



Securing Buy-In

Facilitator's Guide

Finding Answers

Disparities Research for Change



Robert Wood Johnson Foundation

Session 5 Overview

Objectives

At the end of this session, participants will be able to:

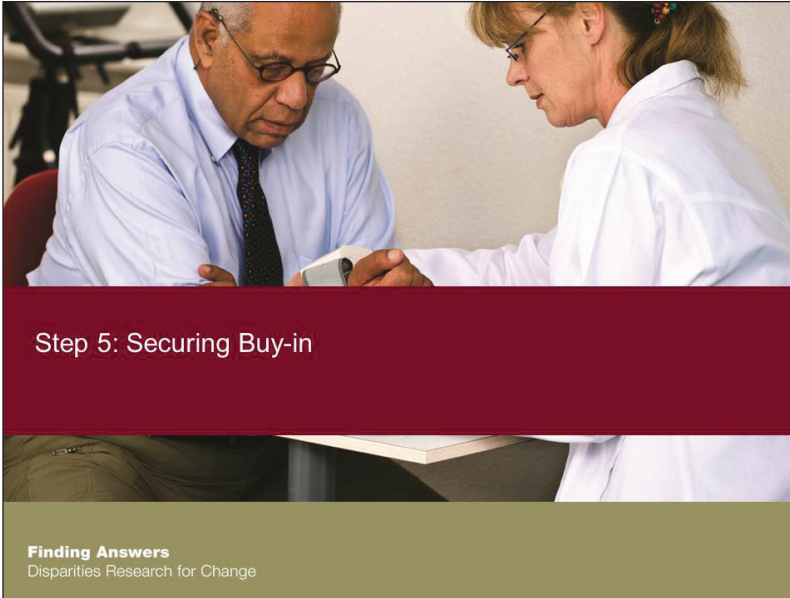
1. Explain how to secure buy-in from key stakeholders.
2. Demonstrate effective communication skills to secure feedback/buy-in to an equity activity.
3. Identify strategies for ongoing messaging as an important way to solidify and enhance buy-in.

Section	Slides	Length
Welcome	1-4	5 minutes
Discussion of Exercise 4: Building an Intervention	5-6	30 minutes
Securing Buy-in	7-19	35 minutes
Applied Practice - Email Comparison	20-24	10 minutes
Q&A	[No slide]	5 minutes
Exercise 5: Audience Analysis & Spreading Your Message	25-27	5 minutes

1

Facilitator:

Slides 1-4:
5 minutes



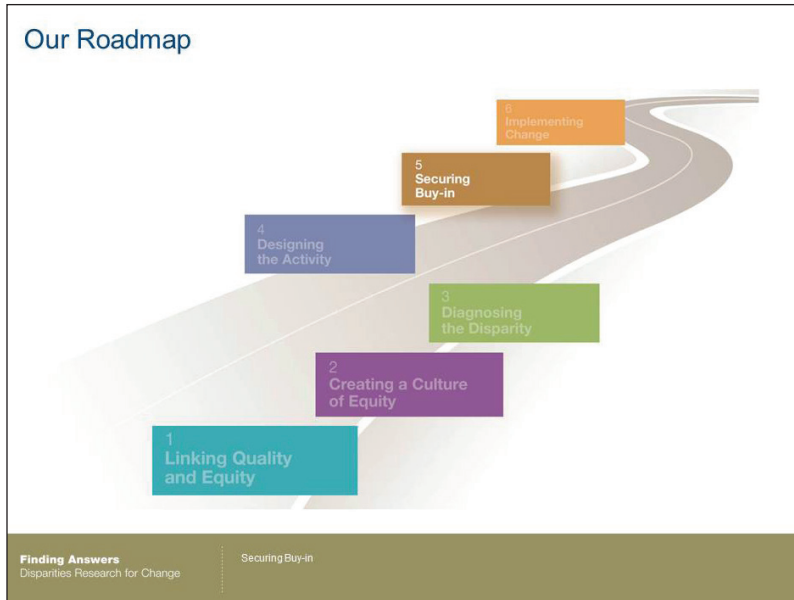
Hello again everyone and welcome back. Our session today is called Securing Buy-in.

Introduce facilitator(s) if different than previous sessions.

2

Facilitator:

Slides 1-4:
5 minutes



You can see here that today is the fifth in our series of six sessions.

Last session, we talked about how to use different strategies, levels, and modes to design equity activities that work for your setting. Your REL data, SWOT analysis, fishbone diagram, and priority matrix all inform your design process.

