Request for Proposals

Building Provider Capacity to Screen, Test, and Refer Disparate Populations with Prediabetes

The American College of Preventive Medicine (ACPM) has received funding from the Division of Diabetes Translation within the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention (CDC) to address prediabetes in vulnerable populations.

The purpose of this funding is to extend capacity building assistance to health care organizations to connect physicians/health professionals who are screening, testing and referring vulnerable populations at high risk to CDC-recognized lifestyle change programs supported by the National Diabetes Prevention Program. In addition, the health care organizations partnering with ACPM actively explore innovative approaches to improve program completion rates for these populations. The health care organizations will be asked to document and evaluate the effectiveness of the approaches used on participant retention and weight loss.

Throughout the United States, 84 million Americans, or 1 in 3 adults, have prediabetes.\(^1\) Research has shown that enrolling those who have prediabetes into a structured lifestyle change program can reduce their risk of type 2 diabetes by 58 percent and a 71 percent reduction for patients over age 60.\(^2\) Prediabetes can often be reversed when eligible patients engage in a year-long lifestyle change program supported by the National Diabetes Prevention Program (National DPP).

About the Grant

ACPM is collaborating with the American Medical Association (AMA) and the Black Women’s Health Imperative (BWHI) to enhance support for health care organizations to screen, test, and refer high-risk African American and Hispanic women within communities to a CDC-recognized type 2 diabetes prevention program and strengthen community support to improve enrollment and retention in this lifestyle change program.

ACPM will provide up to three grants to health care organizations, over three years, to test and evaluate innovative approaches to:

- Screen and test patients from the targeted population at high-risk for prediabetes and refer these patients to a CDC-recognized type 2 diabetes prevention program;
- Engage patients from the targeted population to enroll in the program and support the
  CDC-recognized organization in retaining participants for the duration of the program to
  achieve program goals;
- Address a social determinant of health that is an identified barrier to enrollment and
  retention in the program; and,
- Collect and report data on process and outcome measures relevant to experiences of
  the targeted population in achieving goals, and assess the impact of interventions taken.

ACPM and their collaborating partners on the project will provide technical assistance,
resources and tools, and expertise to achieve the goals of the project. This is a multi-year
funding opportunity contingent upon the availability of funds. It is anticipated to involve a
4-month start up period and continue for three years. Dedicated effort will be devoted to
evaluation of the project for a defined time period following the end of the project.

(Any amendments to this award opportunity or updates about award selections will be made
available in the online call for proposals at: https://www.acpm.org/page/dppawardproposals.)

Eligibility

Before completing the application, carefully review the eligibility requirements below. In order to
apply, a health care organization must:

- Already be a CDC-recognized National Diabetes Prevention Program lifestyle change
  program provider or are referring patients to a community based provider that is
  recognized by CDC;
- Have an electronic medical record or another automated approach to support identifying
  patients with prediabetes and referring eligible patients;
- Have a patient population that includes African American and Hispanic women, the
  target population for this funding opportunity.

Grant Requirements

Award recipients will work with ACPM, AMA, and BWHI to:

- Adopt use of an existing electronic medical record or another automated approach to
  support screening, testing, and referral of eligible patients with prediabetes to a
  CDC-recognized type 2 diabetes prevention program;
- Collaborate with the CDC-recognized organization to identify and implement strategies
to address at least one social determinant of health which supports improving enrollment
and program retention among the targeted patient population (African American and
Hispanic women);
• Identify a physician within the health care organization to serve as a ‘champion’ for type 2 diabetes prevention and be a spokesperson for the project as well as a mentor to physician peers;
• Document experiences and lessons learned as case studies to inform and teach others;
• Collect a defined set of data elements which align to measurable aspects of the project and inform the ability to interpret the impact of interventions designed to achieve the goals of the project, providing the defined data set to ACPM based upon a reporting schedule;
• Promote and disseminate project findings and project deliverables through a coordinated approach with ACPM, as availability allows.

