# Newton-Wellesley Hospital

# Community Connections Community-Based Health Initiative

# Request for Proposals

# Release date: Week of January 6, 2025

# Grant Applications Due: February 7, 2025 before 5:00 pm

# INTRODUCTION

Mass General Brigham Newton-Wellesley Hospital (NWH) is seeking proposals from community-based organizations to develop approaches that improve access to the continuum of Waltham community services that support health and well-being by reducing systemic barriers to care commonly experienced by vulnerable populations across the life span. This grant-making initiative is made possible by the approval of an amendment to a Determination of Need (DoN) Community-Based Health Initiative (CHI) process: Mass General Brigham Newton-Wellesley DoN MGB-23120412-AM (Amendment)/PHS-18022210-HE (Original).

## Community-based Health Initiative Background

In October 2019, NWH, on behalf of Mass General Hospital (MGH), awarded a 4-year $1.5 million grant to a collaborative of community-based organizations to address disparities in educational attainment among Waltham students, particularly focused on Latinx emerging bilingual newcomer students. This CHI concluded in September 2023. In March 2024, MGH received approval of an amendment to the DoN referenced above, resulting in $692,595 of additional CHI funding for Waltham, which will again be administered by NWH.

Given the change in the community landscape post-pandemic, NWH engaged a Waltham-based Advisory Committee—comprised of Waltham-based NWH Community Benefits Committee members and other Waltham sector representation—to consider new health priorities and strategies for investment. The committee identified four systemic barriers to accessing critical healthcare and social services, which negatively impact the health and well-being of vulnerable populations across the lifespan in Waltham.

Specifically, the committee identified four barriers that contribute to health inequities, including:

* Overly complicated processes to access services (e.g., application and administrative complexity)
* Cultural barriers, including language access, cultural appropriateness, and stigma
* Technological barriers, including the lack of devices, internet, and skills to utilize technology
* Transportation barriers

## Systemic Barriers Drive Health Inequities

The *Community Connections CHI* seeks to reduce systemic barriers to accessing a range of community services. A qualitative assessment of patient-reported barriers to accessing and using social service programs found that “individuals described two distinct domains of barriers: 1) systems-level barriers that were linked to the inequitable distribution of and access to resources, and 2) personal-level barriers that focused on unique limitations experienced by each patient and impacted the way that they accessed services in their communities.”[[1]](#footnote-1) Systems-level barriers noted in the study include limited availability (i.e., not enough resources available), limited accessibility (e.g., distance, no services outside of work hours, transportation or mobility challenges), strict program criteria and complicated application processes, stigma, lack of English language fluency, lack of technology resources and computer literacy, and immigration status.

Waltham Advisory Committee members highlighted the unique needs of the immigrant community, including those who have been in the community for some time and recent arrivals to the city, in terms of the lack of coordinated, low burden approaches to accessing community services. Specifically, immigrants, including new arrivals, are the most at-risk to face systemic barriers often lacking the awareness, knowledge, and skills necessary to apply for available supports and/or utilize the technology increasingly required to access supports. Furthermore, language and cultural barriers, stigma, and the lack of transportation are daily challenges to navigating the healthcare and social service system.

Barriers to accessing healthcare and social services are well-documented factors in causing health disparities. As such, the CDC includes Healthcare Access and Quality as one of its five social determinants of health, noting that “expanding access to services is an important step toward reducing health disparities.”[[2]](#footnote-2) Populations most noted for experiencing barriers to access include communities of color, low-income populations, persons with disabilities, and those who identify as LGBTQ+. Advisory Committee members shared that, in Waltham, immigrants and new arrivals are among those most likely to experience barriers to accessing services.

### Systemic Barriers to be Addressed

#### Overly complicated processes to access services (e.g., application and administrative complexity)

In a report entitled, *Customer Service Experiences and Enrollment Difficulties Vary Widely across Safety Net Programs*, the Urban Institute found that “many adults whose families applied for or received benefits experienced enrollment-related challenges or negative interactions with program staff, with wide variation across programs and worse experiences for some groups that have endured long-standing inequities in economic opportunities, health care, and access to benefits and services in federal programs. Understanding eligibility is often just the first hurdle that people must overcome in accessing the safety net. Many people who qualify for benefits also struggle to navigate complicated administrative processes.”[[3]](#footnote-3) The report further noted that barriers, such as difficulty determining eligibility, providing required documentation, or getting benefits when needed, were significantly higher among the Hispanic/Latinx community. Although the report does not specify barriers experienced by immigrant communities, Waltham Advisory Committee members noted that complicated processes are more difficult for immigrant families and new arrivals in Waltham due to cultural barriers and more restrictive eligibility rules for noncitizens.

