

## Approach to Operationalizing and Evaluating the National Stakeholder Strategy

In general, there is broad agreement that no one sector can address complex issues independently and that cohesive action is a critical component for driving meaningful change. However, the existence of a national strategy that has been collaboratively developed does not in and of itself lead to the achievement of intended outcomes. Success will be dependent upon the ability of stakeholders across sectors and levels to implement and refine the national strategy and to assess progress over time.

Operationalizing the *National Stakeholder Strategy* will take time, involve many people, and require collaboration and support. Throughout the activities for developing the Strategy, stakeholders made clear that they are ready to work together and asked for support to continue the conversations initiated in their regions and communities about ending health disparities. These requests also correspond with Congressional language which called for a national strategy for eliminating health disparities that is implemented and monitored in partnership with state and local governments, communities, and the private sector.

This section builds on the requests from stakeholders and Congressional language. It provides an implementation framework for bringing leaders together through health equity councils and how the councils can use the information from Section 3. The intent is to facilitate the ability of communities and other stakeholders to operationalize the *National Stakeholder Strategy* based on their needs and within their spheres of influence. While the ultimate goal is to reduce health disparities, the *National Stakeholder Strategy* also provides the unique opportunity to reduce duplication of efforts and improve outcomes through coordinated action, engagement of sectors beyond health, pooling of resources, and creation of new and innovative partnerships.

As the health equity councils come together, the approach embodied in the implementation framework will be further developed into a plan that outlines reasonable expectations, opportunities for collaborative decision-making, and a “doable” path forward.

“What can individuals do?”

Individuals can  
change the world . . . ”

– Sir Michael Marmot

### How Do I Get Involved In Implementing the NPA?

- ◆ Request the NPA Toolkit  
<http://www.minorityhealth.hhs.gov/npa/>
- ◆ Call 1-855-JOIN-NPA (855-564-6672)
- ◆ Visit the NPA Web site  
<http://www.minorityhealth.hhs.gov/npa/>



► SECTION FOUR

Communities of stakeholders do not have to wait for the health equity councils or the implementation plan. There are immediate actions that individuals, communities, and organizations can take to engage with the NPA:

- ◆ Access the **NPA Toolkit** on [www.minorityhealth.hhs.gov/NPA/](http://www.minorityhealth.hhs.gov/NPA/) for information about the NPA, specific health disparities, materials on related issues, and creating action in communities; to link with organizations and resources for addressing health disparities; identify promising practices; learn ways to share activities currently underway to address health disparities; and provide feedback.
- ◆ Call **1-855-JOIN-NPA** to receive the NPA Toolkit; request data and resources tailored to a specific community; be connected with national or local experts who can speak about the NPA and health disparities; and receive technical assistance with implementing strategies at the community level.

### GUIDING CONCEPTS AND THE IMPLEMENTATION FRAMEWORK

A set of key concepts are required for effectively guiding stakeholders throughout the process of acting on the *National Stakeholder Strategy* and monitoring their progress. They include:

- ◆ **LEADERSHIP:** Organizing or using existing groups at multiple levels for ensuring continued communications, providing leadership, facilitating coordination and partnership, and driving accountability. These groups must be capable of managing broad participation, coalescing wide-ranging actions, and creating change.
- ◆ **OWNERSHIP:** Incorporating actions that support ownership of the *National Stakeholder Strategy* by stakeholders at all levels, are inclusive, and improve alignment across sectors
- ◆ **PARTNERSHIP:** Fostering and creating new, more meaningful partnerships by leveraging existing partnerships and resources
- ◆ **CAPACITY:** Improving opportunities for individuals and organizations to participate by building capacity for all to contribute
- ◆ **COMMUNICATION:** Creating and supporting effective mechanisms for sharing information often, managing communications, and routinely celebrating success

These concepts are embodied in the five goals and 20 primary strategies described in Section 3. Collectively, they support stakeholder participation that is inclusive, operationalizes the *National Stakeholder Strategy*, promotes development of partnerships, facilitates communications across a complex network of individuals and organizations, and creates opportunities for monitoring progress.

