



An equity assessment of the Implementation Capacity for Triple P (ICTP) tools and resources was identified as a need in order to center equity<sup>1</sup> in the tool development process. These tools and resources are key to support partners' implementation efforts of the Triple P – Positive Parenting Program. Thus, it is important that such tools and resources are developed with an equity lens, are accessible, equitable, and user friendly. An *equity* lens is defined as a process for analyzing or diagnosing the impact of the design and implementation of policies [or tools and resources] on underserved and minoritized individuals and groups, and to identify and potentially eliminate barriers (University of Minnesota, n.d.)<sup>2</sup>. This assessment is expected to lead to expanded access to equity-related tools and resources through the ICTP Simulation Lab and the identification of opportunities for equity-related implementation support practice improvement. The ICTP Tools and Resource Equity Assessment was developed through a literature review of existing equity assessment tools and is guided by key principles of community engagement<sup>3</sup>, equity-centered design thinking<sup>4</sup>, and racial equity<sup>5</sup> in order to prioritize equitable implementation<sup>6</sup>. This Assessment is intended to be used during the tool development and dissemination processes. Additionally, this is a proposed approach based off of best practices and existing literature, and as such, is a cyclical and iterative process that can be adapted based on identified needs and priorities.

## HOW TO USE

Community priorities and equity-centered design thinking should inform all phases in the Assessment. Review key concepts in **Appendix A** and periodically assess the process at identified stages using the Evaluation Guiding Questions in **Appendix D**.

### Phase 1

Use **Phase 1** to plan and design the tool or resource.

#### Step 1A

Identify the scope of the tool or resource

#### Step 1B

Engage communities that will use/be impacted,

#### Step 1C

Evaluate checkpoint to review how community engagement efforts were utilized in the planning process

### Phase 2

Once developed, use **Phase 2** to assess the tool or resource for usability and equity.

#### Step 2A

Check for accessibility and bias-free language

#### Step 2B

Refine the tool or resource based on community feedback

### Phase 3

Use **Phase 3** to disseminate and assess the tool or resource.

#### Step 3A

Determine equitable dissemination strategies

#### Step 3B

Create an assessment plan to consider whether the tool is being used as intended, meets priorities, or needs to be adapted

<sup>1</sup>Equity is defined as the state, quality, or ideal of being just, impartial, and fair (Annie E. Casey Foundation).

<sup>2</sup>University of Minnesota, University Policy Library. (n.d.). Equity Lens | University Policy Library. <https://policy.umn.edu/resources/equity-lens>

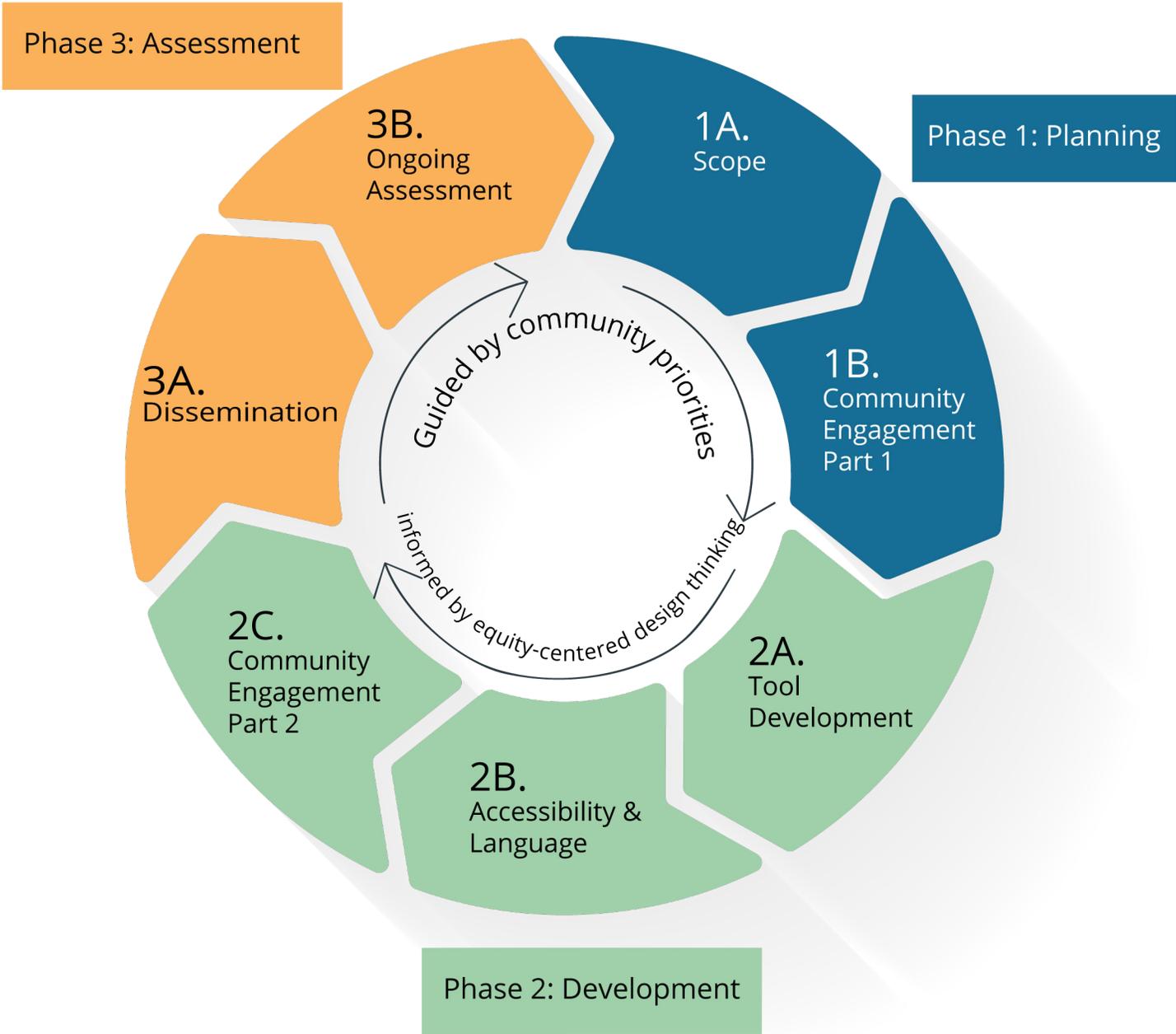
<sup>3</sup>Community engagement is defined as the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people (CDC, 2015).]

