



Phase II: Identify and Engage Stakeholders

Objective	The objective of this phase is to identify and engage stakeholders in a strategic manner throughout all the phases of the public health improvement process, with consideration for 1) the type of input they can provide, 2) their stake in the outcome, and 3) how they can influence the success of the local public health improvement plan.
Steps	<ol style="list-style-type: none">1. Clarify your goals for engaging stakeholders.2. Design an organizational structure to manage stakeholders.3. Link with other community initiatives.4. Identify individual stakeholders and determine their roles.5. Recruit stakeholders.6. Engage new stakeholders as the process evolves.7. Celebrate stakeholder contributions and successes.
Links	<ul style="list-style-type: none">○ CHAPS Website www.chd.dphe.state.co.us/CHAPS/Default.aspx○ CHAPS Tools and Templates www.chd.dphe.state.co.us/CHAPS/phases.aspx?phaseID=toolsTemplates
Tools and Templates	Appendices: <ol style="list-style-type: none">2.1 Phase II Work Plan2.2 Sample Steering Committee Meeting Agendas2.3 Stakeholder Identification Tool2.4 Stakeholder Identification Table

Why is this phase important?

Stakeholders who are engaged early and throughout the public health improvement process can have a great influence on the development, implementation, and success of the local public health improvement plan. The health of a community is influenced by a number of factors, not all of which are under the public health agency's control. For some health issues, other community entities may be in better position to carry out strategies that improve the public's health. For example, if the issue is drinking and driving, then local law enforcement and the public mental health system are probably the best equipped to address the issue, with the public health agency in a supporting role. This is one example of how a local public health agency can benefit from the involvement of diverse sectors in the public health improvement process.

The public health agency's role as leader and convener of this stakeholder process will promote local alignment of priorities, strategies and resources to target the improvement of community-driven focus areas. Stakeholder engagement also provides an opportunity to communicate with residents in a meaningful way, particularly with consumers or populations that don't traditionally have a voice in local governmental affairs. This promotes new relationships and can uncover hidden issues. Results of the health assessment and the five-year plan are also a good public relations mechanism, to raise the visibility of public health among residents, consumers and policy makers.

Who should be involved?

In this phase, you will select your stakeholders in a strategic manner, which means identifying them for participation, based on what they can contribute to the process and how they may influence the outcomes. Their role is specific and purposeful. The project management team may be the in the best position to identify and select these participants.

Examples of potential stakeholders include: law enforcement with the authority to enforce smoking bans or conduct DUI checkpoints; city and county planners who influence the walkability and bikeability of a community; neighboring counties with the potential to share core public health services; the local hospital, mandated to conduct a community health assessment under the Affordable Care Act; an elected official who may champion a policy like an outdoor smoking ban or primary seatbelt ordinance; and consumers who have an interest in the services being provided.

When should stakeholders be engaged?

When to involve stakeholders depends on the role they will play and those associated activities. The scheduling of stakeholder activities will be driven by the timeline of your overall project and the related outputs and milestones. Stakeholders whose support you need make sure the process is successful from the start and able to move forward should be engaged first. In CHAPS, these are called “key supporters” and include the local board of health, LPHA staff, county commissioners, county administrator, and other community leaders.

Stakeholders who will be involved in an ongoing advisory capacity, such as a steering committee, should be engaged next. Before selection, you may want take an initial look at community health data to aid in identifying steering committee members based on known health issues. Alternatively, you may already have an existing community group working broadly on health issues that can fulfill the role of a steering committee. Coalitions or other organizations working on a singular health issue should also be engaged as soon as the topic becomes relevant to the process. These groups can be managed as subcommittees with a designated representative to the larger steering committee to assure alignment among all of the groups.

Interviews of subject matter experts and the facilitation of focus groups and stakeholder meetings are likely to occur later, during the assessment and planning phases. Engaging stakeholders through these mechanisms can: 1) elicit community perceptions of health issues; 2) determine why certain health indicators look the way they do, including likely root causes; 3) suggest strategies to address health issues, including programs or initiatives already planned or in progress; and 4) identify community entities in the best position to take the lead on an issue.

