

ABOUT THE COMMUNITY, PATIENT, AND FAMILY ENGAGEMENT MEASUREMENT FRAMEWORK

The Community, Patient, and Family (CPF) Engagement Measurement Framework was developed on behalf of the National Network of Perinatal Quality Collaboratives (NNPQC) Patient and Family Engagement Affinity Group, with leadership from LaToshia Rouse, CD/PCD(DONA).

COMMUNITY, PATIENT, AND FAMILY ENGAGEMENT MEASUREMENT FRAMEWORK GOALS

1. Develop a framework that Perinatal Quality Collaboratives (PQCs) can use to measure their engagement with community members, patients, and family partners in their PQC quality improvement (QI) work.
2. PQCs should consider using the engagement measure to monitor community, patient, and family engagement (CPFE) implementation and evaluate the PQC's CPFE efforts.

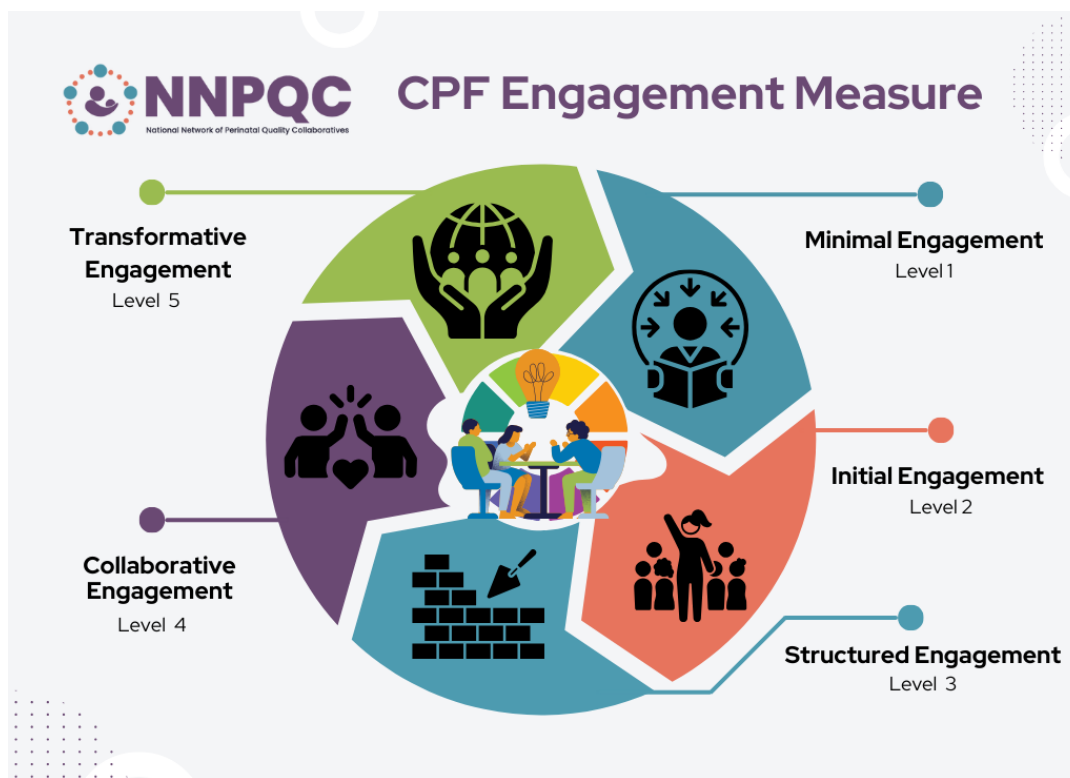
COMMUNITY MEMBERS DEFINED

Community members in the context of PQCs are individuals or representatives from the populations served, including those with **cultural insights or local knowledge related to maternal and child health**. They may include doulas, community-based organizations, community leaders, or advocates from diverse backgrounds who provide valuable perspectives to ensure PQC initiatives are equitable, relevant, and responsive to the community. **Their involvement helps bridge gaps between healthcare systems and the communities they serve, fostering trust and collaboration.**