Today we'll focus on how to obtain buy-in and ensure ongoing commitment to the equity activities you design.

3

Facilitator:

Slides 1-4:
5 minutes

Securing Buy-in

Agenda

- **Welcome**
- **Discussion of Exercise 4: Building an Intervention**
- **Securing Buy-in**
- **Q&A**
- **Exercise 5: Spreading Your Message**
- **Feedback Survey**

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Securing Buy-in

Here is today's agenda.

- First we'll review last session's exercise.
- Then we'll move to today's topic: Securing Buy-in. We'll talk about how to craft a strong key message and how to tailor that message to appeal to different types of stakeholders in your practices and communities.
- As always, we'll close by reviewing the exercise for our next session and give you a brief feedback survey.

4

Facilitator:

Slides 1-4:
5 minutes

Securing Buy-in

Learning Objectives

- **Identify approaches to get buy-in from different groups**
- **Choose key messages that allow you to communicate persuasively and succinctly**

By the end of the session, you'll be able to:

- Identify which approaches are most effective for getting buy-in from different groups of stakeholders; and
- Choose key messages that allow you to communicate your goals persuasively and succinctly

Take roll call.

5

Facilitator:

Slides 5-6:
30 minutes

Discussion of Exercise 4: Building an Intervention

Let's talk about exercise 4, Building an Intervention.

- You used the Intervention Builder to build three equity interventions to address the disparity identified through your root cause analysis. You also used examples from other organizations, as well as your own priority matrix and SWOT analysis to inform this process.

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Facilitator:

Slides 5-6:
30 minutes

Discussion of Exercise 4: Building an Intervention

Questions:

- What level/strategy/mode combination did you choose?
- How did you use your Fishbone Diagram, priority matrix, and SWOT Analysis to make this selection?
- Why did you choose this combination?

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Please choose one of your activities to share. Tell us about:

- The level, strategy, and mode combination that you chose
- How you used your Fishbone Diagram, priority matrix, and SWOT analysis to inform your selection, and
- Why you chose this combination.

Each team reports. Potential prompts/tie in points:

- o Ideas from “Key Considerations” handout
- o Relate back to any of the exercises so far (SWOT analysis, culture of equity action plan, RCA and priority matrix)
- o What are the risks of jumping straight to a solution, without considering the 3 building blocks?

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in for your Equity Activity

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Securing Buy-In

Let's jump into today's discussion about buy-in.

You've worked hard to create a general culture of equity in your organization. That is, all staff recognize disparities and take responsibility for addressing them--a general commitment and willingness to prioritize equity.

But what will stakeholders think about your plans for the **specific** equity activity that you've designed?

We'll start by getting your ideas: Tell us about a time when you got buy-in for a project at your organization? What did that look like in practice?

Use Whiteboard to record ideas.

It can be helpful to approach a participant ahead of time, or to be familiar enough with their projects/efforts that you can offer an example from their work or call on someone to start the conversation. Finding Answers example: a practice started with volunteer interpreters and later hired

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in for your Equity Activity

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Securing Buy-In

them. You might ask, “Do you think there was always buy-in to use these community members? How about to hire them? (If not, how do you think they got it?)” This practice fueled a team mentality and communicated frequently with providers/staff to reflect on the usefulness of the CHWs. Thus, they built agreement that these CHWs were important members of the care team (not outsiders).

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Facilitator:

Slides 7-19:
35 minutes

What Does Buy-in Look Like?

Buy-in is more than approval
– it's a concrete pledge



- Making resources available
- Freedom to try new things
- Showing up and participating
- Getting the word out
- Advocating your message in conversation
- Signing joint emails to staff

Spend more/less time on this slide depending on group. Key points appear on the slide and in **bold** below. Give more examples if necessary from the text below, but you don't have to address everything.

Buy-in is more than general approval-- so it's not a thumbs up, "great go for it!" Instead it's a concrete pledge to support your equity activity.

Click

- For organization leadership, this might mean **freeing up resources**, such as staffing and meeting time.
- Or it could mean giving the equity team the **freedom and flexibility to test new ideas**. This demonstration of trust in the equity team is a strong indication of buy-in.