What technical assistance is available for this phase?

Technical assistance is available from the Office of Planning and Partnerships to assist with:

- Strategic identification of stakeholders
- Stakeholder management
- Developing communication mechanisms to recruit and inform stakeholders
- Matching goals and capacity with stakeholder engagement techniques
- Adapting templates to meet local needs

What are the steps for Phase II: Identify and Engage Stakeholders?

During this phase, you will define stakeholder engagement goals, determine an organizational structure to manage stakeholders, identify other community initiatives with which your process should link, identify individual stakeholders and their roles, prepare to make contact with stakeholders, and plan your meetings. A work plan template for Phase II with steps included is provided as Appendix 2.1.

Step 1: Clarify your goals for engaging stakeholders

A strong community engagement process will leverage resources, incorporate vital input and expertise, and increase both awareness and support of the public health improvement plan. Stakeholders may be engaged throughout the process or at different times for different purposes, depending upon your goals. Having a clear idea of these goals will drive your plan for engaging stakeholders. Questions to consider include:

- *Are you interested in engaging stakeholders to steer the overall process?*
- *Will you engage stakeholders to provide qualitative data to the health and capacity assessments?*
- *Will stakeholders participate in the prioritization process?*
- *Will they be implementing activities to support the plan?*

Step 2: Design an organizational structure for managing stakeholders

For this step, you will determine how to involve and manage stakeholders by defining the roles and determining an organizational structure to manage them.

Sample Stakeholder Roles

Key Supporters: Key supporters are stakeholders who may or may not be formally involved in the process (e.g., board of health, LPHA staff, county manager, county commissioners, hospital CEO, etc.), but who need to know about it early, so they will be supportive. These individuals may be most appropriately contacted and kept in the loop by the LPHA director or other leader of the process.

Steering Committee: A steering committee is comprised of strategically selected stakeholders who meet regularly to advise the assessment process, participate in prioritization, then develop and implement the public health improvement plan. The project management team should be a part of the steering committee, in addition to community organizations, civic leaders, elected officials and

consumers. Recruit members who can influence systems, provide a voice to underserved communities, and/or champion priorities. New members can be added at any time.

This type of committee usually meets monthly, bi-monthly or quarterly, depending on the planned milestones and timelines. A steering committee may range in size from a few people to 20 or more. If you have too many participants to reasonably manage, consider using topic-specific subcommittees, each with a representative to the larger steering committee. A trained facilitator is useful to manage steering committee meetings, as this is where key decisions will be made. Appendix 2.2 provides a sample of meeting agendas. For each meeting, make clear the key outcomes desired, including decisions that need to be made.

Note: Communities may elect to not utilize a steering committee, due to capacity limitations. This can make the prioritization process more difficult, as participants may lack the background they need to be comfortable voting on the plan's focus areas. Also, you may not get the level of shared engagement that is most beneficial to implementing the plan. However, these challenges may be overcome by holding a pre-prioritization meeting that orients participants to your assessment results and the role they could play in implementing the plan.

Subject Matter Experts: Subject matter experts (sometimes called key informants) are stakeholders (including consumers) with specific expertise or information that may best be elicited through qualitative data collection techniques such as interviews, community meetings, or focus groups (see the Qualitative Data Gathering Guide in Phase III). These stakeholders may or may not also be steering committee members. If you originally identified a specific stakeholder to join the steering committee, but they cannot commit to that level of participation, consider inviting them to contribute as a subject matter expert by eliciting their input through another manner, such as an interview.

Subcommittees: Subcommittees are small groups that focus on specific issues during the assessment process, and/or implement specific focus areas of the local public health improvement plan. Subcommittees may be a subset of the steering committee, a community task force already in existence, or a group of individuals selected for their expertise. It helps to promote alignment of efforts if at least one member of a subcommittee also participates on the steering committee.

