Author's response to reviews

Title: A framework for stakeholder identification in concept mapping and health research: A novel process and its application to older adult mobility and the built environment

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Author's response to reviews: see over
A framework for stakeholder identification in concept mapping and health research: A novel process and its application to older adult mobility and the built environment

Thank you for reviewing our manuscript and offering suggestions that strengthen our work. Overall, we agree with the reviewers’ comments, and in this document outline our response to the comments and the changes we made to the manuscript. In addition, in the revised manuscript we noted changes with grey highlight.

Reviewer 1

This was an interesting paper and a well written manuscript. I was immediately drawn in by the title and thought there was a lot of potential to what the authors were proposing. I was left at the end a little confused, and not sold on the idea of needing a identification framework – but I think this issue could be solved by having the authors spend a little more time on the justification for this sort of tool. Why do we need this tool, and why now? We have been ‘getting by’ without a tool like this – so what is the reasoning for why we need it (just because something else does not exist, does not necessarily mean we need something to be invented).

Response and Action:

Thank you for your thorough review of our manuscript and detailed feedback. Your interest in the topic is appreciated, as are your comments about the quality of the writing. We agree that the manuscript needed greater justification for a framework and provided additional information on its relevance to concept mapping throughout the manuscript. Considerable revision to the background section were made, in addition to specific changes highlighted below.

Major Compulsory Revisions

ABSTRACT

1. The Abstract is a little vague (I appreciate the word count issue), but would appreciate a short definition of stakeholder as well as a brief point on why just research contexts.

Response and Action:

We appreciate the suggestion and have included a brief definition of stakeholders, in addition to articulating our focus on concept mapping research.

p.1 lines 24-34

Background:

Stakeholders, as originally defined in theory, are groups or individual who can affect or are affected by an issue. Stakeholders are an important source of information in health research, providing critical perspectives and new insights on the complex determinants of health. The intersection of built and social environments with older adult mobility is an area of research that is fundamentally interdisciplinary and would benefit from a better understanding of stakeholder perspectives. Although a rich body of literature surrounds
stakeholder theory, a systematic process for identifying health stakeholders in practice does not exist. This paper presents a framework of stakeholders related to the older adult mobility and the built environment, and further outlines a process for systematically identifying stakeholders that can be applied in other health contexts, with a particular emphasis on concept mapping research.

METHODS

2. Your Medline search seems very small and limited. I would expect a broader search using more key words and possibly other databases/search engines.

Response and Action:

We acknowledge the focussed scope of our literature search and outline in more detail the strategic, iterative search strategy we employed. Our intent was not to present a systematic review of the topic, but to identify relevant frameworks for stakeholder identification as they relate to concept mapping in health research. We did not feel it would be an accurate representation of our methods to expand the search criteria after developing the framework, but did rerun the search and report on the additional articles identified.

p. 8, line 178 - 190

To inform the development of our framework we conducted a strategic, focused literature search with particular attention to categories of health stakeholders employed in concept mapping research, so as to inform a separate project conducted by the authors of this paper [11]. The texts Stakeholders: Theory and Practice [19] and Concept Mapping for Planning and Evaluation [7] served as comprehensive, resources on stakeholder theory and concept mapping methodology. After reviewing relevant citations from these texts, we identified “stakeholder analysis” and “concept mapping” as appropriate search terms. In order to focus our search on health, we limited our search to the health database of Ovid Medline (years 1950 – present). A search in April 2012, identified 68 and 245 citations using our keywords “stakeholder analysis” and “concept mapping” respectively. An additional search of the Cochrane Database for “stakeholders” returned no completed reviews. We then reviewed retrieved articles for relevance to older adult mobility and the built environment, in search of applicable stakeholder frameworks.

p.18 lines 397-402

As with any review of the literature, our work is limited by its inability to report on newly published articles. Since April 2012 when we conducted our literature search, 13 new citations for “stakeholder analysis” and 56 on “concept mapping” were indexed in Ovid Medline. This increase in c Canadian Association on Gerontology Annual General Meeting concept mapping publications, however, reflects a growing interest in this type of research and provides all the more justification for why a framework of identifying stakeholders is timely and of value.

3. At the end of page 8 you say CS has little a priori knowledge of... Please justify why this is said in the way it is. Is it meant to be important part of the methods? Please justify. As is it is a little confusing and clouds the paragraph.

