

# Engaging Leaders and Policymakers by Anchoring Community Voices and Experiences

*Building a Model for Equitable Public  
Engagement & Decision-Making*

**SNAC Webinar  
April 19, 2023**

**STRENGTHENS ENGAGEMENT,  
PARTICULARLY AMONG  
MARGINALIZED POPULATIONS**



**STRENGTHENS CROSS-SECTOR  
COLLABORATION**

**SUSTAINABLE  
ENGAGEMENT  
INFRASTRUCTURE FOR  
COMMUNITY HEALTH**

**INFORMED BY  
COMMUNITY-ENGAGED  
RESEARCH**



**REGULARLY  
INFLUENCES HEALTH  
POLICY DECISIONS**



# Project Aims

- Broaden our collective understanding of what creates a healthy community
- Center equity and voice in ways that decision-making processes are informed by a deeper understanding of resident needs (data and stories)
- Create pathways that enhance community understanding of the complexities of issues, and build shared responsibility for desired outcomes
- Strengthen *infrastructure* for better, sustainable, health policy



## Grant Partners

Funded by the Robert Wood Johnson Foundation



A photograph showing a woman in a red coat from behind, talking to a man in a green shirt and glasses who is smiling. Two young children are sitting on the porch steps; one is in a blue outfit and the other is in a blue and green striped shirt. The scene is set on a brick building with a wooden porch.

***Public Engagement*** is about the relationship between residents and the institutions that serve them...

Source: Matt Leighninger  
Public Agenda



**...and also about the relationships  
among residents (social networks,  
social capital)**

Source: Matt Leighninger  
Public Agenda

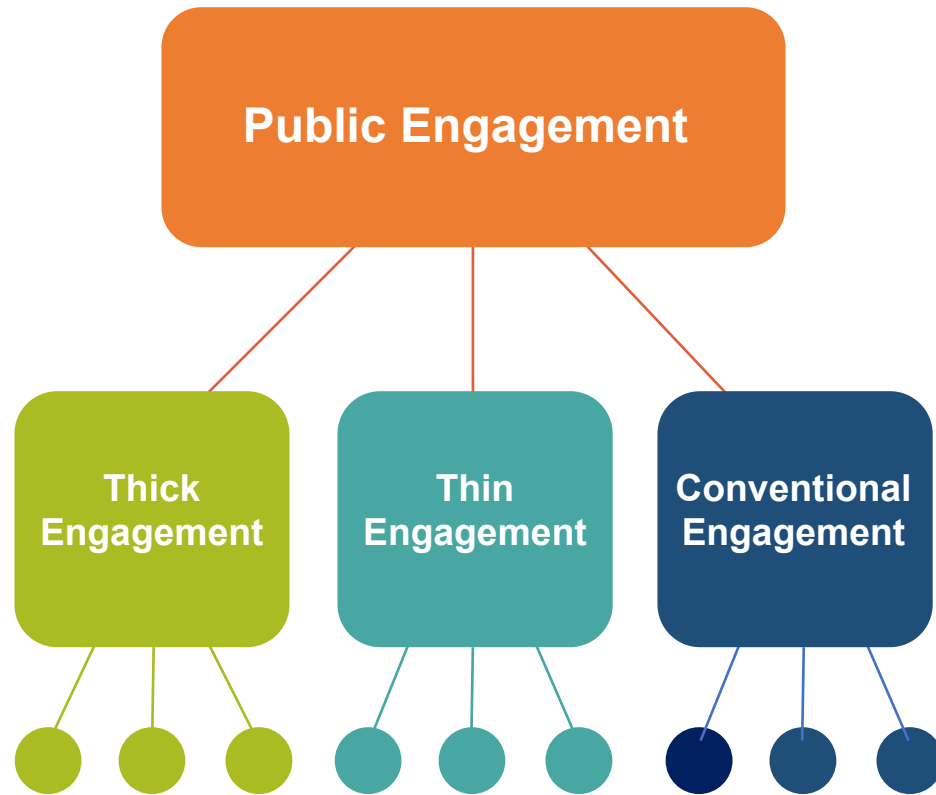
# What is public engagement?



**Public engagement:** the activities by which people's concerns, needs, interests, and values are incorporated into decisions and actions on public matters and issues. It usually includes a combination of:

- Circulating information
- Gathering input
- Discussing and connecting
- Providing choices
- Deliberation on major decisions
- Volunteering and public work

# What kinds of public engagement are there?



- **Conventional Engagement:** Top down, relatively transparent
- **Thick Engagement:** Informed, deliberative, emotional, full of choices for groups to make
- **Thin Engagement:** Fast, easy, full of choices for individuals to make



