



Executive  
Summary

# Learnings from the Advancing Health Equity Evaluation

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**EQUAL**  
**MEASURE**

FINDING  
PROMISE

FUELING  
CHANGE



## BACKGROUND

The Advancing Health Equity (AHE) initiative is one of three projects funded by the Robert Wood Johnson Foundation (RWJF) under The Health Systems Transformation (HST) authorization that aims to catalyze the adoption of health care models and systems changes that recognize needs of Medicaid members. The AHE initiative supports seven state teams each comprising three partners – a managed care organization (MCO), a provider organization, and a state Medicaid agency to (1) diagnose the reasons for the existence of health disparities in their system; (2) identify new payment reforms and practices that address social determinants of health; and (3) provide policy and practice recommendations to achieve health equity.

## STRUCTURE OF THE AHE INITIATIVE

The RWJF funded the AHE team, a collaboration between the University of Chicago, Institute for Medicaid Innovation (IMI), and Center for Health Care Strategies. The AHE team selected seven state teams (see appendix) to participate in the learning collaborative, which provided a common foundational curriculum and tailored TA to respond to specific needs and ad hoc requests from state teams.

## EVALUATION FOCUS

As the evaluation partner, Equal Measure sought to understand the implementation of the initiative and progress on their outcomes. The following learning questions guided the evaluation:

1. What kinds of conditions support the advancement of equity in health care delivery systems?
2. How did the program change relationships between the participant types on each of the teams in the learning collaborative (e.g., Medicaid, the MCO, provider organization)?
3. How can linking delivery and payment innovations with equity advance health equity and address social determinants of health? And what does the “link” look like (e.g., TA to Medicaid agencies or health delivery organizations, or other kind of TA)?
4. How can equity-focused technical assistance to state Medicaid agencies promote the development of integrated payment and health care delivery reform?



## KEY FINDINGS

This section highlights key findings from interviews with the AHE leadership team, and focus groups with members of the seven state teams from the learning collaborative.

### Creating conditions that support health equity

**State teams utilized relational (building partnerships, shifting organizational cultures) and tactical (aligning priorities, engaging authentically with Medicaid members, and connecting data across systems) strategies to create equitable conditions.** This process required time and commitment, but resulted in early signs of progress on short-term goals.

- The COVID-19 pandemic reinforced the need to focus on advancing health equity, dismantling structural racism, and addressing internal organizational cultures for many state teams.
  - The prioritization of internal organizational culture change to advance health equity, an element of the HST Theory of Change (TOC), which the AHE and state teams felt was needed but may not have been prepared to implement.
- Creating a shared understanding of advancing health equity between partners builds the foundation for sustainability.
- Developing trust and building relationships between partners laid the groundwork to build long-term sustainability of this work.
- Pandemic-related disruptions, limited organizational capacities, and competing initiative priorities hampered efforts for state teams to authentically engage with Medicaid members, an underlying assumption about the way in which this work would unfold.
- Identifying the disparity state teams aimed to address required aligning each partner's data system, an important but challenging first step.

### Changing relationships

**Relationships were integral to systems change work for both state teams and the AHE team, underscoring a key strategy in the HST Theory of Change: building cross-sector relationships.**

- The collaborative structure of the AHE team modeled the following ways of working for the state teams: engaging in collective decision making, developing a common language, creating a shared understanding of the project, and valuing each organization's expertise.
- The structure of state teams required organizations (the state Medicaid agency, a Managed Care Organization, and a provider organization) to understand their partners, collaborate among themselves, while shifting power dynamics in ways that supported the alignment of priorities.
- State teams valued the opportunity to understand the perspectives of the other partners and develop processes for shared decision making across organizations, demonstrating an interest in collaboration across entities (an assumption in the HST TOC).



## Advancing health care delivery and payment reform

The AHE initiative led state teams to begin the process of change – identifying areas of focus among identified health disparities and reviewing proposed activities.

- State Medicaid agencies, MCOs, and health care providers started to align their priorities and approaches to advance equitable health outcomes for Medicaid members.
- Many state teams have identified the changes they would like to see with varying timelines to implementation. In one example, a state team is exploring a payment reform to address hypertension-related maternal mortality.
- Multiple state Medicaid agencies have made important progress by reviewing proposed activities – either the specifics of budgeting a proposed provider incentive or reviewing full proposals for activities.

