



ADVANCING HEALTH EQUITY THROUGH STATE IMPLEMENTATION OF HEALTH REFORM

REQUEST FOR APPLICATIONS FOR TECHNICAL ASSISTANCE

With support from The Aetna Foundation, The National Academy for State Health Policy (NASHP) is excited to announce the availability of a technical assistance program that will support states in advancing health equity through implementation of health care reform. The State Health Equity Learning Collaborative will provide concrete assistance to participating states through access to expert consultation, implementation resources, and networking with other state officials to support states in achieving both health reform and health equity goals simultaneously.

The 2010 National Healthcare Disparities Report noted that health disparities, or persistent health differences among populations, are present in almost all aspects of healthcare. Racial and ethnic minorities tend to have less access to needed services and receive lower health care quality. Achieving health equity will require progress on many fronts, and implementation of health care reform gives states a wide range of potential policy levers to employ.

NASHP seeks applications for technical assistance from states that have firmly committed to advancing health equity and want to leverage the opportunities presented in health care reform implementation to tackle racial, ethnic and language disparities in health care. Seven states will be selected to participate in the State Health Equity Learning Collaborative through May 2012. States will develop and share health care reform strategies with their peers across the country and have access to national experts in assessing potential options for achieving their policy goals.

WHAT'S IN IT FOR STATES?

Implementing the Affordable Care Act (ACA) with a conscious consideration of advancing health care equity can be challenging in an environment of competing priorities and limited resources. This initiative provides a structured opportunity to integrate health equity initiatives across state agencies – specifically Medicaid, Public Health and Minority Health – and implement a cross cutting health equity agenda. The Collaborative will allow states to learn from one another, identify areas of shared need, receive expert technical assistance, discuss emerging challenges, and connect with federal health care reform efforts. States engaging in the Learning Collaborative will:

- *Receive a Customized State Profile:* NASHP will develop for each selected state an Equity Profile, which highlights key racial, ethnic, and language disparities data and policy opportunities at the state level.

- *Develop a State Work Plan:* Each state will develop a work plan collaboratively with Medicaid, Public Health and Minority Health agencies that presents specific strategies for integrating health equity objectives into implementation of health care reform.
- *Network with Other States:* An on-line collaboration portal will serve as a forum for information exchange and joint policy development. Through it, members of state teams and national experts will be able to share resources, challenges and questions through both free-flowing and moderated exchange
- *Learn from National Experts:* Each state in the Collaborative will receive individual and group technical assistance to help it strengthen its approach to health care reform implementation in a manner that advances health equity. Technical assistance will be provided through monthly webinar/conference calls, interactive web software, and personalized communication.
- *Contribute to National Discussion:* Travel expenses for three representatives from each state will be supported to attend a Invitational Health Equity Summit in March 2012. The work of the Learning Collaborative states will be a focal point of both this meeting and a “State Policymakers’ Action Agenda for Advancing Equity through Health Reform” that will capture the accomplishments of each participating state.

POLICY OPPORTUNITIES

The ACA provides opportunities to advance health equity through expansion of health insurance coverage, delivery system reforms, and public health initiatives. Listed below are eight priorities for health care reform implementation that have been identified by state officials, along with some initial examples of the types of strategies that could be employed to address health disparities. For more information on the health reform framework, visit State Refor(u)m, NASHP’s interactive health reform portal at www.statereforum.org.

States responding to this announcement will identify three health care reform priorities they would like to address through the Learning Collaborative from the eight potential priority areas. The three priorities identified most frequently by participating states will become the focus of the Learning Collaborative’s technical assistance.

Health Insurance Coverage

1. *Be Strategic with Insurance Exchange*—Develop descriptions of plans and subsidies that are culturally and linguistically appropriate; conduct targeted outreach to racial and ethnic minority communities to increase their awareness of insurance subsidies.
2. *Simplify and Integrate Eligibility Systems*—Adopt tested outreach, enrollment and retention strategies to maximize participation of underserved populations in Medicaid and Exchanges; reduce documentation burden of citizen verification; increase translation and interpretation services.

