

STATE OF WYOMING
DEPARTMENT OF HEALTH
PUBLIC HEALTH DIVISION
CHRONIC DISEASE PREVENTION PROGRAM
6101 YELLOWSTONE ROAD, SUITE 510
CHEYENNE, WY 82002

REQUEST FOR APPLICATION
NO. CDPP008

CARDIOVASCULAR DISEASE PREVENTION GRANT

OPENING DATE
January 8, 2020

APPLICATION SUBMISSION CLOSING DATE
February 14, 2020
11:59 PM (MST)

DEPARTMENT OF HEALTH REPRESENTATIVE: AUDRIANNA MARZETTE
TELEPHONE NO.: (307) 777-7356

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
FUNDING OPPORTUNITY OVERVIEW	3
1. DESCRIPTION:.....	3
2. RATIONALE:.....	3
3. OBJECTIVE:	5
4. ELIGIBLE APPLICANTS:.....	5
5. FUNDING AVAILABLE AND NUMBER OF AWARDS:	5
6. RFA APPLICATION DETAILS:	6
7. TERM OF CONTRACT:.....	6
8. NON-APPROVED USE OF FUNDS:.....	7
9. RESOURCES:	7
10. TIMELINE:.....	8
11. RESERVED RIGHTS:.....	8
12. APPLICATION REVIEW PROCESS:	9
APPLICATION.....	10
1. GENERAL FORMAT REQUIREMENTS:.....	10
2. APPLICATION REQUIREMENTS:.....	10
APPENDIX A: Weighted Evaluation Factors	15

FUNDING OPPORTUNITY OVERVIEW

1. DESCRIPTION:

The Wyoming Department of Health (WDH) Chronic Disease Prevention Program (CDPP) is accepting applications for a Cardiovascular Disease Prevention Grant designed to support Wyoming organizations in implementing and evaluating evidence-based strategies to prevent and manage cardiovascular disease (CVD) in high-burden communities. Organizations who are awarded the grant will be required to plan and implement an evidence-based chronic disease management program for high blood pressure and high cholesterol.

2. RATIONALE:

Heart disease is the leading cause of death for Wyoming residents, yet can be prevented and addressed by lifestyle and behavior modifications like physical activity, eating well, regular monitoring of blood pressure, medication management, and quality systems in place to identify and address patients who may have been missed within existing health systems. In 2017, heart disease and stroke accounted for 1,191 deaths in Wyoming¹. The leading risk factor contributing to deaths from heart disease and stroke is hypertension. Hypertension, also known as high blood pressure, is a medical condition defined as having uncontrolled high blood pressure. Uncontrolled high blood pressure can damage blood vessels in the heart, which in turn increases the risk of heart attack and stroke.² About one in five people with hypertension do not even know they have it. This is perhaps due to not visiting with their doctor regularly or not understanding their diagnosis. Additionally, the 2017 Wyoming Behavioral Risk Factor Surveillance System data indicated 113,000 adults had been told they had high blood cholesterol.³ Although the body needs cholesterol to build healthy cells, high levels of cholesterol can also increase a person's risk of heart disease.

People with the following unhealthy behaviors are at a higher risk than others for high blood pressure and high blood cholesterol:

- Smoking tobacco
- Eating foods high in sodium and low in potassium
- Drinking too much alcohol
- Physical inactivity
- History of prehypertension or diabetes

Several modifiable health behaviors can lower cholesterol, including eating a healthy diet, losing weight, and being physically active. Behavior modification improvements and health systems advances are needed to reduce the need for treatment and close the gap in treatment across the population. Health system interventions may include use of team-based care and community health workers, electronic health record alignment with national guidelines, improved medication adherence, and interventions supporting better continuity of care across healthcare settings.

Applicants are encouraged to implement the strategies listed below in high burden areas/communities. Strategies should be addressed in a way that benefits both people with high blood pressure and with or at risk for high blood cholesterol.

Priority Strategies (applicants must select a minimum of three (3) strategies)

1. Promote the adoption of evidence-based quality measurement at the provider level (e.g. use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities).
2. Support engagement of non-physician team members (e.g. nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings.
3. Promote the adoption of Medication Therapy Management (MTM) between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification.
4. Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension.
5. Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources.

