

Integra Social Partnerships Initiative for Community Engagement and Equity (I-SPICEE)

REQUEST FOR PROPOSALS

What health equity issues are impacting your community?

What needs to change?

How can we work together to make this change? What can we learn?

This Request for Proposals (RFP) invites community-based organizations (CBOs) or networks to partner with Integra Community Care Network to promote health equity. CBOs are asked to identify health equity issues impacting their communities or constituencies and propose strategies to address them. We expect to award three proposals and engage in funded collaborations over an 18-month project period.

Purpose	To address and improve health inequities through partnership and community engagement.
Eligible applicants	Community-Based Organizations with physical presence, track record, community credibility, and active programming in Rhode Island. Networks or consortia are encouraged to apply.
Information Session	March 30, 2023, 12:00-1:00pm. Virtual, via Microsoft Teams. Register for the webinar and get the meeting information at https://bit.ly/ispicee Prospective applicants are strongly encouraged to attend.
Letter of Intent (LOI) deadline	Thursday, April 27, 2023, 5:00 pm. LOI application instructions and narrative questions are below. Selected applicants will be invited to submit a full proposal.
Full proposal deadline	June 2023 – details TBD
Period of performance	September 2023 – March 2025 (18 months)
Award amounts	Up to \$125,000

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1 Context

1.1 INTEGRAL COMMUNITY CARE NETWORK

Integra Community Care Network is an Accountable Care Organization (ACO) that is part of the Care New England Health System. As an ACO, Integra is accountable for ensuring that our nearly 156,000 members receive high quality care while ensuring that healthcare dollars are spent efficiently.

Integra includes more than 200 primary care providers (PCPs) and over 700 specialists who are part of Care New England Medical Group, Rhode Island Primary Care Physicians Corporation (RIPCPC), and South County Health. Integra also includes Care New England's other facilities: Butler Hospital, Kent Hospital, Women and Infants Hospital, The Providence Center, and the VNA of Care New England.

1.2 HEALTH EQUITY

The purpose of I-SPICEE is to promote health equity. We have adopted the Robert Wood Johnson Foundation definition:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”
—[Robert Wood Johnson Foundation](#)

Integra is committed to promoting health equity in the populations and communities we serve.

