

Community Engagement

Framework





"Advance Engagement, Achieve Equity"

The intention of this guide is to ensure a framework is in place for staff, programs, and partners to have the support needed to foster and maintain community partnerships.

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Tulare County Public Health (TCPH)

Tulare County is centrally located in the heart of California's Central Valley and composed of small, rural and suburban towns that support the agricultural industry. It is known as one of the top agricultural-producing counties in California and the United States, with a population of 477,054. The Healthy Places Index (HPI) tool uses 23 key drivers in measuring quality of life and has ranked Tulare County in the lowest quartile of the state of California for healthy communities. The lack of access to health services, education and household income are just a few of the many contributing factors in the county's lower quartile ranking. The median household income for families in Tulare County is \$52,534, compared to California's average income of \$78,672. In Tulare County, 17.1% of the population is living in poverty. Socioeconomic impacts result in individuals having difficulty accessing care due to finances, transportation, or a lack of understanding of the health care system, which has resulted in communities in Tulare County being disproportionately impacted and at higher risk for poorer health outcomes.

TCPH, as part of the Tulare County Health & Human Services Agency (HHSA), carries out various services, including mandated and grant-funded programs to improve health education and outcomes of the community. TCPH is guided by its mission, vision, and values.

MISSION

Protect, promote, and improve the health and well-being of the people of Tulare County.

Healthy lives, Thriving Communities

VALUES

- Community engagement

- Compassion
 Equity
 Excellence/quality
 - Integrity
 - Respect

The California Department of Public Health (CDPH), describes health equity as ensuring that all people have full and equal access to opportunities that enable them to lead healthy lives. The health of residents in Tulare County is of the utmost importance to TCPH. The work carried out by the public health programs are developed and implemented with health equity at the forefront of planning and engagement.

TCPH serves a large and diverse population, leading to the importance of creating common language and methods for mobilizing community engagement. The work conducted by TCPH is guided by the needs of the community we serve. To create greater success in the programs developed, it is important to attract participation from various communities and underrepresented groups/individuals. Increasing the engagement from diverse community groups is vital to understanding priority needs and guides the work of TCPH and its partners/ subcontractors.

Equitable Community Engagement

To improve health outcomes for residents of Tulare County, TCPH recognizes that it must bring a variety of partners/organizations and community members to the table to work collaboratively. Through community collaboration, TCPH will be working towards addressing issues such as social determinants of health (SDOH) and finding long-term solutions that best fit the needs of Tulare County. Those who come to the table will be empowered to share and inform the priorities and work of the tasks at hand.

In the spring of 2022, the Public Health Branch conducted the California Department of Public Health (CDPH) Baseline Organizational Assessment for Equity Infrastructure, which evaluated the branch's engagement with community members, policies, workforce capacity and understanding. Through this assessment the following priorities were identified for TCPH to improve equity infrastructure:

- Embed Equity Principles
- Community Based Organization (CBO) & Resident Engagement
- Training, Development, and Support

This assessment made it clear that one of the priorities of TCPH's work is ensuring community participation as being a guiding force in implementation. To ensure roles and responsibilities relating to participation from community members and organizations are consistent and communicated to interested parties, the Community Engagement Framework has been developed.

Staff members of the branch will be trained on this framework by members of the Equity Team to ensure understanding of the use of this framework and importance of attracting a wide array of input in program and priority development.

Background

Community Collaboration Defined

Community collaboration is important and has been recognized as a means to help strengthen community partners' and members' involvement regarding equity, community goals, and accessing all efforts to improve the overall public health. Building credible and trustworthy relationships with key community members is essential to providing ongoing support and making informed decisions that will benefit the community. The community engagement work will enhance the collaboration of community members and stakeholders and build an inclusive foundation for improved health outcomes. It is important to understand the different levels of engagement that occur internally or externally. Below are examples of the difference between community members and Community Based Organizations.

