



# Paul Coverdell National Acute Stroke Program

CDC-RFA-DP24-0060

**APPLICANT INFORMATIONAL WEBINAR**  
**April 29, 2024**

Division for Heart Disease and Stroke Prevention  
Program Development and Services Branch



# AGENDA

Welcome and Introductions

General Overview of CDC-RFA-DP24-0060

Application Content

Application Requirements

Website & Email

Questions & Answers



# INTRODUCTIONS



**Alyson Davis**, *Project Officer*



**Lisa Cooper**, *Project Officer*



**Bill Tanner**, *Project Officer*



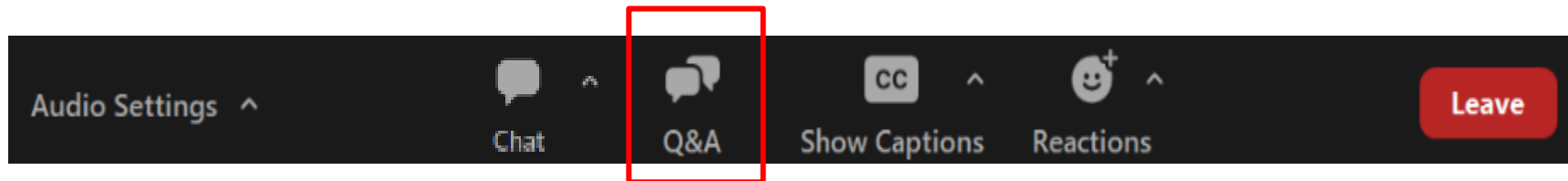
**John Whitehill**, *Evaluator*



# HOUSEKEEPING

---

- The chat & raise your hand functions will be disabled during today's webinar.
- Please use the Q&A function to ask questions.



- This webinar will be recorded.



# GENERAL OVERVIEW

---



# GENERAL OVERVIEW OF DP24-0060

---

## PURPOSE

- Improve equity and quality in stroke prevention and care with a focus on those at highest risk of stroke.
- Recipients will use funding to:
  - Prevent strokes through hypertension detection and control.
  - Improve stroke care through enhanced data collection.
  - Strengthen linkages between clinical and community resources for those at the highest risk of stroke.
- These will be realized by creating or aligning with a stroke coalition or a learning collaborative (LC).

## POPULATIONS OF FOCUS

- Those at the highest risk of stroke, which includes:
  - Those who have experienced a stroke.
  - Those with uncontrolled or undiagnosed hypertension.



# GENERAL OVERVIEW OF DP24-0060

---

## FUNDING AND PERIOD OF PERFORMANCE

- 5-Year Performance Period.
- Approximately \$7.7 million total funding for Year 1.
- Year 1 budget/project period: September 30, 2024, through June 29, 2025 (9 months).
- Average annual award per recipient: \$650,000.



# GENERAL OVERVIEW OF DP24-0060

---

## REQUIREMENTS

Applicants Must:

- Describe a state crude stroke mortality rate of at least 55.9 per 100,000, using 2018-2021 CDC WONDER data for adults aged 18 years or older, with mortality identified via the ICD-10 codes for cerebrovascular disease (stroke), i.e., I60-I69.
- Propose activities in communities across the state with individuals at the highest risk of stroke as evidenced by a crude stroke prevalence at the census tract level that is at least 1.5 times greater than the crude stroke prevalence for the corresponding county. CDC PLACES can help identify stroke prevalence at the census tract level.
- Collaborate or partner with a stroke coalition or learning collaborative (LC).






