2017 Five State Blood Pressure Self-Monitoring (BPSM) program Implementation Grant

Request for Proposal

Please read the following criteria for the application before continuing:

- Through a national alliance with the Centers for Disease Control and Prevention (CDC), YMCA of the USA (Y-USA) is offering Y associations whose States participated in Capacity Building efforts in 2016 the opportunity to apply for a Blood Pressure Self-Monitoring Program. Y’s in Alabama, Arkansas, Georgia, South Carolina, and Tennessee will be eligible to launch the YMCA’s Blood Pressure Self-Monitoring program.

- Y-USA will select thirty (30) corporate YMCA associations to receive this grant.

Please note:

- Only Ys that are located within TN, SC, AR, AL, GA are eligible to apply.

- If awarded a $3,000 grant, your Y will be required to launch the Blood Pressure Self-Monitoring program in at least 3 program sites which can be held at your Y and/or an off-site location) and recruit and enroll 75 eligible participants by December 31, 2017. Please see the Pledge section of this document for more details on additional deliverables.

- If awarded a grant, your Y will be required to allocate grant funds towards the program launch process associated with your Y being a provider of the Blood Pressure Self-Monitoring program. Funds may be used for the following: Blood Pressure Self-Monitoring program start-up, including Healthy Heart Ambassador or Program Coordinator training fees; equipment, including blood pressure monitors for staff and/or participants; supplies, etc.; operational costs (facility rentals, kick-off events, travel reimbursement to non-Y program sites, etc.), or staff expenses (salary of staff delivering and/or overseeing the program).

- In order to be eligible Y associations must:
  - Be in compliance with Article II, Section 2 of the National Council of YMCAs Constitutions (Qualifications of Membership).
  - Submit an online application via Easygrants on http://grants.ymca.net that clearly and specifically describes your Y association’s readiness to participate in the Blood Pressure Self-Monitoring Grant. For detailed information on proposal...
questions, please reference the Blood Pressure Self-Monitoring Grant Background and Information and Scoring sections of the RFP. **Individual branches may not apply.** Association/metro offices (using their own 4-digit number), must submit ONE application on behalf of their association. All questions must be answered by the applicant. **The online application process will close on March 30, 2017 at 11:59:59 PM Central Standard Time.** Easygrants will cease to accept applications at that point.

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**Blood Pressure Self-Monitoring Program Information**

One in every three American adults has high blood pressure and rates are even higher in African American and Mexican American populations. High blood pressure increases the risk for heart attack, stroke, heart failure, and kidney disease but only half of those with high blood pressure have their condition under control. Studies have shown that routine self-monitoring of blood pressure leads to better blood pressure management, and the YMCA’s Blood Pressure Self-Monitoring program was developed to support individuals in improving their health by consistently monitoring and tracking their own blood pressure. Ys have the opportunity to address this community health need by offering the program both at their YMCA and in non-YMCA locations.

Through the YMCA’s Blood Pressure Self-Monitoring program adults receive personal attention to empower regular monitoring and activities that may lead to a healthier blood pressure.

- The outcomes of this program to date have shown statistically significant reductions in diastolic and systolic blood pressure, even greater among those with an initial hypertensive reading.
- YMCAs that implement this program provide a solution to health care providers and their communities in addressing hypertension.
- This program supports a national commitment made by Y-USA and other partners in the Million Hearts® campaign launched by the U.S. Department of Health and Human Services to prevent one million heart attacks and strokes by 2017.

**Goal:**
Better blood pressure management

**What:**
- Four-month program
- Self-Identified tracking/self-monitoring tool
- Healthy Heart Ambassador support via weekly Office Hours
- Monthly Nutrition Education Seminars
HOW:
- Participants will track and monitor blood pressure
- Participants will attend a minimum of two (2) Office Hours each month during which HHA will measure blood pressure following recommended monitoring techniques and record data
- Participants will have access to Blood Pressure Management Nutrition Education Seminars
- Participants will receive a blood pressure measuring device if needed

The following describes the expectations of Ys participating in the Blood Pressure Self-Monitoring program.
Each provider Y will provide:
- Weekly office hours where participants can drop in and meet with Healthy Heart Ambassadors for approximately 10 minutes
  - A minimum of three hours of support through Office Hours are offered per week, per site
- One monthly nutrition education seminar at each program site
- Trained Healthy Heart Ambassadors
- Engage and enroll at least 75 adults with high blood pressure to participate in program – aim for 70% of enrollees to complete program (defined as having an initial blood pressure reading and at least a second reading more than two months from the initial reading recorded)
- Enter participant data into data management system within 48 hours
  - 100% of participants must have a baseline blood pressure reading

The following describes the expectations of Healthy Heart Ambassadors participating in the Blood Pressure Self-Monitoring program.
Each trained Healthy Heart Ambassador will:
- Measure participant blood pressure modeling accurate technique, and record blood pressure in a simple data management system
- Send personalized reminder emails, texts or phone calls to participants weekly for the duration of their four-month program period
- Train participants on how to use home blood pressure monitors
- Encourage participants to measure their blood pressure on a regular basis and record their readings during the four-month program
- Encourage participants to share their trackers with their health care provider

Funding facts
- Through a national alliance with the Centers for Disease Control and Prevention (CDC), YMCA of the USA (Y-USA) is accepting proposals for a $3,000 Blood Pressure Self-Monitoring Grant.
- Y-USA will select up to thirty (30) YMCAs to receive this grant.
- Each applicant will be notified of their grant award by Mid-April 2017.
- All grantees are required to launch their first site by June 30, 2017 a total of three (3) sites by December 31, 2017.
Chronic Disease Prevention Programs

READINESS ASSESSMENT

This Readiness Assessment is designed to help you assess if your Y has the experience, structure, and capacity to successfully implement and deliver evidence-based chronic disease prevention programs designed to promote health, reduce risk, and/or prevent progression of existing disease. In order to ensure your Y is poised for success, it is recommended that your Y meet certain readiness criteria, all of which are explored in this assessment. This assessment was created using the learning and experiences of current local Y program providers, and is organized according to three areas of work: 1) partnerships and sustainability, 2) organizational capacity, and 3) understanding of health seekers and behavior change. Each of these areas is integral to the success of chronic disease prevention programs, and has been included to illustrate the capacity needed to ensure program impact and sustainability. After determining your Y’s current readiness, you can begin to develop a plan to help you identify the tools, resources, and trainings to help increase your Y’s capacity to successfully implement and deliver chronic disease prevention programming in your community.

