

CHAPTER 3. ENGAGING STAKEHOLDERS TO STRENGTHEN YOUR PROGRAM

Chapter 3: Engaging Stakeholders to Strengthen Your Program

By the end of this chapter, you will be able to:

- Explain the importance of having stakeholders in public health prevention programs
 - Identify key stakeholders, both internal and external, involved with preventing perinatal HBV infections
 - Demonstrate methods to recruit stakeholders to actively participate in preventing perinatal HBV infections
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A key factor in the success of your perinatal hepatitis B prevention program is your ability to identify, understand, and engage key stakeholders. Buy-in from key people and groups will help you identify and reach your goals and objectives. Although perinatal hepatitis B prevention programs will vary in the partnerships they establish, there are some essential stakeholders that each coordinator should attempt to involve. In general, stakeholders belong to two main categories: 1) internal, or agency, stakeholders (e.g., state health directors, state disease prevention program personnel, state laboratory personnel), and 2) external stakeholders (e.g., leaders of professional organizations, private laboratory personnel, state legislators, and delivery hospital staff).

INTERNAL STAKEHOLDERS

The support of state public health leaders, state or local health department staff who have contact with pregnant women, infants, or their health-care providers, and state laboratory personnel is critical to successfully implementing perinatal hepatitis B prevention programs. Developing and maintaining a network of key "internal" stakeholders is an important part of your role as a perinatal hepatitis B prevention coordinator.

State Health Director

If you are in a state health department, you must have the ongoing support of the state health director and will need to periodically brief the health director on the program's progress and changing priorities and trends. You should include information on disease rates, target population demographics, challenges, program goals, costs (vaccine and personnel), and the most recent ACIP, American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), and American Academy of Family Physicians (AAFP) recommendations.

Other State Public Health Leaders

Support from the state epidemiologist and the chief medical officer for communicable diseases is also important. These professionals can help persuade physicians and other health-care professionals to participate in the perinatal hepatitis B prevention program.

For example, in 2003, New York State and New York City launched a statewide birth-dose initiative. The program was introduced to the local health departments and hospitals statewide through a letter from the state medical director. Copies of the letter were sent to each hospital's CEO, pediatric department head, nursery manager, director of obstetrics/gynecology, and pharmacy director. New York's birth-dose initiative provides free hepatitis B vaccine to all infants, regardless of financial status. Hospitals are also required to have standing orders for routine administration of the birth dose of hepatitis B vaccine to all infants. Through the leadership and support of the medical director, New York was able to enroll 50% of their delivery hospitals in the program by the end of 2004.

State Disease Prevention Program Personnel

Many programs within the health department have regular contact with pregnant women, infants, children, or their health-care providers. Collaboration with these programs can be instrumental in establishing an effective perinatal hepatitis B prevention program. Meet with the following disease prevention personnel to devise ways to integrate your activities into other state programs:

- ***Immunization information system*** — to obtain records of infant vaccination and HBIG administration and to obtain updated contact information for case management of infants born to HBsAg-positive mothers; to enhance mechanisms to document and monitor birth-dose coverage and completion of the hepatitis B vaccine series; and to link with other data sources (e.g., newborn metabolic screening, birth certificates) for program monitoring and evaluation
- ***Vaccines for Children (VFC)*** — to ensure that all delivery hospitals are enrolled in the VFC program to provide the birth dose to VFC-eligible infants
- ***Maternal/child health and prenatal care*** — to ensure that they understand the importance of maternal HBsAg screening and perinatal hepatitis B prevention and to encourage them to address these topics in their prenatal care materials
- ***Communicable diseases*** — to ensure that laboratories are reporting HBsAg-positive results in a timely manner and that reports are transferred to perinatal hepatitis B prevention staff for follow-up
- ***Perinatal HIV prevention*** — to determine how activities might be coordinated, such as collaboration on hospital medical record reviews
- ***STD and HIV screening and prevention*** — to encourage them to provide client education on prevention of HBV infection and to offer or recommend hepatitis B vaccination to susceptible clients
- ***The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Medicaid*** — these state programs will often share contact information on families lost to follow-up; the WIC program might also be able to refer children for vaccination if they are not up-to-date during a WIC visit

- **Vital records** — to advocate for the inclusion of maternal HBsAg status and/or the hepatitis B vaccine birth dose on the state electronic birth certificate; in addition, maternal country of origin is included on birth certificates and can provide useful data to refine estimates of numbers of births to HBsAg-positive mothers

State Laboratory Personnel

You should work with state laboratory personnel to ensure that all HBsAg-positive test results are reported. In most cases, the state laboratory also oversees the newborn metabolic screening program, which can be an important link to perinatal hepatitis B prevention data. Additional details about working with laboratories and the newborn metabolic screening program are provided in Chapter 1.

