



Implementation Guide Number 1



Engaging Stakeholders to Improve the Quality of Children's Health Care

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The CHIPRA Quality Demonstration Grant Program

In February 2010, the Centers for Medicare & Medicaid Services (CMS) awarded 10 grants, funding 18 States, to improve the quality of health care for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Funded by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the Quality Demonstration Grant Program aims to identify effective, replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality (AHRQ) is leading the national evaluation of these demonstrations.

The 18 CHIPRA quality demonstration States are implementing 52 projects in five general categories:

- Using quality measures to improve child health care.
- Applying health information technology (IT) for quality improvement.
- Implementing provider-based delivery models.
- Investigating a model format for pediatric electronic health records (EHRs).
- Assessing the utility of other innovative approaches to enhance quality.

The CHIPRA quality demonstration began on February 22, 2010, and will conclude on February 21, 2015. The national evaluation of this demonstration started on August 8, 2010, and will be completed by September 8, 2015.

Additional information about the national evaluation and the CHIPRA quality demonstration is available at <http://www.ahrq.gov/policymakers/chipra/demoeval/>.

About This Guide

We have designed this guide to help State officials and other program administrators engage and partner with stakeholders in initiatives to improve the quality of child health care.¹ Stakeholders can include a wide range of individuals and organizations, such as caregivers, clinicians, advocacy groups, and policymakers.

By engaging stakeholders in your quality improvement (QI) initiatives, you can help ensure that the initiatives are implemented effectively, achieve intended outcomes, and contribute to sustainable changes in the quality of child health care.

This guide describes a five-step approach to engaging stakeholders:

1. Defining the goals, scope, and institutional home of the engagement.
2. Deciding whom to engage.
3. Building the structure of the stakeholder group.
4. Convening the stakeholder group and disseminating products.
5. Assessing the quality and results of the engagement.

The guide breaks down each step into tasks, lists questions to guide your implementation of each task, and identifies key points to consider when determining what will work best for your State. Along the way, we offer links to additional resources to inform many of the tasks. You can use this guide as a starting point and tailor the process of stakeholder engagement to fit your State's priorities, culture, and environment. Although this guide is focused on stakeholder engagement in child health care, the steps and resources provided may also be applicable to engagement efforts in other areas.

The guide is based on the early experiences of three States in the CHIPRA Quality Demonstration Grant Program that are using funds to engage stakeholders in meaningful ways—Georgia, Idaho, and Massachusetts. It was also informed by two additional CHIPRA quality demonstration States—Utah and Vermont—that assisted Idaho with its implementation via the National Improvement Partnership Network (NIPN). The appendix provides more details about the particular stakeholder engagement initiatives Georgia, Idaho, and Massachusetts are implementing as part of the CHIPRA quality demonstration.

Stakeholder Engagement in Three CHIPRA Quality Demonstration States

- **Georgia** is forming both youth and caregiver stakeholder groups. These groups will play an active role in developing curricula for training youth and caregivers to be certified peer specialists (CPS) so they can participate in the child behavioral health workforce. Georgia will use the second half of the grant period for training and certifying youth and caregivers as CPS.
- **Idaho** is building an Improvement Partnership (IP), a statewide organization that will support QI efforts for children. Named the **Idaho Health and Wellness Collaborative for Children (IHAWCC)**, Idaho's IP will support providers by coordinating QI initiatives, including learning collaboratives and educational events. IHAWCC and its partners belong to NIPN, which gives them access to knowledge and resources from different States across the country.
- **Massachusetts** has formed a statewide coalition called the Massachusetts Child Health Quality Coalition (CHQC). This coalition has identified and prioritized gaps in the quality and measurement of children's health care and has formed task forces to address these gaps.

We developed our five-step approach based on semi-structured, in-person interviews conducted in the spring and summer of 2012 with staff from each State’s CHIPRA quality demonstration and members of the CHIPRA quality demonstration-funded stakeholder groups. We also used information from semiannual progress reports that the States submitted to the Centers for Medicare & Medicaid Services. To ensure that this information was current, we held informal discussions with key staff in the States in the summer of 2013. Finally, we scanned the literature on stakeholder engagement to identify additional resources.

The Important Role of Stakeholders

Involving stakeholders in QI initiatives and activities can bring many benefits to your State, such as:

- Ensuring that your QI efforts represent a variety of perspectives.
- Increasing transparency of QI efforts.
- Securing buy-in or increasing support from key decisionmakers.
- Expanding your capacity for current and future QI efforts.²
- Empowering community members to be involved in QI activities.^{3,4}
- Increasing public awareness.
- Improving coordination of QI efforts.
- Advancing policy changes at the State level.⁵

Stakeholder groups can facilitate networking and collaboration, especially when they include experts and leaders from different QI areas. If you engage a broad range of stakeholders early in the QI initiative, you are more likely to have relevant, timely, and actionable results, thus helping to ensure the initiative’s success.⁶ By fostering collaboration among stakeholders, your State and other organizations pursuing child health care QI can use available skills and resources more effectively and efficiently.

An Approach to Stakeholder Engagement

We found that States had to make many major decisions when designing a stakeholder engagement process. These generally involved five major steps (Figure 1).



Figure1. Steps for Engaging Stakeholders in QI Initiatives for Child Health Care

Although the first four steps may take place in the numeric order shown in Figure 1, your process will vary according to the needs and resources of your State. For example, you may start by deciding whom to engage and let those stakeholders define the goals. Regardless of how you sequence these steps, it is critical to periodically reexamine how well the process is working—described in Step 5: Assess Engagement—and to modify your strategies as needed.

The remainder of this guide details the tasks involved in each step, key points to consider when making decisions, and the advantages and disadvantages of various options.

Step 1: Define the Goals, Scope, and Institutional Home of Your Stakeholder Engagement Process

The first step of the engagement process can be broken down into four tasks:

1. Define the goals.
2. Explore the feasibility.
3. Establish the scope.
4. Choose an institutional home.

Task 1.1: Define the goals

Your decision to formally engage stakeholders should be based on clearly defined goals, not just a general sense that engagement is a good idea or is expected. Defining these goals helps to explain to potential stakeholders, collaborators, and other supporters, including funders, why their support is needed. The following overarching questions may help guide your discussion with decisionmakers in your State:

- How will engaging stakeholders help you prioritize and achieve your programmatic goals?
- What would be the outcomes of a successful stakeholder process?
- Are there specific products or activities you want or need to generate through engaging stakeholders?
- Are there examples of successful stakeholder engagement that you want to borrow from?
- Are there alternatives to a formal stakeholder engagement process that could achieve the same goals?
- What are the drawbacks of not establishing a stakeholder engagement process?

Logic and Key Driver Models

The **W.K. Kellogg Foundation Logic Model Development Guide** describes how to develop a logic model to map out how you will achieve desired impacts.

The **Centre for Health Care Quality Improvement** has a useful guide for creating a key driver diagram that can help identify a pathway to realizing your goals.

Key Considerations:

- Consult the logic⁷ or key driver model⁸ for your QI initiative, if you have one, or consider developing one if you do not. The logic or key driver models can help you visualize a roadmap for your initiative, including how stakeholders could contribute to the activities and which outputs you need for your initiative to have the impact you want. These models also may be useful tools for communicating with stakeholders and potential funders.
- If one of the purposes of the stakeholder group is to define a QI initiative, it could be helpful to identify your State's biggest priorities in health care QI for children and adolescents. Try:
 - Consulting relevant peer-reviewed and grey literature (such as evaluations of local programs or annual reports from child-serving organizations) specific to your State that may identify crucial gaps in care for children.
 - Reviewing media coverage about quality gaps in care for children.
 - Checking whether other organizations have already identified key gaps in the quality of child health care in your State.
 - Reaching out to policymakers, academic institutions, providers and their professional organizations, and others who work in child health care who may identify other needs that are not reflected in any current literature.
- Although you need to establish goals at the outset, your goals may evolve over time.
 - Stakeholders may dive deeper into the issues and discover new needs or opportunities for improvement.
 - Goals may also evolve during the process of gathering input and securing support and buy-in from the stakeholders that are participating in your group.
- Think about any potential products you may want to generate or activities you may want to sponsor during the course of stakeholder engagement. Consider the audiences for these products and activities, such as pediatricians and family physicians, policymakers, the media, and families.

Task 1.2: Explore the feasibility

Even with well-defined goals for your stakeholder engagement process, you must assess what you will need to make that vision a reality and how practical your plans are. You can start by answering these questions:

- What resources will you need to accomplish your goals? Are those resources currently available, and if not, how could you obtain them? Will those resources continue to be available through the entire stakeholder engagement period?

Examples of Stakeholder Group Products and Activities

- Webinars that address specific issues in child health QI.
- Fact sheets describing the QI initiative.
- Measures for tracking child health QI.
- In-person educational events for child health providers.
- A training curriculum for providers of peer support.
- White papers with policy recommendations.
- A statement of shared principles.
- A presentation to educate other stakeholders.
- A needs assessment for child health care QI in your State.

- What are the political risks of embarking on a stakeholder engagement process? Conversely, are there any political risks associated with not having a stakeholder engagement process?
- Do you have the capacity—either internally or through a consultant—to identify and overcome forces opposing the engagement process?
- What might facilitate achieving your goals? What might hinder it? For example, are there statutory requirements, existing partnerships, or other factors that could influence your ability to engage stakeholders?

