

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

PROJECT DIABETES

34347-52417

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Background:

Project Diabetes is a statewide initiative focusing on innovative education and prevention for diabetes and obesity. Fundamental goals of the Project Diabetes Initiative are to:

- Decrease the prevalence of overweight/obesity across the State and, in turn, prevent or delay the onset of Type 2 diabetes and/or the consequences of this devastating disease
- Educate the public about current and emerging health issues linked to diabetes and obesity
- Promote community, public-private partnerships to identify and solve regional health problems related to obesity and diabetes
- Advise and recommend policies and programs that support individual and community health improvement efforts
- Evaluate effectiveness of improvement efforts/programs that address overweight, obesity, pre-diabetes, and diabetes
- Disseminate best practices for diabetes prevention and health improvement

Despite rigorous scientific evidence that Type 2 diabetes can be postponed or prevented with lifestyle modifications (particularly physical activity and dietary choices) and standard therapies, it has reached epidemic proportions in the United States. According to the Centers for Disease Control, 29.1 million Americans have diabetes, and another 86 million have pre-diabetes (2012). Diabetes is now the leading cause of adult blindness, end stage renal disease, and lower extremity amputation. These alarming statistics are due in large part to the obesity epidemic sweeping our nation - obesity is a major risk factor for diabetes. The relationship between obesity and diabetes creates an especially acute burden for Tennesseans.

The prevalence of diabetes and obesity in Tennessee has increased steadily since 1997, when it was reported to be **4%**. According to the Behavioral Risk Factor Surveillance Survey, by **2014**, approximately **13.0 %** of adult Tennesseans were diagnosed with Diabetes. Diabetes prevalence rates are directly related to education levels: **8.8 %** of adult Tennesseans with a college education are diagnosed with Diabetes compared to **14.9 %** of those with high school degrees and **22.7 %** of those having less than a high school education.¹ In Tennessee, **17.9 %** of adults ages 45 to 64 have Type 2 diabetes - the second highest prevalence in the United States for this age group.² Overweight and obesity have steadily and significantly increased in Tennessee - **17.7%** of adult Tennesseans had a BMI ≥ 30 in 1997 compared to **31.2 %** of adults with a BMI ≥ 30 in 2014.

¹ Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

² Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

The diabetes crisis in Tennessee is not limited to adults. According to data collected by the Tennessee Department of Education, **38.3 %** of students are overweight or obese. The adolescents of today will become the adults of tomorrow, making this population of critical importance in developing policies to improve the health of Tennessee.

Grant Objectives:

The Tennessee Department of Health is again looking for innovative projects that will “move the needle” and change these grim statistics. The State intends to award funds for programs that draw upon the prevention strategies identified in a report issued by the Institute of Medicine (IOM). That report, ***Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation***, offers five goals for combating our nation’s weight problem. Funding priorities for this cycle will focus on the first **two** goals:

- Making physical activity an integral and routine part of life**
- Creating food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice**

Applicants should define and justify concrete, achievable targets for these objectives within their target areas (geographic or population-based). Primary goals should demonstrate changes in healthy food access and increased physical activity. Goals should also be part of a larger effort to make the healthy choice the easy choice for communities and individuals across Tennessee. Infrastructure and capacity building around built environment, system and policy change to help shift communities toward a culture of health, wellness and physical activity are valued approaches. Applicants should utilize local data to justify the need and potential reach of proposed strategies. Applicants must clearly indicate which IOM performance goal(s) and strategies are addressed in the proposal. Measurable outcomes of the program **must** be described in the proposal that align with the performance goals:

- Performance Goal 1: Make physical activity an integral and routine part of life.**

Objective: Increase physical activity by fostering supportive policies and environments.

Recommendation 1: Communities, transportation officials, city planners, health professionals, and governments should make promotion of physical activity a priority by substantially increasing access to places and opportunities for such activity.

