

Metro Denver Connected Community of Care

Community Engagement Plan

SUMMER 2023



METRO DENVER
PARTNERSHIP FOR HEALTH

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Welcome

The [Metro Denver Partnership for Health](#) (MDPH) is a collaboration of local public health agencies, health systems, and Regional Accountable Entities working alongside leaders in health alliances, community-based organizations, behavioral health, and human service agencies. MDPH's work impacts roughly 3 million Coloradans who live in the seven metro counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson.

MDPH is working to create a **connected community of care** in the region. The goal is to build connections and strengthen coordination among physical, mental, and behavioral health, human service, and community-based service providers to offer more holistic care for individuals and families. Through these efforts, MDPH aims to promote health equity by:

- Increasing trust and partnerships across sectors and with the community to support whole-person and whole-family care.
- Improving access to resources and services.
- Enhancing intentional investments to address resource gaps and capacity.

Background

What Is a Connected Community of Care?

A **connected community of care** is a network of partners who coordinate care and services for individuals and families, and who make collaborative resource investments to promote health equity and resiliency. A connected community of care:

- Is made up of **cross-sector partnerships** among health systems, clinics, public health and human service agencies, Regional Accountable Entities, community-based organizations, and mental health and behavioral health providers.
- Uses **interoperable technology**, such as social-health information exchange (S-HIE), as a tool to share information appropriately and securely, coordinate care, and determine how to make informed community health investments.

How Can a Connected Community of Care Serve Individuals and Families?

Within a connected community of care, health and social service providers will be able to fulfill five core functions:

- **Coordinate screening and assessment activities** to identify individual and family health and social goals using person-centered and culturally and linguistically responsive practices.
- **Share an integrated community resource inventory** that is comprehensive and up to date so people can choose the services that best meet their needs and preferences.
- **Coordinate referrals** so that individuals and families don't have to unnecessarily repeat their stories.

- **Facilitate whole-person and whole-family care coordination** so that providers are on the same page, and individuals and families can get the right care when and where they need it.
- **Compile community health analytics** to make intentional and informed investments to improve availability and access to services, and advance health equity.

Purpose of This Plan

The purpose of this Community Engagement Plan is to document commitments and activities among participating partners to **engage with community members** and **share decision-making power with community leadership** to ensure the Metro Denver Connected Community of Care is equity-centered.

Equity-centered initiatives and efforts intentionally include, collaborate with, and co-design solutions with people and the communities who are disproportionately impacted by health disparities and inequities.

This plan is a living document. MDPH partners will review the plan annually to determine progress, assess available resources, and determine ongoing work to complete.

How This Plan Was Developed

The MDPH Community Board used the [Assessing Meaningful Community Engagement \(ACE\) Conceptual Model](#) to inform the development of this plan. This plan outlines how partners' commitments to practicing **core principles** for meaningful community engagement can lead to **expanded knowledge** and **understanding, strengthened partnerships** and **alliances, improved programs, policies, and health, and thriving communities** that promote health equity.

Health Equity

[Health equity](#) is a state where everyone has fair and just opportunities to attain their highest level of health and well-being. The journey to achieve health equity is complex and requires individual, organizational, and systems-level changes.

[Social determinants of health](#) must be addressed to promote health equity. Social determinants of health are the conditions where people are born and live that affect their overall health and well-being. Social determinants of health include education access and quality, economic stability, health care access and quality, the built environment, and social and community context. Social determinants of health influence people's ability to meet their social needs which can positively or negatively impact their overall health. Social needs include food security, housing security and quality, utility services, transportation, and interpersonal safety. A person's intersecting identities, including age, gender, race, and disability, can also impact individual experiences and opportunities to achieve and maintain overall health and well-being.

Figure 1. The Metro Denver Connected Community of Care’s Pathway from Core Principles for Meaningful Community Engagement to Thriving Communities that Promote Health Equity. Adapted from the [Assessing Meaningful Community Engagement \(ACE\) Conceptual Model](#).



Initial Health Priorities (Use Cases)

This plan was developed based on MDPH’s three initial health priorities, or **use cases**, for a **connected community of care**. However, this plan is meant to provide a scalable framework that can be used across partner organizations and as the community elevates different health priorities over time. Initial health priorities include:

- **Chronic Disease Screening and Referral**, in support of the prevention and management of diabetes, cardiovascular disease, and associated risk factors (e.g., high blood pressure, high cholesterol, and food insecurity).
- **Postpartum Care and Community Connections**, in support of [Family Connects Colorado](#).
- **Social Need Screening and Referral**, focused on food insecurity, housing security/quality, transportation, utility assistance, and interpersonal safety, and in support of the [Hospital Transformation Program](#).

How This Plan Is Organized

This plan is organized in two parts:

Part I describes the **commitments and activities** for partners to practice meaningful community engagement in ways that grow from core principles, to expanded knowledge and understanding, strengthened partnerships and alliances, improved programs, policies, and health, and ultimately to thriving communities.

Part II describes **shared guidance and best practices** for partners to learn and practice across all commitments and activities. Shared guidance and best practices help to ensure the respect and dignity of people, reduce harm in, and increase and leverage the power within the communities where MDPH seeks to coordinate care and services and advance health equity.

What you <u>will</u> find in this plan	What you <u>won't</u> find in this plan
Core principles for meaningful community engagement	Detailed work plans or timelines for all community engagement activities
Shared guidance and best practices to carry out community engagement activities	Itemized lists of costs and revenue sources to support community engagement activities
Recommendations and resources to foster shared partnership and power with community leadership to build and sustain a connected community of care	Detailed instructions on how to evaluate community engagement activities

Definitions

In this plan, the following terms are defined:

Community-based organization or service provider: A private, nonprofit organization, which may include faith-based organizations, that provides direct services and/or advocates for a certain population in the community. Direct services may include food pantry services, home-delivered meals, transportation, utility assistance, housing navigation assistance, temporary housing or shelter, or other services that address an individual or family's social needs.

Community Board members: People serving on the MDPH Community Board, which includes individual community members and representatives from community-based organizations in the Denver metro area.

Community leadership:

- People who contribute as individuals to advocate for and raise the priorities of their own neighborhoods and communities, and
- Community-based organizations, groups, or collectives who advocate for and provide services and resources for certain communities or populations.

MDPH partners: All people and partner organizations participating in the Metro Denver Connected Community of Care initiative, including public health agencies, health systems and hospitals, Regional Accountable Entities, health alliances, community-based organizations, community members, and a trusted convener.

Trusted convener: An organization that provides strategic planning, technical assistance, facilitation, and project management for a group of organizations working on a shared initiative or priority.

For a more detailed list of terms and definitions used in this plan, please see the [Glossary](#).

How to Use This Plan

Follow these steps to implement this plan within your organization:

Step 1. Identify an organizational champion (typically a senior leader or executive) who has decision-making power and can direct resources to support plan implementation.

Step 2. Ensure a consistent representative from your organization participates in MDPH integrative governance workgroups to coordinate and align all partners. This individual may be your organizational champion or another individual who stays closely connected with the leadership and management of the organizational champion.

Step 3. Begin implementing the plan in collaboration with other MDPH partners.

Part I: Commitments and Designated Activities

Core Principles for Meaningful Community Engagement

Core principles are guiding attributes that partners should practice to foster ongoing, trusted engagement with community-based organizations and community members. Core principles for meaningful community engagement include:

- Anti-racist action
- Anti-ageism
- Culturally responsive practices
- Language justice and linguistically responsive practices
- Recognizing and honoring people’s gender and sexual identities
- An equity-driven lens
- Strengths-focused assessments
- Trauma-informed practices and empathy

Commitments

1.a. MDPH partners commit to seek and participate in **shared training and learning opportunities** to understand how to effectively incorporate and maintain core principles for meaningful community engagement across MDPH programs, projects, and activities.

1.b. MDPH partners commit to **securing time and resources** in annual budgets to support shared training and learning opportunities. MDPH understands that many organizations have already started to implement community engagement practices within their own organizations and programs. These commitments to shared training and learning opportunities will:

- Ensure consistent, supportive, and inclusive experiences for all individuals and families being served by the health care and social service providers across the Metro Denver Connected Community of Care.
- Increase the impact of resources invested in community engagement training and learning opportunities.