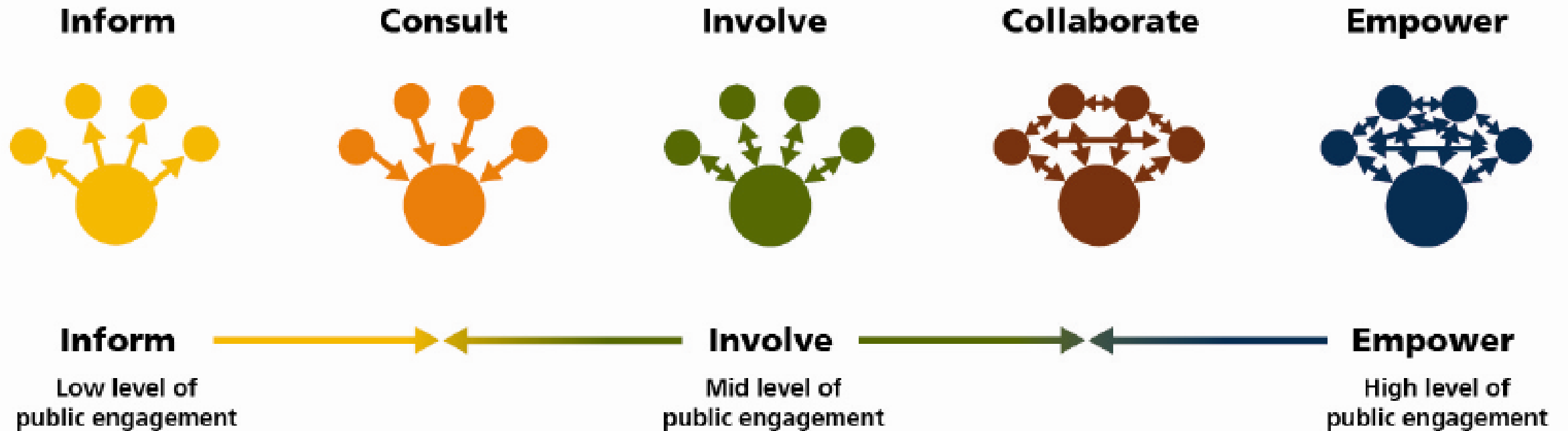
# Conventional engagement



## Three minutes at the microphone:

- The status quo and default process
- No discussion outside the agenda
- Oriented to getting comments in the record
- Easy to disrupt
- Even the physical layout makes people angry

# Process Design 1: Community-based Participatory Engaged Research

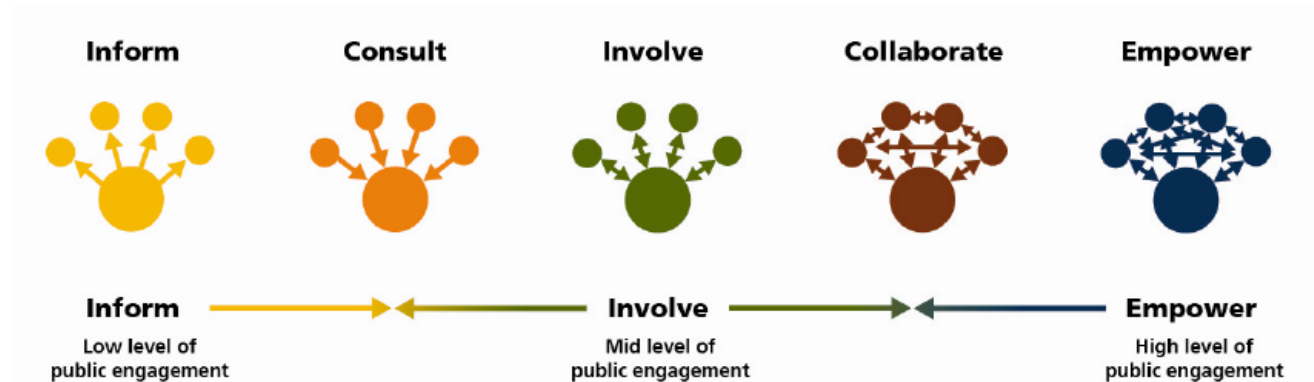


# Process Design 2: Strengthen existing infrastructures and develop new processes for *engaging* health policy & decision makers & under-represented communities