HOW TO USE THIS READINESS ASSESSMENT

1. Assemble key staff at your Y – leadership, healthy living staff, board members, and community partners and stakeholders
2. Answer each question about your current readiness using EVIDENCE and EXAMPLES. Once you have written your response to each of the questions in this assessment, you will self-rate each response about your current readiness using a scale of 1-5. Please choose the score that accurately represents your answer (you may choose a score of 1, 2, 3, 4, or 5). Please note: a list of examples is provided in bullets under the 1, 3, and 5 score; these are indicators which may signal level of readiness for a given area. However, these are intended only to guide the rating selection, not to serve as a check list.
3. Facilitate a conversation to discuss your self-rating and your current readiness, and identify capacities your Y may need to build to increase your readiness for chronic disease prevention programming
4. Develop a plan to improve your Y’s readiness and identify tools or resources to help you build needed capacities within your Y and in your community
Part 1: PARTNERSHIPS AND SUSTAINABILITY

COMMUNITY PARTNERSHIPS (15% of score)
In order to make a deep, lasting impact on the health of our communities, the Y must be allied with a broader community of stakeholders whose interests align or who are otherwise invested in the health and well-being of participants you are hoping to serve. Ys will need to build strong, formal, and collaborative relationships with local health care providers, health-focused organizations, health departments, health plans, employers, and other community-based groups that can support implementation of programs that are effective in engaging and serving community members because these groups can provide 1) support in identifying the types of programs that best align with current community needs, 2) third party payment that increases program revenue and program sustainability, 3) program marketing and promotions or 4) program referrals (please provide more detail on program referral relationships in your response to assessment question 2 below). A local partner that contributes to your Y’s annual campaign or sponsors your local 5K may be different than a partner that has committed to actively and consistently support, promote, and refer participants into your programs. Developing these types of partner relationships takes time, energy, and innovation, but is essential for the success and sustainability of chronic disease prevention programs.

1.) HOW DOES YOUR Y INTERACT WITH OTHER STAKEHOLDER GROUPS OR ORGANIZATIONS THAT ARE INVESTED IN THE HEALTH OF THE LOCAL COMMUNITY?

When answering this question, please provide details and examples of any or all of the following:
- Have been invited to, attended, or convened discussions with stakeholders like local health care providers, health-focused organizations, health departments, health plans/employers that could provide third-party payment, or other community-based groups regarding collaboration opportunities focused on improving the health of the community, especially as it relates to chronic disease prevention.
- Developed and sustained any formal or informal partnerships with stakeholders like local health departments, local chapters of medical associations, local physician groups, health systems or individual health care providers, local hospitals or hospital foundations, local accountable care organizations, or Federally Qualified Health Centers or community clinics.
- Developed and sustained any formal or informal partnerships with health insurance plans in your region or state, local employers, local business groups, or local Chambers of Commerce.
- Determined, with partners, who should “own” and manage shared partnership goals and strategies.
- Allocated staff time and resources toward relationship-building with stakeholder organizations in the community.
- Taken steps to begin to build partnerships, if such relationships do not already exist.
RESPONSE:
Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to community partnerships. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5 [e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

Score: ____________

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<td><strong>Our Y is interested in playing a larger, more collaborative role in improving community health but has no current relationships with health care organizations, health plans, or employers in our community.</strong></td>
<td><strong>Our Y is beginning to play a larger role in local efforts to improve community health and has developed informal partnerships with one or more health care organizations, health plans, or employers in our community.</strong></td>
<td><strong>Our Y is a leader in efforts to improve community health and has established formal partnerships with numerous health care organizations, health plans, or employers in our community.</strong></td>
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<td>□ We would like to gain a better understanding of how we are perceived by local health care providers/health and well-being focused organizations.</td>
<td>□ We have collaborated with one or more of these groups or organizations on community events and local health and well-being initiatives.</td>
<td>□ We have partnership agreements or memoranda of understanding in place with one or more of these groups or organizations.</td>
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<td>□ Partnerships are not a priority at this time due to staff turnover or other capacity issues.</td>
<td>□ We have been invited to participate in discussions with one or more of these groups or organizations regarding the health needs of our community and how our Y can play a larger role in addressing these needs.</td>
<td>□ We are regularly included in discussions with one or more of these groups or organizations regarding how we can work collaboratively to improve the health of our community.</td>
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<td>□ We are in the process of developing a plan to connect and collaborate with potential local partners.</td>
<td>□ We are exploring opportunities for formalizing existing partnerships to support local efforts to address and improve community health.</td>
<td>□ We can readily convene community leaders in this field when/if necessary.</td>
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<td>□ We would like to form such partnerships but need guidance on how best to initiate those connections.</td>
<td>□ One or more staff is starting to focus on engagement of community stakeholders like health care organizations, health plans, and employers for the purposes of building strong, formal partnerships.</td>
<td>□ Staff have functions written into their job descriptions specific to engagement of community stakeholders like health care organizations, health plans, and employers for the purposes of cultivating and maintaining relationships.</td>
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REFERRAL SYSTEMS (15% of score)
Many community members who meet qualification criteria for chronic disease prevention programs are not necessarily ready or motivated to commit to the behavior change process these programs emphasize. In addition, while those with diagnosed chronic diseases like cancer, arthritis, or high blood pressure may be well aware of their condition, some potential participants may not have obvious symptoms, be aware of their risk status or feel comfortable admitting their risk, like individuals at high risk for
developing type 2 diabetes or falls. Combined, these create unique challenges for the people and institutions offering preventive services. Chronic disease prevention programs often require Ys to connect with the health care community to recruit qualifying and motivated participants and to enroll sufficient numbers of participants, to achieve quality results, and to ensure program sustainability. A robust referral system that casts a wide net is important because only a small percentage or referred patients are likely to act on the referral. For example, referral of 100 participants to a program may result in only 15 actual enrollments. Your Y will be tasked with finding program participants outside of your facilities and in some cases, outside of the scope of your traditional promotional efforts. Building a robust referral network, particularly with the health care community, will be critical to the success of your efforts.

2.) WHAT EXPERIENCE HAS YOUR Y HAD WITH DEVELOPING ROBUST REFERRAL SYSTEMS WITH HEALTH CARE SYSTEMS OR PROVIDERS TO IDENTIFY AND REFER QUALIFYING INDIVIDUALS TO YOUR PROGRAMMING?

When answering this question, please provide details and examples of any or all of the following:
• Communicated with existing health care providers or other potential referral partners about your Y’s current and future chronic disease prevention programming efforts.
• Engaged existing partnerships with health care providers or other potential referral partners to explore or develop viable options for generating referrals into your programming and formalizing referral processes.
• Involved senior leadership at the Y in conversations with the health care community about developing referral systems.
• Built formal or informal referral networks with health care providers in the community for existing chronic disease prevention programming or other programming/services.
• Established methods by which your staff routinely communicate with referring providers about the progress their patients are making at your Y.
• Begun to build new relationships with health care providers or other potential referral partners for the purpose of generating referrals into your programming.
• Allocated staff time and resources toward health care provider engagement and development of formal referral systems.