Key Considerations:

- To avoid underestimating the cost of starting and sustaining a stakeholder engagement process, make a list of resources the stakeholder group may require in order to succeed. These could include:
 - Meeting space.
 - Staffing (administrative and professional).
 - Consultant services.
 - IT support for Webinars or teleconferencing.
 - Refreshments.
 - Creation and maintenance of a Web site.
 - Printed materials.
- Some individuals or organizations may feel threatened by the presence of a new QI initiative, and you may encounter some resistance to your stakeholder engagement process. Try to identify them in advance and plan to address their concerns.

Task 1.3: Establish the scope

The scope of the engagement includes many different components, such as the size, composition, duration, and reach of the group as well as the breadth of child health care issues included. Establishing the scope of your stakeholder group will help ensure that the structure of the group is well-suited to what you want to accomplish. To establish scope, you may want to ask:

- Does the goal require a sustainable, overarching structure to support stakeholder involvement in QI efforts?
- Is the stakeholder group needed for a specific, time-limited QI activity or product?
- Does the QI initiative necessitate both a sustainable structure and more short-term task forces?
- What size stakeholder group is optimal?

Key Considerations:

- The scope of your stakeholder engagement process will vary depending on your goals. Table 1 illustrates how your goals could help you determine the scope of your stakeholder engagement process.

Table 1: Relationship of Scope to Goals

If your goal is:	Then your scope might be:
Narrowly focused (for example, a single issue)	<ul style="list-style-type: none"> • Small • Addressing a single field of child health care
To create a single product	<ul style="list-style-type: none"> • Time-limited
To create a leading voice in QI for child health care	<ul style="list-style-type: none"> • Permanent • Multidisciplinary
Dynamic over time	<ul style="list-style-type: none"> • Permanent general group • Small, temporary task forces

- You’ll have to confront tradeoffs when selecting an optimal size for your stakeholder group. As a rule of thumb:
 - Larger groups enhance your opportunity to include diverse perspectives and allow you to leverage the full array of stakeholders to further QI efforts.
 - Smaller groups make it easier to schedule meetings and stay focused on tasks.

CHIPRA Quality Demonstration State Experiences: Matching Scope to Goals

- **Georgia’s** narrow goal was to develop CPS curricula in partnership with stakeholder groups of caregivers and youth. One stakeholder group consists of caregivers and has 30 members. The size of a separate youth group fluctuates between 15 and 30 members.
- **Idaho’s** IP, IHAWCC, is broad in scope, as it will provide a permanent structure for the stakeholders to respond to changing QI needs and priorities of the child health community. The advisory board implementing IHAWCC is multidisciplinary, with 12 members representing academic institutions, providers, and family support organizations.
- The CQHC in **Massachusetts** started with a broad goal of identifying and addressing QI gaps in child health care in the State. This has narrowed over time. Stakeholders have chosen to focus on three specific areas of QI for the group’s efforts, with a task force created for each area of focus. This coalition includes approximately 60 individuals, but incorporates additional individuals as needed on workgroups (see Task 3.4).

Task 1.4: Choose an institutional home

Many times, stakeholder engagement will be conducted as part of a program housed within a specific State department or agency. However, you also may consider making another organization your institutional home, as doing so can provide a strategic benefit or needed financial or human resources for the group. You may choose to make another organization your group’s institutional home by:

- Expanding an existing group at the organization by adding new members or adding your goals to their priorities.
- Forming a new group under the organization’s auspices to support your particular QI initiative.

Each option, however, presents its own challenges. When selecting an institutional home where you can base your stakeholder group, ask the following questions:

- Do you have the financial (as well as nonfinancial) resources to support the group on your own?
- Are there existing organizations or coalitions that already represent the key stakeholders?
- Are the goals of these groups compatible with your goals?
- Why would these groups be interested in addressing your agenda? What can you contribute to the effort?
- What resources might existing groups be able to contribute?
- Are there any funding, statutory, or other considerations that would inhibit collaboration?
- Would the stakeholder group be more credible to potential stakeholders or end users of the group's work if it had some independence from your organization? If so, which organizations are seen as most credible?
- How important is it for your group to be based in an organization focused on child health, as opposed to in a more general health organization?
- How important is it for you to retain control of the stakeholder engagement process? How important is it for you to be the visible lead for the process?
- What mechanisms are available to ensure that the group is responsive to your needs (for example, a memorandum of understanding, cooperative agreement, or contract)?
- What opportunities are created if you are freed from administrative responsibilities?

Key Considerations:

- Consider conducting an environmental scan⁹ to learn what stakeholder collaborations are already underway in your State. If such groups already exist, you have options to help improve coordination within your State and reduce duplication of effort.
- Although the State may not be viewed as a neutral location for the home of the stakeholder group, you can still ensure that the group's leadership or governing body (see Task 3.3) is inclusive.
 - An environmental scan can help you locate other organizations that you may be able to use to identify stakeholders or disseminate findings or products of the group.
 - You can also ensure that stakeholders benefit from such an arrangement. Benefits could include access to policymakers and better dissemination options for recommendations or products.

Conducting an Environmental Scan

A **reference tool** for conducting an environmental scan was developed by the Substance Abuse and Mental Health Services Administration for grantees in the Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) Grant Program. This tool may serve as a guide for developing an environmental scan specifically for stakeholder engagement.

- A shortage of needed resources may be a determining factor in how much you collaborate with—or house your stakeholder engagement process within—another organization. Review the necessary funding and staffing levels needed to accomplish your goals to examine how partnering with another organization can fill your resource gaps (see Task 1.2).
- If all QI initiatives for child health care are based in one organization, you may be missing important, diverse perspectives that should be included in your initiative.
- Make sure that any organization your stakeholder group collaborates with is seen as a welcoming and neutral place for all stakeholders you want to engage. For example, if the institutional home of your group is a children's hospital, check that stakeholders who are not involved in the care of hospitalized children feel welcome and comfortable.
- If other stakeholder groups exist that do not meet your needs and you want to sponsor a new group, strategize how to avoid duplications and overtaxing the stakeholder community. This issue can be particularly acute in small States or communities where the same pool of individuals is asked to participate in multiple groups. One strategy is to be deliberate in the timing of your efforts, either by sequencing activities or by planning the overall schedule to accommodate key stakeholders.
- You may also want to have a formal method of tracking the work of other stakeholder groups to assess changes in their priorities or staffing and address overlap if it arises.

CHIPRA Quality Demonstration State Experiences: Institutional Homes for Stakeholder Groups

- The institutional home for the **Georgia** stakeholder groups is the Department of Behavioral Health and Developmental Disabilities (DBHDD). CHIPRA quality demonstration staff were able to build on infrastructure already in place within the DBHDD, which had existing peer support programs.
- The **Idaho** demonstration team established IHAWCC's institutional home at St. Luke's Children's Hospital. St. Luke's has hired staff to support the administration and operations of IHAWCC and its QI activities.
- The CHQC in **Massachusetts** is housed at **Massachusetts** Health Quality Partners (MHQP), a well-known, respected, diverse coalition dedicated to improving adult health quality. In addition to adding credibility to CHQC, MHQP's role as a neutral home has created a space where the voice of one stakeholder is not valued over the voice of another.

Step 2: Determine Whom to Engage

Your answers to the questions in Step 1 will determine which stakeholders you should engage. Different types of stakeholders can offer vastly different perspectives on the same issues. Drawing together a group without understanding what each member brings to the table can undermine your engagement efforts.

There are three tasks involved in making sure the right stakeholders are present:

1. Determine the specific types of stakeholder voices you need.
2. Identify and recruit stakeholders.
3. Monitor the group's membership.

CHIPRA Quality Demonstration State Experiences: Engaging the Appropriate Stakeholders

- Because **Georgia** CHIPRA quality demonstration staff are designing curricula and certification processes for youth and caregiver peer support specialists, they engaged a group of youth and caregivers with "lived experience" in the behavioral health system.
- **Idaho's** team built on an existing network of key child health players in the State, including the American Academy of Pediatrics, St. Luke's Children's Hospital, Medicaid, and the Division of Public Health.
- The coalition in **Massachusetts** is focusing on three topic areas: care coordination, communication and confidentiality, and measures development. Thus, CHIPRA quality demonstration staff in Massachusetts sought out additional stakeholders with expertise in each area.

Task 2.1: Determine the specific types of stakeholder voices you need

The types of stakeholder voices you will need to succeed will vary depending on the specific expertise you require, political considerations, the scope of the engagement, and many other factors. In making this determination, questions you should ask include:

- Based on your program's logic or key driver model (see Task 1.1), what types of stakeholders are critical for success? What expertise is necessary?
- Who has the political or professional clout to make change happen?
- Who will do the work needed for the QI initiative?
- Who must be included for the approach to be credible and transparent?
- Who might oppose changes if they are not engaged early to address their concerns?
- Who might be affected by changes and should, therefore, have a voice in the process?
- Are there regional and national organizations whose buy-in is important or who have important expertise or resources?
- Are there stakeholders outside the health care field, such as public schools, the juvenile justice system, and colleges and universities, who also have a role in child and adolescent health?

“The thing that impresses me with the family members is that not only do they keep us grounded, they really come with an amazing level of sophistication that is not to be underestimated. . . . They have really become experts in the area.”

