

*This series is made possible with funding from IDPH and the Community Health Assessment and Planning Grant, 2025*

February 26, 2025

# Facilitating Community Engagement to Ownership

IPLAN Training Webinar Series

This session is being recorded.



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# IPHI Training Team and Peer Presenters

- **Laurie Call, Director, Center for Community Capacity Development (CCCD), Illinois Public Health Institute (IPHI)**
- **Samantha Lasky, Program Manager CCCD, IPHI**
- **Karen Aguirre, Senior Program Manager CCCD, IPHI**
- **Peer Presenter**
  - **Amanda Mehl, Administrator, Boone County Health Department**

# Zoom Poll Introductions

**How does community show up in your IPLAN process?**

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# Today's Training Agenda

**Welcome and Introductions**

**Understanding the Spectrum of  
Community Engagement to Ownership:  
Key Concepts and Frameworks**

**Tools and Resources for Moving Along  
the Community Engagement Spectrum**

**Break**

**Sustainable Community Engagement  
through Implementation**

**Informing Your Work with the Spectrum  
of Community Engagement**

**Closing and Evaluation**

# Learning Objectives

Participants will be able to:

1

Describe the role and importance of community engagement in identifying community health problems and setting priorities as well as setting objectives in the action plan.

2

Define the Spectrum of Community Engagement to Ownership.

3

Apply methods of community engagement from planning through implementation.

# Group Agreements

- Actively participate.
- Take space/ Make space.
- Seek to understand different perspectives.
- Allow the facilitator to move the conversation along.
- Ask questions in the chat or raise your hand.
- We can "park" items we cannot address today and get back to you.
- What else?







# **IPLAN and PHAB requirements for Community Engagement**

Samantha Lasky


# Overview of the IPLAN and PHAB Requirements

## IPLAN Substantial Compliance Checklist


### CHA Methods:

-  2. The assessment includes community participation to identify community health problems and set priorities from among those health problems
-  3. The assessment includes a description of the community participation process, a list of community groups involved in the process, and the method for establishing priorities.

### CHIP Methods:


-  3. Community participation is utilized in the development of the community health plan

### CHIP Objectives and Strategies:


-  8. Each strategy includes an analysis of community resources that will contribute, estimated funding needed, and anticipated sources of funding.

## Public Health Accreditation Board (PHAB) Measures


### Measure 1.1.1A:

-  A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.

### Measure 5.2.3A:

-  Implement elements and strategies of the health improvement plan, in partnership with others

### Measure 5.2.4A:

-  Monitor progress on implementation of strategies in the CHIP in collaboration with broad participation from stakeholders and partners



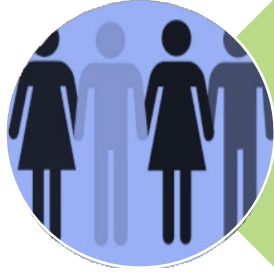
# **Spectrum of Community Engagement to Ownership: Key Concepts and Frameworks**

Laurie Call

# Defining community engagement

**Community engagement:** The activities and process of working collaboratively with and through community residents, groups, and organizations who are from, led by, and/or who partner closely with the populations we seek to benefit and who are most impacted by health inequities.

# Key Considerations when engaging the community



Who is "the community"?