RESPONSE:
Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to referral systems. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5 [e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

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<td><strong>We do not have referral systems currently in place with health care systems or providers or other partners in the community or begun exploring options for building these systems to identify and enroll participants into our chronic disease prevention programming.</strong>&lt;br&gt;□ We do not have plans to build relationships or leverage existing relationships with health care providers or other potential referral partners to discuss our chronic disease prevention efforts or to build a formal referral system.&lt;br&gt;□ We have not allocated staff time or resources toward health care provider engagement to generate referrals into our programs.</td>
<td><strong>We are poised to leverage our current relationships with health care systems or providers or other referral partners to develop a robust referral network whereby qualifying participants would be sent directly to our Y to participate in our chronic disease prevention programming.</strong>&lt;br&gt;□ We have existing partnerships with health care providers or other potential referral partners and have already begun connecting with these partners to discuss our chronic disease prevention efforts and opportunities for developing a system for referring their patients into our program(s).&lt;br&gt;□ One or more staff is starting to focus on health care provider engagement for the purposes of developing a formal referral system to recruit qualifying participants into our chronic disease prevention programs.</td>
<td><strong>With our partners, we have established numerous structured pathways through which participants are sent directly to our Y to participate in our programming, and are poised to leverage this experience to build a more robust referral network.</strong>&lt;br&gt;□ We have received multiple direct referrals into our programming through formal partnerships with one or more health care provider or health-focused organization, and we track those referrals and provide regular progress updates to our referring partner(s).&lt;br&gt;□ We have developed plans for a referral system through which qualifying participants will be referred by these providers into any new chronic disease prevention programming that will include tracking of referrals and ongoing communication with referral partners.&lt;br&gt;□ Staff have functions written into their job descriptions specific to health care provider engagement for the purposes of developing a formal referral system to recruit qualifying participants into our chronic disease prevention programs.</td>
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Part 2: ORGANIZATIONAL CAPACITY

ENGAGED AND SUPPORTIVE LEADERSHIP (15% of score)

To be successful with chronic disease prevention programs, Y leaders must be actively supportive of and engaged in pursuing this work. They will need to be the drivers and leaders of your Y’s efforts to support the health and well-being of individuals whose healthy lifestyle journeys may begin inside or outside the walls of your facilities. Active CEO engagement and leadership will not only help to prioritize and integrate programs into existing scopes of work and infrastructure at your Y, but can also elevate the program to increase external visibility, support, and buy-in. Senior Leaders must also have a clear understanding of program standards and requirements and allocate staff time and resources accordingly to ensure successful and sustainable implementation.

3.) HOW HAVE YOUR Y’S SENIOR LEADERS (CEO, COO, EXECUTIVE DIRECTORS) BEEN LEADERS OR DRIVERS OF YOUR HEALTHY LIVING AND CHRONIC DISEASE PREVENTION WORK?

When answering this question, please provide details and examples of how your Y’s CEO, COO, and/or Executive Directors have done any or all of the following:

- Formally allocated staff time and leeway to allow for your Y to implement, grow, and sustain new and different chronic disease programs (e.g., created staff positions), and access formal or informal trainings essential to their development.
- Been engaged in past and present Y-USA Healthy Living or chronic disease prevention program work (e.g., Healthier Communities Initiatives, secondary or tertiary prevention programs, Healthy Eating & Physical Activity (HEPA) Standards).
- Cultivated key community partnerships (particularly with the health care community or health plans/employers providing third-party payment) to support program efforts at your Y and to strengthen community health.
- Exhibited a personal connection to and investment in healthy living and/or chronic disease prevention and communicated this investment and commitment in a way that has inspired and engaged other Y staff/leaders.
- Pledged or secured resources (e.g., funding) for a specific program, initiative, or organizational policy, knowing this program/initiative/policy might be difficult for your Y to get started and/or sustain, and/or generate little or no revenue.

RESPONSE:

Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to engagement of leadership. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5 [e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

Score: ___________
Senior leaders are interested in positioning our Y to better support and promote health and well-being through implementation of chronic disease prevention programming:
- We have not yet had any serious discussions about building partnerships, securing funding, adjusting staff job descriptions, reallocating current staff time, or pursuing programs/initiatives/organizational policies that support and promote health and well-being but plan to do so in the future.
- Our senior leadership has very recently (less than 6 months ago) endorsed our Y’s involvement in Y-USA Healthy Living activities, but it is still very early.

Senior leaders are beginning to position our Y to support and promote health and well-being through implementation of chronic disease prevention programming, as evidenced by:
- Y staff and board members, volunteers, community partners, and other stakeholders are aware of our interest in this work.
- We have allocated future financial resources to healthy living work or non-revenue generating programs/initiatives/organizational policies.
- We have allocated some staff time to healthy living work.
- Our senior leadership has helped our Y to develop community relationships or facilitated introductions to stakeholders in the community.

Senior leaders are actively positioning our Y to be successful in efforts around implementation of chronic disease prevention programming, as evidenced by:
- Y staff and board members, volunteers, community partners are engaged in and supportive of all of our chronic disease prevention program work.
- Staff and board members are regularly encouraged to do what is necessary to ensure our Y is understanding and supportive of the needs of health seekers both inside our walls and in the community.
- We have financial resources secured for a specific program/initiative/organizational policy, knowing it might be difficult to sustain or may generate little or no revenue.
- We are committed to implementation of programming even if these programs may not attract large volumes of participants.
- We have formally allocated staff time to implement, grow, and sustain chronic disease prevention programs.
- Supported by senior leadership, we have built and cultivated key community relationships to grow our programming and to strengthen community health.
DIVERSITY, INCLUSION, AND HEALTH EQUITY (5% of score)
To advance the Y’s cause, we as a Movement must ensure everyone has an opportunity to learn, grow, and thrive. For this reason, it is imperative that your Y intentionally develop and integrate diversity, inclusion, and health equity strategies to ensure access and engagement for all. This includes understanding the many factors that may contribute to health equity or the lack thereof for individuals living with or recovering from chronic diseases.

4.) WHAT STEPS HAS YOUR Y ALREADY TAKEN TO ENSURE EVERY PERSON HAS AN OPPORTUNITY TO ACHIEVE OPTIMAL HEALTH BY ENGAGING IN INCLUSIVE STRATEGIES THAT PROVIDE MARGINALIZED OR UNDERSERVED COMMUNITIES WITH OPPORTUNITIES FOR ACCESS AND ENGAGEMENT REGARDLESS OF THEIR DIMENSIONS OF DIVERSITY (SUCH AS AGE, GENDER/GENDER IDENTITY, PHYSICAL/MENTAL ABILITY, RACE/ETHNICITY, SEXUAL ORIENTATION, EDUCATION BACKGROUND, GEOGRAPHIC LOCATION, OR INCOME LEVEL)?

