

Engaging communities in setting priorities for health: Disseminating a successful method

Wednesday, May 1 | 12pm ET

Systems for Action
National Program Office
Systems and Services Research to Build a Culture of Health

colorado school of
public health

UNIVERSITY OF COLORADO
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UNIVERSITY OF NORTHERN COLORADO

**Engaging
communities
in setting
priorities for
health**

***Disseminating
a successful
method***

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Acknowledgments



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- MICHR, Poverty Solutions Center, Ginsburg Center, Department of Internal Medicine



Partners

Co-inventor and co-investigator Marion Danis

DECIDERS Steering Committee

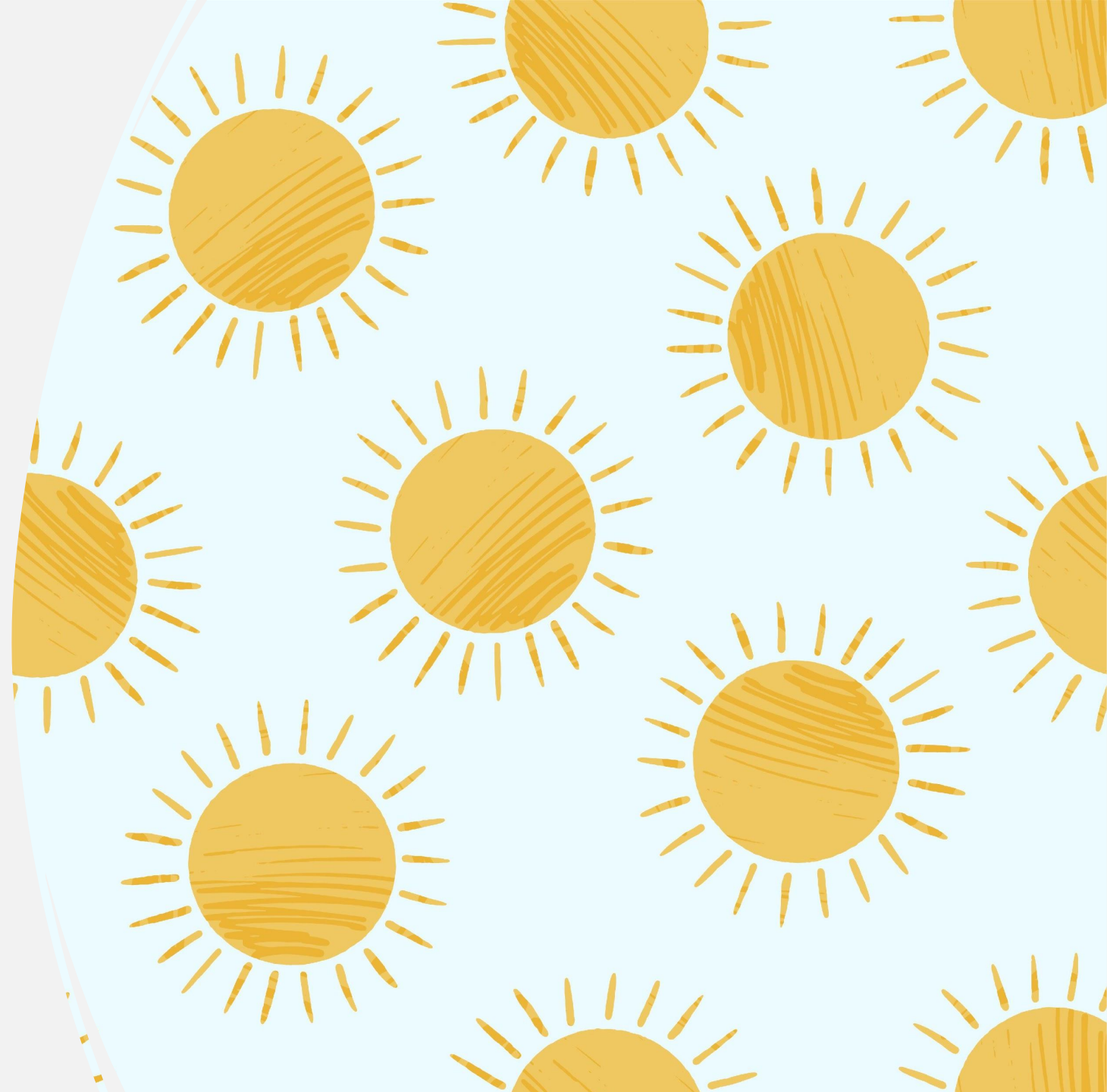
Center for Health Communication Research