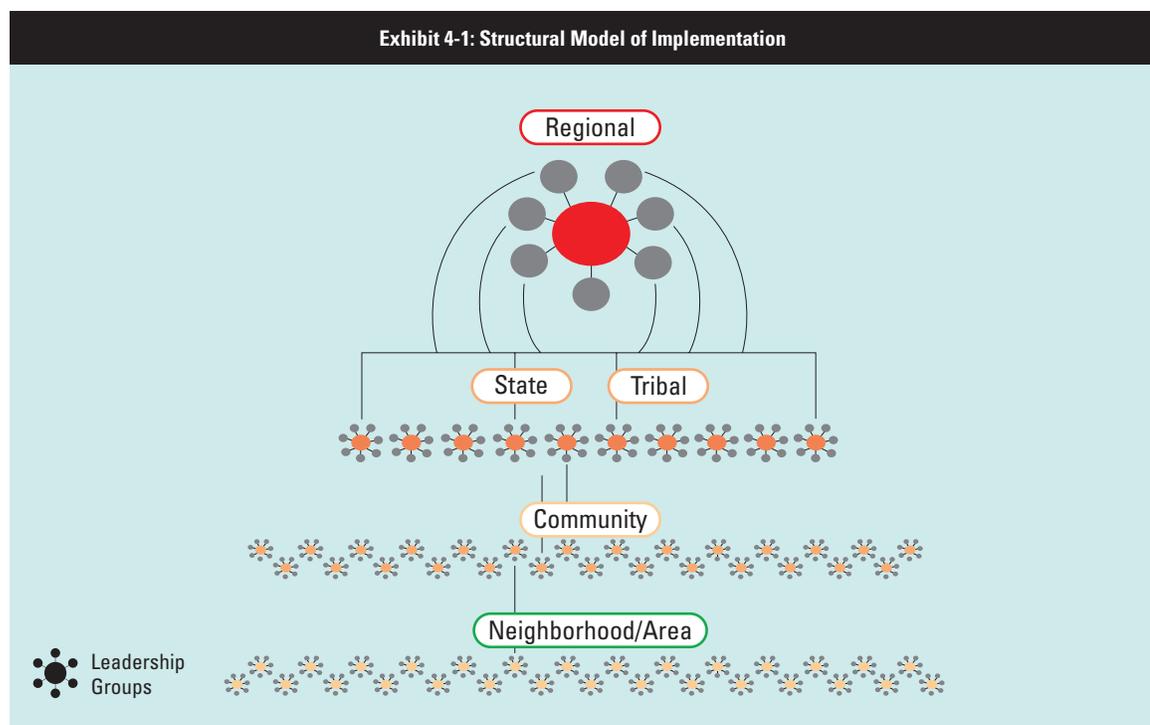
The guiding concepts and *National Stakeholder Strategy* will be operationalized through voluntary multi-sector regional councils that can provide leadership, ensure continued information flow, and galvanize action. This coordinated approach will help ensure that all sectors are motivated to: (1) develop and implement measurable actions that address the NPA goals, strategies, and objectives within their areas of need, influence, and expertise, and (2) develop partnerships and coordinated efforts outside their areas of influence and expertise.

## APPLYING THE IMPLEMENTATION FRAMEWORK

As described below, each of the guiding concepts will be aligned to goals and strategies to ensure the *National Stakeholder Strategy* has the most profound and efficient influence on producing far-reaching and sustained changes.

### Leadership

Exhibit 4-1 depicts a leadership framework for operationalizing the *National Stakeholder Strategy*. The framework supports a view that all groups can share leadership and act as equal, cooperative partners. It models leadership where ideas and actions flow within and across levels and assume shared responsibility for collective, coordinated action.