Response and Action:
We clarified the rationale for the statement on p.9 lines 202-208

Varvasovszky and Brugha recommend a mixed team of internal and external analysts to conduct stakeholder analysis [21]. Our initial chart was thus created by one author (CS) who had little a priori knowledge of the relation between older adult mobility and the built and social environment, to increase objectivity and benefit from an external, theory driven identification of stakeholders. The scope and methods of analysis were derived in consultation with all authors (experienced in this area), and the final stakeholder framework reflects collective expertise.

**RESULTS**

4. Stating you did a ‘detailed search’ is somewhat misleading. I encourage the authors to do a broader search so this statement is true – or modify the statement accordingly.

**Response and Action:**

Thank you for your comment. A revised description of our literature search is outlined in response to comment 2, and the statement below revised accordingly.

p.10 line 228

Based on an iterative search of the literature, no frameworks of stakeholder categories specific to older adult mobility, the built environment, or social environments were identified.

**DISCUSSION**

5. I am not sure you have “presented a process”, more you are presenting the framework and you explained the process.

**Response and Action:**

We agree with your comment and changed the wording of the statement on p.14 lines 323-324

We present a framework of stakeholder categories and applied it to the intersection of older adult mobility with the built and social environments.

6. I agree that (maybe) the framework is transferrable, but you need to justify this, and spend a little more time on this. Perhaps provide some examples of other contexts, and some considerations that would have to be made. You do not know for certain it would be transferrable until you test it out.

**Response and Action:**

We acknowledge that the ability of the framework to be transferred has not been tested, and agree with the suggestion to provide examples of areas it may be applied. Additionally, we demonstrate its application in concept mapping projects with reference to another project by the authors.

p.14 lines 322-330

We present a framework of stakeholder categories and applied it to the intersection of older adult mobility with the built and social environments. The result was a comprehensive, framework of stakeholder categories that can be used to understand older adult mobility. Furthermore, the novel process of stakeholder identification can be
applied across health disciplines in other concept mapping projects to understand various matters of public health concern. For example, on one area of research to which our framework may be readily adapted is the growing study of environmental and policy approaches for promoting physical activity [16, 17].

p.4 lines 92-93

We encountered the challenge of identifying stakeholders in a concept mapping project on the intersection between older adult mobility with built and social environments [11].

p.18 lines 393-396

We can also attest to the utility of the framework in practice. We relied on it to identify and invite stakeholders from each of the seven categories to participate in our concept mapping project on older adult mobility and the built environment [11].

7. Page 14, “omissions may go undetected”. Please add a line explaining how your framework ensures omissions are detected.

Response and Action:

p.15 lines 336-339

Without a framework or structured method of identification, omissions may go undetected. Our framework does not eliminate the risk of omissions, but is a guide to identifying stakeholder groups and helps identify which perspectives may be missing.

8. The line about “these techniques broadly capture” is great, and I think it would be better suited up front in the background as a way to justify your work.

Response and Action:

Thank you for highlighting the strength of this point. We revised the background section to provide greater justification for our work, and integrated this sentence accordingly into the third paragraph of the manuscript.

p.3 lines 82-91

In order to implement concept mapping projects, investigators must first identify which stakeholders are relevant to their topic of inquiry. However, this proves to be a challenging task as the literature lacks systematic, practical techniques for identifying stakeholder groups and individuals [9]. In practice, the process is more often guided by intuition and feasibility than structured systematic frameworks [10]. Broad, heterogeneous participation from “relevant people” is generally encouraged in concept mapping projects [7, p.36]. Techniques such as focus groups, semi-structured interviews and snowball sampling (described in more detail below) broadly capture methods of identifying stakeholders, but fail to provide a detailed process required to ensure systematic identification. A challenge, and apparent gap in the literature thus exists with regards to knowing who “relevant people” are in practice.

9. Figure 2, to me, does not read like a ‘map’, but more like a detailed list. It would be helpful if there were some ‘mapping’ or conceptual linking details. This may be beyond the scope of the research.

Response and Action:
We agree that integrating conceptual linking details is beyond the scope of our stakeholder identification study. We also recognize that the term ‘map’ may be misleading, particularly in light of additional discussion of concept mapping. We have thus removed references to the Figure 2 as a map, and instead use ‘chart’ or ‘framework’ throughout the manuscript.