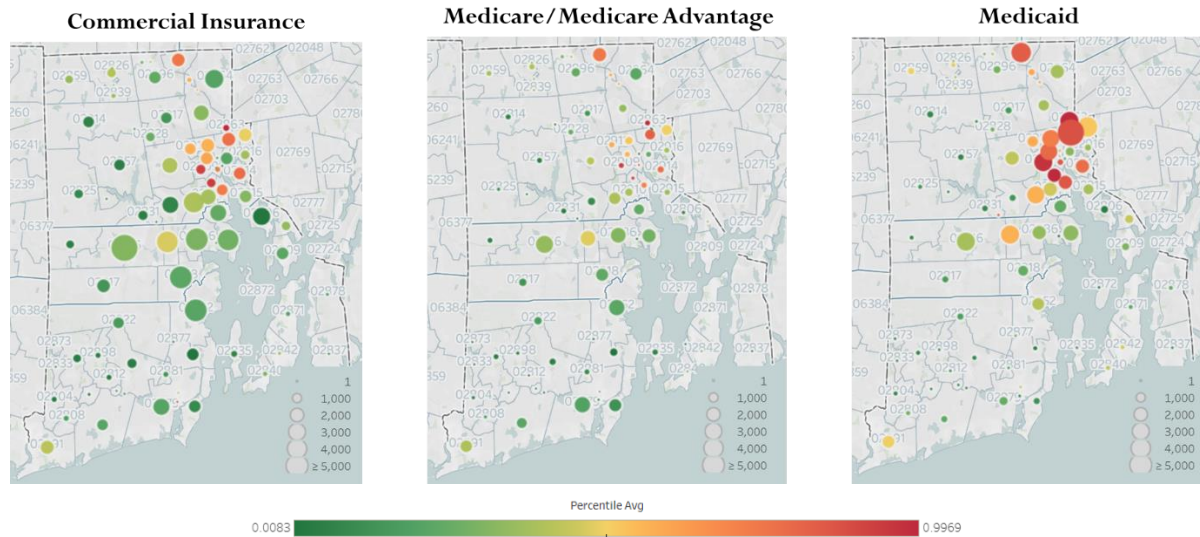
1.3 ABOUT INTEGRAL'S POPULATION

Integra has more than 150,000 members residing in communities throughout Rhode Island. Integra has the greatest membership in Warwick, Cranston, Providence, and Pawtucket. About a third of our members are under the age of 18. About half of our members (roughly 74,000) are commercially insured. Roughly 52,000 members are enrolled in Medicaid plans through Neighborhood Health Plan of Rhode Island and United Healthcare, making Integra the second-largest Medicaid Accountable Entity (AE) in the state. The remaining members (about 30,000) are enrolled in Medicare (either traditional Medicare or Blue Cross Blue Shield of Rhode Island's Medicare Advantage program).

Health outcomes are not distributed evenly among these populations. We offer these population-level data for context and invite CBOs to propose their own perspectives on key health equity issues and solutions. Please see Appendix A for further detail.

Social vulnerability varies by neighborhood. Although Integra members live throughout the state, social vulnerability (as defined by the [CDC/ATSDR Social Vulnerability Index](#)) is concentrated in select geographic regions. Members with Medicaid coverage live disproportionately in areas with higher social vulnerability:

Social Vulnerability Index of Integra Members by Geography

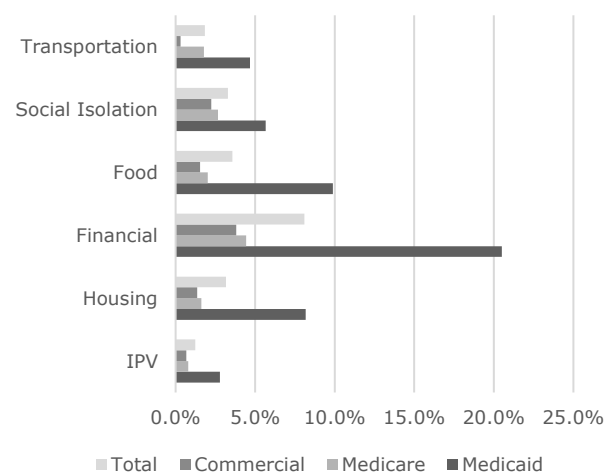


Chronic disease burden varies by payer type. Behavioral health conditions (depression, ADHD, other forms of mental illness, and substance use) are predominant in the Medicaid and commercially-insured population. Unsurprisingly, diseases like congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) are most common in the older adult Medicare population. Conditions like diabetes and hypertension occur in all of our populations but are especially prevalent among Medicare and Medicaid members.

Risk and complexity are concentrated in Medicaid and Medicare populations. Although the majority of our members have commercial insurance, our most complex members (based on chronic medical and behavioral health conditions and historical utilization of health care) are predominantly Medicaid and Medicare members.

Health-related social needs are concentrated in the Medicaid population. All Integra members are screened for health-related social needs when they visit their primary care provider or interact with our care management teams. Overall, 15 percent of Integra member social needs screenings indicate one or more social need. For our Medicaid members screened, that rate is 28 percent. The most commonly identified social needs across our entire population are financial insecurity (8 percent), food insecurity (4 percent overall), social isolation (3 percent), and housing insecurity (3 percent). These rates are roughly doubled for the Medicaid population.

Social needs identified by Integra members



We see disparities in quality performance across payers. For example, our breast cancer screening, colorectal cancer screening, diabetes A1c control, and diabetic eye exam performance is lower for Medicaid than it is for commercial and/or Medicare members. In the case of the A1c control quality measure, the Medicaid population has roughly half the control rate of Medicare, and significantly less than commercial.

Similarly, we see higher healthcare utilization among older adults and low-income patients. Our hospital utilization is higher for Medicare and Medicaid members than for commercial members.

There are additional disparities based on the race, ethnicity, and preferred language of our members. In 2022, we implemented an initiative to improve race, ethnicity, and language (REaL) data collection in primary care, noting that a large proportion of our population had “Unknown” in these fields in the electronic medical record. Consequently, Integra’s REaL data are improving, but we are not yet at the point where we can confidently quantify these disparities.

