

REACH US ACTION COMMUNITY HAITIAN DIABETES INITIATIVE

LETTER OF INTEREST

Name of Lead Applicant Organization: _____

Contact Person: _____

Street Address: _____

City, Zip Code: _____

Telephone: _____

FaxL: _____

E-mail Address: _____

Please provide a brief description of your organization: _____

What category do you wish to address in your community?

_____ Media _____ Support Group _____ Walking/Exercise Club

Why is it important to address this area of need in your community?

Please return this form to Archange Polynice, CCHER REACH US Research Associate, 420 Washington Street, Dorchester, MA 02124

REQUEST FOR PROPOSALS

REACH US Action Community Haitian Diabetes Initiative

Narrative and Instructions

Funded by

Center for Disease Control and Prevention

&

Administered by

The Center for Community Health, Education
and Research Inc., (CCHER)

420 Washington Street, Dorchester

MA, 02124

September 2008

IMPORTANT DATES

Date

Activity

SEPTEMBER 3, 2008

Bidders Conference

This conference is your only chance to receive the RFP packet. It is mandatory and no other opportunity will be made available to you to learn about this process. The meeting will take place at the Center for Community Health, Education and Research, 420 Washington Street, Dorchester, MA 02124 from 6:00PM-8:00PM

SEPTEMBER 8, 2008

Letters of Intent Due

Applicants should Fax, mail or hand deliver letters of intent to arrive no later than 5:00PM To: CCHER 420 Washington Street, Dorchester, MA 02124

SEPTEMBER 24, 2008

Proposal Due

Proposal must be received by no later than 5PM at the above address. Applications received after the deadline will not be considered for funding.

SEPTEMBER 27, 2008

Written proposals are reviewed

Review committee make final decisions in closed session. (Not open to community)

September 30, 2008

Award Letters mailed from CCHER to agencies.

CONTRACT PERIOD: 12 MONTHS & STARTING OCTOBER 1, 2008

The mandatory Bidders Conference will be conducted in English and Haitian Creole. The RFP packet will be made available only at the bidder's conference. You must attend the conference as questions about the RFP will be answered at the conference only. CCHER is not responsible for late submissions nor will CCHER accept late application.

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Preface

This RFP process stands as a momentous occasion in the history of the Boston Area Haitian community. Energized with bold vision and courageous leadership, the community is poised ready to self-determine how it will coordinate a vital public health initiative. Made possible by the Centers for Disease Control and Prevention's (CDC) REACH US Haitian Diabetes Action Community Initiative and inspired by its guiding principles of community engagement, this project has the making for success in addressing diabetes, obesity, diet and exercise in the Haitian community.

Over a ten-month duration and with a concerted effort from community members and other stakeholders providing services to the Haitian community a steering committee of concerned participants drafted a blue print to address the unmet needs of Haitian people living with diabetes or at risk for developing types II diabetes .

This RFP provide tremendous opportunity to demonstrate and prove that the Haitian community if given proper resources has ability to tailor interventions that are culturally competent while addressing issues of diabetes, diet and exercise in the community.

With this in mind, hopefully, this RFP process and the projects emerging from it will inspire further new perspectives and ideas on community engagement building.

INTRODUCTION

This RFP packet is put together to make it as easy as possible to complete the application process

This RFR provides background information on the context of diabetes, diet and exercise within greater Boston Haitian community.

It contains the proposal preparation instructions, the checklist and cover sheet and scoring information and the question to be addressed in every section of the proposal. The attachments include the proposal review questions and scoring for each question for reviewers to use and a business profile, which must be filled out completely and returned with proposal.

As you read through this document, you will find several forms that required your attention. Fill out these forms completely and submit them in your proposal. In order for you proposal to be reviewed, you must complete and submit the Cover Sheet, the Budget Forms, and the Organizational chart

Pay close attention to all the forms and be thoughtful in your approach when completing them.

Contract will cover the period from October 1, 2008 through September 30, 2009. Request for proposal for cycle of funding will depend on three condition: (1) Continued funding by the centers for Disease Control and prevention, (2). An overall rating of satisfactory earned by REACH US project and, (3). Subcontractors meeting all of the expectations spelled out and agreed upon in their specific contract agreement with CCHER.