—Massachusetts Coalition Member

Key Considerations:

- In QI initiatives for child health care, the necessary stakeholders may include:
 - Other State departments and agencies that have a stake in Medicaid and CHIP.
 - Parents and other caregivers.¹⁰
 - Clinicians, including pediatricians, family physicians, nurse practitioners, physician assistants, and nurses.
 - Staff from school-based health centers or other school-based health initiatives.
 - Researchers.
 - Family and child advocacy groups.
 - Professional societies.
 - Payers.
 - Policymakers.
 - Other child service providers (such as educators, places of worship, and social welfare agencies).
 - Adolescents who would be affected by your initiative.
- Use what you learned from your environmental scan (see Task 1.4) to help determine which stakeholders will be important for your initiative. The scan also may help you identify areas of expertise and skills that can help your initiative succeed.
- Once the initial group of stakeholders is formed, you may want to conduct a gap analysis to ensure no groups have been overlooked. To complete a gap analysis:
 - Compare the list of participants with other groups of stakeholders in child health care.
 - Conduct informal conversations with current members of stakeholder groups.
 - Consult the logic or key driver model for your QI initiative (see Task 1.1) to identify critical players (for example, who is responsible for each of the drivers) and which populations are most affected.
 - Include a discussion of who might be missing at your first stakeholder meeting.

CHIPRA Quality Demonstration State Experiences: Ensuring All Necessary Stakeholders Are Included

- **Idaho** felt it was important to include academic representation in IHAWCC. However, because there is no medical school in the State, the State recruited a stakeholder from the School of Nursing at Boise State University.
- In **Utah**, which partnered with **Idaho** for the CHIPRA quality demonstration and advised Idaho on establishing an IP, the steering committee for the IP did not originally include any family or caregiver voices. After the committee realized the importance of such perspectives for a child health care QI initiative and the interest those individuals had in being involved, they added a representative from a child advocacy organization and a caregiver to the committee.
- The **Massachusetts** team asks each family representative in the coalition to recruit another family of a child with a special health care need for their quarterly meetings to expand the spread of the group's efforts and engage additional perspectives.

Task 2.2: Identify and recruit stakeholders

Once you have identified the types of stakeholders needed for your initiative, you will then need a plan for finding and recruiting individuals who fit your criteria. Questions you should ask include:

- How can you find stakeholders who can represent their respective organization's views and who will have the time to commit to the group?
- Are there State agencies or other organizations that you can leverage to identify stakeholders?
- What groups or individuals can help you reach out to and recruit family representatives?

Key Considerations:

- Recruit stakeholders who are decisionmakers within their own organizations and thus have the authority to represent their organizations in your effort. However, some may already be spread too thin to commit the necessary time.
 - Do not hesitate to invite someone because you think they are too busy. Often, those who are passionate about the issue will make the necessary time.
 - Clearly communicate anticipated time commitments and workload to potential stakeholders to avoid recruiting stakeholders who are already overburdened.
 - If you determine a stakeholder is already too busy, ask who the potential stakeholder would recommend with comparable perspectives, expertise, or experiences.
- Look for leaders or trusted representatives from communities that you identified with your environmental scan.
 - Individuals who are officers of organizations bring administrative authority but potentially have less time for a major commitment.
 - Private citizens might be beneficial to include as stakeholders because they do not have a specific institutional interest to promote and also may have more time. However, they may have less experience with formal stakeholder efforts.
 - Regardless of where participating stakeholders come from, it's important to build trust and help ensure communication with all members of communities of interest.
- Seek a blend of both experienced and inexperienced stakeholders.
 - Individuals with less experience as stakeholders may represent relevant organizations that have not historically been included in such efforts. New perspectives may help move efforts forward, but you may need to take some time to bring such individuals up to speed.
 - Involving individuals with a blend of experience will likely result in higher engagement of participants, and it also provides an opportunity for less tenured stakeholders to be trained as leaders of their constituencies.

"You're looking for thought leaders, people with a lot of experience—but those also tend to be people with a lot of current responsibility. Identifying somebody like that who can put the additional time into something like this is extraordinarily difficult, especially since it's done on a voluntary basis. Whether it comes out of their family or their organization, it is donated time."

– Massachusetts Coalition Member

- Ask local chapters of national organizations and other stakeholder groups to help you identify enthusiastic, engaged leaders who also have the necessary experience and expertise.
 - These organizations can include associations of providers, such as local chapters of professional organizations, and family and consumer advocacy organizations.
 - Consider members of committees or task forces that have been organized by State or local government or who have been part of advisory committees for other efforts, such as grants or other related projects. These individuals will be leaders of their community, and they will also have experience being a part of a similar entity.
- To identify family members, consider using the following strategies:
 - Ask providers if there are any individuals from a family advisory council or peer support program at their practices that they would recommend as a stakeholder.
 - Ask staff from family and consumer advocacy groups if they can find a suitable representative from among their constituency. Depending on the particular individual, he or she may be able to speak from direct experience and present a genuine “family voice.”
- Be prepared to communicate to potential stakeholders the “story” of your QI initiative succinctly—what you want to accomplish and how their involvement will help you do so. Enlisting senior leaders of organizations that are involved with or support your initiative to tell this story to potential stakeholders can be a powerful recruiting strategy.

CHIPRA Quality Demonstration State Experiences: Leveraging Existing Groups to Identify Stakeholders

- CHIPRA quality demonstration staff in **Georgia** reached out to established caregiver leaders by partnering with existing grant programs and the Federation of Families chapters in which the caregivers were actively involved.
- The **Idaho** team leveraged their relationships with existing groups, including the State chapters of American Academies of Pediatrics and Family Physicians, St. Luke's Children's Hospital, Boise State University, and the Division of Public Health, to identify stakeholders.
- In **Massachusetts**, a family leader at Massachusetts Family Voices (a support organization for families with children with special health care needs) was able to use her network, including LISTSERVs™ and other communication vehicles, to recruit parent members for the coalition. The team also leveraged the membership of MHQP, the coalition's institutional home, to recruit payers and providers.

Task 2.3: Monitor the group's membership

If your group will be meeting for more than just a few months, it is a good idea to periodically assess whether the composition of your stakeholder group still matches your needs. You may have to recruit new stakeholders to bring new perspectives or to replace members who are no longer able to participate. You also may need to ease out members whose expertise is no longer needed. If the group will exist for only a short period of time, you may not need to reassess its membership. In assessing how the group can be sustained and strengthened, ask:

- How has the membership changed over time, or how is it likely to change in the future?
- How have the goals of the group evolved?
- Does the expertise of the group's members match the current goals of the group? Are any voices missing?
- Has the size of the group proved to be unwieldy or inadequate?
- How has your political context changed? Did an election bring new individuals into office? Has there been a change in the leadership of your institutional home?

Key Considerations:

- If your stakeholder group will be permanent or long-standing, you may want to ask stakeholders to serve in the group for a specified term, allowing new members to cycle through the group.
 - Establishing terms may be a useful strategy for easing out stakeholders who are not working well within the group.
 - Terms would also allow you to bring in new expertise as needed without having to continue to grow the size of the stakeholder group.
 - Evaluating each member's actual contribution to the group as compared to what you expected he or she would contribute can help you identify candidates for rotating off the group.
- You may want to conduct a gap analysis from time to time to ensure that all necessary stakeholders continue to be included (see Task 2.1).
 - New stakeholders can provide fresh perspectives to your group to ensure that products continue to be relevant and meaningful to your group's audiences.
 - Continuously engaging new stakeholders also ensures that you'll have stakeholders ready to fill leadership roles when current leaders move on.
 - If certain members were selected to contribute to specific products, you may consider replacing those members as each product is completed.
 - Assess the tradeoffs between adding new voices with the potential inefficiencies of increasing the size of the group, as well as the tradeoffs between having consistent membership over time with the energy and fresh viewpoints new members can provide.

CHIPRA Quality Demonstration State Experiences: Identifying and Engaging New Stakeholders

- The youth group meetings in **Georgia** are open to any youth leader interested in pursuing a position as a CPS. This flexible model accommodates youth members who age out, move away for school, have a health situation that requires a temporary and voluntary break, or move on to other responsibilities during the project period.
- One position on **Idaho's** advisory board is held by the local American Academy of Pediatrics chapter, rather than by an individual, so participation can rotate while still maintaining continuous representation.
- After establishing task forces for different QI topics, the **Massachusetts** coalition recognized that they needed additional expertise, so they sought out new community members to add to each task force.

Step 3. Build the Stakeholder Group Structure

Stakeholder engagement can take many different forms, and the structure for your stakeholder group should align with your goals. You may find that you have volunteer stakeholders with skill sets to help you organize the group, or you may want to bring in specific staff or consultants to help. The tools listed in the box provide useful tips for organizing stakeholder engagement efforts, including strategies for facilitating better engagement, methods for building the necessary structure, and lessons learned from existing stakeholder engagement initiatives.

There are six tasks involved in building the stakeholder group structure:

1. Develop a group identity.
2. Define each stakeholder's responsibilities and overall timelines.
3. Establish a suitable governing body for the group.
4. Form workgroups to generate products.
5. Establish strategies to keep stakeholders engaged.
6. Plan for sustainability.

Task 3.1: Develop a group identity

Developing a clear identity for the stakeholder group helps promote cohesion and can help make the group known to the broader public. To facilitate this element of your engagement, explore the following:

- How might stakeholders differ in what they see as the mission of the group?
- What common ground exists that can help you reach consensus on the group's mission?
- Which key members of the child health quality and policy community, external to the stakeholder group, do you want to be familiar with your group?

