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COMMUNITY ENGAGEMENT FOR THE HEALTH ACTION PLAN

During a Time of Social Distancing

This brief offers insight into recommended practices for the community engagement step of the Health Action Plan and provides adaptable community engagement strategies to provide a safe way of collecting community feedback during the Covid-19 pandemic.

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INTRODUCTION

Community engagement is a critical step to the Health Action Plan (HAP). The strategies outlined in this toolkit are designed to help public health professionals and affordable housing developers engage with residents, community members, and other stakeholders to advance meaningful strategies that promote health in their communities. The toolkit outlines how to gather community and stakeholder input to refine what was learned in the data collection phase of the HAP based on the lived experience and preferences of the impacted community. **The main goals of the community engagement process are to 1) identify community health needs** by seeking additional context around the health needs found through data analysis, identifying additional health needs that did not arise through the data analysis and prioritizing those needs; and to **2) identify solutions for the prioritized health needs and build community buy-in** through listening, information sharing, and learning exchange.

The current era of social distancing during the Covid-19 pandemic presents unique constraints related to community engagement. It reveals a need to shift practices to effectively engage the community while keeping residents, community members, and practitioners safe. When in-person outreach, focus groups and charrettes are no longer options, how can we ensure that community engagement is inclusive and equitable? What tools and strategies can be used to overcome the digital divide and other issues that affect access? What else is needed to meet community members where they are? This toolkit explores these questions and offers strategies to engage communities in the HAP despite limitations introduced by Covid-19, with an eye toward advancing best practices into the future. The toolkit outlines how to 1) define your community for the HAP; 2) identify technological and communications needs; 3) determine health priorities and solutions; and 4) share results. This toolkit is designed for the constraints related to Covid-19, but are adaptable to other circumstances that limit the opportunity for in-person meetings, such as a lack of community space to gather, adverse weather events, or other extenuating circumstances.



Define Your Community for the HAP

Prior to planning your community engagement strategies, take the time to identify the community that the Health Action Plan will impact. This may in large part be dependent on the type of project: 1) new development or rehab of an empty building, or 2) acquisition or rehabilitation of a property that is occupied. This initial assessment of project type will help the team identify the target audience for engagement and inform how to engage. Some engagement strategies are best suited for particular types of projects and others can be used for any project. Recommendations for the types of stakeholders to consider engaging can be found in the stakeholder worksheet of the Appendix.

For occupied properties, identify who the current residents are, which languages they speak, and how residents are communicating or engaging with property staff and each other. Identify community leaders and any community-based organizations that work directly with existing residents.

For new developments or unoccupied rehabs, you must identify proxies for the people who will live in the development once it's constructed. A first step towards this would be assessing whether or not your organization has properties serving a population similar to the property being considered for the Health Action Plan, or properties located nearby. If so, residents or resident services staff at those properties may be valuable to integrate into your engagement strategy. Next, identify trusted community leaders and decision makers. These may come in the form of neighborhood associations,

food service providers, religious institutions, non-profits, and more. And, consider community organizations and individuals that are aligned with the needs of the people living in your target property. For instance, staff of local schools and day cares would be valuable stakeholders in the context of a family property.

The stakeholders identified through this step will serve as the target population for the engagement strategies listed in step three. Prior to moving onto the next step, analyze the list and determine if you have identified representatives from all ranges of perspectives of the community that the development project will impact and identify where there may be gaps and who could fill those.

As part of understanding your community for the HAP, seek advisors in the community who can help to ensure that the process reflects resident cultures and community values and advise on effective strategies for connection, communication, and feedback. Guidance on cultural advisory groups can be found in [Green Communities Criterion 1.7](#) provided by Enterprise. Whether the cultural advisory group has its own committee with a representative that bridges to the larger Health Action Plan process or whether they are all members of the larger planning team, this group is critical to making space for perspectives and people grounded in local culture to be full contributors to the project. Prior to moving onto the next step, revisit the prompts in the stakeholder worksheet to compare the list you've compiled and identify where there may be gaps to ensure an inclusive process.

