Disclaimer

This is a fictional application provided for informational purposes. Your program model and details do not need to mirror this example and may be very different. This sample application is only meant as a guide on what content to include as well as how to balance an appropriate level of detail within word limits. This fictitious application also does not model our preferences for types of programs, applying organizations or target audiences, and it is not indicative of programs typically funded.

We welcome all applications that are engaged in work (at the community level or otherwise) toward the mission of the Foundation’s CCH program and meet key criteria:

- Address participant cardiovascular health issues
- Recognize and work to address an unmet need related to cardiovascular health in the community
- Respond to the urgency around addressing cardiovascular health issues, including cardiovascular disease or conditions contributing to cardiovascular disease
- Improve the quality of participants’ and caregivers’ lives in connection with the services provided and work done
- Demonstrate a clear plan for long-term program sustainability, to further improve cardiovascular health after Foundation grants are expended.

Please use the sample as a guide for our expectations on how questions should be answered, rather than focusing on the actual content of the sample application itself. The Foundation welcomes applications for innovative programs that are focused at the community level and address participant cardiovascular health issues during the grant year and subsequent years. For more information on Foundation preferences and priorities, please see the CCH FAQ section of our website or our funding criteria, which are also located on our website.

Acknowledgements: This sample application is loosely based on several CCH Grant Awardee applications. Our thanks to these groups, who provided both approval and inspiration for this example.

Note: Sample answers are in mulberry.
2018 Application Guidance

We strongly recommend that you read this application form preview prior to applying online for the Connections for Cardiovascular HealthSM (CCH) program. This will allow you to collect or prepare the necessary information in advance.

Applications for Program Grants will be accepted through February 28, 2018, 5:00 PM Eastern Standard Time. Late applications will not be accepted. The AstraZeneca HealthCare Foundation is not responsible for any technical issues encountered by individual applicants. To help ensure a timely and successful online application submission, it is best to submit your application a few days before the posted deadline.

The AstraZeneca HealthCare Foundation has two levels of funding for Program Grants. The AstraZeneca HealthCare Foundation will accept one application per organization for Level One or Level Two funding, based on the organization’s eligibility, as described below.

Program Grants
Note that the grant cycle runs from November 2018 – December 31, 2019.

- **Level One ($125,000 - $150,000)**
  
  **Eligibility:** Organizations that have not received CCH funding in the past and organizations that have received one year of CCH funding.

  Organizations that received one year of CCH funding must apply with their previously CCH-funded program to be considered.

  **Duration of funding:** One year (November 2018 through December 31, 2019)

- **Level Two (up to $75,000)**

  **Eligibility:** Previously-funded organizations that received two or more years of CCH funding may apply for additional funding to sustain a previously CCH-funded program.

  **Duration of funding:** One year (November 2018 through December 31, 2019)

The AstraZeneca HealthCare Foundation’s preference is to support innovative programs from organizations that have not been previously funded. Reduced funding is available to support a limited number of previously-funded organizations with programs that demonstrate positive outcomes.

Level One and Level Two Funding will be scored for merit in terms of needs assessment, program goals and outcomes, innovation and sustainability. The Connections for Cardiovascular HealthSM Review Committee reviews applications, and the Foundation’s Board of Trustees will make the final selection in awarding Foundation grants. Note that the Foundation does not provide critiques or commentary on applications not selected for an award. There is no guarantee of funding beyond the initial year of award.

In addition, organizations that have been previously funded through CCH will be reviewed for eligibility and may be invited to apply for Level Three Dissemination Grants in October 2018.

Dissemination Grants
Note that the grant cycle runs from January 1, 2019 to December 31, 2020.

Applicants who are invited to apply will be notified in September 2018.

- **Level Three ($10,000 to $25,000)**

  **Eligibility:** Previously-funded organizations will be invited to apply, based on eligibility, to disseminate lessons learned from their previously CCH-funded program.

  **Duration of funding:** Two years (January 1, 2019 to December 31, 2020); Note that the funding of $10,000 to $25,000 is for the entire grant period and not for each year of the grant.

Dissemination grant awards are independent of CCH funding for programs, and there is no guarantee that an organization will receive a dissemination grant if that organization is selected to receive a program grant. An organization does not need to apply or receive a
program grant to be considered for a dissemination grant. An organization must be invited to apply for a dissemination grant. There is also no guarantee of funding for organizations that are invited to apply. Each application will be reviewed and vetted to confirm its eligibility.

Organizations may receive up to a total of two dissemination grants over the organization’s lifetime. [Please note: organizations that received funding in 2017 to share lessons learned will be eligible for up to one additional dissemination grant]. There is no guarantee of funding beyond the initial dissemination grant award.

Organizations are expected to complete at least two dissemination activities (e.g., publication, presentation(s), program toolkit, etc.) during a two-year grant cycle. Materials for dissemination efforts must be developed and disseminated during the grant cycle, including but not limited to drafting and submitting a publication, developing and sharing a program toolkit, and/or presenting to other organizations/departments. All dissemination materials must be shared with the Foundation a minimum of one month prior to distributing publicly.

Award recipients are required to sign and adhere to a Letter of Agreement that includes providing progress reports on their programs to the Foundation according to deadlines and processes set forth in the Letter of Agreement. These requirements include:

**Level One and Level Two Funding (Program Grants):**
- Mid-year progress report, sustainability efforts and program outcomes submitted by June 5, 2019 (covers progress from November 2018 through May 2019)
- Comprehensive year-end report, sustainability efforts and program outcomes submitted by January 8, 2020 (covers progress from November 2018 through December 31, 2019)
- Regular program reports and other requirements, as set forth in the Letter of Agreement

**Level Three Funding (Dissemination Grants):**
- Mid-year progress report submitted by June 5, 2019 (covers progress from January 2019 through May 2019)
- Year-end progress report submitted by January 8, 2020 (covers progress from January 2019 through December 31, 2019)
- Mid-year progress report submitted by June 3, 2020 (covers progress from January 2019 through May 2020)
- Year-end progress report submitted by January 6, 2021 (covers progress from January 2019 through December 31, 2020)
- Regular reports, phone check-ins and other requirements, as set forth in the Letter of Agreement
- Grant Awardees are strongly encouraged to seek assistance early from the AstraZeneca HealthCare Foundation in support of their dissemination efforts.

Finally, please note that the Connections for Cardiovascular Health℠ program does not award medical education or research grants. Requestors of medical education grants should contact AstraZeneca Pharmaceuticals through its Medical Education Grants Office at www.astrazenecagrants.com. To request a research grant, individuals can contact AstraZeneca Pharmaceuticals at www.clinicaltrialdoctors.com.

