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 by helping to:

- 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.

www.astrazeneca-us.com/foundation
2020 Application Guidance

Connections for Cardiovascular Health℠ Next Generation

After ten years of grantmaking and helping to support organizational capacity building through the Connections for Cardiovascular Health℠ program, the AstraZeneca HealthCare Foundation has revamped its program to Connections for Cardiovascular Health℠ Next Generation to support new and innovative community-based programs in areas of need throughout the United States. Connections for Cardiovascular Health℠ Next Generation welcomes applications from every state in the nation and has a preference for funding applications from the top 20 states by cardiovascular disease mortality (Alabama, Arkansas, Georgia, Iowa, Indiana, Kentucky, Louisiana, Maryland, Michigan, Missouri, Mississippi, Nevada, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, West Virginia). Additional preference will be given to applications from those states where the Foundation has never previously funded a program (Alabama, Arkansas, Iowa, Indiana, Nevada, Ohio, Oklahoma). This current 2020 grant cycle is the first year of the Connections for Cardiovascular Health℠ Next Generation program.

Applications for grants will be accepted from **February 3, 2020 at 9:00 AM Eastern Standard Time through February 21, 2020, 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 will accept one application per organization. Program Grant requests must be between $125,000 and $150,000.

Organizations may be eligible for a second year of continued funding for Connections for Cardiovascular Health℠ Next Generation, if awarded a Connections for Cardiovascular Health℠ Next Generation grant for the 2020 application cycle and based on performance and assessment by the Foundation's university evaluation partners, program staff and Board of Trustees. Additional criteria to be disclosed during the Letter of Agreement process for funded organizations.

Organizations that have received funding from the AstraZeneca HealthCare Foundation before 2020 through its Connections for Cardiovascular Health℠ program are not eligible to apply for Connections for Cardiovascular Health℠ Next Generation funding.

The grant cycle runs from August 2020 – November 30, 2021, and funded organizations are expected to launch their programs as soon as funds are received in August 2020.

Innovative Approaches to Help Improve Cardiovascular Health at the Community Level

Through evaluating results from community-based programs from Connections for Cardiovascular Health℠, the AstraZeneca HealthCare Foundation and its evaluation partners have identified six innovative approaches commonly used to improve cardiovascular health at the community level. Applying organizations will need to align with one of six innovative approaches as the basis of their Connections for Cardiovascular Health℠ Next Generation program or identify their own innovative approach. The six innovative approaches include:

1. Leveraging access for uninsured and underserved participants to improve cardiovascular knowledge and health
2. Bringing programs to participants
3. Educating children to serve as heart health ambassadors
4. Improving cardiovascular health through food-based programs
Using health coaches/promotores to improve cardiovascular health

Providing culturally sensitive program interventions to maximize participant outcomes


Application Scoring

Applications will be scored for merit in terms of needs assessment, program design, goals and outcomes, budget, innovation and sustainability. The Connections for Cardiovascular HealthSM Next Generation Grant Review Committee reviews applications, and the Foundation’s Board of Trustees will make the final selection in awarding Foundation grants. The Foundation does not provide critiques or commentary on applications not selected for an award and there is no guarantee of funding.

Applications for First Year of Funding

Organizations applying for their first year of Connections for Cardiovascular HealthSM Next Generation will need to reach at least 400 unduplicated individuals and report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021. Applicants are encouraged to develop reached and tracked participant goals that will demonstrate the greatest possible impact. In addition to reporting on reached and tracked participants, funded organizations will need to report on the number of individuals screened and educated.

Note, 2020 is the first year of the Connections for Cardiovascular HealthSM Next Generation program.

Reached and Tracked Participant Definitions

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. If your program receives more than one year of Connections for Cardiovascular HealthSM Next Generation funding, reached participants will need to be a new group each grant year and unduplicated from previous years.

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. Participants tracked need to be unduplicated, where each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection. If your program receives more than one year of Connections for Cardiovascular HealthSM Next Generation funding, tracked participants will need to be a new group each grant year and unduplicated from previous years. Organizations are encouraged to continue to follow and track program participants over multiple years but may not count those participants toward their annual tracked goal.

Each participant counted toward the total tracked will need to 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.

