CHAPTER 2
Engage Key Stakeholders

With any new initiative, it is important to engage stakeholders who have an interest in the success of the project. Involving people who will be impacted by the initiative can lead to strong support of the project and can strengthen the process and/or outcomes of the project. For example, engaging staff can lead to the development of more appropriate workflows to collect and act on the socioeconomic data; engaging patients can lead to more appropriate interventions or community partnerships.

There are many ways to engage stakeholders, ranging from education and consultation to direct involvement in the project process. Some stakeholders may desire and have the capability of engaging in a more active and direct way, such as helping to define priorities, collect the data, interpret the findings, act on the data, develop community advocacy plans, etc. Other stakeholders may desire or only have the capability of engaging in a more passive way (advise at meetings, providing feedback, etc.). What is important is engaging and educating stakeholders so that they can make an informed decision as to how they would like to be engaged.

This chapter includes messaging materials to help engage stakeholders and to address common questions and concerns. It also includes best practices in engaging stakeholders from both the PCA and health center levels.

NATIONAL ASSOCIATION OF Community Health Centers

AAPCHO Association of Asian Pacific Community Health Organizations

OPCA Oregon Primary Care Association

Messaging Materials for Staff and Patients on the Importance of Collecting Data on the Social Determinants of Health

Engaging stakeholders begins with messaging. Before asking staff, leadership, and patients to collect and provide personal and sensitive information, it is important to educate all stakeholders on the importance of collecting data on the social determinants of health and how that information will inform care and services. It is also important to emphasize how this work adds value to other work in which the organization is involved so that it does not come across as an isolated one-off project but one that fits into the organization's larger, overarching goals. Presented below are common questions and examples of messages health centers provided to address those concerns.

COMMON QUESTION

Why Are We Asking Patients About Their Socioeconomic Situation?

MESSAGING SOLUTION

The message should emphasize that collecting data on the social determinants of health will help the organization better understand their patients and their patients' needs to provide better care.

Example Message for the Patient:

"We would now like to ask you some non-medical questions to better understand you as a person and any needs you may have. We want to make sure that we provide the best care and services possible to meet your needs. This information will help us determine if we need to add new services or programs to better care for our patients.

This information will be kept private and secure. Only clinic staff will have access to this information. Your decision to answer or to refuse to answer will NOT impact your ability to receive care. In many cases, this information will help us determine if you are eligible for any additional benefits, programs, or services.

Please let us know if you have any questions, concerns, or suggestions."

COMMON QUESTION

How Do We Fit PRAPARE into Our Workflow Without Increasing Visit Time?

✓ MESSAGING SOLUTION #1

Utilize time when the patient is either waiting to be roomed in the waiting room, waiting for the provider in the exam room, or after the clinical visit, to administer PRAPARE so as not to disrupt the clinic visit.

✓ MESSAGING SOLUTION #2

Incorporate PRAPARE into other assessments (such as Health Risk Assessments, Depression Screenings, etc.) to encourage completion and to address similar needs or concerns raised by the assessments.

COMMON QUESTION

How Do We Add Another New Initiative to Our Already Full Schedules and Responsibilities?

✓ MESSAGING SOLUTION #1

Don't market PRAPARE as a new big initiative but rather as a project that aligns with other work your organization is already doing (care management, enabling services, Accountable Care Organization (ACO) planning, etc.) and how PRAPARE adds value to that work.

✓ MESSAGING SOLUTION #2

Move the conversation on PRAPARE organically rather than forcing a new project. Be in the right place at the right time to make small changes and nudges as "People's attention is a commodity." Emphasize that collecting this information will help inform care, services, and community partnerships that will hopefully improve your patients' and organization's health outcomes.

COMMON QUESTION

What If We Do Not Have the Resources or Services to Address the Social Determinant Needs Identified? What Do We Do?

✓ MESSAGING SOLUTION

Explain that "the organization has to start somewhere" and data collection is that first step. Collecting data on the social determinants of health will help the organization figure out which services it can provide in-house to which patients to hopefully improve outcomes by uncovering the root causes of health conditions and health behaviors. For services that the organization cannot provide in-house, this data will help inform which community organizations with which it should partner to provide needed services. Until then, the organization will do the best that it can to address the social determinants needs raised by PRAPARE with what it has.

Sample Action Steps to Engage Stakeholders

What follows are some example steps an organization can take to engage stakeholders, from staff to leadership to patients, based off of lessons learned from PRAPARE health center pilot sites.

