

FINAL REPORT TO THE COMMUNITY



MAY 2023

ACKNOWLEDGEMENTS

We wish to thank and acknowledge partners, our Advisory Council, and the 200-plus Monroe County community members who have shared their experience, wisdom, and voice to continue to shape this initiative. We are humbled by their commitment to working together to ensure that all members of our community have the same opportunities for healthy, safe and meaningful lives.

We also wish to thank the Robert Wood Johnson Foundation for their vision and their commitment to improving equity in health-related decision-making. In addition to funding the initiative, they provided support and excellent technical assistance along the way that was invaluable.

Their vision is making the world a better place.



Robert Wood Johnson
technical advisors:



Editor: Jill M. Jolliff

Graphic Design: Else Trygstad-Burke

Contributing Authors:

Jill M. Jolliff
Lisa-Marie Napoli
Stephanie Hayes Richards
Nancy Richman
Else Trygstad-Burke

Implementation Team:

Joelene Bergonzi
Kourtney Byrd
Emily Giovanni
Liz Grenat
Jill M. Jolliff
Lisa-Marie Napoli
Stephanie Hayes Richards
Rachael Sargent
Else Trygstad-Burke

Intern Research Associates

Bria Burke
Trisa Chakraborty
Fatima Khalid
Ping Showalter
Shay Uphadyay

Steering Committee Members:

Terry Amsler, IU O'Neill School
Lisa Blomgren Amsler (ex-officio), IU O'Neill School
Liz Grenat, Community Justice and Mediation Center (CJAM)
Lucia Guerra-Reyes, IU O'Neill School, Applied Health Science
Jody Madeira, CJAM Board of Directors
Lisa-Marie Napoli, IU Political & Civic Engagement
Stephanie Hayes Richards, Gnarly Tree Sustainability Institute
Nancy Richman, HealthNet
Janet Rummel, IU Center for Rural Engagement
Latosha Williams, community member

O'Neill School of Public and Environmental Affairs, Intern Research Associates:

Eliza Brader, M.P.A.
Wilson Mosley, M.P.A.
Thomas Nunn, M.P.A.
Kendyll Owens, M.P.A.
Rachael Sargent, M.P.A - M.S.E.S.
Kulsoom Tapal, B.S.P.A.
Willow Thomas, J.D.
Cassandra Thompson, J.D.
Thibault Vielledent, J.D.

Cover photo credits:

Bottom left: Noah Buscher

Top left and bottom right: Agnieszka Drobniak

Advisory Council Participants

Maritza Alvarez	Lori Kelley
Terry Amsler, ex-officio	Kristen King
Abby Ang	Susan Klein
Kass Botts	Pete Lenzen
Sandy Britton	Amy Meek
Melanie Castillo-Cullather	Julie Miller
Georg'ann Cattelona	Mary Morgan
Penny Caudill	Shatoyia Moss
Laura Conder-Blaker	Inger Nemcik
Seth Debro	Margie Rice
Trent Deckard	Heather Robinson
Annie Eakin	Cori Sereni
Ody Ekwonwa	Sue Sgambelluri
Efrat Fefernan	Jim Shelton
Matt Flaherty	Jeanne Smith
Natalia Galvan	Phil Stafford
Mylan Gaston	Nathan Steininger
Leon Gordon	Rob Stone
Don Griffin	Julie Thomas
Marta Hall	Dominic Thompson
Kathy Hewett	Kate Wiltz
L. Julius Hanks	Charlotte Zietlow
Tim Jessen	Carol Weiss-Kennedy

Partners Council

The Partners Council is a component of the CVHMC initiative, but operates alongside it, rather than within it. It provides a means of disseminating information and ideas from the initiative to other communities in the State of Indiana. The content of this toolkit is not representative of the views or activities of the Partners Council or its members.

Accelerate Indiana Municipalities
Association of Indiana Counties
Bloomington Health Foundation
Community Justice and Mediation Center
HealthNet
Indiana Minority Health Coalition
Indiana University Bloomington (IUB) Center for Rural Engagement
IUB College of Arts and Sciences Political and Civic Engagement Program
IUB Paul H. O'Neill School of Public & Environmental Affairs
IU Health Foundation and IU Health

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The views expressed here do not necessarily reflect the views of the Foundation.



