Request for Proposal

Award to Support Training, Consulting, and Implementation of Innovative Diabetes Interventions

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Section 1: Background

The 1889 Jefferson Center for Population Health (Center) is a partnership between the 1889 Foundation in Johnstown, PA and the Thomas Jefferson University College of Population Health in Philadelphia, PA.

The 1889 Foundation, Inc., formerly known as Conemaugh Health Foundation, was the recipient of funds from Conemaugh Health System's sale to Duke LifePoint Healthcare in September of 2014. The 1889 Foundation is dedicated to partnering within the local community to identify where it can make the greatest difference in areas such as population health and disease prevention. The Foundation's focus for funding concentrates on the areas that are negatively impacting the health and well-being of its local communities. The Foundation's mission is to support innovative programs and initiatives that improve and transform the overall health and wellness of the region.

The Jefferson College of Population Health at Thomas Jefferson University was established in 2008 as the first College of its kind in the country. Its mission is to prepare leaders with global vision to examine the social determinants of health and to evaluate, develop and implement health policies and systems that will improve the health of populations and thereby enhance the quality of life.

The Center's mission is to improve health and wellness by building resilient communities through collaboration, research, and education. The Center has identified type II diabetes as a top priority for population health improvement in Cambria and Somerset Counties of Western Pennsylvania. With a focus on this priority, the Center is now seeking proposals from national experts who have implemented innovative health interventions that positively impacted social determinants of health to improve diabetes-related outcomes in a population. The awardee will spend three years providing training, consultation, and mentoring to community partners in Cambria and/or Somerset County who will implement the national expert's intervention. The awardee will also receive a monetary gift to continue their population health efforts in their own communities.

Like many US counties comprised of small towns and rural communities, Cambria and Somerset Counties face challenges in addressing the social determinants of population health. Cambria County has a population of approximately 135,000, a population density of 200 per square mile, a median household income of $42,000, and 15% of the population is living below the poverty line. Somerset County has a population of approximately 75,000, a population density of 70 per square mile, a median household income of $45,000, and 14% of the population is living below the poverty line. The populations of both counties are decreasing at a rate of approximately one percent annually.

Cambria and Somerset Counties are ranked among the lowest overall health in Pennsylvania counties despite efforts to impact health. According to the County Health Rankings, Cambria ranks 64th and Somerset ranks 34th of 67 Pennsylvania Counties. The prevalence of diabetes is approximately 13% in Cambria and Somerset Counties and at least 30% of the population is at risk of developing diabetes. The Diabetes Prevention Program (DPP) and Diabetes Self-Management Education Program (DSME) are offered in these counties, yet participation is low. The Center has identified low health literacy, lack of social support, food

insecurity, occupational time constraints, and limitations in transportation as key social determinants likely contributing to the increase in the prevalence of diabetes and related comorbidities in the region.

Section 2: Description and Goals

Through this request for proposal (RFP), the Center seeks community interventions aimed at prevention and/or control of type II diabetes. This grant will support the work of a national expert team as they train, consult with, and mentor community partners in Cambria and Somerset Counties to implement and study innovative intervention(s) over a three year period. Through this RFP, the Center aims to fulfill its mission of improving health and wellness in Cambria and Somerset Counties by bringing together local community partners in collaboration with successful applicants who are national experts.

The Center will execute this application process in two steps. **Step One:** ***Letter of Intent*** forms will be accepted and reviewed at the Center; selected invited applicants present their proposals to the RFP Review Committee in person or via web conference. During that time, applicants will answer questions, provided by the review committee, regarding the intervention and the implementation process in Cambria and Somerset Counties. The RFP Review Committee will provide the questions at least one week prior to the scheduled interview. The Center will identify potential local community partner(s) aligned with the proposed intervention and connect them with the applicants. **Step Two:** After applicant interviews, the RFP Review Committee will invite selected finalist(s) to submit full proposals, prepared in collaboration with the local community partner(s) who is/are identified by the Center and agreed upon by the applicant. The final awardee will include a team comprised of the national expert and local community partner(s).