STEP 1 EDUCATE STAFF, BOARD, AND PATIENTS AND GATHER FEEDBACK

Staff

It is important to educate staff informally through conversations and internal meetings to gather support and feedback. Make sure that you allow staff to ask questions and to participate in the planning process. Their engagement will likely lead to more effective workflow models to collect and respond to social determinants data. Engaging different types of staff early-on in the planning process may also highlight potential implementation challenges and ways to overcome those challenges.

BEST PRACTICE

When speaking about PRAPARE, do not use the word "project" as that is something that ends. It is better to frame PRAPARE and social determinants of health work as a way to achieve your mission of improving health.

Leadership and Board

It is also important to have support from leadership. Give presentations to executive leadership and the board to highlight the ways PRAPARE aligns with existing organizational priorities and how data on the social determinants of health will add value to other organizational initiatives.

RESOURCES

Our PRAPARE 101 webinar provides information that could be helpful in these kinds of engagement and educational conversations, such as what PRAPARE is, how it was developed in an evidence-based and stakeholder-driven process, how it can be used, and how PRAPARE data can add value to what the organization is already doing.

Patients and Community

It is equally important to engage community leaders to understand patients' and the community's attitudes towards discussing their socioeconomic circumstances. Actively listen to community members' questions and work with them to address any concerns. Ensure that community leaders understand that gathering this information is meant to help the organization better understand its patients and to provide them with more appropriate services and care that are needed by the community. This kind of engagement will help build trusting relationships between your organization and the community.

Organizational Members Who Will Be Implementing PRAPARE

Similarly, if you are an organization that supports and/or manages other organizations (e.g., Primary Care Association, Health Center Controlled Network, Health System, Health Plan, Managed Care Organization, etc.), then it is important that you meet your organizational members where they are and that you do not assume familiarity or understanding of PRAPARE at the onset. When engaging your members, be realistic about timelines and respect the process as culture change or workflow adjustments take time but it leads to a greater good.

STEP 2 LAUNCH PRAPARE AT AN ALL-STAFF EVENT AND RECRUIT VOLUNTEERS

Once support has been secured from leadership, educate staff at all levels through a broad overview presentation at an all-staff meeting highlighting the importance of this work and how it aligns with the organization's larger goals. It is important that everyone understands the benefits of PRAPARE.

Ask for volunteers at this meeting--advocating for a "no wrong door" approach in which each and every staff can play a part in helping to "paint a fuller picture of the patient".

Accept all volunteers, even if they are not members of the staff group initially intended to collect data (e.g., case managers, social workers, etc.) as they may become some of the most successful data collection and response staff due to their personal motivation or connection to this issue.

PRAPARE USER STORY

At one of the PRAPARE pilot sites, one outreach and enrollment coordinator collected data on over 300 patients in just three weeks due to her ability to build trusting relationships with the patients and noticing when they would be waiting to be roomed or waiting to see the provider.

STEP 3 TRAIN STAFF AND IDENTIFY PROJECT CHAMPIONS

Provide detailed training and education for all volunteer and assigned PRAPARE data collection and response staff. (For sample training curriculums, see Chapter 5: Workflow Implementation.)

Identify project champions to help keep the health center motivated based on their passion for the social determinants of health. Champions can be any staff but usually are those that have good relationships with patients and other staff.

Photo credit: El Rio Health in Tucson, AZ

El Rio Health in Tucson, Arizona hosts a meeting with organizational staff and leadership to educate them on PRAPARE, to update everyone on their progress and lessons learned, and to share how they are applying PRAPARE data to inform care and partnerships with local community agencies.

PRAPARE HEALTH CENTER USER STORY

At one health center in North Carolina, several staff emerged as champions for PRAPARE implementation. The Clinical Operations Manager became a leader amongst staff, encouraging nursing staff who were implementing PRAPARE while also serving as a leading resource for identifying community resources. The Health Care Informatics Manager not only spearheaded much of the health center's PRAPARE efforts but is also leading social determinants of health work at the state level. Staff have felt empowered by their initial success with PRAPARE and have been excited to share results and lessons learned during peer learning calls with other clinic staff. These staff were already leaders at their health centers, but they have become champions for social needs screening and response programs.

STEP 4 DESIGN WAYS TO ENGAGE PATIENTS IN THE PRAPARE PROCESS

It is important to engage and inform patients about why the organization is asking them to share social and economic information and how it will inform their care. Share that addressing social needs is necessary to improve health and reduce health disparities. Health care is crucial; however, it is only a small part of a person's overall health. Social and economic factors play a central role in the ability of an individual to adopt and maintain healthy behaviors.

BEST PRACTICE

In the opening message to patients (either written or spoken), do not call PRAPARE an "assessment" but rather a "conversation" to invoke that these questions are meant to build better relationships between patients and staff and to inform the process to better care. Use empathic inquiry, talk story, or motivational interviewing techniques to talk compassionately and reflectively with patients. For more information on these data collection techniques, see the next section on Empathic Inquiry.

