



NC DHHS Notice of Funding Availability

Reporting Form

DHHS Division/Office issuing this notice: Division of Public Health/Chronic Disease and Injury Section, Community and Clinical Connections for Prevention and Health Branch (CCCPH)

Date of this notice: January 8, 2025

RFA Title: Paul Coverdell National Acute Stroke Program

Purpose: Through this RFA, CCCPH will provide funds to up to five (5) local private, public, non-profit, and governmental organizations to:

1. Prevent strokes through hypertension detection and management.
2. Improve stroke care through data-driven approaches to monitoring and addressing disparities and implementing quality improvement activities across systems of care.
3. Strengthen linkages between clinical and community resources for those who have experienced a stroke and those at highest risk of stroke.

Description: Applicants are required to implement all the activities below.

REQUIRED Activity #1: Make workflow changes and engage Electronic Health Record (EHR) vendors if needed to maximize use of the EHR and Health Information Technology (HIT) to identify:

1. Individuals who have experienced a stroke and those at highest risk of stroke due to undiagnosed or uncontrolled hypertension.
2. Healthcare disparities among those who have experienced a stroke and those at highest risk of stroke due to undiagnosed or uncontrolled hypertension.

REQUIRED Activity #2: Use standardized procedures to identify clinical and social services and support needs (e.g., housing, transportation, food, childcare) for those who have experienced a stroke and those at highest risk of stroke due to undiagnosed or uncontrolled hypertension to monitor and assess referrals and use of those services through a bidirectional referral system by:

1. Screening, monitoring, and assessing referral systems for clinical and social services and support needs.
2. Creating a repository of available social services and support resources.
3. Providing referrals for those patients identified as needing social services and support resources.
4. Creating a workflow for bidirectional feedback between the healthcare system and organizations providing social services and support resources.

REQUIRED Activity #3: Use EHR, HIT, and program data to guide the development and implementation of quality improvement projects (e.g., Plan Do Study Act (PDSA) cycles, participant

and partner feedback) to create referral systems that will include clinical, social services, and support needs. Quality improvement projects shall include:

1. A comprehensive protocol.
2. Recurrent and ongoing staff education.
3. Enhanced communication to mitigate delays and further improve care provided to patients presenting with stroke.

REQUIRED Activity #4: Monitor and assess EHR and Get with the Guidelines®-Stroke data across systems of care.

REQUIRED Activity #5: Build stroke care teams that work across the continuum of care (from the onset of stroke symptoms through rehabilitation and recovery) for those who have experienced a stroke and those at highest risk of stroke. The stroke care teams shall:

1. Include both clinical and community-based entities and individuals (e.g., emergency medical services, emergency departments, in-patient care, pharmacists, social workers, post-discharge care, community health workers, patient navigators).
2. Identify patient's social services and support needs (e.g., housing, transportation, food, childcare) and refer to needed services and supports.
3. Use standardized procedures to track and assess referrals and use of those services and resources.

REQUIRED Activity #6: Make changes to the stroke continuum of care that will improve the efficiency, quality, and transition of care among the stroke care team (e.g., emergency medical services, emergency departments, in-patient care, pharmacies, social workers, post-discharge care, community health workers, patient navigators) through systematic quality improvement methods and interventions.

REQUIRED Activity #7: Develop and implement a plan to improve communication, coordination, and collaboration among the stroke care team ensuring individuals who have experienced a stroke are included in the development.

REQUIRED Activity #8: Facilitate the engagement of the community-based workforce (e.g., community health workers, community health representatives, social workers, patient navigators) in managing community resources and clinical services that support those who have experienced a stroke and those at highest risk of stroke across the continuum of care to improve outcomes by:

1. Assessing community needs and assets (e.g., surveys, focus groups, interviews with stakeholders such as those who have experienced a stroke, caregivers, healthcare providers, community leaders).
2. Leveraging technology to enhance communication among community-based workers and healthcare providers. This can include telehealth platforms for remote consultations, mobile apps for tracking health metrics, and online resources for education and support.

REQUIRED Activity #9: Participate in the quarterly Cardiovascular Health Learning Collaborative hosted by CCCPH to learn from other organizations and share successes and challenges.

Eligibility: This RFA is open to North Carolina local private, public, non-profit, and governmental organizations that can implement all activities. The applicant must meet all the requirements described in the Request for Application.

1. Applicants must demonstrate a clear ability to implement the strategies they identified in their application.
2. The applicant must demonstrate a history of working with community partners and must indicate a willingness to continue to do so throughout this project period. Applicants are expected to build relationships with both traditional and non-traditional partners on all aspects of their stroke system of care efforts (e.g., education, access to care, clinical services, post-stroke care and rehabilitation, community re-entry).
 - a. Collaborations with public and private partners from multiple sectors are required to maximize resources, reach, and impact.
 - b. Applicants must submit with their application a letter of commitment (LOC) from key collaborators. LOCs should describe the scope of work and contributions of work from each key partner. LOCs should clearly describe the partners' level of participation and their anticipated contribution to implementation of proposed activities.
3. The applicant must demonstrate a willingness to engage in the required meetings and preparation to complete project deliverables.
4. The applicant must work with the CCCPH-designated technical assistance providers for each of the activities.
5. The applicant may be required to participate in a Coverdell Stroke Program national evaluation including providing process and outcomes data.

Funds from this award may not be used to supplant other funds. Activities developed to accomplish outcomes may build from other current programs and/or activities. The selected contractors and key partners may be required to participate in national and CCCPH Coverdell Stroke Program meetings.

How to Apply: Information regarding this RFA will be posted at the [CCCPH website](#) on January 8, 2025.

All prospective applicants are encouraged to provide written questions concerning the specifications in this RFA by email to cindy.stevenson@dhhs.nc.gov by 5:00 pm on January 24, 2025.

Applicants shall email an electronic copy of the signed application and all attachments to cindy.stevenson@dhhs.nc.gov by 5:00 pm on February 14, 2025 in MS Word, Excel or PDF format.

Deadline for Submission: February 14, 2025

How to Obtain Further Information: Please contact Cindy Stevenson at cindy.stevenson@dhhs.nc.gov for more information.