A total award of up to $1.8 million over three years will be granted. The award supports training, consulting, and mentoring by the national expert and implementing the intervention by the community partner(s). In addition, the national expert awardee will receive a gift of $200,000 to advance population health strategies in their local region. In year-one, $125,000 of the gift will be allocated. In year-three, the remaining $75,000 of the gift will be allocated.

The specific goals of this RFP are to improve community-level capacity for diabetes prevention and control. Successful applicants must be able to demonstrate that they have previously improved capacity for diabetes prevention and control by designing and implementing an intervention, with measurable evidence of a positive impact on social determinants of health in a community.

The award is funded by the 1889 Foundation and administered through The 1889 Jefferson Center for Population Health (Center). The Center will be the Coordinating Center for the proposed intervention(s), overseeing progress and evaluating outcomes while acting as the liaison between the national expert, the local community partner(s), and the Center. Interventions designed to impact any of the following social determinants are desired and others will also be considered:

- Education (public or private school, pre-K through 12) and health literacy
- Social support (faith-based, community-based, or other)
- Food security
- Employment and worksite wellness
- Transportation, housing, and the built environment

Section 3: Eligibility Criteria

The RFP is open to any academic institution, health system, non-profit or for-profit organization with the following detailed criteria.

Applications considered:

- Proposals for innovative interventions previously implemented elsewhere
- Interventions that have measurable improvement in diabetes-related health and/or social determinants in a well-defined group of people
- Different applicants from the same institution may apply

Applications NOT considered:

- Proposals for interventions that currently exist in Cambria & Somerset Counties of Pennsylvania
- Single individuals, un-affiliated with an organization, are not eligible to apply
- Multiple proposals from the same applicant or project leader
- Pilot interventions

For more details about eligibility, there will be a recorded webinar on July 16, 2018. Questions & Answers will be posted on the website of the 1889 Jefferson Center for Population Health.

Section 4: Application period and submission deadline

4.1 The 1889 Jefferson CPH website (will) include all relevant information and instructions for this RFP.

4.2 The RFP will be posted on **July 2, 2018**.

4.3 An informational webinar will be offered on the afternoon (EST) of **July 16, 2018 from 4PM-5PM EDT**.

Register for the webinar at:
https://attendee.gotowebinar.com/register/5947140039204849923
After registering, you will receive a confirmation email containing information about joining the webinar.
Brought to you by GoToWebinar®
Webinars Made Easy®

4.4 Webinar slides and Frequently Asked Questions (FAQs) will be posted by **July 18**.

4.5 Letters of Intent will be accepted beginning on **July 19, 2018.** All Letters of Intent must be submitted by **August 23, 2018 at 11:59PM EST**.

- 4.5.1 ***Letter of Intent*** form (See Appendix: LOI Form)
- 4.5.2 All Letters of Intent and related documents will be submitted electronically in PDF format to CPHinfo@jefferson.edu

4.6 Selected applicants will be invited for interviews in-person or via web conference in **September of 2018**.

- 4.6.1 Interviews will be scheduled between **September 4-19, 2018**.
- 4.6.2 Selected national experts will be matched with local community partner(s) by **October 3, 2018**.

4.7 Finalists will be invited to submit a full proposal with selected local community partner(s).

- 4.1.1 Full proposal application form (See Appendix: Full Proposal Application Form)
- 4.1.2 Application checklist (See Appendix: Application Checklist)
- 4.1.3 All applications will be submitted electronically in PDF format to CPHinfo@jefferson.edu

4.8 Applications due by **November 9, 2018, at 11:59 PM EST**

4.9 Awardees will be notified by **November 21, 2018**

4.10 Scopes of work will begin in **January 2019**

Section 5: *Letter of Intent* Process- Description of Applicant and Successful Intervention (Step 1)

The purpose of this award is to solicit training, consulting, and mentoring for implementation of innovative interventions that were not previously implemented in Cambria and/or Somerset Counties. The ***Letter of Intent*** describes the applicant's organization and the successful intervention with evidence of measurable diabetes-related health and/or social determinants improvement in a well-defined group.

