

The Process for Obtaining Input from Stakeholders

The Ad Hoc Committee to Lead New York’s State Health Improvement Plan, under the direction of the Public Health and Health Planning Council’s Committee for Public Health, coordinated the process used to obtain input from stakeholders. Committee members conducted sessions with stakeholders to obtain feedback on the *2008-2012 Prevention Agenda* and how the process could be improved for the *2013-2017 Prevention Agenda*. Input was sought on the proposed priorities for the next planning cycle and how best to ensure continuing involvement of stakeholders in designing and implementing interventions.

A “Vision and Proposed Priorities” slide set was developed for committee members to use during these sessions. In addition, slide sets describing the priorities for the previous *Prevention Agenda*, including progress to date, were posted on the NYSDOH website so they could be accessed by stakeholders. Members organized meetings with stakeholders and used the slide sets and a process to obtain answers to the questions shown in Figure 1. Answers could also be submitted via the website. If committee members preferred to give stakeholder the option to complete the survey, they were asked to review key points and encourage a discussion beforehand.

The members coordinating these meetings knew that they needed to clearly understand the questions and reasons for asking them. Their role was to facilitate a discussion on what worked in the previous *Prevention Agenda*, the challenges, the strategies used to address the challenges, and how lessons learned can be used to shape new priorities. Progress reports on all the existing priorities were used to facilitate these discussions.

Figure 1. Questions for Stakeholders

- 1. What did communities view as strengths in their experiences working with *the 2008-2012 Prevention Agenda*?**
- 2. What were some challenges working with the *2008-2012 Prevention Agenda*?**
- 3. How can these strengths and challenges be addressed through the next version in the *2013-2017 Prevention Agenda*?**
- 4. What are key issues that need to be addressed in the *2013-2017 Prevention Agenda*?**

Five additional questions were given to the coordinators to be considered in these sessions:

1. What went well or not so well with the *2008-2012 Prevention Agenda* from the perspective of your organizations? For any specific priority area that your organization may have participated in, what went well or not so well?
2. How do we achieve greater participation from stakeholder organizations (including yours) in the local community health planning and implementation process?
3. How can we assure that our new plan addresses disparities in each of the priority areas?
4. Does the proposed set of five priority areas for *2013-2017 Prevention Agenda* address the priorities or concerns in your community or for your organizations?
 - If so, how might your community organization be most effective in addressing one or more of the priorities?
 - If not, how would you change them or what different priorities would you suggest?
5. Would a member of your organization be willing to serve on a committee to address an identified issue?

The information obtained from these sessions was used to help the Ad Hoc Committee finalize priorities and to inform Phase 2 of the planning process, in which workgroups identified measures, strategies, interventions and partner organizations for each priority.

Findings

Recommendations were obtained from 50 groups, varying in size from 5 to 25 people. More than 750 individuals provided feedback in this process. The feedback was organized into three theme areas:

- Inputs related to infrastructure (communication and coordination, partners and sectors, data and measures, financial and policy supports, and workforce).
- Outputs related to specific priorities and strategies to consider for each priority. Comments on the new priorities are summarized in a separate report.
- Cross-cutting issues, such as disparities, social determinants of health, the overall framework (vision, goals, principles, etc.), and any gaps or concerns.

What did communities view as strengths in their experiences working with the *2008-2012 Prevention Agenda*?

- Overall, the encouragement by NYSDOH for hospitals and local health departments to collaborate on community needs assessments and planning did result in the desired collaboration in most counties.
- Identifying the 10 priorities in the *2008-2012 Prevention Agenda* allowed groups to focus on common themes.
- Having specific priorities enabled groups to leverage resources.
- Collaboration and action were easier if the partners understood and believed in the benefits of addressing the priorities, and had access to content experts.
- It was easy to work on broad priority areas, such as access to care.
- Communication about the *2008-2012 Prevention Agenda* was much more intense in the beginning and, overall, seemed adequate.

What were some challenges working with the 2008-2012 Prevention Agenda?

- Some organizations found it harder to collaborate than others, possibly because they were smaller, had fewer resources, were on the geographic fringes of their more powerful partners, or the partners were not clear about their roles. Sometimes, hospitals and local health departments did not collaborate, but when asked whether it was important to do so, they said it was.
- Not having access to content experts made it difficult to work on some issues.
- Lack of funding was a challenge for some, although few elaborated on specific funding needs.
- Priority issues such as access to care and mental health were too broad. It was difficult to identify actions that could be taken at the local level to have an impact on the priority.
- There was a lack of access to data at the ZIP code level to identify disparities.
- Some groups did not see any challenges with respect to the *2008-2012 Prevention Agenda*.

How can these strengths and challenges be addressed through the next version, the 2013-2017 Prevention Agenda?

- Ensure that priorities and implementation of activities are connected with the “voice of the customer.” Include “voice of community” at every stage and every level.
- Collaborate within and across sectors, while continuing to encourage collaboration between the various partners – especially local health departments and hospitals.
- Focus on reducing disparities and addressing social determinants of health.
- Present data at the sub-county level.
- Include long-term indicators and intermediate measures.

What should the specific priorities be in the State Health Improvement Plan, and what should the 2013-2017 Prevention Agenda include?

- Prevent chronic diseases.
- Promote a healthy and safe environment.
- Promote healthy women, infants and children.
- Promote mental health and prevent substance abuse.
- Prevent HIV, STDs, vaccine-preventable diseases and health care-associated infections.

A detailed summary of the responses to these questions from stakeholder groups is posted on the Department of Health website at:

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/establishing_priorities.htm.