YETiCGI

Many collaborators and coauthors

Disclosure

- The University of Michigan, the National Institutes of Health, Susan Goold and Marion Danis may benefit from paid licenses/royalties





DECIDERS

DELIBERATIVE ENGAGEMENT OF COMMUNITIES IN DECISIONS ABOUT RESOURCE SPENDING

What we do

DECIDERS develops, uses, and evaluates ways to engage communities, particularly minority and under-served communities, in informed deliberations about priorities for limited health resources.



- DECIDERS Steering Committee formed in 2010 for R01 project about research priorities
- Community = Minority and Underserved communities in Michigan

Current DECIDERS Steering Committee



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Current: President and CEO of Global Health Research, Management and Solutions

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ENGAGING COMMUNITIES THROUGHOUT THE PROCESS

- Research goals, aims, approach, interpretation, dissemination
 - CBPR
- Participatory Design
 - Co-Creation of CHAT content (spending options, health events)
 - Co-Creation of CHAT modes (CD software, web, virtual)

WHY ENGAGE THE PUBLIC IN SETTING PRIORITIES RELATED TO HEALTH?

“Engage the public in making important policy decisions”

Reaching beyond technical experts can lead to allocation decisions that are more legitimate and enjoy greater public support.

Can contribute to earning, building, and sustaining public trust in institutions.

Can incorporate knowledge of community members inaccessible to decision makers.

WHY COMMUNITIES MAY NOT ENGAGE

Lack salience for
many people

Participation in
policy making may
not be viewed as
a priority

May not consider
themselves
well-informed
enough

DIFFICULTIES ENGAGING COMMUNITIES IN DELIBERATIONS ABOUT HEALTH PRIORITIES

WHAT METHOD?

Information needed is
voluminous, complex,
technical

Need to imagine
future health needs
for self and others

Making tradeoffs
between competing
health needs can be
intimidating,
frightening

METHOD:

INFORMED DELIBERATIONS ABOUT HEALTH PRIORITIES

For policy issues that
would benefit from
direct public input

Group deliberations
since policy isn't about
individuals

What should we do as a
political community vs.
What do I/we want

No need for preexisting
knowledge of topic

**METHOD:
INFORMED
DELIBERATIONS
ABOUT HEALTH
PRIORITIES**

Research:
describe change
in learning,
opinions

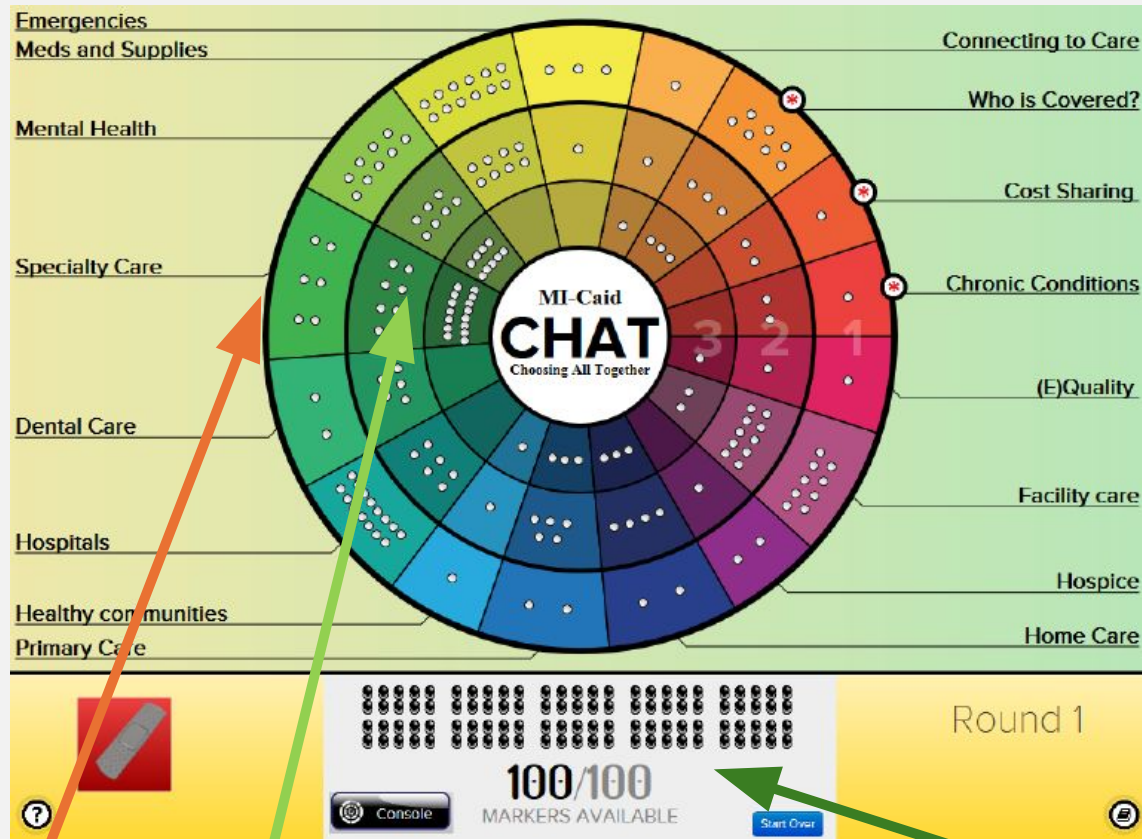
Research: what
policy options
chosen, and why

Research:
impact on
decisions, trust,
community health

CHAT

CHoosing All Together

- Award-winning “serious game”
- Engages nonexperts in informed deliberations to make tradeoffs, individually and in groups, between competing needs for limited resources
- In-person or virtual groups
- Multiple projects have successfully engaged people from minority, low-income, urban, rural and other underserved communities
- Automated data collection of individual and group selections

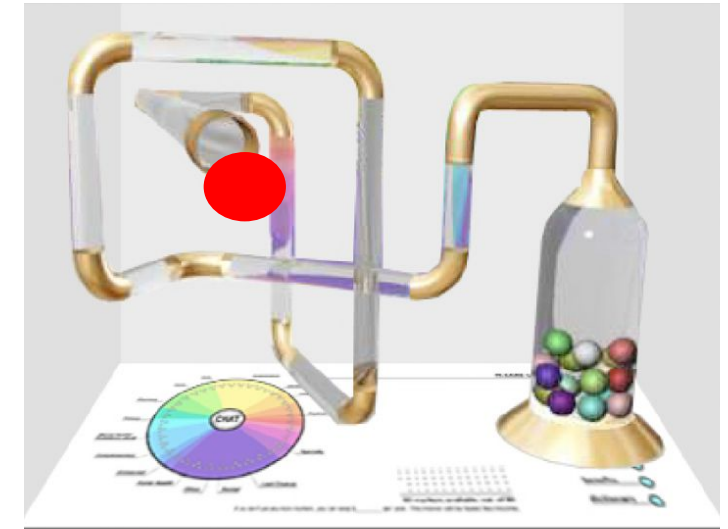
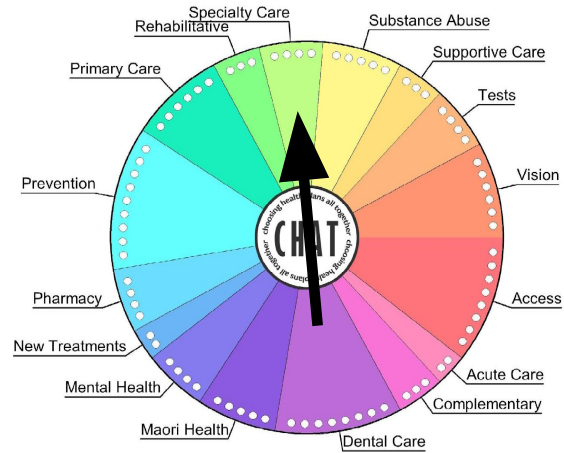


Spending categories depicted as wedges on a pie chart

Layers represent different levels of investment within each category.

