

National Initiative to Address COVID-19 Health Disparities
Among Populations at High-Risk and Underserved

Indiana Healthy Opportunities for People Everywhere (I-HOPE)

Interim Findings: 2021-2024

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May 2024

Acknowledgement of funding source: This report was supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, under NH75OT000073.

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Program Background & Description

A. Program Overview

In light of the COVID-19 pandemic, improved response strategies to public health emergencies are a national priority. The 2020 pandemic illuminated profound gaps in health outcomes among populations that are at high-risk and underserved, and a need for evidence-based strategies for disease tracing and testing. To address these needs, the Centers for Disease Control and Prevention (CDC) announced a non-competitive grant titled “[National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities](#)” (CDC Disparities Grant). The CDC Disparities Grant provided funding to states to advance health equity through COVID-19 response strategies, interventions, and services. The Indiana arm of the CDC Disparities Grant, *Indiana Healthy Opportunities for People Everywhere* (I-HOPE), worked to disrupt systemic barriers and discriminatory practices that have put Indiana’s racial, ethnic, minority, and rural populations at higher risk for diseases like COVID-19. Through I-HOPE, the Indiana Department of Health (IDOH) worked with over 200 local community partners to improve access to information and resources, affordable testing, medical care, and mental health services for all Hoosiers. Purdue University’s Regenstrief Center for Healthcare Engineering served a dual role within the I-HOPE project: a) to provide project administration, evaluation, technical assistance, and communication support to IDOH, and b) to serve as an I-HOPE subrecipient to carry out community-facing initiatives in support of the CDC Disparities Grant. The Purdue University Evaluation Team, in conjunction with IDOH, created an evaluation plan to assess I-HOPE outcomes and impact. **This report provides interim findings, outcomes, and impact from I-HOPE funded initiatives and activities.**

B. CDC Disparities Grant Strategies

The CDC Disparities Grant was composed of four overarching strategies that aimed to both address disparities in the COVID-19 pandemic and set the foundation to address future responses. [Figure 1](#) illustrates suggested activities for grantees by strategy, with activities in **bold** a priority. IDOH addressed all four strategies through eight unique IDOH divisions or offices including: Nutrition and Physical Activity; Minority Health; Chronic Disease, Primary Care, and Rural Health; Women’s Health; Refugee Health; HIV, STI, and Viral Hepatitis; Fatality Review and Prevention; and the Office of the Commissioner.

Figure 1: Overview of CDC Disparities Grant Strategies and Activities



Each division/office was awarded I-HOPE dollars for IDOH activities whose goals aligned with at least one of the four CDC strategies ([Figure 2](#)). In total, there were 31 activities with some divisions/offices awarded more than one activity per division. There are 27 activities included in this report. Internal IDOH activities for administration and infrastructure, as well as activities with missing information were excluded (n=4). Descriptions of each activity can be found in [Appendix II](#). An

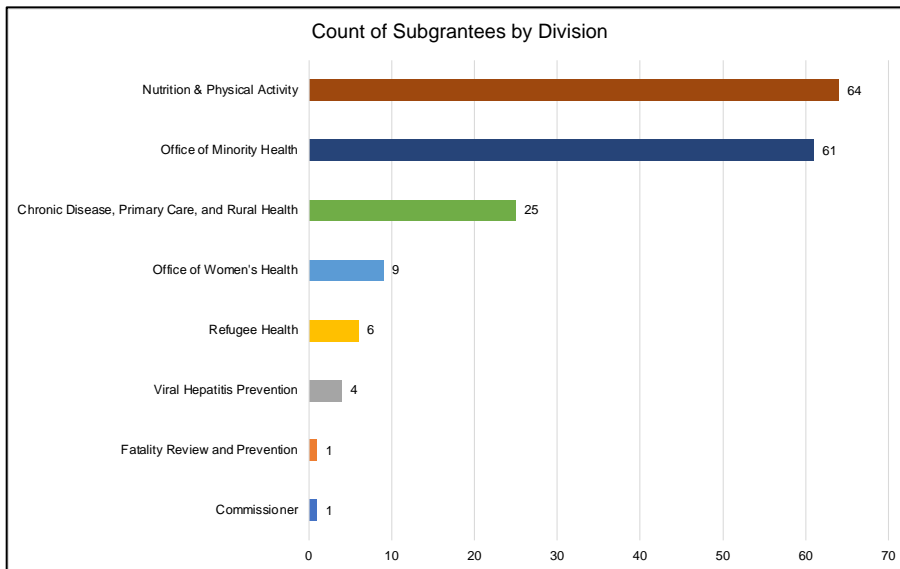
IDOH activity may have encompassed one, several, or many local organizations, or subgrantees, who were already working on projects that aligned with the CDC Disparities Grant. 116 unique organizations were included in this report.

Figure 2: List of IDOH Activities by CDC Disparities Grant Strategy

STRATEGY 1	STRATEGY 2	STRATEGY 4
<ul style="list-style-type: none"> Heart Healthy Hoosiers WISEWOMAN/Indiana Breast & Cervical Cancer Program ShipHappens Hepatitis C Linkage to Care Supplemental Nutrition Assistance Program (SNAP)/ Women, Infants, and Children (WIC) Program Outreach Indiana Black Breastfeeding Coalition (IBBC) Capacity Building Community Health Workers at Refugee and Immigrant Serving Organizations 	<ul style="list-style-type: none"> Indiana Primary Healthcare Association (IPHCA) Indiana Hospital Association (IHA) 	<ul style="list-style-type: none"> Healthcare and Rural Housing IU Community Health Improvement Programs Together We Will IU Reducing Smoking Programs IU Addressing Racial Disparities in Dubois County IU Food as Medicine Indiana Rural Health Association Produce Rx Qsource Women's Health Mini Grants Rural Advisory Councils – Bike and Pedestrian Planning Purdue University Trauma-Informed Care - Mobile Integrated Health Rural Food Access Grants SNAP Matching Program Donor Milk Express Pilot
	<p style="text-align: center;">STRATEGY 3</p> <ul style="list-style-type: none"> Language Access Capacity Improvement Infrastructure Building at IDOH Health Equity Council Indiana Minority Health Coalition (IMHC) Sexual Assault Nurse Examiner (SANE) Programs 	

Several subgrantees held multiple contracts under one organization, including indirect collaborative partners (Figure 3) Subgrantees with missing data were excluded from the analysis.

Figure 3: Count of Unique I-HOPE Subgrantees by IDOH Division



C. CDC Disparities Grant Performance Measures

The CDC provided [performance measures](#) that aligned with each of the four CDC Disparities Grant strategies ([Table 1](#)) (CDC RFA Instructions). The performance measures were intended to:

- Monitor implementation and progress toward achieving intended outcomes.
- Demonstrate accountability to interested parties (e.g., funders, public) by showing how funds are being spent.
- Maximize learning opportunities associated with the implementation and impacts of this grant.

I-HOPE performance measures were collected at the activity level and reported to IDOH on a quarterly basis. IDOH activity recipients were not required to work in all four strategy areas, and were expected to report only on the measures that aligned with their selected strategies.

Of note:

- The CDC made updates to performance measure guidelines in [December 2021](#) and [August 2022](#).
- [Performance Measures 1.2 and 1.3](#) were reported only by IDOH and not by any subgrantees for in the beginning of the grant period.
- Following this period, contract tracing performance measures were no longer required by the CDC.

CDC Disparities Grant Strategy	Performance Measure(s)
<p>Strategy 1</p> <p>Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19-related disparities among populations at higher risk and that are underserved</p>	<p>Measure 1.1 <i>Number of COVID-19 mitigation and prevention resources and services delivered in support of populations that are underserved and disproportionately affected by type</i></p> <p>Measure 1.2 <i>Number of COVID-19/SARS-CoV-2 tests completed by test type, results, and race and ethnicity</i></p> <p>Measure 1.3 <i>Caseload, number of cases per case investigator, and number of contacts per contact tracer during the data collection period</i></p>
<p>Strategy 2</p> <p>Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic and inequities</p>	<p>Measure 2.1 <i>Number of improvements to data collection, quality, and reporting capacity for recipients, partners, and agencies related to COVID-19 health disparities and inequities</i></p>
<p><i>Continued next page...</i></p>	<p><i>Continued next page...</i></p>

CDC Disparities Grant Strategy	Performance Measure(s)
<p>Strategy 3</p> <p>Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved</p>	<p>Measure 3.1</p> <p><i>Number of improvements to infrastructure to address COVID-19 health disparities and inequities</i></p>
<p>Strategy 4</p> <p>Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved</p>	<p>Measure 4.1</p> <p><i>Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities</i></p>

Table 1: CDC Disparities Grant Performance Measures by Strategy

Evaluation Report

A. Evaluation Purpose & Goals

This report evaluates evidence of reaching the following I-HOPE goal set collaboratively by IDOH and the Purdue Evaluation Team:

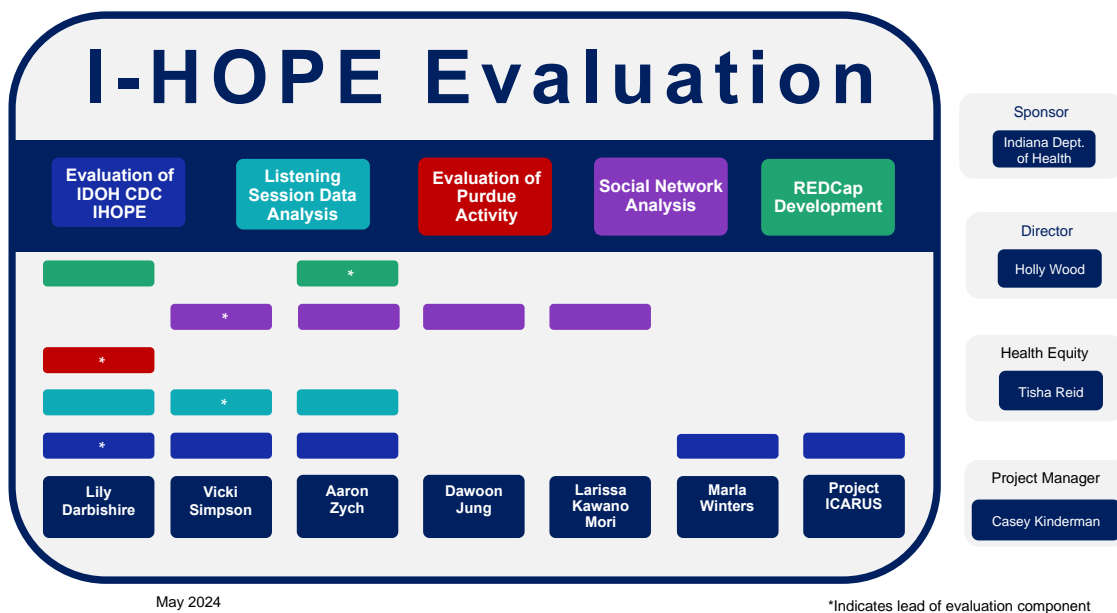
“Visibly impact communities who are addressing health inequities by understanding community-defined needs, supporting community-driven goals, and using evidence-based strategies.”

The purpose of this evaluation report is to assess methods, results, and community impact that occurred within a 3-year span of the I-HOPE project. Additionally, the evaluation report serves to strengthen future health equity-related initiatives, and lessons learned can be shared with other states and initiatives addressing COVID-19-related health disparities.

B. The Purdue University Evaluation Team

The Purdue University Evaluation Team consisted of a diverse group of qualified researchers, public health professionals, and health equity analysts from Purdue University (Figure 4). The evaluation team was led by a Senior Research Associate with expertise in creating novel evaluation methods and techniques, building public health capacity and infrastructure, and health coalition research. The Senior Research Associate, in conjunction with IDOH I-HOPE staff, partners, and the evaluation team, formulated and executed the evaluation plan. Other members of the Purdue University Evaluation Team brought unique strengths and expertise to effectively evaluate I-HOPE funded initiatives and activities. Purdue faculty trained in the areas of population health, public health, social network analysis, and community-engaged research guided the overall evaluation plan. Purdue’s public health faculty have experience with rigorous community research, community health improvement projects, and implementation science. The evaluation team included trained health equity analysts that worked directly with communities to support, listen, and uplift those who are disproportionately affected by health disparities. The I-HOPE project administrator provided formal project management, communication support, and other technical assistance that contributed greatly to this report. Finally, the evaluation team worked closely with data scientists from Regenstrief Center for Healthcare Engineering (RCHE), who are trained in process improvement techniques, technology and data science, and data visualization. Each member’s input was a critical component of I-HOPE evaluation and reporting.

Figure 4: Purdue University Evaluation Team Organizational Chart



C. Evaluation Design

Purdue University conducted separate evaluations for the overall I-HOPE grant and for Purdue University as an I-HOPE subrecipient (Figure 5). The focus of this

report is the overall evaluation of the IDOH I-HOPE grant; thus, it should be noted that this report incorporates only a portion of evaluation results from Purdue University’s initiatives as an I-HOPE funding subrecipient.

Figure 5: Evaluation Structure of the Overall I-HOPE Grant and Purdue University Initiatives as an I-HOPE Subrecipient.

Evaluation Structure				
	IDOH I-HOPE			Purdue
Strategy	1	2	3	1
Analysis	Quantitative Budget Measures	Quantitative Performance Measures	Qualitative Successes & Challenges	Capacity Building Activity Log
Report	Written Evaluation Report		PowerPoint of Results	Logic Model, Monthly Reports to IDOH
Visualization	Dashboard			Capacity Building Graph

Purdue used the following strategies to evaluate the impact of the overall I-HOPE grant initiative from 2021-2024:

-
- **Evaluation Strategy 1:** Track and describe allocation of grant money to I-HOPE subgrantees.
 - **Evaluation Strategy 2:** Determine the number and percentage of activities that met CDC-specific strategy target measures.
 - **Evaluation Strategy 3:** Identify themes from progress, successes, and challenges from activity-level quarterly reports.
-

Each I-HOPE Strategy is described in further detail below. [Appendix I](#) contains a list of expectations and deliverables shared jointly by Purdue University and IDOH.

D. Dashboard

The [dashboard](#) is an interactive, data visualization tool that serves as a community-facing resource for IDOH, subgrantees, and other community partners. The dashboard summarizes the I-HOPE project timeline and structure, and high-level outcomes from Evaluation Strategies 1-3.

Evaluation Strategy 1

A. Method

[Evaluation Strategy 1](#) tracked the allocation of CDC Disparities grant money to I-HOPE subgrantees. Tracking allocation of funds to subgrantees ensured that the CDC's Disparities Grant money successfully reached targeted community-facing initiatives. The [Purdue University Evaluation Team](#) worked directly with IDOH's COVID Funds Manager to collect data on grant subgrantee requisition amounts, or the amount of funds agreed upon to be allotted to each subgrantee. The budget summary metrics analyzed in this report do not include IDOH administrative funds; thus, the total funding amount within our report does not add up to the \$34M the CDC awarded to IDOH. To track subgrantee requisition funds, the Purdue Evaluation Team compiled a comprehensive list of subgrantees categorized by dollars awarded, CDC Strategy, IDOH division, IDOH activity, and rural carveout. Microsoft Excel was used to create budget allocation tables, charts, and other visualizations of data. The dollar amount awarded to Purdue includes both IDOH evaluation and technical assistance support to IDOH, as well as funding dedicated to community projects. Due to Purdue's dual role, Purdue was an outlier within the data set by \$8.5 million dollars. Thus, each analysis was performed including and excluding Purdue University as an outlier.

The following metrics were captured to summarize CDC Disparities Grant funding to I-HOPE subgrantees:

- a. Summary Metrics ([Table 2](#))
- b. Top 10 Highest Awarded I-HOPE Subgrantees ([Figure 6](#))
- c. Top 25 Highest Awarded I-HOPE Subgrantees ([Figure 7](#))
- d. Dollars Awarded by CDC strategy ([Figure 8](#))
- e. Dollars Awarded by Division ([Figure 9](#))
- f. Dollars Awarded by Activity ([Figure 10](#))
- g. Dollars Awarded by Rural Carveout ([Figures 11-13](#))

Metrics were uploaded to a shared Purdue University/IDOH Teams Environment for review by IDOH's COVID Funds Manager, the IDOH activity director, and IDOH activity leads to ensure quality and accuracy of reporting.

B. Results

a. Summary Metrics

As of April 2024, \$27,734,824.79 was awarded to 171 subgrantees (116 unique organizations) across 92 counties in Indiana. The metrics reported exclude administrative dollars and funding amounts for subgrantees with incomplete data. [Table 2](#) demonstrates the total and excluded dollar amount, range, mean, median, and mode of I-HOPE funding.

