



Minneapolis Health Department Request for Proposals SHIP Healthcare January 2014

Summary

The Statewide Health Improvement Program (SHIP) of the Minneapolis Health Department (MHD) is requesting proposals from safety net clinics, pediatric clinics, and primary care clinics to develop and implement a comprehensive approach for the prevention and treatment of childhood obesity, and/or adult obesity, and/or tobacco cessation. Three to five projects will be funded for a period of 18 months beginning March 15, 2014.

As part of this healthcare approach, the Minneapolis Health Department will support the selected clinics with ongoing technical assistance and training opportunities (best practices, process improvement, motivational interviewing, billing, etc.). In addition the Minneapolis Health Department will work to increase awareness of and accessibility of community resources for healthy living.

Background and Purpose

In Minnesota, obesity and tobacco use and exposure are two of the leading risk factors for death. Two out of every three Minnesotans are overweight or obese—caused by insufficient physical activity and unhealthy eating—increasing risk for heart disease and diabetes, among other chronic illnesses. Alarming, 13 percent of children 2-5 years of age enrolled in the Supplemental Nutrition Program for Women, Infants and Children (WIC) were obese. Meanwhile, over one in six Minnesotans still smoke, leading to cancer, heart disease and more. Minnesota's Statewide Health Improvement Program (SHIP) is designed to help create good health by decreasing obesity and reducing the number of people who use tobacco through improved policies, systems and environments.

Over the past two years, the Minneapolis Health Department's SHIP program has worked with clinics to implement process improvements that include:

- Screening and documenting Body Mass Index (BMI) and tobacco use.
- Providing counseling and referrals for obesity or tobacco use.
- Partnering with patients to set lifestyle improvement goals.
- Developing or enhancing a follow-up system.
- Integrating these process improvements into the clinic's electronic health records (EHR).
- Billing for services related to these strategies (e.g., counseling, nutrition education, follow-up care) with existing codes.

In this next phase of SHIP work, the Minneapolis Health Department is encouraging clinics to build on their successful process improvement efforts to offer a more comprehensive approach to obesity and/or tobacco cessation.

Funding

The overall funding for the SHIP Healthcare Grants is \$40,000. Based on the limited funding, the maximum award amount will be \$15,000 for an 18 month project period. The Minneapolis Health Department expects to award approximately 3 to 5 grants. Clinics that implement one of the three approaches are eligible for up to \$10,000. Clinics that implement two or more approaches are eligible for up to \$15,000.

Eligibility

Eligible entities include safety net, primary care and pediatric clinics located in Minneapolis that provide at least 50% of their services to low-income residents.

Application Deadline

Applications must be received by the Minneapolis Health Department no later than 4 p.m., February 7, 2014. Applications may be mailed or delivered to:

SHIP Healthcare Interventions RFP
Minneapolis Health Department
250 S. 4th St., Room 510 Public Service Center
Minneapolis, MN 55415

Proposals received after the deadline may not be considered.

Questions

A telephone conference call will be held on Thursday, January 16, 2014 at 2 p.m. for potential applicants – **Dial in at: 1-877-685-5350 and enter passcode: 6126733557**. While participation on the conference call is not required, attendance is encouraged for all organizations considering responding to this RFP as this will be the only opportunity to ask questions directly of staff. A summary of Q&A from the conference call will be posted on the department's website.

Following the tele-conference, applicants may submit further questions to health@minneapolismn.gov (subject line should reference Healthcare Interventions RFP) until January 21st. Questions and answers will be available on the [Minneapolis Health Department website](#) by close of business, January 22, 2014. There will be no information provided outside of this process.

Anticipated Timeline

January 7, 2014	RFP issued
2 p.m. January 16, 2014	Conference call for potential applicants
4:00 p.m., February 7, 2014	Deadline for proposals
February 17, 2014	Anticipated notification of funding
3/15/14 through 9/15/15	Project funding period

If you need this material in an alternative format please call the Health Department at 612-673-2301 or email health@minneapolismn.gov. Deaf and hard-of-hearing persons may use a relay service to call 311 agents at 612-673-3000. TTY users may call 612-673-2157 or 612-673-2626.

