

IMPLEMENTING THE BLUEPRINT FOR HEALTH IMPROVEMENT AND HEALTH ENABLED PROSPERITY: PROGRAM GUIDELINES

Sponsor: The Southwest Virginia Health Authority (SVHA) was established by the Virginia General Assembly, to improve health outcomes and promote access to quality health care for the rural, medically underserved populations in the Appalachian region of Southwest Virginia. The Authority establishes regional health goals directed at improving access to care, advancing health status, targeting regional health issues, promoting technological advancement, ensuring accountability of the cost of care, enhancing academic engagement in regional health, strengthening the workforce for health-related careers, and improving health entity collaboration and regional integration where appropriate.

Background: In 2022, the U.S. Department of Agriculture awarded funds from its Rural Emergency Health Care (REHC) program to support activities of the Virginia Consortium for Advancement of Health Care in Rural Appalachia, a partnership of regional stakeholders including the University of Virginia Center for Telehealth, the Healthy Appalachia Institute (HAI), the SVHA, Ballad Health, Tri-Area Community Health (TACH), and the Health Wagon. The consortium members are collaborating to develop and implement strategic plans to meet the critical health needs, challenges and barriers faced by rural populations across the Shenandoah, Cumberland Plateau, and Mount Rogers health districts. To that end, the Consortium, led by the HAI, has developed, and published the [*2023-2024 Blueprint for Health Improvement and Health Enabled Prosperity*](#), that identifies the critical health issues and needs of the population, and recommends strategies and solutions to address and improve the root causes of regional health disparities.

Program Priorities: SVHA will oversee distribution of project funding to eligible organizations that address the priorities outlined in the [*Blueprint*](#). This includes projects to achieve the following goals:

1. Increasing Access to Health Care by providing remote patient monitoring for high-risk patients, telehealth access points in community facilities including libraries, pharmacies, and senior centers.
2. Reduce Substance Use Associated with Trauma and Poverty by providing evaluation and management of regional child abuse and neglect cases, and integrated primary and behavioral health treatment, including trauma-informed therapy, medication management, and job training to those in active addiction and long-term recovery.
3. Promote Healthy Diet/Nutrition and Exercise by providing nutritional and physical activity education and support, including diabetes prevention and management.

A detailed list of program priorities can be found in the [*Blueprint*](#).

Geographic Focus: The U.S. Department of Agriculture has identified the following rural counties as priorities for service delivery: Lee, Wise, Scott, Buchanan, Dickenson, Grayson, and

the city of Norton. Other counties across the Lenowisco, Cumberland Plateau and Mount Rogers health districts may be included, but at least one of the priority localities must be included as part of the proposed service region. All proposals must serve populations and sites that meet federal rural eligibility criteria. An organization in an urban district may serve as a hub site if proposed services are delivered to end-user sites in rural areas.

Eligibility Criteria: Non-profit organizations with 501 (c) 3 status including health care providers, social service agencies, school systems, colleges and universities, community centers, libraries, pharmacies, and local and regional government agencies.

Funding Amount: Range from \$20,000 to \$100,000. Funds may be used for personnel costs including salaries and fringe benefits (note salaries must be capped at \$100,000); local travel; equipment; telehealth technologies; medical supplies; consultant or technical services; internet connections; and other direct costs. No indirect costs/administrative fees are allowed. No food or beverage except for meals related to overnight travel.

Project Period: Up to twelve months. Final end-date no later than November 1, 2025.

Application Deadline: Proposals must be received by October 1, 2024. Proposals may be submitted via e-mail as a single, PDF file to David Driscoll, Director, Healthy Appalachia Institute at dld5dt@uvawise.edu

Proposal Requirements: Format requirements are 12-point font for narrative and 10-point for graphs, figures, and tables; 1-inch margins. Required sections are:

Cover Page: 1 page to include:

- Applicant Name, address, phone, and e-mail address
- Name and title of Program Director
- Title of proposal
- Funding amount requested
- Summary of project
- Signature of the Authorized Organizational Representative of the Organization, i.e., President, Chief Executive Officer, or Chief Operating Officer with authority to commit the organization's participation in the project.

Project Narrative: 10 pages maximum, to include

1. **Need statement** – Identify the health-related problems and challenges to be addressed by the project. Use verifiable data and statistics to substantiate and quantify these challenges, including number of persons impacted by the problem, rates of mortality and morbidity, challenges to accessing timely and quality treatment, and barriers due to social determinants of health.
2. **Program Plan** – describe how the proposed program will offer effective solutions and benefits and meets program priorities. Required subsections are:
 - a. **Goals and Objectives** – identify the overall goal of the proposed program, and which program priorities it will address. Provide measurable outcome objectives, such as number of patients receiving services, reductions in rates of mortality and

morbidity; number of health care professionals trained, etc. Describe the potential benefits for the service population and service providers in the region.

- b. **Activities and Timeline** – provide a plan of work detailing the specific, listing activities to be conducted and in what period.
3. **Organizational Experience and Resources** – describe the organization’s experience delivering effective, high-quality programs. Detail the qualifications of key project personnel and the organization's resources to achieve program objectives including finances and facilities.
4. **Evaluation** – how data measuring outcomes will be collected and analyzed to assess program effectiveness in achieving outcome objectives.
5. **Sustainability and Replicability** – describe how the organization will continue and maintain the program beyond the end of the grant. Address whether the program can serve as a model for other stakeholders.
6. **Budget and Budget Justification** – provide a table or spreadsheet showing the funds requested to support program activities. Organize by the following object categories:
 - a. Personnel – salaries and fringe benefits for each staff member, using percent of effort of base annual salary
 - b. Equipment – capital equipment to be purchased for clinical, training or communications, including telehealth systems and technologies
 - c. Medical/technical supplies
 - d. Travel – local or regional travel, showing locations and estimated miles traveled.
 - e. Consultant services – show rate on an hourly or daily basis
 - f. Technical services – costs for internet connections, broadband access, printing and publication services, website development, etc.

For each object category, provide a brief narrative explaining why the cost is needed to support proposed activities.

Evaluation Criteria

Proposals will be reviewed by a subcommittee of SVHA board members, with each section scored on a point system and criteria as follows:

Excellent (5 points) – proposed program meets and **exceeds** all expectations and proposal criteria, promises to offer an innovative and effective model of care

Very Good (4 points) – meets all program requirements and criteria, and has effective model of care

Good (3 points) – meets program requirements but not exceptional

Fair (2 points) – program plan not showing how program would be effective in addressing need and sustainability

Poor (1 point) – not compliant with proposal requirements

Scores will then be totaled, and awards given to applications with the highest scores.

Questions: any questions regarding the program and proposal requirements can be directed to David Driscoll, Executive Director of the Healthy Appalachia Institute, at ddriscoll@virginia.edu.