10. I am not convinced this work provides as much guidance as it purports. The resulting framework is a good description, but I am not sure it will help future researchers actually determine how to go about ‘getting’ stakeholders.

Response and Action:
We acknowledge that subsequent recruitment and engagement strategies are required for ‘getting’ stakeholders to participate, however we maintain that identifying which stakeholders are relevant is a necessary first step, and one that is greatly enhanced by a framework. By discussing the applicability of our framework in the growing practice of concept mapping, we hope to further demonstrate the utility of our work.

Which stakeholders should and do participate in any stakeholder-based project depend on a number of factors. Thoughtful identification of stakeholders does not in and of itself guarantee comprehensive participation in public health and concept mapping projects; recruitment and engagement strategies will also be required to ensure participation of desired groups. Prioritization of stakeholders is also often required, and this may limit participation.

Concept mapping is a mixed-methods technique that facilitates the analysis of stakeholder perspectives. As such, it is a useful tool for understanding complex phenomena in public health [5]. A detailed explanation of the methodology is outlined in Trochim’s seminal work [6] and subsequent publication by Kane and Trochim [7]. In brief, concept mapping integrates group brainstorming and sorting of ideas with quantitative analysis to generate visual representations of concepts. Concept maps reflect the relative importance and relationships between intersecting ideas [7]. A recent review of concept mapping attests to the quality and rigor of the methodology [8]. The review also highlights the increasingly widespread use of concept mapping in health research; of the 69 articles reviewed, over 59% had a public health orientation [8].

We encountered the challenge of identifying stakeholders in a concept mapping project on the intersection between older adult mobility with built and social environments [11]. This is an important and emerging area of research; as mobility contributes significantly to the health of older adults, and early evidence suggests that built and social environments interact to impact the ability for older adults to engage in community participation [12]. In this context, we defined: mobility as “the ability of a person to move about and complete physical activities in their community setting” [12].
the built environment as the composite of “urban design, land use and the transportation system”[13]; and the social environment as “social relationships and cultural milieus within which defined groups of people function and interact” [14]. Diverse stakeholder engagement is likely critical to advancing our understanding of this issue, for it has already contributed to other aspects of built environment and physical activity research [15-17]. Yet the literature provides little guidance on how to identify stakeholders in practice and there are no detailed frameworks of stakeholders related to older adult mobility and the built environment. Therefore, in this paper, we present a framework to address this gap and outline a stakeholder identification process that can be applied across public health research, policy and community engagement projects. By discussing the applicability of our framework in the growing practice of concept mapping, we hope to further demonstrate the utility of our work. A brief review of stakeholder theory figures at the forefront of our analysis as it lends clarity to the term “stakeholder” and provides theoretical underpinnings of our framework.

We can also attest to the utility of the framework in practice. We relied on it to identify and invite stakeholders from each of the seven categories to participate in our concept mapping project on older adult mobility and the built environment.

Minor Essential Revisions

GENERAL FORMATTING
11. Please be consistent with use of indenting throughout. Sometimes you do indent paragraph, other times you do not.
Response and Action:
Thank you for your careful attention to formatting and identifying our inconsistencies. We have revised the manuscript and indented every paragraph.

12. Please check with BMC formatting if the ethics/protocol # is required, if so, please include.
Response and Action:
p.10 lines 218-219
We collected comments via email in accordance with a consent protocol approved by the Simon Fraser University Department of Research Ethics (File #:2012s0331).

RESULTS
13. Pg 10 use ampersand for Trochim & Kane – not consistent with other areas where you write ‘and’.
Response and Action:
p.11 lines 244-246
The categories of health stakeholders identified by Trochim and Kane [23] were adapted in this project as they encompassed most other categories while maintaining an element of simplicity.

14. Pg 10 also there is a footnote or endnote ‘x’.... not sure what this is referring to.
Response and Action:
In an attempt to maintain anonymity during the review process, the ‘x’ substituted for an
EndNote reference by the authors of this paper. We updated the reference to clarify and
align with BMC formatting.

p.11 lines 256-257
This step was greatly informed by an evidence review published by co-authors [12].