REPORT TO THE COMMUNITY

From April 2020 to November 2022, Community Voices for Health in Monroe County (CVHMC) worked to advance equitable and inclusive public engagement around health-related decision-making. The initiative was funded by the Robert Wood Johnson Foundation (RWJF) and involved a number of project partners, including Bloomington Health Foundation (BHF, fiscal agent), Community Justice and Mediation Center (CJAM, managing organization), Gnarly Tree Sustainability Institute (GTSI), Indiana University O’Neill School of Public and Environmental Affairs (O’Neill), Indiana University Political and Civic Engagement (PACE), HealthNet, and Indiana University Center for Rural Engagement (CRE).

The goal of the initiative was to bring together community members and decision makers from all facets of the community to take a deep dive into the issues that affect health, the needs and challenges around those issues, and the processes for decision-making that are intended to address them. The primary focus was equitability. Are diverse voices heard as decisions are being made? Are those who are likely to be most affected by a decision brought in at the beginning of the process? Do community members have power to actually impact the decision?

The overarching premise was that creating more inclusive, equitable and meaningful public engagement will lead to improvements in the health and well-being of the community, both in the short and long term. Short-term benefits can include a deeper understanding of community health needs, better informed decision-making, and improved health outcomes. In the longer term, our hope is that these changes will bring about a shared vision of health needs in the community and of the social determinants of health, greater cross-sector collaboration, and inclusive public engagement that results in improved health outcomes.

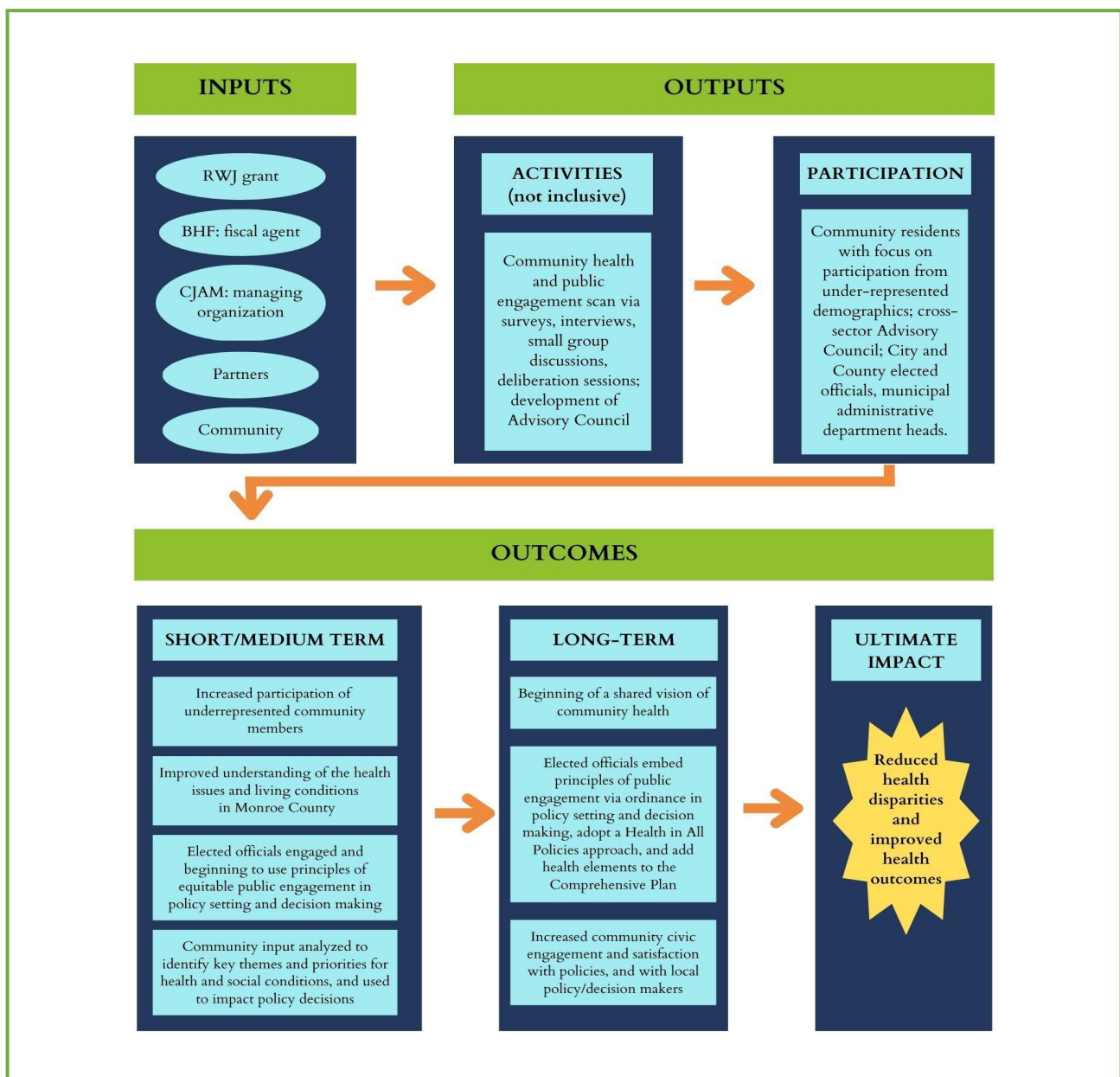
During the course of our work, we consistently heard that residents were grateful for the opportunity to share their concerns and hear the concerns of others and that these topics were critically important to them and to the well-being of the community as a whole. In our information-gathering and deliberative processes (explained in the next section), ten priority areas rose to the top of the list of concerns, listed below:

