



**WEBINAR TRANSCRIPTION:**

**WHAT WOULD YOU INCLUDE IN YOUR HEALTH  
BENEFITS PLAN?**

*Presented by Marion Danis. November, 2017*

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# **¿WHAT WOULD YOU INCLUDE IN YOUR HEALTH BENEFITS PLAN?**

**November, 2017**

This transcription is based on a webinar presented **Marion Danis.**

**FIND THE WEBINAR IN REDCRITERIA.ORG**

## **Minute 00:05:41**

I am going to be talking about eliciting the public's priority through two exercises: one is called the CHAT exercise and one is called the REACH exercise and I will be explaining these in the course of the hour. Of course, my comments are my own. I am a federal employee of the US government but my comments do not necessarily reflect the policies of the US government.

So let me start by mentioning what I think we can gain when we discuss issues with the public and deliberate with them. One of the most important things is that in engaging the public in dialogue about policy questions, we can bring these questions to them and help them understand them.

I think the public often does not recognize the very difficult trade-offs that are at issue. And having conversations with them in a deliberative space where there is time to reason and listen, which is very important, it can also reduce disagreement on divisive issues, if there is some dialogue that shares some of the reasoning behind why we might do things. It can get the public to buy into some of the policy solutions that are made. And I think it can make the policy options more compatible with public preferences.

Let me just for a moment say something about how we define public deliberation. It's a combination of careful problem analysis, explaining the issues to the public and an egalitarian process in which participants have adequate speaking opportunities, listen to each other, and have a dialogue that can bridge different ways of speaking and knowing.



# Assumptions

- Expert-guided public engagement is feasible
- It is possible to structure complex policy decisions in a way that the public can understand and participate in
- Public deliberation will yield more reflective input than surveys

## ASSUMPTIONS

### Minute 00:09:02

So the assumptions in this process are that we use expert opinion to decide what to bring to people and then we engage them in a way that makes decisions on their part feasible. Often the decisions are very complicated and so a deliberative exercise is meant to make the process easier for them to engaging. And my colleagues and I would suggest that it is possible to structure such complex policy decisions in a way that public can understand and participate in, and we believe that such deliberation is going to yield much more reflective input from the public than if you simply survey the public. If you just ask them questions without informing them about the issues, you are going to get very poorly thought-out input from them.

# Rationale

- Priority setting is not something the public is experienced in doing
  - Therefore the method should make the priority setting process easy to learn and do

## **RATIONALE**

### **Minute 00:10:11**

The rationale is that priority setting is not something that the public is very used to doing. The method should therefore make the priority setting process easy to learn and to do.

# Description of the CHAT and REACH Exercises

- CHAT: Choosing Healthplans All Together
- REACH: Reaching Economic Alternatives that Contribute to Health

## DESCRIPTION OF THE CHAT AND REACH EXERCISES

### Minute 00:10:29

The two exercises that I am going to explain to you are basically aimed at achieving that rationale. One of them is called the CHAT exercise. CHAT stands for “Choosing Health Plans All Together”. It is an exercise that I designed with Susan Goold at the University of Michigan. It mainly focuses on allowing the public to choose health care benefit packages.

The other exercise is called REACH, for “Reaching Economic Alternatives that Contribute to Health”. And basically, the structure of the REACH exercise is identical to the CHAT exercise, but offers the participants a broader array of benefits that addresses the social determinants of health.

## Description of the CHAT and REACH Exercises

- Each is a structured small group exercise conducted with groups of 10-15 individuals (multiple groups can be conducted in a particular project)
- A game board is used to represent benefits or other services/options of interest
- Stickers are used to represent a pot of resources that must be allocated among benefits
- Participants go through 4 decision cycles

## DESCRIPTION OF THE CHAT AND REACH EXERCISES

### Minute 00:11:36

So let me go ahead and describe the exercises. They each involve a structured small group exercise. We gather groups of people, somewhere between ten and fifteen individuals, and in any particular project we often run many groups so we can aggregate their input. We use a game board that is used to represent the various benefits we want them to choose from and we give them a little pile of stickers that represents a part of money or resources that they must allocate among the benefits. And we have the participants in the exercise go through this decision-making cycle four times.

