

### Community Engagement Plan Form Section 3 Supplement

Newton-Wellesley Hospital ("NWH") completed its most recent Community Health Needs Assessment ("CHNA") in 2018. This CHNA covers the hospital's catchment area of Natick, Needham, Newton, Waltham, Wellesley and Weston. To facilitate the CHNA process, NWH hired Health Resources in Action ("HRIA"), a public health consulting firm with expertise in conducting needs assessments and engagement processes. The 2018 CHNA was overseen by NWH's Community Benefits Committee ("CBC") with Lauren Lele, NWH's Director of Community Benefit ensuring that the CBC has a strong voice in the process. To ensure a robust community health initiative ("CHI") engagement process, NWH will carry out the following activities:

1. **Development of a Determination of Need ("DoN") Community Advisory Committee:** NWH has developed a Community Advisory Committee ("CAC") based on its Community Benefits Committee ("CBC"). The new CAC is comprised of members from the Community Benefits Committee, as well as representatives from the noted constituencies listed in the *Community Engagement Standards for Community Health Planning Guideline* (please see the CHNA/CHIP Self-Assessment Form for a list of members). These individuals work with local residents in NWH's service area on various social determinant of health issues. Consequently, these representatives have a deep understanding of the barriers to care that many local residents face, as well as the necessary social supports that are needed to ensure each resident has equal access to healthcare and other support services. The CAC will be tasked with selecting the health priorities for the CHI based on key themes from the 2018 CHNA process, as well as feedback from engaged residents and key informants. It is anticipated that the CAC will meet at least three times to select DoN health priorities (using the 2018 CHNA as the basis for all decisions). Once health priority decisions have been made, the CAC will engage in a conflict of interest process to determine which members of the group are eligible for participation in the Allocation Committee. The Allocation Committee is then tasked with determining the health strategies for the CHI and submitting the necessary Health Priorities and Strategies Form to the Department of Public Health. Post-approval of the Health Priorities and Strategies Form, the Allocation Committee develops the request for proposal ("RFP") for CHI funding and the allocation of all CHI monies.
2. **Development of a DoN Allocation Committee:** As discussed, this Committee is charged with determining the strategies that will be employed based on the health priorities selected by the Advisory Committee and feedback from local residents and key informants. This Committee is also charged with facilitating a transparent RFP process (or an equivalent transparent process) and allocating funds to selected organizations.
3. **Assessing Needs and Resources:** To commence the hospital's 2018 community health needs assessment ("CHNA") process, Lauren Lele worked with the hospital's Community Benefits Committee ("CBC") at length. CBC members were asked to provide feedback on the following: 1) Identification of potential key informant interviewees and focus groups; 2) Recruitment and/or partners to host focus groups; and 3) Review and comment on the following draft documents: a) List of secondary data indicators; b) Interview guide; c) Focus group guide; d) An outline of the CHNA Report; e) How feedback should be received on the CHNA Report and the CHNA Key Findings.

*Focus Groups:* Based on feedback from the CBC, in May 2018, six focus groups were conducted with 44 individuals from across the NWH service area. Focus groups were conducted with representatives of priority populations or sectors, including: faith-based community

members, Haitian-creole speaking population, domestic violence front line staff, school nurses, affordable housing residents, and Council on Aging staff. Focus group participant demographic characteristics can be found in Appendix C of the CHNA.

While all NWH service area cities/towns were represented in focus groups, focus group participants most often resided in Newton or Waltham (34.1% and 36.4%, respectively). The majority of participants were female (86.4%) and 45 years or older (77.3%). Almost half of participants self-identified as Black or African American (45.5%), followed by about a third of participants who self-identified as White (34.1%). Three-fourths of participants had at least some college education (75%).

Focus group discussions explored participants' perceptions of the community, priority health concerns, and suggestions for future programming and services to address these issues. A semi-structured moderator's guide was used across all focus groups to ensure consistency in the topics covered. The moderator's guide was translated to Haitian-Creole for one focus group. Each focus group was facilitated by a trained moderator, and detailed notes were taken during each discussion. On average, focus groups lasted 90 minutes and included 5-10 participants. As an incentive, focus group participants received a \$30 stipend to compensate them for their time. (See Appendix D of the CHNA for a list of participating organizations).

*Key Informant Interviews:* In April 2018, HRiA conducted eight interviews with community stakeholders to gauge their perceptions of the community, health concerns, and what programming, services, or initiatives are most needed to address these concerns. Interviews were conducted by phone with eight individuals representing a range of sectors including education, social services, and health care, among others (See Appendix D of the CHNA for a list of participating organizations). A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered. Each interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, interviews lasted approximately 30-60 minutes.

The key informant interviews, as well as the CBC serving as an advisory body overseeing the CHNA and representing various community perspectives, allowed NWH to reach a higher level of engagement, "Involve," for the Assess Needs and Resources Phase of engagement.

4. Focusing on What's Important and the Choosing Effective Policies and Procedures: NWH presented the key findings and themes from the 2018 CHNA to the CBC for feedback on July 12, 2018. During this discussion HRiA shared with CBC members central and key themes from the CHNA and similar needs throughout each of the towns within NWH's service area. Moreover, in September 2018, Lauren Lele presented a high level overview of the CHNA process, as well as additional information on key themes discussed throughout the CHNA to the NWH Board of Directors, so they could offer feedback and ask additional questions. The Community Advisory Committee will utilize these key findings and the completed CHNA to determine health priorities for the CHI process. Moreover, the Allocation Committee will utilize the key findings from the CHNA to develop health strategies and potential procedures for developing the CHI RFP process. Overall, these activities will allow NWH to reach the "Collaborate" level of engagement for these phases through the work of the Community Advisory and Allocation Committees, including their consensus building efforts and participatory decision-making in determining health priorities and strategies for the CHI.

5. Act on What's Important: The Allocation Committee will develop a transparent funding and allocation process. This Committee is tasked with developing a sound solicitation process (or an equivalent, transparent process) including a Bidders Conference that allows potential grantees to inquire about questions on the request for proposal ("RFP"). Additionally, the Allocation Committee will ensure that technical assistance resources are available during the RFP process, so as many applicants as possible may submit viable proposals. The Allocation Committee also will ensure there are no conflicts of interest with the distribution of funds. For the procurement process aspect of this phase, NWH will reach the "Involve" level of engagement. Additionally, for the CHI implementation aspect of this phase, where CHI funds are distributed to organizations and CHI projects are implemented, NWH will reach the "Consult" level of engagement.

6. Evaluate Actions: In September 2018, NWH released a targeted RFP to consultants and evaluators to obtain assistance in carrying out a previous DoN CHI solicitation process, as well as evaluating the impact of CHI investments. For this CHI, the hospital will continue to work the same evaluator. This group will be tasked with monitoring and evaluating the community partners on an ongoing basis and reporting progress to NWH on CHI activities on an annual basis. Post-review, these reports will be submitted to the Department of Public Health. Consequently, for this phase, NWH will reach the "Consult" level of engagement.

An overall note, NWH staff have learned a number of lessons through the MG Waltham DoN – CHI process and will use these best practices to facilitate this DoN – CHI.