# CDC DATA SOURCES

## CDC WONDER

<https://wonder.cdc.gov/>



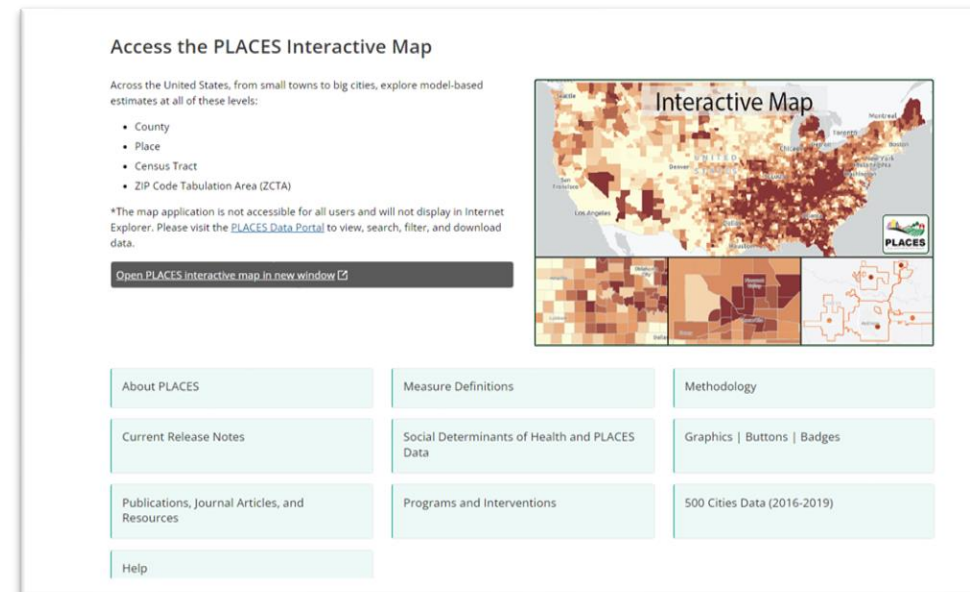
The screenshot shows the CDC WONDER website interface. At the top, there is a navigation bar with links for 'CDC WONDER', 'FAQs', 'Help', 'Contact Us', and 'WONDER Search'. Below this is a search bar with a 'Search' button. The main content area is titled 'CDC WONDER' and includes a brief description: 'WONDER online databases utilize a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.' There are several tabs for navigation: 'WONDER Systems', 'Topics', and 'A-Z Index'. Under 'WONDER Systems', there are sections for 'WONDER Online Databases' (including AIDS Public Use Data, Births, and Cancer Statistics), 'National Notifiable Conditions' (including NNDSS Annual Summary Data Query, NNDSS Annual Tables, and NNDSS Weekly Tables), and 'Other Query Systems' (including Healthy People 2010 Archive). A 'Deaths' section is also visible, listing categories like All Ages, Underlying Cause of Death, Multiple Cause of Death (Provisional and Final), U.S. - Mexico Border Area Mortality, Compressed Mortality, Fetal Deaths, and Infant Deaths.

### HELPFUL LINKS:

- [General Help for CDC WONDER](#)
- [CDC WONDER Quick Start Guide](#)

## CDC PLACES

<https://www.cdc.gov/places/index.html>



The screenshot shows the CDC PLACES website homepage. The main heading is 'Access the PLACES Interactive Map'. Below this, it states: 'Across the United States, from small towns to big cities, explore model-based estimates at all of these levels:'. A list of levels includes: County, Place, Census Tract, and ZIP Code Tabulation Area (ZCTA). A note mentions: '\*The map application is not accessible for all users and will not display in Internet Explorer. Please visit the PLACES Data Portal to view, search, filter, and download data.' There is a button that says 'Open PLACES interactive map in new window'. To the right, there is a map titled 'Interactive Map' showing a heatmap of the United States. Below the map, there is a grid of links: 'About PLACES', 'Measure Definitions', 'Methodology', 'Current Release Notes', 'Social Determinants of Health and PLACES Data', 'Graphics | Buttons | Badges', 'Publications, Journal Articles, and Resources', 'Programs and Interventions', and '500 Cities Data (2016-2019)'. A 'Help' link is also present at the bottom left.

### HELPFUL LINKS:

- [About CDC PLACES](#)
- [CDC PLACES New Release Notes](#)



# STROKE COALITION | LEARNING COLLABORATIVE (LC)

---

## THE CONCEPT

A stroke coalition or heart disease and stroke learning collaborative (LC) is a group of public health leaders and partners who share a common interest in a subject area and collaborate to achieve sustainable change and improvement.

