



BOSTON CHILDREN'S HOSPITAL DETERMINATION OF NEED COMMUNITY ENGAGEMENT EVALUATION

OVERALL EVALUATION REPORT

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Submitted to:



Boston Children's Hospital
Until every child is well™



Health Resources in Action
Advancing Public Health and Medical Research

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EXECUTIVE SUMMARY

Background on Determination of Need and Community Engagement Process

The Massachusetts Determination of Need (DoN) program promotes the availability and accessibility of cost effective, high quality health care services and assists in controlling health care costs¹. The DoN program receives applications from health care facilities planning substantial capital expenditures or substantial changes in services. The DoN process also calls for hospitals to include plans for the provision of primary care and preventive services, known as Community Health Initiatives (5% of their capital expenditure). The purpose of these Initiatives is to foster collaborations between hospitals and community partners to improve health status of vulnerable populations and build community capacity to promote social determinants of good health. The Initiatives should reflect community-developed health priorities based on a planning process that involves diverse, representative stakeholders.

In December 2015, Boston Children Hospital (Boston Children's) submitted an application to the DoN program for approval to construct two new state-of-the-art clinical buildings, one on Boston Children's Boston campus and the other in the Town of Brookline. This application was approved in October 2016, and will result in the investment of \$54 million over ten years in Community Health Initiatives. These funds will be directed to policy, systems, environmental, and programmatic initiatives—in the Greater Boston area and statewide—that can improve the health and well-being of children and families most negatively impacted by health inequities. Figure 1 below includes a timeline of Boston Children's Determination of Need approval process.

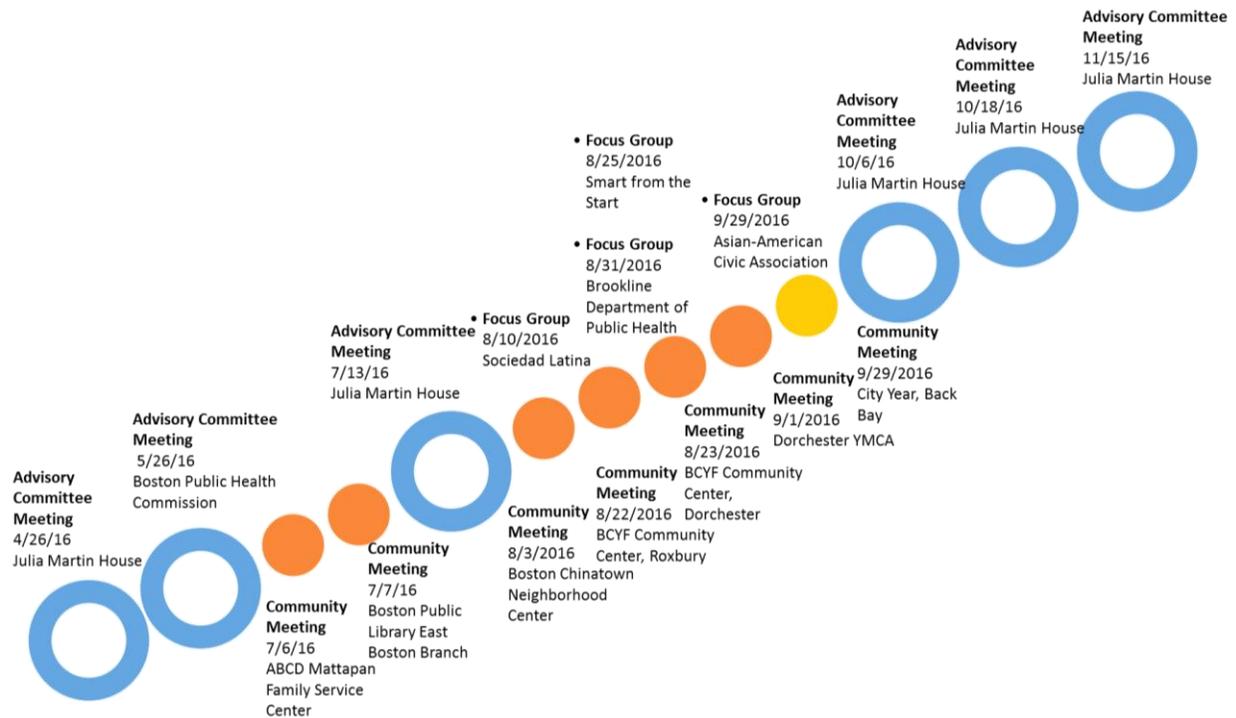
To plan for the Community Health Initiative investments and develop priority areas for funding, Boston Children's, with guidance from the Massachusetts Department of Public Health, organized and implemented a community engagement process. Over 200 residents were engaged to generate health goals and funding priorities, particularly to address pressing needs among children and families most affected by health inequities. Boston Children's retained the services of expert facilitators, the RJJ Consulting Team, to facilitate the community engagement process. Boston Children's engaged Health Resources in Action (HRiA), a non-profit public health organization in Boston, to conduct an evaluation of this community engagement process. **This report summarizes the results of the community engagement evaluation.**

As illustrated in the figure below, Boston Children's community engagement process included:

- Establishing a Community Advisory Committee which met in person 6 times to guide the process
- Organizing 7 community meetings led by expert facilitators (the RJJ Consulting Team)
 - The first 6 meetings focused on identifying a vision and goals for DoN funding
 - The final meeting focused on developing core priorities and strategies for funding
- Conducting 4 targeted focus group discussions to engage additional community members
- Leveraging input from Boston Children's staff and Community Advisory Board that was gathered through a concurrent process (Boston Children's 2016 Community Health Needs Assessment)

¹ Executive Office of Health and Human Services (EOHHS). Determination of Need. Accessed 12/22/16 at: <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/don/>

Boston Children’s DoN Community Engagement Process: Meeting Dates and Locations



Evaluation Approach and Methods

The aim of this evaluation is to provide a detailed portrait of the community engagement process, including reach, effectiveness of community meetings, and alignment of investment priorities based on needs identified. The following Evaluation Goals were developed through a literature review and facilitated conversations with the DoN Community Advisory Committee, Boston Children’s Office of Community Health staff, and the RJJ Consulting Team:

1. The DoN process is organized and structured in a way that is inclusive and diverse.
2. The DoN process engages participants to collaboratively synthesize ideas.
3. The DoN process produces a clear set of goals, priorities, and strategies that reflect the community’s recommendations.

Evaluation data was collected using a variety of methods:

- **Tracking data** on community outreach and attendance as well as meeting logistics was provided by Boston Children’s Office of Community Health staff
- **A feedback survey** was designed and administered to assess perceived successes and challenges of the community engagement process:
 - Community meetings: survey was completed by 168 of 199 participants (84% response rate)
 - Focus groups: survey was administered at 3 of the 4 focus groups and completed by 18 of the 21 participants at these 3 focus groups (86% response rate)
 - Community Advisory Committee: survey was completed by 16 of the 24 Community Advisory Committee members (67% response rate)
- **Observational notes** were taken by trained staff at all community meetings
 - Notes captured observations on attendance, logistics, clarity of purpose, engagement, time for offering input, resolution of conflicts (if any), and achievement of consensus

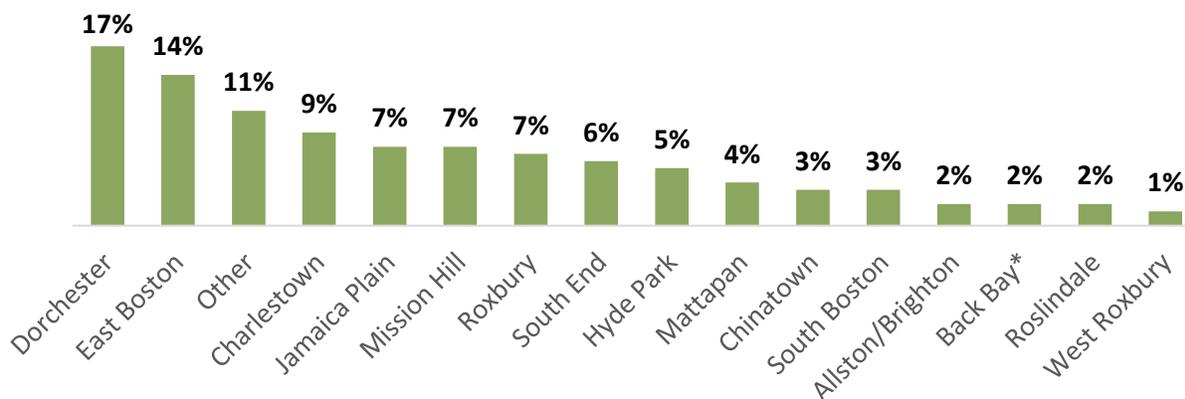
Summary of Key Findings

The following key themes emerged from the evaluation and are presented by Evaluation Goal.

Goal 1: The DoN process is organized and structured in a way that is inclusive and diverse.

- **Multiple modes of outreach were used to publicize community meetings and focus groups,** including email, websites, social media, word-of-mouth, flyers, and posters.
- **A wide range of sectors were represented in the DoN process.**
 - Approximately 110 local organizations from a range of sectors (e.g., community health, faith-based, housing, and community development sectors) were engaged to disseminate information about the community meetings and focus groups.
- **Generally, meetings were scheduled and organized in a way that increased participation.**
 - A large majority of community meeting and focus group survey respondents indicated that meetings were easy to attend, as did most Community Advisory Committee members. However, 31% of Community Advisory Committee respondents indicated that attending Community Advisory Committee meetings was “hard”.
 - A few community meetings had a lower turnout than expected; attendance ranged from 8 participants (South Dorchester) to 55 participants (East Boston).
- **Some traditionally underserved populations were represented at the community meetings and focus groups.**
 - According to community meeting survey respondents, about one-third of participants self-identified as Black or African American, and about one-fifth of participants self-identified as Hispanic or Latino of any race.
 - About one-fifth of community meeting survey respondents had rarely or never participated in similar events within the past year.
 - Survey responses indicated that a majority of community meeting participants spoke English and were female; additionally, young participants (less than 18 years) and elderly participants (age 65 years or more) were less represented than other age groups.
 - Survey data shows that the focus groups were effective for reaching audiences that were not well-represented at the community meetings.
 - As shown in the figure below, residents from a majority of neighborhoods in Boston participated in the community meetings.

Neighborhoods in Which Community Meeting Participants Live (N=151)



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

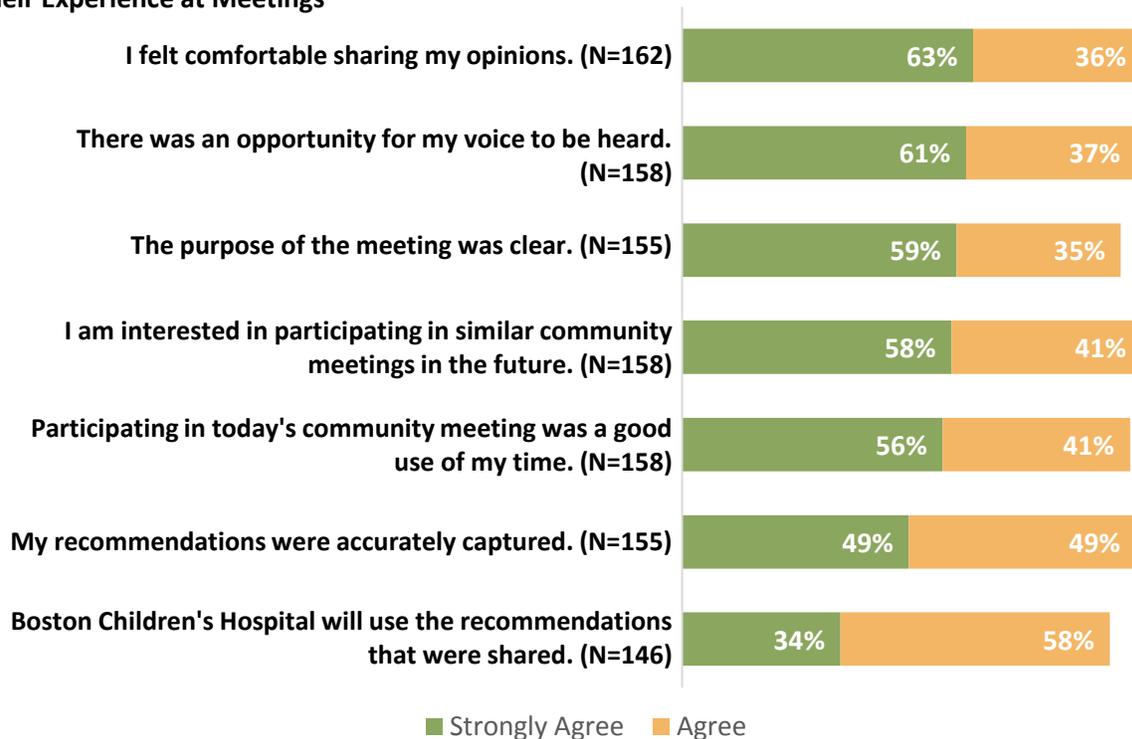
*includes Beacon Hill, Downtown, North End, West End

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

Goal 2: The DoN process engages participants to collaboratively synthesize ideas.

