



South Dakota Department of Health
Heart Disease and Stroke Prevention Program



Request for Applications (RFA)
Implementing and Expanding Self Measured Blood Pressure Monitoring in South Dakota

Heart disease is the leading cause of death in the U.S. and second leading cause of death in South Dakota (SD). Stroke is the fifth leading cause of death in the U.S and the sixth leading cause of death in SD.¹ Overall, cardiovascular disease (CVD) accounts for 27.5% of all deaths in SD. Similar to national data, approximately one in five (21.5%) of those who die from CVD in SD are less than 65 years old.² Risk factors for CVD include high blood pressure and high blood cholesterol. According to the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS), 30% of SD adults are aware they have high blood pressure; however, only about half (54%) have their blood pressure under control according to national statistics. In addition, one-third of SD adults have been told they have high cholesterol, a risk factor for CVD.³

The South Dakota Department of Health (SD DOH) and the Heart Disease and Stroke Prevention Program (HDSPP) have entered into a cooperative agreement with the Centers for Disease Control and Prevention (CDC) as part of the funding opportunity DP18-1815 *Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke*. Therefore, HDSPP is soliciting applications from healthcare facilities to fulfill certain requirements of the agreement. The strategy HDSPP is seeking partnership regarding is **Strategy B.6 - Implement or improve upon a self-measured blood pressure (SMBP) monitoring program**.

Objective	Information of importance and examples of eligible activities (not all-inclusive)
Strategy B.6 - Implement or improve upon a self-measured blood pressure (SMBP) monitoring program	Facility could utilize Target: BP , Check. Change. Control , or Million Hearts SMBP programs and guidance to implement an SMBP program within their practice, add additional patients to current SMBP program, or expand to additional providers or sites.* Eligible funding may be utilized for purchase of blood pressure cuffs to be used through a loaner program.

**All awarded initiatives would be developed and implemented with assistance from the 1815 team. 1815 team consists of experts from HealthPOINT, the Great Plains Quality Innovation Network, and SD Department of Health who have extensive knowledge and experience related to 1. electronic health records, 2. data, workflow, process analysis, 3. strategic plan development and implementation, 4. PDSA cycles, 5. policy and protocol development. Additional partners may be utilized as needed. All team members are available to awarded facilities as a resource for accepted grant activities at no charge to the awardee.*

Applicants may request up to \$5,000 as commensurate with the scope and impact of the project, within the request for grant application budget. Up to \$1,000 of an organization’s budget request may be allocated toward the purchase of blood pressure cuffs to be utilized through a loaner program. Applicants must follow the attached grant application.

This grant will be available until all allotted funds have been awarded. Application consideration will be prioritized by date received. \$30,000 has been set aside for this funding opportunity. Applications may be submitted at any time, while funding remains available, and will be reviewed continuously upon receipt with notification of grant award returned within three weeks of review. Staff will be available to answer questions, review grant applications and provide recommendations throughout the duration of the funding opportunity. Please contact Rachel Sehr at 605.367.5356 or Rachel.Sehr@state.sd.us.

Funding Parameters:

- The project period lasts one calendar year, beginning one month after award. Ongoing funding may be available upon satisfactory completion of original project period.
- Funding will not exceed \$5,000 with a maximum of \$1,000 allocated to purchasing blood pressure cuffs for use through a loaner program.
- It is estimated that up to 6 applicants will be funded.
- Funding will be remitted on a reimbursement basis monthly. In the event the contractor lacks sufficient working capital to provide the services of the contract, an advance payment not to exceed half of the contract amount may be provided. Please indicate in your budget if advance payment is requested along with a justification.

Application Requirements:

- Applications should demonstrate a systems level change approach that impacts the permanent culture around heart disease prevention at the organizational level.
- Applications should demonstrate potential for sustained efforts and lasting impact that lead to improved heart disease prevention and management.
- Funds can **not** cover screening tests, diagnostics, treatment, or direct service items. Additional limitations are as listed in the “Grant Funding Restrictions” section below.

Eligibility:

- Interventions funded by this grant must be targeted towards patients whose primary residence is South Dakota or a South Dakota tribal community.
- Please direct any eligibility questions to Rachel at Rachel.Sehr@state.sd.us.