UNDER-REPRESENTED VOICES

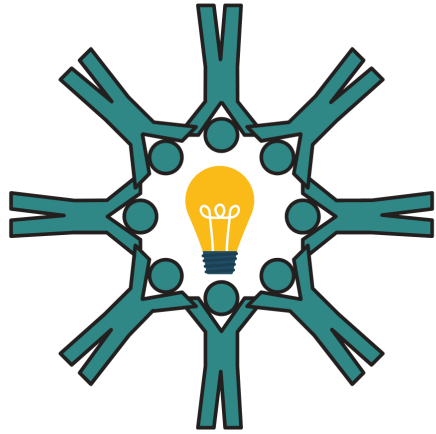


POLICY & DECISION MAKERS

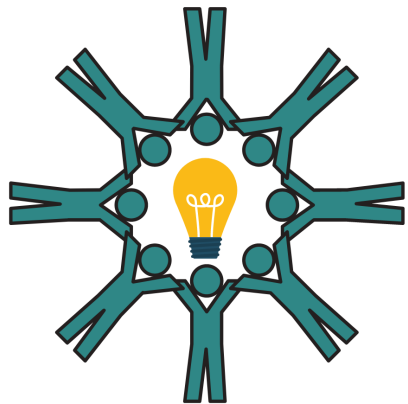


# Process Design 3: Strengthen existing decision-making processes through dialogue

## DIALOGUE



Identify the Issues

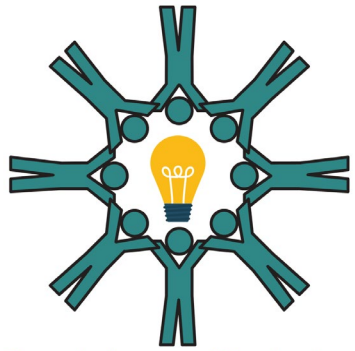


Frame the Issues

*Health depends on many things.  
What's important to you?*

*What do you want community  
leaders and decision-makers to  
know about what's important to  
you?*





Problem Solving



Deliberation

## Process Design 4: Strengthen existing decision-making processes through deliberation

Grounding in Experience: *How do you, you and your family, you and those close to you, relate to the issues/problems?*

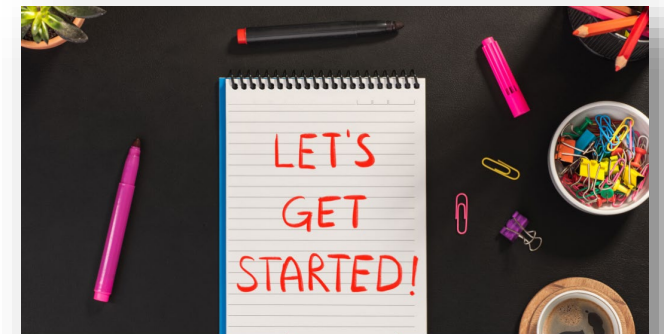


Deliberation is

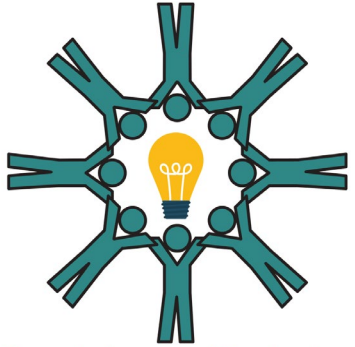
when a group of people work on a problem as if solving it is up to them



What is most important for your community to work on?



What will it take to get started on these issues?

