

Equitable Community Engagement Plan 2020-2023



A Plan For Advancing Health Equity Through Equitable Community Engagement Practices



Moving Equity Forward Together



Building a Healthy Boston

Dear Reader,

BPHC is excited to share our **2020-2023 Equitable Community Engagement Plan** which builds on practices of engagement set forth in our 2016 Community Engagement Plan. Community engagement is a critical part of government decision-making processes. It produces a deeper understanding of issues, establishes credibility and trust between residents and government agencies, and fosters confidence in the final decision or outcome. At the Boston Public Health Commission (BPHC), equitable community engagement is a purposeful, planned process where residents, other stakeholders, and BPHC work together to inform decisions including policies, strategic plans, service delivery, budget-setting and community funding.

BPHC's Equitable Community Engagement Plan incorporates a racial equity lens, emphasizing the need to intentionally seek and include the voices of those historically excluded and to reduce barriers to participation (lack of access to transportation or childcare, limited English proficiency, negative experiences with government, etc.), and to design engagement processes that are tailored to how communities prefer to engage and receive information. The objectives and strategies in this document support **BPHC's 2019-2021 Strategic Plan's Priority Area 01: Racial Justice and Health Equity**. Racial justice is the creation and proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunity, treatment, and outcomes for all people regardless of race. Everyone should have the opportunity to attain full health potential and not be disadvantaged because of social position (e.g., class, socioeconomic status) or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

Boston is an increasingly diverse city – and more than half of our residents are people of color. However, Boston's racist legacy of busing, redlining, and urban renewal policies continues to contribute to the inequities in homeownership, wages, and wealth between White residents and residents of color. Black, Latinx, and Immigrant residents disproportionately experience higher rates of serious chronic health issues such as asthma, diabetes, obesity, birth outcomes, among others and historical and current social inequities contribute to the persistent differences in health outcomes seen today in Boston. Structural racism reinforces and perpetuates these racial inequities and systemically disadvantages people of color.

This plan provides a strong foundation for applying principles and the most appropriate levels of community participation in engagement planning, decision making, project implementation and evaluation. This plan serves as a commitment to keep residents informed, and outlines BPHC's commitment to engage those most impacted by and/or historically excluded from government decisions. We strive to develop and strengthen programs and services that meet the needs of all Boston residents.

Thank you to BPHC staff, residents, and other stakeholders for contributing your time, expertise and lived experiences to the development of this Plan. We look forward to continuing to work with you to improve the health of all Boston residents through equitable community engagement.

Sincerely,

A handwritten signature in black ink, appearing to read "Rita Nieves". The signature is fluid and cursive.

Rita Nieves, Interim Executive Director

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Definitions

Accreditation is the action or process of officially recognizing someone as having a particular status or being qualified to perform a particular activity.

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.

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 Advisory Committee advises programs and public health service centers at BPHC on communications and public awareness campaigns, programs and services, strategic planning, and policy development. The committee is composed of community residents that reflect neighborhoods and socio-demographic groups most impacted by health inequities with a range of community experience and expertise.

Health Equity Champions are a representative network of BPHC employees who are supported in advancing racial justice and health equity. They support the organizational application of racial justice and health equity principles into everyday work.

Public Health Service Centers within BPHC are offices that provide support to its programmatic bureaus and all staff such as: Administration and Finance, the Office of Health Equity, the Office of Accreditation and Quality Improvement, the Intergovernmental Relations Office, the Communications Office, the Research and Evaluation Office, the General Counsel's Office, the Consortium of Professional Development, and the Office of Public Health Preparedness.

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 affect change. Stakeholders can be residents, staff, business owners, or representatives of community-based organizations.

Structural Racialization are the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity, and manifesting in structural factors that systematically support, reinforce or privilege white people and disadvantage people of color.

Introduction

BPHC's Equitable Community Engagement Plan is built on a two-part framework comprised of 1) engagement principles and 2) the engagement spectrum. The framework is supported by a BPHC organizational policy, objectives with accompanying key strategies and a toolkit. Together, these documents provide a roadmap for BPHC to create and sustain an institutional culture that demonstrates commitment to equitable community engagement.



Commission Overview

Mission

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

Vision

BPHC 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.

Accreditation

In November of 2017, BPHC achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's public health departments.