Community Members

Individuals who participate and represent points of view

- LGBTQ+ individuals
- Parents
- Pregnant individuals

Community-Based Organizations (CBOs)

Organizations, community groups, or agencies

- United Way
- California Farmworkers Foundation
- The Source

This means sharing expertise, resources, and responsibility with our community for achieving shared goals through interactions built on trust, mutual respect, and cultural humility. Examples of applicable community engagement activities include:

- · Hosting community forums
- · Participating in community events
- \cdot Helping with community research activities
- · Supporting partners in their efforts
- · Sharing data with the community
- · Providing support services
- · Focus groups
- \cdot Participation and oversight of Advisory Committees and Councils
- \cdot Aiding individuals experiencing homelessness in finding resource and services

What is Community Power Building?

Community Power Building is a process used by many organizations to build relationships. This journey begins by collaborating with people and organizations to identify and improve the social, economic, and environmental determinants of health. Transforming inequitable systems through redistribution of power, and decision making, is inherently good for the overall health of the community. The process of building community power has the potential to transform how decisions are made by whom, for whom, and with whom.

Why Embrace Community Power Building?

The benefits of power building have a direct impact in our communities by cultivating connections based on trust, accountability, knowledge, and influence. The health department is able to ensure responsiveness by matching resources on hand to the needs of the community, in addition to acquiring knowledge from those who have embraced power building before, and creating a space to influence, motivate, and foster collaboration among those working on the same project.

The following strategies can help create an internal foundation for successful partnerships:

• **Communication:** Communicate with administrative leadership and partnering CBOs to foster trust and clear expectations. Creating an engaging environment amongst all parties and being actively involved with the work at hand.

• **Goals and Objectives:** Include the objectives that CBOs care about, if applicable, to the programs or projects, such as Community Health Needs Assessments or CHIP Subcommittees—which can also be an opportunity to collaborate with community members. This framework establishes a base of support and can protect the program if things become internally contentious.

• **Identify resources:** Partnership requires resources to support both staff and CBOs efforts. Look for short-term sources like foundation grants, emergency funds, or communities of practice to demonstrate proof of concept, while building support for longer-term partnerships via categorical funding and discretionary sources.

• **Staff the work for success:** Assign or hire staff who bring humility, awareness of CBOs approaches, and a deep understanding of community priorities, cultures, and communication styles. Hire staff representative of communities they will serve. Establish trusting relationships with potential CBO partners.

[&]quot;Resources for Collaboration and Power Sharing between Government Agencies and Community Power-Building Organizations." Human Impact Partners, 28 July 2022, humanimpact.org/hipprojects/resources-for-collaboration-and-power-sharing-between-government-agencies-and-community-power-building-organizations/.

Establishing trusting relationships.

Successful health department-CBO partnerships require authentic relationships founded on trust and shared values rather than transactional needs. To establish a foundation of trust, TCPH must prioritize holding themselves accountable to communities and work to improve inequitable policies and systems. Some strategies to foster deep relationships include:

- Move at the "speed of trust," real partnership takes time to build. Reach out well in advance of any deadline.
- Attend and participate in CBOs events. Be a consistent and helpful contributor and build genuine relationships with participants and organizers.
- Co-organize educational events (e.g., National Public Health Week), meetings, or events between CBOs and the program.
- Invite CBOs staff and or community members to participate in agency-led task forces or convening guiding policy and program changes.
- Invite community partners to participate in agency assessment and planning processes such as established opportunities for public participation.
- Collect and provide research, data, or public testimony related to CBOs priorities or working with CBOs to expand public engagement practices.
- Subcontract (hire) CBOs to provide translation or interpretation services, training services, support community engagement, or participate in programs, etc.
- Share power, for example by co-creating projects, seeking shared funding, and formalizing collaboration with CBOs.
- Transparency regarding the capabilities of the program, potential future developments, and limitations is crucial. Avoid making commitments beyond the capacity. Collaborate on potential adjustments within the program's control.
- Embed partnerships and relationships to ensure they withstand staffing changes. Too often, partnerships fall apart because they are only as deep as individual staff members. Ensure durability by building a team of staff invested in partnership, and embed collaboration.

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Actions to Support CBOs

The following reflect coordinated and strategic actions that TCPH can take to show their commitment to CBOs and to build long-term, trusting relationships.

