

**Arkansas Diabetes Prevention and Control Program
Community Mobilization Grants
Due date-August 25, 2008**

I. Purpose

The Arkansas Diabetes Prevention and Control Section (DPCS) are funded by the Centers for Disease Control and Prevention (CDC) to reduce the burden of diabetes in Arkansas. DPCP is offering grants through a **sub-recipient agreement reimbursement process** to non-profit community-based entities focusing on community mobilization in conducting community grassroots diabetes activities.

II. Priority Focus Areas

Community Mobilization grants must be used for the organization of a coordinated community level response to:

- Create community collaborations/partnerships in order to improve access and quality of care for Arkansas residents living with diabetes
- Create, implement, and evaluate interventions that lead to pathways of sustainable system changes which help improve the quality of care for Arkansas residents living with diabetes
- Assist persons with diabetes to take charge of their conditions;
- Or assist persons at risk of diabetes to take steps to prevent the onset of diabetes

This can be accomplished through emphasizing public health and community organization, and using all or parts of the *Diabetes Today* curriculum as a platform upon which to build efforts. The Diabetes Section would encourage community coalitions to consider the specific environment in which they plan to work. For example, applicants would need to consider the cultural nuances of the community, meaning ethnic, linguistic, and socioeconomic diversity, as well as the community's view, as related to the availability of health care services and diabetes care. Moreover, the Diabetes Section encourages all counties that have never received or applied for funding (or haven't received or applied for funding within the last two years) to submit proposals for the 2008-2009 grant year.

III. Background

Diabetes has reached epidemic proportions in Arkansas. In 2007, 9.2% of the adult population had doctor diagnosed diabetes. The prevalence rate increased from 5.2% in 1995 to 9.2% in 2007. In addition, the disease remains undetected in a large proportion of individuals. Similar to other years, in 2007, the diabetes prevalence increased consistently with age 18-24(1.4%), 25-34(2.2%), 35-44(4.9%), 45-54(8.7%), 55-64(13.7%), >65(16.6%). The African Americans (8.9%) had slightly higher prevalence than whites (8.0%). Diabetes was the 8th leading cause of death in Arkansas in 2005. The age adjusted death rate among African Americans (51.9 per 100,000) was more than twice as high compared to

white (23.2 per 100,000). The total diabetes related cost in Arkansas was estimated to be \$1.5 billion per year. According to the 2005 hospital discharge data, there were 5,481 hospitalizations among people with diabetes in Arkansas. Eighty seven million dollars were spent on hospitalization costs alone for people with diabetes. Hospitalizations are commonly due to diabetes related complications like lower extremity amputations, ketoacidosis, and chronic end-stage renal disease.

At least some portions of 48 of Arkansas' 75 counties are designated as Medically Underserved Areas (MUAs). About 20% of Arkansas counties have fewer than 4 primary care physicians per 10,000 persons. As of May 2008, there were a total of 40 Diabetes Self-Management Education Programs in 29 counties, recognized by the American Diabetes Association. There are still 46 counties in Arkansas that do not have DSME program.

Primary and secondary prevention, education, and access are key to slowing down the unfolding diabetes epidemic. Identification of the risk factors among the population and secondary prevention measures are recommended for increased likelihood for awards granted. While some of the risk factors for diabetes, such as age, racial origin, and family history are not modifiable, other risk factors can be addressed. Some modifiable risk factors are presented below.

- Body weight – The primary risk factor influencing the prevalence of diabetes in Arkansas and the nation is obesity. Approximately one-fourth of the adults in Arkansas are obese.
- Physical Activity – Another risk factor influencing the prevalence of diabetes in Arkansas and the nation is physical inactivity. According to the 2007 BRFSS, 28% of the adult Arkansans are physically inactive compared to the 23 % nationwide.
- Nutrition – Proper nutrition along with exercise is important to prevent the onset of type II diabetes. However, the data shows that only 22% of the Arkansas adults consume the recommended five servings of fruits and vegetables on a daily basis.
- Tobacco – Scientific literature shows that smoking can cause more than one chronic disease conditions. Smoking can lead to diabetes related complications such as micro-vascular diseases. According to the 2007 BRFSS, about 22% of the adults Arkansans are current smokers. About 18% of those who have diagnosed diabetes are current smokers.

IV. Eligible Applicants - Applicants must be an Arkansas public or private non-profit organization that represents a community collaboration team of at least

three separately owned organizations or entities. Proof of an applicant's non-profit status must be included with the application.

V. Technical Assistance – In September 2008, applicants identified to receive funds through this announcement will be required to complete a 3-hour training. DPCP will facilitate access to National Diabetes Education Program (NDEP) awareness materials, such as *Diabetes Today*, Best Practices curriculum designed to assist communities in addressing diabetes prevention and education. **For questions, please call Khadijah Uqdah at 501-280-4187 and/or the of Arkansas Department of Health, Chronic Disease Office at 501-661-2964.**

The proposal must address the following:

- Provide a brief demographic description of the geographical targeted community.
- Hometown Health Improvement coalitions or Leadership Planning Groups exist in all counties. Provide history and past experience of collaboration with the group in your county. If proposing a new coalition, please provide a plan for collaborating with the existing group in your community. A copy of the proposal must be submitted to the Department of Health Local Hometown Health Team Leader (also known as the Local Health Unit Administrator) for the county targeted in your community at the time your proposal is submitted to DPCP. If you do not know who this person is for your county, you can visit www.healthyarkansas.com and click on "local health units" to find your specific county.
- Provide specific plans if conducting a community assessment of diabetes activities and services currently available.
- Identify the three separately owned entities, including the name, address, telephone number, and email of the entity's primary contact person.
- Identify other stakeholders with whom you envision collaborating.
- Explain how the activities, or a modification thereof, would take place.
- Give planning steps for mobilizing the community partners.
- Propose how the program will be coordinated
- Include the name, address, telephone number, and email of the person who will coordinate this project.
- A monthly record of activities conducted by the grant recipient submitted to the DPCS.

