

# Engaging Stakeholders to Advance State Health Workforce Policy

## Introduction

Many health workforce decisions are made at the state level, including decisions about whether to open or expand health professional education programs; change scope of practice laws; provide bonus payment or loan forgiveness programs for practice in underserved communities; and modify Medicaid coverage or payment. In the face of shrinking budgets and an increased demand for health care services, state policy makers are questioning whether they will have the workforce in place to meet demand. Across the country, states are seeking data to help them make evidence-based decisions about where to best invest public funds to meet population health needs. Even in states that have good health workforce data, engaging stakeholders in data-driven decisions about health workforce policy is often a challenge. It requires identifying the key stakeholders who need to be engaged in health workforce policy discussions, managing their often conflicting interests and priorities, encouraging collaborations among stakeholders that have traditionally competed with one another and reaching consensus on actionable policy recommendations that emerge from the data.

This brief offers strategies for identifying and engaging workforce stakeholders at the state level, maintaining stakeholder relationships over time, and troubleshooting problems that arise. It is targeted toward the reader that may be the lead organization on a particular workforce topic under debate in a state or one of the stakeholders affected by the outcome of a workforce policy topic under review. The information presented is intended to be useful to all types of workforce stakeholders to gain a better understanding of the strategies and challenges in building strong stakeholder relationships.

## The Stakeholder Engagement Process

### Step 1: Identify Stakeholders

Depending on the workforce issue under discussion, a broad range of potential stakeholders could be involved, including legislators, state health and Medicaid agencies, health profession licensure bodies, hospitals and health care systems, practicing health professionals and their professional organizations, and two and four year educational institutions. A first step in the engagement process is to identify stakeholders who have an interest in the outcome of the workforce policy decision under discussion. Examples of potential state stakeholders are listed in Figure 1, but different states and different health workforce issues will require working with a range of stakeholders with an interest and vested outcome in the decision.

### Figure 1. Examples of Stakeholders

- State legislators and legislative aides
- State departments of health
- State Medicaid agencies
- State offices of rural health, primary care officers
- Health professional licensing boards
- Health systems and hospitals
- State medical societies
- State nursing associations
- University and community college systems
- Medical schools and residency programs
- Two- and four-year nursing schools
- State oral health and public health collaboratives
- State and regional AHEC Programs
- State institutes of health policy (e.g., North Carolina Institute of Medicine, Colorado Health Institute)
- State workforce development boards
- Private foundations (e.g., Duke Endowment, Robert Wood Johnson Foundation)
- Researchers

## Step 2: Conduct a stakeholder analysis

Once the stakeholders have been identified, it is important to assess which stakeholders have the greatest interest, influence and potential impact. For example, a decision about whether to open a new health professional school will involve not only the school under discussion but competing schools in the region or state, health professional licensure and accrediting bodies, hospitals and community practices where students will do their clinical rotations, and, if it is a public school, the legislature who will make investments of public funds.

A stakeholder analysis is a tool that can be used to describe and organize stakeholders along key characteristics—their interest in the issue, the amount of influence they wield, their position on the topic, ways they can contribute to the discussion and what they, or their organization, will gain from engaging in discussion. (Figure 2). State health workforce stakeholders can be further grouped into categories, such as policy and decision makers, content experts, data providers, funders, regulatory, accrediting or credentialing organizations.

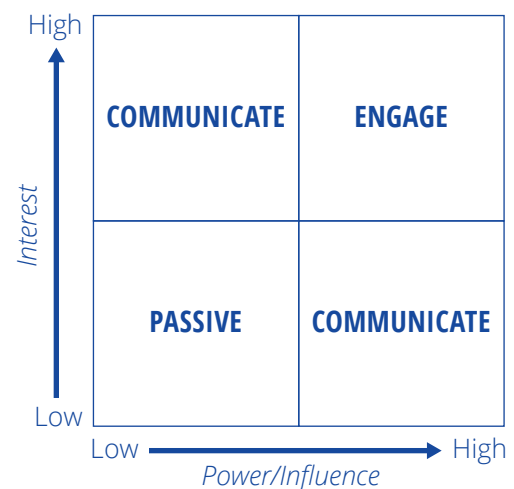
Once stakeholder characteristics are identified, a stakeholder map (Figure 3) can be created to organize and visually represent the information. The goal of the visual map is to identify where stakeholders fall along two axes: 1. their interest in the workforce topic under discussion (low to high); and 2. the amount of power they have to influence the future direction of the issue (low to high). In traditional stakeholder mapping, each quadrant is assigned a specific tactic for engagement. The lower level quadrant in which stakeholders have low interest and low power is passive and receives lowest priority for engagement efforts. Stakeholders in the upper left quadrant who have high interest but low power and those in the lower right quadrant with low interest but high power should be the focus of communication efforts. Stakeholders in the upper right quadrant with high power and high interest should be the principal focus of engagement efforts.