Attention: If you have any questions regarding this material please call Minneapolis Health Department 612-673-2301. Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800; Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al 612-673-2700; Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500

Programmatic Requirements

Clinics may propose one or more of the following three project types: Please see the resource section for more information on potential projects.

1. TOBACCO CESSATION: Integrate comprehensive tobacco cessation services within the clinic/develop a smoking cessation center within the clinic.

A. Elements of this project must include:

- Implementation of the Institute for Clinical Systems Improvement (ICSI) or similar process to ensure that tobacco users are systematically identified and receive counseling and referrals. Embed tobacco cessation into the EHR and clinical staff workflow. This can be accomplished as part of the project or may already be in place.
- Providing smoking cessation-only clinic visits (including counseling, medication, and referrals) and health coaching to patients.
- Marketing the smoking cessation services to patients and community.
- Completing or documentation of prior completion of enhanced tobacco cessation training for key staff.
- Clinic enrollment in the fax QuitPlan program.
- Linking patients to community tobacco cessation resources – QuitPlan, Call it Quits, and/or other programs as a supplement to clinic efforts.

B. Other supplemental strategies may include:

- Advertising tobacco cessation programming via social media (Facebook, Twitter). Promoting text-based support programs and other web-based support programs.
- Supporting implementation of a tobacco-free building policy at Minneapolis Public Housing Authority high rise buildings by providing on-site smoking cessation information via community health workers and creating linkages to clinic-based cessation services.
- Pursuing or implementing a facility-wide smoke-free policy that would include all exterior areas surrounding the clinic.
- Assessing and treating co-occurring depression, overweight/obesity, or level of connectedness.
- Using Community Health Workers or other staff members to assist patients with tobacco cessation through education, home visits or other.
- Additional training for providers/educators/care coordinators such as Motivational Interviewing, health coach training (MHD to provide).
- Coordinating smoking cessation classes and support groups on site.
- Working with the Minneapolis Health Department to enhance billing practices for long-term sustainability.
- Other clinic-defined strategies consistent with SHIP guidelines.

2. PREVENTION AND TREATMENT OF ADULT OBESITY: Implement a clinic-wide, comprehensive approach to the prevention, diagnosis and treatment of adult obesity.

A. Elements of this project must include:

- Implementation of the ICSI (or similar) process to ensure that overweight and obese patients are systematically identified, have their BMI documented, and receive counseling and referrals. Embed obesity treatment into the EHR and clinical staff workflow. This can be accomplished as part of the project or may already be in place.
- Providing weight management-only visits and health coaching to patients, working with patients to set reasonable and achievable goals (generally 5 to 10% of weight).
- Marketing the services to patients and the community.
- Making referrals to community-based resources – Chronic Disease Self-Management Program, I Can Prevent Diabetes, We Can Prevent Diabetes, Silver Sneakers, etc.

B. Other supplemental strategies may include:

- Additional training for providers/educators/care coordinators such as Motivational Interviewing or health coach training (MHD to provide).
- Advertising and promoting weight management and programming through social media (Facebook, Twitter). Promotion of text-based support programs and other web-based support programs.
- Using Community Health Workers or other staff members to assist patients with weight management through education, home visits or other.
- Pursuing or implementing a comprehensive clinic healthy foods policy that also includes beverages.
- Coordinating healthy living classes (nutrition, weight loss, diabetes prevention, exercise, etc.) and/or support groups on site.
- Providing on-site nutrition education.
- Placing weight management materials/videos on clinic website/Facebook Page.
- Assessing and treating co-occurring depression, level of connectedness, and/or tobacco dependence.
- Serving as a site for the Minneapolis Health Department's sugar sweetened beverage reduction campaign (to be developed).
- Working with the Minneapolis Health Department to enhance billing practices for long-term sustainability.
- Other clinic-defined strategies consistent with SHIP guidelines.