Designated Activities and Timelines

All MDPH Partners:

- Become familiar with this plan's [Shared Guidance and Best Practices](#) to carry out core principles for meaningful community engagement. Identify what principles and practices your organization is already implementing, and what principles and practices your organization could better learn and implement.
Timeline: 2023 and ongoing
- Explore ways to engage in shared training and learning opportunities to integrate and align core principles for community engagement across MDPH programs, projects, and activities. Training and development opportunities should be offered for leadership-level staff involved in developing and administering programs and policies, and operational staff involved in assessing, referring, and providing care coordination for people seeking health and community-based services.
Timeline: 2023 and ongoing
- Participate in the integrative governance process to develop and approve an annual budget and associated membership contributions to support shared training and learning opportunities. Secure time, resources, and funding accordingly.
Timeline: 2024 and ongoing
- Participate in shared training and learning opportunities to ensure understanding of and sustained adoption of core principles for meaningful community engagement across the Metro Denver Connected Community of Care. Shared training and learning opportunities should be completed on a regular basis, but no less than annually.
Timeline: 2024 and ongoing

Community Leadership Partners:

- Serve as advisors on training and learning opportunities for MDPH partners to pursue their own growth, development, and commitment to core principles for meaningful community engagement. Identify relevant training and learning opportunities for MDPH partners as applicable.

Timeline: 2024 and ongoing

Trusted Convener:

- Develop and maintain a repository of recommended training, tools, best practices, and other learning opportunities to support MDPH partners in evaluating options to participate and invest in shared training and integration of core principles for meaningful community engagement across the Metro Denver Connected Community of Care.

Timeline: 2023 and ongoing

- Facilitate the integrative governance process among MDPH partners to determine specific shared training, tools, and best practices to collectively adopt and maintain, and a corresponding annual budget to support these activities.

Timeline: 2024 and ongoing

Recommended Tools and Resources

See [Shared Guidance and Best Practices](#). Other resources include:

- Anti-Racism: [The Conflict Center](#)
- Anti-Ageism: [Changing the Narrative, Ending Ageism Together](#)
- Culturally and Linguistically Responsive Practices:
 - [Indiana University Culturally Responsive Practices](#)
 - [Resource Library - Think Cultural Health \(hhs.gov\)](#)
 - [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#)
- Health Equity Lens:
 - Geronimus, A.T. (2023). *Weathering: The Extraordinary Stress of Ordinary Life on the Body in an Unjust Society*. Little Brown Spark.
 - [Health Equity Lens](#)
 - [Health Equity Considerations for Developing Public Health Communications](#)
- Language Justice:
 - [Language Justice During COVID-19 \(americanbar.org\)](#)
 - [Language Justice Toolkit](#)
 - [Racial Equity Tools - Language Justice](#)
- Trauma-Informed Care:
 - [National Center on Domestic Violence, Trauma & Mental Health](#)
 - [Trauma Informed Care Training](#)
 - [Trauma Informed Care, Violence Free Colorado](#)
 - [Truth, Racial Healing & Transformation, Implementation Guidebook](#)

Expanded Knowledge and Understanding

Expanded Knowledge refers to the creation of new perspectives, insights, and stories. [Expanded knowledge](#) fosters respect for the legacies, wisdom, and ways of knowing that reside within communities. MDPH partners should embrace this collective wisdom to build and sustain an equity-driven connected community of care.

Commitments

2.a. MDPH partners commit to developing a **coordinated approach for community engagement activities** among participating partner organizations. A shared, coordinated approach for community engagement will:

- Support and reinforce expanded knowledge and understanding of community perspectives, experiences, and priorities within and across partner organizations.
- Support the inclusion of diverse perspectives, ideas, and recommendations as the connected community of care is developed and improved over time.
- Reduce the duplication of effort and burden on community-based organizations and community members to participate in engagement activities.
- Enhance the impact of resources invested in community engagement activities across partner organizations.

MDPH's **coordinated approach for community engagement** will consider the following:

- How to intentionally develop and enhance referral networks with community-based organizations. See Strengthened Partnerships and Alliances for more details.
- How to sustainably integrate community leadership within MDPH's governance structure. See Improved Programs, Policies, and Health for more details.
- How to coordinate and align additional engagement activities across the community engagement spectrum. See Shared Guidance and Best Practices for more details.

2.b. MDPH partners commit to engaging in [communities of practice](#) to ensure new knowledge, resources, and understanding related to community engagement are shared and adopted across participating partner organizations. **Communities of practice** will allow partners to:

- Reinforce knowledge and skills attained during shared training and learning opportunities.
- Provide a venue to share successes and challenges, and identify new or updated approaches for coordinated community engagement and partnership-building activities.

2.c. MDPH partners commit to securing **time and resources** in annual budgets to support the development and implementation of a **coordinated approach for community engagement activities** among participating partner organizations, and to incorporate communities of practice within the MDPH integrative governance process.

Communities of practices may take place during:

- Regular workgroup and committee meetings involving MDPH partners and community leadership partners.
- Workshops or events involving MDPH partners, community leadership partners, health alliances, or others involved in regional community engagement activities.
- Meetings or gatherings specific for community leadership to share their own stories and experiences with engagement activities, and to identify strengths or areas for improvement within the Metro Denver Connected Community of Care.

Designated Activities and Timelines

All MDPH Partners:

- Develop a shared approach to improve, coordinate, and align community engagement activities across participating partner organizations.
Timeline: 2023 and ongoing
- Develop and adopt an annual budget and associated membership contribution model to support facilitation and implementation of the coordinated approach for community engagement.
Timeline: 2023 and ongoing
- Participate in the integrative governance process to implement the coordinated approach for community engagement across partner organizations, including participating in communities of practice to expand and reinforce knowledge and understanding of and to identify and pursue new or updated strategies to better coordinate and align community engagement activities across partner organizations.
Timeline: 2024 and ongoing

Community Leadership Partners:

- Participate in the integrative governance process to support the development of a coordinated approach for community engagement activities, and serve as advisors in communities of practice, as applicable and appropriate.
Timeline: 2023 and ongoing

Trusted Convener:

- Facilitate the integrative governance process among MDPH partners to determine an agreed-upon approach for coordinated community engagement activities across participating partner organizations.
Timeline: 2023 and ongoing
- Facilitate the integrative governance process to achieve consensus among MDPH partners to develop and adopt a budget and associated membership contribution model for the implementation of the agreed-upon approach for coordinated community engagement activities, including the incorporation of communities of practices into ongoing governance activities.
Timeline: 2023 and ongoing

Recommended Tools and Resources

See shared guidance and best practices for:

- [Core Principles for Meaningful Community Engagement](#)
- [Community-Ready Information](#)
- [Asset-Based Thinking and Learning](#)

Strengthened Partnerships and Alliances

Strengthened partnerships and alliances emerge when everyone involved in community engagement activities benefits from new or enriched relationships. MDPH partners must build and strengthen deeper relationships with community-based organizations and community members to effectively coordinate care, services, and resources within the Metro Denver Connected Community of Care.

Commitments

MDPH partners commit to building and maintaining partnerships and alliances with community-based organizations and community members by:

3.a. Consistently promoting the **inclusion** of the **diversity of lived experiences** and **generational knowledge** when developing, planning, and implementing programs and policies, particularly with communities who have been historically excluded or underrepresented in decision-making.

3.b. Building **trust** by communicating how community input is used, following through on plans, and being transparent when changes or challenges arise. Clear communication ensures that the community knows and understands why plans or decisions were made in certain ways. Being consistently visible in the community is key to establishing trust.

3.c. Ensuring **mutual value**, so that the community not only contributes to the work but also benefits from engagement activities. This includes recognizing the contributions and expertise that community-based organizations and community members offer through their participation and leadership, and providing public **acknowledgement** of those contributions.

3.d. Respecting **community members' rights** to set their own boundaries in how and when they participate in engagement activities.

