



Community Readiness, Analytic Readiness & Stakeholder Analyses

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Community Readiness: *What Does it Mean?*

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What is Community Readiness all about? - 1

- ♦ Engaging and creating a sustainable community partnership
- ♦ Providing data and information to the community
- ♦ Creating opportunities for community members to comment on the data and describe what the data means at the individual level and at the community level

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What is Community Readiness all about? - 2

- ♦ Creating opportunities for the community to
 - ♦ Take a role and "own" the PPOR process
 - ♦ Share their stories, and
 - ♦ Take a part in helping determine appropriate
 - ♦ Communication strategies and methods
 - ♦ Community (population) level interventions
 - ♦ Prevention strategies
 - ♦ Leadership within and outside of the community

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"Look B-4-U Leap"

Who

- ♦ Champion
- ♦ Leadership
- ♦ Communication team
- ♦ Analytic team



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What

- ♦ Agreement / buy-in
- ♦ Support
- ♦ Capacity
- ♦ Resources
- ♦ Access to data
- ♦ Multi-disciplinary
 - Approach
 - Knowledge
 - Skills



Champion

- ♦ Understands the fetio-infant mortality problem
- ♦ Leads the initiative – often the public face of the initiative – has the vision
- ♦ Acts as a liaison between / among leadership, the communication team, the analytic team, and the community
- ♦ Helps develop the work plan
- ♦ Ensures capacity to do the work is present
- ♦ Advocates for resources for the investigation
- ♦ Advocates for / seeks out community collaboration

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Leadership

- Understands the feto-infant mortality problem
- Understands / signs off on the work plan
- Commits to providing resources for
 - the investigation
 - community collaboration
- Gives priority to and champions the initiative
- “Stands by Your Man”

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Communication Team

- Determine Single Overriding Communication Objective (SOCO)
- Develop compelling messages
- Condense numbers and figures into audience-friendly information
- Write reports and fact sheets
- Produce engaging presentations
- Tailor communications for different audiences

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Analytic Readiness: What Does it Mean?

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Analytic Team Capacity

- Analyze large data files
- Familiarity with birth and death files
- Assess data quality and reporting issues
- Investigate potential causes and risk / protective factors, social determinants of health
- Understand perinatal health issues
- Calculate and compare rates
- Estimate confidence limits and p-values
- Conduct multivariate analysis
- Summarize analytic findings

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Analytic Team Composition

- Vital records specialist
- Data analyst
- Program or content specialist
- Clinical specialist
- Communication expertise
- Policymaker

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MCH Planning Cycle and PPOR Stages

Analytic team responsibilities throughout the PPOR stages

Figure 1. Expanded MCH Planning Cycle with Corresponding Stages of PPOR



- Build and establish relationships
- Establish data access
- Prepare data for analysis
- Conduct
 - Phase 1 analysis (feto-infant mortality map and gaps)
 - Phase 2 analyses (additional epidemiologic analyses)
- Participate in strategic action planning
- Provide data for targeted prevention
- Provide data for public communications
- Participate in dissemination and follow up
- Monitor Local Indicators
- Assess Impact of Approach

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Underappreciated & Underestimated Steps in Data Access

- Establishing the connections for data access and flow
- Obtaining the 3 “raw data” files*
 - Fetal deaths
 - Infant deaths “linked” to birth certificates
 - All live births
- Ensuring that data files contain all the elements and the code book to interpret the elements

*These are *LISTS* of individuals and information about them that can be read by computer software

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Checklist for Community & Analytic Readiness

- Strong leadership and support
- Community / stakeholder buy-in and support
- Multi-disciplinary team
- Adequately trained analytic staff
- Adequately trained communication staff
- Sufficient data -- # events, access, quality
- Sufficient staff hours

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Identifying and Engaging Stakeholders

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Definition of Community Engagement & Mobilization

- The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.

From: Fawcett, SB et al. Using empowerment theory in collaborative partnership for community health and development. *Am J Comm Psychol* 1995; 23(5):677-697.

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Why involve stakeholders?

- ♦ Provide valuable information
 - ♦ Needs, resources, realistic objectives, practical considerations
- ♦ Recognize hidden factors that might not be obvious in the planning stage
- ♦ Identify points of opposition / prevent problems during implementation
- ♦ Encourage a sense of ownership / involvement
- ♦ Ensure that the project focus remains on the population it is meant to support / serve

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Why increase the base of stakeholders?