Whether the issue pertains to a change in education, payment, regulation or some other aspect of health workforce policy in the state, a formal stakeholder analysis will help to more effectively direct engagement efforts.

Figure 2. Describing Stakeholders

- What are stakeholders' roles, perspectives and interests?
- How much can they influence the purpose, process and outcomes?
- What are their limitations?
- What are their connections with other stakeholders?
- What is needed from them?
- What will they gain?

Figure 3. Stakeholder Map



## Step 3. Identify the Lead Organization or Convener

Health workforce policy issues arise from different organizations. Questions about shortages and skill gaps surface from health systems and hospitals that employ health care workers and from the universities and community colleges that educate them. Payment and regulatory questions emerge from professional groups. State governments and legislatures debate how best to invest public funds in health workforce training, loan repayment, recruitment and retention and other initiatives to attract and retain the workforce needed to meet population health needs. Access to care issues may be highlighted by the media and funders may indicate a willingness to invest resources in specific workforce initiatives.

As Step 2 illustrated, each of these stakeholder groups will bring varying levels of interest and influence to the workforce issue under consideration. Identifying a strong lead organization, or “convener”, among these groups is an important step in effective stakeholder

engagement efforts. The convener is responsible for clearly defining the workforce policy to be addressed, identifying available resources, bringing stakeholders together, moving the engagement process forward and troubleshooting issues along the way.

The convener may be a single organization or a group, but a key attribute is that the convener must be trusted by policy makers and other stakeholders engaged in the process who will be affected by the outcome. Conveners with a perceived professional, financial or political bias may be less trusted. Conveners unaffiliated with a specific profession, that are analytically oriented and that have low financial gains at stake may be perceived as more neutral and objective. For example, state AHEC programs are often seen as neutral conveners because of their experience building strong partnerships and collaborations between educators, employers, community-based organizations and government.

#### Step 4: Develop and Implement an Engagement Plan

After the stakeholder analysis is complete, the convener should develop an engagement plan that identifies the best ways to communicate with stakeholders, defines strategies to be used to engage stakeholders, and provides a timeline for engagement (Figure 4). The engagement plan needs to ensure that stakeholders have adequate time to provide input into the issue, voice their concerns, and identify shared or competing interests. Engagement strategies to solicit input could include in-person meetings, conferences or workforce summits; conference calls; written documents; and targeted one-on-one conversations.

When reaching out to potential stakeholders, it is important to

- involve them early in the process
- articulate the purpose and desired outcomes of their involvement
- identify the value they bring to the issue
- define expectations to guide their involvement
- describe communication and feedback processes
- estimate the time commitment.

With a broad range of stakeholders involved, it is likely that there will be different values, interests and desired outcomes for the policy issue under discussion. Because of this, it is essential to have a clear plan about how decisions will be made in an

effort to manage stakeholders' expectations and increase their understanding of how their interests will translate into the process of developing policy recommendations.<sup>1</sup> The group can decide to proceed by majority vote, by consensus or by other decision making models. Consensus decision making may lead to a more collaborative process, encourage shared ownership of decisions and result in easier implementation of recommendations. The consensus process allows for assenting and dissenting viewpoints to be discussed, which can lead to identifying new policy options not previously considered. Stakeholder groups may achieve full or partial consensus and still move forward with recommendations.

Throughout the engagement process, continued communication is critical to ensure that stakeholders are up to date, maintain their interest, and continue to buy in to the process. Although there will likely be pressure to meet specific deadlines for a decision (e.g., within a legislative session), the engagement process needs to proceed at a pace that enables stakeholder input to be captured and analyzed before position papers or policy positions are finalized.