PATIENT PARTNERS DEFINED

Patient partners in the context of PQCs are **individuals with direct, lived experience in maternal and child health**, such as expectant parents, postpartum parents, or those who have navigated pregnancy, childbirth, or early parenting challenges within your state. They collaborate with PQCs to **provide insights, share experiences, and co-create solutions** that improve care quality, population needs, and outcomes. **Their active participation ensures that healthcare initiatives are patient-centered, addressing real-world needs and priorities.**

COMMUNITY, PATIENT, AND FAMILY ENGAGEMENT FRAMEWORK



Community, Patient, and Family (CPF) Engagement Measurement Framework

USING THE COMMUNITY, PATIENT, AND FAMILY ENGAGEMENT SCALE

1. Partial credit (increments of .25) can be given if you complete some portions of the next level. However, until all components of the previous level are complete, you cannot claim the next level's credit.
2. Once a score is achieved, that score is either decreased, maintained, or improved depending on the level of engagement at that time. Rescoring is preferably happening at least annually, although more often rescoring can help PQCs improve more quickly.
3. In a PQC, the performance goal should be for the PQC to strive to reach a score of 4 or more on the scale. This may take several years for some PQCs and it may happen more quickly for others.

See pages 3-7 for the Community, Patient, and Family Engagement Scale.

PQCs may use the CPF Engagement Scorecard as a self-scoring tool to measure engagement.

[Click here to access the scorecard.](#)

COMMUNITY, PATIENT, AND FAMILY ENGAGEMENT SCALE

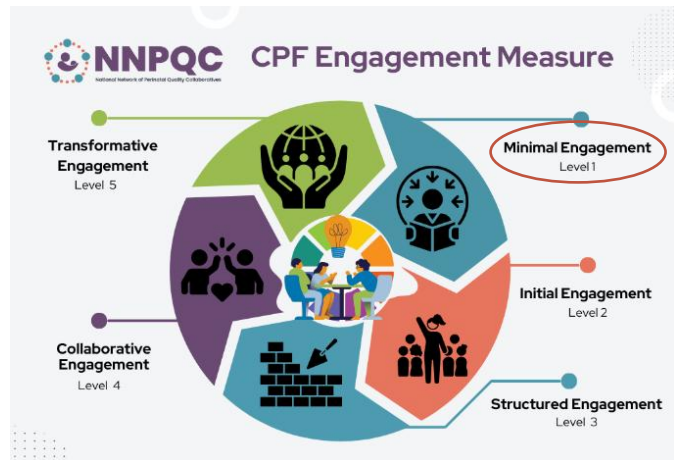
LEVEL 1: MINIMAL ENGAGEMENT

DESCRIPTION

Patient/community engagement is limited and there is sporadic involvement of patient/community representatives, often as a formality. Input is rarely sought in strategic decisions.

ACTIVITIES INVOLVED

- Patient/community members are invited to a few specific meetings but not regularly.
- Patient/community member feedback is gathered only through focus groups, informal surveys, panel discussions or speaking engagements without further engagement.
- No patient/community representatives are present in leadership, decision-making roles or quality improvement (QI) activities.
- Patient/community members may not be paid for the time commitment involved in their participation.
- Patient/community members are not diverse in their experiences and background.



PQC LEADERSHIP BEHAVIORS

- Patient/community engagement is seen as an optional add-on rather than integral. The need for engagement is not fully understood.
- Limited communication with patient/community representatives.
- Focus on meeting compliance rather than true meaningful engagement and partnership.

PATIENT/COMMUNITY BEHAVIORS

- Patient/communities are passive participants, occasionally asked to provide feedback.
- Little to no understanding of the project's goals, often unclear on their role or contribution to the initiative.

