



Washington State
Hospital Association

Community Engagement Toolkit for Rural Hospitals



Community Engagement for Rural Hospitals

The new health care paradigm is here. Health care providers are being asked to operate differently. Fewer services, lower costs, better health: those are the demands. While rural hospitals have achieved a reprieve from cuts to funding, this is only a pause. The focus of federal and state budget writers and policy makers will return. The time is now to act in partnership with your community to shape your local health care system. Hospitals must engage with partners to help and help set the health agenda in your community.

We have combed through numerous resources and adapted them to create an easy to use toolkit aimed at helping administrators leverage their hospital's strengths and resources to engage in a community dialogue about health and form sustainable community partnerships. The process begins with an assessment we designed to help you think about your current community engagement activities, what's working well and what can be improved. The tools included in this kit are designed to augment current efforts, helping hospitals understand the effectiveness of current projects while providing guidance for future work.

Engaging your community to move health forward can be a difficult yet rewarding task. While we have provided an overview of the basic steps to get started, there are volumes that can be (and have been) written about community planning and models for action. At times an outside consultant may be needed to help guide your community through its effort. WSHA is pleased to be able to offer technical assistance ranging from planning assistance and grant identification to facilitating community meetings and implementing your plans. Please do not hesitate to contact us.

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What is Community Engagement?

Community Engagement is the process of working collaboratively to address issues affecting the wellbeing of the community. For some organizations, community engagement might involve partnerships aimed at improving a population health. For others, engagement might focus on a community dialogue about maintaining access to healthcare services in the community and what that looks like. Specific to this toolkit, it is the process of hospitals working with community partners, staff, and patients to build support, plan for the future, and impact the health of their local communities.

Why Do It?

1

Health care of the future – The advent of value based purchasing strategies and pay for performance measures increasingly hold hospitals accountable for clinical outcomes that are directly shaped by community factors. Community Health Needs Assessments, reforms under the Affordable Care Act, and the State Health Care Innovation Plan all require you to take a more active role in community health by developing cross-sector partnerships. Just as your community can not survive without you, you cannot move towards the future of health care without your community.

2

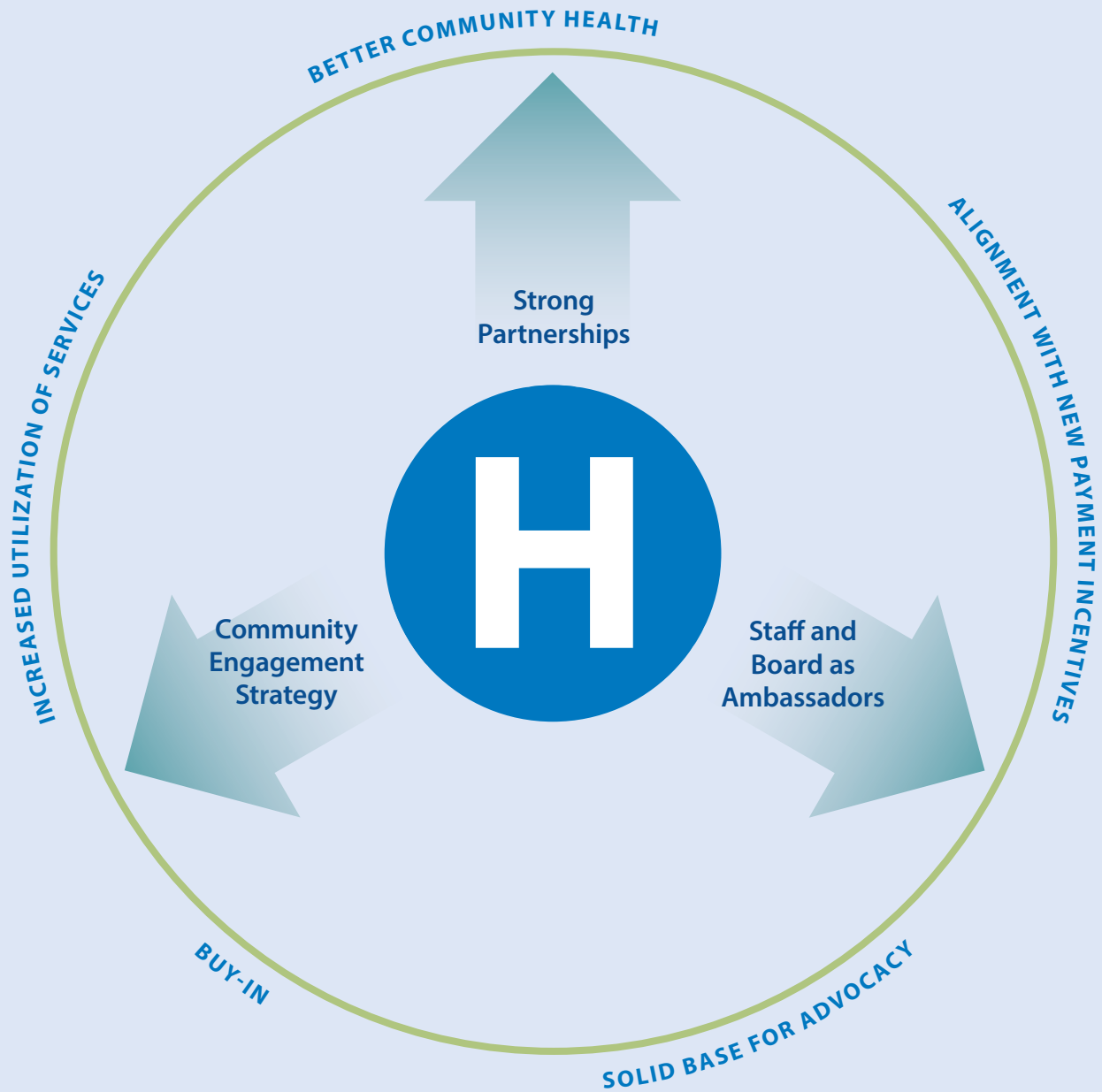
It's the mission – The problems facing the health of rural Washingtonians are best addressed locally, by the people who live and work in these communities. As community anchors, rural hospitals need to be involved in these processes, and in some cases, may be in the best position to convene and lead them. Moreover, as many rural hospitals are Public Hospital Districts, they are uniquely accountable to the citizens of their district.