#### Cultural barriers, including language access, cultural appropriateness, and stigma

Immigrants and new arrivals face a host of cultural barriers to accessing healthcare and social services. Immigrant families, including new arrivals, come from cultures with traditions and health practices that may differ from Western approaches.[[4]](#footnote-4) Differences in cultural norms are exacerbated when language barriers between providers and clients results in confusion and suspicion about available services.[[5]](#footnote-5) Furthermore, a study of barriers and facilitators to healthcare and social services among undocumented Latino(a)/Latinx immigrant clients found that “language and/or cultural incongruence of staff/clinicians and uninviting, insensitive facility environments were reported to be potential barriers to timely and effective services.”[[6]](#footnote-6) The study recommended that facilities “explore alternate avenues to service provision such as use of telemedicine, home visits by providers, and the use of community health workers to deliver healthcare and other services to clients’ doorsteps” and ”establishing/maintaining trust and rapport, prioritizing the presence of culturally and linguistically congruent staff, and providing quality, affordable and comprehensive services in an open and inviting environment are specific strategies that can facilitate access, as well as promote and improve timely and effective provision of services among undocumented clients.”

#### Technological barriers, including the lack of devices, internet, and skills to utilize technology

The COVID-19 pandemic required healthcare and social service providers to quickly adopt technological approaches to maintaining connections with patients and clients. These new approaches surfaced the reality of “digital exclusion” for many under-resourced and vulnerable populations. Digital exclusion refers to not being able to access the benefits of technology, including utilizing cell phones and personal computers to lacking access to broadband internet and lacking digital literacy.[[7]](#footnote-7) Addressing digital exclusion has the potential to reduce health disparities or curb growth in disparities between those who have skills and access to digital tools and those who do not. As such, digital inclusion is being referred to as a “super” social determinant of health because digital access is connected to all other social determinants.[[8]](#footnote-8),[[9]](#footnote-9) For example, applications of all types (e.g., employment, education, housing, recreational services, food, transportation assistance, etc.) and access to healthcare (e.g., patient portals, telehealth, scheduling, etc.) are increasingly, if not exclusively, accessible online.

Digital exclusion is associated with income, age, disability status, and geographic location.[[10]](#footnote-10) Although not frequently mentioned in the literature, immigrants, including new arrivals, also experience digital exclusion. In a study entitled, *Examining Gaps in Digital Inclusion in Massachusetts*, the American Immigration Council found that “Immigrants were more likely to lack broadband internet access than those born in the United States.”[[11]](#footnote-11) The report further noted that immigrants also lack access to digital tools (i.e., computer or tablet), making it difficult to “develop and maintain digital literacy or access the information and services increasingly offered online.”

#### Transportation barriers

Transportation barriers often disproportionately affect individuals and families with low incomes, creating access barriers that can be detrimental to health and wellbeing.[[12]](#footnote-12) The effect of transportation barriers on health, however, is not limited to accessing medical care. The lack of transportation also impacts other social determinants of health, including access to healthy food, pharmacies, employment, education, social supports, and other basic services.[[13]](#footnote-13) The Centers for Medicare and Medicaid Services suggest a range of options to reduce transportation barriers among enrollees, which may be applied to broader populations. Interventions include providing funds for gas or car repairs or providing non-medical transportation to access social services, community centers, and grocery stores.[[14]](#footnote-14) In addition to facilitating access through the provision of transportation, studies suggest that bringing healthcare and other services (e.g., mobile clinics and mobile food pantries) to easily accessible locations is an effective way to improve health outcomes.[[15]](#footnote-15),[[16]](#footnote-16) ,[[17]](#footnote-17)

# PURPOSE

NWH is seeking proposals for a CHI utilizing **policy, systems, or environmental (PSE) change approaches** to improve access to the continuum of Waltham community services that support health and well-being by **reducing systemic barriers** to care commonly experienced by vulnerable populations across the life span.