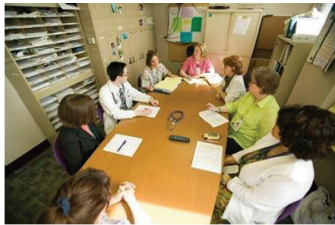
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Facilitator:

Slides 7-19:
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- For patients, it might mean **showing up** for an extra office visit with a certified diabetes educator, and even paying a co-pay. “Showing up” is also important for staff, whose support at meetings can help sway doubtful peers and maintain momentum.
- For community leaders, it could mean **getting the word out about the program** at local gathering places, such as churches or recreation centers.
- “Getting the word out” also applies to staff, whose willingness to **advocate your message**, either informally or formally, can create an atmosphere of acceptance and excitement.

Discussion (if there's time): What will buy-in look like for a specific equity activity you are planning? Who do you have on board already and who will you need to get buy-in from going forward?

(Participants can think about their actual equity project or about last session's exercise on designing an intervention.)

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Facilitator:

Slides 7-19:
35 minutes

Key Messages

1. Answers “why?” rather than just a call to action
 - Advantages over the status quo
 - Advantages over another intervention
2. Persuasive: anticipates concerns
3. Links your efforts to your audience’s priorities
4. Is short and to the point

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Securing Buy-in

The key to getting buy-in is effective messaging. Let’s talk about what an effective key message looks like. It:

- Addresses why your intervention would be better than keeping with the status quo or doing something else,
- Is persuasive because it anticipates concerns about the equity activity,
- Helps people find the link between the activity and their priorities. Showing how your proposed activity aligns with the work people already do or a project or mission they already support shows that the activity is feasible and relevant -- and worth buying into.
- Finally, an effective key message is short, catchy and to the point

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Facilitator:

Slides 7-19:
35 minutes

Key Messages

- Easy to share and reinforce
- Keeps your message consistent
- Together, these foster clear communication and momentum

“Doing [xyz] will help achieve [other goals that are important to the audience].”

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Securing Buy-in

Using these criteria will help you craft key messages that are:

- Easy to memorize and share. Having simple and succinct key messages makes it more likely that people will remember your important ideas and share them with others. This helps people advocate for you, **reinforcing your messaging throughout the organization.**
- It will also allow you to **keep your message consistent**
- In turn, consistent messaging, **fosters clearer communication and helps maintain momentum for your project.** This is important since getting buy-in is an ongoing process rather than a one-time event.

You can see a basic formula for a key message on the bottom of the screen. It answers “why” and is short and direct. Of course, this should be adapted to your needs, but it’s often a good starting point to use as you’re strategizing with you team, so you can boil down to what’s most important.



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Facilitator:

Slides 7-19:
35 minutes

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Securing Buy-In

Discussion: Tell us about a time when you felt you had a good key message related to your equity work.

Finding Answers example: Practices sometimes encounter staff who think it’s wrong or discriminatory to look at data by race/ethnicity or to target specific minority populations. What type of key messages could address this concern?

Message 1: Equitable care doesn’t necessarily equal the same care for everyone (because people need different things), and QI can affect populations differently. (See session 1.) If we don’t explicitly measure differences, we can’t be sure that all patients are getting the care they need. (If staff are concerned about patient reactions, they can use some variation of this message. (E.g., “We want to make sure all of our patients are getting the care they need, and data help us see if we’re doing that or not.”).

Message 2: Part of valuing diversity is being able to talk about it openly and measure progress. Data are necessary for both.

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Staff

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Securing Buy-in

You should tailor your key message depending on who your audience is. We'll talk now about various stakeholders in your equity project-- including staff, patients, and the community-- and see how we can best adapt our key messages to communicate with these different audiences.

Let's start with getting buy-in from staff.

Whiteboard discussion: First we want to hear from you: What do you think works well for securing staff buy-in? Can you share specific instances when you got staff to buy-in to a specific project?

Back-up examples: Before the training session, consider asking a few participants to share ahead of time so they'll be ready to jump in. If you are interacting with your audience over time, you can also pull examples from their completed exercises or experience.

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Slides 7-19:
35 minutes

Securing Buy-in from Staff

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Securing Buy-in

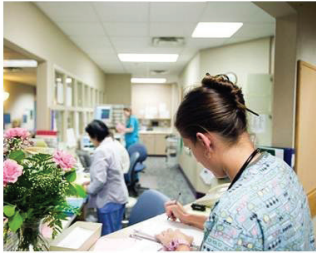
- Speak to your audience’s “hot button” issues. For example, one organization’s employees were particularly interested in greater job enjoyment, so speaking about how the project would also affect that goal helped secure buy-in.
- One practice with whom Finding Answers mentioned helping people get concerns out of the way first in order to get buy-in. From staff feedback, they learned that staff were having problems with patients not receiving forms in a timely fashion. They were not ready to talk about the larger equity issues until this major workflow had been discussed. And, the process of resolving it helped everyone recognize the role that each person played and that they needed a team approach to resolve issues well (including disparities).

