****Heart diseaseis the leading cause of death and stroke is the sixth leading cause of death in South Dakota (SD) accounting for 22.2% and 4.5% of all deaths, respectively.1 Risk factors for cardiovascular disease (CVD) include high blood pressure and high blood cholesterol. In 2019, 31% of SD adults were told they have high blood pressure by their healthcare professional; however, only about half (55%) of those individuals have been told their blood pressure is under control. In addition, over one-quarter (28%) of SD adults have been told they have high blood cholesterol with only 63% of them taking medication to control it.2

The South Dakota Department of Health (SD DOH) Heart Disease and Stroke Prevention Program (HDSPP) is participating in 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.* HDSPP is soliciting applications from healthcare facilities and community-based partners to fulfil 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*.

|  |
| --- |
| **Information of importance and examples of eligible activities (not all-inclusive)** |
| Facilities could utilize [American Medical Association and Johns Hopkins Blood Pressure Control Program,](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/iho-bp-engaging-patients-in-self-measurment_0.pdf) [Healthy Heart Ambassador Blood Pressure Self-Monitoring](https://www.ymca.org/what-we-do/healthy-living/fitness/self-monitoring)\*, [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), [Million Hearts SMBP](https://millionhearts.hhs.gov/tools-protocols/smbp.html), [Target: BP](https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/) or similar program/guidance to implement SMBP within their practice, add additional patients to current 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.***\*Healthy Heart Ambassador Program is for non-clinical locations only.**+All awarded initiatives would be developed and implemented with assistance from the 1815 team. 1815 team consists of experts from South Dakota Foundation for Medical Care (SDFMC) and SD DOH who have knowledge and experience related to 1) data, workflow, process analysis, 2) strategic plan development and implementation, 3) PDSA (Plan, Do, Study, Act) cycles, and 4) policy and protocol development. Additional partners may be utilized as needed. All team members are available to awarded facilities as a resource for accepted activities at no cost to the awardee.* |

**Applicants may request up to $20,000 as commensurate with the scope and impact of the project, within the request for award application budget. Up to $2,500 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 funding application and budget template.

This opportunity will remain open if funding is available. Applications may be submitted at any time, while funding remains available, and will be reviewed continuously upon receipt with notification of award returned within three weeks of review. HDSPP staff will be available to answer questions, review applications and provide recommendations throughout the duration of the funding opportunity. Application consideration will be prioritized by date received as well as focus on improving **health equity** and **health disparities** through the proposed program. For questions or to express interest in this award, please contact Rachel Sehr at 605.367.5356 or Rachel.Sehr@state.sd.us.

**Funding Parameters**

* The **project period** lasts from June 1 – May 31 annually. For facilities starting after June 1, contracts will begin up to one month after award and go through May 31.
	+ Some exceptions may be made for programs starting near the end of the project period. In these instances, the project period will go through May 31 of the following year.
* Ongoing funding may be available upon satisfactory completion of the original project period with the funding amount determined by past performance and funding availability.
* Funding for a 12-month period will not exceed $20,000 with a maximin of $2,500 allocated to purchasing blood pressure cuffs for use through a loaner program. Any program lasting less than 12-months should propose a budget appropriate to the remaining project period.
* Funding will be remitted on a reimbursement basis monthly.

**Funding Restrictions**

* **Evidence-based interventions** funded through this opportunity *must* be targeted toward South Dakota residents and/or tribal communities meeting eligibility requirements.
* 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 5.9% of the total award.
	+ Indirect rates may vary based on the fiscal year in which the award is received.
* 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.
* Funds may *not* cover screening tests, diagnostics, treatment, or direct service items.

**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 leads to improved heart disease prevention and management.
* Applications demonstrating improvement to health disparities and health equity will be prioritized.