BACKGROUND AND OBJECTIVES

Diabetes is the six leading cause of death in the US (CDC, 2005) and is documented as a major cause of death in the larger black population. Nationwide, black Americans are disproportionately affected by diabetes. In 2004, the age-adjusted prevalence rate of diabetes for black males was 1.5 times that of white males (7.6, 5.1 per 100, respectively). Black women have the highest prevalence rate of diabetes, which is 1.8 times that of white women (7.8, 4.3 per 100, respectively). It is estimated that one-third of people who have diabetes are not aware that they have the disease.

In Massachusetts, mortality rates and complications are not reported specifically for Haitians; all such data are categorized under black. With no access to quality data, it is difficult to know exactly the burden of diabetes in the US Haitian community. However, with the work of Massachusetts Department of Public and statewide diabetes coalition, epidemiological strategies are currently exploring to document the burden of diabetes in our local Haitian community.

Meanwhile due to lack of adequate data on Haitian populations, many Haitians and non-Haitian providers are building local capacity to seek for such information. To begin with, funding support from Annie E. Casey Foundation was critical in helping CCHER in collaboration with Hyde Park Health Associates to conduct a small pilot study for 24 people on diabetes and obesity for Haitian men and women living with type II diabetes or people at risk of developing Diabetes. Based on preliminary data collected, 70.83% have a family member living with diabetes, 62.50% are very concerned about the disease, 45.83% rarely exercise, and 62.50% reported lack of motivation as a barrier to exercise. Through the life of the study, participants move from being inactive to very active, somewhat active and a little bit active. 60% of the participants had lost some weight, 70% of the participants had their LDL decreased, and 75% of the participants had their HA1C improved.

Additionally, the Health of Boston Report 2006 prepared by the Boston Public Health Commission indicated that the neighborhoods with the highest percentage of diabetes are Dorchester/Mattapan (6.4%), followed by West Roxbury, Roslindale/Hyde Park (4.8%), and South End/Jamaica Plain/Roxbury (4.2%). To further justify the impact of diabetes, Community Survey conducted by CCHER both in 2002 and 2007, 91% of Haitian participants who identified with Diabetes in the surveys reside in these above neighborhoods.

In 2002, in a survey of 2,719 Haitian households in Massachusetts, 26% of the respondents stated that Diabetes is the most serious disease in the Haitian community (second to HIV/AIDS,

31%). Under CCHER, the metro-Boston Haitian REACH 2010 coalition recently repeated the community survey, interviewing 1,032 Haitian households. In preliminary analysis of this data, 21.9 percent of the respondents stated that diabetes was the most important health concern of the Haitian community. The proximity of diabetes in Haitian families is manifested on the church communities with a lot of cases of diabetes among the old and not so old parishioners.

Recently, conducted Needs Assessment by CCHER in August 2008 with 54 patients living with diabetes, preliminary findings indicated that the majority of people living with diabetes have suffered not only from a physical health problem but from emotional and psychological as well. 72.2 percent of the participants interviewed have never seen a specialist for professional psychological support. Numerous studies have identified the importance of integrating and addressing the mental health need of patients diagnosed with diabetes. Ludman and others have shown that depression has been associated with increased chronic diseases and as well how Depression has been associated with both development of diabetes and symptom exacerbation (Ludman E et al 2004; Musselman D et al 2003; Everson-Rose S et al 2004; Brown L et al 2005).

The Needs Assessment has also revealed as well that 25% were not given personal advice about physical activity. In 2002, the National Institute of Health (NIH) - the Diabetes Prevention Program announced the results of a large clinical on Diabetes. The trial indicated that at least 10 million Americans at high risk for type 2 diabetes would be able to reduce their level of risk by 58% through diet and exercise. Those who achieved this reduction had engaged in walking or other moderate-intensity exercise for 30 minutes each day and reduced their body weight by 5% to 7% — a 5% weight loss yielding a nearly 60% reduction in risk for diabetes! (www.niddk.nih.gov/welcome/releases/8_8_01.htm. Accessed February 1, 2002). Now with what we know about walking and moderate exercise, it is important that we offer this information to the Haitian diabetics and for medical providers to integrate this information in their overall diabetes management plan.