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Slides 7-19:
35 minutes

Securing Buy-in from Staff



- Consult everyone who will be affected
- Minimize the time burden on staff
 - Scheduled staff meetings
- Let staff know their input is key
- Report back to everyone who gave input

Spend more/less time on this slide depending on discussion. Key points appear on the slide and in **bold** below. Give examples if necessary from the text below, but you don't have to address everything.

Staff buy-in to your equity activity is key because these are the people who will be implementing your project on the ground.

- Think about which staff members are likely to be impacted by your equity activity and consult with all of them. **This isn't about the number of people you talk to, but making sure that every role has a voice.**

For example, include providers and also the reception staff or medical assistants, or others who generally take on coordinating roles.

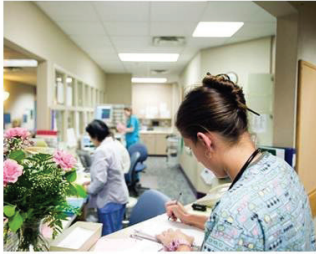


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Facilitator:

Slides 7-19:
35 minutes

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- When seeking staff participation in the design process, be sure to be respectful of their time and solicit information in the **least burdensome way**. For example, take time at regularly scheduled staff meetings.
- Let staff know that you value their input and how it informs the ongoing design, implementation and evaluation of the effort. This direct approach **allows all staff (not just leadership) to be invested** in the activity, which helps increase uptake and strengthen buy-in.

Olive View-UCLA did an equity project and grappled with getting staff buy-in. To address this concern, their team held a meeting with front-line staff and explained exactly how the project would affect staff workload and clinic operations. They discussed why the project was worth additional time and effort, and described the steps they'd taken to minimize burden and show respect for staff time. They also solicited feedback about how best to incorporate the

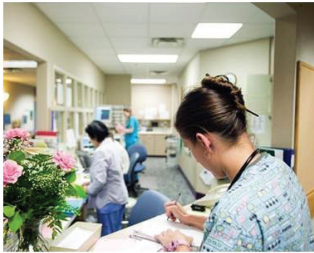


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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Staff



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intervention into clinic flow and adjusted the program to address staff concerns.

- Finally, report back! It's unlikely that you'll be able to implement every suggestion that people give. **Giving feedback helps prevent people from disengaging** if they feel like their opinions are falling on deaf ears. As much as is wise, share how you considered their opinions, why certain suggestions aren't going to be implemented, or how you reached compromise.

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Facilitator:

Slides 7-19:
35 minutes

Champions

- Advocate **to** peers: stronger buy-in
- Advocate **for** peers: stronger project (and better outcomes)

- Help balance goals with operational reality
- Overcome skepticism (credibility)

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Securing Buy-in

Remember that staff themselves can help get buy-in from their peers. In your Culture of Equity action plan, one of the tasks was to identify champions.

The value of champions is that they:

- Advocate your project to their peers, strengthening buy-in.
- They can also be listening for complaints or challenges that might not otherwise reach you, and advocate for change on behalf of their peers. This will lead to better uptake by staff and better outcomes overall for your project.

Click

- Including champions in planning and implementation helps balance goals with operational reality and overcome potential skepticism from staff who weren't as closely involved in development. This can increase the credibility of your equity activity.

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Staff

Stakeholder	Likely Concern	Building the Case
Leadership	Return on investment	Present data on potential positive financial impact
Providers	Office visit efficiency	Show how activity will enhance the care team and coordinate care
Front-line staff	Clinic flow	Be honest about potential impact and solicit input for improvement
Everyone	Patient outcomes	Explain your process and how activity should affect outcomes

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Securing Buy-in

Within an organization, different staff may be motivated for different reasons. They may also have different concerns about addressing disparities or the proposed intervention. This relates to our “key messages” conversation earlier -- it’s important to consider the main motivations and concerns about your equity project for different types of staff at your organization.

For example, we’ve found that providers often respond well to equity interventions that increase office visit efficiency, often by enhancing care coordination. We’ve seen that other types of staff are often motivated for other reasons, as you can see on our chart here.

Discussion: What are the main concerns about equity efforts from different types of staff at your organizations? How have you or will you address them?