3

Economic benefits – Community engagement activities reinforce your hospital's brand in the local community. When community members recognize the hospital as a community leader, and understand the quality and value you provide, they will seek care locally.

4

Best defense is a good offense – Reimbursement levels and the very existence of rural hospitals are under constant threat. Engaging with the local community creates a network of supporters and partners that can be called upon when advocacy is needed. Threats to rural hospitals are threats to entire rural communities; an engaged and thriving community is a primary defense against future cuts.



What Hospitals Put Into and Get Out of Community Engagement

Your organization may already have robust community engagement, or you may just be starting out. To give organizations a better idea of where they are and highlight areas for development, we've developed a community engagement assessment. You'll find the assessment in the appendix, it includes an evaluation of staff and board engagement, institutional support for this work, community awareness, partnerships, community voice in the hospital, and feedback.



Engaging Community Partners

Rural hospitals are anchors of their communities. As the primary source of health care and a central economic engine, hospitals are uniquely positioned to convene community partners around a shared health agenda.

Benefits of Community Partnerships

- Maximize scarce resources
- Generate broad-based support for hospital activities
- Bring in new ideas
- Develop long-term relationships within the local community
- Appealing to potential funders

Community partnerships can take a variety of forms and depend upon the goals of each relationship. Hospitals may engage partners on a variety of levels:

Networking: Exchanging information for mutual benefit. The least formal level of partnership with basic levels of trust and commitment between organizations.

Coordination: Exchanging information and altering activities for mutual benefit and common purpose. Coordination requires organizational involvement on both sides. It is particularly valuable to the patient, as it is an important tool to link services across health sectors.

Cooperation: Cooperation takes coordination one step further through the use of shared resources. This level of partnership requires significant organizational commitment and may require legal arrangements such as Memorandums of Understanding or an Inter-local Agreement between agencies. Not all shared resources are monetary however, and may include, expertise, technology, staffing or physical space. When working cooperatively, you and your partners should think broadly about the available tools.

Collaboration: Exchanging information, altering activities, sharing resources and enhancing the capacity of another for mutual benefit and a common purpose. Collaborating with partners allows you to achieve results you could not get alone. When acting in a truly collaborative fashion, each partner works to help the other become better at what they do, because as each partner finds success, all partners benefit.

This model for partnerships is a continuum. You may find a NETWORKING relationship with some partners is enough to meet your needs. With others, you may need to work towards a COLLABORATION. How you define the relationship is less important than making sure that all partners have clear expectations and are engaged in mutually beneficial ways.

**Adapted from Robert Pestronk's Collaborating for Healthy Communities and Authur T. Himmelman's Collaboration for a Change Definitions, Decision-making Models, Roles and Collaboration Process Guide, 2013.*

The Do's and Don'ts of Partnership Development

- Do approach partnerships with an open mind, even if past interactions have not been productive.
- Do work on finding common areas of interest or influence.
- Do be clear about your own interests, but open to change.
- Don't be solely focused on your own vision or objectives.
- Do meet in person whenever possible.
- Don't rely on e-mail and written communications to build relationships.

Identifying Partners

When seeking partnerships, hospitals should be strategic in evaluating and approaching potential partners while keeping in mind each individual organization's goals and skill sets. Potential partners for community health projects may be groups you have worked with in the past, or community leaders sectors you may not currently have a relationship with. To initiate this process, the hospital should be clear about its own capacity, resources and skills available for the project.

For effective partnership, top leadership support is critical. Hospital executives should contact their counterparts at targeted partner organizations. This leadership buy-in is critical when launching these efforts because you need the decision makers in the room. We've developed a checklist of potential partners hospitals should consider developing relationships with. It can also be used to identify gaps in your current partnership mix. These partnerships will vary over time depending on the project you are working with, as outlined in the illustration above. For example, many of the contacts you initially make using the partner checklist may simply be to establish a networking relationship to exchange information or maybe you will coordinate some of your efforts. Later that relationship might evolve into collaboration on a community health initiative. The important thing is to take the first step, which can be as simple as having coffee to begin a conversation or as complex as convening a group of community leaders to review community health data, identify common group, develop priorities for action, and make a plan to move forward.