3. PREVENTION AND TREATMENT OF CHILDHOOD OBESITY: Implement a clinic-wide, comprehensive approach to the diagnosis and treatment of obesity among children (ages 0 to 18) using the 5-2-1-0 message / protocol.

A. Elements of this project must include:

- Implementation of the ICSI (or similar) process to ensure that overweight and obese children are systematically identified, have their BMI documented, and receive counseling and referrals. Embed obesity treatment into the EHR and clinical staff workflow. This can be accomplished as part of the project or may already be in place.
- Promoting the 5-2-1-0 message and distributing 5-2-1-0 materials at all well-child exams. (5-2-1-0 materials are free of charge to print for clinic use). See Resource section for 5-2-1-0 overview.
- Providing weight management-only visits and health coaching to families with overweight/obese children.
- Marketing the services to patients and community.
- Making referrals to community-based resources such as “Youth Determined to Succeed”, Minneapolis Park and Recreation Programs, Vida Sana, etc.

B. Other supplemental strategies may include:

- Additional training for providers/educators/care coordinators such as motivational interviewing or health coach training (MHD to provide).
- Advertising and promoting weight management programming through social media (Facebook, Twitter). Promotion of text-based support programs and other web-based support programs.
- Providing 5-2-1-0 counseling and materials at acute care visits.
- Displaying 5-2-1-0 materials throughout the clinic and making them available on the clinic website.
- Using Community Health Workers or other staff members to assist patients with weight management through education, home visits or other.
- Pursuing or implementing a clinic healthy foods policy.
- Serving as a site for the Minneapolis Health Department’s sugar sweetened beverage reduction campaign (to be developed).
- Coordinating healthy living counseling, classes (nutrition, weight loss, diabetes prevention, exercise, etc.) and/or support groups on site.
- Assessing and treating co-occurring depression, level of connectedness, and/or tobacco dependence.
- Working with the Minneapolis Health Department to enhance billing practices for long-term sustainability.
- Other clinic-defined strategies consistent with SHIP guidelines.

Intended Outcomes/Reporting Requirements

The intended outcomes of this project are to increase the number of Minneapolis residents who quit using tobacco, to prevent obesity, and to help patients reach or maintain a healthy weight. The Minneapolis Health Department will work with selected clinics to devise a simple evaluation protocol to include measures such as:

1. The number and percentage of patients who were screened for weight (BMI calculated) or tobacco use, and received counseling and referrals.
2. Number of patients who received obesity or tobacco cessation treatment visits/ counseling.
3. Qualitative progress report on systems changes implemented by the clinic and other strategies proposed and implemented by the clinic.

In addition, to measure the reach of funded programs, the Minnesota Department of Health will have additional data collection requirements.

Requirements for a City Contract

Please review carefully the Terms and Conditions in the City's [Standard Agreement Template](#); particularly the insurance requirements. Organizations will be required to provide insurance documentation or assume responsibility (see Exhibit A of the [Standard Agreement Form](#)).

Proposals are due no later than 4 p.m. on February 7 and should be submitted to:

SHIP Healthcare Interventions RFP
Minneapolis Health Department
250 S. 4th St., Room 510
Minneapolis, MN 55415

Proposals submitted after the deadline may not be considered.

Application Materials

Please complete the following coversheet, narrative and budget, as well as any other relevant materials. You may expand each component to fit.