# Exercise Sequence

- Round 1: participants make choices for themselves by placing stickers on the board
  - Read and reflect on event cards
- Round 2: Small groups make choices
  - Read and reflect on event cards
- Round 3: Facilitator leads whole group in deliberation
- Round 4: Participants make individual choices again

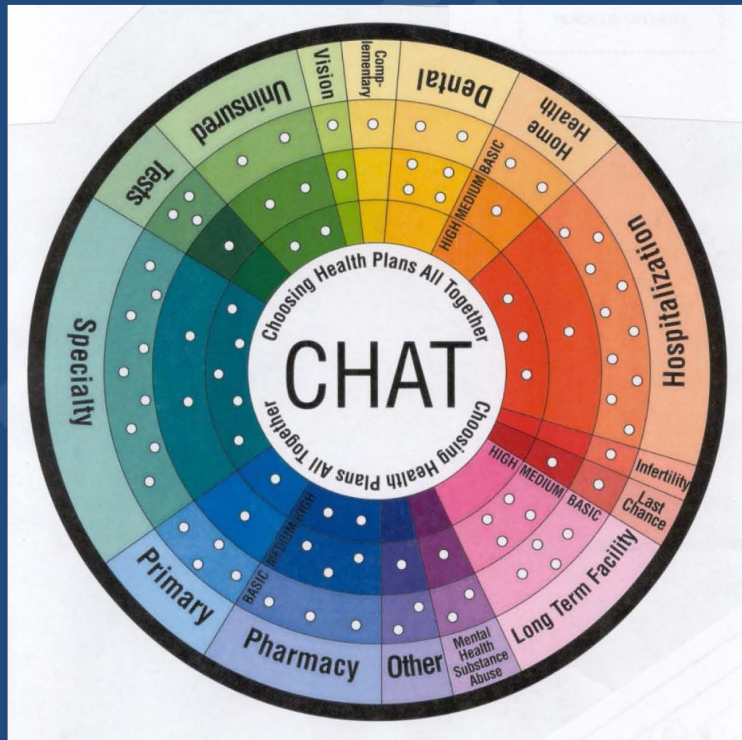
## EXERCISE SEQUENCE

### Minute 00:12:37

The first time they choose things for themselves and that is intended to help them become familiar with the process. Between that round and the next round we give them some little cards with stories on them that explain the consequences of their choices. Then they move to a second round where they now work in groups of two or three people, or three or four, and they make choices on the board again. And at that point we often distribute these event cards again that they read and discuss with each other so they can reflect on the consequences of the choices and the things left off their choices. Then we have, in the third round, the whole group of ten to fifteen people talking and making choices together, and this round is facilitated by the group leader who walks them through the decision/making process, giving each person in the group

a fair opportunity to make a decision and suggest how the group should choose things. And then we often use a fourth round where participants make individual choices again, so that we can see how the group process might have altered the choices that they made at the beginning. I mentioned that we have all four rounds but there are many projects we have done where researchers or policy makers have chosen to do fewer rounds because it is simpler for their population.

# The CHAT Exercise Board



- Benefits are offered based on evidence of effectiveness
- Benefits are displayed in slices around the board
- The number of stickers needed to choose benefits is based on actuarial cost

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## THE CHAT EXERCISE BOARD

### Minute 00:14:39

Here is a picture of the CHAT exercise board and you can see that the benefits are shown around the board. Each benefit is shown in sort of a slice of a pie. For example, on this board you can see at the top dental care, at about three o'clock you can see it's the choice of hospitalization, at the bottom you can see pharmacy next to primary care and specialists and there are concentric rings. People can pick at the outer ring, for primary care for example, the very basic package, or if they want more complicated primary care where they get to see their doctor sooner, they would choose the next level. The benefits are basically on this board based on evidence that health policy experts have developed, showing that these sorts of benefits are cost-effective. And they are here because we want people to prioritize among them in case there are not enough



resources to cover the full package. The number of holes, which you can see on the board, is based on the cost actuarial cost of each of these benefits. So when they make these choices they are making choices that are based on evidence of effectiveness and cost-effectiveness.

## Other Materials Used in the Exercise

- Facilitator script
- Participant manual
- Event cards to promote prudent choices
- Stickers

## OTHER MATERIALS USED

### Minute 00:16:45

In Latin America and the Caribbean you have a long tradition of commissioning costing studies. So the intention here is not to cover the nuts and bolts of costing, as there are a lot of great resources that describe the methods elsewhere. Instead we will review some basics about unit costs and share recommendation for methods; either focused on estimating total cost of the



There are other materials that we use in the exercise. There is a facilitator script so that someone who is not necessarily very experienced with this kind of group process can use the script and conduct a group even if they have not done it before. We offer a manual that describes each of the benefits that they are going to choose, and I will show you some picture of the manual. And then we have the event cards, as I mentioned, and the stickers. We buy the stickers in a local stationary store and they use these to make their choices.