The proposal may consist of one intervention or a group of inter-related multimodal interventions designed to improve diabetes-health outcomes or social determinants of health. Applicants must demonstrate that any proposed intervention was previously implemented elsewhere with measurable success.

Carefully follow the following instructions when completing the ***Letter of Intent*** Form.

5.1 Applicant description

Provide a brief description of the applicant's organizational mission, background history and purpose. Evidence of previous success and/or established reputation for impacting social determinants related to diabetes prevention and/or control is to be included.

Include a curriculum vitae or resume and up to a one-page narrative biographical summary describing the project leader's expertise.

5.2 Intervention description

Provide a narrative description of the intervention that your organization designed and/or developed. Describe how the intervention incorporates the use of a novel approach, technology, tool, or collaboration. In this description, answer the following questions:

5.2.1 What were the objectives of your previously implemented intervention?

5.2.2 Describe the community partnerships involved in your previously successful intervention? What community partnerships are needed to make this intervention transferrable to another community?

5.2.3 Describe the demographics of the population(s) in which the intervention was previously successful (include age, race, sample size/population size, and socio-economic factors).

5.2.4 Describe the number of and type of personnel required for the intervention to be implemented? What were their skills, qualifications, and training?

5.2.5 Describe the physical infrastructure at your organization (and any required partners if used) when the intervention was previously implemented?

5.2.6 What obstacles did you encounter when implementing the intervention? How did you overcome these obstacles?

5.2.7 From start to finish, how much time did it take to develop, implement, and evaluate the intervention?

5.2.8 Provide a bottom-line operational budget for implementation and evaluation of the program from the previous implementation.

5.3 Intervention report

Attach a report that describes the final results of the intervention. This can be a formal report, slide presentation, scientific publication or poster.

5.4 Outcomes of the intervention

Competitive proposals will present data that illustrate a measurable improvement in the health and/or social determinants of health in a target population as a result of the intervention. Improvements should be measured using well-defined health outcomes and/or social determinants of health for the target population that are statistically quantified and/or qualitatively described to show a significantly beneficial change, impact or result. The description of outcomes should answer the following:

5.4.1 What health outcomes and/or social determinants were measured?

5.4.2 What was the process for collecting data, assuring quality data entry, and measuring outcomes?

5.4.3 What were the resulting outcomes of the previously implemented intervention?

5.4.4 Include the methods of analysis used to conduct the evaluation?

Section 6: Full Proposal – Scope of Work (Step 2)

Upon invitation only, full proposals will be accepted from applicants who submitted a ***Letter of Intent*** form. These few invited applicants will be offered the opportunity to submit a full proposal in collaboration with a qualified local community partner(s). The full proposal, including a detailed budget, should be completed by the team that includes the national expert and the local community partner(s).

Interventions must be feasible, sustainable, transferable, and scalable to small towns and rural communities in Cambria and Somerset Counties. For each application, national expert personnel should be comprised of a project leader and essential staff to train, consult, and mentor community partners for up to three years, beginning in January of 2019. Community partnership personnel should include essential individuals who collaboratively plan and implement the intervention(s).

6.1 Logic model

The Scope of Work (SOW) should be encompassed within the framework of a logic model that describes how the proposed health intervention is expected to impact the social determinants of health and cause an improvement in outcomes related to diabetes prevention and/or control in the target population. Submit the logic model using the template provided. (Appendix: Logic Model Template)

6.2 Intervention proposal

The applicants should propose a plan for adapting the national expert's intervention to be implemented by local community partners in Cambria and Somerset Counties. The intervention plan should include evidence-based methods and incorporate best practices. Include answers to the following questions:

6.2.1 What are the objectives of the proposed intervention?

6.2.2 What community partnerships would the proposed intervention involve? Describe the capacity of the community partner(s) to implement the intervention?

