

Partnering with Members and Communities

UPDATED 01.23.2023




Agenda

- / Introductions
- / Learning Objectives
- / Accountable Spaces Framework
- / Partnering with Members and Communities
 - Key Concepts
 - Importance of Partnership
- / Types and Levels of Engagement
- / Recommendations and Application
- / Wrap-up

Learning Objectives

- / Recognize that it is necessary to involve Medicaid members to maximize the accuracy of root cause analyses
- / Describe the spectrum of partnership
- / Identify the current partnership capability of each organization on your team
- / Draft four ideas for how your team can authentically partner with patients/members (and potentially community-based organizations).

Housekeeping

- Video on if/whenever possible
- Mute when not speaking
- Use the “raise hand” feature or send questions and comments anytime via chat
- Take care of yourself and loved ones (e.g., bio breaks)
- Pair your computer and phone, if connected separately:
 - Right click your image
 - Select “merge audio”
 - Select your phone number
- To enable closed captioning:
 - Click the **Captions** icon () and select **Show Captions**
 - Select your speaking language

Accountable Spaces Framework

At AHE, accountability is directly tied to care for others both in the work we do and the conversations we have. Being accountable means practicing good stewardship and ceding power to make space for others to shine. We will center this framework today to help us keep the tenets of accountability at the forefront of our conversations.

Accountable Spaces Framework

- // Do not interrupt others.
- // Listen actively, instead of waiting to speak.
- // Be mindful of your total talk time and resist the urge to add “sprinkles” to a perfectly good conversation sundae.
- // Give everyone a chance to speak, without unnecessary pressure.
- // Words and tone matter. Be mindful of the impact of your words, not just your intent.
- // 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.

Accountable Spaces Framework

- // Recognize and embrace friction. Constructive conflict can often lead to substantive change.
- // 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.
- // Speak for yourself using "I" statements. Do not take ownership of others' lived experiences.
- // Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.
- // Address racial inequities head on and call out racism when it happens.

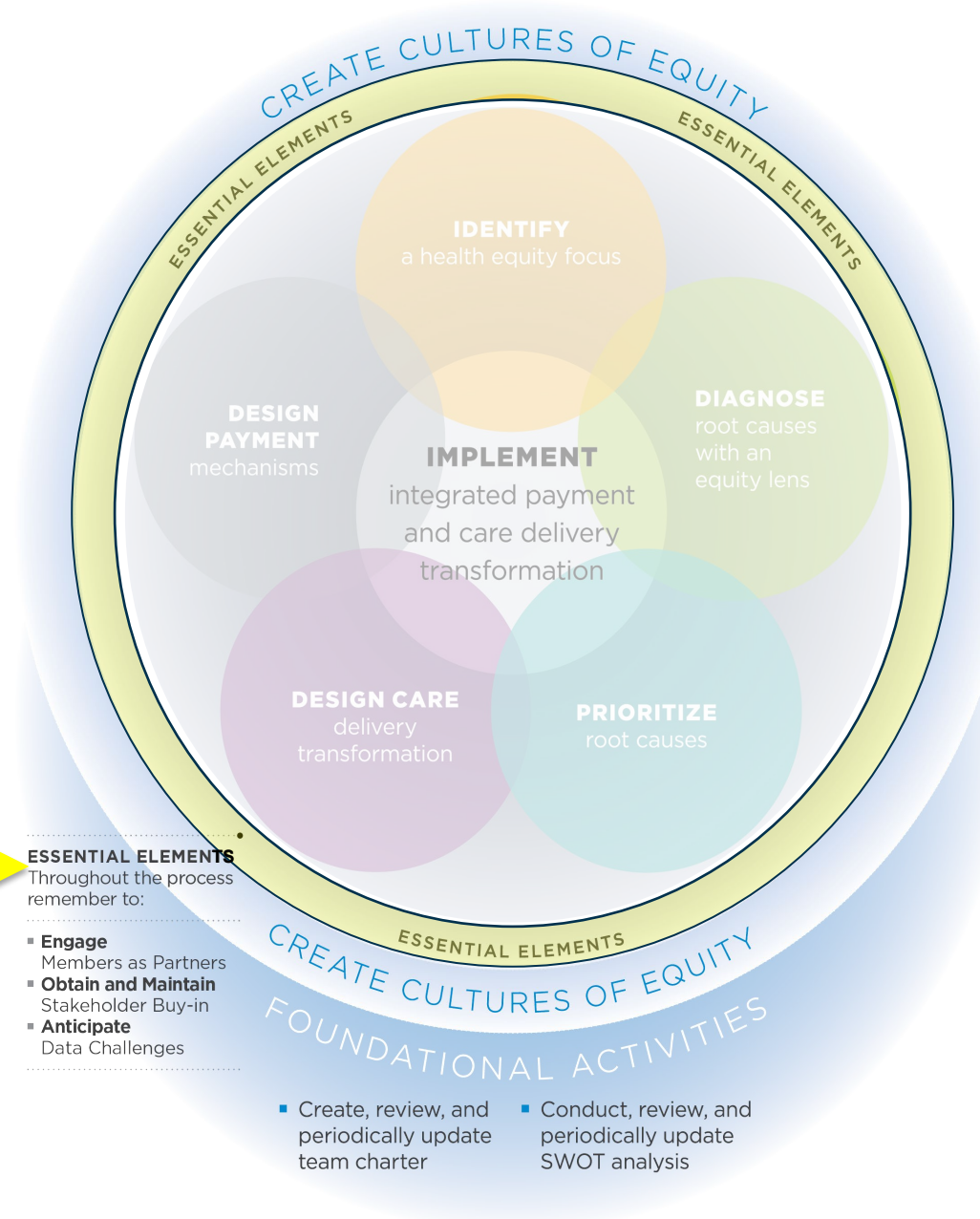
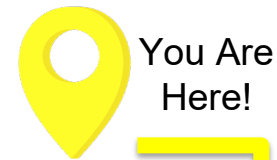
KEY CONCEPT

