

# **ASTHO's How-To Guide:**

# **Engaging Island Jurisdiction Partners**

ASTHO developed this guide to assist island jurisdictions' health departments to develop partnerships that will support the implementation of their OT21-2103: National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities project goals.

# Contents

Initial Outreach and Meeting	2
Request of Participation	3
Purpose of the Meeting/Advisory Committee/Coalition	4
Types of Roles	5
Timeline for the Meeting Schedule	6
Format of the Meetings	7
Appendix A. Model Request of Participation	11
Appendix B. Project Team Charter Template	12
Appendix C. Model Charter from the U.S. Virgin Islands	14
Appendix D. Implementation Planning Worksheet	15
Appendix E. Resources	17



# Initial Outreach and Meeting

First, consider why you want to work with partners. Maybe you want to better reach a specific community, build trust, and share information with that community. You might also want to improve social determinants of health (e.g., economic stability, health care access and quality, housing), which affect a wide range of health outcomes and risks (for more information, see Healthy People 2030). Once you clarify the "why," it's time to identify potential partners with similar goals, including those from other sectors that affect health (e.g., workforce development, education, healthcare, housing), partners that work with communities of focus within your project (e.g., community-based organizations), and partners that impact social determinants of health (e.g., private sector organizations).

Before inviting partners to a group meeting, advisory committee, or coalition, consider holding an initial meeting with each partner to learn more about them and their priorities, introduce them to your department and your work, and discuss areas for collaboration. It is especially important to meet with partners one-on-one with whom you have not worked, although meeting with current partners preferably in person if safe and feasible or virtually—before starting on a new project together is also useful. This initial meeting will help set the stage for success with the partner group, advisory group, or coalition by creating a shared understanding of each other's roles and priorities.

Items to consider for the initial meeting include:

- Personal introductions. Meeting participants introduce themselves, their roles, and their department/division. Consider including a fun question (e.g., what gives you hope? what gave you joy recently?) for participants to answer to help build your relationships.
- Purpose of the meeting. You should have a clear purpose for your meeting, which can include a topic, rational aim, and an experiential aim. Think in advance what you could achieve together, engage them in this vision, and seek their input.
  - o Topic: Focus or subject that sets the conversation boundaries (e.g., COVID-19 health equity work).
  - Rational aim: Intended practical goal(s) that guides the collective thinking process (e.g., understanding and appreciating the value of partnering with a group and reviewing shared goals and priorities).
  - o Experiential aim: Desired effect on people's motivation or mood (e.g., to commit to shared priorities and build trust between partners).
- **Brief summary**. Reasons for the collaborative efforts and, if possible, include the partner's areas of potential interest.
- Overview of partner's work. Learn about the partner's work, their priorities and interests, and the communities they serve; this should be a focus of the meeting. If there is more than one

partner at the meeting, consider suggesting a set amount of time for each partner, so everyone has an equal opportunity to share. Consider the questions below as a guide:

- O What is currently happening on your priority work and issues?
- o What is the change you want to see?
- O What is your role in this work?
- o What can we do together?
- **Discuss potential areas for collaboration.** Consider the partner's priorities and interests. Ask why they would want to be a part of the work. If appropriate, describe any meetings, advisory committees, or coalitions you plan to hold and invite them. Ask them to share dates and times that work for them.
- Explore additional collaborations. Ask for recommendations for other potential partners and how you can connect with those partners.
- Wrap up and next steps. Summarize key takeaways from the meeting and any assign action items and/or next steps.

It is important to build relationships with partners and consider their needs and priorities to help maintain the work long-term.

#### Request of Participation

Consider inviting partners from many sectors and communities of focus to your meeting, advisory committee, or coalition. You may want to meet partners with whom you have not previously worked before inviting them. For current partners, an email request may suffice and should include why you would like them to participate and potential reasons the partner might want to participate. The request should also include expected minimum time commitments. An example request for participation is in Appendix A.

It can be helpful to call or meet with current partners to request their participation so that they can ask any questions. The meeting can also help you and your partners create a shared understanding of each other's roles and priorities.



Ask a current partner to connect you with partners you have not worked with before.