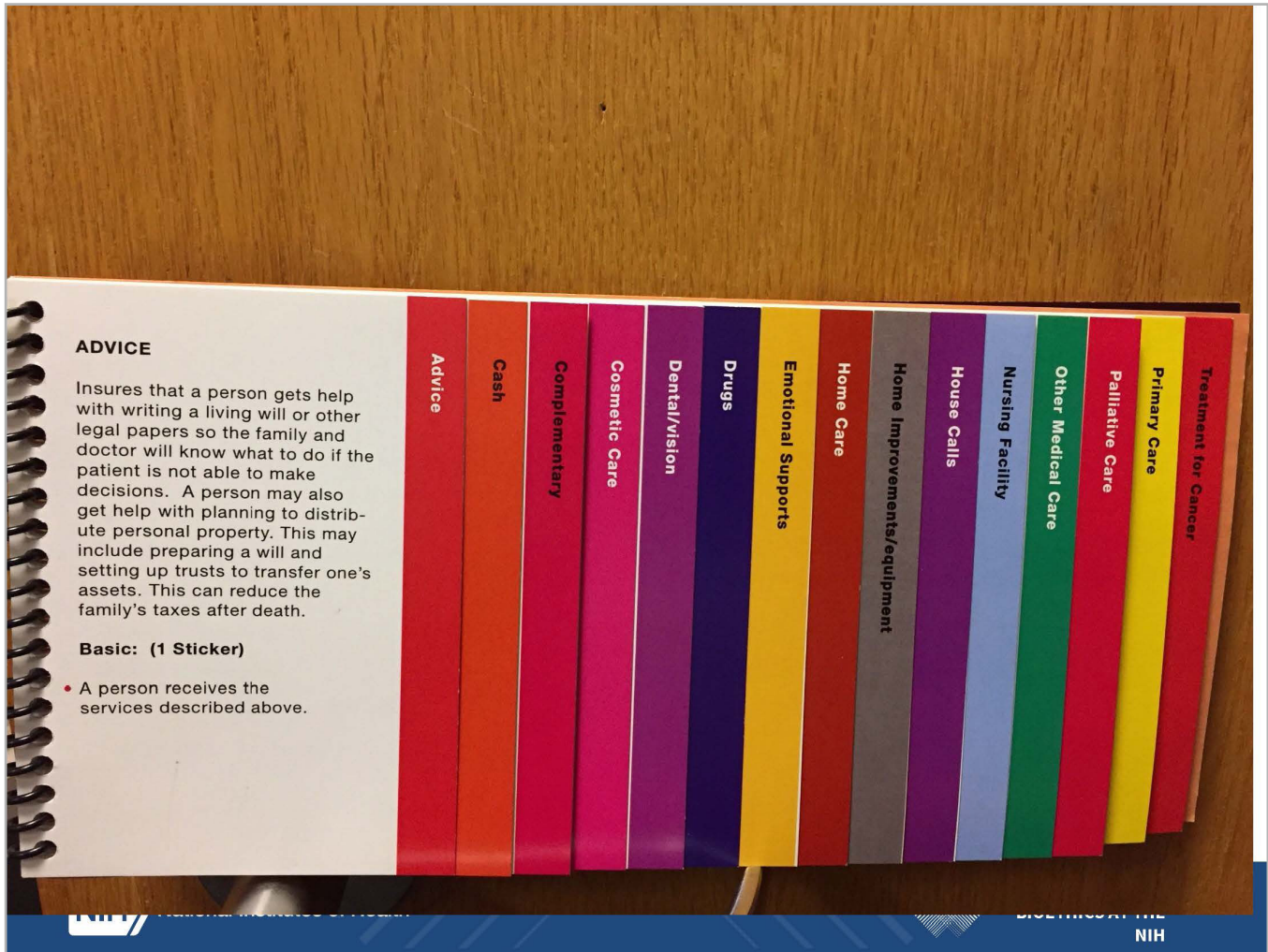


## CHAT MANUAL

### Minute 00:18:05

This is a picture of the inside of that booklet and you can see that the various choices that were on the board would be described on each of these pages. The color matches the color on the

board so they can match-up and we try very hard to make the literacy level of the exercise materials understandable at about a 6th grade or 8th grade reading level.



## CHAT EXERCISE EXAMPLE

### Minute 00:18:41

Here is a picture of a CHAT program that was done in India a number of years ago. This is the third round where people are all sitting together and making their choices together. You can see that the board has several Indian dialects on it and all of the materials were translated into the dialects they speak. And you can see there is a tape recorder in the middle of the board where the group facilitator is recording the conversation so we can analyze the reasons they give afterwards.