- Community meeting and Community Advisory Committee meeting participants were highly engaged, indicating that the **DoN process allowed for many voices to be heard.**
 - As shown in the figure below, 98% of community meeting survey respondents “strongly agreed” or “agreed” with the statement: *There was an opportunity for my voice to be heard.* Similarly, 100% of focus group respondents and 100% of Community Advisory Committee respondents “strongly agreed” or “agreed” with this statement.
- While engagement and satisfaction was high among survey respondents overall, and while interpreter services were offered, observational data indicate that non-English speaking attendees were generally less likely to be able to participate fully in community meetings.

Percent of Community Meeting Participants Who Strongly Agreed or Agreed with Statements About Their Experience at Meetings



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

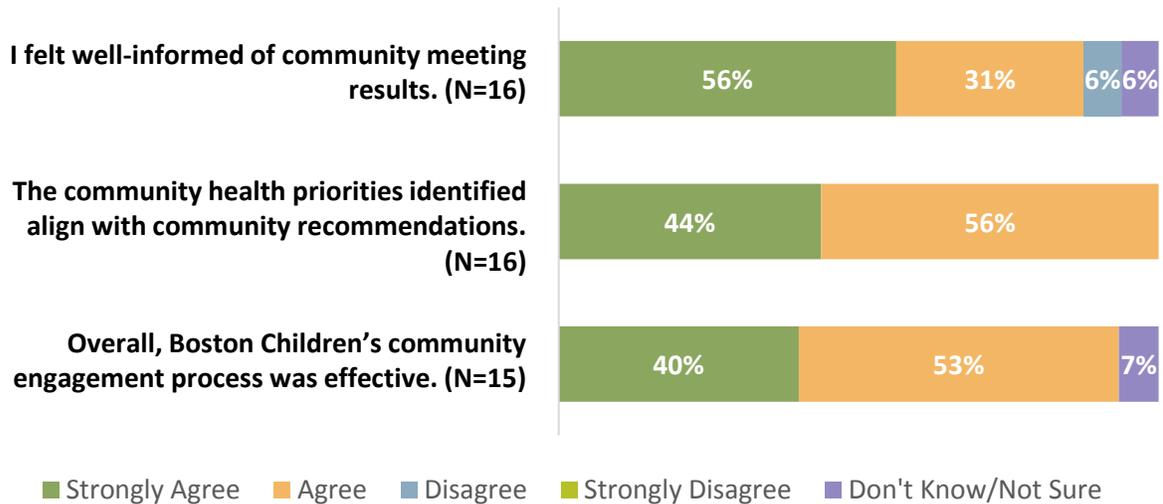
NOTES: Data organized in descending order by percent of “Strongly Agree” by Community Meeting; Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

- The DoN process utilized the voices of community participants;** although opportunities for improvement were identified.
 - A small percentage of survey respondents (7.5%) “disagreed” or “strongly disagreed” with the statement: *Boston Children’s Hospital will use the recommendations that were shared.* This perception of uncertainty about whether Boston Children’s would use the community input that had been gathered was also expressed by a few community meeting participants in person and through open-ended survey responses.
 - Additionally, 6% of Community Advisory Committee survey respondents indicated that they “disagreed” with the statement: *I felt well-informed of community meeting results.*

Goal 3: The DoN process produces a clear set of goals, priorities, and strategies that reflect the community’s recommendations.

- Through the DoN process, **a clear set of funding priority areas were established and a plan for developing funding strategies was identified** (an allocation committee will be formed).
 - The final four funding priority areas are:
 - Mental / behavioral health
 - Stable and affordable housing
 - Infant, child, youth, and family systems of support
 - Healthy and safe communities.
- Additionally, the **final priorities align with community recommendations received throughout the DoN process.**
 - As shown in the figure below, all (100%) of Community Advisory Committee survey respondents indicated that they “agreed” or “strongly agreed” with the statement: *The community health priorities identified align with community recommendations.*

Community Advisory Committee Members’ Perceptions of the DoN Community Engagement Process



DATA SOURCE: Boston Children’s Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

Overall, community engagement in Boston Children’s DoN process was inclusive and effective in synthesizing ideas and producing clear priorities.

BACKGROUND

Overview of Determination of Need Process

The Massachusetts Determination of Need (DoN) program promotes the availability and accessibility of cost effective, high quality health care services and assists in controlling health care costs². The DoN program receives applications from health care facilities planning substantial capital expenditures or substantial changes in services. The DoN process also calls for hospitals to include plans for the provision of primary care and preventive services, known as Community Health Initiatives (5% of their capital expenditure). The purpose of these Initiatives is to foster collaborations between hospitals and community partners to improve health status of vulnerable populations and build community capacity to promote social determinants of good health. The Initiatives should reflect community-developed health priorities based on a planning process that involves diverse, representative stakeholders.

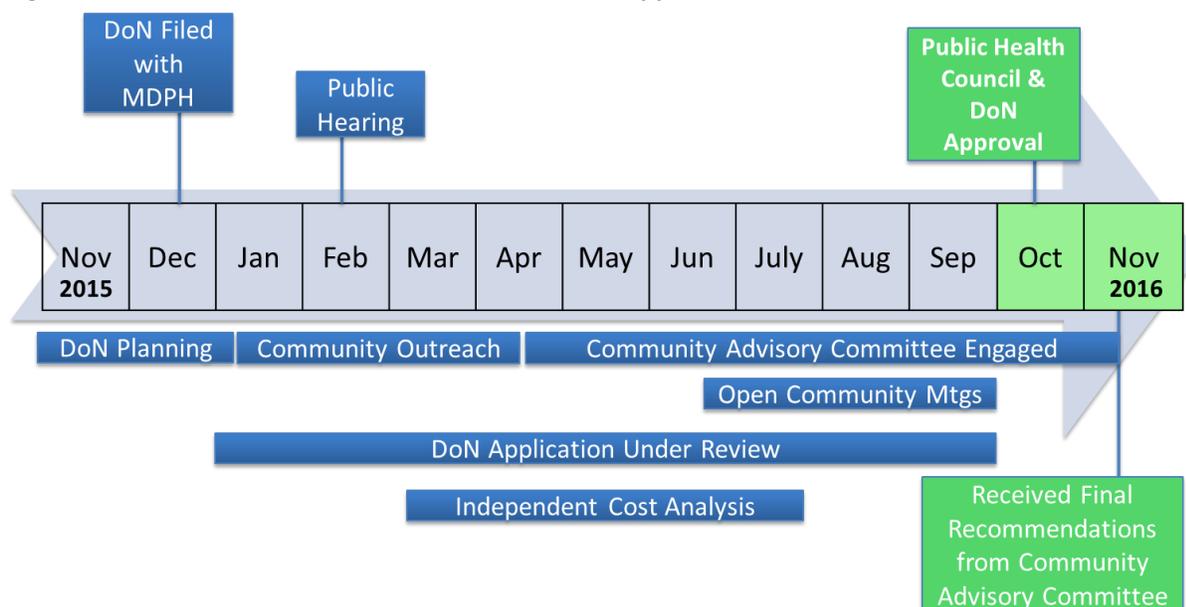
In December 2015, Boston Children Hospital (Boston Children's) submitted an application to the DoN program for approval to construct two new state-of-the-art clinical buildings, one on Boston Children's Boston campus and the other in the Town of Brookline. This application was approved in October 2016, and will result in the investment of \$54 million over ten years in Community Health Initiatives. These funds will be directed to policy, systems, environmental, and programmatic initiatives, in the Greater Boston area and statewide, that can improve the health and well-being of children and families most negatively impacted by health inequities. Figure 1 below includes a timeline of Boston Children's Determination of Need approval process.

To plan for the Community Health Initiative investments and develop priority areas for funding, Boston Children's, with guidance from the Massachusetts Department of Public Health, organized and implemented a community engagement process. As part of this community engagement process (which is described further below), the hospital engaged over 200 residents to identify the most pressing needs of children and families, particularly among those most affected by health inequities, and to generate health goals and funding priorities.

The RJJ Consulting Team, led by Roosevelt Smith and Jeremy Phillips with additional team support from Jo-Anna Rorie, was contracted to work with Boston Children's to plan, prepare for, facilitate, and document the engagement of community residents and an advisory body. Boston Children's also contracted Health Resources in Action (HRiA), a non-profit public health organization in Boston, to conduct an evaluation of this community engagement process. The HRiA team was led by Valerie Polletta and Kristin Mikolowsky. **This report summarizes the results of the community engagement evaluation.**

² Executive Office of Health and Human Services (EOHHS). Determination of Need. Accessed 12/22/16 at: <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/don/>

Figure 1. Boston Children’s Determination of Need Approval Timeline



DATA SOURCE: Boston Children’s Hospital Office of Community Health, January 2017

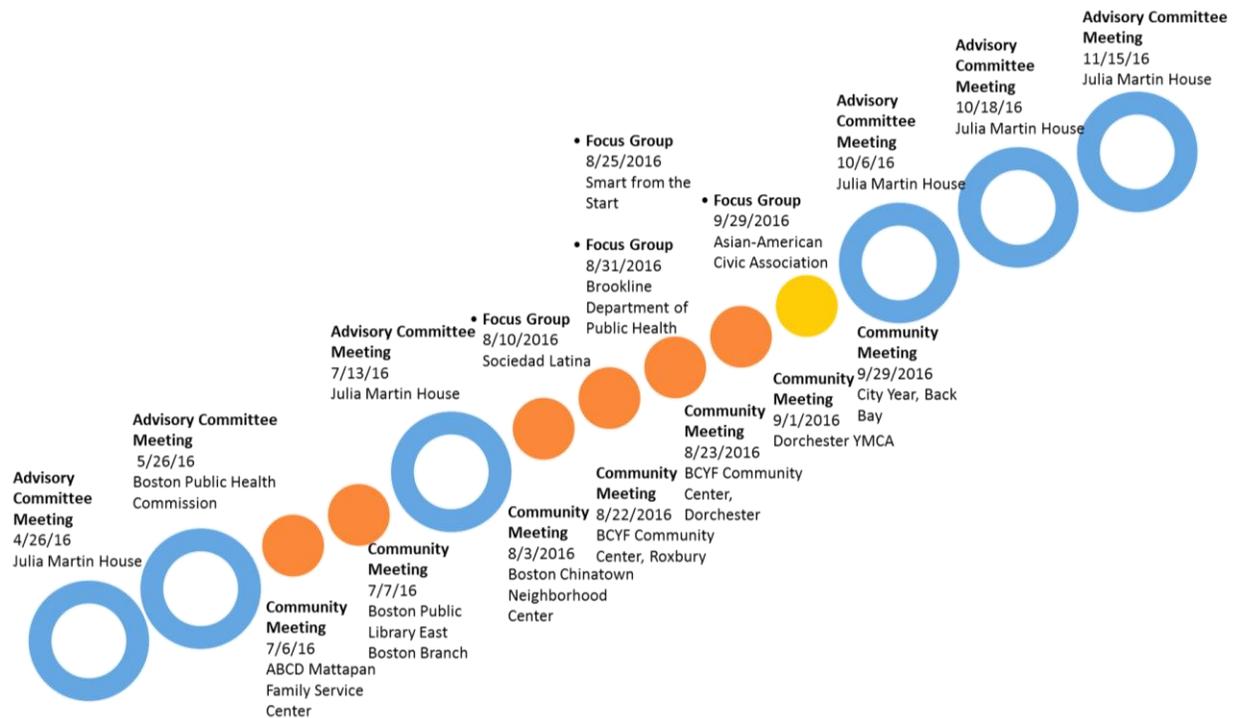
Overview of Community Engagement Process

To develop priorities for the Community Health Initiative investments and to meet DoN application requirements, Boston Children’s engaged in a collaborative planning process that included the following:

- **Community Advisory Committee:** Established a Community Advisory Committee (also referred to as the “Advisory Group” in internal communications and processes) to guide the process.
 - The Community Advisory Committee met in person 6 times to provide feedback on the community engagement process, develop funding priority areas based on feedback from the community meetings, and provide input into the formation of a funding allocation committee. These Community Advisory Committee meetings were led by expert facilitators (the RJJ Consulting Team). A list of Community Advisory Committee members is provided in Appendix 1.
- **Community Meetings:** Boston Children’s Office of Community Health organized seven community meetings led by expert facilitators (the RJJ Consulting Team) during summer/fall 2016 (June – September) to set goals, strategies, and priorities for the investment of this DoN funding.
 - The first 6 community meetings were focused on identifying a vision and goals for DoN funding.
 - The final wrap-up community meeting focused on developing core priorities and strategies for funding.
- **Focus Group Discussions:** Boston Children’s Office of Community Health worked with local organizations to hold four targeted focus group discussions to engage additional community members and gather feedback on goals for the investment of the DoN funding. While these four focus groups provided important input into the process, they were structured as informal conversations, generally had fewer participants than the Community Meetings, and were not facilitated by the RJJ Consulting Team.