1.4 INTEGRATION’S EXPERIENCE WITH COMMUNITY ENGAGEMENT

Community engagement is a key strategy for understanding the drivers of health equity issues represented by these unequal distributions of health opportunities and outcomes. Community partnerships are a key means of implementing strategies to promote health equity. For our purposes “community engagement” means collaborating with organizations and people impacted by health equity issues to share knowledge, plan strategy, and take action to improve health. Integra needs to engage with the community in order to be effective in our programs, to be equitable in our approach, and to contribute to an ecosystem of conditions that drive health in Rhode Island. I-SPICEE is an opportunity to deepen our community engagement and make concrete changes together that advance health equity.

The *Integra Social Partnerships Innovation Initiative (I-SPII)*, implemented from 2019-2021, was the predecessor to this effort. I-SPII asked CBOs to propose and test pilot programs to address social determinants of health—the conditions where we live, work, learn and play, that have a larger impact on health outcomes than healthcare. We funded and collaborated with four partnerships in the areas of homelessness, healthy housing, nutrition security, and culturally-tailored lifestyle change programming. We have sustained and expanded several of those programs and have incorporated lessons learned into our operations and organizational culture. We value the relationships we have built with CBOs, and their expertise in influencing the social conditions that drive health outcomes.

Whereas I-SPII aimed to address the social determinants of health, I-SPICEE is designed to promote health equity (which may incorporate health-related social needs) through collaboration and community engagement.

2 Community Engagement for Health Equity

The purpose of the *Integra Social Partnerships Initiative for Community Engagement and Equity (I-SPICEE)* is to partner with CBOs to address health equity issues among populations served by Integra. A health equity issue is something that keeps a certain community or population from having a fair and just opportunity to be as healthy as possible. For Integra, when we think of health equity issues, we include problems like:

- **A health-related social need** that isn't being met by existing services for a community or population
- **An access gap** where services aren't effectively or equitably reaching a community or population
- **A quality gap** where services are of lower quality or poorer fit for a community or population
- **An illness or health risk** disproportionately impacting a community or population
- **A power imbalance** where a community or population doesn't have a say in conditions affecting their health
- **Social drivers** like systemic racism, ableism, or anti-LGBTQ bias that interfere with everyone having a fair and just opportunity to be healthy.

2.1 WHAT WE HOPE TO DO

With *I-SPICEE*, we are asking CBOs to name the health equity problems that are most important to the communities they serve and propose solutions that we could implement together. We provide our thinking here on what these strategies could look like and offer some specific examples in Appendix B. We invite applicants to propose strategies that fit with the strengths and needs of their own communities and draw from their expertise to identify the changes that are needed and feasible.

One kind of approach to improving health equity issues is **providing a service** to people experiencing them. It may be that CBOs have programs now that would improve the health of an impacted population if they grew their scale or reach—or if they collaborated newly or more deeply with healthcare. It may be that a new kind of service is needed to address an unmet need. Or the service may be about connections: providing supports that help people access resources for their healthcare, or health-related social needs.

Another kind of approach to addressing health equity issues is **removing an obstacle** to health. Important obstacles to health exist inside of healthcare systems. But because we know that health begins where we live, work, learn and play, we also need to pay attention to obstacles outside of healthcare. Some obstacles may be obvious to everyone, while others may be painfully visible for the people who are impacted, but largely invisible to others. Some of the ways we might collaborate to remove obstacles include improving or adapting the way a service is delivered (quality), addressing barriers that make it hard for some people to get care or other needed supports (access), and working together to change a root cause of health equity issues (upstream).

I-SPICEE is an open invitation. We offer framing like “providing a service” and “removing an obstacle,” and the examples in Appendix B, as a way to illustrate our thinking about this work. But applicants do not need to fit into these boxes, and strategies may include more than one approach. We invite CBOs to tell us what they know about the problem, and about what will work in addressing it.

Regardless of the specific issue and solution that an applicant proposes, each awarded proposal will include a **strategy to engage community members** in guiding the proposed project. This strategy should build on the CBO's track record of trust and engagement with the community impacted by the health equity issue.

2.2 WHAT WE HOPE TO LEARN

Through this initiative, Integra hopes to gain deeper insight into what we don't know about health equity problems, and what works in healthcare/CBO collaboration to address them. We hope to learn what impacts our efforts have on population health and disparities, what relationships we need to be effective, and how we can best engage communities around complex health issues.

3 Funding Opportunity

Integra seeks to fund **up to three partnerships** over an **18-month project period** from September 2023 to March 2025. Selected partnerships will collaborate with Integra to implement strategies to address health equity issues through projects that integrate community engagement. We are asking for CBOs to share their expertise by telling us what problems need to be addressed for the populations that Integra serves, and what solutions are likely to work.