# Policy Questions that Have Been Addressed

- In the US
  - Design of the Medicare package
  - Design of Medi-Cal for disabled adults
  - Benefits of employer-sponsored commercial insurance
  - Designing coverage for the uninsured
- In India
  - Micro-insurance for rural villages
- In South Africa
  - Universal Health Coverage

## POLICY QUESTIONS

### Minute 00:19:25

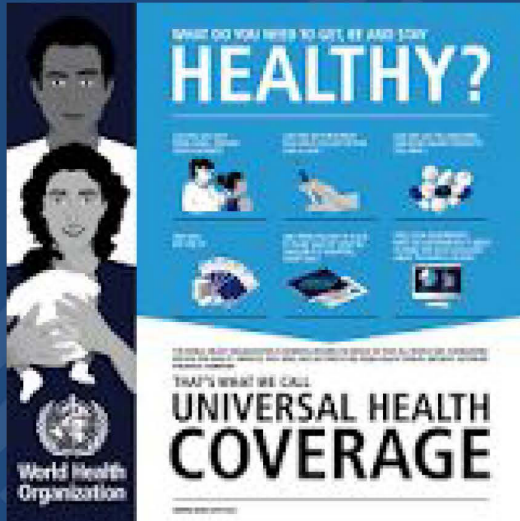
We have used the CHAT exercise to address many policy questions. In the US we have used it to get public opinion about the design of the Medicare package, and the design of Medi-cal. Medi-cal is the California version of Medicaid, which you might know is the program for the poor and chronically ill people in the United States who don't have insurance otherwise. And we did a CHAT project with people who are insured by Medi-Cal, who were also disabled. We have used the project to look also at public opinion about private health insurance, employer-sponsored insurance in the United States, and we have used the exercise to get public opinion about how the basic package should be for the uninsured in the United States. There are other projects as well but those are some prime examples.

In India, as you saw in the picture, we had a project that was designed to allow village residents in rural communities to design a micro insurance package that they were self-funding. And this was what we call micro-insurance packages worth twelve dollars a year.

Currently we are getting started with a project in South Africa with some colleagues at Wits University to get the opinion of the public in South Africa of what they would like to cover in Universal Health Coverage.



# Universal Health Coverage



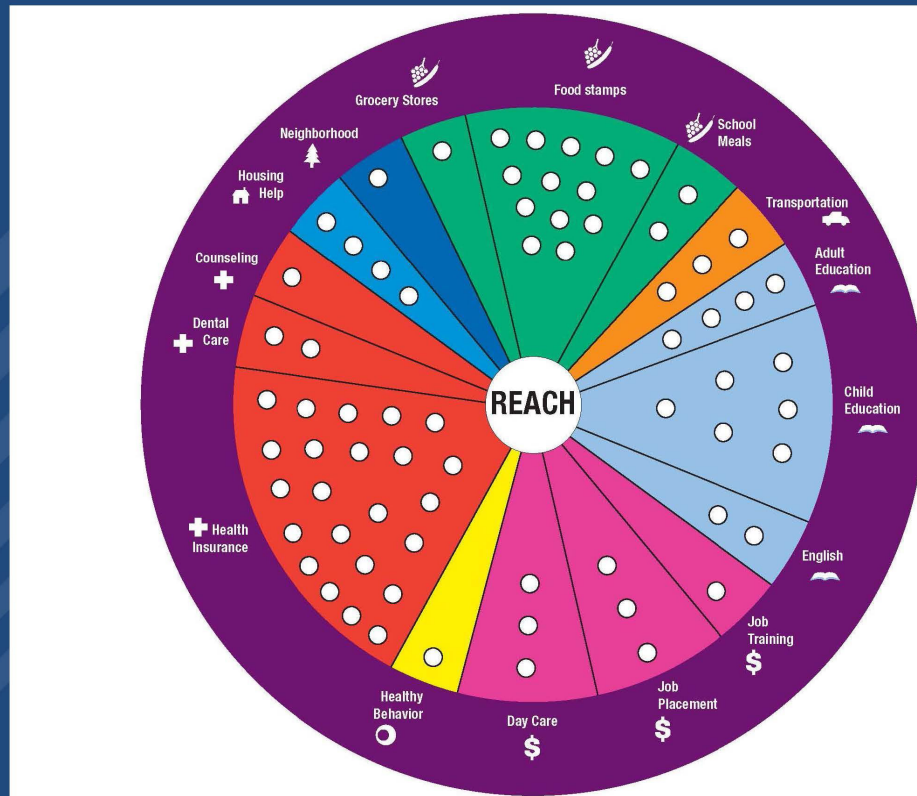
- Competing aims:
- Access for many
- Wide coverage: promotive, preventive, curative and rehabilitative health services
- Protection from financial hardship when paying for services