Detail for the points on the slide below if not much discussion. Can use bold points to underscore points brought up in discussion.



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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Staff

Stakeholder	Likely Concern	Building the Case
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Securing Buy-in

We want to highlight the leadership line here, since buy-in from leadership to equity can be a challenge, since there are so many other demands for their attention. We all know that leadership is often concerned with **a return on investment, but a return on investment is not necessarily measured in revenue.**

Leaders may choose to spend money on an equity activity because it helps to meet the organization's mission and value objectives. These benefits often include improved quality of care, enhanced perception of the organization by patients and the community (reputation), or simply meeting the moral imperative to address disparities.

Investing in equity can also help your organization **comply with regulatory requirements and become eligible for federal dollars.**

Finally, financial benefit may be accrued indirectly. If your organization is at the cutting edge of disparities reduction, funders may be more likely to support you.



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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Staff

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Securing Buy-in

As a reminder, Finding Answers offers a resource called “Making the Case for Equity,” which summarizes arguments for investing in equity. This was a handout for session 2.

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Facilitator:

Slides 7-19:
35 minutes



Now that we've covered getting buy-in from the people in your organization, let's move to patients.

Not all interventions require patient engagement; for example, an intervention that sends electronic reminders to providers does not need patient buy-in. However, when provider-directed changes are visible to patients, it can still be important to inform patients and get buy-in into the new process.

And for many patient-level interventions, the success of the project is impacted by the patient's active role in managing his or her condition.

Whiteboard Discussion: How do you inspire active patient participation? (If little response, can frame the question negatively—What hasn't worked to inspire patient participation?)

It can be helpful to think outside the clinic—get help from the community organizations who deal with your patient population.

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Patients



- Carefully consider recruitment strategies
 - “Nominate” for participation
 - Be aware of peer influence
 - Racial/cultural concordance
- Speak to what motivates patients
- Give patients a choice

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Securing Buy-in

Spend more/less time depending on group. Key points appear on slide and in **bold** below. Give examples if necessary.

The first major step is thinking carefully about **recruitment strategies**. How will you get patients to participate in your equity intervention? The way potential participants are approached or invited can make a difference.

For example, the South Side diabetes project we discussed last session found that having providers recommend patients for their diabetes class was a very successful recruitment strategy. **Patients are often honored and excited to be “nominated” by their doctor.**

Be aware that individuals may choose to participate based in part on other patients’ decisions.

For example, one of Finding Answers’ grantees from the University of Southern California approached



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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Patients



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patients in large waiting rooms. They noted that if one person declined the offer to learn more about the study, others tended to do the same. They were more successful when patients were approached in individual clinic rooms. On the other hand, if you have a recruiter that is charismatic and highly motivating, a group setting may be ideal.

Finally, regarding recruitment into your intervention, the **race or ethnicity of the person recruiting patients can make a difference**. Finding Answers has seen that having Community Health Workers or other staff who share a cultural or racial background with your patients can increase participation in your program.

Thinking carefully about who recruits patients to your program and how they recruit may be especially important in minority communities with a history of mistrust of the medical system.



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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from Patients



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Securing Buy-in

When you communicate with patients about the program, prioritize their perspective. **Find out what motivates patients and emphasize how the equity activity will help them meet their personal goals.**

For example, one of Finding Answers’ grantees at Yale University screened mothers for depression during visits to the pediatrician. They encouraged mothers to undergo treatment for the well-being of their children. This messaging was really successful because it appealed to the mothers’ primary concern.

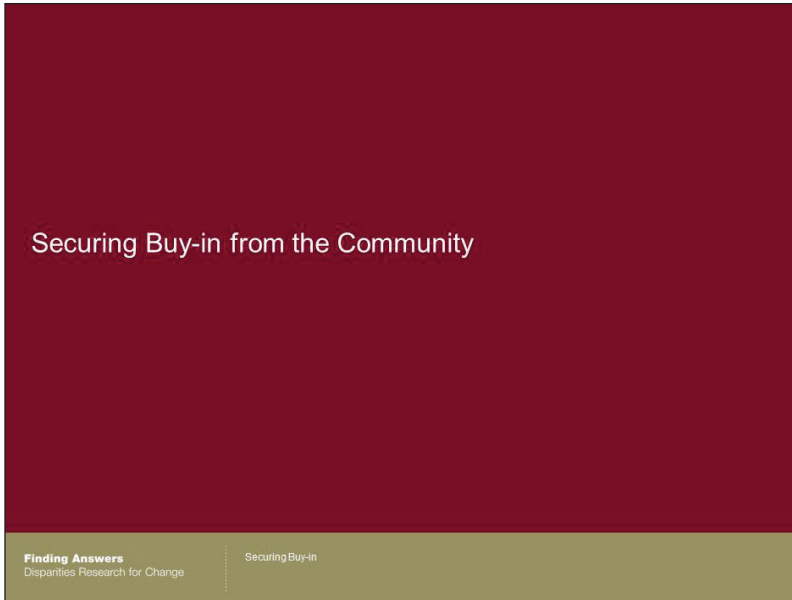
Giving patients a choice in how the program will work for them also encourages buy-in.