Figure 2 includes a list of dates and locations for the Community Advisory Committee meetings, community meetings, and focus groups.

Figure 2. Boston Children’s DoN Community Engagement Process: Meeting Dates and Locations



Concurrently with the DoN community engagement process, Boston Children’s was also gathering data for its 2016 Community Health Needs Assessment (CHNA). To inform both the CHNA and the DoN process and to gather input on investment priorities, Boston Children’s held a focus group during a Grand Rounds with Boston Children’s Hospital staff in May 2016 and a focus group with the Boston Children’s Community Advisory Board in June 2016. Additionally, Boston Children’s Office of Community Health staff provided the Boston Children’s Community Advisory Board with regular updates on the DoN process and sought feedback from this Board to inform and enrich the synthesis of priorities that emerged through the community meetings. A list of Community Advisory Board members is provided in Appendix 2.

Evaluation of Community Engagement Process

Boston Children’s engaged Health Resources in Action (HRiA) to conduct an evaluation of the community engagement process. The aim of this evaluation is to provide a detailed portrait of the process, including reach, effectiveness of community meetings, and alignment of investment priorities based on needs identified. This report summarizes the results from this evaluation.

Evaluation Goals and Objectives

In April 2016, facilitated meetings were conducted with the DoN Community Advisory Committee and with the Boston Children’s Office of Community Health team and the RJJ Consulting Team. During these meetings, participants discussed their vision for successful community engagement and their thoughts on how that vision can be achieved. Notes from these meetings were analyzed to identify key themes

related to the community engagement process. These key themes, as well as findings from a review of the literature, were then used to develop the following three goals and associated objectives for the community engagement process:

Goal 1: The DoN process is organized and structured in a way that is inclusive and diverse.

Goal 1 Objectives
Multiple modes of outreach are used to publicize community meetings.
Community meetings are scheduled and organized in a way that increases participation.
Traditionally underserved populations are represented at community meetings.
A wide range of sectors are represented in the DoN process. ⁺

⁺Applies to engagement of community members *and* Community Advisory Committee members

Goal 2: The DoN process engages participants to collaboratively synthesize ideas.

Goal 2 Objectives
The DoN process allows for community voices to be heard. ⁺
The DoN process utilizes the voices of community participants. ⁺

⁺Applies to engagement of community members *and* Community Advisory Committee members

Goal 3: The DoN process produces a clear set of goals, priorities, and strategies that reflect the community’s recommendations.

Goal 3 Objectives
A clear set of goals, priorities, and strategies are established.
Final goals, priorities, and strategies align with community advice and recommendations received throughout the DoN process. ⁺

⁺Applies to engagement of community members *and* Community Advisory Committee members

Long Term Goals (Not Measured Within Timeframe of Current Evaluation)

During the facilitated discussions with the Community Advisory Committee, Boston Children’s Office of Community Health team, and the RJJ Consulting Team, long-term goals for the DoN community engagement process were also identified. While data on these long-term goals will not be captured within the timeframe of this evaluation (April – December 2016), they should be acknowledged. The identified long-term goals for the community engagement process are as follows:

- Community members are engaged in the DoN process as part of an ongoing feedback loop.
- Community members feel a stronger connection with Boston Children's Hospital.
- Community members develop stronger connections with each other (e.g., social networks are strengthened).

Methods

The following section describes how data was collected for the evaluation of Boston Children’s DoN community engagement process.

Tracking of Boston Children’s Hospital’s Activities

In order to capture data on community outreach and attendance, as well as meeting logistics, HRiA worked closely with Boston Children’s to gather tracking data. Boston Children’s Office of Community Health staff provided HRiA with tracking grids documenting sectors engaged in organizing and publicizing the seven Community Meetings, as well as quantity and reach of communication modes.

Community Meeting Feedback Survey

As one means of assessing effectiveness of community meetings, HRiA worked with Boston Children's Office of Community Health to collaboratively develop a brief hard copy survey (see Appendix 3). HRiA first scanned the grey and published literature on evaluation of community engagement in public health processes, and reviewed questions and constructs included in existing evaluation surveys. Informed by the literature and the evaluation goals and objectives, HRiA developed a draft survey for pilot testing. The survey was pilot-tested with 11 community members. Pilot testers provided feedback on whether anything was difficult to mark or unclear, on whether anything should be changed or added, and on how long it took to complete the survey. HRiA worked with Boston Children's Office of Community Health to revise and finalize the survey based on pilot test feedback.

The final, voluntary Community Meeting Feedback Survey was administered to all participants at the conclusion of each Community Meeting to assess perceived successes and challenges of the community engagement process. The survey was used to gather information on how participants heard about the meeting, ease of attending the meeting, experience at the meeting, and perceptions of the value of the meeting. The survey was also used to gather data on the demographics of community meeting participants. Across the 7 community meetings, ***the survey was completed by 168 of the 199 participants (84% total response rate)*** and, depending on the meeting, was available in English, Arabic, Cape Verdean, Chinese, Haitian-Creole, Somali, Spanish, and / or Vietnamese. When survey data is presented throughout this report, the number of respondents (N) to the specific question is included with each Figure or Table; not all respondents answered every question, and therefore the N reported varies by Figure or Table. Tables containing all survey results are included in Appendix 7. Lastly, selected quotes from open-ended survey responses are presented throughout the report.

As detailed above, Boston Children's also organized four targeted focus group discussions. The Community Meeting Feedback Survey instrument was administered to participants in three of the four focus group discussions. Of these three focus groups, ***the survey was completed by 18 of the 21 participants (86% total response rate)***.

Community Meeting Observational Notes

As another means of assessing the effectiveness of community meetings, observational notes were taken by trained HRiA staff attending each community meeting. HRiA staff captured observations on attendance and logistics (including room setup, child care, and languages accommodated), clarity of purpose, engagement of participants, time for offering input, resolution of conflicts (if any), and achievement of consensus.

Community Advisory Committee Feedback Survey

To assess perceptions of the community engagement process as well as experiences of participating in the Community Advisory Committee, a brief Community Advisory Committee Feedback Survey was also developed (see Appendix 4). HRiA collaborated with Boston Children's Office of Community Health to develop this survey by modifying and tailoring questions from the Community Meeting Feedback Survey.

The Community Advisory Committee Feedback Survey was administered in person at the final DoN Community Advisory Committee meeting and an online link was distributed to Community Advisory Committee members who were not in attendance. The survey was used to gather information on ease of attending the Community Advisory Committee meetings, experience at the meetings, perceptions of

the value of the meetings, and perceptions of the overall DoN community engagement process. The survey was also used to gather data on the demographics of Community Advisory Committee members. ***The survey was completed by 16 of the 24 Community Advisory Committee Members (67% total response rate)***. When survey data is presented throughout this report, the number of respondents (N) to the specific question is included with each Figure or Table; not all respondents answered every question, and therefore the N reported varies by Figure or Table. Tables containing all survey results are included in Appendix 7. Lastly, selected quotes from open-ended survey responses are presented throughout the report.

Limitations

As with all data collection efforts, the following limitations of this evaluation should be acknowledged:

- While every effort was made to track community meeting outreach, additional outreach may have occurred without Boston Children’s direct knowledge and thus may not have been captured.
- The Community Meeting and Community Advisory Committee Feedback Survey data are self-reported and should be interpreted with caution because respondents may over- or understate perceptions based on the survey sponsor or misunderstanding the question.
- While the response rate for the Community Meeting and Community Advisory Committee Feedback Surveys are high, survey data may not represent the opinions of all meeting participants. Additionally, the number of survey respondents is not unduplicated. It is possible that some individuals participated in more than one community meeting. Therefore, the same individual may have completed more than one survey.
- The Community Meeting Feedback Survey was administered at the community meetings and focus groups. Focus group survey data is reported separately from community meeting survey data because of the differences in the structure of the focus groups and community meetings. Compared to the community meetings, the focus groups generally had fewer participants and were not facilitated by the RJJ Consulting Team.
- While the Community Meeting Observational Notes were taken by a trained and neutral note-taker, it is possible that the note-taker did not capture all facets of the meetings. Observational Notes were not taken at the focus groups.
- While additional sources of information (e.g., feedback from Boston Children’s staff and Community Advisory Board to inform both the DoN process and the CHNA) were leveraged to inform the DoN process, these additional sources of information were not included in the evaluation.

Despite these limitations, the data sources included in this report provide valuable insights on Boston Children’s DoN community engagement process, including community outreach, characteristics of participants, quality of engagement, and outcomes resulting from engagement.

KEY FINDINGS

The following section provides an overview of key findings from the evaluation of Boston Children’s DoN community engagement process. Findings are presented on community meeting outreach, characteristics of community meeting and focus group participants, characteristics of Community Advisory Committee participants, meeting logistics, and engagement of meeting and focus group participants.

Community Meeting Outreach

Outreach modes

Boston Children’s Office of Community Health publicized community meetings and focus groups in a variety of ways.

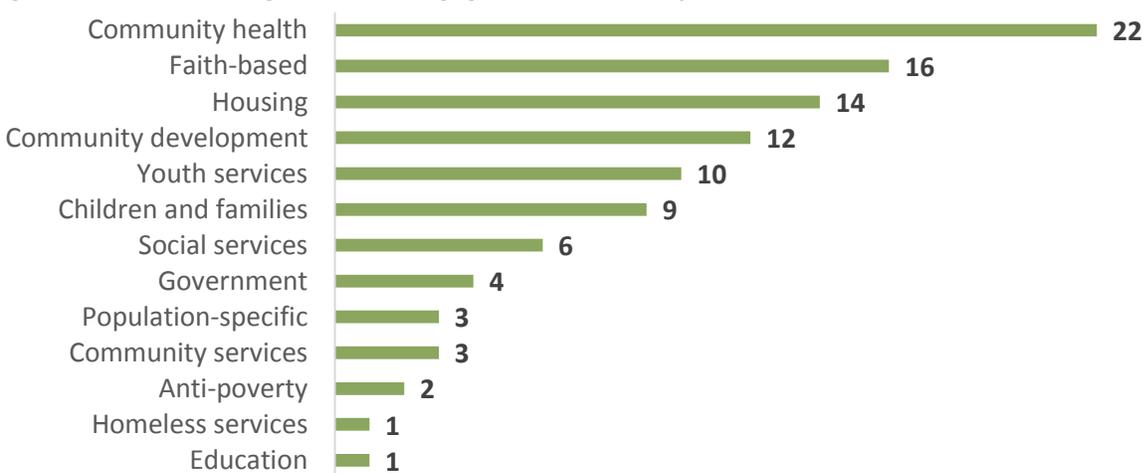
- The first six community meetings were publicized using e-mail outreach to the Community Advisory Committee and other local organizations, distribution of flyers (in multiple languages, depending on the meeting location), social media postings, and calendar listings in a local newspaper (see Appendix 5 for a full list of communication activities).
- The final community meeting was publicized via individual invitations (in English and Spanish) to previous meeting participants who provided their contact information and expressed an interest in participating in future meetings.
- Information about the four focus groups was disseminated by the host organizations.

Sectors engaged in outreach

Boston Children’s Office of Community Health worked with the DoN Community Advisory Committee as well as local organizations to disseminate information about the community meetings and focus groups.

- Approximately 110 organizations were engaged to share information about the community meetings with their networks, contacts, constituents, and/or clients.
- Sectors engaged in this outreach included community development, community health, community services, education, faith-based institutions, government, homeless services, housing, social services, youth services, anti-poverty organizations, and organizations that serve children and families (see Figure 3 and Appendix 6 for a full list of organizations engaged).