We will ask applicants to dedicate the time and effort of existing staff members to this project, if funded, including designating a Project Manager to lead the proposed scope of work. The Project Manager will act as a liaison with Integra, coordinate project activities, and help Integra connect to and learn from communities to improve health.

Successful proposals will identify a health equity issue of significance, identify a strategy to make change, and describe how the applicant will collaborate with Integra and directly-impacted communities to enact this strategy.

I-SPICEE partnerships may receive up to \$125,000 in funding to support these activities. Integra will determine the amount awarded to each partnership based on the number and types of partnerships selected.

3.1 ELIGIBLE ORGANIZATIONS

We invite proposals from CBOs with physical presence, track record, community credibility, and active programming in Rhode Island. Networks or consortia, including Health Equity Zones (HEZes), are encouraged to apply. We invite organizations at all levels of technical capacity to consider this opportunity. We particularly seek organizations with leadership and roots in communities most impacted by health inequities.

To facilitate contracting and partnership, applicant organizations should have a tax and administrative status appropriate to receiving funding. We anticipate that most applicant organizations will be nonprofits with 501(c)3 status or will use a fiscal sponsor with 501(c)3—but we will consider other arrangements on a case-by-case basis. Networks, consortia, or HEZes applying to I-SPICEE should designate a lead agency as the applicant and specify their member organizations in the coversheet.

All applicants must be able to provide a current W-9 for their organization and pass the Office of the Inspector General (OIG) and System for Award Management (SAM) screening for entities excluded from receiving government program funds.

As part of the I-SPICEE initiative, we may seek and facilitate participation by other Care New England (CNE) partners in strategies to improve health equity. We may organize “match-making” activities between CBOs and representatives of CNE according to the proposed subject matter and approach.

3.1.1 CURRENT COMMUNITY PARTNERS OF INTEGRATION

While one intent of the I-SPICEE initiative is to broaden our relationships with CBOs, we will consider applications from current partner organizations that propose new projects responsive to the priorities of this RFP. Current partners should consider whether and how their proposed health equity strategies differ from their current scope of work with Integra, and whether they are able to commit additional staff time as required, if funded.

3.2 ACTIVITIES

Awarded I-SPICEE proposals will start with:

- A strong **understanding of the shared health equity problem** we will tackle together.
- A **strategy** for meaningfully addressing this issue with Integra during the project period.
- A designated **Project Manager** with committed time as part of their regular duties, and sufficient authority to move the work. Minimum required commitment of 10 hours/week; should be an existing staff member.

- A **strategy to engage community members** in guiding the proposed project, building on the CBO’s track record of trust and engagement.
- Assurance that organizational leadership (such as the board of directors) supports the project.

From this starting point, our plan is for projects to proceed on the following timeline:

TIMELINE	ACTIVITIES
June-August 2023	Awards announced Contracts signed
September to November 2023 (2-3 months)	I-SPICEE Kickoff Action planning to refine our approach to implementation: What is the work? Who will do what, when? How will the community be engaged? Relationship building: Developing cross-organizational teams, building trust and connections. Evaluation planning: how will we know we’ve succeeded? Compliance: what paperwork do we need to begin? Technical Assistance: what support do we need? What research questions do we have?
November 2023 to January 2025 (14 months)	Action plan implementation. Providing services, removing obstacles, engaging communities. Monthly project team meetings Embedding in relevant meetings at Integra Partners organize 1-2 “Community Rounding” activities for Integra/CNE staff and leadership Integra “CHW buddy” liaison designated for each I-SPICEE partnership Midpoint reports Technical assistance
February 2025 (1 month)	Evaluation complete Sustainability planning Final reports Final presentations

3.3 PROHIBITED USE OF FUNDS

Awardees may not spend grant funds on items outside of their stated budgets without prior approval. In addition, prohibited expenses include, but are not limited to:

- Services that are reimbursable by Medicare, Medicaid, or by any other state or federal agency or program
- Any expense prohibited by law
- Expenses typically prohibited by ethical practice, such as alcohol, gambling, etc.
- Expenses related to religious worship, instruction, or proselytization.
- Expenses related to the preparation of the bid.
- Expenses that support programs or services that that undermine efforts to stop the spread of COVID-19

Please see Appendix C for a complete list of non-allowable expenditures.