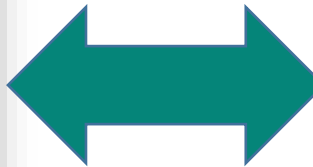


Problem Solving

# DELIBERATION

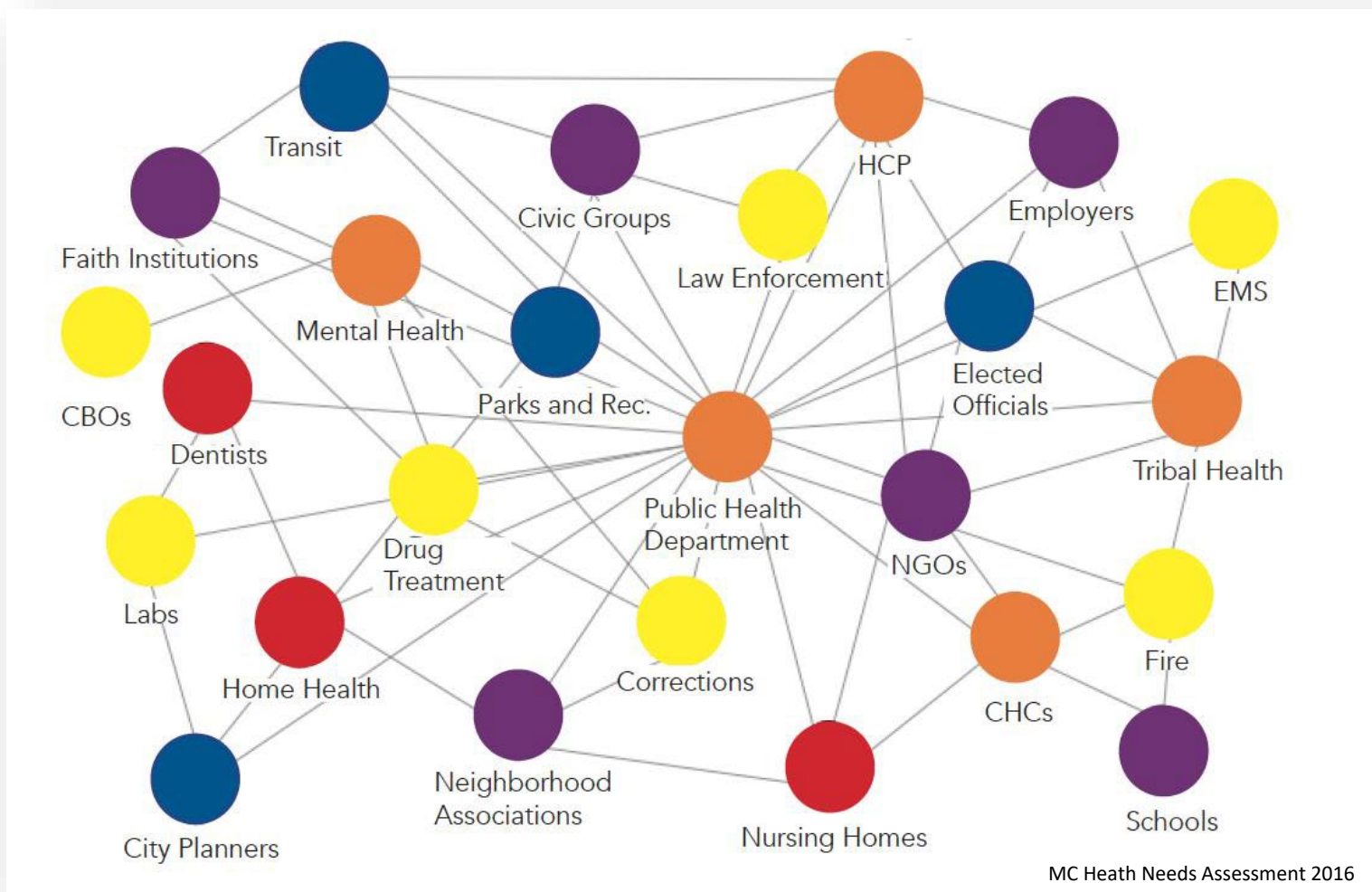


What questions need to be asked to move forward?



What can I do to make progress on these issues?

# Process Design 4: Strengthen existing decision-making processes through enhanced cross-sector collaboration



# CVHMC Timeline





# CVHMC Timeline

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## Cross-Sector Collaboration