1. Access to care
2. Mental health
3. Substance use

4. Chronic disease, preventive care and education
5. Poverty and navigating social services
6. Affordable housing, housing insecurity, and homelessness
7. Access to healthy food
8. Services for an aging population
9. Transportation
10. Inequity, discrimination, and bias

These ten areas of concerns were ultimately winnowed down to three community priorities for action.

Below is a logic model that explains the assumptions underlying the initiative.



Our Process

The CVHMC process was grounded in a solid understanding of best practices in public engagement, community health and living conditions, existing public engagement, and health planning processes, with guidance from health decision makers and community leaders from underrepresented groups. The major steps in our process included:

- **Formation of project teams and advisory council.** Early in the initiative, we formed several teams to guide our work. A Steering Committee, comprised of community justice advocates, public engagement experts, and experienced health professionals and researchers, provided direction to CVHMC team members responsible for implementation. An Implementation Team, comprised of CJAM staff and consultants with expertise in community engagement and qualitative research methods, were responsible for execution of the initiative. An Advisory Council provided guidance on initiative methods and communicated progress to their networks. The Council was made up of self-identified members of underserved communities, community leaders and service providers, and community allies with connections to underrepresented groups.
- **Background research.** We conducted substantial background research to inform our understanding of the local community. This included information on local health issues and living conditions, identifying organizations and individuals with responsibility for decision-making related to health, and identifying organizations and community leaders with strong connections to underrepresented groups. We also conducted an extensive literature review of best practices in public engagement and studied three recent local examples to understand community members' previous experiences with public engagement.
- **Early-stage interviews.** To enhance our understanding of community conditions, our team conducted 46 interviews with local community members between June and December 2020. The goals of these interviews were to: start building trusting relationships with community members; share the proposed goals and activities of the CVHMC initiative; gather advice to help ensure the success of the initiative; learn more about upcoming community health decisions that might benefit from insights from the initiative; understand community members' past experiences with public engagement efforts and outreach; learn more about health issues facing the community in light of COVID-19 pandemic; and identify community members who might be interested in participating in the initiative.
- **Small group discussions, individual conversations, and written participation.** The goal of these three methods of information collection was to identify health issues of concern to the

community. Between December 2020 and June 2021, we hosted 19 facilitated small group discussions and a handful of structured one-on-one conversations that engaged more than 150 community members. We led 17 of these small group discussions in English, and two in Spanish. Due to the COVID-19 pandemic, we held most of the discussions virtually through Zoom. The individual conversations with community members were available to those who preferred to share their opinions privately or who had scheduling or other barriers to participating in the group discussions. And last, as a third alternative, our team invited community members to share their personal experiences related to health in writing through an online or hard copy “Share Your Story” form.

