Final Report

I-SPII: Integra Social Partnerships Innovation Initiative

I-SPII was an initiative of Integra's Medicaid Accountable Entity (AE) program to develop partnerships with Community-Based Organizations (CBOs) to plan and pilot interventions to address health-related social needs.

The initiative began with a Request for Proposals (RFP) in 2019 asking Rhode Island nonprofits "what do you think your organization can do about the social determinants of health?"

"What do you think your organization can do about the Social Determinants of Health (SDOH)?"

The response was overwhelming. We received 34 proposals to participate in this funding opportunity, with a broad range of communities, strategies and focus areas represented. Integra selected **four partnerships, representing nine organizations**, and kicked off the initiative in March 2020—just as the COVID-19 pandemic was beginning in the United States.

In this rapidly changing context, we engaged in a dedicated three-month planning period, and then launched pilot programs to **address homelessness, home environment, access to fresh produce, and healthy living**. The initiative started at a time when the impact of social factors on health, and the inequities that structure them, had never been more apparent.

Integra views its work to address SDOH as deeply connected to our health equity efforts, and I-SPII offered the opportunity to engage in conversation about racial and ethnic health disparities, as well as healthcare's role in partnering to address them.

Integra worked with Health Resources in Action (HRiA) to provide technical assistance and perform a **process evaluation** of the initiative. Their report is attached, including the valuable lessons learned and recommendations going forward.

Below is an overview of who we partnered with, what we did, what we learned, and what comes next.

Integra's Vision
We will be a **population health catalyst** by transforming our health care delivery model, fostering cross-sector partnerships, engaging and empowering our beneficiaries in new and meaningful ways, and establishing a greater presence and focus on health in the communities we serve.

Integra will be a **leader** in Rhode Island and nationwide in population health innovation and excellence.

April, 2021

Healthy Housing

Integra partnered with

The House of Hope CDC
RI Coalition for the Homeless

We figured out how to

House homeless members by identifying them with a data match, providing outreach, housing search, case management, and vouchers.

Pilot by the numbers

Housing & case management for people experiencing homelessness

Outreached	Enrollment In Case Mgmt.	Housed
6	5	5

We learned

- ✓ Proof of concept: ACO & homeless service organizations can partner to identify and house members, and coordinate services.
- ✓ Housing stock and vouchers are very limited due to systems problems.
- ✓ Homelessness is concentrated in, but not limited to, Medicaid.

What's next

- → Expanding scale of housing pilot with House of Hope.
- → Convening a healthcare & homelessness working group to focus on systems issues with RI Coalition for the Homeless.
- → Evaluating impact on healthcare costs and health outcomes.

"House of Hope was able to work with 6 Integra members and house 5 of them during the pilot project. All 5 of these individuals remain housed and have reported positive qualitative and quantitative outcomes as a result of that housing. While we wish we could have housed more Integra members, the benefits to those we served have been significant." – The House of Hope CDC

Healthy Home Environments

Integra partnered with

Green & Healthy Homes Initiative
RI Builders Association

We figured out how to

Improve home environments for people with respiratory illness by referring families with asthma, assessing homes, and performing remediation.

Pilot by the numbers

Home assessment and remediation to manage asthma and create healthy homes

Households Enrolled	Assessments	Remediations	Relocations
6	5	4	2

We learned

- ✓ Proof of concept: partners are able to provide home assessment and targeted remediation, leverage funds to address other home safety issues, and coordinate with care team.
- ✓ Our existing pediatric asthma program was the strongest referral source, for households with asthma triggers needing remediation.
- ✓ Having a skilled third party manage construction contractors is advantageous.

What's next

- → Exploring opportunities to incorporate these services as part of a comprehensive disease management program..
- → Developing sustainability strategy, potentially including reimbursement from Medicaid MCOs.

"An asthma triggers environmental assessment of the property revealed the following problems: inadequate insulation, substantial air leakage due to broken windows in living space, no kitchen fan for air flow, and infiltration of pests in the basement. Following these assessments and a pre-survey interview by GHHI, the team developed an asthma reduction scope of work to address the most pressing issues in the home." -GHHI

Healthy Food

Integra partnered with

Southside Community Land Trust
Brown Family Medicine
Pawtucket YMCA
Groundwork Rhode Island

We figured out how to

Provide biweekly shares of locally-grown produce to patients of the Family Care Center in Pawtucket.

Pilot by the numbers

VeggieRx: vegetable shares to food insecure families

Households Served	Individuals served	# of bags received	Pickup vs. Delivery
28	119	587	40%/60%

We learned

- ✓ Proof of concept: CSA-style vegetable shares for food-insecure families are feasible and in-demand.
- ✓ A balance of delivery and pickup was helpful.
- ✓ Planned cooking and nutrition classes were challenging virtually

What's next

- → Expanding VeggieRx co-located at high-need clinic
- → Connecting VeggieRx with other food and equity initiatives
- → Developing a working group on health and food access/equity

"We wanted to get food to people. That was the focal point of the pilot and because we remained centered in that from the beginning we were able to reach the number of people that we had intended to. The COVID-19 pandemic highlighted for us how necessary it is to have infrastructure for the distribution of locally-sourced food and our partnership came together under these circumstances to make sure that food was distributed in a way that was able to reduce the increased barrier. Having a strong partnership is what made our accomplishments possible."
– Southside Community Land Trust

Healthy Living

Integra partnered with **Clínica Esperanza Hope Clinic**

We figured out how to **Enroll Spanish-speaking members with metabolic illness in a lifestyle change program**, Vida Sana, to help participants improve their diet, exercise and disease management.

Pilot by the numbers

Vida Sana: lifestyle change for Spanish speakers with diabetes & other metabolic illness

Referred	Enrolled	Completed
14	4	2

We learned

- ✓ Proof of concept: eligible AE members referred by care managers enrolled and completed Vida Sana program.
- ✓ Simple eligibility criteria and referral processes are more effective, especially with community partners
- ✓ Integrating AE members into existing cohorts was more effective than trying to establish classes for AE members only.

What's next

→ Exploring opportunities to incorporate Vida Sana as part of comprehensive disease management programming

"Our Navegantes (Community Health Workers) are the main reason why our Vida Sana program is successful. All of our Navegantes speak Spanish and understand our patient community of uninsured, Spanish-speaking, Hispanic/Latinx, immigrants our clinic serves. Because they are members of that community, they understand the diverse cultural norms and traditions our patients have and are able to tailor Vida Sana to the specific needs of the community."
- Clínica Esperanza Hope Clinic