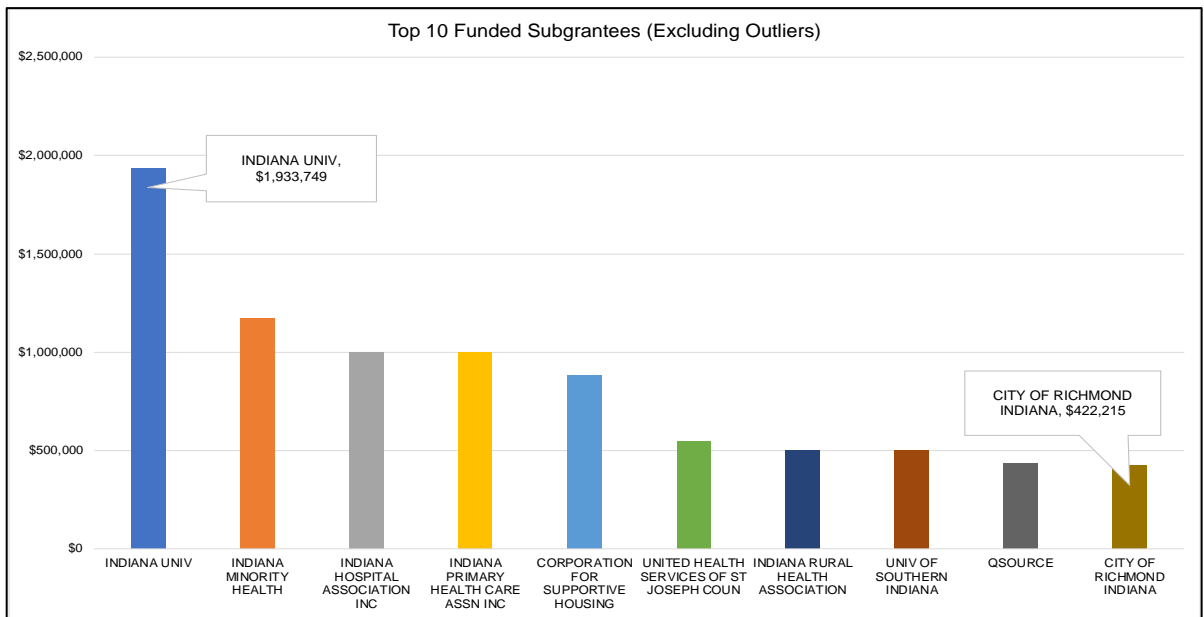
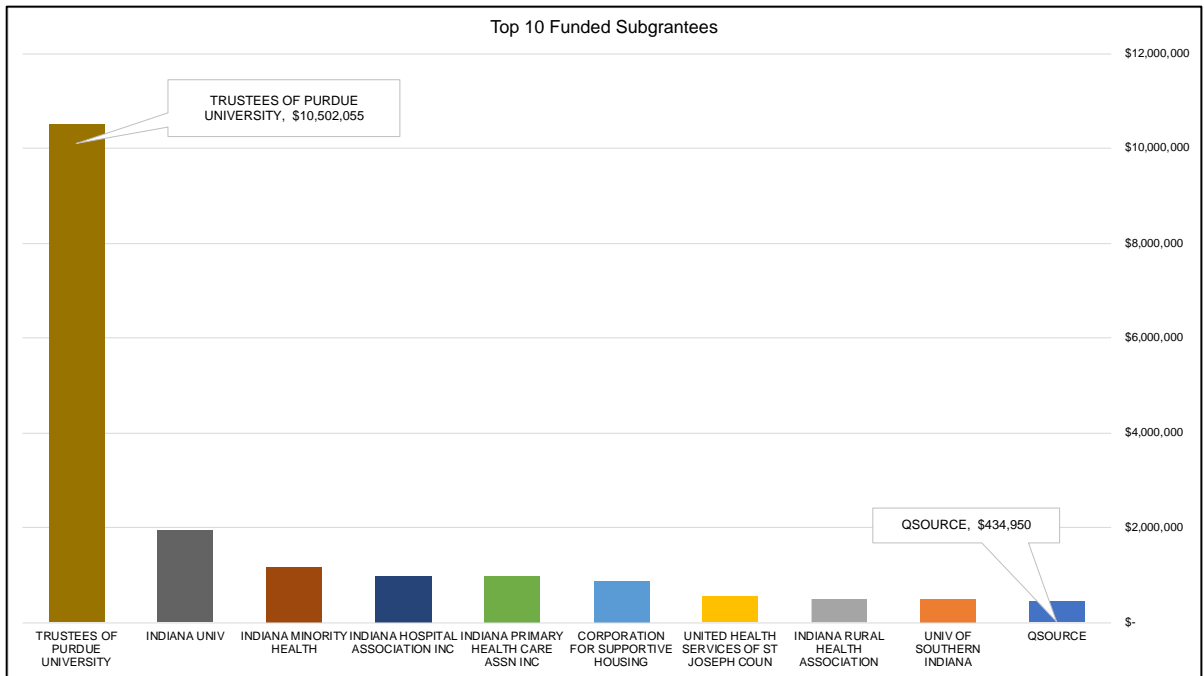
Summary Metrics: I-HOPE Funding	
Metric	Amount
# Subgrantees/Scopes of Work	171
# Unique Subgrantees	115
Max	\$10,474,429
Min	\$900
Mean	\$224,618
Median	\$7,2460
Mode	\$20,000
Total Funding Included in Analysis	\$27,734,825
Total Funding Excluded from Analysis	\$7,065,369
CDC I-HOPE Award Total	\$34,800,194

Table 2: Summary Metrics of I-HOPE Funding Included in Analysis

b. Top 10 Highest Awarded Subgrantees

[Figure 6](#) displays the 10 highest awarded subgrantees through the I-HOPE initiative. Purdue University was the highest funded organization at \$10,502,055. Excluding Purdue University, Indiana University was the highest funded organization at \$1,933,749.

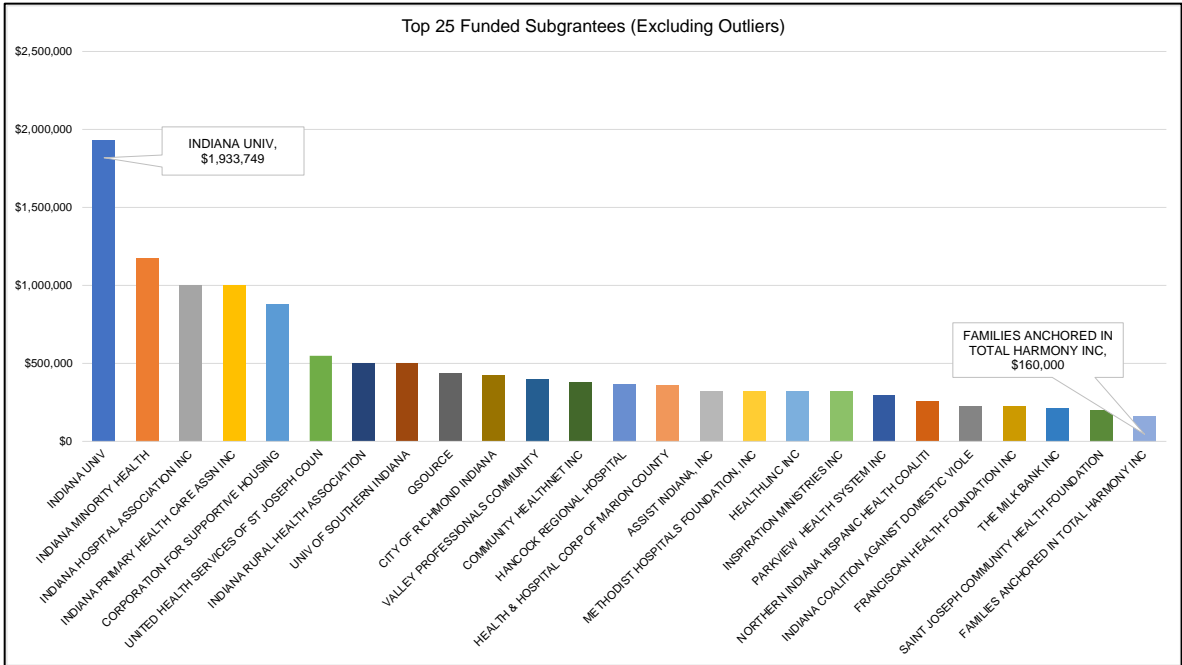
Figure 6: The Top 10 Funded I-HOPE Subgrantees with and without Outliers



c. Top 25 Awarded Subgrantees

[Figure 7](#) displays the 25 highest awarded subgrantees through the I-HOPE initiative. Excluding Purdue University, funding among the 25 highest subgrantees ranged from Indiana University at \$1,933,749 to Families Anchored in Total Harmony at \$160,000.

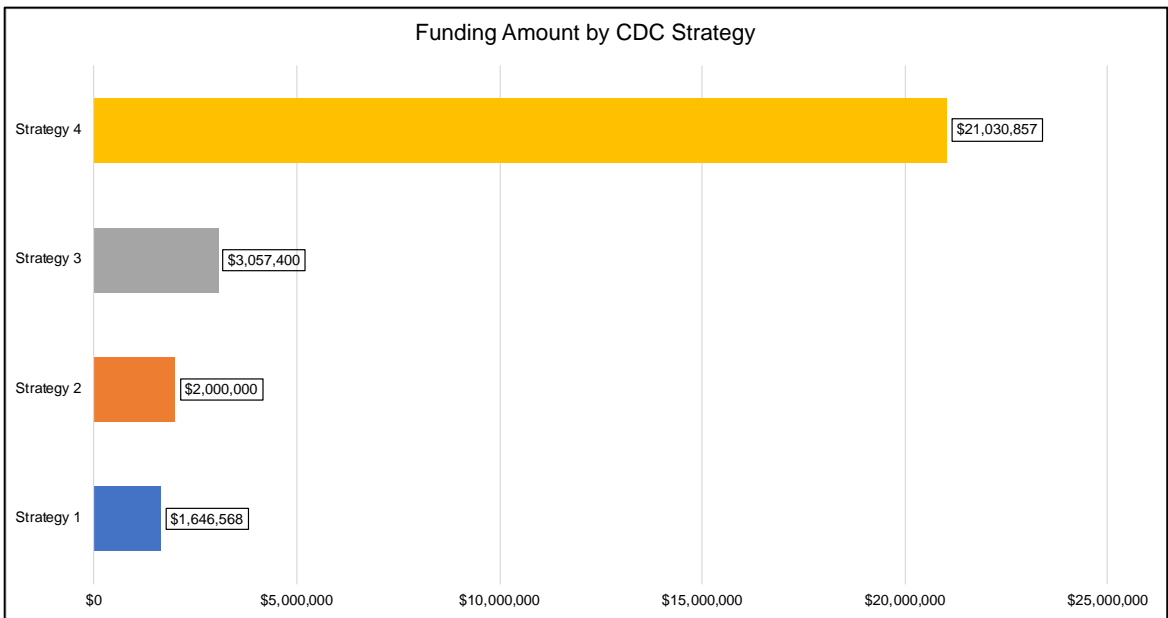
Figure 7: Top 25 Funded Subgrantees Excluding Outliers

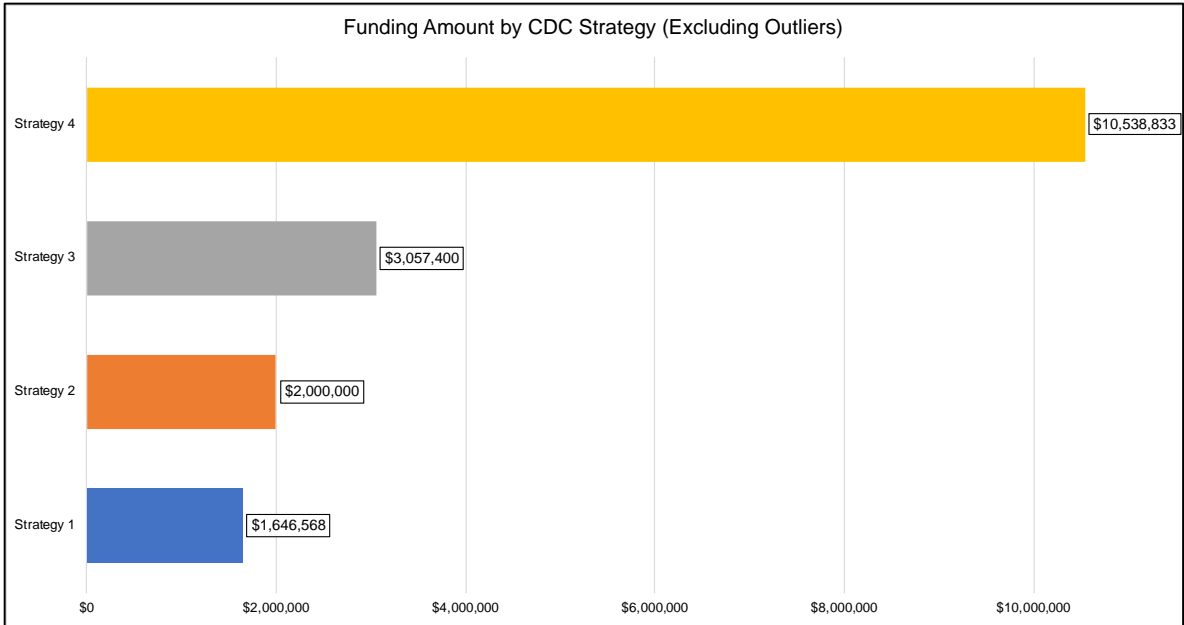


d. Funding Awarded by CDC Strategy Addressed

[Figure 8](#) displays I-HOPE funding amount by CDC Strategy addressed. The funding amount for CDC Strategy 4 was highest regardless of outliers, at \$21,030,857 including Purdue University, and \$10,538,833 excluding Purdue University.

Figure 8: I-HOPE Funding Amount Per CDC Strategy with and without Outliers

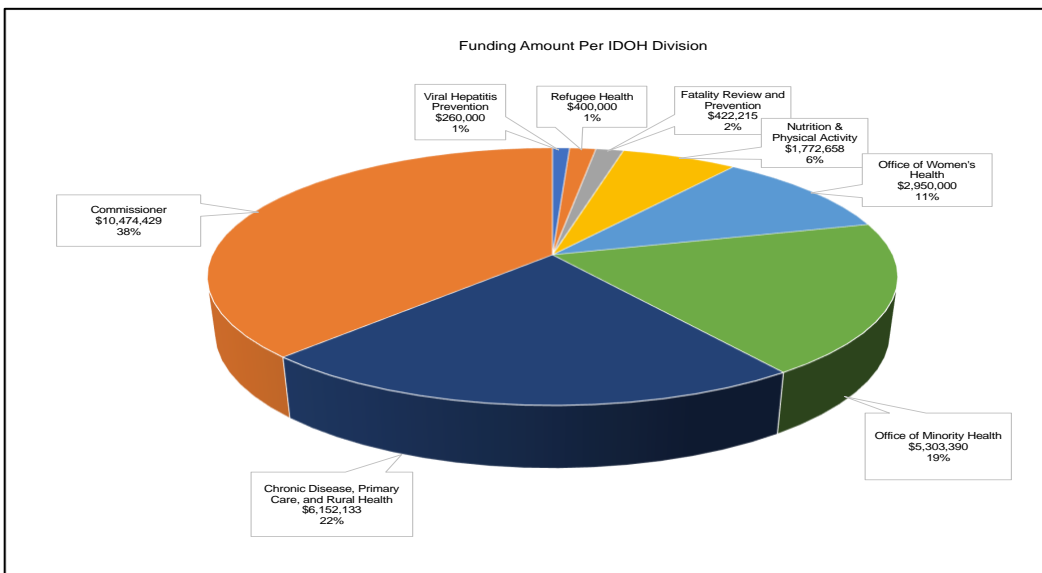


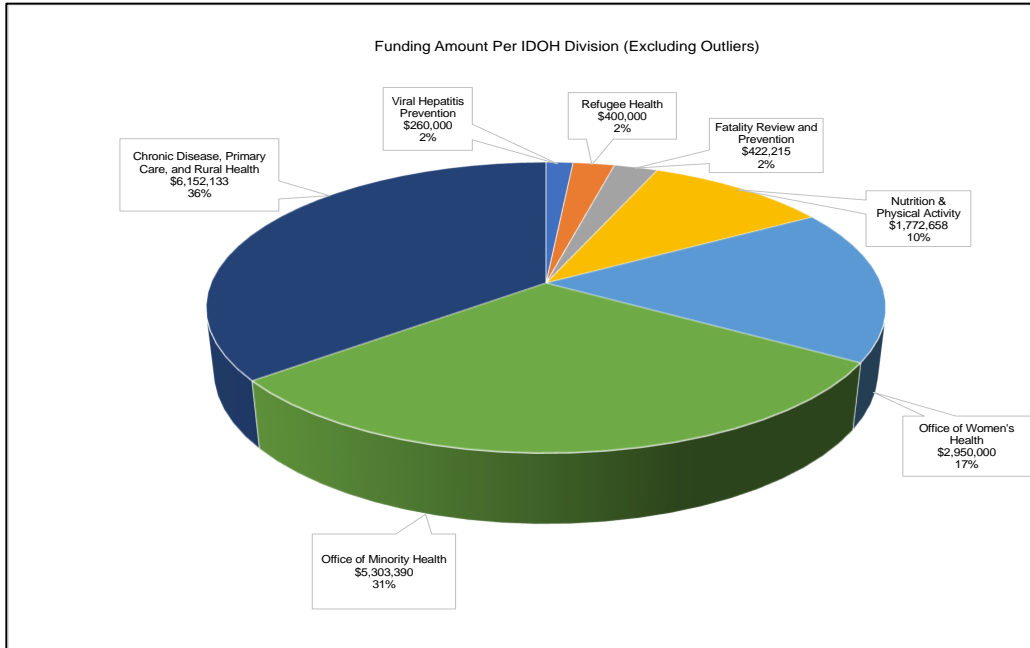


e. Funding Awarded by IDOH Division

The Commissioner's Office maintained the Purdue University Award and held the largest portion of funding among divisions (38%). Excluding the Commissioner's Office, [Figure 9](#) demonstrates that the division of Chronic Disease, Primary Care, and Rural Health held the largest portion of funding among divisions (36%), followed by the Office of Minority Health (31%) and the Division of Women's Health (17%). Funding across divisions (excluding Purdue University) ranges from \$260,000 (Viral Hepatitis Prevention) to \$6,152,133 (Chronic Disease, Primary Care, and Rural Health).