VI. Submission Information

Due Date: Must be received by 4: 30 p.m, **August 25, 2008.**

Or Mail an original and one (1) copy of your applications to:

Arkansas Department of Health
Attn: Khadijah Uqdah, Diabetes Section Chief
Diabetes Prevention and Control Section
4815 West Markham St. Mail slot # H 6

VII. Application Format Requirements

The entire application may not exceed 10 pages in length. This is inclusive of Form #1, program narrative, budget/justification, and appendices. Page numbers and the coalition name must appear on the bottom of every page submitted. This information must be typed. Please use Times New Roman or Arial. Font size must be at least 12 point and narrative may be double-spaced.

Application Contents and Order

The list below indicates all the items required for this application. Items should be submitted in the order below:

- 1) Form #1
 - completed, with appropriate signature Form #1 must be completed in its entirety. The authorizing official of the lead agency requesting the funds must sign Form #1.
 - The contact person listed must be the person knowledgeable about the application to provide additional information if needed.
- 2) Program Narrative – not to exceed 4 double spaced pages
- 3) Budget and Justification – not to exceed 2 pages
- 4) Proof of non-profit status
- 5) Appendices, if needed

Program Narrative

Introduction

In this section, include the following:

- A brief description of the applicant agency and the partners comprising the community coalition
- Coalition history and successes achieved

Needs Assessment

- A description of the geographic area and target population and its unmet health needs
- Identify how the needs of the target population were identified
- Data sources documenting need must be identified

Methodology

- Identify specific challenges your application proposes to improve
- Include a detailed description of how project will be carried out with goals/objectives (please make your objectives **SMART** [specific, measurable, attainable, realistic and time-bound]).

- Clearly identify specific Healthy People 2010 focus areas your project will address
- Provide a logical process documenting achievement of objectives and success of project

Budget and Justification

- Include an itemized budget of estimated costs, including a clear description of items and how they will be used to achieve the project’s intended outcomes
- Allowable items include, but are not limited to, postage, printing, advertising, in-state travel expenses (not related to conferences or the required training), meeting expenses, general office supplies, educational materials, and computer software.
- Approval will not be granted for categories listed as “other or “miscellaneous”. They should be able to use other or miscellaneous as long as they can justify what the item is and the purpose.

VIII. Funding Information – Approximately \$50,000 dollars is available to fund these projects. The individual maximum awarded will be under 10,000. The Diabetes Prevention and Control Section will award funding to comprehensive programs, and capacity-building programs (new applicants). Only one application may be submitted per community collaboration team. A tentative date for the project period to begin will be early October 2008. All project activities must be concluded by March 20, 2009.

Type of Award - Funds will be distributed through the Arkansas Department of Health sub-recipient agreement process. **This is a reimbursement process.** Reimbursement requests must be submitted to Department of Health by the 25th of the month for expenditures made during the previous month. No funds will be advanced. All project funds must be billed by March 23, 2009.

There are allowable funds are funds/expenses that will be reimbursed.

Allowable funds are:

- Content of designed and purchased educational materials
- Print and radio advertising (must be aligned with National Diabetes Education Program materials, educational billboard)
- Food for events

There are funds/expenses that will not be reimbursed.

Not allowed:

- Approval will not be granted for categories listed “other” or “miscellaneous”.
- Direct services (For example, funds cannot be used to purchase medications or testing supplies)
- Indirect cost of organization
- Salary/fringe;

- Out of state travel and expenses
- Or construction/renovation/purchase/improvement of buildings or land
- Membership fees to professional organizations
- Hardware-Computers, flat screen TV's

Proof of Non Profit Status

Evidence of lead applicant non-profit status must be included with the application. This will not count against the 10-page application limit.

IX. Application Review Information

Review Criteria and Selection Process

An independent panel will review the grant applications. The rating will be based on the scoring criteria listed below. Awards will be granted based on scoring and availability of funds.

Need – 30 points

The program narrative must identify the needs of the target population. Need is supported by current data and reflects support of local coalition or community partnership.

Project Description – 25 points

The project description clearly outlines a methodology through specific goals and measurable objectives. Information is included showing how the identified goals and objectives will directly impact the target population. The applicant indicates which focus areas and objectives of Healthy People 2010 will be furthered or enhanced through the project. It must also include a logical process for evaluating the achievement of the objectives and the success of the project.

Collaborative Support – 20 points

A collaborative effort, including a collaborative history, must be demonstrated and described in the narrative portion of the project description.

Budget and Justification – 25 points

The budget and justification must be clear and directly relate to the plan described in the narrative.

Total possible points – 100

X. Reporting Requirements

Two reports are required about the projects. The first two-paged report should be submitted mid-project cycle and is due December 15, 2008 the final two-page report is due March 29, 2009. All awardees will get notification of training.