## THE OBJECTIVES

- Facilitate communication and idea exchanges between health systems, community health organizations, and public health entities.
- Prioritize populations and communities with the highest prevalence of stroke to achieve optimal health outcomes.
- Serve populations and communities affected disproportionately by stroke and its associated risk factors, specifically high blood pressure, high cholesterol, or cardiovascular disease.
- Leverage technical and financial resources to support programs to improve stroke health outcomes for those at the highest risk.
- Partnerships should be established with other CDC-funded programs within and outside state health departments, tribes and tribal organizations (where appropriate).



# STRATEGIES

---

## STRATEGY 1

Track, Monitor, and Assess Clinical and Social Services and Support Needs Measures.

## STRATEGY 2

Implement a Team-Based Care Approach.

## STRATEGY 3

Link Individuals to Community Resources and Clinical Services.



# STRATEGIES

---

## STRATEGY 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.

- **1A.** Leverage electronic health records (EHRs) and health information technology (HIT).
- **1B.** Use standardized procedures to identify clinical and social services and support needs to monitor and assess referrals and use of those services through a bidirectional referral system.
- **1C.** Use metrics from EHR, HIT, and program data to guide quality improvement activities.
- **1D.** Describe, monitor, and assess statewide data across the stroke continuum of care within proposed service areas.



# STRATEGIES

---

## STRATEGY 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.

- **2A.** Promote the use of standardized procedures among the care team across the stroke continuum of care to identify and address participants' social services and support needs.
- **2B.** Implement data-driven changes to improve the efficiency, quality and transitions of care across the stroke continuum of care.
- **2C.** Engage with a network of multidisciplinary care team members.



# STRATEGIES

---

## STRATEGY 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.

- **3A.** Establish and strengthen partnerships that will provide programmatic support.
- **3B.** Facilitate the engagement of the community-based workforce in managing community resources and clinical services.
- **3C.** Promote and coordinate appropriate messaging and education to increase the prevention and awareness of stroke across the continuum of care.



# BEST PRACTICES GUIDE FOR HEART DISEASE AND STROKE

**This guide** supports decision-making by translating complex evidence into specific actions end users can take to address heart disease, stroke, and other cardiovascular conditions within their practices and communities.

Coordinating Services for Cardiovascular Events

Engaging Organizations to Promote Cardiovascular Health

Leveraging Community and Clinical Public Health Workforces

Supporting Patients in Cardiovascular Disease Self-Management



[Best Practices Guide for Heart Disease and Stroke](#)



# DATA AND EVALUATION

---





# DATA

---

## REQUIREMENTS

- **Applicants** must propose a process to support the collection and analysis of in-hospital stroke data for those who have had a stroke.
- **Post award:**
  - **Successful applicants** will be required to submit standardized data variables 3 times a program year (October, February, and June).



# DATA ELEMENTS

---

## STANDARDIZED DATA VARIABLES

### ▪ Pre-Hospital Data

- EMS Arrival Date/Time
- Demographics
- Stroke screening

### ▪ In-Hospital Data

- Hospital Admission
- Comfort Measures
- Prior Medications and Past Medical History
- Telestroke and Imaging
- NIH Stroke Scale
- Stroke Treatment
- Diagnosis
- Discharge & Medications at Discharge
- Smoking Counseling, Stroke Education, Rehabilitation



# EVALUATION AND PERFORMANCE MEASUREMENT

---

## EVALUATION STRATEGY

- CDC-led comprehensive evaluation.
- Recipient-led evaluation.
- Performance measures.

## EVALUATION AND PERFORMANCE MEASUREMENT PLAN

- Applicants must provide an Evaluation and Performance Measurement Plan that includes a Data Management Plan.



# PERFORMANCE MEASURES

---

## REQUIREMENTS

- Recipients will be required to report all short-term and intermediate measures annually to CDC. Long-term measures are not required.
- Applicants are required to Year 1 targets and data sources for all performance measures as part of their work plans.
- Draft performance measure definitions will be provided after award and CDC will work with recipients to finalize measure definitions.



# APPLICATION INFORMATION

---



# APPLICATION CONTENT

---

## PROJECT NARRATIVE

- Background.
- Approach.
- Evaluation and Performance Measurement Plan.
- Organizational Capacity to Implement the Approach.

