Community **Advisory Boards:** A Close Look at One Strategy for **Engaging MassHealth** Members in Program and Policy Decisions

EXECUTIVE SUMMARY

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ABOUT THE MASSACHUSETTS MEDICAID POLICY INSTITUTE

The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI's mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports its partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ABOUT EQUITABLE SPACES

Equitable Spaces' mission is to create opportunities for community members with lived and living experiences of poverty and related issues, those who have been historically excluded from policy decision-making processes, to incorporate their knowledge, perspectives, and expertise into the design of the policies and programs that directly impact their lives. Equitable Spaces provides customized training, technical assistance, and additional supports to local, state, and national groups that seek to include this expertise in research, program, and policy design, implementation, and evaluation.

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INTRODUCTION

Recognizing the importance of community engagement in the design of effective and equitable health care delivery systems, Medicaid agencies are increasingly engaging with individuals who have lived experience with Medicaid. MassHealth, the

name for Massachusetts' Medicaid program and Children's Health Insurance Program, is one such program. MassHealth currently employs a variety of approaches that are specifically aimed at soliciting feedback from members, their families, and caregivers and has indicated their intention to strengthen their member engagement strategy. To help inform this effort, the Massachusetts Medicaid Policy Institute (MMPI), a program of the Blue Cross Blue Shield of Massachusetts Foundation, released a report in June 2024, *Strategies for Meaningfully Engaging MassHealth Members to Inform Program and Policy Decisions.* That report made a series of recommendations to strengthen MassHealth's overall member engagement strategy.

This report takes a deeper look at one specific member engagement tool, Community Advisory Boards (CABs). See the callout box to the right defining CABs. MassHealth currently employs a CAB to inform one specific MassHealth program (One Care, a managed care option for MassHealth members with disabilities who are also enrolled in Medicare); it also requires that managed care organizations (including Accountable Care Organizations [ACOs]) employ their own CABs to solicit member feedback. In June 2023, MassHealth announced its intention to create a program-wide CAB, which they are calling the MassHealth Member Advisory Committee (MAC), with the explicit goals of understanding and addressing inequities and eliminating disparities in health and health care. These MassHealth-related CABs are described in more detail in the full report.

WHAT IS A COMMUNITY ADVISORY BOARD (CAB)?

In the Medicaid context, a CAB is a group of people that often includes current and former members with lived experience being enrolled in Medicaid. CABs engage in structured, consistent, and long-term dialogue to inform Medicaid program and policy design and implementation issues. These groups are often known by various names such as Patient and Family Advisory Councils (PFACs) or Medicaid Advisory Councils (MACs) and serve as important bridges between Medicaid agencies and the communities they serve. While this report predominantly uses the term CAB to encompass these entities collectively, specific names are employed when referring to distinct CAB-like entities.

To inform the design and implementation of CABs by MassHealth, managed care organizations (MCOs), and ACOs, MMPI enlisted the Center for Health Care Strategies (CHCS) and Equitable Spaces (ES) to conduct an environmental scan on promising practices for meaningfully engaging with community members through CABs. In addition, CHCS and ES conducted stakeholder interviews with MassHealth and MassHealth entities, Medicaid representatives from six states, and 11 MassHealth members. This research did not assess the existing CABs in MassHealth; rather, the goal was to identify promising practices for design and implementation of CABs in the context of Medicaid, recognizing that some existing MassHealth CABs may already be employing some of these practices. See callout box below for how this report defines "meaningful member engagement."

DEFINING "MEANINGFUL MEMBER ENGAGEMENT"

In this report, we define "meaningful member engagement" based on two key characteristics that surfaced from the research:

- 1. The members being engaged have power or influence over the engagement process itself, and
- 2. The engagement leads to real changes in policies, programs, and procedures.