Budget = a limited quantity of markers to allocate; more spaces (spending options) than markers.

Stories, distributed by chance, illustrate consequences of spending decisions.



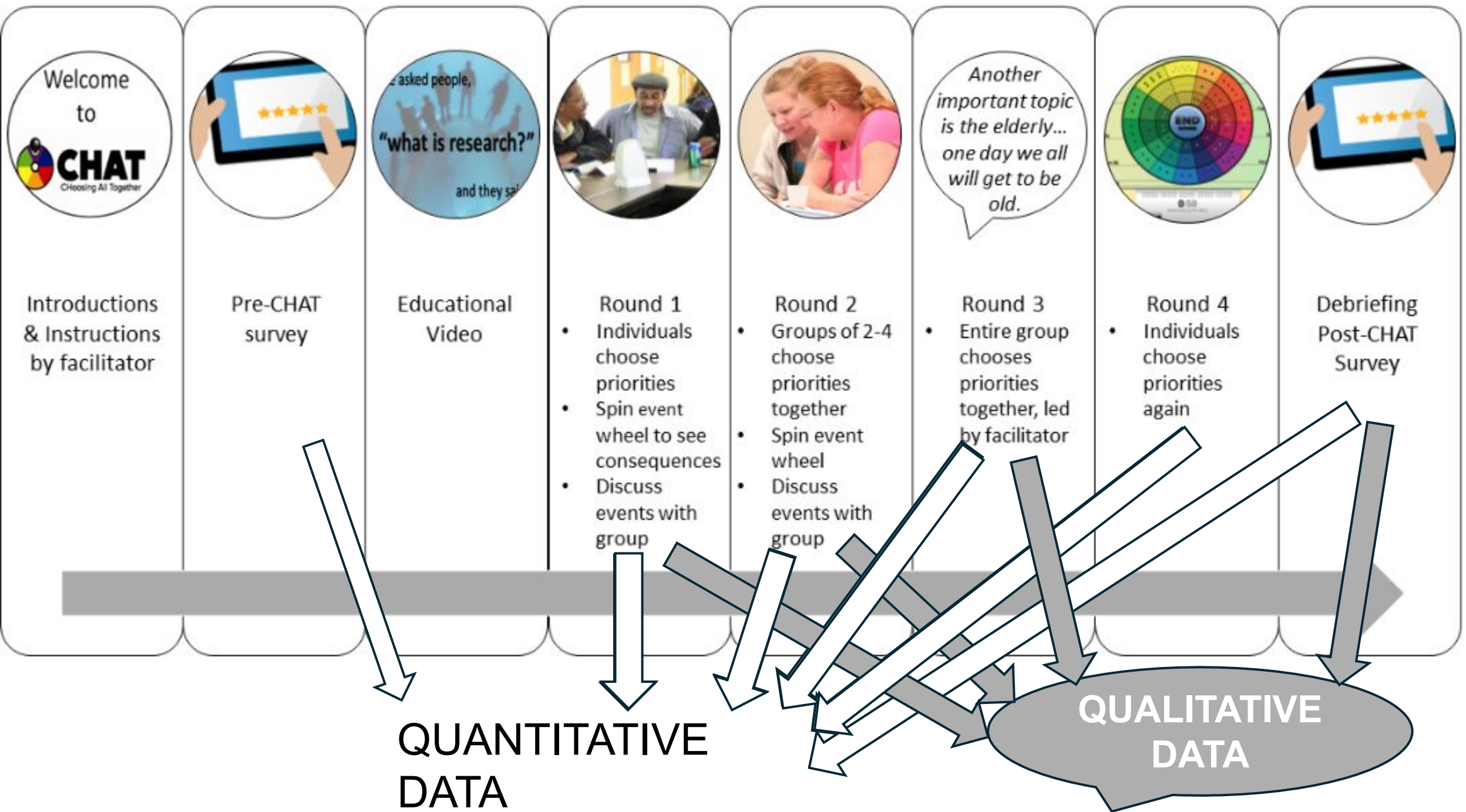
ACCESS



SPECIALTY CARE

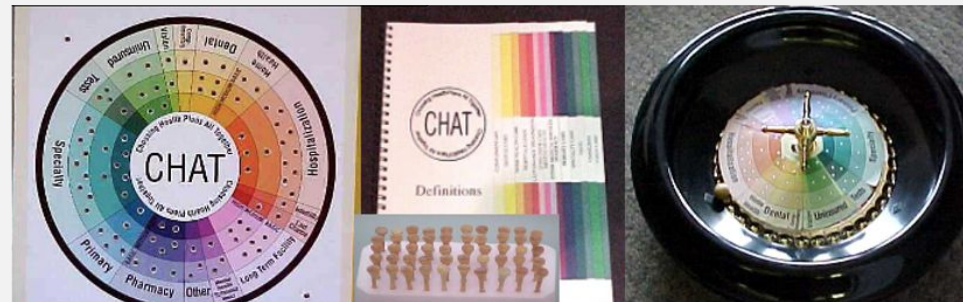
