



Massachusetts Department of Public Health

Determination of Need

Community Health Initiative

Community Engagement Plan

Version: 8-1-2017

The Community Engagement Plan is intended for those Applicants with CHIs that require further engagement above and beyond the regular and routine CHNA/CHIP processes. For further guidance, please see the *Community Engagement Standards for Community Health Planning Guidelines* and its appendices for clarification around any of the following terms and questions.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: DoN Application Type:

Applicant Name:

What CHI Tier is the project? Tier 1 Tier 2 Tier 3

1. Community Engagement Contact Person

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:

2. Name of CHI Engagement Process

Please indicate what community engagement process (e.g. the name DoN CHI Initiative associated with the CHI amount) the following form relates to. This will be use as a point of reference for the following questions.

(please limit the name to the following field length as this will be used throughout this form):

3. CHI Engagement Process Overview and Synergies with Broader CHNA /CHIP

Please briefly describe your overall plans for the CHI engagement process and specific how this effort that will build off of the CHNA / CHIP community engagement process as is stated in the *DoN Community-Based Health Initiative Planning Guideline*.

For the Hallmark Health 2016 CHNA/CHIP process the community was invited to participate in many ways including at community forums, through Stakeholder Interviews, through the Community Benefits Advisory Council (CBAC) and through requests for feedback from the Hallmark Health Community Teams and Patient Family Advisory Councils. At Hallmark Health we believe the CHNA/CHIP process is an evolving and dynamic process, not a one-time activity to engage in every three years. The CBAC meets six times annually and also communicates with us through email or via telephone. At each CBAC meeting, progress towards CHIP goals are discussed and program presentations are provided for the membership to become familiar with the community benefits programs and ask questions of the service providers in the programs. The stages utilized to develop the CHIP were to determine needs and resources, focus on identifying the priority areas, choosing the programs provided, completing important activities, and evaluating the outcomes annually. In addition, as resources decreased in 2018, the CHIP amendment process followed the same stages.

For the CHI Engagement, Hallmark Health plans to add six to seven diverse new members to the CBAC to ensure to meet all of the required DoN membership categories. These new members in alignment with our existing members (comprised of a Trustee, hospital leaders, physicians, and community members) will act as the CHI Advisory Council. From the expanded Council membership, a sub-group (without conflict of interest) will be convened as an Allocation Committee.

The engagement strategy for the CHI will begin with convening the new members and providing an orientation for them, review by the CBAC of the current CHNA, the current CHIP, including the 2018 amendment, and a discussion over multiple meetings to determine where the CHI funds are most needed and best aligned with the resources available. Decisions will also be based on MDPH priorities, expertise and experience of Hallmark Health, and the ability to create measurable health changes through the chosen program(s). This is similar to the process utilized to create the CHIP and later to amend the CHIP.

Once these tasks are completed the CBAC will create a fair and equitable process for community agencies to become aware of the funding available, understand the decisions made about the priority or priorities to be funded, and apply for the available funds. An independent evaluator will be chosen to be sure applicants have the capacity to track and measure their efforts and that the program goals will be aligned to create the best opportunity to improve the health of the community in the priority areas. The application process will be shared with the community through the health system's website; community forums, which will be advertised widely; and through social and traditional media. To ensure equity for potential applicants, planning strategies will be used such as holding forums at multiple times and locations, providing materials in simple easily understandable language, translating documents, and hiring Interpreters, offering food, stipends, and child/elder care resources. Transportation needs will also be considered.

At the end of the engagement process an agency or agencies will be chosen by the Allocation Committee to receive funds. Throughout the process, DPH will be consulted as needed and reporting will be provided to the MA Department of Public Health timely as required.

Once the CHI funds are disbursed, it will be the responsibility of the Hallmark Health staff with oversight from the CBAC to monitor the spending and activities, provide technical assistance to funded groups, track results, and provide overall administration of the project(s). Finally, all reporting activities will be completed timely by the health system's employees overseen by the CBAC.