Outcomes (required, additional outcomes may be proposed)

1. Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol.
2. Increased medication adherence among patients with high blood pressure and high blood cholesterol.
3. Improved prevention and control among adults with known high blood pressure and high blood cholesterol.
4. Increased community clinical links that support systematic referrals, self-management and lifestyle change for patients with high blood pressure and high blood cholesterol.

Performance Measures (applicants must select a minimum of five (5) measures)

1. Number and percent of providers with a protocol for identifying patients with undiagnosed hypertension.
2. Number of adults *screened* for hypertension in community-based settings (e.g. community center, shelters and missions, pharmacy, church, and/or public library).
3. Number of adults *identified* with uncontrolled hypertension at community screening sites using the American Heart Association (AHA) guidelines.

4. Number and percent of patients with high blood pressure and high blood cholesterol *referred* to a self-measured blood pressure monitoring program or an evidence-based lifestyle program who attend at least one session.
5. Number and percent of patients with high blood pressure that have a self-management plan.
6. Number of patients with high blood pressure in adherence to medication regimes.
7. Number of adults with known high blood pressure whose hypertension becomes controlled or improves as a result of utilizing the priority strategies.
8. Number of providers with an implemented community referral system (tracking bi-directional referrals) for evidence-based lifestyle change programs for people with high blood pressure and high blood cholesterol.

References:

1. Centers for Disease Control and Prevention. Stats of the State of Wyoming <https://www.cdc.gov/nchs/pressroom/states/wyoming/wyoming.htm>. Accessed on December 3, 2019.
2. Centers for Disease Control and Prevention. Effects of High Blood Pressure <https://www.cdc.gov/bloodpressure/effects.htm>. Accessed on December 3, 2019.
3. Wyoming Department of Health. Take Steps to Keep Wyoming Hearts Healthy and Pumping. <https://health.wyo.gov/take-steps-to-keep-wyoming-hearts-healthy-and-pumping/>. Accessed on December 4, 2019.

3. OBJECTIVE:

The objective of this grant is to increase participation in evidence-based lifestyle interventions for the prevention and management of CVD in Wyoming communities. Interventions funded by this grant **must** be targeted towards Wyoming residents. Awarded applicants will be required to dedicate 535 hours to the grant.

4. ELIGIBLE APPLICANTS:

The CDPP is seeking applications from Wyoming organizations that are in good standing with the Wyoming Secretary of State and registered on SAM.gov. Any funded applicant must have a fiscal agent through which grant funds can be allocated. Awardee may serve as their own fiscal agent. Awardees will be held responsible for the performance of the contract. Awardees must report to the CDPP.

5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is one hundred forty-seven thousand dollars (\$147,000.00). Funding will be awarded to four (4) applicants with a maximum award amount of thirty-six thousand seven hundred fifty dollars (\$36,750.00) per award. Applicants are not guaranteed

maximum amount of funding and prospective recipients are expected to submit a budget that is appropriate for the project plan and scope.

6. RFA APPLICATION DETAILS:

Applications will be accepted through February 14, 2020 at 11:59 PM Mountain Standard Time. Only completed applications will be accepted. Requests for deadline extensions will not be considered.

QUESTIONS:

Applicants will be allowed the opportunity to email questions regarding this funding opportunity through February 7, 2020. All questions should be submitted to Audrianna Marzette, Chronic Disease Prevention Specialist, at audrianna.marzette@wyo.gov. Answers to all questions will be posted publically on the CDPP website. Please include “RFA: Question” in the email subject line.

OPTIONAL APPLICANT CALL:

Applicants will have the option to participate in an optional applicant call. The call will take place on January 24, 2020 from 11:00 AM to 12:00 PM. Register in advance for the applicant call at: <https://zoom.us/meeting/register/tZUufu6oqT0qDES5rCpSe0M6xvYuDc3BSw>. After registering, you will receive a confirmation email containing information about joining the call.