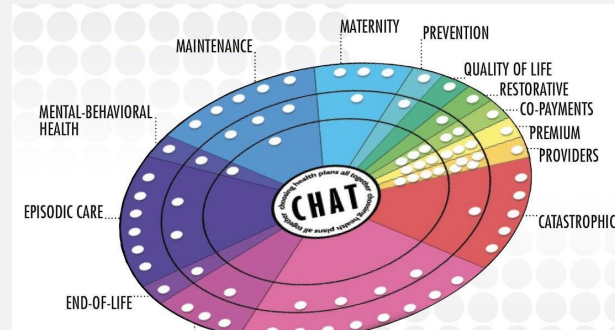


**MENTAL HEALTH
RESEARCH**



MANY PROJECTS ABOUT HEALTH INSURANCE

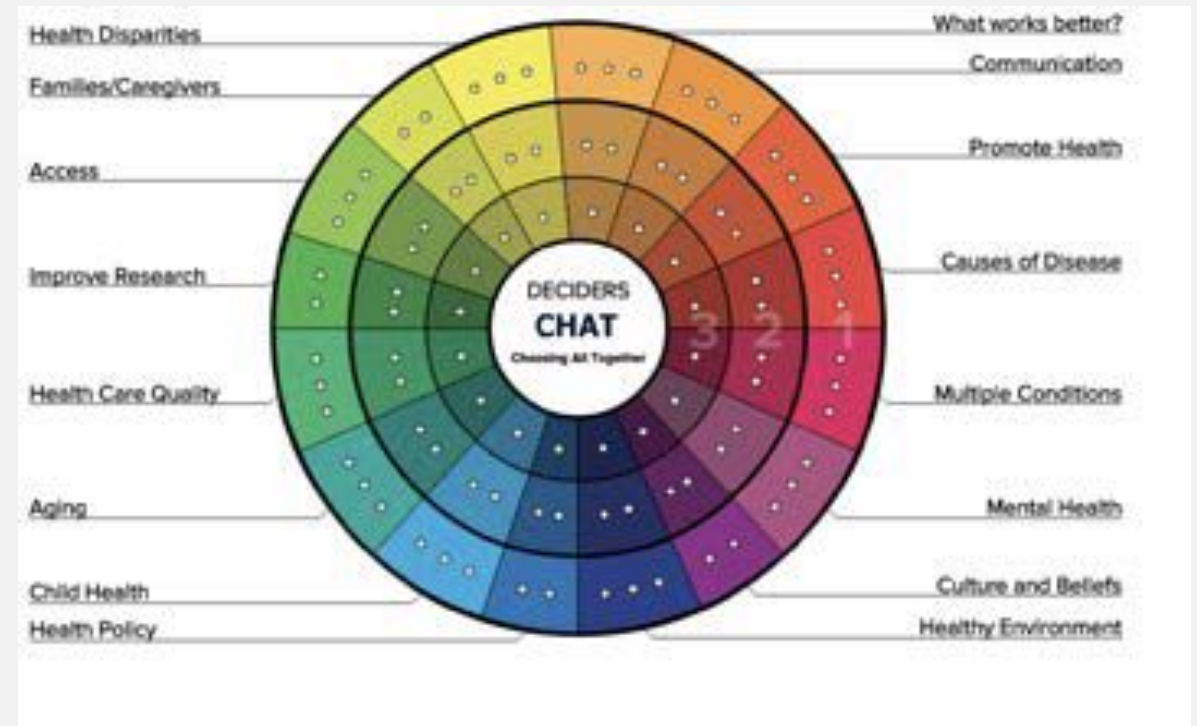
- Basic (essential) benefits
- Private insurance
- Medicaid
- Medicare
- Coverage for low-income uninsured
- India, Switzerland, New Zealand



