

CALL FOR PROPOSALS



Advancing Diabetes Self-Management

PROPOSAL GUIDELINES FOR
PHASE II IMPLEMENTATION GRANTS

THE ROBERT WOOD JOHNSON FOUNDATION®

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INTRODUCTION

Advancing Diabetes Self-Management (ADSM) along with *Building Community Supports for Diabetes Care* comprise The Robert Wood Johnson Foundation (RWJF) Diabetes Initiative. The *Advancing Diabetes Self-Management* program aims to develop and evaluate innovative ways to provide resources and supports for self-management in primary care settings for people with diabetes and to integrate these innovations into comprehensive diabetes care. The Chronic Care Model provides ADSM with a framework for comprehensive diabetes care. The Diabetes Initiative embraces an ecological model of self-managed diabetes care that puts the knowledge, skills and behavior of the individual within a broad array of influences of family, friends, health professionals, health systems and broader community influences such as social norms, access to resources, and public policy. Based on an ecological understanding of self-managed diabetes care, the Diabetes Initiative has identified seven key *Resources and Supports for Self Management* (RSSM):

1. Individualized assessment that includes attention to cultural and social factors.
2. Collaborative goal-setting.
3. Instruction in key skills for managing diabetes (e.g., medication management, physical activity, healthy eating); managing emotional factors and stressors; and, managing daily activities and roles. All these require skills in problem solving, decision-making and “temptation” management.
4. Ongoing follow-up and support for self-management from family, friends, health care providers, lay health workers.
5. Access to resources for healthy diet and physical activity.
6. Linkages/coordination among pertinent community organizations and services.
7. Access to high quality clinical care.

The RSSM and the overall Chronic Care Model provide a template for interventions in both programs of the Diabetes Initiative. Individual projects will address these models in different ways. For example, individualized goal-setting might take place with a primary care provider or with a community health worker. Individual projects will place greater or lesser emphases on different categories of the RSSM. Projects should be planned with consideration for all seven Resources and Supports and with attention to the specific needs of their intended audiences.

This document provides detailed instructions for preparing applications for funding under the *Advancing Diabetes Self-Management* program. It contains the Call for Proposals, a timetable, and related materials for Phase II Grants. Only sites that successfully completed the Phase I planning process are eligible to apply for 30-month implementation grants of up to \$440,000 to support the self-management interventions piloted in Phase I, participation in Collaborative Learning Network (CLN) meetings, a site-specific process evaluation, and dissemination of lessons learned.

CALL FOR PROPOSALS

A. PURPOSE

Advancing Diabetes Self-Management, a national program within The Robert Wood Johnson Foundation Diabetes Initiative, is designed to demonstrate that comprehensive models for diabetes self-management can be delivered in primary care settings; significantly improve a patient's clinical and behavioral outcomes; and, improve the person's quality of life. Along with *Building Community Supports for Diabetes Care*, ADSM's approach to diabetes is consistent with the Chronic Care Model, but it also seeks to put new understanding about high quality diabetes self-management care within ecological and cultural contexts (individual, family, organizational/community, and policy levels) of commonplace human experience. ADSM emphasizes interventions at the individual level with support efforts targeting other ecological levels.

B. THE PROGRAM

Phase II of ADSM builds upon the clinical, programmatic, organizational and community-level lessons applicants learned during Phase I. It is designed to support the implementation and evaluation of these diverse and varied primary care approaches to self-management with culturally diverse and varied ethnic populations. Examples of interventions that might be employed under this program include:

- Group medical visits.
- Breakfast clubs.
- Promotoras/coaches/community health workers.
- Medical assistants as key partners in goal-setting.
- Assessment and treatment of emotional factors (including depression, burden and quality of life issues).
- Structuring interventions within a transtheoretical model of behavior change.
- Nursing case management.
- Improvement in other areas of the Chronic Care Model (i.e., clinical information systems, redesign of the care system, decision support, and organizational supports) to provide high quality clinical care as a critical base for self-management.

Additionally, the Diabetes Initiative believes that organizational and community capacity are critical to the integration and sustainability of any self-management program. Therefore, Phase II of ADSM also emphasizes demonstration of progressive integration of diabetes self-management into routine organizational operations as well as structural and process plans for program sustainability.

Intended Audience

Given the prevalence of diabetes and the broad concerns of many of the projects funded through the Diabetes Initiative planning phase, sites serve a number of groups and audiences. For the purposes of the Diabetes Initiative, projects must focus on adults with type 2 diabetes. In many cases, it may be important that project activities and services are available to others as well.