SUBMITTING COMPLETED APPLICATION:

Applicants should submit a completed application via email to Audrianna Marzette, Chronic Disease Prevention Specialist, at audrianna.marzette@wyo.gov. Please submit a single PDF document and include “RFA: Application Submission” in the email subject line. Applications must be submitted by February 14, 2020 at 11:59 PM Mountain Standard Time.

Following submission, applicants will receive a confirmation email verifying receipt of the application within two (2) business days.

NOTIFICATION OF AWARD OR NONAWARD:

Applicants will receive written notice by February 28, 2020 as to whether the application has been approved to be funded wholly, in part, or not funded. Selected applicants will begin the contract process with the CDPP. All funded activities must be completed within the term of the contract.

7. TERM OF CONTRACT:

The anticipated contract term for the Cardiovascular Disease Prevention Grant is April 13, 2020 through June 29, 2021. **Awardees will be required to expend grant funds by June 29, 2021.** There will be no opportunity for renewal of funding.

8. NON-APPROVED USE OF FUNDS:

The CDPP will not be able to fund programs that are not part of a strategic plan that addresses the objectives of this grant. Below is a list of examples of activities and other items that are not allowable under the grant. This list is not all inclusive and all programmatic activities must be approved by the CDPP.

- 8.1 One time activities or event that are not considered evidence based, such as assemblies, speakers, “fun runs,” etc. Additionally, community gardens, farmers markets, greenways, or other similar developments cannot be funded.
- 8.2 Programs funded through other sources; supplanting funds.
- 8.3 Direct service to clients/constituents, e.g., medical nutrition therapy sessions with a dietitian.
- 8.4 Provision of professional development by unqualified individuals or use of programs that do not have a strong evidence base e.g., promoting a specific dietary supplement or for-profit exercise program. Programmatic activities must be approved by the grantor. Please see “resources” section below for examples of evidence-based programmatic activities.
- 8.5 Capital construction projects or purchase of building or other long-term funds.
- 8.6 Purchase of computers, other technological devices (e.g., iPad), or office equipment other than standard consumable supplies.
- 8.7 Payment of expenses for lobbying.
- 8.8 Payment of meals and refreshments outside of federal regulation 45 CFR 75.432.
- 8.9 Gifts, prizes, or other compensations for trainees or participants.

9. RESOURCES:

The following web links provide some resources that may be helpful:

“Million Hearts Cholesterol Management”

<https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html>

“2018 Guidelines on the Management of Blood Cholesterol”

<https://www.acc.org/~media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/Guidelines/2018/Guidelines-Made-Simple-Tool-2018-Cholesterol.pdf>

“American Heart Association, Target: BP”

<https://targetbp.org/tools-downloads/?sort=topic&>

“Self-Measured Blood Pressure Monitoring”

<https://millionhearts.hhs.gov/tools-protocols/smbp.html>

“National Association of Community Health Centers SMBP Implementation Guide”

<https://nccd.cdc.gov/Toolkit/DiabetesImpact> <https://www.nachc.org/wp-content/uploads/2018/09/NACHC-Health-Care-Delivery-SMBP-Implementation-Guide-08222018.pdf>

10. TIMELINE:

January 8, 2020	RFA opens
January 24, 2020	Optional Applicant Call, 11:00 AM – 12:00 PM
February 7, 2020	Last day to submit questions
February 14, 2020	Applications Due by 11:59 PM (MST)
February 28, 2020	Applicants notified in writing of acceptance/rejection
April 13, 2020	Estimated start of contract

11. RESERVED RIGHTS:

The CDPP reserves the right to:

11.1 Reject any or all applications received in response to this RFA;

11.2 Not make an award to any applicant who is not in good standing at the time a contract is awarded;

11.3 Withdraw the RFA at any time, at the agency’s sole discretion;

11.4 Make an award under this RFA in whole or in part;

11.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;

11.6 Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;

11.7 Seek clarifications and revisions of applications;

- 11.8 Use historic information obtained through site visits, business relationships, and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;
- 11.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- 11.10 Change any of the scheduled dates;
- 11.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- 11.12 Waive any requirement that is not material;
- 11.13 Conduct contract negotiations with the next responsible applicant, should the CDPP be unsuccessful in negotiating with the selected proposer;
- 11.14 Utilize any and all ideas submitted in the applications received;
- 11.15 Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant's compliance with the requirements of the solicitation; and
- 11.16 Cancel or modify contracts due to the insufficiency of appropriations.