Sample Stakeholder Engagement Organizational Charts

The following organizational charts provide examples of how the stakeholder process could be managed. In the single LPHA structure example (Figure 1), Stakeholders are managed by either LPHA staff or a consultant(s) hired by the LPHA. The public health director (or this could be another agency leader) supervises the project manager, who coordinates the project management team and oversees the work of the facilitator and health planner. The project management team makes sure the larger department is kept in the loop and makes decisions regarding the overall process. The facilitator manages the steering committee and any subcommittees. The health planner oversees the coordination of subject matter experts. The public health director (or their designee) is also the lead contact for key supporters.

Figure 1: Single LPHA Organizational Structure

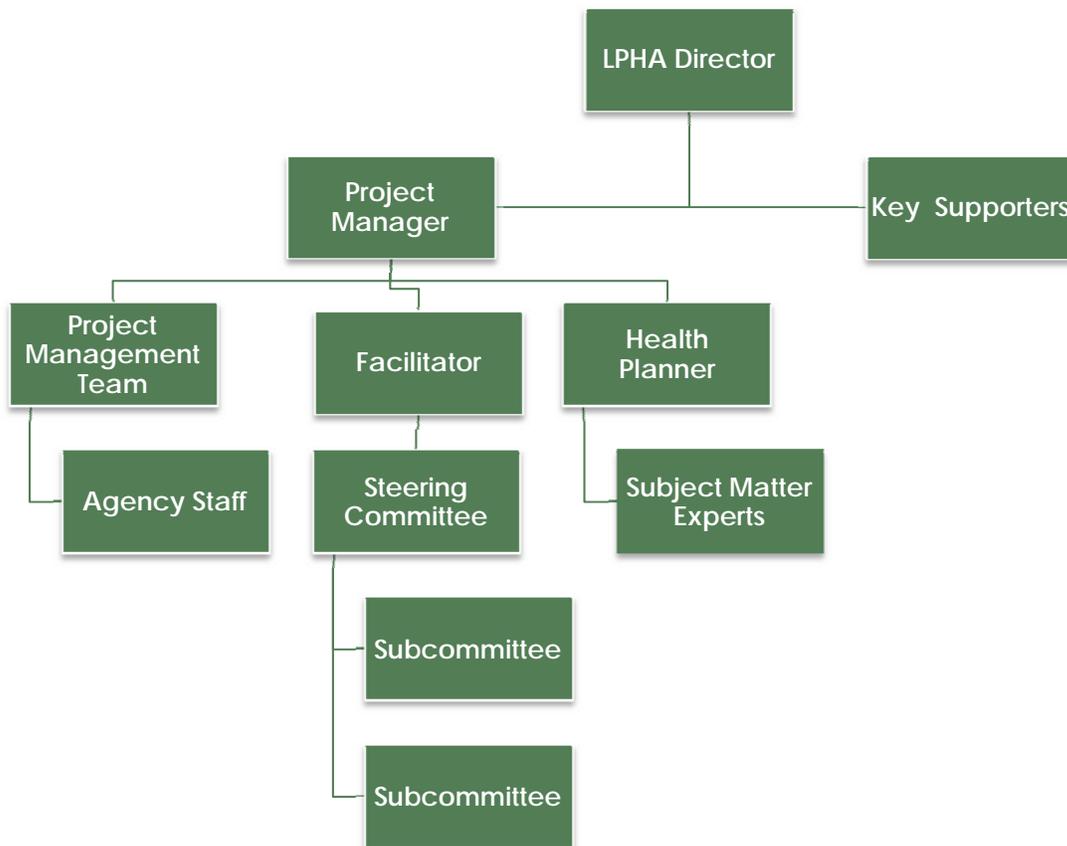
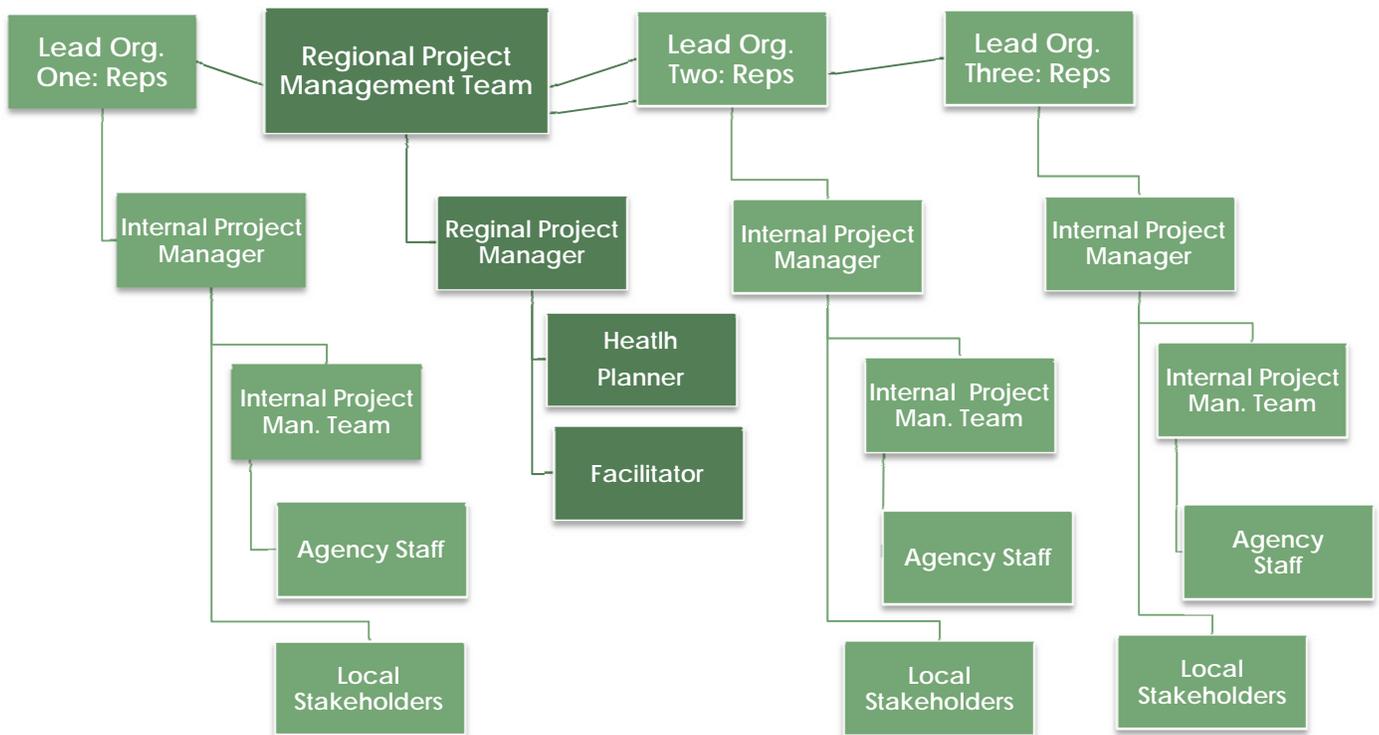