Public Health: A Critical Partner

Your Local Public Health Jurisdiction is a key partner for community health improvement projects. Tasked with improving community well-being by preventing disease, illness and injury and impacting social, economic and environmental factors related to health, public health offices have much of the needed knowledge and expertise.

Public Health is also a crucial partner politically. Some communities have a history of tension between different sectors of the health delivery system. Public Health can act as a neutral convener to bring together these competing sectors for successful buy-in to a group initiative. Health care providers must strategically decide when to lead and when to play a supportive or facilitative role.

When Should We Lead? When Should We Support?

During a time of changing financial models, it's easy to want to jump in and lead on all things related to community health. However, sharing leadership is important to building solid partnerships and other organizations may have expertise that better lends itself to leadership on some projects. Here are some examples of when to lead and when to support.

LEAD

- You have unique expertise to address a public health issue
- It is central to your core services
- Clinical interventions can solve the problem

SUPPORT

- The project is in-line with your mission of supporting health, but not in an area of direct influence (economic development, increasing adult education)
- When you have economic gain at stake based upon the outcome (you can't be neutral)
- When joining an existing effort
- When something will not be accepted by the community because it would appear to be to "hospital focused"

Partner Checklist

It's important to develop relationships across the community. Connecting with these organizations might be done with a specific project in mind, or with an eye to developing relationships for future work or support. Be sure to include those with influence and those most effective by an issue. Use this checklist as a handy reference to identify where you have relationships and where work may need to be done.

- School districts
- Churches
- Community service organizations (Lions Club, Rotary, etc.)
- Public health
- Mental and behavioral health
- Dental health
- Community clinics and physicians
- Chamber of Commerce
- Media
- Other non-profits
- Local business leaders
- State representatives
- City government including council members, mayor, or administrator
- County government
- Tribes
- Tribal health centers
- Law enforcement
- Social service agencies
- Migrant health services
- The grange
- Colleges and universities
- Military representatives (including the Veteran's Administration)


BEST PRACTICE EXAMPLE:
Let's Go LinCo

In partnership the Lincoln County Health Department, Davenport School District and Lincoln Hospital District formed *Let's Go LinCo!* to create an environment that fosters healthy choices and behaviors. The partnership was started with a grant from the National Initiative for Children's Healthcare Quality and blossomed into a movement. The schools are incorporating healthy alternatives during school lunches such as low sugar days. The city has appointed a wellness coordinator. The clinic has enhanced their electronic medical records. Check out their website, which includes a cool wellness quiz by visiting: www.co.lincoln.wa.us



Evaluating Potential Partners

This is an easy to use tool to think about how different organizations might fit into your community partnership strategy

TYPE OF PARTNERSHIP	QUESTIONS TO CONSIDER	ORGANIZATIONS TO RECRUIT
Networking	What organizations are well respected in the community? What organizations could lend brand appeal? What organizations have relationships with key community decision makers? What organizations can lend support?	
Coordination	What organizations have expertise and resources we need? What organizations might be willing to devote time and effort?	
Cooperation	What organizations would better serve their own membership through partnering with our hospital? What organizations represent a population you want to help with your project? What organizations have a broad base of support that can be brought to the project? What organizations might be willing to devote significant time and effort?	
Collaboration	What organizations share our vision for a healthy community? What organizations can help us improve? What organizations will directly benefit from the project's success? What organizations can provide leadership? What organizations might be willing to devote substantial time and effort?	

Finding Common Ground: How to Talk to Others About Health

We talk about health care every day. But it can be difficult for our partners in other sectors to see how health care relates to the strength of their communities. Why should a bank care about childhood obesity? Talking with our partners about the fundamental connection between health and the economic and social vitality of our communities is a first step to enlisting their help.

It is important to understand the values and agenda of your audience. When talking to school officials, emphasize that healthy kids are better students. Your local Chamber of Commerce will respond to the economic benefits brought by the hospital and the need for a healthy, active workforce. Find common ground between you and your partners- once you make the case that health is fundamental to strength of your community, you are unlikely to face opposition.

Health Messaging for Non-health Care Sectors

1. **Avoid health care jargon** – Messages delivered in colloquial language are more effective.
2. **Emphasize values** – Values driven, emotionally compelling language is more compelling than discussing academic terms like the social determinants of health. Studies show that messages that incorporate the importance of high quality health care with the need to address social factors affecting health are more effective than those that do not mention health care.
3. **Identify the problem, and potential solutions** – No one likes doom and gloom, talk to your partners about how they can make an impact.
4. **Use data, but not too much** – One strong fact and underscore your point- loading a message down with a bunch of data can lose the point.
5. **Incorporate the role of personal responsibility** – Emphasize the importance of giving all members of your community equal opportunity to make healthy choices, rather than fixing the problem for them.
6. **Be aware of the political spectrum** – Some phrasing and messaging can appeal more directly to conservatives than progressives, and vice versa. Research by the Robert Wood Johnson Foundation found that the combination of personal responsibility messaging (embraced by conservatives) with messages about opportunity (embraced by progressives) appeals to a broad audience.
7. **Focus on how good health impacts the whole community, not just a target group** – While you may want to tackle a problem affecting a small group—children, the elderly, veterans—you need to show how this problem impacts everyone. Moreover, research shows that describing disparities, particularly along racial or ethnic lines, draws negative responses.