- ♦ Opportunity to
 - ♦ Include community members who might
 - ♦ be affected
 - ♦ Have little or no visibility / voice in the community
 - ♦ Increase support for efforts in the community
 - ♦ Include people with expertise or knowledge lacking within the current stakeholders group

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Who are “stakeholders”?

- ♦ “. . . key individuals (or groups of individuals) who have an influence over either decision-making or implementation (or both) either directly or indirectly, overtly or covertly” [T Grundy, Strategic Change, 1997]
- ♦ Can assist, hinder or alter the course of . . . change
- ♦ Hold essential knowledge of the community, its history and its people

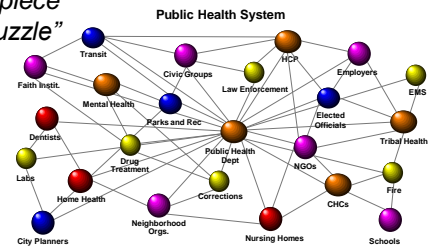
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Who are the community stakeholders? Who owns, drives the PPOR process?

“Everyone holds a piece of the puzzle”



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Integration with existing resources

- ♦ If a group of community stakeholders already exists,
 - ♦ Healthy Start Coalition
 - ♦ FIMR Community Action Team
 - ♦ Title V stakeholders population workgroup
 it may be able to serve the function of the PPOR stakeholders group
- ♦ **PPOR is designed to be integrated with existing efforts, not to compete with them!**

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What is a stakeholder analysis?

- ♦ Designed to provide an organization with information to evaluate and understand stakeholders in terms of their relevance to a policy or specific activity
- ♦ Can produce a broad understanding or focused understanding
- ♦ Ideally, a systematic process rather than a singular tool

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Step 1: Identify the stakeholders

- ♦ Beneficiaries
- ♦ Supporters
- ♦ Opponents
- ♦ Resource providers
- ♦ Vulnerable groups
- ♦ Others

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Step 2: Create a stakeholder profile

- ♦ Role
- ♦ Motivation for being in project
- ♦ Perceived expectations / goals
- ♦ Level of importance for project success
- ♦ Potential negative impact on project
- ♦ Level of influence over decision-making for the project
- ♦ Intention to participate in accordance with project design
- ♦ Intended use of project / project results

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Step 3: Determine a ladder of participation



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Step 4: Establish participation categories & methods

- ◆ Establish participation categories
 - ◆ Link stakeholders, based on the stakeholder profile, with the categories on the 'ladder of participation'
- ◆ Identify practical strategies or methods for stakeholder involvement

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PPOR community challenges

- ◆ Explaining value to stakeholders
- ◆ Overcoming community inertia -- 'already know this'
- ◆ Mistrust of (quantitative) data
- ◆ Seeing PPOR as more than 'research'
- ◆ Competing priorities
- ◆ Securing resources for unmet needs, interventions identified through PPOR

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Florida's Process & Procedures

- Use personal relationships
- Call in favors
- Court adversaries
- Embrace the 'nay-sayers'
- Deal with systemic / institutional racism
- Openly discuss 'what's in it for me?'
- Define primary and secondary gains
- Honor history
- Celebrate success

From: the "Black Infant Health Practice Initiative Case Study"; 15th Annual MCH Epidemiology Conference; Dec. 8, 2009.

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Florida's Keys to Developing Long-term Partnerships

- Identify key, grass root, community members who are
 - visionaries,
 - task masters and
 - movers / shakers
- Recognize, understand and embrace differences between perceptions and priorities
- Galvanize partners, cohorts, adversaries, stakeholders, politicians, and the community-at-large

From: the "Black Infant Health Practice Initiative Case Study"; 15th Annual MCH Epidemiology Conference; Dec. 8, 2009.
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Florida's Benefits of Community Engagement / Mobilization

- Encourage recipients of services to own the problem and hold themselves accountable for good outcomes
- Promote culturally sensitive and sustainable interventions
- Expand current research focus to align methods with realities of the lives of community participants
- Serve as equal partners in current research efforts that provide foundations for evidence-based practice
- Foster the development of long-term social networks
- Influence examination / re-examination of how providers construct and implement services

