

Diabetes Health Equity Challenge 2020

Supporting the community during the COVID-19 pandemic

Call for Applications



Rhode Island Diabetes Health Equity Challenge 2020 Call for Applications

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The Rhode Island Department of Health (RIDOH) and the Care Transformation Collaborative of Rhode Island (CTC-RI) are proud to announce the Diabetes Health Equity Challenge 2020.

Our Aim: To accelerate Rhode Island communities in collaboratively improving health and social outcomes for people living with diabetes by addressing systemic inequities in the context of the coronavirus (COVID-19).

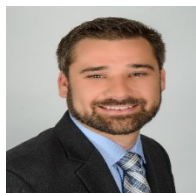
What: A five-month challenge to build clinical-community linkages to support people living with diabetes who might be especially vulnerable to equity gaps in the context of coronavirus (COVID-19). Up to three geographically linked teams will be selected to participate with each team including: a) Health Equity Zone (HEZ); b) Care +Community +Equity (CCE) practice, and c) Community Health Team). Each team must additionally identify a person with lived experience to be a member of the team. Team can identify a person with lived experience from any of the participating partners.

How: This Diabetes Health Equity Challenge is based on the idea that unprecedented collaboration can lead to unprecedented results in charting a path for health equity. Using the urgent needs identified in the context of the coronavirus (COVID-19), and tools developed through [100 Million Healthier Lives](#), the Diabetes Health Equity Challenge will bring together up to 3 clinical-community teams to substantially accelerate a pathway to improve an equitable, rapid and sustainable response for people experiencing disparities in diabetes outcomes in the context of coronavirus (COVID-19).

Challenge Facilitators: 100 Million Healthier Lives at [WE in the World](#), in collaboration with CTC-RI and RIDOH, will administer and facilitate the Diabetes Health Equity Challenge.



Somava Saha, MD MS is the founder and Executive Lead for Well-being and Equity (WE) in the World and Well-Being in the Nation (WIN) Network. She is on faculty at Harvard Medical School Center for Primary Care and former VP with Institute for Healthcare Improvement (IHI) and Executive Lead 100 Million Healthier Lives;



Seth Fritsch, MPH serves as a Project Manager and Coach with *Well-being and Equity in the World* applying international and local community transformation experiences to ensure that all people have the opportunity to live happy and healthy lives.

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Funding: Each team partner (HEZ, CCE, CHT) will be eligible to receive up to \$5,000 that can be used to offset costs associated with participating in the challenge, including expenses with providing a stipend for the person with lived experience. CTC will adjust the \$5,000 team partner payment and will pay the team member with lived experience based on the budget that is outlined by the team in the application (see essay question 3). Funding timeline: \$2500 adjusted payment made after team attendance at Orientation meeting and \$2500 adjusted payment made after completion of 9/18/20 learning session and completion of program expectations.

Who should apply?

For the purpose of this “Call for Applications” applying clinical-community teams will consist of four distinct roles, all of whom are interested and capable of addressing the population of people living with diabetes in Rhode Island and who could be significantly adversely affected by the coronavirus (COVID-19).

Team identifies one of the partners as the “team lead”. Application is completed by the Team Lead with input from the other partners. All team members are eligible for “team lead” consideration.

The clinical-community team participants include:

- 1) At least one primary care clinical leader from a Care + Community+ Equity (CCE)* practice
- 2) Health Equity Zone*/public health/community leader
- 3) Community Health Team (CHT) member
- 4) Community Resident with lived experience of inequities with diabetes

*In the event that a geographic location does not have an identified CCE practice, it may include a practice that is part of an accountable entity. Similarly, if the geographic location does not have an identified HEZ, it may include a community based organization as an alternative.

Contact Information: [Health Equity Zones, Care + Community + Equity](#) practices (and Community Health Teams),

For questions, contact: Jazmine Mercado, CTC Project Coordinator (Email: Jmercado@ctc-ri.org Cell: 401 323-1414)

Resource information: Toolkit on how to engage person with lived experience can be found [here](#)

Details:

Up to three collaborative teams will be selected to participate in the Diabetes Health Equity Challenge. Teams. The teams will participate in a 5-month intensive “learning and doing” collaborative designed to assist communities to develop a rapid and sustainable network of support for people with diabetes who might experience equity gaps in the context of the coronavirus (COVID-19) pandemic. Rather than creating a “new program”, the Diabetes Health Equity Challenge will support communities to map their assets and opportunities across clinical and community settings to identify strategic opportunities to bring these together to advance health equity.