<sup>4</sup>Equity-centered design thinking is the practice of purposefully involving minoritized communities throughout the design process with the goal of allowing their voice to directly affect how the solution will address the inequity at hand (Kwak, 2020).

<sup>5</sup>Racial equity is defined as the state at which the distribution of society's benefits and burdens are not skewed or determined by one's race (Racial Equity Institute, 2021).

<sup>6</sup>Equitable implementation occurs when strong equity components (including explicit attention to the culture, history, values, and needs of the community) are integrated into the principles and tools of implementation science to facilitate implementation of effective programs for a specific community or group of communities (Center for the Study of Social Policy, 2020) .

# ICTP Tools and Resources Equity Assessment



The scope of your tool includes who will be affected by its development and end results, recognizing how the tool/resource will impact people and places (race forward, 2009; King County, 2016)<sup>78</sup>. It is important to define the scope before designing the tool to understand which community partners and members will be impacted and whose voices should be centered in the development process. Defining your scope allows you to consider who should be involved, who has historically not been included, and how to equitably develop a tool with communities. Consider the guiding questions below to identify and define your scope, then review the appropriate evaluation questions.

Upon defining your scope, consider the following evaluation questions:

1. How was the need for this tool/resource identified?
2. Does the structure and process allow for all voices to be heard, especially those impacted by historical and contemporary injustices?

For the complete list, see **Appendix D**. (Washington State Department of Health, n.d.)<sup>9</sup>.

**TABLE 1. TOOL AND COMMUNITY IDENTIFICATION QUESTIONS**

### IDENTIFY THE TOOL/RESOURCE BEING CREATED.

1. What tool/resource is being created?
2. What gap or need will the tool address?

### IDENTIFY WHO WILL BE IMPACTED.

3. Who will be most impacted by the development of the tool/resource? Consider community partners and members (e.g., Lead Implementation Agencies, Community Leadership Teams, families).
4. Which communities have historically not been included as collaborators in the tool development process?
5. Which racial/ethnic groups may be most impacted by and concerned with areas related to the tool/resource?
6. Who are your current partners for tool development?  
Do they reflect the impacted community?  
How effective is your existing relationship?

### IDENTIFY TIMELINE AND RESOURCES.

7. What is the timeline for developing the tool/resource?
8. What is the timeline for developing the tool/resource?

<sup>78</sup>race forward, The Center for Racial Justice Innovation (2009). Racial Equity Impact Assessment Guide. Terry Keleher, Applied Research Center. [https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment\\_v5.pdf](https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf)

<sup>8</sup>King County. (2016). 2015 Equity Impact Review Process. [https://kingcounty.gov/~media/elected/executive/equity-social-justice/2016/The\\_Equity\\_Impact\\_Review\\_checklist\\_Mar2016.ashx?la=en](https://kingcounty.gov/~media/elected/executive/equity-social-justice/2016/The_Equity_Impact_Review_checklist_Mar2016.ashx?la=en)

<sup>9</sup>Washington State Department of Health. (n.d.). Community Engagement Guide. 30. <https://www.doh.wa.gov/Portals/1/Documents/1000/CommEngageGuide.pdf>

# Phase I: Planning

## 1B. COMMUNITY ENGAGEMENT PART 1

Community engagement is an essential piece to centering equity and ensuring that impacted communities are included as voices and decision makers. Engaging community partners, the end users of the tool, to have a participatory role in its development can increase the uptake, acceptability, and effectiveness of the tool, as well as strengthen partnerships and relationships (Penn State, n.d.)<sup>10</sup>. Refer to your answers in Step 1A to determine which communities should be involved in developing the tool or resource.

	<b>TABLE 2. COMMUNITY ENGAGEMENT CHECKLIST</b>	<b>SUGGESTED TIMEFRAME*</b>	<b>REFERENCE</b>
<input type="checkbox"/>	1. Identify the community partners you wish to engage.	Month 1	Step 1A.
<input type="checkbox"/>	2. Choose method of engagement based on ICTP capacity and community preference.	Month 1	Appendix B
<input type="checkbox"/>	3. Determine feasible timeline for completion.	Month 1	
<input type="checkbox"/>	4. Create an estimate of community partner time input during the tool development process.	Month 1-2	
<input type="checkbox"/>	5. Determine how community members/partners will be compensated for their time and participation.	Months 1-2	
<input type="checkbox"/>	6. Identify community and ICTP priorities for developing the tool/ resource.	Months 1-2	
<input type="checkbox"/>	7. Identify potential barriers to community engagement in the tool development process and a plan to mitigate those barriers.	Months 1-2	Appendix C
<input type="checkbox"/>	8. Gather feedback from community partners/members on method of engagement and tool development process.		
<input type="checkbox"/>	9. Suggestion: Plan, Do, Study, Act Cycle (PDSA)	Continuous	Appendix B
<input type="checkbox"/>	10. Intentionally listen and provide space for all voices and perspectives engaged throughout the process.	Continuous	
<input type="checkbox"/>	11. Compensate community members and partners appropriately.	Continuous	
<input type="checkbox"/>	12. Evaluate the effectiveness of community engagement efforts and adjust as needed.	Months 3-6	Appendix D

**\*SUGGESTED TIMEFRAME IS BASED ON A SIX-MONTH TIMELINE. ADJUST BASED ON METHOD OF ENGAGEMENT AND CAPACITY**

<sup>10</sup>Penn State. (n.d.). Why Community Engagement Matters. Department of Agricultural Economics, Sociology, and Education. Retrieved from <https://aese.psu.edu/research/centers/cccd/engagement-toolbox/engagement/why-community-engagement-matters>

**UPON DEFINING YOUR SCOPE, CONSIDER THE FOLLOWING EVALUATION QUESTIONS:**

	Circle one		
1. Are the right community partners/members involved?	Yes	No	Unsure
2. Does the structure and process allow for all voices to be heard, especially those impacted by historical and co contemporary injustices?	Yes	No	Unsure
3. How do you plan to support community partners/members? What information or resources will they need?			
4. Who leads the engagement efforts or meetings?			
5. How does the group make decisions?			

