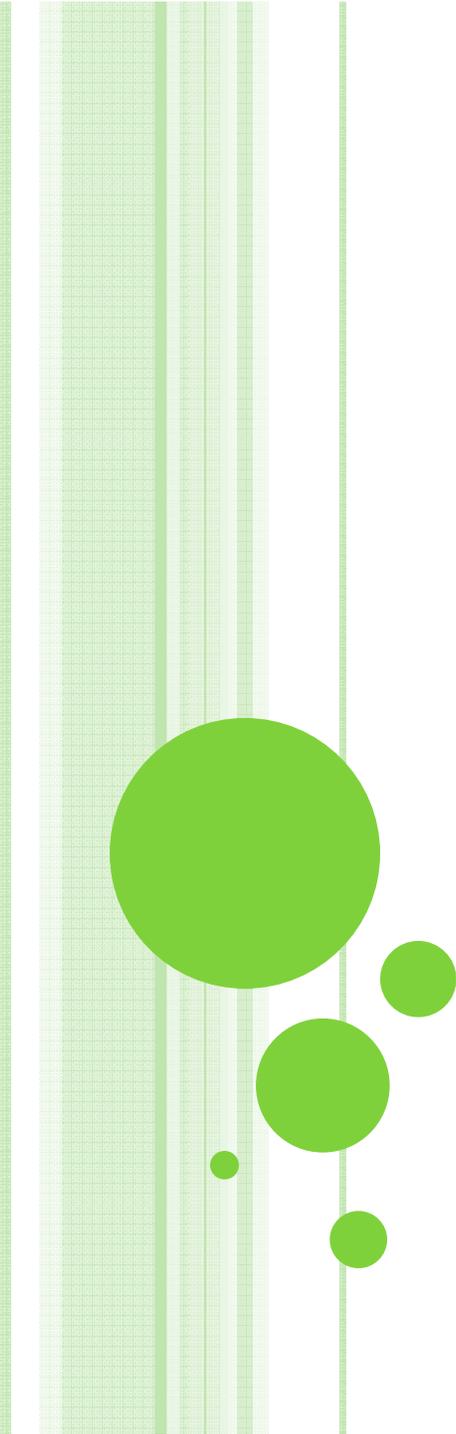


**STAKEHOLDER
ENGAGEMENT TO OBTAIN
FEEDBACK ON PUBLIC
HEALTH PRIORITIES**

**Patricia DiPadova, MBA
Community Health Institute**



**WHY SHOULD WE CARE
ABOUT STAKEHOLDER
ENGAGEMENT?**

ENGAGEMENT \approx COLLABORATION

- Democratic Values
- Making a Difference
- Inclusiveness
- Outreach
- Form of Participation



ENGAGEMENT TIPS

- Use existing collaborations as much as possible
- Choose participants carefully
 - Representation
 - Knowledge of the community



COMMUNITY ENGAGEMENT TECHNIQUES

- Community Meetings
 - Community Forums
 - Public Hearings
- Focus groups
- Key informant interviews
- Community opinion survey



