

Qualifications Statement

Use this form to describe your state's **interest and plans** to implement a Bright Spot Project.

The purpose of a Bright Spot project is to advance health equity through shared learning and integrated actions to achieve population and systems-level change for diabetes prevention. The objective is to significantly increase enrollment in the National Diabetes Prevention Program (National DPP) lifestyle change program and Medicare Diabetes Prevention Program (MDPP) in high-capacity states.

State health departments leverage the CDC/National Association of Chronic Disease Directors State Engagement Model and centering equity in collective impact framework by identifying and funding a backbone organization, using multisectoral partner networks, establishing enrollment goals, and implementing a work plan of activities for adults in priority populations at high-risk for developing type 2 diabetes.

1. **Organization Information –**

- State:
- Primary Point of Contact (POC) Name:
- POC Job Title:
- POC Email:
- POC Phone:

2. **Leadership Support and Approval –** Chronic Disease Director signature indicating support and approval to implement a Bright Spot project:

Signature

Printed Name

3. **Why –** Provide a brief **interest statement** describing why your state is interested in a Bright Spot project.

4. **What –** Describe your **enrollment goals** for your state's Bright Spot Project. Provide the number of new enrollments you want to achieve or describe how you would determine what your enrollment goal will be.

5. **Who to serve –** Describe the **priority populations and geographic areas** you would focus on and why.

- Priority populations are defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
6. **Who to engage** – List **partnerships** that your state will engage to achieve your enrollment goal, including the backbone team, internal team members, champions, and partner networks that will be actively involved and support planning and implementation of your Bright Spot Project. You may list existing relationships and/or a plan to approach partners.
- Identify the **backbone organization** and who will provide leadership, management, and support for this Bright Spot Project. A backbone organization is a coordinating body that brings together a diversity of stakeholders and leads a synchronized effort to achieve a common goal. The backbone organization is responsible for coordination and communication among partners to align the work of the group, take action, monitor progress, troubleshoot, and assist the group in making adjustments as needed to reach the enrollment target. Refer to the *Backbone Organization Roles and Responsibilities* document for more detail.
 - Identify who will comprise the **Bright Spot Project leadership team** and their anticipated roles and any special expertise they bring to this project.
 - Identify and briefly describe existing **champions** your state has relationships with that can dramatically increase enrollment by addressing the supply and demand aspects (including payers, referral sources, program delivery organizations, and awareness campaigns).
 - List **advisory councils, coalitions, or other partner networks** that would support success in your Bright Spot Project and ongoing collaboration and sustainability.
7. **How** – Explain how your leadership team will **engage partners** and **implement efforts** to dramatically increase enrollment.
- Describe some of the **biggest successes** in your past enrollment efforts.
 - Describe the **innovative approaches or strategies** your state and partners would deploy or implement to reach your enrollment goal.
 - Describe how the **funding** would support efforts to significantly increase enrollment.

- As this project progresses, how would you **gain commitment** from your partners, particularly those that have insights and experience and can serve priority populations?
 - Describe any **current barriers** that you would like to address and overcome through participating in this project.
 - Please highlight **other resources and assets** you would leverage to ensure success and sustainability.
8. **Other information** – Provide any other information that supports your qualifications, interest, and/or plans for this project. If you scored in the moderate level in the capacity assessment, describe a plan for moving to the higher capacity level by the time you would like to begin your Bright Spot project.

If you require this document in an alternative format, such as larger print or a contrasted background, please contact NACDD's Communications Department at publications@chronicdisease.org.

Alternate formats can be made available within two weeks of a request.

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