



Co-creating a Healthy Boston

# Boston Public Health Commission's Transformational Community Engagement Guidance Toolkit



## **The Boston Public Health Commission Land and Labor Acknowledgement**

The Boston Public Health Commission honors and recognizes Indigenous Peoples' beautiful and diverse cultures, traditions, languages, and lives here in Boston and across North, South, and Central America.

We acknowledge the original inhabitants of this land – the Massachusetts people. The word Massachusetts is an Algonquin word which roughly translates to "large hill place" or "at the great hill." We pay respect to the Massachusetts elders both past and present.

We must also recognize the forced and unpaid labor of enslaved African people and their descendants who suffered through the horrors of transatlantic trafficking, chattel slavery, and the Jim Crow era that laid the economic foundation and development of the United States of America.

In the present, we draw your attention to the structural violence and trauma that the current criminal legal system orchestrates through the New Jim Crow and the free labor of people who are incarcerated.

We acknowledge the truth of many legacies of violence, displacement, forced migration, and settlement, as well as generations of survival, resistance and resiliency that bring us together here today.

***As a public health organization, we commit to continually applying anti-racism and trauma-informed approaches in our ongoing work in partnership with all Boston residents.***

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# Racism as a Public Health Crisis

## The Boston Public Health Commission's Response

Boston declared racism as a public health crisis in June 2020. In response, the Boston Public Health Commission (BPHC) engaged residents and organizations to learn from their perspective what a more inclusive Boston free from racism would look and feel like. Data collected revealed two notable findings. First, community members strongly recommend that city leadership and decision-makers acknowledge racism as a structure rooted in government policies, practices, and cultural-norms. Secondly, community members insist that government agencies and their partners intentionally and continually engage communities, especially those experiencing racial injustice and disparate health outcomes, in decision-making to more effectively address the negative health impacts of racism on Blacks and other people of color. In response to the community's recommendations, the BPHC made significant operational and systems-level changes:

- We renamed the Office of Health Equity to Office of Racial Equity and Community Engagement.

*The Office of Racial Equity and Community Engagement's purpose is to establish and sustain racial and health equity as core principles in the BPHC policies, operations, and decision-making. We do this through strategic planning, visioning, and relationship building.*

- We established our first [Anti-Racism policy](#), which includes 13 standards of action for all staff to adhere to.

*Our Anti-Racism policy sets an expectation that all staff and leadership commit, individually and as part of the BPHC team, to hold ourselves accountable to establishing a culture of antiracism and advancing racial equity and justice through each of our bureaus, programs, and offices.*

- We established our first set of institutional Core Values to guide our work and interactions with colleagues, city departments, and local agencies.

Our Core Values

*Equity, Transparency, Anti-racism, Collaboration, People-centeredness*

- We updated our Mission Statement to more explicitly highlight racism and community engagement as fundamental to our decision-making.

*Our mission is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.*

- We updated our Equitable Community Engagement Plan to the Transformational Community Engagement Policy.

*The BPHC Transformational Community Engagement policy requires all bureaus, centers, and offices to involve community members, at least one-time a year, in at least one operational, funding, or policy decision-making process.*

Dear Reader,

Boston is a beautiful and thriving city that is rich in health promoting resources. However, due to historical systemic racism which includes structural segregation through redlining not all resources are easily accessible or distributed fairly across all population groups and neighborhoods.

Racism as a structure shapes the design and distribution of resources, leading to systemic inequities. Disparities in access to wealth, health resources, power, and privileges stem from discriminatory practices embedded in societies and institutions, and lead to generational disinvestment. Resulting in wealth gaps and shorter life expectancy for Blacks and other racialized and stigmatized population groups.

Our Health of Boston report and Live Long & Well initiative reveals significant health disparities among Boston residents who are people of color and white individuals.

The Boston Public Health Commission's Transformational Community Engagement Policy promotes the advancement of racial justice and health equity by sharing decision-making power with communities, ensuring they have a measurable influence on the policies and practices that affect their lives and that lead to sustained systems and structural change.

This accompanying Guidance Toolkit supports BPHC's Transformational Community Engagement Policy, and consists of tools to equip BPHC staff, collaborative partners, and other municipalities to plan, design, implement, and evaluate public policies, services, and institutional practices in partnership with community members.