Our Opportunity

By participating in the Diabetes Rhode Island Health Equity Challenge, teams will:

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- Develop relationships and deeper collaboration between community leaders, clinical partners and community residents with lived experience of health inequities related to diabetes
- Map assets and opportunities to improve health equity across the clinical-community continuum
- Develop a focused population-specific as well as community-wide action plan relevant to improving health outcomes for people with diabetes in the context of the coronavirus (COVID-19)
- Learn from and with peer teams addressing systemic inequities to improve outcomes for people living with diabetes during this challenging time and beyond
- Receive customized technical assistance among HEZ/Community Based Organization, CCE/Accountable Entity practices and community health team seeking to partner with one another. Technical assistance administered by experienced subject matter experts

Team expectations: (Anticipate meetings will occur virtually based on impact of coronavirus and meetings may be adjusted based on current/future events)

Team member attendance at:

- Launch session: April 30, 2020* (remote: 4 hours)
- Momentum session 1: May 14, 2020 (remote: 2 hours: Stakeholder maps and asset maps due)
- Momentum session 2: May 28, 2020 (remote: 2 hours: Action plans due)
- Momentum session 3: June 19, 2020 (8-hour meeting)
- Sustainability session: September 18, 2020* (8-hour meeting) (celebration, compass assessment, evaluation);
- Remote: Weekly 30 minute huddles with WE team practice facilitator and team
- Remote: Monthly webinar check in with the 3 teams and WE team practice facilitator
- On-site: WE team practice facilitator to meet with each Tetrapod team during July-August).

*Stakeholders will be invited to attend portions of these sessions as well as team applicants who were not selected to participate in this initial pilot.

Team deliverables:

Initial Assessment: Compass is completed by individual team members (April 30, 2020)

Team completion of: Asset Map and Action Plan (May 28, 2020)

Updated Compass (June 30, 2020)

Care +Community + Equity Practices: Are eligible to receive incentive payment under their present RI Department of Health CCE contracts based on

- Attending the March Best Practice Sharing meeting to learn more, apply to the diabetes Health Equity Challenge, and be part of the 5-month learning collaborative

OR

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- Attending the March Best Practice Sharing meeting and be part of the stakeholder engagement events that are held April 30, 2020 and completing the Compass assessment.

Timeline for Selection Process

Step	Activity	Date
1	Webinar with interested parties to answer any questions and obtain input on timeline and planned activities .	Wednesday March 25, 2020 8:00-9:00 Webinar PowerPoint
2	Release “Health Equity Challenge Call for Applications”	April 1, 2020
3.	Conference call with interested parties to answer any questions. Call-in number: +16468769923 Passcode: 4665707463#	April 6, 2020 (12 noon)
3.	Team lead to submit joint application electronically to: CTC-ri@ctc-ri.org	April 15, 2020
4.	Selection Notification to be sent to joint applicants with request for each team member to complete the Compass by April 30	April 20, 2020
5	Notification sent to applicants that are not selected with invitation to participate in Stakeholder meeting(s)	April 21, 2020
6.	Orientation Kick Off meeting for selected teams; Stakeholders and non-selected teams will be invited to attend first 2 hours of orientation meeting	April 30, 2020 (4 hour remote meeting (tentatively scheduled 11:30 to 3pm)

Application Checklist

Item	Check if complete
<p>1. <u>Application form:</u> Part 1: One application per team with team information submitted by Team Lead with input from geographically linked partners: 1) Health Equity Zone (HEZ)* 2) Care + Community +Equity (CCE) practice*, 3) Community Health Team (CHT) 4) Identification of person with lived experience**;</p> <p>*As part of the application, may identify a community based organization (CBO) if the geographically identified region does not include a HEZ or a practice that is part of an accountable entity if CCE practice is not in geographic area; **As part of the application, may identify the plan to identify a person with lived experience if not able to meet expectation by 4/15/20</p>	
2. <u>Response to essay questions (3)</u>	