Discretionary Revisions

BACKGROUND
15. References #1 and #2 are given to show the issue is being increasingly recognized,
but these reference are a little old - - something more recent might show the
increased trend toward this issue/challenge (does something more recent exist?).
Response and Action:
Thank you for prompting us to search for more recent literature. We have included a
new reference from 2011 to complement the comprehensive reviews previously cited.

p.3 lines 65-66
The importance of involving stakeholders in health research is increasingly recognized
[1-3].
16. 2nd sentence “groups and individuals affected by an issue” > such as? Please
provide an example.
Response and Action:
p.3 lines 66-69
Groups and individuals affected by an issue (such as public health practitioners and
community members) possess critical insight that may inform all aspects of the
research process, providing valuable input in all stages from setting research
priorities, to disseminating and implementing results [4].

17. The 1st sentence of the 2nd paragraph is wordy and hard to digest. Please
simplify or break apart.
Response and Action:
Thank you for identifying an area where greater clarity was needed. As we
restructured the background to provide greater justification for our work, this
sentence was removed.

18. In the 2nd paragraph (after ref#6) you say “factors at both ...” > please explain
and/or give examples of factors.
Response and Action:
This sentence was also removed in restructuring the background of our manuscript.

19. I would expect another reference to go along with #7, since you are referring to
multiple items/tasks.
Response and Action:
With increased focus on concept mapping, we removed this sentence and included
additional concept mapping references.
Concept mapping is a mixed-methods technique that facilitates the analysis of stakeholder perspectives. As such, it is a useful tool for understanding complex phenomena in public health [5]. A detailed explanation of the methodology is outlined in Trochim’s seminal work [6] and subsequent publication by Kane and Trochim [7]. In brief, concept mapping integrates group brainstorming and sorting of ideas with quantitative analysis to generate visual representations of concepts. Concept maps reflect the relative importance and relationships between intersecting ideas [7]. A recent review of concept mapping attests to the quality and rigor of the methodology [8]. The review also highlights the increasingly widespread use of concept mapping in health research; of the 69 articles reviewed, over 59% had a public health orientation [8].

20. For reference #8, you need a page # for a quote.
Response and Action:
p.5 lines 113-115
Freeman is credited with the classic definition of a stakeholder, articulated in his seminal work as “any group or individual who can affect or is affected by the achievements of the organization’s objective” [18, p.46].

21. In the same paragraph you say ‘numerous stakeholder definitions exist’ > please provide some of these other definitions.
Response and Action:
p.5 lines 119-123
Nuanced variations on the stakeholder definition exist, however Freeman’s is still considered the most broad and balanced [19]. Friedman and Miles identify fifty-five definitions of stakeholder spanning forty years and seventy-five texts; for a more comprehensive comparison of the term, their work should be referenced [19].

22. Is it possible to provide the Freeman figure you refer to on page 5 as supplemental?
Response and Action:
We appreciate this suggestion and obtained permission to reprint the Freeman figure from Cambridge University Press. A copy of the supplemental reference and permission to reprint are attached separately.
p.5 lines 125-127
The first is the now common ‘hub-and-spoke’ picture, where stakeholder groups are depicted at the end of spokes emanating from a central firm [18] (See Supplemental 1).

23. The 2nd parag on page 5 is unclear.
Response and Action:
Thank you for identifying an aspect of the manuscript where greater clarity is needed. The revised section was added to the preceding paragraph.
p.6 lines 130-135
The other contribution is a broader stakeholder analysis process, of which stakeholder identification is only the first step [19]. Subsequent components of stakeholder analysis focus on understanding the interests and stance of various stakeholder groups, and on
devising a business management strategy in response. Stakeholder analysis theories offer interesting techniques for prioritizing stakeholders and understanding relationships, but they do not provide practical guidance on how to identify stakeholders.

24. **Please indent the 3rd para on page 5.**
**Response and Action:**
As noted in response to comment 11, consistent indentation of paragraphs has been applied throughout the manuscript.

25. **On page 6 you start talking more explicitly about stakeholder in health contexts, I wonder if you could provide a definition of stakeholder from the health literature?**
**Response and Action:**
We appreciate the suggestion but struggled to identify a single, authoritative definition of stakeholder in the health literature. The three classifications of health stakeholders presented in our results were deemed most relevant to our work, and we believe help illustrate the diversity of health stakeholders.

