Community Engagement Toolkit

2018

Maine Shared Community Health Needs Assessment



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# Introduction

This toolkit was designed to assist local planning committees (comprised of hospitals and public health district partners) responsible for implementing a community engagement process for the Maine Shared Community Health Needs Assessment (Maine Shared CHNA).

**Vision:** The Maine Shared Community Health Needs Assessment helps to turn data into action so that Maine will become the healthiest state in the US.

**Mission:** The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that

* Creates Shared Community Health Needs Assessment Reports,
* Engages and activates communities, and
* Supports data-driven health improvements for Maine people

The overarching purpose of this effort is to identify local health priorities, local resources to address those priorities, and eventually, to create District Health Improvement Plans (DPHIPs), a State Health Improvement Plan (SHIP), and hospital Implementation Plans/Strategies to address community priorities.

The Maine Shared CHNA is a unique public-private statewide collaboration between Central Maine Healthcare (CMHC); Northern Light Health; MaineGeneral Health (MGH); MaineHealth (MH); and the Maine Center for Disease Control and Prevention of the Maine Department of Health and Human Services (MeCDC).

The Maine Shared CHNA website ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/)) hosts forum schedules, local contacts, and a data portal for users to create data reports to suit their needs. The website will also host the final CHNA reports. Check back often for continuing updates.

# Overview

### Governance Structure

The Maine Shared CHNA is governed by a **Steering Committee** composed of members from the signatory hospital systems and the MeCDC. This group provides stewardship and oversight of the project. The Steering Committee ultimately approves the work produced by following committees:

The **Metrics Committee**

* Creates a common set of population/community health indicators
* Produces a preliminary data analysis plan
* Identifies processes for regularly reviewing indicators to stay abreast of research
* Makes recommendations for annual data-related activities and projected costs associated with recommendations.

The **Community Engagement Committee**

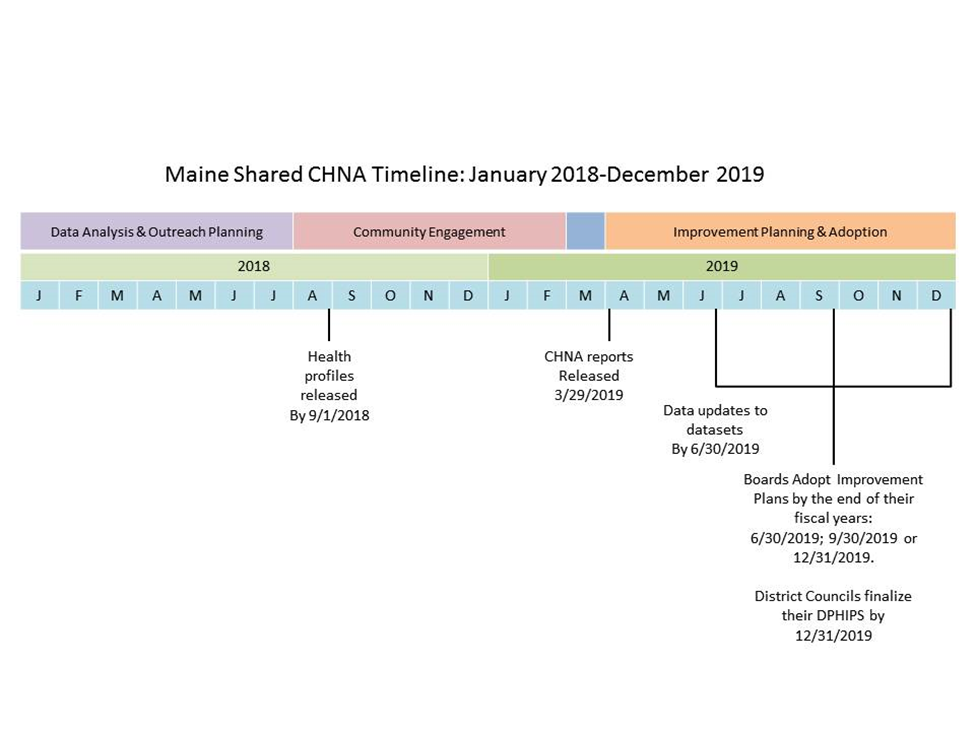
* Outlines a consistent and robust community engagement process that:
* Outlines a method for disseminating Health Profiles;
* Identifies health priorities among local communities
* Identifies local, regional, or statewide assets and resources
* Ensures input is solicited from stakeholders representing
  + Public health professionals
  + Government
  + Medically underserved individuals or organizations who serve them
  + Low income population or organizations who serve them
  + Minority populations or organizations who serve them
* Documents input for use in developing District Public Health Improvement Plans (DPHIP) and Implementation Strategies (IS*). See more on this process later in this document.*
* Reports results for analysis
* Coordinates among Community Engagement Committee members to share resources (staff time, data collection activities, outreach efforts, etc.).