 ► SECTION FOUR

### General Responsibilities of Regional Councils

- ◆ Finalize Regional Blueprints for Action that present regional data, identify regional priorities, and outline regional strategies for achieving health equity.
- ◆ Serve as a body of experts for driving a collaborative health equity agenda
- ◆ Use inclusive stakeholder input to refine priority strategies
- ◆ Support and collaborate on projects of mutual benefit
- ◆ Provide lateral, cross-boundary leadership and partnerships
- ◆ Monitor and assess progress
- ◆ Assure accountability and drive sustainability

The framework includes the establishment of 10 Regional Health Equity Councils that correspond with the 10 HHS regions. The Councils will address health disparities improvement actions for their geographic areas and work to leverage resources, infuse NPA goals and strategies into policies and practices, and share stories and successes with broad constituencies. The Councils will include individuals from the public and private sectors and represent communities impacted by health disparities, state and local government agencies, tribes, healthcare providers and systems, health plans, businesses, academic and research institutions, foundations, and other organizations.

The Regional Health Equity Councils will utilize stakeholder input to develop tailored Regional Blueprints. While the Blueprints embody the goals and priorities of the NSS, they will be tailored reflect regional priorities, build on existing strengths, and address existing gaps. Concrete and actionable, the Blueprints will guide the

Councils' work to implement and monitor collaborative strategies to address the NPA's goal to end health disparities within their Region. The Regional Health Equity Councils will function independently of each other to ensure that issues, strategies, and required actions are applicable to the communities in the states that the Councils represent.

### Ownership

To make the *National Stakeholder Strategy* a living document, stakeholders must decide together the actions necessary to move forward. Such participatory processes allow people to learn from one another, share their successes and challenges, feel ownership over the process and activities, challenge individual ideas and beliefs, and collectively create something better.

***Ownership at the community level.*** Including individuals representing communities in the Regional Health Equity Councils is optimal for ensuring that strategies reach, are appropriate for, and are influenced by people at the grassroots level. It also reflects one of the NPA's guiding principles

mentioned in Section 1: Community Engagement. Establishing opportunities for engaging communities recognizes the value of individuals and brings them “to the table;” allows application of national actions in more pragmatic ways; enhances capabilities and knowledge; improves alignment on issues of importance within communities; and expands the number of people engaged and working on common objectives. It is anticipated that including participation of community representatives will catalyze and organize the discussions that are currently taking place.

***Ownership within health equity councils.***

While the Regional Health Equity Councils interact with one another, they also define themselves independently. Each group has the flexibility to define its participants’ roles and responsibilities, assume ownership for advancing the national strategies and actions, and determine its appropriate functions. Flexibility is of paramount importance to the success of the implementation process. It allows the use of existing infrastructure and leadership that may be most suited for ensuring success, as well as opportunities for leveraging other related efforts.

***Ownership and cooperation across health equity councils.*** Some of the most critically important tasks of the Regional Health Equity Councils will focus on lateral leadership and partnerships (i.e., cross-boundary leadership and partnerships that involve individuals and/or organizations over whom the councils have no control). This type of leadership is collaborative and allows members to share common objectives, strategies, responsibility, investment, and accountability for progress.<sup>10</sup> Creative and informed leveraging of resources and partnerships will save money and drive efficiencies by minimizing duplication and missed opportunities.

## Partnership

Another important avenue for organizing and providing leadership in support of the *National Stakeholder Strategy* is through partnerships. It is the power of partnerships that will keep our communities healthy. In a context of increasing demand, and increasingly limited resources, partnerships are not simply making the system more efficient; they are making it better. As described below, partnership principles will be aligned to goals and strategies to maximize individual and organizational expertise and influence, engage change agents, and pool resources to effect national change.