4 Application Process

Integra is organizing the I-SPICEE application process in two rounds. Applicants are asked to submit a Letter of Intent (LOI) for the first round, according to the following instructions. We will review LOIs and invite a smaller group of applicants to submit full proposals in the second round.

4.1 LETTER OF INTENT

Please review this Request for Proposals carefully for context, purpose, activities, and eligibility. If your organization or network is eligible and would like to apply, please prepare a Letter of Intent (LOI) containing:

- A. Coversheet with completed fields and signature
- B. Narrative Proposal of no more than three (3) pages, single-spaced with 11 point font and normal margins, that responds to the following questions:
 1. What health equity issue(s) are you proposing to work on? Why? Who is impacted?
 2. What are you proposing that we do together? What specific services or strategies to remove obstacles to health equity are needed?
 3. How would you involve people who are impacted by this health equity issue in guiding our work together?
 4. Why is your organization or network well-positioned to work on this health equity issue?
 5. Who at your organization will be the Project Manager?
 6. We anticipate granting \$100-125K to each partnership during the 18-month project period. We will request a budget from organizations invited to submit a full proposal. For now, in general terms, please briefly describe the kinds of expenses you would anticipate including in the budget. Expenses should include a portion of time that existing staff member(s) would dedicate to this project.

Please submit your LOI as attachments to an email addressed to Brady Dunklee, bdunklee@carene.org, no later than **5:00pm on April 27, 2023**.

4.2 FULL PROPOSALS

Based on our evaluation of LOIs, Integra expects to invite a smaller group of applicants to submit full proposals. We will provide detailed instructions to applicants invited to submit full proposals, and expect they will require:

- A. Narrative (6 page maximum), including:
 1. Updated project description, with responses to requests for detail or clarification
 2. Detailed project description, including target population
 3. Greater detail on organizational readiness, plans for staffing, leadership and community involvement.
 4. Sustainability plan.
- B. Logic model (template will be provided)
- C. Budget (template will be provided)

4.3 SELECTION CRITERIA

Integra will review all complete proposals, and expects to evaluate them using these criteria:

CRITERIA AREA	PROPOSAL DEMONSTRATES
Completeness	All specified application components are included in correct formats, and all questions are addressed.

Health Equity Issue Alignment & Significance	Clear articulation of health equity issue to be addressed. Clear demonstration that the health equity issue is important and affects the health of communities Integra serves.
Health Equity Strategy	Clarity: reader clearly understands proposal. Feasibility and design: there is reason to believe the proposed intervention is feasible within the scope of time, budget, capacity. Promise: there is reason to believe the proposed intervention will achieve desired outcomes for health equity.
Community Involvement	Community Involvement: there is evidence that the community will be equitably involved in the design and leadership of this initiative.
Capacity & Readiness	Readiness: the organization is ready and able to partner with Integra, engage communities, and conduct I-SPICEE activities.
Budget	The budget is reasonable, understandable and transparent.
Sustainability	The project has the potential to achieve lasting change beyond the end of the performance period.

4.4 SUBMISSION PROCESS AND TIMELINE

TIMELINE	ACTIVITIES
March 2023	Solicitation <ul style="list-style-type: none"> • 3/15 - RFP Published • 3/30 – Information Session
April 2023	Application Phase 1 <ul style="list-style-type: none"> • 4/27 - Letters of Intent due to Integra • Integra review and selection • Finalists invited to submit full proposals
April-June 2023	Application Phase 2 <ul style="list-style-type: none"> • June, date TBD - Full Proposals due
June-August 2023	Selection and Contracting <ul style="list-style-type: none"> • Applicants notified of final awards decisions • Contracting • Awards Announced

Thank you for your interest in I-SPICEE. We are grateful for the opportunity to partner with community to advance health equity together. Please direct any questions by email to Brady Dunklee, bdunklee@carene.org.