The **priority population** for the *Community Connections CHI* includes individuals or families facing systemic barriers to essential services and supports, with a focus on communities of color, immigrant communities, and recent arrivals to Waltham.

The **goal** of the *Community Connections* *CHI* is to increase access to the continuum of Waltham community services that support healthy living, such as increasing access to:

* Healthy, culturally appropriate food and other basic needs
* Community-based social services (e.g., housing, immigration, employment, education, etc.)
* Health and mental health care

Specifically, applicants are expected to propose PSE approaches that dismantle systemic barriers to accessing services and support through strategies that **reduce**:

* Burden of overly complicated processes to access services (e.g., application and administrative complexity)
* Cultural barriers, including language access, cultural appropriateness, and stigma
* Technological barriers, including devices, internet, and skills to utilize technology
* Transportation barriers

# Participation in Evaluation

NWH has contracted with the University of Massachusetts Donahue Institute (UMDI) to provide assistance with evaluating this CHI. Evaluation of this effort will be designed to:

* Inform future practice and innovation by monitoring and documenting the process of grant implementation
* Assess impact on inequities and outcomes at key points in the grant process

The applicant must commit to working with UMDI to develop an evaluation plan, collect process and outcome data, submit data, and participate in regular evaluation meetings to review progress.

# FUNDING

Beginning in April 2025, NWH will invest $692,595 in a project designed to address systemic barriers to accessing services and supports. Through this RFP, NWH anticipates awarding one grant to a community-based organization or collaborative of organizations.

Applicants may propose projects lasting two, three, or four years. Regardless of the length of the project, the total proposed budget amount may not exceed $692,595. Although applicants may spread the total amount of funding across years according to the resources needed to implement the project, there is a cap on the amount that may be budgeted in Year 1. For a 2-year project, the Year 1 budget amount may not exceed $346,000. For a 3-year project, the Year 1 budget amount may not exceed $230,000. For a 4-year budget, the Year 1 budget amount may not exceed $173,000. Applicants are not required to use the full amount allowable in Year 1, but they may not exceed it.

Although this CHI is not meant to support direct service provision, applicants may propose spending a maximum of $50,000 each year to provide direct transportation services. These funds may support strategies such as public and private transportation vouchers. All other funds must be used to implement policy, systems, or environmental change approaches to reducing one or more of the identified systemic barriers to services.

## Eligible budget items

NWH **can** fund:

* + Stipends for community residents with an active role in the proposed project
	+ A maximum of $50,000 each year to provide direct transportation services
	+ Staffing costs, where the staff time reflected in the proposed project budget is exclusively dedicated to the project proposed

NWH **will not** fund:

* + The costs of existing efforts that are already fully financially supported by the organization or another funder
	+ Interstate or international travel
	+ Indirect costs that exceed 25%

# FUNDING REQUIREMENTS

## Upstream Approaches: Policy, Systems, and/or Environmental Change

The Massachusetts Department of Public Health (DPH) guidelines for CHIs require a **focus on health inequities and addressing “root causes” of inequity by**:

* *Eliminating the racial and health inequities that threaten the lives of communities of color*
* *Implementing “downstream” strategies guided by a thorough understanding of the “upstream” issues that create barriers and lack of opportunity for healthy living*

**Upstream** approaches address the root causes of health inequities, seeking to reform the fundamental social and economic structures affecting power, opportunity, and inclusivity. Upstream approaches utilize policy, systems, or environmental change strategies to improve community conditions that affect health. By contrast, **downstream** approaches address individual-level service needs. Downstream interventions focus on providing essential services designed to improve an individual’s health and well-being.

To comply with DPH guidelines, **this CHI must focus on identifying the policy, systems, or environmental factors that contribute to the identified barriers and develop strategies to address them**. **This CHI is not intended to provide direct services**. For more information about PSE change, please visit: <https://www.communitycommons.org/collections/An-Introduction-to-Policy-Systems-and-Environmental-PSE-Change>.