Program Reporting
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:

- Three-month progress report submitted by late October 2020 (covers progress from August 2020 through October 2020)
- Mid-year progress report, sustainability efforts and program outcomes submitted by April 2021 (covers progress from August 2020 through March 2021)
- Comprehensive year-end report, sustainability efforts and program outcomes submitted by early December 2021 (covers progress from August 2020 through November 30, 2021)
- Regular program reports and other requirements, as set forth in the Letter of Agreement

Medical Education and Research Grants

Please note that the Connections for Cardiovascular HealthSM Next Generation program does not award medical education or research grants. Requestors of medical education grants may contact AstraZeneca Pharmaceuticals through its Medical Education Grants Office at www.astrazenecagrants.com. To request a research grant, individuals can contact AstraZeneca Pharmaceuticals at https://www.astrazeneca.com/partnering/externally-sponsored-scientific-research.html.
Contact

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: Mountain City
State: Tennessee
Zip code: 37683
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?

1. Which level of funding are you applying for?
   Level One (Program Grant); Year One

   *Note: Level One Program Grant:* Organizations applying for their first year of *Connections for Cardiovascular Health*SM Next Generation funding will need to report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021 and are encouraged to develop reached and tracked participant goals that will demonstrate the greatest possible impact.

   Note, 2020 is the first year of the *Connections for Cardiovascular Health*SM Next Generation program.

2. How is your organization classified?
   Nonprofit

3. Does your organization have 501(c) designation?
   Yes

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

   *Note: All 501(c)(3) nonprofit organizations also have an IRS 509(a) designation. If your organization has been designated as a 509(a)(3) supporting organization by the IRS, it is ineligible for funding. The IRS designation can normally be found in the organization’s IRS designation letter. Some nonprofit organizations, particularly older ones, could have a separate IRS 509(a) ruling letter*

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

   *Attach your current audited financial statement and IRS Form 990.*
   Audited financial statement
   IRS Form 990

   *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*

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

   *Note: The *Connections for Cardiovascular Health*SM Next Generation program encourages applications for initiatives that work in innovative ways to address cardiovascular health or disease in the United States and its territories and can demonstrate innovative, clear and measurable outcomes. The program does not support projects or organizations outside of the United States and its territories.*

6. Will your program use Foundation funding to exclusively fund any of the following:
   - Healthcare provider salaries
   - Awareness/media campaigns
   - Enhancement/expansion of existing hospital services
   - Hospital software/upgrades
   - Capital investments
   - Research/clinical trials
- Hospital in-patient programs
  No

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

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

9. 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

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

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

12. Will you collect and measure program outcomes?
    Yes

13. Will this program be able to track at least 200 unduplicated participants by November 30, 2021?
    Yes

   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. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection.

   Note: 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.

14. Will this program be able to report on program outcomes for approximately half of the unduplicated tracked participants by March 2021?
    Yes

   Note: 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.
Your Organization

15. 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

16. If this request is approved, will the payment be directed to the organization as displayed above?
Yes

17. The above information was returned from the IRS database for the organization name you provided. Is this 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 Next Generation 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.

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

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

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

21. What is the primary state or U.S. territory in which your program will be conducted?
Tennessee

22. How would you describe your organization?
Single entity

23. 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

24. State your organization’s mission in one sentence. (max. of 500 characters with spaces)
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.

25. In one sentence, state one highlight about your organization and how it relates to the community it serves. (max. of 500 characters with spaces)
   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.

26. How did your organization hear about the Connections for Cardiovascular Health℠ Next Generation program?
   AstraZeneca HealthCare Foundation website
   Press release

27. Did you attend the AstraZeneca HealthCare Foundation’s informational “Open Call for Applications February 2020” webinar on January 16, 2020?
   Yes

Funding & Budget
The Foundation will only fund requests for a single year of funding and accept one application per organization. There is no guarantee of funding.

28. Please specify the amount requested.
   $150,000

29. 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 of Funder</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>

30. Will grant funds be used for medications or patient fees?
   No

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.

