

Appalachian Diabetes Control and Translation Project



Together on Diabetes:
Communities Uniting to Meet America's Diabetes Challenge

Request for Proposals

The Appalachian Diabetes Control and Translation Project is a partnership supported by the Appalachian Regional Commission, the Centers for Disease Control and Prevention, and the Bristol-Myers Squibb Foundation, with the collaboration of the thirteen Appalachian states. It is managed by the Center for Rural Health at Marshall University. *Together on Diabetes* is a national program of the Squibb Foundation to improve the health outcomes of people living with type 2 diabetes.

Introduction

The purpose of the Appalachian Diabetes Control and Translation project is to prevent and control diabetes through developing coalitions in distressed counties in Appalachia. Since 2001 it has funded 74 coalitions in 65 Appalachian counties.

A new round of funding is available to all coalitions that have received funding in the past, except those that received Vulnerable Populations funding in 2010. (Refer to the list of eligible counties on the last page.) The goals of this funding request are to:

- 1) build the capacity of diabetes coalitions in the Appalachian Region,
- 2) to equip diabetes coalition leaders with the tools to implement evidence-based programs,
- 3) to develop systems to support and sustain implementation of countywide programs,
- 4) to strengthen linkages between the community and primary care.

Competitive grants of \$40,000 a year for four years will be awarded to five diabetes coalitions in the Appalachian region. In early fall of 2012 another round of funding will be available for five more coalitions.

Grantee Expectations

In this project grantees will be expected to address behavioral, environmental, and policy changes that contribute to people controlling their diabetes. Coalitions will be expected to expand their partnerships with organizations that can bring resources for environmental change to their county. For example, the Department of Transportation offers resources to help communities establish walkable communities and expand walking trails. Another example is the US Department of Agriculture and state extension services have programs to help establish farmers' markets, which can significantly expand the availability of healthy foods.

Grantees will be expected to promote policy changes that contribute healthy lifestyles in their community. Such policies will contribute to sustaining change in the community. Examples include, allowing people to walk in large public parking lots, schools including physical activity in the curriculum, businesses and public agencies offering employees incentives for healthy lifestyles, and tax incentives that promote local food production.

Another component in this proposal will be strengthening the linkage between activities in the community and primary health care. Coalitions should work with health care organizations to strengthen the staff's capacity to integrate patient self-management into their health care system. One tool for linking the community and primary care is lay health workers, or Patient Navigators. This project will assist coalitions and primary care centers to implement this component.

Grantees will be expected to implement evidence-based programs that contribute to diabetes self-management. The following three are examples of proven programs,

(Descriptions of these programs can be found in the appendix of this RFP and by typing the name in an internet search engine):

- Chronic Disease Self-Management/Diabetes Self-Management
- Eating Better, Moving More (National Council on Aging)
- Walk with Ease (The Arthritis Foundation)

Eligibility Requirements

1. The diabetes coalition must be from one of the Appalachian counties listed on the last page of this application.
2. The coalition must have a membership of at least five organizations that serve the county. Examples are county extension, health department, primary care, ARC local development districts, community colleges, churches, civic clubs, support groups, and other coalitions such as heart disease, substance abuse.
3. One member agency must be a health care organization either in the coalition's county or that serves the county.
4. One member agency must be a non-profit organization and be willing to serve as the fiscal agent for the project.
5. The selected coalitions must be able to send at least five representatives to a two-day *Diabetes Today* workshop. The workshop will occur after the grant awards have been made.

Timeline

Applications are due **November 18**, by 5:00pm Eastern/Central Time. Submit the applications by email attachment to Richard Crespo: crespo@marshall.edu

Awards will be announced December 19.

Projects will begin January 2012, and the Marshall staff will work with the new grantees to schedule the *Diabetes Today* workshop in January or February.

APPLICATION PROCESS

1. Complete the application using the guidelines on the following page.
2. An optional step is to participate in a webinar for prospective applicants. It will be held on Friday October 21st at 12:00pm. The dial in number is (888) 236-9224. Login: [Click here](#).
3. Obtain a letter of acknowledgement from the Diabetes Prevention and Control Program Director/Coordinator in your state. (See below for names and phone numbers.) Letters of support from community organizations and individuals will strengthen your application.
4. Send the application to Richard Crespo at Marshall University (Huntington, West Virginia) so that it is received by **November 18, 2011**. Submit by email attachment to Dr. Crespo: crespo@marshall.edu

If you have questions feel free to contact:

Richard Crespo: 304-691-1193; crespo@marshall.edu

Shelia Plogger: 304-245-6018; splogger@marshall.edu

Marie Gravely: 304-812-6626; gravely3@marshall.edu

Molly Shrewsberry: 317-869-6537; mshrewsberry@marshall.edu

DIABETES PREVENTION AND CONTROL PROGRAM DIRECTORS/COORDINATORS IN STATES WITH ELIGIBLE COALITIONS

Alabama

Lamont Pack
334-206-2062

Kentucky

Theresa Renn
502-564-7996

Mississippi

Bettye Daniel
601-576-7781

North Carolina

April Reese
919-707-5344

Ohio

Thomas Joyce
614-466-2144

Pennsylvania

Rebecca Lorah
717-787-5876

Tennessee

Daniel Mitchell
615-741-5379

Virginia

Keisha Banks-Thornton
804-864-7872

West Virginia

Gina Wood
304-356-4200

APPLICATION GUIDELINES

Please address the following points in your proposal.

Coalition Information and History (2-3 pages double spaced, 12 pt font)

1. The name of your coalition, county and state.
2. The name, address, telephone number and email address of the two lead individuals and/or organizations for your application.
3. Describe the diversity of your coalition by listing the variety of organizations represented.
4. Provide a brief history of how and why your coalition was formed.
5. Briefly assess your coalition's strengths and weaknesses.
6. Describe your coalition's main accomplishments thus far; including policy changes, environmental changes, programs implemented community outreach, etc. How have these activities contributed to better health outcomes and changes in the community?
7. Describe diabetes prevention and control programs that are implemented by others who are not involved in your coalitions, if any.
8. A component of the grant will be working directly with a community health care center. Identify the number of coalition members affiliated with a health care agency with whom you intend to partner.

Statement of need, target population and geographic area (1 page double spaced)

9. Describe your county and its population based on number of residents, ethnicity, and estimated number of people with diabetes. Sources of data about your county may be obtained from the county and state health department, the CDC and www.countyhealthrankings.org

Project goals, rationale, and key activities (3-4 pages double spaced)

10. Describe how your coalition would like to increase its capacity to mobilize its community to improve the health of its residents at risk for or living with diabetes if you were to be awarded a grant.
 - State what your coalition would need to expand your efforts county-wide.
 - Describe how the coalition could expand/implement one of the following evidence-based programs (descriptions of these programs can be found in the appendix of this RFP and by typing the name in an internet search engine):
 - Chronic Disease Self-Management/Diabetes Self-Management
 - Eating Better, Moving More (National Council on Aging)
 - Walk with Ease (The Arthritis Foundation)
 - Describe some of the policy and environmental changes that could be made in your county that would contribute to healthy lifestyles. Check the following link for some ideas: <http://www.thecommunityguide.org/pa/environmental-policy/index.html>
 - Describe how the coalition could work more closely with the primary care health system in your county. Identify a primary care provider/center who is interested in

working with the coalition and their willingness to integrate self-management supports such as a Patient Navigator program.

Appalachian Diabetes Control and Translation Project – Eligible Counties

Alabama (7)

Bibb
Chambers
Franklin
Hale
Macon
Pickens
Winston

Georgia (1)

Chattooga

Kentucky (39)

Adair
Bath
Bell
Breathitt
Carter
Casey
Clay
Clinton
Cumberland
Estill
Fleming
Floyd
Green
Harlan
Hart
Jackson
Johnson
Knott
Knox
Lawrence
Lee
Leslie
Letcher
Magoffin
Martin
McCreary
Menifee
Metcalfe
Monroe
Nicholas
Owsley

Perry
Pike
Powell
Rockcastle
Rowan
Russell
Wayne
Whitley

Mississippi (15)

Benton
Calhoun
Chickasaw
Choctaw
Clay
Marshall
Monroe
Montgomery
Oktibbeha
Panola
Prentiss
Tippah
Tishomingo
Webster
Yalobusha

North Carolina (1)

Graham

Ohio (8)

Adams/Brown
Athens
Gallia
Meigs
Morgan
Noble
Pike
Vinton

Pennsylvania (2)

Forest
Green

Tennessee (17)

Bledsoe
Campbell
Clay
Cocke
Fentress
Grundy
Hancock
Jackson
Johnson
Lawrence
Lewis
Meigs
Monroe
Overton
Pickett
Scott
White

Virginia (1)

Dickenson

West Virginia (13)

Calhoun/Gilmer
Clay
Jackson
Lincoln
McDowell
Mingo
Nicholas
Roane
Summers
Taylor
Webster
Wirt
Wyoming

Appendix

Description of Evidence-based Programs

The **Evidence-based Programs** below have demonstrated that people with chronic diseases, including diabetes, have greater self-efficacy, reduced visits to emergency rooms, and achieve weight loss and physical activity goals.