Applicants should define an intended audience with consideration to the needs of those they serve and their own institutional strengths and missions. The intended audience should be defined specifically. For example, the intended audience may be “all adults with type 2 diabetes who are over 50 years of age and patients of Clinical Team B,” or “all adults with type 2 diabetes who live in the Cobbletown section of the county.” Over the course of 30 months, the projects should reach at least 300 people in their intended audience. Projects should be able to evaluate not only their ability to benefit those they reach, but to reach those who would benefit. With this emphasis, development of innovative projects and services should include tests of approaches to reaching the intended audience.

The Collaborative Learning Network (CLN)

Over the course of Phase II, applicants will be expected to attend a series of CLN meetings hosted by the National Program Office (NPO), and participate in CLN workgroups to:

- Promote exchange of information among grantees.
- Identify and pursue key crosscutting issues for lessons learned from the project.
- Provide opportunities for grantees to take full advantage of available knowledge in developing their projects.
- Identify improvement objectives and guide improvement efforts to maximize the quality of projects, sustainability and spread.
- Identify innovations and improvements in project systems and services.

The CLN will promote change or improvements that focus on clear objectives; real-world testing of methods to attain them; and, documentation of success in meeting those objectives using improvement methodologies such as the PDSA or other short cycle test-change strategies.

Evaluation

There are three levels of program evaluation—two of which will be completed at the local level and the third as a cross-site evaluation.

At the local level, grantees should identify a unique or key characteristic of their project or its planning that they would like to highlight for evaluation. These lessons learned will help others in similar settings do a better job of helping those with diabetes and they will later be disseminated for that purpose.

Additionally, the local evaluation will include the site's quality improvement efforts. There may be overlap between lessons learned and quality improvement efforts. The NPO can provide consultation and technical assistance regarding local evaluation plans. Where interventions or data collection/methods are similar among sites, the NPO will facilitate communication among them so they may benefit from one another's experience, including sharing instruments. The data gathered for improvement and the sharing of lessons and instruments will be facilitated through the CLNs.

The cross-site evaluation, being managed by a separate grant to Research Triangle Institute (RTI), will include:

- Data from participant intake forms collected at each site to provide a brief set of descriptors about who is reached in each project.
- Clinical data (hemoglobin A1c, blood pressure, lipids, foot exams) submitted periodically by each site for as many of their project participants as feasible.
- Documentation of all project interventions.
- A multi-wave survey of approximately 200 participants at each site, selected from the pool of those completing intake forms. The survey will be implemented by RTI and will include measures of engagement in diabetes care, including self-management, quality of life, supportive relationship with providers of care, and access to and use of resources and support for self-management.

Sustainability

Grants are intended to support the demonstration of innovations, particularly quality improvements that are sustainable. Sustainability requires that projects not only institutionalize and financially support system changes, program processes, services and resources shown to be effective in Phase II, but also hold the gains made during Phase II. Plans for sustainability should consider all internal and external stakeholders and partners necessary for assuring longevity of the project. Grantees should consider which stakeholders benefit, particularly financially, from the improvements of the project, and what would the project need to do to convince those stakeholders to help sustain the improvements (including financial support if necessary).

Spread

Spread goes beyond holding the gains and addresses replication or expansion of the interventions or improvements throughout the organization or system. When developing project plans, grantees should consider the potential for spread at the local level for example, who in their department, organization or community might adopt these new methods, services or programs and who will make the decision about adoption.

External Dissemination

Planning for dissemination and shaping of “lessons learned” should occur throughout the project. Lessons learned are the results or information coming from project implementation. They may be based on individual site experience or cross-site workgroup activity. Messages may be presented in a variety of ways depending upon key audiences. For example, messages about lessons learned may be spread via mass media or through products such as protocol manuals, training materials, patient education materials, reports or papers published in professional and lay journals. The NPO and communications consultants will assist in the dissemination process.

C. ELIGIBILITY AND SELECTION CRITERIA

Only projects funded by RWJF under Phase I of *Advancing Diabetes Self-Management* are eligible for Phase II Implementation Grants. In order to receive funding applicants must provide the necessary information outlined on page 10 under Detailed Instructions for Proposal Narrative. The information provided in this section will be used in evaluating the proposals and determining selection for funding. Applicants should use the key RSSM listed in the Introduction on page 3 to demonstrate the comprehensiveness of their projects. Secondly, applicants must demonstrate the capacity for systematically and continuously improving the quality of care, conducting a site-specific evaluation, and participate in an external cross-site evaluation. Finally, applicants must include realistic plans for sustainability, spread and dissemination.

