

**Charles D. Baker**  
Governor

**Karyn Polito**  
Lieutenant Governor



**Marylou Sudders**  
Secretary

**Monica Bharel, MD, MPH**  
Commissioner

# **Community Engagement Standards for Community Health Planning Guideline**

**January 2017**

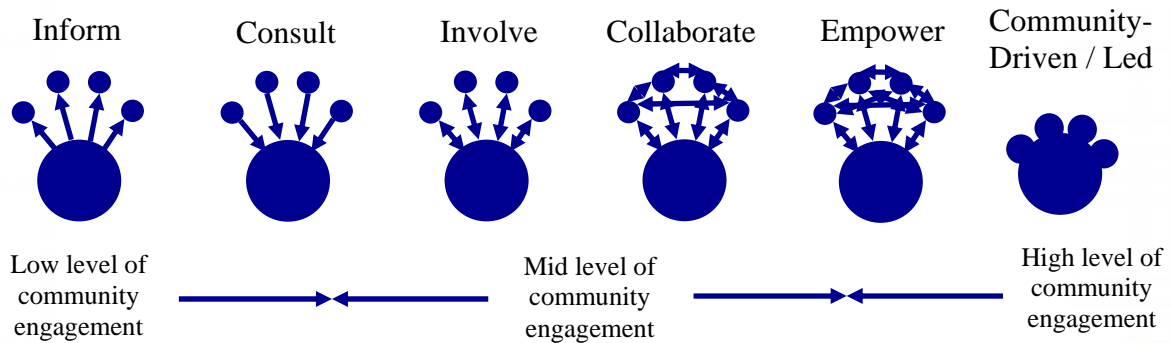


# Introduction to Community Engagement for Community Health Planning Guideline

The Determination of Need (DoN) Regulation found at 105 CMR 100.000 requires DoN Applicants to include plans for addressing state-defined Health Priorities through Community-Based Health Initiatives (CHIs). CHIs reinforce that access alone is insufficient to tackle health care costs, and therefore, health care providers must address the Massachusetts Department of Public Health's (DPH) goals of identifying, understanding, and tackling the underlying and common Social Determinants of Health (SDH) across the Commonwealth. Authentic Community Engagement is necessary to advance those goals, and is critically important to successfully implement both the DoN process generally, and the Community-Based Health Initiative (CHI) requirement specifically.

## *What is Community Engagement?*

Community engagement processes are ongoing relationships between stakeholders, community-based organizations, consumers, residents, local public health, providers, and more. Different levels of community engagement can be most appropriate for different Proposed Projects and steps in the decision making process based on goals, needs, resources, and other important factors. This is why true community engagement is a continuum:



Applicants shall use this document to complete required Community Engagement forms as part of the DoN CHI process. This document is intended to guide Applicant decisions regarding the type of Community Engagement employed during the planning of the Proposed Project and CHI planning processes. The Community Engagement forms will capture the Applicant's self-assessment and stakeholders' feedback on the type and level of Community Engagement employed. DPH staff will use the Community Engagement forms in evaluating an Applicant's Community Engagement throughout the DoN process. Community Engagement is ***not*** a method to determine community support for a Proposed Project; rather to ensure consumers and the community at-large are appropriately engaged.

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## How to Use this Document

The primary audience for the *Community Engagement Standards for Community Health Planning Guideline* (the “Guideline”) are DoN Applicants. As such, the Guideline defines the minimum standards for Community Engagement that Applicants are expected to follow as part of the DoN process.

However, the DoN Community-Based Health Initiative (“CHI”) Program is designed to work in partnership with the processes Applicants are engaged in to support the Attorney General’s (AGO) Community Benefits program and relevant federal IRS community health planning requirements. As such, this document also provides a valuable compendium of nationally recognized standards and best practices, adapted for the Massachusetts health care market, with regards to broader public participation in community health planning, reinforcing critical synergies with the AGO Community Benefits program and relevant federal IRS community planning requirements, including both Community Health Needs Assessment (“CHNA”) and the Community Health Improvement Plan (“CHIP”). DPH views these nationally recognized standards and best practices as model processes for providers of health care services within the Commonwealth as it relates to engaging both consumers and the public at-large.

### A) DoN Applicants

The CHI or Factor 6 of the DoN process serves to connect hospital expenditures to public health goals by making investments in DoN Health Priorities. DPH supports the development of CHIs that impact the DoN Health Priorities through the issuance of four (4) sets of DPH Guidelines, including the *Community Engagement Standards for Community Health Planning Guideline* (this document). To this end, Applicants are directed to first review the *Community-Based Health Initiative (CHI) Planning Guide* prior to review of other Guidelines, as the *CHI Planning Guideline* document serves as the roadmap for understanding the CHI process.

A brief summary of each of the CHI Guidelines is as follows:

- The *Community-Based Health Initiative (CHI) Planning Guideline* describes the processes necessary for DoN Applicants to comply with many of the requirements associated with Factors 2 and 6 requiring successful development of a Community-Based Health Initiative funding plan. Applicants should read this document first.
- The *Community Engagement Standards for Community Health Planning Guideline* (this document) provides standards for public participation in community health planning, explanation of how engagement processes are evaluated by DPH, and a description of how the CHI process synergizes with regular and ongoing Community Health Needs Assessments (CHNAs) and Community Health Improvement Planning (CHIPs) conducted by DoN Applicants and their community partners. In order to evaluate the engagement process, the following forms are associated with these standards:
  - The *Community Engagement Plan Form*;

- The *Community Engagement Applicant Self-Assessment* form; and,
  - The *Community Engagement Stakeholder Assessment* form.
- The *DoN Health Priorities Guideline* establishes and defines the six (6) social determinants of health (SDH) selected by DPH as Health Priorities pursuant to 105 CMR 100.000 and establishes criteria for strategy selection that ensures strategies are evidence-informed, impactful, and designed to address one or more of the DoN Health Priorities. The Applicant will be required to complete and submit the *DoN Health Priority Strategy Selection* form. The selection of a strategy(ies) to impact the DoN Health Priorities is to occur ***after*** a DPH approved community engagement process, and may also occur following issuance of a Notice of Determination of Need, if approved.
  - While defining “Public Health Value” as required pursuant to Factor 1 and CHI are distinct, DPH encourages that staff from the Applicant institution responsible for CHI-related processes and requirements be involved as collaborative partners with an Applicant’s DoN Project submission. Accordingly, DPH has placed the determination of Public Health Value on the CHI Timeline

The CHI timeline is depicted on the following page.

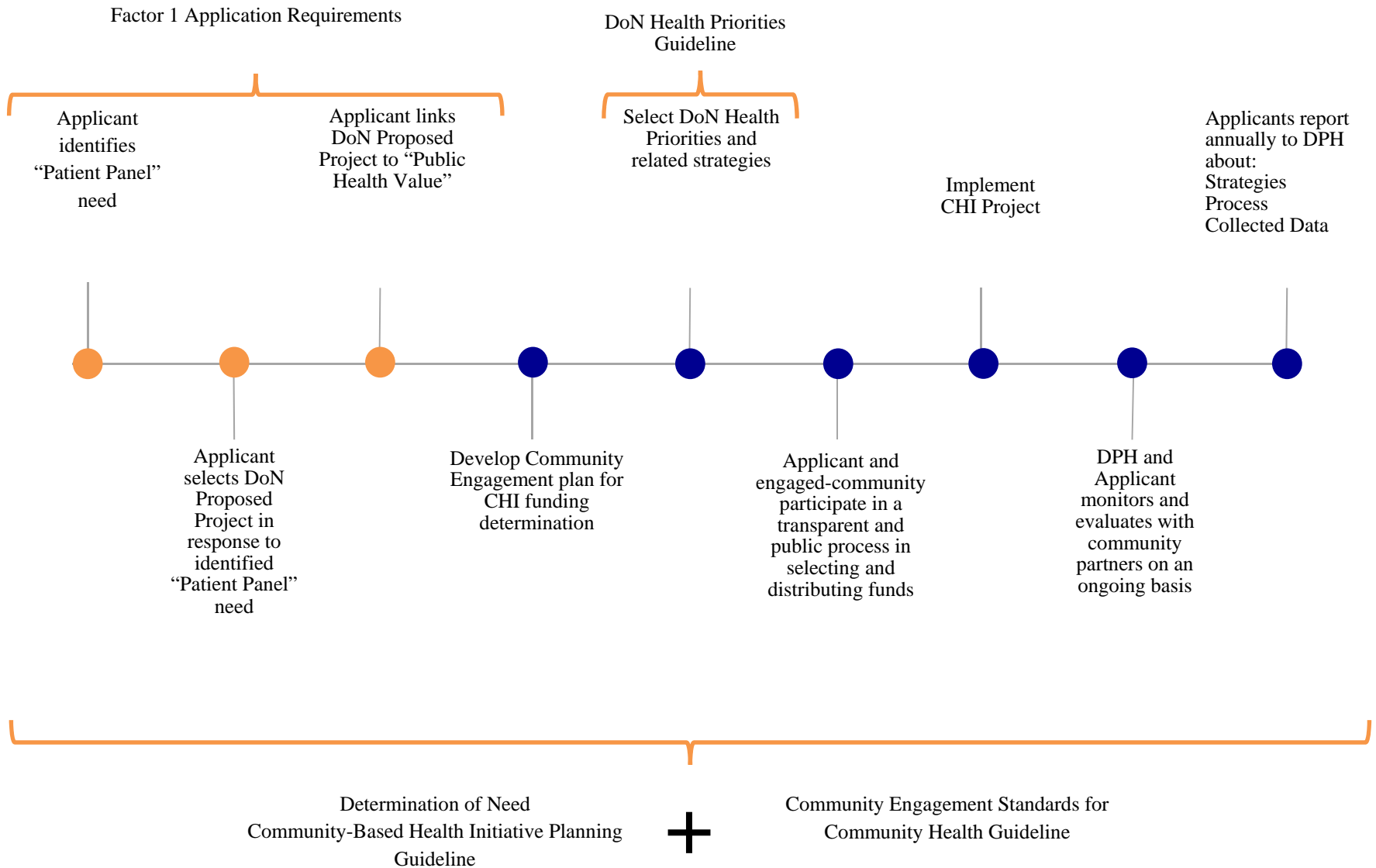
DoN Applicants will find the requirements, evaluation tools, and required forms of the *Community Engagement Standards for Community Health Planning Guideline* on pages 13-17.