Identify Technology and Communications Needs

The developer on the team often has insight into the technology and communications preferences of their the community for the HAP, particularly for properties that have been occupied before the Health Action Plan begins.

For other community stakeholders involved in the community engagement phase, take the time to understand their preferences. Not all individuals will have the same access or comfort level with technology platforms. Identifying communication style preferences will help reduce inadvertently excluding the voice of certain stakeholders. A checklist for needs can be found in the tech and communications needs assessment worksheet of the Appendix.

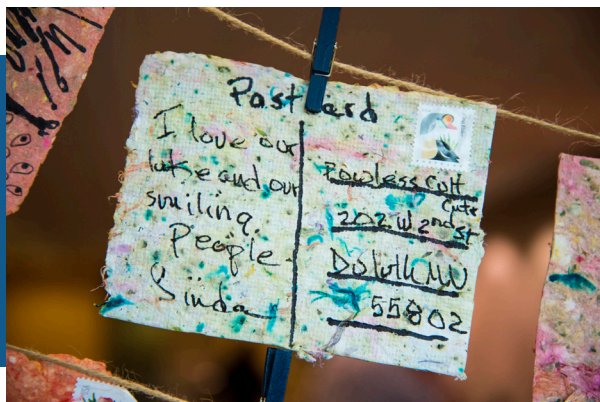
An assessment of technology needs should include the following:

- What percentage of the intended participants have access to smart phones? To computers? To reliable internet?
- What forms of communication have worked well in communicating with these people in the past? (e.g. email vs. phone vs. text)
- Where is your target group currently gathering online? (e.g. Facebook groups, Slack channels, Nextdoor)

Determine Health Priorities and Solutions

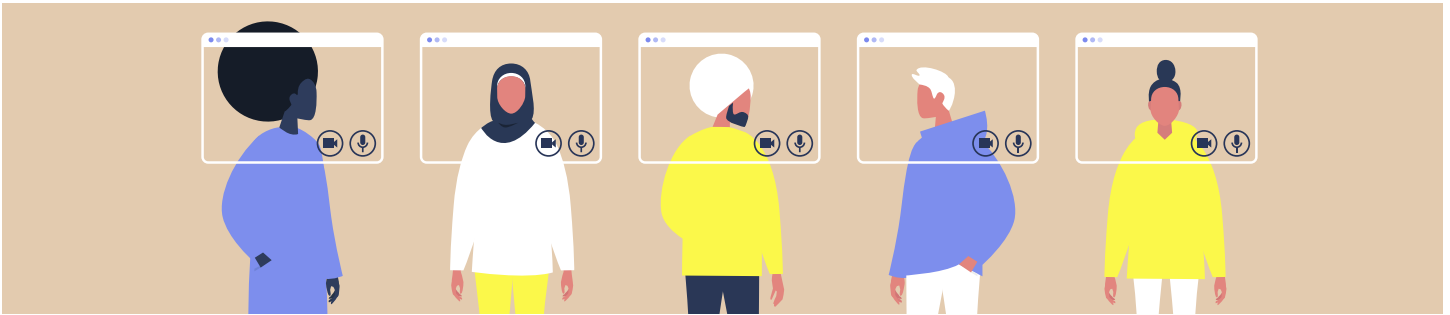
With an understanding of the communication preferences of your stakeholders, you may design an outreach strategy. Ultimately, your outreach strategy should allow your community stakeholders to feel comfortable sharing their perspectives on how their home affects their health, to share how they would prioritize those aspects of health, and to share their ideas of types of solutions that the development project could incorporate to improve the health outcomes they have prioritized. And, of course, your outreach strategy should be designed to achieve these outcomes while maintaining social distancing. From the strategies listed below, we

suggest selecting at least one that allows all residents or community members to take part simultaneously and one that targets one-on-one outreach to allow for more in depth conversation. Select a combination of methods that complement each other and align with the community stakeholders' preferred ways of communication. And note that the strategies listed below can be altered and tailored to meet the needs of your the community for the HAP for engagement. It is not necessary to engage everyone in the the community for the HAP with the same strategy; tailor your approach to your group's needs.