When answering this question, please provide details and examples that show how your Y has made progress towards any or all of the following:
- Created strategic plan objectives, goals, or action items to promote diversity & inclusion and acknowledge the increased need for support in underserved communities
- Established hiring practices that increases staff and volunteer diversity, inclusion and access for all
- Ensuring all staff, including management and leadership, are trained in practices for embedding cultural competency into implementation of programs and services
- Utilizing community data to understand the health needs of your community and to tailor outreach and implementation strategies accordingly
- Implementing strategies that remove barriers to participation for members of underserved communities
- Working with community partners to ensure appropriateness of resources for reaching different audiences
- Measuring utilization of programs and services to determine the extent to which they are reaching different audiences
- Providing a variety of programming and services that is culturally appropriate and reaches all members of your community, regardless of ability to pay or other barriers to access.
- Implementing sustainable solutions that address social determinants of health (housing, transportation, education, income, human services, public safety, access to affordable healthy foods, access to physical activity, access to culture and the arts)

RESPONSE:

Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to diversity, inclusion, and health equity. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5

[e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

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| **Our Y acknowledges the need to develop and integrate sustainable, equitable strategies that provide all community members with opportunities to reach optimal health. However:**  
☐ We have not yet begun to create or are in the early stages of creating a culture in which sustainable strategies that promote health equity are incorporated in everyday operations. | **Our Y has begun to develop and integrate sustainable, equitable strategies that provide all community members with opportunities to reach optimal health by:**  
☐ Reviewing how we could integrate diversity & inclusion and health equity goals into our strategic and/or operational plan.  
☐ Working to establish a strategy to increase staff and volunteer diversity, inclusion and access for all.  
☐ Ensuring some staff are trained in practices for embedding cultural competency into implementation of programs and services.  
☐ Making plans to measure utilization of programs and services to determine the extent to which they are reaching different audiences with various needs and risks.  
☐ Authentically engage community members to develop and implement sustainable strategies that address community needs. | **Our Y has taken steps to develop and integrate sustainable, equitable strategies that provide all community members with opportunities to reach optimal health by:**  
☐ Creating strategic plan objectives, goals, or action items to promote diversity & inclusion and acknowledge the increased need for support in underserved communities.  
☐ Established hiring practices that increases staff and volunteer diversity, inclusion and access for all.  
☐ Ensuring all staff, including management and leadership, are trained in practices for embedding cultural competency into implementation of programs and services (i.e. Dimensions of Diversity and Cultural Lenses).  
☐ Utilizing community data to understand the health needs of our community and to tailor outreach and implementation strategies accordingly.  
☐ Implementing engagement strategies that remove barriers to participation for members of underserved communities (i.e. hosting programs in off-site locations, hosting classes in other languages, providing program materials in multiple languages, etc.).  
☐ Working with community partners to ensure appropriateness of resources for reaching different audiences.  
☐ Measuring utilization of programs and services to determine the extent to which they are reaching different audiences and making adjustments/improvements, as needed.  
☐ Implementing sustainable solutions that address social determinants of health (housing, transportation, education, income, human services, public safety, access to affordable healthy foods, access to physical activity, access to culture and the arts). |
Evidence-based chronic disease prevention programs are typically focused on specific populations and have rigorous standards for data collection and storage, outcome measurement, quality assurance, and reporting. Within the context of these programs, a “specific population” is a group of individuals that meet certain clinical criteria, or have one or more risk factors for, or an actual diagnosis of, a chronic disease or condition. These eligibility criteria have a huge influence on participant recruitment and retention, staff training, participant record management, organizational liability, program expansion, data collection, reporting, and tracking processes and practices. Thus, the Y must devote significant time, energy, and resources to implementing these programs to ensure: 1) they are achieving quality results that lead to impact, and 2) that processes are in place to protect participants’ privacy and to support the rigorous and ongoing collection of health-related data.

Ys that deliver chronic disease prevention programs will need to rely on prior experience implementing strong, well-staffed, and sustainable programs designed to support specific populations that meet a specific set of criteria for participation.

5.) WHAT HAS YOUR YMCA LEARNED FROM PRIOR EXPERIENCES IMPLEMENTING PROGRAMS OR ACTIVITIES FOR SPECIFIC POPULATIONS?

When answering this question, please provide details and examples of how your Y has done any or all of the following:

- Implemented one or more programs that requires participants to meet specific health-related criteria
- Implemented one or more programs that required strict adherence to the program model
- Routinely collected, tracked, and stored specific, health-related data within specific time windows for one or more programs, as dictated by program protocols
- Ensured staff have a certain level of functional expertise or to complete one or more specific, mandatory trainings to deliver one or more programs
- Implemented one or more programs that required your Y to meet designated participant recruitment goals
- Used program data for the purposes of quality improvement for one or more programs
- Adopted policies and practices to ensure safeguarding of information and protection of participant privacy
- Implemented one or more programs that required a high level of accountability to program partners, participant referring entities, the health care community, employers, health plans, and/or funders (this includes providing regular reports on recruitment, expansion, staff training, participant outcomes, etc.)

RESPONSE:

Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to program implementation expertise. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5
[e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

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<td><strong>Our Y has not yet implemented/offered programs</strong></td>
<td><strong>Our Y has some experience implementing programs designed to</strong></td>
<td><strong>Our Y has significant experience</strong></td>
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<td>designed to serve a specific population and that have strict</td>
<td>serve specific populations and that have strict program</td>
<td>implementing strong, well-staffed, and sustainable programs</td>
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<td>program model adherence standards.</td>
<td>program model adherence standards.</td>
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<td>□ The programs we currently offer do not have specific participation criteria or requirements for strict adherence to a program model.</td>
<td>□ We have offered one or more programs designed to serve a specific population or demographic.</td>
<td>program model adherence standards.</td>
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<td>□ The programs we currently offer have limited or no data collection or tracking requirements.</td>
<td>□ We have had to make some changes to our participant recruitment, retention, data collection, staff training, and/or program expansion strategies in ways that might apply to this new work.</td>
<td>□ We have successfully offered one or more programs with for participants that must meet certain qualification criteria, and have demonstrated this program is effective and sustainable.</td>
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<td><strong>Our Y has some experience implementing programs designed to</strong></td>
<td><strong>We have some experience maintaining adherence to a program model, and have been able to provide some time and resources to staff that are tasked with fulfilling these requirements.</strong></td>
<td><strong>Our Y’s experience implementing programs for specific populations has shaped our recruitment, retention, data collection, staff training, and/or program expansion strategies in ways we can directly apply to this new work.</strong></td>
<td><strong>Our Y successfully implemented programs with substantial data collection and tracking requirements, and has been able to provide adequate support/time to staff that are tasked with fulfilling these requirements.</strong></td>
</tr>
<tr>
<td>serve specific populations and that have strict program model</td>
<td>□ We have some experience with data collection and tracking</td>
<td>□ Our Y has successfully maintained strict adherence to a program model and routinely provides staff with the time and resources needed to maintain this compliance.</td>
<td>□ Our Y uses data collected from programs to increase performance and monitor program effectiveness so that we can achieve quality results.</td>
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<td>adherence standards.</td>
<td>requirements, and have been able to provide some support and time to staff that are tasked with fulfilling these requirements.</td>
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15
MISSION FOCUS AND PLANNING FOR SUSTAINABILITY (15% of score)

Implementation of evidence-based chronic disease prevention programs requires considerable time, energy, and resources and must be approached with a long-term view. These individual programs may not generate revenue and may need to be supported through outside funding and/or revenue from other sources. However, as individual programs are added, the efforts and costs to sustain them are often shared by many departments of the Y and not that specific program team or department alone. Thus, it is vital to embrace this work as mission-focused, and make it a strategic organizational priority. In addition, given the investment of resources, there must be a clear sustainability plan in place. Sustainability may take on many forms: funding, staffing, performance management and continuous quality improvement.