### ***National Stakeholder Strategy Approach to Fostering Ownership***

- ◆ Leverage stakeholder leadership
- ◆ Encourage broad participation
- ◆ Promote partnership development
- ◆ Facilitate bi-directional information flow and communications
- ◆ Enhance alignment of efforts across sectors
- ◆ Establish accountability for progress


 ► SECTION FOUR

1. **Awareness:** Since community partnerships engage a diverse cross-section of organizations that represent health and human service institutions, nonprofit agencies, government, businesses, educational institutions, community- and faith-based organizations, they have the potential to reach a wide range of populations. By using organizational networks, media outlets, and educational approaches, partnerships have the ability to increase awareness of issues in a profound way.
2. **Leadership:** Leadership is the most often reported internal or organizational factor that helps partnerships create effective systems change.<sup>301</sup> Collaborative leaders broadly share power to set priorities, identify and use resources, and evaluate partnership performance.<sup>302</sup> A partnership must model collaboration and diversity, create the conditions that make principled leadership possible, and foster the emergence of capable, visionary leaders. Leaders must have community interests at heart and must be able to effectively share their vision for a better, healthier nation.
3. **Health and Life System Experience:** When healthcare systems and providers from many disciplines are involved in partnerships, they learn the value and satisfaction of providing their professional expertise and skills within an appropriate context. They can increase their understanding and respect for unique cultural circumstances and can provide useful care, guidance, and instruction as needed. Likewise, by having members of racial and ethnic minority and other underserved communities represented in a partnership, the health system experience, communication patterns, and education activities can be tailored to better meet the health needs of the targeted community.
4. **Cultural and Linguistic Competency:** All partner organizations need to help one another communicate effectively with diverse populations that have varying cultural needs, levels of health literacy, and/or English proficiency.

### Steps for Building Effective Health Equity Partnerships

1. Analyze health disparity and health equity issue(s) on which the partnership will focus
2. Create awareness of issue(s)
3. Convene partnership to conduct initial planning (create vision, mission, and goals)
4. Recruit the lead agency and diverse organizational partners
5. Develop resources and funding for partnership
6. Create partnership infrastructure and procedures
7. Elect leadership and identify key staff
8. Create a partnership action plan
9. Sustain activities by actively engaging partners
10. Continuously improve the partnership through evaluation

**6. Data, Research, and Evaluation:** The research and evaluation component helps determine whether the partnerships and their activities are sustainable over time. Evaluation improves implementation of strategies or identifies better approaches, increases awareness and support, informs policy decisions, and contributes to the scientific understanding of what works.<sup>303</sup> Participatory and qualitative evaluation methods increase understanding about how and why initiatives work.

It is important that all partnerships be relationship-based, actively nurtured and managed, purposeful and specific, sustainable, and loyal to the core mission and goal of each contributor. In order to thrive, partnerships must be dynamic and responsive to culture, racial and ethnic diversity, customs, and to the ways people usually work together in the community, region, or state. Based on experiences of successful health coalitions, key steps for building effective health equity partnerships can help partners build consensus and actively involve diverse organizations that are positioned to address health disparities.

### Capacity

Capacity can be defined as the ability of individuals, organizations, and groups to perform functions, solve problems, and set and achieve objectives in a sustainable manner. As stakeholders seek to implement the *National Stakeholder Strategy*, problems may arise because of gaps in human resources, financial resources, or training; a limited sense of ownership of the processes; dependency on external resources; and inadequate considerations of broader social determinants of health. Capacity building strategies will help address these challenges through the steps below, which are based on a proven process for building capacity at the individual and organizational level. They are intended to be implemented in an ongoing manner to ensure relevancy, responsiveness, efficiency, and effectiveness.

- 1. Identify resources to build capacity**, which may include tools, training, and/or direct financial resources to provide assistance in areas such as leadership, program and financial management, assessment and evaluation, grant-writing, and sustainability. In addition to existing efforts to develop, test, and catalog resources, stakeholders can help identify resources they have found to be effective in efforts to reduce health disparities and can often serve as technical assistance providers for each other.
- 2. Assess needs and identify required capacity building support** by using assessment tools tailored for use with groups addressing health disparities and health equity. Such tools help groups identify gaps, identify priorities and importance, identify the root causes of performance problems, and identify possible solutions (based on the resource identification activity outlined above).

