



Coverdell Strategy C7 Supplemental Brief

Strategy C7: Establish and strengthen partnerships with relevant state or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients, as well as those at highest risk for stroke events.

Background: Healthy Hawai'i Evaluation Team (HHET) conducted interviews on Strategy C7 from June 29 - July 19, 2022. The focus of the interviews was to capture information about the Year 1 implementation for CDC reporting. DOH also requested that HHET ask additional questions to support the C7 work including: *How well they feel the Hawai'i Stroke Coalition (HSC) functions currently? Who is missing from the HSC? What changes are needed to improve collaboration?* Responses from these questions are summarized in this supplemental brief.

Participants: The DOH CDMB Program Manager provided a list of potential stakeholders. HHET contacted seven people who all agreed to participate. Participants were from 3 O'ahu Hospitals, 1 nonprofit advocacy and education organization, DOH Neurotrauma Program, and DOH CDMB. Participants held various positions in their organizations from leadership roles within their organizations and within the HSC, manager positions, stroke coordinators, and human services professionals.

How does the HSC function currently?

- Mandatory meetings are held on a bi-monthly basis.
- Subcommittees (e.g., Education) meet quarterly, but this hasn't always occurred due to COVID. They have met more on an ad hoc basis to plan events, possibly two or three times a year.
- HSC plays a convener role for those invested in acute stroke care.
- HSC is a forum to share new protocols for stroke treatment (e.g., TNK) and learn where hospitals rate among all other hospitals (e.g., report card for stroke care).
- One stakeholder reported HSC currently has good leadership, communication, and is open to new ideas.
- One stakeholder reported that they didn't know how the HSC functions and two were not sure what the Coverdell activities were.

"I can't speak to the [HSC] leadership because I'm not privy to the executive committee meetings or anything like that. I don't know what they're deciding, I only attend their bi-monthly coalition meetings so I don't know... No, I haven't been involved and ...there has been no further follow-up to me to ask anything from our end."

What changes need to be made to improve collaboration at HSC meetings?

- **Offer the option to meet in person.** In the past, this gave time to nurture relationships.
- **Encourage smaller organizations to consistently attend and be vocal.**
- **Increase the length of time for the Executive Meeting to discuss term goals.** Meetings used to be one-two hours over dinner, which fostered creative ideas. The switch to a virtual 30 minute meeting left little time to discuss any initiative planning and attendance/participation wasn't perfect.
- **Assign action items** to engage partners and take turns letting partners report or give input.
- **Provide regular or semi-regular onboarding for new HSC representatives** (from existing hospitals) and include an introduction to Coverdell activities.
- **Give regular updates about Coverdell activities and positions** that need to be filled as a standing agenda item at the beginning of the meeting.

"Switching [the HSC meetings] to completely virtual has helped with participation, but [has been] detrimental for relationship building."

"If a member is responsible, or has an action item from that meeting, they feel more involved, right, and that's just not a meeting to say: I attended, and you know I agree with the minutes... Maybe it can be more beneficial if you know this hospital will take on, you know... facilitating this meeting, or you know coming up with content...so that you feel like you're actually part of the Coalition, not just 'it's another meeting that I have to attend.'"

Other feedback about HSC activities


- **Make prevention and post-hospital care a priority.** Many stakeholders reported these were missing from the HSC but did not provide a way to integrate them. One stakeholder said that they didn't think HSC was interested in community outreach, and therefore, had never shared their work.
- **Identify resource gaps.** One stakeholder suggested that HSC could survey stroke survivors to determine what resources Hawai'i has in place, where the gaps are, and then identify partners to join the HSC.
- **Increase symposium planning support.** One stakeholder reported that there needs to be more support from other organizations to lead the symposium planning.
- **Revise communications and media campaign approaches.** One stakeholder questioned the appropriateness of a children's book that was created using fundraiser monies. There was no evaluation (e.g. focus groups, surveys) done to test message effectiveness. Was it designed specifically for different ethnic populations? Was input from the community gathered before developing the book? How will it be marketed and be disseminated to the public? The HSC should seek guidance on issues pertaining to public education from experts.

"I guess before this we had no reason to tell them [about community work]. It's not their job to know what we do and we don't want to tell them stuff that they might not care about. We want them to do their acute care side because that's where we really need them, so there was no reason to share it."

"It's been really challenging for The Board of Directors and Executive Council because all of us are practicing providers and we don't have time carved out for non-clinical duties. I think support from the other organizations and [them] taking the lead, [rather than] the Chair or the physician leader, because even though they may be most knowledgeable about the subject matter, they might not be the best [person to] plan a symposium."

Considerations

- Not all stakeholders interviewed were aware of the Coverdell grant and what work plan activities were set for Year 1. Those who knew about symposium planning did not expect it to happen in Year 1 and therefore, did not consider this activity delayed.
- DOH may want to consider pivoting the work plan from evaluating membership and identifying missing stakeholders, since everyone from acute care is mandated to attend. Most stakeholders agreed that missing members were non-traditional partners (e.g., CHWs, patient navigators, stroke survivors) and those who help with integration back into society (rehabilitation programs, resources post stroke). Conversely, a formal assessment may suggest specific names and organizations to engage, rather than broad organizational categories.
- To encourage non-traditional partners to participate, HSC may need to convene a separate meeting (similar to the Education Subcommittee or merge with this group). One stakeholder reported that current topics on acute care and standardization of stroke care may not be a priority for prevention/rehab representatives (or may be difficult to understand with unfamiliar jargon). This stakeholder suggested that HSC may want to engage patients and caregivers to gain input to determine if stroke recommendations and guidelines work for them (e.g., are medications they take after a stroke working well for them or are there too many side effects?).
- The majority of stakeholders did not know about any MOU/MOAs established with new partners. This activity may not be necessary if DOH capacity is limited, as the non-mandated organizations have consistently attended without establishing an MOU/MOA in the past.
- HSC clinical partners said they lacked time, skills, and capacity to plan a symposium and needed help. DOH and community organizations have experience in planning these types of events and could be leveraged.
- Another stakeholder suggested including local experts to keep the upcoming and future symposiums locally focused. They could provide a perspective that resonates with the unique issues of communities statewide.
- After the symposium, the HSC should consider collecting lessons learned to ensure there is preservation of institutional knowledge for planning future symposiums on an every other year cadence. A stakeholder



suggested that holding the symposium at the end of the Chair's first year is an appropriate time after the transition of leadership in January.