**B) Community Engagement Beyond DoN - Best Practices for Community Engagement in Healthcare**

While the primary audience for the *Community Engagement Standards for Community Health Planning Guideline* are DoN Applicants, this document also provides a valuable compendium of nationally recognized standards and best practices, adapted for the Massachusetts health care market, with regards to broader public participation in community health planning. These standards and best practices, if used, create critical synergies across DoN, the AGO Community Benefits program, and relevant federal IRS community planning requirements, including both CHNA and CHIP. DPH views these nationally recognized standards and best practices as model processes for providers of health care services within the Commonwealth as it relates to engaging both consumers and the public at large, including for the purposes of DoN. To this end, DPH has included two Appendices which provide important information regarding these standards and best practices. DoN Applicants are encouraged to review these Appendices for standards and best practices which may support successful CHI Community Engagement Plans.

# Community-Based Health Initiative Timeline

## Use of the Guidance Documents



## Introduction to Community Engagement

*Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.*

-US Centers for Disease Control and Prevention<sup>1</sup>

### Importance of Community Engagement

The goal of the DoN process and the framework for the Department’s analysis is to promote population health and increased public health value in terms of improved health outcomes, increased quality of life, and increased access to care at the lowest reasonable aggregate cost. In so doing, the Department hopes to incentivize competition with a public health focus, and to support the development of innovative health delivery methods and population health strategies. Applicants must provide sufficient evidence that a Proposed Project, on balance, is superior to alternative and substitute methods for meeting existing Patient Panel needs, including alternative evidence-based strategies and public health interventions.

Authentic Community Engagement is necessary to advance those goals and is critically important to the successful implementation of both the DoN process generally, and the CHI requirement specifically. The 2017 revision to the DoN regulation included new goals for CHIs which are paired with accompanying Community Engagement goals as follows:

CHI Overarching Goals	Community Engagement Goals
<b>Appropriate Community Engagement</b> throughout the planning, implementation and evaluation of the CHI process.	The long-term vision of CHI Community Engagement is to encourage cooperation among Applicants with support from many sectors across communities and regions. Ultimately, Community Engagement provides the opportunity for community stakeholders, inclusive of Applicants, to share resources for the benefit, overall, of community health.
<b>Transparency</b> in CHI decision-making.	The inclusion of non-traditional partners’ and community members’ voices is most likely to lead to solutions that are more context-specific and effective.
<b>Accountability</b> for planned CHI activities.	Along with collective impact, robust and inclusive Community Engagement requires shared responsibility from all engaged members. Authentic and transparent engagement provides valuable insight and community-level accountability into the CHI process.
Demonstrating community health impact through strategies and initiatives that influence the social determinants of health and intentionally reduce health inequities.	By ensuring robust Community Engagement throughout the CHI process, DoN Health Priorities can be addressed by working with those subject matter experts who understand and influence those priorities best (e.g. educators and education, housing developers and housing, or business owners and employment).

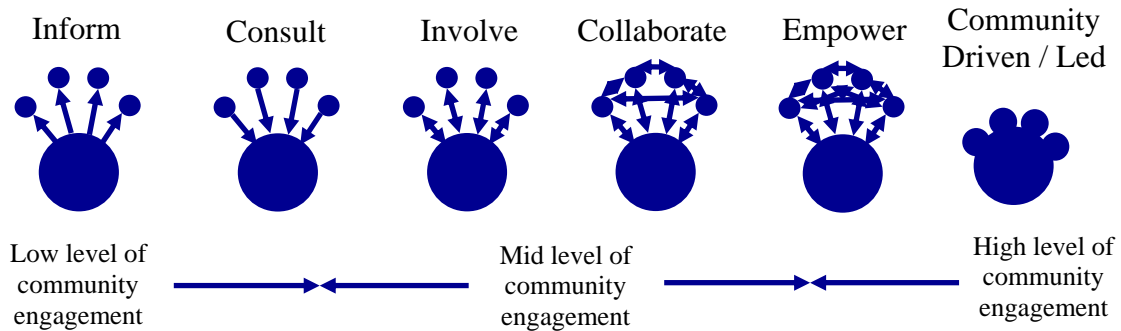
<sup>1</sup> Centers for Disease Control and Prevention. (2011). *Principles of Community Engagement*. Atlanta, GA: CDC/ATSDR Committee on Community Engagement

## Community Engagement Primer

Community Engagement is a continuous process through which community values, customs, and needs are represented, involved, and embedded. Community Engagement should occur throughout community health planning for, at least, decision-making processes, problem solving, and information gathering.<sup>2</sup> Effective Community Engagement requires the active participation of non-traditional partners throughout the planning process.

Pursuant to 105 CMR 100.000, *Determination of Need* (DoN Regulation), CHI must be tied to addressing one or more of the Health Priorities.<sup>34</sup> Community Engagement is an important component of any activity that seeks to address the Health Priorities through ongoing relationships with stakeholders, community-based organizations, consumers, residents, local public health, providers, and more.

For CHI purposes, “engagement” is used as a generic, but inclusive term that describes the broad range of interactions between people and institutions. It includes a variety of approaches, such as one-way communication or information delivery, consultation, involvement, and collaboration in decision making, and planned action in informal groups or formal partnerships – creating a continuum of engagement.<sup>5</sup> Effective Community Engagement includes all the elements on this continuum (See Figure 1, below). Different levels of Community Engagement may be appropriate for different Proposed Projects and steps in the CHI process based on goals, needs, resources, and other important factors:



Source: Adapted from International Association for Public Participation, 2014

<sup>2</sup> For more information on the best practices, please see the appendices of this document.

<sup>3</sup> SDH form the basis for the six DoN Health Priorities

<sup>4</sup> Massachusetts Department of Public Health. (2016, September). 100.210 Determination of Need Factors. *Proposed Amendments to 105 CMR 100.000*. Boston, MA.

<sup>5</sup> Community Engagement Unit, Strategic and Executive Services. (2001). *Charter for community engagement*. Queensland Department of Emergency Services; Cavaye, J. (2001). *Community engagement framework project: scoping and review paper*. Queensland: Cavaye Community Development/CEO Committee on Land Resources; Organization for Economic Co-operation and Development. (2001). *Engaging Citizens in policy-making: information, consultation and public participation*. *PUMA Policy brief No 10*.