Resources for Building Stakeholder Groups

- **AHRQ Effective Health Care Program Stakeholder Guide.**
- **AHRQ's Guide to Patient and Family Engagement in Hospital Quality and Safety.**
- **Understanding Your Customer, Understanding Your Process: QI Essentials** (Webinar by the National Network of Public Health Institutes).
- **Establishing a Child Health Improvement Partnership: A How-to Guide** (from the Vermont Child Health Improvement Program).
- **The National Improvement Partnership Network (NIPN).**

Developing a Group Charter

The **Public Health Foundation** has written guidelines for creating an effective team charter. These guidelines may be a useful tool for your stakeholder group in drafting its own group charter.

Key Considerations:

- Developing a charter¹¹ or similar document outlining the stakeholder group's vision and priorities can help ensure that all members have a common understanding of the group's mission.
- Solidifying the group's identity allows the group to become more well-known in the child health care community and provides additional credibility. This can lead to new sources of funding and greater integration and involvement with other child health care initiatives.
 - Spending time together at a retreat or workshop can help forge team spirit and a sense of common goals.
 - Several strategies can help solidify the group's brand or identity. Examples include the development of logos, taglines, and a Web site.

CHIPRA Quality Demonstration State Experiences: Developing an Identity

- The **Georgia** team hosted a 1-1/2 day conference at the program's kickoff with youth and caregivers to introduce the idea of peer support and move forward with everyone on the same page.
- In **Idaho**, after the advisory board for the IP was convened, they brainstormed and agreed on the name "Idaho Health and Wellness Collaborative for Children (IHAWCC)" and designed a logo for the group.
- The coalition in **Massachusetts** developed a charter and mission outlining their priorities. This agreed-upon vision has been critical to maintaining a focus on the group's common interests rather than individuals' objectives.

Task 3.2: Define each stakeholder's responsibilities and overall timelines

In order for the group to work efficiently and meet its targets, it is important to clearly define responsibilities and timelines for all stakeholders. You may want to ask yourselves:

- Are there some responsibilities that are best taken on by one person, and are other responsibilities better suited to a small group of stakeholders?
- How can you best match the knowledge and experience of the stakeholders to the specific tasks that need to be accomplished?
- When do you need to make specific recommendations or develop products so they are both timely and useful?

Key Considerations:

- Help stakeholders clearly understand their responsibilities. Be explicit about:
 - The number and frequency of meetings or conference calls in which they will be expected to participate.
 - The type and amount of work they will be asked to do between meetings.
 - The timeline for completing each activity or product.

“Blanket request[s] for input just don't get answered. . . . Every time we ask [the] coalition for input, it's three specific questions that are asked within a matrix where they can put their answers in.”

— Massachusetts Demonstration Staff

- At the outset of the stakeholder engagement, take an inventory of the areas of expertise and skills of stakeholders so that you can match them to specific tasks or focus areas. This will allow you to best utilize the knowledge and experience that stakeholders bring to the group.
- Consider having members of the governing body (see Task 3.3) or State staff members hold one-on-one conversations with stakeholders. It takes time, but it can be valuable to mutually decide on the best role for that individual or their organization in contributing to the group.
- Instead of asking open-ended questions or issuing broad requests for stakeholders to complete tasks, try approaching busy individuals by asking focused questions or requesting assistance with a task that is specific or time-limited.
- Clearly communicate timelines for any activities or products and include stakeholders in setting timelines.
 - Clear timelines and milestones assist in keeping the group focused on its goals and increase the likelihood that deadlines will be met.
 - When you map out a timeline for an entire activity or product, include a buffer to accommodate unforeseen circumstances. This helps you avoid underestimating the amount of time needed.
 - Make sure to reserve enough time to solicit and incorporate the perspectives of all relevant stakeholders.
- As discussed in more detail in Step 5, evaluating how well stakeholders understand their responsibilities lets you make any necessary adjustments.

Task 3.3: Establish a suitable governing body for the group

It may be useful for a smaller set of members to serve on a governing body of the stakeholder group, such as an executive board, to help guide and manage the group. In deciding whether or not to do so, as well as how to structure such a body, you may want ask the following:

- Does the size, workload, or timeline of the stakeholder group indicate that a governing body may be necessary to keep all stakeholders focused on the agreed-upon goals and timelines for outputs?
- What authority would the governing body have? What would it be expected to accomplish?
- What is the most appropriate method of selecting stakeholders to serve on the governing body? Election? Volunteers? Appointment by State staff?
- Are there members that should be included in the governing body for political reasons?
- Are certain perspectives crucial to include in the governing body?
- What qualities should you look for in members serving on the governing body?

- Should there be a chair or cochairs of the governing body? If so, how will these individuals be selected?

Key Considerations:

- Governing bodies are particularly useful when:
 - The group has a multi-stakeholder structure with broad representation.
 - Multiple planned activities will be happening simultaneously.
 - The stakeholder group is planning on focusing on more than one area of QI.
 - The timelines require quick turnaround on decisions the group must make. It is faster and easier to convene a governing body than an entire group.
- A governing body can assist the stakeholder group by:
 - Drafting and reviewing meeting agendas.
 - Ensuring individual members and the group as a whole stay on task.
 - Supporting communication across different workgroups.
 - Soliciting, synthesizing, and representing the other stakeholders' opinions and feedback.
 - Driving strategic planning for the group, including plans for securing funding and ensuring the long-term sustainability of the QI initiative(s).
 - Handling time-sensitive issues that arise between regular meetings.
- There may be specific qualities you need from the members of the governing body, but generally, a governing body needs members who:
 - Are impartial; in other words, members who have the ability to put aside personal priorities and listen to others carefully and without bias.
 - Are respected by others in the stakeholder group and in the community.
 - Are strategic thinkers and are able to align QI priorities with the knowledge, skills, and attitudes of involved stakeholders.
 - Are enthusiastic about the QI activity.
 - Can commit the necessary time.
 - Have visibility at the State level to secure and maintain external support for the stakeholder group.
- Consider using time-limited or rotating positions to ensure a diverse mix of representative stakeholders.
- Consider having the full stakeholder group or the governing body itself choose one or two members to serve as the chair or cochairs.
 - Select chairs with demonstrated communication skills with diverse groups.
 - The chair(s) would lead and facilitate meetings and be responsible for communication between the governing body and the larger stakeholder group.
 - If using a cochair system, ensure that each chair represents a different perspective or role within the stakeholder group (for example, one chair

could represent providers and one chair could represent the public policy community).

- Consider different ways of providing those serving on the governing body with additional support, such as:
 - Providing leadership training.
 - Offering administrative support from State staff or the institutional home.
- For some stakeholder groups, a separate governing body may not be necessary.
 - When operating without a governing body, you can effectively manage the group by focusing on clearly defining stakeholder responsibilities (see Task 3.2) and maintaining effective communication (see Task 4.1).
 - An alternative route would be to hire a professional facilitator for at least some meetings. This approach may require some additional resources, but it can be quite effective in team building.

CHIPRA Quality Demonstration State Experiences: Governance of the Stakeholder Group

- There is no separate governing entity in **Georgia**, where the curricula-focused caregiver and youth groups are facilitated by a peer support specialist.
- **Idaho's** IP does not have a governing body. Its 12 members collectively coordinate the activities of IHAWCC.
- The coalition in **Massachusetts** created an executive committee charged with aligning the coalition's efforts with the quality measurement and medical home components of the CHIPRA quality demonstration. The executive committee consists of 15 people who initially met monthly but now meet quarterly. The coalition established two cochair positions, and these cochairs also lead the executive committee.

Task 3.4: Form workgroups to generate products

Although sometimes it is important for the entire stakeholder group to make a decision or undertake a task together, certain activities may be better accomplished through establishing workgroups. Questions you may want to ask include:

- Are there discrete activities that would be managed more effectively by a separate workgroup?
- What resources (described under Task 1.2) would be needed to support the workgroup(s)?
- Would each stakeholder be expected to serve on at least one workgroup?
- Would all volunteers be welcome to serve on a workgroup?

Key Considerations:

- Smaller workgroups can help the larger stakeholder group by:
 - Focusing on generating a specific product, such as developing a tool for use outside the stakeholder group.

- Conducting an environmental scan (see Task 1.4) or other research needed to help the larger stakeholder group reach a decision.
- Allowing stakeholders to participate in specific activities that align best with their interests and expertise.
- The structure and membership of the workgroups can vary based on particular needs and circumstances.
 - Workgroups can work in between meetings of the full stakeholder group, allowing:
 - Quicker progress to be made on the activities and products.
 - Meetings of the full stakeholder group to focus on larger issues.
 - You can augment workgroups to include people who are not a part of the full stakeholder group (for example, other community members with particular knowledge or expertise they can contribute to the workgroup's activities).
 - You may want to assign paid staff to each workgroup to provide administrative support and to help ensure the group remains on task.
 - These workgroups may be permanent if there are long-term activities that could be served with such a structure. Alternatively, you could dissolve or reorganize workgroups after completion of the activity.
- It is important to communicate roles, responsibilities, and timelines clearly to each workgroup as a whole, as well as to the individual members of those groups.