Advocacy Support: Publish interviews, reports, statements, or other communication pieces to support CBO priorities. This can include direct support for their positions, or more subtle support such as publishing data that raises the profile of a health issue and shifts public opinion towards solutions.

1. TCPH as a resource.

Make it known that the program is an available resource: In some situations, all CBOs may need is the name and contact information for someone who will be responsive to their community's needs. Identify a person or people in the program that are available to respond to requests and identify them as such on the program website.

2. Leverage relationships across the County Departments to support CBOs.

Leverage existing government structures: Community Health Improvement Plan (CHIP) steering committees, comprehensive planning processes, and community advisory groups often have capacity to focus on CBO issues. Integrating CBO priorities into these processes is another ongoing way to increase longevity to address these issues.

Resource CBOs: When possible, grant resources to CBOs or contract with them to work on emerging health issues. Contracts that involve outreach and policy change are especially easy for CBOs to complete based on their existing organizing and advocacy.

3. Leverage relationships across the wider nonprofit and funder ecosystem to support CBOs. This will build support across the public health system.

Collaborate with health partners: TCPH works alongside various health centers and CBOs who address health issues in their work. These groups are good at sharing community health issues. They can also gather health information and create resources for the public when the health department can not. Additionally, they can advocate strongly to make sure the health department addresses specific concerns.

Advocate for funders to support CBO work: Health departments can help bridge relationships to funders, and help CBOs frame their work to gain access to health related funding that they may not typically have. This may be done through providing a letter of support or acting as a supporting agency in a grant or initiative the CBO intends to pursue.

Clearly understand what the CBO partners are looking for: What are the issues they are organizing around? How did this partnership come about historically? Where do they see the health department adding value? Discuss and decide on the roles that can be taken in projects, which ones can be started with, and how to keep in touch.

Community Power Building

| | Here are some strategies to consider while developing relationships with CBOs: | | |
|---|--|--|--|
| Strategize with the internal team: | • What are the services provided by the CBO's? What's the historical context for the partnership? How can TCPH add value? Agree on the roles that can be played within the scope of work, determine the roles that can be initially committed to, and establish communication methods for ongoing collaboration. | | |
| Understand what CBO partners are looking for: | • Who is working internally to support the CBO? How can internal capacity be created to support the CBO? What roles do internal colleagues play, and how will mutual support be provided? How can support be offered to health department leadership in building relationships with the CBO? | | |
| Media Campaign Support: | • If within the scope of work, collaborate and provide media campaign support to the CBOs to help engage and promote topics being worked on (e.g. commercials, radio, billboards, social media coordination, development of flyers etc.) | | |
| Professional Development: | Co-organize or provide professional development training/ technical assistance to build the advocacy capacity of CBO members. Share learning opportunities that reach the program (trainings, webinars, communities of practice, etc.). | | |
| Leveraging Governmental Networking: | • Be a liaison for the CBOs by introducing CBO members to staff in the government agency. This will help create future collaboration opportunities with the CBO and the governmental agency. | | |

• Develop a Memorandum of Understanding (MOU) or other formal agreement to establish how or why the organizations will collaborate, especially if funding is available to CBO's.

Formalize

collaboration and

power sharing:

7 Core Values for the Practice of Public Participation

The purpose of these core values is to help make better decisions that reflect the interests and concerns of potentially affected people and entities.



Core Values [Figure]. (2017). International Association for Public Participation. Retrieved from https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/2017_core_values-24x36_iap2_.pdf.

Planning to Engage

The Community Engagement Framework is a document that steers thoughtful planning and implementation of community engagement across the phases of public health work.