Figure 9: I-HOPE Funding Amount Per IDOH Division with and without Outliers

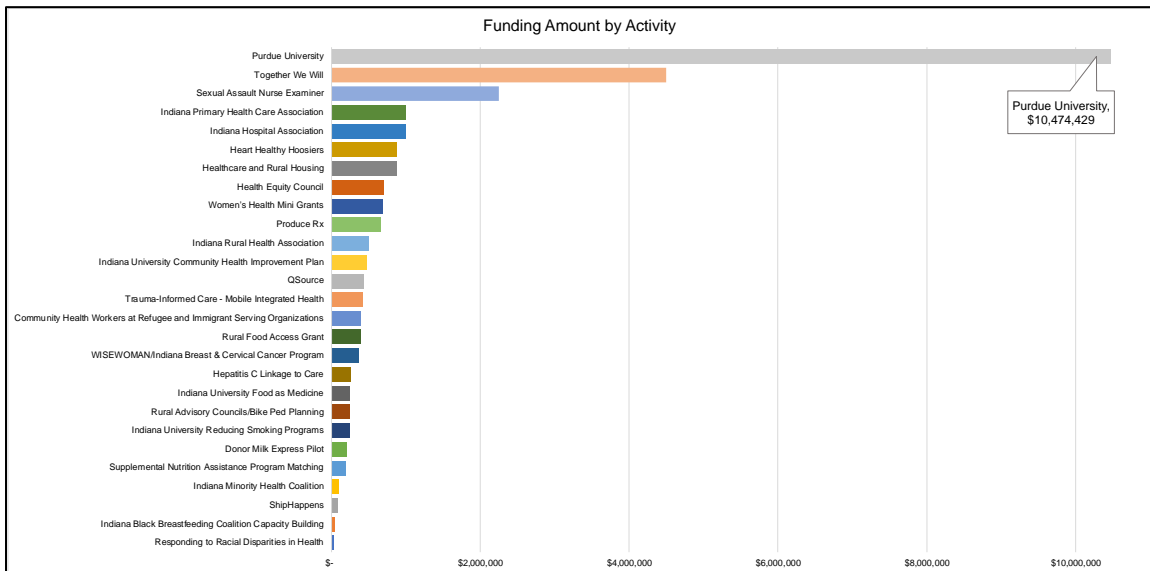


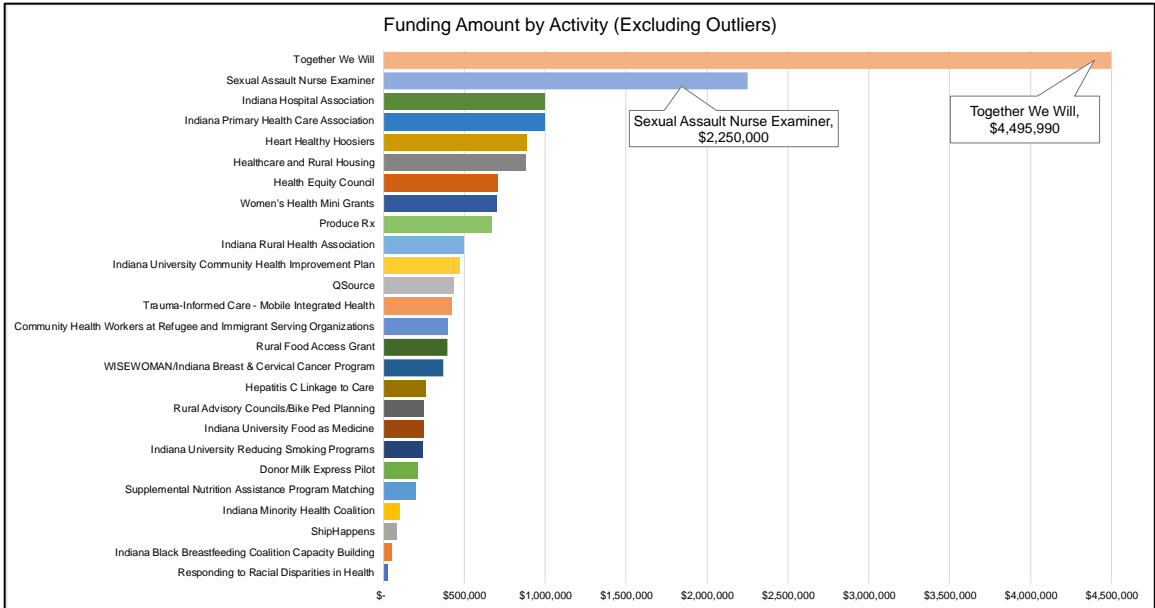


f. Funding Awarded by IDOH Activity

[Figure 10](#) demonstrates that, excluding outliers, Together We Will was the highest awarded IDOH activity at \$4,495,990, followed by the Sexual Assault Nurse Examiner (SANE) activity at \$2,250,000.

Figure 10: I-HOPE Funding Amount by IDOH Activity Addressed





g. Rural Carveout

IDOH dedicated \$10,686,315 (37%) of the I-HOPE budget to initiatives focusing on Rural Health. [Figures 11-13](#) display the rural carveout budgeted by CDC Strategy, IDOH Division, and IDOH activity.

Figure 11: Rural Carveout By CDC Strategy

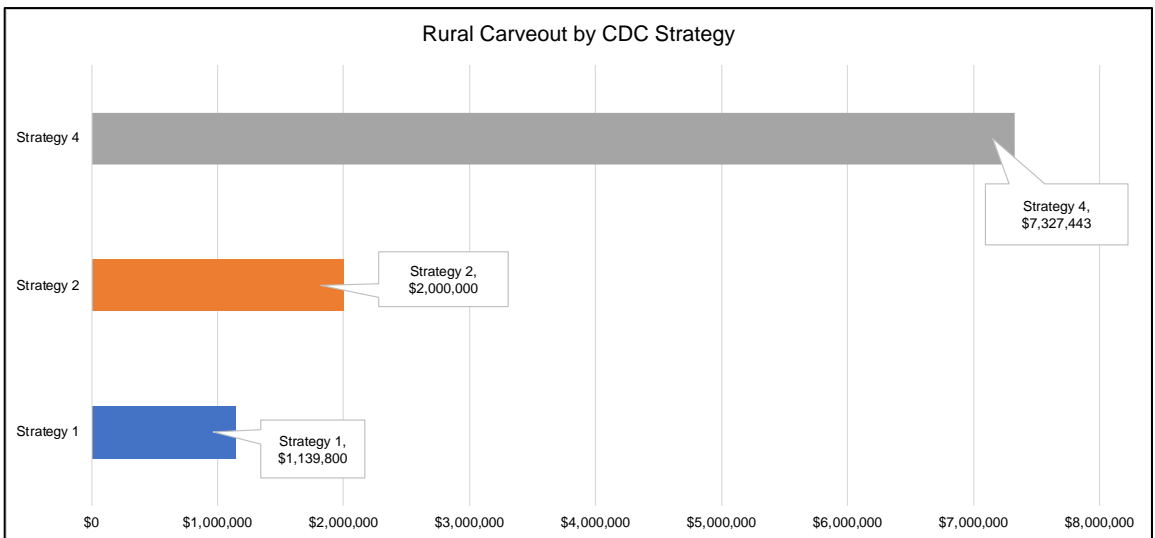


Figure 12: Rural Carveout By IDOH Division

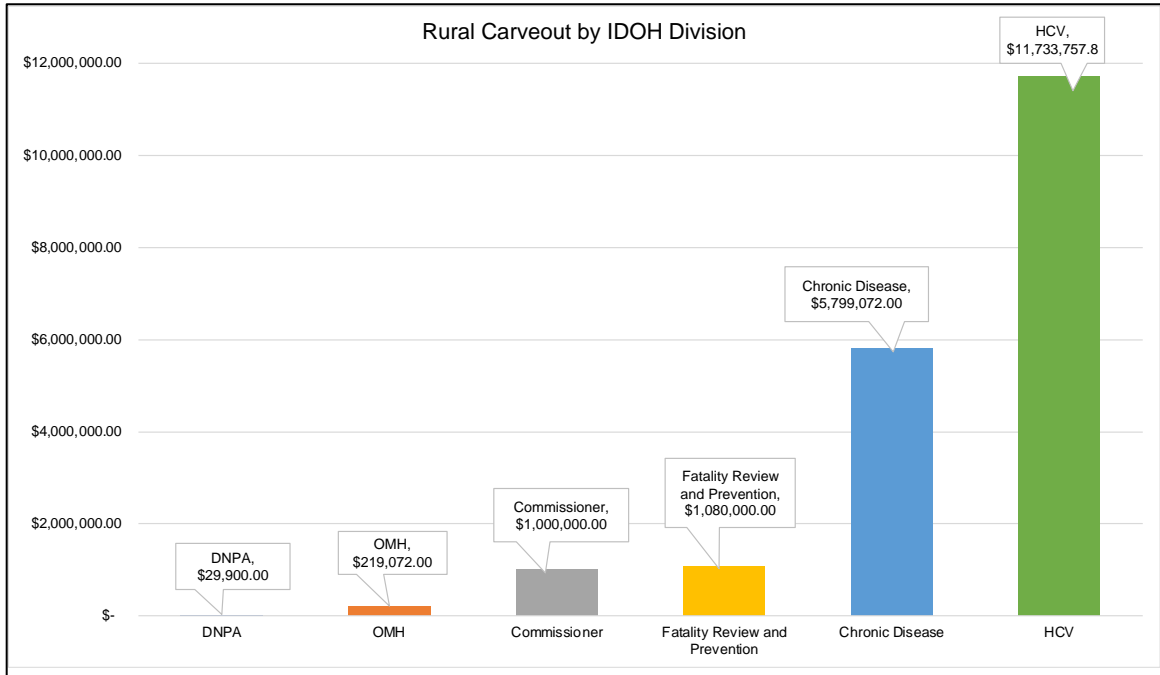
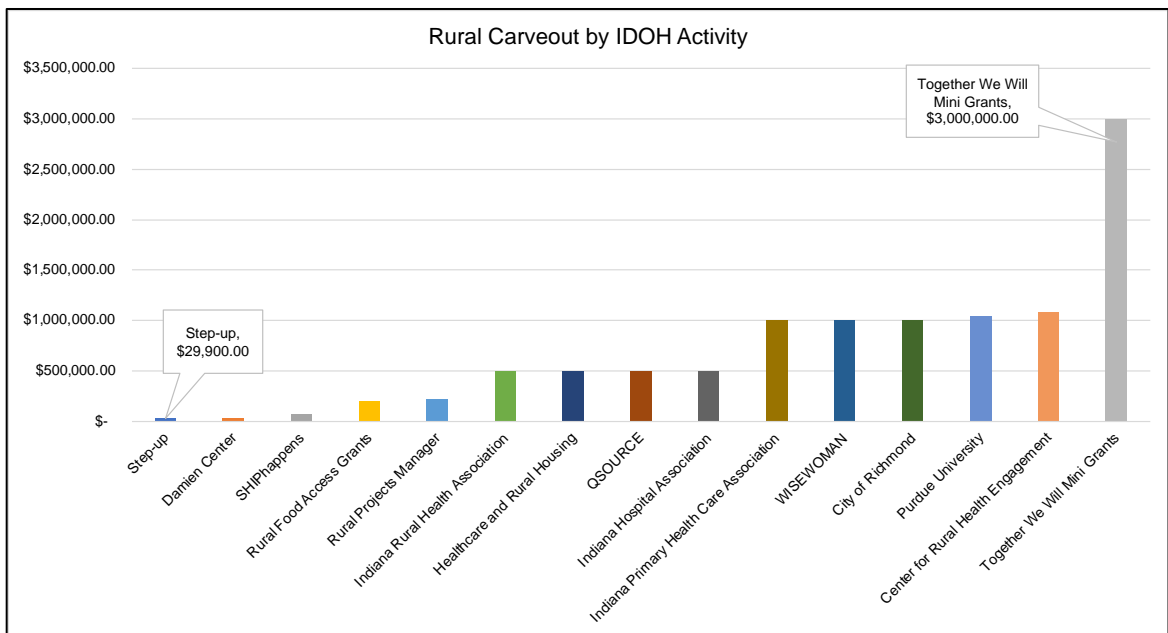


Figure 13: Rural Carveout By IDOH Activity



****Note:** Rural Carveout totals are based on requisition totals from IDOH fiscal reconciliation documentation.

Evaluation Strategy 2

Evaluation Strategy 2 identified the number and proportion of IDOH activities that met CDC Strategy-level quantitative performance measures. CDC Strategy-level quantitative performance measures were comprised of the count of tangible and intangible resources delivered to communities utilizing I-HOPE dollars. Performance measures vary by CDC Strategy addressed, from COVID-19 vaccinations to education provided to partnerships mobilized. Purdue University was included as an activity in this analysis.