3.e. Fostering **shared power** by developing and maintaining governance structures that ensure community leadership has influence in the direction and implementation of programs and policies that impact individual and family's overall health and well-being.

See [Strengthened Partnerships and Alliances](#) under Shared Guidance and Best Practices, and the [MDPH Connected Community of Care Sustainability Plan](#) for more details.

3.f. Reflecting on previous challenges and failures in community engagement and owning **accountability** to take time and resources to deepen relationships with community-based organizations through shared conversation. See [Build Trust Through Shared Conversation](#) for more details.

3.g. Sustaining relationships so that community engagement is not time-limited or transactional. Rather, that community engagement is carried out in a variety of ways and activities, has depth and longevity, and positions community as an essential partner in defining priorities and solutions.

3.h. Establishing [structural supports](#) for ongoing community engagement. This encompasses adequately compensating community-based organizations and community members for their time and expertise to ensure they have resources to participate and are recognized for their contributions.

See [Strengthened Partnerships and Alliances](#) under Shared Guidance and Best Practices, and the [MDPH Connected Community of Care Sustainability Plan](#) for more details.

Designated Activities and Timelines

All MDPH Partners:

MDPH partners should approach all designated activities with reference to the partners' agreed-upon approach for coordinated community engagement. See Expanded Knowledge and Understanding for more details.

Trust Building

- Complete a network mapping exercise to identify the community-based organizations in your geographical service area that provide resources and services related to the health priorities that your organization is working to advance. Determine which organizations your program staff most commonly refer individuals and families to for resources and services. Reach out to these organizations to learn more about the communities that they serve and identify relevant community events that they host.

Timeline: 2023 and ongoing

- On behalf of your organization, attend and participate in community events that these community-based organizations are hosting to build a presence and social connections with these organizations and the people they serve. Determine ways to host and/or sponsor community events together.

Timeline: 2024 and ongoing

- Complete an expanded network mapping exercise to identify the community-based organizations in your geographical service area that provide key resources and services related to the health priorities that your organization is working to advance, but that your staff do not yet commonly refer individuals and families to

for care. Reach out to these organizations to learn more about the communities that they serve and identify relevant community events that they host.

- On behalf of your organization, attend and participate in these community events to build a presence and social connections with these organizations and the people they serve. Determine ways to host and/or sponsor community events together.

Timeline: 2024 and ongoing

All MDPH Partners:

MDPH partners should approach all designated activities with reference to the partners' agreed-upon approach for coordinated community engagement. See Expanded Knowledge and Understanding for more details.

Mutual Value and Opportunities

Meet with the community-based organizations identified in your referral network to:

- Learn about their organization's greatest challenges and successes when addressing individual and family health priorities. Learn about their teams, workflows, communication, and administrative processes.

Timeline: 2023 and ongoing

- Discuss and implement ways to ensure your staff's referrals are appropriate and effective for these community-based organizations, and individuals and families.

Timeline: 2023 and ongoing

- Explore and implement opportunities to establish and improve shared screening, referral, and communication practices when coordinating care for individuals and families across your organizations.

Timeline: 2024 and ongoing

- Participate in the integrative governance process (e.g., including in [communities of practice](#)) to keep other MDPH partners up to date on your organization's outreach and engagement activities, successes, and lessons learned, and to ensure continued awareness and coordination of community engagement activities across MDPH partner organizations. See Expanded Knowledge for details.

Timeline: 2023 and ongoing

All MDPH Partners:

MDPH partners should approach all designated activities with reference to the partners' agreed-upon approach for coordinated community engagement. See Expanded Knowledge and Understanding for more details.

Sustainable Structural Supports

- Meet with the community-based organizations within your referral network to:
 - Explore opportunities to establish and adopt sustainable funding models or payment arrangements for community-based services that are provided to individuals and families and that benefit overall health outcomes.

- Pursue opportunities through shared plans, agreements, and/or contracts to support ongoing partnership with community-based organizations, to include effective referrals and coordination of services and sustainable funding models or payment arrangements for community-based services.

Timeline: 2024 and ongoing

- Continue to evaluate, update, support, and adopt expanded funding models and payment arrangements for community-based services, as applicable and appropriate, as your referral network expands and matures in the connected community of care.

Timeline: 2025 and ongoing

Refer to the [MDPH Connected Community of Care Implementation Plan and Sustainability Plan](#) for more details and the suggested discussion questions under [Build Trust Through Shared Conversation](#).

Community Leadership Partners:

- Participate in the integrative governance process to engage in strategic planning, priority-setting, and decision-making related to community partnership and network-building, sustainable funding opportunities and models for community-based services, and related activities.

Timeline: 2023 and ongoing

- Facilitate connections between MDPH, community-based organizations, and/or other community leaders, as appropriate and relevant, for MDPH partners to take ownership in pursuing trust-building, mutual value and opportunities, and sustainable structural supports with community partners in the region.

Timeline: 2024 and ongoing

Trusted Convener:

- Facilitate the integrative governance process to support partners in staying up to date on partnership and referral network developments and maintaining their agreed-upon approach for coordinated community engagement activities.

Timeline: 2023 and ongoing

- Facilitate discussion and decision-making among MDPH partners to identify, support, and adopt sustainable funding models and/or payment arrangements for community-based services.

Timeline: 2024 and ongoing

Recommended Tools and Resources

- [MDPH Connected Community of Care Implementation Plan](#)
- [MDPH Connected Community of Care Sustainability Plan](#)
- Share Guidance and Best Practices: [Build Trust through Shared Conversation](#)

Improved Programs, Policies, and Health

Improved Programs, Policies, and Health are achieved when the organizations that administer policies, programs, and services collaborate with the people intended to be served by them. When partners commit to collaboration with community, the outcomes are community-aligned solutions that are actionable, implemented, and sustainable.

MDPH convened its first Community Board between 2022-2023 to develop this plan through grant funding from the Health Disparities and Community Grants Program of the Colorado Department of Public Health & Environment. Community-based organizations and community members will continue to be essential partners to ensure the development and implementation of the Metro Denver Connected Community of Care effectively responds to individual, family, and community health needs and goals.

MDPH partners should enhance collaboration by integrating community leadership into its overall governance structure and by developing a membership contribution model to sustain it. MDPH partners should use promising models for community collaboration in equity-driven systems change work, including the [Collective Impact Forum](#).

Commitments
4.a. MDPH partners commit to developing and adopting an enhanced governance structure that includes community leadership in planning, priority-setting, and decision-making within the Metro Denver Connected Community of Care.
4.b. MDPH partners commit to developing an annual budget and membership contribution model to support the costs of recruiting, convening, and compensating community leadership to participate in the integrative governance process.
4.c. MDPH partners commit to engaging with community leadership through the integrative governance process to collaboratively plan for, develop, improve, and sustain the Metro Denver Connected Community of Care.
4.d. MDPH partners commit to engaging with additional community-based organizations and community members outside of the ongoing integrative governance process to ensure the inclusion of diverse perspectives and experiences when developing, implementing, and improving the connected community of care. Additional engagement activities may include community conversations, workshops, or surveys. See Shared Guidance and Best Practices for further details.
Designated Activities and Timelines
All MDPH Partners: <ul style="list-style-type: none">Update the MDPH governance structure to sustainably integrate community leadership. Update the MDPH membership due model to secure funds to recruit, convene, and compensate community leadership’s participation in the integrative governance process. See the MDPH Connected Community of Care Sustainability Plan for more details.

Timeline: 2023 and ongoing

- Support recruitment of community leadership, including community-based organizations and individual community members, to participate in the integrative governance process, as appropriate.

Timeline: 2023 and ongoing

- Engage in strategic planning, shared-decision-making, and priority-setting with community leadership through the integrative governance process, including in workgroups, committees, and other activities related to the implementation of, community engagement within, evaluation and accountability of, and sustainability of the connected community of care.

Timeline: 2024 and ongoing

- Coordinate and align additional engagement activities (e.g., community conversations) with other MDPH partner organizations based on the partners' agreed-upon approach, as applicable and appropriate. See Expanded Knowledge and Understanding for more details.