This Guidance Toolkit supports the advancement of BPHC's Mission – **To work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.**

Transformational Community Engagement moves beyond surface-level interactions to develop long-term relationships built on trust, reciprocity, and shared power to ensure public services and policies are designed by, with, and for the communities they intend to serve. This toolkit supports BPHC staff, city leadership, and collaborative partners to make equity-conscious decisions that are accountable to the needs, strengths, and lived experiences of communities.

This toolkit aims to equip those with power, authority, and influence to partner with community members to disrupt the cumulative history of advantages and disadvantages and ensure resources are available, accessible, and relevant to the needs of all communities, especially the communities that need them most.

BPHC staff, city leaders, and collaborative partners, in this toolkit, you will find **8 steps** to take to include community members in the planning, development, implementation, and review of key operational and funding decisions including:

- Request for Proposals (“RFP”);
- Programs and Services;
- Community Initiatives;
- Research and Evaluation;
- Internal Policies or Procedures;
- Local, State, or National Legislative Policies;
- Internal or External Events; or
- Issues put forth by communities

There is no such thing as a one-size-fits all approach to community engagement. Each engagement process must be designed to accommodate the unique needs of each decision to be made and the community served. The 8 steps and resources provided to you in this toolkit are by no means exhaustive. However, each step and accompanying resource serve as foundational to the design and implementation of equitable engagement processes.

We thank you for your commitment to practicing Transformational Community Engagement and acknowledging that it is an approach to improving life expectancy and narrowing racial and ethnic disparities in our beautiful city of Boston!

# BPHC's New and Improved Community Engagement Practice

The BPHC 2025-28 Transformational Community Engagement Policy and Guidance Toolkit builds on our former Equitable Community Engagement Policy and Plan and reflects the following updates:

- **We** require all departments, including administrative, to develop and implement a plan to involve community members (within and outside of BPHC) in at least one operational, funding, or policy decision-making process annually.
- **We** updated our spectrum of equitable community engagement to the Spectrum of Transformational Power Sharing to highlight the impacts of transactional power vs transformational power. Our spectrum levels changed from:
  - inform community **to** notify community
  - collaborate with community **to** community co-led
  - transfer decision-making power to community **to** community-led
  - community-driven & led **to** community-owned
- **We** updated our community engagement guiding principles to communicate to those engaged that our engagement will be:
  - Asset-driven;
  - Impactful;
  - Reciprocal; and
  - Responsive to power dynamics
- **We** included community engagement as a goal in the all-staff performance management system.
- **We** established the BPHC Five Ps Equity Lens for all decision-makers to use to identify and address the root causes of systemic inequity.
- **We** established a new accountability structure, “We Asked, You Said, We Did, What Changed” to hold decision-makers accountable to those engaged and the outcome of the engagement.
- **We** established a new Community Engagement Manager position to provide training and technical assistance to departments and collaborative partners. This role serves as convener of staff with community engagement job responsibilities to promote cross-departmental collaboration, communication, and accountability.
- **We** established budget funds to support bureau and department specific annual engagement initiatives, specifically to accommodate community compensation payments and language access requests.
- **We** established a new equitable compensation protocol to ensure that those who contribute their time, lived experience, and expertise to a decision-making process facilitated by BPHC are fairly compensated.
- **We** updated our Health in All Policies (HEiAP) Approach to support agencies conducting community-based work in partnership with or on behalf of the BPHC to use the transformational community engagement framework.

# Key Definitions

**BIAS** is a natural inclination for or against an idea, object, group, or individual. It is often learned and is highly dependent on variables such as a person's socioeconomic status, race, ethnicity, educational background, gender expression, gender identity and religion. Biases can be conscious or unconscious – explicit or implicit. In addition, bias can be institutionalized into policies, practices and structures. – *The University of Chicago*

**COMMUNITIES** are defined by BPHC as groups of people (within and outside of BPHC) who have common characteristics. Communities can be defined by location, race, ethnicity, language, 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.

**ENGAGEMENT** is an individual's sense of purpose and focused energy, evident to others in the display of personal initiative, adaptability, effort, and persistence directed toward organizational goals. – *Cornell University*

**IMPLICIT BIAS** also known as unconscious bias, refers to the learned stereotypes and prejudices that operate automatically and unconsciously when interacting with others. These judgments tell us who or what is likeable, safe, valuable, right, or competent; they impact how we see people; they are influenced by society; they affect our objective observations. – *adapted from Cornell University*

**INTERSECTIONALITY** refers to the interconnected nature of social categories such as race, class, gender, ability as they apply to historically marginalized and oppressed individuals or groups, creating overlapping and interdependent systems of discrimination or disadvantage. – Black feminist scholars Sojourner Truth, Audre Lorde, Kimberlé Crenshaw, Lisa Bowleg and more.

