



HEART DISEASE & STROKE PROGRAM

CARDIOVASCULAR HEALTH FUNDING OPPORTUNITY

**APPLICATION DEADLINE:
OPEN UNTIL February 28, 2025**

Point of contact: Lacy Eaton Email: Lacy.Eaton@state.sd.us Phone: (605)910-7566	Application Release: 2/1/2025
	Application Submission Deadline: 2/28/2025
Awarding one organization up to : \$60,000	Tentative Award Notification: 3/30/2025
	Project Period: June 1, 2025- May 31, 2026

Apply via electronic submission to Lacy.Eaton@state.sd.us no later than **5:00 p.m. CT on February 28, 2025**. *Late or incomplete applications will not be considered for funding. For questions, please contact Lacy.Eaton@state.sd.us*

Background

Heart Disease is the leading cause of death and stroke is the 6th leading cause of death in South Dakota (SD). From 2018-2022, 8,982 South Dakotans died from heart disease, while 1,970 died from stroke¹. One in three South Dakotans have high blood pressure¹. High blood pressure and high cholesterol are the major risk factors for cardiovascular disease (CVD) and stroke². In 2021, 34% of SD adults were told they have high blood pressure by their healthcare professional; however, only about half (57%) of those individuals regularly checked their blood pressure. In addition, over one-third (37%) of SD adults have been told they have high blood cholesterol with only 28% of them taking medication to control it³.

In response to this issue, 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 DP23-0004, The National Cardiovascular Health Program. The SD DOH HDSPP is funding organizations to promote evidence-based strategies for prevention and management of CVD in high-risk populations in South Dakota. Programs may be eligible for funding that meet one or more of the following strategies:

- **Strategy 1A:** Advance the adoption and use of electronic health records (EHR) or Health Information technology (HIT) to identify, track, and monitor measures for clinical and social service and support needs to address health care disparities and health outcomes for patients at highest risk of cardiovascular disease (CVD) with a focus on hypertension and high cholesterol.
- **Strategy 1B:** Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at the highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.
- **Strategy 3C:** Promote the use of self-measured blood pressure monitoring (SMBP) with clinical support within populations at the highest risk of hypertension.

The facilities awarded funding through this opportunity will receive funds and technical assistance to create and expand sustainable programs to help link resources that support self-management and lifestyle changes to address those at increased risk for CVD with a focus on hypertension management. Applicants

must demonstrate:

- A systems-level change approach that impacts the permanent culture around heart disease prevention at the organizational level.
- Potential for sustained efforts and lasting impact that leads to improved heart disease prevention and management.
- Improvement to CVD outcomes. Applications addressing health disparities and health equity will be prioritized.

Purpose

The facilities awarded funding through this opportunity will receive funds and technical assistance to create and expand sustainable programs to help link resources that support self-management and lifestyle changes to address those at increased risk for CVD with a focus on hypertension management. Applicants must demonstrate:

- A systems-level change approach that impacts the permanent culture around heart disease prevention at the organizational level.
- Potential for sustained efforts and lasting impact that leads to improved heart disease prevention and management.
- Improvement to CVD outcomes. Applications addressing health disparities and health equity will be prioritized.

Eligibility

- Interventions funded through this opportunity *must* target 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 codes 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 Lacy Eaton at 605.910.7566 or Lacy.Eaton@state.sd.us

Available Funding

Applicants may request up to \$60,000 as commensurate with the scope and impact of the project within the request for award application budget. Applicants must follow the attached funding application and budget template. 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 the date received and will focus on improving health equity and health disparities through the proposed program. For questions or to express interest in this award, please contact Lacy Eaton at (605)910-7566 or Lacy.Eaton@state.sd.us

Funding Parameters

- The project period lasts from **June 1, 2025 – May 31, 2026**. For facilities starting after **June 1**, contracts will begin up to one month after the award and go through the following **May 31**.
 - Some exceptions may be made for programs starting near the end of the project period.
- 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 \$60,000. 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* target 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 1.8% 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, or research activities.
- Funds may *not* cover screening tests, diagnostics, treatment, or direct service items.
- Funds *may* cover staff time for developing, implementing, and enhancing the program, promoting, training, or enrolling staff or client participants in the program, and/or promotional materials such as fliers, newspaper articles, etc.

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.

Examples of eligible activities (not all-inclusive)

- Facilities could utilize [American Medical Association and Johns Hopkins Blood Pressure Control Program, Check. Change. Control, Million Hearts SMBP, Target: 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.**
- Adaption of a chronic care coordinator or care transitions to oversee and assist in the management of patients dealing with multiple comorbidities.
- Adaption of a social worker (SW) or community health worker (CHW) to screen and identify needs of patients at highest risk of CVD with a focus on hypertension and high cholesterol using standardized processes or tools, such as Social Determinants of Health, and then assist with referral to appropriate resources.
- Utilize strategies to increase the use of non-physician team members, such as pharmacists, nurses, medical assistants, and community health workers to help patients lower their high blood pressure and high cholesterol.