Thank you again for your interest in the Connections for Cardiovascular Health℠ program.
Primary contact person
Prefix: Ms.
First name: Pamela
Last name: Smith
Position in organization: program coordinator, nurse
Telephone number: 222-222-2222
Extension (if required): n/a
Alternate phone number (if available): 333-333-3333
Fax number (if available): 444-444-4444
Email address (status updates will be sent to this address): primarycontact@NHMCC.org
Please confirm your email address: primarycontact@NHMCC.org

Secondary contact person
Prefix: Dr.
First name: Fionna
Last name: Mills
Position in organization: executive director
Telephone number: 222-222-2222
Extension (if required): n/a
Alternate phone number (if available): 333-333-3333
Fax number (if available): 444-444-4444
Email address: secondarycontact@NHMCC.org
Please confirm email address: secondarycontact@NHMCC.org

Organization Address
Address and street: 123 Health Street
City: Atwater
State: Tennessee
Zip code: 37661
Organization website address (if available): NHMCC.org
Facebook profile address (if available) (e.g., http://facebook.com/username/): http://facebook.com/healthyNHMCC/
Twitter profile address (if available) (e.g., http://twitter.com/username/): http://twitter.com/healthyNHMCC/
Are You Eligible?

Which level of funding are you applying for?
Level One (Program Grant): $125,000-$150,000

Note: **Level One (Program Grant)** – Organizations with New or Existing Programs with 0-1 Year of CCH Funding: Organizations that have not received CCH funding in the past and organizations that have received one year of CCH funding may apply for funding between $125,000 and $150,000. Organizations that received one year of CCH funding must apply with their previously CCH-funded program to be considered.

**Level Two (Program Grant)** – Previously-Funded Organizations with 2+ Years of CCH Funding for Established Programs: Previously-funded organizations that received two or more years of CCH funding may apply for up to $75,000 to sustain a previously CCH-funded program. Funding will be available to support a limited number of previously-funded organizations.

**Level Three (Dissemination Grant)** – Dissemination Support: Previously-funded organizations will be invited to apply, based on eligibility, for funding between $10,000 and $25,000 to disseminate their lessons learned from their previously CCH-funded program.

Note: Dissemination Grants are independent of CCH funding for programs. There is no guarantee that an organization will receive a dissemination grant if that organization is selected to receive a program grant. An organization does not need to apply or receive a program grant to be considered for a dissemination grant. An organization must be invited to apply for a dissemination grant.

How is your organization classified?

Nonprofit

Does your organization have 501(c) designation?
Yes

What is your 501(c) designation?
501(c)(3)

Does your organization have both a current audited financial statement and IRS Form 990 that can be attached to this application?

Note: Organizations designated as public schools, municipal organizations or government entities are asked to provide official documentation verifying their organization type and eligibility to receive tax-deductible, charitable contributions instead of an IRS Form 990.

Yes

Attach your current audited financial statement and IRS Form 990.

Audited financial statement
IRS Form 990

Does this program address cardiovascular health or cardiovascular disease within the United States and its territories?

Yes

Will your program use Foundation funding to exclusively fund any of the following:

- Cardiologists’ salaries
- Awareness/media campaigns
- Enhancement/expansion of existing hospital services
- Hospital software/upgrades
- Capital investments
- Research/clinical trials
- Hospital in-patient programs

No
Does your program include professional education and/or training for healthcare professionals that is more than incidental to the program?
No

Is any of the requested funding to be used for unsolicited capital campaigns?
No

Will funding be used for equipment purchases not integral to the specific program and that might support other ongoing routine programs run by the organization?
No

Is your program open to all regardless of age, race, color, religion, national origin, gender identity, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis?
Yes

If you are a religious organization, is your program open to the community-at-large?
Not a religious organization

Will you collect and measure program outcomes?
Yes

Will this program be able to track at least 100 unduplicated participants by December 31, 2019?

*Note:* Participants "tracked" describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data. Participants tracked is a subset of participants reached, though in some program designs, the number of reached and tracked participants may be identical. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection.

If you have received *CCH* funding in the past, participants counted toward your tracked goal should be separate and unduplicated from participants tracked during previous *CCH* grants. Past awardees are encouraged to continue to follow and track program participants over multiple years, but should not count those participants toward their annual tracked goal.

Each participant counted towards the total tracked should have baseline and follow-up data for at least one measure (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for all measures for each participant, when possible.

Yes

Will this program be able to report on program outcomes for approximately half of the unduplicated tracked participants by May 31, 2019?
Yes

Your Organization

What is the name of your organization? Please enter the organization name as it corresponds with the EIN number of your organization.
New Health Mobile and Corner Clinics

New Health Mobile and Corner Clinics
123 Health Street
Atwater, TN 37661
123456789

Should this request be approved, should the payment be directed to the organization as displayed above?
Yes

The above information was returned from the IRS database for the organization name you provided. Is the Employee Identification Number (EIN) or Federal Tax ID accurate for your organization?

Yes

Note: The EIN in your application should match the EIN of the organization executing the program, and the applying organization is expected to be both the fiscal and managing agent of the program. As a reminder, the Connections for Cardiovascular HealthSM program only supports nonprofit organizations with a 501(c) designation or public schools, government entities or municipal institutions that are eligible to accept tax-deductible, charitable contributions. If your organization is a 501(c)(3) that has an IRS designation as a 509(a)(3), it is ineligible for funding under Foundation guidelines.

Yes

Is your organization a U.S. teaching hospital or an entity that is affiliated or under common ownership with a teaching hospital?
No

Are more than 50% of the board of directors employed by or related to employees of the business operations?
No

What is the geographic scope of your organization (national, regional, etc.)?
Regional
Northeastern TN, Southwestern VA and Northwestern NC

What is the primary region in which your program will be conducted?
South
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA and FL)

How would you describe your organization?
Single entity

How would you primarily categorize your organization? Please note this question categorizes your organization type, which may be different than the type of program detailed in this application.
Healthcare
Healthcare Services
Clinic

State your organization’s mission in one sentence. (up to approximately 50 words or 500 characters)
New Health Mobile and Corner Clinics’ mission is to provide accessible comprehensive care and a supportive medical home to our city’s underserved and economically disadvantaged, enabling these patients to live healthier lives.

In one sentence, state one highlight about your organization and how it relates to the community it serves. (up to approximately 50 words or 500 characters)
New Health Mobile and Corner Clinics has a successful outreach and comprehensive care program that serves hundreds of patients who are medically underserved, economically disadvantaged, uninsured or under-insured by providing medical services where these vulnerable populations reside.
How did your organization hear about the Connections for Cardiovascular Health℠ program?
AstraZeneca HealthCare Foundation website

Has your organization applied for funding with the Connections for Cardiovascular Health℠ program before?
No

Funding & Budget

Please specify the amount requested.
$148,125

Do you have any other funders for this program?
Yes

List any additional funders for this program and the amounts.