Appendix A. Integra's Population

FIGURE 1: INTEGRA MEMBERSHIP BY AGE, DECEMBER 2022

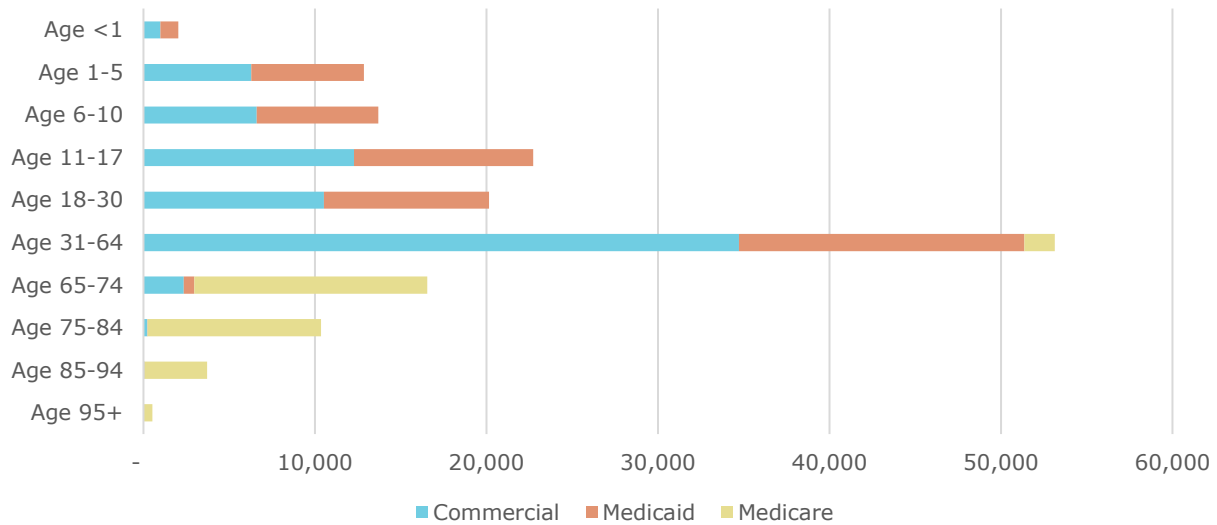


FIGURE 2: INTEGRA MEMBERSHIP BY INSURANCE TYPE, NOVEMBER 2022

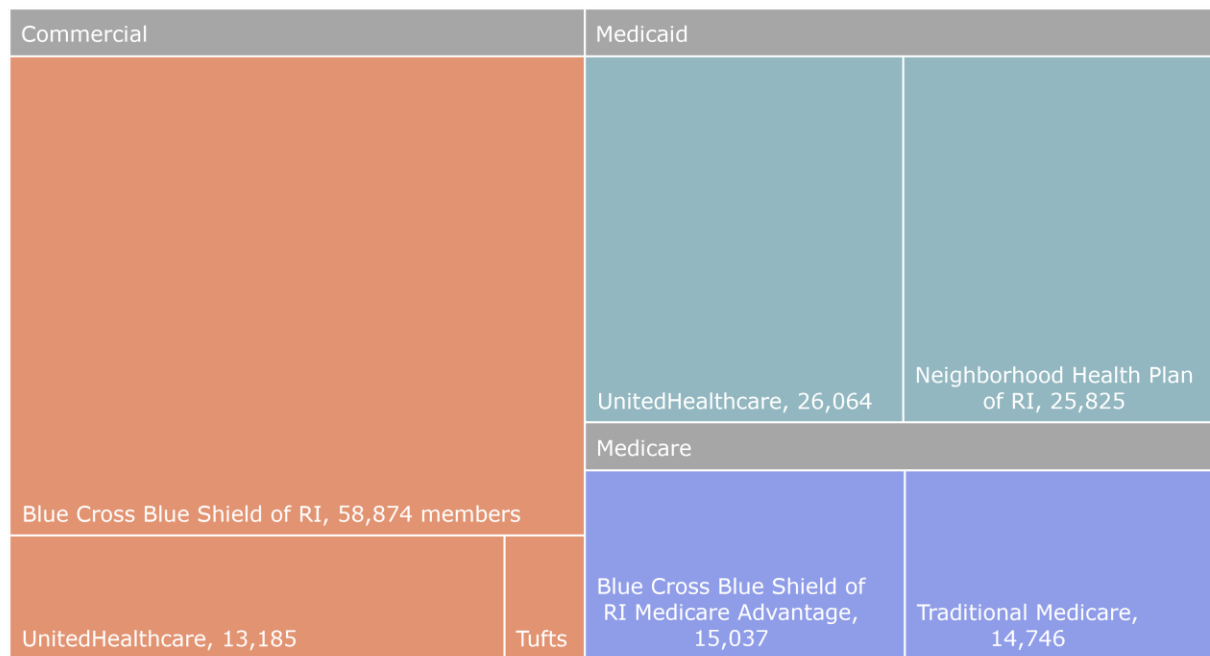
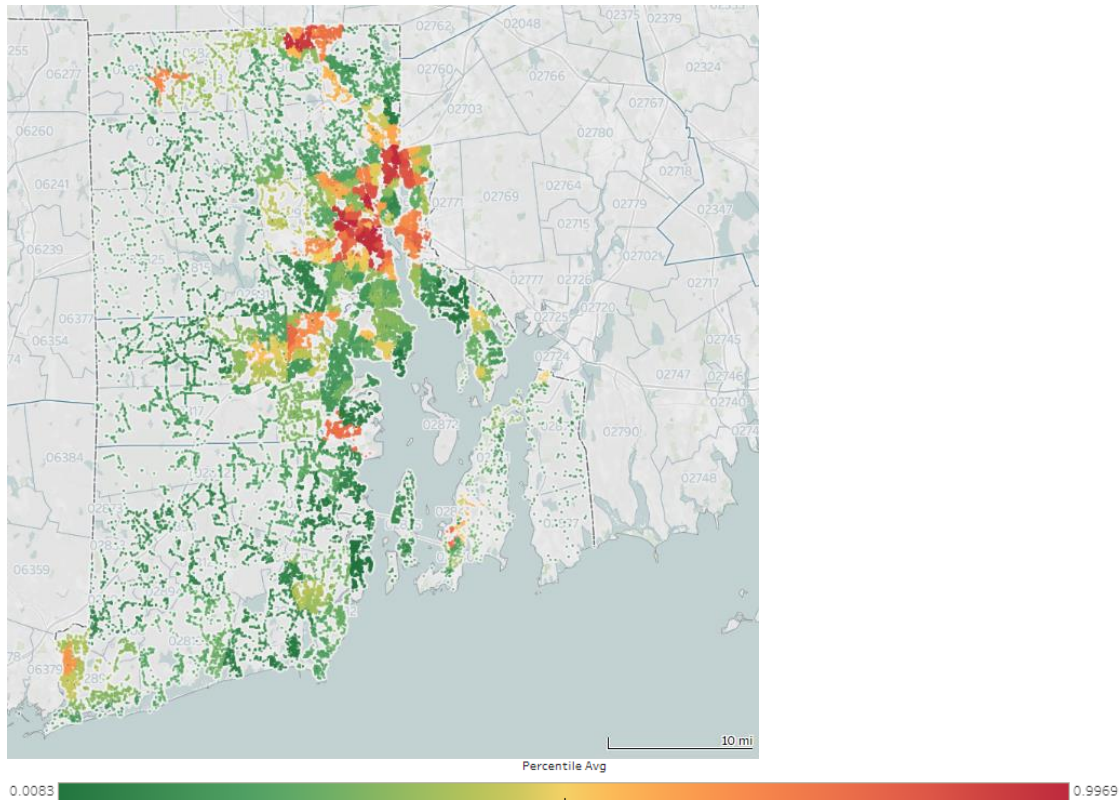


FIGURE 3: SOCIAL VULNERABILITY OF INTEGRA MEMBERS BY GEOGRAPHY, 2022



The [CDC/ATSDR Social Vulnerability Index](#) (SVI) is a measure of the conditions increasing vulnerability to disaster and public health events by geography. SVI is measured by percentile, with a higher percentile indicating higher vulnerability in that geographic area.

“The CDC/ATSDR SVI uses **U.S. Census data** to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The CDC/ATSDR SVI ranks each tract on **16 social factors**, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes.” ([CDC](#), 2022)

Appendix B. Example Strategies

I-SPICEE is an open invitation for CBOs to propose solutions to health equity issues that are feasible within the scope of this funding opportunity, through collaboration with Integra. We think that solutions may include providing a service and removing an obstacle, and we are open to a mixture of these approaches, or to different approaches. We offer these examples of strategies to illustrate our thinking, and in hopes they may be helpful to applicants in developing their own ideas.

EXAMPLES OF STRATEGIES TO IMPROVE NUTRITION SECURITY:

Grow a current service: A community gardening program currently has a program to buy vegetables from their growers and distribute them to people in their neighborhood. They think to address the health equity issue of nutrition insecurity and diet-related illness in specific populations, they should collaborate with a clinic to find people who could benefit, and distribute vegetables to patients—also improving the economic conditions of small farmers.