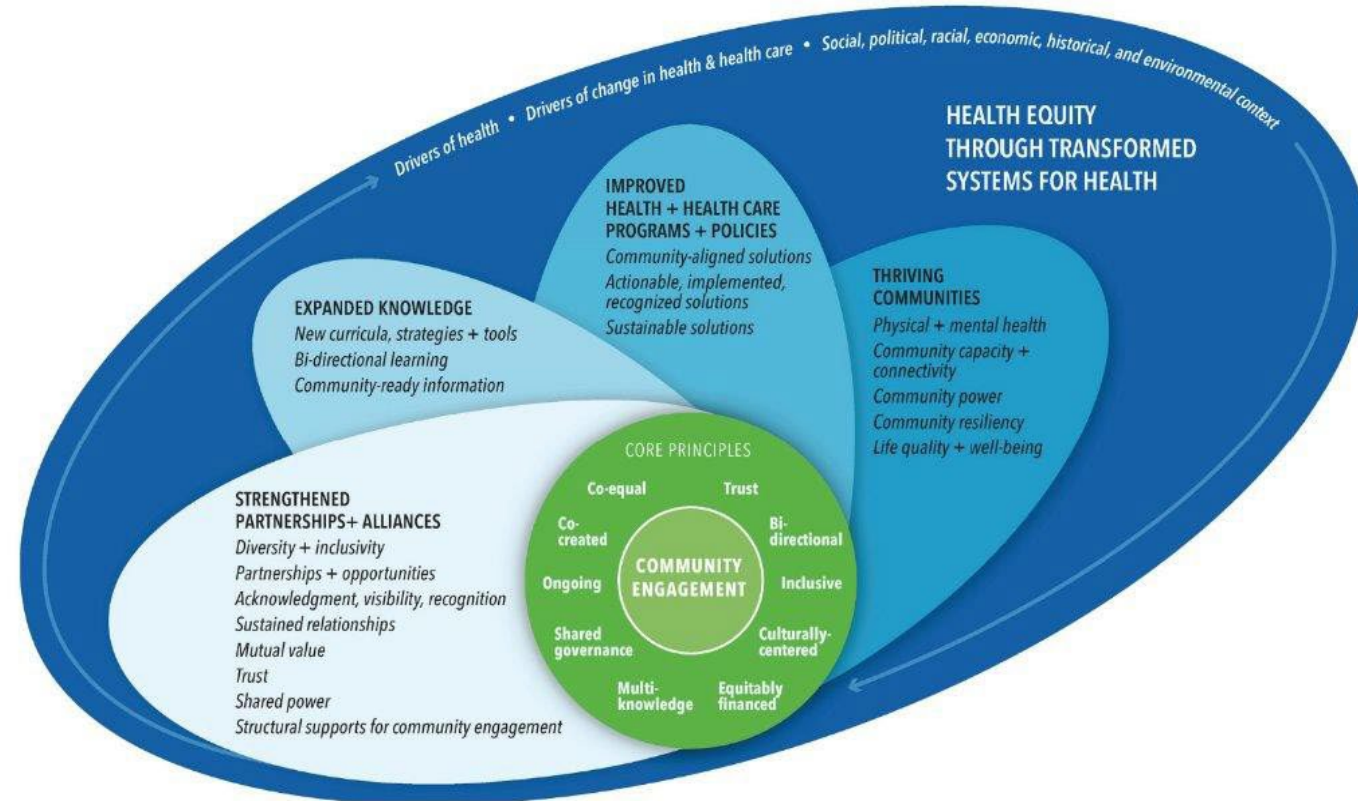
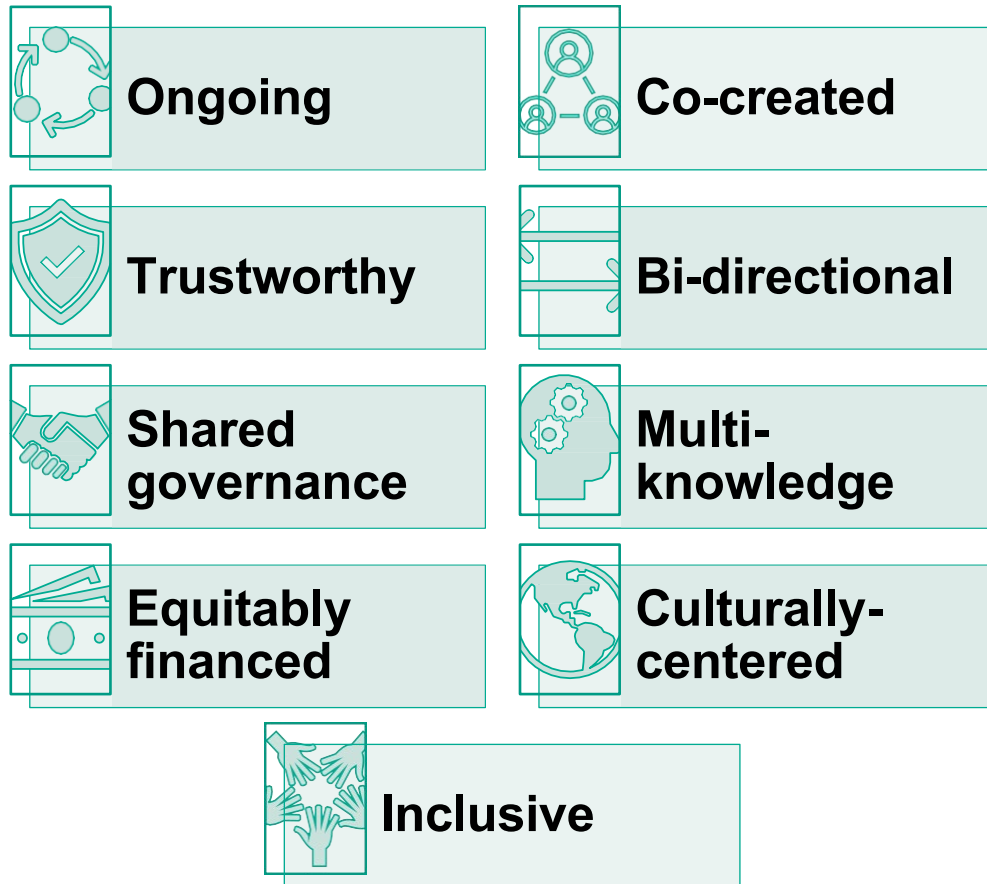


