7/31/2024

MISSISSIPPI ALLIANCE FOR CARDIOVASCULAR HEALTH

REQUEST FOR PROPOSALS (RFP)

ENHANCING COMMUNITY AND CLINICAL PARTNERSHIPS FOR IMPROVED BLOOD PRESSURE CONTROL

(FAITH BASED ORGANIZATIONS)

Mississippi State Department of Health
HEART DISEASE AND STROKE PREVENTION PROGRAM

The Mississippi State Department of Health (MSDH), Heart Disease and Stroke Prevention Program (HDSPP) is releasing the "Enhancing Community and Clinical Partnerships for Improved Blood Pressure Control" Request for Proposal (RFP) to select faith-based entities to participate in the Mississippi Alliance for Cardiovascular Health (MACH) Learning Collaborative (LC). This proposal is designed with interventions to support health ministries with screening individuals in the community and congregants for high blood pressure, referring them to a primary care provider, providing training to participants identified with high blood pressure for better blood pressure management, and submitting participant outcomes back to the referring primary care provider.

A. AVAILABILITY OF FUNDING

Awarding Agency: Mississippi State Department of Health
Awarding Program: Heart Disease and Stroke Prevention Program
Type of Award: Subgrant/Sub-award
Approximate number of Awards: 5
Application Due Date: July 31, 2024
Approximate Average Year (12 months) Award: $10,000.00
Estimated Budget Period Length: Twelve (12) months in years 2-5: June 30th – June 29th.
Total Number of Years of Awards: 5 Years*
Anticipated Notice of Award Date: August 12, 2024
Total Period of Performance Length: Approximately 4 years

Eligibility: Faith-based organizations in the following counties are eligible to apply:

Amite, Claiborne, Clarke, Covington, Franklin, George, Greene, Grenada, Harrison, Lawrence, Lauderdale, Neshoba, Noxubee, Prentiss, Pike, Webster, Wilkerson, Tippah, Tishomingo, Yalobusha

- Preference will be given to faith-based organizations that serve at-risk populations with demonstrated disparities in cardiovascular health/conditions (e.g., socioeconomic status, gender, geographic, racial/ethnicity).

- Applicants must have sufficient financial resources available to meet program deadlines without advance payment from MSDH. Reimbursement for services and materials will be provided upon delivery and receipt of monthly invoices and supporting documentation.

B. REQUIREMENTS

Successful applicants will enter a subgrant agreement with MSDH. In addition to the sub-grant agreement, completion of a Minority Vendor and W-9 Form, Business Associate Agreement, and Conflicts of Interest Form will be required. All grant recipients must have a Unique Entity Identifier number (UEI). This can be obtained by visiting www.Sam.gov

Continued funding for the MACH Learning Collaborative will be contingent on meeting milestones, performance metrics, and outcomes that will be detailed in the contract/sub-grantee agreements with

the selected applicant. Funds will be administered on a ***reimbursement basis*** upon receipt of invoices and supporting documentation.

This funding opportunity was made possible by the Centers for Disease Control and Prevention, Federal Award Identification Number: NU58DP007470. The determination of continued funding is contingent upon the availability of funds and the grantee's ability to meet required deliverables and submit reports on time. This does not constitute a commitment by the MSDH Heart Disease and Stroke Prevention Program to fund the entire project. All applicants must meet with the Heart Disease and Stroke Prevention Program and participating healthcare systems.

Applicants must demonstrate the capacity to achieve outcomes that are in alignment with the broad strategies indicated below:

STRATEGY III	Link Community Resources and Clinical Services that Support Bidirectional Referrals, Self-Management, and Lifestyle Change to Address Social Determinants that Put the Priority Populations at Increased Risk for Cardiovascular Disease with a Focus on Hypertension and High Cholesterol.
STRATEGY III C.	Promote the use of self-measured blood pressure monitoring (SMBP) with clinical support within populations at the highest risk of hypertension.

The Intervention: Five (5) faith-based entities will be awarded to improve high blood pressure control for individuals with a high prevalence of cardiovascular disease (CVD) impacted by exacerbated health inequities and disparities, and social determinants, such as low incomes, poor health care, and unfair opportunity structures. The specific interest of the Heart Disease and Stroke Prevention Program is to build/incorporate health ministries within churches and/or expand existing health ministries and link them to participating primary care practices. The HDSPP welcomes proposals in support of faith-based organizations implementing the following evidence-based community friendly approaches that encourage community-clinical engagement, empower individuals, and build capacity by prioritizing resources that focus on:

Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) program. This is a four-month-long CDC-approved lifestyle change program to control high blood pressure for those with hypertension. With support from the CDC's Division for Heart Disease and Stroke Prevention, the YMCA of the USA (Y-USA) developed an evidence-based Blood Pressure Self-Monitoring (BPSM) program to empower adults with high blood pressure to take control of their blood pressure. The program includes:

- ten-minute consultations with a program facilitator during drop-in office hours,
- weekly check-ins from the program facilitator by phone, email, or text
- monthly nutrition education seminars.

Joining the Blood Pressure Self-Monitoring program is an investment in congregants/community residents' health and a commitment to reducing your heart attack or stroke risk by developing the habit of self-monitoring to lower or better manage their blood pressure. Participants must be:

- at least 18 years old or older.
- been diagnosed with high blood pressure and are on antihypertensive medication.
- not experienced a recent (within the last 12 months) cardiac event
- not have atrial fibrillation or other arrhythmias

- not have or are not at risk for lymphedema.

