



## Blood Pressure & Beyond - in the Rural Midwest Grant for Health Care Organizations\*

Receive up to \$2000\* for your efforts in addressing rural health outcomes.

In July of 2024, the American Heart Association released a [Presidential Advisory: Forecasting the Burden of Cardiovascular Disease \(CVD\) & Stroke in the U.S. Through 2050—Prevalence of Risk Factors and Disease](#). The report emphasized the role that a growing incidence of high blood pressure and diabetes will play in the overall growth of CVD while anticipating a continued disproportionate impact on rural areas.

Furthermore, the Advisory encourages the need for a comprehensive approach to prevention and management. Thus, we are working with health systems, Rural Health Clinics, Federally Qualified Health Centers, free clinics, and, more recently, pharmacies, dentists, behavioral health clinics, etc, to improve the clinical response to chronic disease disparities. In many cases, we are working with those same organizations to integrate opportunities to address the Social Drivers of Health (SDOH) and improve resource access in coordination with local community based organizations.

Our [Outpace CVD™](#) initiative focuses on supporting outpatient care sites in their management of chronic disease to prevent future cardiovascular disease and events. As part of the Outpace CVD suite, [Target: BP™](#), [Target: Type 2 Diabetes<sup>SM</sup>](#) and [Check. Change. Control. Cholesterol™](#) deliver trusted, patient-facing educational materials alongside quality improvement support in the form of resource guides, sample protocols, CME-webinars and more.

Thus, we are offering up to \$2000 to each of five Midwest rural ([Am I Rural?](#)) health care organizations to lead evidence-based policy and practice changes. Funding can be used to:

- Implement/adopt one or more of these [Evidence Based Practices](#) for better BP Measurement.
- Develop/enhance collaboration with external partners to systematically and sustainably address chronic disease directly and/or move upstream to address SDOH.
  - Creativity is welcomed but past examples include the development of a workflow to connect patients with nutrition assistance, tobacco cessation, and opportunities to provide access to blood pressure self-monitoring in community spaces like libraries, senior centers, etc.

To apply, please complete this brief [application](#) by **January 31, 2025**.

**Note:** Because we seek to support and measure sustainable change, applicants **need to REGISTER** for at least one new/additional program within [Outpace CVD™](#) - by February 3, 2025 - and commit to completing data submission for the same by May 1, 2025.

Questions? Contact [Tim Nikolaj](#), Sr. Rural Health Director, American Heart Association, Midwest.

\*Health Care Organizations include those delivering primary care, as well as behavioral health, dentists, pharmacists, etc. For those orgs who do not traditionally diagnose or manage hypertension, participation in Outpace CVD may look different.

## Additional notes

- Applications will be assessed for their potential of addressing health disparities and creating sustained impact.
- Immediate preference will be given to those who have not recently received similar funding from the American Heart Association.
- Those who apply for, but do not receive funding, will be offered technical assistance until more funding is available.
- Our commitment is to allow your time to be spent on quality improvement not reporting. We aim to make the process as easy as possible.

## Mini Grant Selection Criteria

In addition to completing the mini grant application survey, the American Heart Association will select grant recipients based on:

- Commitment to register for Target: BP and/or Target: Type 2 Diabetes (TT2D) by 2/1/24 (Check. Change. Control. Cholesterol (CCCC) registration is optional) and submit all required summary level data without errors for Target: BP and/or TT2D by 4/12/24.
- Interest and commitment to implement one or more new evidence-based clinical policy or practice change in consultation with AHA staff.
- Readiness and capacity to submit data and implement a clinical quality improvement evidence-based clinical policy or practice change.
- Must be located in, or serving, a rural area in the Midwest Region: IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD and WI

## Miscellaneous:

In the event that the operation or administration of the grant application or review process is impaired or prevented in any way for any reason, including, but not limited to fraud, change of condition, or other technical problems, AHA may in its sole discretion, either: (a) terminate the grant; (b) suspend the grant submission or review to address the impairment and then resume the grant in a manner that best conforms to the spirit of these rules; and/or (c) substitute other award(s) for any award set forth in these Rules that becomes unavailable for any reason. AHA reserves the right in its sole discretion to disqualify any individual found to be tampering with the application process or the operation of the grant or acting in violation of these rules. Failure to execute and return any agreements with AHA that are conditioned on selection will result in such Recipient's automatic forfeiture of his/her grant with no substitution or alternative available. AHA's failure to enforce any term of these rules shall not constitute a waiver of that or any other provision. Information provided by you for this grant is subject to AHA's privacy policy.

AHA is not responsible for: (i) electronic transmissions that are lost, late, stolen, incomplete, damaged or misdirected; (ii) any problems or technical malfunctions, errors, omissions, deletions, defects, communication failures or (iii) causes beyond AHA's reasonable control that jeopardize the administration, security, fairness, integrity or proper conduct of the grant. AHA will not be responsible if weather conditions, event cancellations, acts of God or other circumstances beyond their control prevent the grant from being awarded.

By submitting an application, participants agree to release, discharge and hold harmless AHA and each of its affiliates, directors, officers, employees, and agents from and against any and all injuries, claims, losses, damages, actions and/or liability arising out of or in connection with, directly or indirectly, participation in and/or entry into the grant or acceptance, delivery, possession, use or misuse of any award received. The determinations of AHA are final and binding with respect to any matter arising out of the interpretation or application of these rules.

Applicants agree and acknowledge that personal data submitted with an application, including name, phone number, and email address may be collected, processed, stored, and otherwise used by AHA and its affiliates for the purposes of conducting and administering the grant. All personal information that is collected is subject to AHA's Privacy Policy, <https://www.heart.org/en/about-us/statements-and-policies/privacy-statement>.