HEALING CENTERED ENGAGEMENT

As part of building out the strategies, consider incorporating healing-centered engagement to acknowledge the extent of trauma that the residents or communities may have experienced. An outline for this process can be found in [Healing-centered engagement during Covid-19 blog](#) by Enterprise.



TOOLBOX FOR COMMUNITY ENGAGEMENT

Virtual Group Engagement

Virtual group engagement most closely aligns with an in-person focus group or charrette but has been adopted for a virtual environment. This method allows many people to exchange ideas and build off of each other’s feedback while the facilitator can adapt, alter questions, or provide clarifications in real time. When bringing people together in this format, a session can be designed to achieve both of the main goals of community engagement for the HAP. During your session, build in natural breaks, opportunity

for participant involvement, and stick to the time allocated for the engagement. Although virtual group engagement can be designed with a high or low reliance on technology sophistication, your choice of platform may require you to invest more time in creating a comfortable and welcoming environment for people to speak up, explicitly providing clarity regarding who is speaking, ensuring all participants have access to and properly use the platform of choice, and attendance.

Strategies for Virtual Group Engagement

Technology Level	Privacy	Target Audience	Tools
High: Virtual Charrette with video/ audio capabilities, screen sharing and simultaneous use of other online tools	Disclaimers at the beginning on how the information will be used and how any recordings will be stored will be helpful for privacy and comfort; however, this strategy will not provide high levels of privacy	Stakeholder group consisting of professionals that may be familiar with and have access to these technology platforms through work. This may be particularly useful if there is an advisory group informing the HAP	Zoom / Webex / Gotomeeting / Skype / Miro / Mural / Padlet* / Google Documents
Medium: Video and audio call without additional online tool use		Community members or residents that have ready access to a smart phone with needed app or a computer with video capabilities and are comfortable using new technology platforms	Zoom / Webex / Gotomeeting / Skype
Low: Audio only / conference call		Community members or residents with access to and comfort using the phone	Zoom / Webex / Gotomeeting / Skype

* no login or account is required for participants to use padlet

Input Over Time

First, share information with residents or community members on health needs identified through the data analysis step of the HAP. Then, collect information back from the residents or community members to understand their health priorities, any additional health needs they would like to identify, and potential strategies to address those health needs. This two-step method allows a large group of people to participate over a long period of time compared

to virtual group engagement. And, several technology adaptations can be used (e.g. offer an online flyer and a print flyer) to meet the different communication preferences of a wide audience. This strategy provides an inclusive opportunity to participate through its wider reach than some of the other strategies; however, it is best paired with additional individual follow-up or virtual engagement with key stakeholders to gain additional depth and context.

Strategies for Collecting Input Over Time: Information Sharing

Technology Level	Privacy	Target Audience	Tools
High: Recorded webinar or short video	Low – the information shared will be available to a wide audience	Community members or residents comfortable with technology and with an online presence (open forum, closed groups, or email)	ReadyTalk / Zoom
Medium: Online flyer or posting	Low – the information shared will be available to a wide audience	Community members or residents comfortable with technology and with an online presence (open forum, closed groups, or email)	Nextdoor / Facebook
Low: Flyers, postcards, or mailers	Low – the information shared will be available to a wide audience	Community members or residents with limited access to or use of the internet OR a community without a clear online platform for engagement	Microsoft Office Suite

Strategies for Collecting Input Over Time: Collecting Input

Technology Level	Privacy	Target Audience	Tools
High: Link to online survey or online tools	High – clarity should be provided on how the information will be used, de-identified, and safeguarded	Community members or residents that are comfortable with technology	Survey Monkey / Google Forms / Miro / Padlet
Medium: Text or phone bank	High – clarity should be provided on how the information will be used, de-identified, and safeguarded	Community members or residents with access to and preference for a phone **	Textline / Whatsapp
Low: Paper survey, drop off box	Medium - clarity should be provided on how the information will be used, de-identified, and safe-guarded	Community members or residents with limited access or use of the internet	

