



# Community Engagement Plan: 2016 - 2019

A Plan for Advancing Health Equity through  
Equitable and Inclusive Community Engagement Practices



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# Acknowledgements

This Equitable and Inclusive Community Engagement Plan recognizes the dedication of its contributors as well as the commitment of staff, residents, and partners in past, present, and future innovative engagement projects and initiatives.

Thank you.

## Who will use this plan?

**If you are a Boston Public Health Commission employee,** you will use this plan to integrate equitable and inclusive community engagement practices within your respective service area. By utilizing the framework within this plan, you are supporting the organization's effort to build and strengthen its relationships with residents and community partners.

**If you are a Boston resident, grantee or other community partner,** this plan explains the ways we will work with you to create a healthy future for all by including your ideas, perspectives, and experiences in public decisions that affect you and/or the community.

**If you are a government agency or community based organization,** you are invited to join us in creating a Boston that is built on the ideas, perspectives, and experiences of its residents. As a government agency or community based organization, you can adapt the framework within this plan to fit the unique needs of your organization.

Additional supporting materials and resources such as a community engagement toolkit will be developed and made available to our employees and community partners.

## Inquiries regarding this plan may be directed to:

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The Office of Community Engagement and Partner Relations is responsible for overseeing the implementation of the strategies and actions within this plan. This plan will be evaluated annually and refined as necessary based on findings and outcomes.

## Definitions

**Communities** are groups of people who have common characteristics. Communities can be defined by location, race, ethnicity, age, occupation, a shared interest, or other common bonds.

**Customers** are individuals who use BPHC’s services, products, or resources.

**Decision-making** is the process of making decisions on public policies, practices, services, and resource distribution.

**Equitable Community Engagement** is the practice of using multiple strategies to provide opportunities for all [Boston] residents – particularly those historically excluded, under-represented, or under-resourced – to be informed and to participate in public planning and decision-making to achieve an equitable outcome.

**Health Equity** is the opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g., class, socioeconomic status) or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography, etc.).

**Health Inequities** are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic, and environmental conditions in which people live, work, and play.<sup>1</sup>

**Inclusivity** is the practice of intentionally seeking, listening to, and including the perspectives of culturally diverse population groups in public planning and decision-making, particularly those most adversely affected by health inequities.

**Racial Justice** is the creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment, and outcomes for all people regardless of race.<sup>2</sup>

**Social Determinants of Health** are the circumstances in which people are born, grow, live, work, play, and age that influence access to resources and opportunities that promote health. The social determinants of health include housing, education, employment, environmental exposure, health care, public safety, food access, income, and health and social services.

**Stakeholder** is any individual, group, or organization with a vested interest (a stake) in a particular issue or decision – either they will be impacted or they are able to effect change. Stakeholders can be residents, staff, business owners, or representatives of community based organizations.

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<sup>1</sup> Adapted from Margaret Whitehead Concepts and Principles of Equity and Health, <http://publicaciones.ops.org.ar/publicaciones/piezas%20comunicacionales/cursosDDS/cursoseng/Textos%20Completos/the%20concepts%20and%20principles%20of%20equity%20and%20health.pdf>

<sup>2</sup> Adapted from the Applied Research Center (ARC), <http://kirwaninstitute.osu.edu/clients/the-applied-research-center-arc/>

**Quality Improvement** refers to the continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.<sup>3</sup>

**Under-represented Groups** are population groups that are less likely to participate in government decision-making, including but not limited to: communities of color, immigrants and refugees, low-income individuals, homeless individuals, elderly individuals, youth, or persons with disabilities.

**Under-resourced Groups** are population groups that have insufficient resources and assets, due in part to public policies and systemic exclusion.

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<sup>3</sup> Adapted from the Public Health Accreditation Acronyms and Glossary of Terms Version 1.5, [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

# INTRODUCTION

## Purpose statement

Boston is a thriving city that is becoming richer in its mix of ethnicities and cultures. This diversifying population growth requires our government agencies, stakeholders, and communities to work together to build a city that provides all Boston residents the opportunity to achieve their full health potential – a healthier Boston for all. The purpose of this document is to describe the Boston Public Health Commission’s (BPHC’s) plan for advancing health equity for all residents by embedding consistent equitable and inclusive community engagement practices within its organizational culture – its policies, practices, and services. The plan provides guidance to staff and holds BPHC accountable for designing and delivering services that meet the needs of the communities it serves. At the core of this plan is a community engagement framework that provides BPHC with systematic approaches to developing partnerships with Boston’s diverse communities. This ensures community ideas and perspectives are included in shaping public policies, practices, and services.

This Equitable and Inclusive Community Engagement Plan closely aligns with and supports other BPHC strategic priorities and plans for achieving equity:

- Foundational statements, including the BPHC Mission and Vision;
- The 2015-18 Strategic Plan; and
- BPHC’s Health Equity Framework and Racial Justice Approach.

## BPHC’s mission and vision

The mission of the Boston Public Health Commission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable.

We achieve our mission by providing and supporting accessible high quality community-based health and social services, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion, and health education services.

The Boston Public Health Commission envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

# BACKGROUND

## What determines health?

Health is shaped by social and economic opportunities and environmental conditions of communities – often referred to as the social determinants of health. Some examples of social determinants of health include, but are not limited to: adequate employment and income, affordable housing and transportation, and neighborhood safety. In Boston, good health is not shared by all residents. People of color experience poorer health outcomes than Whites, in part due to the inequitable distribution of these and other social and environmental resources. When an individual does not have what he or she needs to reach their fullest health potential because of their race/ethnicity, it is called a health inequity.

Barriers to resources like affordable and safe housing, adequate employment and income, and affordable and reliable transportation can impact all residents, but have a profound impact on those experiencing social exclusion. Racism has an independent influence on all the social determinants of health, and in and of itself has a harmful impact on health (see appendix A for BPHC’s Health Equity Framework). BPHC is recognized locally and nationally for having moved beyond simply acknowledging the existence of racial inequities to adopting a racial justice approach through which it aims to achieve equity for all Boston residents (see appendix B for BPHC’s Racial Justice Approach). We do this by partnering with communities to identify and close gaps in resource distribution and poor health outcomes for Boston’s most vulnerable populations and under-resourced communities.

## What is equitable and inclusive engagement?

Equitable and inclusive community engagement is a key component to successful planning and decision-making. Without equitable and inclusive engagement, there is risk of making decisions that could have negative unintended consequences on residents and communities, particularly vulnerable populations and under-resourced communities. Decisions made about policies, public benefits, and the distribution of resources will serve best if made in partnership with the people they affect.

BPHC sees equitable community engagement as a cornerstone to its practice. We recognize that the people who live, work, play, and age in Boston have the skills, experiences, and knowledge that are vital to developing a public health system that meets their needs. BPHC seeks to include the ideas and perspectives of Boston’s diverse populations in its decision-making processes. In doing so, we strive to design and deliver high quality and culturally appropriate services, build leadership capacity, reduce health inequities, and improve health outcomes for all Boston residents.

# PROCESS

## How was this plan developed?

Throughout the month of September 2015, 11 focus groups with 66 internal and external stakeholders were held to gauge perspectives on BPHC's community engagement practices. The information gathered provided insight on which practices are currently working well and where there may be opportunities to strengthen BPHC's engagement efforts. Below is a summary of core themes reflecting what stakeholders said BPHC's community engagement plan should aim to achieve:

- Cultivate an institutional culture and consistency in community engagement practices across all service areas within BPHC;
- Create opportunities for communities to participate in public planning and decision-making;
- Hold BPHC accountable to community input and feedback; and
- Enhance communication to engage a broad range of populations and stakeholders.

Based on these core themes and best practice research, this plan was developed and is underpinned by a community engagement framework made up of the following components:

1. Values and Principles for Customer and Stakeholder Engagement;
2. Community Engagement Spectrum;
3. Goals and Strategies; and
4. Evaluation.

This framework provides a road map for BPHC to:

- Provide consistent yet flexible approaches to customer and stakeholder engagement across all service areas;
- Strengthen community relations through demonstrated commitment to its values and principles of customer and stakeholder engagement;
- Drive decision-making processes that include people from diverse races, cultures, gender identities, sexual orientations, and socio-economic statuses;
- Partner with a variety of residents and stakeholders to advance health equity through better planned and more informed policies, services, and practices;
- Enhance its programs, services, and practices through established quality improvement mechanisms; and
- Integrate practices of the Triple Aim of Health Equity into its community engagement work (see appendix C).



# COMMUNITY ENGAGEMENT FRAMEWORK

## Values and principles for customer and stakeholder engagement

These **values and principles** aim to guide the practice of equitable and inclusive community engagement across all service areas and represent what communities can expect when partnering with BPHC. **When we engage we promise:**

Values	Principles
<b>Transparency</b>	<ul style="list-style-type: none"><li>• Communicate clearly and honestly about decisions that need to be made and what participants should expect from the engagement process including goals, anticipated outcomes, roles and responsibilities, and key decision-makers.</li><li>• Report the outcomes and process results of decisions and/or community engagement activities regularly and promptly.</li></ul>
<b>Accountability</b>	<ul style="list-style-type: none"><li>• Start engagement early and seek to understand how communities wish to participate in decision-making processes and/or engagement activities.</li><li>• Respect participant time and investment by communicating how their involvement affects the outcome of decisions.</li></ul>
<b>Inclusion</b>	<ul style="list-style-type: none"><li>• Remove barriers to participation in planning and decision-making for all un-engaged groups and under-resourced communities.</li><li>• Use bi-directional, culturally, and linguistically appropriate engagement tools and strategies.</li></ul>
<b>Equity</b>	<ul style="list-style-type: none"><li>• Ensure community participation reflects the racial, ethnic, cultural, linguistic, and socio-economic experiences and needs of those most impacted by health inequities and/or public health decisions.</li></ul>
<b>Transformation</b>	<ul style="list-style-type: none"><li>• Value communities as partners by committing to long-term relationships and ongoing dialogues beyond funding and project periods.</li><li>• Monitor the effectiveness of our engagement and partnerships, and be open to continuous improvement based on evaluation results, and customer and stakeholder feedback.</li></ul>
<b>Sustainability</b>	<ul style="list-style-type: none"><li>• Support a culture of mutual learning and development.</li><li>• Expand the strengths and assets of communities through training, data sharing, technical assistance, and other applicable resources.</li><li>• Build awareness of the public health landscape – including key allies and resources – so communities can continue the work beyond project end dates.</li></ul>

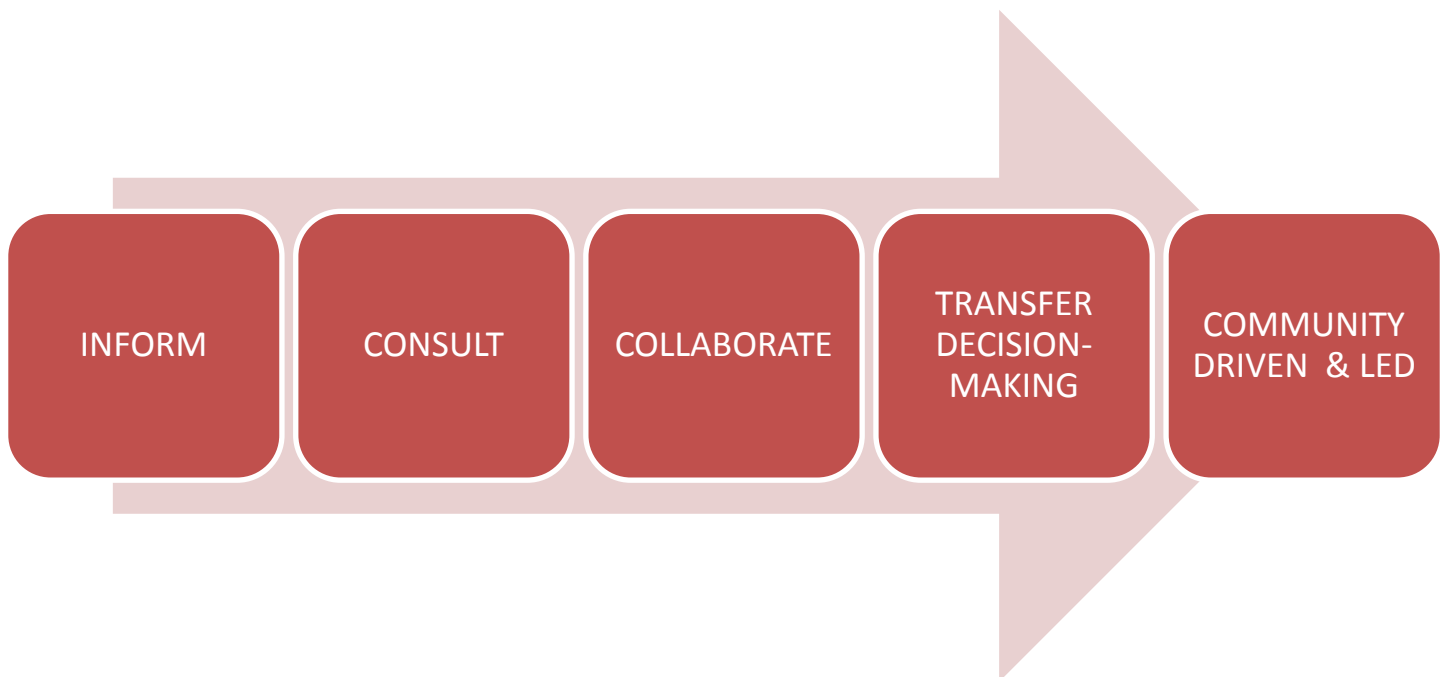
# Community engagement spectrum

**Community engagement is more than a one-time activity;** it requires the continuous involvement of communities in planning and decision-making. The International Association of Public Participation IAP2 Spectrum (see figure 1 for BPHC’s adaptation) is a nationally recognized model and provides a structured and consistent approach to community engagement.

This approach recognizes that engagement can occur at any or all levels of the spectrum to support deepening community involvement, understanding, and impact on decisions. All levels of engagement are important, depending on the objectives for engaging and the outcomes sought. BPHC’s engagement spectrum (figure 1) notes that the highest level of engagement places final decision-making in the hands of communities. For some issues or projects, BPHC acknowledges its limitations in transferring decision-making control to communities. Prior to the start of community engagement processes, we will use our spectrum as a guide to determine the most appropriate and meaningful level of participation of communities, and commit to being transparent about any identified limitations throughout our partnerships.

BPHC also recognizes that priority-setting and engagement processes may be initiated and led by communities. In instances where BPHC is invited to participate as a partner, we will strive to support community-identified priorities as needed.

**Figure 1 – BPHC’s Community Engagement Spectrum<sup>4</sup>**



<sup>4</sup> Adapted from International Association for Public Participation (IAP2) Spectrum

# Applying BPHC's Community Engagement Spectrum



	<b>Inform</b>	<b>Consult</b>	<b>Collaborate</b>	<b>Transfer Decision-making</b>	<b>Community Driven/Led</b>	
<b>Goals for Community Participation</b>	These are our goals for community participation in various areas of the spectrum	Communicate to share information, listen for understanding, and clarify information	Two-way communication to obtain feedback on existing issue(s), projects, processes, or ideas	Partner in each aspect of decision-making including the development of alternatives and identification of preferred solutions	Place final decision-making in the hands of communities	Support the priorities and ideas identified and led by communities
<b>Promise to Community</b>	These are ways in which we will approach our work as public health leaders  In all areas of this spectrum there will be opportunities for bi-directional communication and feedback	We will provide communities with balanced and objective information to assist them in understanding public health, city issue(s), opportunities, alternatives, and potential solutions	We will inform communities of public health issue(s) or decisions that need to be made, obtain their feedback, and report back on how their input influenced decision(s)	We will establish shared decision-making roles with communities and commit to working together to identify public health issue(s), joint projects, and solutions	We will guide and provide sufficient resources to communities so they can lead the development and implementation of public health strategies, projects, and public policies	When invited to partner we will support community-identified public health issues, plans, strategies, and public policies based on availability of BPHC resources and capacity
<b>Example Engagement Techniques</b>	These are examples that can be used in various areas of the spectrum  These examples may be expanded upon as needed	<ul style="list-style-type: none"> <li>• Emails</li> <li>• Newsletters</li> <li>• Press releases</li> <li>• Fact sheets</li> <li>• Web sites</li> <li>• Open houses</li> <li>• Town halls</li> <li>• Health fairs</li> </ul>	<ul style="list-style-type: none"> <li>• Public comment</li> <li>• Focus groups</li> <li>• Surveys</li> <li>• Community meetings</li> <li>• Workshops</li> <li>• Legislative briefings and testimony</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory committees</li> <li>• Coalitions</li> <li>• Co-led community meetings</li> <li>• Steering committees</li> <li>• Work groups</li> <li>• Legislative briefings and testimony</li> </ul>	<ul style="list-style-type: none"> <li>• Community juries</li> <li>• Planning councils</li> <li>• Coalitions</li> <li>• Board seats</li> <li>• Ballots</li> </ul> <p>BPHC will support community decision with:</p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Data</li> <li>• Testimony and policy development</li> <li>• Technical assistance</li> </ul>	<p>BPHC will support by:</p> <ul style="list-style-type: none"> <li>• Attending community meetings</li> <li>• Serving as advisory members</li> <li>• Providing funding, data, and technical assistance</li> <li>• Developing testimony and policies</li> </ul>

## Goals and key strategies

### **GOAL 1: Create and sustain a culture that demonstrates commitment to equitable and inclusive community engagement**

Focus group participants expressed a need to create an environment that encourages and supports community engagement across all service areas within BPHC. As noted on page 11, BPHC’s community engagement spectrum will help shape and create consistency in community engagement practices, increase community awareness and understanding of engagement goals, and provide clarity of participant roles. Goal 1 and accompanying strategies aim to build a foundation that fosters shared understanding and consistent engagement practices across all service areas.

**Strategy 1.1:** By December 2016, develop curriculum and facilitate at least 3 annual practice workshops to help staff understand and apply BPHC’s equitable community engagement framework. BPHC’s community engagement framework and best practice tools and techniques will be introduced and communicated to staff through two half-day professional development practice workshops.

**Strategy 1.2:** By December 2016, incorporate values and principles for customer and stakeholder engagement into bi-monthly new hire orientations.

**Strategy 1.3:** Starting January 2017, develop a system and practice of sharing stories of successful community engagement through internal and external communication channels.

**Strategy 1.4:** By December 2017, conduct an organizational assessment of program-sponsored advisory committees and coalitions to support their capacity to advance health equity through the alignment of processes, trainings, and technical assistance.

**Strategy 1.5:** By December 2017, establish a Public Health Advisory Committee (PHAC).

The Office of Community Engagement will facilitate the development and integration of a customer and stakeholder based advisory committee. The PHAC will serve as the Commission’s central body for advising BPHC on matters concerning health inequities. Members will be oriented to BPHC’s structure, programming, and frameworks to support leadership development and capacity building (see appendix G for committee roles).

*“We should all be working from the same playbook.”*

-Public health leader, focus group participant

*“We need to be transparent about expectations and desired outcomes of engagement.”*

-Public health leader, focus group participant

## GOAL 2: Increase customer and stakeholder involvement and impact on public decisions


A common theme from stakeholder interviews was that BPHC needs to establish consistent structures to provide communities with opportunities to participate in planning and decision-making processes. Respondents shared that people want to participate in decision-making and engagement processes from the beginning, rather than being asked for their opinion after a decision has been made. Respondents also expressed the importance of results and outcomes being reported back to communities, which will help build and restore trust. Goal 2 and accompanying strategies aim to create platforms for communities to influence and help shape decisions that could potentially impact them.

**Strategy 2.1:** By December 2017, conduct an organizational assessment of customer and stakeholder satisfaction procedures. This strategy will help BPHC identify opportunities to establish standard and systematic approaches to collecting, analyzing, and reporting customer and stakeholder feedback results.

**Strategy 2.2:** By December 2019, BPHC's community engagement framework will be utilized across service areas as a model for developing policies, practices, and services with communities. Community engagement plans will align with program-specific work plans and will help guide equitable and inclusive engagement practices.