Figure 3. Number of organizations engaged in outreach by sector



DATA SOURCE: Boston Children’s Hospital Outreach Tracking Grid, 2016

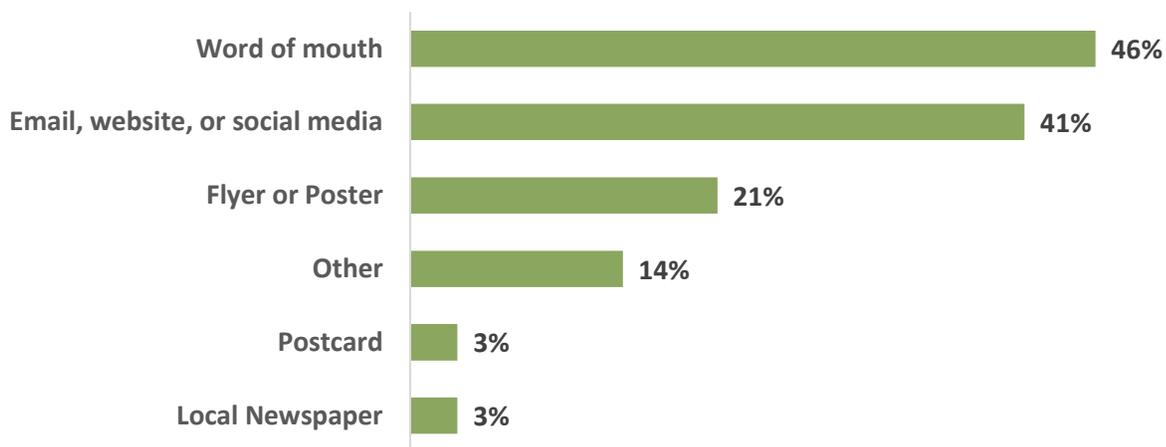
NOTE: “Other” types of organizations (N=7) were also engaged in outreach but are excluded from this Figure.

Community meeting participants

The following figures present data on how respondents to the Community Meeting Feedback Survey reported hearing about the community meetings and focus groups. It should be noted that the response option “Email, website, or social media (e.g., Facebook)” was included in the survey for the first two community meetings; for the remaining community meetings and for the focus groups, this response option was separated into “Email” and “Social media (e.g., Facebook)” response options to capture additional detail.

As shown in Figure 4, according to the Community Meeting Feedback Survey, the most common way respondents heard about the first two community meetings was through word of mouth (46%). The most common way respondents heard about the last five community meetings was through email (56%) (Figure 5). Lastly, as shown in Figure 6, the most common way respondents heard about the focus groups was through an “other” source such as the host organization (59%).

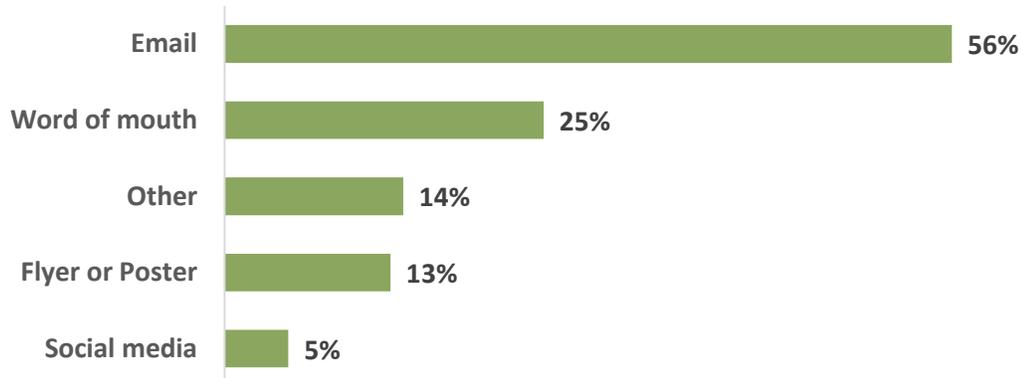
Figure 4. Ways Participants Reported Hearing about the First Two Community Meetings (N=63)



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

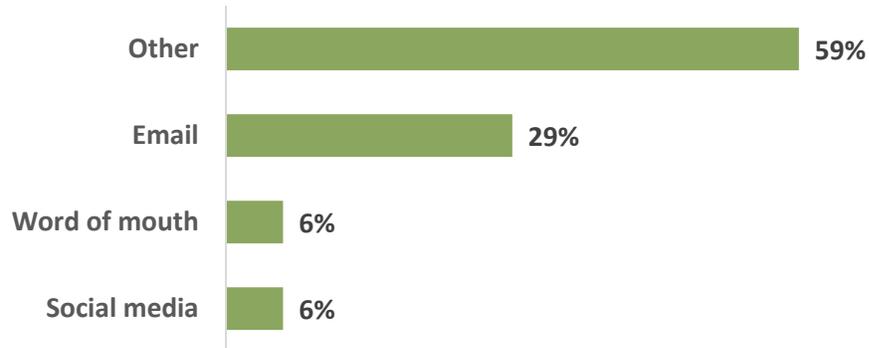
Figure 5. Ways Participants Reported Hearing about the Last Five Community Meetings (N=101)



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTE: No respondents selected “Postcard” or “Local Newspaper;” Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

Figure 6. Ways Participants Reported Hearing about the Focus Groups (N=17)



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTE: No respondents selected “Flyer or Poster,” “Postcard,” or “Local Newspaper;” Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure. This question allowed for multiple responses (“check all that apply”); therefore the percentages may not sum up to 100%.

Characteristics of Community Meeting and Focus Group Participants

Age

As seen in Figure 7, community meeting survey respondents were primarily 25 – 34 years (25%) and 35 – 44 years (20%) of age. It should be noted that youth representation was particularly strong at the East Boston community meeting (24% of survey respondents were less than 18 years of age). About one quarter of focus group survey respondents were less than 18 years old (24%), about one quarter were 25 – 34 years of age (24%), and about one quarter were 35 – 44 years of age (24%).

Gender

There were more female than male survey respondents for both the community meeting survey (76% of respondents were female) and focus group survey (81% of the respondents were female) (Figure 7).

Language

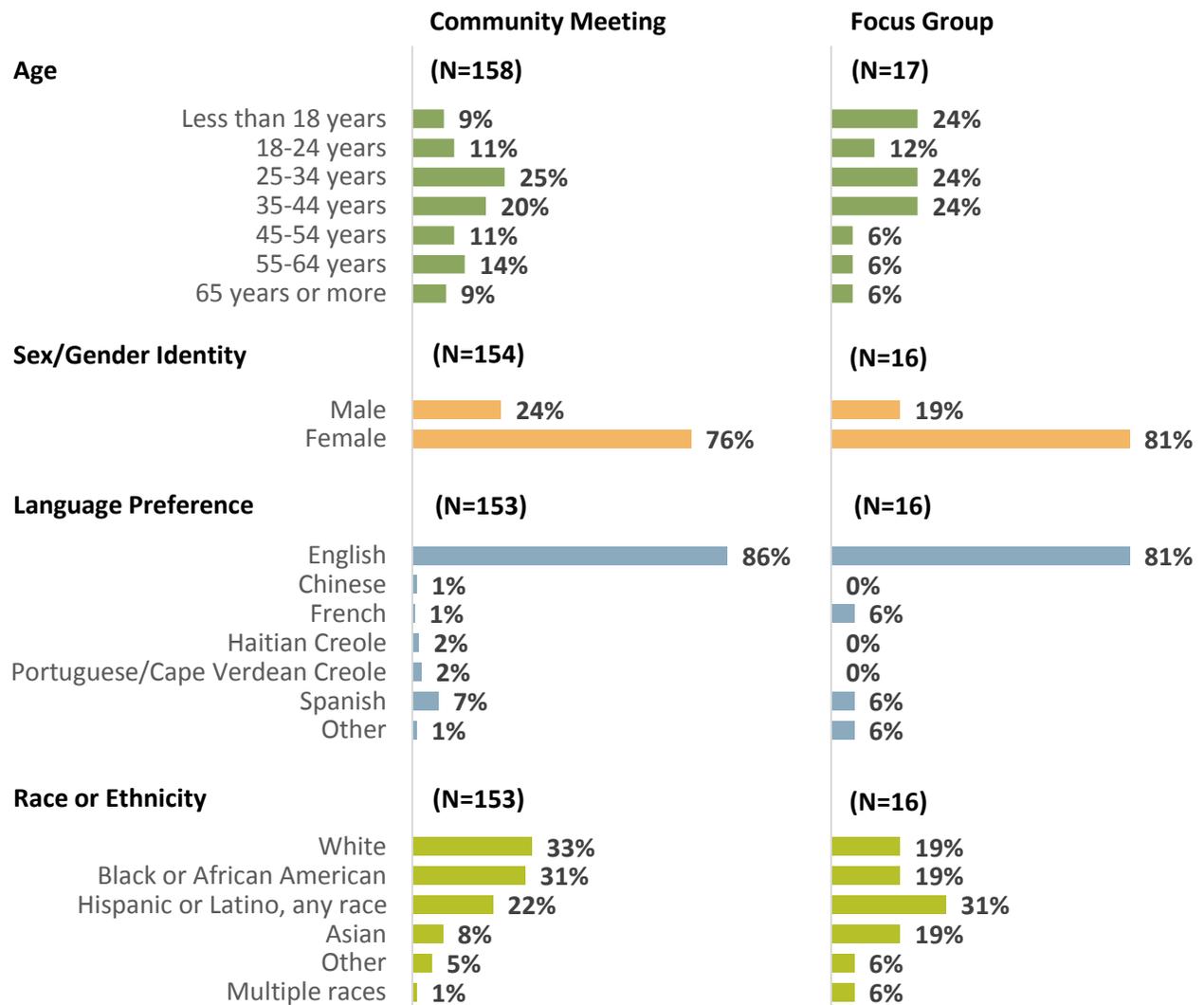
A majority of the community meeting and focus group survey respondents indicated they preferred to speak English (86% and 81%, respectively) (Figure 7).

- Among the community meeting respondents who indicated a preference for speaking another language, Spanish was selected most frequently (7%).
- Among the focus group respondents, a preference for speaking French (6%), Spanish (6%), and an “other” language (6%) was indicated by some respondents.
- As described in the Methods section above, depending on the meeting location, the survey was available in a variety of languages. Almost all (177) of the community meeting and focus group surveys were completed in English; however, 4 were completed in Spanish, 3 in Haitian-Creole, and 2 in Chinese.

Race/Ethnicity

A third of community meeting survey respondents self-identified as White (33%), followed by Black or African American (31%), and Hispanic or Latino of any race (22%) (Figure 7). The largest proportion of focus group survey respondents self-identified as Hispanic or Latino of any race (31%), followed by White (19%), Black or African American (19%), and Asian (19%) (Figure 7).

Figure 7. Demographics of Community Meeting and Focus Group Participants



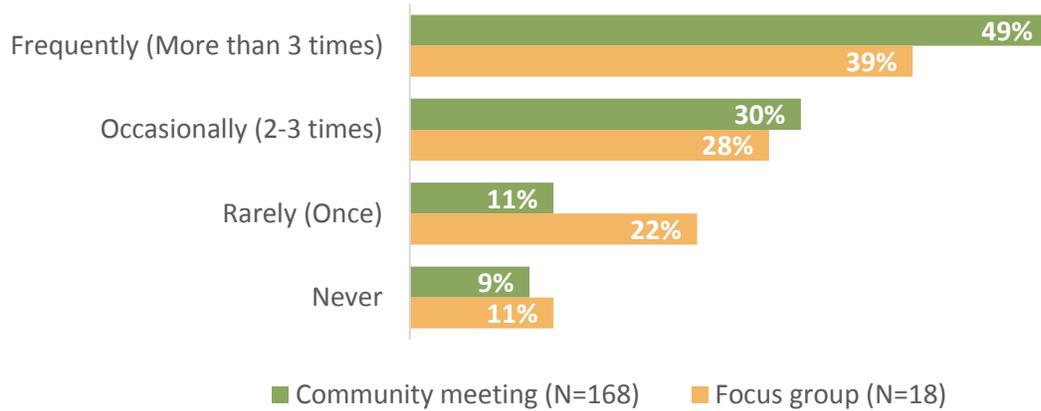
DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTE: Percentages were calculated based on the number of responses to each question. Not all participants answered every question, and therefore there is variation in the N reported.

Participation in similar events

While nearly half of community meeting survey respondents (49%) reported participating in similar events frequently in the past year, 11% of respondents had rarely participated in a similar event in the past year, and 9% of respondents had never participated in a similar event in the past year (Figure 8). Compared to the community meeting respondents, focus group survey respondents were more likely to report that they had never participated in a similar even in the past year (11%) and had rarely participated in a similar event in the past year (22%) (Figure 8).