Timeline: 2024 and ongoing

- Provide in-kind support including staff time, event space, meeting supplies, and other resources, as appropriate for workgroup, committee, community leadership meetings, and other engagement activities.

Timeline: 2024 and ongoing

Community Leadership Partners:

- Participate in the integrative governance process, to include:
 - Participating in workgroups and committee meetings.
 - Serving as advisors to community-based organizations or community members interested in joining the Metro Denver Connected Community of Care and/or interested in getting involved in other engagement activities.
 - Assisting and providing input on the design and preparation of community engagement activities, for example, focus groups/community conversations, participation in other community events, and surveys and assessments.
 - Participating in strategic planning, shared decision-making, and priority-setting to guide implementation, evaluation and accountability, and sustainability activities for the connected community of care.

Timeline: 2023 and ongoing

- Support recruitment of community-based organizations and community members to participate in integrative governance and engagement activities (e.g., workshops, advisory committees, focus groups), as appropriate.

Timeline: 2023 and ongoing

Refer to the Designated Activities sections in this plan for more details on recommended community leadership responsibilities.

Trusted Convener:

- Facilitate the integrative governance process. Document and distribute the agreed-upon governance structure incorporating community leadership, and the corresponding annual budget and membership contribution model.
Timeline: 2023 and ongoing
- Support the recruitment of community leadership to participate in the integrative governance process. Provide onboarding, training, and ongoing support and technical assistance to support full participation.
Timeline: 2023 and ongoing
- Facilitate the integrative governance process among MDPH partners to ensure coordinated and aligned community engagement activities across participating organizations, to support implementation, evaluation and accountability, and sustainability of the connected community of care. This includes MDPH partners' collaboration with community leadership in governance and in additional engagement activities with other community-based organizations and community members in the region.
Timeline: 2023 and ongoing

Recommended Tools and Resources

- [MDPH Connected Community of Care Sustainability Plan](#)
- [Community Engagement Continuum](#)
- [Health Equity Community Involvement Spectrum](#)
- [The Spectrum of Community Engagement to Ownership](#)
- [The Spectrum of Public Participation](#)

Thriving Communities

Thriving communities are achieved when authentic and sustained commitments to community engagement are carried out in ways that continually expand knowledge, strengthen partnerships and alliances, and improve programs, policies, and health. Thriving communities care for the physical, mental, and behavioral health, and social well-being of individuals and families in ways that advance overall health equity. Regardless of commitments or investments made, MDPH partners will always have opportunities to improve coordination of care, services, and resources across the region.

Commitments

5.a. MDPH partners commit to regularly, but no less than annually, assessing shared opportunities to improve the impact of the Metro Denver Connected Community of Care for individuals and families, and for participating partner organizations collaborating to coordinate their care and services. MDPH partners commit to including community leadership and other community members in impact evaluation and identification of proposed improvements and/or solutions.

5.b. MDPH partners commit to regularly, but no less than annually, assessing opportunities for shared investments in community-based organization capacity to ensure appropriate availability and equitable allocation of services and resources in the region. MDPH partners commit to assessing and pursuing shared investments while intentionally leveraging and staying aligned with other relevant, regional and state-level opportunities.

Designated Activities and Timelines

All MDPH Partners:

- Participate in the integrative governance process to develop and adopt shared metrics to measure the ongoing and long-term impact of the connected community of care, related to its three primary aims of:
 - Increasing trust and partnerships across sectors and with the community to support **whole-person and whole-family care**.
 - **Improving access to resources and services**, by emphasizing people over administrative processes.
 - Enhancing intentional investments to address resource gaps and capacity, to **build a stronger safety net**.

Timeline: 2024 and ongoing

- Collect annual data and information corresponding to the partners' agreed-upon impact metrics.

Timeline: 2025 and ongoing

- Participate in the activities outlined in the [MDPH Connected Community of Care Accountability Plan](#) to evaluate the effectiveness and efficiency of the core functions of a connected community of care, based on shared impact

metrics and utilizing shared data collected across partner organizations

Timeline: 2025 and ongoing

- Identify and adopt shared practices to improve coordination of care and services, and make collective, intentional investments in community-based service capacity to support the efficacy of the connected community of care. See the [MDPH Connected Community of Care Implementation Plan](#) and [Sustainability Plan](#) for more details.

Timeline: 2025 and ongoing

Community Leadership Partners:

- Participate in activities and decision-making to develop shared metrics to evaluate the impact of the connected community of care for individuals and families.

Timeline: 2024 and ongoing

- Provide guidance, feedback, and recommendations on the evaluation of the core functions of the connected community of care through the integrative governance process.

Timeline: 2025 and ongoing

- Support evaluation and improvement activities by connecting with and engaging other community members and community-based organizations to provide input and feedback, as appropriate and applicable.

Timeline: 2025 and ongoing

Trusted Convener:

- Facilitate the integrative governance process by supporting partners and community leadership in reaching consensus on shared metrics to measure the impact of the connected community of care.

Timeline: 2024 and ongoing

- Serve as a technical assistance advisor to support partners in implementing the [MDPH Connected Community of Care Implementation Plan](#), and in implementing the [Accountability Plan](#) to evaluate the effectiveness and efficiency of the core functions of a connected community of care.

Timeline: 2024 and ongoing

- Facilitate the integrative governance to support partners in identifying and pursuing opportunities for improvements in coordination of care and services and in collective investments in community-based organization capacity.

Timeline: 2025 and ongoing

Recommended Tools and Resources

- [MDPH Connected Community of Care Implementation Plan](#)
- [MDPH Connected Community of Care Accountability Plan](#)
- [MDPH Connected Community of Care Sustainability Plan](#)

- [Value Proposition for Interoperable S-HIE](#)
- [Partnership Impact Evaluation Guide](#)

Part II: Shared Guidance and Best Practices

MDPH partners should follow this guidance and uphold these best practices when implementing their designated activities.

Core Principles for Meaningful Community Engagement

Core principles are practices that must be followed for community engagement to be carried out with integrity and fidelity. Core principles provide a foundation for partners to carry out all other commitments and activities outlined in this plan. Partners should learn about and invest appropriate time and resources into practicing these core principles:

- Anti-racist action
- Anti-ageism
- Culturally responsive practices
- Language justice and linguistically responsive practices
- Recognizing and honoring people’s gender and sexual identities
- An equity-driven lens
- Strengths-focused assessments
- Trauma-informed practices and empathy

Anti-Racist Action

Anti-racist action is about intentionally identifying and opposing or challenging racism. Racism occurs at micro and macro levels in society. By learning about and challenging racism, MDPH partners can change beliefs, behaviors, and policies to shift from a culture of racism to actions that advance health equity.

Partners should understand that the burden of anti-racist work should not fall on Black, Indigenous, and other people of color when everyone has a responsibility to speak up and act as agents of change.

MDPH partners should work to be anti-racist by practicing these mindsets and activities at all levels of their organizations, and by ensuring appropriate staff time and resources are available accordingly to:

- Learn about different cultures and ethnicities within the metro area.
- Explore and confront unconscious biases and information biases. Unconscious and information biases come from the society we live in, which often elevates white culture over others. Partners should be mindful of their own individual thoughts and feelings about people of different races and ask themselves why they feel that way.

- Challenge and address racist behaviors when they are seen within your organization.
- Become aware of and avoid using microaggressions and stereotypical comments.
- Recruit and retain Black, Indigenous, and other people of color to serve as employees or consultants, to include community health workers and *Promotoras de Salud*.
- Support the work, organizations, and business of people of color by hiring and partnering with them for organizational meetings, trainings, workshops, and for community engagement events (e.g., as facilitators for a training or as local caterers for events).
- Identify opportunities for your organization to get involved in and support local organizations or groups that support racial justice.
For more information, explore [The Conflict Center](#).

Healing and Reconciliation

MDPH partners should understand that healing and reconciliation are part of committing to anti-racist action. “Racial healing is at the heart of racial equity. [...] Without racial healing and building trust, changes in policies or practices are short-lived. Through healing and relationship-building, we can collectively develop new values that affect our every decision...” ([Truth, Racial Healing & Transformation framework](#), *W.K. Kellogg Foundation*). Being mindful of and supporting healing and reconciliation will foster trust and safety for individuals and families to access and utilize the programs and services being offered by MDPH partners.