The program's power is in participants finding their paths to better blood pressure management, supported by HHAs' guidance and encouragement. At the beginning of the program, HHAs work with individuals to determine their eligibility, complete their enrollment, and then discuss program goals, activities, and commitments. After orienting participants to the program, HHAs help them build skills and confidence to control their blood pressure through activities such as:

- modeling and coaching participants on how to get the most accurate blood pressure readings based on equipment and environment.
- using participants' preferred methods of communication to deliver weekly support messages.
- hosting monthly Nutrition Education Seminars
- offering office-hour consultations-HHAs work with participants one-on-one during office-hour consultations, which typically last about 10 minutes.

During these consultations, HHAs collect health data by Health Insurance Portability and Accountability Act privacy and security requirements; take and record blood pressure measurements; review tracking goals and the blood pressure measurements participants took at home; model the proper blood pressure measurement technique; coach participants on the proper blood pressure measurement technique; remind participants to track their blood pressure measurements at home; encourage participants to attend future consultations and Nutrition Education Seminars and to share blood pressure readings with their health care provider.

Mississippi Alliance for Cardiovascular Health Learning Collaborative The awarded five (5) faith-based entities will join Cohort I of the Mississippi Alliance for Cardiovascular Health Learning Collaborative. The purpose of the Learning Collaborative is to improve the detection, diagnosis, and management of cardiovascular disease risk factors. This LC will facilitate communication, the exchange of ideas and resources between and faith-based and community organizations and leaders, local health departments, healthcare systems and professionals, safety net providers, pharmacists, mental and behavioral health professionals, to improve cardiovascular health outcomes for all persons but specifically those with or at highest risk of poor cardiovascular health outcomes. Applicants must partner with other clinical and community-based organizations as participants of the Mississippi Alliance for Cardiovascular Health Learning Collaborative. This Learning Collaborative will directly intervene to address hypertension and the social determinants of health.

Required Activities

Applicants will report monthly data back to the healthcare systems, participants' data to the HDSPP, participate in operational site visits, host at least community screening quarterly, and refer patients for social service needs, resources, and lifestyle change programs and provide data on follow-up to referrals.

Optional Interventions:

- Establish or expand food distribution/food bank.
- Implement exercise classes.

- Enhance reliable access and resources to local health care providers, pharmacies, social services, etc.
- Implement or expand a clothes closet.

The MSDH Heart Disease and Stroke Prevention Program will support faith-based organizations with achieving the Learning Collaborative goals. The HDSPP's Clinical Lead and Program Coordinator/Community Outreach Manager will train congregation health nurses or designated health ministry staff on the Healthy Heart Ambassador Program, provide ongoing guidance, evidence-based education, access to resources and lifestyle change programs, and health information technology (HIT) Manager will provide training on data entry and HIT support. The goals of the Learning Collaborative are listed below:

MACH LEARNING COLLABORATIVE GOALS
1. Prioritize populations and communities with the highest prevalence of CVD, with a focus on advancing health equity for individuals with hypertension and high cholesterol.
2. Serve populations and communities affected disproportionately by CVD, specifically hypertension, high cholesterol, or stroke, due to unfair opportunity structures and social determinants, such as limited access to care, inadequate or poor quality of care, or economic instability.
3. Achieve optimal health outcomes for priority populations through culturally informed program services that use focused strategies to advance universal health equity goals that are mindful of the social determinants.

DELIVERABLES

1. Quarterly Reports will be required, and benchmarks will be set. *This will be discussed in the technical assistance call.*
2. Receipts, sign-in sheets, and agendas are required with quarterly reports.
3. *Community and Clinical Partnership grant awardees* are required to participate in the MACH Learning Sessions.

FUNDING/BUDGET

Preparing a budget is not required. The HDSPP will prepare a budget based upon deliverables met by the faith-based entities. The Heart Disease and Stroke Prevention Program and WISEWOMAN PROGRAM will award up to five (5) churches mini grants between $10,000 to establish, enhance or support health ministry within the church/organization. The 12-month project timeline cycle will extend from June 30, 2024, to June 29, 2025.

Link to the application: **Click Here**

Application Questions

a. Name of Organization/Business

b. Name of the Pastor or Leader

c. Primary Contact Person Name and Phone Number and Email Address
d. Congregational Health Nurse/Health Ministry Coordinator Name and Phone Number and Email Address

Background Information about your barbershop, beauty shop, or faith-based organization

e. Approximate number of congregants/clients
f. Services offered to the community.
g. Do you currently have any grants with the Mississippi State Department of Health?
h. Maximum number of participants
i. Name of the nearest local primary care clinic
j. Name of the nearest independent pharmacy
k. Please describe your ability to screen participants for high blood pressure.
l. Please describe your ability to document blood pressure readings using a tablet.
m. Please describe your ability to securely share/exchange data with primary care providers. **The Heart Disease and Stroke Prevention Program (HDSPP) will assist with establishing secure communication.*
n. Include the role of the individual in the church/organization who will lead the efforts and execute the responsibilities of this initiative.
o. Please provide information on the CHN/Health Ministry Coordinator's skills with using Microsoft Suites/data entry
p. Please describe the CHN/Health Ministry Coordinator's ability to participate in the MACH Learning Sessions.
q. **Please note Project Evaluation specifics will be addressed during the technical assistance call.*