Figure 8. Participants’ Reported Frequency of Participation in Similar Events, by Engagement Strategy



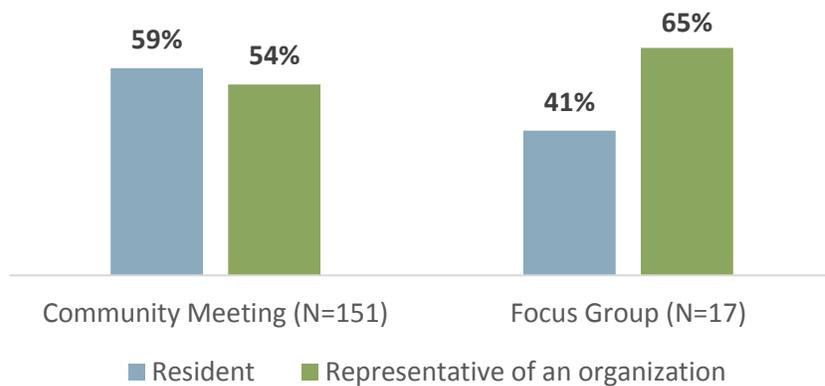
DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

Role

Nearly 60% of community meeting survey respondents indicated that they attended the meeting as a resident (59%), while 54% attended as a representative of an organization (Figure 9). Among focus group survey respondents, a lower percentage indicated that they attended the focus group as a resident (41%) and higher percentage indicated they attended as a representative of an organization (65%), often indicating that they were representing the organization hosting the focus group (Figure 9).

Figure 9. Role of Meeting Participants by Engagement Strategy



I represent various organizations and would love to stay connected to the process.

– Community meeting participant

DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

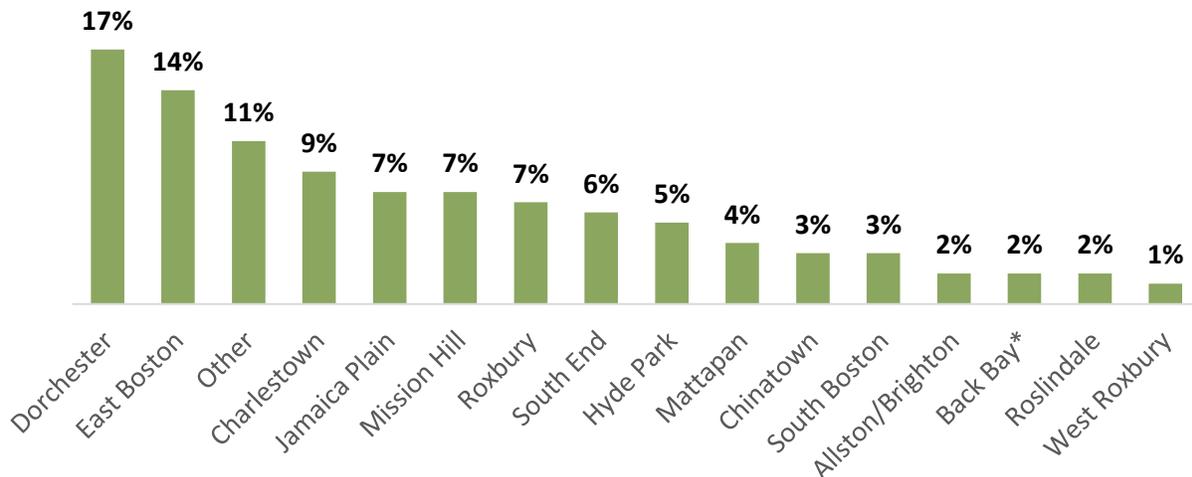
NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure. This question allowed for multiple responses (“check all that apply”); therefore some respondents may have identified as both a resident and a representative of an organization and so the percentages do not sum up to 100%.

Neighborhood

Figure 10 and Figure 11 show that across all the community meetings and focus groups a majority of Boston neighborhoods were represented, ranging from 1% of community meeting respondents indicating they live in West Roxbury to 17% indicating they live in Dorchester.

- Community meeting respondents primarily lived in Dorchester (17%), East Boston (14%), and an “other” neighborhood (11%) which included Chelsea, Dedham, Everett, Hull, Medford, Peabody, Quincy, Randolph, Somerville, “South Shore,” and Wellesley.
- Focus group respondents primarily lived in Roxbury (24%) and an “other” neighborhood (24%) which included Brookline and Randolph.
- No survey respondents indicated that they lived in the Fenway neighborhood. However, it should be noted that the Community Meeting Feedback Survey was not completed by all meeting attendees.

Figure 10. Neighborhoods in Which Community Meeting Participants Live (N=151)

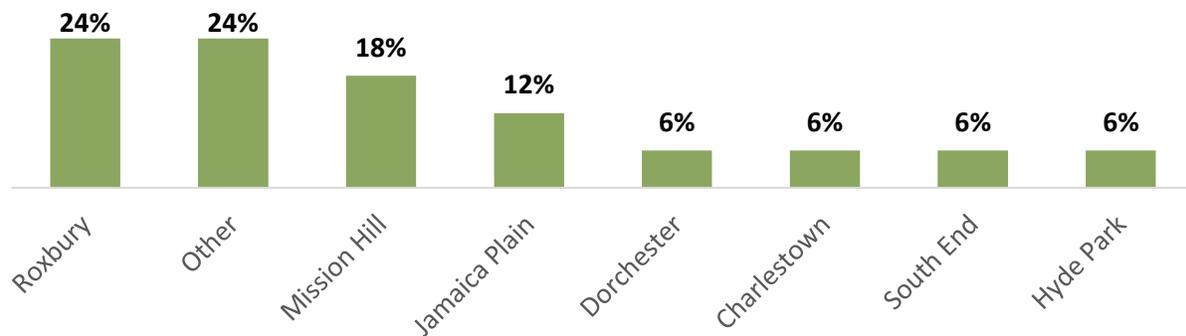


DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

*includes Beacon Hill, Downtown, North End, West End

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

Figure 11. Neighborhoods in Which Focus Group Participants Live (N=17)



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

*includes Beacon Hill, Downtown, North End, West End

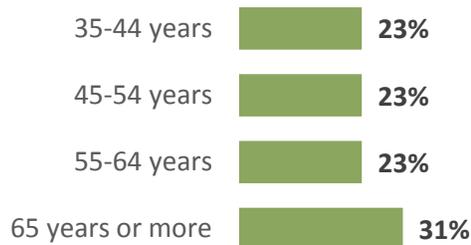
NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

Characteristics of Community Advisory Committee Participants

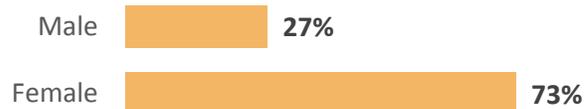
- **Age:** As seen in Figure 12, nearly a third of Community Advisory Committee survey respondents were age 65 years or older (31%).
- **Gender:** There were more female (73%) than male (27%) survey respondents.
- **Language:** Most Community Advisory Committee respondents indicated they preferred to speak English (86%). As shown in Figure 12, 14% of Community Advisory Committee respondents preferred to speak Spanish.
- **Race/Ethnicity:** Nearly half of Community Advisory Committee respondents self-identified as Black or African American (47%), followed by White (33%) and Hispanic or Latino of any race (20%).

Figure 12. Demographics of Community Advisory Committee Participants

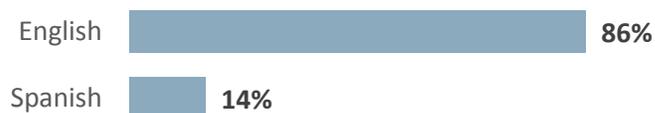
Age (N=13)



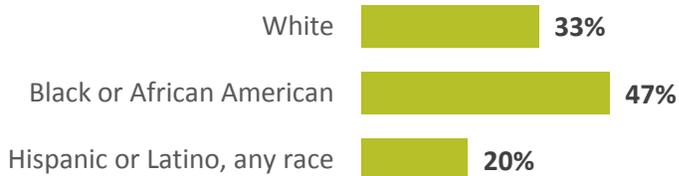
Sex/Gender Identity (N=15)



Language Preference (N=14)



Race or Ethnicity (N=15)



DATA SOURCE: Boston Children’s Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

- **Participation in Community Advisory Committee Meetings:** Half of Community Advisory Committee survey respondents indicated that they attended a majority of the Community Advisory Committee meetings (6 meetings were held in total, and 50% of respondents attended 5-6 meetings) (Figure 13). A quarter of respondents indicated that they attended 1-2 Community Advisory Committee meetings.
- **Role:** All Community Advisory Committee respondents indicated that they attended the Community Advisory Committee meetings as a representative of an organization; no respondents indicated that they attended as residents (data not shown).

Figure 13. Frequency of Community Advisory Committee Meeting Attendance (N=16)

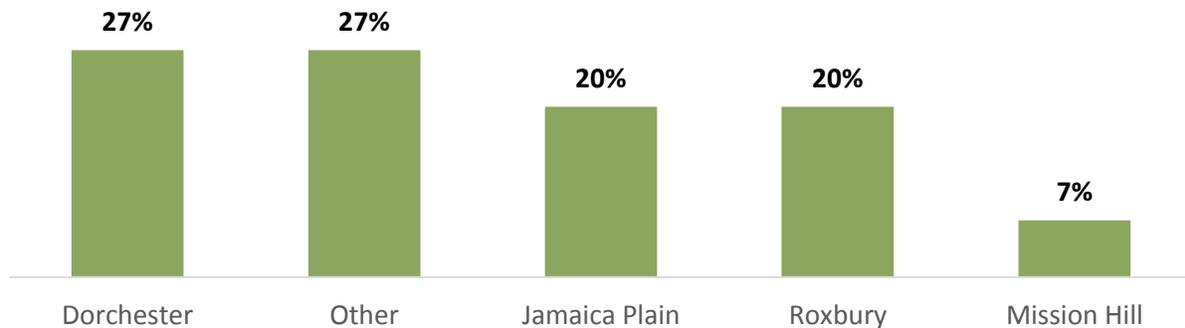


DATA SOURCE: Boston Children’s Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

- **Neighborhood:** Community Advisory Committee respondents primarily lived in Dorchester (27%) and an “other” neighborhood (27%) which included Brookline and Randolph (Figure 14). Some Community Advisory Committee respondents also lived in Jamaica Plain (20%), Roxbury (20%), and Mission Hill (7%) (Figure 14).

Figure 14. Neighborhoods in Which Community Advisory Committee Meeting Participants Live (N=15)



DATA SOURCE: Boston Children’s Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore the N reported varies by Figure.

Meeting Logistics

Ease of attending

- Most community meeting survey respondents (90%) and focus group survey respondents (95%) said it was “very easy” or “easy” to attend the meetings (Figure 15).
- While a majority of Community Advisory Committee survey respondents (69%) indicated that it was “very easy” or “easy” for them to attend the Community Advisory Committee meetings, about a third (31%) indicated it was “hard” to attend the meetings.

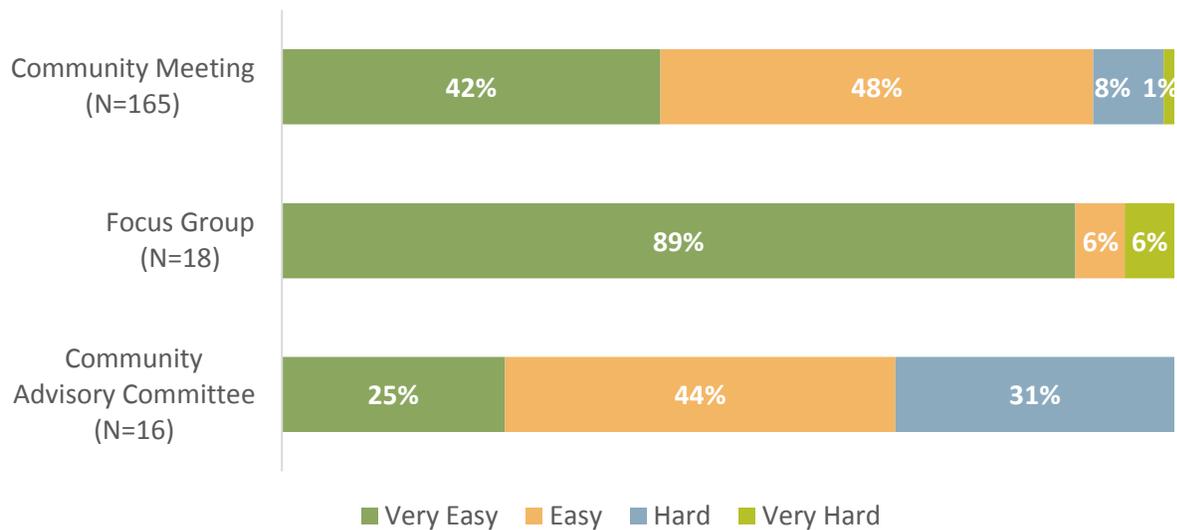
[I] wish the meeting was scheduled on a week that more people could attend.

– Focus group participant

Awesome experience. [It was hard to attend meetings] only because I had 8:30am meetings on the same days.

- Community Advisory Committee participant

Figure 15. Reported Ease of Attending Meetings by Engagement Strategy



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, and Boston Children’s Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

Room set up

The community meeting rooms were generally comfortable and had rectangular or round tables that facilitated small group discussions among participants.

- During the meetings, slides were projected onto screens. At some of the meetings, it was difficult to see the slides from the back of the room or due to obstructions like columns. In these instances, the facilitators acknowledged these challenges and made an effort to read materials aloud and walk around the entire room.