▶ SECTION FOUR

3. **Leverage capacity development investments** at the local, state, and national levels that may be hindered by requirements, turf issues, and budget limitations. Strategies to improve stakeholder access to existing resources will focus on identifying and sharing information about investments and coordinating efforts within and across stakeholder groups through, for example, joint training events or joint funding announcements.
4. **Build individual capacity** by empowering individuals through access to information, inclusion and participation, and accountability. For example, one key strategy will be to develop youth as future leaders by helping them gain the ability and authority to implement change as key players in health equity council efforts to implement the *National Stakeholder Strategy*.
5. **Build organizational capacity** to carry out day-to-day activities to reduce health disparities but also to develop the capacity to learn and change in response to changing circumstances. Support for implementation of the *National Stakeholder Strategy* will include developing leaders through training, coaching, and facilitation; improving program and process management through an action toolkit and best practice compendiums; and creating and sustaining partnerships and linkages through shared stories and strategic partnership models.

## Communication

Effective communication will foster greater efficiency and effectiveness across multiple sectors and levels as they operationalize the *National Stakeholder Strategy*. Key strategies will focus on the following steps:

### Communication Goals of the *National Stakeholder Strategy*

- ◆ **Increase awareness** among key audiences of the significance of health disparities, their impact on the nation, and the actions necessary to achieve health equity.
- ◆ **Help partners promote and address** the goals by making them a priority and sharing information within their individual networks to broaden diffusion of information.
- ◆ **Ensure cohesion** in all communications and coordination between and among the leadership groups and their partners.
- ◆ **Foster effective communication and sharing of information** by creating dynamic feedback loops between the leadership groups to share relevant activities, policies, emerging issues, priorities, and evaluation/best practices.



1. **Building communications capacity** by equipping leaders to communicate about the *National Stakeholder Strategy* and the importance of ending health disparities through a core set of messages and a toolkit that partners can tailor and use in their own outreach and implementation.
2. **Developing materials** to disseminate messages, keep partners and the public updated, assist with implementation, and keep stakeholders engaged. Materials such as promising practice highlights, data briefs and fact sheets, and lists of resources and organizations addressing these issues can be shared through a dedicated website, E-newsletter, and social media strategies.
3. **Recruiting and engaging partners** to provide the infrastructure needed to increase awareness, drive action, and ensure accountability. Strategies may include messages and materials to support outreach and recruitment, partner engagement through electronic media and sharing of stories, and partner recognition through endorsements or award programs.
4. **Leveraging local, regional, and national media outlets** by using information technology and traditional and new media approaches such as op-eds, feature stories, case studies, and panels discussions to reach a multi-tier audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals—to encourage action and accountability.
5. **Conducting a public information campaign** that in addition to the launch event for the *National Stakeholder Strategy* may include regular town-halls/informational meetings, coordination with National Minority Health Month and other relevant celebrations, a 12-month anniversary event, and new research with partners to gauge awareness or changes in awareness.

## EVALUATING THE NATIONAL STAKEHOLDER STRATEGY

As mentioned previously, the NPA consists of three components of which the *National Stakeholder Strategy* is one component. The information provided here about evaluation pertains only to the *National Stakeholder Strategy*, an evaluation design for the NPA that includes the other components will be developed in the near future.

It is not prudent to construct a complete national evaluation plan until critical portions of the *National Stakeholder Strategy* become operational. Nevertheless, a model approach is helpful in illustrating how the *Strategy* could be evaluated. This approach also makes explicit the principles that could guide the design

▶ SECTION FOUR

and implementation of the evaluation. The national evaluation approach described here was developed under the guidance of a group of experts in health disparities research and in the evaluation of initiatives aimed at eliminating such disparities.