**Eligibility**

* Interventions funded through this opportunity *must* be targeted toward patients whose primary residence is South Dakota or a South Dakota tribal community.
* Programs will target individuals between 18-85 years old.
	+ Ineligible target populations include:
		- Patients receiving hospice services
		- Individuals with documentation of end stage renal disease, dialysis, or renal transplant
		- Patients 65 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56
	+ Pregnant women and individuals over 85 years old may not be the primary target population for intervention but may be eligible as part of a larger target population.
* Organizations receiving federal funding such as Indian Health Service and Federally Qualified Health Centers are not excluded from eligibility.
* Please direct any eligibility questions to Rachel Sehr at 605.367.5356 or Rachel.Sehr@state.sd.us.

**Scoring Criteria**

* Complete applications meeting funding guidelines will be evaluated by the review committee. Final award decisions will be determined by the SD DOH.
* The entirety of the application will be considered with special emphasis placed on the intervention proposal, sustainability plan, and budget justification.
* Scoring will be based on the following content areas:
	+ Complete and appropriate application information
	+ Patient demographics and target population(s)
	+ Current policy/procedure for patients with hypertension
	+ Project team membership and expertise
	+ Intervention proposal including short- and long-term goals in SMART format
	+ Sustainability
	+ Realistic, appropriate, and detailed budget
* Application consideration will be prioritized by date received and focus on health equity and health disparities.
* Applications will not be prioritized based on whether the facility has an existing SMBP program.

**Award Requirements**

* Awardees will:
	+ Implement evidence-based interventions based on the objectives proposed in the application.
	+ Participate in periodic evaluation and technical assistance sessions via email, conference call, web-based platform, or in-person to discuss project progress, successes, and challenges and/or receive technical assistance.
	+ Work with the 1815 team to address workflow, electronic medical record (EMR) concerns, and performance measures related to proposed activities.
	+ Serve as a data source for CDC DP18-1815 required performance measures.
	+ Complete quarterly reports reviewing progress, successes, barriers, budget adherence, and program participation.
	+ Submit at least one success story per project period.
	+ Assist with advancement of the statewide cardiovascular strategic plan by participating in the Cardiovascular Collaborative.
	+ Utilize all funds within the specified project period; carryover will not be allowed.

**Reporting Requirements:**

* Progress updates (phone calls, emails, etc.) with the 1815 team are required. Update sessions will vary from every other week to quarterly, depending on status of SMBP program and partner needs.
* Written quarterly reports are required of each funded applicant. Quarterly reports shall describe 1) qualitative and quantitative progress toward target outputs and outcomes, 2) progress made toward implementation of intervention, 3) successes and/or barriers, 4) overall program participation, and 5) budget adherence.
* Technical assistance will be provided to funded sites to complete required reporting. Reporting templates will be provided.
* Awardees must submit at least one success story using the SD DOH provided success story template by the end of the project period; 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 applicable).

**Technical Assistance**

* Technical assistance will be provided to all interested applicants throughout the application period. Contact Rachel Sehr at 605.367.5356 or Rachel.Sehr@state.sd.us for assistance.
* Technical assistance will be provided to awardees throughout the project period by the SD DOH staff, SDFMC, and additional partners as needed.
* Evaluation support will be provided throughout the project period as needed by Spectrum.
* Brochures, posters, other educational materials, and trainings will be provided during the project period, free of charge, by SD DOH.

**Objective Specific Requirements**

* Implement or improve upon a self-measured blood pressure (SMBP) monitoring program
	+ The awardee’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.*

**Helpful Resources/Links**

* American Medical Association and Johns Hopkins: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/iho-bp-engaging-patients-in-self-measurment_0.pdf>
* CDC: <https://www.cdc.gov/dhdsp/pubs/guides/best-practices/smbp.htm>
* 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>
* HDSPP: <https://doh.sd.gov/diseases/chronic/heartdisease/>
* Healthy Heart Ambassador: <https://www.ymca.org/what-we-do/healthy-living/fitness/self-monitoring>
* Million Hearts SMBP: <https://millionhearts.hhs.gov/tools-protocols/smbp.html>
* National Environmental Public Health Tracking Network: <https://ephtracking.cdc.gov/showHome.action>
* PLACES: Local Data for Better Health: <https://www.cdc.gov/places/>
* Quality Improvement Toolkit: <https://doh.sd.gov/diseases/chronic/heartdisease/QualityImprovement/>
* Target: BP: <https://targetbp.org/>
* Team-Based Care Toolkit: <https://doh.sd.gov/diseases/chronic/heartdisease/TeamBasedCareGuide/>
* The Social Vulnerability Index: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
* Vulnerable Populations Footprint Tool: <https://www.communitycommons.org/collections/Maps-and-Data>