## Phase 2: Development

### 2A. Tool Development Evaluation Checkpoint

Once the tool is developed, evaluate the methods used for community engagement, referencing the questions below. Next, Phase 2: Development outlines assessments of usability and incorporates testing and refining the tool based on community input.

**CONSIDER THE FOLLOWING EVALUATION QUESTIONS:**

1. Does the tool/resource address identified priorities?	Yes	No	Unsure
2. How did you ensure community engagement efforts were culturally and linguistically appropriate?			
3. What improvements can be made to better identify and involve community partners/members?			
4. Were community partners and members compensated?			
	Yes	No	
5. Did partners feel supported?			
	Yes	No	Unsure

### Readability

Readability formulas are useful tools for gathering estimates of readability. An eighth-grade reading level can reach approximately 80% of the American population. Use the [readability test tool](#) or choose from the list of [readability calculators and text tools](#) to check the reading levels of your text<sup>11</sup>. While grade-based reading level are most common, consider using calculators with scores benchmarked against other common written materials, rather than education-based scores, such as the [Flesch Reading Ease Readability Formula](#).

### Accessibility

It is important for tools and resources to be accessible and accommodate people with varying abilities. Refer to Appendix E for the detailed accessibility guide from the [Rutgers Web Based Content Accessibility Quick Guide](#)<sup>12</sup>, then use the checklist below to assess the accessibility of your tool or resource.

### Bias-Free Language

Bias-free language is important when engaging in meaningful communication, as it encourages inclusive terminology regarding gender, race, age, ability, class or sexual orientation. Utilizing asset-based and unbiased language focuses on strengths rather than deficits. For example, say “our mission is to amplify voices in our community” instead of “our mission is to give voice to the voiceless” (OSHU, 2021). Refer to Appendix F: Bias-Free Language for the full list of terms.

**TABLE 3: ACCESSIBILITY AND LANGUAGE CHECKLIST**

IDENTIFY THE TOOL/RESOURCE BEING CREATED.		REFERENCE
<input type="checkbox"/>	1. Readability of tool has been checked and the readability level is consistent with the average audience (typically eighth grade level).	<a href="#">Readability Calculators and Testing Tools</a>
<input type="checkbox"/>	2. Color of text and background provide sufficient contrast.	Appendix E
<input type="checkbox"/>	3. Text is at least 10px san serif font (Arial, Helvetica, or Verdana).	Appendix E
<input type="checkbox"/>	4. Abbreviations and acronyms are spelled out.	Appendix E
<input type="checkbox"/>	5. Active hyperlinks are inserted where needed.	Appendix E
<input type="checkbox"/>	6. Alternative text is added to charts, images, shapes, and tables.	Appendix E
<input type="checkbox"/>	7. Captions or transcripts are provided for videos/audio clips.	Appendix E
<input type="checkbox"/>	8. Accessibility of tables checked.	Appendix E
<input type="checkbox"/>	9. Accessibility checker in Word has been run, if applicable.	Appendix E
<input type="checkbox"/>	10. Accessibility of PowerPoint(s) checked, if applicable.	Appendix E
<input type="checkbox"/>	11. Tool/resource contains bias-free language.	Appendix F

<sup>11</sup>Readable | Free Readability Test Tool. (2021). WebFX. <https://www.webfx.com/tools/read-able/>

<sup>12</sup>Rutgers. (2020). Web Based Course Content Accessibility Quick Guide. Access and Disability Resources. <https://radr.rutgers.edu/resource/web-based-course-content-accessibility-quick-guide>

<sup>13</sup>OHSU. (2021). Inclusive Language Guide: An evolving tool to help OHSU members learn about and use inclusive language. [https://www.ohsu.edu/sites/default/files/2021-03/OHSU%20Inclusive%20Language%20Guide\\_031521.pdf](https://www.ohsu.edu/sites/default/files/2021-03/OHSU%20Inclusive%20Language%20Guide_031521.pdf)

## Phase 2: Development

### 2C. Community Engagement Part 2: Learn, Listen, Adjust

It is important that community engagement practices are incorporated throughout the planning, development, and assessment processes, serving as both guiding and reference points. Once the tool is developed and refined with testing, evaluate whether the tool/resource appropriately responds to identified priorities. Gather community feedback on the final tool/resource and reflect on needed improvements for future tool development and community engagement.

#### CONSIDER THE FOLLOWING EVALUATION QUESTIONS:

1. Does the tool/resource address identified priorities?

Yes

No

Unsure

2. How did you ensure community engagement efforts were culturally and linguistically appropriate?

3. What improvements can be made to better identify and involve community partners/members?

4. Did partners feel supported?

Yes

No

Unsure

## Phase 3: Dissemination & Ongoing Assessment

### 3A. Dissemination

Dissemination, or to spread information widely, is an ongoing and non-linear process which includes both formal and informal methods, as well as building long-term relationships with partners. Examples of dissemination strategies include hosting community-wide meetings, sharing through social media networks, or publishing in low-cost online platforms (e.g., journals, websites, etc.). Ensure access to shared tools and resources is maximized and determine who is best equipped to disseminate tools to priority audiences, such as the Implementation Capacity for Triple P (ICTP) team, Community Implementation Teams (CIT), or Community Leadership Teams (CLT). Use the checklist below to decide how to disseminate the tool/resource appropriately (reference Appendix G for more information on creating a dissemination workplan).

