

RFP Scope of Work

Community-based Diabetes Self-Management Education

Introduction:

Diabetes is a significant health issue in Travis County. Analysis of Travis County data from the Behavioral Risk Factor Surveillance System (BRFSS) shows the prevalence of self-reported diabetes among adults to be 8.1% for Travis County¹. Significant racial and ethnic disparities exist in both diabetes prevalence and diabetes mortality. Self-reported prevalence of diabetes among African Americans is 18.2%. Self-reported prevalence of diabetes among Hispanics is 10.8%. The age-adjusted diabetes mortality rate in 2013 for Travis County was 16 deaths per 100,000 people, however the mortality rates for African Americans were considerably higher.

Community Health Workers (CHWs) are important to reducing barriers to chronic disease management. According to the American Diabetes Association, even with access to health care, there may be multiple individual and community barriers to the adequate self-care of chronic diseases. People may lack transportation to attend regular clinic visits, have unstable work or home situations, or lack knowledge of available resources. Studies suggest that community health workers can help overcome these barriers by developing trusting, close relationships with the people they serve. Indeed, community health worker programs have improved health care access, prenatal care, pregnancy and birth outcomes, health status, and health related behaviors among participants in the programs. Community health workers educate their peers, encourage them, and help them effectively use and navigate community and health resources. CHWs improve the quality of life of the patients they serve and are particularly helpful in vulnerable populations, such as the elderly. There is also evidence that community health care workers reduce health care costs.²

Purpose:

Austin/Travis County Health and Human Services Department (ATCHHSD) has received approval of a project to expand community based diabetes education through the CHW model. This project is part of the Delivery System Reform Incentive Payment (DSRIP) funding from the Centers for Medicare and Medicaid Services to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness. ATCHHSD is participating in Regional Healthcare Partnership 7, led by Central Health, the coordinating body for all DSRIP projects in Region 7. The approved target population as outlined in the grant is the African American and Hispanics with Diabetes Type 2. Efforts will additionally target Medicaid eligible persons and individuals who are medically indigent within the target population. Additional information about this project can be found on pages 439-449 of this document: <http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/RHP7Plan.pdf> Between March 2013 and October 1st, 2013, ATCHHSD developed a pilot project for delivery of diabetes self-management education led by CHWs utilizing the Diabetes Empowerment Education Program (DEEP) curriculum. The curriculum was created by the Midwest Latino Health Research, Training and Policy Center. Evaluation tools were also created during the pilot

¹ BRFSS 2008-2010

² Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, Van Wyk B, Bosch-Capblanch X, Patrick M: Lay health workers in primary and community health care [Review]. Cochrane Database Syst RevCD004015 , 2005

period. The project is designed to improve diabetes-related quality of life for individuals who participate by creating social support, increasing knowledge and positive behaviors related to diabetes self-care. ATCHHSD has fully implemented the program, and the purpose of this Solicitation is to procure services in order to meet the following goals:

- 1) Increase the number of community health workers and community-based organizations in the African American and Hispanic community that provide culturally appropriate diabetes self-management education.
- 2) Increase the number of diabetes self-management education (DSME) classes offered by CHWs in Travis County in community locations.
- 3) Increase the number of Spanish-speaking Hispanic individuals with type 2 diabetes who receive high quality DSME education by certified CHWs in Travis County.
- 4) Improve the quality of life for individuals who participate in the DSME classes through evaluation using a standardized diabetes-related quality of life measurement tool.

1.0 Budget

Proposal for the project focusing on the Hispanic Community will be awarded up to \$22,000. Proposal for the project focusing on the African American Community will be awarded up to \$47,000 for a total estimated annual contract amount of \$69,000. The grant period is from November 1st, 2016 to September 30th, 2017 with the possibility of five additional renewal years of level funding.

Award of funding is dependent upon receipt of DSRIP incentive payments from the Center for Medicare and Medicaid Services (CMS).

2.0 Eligible Respondents

Eligible respondents are non-profit organizations with tax exempt status.

Respondents must have a physical business address in Travis County.

3.0 Contractor Qualifications

Eligible respondent non-profit organizations must have extensive experience working with the Spanish-speaking Hispanic Community and the African American Community. Educators must be certified community health workers as well as certified in Diabetes Empowerment Education Program (DEEP). Documentation of certification will be submitted to ATCHHSD.