A. Method

Throughout the grant period (July 2021 – May 2024), IDOH activity leads, or designee, recorded their project's progress through quarterly reports. Each quarter, activities counted services provided, resources delivered, and/or partnerships mobilized (herein resources) from their selected CDC Strategy via a REDCap survey. Resource types to be counted were created by the CDC and varied by CDC Strategy. Below are resources counted by CDC Strategy:

- **Strategy 1: number (#) of COVID-19 mitigation & prevention resources and services delivered in support of populations that are underserved and disproportionately affected by type.**
 - Case Investigation
 - Contact Tracing
 - Quarantine and Isolation
 - Testing
 - Vaccination/Vaccine Support
 - Other COVID-19 Resources
 - Evidence-Based PSE Strategies
 - Plans for Countermeasures/Adaption Services
 - Preventative Care & Disease Management
 - Other Navigation & Support Services
 - Personal Protective Equipment
 - COVID-19 Wrap-Around Services
 - Prevention Communications

- **Strategy 2: number of improvements to data collection, quality, and reporting capacity for recipients, partners, and agencies related to COVID-19 health disparities and inequities.**
 - *Count of Data Collection and Reporting*
 - Improvements to data collection and reporting within recipient organization
 - Data collection/reporting improvements - partner & agency
 - Established plans for collecting, analyzing, and reporting data
 - Established, enhanced, or maintained data systems

- Workforce support for data collection, analysis, and reporting
 - Developed key data principles and resources
 - Implemented improvements to testing and contact tracing data
 - Developed monitoring and evaluation plans
 - Other
 - *Count of Improvements to Data Collection and Reporting Across Partner or Agency Organizations*
 - Established plans for collecting, analyzing, and reporting data
 - Established, enhanced, or maintained data systems
 - Workforce support for data collection, analysis, and reporting
 - Developed key data principles and resources
 - Implemented improvements to testing and contact tracing data
 - Developed monitoring and evaluation plans
 - Developed plans for data quality assurance and improvement
 - *Count of Data Quality Within Recipient Organization*
 - Implemented health equity data education efforts
 - Developed plans for data quality assurance and improvement
 - Data coordination within or across departments and systems
 - Other
 - *Count of Data Quality Across Partner or Agency Organization*
 - Implemented health equity data education efforts
 - Developed plans for data quality assurance and improvement
 - Data coordination within or across departments and systems
 - Other
- **Strategy 3: number of improvements to infrastructure to address COVID-19 health disparities and inequities.**
- *Infrastructure Improvements Within Recipient Organization*
 - Expanded or enhanced workforce
 - Training or education delivered within recipient org.
 - Developed or updated health equity plans
 - Established health equity offices
 - Expanded contact tracing and testing infrastructure
 - Other
 - *Infrastructure Improvements Across Partner or Agency Organizations*
 - Training or education delivered within community or partner orgs.
 - Convened multisector coalitions or advisory groups
 - Improved cross-sector coordination and systems
 - Other
- **Strategy 4: number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities.**
- *Count of NEW, EXPANDED, and EXISTING partnerships mobilized*
 - Academic Institutions

- Asian American and Pacific Islander-Serving Institution
- Community-based and civic organizations
- Correctional facilities and institutions organizations
- Faith Based Organizations
- Healthcare providers
- Health-related organizations
- Local governmental agencies and community leaders
- Nongovernmental organizations
- Rural health clinics and critical access hospitals governmental organizations focused on non-health services
- Schools/ School Districts
- Social services providers and organizations, including those that address social determinants of health
- State offices of rural health or equivalent, state rural health associations
- Tribes, tribal organizations
- State Health department
- Local health department
- Council, community group, coalition or other working group
- Mental or behavioral health
- Federal agency (other than CDC)
- Corporation, industry or private sector
- Individual community members
- Other

During the first quarter of the grant period (July - September 2021), each IDOH activity set target goals for the count of resources they aimed to reach by the end of the grant period. REDCap was used to collect information from activity leads. REDCap reports were then sent to the IDOH I-HOPE Project Coordinator. Data was transferred from IDOH to the Purdue University Evaluation Team via email and stored in Box. Quarterly report data was available to the evaluation team from July 2021 - June 2023 (8 quarters). Eight quarters multiplied by 30 activities equals 240 reports minus 10 missing or incomplete reports totals 230 reports included in the analysis. Quarterly report survey data were transferred to an excel spreadsheet and analyzed by the evaluation team. The evaluation team summarized data by CDC Strategy, IDOH activity, quarter, target goal, and reported count of resources. Cumulative counts of resources were then compared to the target goal set by each activity. Additionally, the evaluation team tracked acquisition of report data by quarter, strategy, IDOH activity, completeness of report, and date received from IDOH. Readers should note that because data were only available through June of 2023, activities had additional time (through May of 2024) to reach target goals; data from July 2023 – May 2024 were not captured in this report. The following metrics were evaluated:

- a. Number & Proportion (%) of Activities that Met 100% of Self-Set CDC Strategy Target Performance Measures by CDC Strategy ([Table 3](#)).
- b. Count Of Resources by CDC Strategy ([Figure 14](#)).
- c. **CDC Strategy 1** COVID-19 Mitigation & Prevention Resources and Services by Resource Type ([Figure 15](#)).
- d. **CDC Strategy 1 Activities:** Count Of COVID-19 Mitigation & Prevention Resources and Services Compared to Target Goal ([Figure 16](#))
- e. **CDC Strategy 2** Resources by Resource Type ([Figure 17](#))
- f. **CDC Strategy 2 Activities:** Count of Improvements to Data Collection, Quality, and Reporting Capacity for Recipients, Partners, and Agencies Related To COVID-19 Health Disparities and Inequities Compared to Target Goal ([Figure 18](#))
- g. **CDC Strategy 3** Resources by Resource Type ([Figure 19](#))
- h. **CDC Strategy 3 Activities:** Count of Improvements to Infrastructure to Address COVID-19 Health Disparities and Inequities Compared to Target Goal ([Figure 20](#))
- i. **CDC Strategy 4 Activities:** Count of New, Expanded, or Existing Partnerships Mobilized Compared to Target Goal ([Figure 21](#))
- j. **CDC Strategy 4** Partnerships by Partnership Type ([Figure 22](#))

B. Results

- a. Number & Proportion of Activities that Met CDC Strategy Target Goals

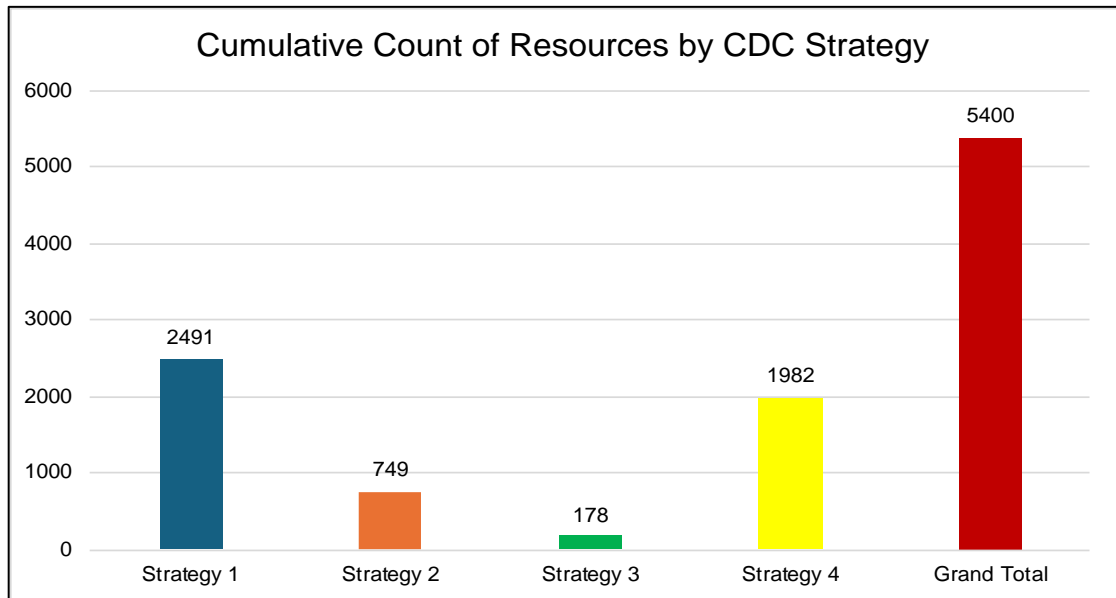
As of June 2023, across all four CDC Strategies, an average of 65% of activities reached target goals set. Only CDC Strategy 3 activities reached 100% of target goals set. Four activities did not set a target goal or had missing data, and those activities were excluded from the calculation of **Column E**, % Activities Meeting Target by CDC Strategy. Internal IDOH activities (Language Access Capacity & Infrastructure Building at IDOH) were included in this analysis.

A	B	C	D	E
CDC Strategy	Total # Activities	# Activities Goal Met	# Activities Target Goal Not Set	% Activities Meeting Target by CDC Strategy
1	7	3	2	60%
2	2	1	0	50%
3	5	3	2	100%
4	16	10	0	63%
Total	30	17	4	65%

Table 3: Number & Proportion of Activities that Met Strategy-Based CDC Performance Measures as of June 2023.

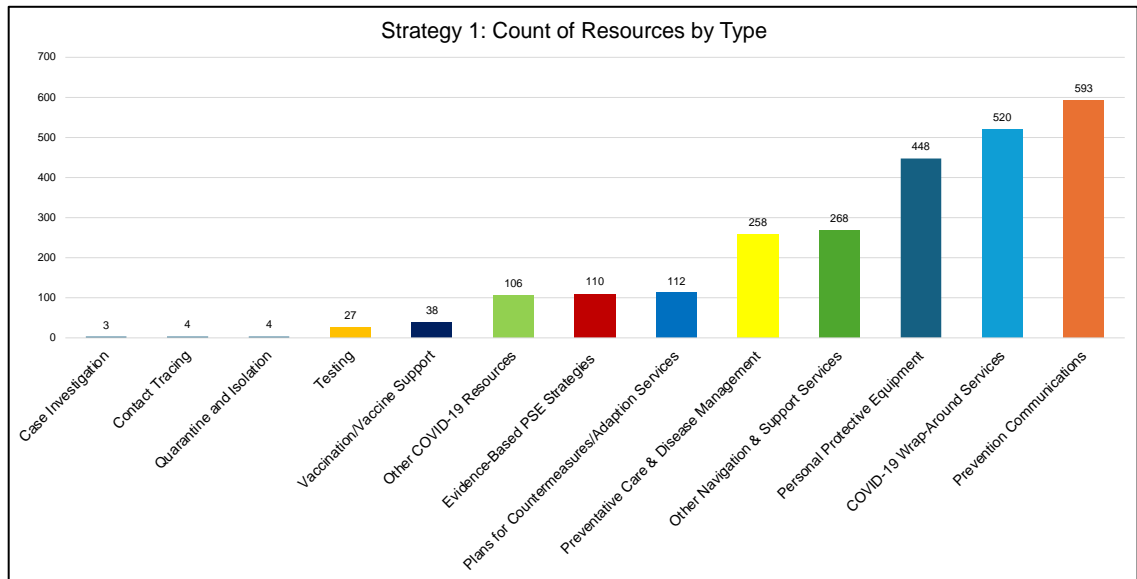
b. Resources by CDC Strategy

Figure 14: Cumulative Count of Resources by CDC Strategy.



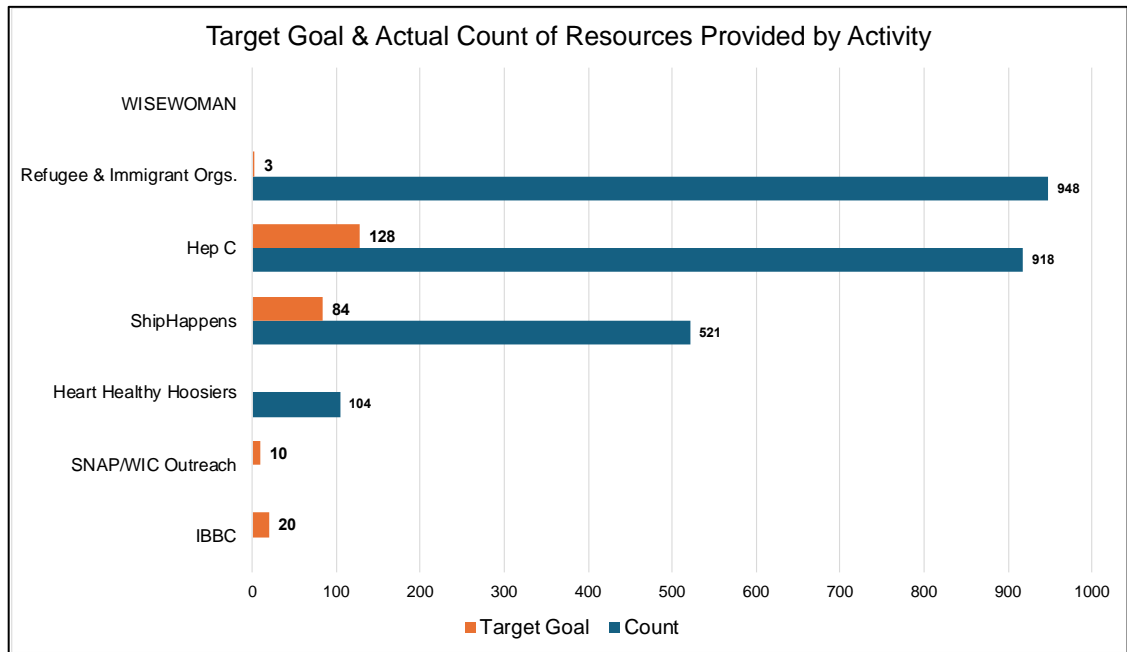
c. Strategy 1 Resources by Type

Figure 15: Cumulative Count of CDC Strategy 1 Resources by Type.



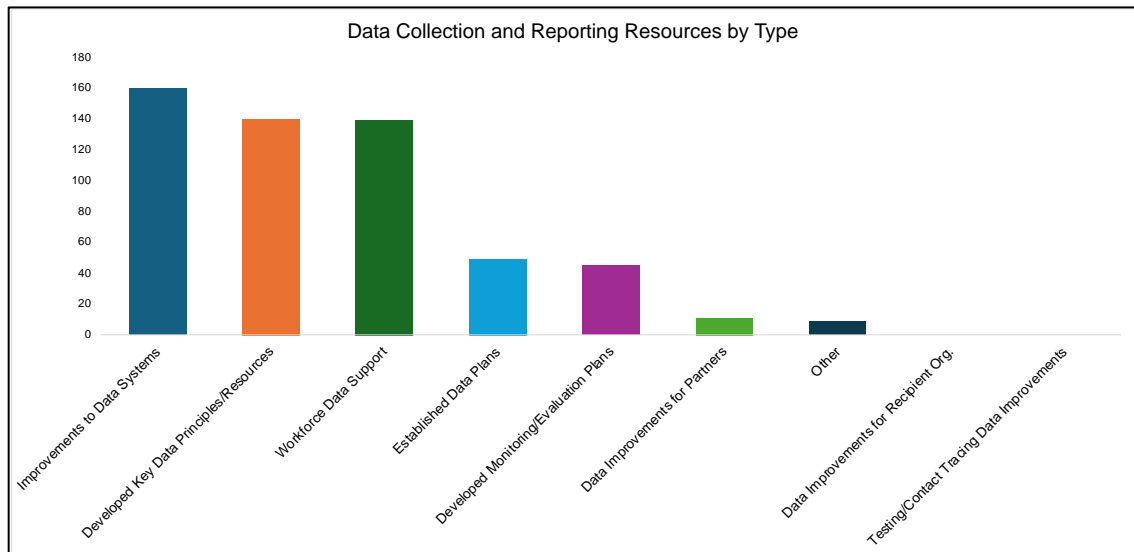
d. Strategy 1 Resources Delivered Compared to Target Goal

Figure 16: Cumulative Count of Resources vs. Target Goal by CDC Strategy 1 Activities. Indiana Black Breastfeeding Coalition, SNAP/WIC Outreach: no quarterly report data; Heart Healthy Hoosiers, WISEWOMAN: goal not set.



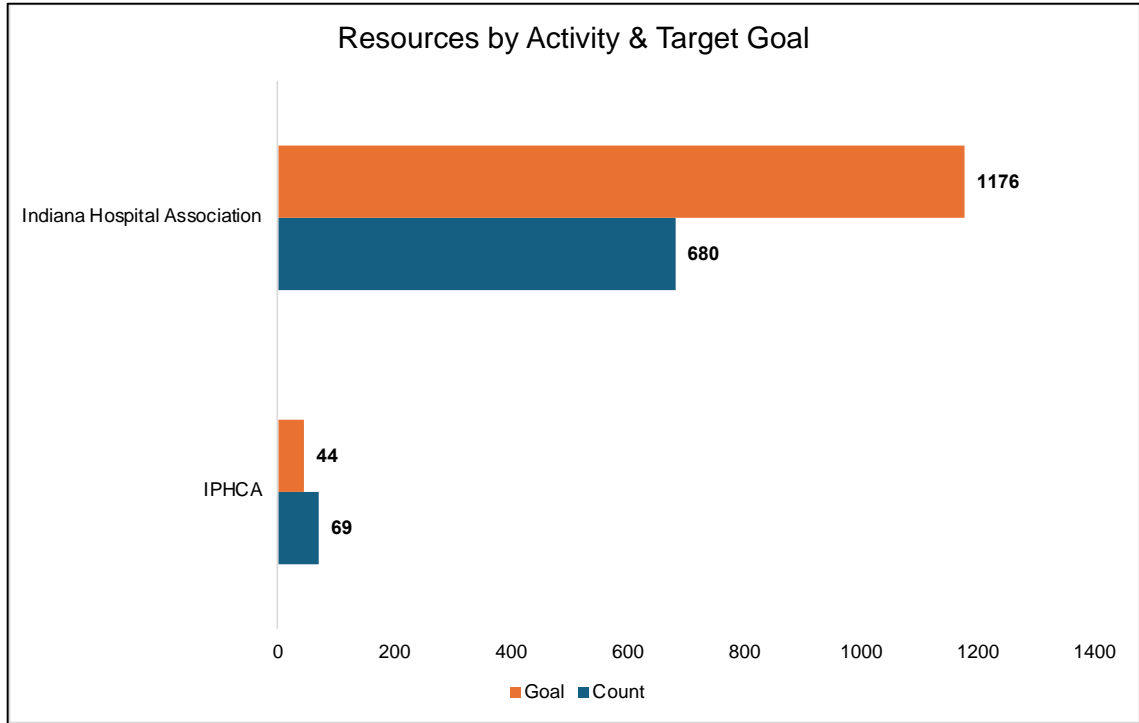
e. Strategy 2 Resources by Type

Figure 17: Cumulative Count of CDC Strategy 2 Resources by Delivery Type.