<table>
<thead>
<tr>
<th>Status</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>Apple Valley IGA</td>
<td>$15,000</td>
</tr>
<tr>
<td>Pending</td>
<td>Pequa Community Foundation</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

Will grant funds be used for medications or patient fees?

Note: The AstraZeneca HealthCare Foundation absolutely does not require nor does it prefer programs that use grant funds for medications, including AstraZeneca products. The AstraZeneca HealthCare Foundation is a tax-exempt entity organized under section 501(c)(3) of the Internal Revenue Code. The Foundation is not part of the commercial entity, AstraZeneca Pharmaceuticals.

Note: If medications are included in the budget request, specific brand names should not be referenced.

No

You are required to provide a detailed budget for the year funding is requested. On the following budget list, only enter items that will be paid out of requested Foundation grant funds. Do not include costs covered by other funders. Provide a description for all categories where funding is requested, including the Indirect category. Please provide specific details for each budget line item, noting the cost per unit and number of units when applicable.

In the Other category, select the number of individual budget line items to be included (up to five), and provide specific details in the Description boxes and note the Amount for each budget line item.

In the Salaries and Professional Fees category, enter salaries, professional fees and other services, except for program evaluation services. You must detail all personnel and their respective costs individually by selecting the number of personnel (up to 10) and then populating responses in each text box (Name/Company, Title/Role/Service, Is this person a healthcare professional (HCP)? and Details) for each individual, e.g., Program Director, Nurse, Physician or Administrative Coordinator. Enter the information required, including hourly rates, expected hours per week, month, or year and FTE, as well as if this person is a healthcare professional (HCP). Indicate in the chart below if fringe benefits will NOT be covered with proposed grant funds. If fringe benefits will be covered with proposed grant funds, indicate the percentage.

Please review the budget once complete and ensure that all amounts entered in the detailed description match the total amount requested for each budget line item.
Incomplete details could result in disqualification.

Disclaimer: This sample application is to be used for example purposes only and to highlight the level of detail expected. Nothing herein is intended to suggest or imply recommendations for particular costs or activities.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Participant</td>
<td>Pedometers for participants (400 x $3) = $1,200; incentives (gas cards, water bottles, etc.) = $4,000; teaching &amp; classroom materials – 4 locations ($2,575 per location or total of $10,300).</td>
<td>$15,500</td>
<td>10.5%</td>
</tr>
<tr>
<td>Materials</td>
<td>Reports and Electronic Medical Record data evaluations for project.</td>
<td>$6,000</td>
<td>4.1%</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>Reports and Electronic Medical Record data evaluations for project.</td>
<td>$6,000</td>
<td>4.1%</td>
</tr>
<tr>
<td>Printing</td>
<td>Printing recruitment materials, program handouts and screening event materials.</td>
<td>$2,000</td>
<td>1.4%</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>Notebooks, name tags, ink cartridges and pens</td>
<td>$1,500</td>
<td>1.0%</td>
</tr>
<tr>
<td>Phone/Fax</td>
<td>$85/mo. x 12 for cell phone - enabling additional community outreach while mobile.</td>
<td>$1,020</td>
<td>0.7%</td>
</tr>
<tr>
<td>Travel</td>
<td>Mileage for community outreach events. ($.14/mile charitable rate x 7,000 miles.)</td>
<td>$980</td>
<td>0.7%</td>
</tr>
<tr>
<td>Training</td>
<td>Staff training on Motivational Interviewing</td>
<td>$500</td>
<td>0.3%</td>
</tr>
<tr>
<td>Equipment</td>
<td>Basic equipment for program exercise classes (stability balls, medicine balls, floor mats, etc.)</td>
<td>$2,000</td>
<td>1.4%</td>
</tr>
<tr>
<td>Lab/Testing Fees</td>
<td>Lipid panel: 200 tracked participants x $5 per person x 3 times (baseline, 3-month, 6-month) = $3,000. Glucose/A1C: 200 tracked participants x $8 per person x 3 times (baseline, 3-month, 6-month) = $4,800.</td>
<td>$7,800</td>
<td>5.3%</td>
</tr>
<tr>
<td>Dissemination Efforts</td>
<td>One conference: flight ($450), hotel ($180/night), ground transportation (e.g. taxi fare) ($250), meals ($100/day x 2 days = $200), registration ($700), printing ($300)</td>
<td>$2,080</td>
<td>1.4%</td>
</tr>
<tr>
<td>Indirect</td>
<td>Accounting, utilities and insurance expenses</td>
<td>$5,000</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other</td>
<td>Program graduation celebration event (food, decorations, certificates)</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(subtotal of Other expenses)</td>
<td>$1,500</td>
<td>1.0%</td>
</tr>
<tr>
<td>Salaries and Professional</td>
<td></td>
<td>$64,493</td>
<td></td>
</tr>
<tr>
<td>Fees (excludes program</td>
<td>Pamela Smith Program Coordinator, Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>evaluation fees)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pamela Smith
Program Coordinator, Nurse
HCP

$64,493
### Note:

**Equipment:** The Connections for Cardiovascular Health℠ program will only consider funding for equipment that is integral to the specific program design and not for equipment that might support other ongoing, routine programs run by the organization. Equipment costs over 30% of the total funding request will not be considered. Additionally, the Foundation will not fund the purchase of vehicles.

**Other:** The Connections for Cardiovascular Health℠ program will not consider funding when the “Other” line item cost is more than 10% of the annual total.

**Indirect:** A description of what costs indirect funds will cover is required.

**Dissemination Efforts:** Dissemination efforts are encouraged but not required. In October, previously-funded organizations that meet eligibility requirements will be invited to apply for dissemination grants between $10,000 and $25,000.

Dissemination efforts may include activities to share lessons learned through such methods as publications, presentations/conferences, program toolkits and white papers with the means to disseminate it. Funding for dissemination efforts may include expenses related to preparing, printing and/or publishing program findings, including staff time and travel expenses related to presenting findings at professional or academic conferences or other similar events where information is shared with individuals from outside the organization.

<table>
<thead>
<tr>
<th>Salaries and Professional Fees expenses</th>
<th>$102,245</th>
<th>69.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$102,245</strong></td>
<td><strong>69.0%</strong></td>
</tr>
<tr>
<td>Total budget &amp; percentage of amount requested (automatic calculation)</td>
<td>$148,125</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Rosa Martin</strong></th>
<th>Community Health Worker</th>
<th>Non-HCP</th>
<th><strong>$37,752</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$15/hr., 40 hrs./wk., 1.00 FTE, fringe at 21% = $37,752</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>$41/hr., 25 hrs./wk., 0.62 FTE, fringe at 21% = $64,493</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Program

Please provide a title for this program.

Note: If awarded funding, this program title will be used in any communications regarding the grant award.