To ensure that public engagement activities are meaningful, the following key steps are critical:

| Accommodate/ Inclusiveness | Engage the public with inclusivity and equitably incorporate diverse people, voices, ideas, and information to place the groundwork for quality outcomes at the forefront. Accommodate the Americans with Disabilities Act compliance (ADA) and language barriers. |
|-------------------------------|---|
| Accountability | • Establish a way of working that integrates meaningful community participation, sensitivity to timelines, is cost-effective, and demonstrates that results and outcomes are consistent with expectations. |
| Cultural Competency | True cultural humility requires an appreciation for the richness and complexity of the concept of culture: Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally. Have the capacity to: Define culture broadly Value clients' cultural beliefs Recognize complexity in language interpretation Facilitate learning between providers and communities Involve the community in defining and addressing service needs Collaborate with other agencies Professionalize staff hiring and training Institutionalize cultural competence Have the understanding to adapt and listen to others who are experts in their own culture |
| Empathy | Empathy is a key focus throughout the planning process. This signifies a meaningful interaction or series of interactions with the community that help us exemplify: How people feel What motivates them Why they're angry or disappointed Why they're fearful or hopeful How engagement empowers the community |

Steps to Engagement

| Opportunities/ Benefits | Create local networks of community members. The more people who know what is going on and who are willing to work toward a goal, the more likely a community will be successful in reaching its goals. Engage with the community and find out their needs. |
|----------------------------|--|
| Reimburse- ments | When a project allows/requires programs to engage with the community members, it will be important to consider funds money allocated for compensation. Types of compensation: Stipends Gift cards Free food Transportation Meals |
| Transparent | Be open, honest, and transparent about the purpose/project when engaging the public, and ensure that the same principle applies when communicating results. Provide a public record of the organizers, sponsors, outcomes, and range of views and ideas expressed. |

Levels of Involvement

The Centers for Disease Control and Prevention (CDC) has developed the table below to demonstrate the levels of engagement of community members and community organizations. This table demonstrates the way these communications and inputs can evolve over time and lead to higher levels of community involvement when trust and collaboration exist.

| Increasing Level of Community Involvement, Impact, Trust, and Communication Flow | | | | |
|--|---|--|---|--|
| Outreach | Consult | Involve | Collaborate | Shared Leadership |
| Some Community Involvement Communication flows from one to the other, to inform Provides community with information. Entities coexist. Outcomes: Optimally, establishes communica- tion channels and chan- nels for outreach. | More Community Involvement Communication flows to the community and then back, answer seeking Gets information or feed- back from the community. Entities share information. Outcomes: Develops con- nections. | Better Community Involvement Communication flows both ways, participatory form of communication Involves more participa- tion with community on issues. Entities cooperate with each other. Outcomes: Visibility of partnership established with increased coopera- tion. | Community Involvement Communication flow is bidirectional Forms partnerships with community on each aspect of project from development to solution. Entities form bidirectional communication channels. Outcomes: Partnership building, trust building. | Strong Bidirectional Relationship Final decision making is at community level. Entities have formed strong partnership structures. Outcomes: Broader health outcomes affect- ing broader community. Strong bidirectional trust built. |

Reference: Modified by the authors from the International Association for Public Participation.

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow [Figure]. Community Engagement Continuum.

Retrieved from https://www.atsdr.cdc.gov/communityengagement/pce_what.html.

Community Engagement Matrix

This matrix is to ensure that appropriate methods and tools are used to engage the community, as well understanding its input scope and the role of those consulted.