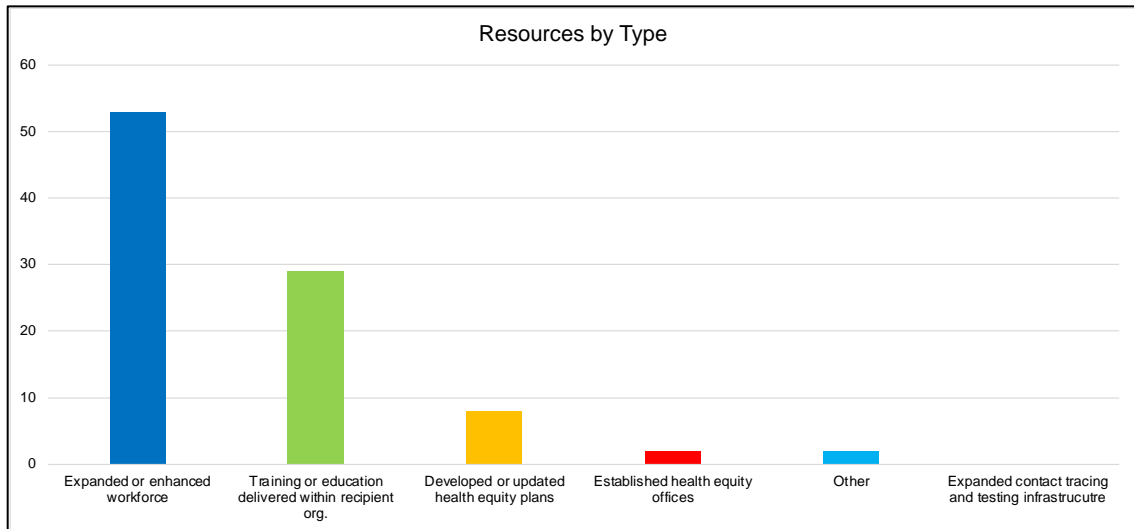
f. Strategy 2 Resources Delivered Compared to Target Goal

Figure 18: Cumulative Count of Resources vs. Target Goal by CDC Strategy 2 Activities.



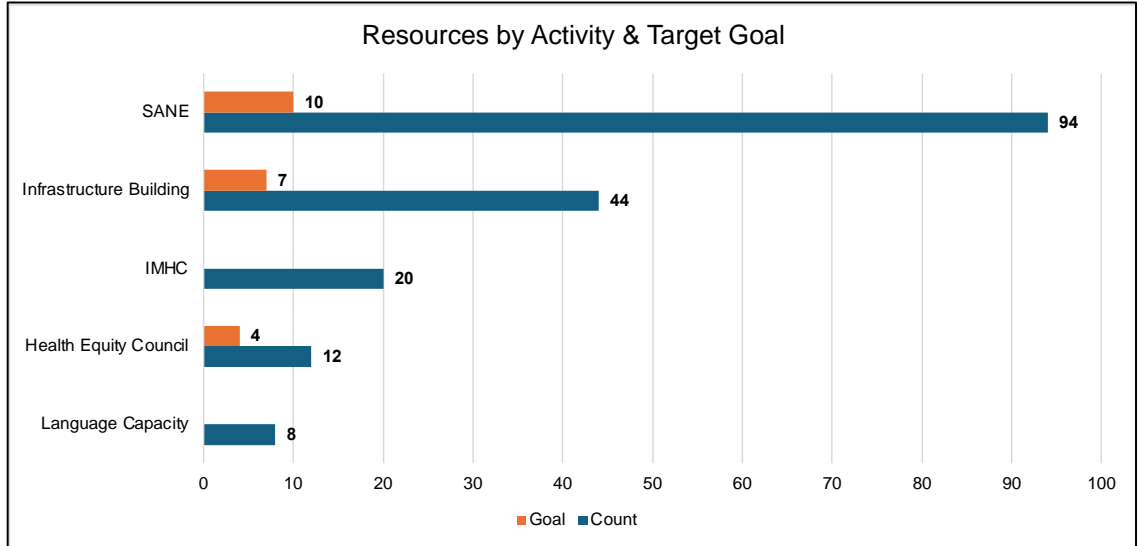
g. Strategy 3 Resources by Type

Figure 19: Cumulative Count of CDC Strategy 3 Resources by Delivery Type.



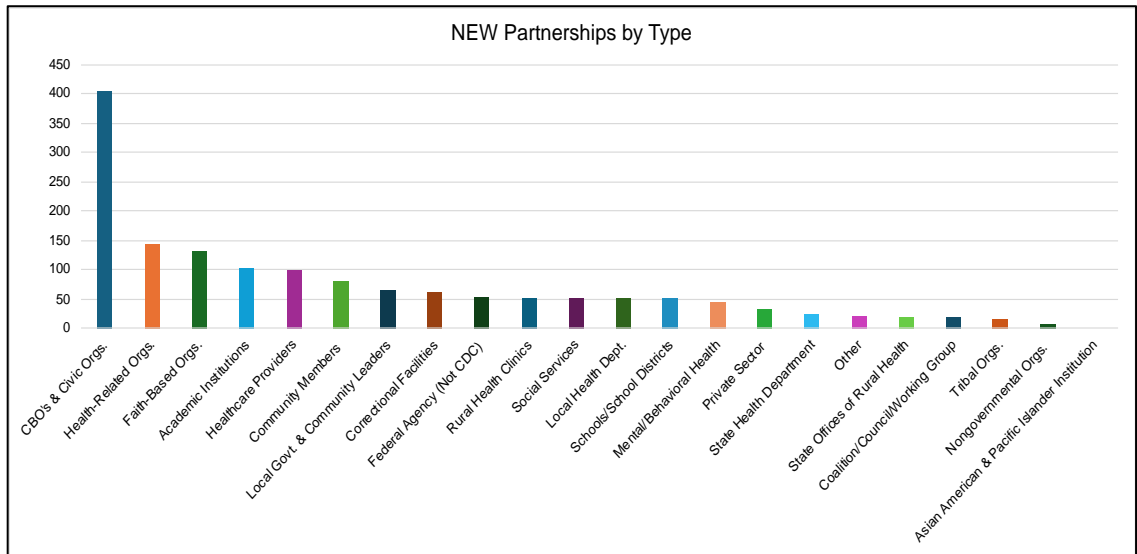
h. Strategy 3 Resources Delivered Compared to Target Goal

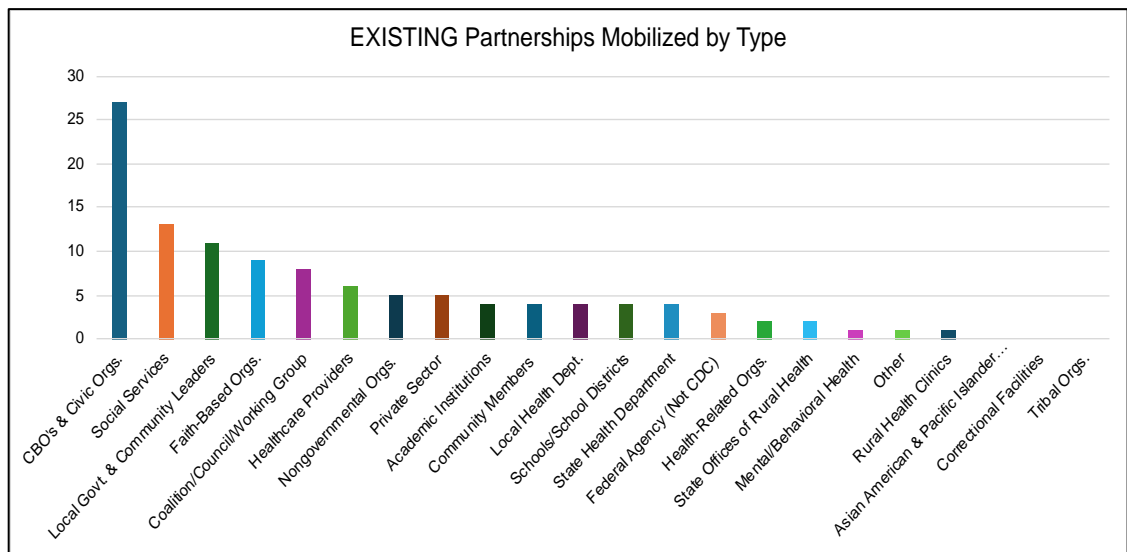
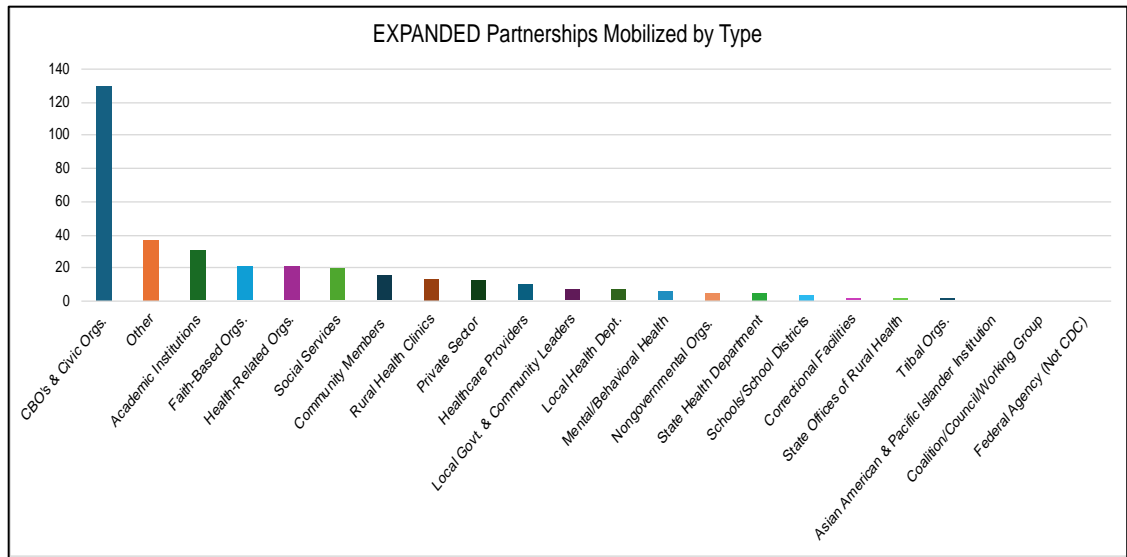
Figure 20: Cumulative Count of Resources vs. Target Goal by CDC Strategy 3 Activities. Language Capacity, Indiana Minority Health Coalition (IMHC): goal not set.



i. Strategy 4 Partnerships by Type

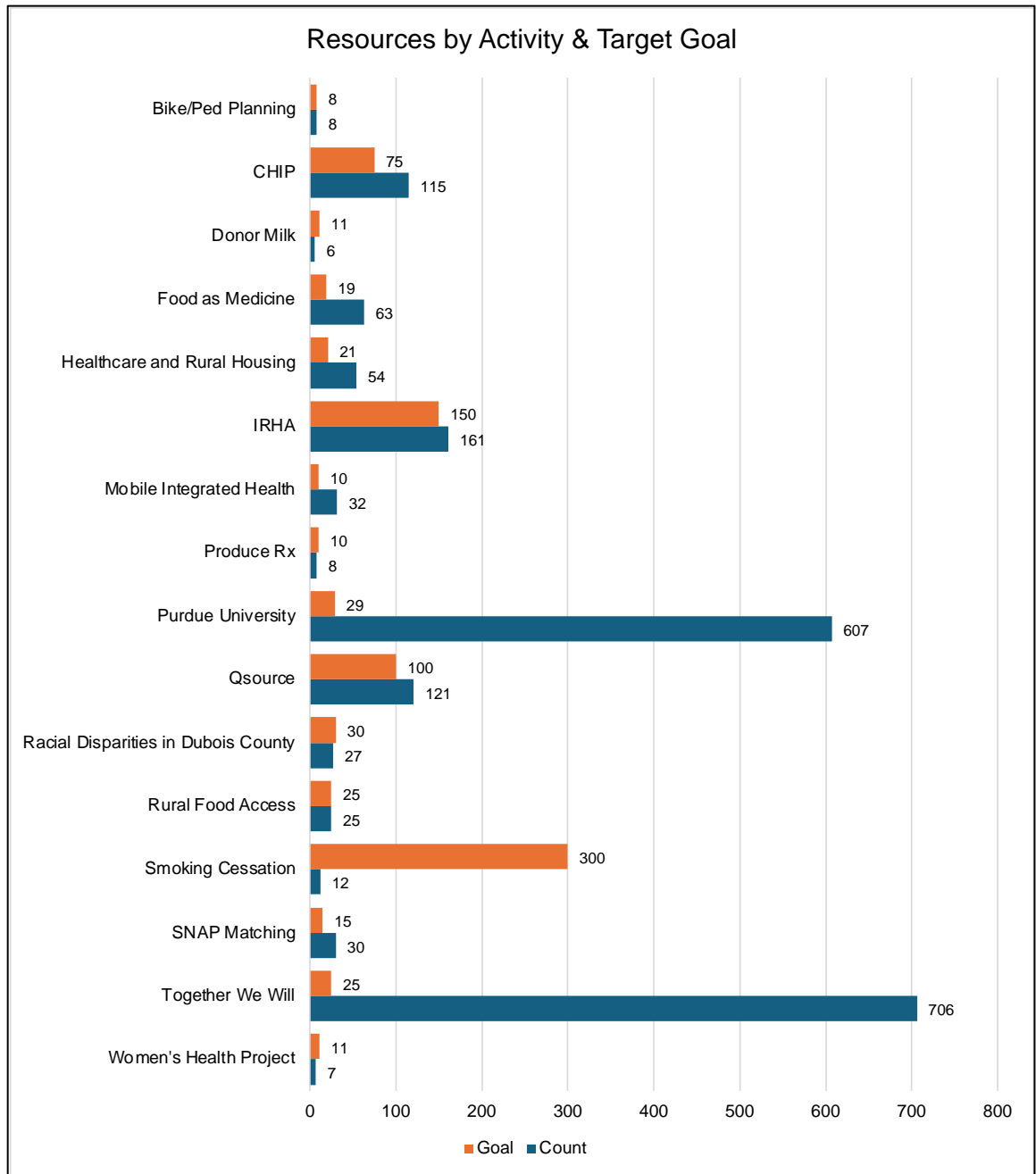
Figure 21: Cumulative Count of CDC Strategy 4 Partnerships by Type.





j. Strategy 4 Partnerships Mobilized Compared to Target Goal

Figure 22: Cumulative Count of Resources vs. Target Goal by CDC Strategy 4 Activities



Evaluation Strategy 3

A. Method – Qualitative Analysis

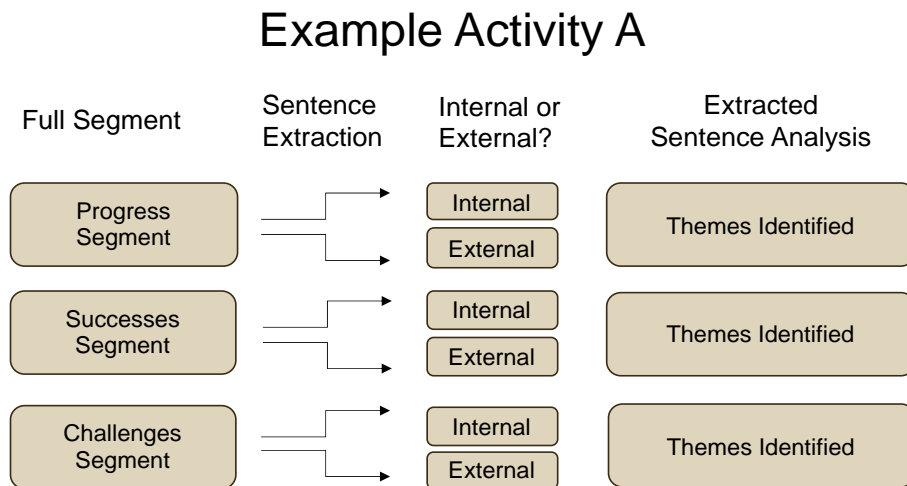
Evaluation Strategy 3 was a qualitative analysis of IDOH activity lead, or designee, responses to open-ended questions. Within the [previously described](#) REDCap quarterly reports, activity leads were asked to describe progress, successes, and challenges within their projects. The aim of Evaluation Strategy 3 was to provide a

narrative report of the impact and lessons learned from I-HOPE funding on Indiana communities. The questions analyzed were as follows:

-
1. Please describe *PROGRESS* of YOUR ACTIVITY.
 2. Please describe any *SUCCESSSES*: (Note approaches, resources, and/or tools that position you to be successful).
 3. Please describe any *CHALLENGES*: (Note areas of pivot, redflags, and plans to overcome barriers).
-

The evaluation team adapted a qualitative analysis method employed by Purdue Faculty for Purdue-led I-HOPE Community Listening Sessions. A Purdue University student intern and four [Project Icarus](#) student volunteers assisted the evaluation team with the analysis. Quarterly report response data were categorized by CDC Strategy and question (progress, successes, and challenges) in an excel spreadsheet. Each response, or segment, was given a unique identifier. The identifier allowed segments with multiple sentences discussing one theme to only be counted once per segment. Sentences were extracted from segments and categorized as either internal or external ([Figure 23](#)). Internal themes included progress, successes, and challenges about the activity itself, and external themes included progress, successes, and challenges about an activity’s external partners (I-HOPE subgrantees). The team then categorized sentences according to six different lists: internal progress, external progress, internal successes, external successes, internal challenges and external challenges. This process was completed for each CDC Strategy, making a total of 24 lists. Team members and interns were each assigned lists to code for themes.