The Roadmap to Advance Health Equity

A Roadmap to Advance Health Equity

advancinghealthequity.org

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.



Why Should We Partner with Members and CBOs?



Here is why their voice matters

Members/Patients/Individuals...

- // have a need, right, and expectation to have their experience valued and beliefs and perspectives heard.
- // experience healthcare in a way that makes it easier to detect health inequities.
- // can say if a care transformation plan is likely to succeed, i.e., advance health equity.
- // may have distinct motivating factors to help meet care transformation goals.
- // experience power differentials with providers and health plans impacting how they interact with others and what they will share.



Here is why their voice matters

Community-Based Organizations...

- / have longstanding and trusting relationships with community members.
- / typically, are highly culturally competent, humble, and relevant to the local context.
- / have deep knowledge regarding local social determinants of health.
- / are mission-driven and dedicated to serving local populations.

STRATEGIES

Types and Levels of Engagement



Breadth and Depth

Single Point

Less resource intensive; high breadth, low to medium depth

- Surveys
(e.g., phone, text, email)
- Interviews
(in person or virtual)
- Focus Groups
(in person or virtual)

Ongoing

More resource intensive; medium breadth and depth

- Committees/Advisory Groups

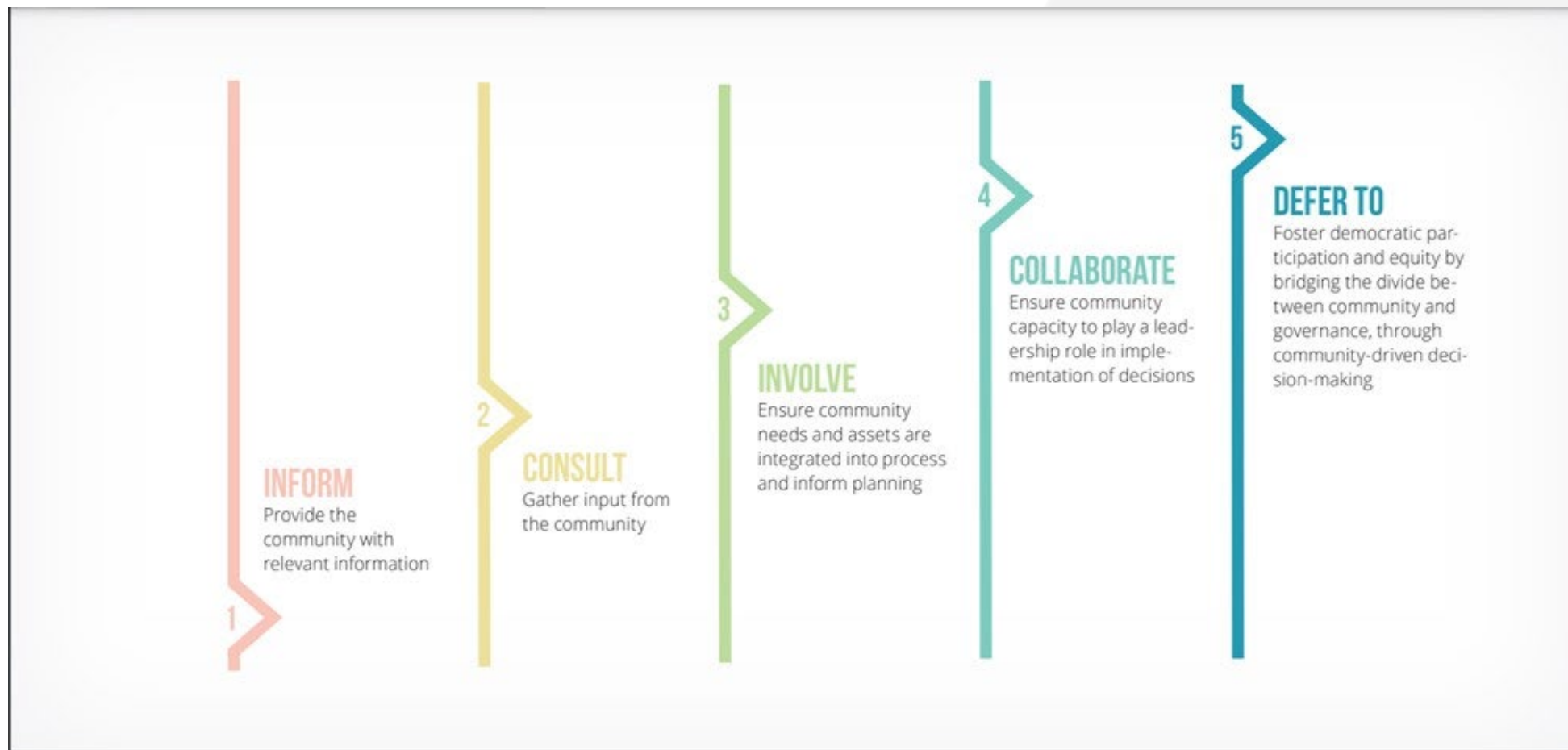
Partnership

Resource intensive; high depth, potentially high breadth

- Embedded member, patient, and/or community councils with decision making power/authority
- Can begin with smaller pilot projects