Planning Process

As a best practice, BPHC evaluates and updates its Community Engagement Plan every three years. The most recent plan ran until the end of 2019. To update its plan, BPHC gathered stakeholder feedback through an engagement process that included an internal workgroup, consultations with BPHC’s Health Equity and Anti-Racism Advisory Committees, and an online all-staff survey. The result was a new plan titled: BPHC 2020-2023 Equitable Community Engagement Plan.

“[The new Community Engagement Plan] should help build sustainable partnerships, ensure we are lifting up voices of all residents, including the most vulnerable, to create opportunity for shared power.”
BPHC Staff, all-staff survey

Key Findings

Through this engagement process, BPHC learned that stakeholders want a community engagement plan that:

- Integrates equitable community engagement principles within all programs and public health service centers.
- Provides tools and resources to support application, evaluation, and reporting of equitable engagement.
- Helps BPHC to build trust through transparency and commitment to building long-term and meaningful relationships with Boston’s diverse communities.
- Includes staff as residents in the decision-making process.

In response to stakeholder input, BPHC’s new community engagement plan was developed to reflect:

- an organizational policy to ensure implementation of equitable community engagement across programs and public health service centers,
- an accompanying toolkit to support consistent equitable community engagement practices across programs and public health service centers,
- the addition of *evaluated* as a new guiding principle to demonstrate a commitment to self-assessment and participant feedback,
- an updated Community Engagement Spectrum that makes it clear that all levels of engagement are important,
- a new communication planning step within the Community Engagement Spectrum to ensure early and ongoing communication of engagement processes,
- and an expanded definition of “Community” to include BPHC staff who are residents of Boston.

Policy Statement

It is the policy of BPHC that all Programs, Public Health Service Centers, contractors, and consultants take documented efforts to apply the Community Engagement Principles and Spectrum, as detailed in the BPHC Equitable Community Engagement Plan to all engagement processes. The practice of equitable community engagement will apply to decision-making, including strategic planning, budget-setting, policymaking, and service delivery.

BPHC Programs, Public Health Service Centers and contractors and consultants will engage residents and other stakeholders:

- To inform
- To gather information or feedback on an existing decision
- To help identify community needs and aspirations
- When the community has raised or expressed an interest
- When the community could be impacted by a project, initiative, service, or decision
- When required by law, policy or agreement

Community Engagement Framework

Community Engagement Principles

The following 6 Community Engagement Principles guide the practice of equitable community engagement across all programs and service areas. The principles represent how BPHC will evaluate its community engagement work and what communities can expect during engagement activities with BPHC.

BPHC's Equitable Community Engagement will be:

ACCOUNTABLE

- Create engagement processes that are purposeful, adequately resourced, and responsible to group agreements and outcomes.

COLLABORATIVE

- Build relationships with communities that are transformational, partnership-centered, and long-term.

EVALUATED

- Establish mechanisms to obtain feedback from participants, regularly self-assess, and continuously improve engagement practices.

INCLUSIVE

- Reduce barriers to participation, create culturally appropriate engagement settings, and ensure participation reflects community demographics and those whose lives or health outcomes will be impacted by the decision.

SUSTAINABLE

- Expand community assets through training, relationship-building, data sharing, technical assistance, funding, and other applicable resources so that communities can continue the work beyond the engagement "end date".

TRANSPARENT

- Communicate openly and honestly about engagement processes, specifically its purpose, decision-making process, timelines, and any associated limitations, and close the feedback loop by informing participants how their input contributed to the decision.

Community Engagement Framework

Community Engagement Spectrum and Communication Plan

BPHC’s Community Engagement Spectrum helps staff identify their level of engagement with a community. The goal is not to move along the spectrum from left to right, but instead, to use the spectrum for planning an engagement process. An equitable community engagement process identifies a primary level and method of engagement and anticipates the use of different levels and methods throughout the process. All levels of the spectrum are important and can be useful and appropriate in different circumstances.



INFORM



CONSULT



COLLABORATE



**TRANSFER
DECISION-
MAKING**



**COMMUNITY
DRIVEN & LED**

Promise to the public

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

Two-way communication to obtain feedback on existing issues, projects, processes, or ideas.

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

Place final decision-making in the control of community.

