CALL FOR PROPOSALS

Building Community Supports *for* Diabetes Care

THE ROBERT WOOD JOHNSON FOUNDATION

Summary

While there is a growing body of knowledge about effective community-based preventive activities, less is known about how to strengthen the community environment in which individuals self-manage their diabetes over the months and years following their diagnosis. Even patients who receive state-of-the-art clinical care and self-management education face many challenges when they return to the community in which they live and work.

Building Community Supports for Diabetes Care is a new program of The Robert Wood Johnson Foundation® (RWJF) designed to extend self-management beyond the clinical setting and into the communities where people with diabetes live. This program will fund up to eight partnerships among local health care providers and community organizations to address diabetes prevention and self-management issues in communities where cultural and ethnic diversity strongly influence related health behaviors. Each site will receive grants of up to $125,000 for 12 months to plan and pilot-test community activities that support patient self-management. Eligible applicants include partnerships among community agencies, primary health care centers, clinics, or hospitals. Building Community Supports for Diabetes Care is one of two new programs in The Robert Wood Johnson Foundation's $6.3 million national diabetes initiative.

Background

As the number of people with diabetes continues to rise, the health care system has begun to respond by implementing efforts to improve chronic illness care. A successful shift from acute care to optimal chronic care requires better decision-making tools, proactive clinical information systems, enhanced delivery systems, and the increasing involvement of patients and communities.

Community programs often address disproportionate disease burdens in particular groups or minorities. These include using multiple communication channels, facilitating access by bringing programs into neighborhoods, and using peers in key roles as communicators and models to change attitudes and generate social support. This encouragement promotes improved practices and helps individuals cope with the stresses that otherwise might disrupt their self-management efforts.

While partnerships between providers of health care and the communities they serve are valuable approaches to building community supports for diabetes care there exist many challenges to such relationships. Clinics or health systems may not be familiar with important cultural dimensions of diverse communities. Disadvantaged groups may distrust powerful health care systems. Yet, community-based institutions such as churches or schools may be the best conduit for providing services to those with diabetes, provided they can rely on the expertise offered by linkage with high-quality clinical diabetes care and the resources of comprehensive health care systems.

The Program

Building Community Supports for Diabetes Care is designed to extend support for diabetes management beyond the clinical setting into the communities where people with diabetes live. Sites selected must focus on communities in which the majority of the target population are members of groups that suffer disproportionately from diabetes, with special consideration given to racial or ethnic minorities in the United States, e.g., African Americans, Latinos, Native Americans or Asian Americans.

Up to eight sites will each be awarded up to $125,000 for 12 months, during which they will be expected to supplement their understanding of the impact of diabetes on their community, identify barriers to patient self-management and access to care, recruit additional partners identified as critical community leaders, and complete action plans that include culturally appropriate strategies for reaching people at risk. The first nine months will focus on strengthening collaborations and planning, while the final three months will allow sites to pilot-test some of the activities identified in the action plans.

Examples of interventions that might be used under this program include:

- patient-focused activities, such as long-term support groups;
- approaches that emphasize peers, such as neighborhood health workers, as channels of communication and sources of support;
- caregiver- and family-focused activities, such as culturally appropriate nutrition and physical activities;
- community education, such as innovative outreach and education through pharmacies or nail salons; and
- community support for patients who have or are at risk for diabetes, such as working with supermarkets, neighborhood gardens and restaurants, working with employers to assure time off from work, and enabling services such as transportation and child care.

During the planning phase, grantees will be expected to increase community involvement in their planning and pilot activities. Assistance in developing and testing culturally appropriate communication and education materials will be available.

Each applicant should specify the questions its project aims to answer regarding how community organization and supports for diabetes may best be pursued. There are a number of valuable approaches to community organization and developing community-based supports. Examples of questions include:

- What are the best approaches to community organization and coalition building for diabetes management?
- How do communities successfully develop and implement components of programs?
- What are the best strategies for engaging the target population?

An implementation phase with the goal of fully implementing the action plans may be funded, pending results of this pilot program.

Eligibility Criteria

Partnerships among community agencies, primary health care centers, clinics or hospitals are eligible to apply. For the purposes of the grant, the lead applicant may be either the community-based organization or the provider (such as a health center or hospital system with demonstrated expertise in improving diabetes care). Multiple agencies targeting the same populations in the same community or geographic region should combine efforts to submit one application.

Selection Criteria

Applicants must demonstrate:

- understanding of the geographic and demographic characteristics of their target population/community;
- understanding of the nature and extent of diabetes in the target population;
- the strength and feasibility of the proposed relationship between the provider(s) and the community partner(s), including any previous record of collaboration;
- substantial experience by both partners with community-based programming to promote changes in health behaviors or maintenance of desirable health behaviors. Such programs should also include substantial involvement of members of the intended audiences in program development, planning or implementation;
- experience by the clinical partner(s) with a recognized diabetes quality improvement initiative, such as Institute for Healthcare Improvement/Health Resources and Services Administration collaborative experience, American Diabetes Association certification, or Joint Commission on Accreditation of Health Care Organizations disease-specific accreditation;
- the ability to link with community resources, such as businesses, schools, local agencies (transportation, recreation, social services), faith-based or social service organizations, media, food services, local health departments or local funders; and
- experience of the applicant or collaborating research organization in developing and evaluating programs for the target populations.