Delivery System Reform

3. *Emphasize Coordination of Care*—Establish health homes in racial and ethnic minority communities targeted to people with multiple chronic conditions; integrate delivery of behavioral and physical health for Medicaid recipients through safety net providers.
4. *Promote Quality and Efficiency from the Health Care System*—Adopt payment reform demonstrations to improve care for persons with chronic diseases and concentrate public resources for pilot programs in racial and ethnic minority communities.
5. *Improve Provider and Health System Capacity*—Strengthen the ability of safety net providers to serve persons newly eligible for Medicaid and insurance benefits, many of whom will likely be ethnic minorities with chronic conditions; develop federal grant proposals to support increased workforce diversity and expanded provider capacity in underserved areas.

Public Health

6. *Engage the Public in Policy Development and Implementation*—Develop strategies to empower racial and ethnic communities to weigh in on policy options before they are adopted and to provide feedback on how they are being implemented so they can be improved.
7. *Use Your Data*—Develop strategies to analyze the myriad new data elements mandated for collection in order to identify and drive needed improvements in health equity; use data to establish provider performance measures for reducing health disparities and chronic disease.
8. *Pursue Population Health Goals*—Revitalize public health strategies that focus on disease prevention and health promotion; develop federal grant proposals to access opportunities provided by the Public Health Trust Fund; expand the supply and scope of community health workers.

INVITATIONAL HEALTH EQUITY SUMMIT

An Invitational Health Equity Summit will be held in March 2012 in Washington, D.C. NASHP will support travel costs to the Summit for a team of three state officials from each of the Collaborative member states. At the Summit, researchers and federal officials will join state officials to identify strategies for improving health equity by using the policy levers available in health care reform, share lessons from the Collaborative's work, and develop an action agenda for promoting the widespread adoption of promising practices.

WHAT'S REQUIRED OF SELECTED STATES?

With the support of the Aetna Foundation, NASHP will commit time and resources to support each Collaborative member. In return, each member state will be expected to:

- Maintain a core team of at least three members with decision-making authority in state agencies responsible for Medicaid, public health and minority health.
- Develop a state work plan (template provided by NASHP) that presents objectives and strategies for integrating health equity objectives into implementation of health care reform.
- Participate in all technical assistance activities (monthly webinars and the national summit).
- Achieve implementation of the initial state work plan, supported by NASHP and national experts over the 9 month period of technical assistance.
- Review NASHP products as requested, including an agenda for the National Invitational Health Equity Summit and draft paper entitled, “State Policymakers’ Action Agenda for Advancing Equity through Health Reform.”
- Update the work plan at the end of the 9 month technical assistance period.

TIMELINE

July 21, 2011	Issue Requests for Applications
August 9, 2011	Prospective Applicant Call
August 26, 2011	Applications Due to NASHP
September 16, 2011	Selected States are Notified
October 14, 2011	Work Plan Due to NASHP
March 2012	National Summit in Washington, DC
May 2012	Final Report Due: State Work Plan Update
Ongoing	Participation in Technical Assistance Activities

APPLICATION GUIDELINES

States should apply in teams of at least three state officials by completing the application provided. The team should consist of individuals with decision-making authority in state agencies responsible for Medicaid, public health and minority health. States must also specify how they will engage other relevant state agencies and stakeholders, particularly those representing ethnic and minority communities, in the integration of health equity and health care reform goals. States are not obligated to establish a distinct task force for this purpose, but may propose how they intend to use existing committees and advisory structures for consultation.

Three core team members are expected to attend the Invitational Health Equity Summit in March 2012. Funding is available to cover their travel expenses. Additional team members may attend at their own expense.