- Mutual respect and trust leads to a rewarding experience for all parties



The Spectrum of Community Engagement to Ownership



Gonzalez, Rosa. The Spectrum of Community Engagement to Ownership. Facilitating Power. Accessed Jan 23, 2023.
<https://movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf>

RECOMMENDATIONS

Partnering for Health Equity

Clean Up Your Side of the Street *(and Keep it Clean)*

History

Learn the history between your organization and community members and community-based organizations (CBOs)

- How will you account for and address any past wrongs or trauma that exist?

Policies and Practices

Identify and examine policies or practices that contribute to exclusion or perpetuate marginalization

- Is your organization practicing antiracism?
- How will members and the community see these changes? How will they experience working with you?

Key People

Identify key people

- Who at your organization is accountable for making the changes that community members and CBOs recommend?
- Who holds them accountable?



Intersectionality

The ways in which **systems of oppression** (e.g., racism, sexism, classism) **compound and intersect cannot be fully understood if examined in isolation.**



Kimberlé Crenshaw

Avoid Exploitation: Promote Fair Exchange

Individuals and communities experiencing inequities have expertise you need.



Compensate them for their expertise and experience.

Would you expect free consultation from a consultant or consulting firm?

Why do we expect patients and communities to give us their hard-earned lessons for free?



Do your own work---don't ask others to do it for you.

Everyone's role is mutually understood and agreed upon.

Building Strong Relationships

Individuals and communities will spot inauthenticity from miles away.

- This will be a barrier to building the trust and respect necessary for community engagement.
- How can organizations show that they are interested in partnership?

There is earned skepticism of the healthcare industry.

- Breaking down the skepticism requires relationship-building, genuine interest, and a desire to evolve.

Prepare to have an honest conversation about societal and organizational bias, oppression and discrimination.

- This means exploring racism, ableism, sexism, homophobia, classism, xenophobia. **Prepare to get uncomfortable to be authentic.**



Building Strong Relationships

Meaningful Inclusion	Meaningfully include the people most impacted and informed.
Relevance	Speak to what motivates patients and communities.
Value	Help them recognize the value of the initiative in a way that is relevant to them and their perspectives.



Tokenism vs. Genuine Partnership

Avoid symbolic efforts and move towards a true participatory approach

- // Work towards meaningful diversity.
- // Build community co-leadership.
- // Ensure the community's suggestions inform the project's trajectory and affect its outcomes. Report back on how suggestions informed the project, or why certain suggestions were not taken.
- // Consider a variety of methods of convening and gathering input.
- // Consider language used in conversation- avoid jargon and provide a list of key terms with definitions and acronyms.

Communities and Organizations: Giving Before Getting

Build rapport by giving first.

- Become known in the community for giving BEFORE asking organizations to help advance your agenda.

Consider existing rapport and trust.

- Consider starting in communities where you already have established relationships. Build out from there.

Meet individual community contacts 1:1 before pulling them together as a group.

- Individual relationships will lend themselves to building a comfortable, positive and constructive group dynamic.

Communities and Organizations: Giving Before Getting

Meet them where they are	Literally and metaphorically.
Understand and honor what's involved in the commitment	Those that you ask to do this work on your behalf might be making a sacrifice to their reputation if your organization has a pre-existing negative connection to the community.
Have their back!	Follow through with your commitments whether it's a call, a meeting, or taking their input and demonstrating its use in implementation and outcomes.

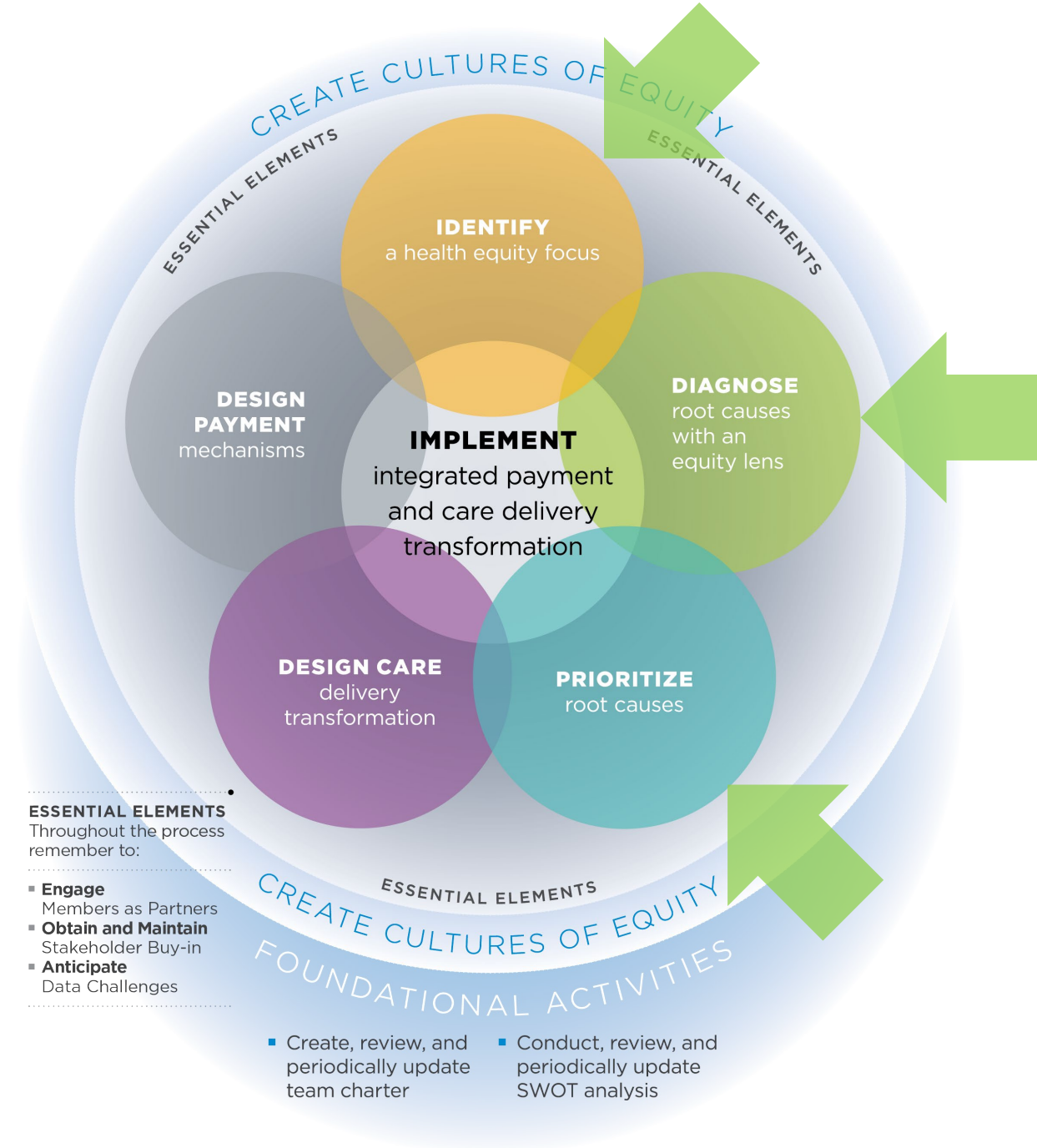
AHE Learning Collaborative State Medicaid Participant: Learnings about Member Partnership

"...a key lesson is to be open-minded about what you think is the issue, what you think might be the perceived barriers. And because what you actually may find, especially in working through this with...boots-on-the-ground providers...I may have some preconceived ideas that may be very false."

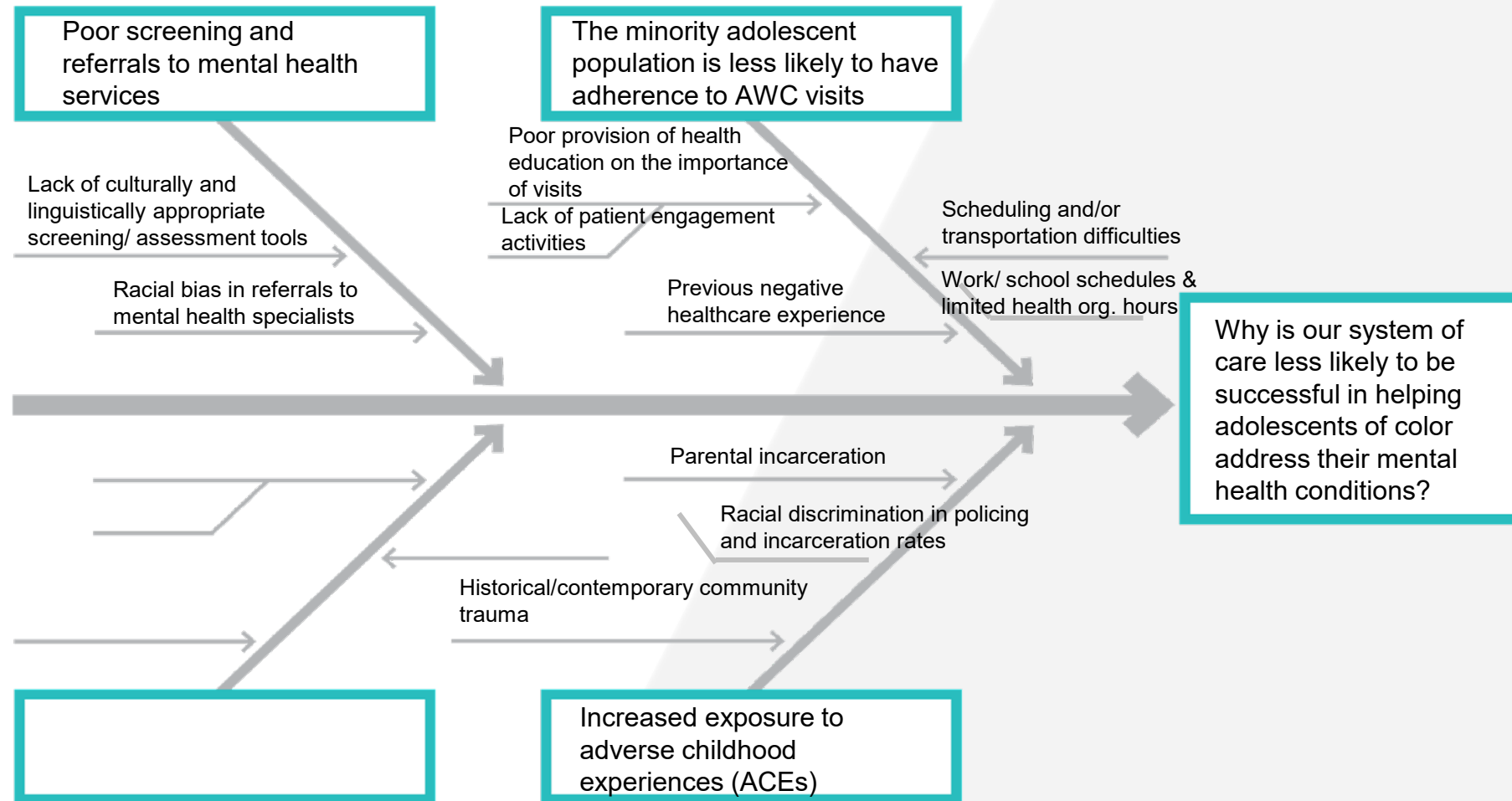
"So I think one of the lessons learned is keep an open mind. You think you know a problem and you know the solutions. That could very well not be true."

APPLICATION

Member and Community Partnerships to Identify and Prioritize Health Disparities



Use a Fishbone Diagram to Diagnose Root Causes



Use a Priority Matrix to Prioritize Root Causes

Which of <u>our</u> root causes are...	very important.	less Important.
very feasible to address.		
less feasible to address.		



Partner with Communities to Diagnose and Prioritize Root Causes of Inequities

Identify relevant SDOH and how they affect health management

EXAMPLE FOR DIABETES	
HEALTHCARE ORGANIZATION VIEW	COMMUNITY VIEW
Poor food choices	<ul style="list-style-type: none">▪ Food insecurity▪ Food deserts, lack of choice
Not physically active	<ul style="list-style-type: none">▪ Safety concerns▪ Lack of green space▪ Lack of time



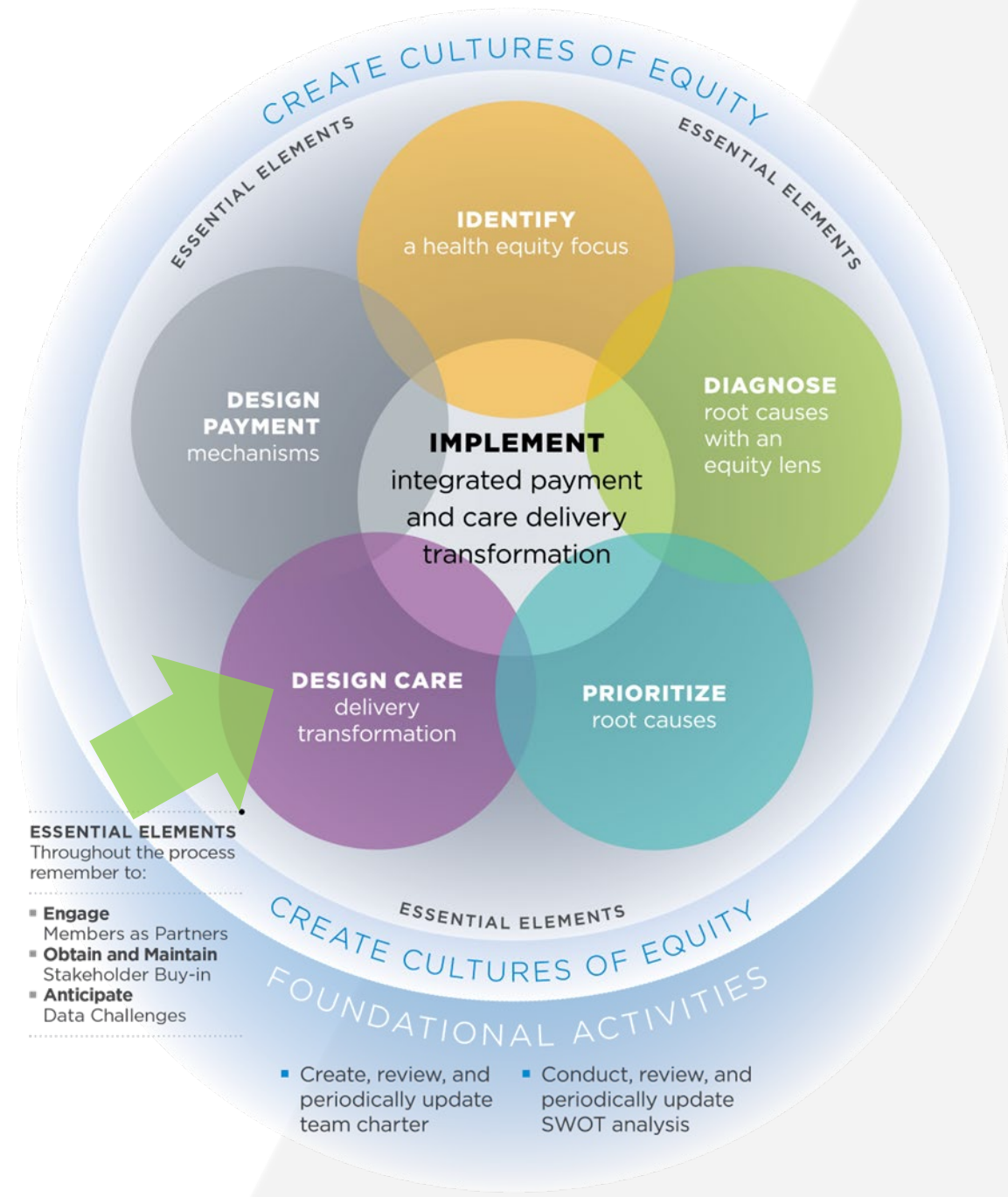
Partner with Communities to Diagnose and Prioritize Root Causes of Inequities

Identify inequities in access to/experience of care

EXAMPLE FOR DIABETES	
HEALTHCARE ORGANIZATION VIEW	PATIENT VIEW
Routinely misses PCP visits	<ul style="list-style-type: none">▪ Lack of time/demanding work life▪ Unpleasant experiences in the clinical office▪ Lack of value from clinical visits
“Non-compliant” with medication	<ul style="list-style-type: none">▪ Difficulty getting to a pharmacy▪ Unclear instructions about how to take multiple medications▪ Side effects▪ Lack of appropriate storage

APPLICATION