CHIPRA Quality Demonstration State Experiences: Forming Workgroups

- Because the stakeholder groups in **Idaho** and **Georgia** are smaller, they have not yet formed any workgroups.
- The preliminary results of an environmental scan by the **Massachusetts** team identified 20 different gaps in child health care quality. The coalition formed a workgroup to help narrow the options down to three. The coalition then created a task force to address each gap.

Task 3.5: Establish strategies to keep stakeholders engaged

You will need different strategies to keep different stakeholders engaged. For this task, ask the following questions:

- What is motivating the stakeholders to be a part of this group?
- How might engagement strategies vary across different types of stakeholders?
- Do the source of the funding or other regulations place restrictions on what you can offer to stakeholders to maintain engagement (for example, payment, refreshments, continuing medical education credits)?

“When you really want meaningful information and you want [stakeholders] to really become partners, then there needs to be real relationships that are built on trust and valued experiences.”

— Georgia Demonstration Staff

Key Considerations:

- Seek and, where feasible, establish reliable sources of funding to implement stakeholder recommendations, as this gives stakeholders confidence that their work will be used to improve the quality of child health care.
- Provide additional training or education. This can also level the field for stakeholders from different backgrounds and experience by, for example, ensuring that they are all comfortable with and understand the language being used or by helping nonclinical stakeholders understand clinical issues.
- Encourage the stakeholder group's leader(s) to use face-to-face conversations with individuals to build personal relationships and maintain connections with stakeholders.
- Report back to stakeholders on how their input and products have made a difference, assuring stakeholders that their work is valuable.
- Provide “value-add” benefits to stakeholders. For example, you can provide:
 - Information on grant opportunities.
 - Ideas for grant proposals and letters of support.
 - Time for networking with each other.
 - Opportunities to hear from substantive experts.
 - Opportunities to share concerns with State leaders and other decisionmakers and to submit written input on State and Federal policy issues.
- Establish reciprocal support arrangements, such as an agreement to collaborate or at least to consider collaborating on initiatives of interest to individual stakeholders.
- Provide some kind of financial support, including covering membership dues to a relevant organization, providing a stipend (for example, for transportation or child care expenses), or paying for stakeholders to attend a related conference.
 - This is especially important for parent or family stakeholders, who are more likely to be volunteering their time as opposed to attending meetings during their paid work time. Stipends for families demonstrate that family input is valued as much as input from organizational representatives.
 - Providing some kind of financial support may not be possible due to the source of funding, the institutional home, or other regulations to which the group must adhere.

CHIPRA Quality Demonstration State Experiences: Strategies to Keep Stakeholders Engaged

- **Georgia** CHIPRA quality demonstration staff have kept their stakeholders engaged by finding ways to give back to them. The staff have incentivized caregiver leaders through training opportunities and through support of the family advocacy organizations in which the caregivers are involved. They also have provided youth group members with training and education to help with self-care for their mental and behavioral health needs. In addition, Georgia funded caregiver and youth group members' attendance at the annual national Federation of Families conference.
- **Idaho** invited staff from other States' IPs to conduct a 2-day meeting for stakeholders about the potential activities and impact of the IP being built in their own State. The Idaho team used the meeting to engage and secure committed participation and enthusiasm from the stakeholders identified for their advisory board.
- To ensure that all stakeholders can participate equally and meaningfully, staff in **Massachusetts** have noted the importance of avoiding clinical or political jargon. To accomplish this, they ask their family representative to review agendas and other materials before meetings. They also work to ensure that families feel empowered to engage in discussions at the meetings.

Task 3.6: Plan for sustainability

Planning for sustainability is very challenging, and it should begin at the very outset of the engagement. Ask yourself the following questions:

- How long do you need to maintain your stakeholder group? Is it only long enough to finish a discrete task or activity, or do you want to create a self-sustaining, permanent stakeholder group (see Task 1.3)?
- Which of your current resources are time-limited?
- What additional resources will you need in the future to continue and possibly grow the efforts of the group?
- What elements of your engagement could cause burnout among your stakeholders, and how can you modify these elements to encourage sustained involvement?

Key Considerations:

- One of the greatest challenges to sustainability is securing adequate funding to maintain stakeholder initiatives after the initial funding source has expired. Not only does securing funding allow you to continue your QI efforts, but as discussed in Task 3.5, having adequate funding can be helpful in engaging stakeholders.
 - Consider diversifying your funding sources early on. Sources could include grants from Federal or State governments or private foundations and support from other institutions that stand to benefit from your QI efforts (for example, hospital systems and payers).
- Be sure to balance efforts to obtain new funding with work that supports current activities.
- Working with an outside organization or contractor who has experience in applying for funding can be helpful.

- You also may be able to build discrete revenue streams into your QI efforts, both to support those efforts and, more generally, to support stakeholder engagement. For example, you could ask participants to pay a registration fee for Webinars or learning collaboratives produced by the QI initiative. However, you need to monitor this strategy carefully to avoid excluding individuals who are unable to afford even modest fees.
 - If the group can produce concrete products that have a measurable impact, you can improve the potential for securing additional funding.
- Early on, you may want to ask the governing body or a particular workgroup to specifically focus on planning for sustainability.
 - Guard against burnout by keeping demands on stakeholders reasonable. If the demands or scope of the group change, revisit Step 1 to determine if changes in the size of the group may be necessary.
 - If stakeholders unexpectedly leave the group, conduct exit interviews to determine why they are leaving. Use information from periodic assessments to be responsive to members' concerns (see Step 5).

CHIPRA Quality Demonstration State Experiences: Planning for Sustainability

- In **Georgia**, CHIPRA quality demonstration staff host educational events for caregivers and youth who are not currently involved in the curricula development to ensure that they always have a “bench” of youth and caregivers who can be key stakeholders.
- In **Idaho**, the CHIPRA quality demonstration staff provide quarterly updates to ensure that representatives of other relevant entities that are not currently a part of IHAWCC still remain aware of its contributions to the field of child health care quality.
- The coalition in **Massachusetts** has designated a separate committee to focus on planning for the sustainability of the coalition after the CHIPRA quality demonstration ends.

Step 4: Convene and Disseminate

In addition to determining the stakeholder group membership and structure, State staff and stakeholders must make decisions about the logistics of convening the group and disseminating its products.

Three steps are involved:

1. Establish mechanisms and schedules for convening and communicating with stakeholders.
2. Generate concrete activities, products, and measurable outcomes.
3. Disseminate products and achievements of your stakeholder group widely.

CHIPRA Quality Demonstration State Experiences: Convening Stakeholders

- In **Georgia**, youth group meetings are held on Saturdays to accommodate students' busy weekday schedules.
- In **Idaho**, meetings are held early in the morning to allow physicians to attend.
- Teams in both **Idaho** and **Massachusetts** have successfully used Webinars as an alternative to in-person meetings.

Task 4.1: Establish methods and schedules for convening and communicating with stakeholders

There are many ways to share information. The frequency of meetings and other communications should keep your effort moving forward without overburdening stakeholders. Questions you may want to explore include:

- What legal requirements, if any, exist regarding communications and reports?
- What time constraints of specific stakeholders should you take into consideration during scheduling?
- Given stakeholders' availability, geographic location, and the availability of funding, when are in-person meetings preferable to virtual meetings via phone or Webinars?
- How many working hours do you estimate it will take to get specific tasks completed?
- What deadlines have to be met, and is there any flexibility in those deadlines?
- How will the need to communicate with stakeholders evolve over the lifetime of the group?
- What communication mechanisms do the stakeholders prefer?

Key Considerations:

- Match your strategies for sharing information with the purpose of the communication and your stakeholders' expressed preferences.
- Methods of communication can include email updates, phone calls, Webinar presentations, postcards, and Web site updates, but all communications should be user-friendly and sustainable.
- One possible way to establish a communications strategy is to hire or appoint a specific project manager whose responsibilities include developing a detailed communications plan and scheduling and monitoring progress. Although this may require some additional resources (dedicated time and potentially funding), having a strong manager can make the project operate more efficiently.
- Scheduling meetings for busy stakeholders can be a challenge. To improve the scheduling process, you can try:
 - Scheduling meetings at the same time each week, month, or quarter.
 - Scheduling meetings far in advance to preclude conflicting commitments among members.
 - Scheduling around the known time constraints of stakeholders who are particularly busy or who have strict limits on their availability. It will be important to explain this strategy to the entire group and secure buy-in from all stakeholders so it does not look like some stakeholders are considered more important than others.
 - Developing a shared calendar, possibly using electronic scheduling programs.

“One of the things that our team is really cognizant of is time... and we do try to say ‘can we or should we do this by email?’ to make sure that we are using people’s time really wisely.”

– Idaho Demonstration Staff

- Conference calls and Webinars can be effective alternatives to in-person meetings. Use of such technologies can help alleviate common challenges:
 - Hosting virtual meetings, or at least providing the option for some stakeholders to virtually attend, ensures that you can include stakeholders regardless of geographic distance.
 - Virtual meetings cut down on travel costs, which can be especially problematic in large or sparsely populated areas. However, virtual meetings can impact the group’s camaraderie and cohesion and make it more difficult to hear from all stakeholders equally.
 - Alternating between in-person meetings and virtual meetings can help strike the balance between maintaining personal connections and offering convenience.
- The frequency of communication may fluctuate over time.
 - There may be periods when the group does not need to communicate frequently. Incorporating these lulls in the schedule can help avoid burnout among your stakeholders.
 - In contrast, group members may need to communicate frequently at critical junctures, such as when key products reach the final phases of development.
 - Determine when topics would benefit from an interactive discussion among members of the stakeholder group, necessitating a meeting, and when aggregating separate feedback from each member is sufficient.
- Some decisions regarding communication or transparency of the group may be determined by State laws, such as “sunshine laws,” or other regulations originating from your group’s funder or institutional home.