Applications will be assessed on four criteria:

- ***Partnerships:*** Strong candidate states will present a partnership among state agencies responsible for Medicaid, public health, and minority health. They will also engage other relevant state agencies and stakeholder organizations.

- Health reform activity: Core team members should be engaged in health care reform efforts in their state.
- Reasonable objectives: Because the duration of this Learning Collaborative is less than a year, strong candidates will establish objectives that are feasible for this time period. States may choose to build upon existing complementary efforts in order to maximize the benefit of this opportunity.
- Potential impact of technical assistance: Strong candidate states will show how participation in this Collaborative will strengthen their health equity and health reform agendas. In particular, states should indicate how their initiatives could benefit from additional input and feedback, and the extent to which plans and policies are open to adjustment based on knowledge gained through the Collaborative.

We are also seeking diversity among selected states. We hope to include states from different regions, both urban and rural states, and states with varying approaches to health care reform implementation.

If you have questions about this application process, we are hosting a Prospective Applicant Call to provide you with the information you need. The call to review the RFA will be on **August 9, 2011 at 3:00 pm EDT**. The dial in number is 866-740-1260. Pass Code 8223936.

To apply for the Collaborative, please complete the following application electronically and e-mail it to Brittany Giles at bgiles@nashp.org by **August 26, 2011**. Please answer the questions in no more than five pages. We do not need extremely detailed answers to each question, but rather sufficient information to assess your initiative against the criteria listed above. We intend to notify each candidate state of the status of its application by September 16, 2011.

**ADVANCING HEALTH EQUITY THROUGH
STATE IMPLEMENTATION OF HEALTH REFORM**

APPLICATION FOR TECHNICAL ASSISTANCE

Please answer the questions below in no more than five pages. We do not need extremely detailed answers to each question, but rather sufficient information to assess your initiative against the criteria listed in the Request for Application instructions.

Please contact Brittany Giles at bgiles@nashp.org if you have any questions about the application process. Applications should be submitted by e-mail to bgiles@nashp.org by **August 26, 2011**.

Core team

Each state team should consist of individuals with decision-making authority in state agencies responsible for Medicaid, public health, and minority health. Additional team members are welcome. Please provide contact information for each member and indicate who will serve as the primary contact for the Collaborative.

Team Member (Medicaid)

Name: Primary Contact: Yes No
Title: Phone:
Agency: E-mail:
Assistant (if applicable): Assistant's e-mail:

Team member (Public Health)

Name: Primary Contact: Yes No
Title: Phone:
Agency: E-mail:
Assistant (if applicable): Assistant's e-mail:

Team member (Minority Health)

Name: Primary Contact: Yes No
Title: Phone:
Agency: E-mail:
Assistant (if applicable): Assistant's e-mail:

Team member (Additional)

Name: Primary Contact: Yes No
Title: Phone:
Agency: E-mail:
Assistant (if applicable): Assistant's e-mail:

1. Describe the role of each core team member in your state's health reform activities
2. Describe how other state agencies and stakeholders will be engaged with your efforts to integrate health reform and health equity goals.
3. Consider the State Reform framework for health reform implementation. Prioritize the top three priority areas your state would like to see as the focus of technical assistance activities offered through the Collaborative. For each of your top three priorities, briefly discuss your health equity objectives, any existing Medicaid, public health, or minority health agency health equity activities you might draw from to achieve these objectives, and how you might address the objectives during the 9 months of the Collaborative. The policy initiatives are:
 - *Be Strategic with Insurance Exchange*
 - *Simplify and Integrate Eligibility Systems*
 - *Improve Provider and Health System Capacity*
 - *Emphasize Coordination of Care*
 - *Use Your Data*
 - *Pursue Population Health Goals*
 - *Engage the Public in Policy Development and Implementation*
 - *Promote Quality and Efficiency from the Health Care System*
4. Please describe the type of technical assistance that would be most helpful to you and how technical assistance from the Collaborative could help your state achieve its objectives.