Emerson Hospital Community Benefits Awards 2020

Appendices

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APPENDIX A
EMERSON HOSPITAL SERVICE AREA MAP
Built Environment
The built environment encompasses the physical parts of where we live, work, travel and play, including transportation, buildings, streets, and open spaces.

Social Environment
The social environment consists of a community’s social conditions and cultural dynamics.

Housing
Housing includes the development and maintenance of safe, quality, affordable living accommodations for all people.

Violence
Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, with the behavior likely to cause physical or psychological harm.

Education
Education refers to a person’s educational attainment – the years or level of overall schooling a person has.

Employment
Employment refers to the availability of safe, stable, quality, well-compensated work for all people.

APPENDIX C

HEALTHY COMMUNITY FOCUS AND HEALTHY COMMUNITY PRINCIPLES

Healthy Community Principles
Source: Darvin Ayre, Gruffie Clough, Tyler Norris Principals, Community Initiatives, LLC.

Communities across the nation are using a variety of change models and planning processes to work together to achieve their vision of improved health. Regardless of approaches taken to meet their challenges, the following principles are guiding the most successful initiatives.

**A broad definition of "health."** Health is not just the absence of disease. Health is defined broadly to include the full range of quality of life issues. It recognizes that most of what creates health is lifestyle- and behavior-related. Other major factors are genetic endowment and the socio-economic, cultural and physical environment. Health is a by-product of a wide array of choices and factors, not the simply the result of a medical care intervention.

**A broad definition of "community."** By using as broad a definition as possible of what makes up a community, individuals and partnerships can address their shared issues in the most fruitful way possible. Communities are inclusive and can be based on faith, perspective, land and profession, as well as being determined by geographic lines.

**Shared vision from community values.** A community's vision is the story of its desired future. To be powerful and inspiring, a community's vision should reflect the core values of its diverse members. A vision is not just a statement on the wall - it is a living expression of shared accountability to priorities.

**Address quality of life for everyone.** Healthy communities strive to ensure that the basic emotional, physical and spiritual needs of everyone in the community are attended to.

**Diverse citizen participation and widespread community ownership.** All people take active and ongoing responsibility for themselves, their families, their property and their community. A leader's work is to find common ground among participants, so that everyone is empowered to take direct action for health and influence community directions.

**Focus on "systems change".** This is about changing the way people live and work together. It is about how community services are delivered, how information is shared, how local government operates, and how business is conducted. It's about resource allocation and decision making, not just "nice" projects.

**Build capacity using local assets and resources.** This means starting from existing community strengths and successes and then investing in the enhancement of a community's "civic infrastructure." By developing an infrastructure that encourages health, fewer resources need to be spent on "back end" services that attempt to fix the problems resulting from a weak infrastructure.

**Benchmark and measure progress and outcomes.** Healthy communities use performance measures and community indicators to help expand the flow of information and accountability to all citizens, as well as to reveal whether residents are heading toward or away from their stated goals. Timely, accurate information is vital to sustaining long-term community improvement.
APPENDIX D
DEFINITIONS OF TERMS

Lead: The lead is responsible for overseeing the grant, and making sure that the project is moving along with team. The lead is also the primary contact person for the CHNA with respect to questions and reporting. Funding is given to the lead, and then is dispersed according to the proposal. The lead has ultimate responsibility for the grant.

Goal: The goals state in broad terms what you want to accomplish. They incorporate the purpose and the outcomes.

Objective: Objectives state in measurable terms the desired outcomes of the project.

Outcome: An outcome objective describes a change or a result.

Activity: An activity is what the people who deliver the program do: provide counseling, teach classes, create websites, make art, etc. OR what the people who receive program services or participate in programs do: attend counseling sessions, go to class, use websites, make art, etc. An activity is a task, a method, an approach, an ACTION.

Sustainability: The continuation of community health and quality of life benefits over time achieved through the availability of other resources necessary to implement the work, or through other strategies.

Best Practices: A best practice is a technique or methodology that, through experience and research, has been proven to reliably lead to a desired result.

In-Kind: Paid or given in goods, commodities, or services instead of money; paying or returning something of the same kind as that is received or offered.

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1 Definitions of “Lead, Goal, Objective, Outcome, and Activity” are from a Grantwriting training conducted by Cynthia Barger for the Regional Center for Healthy Communities (Metrowest).
2 Sustainability Toolkit, Center for Civic Partnerships