Healthy Hearts in the Central Appalachian Mountains

What is the primary program focus?
General Cardiovascular Disease

This funding will support an initiative that is:
A program that includes new and existing elements

Please note, the Connections for Cardiovascular HealthSM program encourages innovative outreach programs that are community-based in nature. Please select the option below that best describes your outreach program.
Community-Based

Please tell us about the program target audience.

Which sex is the primary target audience?
Both

Does this program primarily target the medically underserved?
Yes

Is this program aimed at a specific ethnic group?
No

Is this program aimed at a low-income population?
Yes

At what age group(s) is this program primarily aimed?
Adult
All

Please select the primary audience(s) at which the program is targeted.
Rural

Program Details

Highlight one or two key facts/statistics regarding the cardiovascular problem/unmet need in the community that your program will address. Please address the issues within your county and state and how you compare nationally or with other states; be sure to cite valid resource documents such as Centers for Disease Control and Prevention (CDC), American Heart Association (AHA) or your state health department data. The cardiovascular problem/unmet need should connect to your program’s goal. (up to approximately 75 words or 800 characters)
AstraZeneca HealthCare Foundation
Connections for Cardiovascular Health℠ (CCH)

According to the Appalachian Regional Commission (2012), counties in Appalachian states generally have lower index scores that measure access to health professionals and facilities, health insurance coverage and healthcare cost. For the three Appalachian states that NHMCC serves, heart disease mortality is high. Tennessee, the program’s home base, is the 9th worst state for heart disease mortality rates (426.5 per 100,000 adults over 35 years) and Virginia (336.5 per 100,000) and North Carolina (349 per 100,000) are among the third-worst states, ranking 28th and 31st, respectively, out of all U.S. states and territories (CDC, 2008-10). Nearly two-thirds of adults in each of these three states are obese—putting them at risk for CVD (AHA State Facts, 2011).

**State your program’s goal in one sentence.** (up to approximately 75 words or 800 characters)

Note: The goal will be used as a program summary, so the sentence should 1) explain your program’s main objective, 2) provide a brief and succinct program description and 3) include the outcomes you plan to achieve.

This program’s goal is to engage the community and affiliates while improving disease awareness and quality of cardiovascular care through our Mobile Program and Corner Clinic’s delivery of screening, education, treatment and healthy lifestyle support to reduce cardiovascular health disparities, especially for those who are uninsured and under-insured in the Appalachian Mountains of the border region of TN, VA and NC.

**Program Highlights**

**Program Description, Part 1 – Summary**

Briefly summarize the main points of your program design. (up to approximately 100 words or 1000 characters)

Note: It is important to include the cardiovascular problem to be addressed, the outcomes the program plans to achieve and the length of time needed to achieve program goals in your Program Summary Description.

We will expand our program of innovative services to a vulnerable population through screening, education, treatment and healthy lifestyle support targeting CVD and its risk factors. From January to mid-December, it will run at the Corner Clinic and three community centers. NHMCC’s health professionals will promote and perform CV screenings and refer eligible participants to the education program and/or Clinic as appropriate. At each location, participants will receive four evidence-based, 20-minute CVD education modules. Exercise classes are also provided to participants free of charge on site. Calls and checkpoints will encourage follow-through on measures and lifestyle changes. Participants receive healthy food coupons for every completed module. On graduation, participants receive a celebration, a program hat and a coffee mug entitling incentives at various locations. Outcomes will include improvements in physical activity, healthy eating and knowledge of CV health and nutrition, as well as improvements in clinical measures such as BP, BMI and cholesterol levels.

**Program Description, Part 2 – Details**

Describe your program design in detail, expanding on Part 1 of this question. (up to approximately 250 words or 2200 characters)

Our program extends our strong outreach and innovative services to the region’s underserved, uninsured and under-insured populations by providing CV screening, care, education and support.

NHMCC’s staff has patient hours at eight community centers and the Corner Clinic. Additional events will promote the program. Adults identified as having CVD or at risk will be referred to the program’s four locations: three community centers and the Corner Clinic.
Classes will be provided in four 20-minute, evidence-based modules that cover disease knowledge, disease management, nutritional choices and staying healthy. After each module, participants will receive coupons for healthy food at local merchants or preference for healthy foods at area food banks. Heart-healthy refreshments will be provided before and after classes by the Sunflower Café Food Truck. In one module, Chef Angus will present choices and recipes for healthy eating. Exercise classes are also provided to participants free of charge on site. Via follow-up calls and personal interaction, participants will be encouraged to make a self-care agreement with personalized cardiovascular health goals and commit to supportive clinical measures and lifestyle changes. Personalized checkpoints before/after class and during NHMCC hours let participants ask questions, check clinical measures and report on their progress. Participants take pre- and post-surveys for each module and attend three- and six-month follow-ups for clinical measures.

On graduation, participants receive a celebration, a program hat and a coffee mug entitled free refills at the Corner Clinic and our affiliate program providers (food banks, community centers, the Sunflower Café Food Truck and other locations). In addition, graduates seen wearing our hat at the Clinic or our affiliate program providers will be eligible for on-the-spot incentives that reinforce our module messages. Program participants who graduate before completing their six-month assessment will be encouraged via postcard reminders and calls to continue regular checkpoints. Our outreach staff will work with participants and affiliates to ensure they have the commitment, materials, enthusiasm and resources to support the program’s mission and goals.

Will this program include professional education and/or training for healthcare professionals (e.g., CEUs, CMEs)?
No

Please describe how your program plans to recruit participants.
Flyers and/or brochures
Newspaper/magazine ad
Word-of-mouth
Recruit from existing patient population
Other
Our hats

How will the program be communicated publicly? Include information such as the development of a formal communications plan or press release in support of the program, planned events that include the media, and any other public communication around the program. (up to approximately 250 words or 2200 characters)
Healthy Hearts in the Central Appalachian Mountains will communicate to individuals who are medically underserved, lack adequate health insurance and live in this remote region through Clinic workshops and public outreach. We will reach individuals through the services they use and places they frequent. Brochures, posters, educational materials and flyers will be distributed at our program affiliate partners as well as government locations, civic organizations, food banks, churches, NHMCC and other clinics. We will communicate to affiliate partners, stakeholders, potential funders and the public via our website, targeted emails, direct mail, Facebook, Twitter and monthly NHMCC newsletters. Also, we will share our program results and accomplishments in press releases, articles and ads in local papers. The Program Coordinator is committed to communication activities and will create a communications plan that will support the program’s mission. It will aim to reach the neediest or most disadvantaged people in our community and provide the tools to help them manage their disease through better health knowledge and resources. It will also share success stories to inspire others as well as encourage donations and other sources of funding.

