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Individual and Family Engagement Themes

In researching and writing ***Individual and Family Engagement in the Medicaid Population: Emerging Best Practices and Recommendations (2014)***, *a* diverse group of individuals were interviewed. A cadre of experts generously gave of their time and wisdom. Many common themes and messages emerged, and are summarized below. As you explore ways to meaningfully invite the voices of those who receive Medicaid benefits to share their thoughts, insights, and ideas for improvement and partnership, these practical tips and suggestions may prove useful.

It's All About the Relationship and Trust

- Be patient. Build relationships by supporting individuals to work at their own pace to address significant challenges in their lives.
- Use respectful, honest, and open communication methods. Be transparent by sharing what you know or don't know about topics the individual cares about. Help people connect with others who could have the information or reassurance they seek.
- Listen to individuals' concerns and help connect them to appropriate resources.
- Share consistent messages of hope and exhibit behaviors that demonstrate respectful interactions.
- Listen more than talk. Take time to connect with people—sit down face-to-face.
- Demonstrate empathy and be willing to show your vulnerability.
- Work with individuals on what is important to them, and consistently follow-up on actions you say you will take to support their efforts.
- Communicate in ways that are understandable, using plain language and taking into account the context of the individual's preferences, values, and beliefs.
- Use shared decision-making tools that are co-designed by users.
- Simplify messages. Create a welcoming environment, demonstrating empathy and building trust through consistent action.

Seek Out Individuals and Their Families in Their Own Environments

- Use multiple ways to connect with others, such as text, email, personal outreach, and telephone.
- Hold outreach events in community locations such as libraries and churches, and follow-up in ways that emphasize messages of hope and caring about people as individuals.
- Conduct outreach where people gather for meals and activities, bringing the (health) care to them.
- Consider places where individuals are located, such as where they live, work, and play, and invite them to participate in creating new program services.
- Meet people where they are at both physically and psychologically.

Consider Where to Spend Time in Outreach and Delivery of Services

- Plan for, and use resources appropriately. For individuals with very complex situations or who are dealing with significant health issues, one-to-one intensive support and mentoring may be the best use of resources.
- Create a new community-based resource with individuals trained in complex communication skills who understand the issues for those who have been marginalized. These workers can partner with peer mentors to build relationships and trust by consistently and non-judgmentally helping marginalized people on the issues they self-identify as most important.
- Partner with community organizations to address identified social needs.
- Co-design services with individuals and families to eliminate delays in care. Consider wrap-around services as an approach to breaking down barriers and the complexity of care.
- Connect public health resources with primary care in same location. Ensure that clinical referrals are direct, timely, and effective.
- Create partnerships with advocacy organizations and build mutual respect between advocates and the health care organization. Organizations that are adversarial do not benefit individuals in the community.

Value and Celebrate Small Steps ~ This is the Way to Create Success and Resilience

- Help individuals to identify potential roadblocks to their plans/goals for health. Join with them to explore ways to mitigate the perceived barriers.
- Use a high touch approach that helps individuals to identify small steps they can take.
- Routinely use the best practice in behavior change science called Motivational Interviewing. If you don't have time to learn this skill, hire someone on your team who can learn it and apply it daily with others.
- Accept people in their current readiness to change, understand their perspective, and suspend your judgment. This helps individuals be receptive and open to discussing change that makes sense for them.
- Affirmations—by helping individuals have success in taking smalls steps—play a key role in engaging individuals when they lack confidence about taking charge of their health.

Do Acknowledge and Address the Challenges to Engagement for Others

Common Challenges for Everyone:

- Difficulty sustaining new behaviors when stress and unforeseen personal challenges surface that may cause individuals to revert to old behaviors and patterns that are not as healthful.
- Not recognizing that there is a burden to treatment choices and, based on an individual's life, follow through may not be possible.
- Treating people as numbers or diseases, instead of as individual and unique people.
- Finding and hiring staff with the skills, personal characteristics, and values to work with this population.
- Lack of health literacy creates a barrier to creating partnerships in care.
- Competing priorities for individuals and the health care organization.
- Language can be overly complex and filled with acronyms, making it hard to understand the main message.
- Lack of a complex communication skill set can impede the development of a supportive, coaching approach. Changing behaviors requires the ability to build authentic relationships and to communicate in useful and affirming ways.

Situations that Hinder Engagement Effectiveness, Including Social Determinants of Health

- Asking personal questions without setting a context for "the need to know," can raise an individual's concerns.
- Labeling the individual as "non-compliant."
- Discounting an individual's value and ability to learn and change.
- Stereotyping individuals by embracing the negative Medicaid client profile and acting as if they cannot be engaged.
- Transient and mobile individuals may be hard to locate, making it difficult to contact for follow-up. This makes creating longer term, consistent relationships more challenging.
- Lack of housing.
- Trying to solve social problems within the medical model wastes resources and is frustrating to individuals and health care professionals. Consider partnerships to bring collective resources together to address these challenges.
- Some populations, such as those with mild cognitive impairment or mental illness, require a different approach to engage.
- Transportation limitations and ongoing chronic stressors, such as homelessness, poverty, and domestic violence.
- Generational poverty experiences require a different approach. Identify trusted resources in the community and, in partnership with them, invite individuals and families to participate in new ways of learning and collaborating to create better care services.