Support the priorities and ideas identified and led by community.

What it means

Providing communities with balanced information to assist in understanding public health or city issues, opportunities, alternatives, and potential solutions.

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.

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

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.

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

Adapted from: International Association for Public Participation (IAP2) [Spectrum of Public Participation](#)

After identifying the level and method of community engagement, it is necessary to develop a Communication Plan that is tailored to the needs of the stakeholder. Early and ongoing communication coupled with consistent messaging is critical to promoting equitable community engagement processes, closing the feedback loop, and ensuring transparency and sustainable partnerships.

Communication Plan

Stakeholder – Primary, secondary, or key stakeholders that will receive information.				
Timing	Key Message	Communication Channel(s)	Sender	Frequency
The phase of the engagement process: Before, during, or after engagement.	Most important information for stakeholders to know that is concise, relevant, and tailored.	The means through which the information will be sent to stakeholders.	The person or organization responsible for sending the information to stakeholders.	The time frame in which the information will be sent to stakeholders.

Practice Example: Community Engagement Spectrum

Below are five examples of the Community Engagement Spectrum in practice. Refer to the Equitable Community Engagement Toolkit at bphc.org/engage for templates and resources on engagement practices.



INFORM



CONSULT



COLLABORATE



TRANSFER DECISION- MAKING



COMMUNITY DRIVEN & LED

What it looks like in practice

Announcement of influenza (flu) season in Boston with information on treatment and vaccination options.

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

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

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

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

Anticipated value for the community

Understand the health risks of the flu and how to protect self, families and community.

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

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

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

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

Data requested from the community

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

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?

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

What are the strengths of your community?

How would you spend public funds in your neighborhood?

What project is most important to you?

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

Example engagement methods

- Virtual meeting
- Town Hall
- Door knocking
- Workshops
- Press release
- Fact sheet
- Email
- Newsletter
- Health fair
- Web-based: Social Media, Blogs
- Other: _____

- All Staff Meetings
- Advisory Committee
- Door knocking
- Community Conversations
- Focus group
- Key informant interviews
- Surveys
- Town Hall
- Quotes/comments
- Web-based: Social Media, Blogs, Rating and Voting
- Other: _____

- Advisory Committee
- Work group
- Coalitions or organizing groups
- Neighborhood Associations
- Steering committee
- Memorandum of Agreement (MOA) with community-based organization
- Other: _____

- Participatory Budgeting
 - Planning council
 - Advisory Committee, coalitions and organizing groups
 - Board seats
- BPHC will support community decision with:**
- Funding, data, or technical assistance
 - Testimony and policy development
 - Helping to build relationships and partnerships between allies
 - Other: _____

- BPHC will support by:**
- Providing funding, data, or technical assistance
 - Attending community meetings
 - Serving as advisory/ board members
 - Developing testimony or policies
 - Helping to build relationships and partnerships between allies
 - Other: _____

Community Engagement Spectrum in Reverse

Community Driven & Led

BPHC’s Community Engagement Spectrum presents BPHC as the initiator of engagement processes. However, BPHC is not always the initiator of engagement – communities in Boston often act as the initiator, identifying issues and inviting BPHC to partner with them and help inform solutions. The spectrum below presents communities as the initiator of engagement and as final decision-makers.

BPHC is invited to participate in decisions that are:



COMMUNITY DRIVEN & LED

Communities identify important community issues and take action to implement change.

When communities are the decision-makers, they can engage BPHC using the following methods:



INFORM

Communities keep BPHC informed of community issues.



CONSULT

Communities obtain feedback from BPHC on issues and report back on how it influenced decision-making.



COLLABORATE

Communities partner with BPHC on identified issues for support and resources.



TRANSFER DECISION-MAKING

Communities supply BPHC with content or real time data for testimony or policy development.

Adapted from: Re-imagining the IAP2 Spectrum (McCallum 2015)

Communities may use the following established communication channels to initiate engagement with BPHC:

- Contact a specific BPHC program or department directly.
- Provide feedback via the BPHC online Customer Satisfaction Survey.
- Ask a question through the online Info Box, 311, or Mayor’s Health Line.
- Interact with BPHC through social media platforms.

“Community engagement shouldn’t just be about problems in a community ... We need to have regular mechanisms to engage with the community that creates a forum for hearing and addressing challenges, as well as celebrating strengths.”