Tip

If possible, reach out to potential participants approximately six weeks before you hope to hold the meeting to find the best dates and times for them.



Tip

The initial meeting(s) is very important to set the tone for the purpose of the partnership. Build on the interest and energy that collaborators will bring to the first meeting.





# Purpose of the Meeting/Advisory Committee/Coalition

Partner engagement requires a clear purpose of meeting(s) and roles. In the first meeting, begin to lay the groundwork for the group by gaining clarity on everyone's roles, interests, and alignment with your efforts. Spend time creating team charter(s) with shared goals, strategies, and an implementation plan, including shared measurements. These steps can help engage partners, build relationships, clarify commitments, and support sustainability. You can find a team charter template, a model team charter, and an implementation plan template in Appendices B-D.

Base the strategies on best practices and partners' knowledge of the communities of focus. When working with partners, be open to new approaches since they can also support your efforts. Consider why things have not improved, even with everything you and your partners know.

The team charter with the shared goals, strategies, implementation plan and shared measurements will provide a road map for how partners will work together and clarify roles and responsibilities. It is essential to create them together. The following questions may serve as a guide for initial conversations:

- What is the work we do and why?
- What is the change we want to see?
- How do we think that change will happen?
- What steps should we take, and is that consistent with our understanding of how change happens?
- What level of engagement will each partner be able to contribute? Consider if each partner will be a part of the core, committed, involved community, or consulted community. Share the estimated time commitment and expectations for each role with your partners.

Your group, advisory committee, or coalition may find it helpful to create subcommittees with narrower purposes and deliverables. For example, there may be a committee with an overarching purpose of addressing COVID-19 health disparities that has subcommittees for data, access to health services, community engagement or listening team, and building partnerships with sectors in the social determinants of health related to COVID-19. Consider also forming a smaller steering committee to prepare for and make effective use of the coalition's time together.



# Types of Roles

When deciding who to invite and the frequency of the meeting, advisory committee, or coalition, consider the roles of each partner.

Core. Owns the project or program (e.g., Department of Health, a related division, or program managing the project or program). Core partners and programs will share in the planning and facilitation of future meetings (e.g., follow-up, notetaking, facilitating, sending invitations). These individuals are the backbone of the collaborative work and help to sustain it.

Committed. Collaborates (e.g., other divisions and program areas within the Department of Health, other government agencies, funders, healthcare providers, and hospitals). Committed partners and programs will attend regular meetings, support the development of a team charter, and commit to taking actions in the team charter.

Community. Involved community partners (e.g., community-based organizations, faith-based institutions) and programs will attend some larger coalition or council meetings, but only as needed. They will collaborate with core and committed partners on action items. Finally, involved community partners and programs will provide feedback on the core and committed group's plans.

Community. The advisory committee or coalition should invite the consulted community (e.g., communities that COVID-19 has most impacted) to public-facing meetings to get additional community input on plans and work products. Core, committed, and involved community partners will also need to consult the community in their work and share that input in meetings.

Crowd. You should inform crowd—the general public—about your work and encourage them to participate in advisory council, coalition, and partner events.



# Tip

Communicate regularly with partners and share information on evidence-based and promising practices where applicable. The frequency and type of communication will depend on the partners' roles and communication preferences.



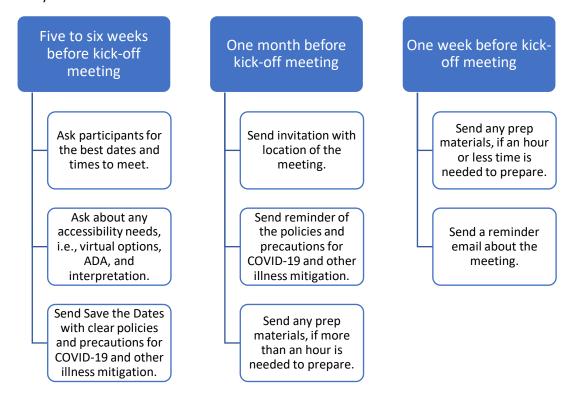
Create opportunities for partners to connect and learn from each other to meaningfully engage partners and support their priorities.