At the University of Southern California, Finding Answers’ grantee had social workers guide patients with depression to choose the treatment they preferred; medication, therapy or both. They found that patients were more likely to enter care and receive more of the recommended treatment protocol when given this choice.

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Facilitator:

Slides 7-19:
35 minutes



Finally, let's talk about getting buy-in from the community. From the beginning with your SWOT analysis, we've discussed the idea that community partners can provide strengths and opportunities.

Whiteboard Discussion: How has community buy-in been important for your work-- either for equity efforts specifically, or other projects? How have you gotten buy-in from community groups?

Back-up examples:

- Get to know your partner. One health center recalled how a partner organization always had food whenever they visited, no matter the time of day. However, when the partner visited the health center, they rarely had food (maybe for breakfast meetings, but not mid-afternoon). Eventually, the health center realized that their partner was somewhat offended and that the food was part of their culture as hosts. The health center was able to remedy the situation and also find additional ways to express appreciation to maintain buy-in.

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from the Community

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Securing Buy-In

- Be aware of your partners' agenda. One practice began partnering with a home health agency for their equity project. Over time, they realized the agency was making certain profit-driven decisions that didn't mesh with the practice's project. They found another agency whose mission fit better. They were bought in for the right reasons, and for the long-haul.
- One practice Finding Answers worked with was able to identify which patients were already being seen at a community organization. Both organizations ran reports to see where they had overlapping interests.

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Facilitator:

Slides 7-19:
35 minutes

Securing Buy-in from the Community



- Give before you get
- Be interested in other people's agendas
- Meet one-on-one
- Meet partners where they are
- Be a constant presence

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Securing Buy-In

Spend more/less time depending on group. Key points appear on slide. Examples below if necessary.

- **Give before you get.** 'Giving' is about being reciprocal and a team player. Giving may be easier than you think: for example, a free lecture from a medical professional can mean a lot to community organizations. Giving isn't just something that happens after people agree to work on your project – ideally it comes first. Become known in the community – because of your giving – before going to organizations to talk about ways in which they can help advance your agenda.
- **Be interested in other people's agendas.** Take interest in the goals and aims of your partners. You may have an agenda to advance, but so do they. For example: the diabetes project staff once helped a local community group recruit facepainters -- not because they were experts in facepainting, but because it was a genuine need for the group's event, and the project staff knew students who could help.



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Securing Buy-in from the Community



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- **Meet with everyone you want to know, one-on-one, before you meet together as a group.** Individual conversations build personal relationships, and with those relationships come trust. Your potential partners get a better sense of who you are, and it helps people understand how you can serve their interests, too.
- **Meet partners where they are.** This tip is important—in two ways! Literally: Meet partners at their office or location; don't always make them come to you. Metaphorically: Work to understand the needs of your partners, and strive to forge a mutually-beneficial relationship.
- **Be a constant presence.** Join a partner's team for the long term – don't just drop in for the projects that help your agenda. For example, volunteer to serve on their committees.

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Facilitator:

Slides 7-19:
35 minutes

Buy-in and Sustainability



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Securing Buy-in

We want to highlight the relationship of patient and community buy-in to the sustainability of your equity project.

If patients buy-in to your program, it will influence whether they are eventually willing to pay for services related to this initiative. Willingness to pay will significantly impact the financial feasibility and sustainability of the activity.

Community buy-in can help spread the word about your program, and visibility in the community can impact how many patients request to be involved. More patients requesting involvement can increase your organization's commitment to the initiative. (Increased demand can spur increased willingness to support and sustain the effort.)