## WORK PLAN

- Refer to the guidance in the NOFO.



# DEVELOPING WORK PLAN ACTIVITIES

## WELL-WRITTEN ACTIVITIES ARE:

- Directly related to the performance measures for the strategy or intervention (*i.e., completing these activities will contribute to “moving the needle” on the relevant performance measures*).
- Inclusive of major milestones, including the milestones or deliverables contractors and partner organizations will accomplish to support the strategy/intervention.
- Inclusive of key actions that will be completed in order to achieve progress toward performance measure targets.
- Written clearly so that an external audience is able to understand what will be accomplished.
- Specific and concise.



# DEVELOPING WORK PLAN ACTIVITIES

## WELL-WRITTEN ACTIVITIES ARE NOT:

- Broad, general statements that restate the strategy or intervention (e.g., *We will work with providers to implement team-based care*).
  - Unrelated to the performance measures for the strategy or intervention.
- Inclusive of minor administrative or logistical steps toward the achievement of a major milestone (e.g., *writing a contract, releasing the contract for bid, arranging a meeting with colleagues to review the bids, etc.*).
  - Inclusive of every step to accomplish a major milestone (e.g., *plan a training, implement the training, compile feedback on the training, write a report on the training, etc.*).
- Inclusive of acronyms that are not defined.
  - Repeated every year.





# APPLICATION CONTENT

---

## BUDGET NARRATIVE

- Includes justification for proposed strategies.
- Should not exceed the award ceiling.



# BUDGETING PREPARATION GUIDELINES

---

**IN ADDITION TO THE FISCAL PRINCIPLES SPECIFIC TO DP24-0060, GOOD BUDGETING PRACTICES ARE ESSENTIAL.**

- Refer to CDC's Budget Preparation Guidelines available at:  
<http://www.cdc.gov/grants/interestedinapplying/applicationresources.html>
- Applicants should follow these guidelines to ensure that budgets are accurate and contain the necessary information required by CDC.



# SUMMARY OF APPLICATION REQUIREMENTS

---

## **REGISTRATION:**

All organizations must be registered with [www.grants.gov](http://www.grants.gov) and [www.SAM.gov](http://www.SAM.gov) before applying.

## **LETTER OF INTENT (requested):**

Due no later than  
**May 10, 2024.**

## **APPLICATION DUE DATE:**

No later than **June 10, 2024**, by 11:59 p.m. US Eastern Time, on [www.grants.gov](http://www.grants.gov).

## **SUBMISSION:**

Only PDFs submitted electronically will be accepted.



# WEBSITE & EMAIL

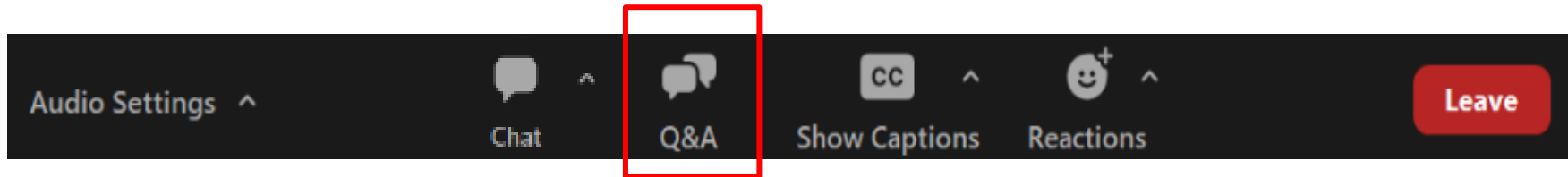
---

**WEBSITE:** [Notice of Funding Opportunity: Paul Coverdell National Acute Stroke Program | cdc.gov](#)

**EMAIL:** [Coverdell24-0060@cdc.gov](mailto:Coverdell24-0060@cdc.gov)



# QUESTIONS?





# Paul Coverdell National Acute Stroke Program

***THANK YOU!***



Division for Heart Disease and Stroke Prevention  
Program Development and Services Branch