# Timeline for the Meeting Schedule

Develop a timeline for meetings that support the levels of engagement. Commit the time to develop an engagement plan and define roles to make sure participating partners feel like their time is being used effectively.



In the beginning, the advisory committee or coalition may meet more frequently to establish a shared purpose, team charter, plan, subcommittees, norms (e.g., frequency, decision-making process), and to ensure momentum continues (e.g., biweekly or monthly). Advisory committees and coalitions with a greater number of new partners may need more time to come to an agreement.

Partners with different roles should meet with different regularity. For example, the core/ownership group may meet weekly while the committed/collaborator group meets monthly, and the community/involved group may meet quarterly or only be involved in document review or through focus groups. When setting up recurring meetings, remember to be flexible as you add additional partners and accommodate their schedules.



# Format of the Meetings

Recognize and address power dynamics at meetings and in your partnerships. Power dynamics can show up in all spaces and are based on cultural norms and value systems. For example, people who process quickly and are comfortable speaking in a large group are more likely to have their perspective reflected in notes and decisions than people who need time to process and prefer small group settings. Additionally, community-based organization and community member participants may defer to the expertise of governmental agency participants, while minimizing their own expertise. You should work to make sure all partners have an equal opportunity to speak at meetings and make decisions. Consider that different types of participants may need different supports to be able to fully participate. Think about how to support partner participation, including the time of the meetings and compensation (e.g., certificates of appreciation, continuing education credit, funding, travel reimbursement). You may also want to include a recognition of power dynamics and the ways your team plans to manage them in your charter.

The meeting format depends on your goals and can include a forum for participants to share relevant information and updates, learn via presentations, brainstorm to solve problems, and make decisions. To help decide the format, consider the purpose of the meeting, including the topic, rational aim (e.g., to bring together partners to kick off their workgroup and review team charter), and experiential aim (e.g., to commit to shared priorities and build trust between partners).

Suggested meeting topics are included below. It is unlikely that all these topics would be included in one meeting.

- Welcome and introductions. Make sure not to cut introductions short and, if possible, include icebreakers to build trust. Briefly describe the purpose of the meeting and go over the agenda. Allow participants to add any items they think are missing.
  - o If you are meeting in person, identify bathroom locations.
  - o If you are meeting virtually, let participants know that they should feel free to step away at any time and send a message to the group so that everyone knows they will be gone for a few minutes.
- Brief overview. Provide a summary of the team charter to ensure everyone is clear on the purpose, especially when new people join.
- Review any items that need a decision. Send participants information before the meeting so they can come prepared to make decisions. Make sure to build in enough time to allow for discussion and to build consensus.
- Information and updates. Participants share quick project updates, focusing on any sticking points, and upcoming events.

- Presentation or training. A presentation on a relevant topic that supports the advisory committee or coalition and participants in their work. Presentations may also support the group in learning together and developing a shared purpose (e.g., health equity training).
- Wrap up and next steps. The facilitator will summarize key takeaways and any next steps.
  - o Ask, "Is there another person or group we should invite to this meeting?" at the end of each meeting. This can help identify underrepresented voices that should be involved in the discussion.
  - Participants should agree to next steps and proposed deadlines.
- Conclude the meeting. Thank participants for attending and for their insights. Share the next steps and who is responsible for each one. Facilitators should also commit to follow up (e.g., sharing meeting minutes, meeting materials).

The following table includes examples of meeting types.

Type of meeting	Description
Discussion and decision making	Participants should be impacted by the decision and/or have the authority to make the decision. Also, participants will need to have enough time to discuss the topic and reach consensus, which may take more than one meeting for some issues. Provide information to support participants in considering the topic before the meeting, but make sure to include participants in the development of the problem statement and solutions at the meeting(s).
Information and/or update	Participants share updates on relevant work, and/or a presenter shares information on a relevant topic. Try to limit meetings that are only for updates as these meetings are not engaging and could lead to advisory committee or coalition members leaving.
Planning	Participants work together to plan a project, campaign, or event. People who are impacted by the plan should be incorporated. These meetings require that participants have enough background knowledge to support discussion and moving forward, so consider asking participants to do some prep work.
Problem-solving and brainstorming	Participants brainstorm solutions to a problem. It is especially important to make sure you have the people in the room that can help identify the root causes and potential solutions.