EXTERNAL STAKEHOLDERS

The support of key external stakeholders (e.g., health-care providers, private laboratories, state legislators) can help you gain the support of the community (see Box 3.1).

Box 3.1. Selected Stakeholder Organizations at State and Local Levels

- State chapter of the American College of Obstetricians and Gynecologists
- State association of obstetric nurses
- Association of obstetric physicians and surgeons
- State association for perinatal care
- State chapter of the American Academy of Family Physicians
- State chapter of the American Academy of Pediatrics
- State medical society
- State hospital association
- State chapter of the American Nurses Association
- State association of licensed practical nurses
- State/local chapter of the Black Nurses Association
- Association of black physicians and surgeons
- Association of public health nurses
- Association of osteopathic physicians and surgeons
- State public health association
- State association of infection control practitioners
- Association of local health directors
- State association of managed care medical directors
- Family Health Council
- Child advocacy groups
- State pharmaceutical association
- Directors of community clinics
- Local health officers
- Medical schools
- Advisory groups (e.g., immunization)
- Minority organizations representing African American, Asian/Pacific Islander, and American Indian/Alaska Native populations
- Private laboratories
- State legislatures

Leaders of Professional Organizations

Engaging the leaders of professional organizations can help you gain buy-in from practicing physicians. These leaders can play an important role at the state level by serving on an advisory committee, acting as advocates for your program within their organizations, and helping to build consensus on perinatal hepatitis B prevention policies and guidelines. Your health department or state public relations office might also maintain a list of professional associations to contact.

Private Laboratories

Staff from private laboratories should be made aware of the new ACIP recommendations, the role they play in the identification of HBsAg-positive pregnant women, and the importance of reporting all HBsAg-positive results to the health department.

State Legislators

State legislators can provide support in developing laws or regulations that require HBsAg testing of all pregnant women and reporting of all HBsAg-positive test results in pregnant women to the health department, as well as other legislation that might assist with perinatal hepatitis B prevention.

Medical Care Providers

You should also interact with the medical care providers who have direct access to the program's target population, including delivery hospitals and private practice physicians.

Delivery hospitals. Site visits to delivery hospitals are a high priority for perinatal hepatitis B prevention coordinators. Delivery hospitals are the focus of many case management activities and of standing orders for administration of hepatitis B vaccine at birth (described in detail in Chapter 1). Policies initiated and implemented in hospitals can influence the practices of private physicians.

Coordinators should establish and maintain a contact at each delivery hospital in their program jurisdiction. You should visit each hospital at least once every five years (and more frequently if possible) for refresher trainings and information updates. You might consider teaming up on these visits with your state's VFC staff and/or other perinatal disease prevention program staff to enhance program synergy and save hospitals' time. You should also call and check in on your hospital contacts periodically and send them newsletters, resources, or articles.

If you or someone else in your immunization program already has a contact at a hospital, work with that person to arrange a meeting with key individuals in the hospital to discuss perinatal hepatitis B prevention policies. If you do not have a contact, use the hospital switchboard or your hospital licensing board to identify the following key personnel:

- Hospital administrator
- Chief of obstetrics
- Chief of pediatrics
- Infection control nurse
- Hospital epidemiologist

- Quality assurance agent
- Medical director of the nursery
- Director of the laboratory
- Clinical nurse specialist in charge of labor and delivery
- Pharmacist

Target one person in each hospital for primary contact and for assistance in arranging meetings. In some hospitals, the infection control nurse or hospital epidemiologist will be your primary contact. Often, however, the clinical nurse specialist in charge of labor and delivery is the best contact. Policies that need to be written are usually initiated by the nurse specialist, whose job is to make sure that medical orders, nursing care, and transfer of information from delivery to nursery are coordinated. One perinatal hepatitis B prevention coordinator, who has been in her position for several years, said that if she were starting over, she would set up a meeting with the clinical nurse specialist, the chief of pediatrics, and the staff neonatologist to discuss perinatal hepatitis B prevention and what would be necessary to bring their policies up-to-date with the current recommendations.