Member and Community Partnerships to Design Care Transformation



CREATE CULTURES OF EQUITY

ESSENTIAL ELEMENTS

ESSENTIAL ELEMENTS

IDENTIFY
a health equity focus

DIAGNOSE
root causes with an equity lens

DESIGN PAYMENT
mechanisms

IMPLEMENT
integrated payment and care delivery transformation

DESIGN CARE
delivery transformation

PRIORITIZE
root causes



ESSENTIAL ELEMENTS
Throughout the process remember to:

- **Engage**
Members as Partners
- **Obtain and Maintain**
Stakeholder Buy-in
- **Anticipate**
Data Challenges

CREATE CULTURES OF EQUITY

ESSENTIAL ELEMENTS

FOUNDATIONAL ACTIVITIES

- Create, review, and periodically update team charter
- Conduct, review, and periodically update SWOT analysis



Design Care Delivery Transformation

- / Engaging with members and patients while identifying root causes surfaced issues related to SDOH and health care access/experience
- / Organizations can continue to partner with these community members to identify effective transformations that can address some or all of these root causes
 - Food insecurity, food deserts → Are members interested in a food prescription program?
 - Safety concerns, lack of green space → How can organizations support coalitions already working to improve community park space?
 - Poor experience of care → What steps can provider organizations take to help patients feel welcomed in their clinics?