6.) HOW IS CHRONIC DISEASE PREVENTION TIED TO YOUR Y’S MISSION AND STRATEGIC PLAN? WHAT STEPS HAS YOUR YMCA ALREADY TAKEN TO ENSURE YOU CAN SUSTAIN A CHRONIC DISEASE PREVENTION PROGRAM?

When answering this question, please provide details and examples of how your Y has done any or all of the following:
- Incorporated specific language prioritizing evidence-based chronic disease prevention programming and related action steps into your strategic plan/mission
- Created specific Board, Y leadership, and staff performance objectives that relate to evidence-based chronic disease prevention programming
- Adopted organizational policies that align with the tenets of chronic disease prevention, such as the Healthy Eating and Physical Activity (HEPA) Standards
- Secured at least one long-term funding source or community partnership that supports/will support this work
- Identified or created dedicated chronic disease prevention program oversight, coordination, delivery, and administrative support roles
- Created or begun to create a sustainability plan for evidence-based chronic disease prevention programming

RESPONSE:
Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to mission focus and sustainability. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5
[e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

Score: __________
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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| **Our Y is interested in building experience with chronic disease prevention programming and fully understands that implementing and sustaining these programs may require considerable resources and time.**

- We have not yet begun to address how we might approach challenges with resources and sustainability.
- Our strategic plan/mission does not include any specific language or action items that reflect our interest in pursuing chronic disease prevention work at this time.
- We are exploring adoption of organizational policies, such as the HEPA Standards, that align with chronic disease prevention efforts. | **We are working to incorporate our commitment to chronic disease prevention work into our strategic plan/mission and have begun to create plans for sustaining implementation and delivery of chronic disease prevention programs.**

- Our Board, Y leadership, and staff are supportive of incorporating this work into our strategic plan/mission.
- Our Y has committed to organizational policies, such as the HEPA Standards, that align with chronic disease prevention efforts.
- We have identified at least one long-term funding source or community partnership that could support this work.
- We have developed a plan to hire new staff or reallocate existing staff time to adequately cover program oversight, coordination, delivery, and administrative support and are incorporating specific items into performance objectives that relate to this aspect of our strategic plan/mission. | **Our Y’s strategic plan/mission explicitly discusses our commitment to chronic disease work and we have taken steps to ensure the sustainability of these programs.**

- Our Y has fully implemented organizational policies, such as the HEPA Standards, that align with chronic disease prevention efforts.
- We have secured at least one long-term funding source or community partnership that will support this work.
- We have developed a formal sustainability plan for our chronic disease prevention programming and have taken specific action steps in accordance with our strategic plan/mission.
- We have dedicated staff time to adequately cover program oversight, coordination, delivery, and administrative support and have incorporated specific items into performance objectives that relate to this aspect of our strategic plan/mission. |
Part 3: Support of health seekers and behavior change

HEALTH SEEKER SUPPORT AND ENGAGEMENT (15% of score)

Building relationships and fostering community through communication and group facilitation are important organizational principles that can help your Y better meet the needs of local community members through evidence-based chronic disease prevention programs. Success in developing and strengthening these skills will be directly linked to the ability of your Y to identify and connect with program participants and support them through the behavior change process. The target audience for chronic disease prevention programs is typically composed of health seekers, or people who try to make everyday choices to be healthy and live well, but often struggle to do so. Awareness of this population and how it can be supported through different types of messaging and service delivery will be necessary for successful program implementation. To achieve this goal, staff must be trained to listen to participant's wants, needs, and interests; to meet participants where they are in the behavior change journey; to facilitate individual accountability for behavior change; and to connect people to supportive groups, clubs, activities, programs, and events. In addition, your Y’s social and physical environment must support ongoing engagement of health seekers, while also encouraging relationship-building and protection of privacy.

7.) WHAT MEASURES HAVE YOU TAKEN TO ENSURE YOUR Y IS EQUIPPED TO SUPPORT AND ENGAGE HEALTH SEEKERS (E.G., STAFF TRAINING AND PERFORMANCE MONITORING, CHANGES TO ENVIRONMENT, PROGRAMS, POLICIES, AND PRACTICES)?

When answering this question, please provide details and examples that show how your Y has done any or all of the following:

- Systematically and regularly trained leadership and staff throughout your association in Orientation to Healthy Living at the Y, Listen First, motivational interviewing, and/or other trainings to increase understanding of health seekers and how programs targeted toward chronic disease prevention can support individuals in their quests to be healthy.
- Emphasized the competencies outlined in the Healthy Living Companion to the CAUSE-DRIVEN LEADERSHIP Competency Model and associated behaviors among staff who are connected to chronic disease prevention programming and participants of these programs
- Integrated use and practice of these skills and behaviors into day-to-day Y operations and practices, such as new and current member engagement processes, staff hiring and performance review processes, staff meetings, etc.
- Considered how program participants throughout the Y may be supported by staff who are not directly engaged in chronic disease prevention programming
- Implemented practices and processes to improve the health seeker experience within your Y
- Changed facilities/physical environment to make them safer and more supportive of health seekers
- Added/adjusted program offerings to accommodate health seekers
- Created intentional opportunities for the building of small communities in your Y
- Adopted Healthy Eating & Physical Activity (HEPA) Standards for meetings and events to ensure you are making the health choice the easy choice for members, program participants, staff, and volunteers
RESPONSE:
Please use the scale below to inform your response. The bullets listed under each score are example indicators of readiness. Make sure your response summarizes how your Y has accomplished these or other similar activities related to support of health seekers and behavior change. Then, please choose a score that best represents the answer you provided above – you may choose a 1, 2, 3, 4 or 5 [e.g., If your response is not quite a 3 but not a 5, for example, you would score your response a 4]