#### Figure 4. Questions to Frame an Engagement Plan

- What is the role of stakeholders?
- What is the best way to communicate with stakeholders?
- How often should communication take place?
- What is the timeline to achieve the proposed outcomes?
- How will stakeholders be engaged? Face-to-face meetings? Webinars? Teleconferences? Individual consultation?
- Who is responsible for making final decisions and producing outcomes? Will stakeholders have an equal say?
- How will stakeholders provide input and feedback?

#### Step 5: Monitor the engagement plan

During the engagement process, stakeholder relationships might alter, new policies may emerge or individual membership on the group may change. Relationships between stakeholders and organizational priorities may also change over time. Regular monitoring of stakeholder involvement is essential to reveal if roles, priorities or policy have

changed so that the engagement process can adapt to incorporate these changes and adjust timelines as necessary. Continuous monitoring and evaluation will provide time to fix problems and allow for mid-course adjustments. Regular monitoring can also enhance stakeholder motivation as the purpose and outcomes are closer to being achieved.

### Step 6: Evaluate

The stakeholder engagement process concludes when the group has met the goals of the health policy topic, has delivered a final product and/or has developed actionable policy recommendations and engaged decision makers in implementing those recommendations. At this point, an evaluation of the stakeholder engagement process should be conducted to identify lessons learned. Were the right stakeholders involved? Should others have been included? Were communication and other engagement efforts effective? Answering these questions and soliciting stakeholder feedback on the process can provide helpful information for future initiatives.

## Maintaining Engagement

The stakeholder engagement process will highlight effective partnerships and yield new relationships going forward. These partnerships will be valuable as new health workforce policy issues emerge. Strategies for maintaining stakeholder engagement are much the same as engaging stakeholders. Frequent and effective communication is key. Figure 5 provides tips for maintaining stakeholder engagement.

Providing stakeholders with data and updates on progress, follow-up activities and new developments helps keep them engaged and more willing to participate in the future. It also helps reinforce the value of their time, energy and participation. Even after the targeted initiative is complete, stakeholders will continue to play an important role in championing the effort. In the example of the data system, stakeholders will be important allies in ensuring that health workforce data are used to make evidence-based policy decisions. They will amplify efforts to disseminate the data and play an important role in securing the credibility of the data system as an objective and important source of data to inform health workforce policy debates.

### Figure 5. Tips for Maintaining Stakeholder Engagement

- Remain in communication
- Update stakeholders on follow-up progress, new products and other results of the initiative
- Show the value and return on investment for the time, energy, information and funding that stakeholders contribute
- Be prepared to re-engage stakeholders as their priorities and interests evolve
- Continuously evaluate stakeholder relationships and interests, and adjust engagement efforts accordingly

## Troubleshooting Along the Way

Challenges will arise during the stakeholder engagement process. These challenges include changes in stakeholder relationships,<sup>2</sup> macro-level policy changes that affect the workforce issue under discussion, availability of resources (e.g., loss of funding), turnover in leadership or staff of stakeholder organizations, and changes in elected officials and government staff.

New leadership may have diverging interests and priorities, and they may not see the value in continued participation. Turnover often requires starting anew at the “engaging stakeholders” phase and requires a pause to educate new constituents about the health workforce topic under discussion and value of their collaboration before momentum can resume. While stakeholder turnover creates challenges, it also creates opportunities to communicate progress on the initiative and refresh relationships among stakeholders.

Sometimes stakeholders have competing priorities that cause tension in engagement efforts and impede progress toward desired outcomes. Examples may include competition between two-year or four-year colleges and universities to open or expand health professional education programs, or scope of practice debates involving multiple professions (e.g., physicians, physician assistants and nurse practitioners, or dentists, dental therapists and dental hygienists). Skillful facilitation, open communication and acknowledgment of different viewpoints can help diffuse tension.

Some stakeholders are ambivalent, reluctant or resistant to participating, and their reasons will vary.<sup>3</sup> *Ambivalent* stakeholders may not understand the value



of the health workforce initiative to their own interests or how they can be of value to the initiative. *Reluctant* stakeholders may have competing priorities for time and resources, be reluctant to spend time and energy on something that distracts from their current goals, or lose interest in the topic. *Resistant* stakeholders may fear they will lose control or a competitive advantage, be forced to give up some of their allocated resources, or that problems or other issues may be revealed during the process. A thorough stakeholder analysis at the beginning can help anticipate potential reluctance and resistance and help identify strategies to overcome them. Figure 6 lists some strategies for engaging ambivalent, reluctant or resistant stakeholders.