12. APPLICATION REVIEW PROCESS:

Applicants will be evaluated based upon the weighted evaluation factors described in Appendix A. A group of reviewers will be established to evaluate all completed applications and make recommendations based upon final scores. The CDPP may contact an applicant for clarification or questions related to the application.

APPLICATION

1. GENERAL FORMAT REQUIREMENTS:

Applications must follow the general requirements when submitting to this RFA:

- 1.1. Application must be typed in Times New Roman, no smaller than 11 point font, with 1 inch margins on standard paper (8.5" x 11").
- 1.2. Applications must be organized by sections (in bold) labeled below.
- 1.3. Applications must be submitted as a single PDF file and include all application requirements.

2. APPLICATION REQUIREMENTS:

2.1. **Cover Sheet.** Please include the following applicable information in your cover sheet: (1 page maximum)

- a. Name of Applicant Organization (as registered with the Wyoming Secretary of State)
- b. Tax ID
- c. DUNS Number
- d. Physical Address of Applicant Headquarters
- e. Mailing Address of Applicant Headquarters (if different)
- f. Name of Contact Person
- g. Title of Contact Person
- h. Phone of Contact Person
- i. Fax of Contact Person (if available)
- j. Email of Contact Person
- k. Name of Authorized Signatory Person
- l. Title of Authorized Signatory Person
- m. Email of Authorized Signatory Person

2.2. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration. This is required for all entities receiving federal funds.

2.3. **Abstract.** Provide a summary of this application, which includes a description of: (1 page maximum)

- a. An overview of the organization that will offer the program.
- b. Organizational members that implement evidence-based interventions based on the objectives proposed in the application.
- c. The need for a program in the organization's community.
- d. The desired short- and long-term outcomes for the program at the organization.
- e. A brief explanation of your organization's plans for evaluation and sustainability.

2.4. **Needs Assessment.** Provide a brief summary justifying the need for a program in your community. Include data on priority population (population subgroups who experience racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or low income), disease incidence and/or prevalence rates, health risk factors, and available services related to diabetes prevention. Include an explanation of how a program offered by your organization would fill this need. (1 page maximum)

2.5. **Organizational Capacity.** Please list the role, name, title, and email of the members who will be serving on your Quality Improvement Team for this grant. Describe the organization's capacity to complete the performance measures within the project period. Describe community-clinical linkages and any relevant partnerships that are already in place. In addition, attach the resumes or CVs of key personnel who will be involved in the planning, implementation, and evaluation of your program. (6 page limit)

2.6. **Objectives.** Please check the objectives your organization plans to address. Organizations must select at least three objectives to address simultaneously.

Implement or improve upon the Medication Therapy Management (MTM) services offered to adults with high blood pressure and high blood cholesterol in the pharmacy setting (i.e. establishing Collaborative Practice Agreements between pharmacies and physicians)

Implement policy and procedure around evidence-based quality measurement

Implement or improve team-based care for patients with high blood pressure and cholesterol (i.e. utilizing non-physician team members, such as social workers, nurses, pharmacists)

Develop protocol or system to screen, identify, and refer patients with uncontrolled high blood pressure and high blood cholesterol to an evidence-based lifestyle program (i.e. Community Heart Healthy Ambassador SMBP Program or Healthy Coaches for Hypertension)

Implement a self-measured blood pressure (SMBP) monitoring program

2.7. **Approach.** In narrative form, discuss the overall strategy to accomplish the aims of the project. Discuss potential problems, alternative strategies, and benchmarks for success. You may supplement your narrative with tables, timelines, or other tools to outline project approach. Additional questions to consider when writing your approach include: (4 page limit)

a. **Personnel Availability.** How will you ensure two staff dedicate 535 hours to the grant?

b. **Standardized Curriculum.** What curriculum will you implement in your program?

c. **Confidentiality.** What is your plan for maintaining a confidential patient record for each participant?

d. **Marketing Plan.** How will you promote to populations at high risk for high blood pressure and high blood cholesterol? How will you promote your program to providers and health systems that provide services and support to individuals at high risk? The marketing plan should include goals and objectives, audiences, strategies and partners, messaging, and evaluation.

e. **Eligibility Criteria.** What is your procedure to identify adults with hypertension and/or high blood cholesterol?