6.2.3 Who comprises the target population expected to benefit from the intervention (include age, race, and socio-economic factors)? Will any vulnerable populations be included?

6.2.4 What type of personnel are required to implement the intervention? Describe specific skills, knowledge or experience that the team has to complete the work.

6.2.5 What type of physical infrastructure is needed to implement the proposed intervention? Describe if the infrastructure is available or gaps exist.

6.2.6 Are there anticipated obstacles to implementing the intervention? Based on previous experience/evidence, what is the plan for overcoming these obstacles?

6.3 Training and consultation proposal

Describe how the national expert will train community partners to implement the intervention and how they will consult with them through the process of implementation and evaluation. Include answers to the following:

6.3.1 What activities or actions would training involve?

6.3.2 Are there training materials already available or would these need to be developed? Describe the training materials.

6.3.3 What policies, procedures, and protocols would need to be in place?

6.3.4 Describe the personnel that you would make available for training and consultation. How would personnel make themselves available to community partners (in-person, by phone, web conference)? How frequently and for what duration would training and consultation activities take place? Would personnel be available to community partners outside of those activities? If so, for how much time?

6.4 Evaluation plan

Based on evidence of previous success, describe expected impacts on social determinants of health related to diabetes prevention and/or control resulting from the proposed health intervention. The evaluation plan should include answers to the following questions:

6.4.1 What are the primary endpoints or outcomes for the proposed intervention? Based on your experience, indicate the timeline to see expected outcomes.

6.4.2 What process would you recommend for measuring outcomes? Are instruments and tools available for community partners to use, or would they need to be developed?

6.4.3 What is the plan for training and consulting with community partners to collect outcome data and submit it to the Coordinating Center for analysis prior to the end of the award period? Describe how fidelity of implementation will be assessed throughout the three-year period. What are the intermediate milestones or key performance indicators that should be monitored to ensure the program is implemented as planned?

6.5 **Sustainability plan**

6.5.1 Describe how the intervention will be sustained beyond the funding period.

Section 7: Full Proposal – Deliverables (Step 2)

7.1 Awardees will be expected to train community partners in Cambria and/or Somerset Counties to fully implement the proposed intervention within one year of the award.

7.2 In consultation with awardees, community partners will collect outcome data and submit it to the Coordinating Center by year two of the award.

7.3 Prior to the end of the three-year award period, awardees will be expected to consult with community partners to optimize implementation of the intervention and work with the Coordinating Center to finalize its evaluation.

Section 8: Full Proposal – Budget

National experts and their community partners are expected to work collaboratively to complete the budget spreadsheet and provide a budget narrative describing expected costs (Appendix: Budget Spreadsheet Template). The awardee will receive up to $1.8 million to support training, consultation, and implementation of the intervention(s). The three-year budget should include annual costs anticipated for implementing the intervention, effort of personnel, training materials, supplies, and travel. Up to 25% of the total implementation budget may be used for overhead (indirect) costs incurred by the local community partner only. The budget will be mutually agreed upon in the final selection stage.

Awardees serving as national experts will receive a gift of $200,000 to advance population health in their local region. In year-one, $125,000 of the gift will be allocated. In year-three, the remaining $75,000 of the gift will be allocated. The gift is **not** to be included in the budget proposal.

Section 9: Review process (Step 1 and 2)

9.1 Review Committee

The review committee will be comprised of members of the 1889 Foundation Board of Directors and the Center's Steering Committee.