- Strategy 1-1: Enhance the physical and built environment
- Strategy 1-2: Provide and support community programs designed to increase physical activity
- Strategy 1-3: Adopt physical activity requirements for licensed child care providers

Examples:

- Increase physical activity in, around and through schools. (e.g., Safe Routes to School, Comprehensive School Physical Activity Program - CSPAP)

- Implement Complete Streets policies at local, regional and state levels.
 - Implement sustainable community or school-based walk/run/bicycle clubs.
 - Improve access to and use of parks, playgrounds and greenspaces (infrastructure, expansion)
 - Promote physical activity as part of worksite wellness.
- Performance Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.**

Objective: Increase access to healthy foods by fostering supportive policies and environments.

Recommendation 2: Governments and decision makers in the business community/private sector should make a concentrated effort to reduce unhealthy food and beverage options and substantially increase healthier food and beverage options at affordable, competitive prices.

- Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar- sweetened beverages.
- Strategy 2-2: Increase the availability of lower-calorie and healthier food/ beverage options for children in restaurants.
- Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.
- Strategy 2-4: Introduce, modify, and utilize health-promoting food and beverage retailing and distribution policies.

Examples:

- Expand double SNAP benefit initiatives at farmer’s markets.
- Implement policies to reduce sugar-sweetened beverage consumption.
- Implement and support enforcement of employer compliance of existing worksite breastfeeding policy to accommodate breastfeeding at work, including designated comfortable space to pump and store milk at work.
- Develop and implement policies for healthy food and beverage choices in cafeterias, vending machines and meetings to increase consumption of fruits and vegetables.
- Provide technical assistance, training and support to health care facilities to adopt the policies and practices defined in the Baby-Friendly Hospital Initiative and the Ten Steps to Successful Breastfeeding.
- Ensure food literacy, including skill development.

Grant Requirements:

The State is seeking applications for programs that incorporate one or both of these IOM strategies into their goals and objectives. Applications outside of these approaches, and/or applications for direct medical services will not be considered. The State will offer grants in two categories:

- (1) **“Category A”** grants – Applicants may apply for a grant of up to three years with funds not to exceed \$150,000 per year, for a maximum total of \$450,000.
- (2) **“Category B”** grants – Applicants for smaller, community based grants may apply for a grant of up to two years with funds not to exceed \$15,000 per year, for a maximum total of \$30,000.