- f. **Participant Commitment and Retention.** Will you have a process to assess enrollee readiness for change? What strategies will you employ to maintain a high retention rate of participants?
- g. **Participation Barriers.** How will your organization remove participation barriers for priority populations? Will you create supporting resources such as childcare or transportation vouchers if support from network partners for these items is not available?
- h. **Incentives.** Will your program use incentives to support participants in achieving the goals of the curriculum, focusing on diet and physical activity behavior modification?

2.8. **Timeline.** Include a timeline detailing key milestones for how you will implement the program no later than July 31, 2020 and deliver it through the contract term. The timeline should include hiring and training deadlines and your tentative class schedule.

2.9. **Sustainability.** Describe the intended plan for sustaining the program both during and after the funding period. Keep in mind that grant funds should not be used as a long-term funding source for the delivery of lifestyle change programs. (2 pages maximum)

2.10. **Evaluation.** Describe how performance measure data will be collected and any existing data/EHR organizational capacity. This section must include the methods, techniques, and tools used to: 1) monitor whether the program is being implemented as planned, as well as identify processes for corrective actions if necessary; 2) monitor and track progress on the program’s outcomes and objectives; 3) ensure program data is collected and reported in a timely and accurate manner; and 4) compile a final report summarizing the implementation and final outcomes of the overall program. (3 pages maximum)

2.11. **Budget Narrative.** Use the template provided to briefly state why the position or purchase is necessary to support the project. If personnel costs are included, describe what the staff member or position will do, relationship to other staff, and role in the project. Expand as needed. Recipient must have at least two people dedicated to this project for 535 hours. Recipients will be required to attend two trainings in Wyoming in fall 2020 and should budget for 1 program staff to attend. This includes staff working as a Program Coordinator or Heart Healthy Ambassador.

Expense Category	Item Description	Justification	Estimated Cost for Term of Grant
Salaries			
Fringe Benefits			
Consultant Costs			
Marketing			
Food			

Office Space			
Classroom and Education Materials			
Participant Supplies			
Postage			
Printing			
Travel			
Other (specify)			
		Total Direct Cost:	
		Indirect (Administrative Costs not to exceed 6% of the total grant award)	
		Total Cost:	

Budget Justification/Narrative

Example:

- NAME, % FTE: JUSTIFICATION
- Ex: Jane Doe, 25% FTE: Jane Doe is the outreach coordinator for ABC organization. Jane will conduct the proposed education sessions in the target community, coordinating all community outreach, enrollment, and collection of evaluation metrics.
- For supplies, estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards X \$0.64 = \$160.)
- Travel reimbursement is allowed at the following rates: \$0.58/mile, \$13.00/breakfast, \$14.00/lunch and \$23.00/dinner; lodging maximum is \$55 plus taxes per night.

2.12. **Letters of Support.** Attach a minimum of three letters of support from providers in your community who have agreed to make referrals to your program. These letters should explain how the provider commits to screen, test, and refer eligible patients to your program.

CERTIFICATION OF AUTHORIZATION

By submission of an application, the proposer certifies:

Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.

No attempt has been made nor will be by the proposer to induce any other person or firm to submit, or not to submit, a proposal for the purpose of restricting competition.

The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.

Proposer will comply with all federal and state regulations, policies, guidelines and requirements.

Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any proposer.

I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this grant, I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application.

I have been authorized by the agency’s governing body to submit this application.

Signature of Authorized Agent

Date

Name of Authorized Agent

APPENDIX A: Weighted Evaluation Factors

Component of Application	Points Available
Cover Sheet and Abstract	4
Needs Assessment	8
Organizational Capacity	7
Objectives	6
Approach	27
Timeline	3
Sustainability	20
Evaluation	10
Budget Narrative	5
Letters of Support	10
Total Possible Points	100