



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Request for Proposals

Implementation of the Chronic Disease Self-Management Program (CDSMP)

Funding opportunity announcement for
Federally Qualified Community Health Centers (FQCHC)

Applications due: October 30, 2009

**Offered by the
Mississippi State Department of Health
Office of Preventive Health
570 East Woodrow Wilson, Suite O-208
Jackson, MS 39215**

A Request for Proposal (RFP) to integrate the Chronic Disease Self Management Program (CDSMP) into Federally Qualified Community Health Centers (FQCHC) program delivery.

Funding will be awarded to seven FQCHC in the amount of \$3,500.00 for a six-month period. Projects will draw upon the respective strengths, expertise, and available resources of each FQCHC.

A. Introduction

In 2007, the Behavioral Risk Factor Surveillance System (BRFSS) revealed that 31% of adults in Mississippi 18 years and older have doctor diagnosed arthritis. Arthritis and related conditions are among the most common chronic conditions and are the leading cause of disability in the United States and in Mississippi.

In 2007, about 662,000 Mississippi adults were diagnosed with arthritis. The prevalence of arthritis among those with a co-morbidity condition is: diabetes (59% have arthritis), heart disease (69% have arthritis), hypertension (51% have arthritis). Approximately 294,000 adults had activity limitation due to arthritis or joint symptoms; which lead to limitations in work, recreation, home activities, and basic self-care.

B. Purpose

Mississippi State Department of Health (MSDH) proposes to integrate the CDSMP into other chronic disease and/or health promotion programs. FQCHC provides cost-effective, comprehensive primary and preventative health services. The CDSMP is for people with chronic conditions, such as arthritis, diabetes, heart disease, and asthma. The workshops are interactive, which helps people who have on-going health problems learn how to take control of their health. Many people with chronic conditions suffer fatigue, pain, anxiety, depression, and sleeping problems. This course teaches participants how to manage those symptoms and provides them with an opportunity to network with others that suffer from similar conditions.

The CDSMP was developed and tested at Stanford University. A randomized, controlled trial by the Patient Education Research Center at Stanford University School of Medicine led to the approval of this program as evidence based intervention. All components of the class have been medically approved. Leaders will be trained to teach the CDSMP in their respective communities and sites.

C. Eligible Applicants

Federally Qualified Community Health Centers in Mississippi are eligible to apply.

D. Availability of Funding

Approximately \$24,500.00 is available to fund seven FQCHC.

F. Project period

Awards will be made for a project period of six months beginning January 1, 2010 through June 30, 2010. Applicants will be notified of award decisions by November 10, 2009.

G. Use of Funds

Funds available under this announcement are to be used for cost associated with implementing CDSMP proposed project. Funds may be used for programmatic

costs that support the project activities, (class training materials, meeting room space at a nominal/reasonable rate, advertisements, travel, and refreshments). Any exceptions will be considered on a case-by-case base.

F. Minimum Application Requirements

- Application exceeding words and page limits will not be reviewed.
- Late applications will not be reviewed.
- Applications must be limited to 5 pages and typed in Times Roman Font, 12-point, double-spaced, with 1" margins on 8 ½ x 11 paper.

G. Submission Process

- An original and two copies should be mailed to:
MSDH-Office of Preventive Health
Arthritis Integration Dissemination Project-O 208
570 E Woodrow Wilson
Jackson, MS 39215
- A contact person must be identified on the cover sheet.
- Three letters of support must be signed and created on official letterhead (one letter of support must be from the FQCHC Executive Director), and from community partners.

Application must be mailed and/or postmarked to the attention of Sebrenia Robinson no later than 5:00 p.m. Friday, October 30, 2009. Late submissions will not be accepted or reviewed.

H. Technical Assistance

AIDP Coordinator, Sebrenia Robinson, will be available to answer questions regarding the application requirements and grantee responsibilities via email at Sebrenia.Robinson@msdh.state.ms.us or at 601-576-7781.

I. Program Implementation

FQCHC Responsibilities

- Must identify two people to be trained as leaders (CHC staff, community leaders and/or Peers).
- Must teach the training in pairs (requirement).
- Must identify leaders who can teach the CDSMP classes during the designated time period according to MPHCA license agreements.

Leaders responsibilities:

- Attend the 4 day consecutive required training (leaders must participate in all classroom training activities and complete all practice teaching exercises before becoming a certified leader).
- Commit to teaching a 6-week, 2 ½ hour class (according to MPHCA license agreements).
- Track and collect data for each class and submit results to MSDH (forms will be provided).

- Complete program evaluation (form will be provided).
- Recruit participants within the FQCHC with a chronic condition (arthritis, diabetes, heart disease, etc).
- Identify training location
- Notify MSDH-Arthritis Coordinator of date and time of classes.