Figure 23: Example of sentence extraction from an IDOH quarterly report response segment.



All internal and external segments and the associated themes were then validated by a second reviewer. Each reviewer was instructed to follow the process below:

1. Open assigned document and section.
2. Review each sentence and assigned theme(s). Some sentences may fit into more than one theme and should be highlighted with both associated theme colors.
3. If the sentence theme is agreed upon by the reviewer, proceed to the next segment.
4. If the sentence theme is not agreed upon or needs an additional theme added, the reviewer should add the appropriate theme color and make a comment indicating the proposed new recommendation.

The group then met to discuss differing opinions and reach consensus among themes. Once the validation process was complete, themes for each list were then translated into a table to efficiently track and count the data ([Figure 24](#)). Each table contained the theme name, theme sentences & ID number, count of UNIQUE ID numbers from sentences for each theme, and exemplary quotes that highlight the theme effectively. The complete list of tables can be found in [Appendix III](#).

Figure 24: Example Themes Table – CDC Strategy 4 Internal Success Themes

CDC Strategy 4 Successes Themes Table		
Internal Successes		
Theme	Count	Quotes
<p>Collaboration</p> <p>Meetings, collaboration, partnerships: (160), (230), (231), (246), (253), (254), (255), (256), (257), (294), (295), (313), (317), (325), (327)</p> <p>Broad knowledge dissemination: (257), (330)</p>	16	<p>“The existing and newly formed collaborations throughout the state have proven to be invaluable in considering the approach and communication around SNAP matching at the Farmers Markets” (313)</p> <p>“Our partnership with TechServ has allowed us to offer grant applicants a one-stop shop where they receive technical support throughout the entire application process, as well as guidance after receiving funds.” (325)</p> <p>“Approximately 40 organizations are communicated to on a weekly basis to gain information about the application procedure, to receive project scoping and application technical assistance, to follow up on status and post-application assistance.” (330)</p>
<p>Personnel</p> <p>Hiring, recruiting, and training of breastfeeding coordinators (194), (244)</p>	2	<p>“Successes include starting the contract through the system and the hiring and onboarding of our new Breastfeeding Coordinator” (194)</p>

The Purdue University Evaluation Team received activity-level quarterly reports from July 2021 - June 2023. Incomplete or missing reports were excluded from the analysis. Additionally, several activities switched the CDC Strategy they reported on after quarter 1 or 2. In these cases, the responses to earlier quarterly reports were excluded from the analysis. Purdue University responses were not included in the qualitative analysis. The evaluation team, with the help of graduate student interns, created a PowerPoint presentation that can be shared with IDOH and community stakeholders. A summary of results is included below and the full PowerPoint presentation can be found in [Appendix IV](#).

B. Method – I-HOPE Impact Survey

To add further context to the qualitative analysis, an [I-HOPE Impact Survey](#) was administered to IDOH activity leads, or designee, asking about the most impactful experience they had with the communities they served via I-HOPE. The survey assesses activity leads' perceptions of the impact of the I-HOPE grant.

Figure 25: I-HOPE Impact Survey

6/7/24, 9:02 AM I-HOPE Impact Survey

I-HOPE Impact Survey

As we wrap up the 2021-2024 Indiana Healthy Opportunities for People Everywhere (I-HOPE) project, it is important to acknowledge and celebrate the tremendous impact the CDC Disparities Grant initiative has had in our state.

You are receiving this survey because you have been identified as an IDOH activity lead. The goal of this survey is to hear your perception on the overarching impact that I-HOPE funding has had on the communities you serve.

The results of this survey will be used to provide context to the qualitative component of the overall I-HOPE project evaluation and contribute to the submission of a success story through the CDC Disparities Grant platform.

1) **First Name:**
* must provide value

2) **Last Name:**
* must provide value

3) **Email Address:**
* must provide value

4) **Describe the overarching impact that the CDC Disparities Grant funding has had on the Indiana communities you served between July 2021 and April 2024. Use the prompts below to help you answer.**

Take your time to think through these questions and provide a thoughtful response. Your response will be shared back with IDOH as part of the I-HOPE evaluation and contribute to the CDC's national success story board. Thank you so much - your input is extremely valuable!

1. What COVID-19 related challenges were you seeing in the communities you served prior to the CDC Disparities Grant?
2. In what ways was the CDC Disparities Grant uniquely suited to address the challenges

<https://redcap.aits.iu.edu/surveys/?i=A5N4L4YWCHE37ED9> 1/2

6/7/24, 9:02 AM I-HOPE Impact Survey

you were seeing in your communities?

3. How did CDC Disparities grant funding impact populations who were disproportionately affected by COVID-19?
4. In your own words, describe how CDC Disparities grant funding will reduce COVID-19 related health disparities within the next 5-10 years.
5. Within the grant period of 2021-2024, did anything surprise you? If so, describe what surprised you and why.
6. Tell us a story (without using names) about a memorable success that you or the communities you served had within the I-HOPE project.

* must provide value

Submit

Save & Return Later

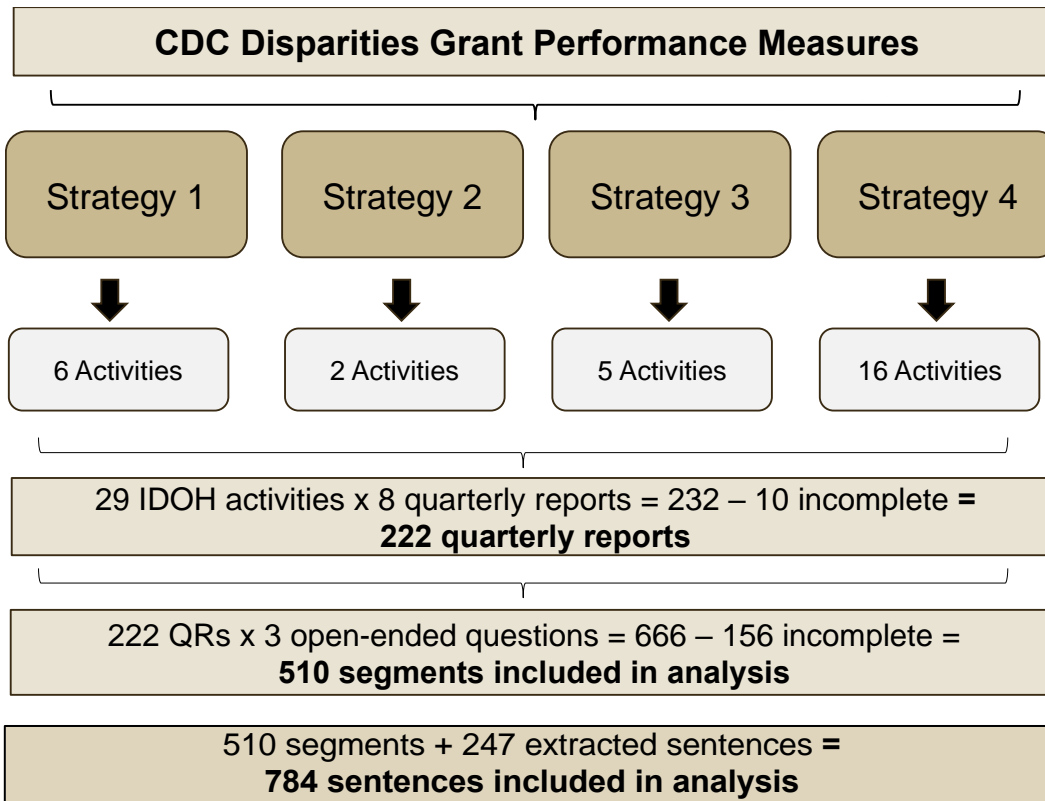
C. Results

Qualitative Analysis

a. Segments Analyzed

Quarterly reports were categorized by CDC Strategy, with each strategy containing a various number of activities, from 16 (Strategy 4) to 2 (Strategy 2), totaling 29 activities ([Figure 26](#)). In total, 222 quarterly reports were eligible to be included in the qualitative analysis. Each quarterly report contained 3 segments for each activity, making 666 segments minus 156 missing or incomplete segments, for a total of 510 segments included in the analysis. 247 additional sentences were extracted from segments for a total of 784 sentences included in the analysis.

Figure 26: *Segments and Sentences Included in Qualitative Analysis*



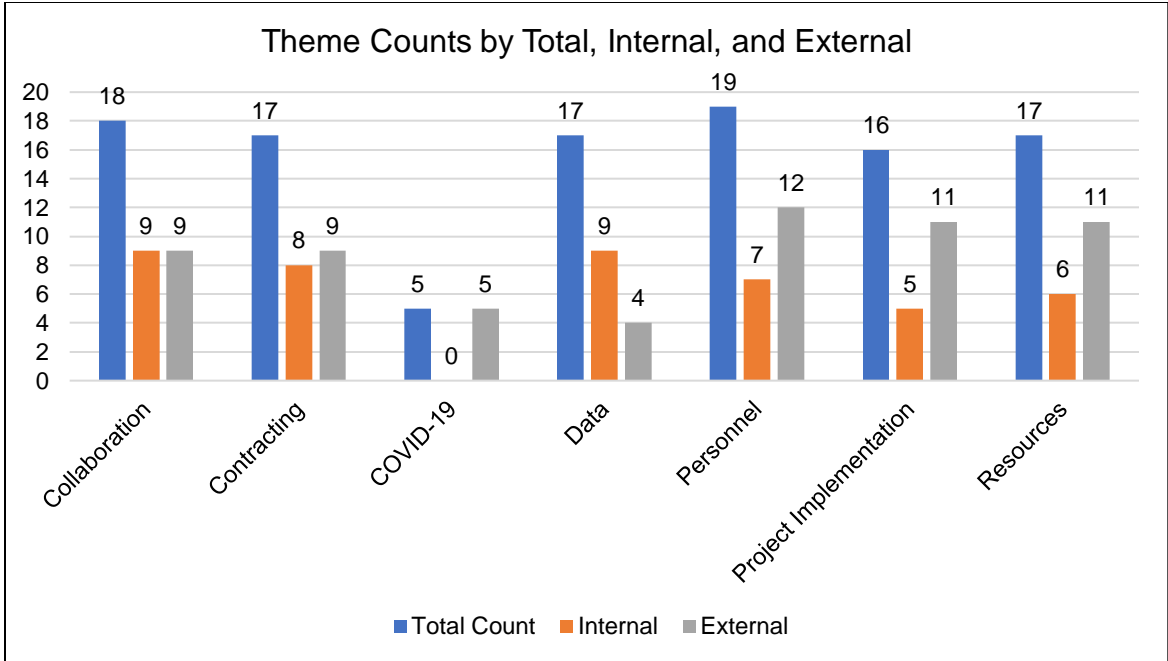
b. Major Themes

Themes identified across all four strategies and categories could be condensed into seven overarching areas:

-
- *Collaboration*
 - *Contracting*
 - *COVID-19*
 - *Data*
 - *Personnel*
 - *Project Implementation*
 - *Resources*
-

c. Major Themes by Count

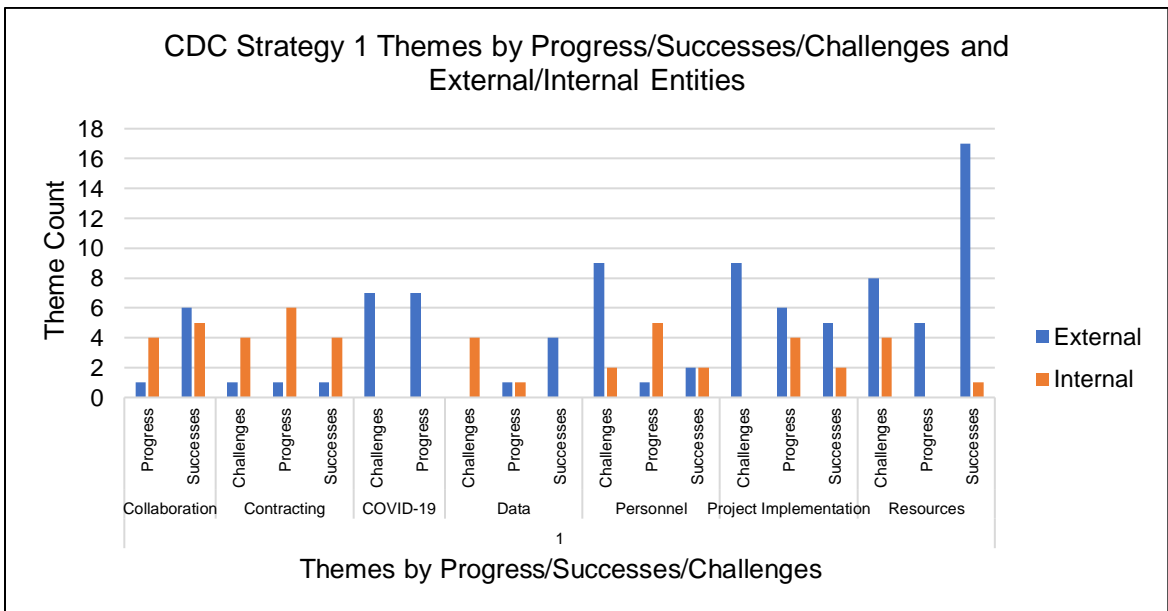
Figure 27: Theme Counts by Total, Internal, and External Across All CDC Strategies