What is it we want "the community" to do?



Are we willing to change what we're doing based on what we're hearing from them?

# Core Principles of Community Engagement

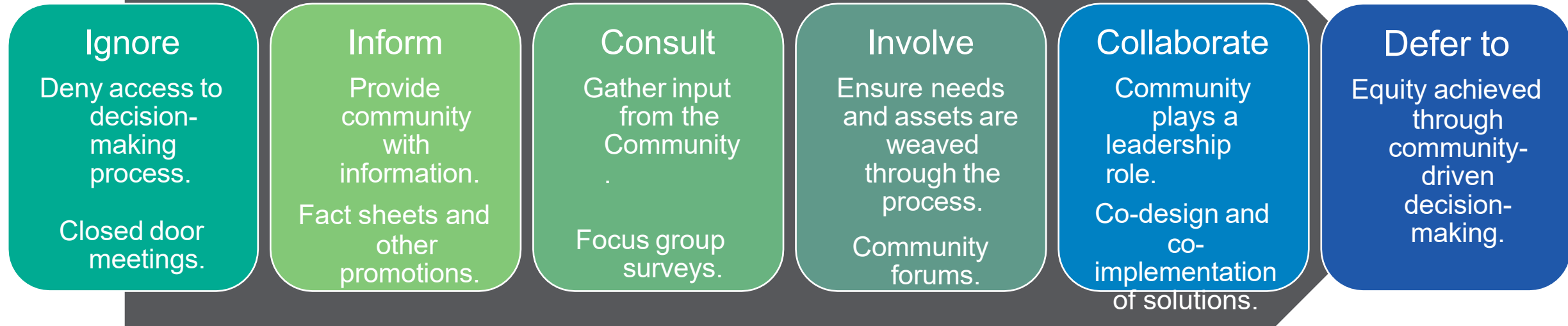


**FIGURE 1 | A Dynamic Relationship: Achieving Health Equity and Systems Transformation through Meaningful Community Engagement**

Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies. 2022. *Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health*. NAM Perspectives. Commentary, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202202c>. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9303007/pdf/namsp-2022-202202c.pdf>

# The Spectrum of Community Engagement

The key to creating more equitable outcomes is to deeply engage and share power with communities who are directly impacted by the issues, policies, and systems we seek to change.





The Spectrum of Community Engagement – Community Commons

[https://www.communitycommons.org/entities/3aec405c-6908-4bae\\_9230-f33bef9f40e1](https://www.communitycommons.org/entities/3aec405c-6908-4bae_9230-f33bef9f40e1)

# The Spectrum of Community Engagement

The key to creating more equitable outcomes is to deeply engage and share power with communities who are directly impacted by the issues, policies, and systems we seek to change.

## Ignore

- Deny access to decision-making process
- Closed-door meetings

## Inform

- Provide the community with information
- Fact sheets and other promotions

## Consult

- Gather input from the community
- Focus group surveys

## Involve

- Ensure needs and assets are woven through the process
- Community forums

## Collaborate

- Community plays a leadership role
- Co-design and co-implementation of solutions

## Defer To

- Equity achieved through community-driven decision-making



# How can the Spectrum of Community Engagement be used?

## To acknowledge marginalization

- Break-down existing barriers to participation so there is not a default to marginalization.

## Assert a clear vision

- Prioritize inclusion, racial justice, and community ownership.

## Articulate a developmental process

- Invest in the capacity to participate as well as the capacity to break-down systems barriers to community participation.

## Assess community participation efforts

- Look meaningfully at efforts and progress toward participation and engagement goals to continually improve.



# Zoom Poll

1. Where do you fall on the community engagement spectrum in the assessment phase of IPLAN?
2. In the action planning phase of IPLAN?
3. In the implementation phase of IPLAN?