The above information reflects the need to further study this population. In addition, to identify specific prevention and intervention activities that is culturally appropriate for this target population. Furthermore, there is a need to pair and integrate “aggressive clinical interventions with equally community-based actions fundamental to broad lifestyles changes” (J. Michael McGinnis, American Journal of Preventive Med 2002).

GOALS OF THE RFP

The REACH US Action Community Haitian Diabetes Initiative Grant administered by the Center for Community health Education and Research (CCHER) seeks to support evidence-based prevention education projects designed to increase awareness about diabetes and obesity in the Haitian community, increase screening and early detection of type II diabetes, delay or prevent the onset of diabetes through diet and exercise, improve the overall quality of life of individuals living with diabetes including reducing emotional and psychosocial stressors related to the disease, impact on the community and system change using radio and television targeting the community at large, disseminate and publishing findings.

AVAILABLE FUNDS

Based on projections, CCHER will set aside some money for preventive education and prevention education programs for twelve (12) month period beginning October 01, 2008 and ending September 30, 2009.

The actual number of award recipients is four (4). Strong consideration will favor those organizations that markedly demonstrate cultural and technical competencies as well as capacity to create mutual beneficial collaboration targeting the needs of the Haitian community

CCHER encourages preventive and prevention education services that include any program designed to increase knowledge about diabetes, obesity, fitness and nutrition, promote behavior change, build skills, increase self-efficacy, and /or address the personal attitudes and beliefs of the Haitian population affected by diabetes and obesity. Additionally, programs tailored around group activities that address psychosocial and emotional well-being of individuals with diabetes or at risk of developing type II diabetes.

CCHER is responsible for all pre- and post-award activities associates with this RFP process including: communications with all applicants agencies, monitoring all funded projects and developing evaluation standards and reports to assess the impact of the prevention/education projects.

SCOPE OF SERVICES

Contractual Services for addressing Unmet Needs

Goals I: Develop a comprehensive multi-level prevention initiative to reduce diabetes disparities in the Boston Haitian community.

\$ 5,000.00-10,000.00

I. Preventive and Prevention Education on diabetes and management via radio, television, and other promotional media

Objective: By September 2009, work with CCHER in designing messages on diabetes prevention and self-care for both radio and cable television. Work with existing community-based media network/organization to develop strong linkages with the larger Haitian community to complete a continuum of prevention and education activities, including diabetes treatment, mental health, nutrition/diet and exercise services for Haitian diabetics and at risk Haitian population.

Ideas for Developing the Proposal:

The following section lists some examples of activities that can be supported under the Program.

- A.** Develop and conduct training with CCHER to increase community medias' knowledge about diabetes and its complications as how to develop a media plan on how to present diabetes issues to the general public
- B.** Serve as a resource and/or mentor to increase identified media' capability to identify diabetes related information. This may include increasing their ability to utilize computer and Internet technology.
- C.** Convene forums with CCHER for the general public to identify and to report on collective approaches to addressing diabetes, such as increased participation on group support; diet and nutrition; walk and physical exercise activities.
- D.** Develop and Design with CCHER (i.e. PSA and video clips) effective, cultural appropriate health messages on diabetes for the media and organizations designing for prevention and outreach programs.

Note: The above does not represent an exhaustive list of activities. There are just examples.

Under this category, CCHER will fund one (1) to two (2) project and will encourage collaborating partners to maximize the availability of fund and fostering media collaboration. Funding organization (s) or faith-based organization (s) will aired prevention message on diabetes for 11 consecutive months

If applicant is considering a collaborating effort with different media partners, one organization must serve as the lead agency for the project and will be responsible for all contract arrangements and programs with CCHER. The Applicant may not submit more than one proposal to this program.

Finally, as a requirement, all grantees including collaborating partners under this category are required to attend 4-6 days training on diabetes and its implication prior to implement their media funding activities. CCHER with funding organization (s) will work on a time schedule when to begin training.