d. Major Themes by CDC Strategy

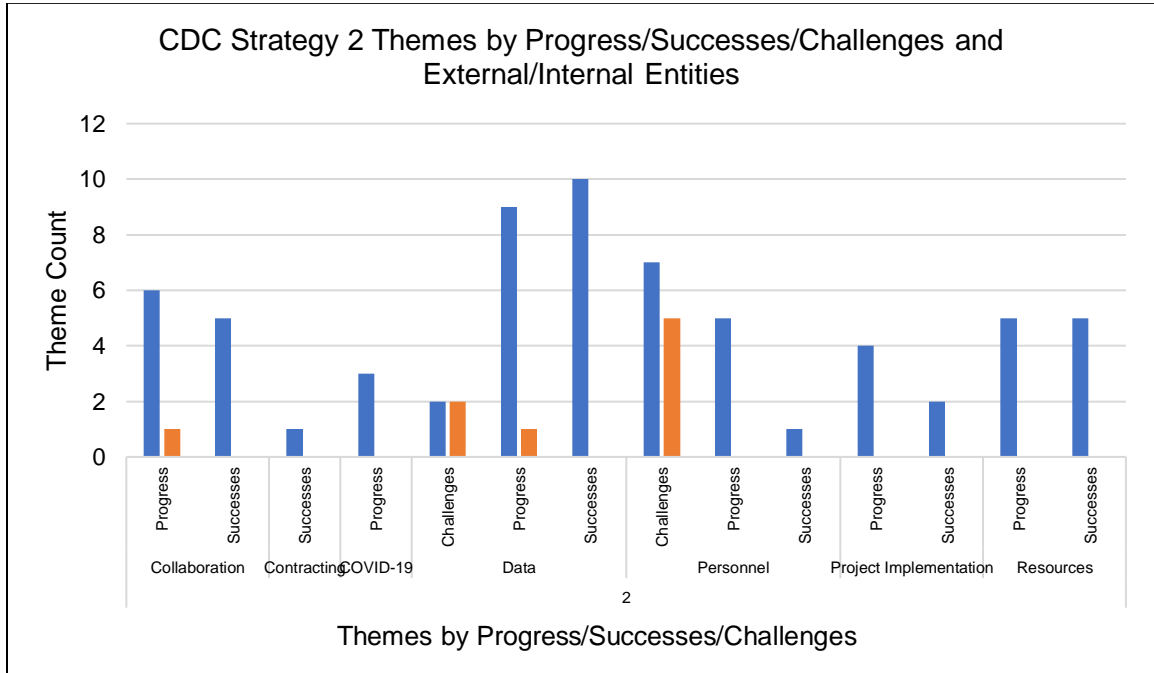
CDC Strategy 1

Figure 28: Theme Counts by Total, Internal, and External by CDC Strategy 1



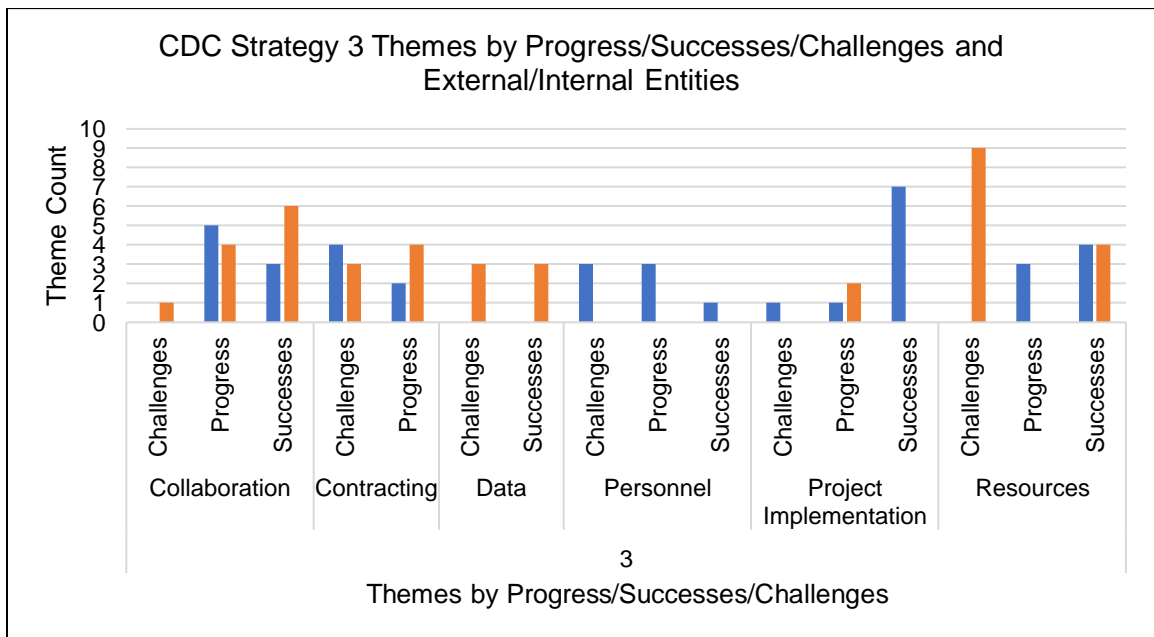
CDC Strategy 2

Figure 29: Theme Counts by Total, Internal, and External by CDC Strategy 2



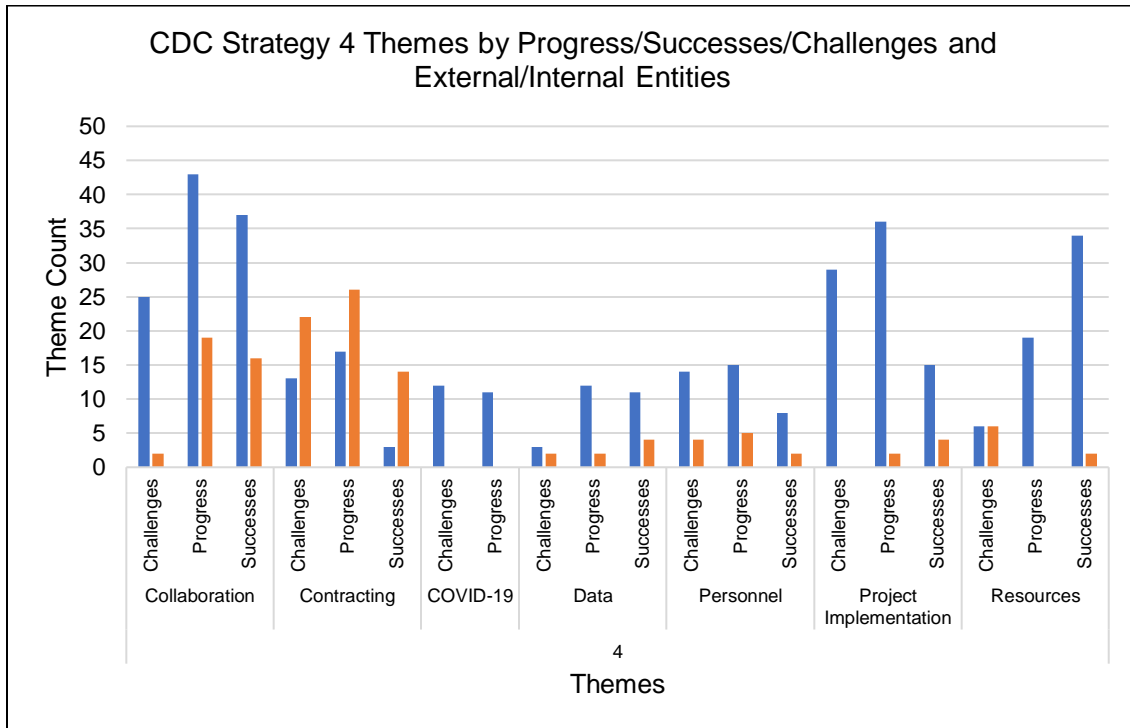
CDC Strategy 3

Figure 30: Theme Counts by Total, Internal, and External by CDC Strategy 3



CDC Strategy 4

Figure 31: Theme Counts by Total, Internal, and External by CDC Strategy 4



e. All Themes and Subthemes by CDC Strategy

Due to the length of the report for the qualitative analysis, there is a separate PowerPoint presentation summarizing all results from the qualitative analysis, including recommendations to IDOH based on activity lead, or designee, responses to progress, success, and challenge questions.

The full PowerPoint presentation of results can be found in [Appendix IV](#).

D. Results: I-HOPE Impact Survey

Ten survey responses were recorded, and responses varied based on how prompts were used. Responses were sorted by the prompt question, then summarized and sorted into themes. Themes identified for each prompt are summarized below.

a. Challenges identified in communities prior to the CDC Disparities Grant

- Financial instability increased, leaving more individuals homeless.
- A lack of financial and physical resources prevented communities from solving health challenges.

- A lack of infrastructure in some communities created barriers to walking and bicycling, which lead to a lack of exercise. Lack of exercise only exacerbated negative COVID-19 outcomes. In addition, rural communities lacked transportation, thus without infrastructure for walking, including sidewalks, and bicycling, low-income people and people with disabilities couldn't access places in their community.
- Chronic Obstructive Pulmonary Disease patients experienced an increased risk for COVID hospitalizations.
- Some communities held anti-COVID-19 vaccination viewpoints and were experiencing fatigue from COVID-19 messaging

b. Populations Served by the CDC Disparities Grant:

- Rural and low-income community members who lack resources or access to resources
- Minorities
- Those living with Chronic Obstructive Pulmonary Disease (COPD)
- Those living with disabilities

c. How the CDC Disparities Grant was uniquely suited to serve minority populations:

- Provided health communication and education to community members.
 - The Indy Huger Network used social media to spread awareness about SNAP programs.
- Increased resources, such as health screenings, lifestyle change programs, and online resource directories within a community.
 - An online directory connected community members with resources they may not have been unaware of prior to I-HOPE.
- Implemented Social Determinants of Health (SDOH) awareness into patient care.
 - Hospitals identified SDOH that patients experienced and developed ways to mitigate barriers to optimal health.
- Identified health disparities.
 - Activity leads reported that many projects/programs were implemented because of the grant, including screening programs, lifestyle change programs, online directories, recommendation reports, and infrastructure building programs.
- Reduced structural, financial and language barriers.
 - Resources were provided at little to no charge to those lacking access.
 - Translators were utilized to ensure care for those who spoke a non-English language.
- Formed partnerships.

- IDOH activities formed partnerships with local and national organizations.
- One activity lead noted that funding was used to form an advisory committee made up of a range of local community stakeholders.

d. How the CDC Disparities Grant will reduce health disparities in the next 5-10 years:

- Identifying SDOH and providing specific SDOH care to patients, hospitals will be able to reduce the negative effects of the SDOHs, which will prevent health disparities from occurring.
- Increasing knowledge of health disparities, SDOHs, lifestyle choices, and available resources will help shape community members' attitudes and decisions, as increased knowledge is a determinate of adoption of a health behavior.
- Establishing community partnerships can continue to share resources with community.
- Evaluating community needs identified gaps in existing resources and will help inform development of future resources.

e. Surprises:

- The productiveness of collaboration and partnerships.
- The level of success in project implementation.
- Improved health outcomes. For example, COVID-19 hospitalization rates significantly decreased for people with COPD.
- Lack of resources within communities. Activity leads experienced a lack of funds for projects, existing food pantries, transportation options, access to healthcare and existing programs.
- One activity lead saw a surprising “drive to increase access to resources in Indiana”.

f. Summary of Success Stories (Full stories are available in [Appendix V](#)):

- “A community, that was negatively affected by the social determinates of health, developed a plan and recommendations to increase access to bicycle and walking paths. This led to the community being included in the expansion of the Monon Trail. In addition, this helped address transportation, a social determinate of health, in the community”.
- “Partnerships allowed for distribution of resources (vaccinations) at a health fair. Success was due to partnerships and identification of community needs.”
- “Due to the I-HOPE grant funding, IBBC was able to obtain a storage unit filled with resources for families and expecting mothers that will be

- given free of charge to families in need. Resources include infant clothes, diapers, wipes, and toiletries for all family members, etc.”.
- “Early detection from the screening program allowed for individuals to receive early treatment, saving their lives.”
 - “Individuals used Hoosierhelp.org to locate existing housing and food resources in their community. The success of Hoosierhelp.org is due to its multilanguage capabilities.”

Considerations

It should be noted that the fiscal, performance, and impact data included in this report was subject to availability from both subgrantees and IDOH; thus, caution should be taken when drawing conclusions from this report. In some instances, lengthy contract time between subgrantees and the CDC limited subgrantees ability to initiate, maintain, or sustain I-HOPE strategies goals and subsequently dropped out. This report includes subgrantees who were active at any point prior to June 2023, but some may have dropped sooner than that or since the conclusion of this report. Requisition amounts of subgrantees were reported, which means that up to this point and beyond, a subgrantee may not use all of the funding that was allotted to them at the time of analysis. For example, the subgrantee Corporation for Supportive Housing did not use all their funding and the rest was distributed to other contracts, which is not reflected in this report.

Data were drawn from self-report quarterly reports, which can create several limitations including, but not limited to, social desirability bias, attribution issues, and memory errors. Moreover, these data do not include those available in other reporting such as monthly, surveillance, or subgrantee specific reports and evaluations data.

Not all evaluation data from Purdue University were included in this report. Purdue University, as a subrecipient of I-HOPE funds, was evaluated separately from this report. While some of the data was captured within the overall evaluation, Purdue additionally sends monthly reports to IDOH to provide updates on all fronts of Purdue-led I-HOPE work. Additionally, IDOH administrative dollars are not included.

Lastly, as noted [previously](#), CDC performance measure requirements were revised twice impacting the consistency in reported information across the project period.

Reporting & Sharing

Concluding the CDC Disparities Grant evaluation, the Purdue University Evaluation Team has compiled this post-implementation evaluation report and provided it to IDOH. Results and lessons learned can be shared internally and with community stakeholders. Sharing lessons learned will affect how future decisions are made regarding program planning and implementation. A success story on the evaluation will be submitted to IDOH for CDC submission.

Summary

The evaluation of the CDC Disparities Grant demonstrates visible impact on Indiana communities who are addressing health inequities. **\$27,734,825 of CDC Disparities grant funding was allocated in Indiana** toward activities and subgrantees advancing equity in under resourced and rural communities. **65% (n=17) of 26 IDOH activities** included in this analysis **met their performance measures** as of June 2023. Within the I-HOPE project, **5,400 resources-** including, but not limited to, COVID-19 services & education; infrastructure support; data & evaluation support; and partnerships mobilized- **were distributed across the state of Indiana in support of advancing health equity. Seven key themes were identified** from quarterly reports among progress attained, success achieved, and challenges faced **including collaboration, contracting, COVID-19, data, personnel, project implementation, and resources.**

References

1. Centers for Disease Control and Prevention. (2017, May 15). Framework for Program Evaluation. <https://www.cdc.gov/evaluation/framework/index.htm>
2. Learn lean thinking & practice. Lean Enterprise Institute. (2024, April 25). <https://www.lean.org/>
3. Indiana Healthy Opportunity for People Everywhere (I-HOPE). Web. Accessed May 2021. <https://i-hope.purdue.edu/>
4. Centers for Disease Control and Prevention. (May 2024). Web. [CDC RFA Instructions](#)
5. Office of Minority Health. Centers for Disease Control and Prevention. (May 2024) Web. [OMH-CDC Framework](#)
6. Center for State, Tribal, Local and Territorial Support. (August 2022). OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities Performance Measures Guidance v2.0. Centers for Disease Control and Prevention. <https://www.cdc.gov/public-health-gateway/media/pdfs/2024/05/OT21-2103.Performance.Measure.Guidancev2.0-508.pdf>

Appendix

I. Expectation and Deliverable Timeline

Table 3: Expectations and Deliverables

Activity	Deliverable	Completed By
Evaluation plan draft complete	Evaluation plan sent to IDOH via Teams environment	09/15/2023
Evaluation plan draft reviewed by IDOH	IDOH makes comments on the evaluation plan in Teams	10/01/2023
Finalized evaluation plan stored in IDOH Teams environment	Revised evaluation plan uploaded to IDOH Teams environment	10/02/2023
Collect activity-level data (Only received reports through March 2023 Quarterly Report)	Data stored in Box and IDOH Teams environment	02/01/2024
Collect fund allocation data (up to September 30)	Data stored in Box and IDOH Teams environment	02/01/2024
Analyze allocation of I-HOPE funds	Report of dollars awarded to I-HOPE subgrantees approved by Project Director	05/16/2024
Analyze activity-level data	Reports of analyzed data approved by Project Director	05/16/2024
Deliver evaluation report draft	Reports of analyzed data sent to IDOH Teams environment	05/17/2024
Post implementation evaluation report (activity level and fund allocation) reviewed by IDOH	IDOH makes comments on the report in Teams	5/24/2024
Complete post-implementation evaluation report (activity level and fund allocation)	Post-implementation evaluation report to IDOH via Teams environment	5/31/2024

II. Activities Descriptions

#	Activity**	Description
1	Community Health Workers at Refugee and Immigrant Serving Organizations	Provision of culturally and linguistically appropriate services including transportation for medical appointments, translation, and interpretation services to the refugee immigrants and migrants. Community Health Workers 1) provide education and health systems navigation around COVID-19 prevention, testing, contact tracing, vaccination, assistance making appointments, assistance with transportation, and assistance with interpretation and translation; 2) address educational needs around health topics that may put someone at greater risk of or may be exacerbated by COVID-19, such as nutrition and exercise, mental health, heart health, the U.S. health care system, health insurance, domestic violence, etc.; and 3) address social barriers to health care access such as lack of insurance, how to make an appointment, reading and interpreting medical mail, transportation, etc.
2	Donor Milk Express Pilot	Provision of equitable access to human milk will support increased breastfeeding rates among BIPOC mothers and families.
3	Health Equity Council	The Indiana Health Equity Council promotes health equity and quality of life by convening organizations and individuals supporting community engagements for public health with 10 individual District Councils throughout the state, each one led by a designated District Health Equity Community Health Worker.
4	Healthcare and Rural Housing	Address housing needs for Hoosiers who live in rural counties and who experience health and other disparities by helping to fund the operational and capital needs of existing rural housing and homeless service providers and by strengthening the community wide housing delivery system through community planning.
5	Heart Healthy Hoosiers	Provision of Cardiovascular Disease Screenings, Diabetes Screenings, screenings for Height, Weight, BMI, Waist Circumference, Blood pressure, A1C, Lipid Panel, Glucose, and Covid testing along with Healthy Behavior Support Services (HBSS) such as: Eat Smart Move More (ESMM), Diabetes Prevention Program (DPP), Taking Off Pounds Sensibly (TOPS), Health Coaching, Noom, Heart Healthy Ambassador Blood Pressure Self-Monitoring Program (HHA-