** [Gallup](#) provides useful research and insights on text messaging and phone survey response rates



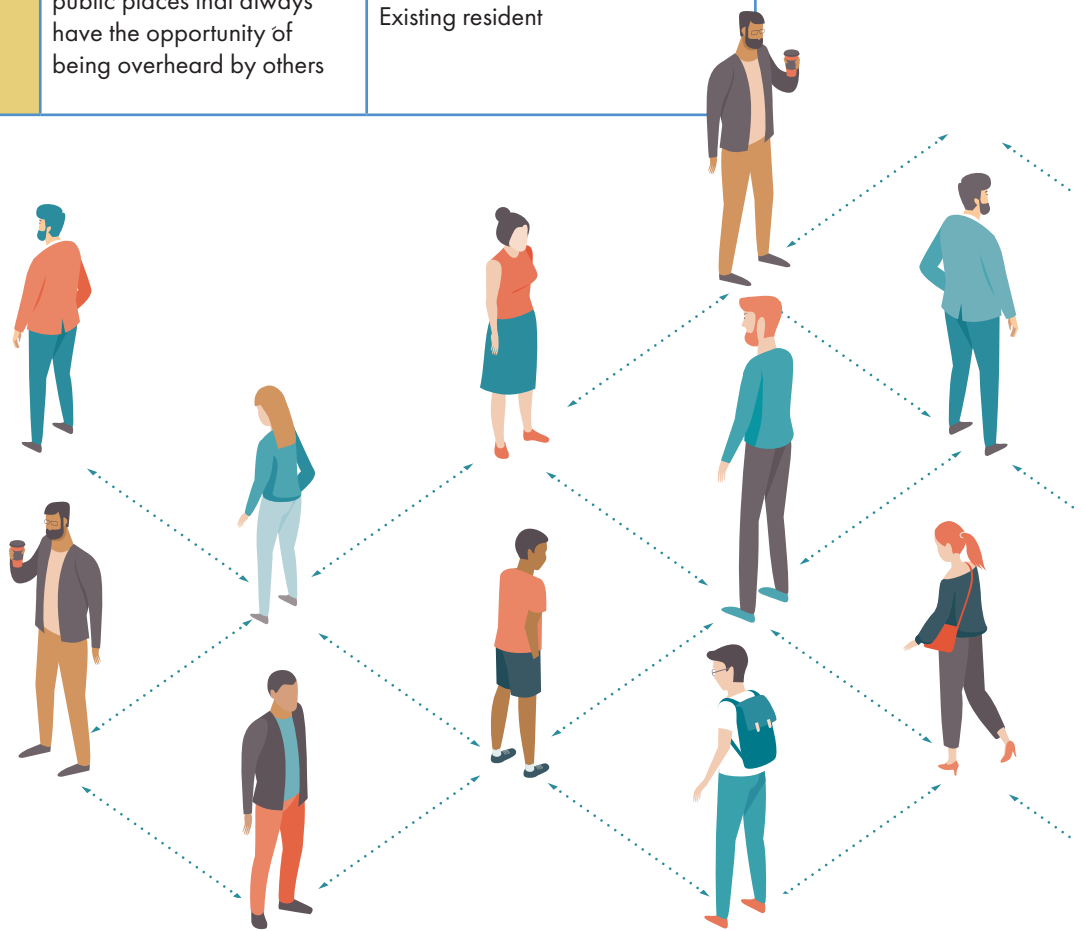
On-The-Ground Perspective

Community members know their community best and are therefore best poised to share their lived experience of interacting with the physical environment in a building or community. The strategy of gathering on-the-ground perspectives focuses on gathering community feedback about features that currently exist in the built environment, including community assets (e.g. transit stops, religious facilities, grocery stores, a favorite gathering spot) and more specific opportunities for addressing health needs (e.g. lighting upgrades, pollution sources, lack of benches or water fountains). This approach will be particularly helpful in reaching the second goal of understanding the types of strategies and solutions that could be implemented for health improvement and may be most effective when the HAP is taking place in an occupied property. Both low technology and high technology opportunities exist to gather perspectives from residents and community members about their environment.