Score: ____________

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<th>Score</th>
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<tr>
<td><strong>We have not yet begun to make changes within our Y that would ensure it is a place that truly understands, supports, and engages health seekers.</strong></td>
<td>☐ We have received or reviewed trainings to support understanding of health seekers (e.g., Listen First, Facilitating Change in Small Groups), but have not begun planning to send staff to these trainings at this time.</td>
<td>☐ We have not yet utilized health seeker-focused tools or resources to help us examine our Y’s physical environment, organizational policies and practices, or program offerings.</td>
<td>☐ We are in the process of ensuring our Y is a place that truly understands, supports, and engages health seekers by:</td>
<td>☐ We have transformed our Y to ensure it is a place that truly understands, supports, and engages health seekers and can provide evidence that supports this.</td>
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<td>☐ Sending some staff to be trained in Orientation to Healthy Living at the Y, Listen First, or Facilitating Change in Small Groups and examining ways our Y might use principles from these trainings to better support health seekers.</td>
<td>☐ Examining current organizational policies and practices to find ways we can better support and engage health seekers, such as by committing to HEPA standards and applying them to meetings and events for members, staff and volunteers.</td>
<td>☐ Examining current organizational policies and practices to find ways we can better support and engage health seekers, such as by committing to HEPA standards and applying them to meetings and events for members, staff and volunteers.</td>
<td>☐ All staff, including management and leadership, is trained in Orientation to Healthy Living at the Y and Listen First to ensure understanding of health seekers, and uses principles from these trainings on a regular basis.</td>
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<td>☐ Becoming familiar with the healthy living competencies and associated behaviors so we can emphasize their use among staff.</td>
<td>☐ Exploring ways to make our facilities more welcoming and supportive of health seekers.</td>
<td>☐ Beginning to add or adjust program offerings to better accommodate health seekers.</td>
<td>☐ Key staff have been trained in relationship-building, communication, and group facilitation (e.g., Facilitating Change in Small Groups).</td>
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<td>☐ Working to identify opportunities to build small communities within our Y.</td>
<td>☐ Working to identify opportunities to build small communities within our Y.</td>
<td>☐ We have integrated the healthy living competencies into staff onboarding and engagement activities.</td>
<td>☐ We have implemented systems to ensure we are monitoring and tracking training opportunities and requirements for staff.</td>
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<td>☐ Leadership has fully incorporated relationship-building skills and practices into our organization culture through staff hiring, onboarding, and performance review processes and has ensured these processes support efforts to connect with and engage health seekers (e.g. required completion of Orientation to Healthy Living at the Y and Living Our Cause–Deepen Relationships: A Bright Spots Journey).</td>
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<td>☐ We have made sweeping improvements in the way we connect with, support, and engage health seekers by making our facilities more welcoming, adding or adjusting program offerings to</td>
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accommodate health seekers, and adjusting policies and practices to support health seekers, such as by fully implementing HEPA standards and applying them to meetings and events for members, staff and volunteers.

- We have created intentional opportunities for building small communities within our Y.
- We have solicited feedback from members to ensure those that are new to our Y immediately feel welcome and are connected to appropriate staff and services to support their health and well-being goals.
Pledge:

Subject to the availability of funds and the approval of the appropriate federal agency, if awarded a 2017 Five State Blood Pressure Self-Monitoring Program Implementation Grant, the following terms and conditions shall apply:

General Compliance
1. The local Y shall remain in compliance with Article II, Section 2 of the National Council of YMCAs Constitution (Qualifications for Membership).

2. The local Y shall inform assigned Y-USA Technical Advisor regarding any changes to staff contact information related to the work being conducted under this grant, including but not limited to program leads and grants/development contacts for reporting.

Funding and Use of Funds:
1. The local Y shall receive grant funding in one installment of $3,000.00, to be sent by YMCA of the USA no later than May 2017 (pending approval of the appropriate Federal agency and subject to the availability of funds).

2. Funding allocations are both approximate and subject to change contingent upon availability of funding from the Centers for Disease Control and Prevention cooperative agreement.

3. The local Y shall spend entire award for implementation of the grant objectives as outlined in the budget and this pledge. Funds may be used for the following: Blood Pressure Self-Monitoring program start-up (including Healthy Heart Ambassador training fees, equipment, including blood pressure monitors for staff and/or participants, recruitment of participants, supplies, etc.); operational (facility rentals, kick-off events, travel reimbursement to non-Y program sites, etc.), or staff expenses (salary of staff conducting or overseeing the program). The local Y shall also submit to Y-USA an initial budget plan for the award and a budget tracking form (EXHIBIT A, below) that indicates the expenditures related to the award at the conclusion of the funding period, six months after the grant start date.

4. The local Y shall comply with the requirements stated in all of the Agreements in connection with this grant and will not redirect funds or sub-contract with any organization that requires the payment of indirect costs on these funds. In addition, these funds are not intended to fund the indirect costs of local Y.

5. Funds shall not be used as “grants” or “loans” to other organizations.

6. The local Y shall expend all grant funds by the end of the project period, June 30, 2017.
7. The local Y shall allocate grant funding in a manner consistent with the terms of this pledge document and the required scope of work for this project. YMCA of the USA may visit, monitor, and/or conduct an audit of the local Y’s records at any time. If YMCA of the USA should determine that further expenditure of funds would not produce beneficial results, the local Y will refund the balance of funds remaining and terminate the local Y’s participation in the program. The local Y understands and agrees that YMCA of the USA has no obligation to provide funds other than those granted pursuant to the Application. If YMCA of the USA does not receive funds or such funds are cancelled, in whole or in part, YMCA of the USA may in turn cancel this agreement in whole or in part.

**Staffing and Trainings**

1. The local Y CEO shall identify appropriate staff for different aspects of the grant and assign them to carry out the tasks as outlined in the grant objectives, which include:
   
   - **Program Coordinator**: a corporate association-level staff member with familiarity and/or existing relationships with the local health care community to serve as the Program Coordinator. He or she will provide oversight to the program, attend program meetings as scheduled, manage health care provider partnerships and be responsible for choosing staff with strong facilitation skills to be selected as Healthy Heart Ambassadors (HHA). The Program Coordinator will spend two (2) to four (4) hours per week on program activities.

2. Healthy Heart Ambassador Training: The Program coordinator and HHAs need to participate in trainings associated with the success of program implementation. During blood pressure protocol training, staff members will learn: the role of the HHAs, member engagement strategies for the program, how to ensure participants identify and use self-monitoring tracking methods, how to properly measure blood pressure using a home monitor, and how to teach others to use a self-monitoring device.

3. All program staff must remain current in their annual Health Insurance Portability and Accountability Act (HIPAA) training through the Y’s Learning and Career Development Center, and participate in a data management system (REDCap) training prior to delivering the program.

**Participation and Reporting**

1. The local Y shall participate in performance monitoring activities with Y-USA staff. This includes but may not be limited to data collection, budget reporting and other reporting requirements with deadlines from Y-USA and Y-USA’s funder(s).

2. The local Y shall adhere to the following performance standards. Further the parties agree that such standards are subject to periodic reevaluation and modification by Y-USA as the evidence-base or operational knowledge of the program evolves, or is further developed:
• 100% of program participants have an initial blood pressure reading taken by a trained HHA. The initial reading is recorded and entered into the data system provided by Y-USA (REDCap) within 48 hours.

• 70% of program participants have at least one additional blood pressure reading taken by a trained HHA that is at least 2 months apart from the initial reading. This additional reading is recorded and entered into the data system provided by YMCA of the USA (REDCap) within 48 hours.

3. The local Y shall collect data from program participants using forms supplied by YMCA of the USA, and shall enter all into the data system provided by Y-USA. Data to be captured includes:
   • HIPAA authorization
   • Participant demographics and program referral source
   • Participant attendance (office hours and nutrition education seminars)
   • Participant outcomes measures (blood pressure readings)
   • Participant program evaluation
   • Y-USA is currently transitioning to a new data management system. When the new system is introduced to Blood Pressure Self-Monitoring program provider Ys, the local Y shall follow all data collection procedures and input information into this new system.

