



Request for Proposals Women's Health Initiative to Address Diabetes

Diabetes Free SC (DFSC) is an initiative of BlueCross® BlueShield® of South Carolina and the BlueCross BlueShield of South Carolina Foundation, with the long-term aim of significantly impacting diabetes in South Carolina. DFSC, through the Foundation, invites proposals from eligible applicant organizations to improve the health of women who have, or are at risk for, diabetes. Proposals must address access to care for low-income women. Eligible organizations must have the capacity to implement a team approach to prevent, detect, and improve clinical care for women with diabetes, including pre-diabetes, gestational diabetes, pre-pregnancy counselling and post-/inter-partum care. More generally, the programs should empower women with diabetes to take control of their health, to have healthier pregnancies and healthier children, to become agents for change within families and communities. By improving women's health, it is expected these programs will yield multi-generational benefits, reducing the impact of diabetes and its complications.

This funding opportunity is structured as a two-step process. Initial proposals will be accepted through **February 9, 2022** and can be submitted [here](#). Upon review of initial proposals, we will invite a selection to submit a full application, with a submission deadline of March 23, 2022.

Background

About 16% of adults in South Carolina have diabetes and another 35% have pre-diabetes. The complications of diabetes have devastating effects on individuals and impose enormous economic burdens. Intervention in young adults is essential to address the largely preventable and tragic consequences of undetected diabetes and pre-diabetes. Empowerment of women through improved education and access to quality healthcare is effective in promoting community-wide change: this is particularly true for women affected by a chronic, decades-long disease like diabetes. Importantly, there are major income- and hence race-related disparities in prevention, detection and provision of care for people with diabetes in South Carolina; few are starker than those related to women's reproductive health.

Purpose

In keeping with (a) DFSC's [strategic direction](#) to prevent diabetes and its complications among adults and (b) DFSC's guiding principle to intervene early in life and to address disparities, the purposes of this program are:

1. To promote wellness among women with, or at risk for, diabetes, and to mitigate income and racial disparities in the quality of, and access to, healthcare.
2. To improve screening, diabetes prevention, and diabetes education for women.
3. To prepare young women with or at risk for diabetes for possible or planned future pregnancy.
4. To improve post-partum management of women who had gestational diabetes.
5. To align with, complement and support the other strategic directions of DFSC (multidisciplinary care during pregnancy and reduction of risk for future diabetes in schoolchildren).
6. Through the influence of women, to benefit multigenerational family members and entire communities.

Guidelines

It is recommended that proposals should address some or all of the following aims:

1. To establish or develop a Women's Diabetes Program in a population center of South Carolina. The program will provide integrated, team-based multidisciplinary and 'state of the art' care to women with diabetes.
 - Each program should include outpatient medical management and comprehensive diabetes self-management education. Education may be delivered individually or in classes, either in person or online. The program should enable and promote use of new technologies (insulin pumps, Continuous Glucose Monitoring (CGM), telemedicine). It should augment and support existing primary care, endocrine and family medicine practices.
 - Multidisciplinary teams should use the latest technologies to assist optimal blood sugar control. These will enable rapid down-loading glycemic data from glucometers and CGM devices, use of insulin pumps, and cloud-based technologies.
 - Plans should be included to ensure that care is culturally appropriate, and specifically to ensure that new technologies are used to lessen disparities.
2. To implement a telemedicine outreach program to surrounding rural areas once the multidisciplinary team is established
 - to reduce the number of physical visits for patients
 - to provide team-based, coordinated care to women in underserved communities.

Applications must address South Carolina's severe health inequities and racial disparities in women's health among the economically vulnerable population. They should incorporate intentional efforts to build trust, and to improve high quality care for women in underserved and disadvantaged communities (urban and/or rural).

Applicants are encouraged to use new technologies (e.g. telemedicine, continuous glucose monitors) and will be expected to define ways in which these technologies will reduce, not worsen, disparities.

Data and Evaluation

Outcome measures will be developed and standardized among participating initiatives. Agreed outcome data will be collected and reported to the established DFSC Data Coordinating Center to facilitate assessment of program efficacy. Successful applicants will agree to share data with the DFSC data team (with appropriate regulatory oversight to protect PHI and PII and ensure HIPAA compliance). This is essential for DFSC to report overall program outcomes and efficacy.

Applications should define specific, measurable goals and outcome metrics. Potential outcome measures may include, but are not limited to:

- Improved understanding of diabetes, its complications, prevention, management, and standards of care among young women, including pre-pregnancy planning and post-natal care
- Improvement in diabetes-related risk factors (weight status, lipid profiles, blood pressure)
- Improvement in glycemic control (HbA1c)
- Pre-pregnancy counselling:
 - Improved assessment of pre-conception maternal health, diabetes complications and risk factors, as recommended by ADA (1) (see Appendix)
 - Improved HbA1c at conception and at first pre-natal visit
- Post- & Inter-partum care
 - For women with pre-gestational diabetes
 - Establish on-going long-term team-based management plan
 - Education for the short-term: breast feeding, safe sleep, contraception
 - Education concerning risks to future pregnancies and long-term maternal health
 - For those with gestational diabetes

- As for pre-gestational diabetes, plus:
- Ensure post-partum glucose tolerance test 4-12 weeks post-partum
- Increased enrollment in the National Diabetes Prevention Program (NDPP)

Eligibility

Anticipated Amount per award: \$1,000,000 over the entire grant period

- amount must be justifiable for scope and scale of project

Duration: 3 years

Start Date: July 2022

Before submitting your proposal, please review our [Funding Restrictions](#) (bottom of page). We will not review or consider for funding any proposals containing these restricted items.