Figure 2 illustrates a structure where multiple LPHAs are working together regionally. Within this structure, all organizations have a representative on the regional project management team. Each organization may also benefit by forming an in-house project management team with their own project manager. It is likely that stakeholders and key supporters will vary by geographic area, and need to be managed by individual LPHAs.

Figure 2: Multiple LPHAs Working Together Regionally



It is also a possibility that an LPHA will partner with another lead organization, such as a non-profit hospital, that is also required to conduct a community health assessment. This type of structure will most likely utilize elements from both organizational chart examples, depending on the roles each agency will play. It is most important that both organizations have representation on the project management team and that they jointly determine how to manage stakeholders. Note that you may change your stakeholder engagement structure in response to evolving needs throughout the CHAPS process.

Step 3: Link with other community initiatives

There are likely other health initiatives occurring within your community. An initial meeting with these entities can determine whether they are collecting data that can inform your assessments and whether the issue and work they are championing can be supported through the public health improvement process. For example, the local hospital may be mandated to also conduct a community health assessment under the Affordable Care Act. Also, there may be community coalitions that are organized around a particular health issue, determinant of health (e.g., housing, transportation) or population (e.g., seniors/adolescents) that can contribute to or join your process. Linking with current initiatives will help to provide alignment within the community in terms of priorities, strategies and the targeting of resources.