## UNIVERSAL HEALTH COVERAGE

### Minute 00:21:29

Obviously Universal Health Coverage is a very prominent topic these days and we think it is very appropriate for using the CHAT exercise because there really are several competing goals that are desired in Universal Health Coverage. One desire is to have a very broad coverage, covering many people, so that access is available to many. At the same time, there is a desire for a wide array of benefits including health promotion, prevention, curative and rehabilitative services. And finally, the major goal is financial protection from hardship. And those three goals compete with each other making the exercise a very appropriate tool for helping the public prioritize.

# The REACH Exercise



## THE REACH EXERCISE

### Minute 00:22:31

This is a picture of the Reach exercise. It is essentially designed in the very same way as the CHAT exercise but the options on the board are much broader. While the traditional health care benefits are displayed in red, on the left, the other areas that we included for people to choose from are housing help with housing vouchers, improvements in their neighborhood with things like parks and more safety. The green slices are all related to nutritional security, including the possibility of more grocery stores in the neighborhood and food stamps or school meals. There is one option on the board for easy transportation for people to get to work at less expensive cost. The light blue options include adult education and child educational programs during the day while parents are working, and then there are job related options with job training and job placement.

# Rationale

- Socio-economic factors are powerful determinants of health, yet the public may not necessarily be fully aware of this reality
  - Therefore the method must first serve to be informative regarding SEDH
- Information about the SEDH, by itself, may not be sufficient to yield thoughtful priorities
  - Therefore the method should include some opportunity for reflection and deliberation

## RATIONALE

### Minute 00:24:12

The rationale for the REACH exercise is that socio-economic factors are powerful determinants of health, but the public may not necessarily be fully aware of this reality. The method really has to first inform participants about the socio-economic determinants of health. And also, we assume that simply giving them information may not be sufficient to yield thoughtful priorities and so the method should include an opportunity for them to see health events and to reflect and deliberate about them.

# Facilitator's Introduction

- *Around the world public health experts have learned that people with low incomes are likely to be less healthy than people with high incomes. There are lots of reasons for this. People with low incomes often have less education. They don't earn as much money to spend on medical care and other things they need to keep them healthy. They live in neighborhoods and houses that are less safe. The project you are participating in today was created to address this problem. Several governments are developing programs to improve the health of people with low incomes. They offer programs that help people to improve their lives and their health. But these programs are very expensive and it will be hard for any government to offer all the programs that might possibly be helpful. Today we will ask you to imagine that your city is planning programs to improve the health low income residents. Today you get a chance to tell us which programs would be most helpful to you.*

## FACILITATOR'S INTRODUCTION

### Minute 00:24:52

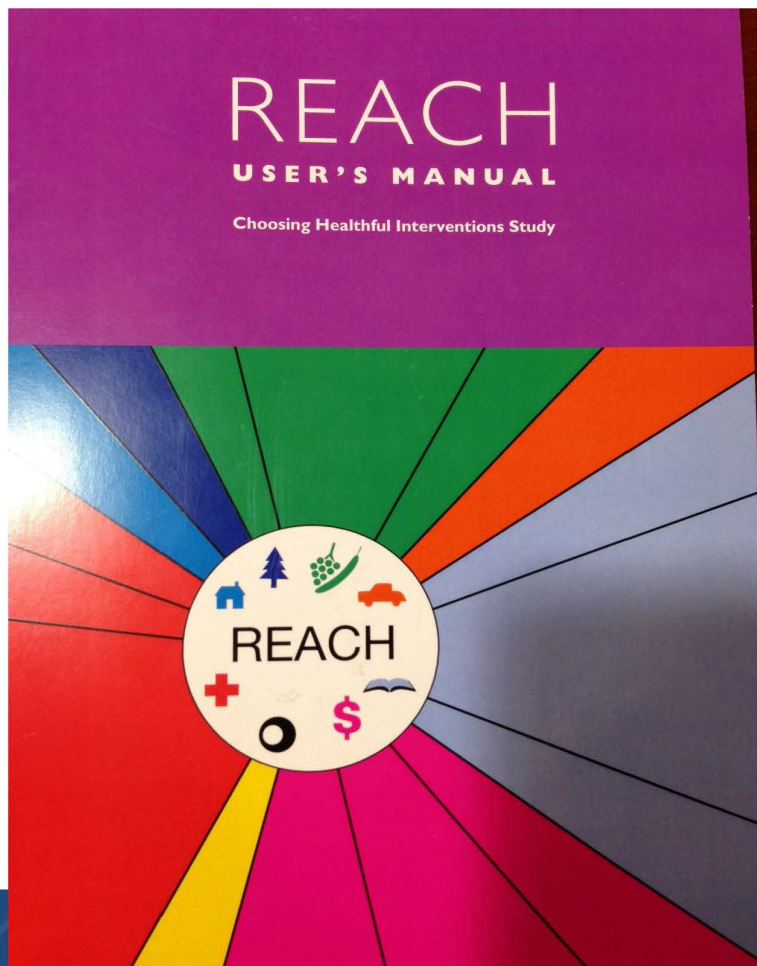
Here is an introduction that the facilitator gives at the beginning and I will just read it quickly. This is what the facilitator explains:

“Around the world public health experts have learned that people with low incomes are likely to be less healthy than people with high incomes. There are lots of reasons for this. People with low incomes often have less education. They don't earn as much money to spend on medical care and other things they need to keep them healthy. They live in neighborhoods and houses that are less safe. The project you are participating in today was created to address this problem. Several governments are developing programs to improve the health of people with low incomes.



They offer programs that help people to improve their lives and their health. But these programs are very expensive and it will be hard for any government to offer all the programs that might possibly be helpful. Today we will ask you to imagine that your city is planning programs to improve the health of low-income residents. Today you get a chance to tell us which programs would be most helpful to you.”

## User’s Manual

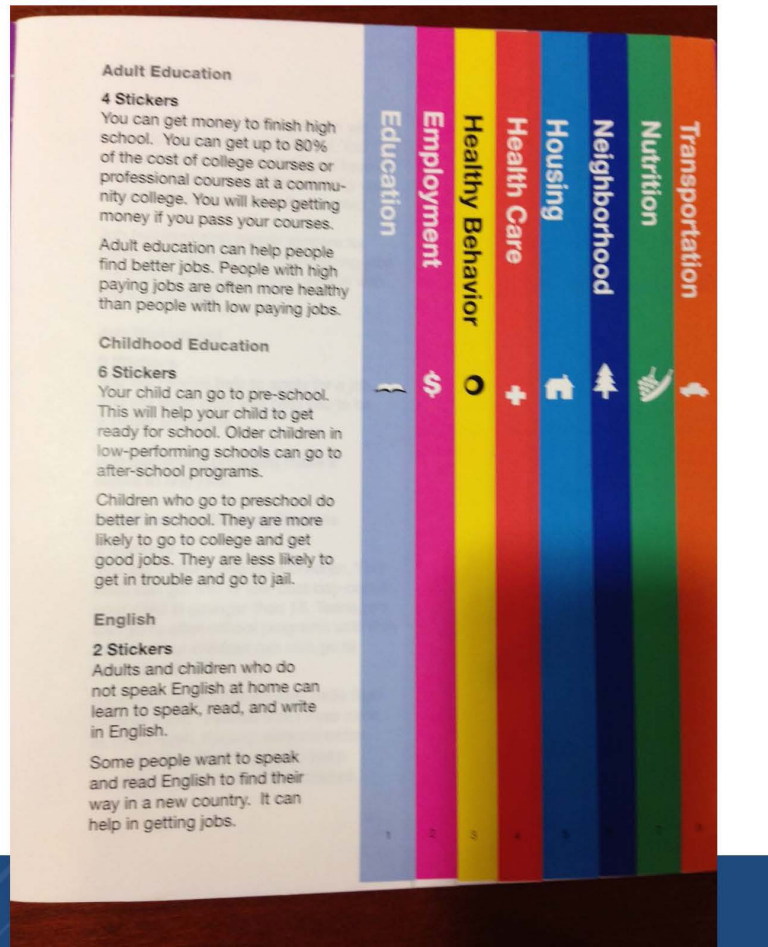


## USER'S MANUAL

**Minute 00:26:03**

This is the booklet that we use for the REACH exercise.

# User's Manual



## USER'S MANUAL

**Minute 00:26:09**

And these are the various choices. You can see that the colors and the titles match the ones on the board.

# Health Events



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## HEALTH EVENTS

### Minute 00:26:20

And here is a whole ring full of stories that people use to learn about the consequences. So here is a little story about job training: “You always wanted to own a beauty shop or a barber shop. You need some classes to get certified. You do not have a job training benefit. You can’t afford beauty school. You have to work as a waitress, waiting tables, until you can save up some money for classes. If you did pick the job training benefit, you take courses at the local professional college and soon you can get a job at a local barbershop.”

And there is a whole stack of stories like this.