**TABLE 4: DISSEMINATION GUIDE CHECKLIST**

<input type="checkbox"/>	1. Determined audience. (Who will use this tool/resource?)	
<input type="checkbox"/>	2. Determined method(s) for dissemination.	Appendix G
<input type="checkbox"/>	3. Developed dissemination evaluation plan. (How will you determine what worked? What is the expected outcome?)	Appendix G
<input type="checkbox"/>	4. Developed dissemination workplan, including an outline of immediate and long-term next steps, time frame, and who is responsible for each step.	

Once the tool has been disseminated, it is important to continually assess or evaluate the use and fidelity of the tool/resource. The term “evaluation” refers to the systematic analysis of data and information [related to ICTP tools] to help achieve better outcomes (RAND Corporation, n.d.)<sup>14</sup>. Types of evaluation information can include focus groups<sup>15</sup>, satisfaction surveys, and fidelity monitoring<sup>16</sup>.

Additionally, since there is no one-size-fits-all approach to implementing and scaling up Triple P, it is important to ensure that the tool/resource can be adapted and generalized to contexts where it might be used, while also maintaining its fidelity. Adaptation is the process of making changes to an evidence-based program in order to make it more suitable for a particular population and/or organization’s capacity (CDC Division of Reproductive Health & ETR, 2012)<sup>17</sup>. Consider whether the tool or resource can be easily adapted and generalized to other communities and contexts, paying attention to readability, accessibility, and ease of translation.

Use the Outcome Evaluation Planning worksheet in Appendix H to create an assessment plan for the tool/resource. The ongoing assessment considers an internal review of the impact and use of the tool/resource, whether it is being used as intended and meets identified priorities. Then, use the checklist below to determine whether actions were completed. If adaptations to the tool are needed, revisit the appropriate steps of this assessment for revision. Remember to center equity and engage community members/partners throughout the process.

**TABLE 5: ONGOING ASSESSMENT CHECKLIST**

<input type="checkbox"/>	1. Developed a clear process evaluation plan for the tool/resource.	Appendix H
<input type="checkbox"/>	2. Used community engagement principles to gather feedback.	Appendix B
<input type="checkbox"/>	3. Gathered relevant data/information for assessment purposes.	Appendix H
<input type="checkbox"/>	4. Developed plan for revising or adapting tool/resource as needed.	Appendix H
<input type="checkbox"/>	5. Determined whether tool/resource is used as intended and meets priorities.	Appendix H

**CONSIDER THE FOLLOWING EVALUATION QUESTIONS:**

1. How did you ensure community engagement efforts were culturally and linguistically appropriate?

2. What improvements can be made to better identify and involve community partners/members?

3. Were community partners and members compensated?

Yes No

4. Did partners feel supported?

Yes No Unsure

5. How did you plan to disseminate the tool/resource appropriately and thank the community for their participation?

<sup>14</sup>RAND Corporation. (n.d.). Evaluate the Implementation Process. Retrieved from <https://www.rand.org/pubs/tools/TL114/manual/step7.html>  
<sup>15</sup>Focus groups are facilitator-led discussions on a specific topic with a group of no more than 6-12 participants brought together to share their opinions on that topic (RAND Corporation, n.d.)  
<sup>16</sup>Fidelity monitoring is systematically tracking how closely each [tool/resource] was implemented [and used] as laid out in the final workplan (RAND Corporation, n.d.)  
<sup>17</sup>CDC Division of Reproductive Health, & ETR. (2012). General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula. 6. <https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>

<b>ADAPTABILITY</b>	the degree to which an intervention [or tool] can be adapted, tailored, refined, or reinvented to meet local needs (Damschroder et al., 2009) <sup>18</sup> .
<b>COMMUNITY ENGAGEMENT</b>	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 wellbeing of those people (CDC, 2015) <sup>19</sup> .
<b>DISSEMINATION:</b>	the purposive distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread information and the associated evidence-based interventions (National Institutes of Health, 2011) <sup>20</sup> .
<b>EQUITY</b>	the state, quality, or ideal of being just, impartial, and fair (Annie E. Casey Foundation) <sup>21</sup> .
<b>EQUITY-CENTERED DESIGN</b>	the practice of purposefully involving minoritized communities throughout the design process with the goal of allowing their voice to directly affect how the solution will address the inequity at hand (Kwak, 2020) <sup>22</sup> .
<b>EQUITY LENS</b>	a process for analyzing or diagnosing the impact of the design and implementation of policies [or tools, resources, interventions, etc.] on underserved and minoritized individuals and groups, and to identify and potentially eliminate barriers (University of Minnesota, n.d.) <sup>23</sup> .
<b>EQUITABLE IMPLEMENTATION</b>	occurs when strong equity components (including explicit attention to the culture, history, values, and needs of the community) are integrated into the principles and tools of implementation science to facilitate implementation of effective programs for a specific community or group of communities (Center for the Study of Social Policy, 2020) <sup>24</sup> .
<b>GENERALIZABILITY</b>	the extent to which results or findings from a sample are applicable to a broader population (American Psychological Association, n.d.) <sup>25</sup> .
<b>HUMAN-CENTERED DESIGN</b>	an approach to problem solving that develops solutions through a strong, consistent focus on the human perspective by empathizing with the end user (Kwak, 2020) <sup>22</sup> .
<b>RACIAL EQUITY</b>	the state at which the distribution of society's benefits and burdens are not skewed or determined by one's race (Racial Equity Institute, 2021) <sup>26</sup> .