### Maine Shared CHNA Process

The Maine Shared CHNA process consists of four major elements:

1. Health Profiles
2. Community feedback
3. Reports
4. Health Improvement Strategies and Plans

##### Maine Shared CHNA Timeline



# Health Profiles

There will be 16 County Health Profiles, 5 multi-county Public Health District Profiles and 1 Statewide Health Profile, and 3 Urban-level (Bangor, Lewiston/Auburn, and Portland) Health Profiles. County Health Profiles are scheduled to be released by the first week of September 2018. Other profiles may be release slightly later. The successful distribution of these profiles relies upon the outreach and promotional efforts of our community partners. Access to organizational e-newsletters, email distribution lists, and contact lists will ensure that our community partners are informed.

The Health Profiles consist of an executive summary describing key demographics, the most common past Maine statewide priorities, statewide key indicators, as well as full tables of almost 200 key indicators for each of Maine’s 16 counties. The executive summary covers county level and statewide data. The full data tables include county data, Maine data, and U.S. comparison data. County data includes information on trends as well as how each county data point performs against Maine and the U.S. data points.

Health Profiles will be posted on the Maine Shared CHNA website: ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/)).

# Community Feedback

Between September and December 2018, local planning committees will host forums and community presentations. Other means of gathering community feedback includes focus groups, key informant interviews, and surveys.

Dates/times/locations are posted on the Maine Shared CHNA website: ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/)).

## Forums

Conducting forums is a collaborative process, with many partners sharing responsibilities and tasks. This section is intended to provide guidance to local planning committees.

The purpose of holding a forum is to allow the community the opportunity to provide input on health priorities that will shape future health improvement planning efforts. At these events, facilitators will review data that describe health outcomes, health behaviors, healthcare access and quality, and the social, community, and physical environments that affect our health. Some forums will be facilitated by an outside vendor, John Snow, Inc. (JSI), and local community engagement planning committees have the option of scheduling additional forums that they will staff themselves. Below is an outline for various aspects of forum planning and implementation.

### Registration

Below is a sample registration form for use by local planning committees. This registration form includes the minimum information necessary for evaluation and follow-up purposes.

If hosting more than one forum, both can be included in one online registration form or in separate online registrations for each forum. This is a local decision.

Please note, the photographic release language is provided as a suggestion for local planning committees. It does not constitute legal advice. Don’t forget to include a link to registration in all forum invitations and reminders.

##### Sample Registration:

The Maine Shared Community Health Needs Assessment is a dynamic public-private partnership that compiles data, engages and activates our community to discuss the data, and build plans to address our most pressing health needs. We invite you to join us in this conversation so that together, we can become the healthiest state in the nation.

Please tell us about yourself. This information may be used on a name tag. (\*optional)

First Name

Last Name

Organization

Job Title

County where you live, work, or play

Email address\*

Phone\*

We hope to see you at our community forum on <<DATE>>, <<TIME>>, <<LOCATION>>.

* Yes, I am attending
* No, I cannot attend
* Please include me in future emails regarding the Health Needs Assessment and Strategy Planning

Which community sector do you primarily represent?

* Education
* Healthcare
* Faith-based
* Government
* Other Non-Profit
* Private Sector/Business
* Public Health
* Social Services
* Tribal
* Community Member
* Other (please specify)
  1. Within the community sector you identified, what is your primary role?
* Clinical provider
* Community member
* Consumer (ie: client, patient)
* Educator
* Leadership/Management
* Professional/Non-clinical
* Staffer
* Volunteer
* Other (please specify

1. I understand that my name, photograph, voice or likeness may be used for all promotional purposes related only to the Community Engagement Forum by any of the Partnering Event Organizers and their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. I also understand that I will not be entitled to any payment or other form of compensation from any use thereof.\*

* I understand the above statement
* I do not wish to have any images or likeness of myself published in any reports

For those who do not wish to have their image or likeness published in any reports, please add your name below. We will make accommodations.

**Partnering Organizations**: <<LIST LOCAL PARTERS>>, with support and guidance from the Maine Shared CHNA collaboration partners: Central Maine Healthcare, Northern Light Health, MaineGeneral Health, MaineHealth, and the Maine Center for Disease Control and Prevention.

### Forum Agenda

|  |  |  |
| --- | --- | --- |
| **Time Spent** | **Activity** | **Speaker/Facilitator** |
| 5 minutes | Welcome and Introductions | Local Facilitator |
| 10-15 minutes | Review previous CHNA Priorities and activities since last effort; 2-3 slides supported by a handout. Handout to include comprehensive list of partners and community assets as well as strategies. Compiled by local planning committees. Template to come. | Local Facilitator |
| 25 minutes | Present key findings from health profile  Q&A | Vendor |
| 35-45 min | Table Breakouts for facilitated discussion on data and then identifying health priorities | Vendor & Local Facilitator(s) |
| 20 minutes | Reconvene and Review  Collect identified health priorities from every table  Clicker voting by everyone on forum generated priorities | Vendor |
| 10 minutes | Wrap up and next steps | Either the vendor or Local Facilitator |

### Forum Guidance

This section includes key talking points that planning committees should cover during the forums, as well as tools that should be used to report outreach results.

##### Local facilitators or planning committee members

As hosts, local facilitators or planning committees should open the forums, welcome and thank attendees, go over housekeeping details, and introduce any local leadership who is there to deliver remarks.