Patients can be involved in the PRAPARE process in the following ways:

Gather feedback from patients on this opening "script" message and PRAPARE in general to see if they have any remaining concerns or input on how to tailor the message to different communities. See the next section on Empathic Inquiry for ways to ensure that messaging materials are patient-centered.	Ask patients to participate in the "PRAPARE Huddle" meetings (see Step 5 below) to see if the results of the data collected resonate with them, to advise on overcoming data collection challenges, and to provide suggestions on how to address the needs identified.	Engage patients in enhancing the community resource guide to ensure that it contains the most relevant, trusted, and helpful resources.	Visit homes and neighborhoods of patients to witness how the social determinants of health affect the community.	Engage patients in community advocacy for change.

STEP 5 PLAN OPPORTUNITIES FOR SHARED LEARNING

Plan mechanisms, such as weekly "PRAPARE Huddle" meetings, to allow data collection staff to regularly share their progress, celebrate successes, and troubleshoot challenges in collecting data. These meetings also provide an opportunity to discuss the socioeconomic needs that have been identified and whether the organization has the resources or capabilities of addressing those needs in-house or if it should examine partnerships with other community organizations.

These regular meetings are also a good opportunity to have patients describe their experiences with PRAPARE and to discuss ways to improve the data collection and response process.

STEP 6 DEVELOP RESOURCES WITH STAFF AND PATIENT INPUT

There are several different resources that your organization can develop with staff and patients that have a lot of value-add.

Script to Introduce PRAPARE

Develop a script for introducing PRAPARE to patients with patient and staff input as to the language and tone used. Below are some sample scripts, as well as in the last section on "Sample Scripts for Introducing PRAPARE to Patients".

- Email message to patients to complete PRAPARE online and be connected to resources: Developed by Lone Star Circle of Care in Texas
- Script for staff to use when conversing with patients: Developed by Venice Clinic in California
- Guide to Creating an Empathic Inquiry Conversation around Social Determinants of Health Screening: Developed by the Oregon Primary Care Association

Community Resource Guide

Create or enhance a list of resources or "Community Resource Guide" that maps to PRAPARE-identified assets, risks, and experiences. Engage a wide variety of staff and patients in developing this resource as they may be knowledgeable about resources available in the community. If local resources do not exist, provide resources in the next closest city and/or national resources or online links.

Some health centers created one-page resource lists for community services in both English and Spanish to include in all patient registration packets. To learn more about what worked well for California health centers in developing messaging and resources for their staff and patients, read our series of California health center case studies.

BEST PRACTICE

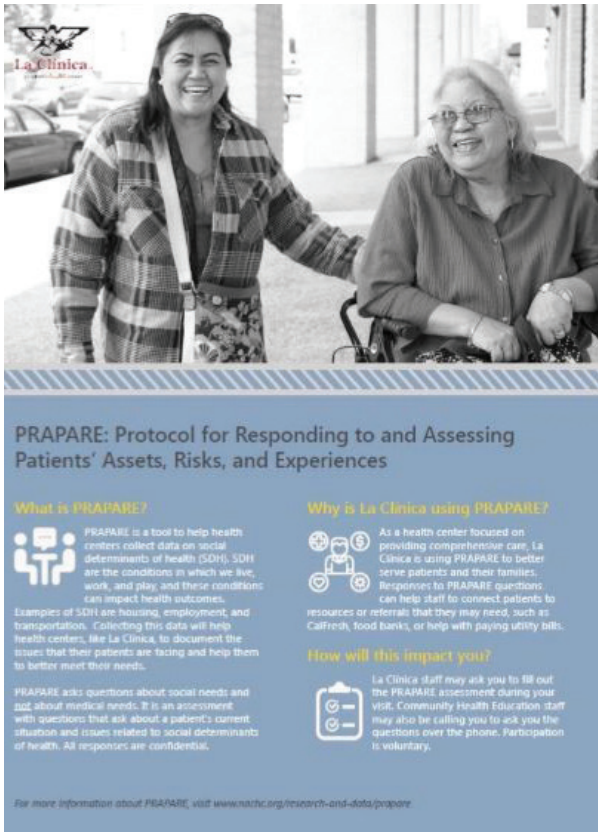
For rural areas or small towns where resources may be scarce, it is always worth reaching out to social service organizations in the next closest city to see if they would be willing to serve your community. A health center in rural Massachusetts discovered that they had high food insecurity amongst their patients after administering PRAPARE. Their town did not have a food bank, but they called a food bank in Boston 70 miles away to see if they could help. Because the health center had data to demonstrate their need, the Boston food bank was happy to form a partnership where the Boston food bank delivers a truckload of food (both fresh and non-perishable) every week to the health center.