<sup>18</sup>Damschroder, L., J., Aron, D., C., Keith, R., E., Kirsh, S., R., Alexander, J., A., & Lowery, J., C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4. <https://doi.org/doi:10.1186/1748-5908-4-50>

<sup>19</sup>CDC. (2015). Chapter 1: What Is Community Engagement? | Principles of Community Engagement | ATSDR. [https://www.atsdr.cdc.gov/communityengagement/pce\\_what.html](https://www.atsdr.cdc.gov/communityengagement/pce_what.html)

<sup>20</sup>National Institutes of Health. (2011). Dissemination & Implementation Conference: Workshop. National Institutes of Health (NIH). <https://www.nih.gov/news-events/videos/dissemination-implementation-conference-workshop>

<sup>21</sup>Annie E. Casey Foundation. (2021). Equity vs. Equality and Other Racial Justice Definitions. The Annie E. Casey Foundation. <https://www.aecf.org/blog/racial-justice-definitions>

<sup>22</sup>Kwak, A. J. (2020). How Equity-Centered Design Supports Anti-Racism in the Classroom. Every Learner Everywhere. <https://www.everylearnereverywhere.org/blog/how-equity-centered-design-supports-anti-racism-in-the-classroom/>

<sup>23</sup>University of Minnesota, University Policy Library. (n.d.). Equity Lens | University Policy Library. <https://policy.umn.edu/resources/equity-lens>

<sup>24</sup>Center for the Study of Social Policy. (2020). Equity at the Center of Implementation. Equitable Evaluation. <https://www.equitableval.org/blog-main/2020/4/7/equity-at-the-center-of-implementation>

<sup>25</sup>American Psychological Association. (n.d.). APA Dictionary of Psychology. <https://dictionary.apa.org/generalizability>

<sup>26</sup>Racial Equity Institute. (2019). Racial Equity Glossary. Racial Equity Institute. <https://www.racialequityinstitute.com/blog/2019/12/27/racial-equity-glossary>



## THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP

INCREASED EFFICIENCY IN DECISION-MAKING AND SOLUTIONS IMPLEMENTATION

COLLABORATE

INVOLVE

CONSULT

INFORM

IGNORE

EQUITY

STANCE TOWARDS COMMUNITY	0	1	2	3	4	5
<b>IMPACT</b>	<b>Marginalization</b>	<b>Preparation or Placation</b>	<b>Limited Voice or Tokenization</b>	<b>Voice</b>	<b>Delegated Power</b>	<b>Community Ownership</b>
<b>COMMUNITY ENGAGEMENT GOALS</b>	Deny access to decision-making processes	Provide the community with relevant information	Gather input from the community	Ensure community needs and assets are integrated into process & inform planning	Ensure community capacity to play a leadership role in decision-making and the implementation of decisions.	Foster democratic participation and equity through community-driven decision-making; Bridge divide between community & governance
<b>MESSAGE TO COMMUNITY</b>	<i>Your voice, needs &amp; interests do not matter</i>	<i>We will keep you informed</i>	<i>We care what you think</i>	<i>You are making us think, (and therefore act) differently about the issue</i>	<i>Your leadership and expertise are critical to how we address the issue</i>	<i>It's time to unlock collective power and capacity for transformative solutions</i>
<b>ACTIVITIES</b>	Closed door meeting Misinformation Systematic Disenfranchisement Voter suppression	Fact sheets Open Houses Presentations Billboards Videos	Public Comment Focus Groups Community Forums Surveys	Community organizing & advocacy Interactive workshops Polling Community forums Open Planning Forums with Citizen Polling	MOU's with Community-based organizations Citizen advisory committees Collaborative Data Analysis Co-Design and Co-Implementation of Solutions Collaborative Decision-Making	Community-driven planning and governance Consensus building Participatory action research Participatory budgeting Cooperative models
<b>RESOURCE ALLOCATION RATIOS</b>	<b>100%</b> Systems Admin	<b>70-90%</b> Systems Admin	<b>60-80%</b> Systems Admin	<b>50-60%</b> Systems Admin	<b>20-50%</b> Systems Admin	<b>80-100%</b> Community partners and community-driven processes ideally generate new value and resources that can be invested in solutions
		<b>10-30%</b> Promotions and Publicity	<b>20-40%</b> Consultation Activities	<b>40-50%</b> Community Involvement	<b>50-70%</b> Community Partners	

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<b>LANGUAGE</b>	Identify the linguistic need of your community. Translate all materials to the preferred language of the community. Ensure interpretation services at community engagement meetings, if needed, including sign language and real-time translation.
<b>CULTURE</b>	Be mindful of cultural and religious observances and events when choosing a meeting date and time. Ask community leaders or key informants for the community about the most culturally appropriate ways to engage members, then adapt your approach.
<b>GEOGRAPHIC LOCATION</b>	Meet people where they are physically or provide virtual options. If in-person, choose a location that is accessible by public transportation. Offer travel reimbursement.
<b>INTERCOMMUNITY DYNAMICS</b>	Learn about any potential intercommunity dynamics that may create barriers for some members to engage. Talk with community leaders/key informants for their perspective. Consider what part of the community has historically been marginalized or disengaged.
<b>OWN IMPLICIT BIAS</b>	Do your own research about yourself before engaging with any community of which you are not a part. Commit to continuous, critical self-reflection.
<b>IMMIGRATION STATUS</b>	Ask community partners for guidance on how to ensure community members feel safe and included. Do not collect personal information from community participants. Consider co-facilitating a meeting with a trusted community partner.
<b>TIME</b>	Consider logistics and capacity of ICTP and community partners/members when determining a timeline.
<b>STIGMA</b>	Be mindful of how stigma may impact those you are trying to reach. Consult with a community expert or other source on stigma reduction strategies.
<b>JARGON</b>	Use simple, clear language in all communications and define all acronyms. Check assumptions on what is considered common knowledge.
<b>TECHNOLOGICAL BARRIERS</b>	Choose a platform familiar to participants. Allow multiple ways to engage virtually (phone, video, etc.).
<b>COMPETING PRIORITIES</b>	If you plan to engage parents or caregivers in person, consider needs for childcare or provide options for remote engagement. Ensure dietary and culturally appropriate food options are available, if applicable. Compensate community partners and members for their time and participation. Consider times outside of traditional work hours if necessary. Decrease barriers to participation (travel reimbursement, etc.).