CHIPRA Quality Demonstration State Experiences: Communicating with Stakeholders

- In **Georgia**, the team hired a writer to gather feedback from caregiver stakeholders and develop the peer support curriculum for caregivers. The team recognized that it made sense to reduce the frequency of communication with the caregivers until the next draft of the curriculum was ready for their review.
- **Idaho** CHIPRA quality demonstration staff often communicate with the IP members via email. For example, the members provided feedback on the logo and many of the revisions to the mission statement this way.
- The team in **Massachusetts** typically reaches out to members between meetings only when specific needs for their expertise and insight arise.

Task 4.2: Generate concrete activities, products, and measurable outcomes

Concrete activities, products, and measurable outcomes demonstrate the stakeholder group's value to the child health community. When generating products and measurable outcomes, consider what the group is capable of accomplishing that would also be useful to the larger community of child health care QI. You may find the following questions helpful:

- Does your goal require specific products or outcomes?
- What products and outcomes would be the most useful for the child health care community?
- How can you verify that end users of these products would find them helpful?
- To whom are you accountable, and what outcomes would they consider a success?
- What can you realistically accomplish with the amount of time, staff, funding, and other resources that are available to you?

Key Considerations:

- As mentioned previously, the sustainability of a stakeholder group depends in part on its tangible contributions to the field of child health care quality.
 - By both generating and disseminating usable products, the stakeholder group will be able to demonstrate the value of stakeholder input to community members, government officials, and policymakers.
 - Not only will working with stakeholders to meaningfully contribute to and develop concrete products garner external support, it will also keep the group engaged and motivated.
- To maintain credibility and have the greatest impact, you need to validate the usefulness of products with target audiences and then actively disseminate products to them. This can be accomplished by including end users as stakeholders as well as by consulting them throughout the product's development.
- Measurable outcomes are not limited to tangible products and may include:
 - Influencing the design, implementation, and evaluation of QI activities or shaping relevant State policies.
 - Including a certain number or percentage of providers in a learning collaborative.
 - Involving health care practices to improve on a specific QI measure.

Task 4.3: Disseminate products and achievements of your stakeholder group widely

For the stakeholder group to have an impact, the group's products and news of its achievements must be disseminated widely to the community, potential funders, or others who could support the work of the stakeholder group in the future. Questions you may want to ask include:

- Which of the external groups you identified in your original environmental scan (see Task 1.4) will be interested in the stakeholder group's products and achievements?
- Who are the important audiences, including national audiences, for the stakeholder group's achievements?
- Are there other stakeholder groups, community meetings, or other existing structures you can leverage to disseminate the work of the stakeholder group?
- How can you use organizations represented by the stakeholder group as a foundation for disseminating products and describing their value?

Key Considerations:

- When you establish communication with other stakeholder groups and QI initiatives, you can increase the dissemination of your stakeholder group's results.
 - Use your stakeholders' networks to engage with other groups.
 - Reach out to policymakers and other community leaders that are well-informed about such efforts.
 - Connect with national organizations that work on QI for child health care.
- You may want to ask or designate a staff member to serve as a liaison to other stakeholder groups. This liaison may participate in a number of different groups to facilitate the sharing of information and various QI plans.
- Highly visible activities, such as testifying at hearings or a public forum or presenting at a conference, can spread the word about the stakeholder group's accomplishments. You can also use social media to help promote public awareness of these events.
- Consider developing a marketing communications plan for the group's products. Developing such a plan may require additional resources, especially if your group does not include someone with relevant experience. It can, however, help ensure that various communications activities are coordinated to achieve a larger effect than would otherwise be possible.
 - Piggyback on existing dissemination activities, such as a meeting or conference where child health care entities already convene, to discuss what your group has accomplished.
 - Use a Web site or any email lists your stakeholder group has created. You can also ask stakeholders to use the Web sites and LISTSERVs™ of the organizations they represent to disseminate products.

Step 5: Assess the Quality and Results of the Engagement

Your team may not have the resources or funding to complete a formal evaluation, but it is important to periodically assess your approach to engaging stakeholders and your group's impact to ensure that it is effective over the lifetime of your initiative. When assessing the activities and functions of the stakeholder group, it is particularly important that you solicit structured feedback directly from the stakeholders so they have an opportunity to voice their opinions and concerns. You should ask for this feedback on a regular basis so that it can be used to improve the stakeholder group and its processes and increase the likelihood that the group can achieve its goals. It is also essential to share the results of the assessment with the involved stakeholders.

Three tasks are critical to assessing your stakeholder engagement process and its impact:

1. Identify the purpose of the assessment.
2. Select or create a sustainable and user-friendly assessment strategy.
3. Field the assessment periodically and create a plan to encourage responses.

Task 5.1: Identify the purpose of the assessment

You can evaluate many elements of stakeholder engagement. Start by clearly defining the purpose of your assessment so that you can select an appropriate strategy. Questions you might ask include:

- What do you want or need to learn from this assessment?
- Will the results be used to improve the stakeholder engagement process, for accountability purposes, or for both?
- Do you need to assess the entire stakeholder engagement process, or just certain elements? Which elements would benefit most from assessment?
- Do you want to learn about the impact of particular recommendations or products?
- With whom will you share the results of the assessment?

Key Considerations:

- It is important to begin thinking about assessment and data collection early on and throughout the process of establishing and convening the group, not just at the end.
- Possible components of the stakeholder engagement process to assess include:
 - Group membership, both composition and size.
 - Stakeholder structure, including the governing body and any workgroups.
 - Clarity and satisfaction regarding stakeholders' roles and involvement.
 - Communication content and mechanisms, both internal and external.
 - Satisfaction with scheduling and amount of work.
 - Experiences of stakeholders.
 - Efficiency in use of resources.

- You may want to assess the impact of your group's efforts by obtaining feedback not only from those who are directly involved but also from nonmembers who use the group's activities or products. Possible results to assess include:
 - Cost of producing products or achieving other results.
 - Quality of products or activities.
 - Whether products have been successfully disseminated and used by the target audiences.
 - Programmatic or policy changes resulting from the group's efforts.
 - Spillover effects to other child health care or QI initiatives.
 - Whether you have support from individuals or organizations that were initially resistant to your initiative.
 - Reduction in the redundancy of QI efforts.

Task 5.2: Select or create a sustainable and user-friendly assessment strategy

The tools and strategies used for assessment can impact both the rate of responses and the quality of feedback you receive. In designing your assessment strategy, questions you may want to ask include:

- What individuals or groups could support the assessment of your group's impact?
- What information is required to accurately assess impact, and how can you obtain that information?
- How do you balance the need for a thorough assessment with the capacity and interests of respondents?
- Can you use or adapt existing tools, or do you need to create a new tool?

Key Considerations:

- Using a survey is a relatively easy way to gain feedback from your stakeholders and from those who may have been impacted by the stakeholder group. Advantages of using this method include:
 - It is much less time-consuming than one-on-one interviews.
 - It is easier to protect anonymity, allowing respondents to feel secure in providing an honest assessment.
 - There are free or low-cost online platforms for surveys that can make it easier for respondents to complete the survey and for staff to analyze it.
- Although in-person interviews may be more difficult to implement and not anonymous, they may also provide more complete or insightful information and may be able to address more specific concerns than a survey.
- A combination of surveys and interviews can provide you with both broad and in-depth feedback.

Assessing Stakeholder Engagement

The **Coalition Self-Assessment Survey** was developed to obtain feedback about how members perceive the effectiveness of a collaborative project.

The **Coalition Effectiveness Inventory** is a checklist for coalition staff and leaders to assess the coalition's effectiveness.

- To conserve time and resources, you may be able to use or adapt an existing survey for assessment of stakeholder engagement. Two examples of existing tools include the Coalition Self-Assessment Survey¹² and the Coalition Effectiveness Inventory.¹³
- Use a survey instrument that records both quantitative and qualitative data to identify potential solutions to the issues raised.
 - Quantitative data could be collected with a list of questions to rate on a scale of 1–5. For example, a question could be, “Were the objectives of this group clear to you?” followed by a scale from *very unclear* (1) to *very clear* (5).
 - Qualitative data could be collected with brief free-response questions, such as “What worked well? What could be improved?”²
- A relatively quick method of gaining useful feedback from stakeholders is to ask them to complete evaluations immediately after meetings, when the experience is fresh in their minds.
- Assessment of stakeholder engagement also can be done in more informal ways. For example, you can:
 - Conduct exit interviews with stakeholders who leave the group.
 - Compare the number of participants at in-person meetings to those of Webinars to determine the most popular convening mechanism.
 - Gauge continued participation and enthusiasm of stakeholders, a simple measure of stakeholder satisfaction with the process.

CHIPRA Quality Demonstration State Experiences: Selecting a User-Friendly Assessment Strategy

- **Georgia** and **Idaho** do not currently plan to implement a formal assessment.
- The State team in **Massachusetts** used both the Coalition Self-Assessment Survey and the Coalition Effectiveness Inventory to inform the development of its own survey and selected Survey Monkey® as the online platform for administering the survey.