Qualifying health care organizations will be selected from among the following categories:

• Community Hospitals, Regional Hospitals, Health Systems;
• Physician Organizations, Independent Physician Associations;
• Large Primary Care Medical Groups;

**Application Dates**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activity</th>
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<tbody>
<tr>
<td>January 30, 2019</td>
<td>ACPM, AMA, BWHI announce request for proposals</td>
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<tr>
<td>January 30–March 19, 2019</td>
<td>Health care organizations prepare and submit applications</td>
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<td><strong>March 19, 2019, 5:00 PM EDT</strong></td>
<td>Award application submission deadline</td>
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<tr>
<td>March 29, 2019</td>
<td>Organizers (ACPM, AMA, BWHI) announce award recipients</td>
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<tr>
<td>April 2019</td>
<td>Initial funds disbursed to three (3) award recipients</td>
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<td>April 2019</td>
<td>Recipient health care organizations begin implementing the project-related components and tasks</td>
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<tr>
<td>April–July 2019</td>
<td>Award recipients execute on the project components and tasks</td>
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<tr>
<td>May 20-23, 2019</td>
<td>Award recipients participate at a half-day learning institute at ACPM’s annual conference in Pittsburgh, PA</td>
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<tr>
<td>June / July 2019</td>
<td>ACPM project team conducts site visits at each of the 3 health care organizations</td>
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<tr>
<td>July 2019</td>
<td>Health care organizations complete start-up phase project tasks, share lessons learned, and develop next steps and recommendations.</td>
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Award recipients will check in monthly with ACPM/AMA/BWHI faculty. ACPM/AMA/BWHI collaborators will share subject matter expertise and offer technical assistance to advance the project.

Subsequent project periods will be for 12 months, from August 2019–July 2020.

If you have any questions or need clarification regarding this request for proposals, contact collaborators by email at grants@acpm.org.

Application and Deadlines

Submission – Interested health care organizations should answer this call for proposals and complete the online application form no later than March 19, 2019 at 5:00 PM EDT. (https://www.acpm.org/dppawardform)

Decision and Notification – The award recipients will be notified no later than March 29, 2019 and will be given four months to set up their demonstration projects (April–July 2019). The three award recipients will be asked to share their project strategies at Prevention 2019, ACPM's annual conference to be held on May 20-23 in Pittsburgh, PA.

Commitments and Funding Level – Award recipients will be asked to commit to a multiple year effort to achieve the goals of this project, pending progress towards project goals and availability of CDC funding. Each award recipient will be funded at $25,000 per funding year; the funding will be prorated to $8,500 for the start-up period from April 1–July 31, 2019. In the start-up period, award recipients will be responsible for assembling project teams, setting goals for the project, reporting baseline data for a defined set of measures, and participating in a learning institute at Prevention 2019.

Award Selection

A group of three faculty members (one each from ACPM, AMA, and BWHI) has been selected to serve as subject matter experts. These experts, along with staff of ACPM, AMA and BWHI, will choose the final award winners based on receipt of a complete application packet furnishing all information required to demonstrate that the health care organization meets the criteria for an award recipient.

Award Selection Criteria

ACPM, AMA, and BWHI will select applicants which demonstrate that the health care organization:
1. Serves vulnerable and disparate communities, specifically African American and/or Hispanic women, and
2. Is already engaged in screening, testing, and referring at risk patients with prediabetes to a CDC recognized type 2 diabetes prevention program.

The program to which the applicant organization refers can be within its own organization, in the local community, or available online, but must be a CDC-recognized organization. Additionally, grantees will be chosen based on the burden of prediabetes in their patient population.

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**Appendix**

**Documents**

For your convenience and application preparation, the following documents are available for download or reference at: [https://www.acpm.org/page/dppawardproposals#docs](https://www.acpm.org/page/dppawardproposals#docs)

- Request for Proposal (PDF – *this document*)
- List of Application Questions (PDF)
- Start Up Budget Outline (Excel Spreadsheet)
- First Year Budget Outline (Excel Spreadsheet)

**ACPM’s Commitment To Lifestyle Change**

The American College of Preventive Medicine (ACPM) is a professional medical society of preventive medicine and public health physicians who manage, research, and influence population health. Preventive medicine physicians are employed in a wide range of sectors and settings, and ACPM Fellows are sought after leaders in local, national, and international health sectors. ACPM provides a dynamic forum for the exchange of knowledge and offers high-quality educational programs as well as professional development resources and networking opportunities.

**Lifestyle Medicine Core Competencies Online Program**

The American College of Preventive Medicine and the American College of Lifestyle Medicine have built the [Lifestyle Medicine Core Competencies Program](https://www.acpm.org/page/dppawardproposals#docs) which is the first medical curriculum to comprehensively address the knowledge and skill gaps doctors cite as major barriers to counseling patients about lifestyle interventions. Physicians and clinicians enrolled in the program will gain a foundation of knowledge in lifestyle medicine and learn new therapeutic tools to incorporate into practice that can help prevent, treat, and reverse lifestyle-related chronic diseases such as diabetes and heart disease.
This program, containing more than 30 hours of modules will help providers to counsel patients regarding topics such as nutrition, physical activity, weight management, stress reduction, sleep health, behavior change, alcohol use, tobacco cessation, and others. **Award winners will have complimentary access to this curriculum, for a limited amount of time, for successful implementation of their demonstration projects.** The program has several courses that specifically address prevention and control of type 2 diabetes and referral to CDC-recognized type 2 diabetes prevention programs.