* Adapted from RWJF report – *A New Way to Talk About the Social Determinants of Health.*, 2014.

Importance of Data

Community health data, such as a CHNA, can be an important starting point for new community partnerships. Reviewing health data together can help clarify shared priorities and assets and ensure that future interventions are data driven.

Tips for Successful Partnerships

- Small wins early
- Clear objectives
- Clear responsibility and accountability
- Regular communication

Where to Start?

Once you've begun a relationship with your community partners, where do you go next? The first step is developing a shared vision. To work together effectively, you need to have a shared sense of direction and a clear goal in mind. Ask yourselves: What does a healthy community look like? What are your community's health values? What are the local trends? Where can you make an impact?

Answering these questions will help shape your community's vision for the future. It should be easy to understand and communicate and shared by your partners. It should also be uplifting and inspire others to your cause. When outlining this vision, set boundaries. An initiative to combat childhood obesity could be narrowly focused on school exercise and nutrition, or broadly approached to tackle community wide access to recreational space and health foods. Remember to start small- you can always expand your reach later.

After the shared vision has been established, it's a good time to look back at your partner list and ensure that people from the groups will be affected by your initiative are represented in your planning work. You may also want to host a larger community meeting to gain buy-in, solicit feedback, and enroll others in bringing your vision to life. (See meeting planning tools and facilitation tips on pages 14–15.)

STRATEGIES FOR CREATING SHARED VISION

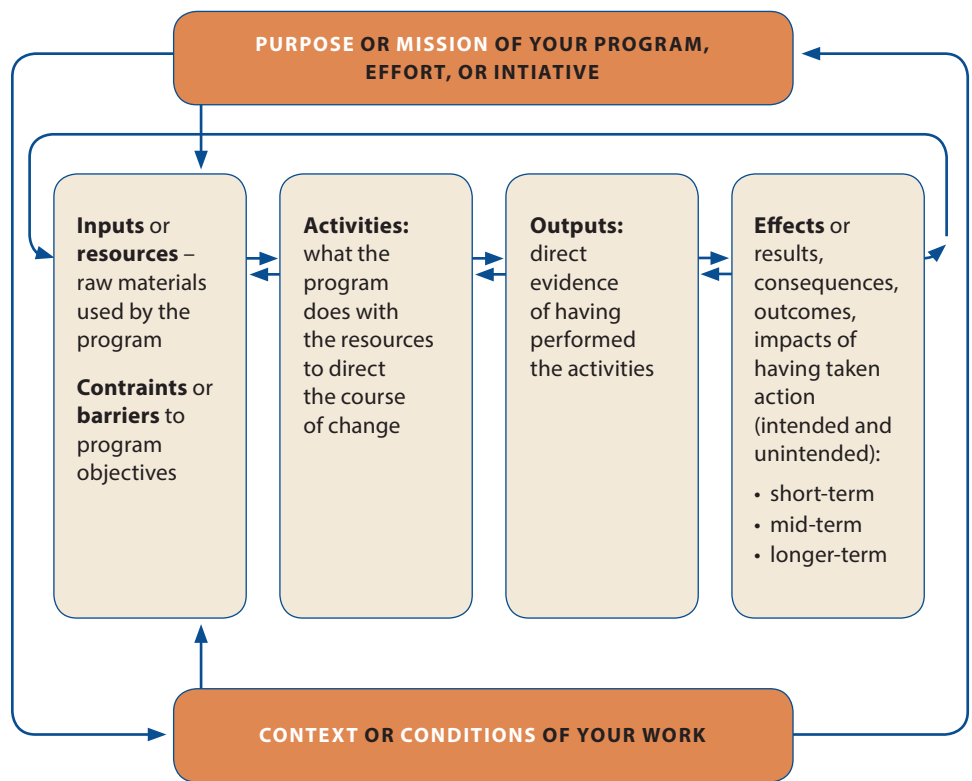
Have your group brainstorm a healthy community using one of the strategies below. Depending on the size of your group, you may have people work alone or in small groups. After about 30 minutes, present the different outcomes, identify common themes, and determine what steps might be taken to reach this shared vision of the future, including initial goals.