J. Application Content

1. **Cover Page** (one page)

- a. Project title that includes the name of the intervention program CDSMP will be integrated.
- b. The objectives that will be addressed in the proposal (max 40 words).
- c. Contact name (s) and information (including e-mail address, phone number and fax).
- d. Total dollar amount requested for project implementation (maximum \$3,500.00).
- e. Abstract project description (max 120 words).
- f. Agreement to attend all required training and meetings sponsored by the MSDH-AIDP.

2. **Narrative Description** (max five double space pages, written in Times Roman, 12-point font, double-space font, with 1" margins)

a. **Background and Need**

- Document the need for the proposed project. Include appropriate data where available.
- Describe the challenges foreseen and opportunities in implementing the proposed project; including those related to infrastructure, collaboration, resources, etc.
- Describe how you plan to handle those challenges and responsibility.

b. **Partnerships and Proven Capacity**

- Describe previous experiences in implementing evidence-based chronic disease programs in an existing program (exercise program, outreach program, etc).
- Describe how the CDSMP will be implemented in an already existing program.
- Describe how the program will reach people with a chronic condition.
- Describe the process for recruiting the number of participants required for the class (10-16).
- Identify potential partners and their specific roles in implementing the CDSMP.

c. **Project Objectives and Work Plan** (6-months)

- State the objectives of the proposed project. Objectives should be specific, measurable, achievable, relevant, and time bound (SMART).

- Provide a detailed work plan that describes CDSMP activities and how it will be conducted (What?=activities; Who?=personnel, and When?=time frame) The six-month work plan should include:
 - Planning time
 - recruitment
 - advertisement
 - identifying training site location
 - ordering training material
 - conducting the classes
 - class evaluation
 - follow-ups with participants
 - data collection
 - preparing final reports
 - miscellaneous
- Estimate the projected number of participants that can/will be reached each class, and the projected number of classes to be taught.

d. Monitoring and Evaluation

- Describe how progress and achievement of objectives will be monitored and assessed, and who will monitor progress
- Describe how data will be collected, summarized, and reported to MSDH.

e. Personnel and Management Plan

Describe how the project will be managed include the following:

Staffing: Project leaders from the FQCHC, and their role with the CDSMP.

Management Plan: Provide a clear description of direct lines of reporting authority for project staff.

3. Appendices (5 page Maximum)

- a.** Budget and Narrative Justification (6-months)
Provide a detailed line-item budget for all operating expenses and a detailed narrative to accompany the line-item budget that clearly relates each expense to project activities.
- c.** Letters of Support (3)
Letters must specify role, expectations, and level of commitment. Must be signed and created on organization letterhead. One letter must be from the FQCHC Executive Director.

K. Application Evaluation Criterion

1. Background and Need (10 %): The extent to which the applying FQCHC addresses challenges and opportunities for integrating the CDSMP into existing program delivery system.

2. Partnerships and Proven Capacity (30%): The extent to which partners are identified and support will be given during the implementation and integration phase of implementing CDSMP in existing delivery systems.
3. Project Objectives and Work Plan (40%): The extent to which the work plan and timeline present evidence that the CDSMP activities will be implemented within the FQCHC delivery systems. The extent to which the work plan and time line includes efforts to ensure the retention and nurturing of existing sustainable delivery systems for program delivery. The extent of which the proposed project can be accomplished and that there is a clear connection between activities, objectives, and outcomes. The extent to which the proposal demonstrates a clear understanding of the components of project implementation.
4. Monitoring and Evaluation (10%): The degree to which the implementation of the program is likely to provide meaningful information about the achievement of the FQCHC program goals and objectives. Describe the steps of how the program will be evaluated.
5. Personnel and Management Plan (10%): The extent to which the personnel and management plan describes how the project will be administered.
6. Budget and Narrative Justification (not scored): The extent to which the proposed budget is consistent with this announcement and the work plan.

MSDH-Arthritis Integration Dissemination Project

Self-Management Education Intervention

Chronic Disease Self-Management Program

The Chronic Disease Self-Management Program is a 6-week, small-group intervention attended by people with different chronic conditions. It is taught by peer (leaders) instructors from highly structured manual. The program is based on self-efficacy theory and emphasizes problem solving, decision making, and confidence building. At one year, participants in the program experienced statistically significant improvements in health behaviors (exercise, cognitive symptom management, and communication with physicians), self-efficacy, and health status (fatigue, shortness of breath, pain, role function, depression, and health distress) and had fewer visits to the emergency department. There were slightly fewer outpatient visits to physicians and fewer days in hospital, but the differences were not statistically significant. Program costs were estimated to be about \$200.00 per participant. To implement this course, it is necessary for an organization to be licensed.

Reference:

Lorig, K. R. *et al.* (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization. *Medical Care*, 37 (1): 5-14. URL: www.1ww-medicalcare.com