If medications are included in the budget request, specific brand names may not be referenced.
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 category, enter all salaries, except for program evaluation services and contracted positions. You will need to 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, Title/Role, 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 and total projected hours for the program year (Aug. 2020 – Nov. 30, 2021). Include FTE based on the person’s regular hours (e.g., 37.5 or 40 hours per week) for the 16-month grant timeframe and indicate the number of hours the person typically works in a week. 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.

On the last page of the application, organizations will need to certify that the expense allocated for each healthcare provider’s salary in the budget supports a portion of the healthcare provider’s salary and is not in addition to their total annual salary for the 16-month grant timeframe paid by the applying organization.

In the Contractors category, enter all expenses for contracted positions, except for program evaluation services and staff employed by the applying organization. You will need to detail all personnel and their respective costs individually by selecting the number of personnel (up to 5) 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. Enter the information required, including hourly rates and total projected hours for the program year (Aug. 2020 – Nov. 30, 2021). Include FTE based on the person’s regular hours (e.g., 37.5 or 40 hours per week) for the 16-month grant timeframe and indicate the number of hours the person typically works in a week. 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><strong>Program/Participant Materials</strong></td>
<td>Gas card incentives: 500 gas cards (up to two gas cards per tracked participant for completing three- and six-month clinical measures) x $20 per gas card = $10,000. Healthy food coupons: $5 coupon x 4 education modules x up to 400 participants = $8,000. Coffee mugs: 250 coffee mugs x $3 each = $750. Program hats: 250 hats x $5 per hat = $1,250</td>
<td>$20,000</td>
<td>13.33%</td>
</tr>
<tr>
<td><strong>Program Evaluation</strong></td>
<td>External evaluator contract for the production of reports and review and analysis of Electronic Medical Record data related to the grant project. $1200 per grant report x 3 reports.</td>
<td>$3,600</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Printing</strong></td>
<td>Printing recruitment materials, program handouts and screening event materials.</td>
<td>$1,459</td>
<td>0.97%</td>
</tr>
<tr>
<td><strong>Office Supplies</strong></td>
<td>Notebooks (400 notebooks x $2.50 each = $1,000), name tags ($7 for 100 pack x 5 packs = $35), and pens ($5 per pack of 60 pens x 8 packs = $40)</td>
<td>$1,075</td>
<td>0.72%</td>
</tr>
<tr>
<td><strong>Phone/Fax</strong></td>
<td>$85/mo. x 16 months for cell phone - enabling additional community outreach while mobile.</td>
<td>$1,360</td>
<td>0.91%</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>Mileage for community outreach events ($0.58/mile charitable rate x 2,000 miles = $1,160).</td>
<td>$1,160</td>
<td>0.77%</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Staff training on Motivational Interviewing</td>
<td>$500</td>
<td>0.33%</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>Basic equipment for program exercise classes: stability balls (25 stability balls x $20 each = $500), medicine balls (25 medicine balls of various weights x $25 average price = $625), exercise mats (25 exercise mats x $7 each = $175)</td>
<td>$1,300</td>
<td>0.87%</td>
</tr>
<tr>
<td><strong>Lab/Testing Fees</strong></td>
<td>Lipid panel: 250 tracked participants x $15 per person x 3 times (baseline, 3-month, 6-month) = $11,250.</td>
<td>$11,250</td>
<td>7.5%</td>
</tr>
<tr>
<td><strong>Dissemination Efforts</strong></td>
<td>One conference: roundtrip flight to Philadelphia ($300), hotel ($175/night x 1 night), ground transportation (e.g. taxi fare) ($200), meals ($75/day x 2 days = $150), conference registration ($700)</td>
<td>$1,525</td>
<td>1.02%</td>
</tr>
<tr>
<td><strong>Indirect</strong></td>
<td>Accounting, utilities and insurance expenses</td>
<td>$5,000</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Program graduation celebration event: food, decorations, certificates = $2000</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Salaries (excludes program evaluation fees and contracted positions)</td>
<td>$2,000</td>
<td>1.33%</td>
<td></td>
</tr>
<tr>
<td>Pamela Smith</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Coordinator, Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP</td>
<td>$68,462</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$41/hr., 1,380 hours (over 16 months), 0.5 FTE, fringe at 21% = $68,462 (based on employee’s standard hours of 40 hours/week for 69 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(subtotal of Salaries expenses) (automatic calculation)</td>
<td>$68,462</td>
<td>45.64%</td>
<td></td>
</tr>
<tr>
<td>Contractors (excludes program evaluation fees and salaries of staff employed by the applying organization)</td>
<td>$31,309</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosa Martin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-HCP</td>
<td>$31,309</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15/hr., 1,725 hours (over 16 months), 0.625 FTE, fringe at 21% = $31,309 (based on contractor’s standard hours of 40 hours/week for 69 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(subtotal of Contractors expenses) (automatic calculation)</td>
<td>$31,309</td>
<td>20.87%</td>
<td></td>
</tr>
<tr>
<td>Total budget &amp; percentage of amount requested (automatic calculation)</td>
<td>$150,000</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Note:

Equipment: The Connections for Cardiovascular Health℠ Next Generation 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℠ Next Generation 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.

While not required, 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.

Your Program

31. Please provide a title for this program. (max. of 100 characters with spaces)
   Healthy Hearts in the Central Appalachian Mountains

   Note: If awarded funding, this program title will be used in any communications regarding the grant award.
32. What is the primary program focus?
   General Cardiovascular Disease

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

   Note: The Connections for Cardiovascular HealthSM Next Generation program encourages applications for initiatives that are new and innovative in program design and outcomes.

34. Please note, the Connections for Cardiovascular HealthSM Next Generation 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.

35. Which sex is the primary target audience?
   Both

36. Does this program primarily target the medically underserved?
   Yes

37. Is this program aimed at a specific ethnic group?
   No

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

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

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

Program Details

41. 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. (max. of 800 characters with spaces)

   Tennessee ranks number six for states with highest heart disease mortality rates (202.2 per 100,000) and has a higher heart disease mortality rate than the U.S. overall (165.0 per 100,000) (CDC, 2017). Johnson County, in northeast Tennessee, where the program will occur, has a physical inactivity rate of 29% (TN at 27%). The adult obesity rate is Johnson County is 31% (County Health Rankings & Roadmaps, 2019).
42. State your program’s goal in one sentence. (max. of 800 characters with spaces)

This program’s goal is to engage the community and affiliates while improving cardiovascular 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 Tennessee.

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

Program Highlights

Program Description, Part 1 – Summary

43. Briefly summarize the main points of your program design. (max. of 1000 characters with spaces).

We will expand our program to a vulnerable population through screening, education, treatment and healthy lifestyle support targeting CVD and its risk factors. From Aug. 2020 to mid-Nov. 2021, it will run at the Corner Clinic and three community centers. NHMCC’s staff 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 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 include improvements in BP, BMI, cholesterol levels, physical activity, healthy eating and knowledge of CV health and nutrition.

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.

Program Description, Part 2 - Details

44. Describe your program design in detail, expanding on Part 1 of this question. (max. of 2200 characters with spaces)

Our program extends our outreach and services to the community’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 with 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. 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 provided free of charge on site. Via follow-up calls and personal interaction, participants will be encouraged to make a self-care agreement with personalized CV health goals. Personalized checkpoints before/after class and during NHMCC hours let participants ask questions, check clinical measures and report on progress. Participants take pre- and post-surveys for each module and attend three- and six-month follow-ups for clinical measures. Gas cards will be provided as incentives at three- and six-month screenings to encourage follow-up.

On graduation, participants receive a celebration, a program hat and a coffee mug entitling free refills at the Corner Clinic and our affiliate program providers (food banks, community centers, Sunflower Café Food Truck and other locations). 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 goals.

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

46. Please describe how your program plans to recruit participants.
   Recruiting participants from other service organizations i.e. food banks and churches
   Flyers and/or brochures
   Newspaper/magazine ad
   Word-of-mouth
   Recruit from existing patient population
   Other
   Our hats

47. 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. (max. of 2200 characters with spaces)
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. Affiliate partners will also refer participants to the program through their available communication channels. 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 Health℠ Next Generation program, notification will occur no later than August 2020, and work for the program must begin then. The grant period ends November 30, 2021, and all Connections for Cardiovascular Health℠ Next Generation grant funds need to be expended by then.