MDPH partners should leverage experts in the field of health and reconciliation. MDPH partners may consider the [Healing and Reconciliation Institute](#) as one option among others. The institute provides community education programs and peacemaking services (i.e., facilitation and listening circles) that address historical and ongoing harms imposed on communities of color, and particularly Indigenous communities.

According to the [Interactive Institute for Social Change](#), self-identification is another important form of healing and reconciliation. When people can self-identify, they are able to reclaim their power and agency. Marginalized communities have been historically oppressed when their choice of identification was removed. MDPH partners should strive to use language that reflects people's and community's choices and style in how they talk about themselves. If health care or social service providers are not sure how someone wants to be identified, they should ask.

Anti-Ageism

Anti-adultism is the belief that adults are not inherently superior to children or young people, and that they should not be automatically given more power or authority simply because of their age. Anti-adultism challenges negative stereotypes and creates a more just society for children and young people to engage in their own care and participate as their own leaders to identify and support their community's health priorities and goals. MDPH partners should practice anti-ageism in the following ways:

- When referring to a person’s age, list the specific number, rather than assigning a category that may be vague or create negative connotations.
- Whenever possible, ask a person’s preferred way to identify themselves. One person may prefer “senior,” while another person with the same age number may prefer “older adult.”
- Do not assume that someone who is older is living with a disability.

Culturally Responsive Practices

Culturally responsive practices involve recognizing and incorporating the assets and strengths of everyone. MDPH partners should develop [cultural competency](#) and [cultural humility](#) in order to engage in effective communication (verbal, non-verbal, written, and images), organizational partnerships, and person-provider relationships. MDPH partners should consider the [RESPECT model](#) to develop culturally and linguistically responsive practices:

Respect. Discover and understand how respect is shown in different cultural groups through verbal and nonverbal communication.

Explanatory model. Take time to understand how people identify and perceive their own challenges and needs. What are their views about their symptoms or needs? How do they explain the origin of them? How is this similar or different from the health care or service provider?

Sociocultural context. Recognize how race, ethnicity, socioeconomic status, education, sexual orientation and gender identity, gender roles, immigration status, community, family, and generational/historical trauma can affect care, resources, and needs.

Power. Recognize the power differential between health care and service providers and people accessing programs and services. Engage in shared decision-making by inviting patients/clients to be full partners in making decisions about their health and health care and promote self-advocacy with action steps.

Empathy. Acknowledge the significance of each person’s concerns and ensure that they feel heard and understood.

Concerns and fears. Ask about each person’s concerns or apprehensions about seeking care or services. Assist them in developing strategies to address concerns.

Trust. Recognize that trust is not inherent but is earned. Engage in an authentic relationship with the person to establish and foster ongoing trust.

Language Justice and Linguistically Responsive Practices

[Language justice](#) refers to the “commitment to ensuring individuals marginalized based on their national origin, ethnic identification, and language are not denied equal access to services, remedies, and justice overall.”

MDPH partners should practice language justice by ensuring that individuals and families can participate in community engagement activities through linguistically responsive services. In practice, [language justice](#) is about creating and maintaining multilingual spaces, so that everyone's voice can be part of conversation and decision-making especially when it relates to the developing and implementing programs, services, and solutions that are meant to respond to individual, family, and community needs and priorities.

MDPH partners should secure appropriate professional services and resources to ensure language justice and linguistically responsive services, which may include translation and interpretation services for spoken and signed language.

MDPH partners should seek interpreters and translators from the communities they seek to engage, whenever possible. These individuals will have a deeper understanding of the cultural context of the language spoken, as well as the specific needs of a community to provide more accurate and culturally sensitive interpretation and translation.

Recognizing and Honoring People's Gender and Sexual Identities

People's gender and sexual identities are an important part of who they are. Gender and sexual identity are complex, personal experiences.

There are many different gender identities, including male, female, transgender, gender non-confirming, genderqueer, two-spirit, and agender. There are also many different sexual orientations, including heterosexual, homosexual, bisexual, pansexual, asexual, and demisexual. Someone's gender identity may not match their biological sex, and their sexual orientation may not be limited to one gender.

MDPH should adopt shared best practices for engaging with people from the LGBTQ+ community to ensure people's choices in how they wish to express their gender and sexual identity are respected. One way that MDPH partners can do this is by using people's preferred pronouns (e.g., she/her/hers, they/them/their, he/him/his).

For additional resources to create safe and inclusive environments for people from the LGBTQ+ community, visit [One Colorado's website](#).

An Equity-Driven Lens

MDPH partners should use an equity lens to intentionally consider the potential positive and negative impacts of proposed programs, policies, and services on communities. A [health equity lens](#) considers:

- **Long-standing systemic social and health disparities** that have been created or exacerbated by federal, state, and local policies, and that have caused some groups and communities to lack access to quality health care, be at increased risk of getting sick, experiencing overall poor health, and worse health outcomes than others.

- **The diversity of the community.** Programs, policies, and practices will be more successful when they recognize and reflect the diversity within and across communities.
- **Health equity is intersectional.** People belong to more than one group in a community. People’s social identities overlap and therefore, health and social inequities overlap, as well as strengths and assets. Do not generalize communities — diversity exists within and across communities in history, culture, norms, and lived experience. Not all individuals in a community have the same literacy in terms of primary language, [health literacy](#), and [digital access and literacy](#). Be mindful to ensure information and resources are community ready.

Strengths-Focused Assessments

MDPH partner should use strengths-focused assessments to put the strengths and resources that individuals, families, and communities have at the center of care, rather than their needs or challenges. The [Strengths Perspective](#) emphasizes the capacity for resilience and gives individuals and communities the opportunity to be agents of change, while acknowledging the impact of systemic, social factors.

Strengths-focused screening and assessments:

- Recognize that every person, family, group, and community has strengths and resources.
- Consider the long-term impact of harm from illness, trauma, and abuse experienced by individuals and communities.
- Honor and promote the person and/or community’s own goals and aspirations for their health and well-being.
- Treat and promote people seeking services as shared decision-makers and partners in their care.
- Link the person or community’s goals to specific actions that leverage strengths and resources.

Trauma-Informed Practices and Empathy

MDPH partners should use [trauma-informed](#) practices to provide programs and services that create safety, trust, choice, and collaboration while demonstrating cultural and linguistic competence. Trauma can be [generational and historical](#), due to [adverse childhood experiences](#), racism, other forms of discrimination, isolation, chaotic environment, lack of social services, or from [weathering](#) everyday stressors in society. Practicing empathy by recognizing the harm, trauma, and challenges that individuals and communities experience is important to develop and promote a [trauma-informed culture](#) within and across partner organizations in a connected community of care:

- **Safety** refers to ensuring the physical and emotional safety of a person seeking care and services.
- **Trust** is about establishing rapport, making questions, tasks, and communications clear and maintaining appropriate boundaries.

- **Choice** is about prioritizing the person’s choice in decision-making, supporting their control of their care and the services they use.
- **Collaboration** refers to sharing and promoting power with the person seeking care and support.
- **Empowerment** is about identifying and leveraging a person’s strengths and skills in a way that supports their growth, healing, and health.
- **Cultural and linguistic competence** ensures cultural applicability of programs and services and sensitivity to the role of culture and lived experience in decision-making.

Expanded Knowledge and Understanding

Expanded Knowledge refers to the creation of new perspectives, insights, and stories that build respect for the legacies and wisdom that reside within communities. MDPH partners should expand their shared knowledge and understanding across the Metro Denver Connected Community of Care in the following ways:

Community Engagement Best Practices

MDPH partners should develop a consolidated guide of community engagement best practices that are complementary to the [core principles](#) outlined in this plan. MDPH partners should use the guide to share understanding of and carry out consistent, community-centric engagement activities across MDPH programs, projects, and activities. Consistent engagement will help MDPH partners identify new community partnerships to pursue, determine ways to improve coordination of care and services across providers, and make informed resource investments within the connected community of care.