\$5,000.00-10,000.00

II. Systems change: Create infrastructure to address Diabetes/ mental health issues among Haitian diabetics including mental beliefs, attitude and norms.

Objective: Conduct monthly support group for a minimum of 5 people living with diabetes per month in need of counseling. Under this category, funding organization (s) will work with CCHER to develop a basic model or tool that enables Haitian diabetics addressing their psychosocial needs and reducing their anxiety and depression. Service or group activities must be conducted at CCHER.

\$5,000.00-10,000.00

III. Promote Exercise habits through health education and revised Fitness.

Objective: Organize walking or exercise clubs for at least 50 members in the three main Haitian communities. Under this category, funding organization (s) will work with CCHER to identify best practices and specific strategies more particularly to help Haitian diabetics and at risk members of the community to engage in exercise or walking.

ALL AGENCIES APPLYING FOR FUNDS MUST:

Clearly explain what unmet needs will be addressed

Describe the gap in service the project will fill

Demonstrate a commitment to help meet the needs described

Use epidemiological data and/or other information of the target group

Develop program activities that are consistent with the goals and objectives of the grant

AGENCIES THAT ARE FUNDED WILL BE ELIGIBLE TO RECEIVE FUNDS FOR 12 MONTHS UNDER THE FOLLOWING CONDITIONS

Timely activities which demonstrates an ability to achieve objective, and;

The availability of funds

Eligibility

Appropriately certified (501) (c) (3) not-for profit, for profit agencies and faith-based organizations in the greater of Boston and surrounding communities

REMEMBER: AWARD DECISIONS ARE FINAL AND MAY NOT APPEAL

CONTRACT RULES

The contract period is from October 1, 2008 until September 2009

Funds cannot be used to substitute or replace local, state or federal dollars

Funds cannot be used to buy or improve land, temporarily or permanently improve buildings

No change in the project is allowed without prior written consent from Project Director Joel Piton MD, M.E.D.

Project must fully comply with all reporting requirement instituted

Failure to satisfactorily begin the project in the time allotted will result in automatic forfeiture.

PROPOSAL PREPARATION INSTRUCTIONS

In writing the proposal, clearly answer the questions that are asked. Chances are, if you are not clear about what you are saying, the review committee will misinterpret what you wrote as well and that may spell disaster. Remember your answer should be short and on point.

Do not submit a proposal with spelling and grammatical errors. Have someone else proofread it before it is submitted

Do not hand writing proposal! Keep the proposal short and no more than 10 pages in length. Double spacing and 12-point font and one-inch margins. This does not include charts, graphs and attachments that can be placed in the appendix.

Use the proposal CHECKOFF LIST as a way of staying on target and follow the sequence.

Do not bind the proposal. **Staple the upper left corner only**

Make certain that you prepare and submit one (1) signed original version with at least (3) copies and that each copy is completed with all the supportive documentation. The original will be kept on file.

Deliver your proposal **ON-TIME**. CCHER will not, under any circumstances, accept late submissions

The deadline is: September 24, 2008 at 5:00PM

Joel Piton/REACH US Action Community Project Director

CCHER

420 Washington Street

Dorchester, MA 02124

PROPOSAL SCORING

Proposal will be evaluated on the basis of the quality of the proposal submitted, demonstrated commitment to the service population in the project Area, and evidence of the ability to efficiently implement the proposed program.

Each section of the proposal narrative has been assigned. A score value (100 point total) which represents the maximum score that a section can receive

A/B. Cover Sheet and Program Summary-5 point

C. Applicant background and qualifications-20 points

D. Project Justification-20 points

E. Goals and Objectives and workplan-25 points

F. Project performance outcome Measures-10 points

G. Future Plans or “Is this project sustainable in light of funding ending”-5 points

H. Budget and Budget Justification-10 points

I. Discretionary points-5 points

PROPOSAL CHECKLIST

APPLICATION AND ATTACHMENTS

CHECKLIST

----- Cover Page

_____ Program Narrative

_____ Applicant Qualifications

_____ Project Justification

_____ Project Evaluation Plan

_____ Future Plans

_____ Budget Forms

_____ Budget Explanation

The signed original plus the three (3) copies must include all of the above and the following appendices (3 sets of appendices to accompany the three copies. One (1) set to accompany the original grant proposal