From: the "Black Infant Health Practice Initiative Case Study"; 15th Annual MCH Epidemiology Conference; Dec. 8, 2009.
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Florida's Challenges and Barriers

- Hidden agendas superseding the interest of the community, including overt sabotage
- Underutilization of community skills (technical, managerial, organizational, and mobilization)
- Charity, grants and subsidized programs can hinder as well as help communities
- 'Dependency Syndrome'
 - Belief that a group cannot solve its own problems without outside help
- Research focusing upon community deficiencies (shortcomings, maladies, dilemmas)

From: the "Black Infant Health Practice Initiative Case Study"; 15th Annual MCH Epidemiology Conference, Dec. 8, 2009.
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Sustain Stakeholder Investment & Political Will

- Investment:
 - Understanding network of infant mortality initiatives, missions, & responsibilities helped avert burn-out
 - Tangible timelines
 - Recruit new stakeholders
- Political Will:
 - Policy advocacy
 - Educating policymakers
 - Media



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Visioning CHANGE for the Community & Collaborative Partners

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What's the problem in your community?

- Finish one of these thoughts . . .
- "In my community . . .
 - "infant mortality is . . .
 - "the types of disparities we see are . . .
 - "the barriers to improving our birth outcomes are . . .

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The problem in your community is . . .

- **infant mortality is too high**
- **there are persistent disparities in outcomes**
- Problem solution – we, as a community, need to come together
 - to have a common, clear understanding of the nature and scope of the problem, and
 - to develop strategies to improve our outcomes

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Generating a change process

- Inertia / resistance to change
 - Problems can be extensive, severe, overwhelming
 - Difficult to see or envision how a community can change (entrenchment)
 - Difficult to see as a collaborative how the process of change can be guided / facilitated
- 2-fold problem as a collaborative body in establishing the aspirations and desired outcomes
 - For the community
 - For the collaborative members / partners

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Where do you want to be?

- Build the picture of your collaborative's preferred situation
- Construct a way of generating a change process
- Envision the aspirations of your community partners in THIS collaborative as well as desired outcomes BEFORE your collaborative can focus on the problem of infant mortality in your community

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Exercise

- Break into groups
- In small groups, discuss and record key points from the 3-step visioning discussion questions
- Be prepared to report out

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Step 1: Visioning the future of your collaboration

- What are your aspirations for community participation?
- What are your aspirations for the future relationships between / among collaborative partners?
- Generate a list of values, principles, 'good practice headlines', roles of participants
- What are some practical outcomes that you would like to see as a collaborative?
- What are some barriers and how might you overcome them?

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Step 2: Visioning the future of your community

- What are your aspirations for your community?
- How would you want a visitor to describe your community 5 years from now? 10 years?
- What are some practical outcomes that with the help of the collaborative your community might be able to achieve?
- What would you like to see changed in 6 months? 18 months? 5 years?

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Step 3: Moving from vision to action

- Who needs to be involved in this change process?
- Who has the responsibility for ensuring change?
- What will it take to effectuate change?

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Community Readiness Tent

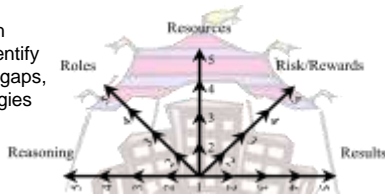
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Community Readiness Tent

- Provides a framework for starting the PPOR process
- Helps engage partners, reach consensus, identify assets, reveal gaps, develop strategies



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Assessing *Readiness* for Change

- Are the key players prepared for their roles?
- Is the case for change compelling?
- How will changes mesh with current culture and values?
- Are there sufficient resources and adequate systems to sustain change?
- What are the opportunity costs?