MDPH partners should review these best practices annually and update as needed to reflect new strategies, tools, and resources gained through interactions, relationships, and partnerships with the community.

Community-Ready Information

MDPH partners should create consistent, transparent, and honest opportunities to effectively communicate with community-based organizations and community members, developing partnerships and engagement activities that address the cultural and linguistic needs of everyone involved.

When working with community in partnership-building, on committees or workgroups, during events, [focus groups](#), or other activities, MDPH partners should clearly describe the goals of the connected community of care, outline the scope of related programs and projects, and articulate the resources available to act on the recommendations, challenges, or priorities that the community shares. MDPH partners should communicate [how community input is going to be used](#), who will have access to their information or input, and how people’s identifiable or personal information will be protected.

Asset-Based Thinking and Learning

MDPH partners should practice asset-based thinking and learning when assessing individual and family needs during individual care encounters and when assessing opportunities for collective community health investments in the region.

[Community health policies](#), programs, and projects should promote and protect the health of all people where they live, learn, work, and play. Many communities — including black, indigenous, communities of color, people with low-incomes, people from low socio-economic backgrounds, people with disabilities, youth, older adults, and people from the LGBTQ+ community — experience disparities in access to health care and social services. These disparities perpetuate health inequities.

Because of health inequities, the paradigm of community health improvement work is focused on the **needs** of communities. While addressing these needs is critical, emphasizing needs can leave out recognition of the **assets** and **valuable historical and cultural knowledge** that communities also have and can contribute to collective action to promote community health and well-being. MDPH partners should commit to shifting the paradigm of how communities are viewed by practicing strengths-focused assessments and also by ensuring that data, information, and stories about communities are not only reflective of needs but also the strengths, assets, and wisdom gained from their lived experiences.

Strengthened Partnerships and Alliances

Building Trust and Presence in the Community

With Community-Based Organizations

MDPH partners must first establish trust with community-based organizations before mutual partnerships can be formed. To build trust, MDPH partners should understand how each of these organizations perceive mutual value. Then, develop partnerships with community-based organizations “from the bottom up,” based on the unique needs of each organization and the community it serves.

Build Trust through Shared Conversation. MDPH partners should have a discussion at the beginning of the engagement process and ask community-based organizations the following questions:

- What is the current state of health in your community? What are your priorities for improving that state?
- What are your organization’s greatest strengths or successes in addressing these priorities?
- What is your organization’s greatest need or barrier to address these priorities?
- What partnerships or support would be most helpful to address these barriers or needs?
- How would you like MDPH to engage and communicate with your organization?

- How can our organization and/or MDPH partners best collaborate with or support your staff when coordinating care and services for individuals and families?

MDPH partners should also recognize that one organization or entity cannot speak to the needs or priorities of all people in a community. For example, MDPH partners should consider reaching out to and coordinating with both tribally enrolled and non-tribally enrolled Native communities to determine their unique health priorities, needs, and resources for shared partnership.

With Community Members

While the intent of community engagement may be good, many communities have experienced significant negative impacts from health care, governmental, and research institutions that can persist through [intergenerational trauma](#) and other current events. These harmful experiences can affect community members' readiness and trust to engage with health care and social service systems.

Trust is developed in informal and personal ways simply by being consistently present and active within the community. [By being present](#) and active at social events and gatherings, MDPH partners can show that they have a broader interest in the community and are not only there for organizational gains or program measures.

MDPH partners should participate in, support, and host community events on an ongoing basis to be present within the diverse communities across the metro area, in the following ways:

- Attend gatherings and events hosted by community-based organizations, listen and participate on behalf of your organization, building outward relationships with these organizations and the communities they serve.
- Partner with recognized local organizations and associations to sponsor, staff a booth, and/or volunteer at their events on behalf of your organization. This may include community-based organizations, young professional groups or committees, faith-based groups, and chambers of commerce dedicated to certain communities (e.g., women, immigrants, and BIPOC business owners).
- Host and/sponsor health and resource events, on behalf of your organization and in collaboration with community-based organizations and groups, and in neighborhoods where people reside during their daily routines. These events can be incorporated with other long-standing community gatherings, such as festivals, pow-wows, and other cultural events, to celebrate community, build trust, and support access and utilization of services. Plan events during times or dates when community members are available, including evenings and weekends.

When hosting or sponsoring community events:

- Provide access to health services and information about community resources to inform people of the variety of services and resources available. For example:

- Offer health screenings, and eye and dental exams.
- Provide resource materials in multiple languages and in formats accessible to people with visual impairments.
- Ensure events are accessible to people with disabilities or mobility challenges.
- Provide healthy and culturally relevant food, by collaborating with local grocers, restaurants, and farmer’s markets.
- Offer activities to foster social connections, such as outdoor barbeques, games, and arts and crafts.
- Offer activities and accommodations for attendees with children under the age of five, such as play areas, child care, or a dedicated lactation space.
- Conduct extensive communication and outreach in anticipation of community events to get the word out and in multiple languages.
- Include spaces for religious and cultural accommodations so that community members can be present without the stress or fear of needing to ask for appropriate accommodations.

Building Shared Power, and Sustainable, Structural Supports

MDPH partners should create sustainable structural supports that share power with the community when coordinating care and services for individuals and families and when seeking to expand the network of partners participating in the Metro Denver Connected Community of Care. MDPH partners should build sustainable, structural supports in a variety of ways, which may include:

Community Health Workers, Promotoras de Salud

MDPH should use established models and positions that can effectively serve to coordinate care and services for individuals and families, such as [community health workers](#) and [Promotoras de Salud](#). These paid positions employ people who reflect the community they serve. These positions promote trust in health care, public health, and social service interactions, recognize community members for their knowledge and skills, and create mutual benefit and opportunity for community members to receive training, education, and employment.

Community-Based Organization Capacity

MDPH partners should invest in the capacity of community-based organizations. Referrals to service waitlists do not make a difference for individuals and families. Community-based organizations provide critical services to address food security, housing, transportation, safety, and other health-related social needs. These needs are referred to as [social determinants of health](#), and evidence suggests that addressing these needs has a positive impact on health outcomes and health equity.

Community-based organizations should be recognized for the contribution they make to overall community resources and health outcomes, especially when operating with significantly smaller budgets and/or philanthropic grants that are not guaranteed to impact long-term sustainability.

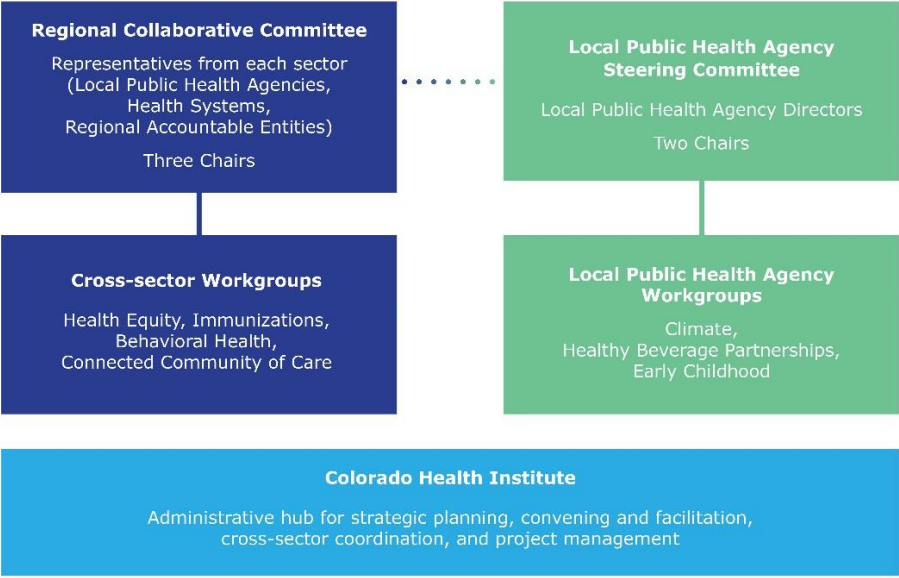
By supporting and sustainably investing in the capacity of community-based organizations, MDPH partners will create mutual value in cross-sector partnerships, contribute to addressing the [wrong-pocket problem](#), and advance equity to proactively prepare for emerging [public health challenges and emergencies](#). Refer to the [MDPH Connected Community of Care Sustainability Plan](#) for more guidance on strategies and activities to increase community-based organization capacity.