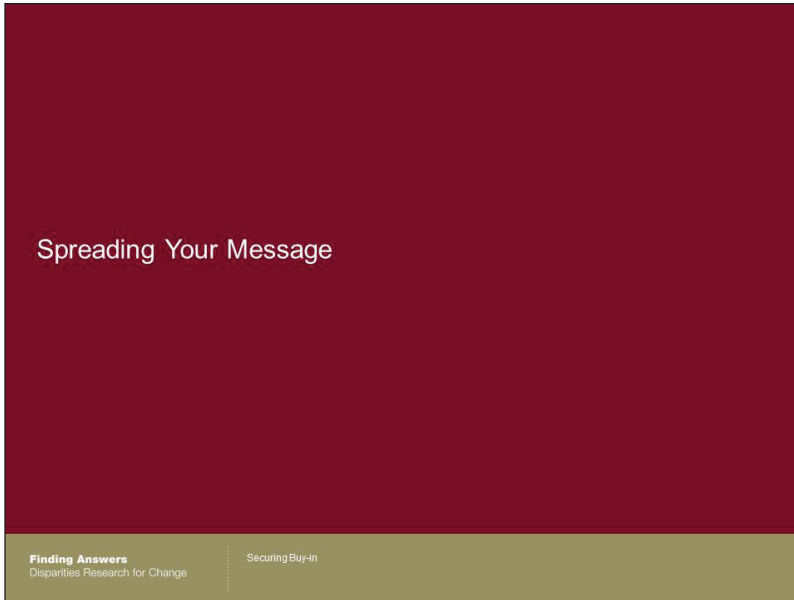
We also want to point out that there are a wealth of resources for effectively building partnerships with community organizations and leaders.

Refer to Finding Answers resources or other known community resources.

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Facilitator:

Slides 20-24:
10 minutes



Now that we've discussed key messages and getting buy-in from various stakeholders, let's look at different ways you might spread your messages.

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Facilitator:

Slides 20-24:
10 minutes

Key Messages

1. Answers “why?” rather than just a call to action
 - Advantages over the status quo
 - Advantages over another intervention
2. Persuasive: anticipates concerns
3. Links your efforts to your audience’s priorities
4. Is short and to the point

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Securing Buy-in

We are going to review two examples of emails seeking buy-in from physicians for an equity activity and talk about strengths and weaknesses. But before we begin, we want to remind you of the principles of key messages that we discussed earlier today.

As you can see on the slide, remember that effective key messages...[points on slide]

We’re not suggesting that email alone is the best or only way to get buy-in. In reality, most buy-in requires multiple conversations over time, via multiple methods. But we’ll read these emails to identify the strengths and weaknesses in messaging for each.

The point of this exercise is to spark discussion about what kind of communication works well via email and what doesn’t work as well. Feel free to create/use your own e-mail examples instead.

Print emails as a handout if you anticipate visibility issues (e.g., large room, people are seated far from the screen).

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Facilitator:

Slides 20-24:
10 minutes

Spreading Your Message: E-mail #1

Dear physicians,

I'm writing to inform you about an exciting new initiative that will be happening at our practice. Almost 15% of households in the United States have some trouble accessing enough food, which makes it harder for them to make the healthy food choices that you recommend, and in our practice it's an even bigger concern.

We shouldn't allow this to happen, and in fact we don't plan to. As a practice, we are going to do everything we can to help our patients make healthy choices.

During the coming months, we'll start an initiative to provide better options.

Sincerely,
[Leadership]

Finding Answers
Disparities Research for Change

Securing Buy-In

We'll give you a moment to read the first email to the physicians.

- How far would you read?
- How clear are the key messages?
- How motivated would you be to take action after reading it?

Potential points:

- So much context that it can be difficult to identify the key messages (Flip side: you could say that email 2 needs more context, but if it needs that much context, should you really be sending it in an email?)
- No time-bound request (or specific instructions)

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Facilitator:

Slides 20-24:
10 minutes

Spreading Your Message: E-mail #2

Dear physicians,

In the time it takes to write a prescription, you can help make it easier for your patients with diabetes to make the healthy choices you recommend.

As discussed in recent staff meetings, next month we will partner with pharmacies to help patients access reduced-cost fruits and vegetables that you "prescribe." Patients will take your "prescription" (checklist) of nutrition recommendations to participating pharmacies and receive a discount on produce (\$5 off a \$15 purchase).

Our goal: To remove some barriers to healthy lifestyle and reinforce the recommendations you make to patients.

During the coming months, we will be asking for your feedback on how the process is working for you and for our patients, and how we can do better.

Sincerely,
[Leadership]

Finding Answers
Disparities Research for Change

Securing Buy-in

Time to read second email.