4. CHI Advisory Committee

In the CHNA/CHIP Self Assessment, you listed (or will list) the community partners that will be involved in the CHI Advisory Committee to guide the Medford Surgery Center, LLC . As a reminder:

For Tier 2 DON CHI Applicants: The CHI Advisory Committee is tasked with helping select DoN Health Priorities based on the CHNA / CHIP unless the Applicant is directed by DPH to conduct additional community engagement. If so, the advisory committee's role is to guide that additional work.

For Tier 3 DON CHI Applicants: The CHI Advisory Committee is to select DoN Health Priorities based on, **but not exclusive to**, the CHNA / CHIP. This includes the additional community engagement that must occur to develop the issue priorities.

5. Focus Communities for CHI Engagement

Within the Medford Surgery Center, LLC, please specify the target community(ies), please consider the community(ies) represented in the CHNA / CHIP processes where the Applicant is involved.

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> + <input type="checkbox"/> -	Malden	Everett is not listed
<input type="checkbox"/> + <input type="checkbox"/> -	Malden	
<input type="checkbox"/> + <input type="checkbox"/> -	Medford	
<input type="checkbox"/> + <input type="checkbox"/> -	North Reading	
<input type="checkbox"/> + <input type="checkbox"/> -	Reading	
<input type="checkbox"/> + <input type="checkbox"/> -	Saugus	
<input type="checkbox"/> + <input type="checkbox"/> -	Stoneham	
<input type="checkbox"/> + <input type="checkbox"/> -	Wakefield	

6. Reducing Barriers

Identify the resources needed to reduce participation barriers (e.g., translation, interpreters, child care, transportation, stipend). For more information on participation barriers that could exist, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>

The resources needed to reduce participation barriers include child and elder care, translation, interpreters, transportation, food, and a participation stipend. Each of these areas will be addressed to ensure participation in the DoN process is as robust and inclusive as possible. Time and day of meetings are also to be considered to be respectful to the participants. Hallmark Health will use a polling process or other like strategy to determine the needs of community members and the best time/day to meet. In addition, the facilitator for meetings or forums will be chosen for their ability to connect with hard to reach groups and utilize techniques that will engage those members that may need accommodation for literacy, disability or other factors. These participation barriers were used as a component of the 2016 CHNA/CHIP process except for child or elder care. This component will be added to the DoN community notification process.

7. Communication

Identify the communication channels that will be used to increase awareness of this project or activity:

Communication about the project(s) and the ability to apply for funding will be conducted using multi-media resources such as translated flyers placed in community locations and the health system registration areas; emailed invitations to local boards of health, the Community Health Network Area (CHNA), the North Suburban Health Alliance, and local community coalitions. The health system's community partner agencies will also be asked to share information with their members. Facebook, twitter, and the health system's website will include information about the project(s). The website has translation capacity on its main pages.

In addition, community forums will be held and information posted about these forums in the manner described above. Communication materials will be developed using photos representing diverse ages and cultures and be written in simple easy-to-understand language; they will also be translated into the 6 most common languages in the service area. This will provide the opportunity for community members to understand how the priority or priorities areas were chosen, what funds will be available for project(s) and how to apply, and allow residents to share their feedback with the Hallmark Health employees and the CBAC. The facilitator for the forums will be chosen for their ability to connect with hard to reach groups, successfully mitigate potential conflicts, and for their active listening skills.

An initial community awareness meeting was held on April 30, 2018 at the Lawrence Memorial Hospital site to provide information to the community about the proposed DoN project.

8. Build Leadership Capacity

Are there opportunities with this project or activity to build community leadership capacity?

Yes No

If yes, please describe how.

The Medford Surgery Center DoN CHI provides significant opportunities for community leadership building. The Hallmark Health Community Benefits Advisory Council will be enhanced through the engagement of additional members. This provides the opportunity for the existing Advisory Council members, including staff members, leaders, physicians, a Trustees and community members to share their knowledge and skills with the new members as they are welcomed into the group. This blended group will determine the priority or priorities chosen for funding.