# Example of Health Events

## ADULT EDUCATION

- 4 Stickers
- You can get money to finish high school. You can get up to 80% of the cost of college courses or professional courses at a community college. You will keep getting money if you pass your courses.
- Adult education can help people find better jobs. People with high paying jobs are often more healthy than people with low paying jobs.

## EXAMPLE OF HEALTH EVENTS

### Minute 00:27:12

This is an example of a health event. I won't read it because I don't want to take too much time.





**Minute 00:27:22**

And here is a picture of the second round where three women are talking together and choosing together which benefits they want on their REACH exercise.

# Data Collection

- Collection of data from exercise boards in rounds 1, 3, 4
- Administration of pre- and post-exercise surveys
  - Socio-demographic information
  - Attitudinal items regarding acceptability of the exercise and topic of interest
- Digital recording and qualitative analysis of the reasoning that occurs in group deliberation

## DATA COLLECTION

### Minute 00:27:41

How do we collect data? We collect data from the first, third and fourth round. The second round, where they work in pairs or little groups, we don't collect because it is just too much data to collect. We are most interested in their individual choice in the beginning and the end and the full group choices.

We also give out pre- and post- exercise surveys to collect socio-demographic information, without any personal identifiable information. And we ask some attitudinal questions regarding the acceptability of the exercise and we also ask questions about the topic that the exercise is focusing on.

We also record the discussion, as I mentioned earlier, so that we can do qualitative analysis of the group's reasoning.

## Flexibility of the CHAT and REACH Tools

- Available as a web based online exercise
- The web based version allows researchers and policy makers to modify the exercise to address any priority setting question of interest
  - Public health programs, research priorities
- Available in multiple languages:
  - Spanish
  - Indian dialects
  - South African dialect
  - Arabic
- Web version can be translated into other languages



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## **FLEXIBILITY OF THE CHAT AND THE REACH TOOLS**

### **Minute 00:28:47**

I just want to mention that the exercise is meant to be very flexible. It is available as a web-based online exercise, and the web-based version allows researchers and policy makers to modify the exercise to address any priority and question that might be of interest to people such as you. The CHAT and the REACH exercise are currently available in Spanish and in several Indian dialects, in the South African dialect and in Arabic, and on the web-version there is the possibility of translating into other languages.

# Use of Computerized Exercise



## USE OF COMPUTERIZED EXERCISE

**Minute 00:29:36**

Here is a picture of people using the computerized exercise.



# Exercise Participants Working Together



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## **PARTICIPANTS WORKING TOGETHER**

### **Minute 00:29:43**

Here is a picture of them working in groups on the computer.

# Strengths of the Approach

- Allows participants to explicitly make trade-offs
- It is possible to compare individual and group priorities
- It is possible to show change in individual priorities
- It is possible to ascertain the reasoning underlying priorities

## STRENGTHS OF THE APPROACH

### Minute 00:29:51

As I come to the end I just want to talk a little bit about the strengths and limitations. We think that one of the strengths is that it allows participants to explicitly make trade-offs. Often patients are given choices about things but really they don't get a chance to think in terms of trade-offs. And we think one of the other strengths of the exercise is that it is possible to compare individual and group priorities. We have shown through the exercise that it is possible to show some change in individual priorities and attitudes. We find when we ask questions at the beginning and the end that people are more willing to accept limits on expenditures and selections, after they have gone through the exercise. And the other strength is that it allows us to ascertain the public's reasoning that lies underneath their priorities.

# Limitations

- We have not compared this method with other methods
- We have not had the opportunity to follow-up and to see whether the priorities that were ascertained were stable
- We have not had the opportunity to see how the priorities elicited in this theoretical exercise would compare to priorities chosen in a real budgeting exercise

## STRENGTHS OF THE APPROACH

### Minute 00:30:58

I do want to acknowledge that there are some limits. We have not really compared one method versus others. And we have not had the opportunity to do long-term follow-up to see whether the priorities are stable. And we have not had the opportunity to see how the priorities elicited in this exercise would compare to priorities chosen in a real actual budgeting exercise.

# Conclusions

- The CHAT and REACH exercises involve expert-guided public engagement
- These structured small group decision exercises allows informed deliberation
- The process can be tailored to allow policy makers in diverse communities to design affordable service packages that are compatible with public opinion

## CONCLUSIONS

### Minute 00:31:30

But I want to conclude by saying that the exercises are meant to involve expert-guided public engagement. These small group decision exercises allow informed deliberation and the process can be tailored to allow policy makers in diverse communities to design affordable service packages that are compatible with public opinion.

