AHE Technical Assistance Guide

Section 1: Why Technical Assistance?

Technical assistance is a process by which the Advancing Health Equity Program aids Learning Collaborative teams in:

1. Creating spaces in which organizations and individuals are held accountable through relationship building and through the application of the Accountable Spaces Framework.
   a. Explanation: In this space, accountability means being mindful of words and actions in our meeting spaces and beyond to promote equitable interaction with others. Specifically, it means taking proactive measures to mitigate harm by asking our peers and colleagues if more can be done to keep the conversation from creating or exacerbating trauma.
      i. Example: In an effort to hold all members accountable and to encourage development, if there are offensive words used or actions taken, such as the misuse of power or lack of inclusion in work practices, we should all practice ownership of that impact by recognizing, correcting, and apologizing for our actions.

2. Facilitating ongoing assessment of TA needs and adaptation to those ever-changing needs.
   a. Explanation: The AHE technical assistance team recognizes that priorities, environments, and team compositions constantly evolve We strive to provide both responsive technical assistance based on needs identified by teams (aka "Pull" TA) as well as TA based on our knowledge of best practices and assessment of trends and needs identified across the LC (aka "Push" TA).
      i. Example: "Push" TA needed for partnering with community members with lived expertise followed by "pull" TA needed to troubleshoot challenges in developing partnerships with community-based organizations (CBOs).

3. Facilitate the process for AHE LC Teams to make concrete service delivery changes to advance health equity and reform payment models to support the delivery changes.
   a. Explanation: Implement policy, process, and practice changes that are intended to reduce and eliminate health and healthcare inequities experienced by Medicaid members.
      i. Example: Payment reform and delivery service change related to mental health services to help address the inequities in access to care, differential rates of diagnosis, and treatment.

4. Creating a healthcare system that meets everyone's needs.
   a. Explanation: Keep health equity advancement front of mind as the AHE Program works with Learning Collaborative teams to meet the goals and objectives of their initiatives and partner with Medicaid members who will be most impacted by AHE's work, and earn the partnership of other stakeholders.

i. <u>Example</u>: TA to successfully partner with providers, individuals with lived experience/Medicaid members, and CBOs who understand and work to meet the needs of Medicaid members and others living with the inequities, to generate objectives and related activities, and to implement and evaluate the activities.

Section 2: What is Technical Assistance?

Technical Assistance (TA) is the process of delivering tailored support to each Learning Collaborative (LC) team. To identify support opportunities, the AHE team works collaboratively with LC teams to assess team progress and co-create processes to move toward the end goal of advancing health equity.

TA Menu

The purpose of the TA Menu is to provide a non-exhaustive list describing the many ways TA can be requested and delivered. Considerations for using this TA menu:

- It is not meant to be all encompassing. There may be other areas of focus or need for Learning Collaborative teams for which they could request technical assistance. There are also other tools, resources, and TA services that can be provided, for both the domains listed below as well as those not listed.

- It is intended to be used as a source of information and guidance to help Learning Collaborative teams move through the Roadmap to Advance Health Equity and the development and implementation of AHE health initiatives.

- Technical assistance will be tailored to each team's needs. Not every part of the Roadmap must be explored during the TA provision process. The AHE team will provide TA services upon request and work to identify state needs and offer TA that may be useful as well.

- **The AHE team encourages all LC teams to use this menu to 1) Generate ideas/action steps for their teams to develop and implement health equity initiatives and 2) create TA requests.**

Call to Action

Please let us know about TA needs or possibilities not included in this TA menu at info@solvingdisparities.org.

TA Topic or Service	Examples of TA & Roadmap Alignment*
Data Review data and facilitate discussion with team to support identifying, analyzing, interpreting and making meaningful use of data	The AHE team can: ● facilitate discussion to explore data access and usage. ● provide high level feedback on data collection and analysis protocols. ● provide feedback on defining, operationalizing, and selecting variables, concepts, data metrics, etc. (e.g. REL/SOGI data). ● help make connections between data and setting process or outcome objectives. **Roadmap components/areas:** ● Foundational Activities ⌄ Charter/Goal setting ● Essential Elements ⌄ Anticipate Data Challenges
Consultation Connect teams with Subject Matter Experts (SMEs) to provide specialized information, ideas, and guidance. SMEs may be drawn from: ● AHE team members ● National advisory committee (NAC) members ● External expert(s)	The AHE team can: ● meet with an LC team to discuss publications that align with its goals and discuss how the LC team might apply the recommendations in the resource. ● invite NAC members with expertise in an LC team's goals to a site visit. The NAC members can join the site visit and participate in a working session with the LC team to advance its project. ● facilitate a connection between an LC team and its state Medicaid agency to learn about design, implementation, barriers, and facilitators from similar programs implemented in the state. ● secure external subject matter experts to advise on design of provider and team-based financial incentives. **Roadmap components/areas:** ● Essential Elements ⌄ ● Design Care Delivery Transformation ⌄ ● Design Payment Transformation ⌄ ● Implement Care and Payment Transformation ⌄ ● Culture of Equity ⌄