The Connections for Cardiovascular Health℠ Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021. The AstraZeneca HealthCare Foundation requires that all programs report on program outcomes for approximately half of the planned unduplicated tracked participants by March 31, 2021.

48. 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 August 2020 and continuing with quarterly detail through November 30, 2021. (max. of 1000 characters with spaces)


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.

Program Activities, Part 2 – Details

49. Describe the major deliverables/activities and timing your program will take to reach your goals. Please provide specific details of the program activities (including participant enrollment and measurement tracking) in the following time periods:

August 2020 through October 2020 (max. of 1000 characters with spaces)

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 on-the-spot incentive funding.
2. In September, plan and schedule program classes, screenings, cardiovascular self-care agreements and events. Develop materials.
3. 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.
4. 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) in October.
5. Announce grant award to local media and stakeholders.
6. Complete any reporting requirements.
November 2020 through March 2021 (max. of 1000 characters with spaces)

1. Submit abstract for a poster presentation at the National Rural Cardiovascular and Community Health Association conference.
2. If abstract is accepted, develop poster presentation and share with AZHCF.
3. All three community center sites and the Corner Clinic conduct screenings and deliver program. Recruitment is ongoing.
4. Classes are conducted on a regular, rotating schedule (module one through four).
5. Begin follow-up measures on participants who have completed the modules.
6. Seek media opportunities; promote the program in local media outlets.
7. Attend Spring Fair to conduct screenings and promote program.
8. Convene task force to plan and lead activities to raise future funds or enable program to become self-sustaining. Start monthly mailings.

April 2021 through June 2021 (max. of 1000 characters with spaces)

1. Recruitment is ongoing. End recruitment in early May so all measures are collected by end of grant year. After early May, refer eligible participants found in screenings to NHMCC for care. They will receive similar cardiovascular education in individual patient visits.
2. Classes are conducted on a regular, rotating schedule (module one through four).
3. Complete any reporting requirements.
4. Seek media opportunities; promote the program in local media outlets.

July 2021 through September 2021 (max. of 1000 characters with spaces)

2. Continue classes and screenings at all sites.
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.

October 2021 through November 2021 (max. of 1000 characters with spaces)

1. 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.
2. Seek additional funding.
3. Continue conducting classes and screenings at all sites.
4. Continue follow-up and providing care through NHMCC.
5. Finish all participant follow-up.
6. Seek media opportunities and promote the program in local media outlets.
7. Complete any reporting requirements.
8. Host graduation celebration for all participants.

Post-Grant Period: 2022 (max. of 800 characters with spaces)

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: 2023 (max. of 800 characters with spaces)

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.

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.

Innovation

Innovation, Part 1 – Innovative Approach

50. Please identify the one innovative approach that best aligns with your program design. (As a reminder, applying organizations need to align with one of the six innovative approaches identified from the original Connections for Cardiovascular HealthSM program as the basis of their program design, which can be found in the Effective Program Practices Guide: https://www.astrazeneca-us.com/content/dam/az-us/AZHCF%20Effective%20Program%20Practices%20Guide%20FINAL%209.12.19.pdf, or develop their own)

Bringing programs to participants

Innovation, Part 2 – Details

51. Describe any innovative aspects to your program in detail, including its design and outcomes that will help you achieve your goals. (max. of 2200 characters with spaces)

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, CV 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. Gas cards help to alleviate some barriers to transportation to have clinical measures collected. Also, 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. If your program receives more than one year of Connections for Cardiovascular HealthSM Next Generation funding, reached participants will need to be a new group each grant year and unduplicated from previous years.

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 is 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. The number of participants tracked will normally be less than the number reached.

Participants tracked need to be unduplicated, where each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection. If your program receives more than one year of Connections for Cardiovascular HealthSM Next Generation funding, tracked participants will need to be a new group each grant year and unduplicated from previous years. Organizations are encouraged to continue to follow and track program participants over multiple years but may not count those participants toward their annual tracked goal.

Each participant counted toward the total tracked will need to 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.

• Applications for First Year of Connections for Cardiovascular HealthSM Next Generation Funding

Organizations applying for their first year of Connections for Cardiovascular HealthSM Next Generation will need to reach at least 400 unduplicated individuals and report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021. Applicants are encouraged to develop reached and tracked participant goals that will demonstrate the greatest possible impact.