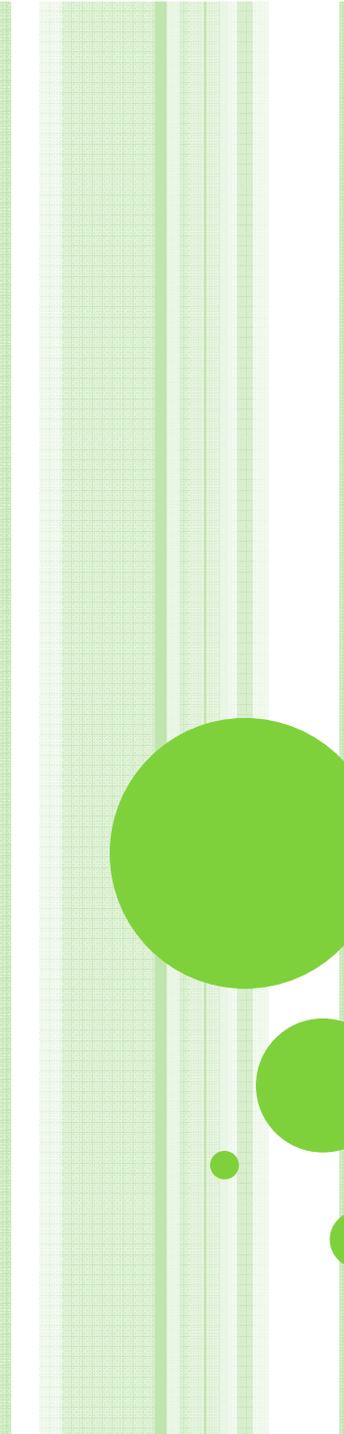


COMMUNITY MEETINGS



FOCUS GROUPS

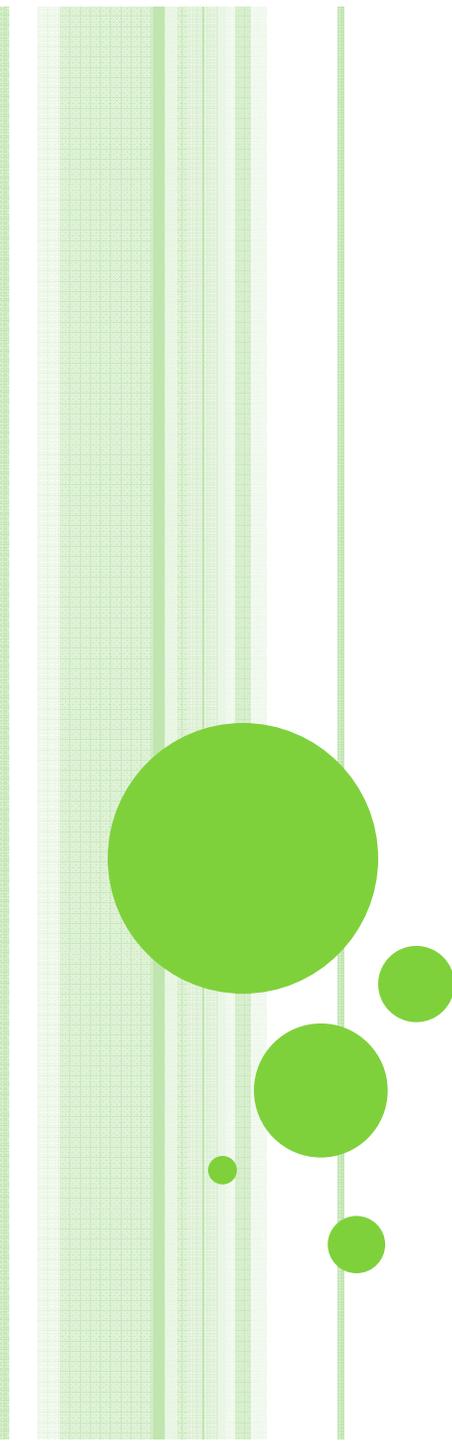




KEY INFORMANT INTERVIEWS

COMMUNITY OPINION SURVEY





USING STAKEHOLDER INPUT

Inform process

Gain buy-in

Help to set priorities

SETTING PRIORITIES: CRITERIA

- Prevalence
- Mortality rate
- Community/Public concern
- Lost productivity (bed-disability days)
- Premature mortality (years of potential life lost)
- Medical costs to treat or community economic costs)
- Feasibility to prevent
- Ability to Evaluate
- Size of problem (how many people with health problem)
- Seriousness of health problem
- Community characteristics that support or inhibit health and healthy living
- Existing state, community and/or health department priorities



SETTING PRIORITIES: TECHNIQUES

- Multi-voting Technique
- Strategy Grids
- Nominal Group Technique
- The Hanlon Method
- Prioritization Matrix
- Simplex





MULTI-VOTING



MULTI-VOTING

- Typically used when a long list of health problems or issues must be narrowed down to a top few.
- Strengths
 - Simple
 - Well-suited to customization
 - Blinded responses prevent influence between participants
 - Less time intensive
 - Any size group
- Weaknesses
 - Doesn't offer the ability to eliminate options that may not be feasible legally or otherwise



STRATEGY GRID

< Low - Feasibility - High >	Low Need/High Feasibility	High Need/High Feasibility
	<p>Sixteen parenting classes in a primarily aging community with a low teen pregnancy rate</p>	<p>High blood pressure screening program in a community with rapidly increasing rates of stroke</p>
< Low - Feasibility - High >	Low Need/Low Feasibility	High Need/Low Feasibility
	<p>Investing in health education materials in Spanish in a community with <1% non-English speaking population</p>	<p>Access to dental care in a community with a largely uninsured population.</p>
	< Low - Need - High >	



STRATEGY GRIDS

- Tool used to shift emphasis towards addressing problems that will yield the greatest results – “biggest bang for the buck”
- Strengths
 - Provides a mechanism to take a thoughtful approach to achieving maximum results with limited resources
 - Good for transitioning from brainstorming with a large number of options to a more focused plan of action
- Weaknesses
 - Only four categories – no weighting between extremes
 - Only considers two dimensions