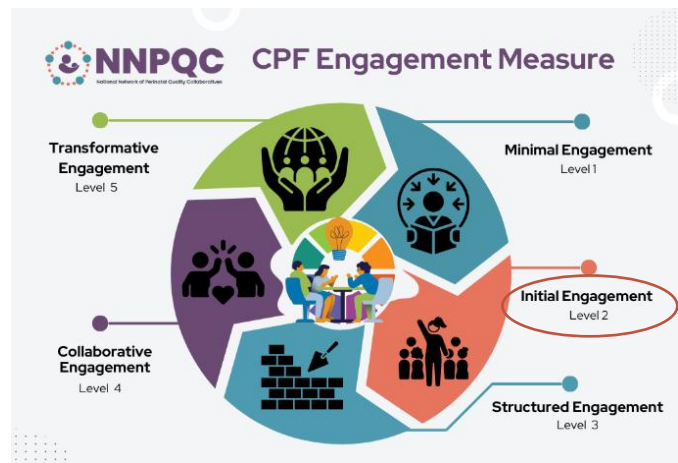
LEVEL 2: INITIAL ENGAGEMENT

DESCRIPTION

Patient/community representatives are included in more routine activities, though engagement is still limited and not embedded into the organization's core decision-making processes.

ACTIVITIES INVOLVED

- Patient/community members are a part of several PQC committee meetings but are not involved in strategic decisions.
- Patient/community feedback sessions occur regularly, with results shared across the team only.
- Some training on engagement, QI, and initiative specific topics are offered for staff on patient/community engagement but not widely integrated into the routine work activities.
- Patient/community members are paid for their contributions mainly via grant funding.
- PQC is starting to develop a database of diverse patients and community members interested in partnerships with the PQC.



PQC LEADERSHIP BEHAVIORS

- The leadership team seeks patient/community feedback more actively but still relies on basic interactions of focus groups, surveys and interviews to gather additional feedback from their community instead of embedding them in the work.
- Develops a patient/community orientation, garners buy in from the team and starts to co-develop a full council structure.
- Involves patient/community members mainly in the planning and review stages, not in decision-making or implementation.
- PQCs inform patient/communities about initiatives but don't yet actively collaborate on QI initiative goals.

PATIENT/COMMUNITY BEHAVIORS

- Patient/community members provide feedback but have limited influence on decisions or organizations inner workings.
- Some knowledge of project objectives, though engagement does not feel collaborative.
- Takes trainings available to increase knowledge and their ability to contribute to QI initiatives, data collection and/ or community engagement.
- Takes PQC orientation to understand the role of a PQC, roles of team members and the current initiatives.

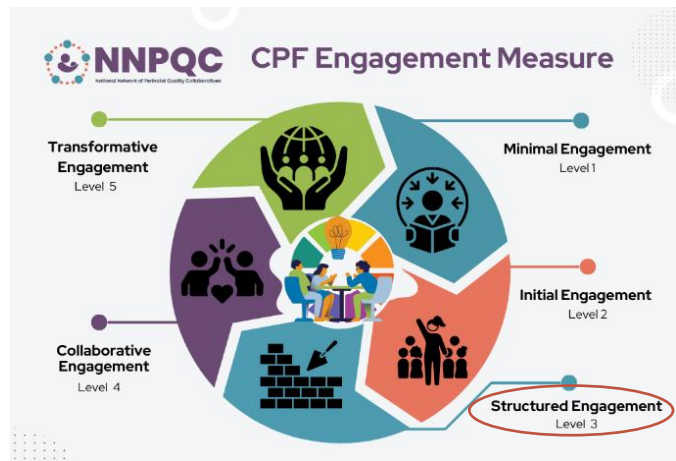
LEVEL 3: STRUCTURED ENGAGEMENT

DESCRIPTION

Patient/community representatives are involved in structured roles, such as steering committees and some leadership discussions, influencing project decisions and agreed upon desired outcomes.

ACTIVITIES INVOLVED

- Patient/community members are regular participants and leaders in steering committees and advisory councils.
- Patient/community member feedback shapes initiatives, and their input is documented and referenced in all dissemination products.
- Training for staff includes patient-centered approaches and shared decision-making.
- Patient/community members are written into the budget of the PQC.