P.10 lines 230-243

The most concise and explicit articulations of health stakeholders for concept mapping was listed by Trochim and Kane [23]. Although not presented as a formal framework for stakeholder categorization, Trochim and Kane identified relevant health stakeholders including the public, health professionals, health administrators, policy makers and politicians, and the research community. A second concept mapping project on chronic disease prevention in Canada used the broad categories of researchers, practitioners, and policy specialists to classify health stakeholders [22]. In a third example of stakeholder analysis in health research, a comprehensive list of stakeholders is presented by Future Health Systems: Innovations for Equity [24]. Within the context of health systems research in developing countries, the authors recommend systematic consideration of the following eleven stakeholder categories; beneficiaries, central government agencies, ministry of health, local governments, financiers, civil society organizations, health governing boards, provider organizations, professional organizations and health workers, unions, and suppliers [24].

26. **Another role conceivably for stakeholders, which seems to be missing from the long para on page 6 is that of ‘expert opinion’.**
**Response:**
We agree that stakeholders possess critical insights and expertise, however within the literature of stakeholder theory we did not identify an explicit articulation of this role as ‘expert opinion’. As such, it is unclear how to incorporate a response within the discussion of stakeholder theory on page 6.
27. The framework ‘accountability for reasonableness’ (Daniels and Sabin) just might have something to add about how to find “relevant people” - - at the very least they have acknowledged this as a challenge/problem. Might be nice to cite their work.

Response and Action:
Thank you for introducing us to the work of Daniels and Sabin. They present a thoughtful framework and discussion of priority setting in the context of American managed health care. Although interesting, we feel that this context does not bear directly on our emphasis of identifying stakeholders in concept mapping research. We do, however, acknowledge that prioritization may require limited participation.

p.17 lines 378-379
Prioritization of stakeholders is also often required, and this may limit the breadth of participation.

METHODS
28. You say in the 1st sentence “in previous work” > please cite.

Response and Action:
In responding to comment 2, the methods section was rewritten and no longer includes this sentence.

29. Watch your tense Trochim and Kane identified (not identify); pg 7. I would also argue that from this sentence onward to about the end of the para on page 8 you are not presenting methods, but more results - - suggest moving to results.

Response and Action:
We agree the discussion of identified stakeholder categories is more appropriately presented as results and relocated the paragraphs accordingly. We also changed the verb tense and appreciate your careful attention to this matter.

p.10 lines 230-243
Three classifications of health stakeholders were found [22-24]. The most concise and explicit articulations of health stakeholders for concept mapping was listed by Trochim and Kane [23]. Although not presented as a formal framework for stakeholder categorization, Trochim and Kane identified relevant health stakeholders including the public, health professionals, health administrators, policy makers and politicians, and the research community. A second concept mapping project on chronic disease prevention in Canada used the broad categories of researchers, practitioners, and policy specialists to classify health stakeholders [22]. In a third example of stakeholder analysis in health research, a comprehensive list of stakeholders is presented by Future Health Systems: Innovations for Equity [24]. Within the context of health systems research in developing countries, the authors recommend systematic consideration of the following eleven stakeholder categories; beneficiaries, central government agencies, ministry of health, local governments, financiers, civil society organizations, health governing boards, provider organizations, professional organizations and health workers, unions, and suppliers [24].

The categories of health stakeholders identified by Trochim and Kane [23] were adapted in this project as they encompassed most other categories while maintaining an
30. If possible please provide some detail on your expert informants, what makes them expert in this area?

Response and Action:
In order to maintain the anonymity of our expert informants, we provided high level description of their fields of work.

Expert informants were professionals with knowledge of the field and represented policy makers, researchers, practitioners and service providers, and were chosen based on the individuals’ expertise and prior collaboration. All worked across disciplines but had primary training or worked professionally in the fields of health or social services.
**Reviewer 2**

1. **Is the question posed by the authors well defined?** The research question is clearly defined, in the abstract as well as in the introduction. The information provided allow the reader to decide right away whether it is worth reading the full manuscript according to his/her specific interests.

   **Response:**
   
   We appreciate your positive feedback on our manuscript and on the clarity of our abstract and introduction.

2. **Are the methods appropriate and well described?** The methods are well described, as is the procedure to build the maps of stakeholders in the result section.

   **Response:**
   
   We are pleased that you find the methods section and stakeholder identification process well described. Thank you for this feedback.