Scoring Criteria:

- Complete applications meeting RFA guidelines will be submitted for review by the grant review committee. Final award decisions will be determined by the SD Department of Health.

Grant Funding Restrictions:

- Interventions funded by this grant must be targeted towards South Dakota residents and/or tribal communities only.
- Funds may not be used to replace dollars currently earmarked for heart disease prevention and management programs/projects.
- Indirect/Administrative Costs: Funding can be requested to support indirect costs at a rate not to exceed 6.3% of the total grant award.
- Funds may not be used for any lobbying efforts at the local, state, or federal level, purchasing food, or client/patient/provider incentives, and research activities.

Award Requirements:

- Awardees must implement evidence-based interventions based on the objectives proposed in the application.
- Awardees will participate in periodic technical assistance sessions via conference call, webinar, or in-person to discuss project progress, successes, and challenges and/or receive technical assistance.
- Awardees will participate in periodic consultation with project evaluator(s) and grant staff.
- Awardees must utilize all funds within the specified project period; carryover will not be allowed.

Reporting Requirements:

- Quarterly reports are required of each funded applicant. Quarterly reports shall describe 1) qualitative and quantitative progress towards target outputs and outcomes, 2) progress made towards implementation of intervention, and 3) successes and/or barriers. Midterm and final budget reports will also be required.
- Technical assistance will be provided to funded sites to complete required reporting.
- Awardees must submit a success story using the success story template at the end of the project; the awardees give permission to share this story.
- Awardees will be required to submit data for DP18-1815 blood pressure, cholesterol and diabetes performance measures (as appropriate).

Technical Assistance:

- Technical assistance will be provided to all interested applicants throughout the application period. Contact Rachel at Rachel.Sehr@state.sd.us or 605.367.5356 for assistance.
- Technical assistance will be provided to awardees throughout the grant period by the SD DOH staff and partner organizations.
- Evaluation support will be provided throughout the grant period by Spectrum.
- Brochures, posters, and other educational materials will be provided during the grant period, free of charge, by the SD Department of Health.

Objective Specific Requirements:

- Implement or improve upon a self-measured blood pressure (SMBP) monitoring program
 - The grantee's proposed activity must align with the following DP18-1815 strategy: *B.6: Facilitate use of self-measured blood pressure monitoring with clinical support among adults with hypertension.*

GRANT APPLICATION VIA ELECTRONIC SUBMISSION TO Rachel.Sehr@state.sd.us



SOUTH DAKOTA
DEPARTMENT OF HEALTH

RACHEL SEHR, BSN, RN

Heart Disease and Stroke Prevention Coordinator | *Office of Chronic Disease Prevention and Health Promotion*

SOUTH DAKOTA DEPARTMENT OF HEALTH

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Implementing and Expanding Self-Measured Blood Pressure Monitoring in South Dakota

1. Applicant Information:

Healthcare Facility Name: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Email Address: _____ Phone Number: _____

2. Patient Demographics: *Please answer to the best of your capability, considering adult (18 years of age and older) patients seen within your facility during the past year. Only include South Dakota residents within this information.*

Total number of adult patients served: _____

Total number of adult patients diagnosed with hypertension: _____

Total number of adult patients with hypertension considered controlled (controlled refers to blood pressure levels of less than 140/90 mmHg (NQF 18)): _____

3. Does your facility currently have a self-measured blood pressure (SMBP) monitoring program?

No _____ (skip to question 8)

Yes _____

4. Which SMBP model is being followed within your facility?

Target: BP _____

Check. Change. Control. _____

Million Hearts _____

Other _____ Explain: _____

5. How many people have been enrolled in your facility's SMBP program? _____

6. How many people have completed their participation in your facility's SMBP program? *Completion will be based on the guidelines set forth by your facility.* _____

7. Please explain any successes and/or challenges your facility has encountered while implementing/expanding their current SMBP program?

8. What policy/procedure does your facility currently have in place, outside of SMBP, that is utilized for patients with hypertension? *Example: referral to Better Choices, Better Health, referral to health coach, follow up with provider one week post elevated blood pressure reading, etc.*

9. SMBP Implementation/Expansion Team: *Please list the role, name, title, and email of the members who will be serving on your SMBP Implementation Team for this grant.*

Role	Name	Job Title	Email
Implementation Lead			

10. Intervention Proposal: *Please provide a thorough and thoughtful description of the proposed SMBP program implementation/expansion including timelines, goals, challenges/barriers, etc.*

11. Sustainability Plan: *Please describe the plan to sustain the project and related outcomes beyond the grant funding cycle.*

13. Budget Justification: Applicants may request up to \$5,000, as commensurate with the scope of the project and total number of individuals impacted. Up to \$1,000 may be allocated to the purchase of blood pressure cuffs to be used through a loaner program.