APPENDICES

_____ Verification of 501 (C). (3). Status or related business

_____ The most recent annual operating budget or most recent financial statement

_____ Board of Directors List (if applicable)

_____ Organizational Chart (if applicable)

_____ Job Description and resume(s) for positions supported by this proposal

Signature

Date

COVER PAGE

Applicant Information

Name of Lead Applicant Organization: _____

Street Address: _____

City, Zip Code: _____

Telephone: _____

Fax: _____

Executive Director (if applicable): _____

Amount requested in this proposal: \$ _____

Authorized Contract/Grant Signature _____

Person (title) for the agency: _____

Program reporting contact: _____

Fiscal contact: _____

Authorized Signature _____

Title _____ Date _____

FUNDING CRITERIA

A/B. COVER PAGE AND PROGRAM NARRATIVE 5 POINTS

Provide your agency's mission statement. Define your community, describing the community's greatest strengths and most significant challenges, major gap between community needs and available resources

C. APPLICANT BACKGROUND & QUALIFICATION 20 POINTS

Briefly describe your agency previous experience in providing diabetes and obesity preventive and prevention education programs. Describe your agency's previous experience in mobilizing community partnerships and action to identify and solve health problems. Describe the key people who will work directly on this project. Demonstrate their ability to implement the project and specify the amount of time they will work on the proposed project. Attach relevant job description and resumes in the appendices.

D. PROJECT JUSTIFICATION 20 POINTS

Describe the target population to be served. Include all relevant demographic and statistical data. Describe the condition directly affecting the target populations in this program that the proposed program seeks to address, including the asset or resources on which the program is built. Describe how your agency will address the conditions stated above and the associated costs. Describe how the strategies will result in better outcomes for program participants and the community. How will your agency build the capacity of the target population to address their own needs? How will your agency involve the target population in program decisions?

E. GOALS /OBJECTIVES AND WORKPLAN 25 POINTS

What are the primary desired outcomes or benefit for program participants? How will this program dedicated its resources to accomplish its goals? Describe the direct products of the program activities (i.e. number of class to be taught, number of referrals for counseling, number of radio or television shows, number of support group conducted).

WORKPLAN: In this section the reviewers will rate how well the agency developed a reasonable project plan and outcomes.

F. PROJECT PERFORMANCE OUTCOME MEASURES 10 POINTS

In this section you will explain how you intend to work with CCHER in term of data collection for the project, mechanisms and strategies you will put in place to ensure date are collected in timely fashion and provide the medium and support to collect the data properly.

G. FUTURE PLANS 5 POINTS

What are your plans to access other resources to complement enhance and sustain your program if you receive a grant from the project and after the grant period has ended?

The continuation of this CDC-funded grant is contingent on sustained funding by an act of Congress and by the overall performance of the project and your continued eligibility to submit another RFP next year is primarily dependent upon your satisfactory performance for this project

H. BUDGET AND BUDGET JUSTIFICATION 10 POINT

In this section we will look for reason. In other words, can you accomplish what you proposed with the funds requested and is it worth taking the risk.

I. DISCRETIONARY POINTS 5 POINTS

In this area reviewers are allowed to take into consideration the design of the program, its collaborations, and the organization of the grant proposal, any innovative program ideas or any of the issues mentioned on the proposal scoring sheet.