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# Appendix D

## Evaluation of Tool Development Process

Below are sample questions to consider while evaluating the effectiveness of your community engagement processes. Evaluation should take place periodically throughout tool development, and should be reference before, during, and after the community engagement process.

**TABLE 7. EVALUATION GUIDING QUESTIONS**

ASSESSMENT STEP			
<input type="checkbox"/>	STEP 1A		1. Identify the community partners you wish to engage.
<input type="checkbox"/>	STEP 1A	<input type="checkbox"/> STEP 1B	2. Choose method of engagement based on ICTP capacity and community preference.
<input type="checkbox"/>	STEP 1B		3. Determine feasible timeline for completion.
<input type="checkbox"/>	STEP 1B		4. Create an estimate of community partner time input during the tool development process.
<input type="checkbox"/>	STEP 1B		5. Determine how community members/partners will be compensated for their time and participation.
<input type="checkbox"/>	STEP 1C	<input type="checkbox"/> STEP 2C	6. Identify community and ICTP priorities for developing the tool/resource.
<input type="checkbox"/>	STEP 1 C	<input type="checkbox"/> STEP 2C <input type="checkbox"/> STEP 3B	7. Identify potential barriers to community engagement in the tool development process and a plan to mitigate those barriers.
<input type="checkbox"/>	STEP 1C	<input type="checkbox"/> STEP 2C <input type="checkbox"/> STEP 3B	8. Gather feedback from community partners/members on method of engagement and tool development process.
<input type="checkbox"/>	STEP 1C	<input type="checkbox"/> STEP 2C <input type="checkbox"/> STEP 3B	9. Suggestion: Plan, Do, Study, Act Cycle (PDSA)
<input type="checkbox"/>	STEP 1C	<input type="checkbox"/> STEP 3B	10. Intentionally listen and provide space for all voices and perspectives engaged throughout the process.
<input type="checkbox"/>	STEP 3B		11. Compensate community members and partners appropriately.

Adopted from the [Rutgers Web Based Content Accessibility Quick Guide \(2020\)](#)<sup>29</sup>

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### TEXT AND COLOR

- Ensure adequate contrast between text and background.
- Use of color should be limited, and color combinations should provide sufficient contrast. Use a [color contrast checker](#) to check contrast between text color and background.
- Abbreviations and acronyms should be spelled out.
- Use bold or italic text to convey emphasis instead of using underlines, colors, or writing whole sentences in all caps.

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### HYPERLINKS

- Insert active [hyperlinks](#) for all URLs in your document. Instead of using “Click here,” the anchor text should be descriptive of where the link will take the user.
- Hypertext links provide a clear description of the destination.

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### IMAGES

- [Alternative text \(Alt Text\)](#) is text added to describe images to be read by a [screenreader](#). Alt Text should be added to charts, pictures, shapes, and tables.
- “Alt text” or long descriptions are provided for all images.
- For alternative text, describe the image and, if necessary, include an explanation about what is important about the image in terms of the context of learning.
- For more complex images, a longer description is included in the surrounding text on the page.
- In some cases where the equivalent cannot be presented succinctly, a link to a separate page that contains a longer description of the image content can be provided.

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### VIDEO AND AUDIO

- [Captions](#) or transcripts are provided for every video or audio clip.

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### TABLES

- The row and column scope attribute in a table helps provide context to screen readers. Row and column headers should be identified in any table structure used.

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### MICROSOFT WORD OR GOOGLE DOCS

- Documents should be created using [Microsoft](#) Word preset styles.
- Use a text font that is easy to read using at least 10px sans serif fonts (Arial, Helvetica, or Verdana). These fonts will magnify well for low vision users.
- Use properly formatted heading structures for the page.
- Run the built-in [accessibility checker](#) in Word.

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### POWERPOINT SLIDES

- Use simple slide templates and layouts built into PowerPoint
- Slides should have unique titles for each slide (check by using outline view).
- Slides should not have transitions or timed functions activated.
- Avoid low contrast between slide text and slide background.
- Avoid busy backgrounds that make text difficult to read
- Screen readers read the slide title first, then other content elements, then additional content. Check reading order to present in a logical manner.
- Add alt text for Images
- Check accessibility using the built-in accessibility checker in PowerPoint.

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<sup>29</sup>Rutgers. (2020). Web Based Course Content Accessibility Quick Guide. Access and Disability Resources. <https://radr.rutgers.edu/resource/web-based-course-content-accessibility-quick-guide>

Guides adapted from the [CDC's Health Equity Style Guide \(2021\)](#)<sup>30</sup>, the [OHSU Inclusive Language Guide \(2021\)](#)<sup>31</sup>, and the [Associated Press Stylebook \(2021\)](#)<sup>32</sup>.

### EXAMPLES OF ASSET-BASED VERSUS DEFICIT-BASE LANGUAGE

ASSET BASED	DEFICIT BASED
Our mission is to amplify the voices in our community.	Our mission is to give voice to the voiceless.
The communities we partner with are strong and powerful.	The communities we serve are strong and powerful.
Youth in our community are our future. We must invest in them as leaders.	We provide youth with jobs in order to prevent them from committing crimes.