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Health research priorities

- DECIDERS – NIA R01
- Priorities for Patient-Centered Outcomes Research - PCORI



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Community health, Social needs

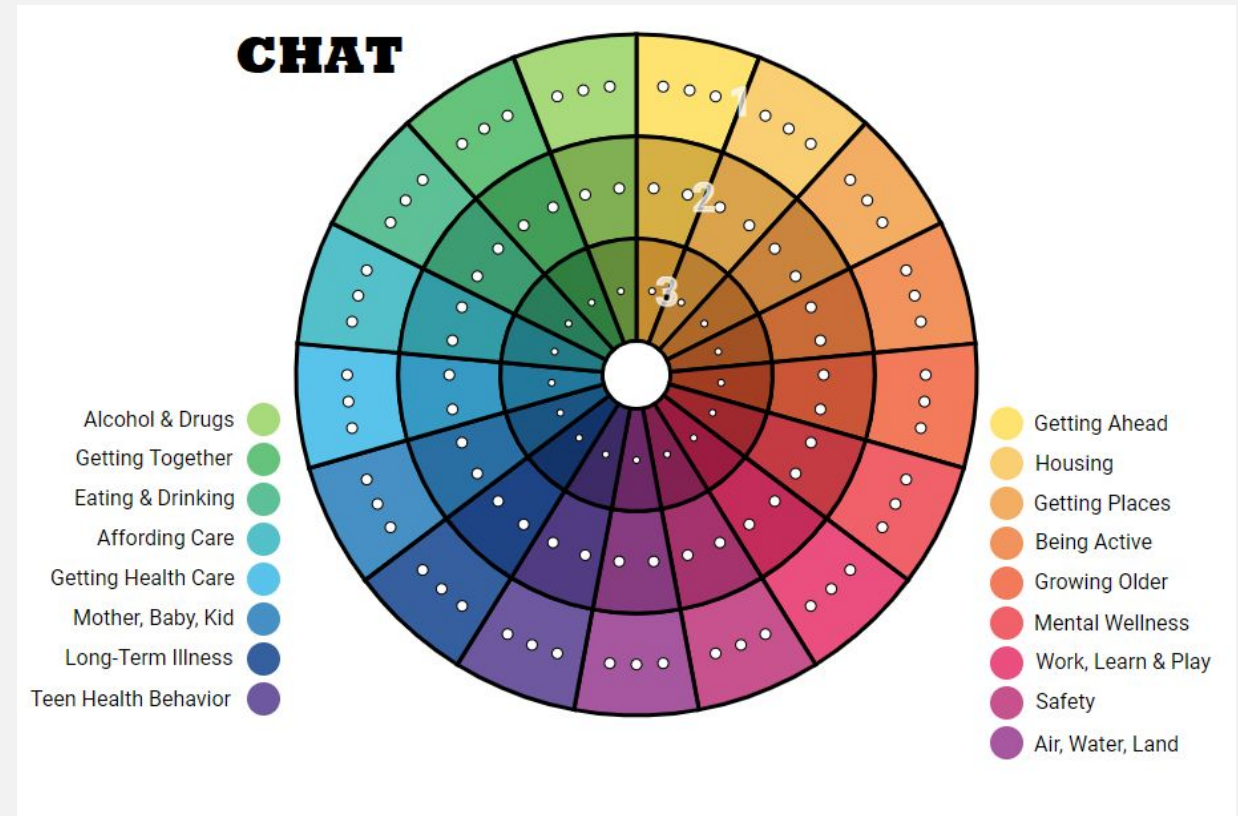
- Community Health Benefit spending by healthcare organizations
- Employment benefits for low-income workers
- Community priorities after COVID
- Nutrition interventions in rural Ghana