**AMA’s Commitment To Lifestyle Change**

The AMA has been working with health systems, clinical practices, independent physician organizations, Federally Qualified Health Centers (FQHCs), and lifestyle change program providers since 2012 to increase prediabetes screening, testing, and referral to CDC-recognized type 2 diabetes prevention programs. The AMA recruited and coached clinical practices to implement prediabetes screening and referral as part of the YMCA of the USA’s CMMI award to test the cost effectiveness of its diabetes prevention program for Medicare beneficiaries. This work contributed to CMS announcing expansion of the National DPP lifestyle change program to Medicare beneficiaries as part of a new set of services beginning April 2018.

The AMA translated its years of experience into a comprehensive suite of processes, tools, guidance and other resources (assets together referred to here as the AMA’s “Prediabetes Health Care Organization Engagement Model,” inclusive of PreventDiabetesSTAT.org). This model is aimed at clinical practice settings, to facilitate screening, testing, and referral of patients with prediabetes to CDC-recognized type 2 diabetes prevention programs. In addition, the AMA developed a strategy to scale its efforts by identifying large integrated health systems with the infrastructure to operationalize diabetes prevention through enhanced EMR capacities and implementation of system-wide CDC-recognized type 2 diabetes prevention programs.

Since the inception of this work, the AMA has engaged more than 100 health care organizations nationwide who, in turn, care for thousands of patients nationwide. The AMA is currently evolving this suite of assets into a digital experience and digital content, which will be publicly available on the AMA website (target release mid-year 2019).

The AMA’s “Prediabetes Health Care Organization Engagement Model” and learnings have been presented at national conferences to physician and health system leadership and deployed with integrated health systems including Intermountain Health, Trinity Health, and the Henry Ford Health System.

**BWHI’s Commitment To Lifestyle Change**

Since 1983, the Black Women’s Health Imperative (BWHI) has been the only national organization dedicated to improving the health and wellness of our nation’s 21 million Black women and girls—physically, emotionally, and financially. BWHI’s core mission is advancing
health equity and social justice for Black women across the lifespan through policy, advocacy, education, research, and leadership development.

In 2012, BWHI was selected by the CDC as one of six national organizations to scale and sustain the National DPP through a 5-year cooperative agreement, helping to ensure that the intervention is accessible to the most vulnerable and diabetes burdened populations—Black women and Latinas. While anyone meeting the CDC eligibility guidelines can enroll in the BWHI program, special emphasis is placed on outreach to and enrolling this priority population of Black and Hispanic women. Under this initial funding, the BWHI-branded lifestyle change program, Change Your Lifestyle. Change Your Life. (CYL²), was launched in Detroit, MI; Indianapolis, IN; Los Angeles, CA: Prince Georges County, MD; and Jackson, TN. In 2017, CDC awarded funds to BWHI through a second 5-year cooperative agreement to expand program delivery in underserved areas of the U.S. BWHI is focusing on the CDC-designated Diabetes Belt, serving underserved rural counties of Montgomery, Selma, and Tuscaloosa, AL; Lafayette and Natchitoches, LA; and Port Gibson, MS.

Since 2012, BWHI has reached 10,000 mostly Black women. BWHI CYL² partners—using a “high touch” model—have been successful in helping participants meet or exceed program goals for weight loss and minutes of physical activity. Retention rates have been as high as 88 percent. BWHI also has a Memorandum of Understanding with the CDC to train Lifestyle Coaches and Master Trainers.

**Addressing Social Determinants of Health**

Each organization applying for this funding opportunity will be asked to detail prior experience addressing a specific social determinant of health in advancing prevention within their organization. Health care organizations that are awarded this funding opportunity will be asked to identify and implement strategies to address at least one social determinant of health which supports improving enrollment and program retention among the targeted patient population (African American and Hispanic women).

The social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

Examples of social determinants of health applicable to this project include:³

- Neighborhood and physical environment: transportation, safety, parks, playgrounds
- Education: literacy, language and interpretation
- Food: access to healthy food options, food insecurity
- Community and Social Context: support systems, stress
- Health Care System: case management, health care coverage, provider availability, provider linguistic and cultural competency
References


3. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity; Samantha Artiga and Elizabeth Hinton; Henry J. Kaiser Family Foundation; Published: May 10, 2018.

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