| Types of Engagement | Goal of Participation | Tools/ Activities | Inclusive Engagement Techniques | Indicators/ Evaluation |
|----------------------|---|--|---|--|
| Outreach | Goal: Public Health staff initiate an effort, coordinate with internal partnership (COT), and use a variety of channels to inform the community to take action (CBOs). | Media Releases Brochures Pamphlets Staff outreach to community Social Media Billboards Bus Ads | Obtain initial ideas, opportunities, and issues Translation of all key documents ADA compliance | Material used caught people's attention Materials used were appropriate for the target audience Proportion of the target population participating in the program |
| Consult | Goal: Ensure attention to developing an effective commitment with the community to obtain feedback on the decision - making. Outcome: Develops connections | Paper survey / feedback form Suggestion box Social media Public meetings Workshops | Proposed solutions, draft plans Present information, then ask questions and seek input Inclusive environment Individual meetings with community leaders | Improved relationships More interaction |
| Involve | Goal: Ensure that suitable approaches are made for inclusive participation. Communication and participation flow both ways. Outcome: Able to visualize the established partnership. | Focus Group Session Community Meeting, Public Hearing Site Tour Implementation Committee Visioning | Allow sufficient time to promote engagement and encourage participation Consider a set date prior to community meetings Set ground rules during meetings | Increased education Community members feel comfortable, listened to, and understood |
| Collaborate | Goal: Ensure a collaborative relationship through effective communication on each aspect of project from development to solution Outcome: Partnership, trust building | Visioning Participatory decision-making Deliberative polling | Listening to learn, improve, and understand Designing multiple opportunities to engage (social media, small group meeting, online platforms) | Number of workshops conducted Number of focus groups Media coverage achieved |
| Shared Leadership | Goal: Build trust and engage the members of the community to maximize team effectiveness. Outcome: Final decision- making is at community level. | CommunityCoalitionsCommittees | Efficient use of resources and social interaction Invite people to lead so that staff and boards are truly reflective of the community | Increased confidence strengthens community spirit and social inclusion Community engagement |

Who are the key stakeholders or partners? Who is affected by, involved in, or has a specific interest in the issue?

- 1. What steps will PH take to ensure impacted communities that have not historically been included in the initial decision-making phase be included?
- 2. Are there specific communities that will be impacted/affected by decisions or processes related to engagement?
- 3. How will internal staff expertise be utilized to provide technical assistance or consultation to ensure inclusive stakeholder involvement?
- 4. Are stakeholders' groups defined (e.g., neighborhoods, topic area, ethnic or racial, language, gender, tribal, etc.)?
- 5. Does the program have appropriate partnerships or contacts in place to initiate and support the adequate county level of engagement?

Logistics and things to consider for planning community meetings:

The logistics of community engagement is critical for turnout and community interest. Paying attention to several logistical issues will enhance participation and improve the overall effort. Some things to consider:

| Venue | Making meetings geographically close to communities or stakeholders is critical to getting a good turnout. Choosing a site that is community-centered may be more familiar and comfortable for attendees. Does the venue accommodate public parking and transportation? | |
|---------------|---|--|
| Host | If inviting public officials, make sure the appropriate channels have been followed before inviting them to participate. Clarify in advance the role for County Executive, Council members, Public Information Officer, and community members prior to the engagement. | |
| Staffing | Will program staff, staff from other Tulare County departments, or partner staff be utilized to assist with set-up, welcoming, and meeting facilitation? | |
| Budget | Does the budget cover resources for advertising, communication, promotion, rental space, refreshments/food, transportation, childcare, and translation/interpretation? | |
| Accessibility | Is the location wheelchair accessible and code-approved for people with disabilities? Are materials developed to be ADA compliant? | |
| Time | Are there staff available to attend evening or weekend meetings? Can the organization accommodate community members by scheduling evening or weekend meetings? | |

Community Engagement Planning

Purpose: Use this exercise as a starting point to develop a foundation for planning engagement. The sections labeled blue are guides to filling out the green sections. Answer the sections thoroughly and concisely.

| Determining Priority Population | Determining Priority Population |
|--|---------------------------------|
| Which group(s) of people will likely benefit from this work? What are the key issues to present to the priority population? | |
| Understanding the Community | Understanding the Community |
| | |

Demographics

- 1. Data Collection
- 2. Identify needs
- 3. Barriers (Language, ADA etc.)
- 4. Cultural Competency
- 5. Environmental/Economic

Evaluating Partnerships in Place

What are some of the assets already in place that can support this collaboration with community members? This includes partnerships such as community-based organizations (CBOs), schools, Federally Qualified Health Centers (FQHC), key community members, etc.

Building

- 1. What are some organizations that would be beneficial to build relationships with to support the project?
- 2. How can a trusted relationship be built?
- 3. Collaborate with existing partnerships to expand relationships with their populations of focus.
- 4. Communicate, support, and repeat.