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EVIDENCE FROM COMMUNITY ENGAGEMENT USING CHAT

- Participants find CHAT understandable, fun and informative
- Favorable views of group deliberations including saying they feel respected
- Participants would often be willing to abide by the decisions made by their groups and trust the process to inform decision makers.
- Participants gain insight into limited resources and express concern for the common good
- Exploratory work suggests the results of community deliberations about priorities can influence decision makers.

“I loved getting different opinions. Some things I might not have thought about...”

“I mean if you’re trying to prevent people from getting sick and then lowering future healthcare costs, a way to do that is to make sure people are healthy to begin with.”

Community Priorities after COVID

Virtual CHAT

The screenshot displays a virtual meeting interface. At the top, a video gallery shows six participants: Lydio, Charo, Claire (Facilitator), Lloyd, Seth, and Tiffany. The main area features a large, circular diagram with a central 'CHAT' hub. The diagram is divided into segments representing various community priorities, each with colored dots indicating the number of participants who prioritized that topic:

- Work* (Green)
- Transportation* (Yellow)
- Health Insurance* (Green)
- Internet* (Yellow)
- Food* (Red)
- Neighborhoods* (Orange)
- Housing* (Green)
- Legal* (Blue)
- Also High School Education* (Teal)
- Postsecondary Through 12th Grade Education* (Orange)

At the bottom, a control bar shows a timer at 1:05, a grid icon, a '5' icon, a pause icon, and a trash icon. A progress bar indicates the meeting is at the end of round 2, with a total of 100 participants.

Community Priorities after COVID

- Entirely virtual group deliberations in English and Spanish
- N=128, Low-income, more women than men, age 20-68

Race/Ethnicity	%
White	34.1
Black or African American	21.7
Asian	12.4
Mixed/biracial/multiracial	4.7
American Indian or Alaska Native	6.2
Native Hawaiian or Pacific Islander	0.8
MENA	0.8
Hispanic	28.7
Other	2.4

Post-CHAT measure	Mean
	<i>Strongly Agree = 4</i> <i>Strongly Disagree = 0</i>
Views of Deliberation (scale)	3.20
Information and Choices (scale)	2.66
I would be willing to abide by the group's choices	3.40
I would trust a process like this to inform decisions about government spending.	2.98

**CURRENT PLAN:
DISSEMINATING A
SUCCESSFUL
METHOD**

- Planning a multisite dissemination and implementation study
- Develop and refine resources (including generative AI) that would make the CHAT method (the tool and the participatory process) easy to adopt and use
- Contribute to the science of community engagement

Does engaging communities in priority setting affect...

Awareness,
knowledge &
understanding

Trust in health
systems,
research, public
health

Relationships
with academic
partners

Allocation
decisions

Community
health & health
equity

Where?



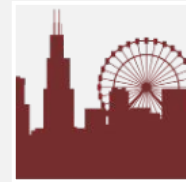
Michigan

Academic and community partners experienced adapting and implementing CHAT
Diverse population and partners including AA/Black, MENA, AIAN, Hispanic, rural, urban



Colorado

Community-academic partnerships including AA/Black (urban), AIAN (rural and urban), Hispanic (rural and urban), Somalian immigrant.