**POWER** is the ability to define, set, or change situations. It can manifest as personal or collective self-determination and is defined by the ability to influence others to believe, behave, or adopt desired values. - *ARCC Anti-Racist Reflective Practice Tool*.

**POWER-SHARING** is defined by BPHC as the intentional process of sharing decision-making authority with the community and its members to ensure the voices of those with lived and relevant experiences are heard and provided the opportunity to influence decisions and outcomes.

**RACISM** is a system of oppression based on race that is used to the advantage of Whites and the disadvantage of people of color. The critical element that differentiates racism from prejudice and discrimination is the use of institutional power and authority to support prejudices and enforce discriminatory behaviors in systemic ways with far-reaching outcomes and effects. Racism and other systems of oppression have a negative influence on all social determinants of health, and consequently directly impact health outcomes. There are 4 levels of racism – the internalized/individual, the interpersonal, the institutional, and the structural/systemic.

# 8 STEPS

*to include communities in operational or funding decision-making processes*

**1**

**Build the Engagement Planning Team**

**2**

**Determine the Need to Engage the Community**

**3**

**Honor the BPHC Community Engagement Guiding Principles**

**4**

**Apply the BPHC Equity Lens**

**5**

**Determine the Primary Level of Power to Share**

**6**

**Document the Transformational Engagement Plan**

**7**

**Implement the Transformational Engagement Initiative**

**8**

**Be Accountable to the Transformational Engagement Initiative**

# Step 1: Build the Engagement Planning Team

As the engagement initiative **Team Lead**, it's important to build your capacity to plan and implement a successful transformational community engagement initiative. Identify and list the names of people that you will share decision-making power with to 1) plan the engagement process, and 2) influence or make the final decision. In some instances, the people who help plan the engagement process may also participate to influence the planned decision, providing they meet the priority audience and participant eligibility.

As the engagement initiative **Team Lead**, use the [Fillable Step 1 sheet](#) to brainstorm your initial thoughts and responses to the questions below. You will have time to share your thoughts with the engagement planning team during the group's first planning meeting and make any necessary adjustments based on their feedback:

- What is the purpose of engaging the community (list the issue or decision to be made)?
- Who currently holds decision-making power in this issue area?
  - Is Executive Office approval needed?
- How will this engagement initiative be supported (i.e. budget, staffing, or volunteers)?
- Which community members will you share the power to influence the decision?
  - Who is currently or will be affected by the issue and/or planned decision?
  - Who is most experienced in the issue area and/or planned decision?
- Which community members will you invite to help plan the transformational community engagement initiative?
  - Who is currently or will be affected by the issue and/or planned decision?
  - Who is most experienced in the issue area and/or planned decision?
  - How will you determine the roles and responsibilities of planning team members, including meeting cadence and how decisions will be made i.e., consensus building, voting etc.

## Create Planning Team List:

Use the Equity Lens Five Ps process and the influencers and decision makers power map on Supporting Materials page 15 to determine and list the individuals and/or groups to involve such as:

- **Staff** including but not limited to members of your department team, frontline, interns, program directors, managers of people, senior leadership, and/or committee members
- **Partnerships** (contractual or non-contractual), Mayor's Office representatives, legislative officials, funders, grantees, consultants, and/or community organization representatives
- **Residents** including but not limited to youth, community leaders, coalition members, and/or advisory groups
- **Folks** who are historically missed, excluded, and/or absent from decision-making processes

As a next step, refer to your list of planners and send them an invitation to join the engagement planning process. See Supporting Materials on page 15 for a sample mock planning team agenda. Once the engagement planning team is formed, schedule the first and regularly occurring meetings where the team will use the remaining steps to guide the development of a **transformational community engagement initiative**.