Evaluation and Program Monitoring

During the program, sites will work together, with assistance from an external evaluator, to develop a set of outcome and process measures that will be tested during the pilot phase. If a full implementation phase is funded, the external evaluator will conduct a cross-site evaluation of the program in collaboration with the sites.

Sites are expected to have the capacity to collect baseline data on performance measures that reflect each site's specific interventions. In addition, baseline data are needed during the pilot phase on key clinical measures of diabetes outcomes from a participating community population of at least 50 patients, with the ability to expand to at least 300 patients, should an implementation phase be approved. The patients may be part of the participating health care providers' existing patient registries, or be people with under-treated diabetes who are recruited to the program. Examples of types of data that are likely to be needed include:

- the numbers of people whose diabetes was previously untreated or under-treated who are brought into regular clinical care;
- periodic measures of blood HbA1c levels;
- providers' use of appropriate clinical procedures, such as foot and eye exams;
- intermediate outcomes, such as measures of patients' quality of life, increases in physical activity and dietary changes; and
- process indicators to document the implementation of the intended components of the program.

The evaluative measures used to monitor and assess the program may be obtained from available clinical information systems or may be developed as a part of the current program. The evaluation will be designed to provide feedback that will help to develop effective programs and to document the success of these interventions.

Use of Grant Funds

Grant funds may be used for project staff salaries and training, consultants fees, meeting costs, project-related travel, supplies, computer software and limited equipment purchases, information collection and analysis (such as needs assessment, focus groups, and community forums). In keeping with Foundation policy, funds may not be used to pay for patient care, to support clinical trials of unapproved drugs or devices, for lobbying, for personnel providing clinical services, or for the construction or renovation of facilities.

Grantees will be expected to meet Foundation requirements for submission of annual and final narrative and financial reports. Project directors will be asked to attend periodic meetings and to provide a final written report on the project and its findings, suitable for wide dissemination.

Program Direction and Technical Assistance

Direction and technical assistance for this program is provided by Washington University in St. Louis, which serves as the National Program Office (NPO). Edwin Fisher, Ph.D., Director of the Division of Health Behavior Research and Professor of Psychology, Medicine and Pediatrics at Washington University, is the program director. Carol A. Brownson, M.S.P.H., is the deputy director.

This program addresses a grantmaking priority of the Clinical Care Management and Priority Populations teams at The Robert Wood Johnson Foundation. Responsible staff are Anne Weiss, M.P.P., senior program officer; Terry Bazzarre, Ph.D., senior program officer; Sara Thier, M.P.H., program associate; Doriane Miller, M.D., vice president; Fran Ferrara, program assistant; Paul Tarini, senior communications officer; Mary Ann Scheirer, Ph.D., senior evaluation officer; and Fred Hunter, financial analyst.

How to Apply

Application guidelines with complete instructions can be downloaded at <diabetesnpo.im.wustl.edu>. The program narrative, budget and budget narrative should be submitted to the NPO as attachments via e-mail by 12 noon ET on September 16, 2002. Two hard copies of the program narrative, budget, budget narrative, letters of support, resumes and other attachments must be sent by regular mail, postmarked no later than September 16, 2002. Any organization that is unable to submit required material via e-mail should contact the NPO for further instruction. Proposals that are not received by the deadline, that do not follow format instructions, or are incomplete will not be reviewed. The Foundation does not provide individual critiques of proposals submitted.

Inquiries

Please direct all questions about the program, selection criteria or application requirements to:

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All applicants are encouraged to visit the Web site at <diabetesnpo.im.wustl.edu> or to contact the NPO for answers to both general and specific questions on how to apply. The Web site includes a list of frequently asked questions (FAQs) about the program application process. FAQs will continue to be updated after the applicant conference calls.

Timetable

The NPO will host applicant conference calls (listed below) to answer questions about the program or the application and selection process.

August 1, 2002	Applicant conference call Time: 2:30 PM-3:30 PM (ET) Dial-in number 1 800-860-2442 Guest code: Washington University *(Only necessary to participate in one call)*
August 15, 2002	Applicant conference call Time: 2:30 PM-3:30 PM (ET) Dial-in number 1 800-860-2442 Guest code: Washington University *(Only necessary to participate in one call)*
September 16, 2002	Deadline for receipt of proposals.
Early October 2002	Applicants will be notified whether they have been selected to receive a site visit.
October–November 2002	Site visits.
Mid-December 2002	Notification of awards.
February 2003	Grants begin.

About RWJF

The Robert Wood Johnson Foundation® is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grantmaking in four goal areas:

- to assure that all Americans have access to basic health care at reasonable cost;
- to improve care and support for people with chronic health conditions;
- to promote healthy communities and lifestyles; and
- to reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

This document, as well as many other Foundation publications and resources, is available on the Foundation's Web site:
www.rwjf.org

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