

**Wisconsin Department of Health Services Chronic Disease Prevention Unit
Paul Coverdell National Acute Stroke Program
Grant Funding Opportunity
Stroke Learning Collaborative Leads
September 2024**

Overview

The purpose of this grant funding opportunity (GFO) is to identify potential partner(s) for work as part of the Centers for Disease Control (CDC) CDC-RFA-DP-24-0060 Paul Coverdell National Acute Stroke Program funding.

The Wisconsin Department of Health Services (DHS) has received funding from CDC since 2012 to implement the Paul Coverdell National Acute Stroke Program, known as the [Wisconsin Coverdell Stroke Program](#). DHS applied for and received the next multi-year funding cycle. DHS is seeking to identify qualified lead organizations to develop, implement, and evaluate the strategies and activities within a learning collaborative (LC) as required under this cooperative agreement.

Background of the Paul Coverdell National Acute Stroke Program

In 2001, Congress provided funding to CDC to establish the Paul Coverdell National Acute Stroke Registry, named after the late US Senator Paul Coverdell of Georgia, who suffered a fatal stroke in 2000 while serving in Congress. In 2012, as the program expanded, the name changed to the Paul Coverdell National Acute Stroke Program. The aim has been to support the implementation of comprehensive stroke systems for individuals at highest risk of stroke and for stroke patients across the continuum of care from the onset of stroke symptoms through rehabilitation and recovery.

Based on the [CDC funding guidance](#), this iteration of Coverdell will support state stroke systems in partnerships with learning collaboratives or coalitions to improve state-level stroke care for those at the highest risk. DHS will be required to execute a dual approach to addressing stroke in the coordinated systems of care and the implementation of prevention activities in community settings. The three overarching strategies in the grant are:

1. Track, monitor, and assess clinical and social services and support needs measures and referrals across the stroke continuum of care for those who have experienced a stroke, those at the highest risk of stroke due to undiagnosed or uncontrolled hypertension, and to identify health care disparities.
2. Promote the implementation of a team-based care approach across the stroke continuum of care for those who have experienced a stroke and those at the highest risk of stroke, focusing on hypertension prevention, detection, control, and management through the mitigation of barriers to social services and support needs to improve outcomes.
3. Link individuals to community resources and clinical services to support bidirectional referrals, self-management, and lifestyle changes for those who have experienced a stroke and those at the highest risk of stroke and to mitigate barriers to social services and support needs to improve outcomes.

Opportunity

Partner Activities/Draft Scope of Work

The organization(s) identified through this grant funding opportunity (GFO) will be expected to lead an LC consisting of at least one community-based organization (CBO), emergency medical service (EMS), and hospital representing populations of focus. An LC is defined as a hub of entities focused on developing innovative approaches to improve overall cardiovascular (CVD) health, with an emphasis on stroke. The LC, or stroke coalition, must be equipped to apply those approaches to the mitigation of barriers to social services and support needs and other associated risk factors for CVD within approved populations of focus.

LCs will be required to have at least 51% of participating collaborators and partners that have demonstrated history and experience working with and representing approved populations of focus. Populations of focus include people at highest risk for CVD, people who identify as Black, people who identify as Asian, people who identify as American Indian and Alaska Native, and people who identify as females.

The LC will implement the activities detailed below in close collaboration with the DHS Coverdell Stroke Program team. By submitting an application, LCs are committing to 5 years of work with Wisconsin DHS.

Proposed activities for LC lead organization will support the successful implementation and evaluation of grant strategies and performance measures, which include:

- Recruit additional partners as necessary for LC, form, and lead LC.
- Meet regularly with WI DHS Coverdell staff (establish goals and timelines according to grant activities) and create organizational and individual roles with grant activities.
- Contribute to the development of the evaluation and performance measurement plan within the first 6 months of funding.
- Collect information for project activities per evaluation plan. The following are examples but not an all-inclusive list.
 - Program Reach:
 - Outreach events
 - # patients/individuals reached/referred
 - Perceived value of quality improvement and training events by CBO, EMS, and hospital staff
 - System improvements and challenges: qualitative summary of changes Coverdell CBOs, EMS, and hospitals have made to improve care
 - Number of presentations and partner meetings attended
- Enter data quarterly into state registry (EMS and hospital).
- Create multi-year work plan for expanding available social support assets and addressing most significant gaps.
- Facilitate the development or enhancement of LC partner policies/protocols for utilizing EHR/HIT to track and pull stroke and hypertension (HTN) control measures by race, ethnicity, and other populations of focus to identify those who have experienced a stroke and those at highest risk of a stroke due to undiagnosed and uncontrolled HTN.