## Geographic Focus and Priority Population

Funds may only be used to support residents of the City of Waltham. Organizations eligible to apply for funding do not need to be headquartered in Waltham. However, applicants must demonstrate a strong connection to and presence in the city.

While the initiative aims to focus on communities of color and immigrant populations, applicants must identify and justify their specific priority population. Given the priority population, applicants must demonstrate their ability to engage with a culturally and linguistically diverse community.

## Eligible Organizations

Organizations that have a 501(c)(3) designation or those with a 501(c)(3) fiscal sponsor.

## Single Organization or Collaborative Approach

Applicants may be a single organization or a lead applicant representing a collaborative of organizations. If applying as a collaborative, the proposal must identify all organizations in the collaborative, the specific roles of each organization, and the amount of grant funds allocated to each organization. MOUs between the lead agency and each organization in the collaborative must be submitted with the proposal and should include a summary of roles and responsibilities and the amount of grant funds allocated to support the work.

# PROPOSAL GUIDELINES

All applicants must submit the following:

* Cover Page
* Proposal Narrative (10-page limit)
* Attachment A: Budget Template and Budget Narrative
* Attachment B: Resumes of key staff
* Attachment C: Most recent financial statement
* Attachment D: If applying as a collaborative, MOUs between the lead agency and each organization involved. Single-organization applicants **do not** submit an Attachment D

## Cover Page

**The Cover Page is not included in the 10-page limit.** The Cover Page must include:

* Contact information for the Single Applicant or Lead Agency for a collaborative application, including:
	+ Agency Name
	+ Address
	+ Contact Person Name and Title
	+ Phone number
	+ Email
* If submitting a collaborative application, a list of all organizations participating in the CHI.

## Narrative

**The Narrative should be no more than 10 pages, single-spaced, 12 pt font.** Please organize the narrative using the six sections/headings outlined below:

1. **Organizational Overview (20 points, 2 pages)**

**Provide information about your organization,** including an overview of organizational capability, how your organizational mission aligns with the CHI goal, experience implementing PSE change approaches, experience providing direct transportation assistance, and evidence of your organization’s presence in or connection to the City of Waltham.

If a collaborative applicant, provide **brief** descriptions of what capabilities each partner brings to the work.

1. **Systemic Barriers (20 points, 2 pages)**

**Specify which systemic** **barriers you will address,** and foreach barrier, provide a rationale for selecting the barrier and share what first-hand knowledge your organization has related to the selected barriers, including any quantitative or qualitative data you have about each barrier.

**For each barrier,** **identify the measurable objectives** you will achieve and provide estimates of the number of residents who will benefit from your PSE change efforts and direct transportation assistance.

1. **Proposed Approach (30 points, 3 pages)**

**Describe your approach to addressing one or more of the identified systemic barriers**, including what policy, systems, or environmental changes you will implement and their associated activities, how you will leverage existing efforts in Waltham to address systemic barriers, and your plans for involving members of the priority population in your planning and implementation of PSE change.

If you are proposing to provide direct transportation services (e.g., public or private transportation vouchers), identify the evidence-based or evidence-informed approach you will utilize to provide that assistance.

If a collaborative applicant, identify which organization will be responsible for each activity and how the lead agency will manage the collaborative.

1. **Timeline (10 points, 1 page)**

**Provide a detailed monthly timeline** for the first year of grant funding. Specify the amount of time for planning and start-up (maximum of three months) and specific activities to occur during that time.

1. **Evaluation (10 points, 1 page)**

**Describe how you plan to assess grant progress and impact**, including the specific data you will gather to demonstrate progress and impact and who will be responsible for data gathering and reporting. State your commitment to working with UMDI to finalize an evaluation plan, collect and submit data, and participate in evaluation meetings.

1. **Key staff (10 points, 1 page)**

**Identify key staff**, including their role on the CHI and qualifications to fill their role.

If a collaborative applicant, identify key staff from each of the collaborative organizations, state their role on the CHI, and describe their qualifications to fill their role.