[†]All awarded initiatives would be developed and implemented with assistance from the 2304 team as needed. 2304 team consists of experts from SDDOH 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.

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 the date received, focusing 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 2304 team to address workflow, electronic medical record (EMR) concerns, and performance measures related to proposed activities.
 - Serve as a data source for CDC DP23-0004 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 advancing 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 2304 team are required. Update sessions will vary from every other week to quarterly, depending on the status of the SMBP program and partner needs.
- Written monthly data submission to include the number of participants enrolled in the program.
- 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 the 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 permit to share this story.
- Awardees must submit data for DP23-0004 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 Lacy Eaton at (605)910-7566 or Lacy.eaton@state.sd.us for assistance.
- Technical assistance will be provided to awardees throughout the project period by the SD DOH staff and additional partners as needed.
- Evaluation support will be provided throughout the project period as needed by the SD DOH external evaluator.
- Brochures, posters, other educational materials, and training will be provided during the project period, free of charge, by SD DOH.

Objective Specific Requirements

- Implement or improve upon strategies that focus on preventing or managing CVD and related issues.
- The awardee's proposed activity must align with at least one of the DP23-0004 strategies:
 - i. Strategy 1A: Advance the adoption and use of electronic health records (EHR) or Health Information technology (HIT) to identify, track, and monitor measures for clinical and social service and support needs to address health care disparities and health outcomes for patients at highest risk of cardiovascular disease (CVD) with a focus on hypertension and high cholesterol.
 - ii. Strategy 1B: Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at the highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.
 - iii. 3C: Promote self-measured blood pressure monitoring with clinical support within populations at the highest risk of 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
- American Medical Association The 7-step self-measured blood pressure (SMBP) quick guide: [The 7-step self-measured blood pressure \(SMBP\) quick guide | American Medical Association \(ama-assn.org\)](#)
- 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>
- Target: BP: <https://targetbp.org/>
- PLACES: Local Data for Better Health: <https://www.cdc.gov/places/>
- Million Hearts SMBP: <https://millionhearts.hhs.gov/>

References

1. Centers for Disease Control and Prevention. (2023, February 24). *South Dakota*. Centers for Disease Control and Prevention. Retrieved April 17, 2023, <https://www.cdc.gov/nchs/pressroom/states/southdakota/sd.htm>
2. Centers for Disease Control and Prevention. (2023, March 21). *Know your risk for heart disease*. Centers for Disease Control and Prevention. Retrieved April 17, 2023, from https://www.cdc.gov/heart-disease/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/heartdisease/risk_factors.htm
3. Public Health Informatics Institute (April 17, 2023) Self-measured Blood Pressure Monitoring. Retrieved from <https://phii.org/resources/self-measured-blood-pressure-monitoring/>.

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.

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 to prevent and manage 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 at 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; the 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 1.8% 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 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 before printing. The inclusion of program logos may be required.
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APPLY VIA ELECTRONIC SUBMISSION TO Lacy.Eaton@State.SD.US no later than 5:00 p.m. on February 28, 2025. Late or incomplete applications will not be considered for funding.



Lacy Eaton, RN

Heart Disease and Stroke Prevention Coordinator
Office of Disease Prevention and Health Promotion

SOUTH DAKOTA DEPARTMENT OF HEALTH

605.910.7566 | 1800 18th st SW Huron, SD 57350 | doh.sd.gov

Cardiovascular Health Funding Opportunity 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.*

The total number of adult patients served: _____

The total number of adult patients diagnosed with hypertension: _____

The 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 (for example approximately 10% are American Indian, approximately 20% are Medicaid recipients, etc.): _____

3. Intervention Proposal: Please select one or more strategies listed below that you intend your program to meet.

Strategy 1A: Advance the adoption and use of electronic health records (EHR) or Health Information technology (HIT) to identify, track, and monitor measures for clinical and social service and support needs to address health care disparities and health outcomes for patients at highest risk of cardiovascular disease (CVD) with a focus on hypertension and high cholesterol.

Strategy 1B: Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at the highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.

Strategy 3C: Promote the use of self-measured blood pressure monitoring (SMBP) with clinical support within populations at the highest risk of hypertension.

3. Intervention Proposal: Please provide a description of your program, making sure you include how you intend to meet one or more of the approved strategies

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

Yes No (skip to question 10)

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

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

If other, explain: _____

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

7. 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.

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

9. 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.

10. 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 Name:			

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

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

13. Budget Justification: Applicants may request up to \$60,000, 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 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 60 hrs. = \$1,500.)</i>		
Travel for this intervention		
Justification:	\$	\$
Itemized description:		
Other expenses		
Justification:	\$	\$
Itemized description:		

Indirect Costs <i>Indirect costs cannot exceed 7.3% of the total requested budget.</i>	\$	\$
Total request:	Total: \$	Total: \$