9.2 Selection criteria

9.2.1 Population health impact on diabetes—demonstrated by measurable improvement in health outcomes or social determinants of health for the target population that is measurable with quantitative and/or qualitative data. The data should capture or illustrate measurable improvement or change in diabetes-related health and/or social determinants of health in the defined population as a direct result of the health intervention

9.2.2 Use of evidence-based methods and best practices

9.2.3 Promotes sustainability and community empowerment with training that enables the effective exchange of ideas and information, community engagement, and community involvement in decision making

9.2.4 Scalability – measures that document the ability of the health intervention to be adapted and scaled up or down for use by a different population or by similar populations in other geographic settings or communities

9.2.5 Feasibility and sustainability – demonstrates that the intervention will work in the community and continue after funding period has ended in absence of national expert

9.2.6 Innovation – the intervention incorporates the use of a novel approach, technology, tool, or collaboration

9.2.7 Appropriateness of the budget – the budget narrative and spreadsheet describe reasonable costs for the proposed intervention(s)

Section 10: Appendix

Appendix 10.1 Glossary of Terms

Applicant – A specific group completing the RFP, which should be comprised of a project leader and essential staff able to train, consult, and mentor community partners

Local community partner – An organization located in Cambria or Somerset County that is collaborating with 1889 Jefferson Center for Population Health in efforts to improve the health of the local population

Fidelity of implementation – Extent to which an intervention adheres to the proper execution of written policies, procedures, and protocols according to its design

Gift – The stated portion of the total three-year award, in excess of funds dedicated to implementation of the Scope of Work, which the national expert team can use to further population health efforts in their own region

Intervention – An initiative, program, or project designed to improve social determinants of health and/or health outcomes in a defined group of people

> **Inter-related multi-modal interventions** – A series or group of initiatives, programs, or projects designed to improve the same or closely related health outcomes by addressing multiple social determinants of health in a defined group of people

National expert – Any academic institution, health system, non-profit or for-profit organization that can demonstrate a history of successful interventions that impact social determinants of health affecting diabetes prevention and/or control

Overhead (Indirect) Costs – Expenses incurred to operate a business as a whole or a segment of a business and cannot be directly associated with a cost object, such as a product, service, or customer, related to the intervention

Personnel –The project leader, administrative and technical staff, and/or collaborators who are content experts with training and/or implementation expertise

Project leader – An individual with the expertise to design and guide the proposed consulting, training, and mentoring plan. This individual should have demonstrated a history of success in leadership related to the proposed intervention and is accountable for the statement of work

Social determinants of health – Conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes (including education, social support, food security, employment and worksite wellness, transportation, housing, and the built environment)

Vulnerable population – A group of individuals that are especially at risk of being unable to anticipate, cope with, resist and recover from the impacts of negative changes in their environment or their health (could include pregnant women, children, cognitively impaired persons, seniors, low-income individuals, prisoners, or other at-risk individuals). When applicants propose interventions for these groups of people, proposals should be adequately justified and include safeguards to minimize risks unique to each population

Appendix 10.2 Application Checklist

1889 Jefferson Center for Population Health
Award for Consultation & Training to Implement Innovative Diabetes Interventions

	Documents to Submit with *Letter of Intent* (Step 1)
	Letter of Intent Form
	Project leader's CV or Resume and One-Page Biographical Sketch
	Intervention Report

	Documents to Submit in Full Proposal (Step 2)
	Full Proposal Application Form
	Logic Model
	Outcome Measurement Tool/Instrument (optional)
	Budget

Appendix 10.3 *Letter of Intent* Form (Step 1)

1889 Jefferson Center for Population Health
Award for Consultation & Training to Implement Innovative Diabetes Interventions

The ***Letter of Intent*** Form is to be completed by a national expert team who has implemented successful interventions that impact social determinants of health affecting diabetes prevention and/or control not previously implemented in Cambria or Somerset Counties.