From: C. Aschenbrener, AAMC, July 2000

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PPOR Community Readiness -- "5 Tent Poles"

- ◆ Reasoning: partners can communicate a clear, compelling case for PPOR based on its value-add
- ◆ Results
- ◆ Roles
- ◆ Risks/Rewards
- ◆ Resources

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PPOR Community Readiness -- "5 Tent Poles"

- ◆ Reasoning
- ◆ Results: partners can articulate what measurable results are expected from doing PPOR, and by when
- ◆ Roles
- ◆ Risks/Rewards
- ◆ Resources

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PPOR Community Readiness -- "5 Tent Poles"

- ◆ Reasoning
- ◆ Results
- ◆ Roles: partners are willing and able to champion PPOR over time in their various roles
- ◆ Risks/Rewards
- ◆ Resources

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PPOR Community Readiness -- "5 Tent Poles"

- ◆ Reasoning
- ◆ Results
- ◆ Roles
- ◆ Risks/Rewards: sufficient strategic balance exists between benefits and consequences for essential stakeholders to support PPOR implementation
- ◆ Resources

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PPOR Community Readiness -- "5 Tent Poles"

- ◆ Reasoning
- ◆ Results
- ◆ Roles
- ◆ Risks/Rewards
- ◆ Resources: sufficient systems and resources exist / can be developed to support full implementation

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Community Readiness Tent Exercise

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Readiness Tent Exercise



- Review the 5 essential elements questions
- Assess the current status of each
- Reach consensus on a "score" for each readiness element
- Plot each score on the "tent" by marking the number on each corresponding axis
- Connect the 5 points between the axes to form the roof, then shade the tent
- Identify the tent pattern most like yours: what does this mean for PPOR readiness?

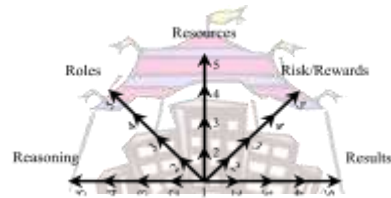


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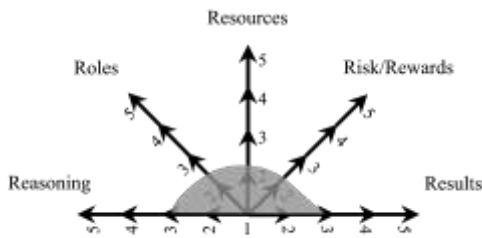


What's the shape of your community's tent?



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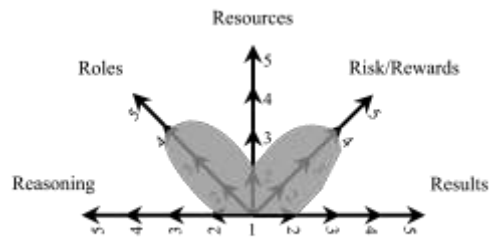
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Sunrise, Sunset
Smaller scale effort... with smaller scale results?

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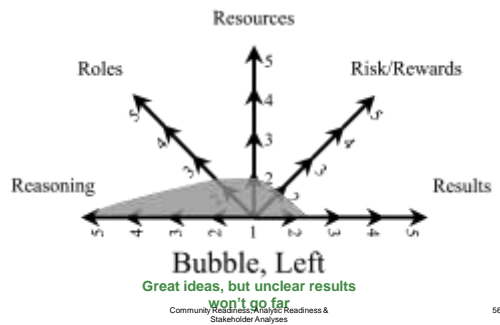
Balanced Heart
Many willing champions, but inadequate resources and uncertain results

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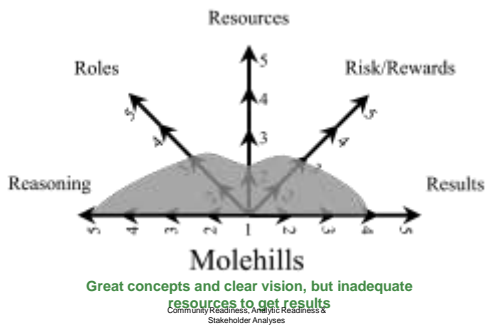
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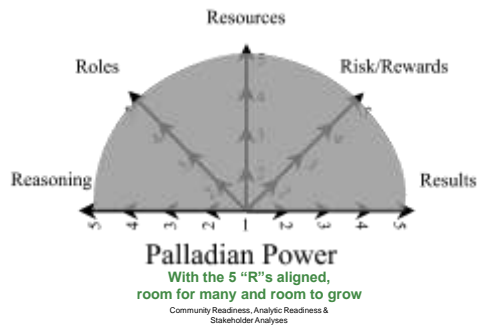
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