# Acknowledgments

- Susan Dorr Goold
- Marjorie Ginsburg
- Richard Duke
- The Center for Health Communications Research at the University of Michigan
- Many funders, users, and participants in the CHAT and REACH exercises

## ACKNOWLEDGEMENTS

### Minute 00:32:0

I just want to say a few acknowledgements and I will stop there and perhaps we can have some conversation.

## QUESTIONS AND ANSWERS:

### Minute 00:32:45

#### *Question from Ursula Gideon:*

*I think that in Latin America there have been a lot of efforts trying to involve the public in explicit priority setting and especially in the context of HTA exercises. But, unfortunately, these efforts are very often projects and very seldom they are built into institutional structures and they don't tend to be systematic. So my first question to you would be: Is there any experience with CHAT or with a CHAT-like exercise that has been built into an institutional framework and is now being used on a regular basis?*

#### *Answer:*

Ursula, that is a really good question and I have to say that one of my concerns is that this process that was so carefully designed has not been very well utilized. One project, the REACH exercise that I showed the materials for, was done in collaboration with the Health Department in Washington DC. We had a lot of support from one administration, and by the time the exercise was done, there was a new director of the Health Department, who was not as interested. And I do think that this is a very important concern. We really need to find ways to get the public's input actually translated into policy. I think one of the key variables in making sure that there is some translation into policy, is that the project is funded by those who might use the information. I think if it is done as a merely academic exercise it remains fairly academic and not applied.

### Minute 00:35:07

#### *Question from Ursula Gideon:*

*Obviously as you know better than we all do, there are many different ways to elicit public preferences and many of them are fashionable right now, for example the whole question about multi-criteria decision analysis, surveys etc. Has there been any effort to compare the outcomes of these different methods to understand how different methods have an impact on what people choose?*

#### *Answer:*

As I mentioned we have not compared our method to others. I do think that in some ways the CHAT exercise does something different than other methods because we are trying to get opinions about trade-offs among competing services. Often the multi-criteria assessments look at a threshold for desiring a particular service but I don't think they do a very good job of giving

people the big picture among the various services they might be interested in. So I think there remains work to be done in this area and I would argue that the exercise that we have developed is, in some ways, more attuned to helping people see the big picture.

## **Minute 00:37:01**

### **Question from Ursula Gideon:**

***While listening to your answer I was thinking that maybe your method is especially adequate for the specific issue of health benefits package design, rather than choices of individual technologies. I think that's very interesting.***

### **Answer Sheryl:**

Precisely.

## **Minute 00:37:34**

### **Question from Giota Panopoulou:**

***How are individuals chosen in order to participate in this type of exercise?***

### **Answer:**

That's a very good question. It varies from one exercise to another. We cannot say that we have a representative sample of the population. We are not doing random sampling of people. This is a typical reality when you are doing something like these exercises, which are more similar to focus groups than to big surveys. What we do is we will go into a community and advertise and invite people. We pay them. So we actually advertise the project and get people who voluntarily participate. We do collect socio-demographic information and we can look at the association of their socio-demographic characteristics with their choices. So I cannot say that it is necessarily a representative sample but we can look at the relationship between who they are and what they choose. So I would just say advertising to the public is, by enlarge, the way we recruit.

## **Minute 00:39:16**

### **Question from Cecilia Martinez:**

***Is there a “train the trainer” type of manual for facilitators? How much previous knowledge should a community leader/worker must have to facilitate a session that engages the public using this tool?***

### **Answer:**

We don't have any “train the trainer” material. My colleague Susan Goold and I are always eager to help people who want to use the exercise and to tailor it to their interest. We work with people. The facilitator's script is basically something you can just read out loud. You don't need to have a huge amount of training beforehand. What does take a lot of time is the preparation of an exercise to tailor it to a particular population you want to study, and to tailor it to the choices you want to offer. And again, Susan Goold and I have often collaborated with people on revising the exercise for their purposes.

## **Minute 00:40:38**

***The last question comes a participant from Peru who works for a payer financing the police force of Peru and they want to decide now on an explicit benefits package. She says that this is a very difficult population with a lot of health problems. And she asks you what specific suggestions and recommendations you might want to give her on how to decide this explicit benefits package using the preferences of the beneficiary population.***

### **Answer:**

Well, she might want to try using the CHAT exercise, if she likes. I assume these are police who are public employees, and if that's the case their leadership might conduct conversations like the ones we have with the CHAT exercise. I do think that particularly when you have a very tight budget, and many difficult competing needs, some process like the one I described is really very helpful because you are going to have people who have to live with the consequences and there might need to be some very tough choices.