H. BUDGET AND BUGET JUSTIFICATION INSTRUCTIONS 10 POINTS

1. The proposed budget covers a twelve **(12)** month period
2. The number in the **Full Time Equivalent (FTE)** column represents the percentage (%) of time expressed in decimal (e.g., .75 or 1.00) that the position is paid by CCHER funding
3. The number in the **Months** column represents the number of months the position will be occupied in a twelve-month budget period
4. The **Annual Salary X the FTE X Months=** the Requested Salary
5. Round to the nearest dollar when completing the budget
6. Each personnel and expenses line item (including fringe and indirect) must be explained on the **BUDGET JUSTIFICATION PAGE. (see next page for example)**

PERSONNEL

Name	Title	FTE Salary	%Time on Project	Salary requested	Fringe benefits	Total
Subtotal Personnel						

EXPENSES

Category		
Training		
Supplies		
Telephone		
Postage		
Travel		
Subtotal Personnel		
Subtotal expenses		
Total	Not to exceed \$10,000.00	

PROPOSAL REVIEW QUESTIONS

A. Cover Sheet

B. PROGRAM Summary (maximum of 5 points)

How well does the agency describe its overall mission, its commitment to and level of current programming in community, its organizational philosophy of and participation in community-engagement building process and its general understanding of the problems of which it seeks to address?

1 **2** **3** **4** **5** Subtotal of points awarded for this section _____

Comments:

C. APPLICANT BACKGROUND & QUALIFICATION (maximum of 20 points)

1. How well does the agency describe its previous experience in providing diabetes and obesity preventive and prevention education programs?

1 **2** **3** **4** **5** **6**

2. How well does the agency describe its previous experience in mobilizing community partnerships and action to identify and solve health problems?

1 **2** **3** **4** **5** **6**

3. How well does the agency describe key people who will work directly on this project?

1 **2** **3** **4**

4. How well does the agency demonstrate its ability to implement the project and specify the amount of time they will work on the proposed project?

1 **2** **3** **4**

Subtotal of points awarded for this section _____

Comments:

D. PROJECT JUSTIFICATION (maximum of 20 points)

1. How well does the agency describe the target population to be served, including all relevant demographic and statistical data? How well it describes the condition directly affecting the target populations in this program that the proposed program seeks to address, including the asset or resources on which the program is built?

1 2 3 4 5 6 7

2. How well does the agency describe how it will address the conditions stated above and the associated costs? Describe how the strategies will result in better outcomes for program participants and the community?

1 2 3 4 5 6 7

3. How will your agency build the capacity of the target population to address their own needs?

1 2 3

4. How well does the agency describe how it will involve the target population in program decisions?

1 2 3

Subtotal of points awarded for this section_____

Comments

E. GOALS /OBJECTIVES AND WORKPLAN (maximum of 25 points)

1. Does the proposal include an overall goal and quantifiable objectives that are balanced, consistent and connected in the project justification?

1 2 3 4 5 6 7 8 9 10

2. Does the applicant give a clear strategy to be used including the goals and nature of the interaction with the population?

1 2 3 4 5 6 7 8 9 10

3. Does the applicant include a detailed workplan with charts indicating what activities will be conducted, when they will be conducted?

1 2 3 4 5

Subtotal of points for this section _____

Comments:

F. PROJECT PERFORMANCE OUTCOME MEASURES (maximum of 10 points)

1. Does the applicant describe appropriate program outcomes?

1 2 3 4 5

2. Does the applicant satisfactorily describe a plan to work with CCHER in term of data collection for the project, mechanisms and strategies you will put in place to ensure data are collected in timely fashion and provide the medium and support to collect the data properly to collect and evaluate program assessment data?

1 2 3 4 5

Subtotal of points awarded in this section _____

Comments:

G. FUTURE PLANS (maximum of 5 points)

1. Evaluate the applicant’s plan to obtain additional funding to complement, enhance and sustain the project.

1 2 3 4 5

Subtotal of points awarded for this section _____

Comments:

H. BUDGET AND BUDGET JUSTIFICATION 10 POINT

1. Is the funding request a reasonable amount to accomplish what is described in this proposal?

1 2 3 4 5

2. Rate how effectively the proposed program would use the funds of REACH US Action Community Haitian Diabetes Initiative?

1 2 3 4 5

Subtotal of points awarded for this section

Comments:

I. DISCRETIONARY POINTS (maximum of 5 points)

1. In this area reviewers may award up to five points to a well organized grant proposal, innovative ideas or any other issue cited in the proposal scoring sheet.

1 2 3 4 5

Subtotal of points awarded in this section

Comments: