











Apply The Equitable Community Engagement Framework Into The Decision-Making Process







Identify Community Stakeholders

Use this worksheet to:

- Invite the RIGHT stakeholders to engage and/or participate in the planning of the engagement.
- Form an engagement planning team representative of primary, secondary, and key stakeholders.
- Confirm that the racial/ethnic groups most affected by the issue are able to participate.
- Coordinate engagement efforts and reduce duplication of the engagement process.
- Identify who may be at risk for exclusion, why, and what can be done to ensure inclusion.

PRIMARY STAKEHOLDERS:	Residents or staff who may be directly	affected.
Who may benefit from the decision or outcome?	Who may be burdened or negatively affected by the decision or outcome?	Who may be less informed, vocal, or actively involved?
	Specify how: Cost Time Limited Access Other:	What barriers may prevent stakeholders from participating?

SECONDARY STAKEHOLDERS:

What community-based organizations, mobilizing organizations, or non-traditional partners are already organizing around the issue?

Agencies or organizations who may be indirectly affected or have a direct relationship with primary stakeholders.

What community-based organizations or groups does the community respect and trust?

How does this engagement issue or topic align with other past or present BPHC or City initiatives?

KEY STAKEHOLDERS:

Political or organizational leaders with the greatest influence or power over a decision.

What is the political or legal landscape around the issue or topic at BPHC and how can staff be involved?

What is the political or legal landscape around the issue or topic in Boston and how can City legislators or officials be involved?

Which community leaders or media should be involved?

TIPS

- Refer to the Constituent and Neighborhood List in BPHC's The Guide to build a stakeholder list.
- Find Neighborhood Liaison Support through the Mayor's Office of Neighborhood Services.
- For help finding community partners, use the BPHC Partnership Database.
- Reach out to other BPHC programs and services to identify existing partnerships.

Determine Level of Engagement

Use this worksheet to:

- Determine and select the most appropriate and meaningful level of engagement for stakeholders.
- Communicate the anticipated value to residents and neighborhoods.



INFORM



CONSULT



COLLABORATE



TRANSFER DECISION-MAKING



COMMUNITY **DRIVEN & LED**

SELECT LEVEL OF **ENGAGEMENT**

PROMISE TO THE **PUBLIC**

WHAT IT MEANS

WHAT IT LOOKS

LIKE IN PRACTICE

ANTICIPATED

VALUE FOR THE

COMMUNITY

Share information, listen for understanding, and answer questions for clarity.

communities with

balanced information

understanding public

health or city issues,

Providing

to assist in

opportunities,

alternatives, and

potential solutions.

Announcement of

in Boston with information on

treatment and

Understand the

influenza (flu) season

vaccination options.

health risks of the flu

and how to protect

self, families and

community.

communication to obtain feedback on existing issues, projects, processes, or ideás.

Two-way

Informing communities of public health or city issues or decisions that need to be made, obtain their feedback, and report back on how their input helped shape decisions.

Collect and use feedback from key informants, staff, and community residents to develop BPHC's Strategic Plan.

Strengthened BPHC programs and services to address public health issues in Boston, such as homelessness and opioid use.

What are the top 3 priorities you believe should be addressed in the new strategic plan?

What would you like to see BPHC look like in the future?

Partner in each aspect of decision-making, including development of alternatives and identification of preferred solutions.

Establishing shared decision-making roles with community and committing to work together to identify public health or city issues, joint projects, and solutions.

Partner with hospitals, community organizations, and residents to produce the Community **Health Needs** Assessment.

Funded projects that create long-term positive change in the city.

What are the most important concerns in your community that affect health?

What are the strengths of your community?

Place final decisionmaking in the control of the community.

Guiding and providing sufficient resources to communities, so they can lead the development and implementation of public health or city strategies, projects, and public policies.

Youth determine how to allocate funds from the city's capital budget through participatory budgeting.

Coordinated community-based programming implemented through the Community Health Improvement Plan

How would you spend public funds in your neighborhood?

What project is most important to you?

Support the priorities and ideas identified and led by the community.

When invited to partner, BPHC will support communityidentified public health or city issues, plans, strategies, and public policies based on availability of BPHC resources and capacity.

Local agency requests asthma rate and housing type data from BPHC's Research Offices' Health of Boston Report.

Communities advocate for increased healthy housing options in neighborhoods with high asthma rates.

Local agency asks BPHC to supply the rates of asthma emergency room visits by race/ ethnicity, housing type and neighborhood.

DATA REQUESTED FROM THE COMMUNITY

Communities receive information without expectation of twoway communication. Communicators prepare to respond to questions, concerns, and suggestions.

· The Community Engagement Spectrum is flexible and multi-directional; therefore, the use of different levels of this spectrum may be required.

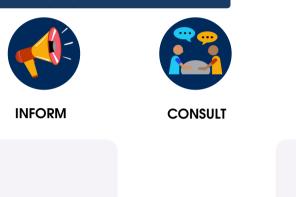


Determine Engagement Methods & Develop Communication Plan

Use this worksheet to:

- Determine the most appropriate engagement method; Multiple methods may be required,
- Develop a communication plan to reach and engage stakeholders throughout the engagement process.
- Send draft communication materials that carry the BPHC logo to the Communication Office for review.

EXAMPLE ENGAGEMENT METHODS







Participatory Budgeting

DECISION-MAKING

BPHC will support by: Providing funding,

BPHC will support community decision with:

COMMUNICATION PLAN

STAKEHOLDER:

017111012111				
TIMING	KEY MESSAGE	COMMUNICATION CHANNELS	SENDER	FREQUENCY
Before engagement				
During engagement				
After engagement				

TIPS

- · Communication is important throughout the process; at the onset to get stakeholders interested, during the process to provide updates on progress, and at the end to describe the difference the process made.
- The key message should be persuasive, easy to remember, and align with what stakeholder's care about; ensure stakeholders understand what is being asked of them and the benefits of getting involved.



Design Data Collection Plan

Use this worksheet to:

- Define what information is needed on the issue from stakeholders.
- Determine what questions to ask stakeholders and how information will be collected at engagement.
- Establish how the information collected will be analyzed and reviewed by stakeholders.

RESEARCH

Who is the information for? BPHC Planning Team Funders Other Community	What information is needed on the issue? May vary depending on who the information is for.	What information already exists? Explore existing data (BPHC's Health of Boston Report or Boston's 2019 Community Health Needs Assessment) or identify agencies doing similar work and request information that they may have collected.

COLLECT

What new information can be provided by stakeholders?	What questions will be asked of stakeholders?	How will the collected from
	Collect both quantitative and qualitative data.	Surveys/Que
		Key Informa

Surveys/Questionnaires
Key Informant Interviews
Brainstorming
Diagramming
Ranking/Voting
Mapping.
Other:

ANALYZE

How will data collected from stakeholders be analyzed?

Who will be responsible for analyzing the data?

How will analyzed data be reviewed by stakeholders?

Before a final decision is made, check-in with stakeholders and ensure that analyzed data reflects their voice.

Who will be responsible for for sending analyzed data to stakeholders for review?

TIPS

- No one data collection method fits all stakeholders. Use a combination of activities to listen to all perspectives and gather information from as many stakeholders as possible. Prioritize dialogue and interactivity.
- Ensure accurate and complete records are kept of all interactions and responses. Adhere to agreed-upon privacy of stakeholders involved.
- · Sort group responses into categories to identify varying perspectives. Balance qualitative responses against other sources of evidence or research. Examine primary stakeholder viewpoints and consider implications for the decision or outcome. Identify trends, previously unknown information or new ideas that have been provided. Examine and justify any recommendations that cannot be pursued due to constraints (e.g. budget, political landscape).

Develop Evaluation Tools

Use this worksheet to:

- Create an evaluation tool to obtain feedback from participants on the engagement that aligns with the Community Engagement Principles.
- Create a self-assessment tool for the planning team to measure the implementation of the Community Engagement Principles.
- Refer to Resource 7: Sample Evaluation Form & Question Bank (pg. 17-18) for additional support.

	FOR PARTICIPANTS	FOR THE PLANNING TEAM
	Evaluation method:	Evaluation method:
	Frequency:	Frequency:
PRINCIPLES	EVALUATION	N QUESTIONS
ACCOUNTABLE		
COLLABORATIVE		
INCLUSIVE		
SUSTAINABLE		
TRANSPARENT		

TIPS

• Community engagement is an iterative process with many opportunities to learn and improve future engagement processes. Evaluation of the engagement plan keeps BPHC accountable to the community.



Report Back and Stay Connected

Use this worksheet to:

- Determine how the final engagement results will be summarized and reported back to stakeholders.
- Establish the appropriate methods and timelines for regular check-ins with stakeholders to use after the engagement ends.
- Identify a plan or resources to support stakeholders after the engagement process has ended.
- Refer to Resource 8: Sample Report Back Summary Infographic (pg. 19) for support.

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List the engagement goals:	List key partners:	List neighborhoods engaged:		
Describe participant demographics:	Describe race/ethnicity of participants:	Summarize what was heard:		
State the final decision:	Describe how stakeholder input was used to inform the final decision:	Decide how information will be reported back to stakeholders: Presentation Infographic Report Other: Executive Summary		
Provide contact information:				
STAY CONNECTED				
Staff responsible for staying connected to stakeholders: BPHC contact:	Check-in method: Email Newsletter	Check-in timeline: Monthly		
Community Partner contact:	Phone Community Event Other:	☐ Quarterly ☐ Other:		

SUPPORT STAKEHOLDERS

- Connect stakeholders to funding opportunities at BPHC or elsewhere.
- Offer stakeholders ongoing training or technical assistance.
- Add stakeholders to BPHC program or service are newsletters and social media.
- Promote stakeholder's work inside and outside of BPHC.

Resource 1: Common Barriers to Participation

Adapted from Washington State Department of Health Community Engagement Guide.

Common Barriers to Participation **Potential Solutions Government Organizational Structure and** • At the start of any engagement, orient stakeholders to **Functions** organizational structures, policies, and procedures, including who the final decision-makers are. Stakeholders may be unfamiliar with how a • Reach out to other BPHC programs and service areas and partners government system works including roles to coordinate engagement efforts, minimize community and responsibilities of departments and confusion and consultation fatigue. employees. Additionally, they may be • Make engagement opportunities easy to find and accessible to unfamiliar as to where one department communities. ends, and another begins. **Suggested Resources** o BPHC Event Calendar City of Boston Calendar o BPHC Partnership Database **Distrust of the Government** Learn about historical injustices faced by different communities to not perpetuate trauma in the engagement. Communities may not trust government for • Ensure leadership commitment and involvement in the a variety of reasons, including personal engagement process. negative experiences, lingering fears of • Build trust by following through on commitments and refrain from oppressive governments, and historical making promises that cannot be kept. government policies that created the • Explain the expectations and any limitations of the engagement injustices seen today. and be clear about what is or is not negotiable. • Neutralize power differences by ensuring institutional engagement priorities, efforts and timelines align with the communities and if they do not, explain why. **Suggested Resources** o BPHC Office of Health Equity – Technical Assistance o BPHC Office of Health Equity - The Guide to Advance Racial Justice and Health Equity o Public Health Timeline, Root of Inequity **Implicit Bias** • Recognize that everyone, regardless of race or gender, holds

Implicit bias refers to learned stereotypes and prejudices that operate automatically and unconsciously. Individual bias influences organizational culture perpetuating or replicating negative impacts.

- implicit bias, and that individuals are responsible for identifying and addressing their own biases.
- Practice challenging individual biases by pressing the "pause button" to insert more intentional equitable actions into daily
- Acknowledge that this is the beginning of a lengthy process towards equity and must be addressed at both individual and organizational levels to eliminate structural inequities.

Suggested Resources

BPHC Office of Health Equity – <u>The Guide to Advance Racial Justice</u> and <u>Health Equity</u>

Government Jargon

Government uses terminology that is useful when conveying technical concepts or when communicating between government institutions. However, certain terms can be unfamiliar and intimidating to stakeholders.

- Use plain language and visuals to communicate complex concepts.
- Do not assume that government jargon is common knowledge.
- Refrain from using acronyms.

Suggested Resources

BPHC Office of Communications – Communication Plan

Language

Residents over the age of 14 in thirteen percent of Boston households experience difficulty speaking English. Among these households, Spanish and Asian languages are the most spoken. Ensure a comfortable environment for stakeholders with differing language, hearing, and vision needs.

- Identify the language and ADA needs of the community by reviewing data and speaking to community leaders.
- Translate materials to the language or dialect of the stakeholders.
- Be mindful that some English words have a different meaning in other languages and dialects.
- Provide real-time translation and accessible services.

Suggested Resources

- o BPHC Office of Communications <u>Interpreter/Translation process</u>
- Mayor's Office on Language and Communication Access Interpretation, Translation, and Assistive Technology

Communication

Certain populations, including youth, individuals experiencing homelessness or with a substance use disorder, may be more difficult to engage with traditional communication methods. Often, they are the most valuable voices. Consider interactive, dynamic, and flexible engagement methods to reach less informed and unengaged stakeholders.

- When using social media, tap into community influencers and key leaders that can promote the engagement.
- Online engagement may work for more engaged populations, but digital barriers may prevent other communities from participating. Consider using:
 - o Word-of-mouth
 - Text messages to reach youth, younger adults, and cell phone users.
 - Printed flyers.
 - Local radio, newspaper, or television.
 - o Emails to partners that engage with primary stakeholders.

Suggested Resources

o BPHC Office of Communications – Communications Plan

Geographic Location

Boston has 23 neighborhoods. To ensure resources are distributed equitably, it is important to identify where City investment and resources are needed most and prioritize the voices of those living in low-income and underserved neighborhoods.

- Host multiple events in different locations within the same neighborhood.
- Choose a location within walking distance or accessible by public transportation.
- Offer transportation voucher.

Suggested Resources

- Mayor's Office of Neighborhood Services <u>Neighborhood Contact</u> <u>List</u>
- Refrain from holding meetings in government buildings and opt for community settings.

Immigration Status

The growing hostility towards immigrants and fear of deportation in the U.S. may make it difficult to engage this population.

- Collaborate with trusted cultural, professional, advocacy, or faith organizations to make participants feel safe.
- Use trusted sources like community partners or popular media outlets to reach immigrant communities.

Suggested Resources

- Mayor's Office for Immigrant Advancement <u>Resources, Contact</u>
 List, Community Resource Directory
- Massachusetts Immigrant and Refugee Advocacy Coalition -Resources

Intercommunity Dynamics

Community tensions, power structures, and other norms may create a barrier when bringing together different groups.

- Recruit key members of the community to learn about the relationships and history between communities and prepare for any issues that arise before bringing them together.
- Build on existing community-based work so that the engagement does not perpetuate trauma or tension.
- Understand that intercommunity dynamics may need to be addressed before moving forward in the process.
- Commit time to learn and practice facilitation for equity and inclusion to increase the success of the engagement.

Suggested Resources

- BPHC Partnership Database
- o Resource 2: Facilitating for Equity and Inclusion

Competing Priorities

Stakeholders have other commitments and responsibilities that may make it challenging for them to participate in engagement processes.

- **Family:** Make spaces welcoming to families with children and provide on-site childcare.
- Food: Budget for healthy and culturally appropriate snacks or meals to offer, especially if the engagement is taking place during a mealtime.
- **Time:** Provide stakeholders with advance notice of the engagement by reaching out to them at least 2 weeks before for face-to-face meetings.
- **Relevancy:** Ensure the topic/issue is important to stakeholders and that they will see results from their participation.
- **Finances:** Offer incentives like gift cards or stipends, if allowable by grant funds.
- **Schedules:** Host engagement before or after work and school hours or meet people where they are by bringing the engagement to them.
- Capacity: Involve stakeholders as early as possible and asses their readiness to participate. If necessary, set time aside to get them ready.

Stigma

The stigma placed on certain populations, such as people living with HIV/AIDS or with a substance use disorder, can prevent them from participating in the engagement.

• Consult with other agencies, community experts, and other nontraditional partners to reduce stigma in chosen engagement strategies.

Suggested Resource

- o Ryan White Services Division Ryan White Planning Council
- Mayor's Office of Recovery Services Resources
- o Substance Abuse and Mental Health Services Administration (SAMHSA) - Resource Guide
- o BPHC Partner Database

Resource 2: Facilitating for Equity and Inclusion

Adapted from The Western and Pacific Child Welfare Implementation Center and The Los Angeles Department of Children and Family Services Stakeholder Engagement Tools for Action.

The facilitator's role is key to the success of community conversations, dialogues, forums, or town halls. More importantly, facilitator's help to create culturally appropriate, safe, and respectful engagement settings.

The Facilitator's Role is to:

- Create group agreements (with the group if time allows) or present a draft and ask participants to add what is missing.
- Encourage the participation of those with a quieter voice and less power.
- Respect participants' time by creating a thoughtful agenda with realistic timeframes for discussion and action items.
- Avoid tokenism by never expecting individuals to speak on behalf of, or represent, an entire group.
- Be interested in a participant's honest opinion both positive and negative – and let participants know that there are no right or wrong answers.

- Encourage participants to listen for what is being created by the diversity in the space.
- Offer and receive feedback with tact and finesse.
- Remain neutral. Do not give preferential treatment.
- Look beneath emotional responses for root cause.
- Promote mutual learning and understanding.
- Understand that the collective wisdom of the group is more powerful than one person's position or voice.

Paraphrasing: Clarify what a participant said by using own words to restate the main points. Try, "What I think I am hearing is..., is this correct?"

Drawing People Out: Use in conjunction with paraphrasing to get more clarity. Try, "What do you mean by that?"

Stacking: If several people wish to speak, keep a speaking order list by saying "First we'll hear from Michael, then Jill, and then John."

Set an expectation of respect: If someone is using hurtful language, make it stop. Try, "That term makes me uncomfortable and might be hurtful to others. Could you please refrain from using it?"

Tracking: Pause to acknowledge the different ideas put forth to make sure nothing gets lost even if there isn't enough time to discuss. Create a sheet to parking lot or bike rack any ideas to be reviewed or discussed later.

Making Space: Keep an eye on the body language and facial expressions of participants. One's body language could indicate that someone wants to speak but is hesitant or was made to feel uncomfortable by something that was said. Take a moment to check-in to see how everyone is feeling about the discussion so far.

Thinking Outside of the Box: If the group is sharing similar ideas, ask if anyone sees things differently that they wish to share or if they can step into the shoe of someone who might see the issue differently.

Balancing: Outspoken people can dominate or dictate the direction of a discussion. Balancing asks for others to share their views because the silence of others does not imply consent. Try, "Those are good point. Let's be sure to hear what others have to say as well." "Are there new voices that we haven't heard?"

Intentional Silence: Introduce a few seconds pause to give participants time to collect their thoughts before they respond. A pause may also encourage a less talkative person to speak up.

Resource 3: Sample Engagement Plan

Engagement Lead(s): Steering Committee, Community Engagement and Secondary Data Workgroups and Consultant

Partner

Purpose: To conduct a Boston Community Health Needs Assessment (CHNA)

Anticipated Outcome: To develop and implement a Boston Community Health Improvement Plan (CHIP)

Stakeholders: Residents, BPHC, hospitals, health centers, community organizing groups and others

Timeline: September 2018 through September 2019

Stages of the process	Engage communities?	Engagement Level	Engagement Method
Pre-planning to create Boston's new CHNA.	Yes	Inform – communities of CHNA requirements and opportunities to participate in the planning and development process. Consult – primary stakeholders to help shape the purpose, anticipated outcome and CHNA engagement plan.	Phone calls, emails
Identify stakeholders to invite to partner in on developing the Boston CHNA.	Yes	Inform – potential stakeholder partners of purpose and anticipated outcome, time and roles and responsibilities.	Phone calls, emails
Launch CHNA/CHIP kick off celebration.	Yes	Inform – Boston residents of purpose, anticipated outcome and the information needed from them for the process.	Emails, flyers, web- based: social media,
Develop community engagement strategy for CHNA process.	Yes	Collaborate – with stakeholder partners to identify engagement strategies and actions to assess community needs.	Steering Committee, Community Engagement and Secondary Data Workgroups.
Develop CHNA primary data collection tools and implementation process.	Yes	Collaborate – with stakeholder partners to identify qualitative and quantitative questions.	Steering Committee, Community Engagement and Secondary Data Workgroups, and Consultant Partner
Administer CHNA primary data collection tools.	Yes	Collaborate – with stakeholder partners to promote online survey and to facilitate focus groups and key informant interviews.	All stakeholder partners involved.
Review Secondary (existing) data.	No	N/A	N/A
Analyze CHNA data results.	Yes	Inform – stakeholder partners of survey data results. Consult – stakeholder partners to prioritize reoccurring themes and needs e.g.: housing, employment.	Steering Committee, Community Engagement and Secondary Data Workgroups, Consultant Partner, and other stakeholder partners.
Prioritization of CHNA data results.	Yes	 Inform – residents of survey results and key priority areas. Consult – residents to vote on top areas of need, e.g., housing, employment resources. 	Boston residents.
Draft CHNA Report	Yes	Collaborate – with stakeholder partners to draft CHNA Report. Inform – residents of Final CHNA Report.	Steering Committee, Community Engagement and Secondary Data Workgroups, and Consultant Partner.

Resource 4: Virtual Event Planning Checklist & Sample Agenda

Resource 4. Villoui Lveili i Idillillig	Checkisi & sumple Agenda
Before the event	
Planning Team:	
$\hfill\Box$ Create the agenda for the event and send out in advance	
☐ Determine format to achieve the event purpose (See Step	p 4: Data Collection)
☐ Select date, time, and video platform for community even	nt
☐ Identify event roles and responsibilities (facilitator/mode	rator, speakers, note takers, and chat box monitors)
□ Request City Officials or Press through the BPHC Event Fo	
 If requesting speakers, complete the <u>BPHC Brie</u> 	
□ Address potential barriers to engagement (See Resource	
□ Email Learning@bphc.org to add the event to the BPHC e	
□ Promote the event using key message and communicatio	
	of chamles identified in the communication plan (see step
3: Communication Plan)	
Set-Up	
3ei-op	☐ Will the event have a call-in option?
☐ Does the date or time conflict with other city	·
events, holidays, or school times?	☐ What are the ground rules for the event? (Audio and
☐ Do participants need to RSVP in advance?	video etiquette)
☐ How will event information be sent to participants?	☐ How can participants engage during the event?
☐ How can the event accommodate meeting	(Raise hand feature, chat box, or calling on
participants with disabilities? (Live captions, sign	participants)
language interpreters, or other assistive technology)	☐ What event tools are needed? (Virtual whiteboard,
	screen share, break out rooms, or live polls)
☐ Who will be responsible for sharing presentation	□ Will the event be recorded and made available to
screen?	the public?
During the Event	After the Event
☐ At least 30 minutes before event, test technology	☐ Schedule a community engagement planning team
with event speakers and facilitators to confirm	debrief meeting soon after the event ends.
audio and visual.	☐ Complete engagement planning team self-assessment
☐ Monitor attendance and admit registered	(See Step 5: Evaluation Plan)
participants into the event.	☐ Develop or review after action plan.
 At the start of the event, share the meeting agenda, 	□ Develop and distribute summary, final
the <u>Community Engagement Principles</u> , and the	recommendation, or status reports (See Step 6: Report
Community Engagement Process.	Back)
□ Let participants know if the event will be recorded.	Bucky
·	
□ Depending on number of participants and type of	
event, present an icebreaker or allow participants to	
introduce themselves in the chat box or over video.	
☐ Share participant feedback evaluation before the	
event ends or soon after.	

Sample Agenda

5:00 p.m. **Technology Check**

Allow facilitators and speakers to test out internet connection, audio, and visual.

5:30 p.m. Admit participants into the event

Give event participants time to connect.

Welcome and introductions 5:35 p.m.

Give folk time to introduce themselves or conduct an icebreaker if time permits.

Overview of purpose of event 5:45 p.m.

> Use the completed Community Engagement Plan (Section 1 of the Toolkit) to provide participants with details of the goal and anticipated outcome including the value to communities, level of participation and what is needed from attendees to help achieve the anticipated outcome.

Group agreements and event ground rules

Develop agreements with attendees or share draft and ask attendees to add/edit accordingly. Inform attendees of the virtual event ground rules.

6:00 p.m. Speaker 1: Opening Remarks - Public health or content expert

> Provide overview of the issue or topic – connect back to purpose of event and describe health impact.

Speaker 2: Community Expert

Share lived experience and familiarity with issue or topic.

6:30 p.m. **Data collection**

> Describe the process to collect data/information from participants i.e. survey, dot voting, small group discussions.

7:30 p.m. Take a 5-minute Stretch Break

7:35 p.m. Interactive activity report back

Invite individuals or small groups to give high level report of experience or top themes.

Evaluation 7:45 p.m.

> Administer participant feedback survey to learn what worked well or any opportunities for improvement.

8:00 p.m. Closing remarks and thank participants

> Share next steps including when and how participants will be informed of final decision, timelines, and where to find additional information.

Resource 5: Group Charter Template

- ١. **Overview** – How did the group originate?
- II. **Group's Mission Statement** – What does the group aim to do and why?
- Statement of Purpose How does this group help BPHC achieve its mission and vision? III.
- IV. **Group Responsibilities** – What duties does the group have to fulfill?
- V. **Member Responsibilities** – What duties do members have to fulfill?
- VI. **Operations and Procedural Rules** – Define structure and operating procedures of the group.
 - a. Meeting frequency- How often will the group meet?
 - b. Team Structure Who can participate in the group? What is the length of membership? Are there any leadership roles that members can assume? Who serves as the liaison between BPHC and the group?
 - c. **Group Agreements** What guidelines will the group follow?
 - d. **Decision-Making** How will the group make decisions? (e.g., consensus, voting, etc.)
 - e. Engagement Process What other groups or agencies will the group collaborate with? How will the group engage with BPHC, staff, clients, and community residents?
 - f. **Executive Participation** What role will BPHC leadership play?
 - g. Subcommittees Can the group form subcommittees? How can members participate in a subcommittee?
 - h. Minutes Who will keep group meeting minutes and how often will they be distributed?
 - **Dismissal** What causes a dismissal from the group? How will a vacancy be filled?
 - j. Charter Review Will there be an evaluation of the group's performance or charter and how often will adjustments be made?
- VII. **Group Member Signature**

Resource 6: Sample Memorandum of Agreement

Memorandum of Agreement (MOA): A written legal document describing a cooperative relationship regarding goods and/or services between BPHC and a vendor to meet an agreed upon objective(s).

protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable.

This document outlines the necessary conditions of your role.

Outline the expected contributions or commitments of BPHC.

Boston Public Health Commission will:

- Adhere to values of equity, community engagement, and racial justice in all its work.
- Provide staff support to coordinate the HEAC meetings.
- Provide resources and trainings to support the HEAC activities.
- Conduct an annual review of the HEAC charter and performance to make recommendations for adjustments based on identified community needs, trends, and available resources.

Thank you for your contribution to the Health Equity Advisory Committee (HEAC). As a member, you are making a commitment to help the Boston Public Health Commission achieve its mission – to

Provide an incentive of \$50 per meeting or related activities attended. This will include 10
meetings per year, and it will not exceed \$700 a year without approval from the Office of Health
Equity.

Outline the expected contributions or commitments of the vendor.

Healthy Equity Advisory Committee member will:

- Serve a two (2) year membership term and attend no more than ten (10) meetings a year.
- Represent the concerns and interests of their communities and/or their respective constituency by actively participating in meeting discussions.
- Ensure BPHC's work is responsive to community needs and aligns with BPHC's mission, vision, and the Strategic Plan's Racial Justice and Health Equity priority area.
- Review population health data reports, health planning documents, and other materials to make recommendations on BPHC policies, procedures, programs and services.
- Promote community awareness of the social determinants of health and health equity issues.
- Collaborate with BPHC's programs and services to plan, support, and facilitate community meetings and special events.
- Attend, as needed, other internal and external partner meetings.

Vendor must sign MOA first. Submit MOA to Procurement to have BPHC representative and Office of the General Counsel sign.

Boston Public Health Commission Approved by:	Resident Signature:
Signature:	
Printed Name:	Printed Name:
Date:/	Date:/
Approved as to Form:	
Office of the General Counsel	
Date:/	

Resource 7: Sample Evaluation Form & Question Bank

Evaluation survey to collect feedback from participants

Evaluation method: Survey sent electronically to registered participants via Forms Frequency: Survey participants after every community event

	Demographic Questions		
Are you □ Hispanic or Latinx or	□ Not Hispanic or Latinx?		
•	What racial group describes you? ☐ Asian/Asian American ☐ Black/African American ☐ Native American/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other:		
	□ Arab/Middle Eastern □ Afro-Caribbean □ Cape Verdean □ Chinese □ □ □ Portuguese □ Puerto Rican □ Vietnamese □ Don't know □ Other		
Where do you live? □ Boston, spec	ify neighborhood: outside of Boston		
Where did you learn about this cor Organization □ Family/Friend □ O	nmunity event? Newspaper Social Media TV Radio Community ther:		
Principles	Sample Feedback Questions		
Accountable	Did this [engagement] meet your expectations?		
Accountable	☐ Yes ☐ No If no, please provide further detail:		
Collaborative	How satisfied are you with the diversity of people, organizations, or neighborhoods in the process?		
	□ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied		
Inclusive	How would you rate the {Location, Date, Time, Length, Speakers, Language/ Translation, Accessibility} of the [engagement]?		
	□ Excellent □ Good □ Fair □ Poor		
Sustainable	Were you offered additional information about training, technical assistance, or funding opportunities?		
	☐ Yes ☐ No If no, please provide further detail:		
Transparent	How satisfied are you with the information you were provided about the community engagement process?		
0	□ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied		
Overall, how would you rate this [engagement]? Excellent Good Fair Poor How likely are you to attend a similar community engagement event in the future? Very likely Somewhat likely Neither likely nor unlikely Somewhat unlikely Very Unlikely If you would like to be contacted about your responses, please leave your information here: Name, phone, or email			

Question Bank

Principle	Example Feedback Questions For Participants	Example Self-Assessment Questions For Planning Team
Accountable	 Did this [engagement] meet your expectations? How satisfied are you with the issues addressed in the process? 	 What were the gaps between the plan and the reality? What were the goals of the process and what did you expect to happen? Were your goals achieved? Were there any unforeseen negative impacts/ consequences identified?
Collaborative	 How satisfied are you with your level of influence over the outcomes? How satisfied are you with the diversity of people, organizations, or neighborhoods in the process? How likely are you to attend another BPHC community [engagement] in the future? 	 Did engagement process planning partners reflect the priorities, needs, interests and assets of stakeholders? How did the engagement change or improve relationships with residents or community partners? How do new or established relationships fit into long-term program goals?
Inclusive	 How satisfied are you that the process includes those who will be most impacted by the outcome? How satisfied are you with the facilitator/s? How would you rate the (Location, Date, Time, Length, Speakers, Food, Language/Translation, Accessibility) of the [engagement]? How did you hear about this [engagement]? 	 Were the demographic characteristics of participants representative of stakeholders? Were there stakeholders missing from the engagement process? When stakeholders with less power or a quieter voice brought forward issues, how were those addressed?
Sustainable	 What impact do you see this [engagement] having on your community needs? Were you offered additional information about training, technical assistance, or funding opportunities? 	 What was the short term or long-term impact on residents, participants, partners, and BPHC programs, services, and staff? How do these results contribute to improved health outcomes?
Transparent	 How satisfied are you with the information you were provided about the community engagement process? How satisfied are you with the outcome of the process? 	 Was there appropriate information provided to stakeholders? Was it timely, accessible, and easy to understand? Did we obtain the information we needed or wanted? How was the information generated by the engagement process used by BPHC, policy makers, partners or others?

Resource 8: Sample Community Engagement Summary Infographic

COMMUNITY CONVERSATIONS WITH YOUTH: MENTAL HEALTH AND COMMUNITY VIOLENCE Mental health is as important as physical health

COMMUNITY MEETINGS May- August 2018

Goals

Step 1

Provide platforms to listen and respond to community concerns and priorities.

Step 2

Provide forums to discuss ongoing and emergent public health issues.

Step 3

Promote joint planning with new and non-traditional partners.

Partners









Boston Public Schools, Boston Center for Youth and Families, Madison Park Development Corp., Child, Adolescent, and Family Health Bureau (BPHC), Boston Student Advisory Council, Bold Teens, Sociedad Latina, Boston Housing Authority, Teen Empowerment and Codman Square Neighborhood Council



Survevs 380 Submitted



Gender

139 young Men 223 young Women



Age Range

13-18 years old

Neighborhoods where students live

Dorchester Roxbury Hyde Park Mattapan Jamaica Plain Roslindale



7 Cultural backgrounds

Black/ African American. 93

Hispanic/ Asian

White/ Caucásian American Indian or Alaskan Native

Native Hawaijan or Pacific Islander

Middle Eastern



High School grades of attendees

98 11th grade 103 10th grade



What we heard

- 1. Adults to authentically listen to, understand and engage with youth
- 2. Address youth and community attitudes including fear of seeking help
- 3. Improve access to mental health and trauma support resources including peer support groups
- 4. Increase access to youth programs and jobs throughout the year
- 5. Ensure mental health professionals and school staff represent the diversity of communities and are culturally competent
- 6. Support youth involvement and voice in decision-making
- 7. Support community organizing in violence prevention
- 8. Involve and inform youth of policy development, including school



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