Identifying resources and research Guide research or literature reviews on current evidence-based practices etc. Share newly published resources, upcoming events, or other resources.	The AHE team can: ● support an LC team in a literature review on a topic of choice, draft a memo to outline the findings, and discuss it with the LC team. ● identify and provide resources to LC teams on areas of interest or need. ● schedule time to review and discuss resources shared to process impressions, learnings, and how to apply resources in the LC team's initiative. **Applies to most Roadmap components & areas**
Peer learning with other LC teams Connect teams with peers across the other learning collaborative teams for one-on-one discussions about a specific topic or their experiences.	The AHE team can: ● facilitate a zoom meeting for multiple LC teams with a shared equity focus, to connect and share project approaches and lessons learned to date. ● connect appropriate members of LC teams with a shared equity focus to dialogue about each team's experiences, recommended practices, lessons learned, and opportunities. **Roadmap components/areas:** ● Essential Elements ▾ ● Design Care Delivery Transformation ▾ ● Design Payment Transformation ▾ ● Implement Care and Payment Transformation ▾ ● Culture of Equity ▾

| **Team Dynamics & Function**

Foster team alignment and cultures of equity within LC team

Assess progress through components of the Roadmap | The AHE team can:

● help active LC team members explore new approaches to re-engage the team when experiencing low attendance at meetings, despite having tried various times, agendas, and notification strategies.
● introduce options for LC team next steps when progress across the multi-step framework is stalled in one or more components and the LC team identifies contributing factors.
● help assess LC team dynamics and guide actions to address issues of tension and/or disagreement about values, particularly related to applying an equity lens to both team dynamics and approach to area of focus, whether overt or suspected.

Roadmap components/areas:

● Foundational Activities ·
● Culture of Equity · |

* Listed are primary areas of alignment, however most TA topics or services can apply to any component of the Roadmap and its surrounding essential elements, foundational activities, and culture of equity.

Section 3: Technical Assistance (TA) Process

The TA Process can be both a reactive response to a direct request for TA from a LC team and proactive response to team needs identified by the AHE team.

Process for Using TA

The Process for Using TA will assist with understanding the roles, responsibilities, and expertise of AHE team members, and the process by which technical assistance will be provided including tracking, discussion, identification of appropriate AHE team member(s) experts, and resources to address requests.

The following are steps that the AHE and LC teams may go through to initiate and deliver/receive TA:

1. **AHE point people for each LC team identify TA need or request with the LC team.**
   a. AHE point people for each LC team can help a team identify immediate and long-term goals, and provide TA support toward those goals, as requested.
   b. AHE also has an assessment process to help teams identify where they are in the [Roadmap](#) and illuminate potential next steps. Teams can expect to discuss these questions as a group and/or the UChicago TA Leadmay send some of these questions via email to the team to consider in order to identify TA needs or requests.
   c. AHE point people will offer the pros and cons of taking on the roadmap activities or components of the work to help the team decide if they want to pursue those activities. The team is welcome to follow the suggestions, if they choose.
      i. Implementing the Roadmap fully adds to the timeline and requires additional resources. We understand slowing down the timeline to get all components in place often opposes fast progress and meeting short term goals quickly.

2. **LC team members can submit a request for TA, share a team challenge, or provide feedback on TA through this [anonymous form](#) at any time.**

3. UChicago TA Lead enters TA need on TA tracker
4. UChicago TA Lead brings TA need to TA Planning Meeting
   a. AHE point people discuss response and approach
   b. If applicable, contact additional AHE team members with relevant expertise to join TA Planning Meeting for discussion of how to meet TA need/request. Confirm their capacity and desire to support TA need/request.
   c. UChicago TA Lead confirms plan for response
5. UChicago TA Lead ensures plan is discussed and agreed upon with LC team
6. UChicago TA Lead coordinates delivery of TA to LC team with all AHE point people
7. UChicago TA Lead updates TA tracker

Accountable Space Agreements

Fostering and sustaining accountable team spaces are a consistent part of the TA process. Much of our work happens in collaboration and communication with others, and the accountable space agreements help us build trust, promote healing, and encourage individual and group accountability.

Introduction

At AHE, we believe accountability is directly tied to care for others both in the work we do and the conversations we have. Becoming -- and remaining -- accountable requires embracing uncertainty, asking for clarification rather than resting on our own assumptions, and, importantly, remaining cognizant of how our words and actions impact those around us. In this space, being accountable means taking proactive measures to lessen harm by asking our peers and colleagues what actions they can take to keep discussions from creating or exacerbating trauma. Accountability includes practicing good stewardship and ceding power to make space for others to shine. We center this framework today to help us keep the tenets of accountability at the forefront of our conversations.

AHE's Accountable Spaces Framework

1. Do not interrupt others.

2. Listen actively, instead of waiting to speak.

3. Be mindful of your total talk time and resist the urge to add "sprinkles" to a perfectly good conversation sundae.

4. Give everyone a chance to speak, without unnecessary pressure.

5. Words and tone matter. Be mindful of the impact of your words, not just your intent.

6. We are all learning and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words -- not for someone feeling insulted by them.

7. Recognize and embrace friction. Constructive conflict can often lead to substantive change.

8. Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgment. If you notice others aren't receiving the credit they are due, speak up and highlight their work.

9. Speak for yourself using "I" statements. Do not take ownership of others' lived experiences.

10. Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.

11. Address racial inequities head on and call out racism when it happens.

Adapted from Elise Ahenkorah, Accountable Spaces was first conceptualized by UCLA. The framework above is a modified version specifically tailored for the AHE community.

To Cite: Principles and Values (ucla.edu)

"Safe and Brave Spaces Don't Work (and What You Can Do Instead)" | by Elise Ahenkorah (she/her) | Medium

Contact Us

Contact us at **info@solvingdisparities.org** with any questions, comments or concerns.

Visit our website at **advancinghealthequity.org** for more information on the Advancing Health Equity (AHE) program, Roadmap resources, and more.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE 's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare disparities.