Program Activities

Program Activities, Part 1 - Summary

Note: If your organization receives funding from the Connections for Cardiovascular HealthSM program, notification will occur no later than November, and work for the program should begin then. The grant period ends December 31, 2019, and all CCH grant funds must be expended by then.
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Connections for Cardiovascular Health℠ (CCH)

Note: The Connections for Cardiovascular Health℠ program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in May and December. The AstraZeneca HealthCare Foundation requires that all programs report on program outcomes for approximately half of the planned unduplicated tracked participants by May 31, 2019.

Describe the major deliverables/activities and timing your program will take to reach your goals. Briefly summarize the key activities of your program, beginning with November and December of 2018 and continuing with quarterly detail through 2019. (up to approximately 100 words or 1000 characters)

Note: It is important to include information on program planning, participant recruitment and participant activities (noting any inactive months, awareness activities, sustainability initiatives, program partnerships, evaluation and limitations on beginning or ending program activities in your Program Activity Summary). In Part 2 of this question, you will be able to provide more details by specific time periods.

November and December 2018: Finalize our program partnerships and locations, recruit and train staff, schedule program activities and develop program materials. First Quarter 2019: Start recruitment and classes (each module has pre- and post-survey), conduct baseline measures, announce award, submit abstract for presentation. Second Quarter 2019: Ongoing recruitment and regular classes, Spring Fair screening, first follow-up measures. Task force begins planning fundraising and sustainability plans. Third Quarter 2019: Annual Barbeque Fundraiser, continue classes and follow-up measures, end recruitment in July so all follow-up measures can be collected by end of December (after July, eligible participants will be referred to NHMCC for individual CVD education and care). Fourth Quarter 2019: Finish up classes, complete follow-up assessments and present program at national conference. Seek additional funding. Note: We will seek media opportunities to promote the program in each quarter.

Program Activities, Part 2 – Details

Expanding on Part 1 of this question, please provide specific details of the program activities (including participant enrollment and measurement tracking) in the following time periods

2018: November through December (up to approximately 100 words or 1000 characters)
1. Establish and finalize partnerships with three local community centers (of the eight centers we visit). Establish incentive locations near selected community centers and the Corner Clinic. Follow up with Pequa Community Partnership and Apple Valley IGA about incentive funding.
2. In December, plan and schedule program classes, screenings, cardiovascular self-care agreements and events. Develop materials.

First Quarter 2019: January through March (up to approximately 100 words or 1000 characters)
1. Purchase, print, and distribute curriculum to the three community centers and the Corner Clinic. Train program staff to deliver curriculum. Train program affiliates to reinforce the messages.
2. Promote program and conduct first baseline screenings in the Corner Clinic and three community centers. Begin recruitment and classes (each module has pre- and post-survey).
3. Announce grant award to local media and stakeholders.
4. Reapply for Connections for Cardiovascular Health℠ funding.
5. Submit abstract for a poster presentation at the National Rural Cardiovascular Health Association conference.
6. Complete any reporting requirements.

Second Quarter 2019: April through June (up to approximately 100 words or 1000 characters)
1. All three community center sites and the Corner Clinic conduct screenings and deliver program. Recruitment is ongoing.
2. Classes are conducted on a regular, rotating schedule (module one through four).
3. Begin follow-up measures on participants who have completed the modules.
4. Seek media opportunities; promote the program in local media outlets.
5. Attend Spring Fair to conduct screenings and promote program.
6. Complete any reporting requirements.
7. Convene task force to plan and lead activities to raise future funds or enable program to become self-sustaining. Start monthly mailings.

Third Quarter 2019: July through September (up to approximately 100 words or 1000 characters)
2. Continue classes and screenings at all sites. End recruitment in July so all measures are collected by end of grant year. After July, refer eligible participants found in screenings to NHMCC for care. They will receive similar cardiovascular education in individual patient visits.
3. Continue follow-up and care through NHMCC.
4. Seek media opportunities; promote the program in local media outlets.
5. Reach out to local civic groups to sponsor a food drive or potluck meal. For potluck meals, program staff will offer cardiovascular classes (based on module one) suitable to the civic members and attending program participants.
6. If abstract is accepted, develop poster presentation materials and share with AZHCF. Alternatively, if abstract is rejected, program staff will examine reasons why, make material and substantive changes to improve the abstract or identify alternate venue(s) for dissemination within the grant period. Program staff will update Foundation staff and evaluation partners to ensure revised plans are approved.
7. Complete any reporting requirements.

Fourth Quarter 2019: October through December (up to approximately 100 words or 1000 characters)
1. Seek additional funding.
2. Continue conducting classes and screenings at all sites. After July, eligible participants are referred to NHMCC for cardiovascular education and care.
3. Continue follow-up and providing care through NHMCC.
4. Finish all participant follow-up.
5. If abstract is accepted, present poster at the National Rural Cardiovascular Health Association conference. If abstract was rejected, program has made substantive progress on revised dissemination plans.
6. Seek media opportunities and promote the program in local media outlets.
7. Complete any reporting requirements.
8. End of the year program staff celebration.

Post-Grant Period: 2020 (up to approximately 75 words or 800 characters)
1. Establish Healthy Hearts in the Central Appalachian Mountains as a permanent program through NHMCC.
2. Publish results and seek other funding sources.
3. Expand program to a new community center.

Post-Grant Period: 2021 (up to approximately 75 words or 800 characters)
1. Continue offering Healthy Hearts in the Central Appalachian Mountains as a permanent program through NHMCC.
2. Publish results and seek other funding sources.
3. Share program model with other local clinics at a conference.

Innovation

Innovation, Part 1 – Summary

Briefly summarize any innovative aspects of your program, including its design and outcomes that will help you achieve your goals. (up to approximately 50 words or 450 characters)

Note: Innovation includes new and unique processes and practices for your program. Your program goal, outcomes and processes may not be original, but your program may be innovative for its target audience, cardiovascular health problem, and/or geographic location. In Part 2 of this question, you will be able to provide more details on your program’s innovative aspects.
Healthy Hearts in the Central Appalachian Mountains provides innovation by 1) delivering health education to people where they are, 2) teaching in short modules, 3) providing incentives that reinforce the lessons and encourage return visits, 4) providing a medical home and cardiovascular management for those in need and 5) offering a supportive and engaging environment for making long-term health and lifestyle changes.

Innovation, Part 2 - Details

Expanding on Part 1 of this question, describe any innovative aspects to your program in detail, including its design and outcomes that will help you achieve your goals. (up to approximately 250 words or 2200 characters)

A key strength of Healthy Hearts in the Central Appalachian Mountains is its innovative approach to outreach and education. Our program accomplishes this through:

1. Delivering health education to people where they are. For participants in the mobile medical center programs, cardiovascular education comes to them, providing a great level of convenience.

2. Teaching in short modules. Because classes are short, this removes the common concern about time as a barrier to class attendance. The time before and after class is used to support personal self-care agreement goals and measures.