Proposed Grant Year August 2020 through November 30, 2021

Participant Goals, Part 1 – Reached Participants

52. What is the anticipated total number of program participants you expect to reach during the grant year (between August 2020 and November 30, 2021)? Minimum entered must be 400. 700
AstraZeneca HealthCare Foundation
Connections for Cardiovascular HealthSM (CCH) Next Generation

Note: The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021.

53. Of the total number of program participants you expect to reach during the grant year, how many do you expect to provide at least a baseline screening to?
   400

Note: A “screened” individual is any person for whom the program has collected a clinical or behavioral measure, most often to determine suitability for inclusion in the program. Screened individuals are a subset of “reached” participants. Additionally, screened individuals may become “tracked” participants once there is at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data for the individual, as long as there is both a pre- and post-measure.

54. Of the total number of program participants you expect to reach during the grant year, how many do you expect to provide education to?
   400

Note: An “educated” individual is any person for whom the program has provided information designed to enhance their knowledge or skills related to cardiovascular health. Educated individuals are a subset of “reached” participants. An educated individual may or may not be a subset of “screened” depending whether or not the screening (see above definition) occurs before or after any education has been provided.

55. What is the anticipated number of program participants you expect to reach by October 31, 2020 (three-month mark)?
   100

56. What is the anticipated number of program participants you expect to reach by March 31, 2021 (mid-year mark)?
   500

Note: The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021.

57. Are the 2020-2021 unduplicated reached participants an entirely new group of participants from previous years of funding?
   Yes

58. Please detail how your program will ensure reached participants will be unduplicated (each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection). (max. of 800 characters with spaces)

Each person we reach through a screening or event will be assigned a unique ID and entered in the EMR, along with their demographic information. Demographic information is checked with each new entry to ensure there are no duplicates. Each encounter with a participant will be entered into the EMR, and each participant is also asked to use their unique identifier when completing surveys for the program. Our multiple locations share the same EMR, so entries will be consistent across sites.
Participant Goals, Part 2 – Tracked Participants

59. What is the total anticipated number of unduplicated program participants you expect to track during the grant year (between August 2020 and November 30, 2021)? Minimum entered needs to be 200.

250

Note: The Connections for Cardiovascular HealthSM Next Generation program expects applicants’ programs will have clear and measurable outcomes for each program participant tracked.

Note: Each participant counted toward the total tracked will need to 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.

60. What is the anticipated number of unduplicated program participants you expect to track by October 31, 2020 (three-month mark)?

30

61. What is the anticipated number of unduplicated program participants you expect to track by March 31, 2021 (mid-year mark)?

125

Note: The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021. The AstraZeneca HealthCare Foundation requires that all programs report on program outcomes for approximately half of the planned unduplicated tracked participants by March 2021.

62. Are the 2020-2021 unduplicated tracked participants an entirely new group of participants from previous years of funding?

Yes

63. Please describe how your program plans to follow up with unduplicated tracked participants. (max. of 800 characters with spaces)

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.

64. 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). (max. of 800 characters with spaces)

Each person we reach through a screening or event will be assigned a unique ID and entered in the EMR, along with their demographic information. Demographic information is checked with each new entry to ensure there are no duplicates. Each encounter with a participant will be entered into the EMR, and each participant is also asked to use their unique identifier when completing surveys for the program. Our multiple locations share the same EMR, so entries will be consistent across sites. A participant will be considered tracked when they have at least a baseline screening and follow-up screening or a baseline survey and follow-up survey.
Measures and Outcomes

Measures and Outcomes, Part 1 – Summary

65. Briefly state your program’s clinical, behavioral and/or lifestyle outcomes. (max. of 1000 characters with spaces)

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.

Note: Be sure to include any innovative outcomes that will help you to support your program’s efforts to improve cardiovascular health. Program 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 or outcomes for standardized testing, such as PACER (Progressive Aerobic Cardiovascular Endurance Run) tests.

Measures and Outcomes, Part 2 – Details

66. 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. (max. of 4200 characters with spaces)

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.