Evaluating the *National Stakeholder Strategy* is essential for three reasons. First, the “lessons learned” from developing a national evaluation will contribute to the knowledge base about what it takes to eliminate health disparities. Second, it will provide a valuable opportunity for communities to share promising practices and solutions with each other. Third, and most important, the evaluation will monitor and identify the progress and challenges facing the *National Stakeholder Strategy* in order to improve the strategies and strengthen their effectiveness, viability, and sustainability at all levels (e.g., state, tribal, regional, national).<sup>301, 304, 305</sup>

There is no single evaluation methodology that can address the complexities of such a comprehensive, national effort to eliminate health disparities. As evaluation proponents of comprehensive community and systems change initiatives have asserted, different methodologies will have to be combined to assess change within and across levels (e.g., state, tribal, regional, national) and sectors (e.g., education, housing, community environment).<sup>306, 307</sup> The evaluation will require the extensive coordination and cooperation of various data sources. It will also require building the capacity of source organizations so they can collect and report data according to the format, quality, and schedule required by the national evaluator.

Capacity building that only collects and reports data is not sufficient. A supportive strategy is also critically needed for building the capacity of regional, state, tribal, city/county, and neighborhood/area communities—so they have access to data for planning and decision making. This will involve changing the norms of some institutions to practice data-driven decision making and learning from evaluation information.

### Evaluation Questions

Based on the theory of change model described in Section 3, an initial set of evaluation questions were identified by the experts who advised the development of this approach:

1. How are leaders in public agencies and in the private, nonprofit, and community sectors engaged in collaborative, efficient, and equitable working partnerships to eliminate health disparities and achieve health equity?
2. Which of the 20 strategies and their accompanying activities are being implemented at the local, state, tribal, regional, and national levels?



3. What are the impacts of the strategies and activities?
4. How well is the nation progressing toward improved outcomes that address the *National Stakeholder Strategy's* goal to eliminate health disparities and achieve health equity?
5. How much is the work to end health disparities integrated into mainstream systems, including public health?

Additional questions may be added during development of the *National Stakeholder Strategy's* evaluation plan. Further, it is likely that city/ county, state, tribal and regional agencies, as well as community and private sector organizations, will develop more questions that specifically fulfill their information needs, as they choose to conduct their own evaluations independent of the national evaluation.

### Evaluation Methodologies

There are several possible methodologies for evaluating the *National Stakeholder Strategy*. Some of the methodologies may have to be combined to ensure a comprehensive evaluation that captures the complexity of the *National Stakeholder Strategy*. Some of the possible methodologies include cross-case study design, benchmarking, and longitudinal research; additional methodologies will be explored as the *National Stakeholder Strategy* is operationalized.

#### *Cross-case Methodology*

Cross-case study design (sometimes referred to as a multiple-case study methodology) is a widely accepted methodology that uses qualitative and quantitative data for studying change initiatives that are affected by events out of participants' control or implemented differently across different sites—but that may share common characteristics that contribute to the desired outcomes.<sup>308,309</sup> Experts indicate that this has been a preferred method among federal agencies because of its strengths in exploring “who,” “what,” “why,” and “how” questions about a contemporary phenomenon within a real-life context.<sup>308</sup> The cross-case study methodology also can be useful in complementing another methodology to test a theory, and especially to uncover contextual conditions that influence a phenomenon.<sup>308,309</sup> Cross-case methodology uses case studies to make generalizations by determining if similar results are consistently predicted—or if similar reasons for the results, even if contrasting, are predictable.<sup>308</sup>



► SECTION FOUR

### *Benchmarking Methodology*

The benchmarking methodology identifies, shares, and uses best practices to improve any given action.<sup>310</sup> Two components are key in benchmarking: the effort to identify actions and performance that are outstanding; and transferring these best actions and performance to an organization's standards and processes.<sup>311</sup> Benchmarking focuses on the action steps and not strategies. Therefore, it would be part of a larger evaluation than a stand-alone methodology.

### *Longitudinal Research*

Longitudinal research examines the relationship between certain changes (e.g., access to healthy food, improved socioeconomic status) with the anticipated outcomes (e.g., reduction in health disparities) over time. This method could be used to determine the extent to which the *National Stakeholder Strategy* contributed to the changes. Longitudinal research usually involves studying the same group of people over an extended period of time or examining historical information.