4. The local Y shall report the following operational data:
   • Name, address, state, zip code of program delivery sites at “YMCA locations”
   • Name, address, state, zip code of program delivery sites at “Non-YMCA locations”

5. The local Y shall monitor the fidelity of the program implementation and participant data by regularly reviewing REDCap to ensure participants are attending office hours and that blood pressure readings are being taken and recorded, and that participation in Nutrition Education Seminars is recorded. The local Y shall take appropriate corrective action if participant data is not entered within 48 hours of an Office Hour or Nutrition Education Seminar.

6. The local Y shall allow Y-USA staff and/or CDC staff and their representatives to conduct site visits for the purpose of information-gathering and program assessment of the local Y’s program/activities.

7. The local Y senior leader shall participate in one (1) required strategy session (via telephone or webinar) with Y-USA.

8. The local Y shall name a Program Coordinator (described above) who will serve as a primary contact for Y-USA and participate in one-on-one phone calls with an assigned Y-USA Technical Advisor during the project period, and complete Monthly Charts of work for Four (4)-Six (6) months. The Program Coordinator shall also participate in monthly group calls with other selected Ys during the project period of May-December.
9. The local Y recognizes that all data submitted to Y-USA may be used for program evaluation purposes and/or shared in aggregate with YMCA of the USA’s funding partners.

10. The local Y shall provide press clippings, photos, feedback and success stories from the Blood Pressure Self-Monitoring program periodically and as requested, on a timely basis. A minimum of two participant testimonials (with photos) and copies/links to any press clippings shall be submitted to assigned Technical Advisor, by the conclusion of the grant period. When collecting photographs and testimonials, the local Y shall utilize Y-USA’s customizable photo release (available on the Brand Resource Center) to keep on file with its grant documentation.

11. The local Y shall produce a final report (template provided by Y-USA) describing your Y’s progress with the program and sustainability plans.

**Deliverables**

1. The local Y shall work toward developing innovative ways to support the health and well-being needs of adults living with hypertension.

2. The local Y shall initiate the Blood Pressure Self-Monitoring program at their first site by June 30, 2017 and a minimum of three (3) sites by December 31, 2017.

3. The local Y shall communicate to staff, program participants and community members about the Blood Pressure Self-Monitoring program and market the opportunity by providing at least 2 Healthy Heart Events during the project period of May 2017-December 2017. The purpose of these scheduled events is to recruit, educate and provide materials/information, and may be built onto already scheduled Health Fairs, Blood Pressure Screenings, social events, etc. During this time, the local Y may be required to update its organizational website to include information about Blood Pressure Self-Monitoring program.

4. The local Y shall facilitate a Nutrition Education Seminar (NES) each month at each program site once the Blood Pressure Self-Monitoring program is launched. The seminars will last for 60 minutes and must be led by a person with strong facilitation skills. Each seminar will include 50 minutes of healthy heart nutrition information supported by a pre-packaged slide deck and 10 minutes for participants to self-monitor, receive coaching from a Healthy Heart Ambassador on monitoring skills, and record blood pressure measurements. Blood pressure monitoring equipment will be provided on site during the seminars. Ys will ensure that the Education Seminars are only used in conjunction with the program; non-program participants may attend, but the seminar content is not to be delivered outside of the context of the program.

5. The local Y shall set-up Office Hours in at least 3 different locations within the community and/or at the local Y. The local Y shall ensure that trained Healthy Heart Ambassadors collectively provide ‘office hours’ a minimum of three (3) to eight (8)
hours per week, per site for participants involved in the program to properly measure and record blood pressure readings (to be entered into REDCap), and provide on-going encouragement and support for persons in the program. Office Hours shall be "drop-in" format, and the HHA shall provide 10 minutes of one-on-one support for each attendee, during which the HHA shall: measure blood pressure (model proper techniques); look at tracker to confirm if participant is recording readings (readings in trackers are not entered into REDCap); offer encouragement to self-monitor at least two times per month, attend Nutrition Education Seminars and future Office Hours; and provide Nutrition Education Seminar & Office Hour schedules.

6. The local Y shall recruit and screen potential participants based on eligibility criteria. The local Y shall enroll at least 75 people who self-identify as having high blood pressure (hypertension) and have expressed interest in a self-monitoring program by December 31, 2017. For each participant, the Blood Pressure Self-Monitoring program shall last 4 months from the date he or she enrolled. The local Y shall focus recruitment efforts primarily on population at greatest risk for uncontrolled blood pressure and enforce Inclusion Criteria (18 years or older, has been diagnosed with high blood pressure, no recent cardiac events, does not have atrial fibrillation or other arrhythmias and not at risk for lymphedema). As necessary, the local Y shall purchase and distribute blood pressure monitors (and batteries) to program participants who require a device to self-monitor. The local Y shall use approved blood pressure measuring devices during regularly scheduled Office Hours.

7. The local Y’s Program Coordinator shall have at least 4 engagement conversations with their local health care providers during the project period regarding the Blood Pressure Self-Monitoring program and arrange regular follow-up meetings with the medical community.

8. The local Y shall ensure that Healthy Heart Ambassadors spend two (2) to four (4) hours per week recruiting, connecting with and supporting participants (HHA will email, text or call participants on a weekly basis), reviewing participant data trackers, delivering monthly nutrition education seminars, recording specified participant data in online REDCap, and providing office hours.

9. The local Y shall ensure that the local Program Coordinator (PC) participates in all scheduled calls with an assigned Y-USA Technical Advisor and monthly group calls with other selected Ys, to ensure coordination of support, proper execution of deliverables, share learnings and receive updates regarding the project. In addition, the local Y shall provide regular data, stories and updates to Y-USA as requested.

10. The local Y shall launch and collect program evaluations from participants at the end of their 4-month program using a template supplied by YMCA of the USA.

11. The local Y shall conduct all project activities related to Blood Pressure Self-Monitoring program in strict fidelity to training and guidance provided by Y-USA.
**Media and Communications**
1. The local Y shall submit any communications, print materials, reports, etc. directly to YMCA of the USA for approval by Y-USA prior to local distribution. The local Ys shall not send communications, print materials, reports, etc., directly to Y-USA’s funding partners for this grant.

**Other**
1. The local YMCA shall communicate with the appropriate identified person at Y-USA about any research or program evaluation opportunity. The local Y shall share any documents/information received from the researcher with Y-USA contact in charge of managing the Y program/initiative and discuss the opportunity and need for Y-USA involvement with appropriate Y-USA staff.