Bureaus and programs will implement a community engagement planning process:

1. Complete community engagement planning document and implement plan (see appendix D);
2. Evaluate outcome of engagement project or activity (see appendix E);
3. Utilize the Plan Do Study Act (PDSA) model to identify opportunities for improvement based on evaluation results, then refine and implement changes to be applied to current or future projects; and
4. Report outcome of innovations and improvements to the Office of Community Engagement and the public.



*“Communities want to be involved but are often times unclear of when or how to participate in government decision-making.”*

-Community resident, focus group participant



### **GOAL 3: Enhance communication, collaboration, and coordination between public health leaders and other organizations serving priority populations**

One of the most common themes we heard during focus group conversations was the need to enhance internal and external communication, coordination, and collaboration. Focus group participants shared they would like to see BPHC convene people to share information, network, and identify opportunities for collaborative action. Additionally, focus group participants recommended that BPHC increase its capacity by collaborating with other government sectors and those community-based organizations serving under-represented and underserved groups and populations. Goal 3 and accompanying strategies aim to increase resident and stakeholder awareness, involvement, and action in public health and citywide issues and initiatives.

*"We need to engage residents by meeting them where they are."*  
-Community resident, focus group participant

**Strategy 3.1:** The Office of Community Engagement will work with internal and external stakeholders to plan and execute at least 5 annual community meetings. As part of this strategy, BPHC will seek to partner proactively with other city agencies, neighborhood coalitions, and community based organizations to plan and execute these meetings.

The goals of these meetings are to:

- Promote bi-directional communication and joint planning between BPHC and its partners;
- Provide platforms for BPHC to listen and respond to the priorities and concerns of residents and stakeholders; and
- Provide forums to discuss ongoing and emergent public health issues in Boston with residents and stakeholders.

For these meetings, flyers and other documents will be translated into the primary reading language of the invited audience. Interpreter services will be coordinated and provided as needed during these meetings.

**Strategy 3.2:** By December 2017, develop and maintain a master list of BPHC strategic partnerships through a partnership database.

**Strategy 3.3:** Implement coordinated approaches to support the health equity priorities of partnerships serving residents experiencing health inequities.

As part of this strategy, BPHC will seek to work with established as well as non-traditional partners that serve residents experiencing health inequities. We will strive to support partnerships by providing technical support, training, health data, and other applicable resources.

*"We need to engage missed groups by partnering with new and non-traditional partners."*

-Public health leader, focus group participant

# EVALUATION

## Measuring success

BPHC will work with its Public Health Advisory Committee and other interested stakeholders to identify short and intermediate measures of success. Some potential measures are identified in the table below.

Strategies within this plan p. 12,13,14	Applying BPHC's Values	Applying BPHC's Spectrum	Potential Measures Year 1	Potential Measures Year 4
<b>Strategy 1.1:</b> BPHC will train staff on community engagement framework practices.	Sustainability	Inform and Consult	# of BPHC staff trained on community engagement framework practices.	% of staff demonstrating that BPHC has clear expectations of equitable and inclusive community engagement practices.
<b>Strategy 1.3:</b> BPHC will establish a repository of internal best practice approaches to community engagement.	Transformation	Inform and Consult	% of programs reporting and sharing best practice examples and stories.	% of programs demonstrating the practice of equitable and inclusive community engagement.
<b>Strategy 1.4:</b> BPHC will conduct an organizational assessment of program-sponsored advisory committees and coalitions.	Equity, Transformation, and Sustainability	Consult and Collaborate	Identified opportunities to align processes, trainings, and resources for advisory committees and coalitions.	% of advisory committee and coalition members indicating they know how their participation impacted decisions.  % of advisory groups and coalitions meeting program and/or group-identified health equity goals.

Strategies within this plan p. 12,13,14	Applying BPHC's Values	Applying BPHC's Spectrum	Potential Measures Year 1	Potential Measures Year 4
<b>Strategy 1.5:</b> BPHC will establish a public health advisory committee to support advancing health equity.	Inclusion, Equity, Transformation, and Sustainability	Consult and Collaborate	% of committee membership representative of ethnically and culturally diverse populations as well as consumers of BPHC services.	% of committee members indicating they know how their participation helped to advance health equity.
<b>Strategy 2.1:</b> BPHC will conduct an organizational assessment of customer and stakeholder satisfaction procedures.	Accountability and Transformation	Consult	Findings report and set of recommendations for customer and stakeholder satisfaction procedures.	Established standards of practice to collecting, analyzing, and reporting customer and stakeholder satisfaction results.
<b>Strategy 2.2:</b> BPHC will provide technical assistance to its service areas to integrate BPHC's community engagement framework practices.	Sustainability	Inform and Consult	% of BPHC service areas reporting application of community engagement framework practices and how communities helped to inform decisions.	% of new policies, processes and/or initiatives developed in partnership with the communities they intend to impact.
<b>Strategy 3.1:</b> BPHC will work with internal and external stakeholders to plan and execute at least 5 annual community meetings.	Transparency, Accountability, Inclusion, Equity, Transformation, and Sustainability	Consult and Collaborate	To be determined.	To be determined.
<b>Strategy 3.3:</b> BPHC will support the health equity priorities of partnerships serving residents experiencing health inequities.	Transformation and Sustainability	Community Driven and Led	To be determined.	To be determined.

