RENEWAL APPLICATION

ENHANCING COMMUNITY AND CLINICAL PARTNERSHIPS
FOR
IMPROVED BLOOD PRESSURE CONTROL
(COMMUNITY-BASED ORGANIZATIONS)

DELTA Health COLLABORATIVE

working together for healthy hearts

Eligible MS Delta Counties: Bolivar, Carroll, Coahoma, Desoto, Holmes, Humphreys, Issaquena, Leflore, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Warren, Washington and Yazoo

Offered by the
Mississippi Delta Health Collaborative
Location: Leflore County Health Department
2600 Browning Road
Greenwood, MS 38930

Mississippi Delta Health Collaborative

A. PURPOSE

The Mississippi State Department of Health (MSDH), Mississippi Delta Health Collaborative (MDHC) is releasing the "Enhancing Community and Clinical Partnerships for Improved Blood Pressure Control" Request for Proposal (RFP) to select community-based entities to participate in the Mississippi Alliance for Cardiovascular Health (MACH) Learning Collaborative (LC). This proposal outlines targeted interventions aimed at supporting community partners in addressing high blood pressure. Key components include screening individuals and congregants within the community for elevated blood pressure, facilitating referrals to primary care providers, delivering training to participants with high blood pressure to promote effective management, and ensuring that participant outcomes are communicated back to the referring primary care provider for continuity of care.

B. AVAILABILITY OF FUNDING

Awarding Agency: Mississippi State Department of Health
Awarding Program: Mississippi Delta Health Collaborative
Type of Award: Subgrant/Sub-award
Approximate number of Awards: 75
Application Due Date: January 17, 2025
Approximate Average Year (12 months) Award: $3,000.00 - $5,000.00
Estimated Budget Period Length: Twelve (12) months in years 2-5: September 30th – September 29th.
Total Number of Years of Awards: 5 Years*
Anticipated Notice of Award Date: January 24, 2025
Total Period of Performance Length: Approximately 4.5 years

Eligibility: Municipalities, Churches, Barber Shops, Beauty Salons, Public Housing Units, and Worksites in the following counties are eligible to apply: Bolivar, Carroll, Coahoma, Desoto, Holmes, Humphreys, Issaquena, Leflore, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Warren, Washington and Yazoo.

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

• Funds will be distributed on a reimbursement basis, following the successful completion of designated activities for each quarter. Payment for services and materials will be made upon the delivery and receipt of quarterly invoices, along with a progress report and any necessary supporting documentation.

C. REQUIREMENTS

Successful applicants will be required to submit a Memorandum of Understanding and W-9 Form.

Continued funding for each successful applicant will be contingent on meeting milestones, performance metrics, and outcomes that will be detailed in the contract/sub-grantee agreements with the selected applicant.

This funding opportunity was made possible by the Centers for Disease Control and Prevention, Federal Award Identification Number: NU58DP007889. 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 - MDHC to fund the entire project. All applicants must meet with the MDHC and participating healthcare systems during Learning Sessions.

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 Comprehensive Bidirectional Referrals and Follow-up Systems at Mitigating Social Services and Support Needs for Optimal Health Outcomes.	
3A.	Create and enhance community-clinical links to identify SDOH (e.g., housing, transportation, access to care, and community resources) and respond to individual social services and support needs.
3C.	Promote the use of self-measured blood pressure monitoring with clinical support within populations with and at the highest risk of hypertension through referrals to the community-based National Healthy Heart Ambassador Blood Pressure Self-Monitoring Program and other lifestyle change programs to increase control of hypertension and high cholesterol.
3D.	Promote the development, adoption, and implementation of policies, systems and environmental efforts to increase support for and reinforce healthy behaviors to improve overall health outcomes.

The Intervention: 75 community-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 MDHC is to build/incorporate opportunities for detection of high blood pressure and social service needs of MS Delta residents and link them to participating primary care practices and other services and resources.

The MDHC welcomes applications in support of 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 SelfMonitoring (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 community residents' health and a commitment to reducing heart attack or stroke risks 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 community-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

- Complete the necessary training to achieve certification as a Community Health Advocate and participate in ongoing refresher training sessions provided by the Mississippi Delta Health Collaborative (MDHC).

- Collaborate with other community and clinical partners to conduct community health screenings. Height and weight are optional.

    - Complete the participants' intake and consent forms electronically prior to conducting health screenings.

    - Accurately record, track, and maintain clinical results to monitor participants.

    - Refer all individuals with elevated values to a healthcare system and a Community Health Worker for follow-up.

    - Use FindHelp to refer individuals with a need for housing, transportation, insurance, a health care provider, community pharmacy, and other community resources to address social service needs.

    - Identify and enroll participants in the Healthy Heart Ambassador Program for blood pressure self-monitoring.

    - Submit paper copies of the MDHC's health assessment results and health screening encounter data to the Mississippi Delta Health Collaborative. *Paper*

copies of the health assessment results, and health screening encounter data may be used only for an overflow of community participants.

- Participate in three (3) MACH Learning Sessions sponsored by the Mississippi Delta Health Collaborative and Heart Disease and Stroke Prevention Program (HDSPP) for effective communication, resource linkage, and support participants with social service needs.
- Attend Monthly County Level Grantee Meetings facilitated by MDHC Community Outreach Managers.
- Submit a Quarterly Progress Report by the 15th of each reporting month.
- Adhere to the Benchmarks and Scope of Work as provided.

The MDHC and HDSPP will support awarded organizations with achieving the Learning Collaborative goals. The HDSPP's Clinical Lead and Community Outreach Managers will train designated partners on the Healthy Heart Ambassador Program, provide ongoing guidance, evidence-based education, access to resources and lifestyle change programs. The health information technology (HIT) Manager will provide training in data entry.

D. FUNDING/BUDGET

Preparing a budget is not required. The MDHC will prepare a budget based upon deliverables met by the community-based entities. The MDHC will award up to 75 mini grants between $3,000 and $5,000.00.

E. APPLICATION REQUIREMENTS

THE RENEWAL APPLICATION DASHBOARD

https://apps.msdh.ms.gov/redcap/surveys/?__dashboard=RRWJPXEYKWJ

The Application Link
https://apps.msdh.ms.gov/redcap/surveys/?s=CD9AHRY9M3T33PPE

QR Code

Click link or scan QR code above to complete application and attach any supporting documentation.

F. SUBMISSION REQUIREMENTS

Please direct specific inquiries to the Mississippi Delta Health Collaborative by email to Tiffany Caldwell at Tiffany.Caldwell1@msdh.ms.gov. All applications must be completed electronically via the link on page 6 and received by January 17, 2025 @ 11:59 p.m.

G. PROCESS FOR AWARD SELECTION AND NOTIFICATION

- All applications will be carefully reviewed by MSDH and based on submitting all required documents, completion, and soundness of application.
- Applicants will be notified regarding final status of application.
- Approved grantee will be notified to complete additional required documents.

H. FUNDING RESTRICTIONS

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

Additional Requirement 12: Lobbying Restrictions | Grants | CDC