MC CHIP Planning & Process

STAGE 6



## Sharing Results

Raising Awareness  
Building Momentum

STAGE 7



## Next Steps

Monroe County Health Equity Council  
Governments

STAGE 8

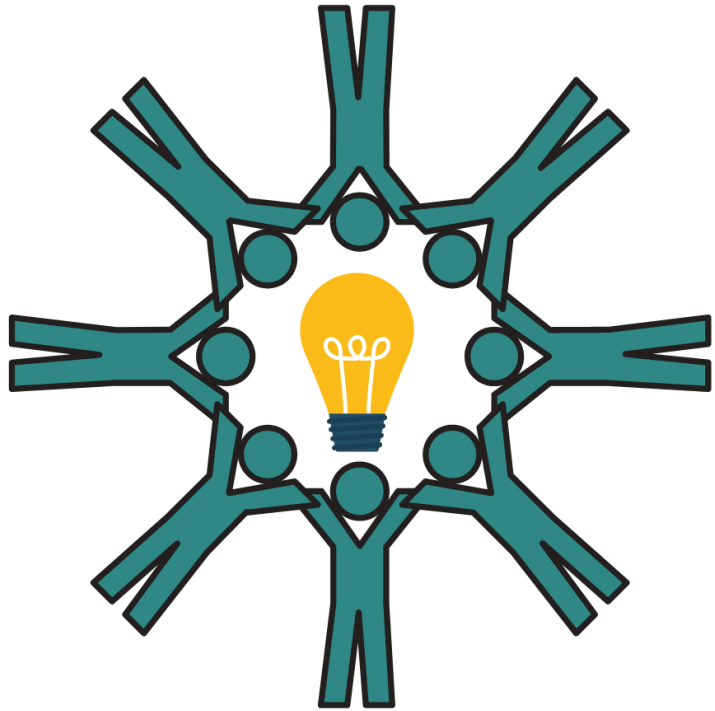


The best is yet to come

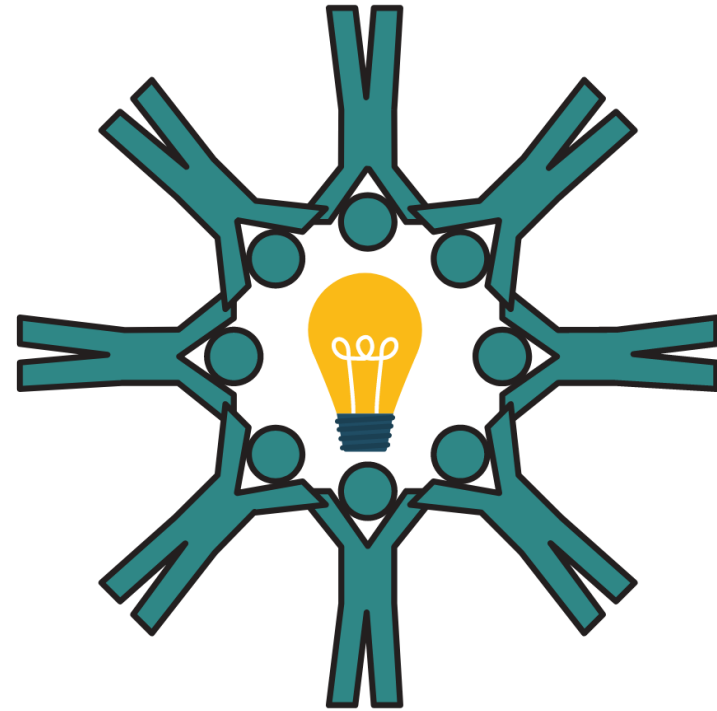


Improved Outcomes for All

# Stage 5 Government Leaders Dialogue & Deliberation: Session 1



Identify the Issues



Frame the Issues

# Public Engagement - What we are hearing

- “3 minutes at the microphone” is not effective
- Community member frustration and fatigue with “listening or input sessions” that appear to have little impact on actual decision making. “Seems like their minds are already made up.”
- Lack of community’s understanding of policy making processes
- Frustrations with divisiveness
- Feelings of being drowned out by the “loudest voices” in the room
- Too many silos – need more cross-sector collaboration
- Challenges identified for effectively reaching out to and engaging with historically marginalized communities
  - How to connect effectively and who to reach out to
  - Resources, time, and commitment are needed
  - Need strategies for eliminating barriers to participation
- Lack of trust in institutions, leaders, and political processes - lack understanding (and empathy) of the impacts of racism, poverty, disabilities etc.

# Health Equity: What we are hearing

## #1: Health Insurance – Importance and Concern

There are concerns about the costs and coverage of health insurance plans.

- How to make choices among different plans.
- Choosing between insurance and other basic needs such as food, shelter, and clothing.
- How to get and keep insurance coverage, especially the governmental plans.

## #2: Health Services – Availability and Quality

There are concerns about the availability and quality of health services.

- Finding good health services that are available and affordable.
- Long wait times for appointments.
- Transportation challenges.
- Using the emergency room instead of being able to see a doctor when needed.
- Experiencing biased and unequal treatment from health care providers.

## #3: Healthy Community – Challenges

People see that living conditions in Monroe County impact health.

- Challenges in understanding how to receive services.
- Limited availability of good housing, public transportation, and healthy food options.
- Unfair circumstances that affect those who experience them as well as those who want to help.

# Here's the good news...

- There is still a strong belief that it is important to speak up. Community members want to be heard. Want opportunities to tell their stories, share perspectives. Believe that equitable public engagement can help us define issues – “when it works well, we make less mistakes.”
- The impacts of COVID-19 and our experiences with the racial reckoning movement, have increased community members' commitment to making changes that “level the playing field for all” Strong desire to see change
- Community members want to be a “part of the solution.”
- Community members, especially those from underrepresented communities, strongly valued the opportunity to participate and share their stories and concerns