Chicago

Community-academic partnerships (Rush and UC) including AA/Black, AIAN, Hispanic



Other partners

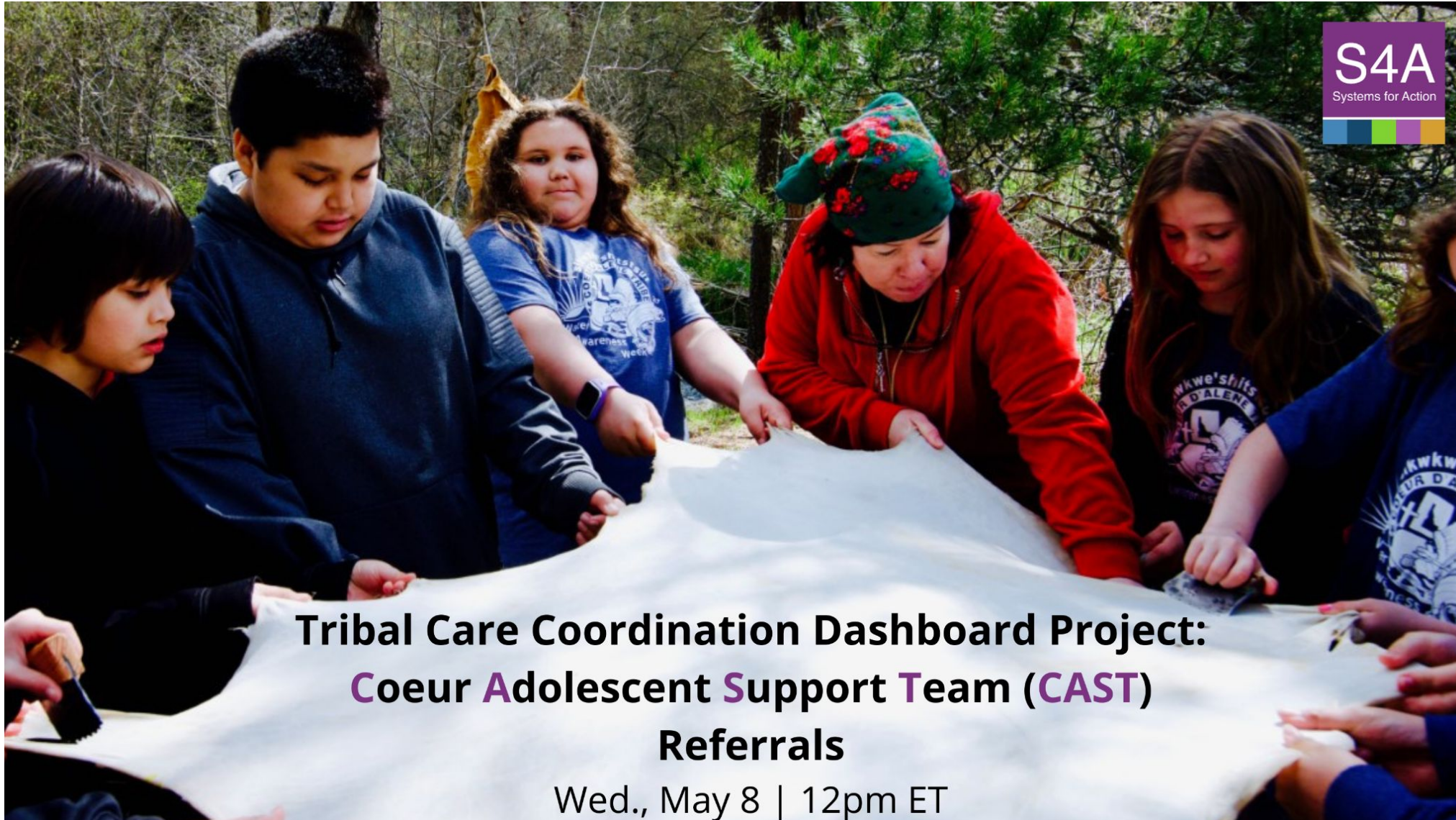
Reach out if your community-academic partnership is interested!

The background features a repeating pattern of light gray speech bubbles, each containing a dark teal question mark. The bubbles are arranged in a staggered, overlapping grid. The text is centered over this pattern.

Questions?

Comments?

Suggestions?



**Tribal Care Coordination Dashboard Project:
Coeur Adolescent Support Team (CAST)
Referrals**

Wed., May 8 | 12pm ET

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus in Aurora, CO.



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