- Facilitate the identification and sharing of LC assets, programs, and resources that exist to meet clinical and social services and support needs for those who have experienced a stroke and those at the highest risk of a stroke to monitor and assess referrals and use of those services through a bidirectional referral system.
- Facilitate standardization of LC care team procedures to include both clinical and community-based entities and individuals, across the stroke continuum of care to identify participants' social services and support needs and track, monitor, and assess the referral and use of those services, such as food assistance, housing, childcare assistance, transportation, etc.
- Facilitate LC use of data to drive changes to improve efficiency and quality of care among the care team.
- Facilitate the engagement of the community-based workforce (including community health workers, community health representatives, social workers, patient navigators, etc.) in managing community resources and clinical services that support those who have experienced a stroke and those at the highest risk of stroke across the continuum of care to improve outcomes.
- Conduct at least one quality improvement (QI) project (PDSA cycle) to initiate or improve performance measure activities.

Recipients are expected to begin proposed activities by the start of the performance period. Project expenses will be eligible for reimbursement with this funding from November 1, 2024 – June 29, 2025.

Period of Performance Scope of Work

Timeline: Year 1 November 1, 2024 – June 29, 2025; annual renewals for up to 4 additional years for June 30-June 29 (depending on the length of the CDC funding award, available funding, and performance) and any supplemental or no cost extension opportunities that may become available.

Note: Funding will depend on the CDC funding award allocated to LCs and may not be available for all grant years. This LC funding for Year 1 is intended to help establish a sustainable infrastructure for continued work in Years 2-5. LCs are expected to continue the work with or without funding in Years 2-5.

Eligibility Information

As the LC organization lead, please apply for your LC. You will be expected to be the fiscal agent and be in charge of distributing funds to your LC partners.

Organizations that apply for funding must be based in Wisconsin. Applicants must have, or obtain prior to contract execution, a Unique Entity ID (UEI) from sam.gov and must not be disqualified, suspended, or ineligible. DHS will designate a STAR Supplier ID and Grant [Enrollment, Application and Reporting System (GEARS) Agency Number prior to grant agreement routing if grantees do not already have one.

Eligible organizations must demonstrate their capacity to provide and coordinate activities that advance the Wisconsin Coverdell Stroke Program goals and outcomes. Eligible organizations

may not discriminate based on race, ethnicity, religion, sex, sexual orientation, gender identity, gender expression, age, or national origin in their staffing policies, use of volunteers, or provision of services.

Organizations eligible will have to serve those who live in priority areas. For CDC-RFA-DP-24-0060 Paul Coverdell National Acute Stroke Program, priority areas include counties in these regions:

- South Central WI
 - Dane
 - Dodge
- Southeastern WI
 - Milwaukee
 - Racine
 - Waukesha
- Northeastern WI
 - Brown
 - Outagamie

The regions with associated counties will be the LCs, for a total of three. Organizations are eligible if they serve and/or represent those who live in one of the counties or several of the counties listed. The lead organization will be responsible for recruiting partners within the regional LC.

LCs will be required to have at least 51% of participating collaborators and partners that have demonstrated history and experience working with and representing approved populations of focus. Populations of focus include people who identify as Black, people who identify as Asian, people who identify as American Indian and Alaska Native, and people who identify as females.

Priority areas are communities disproportionately burdened by stroke as evidenced by crude stroke prevalence at the census tract level that is at least 1.5 times greater than crude stroke prevalence for the corresponding county.

Funding Availability

This is a *scored partner interest survey/application*.

Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to ultimately partner with to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, DHS reserves the right to award more than one agency applying, and DHS may award additional funding if more funding becomes available. DHS also reserves the right to award grants for less than an applicant's proposed amount. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this partner survey to increase funding to the selected agencies or fund additional agencies that submitted a survey but were not selected.

It is anticipated the total amount of funding available will be approximately \$120,000/year or approximately \$40,000 for each of the 3 LCs regions. Funding is expected to be provided to LC

partners to support staff time in implementing activities to achieve grant performance measures and deliverables. LC lead organizations will be expected to be the fiscal agent and be in charge of distributing funds to LC partners. This is subject to available funding allocation for year 1, subsequent years 2-5, and satisfactory performance. **Project expenses in Year 1 will be eligible for reimbursement with this funding from November 1, 2024 – June 29, 2025.**

Funded organizations are required to use [Grant Enrollment, Application and Reporting System \(GEARS\)](#). Funded organizations will report costs incurred on expenditure reporting forms and submit the forms to the GEARS Unit monthly. Additional expenditure information will also be submitted to Wisconsin Coverdell Program staff.

DHS uses a cost-based reimbursement model that limits reimbursement to actual allowable incurred costs. If funding is awarded, expenses can be submitted for reimbursement only after they have been incurred.

Recommended indirect rate, if applicable, should be ≤ 15%.

Use of Funds

As inequitable stroke risk factors, occurrence, and mortality persist across the state, it is critical to support community, EMS, and hospital efforts that improve stroke outcomes throughout the continuum.

Funds will not be distributed in advance for project expenses, but on a reimbursement basis through this grant program. The following is a list of allowable and unallowable project expenses, not inclusive.

