

Stakeholder Engagement Planning: National Health Security Preparedness Index

I. Stakeholder Identification and Analysis: Expertise, Willingness, and Need to Engage:

By design, the Index incorporates the contributions of various sectors in building health security preparedness at both state and national levels (reflecting the “whole of community” concept outlined in Presidential Preparedness Directive 8 -- PPD-8). Sector contributions are often interwoven within and across subdomains and domains. Besides reflecting and assessing state and national status, the Index is also meant to serve as a tool to support, promote, and engage communities in cross sector planning to strengthen health security preparedness.

Given that the Index incorporates data from various sectors, reflects the combined efforts of multiple sectors, and serves as a tool for use by multiple sectors, stakeholder engagement in both Index development and in supporting its use is critical. Recognizing that groups each bring different levels of expertise, interest, willingness, and need for engagement to the table, a basic analysis of potential stakeholders is useful to guide thinking about the level with which different stakeholder groups need to / want to / should be engaged at different stages of the effort.

The analysis model below* uses the following definitions / areas for stakeholder analysis:

- **Contribution:** The type and amount of information, counsel, or expertise that could be helpful to the project.
- **Legitimacy / Interest:** The legitimacy of the stakeholder’s claim for engagement: How much are they or issues they care deeply about affected by the effort? How critical is it for them that the effort is done right and that the tool is used correctly? How much could findings or availability of the tool affect them, their work, or their area of responsibility?
- **Willingness to engage:** How willing is the stakeholder to engage?
- **Influence:** How much influence does the stakeholder have? (what type? on whom?)
- **Necessity/Criticality of involvement:** Is this a group who could significantly advance the project and/ or derail or delegitimize the process and effort?

Summary Analysis of Index Stakeholder Groups

Stakeholder Group	Expertise		Willingness	Value	
	Contributions	Legitimacy / Interest	Willingness to Engage	Influence	Criticality of Involvement
Hospitals	High/Medium - Direct care providers, safety net, responders to emergencies	High degree of legitimacy – core of provider network / infrastructure	Moderate willingness to engage – potential to perceive as “yet another” scorecard or set of requirements. JC, CMS regs will trump.	High - AHA is highly influential – their interest (or lack thereof) will carry heavy weight with federal policymakers	High/Medium - without buy-in from providers this remains an academic exercise
Healthcare Providers (MD, etc.)	Low - Direct care to impacted patients	Low/Medium - As individuals, highly varied interest; as group, likely low/moderate interest	Low - Some individuals will be highly motivated, but as a community this is likely a low interest/priority	Low - AMA is quite influential, but likely not that interested	Low - Lack of AMA interest is not a large barrier
Academia (Disaster researchers, Schools of Public Health, Academic medical centers, etc.)	High Expertise in what and how to measure, and in clarifying concepts addressed in the Index. Must be balanced with the practical boots-on-the-ground expertise of other stakeholder groups.	High Will help ensure the index is scientifically robust and well designed. Relates to their research interests.	Medium Variable willingness—tied to opportunities for research funding and publication authorship. PhD students may be a more willing resource that could be tapped	Medium Academic scientific rigor will lend credibility to the Index. This influence is limited by the perception that academic researchers are too theoretical and insufficiently practical or too far removed from actual practice. One potential area for high influence is through the education of the next generation of health and other professionals—the Index and related concepts could be introduced in the education of pre-professional students.	High Required for legitimacy and success of the project, but definitely not sufficient

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Directors of Public Health Preparedness	<p>High</p> <ul style="list-style-type: none"> • Can be a sounding board on the right sizing / face validity of measures. • They are often the ones who have to collect the information on the measures that are included in the index (as awardees of the HPP and PHEP Programs). Know limits and strengths of measures. • Field practice experts in cross sector health emergency preparedness and response work. • Existing relationships with multiple other stakeholders across states and in communities. 	<p>High</p> <p>They have interest in this considering many of the measures pertain to public health preparedness.</p> <p>The Index will be seen as reflecting their work (and that of those they intersect with)</p> <p>This group will be looked to to comment on Index results, accuracy, usefulness, and reliability.</p> <p>This group is a primary potential user and/or promoter of the Index</p>	<p>High</p> <p>Definitely willing given high legitimacy / interest.</p> <p>Very invested in assuring Index reflects “ground truth” and that support tools are of practical use.</p> <p>Interested in assuring that risks of potential misuse / misinterpretation are minimized.</p> <p>Sees Index as a potentially valuable tool, if developed and used appropriately.</p>	<p>High</p> <p>Political Influence with state legislators and officials.</p> <p>Influential in socializing the NHSPI with other stakeholder groups.</p> <p>Common group turned to by media on matters of health security preparedness.</p>	<p>High</p> <p>Can definitely advance the project. Critical to very actively engage in both development process and in use/usefulness/usability work.</p>
<i>Add'l sectors / groups pending....</i>					

*Reference: BSR. Back to Basics: How to Make Stakeholder Engagement Meaningful for Your Company. January 2012. http://www.bsr.org/reports/BSR_Five-Step_Guide_to_Stakeholder_Engagement.pdf.

II. Stakeholder Engagement Strategies, by Stakeholder Group

Early Assessment and Strategy Ideas

Sector	Current	Desired or Recommended Level	Comments / Strategy Ideas for Advancing
Academic Researchers	?	A good idea to engage the disaster research community (especially but not limited to those looking at health) in a more systematic, comprehensive fashion to get their input on key index development challenges.	Convening some sort of forum such as an IOM workshop, or some other event model, that generates an active participatory forum.
Preparedness Practice Leaders	Informing - Consultation?	Partnership	Public health practice leaders should actively participate as full partners. This may start with stakeholder consultation and lead to full partner participation.
Healthcare Providers (Hospitals)	Informing- Consultation	Partnership	Ideas / Strategies to advance: <ul style="list-style-type: none"> Engage with AHA and state hospital associations, America's Essential Hospitals, trade associations (Trauma Center Association of America, e.g.) Draw connections with HPP grants, coalition support/funding, etc. Identify impacts to population health measures, value-based outcomes that drive hospital reimbursement, etc. Present at AHA, American College of Healthcare Executives, AONE, etc.
<i>Additional sectors/ groups pending....</i>			

Other Strategy Ideas/Comments Received:

Most all sectors should be engaged at least at the Consultation Level. Ideas to assist in accomplishing this include:

- Set up a series of focus group discussions for each sector with selected sector representatives. It would be helpful to identify preparedness champions in each sector/organization for this purpose. I suspect that for the purpose of engagement in Index development, the Index as a whole will be too complex and overwhelming to serve as an effective starting point for engagement in focus group discussions. After

providing context through a very general overview, I suggest engaging each selected group at the level of specific measures that are most relevant to that particular stakeholder sector, to open discussion about how existing measures do or don't reflect the particular roles, challenges, and opportunities they face with respect to health security preparedness. This particularly applies to the community organizations sector; for some sectors such as health care, it might make sense to take the discussion to the level of a domain of the index, or a particular cross-section of measures (law and policy related measures for a discussion with legislative staff or city/regional planners). (ML)

- We may need to back up a little and do a bit of stakeholder id and analysis to determine and prioritize who we need to talk to. (ML)
- Ideally, stakeholder consultation would lead to volunteering/recruitment of new Index workgroup and NAC members who would be engaged as full partners in ongoing index development. (ML)