CHECKLIST OF ATTACHED DOCUMENTS

Proposal (original + two copies):

- ___ Completed cover sheet
- ___ Application narrative (maximum 6 pages)
- ___ Budget and Budget Justification

**MINNEAPOLIS HEALTH DEPARTMENT
PROPOSAL COVER SHEET
SHIP Healthcare Interventions**

Name of Applicant Agency	
Agency Telephone Number	
Clinic Address	
Clinic Website	
Contact Person Name and Title	
E-mail Address	
Phone Number	
# Clinic Sites for Project Implementation	
Names/Addresses of Additional Clinic Sites (if applicable)	
Project Type (check all that apply)	<input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Adult Obesity <input type="checkbox"/> Pediatric Obesity
Total Amount Requesting	\$
Tobacco Cessation Grant Projects Percentage of patients assessed, counseled, and referred for tobacco cessation in 2012? (Use UDS or MN Community Measures Data)	%
Obesity Prevention/Treatment Grant Requests Percentage of patients assessed, counseled, and referred for obesity in 2012? (Use UDS or MN Community Measures Data, specify adults or children)	%

Proposal Narrative (6 pages maximum not including the budget page)

1. Organizational overview (organization type, mission, services, # people served).
2. Describe the target population (location, age, income, race/ethnicity).
3. How is your clinic currently addressing tobacco cessation and/or obesity (as applicable)? How will this proposed project enhance your current work?
4. Define the program goal/final outcome(s) for this project.
5. Objectives – detail 3 to 6 short term outcomes for the project including the number of people/families estimated to receive tobacco cessation or obesity prevention/treatment.
6. Describe how your clinic has or will implement the required elements (for each project type) and any additional strategies to achieve the objectives and goal, and timeframe to complete activities.
7. To measure the reach of SHIP initiatives, MDH requires the collection of the following data: Please indicate whether the applicant is able to provide the following data.
 - Annual unduplicated # of patients
 - Annual # of self-pay patients
 - Annual # of patients utilizing public insurance
 - Annual # of patients utilizing commercial insurance
 - Annual # of patients by age group and race/ethnicity
 - # of patients who use tobacco
 - # of patients who are overweight/obese
8. Key project staff – names, titles and responsibilities.
9. Outline any community partnerships you have that may enhance your success with this project.

Budget

Category	Purpose	Amount
Personnel & Fringe*		\$
Title, FTE		\$
Title, FTE		\$
Contractual (specify)		\$
Supplies		\$
Training		\$
Marketing		\$
Printing / Materials		\$
Other (specify)		\$
Total		\$

*SHIP funds cannot be used for direct services to patients, memberships to clubs or fitness centers, subsidies for fitness centers or classes, staff time to lead classes or groups (staff time to develop classes or groups is allowable), staff meals, or treatment of disease or disability. Allowable uses include staff training, meetings expense, supplies, evidence-based curriculum, materials and other costs associated with planning and implementing the project.

Resources

Pediatric Obesity

5-2-1-0 materials are available at: www.letsgo.org

Many other pediatric obesity resources are available at the Minnesota Academy of Pediatrics Minnesota Chapter website: <http://www.mnaap.org/obesity.htm>

Institute for Clinical Systems Improvement (ICSI) Childhood Obesity Guidelines:
https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_endocrine_guidelines/obesity_children/

Expanding the Role of Primary Care in the Prevention and Treatment of Childhood Obesity: A Review of Clinic- and Community-Based Recommendations and Interventions: <http://www.hindawi.com/journals/job/2013/172035/>

Adult Obesity

Improving Obesity Management in Adult Primary Care: <http://www.stopobesityalliance.org/wp-content/assets/2010/03/STOP-Obesity-Alliance-Primary-Care-Paper-FINAL.pdf>

Institute for Clinical Systems Improvement (ICSI) Adult Obesity Guidelines: https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_endocrine_guidelines/obesity_adults/

Institute for Clinical Systems Improvement (ICSI) Adult Healthy Living Guidelines: https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention_screening_guidelines/healthy_lifestyles/

Smoking Cessation

Help Your Patients Quit Tobacco, an Implementation Guide for Community Health Centers: <http://www.legacyforhealth.org/content/download/3517/52157/version/1/file/LEG-Community+Health+Report+Inside-Final-10.11.13.pdf>

Institute for Clinical Systems Improvement (ICSI) Adult Healthy Living Guidelines: https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention_screening_guidelines/healthy_lifestyles/