Integrative Governance

Within the MDPH governance structure, the Regional Collaborative Committee and Local Public Health Agency Steering Committee direct decisions and investments on the health priorities, programs, and projects that MDPH partners pursue. MDPH partners take turns serving as chairs on these committees to work alongside MDPH’s trusted convener to plan for and prepare for committee meetings, decisions, and activities.

Workgroups support planning, implementation, and evaluation of various programs and projects that support the partnership’s regional health priorities. MDPH’s trusted convener facilitates all committee and workgroup activities.

Figure 2. Metro Denver Partnership for Health’s Governance Structure, 2023



Community Leadership Investments

When enhancing MDPH’s governance structure to include community leadership, MDPH partners should recognize that many community leaders who contribute as individuals in engagement activities — and not on behalf of an organization — do not receive the same personal and professional development opportunities as partners engaging on behalf of organizations.

MDPH should improve equitable access to personal and professional opportunities by offering a variety of supports to community leaders participating in the integrative governance process, which may include:

- Stipends to compensate for time spent in meetings and for work completed in between meetings, at no less than \$50-\$75 per hour.
- Personalized coaching sessions to empower full participation.
- Access to technology to support remote participation, including utility stipends to cover internet charges.
- Health and wellness stipends for gym memberships or memberships to local Community Supported Agriculture programs.
- Child care and transportation support for in-person events.
- Interpretation services to address language barriers and accessibility tools to address visual or hearing impairments.
- Registration fees for relevant events, training, and conferences.

See the [MDPH Connected Community of Care Sustainability Plan](#) for more details.

Improved Programs, Policies, and Health

MDPH partners should engage with community-based organizations and community members in a variety of ways to ensure the programs, projects, and solutions developed within the Metro Denver Connected Community of Care align with community health priorities and needs. MDPH partners should understand and practice the following:

Community Participation to Partnership

There is a spectrum of community engagement that begins with outreach and leads to shared leadership in decision-making, priority-setting, and collective action to improve health (Figure 3). Communication, consistency, trust, and impact increases as partners move up in the spectrum of engagement activities.

Each level of community engagement has a purpose. While **partnership** is the ultimate goal, not all community members or community-based organizations will have interest, time, or intention to engage at this level. MDPH partners have a responsibility to engage with the community in a variety of ways, understanding that the organizations and people collaborating in shared leadership cannot speak for everyone in a community or region. Community engagement activities can serve to:

- Outreach and inform
- Consult
- Involve
- Collaborate
- Share leadership

Figure 3. Community Engagement Spectrum, from Participation to Partnership

Participation		Engagement		Partnership
Outreach/ Inform	Consult	Involve	Collaborate	Share Leadership
Communication flows in one direction, to inform community members.	Get one-time or periodic input or feedback from the community.	Communication flows both ways. Community members participate on an ongoing basis.	Community members actively influence decision-making.	Community members co-lead in decision-making and priority-setting.
Activities: -Informational sheets -Presentations -Videos	Activities: -Focus groups -Interviews -Surveys -Community forums/conversations -Public comment	Activities: -Interactive workshops or advisory committees -Community forums/conversations -Community organizing and advocacy	Activities: -Community boards and committees -Agreements and Memoranda of Understanding with community-based organizations -Community organizing and advocacy -Open planning forums with community members	Activities: -Consensus-building -Community-driven planning -Participatory action research -Participatory budgeting
Message to Community: We will keep you informed.	Message to Community: We care what you think and will communicate how your input is being used to make decisions.	Message to Community: We are integrating your needs and assets into processes and plans. We will communicate how your input is being used to make decisions.	Message to Community: Your expertise and leadership are critical to address this issue or priority. We will ensure community capacity to engage in recommendation-building and will implement recommendations to the maximum extent possible in decisions made.	Message to Community: We include the community in governance and implement the decisions we make together.
Outcomes: Create communication channels to	Outcomes: Develop connections with the	Outcomes: Promote visibility of and collaboration with the community	Outcomes: Increased trust and formalized partnerships.	Outcomes: Strong partnership with bidirectional trust

share information with the community.	community.	as a partner.		that promotes broader community health outcomes.
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Adapted from sources including [Community Commons](#), [Denver Department of Public Health & Environment](#), the [International Association for Public Participation](#), and the [U.S. Department of Health & Human Services](#).

Outreach and Inform

MDPH supports a variety of initiatives, programs, and projects to improve population health regionally — including but not limited to the Metro Denver Connected Community of Care. When implementing these efforts, MDPH partners should create and distribute newsletters, informational sheets, flyers, or other communication materials to share updates on successes, challenges, and impacts of these programs and projects. Communication materials should include ways that community partners and community members can get involved. Materials should also be in multiple languages, made publicly available, and regularly distributed to all MDPH partners and community leadership partners. MDPH partners should also leverage partnerships with community-based organizations and community leaders to ensure community and equity centered design of these materials.

Consult

Surveys and Focus Groups

In a connected community of care, health care, public health, and social service providers operate in a cohesive network to [coordinate care and services](#) for individuals and families. There will be challenges and successes in implementing, improving, and sustaining these activities. MDPH partners should have regular feedback mechanisms in-place with individuals and families to understand what is going well and how coordination of care and services may be improved and develop solutions accordingly.

Feedback surveys and focus groups are two suggested feedback mechanisms. MDPH partners should recruit diverse groups of people to participate in surveys and focus groups, to include individuals from a variety of ages (youth, adults, and older adults), racial, cultural, and ethnic backgrounds, languages, gender and sexual identities, and abilities. MDPH partners should consistently engage with new people participating in feedback mechanisms, so a variety of perspectives and experiences of people are considered.

Recommendations when recruiting, preparing for, and facilitating surveys, focus groups, and related events:

Compensation.

- **Compensate community members** for their time and expertise, at a minimum of \$50-\$75 per hour. Consider providing financial support for child or elder care when community members are participating in the event.
- **Clearly communicate how and when** community members will be compensated (e.g., by gift card, before leaving the focus group, within one week after the event).

Recruitment strategies.

- **Recruit participants using a variety of methods:** social media, emailing, and leveraging community partners' existing connections to families, neighborhoods, and groups.
- **Develop recruitment materials** in the preferred languages of the communities your initiative, program, or project intends to serve.
- **Ensure ample staff or consulting resources** to carry out outreach, recruitment, and logistics for administering surveys/focus groups.
- **Ask community members what accommodations** they may need to support their in-person or virtual participation and prepare accordingly (e.g., dietary restrictions, child care or elder care needs, transportation, technology needs).
 - Ensure any facility that is used for in-person events follows [ADA Standards for Accessible Design](#).
- **Follow-up with an email and text message and/or phone call reminder** the day of events to increase attendance.

Community-centric inclusion and accessibility.

- **Hold events in a variety of languages** to be welcoming to different communities. Ensure interpretation services and sign language services are available to ensure community members can participate.
- **Hold events in space and during times** when community members are already frequenting to accommodate work, school, and family schedules:
 - To include food pantries, libraries, schools, community, or recreational centers, or in other places where children's sports or art classes are held so that parents have child care. Include appropriate honorarium to compensate community venues for their spaces.
 - In the early morning, afternoon, evenings, or weekends.
- **Provide food and refreshments** at in-person events to support community members' full participation.
- **Consider having virtual and/or hybrid events** to reduce time and transportation barriers, account for family care needs, or reduce health risk exposures for people who may have special needs. Compensation may be differentiated by virtual or in-person attendance.
- **Unexpected circumstances and changes happen** in people's schedules. Follow up with people who signed up but didn't attend an event and find out how you may still be able to get their input. This demonstrates that you care about their contributions and fosters trust between MDPH partners and the community.

Involve

Interactive Workshops

While surveys and focus groups provide an initial level of engagement, MDPH partners should engage with community members on an ongoing basis to ensure understanding and integration of broader needs and assets when building a connected community of care.