## Community Engagement in Public Health

Community Engagement is a key factor in population health and integral to DoN's goals of addressing the Health Priorities because no one institution is able to improve the full range of SDH that affect our communities, or to effectively reduce health disparities.<sup>6</sup> Public participation is critical in decisions that affect peoples' lives and drive our health outcomes, affect health care costs. Only through robust Community Engagement can communities and stakeholders understand and address the root causes of health disparities. When the impacted individuals, systems, and communities have been engaged at every point, the Health Priorities will be most effectively addressed. This emphasis on sound community engagement has been a cornerstone of good public health policy, reflected within DPH's ongoing support of effective community coalitions.<sup>7</sup>

## Community Engagement in American Healthcare

Healthcare, generally, benefits when providers reach beyond their patient panel and into community-wide health planning. Experts, including the Institute for Healthcare Improvement ("IHI") and the US Center for Medicare and Medicaid Services ("CMS") have prioritized this idea of broadly defined, community-based population health and its relationship with the reduction of *per capita* healthcare costs.<sup>8</sup> Federal health care law mandates inclusion of representation from "the broad interests of the community" in CHNA/CHIP activities.<sup>9</sup> Similarly, the Massachusetts AGO encourages health systems to ensure "regular involvement of the community, including that of the representatives of the targeted underserved populations, in the planning and implementation of the Community Benefits programs."<sup>10</sup> This best practices document builds off of the aforementioned work to ensure continuity between these various efforts.

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<sup>6</sup> Ramirez, B. L., Baker, E., & Metzler, M. (2008). Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta, GA, US; Roussos, S. T., & Fawcett, S. B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual review of public health*, 21(1), 369-402; National Quality Forum. (2016, August 1). *Improving Population Health by Working with Communities: Action Guide 3.0*. Retrieved September 19, 2016, from National Quality Forum: <http://www.qualityforum.org/>; Centers for Disease Control and Prevention. (2011). *Principles of Community Engagement*. Atlanta, GA: CDC/ATSDR Committee on Community Engagement; Kania, J., & Kramer, M. (2011, Winter). Collective impact. *Stanford Social Innovation Review*, 36-41.

<sup>7</sup> See <http://www.mass.gov/eohhs/docs/dph/com-health/coalition-engagement-principles-and-guidelines.pdf>

<sup>8</sup> Institute for Healthcare Improvement. (2016). *The IHI Triple Aim Initiative*. Retrieved September 19, 2016, from Institute for Healthcare Improvement: <http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>

<sup>9</sup> Patient Protection and Affordable Care Act. (2009, December 24). Washington, DC, US.

<sup>10</sup> Office of Attorney General Maura Healey. (2009, October). The Attorney General's Community Benefits Guidelines for Non Profit Hospitals. Boston, MA: Commonwealth of Massachusetts.

## Defining Community Engagement within the CHI Process

*To achieve successful collaboration with a community, all parties involved need to strive to understand the point of view of “insiders,” whether they are members of a neighborhood, religious institution, health practice, community organization, or public health agency.*

-US Centers for Disease Control and Prevention<sup>11</sup>

### Defining the Community

Community can be defined as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings. “Community” may be a geographic location (community of place), a community of similar interest (community of practice), or a community of affiliation or identity (sexual orientation etc. or behavior group such as those who inject drugs).<sup>12</sup> For these purposes, when looking at community members engaged in the process to create a context-specific definition of community, a socio-ecological model can effectively define community (See Figure 2).<sup>13</sup>

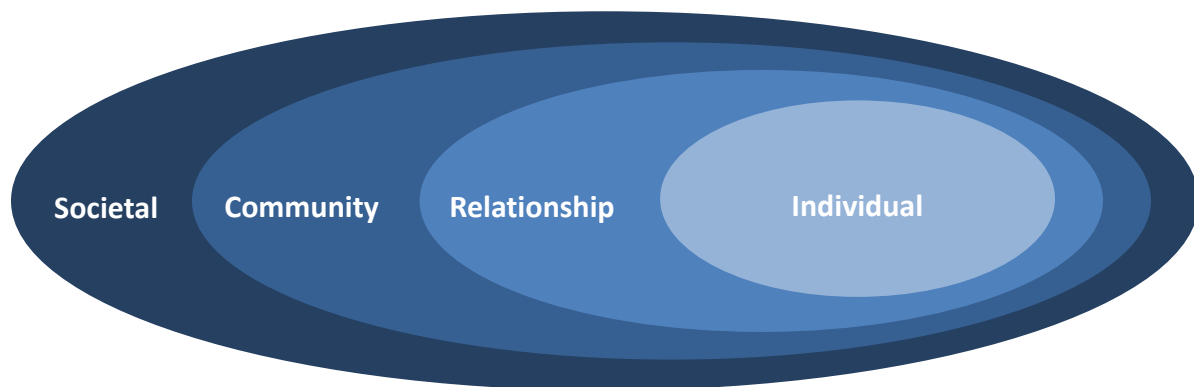


Figure 2. “Socio-Ecological Model: A Framework for Prevention.”<sup>14</sup>

<sup>11</sup> Centers for Disease Control and Prevention. (2011). *Principles of Community Engagement*. Atlanta, GA: CDC/ATSDR Committee on Community Engagement

<sup>12</sup> Community Engagement Unit, Strategic and Executive Services. (2001). *Charter for community engagement*. Queensland Department of Emergency Services.

Cavaye, J. (2001). *Community engagement framework project: scoping and review paper*. Queensland: Cavaye Community Development/CEO Committee on Land Resources.

Organization for Economic Co-operation and Development. (2001). *Engaging Citizens in policy-making: information, consultation and public participation*. *PUMA Policy brief No 10*.

<sup>13</sup> For more information on this model and the CDC’s definition of Community, see their [Principles of Community Engagement](#) report found here

[https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)

<sup>14</sup> Centers for Disease Control and Prevention. (2011). *Principles of Community Engagement*. Atlanta, GA: CDC/ATSDR Committee on Community Engagement

## Hospital / Health Care System Service Area

Within the DoN Regulation, Factor 1 requires that the Applicant engage its Patient Panel in the context of determining the need of the Proposed Project. For the purposes of Factor 1, engagement is centered on a definition of “community” that is the Patient Panel. Factor 1 requires Applicants to consider the following factors when developing Community Engagement Plans of their Patient Panel<sup>15</sup>:

- Age
- Gender
- Sexual identity
- Race
- Ethnicity
- Disability status
- Socioeconomic Status
- Health status

While Factor 1 is about the Patient Panel, when defining “community” for the purposes of the CHI process (Factor 6), Applicants must look beyond their Patient Panel and engage their community(ies) at-large, considering not just proximate geography, but health and economic disparities as well. As such, Applicants are encouraged to build synergies with existing CHNA/CHIP community boundaries and the efforts of other area Hospitals to the extent that those synergies increase the impact upon the Health Priorities.

## Defining Engagement on a Continuum<sup>16, 17</sup>

To ensure that Applicants and stakeholders share a common sense of Community Engagement, for Massachusetts DPH has adapted and adopted the International Association of Public Participation’s (IAP2) *Spectrum of Public Participation*.<sup>18</sup> It is important for Applicants to understand how their Community Engagement corresponds with this Continuum, as evaluation of the plan by DPH will be based upon the Continuum.

## Community Health Planning Continuum of Engagement

Community-led, community-driven engagement represents the ideal within the Community Engagement continuum; however, DPH recognizes that community-led and community-driven engagement may be an aspirational goal for some Applicants, and certainly for some Proposed Projects. As such, DPH has established minimum requirements of engagement reflecting variances for which step an Applicant is on within the engagement process and the scope of the CHI project.

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<sup>15</sup> Massachusetts Department of Public Health. (2016, September). 100.210 Determination of Need Factors. *Proposed Amendments to 105 CMR 100.000*. Boston, MA.

<sup>16</sup> Arnstein, S. R. (1969, July). A Ladder of Citizen Participation. *Journal of the American Planning Association*, 35(4), 216-224.