**Minor Essential Revision:**

3. p.7: The authors inform that “We identified relevant literature through an Ovid Medline keyword search of ‘stakeholder analysis’ and ‘concept mapping’ (years 1950 – present); then reviewed retrieved articles for relevance to older adult mobility and the built environment”. I welcome the authors to provide additional quantitative information regarding on how many articles were retrieved and then selected. There is a mention that thirty-two papers were included in the review on p.10. However it would be preferable to include this information upfront in the Methods section.

   **Response and Action:**
   
   We appreciate the suggestion to provide quantitative information on the literature search and revised the description of our methods section. We also removed the mention of thirty-two papers as this referred to the number of articles reviewed in a different publication, a detail which is not central to our present manuscript and may be the source of confusion.

   p. 8, line 178 - 190

   To inform the development of our framework we conducted a strategic, focused literature search with particular attention to categories of health stakeholders employed in concept mapping research, so as to inform a separate project conducted by the authors of this paper [11]. The texts *Stakeholders: Theory and Practice* [19] and *Concept Mapping for Planning and Evaluation* [7] served as comprehensive, resources on stakeholder theory and concept mapping methodology. After reviewing relevant citations from these texts, we identified “stakeholder analysis” and “concept mapping” as appropriate search terms. In order to focus our search on health, we limited our search to the health database of Ovid Medline (years 1950 – present). A search in April 2012, identified 68 and 245 citations using our keywords “stakeholder analysis” and “concept mapping” respectively. An additional search of the Cochrane Database for “stakeholders” returned no completed reviews. We then reviewed retrieved articles for relevance to
older adult mobility and the built environment, in search of applicable stakeholder frameworks.

This step was greatly informed by an evidence review published by co-authors [12].

4. Are the data sound? The article does not rely on primary data collection. Instead, results describe an iterative process of inquiry to identify a comprehensive list of stakeholders. This process is well described and offers clear guidance to researchers from other domains wishing to apply the same approach to identify and map stakeholders groups. The framework presented is general enough to allow application in other (non-Canadian) cultural contexts as well.

Response and Action:
We appreciate the international perspective you bring to the review process and are pleased that you recognize its applicability to non-Canadian contexts.

Minor Essential Revision:
5. Results section: It is interesting to note that in the “Policy makers and governments” stakeholders’ category presented on Figure 2, the authors clearly identified the multiple levels of political organization (municipal, provincial, federal). This multi-level perspective is extremely useful to public health research and practice. However, no information in the description of the mapping process is presented regarding on how these levels were identified or why they were included in the first place. Some information on this identification process would be very useful.

Response and Action:
We recognize the important role of jurisdictional context in identifying stakeholders, and found feasibility to drive the process in practice.

In applying this framework to future research on older adult mobility and the built and social environment, stakeholders identified in Figure 2 can be further specified to reflect the regional context of interest. For example, specific provincial, state, or municipal stakeholders could be identified depending on the scope of study. Initially a national scope was proposed for the concept mapping project that motivated this project. However, as the stakeholder categories of our framework developed, a provincial focus was adopted to provide better context for the stakeholder chart and a more feasible scope for the project.
6. Does the manuscript adhere to the relevant standards for reporting and data deposition? Not applicable.
Response: No action required.

7. Are the discussion and conclusions well balanced and adequately supported by the data? Yes.
Response: No action required.

8. Are limitations of the work clearly stated? Yes.
Response: No action required.

9. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes. They acknowledge the contribution of several expert informants that reviewed and provided feedback on an initial draft of the stakeholder framework.
Response: No action required.

10. Do the title and abstract accurately convey what has been found? The title is clear and informative. The abstract is well structured and provides all necessary information to invite the reader to go across the entire manuscript.
Response: We appreciate your positive comments on the clarity of our abstract.

11. Is the writing acceptable? The writing is excellent, the language is direct, clear, to the point. This makes the paper accessible to a wide audience, including non-native English readers.
Response: Thank you for the high praise of our writing. We are pleased that this enhances the accessibility of the paper to a broader audience.

Additional comments: Minor Essential Revisions:
12. p.6: Change “then” to “than” in the following sentence: This method is notably less structured than others, and may be supplemented with interviews of a cross-section of stakeholders.
Response and Action:
p.6 150-151
This method is notably less structured than others, and may be supplemented with interviews of a cross-section of stakeholders [20].