It is critical that the hospital staff understand the importance of policies and procedures needed to prevent perinatal HBV transmission (see Chapter 1). Once they understand the importance of the issue, you can ask them to help monitor and document maternal HBsAg status, provide appropriate immunoprophylaxis to infants born to HBsAg-positive and unknown-status mothers, implement standing orders and document administration of the hepatitis B vaccine birth dose, report births to HBsAg-positive women to the health department, and ensure that infant vaccination records are given to parents and pediatricians.

Private practice physicians. Education and outreach efforts for office-based physicians are important because perinatal hepatitis B prevention programs involve screening all pregnant women for HBsAg and universal infant hepatitis B vaccination beginning at birth. Private practice is a difficult arena to enter because of the sheer number of practitioners. Therefore, finding creative ways to initiate and maintain relationships with these health-care providers is a must.

The best way to reach private practice physicians is through your work on individual cases. As you manage cases, you will interact with OB/GYNs, family practitioners, and pediatricians. When you visit or contact them to ask for information on vaccine doses administered or other activities, offer to send them information or resources on the current recommendations. Suggest that they file your card under "H" for "hepatitis" so that they can call you with hepatitis questions, even if they forget your name. Ask them to place your phone number on their personal digital assistant for easy access.

You can also influence private providers through your work with hospitals. For example, if the hospitals institute policies to require original copies of HBsAg screening results, private practices will be more likely to submit copies of pregnant patients' original HBsAg laboratory reports to the hospitals. Also, explore the idea of working with quality assurance and infection control personnel at the hospital to include HBsAg screening information as a quality assurance standard on the patient care form.

Many professional health organizations (see Box 3.1) have state or local chapters that meet regularly. This is a good opportunity to reach multiple private physicians and nurses at once. Some state-level organizations have an education coordinator who sends out information to local chapters. Ask the coordinator to distribute perinatal hepatitis B prevention information to local chapters. If this kind of structure does not exist for a particular association, ask for a list of local chapter presidents and contact them individually to send information or set up presentations.

If your program has the resources, another way to reach private providers is to send out information packets (see Box 3.2). You might be able to obtain an address list through your licensing boards, public relations office, or state organizations. You might also consider obtaining quarterly or annual listings of new OB/GYNs, pediatricians, and family practice physicians.

Representatives from state and local immunization programs visit private providers' offices on a regular basis to conduct VFC site visits and immunization record assessment and feedback (AFIX) sessions. Consider partnering with these representatives to distribute information and resources on the perinatal hepatitis B prevention program. In return, you can promote their programs during your site visits.

SO, YOU'VE ENGAGED YOUR STAKEHOLDERS. NOW WHAT?

Initiating relationships with your internal and external stakeholders is the first step toward success. Maintaining these relationships can, however, be difficult, particularly when the number of partners is relatively large. Below are some methods to facilitate ongoing collaboration and exchange of ideas among your various partners.

Advisory Committees

A state or local advisory committee, although not essential for maintaining or advancing a perinatal hepatitis B prevention program, can be a good structure under which to work.

Before you set up a special committee, find out if there is an existing immunization, communicable disease, maternal and child health, or general health department advisory committee that might serve in this capacity. These committees are usually composed of people and organizations with interest in and knowledge of public health issues. If no such committee exists, you might need to ask your state health director to help establish a special perinatal hepatitis B prevention advisory committee. The director might begin by convening a "task force" or "immunization committee" that could evolve into a permanent advisory committee.

The ideal committee would be composed of members of the professional organizations, state agencies, and community-based organizations with whom you will be working. It is also important to include individual practicing clinicians. The active involvement of a physician or nurse who knows the issue, knows how to influence medical and hospital practice, and enjoys the respect of his/her peers can be invaluable to the group. Some of the best members of your committee will fit multiple categories, such as a director of maternal/child nursing in one of the major hospitals who is also a member of the state nursing association. One or more of the major

delivery hospitals in your jurisdiction should be included, ideally with representation from both the nursing and the medical staff. Be sure to consider other health professionals, such as nurse practitioners, midwives, and physician assistants.