In considering the agenda and format, be sure to account for the different needs of in-person, virtual, and hybrid meetings. For example, an in-person meeting may require paper handouts, while a virtual meeting may require additional facilitators for breakout groups and digital platforms for brainstorming. In hybrid meetings, you should include processes to ensure virtual participants can meaningfully contribute (e.g., microphones so they are able to hear the conversation, video of the room, the

facilitator asking virtual attendees to introduce themselves first and explicitly asking for their thoughts on items).

Plan meetings that are engaging and support the participation of everyone in attendance. Build in stretch and bathroom breaks, especially for longer meetings. It is good practice to have at least a 10minute break every hour. Plan for accessibility needs and consider including a question on the invitation to see if any participants have specific needs. If the meeting is virtual, consider closed captioning, interpretation, and video-free sections of the agenda. If the meeting is in person, make sure that the location is accessible and consider interpretation, if necessary.

#### Tip



If all the participants in attendance consistently do not have needed authority, the organizing agency or core members may want to do some outreach and strategizing to get the right people at the table.



### Tip



Encourage participants to hear each other out if past interactions did not meet expectations. Look for the learning moments in these insights.





### Accountability and Next Steps

The team charter will set the stage for success by clarifying roles and responsibilities, shared goals, objectives, measurements, milestones, and communication preferences. Use the team charter to guide processes for accountability and decide who is accountable for each objective and milestone. You should align your tasks with your objectives and shared goals.

Maintain clear communication with core and committed partners on their responsibilities and timelines. At the end of each meeting, the facilitator should list out the next steps they heard with the person who is responsible and the proposed deadline. Then, allow time for participants to add any other next steps, make changes, and agree to the tasks and deadlines. Include the tasks, the person responsible, and the deadline the team agreed to in your meeting notes. After the meeting, the facilitator or notetaker should send the notes out via email, highlighting the upcoming tasks, people responsible, and deadlines in the email.

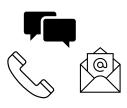
When the team assigns tasks, remember to consider related tasks, especially those that cannot start until another task has been completed. Members working on related tasks need to communicate with each other. The member with the dependent task can help to ensure the first task is completed by the deadline.

You may want to use a shared location for core members to store project documents. You should be clear on who is allowed to access the shared location and who can update it. Consider allowing committed partners to have access to view the documents.



#### Tip

Check in regularly with core and committed members between or at meetings to help you to meet your goals. Use the preferred communication methods listed in your team charter to avoid micromanagement. Check in with the group one week before tasks are due.



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# Appendix A. Model Request of Participation

[Greeting] Dear [insert name of partner's executive],

[Introduction to the project, why you would like the partner to participate and why they might want to participate I am pleased to share with you that through funding and support from the Centers for Disease Control and Prevention, the [insert your Department or Ministry of Health name] is launching a Health Equity Advisory Council [or your initiative's name]. Members of the Health Equity Advisory Council will advise and work with the [Department of Health or Ministry of Health] on community-based health initiatives, increasing community engagement, and other health equity efforts. As a critical leader within this effort, we invite you and your organization to join this initiative and bring your leadership, expertise, partnership, and shared priorities to collaborate on efforts that bring success to the entities serving the people of [insert your island jurisdiction name].

[Background on the project and connections to other work with the partner] The Health Equity Advisory Council will work on initiatives to increase community engagement, improve access to and quality of care and address other upstream drivers of health (e.g., economic opportunity, education, housing) with a focus on those who have been most impacted by COVID-19. This work will support the COVID-19 response and will help to move [insert your island jurisdiction name] towards health equity.

[Purpose, ask, and time commitment] Through this effort, we seek to expand upon our work to reduce health disparities and to respond to COVID-19. We invite you and a subject matter expert from your team to actively participate in regular Health Equity Advisory Council meetings to support community engagement and system-level change. Anticipated time commitment is approximately [insert hours per month based on the partner's expected role] over the next [insert timeframe for initial commitment].