Two hundred and fifty (250) participants will be tracked through the program. We expect to reach over 700 people through screening and events. Recruitment is ongoing through early-May; 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.

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 or outcomes for standardized testing, such as PACER (Progressive Aerobic Cardiovascular Endurance Run) tests.

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

   Clinical
   - Body mass index
   - Blood pressure
   - Lipoproteins, triglycerides
   - Weight

   Note: It is the Foundation’s preference to fund programs that include clinical outcomes or outcomes for standardized testing, such as PACER (Progressive Aerobic Cardiovascular Endurance Run) tests.

   All baseline and follow-up clinical measures will need to be collected by a healthcare provider or trained community health worker/health coach, as appropriate, to ensure the accuracy of the data reported. Program participants may be taught to monitor their measures as appropriate (e.g., blood pressure, weight) throughout the program, but the data reported to the AstraZeneca HealthCare Foundation needs to be measured and reported by healthcare providers or trained community health workers/health coaches, as appropriate, and not self-reported by participants.

   Each measure selected will need to connect to a program outcome. Program outcomes need to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). All outcome goals need to include the number or percentage of participants who will achieve the desired result, the magnitude and timing of change. An example would be, “85 percent of participants will decrease their body mass index by two points by year end.”

   By mid-year, programs are required to report on program outcomes for approximately half the planned unduplicated tracked participants.

68. 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

*Note:* Each measure selected will need to connect to a program outcome. Program outcomes need to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). All outcome goals will need to include the number or percentage of participants who will achieve the desired result, the magnitude and timing of change. An example would be, “85 percent of participants will decrease their body mass index by two points by year end.”

By mid-year, programs are required to report on program outcomes for approximately half the planned unduplicated tracked participants.

69. 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
   - Hospital/clinic-based patient data

70. Describe your detailed plan to collect, evaluate and report data for your program. (max. of 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.

71. Will your program have collected all follow-up measures by November 30, 2021?
   Yes

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

*Note:* Partnering with a healthcare provider (medical doctor, RN, LPN, etc.) means that clinical measures are taken by a healthcare professional and are not self-reported data from program participants. The healthcare provider can be either internal or external to the organization.

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

Healthcare Provider’s Name
Meghan Johnson, RN, BSN

Organization 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 Name
New Health Mobile and Corner Clinics

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

73. Will you be using outside assistance to collect, evaluate and report program outcomes?
Yes

Note: It is the Foundation's preference to fund programs that utilize an outside evaluator, which includes programs who have staff internal to the organization with the necessary expertise but who are not involved in the program's operations, management or delivery.

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
74. In what ways do you plan to work toward achieving program sustainability for your program after Connections for Cardiovascular Health\textsuperscript{SM} Next Generation 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
75. Expanding on Part 1 of this question, describe in detail how your organization will work toward achieving program sustainability for your program during and after Connections for Cardiovascular Health\textsuperscript{SM} Next Generation funding? For each item selected in Part 2, please explain. (max. of or 2000 characters with spaces)

Submission of grant proposals
Yes

Please explain
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
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  
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  
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 (e.g., National Rural Cardiovascular and Community Health Association), and we will aim to publish our outcomes in a peer-reviewed journal such as Journal of the Association for Nonprofits for Heart-Healthy Communities.*

*Fictional journal for the purpose of this sample application.

Other  
No

76. Will you charge your participants a fee for participation in the program during the grant year?  
No

77. 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.  
(max. of 2200 characters with spaces)
We plan to submit an abstract to the National Rural Cardiovascular and Community Health Association* for a poster presentation at their annual conference to be held in Philadelphia, PA in October 2021. 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.

*Fictional association for the purpose of this sample application.

78. 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 roles(s).
(Select up to 10 partners)
6

Name of Partner: Sunflower Café Food Truck, Mountain City, TN
Role: incentive location, educator, program food provider and promoter

Name of Partner: Eastside Community Center, Mountain City, TN
Role: incentive location, potential host for screenings and classes

Name of Partner: Borough of Mountain City, TN
Role: incentive location, potential host for screenings and classes

Name of Partner: Mountain City Civic Center, Mountain City, TN
Role: incentive location, potential host for screenings and classes

Name of Partner: Mountainside Community Food Bank, Mountain City, TN
Role: incentive location

Name of Partner: Apple Valley IGA, Mountain City, TN
Role: incentive location

79. Describe your organization’s capabilities for carrying out this program. (max. of 1800 characters with spaces)

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.