## Attachments: Attachments are not included in the 10-page Narrative limit.

* **Attachment A**: Budget Template and Budget Narrative
1. The budget narrative must include a justification for each line item, including the amount of money set aside for transportation assistance. The narrative should be specific enough for reviewers to assess the extent to which applicants are dedicating sufficient funds to support the activities.
2. Annual budget amounts may not exceed the total available per year. In Year 1, $232,595 will be available. In Years 2 and 3, annual disbursements will be $230,000 per year.
3. Indirect rates may not exceed 25%.
4. If applying as a collaborative, all organizations involved must have grant funds allocated to support their work. Each organization must submit a budget template and budget narrative. The combined budgets of the organizations must not exceed the total available per year.
* **Attachment B**: Resumes (please limit to 2 pages per person) for each of the key staff listed in the narrative.
* **Attachment C**: Most recent financial statement. If applying as a collaborative, the most recent financial statement for each organization in the collaborative.
* **Attachment D**: If applying as a collaborative, MOUs between the lead agency and each organization in the collaborative. Single-organization applicants will not submit Attachment D.

# SUBMISSION GUIDELINES

## Applications Due on Friday, February 7, 2025 before 5:00 pm.

All grant applications must include a cover page, narrative, and all attachments. Applications submitted after the due date or missing any of the required sections will not be considered.

The cover page and narrative must be submitted as one document. Attachments may be submitted as separate documents.

Applications must be sent as email attachments to NWHcollaborative@partners.org by the deadline with the subject line: *Community Connections CHI Proposal*. Please request a return receipt when submitting your application by email.

Proposals that do not meet these specifications above or are not received by the due date will not be considered.

**Questions: If you have questions about this grant opportunity, please submit them in writing to** NWHcollaborative@partners.org by January 27, 2025. Questions received and answers provided will be posted to the Newton-Wellesley Hospital website [www.nwh.org/communityhealthinitiatives](http://www.nwh.org/grants).

## Key Dates

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| RFP Released  | Week of January 6, 2025 |
| RFP Information Session (virtual) | January 23, 202510:00 to 11:30<https://partners.zoom.us/j/82334382944>  |
| Proposals Due | February 7, 2025 by 5:00 p.m. |
| Funding Decision | Early March 2025 |
| Funding Begins | April 1, 2025 |

1. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11981-5> [↑](#footnote-ref-1)
2. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services> [↑](#footnote-ref-2)
3. <https://www.urban.org/sites/default/files/2023-01/Customer%20Service%20Experiences%20and%20Enrollment%20Difficulties%20Vary%20Widely%20across%20Safety%20Net%20Programs.pdf?mc_cid=faf434a5e0> [↑](#footnote-ref-3)
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10977599/> [↑](#footnote-ref-4)
5. <https://www.pewtrusts.org/en/research-and-analysis/articles/2023/06/23/social-service-programs-must-be-accessible-to-people-who-speak-limited-english> [↑](#footnote-ref-5)
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7274400/> [↑](#footnote-ref-6)
7. <https://ctu.ieee.org/barriers-to-digital-inclusion/> [↑](#footnote-ref-7)
8. <https://pubmed.ncbi.nlm.nih.gov/37866838/> [↑](#footnote-ref-8)
9. <https://www.nature.com/articles/s41746-021-00413-8> [↑](#footnote-ref-9)
10. <https://www.weforum.org/agenda/2021/06/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/> [↑](#footnote-ref-10)
11. <https://www.americanimmigrationcouncil.org/sites/default/files/examining_gaps_in_digital_inclusion_in_massachusetts.pdf> [↑](#footnote-ref-11)
12. <https://www.rwjf.org/en/insights/our-research/2023/04/more-than-one-in-five-adults-with-limited-public-transit-access-forgo-healthcare-because-of-transportation-barriers.html> [↑](#footnote-ref-12)
13. <https://essentialhospitals.org/wp-content/uploads/2019/03/Confronting-Transporation-Barriers-1.pdf> [↑](#footnote-ref-13)
14. <https://www.cms.gov/priorities/innovation/media/document/vbid-cy2023-transportation-use-case> [↑](#footnote-ref-14)
15. <https://info.primarycare.hms.harvard.edu/perspectives/articles/mobile-clinics-in-the-us-health-system> [↑](#footnote-ref-15)
16. <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0671-2> [↑](#footnote-ref-16)
17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8804235/> [↑](#footnote-ref-17)