##### Leadership remarks

Should your event include local leadership, below are a few suggested talking points:

* The **vision** of the Maine Shared CHNA is to turn data into action so that Maine will become the healthiest state in the US.
* Maine Shared Community Health Needs Assessment is a dynamic public private partnership that:
  + Creates Shared Community Health Needs Assessment Reports,
  + Engages and activates communities, and
  + Supports data-driven health improvements for Maine people
* The Maine Shared CHNA is made possible by Central Maine Healthcare (CMHC); Northern Light Health; MaineGeneral Health (MGH); MaineHealth (MH); and the Maine Center for Disease Control and Prevention.
* Maine is the only state in the nation where both public and private entities from all sectors of our community come together to prioritize our health needs.
* This effort satisfies both Public Health Department accreditation requirements as well as hospital IRS requirements under the Affordable Care Act.
* Results of these forums and all other community outreach being conducted this fall will be summarized and published in reports due in March of 2019.
* These reports will be used by both the District Public Health Councils and Hospitals in creating Health Improvement Plans.
* The County Health Profiles, PowerPoints, handouts and final reports can be found on the Maine Shared CHNA website ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/)).
* Thank participants for using their valuable time to be a part of this process.

##### Review Previous Priorities

Following the welcome, local committee or community members present accomplishments and strategies implemented since the last CHNA process for 10-15 minutes. **Local planning teams are responsible for developing these slides, as well as any accompanying handouts used to supplement the presentation**.

Local planning committees are responsible for providing hard copies of these handouts at the forums they are facilitating. Handouts and materials will be posted on the Maine Shared CHNA website ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/))

##### Data Presentation

For the next 25 minutes, the vendor or another locally chosen facilitator presents Key Findings from the County data.

##### Table Break Outs

Breakout sessions provide an opportunity for participants to share their feedback. Table facilitators will be provided with question prompts to (*see Table Facilitator’s Guide, next page*). The purpose of these small group discussions is to identify up to 4 health priorities, local resources to address those priorities, and gaps in resources.

### Table Facilitator’s Guide

##### Role of Table Facilitator

* Guide group discussion.
* Report back the top 4 (or more if necessary) health priorities identified by the table.
* Seek assistance from forum facilitator for any questions and concerns about the data. Table facilitator to note any questions for reporting purposes.
* Jot down any themes that surfaced during the discussion of why the health needs prioritized are important to this community. There is a space to record this information in the Table Report Worksheet.
* Jot down any mention of populations identified as needing additional support or services, or as particularly vulnerable or at-risk populations (e.g. young children, older adults, individuals with disabilities) during table discussions.
* Instruct table participants to record assets, resources, or barriers on 3x3 sticky notes provided once the table settles on its top 4 priorities, one idea per note. Assets and resources could be anything within communities that can be pooled to address a health need: playgrounds, volunteer organizations, coalitions, etc.

##### Role of Table Participants:

* Respect each other’s varying levels of data literacy. Save overly technical questions for follow up later.
* Ask clarifying questions.
* Record assets and resources on the 3x3 sticky notes provided one idea per note.
* Record missing assets, resources, or barriers on 3x3 sticky notes provided one per note.

##### Facilitator Questions:

Once table participants are seated, do a quick round of introductions. You should reiterate that this is an open discussion, that all views are accepted, and remind participants to listen and speak in equal measure.

Facilitators review the purpose of the discussion is to identify 4 health priorities (or more if necessary) based on the information that has been shared, using their own lived experience as a guide.

Review the materials available to participants for this portion of the forum. Materials include:

* County Health Profile
* Data Definitions
* Priorities Options Handout
* Health Equity Data Handout
* PowerPoint presentation (local decision)
* Handout of past priorities and their strategies
* 3x3 sticky notes on which to list resources and needs. One idea per note, labeled with a priority.

Once ground rules, introductions, and instructions are reviewed, the facilitator should lead the group in a discussion. See details as outlined in the Table Report Worksheet on page 13. Print this worksheet out in advance and provide a copy to each table facilitator.