BPHC Staff, all-staff survey

Case Study

Youth Community Conversations

In 2018, BPHC’s Office of Health Equity (OHE) and its Child, Adolescent, and Family Health Bureau (CAFH) partnered with nine youth-serving agencies to sponsor a series of neighborhood specific community conversations (Figure 1). The goal of the neighborhood specific conversations was to provide platforms for youth to directly share their lived-experiences and for BPHC to learn from them what they believe could be done in Boston to address mental health and community violence. To support this effort, agency staff and youth formed “engagement teams” who together developed engagement processes tailored to the needs of youth and each neighborhood. A survey tool was developed to collect data on existing youth programs and support services that were working well, those that might benefit from additional resources, and to identify where opportunities existed to potentially develop new programming and services in Boston.

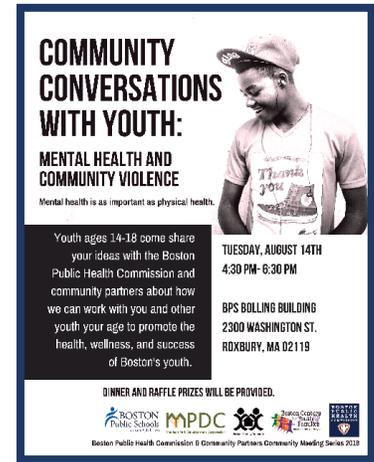


Figure 1: Flyer used to promote Community Conversations through youth-serving agencies.

Youth participants were invited to share their lived-experiences and perspectives via five survey questions (Figure 2):



Figure 2: Youth participants ask to “include youth most affected by violence into meetings about policy making,” while peer facilitators from Boston Public Schools Youth Advisory Board took notes.

1. How do you or someone you know feel when seeing or hearing about community violence?
2. When a community violence incident happens in Boston, how would you like to see your community respond?
3. When someone your age is impacted by community violence, how would you like to see your school respond?
4. Some people experience negative emotions such as stress, fear, or anxiety when seeing or hearing about community violence. What do you think would help someone your age overcome barriers or challenges to reaching out to professionals that can help them cope and/or overcome negative emotions?
5. City officials, policymakers, and other adult leaders work together all the time to make important decisions about how to prevent community violence. How can city officials and other adult leaders support youth leadership and decision-making related to community building and peace-making?

Across meetings, responses to the questions listed above suggested youth wanted more involvement in decision-making, increased training and development for adults serving youth, and increased access to violence prevention and trauma response services in Boston.

A summary report (Figure 3) was used to report back to participants the results of the conversations, including key partners, number and demographics of youth participants, and neighborhoods reached. After the first round of community conversations, BPHC’s OHE and CAFH went a step further and worked with youth to prioritize recommendations.

To-date, data has been used by local hospitals and youth-serving agencies for funding opportunities and to implement new or improved youth programming and services in Boston, in addition to BPHC programs.

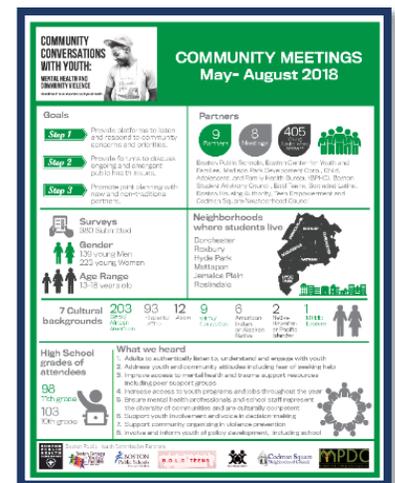


Figure 3: Summary Report of Community Conversations.

Objectives and Key Strategies

The Office of Health Equity (OHE) is responsible for monitoring and reporting as needed to staff and the public on BPHC's progress of the following objectives, strategies and success measures:

Objective 1: The new Equitable Community Engagement policy is recognized as standard practice in BPHC Programs and Public Health Service Centers.

Key Strategies:

1.1: Develop a communications plan to promote the Equitable Community Engagement Policy and Plan.