Category	Implementation Grant Funding Requested	In-kind Contribution
Supplies needed for this intervention	\$	\$
Justification:		
Itemized description:		
Staff Support for this intervention	\$	\$
Justification:		
Itemized description: <i>(Please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator \$25 per hour x 60hrs = \$1,500.)</i>		
Travel for this intervention	\$	\$
Justification:		
Itemized description:		
Other expenses	\$	\$
Justification:		
Itemized description:		
Indirect Costs <i>Indirect costs cannot exceed 6.3% of the total requested budget.</i>	\$	\$
Total request:	Total: \$	Total: \$

Budget Instructions

Allowable categories have been identified. If funding is requested for a category, a brief explanation or funding justification must be included. Be sure to identify the source of funds, any in-kind or cash contributions, etc.

Supplies

Estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards X \$0.64 = \$160.)

Staff Support

SD DOH partners with multiple entities to enhance efforts related to prevention and management of heart disease throughout the state. In certain cases, a project may require an extraordinary amount of staff time – over and above what is normally requested of partners. If this is the case, applying collaborations may request funds for key personnel. Funds should not be requested to supplant existing job responsibilities. The position title must be included plus the rate per hour times the total number of hours estimated for the project period. Benefits can either be calculated in the rate per hour or itemized separately. In the itemized description section, please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator \$25 per hour x 60hrs = \$1,500.)

Travel

Travel essential to the proposed project may be funded under this proposal. Travel reimbursement is allowed at the following rates: \$0.42/mile, \$6.00/breakfast, \$14.00/lunch and \$20.00/dinner; lodging maximum is \$75 plus taxes per night.

Other

Include additional requests not addressed in the budget categories provided. Be sure to provide a thorough itemized description.

Indirect (Administrative) Costs

Funding can be requested to support indirect costs at a rate not to exceed 6.3% of the total grant award. Indirect costs represent the expenses of doing business that are not readily identified within the budget submission but are necessary for the general operation of the organization.

Restrictions and Guidelines: Certain restrictions apply to the use of implementation grant funds, including:

- Grant dollars may not be used for any lobbying efforts at the local, state, or federal level.
- Grant dollars may not be used for purchasing food.
- Grant dollars may not be used for screening procedures or any type of direct service.
- Automated blood pressure cuffs *may* be purchased using approved funds for use through a loaner program.
- Activities must target residents and/or tribal communities within South Dakota.
- Funding will be awarded to an organization only, not to an individual(s).
- Materials produced with implementation funds must be pre-approved prior to printing, inclusion of program logos may be required.

Appendix A: Scoring Criteria

Complete applications meeting RFA guidelines will be submitted for review by the grant review committee.

Scoring Criteria

Application review will be prioritized by date received. The entirety of the application will be considered by the grant review committee with special emphasis placed on the intervention proposal, sustainability plan, and budget justification. Applicants will be considered equally, regardless of whether or not their facility has an SMBP program already in place.

Appendix B: Helpful Resources/Links

1. Target: BP <https://targetbp.org/>
2. Check. Change. Control. <https://www.heart.org/en/health-topics/high-blood-pressure/find-high-blood-pressure-tools--resources/check-change-icontroli-community-partner-resources>
3. Million Hearts SMBP <https://millionhearts.hhs.gov/tools-protocols/smbp.html>

Appendix C: References

1. United States Census Bureau. (2017). City and Town Population Totals: 2010-2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>.
2. South Dakota Department of Health, Office of Health Statistics. (2016). 2016 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators, Mortality. Retrieved from <https://doh.sd.gov/statistics/2016Vital/Mortality.pdf>.
3. South Dakota Department of Health, Office of Health Statistics. (2016). The Health Behaviors of South Dakotans 2015, Hypertension and Cholesterol. Retrieved from <https://doh.sd.gov/statistics/2015BRFSS/Hypertension.pdf>.