### Priority Categories

|  |  |  |
| --- | --- | --- |
| **Topics** | **Definitions / Examples / Indicators** | |
| Access to Care | Rate of uninsured  MaineCare enrollment rates  Availability of primary care providers  Cost of care  Availability of medical homes | |
| Cancer | Rate of cancer deaths (all types)  Certain types of cancer (colorectal breast lung prostate tobacco-related)  Number of new cases of cancer (bladder colorectal breast lung melanoma prostate tobacco-related)  Late-stage cancers (related to screening and early diagnosis)  Screenings: mammograms and colorectal | |
| Cardiovascular Disease | Stroke or other coronary heart disease deaths a  Chronic conditions such as high blood pressure high cholesterol  Includes needing stroke and heart attack after care | |
| Children with special health care needs | Includes children who have been identified as well as developmental screening | |
| Diabetes | Rate of diabetes deaths  Number of those identified with diabetes or pre-diabetes  Clinical measures such as eye and foot exams and  Diabetes education and management | |
| Elder Health/healthy aging | Arthritis  Cognitive decline  Those providing care 20+ hours/week  May include other topics that affect elderly people disproportionately (chronic disease, falls, isolation) | |
| Environmental Health | Well testing  Lead screening  Children with elevated lead levels | |
| Health Care Quality | Ambulatory care-sensitive condition hospitalizations  Non-emergent emergency department use  Hospital readmissions w/in 30 days of discharge | |
| Immunizations | Two-year olds up to date  Flu vaccines  Pneumonia vaccines  Philosophical exemptions among kindergarteners for immunizations  Adolescent vaccines | |
| Infectious Disease | Number of new cases of enteric (intestinal) diseases  Hepatitis A B or C | Lyme disease Pertussis  Tuberculosis |
| Intentional Injury | Firearms  Suicide deaths  Child maltreatment  Rape | Intimate partner violence  Bullying  Self-harm  Violent crime rate |
| Mental Health | Mental health providers per 100,000  Mental health emergency department usage  Depression  Anxiety  Suicide ideation | Feeling sad/hopeless for weeks  Co-occurring with drug use or chronic disease  Number of youth or adults in treatment |
| **Topics** | **Definitions / Examples / Indicators** | |
| Oral Health | Number of available dentists  Visits to a dentist in the past 12 months | |
| Physical Activity Nutrition and Weight | Obesity & overweight  Sedentary lifestyle  Meets aerobic physical activity recommendations  Fruit and vegetable consumption  Soda/sports drink consumption  Food insecurity (see also Socioeconomic Status) | |
| Pregnancy and birth outcomes | Infant deaths  Low birth weight  Pre-term births  Unintended births  Prenatal care  Teen pregnancy | Women who smoke or drink during pregnancy  Breastfeeding  C-sections among low-risk births  Drug-affected babies (see also Substance and alcohol use) |
| Respiratory | Asthma  Chronic Obstructive Pulmonary Disease (COPD)  Pneumonia  Chronic lower respiratory disease | |
| Social Determinants of Health | Individuals families or children living in poverty  Household income  Unemployment  High school graduation rate  Living in rural areas  Long commutes driving alone | No vehicles in household  65+ living alone  Adolescent homelessness  Food insecurity (See also Physical Activity Nutrition and Weight)  Adverse Childhood Experiences |
| Sexually Transmitted Disease | Chlamydia  Gonorrhea  HIV  Syphilis | |
| Substance and alcohol use | Overdoses opiate and other substance use poisonings & hospitalizations  Non-medical prescription drug use  Opioid prescribing rates  Drug-affected baby referrals  Substance use treatment (needed and not provided)  Marijuana use  Alcohol-impaired driving  Adult chronic heavy drinking  Youth past-30-day and binge drinking | |
| Tobacco | Cigarettes  Tobacco Helpline Users  Chewing tobacco products  Vaping/electronic devices  Second hand smoke exposure | |
| Unintentional injury | Fall-related injuries or deaths  Unintentional poisonings  Traffic crashes  Work-related injuries or deaths  Traumatic brain injury  Seatbelt use | |

### Table Report Worksheet

The following information is to be recorded during table breakout sessions. For ease of reporting, table facilitators may wish to recruit a table participant to fill this out as discussions unfold. Use the back of this sheet for additional notetaking.

* Date:
* Venue:
* City:
* County:

Questions:

1. Based on your own knowledge and experiences, are there any major health issues that are not represented in the data? (**10 minutes**)
2. Based on the data, past priorities and your observations, what do you see as the top needs of our community? (**20-25 minutes**)

* *TABLE FACILITATOR: Take a straw poll to see if the table has consensus based on the issues discussed. If more than 4 priorities emerge, lead a discussion on which priorities have larger magnitude, impact all other aspects of community wide health and well-being, If you are unable to narrow it down to 4, include andy additional priorities in your report out to the forum facilitator.*

List the top four health needs identified by the group ranked in order in the table below:

|  |  |  |
| --- | --- | --- |
|  | Priority | # of votes |
| Priority 1 |  |  |
| Priority 2 |  |  |
| Priority 3 |  |  |
| Priority 4 |  |  |
|  |  |  |

* *NOTE TAKER: Summarize major themes on why these health priorities are important to this community. Were there populations identified as needing additional support, services, or as more vulnerable or at-risk? (e.g. young children, older adults, individuals with disabilities).*

1. What community resources are available to address these needs, and what more may be needed? (**5-10 minutes**)
   * *TABLE FACILITATOR*: encourage participants to list assets/resources/gaps and barriers on sticky notes during the discussion. Will be used in next step.

* Additional comments or feedback.

##### Reconvene and Review

Upon reconvening, table facilitators report out the list of identified health needs to the forum facilitator. Forum facilitators sort the lists from the tables and collapse topics into one of the priority areas as defined in handout, which lists all possible priority names and their definitions.

For vendor-facilitated forums, the lists of health priorities will be sorted and loaded into a clicker program. When ready, forum participants will vote for the top 4 health priorities via the clicker program.

For independently facilitated forums, forum facilitators sort and record the identified health priorities onto flip charts or newsprint—one priority per sheet. Forum participants will then be given four dots and be asked to vote for their top four health priorities.

For either vendor or locally facilitated forums, participants will be asked to place their notes regarding resources and community assets onto the corresponding flip charts or newsprint.

