Engaging Stakeholders at Every Opportunity: The Experience of the Emergency Law Inventory

Engaging directly with stakeholders in the emergency preparedness and response volunteer workforce is the best way to ensure that informational resources reflect their needs and preferences. Freeman et al. present a framework for stakeholder engagement that favors a collaborative approach. In this framework, the activities (i.e., examining stakeholder relations, communicating with stakeholders, and learning with stakeholders) result in integrative stakeholder engagement. Furthermore, stakeholder engagement is expected to promote innovation and sustainability, and it is conceptualized to be especially successful if those with the least power in a system are able to participate.

In the field of disaster planning, stakeholder engagement has been used to validate themes and identify knowledge gaps and has been shown to promote resilience. Here, we use the Freeman framework to describe the collaborative process of obtaining stakeholder input and the resultant value of this input for the Emergency Law Inventory (ELI).

WHAT IS THE EMERGENCY LAW INVENTORY?

The Association of Schools and Programs of Public Health and the Centers for Disease Control and Prevention funded ELI’s development between January 2016 and August 2017. The project’s goal was to create a tool to educate and empower the emergency response volunteer workforce with knowledge of legal principles to strengthen public health readiness. At the core of the project was a partnership that included three health departments that sponsor Medical Reserve Corps (MRC) units (New York City Department of Health and Mental Hygiene; Allegheny County Health Department [Pittsburgh, PA]; and Mahoning, Trumbull, and Columbiana Counties Board of Health [Ohio]), a design firm, and the University of Pittsburgh Graduate School of Public Health.

MRC emergency response volunteers were the primary intended audience of ELI. The MRC is a national network of local volunteer groups dedicated to meeting public health needs within their communities, including responding to public health emergencies. It was created following the September 11, 2001, terrorist attacks and has developed into a nationwide force of more than 200,000 volunteers who perform a variety of disaster- and community prevention–related activities.

MRC members and others making up the volunteer workforce enjoy certain legal protections when deployed during a disaster. These protections vary from state to state and from profession to profession; it is crucial for volunteers to identify them when deployed.

The MRC adopted the Competencies for Disaster Medicine and Public Health as a baseline set of competencies for its volunteers. One of the core competencies is to “demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.”

This competency underscores the importance of understanding legal principles, and the subcompetencies note specific legal topics important for emergency response volunteers.

Understanding legal issues and accessing laws is a difficult assignment for most nonlawyers and has emerged as a concern for MRC volunteers. ELI was designed to facilitate understanding of relevant legal principles within the volunteer workforce.

ENGAGING STAKEHOLDERS

We present our team’s activities as they correspond to the domains in the Stakeholder Engagement Model. To guide the tool’s development and refinement processes, the team planned and implemented a strategy to elicit feedback directly from the MRC and other emergency response volunteers. National MRC leadership provided insight into the development of ELI, and helped to recruit MRC volunteers from across the nation for user testing and feedback.

There were two stakeholder engagement phases: developmental and refinement. To communicate with stakeholders and learn with them, the team implemented both informal and formal activities. In addition, project leadership maintained communication to inform stakeholders of the impact their feedback had on ELI’s development.

The developmental phase was aimed at selecting (1) the areas of law and the roles or professions to include in ELI and (2) the

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desired design of the ELI Web site interface. During this phase, formal activities included meetings with 10 MRCC volunteers representing each of the three health department MRCC units that were project partners and with 49 MRCC unit leaders from across the country who completed a survey during the National Association of County and City Health Officials' Preparedness Summit.

The formal activities in the refinement phase encompassed a guided exercise, later renamed "Test-Drive ELI," coupled with survey questions and discussions in person and via conference calls. During these activities, five University of Pittsburgh staff members, 24 MRCC affiliates from across the country (unit leaders, state coordinators, volunteers), and 19 participants at the National Healthcare Coalition Preparedness Conference completed surveys. In addition, 18 stakeholders offered feedback via telephone during both group discussion sessions and individual interviews.

The informal activities were similar in both phases. The team engaged stakeholders (e.g., potential users, administrators) in dialogue that often started in person at professional gatherings and continued via telephone and e-mail. Team members were alert to find these contacts, which resulted in emerging connections with more stakeholders, including the National MRCC. Team members kept notes of feedback collected in regular and special meetings and during presentations.

PUBLIC HEALTH SIGNIFICANCE

An intentional, iterative process of stakeholder engagement ensured that ELI would reflect the requirements of the emergency response volunteer workforce. The ELI team’s process for eliciting extensive stakeholder feedback has public health applications beyond this project. User-centered design enables public health professionals to maximize limited public health resources by carefully targeting and realigning their efforts to produce the optimal product for meeting the end user’s needs. In particular, if the goal is to design public health educational resources, public health professionals must be responsive to the unique informational needs and preferences of their audience. A deliberate, extensive process for gathering and organizing stakeholder feedback and closing the loop with information about the changes incorporated enables the creation of resources with improved utility and usability.

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CONTRIBUTORS

P. I. Doucet designed and oversaw the evaluation of the project and guided the interpretation of results. B. L. McDonough assisted in the evaluation, especially in the creation and implementation of formal feedback tools for the project. E. Van Nostrand conceptualized the project and directed the feedback gathering effort. All authors participated in drafting the manuscript.

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REFERENCES


THE FUTURE OF THE EMERGENCY LAW INVENTORY

Long-term sustainability emerged as a topic of interest and concern for stakeholders. The user-centered development process ensured that ELI would be a valuable, useful tool for the volunteer workforce. To retain its value, ELI needs to be maintained and updated to keep pace with changes in the law. To this end, the project partners created a technical mechanism to enable law updates and edits and a style guide to maintain consistency when writing the legal summaries. ELI will require additional funding for periodic updates. The stakeholders who were involved in shaping ELI have a vested interest in its future and should be considered in partnerships to keep ELI updated.

HOW FEEDBACK SHAPED THE INVENTORY

During the developmental phase, stakeholder input determined the four legal topics to address: liability, scope of practice, workers’ benefits, and portability of licensure. It also determined that the jurisdictional scope was to include all US states, eight territories, and federal law, and it informed the design of the tool’s user interface.

During the refinement phase, one key finding was that many participants preferred short video tutorials about ELI rather than a written user guide or face-to-face training. Therefore, the project team decided to create instructional and informational ELI videos in collaboration with the Mid-Atlantic Regional Public Health Training Center. During this phase, the team also gathered useful feedback on the navigation and usability of ELI that led to the addition of frequently asked questions and adjustments to the layout of certain pages.