- **Blue Sky Scenarios** – Ignore all that was or is and create something totally new from scratch. If you could create the healthy community of your dreams, what would it look like?
- **Forecasting Scenarios** – Analyze trends and then design around predictions. What are the big health trends in our community? How will changing demographics and financial resources impact the health of our community? What are areas we can impact? Have groups develop separate scenarios and share them with each other.
- **Time Warp** – Take an imaginary trip through time, ending up somewhere in the future (5-10 years out). Turn on the evening news. What are the stories they're telling about the health of your community?
- **Mapping** – Map out the various assets of your community and how each asset relates to the others.
- **Pictogram** – Give small groups paper, art supplies, objects, etc. to construct a visual image of a healthy community

Map Your Course

Now you have a vision, but how will you get there? Effectively mapping your initiative will help all group members stay on target. Begin with a theory of change. How will you reach your vision? What factors influence the community health measure you hope to impact? Where can you intervene and how? What resources do you have to make this impact?

Drawing this process visually can provoke questions within the group and clarify planned activities. If you cannot link your activities to the desired outcomes in a logic model, it's unlikely you will be successful in your community health project. Here is an example of a basic logic model:



Top Down or Bottom Up?

It's crucial to make your effort both top down and bottom up—connecting the “top” to the “grass roots” of a project will engage all parties that will ultimately contribute to the plans success.

For more help on designing a logic model, see:

<http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

BEST PRACTICE EXAMPLE:

Mason Matters

Mason Matters is dedicated to improving the health and quality of life of the Mason County community. The non-profit was created and is supported by Public Hospital District #1 and Mason County Public Health. The non-profit board includes representatives from across the community who work to identify and tackle community health needs. One of the first projects the non-profit focused on was developing a low-income dental clinic, which has been in operation since 2007. Mason Matters is now working on projects to improve career and college readiness through a grant from the Robert Wood Johnson Foundation, as well as a project aimed at addressing generational poverty thanks to a grant from the Community Foundation of South Puget Sound. You can learn more about Mason Matters by visiting www.mason-matters.org or viewing WSHA's video on the project: <https://vimeo.com/69093354>.



Objectives

Next, create some objectives, the specific, measurable outcomes of your initiative. Objectives answer the question of how much of what you will accomplish, by when. Shared measurement is a key factor in the collective impact model. There are three types of objectives to consider:

- **Process objectives.** These are the objectives that provide the groundwork and steps to implementation needed to achieve your objectives.
- **Behavioral objectives.** These objectives aim to change behaviors of people and the results of their behaviors.
- **Outcome objectives.** Outcome objectives are often the result of successful behavioral objectives and focus on community level results. They answer the question what will we accomplish?

When outlining objectives, start with “easy wins”. Small, concrete projects in the short term can solidify your collaboration and build momentum for the cause. These wins can often reflect process objectives. For example, if your goal is to increase the number of community members with adequate housing, it may take many years. But bringing your group together to devise a comprehensive housing plan can be achieved in the short term and serve as a tangible win.

Identify the Strategies to Get There

Your community's strategies tell you how you will get the work done. A good strategy accounts for the barriers and resources within the community, reaches the targeted population and advances the vision of the project. Group brainstorming can help you decide on what strategies to employ. Two examples of a strategy to increase immunizations would be to host a drive through flu shot clinic and distribute educational materials to area elementary schools.

Once your project is up and moving, you may need to revisit your strategies and make changes. Data can be a helpful guide in this process. If your strategies are not helping your group meet your objectives, then they may need a change.



Engaging Patients, Families, and Community Members

Certainly, by getting more involved with community organizations and partnering, you'll reach many members of your community. It's also important to engage in strategies that reach broader audiences. In doing so, you invite your community to be part of your organization and increase their sense of ownership in the local health care system.

BEST PRACTICE EXAMPLE:

Ellensburg Community Dinners

Kittitas Valley Health invites a rotating group of citizens to attend a dinner to learn more about the hospital and its operations. During the dinner, residents have the opportunity to tour the hospital facility, learn about service offerings, interact with hospital leaders and members of the board, and ask questions. KVH has found the strategy to be effective for growing broad support for their organization and connecting with people they may not otherwise have come in contact with.



There are several easy strategies to keep the larger community informed about what is going on in your organization and to get feedback that will help you to continue to provide great service. Some of these strategies do not differ a great deal from the efforts you are making to build partnerships. For example, you can reach some members of the broader community by providing regular presentations and feedback sessions with local service organizations. Through relationships developed with local media outlets you might submit a regular column to the local newspaper or appear on the local radio station. Another good way to get information out and establish your organization as an anchor institution is to regularly submit editorial articles to the newspaper on issue of health care or health care policy.

A good place to start could be scheduling a state of health care forum. You can use this opportunity to share information about the current health status of your community, along with how the hospital is addressing these issues through services and strategic planning. Be sure to involve your partners. And instead of simply delivering information, use this as an opportunity to help community members engage in projects you and your partners have picked, or even to help you decide which projects to pursue.

When presenting to the general public, it is important to present information in an easy to understand and non-political manner. The sample PowerPoint templates provided are a good starting place, as are the facilitator tips included in this toolkit. WSHA can also provide technical support in developing your presentation, gathering data, or even providing a neutral facilitator.

Meeting Planning

The first things to consider when planning a community meeting are your goals and the audience. Do you want to inform the general public about what is happening in your organizations and in the larger health care environment? Are you looking to engage the community in identifying health problems and identifying solutions? Do you want to recruit people for a project you've developed? The worst thing you can do is waste people's time. If you do not have clear goal targeting an interested audience, you can do more damage than good!