##### Wrap up and next steps:

* Request that participants fill out the Participation Form or ask them to look for an online evaluation of event in their inbox.
* Reiterate this is just one step in a much longer process and list future events
* Encourage participants to view sticky notes from other forum attendees before leaving
* Remind participants:
  + Results of these forums and all other community outreach being conducted this fall will be summarized and published in reports in March of 2019.
  + These reports will be used by both the District Public Health Councils and Hospitals in creating Health Improvement Plans
  + The County Health Profiles and the PowerPoints you reviewed today can be found on the Maine Shared CHNA website ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/))
  + When published, the Community Health Needs Assessment Reports, which will include the data as well as a summary of all input received on the data will also be posted.
* Thank participants for using their valuable time to be a part of this process.

## Other Outreach

Local planning committees are encouraged to conduct additional community outreach to ensure a broad representation of perspectives. The following are some ideas on other opportunities.

### Key Informant Interviews

For the 2018 Shared CHNA, the vendor is contracted to conduct 30-35 Key Informant Interviews (KIIs) across the State. The vendor will work collaboratively with local community engagement planning teams to establish a contact list for KIIs. These are scheduled to take place between October and December of 2018.

The number of KIIs per county, the list of those to be interviewed, and the interview questions will be developed in collaboration with the Community Engagement Planning Committee and approved by the Steering Committee. If a local planning committee wants to expand their KIIs beyond the amount that is possible for the vendor, they would be welcome to conduct their own, using the KII guide developed by the vendor.

### Survey

The Maine Shared CHNA has also contracted with the vendor to conduct a survey on the health priorities of Mainers.

The vendor will work collaboratively with the Community Engagement Advisory Committee and the statewide Community Engagement group to develop the survey, as well as plans for its intended use in collaboration with the Community Engagement Planning Committee and approved by the Steering Committee.

### Focus groups

Focus groups are small group discussions led by a trained facilitator. Members of the group share opinions about the topic at hand and offer suggestions for action. FMI: http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main.

### Group Presentations

Group presentations can be planned during regularly scheduled meetings for a Rotary Club, school booster club, public health nursing staff meeting, or patient advisory board, etc.

### Reaching under-represented communities

Reaching under-represented communities: Identify groups or subpopulations that are not well represented in other formats and work with those who work with these populations to solicit their input and feedback. This could done be using one of the two methods above, by another method such as one- on-one interviews, key informant interviews, focus groups, or taking a recently completed data gathering initiative and findings to incorporate into CHNA qualitative reports. For example, this could include needs assessments completed by a community action agency or Federally Qualified Health Center.

If you or your organization plans to engage in other outreach measures and want your feedback included in the qualitative data analysis being conducted by the vendor, you MUST use the Community Outreach Reporting Tool. These documents MUST be submitted or entered as soon as possible and sent no later than January 30, 2019 to Jo Morrissey at [jlmorrisse@mainehealth.org](mailto:jlmorrisse@mainehealth.org).

## Reporting the Results

At the end of the forum or event, as soon as you are able, collect the outcomes in one of the following formats.

1. Community Outreach Reporting Tool
2. Collecting and inputting Participant Evaluations
3. Collating sticky notes, and then photographing and emailing the images to Jo Morrissey ([jlmorrisse@mainehealth.org](mailto:jlmorrisse@mainehealth.org))
4. Photographing and emailing any notes on flip charts or newsprint to Jo Morrissey ([jlmorrisse@mainehealth.org](mailto:jlmorrisse@mainehealth.org))

If it is vendor facilitated forum, the vendor will be responsible for the following materials. If it is an independently facilitated forum or event, local planning teams will be responsible for reporting any results and feedback in the same way using the same tools as expected of the vendor. These tools can be found on the following pages.

### Community Outreach Reporting Tool

The following information is to be reported by the event facilitator. This is an online tool. Please visit <https://www.surveymonkey.com/r/3BQSC3T> to fill this out. The reporting fields are provided here for your reference.

* Facilitators’ Name(s):
* Facilitator contact info (in case of questions):
* Date:
* Venue:
* City:
* County:
* Number of participants:
* Was this event open to the community at large?

O Yes O No

* 1. If no, please describe the participating group:

List the top four health needs identified by the group ranked in order.

|  |  |  |
| --- | --- | --- |
|  | Priority | # of votes |
| Priority 1 |  |  |
| Priority 2 |  |  |
| Priority 3 |  |  |
| Priority 4 |  |  |

Report any questions and concerns about the data—did people feel it was not representative of what they were observing, or were there data they wished they had?

Summarize major themes on why these health priorities are important to this community. Were there populations identified as needing additional support, services, or as more vulnerable or at-risk? (e.g. young children, older adults, individuals with disabilities).

Please describe the assets and resources the community members identified.

Please describe the assets and resources the community members noted as missing.

If this was an independent event or a presentation at another local community organization, please check which sectors this community organization represents:

|  |  |  |
| --- | --- | --- |
| Education | Healthcare | Faith-based |
| Government | Non-Profit (please specify) | Private Sector/Business |
| Public Health | Social Services (please specify) | Tribal |
| New American | LGBTQ | Other: (please specify) |
|  | | |

* Additional comments or feedback.

