

MAY 2023

Engage with Individuals and Organizations in the Community to Achieve Maternal Health Equity

Operational Guidance for Health Plans

The Opportunity

Community partners are trusted by those they serve because they understand community strengths and priorities. As a result, they can provide services and supports that health plans alone cannot. This guidance document outlines recommendations health plans can use to raise the bar for maternal health equity and excellence as a **community partner**.

Roadmap of this Section:

1. Recommendation: **Identify communities experiencing the greatest maternal health inequities.**
2. Recommendation: **Build trust with communities experiencing the greatest maternal health inequities.**
3. Recommendation: **Identify and engage the leaders of communities with maternal health inequities in mutually beneficial ways.**

Recommendation: Identify communities experiencing the greatest maternal health inequities.

The investment of time and resources required to meaningfully engage people, including those in communities that experience health care disparities should not be underestimated. Therefore it is critical to identify where health plan investments can have the most impact and the key individuals within those communities whose collaboration will be essential. Below are steps to consider as you work to achieve these goals:

1. Participate in community health needs assessment and community health improvement plan processes conducted by partner health systems or local public health department, or review recent work done by others.

2. Use internal analytics, stratified by race and ethnicity, to understand quality data on maternity populations:
 - a. HEDIS maternal health measures
 - b. CAHPS
 - c. Use geocoding to identify maternal health “hot-spots” for poor outcomes.
 - d. Consider using ACHP’s Maternal Health Measures for Improvement to better understand current performance.

Recommendation: Build trust with communities experiencing the greatest maternal health inequities.

1. Many communities experiencing disparities do not trust health care organizations due to decades of inequitable access to and delivery of care, disrespectful treatment and disregard for the whole of their lived experience and its subsequent impact on their engagement with their health. Many communities have built their own community-based networks of care, out of necessity. Building trust with these communities and community-based networks—by listening to and learning from leaders’ expertise with humility, bringing health plan assets to the table for their benefit, and showing up consistently in service to the community - is a prerequisite for success. Below are steps to consider as you work to achieve these goals:
 - Engage community-based organizations that focus on maternal health (examples: doula support organizations, March of Dimes, perinatal health worker groups and other community-based birth workers). Catalog current leadership information, contact information and activities.
 - Identify other organizations that work with pregnant people, and the types of services they offer (examples: organizations contributing to community health needs assessment reports, county health departments, WIC).
2. Support the community in ways that demonstrate responsiveness to their guidance about where they need support and resources (and where they do not). This approach will drive efficient use of resources and enable communities to effectively address their priorities:
 - Invest foundation resources in community benefit programs that address barriers to better maternal health outcomes, as the community has defined the barriers. For example:
 - ▶ Partner with existing entities that are community-led and that are already addressing social drivers so that they can expand their services. The Advocate Guidance Document provides detailed examples of ways your health plan can invest such resources in the community.

- ▶ When possible, extend grants and funding beyond one- to three-year cycles.
- ▶ Think long-term by funding general operating expenses.
- ▶ Consider removing or minimizing burdensome grant reporting requirements.
- Share non-financial assets with your community partners, such as in-kind donations of goods, products, and services and free professional services in such areas as:
 - ▶ Information technology infrastructure and support
 - ▶ Data collection and management
 - ▶ Financial, legal and governance guidance
- Contract with diverse midwives, nurses, doulas and community health workers who have existing relationships with, or are from, the community. These may include organizations that provide:
 - ▶ Independent/community-based midwifery and/or reproductive health services
 - ▶ Doula support (including birth, postpartum and full spectrum doulas, as well as those who provide extended prenatal to postpartum support)
 - ▶ Prenatal and childbirth education
 - ▶ Home visiting
 - ▶ Car seat education
 - ▶ Care navigation
 - ▶ Peer breastfeeding support
- Consider eliminating unnecessary barriers to collaboration, such as requirements like educational degrees and clinical licensure that could exclude community experts with lived experiences; if certification is necessary, consider sponsoring the cost and training to certify members of the community, then hire them to work in their own communities.
- Support pipeline programs that strengthen communities and prepare community members to support childbearing families. Helping community members secure these professional skills and credentials is a form of community development which can help increase your health plan's access to trustworthy, respectful, culturally congruent support and care; and can address widespread staff shortages. Specifically, support:
 - ▶ Maternal health-focused programs for local high school students
 - ▶ Trainings for perinatal health workers
 - ▶ Scholarships for local nursing students
 - ▶ Programs that build on existing competencies and roles, for example, doula to midwife, or that incorporate cross-training, such as doula and lactation support

Recommendation: Identify and engage the leaders of communities experiencing maternal health inequities in mutually beneficial ways.