Engagement where community members do not have any influence over the process and that results in no, or merely superficial, changes to a policy or program, risks reinforcing historic power imbalances between the people being served by Medicaid and the people in charge of administering the program. These interactions can lead to community mistrust, or a sense that members are being involved in a purely perfunctory and unfair manner, which can undermine the success of the engagement activity.

Source: State Health Value Strategies: "Transformational Community Engagement to Advance Health Equity." Available at: https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf.

GUIDING PRINCIPLES FOR BUILDING A COMMUNITY-CENTERED CAB

Through a literature review, state interviews, and member listening sessions, six foundational principles surfaced that are essential for ensuring that CABs yield meaningful feedback and input for Medicaid agencies and organizations serving Medicaid members (e.g., ACOs and MCOs).

1. Prioritize Trust

Medicaid members have historically not been included in the decision-making processes around the programs intended to serve them. Further, many Medicaid members come from communities that have been racially, culturally, socially, or economically marginalized, and oftentimes mistreated by the medical system. Building trust with Medicaid members is an essential first step to building a meaningful CAB.

2. Be Transparent

Transparency is the cornerstone of trust building. Transparency involves communicating clearly about the goals and objectives for the CAB upfront, as well as about how members will be compensated. Key to strengthening transparency and building trust are establishing well-defined roles and responsibilities for the CAB, and committing to prompt follow-up on questions, decisions, and action items that arise in CAB meetings.

3. Provide Equitable Compensation

Compensating community members for their time ensures that those most impacted by Medicaid programs and policies can participate in CABs. In addition to financial compensation, covering out-of-pocket expenses, such as childcare and transportation, can reduce barriers to participation in CAB meetings and create a more inclusive environment.

4. Promote Diversity and Inclusion

If the goal of the CAB is to design interventions that address health inequities, it is crucial to actively solicit the participation of members who reflect the full diversity of Medicaid programs. Further, understanding and addressing any barriers to participation (i.e., language, accessibility, information technology) ensures that everyone who wishes to engage in the CAB is able to do so.

5. Use a Trauma-Informed Approach

When partnering with those most impacted by health inequities, the information policymakers seek is often closely connected to experiences of personal trauma. A trauma-informed approach to facilitating CAB meetings (including, for example, providing empowerment and choice to members, and recognizing and addressing biases and historical trauma) can mitigate feelings of powerlessness and exploitation.

6. Devote Sufficient Resources to Member Engagement

Implementing a strong CAB requires: (1) ensuring the staff person leading the CAB has sufficient time to work with CAB members to build trust, to provide the information and resources necessary to fully participate in meetings, and to follow-up on next-steps after meetings; (2) ensuring sufficient financial resources are available to compensate community members; and (3) providing necessary accommodations so that all interested members are able to fully participate (i.e., translation and interpretation, technology).

RECOMMENDATIONS FOR BUILDING A ROBUST AND MEANINGFUL CAB

The recommendations below can support MassHealth and MassHealth-related entities (such as ACOs) in building a robust CAB, and are grounded in the six guiding principles listed above.

1. Establish Composition Goals, Informed by the Goals of the CAB

In establishing composition goals, staff should consider key questions, such as:

- Do we need members from all or specific programs to meet the goals of the CAB?
- How big should the CAB be? To ensure space for all CAB member voices, membership should be capped at 20. Larger groups can be challenging to convene, facilitate, and gather meaningful input, potentially compromising the efficacy of the CAB. For more targeted conversations, subcommittees can be convened.
- Are there specific groups that should be prioritized as a part of recruitment efforts to ensure a diverse and reflective CAB? Staff should focus recruitment efforts to include historically marginalized or underserved groups and communities.

2. Target Member Recruitment

To support effective recruitment to CABs, staff should identify existing community spaces where potential members already convene. These may include community-based organizations, faith-based organizations, cultural groups and centers, advocacy groups, libraries, and other community gathering places. Creating a straightforward and accessible application and selection process eliminates any potential barriers to participation. For example, requiring a statement of interest, resume, or other supplemental materials can often be a barrier to applying. The application form should be easy to understand and include a limited set of questions.