Description of Applicant and Successful Intervention

1. As outlined in Section 5.1, provide a brief description of the applicant's organizational mission, background history and purpose. Evidence of previous success and/or established reputation for impacting social determinants related to diabetes prevention and/or control is to be included.
   Attach the project leader's curriculum vitae or resume and one-page biographical sketch.
   [Attach PDF, 2MB limit]
   [500 words or less]

2. Provide a narrative description of the intervention that your organization designed and/or developed. Describe how the intervention incorporates the use of a novel approach, technology, tool, or collaboration. In this description answer the questions listed in Section 5.2 of the RFP instructions.
   [1500 words or less]

3. Attach a report that describes the final results of the intervention. This can be a formal report, slide presentation, scientific publication or poster.
   [Attach PDF, 8MB limit]

4. Present data that illustrate a measurable improvement in the health and/or social determinants of health in a target population as a result of the intervention. Include answers to the questions listed in Section 5.4 of the RFP instructions.
   [500 words or less]

Appendix 10.4 Full Proposal Application Form (Step 2)

1889 Jefferson Center for Population Health
Award for Consultation & Training to Implement Innovative Diabetes Interventions

Full proposals will be accepted by **invitation only** and should be completed by a team that includes a national expert **and** a selected local community partner.

Scope of Work

1. Attach the logic model that encompasses the scope of work, including the intervention and its expected impact.
   [Attach Logic Model as PDF document]

2. Propose a plan for adapting the national expert's intervention to be implemented by local community partners in Cambria and Somerset Counties. Include answers to the questions listed in Section 6.2 of the RFP instructions.
   [1500 words or less]

3. Describe how the national expert would train community partners to implement the intervention and how they would consult with them through the process of implementation and evaluation. Include answers to the questions listed in Section 6.3 of the RFP instructions.
   [1000 words or less]

4. Based on evidence of your previous success, describe expected impacts on social determinants of health related to diabetes prevention and/or control resulting from the proposed health intervention. Explain your plan for training and consulting with community partners to collect outcome data and submit it to the Coordinating Center for evaluation. The explanation should include answers to the questions listed in Section 6.4 of the RFP instructions.
   [500 words or less]

[Optional attachment depicting outcome measurement tools or instruments]

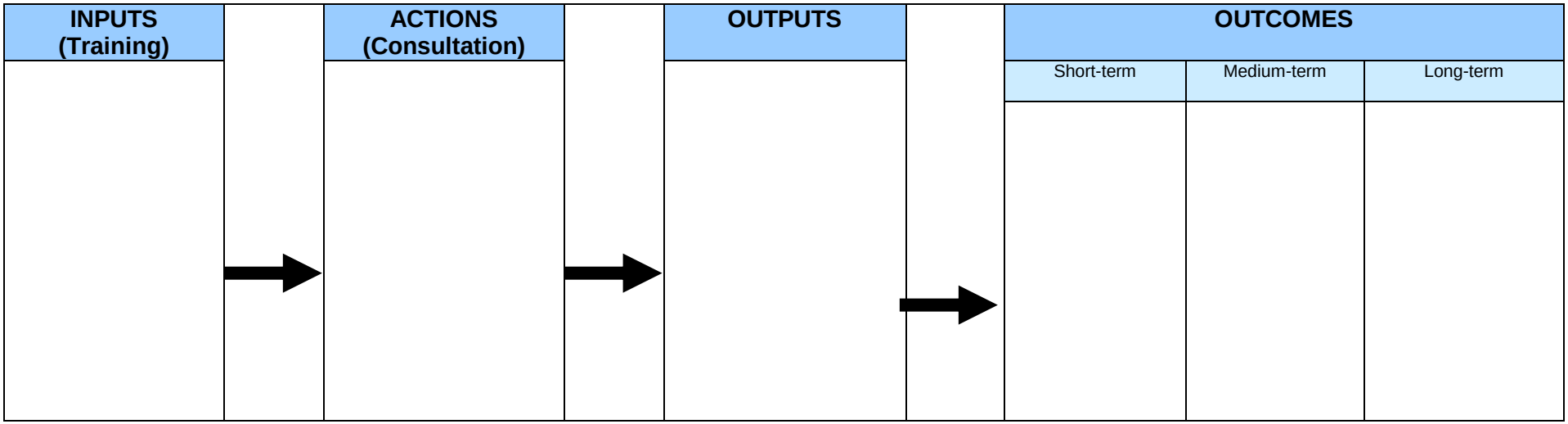
5. Describe how the intervention will be sustained beyond the funding period in the absence of future involvement with the national expert. Answer questions in Section 6.5.