Incentives

Dinner and child care were provided for all seven community meetings, although child care was not used at all meetings.

- The dinner arrived late at a few meetings, which delayed the start time or led to a slight disruption of the meeting flow. Raffle prizes (gift cards) were distributed at the end of each community meeting.

Interpretation

Interpretation services were offered at all community meetings; the language of the interpreters present varied by meeting location.

- Generally, announcements about interpretation were made at the beginning of the meetings; however, during a few meetings, an announcement was not made or an announcement was made only in English. Interpreter services were used during the Mattapan meeting (Haitian Creole), the East Boston meeting (Spanish), and the Chinatown meeting (Spanish and Chinese). At meetings where interpreter services were not used, interpreters either left early or participated in the community meetings.
- Observational data indicated that, when used, interpreter services seemed to be sufficient for the large group discussions, but non-English speaking participants appeared to be less integrated during small group discussions. During one meeting (Chinatown) there was a sufficient number of Chinese speakers to have a Chinese-speaking small group discussion.

Engagement of Community and Community Advisory Committee Participants

Community Engagement

Across all community meetings and focus groups, survey respondents indicated positive perceptions of the meeting and the engagement process.

- Over 90% of community meeting respondents “strongly agreed” or “agreed” with all the statements in Figure 16, and 100% of focus group respondents “strongly agreed” or “agreed” with all the statements in Figure 17.
- As shown in Figure 16 over half of community meeting “strongly agreed” that they *felt comfortable sharing their opinions, there was an opportunity for their voice to be heard, the meeting purpose was clear, they would be interested in participating in similar meetings in the future, and participating in the meeting was a good use of their time.*
- Overall, respondents were less likely to “strongly agree” with the statement that *Boston Children’s Hospital will use the recommendations that were shared*; 34% of community meeting respondents “strongly agreed” with this statement and 65% of focus group respondents “strongly agreed” with this statement (Figure 16).

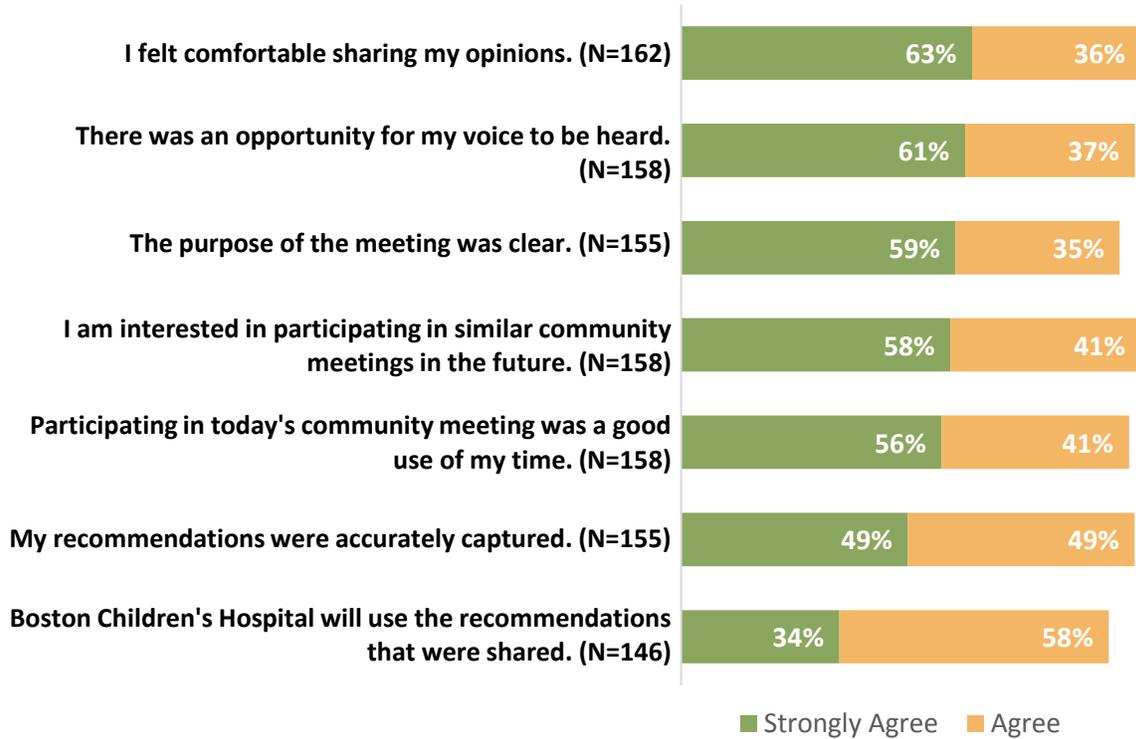
Good facilitation, moved through [the] agenda well.

– Community meeting participant

I appreciate the opportunity for my voice to be heard.

- Focus group participant

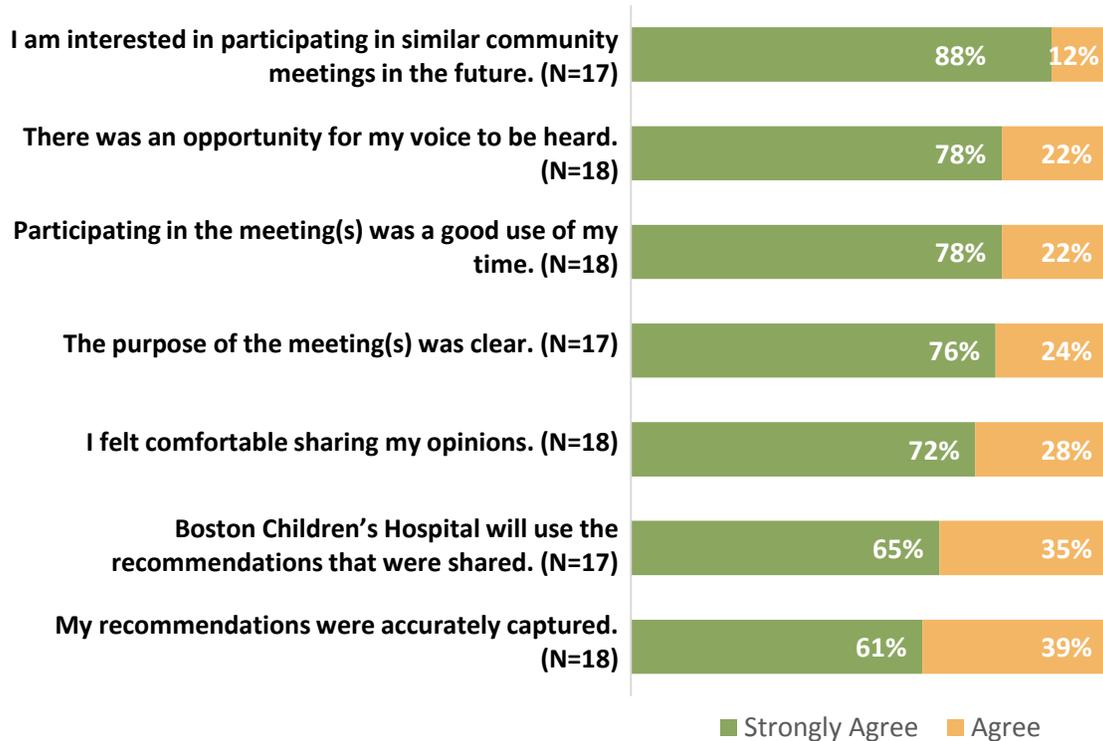
Figure 16. Percent of Community Meeting Participants Who Strongly Agreed or Agreed with Statements About Their Experience at Meetings



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTES: Data organized in descending order by percent of “Strongly Agree” by Community Meeting; Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

Figure 17. Percent of Focus Group Participants Who Strongly Agreed or Agreed with Statements About Their Experience at Meetings



DATA SOURCE: Boston Children’s Hospital Community Meeting Feedback Survey, 2016

NOTES: Data organized in descending order by percent of “Strongly Agree” by Community Meeting; Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

Observational data demonstrated that community meeting participants were highly engaged. Generally, across the meetings, there was good participation, camaraderie, positive sentiments, and laughter in the room. Participants were attentive and responsive during large group discussions. Participants worked collectively during small group activities, with active encouragement from facilitators; however, a few small groups appeared to have dominant voices, and sometimes small groups appeared to finish early, which led to side conversations and distracted participants (e.g., checking phones). Observational data also showed that meeting participants were particularly attentive and active during the small-group report-outs, and were vocally agreeing with and clapping in response to ideas shared by other groups. During the East Boston community meeting, when a large number of youth participants were present, the youth were well-

While it has yet to be demonstrated that Children's will participate meaningfully in a transparent, honest process, I connected to young activists who are so committed.

- Community meeting participant

This was informative and useful. It's good to hear what others think, even if you don't agree.

- Community meeting participant

integrated into the meeting and actively contributed to both small and large group discussions. However, as noted above, non-English speaking participants were less integrated into the small group discussions and report-outs. Child care was occasionally distracting during a few meetings, and at least one meeting could have benefited from additional time, although participants were nevertheless thoughtful and intentional.

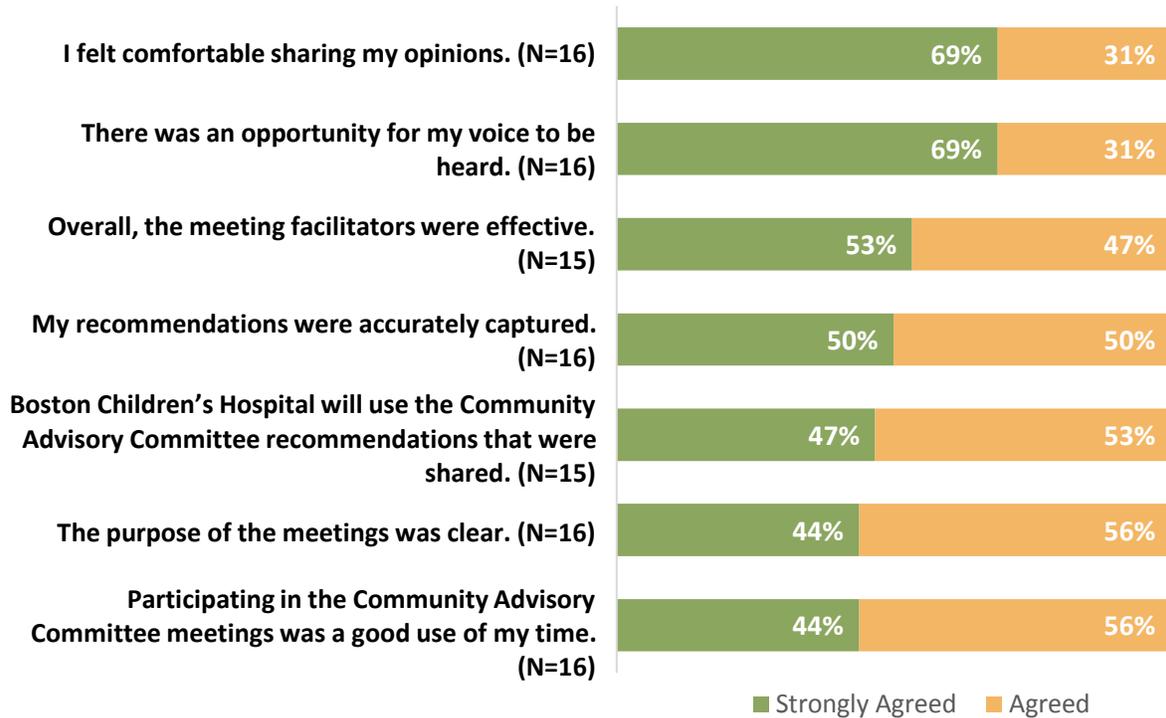
During the end of two meetings and the beginning of one meeting, multiple questions about BCH's process for distributing funding were raised. When these questions were raised during the beginning of the meeting, Boston Children's Office of Community Health staff responded to questions and, after a sufficient period of time, the facilitators encouraged the participants to proceed to the input-gathering activities; there was consensus among participants to do this. When these questions were raised at the end of the two meetings, Boston Children's Office of Community Health staff responded to questions for interested participants until the conclusion of the meeting. During the wrap-up of one meeting in particular, a sub-set of participants raised many questions for Boston Children's Office of Community Health staff (including asking about transparency and whether the Community Advisory Committee meetings are open to the public), and also stated that they would have preferred to have received more advanced notice about the meeting and that information publicizing the meeting may not have reached all community members. While overall the meeting was productive and positive, during this last portion of the meeting a small but vocal group of participants expressed confusion and frustration. Boston Children's Office of Community Health staff took the time to respond to all questions and to explain opportunities for continued engagement.