## Step 2: Determine the Need to Engage the Community

Before developing the **transformational community engagement initiative**, it's important to determine if community engagement is necessary and will be meaningful to both those involved and the outcome. As a Team, use the [Fillable Step 2 sheet](#) to answer the following:

Does our planned decision/action have potential environmental, economic, social, safety and/or health impacts on the community?	Yes	No	Explain: _____ _____ _____
Is it early enough in the decision-making process for the community to influence the outcome of the decision/action?	Yes	No	Explain: _____ _____ _____
Will the community's involvement increase their awareness and gain their support for the planned decision/action?	Yes	No	Explain: _____ _____ _____
Is the community's involvement required by law, policy, or an agreement?	Yes	No	Explain: _____ _____
Will the community's involvement improve our organization's understanding or quality of the planned decision/action or outcome?	Yes	No	Explain: _____ _____ _____
Have community members voiced interest, concern, or opposition to our planned decision/action or the issue surrounding the planned decision/action?	Yes	No	Explain: _____ _____ _____
Are there potential negative consequential impacts for the community, our organization, department, or Boston if we don't engage the community?	Yes	No	Explain: _____ _____ _____

If you and planning team members answered yes to two of the questions in blue, and at least one of the questions in gray above, the team is ready to engage the community in a collaborative decision-making process. On the following pages, as a Team, take the remaining **steps 3-8** to achieve Transformational Community Engagement:

3. Honor the Transformational Engagement Guiding Principles;
4. Apply the Equity Lens;
5. Determine Primary Level to Share Decision-Making Power;
6. Document the Engagement Plan;
7. Implement the Engagement Plan; and
8. Be Accountable to the Engagement

# Step 3: Honor the BPHC Engagement Guiding Principles

As a Team, review each principle to determine your capacity to honor as well to discuss appropriate alternatives to any anticipated limitations or barriers.

OUR ENGAGEMENT WILL BE	WE WILL	SO THAT
<b>ACCESSIBLE</b>	Minimize barriers to participation by communicating timely, culturally, and linguistically appropriate information about in-person or virtual engagement opportunities and accommodate any language access needs of priority audience.	Communities are aware of engagement initiatives at least two weeks in advance and are able to actively participate and understand the engagement process and planned actions.
<b>ASSET-DRIVEN</b>	Value lived experiences as data and take the time necessary to seek and include the voices of those most impacted by the issue and planned actions.	Decisions and outcomes made reflect the perspectives, strengths, cultures, experiences, needs, and preferred solutions of communities, especially those that have been historically excluded or stigmatized.
<b>TRANSPARENT</b>	Be honest about the engagement purpose, how feedback data will be collected and used, final decision-making authority, budget, timeline, and any limitations for BPHC such as time constraints and/or political or funder obligations.	Those engaged fully understand what to expect throughout the engagement process and they are informed that the BPHC <a href="#">“We Asked, You Said, We did, What Changed”</a> model will be used to report the outcome of the engagement to participants.
<b>IMPACTFUL</b>	Use the <a href="#">BPHC Equity Lens</a> to identify and address the root causes of issues. Use the <a href="#">BPHC HEiAP approach</a> to ensure partnership agreements reflect a shared mission, goal, and transformational community engagement methodology.	Decision-making processes challenge the status quo to generate systemic change that increases wealth, improves health outcomes, and life expectancy for Blacks, other people of color, and stigmatized groups.
<b>RECIPROCAL</b>	Where applicable offer compensation payments to qualifying participants and partners. Build participants’ capacity to engage by increasing their knowledge (throughout the engagement process) of public health and BPHC procedures.	Those engaged fully understand how the BPHC and government works. They feel empowered to impact the decision and feel appreciated for contributing their time and expertise to the decision-making process.
<b>RESPONSIVE TO POWER DYNAMICS</b>	Engage diverse perspectives and hold those involved and engaged accountable to established team behavioral, communications, and decision-making agreements. Facilitate and promote learning and inclusivity among group members and mediate any positionality conflicts.	All participants and partners take responsibility for promoting a culture of belonging, respect, and empathy across cultures, perspectives, and experience levels. All feel supported to contribute to the discussion and planned action.

## Step 4: Apply the BPHC Equity Lens

As a Team, use the BPHC Equity Lens Five Ps process to mitigate bias and unintended negative consequences in the planned decision-making process:

RFP | Service | Policy | Programming | Initiative | Procedure | Event

### Purpose

What data (qualitative and quantitative) was used to inform the decision?

Is this data disaggregated to discover disproportionate impacts and root causes of racial and health inequities?

Which health disparity and social determinant(s) of health does this decision aim to address?

### People

Who is most affected by the issue this decision aims to address?

### Place

Which geographic location(s) is currently affected by the issue and will be affected by the final decision?

### Power

Where is decision making power held and how will it be shared equitably?