One reason why trust has eroded between health plans and communities is the harm that comes when health care companies enter communities with a set agenda that has not been formed in collaboration with the community itself. Too often, this results in compounded harm when those same companies exit the community, taking their resources with them and leaving behind unfulfilled promises for better care and better health. Consider the following as you work to collaborate in mutually beneficial ways:

- 1.** As you engage community maternal health leaders, be open to addressing their top concerns, as they define them. This approach:
 - Provides crucial insights on care quality and experience
 - Develops deeper, more impactful partnerships around shared concerns
 - Increases visibility in the community and helps improve market share and member loyalty
 - Helps build social capital

- 2.** Assess internal personnel and structures to identify opportunities where community engagement and internal improvements can move the needle on critical drivers of maternal health equity and outcomes among your maternity populations.
 - Evaluate the composition of your maternal health committees and other governance structures and seek to increase diversity where gaps are revealed.
 - Look across the organization to identify community engagement opportunities.
 - Ensure all staff receive cultural competency and implicit bias training.
 - Ensure individuals responsible for community engagement are afforded the time and resources and authority necessary for success.

- 3.** Engage the community members in robust and meaningful ways to move the needle on maternal health equity and excellence in outcomes and experience:
 - Hold “listening sessions” to better understand the realities of pregnant and birthing people in your community, including challenges such as transportation, housing and nutrition.
 - Seek contributions from community members in planning maternal health programs, quality improvement initiatives, outreach and data review.
 - Elevate community leaders and initiatives during system-wide events, including board meetings, ensuring their voice is front and center.
 - Provide opportunities for staff to learn from community leaders and acknowledge that, historically, the important role community members and organizations play has not been consistently acknowledged or supported.

- Promote representation and provide onboarding and ongoing technical support for full participation on governing bodies such as:
 - ▶ Boards of directors and relevant subcommittees
 - ▶ Benefit design committees
 - ▶ Committees or working groups developing and implementing new policies and programs
 - ▶ Working groups that develop consumer-facing materials and committees that implement consumer-facing communication campaigns
 - Support individuals and organizations engaged in health plan committees and governance with technical support, compensation for their time, accessibility of meetings (such as evening or remote meetings versus daytime) and provision of meals, transportation assistance and child care support to facilitate their full participation.
4. Serve on community-led boards and bodies focused on maternal health and offer health plan resources in support of their activities.
 5. Create structures and opportunities to listen to pregnant birthing people by forming a maternal health-specific patient and family advisory council (PFAC). A maternal health-specific PFAC could:
 - Create a maternal health dashboard to track health plan performance on maternal health and co-create strategies to address maternal health inequities.
 - Assess your health plan’s current care management strategies for pregnant and birthing people and identify gaps and patient- and family-centered ways to address those gaps.

Patient and Family Advisory Council Best Practices

To ensure the success of the PFAC, it’s important to adhere to best practices including the following:

- Ensure that individuals most affected by inequities are included.
- Draft the mission, vision, etc. of the PFAC with PFAC members.
- Build in opportunities to hear directly from PFAC members about their experiences with the PFAC: Are meetings in accessible locations? Do PFAC members have the support they need to participate fully (transportation assistance, stipend, child care, technical assistance, etc.) and use feedback to improve the experience.

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health companies, serving tens of millions of Americans in 37 states and D.C. ACHP is the voice of a unique payer-provider partnership model advancing proven solutions that deliver better value for patients, employers and taxpayers, and their participation focused on reimbursement structures in provider-aligned health systems.

Find detailed recommendations and more resources at nationalpartnership.org/raisingthebar

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