- **“Images of Health” art contest.** Middle school and high school students were invited to share their thoughts on community health through an art contest. The winning artist received a prize of gift cards to local businesses.
- **Deliberative sessions.** From August 2021 to February 2022, our team brought diverse groups of community members together with elected officials and other decision makers. The purpose was to review the community issues identified during the small group discussions and to consider what might be needed to move toward solutions. For these deliberation sessions, we used a model for democratic deliberation used by the Kettering Foundation, Public Agenda, and other groups. Our team hosted 10 deliberative sessions during which we brought together nearly 100 community members with elected officials. Six of the sessions were held via Zoom, and four sessions were held in person in locations throughout Monroe County that were convenient for our intended participants.
- **Engagement with elected officials.** Early in our project, we met individually via Zoom with each member of our elected government decision-making bodies to explain the initiative, our goals, and our planned activities. We then continued to meet with these officials to update them on progress, lead discussions around mechanisms for equitable policy setting, and explore how the community might move forward with more equitable decision-making.

Further, we invited officials to join our Advisory Council, which led to a representative of each government decision-making body or office becoming a member of the Council and providing ongoing input throughout the initiative.

Lastly, we scheduled a series of two meetings which included all elected officials. The first meeting focused on providing information on 1) principles of inclusive public engagement, 2) the concept of Health in All Policies (HiAP), and 3) the inclusion of health elements in comprehensive plans. To accompany the content of the meeting, we compiled an extensive

collection of information and examples and distributed bound copies to all elected officials in advance. The second meeting focused on guiding the officials in identifying the potential benefits, opportunities, and challenges they could foresee if each of the three concepts was applied to our community.

- **Involvement with existing health planning processes.** Every three years, the Monroe County Health Department, IU Health Bloomington, HealthNet, and the City of Bloomington Parks and Recreation Department lead a Community Health Assessment (CHA) that culminates in the development of a Community Health Improvement Plan (CHIP). This year, the CVHMC team shared our data and findings from community members for inclusion in the Community Health Assessment and participated in the CHIP planning process.
- **Think Tank discussions.** One of the ways the CHIP planning process involves community members is through Think Tank sessions. During these sessions, participating community members provide input on and prioritize the results of the CHA. They then identify the top three community health concerns to be addressed by the CHIP. CVHMC helped to develop a revised facilitation format for the 2022 Think Tank sessions, broaden the scope of participants involved, and ensure the sessions were more accessible to a variety of people. The format for each session included: an introduction to the 10 major community health concerns identified by the health assessment; interactive activities to guide discussion on these issues; consideration of what might have been missing; prioritizing the top three areas of concern; and finally, beginning to assemble “action teams” to address those issues.

For these Think Tanks, we created a “data walk” to spark rich discussion among participants. This consisted of large graphical placards mounted on easels depicting and explaining the ten identified community concerns and proposed solutions. They were available throughout the sessions for participants to consult at any time.

- **Assistance with Community Health Improvement Plan action teams.** The three priority areas for action that were identified during the Think Tanks are: 1) Poverty and Navigating Health and Social Services; 2) Inequity, Discrimination, and Bias; and 3) Substance Use and Mental Health. During the summer of 2022, to attract participants for the action teams, a public kickoff event was held and presentations were made to community groups and government boards and commissions.
- **Formation of the Monroe County Health Equity Council.** Over the last several months of the grant, we led the CVHMC Advisory Council (AC) in discussions about ways to sustain the work that was being done under the original RWJF grant. Members of the AC agreed that it was vital

work and needed to be continued. Consequently, they made the decision to transition to an independent resident-led group, wrote and adopted a Purpose Statement to make their mission clear and guide their work, and chose “Monroe County Health Equity Council” as their new moniker.