80. Has your organization managed other non-Connections for Cardiovascular Health℠ Next Generation grants in the past?
Yes
Identify the number of non-Connections for Cardiovascular HealthSM Next Generation grants that your organization has managed (up to 5), including repeat and different funding sources if applicable. Then describe each grant.

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Type</th>
<th>Dollar value</th>
<th>From</th>
<th>To</th>
<th>Number of years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services Administration</td>
<td>Federal Government</td>
<td>$1,215,152</td>
<td>2018</td>
<td>2019</td>
<td>1</td>
</tr>
<tr>
<td>Tennessee Department of Health</td>
<td>State Government</td>
<td>$229,491</td>
<td>2018</td>
<td>2019</td>
<td>1</td>
</tr>
<tr>
<td>Cider Hills Community Partnership Fund</td>
<td>Local Government</td>
<td>$337,128</td>
<td>2015</td>
<td>2018</td>
<td>3</td>
</tr>
<tr>
<td>Pequa Community Foundation</td>
<td>Community Foundation</td>
<td>$84,872</td>
<td>2016</td>
<td>2018</td>
<td>2</td>
</tr>
</tbody>
</table>

81. 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)

Enter Name, Title, Role, Responsibilities. Indicate whether this person is a healthcare professional and the states he/she is licensed in.

Name: Pamela Smith
Title: Program Coordinator/Nurse
Role: Program Coordinator/Nurse
Responsibilities: Program coordinator and nurse, 10 years of experience in community clinics
Is this person a healthcare professional? Yes
State(s) he/she is licensed in: Tennessee

Name: Fionna Mills
Title: Executive Director
Role: Director
Responsibilities: Clinic Director, physician with 35 years of experience in hospital, clinic and primary care settings.
Is this person a healthcare professional? Yes
State(s) he/she is licensed in: Tennessee

Name: Meghan Johnson
Title: Nurse
Role: RN/BSN volunteer
Responsibilities: RN/BSN volunteer, teaches classes and performs screenings
Is this person a healthcare professional? Yes
State(s) he/she is licensed in: Tennessee

Name: Derrick Richards
Title: Nurse
Role: RN/BSN volunteer
Responsibilities: RN/BSN volunteer, teaches classes and performs screenings
Is this person a healthcare professional? Yes
State(s) he/she is licensed in: Tennessee

Name: Rosa Martin
Title: Community Health Worker
Role: Health Educator, Community Outreach
Responsibilities: Assists in teaching classes and conducts community outreach
Is this person a healthcare professional? No
State(s) he/she is licensed in: N/A

82. If you have volunteer needs for your proposed program, please explain, indicating the role, responsibilities and number of hours needed. If you do not have volunteer needs, please enter “n/a”. (max. of 2000 characters with spaces)

We need a part-time event coordinator to help us prepare for and lead annual fundraising events (approx. 8-10 hours/week).

We need a public relations consultant to provide media training to leadership and offer guidance on traditional and social media outreach (approx. 15-2 hours total)

We need a technical writer / consultant for publications to help us develop and submit a potential article to be published in a peer-reviewed journal in the future (approx. 50 hours total).

Past programs

83. 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? (max. of 800 characters with spaces)
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. (max. of 1800 characters with spaces)

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

How many years did the program last?
3

Are any of these programs still ongoing?
Yes

84. 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 that any budget expenses allocated for healthcare provider compensation supports a portion of each healthcare provider’s annual salary for their work on the program and is not in addition to the healthcare provider’s annual salary for the 16-month grant timeframe paid for by the applying organization.

✓ I certify on behalf of the applying organization that when presenting data or outcomes from Connections for Cardiovascular HealthSM Next Generation-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 Connections for Cardiovascular HealthSM Next Generation program.

✓ I acknowledge that if selected for funding, my organization may be requested to participate in Connections for Cardiovascular HealthSM Next Generation 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 Connections for Cardiovascular HealthSM Next Generation 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.