Step 4: Identify individual stakeholders and determine their roles

The project management team may be in the optimal role to brainstorm potential stakeholders and identify the appropriate manner and timing for their engagement. A thorough engagement process will include a broad representation of internal, external, and individual stakeholders. The most important outcome is to involve the right stakeholders, obtain critical input, and generate investment to help move the process forward. You can bring in stakeholders at any time, particularly if it becomes apparent that a key perspective or contributor is missing. The level of expertise, influence, and stake in the process may determine the degree of involvement a particular stakeholder has. Stakeholder identification tools have been provided as Appendices 2.3 and 2.4 to help facilitate this process. The list of questions below may also help to generate ideas.

- *Whose support is needed to assure the process is successful?*
- *Who in our jurisdiction can impact the leading causes of disease, injury, disability and death?*
- *What other entities provide core public health services in our jurisdiction or neighboring counties?*
- *Who is in a leadership position to change or influence policy, impact large systems, provide a new service, or contribute resources?*
- *What subject matter experts (including consumers) are needed to inform the process?*
- *Which hard-to-reach or vulnerable populations should be assured a voice in the process?*

Local customization of community engagement techniques is encouraged. While some of your stakeholders, such as steering committee members, will play a consistent role throughout your process, others may engage only at specific junctures. Additionally, consider any differences in power or communication skills among your stakeholders and explore ways to ensure that each participant has an equal voice in any given process. Most important is that all stakeholders have a role that is purposeful, specific, and defined, and that their time and contributions are recognized.

Step 5: Recruit stakeholders

Stakeholders will be engaged throughout the process, so while they all don't need to be contacted immediately, it will be good to have a plan for who gets contacted when, in what manner, and by whom. Your recruitment will be more successful if you determine the best method of making contact, instead of a one-size-fits-all approach. So, while some of the "usual suspects" may agree to participate after simply receiving a letter or e-mail, you may get better results from other stakeholders, especially those that are new or deemed absolutely essential, through a face-to-face meeting. Face-to-face meetings can also help you negotiate the type of participation by specific stakeholders. For example, if an organization's leader cannot commit to regular meetings, ask them to delegate a representative and see if they would agree to serve as a subject matter expert. This will keep them engaged, even if they can't participate in an ongoing manner.

When engaging stakeholders for the first time, it will be particularly important to define expectations such as their role, time commitment, level of decision making authority, how communication will occur, and intended outcome (e.g., a public health improvement plan). Many times, community members are over extended and may be reluctant or unable to participate in one more local effort. Providing them with a well-defined role, timeline, and a vision of the outcome communicates your resolve to getting things done.

Step 6: Engage new stakeholders as the process evolves

As the process evolves, it may become evident that additional stakeholders would benefit the process. This may occur through mechanisms such as:

- Asking the steering committee who is missing.
- Asking subject matter experts to recommend additional experts.

- The emergence of new environmental and public health issues during the assessment phases.
- The realization of the need for further community input for prioritization and planning.

New stakeholders may be added at any time. If new members are added to the steering committee, consider providing them with an orientation prior to their first meeting.

Step 7: Celebrate stakeholder contributions and successes

Throughout the process, it is a positive engagement strategy to acknowledge the contributions of all of your partners and invite them to celebrate the achievement of milestones. When the plan is finished, establish or maintain an ongoing communication mechanism to keep them informed and engaged, to the degree that is appropriate for their role and level of interest.

Appendix 2.1
Sample Work Plan

Work Plan Period	Start Date:	End Date:
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PHASE II: Identify and Engage Stakeholders

STEPS	ACTIVITIES	PERSON(S) RESPONSIBLE	DUE DATE	STATUS <input type="checkbox"/> <i>(Not Started, In Progress, Complete)</i>
1. Clarify your goals for engaging stakeholders.				
2. Design an organizational structure to manage stakeholders.				
3. Link with other community initiatives.				
4. Identify stakeholders and determine their roles.				
5. Recruit stakeholders.				
6. Engage new stakeholders as the process evolves.				
7. Celebrate stakeholder contributions and successes.				