Table 8. Overarching Principles and Preferred Terms for Inclusive language

<p><b>KEY PRINCIPLES</b></p> <p>Avoid use of the terms such as vulnerable, marginalized, and high-risk as adjectives. These terms can be stigmatizing. These terms are vague and imply that the condition is inherent to the group rather than the actual causal factors.</p>	<p><b>TERMS TO AVOID</b></p> <ul style="list-style-type: none"> <li>• Vulnerable groups</li> <li>• Marginalized groups</li> <li>• High-risk groups</li> <li>• At-risk groups</li> <li>• High-burden groups</li> <li>• Hard to reach groups Targeted population</li> </ul> <hr/> <p><b>PREFERRED TERMS</b></p> <ul style="list-style-type: none"> <li>• Disproportionately affected</li> <li>• Groups that have been economically/socially marginalized</li> <li>• Groups that have been marginalized</li> <li>• Groups placed at higher risk/put at higher risk of [outcome]</li> <li>• Groups at higher risk of [outcome]</li> <li>• Groups experiencing disadvantage</li> <li>• Groups experiencing disproportionate impact Population of focus</li> <li>-Under-resourced communities</li> </ul>
<p><b>KEY PRINCIPLES</b></p> <p>Remember that there are many types of subpopulations.</p>	<p><b>TERMS TO AVOID</b></p> <ul style="list-style-type: none"> <li>• Minorities</li> <li>• Minority</li> <li>• Ethnic groups</li> <li>• Racial groups</li> </ul> <hr/> <p><b>PREFERRED TERMS</b></p> <ul style="list-style-type: none"> <li>• Racial and ethnic groups</li> <li>• Racial and ethnic minority groups Sexual/gender/linguistic/religious minority groups Political minority group (Note: American Indian and Alaska Natives are the only federally recognized political minority in the U.S. Tribes hold a unique Government-to-Government relationship with the U.S. [refer to OTASA Fact Sheet for more information])</li> </ul>

<sup>30</sup>CDC. (2020). Health Equity Style Guide for the COVID-19 Response: Principles and Preferred Terms for Non-Stigmatizing, Bias-Free Language. [https://ehe.jhu.edu/DEI/Health\\_Equity\\_Style\\_Guide\\_CDC\\_Reducing\\_Stigma.pdf](https://ehe.jhu.edu/DEI/Health_Equity_Style_Guide_CDC_Reducing_Stigma.pdf)

<sup>31</sup>OHSU. (2021). Inclusive Language Guide: An evolving tool to help OHSU members learn about and use inclusive language. [https://www.ohsu.edu/sites/default/files/2021-03/OHSU%20Inclusive%20Language%20Guide\\_031521.pdf](https://www.ohsu.edu/sites/default/files/2021-03/OHSU%20Inclusive%20Language%20Guide_031521.pdf)

<sup>32</sup>Associated Press. (2021). Associated Press Stylebook. AP STYLEBOOK. <https://www.apstylebook.com/race-related-coverage>

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**KEY PRINCIPLES**

Avoid saying target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities.

Stakeholder (Note: this term has a particularly violent connotation for tribes and urban Indian organizations)

**TERMS TO AVOID**

- Tackle a community's health issue
- Target communities for interventions
- Stakeholder
- Stakeholder engagement

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**PREFERRED TERMS**

- Engage
  - Prioritize
  - Consider the needs of/Tailor to the needs of Population of focus
  - Note: Stakeholders are persons who may be affected by a course of action. Preferred terms include community members and persons affected by [policy/program/practice]. Also avoid using stakeholder to mean partner; related terms to use include partners, collaborators, allies, community engagement, tribal engagement, urban Indian conferment (contact OTASA for technical assistance).
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**TABLE 9. PREFERRED TERMS FOR SELECT POPULATION GROUPS AND COMMUNITIES**

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<b>TOPIC</b>	<b>TERMS TO AVOID</b>	<b>PREFERRED TERMS</b>
Ability/Disability Status	<ul style="list-style-type: none"><li>• Ableist and disability-first language: disabled, handicapped, wheelchair-bound, hearing impaired, etc.</li></ul>	<ul style="list-style-type: none"><li>• Person-first language:</li><li>• Person with ___</li><li>• Person who ___</li><li>• Identity-first language: Chosen by the individual who embraces their “disability” as a core component of their identity.</li></ul>
Gender	<ul style="list-style-type: none"><li>• Words that emphasize one gender over another “male” or “female” as nouns</li></ul>	<ul style="list-style-type: none"><li>• Use gender-neutral terms (e.g., humankind vs. mankind)</li><li>• Use specific nouns to identify people or groups of people (e.g., women, men, transgender women, transgender men)</li></ul>
Healthcare access	<ul style="list-style-type: none"><li>• Underserved people; the underserved; hard to reach; the uninsured</li></ul>	<ul style="list-style-type: none"><li>• People who are underserved; people who are medically underserved; people without health insurance; Note: “Underserved” relates to lack of access to services, including healthcare. Do not use “underserved” when you really mean “disproportionately affected.” Use person-first language.</li></ul>
Lower socioeconomic status	<ul style="list-style-type: none"><li>• Poverty-stricken; the poor; poor people</li></ul>	<ul style="list-style-type: none"><li>• People with lower incomes; people/households with incomes below the federal poverty level; people with self-reported income in the lowest income bracket (if income brackets are defined); people experiencing poverty (do not use “underserved” when meaning low SES)</li><li>• Note: “People with lower levels of socioeconomic status” should only be used when SES is defined (e.g., when income, education, and occupation are used as a measure of SES).</li></ul>