*** No match will be required for either **Category A** or **Category B** grant awards. ***

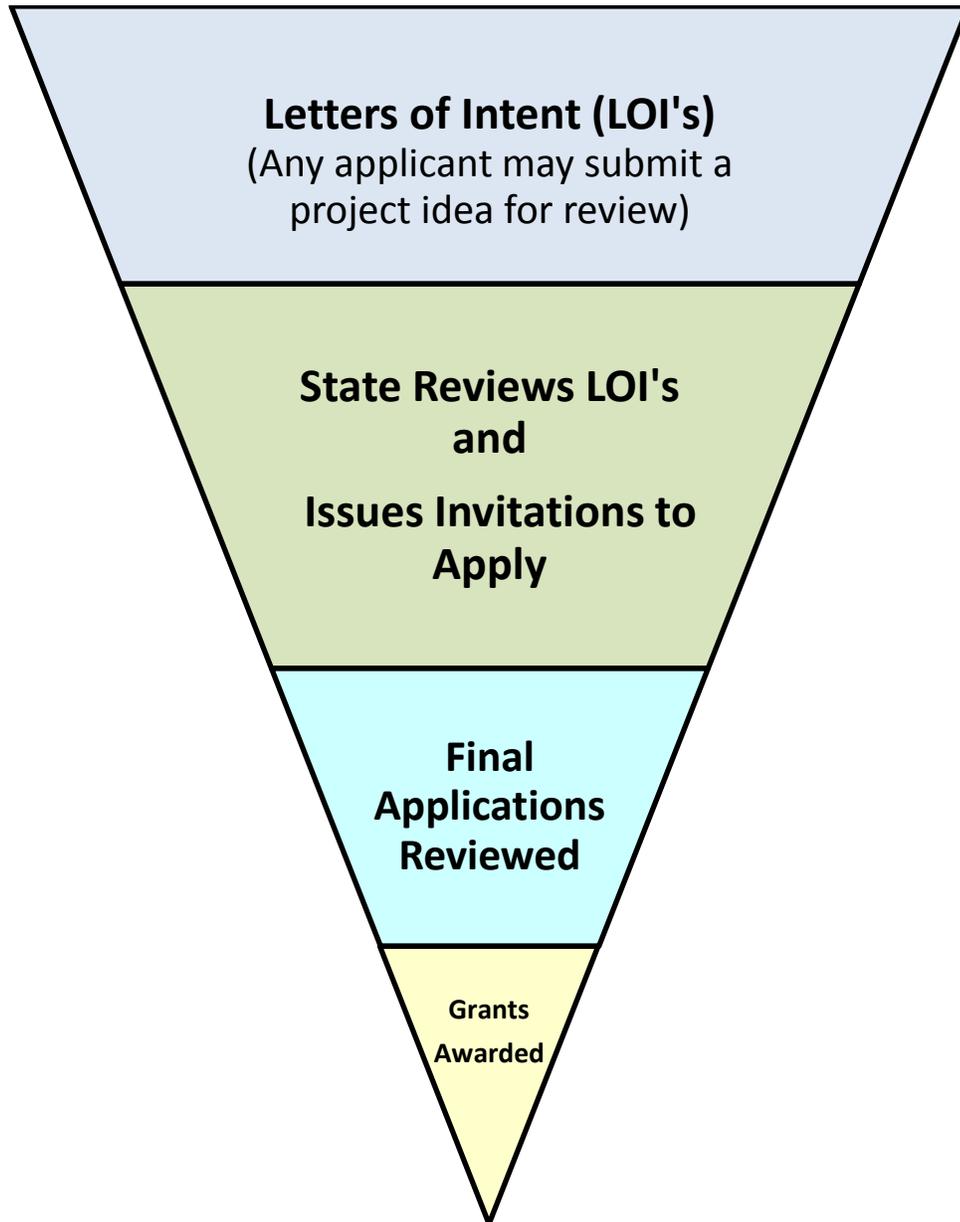
Vendors may apply for a grant in either or both categories. The anticipated start date for both Category A and Category B grants is July 1, 2016. In addition to activities conducted under their proposed projects, successful applicants will also be required to perform the following deliverables:

- (1) Attend one technical assistance meeting each contract year in their Grand Division of the State (in either Knoxville, Nashville, or Jackson, as applicable);
- (2) Participate in a one day annual performance meeting to be held in their Grand Division of the State (in either Knoxville, Nashville, or Jackson, as applicable) to detail and discuss activities undertaken through their particular grant;
- (3) Submit to the State at least one success story resulting from the project by the end of their contract period; and
- (4) Submit quarterly reports in a format provided by the State detailing progress made in meeting project goals and objectives (including required data reporting).

Overall program outcomes must be assessed during the first year of funding and then annually. All those receiving Project Diabetes grant awards will be required to adequately evaluate the health impact of their proposed program strategies and outcomes related to individual, system or community-level change. Successful applicants will describe specific objectives that will be achieved through the initiatives and will define metrics that will document progress toward the specified outcomes. Recipients will also work with state evaluators within a menu of outcome metrics as defined by the state physical activity and nutrition evaluation plan.

Application Process:

The inverted pyramid seen here illustrates the Project Diabetes application process. Details about each phase of the process are provided below. Teleconferences will be held prior to submission of Letters of Intent and Applications to answer any questions about the process and/or project expectations.