### Process

How will the impact of this decision be measured and evaluated?

[Access BPHC's full Equity Lens Assessment tool here](#)

Adapted from the Racial Equity Impact Assessments Pocket Guide Voices for Racial Justice



# Step 5: Determine the Primary Level of Power to Share

As a Team, use BPHC’s Spectrum of Transformational Power Sharing to determine the primary level to share or shift decision-making power to communities, recognizing that other levels may be used during the engagement process. Below are the levels of power-sharing and examples of the **Spectrum** in practice. Refer to Supporting Materials on page 15 for templates and resources on engagement practices.



## COMMUNITY NOTIFIED

BPHC informs communities of a community change.



## COMMUNITY CONSULTED

BPHC identifies a vision for change, collects feedback from communities, and keeps them informed of final decision and outcome.



## COMMUNITY CO-LED

BPHC and communities partner to identify a vision for change, share resources, and work collaboratively to implement decisions to achieve shared equity goal.



## COMMUNITY LED

BPHC **OR** the community identifies a vision for change and BPHC provides guidance and resources to achieve shared equity goal.



## COMMUNITY OWNED

BPHC **OR** the community identifies a vision for change and BPHC provides resources to help achieve the community’s preferred equity goal.

### Responsibility

### Relationship Goals

### Decision-maker & Power Shift

### Equity Impact

### Example engagement methods

Builds Awareness

Builds Participation

Builds Partnership

Builds Trust

Builds Power, Trust, Partnership, Capacity, and Relationship

BPHC or municipality made and implemented the decision without community input.

**Non-existent power**

BPHC uses some of the feedback and makes and implements final decision.

**Transactional Power**

There is consensus decision-making between BPHC and its partners. Implementation is shared.

**Transactional Power**

The community makes decisions with **parameters set by BPHC**.

Implementation is shared.

**Transformational Power**

The community makes and implements final decision **without any parameters set by BPHC**.

**Transformational Power**

Communities may or may not receive or understand the information sent by BPHC and may be unintentionally negatively impacted by the final decision made.

Those engaged may or may not understand how BPHC operates, the purpose of the decision, and may or may not see or feel change that reflects their input or that meet community needs.

Partners have an understanding of BPHC, the issue to be addressed, shared responsibilities, and will see & feel change that reflects their partnership and community needs.

The community has experience with the issue, understands BPHC, and will see & feel change that reflects their lived experiences, wisdom, and needs.

Communities as experts, make the decision that reflects their lived experiences, wisdom, and needs which benefits Boston overall.

- 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 & Voting
- Other: \_\_\_\_\_

- Working Group, Coalition or Organizing group
- Steering committees
- Memorandum of Agreement (MOA) with community based organization
- Other: \_\_\_\_\_

- Participatory Budgeting
- Voting
- Polling
- Surveys
- Request for Proposals
- BPHC may provide:**
- Funding, data, or technical assistance
- Testimony & policy development
- Help to build relationships & partnerships between allies
- Other: \_\_\_\_\_

- Participatory Budgeting
- Voting
- Polling
- Surveys
- Request for Proposals
- BPHC may provide:**
- Funding, data, or technical assistance
- Testimony & policy development
- Serve on boards/ advisory groups
- Host community events/meetings
- Help to build relationships & partnerships between allies
- Other: \_\_\_\_\_

# Spectrum of Transformational Power Sharing in Reverse

Below is the **Spectrum of Transformational Power Sharing** in reverse. As opposed to the spectrum on page 10, this version illustrates the community as primary holders of decision-making power. At the Government Led and Owned Levels, either party can identify a vision for change project, however, final decisions are made by government with guidance and support provided to them by the community. This version promotes communities as initiators of engagement initiatives and government to value and follow the leadership of communities to ensure decisions meet their needs.



**GOVERNMENT NOTIFIED**



**GOVERNMENT CONSULTED**



**GOVERNMENT CO-LED**



**GOVERNMENT LED**



**GOVERNMENT OWNED**

**Responsibility**

The community informs government of final decisions made by community leadership and those in authority.

The community identifies a vision for change, collects feedback from government, and keeps them informed of final decision and equity outcome.

The community partners with government to identify a vision for change, share resources, and work collaboratively to implement decisions to achieve shared equity goal.

The community **OR** government identifies a vision for change and the community supports **(with parameters i.e., funder obligations or political restraints)** governments decision by providing i.e., real-time data, political testimony to achieve shared equity goal.