In addition, the Allocation Committee will be led by the CBAC community members- providing them the experience of crafting an RFP, determining the awardees for the funds from the project, and monitoring the results of the organizations funded. The hospital Advisory Council members and HHS leaders will be supporting the Allocation Committee throughout the process, providing resources, tools, technical assistance, and support. Finally it is the health system's plan to hire an independent evaluator that will support the development of the funding application and to support the CBAC, Allocation Committee, and Hallmark Health leaders throughout this process. This will help to ensure the project(s) chosen will have meaningful impact on community health in the priority areas chosen.

9. Evaluation

Identify the mechanisms that will be used to evaluate the planning process, engagement outcome, and partner perception and experience:

Hallmark Health will utilize the DoN application materials provided to evaluate the planning process, engagement outcome, and partner perception and experience. In addition, we plan to hire an independent evaluator to support this critical component of the project. The components of the evaluation will include monitoring and evaluating with community partners regularly, reporting annually to MDPH regarding strategies, processes, and outcomes for the project(s). A Plan-Do-Check-Act Cycle (PDCA Cycle) method will be used.

10. Reporting

Identify the mechanisms that will be used for reporting the outcomes of this project or activity to different groups within the community:

Residents of Color

For residents of color and for all residents, it will be important to ensure that thoughtful planning is done to include their input from the beginning of the project through the reporting of outcomes. Care will be taken with expanding the CBAC to ensure new members are representative of community residents of color; that flyers and other marketing materials about the project (s) outcomes are developed that demonstrate cultural consideration, differing literacy levels, and that residents of color understand the benefits of the project(s) towards improving their health and that of their community. Offering food, stipends for participation, transportation, and child/elder care support are also key when Hallmark Health reports back to the community about the impact of the project(s). Outcomes will be reported through forums, social and traditional media, on the health system's website, and to community groups and organizations representing this population including faith-based and grassroots organizations.

Residents who speak a primary language other than English

For residents who speak a primary language other than English, it will also be important to ensure that thoughtful planning is done to include their input from the beginning of the project through the reporting of outcomes. Care will be taken with expanding the CBAC to ensure new members represent the views of community members who speak a primary language other than English and that flyers and other marketing materials about the project (s) outcomes are developed that demonstrate cultural consideration, are translated, provide for differing literacy levels, and that these residents understand the benefits of the project(s) towards improving their health and that of their community. Offering food, stipends for participation, transportation, and child/elder care support, as well as Interpreters for forums are also key when Hallmark Health reports back to the community about the impact of the project(s). Foreign language newspapers, and connecting with grassroots community groups and faith-based organizations, as well as traditional and social media will also be venues to report outcomes to residents speaking a language other than English.

In the Hallmark Health service area there are many primary languages spoken. The most common languages in the service area are Spanish, Portuguese, Chinese in multiple dialects, Vietnamese, Arabic, and Haitian Creole. For the 2016 CHNA a forum was

offered for residents speaking languages other than English and materials were translated and Interpreters hired for the most common languages. In addition, Hallmark Health worked closely with our bilingual employees to ask them to help reach out to friends and neighbors and community coalitions serving diverse populations to help to welcome community residents. Food, stipends for participation, and transportation needs were considered. Hallmark Health provided the food, stipends, translations, and Interpreters. Another community partner provided transportation and outreach was shared between Hallmark Health and many community partners. A similar process will be utilized when reporting the outcomes of the project(s) through community forums.

Aging population

For the aging populations in the community, care will be taken to ensure forums are at times and on days they would be able to attend; that transportation needs are considered and addressed; that written materials are created in larger print, provide for differing literacy levels, and that accommodations are made for food preferences and physical limitations such as hearing or vision loss. Materials will be shared in church bulletins, local newspapers, and other traditional media. Having outcome materials at Senior Centers and other locations in paper will be critical. As for all populations, offering food, stipends for participation, transportation, and child/elder care support, as well as Interpreters for forums are also key when Hallmark Health reports back to the community about the impact of the project(s).