Task 5.3: Field the assessment periodically and create a plan to encourage responses

Ideally, you will assess your stakeholder engagement process on an ongoing basis. However, simply fielding the assessment is not enough. You need a plan to make sure stakeholders and others who may have been impacted by the group's efforts actually complete the assessment. Questions you may want to ask yourself include:

- How often do you need, or can you realistically use, feedback?
- How often should you ask stakeholders and other respondents to complete the assessment?
- How can you incentivize and motivate stakeholders to respond to a survey or other feedback mechanism?

Key Considerations:

- Fielding an assessment at periods throughout the engagement allows midcourse corrections and improvements to the group and its activities. For example, if the group is consistently behind in reaching key milestones, you need to understand why and how to get back on track.
- Based on feedback you receive, you and the group's leaders may need to reevaluate and refine expectations and engagement supports, such as offering continuing education credits or financial incentives.
- As stakeholders and other respondents have other responsibilities, you might consider providing supports, reminders, and incentives for completion of requests for feedback, including:
 - Giving stakeholders clear directions for providing feedback, including language regarding the confidentiality of their responses.
 - Communicating clearly to stakeholders how the information gained from the assessment will be used to improve the effectiveness of the group and the satisfaction of the stakeholders.
 - Communicating clearly to those who may have been impacted by the group's efforts how their feedback will be incorporated into the future work of the stakeholder group.
 - Setting a deadline for completing the assessment and sending reminders as that date approaches.
 - Providing additional incentives for responding to requests for timely feedback, such as gift cards.
- An assessment can become burdensome if administered too often, especially if it is long. Alternatively, you can administer the survey at regular intervals, such as quarterly, or timed to key milestones for the group.
- You can then use the results to improve the group's ability to complete tasks and achieve its goals by discussing the results at a meeting, incorporating the information into a strategic planning process, or setting new objectives.

CHIPRA Quality Demonstration State Experiences: Fielding and Learning from the Assessment

- **Georgia** and **Idaho** currently have no plans to implement a formal assessment.
- In **Massachusetts**, the team administered a survey at baseline and at the midpoint of the CHIPRA quality demonstration and will field the survey a third time. Results from the first administration of the survey showed that members felt positive about the broad stakeholder engagement, the leadership, and the goals for improving the quality of child health care, but they needed more clarity on how their own abilities could be used effectively. Responding to the stakeholders' feedback and providing more clarity will help improve the efforts of the stakeholder group.

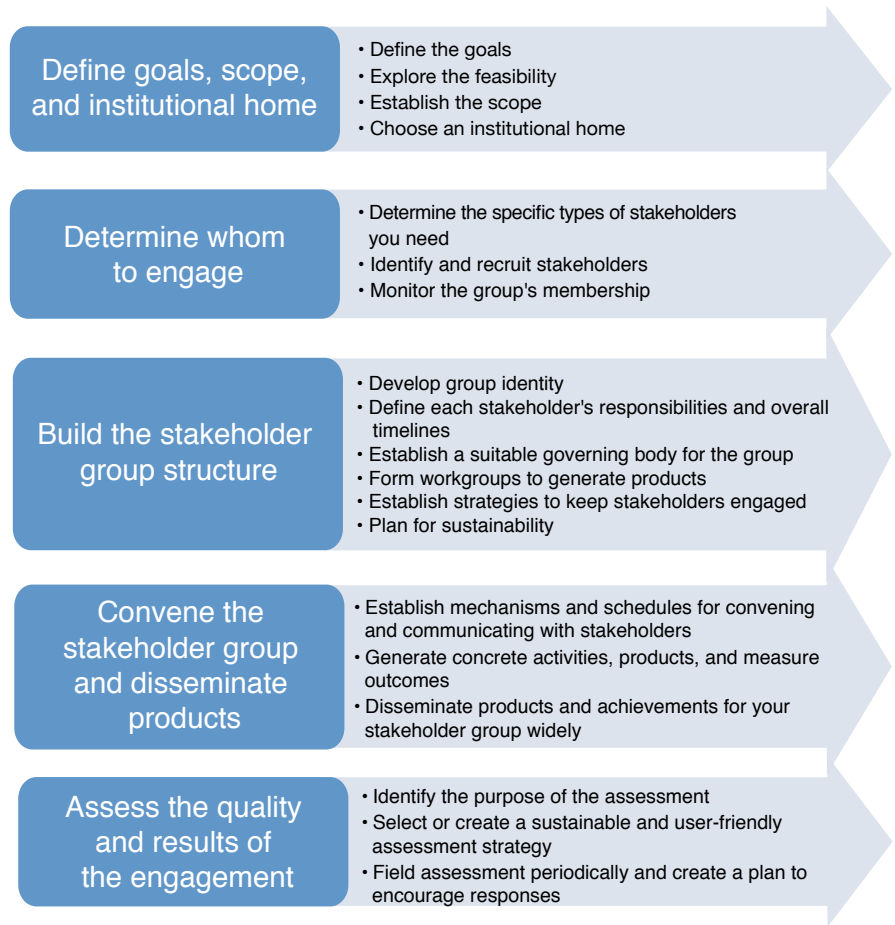
Conclusion

Based on the efforts of three CHIPRA quality demonstration States—Massachusetts, Idaho, and Georgia—as well as those of Utah and Vermont, this guide has presented key steps, strategies, and considerations for meaningfully engaging a variety of stakeholders in initiatives to improve the quality of child health care. The key steps and tasks are summarized again in Figure 2. As evidenced from the experiences of these States, stakeholder engagement can take many different forms, and every stakeholder engagement initiative is unique. Depending on the specific QI initiative you are undertaking, you may need to take steps that are not included in this guide, complete the steps and tasks in a different order, or omit certain steps that are presented here.

When designing your process, carefully consider the following:

- Factors specific to your State will shape your stakeholder engagement process, including the political environment, the capacity and structure of the child health care community, priorities for child health care, and gaps in QI for child health care.
- Engaging stakeholders is a continual process, not a one-time event. We hope you will revisit this guide as your stakeholder engagement process evolves over time.
- No single process will satisfy everyone's stakeholder engagement aspirations. You can, however, set appropriate expectations by:
 - Being clear about the group's goals.
 - Selecting stakeholders who will participate thoughtfully.
 - Building a structure conducive to achieving your goals.
 - Maximizing your potential impact through planned communication and dissemination.
 - Continually improving the process by assessing the process and its impact.

Figure 2. Overview of Stakeholder Engagement Steps and Tasks



Endnotes

1. Throughout this guide, we use the term “child health” to refer to both child and adolescent health.
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9. A reference tool for conducting an environmental scan was developed by the Substance Abuse and Mental Health Services Administration for grantees in the Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) Grant Program. This tool may serve as a guide for developing an environmental scan specifically for stakeholder engagement. To access this tool, go to: http://projectlaunch.promoteprevent.org/sites/default/files/Project%20LAUNCH/Getting%20Started/20101101_LAUNCH_Environmental_Scanning_and_Strategic_Planning_Guidance_2010_2011.pdf.
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11. Moran JW, Duffy GL. Team Chartering. Washington, DC: Public Health Foundation; 2010. http://www.phf.org/resourcestools/Pages/Team_Chartering.aspx.
12. The Coalition Self-Assessment Survey, by Erin Kenney and Shoshanna Sofaer, was developed as a tool for coalitions to obtain feedback about how members of a collaborative project perceive that a coalition is doing. It was adapted by the Allies Against Asthma, based at the University of Michigan. To access this survey, go to: http://www.asthma.umich.edu/media/eval_autogen/CSA5.pdf.
13. The Coalition Effectiveness Inventory, developed by Frances D. Butterfoss, is a diagnostic checklist for coalition staff and key leaders to assess coalition effectiveness. To access this inventory, go to: http://coalitionwork.com/wp-content/uploads/coalition_effectiveness_inventory.pdf.

Appendix: Profiles of the CHIPRA Quality Demonstration States' Stakeholder Engagement Initiatives

Georgia: Engaging Stakeholders to Develop Curricula for Caregiver and Youth Peer Specialists

Georgia is building a statewide network of certified peer specialists (CPS) who have “lived experience” in the behavioral health system. These CPS will become paraprofessionals in the child behavioral health workforce. A critical component of building this network is developing curricula and certification processes for caregiver and youth CPS. In addition to working with a broad array of child-serving State agencies, Georgia has formed stakeholder groups of caregivers and youth to specifically guide the development of the curricula from the beginning of the CHIPRA Quality Demonstration Grant Program. Although both the caregiver and youth stakeholder groups were established as temporary groups specifically dedicated to developing CPS curricula, CHIPRA quality demonstration staff envision ongoing involvement from these stakeholders as they become certified and join the workforce and as the Department of Behavioral Health and Developmental Disabilities (DBHDD) develops additional ways to keep caregivers and youth involved.