#### Figure 6. Tips for Engaging Ambivalent, Reluctant or Resistant Stakeholders

- Do a thorough stakeholder analysis to identify ambivalent, reluctant or resistant stakeholders
- Clearly articulate specific value of initiative to the stakeholders' interests
- Understand agency culture and beliefs
- Identify and emphasize common ground
- Be willing to compromise
- Enlist assistance from other stakeholders that may have relationships or carry weight with ambivalent, reluctant or resistant stakeholders
- Show concrete examples that demonstrate the outcomes and benefits of participating
- Anticipate misconceptions or concerns and be prepared to clarify

## Conclusion

Health workforce policy debates at the state level are often contentious and involve a wide range of stakeholders with diverging interests. Without the opportunity to engage with each other, stakeholders often resort to positional bargaining techniques that result in gridlock or workforce policy decisions based on the loudest, most influential voice. At the same time, workforce research and data cannot stand alone in educating policy makers about the best course

of action. Workforce planners need to partner with educators, employers, regulators, payers, foundations, professional associations and other stakeholders to ensure that decisions are based on interpretation of the best evidence available at the time. This brief has highlighted strategies to engage state stakeholders as they try to develop health workforce data systems, expand or develop new education programs, change scope of practice regulations, implement new payment models or implement other workforce policy changes to address the growing demand for health care services.

## References

1. Consensus Decision-Making: A Virtual Learning Center for People Interested in Consensus. <https://www.consensusdecisionmaking.org/>. Accessed 1/25/18.
2. SLDS Grant Program. SLDS Issue Brief: Maintaining Partnerships with Data System Stakeholders. Institute of Education Sciences, National Center for Education Statistics. Washington, D.C. March 2015. <https://slds.grads360.org/#communities/stakeholder-engagement/publications/8637>. Accessed 10/5/15.
3. SLDS Grant Program. SLDS Issue Brief: Everyone on Board: How to Engage Reluctant Stakeholders and Stakeholders Experiencing Leadership Transitions. Institute of Education Sciences, National Center for Education Statistics. Washington, D.C. January 2014. <https://slds.grads360.org/#communities/stakeholder-engagement/publications/5196>. Accessed 10/5/15.

## Additional Resources

1. Statewide Longitudinal Data System Grant Program: Stakeholder Engagement Community of Practice, Institute of Education Sciences, National Center for Education Statistics. Washington, D.C. <https://slds.grads360.org/#communities/stakeholder-engagement>. Multiple content areas (including stakeholder engagement, system design, purpose & vision and others) with a large body of free web resources. Geared toward education statistics, but information and strategies can be applied to health workforce as well.
2. Sharma R. The 6 Principles of Stakeholder Engagement. *Supply Chain Manage Rev.* 2008; 12(7). <https://www.scribd.com/doc/300980580/The-6-principles-of-stakeholder-s-engagement-pdf>. Accessed 12/14/17.
3. Brugh R, Varvasovszky Z. Stakeholder analysis: a review. *Health Policy Plan.* 2000;15(3):239-246.
4. Varvasovszky Z, Brugh R. How to do (or not to do)...A stakeholder analysis. *Health Policy Plan.* 2000;15(3): 338-345.
5. Schmeer K. Section 2: Stakeholder Analysis Guidelines. In: Policy Toolkit for Strengthening Health Sector Reform. Partnerships for Health Reform. September 2000. <http://www.who.int/workforcealliance/knowledge/toolkit/33.pdf>. Accessed 12/13/17.
6. Reck J, Helder F. State Health Officials Share How They Apply Evidence to Policymaking. NASHP State Health Policy Blog. November 28, 2017. <https://nashp.org/state-health-officials-share-how-they-apply-evidence-to-policymaking/>. Accessed 11/28/17.
7. Howard H. How to Build and Maintain Relationships with State Officials. Community Catalyst. June 2010. [https://www.communitycatalyst.org/doc-store/publications/Relationships\\_with\\_State\\_Officials.pdf](https://www.communitycatalyst.org/doc-store/publications/Relationships_with_State_Officials.pdf). Accessed 10/5/15.

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