The community **OR** government identifies a vision for change and the community supports **(w/out parameters i.e., funder obligations or political restraints)** the governments final decision with i.e., political testimony, real-time data, historical context to help them achieve their equity goal.



# Step 6: Document the Transformational Engagement Plan

After selecting the primary level of decision-making power from the BPHC Spectrum of Transformational Power Sharing, as a Team, describe the community engagement initiative below. When describing the **communication plan**, consult the Sample Communication Plan on Supporting Materials page 15 to share responses with potential **partners** when implementing the planned initiative. Utilize the Fillable Step 6 sheet to respond to questions below.

<p><b>Which decision will be made as a result of the engagement initiative?</b></p> <input type="checkbox"/> Request for Proposal (RFP) <input type="checkbox"/> Program or Service Development <input type="checkbox"/> Community Initiative <input type="checkbox"/> Internal Policy or Procedure <input type="checkbox"/> Local, State, National, Legislative Policy <input type="checkbox"/> Internal/External Event Planning <input type="checkbox"/> Issue put forth by community	<p><b>Who will we invite to co-develop and implement the community engagement initiative?</b></p> <input type="checkbox"/> Staff <input type="checkbox"/> Mayor's Office <input type="checkbox"/> Local Agencies <input type="checkbox"/> Community Residents <input type="checkbox"/> Other: _____	<p><b>Document how we will honor each Transformational Community Engagement Guiding Principle.</b></p> <input type="checkbox"/> Accessible <input type="checkbox"/> Asset-Driven <input type="checkbox"/> Transparent <input type="checkbox"/> Impactful <input type="checkbox"/> Reciprocal <input type="checkbox"/> Responsive to power dynamics	<p><b>Document results of each Equity Lens assessment question.</b></p> <input type="checkbox"/> Purpose <input type="checkbox"/> People <input type="checkbox"/> Place <input type="checkbox"/> Power <input type="checkbox"/> Process
<p><b>What is the anticipated change value of the engagement for residents, staff, and/or neighborhoods?*</b></p> <p><b>Social Determinants of Health</b></p> <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Public Safety <input type="checkbox"/> Transportation <input type="checkbox"/> Socioeconomic status <input type="checkbox"/> Food or Health Services Access <input type="checkbox"/> Environmental Exposure <input type="checkbox"/> Health Behaviors <input type="checkbox"/> Other: _____	<p><b>Which primary level of decision-making power will we share with those we collect information/data?</b></p> <input type="checkbox"/> Community Notified <input type="checkbox"/> Community Consulted <input type="checkbox"/> Community Co-Led <input type="checkbox"/> Community Led <input type="checkbox"/> Community Owned	<p><b>Which individuals and/or agencies will we collect information/data from to help make the decision?</b></p> <input type="checkbox"/> Staff <input type="checkbox"/> Mayor's Office <input type="checkbox"/> Community Residents <input type="checkbox"/> Local Agencies <input type="checkbox"/> Youth, Legislative Reps <input type="checkbox"/> Other: _____	<p><b>What information/data is needed to make the decision and where is this information located?</b></p> <input type="checkbox"/> New Data e.g., what questions will you ask? <input type="checkbox"/> Existing Data e.g., Health of Boston <input type="checkbox"/> Other: _____
<p><b>What engagement method(s) will be used to collect information/data from individuals and/or agencies?</b></p> <input type="checkbox"/> Survey or Poll <input type="checkbox"/> Focus Group <input type="checkbox"/> Interview Staff or Residents <input type="checkbox"/> Online Engagement <input type="checkbox"/> Community Event or Meeting <input type="checkbox"/> Other: _____	<p><b>Document how the "We asked, You said" model will be used to report results back to those engaged?</b></p> <input type="checkbox"/> Website <input type="checkbox"/> Written Report <input type="checkbox"/> Presentation <input type="checkbox"/> Online Engagement <input type="checkbox"/> Other: _____	<p><b>When and how will those engaged evaluate and provide feedback on the engagement initiative?</b></p> <input type="checkbox"/> Survey <input type="checkbox"/> Poll <input type="checkbox"/> Other: _____	<p><b>How will we promote the engagement initiative opportunity to communities?</b></p> <input type="checkbox"/> Potential partners (e.g. BPHC) <input type="checkbox"/> Timing (e.g., before, during, after) <input type="checkbox"/> Key Message <input type="checkbox"/> Communication Channels (e.g. email, social media) <input type="checkbox"/> Primary Audience <input type="checkbox"/> Sender <input type="checkbox"/> Frequency (e.g. monthly, weekly) <input type="checkbox"/> Other: _____

**\*TIP:** Don't forget to identify required resources needed to support each action step (e.g. budget, staff, materials).