Keep in mind that committee size is important. A committee that is too large will discourage easy exchange of ideas. You might wish to start with a small, core committee to begin planning how to communicate your information. Then, you might hold an informational meeting for all of the organizations that you want to include. Or, you might decide that a larger committee made up of smaller subcommittees working on specific issues will better serve your program's needs.

For the initial meeting, send a letter to each organization or representative describing issues surrounding perinatal hepatitis B prevention and inviting them to attend the first committee meeting. Follow up with organization(s) about 1 week later to ask for the name of a potential representative.

At the meeting, outline the background and rationale for the perinatal hepatitis B prevention program. Come equipped with information and/or a presentation on the program. For a large meeting, prepare sample articles and graphics that the organizations can use in their association journals or newsletters. Professional organizations are often searching for interesting state-level articles. If needed, form a subcommittee to help you develop information to distribute.

Orient committee members with an explanation of the extent of the hepatitis B problem in your state and in the nation. Review the program's past success as well as recommendations for what needs to be done and by whom, and share your ideas for accomplishing your program goals. Next, invite the group or subgroups to formulate stages or strategies for implementation. Your committee should be able to give you input from the practice level on how best to accomplish your goals. They might have ideas for improving your program that you have not considered. The recommendations of the group should be summarized before the end of the meeting and then officially distributed after the meeting.

Newsletters and Other Publications

Regular newsletters, articles, and reprints from medical journals are great ways to reinforce your recommendations, keep perinatal hepatitis B prevention in professionals' minds, and disseminate new information. Remember to check various websites, including those of CDC's Division of Viral Hepatitis (<http://www.cdc.gov/hepatitis>), Immunization Action Coalition (<http://www.immunize.org>), American Academy of Pediatrics (<http://www.aap.org>), Asian Liver Center (<http://www.liver.stanford.edu>), and other state perinatal hepatitis B prevention programs, for useful prevention resources.

If your program, a related program, or your health department already publishes a newsletter, offer to develop an issue or contribute a series of articles devoted exclusively to perinatal hepatitis B prevention. These newsletters already have an established readership across the public and private sectors and will allow for widespread dissemination of information.

In the absence of an established newsletter, or to ensure that your target practitioners receive a newsletter devoted exclusively to perinatal hepatitis B prevention, you might choose to develop

your own newsletter. The distribution list should target groups such as hospital infection control professionals, nurses, pediatricians, OB/GYNs, pharmacists, hospital administrators, and VFC providers. You can request mailing lists from state licensing boards or professional organizations.

When deciding on a design for your newsletter, incorporate aspects of other newsletters that you find enjoyable or useful. Try seeking assistance from the agency's graphics and publications department. It is important to keep articles as brief as possible so that busy professionals will take the time to read them. Graphics and one-page posters containing quick, at-a-glance information are often appreciated. Newsletters can either be distributed by mail or, increasingly, by e-mail.

Information Packets

Some programs find that sending out packets brimming with information make a big splash. Other coordinators have had more success delivering this information personally at meetings with appropriate groups. Regardless, the packet should contain information that will inform practitioners about perinatal hepatitis B prevention recommendations, program policies and procedures, state laws and regulations, and standards of practice. See Box 3.2 for ideas of what to include in an information packet.

BOX 3.2. Contents: Information Packet on a Perinatal Hepatitis B Prevention Program

- Cover letter briefly explaining the program and providing contact information
- Pertinent laws and regulations
- ACIP, ACOG, AAP, and AAFP recommendations on prevention of perinatal HBV transmission
- Copies of reporting/case management forms
- Posters about hepatitis B vaccine dosages
- Posters about case management
- Patient education pamphlets (birth dose brochure)
- Sample policies or standing orders
- Articles of interest from journals or newsletters
- List of websites containing hepatitis B information
- Posters, magnets, pens
- Desktop rotary file card with your contact information
- Information on the VFC program

WORKING WITH PARTNERS TO EVALUATE LAWS AND REGULATIONS

As coordinator of a perinatal hepatitis B prevention program, you need to know how your state's laws and regulations apply to your program (see Chapter 1). With support from your partners, you might decide to seek changes in laws and regulations to help you accomplish the goals of your program. As you examine your state's current laws and regulations, think of ways they can be improved. Some of the areas that states have addressed through legislation or regulation include perinatal screening and reporting, perinatal case management, and confidentiality. You should seek out the laws and regulations that other states have found useful.