US Environmental Protection Agency. (2016, September 27). *Spectrum of Public Involvement*. Retrieved September 29, 2016, from International Cooperation: <https://www.epa.gov/international-cooperation/spectrum-public-involvement>

<sup>17</sup> The EPA’s spectrum can be accessed here: <https://www.epa.gov/international-cooperation/spectrum-public-involvement>

<sup>18</sup> The IAP2 spectrum of public participation can be accessed here: [http://www.iap2.org/associations/4748/files/IAP2%20Spectrum\\_vertical.pdf](http://www.iap2.org/associations/4748/files/IAP2%20Spectrum_vertical.pdf)

# Table 1: Massachusetts Continuum of Community Engagement

	Inform	Consult	Involve	Collaborate	Delegate	Community Driven/ -led
Community Participation Goal	To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities &/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes
Promise to the community	We will keep you informed	We will keep you informed, listen to & acknowledge concerns, aspirations, & provide feedback on how community input influenced decisions	We will work with you to ensure that your concerns & aspirations are directly reflected in the alternatives developed and provide feedback on how that input influenced decisions	We will look to you for advice & innovation in formulating solutions and incorporate your advice & recommendations into the decisions to the maximum extent possible	We will implement what you decide, or follow your lead generally on the way forward	We will provide the needed support to see your ideas succeed
Examples	<ul style="list-style-type: none"> <li>•Fact sheets</li> <li>•Web sites</li> <li>•Open Houses</li> </ul>	<ul style="list-style-type: none"> <li>•Public comments</li> <li>•Focus groups</li> <li>•Surveys</li> <li>•Community meetings</li> </ul>	<ul style="list-style-type: none"> <li>•Workshops</li> <li>•Deliberative polling</li> <li>•Advisory bodies</li> </ul>	<ul style="list-style-type: none"> <li>Advisory groups</li> <li>•Consensus building</li> <li>Participatory decision making</li> </ul>	<ul style="list-style-type: none"> <li>Advisor bodies</li> <li>•Volunteer/ stipend</li> <li>•Ballots</li> <li>•Delegated decision</li> </ul>	<ul style="list-style-type: none"> <li>•Community supported processes</li> <li>•Advisory bodies</li> <li>•Stipend roles for community</li> <li>•Funding for community</li> </ul>

## Engagement Requirements of the CHI Process

This section of the Guideline provides:

- 1) **Minimum standards for Community Engagement** for Applicants in complying with Factors 1, 2, and 6. These minimum standards will be the benchmarks upon which Applicants and their engaged communities conduct self-assessments of the Community Engagement activities.
- 2) **Synergies between CHI and existing CHNA/CHIP processes.**

### Required Stakeholders

Broad representation of the community is necessary to effectively address the DoN Health Priorities. Applicants may consider referring to existing CHNA/CHIP participation to help define optimal stakeholder representation for a CHI Advisory Committee. The name of this committee may vary but refers to the board or committee that guided the CHNA/CHIP and CHI process. However, at a minimum, the following organization types shall be engaged<sup>19</sup>:

- Local Public Health Departments/Boards of Health<sup>20</sup>
- Additional municipal staff (such as elected officials, planning, etc.)
- Education
- Housing (such as community development corporations, local public housing authority, etc.)
- Social Services
- Regional Planning and Transportation agencies
- Private Sectors
- Community health centers
- Community-based organizations

Applicants are advised that the CHNA/CHIP and/or CHI Advisory Committees, such as those that will be developed for Tier 2 and Tier 3 CHI projects, are subject to Evaluation Standards as outlined within these Guidelines.

### CHI Process Steps and Associated Requirements

Applicants are likely to be simultaneously working on their CHNA/CHIP process as the Applicant is seeking to adhere to the DoN process, including CHI. In order to avoid unnecessary duplication, Applicants should review the DoN stages in the context of the CHNA/CHIP framework.<sup>21</sup>

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<sup>19</sup> For specific organization types, please review the Representativeness section of this document's appendix.

<sup>20</sup> In the Community-Based Health Initiative sub-regulation guidance document, inclusion of local public health leadership is a necessary minimum and must be present throughout the community engagement process.

<sup>21</sup> More information of a variety of CHIP process frameworks is found in this document's appendix. More information about this example, *The County Health Rankings: Roadmap to Health* is also viewed at: <http://www.countyhealthrankings.org/roadmaps/action-center>

The CHNA/CHIP stages are:

- A) Assess Needs and Resources
- B) Focus on What's Important
- C) Choose Effective Policies and Programs
- D) Act on What's Important
- E) Evaluate Actions

### **Identification of the Proposed Project**

The process of developing the Proposed Project (Factor 1) is most similar to the “Assess Needs and Resources”<sup>22</sup> step in the CHNA/CHIP process. Within DoN, this is the step where the “Public Health Value” of the Proposed Project is considered. Applicants should review the *Public Health Value Guideline*, but this step consists of the following actions:

- Applicant Identifies Patient Panel Need
- Applicant Selects DoN Project in response to “Patient Panel” need
- Applicant links proposed DoN project to “Public Health Value”

The community engaged in this step should be representative of the communities impacted by the Proposed Project, which, at a minimum, shall include the Patient Panel and any adjacent residents or resident groups. For the effected community, the minimum necessary level of engagement for this step is “Consult”.

### **CHI Funding Planning, Prioritization and Strategy Selection**

In order to effectively plan for CHI, the right people need to be included in the planning process, ensuring that a community voice is leveraged in the selection of the DoN Health Priority strategies. This step in the CHI process aligns well with the “Focus on What's Important”<sup>23</sup> and the “Choose Effective Policies and Procedures”<sup>24</sup> steps in the CHNA/CHIP process. Within the CHI process, actions required for this step include:

- Develop a Community Engagement Plan for CHI funding determination
- Select DoN Health Priorities and related strategies

For this step in the process, the minimum level of Community Engagement is “Collaborate.”

### **CHI Procurement Process**

This step in the CHI process best aligns with the “Choose Effective Policies and Procedures”<sup>25</sup> and the “Act on What's Important”<sup>26</sup> steps in the CHNA/CHIP Process. Within the CHI process, selecting organizations to implement the chosen DoN Health Priority(ies) strategies requires a

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<sup>22</sup> More information of the CHIP process is found in this document's appendix but also at <http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources>

<sup>23</sup> More information is found in the appendix of this document as well as at <http://www.countyhealthrankings.org/roadmaps/action-center/focus-whats-important>

<sup>24</sup> More information is found in the appendix of this document as well as at <http://www.countyhealthrankings.org/roadmaps/action-center/choose-effective-policies-programs>

<sup>25</sup> More information is found in the appendix of this document as well as at <http://www.countyhealthrankings.org/roadmaps/action-center/choose-effective-policies-programs>

<sup>26</sup> More information is found in the appendix of this document as well as at <http://www.countyhealthrankings.org/roadmaps/action-center/act-whats-important>

transparent funding and allocation process.<sup>27</sup> Potential conflicts of interests must be considered and made explicit to account for community partners who may have been involved in needs assessments and issue prioritization stages of the CHNA/CHIP process that may also be seeking CHI funding.<sup>28</sup> While acknowledging and addressing potential conflicts of interest, effective exchange of information among all participants in the planning and procurement process is vital (for more on potential conflicts of interest, *See Principles for “CHI Advisory Committees and for Open Solicitation Processes”* within the *Community-Based Health Initiative (CHI) Planning Guideline*). These elements of the CHNA/CHIP process relate to the following steps of the DoN CHI process:

- Applicant and engaged community guide a transparent and public process to select and distribute the funds

For the CHI Procurement Process step, the minimum level of Community Engagement is “Involve.”

### CHI Implementation

This step in the CHI process directly aligns with the “Act on What’s Important” step in the CHIP process.<sup>29</sup> Implementation the CHI Implementation step includes the following actions:

- Applicant administers the CHI funds
- Implement the CHI project

Due to the need for the Community Engagement process to be an ongoing relationship with the planning partners engaged through CHNA/CHIP process, as well as the CHI funding and allocation process, CHI implementation must have continual Community Engagement. For the CHI Implementation step, the minimum level of Community Engagement is “Consult”.

### Evaluation of CHI

The evaluation step of the CHI process is most closely aligned with the “Evaluate Actions”<sup>30</sup> step in the CHNA/CHIP framework. Ongoing Community Engagement is important to the effectiveness of the CHI expenditures, and therefore requires evaluation. CHI evaluation includes the following actions:

- Monitor and evaluate with community partners on an ongoing basis
- Report annually to DPH about:
  - Strategies
  - Process
  - Data to date

For the CHI Evaluation step, the minimum level of Community Engagement is “Consult”.

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<sup>27</sup> Further requirements around funding distribution are found in the *Determination of Need Community-Based Health Initiative Guidelines*.

<sup>28</sup> More information on conflict of interest in the DoN CHI process, please see the Planning Process section of the *Determination of Need Community-Based Health Initiative Guidelines*

<sup>29</sup> More information is found in the appendix of this document as well as at <http://www.countyhealthrankings.org/roadmaps/action-center/act-whats-important>

<sup>30</sup> More information is found in the appendix of this document as well as at <http://www.countyhealthrankings.org/roadmaps/action-center/evaluate-actions>



## DPH Evaluation of Community Engagement

Community Engagement provides an opportunity for continuous quality improvement. As such, evaluation is instrumental for ensuring optimal Community Engagement and understanding areas for improvement. Applicants should use several DPH tools to evaluate their Community Engagement as they will provide DPH with information necessary to evaluate the process in the context of the Proposed Project.<sup>31</sup>

This section is broken into four parts:

- 1) A description of when to use DPH required forms;
- 2) An explanation of the *Community Engagement Plan Form*;
- 3) A description of the Applicant's *Community Engagement Self-Assessment* form; and,
- 4) Details about the *Community Engagement Stakeholder Assessment* form.