Community Advisory Committee Engagement

Similar to community meeting and focus group respondents, Community Advisory Committee survey respondents indicated positive perceptions of the Community Advisory Committee meetings and engagement.

- All survey respondents "strongly agreed" or "agreed" with the statements in Figure 18; no respondents "disagreed" or "strongly disagreed" with these statements.
- As shown in Figure 18, over half of Community Advisory Committee respondents indicated they "strongly agreed" that at the meetings they *felt comfortable sharing their opinions, there was an opportunity for their voices to be heard, and the meeting facilitators were effective.*
- Community Advisory Committee respondents were least likely to "strongly agree" that the *purpose of the meetings was clear and participation in the Community Advisory Committee meetings was a good use of their time* (Figure 18).

Figure 18. Percent of Community Advisory Committee Members Who Strongly Agreed or Agreed with Statements About Their Experience at Community Advisory Committee Meetings



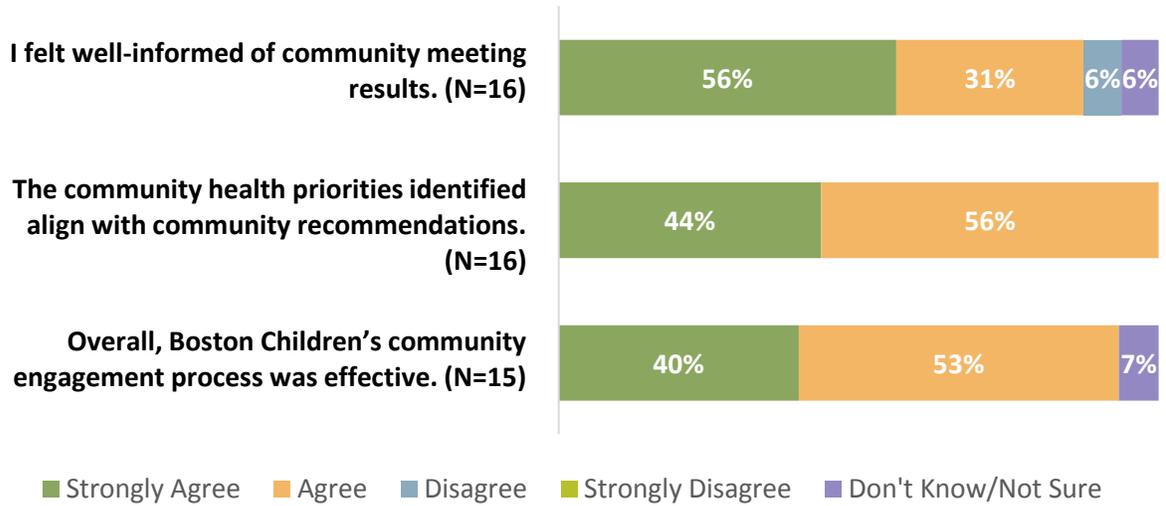
DATA SOURCE: Boston Children’s Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTES: Data organized in descending order by percent of “Strongly Agree;” Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

Community Advisory Committee survey respondents were also asked about their perceptions of the DoN community engagement process.

- All (100%) Community Advisory Committee respondents “strongly agreed” or “agreed” that the *community health priorities identified align with community recommendations* (Figure 19).
- As shown in Figure 19, 93% of Community Advisory Committee respondents indicated that they “strongly agreed” or “agreed” with the statement that, *overall, Boston Children’s community engagement process was effective*; 7% of respondents responded “don’t know or not sure” to this statement.
- Figure 19 also shows that 6% of respondents “disagreed” with the statement that they *felt well-informed about the community meeting results*.

Figure 19. Community Advisory Committee Members' Perceptions of the DoN Community Engagement Process



DATA SOURCE: Boston Children's Hospital Determination of Need Community Advisory Committee Feedback Survey, 2016

NOTE: Frequencies were tabulated among participants who answered the question. Not all participants answered every question, and therefore there is variation in the N reported.

CONCLUSIONS

This report summarizes findings from the evaluation of community engagement in Boston Children’s DoN Community Health Initiatives process. Data for this evaluation was collected through a review of outreach and communications tracking data, observational notes captured by trained evaluators, and voluntary surveys conducted with community meeting participants (completed by 168 of 199 participants, 84% response rate), focus group participants (completed by 18 of 21 participants, 86% response rate), and Community Advisory Committee participants (completed by 16 of 24 Community Advisory Committee members, 67% response rate). The following key themes emerged from the evaluation and are presented in relation to each evaluation goal.

Goal 1: The DoN process is organized and structured in a way that is inclusive and diverse.

Multiple modes of outreach were used to publicize community meetings and focus groups, including email, websites, social media, word-of-mouth, flyers, and posters. Additionally, **a wide range of sectors were represented in the DoN process**. Approximately 110 local organizations from a range of sectors were engaged to disseminate information about the community meetings and focus groups. **Generally, meetings were scheduled and organized in a way that increased participation**; a large majority of community meeting and focus group participants indicated that meetings were easy to attend, as did most Community Advisory Committee members. However, 31% of Community Advisory Committee survey respondents indicated that it was “hard” to attend Community Advisory Committee meetings. A few community meetings had a lower turnout than expected; one recommendation to improve attendance is to provide more advance notice of meetings, where possible.

Across the seven community meetings, attendance ranged from 8 participants (South Dorchester) to 55 participants (East Boston). According to survey data, residents from a majority of neighborhoods in Boston participated in the community meetings. **Some traditionally underserved populations were represented at the community meetings and focus groups**. For example, according to survey respondents, at the community meetings, about one-third of participants self-identified as Black or African American, about one-fifth of participants self-identified as Hispanic or Latino of any race, and about one-fifth of participants had rarely or never participated in similar events within the past year. However, survey responses indicated that a majority of community meeting participants spoke English and were female. Additionally, young participants (less than 18 years) and elderly participants (age 65 years or more) were less represented than other age groups.

The focus groups were effective for reaching audiences that were not well-represented at the community meetings. For example, survey data show that about a quarter of focus group respondents were under 18 years of age, and that the percent of survey respondents who self-identified as Hispanic or Latino of any race and as Asian were higher among focus group participants compared to community meeting participants. Additionally, about one-third of focus group survey respondents indicated that they had rarely or never participated in similar events within the past year. It should be noted that male participants were less represented than female participants at both the community meetings and focus groups.

Goal 2: The DoN process engages participants to collaboratively synthesize ideas.

Community meeting and Community Advisory Committee meeting participants were highly engaged, indicating that the **DoN process allowed for many voices to be heard**. For example, survey data show that 98.1% of community meeting respondents, 100% of focus group respondents, and 100% of Community Advisory Committee respondents “strongly agreed” or “agreed” with the statement: *There*

was an opportunity for my voice to be heard. While engagement and satisfaction were high among survey respondents overall, and while interpreter services were offered, observational data indicate that non-English speaking attendees were generally less likely to be able to participate fully in community meetings.

General recommendations for improving engagement in future processes include holding entire meetings in languages other than English, ensuring that child care can be provided in a separate room to minimize distractions, identifying meetings spaces that facilitate participation, beginning meetings on schedule to maximize use of available time with participants, and clearly presenting how participants can stay engaged after the conclusion of the meeting.

In addition to gathering the community voice, **the DoN process utilized the voices of community participants;** although, opportunities for improvement were identified. It should be noted that a small percentage of survey respondents (7.5%) “disagreed” or “strongly disagreed” with the statement: *Boston Children’s Hospital will use the recommendations that were shared.* This perception of uncertainty about whether Boston Children’s would use the community input that had been gathered was also expressed by a few community meeting participants in person and through open-ended survey responses. Additionally, 6% of Community Advisory Committee survey respondents indicated that they “disagreed” with the statement: *I felt well-informed of community meeting results.* Recommendations for increasing the Community Advisory Committee’s awareness of community meeting results include requiring attendance at a minimum number of Community Advisory Committee meetings and sharing materials (community meeting and focus group summaries and notes) further in advance to allow additional time for review.

Goal 3: The DoN process produces a clear set of goals, priorities, and strategies that reflect the community’s recommendations.

Through the DoN process, **a clear set of funding priority areas was established and a plan for developing funding strategies was identified** (an allocation committee will be formed). The final four funding priority areas are: mental / behavioral health; stable and affordable housing; infant, child, youth, and family systems of support; and healthy and safe communities. Additionally, the **final priorities align with community recommendations received throughout the DoN process.** All (100%) of Community Advisory Committee survey respondents indicated that they “agreed” or “strongly agreed” with the statement: *The community health priorities identified align with community recommendations.*

Overall, community engagement in Boston Children’s DoN process was inclusive and effective in synthesizing ideas and producing clear priorities. For the purposes of transparency and to inform next steps, it is recommended that this evaluation report be shared with the Community Advisory Committee, the funding allocation committee, and the Massachusetts Department of Public Health.

APPENDIX 1: LIST OF COMMUNITY ADVISORY COMMITTEE MEMBERS

Name:	Organization:
Alexandra Oliver-Dávila	Sociedad Latina
Barry Keppard	Metropolitan Area Planning Council
Ben Wood	Massachusetts Department of Public Health
Brenda Daley	Smart from The Start
David Aronstein	Boston Alliance for Community Health
Elizabeth Maffei	Massachusetts Department of Public Health
Elmer Freeman	Center for Community Health Education Research and Services
Gerry Thomas	Boston Public Health Commission
Giles Li	Boston Chinatown Neighborhood Center
Halley Reeves	Massachusetts Department of Public Health
Jeri Robinson	Boston Children's Museum
Kris Anderson	Fenway Community Development Corporation
Lynne Karsten	Brookline Health Department
Marisol Amaya	La Alianza Hispana, Inc.
Michael Curry	Boston NAACP
Monique Dottson	Dorchester resident
Myechia Minter-Jordan	The Dimock Center
Norma Colon	Roslindale resident
Rachel Goodman	Boston Housing Authority
Rahn Dorsey	Boston Mayor's Office
Sharon Scott Chandler	Action for Boston Community Development
Shay Simmons	South End resident
Vivian Pera	La Alianza Hispana, Inc.
Zoe Perez	Jamaica Plain resident

APPENDIX 2: LIST OF BOSTON CHILDREN’S HOSPITAL’S COMMUNITY ADVISORY BOARD MEMBERS

Boston Children’s Hospital Community Advisory Board Members

Kris Anderson, Chair of the Community Advisory Board, Fenway Community Development Corporation

Dorys Alarcon, Boston Children's Interpreter Services

Philomena Asante, MD, MPH, Boston Public Health Commission

Jill Carter, EdM, MA, Boston Public Schools

Yi Chin Chen, Friends of the Children-Boston

Cherie Craft, Smart from the Start

Lauren Dewey - Platt, Fenway Resident

Patricia Flaherty, Mission Hill Resident

Juan Lopez, Jamaica Plain Resident

Lazaro Lopez, Jamaica Plain Resident

Shari Nethersole, MD, Boston Children's Executive Director for Community Health

Margaret M. Noce, Jamaica Plain Coalition: Tree of Life/Arbol de Vida

Alexandra Oliver-Dávila, Sociedad Latina

Ramon Soto, Mayor's Office, City of Boston

Andrea Swain, Yawkey Club of Roxbury

May Vaughn-Ebanks, Roxbury Resident

Catherine Vuky, South Cove Community Health Center

These last few questions are so we can see the range of people who participated in the community meeting. Like your other answers, these answers are anonymous.

5. **Did you come here today as a resident and / or as a representative of an organization? Check all that apply.**

- Resident
- Representative of an organization – please specify organization: _____

6. **What neighborhood do you live in? Check one.**

- Allston/ Brighton
- Back Bay (Beacon Hill, Downtown, North End, West End)
- Charlestown
- Chinatown
- Dorchester
- East Boston
- Fenway
- Hyde Park
- Jamaica Plain
- Mattapan
- Mission Hill
- Roslindale
- Roxbury
- South Boston
- South End
- West Roxbury
- Other – please specify: _____

7. **What is your age? Check one.**

- Less than 18 years
- 18 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 – 74 years
- 75 years or more

8. **What is your current sex or gender identity? Check one.**

- Male
- Female
- Transgender
- Other – please specify: _____

9. **In what language do you prefer to speak? Check one.**

- English (go to question 10)
- Chinese
- French
- Haitian Creole
- Portuguese / Cape Verdean Creole
- Spanish
- Vietnamese
- Other – please specify: _____

9a. **Did interpreters help you participate in today's meeting? Check one.** Yes No

10. **How would you describe your race or ethnicity? Check all that apply.**

- White
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Other – please specify: _____

Thank you very much for your feedback.



APPENDIX 4: COMMUNITY ADVISORY COMMITTEE FEEDBACK SURVEY INSTRUMENT

The purpose of this survey is to gather your feedback on the DoN Community Advisory Committee meetings. This survey is anonymous and voluntary; you may choose to answer this survey or not.