[Closing] Our [team name] team will reach out to you with further information. We are excited to collaborate with you and your staff and thank you for your partnership in this initiative.

Sincerely,

[insert sender name]

[insert sender title]

# Appendix B. Project Team Charter Template

Team Name		Date	
Team Sponsor		Team Leader(s)	
		(core members)	
Team Members		Roles and Respon	sibilities
Core – owners			
Committed – collab			
Community – invol	ved		
	-		undertaken? What are the needs to happen to achieve desired
Shared Vision: Vision	on of the team		
Shared Goal: Mission	on of the team		
Travel within xxx ar	e not included)		ect addresses travel outside of xxx.
Strategies: What ar you think change w	e not included) re the overarching strategill happen?	gies of the project? How mes of the project? (e.g	v do the strategies align with how
Strategies: What an you think change w  Objectives: What a clinics held with par	e not included) re the overarching strategill happen? re the measurable outcoi	gies of the project? How mes of the project? (e.g	v do the strategies align with how
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Strategies: What anyou think change w  Objectives: What a clinics held with part  • [specific & clinic	re the overarching strategill happen?  re the measurable outcortners by xxxx or increase measurable goal 1]	gies of the project? How mes of the project? (e.g	v do the strategies align with how
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Strategies: What anyou think change we clinics held with particles are [specific & left]  [specific & left]  [specific & left]  [specific & left]	re the overarching strategill happen?  re the measurable outcontiners by xxxx or increase measurable goal 1] measurable goal 2] measurable goal 3]	gies of the project? How mes of the project? (e.g quality to yyyy)	v do the strategies align with how
Strategies: What anyou think change we clinics held with particular and specific & speci	re the overarching strategill happen?  re the measurable outcontiners by xxxx or increase measurable goal 1]  measurable goal 2]  measurable goal 3]	gies of the project? How mes of the project? (e.g quality to yyyy)	v do the strategies align with how
Strategies: What an you think change w  Objectives: What a clinics held with part  • [specific & respective &	re the overarching strategill happen?  The the measurable outcontrers by xxxx or increase measurable goal 1]  The measurable goal 2]  The measurable goal 3]  Success criteria for the end  Describe here cond	gies of the project? How mes of the project? (e.g quality to yyyy)	v do the strategies align with how

-	:: Propose start and end d n) and other major milesto		Launch, Planning, Construction,
Resources: Who	at does the team have at	hand? What do partners hav	ve at hand?
Deliverables: D	escribe the high-level deli	verables of the team.	
how often, who committed/coll <b>Key Partners:</b> 7	is responsible, etc.) Considerators, community/invitese are the involved con	eam communicate amongst ider this for each type of par volved, and consulted groups nmunity partners and consul	5.
Community-cor	nsult groups you identify.		
Approvals:			
Name	Title	Signature	Date

# Appendix C. Model Charter from the U.S. Virgin Islands

#### **Purpose**

This charter outlines the aim and strategies of the USVI CHIP Steering Committee (SC) in our effort to improve the health of all Virgin Islanders. The USVI CHIP SC is a subcommittee of a larger health planning initiative led by the USVI Department of Health (DOH) to achieve a vision of creating a trusted system that supports a healthy Virgin Islands. The committee includes partners from many sectors that pledge to collaborate in planning this cross-sector improvement work for the Healthy Virgin Islands 2030 initiative.

#### **Primary Role and Responsibilities**

The primary role of the USVI CHIP SC is to develop a written community health improvement plan (CHIP) by the end of June 2021 that identifies 3 to 5 health priorities through a process informed by the 2020 community health assessment and meaningful, authentic input from the USVI community at large. Each committee member is responsible for:

- Participating in a series of meetings to identify these priorities and strategies
- Contribute to and review the written CHIP
- Actively engage the communities that they represent to ensure those voices are heard and elevated throughout this work.