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Part 2: Not completed as part of this application;

Post Selection: Compass Tool: Completed by the individual team members whose teams have been selected to be part of the Health Equity Challenge (due: April 30, 2020); Each member of the team is asked to complete the Compass tool

<https://www.surveymonkey.com/r/7SMV62F>

Health Equity Challenge Application

1. Team information

Application Lead: _____		Person completing application : _____		
Geographic region : _____				
	Primary contact person	Role	Email address	Phone
HEZ*:				
CCE Practice*				
CHT				
Resident with lived experience:				

*Can identify a Community Based Organization if geographically linked team location does not include a HEZ or can identify a practice that is associated with an accountable entity if location does not include a CCE practice.

Essay Questions:

1. Please describe how you have collaborated across clinical and community partners in your community. Describe your experience working with others in this application, including efforts to include a person with lived experience. Highlight any especially successful efforts, including ones that have addressed impact of diabetes and/or impact of coronavirus if applicable (e.g., ones which achieved results or built effective relationships with community residents) and what made them successful. If you have not collaborated in the past, how do you see yourself partnering across clinical and community teams? (open-ended, up to 500 words)

2. What motivates you to participate in the Diabetes Health Equity Challenge? What do you hope to accomplish? How would you envision the Diabetes Health Equity Challenge assisting your team with addressing gaps in care, particularly looking at the needs of people with diabetes in the midst of COVID-19? [open-ended, up to 300 words]

3. Please describe your budget plan for resident with lived experience. Budget expectation is that compensation is based on living wage and accounts for time involved with learning collaborative meetings, and coaching sessions (Living Wage for Person with lived experience x #of hours Each of the partners contribute \$ to PLE budget amount). CTC will be responsible for providing the stipend to the community resident based on confirmation of budget plan

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Part 2: Post selection notification: Team members selected to participate in the Diabetes Health Equity Challenge will be asked to complete Pathway to Population Health Compass by 4/30/20 (Compass tool <https://www.surveymonkey.com/r/7SMV62F>).

Selection Committee Policy and Procedure (2020)

To ensure an objective, fair, and transparent process for reviewing applications, the following policy and procedure for application review is being shared with applicants:

Selection Committee Process for Review of Applications: The Selection team will convene in April 2020. Reviewers will read and score each application independently using the scoring criteria below.

Questions: A total of 10 points is possible for each question. 2 points if question answered; an additional 2-3 points if response demonstrated team interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the team has high degree of readiness.

The maximum number of points is 38. The applications will be rank ordered by final scores. In the event of a tie, the following criteria will be used:

1. Completeness of application
2. Priority may be given to a team that is geographically located in an area that has a higher incidence of coronavirus;
3. Priority may be given to a team that is geographically located in an area that has greater incidence of health care equity gaps in care;
4. Priority may be given to an applicant that includes a HEZ;
5. Priority may be given to an applicant that includes a CCE practice.

The Selection Committee reserves the right to interview applicants if further review is warranted.

Conflict of interest: Reviewers will disclose any potential conflict of interest related to a specific applicant. A conflict of interest is defined as a real or potential monetary benefit or having an affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and decide of whether a conflict of interest exists. If so, the reviewer must recuse themselves from the review of that application.

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Identification of coronavirus impact in community	Max 2 score	Collaboration readiness	Max 3 Score	Motivation and Impact	Max 3 Score
Team is not able to identify current impact of coronavirus in community	0	Team has not worked together on any initiative up until this point in time	0	Team is able to identify needs/ gaps in care that it would like to address	Add 1 point
Team is able to identify current impact of coronavirus in community	Add 1 point	Team is able to identify one initiative that some of the partners have worked on together	Add 1 point	Team is able to articulate a plan and vision to work together to address needs of people with diabetes/coronavirus	Add 1 point
Team is able to identify current impact of coronavirus in community and articulate vision on how team could collectively address impact	Add 1 point	Team partners have successfully worked on more than one initiative together	Add 1 point	Team is able to articulate outcomes it would like to achieve	Add 1 point
		Team partners have successfully included a resident with lived experience to understand and improve equity	Add 1 point		