1. How many DoN Community Advisory Committee meetings did you attend? Please note that 6 Community Advisory Committee meetings have been held between April and November 2016. Check one.

1-2 meetings 3-4 meetings 5-6 meetings

2. In general, how easy or hard was it for you to attend the DoN Community Advisory Committee meetings? Please think about the meeting location, time of day, and other logistics. Check one.

Very Easy Easy Hard Very Hard

3. Please rate how much you agree or disagree with the following statements about your experience participating in the DoN Community Advisory Committee meetings (check one per row):

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) The purpose of the meetings was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) There was an opportunity for my voice to be heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt comfortable sharing my opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My recommendations were accurately captured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Overall, the meeting facilitators were effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Boston Children's Hospital will use the <u>Community Advisory Committee</u> recommendations that were shared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Participating in the Community Advisory Committee meetings was a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please rate how much you agree or disagree with the following statements about the DoN community engagement process (check one per row):

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know/ Not sure
a) Overall, Boston Children's community engagement process was effective.	<input type="radio"/>				
b) I felt well-informed of community meeting results (i.e., community recommendations).	<input type="radio"/>				
c) The community health <u>priorities</u> identified align with community recommendations.	<input type="radio"/>				

Comments:

These last few questions are so we can see the range of people who participated in the DoN Community Advisory Committee meetings. Like your other answers, these answers are anonymous.

5. Did you participate in the DoN Community Advisory Committee as a resident and / or as a representative of an organization? Check all that apply.

Resident

Representative of an organization

6. What neighborhood do you live in? Check one.

Allston/ Brighton

Mattapan

Back Bay (Beacon Hill, Downtown, North End, West End)

Mission Hill

Charlestown

Roslindale

Chinatown

Roxbury

Dorchester

South Boston

East Boston

South End

Fenway

West Roxbury

Hyde Park

Other – please specify: _____

Jamaica Plain

7. What is your age? Check one.

Less than 18 years

45 – 54 years

18 – 24 years

55 – 64 years

25 – 34 years

65 – 74 years

35 – 44 years

75 years or more

8. What is your current sex or gender identity? Check one.

Male

Female

Transgender

Other – please specify: _____

9. In what language do you prefer to speak? Check one.

English

Portuguese / Cape Verdean Creole

Chinese

Spanish

French

Vietnamese

Haitian Creole

Other – please specify: _____

10. How would you describe your race or ethnicity? Check all that apply.

White

Native Hawaiian or Other Pacific Islander

Black or African American

American Indian or Alaskan Native

Hispanic or Latino

Other – please specify: _____

Asian

Thank you very much for your feedback.

APPENDIX 5: SUMMARY OF COMMUNICATION ACTIVITIES

Boston Children’s Hospital Overall Communication Activities:

Vehicle	Reach
Various emails to Community Advisory Committee members	27 members
Flyers/Postcards*	7,900 printed
Kohl’s Healthy Family Fun Facebook Post	1,098 reached
Boston Children’s Facebook Events (for two meetings only)	1,281 reached
Boston Children’s Facebook Ad	128,096 impressions
	55,040 reached

DATA SOURCE: Boston Children’s Hospital Communications Tracking Grid, 2016

* In addition to English, flyers and postcards were also distributed in Haitian Creole, Spanish, Somali, Chinese, Portuguese, and Vietnamese

- Boston Children’s Today (Internal Web) Post: only used for two meetings. No reach data available on individual views of internal posts. Boston Children’s Today page gets about 800,000 page views per month.
- Boston Alliance for Community Health Facebook Page Post: used for four meetings and no reach data available
- Radio Public Service Announcements were sent to Greater Media, Entercom, CBS, and Clear Channel for three meetings, but it is not known if the PSAs were used.
- Local calendar listings through Patch.com were posted, but for two meetings, listings were taken down due to location

NOTE: These Communication Activities were used to publicize the first six Community Meetings. The final Community Meeting was publicized via individual invitations to previous meeting participants who provided their contact information and expressed an interest in participating in future meetings.

APPENDIX 6: SUMMARY OF ORGANIZATIONS AND SECTORS ENGAGED IN OUTREACH

Total Number of Organizations and Sectors Engaged in Meeting Outreach

Sector/Population	Total Organizations
Anti-poverty	2
Children and families (e.g., early childhood, early education, parenting, etc.)	9
Community development	12
Community health	22
Community services	3
Education	1
Faith-based	16
Government	4
Homeless services	1
Housing (e.g., public, subsidized, etc.)	14
Other	7
Population-specific	3
Social services	6
Youth services	10
Total Number of Organizations Engaged:	110

DATA SOURCE: Boston Children’s Hospital Outreach Tracking Grid, 2016

NOTE: These organizations and sectors were engaged to publicize the first six Community Meetings. The final Community Meeting was publicized via individual invitations to previous meeting participants who provided their contact information and expressed an interest in participating in future meetings.

APPENDIX 7: COMMUNITY MEETING FEEDBACK SURVEY AND COMMUNITY ADVISORY COMMITTEE FEEDBACK SURVEY DATA TABLES

As described in the narrative above, the Community Meeting Feedback Survey was distributed to participants at the 7 Community Meetings and participants at 3 of the 4 Focus Groups (response rate of 84% and 86%, respectively). The Community Advisory Committee Feedback Survey was distributed to members of the Community Advisory Committee at the final Community Advisory Committee meeting and through an online link (response rate of 67%). While the response rates for the Community Meeting and Community Advisory Committee Feedback Surveys are high, survey data may not represent the opinions of all meeting participants given that the surveys were not completed by all participants. Furthermore, the N reported in the tables below refers to the total number of respondents to the survey, while the number of respondents to each question vary. Percentages are calculated based on the number of responses to each question.

Table 1. Demographics of Participants by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)	Community Advisory Committee (N=16)
Age			
Less than 18 years	7.0%	23.5%	0.0%
18-24 years	11.4%	11.8%	0.0%
25-34 years	25.3%	23.5%	0.0%
35-44 years	19.6%	23.5%	23.1%
45-54 years	12.0%	5.9%	23.1%
55-64 years	15.2%	5.9%	23.1%
65 years or more	9.5%	5.9%	30.8%
Gender			
Male	24.7%	18.8%	26.7%
Female	75.3%	81.3%	73.3%
Transgender	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
Language Preference			
English	86.3%	81.3%	85.7%
Chinese	1.3%	0.0%	0.0%
French	0.0%	6.3%	0.0%
Haitian Creole	2.0%	0.0%	0.0%
Portuguese/Cape Verdean Creole	2.6%	0.0%	0.0%
Spanish	7.2%	6.3%	14.3%
Vietnamese	0.0%	0.0%	0.0%
Other	0.7%	6.3%	0.0%
Race/Ethnicity			
White	34.0%	18.8%	33.3%
Black or African American	32.0%	18.8%	46.7%
Hispanic or Latino, any race	20.9%	31.3%	20.0%
Asian	7.2%	18.8%	0.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%
American Indian or Alaskan Native	0.0%	0.0%	0.0%
Other	5.2%	6.3%	0.0%
Multiple races	0.7%	6.3%	0.0%

Table 2. Boston Neighborhoods in Which Participants Live by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)	Community Advisory Committee (N=16)
Allston/Brighton	2.0%	0.0%	0.0%
Back Bay*	2.0%	0.0%	0.0%
Charlestown	8.6%	5.9%	0.0%
Chinatown	3.3%	0.0%	0.0%
Dorchester	16.6%	5.9%	26.7%
East Boston	13.9%	0.0%	0.0%
Fenway	0.0%	0.0%	0.0%
Hyde Park	5.3%	5.9%	0.0%
Jamaica Plain	7.3%	11.8%	20.0%
Mattapan	4.0%	0.0%	0.0%
Mission Hill	7.3%	17.6%	6.7%
Roslindale	2.0%	0.0%	0.0%
Roxbury	6.6%	23.5%	20.0%
South Boston	3.3%	0.0%	0.0%
South End	6.0%	5.9%	0.0%
West Roxbury	1.3%	0.0%	0.0%
Other	10.6%	23.5%	26.7%

* includes Beacon Hill, Downtown, North End, West End

Table 3. Ways Participants Reported Hearing about Meetings by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)
Flyer or Poster	15.9%	0.0%
Postcard	1.2%	0.0%
Local Newspaper	1.2%	0.0%
Word of mouth	32.9%	5.9%
Other	14.0%	58.8%
Email, website, or social media*	51.8%	35.3%

Table 4. Frequency of Community Advisory Committee Meeting Attendance

	Community Advisory Committee (N=16)
1-2 meetings	25.0%
3-4 meetings	25.0%
5-6 meetings	50.0%

Table 5. Reported Ease of Attending the Meetings by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)	Community Advisory Committee (N=16)
Very Easy	42.4%	88.9%	25.0%
Easy	48.5%	5.6%	43.8%
Hard	7.9%	0.0%	31.3%
Very Hard	1.2%	5.6%	0.0%

Table 6. Perceived Experience at Meetings by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)	Community Advisory Committee (N=16)
<i>The purpose of the meeting(s) was clear.</i>			
Strongly Agree	59.4%	76.5%	43.8%
Agree	35.5%	23.5%	56.3%
Disagree	3.9%	0.0%	0.0%
Strongly Disagree	1.3%	0.0%	0.0%
<i>There was an opportunity for my voice to be heard.</i>			
Strongly Agree	61.4%	77.8%	68.8%
Agree	36.7%	22.2%	31.3%
Disagree	1.9%	0.0%	0.0%
Strongly Disagree	0.0%	0.0%	0.0%
<i>I felt comfortable sharing my opinions.</i>			
Strongly Agree	63.0%	72.2%	68.8%
Agree	36.4%	27.8%	31.3%
Disagree	0.6%	0.0%	0.0%
Strongly Disagree	0.0%	0.0%	0.0%
<i>My recommendations were accurately captured.</i>			
Strongly Agree	49.0%	61.1%	50.0%
Agree	49.0%	38.9%	50.0%
Disagree	1.9%	0.0%	0.0%
Strongly Disagree	0.0%	0.0%	0.0%
<i>Overall, the meeting facilitators were effective.</i>			
Strongly Agree			53.3%
Agree	N/A	N/A	46.7%
Disagree			0.0%
Strongly Disagree			0.0%
<i>Boston Children’s Hospital will use the recommendations that were shared. ‡</i>			
Strongly Agree	34.2%	64.7%	46.7%
Agree	58.2%	35.3%	53.3%
Disagree	4.1%	0.0%	0.0%
Strongly Disagree	3.4%	0.0%	0.0%
<i>Participating in the meeting(s) was a good use of my time. †</i>			
Strongly Agree	56.3%	77.8%	43.8%
Agree	40.5%	22.2%	56.3%
Disagree	1.9%	0.0%	0.0%
Strongly Disagree	1.3%	0.0%	0.0%
<i>I am interested in participating in similar community meetings in the future.</i>			
Strongly Agree	58.2%	88.2%	
Agree	41.1%	11.8%	N/A
Disagree	0.6%	0.0%	
Strongly Disagree	0.0%	0.0%	

‡ In the Community Advisory Committee Feedback Survey, the statement was written as “Boston Children’s Hospital will use the Community Advisory Committee recommendations that were shared.”

† In the Community Advisory Committee Feedback Survey, the statement was written as “Participating in the Community Advisory Committee meetings was a good use of my time.”

NOTE: Not every question was asked in all engagement strategy surveys.

Table 7. Community Advisory Committee Members' Perceived Experience of DoN Community Engagement Process

	Community Advisory Committee (N=16)
<i>Overall, Boston Children's community engagement process was effective.</i>	
Strongly Agree	40.0%
Agree	53.3%
Disagree	0.0%
Strongly Disagree	0.0%
Don't Know/Not Sure	6.7%
<i>I felt well-informed of community meeting results</i>	
Strongly Agree	56.3%
Agree	31.3%
Disagree	6.3%
Strongly Disagree	0.0%
Don't Know/Not Sure	6.3%
<i>The community health priorities identified align with community recommendations.</i>	
Strongly Agree	43.8%
Agree	56.3%
Disagree	0.0%
Strongly Disagree	0.0%
Don't Know/Not Sure	0.0%

Table 8. Participants' Reported Frequency of Participation in Similar Events by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)
Frequently (More than 3 times)	49.4%	38.9%
Occasionally (2-3 times)	30.2%	27.8%
Rarely (Once)	11.1%	22.2%
Never	9.3%	11.1%

NOTE: Question was not asked in the Community Advisory Committee Feedback survey.

Table 9. Role of Participants by Engagement Strategy

	Community Meeting (N=168)	Focus Group (N=18)	Community Advisory Committee (N=16)
Resident	58.9%	41.2%	0.0%
Representative of an organization	54.3%	64.7%	100.0%