Evaluating Partnerships in Place

Building

Common Barriers

| Common Barriers | Potential Solutions | | |
|---------------------------|--|--|--|
| Accessibility | Accessibility in organizing, engagement, and equity work extends to all forms of access, whether they are informational, physical, financial, linguistic, or cultural. | | |
| Community Building | Promoting connections among people and outside stakeholders | | |
| Competing | Try to alleviate some of these priorities through thoughtful planning: Consider needs for childcare and/or provide options for remote engagement. | | |
| Priorities | Look into providing incentives and/or travel reimbursement. Individuals who work full time may prefer evenings or weekends. If engaging students, consider the time of year and school schedules. | | |
| Culture | Be culturally mindful/appropriate in ways to engage with the community members. Ask community leaders about best methods to engage with the community members. | | |
| Geographic Location | Meet individuals where they are (physically). Host events in locations where the community regularly meets or gathers. Choosing locations that are accessible for public transportation. | | |
| Immigration Status | Ask community leaders/partners for guidance on how to make the community members feel safe and included in the proposed activity. | | |
| Language | Identify linguistic needs in the community. Translate material and announcements, provide interpretation services if possible. | | |
| Resourcing | Networking and building relationships with Community-Based Organizations (CBOs), Community Leaders, Federally Qualified Health Centers (FQHCs). | | |
| Time | Mindfulness regarding the daily schedules of those targeted for engagement (work, school, etc.) is crucial. Timing of engagement and compensation should be considered when appropriate or feasible. | | |
| Technological Barriers | Choose technological platforms the participants are familiar with. Provide technological support, if available, for events. Provide a Q&A session of the requirements ahead of time to ensure everything is clear and transparent. | | |

Roles and Responsibilities

When engaging the community, it is important to understand the roles and responsibilities and set realistic expectations at every tier. According to the program needs, identify the level of engagement of each role. Review the key roles below to determine what the program will require.

| Responsibility of Community Engagement Organizers ✓ To notify | Program Manager | Final approval of program and key factors. Oversees program development and guides program needs. |
|--|--|--|
| ✓ To provide opportunities to engage ✓ To be clear on scope of conversation ✓ To provide clear and honest information ✓ To hold a respectful conversation | TCPH Admin | Oversees program budget, scope of work, and provides guidance. |
| ✓ To authentically listen | Program Coordinator (if applicable): | Plans and implements the program's scope of work. Leads the organizational involvement of the program. |
| Community Engagement | Health Education Staff: | Supports in developing program materials and delivering education to the public. |
| Responsibility of the Community ✓ To be informed ✓ To participate | Community Outreach Team (COT): | Creates, approves, and mobilizes educational and social media outreach. |
| ✓ To share views ✓ To listen ✓ To be respectful ✓ To share opportunities | Fiscal: | Approves budget needs for activities being carried out. |
| ✓ To get involved | Community- Based Organizations (CBOs) | Establish relationship with the community to deliver program goals, often seen as trusted messengers of the work done. |
| | Community: | Focus of the program, where intended impacts will be made, provide feedback, and are open for involvement. |

Community-Based Organizations

Nonprofit organizations with 501(c)(3) IRS status (other than institutions of higher learning), hospitals, clinics, and faith-based organizations. Therefore, Federally Qualified Health Centers (FQHCs) and community health centers (CHCs) would qualify as CBOs.

Community Engagement

The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members.

External

Engagement with partners outside of the branch or agency.

Health Equity

The state in which everyone has a fair and just opportunity to attain their highest level of health. Activities performed by departments such as external affairs, public affairs, corporate affairs, government, and regulatory affairs, communications and public relations, corporate social responsibility (CSR), and environmental, social, and governance.

Internal

Engagement with individuals/partners within the program or branch.

Outreach

Activities intentionally employed to make contact and potentially develop working relationships with specific individuals and/or groups for purposes including, but not restricted to, sharing information, education, or service provision.

Stakeholder

Any person or group that has an interest in or is affected by the action or process in question. Stakeholders include residents, business operators and owners, property owners, nonprofit, public, and private agencies, and organizations. Identifying the full spectrum of stakeholders is one of the early and critical steps in developing an effective public involvement strategy.

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