3. Providing incentives that correlate with nutrition lessons and encourage more visits to the Clinic. Not only are participants taught how to eat better to control their disease, they are given healthy refreshments at the classes as well as coupons for healthy food at local merchants and preference for healthy foods at affiliated food banks to get them started. This reinforces the lessons and helps participants get the nutrition they need in a healthy manner. We also provide gas cards as incentives to encourage attendance for follow-up screenings. Additionally, the hats will promote the program in the community, and the free coffee refills will encourage participants to return regularly to the Clinic, food banks, community centers and other affiliate locations to interact with the staff. This interaction increases the likelihood participants will continue to access services they need to improve their health and lifestyle choices once they graduate.

4. Providing a medical home and cardiovascular management for the underserved, uninsured and under-insured. All participants will be encouraged to come to any of the NHMCC locations and receive affordable or free comprehensive care. This gives participants access to a convenient, stable medical home and familiar support group.

5. Offering a supportive and engaging environment for making long-term health and lifestyle changes with incentives and self-care agreements. Graduates will have ongoing interaction with our healthcare staff, outreach staff and program affiliates located throughout the region that will reinforce the lessons and key messages.

Program Outcomes

Participants “reached” describes any participants with whom you interact or to whom you reach out through health fairs, screenings, workshops, brochures or other means. Participants “reached” also includes the participants you anticipate tracking in the program.

In the next sections, you will be asked to identify and describe your program’s outcomes. When doing so, please be aware that the number of participants reached is not an outcome. Instead, the number of individuals reached is an output of your program or project. A specific impact or change in a participant’s knowledge, behavior or health would be the program’s outcome.
Participants “tracked” describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data. Participants tracked is a subset of participants reached, though in some program designs, the number of reached and tracked participants may be identical. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection.

If you have received CCH funding in the past, participants counted toward your tracked goal should be separate and unduplicated from participants tracked during previous CCH grants. Past awardees are encouraged to continue to follow and track program participants over multiple years, but should not count those participants toward their annual tracked goal.

In programs with low numbers of participants or programs with extensive resources, the number of participants reached and tracked may be the same. However, in the majority of programs, the number of participants reached and tracked is unlikely to be the same, and the number of participants tracked will normally be less than the number reached.

Each participant counted towards the total tracked should have baseline and follow-up data for at least one measure (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for all measures for each participant, when possible.

Proposed Grant Year November 2018 through December 31, 2019

Participant Goals, Part 1 – Reached Participants

What is the anticipated total number of program participants you expect to reach during the grant year (between November 2018 and December 31, 2019)? Minimum entered must be 100. 700

What is the anticipated number of program participants you expect to reach by January 31, 2019 (three-month mark)? 70

What is the anticipated number of program participants you expect to reach by May 31, 2019 (mid-year mark)? 350

Are the 2018-2019 reached participants an entirely new group of participants? Yes

Participant Goals, Part 2 – Tracked Participants

What is the total anticipated number of unduplicated program participants you expect to track during the grant year (between November 2018 and December 31, 2019)? Minimum entered must be 100. 200

What is the anticipated number of unduplicated program participants you expect to track by January 31, 2019 (three-month mark)? 30

What is the anticipated number of unduplicated program participants you expect to track by May 31, 2019 (mid-year mark)? 100

Are the 2018-2019 unduplicated tracked participants an entirely new group of participants? Yes
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Please describe how your program plans to follow up with unduplicated tracked participants.
(up to approximately 75 words or 800 characters)
Program participants complete pre- and post-surveys after each module, baseline measures, and also have three- and six-month follow up assessments. We stay in contact via phone call follow-ups, post cards, emails and reminder texts. Additionally, graduates who wear our hat at the Clinic or our program partners’ locations will receive on-the-spot incentives that reinforce our module messages.

Please detail how your program will ensure tracked participants will be unduplicated (ensure each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection). (up to approximately 75 words or 800 characters)
Every tracked participant will be entered in our EMR database. As participants return for subsequent modules or follow-up visits, we will track our encounters with them in the EMR to ensure that each participant is counted only once. Our multiple locations share the same EMR, so entries will be consistent across sites.

Measures and Outcomes

Measures and Outcomes, Part 1 – Summary

Briefly state your program’s clinical, behavioral and/or lifestyle outcomes. (up to approximately 100 words or 1000 characters)

Note: Be sure to include any innovative outcomes that will help you support your program’s efforts to improve cardiovascular health. Program measures and outcomes need to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). By mid-year, programs are required to report on program outcomes for approximately half the planned unduplicated tracked participants. In Part 2 of this question, you will be asked to provide more details.

Note: It is the Foundation’s preference to fund programs that include clinical outcomes.

Surveys completed after each module. Clinical outcomes tracked at baseline, then 3 and 6 months.

Measurement outcomes:
- Behavioral – 85% score 90% or better on CVD and nutrition knowledge survey. By 6-month follow-up: 70% improve eating habits by increasing fruit/vegetable consumption by 1 serving daily. 65% increase physical activity by 20 min. daily.
- Clinical – By 6-month follow-up: 30% with a BMI >25 experience weight loss of 10 pounds or more. 70% with an active diagnosis of hypertension have a recent blood pressure recording <140/90 mmHg. 60% of high risk participants (with levels of 200+) decrease total cholesterol below 200 mg/dL. 65% of participants with elevated glucose and hemoglobin A1C levels > 6 decrease their A1C levels by 1 or more points.

Measures Details, Part 2 – Details

Expanding on Part 1 of this question, describe in detail the clinical, behavioral and/or lifestyle outcomes for your program and how you will measure them. (up to approximately 500 words or 4200 characters)

Note: Be sure to include any innovative outcomes that will help you to support your program’s efforts to improve cardiovascular health. Provide clear and measurable outcomes for each
program participant that are consistent with the goals of the program and provide more than the outputs of your program.

Note: It is the Foundation’s preference to fund programs that include clinical outcomes.

Surveys completed after each module. Clinical outcomes tracked at baseline, then 3 and 6 months.

Measurement outcomes:
- Behavioral – 85% score 90% or better on CVD and nutrition knowledge survey. By 6-month follow-up: 70% improve eating habits by increasing fruit/vegetable consumption by 1 serving daily. 65% increase physical activity by 20 min. daily.
- Clinical – By 6-month follow-up: 30% with a BMI >25 experience weight loss of 10 pounds or more. 70% with an active diagnosis of hypertension have a recent blood pressure recording <140/90 mmHg. 60% of high risk participants (with levels of 200+) decrease total cholesterol to below 200 mg/dL. 65% of participants with elevated glucose and hemoglobin A1C levels >6 decrease their A1C levels by 1 or more points.