For example, an electronic or print version of a map of the community or design could be shared with the community with prompts for feedback. Or a photo journaling campaign could be launched through e-mail or flyers, during which residents take photos of community assets that are most important to them and features they would prioritize for improvement. Or, the public health professional and a resident or two, taking proper safety precautions (e.g. wearing a mask and standing 6-feet away from other people) could walk the property together while discussing key features on the site. Through all forms, the public health professional will want to design the engagement to learn two things from community members: First, what parts of the community do residents consider assets for health? And secondly, what parts of the community do residents lift up as barriers to their health? Through these conversations, valued community partners, physical features of the site (e.g. accessibility issues or a road near a playground without a barricade for children), and programming priorities will be illuminated.

Strategies for Gathering On-the-Ground Perspectives

Technology Level	Privacy	Target Audience	Tools
High: Utilizing shared place-based documents online, like a community map, property map or design for collective input on assets and opportunity to address needs	Low – this most likely will be through a shared document or forum online allowing others with access to view	Community members or residents that are comfortable with technology	<u>Konveio / Bang the Table</u>
Medium: Photo journal campaign asking residents or community members to text pictures of assets and needs with a short description	Medium – the privacy will be dependent on how the photos are shared and viewed	Community members or residents with access to a smart phone with a camera	<u>Google Photos</u>
Low: Provide a print copy of the community or property maps with prompts and resources to residents to annotate	Medium – the privacy will be dependent on how the feedback is collected and stored	Existing resident	
Low: Tour of the community or walking survey with a resident with precautions such as both participants wearing masks	Medium – this will occur in public places that always have the opportunity of being overheard by others	Existing resident	





One-On-One Outreach

During the current pandemic, many people appreciate and are willing to participate in one-on-one engagement over video or the phone. This strategy allows the public health professional to engage in a conversational form of community engagement where it is easier to build trust and receive more depth in response than surveys or group forums often allow. When pursuing one-on-one outreach, the public health professional should identify key

representatives of the target audience and connect with between four and eight people separately, representing a diverse set of perspectives on the target audience. This strategy can achieve both goals of the community engagement step of the Health Action Plan. And, this strategy can be used in tandem with other methods of outreach to follow-up on any concepts that were unclear or dig in deeper on areas where additional clarification is needed.

Strategies for One-On-One Outreach

Technology Level	Privacy	Target Audience	Tools
High: Video call	High – information will be shared one-on-one; however, the participant should be informed about the use of the information and if it is being recorded	Stakeholders consisting of professionals that may be familiar with and have access to these technology platforms through work	Zoom / Webex / Gotomeeting / Skype
Medium: Phone call	High – information will be shared one-on-one; however, the participant should be informed about the use of the information and if it is being recorded	Community members or residents with an existing relationship and access to their phone number	
Low: In-person one-on-one meeting with precautions including performing the meeting outdoors, with masks, and six feet apart.	High – information will be shared one-on-one; however, the participant should be informed about the use of the information and if it is being recorded	Key community members or residents without access to another communications form	

Fundamentally, community engagement in the Health Action Plan is meant to serve as an opportunity to listen to and prioritize resident and community members voices to promote the health needs and strategies of importance to them. To effectively do this, the public health professional and developer should address assumptions, biases, and power dynamics in their approach and engagement questions; identify actions to enhance inclusive power and

listen to and prioritize resident and community members voices to promote the health needs and strategies of importance to them. To effectively do this, the public health professional and developer should address assumptions, biases, and power dynamics in their approach and engagement questions; identify actions to enhance inclusive power and

participation; be transparent about decision-making; and counteract hierarchies and exclusive power dynamics. Inclusive facilitation approaches can be effective in working towards this. An example of inclusive facilitation may involve acknowledging the power of the facilitator and giving it to the participants, for example:

“My role here is to ask questions and listen. I won’t be participating in the conversation, but I want you to feel free to talk with one another. You won’t hurt our feelings or make us feel better with whatever opinions you might share. We are interested in hearing your point of view even if it is different from what others have expressed.”

Additionally, the strategies listed in this report aim to offer a more inclusive approach to allow participants opportunity to participate in different forms, modes of communication, and times.