Start a new service: No one provides medically tailored meals for people who have recently given birth, have high blood pressure, and eat a diet typical of West African countries. A community-based organization knows this gap contributes to maternal health disparities, and decides to propose a meals program.

Build connections: people experiencing housing insecurity have trouble maintaining their eligibility for SNAP due to moves and bureaucratic delays. A community organization proposes to offer SNAP navigation as part of their mobile outreach center and in library settings, helping people maintain their benefits.

EXAMPLES OF STRATEGIES TO IMPROVE BEHAVIORAL HEALTH EQUITY:

Quality: Cultural understandings of mental health issues differ for speakers of a given language group, and there are higher levels of stigma associated with seeking services for mental illness, resulting in low rates of depression screening. An organization serving speakers of those languages proposes to partner with primary care and behavioral health clinicians to design an outreach campaign that fits within the community context, and improves screening rates and access to services in a culturally responsive fashion.

Access: Medicaid beneficiaries encounter months-long waitlists when they seek outpatient psychotherapy, and if transportation issues cause them to miss appointments, they go back to the beginning of these waitlists. An advocacy group for people with mental illness proposes to promote reforms to waitlist policies.

Upstream: There are insufficient numbers of Spanish-speaking mental health clinicians to meet the demand for Spanish language services in the state. An organization proposes to design and pilot a pooled telehealth service, while promoting strategies to incentivize Spanish-speaking therapists to practice locally.

Appendix C. Non-Allowable Expenses

As discussed above, I-SPICEE awardees may not spend grant funds on items outside of their stated budgets without prior approval. In addition, prohibited expenses include, but are not limited to:

- Services that are reimbursable by Medicare, Medicaid, or by any other state or federal agency or program
- Any expense prohibited by law
- Expenses typically prohibited by ethical practice, such as alcohol, gambling, etc.
- Expenses related to religious worship, instruction, or proselytization.
- Expenses related to the preparation of the bid.
- Expenses that support programs or services that that undermine efforts to stop the spread of COVID-19

I-SPICEE will be funded in part through Health System Transformation Program (HSTP) funding. Rhode Island EOHHS lists the following expenses as non-allowable for projects funded by HSTP (see [Attachment K](#)). These expenses are also non-allowable for I-SPICEE:

- Alcoholic beverages
- Medical marijuana
- Copayments/premiums
- Capital expenditures (unless approved in advance)
- Credit card payments interest
- Debt restructuring and bad debt
- Student loan repayment
- Defense and prosecution of criminal and civil proceedings, and claims
- Donations, fund raising, and investment management costs
- Social activities (good and services intended for leisure or recreation), Hobbies (materials or courses)
- Fines and penalties
- Goods or services for personal use, including but not limited to entertainment, gift cards or other cash equivalents
- Idle facilities and idle capacity
- Insurance and indemnification
- Licenses (drivers, professional or vocational)
- Lobbying
- Marketing/member communication expense, unless approved in advance
- Memberships and subscription costs
- Patent costs

Appendix D. Acronyms List

ACO	Accountable Care Organization
AE	Medicaid Accountable Entity
BH	Behavioral Health
CBO	Community-Based Organization
CCM	Complex Care Management
CHW	Community Health Worker
CMS	Centers for Medicare & Medicaid Services (federal agency)
CNE	Care New England
EOHHS	Executive Office of Health & Human Services (RI state agency)
HCO	Health Care Organization
HEZ	Health Equity Zone
HRSN	Health-Related Social Needs
HSTP	Health System Transformation Project
I-SPICEE	Integra Social Partnership Initiative for Community Engagement & Equity (2023)
I-SPII	Integra Social Partnership Innovation Initiative (2019-2021)
MCO	Managed Care Organization
NCM	Nurse Care Manager
NHPRI	Neighborhood Health Plan of RI
PCP	Primary Care Provider
PMPM	Per Member Per Month (usually expenditure or payment)
R2E	Rhode to Equity (RIDOH and Medicaid initiative)
RIPCPC	Rhode Island Primary Care Physicians Corporation
SDOH	Social Determinants of Health
SUD	Substance Use Disorder
TPC	The Providence Center
UHC	United HealthCare