### **Measures of Change**

The theory of change model described in Section 3 is also useful for determining the domains for the core set of measures for the national evaluation. The important first step for identifying these measures is to create common health disparities definitions and terminology to ensure uniformity at all levels and across all sectors. Once the definitions and terminology have been agreed upon, then a core set of measures can be established.

Core measures for the national evaluation should be:

- ◆ Available by race, ethnicity, education level, gender, disability, sexual orientation or gender identity, age, and other attributes that distinguish the groups affected by health disparities
- ◆ Replicable at all levels of analysis (i.e., local, state, tribal, regional, national) and across sectors (e.g., health, education, housing, business)
- ◆ Collectable across key differences such as geographic location (e.g., rural and urban areas)

Three types of measures are essential for the national evaluation, including:

1. Measures that predict changes in a person's health behaviors or conditions (predictor measures). Examples of predictor measures are the social determinants of health such as education, income, access to transportation and other services, social stressors, and the environment. These factors have repeatedly been found to be associated with a wide range of chronic diseases.
2. Measures that examine how programs are implemented or how services are provided (process measures). Examples of process measures are partnership development, quality of collaboration, and implementation of the Blueprints for Action.
3. Measures that determine if the intended results were achieved (short-term, intermediate, and long-term outcome measures). Examples of short-term outcome measures are organizational and community capacity, leadership and public will to eliminate health disparities, resources for eliminating such disparities, and goal attainment. Intermediate outcome measures are the systems and policy changes that support ending health disparities. Long-term outcome measures are the conditions for which disparities exist. These measures can, in turn, be categorized into the following: health conditions, healthcare access and utilization, and healthcare quality and workforce.

## DATA ANALYSES

All the data collected can be analyzed and presented in multiple ways to capture the complexity of the *National Stakeholder Strategy*. Some potential analyses strategies and presentations include, but are not limited to, the following:

- ◆ A health equity scorecard or index where several measures can be combined and analyzed to determine how well a local community, state, tribe, or region is progressing in their efforts to eliminate health disparities
- ◆ Policy analysis where health disparities-related policies are examined and the extent to which these policies benefit a particular group of people
- ◆ Cross-sectional analysis, which can be conducted on a particular set of short-term outcomes for a group of people during a particular point in time
- ◆ Longitudinal analysis where outcomes, such as prevalence of certain diseases, could be examined over a longer period of time to detect any changes. These outcomes can be monitored at the state, tribal, and regional levels, and comparisons made



► SECTION FOUR

### **COLLABORATION, CAPACITY BUILDING, AND USE OF FINDINGS**

The ability to tell the NPA story will depend, in part, on the capacity and collaboration of groups, organizations, and governments at the community, city/county, state, tribal, and regional levels to participate in and support the national evaluation. The evaluation will have to rely, in part, on the capacity of entities at each of the aforementioned levels to collect, access, and report the data needed for the national evaluation. The evaluation should include an inventory of existing state, national and other data systems to avoid duplication of efforts. Investments will need to be made to develop a data infrastructure where there is none or enhancing existing ones, as well as to build capacity to implement these infrastructures.

Building the capacity of groups, organizations, and other stakeholders to collect and report data is not sufficient. Strategies also must be developed to build their capacity to use the findings generated by the national evaluation to inform their actions and decisions on an ongoing basis. The evaluation should include strategies for translating and disseminating findings in formats that are accessible to community groups, organizations and policymakers, and should provide guidance on how to use the findings. Additionally, statewide, regional, and national conferences provide an important venue for trainings on the national evaluation and its findings. In the final analysis, the effectiveness of the *National Stakeholder Strategy* can only be assessed with the engagement of a large and diverse group of people. This is only possible by ensuring everyone has the capacity to participate and that we work collectively to apply what is learned. The health of our nation depends on it.