With limitations of virtual engagement, it is even more critical that the questions that are asked of the community meet the needs of the HAP. These questions should be informed by the data analysis step of the HAP and designed to inform future steps of strategy selection, implementation, and monitoring. Additionally, the frame for engagement should meet the needs and limitations of the scope of what the HAP has the power to influence. For additional guidance on potential questions and flow of engagement, see the Focus Group Guide for the HAP.

Share Results

It is good practice to share the results of how the community’s information was used in decision making back with the community at the end of the process. This is a critical step to building trust with the community, even in a context like the Covid-19 pandemic where contact is limited and challenging. Evidence also illustrates that sharing the results will increase uptake of the health promoting strategies developed through processes like the HAP.

Below is a list of ways you might consider sharing the results of the HAP:

- **1:1 check-in phone calls** with resident leaders, peer to peer by phone to both inform them of the results and to ask for support in disseminating the results.
- Establish a **virtual resource library** on a website or physical message board with posters with explanation of the results of the HAP.
- Host a **thematic call** on the results of the HAP and how these strategies will be monitored.

- Share the final HAP and monitoring plan and Initiate open discussions in an online forum.
- Create **online peer groups** focused on the health needs of interest from the HAP to help members stay engaged around these topics, learn how the HAP addressed those needs, and continue to learn from each other and build stronger relationships.
- Share **community stories on a website or physical message board** to share narratives about how the HAP is promoting health in the community.

These strategies can be continually used throughout the monitoring of the HAP over time. Additionally, it is important to ensure that no personal stories or descriptions are shared that may identify residents or community members who participated in the HAP or monitoring, without their explicit permission of use.

Technology and Privacy Variations

	High Tech	Low Tech
High Privacy	Virtual resource library	Community stories on a website or physical message board
Low Privacy	Online peer groups	1:1 check-in phone calls Thematic phone calls



CONCLUSION

At Enterprise, we are committed to first keeping residents, community members, and practitioners safe during the time of Covid-19. And to do so, we can adapt our methods of community engagement to meet the needs of social distancing while listening and responding to community members during the HAP. Covid-19 brought to the forefront inequities within our system that existed long before the pandemic from access to healthy housing to access to technology. It is essential that we continue to engage with the community during this time and address the barriers that might further isolate or silence certain communities. This toolkit is a resource to identify strategies and creative solutions to ensure broad, equitable and inclusive community engagement remains embedded in the health action planning process both during the Covid-19 pandemic and beyond it.

APPENDIX

1) Define your community for the HAP: *What are the populations and subpopulations that you will engage? What is their social status in relationship to other groups?*

Stakeholder Worksheet

IDENTIFY COMMUNITIES SERVED (CHECK ALL APPLICABLE) *

Please identify the community for the HAP of your development below, as applicable.

If your project is accommodating any eligible persons seeking housing, please select “no specific population identified.”

- | | |
|---|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> People experiencing homelessness or formerly homeless populations |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Supportive Housing |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Formerly incarcerated |
| <input type="checkbox"/> Persons with physical or intellectual disabilities | <input type="checkbox"/> Mixed income |
| <input type="checkbox"/> Older Adults—Independent Living | <input type="checkbox"/> No specific population identified |
| <input type="checkbox"/> Older Adults—Assisted Living | <input type="checkbox"/> Other population (describe): |

IDENTIFY STAKEHOLDERS THAT SUPPORT YOUR COMMUNITIES’ NEEDS **

Consider: *Who are people in the community whom others trust and recognize as contributing to the identity of the community? Who are the leaders in the community? What key players in local government are concerned with the issues that the community wants to address? Are there business owners, artists, local elders, or others who also stand out as important people in this community?*

IDENTIFY OTHER PEOPLE WHO CARE ABOUT THE ISSUES AND PRIORITIES OF THE COMMUNITY IDENTIFIED FOR THE HAP OR COULD BE INVOLVED **

*From Enterprise Green Communities [Project Priorities Survey](#)

** From Enterprise Green Communities Criterion 1.7 template for [Cultural Resilience Assessment](#)





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