Two hundred participants will be tracked through the program. We expect to reach over 700 people through screening and events. Recruitment is ongoing through July; after this, recruitment will cease to ensure all measures can be collected by the end of the program year. (Any eligible participants found in screenings after this point will be referred to NHMCC for care. They will receive similar cardiovascular education in individual patient visits instead of the classes. Their outcomes will not be tracked for this program.) Eligible participants are recruited at cardiovascular screenings and referred to the program and/or the NHMCC as appropriate. Participants complete pre- and post-surveys to measure knowledge gains after each module. A knowledge retention survey will be given at 3- and 6-month follow-up.

Participants may join our traveling program at any time. Thus, all four modules may not be completed; this is why a pre- and post-survey is given after each module and lessons are meant as independent modules to give participants as much benefit as possible in one session. The aim, however, is to have participants come to as many sessions as possible; they can switch over to the Corner Clinic’s classes or visit a different community center. Results will be analyzed by individual module. Also, an efficacy analysis will be conducted for those who completed the entire program. Both analysis sets will be compared and conclusions drawn about overall effectiveness.

Clinical outcomes will be measured at baseline screening and at 3- and 6-month follow-up intervals. Participants are tracked regardless of location they visit. The Program Coordinator and Community Health Worker will work with the community centers and other affiliates to maintain contact with
participants and also work to retain participants within NHMCC if they still require a medical home after graduation.

Please choose all the clinical outcomes you will measure for your program (if applicable):

**Clinical**
- Body mass index
- Blood pressure
- Glucose
- Hemoglobin A1C
- Lipoproteins, triglycerides
- Weight

Please choose all the behavioral/lifestyle outcomes you will measure for your program (if applicable):

**Behavior/Lifestyle**
- Better eating
- Better knowledge of cardiovascular disease
- Better knowledge of nutrition

Please select all of the measurement vehicles you will use to track your program's success:

- Pre-program surveys
- Interim surveys:
  - Three-month
  - Six-month
- Post-program surveys

Describe your detailed plan to collect, evaluate and report data for your program. (up to approximately 250 words or 2200 characters)

Our partner, the New Health Evaluators, will collect and analyze all program data. We will also use a systematic data collection approach to improve outcomes (Baty et al. *Fam Med.*, 2010). All participant data will be collected in an EMR and analyzed with “NewHealthSquared” statistical software. Results will be analyzed by individual module as well as an efficacy analysis. All analyses will be reported and compared to make an overall conclusion about the program’s effectiveness.

Will your program have collected all follow-up measures by December 31, 2019?
Yes

Will you be partnering with a healthcare provider or using an internal healthcare provider to collect clinical measures?
Yes

Please enter the healthcare provider’s name, affiliated organization and his/her role in the collecting clinical measures.

Healthcare Provider’s Name
Meghan Johnson, RN, BSN

Organization’s Name
New Health Mobile and Corner Clinics

Role
Meghan is a volunteer RN/BSN who will collect all clinical metrics at screenings.

Healthcare Provider’s Name
Derrick Richards, RN, BSN

Organization’s Name
New Health Mobile and Corner Clinics
Role
Derrick is a volunteer RN/BSN who will collect all clinical metrics at screenings.

Will you be using outside assistance to collect, evaluate and report program outcomes?
Yes
For each organization, please enter the organization’s name and its role in the collection, evaluation, and/or reporting of program outcomes.

Organization Name:
New Health Evaluators, Inc.
Role:
Analyze program results

Program Sustainability
Sustainability, Part 1 – Summary

In what ways do you plan to work toward achieving program sustainability for your program after Connections for Cardiovascular HealthSM funding is expended? Select all that apply.
Acquire further grant funding or donations
Conduct a fundraiser
Work to integrate the program into other program offerings
Share the program with other organizations in a presentation
Disseminate results in a publication or conference presentation/poster

Sustainability, Part 2 – Details

Expanding on Part 1 of this question, describe in detail how your program will work toward achieving program sustainability for your program after Connections for Cardiovascular HealthSM funding? For each item selected in Part 2, please explain. (up to approximately 200 words or 2000 characters)

Submission of grant proposals
Yes
Please explain (approximately 250 words or 2000 characters)
NHMCC actively seeks diverse funding sources for its programs, including local charities, area foundations, federal and state grants and individual donors. We recently submitted grant applications to U.S. Department of Health and Human Services and Tennessee Department of Health.

Public/private donor fundraising campaigns
Yes
Please explain (approximately 250 words or 2000 characters)
NHMCC holds a variety of fundraisers throughout the year, with the biggest being the Barbeque Fundraiser in July. This year we hope to raise $350,000, 25% of which we will use to help Healthy Hearts in the Central Appalachian Mountains continue. Also, in the second half of the year, community events like food drives and potluck dinners will serve as feeder programs to foster future fundraising through community engagement of other nonprofits and civic groups.

In sharing the design of this program with the Board and past NHMCC supporters, we have potential funding for program and food incentives from Pequa Community Foundation and Apple Valley IGA.

Are you receiving private/public funds now that can be applied to this program?
No
Integration into ongoing program offerings/existing programs

Yes

Please explain (approximately 250 words or 2,000 characters)

We will establish Healthy Hearts in the Central Appalachian Mountains as a permanent program in our Clinic and in local community centers. We will recruit more volunteer nurses and doctors from our local hospital connections to teach the program modules, assist with screenings or provide Clinic coverage so our staff can execute the program. Volunteer assignments will be based on individual aptitude and reliable volunteer hours. The additional volunteer staff will ensure that the program activities are adequately supported, even during busy times. We will expand to at least one more community center. Also, we plan to develop a “graduate” educational series on cardiovascular health for returning participants to strengthen their health education and support connections to fellow graduates.

Fees paid by program participants

No

Dissemination of the program model to other organizations and locations

Yes

Please explain (approximately 250 words or 2,000 characters)

First, we will offer the program to other mobile community clinics in the region. As the program grows, we will adjust the program model for stationary and urban clinics, extending the reach of our program into other types of communities. Healthy Hearts in the Central Appalachian Mountains will be shared at local and national conferences, and we will publish our outcomes in medical journals and annual reports such as Journal of the Association for Nonprofits for Heart-Healthy Communities.

Other

No

Will you charge your participants a fee for participation in the program during the grant year?

No

Do you plan to publish and/or present your program during the grant year?

Yes

Describe your plans for publishing and/or presenting your program, including the general topic(s), target audience, month/year, location and presentation or publishing method. (up to approximately 250 words or 2200 characters)

We plan to submit an abstract to the National Rural Cardiovascular Health Association for a poster presentation at their annual conference to be held in Seattle, WA in November 2019. The conference is generally attended by public health practitioners, nonprofit leaders, public health students, medical students and healthcare professionals. Our presentation will focus on our program approach, effective practices, lessons learned and results from our program, with the intention of demonstrating that it’s a replicable program model for other organizations in rural communities. We plan to provide copies of our poster and other handouts related to our program for additional information.