To maximize meeting attendance, hold the meeting in the evening to avoid conflicts with school and work. Also, determine if you want to hold several meetings at several different sites to maximize the number of community members who can participate.

Location: Be sure to plan to have the meeting at a central location that is big enough for your group. Local schools, community centers, or conference rooms at city hall can work. If your meeting is focused on delivering information about the hospital and your local health system, you may even consider holding it at your facility. If you're working with a coalition of organizations on a community health project, you may want to hold the meeting at a neutral site.

Navigating Change by Connecting with Others.

Change Ahead

You are invited to Columbia County's Rural Health Roundtable

Columbia County's Rural Health Roundtable
 Tuesday, October 22, 2013 at 6pm
 The Delany Building, 111 South 3rd Street, Dayton WA

Light Refreshments Provided

The purpose of the Rural Health Roundtable is to discuss the health of Columbia County. Questions about health care reform are on minds of all Americans. Our discussion aims to help our community understand what health policy means for local families and neighbors. Building momentum around health care reform begins with you.

Sponsors: Washington Rural Health Association and Columbia County Health System

Publicizing the Meeting

The publicity for your meeting should include a variety of communication vehicles, including:

- Fliers posted around town and mailed if possible,
- Ads in local publications,
- Announcements in community newsletters (schools, churches, service organizations and employers, including your own!),
- A press release,
- Invitation letters/e-mails and/or phone calls to key leaders, along with encouragement for these folks to invite others, and
- A public service announcement on the local radio station

Plan to publicize your meeting at least two weeks ahead of your date to give people time to attend. Your meeting publicity should include the date, time, location and purpose of the meeting. Language should be simple, eye-catching, and easy to read (a sample from one of the Washington Rural Health Association's Rural Roundtables is included here) Be sure to include a contact name and number or website where people can find more information.

BEST PRACTICE EXAMPLE:

Patients and Family Advisory Committees

A number of rural hospitals have created patient and family advisory committees who can be used as regular focus groups as well as conduits for information out to the community. Some hospitals have gone a step further, including patients on every committee in their organization, even their credentialing committee. For more information on how you can incorporate patients and families into your operations, contact Amber Theel, WSHA's Executive Director of Patient Safety, by e-mailing ambert@wsha.org

Types of Community Meetings

- Public forums (a problem-identification and problem-solving session)
- Coalition building (a coalition is a "group of individuals and/or organizations with a common interest who agree to work together toward a common goal")
- Public advisory meeting—primarily information sharing, rather than a dialogue
- Focus groups (groups for sharing opinions and responses to issues or products)

Tips for Facilitators

(adapted from the Community Toolbox)

If the goal of your meeting is to engage members of the community in a conversation about the future of health care, then the role of the facilitator is to create a safe space for people to work together and help the meeting stay on topic. Here are some basic steps that will help create a successful community meeting.

1. **Start the meeting on time.** This respects those who showed up on time and you can always welcome later comers after a break.
2. **Welcome everyone.** Be sure to welcome everyone who comes to the meeting, regardless of the number of people who show up. Go with what you have.
3. **Make introductions.** Introductions are a great way to loosen up the group, get them feeling comfortable with each other, and learn who is in your group. For example, the editor of the regional newspaper may be in the room; but if you don't know, you'll miss the opportunity for a potential interview or special coverage. Introductions are also a chance to introduce an ice breaker. In pairs, have people turn to the person next to them and share their name, organization and three other facts about themselves that others might not know. Then, have each pair introduce each other to the group. This helps to get strangers acquainted and for people to feel safe--they already know at least one other person, and didn't have to share information directly in front of a big group at the beginning of the meeting. Don't forget to introduce yourself. You want to make sure people feel comfortable with you
4. **Review the agenda and lay the ground rules for the meeting.** Some ideas for ground rules include: respect for everyone's ideas, one person speaks at a time, keep comments concise to allow everyone to speak, cell phones on silent and a web-surfing free zone. You may also want to establish a "parking lot" where you can capture ideas that may not be relevant to the meeting's original agenda. Ask people what they think of both the agenda and ground rules. Take feedback if there is any. This lets people know that you're there to facilitate their process and their meeting, not simply advance your own agenda.
5. **Encourage participation.** This is one of your main jobs as a facilitator. Encourage people to share their experiences and ideas and urge those with relevant background information share it at appropriate times.
6. **Summarize the meeting results and needed follow-up.** Before ending the meeting, summarize the key decisions and commitments made. Remind folks how much good work was done and how effective the meeting hopefully was.
7. **Thank the participants.** Take a minute to thank everyone for taking time to come and participate, as well as those who helped plan and set up the meeting.
8. **Close the meeting on time.**

Maintaining the Momentum

Engaging the community and your partners is a long-term commitment. Once you've established community partners, it's important to maintain the momentum. Here are a few strategies to keep people engaged:

Establish open communication among the partners. Be sure to ask for feedback and invite questions. Having open communication about the experience with your partners can help address small problems before they can grow to take your project off course.