- a. The OHE will use the Health Equity Champion system to disseminate the Equitable Community Engagement Policy and Plan.
- b. The OHE will embed the Community Engagement Plan's Principles and Spectrum in New Hire Orientation.
- c. The OHE will promote the Community Engagement Policy, Plan and Toolkit to staff during all staff meetings.

Success Measures:

- By the end of 2021, at least 50% of staff are knowledgeable about how to use the Community Engagement Toolkit as measured by staff participation in presentations, views of online PowerPoint and Toolkit user survey.

Objective 2: BPHC Programs and Public Health Service Centers adopt Equitable Community Engagement structures to assure resident and other stakeholder participation in public decisions.

Key Strategies:

2.1: With guidance from the OHE, develop standards of practice for equitable community engagement.

- a. Programs and Departments embed standard community engagement questions such as "who will we engage and how will we engage them?" in program/department specific planning documents.
- b. Programs and Departments engage with the BPHC Health Equity Advisory Committee or other BPHC sponsored advisory body.
- c. Programs and Departments co-host annual issue, population, or neighborhood specific community conversations.
- d. Programs and Departments co-host a minimum of 1 issue specific community conversation with BPHC staff.
- e. Programs and Departments collect feedback on client experience through BPHC's online customer satisfaction survey or other program/department specific method and use the feedback to make improvements.
- f. The OHE will work with BPHC's Communications and IT Departments to create a two-way conversation platform on the BPHC Intra and Internet sites such as "We Asked, You Said, We Did".

Success Measures:

- Each year, 50% of Program and Department new initiative budget requests will include specific community engagement practices.
- Each year, the BPHC community engagement principles and spectrum will be addressed in all grant funding requests (e.g., program/department plan to engage with Community Advisory Committees, fund and stipend partner and resident participation and specified roles of partner contractors and consultants).
- Each year, 30% of Programs and Departments will report to the OHE that at least 3 communication campaigns were informed by the HEAC or other BPHC sponsored advisory committee.
- Each year, 30% of Programs and Departments will report to the OHE that at least 1 policy or service delivery concept was informed by the HEAC or other BPHC sponsored advisory committee.

- Programs and Departments report the outcomes and/or next steps of all actionable recommendations, no later than 2 weeks after each community conversation, to community participants and the OHE. The OHE will share outcomes and/or next steps widely including on the BPHC Intra and Internet sites.
- Demonstrate consistency in engaging historically excluded populations and neighborhoods, evaluated through a sampling of Program and Department engagement plans, reports, and participant evaluations.
- Each year, at least 50% of Programs and Departments report to the OHE at least 1 change improvement per year based on customer feedback. The OHE will share outcomes and/or next steps widely including on the BPHC Intra and Internet sites.

Objective 3: BPHC Programs and Public Health Service Centers enhance communication, collaboration, and coordination with new and existing partners.

Key Strategies:

3.1: Develop standards of practice to partner and engage with community-based organizations specifically those serving Black, Latinx and Immigrant populations.

- a. Identify and train designated Program and Department staff to upload information about their partnership with mobilizing organizations and other sector groups to the BPHC partner database.
- b. Programs and Departments will use the partner database to identify partnership opportunities.
- c. The OHE will use the partner database to promote the BPHC Community Engagement Plan and Toolkit.
- d. The OHE will use the BPHC Health in All Policies approach to promote the BPHC Community Engagement Toolkit to City departments.
- e. The OHE will use the partner database and the BPHC Intra and Internet sites to promote public decision-making opportunities. Programs and Departments will provide the OHE with at least 2-week notice of upcoming engagement events to be promoted widely including through the partner database and the BPHC Intra and Internet sites.

Success Measures:

- Each year, 20% of Programs and Departments will have used the partner database and found it useful.
- Each year, 30% of Programs and Departments will agree that in the last year they included at least 1 new mobilizing organization or new nontraditional partner in one of their decision-making processes.
- Number of City departments or partner organizations in Boston who have seen or used the BPHC Community Engagement Toolkit.

Acknowledgements

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Anti-Racism Advisory Committee (ARAC): a group of dedicated BPHC staff that help to identify and address systemic and structural racial inequities within the BPHC and Boston.

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Inquiries regarding this plan may be directed to:

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The Office of Health Equity is responsible for overseeing the implementation of the strategies within this plan. This plan is a living document that will be evaluated and updated as appropriate.



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