NOMINAL GROUP TECHNIQUE - BRAINSTORM



NOMINAL GROUP TECHNIQUE

- Facilitates group input and information exchange to create broad, inclusive list of ideas. Often used in conjunction with Multi-voting to narrow list to top priorities.
- Strengths
 - Gets all participants involved
 - Can be used with other techniques
 - Many ideas in a short period of time
 - Stimulates creative thinking
 - Democratic
- Weaknesses
 - Vocal or persuasive members can influence one another
 - Facilitator can affect the process
 - Can be difficult with large groups



Research Priorities*	Score*
Identification of insufficiencies in management processes and [understanding of] the social, biological, and cultural causes related to low risk perception of non-communicable chronic diseases.	21.8
Determinants of low risk perception among health personnel and the general population of preconception factors in women's health associated with low birth weight, morbidity from chronic non-communicable diseases among pregnant women, as well as neonatal infection and vaginal sepsis.	20.2
Identification of the causes of insufficiencies influencing the organizational management of the Program for Comprehensive Care for Women and Children (PAMI, its Spanish acronym).	17.7
Insufficient quality of service provision and professional performance, with the resulting inadequate attention to patients and users.	16.8
Determinants related to sustained high prevalence of dental caries, periodontal disease and malocclusions.	16.7
Identification of insufficiencies in the quality of comprehensive human resources training: recruitment, enrollment, development, and impact on the health system.	16.4
Low risk perception in the general population of the consequences of high infestation rates of the <i>Aedes aegypti</i> mosquito.	16.3
Low risk perception of behaviors associated with an increase in morbidity from sexually transmitted infections (STIs).	15.0
Low risk perception of behaviors associated with an increase in teen pregnancy and abortion.	14.3
Identification of social, cultural, psychological, economic, and biological factors determining the increased incidence and prevalence of alcoholism and other addictions in adolescents and young adults, and their relation to antisocial and criminal behaviors.	14.0
Improvement of the Older Adult Program for comprehensive attention to seniors in the context of an aging population.	13.3
Sociocultural, environmental, biological, geographic, economic, and service provision determinants associated with low risk perception and late diagnosis of breast, lung, hematologic, colon, prostate, esophageal, and cervical cancers in ever-younger age groups, with the resulting sustained increase in morbidity and mortality.	12.9
Psychological, sociocultural, environmental, biological, geographic, economic, and service provision determinants associated with low risk perception related to increased morbidity and mortality from cardio- and cerebrovascular diseases at younger ages (behavioral changes in lifestyles that do not protect health).	12.4
Determinants that play a role in high mortality from accidents in children and adolescents, and from traffic accidents.	12.0
Socioeconomic, cultural, environmental, biological, and psychological factors associated with suicidal behavior.	11.0

HANLON METHOD



HANLON METHOD

- Objectively takes into consideration explicitly defined criteria and feasibility factors to produce an objective list of health priorities based on baseline data and numerical values
- Strengths
 - Quantitative
 - Uses baseline data
 - PEARL component can be used with other methods
 - Any size group
- Weaknesses
 - Lowest priorities are those with highest barriers (high need for resources or legal changes)
 - Very complicated



HANLON METHOD: PEARL COMPONENT

- Propriety – Is a program for the health problem suitable?
- Economics – Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?
- Acceptability – Will a community accept the program? Is it wanted?
- Resources – Is funding available or potentially available for a program?
- Legality – Do current laws allow program activities to be implemented?



Topic:

Diabetes

This health issue affects:

- very few people
- less than half of the people
- half the people
- a majority
- everybody

The pain, discomfort, and/or inconvenience caused by this health issue is:

- none
- little
- appreciable
- serious
- very serious

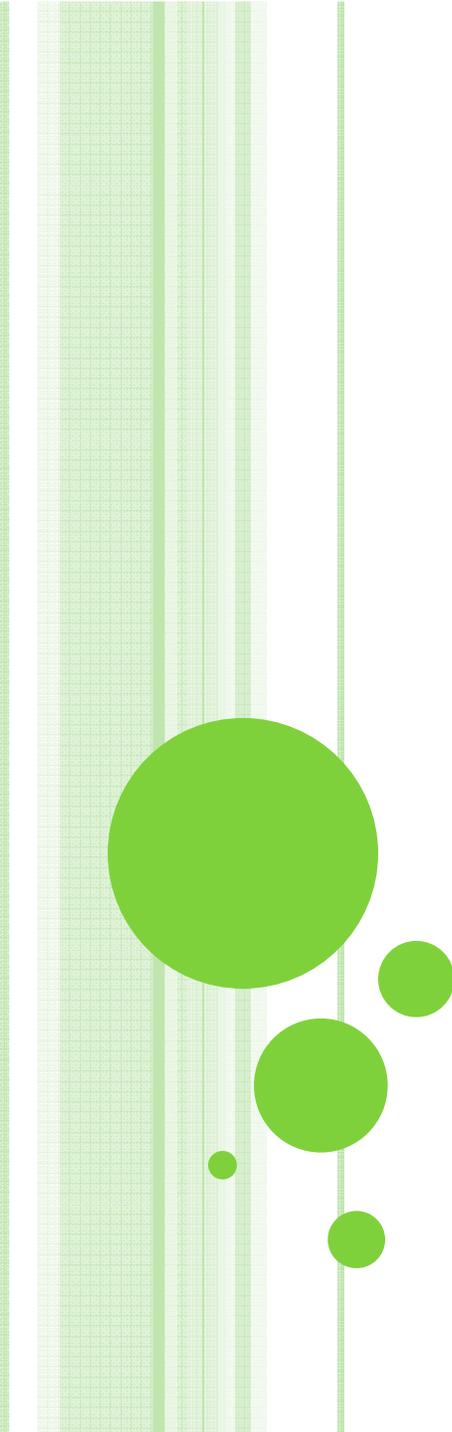
SIMPLEX



SIMPLEX

- Group perceptions are obtained by the use of questionnaires which are scored and ranked. The issues with the highest scores are given the highest priority.
- Strengths
 - Efficient and quick to use
 - Allows for weighting of problems
 - Any size group
- Weaknesses
 - Need to develop a questionnaire
 - Relies on how questions are asked





OTHER STATES

Review of State Plans

Kimberly Stump, MD, MSc

STATE PLAN REVIEW



○ Illinois

- Planning Team comprised of leaders of organizations and agencies - health and non-health
- Included stakeholder groups in assessment process



- New Mexico
 - 8 public meetings
 - Gathered info through a website



STATE PLAN REVIEW - CONTINUED

○ Oklahoma

- Included one member at large on planning team
- 6 public listening sessions
 - Listening session themes:
 - School health, including curriculum, nurses, PE, and nutrition.
 - Access to health services.
 - Workforce
 - Prevention
 - Tobacco use
 - Poverty
 - Educational achievement



STATE PLAN REVIEW CONTINUED



○ Pennsylvania

- Partnership Data Needs Survey
- 6 Community Listening Sessions
 - Do you think that SHIP has helped or supported your local partnership to improve the health of your community? If so, how? If not, why?
 - What should the next steps be in maintaining strong collaborative relationships between DOH and community partnerships?
 - What are the top health improvement priorities, which you would like to see included in the next SHIP?
 - What disparities exist in your community and what are the most effective strategies for addressing these disparities?



STATE PLAN REVIEW - CONTINUED

- Wisconsin
 - Held community engagement forums reaching over 650 partners through in-person and web-based meetings





COLORADO

Interview

**Heather Baumgartner, Assessment and Planning
Manager**

COLORADO STRATEGIES

- Initial stakeholder groups were local health departments
- Coordinating with Chronic Disease Planning Process
- Local health departments will create their own plans to feed into the State plan
- Created tools for local health departments to conduct stakeholder engagement at the local level
 - Modified MAPP process
 - Accessible language
 - Tailored for timing, management, and organizational structure.



LESSONS LEARNED: IDENTIFYING STAKEHOLDERS

- Identify high level stakeholders early in the process
 - Assess their expectations in terms of frequency and intensity of communication
- Anticipate who will likely be part of the solutions
 - Bring them into the process early
 - i.e. new partners such as those working with the built environment, food supply, etc.
- Include stakeholders at different levels to best fit their interests and time commitments



LESSONS LEARNED: INFORMING STAKEHOLDERS

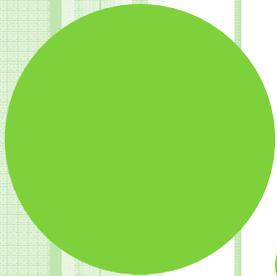
- Strategy of “Winnable Battles”
- Set clear expectations
 - Job descriptions
 - Self-nominate/apply to give position some worth
 - Have a bound timeline
 - Clear about levels of decision-making authority
 - Making decision?
 - Getting input only?
 - Clear communication, FAQs, webinars, newsletters



TIPS

- For public forums
 - For 20 – 60 people
 - Set up a minimum of 2 meetings
 - 1) 1st meeting: Work through the data
 - 2) Have time to process the data and ask questions
 - 3) 2nd meeting: Set priorities with data available for reference
 - If more than 20 – 60 people, and/or only one meeting
 - Conduct a listening session to gather input
 - Ask people for main issues
 - Make sure to thank everyone after the process and send them a copy of the plan





QUESTIONS?



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THE END