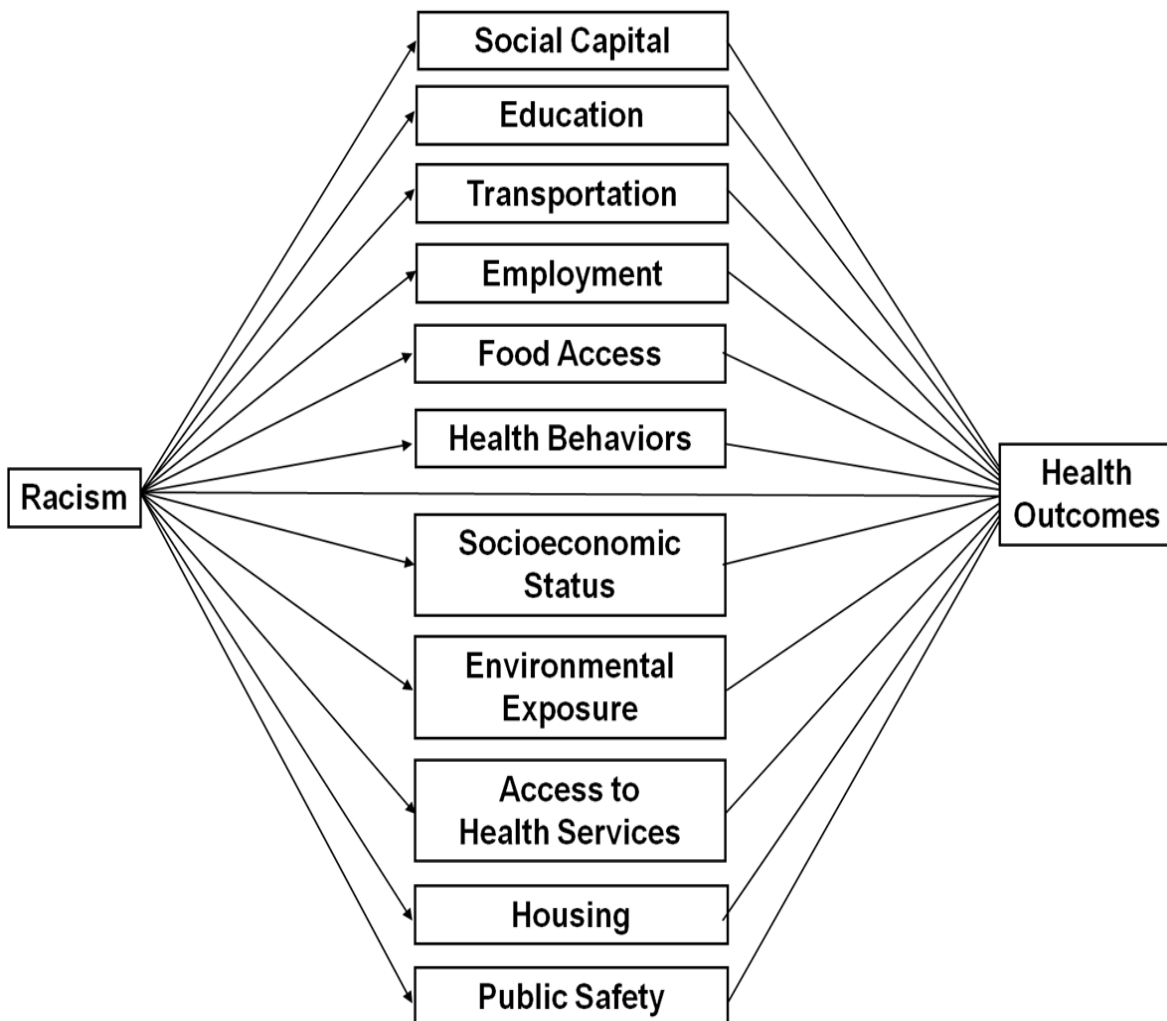


# RESOURCES

## Appendices

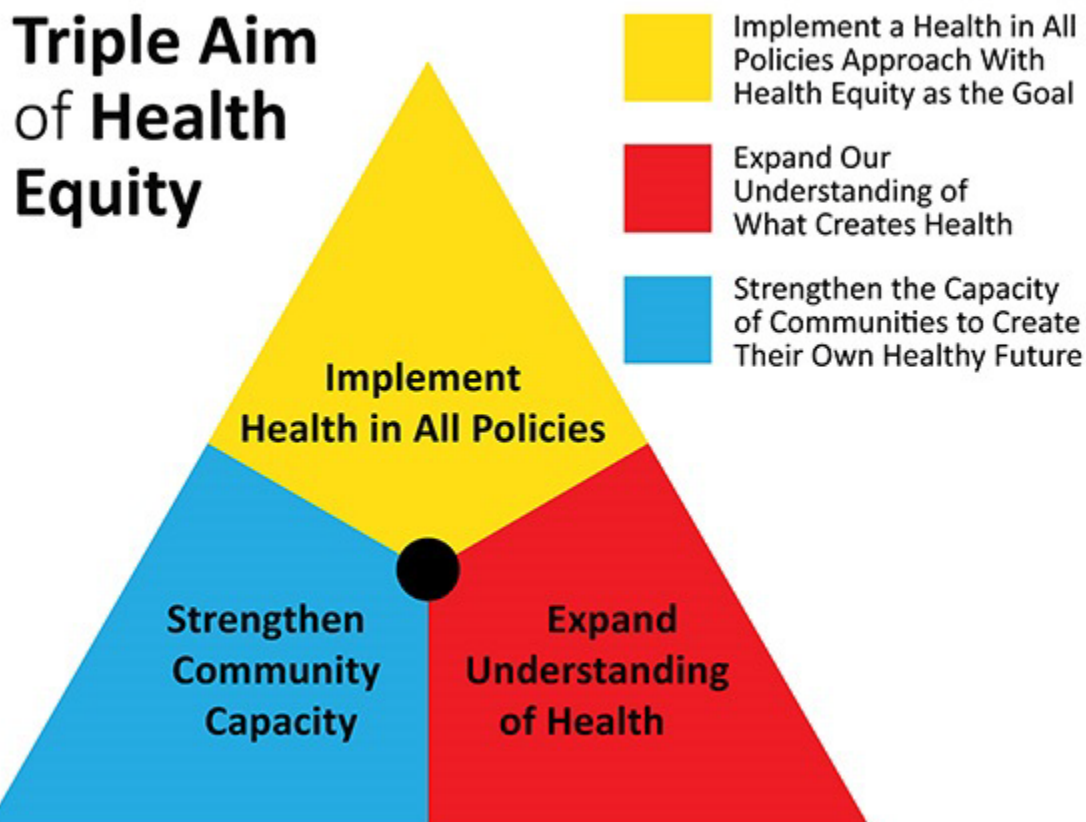
### APPENDIX A: BPHC's Health Equity Framework

This framework illustrates how racism has an independent influence on all the social determinants of health and that racism in and of itself has a harmful impact on health.



## **APPENDIX B: BPHC's Racial Justice Approach**

- Identifies current racial inequities through data and targets health equity explicitly by race.
- Names the history and legacy of racism in public health policies, practices, attitudes, and actions and commits resources to addressing root causes.
- Employs systemic solutions at the individual, interpersonal, and institutional levels to dismantle racism structurally.
- Consciously works to recognize and counteract implicit bias in everyday policy, practice, and decision-making.
- Engages the communities most impacted to create targeted solutions that result in equity for all.
- Utilizes an “I = WE” framework and understands that dismantling a structurally racialized system requires collective action that starts with individuals.



**APPENDIX D: Sample Community Engagement Planning Worksheet**

**Project Name:** \_\_\_\_\_ **Bureau and Program:** \_\_\_\_\_ **Project Manager:** \_\_\_\_\_

**1.** Describe project or activity scope or purpose (*e.g., to partner for grant making, work plan and policy development, evaluation*):

**2.** Specify who this issue, project, or activity is expected to impact:

- Residents of color
- Residents who speak a primary language other than English
- Aging population
- Youth
- Disabled residents
- LGBTQ community
- Low-income residents
- Other: \_\_\_\_\_

**3.** Specify the decisions and/or outcomes expected to result from this engagement project or activity:

**4.** Identify the decision-makers in this process (*e.g., legislators, staff, partners*):

**5.** Determine which stakeholders need to be involved and/or engaged in this decision-making process:

- Racial/ethnic or other identity-based group
