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## **Engaging Stakeholders to Address Changing Service Delivery Conditions Due to COVID-19**

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# FACT SHEET

## Engaging Stakeholders to Address Changing Service Delivery Conditions Due to COVID-19

October 2020

**RTC:Rural**

Research and Training Center  
on Disability in Rural Communities

### Focus:

The COVID-19 pandemic forced organizations working in the field of disability research and program development to adapt when in-person services were suspended at Centers for Independent Living (CILs). One way this adaptation occurred was by embracing collaborative problem-solving using a participatory curriculum development (PCD) approach. PCD requires consistent and continued stakeholder engagement. These practices align with Knowledge translation (KT) in that KT requires continued investment to adapt to the ever-changing contexts for which interventions are originally designed.

### Context

With funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), researchers at the University of Montana Rural Institute for Inclusive Communities' (RIIC) Research and Training Center on Disability in Rural Communities (RTC:Rural) developed a multimedia health promotion and independent living skills program called Healthy Community Living (HCL). The program offers support, education, and skill-building opportunities to people with disabilities. HCL is provided by organizations that serve people with disabilities. The program helps people with disabilities improve their health and well-being and reach personal goals.

HCL was originally designed to be delivered through in-person workshops. Due to the COVID-19 pandemic, in-person delivery of HCL was interrupted. This case study describes how RTC:Rural worked with stakeholders to adapt the in-person delivery format of the HCL Program to an online delivery format. The case study also describes the approaches that were used and the lessons that were learned.

### KT Activities

From the outset, the HCL Program used an approach that involved consistent communication with, and input from, stakeholders. The [HCL program development used PCD](#), in which working relationships between researchers and stakeholders are integral to the end curriculum. This approach includes consistent stakeholder communication and input throughout the development and evaluation of the program curriculum. As the COVID-19 pandemic unfolded, it became increasingly important to maintain a dialogue with stakeholders. RTC:Rural worked with CIL staff, consumers, and other independent living stakeholders to figure out how to continue to deliver the HCL Program to consumers amid the changing conditions brought on by COVID-19. The virus affected the way CILs delivered the HCL Program and other services. COVID-19 led to CIL office closures, which led to staff working from home and a lack of capacity to provide services remotely. As a result of this shift, consumers felt isolated.

RTC:Rural has a history of using participatory approaches when working with stakeholders in both research and development. In the case

of PCD, stakeholders include the end-users of the curriculum, specifically workshop facilitators and consumers who engage in the program. Collaboration with end users in the development of programs is valuable because it leads to contextually relevant problem solving and solutions that can be used in real-world settings. A similar value on stakeholder engagement is infused in KT approaches and models. Thus, in lieu of a specific stakeholder strategy, RTC:Rural used existing relationships with stakeholders, which were built on years of participatory processes in various projects.

RTC:Rural used general stakeholder engagement approaches to respond to the needs and concerns of HCL Program-implementing organizations. One of these approaches, a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis, was used to assess changing conditions and barriers related to the Covid-19 pandemic and to brainstorm solutions for adapting the in-person HCL Program to an online class using web conferencing technology (Taylor, 2003). This approach aligns with PCD.

To stay engaged with project partners, RTC:Rural held weekly Zoom meetings with HCL project partners while these partners transitioned to working remotely. This transition for project partners included shifting their CILs, themselves, and their consumers to remote work, communication, and service delivery, including using Zoom meetings to deliver the HCL Program to consumers.

RTC:Rural worked closely with its long-time partner, Association of Programs for Rural Independent Living (APRIL), to collect information from APRIL's members about the priority issues they experienced during the COVID-19 pandemic. RTC:Rural also gathered information on strategies used to address service delivery disruptions. Specifically, RTC:Rural attended or reviewed recordings of technical assistance webinars that APRIL hosted to help connect CILs across the country. This allowed RTC:Rural to understand the context in which CIL staff and consumers were operating, hear the strategies they used to keep serving consumers, and learn about the barriers they experienced in trying to do so.

The aim of this KT work was for RTC:Rural to assess the context in which CIL staff and consumers were operating. In addition, RTC:Rural wanted to determine if and how to move the HCL Program to an online format. Initially, RTC:Rural wanted to move the HCL Program online to avoid disrupting the evaluation phase of the program at various CIL sites. However, RTC:Rural learned from CIL and APRIL stakeholders that the online delivery format of the HCL Program had the potential to be used by and benefit a wider audience beyond its CIL project partners. Given the shift away from in-person services brought about by the COVID-19 pandemic, CILs needed new ways to keep consumers connected to services.

## Impact

Weekly calls with the HCL evaluation team kept RTC:Rural engaged with its project partners. These calls also helped keep RTC:Rural informed of the changing context in which its partners were trying to deliver the HCL Program to workshop participants. RTC:Rural collected information about how the process of shifting to online delivery was going for its partners, what resources they had or lacked, and how program delivery could be adapted to meet those needs. This information allowed RTC:Rural to make changes and get feedback each week on how well changes to program implementation were working.

RTC:Rural used Zoom to interview five staff from three CILs. These staff gave feedback on the HCL Program's move to an online format and the changes made to deliver the program online. Some of the themes and feedback that emerged from these interviews and from the weekly calls with the HCL evaluation team included the following:

- Problems associated with moving the HCL Program online:
  - Lack of availability of technology for consumers and service providers is a barrier to delivering services online and at a distance.
  - Increased access to technology infrastructure, devices, assistive technology, training, and funding is needed to support

the system-wide change of moving to online program delivery.

- Workshop curriculum activities were designed for in-person delivery. They need adaptation for online delivery at the program level.
- Benefits of moving the HCL Program online:
  - Moving the program online allowed individuals who might not have been able to attend the in-person class to access it.
  - HCL Program facilitators had the chance to learn and become more comfortable with delivering services online.
  - Consumers who weren't comfortable with in-person classes had a new way to engage.

Feedback on adapting the HCL Program and other CIL services for remote delivery suggests that this approach has benefits and harms. For the HCL Program, a blended online and in-person format, or any effort to continue offering online services, is worthwhile.

## References

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