- How far would you read?
- How clear are the key messages?
- How motivated would you be to take action after reading it?

Potential Points:

- Focuses on a few key messages (1-2)
- Appeals to concerns of the specific audience
- Gets attention in a meaningful way (what this does for you and your patients) rather than shock factor
- Includes a "call to action"
- Gives some markers of what people should expect

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Facilitator:

Slides 20-24:
10 minutes

Spreading Your Message: E-mail #1 and #2 Comparison

E-mail #1

Dear physicians,

I'm writing to inform you about an exciting new initiative that will be happening at our practice. Almost 15% of households in the United States have some trouble accessing enough food, which makes it harder for them to make the healthy food choices that you recommend, and in our practice it's an even bigger concern.

We shouldn't allow this to happen, and in fact we don't plan to. As a practice, we are going to do everything we can to help our patients make healthy choices.

During the coming months, we'll start an initiative to provide better options.

Sincerely,
[Leadership]

E-mail #2

Dear physicians,

In the time it takes to write a prescription, you can help make it easier for your patients with diabetes to make the healthy choices you recommend.

As discussed in recent staff meetings, next month we will partner with pharmacies to help patients access reduced-cost fruits and vegetables that you "prescribe." Patients will take your "prescription" (checklist) of nutrition recommendations to participating pharmacies and receive a discount on produce (\$5 off a \$15 purchase).

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Sincerely,
[Leadership]

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Securing Buy-In

Share two e-mails side-by-side and depending how previous discussions went, use this time to elicit more strengths/weaknesses, or to wrap-up/highlight take home points.

People may identify the same thing as both weakness and strength, so be prepared to help them distinguish *when/under what circumstances* it might be one or the other.

Additional discussion prompt:

How would your responses differ if you were communicating in a different medium (not email)?

Remember, although we've been focusing on e-mails this session, we are not suggesting that you can or should get buy-in only via e-mail. Getting buy-in usually requires multiple interactions and varied means of contact.

Any questions about this exercise or anything we've discussed so far? **(5 minutes)**

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Facilitator:

Slide 25-27:
5 minutes

Exercise 5: Spreading Your Message

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Securing Buy-In

As you think about securing buy-in for your equity project, you'll want keep in mind what we've discussed today:

Who are you talking to, what messages will be relevant to them, and what is the best way to get those messages across?

Let's move to today's exercise, where you'll apply what you learned today.

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Facilitator:

Slide 25-27:
5 minutes

Securing Buy-in

Exercise 5: Spreading Your Message

- **Part 1: Short audience analysis** (key messages)
- **Part 2: Spreading your messages**
 - Email
 - Short slide presentation (2-3 slides maximum)
 - Patient letter
 - Mock-conversation
 - Short video that you could share at staff meeting
- **Part 3: Any questions for final session**

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Securing Buy-in

This exercise will include two parts:

First, an audience analysis. Think back to our discussion of identifying which audience you are talking to and what key messages will best address their concerns. You'll have many audiences you need to get buy-in from for your specific equity activity, but for this exercise choose one audience. Think about the main message (or messages) you want to get across about your equity activity.

Second, shape your key message(s) into something you can use! (Either as a reference for yourself when you talk to people, or something actually written.) This could be an email; a 5-minute, 2-3 slide presentation for a staff meeting; talking points for a conversation; or another form you think will be useful. The point here is to actually practice articulating your message in a way that generates buy-in for your equity activity from the audience(s) you chose.



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Facilitator:

Slide 25-27:
5 minutes

Securing Buy-in

Exercise 5: Spreading Your Message

- **Part 1: Short audience analysis** (key messages)
- **Part 2: Spreading your messages**
 - Email
 - Short slide presentation (2-3 slides maximum)
 - Patient letter
 - Mock-conversation
 - Short video that you could share at staff meeting
- **Part 3: Any questions for final session**

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Securing Buy-in

Remember that we are not expecting that you have complete implementation plans right now. Hopefully your exercises are starting to come together as a solid foundation for what you will do next, after the training series ends.

Finally, if you have any questions about any of the material we've covered to date, please send them to [insert name].

[Insert date and time] will be our final training session.

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Facilitator:

Slide 25-27:
5 minutes

Thanks for participating! (Please fill out the survey!)

Remember to complete the feedback survey. As always, we really appreciate your feedback!

Thanks for joining us today! We'll see you for Session 6, when we'll talk about how to implement your equity activity.