I. Letters of Intent (LOI's)

The initial requirement for an organization seeking a Project Diabetes Category grant award will be to submit a **Letter of Intent (LOI)** which is attached and posted separately as **Exhibit 1**. This **Letter of Intent**, which includes up to a one page summary of the proposed project and an approximate budget, will give the State a first look at the fit of your request to the goals of Project Diabetes. Conversely, it will give the requestor a quick review without the substantial effort required by a full grant application.

II. Invitations to Apply

A team of evaluators will review all **Letters of Intent** and will issue **Invitations to Apply** to those projects which appear to fulfill the needs of the State for Project Diabetes. Among the several strengths the State will look for in the **Letters of Intent** are:

- NEED – The extent to which the project will address the defined need in the applicant’s community
- COST EFFECTIVENESS – The budget will exhibit thoughtful and appropriate use of available dollars
- CREATIVITY – The plan will reflect innovation rather than duplication and will not supplant services which currently exist
- IMPACT - The project has the potential to “move the needle” and reduce the level of obesity and the incidence of diabetes in Tennessee

Those who receive an **Invitation to Apply** will complete a full **Application**, which is attached and posted separately as **Exhibit 2**. This **Application** contains more detailed questions about your organization’s background and the specifics of your proposed project. The State’s team of evaluators will review **Applications** and will award grants on the basis of criteria such as:

- *Level of need for the project*
- *Adequacy of plan of operation*
- *Proposed expenses and cost effectiveness*
- *Plan for project management and evaluation*
- *Creativity in concept and/or execution*
- *Past performance on initiatives funded by the Tennessee Department of Health*
- *Level of projected impact*
- *Opportunities to change default choices around physical activity and nutrition to healthier ones by addressing culture or environment*
- *Targeted approaches to address health disparities (disproportionately affected populations and disproportionately affected counties)*
- *Well-coordinated efforts across partnerships (e.g., coordination with Healthier Tennessee Communities or other community alignment efforts)*
- *Strong evaluation plans including measurable outcomes*
- *Sustainable impact models*

The number and amount of grants awarded will depend on the number and budgets of the **Applications** received.

III. Sample Contract

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Contract** attached and posted separately. If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant will be revised accordingly; however, significant performance requirements will not be revised.

It is imperative that each applicant review the entire Sample Contract with legal counsel prior to submitting an application for Project Diabetes funding and notify the State *in advance* if it cannot accept any terms or conditions. The Application for Project Diabetes asks you to list any terms or conditions that your organization cannot accept. **Any later requests for contract changes will not be entertained.**

IV. Schedule of Events

The following is the anticipated schedule for awarding grants for Project Diabetes. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		Monday, February 1, 2016
2. Letter of Intent Teleconference	1:00 p.m.	Friday, February 5, 2016
3. Letter of Intent Deadline	2:00 p.m.	Friday, February 26, 2016
4. State Issues Invitations to Apply		Friday, March 4, 2016
5. Application Teleconference	1:00 p.m.	Friday, March 11, 2016
6. Deadline for Applications	2:00 p.m.	Friday, April 1, 2016
7. Evaluation Notice Released	2:00 p.m.	Friday, April 15, 2016
8. Effective Start Date of Contract		Friday, July 1, 2016

Teleconferences held prior to submission of both Letters of Intent and Applications can be accessed using the following phone number: 1-888-757-2790, with participant passcode 766173. The presentation will also be available via adobe connect at the following link:

Web link: <http://stateoftennessee.adobeconnect.com/procurement/>

Deadlines stated above are critical. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of Letter of Intent or Application receipt.

V. **Submission of Letters of Intent**

Please submit **Letters of Intent** by online submission via the following link no later than 2:00 p.m. on February 26, 2016. Please contact the Competitive Procurement Coordinator below with any issues or concerns with online submission.

Web Link: <http://tn.gov/health/article/funding-opportunities>

All attachments to the Letter of Intent must use 12-point font and be double spaced.

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Checklist for Submission of Letters of Intent: CATEGORY A or CATEGORY B

- 1-page Letter of Intent Form
- 1-2 page Project Summary
- 1-page Estimated Budget Form