### When to Use DoN-Required Forms

Depending on the size of the CHI, there are two potential timelines.

**Option A** is relevant for Tier 1 or Tier 2 projects as described in Table 1 of the *Community-Based Health Initiative (CHI) Planning Guideline*.<sup>32</sup> Applicants are reminded that if using existing CHNA/CHIPs as evidence for sound CHI Community Engagement, the Applicant shall provide sufficient information as described within the Guideline to allow for DPH to successfully evaluate the Applicant's CHNA/CHIP process.

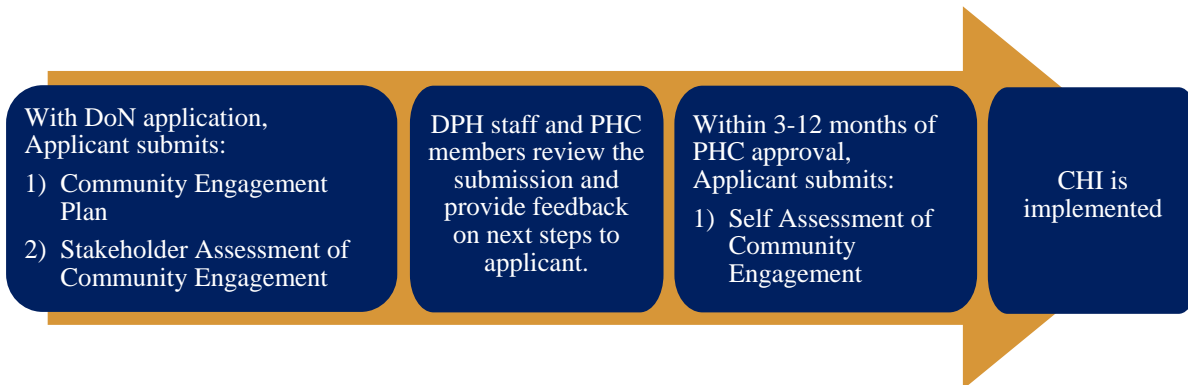


<sup>31</sup> These tools are adapted from validated and preexisting literature on Community Engagement measures and other Community Engagement evaluations Barton True, J., Mero, J., & Zborowski, B. (2014, October). *Community Engagement Toolkit for Rural Hospitals*. Retrieved November 28, 2016, from Washington State Hospital Association: [http://www.wsha.org/wp-content/uploads/CommEngagementToolkit\\_1\\_1.pdf](http://www.wsha.org/wp-content/uploads/CommEngagementToolkit_1_1.pdf); Charbonneau, D., Avey, H., Gilhuly, K., Staton, B., & Harris, L. (2016). *community Participation in Health Impact Assessments: A National Evaluation*. Seattle, WA: Center for Community Health and Evaluation and Human Impact Partners; Sandoval, J. A., Oetzel, J., Avila, M., Belone, L., Mau, M., Pearson, C., et al. (2011). Process and outcome constructs for evaluating community-based participatory research projects: a matrix of existing measures. *Health Education Research*, 680-690; Oetzel, J. G., Zhou, C., Duran, B., Pearson, C., Magarati, M., Lucero, J. W., et al. (2015). Establishing the psychometric properties of constructs on a community-based participatory research logic model. *American Journal of Health Promotion*.

<sup>32</sup> Table 1 is found on Page 19 in the *Determination of Need Community-Based Health Initiative Planning Guideline*



**Option B** is relevant for Tier 2 or Tier 3 projects as described in Table 1 of the *Community-Based Health Initiative (CHI) Planning Guideline*.<sup>33</sup> Applicants are reminded that if using existing CHNA/CHIPs as evidence for sound DoN CHI Community Engagement, the Applicant shall provide sufficient information as described within the Guideline to allow for DPH to successfully evaluate the Applicant’s CHNA/CHIP process.



*Note:* All Applicants shall complete and submit a supplemental *Community Engagement Self-Assessment and Community Engagement Stakeholder Assessment* forms as evidence of Community Engagement specific to Factor 1 and as described on p.13 (DoN Project Identification).

## Community Engagement Plan Form

### *What is it?*

Successful completion of the *Community Engagement Plan Form* by an Applicant should provide a brief summary of previous Community Engagement work, as well as the following plan components:

- The types of stakeholders who will be included during different steps in the CHNA/CHIP process;
- An identification of the decision makers who need to be engaged;
- Resources needed to participate and barriers faced by potential participants;
- Opportunities to evaluate the Community Engagement process to ensure continual quality improvement; and,
- The necessary and feasible level of Community Engagement for the different steps in the process.

### *When must Applicants submit a Community Engagement plan?*

See Table 1 of the *Community-Based Health Initiative(CHI) Guideline*.

<sup>33</sup> Table 1 is found on Page 19 in the *Determination of Need Community-Based Health Initiative Planning Guideline*

## Applicant Self-Assessment of Community Engagement Form<sup>34</sup>

### *What is it?*

Once the Community Engagement occurs and the DoN Health Priority strategies are chosen, the Applicant shall complete the *Community Engagement Applicant Self-Assessment* form in order to assess the Applicant's perception of the level of Community Engagement throughout the CHI process. Applicants will report the content of the decision, who was engaged, and areas for improving Community Engagement in the future, as well as any issues that came up during the Community Engagement process. This form is an opportunity to describe to DPH how, and how effectively, community stakeholders were engaged from the perspective of the Applicant. As Community Engagement or consensus can be challenging, this form provides the opportunity for the Applicant to explain its efforts to meet the Community Engagement standards.<sup>37, 34</sup>

### *When must DoN Applicants submit a Self-Assessment of Community Engagement form?*

See Table 1 of the *Community-Based Health Initiative(CHI) Guideline*.

## Stakeholder Assessment of Community Engagement Form<sup>35</sup>

### *What is it?*

The *Community Engagement Stakeholder Assessment* form is to be completed by community stakeholders engaged by the Applicant. This form is designed to elicit objective feedback on the levels of Community Engagement throughout the CHI process from the perspective of stakeholders. DPH evaluation of the submitted *Community Engagement Stakeholder Assessment* forms is **not** a method to determine community support for a Proposed Project; rather, assessment of stakeholders is to ensure consumers and the community at-large are appropriately engaged, while providing additional insight into the Community Engagement process for DPH. DPH will evaluate all Applicant and stakeholder forms as a package.

### *When must DoN Applicants submit Stakeholder Assessments of the Community Engagement Form?*

See Table 1 of the *Community-Based Health Initiative (CHI) Guideline*.

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<sup>34</sup> Many of the psychometric, validated tools developed for the purposes of the DoN process originated from a growing body of research conducted by The University of New Mexico and their partners. *See* <http://cpr.unm.edu>.

<sup>35</sup> Many of the psychometric, validated tools developed for the purposes of the DoN process originated from a growing body of research conducted by The University of New Mexico and their partners. *See* <http://cpr.unm.edu>.

## **Appendix A. Elements of Community Engagement**

While the primary audience for the *Community Engagement Standards for Community Health Planning Guideline* (the “Guideline”) are DoN Applicants, this document also provides a valuable compendium of nationally recognized standards and best practices, adapted for the Massachusetts health care market, with regards to broader public participation in community health planning. These standards and best practices, if used, create critical synergies across DoN, the AGO Community Benefits program, and relevant federal IRS community planning requirements, including both Community Health Needs Assessment (“CHNA”) and the Community Health Improvement Plan (“CHIP”).

DPH views these nationally recognized standards and best practices as model processes for providers of health care services within the Commonwealth as it relates to engaging both consumers and the public at large, including for the purposes of DoN. To this end, DPH has included two Appendices which provide important information regarding these standards and best practices. DoN Applicants are encouraged to review these Appendices for standards and best practices which may support a successful CHI Community Engagement Plan.

### **Elements of Community Engagement**

There are many considerations and elements to community engagement. DPH has prioritized the following:

- Power Sharing
- Transparency
- Accommodations
- Facilitation
- Representation
  - Grassroots
  - Grass Tops<sup>36</sup>

Deep-rooted Community Engagement incorporates a mixture of grassroots and grass tops approaches and incorporates different features of all the above elements. Guidance on the strategies that can be used to enhance both grassroots and grass tops approaches are found in *Appendix B. Appendix A: Elements of Community Engagement* provides guidance on all other elements to Community Engagement.