D. USE OF GRANT FUNDS

Grant funds may be used for project staff salaries and training, consultant fees, meeting costs, project-related travel, supplies, computer software and limited equipment purchases, information collection and analysis. 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.

Applicants will be expected to meet RWJF requirements for the submission of six-month financial, annual and final progress and financial reports. Project directors will be expected to submit periodic program updates and a final written evaluation report suitable for wide dissemination.

E. PROGRAM DIRECTION AND TECHNICAL ASSISTANCE

Direction and technical assistance for this program are provided by the Division of Health Behavior Research, School of Medicine, Washington University in St. Louis, which serves as the NPO:

Advancing Diabetes Self-Management
Division of Health Behavior Research
School of Medicine
Washington University in St. Louis
4444 Forest Park Ave. Suite 6700
St. Louis, MO 63108
Phone: (314) 286-1900

Responsible staff members at the NPO are:

- Edwin Fisher, Ph.D., Program Director
- Patricia Fazzino, R.N., D.N.Sc., M.P.H, Deputy Director

Responsible staff members at The Robert Wood Johnson Foundation are:

- John Lumpkin, M.D., M.P.H., Director–Health Care Group
- Terry Bazzarre, Ph.D., Senior Program Officer
- Sara Thier, M.P.H., Program Associate
- Paul Tarini, Senior Communications Officer
- Fran Ferrara, Grants Administrator

A National Advisory Committee (NAC) will assist in the evaluations of proposals and make recommendations for funding to RWJF. The NAC and other experts may also provide technical assistance through the Collaborative Learning Network.

RJWF does not provide individual critiques of proposals submitted.

F. TIMETABLE

January 26, 2004

Deadline for receipt of full proposals.

May 1, 2004

Start date for implementation grants.

HOW TO APPLY

A. REQUIRED CONTENTS OF THE APPLICATION

1. Cover Page

2. One-page Project Summary

Provide a short description of the community and the geographic area for which the application is being submitted, the target population of people with diabetes, the partnership, and the proposed approach during the implementation phase.

3. Proposal Narrative (up to 15 pages, must use at least 12-point type)

This section is the heart of the proposal and should provide the vision for the project and a concise and complete description of the proposed project. Information in this section should convey to the reviewers a clear sense that the proposed approach is 1) comprehensive, feasible and likely to improve the health and quality of life of a significant number of people with diabetes; and 2) the outcomes specified are reasonable and the applicant has the capacity to measure the effects of project efforts on these outcomes. All pertinent information about the proposed project must be contained within this narrative. The reviewers will not be required to seek additional information elsewhere in the proposal, e.g., in an Appendix. The narrative should be organized according to the outline detailed on page 10 under “Detailed Instructions for Program Narrative.”

4. 12-Month Timetable

The timetable must clearly illustrate start and stop dates for implementation, evaluation and reporting activities for the first 12 months of Phase II.

5. Budget and Budget Narrative

Applications must include a detailed budget and accompanying budget narrative for the 30-month implementation phase. This includes a budget and budget narrative for three time periods—Year 01 (the first 12 months of the project starting May 1, 2004), Year 02 (the second 12 months of the project) and Year 03 (the last 6 months of the project)—and a cumulative budget. Applicants are expected to attend a total of six Diabetes Initiative meetings. Three will be held in Year 01; two in Year 02; and, one in the final 6-month period. RWJF will cover the costs of travel for the first two meetings in Year 01. Therefore, proposed budgets must include travel for 2–3 people to attend the four remaining meetings. Please use the two-night stay dollar allocation when budgeting for these meetings. The budget justifications must be able to stand on their own without the reader having to refer to the proposal for information. Although information to justify a line item (e.g., job descriptions for personnel) may be contained elsewhere in the application, a separate and complete justification for each line item must be provided in the budget narrative.

You may access “Budget Preparation Guidelines” via the RWJF Web site at:
<http://www.rwjf.org/applying/budgetPrepGuideinesNov03.pdf>

The proposed budget will be evaluated for correspondence between the budget and the work proposed, agreement with narrative (i.e., no unexpected or unexplained costs), clarity and completeness of budget justification, and adherence to guidelines and limits specified. Negotiations may be held with the applicant administrative agency to identify areas requiring change or clarification to comply with RWJF policies.

6. Project Support Form

The Robert Wood Johnson Foundation “ Request for Project Support” and “Conditions of a Grant” forms are required for submission.