Recruit partners who have something to gain from the work. To fully engage, partners need to understand the benefit to them and/or their organization. This might be community recognition, help with one of their own strategic initiatives, or even financial gain. Understand what will motivate each partner.

Share leadership. Inviting your partners to take on a leadership role is an immediate way to increase commitment by allowing them to be active agents in the process. Remember, you don't always have to lead to achieve.

Set concrete goals and make your first goals "easy wins." Your ultimate objective might be to reduce obesity, but you need to set intermediate goals with clear outcomes to reach the larger goal. So the first goal might be to hold a community walk aimed at families with kids and getting a certain number of people to participate.

Regularly report progress. If you have a coalition of partners, you may want to schedule a regular meeting to provide updates and keep people engaged. You might partner with your local newspaper to regularly provide public updates, or make the rounds to community groups. To maintain relationships with individual partners, it could be as simply scheduling a regular time for leaders to meet for coffee.

Showcase success. When you achieve an objective, be sure to be loud about it. Call your partners, issue a press release, post the news on your website. Achieving something is energizing to any effort.

Hold yourself accountable. Be clear about the role your organization is playing in the work. Are you the convener? The lead organization? An active supporter? Devote appropriate resources to the work.

Make formal agreements. If you are creating a long-term partnership that involves funding projects, you may want to consider a formal memorandum of agreement to layout responsibilities.

Appendix

- Community Engagement Assessment Tool
- Partner Checklist

ADDITIONAL RESOURCES:

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health. www.countyhealthrankings.org/roadmaps/what-works-for-health

Community Action Toolkit provides great resources for population health projects with easy to use tools. <http://ctb.ku.edu/en/toolkits>

The Role of Small and Rural Hospitals and Care Systems in Effective Population Health Partnerships
www.hpoe.org/Reports-HPOE/The_Role_Small_Rural_Hospital_Effective_Population_Health_Partnership.pdf

Cause Communications Toolkit: A Guide to Navigating Communications for the Nonprofit World is a complete resource for marketing and communications for small organizations.
www.hersheycause.com/pdf/cc_toolkit.pdf

WSHA's Over the Back Fence presentation provides tips for talking to people about what's happening in health care. Available at wsha.org/rural.cfm.

Community Engagement Assessment Tool

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	NOTES
Staff Engagement				
Staff have not been involved in hospital's community engagement efforts. Staff do not have an understanding of the importance of community engagement in their work.	Staff have some understanding of community engagement, but few see themselves as having a role to play.	A substantial number of the staff understand the hospital's community engagement plans and their role in that work.	Majority of staff have an understanding of community engagement, its importance and their role in that work.	
Staff do not see themselves as representatives of the hospital outside of work.	Staff have some understanding of their role in the hospital's brand.	Staff understand that their actions reflect the hospital brand both inside and outside of the organization, however, they are not activated as ambassadors outside of the hospital.	Staff have fully taken ownership of their role as ambassadors for the hospital and work to positively impact the organization's brand and its status in the community.	
Staff do not participate in community activities.	A few members of staff participate actively in the community, but do not see the connection to the hospital.	Staff are active community participants outside the hospital, but do not see the connection to the hospital.	The organization supports and encourages staff participation in community activities.	
Board Engagement				
Board does not have an understanding of hospital's community engagement efforts or their importance.	Board has some understanding of community engagement and is somewhat involved in this work.	Board understands and values community engagement efforts and participates occasionally.	Board highly values community engagement and visibly supports and prioritizes hospital's efforts in this area. Board members are leaders in this area.	
Board (if private) does not reflect the community which they serve.	Board is somewhat reflective of the community, but several groups are not represented.	Board is reflective of the community, but is missing a key group.	Board is reflective of our community in multiple facets. Board includes consumers.	
Community engagement efforts are not measured or reported to board for accountability.	Board has discussed community engagement efforts, but does not have a sense of progress.	Community engagement measures are measured and discussed with the board occasionally.	Community engagement efforts are clearly monitored, measured and reported regularly to the board.	

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	NOTES
Board Engagement <i>(continued)</i>				
Board members do not serve on boards and advisory committee for other organizations.	A few board members serve on boards and advisory committee for other organizations, but do not see any connection between these roles, nor does the hospital.	Board members are active participants in boards and advisory of community partners, but do not see any connection between these roles.	Board members are encouraged and do actively participate in boards and advisory of community partners, and actively work to find synergy and shared information among these roles.	
Institutional Support				
Hospital has no formalized plan for community engagement and doesn't really participate in community activities.	Hospital plan for community engagement is limited and not part of a larger strategic effort.	Hospital community engagement plan is well developed, but does not engage the entire organization.	Hospital has a clear and coherent plan for community engagement efforts that reaches across all levels of the organization.	
Community engagement is not part of the organization's strategic plan, nor are resources dedicated to an organized effort.	Community engagement is not reflected in the strategic plan, however, there is some organization support for these efforts.	The organization has dedicated resources to community engagement, but has not yet included this effort as part of the strategic plan.	Community engagement is reflected in strategic plan for hospital. Plan is an active document used to guide hospital initiatives and financial support is provided for initiatives included in the plan.	
Board members and staff are not active in the community and partner organizations.	Board members and staff have the opportunity to become active in the community and partner organizations.	Board members and staff are encouraged to become active in community and partner organizations.	Board members and staff are encouraged and incentivized to become active in the community and partner organizations.	
Community Awareness				
Community is largely unaware and uninvolved in most hospital activities.	Community members who are knowledgeable about hospital activities are mostly patients or former patients and families.	Key community leaders are knowledgeable about hospital activities.	Community is aware and knowledgeable about hospital activities and the benefits they provide.	