The USVI CHIP SC is not charged with implementing, monitoring, or evaluating the CHIP but is invited by the USVI DOH to participate in and amplify those efforts once the written CHIP is finalized and shared with the community. The USVI CHIP SC embraces the values that underpin this initiative including:

> Results-Oriented Performance | Community-Focused | Integrity | Compassion Accountability | Teamwork | Inclusiveness & Respect | Equity

#### **Our Aim and Approach**

The USVI CHIP SC, in consultation with the community, will create a CHIP that will work toward creating a trusted public health and health care system for all Virgin Islanders. Using an adaptation of the Mobilizing for Action through Planning and Partnerships model for community health improvement, the USVI CHIP SC will achieve this aim by:

Reviewing key gaps and limitations in the public health system and inequities in USVI health outcomes and communicating this assessment to the community to enhance its understanding of population health.

- Identifying, in consultation with our community, 3 to 5 health priorities that will reduce health risks, improve access to high quality health care services, and enforce health standards across the USVI.
- Developing a written CHIP that includes priority-based strategies for achieving measurable outcomes by the end of 2024.
- Creating a process to implement priority-based teams that will develop priority-area action plans based on the strategies presented in the CHIP.
- Developing procedures to monitor and adjust implementation of the priority-area action plans.
- Developing a plan to evaluate our improvement effort for future learning and health planning.

#### **Measuring Success**

The USVI CHIP SC will propose indicators that enable monitoring of the CHIP in alignment with USVI DOH key performance indicators. These indicators will be detailed, measurable outcomes and targeted thresholds that will signal success has been achieved within each priority area.

# Appendix D. Implementation Planning Worksheet

# [Project title]

Directions: This worksheet should be used as a communication tool to ensure all members know and agree to the activities and roles asked of them. You may also want to use the worksheet to update leadership on plans and progress. You should complete this worksheet after the group has agreed to a project charter including strategies and measures.

The steps to use the worksheet are:

- 1. Brainstorm activities and/or tasks.
- 2. Prioritize activities and/or tasks.
- 3. Sequence activities and/or tasks.
- 4. Determine who is responsible, and what resources are needed.

Decide the appropriate level of detail for the implementation plan with your team. Then, adapt this worksheet based on how much detail you need by adding lines and using letters for sub-activities or sub-tasks. You can also adapt the worksheet to use the terms that make the most sense for your project. For example, in the output/measure column, you may choose to include only outputs, only measures, or both.

**Priority Objective: Consider...** 

Strategy 1: (e.g., Establish)				
Activity/Task	Output / Measure	Deadline	Accountability / Roles	Resources Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Activity/Task	Output / Measure	Deadline	Accountability / Roles	Resources Needed
1.				
2.				
3.				
4.				
rategy 3: (e.g., Align on the condition of the conditions and buy	ommunication and change in [for this project])	manageme	ent resources to su	oport
			Accountability /	
Activity/Task	Output / Measure	Deadline	Roles	Resources Needed
Activity/Task  1.	Output / Measure	Deadline	•	
	Output / Measure	Deadline	•	

#### **Definitions:**

**Output/Measure:** "what"—a specific outcome to be achieved in support of the objectives.

**Deadline:** "when"—the date by which the result will be achieved OR how long it may take.

**Accountability/Roles:** "who"—the person or group responsible for achieving the result.

Resources: Can include people, time, data, information, or other resources without which this task cannot be accomplished.



# Appendix E. Resources

Resource	Description
A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease	This CDC resource provides health equity considerations and examples for policy, systems, and environmental improvement strategies focused on chronic diseases. It also includes information on building organizational capacity to advance health equity and developing partnerships and coalitions.
Establishing Powerful Program Partnerships	CDC's Division of Heart Disease and Stroke Prevention provides information, examples, and tips for public health professionals on how to establish multisector partnerships.
Spectrum of Community Engagement to Ownership	A framework for understanding the steps to get from informing community to community understanding. Use it to help you identify your partners and their roles.
Resources for Collaboration and Power Sharing Between Government Agencies and Community Power- Building Organizations	This Human Impact Partners resource describes ways health departments can partner with community power-building organizations, including how to build internal structures and authentic relationships to support partnership. It reviews four steps health departments can take to support these partners.
Poverty Reduction Work Group: Dismantle Poverty in Washington	An example of a collective impact effort to address poverty in the state of Washington. It is significant in its robust involvement of community members and a variety of partners. It is led by the Department of Social & Health Services and the Department of Health participates.