3. Create a Robust Charter

A CAB charter is an important document that outlines the goals, objectives, and governing rules of the advisory body. A charter helps formalize roles, details meeting logistics, and helps establish accountability, transparency, and expectations within the group. It can also outline shared responsibilities for MassHealth and MassHealth entities and members alike. A charter should be co-developed with CAB members.

4. Establish Equitable Compensation Guidelines for CAB Members

By committing to equitable compensation and providing clear guidelines, MassHealth and MassHealth entities can foster more inclusive and diverse CABs, since compensation may help reduce barriers for participation among marginalized communities. When determining rates, staff should consider compensation rates that CAB members may receive for participating in similar boards and advisory groups within the state, or that align with rates paid to consultants for similar work.

Flexibility around payment type (e.g., cash, checks, direct payments, gift cards) and making the ability to receive payment as easy as possible is important, as not all members have access to bank accounts or other methods of receiving payment. Staff should also provide clear guidance on the implications of compensation on public benefits eligibility, particularly for payments exceeding \$600 per calendar year, which will require the organization to issue an IRS 1099 form.

5. Plan Meeting Logistics Around Community Member Accessibility

Identifying member preferences and providing accommodations are key considerations for ensuring meaningful participation. This can include adjusting meeting time, length, format (in-person vs. virtual), and frequency.

6. Build Trust Through Shared Power

Fostering member ownership over the CAB is critical to trust-building between staff and CAB members. Agenda cocreation, where members contribute to shaping meeting topics, demonstrates that their priorities and perspectives are valued. Co-facilitating meetings with both staff and members enhances inclusivity and equal participation and supports the professional development of community participants. This approach also helps create a space where power dynamics are acknowledged and can be openly addressed.

7. Support Engaged Member Participation

CAB member onboarding plays a pivotal role in establishing shared understanding and language among members and staff. Providing training or orientation sessions on topics relevant to the CAB's focus, such as MassHealth and ACOs, equips members to actively participate and offer informed feedback.

Preparing and supporting CAB members throughout the meeting process is equally crucial. Staff should distribute meeting materials and reminders beforehand and create a space for members to seek clarification to support them in preparing effectively. Supporting members after the meeting is equally important; staff can follow up one-on-one with CAB members to answer any questions that came up during the meeting and to reinforce next steps.

8. Ensure Sustainability

CABs should aim for consistent, ongoing communication with their members as members who feel connected to their health care providers and Medicaid programs are more likely to stay engaged with the CAB. Members are also more likely to sustain their engagement with MassHealth if they can see tangible outcomes resulting from their input and understand how their feedback is being operationalized to drive positive changes in MassHealth policies and programs. The next recommendation offers concrete suggestions for how to track and report on these impacts.

9. Measure Success and Impact

A fundamental step in measuring the success and impact of a CAB is recording and tracking the resolution of issues and/or implementation of new policy and programmatic ideas raised by members at CAB meetings. CABs can also measure success by co-developing evaluation and satisfaction surveys with CAB members to allow them to provide feedback on the CAB and identify areas for improvement. Documenting both successes and areas for improvement is essential for evaluating the effectiveness of CAB processes.

CONCLUSION

When implemented effectively, CABs foster a collaborative environment where diverse perspectives are heard, valued, and integrated into the decision-making process. As this report outlines, implementing CABs requires building trust with community members, which requires time and resources, thoughtful planning, and a long-term commitment.

The payoff from these investments extends beyond improved programs and policies that are more responsive to the needs of the members they serve. CABs contribute to accountability and transparency, enabling health care and government agencies to better understand the real-world impact of their decisions and adapt strategies accordingly. In this way, CABs not only support individuals taking an active role in their health care, but also have the potential to help forge a stronger bond between communities, health care institutions, and government.