Participant Evaluation Form

<<County where event took place>> <<Date of event>> (prefill these prior to distribution)

<<This could be distributed on paper or through an electronic link--local preference.>>

The following Participant Evaluation form is intended to gather additional information for use by local planning teams. Your feedback is important. Thank you for your time today.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Strongly disagree | Disagree | | Agree | Strongly agree |
| * + - 1. The data shared in this forum was presented in a way that I could understand. | | | 🔾 | 🔾 | | 🔾 | 🔾 |
| * + - 1. I had an opportunity to share my opinion about the priority health needs in the community. | | | 🔾 | 🔾 | | 🔾 | 🔾 |
| * + - 1. I understand how the Maine Shared Health Needs Assessment information will be used. | | | 🔾 | 🔾 | | 🔾 | 🔾 |
| * + - 1. The Health Priorities identified during this event are an accurate reflection of the health needs in my community. | | | 🔾 | 🔾 | | 🔾 | 🔾 |
| **Comments**: | | | | | | |
| I consider myself a representative of one or more of the following groups (check all that apply): | | | | | | |
| Education | Healthcare | | | Faith-based | | |
| Government | Non-Profit (please specify) | | | Private Sector/Business | | |
| Public Health | Social Services (please specify | | | Tribal | | |
| New American | LGBTQ | | | Other: (please specify) | | |
|  | | | | | | |
| Within the community sector you identified, what is your primary role? | | | | | | |
| Clinical provider | Leadership/Management | | | Professional/Non-clinical | | |
| Community Member | Consumer | | | Staffer | | |
| Educator | Volunteer | | | Other (specify): | | |
|  | | | | | | |

Have you had difficulty accessing healthcare due to cost or transportation issues?

O Yes O No

Who was not present today that should be contacted to provide further input?

Are there any specific ways you would like to be involved in the efforts to improve community health that you would like to share?

**Optional Information:**

Name:

Email Address:

Mailing address:

Age:

Gender:

Race:

Zip Code:

## Checklist

The table below provides guidance and suggestions for outreach, engagement, marketing, and dissemination of Maine Shared CHNA data and final reports. The tables are divided into sections for various community engagement activities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Forum or Group Presentation for Shared CHNA** | | | |
| **Task** | **Champ** | **Due** | **Done** |
| **Lead organizer(s):** Local leads and their contacts can be found here: <http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/contact-us.shtml> |  |  |  |
| **Outreach to hospitals:** Letter from Systems’ CEOs (may or may not include signature of DLs) to regional Maine hospitals (affiliate and non-affiliate) announcing plan for community engagement |  |  | **√** |
| **Outreach to DCCs:** Be sure to include District Coordinating Council (DCC) representatives, inviting their involvement in the forum process. |  |  | **√** |
| **Identify Forum Dates/Times/Locations:** Be sure to include District Coordinating Council (DCC) representatives, inviting their involvement in the forum process. |  |  | **√** |
| **PowerPoints:** Maine Shared CHNA will produce presentations for each county. Local planning committees are responsible for slides on previous CHNA efforts. Send PPT slides and logos if you feel they will all fit on the cover slide to [jlmorrisse@mainehealth.org](mailto:jlmorrisse@mainehealth.org). Some groups will have too many partners to include all logos on cover slide. Please call or email Jo to discuss options. |  | 8/20/18 |  |
| **Logos: If** local planning committees are planning to incorporate logos for use in the PPT, they will be responsible for providing logos in one of the following formats:   1. ai or eps 2. svg 3. png (as large as possible)   Alternatively, if there are a large number of partners, consider a list instead. |  | 8/20/18 |  |
| **Data Presentation (part of PPT):** Local planning committees are being asked to preview list of data to be made into slides. Lists being developed by the vendor |  | 8/16-8/20 |  |
| **Presenters:**  Determine who will speak-  -Welcoming remarks  -Intro/Background  -Data Presentation (if not the vendor)  -Break out facilitators  -Wrap-up |  | 2 weeks prior to forum. |  |
| **Handouts:** Local planning committees are responsible for developing and providing copies of handouts on previous CHNA efforts |  | 2 weeks prior to forum |  |
| **Other Handouts and Logistics:** The following are the responsibility of **local planning committees**   * Copies of the following, 1 per attendee: * Agenda * Locally developed handouts * Participant Evaluation Forms * Additional copies of Data Definitions not provided by JSI (local decision, see below) * PPT presentation (local decision) * Determine if there will be food/drink * Name tags * Pens * 3x3 sticky notes (~ 10 pieces of paper/notes per participant) * Easels/Markers/Flip Charts * 4 dots per anticipated participant * Staff for Registration Table * Registration list * Photographer * Collection and analyze Participant Evaluation Forms |  |  |  |
| **Other Handouts and Logistics:** The vendor will bring these things to their facilitated forums. If this is a locally facilitated event, local planning committees will need to make their own arrangements to make sure these are available at their forums:   * PowerPoint Presentation slide deck for loading into the computer * Health Profiles – 1 copy per participant\* * Data Definitions – 1 copy per table breakout * Priority Categories – 1 copy per table breakout * Thumb drive with a copy of the PPT presentation * Laptop * Clickers – 1 per participant * Notetaking * Complete the Outreach Reporting Tool   \*Produce and copies provided by MeCDC—will supply JSI and/or local teams |  |  |  |
| **Costs:** If costs will be incurred, identify who will handle them. This is a local decision. District Liaisons are instructed to contact Nancy Birkhimer for more information. |  |  |  |
| **Technology:** Local planning committees will bring the following:   * Microphone/speakers * Projector * Laptop * Identify technology needs & bring/set up equipment. |  |  |  |
| **Distribution:** All marketing, invitations, promotional efforts are the responsibility of local planning committees. Hospital marketing teams or community relations departments and District Liaisons are good resources for distribution lists, as well as community partners. |  |  |  |
| **Save the Date:** Send out early and often once dates, times, and locations are set. |  |  |  |
| **Forum Invite:** A cover letter for the invitation to the Forum could be signed by the lead System CEO (may be co-signed by DL), will identify the Systems’ statewide Shared CHNA initiative, and will credit the local collaborating hospitals, their CEOs, and other community sponsors such as Maine CDC. If sending invitations electronically, include language from entities mentioned above in body of email text or software tool.  Be sure to include link to registration: |  |  |  |
| **Registration:** See recommended Registration Fields. If you would like this imported into your existing Survey Monkey account, contact Jo Morrissey ([jlmorrisse@mainehealth.org](mailto:jlmorrisse@mainehealth.org)) with your user name. |  |  |  |
| **Press Releases:** Outline local media plan for event & engage media. Each System/hospital or district community relations office (coordinate with DL) should work with the collaborating hospital’s community relations reps to plan the engagement of local media. |  |  |  |
| **Agenda:** Included in PPT, post up on newsprint. The vendor will provide copies for forums they facilitate. |  |  |  |
| **Recording input:** For vendor facilitated forums, the vendor will take notes. For other outreach efforts, use Community Outreach Reporting Tool. Be sure to remind participants to fill out the Participant Evaluations during wrap up |  |  |  |