Health & PE Chapters  
**Comprehensive  
Plans**  
Guiding Document

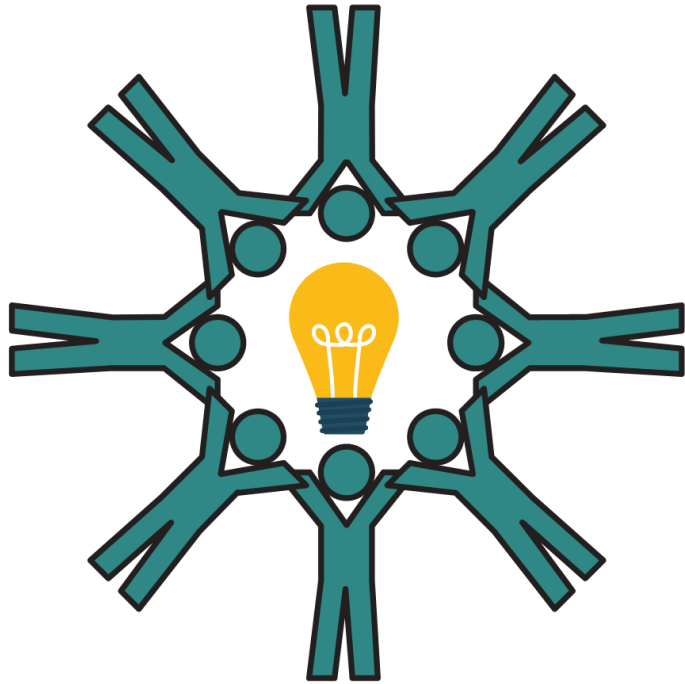
**Health in All  
Policies**  
Process

Inclusive & Sustained  
**Public  
Engagement**  
Principles & Practice

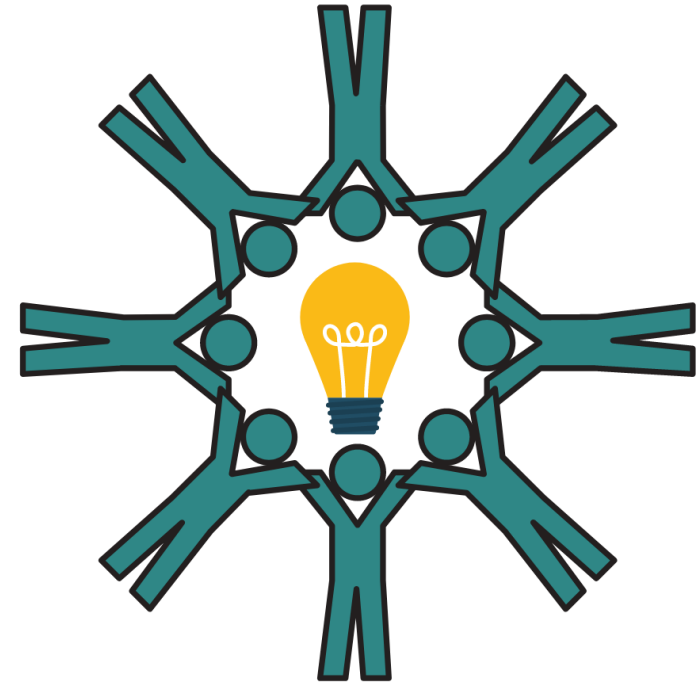
Capacity/Infrastructure

**Healthy  
Monroe County**

# Stage 5 Government Leaders Dialogue & Deliberation: Session 2



Frame the Issues



Problem Solving

# Your Feedback from Session 1



- How do we build trust?
  - Between Electeds and the community, especially underrepresented
  - Between City-City, County-City, County-County?
- How do we reach underrepresented groups – what does it take to be successful?
- How do we have better co-ordination and cross-sector collaboration?



## Feedback Continued...

- How do we keep principles and practices of public participation alive after a statute is passed?
- Governments pass ordinances that are easy to ignore. How do we get buy-in across all departments?
- How do we solve HiAP policy issues when there is a great divide on suggested solutions?
- How do other communities fund/allocate resources to support HiAP?

## Feedback Continued...

- How do we manage the impacts of state politics/statutes?
- How can we build better community understanding of how local government works?
- How do we tell our stories of what's working? (dashboards, technology, social media...)
- What roles can media play?



## Goal: Session 2

To engage local public officials in discussions that will provide opportunities for them to take initial steps that may lead to new policies and plans to improve health and public engagement.

### **Objectives:**

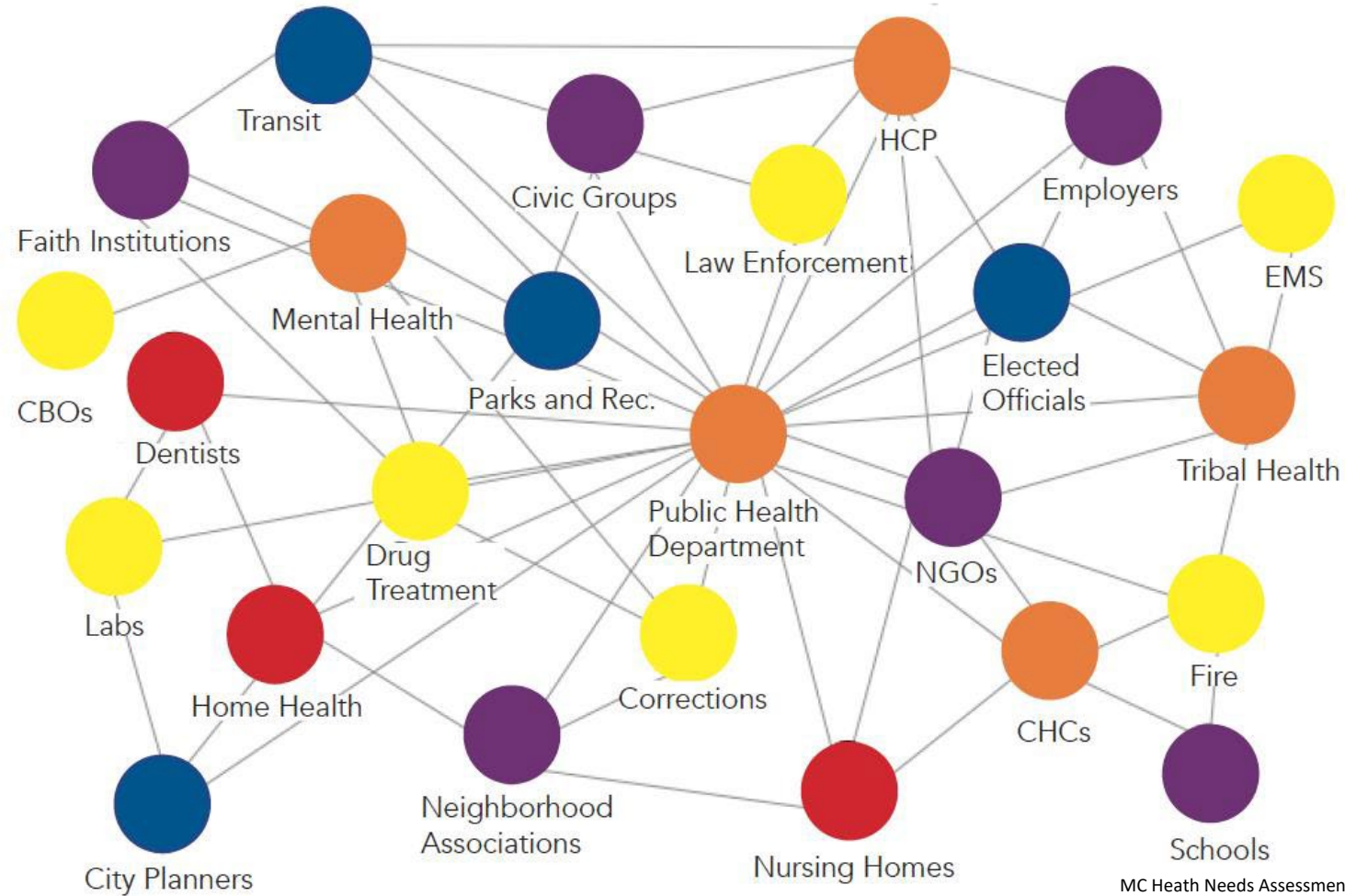
1. To provide an opportunity for participants to have a productive and deliberative conversation about the evening's topics, without formal decisions
2. To discuss the health and public engagement policy and planning-related ideas that emerged in the first meeting and to add to these potential ideas if they wish to do so
3. To consider the possible benefits, opportunities and challenges of each identified avenue of action
4. To brainstorm and explore possible ways to move forward
5. To have participants further informed about ongoing CVHMC resources and support for these purposes.