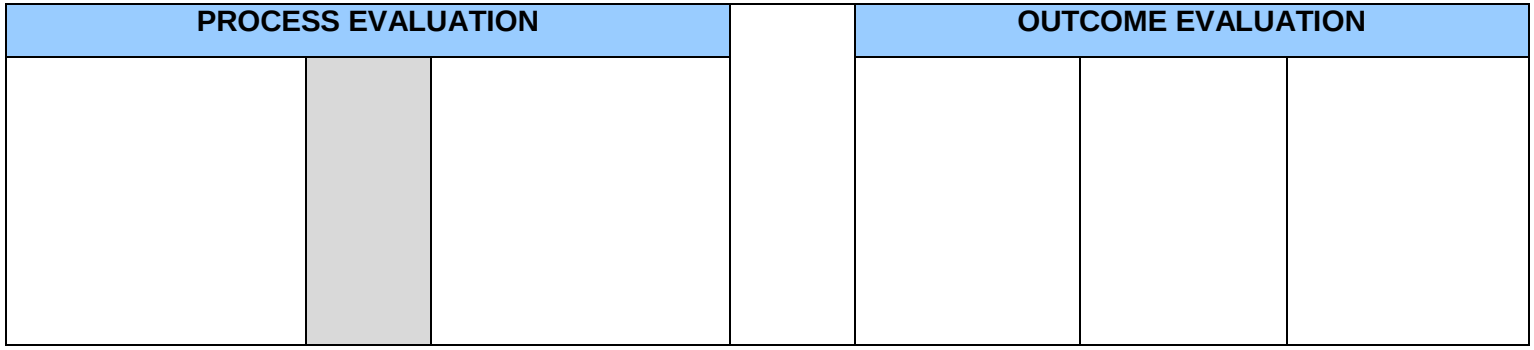
6. Provide a budget narrative and complete the budget spreadsheet template provided.
   [250 words or less]
   [Attach Budget spreadsheet]

Appendix 10.5 Logic Model Template

1889 Jefferson Center for Population Health

Award for Consultation & Training to Implement Innovative Diabetes Interventions





KEY

- Inputs – Training that will enable community partners to complete the actions that comprise the intervention
- Actions – Key activities that comprise the intervention and guidance to conduct such activities (includes developing protocols, troubleshooting, etc.)
- Outputs – Capacity the community and the community partners are expected to gain
- Outcomes – Measurable short, medium, and long-term results directly resulting from inputs and actions
- Process Evaluation – Assess actions and outputs
- Outcome Evaluation – Assess results

Appendix 10.6 Budget Template (may transfer table into excel and add details as needed)

1889 Jefferson Center for Population Health

Award for Consultation & Training to Implement Innovative Diabetes Interventions

Personnel National Partner	Base Salary	**Year 1**		**Year 2**		**Year 3**		**3 Year Total**
		Effort %	Annual Salary $	Effort %	Annual Salary $	Effort %	Annual Salary $	
Project lead								
Staff 1								
Staff 2								
Staff 3								
Staff 4								
Total fringe benefits								
Total Staffing Costs								
Materials/Supplies:		**Costs**		**Costs**		**Costs**		
Travel								
Other								
Total National Partner								

Personnel Local Partner		**Year 1**		**Year 2**		**Year 3**		
	Base Salary	Effort %	Annual Salary $	Effort %	Annual Salary $	Effort %	Annual Salary $	
Staff 1 (local lead)								
Staff 2								
Staff 3								
Total fringe benefits								
Total Staffing Costs								
Materials/Supplies:		**Costs**		**Costs**		**Costs**		
Other								
Indirect costs to local community partner (No more than 25% of operational budget)								
Total Local Partner								
TOTAL COSTS								