Care will be taken with expanding the CBAC to ensure members represent the views of the aging population and that flyers and other marketing materials about the project (s) outcomes are developed that demonstrate cultural consideration and that these residents understand the benefits of the project(s) towards improving their health and that of their community.

The Hallmark Health CHNA and CHIP are in paper in key community locations in all 9 community benefits communities, many at Senior Centers. When the CHIP was amended in January, the updates were added to the health system's website and the paper manuals were updated at all 9 locations.

Youth

To ensure youth are able to be included in outcome reporting; it will be important to ensure that thoughtful planning is done to include their input from the beginning of the project through the reporting of outcomes. For community youth, care will be taken to ensure forums are at times and on days they would be able to attend; that transportation needs are considered and addressed; that written materials are created that would be of interest to them- especially social media information; provide for differing literacy levels, and that food preferences are considered. In working with youth in Hallmark Health's current programs it has been critical to offer stipends for attendance and to find ways to demonstrate how the system values their input, such as through sharing photos and stories about their contributions on Facebook and in the health systems publications. Care will be taken to ensure that flyers and other marketing materials about the project (s) outcomes are developed that demonstrate cultural consideration and that these residents understand the benefits of the project(s) towards improving their health and that of their community.

Residents Living with Disabilities

For the residents living with disabilities, care will be taken to ensure forums are at times and on days they would be able to attend; that transportation needs are considered and addressed; that written materials are created in larger print, provide for differing literacy levels, and that accommodations are made for food preferences and physical limitations such as hearing or vision loss. Materials will be shared in church bulletins, local newspapers, and other traditional media. Social media will also be an important component of outcome reporting to residents with disabilities. Having outcome materials at Senior Centers and other locations in paper will be critical. Offering food, stipends for participation, transportation, and child/elder care support, as well as Interpreters for forums are also key for all groups when Hallmark Health reports back to the community about the impact of the project(s). Care will be taken that flyers and other marketing materials about the project (s) outcomes are developed that demonstrate cultural consideration and that these residents understand the benefits of the project(s) towards improving their health and that of their community.

The Hallmark Health CHNA and CHIP are in paper in key community locations in all 9 community benefits communities, many at Senior Centers. When the CHIP was amended in January, the updates were added to the health system's website and the paper manuals were updated at all 9 locations.

GLBTQ Community

For the GLBTQ Community, it will also be important to ensure that thoughtful planning is done to include their input from the beginning of the project through the reporting of outcomes. Care will be taken with expanding the CBAC to ensure new members represent the views of GLBTQ community members and that flyers and other marketing materials about the project (s) outcomes are developed that demonstrate cultural consideration, provide for differing literacy levels, and that all residents understand the benefits of the project(s) towards improving their health and that of their community. Offering food, stipends for participation, transportation, and child/elder care support, as well as Interpreters for forums are also key when Hallmark

Health reports back to the community about the impact of the project(s). Culturally congruent newspapers, and connecting with grassroots community groups and faith-based organizations, as well as traditional and social media will also be venues to report outcomes to residents. Care will be taken to ensure forums are at times and on days participants would be able to attend; that transportation needs are considered and addressed; and that written materials are culturally sensitive.

Residents with Low Incomes

For low income residents, Hallmark Health has included CBAC members that represent their interests such as from the Bread of Life and the Greater Boston Food Bank. For this vulnerable population offering food, stipends for participation, transportation, and child/elder care support, as well as Interpreters for forums and provisions for differing literacy levels are especially important when Hallmark Health reports back to low income residents in the community about the impact of the project(s). In addition to the traditional and social media utilized for reporting outcomes it will be important to share the information with community agencies such as Action for Boston Community Development (ABCD), the Women, Infants and Children (WIC) Nutrition Program and the Department of Transitional Assistance (DTA) serving this population and that all residents understand the benefits of the project(s) towards improving their health and that of their family.