### **Power Sharing**

*Acknowledging diversity in background, experience, culture, income, and education and examining how society produces privilege, racism, and inequalities in power should be central to the process of Community Engagement.*

-US Centers for Disease Control and Prevention<sup>37</sup>

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<sup>36</sup> A definition of Grass Tops is provided in the “Representativeness” section of this Appendix.

<sup>37</sup> Centers for Disease Control and Prevention. (2011). *Principles of Community Engagement*. Atlanta, GA: CDC/ATSDR Committee on Community Engagement

Authentic Community Engagement means that power is being shared amongst constituencies and is central to improving community health. Many different types of power are present in any Community Engagement processes.<sup>38</sup> Facilitators are charged to recognize the different types of power that exist in the community and through the community engagement process mitigate the power dynamics to receive input from as many perspectives as possible.<sup>39</sup>

## Transparency

Transparency is essential for effective community engagement processes. Transparency ensures that the engagement process provides clearly defined, realistic objectives and articulates how engagement will impact the decision-making process. Feedback is provided to participants of the engagement process about outcomes of the process in order to maintain community engagement as an ongoing relationship between and with community participants.

Participants give knowledge and time to community engagement processes. It is necessary to recognize this and keep community members updated on the process's next steps, how input is being used, and future input opportunities. The need for timely feedback is particularly stressed when members of the community hold strong, different opinions.

Records that are kept of the process, e.g. meeting minutes, must be kept in a manner that can be easily accessible. These necessarily explain the history of how decisions were made and the processes that occurred leading to the outcomes as community members become more or less engaged in the process at different stages. Below is a list of the questions that need to be asked to ensure transparency is being attained:

Key questions to guide the development of informing and promoting materials address the basic who, what, when, where, and why. Examples of these questions include<sup>40</sup>:

- who** is the public health issue or matter affecting?
- who** should be involved?
- what** is the public health decision, issue?
- what** does the public need to do?
- what** potential impacts will this issue/project have on the public?
- where** will meetings be held?
- where** will information be available?
- when** is an activity taking place?
- when** is a meeting being held?
- why** is the organization, municipality, or state proposing this action?<sup>41</sup>

<sup>38</sup> The following URL provides a brief on various forms of power present in community:  
[http://www.nrcs.usda.gov/Internet/FSE\\_DOCUMENTS/stelprdb1045565.pdf](http://www.nrcs.usda.gov/Internet/FSE_DOCUMENTS/stelprdb1045565.pdf)

<sup>39</sup> Please see the [Facilitation section](#) of this document for reference.

<sup>40</sup> Social Planning and Research Council of BC. (2013, July). *Community Engagement Toolkit*. Retrieved 11 4, 2016, from sparcbc: <http://www.sparc.bc.ca/component/rubberdoc/doc/534/community-engagement-toolkit.pdf>

<sup>41</sup> More information on this list and other aspects of transparency can be found on the Social Planning and Research Council of British Columbia website in the Community Engagement Toolkit found here:  
<http://www.sparc.bc.ca/component/rubberdoc/doc/534/community-engagement-toolkit.pdf>

## Accommodations

To ensure sufficient representation from all groups in a community, essential accommodations must be made. Below is a list modified from a *Community Planning Toolkit* of the barriers and design issues to be considered when engaging community members.<sup>42</sup> While the list is not exhaustive, it is helpful to begin thinking about how community engagement processes can be adapted to ensure participation.

Potential Barriers to Consider	Design Issues to Consider
<ul style="list-style-type: none"> <li>• The capacity and ability of different stakeholders to participate</li> <li>• ‘Hard to reach groups’ such as young people, older people, minority groups or socially excluded groups</li> <li>• Levels of community infrastructure</li> <li>• Contested or divided communities</li> <li>• Rural isolation</li> <li>• Gaps in information</li> <li>• Literacy and numeracy levels and dominance of oral culture</li> </ul>	<ul style="list-style-type: none"> <li>• Techniques and engagement methods to be used</li> <li>• Need for independent facilitation</li> <li>• Location and accessibility of the venue</li> <li>• The number and type of engagement events</li> <li>• Transport requirements</li> <li>• Childcare needs</li> <li>• Format and content of communication and publicity materials</li> <li>• Use of interpreters and signers</li> <li>• Need for outreach activities</li> </ul>

## Communication

Just as the above lists highlight outreach materials and use of interpreters and signers, communication can be seen as an overarching category of accommodations. For the purposes of this document, communication is broken into spoken language, written communication, and cultural competence.<sup>43</sup>

### Spoken Language

Before facilitating a meeting or interactions, it is necessary to analyze what a potential interpreter(s) role should be. Effort should be made to accommodate languages reflective of the diversity of the service area/geography.

### Written communication

When designing materials to promote an engaged community, it is best to create easily understood materials. The *Massachusetts Culturally and Linguistically Appropriate Services Guide* provides information to understand written communication and its accessibility.<sup>44</sup>

<sup>42</sup> Community Places. (2014). *Community Planning Toolkit*. BIG Lottery Fund.

<sup>43</sup> More explanation of language services that should be provided are found in the Massachusetts Culturally and Linguistically Appropriate Services (CLAS) guide here:

<http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-6-ensure-language-access.pdf>

<sup>44</sup> More explanation of language services that should be provided are found in the Massachusetts Culturally and Linguistically Appropriate Services (CLAS) guide here:

## Cultural Competence

In addition to spoken language and written communication, cultural competence is another critical consideration. This means understanding the importance of how unconscious bias, equity, and social justice are being incorporated into the engagement process. The *Massachusetts Culturally and Linguistically Appropriate Services Guide* provides a framework to think about cultural competency.<sup>45</sup>

## Location

The location of meetings needs to be considered during the design of a community engagement process. The location should be physically accessible and perceived as a safe space for community members where they can feel comfortable voicing their opinions. Additionally, meeting outreach, indicating where and when a meeting will take place, should be accessible to all members of the defined community. Please see the communications section above for more information about messaging content.

### Physical Accessibility

Transportation to and from a selected location(s) should be considered in the planning process. Locations should be easily accessible via public transportation, or in rural settings, provide sufficient and affordable parking options. Additionally, ADA-compliant, but preferably universally designed facilities should be used. More information about meeting accessibility is outlined in the Center for Disease Control's "Making Meetings Accessible" Guide.<sup>46</sup>

### Safety

The location should be a safe space for all participants. Safety is connected to both perceived and physical safety. Perceived safety is both tied to safety from crime, but also providing a safe space where community members feel their voice will be heard.

## Time

Depending on the purpose of the meeting, the timing of the meeting can prohibit involvement from necessary or representative community members. It is critical that planners examine the intended participants and schedule accordingly.

## Childcare

For many community members, providing childcare is an important factor in making the meeting significantly more accessible. Specifically, a childcare accommodation can allow for otherwise inactive community members who are invested in the future of the community to attend the events.

## Food and Stipends

As a best practice, providing meals and offering stipends to participants is an effective and meaningful way to limit barriers and encourage broad and valued community engagement.

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<http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-6-ensure-language-access.pdf>

<sup>45</sup> Additionally, further assistance on cultural competence can be found in a separate chapter of that same document here:

<http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-1-foster-cultural-competence.pdf>

<sup>46</sup> <http://www.cdc.gov/ncbddd/hearingloss/transcripts/Making-Meetings-Accessible.pdf>

Offering a stipend to participants demonstrates the value that the engagers place on bringing participants into the process. Both practices are viewed as strongly recommended practices of a meaningful community engagement process.

## Facilitation

Due to partnership dynamics, effective community engagement processes include facilitation. Community health planning practitioners use a variety of strategies to examine whether a facilitator is effective. This includes:

- 1) Reviewing the facilitators resume for experience, both frequency and type of experience;
- 2) Experience a meeting that they facilitate; and,
- 3) Evaluate the meetings they facilitate. This allows engagers to better decide what tools would be most helpful to evaluate the facilitator's role in the meeting.<sup>47</sup>

An additional meeting facilitation tool is the Facilitator Toolkit developed by the Office of Quality Improvement at the University of Wisconsin. It provides some guidance on developing facilitation evaluation tools and other strategies to ensure quality facilitation.<sup>48</sup>

## Facilitative Leadership

Facilitative leadership training could be useful to train leaders within your community that are receptive, flexible, collaborative and strategic. The facilitative leader creates opportunities for people to voice their opinion while continuing to move the meetings forward. Facilitative leadership trains individuals in the tools and strategies to inclusively move initiatives forward.<sup>49</sup>

## Representativeness

A grass tops approach is when community representation is conducted through identified leaders (i.e. the name emerges from the idea of leaders at the top of organizations) and a grassroots approach is when the public is broadly engaged in the process.<sup>50</sup>

## Grass Tops

A grass tops approach is one where there is varied and representative sectorial diversity present to encourage innovation, build and enhance pre-existing work, provide sufficient representation and understand the levers by which population health can be improved. This can only be accomplished by including decision makers, whether they are formal or informal, who have the capacity for engagement in community health planning and work process.