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	NOTES
Community Awareness <i>(continued)</i>				
Hospital is viewed as a place not to go in an emergency or when one is sick.	Hospital is viewed as place to go when you have an emergency or get sick.	Hospital is viewed as an important, but isolated, community asset.	Hospital is viewed by community and community partners as leader, resource and central convener for community activity.	
Nature and Extent of Community Partnerships				
Local community leaders are not supportive of the hospital.	Local community leaders' view of the hospital is limited to its role in the delivery of health care.	Local community leaders view the hospital as an important asset as an employer and health care provider. The hospital is occasionally included in community discussions.	Local community leaders see view hospital as an essential partner in addressing community concerns.	
Hospital does not have any long term community partners.	Hospital community partners are largely focused on specific projects and do not have on-going relationships.	Hospital has some well-developed relationships with community partners, but is lacking in relationships several key partners and sometimes comes into conflict with organizations with potential partners.	Hospital and community partners have well developed relationships, understand each other's perspectives, and work to find common ground.	
Community Voice in Hospital				
Hospital does not have a community engagement plan.	Community engagement plan is developed in isolation.	Community engagement plan is developed with input from community partners.	Community engagement plan is developed with input from community partners and from the community at large.	
Community members are not included on hospital committees.	Community members have participated on hospital committees in the past on an ad hoc fashion.	Community members are included on hospital committees, but do not have any influence on decision making.	Community members (patients and families) are fully integrated into the work of the hospital, including key decision making committees.	
Hospital does not have an advisory board featuring representatives from community partners.	Community partners are consulted on an ad hoc basis.	Community partners are included on hospital committees, but do not have any influence on decision making.	Hospital is formally advised through board committees featuring key community partners.	

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	NOTES
How Do You Know?				
Hospital does not have any community partners to seek feedback from.	Feedback from partners is sought sporadically and partners may not recognize themselves as partners.	Feedback is usually sought after a project is completed, but the process is not formalized and there is not always integration of suggestions into future planning efforts.	Feedback is frequently sought from community partners; partners believe they have an active voice in joint activities.	
Hospital does not seek feedback beyond required patient and employee surveys.	Formalized feedback from the community is only sought prior to a marketing or levy campaign.	The community is surveyed on a regular basis, however there is no mechanism to integrate the results into future planning.	Community is regularly surveyed for feedback regarding hospital programs and initiatives; results are incorporated into future planning and information on results is provided back to the community.	
Past Projects				
Past community health projects have been hospital only initiatives.	Past community projects have worked with one or two other groups.	Past community projects have worked with community partners but not representatives of the public.	Past community health projects reflect a diverse group of stakeholders.	
Past projects were not sustainable due to resource challenges.	Past projects utilized hospital resources only.	Past projects utilized financial and non-financial resources in the community, but did not use them to the fullest potential.	Past projects make effective use of financial and non-financial resources (such as community expertise and leadership).	
There is no formal evaluation plan for community health projects.	Evaluation of programs is ad hoc and is not shared with the community.	Projects are regularly evaluated but not shared with the community.	Past projects were regularly evaluated and the results shared with the community.	

Partner Checklist

Here's a handy checklist to help identify partners you may not have connected with yet. Use it to develop invitation lists for community meetings or for planning of smaller community outreach efforts.

Health Care

- Public Health
- Mental Health
- Substance Abuse/Chemical Dependency
- Community Health Centers
- FQHCs
- Tribal Clinics
- School Nurses
- Other Physician Practices
- Home Health
- Longterm-Care
- Nursing Homes
- Dentists
- Veterans Administration
- Local Ems
- Tertiary Care Partners
- Payers

Government

- Mayor or City Administrator
- Council Members
- County Commissioners
- Tribes
- Local State Representatives, Senators, and Members of Congress

Non-Profits

- YMCA
- Community Foundations
- Salvation Army
- Hospital Foundation
 - Donors

Business

- Chamber of Commerce
- Prominent Individual Business Leaders
- Banks
- Grange
- Media

Educators

- School District Superintendent
- School Board Members
- Principals
- Teachers
- Headstart
- Parent Teacher Association
- Librarian
- Higher Education Leaders

Social Service Organizations

- WIC Provider (Public Health)
- Housing
- Area Agency on Aging
- Migrant Worker Organizations
- Food Bank

Community Service Organizations

- Kiwanis, Lions, Elks, Optomists/Soroptomists
- Boy Scout/Girl Scout Leaders
- 4H Leaders, FFA
- Knights of Columbus and Other Faith-Based Organizations