# Community Health Needs Assessment Reports

Maine Shared CHNA Community Health Needs Assessment Reports will be published in March of 2019. There will be a report for each of Maine’s 16 counties, five Public Health Districts, and one Maine statewide report. These reports will include all data health indicators, charts, graphs, and maps of top health concerns, as well as a summary report of major themes that emerged from the community feedback gathered in the fall of 2018. These reports will inform the creation of health improvement plans.

# Public Health Improvement Planning

The CHNA reports will be used by District Coordinating Councils and hospital planning teams to draft District Health Improvement Plans and Hospital Implementation Plans or Strategies.

* Non-profit hospitals must complete what they call either their Implementation Plans or Implementation Strategies and have them adopted by their Board of Trustees according to the fiscal year and deadlines imposed by the IRS.
* District Public Health Improvement Plans should be completed by December 2019.

Below are links to the 2016 District Health Improvement Plans and a link that will bring you to Hospital Implantation Plans or Strategies. Please note while developing health improvement plans fall outside the scope of the Maine Shared CHNA, it may be helpful for planning committee members to keep in mind what will be needed in the next phase of the CHNA process.

Please see listing under Hospital CHNA Reports and Implementation Strategies here: (<http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/county-reports.shtml>)

Please see the 2011 and 2016 District Public Health Improvement Plans here: (<http://www.maine.gov/dhhs/mecdc/public-health-systems/dphip/index.shtml>)

# Communication

Letting the public know about the Maine Shared CHNA ensures a successful process. The following pages contain tools for local planning committees to use in these efforts.

### Save the Date Template

|  |
| --- |
| **Save the Date!** |
| <<DAY OF THE WEEK, MONTH, DAY, YEAR>> |
| <<TIME>> |
| <<LOCATION>> |
| Community Engagement Forum |
| <List hosts>> will be hosting a forum for the Maine Shared Community Health Needs Assessment Forum to present <<NAME OF COUNTY>> County health data.  The purpose of the forum is to ask you what you think of the *County Health Profiles* for your county, and together, identify what you think is important for the health of your community.  Look for *County Health Profiles* in your inbox late summer, 2018. |
| <<insert partner logos here>> |
| **About Maine Shared CHNA *Vision*** *The Maine Shared Community Health Needs Assessment helps turn data into action so that Maine will become the healthiest state in the U.S.*  ***Mission*** *The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that:*   * *Creates Shared Community Health Needs Assessment Reports;* * *Engages and activates communities; and* * *Supports data-driven health improvements for Maine people.*   *Learn more at* [www.mainechna.org](http://www.mainechna.org)  *The Maine Shared CHNA is made possible through the support and collaboration of our signatory partners including Central Maine Healthcare, Northern Light Health, MaineGeneral Health, Maine Health, and the Maine Center for Disease Control and Prevention of the Maine Department of Health and Human Services and countless community partners.* |

### Event Invitation Template

Local planning committees should use a similar format as what is used for the *Save the Date* notices. Event invitations should include a description of “who should attend,” a link to County Health Profiles, ([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/)) and a link to an event registration should your committee create an online registration process.