Appendix 2.2

CHAPS Sample Steering Committee Meeting Agendas

Meeting	Topic	Agenda
Meeting One	Orientation	<ul style="list-style-type: none"> ● Introductions/Ice Breaker ● Orientation to the public health improvement process ● Review role of committee, level of decision making and project timeline ● Questions: <ul style="list-style-type: none"> - <i>What other local health initiatives or assessments are occurring?</i> - <i>How to include hard-to-reach populations?</i> ● Activity: SWOT or Forces of Change Analysis (Phase III)
Meeting Two	Community Health Status	<ul style="list-style-type: none"> ● Introductions ● Presentation of general health indicators <i>(if available, provide this information in the context of an update on your last PHIP)</i> ● Identify data outliers/surprises and gaps ● Brainstorm: How to gather community input <ul style="list-style-type: none"> - <i>Who should be engaged?</i> - <i>Identify tactics: Focus groups, town hall meetings, survey?</i> - <i>Are there other local data sources that may be useful?</i>
Meeting Three	Com. Health Assessment & Capacity Assessment	<ul style="list-style-type: none"> ● Introductions ● Use steering committee as a focus group to formulate questions relevant to the community health and capacity assessments to gather opinions/input
Meeting Four	Assessment Results	<ul style="list-style-type: none"> ● Introductions ● Present findings of community health and capacity assessments ● Using a dot process (Phase IV, determine the top 5 – 10 issues that should be further investigated and moved forward for prioritization) ● Question: <i>Given the top 5-10 issues, who is missing from the table?</i>
Meetings Five & Six	Prioritization Process	<ul style="list-style-type: none"> ● Introductions ● Present each topic for consideration in the Prioritization process <ul style="list-style-type: none"> - <i>Significance to public health</i> - <i>Available strategies</i> - <i>Available resources</i> ● Activities: scoring/discussion
Meetings Seven, Eight & Nine	Action Planning	<ul style="list-style-type: none"> ● Introductions ● Propose a mechanism to oversee PHIP implementation ● Issue discussions (in one large group or small topic-specific groups like task forces) <ul style="list-style-type: none"> - <i>Confirm the strategies that will address each priorities</i> - <i>Determine the lead agency for each issue</i> - <i>Develop action plans for each priority issue</i> ● Small groups fill out the Action Planning form (Phase VI) ● Small groups report out ● Celebrate the completion of your PHIP
Quarterly (Steering committee or subset)	Implement, Communicate, & Monitor Plan Progress	<ul style="list-style-type: none"> ● Introductions ● Updates on plan progress ● Brainstorm how to address any needed mid-course corrections

Appendix 2.3

Stakeholder Identification Tool

Use the questions and examples below to identify stakeholders in your community. Fill out the Stakeholder Identification Table (Appendix 2.4) to track stakeholder engagement.

-Who can impact the leading causes of disease, injury, disability and death and/or the greatest health risks to our community?

- Neighboring local public health agencies
- Community-based organizations
- Other non-health governmental departments or agencies
- Environmental health organizations
- Local hospital, other medical providers, health plans
- Businesses

-What other entities are also providing core public health services or addressing a pressing health issue?

- Neighboring local public health agencies
- Other non-health governmental departments or agencies
- Community-based organizations
- Local hospital and other medical providers
- State or federal governments

-Who is in a leadership position to change or influence policy, impact large systems, provide a new service or contribute resources?

- Elected officials
- Directors of community-based organizations
- Public health director from a neighboring county
- Community coalitions
- Municipal leadership
- Area Health Education Centers (AHECs)
- CEOs (or their designees) of local health-oriented businesses (i.e., hospital)
- Local staff working for state or federal agencies
- Community champions who may advocate and fundraise
- Other agencies that would naturally take the lead on an issue that impacts public health (law enforcement, planning dept., school district, human services, etc.)

-What subject matter experts are needed to inform the process?

- Directors of public health and environmental programs
- Consumers
- Representatives and members of disparately affected populations
- Issue-specific experts
- Community advocates that may provide a voice for hard-to-reach populations

-Whose support is needed to assure the process is successful?

- County administrator
- Elected officials
- Public health agency staff