- General public
- BPHC staff/ internal bureaus or program(s)
- Community based organization
- Other City departments
- Policymakers
- Business owners
- Other \_\_\_\_\_

**6.** Determine the appropriate level of engagement and/or role of community:

- Inform (increase awareness)
- Collaborate (shared decision-making)
- Consult (gather information)
- Transfer of Decision-Making Control

**7.** Identify the resources needed to reduce participation barriers (*e.g., translation, interpreters, child care, transportation, stipend*):

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

**9.** Are there opportunities with this project or activity to build community leadership capacity? Yes or No  
If yes, please describe: \_\_\_\_\_ If no, please explain why not: \_\_\_\_\_

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

**11.** Identify the mechanism that will be used for reporting the outcomes of this project or activity:

*Adapted from King County Community Engagement Guide May 2011 and Metropolitan Council Public Engagement Plan June 2014*

## APPENDIX E: Sample Community Engagement Project Evaluation Score Card

**Scoring:** 4 means we did extremely well 3 means we did very well 2 means we did somewhat well  
1 means we didn't do well

Project team self-assessment of community engagement planning process and outcomes

	Score	Describe
Health equity goals of this project/activity were met		
Involved those who would be impacted by this project/activity		
Chose most appropriate level of participation for stakeholders/partners		
Identified and reduced participation barriers for stakeholders/partners		
Overall stakeholders/partners were satisfied with engagement process		
Community input affected decision-making in this project/activity		
Identified and made any necessary improvements to engagement processes		
Reported back to community of decisions and/or project outcomes		
	<b>Total:</b>	