PQC LEADERSHIP BEHAVIORS

- PQC actively seeks patient/community [feedback](#) at each phase or several times a year and adapts plans accordingly.
- Team members consult patient/community members on project impact and QI regularly and integrate as valued team members.
- Consistent efforts to co-develop initiative goals and patient-centered outcomes with patient/community representatives.
- Trainings on the art of team building and belonging.

PATIENT/COMMUNITY BEHAVIORS

- Patient/community members contribute actively, sharing their experiences and perspectives.
- Patient/community members feel somewhat empowered and see their role in shaping outcomes.
- Patient/community members understand and contribute to project goals, bringing their own ideas to discussions and they can take on some initiative task.
- Take trainings on decision-making, leadership, and public speaking.

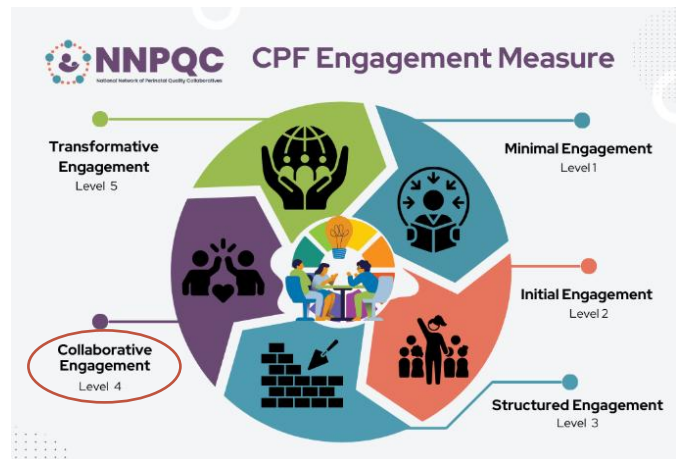
LEVEL 4: COLLABORATIVE ENGAGEMENT

DESCRIPTION

Patient/community representatives are embedded within strategic decision-making, such as executive committees, influencing project and organizational priorities.

ACTIVITIES INVOLVED

- Patient/community members have defined paid roles in executive committees and leadership of the PQC.
- There is a paid lead patient/community liaison role budgeted within the PQC that takes on many engagement coordination.
- Patient/community members co-lead initiatives and are involved in key decisions.
- Written collaborative guidelines are co-developed to support patient/community members in co-creating plans, patient-centered interventions, setting goals, dissemination and project evaluation. Also, written protocols for PQC recruitment, orientation and staff liaison tasks are written and available for PQC staff to fill in as needed.
- Engagement is evaluated by PQC including all patient and community members at least annually.



PQC LEADERSHIP BEHAVIORS

- PQC fully integrates patient/community perspectives into decision-making.
- PQC provides transparent updates and requests patient/community guidance regularly.
- PQC fosters a culture of co-creation, viewing patient/community members as equal partners.
- Patient/community members are diverse and remain consistent across initiatives.

PATIENT/COMMUNITY BEHAVIORS

- Patient/community members have clear roles and feel confident in contributing strategically.
- Patient/community members have gained new QI skills to contribute to the data collection task, understand emerging topics and issues, have participated in QI and data trainings.
- Patient/community members engage in decision-making and feel their voices directly impact desired outcomes.
- Patient/community members actively participate in co-developing project strategies co-creating plans, patient centered interventions, setting goals, dissemination and project evaluation.

LEVEL 5: TRANSFORMATIVE ENGAGEMENT

DESCRIPTION

Patient/community engagement is fully embedded within the organization's culture and structure, with patient/community representatives as essential voices in executive leadership, influencing all aspects of strategy, policies, and initiatives.