The original form and accompanying documentation must be sent in hard copy to Patricia Fazzone, D.N.Sc., M.P.H., R.N., Deputy Director for *Advancing Diabetes Self-Management*. A certification letter must accompany the project support form (template provided with Project Support Form).

7. Appendices

Applicants should attach any new support letters, or resumes of new staff. Other appendices are optional and considered supplemental only. Reviewers are not required to read any supplemental material; therefore, the proposal narrative should comprehensively and completely address the information required in the Call for Proposals.

B. DETAILED INSTRUCTIONS FOR PROPOSAL NARRATIVE

The Narrative section of the proposal should follow the outline below.

1. Progress of Self-Management Program

- Briefly describe how findings gleaned from Phase I assessments and pilot interventions will guide your project proposal for Phase II. The findings may include, but are not limited to, information about the needs of your target audience, barriers to care, and agency or partnership readiness for the self-management interventions.
- Briefly discuss the progress your organization has made toward clinical and organizational capacity to integrate, provide, and sustain the high quality, comprehensive diabetes self-management project you are proposing. This may include data from tools and methods such as the “Organizational Capacity Assessment Tool-DRAFT,” focus groups or surveys.

- Briefly discuss barriers encountered in program development, and what steps you took to address them.
- Briefly discuss any modifications being made to the program for Phase II as a result of the pilot findings, and why these modifications are necessary.
- Briefly describe areas identified in the pilot phase that are in need of continued quality improvement in Phase II.

2. Phase II Action Plan

The Implementation Action Plan should include the strategies and activities/interventions you will undertake in order to improve self-management. It should be noted that while we expect a well articulated and reasoned plan, we also intend, through the CLN, to facilitate the identification and testing of improvements in the plans. Conducting small, short-term tests of strategies will likely result in revised plans.

Provide a detailed description of the overall *Advancing Diabetes Self-Management* program to be implemented in Phase II. Please refer to the seven Resources and Supports for Self-Management (see Introduction on page 3) to frame your response. As you address the uniqueness of your project and the impact your project will have on improving diabetes care, be sure to include:

- The overall goals or strategies guiding your project. This may include a general vision or rationale for the project or a general strategy or statement of goals.
- Implementation process including the project objectives, interventions, action steps, persons involved, and the expected outcomes for each intervention. Address how they are guided by the project's overall goals or strategies, and how they specifically relate to the seven Resources and Supports for Self-Management and the Chronic Care Model. (You may use a table or logic model format).
- Purpose and rationale for each *new* intervention or strategy you may have chosen to implement in Phase II as a result of lessons learned in Phase I. Include a *brief* discussion of the research, theoretical or conceptual models supporting the intervention elements where appropriate.
- A defining description of the intended audience that includes the importance of addressing this audience, and substantial information about audience characteristics and selection criteria (e.g. demographics, cultural and contextual factors, diabetes and population health data, geographic profile, stratification).
- A detailed strategy for reaching *at least 300 people* from the intended audience and sustaining their involvement in the project.
- Identify anticipated barriers to carrying out the project, and detail strategies you might use to address them.
- A description of the quality improvement approach you will use to monitor continuously progress of project implementation and level of project quality. Specify how short-term findings will inform and improve self-management care in your setting.

- Sustainability requires that projects not only institutionalize and financially support system changes, program processes, services and resources shown to be effective, but also to “hold the gains” already made. Steps toward sustainability should include a preliminary analysis of the burden and/or gain for the key internal and external stakeholders and partners necessary for assuring longevity of core elements of the project. We expect that you will develop and likely change portions of your sustainability plan over Phase II. However, for this proposal, please respond to the following:
 - Identify the key stakeholders and partners to your project’s sustainability. Stakeholders and partners may include individuals, agencies, purchasers and policy-makers.
 - Select two internal and two external stakeholders or partners and describe their interest in your project; and, identify what the likely burden or gain will be for each stakeholder who assists you in sustaining your project. Specify the kind of burden and gain (e.g. financial, human resource, personal time.)
 - Briefly describe how the stakeholder or partners’ interests, burdens and/or gains may impact your ability to sustain the project, and how you will address these issues.

3. Staffing Plan

Detail your staffing plan. Specify the sufficiency and appropriateness of the plan, and the competency of personnel including program staff, consultants and subcontractors, to carry out their job responsibilities (e.g., project management, program implementation and evaluation). Any new or updated resumes should be included in an Appendix.