### Press Release Template: Forum Announcement/Invite

FOR IMMEDIATE RELEASE FMI: [NAME]

[INSERT DATE] [PHONE]

[EMAIL]

**Public Forum to discuss County Health Profile**

**Maine Shared Community Health Needs Assessment**

**[CITY/TOWN OF EVENT], ME**— Stakeholders from across the county will be given an opportunity [next month, in what month, etc] to shape priorities for community health at a special forum aimed at providing input to the region’s healthcare organizations.

The forum will discuss the [name of county] County Health Profile and is scheduled for [date/time] at [location]. The [name of county]County Health Profile contains almost 200 data points that describe health outcomes, health behaviors, healthcare access and quality, and the social, community, and physical environment that affect our health. Previous forums were held in 2011 and 2015.

[insert name of event organizer known to community members] said, “We want to share this data and get our neighbors’ input about what they see as our biggest health issues. New this year, the presentation will also include a list of past priorities and what our partners have been doing to address them. This is an exciting opportunity to discuss how we can improve the health of our community.”

The event is free and open to the public. To reserve a seat, please register here [insert registration link].

In addition to collecting input on local health priorities, the forum will also collect information about local resources that could help to address those priorities. Forums and other community feedback will be used as guidance to create new, county-specific health improvement plans in the spring of 2019. As in the past, this forum is an important step in the Maine Shared Community Health Needs Assessment (Maine Shared CHNA).

The Maine Shared CHNA process will roll out in three stages:

* ***County Health Profiles*** are scheduled to be released in the first week of September 2018.
* ***Forums and other outreach***are scheduled to be held between September 2018 and January 2019. This includes additional community presentations, conversations and other input.
* ***Final CHNA reports*** are scheduled to be released in March 2019. These reports will include the County Health Profiles with a summary of the findings and other outreach.

For more information, go to the Maine Shared CHNA website([www.mainechna.org](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/)) The site contains forum schedules, local contacts, County Health Profiles, and a portal for users to create their own data reports to suit their needs. The website will also host the final CHNA reports due out in March, 2019. Check back often for updates.

This forum is a collaborative effort among [name local partners].

The Maine Shared CHNA is a unique public-private statewide collaborative effort including these local partners and is supported by Central Maine Healthcare, Northern Light Health, MaineGeneral Health, MaineHealth, and the Maine Center for Disease Control and Prevention of the Maine Department of Health and Human Services (Maine CDC). Funding for the Maine Shared CHNA is provided by the partnering healthcare systems with generous in-kind support from the Maine CDC and our community partners.

###

### Press Release Template: CHNA Reports

To be developed and distributed in the spring of 2019. Release will include highlights of key findings, quotes from leadership regarding findings, and highlights of process outcomes.

### IRS-PHAB Requirements

The Maine Shared Community Health Needs Assessment (CHNA) is a community health collaborative like no other in the nation that dates back to 2007. From the beginning, the Maine Shared Community Health Needs Assessment Collaborative recognized the value of banding together to assess our communities and share findings to improve our health. Today, this process also meets accreditation and legal obligations. Public health departments (ie: the Maine CDC, and the City of Portland) are guided by requirements from the [Public Health Accreditation Board (PHAB)](http://www.phaboard.org/accreditation-process/). Hospitals are guided by the [Internal Revenue Service (IRS) guidelines](https://www.federalregister.gov/documents/2013/04/05/2013-07959/community-health-needs-assessments-for-charitable-hospitals) as set forth by the Affordable Care Act. Below is a list of common requirements that inform the Maine Shared CHNA:

|  |  |
| --- | --- |
| Timing | At least every 3 years. This is the 3rd triennial effort (2010, 2015-2016, and now 2018-2019) |
| Collaboration | Highly encouraged by both the PHAB and IRS |
| Service Area | In a nutshell, this combined effort covers the entire state. This includes [hospital service areas](https://seer.cancer.gov/seerstat/variables/countyattribs/hsa.html#about) as well as [Public Health Districts](http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/index.shtml). |
| Partners | Must include input from:   * Public Health professionals * Government * Public Health department staff * Medically underserved or organizations who serve them * Low income population or organizations who serve them * Minority populations or organizations who serve them |
| Requirements | * Assess and prioritize top health issues and needs * Compile community assets available to address health issues and needs * Describe social determinants of health * Describe health surveillance system * Include description and examples of how data is being used * Collect comments of previously adopted health improvement plans |
| Process | Largely undefined on how to gather community input |
| Documentation | * Meeting minutes, emails, website or other documentation of process used to collect data and information. * Description of criteria used to identify significant health needs and assets * Description of which model or framework was used |
| Data | * Describe process of identifying data sources, methodology and analysis. * Must include ‘context for the population’ such as census, employment, income, education, voter registration, transportation, parks, housing stock, home values * Must include primary data collection through (examples include: surveys, focus groups, interviews, talking circles.) |
| Final Product | * For IRS: written report adopted by board * For PHAB: Description of how results are to be shared and used; ongoing monitoring and updating of data * For both: opportunity for public comment |