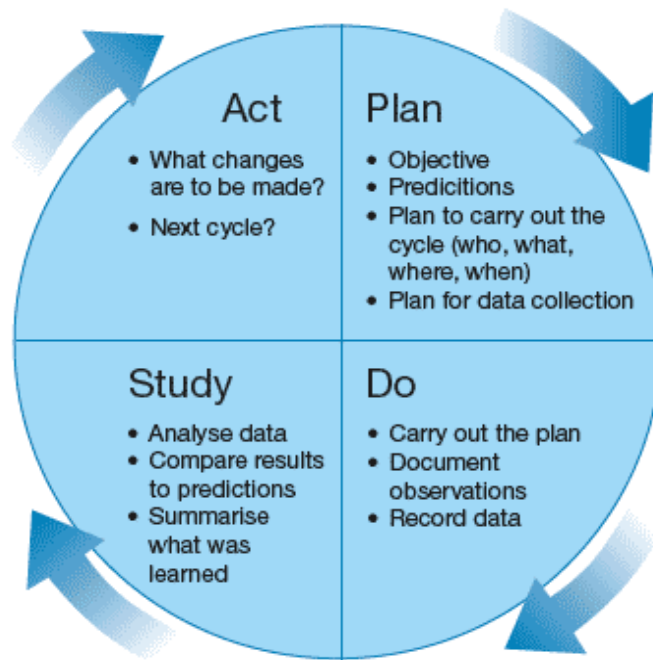
Summarize the outcome of engagement project (e.g., change in policy, programming, behavior):

Summarize any unanticipated or unexpected challenges:

Describe what we can do differently next time to improve project outcomes and/or communities' experience:

*Adapted from Moorabool Shire Council Community Engagement Framework*

## APPENDIX F: Plan-Do-Study-Act (PDSA) Cycle



## **APPENDIX G: Implementation Support**

### **The Office of Health Equity: Community Engagement and Partner Relations will:**

- Facilitate the implementation of the strategies and action steps within this plan.
- Monitor and update this community engagement plan for continuous quality improvement.
- Track and report evidence of change of community engagement activities and projects across service areas.
- Provide, as needed, technical assistance and guidance to bureaus and programs with implementation of projects, tools, and methodologies.

### **Supporting Roles**

#### **Executive office and service areas within BPHC will support this community engagement plan by:**

- Supporting the integration of BPHC's community engagement framework and accompanying best practice tools within their respective service areas.
- Supporting the implementation of the goals and strategies within this plan.
- Encouraging and supporting the participation of all staff in community engagement practice workshops.
- Supporting the participation and leadership development of Public Health Advisory Committee members.

#### **The Quality Improvement office will support this community engagement plan by:**

- Providing technical assistance and guidance as needed to service areas with utilization of the PDSA model for community engagement projects and activities.
- Supporting the collection of baseline community engagement data and reporting of community engagement outcomes.

#### **The Communications office will support this community engagement plan by:**

- Promoting engagement opportunities and messaging on BPHC's internet and intranet pages, social media, and print materials.

#### **The Research office will support this community engagement plan by:**

- Supplying accessible and user-friendly public health data to residents and partnerships to support community-identified public health issues, priorities, and initiatives.

#### **The Consortium for Professional Development will support this community engagement plan by:**

- Embedding community engagement best practices and principles within new hire orientation as well as professional development and training processes to support staff development of core competencies, skills, and capacity in equitable and inclusive community engagement.

**The Public Health Advisory Committee will support this community engagement plan by:**

- Committing to advance health equity by serving a 2-year membership term.
- Serving as liaison between BPHC and neighborhood coalitions and associations to support inclusion of broad views and perspective.
- Working collaboratively and communicating as necessary with other internal advisory bodies.
- Advising and making recommendations on matters concerning health inequities.
- Advising and making recommendations on matters concerning equitable and inclusive community engagement approaches.
- Promoting public health to communities and residents.
- Supporting the planning of community meetings and special events.



## References

Inclusive Outreach and Public Engagement Guide:

<http://www.seattle.gov/Documents/Departments/RSJI/GRE/IOPEguide01-11-12.pdf>.

International Association for Public Participation: <http://www.iap2.org>.

King County Community Engagement Guide:

<http://www.kingcounty.gov/~media/elected/executive/equity-social-justice/documents/CommunityEngagementGuideContinuum2011.ashx?la=en>.

Metropolitan Council Public Engagement Plan: <http://www.metrocouncil.org/About-Us/Publications-And-Resources/Public-Engagement-Plan.aspx>.

Moorabool Shire Council Community Engagement Framework:

[http://www.moorabool.vic.gov.au/CA257489001FD37D/Lookup/StrategicCouncilDocuments2012/\\$file/2012%20Comm%20Engagement%20Framework\\_2012.pdf](http://www.moorabool.vic.gov.au/CA257489001FD37D/Lookup/StrategicCouncilDocuments2012/$file/2012%20Comm%20Engagement%20Framework_2012.pdf).

Plan-Do-Study-Act (PDSA) Cycle:

<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>.

Triple Aim of Health Equity: <http://www.astho.org/Health-Equity/2016-Challenge/>.