## Suggested Organizational Representation

The *Community Engagement for Guidance* describes minimum sectorial representation for the DoN CHI Process. The list below is a recommended list of types of organizations for whom

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<sup>47</sup> One resource for evaluating facilitation and meetings can be found here:

<https://quality.wisc.edu/effective-meetings-tools-and-templates.htm>

<sup>48</sup> <http://oqi.wisc.edu/resourcelibrary/uploads/resources/Facilitator%20Tool%20Kit.pdf>

<sup>49</sup> <http://interactioninstitute.org/training/facilitative-leadership-for-social-change/>

<sup>50</sup> de Souza Briggs, X. (2008). *Democracy as problem solving: Civic capacity in communities across the globe*. Cambridge, MA: MIT Press.



representation is encouraged in the contest of defining “community”. This list was adapted from Washington State’s Community Engagement Toolkit for Rural Hospitals.<sup>51</sup>

- School districts
- Philanthropies
- Community service organizations (Lions Club, Rotary, etc.)
- Public health department
- Mental and behavioral health
- Dental health
- Community clinics and physicians
- Chamber of Commerce
- Faith Community
- Labor Unions
- Anti-Poverty Organizations
- Faith-Based Organizations
- Media
- Military representatives (including the Veteran’s Administration)
- Municipal Staff (Planning, Department of Public Works, Transportation)
- Other non-profits
- Local business leaders
- State representatives
- Municipal government including council members, mayor, or administrator
- County government
- Department of Housing and Community Development
- Food Pantries
- Massachusetts Community Action Network
- Tribes
- Tribal health centers
- Law enforcement
- Social service agencies
- Migrant health services
- The grange (if in a rural setting)
- Colleges and universities
- Regional Staff (Regional Planning Agencies)
- Transportation Department
- United Ways
- Senior Services

### **MA Department of Public Health’s Coalition Engagement Guidelines**

Collaborative partnerships aid support strategic community health improvement and facilitate the Community Engagement process.<sup>52</sup> Hospitals and health care systems should consider working with pre-existing coalitions or collaborations to ensure that community health planning work is not duplicative. As such, DPH’s *Coalition Engagement Principles and Guidelines* aids in identifying effective partnering coalitions to assist in the community health planning process to ensure hospitals and health care systems are able to meet the Community Engagement standards outlined in the *DoN CHI Community Engagement Guideline*.<sup>53</sup>

### **Organizational Assessments**

Organizational assessments can assist in determining if an organization is ready or has sufficient capacity to participate in or facilitate a community engagement process. In that way the

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<sup>51</sup> Washington State Hospital Association. (2014). *Community Engagement Toolkit for Rural Hospitals*. Washington State Hospital Association.

<sup>52</sup> Roussos, S. T., & Fawcett, S. B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual review of public health*, 21(1), 369-402.

<sup>53</sup> Massachusetts Department of Public Health. (2015, October). *Coalition Engagement Principles and Guidelines*. Retrieved September 29, 2016, from Mass.gov: <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/prevention-and-wellness/coalition-engagement-principles-and-guidelines.html>



influence of a particular stakeholder is balanced with that stakeholder’s responsibility or participation level throughout a community engagement process. Organizational assessments may also be valuable to assess a DoN Applicant’s readiness to meet the Community Engagement standards of the *DoN CHI Community Engagement for Community Health Planning Guideline*.

### *Organizational Readiness Assessment Tool from ‘NICE’*

The Building Movement Project develops tools for nonprofit organizations in order to enhance non-profits’ ability to “support the voice and power” of the community they serve. The Building Movement Project’s *Nonprofits Integrating Community Engagement* (NICE) tool can be used throughout the engagement process, but may be specifically helpful for evaluating organizational capacity for engagement.<sup>54</sup>

### *Assessing Community’s Readiness for Community Engagement*

The Minnesota Department of Public Health provides an accessible framework to assessing an organization’s readiness to participate in a community engagement process.<sup>55</sup>

### **Grassroots**

Effective community health planning processes include information from community members who represent the variety of backgrounds, circumstances, and, in general, the people that exist within the defined community. Federal health care law requires, broad community representation must be included in community health improvement planning processes. The following table describes how broad representation is defined through both Federal and Massachusetts law.

The HHS Office of Minority Health and Federal law require that all national data collection efforts include information on<sup>56</sup>:

- Race
- Primary language
- Ethnicity
- Disability status
- Sex

<sup>54</sup> There general guidance can be found here:

<http://www.buildingmovement.org/pdf/NICE.pdf> More specifically the organizational readiness assessment tool is a standardized tool that can assist in assessing the organizational readiness to participate in the engagement process.

[http://www.buildingmovement.org/pdf/Organizational\\_Readiness\\_Assessment\\_Tool.pdf](http://www.buildingmovement.org/pdf/Organizational_Readiness_Assessment_Tool.pdf)

<sup>55</sup> The link to the Minnesota resource is here:

<http://www.health.state.mn.us/communityeng/intro/linking.html>

<sup>56</sup> Patient Protection and Affordable Care Act. (2009, December 24). Washington, DC, US.

Centers for Disease Control and Prevention. (2011). *Principles of Community Engagement*. Atlanta, GA: CDC/ATSDR Committee on Community Engagement.

US Department of Health and Human Services. (2016, September 21). *Determinants of Health*. Retrieved September 21, 2016, from Healthypeople.gov: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

The HHS Office of Minority Health and Federal law require that all national data collection efforts include information on:  
HHS-recommended optional data fields include:

- Religion
- Education
- Mobility needs
- Income
- Sexual orientation
- Occupation
- Gender identity and expression
- Family size and relationships

Within the Determination of Need regulation, statistical representation of the patient panel in determining the need of the project is defined by the following categories<sup>57</sup>:

- Age
- Gender
- Sexual identity
- Race
- Ethnicity
- Disability status
- Socioeconomic Status
- Health status

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<sup>57</sup> Massachusetts Department of Public Health. (2016, September). 100.210 Determination of Need Factors. *Proposed Amendments to 105 CMR 100.000*. Boston, MA.

## **Appendix B. Community Engagement Tools**

While the primary audience for the *Community Engagement Standards for Community Health Planning Guideline* (the “Guideline”) are DoN Applicants, this document also provides a valuable compendium of nationally recognized standards and best practices, adapted for the Massachusetts health care market, with regards to broader public participation in community health planning. These standards and best practices, if used, create critical synergies across DoN, the AGO Community Benefits program, and relevant federal IRS community planning requirements, including both Community Health Needs Assessment (“CHNA”) and the Community Health Improvement Plan (“CHIP”).

DPH views these nationally recognized standards and best practices as model processes for providers of health care services within the Commonwealth as it relates to engaging both consumers and the public at large, including for the purposes of DoN. To this end, DPH has included two Appendices which provide important information regarding these standards and best practices. DoN Applicants are encouraged to review these Appendices for standards and best practices which may support a successful CHI Community Engagement Plan.

### **Community Engagement Tools**

Appendix B provides tools and frameworks that outline how community engagement functions within CHIP and strategies to achieve more robust community engagement. Appendix B serves as a general resource for organizations engaged in CHIP activities.

#### **Health-Specific Community Engagement Frameworks**

When initially developing a Community Engagement plan, hospitals and other community organizations should utilize pre-existing community engagement frameworks. Organizations may learn that relying on only one tool or framework is not sufficient for guiding community health practitioners through all of their unique challenges. Therefore, it is encouraged that practitioners adapt these tools for their context-specific needs. DPH recommends the following tools/frameworks for consideration:

- County Health Rankings: *Roadmaps to Health*;
- Community Toolbox;
- Mobilizing Action through Planning and Partnerships model;
- Community Health Navigator; and,
- Quality Forum’s Improving Population Health by Working with Communities Action Guide.