EVIDENCE BASED PROGRAMS

	Developed by	Targeted Population	Advantages	Curriculum	Estimated Start-Up Cost
Chronic Disease Self-Management (CDSMP)	Stanford University Patient Education Research Center – Marshall University holds a license from Stanford that authorizes it to train leaders through the whole Appalachian region.	Community settings such as senior centers, churches, libraries and hospitals for people with one or more chronic conditions or for the caregiver of someone with a chronic condition	Easy to implement; Lay-led program	6-weekly sessions to help people take day-to-day responsibility for their care and to increase the skills necessary to manage their diseases and work effectively with their health care professionals. In addition, participants learn problem-solving and decision-making skills.	\$40 per trained leader includes accompanying leader manual, CD & marketing materials. Additional costs are flip charts, easels, dry ease board etc. printing costs.
Diabetes Self-Management (DSMP)	Stanford University Patient Education Research Center – Marshall University holds a license from Stanford that authorizes it to train leaders through the whole Appalachian region.	Community settings such as senior centers, churches, libraries and hospitals for people with diabetes or are caregivers of people with diabetes	Easy to implement Lay-led program	6-weekly sessions (sister program to CDSMP above) teach people with diabetes skills related to taking care of the daily tasks of living with diabetes, in particular monitoring their blood glucose.	\$40 per trained leader includes accompanying leader manual, CD & marketing materials. Additional costs are flip charts, easels, dry ease board etc. printing costs.
Steps to Healthy Aging Eating Better & Moving More	Two-part project sponsored by the Administration on Aging (AOA) and the National Policy and Resource Center on Nutrition and Aging (Center) at Florida International University.	Community-Based Program Designed to Improve Diets and Increase Physical Activity Among Older Adults	Easy to implement; Facilitator or Leader Led (nutritionists, physical therapist or lay-led)	12 weekly sessions incorporating mini-talks and activities for group nutrition and physical activity sessions.	Free Downloadable Guidebook ready to use sessions & accompanying materials. Cost of step counters, staff time printing costs, food demonstrations, tasty snacks, prizes etc.
Walk with Ease www.arthritis.org/easy-walking.php	The Arthritis Foundation	Community-based physical activity and self-management education programs	Easy to implement; Lay-lead; follow manual; free online training for leaders	3 weekly sessions for 6 weeks; Includes education, stretching, motivational exercises and 10-35 minutes of walking	Leader stipend (optional); Free online leader trainings for leaders, materials and books for participants

Chronic Disease Self-Management and Diabetes Self-Management (CDSMP/DSMP).

The CDSMP/DSMP courses are a 6-session, lay-led program for people with one or more chronic conditions. The purpose of the programs is: (1) to help people take day-to-day responsibility for their care and (2) to increase the skills necessary to manage their diseases and work effectively with their health care professionals. In addition, participants learn problem-solving and decision-making skills, which enable them to confront the ever-changing challenges of living with a chronic illness. CDSMP and DSMP address chronic conditions holistically. Participants learn physical, social, emotional, cognitive, and communication skills to manage their condition. The DSMP program teaches people with diabetes skills related to taking care of the daily tasks of living with diabetes, in particular monitoring their blood glucose. Both programs are facilitated by two leaders, one or both of whom can be lay people who themselves have a chronic condition.

Eating Better Moving More. This program is endorsed by the National Council on Aging. It focuses on improving eating habits and increasing physical activity, and enhances physical, emotional, and social well-being. The nutrition component offers adults the opportunity to eat a healthy meal, socialize and learn in a supportive and friendly environment. The program has a guidebook with 12 weekly sessions with structured learning activities and meal planning. The physical activity component increases physical activity by using step counters. It sets participants up to increase their number of steps until they reach their goal. Its success is measured in increased steps and more positive attitudes toward exercise.

The advantage of this program is that it does not require certified instructors and exercise equipment, and it can be implemented in any community setting. It can be led by community leaders, health center staff, and trained volunteers. This program can be easily adopted by partner organizations such as the extension service, community centers, and faith-based organizations. It was developed by the National Policy and Resources Center on Nutrition and Aging at Florida International University.

Walk With Ease. This is a community-based group walking program developed by the Arthritis Foundation. It also is implemented in community settings. Participants meet three times a week in groups of up to 30, supervised by a walking leader trained according to the program's guidelines. Each meeting begins with a pre-walk discussion covering specified topics,

followed by a 10-40 minute walk. The advantage of this program is that it provides a structured learning process by simple walking. It does not require membership fees and there is no need for exercise equipment.