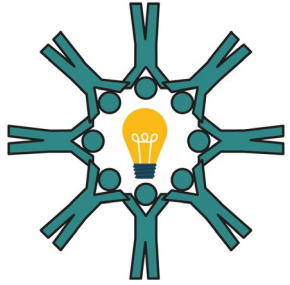
# Sample prompts:

## Health in all Policies

- **“First Take” Go-Round:** What is your first take (or what strikes you most) about HiAP? (*Facilitators will note themes that emerge*)
- How could a HiAP strategy be relevant to issues of trust, equity, inclusion, and voice? What challenges and opportunities may emerge from this approach?
- If you wanted to move forward to develop HiAP as a strategy, what, generally, might it take, by government, to accomplish this?

# Stage 6: Cross-sector collaboration





Identify the Issues

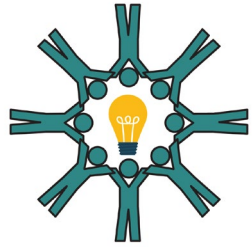
# Collaboration for Action & Alignment

*Monroe County Community Health Improvement Plan*

MC Health Department, COB Parks & Rec, IU Health, CVHMC, HealthNet & The Community

## ***Identifying the Issues*** (January – March 2022)

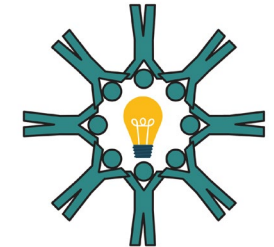
- IU Health and MC Health Department collected/analyzed secondary health outcomes data, and administered a survey
- Created MOU's to share data
- Co-created focus group questions to align with CVHMC
- CVHMC provided facilitators and additional focus group sessions
- CVHMC provided Small Group Discussion data



Frame the Issues

# *Framing the Issues and Deliberating*

## CHIP Think Tanks April – June 2022



Problem Solving

- Co-designed meeting format with focus on dialogue & deliberation **before** voting on final community priorities
- Combined data and co-presented information
- Created a data walk to help build and reinforce understanding
- Expanded locations and times, worked to eliminate barriers & access (i.e. disabilities transportation, language, child care)
- Provided facilitation and note-taking training
- Expanded outreach/invitations to U-R, decision-makers and community at-large



“Data Walk” and voting at Banneker Community Center Think Tank

# Sharing Results & Mobilizing for Action

June 2022 – to present

- Post Think Tank:
  - Compiled results/created report that was distributed widely
  - Made presentations to various governmental units, non-profits, city and county commissions, funders etc.
  - Launched CHIP Action Team Call-out meeting
  - 3 Action Teams formed focused on developing strategies and solutions:
    - Behavioral Health & Substance Abuse
    - Poverty and Navigation Health and Social Services
    - Inequity, Discrimination & Bias
  - Exploring collaborative grant funding

**MONROE COUNTY COMMUNITY HEALTH ASSESSMENT**

**COMMUNITY MEMBER RECOMMENDATIONS FOR CHANGE**

**PRIORITY AREAS**

.....

**BEHAVIORAL HEALTH AND SUBSTANCE USE**

**AFFORDABLE HOUSING, HOMELESSNESS, AND HOUSING INSECURITY**

**POVERTY, AND NAVIGATING HEALTH AND SOCIAL SERVICES**

**INEQUITY, DISCRIMINATION & BIAS**

During the 2021 Monroe County Community Health Assessment process, community members helped identify key health issues within the community and provided numerous recommendations for change. Community members also helped identify four priority health issues: Poverty, and Navigating Health & Social Services; Inequity, Discrimination & Bias; Behavioral Health and Substance Use; and Affordable Housing, Homelessness, and Housing Insecurity.