One recommendation is to hold interactive workshops for community-based organizations that coordinate care and services in the connected community of care network, to participate in planning activities shape new partnerships, priorities, and meaningful activities for MDPH to pursue. Workshops and/or meetings should be held on a regular basis, but no less than annually, to foster continued connections with community partners who are part of the network.

Another option is to facilitate advisory committees or groups where community-based organizations and community members can provide input on specific topics, priorities, or activities that MDPH is working to develop improve and/or implement. Advisory committees are another place where the community can be involved in influencing decisions.

These workshops or advisory committees must provide mutual benefit to all stakeholders involved - See [Build Trust through Shared Conversation](#) as a starting place to foster trust and mutually beneficial interactions with the community. Community-based organizations and community members participating in these activities should be adequately compensated for their time and expertise.

Collaborate and Share Leadership

MDPH should create a sustained place for community leadership within its overall [governance structure](#) to enable shared decision-making, priority-setting, and co-creation of improvements and solutions within the connected community of care. Community leadership includes individuals participating as community members and representatives from community-based organizations. MDPH partners should engage with established and well-known community-based organizations and smaller, grass-roots organizations. MDPH partners should compensate community leadership for their time and expertise (see [Improved Programs, Policies, and Health](#)).

Recommended responsibilities for community leadership are outlined within each of the Designated Activities sections of this plan. The [Collective Impact Forum](#) is a resource for partners to learn and practice collaboration with community to:

- Ground their work in data and context
- Focus on systems change, in addition to programs and services
- Shift power within the partnership
- Listen to and act with community
- Build equity leadership and accountability

MDPH partners should recognize community leadership as trusted partners who can act as advocates and liaisons between the diverse communities across the region, and health care and social service systems. However, MDPH partners should not ask community leadership to speak for every community or individual in the metro area. Rather, MDPH partners should carry out additional activities across the [community engagement spectrum](#) to ensure inclusion of other perspectives and experiences in decision-making and priority-setting.

Thriving Communities

By carrying out commitments to core principles, strengthened partnerships and alliances, expanded knowledge and understanding, and improved programs, policies, and health, MDPH will foster a thriving, connected community of care that advances health equity.

The [core functions](#) of a connected community of care include:

- Coordinating health and social need screening and assessment activities.
- Sharing an integrated community resource inventory.
- Coordinating referrals.
- Facilitating whole-person and whole-family care coordination.
- Compiling community health analytics to make intentional and informed investments.

MDPH partners should evaluate and improve the effectiveness and efficiency of these core functions over time. See the [MDPH Connected Community of Care Accountability Plan](#) for more details.

The overall success of the connected community of care will depend on making incremental impact on:

- Increasing **trust and partnerships** across sectors and with the community to support **whole-person and whole-family care**.
- **Improving access to resources and services**, by emphasizing people over administrative processes.
- Enhancing intentional investments to address resource gaps and capacity, to **build a stronger safety net**.

MDPH partners should consider how to [holistically assess the impact](#) of the connected community of care, using shared metrics that leverage existing and new quantitative and qualitative data sources, such as stories. Recommendations include but are not limited to the following:

Whole-Person and Whole-Family Care

Success in providing whole-person and whole-family care may be measured by:

- The extent of **trust** between partners to collaborate and coordinate people's care and services.
- The extent to which individuals and families are assessed for their **physical, mental and behavioral health, and social needs**.

- The extent to which individuals and families **feel supported and treated with respect and dignity** by the providers coordinating their care.
- The extent to which individuals and families receive culturally and linguistically responsive services in a timely manner.
- A person's increased **confidence** in making decisions that improve their own individual and family's health.

Improved Access to Resources and Services

Success in improving access to resources and services may be measured by:

- The number of **partners** and **sectors** participating in the connected community of care network to coordinate care and services (e.g., health care, public health, community-based, human service, mental and behavioral health).
- The **time** it takes for individuals and families to locate and receive resources and services to address their needs.
- The number and percentage of **individuals and families** who are successfully connected to resources and services that they seek.

A Stronger Safety Net

Success in building a stronger safety net may be measured by:

- The number of **community-based organizations** and **community members** that are engaged as shared leaders in decision-making and priority-setting to design and implement programs, services, and solutions within the connected community of care.
- The **number** and **sector of partners** involved in **sharing data and information** to make **collaborative, informed** investments to improve access to and availability of resources and services.
- The type of sustainable investments made in community-based organizations to ensure **service capacity**.
- The number and sector of partners who participate in shared governance and membership contributions to support long-term sustainability of the Metro Denver Connected Community of Care.

Glossary

Better cross-sector coordination begins with shared vocabulary. The following are definitions for terms used within the Metro Denver Connected Community of Care initiative.

BIPOC: Black, Indigenous, and People of Color.

Community-Based Organization or Service Provider: A private, nonprofit organization, which may include faith-based organizations, that provides direct services and/or advocates for a certain population in the community. Direct services may include food pantry services, home-delivered meals, transportation, utility assistance, housing navigation assistance, temporary housing or shelter, or other services that address an individual or family's social needs.

Connected Community of Care: A network of partners who coordinate care and services for individuals and families, and who make collaborative resource investments to promote health equity and resiliency. A connected community of care:

- Is made up of cross-sector partnerships among health systems, clinics, public health and human service agencies, Regional Accountable Entities, community-based organizations, and mental health and behavioral health providers.
- Uses interoperable technology, such as social-health information exchange (S-HIE), as a tool to share information appropriately and securely, coordinate care, and determine how to make informed community health investments.

Family: May refer to adults who are responsible for the care of children or minors or vulnerable adults, or an older adult being cared for by another relative. A person served through guardianship may be another example when referring to a family unit. MDPH partners must follow applicable laws when managing privacy and consent of family members.

Integrative Governance: The organizational and decision-making structure required for shared leadership, responsibility, and accountability in the development and management of the [Metro Denver Connected Community of Care initiative](#). The Metro Denver Connected Community of Care integrative governance structure is based on the [ReThink Health integrative activities](#). Within its integrative governance structure, MDPH commits to collaborative decision-making with community leadership to ensure the connected community of care is community-driven and responsive to individuals' and families' needs.

Interoperability: The ability of different information systems to connect, work together, and share information.

MDPH Partners: All people and partner organizations participating in the Metro Denver Connected Community of Care initiative, including public health agencies, health systems and hospitals, Regional Accountable Entities, health alliances, community-based organizations, community members, and a trusted convener.

Person- and family-centered care: Views patients and clients as unique individuals who are partners in making decisions about their individual and family's care and services, alongside their health care and social service providers.

Regional Accountable Entity (RAE): An organization responsible for coordinating Health First Colorado (Medicaid) members' care, ensuring they are connected with primary and behavioral health care and community resources when needed.

Shared Social-Health Information Exchange (S-HIE) Infrastructure: A technical solution that allows health care and social service providers to share individual and aggregate level data across their separate S-HIE systems or electronic health records. Shared S-HIE infrastructure allows health care and social service providers to work as a team to screen, assess, and refer people to resources and services, provide care coordination when appropriate, and evaluate overall impacts on health and well-being. Shared S-HIE infrastructure is a tool for a network of providers to coordinate services for individuals and families, identify resource or capacity gaps, and determine opportunities for collective investments in community health promotion and improvements.

Social-Health Information Exchange (S-HIE) System: A technology tool or platform that allows health care and social service providers to screen, assess, and refer people to resources and services to address their social needs. S-HIE systems include individual and aggregate level data. Commercial examples may include [Epic](#), [findhelp](#), [MEDITECH](#), [Salesforce](#), [Unite Us](#), and others. A local example is [Boulder County Connect](#).

Social Needs: Also referred to as health-related social needs. Social needs include food security, housing security and quality, utility services, transportation, and interpersonal safety.

Social Service Providers: A general term used to collectively describe community-based service providers and human service agencies.

Trusted Convener: An organization that provides strategic planning, technical assistance, facilitation, and project management for a group of organizations working on a shared initiative or priority.

Use Case: A real-world scenario that illustrates how a connected community of care could be used to address a specific need (e.g., stable housing).

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