Partnering with Inequities: Tips for In Person and Virtual Engagement

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To reduce health inequities across member and patient groups, state Medicaid agencies, managed care organizations (MCOs), healthcare organizations (HCOs), community-based organizations (CBOs), and other partners must first understand where inequities exist, the magnitude of these inequities, and why these inequities are occurring within their member or patient population.

A key step in this process is meaningfully partnering with individuals and communities living with the identified health inequities, as they have critical insights into root causes of health inequities and can help identify effective strategies to address inequities.

While in-person engagements are ideal, challenges like long distances in rural settings or lack of transportation may impede one's ability to meet in-person. In this resource, we outline a variety of in-person and virtual strategies and tips to consider as you embark on your own journey to engage the individuals and communities at the heart of the work you seek to do. We also share strategies and examples pursued by the AHE Learning Collaborative (LC) teams between February and June 2020, which required virtual strategies within the context of the COVID-19 pandemic and ensuing social distancing measures.

Methods to Engage with Individuals Experiencing Inequities

In an ideal world, individuals experiencing health inequities are true partners in the work to address such inequities. These individuals would be at the table at the beginning of the work and would continue to be partners throughout the duration of your care delivery transformation and payment reform efforts. To ensure this, individuals experiencing inequities in your community should be a part of the core Learning Collaborative team or an accompanying governing structure that actively

participates in discussions and decisions related to care delivery transformation and payment reform. In this scenario, ideas, suggestions, and feedback from those with lived expertise would

be incorporated into care delivery transformation efforts and those individuals would have equal decision-making power. It may take years and a great deal of effort to get to this ideal state. In the meantime, organizations can use the tools below, which focus on methods to obtain input from individuals experiencing inequities while a larger effort to authentically partner with individuals experiencing inequities may be underway.

Focus Groups or Individual Interviews
- In person
- Virtual platforms (e.g., Zoom)
- Telephone

Surveys
- In person
- Mail
- Email
- Patient Portal
- Telephone

Outreach or Recruitment for Ongoing Partnership
- Methods listed above
- Social media

The Advancing Health Equity team can also provide additional resources to support efforts around developing partnerships with individuals experiencing inequities.

Methods of Member Engagement from AHE Learning Collaborative Teams

Illinois: Flexible Housing Pool Lived Experience Advisory Council

The Illinois AHE Learning Collaborative (LC) team is focusing on those who are unstably housed or homeless. To identify health concerns within this target population, the team reached out to the Flexible Housing Pool Lived Experience Advisory Committee (LEAC). The LEAC meets monthly to advise and inform the Flexible Housing Pool's work. The LEAC is composed of people who experienced homelessness in the past who are currently living in supportive housing and have chronic health conditions. Illinois LC team members attended one of the LEAC's meetings to meet the council and have a preliminary conversation about their AHE project. The Illinois LC team plans to continue these conversations in future council meetings to inform their project and identify pertinent health concerns.

Maine: In-Person and Virtual Focus Group Sessions with Justice-Involved Individuals

The goal for the Maine AHE LC team's initiative is to reduce healthcare disparities in justice involved populations. The team partnered with county jails and a peer recovery center to understand key barriers in accessing quality healthcare when transitioning out of incarceration. The team conducted two in-person focus groups within the county jails, pre-COVID19. Once COVID-19 impacted the state, the team held a virtual focus group in partnership with the peer recovery center to engage those who

are formerly justice involved and self-identified as in recovery from substance use disorder. Information gathered from these focus groups helped inform the team's overall project focus, the health disparities they are targeting, and the root causes of those health inequities.

New Jersey: Partnering to Conduct Focus Groups

The New Jersey AHE LC team seeks to address disparities in mood disorder diagnosis in the pregnant and postpartum population. The New Jersey LC team had multiple conversations over time to adjust their engagement plans for individuals experiencing inequities in light of COVID-19 social distancing measures. The team leveraged a partnership with the Greater Newark Healthcare Coalition to help with the development of interview questions. The team also engaged the Perinatal Mood and Anxiety Disorder Program housed at Monmouth Medical Center at RWJ Barnabas Health System to help with the facilitation of the virtual focus groups. The team will reach out to individuals experiencing inequities via phone to gauge their interest in participating in a virtual focus group to discuss their experience with perinatal and postpartum mood disorders. Depending on the number of individuals interested in participating in a virtual meeting, the team plans to conduct 3 to 4 virtual focus groups with about 7 to 10 participants each. Their partners' expertise and strong and established relationships with the community population will increase the chances of success.

Leveraging Existing Mechanisms for Virtual Engagement

LC teams can also identify existing and ongoing community, member, and patient engagement efforts to leverage to gather feedback and insight on their efforts. Following are examples of existing mechanisms that may be helpful.

- **1:1 Calls:** Teams may be able to leverage existing telephone engagements (e.g., wellness calls, care management outreach), adding a few questions for members that are specific to their initiatives.
- **Health plan advisory councils:** Many member advisory councils are already virtual or have the ability to be virtual. These meetings are often arranged to target specific health conditions and can provide teams an opportunity to partner with members on the health outcome or population of interest.
- **Collaboration with other departments:** For example, an organization's marketing department may already have infrastructure for engaging individuals experiencing health inequities through focus groups. Alternatively, care managers with established relationships and regular engagement with these individuals may be able to ask additional questions to collect relevant information for your project. Teams should ensure that individuals experiencing health inequities are aware of the purpose behind the questions and how their answers will be used, especially when the person asking the questions will not be the end user of the data collected.

While using existing engagement opportunities can be a helpful way to gain insight into the needs and priorities of people served by health equity initiatives, it is important that existing engagements are not "taken over" by new projects. There are many reasons community members are already involved in existing engagement efforts, and the overarching goals of these efforts should not be dramatically changed to meet the needs of the AHE team and initiative.

Partnership Planning Tips

Recruitment TIps

- Aim to reach out to individuals who are living with the health inequity you are trying to eliminate.
- Consider individuals that might be left out or have difficulty participating. For example, if a virtual option is pursued, consider individuals who may not have internet capabilities or who might need support with broadband access. If an in-person option is pursued, consider individuals who may not have transportation access or may have limited mobility.
- Compensate individuals for their consultation time and provide additional support when appropriate, such as transportation or childcare. Be mindful of compensation efforts, ensuring that compensation doesn't jeopardize the individual's eligibility for Medicaid or other benefits.

Logistics TIps

- Consider using multiple engagement modalities (phone, virtual platform, in-person, etc.) to maximize the breadth and depth of participation for people with differing needs.
- Meet individuals experiencing health inequities where they are – when possible, conduct meetings in their community settings and/or at times convenient to them.
- Share data and updates on progress with members in an accessible manner (e.g., easily digestible data reports, community forums). Ask members how they would like to receive such updates.

Content Tips

- Include open-ended questions and opportunities for members to provide free-form and non-structured feedback. Allow members to drive meeting agendas and identify topics they would like to focus on.
- Quality of interactions with individuals experiencing health inequities trumps quantity of interactions. For example, a few well-constructed face-to-face, non-virtual interviews may result in gathering more quality information versus a large number of email or patient portal surveys.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) 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 inequities.