4.0 Contractor Responsibilities

Due to racial/ethnic disparities in diabetes prevalence and diabetes mortality in Travis County, the target population for this solicitation is African American and/or Spanish-speaking Hispanic individuals over the age of 18 years with type 2 diabetes. In addition, the individuals reached should be medically indigent, or have Medicaid or be Medicaid eligible.

4.1 The Contractor shall deliver the following **minimum level of services** for the contract/grant requirements:

4.1.1. Maintain current Community Health Worker certification for all educators who will be delivering DSME. Documentation of certification must be submitted to ATCHHSD.

4.1.2. Maintain current DEEP Certification for all educators who will be delivering DSME. Documentation of certification must be submitted to ATCHHSD.

- 4.1.3. CHWs operating under ATCHHSD's DEEP License must use DEEP curriculum and related materials for ATCHHSD classes only.
- 4.1.4. Projects focused on the Hispanic Community will deliver a minimum of 7 series of DSME classes. Projects focused on the African American Community will deliver a minimum of 10 series of DSME classes. Projects will use the DEEP curriculum during the contract period of November 1st, 2016 to September 30th, 2017.
- 4.1.5. Contractor is responsible for all aspects and associated costs of DSME class coordination, site selection and securing site location, marketing, screening of participants to determine eligibility, and delivery of education services.
- 4.1.6. Each series must consist of at least 6 classes delivered (one class per week for six weeks). All six classes should take place at the same day, time, and location for the entire six weeks of the series. Each class must be a minimum of 90 minutes long; Classes must utilize the 6 class session DEEP outline created by ATCHHSD and will be provided to contractor.
- 4.1.7. Contractors must make a good faith effort to have a minimum retention rate of 70%, meaning that a minimum of 70% of participants that start a class series complete the class series.
- 4.1.8. The different class series should take place in a variety of community-based locations (such as schools, churches, neighborhood centers, correctional facilities, transitional centers, clinics, etc.).
- 4.1.9. Classes must be available at the times needed by participants, including evening classes and weekend classes as needed.
- 4.1.10. Each class series must have a minimum of 6 participants living with type 2 diabetes. Caregivers of people living with type 2 diabetes are eligible to participate in the class however they will not be counted towards the 6 participant minimum. Projects focused in the Hispanic Community will reach a minimum of 42 participants with type 2 diabetes. Projects focused on the African American Community will reach a minimum of 60 participants with type 2 diabetes.
- 4.1.11. Contractor must focus on reaching Medicaid and low income underinsured.
- 4.1.12. Class participants must utilize the evaluation forms created by ATCHHSD. At a minimum, classes will be evaluated using a standardized form at the first class (pretest) and the final class (posttest) of each series. Weekly satisfaction surveys and action plans will be completed by class participants. All participants must sign in at each class using a sign-in sheet
- 4.1.13. All CHWs providing DSME education must participate in monthly learning sessions with ATCHHSD staff for training, quality improvement, and data management purposes. The date and time of these monthly meetings will be selected upon contract award.

- 4.1.14 . Respondent must allow attendance by ATCHHSD staff at classes as needed in order to monitor program quality.
- 4.1.15 . All promotional materials for classes must contain language that the project is funded by the Austin/Travis County Health and Human Services Department 1115 Waiver Project.
- 4.1.16. Classes taught in Spanish targeted towards the Hispanic community must first be approved by ATCHHSD staff. To avoid duplication, classes taught in Spanish are preferably in clinical settings. Currently, ATCHHSD is focusing in schools and community centers within the Hispanic Community.

5.0 Reporting

Contractor must be willing to submit a Monthly Performance Measure Report, Payment Request and Expenditure Report by the 10th day of the month using templates provided by ATCHHSD. In addition, as backup documentation for expenditures reported, contractors must submit a report generated from their financial system. Payment request will not be approved if the Monthly Performance Measure Report for that month has not been received or is incomplete as determined by ATCHHSD. Contractor shall be willing to submit such other reports as may be reasonably required by the City to document performance as well as work with ATCHHSD Program Coordinator to set an on-site meeting at the beginning of the grant period and at any other time deemed necessary by contractor or ATCHHSD. Upon receipt and approval by the City of each Payment Request and Monthly Expenditure Report, the City shall process payment of an amount equal to City's payment obligations, subject to deduction for any unallowable costs.