## Impact of equity focused technical assistance (TA)

State teams appreciated the TA provided during the project, and the AHE team developed an understanding of how to strengthen it in future work.

- All state teams emphasized the importance of the relational and tactical support they received from the AHE team, including providing frameworks to change internal culture and guidance on how to disaggregate data.
- State teams valued the cross-team peer learning opportunities, and would have liked additional opportunities to interact with teams from other states.

## CONSIDERATIONS & RECOMMENDATIONS

**Build structures to support equity.** While state teams have made important progress, building organizational commitment and intentional investments into organizational culture will continue to take time. Project plans must have the flexibility to support this iterative progress. **How can RWJF consider structuring its grantmaking and timeline to support these elements and this complex initiative as grantees seek to advance health equity outcomes?**

**Facilitate internal culture change.** The AHE team and the state teams reported the need to generate organizational culture change to achieve health equity in the Medicaid population. This need to shift organizational culture and practice was further emphasized by the current socio-political context. The AHE team responded to state teams' interest in culture change work, however, more technical assistance in this area through resources and learning opportunities is needed to effectively support state teams. **How can the foundation support the AHE team's technical assistance provision in support of organizational change? What additional resources or opportunities can the foundation provide?**

**Integrate member engagement into grantmaking.** The initiative identified the engagement of Medicaid beneficiaries as important to advancing health equity, but relationship-building among state team partners emerged as a greater priority during this project. Both state teams and AHE teams suggested that future iterations of this work would benefit from involving Medicaid members throughout the course of the project, perhaps through a community-based organization joining as a



fourth partner on the state team. However, existing core partners often lacked comfort, experience, and capacity to engage in member engagement, suggesting that they require additional resources and support to carry out such efforts. **In what ways can the foundation encourage the inclusion of community-based organizations as partners in future grants? What additional support or infrastructure is needed to facilitate this change?**

**Align data systems.** Data alignment within each state team presented challenges, but was critical to identifying disparities, developing solutions, and measuring progress. State teams had to align data collection systems before collaborating to create payment reform systems. This process took longer than anticipated. **What role can the foundation play to ensure that state teams have the resources and time to develop data management systems across their partnerships, ensuring effective and accurate data-driven decisions?**





**Share lessons learned.** The AHE team recognizes that sharing lessons learned is a key tactic to contribute to the scale and sustainability of reforms across the field, but is hesitant to share findings before they have the full story of the initiative. However, it may be important for RWJF and AHE to explore options and strategies for learning and reflection as the initiative develops, as opposed to holding findings until an outcome is achieved. **How can the foundation encourage a range of approaches to sharing lessons with the field, including clarifying what level or depth of information is needed at different points throughout the course of an initiative?**

**Take an explicit anti-racist approach.** Given the disproportionate impact of the pandemic on communities of color and the racial justice reckoning throughout the past year, actors in this sector made more intentional and explicit commitments to dismantling institutional racism. Yet, some wondered whether a more explicit anti-racist approach could be incorporated in future iterations of the work – such as continuing to deepen understanding of the role racism plays in root causes of health disparities and disaggregating data across systems. This sentiment is consistent with RWJF's focus on dismantling structural racism and statements in solidarity with those fighting for racial justice. **How can the foundation leverage these commitments to dismantling institutional racism to continue to advance the work and gain traction on longer-term change?**



## APPENDIX

### State teams participating in AHE Learning Collaborative

State Teams	Organizations
	Delaware Division of Medicaid and Medical Assistance AmeriHealth Caritas Delaware Nemours/Alfred I. duPont Hospital for Children
	HealthChoice Illinois CountyCare Health Plan Cook County Health Access Community Health Network
	MaineCare Community Care Partnership of Maine Aroostook Mental Health Services, Inc. Pines Health Services The Maine Primary Care Association
	The New Jersey Department of Human Services, Division of Medical Assistance and Health Services Horizon Blue Cross Blue Shield of New Jersey RWJBarnabas Health System Newark Beth Israel Medical Center Jersey City Medical Center
	Pennsylvania Office of Medical Assistance Programs Gateway Health Plan Allegheny Health Network North Side Christian Health Center
	TennCare UnitedHealthcare Community Plan of Tennessee Tennessee Maternal Fetal Medicine, PLC Meharry College of Medicine
	Washington State Health Care Authority Community Health Plan of Washington Community Health Network of Washington