



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2065

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Heart disease is the number one cause of death in Florida. Heart disease accounts for approximately 2 out of 10 deaths in Florida. In 2018, there were 80,402 coronary heart disease hospitalizations (including both angina and myocardial infarction) or an average of 220 coronary heart disease hospitalizations each day. According to the Centers for Disease Control and Prevention Leading Cause of Death Report, 2017, there were 46,440 people in Florida that died of heart disease. These funds would be for the Florida Department of Health Heart Disease & Stroke Prevention Program to develop a marketing campaign for heart disease and stroke awareness, prevention, and management programs as well as electronic delivery of self-measured blood pressure (SMBP) programs monitoring devices.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

If yes, indicate the amount of funds received and what the funds were used for.

#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Development of marketing materials such as brochures, online tools and resources, educational webinars, dissemination of information to local departments of health, delivery of electronic self-measured blood pressure monitors.	500,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 12. Program Performance

##### a. What specific purpose or goal will be achieved by the funds requested?

Cardiovascular disease represents a number of heart and blood vessel diseases including high blood pressure. Blood pressure is the pressure of the blood against the walls of the arteries. When that pressure is consistently above the normal range, it is considered hypertension, or high blood pressure. This increases the heart's workload, putting a person at a greater risk for heart attack, angina, stroke, kidney failure and peripheral artery disease. The purpose of the funds requested can greatly assist in the fight against high blood pressure and cardiovascular disease.

##### b. What activities and services will be provided to meet the intended purpose of these funds?

Activities and services include the planning and implementation of the marketing awareness campaign for heart disease and stroke prevention. Developing a plan of action for providing services such as the electronic delivery of the self-measured blood pressure monitors and education on how to use the monitors to deliver information to physicians and health care providers.

##### c. What direct services will be provided to citizens by the appropriation project?

Educational awareness of how to monitor, treat and prevent hypertension as well as utilization of self-measured blood pressure monitors that can be used to inform physicians of readings in a telehealth setting. This will allow the patient and physician to accurately develop an individualized plan of care.

##### d. Who is the target population served by this project? How many individuals are expected to be served?



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The target population are those individuals that are at risk of having hypertension and those that currently live with hypertension. There are also individuals that are living with hypertension yet going untreated because they may not have a physician or the means to go to routine visits to the doctor. OneFlorida Clinical Research data shows individuals self-reported hypertension, but does not capture data on undiagnosed hypertension or measure blood pressure. Of 838,469 patients who met the criteria for hypertension, 68% had received a diagnosis & 61% had elevated blood pressure.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

The expected outcome is to prevent the prevalence of high blood pressure and cardiovascular disease in Florida. The expected benefits include bringing awareness to Floridians and educating individuals on self-managed care, the importance of taking medications properly and life-style changes that can be made to live a healthier life. This will lead to improved quality and access of care as well as a potentially leading to reduced health care costs for the state because individuals will have the tools and resources to better control their blood pressure keeping them out of emergency rooms and hospitals.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

There is no contracting agency therefore we do not anticipate any penalties.

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

TBD



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization   
b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity  
☐ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☐ Local Entity  
☐ University or College  
☒ Other (please specify) state agency

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number