



Office of the Massachusetts Attorney General

Hospital Community Benefits - Community Representative Feedback Form

Instructions: You have been asked to complete this form based on your role as a community representative with whom a hospital has engaged in developing its Community Health Needs Assessment and/or Implementation Strategy. Please submit a copy of the completed form to the hospital (please see the hospital's most recent Community Benefits report for contact information) and to the Attorney General's Office (at CBAdmin@state.ma.us).

1. Background Information

- Your Name

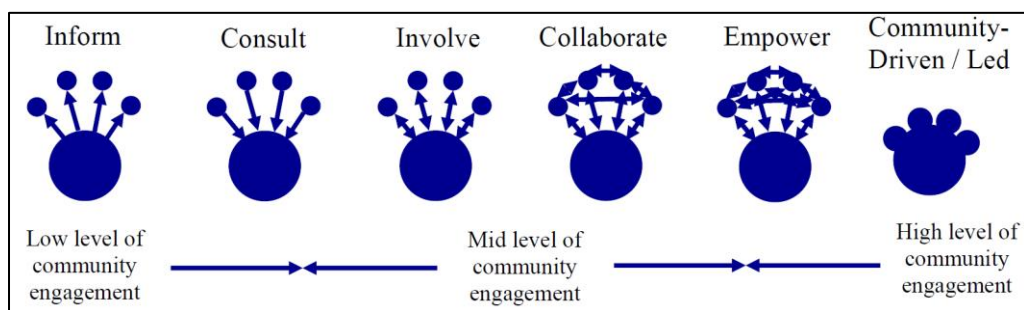
- If You Represent an Organization, Name of Organization and Your Position

- Name of Hospital

- Are you a member of the hospital's Community Benefits Advisory Committee (CBAC)? Yes No
 - If no, please briefly describe your involvement in the hospital's Community Benefits process.

2. Level of Engagement Across CHNA and/or Implementation Strategy

Please use the spectrum below from the Massachusetts Department of Public Health¹ to assess the hospital's level of engagement with the community.



¹ "Community Engagement Standards for Community Health Planning Guideline," Massachusetts Department of Public Health, available at: <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>. For a full description of the community engagement spectrum, see page 11 of the Attorney General's Community Benefits Guidelines for Non-Profit Hospitals.

A. Community Health Needs Assessment:

Based on your knowledge and experience, please assess the hospital’s level of engagement with the community in developing its Community Health Needs Assessment (“CHNA”). If your knowledge and/or experience do not encompass a particular category, please select “N/A” from the drop-down menu.

Category	Level of Engagement
Overall engagement in assessing community health needs	
Defining the community to be served	
Establishing priorities	

B. Implementation Strategy:

Based on your knowledge and experience, please assess the hospital’s level of engagement with the community in developing and implementing its plan to address the significant needs documented in its CHNA. If your knowledge and/or experience do not encompass a particular category, please select “N/A” from the drop-down menu.

Category	Level of Engagement
Overall engagement in developing and implementing hospital’s plan to address significant needs documented in CHNA	
Selecting Community Benefits programs	
Implementing Community Benefits programs	
Evaluating progress in executing Implementation Strategy	

3. Engagement Experience

Please indicate the degree to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
When the CBAC comes together, I feel comfortable sharing my opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my/my organization’s participation in this process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- What is an example of a community engagement strategy by the hospital that has worked well over the past year?
- What change, if any, would you most like to see in your engagement going forward?