# Opportunities for Engagement in IPLAN

## Assessment

- Form a community health advisory committee.
- Form assessment subcommittees to design and lead data collection.
- Identify priority populations to engage (those impacted the greatest).
- Develop guiding questions or a purpose for assessment/primary data collection.
- Conduct and analyze primary data.
- Conduct town halls to share data and develop collective key findings and themes

## Planning

- Select prioritization criteria.
- Apply prioritization criteria and prioritize community health needs.
- Develop and support community-led action teams.
- Develop health equity-driven goals and objectives.
- Select strategies to achieve goals and objectives.
- Align plans with partner organizations/ coalitions and groups serving priority populations.
- Share plans broadly to engage others.

## Implementation

- Support community-led action teams.
- Create shared data and reporting systems to measure and monitor progress across organizations and groups.
- Celebrate successes!
- Share progress, challenges, and continually engage others.
- Collaborate with community partners, groups, coalitions, and organizations to submit proposals for funding the collective work.
- Community organizes for advocacy, policy, and systems change work.



# Tools and Resources for Moving Along the Community Engagement Spectrum

Karen Aguirre



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*In chat:*

How do you know if you have the right  
organizations and people involved in your  
effort?



# Relationship Building

- Thinking outside the box about what groups you usually engage.
- Bringing in new partners and community members requires building trust and partnership.
- Build credibility and be consistent.

## Go Broad and Deep

- “Both/and” to going broad to inform all communities of opportunities and programs and going deep to build authentic, trusting relationships with communities.

## Show Up

- Build relationships by being present. Show up to learn, not to be seen.

## Be Real

- Honesty and transparency about where your health department is, what you’re ready to support, where you want to grow, and what you can’t promise.

## Be Patient

- Real partnerships take time to build, move at the “speed of trust.”



# Reflection and Breakouts

## Breakout Group Instructions

- Small groups of participants.
- Ask each other these questions and reflect in your own community.

## Questions

1. What's something you love and appreciate about your hometown?
2. What is something that is limiting health-wise or with social determinants of health (SDOH)?
3. What does our thriving community look like if we have no limitations?

*\*This reflection can be brought back to your communities when you are working to build trust with them.*



10 Minute Break



# Outreach Menti-meter

## What methods of outreach do you use to communicate with the public?

- Connecting to existing partner organizations.
- News stories in both print and broadcast media.
- Outreach and presentations to other health and community service providers, community groups, and organizations.
- Social media.
- Special events and open houses that your organization Holds.
- Posters, brochures, and fliers.
- News releases, and news conferences.
- Word of mouth.



Go to:  
Menti.com  
4552 3582

# Improving upon commonly used methods

- **Revisit who is engaged and how.**
  - Who is engaged that can answer what you are asking?
  - Which communities do you want to hear from/who is missing?
  - Who works closely with those communities to be liaisons or connectors?
  - Working with multiple internal teams of the organization.
- **Partnering with community organizations that serve priority populations to conduct assessment activities:** *people of color, LGBTQIA+, veterans, refugees, immigrants, and migrants, people who are unhoused, and people with disabilities and their caretakers, etc.*
- **Recruit community participants known through existing work to develop tailored communication strategies.**
- **Attend events throughout the community.**

# Developing a Communication Plan

- Why do you want to communicate with the community? (**What's your purpose?**)
- To whom do you want to communicate it? (**Who's your audience?**)
- What do you want to communicate? (**What's your message?**)
- How do you want to communicate it? (**What communication channels will you use?**)
- Whom should you contact, and what should you do to use those channels? (**How will you distribute your message?**)

1

Identify the purpose of your communication.

2

Identify your audience.

3

Plan and design your message.

4

Consider your resources.

5

Plan for obstacles and emergencies.

6

Strategize how you connect with the media and others who can help you spread your message.

7

Create an action plan.

8

Decide how you will evaluate your plan and adjust it, based on the results of carrying it out.

# Community Engagement - Assessments

## Importance of primary data:

- What the secondary data isn't telling you about what's going on in the community.
- What's the biggest concerns of community members.
- What SDOH or policies to address, barriers to health.

## Together quantitative and qualitative data provide a full picture of the community's health

- Quantitative alone:
  - Doesn't tell the full story.
  - Can omit structural inequities.
  - Health disparities can be misinterpreted.
- Qualitative data tells us why conditions exist and how communities experience this conditions.