Other Residents

Reporting back on outcomes from the project(s) will be conducted using multi-media resources such as translated flyers placed in community locations and the health system registration areas; emailed invitations to local boards of health, the Community Health Network Area (CHNA), the North Suburban Health Alliance, and local community coalitions. The health system's community partner agencies will also be asked to share information with their members. Facebook, twitter, and the health system's website will include information about the project(s). The website has translation capacity on its main pages.

In addition, community forums will be held and information posted about these forums in the manner described above. Communication materials will be developed using photos representing diverse ages and cultures and be written in simple easy-to-understand language; they will also be translated into the 6 most common languages in the service area. This will provide the opportunity for community members to understand how the priority or priorities areas were chosen, what funds were available for project(s), the outcomes tracked and obtained, and allow residents to share their feedback with the Hallmark Health employees and the CBAC. The facilitator for the forums will be chosen for their ability to connect with hard to reach groups, successfully mitigate potential conflicts, and for their active listening skills.

11. Engaging the Community At Large

Which of the stages of a CHNA/CHIP process will the Medford Surgery Center, LLC focus on? Please describe specific activities within each stage and what level the community will be engaged during the Medford Surgery Center, LLC. While the step(s) you focus on are dependent upon your specific community engagement needs as a result of your previous CHNA/CHIP work, for tier 3 applicants the CHI community engagement process must at a minimum include the "Focus on What's Important," "Choose Effective Policies and Programs" and "Act on What's Important" stages. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
<input type="checkbox"/> Assess Needs and Resources						
<input checked="" type="checkbox"/> Focus on What's Important	○	○	○	●	○	○
Please describe the engagement process employed during the "Focus on What's Important" phase.	In the focus on what's important phase, the CBAC (including the new members) will review the CHNA and CHIP (including the 2018 CHIP Amendment) and determine which priority or priorities will be chosen for funding. These priorities should also align with the MDPH priorities.					
<input checked="" type="checkbox"/> Choose Effective Policies and Programs	○	○	○	○	○	●

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	Once the priority or priorities are determined an Allocation Committee of the CBAC will be convened. This group should not have members that might have a conflict of interest with groups applying for funding. The Hallmark Health Community Benefits Manager and Community Services Director will support the needs of this group in drafting an RFP for funding evidence-based programming that will allow for tracking and measuring health outcomes over the length of the project(s). The Hallmark Health leaders will also work closely with the Allocation Committee and Hallmark Health Public Affairs and Marketing in creating marketing and community awareness materials, hosting forums, and all of the components needed to successfully chose an agency or agencies to be funded.					
<input checked="" type="checkbox"/> Act on What's Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Please describe the engagement process employed during the "Act on What's Important" phase.	Once the RFP is launched, the Hallmark Health Leaders will support the administrative duties needed by the Allocation Committee to choose the agency or agencies to fund, create a time line and reporting structure and report back to the CBAC on the progress of the work at leas every six months.					
<input checked="" type="checkbox"/> Evaluate Actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Evaluate Actions" phase.	Ongoing Community Engagement is important to the effectiveness of the CHI expenditures, and therefore Melrose Wakefield Healthcare will be working with a third party evaluator to: 1) Monitor and evaluate with community partners on an ongoing basis; 2) Collaborate with the CB Advisory Council and the Allocation Committee to ensure the goals toward achieving health improvements on the chosen strategies are communicated widely and 3) Report annually to DPH on strategies, process and data.					

12. Document Ready for Filing

When the document is complete, click on "document is ready to file". This will lock in the responses, and Date/Time stamp the form. To make changes to the document, un-check the "document is ready to file" box. Edit the document, then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to DPH" button.

This document is ready to file:

Date/Time Stamp: 06/11/2018 9:42 am

E-mail submission to DPH