- **Creation of a Partners Council.** The CVHMC team also created a state-focused Partners’ Council. The Partners’ Council will share information about the initiative with state-wide organizations and other communities throughout Indiana that have an interest in implementing similar public engagement initiatives.

Our Accomplishments

The CVHMC initiative has impacted local community engagement and decision-making in the following ways:

- **Demonstrated equitable and inclusive public engagement practices.** Throughout the CVHMC initiative, community members were provided with multiple ways to participate – individual interviews offered in-person, by phone, and virtually via Zoom; small group discussions and deliberative sessions offered virtually via Zoom and in-person; Think Tank sessions held in-person; a Share Your Story form; and an “Images of Health” art contest for youth. We also created accessible documents, many available in both English and Spanish.

In addition, we worked to eliminate barriers by providing Spanish-speaking facilitators and notetakers for some meetings, offering closed captioning during virtual meetings, holding in-person meetings in physically accessible buildings, providing an American Sign Language interpreter during one of the Think Tank meetings, providing refreshments during in-person meetings, offering transportation and childcare options to participants, and holding sessions near the people we wanted to hear from.

- **Built trust by engaging community members in data and input summaries.** Accurate and comprehensive documentation of input received during all sessions was critical to developing trusting relationships with community members. After each meeting, participants were offered a chance to review and comment on detailed notes from the sessions. In addition, we developed and tested scalable, transparent, and replicable models for compiling, analyzing, and summarizing input gathered. At each stage of the process, we created draft summaries of our engagement activities and shared them with the Implementation Team, Steering Committee, and Advisory Council. This signaled to community members our commitment to producing detailed and accurate records of their input.

- **Expanded community capacity to facilitate public engagement.** We recruited and trained community volunteers to facilitate discussions and take notes during public engagement activities. This expanded the community's involvement and developed a small cadre of people who are now prepared to assist with future public engagement efforts.
- **Improved the community's collective understanding of health issues.** Our development of clear and concise summaries and presentations on health issues and proposed solutions has served, and will serve in the future, to educate the community on important health-related topics and ideas. This includes community deficits and challenges that need attention.
- **Created survey mechanisms to evaluate diversity and inclusiveness.** We created a demographic survey that was used to compare the demographics of participants to those of the population as a whole. We also created a feedback survey that helped us assess the inclusiveness of our efforts. Our team reviewed these surveys after each session and made continual improvements to our processes. Both surveys were available in English and Spanish.
- **Compiled concerns and ideas for solutions by members of the community.** Most importantly, the CVHMC initiative provided the community with a better understanding of local health issues and possible ways to move the community toward solutions to those issues. Primary categories of concern identified during the CVHMC initiative included health insurance, quality and availability of health services, and the social and economic conditions that impact health. Many of the concerns and suggestions by community members of ways to move toward solutions have been compiled into an easy-to-read table format.

Next Steps

Now that work under the 30-month 2020-2022 grant has concluded, the objectives established and the work underway from that effort is being carried on by the independent, community-led Monroe County Health Equity Council (MCHEC). Committees have been established and are working on developing internal structure, building membership with an eye toward increased diversity, and beginning dialog with local elected decision-makers. This group will continue the effort to improve two-way communication between key decision makers and individuals impacted by proposed health-related policies. This will inform policymaking in ways that reduce health disparities and improve health outcomes.

The Robert Wood Johnson Foundation has made additional funds available to the Community Justice and Mediation Center (CJAM) through August 2023. These funds are intended to continue to support

the ongoing work begun by CVHMC, as well as to build the capacity of the recipient organization (CJAM). Some members of the original grant team were retained under the auspices of CJAM to assist with the transition to the newly conceptualized Monroe County Health Equity Council, to continue to work with local elected officials, and to strengthen CJAM in its efforts toward community change and peacebuilding.

For More Information

For more information about the Community Voices for Health in Monroe County initiative, please contact Jill Jolliff at jmjolliff.cvh@jamcenter.org or Liz Grenat at cjam@jamcenter.org, 812-336-8677.