# Guiding the Data Collection

## Guiding Questions:

- Selected by the community to inform the assessments.
  - To be answered from the assessments and identifying themes to uncover your “big picture.”
  - Define the purpose. Purpose drives the assessment.
- What was the secondary data unable to tell you? What was missing?
  - Learning about barriers to health, social and structural determinants, root causes.
  - Identify how data answers the guiding questions:
    - What data will help answer this guiding question?
    - How do we collect the data?
    - What current resources or activities can we use to help collect the data?



# Sample Guiding Questions

- What aspects of the community vision, if any, has our community achieved?
- What does health equity look like in our community?
- How equitable are the health outcomes in our community?
- What are the sub-populations within our community that have higher health risks or poorer health outcomes?
- What structural and social factors contribute to higher health risks or poorer health outcomes of certain populations within our community?
- What protective structural and social factors (including assets, strengths, and/or resources) in our community support the health and wellness of community members and bring us closer to our vision of health?
- How are various types of community stakeholders impacting health inequities in the community or contributing to the health and wellness of community members?

# Do's and Don'ts for Common Primary Data Collection Methods

- Do's
  - Make surveys available online AND by paper.
  - Attend community events with paper surveys and QR codes.
  - Pay for time and expertise (if possible).
  - Offer participation in other languages.
  - Followup regularly.
  - Explain how the data will be used (actions taken) and how they can stay involved in the work.
  - Pilot your survey and/or listening sessions.
  - Prioritize the population based on those experiencing the greatest inequities.
  - Ask open-ended questions in listening sessions.
  - Start with easy questions everyone can answer, and sequence and build out Questions.
  - Arrive early and greet people; focus on relationship building from the beginning throughout your time together.
  - Follow-up with findings, how the data was used, and how to stay involved.
- Don'ts
  - Reach out to the same people every year.
  - Long and detailed surveys – survey fatigue.
  - Too many open-ended questions in a survey.
  - Only contact community members during the assessment phase.
  - Use jargon, acronyms, etc.



# **Sustainable Community Engagement through Implementation**

Samantha Lasky

# Community Engagement through Prioritization

## Sharing Findings

- Improving upon current methods for sharing the data.
  - Invite existing partners and include communities who participated in the assessments.
  - Engage partners to organize events to share findings and get more community input – make these events accessible.
  - Develop accessible and visually appealing summaries to share on social media and with your networks.

## Prioritizing Issues

- Engage the community to review findings and develop priorities.
- Utilize a priorities process that requires multiple people at the table.
- Keep in mind experts (through work or lived experience) who could leave the priority planning, goal development, and implementation (action teams).

# Common Prioritization Processes

## Multi-voting Technique

Typically used when a long list of health problems or issues must be narrowed down to a top few.

## Strategy Grids

Particularly useful when agencies are limited in capacity and want to focus on areas provided that will yield the greatest results.

## Nominal Group Technique

Useful in the early phases of prioritization when there exists a need to generate a lot of ideas in a short amount of time, and when input from multiple individuals must be taken into consideration.

## The Hanlon Method

When the desired outcome is an objective list of health priorities based on baseline data and numerical values.

## Prioritization Matrix

When health problems are considered against a large number of criteria or when an agency is restricted to focusing on only one priority health issue.

# Peer Presentation



Boone County Health Department  
IPLAN Action Plan Development  
and Implementation  
**ENGAGING THE COMMUNITY**



**Public Health**  
Prevent. Promote. Protect.

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**Boone County  
Health Department**

# Key Points on Planning and Implementation

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Relationship building is key and ongoing.

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Cross walking external collaboration activities with the IPLAN; collaborative groups, coalitions, grant-funded projects, etc.

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Going to community and partner events/meetings with easy-to-use forms for Recruitment.

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Regular contact/check-ins with partners to keep them engaged (i.e., phone calls, coffee meetings, 1:1 meetings, etc.).

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Funding for internal staff to serve as health strategist (convener/facilitator/manager) is pulled from various grant-funded programs and cross-walked to be written into grants.

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# Q&A





*This series is made possible with funding from IDPH and the Community Health Assessment and Planning Grant, 2024*



# Thank you!

Evaluation:

<https://survey.alchemer.com/s3/8195846/Facilitating-Community-Engagement-to-Ownership-Evaluation>

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Samantha Lasky at  
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Join us for the rest of our webinar series!