Applicants must be a nonprofit organization that has a 501(c)(3) tax-exempt status as determined by the Internal Revenue Service (IRS); or must be a governmental, educational or research institution with tax-exempt status. An organization may only submit one proposal.

Applicant organizations should have the capacity to develop coordinated, team-based initiatives to prevent diabetes and its complications in reproductive-age women, facilitating connection of community, clinical, and public health components. Examples of team members to be supported are:

- Community: diabetes-trained Community Health Workers, Doulas, Patient Navigators.
- Clinical: diabetes educators, nutritionists, endocrinologists, family physicians, obstetricians, maternal-fetal medicine specialists
- Public health leaders

Proposal Questions

- 1) Please describe your proposed project, including any partners who will be involved and a brief plan for implementation. [500-word limit]
- 2) Please describe the population your project will be serving. Include age range, setting, percent who are economically vulnerable, etc. [250-word limit]
- 3) What will success look like at the completion of this project? What do you hope to learn? [500-word limit]
- 4) Please describe the proposed use of funds. [250-word limit]

Submit your proposal [here](#).

If your organization is interested in learning more about this opportunity, please contact DFSC at info@diabetesfreesc.org. For questions about the application process, please contact the Foundation at info.foundation@bcssc.com or (803)-264-4669.

BlueCross BlueShield of South Carolina and the BlueCross BlueShield of South Carolina Foundation are independent licensees of the Blue Cross Blue Shield Association.

References

1. Management of Diabetes in Pregnancy: Standards of Medical Care in Diabetes – 2021. *Diabetes Care* 2021;44(Suppl. 1):S200–S210 | <https://doi.org/10.2337/dc21-S014>

Appendix (from Ref. 1)

Table 14.1—Checklist for preconception care for women with diabetes (16,18)

Preconception education should include:

- Comprehensive nutrition assessment and recommendations for:
 - Overweight/obesity or underweight
 - Meal planning
 - Correction of dietary nutritional deficiencies
 - Caffeine intake
 - Safe food preparation technique
- Lifestyle recommendations for:
 - Regular moderate exercise
 - Avoidance of hyperthermia (hot tubs)
 - Adequate sleep
- Comprehensive diabetes self-management education
- Counseling on diabetes in pregnancy per current standards, including: natural history of insulin resistance in pregnancy and postpartum; preconception glycemic targets; avoidance of DKA/severe hyperglycemia; avoidance of severe hypoglycemia; progression of retinopathy; PCOS (if applicable); fertility in patients with diabetes; genetics of diabetes; risks to pregnancy including miscarriage, still birth, congenital malformations, macrosomia, preterm labor and delivery, hypertensive disorders in pregnancy, etc.
- Supplementation
 - Folic acid supplement (400 µg routine)
 - Appropriate use of over-the-counter medications and supplements

Medical assessment and plan should include:

- General evaluation of overall health
- Evaluation of diabetes and its comorbidities and complications, including: DKA/severe hyperglycemia; severe hypoglycemia/hypoglycemia unawareness; barriers to care; comorbidities such as **hyperlipidemia**, hypertension, NAFLD, PCOS, and thyroid dysfunction; complications such as macrovascular disease, nephropathy, neuropathy (including autonomic bowel and bladder dysfunction), and retinopathy
- Evaluation of obstetric/gynecologic history, including history of: cesarean section, congenital malformations or fetal loss, current methods of contraception, hypertensive disorders of pregnancy, postpartum hemorrhage, preterm delivery, previous macrosomia, Rh incompatibility, and thrombotic events (DVT/PE)
- Review of current medications and appropriateness during pregnancy

Screening should include:

- Diabetes complications and comorbidities, including: comprehensive foot exam; comprehensive ophthalmologic exam; ECG in women starting at age 35 years who have cardiac signs/symptoms or risk factors, and if abnormal, further evaluation; **lipid panel**; serum creatinine; TSH; and urine protein-to-creatinine ratio
- Anemia
- Genetic carrier status (based on history):
 - Cystic fibrosis
 - Sickle cell anemia
 - Tay-Sachs disease
 - Thalassemia
 - Others if indicated
- Infectious disease
 - *Neisseria gonorrhoea/Chlamydia trachomatis*
 - Hepatitis C
 - HIV
 - Pap smear
 - Syphilis

Immunizations should include:

- Rubella
- Varicella
- Hepatitis B
- Influenza
- Others if indicated

Preconception plan should include:

- Nutrition and medication plan to achieve glycemic targets prior to conception, including appropriate implementation of monitoring, continuous glucose monitoring, and pump technology
- Contraceptive plan to prevent pregnancy until glycemic targets are achieved
- Management plan for general health, gynecologic concerns, comorbid conditions, or complications, if present, including: hypertension, nephropathy, retinopathy; Rh incompatibility; and thyroid dysfunction

DKA, diabetic ketoacidosis; DVT/PE, deep vein thrombosis/pulmonary embolism; ECG, electrocardiogram; NAFLD, nonalcoholic fatty liver disease; PCOS, polycystic ovary syndrome; TSH, thyroid-stimulating hormone.