2. Y-USA licenses the rights to the YMCA’s Blood Pressure Self-Monitoring program, and the local Y shall not utilize the curriculum except for the purposes of the grant objectives. The local Y shall not enter into any other agreements related to the curriculum or the sharing of curriculum outcome data without notification to Y-USA.
### EXHIBIT A

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<th>Association Number</th>
<th>Subrecipient Tax ID #</th>
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PARTICIPATION AGREEMENT BETWEEN
YMCA GRANT AWARD RECIPIENT
AND
THE NATIONAL COUNCIL OF YOUNG MEN’S CHRISTIAN ASSOCIATIONS OF THE UNITED STATES OF AMERICA

Introduction

The National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) has obtained funds to support grant awards to local YMCAs. Subject to the availability of funds, YMCA of the USA will select Member YMCAs or a group of Member Associations (“Recipient”) for receipt of a 2017 Five State Blood Pressure Self-Monitoring (BPSM) program Implementation Grant to be utilized for programs identified by YMCA of the USA or the applicable grantor. Each grant, in the amount of not less than three thousand dollars ($3,000.00) shall be used in strict compliance with the criteria set forth in the 2017 Five State Blood Pressure Self-Monitoring (BPSM) program Implementation Grant RFP. All successful Recipients agree to the terms and conditions of this Participation Agreement, and acknowledge that failure to strictly comply with its terms may disqualify Recipient from being eligible for future grants.

Parties

The Parties to this Participation Agreement are YMCA of the USA and ________________________________ (“Recipient”), their heirs, successors, and assigns.

Award

YMCA of the USA has awarded the Recipient a grant as described in the Introduction above. Recipient agrees to use this award only for the purposes set forth in the Application Criteria and the accepted Application, both of which are incorporated by reference.

Compliance with Program Requirements

Recipient agrees to comply with the Pledge agreed to in the Grant Application, which is incorporated in this Participation Agreement by reference. Recipient will cooperate as needed with YMCA of the USA in evaluating program objectives and accomplishments required by the grant program, and will provide orientation to any relevant staff and governance bodies concerning the goals and requirements of the program. Recipient will maintain accurate records of all deposits and withdrawals of grant funds from its bank account; interest earned on such funds; and all receipts and expenditures of such funds. Recipient will also maintain the necessary and accurate books, records, receipts, documents and other evidence that the funds were allocated and spent properly in accordance with the Application criteria.
Reviews and Reporting; Cancellations and Refunds

YMCA of the USA may visit, monitor, and/or conduct an audit of Recipient’s records at any time. Recipient will file complete and accurate reports as requested by YMCA of the USA. If documentation, program and financial reports are not filed correctly or if Recipient is not performing program/project objectives, YMCA of the USA may require repayment of all or part of the award amount. If YMCA of the USA should determine that further expenditure of funds would not produce beneficial results, Recipient will refund the balance of funds remaining and terminate Recipient’s participation in the program. Recipient understands and agrees that YMCA of the USA has no obligation to provide funds other than those granted pursuant to the Application. If YMCA of the USA does not receive funds or such funds are cancelled, in whole or in part, YMCA of the USA may in turn cancel this Participation Agreement in whole or in part.

Dispute Resolution

Recipient agrees that any dispute between it and YMCA of the USA, and any interpretation of Recipient’s performance of these terms and conditions, shall be resolved by the Chief Development Officer, YMCA of the USA, or the Chief Executive Officer, YMCA of the USA, in his/her sole discretion, and such decision shall be final and binding.

Insurance and Indemnification

Recipient represents that it is in compliance with Article II, Section 2 of the National Council of YMCA’s Constitution. Recipient has provided proof of liability insurance with minimum comprehensive general liability coverage of at least $1 million per occurrence and $2 million in the aggregate, which coverage will extend to any alleged sexual molestation claims. Recipient will maintain such insurance coverage in effect and will add YMCA of the USA as an additional insured to its policy. Recipient agrees to indemnify and hold harmless YMCA of the USA with respect to any legal proceedings, including costs and attorney fees, which may arise from activities or programs covered by this Participation Agreement.

Amendments and Interpretations; Choice of Law

This is the entire Participation Agreement, and it cannot be amended without written consent of both Parties. All headings are descriptive only. Any dispute in a court of law shall be decided in accordance with the laws of the State of Illinois without regard to Illinois conflict of laws provisions. If any part of this Participation Agreement is held unenforceable, the remainder will nonetheless remain in full force and effect.

For Federal Sub-Grants Only
When the federal grant award is created, the federal government may allow certain entities applying for the grant to act as a Pass-through entity in order to provide the federal assistance to another recipient. The Pass-through entity is still considered a recipient, but the assistance assigned to it may be “passed on” or “passed-through it” to another recipient. The entity which receives the assistance from a pass-through entity is considered a sub-recipient. This is allowed because certain federal programs may not have the organizational structure to provide assistance directly to the final recipient and requires support from other entities. When a pass-through entity makes an award to a subrecipient, the subaward agreement must contain information that identifies the federal award, including:

- Catalog of Federal Domestic Assistance name and number: 93.424, NON-ACA/PPHF—Building Capacity of the Public Health System to Improve Population Health through National Nonprofit Organizations;
- Award name and number: 6U38OT000183-04-02, PPHF 2013: OSTLTS Partnerships – CBA of the Public Health System;
- Award Year: 7/01/2016 through 6/30/2017;
- Funds were NOT awarded for research and development activities; and
- Name of the federal awarding agency: Department of Health & Human Services, Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support.

If any of this information is unavailable, the subaward agreement must provide the best information available to describe the federal award. The subaward agreement should describe the federal program requirements imposed on the subrecipient by program laws, regulations and the provisions of contracts or grant agreements, as well as any supplemental requirements imposed by the pass-through entity.

By signing this Participation Agreement, Recipient confirms that it has not been suspended or debarred as a recipient of Federal awards or from doing Federal work. In the event that Recipient is suspended or debarred, it shall notify YMCA of the USA immediately and this Agreement shall be terminated.

**Provisions of the Agreement**

In addition to the information described above, a subaward agreement should include the following information: the parties to the agreement, the amount of the federal funding awarded to the subrecipient, a description of the scope of work and any special conditions. It should address the duration of the award, how the parties can make amendments to the agreement and termination for cause or convenience. Pass-through entities that make many subawards should consider developing boilerplate agreements for each of the different federal grant programs that they administer. These agreements can be used for awarding funds to different subrecipients. As part of the boilerplate language, the agreements generally incorporate by reference the relevant federal laws and regulations, including program-specific laws, regulations and cross-cutting requirements, such as the Civil Rights Act of 1964, the Hatch Act or the Americans with Disabilities Act, with which subrecipients must comply. Pass-through entities should review the
federal program statutes and regulations to ensure that they include all of the required cross-cutting and program-specific requirements in the agreement. For example, a pass-through entity that subawards Community Development Block Grant funds also might require its subrecipients to comply with the Davis-Bacon Act or the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 because they frequently buy land for and contract for the construction of Head Start facilities. Pass-through entities may also be required to comply with these statutes because they are specifically referenced in the program-authorizing statute. A pass-through entity that subawards funds under another program, such as the Job Training Partnership Act, probably would not include references to these statutes because their subrecipients do not engage in construction activities or purchase real property.

**EFFECTIVE WHEN SIGNED BY BOTH PARTIES:**

*This Participation Agreement is legal and binding when signed electronically through YMCA of the USA’s Easygrants system.*

**SIGNED:**

For: ____________________________ For: YMCA of the USA

(Corporate/Branch YMCA)

By: ____________________________ By: ____________________________

CEO/Branch Executive

Kevin Washington, President & CEO

Date: __________________________

Date: __________________________