4. Evaluation Plan

Your evaluation plan should address the two levels of local program evaluation as well as the cross-site evaluation.

Local Evaluation

Each site has unique interventions, and organizational structures, processes, and dynamics that should be captured in a site-specific evaluation. Therefore, the local evaluation should focus on central or unique aspects of your project. Consider what aspect of your project you would like to evaluate. Identify one related key question you would like to explore in your setting that would lead to improvement in the quality of diabetes self-management care at your organization, and advance the knowledge of others in the field of diabetes. You may wish to evaluate products or materials you are developing (e.g., educational or training manuals); clinical or administrative interventions or processes, and their intermediate outcomes (e.g., quality of goals set, organizational capacity, respectively); or you may choose to expand upon your existing quality improvement efforts for select factors or criteria. For your local evaluation plan, include the following:

- *Purpose.* Identify the aspect of your project you are interested in evaluating, and discuss your rationale for this decision. State the related evaluation question and discuss why answering it is important to your organization.

- *Intended audience.* Describe who your site-specific evaluation audience will be and why you are focusing on them.
- *Key indicators or variables.* Identify what key indicators or variables you will use as evaluation measures.
- *Process.* Clearly detail the site-specific evaluation process. Include:
 - Who will collect, manage and analyze the data. If data are collected at more than one site, specify how data collection and management will be operationalized?
 - What instrumentation/data collection tools (qualitative or quantitative) will you use?
 - How will the evaluation be used to improve the quality of your project?

Cross-Site Evaluation

- Document your ability to reach and enroll at least 200 members of your intended audience.
- Describe your organization's human and technical resources and capacity to collect and report intake, clinical, and project data and provide them to the external evaluation team.
- Indicate the current status of your site in obtaining IRB clearance to collect these data, and steps you have taken to comply with HIPAA requirements.

5. 12-Month Timetable

The timetable must clearly illustrate start and stop dates for implementation, evaluation and reporting activities throughout the first 12 months of Phase II. (Detailed plans for the remainder of the time will be requested as part of Phase II progress reports.). Specify the person(s) responsible, timetables, evaluation criteria and resources needed. You may choose to present this in narrative or table format.

6. Spread

Describe opportunities for local expansion or spread of your self-management activities. Spread can occur by expanding your intervention components or diabetes self-management principles to other health-related areas within your organization, other local community or health care organizations, or expanding current interventions in diabetes to different target audiences.

7. Dissemination

During Phase II, applicants are expected not only to implement and evaluate their projects, but also to form and share lessons learned with other audiences. During Phase II, each applicant will be required to complete a communications plan to externally disseminate lessons learned. For this application:

- Provide examples of dissemination and marketing strategies you *may* consider using to disseminate the Phase II lessons learned from your *Advancing Diabetes Self-Management Program*.
- Include potential key audiences and rationale for targeting each audience.
- Describe how your strategies will increase dissemination and spread of the lessons learned.

C. PROPOSAL SUBMISSION DETAILS

Proposals must be sent via e-mail and received by the NPO no later than 10 a.m. CST on Monday, January 26, 2004. Please submit proposals to:

Trish Fazzone, D.N.Sc., M.P.H., R.N., Deputy Director

E-mail: *pfazzone@im.wustl.edu*.

E-mailed submissions must include:

- A single text file attachment (e.g. Microsoft Word) that includes the cover page, proposal and Budget Narrative.
- A single spreadsheet file attachment (e.g. Microsoft Excel) that includes the Budget.

Two hard copies, including any appendices, the Project Support Form, and other support documentation must be sent via **express or overnight mail and postmarked** by Monday, January 26, 2004.

No fax copies will be accepted.

Please send hard copies to:

Trish Fazzone, D.N.Sc., M.P.H., R.N.
Advancing Diabetes Self-Management
National Program Office
Washington University School of Medicine
4444 Forest Park Ave., Suite 6700
St. Louis, Missouri 63108

D. PROPOSAL REVIEW

The principal purpose of the renewal proposal is to help RWJF, the NAC and the NPO understand the projects' accomplishments and challenges to date in broad terms. The NPO, RWJF program staff, and members of the National Advisory Committee will review applications. After an initial review, applicants may be asked to respond to questions or to provide further clarification on some aspect(s) of their proposal. Site visits may be conducted pending direction of the National Advisory Committee.

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 quality health care at reasonable cost.
- To improve the quality of care and support for people with chronic health conditions.
- To promote healthy communities and lifestyles.
- 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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Calls for Proposals at: <http://subscribe.rwjf.org>

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