Allowable Costs and Activities
Grant recipients will be required to comply with the Department of Health Services Allowable Cost Policy Manual: https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm
Staff time to coordinate and implement the project
Meeting expenses related to the project (meeting room, AV equipment, travel, speakers, etc.)
Public health evaluation
Office supplies, postage, copying, etc. related to the project
Consultant and contract services needed to implement the project
Unallowable Costs and Activities
Direct or indirect lobbying activities
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation, and other costs associated with treatment and direct care
Costs or activities not directly related to the overall project description and scope of work
Research
Construction

Capital expenditures and capital equipment. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year.

Projects outside of Wisconsin

Application Instructions:

Interested organizations should apply by answering the following questions. Please note that only the lead organization needs to apply for the LC. An LC is defined as a hub of entities focused on developing innovative approaches to improve overall CVD health, with an emphasis on stroke. The LC, or stroke coalition, must be equipped to apply those approaches to the mitigation of barriers to social services and support needs and other associated risk factors for CVD within approved populations of focus. **LC lead organizations do not have to already have identified partner organizations for work.**

LCs will be required to have at least 51% of participating collaborators and partners that have demonstrated history and experience working with and representing approved populations of focus. Populations of focus include people at highest risk for CVD, people who identify as Black, people who identify as Asian, people who identify as American Indian and Alaska Native, and people who identify as females.

All questions must be answered to be eligible for funding.

- **Complete this interest survey by 5 p.m. on October 25, 2024.**
- Click on this [link](#) to complete the Grant Funding Opportunity.
- Only surveys submitted through this link will be considered.

Questions: If you have any questions, please contact Mary Pesik, Chronic Disease Prevention Program Director (mary.pesik@dhs.wisconsin.gov) and/or Ka Xiong, Coverdell Program Director/Epidemiologist (ka.xiong@dhs.wisconsin.gov).

Survey Tips:

- Depending on your scope of work and interest, the time it takes to complete this survey will vary. Therefore, we recommend you working "offline" until you're ready to complete the survey in full.
- Use the navigation buttons at the bottom of the page instead of your internet browser's navigation.
- You will not be able to navigate to any previous responses once "Submit" is selected on the last page.
- Complete this survey in one sitting. You will not be able to return to your earlier responses.
- All questions are mandatory for completion.

Survey Questions:

1. Name of lead organization applying:
 2. Has the lead organization identified other partner organizations to conduct work within the learning collaborative?
 - a. Yes
 - i. Name(s) of other identified organization(s) in the learning collaborative (LC)
 - b. No
 3. County(ies) your organization is based in (select all that apply):
 - a. Brown
 - b. Dane
 - c. Dodge
 - d. Milwaukee
 - e. Outagamie
 - f. Racine
 - g. Waukesha
 - h. Other (write in)
 4. County(ies) your organization serves (select all that apply) *:
 - a. Brown
 - b. Dane
 - c. Dodge
 - d. Milwaukee
 - e. Outagamie
 - f. Racine
 - g. Waukesha
- *Lead organizations applying should serve at least one county listed.
5. Contact information for who will serve as the primary point of contact for communication regarding this interest survey.
 - a. First Name
 - b. Last Name
 - c. Title
 - d. Email
 - e. Phone
 6. Organizations' website (if applicable)
 7. Briefly describe your organization's mission and vision.
 8. Briefly describe your organizations experience and expertise that makes you well-qualified to implement the proposed scope of work activities. [500 words]

9. Briefly describe any previous or current work and accomplishments related to establishing/working with learning collaboratives, coalitions, or partnerships related to the stroke continuum of care or similar. [500 words]
10. Briefly describe how you have identified and worked with focus populations* for focused stroke prevention and care efforts? [500 words]

*For this GFO, populations of focus include people at highest risk for CVD, people who identify as Black, people who identify as Asian, people who identify as American Indian and Alaska Native, and people who identify as females.
11. Briefly describe your experience leading quality improvement projects to improve care across the stroke care continuum. [500 words]
12. What amount of funding would be requested by your organization to accomplish the proposed scope of work? Briefly describe how the funding would be used. Please reference Funding Availability section for details. [250 words]
13. Are you able to, with the assistance of the Coverdell Team, commit to reporting evaluation performance measures for Year 1? [Yes/No/Don't Know]
14. If funds are not available in years 2-5, what are your sustainability plans for work in those years?
15. What other comments or questions would you like to share with the Chronic Disease Prevention Program? [250 words]

Thank you for completing this interest survey. Anticipate hearing of your status within 10 business days after this survey closes. If you have questions or technical difficulties, please contact Mary Pesik, Chronic Disease Prevention Program Director (mary.pesik@dhs.wisconsin.gov) and/or Ka Xiong, Coverdell Program Director/Epidemiologist (ka.xiong@dhs.wisconsin.gov).