## Step 7: Implement the Engagement Initiative

As a Team, follow the phases below to guide the scheduled in-person or virtual event. Refer to supporting resources including the event management guide on Supporting Materials page 15.

### Before

- For external events, work with the BPHC Communications Office ([communications@bphc.org](mailto:communications@bphc.org)) on how to promote the initiative, discuss translational and interpretation needs, and send in any external-facing materials for final approval.
- Set up participants' registration.
- Collaborate with other departments and local agencies to send event invitations to communities at least 2 weeks in advance. Send weekly event reminders.
- Identify event roles and responsibilities (moderators, note-takers, facilitators, and/or online chat monitors for virtual events).

### During

- Introduce facilitators, speakers, and the planning team. Review the agenda and share meeting rules and/or agreements.
- Orient participants to the purpose of the engagement, BPHC Community Engagement Principles, and the decision-making process specifically who the final decision maker is.
- Describe the process to collect information from participants (polling, voting, survey) and how information will be used.
- Keep your camera on for virtual events to help build community.

### After

- Send feedback evaluation forms to participants and thank them for their participation. Send fillable forms or polls to participants via online chat box and/or their registration email address.
- Share engagement and evaluation results with participants via the BPHC We Asked, You Said, We Did, What Changed form within 2 weeks after engagement.
- Submit the BPHC We Asked, You Said, We Did, What Changed form to the Office of Racial Equity and Community Engagement (ORECE).
- Fill out a planning team self-assessment to improve future engagements.

### Keep in Touch

- After the engagement, continue to build trust with participants by attending community events, fostering networking opportunities etc.
- Keep communication open by creating a newsletter, email list, phone line, or website where updates are shared.
- Co-create next steps with participants to identify future partnership opportunities.
- Invite participants to future projects, initiatives, activities etc.

# Step 8: Be Accountable

Congratulations, as a Team, you executed a successful **Transformational Community Engagement** initiative! As a final step, use the We Asked, You Said, We Did, and What Changed form to report the impact and outcome of the engagement to collaborative partners and participants of the engagement initiative. Submit the completed form to the Office of Racial Equity and Community Engagement.



Project Name:  
Contact Information:  
Program/Department:  
Date:

## We Asked, You Said, We Did, & What Changed

### We Asked

Level of engagement:  Community Notified  Community Consulted  Community Co-Led  Community Led  Community Owned

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### You Said

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### We Did

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### What Changed

Where applicable:  Racial and Health Equity  Social Determinant of Health

## Supporting Materials

Presented here are exemplar resource materials that can serve as tangible demonstrations of you and your teams transformational community engagement. Click on the underlined resources tabs below to access your supporting engagement materials. Please note that some of these resources are not yet available, and are coming soon.

[BPHC Equitable Community Compensation Policy](#)

[Sample Engagement Communications Plan](#)

[Event Planning and Management Check List](#)

[Sample Evaluation Tools and Questionnaire](#)

[Equity Lens Assessment](#)

[Sample Influencers and Decision-makers Power Map](#)

[Health Equity in All Policies Approach](#)

[Sample Run of Show](#)

[Mock Planning Team Agenda](#)

[Sample Participant Invitation](#)

[Racial Justice and Health Equity Glossary](#)

[Request for Proposal Guidance](#)

[Sample Community Engagement Initiative Sign In Sheet](#)

[Standard MOA](#)

# Acknowledgments

This Transformational Community Engagement Guidance Toolkit was developed by the Office of Racial Equity and Community Engagement (ORECE) in partnership with colleagues and external co-contributors.

“Thank you to those of you who contributed your time, expertise, and passion to the development of this project.” - *Triniese Polk, Director*

## Members of the Office of Racial Equity and Community Engagement

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Members of the BPHC resident-driven Racial Health Equity Advisory Committee (RHEAC)

**“It is necessary to intentionally break down barriers to public involvement and influence in government decisions to create a government that belongs to and works for everyone it serves.”**

- *Advisory Member*



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.



**Boston Public Health Commission's**  
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