Health Systems Transformation Research Coordinating Center

Health Equity Roundtable Proceedings

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Avalere

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Background and Overview

Since 2019, Avalere Health has supported the Robert Wood Johnson Foundation (RWJF) through a large-scale initiative to change how research is generated, funded, and used to transform health systems in promotion of broader health equity for Medicaid-eligible individuals. The cornerstone of this effort was driven by the launch of the Health Systems Transformation Research Coordinating Center (HSTRC), which is comprised of a group of funders, advisors, and grantees, all focused on the intersections of health equity, social determinants of health, integrated care delivery models. After conducting a literature review, key opinion leader interviews, and focus groups with Medicaid beneficiaries,[1] a research agenda was published to strengthen the evidence around care models that positively impact health equity. As part of the initiative, RWJF funded grantee projects to test pieces of the research agenda, including models of care seeking to reduce disparities for Medicaid-eligible populations. As grantees wrap up their project work in early 2023, Avalere is tasked with taking key learnings from the grantee work and pairing that with insights from key stakeholders to draft solutions and recommendations to funders, policymakers, and government leaders about how to effectively support health equity research.

To inform this task, Avalere hosted an in-person roundtable discussion on November 30th. Attendees represented foundations, government agencies, advocacy groups, health systems, professional societies, and nonprofits. Several of the attendees have previous or current experience supporting Medicaid-eligible populations and in understanding the role of health system practice in Medicaid acceptance.

The objectives of the roundtable discussion were to:

- Reflect on past health equity research-focused efforts and the current landscape of funding and implementing research efforts in this space;
- Align on unmet needs at the local and national level, specifically with a policy lens;
- Discuss persistent evidence gaps for strategies that have a significant impact on health equity
- Garner insights from a diverse set of perspectives on the current key health equity topics that are highest priority for Medicaid-eligible individuals;
- Identify key facilitators and barriers to the advancement of health equity for Medicaid-eligible individuals;
- Discuss the challenges of moving research projects with promising results from pilot to scale; and
- Establish recommended tactics to implement equity strategies at scale.

[1] See Appendix 5. Contributors to Development of the Research Agenda (p. 34)

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Roundtable Attendees

Name	Organization	Role
C. Anneta Arno, PhD, MPH	DC Health	Director, Office of Health Equity
Morenike Ayo-Vaughan, MHSA	Commonwealth Fund	Program Officer, Advancing Health Equity
Sonal Batra, MD, MST	George Washington University	Physician & Associate Professor
Patrice Clayton, MS	Blaze Advisors	Executive Director of Network Operations
Tekisha Dwan Everette, PhD, MPA	Trust for Americas Health	Executive Vice President
Jacquelynn Y. Orr, DrPH, FACHE	RWJF	Program Officer
Courtney Snowden	Blueprint Strategy Group	President & Founder
Nichole Sorhaindo, MPH	American Psychological Association	Director, Health Equity
Monica Trevino, MA	Center for Social Enterprise at the Michigan Public Health Institute	Director

Key Takeaways

Participants shared insights from their own diverse professional experiences. Participants also discussed political, racial, social, and economic barriers related to equity in the healthcare system as a whole and health equity research specifically. The following key themes were discussed:

- **The COVID-19 pandemic exposed gaps in health equity and has provided a prime opportunity to drive the narrative for a more equitable healthcare system.** Evidence on disparate outcomes that came out during the pandemic created a cultural shift in addressing health equity, though this only helped to shine a light on systemic racial and structural issues that existed long before the pandemic. However, findings from COVID-19-related studies supported the development of new, actionable frameworks that account for social determinants of health (SDOH).
    - Moving the needle during the pandemic required collaboration across all sectors.
    - Stakeholders reacted in real-time and had to make significant operational changes.
    - The conversation shifted from cost and quality measures to outcomes and equity.
    - This pandemic allowed stakeholders to take advantage of the landscape to gain traction in highlighting inequity in healthcare.
- **Health equity success should be measured by program meaningfulness.** Participants shared their perspectives on measuring success in health equity, noting the importance of changing not only the narrative but also practice and operations. Overall, there is a lack of standardization in defining health equity and therefore measuring success. Participants

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believed success is measured by how best practices are changing and whether stakeholders with equity-focused missions are actually taking action.

  - Examples of measuring organizational-level change include hospital rankings for social accountability, racial health equity progress reports, and equity dashboards.
  - There is a need to hold large organizations accountable to ensure the equity pledges they make contribute to meaningful change.

"[Equity] is everyone's responsibility, but no one is accountable"

- **The healthcare workforce is integral in addressing health equity and each provider must play a role.** Participants said a cultural shift is required for healthcare professionals (HCPs) to understand their role in achieving health equity. Framing must shift from addressing health equity at the individual level to the population level.
  - Establishing internal champions of change and embedding health equity in the institutional culture of the practice can create meaningful change.
  - Health systems need incentives to change the way they conduct business (e.g., contingencies to keep funding or accreditation).
  - Care managers should have access to a system that captures information on social needs, barriers, and the available community network for patients.
  - Measuring provider interactions that are discriminatory may support the delivery of culturally competent care.
- **Barriers exist to prioritizing health equity research publication and dissemination.** Participants noted several barriers to community research being scaled and disseminated:
  - Given the unique circumstances and targeted audience for each project, it might be challenging to scale and disseminate findings to a very broad audience, however, findings should still be disseminated even if applicability is limited, as it promotes further and wider health equity research.
  - Interests of the policymakers in power may vary and when in alignment, policymakers can push issues forward.
  - Funders traditionally prioritize clinical research, while equity-focused studies often have less access to funding and are more frequently assigned to minority researchers.
  - A lack of diversity among editorial boards contributes to the underrepresentation of nontraditional research, such as community-based participatory research (CBPR), and reviewers may not have had the proper training to understand the equity-related issues addressed by this type of research.
- **Systemic racism threads across sectors and must be addressed.** Participants emphasized the central need to acknowledge structural racism in the conversation around health equity and identify ways to address the *underlying causes* behind health disparities.

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- Representation alone does not solve problems as systemic racism can be internalized in the current system, and there needs to be recognition and education to address these areas.
- Technology alone cannot not solve structural racism.
- Referrals to social services do not hold meaning if basic needs are not being met (i.e., education, income/employment, food).
- There is a need to account for systematic injustices for Medicaid-eligible individuals.

In addition, participants highlighted the role of systemic racism in funding for health equity research:

- CBPR may not get funded or published at the same rate as traditional research.
- Barriers for community researchers include inconsistencies in how individuals are evaluated for funding, lack of freedom to conduct research, and a narrow understanding of what counts as "evidence".
- SDOH research funds are often directed to large academic and healthcare organizations rather than communities and on-the-ground organizations.

"How did we get the SDOH without systemic racism? [You] can't scale these things because these systems are fundamentally broken."

"In all of this work, we have yet to acknowledge racism as a system and driver in a country built on race and class. If this is our North star and you understand you must dismantle this system, the outcomes are different, and you can do incremental change."

- **Community evidence IS evidence.** Participants noted the importance of involving individuals with lived experience into research frameworks and ensuring scientific evidence does not impede the ability to conduct meaningful work.
  - There is a need to change the currency with which we see success and widen the definition of "evidence".
  - Nontraditional ways to generate evidence may be sufficient as a means to building a foundation of research; for example, a "sister circle" to discuss challenges around perinatal care.
  - Scalability may look like recreating an informal discussion around patient experience in another city and leveraging existing research methodology from communities.
    - The Kids Ride Free program, established without traditional evidence, has shown improvements in rates of children attending school and receiving physicals.
- **Research must align with its targeted audience.** Research must be in alignment with who will utilize identified outcomes immediately. Researchers should aim to answer the following questions when conducting studies related to health equity:
  - What is the evidence saying about this issue?
  - How do we prioritize this to individuals in power? What will they respond to?

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- What does this stakeholder care about (e.g., maximizing profit, reducing spending)?
- Who are the right individuals to receive this information?
- How are you framing the findings for the right audience?

- **Policymakers should be engaged during health equity research.** Participants emphasized the need to fund research that will be prioritized legislatively and applicable to policymakers.
  - Urgent needs are driven by policy and stakeholders are increasingly recognizing the benefit of reinvigorating policymakers by promoting issues with a racial angle.
  - Identifying less traditional partners, like local government officials who need to be re-elected, may provide alternate routes of funding for underrepresented research.
  - Targeting mayors of smaller cities who look to the actions of large city mayors can promote scalability.

"Too much of the research is divorced from what is politically plausible"

"We know who will do the work and that they will do it with the right lens, so why isn't philanthropy running to fund them?"

- **Health equity gaps should be addressed using a stepwise approach ("Can't boil the ocean").** Participants noted the importance of taking a stepwise approach to addressing health equity, particularly when working with government partners.
  - Stakeholders have models for making small-scale changes, but these do not get at structural changes.
  - Need to fund solutions we know immediately work, then turn to bigger goals.
  - Tangible solutions must be combined with a community-oriented change in culture.
  - Identify what is working well and changing outcomes, then level those initiatives up.

"We didn't get here overnight, and we won't get out of it overnight"

"It's health equity for all and Medicaid should not be framed as the insurance for those with suboptimal conditions. Even the language can be different for Medicaid and Medicare."

Recommendations by Stakeholder

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Participants identified various recommendations stakeholders can consider when addressing health equity.

Stakeholders	Recommendations
Funders	• Gain insight and incorporate feedback from on-the-ground researchers, similar to model used by Grantmakers in Health • Conduct stakeholder interviews to understand who utilizes disseminated research and their style preferences. • Build relationships with community and action agencies. • Fund community-based organizations looking to convene researchers. • Work with researchers to identify target policymakers for findings and facilitate relationships between researchers and policymakers in the early stages to build an evidence base that will support policy efforts.
Healthcare Professionals	• Expand efforts to address health equity beyond the patient-provider visit. • Well-resourced health systems should serve as community anchors to support the community organizations that can create change. • Advocate for regulatory and quality measurement bodies to incorporate health equity into measurement, including both specific health equity measures and stratification of existing measures to identify disparities in outcomes. • Deliver digestible materials to patients that provide referrals to a targeted number of top community-based organizations and social services to help with specified unmet needs. • Enable data sharing with social agencies to better coordinate care and address patients' non-medical needs that impact their health. • Build knowledge and skills within the organization to deliver culturally competent care.
Researchers/Community	• Create granular recommendations for stakeholders that outline tangible steps to create immediate impact and can ultimately be scaled to similar organizations or populations, such as: ○ 1-pager for practitioners that detail the "10 Things That Work" ○ 5–10 things policymakers can do immediately to improve local communities

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	• Survey healthcare providers to identify which health equity topics should be prioritized for research & evidence generation. • Provide clear, concrete steps for providers to address inequities during the patient visit. • Host discussions focused on pushing policy agendas forward. • Include a standard recognition of racism in all research related to health equity. • Connect research to a viable policy opportunity and involve elected officials in this work.

Next Steps

Avalere will prioritize synthesizing feedback from the health equity roundtable, expert interviews, and grantee findings into the final sustainability plan and project plan for 2023. In 2023, the HSTRC will be focusing on developing the roadmap to support generation and dissemination of evidence for strategies that advance equity for Medicaid-eligible recipients at scale, which includes updating the research agenda, conducting stakeholder interviews, and developing strategic recommendations and a roadmap. The revised targeted literature review will focus on new materials published since 2020 to understand the current state of evidence for achieving equity in health outcomes, and the interviews will supplement the information with real-world experiences. A strategic roadmap with recommendations will highlight ways to engage key innovators and stakeholders that will be essential to implement and scale the most effective interventions and detail the operational approach. Finally, the HSTRC website will continuously publish research updates and news pieces around health equity so that priority resources can be accessed by the right audience.

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Glossary of Terms

(in order of appearance)

RWJF: Robert Wood Johnson Foundation

HSTRC: Health Systems Transformation Research Coordinating Center

CBPR: Community-Based Participatory Research

SDOH: Social Determinants of Health

HCP: Health Care Professional

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