The community is in the process of recruiting members for Community Health Improvement Plan (CHIP) action teams, who will consider community recommendations in the development of detailed plans for action to address these issues. CHIP action teams will be formed to address three of these priority issues. Affordable Housing, Homelessness, and Housing Insecurity will be addressed by the United Way of Monroe County and the Community Foundation of Bloomington and Monroe County led Heading Home initiative. The work of the CHIP action teams will be guided by staff from the Monroe County Health Department, City of Bloomington Parks and Recreation, and IU Health Bloomington Hospital.

Recommendations for change from community members related to these four priority issues have included:

**BEHAVIORAL HEALTH AND SUBSTANCE USE**  
Community members would like to see enhanced services and less stigma around behavioral health and substance use.

- Reducing stigma through education regarding behavioral health and substance use disorder
- Addressing mistrust of medications for treatment
- Engaging with residents to develop better treatment options
- Improving mental health resources, particularly for individuals who are incarcerated, individuals experiencing homelessness, and children born with substance use issues
- Continued use of police personnel trained to work with individuals living with mental health issues
- Expanding services offered
- Collaborative system of mental healthcare to improve patient services
- Engaging community members to identify barriers to seeking behavioral health services

**AFFORDABLE HOUSING, HOMELESSNESS, AND HOUSING INSECURITY**  
Community members would like to see more affordable housing options, expanded services for individuals who are housing insecure, and less stigma around housing insecurity.

- Adoption of a local Housing First policy
- Need for public restroom, particularly for individuals experiencing homelessness
- More affordable housing and expansion of programs that reduce risks for landlords who accept housing vouchers
- Addressing barriers to housing, such as credit scores, finances, physical and behavioral health issues, former incarceration, and limited number of Section 8 housing units
- More housing rentals by room
- Encouraging discussions around housing issues
- Increasing education and compassion around housing insecurity

**Logos:** Monroe County Health Department, City of Bloomington, Indiana University Health, Community Voices for Health, HealthNet

**Page 1**





# Why diverse voice is important to health policy & decision-making



# Monroe County Community Health Needs Assessments 2021

Programs or Services Important to Your Personal Health and Well-being

## 780 Surveys

Select Demographics

- 78% Household Incomes Over \$50,000
- 40% Over \$100,000
- 45% Graduate Degree
- 35% Bachelors
- 70% Worked FT
- 93% White/74% female
- 97% Had health Insurance
- 83% Had someone they thought of as their health provider

## What's Important to You:

1. Walking & bike trails/outdoor rec
2. Quick access to primary care
3. Physical activity programs
4. Mental health counseling
5. Aging & older adult programs

# CVHMC Community Conversations 2020 - 2021

## Select Demographics:

53%: Ages 34-54

4 % Asian American

8 % Black/AA

4% Multi-racial

33% Latinex

59% White

80% Female

16% Male

12% Transgender

2% Other

24% Household incomes below Fed Poverty Level

45% Owned home

42% Rent

10% other housing arrangements

# CVHMC Health Issues – What’s important to you

## #1: Health Insurance – Importance and Concern

**There are concerns about the costs and coverage of health insurance plans.**

- How to make choices among different plans. How to get and keep insurance coverage, especially the governmental plans.
- Choosing between insurance and other basic needs such as food, shelter, and clothing.

## #2: Health Services – Availability and Quality

**There are concerns about the availability and quality of health services.**

- Finding good health services that are available and affordable.
  - Long wait times for appointments. Transportation challenges.
  - Lack of primary physicians, specialists, mental health professionals
  - Using the emergency room instead of being able to see a doctor when needed.
- Experiencing biased and unequal treatment from health care providers.

## #3: Healthy Community – Challenges

**People see that their living conditions in Monroe County impact health.**

- Challenges in understanding how to receive services.
- Limited availability of good housing, public transportation, and healthy food options.

## Stage 8: Next Steps





# Monroe County Health Equity Council (MCHEC)

- **To serve as a bridge between underrepresented communities, elected officials, and other decision makers.**
- **To quickly mobilize diverse networks to provide input in policy decisions at the earliest point in process.**
- **To facilitate deliberative conversations to generate solutions to pressing health-related issues.**
- **To partner with and support the Community Health Improvement Plan process in Monroe County.**

# CVHMC 2023 Timeline

SHARED LEADERSHIP

ACT

SUSTAIN

COMMUNITY VOICES

MCHEC Vision, Structure, Leadership

MCHEC CHIP Action Teams Priorities for Action



MC Health Equity Council

January

Communications/Engagement/Mobilization

Collaboration & Future

Funding Opportunities

POLICY & DECISION MAKERS

City of Bloomington & Monroe County Policy & Decision Makers

Public Engagement for Health - Priorities for Action

CVH 2 funding ends Sept. 14

Sharing Statewide



## A TOOLKIT FOR COMMUNITIES



<https://www.communityvoicesmonroecounty.org/resources>

Contact Liz Grenat: [director@jamcenter.org](mailto:director@jamcenter.org)

*Support for the Community Voices for Health, Monroe County, Indiana is provided, in part, by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.*

In reflecting upon what you have heard, how might you begin to implement some of the practices or processes in your own organization or larger community? Or how might you want to strengthen existing efforts ?