To help develop the caregiver CPS curriculum, CHIPRA quality demonstration staff built a 45-member group consisting of caregiver leaders, including biological, foster, and adoptive parents, as well as family advocates. These caregivers were identified because they worked on prior and existing initiatives within the DBHDD, are currently working with care management entities as peer specialists, and are caregivers of children receiving behavioral health or addiction services in community-based programs. They also intentionally included leaders from local, statewide, and national chapters of family support organizations, such as the Federation of Families. They also created a stakeholder group composed of youth and young adults aged 15 – 26 who have received services from the Community-Based Alternatives for Youth demonstration grant, Healthy Transitions Initiative grant, Substance Abuse and Mental Health Clubhouses, Federation of Families Youth Moves chapters, and other youth with lived experience in the behavioral health system. The size of this group fluctuates between 15 and 30 individuals as members age out, move away to school, take a voluntary and temporary break for health reasons, or move on to other responsibilities.

A family and youth peer specialist coordinator, who is also a parent of a child with experience in the behavioral health system, facilitates the work of these two groups, which are housed in the Georgia DBHDD. To conduct their work, each group meets separately once a month for a full day. Meetings are structured and include training, education, team-building activities, and full-group and smaller-group sessions. The facilitator ensures that all stakeholders have an opportunity to talk during meetings and that they are given “homework” at the end of each meeting to prepare them for active participation and critical thinking in subsequent sessions.

Early training for caregivers included a presentation by the Georgia adult CPS project director, which provided the necessary background for caregivers' development and implementation of the curriculum and certification process, as well as training on recognizing the signs of trauma. CHIPRA quality demonstration staff also created tools to support caregivers' meaningful engagement in the development of the curriculum. For example, staff from the Center for Health Care Strategies, which is assisting Georgia, conducted research on existing peer support models used in other States, as well as on the Federation of Families' core competencies for peer specialists, and then mapped stakeholder caregivers' own beliefs about and priorities for peer support to that content. This mapping was shared with caregivers to generate discussion and collaboratively identify the key responsibilities for peer specialists. CHIPRA quality demonstration staff then brought in a curriculum expert to facilitate a series of meetings with caregivers to (1) flesh out the specific training CPS would need to fulfill those responsibilities and (2) write the curriculum based on input from caregivers. The expert is continuing to work with the caregiver stakeholders to revise the curriculum following the first few caregiver CPS trainings.

Youth group members are preparing to develop the youth CPS curriculum once the caregiver curriculum is complete. In addition to education about mental illness, the behavioral health system, and the adult peer support program, youth stakeholders also learn how to prioritize and receive support for their own wellness and recovery. "There is a nurturing that has to happen [with youth]. We have to do a lot of self-exploration with them while also considering elements of the curriculum development. We have to make sure they have a sense of self-awareness to figure out what they need before they can be good peer support to other young people," said one CHIPRA quality demonstration staff member. DBHDD staff, including the facilitator, are available during youth group meetings to provide the emotional support group members may need, as are the youth's caregivers. Youth receive a stipend to support their participation and meet at a conference center in a local theme park.

As part of the stakeholder engagement process, Georgia CHIPRA quality demonstration staff are committed to building caregivers' and youth's leadership and advocacy skills. For example, they are supporting caregiver stakeholders in starting their own Federation of Families chapters by paying their membership fees and providing training on how to build and sustain a chapter. Georgia also has used CHIPRA quality demonstration funds to support parents and youth in attending the Annual Federation of Families national conference each year since the beginning of the CHIPRA quality demonstration. These parents and youth have reported back to others in the groups and have used what they have learned to inform the content of the CPS curricula.

Idaho: Developing an Improvement Partnership to Enhance the Delivery of Children's Health Care

Idaho is building, from the ground up, a statewide Improvement Partnership (IP) entitled the Idaho Health and Wellness Collaborative for Children (IHAWCC). An IP is a durable collaboration of public and private partners that uses measurement-based efforts and a systems-level approach to improve the quality of children's health care. A core component of IHAWCC's work is to host learning collaboratives (LCs) that guide, assist, and support child health providers in practice-based efforts to improve the quality of children's health care. Idaho's grant partner in the CHIPRA quality demonstration, Utah, with its established Utah Pediatric Partnership to Improve Healthcare Quality, is mentoring Idaho as they establish IHAWCC. Once the Idaho IP is established, the two States plan to work together as a regional network to develop cross-State quality improvement activities.

Unlike other IPs, Idaho's IP began offering LCs for providers before establishing its organizational structure. This was an intentional strategy to build stakeholder support by demonstrating the benefits IHAWCC could bring to children's health care. As one CHIPRA quality demonstration staff member said, "We are trying to show the [stakeholders] proof of concept through the learning collaboratives. We wanted to get people familiar with the IP concept, and we wanted to do a learning collaborative first." He continued, "We started with the concept and worked to get those key stakeholders involved, while most IPs start the other way."

While developing and conducting LCs, Idaho CHIPRA quality demonstration staff began identifying stakeholders who could provide input on the structure and function of the nascent IP and assist in its development. The medical director and project coordinator of Idaho's CHIPRA quality demonstration worked with Utah's medical director and staff to brainstorm the key players in children's health care who would be important to convene at a kickoff meeting. They also used the National Improvement Partnership Network's (NIPN) manual on developing IPs as a guide.

Early in the process, Idaho, with support from Utah and NIPN, hosted a 2-day meeting for potential stakeholders focused on the function of IPs and roles that stakeholders could play. Leaders from NIPN presented on the achievements of other State IPs and consulted with attendees. After the kickoff meeting and a number of subsequent one-on-one meetings with potential stakeholders, a variety of individuals committed to participating and formed the IHAWCC advisory board. In discussing this meeting, a CHIPRA quality demonstration staff member said, "Education on current grant activities and what an IP can do was the key to having [stakeholder] members commit."

The 12-member advisory board includes a core set of stakeholders from the Idaho chapter of the American Academy of Pediatrics, the local health system (St. Luke's Children's Hospital), the State's Medicaid program and Division of Public Health, the Idaho chapter of the American Academy of Family Physicians, and Boise State University. CHIPRA quality demonstration

staff also intentionally included pediatrician, family physician, and nurse practitioner voices in their stakeholder group.

One of IHAWCC's early accomplishments was securing St. Luke's Children's Hospital as their institutional home. The hospital provides administrative support and limited funding. The advisory board also brainstormed and selected the name for the IP and then began foundational activities, including development of a Web site and vision and mission statements to inform and engage additional stakeholders. The group meets monthly to provide strategic direction as they continue to formalize the IP, identify priority topics for IHAWCC's LCs, and plan for sustainability. CHIPRA quality demonstration staff maintain active engagement of stakeholders by scheduling meetings at consistent times and well in advance, sending agenda items and materials before meetings, and being respectful of stakeholders' time. They also intentionally use stakeholders in the capacities in which they have expertise and personal interest, instead of having all stakeholders involved in all aspects of the work. For example, the stakeholder from Boise State University is assisting with achieving Institutional Review Board approval for an upcoming LC, but a different stakeholder is better suited to helping with Web site development.

Massachusetts: Creating a Statewide Coalition to Improve Child Health Quality

Massachusetts is using CHIPRA quality demonstration funds to build the Massachusetts Child Health Quality Coalition, a statewide, multi-stakeholder coalition to lead transformational quality improvements in children's health care and sustain that focus beyond the life of the CHIPRA quality demonstration. The coalition, with its nearly 60 members, serves as a vehicle for creating a shared understanding of priorities in child health care quality and as a platform for formulating and implementing a multi-year plan for improving health care services and care outcomes for children in Massachusetts. The coalition promotes child health care quality through a number of activities, including directing and participating in an assessment of the current status of health care quality in the State, identifying gaps in children's health care services and measures, providing guidance on the development of new measures to evaluate and track progress in areas related to children's health care, and advocating for the inclusion of children's health issues in broader statewide activities.

Massachusetts began by developing a sustainable and functional model for the coalition with a governing body, defined roles for oversight, and created operational structures to support the coalition in developing objectives and executing action plans. With this model in place, the CHIPRA quality demonstration team defined a member recruitment strategy to ensure diverse and comprehensive representation across the organizations related to child health care in the State. Coalition members include primary care and specialist providers, families and consumer advocacy organization representatives, health plans, health professional groups, school nurse professional groups, State and local agencies, community organizations, hospitals, and policy experts.

The coalition includes an executive committee and multiple workgroups. The full coalition meets quarterly, as does the executive committee, while the smaller workgroups meet more regularly and complete much of their work via electronic communication. A gap analysis, conducted by the CHIPRA quality demonstration staff and a workgroup from the coalition, incorporated qualitative and quantitative data, an environmental scan of other activities in the State, and input from coalition members. The findings from this analysis laid the foundation for the development of the coalition's action agenda and the workgroups' priority areas of focus. Each of these groups has a clearly identified product that they are aiming to produce and is supported by a CHIPRA quality demonstration staff member.

CHIPRA quality demonstration staff keep coalition members actively engaged by maintaining a regular and routine meeting schedule and working hard between meetings to gather and synthesize information the workgroups need to move their deliverables forward. Providing timely and continued creation of concrete products and outputs has been instrumental in maintaining engaged stakeholders. These products and outputs include the gap analysis, a key elements framework for care coordination, a communication guide, definition of a set of potential new measures, and support of medical home spread.

CHIPRA quality demonstration staff are implementing a coalition effectiveness survey with coalition members to assess the coalition's communication mechanisms, the adequacy of supports provided, and the benefits of participation to members. The survey has been administered at baseline and midpoint of the grant, and staff have used this input for formative improvements to the coalition structure and approaches to engaging and working with members. The survey will be administered one more time during the grant-funded period.