**Register at:**

<https://bit.ly/IPLANtrain2025>

Upcoming Webinar Topics and Dates (all 1:00-3:00pm):

- March 27<sup>th</sup> – Turning Data into Information
- Group TA Session with IDPH Data Stewards:
- April 24<sup>th</sup> from 1pm-2pm

# Resources

- The [Messaging This Moment Handbook](#) from the Center for Community Change suggests ways to lead with shared values and outcomes that appeal to both progressive and conservative communities. It also explains how to replace language that focuses on problems and processes.
- [Table of Contents | Community Tool Box](#), especially Chapters 6 and 7
- Guide to Digital Participation Platforms [Introduction to the Guide to Digital Participation Platforms — People Powered](#)
- [Rural Health Value Community Engagement Resource Guide](#)
- Full List of Qualitative Methods for MAPP – Community Context Assessment pages 8-23 (download [here!](#))
- [Prioritization Processes](#)

## Resources

- Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health. NAM Perspectives. [Core Principles of Community Engagement](#).
- The Spectrum of Community Engagement – Community Commons <https://www.communitycommons.org/entities/3aec405c-6908-4bae-9230-f33bef9f40e1>
- MAPP 2.0 – [Power Primer](#)
- Big Cities Health Coalition Blog - [Top 6 ways to get great participation in a community health assessment](#)
- [NACCHO Communications References](#)

# Strategies for virtual engagement

## Example resources for virtual community engagement

- *Community Engagement During COVID-19: Connecting Effectively Across Languages.*

<https://datasmart.ash.harvard.edu/news/article/community-engagement-during-covid-19>

- *Inclusive, Virtual Community Engagement During COVID-19.*

<https://covid19.colorado.gov/sites/covid19/files/Inclusive%2C%20Virtual%20Community%20Engagement%20During%20COVID-19.pdf>

- *Community Engagement during the COVID-19 Pandemic and Beyond: A Guide for Community-Based Organizations.*

[https://www.urban.org/research/publication/community-engagement-during-covid-19-pandemic-and-beyond/view/full\\_report](https://www.urban.org/research/publication/community-engagement-during-covid-19-pandemic-and-beyond/view/full_report)

- *Equitable Community Engagement During a Global Pandemic & Beyond.*

<https://www.smithgroup.com/perspectives/2020/equitable-community-engagement-during-a-global-pandemic-beyond>

- *Healing-Centered Community Engagement – Getting Started.*

<https://www.enterprisecommunity.org/blog/healing-centered-community-engagement-getting-started>

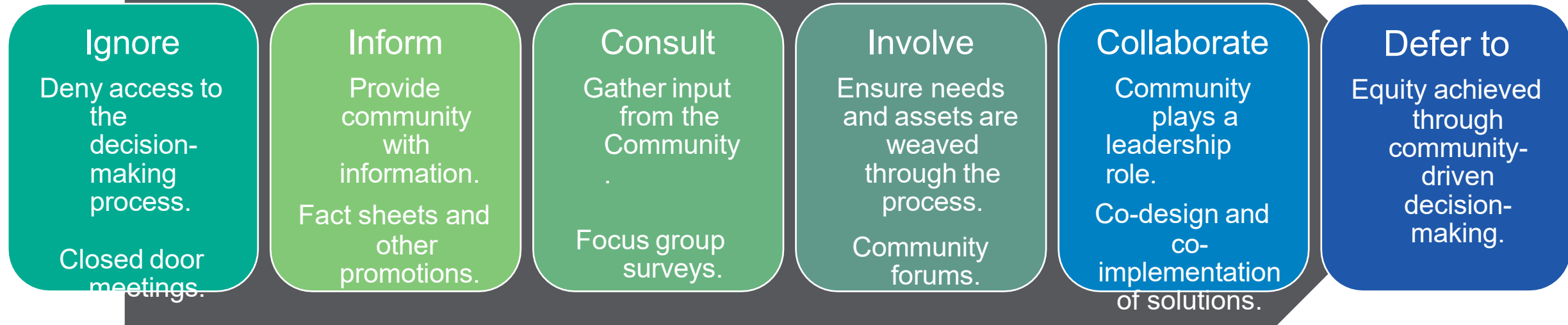


# Informing Your Work with the Spectrum of Community Engagement

Laurie Call

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# Breakout Groups

- **Reflect on your answers to the polls about your work along the spectrum at the beginning of this training.**
- **Self-select a breakout group based on where your organization sits on the Spectrum of Community Engagement to Ownership**
- **Answer the questions in the worksheet with your breakout groups**