outing, raising awareness among many of BRF's most prominent supporters. Lastly, BRF is hopeful that with the addition of a new staff person to coordinate *Breaking Barriers* and to work on community collaboration, BRF will gain access to additional funding from hospitals and community partners positively impacted by this program.