#### **County Health Rankings: Roadmaps to Health**

The *Roadmaps to Health* provides an extensive set of tools and resources that can be used to further CHIP activities. *The Roadmaps to Health* model has seven (7) components. In addition to county-level data, the *Roadmaps to Health* framework is closely tied to the County Health Ranking’s *What Works for Health Strategies*. These strategies provide

literature review and an evidence base for many approaches addressing the social determinants of health.<sup>58</sup>

### **Community Toolbox**

The community toolbox is an online resource that can be accessed freely by practitioners conducting CHIP activities. It provides tool templates and extensive tutorials on each identified element of the Community Engagement processes outlined in this document.<sup>59</sup>

### **Mobilizing for Action through Planning and Partnerships (MAPP)**

MAPP is a framework that assists communities through strategic planning processes in order to improve community health. National Association of County and City Health Officials and public health leaders developed the framework to help communities prioritize health concerns as well as identify strategies and synergies to address those issues. The MAPP framework was developed to improve the performance of public health systems as a whole.<sup>60</sup>

### **CDC Community Health Improvement Navigator**

The CDC's Community Health Navigator is an online tool for community health improvement practitioners serving many roles in the community: in community-based organizations, hospitals, and public health departments. It is a collection of recommended tools that can be used during CHIP processes.<sup>61</sup>

### **Quality Forum's Improving Population Health by Working with Communities: Action Guide 3.0**

In addition to its primary functions, the Quality Forum developed Community Engagement strategies specific for healthcare institutions. The Quality Forum's Action Guide provides a framework to support a multi-sectorial approach to CHIP activities. Organized around ten (10) elements, the tool provides resources in a simple jargon-free way that makes the strategies accessible to many different types of stakeholders.<sup>62</sup>

## **Decision Making and Data Gathering Strategies**

Community engagement strategies provide public health practitioners, planners, hospitals and others the ability to enhance Community Engagement. As such, different stages of the community health improvement process call for different strategies to ensure quality community participation fitting step-appropriate needs.

## **Comprehensive Collections of Strategies**

These tools provide a broad overview of Community Engagement activities and strategies:

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<sup>58</sup> <http://www.countyhealthrankings.org/roadmaps/action-center>

<sup>59</sup> <http://ctb.ku.edu/en>

<sup>60</sup> <http://archived.naccho.org/topics/infrastructure/mapp/>

<sup>61</sup> <http://www.cdc.gov/CHInav/>

<sup>62</sup> Quality Forum. (2016, August). *Improving Population Health by Working with Communities: Action Guide 3.0*. Retrieved September 2016, from National Quality Forum:

[http://www.qualityforum.org/Publications/2016/08/Improving\\_Population\\_Health\\_by\\_Working\\_with\\_Communities\\_Action\\_Guide\\_3.0.aspx](http://www.qualityforum.org/Publications/2016/08/Improving_Population_Health_by_Working_with_Communities_Action_Guide_3.0.aspx)

### *National Coalition for Dialogue and Deliberation: 4 Streams of Dialogue and Deliberation*

The National Coalition for Dialogue and Deliberations developed a framework around tools that can be used to enhance community engagement. The result of that work is found in the Four Streams of Dialogue and Deliberation document. This document divides strategies and tools into different streams in which those tools will be useful: exploration, conflict transformation, decision-making and collaborative action.<sup>63</sup>

### *Community Planning Toolkit*

The Community Planning Toolkit provides a list of tools or strategies to engage community members. In addition to providing the types of tools that exist, the Toolkit lays out the strengths and weaknesses of the different approaches.<sup>64</sup>

## **Strategies Specific to Decision-Making**

There are many strategies for decision making. A selection of strategies is below for consideration:

### *Mutual Gains Approach*

While voting is a low-resource approach, a simple majority rule voting process only requires half the people engaged to be satisfied with an arrangement.<sup>65</sup> Consensus-building frameworks may offer strategies to reach a better agreement for all engaged parties. To this end, *the Mutual Gains* approach is a strategy for consensus building. A Mutual Gains facilitator will perform significant background research on the decision-making topic. The Consensus-Building Institute has a trademark on the *Mutual Gains Approach* and many resources associated with the practice can be found on their website.<sup>66</sup>

### *Interest Based Bargaining*

Similar in theory to mutual gains approach, Interest Based Bargaining is a negotiation approach that examines the underlying interest while removing party “positionality” to improve outcomes. Similar to the Mutual Gains Approach, Interest Based Bargaining facilitates participants through the development of solutions that can work to create more value for each negotiation.

### *Dot Voting*

While this is a form of voting, it provides a potentially more tactile approach with the aim of better informing the voters through interaction. A dot voting exercise’s success is dependent on the accommodations made to ensure everyone is comfortable with and informed about the topic that is being voted upon.<sup>67</sup>

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<sup>63</sup>For more information on the 4 streams of Dialogue and Deliberation, please refer to:

<http://ncdd.org/exchange/files/docs/ddStreams1-08.pdf>

<sup>64</sup> <http://www.communityplanningtoolkit.org/sites/default/files/Engagement0815.pdf>

<sup>65</sup> Susskind, L. (2006). Breaking Robert's rules. *Negotiation Journal*, 22(3), 351-355.

<sup>66</sup> <http://www.cbuiding.org/cbis-mutual-gains-approach-negotiation>

<sup>67</sup> <http://www.dotmocracy.org/dot-voting>

### *Participatory Budgeting*

First developed in Brazil in 1989, participatory budgeting is an innovative way to manage public budgets and engage people in public decision making processes. Although the process may vary, the process follows a similar structure: community members brainstorm ideas about how money should be spent, volunteer delegates develop the resulting budget proposals, the community residents then vote on the proposals, and the implementing or “governing body” then implements those prioritized plans.<sup>68</sup>

### **Strategies Specific to Data-Gathering**

Organizations may decide that additional information on topics needs to be gathered to ensure adequate community engagement. Two of the most common data gathering strategies are surveys and focus groups.

#### *Surveys*

Surveys are often used in order to gain a fuller understanding of community members’ perspectives, lived experiences, and wants/needs. Secondary data sources or primary data collection processes can be used. The Community Toolbox provides many resources on survey development.<sup>69</sup>

#### *Focus Groups*

Focus groups are an effective approach at reaching specific stakeholder groups to receive feedback. Qualitative sampling methods can be useful to target specific groups who are under-represented, the average community member and people with varying degrees of community health planning knowledge.<sup>70</sup> Focus groups are often used in CHIP activities to inform the process from the perspective of vulnerable populations or under represented populations, e.g. older adults or children. Due to the resource intensive nature of focus groups, during a data gathering phase focus groups can be used to augment other data gathering techniques, such as surveys. On average the ideal focus group size is between four and eight.<sup>71, 72</sup>

### **Strategies Specific to Evaluating Community Engagement**

#### *“Survey Fatigue” or “Respondent Fatigue”*

Community members’ time and resources must be valued and honored during community engagement activities. Community members are frequently asked to participate in data gathering strategies but often do not see the results of that participation. Evaluating community engagement activities helps mitigate this concern.

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<sup>68</sup> More information can be found on the Participatory Budgeting website here:

<http://www.participatorybudgeting.org/>

<sup>69</sup> For more information see: <http://ctb.ku.edu/en>

<sup>70</sup> Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage Publications, Inc.

<sup>71</sup> More information on how to run focus groups can be found in the following article:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2550365/pdf/bmj00603-0031.pdf>

<sup>72</sup> Kitinger, J. (1995). Qualitative research. Introducing focus groups. *BMJ: British medical journal*, 311(7000), 299.

There are tools that can be used to assess community engagement for quality improvement purposes. Some of those tools include:

#### *Community-Based Participatory Research Evaluation*

Community-engaged research is the intersection of the behavioral and social sciences exploration of community engagement, decision making practices, and often health improving research. The most well-known community-engaged research framework is called community-based participatory research (CBPR). CBPR is distinct from CHIP activities as it begins with research topics; however, it similarly aims to start from priorities of the community, build on strengths of community partners, and engage in authentic partnership to reduce disparities and improve health outcomes. A recent CBPR conceptual model provides an overarching framework of how to conceptualize evaluation measures.<sup>73</sup>

#### *Health Impact Assessment Community Participation Evaluation*

In January of 2016, Human Impact Partners released a report evaluating the levels of community engagement used in Health Impact Assessments throughout the United States. The report includes a summary of the findings and the benefits of higher levels of community participation but also provides the tools they used to assess that involvement.<sup>74</sup> These tools could be adapted for use in CHIP related activities.

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<sup>73</sup>These were the basis for the CE tools. More information is found here: <http://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html>

<sup>74</sup> The report is found here: <http://www.humanimpact.org/news/just-released-results-from-the-first-ever-national-evaluation-of-community-participation-in-hias/> The tools are found in the appendices of that document found here: [http://www.humanimpact.org/wp-content/uploads/Appendices\\_Community-Participation-in-Evaluation.pdf](http://www.humanimpact.org/wp-content/uploads/Appendices_Community-Participation-in-Evaluation.pdf)