

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

PROJECT DIABETES

34347-52419

Background:

Project Diabetes is a statewide initiative focusing on innovative primary prevention strategies to prevent and/or improve 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 obesity prevention through policy, systems and environmental approaches;
- Promote community, public-private partnerships to identify and solve regional health problems related to obesity and diabetes;
- Advise and recommend policies and projects that support individual and community health improvement efforts;
- Evaluate effectiveness of improvement efforts that address overweight, obesity, pre-diabetes, and diabetes; and
- 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, the disease has reached epidemic proportions in the United States. According to the Centers for Disease Control, 30.3 million Americans have diabetes, and another 84.1 million have pre-diabetes (2017). 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 and 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 percent. According to the 2017 Behavioral Risk Factor Surveillance Survey, 13.1 percent of adult Tennesseans have been diagnosed with diabetes. Type 2 diabetes prevalence rates are directly related to education levels: 7.0 percent of adult Tennesseans with a college education are diagnosed with diabetes compared to 13.0 percent of those with high school degrees and 25 percent of those having less than a high school education.¹ Overweight and obesity have steadily and significantly increased in Tennessee. 17.7 percent of adult Tennesseans had a body mass index (BMI) ≥ 30 in 1997 compared to 34.8 percent of adults with a BMI ≥ 30 in 2016.

The diabetes crisis in Tennessee is not limited to adults. According to data collected by the Tennessee Department of Education, 39.2 percent of students are overweight or obese, the highest rate in the nation. 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.

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,

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.

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 below.

- ☐ **Making physical activity an integral and routine part of life; and**
- ☐ **Creating food and beverage environments that ensure availability of 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. 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. Measurable outcomes of the program must be described in the proposal and 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

Examples:

- Increase physical activity in, around and through schools.
- 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: Promote breastfeeding-friendly environments.
- ☐ Strategy 2-4: Introduce, modify, and utilize health-promoting food and beverage retailing and distribution policies.

Examples:

- Expand double SNAP benefit initiatives at farmers markets.
- Implement policies to reduce sugar-sweetened beverage consumption.
- Implement and support enforcement of employer compliance of existing worksite breastfeeding laws which mandate the accommodation of breastfeeding at work, including provision of a designated and comfortable space in which to pump and store breast milk while at work.
- Develop and implement policies for healthy food and beverage choices in cafeterias, vending machines and meetings to increase consumption fruits and vegetables.
- Provide technical assistance, training and support to healthcare facilities to encourage adoption of the policies and practices defined in the Baby-Friendly Hospital Initiative and the Ten Steps to Successful Breastfeeding.
- Ensure the ability to make healthy food choices by teaching the skills necessary to buy, grow and cook food.

Proposals requesting the purchase of hydration stations must include a detailed plan for the implementation of the Bringing Tap Back toolkit. Action plans should include:

- What is to be done (clear, specific, concrete action/activities)?
- Who is to do it (responsibilities)?
- When it is to be done by?
- How progress will be monitored (by whom, when, how)?
- How progress will be evaluated (by whom, when, how)?

The State is seeking applications for projects 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 or research will not be considered. The State will offer grants in two categories:

- (1) **“Category A”** grants - Applicant may apply for a grant of up to three (3) years with funds not to exceed \$150,000 per year, for a maximum total of \$450,000.

- (2) “**Category B**” grants – Applicant 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 (intended for smaller, community-based projects).