Education Flyers

Flyers are a great way to educate patients and the community on the purpose of PRAPARE and how data will be used to inform care and services at your organization that can be placed throughout your organization for patients to see. La Clinica de la Raza in California developed PRAPARE flyers in English and Spanish to communicate with their community.

Website

For organizations that are supporting members in implementing PRAPARE, consider building a website to house resources and training materials, host a shared calendar of events, share results and lessons learned, and to engage in discussion. The Minnesota Association of Community Health Centers developed a website for their members that helped facilitate engagement and shared learning.



Developed by La Clinica de la Raza (Oakland, California)

7 SUSTAIN ENGAGEMENT AND MOTIVATION

It is important to demonstrate how PRAPARE is making a difference in your organization and/or your community in order to sustain engagement and motivation. There are several ways to do this:

CELEBRATE SUCCESSES

It is important to celebrate successes, no matter how small. The PRAPARE team or the organization as a whole can celebrate with lunch or a party once a certain goal or milestone is met or when their work had a positive impact for their patients.

ENCOURAGE FRIENDLY COMPETITION

Care teams can engage in friendly competition around meeting or surpassing milestones. Alternatively, individuals who reach certain milestones could be placed in a raffle for a gift to encourage individual motivation.

VISUALIZE THE DATA

Results around the number of social determinants patients are facing, which social determinants are most prevalent in your community, and the percent of your community who are facing particular social determinant risks are key datapoints to share with your staff and community. Visualizing the data using dashboards, graphs, or infographics allows staff to better see and understand how the data can be used to inform care and population health efforts. This is also a great way to engage other staff or organizations because they can better appreciate the value of having this kind of data to inform their work.

APPLY LESSONS LEARNED

Based on their PRAPARE data, some organizations have decided to focus on a different social determinant of health each month or quarter so that they find or develop educational resources related to that social determinant of health that they place throughout the organization for patients and staff to see, organize a health fair around that particular social determinant, centralize their newsletter on that particular social determinant, have meetings focused on that particular social determinant, and so on.

CASE STUDY

Read this case study on how a health center in Oregon engaged and educated their staff, leadership, and patients to jumpstart their PRAPARE implementation process.

Importance of Empathic Inquiry Approaches to Collecting PRAPARE Data

Consider using the method of Empathic Inquiry: an approach to social needs screening that promotes partnership, affirmation, and patient engagement through synthesis and application of the concepts and methods of motivational interviewing and trauma-informed care, as well as input from patients and professionals. As health systems, the focus should not only be on the tool for social needs screening, but also on the communication style and skills that guide these interactions with patients.

It is critical to understand that one person's data is another person's difficult life experience. In order to create primary care environments that are patient-centered, we must not only learn to address social barriers to health, but that we do so in a way that emphasizes sensitivity, compassion, and patient empowerment.

For success, consider the following Patient-Centered Principles from the Oregon Primary Care Association Empathic Inquiry Curriculum:

1. Support autonomy and respect privacy.
2. Provide a clear explanation for conducting the screening, how information will be used and options for follow-up.
3. Share power by asking about patient priorities.
4. Account for the stigma associated with experiencing social needs, as well as personal assumptions about the experiences and capacities of patients.
5. Ask about strengths, interests, and assets.
6. Test screening workflows with patients before standardizing approach.
7. Ensure that information disclosed by patients through social determinants of health screening is shared with and acknowledged by all members of the care team.
8. Select a care team member with sufficient time to connect with patients about social determinants of health needs.
9. Minimize patient and staff distress and trauma.

FOR MORE INFORMATION AND RESOURCES ON EMPATHIC INQUIRY

- View this video developed by the Waianae Coast Comprehensive Health Center for a demonstration of the Empathic Inquiry method.
- Review the Patient-Centered Social Determinants of Health Screening Conversation Guide developed by the Oregon Primary Care Association for tips on how to develop an empathic conversation and script to use with patients.
- View Patient-Centered Principles for a more comprehensive explanation of patient-centered principles.

Sample Scripts to Introduce PRAPARE to Patients

What follows are sample scripts that PRAPARE users have developed to educate patients on the importance of collecting data on the social determinants of health and how that information will inform care and services.

- Email message to patients to complete PRAPARE online and be connected to resources: Developed by Lone Star Circle of Care in Texas
- Script for staff to use when conversing with patients: Developed by Venice Clinic in California
- Guide to Creating an Empathic Inquiry Conversation around Social Determinants of Health Screening: Developed by the Oregon Primary Care Association