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Non-U.S.-born persons; immigration status	<ul style="list-style-type: none"> <li>• Alien; illegals; illegal immigrant</li> <li>• Immigrant (not to be used to refer to undocumented immigrants specifically)</li> </ul>	<ul style="list-style-type: none"> <li>• People who are undocumented; undocumented immigrants; non-status immigrants; mixed-status households; unauthorized immigrants (for technical documents – otherwise, undocumented immigrants is preferred); asylee or refugee populations</li> <li>• Non-US-born persons; foreign-born persons; naturalized citizens; permanent residents; non-immigrants (persons with a temporary visa)</li> </ul>
People who are at increased/higher risk	<ul style="list-style-type: none"> <li>• High-risk people; high-risk population; vulnerable population; priority populations</li> <li>• Indian (to refer to American Indian); Eskimo; Oriental; Afro-American; Negro; Caucasian the [racial/ethnic] community (e.g., the Black community) non-white (used with or without specifying non-Hispanic)</li> </ul>	<ul style="list-style-type: none"> <li>• People who are at increased/higher risk for [condition]; people who live/work in settings that put them at increased/higher risk of becoming infected or exposed to hazards; populations/groups disproportionately affected by [condition]; populations/groups highly affected by [condition]</li> </ul>
Race and ethnicity	<ul style="list-style-type: none"> <li>• Referring to people as their race/ethnicity (e.g., Blacks, Hispanics, Latinos, Whites, etc.)</li> <li>• Indian (to refer to American Indian); Eskimo; Oriental; Afro-American; Negro; Caucasian the [racial/ethnic] community (e.g., the Black community)</li> <li>• non-white (used with or without specifying non-Hispanic)</li> </ul>	<ul style="list-style-type: none"> <li>• American Indian or Alaska Native persons</li> <li>• Asian persons</li> <li>• Black* or African American persons</li> <li>• Hispanic or Latino persons</li> <li>• Native Hawaiian or other Pacific Islander persons</li> <li>• white* persons</li> <li>• People who identify with more than one race/ethnicity; people of more than one race/ethnicity</li> <li>• Note: “American Indian or Alaska Native” should only be used to describe persons with different tribal affiliations. Otherwise, identify persons or groups by their specific tribal affiliation.</li> <li>• Preferred terms for groups including 2 or more racial/ethnic groups:</li> <li>• People from some racial and ethnic minority groups</li> <li>• People/communities of color</li> <li>• Note: Only used to collectively refer to racial and ethnic groups other than non-Hispanic white; be mindful to refer to a specific racial/ethnic group(s) instead of this collective term when the burden and experience of disease is different across groups.</li> <li>• All other races; all other races/ethnicities; racial and ethnic minority groups (instead of non-white)</li> </ul>

\*Black(s), white(s) (n.) Do not use either term as a singular noun. For plurals, phrasing such as Black people, white people, Black students, white students is often preferable when clearly relevant.

\*Black (adj.) Use the capitalized term as an adjective in a racial, ethnic, or cultural sense. Use of the capitalized Black recognizes that language has evolved, along with the common understanding that especially in the United States, the term reflects a shared identity and culture rather than a skin color alone.

\*white (adj.): Use the lowercase term as an adjective in racial, ethnic and cultural senses. The AP reasons that white people generally do not share the same history and culture, or the experience of being discriminated against because of skin color. The AP plans to track how thought evolves and periodically review the decision.

## Appendix G

## Dissemination Strategies

Once the dissemination objective and audience are identified, there are a variety of ways to share the developed tool or resource to ensure inclusivity and equity.

Common methods of dissemination	<ul style="list-style-type: none"><li>• Publishing program briefs</li><li>• Presenting at national conferences and meetings</li><li>• Presenting developed tools/resources to local community groups and other local partners</li><li>• Hosting community-wide meetings</li><li>• Creating and distributing materials, such as guides</li><li>• Sharing information through social media or the organization’s website</li></ul>
Consider	<ul style="list-style-type: none"><li>• Publishing the tool in a low-cost/free and easy-to-access online resources (e.g., journal articles, websites, etc.)</li><li>• How to most efficiently and effectively reach your identified audience (resource hub, newsletter, social media)</li></ul>
Refer to the below resources for more information on dissemination strategies:	<ul style="list-style-type: none"><li>• Agency for Healthcare Research and Quality, &amp; Practice-Based Research Networks. (n.d.). <a href="#">Quick-Start Guide to Dissemination for Practice-Based Research Networks</a>. 4.</li><li>• Agency for Healthcare Research and Quality. (n.d.). Communication and Dissemination Strategies to Facilitate the Use of Health-Related Evidence   Effective Health Care Program. Retrieved July 1, 2021, from <a href="https://effectivehealthcare.ahrq.gov/products/medical-evidence-communication/research-protocol">https://effectivehealthcare.ahrq.gov/products/medical-evidence-communication/research-protocol</a></li><li>• Brownson, R. C., Eyster, A. A., Harris, J. K., Moore, J. B., &amp; Tabak, R. G. (2018). Getting the Word Out: New Approaches for Disseminating Public Health Science. <i>Journal of Public Health Management and Practice</i>, 24(2), 102–111. <a href="https://doi.org/10.1097/PHH.0000000000000673">https://doi.org/10.1097/PHH.0000000000000673</a></li><li>• Rural Health Information Hub. (n.d.). Methods of Dissemination. Retrieved July 1, 2021, from <a href="https://www.ruralhealthinfo.org/toolkits/rural-toolkit/6/dissemination-methods">https://www.ruralhealthinfo.org/toolkits/rural-toolkit/6/dissemination-methods</a></li></ul>

# Appendix H

## Outcome Evaluation Planning

Adapted from [RAND Corporation \(n.d.\): Evaluate the Implementation Process](#).<sup>33</sup>

OUTCOME EVALUATION QUESTIONS	OUTCOME EVALUATION TOOL/METHOD	SCHEDULE OF COMPLETION
Did the tool/resource follow the plan for use and dissemination?		
<b>PERSON RESPONSIBLE:</b>		
What are the end users' (community partners/members, etc.) characteristics?		
<b>PERSON RESPONSIBLE:</b>		
Are the users satisfied with the tool/resource?		
<b>PERSON RESPONSIBLE:</b>		
Is this tool or resource being used by ICTP?		
<b>PERSON RESPONSIBLE:</b>		
Did the tool/resource meet the identified needs?		
<b>PERSON RESPONSIBLE:</b>		
Was the tool/resource used as intended?		
<b>PERSON RESPONSIBLE:</b>		

<sup>33</sup>RAND Corporation. (n.d.). Evaluate the Implementation Process. Retrieved from <https://www.rand.org/pubs/tools/TL114/manual/step7.html>

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