Will you partner with other organizations on this project (e.g., universities, hospitals, schools or civic organizations)?

Yes

Identify the number of partners for this program. Then list their name(s) and role(s). (Select up to 10 partners)

6

Name of partner: Sunflower Café Food Truck, Atwater, TN
Role: incentive location, educator, program food provider and promoter

Name of partner: West Ridge Community Center, Ridgeline, NC
Role: incentive location, potential host for screenings and classes

Name of partner: Borough of Cider Hills, VA
AstraZeneca HealthCare Foundation  
Connections for Cardiovascular HealthSM (CCH)

Role: incentive location, potential host for screenings and classes

Name of partner: Skyline Civic Center, Skyline, TN  
Role: incentive location, potential host for screenings and classes

Name of partner: Mountainside Community Food Bank, Skyline, TN  
Role: incentive location

Name of partner: Apple Valley IGA, Creekside, VA  
Role: incentive location

Describe your organization’s capabilities for carrying out this program. (up to approximately 200 words or 1800 characters)

New Health Mobile and Corner Clinics (NHMCC) has served uninsured and underinsured individuals for over 50 years. The Clinic began in an old corner grocery store and quickly built a strong client base and expanded into a new street corner facility with two stories and a volunteer staff of 15 nurses, nurse practitioners, nutritionists and doctors as well as seven full-time staff members. All patients are given comprehensive care, no matter whether they have the funds to pay for it. NHMCC serves hundreds of patients every year. Our Corner Clinic has also successfully managed other grants. In our Holiday Health Program, we exceeded outcome goals with 89% of surveyed participants improving knowledge scores to 90% or more answers correct across three cardiovascular health topics. We also exceeded our goal for 50% follow-up participants to reach healthy blood pressure levels. Patients from all walks of life trust our Corner Clinic and our outstanding health outcomes, making NHMCC an ideal organization to run an outreach program for individuals in our region.

Has your organization managed grants in the past?  
Yes

Identify the number of non-CCH grants that your organization has managed (up to 5), including repeat and different funding sources if applicable. Then describe each grant.

4

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Identify the number of key staff members from your organization who will help implement this program. Then list your organization’s key staff members and their role in implementing this program (Select up to 10 key staff members)

5

Enter Name, Title, Role, Responsibilities and whether this person is a healthcare professional.

Name: Pamela Smith  
Title: Program Coordinator/Nurse  
Role: Program Coordinator, Nurse  
Responsibilities: Program coordinator and nurse, 10 years of experience in community clinics; HCP

Name: Fionna Mills
Title: Executive Director
Role: Director
Responsibilities: Clinic Director, physician with 35 years of experience in hospital, clinic and primary care settings; HCP

Name: Meghan Johnson
Title: Nurse
Role: RN/BSN volunteer
Responsibilities: RN/BSN volunteer, teaches classes and performs screenings; HCP

Name: Derrick Richards
Title: Nurse
Role: RN/BSN volunteer
Responsibilities: RN/BSN volunteer, teaches classes and performs screenings; HCP

Name: Rosa Martin
Title: Community Health Worker
Role: Health Educator, Community Outreach
Responsibilities: Assists in teaching classes and conducts community outreach

Past programs

Has your organization managed another cardiovascular-related program in the past of equal size, scale or focus?
Yes

Was it sponsored by a grant?
Yes
What organization(s) provided the grant?
Western Carolinas Rural Fund
What was the total value of the grant?
$30,000
How many years did the grant sponsor?
3

Briefly describe the program and demonstrate program success by detailing the outcomes it achieved. (approximately 200 words or 1800 characters)

Note: Outcomes are expected to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). Details must include specific outcomes, measurement methods, participant achievement rates/percentages and time elapsed to reach the goal.

One of our most successful programs has been the Holiday Health Program, which provided free blood pressure screenings to 823 participants at Walmarts and local grocery stores over three years. Participants were referred to NHMCC if they needed a medical home. For emergency care, they were sent to the local hospital. The store screening centers also offered brief educational talks and sent participants to an online cardiovascular education site. Participants took online pre- and post-tests to measure knowledge gains. Our goal was for 75% of surveyed participants to score 90% or better on all three topics: cardiovascular management during the holidays, cardiovascular risks in general and heart healthy holiday eating. We exceeded this goal, with 89% of surveyed participants improving scores to 90% or more answers correct across all topics. NHMCC staff contacted participants who had elevated blood pressure readings for follow-up screenings at the clinic in February. Sixty-five percent came for follow-up screenings, and of these, 75% had reduced their blood pressure to healthy levels, exceeding our goal for 50% follow-up participants to reach healthy levels.
Nearly all those who reduced their blood pressure had participated in the cardiovascular education site and scored 90% or more on the post knowledge survey.

How many years did the program last?
3

Are any of these programs still ongoing?
Yes

Has your organization managed another non-cardiovascular program in the past of equal size, scale, focus?
No

Review Request
You will be given an opportunity to review your application prior to submitting it and make changes if required. When you are ready to submit your application, click the "Submit request" link. Once you have clicked "Submit request," you will no longer be able to edit or view your application, so make sure it is complete before you proceed.

Certification
I certify that the information included as part of this Foundation Grant application is true and complete to the best of my knowledge and belief and understand that any willfully false statements will be sufficient cause for rejection of this application or, if the application has been awarded, for the termination of this award.
✓ I have read the Certification above and agree to all the terms therein.
✓ I understand that if selected for funding, actual funds will not be awarded until the AstraZeneca HealthCare Foundation Letter of Agreement is completed, signed and executed.
✓ I certify on behalf of the applying organization that when presenting data or outcomes from Connections for Cardiovascular HealthSM (CCH)-funded programs, the applying organization retains responsibility and ownership for the validity and accuracy of their data irrespective of any findings, communications, or statement by either the Foundation or its external evaluator. Furthermore, the applying organization agrees to acknowledge and communicate this responsibility through a disclosure statement when disseminating findings from the program through a mutually agreed upon statement with the Foundation. Additionally, the applying organization grants the Foundation absolute right to disseminate, publish, or present any data, outcomes, or other information reported as part of the CCH program.
✓ I acknowledge that if selected for funding, my organization may be requested to participate in Connections for Cardiovascular HealthSM publication efforts including but not limited to poster sessions or presentations at conferences and/or publications in journals.
✓ I have attached the requested Audited Financial Statements and IRS Form 990s or similar documents.
✓ I verify that the applying organization does not have an ineligible 509(a)(3) classification.
✓ I agree that if a CCH grant is awarded to the applying organization, the applying organization will not assign the grant award and shall not represent that the Foundation grant award has been assigned to, or is used by or on behalf of, another organization, even if related or affiliated, without the prior approval of the Foundation. The organization granted the award shall use its name and the name of its program in communication about the grant award unless another program or entity name has prior approval by the Foundation.