ACTIVITIES INVOLVED

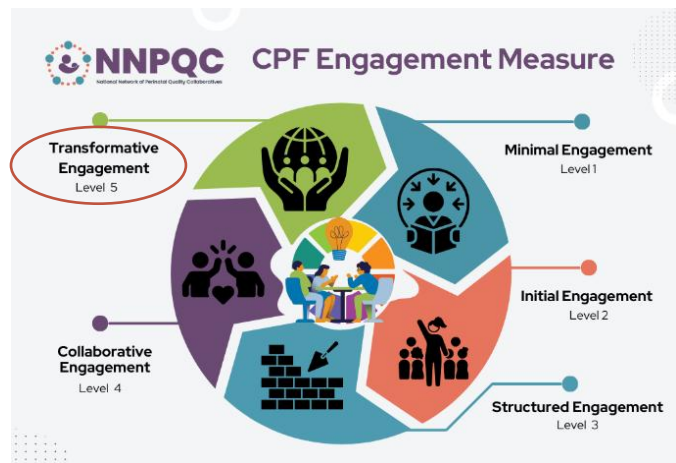
- Patient/community members occupy influential roles across all levels, from executive committee to operational leadership.
- Organizational goals and metrics include patient/community engagement as a core focus.
- Continuous co-learning initiatives help patient/community members and PQC understand each other's perspectives and strengthen collaboration.
- Many hospitals within the state have started to design engagement programs and seek support.
- Patient/community lead and liaison supports hospitals in their engagement efforts.
- PQC mentors other PQCs seeking to engage
- Engagement is evaluated by PQC including all patient and community members at least bi-annually.

PQC LEADERSHIP BEHAVIORS

- PQC demonstrates a commitment to patient-driven outcomes, guided by patient/community insights.
- Staff and patient/community members collaborate on all project aspects, from inception to evaluation.
- Transparent and frequent communication nurtures a relationship of mutual trust.

PATIENT/COMMUNITY BEHAVIORS

- Patient/community members are leaders, actively shaping the organization's direction.
- Patient/community members collaborate with PQC on strategy, policy development, and evaluations.
- Patient/community members see themselves as core team members, ensuring decisions align with patient/community needs and values.
- Patient/community members actively participate in qualitative data collection, co-developing project strategies co-creating plans, patient centered interventions, setting goals, dissemination and project evaluation.



ADDITIONAL RESOURCES TO SUPPORT PQC COMMUNITY, PATIENT, AND FAMILY ENGAGEMENT WORK

NNPQC PATIENT AND FAMILY ENGAGEMENT WHITE PAPER

[Access the white paper](#)

This white paper titled “The Importance of Measuring Community and Patient/Family Engagement for Perinatal Quality Collaboratives (PQCs)” was developed on behalf of the NNPQC Patient and Family Engagement Affinity Group, with leadership from LaToshia Rouse, CD/PCD(DONA); Veronica Gillispie-Bell, MD, MAS, FACOG; and Brenda Barker, M Ed, MBA. The paper discusses the benefits and needs of measuring engagement and suggests ways PQCs can measure and improve engagement.

NNPQC PATIENT AND FAMILY ENGAGEMENT SCORECARD

[Access the scorecard](#)

This is a printable/editable scorecard using the Community, Patient, and Family (CPF) Engagement Scale. PQCs may use this self-scoring tool to measure engagement.

PQC PATIENT PARTNER ROLE DESCRIPTION

[Access the description](#)

This document provides roles and responsibilities for PQC Patient Partners.

FEEDBACK ASSESSMENT

[Access the PDF](#)

This assessment is designed to gather qualitative feedback from patients and community members about their experiences engaging with their Perinatal Quality Collaborative (PQC). It focuses on understanding their perceived value, inclusion, and satisfaction with the engagement process.

DIVERSE VOICES MATTER: IMPROVING DIVERSITY IN PATIENT AND FAMILY ADVISORY COUNCILS

[Access the toolkit](#)

This toolkit was developed by the Institute for Patient- and Family-Centered Care (IPFCC). The toolkit identifies and promotes strategies to recruit and retain diverse representation in advisory councils.

PATIENT AND FAMILY ADVISORY ORIENTATION MANUAL

[Access the manual](#)

This manual was developed by the Agency for Healthcare Research and Quality (AHRQ). The manual is to prepare patient/family advisors for their role.