**References**

1. South Dakota Department of Health, Office of Health Statistics. (n.d.). 2019 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators, Mortality. Retrieved August 17, 2021 from <https://doh.sd.gov/statistics/2019Vital/8_Mortality.pdf>.
2. South Dakota Department of Health, Office of Health Statistics. (n.d.). The Health Behaviors of South Dakotans 2019, Hypertension and Cholesterol. Retrieved August 17, 2021 from <https://doh.sd.gov/statistics/2019BRFSS/HypertensionCholesterol.pdf>.

**Definitions**

* **Evidence-Based Interventions** – treatments that have been proven effective (to some degree) through outcome evaluations.
* **Health Disparities** – a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographical location; or other characteristics historically linked to discrimination or exclusion.
* **Health Equity** – the absence of health inequities. Health equity is achieved when every person has the opportunity to attain their full health potential without disadvantage because of social position or other socially determined circumstances.
* **Project Period** – the total time for which support of a project has been programmatically approved.
* **Self-Measured Blood Pressure Monitoring (SMBP)** – involves a patient’s regular use of personal blood pressure monitoring devices to assess and record blood pressure across different points in time outside of a clinical, community, or public setting, typically at home.

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

**1. Applicant Information**

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)):

Please describe your overall patient population including typical makeup of general vs disparate (ethnic minorities, low socioeconomic status, etc.) population (example: approximately 10% are American Indian, approximately 20% are Medicaid recipients, etc.):

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

[ ]  Yes [ ]  No (skip to question 8)

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

[ ]  Target: BP [ ]  Check. Change. Control. [ ]  Million Hearts [ ]  AMA/Johns Hopkins [ ]  Other

If 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 intervention.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Job Title** | **Email** |
| **Implementation Lead** |  |  |  |
|  |  |  |  |
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**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 funding cycle.*

**12. Budget Justification:** *Applicants may request up to $20,000, as commensurate with the scope of the project and total number of individuals impacted. Up to $2,500 may be allocated to the purchase of blood pressure cuffs to be used through a loaner program.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Implementation Funding Requested** | **In-kind Contribution** |
| **Supplies needed for this intervention** | $ | $ |
| Justification:  |
| Itemized description: |
| **Staff Support for this intervention** | $ | $ |
| Justification: |
| Itemized description: *(Please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator $25 per hour x 60 hrs = $1,500.)* |
| **Travel for this intervention** | $ | $ |
| Justification: |
| Itemized description:  |
| **Other expenses** | $ | $ |
| Justification: |
| Itemized description: |
| **Indirect Costs***Indirect costs cannot exceed 5.9% of the total requested budget.* | $ | $ |
| **Total request:**  | **Total: $** | **Total: $** |

Budget Instructions

Allowable categories have been identified in the provided budget template. If funding is requested for a category, a brief explanation/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 60 hrs = $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 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 5.9% of the total 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 funds, including:

* Awarded funding may *not* be used for:
	+ - * + Lobbying efforts at the local, state, or federal level.
				+ Purchasing food.
				+ 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 with participants meeting eligibility requirements.
* 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.

**APPLY VIA ELECTRONIC SUBMISSION TO** **Rachel.Sehr@state.sd.us**

|  |  |
| --- | --- |
| Logo  Description automatically generated | **RACHEL SEHR, BSN, RN**Heart Disease and Stroke Prevention Coordinator*Office of Disease Prevention and Health Promotion*SOUTH DAKOTA DEPARTMENT OF HEALTH 605.367.5356 **|** 4101 W 38th Street, Suite 102 Sioux Falls, SD 57103 | [**doh.sd.gov**](http://doh.sd.gov/)   |