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

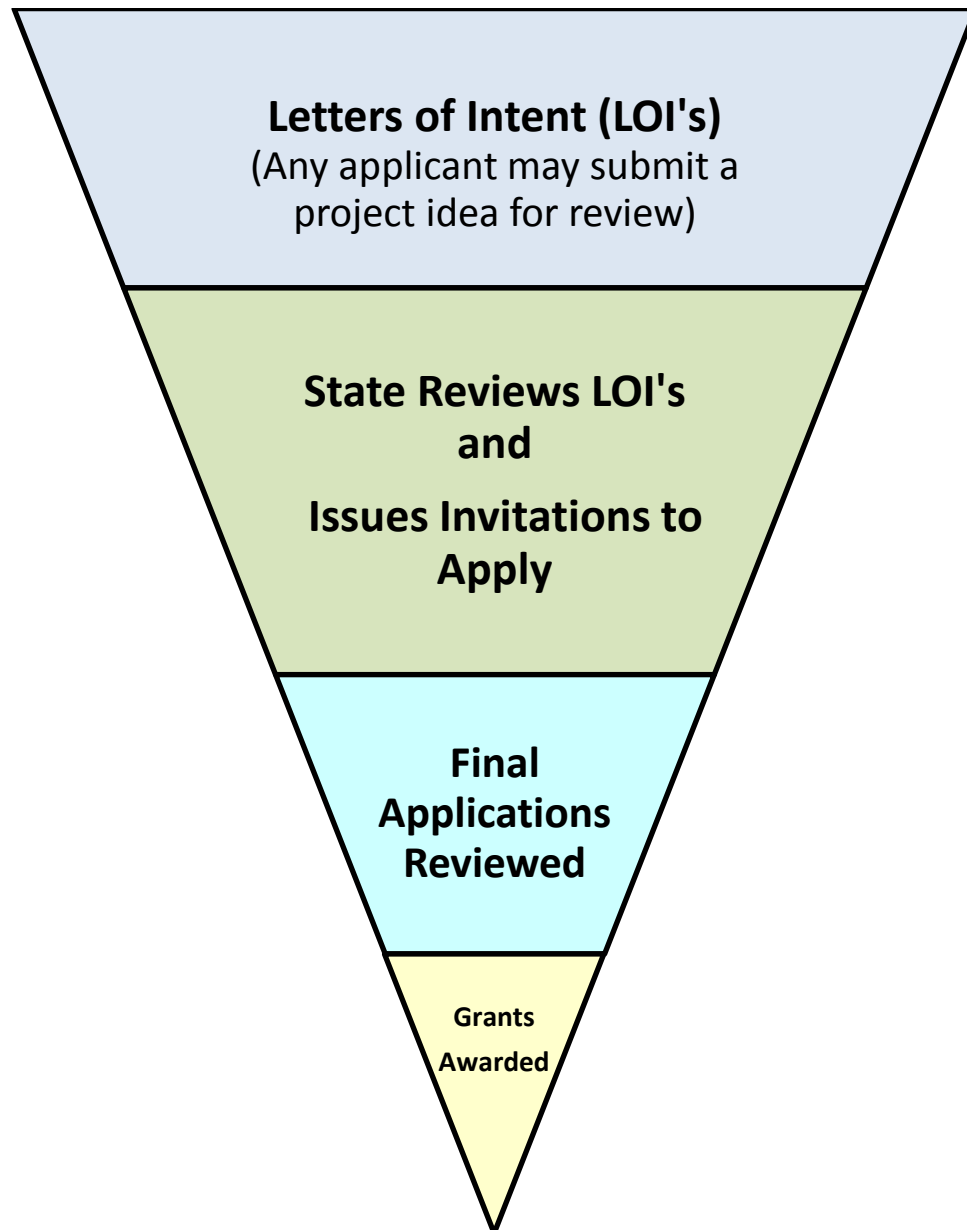
Applicants may apply for a grant in either or both categories. The anticipated start date for both Category A and Category B grants is July 1, 2019. In addition to activities conducted under their proposed projects, successful applicants will also be required to perform the following deliverables:

- (1) Attend one technical assistance meeting each contract year in their Grand Division of the State (held in 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 quarterly reports in a format provided by the State which detail progress made in meeting project goals and objectives (including required data reporting); and
- (4) Submit to the State an evaluation of the completed project utilizing metrics and data approved by the State.

Overall project outcomes must be assessed during the first year of funding and annually, thereafter. All grantees will be required to evaluate the health impact of their proposed program strategies and outcomes as they relate to individual, system or community-level change.

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 grant award is to submit a **Letter of Intent (LOI)**. 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 alignment of your request to the goals of Project Diabetes. Additionally, it will allow the applicant to provide a brief overview of the proposed project without putting forth 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 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; and
- IMPACT-- The project demonstrates the potential to “move the needle” and reduce the prevalence of obesity and diabetes in Tennessee.

Those who receive an Invitation to Apply will complete a full **Application and Grant Budget**. The application contains more detailed questions about the applicant's background and the specifics of the proposed project. The State's team of evaluators will review applications and will award grants on the basis of criteria including:

- 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, where applicable;
- 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 geographic areas);
- Well-coordinated efforts across community, regional, state, and/or national partnerships
- Strong evaluation plans which include measurable outcomes; and
- Project sustainability.

The quantity and dollar amounts of grants awarded will depend upon the quantity of applications received and their associated budget requirements.

III. Sample Contract

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Contract**. 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 as it is **required** that the applicant notify the State *in advance* if it cannot accept any terms or conditions. The Application for Project Diabetes requires the applicant 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 timeline 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		Wednesday, February 6, 2019
2. Letter of Intent teleconference	10:00 a.m.	Wednesday, February 13, 2019
3. Written "Questions & Comments" Deadline	2:00 p.m.	Friday, February 15, 2019
4. State response to written "Questions and Comments"		Friday, February 22, 2019
5. Letter of Intent deadline	2:00 p.m.	Friday, March 1, 2019
6. State issues Invitations to Apply		Tuesday, March 12, 2019
7. Application teleconference	10:00 a.m.	Friday, March 15, 2019
8. Written "Questions & Comments" deadline	2:00 p.m.	Tuesday, March 19, 2019
9. State response to written "Questions & Comments"		Friday, March 22, 2019
10. Deadline for Applications	2:00 p.m.	Friday, April 5, 2019

11. Evaluation Notice released		Friday, April 26, 2019
12. Effective start date of contract		Monday, July 1, 2019

Teleconferences will be held prior to submission of both Letters of Intent and Applications. The Letter of Intent Teleconference may be accessed using the following information:

Meeting Name: RFA Project Diabetes Letter of Intent

Meeting number (access code): 648 817 376

Meeting password: 6rX9vjpJ

Meeting Link:

<https://tngov.webex.com/tngov/j.php?mtid=m06981cd810695cf851b1348975991520>

Join by phone: +1-415-655-0003

Deadlines stated above are critical. The clock-in time will be determined by the time stamp 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 March 1, 2019. Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>

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