		BPSM) for up to 2000 participants (4000 screenings) outside of the Breast and Cervical Cancer Program population.
6	Hepatitis C Linkage to Care	Provision of Hepatitis C Virus care and Linkage to Care via partnership with community-based organizations providing Care Coordinators focused on 1) Patients released from Department of Corrections and 2) LGBTQ+, homeless, substance abuse, racially disparate populations that includes referrals to behavioral/mental health services, COVID-19 vaccinations, transportation, substance use recovery, re-infection education, housing assistance, etc. and provide COVID-19/non-syringe substance use/sexual health harm reduction kits, and personal protective equipment.
7	Indiana Black Breastfeeding Coalition Capacity Building	Provision of capacity building assistance to Indiana Black Breastfeeding coalition to increase the number of BIPOC lactation support providers, supporting increased breastfeeding rates among BIPOC mothers and families.
8	Indiana Hospital Association	Provision of targeted training and education based on state and regional dashboards addressing the “Healthy People 2030” focus areas of vaccination, respiratory disease, infectious disease, and social determinants of health.
9	Indiana Minority Health Coalition	Provision of evaluation, training, technical assistance, and research components for the improving data analytics project and assist with the continuation of EMPOWERED project. IMHC will also help with organizing the local Minority Health Coalitions or entities to address COVID-19 outreach.
10	Indiana Primary Health Care Association	Provision of data sharing opportunities with community Health Centers (CHCs) and data interchanges, i.e., Health Information Exchange to enable CHCs to provide access to testing, treatment, and vaccination in underserved areas as well as expansion of telemedicine capabilities models of care that rely upon telemedicine within rural populations
11	Indiana Rural Health Association	Creation of regional and county infrastructure to prepare for new public health emergencies
12	Indiana University Community Health Improvement Plan	Expansion of Community Health Improvement Plan response to COVID-19 immediate and emerging population-based needs in the rural communities of Daviess, Jackson, Martin and Greene through community navigators with an emphasis on Latino, migrant/seasonal farm worker, SNAP eligible, uninsured/underinsured, low income, and uninsured and underinsured with mental health conditions.

13	Indiana University Food as Medicine	Expansion of rural cross-sectoral partnerships to address the social determinants of COVID-19 resistance and resilience, through (1) expansion of the Nutrition Prescription in its original counties and into 2 adjacent counties; (2) facilitation of the planning and launch of pilot Nutrition Prescriptions in 3 nearby rural counties; and (3) co- development and piloting of a process for medical referrals by the FQHC to congregate meals to support rural patients' nutrition security and resistance to COVID-19.
14	Indiana University Reducing Smoking Programs	Expansion of Indiana University School of Public Health-Bloomington and the Center for Rural Engagement partnership to reduce prenatal smoking in new rural Southern Indiana counties by providing monitoring for carbon monoxide levels to help women reduce smoking during their pregnancy, to include a family member or partner who also smokes.
15	Produce Rx	Provision of a funding proposal to increase the total Produce Rx programs throughout the state, including the number of physician partners, number of retail store partners, number of participants, as well as increase the number of prescriptions written for produce, and the amount of produce consumed because of a prescription with individual biometric patient data to show impact for growth of produce as a prescription.
16	Purdue University	Purdue University works along side diverse communities to improve the social determinants of health and health disparities in Indiana. Through community driven engagement, multi-sectoral collaboration, and innovative strategies, community goals and community change were reached. Our activities to accomplish shared goals include: Capacity Building; Support of Office of Minority Health's Community Health Worker, District Health Equity Councils; Collaborative Tools Management for I-HOPE Partners; Human Trafficking Support; Data and Evaluation Support, which also includes evaluation of the full I-HOPE project.
17	QSource	Expansion of the partnerships addressing the impact of COVID-19 on the social determinants of health increasing COVID vaccination rates particularly among elderly and vulnerable.
18	Responding to Racial Disparities in Health – Indiana University	Assembly of an Institutional Advisory Group to provide guidance to municipal leaders, Community Advisory Group to guide emergency response, and implement a strategic communications plan to generate and disseminate high quality and accessible information across multiple mediums, using community engaged design and best practices.

19	Rural Advisory Councils/Bike and Pedestrian Planning	Provision of funding opportunity and technical assistance to support services that increase the number of rural communities who have an adopted Bicycle and Pedestrian Plan to achieve equitable access to active living infrastructure and promotion in rural communities.
20	Rural Food Access Grant	Provision of funding opportunity and technical assistance Goals: Increase the number of food system models, Increase the number of production, processing, and distribution models, increase the number of school-based models, increase the number of retail-based models. Achieve: equitable access to healthy food among limited-resource rural populations who have been disproportionately affected by COVID-19. Strategies: Write and disseminate a RFP for rural communities to apply for one of the above mentioned models, score and review applications, create grant agreements/contracts for selected recipients, provide technical assistance throughout the term of the project.
21	Sexual Assault Nurse Examiner	Expansion of existing SANE program from Urban to Rural Communities offering treatment across the lifespan and provision of Medical Forensic Exams to victims of violence and connect victims to services as well as provision of program service technical support and connection between providers and victims.
22	ShipHappens	Provision of services to improve and increase access to mail based naloxone and safe use supply kits
23	Supplemental Nutrition Assistance Program Matching	Provision of services to increase the number of farmers markets participating in the matching program and increase the amount of money redeemed at the farmers markets.
24	Supplemental Nutrition Assistance Program/Women, Infants, and Children (WIC) Program Outreach*	Execution of a created SNAP outreach plan to increase outreach into rural communities via Farmers Markets, increasing SNAP and WIC enrollment and utilization, Strategies. *Not included in analyses – no data
25	Together We Will	Together We Will (TW2) is a grant program within the Indiana Department of Health Office of Minority Health. TW2 will invest over \$5 million dollars in community initiatives that address health inequities for disparate and marginalized populations of color and indigenous people. TW2 offers each grantee an opportunity to choose among eight different priority health areas. TW2 was established to reduce the burden of COVID-19 among populations disproportionately affected. Our charge as a health department is to work collaboratively and continue

		<p>and/or develop partnerships with key partners who have existing community or social service delivery programs for racial and ethnic minority communities.</p> <p>Areas of focus:</p> <ul style="list-style-type: none"> • Infant/Maternal Mortality • Substance Use/ Misuse • Mental Health • COVID-19 Hesitancy • Access • Violence • Environmental Justice • Structural /Systemic Barriers
26	Trauma-informed Care – Mobile Integrated Health	Provision of a community mobile integrated health program, where paramedics and a mental health support person are trained and hired to respond mental health crisis calls.
27	WISEWOMAN/Indiana Breast and Cervical Cancer Program	Expansion of the current geographic reach of the Well Integrated Screening & Evaluation for Women Across the Nation (WISEWOMAN) Program through partnership development of regional coordinators and community-clinical linkages between BCCP and/or WISEWOMAN clinics and programs focused on physical activity, nutrition, mental health, etc., providing tools and guidance to create sustainable bidirectional referrals and communication.
28	Women’s Health Mini Grants	Provision of services focused on maternal mortality, engaging the Indiana Commission for Women and the IU National Center of Excellence.

**Two activities excluded due to available data and IDOH level expenses only, language access capacity improvement and infrastructure building at IDOH.

III. Qualitative Analysis Themes Tables by CDC Strategy

a. CDC Strategy 1 Progress Themes Table

Internal Progress

Theme	Count	Quotes
<p>Theme B: Collaboration Internally (staff) and Externally (partners)/Communication/Support</p> <p>Conversation and discussion with Grantees (25), (26)</p> <p>Discussion with partners (65)</p> <p>Interactions with project collaborators (66), (66)</p>	<p>25 26 65 66 = 4 unique</p>	<ul style="list-style-type: none"> • “The DNPA staff person (Julia Brunnemer) that is leading this project has added it to her work plan for 2023 and started attending the Indy Food Access Coalition SNAP Outreach workgroup meetings, who will be collaborators on this project.” (66) • “Julia and her supervisor will have bi-weekly touchpoints throughout the year to track progress toward this goal.” (66)
<p>Theme C: Contracting (processing, execution, paperwork)</p> <p>Contracts executed (3), (13), (16)</p> <p>Contracts extended (4), (5),</p> <p>Contract paperwork started(27)</p>	<p>3 4 5 13 16 27 =6 unique</p>	<ul style="list-style-type: none"> • “Progress to date, for the Viral Hepatitis Linkage-to-Care Expansion project include completed contracts at both linkage-to-care sites, referred to as Services Sites”(13) • “All incentive plans have been approved and all partner contracts have been updated to end in May 2024 to reflect the no-cost extension update.”(5)
<p>Theme D: Personnel</p> <p>Employees trained and in place(3), (6), (31), (26)</p> <p>Site search (7)</p> <p>Presenting success stories and graphics (7)</p>	<p>3 6 7 26 31 = 5 unique</p>	<ul style="list-style-type: none"> • “We also interviewed and hired our new Breastfeeding Coordinator who will be overseeing this grantee and the deliverables.”(26) • “The program coordinator is gathering success stories and other graphics/videos to show our CDC project officer during her site visit in May.”(7)

<p>Theme E: Data</p> <p>Database expansion(13)</p>	<p>13 =1 unique</p>	<ul style="list-style-type: none"> • “The existing linkage to care database was expanded to include variables related to this funding agreement”(13)
<p>Theme F: Process Development and Accomplishments</p> <p>Material and resource distribution progress (43), (63), (64),</p> <p>Workplan refinement (63), (65)</p> <p>General Project progress (65)</p>	<p>43 63 64 65 = 4 unique</p>	<ul style="list-style-type: none"> • “They have decided to focus on a wraparound strategy that connects eligible participants to both local COVID-19 testing and vaccination sites and SNAP/WIC eligibility and enrollment services. They are now working to develop the materials that will be sent to target regions throughout the state.” (63) • “For this report period alone, more than forty-two COVID-19 mitigation and prevention resources were provided to the refugee and immigrant population in the community “(43)

External Progress

Theme	Count	Quotes
<p>Theme B: Personnel</p> <p>Staff successfully hired and trained (13)</p>	<p>13 = 1 unique</p>	<ul style="list-style-type: none"> • “Both HCV Health Equity Care Coordinators have been hired, trained, and have started seeing clients (13)”
<p>Theme C: Covid-19</p> <p>COVID-19 resources/vaccine referrals (15), (16), (17), (18), , (19), (19), (39), (42)</p> <p>Hepatitis C care (15)</p>	<p>15 16 17 18 19 39 42 =7 unique</p>	<ul style="list-style-type: none"> • “Care coordinators have been able to meet the needs of clients during this time, providing them masks and hand sanitizer, education, and COVID-19 vaccination referrals; along with working to address hepatitis C education and linkage to care needs.”(15) • “ The program has had a total of 85 referrals in quarter 5, of which 73% were provided COVID-19 educational communications, 74% received COVID-19 PPE, 33% were referred for COVID-19 vaccination, and 18% reported being fully vaccinated, at the time of questioning.” (18) • “The program has had a total of 43 referrals in quarter 1 of 2023, of which 44% were provided

		COVID-19 educational communications, 44% received COVID-19 PPE, 32% were referred for COVID-19 vaccination.” (19)
Theme E: Project Implementation Screenings underway/screening progress (4), (5), (6), (6), (7), (7) Consultant collaboration for plan development (29), (30)	4 6 7 29 30 =5 unique	<ul style="list-style-type: none"> “Participants are continuing to receive their initial screening for the program and get enrolled into their healthy behavior support service of their choosing.” (4) “As of 12/31/22, 465 unique individuals have received their initial health screening.” (6) “Our total number of screenings is about 600, and one of our partners actually reached their target for the number of initial screenings provided.”(7)
Theme F: Collaboration University collaboration (7)	7= 1 unique	<ul style="list-style-type: none"> “The program coordinator has also been collaborating with Purdue University to create an evaluation plan, including performance measures.” (7)
Theme G: Contracting Installment/funds approved (28), (28)	28 =1 unique	<ul style="list-style-type: none"> “The Indiana Black Breastfeeding Coalition's contract is fully executed, making them eligible for their first installment of \$10,000.” (28)
Theme H: Data Updating data collection system (15)	15 = 1 unique	<ul style="list-style-type: none"> “Additionally, to collect information more accurately regarding vaccination status the program has worked to add an additional variable within the data collection system to collect the number of vaccines an individual has had, which will allow a determination of "up-to-date" vaccination status.” (15)
Theme I: Resources Increase in clients helped(15), (18), Refugee and Immigrants helps (41), (41) Medical Billing Issues (41) Harm-Reduction (41)	13 15 18 41 53 =5 unique	<ul style="list-style-type: none"> “Refugees and Immigrants were also assisted with transportation medical and dental appointments.”(41) “ShipHappens, Inc. has continued to offer mail-based harm reduction services to the 49 CDC rural designated counties; with all but 4 counties having engaged in services, which translates to 18 or the 22 who were currently underserved at the beginning of the funding award having received services. “ (53)
Theme K: County expansion/Project expansion County expansion (55), (55)	55 =1 unique	<ul style="list-style-type: none"> “We have reached 48 out of the 49 CDC designated rural counties; with one final county left (Crawford).” (55) “We are seeking ways to serve [Crawford] before the funding completes in May 2023.” (55)

b. CDC Strategy 1 Successes Themes Table

Internal Successes

Theme	Count	Quotes
Theme A: Personnel Staffing improvements/increase (5), (5), (26)	5 26 =2 unique	<ul style="list-style-type: none"> “Finally, we have two partners who were contracted to work together, one doing the health screenings and the other providing education and referrals to HBSS services. One partner has been doing both, and the other partner has not been doing the education at all.”(5) “The hiring and onboarding of our new Breastfeeding Coordinator” (26)
Theme B: Collaboration Strengthening existing partnerships (3),(43),(63) New partner outreach (65) Activity success through collaboration(42)	3 42 43 63 65 =5 unique	<ul style="list-style-type: none"> “These strengths the partnership between the refugee & international health program and the community organization.”(43) “The DNPA SNAP-Ed Coordinators have had several incredibly fruitful conversations with SNAP Outreach partners throughout the state. not only has this been helpful in informing the current project, but it has also laid some important groundwork for continued collaboration around SNAP Outreach in Indiana.” (63) “The DNPA SNAP-Ed Coordinators have had conversations with some new partners around this project that could potentially be very helpful as we move into the implementation phase - including Covering Kids and Families of Indiana.” (65)
Theme C: Resources Monetary Donation (41)	41 =1 unique	<ul style="list-style-type: none"> “100% of the money was given to Resettlement Agencies in Indianapolis and Fort Wayne, IN.”(41)
Theme D: Grant processing/extension Grant extension approved (4) Funds/information disseminated (3),(42) Grantee identification (25)	3 4 25 42 =4 unique	<ul style="list-style-type: none"> “All information and funding has been given to our program partners, including REDCaps for data collection and protocols for implementing healthy behavior support services.” (3) “The grant has been extended by 1 year (no cost extension was approved).” (4)
Theme H: Process development Plan finalization (64),(66)	64 66 =2	<ul style="list-style-type: none"> “We now have a more concrete path forward to create and implement the SNAP Outreach project.”(66)

External Successes

Theme	Count	Quotes
Theme A: Resources Screening successes (4), (4), (5), (8), (8), Educational Webinars/leadership trainings/presentations to the public (16), (16), (49), (51), (51) Existing Program Expansion/Success (13), (13), (15), (15), (16), (17), (17), (19), (19), (50), (51) Resource Purchasing/providing (18), (30), (31), (39) (43), (52) Successful program launches (49), (49), (52),(55)	4 5 8 13 15 16 17 18 19 30 39 43 49 50 51 52 55 = 17 unique	<ul style="list-style-type: none"> “The program has had a total of 93 referrals in quarter 3, of which 72% were provided COVID-19 education, 61% received COVID-19 PPE, 42% were referred for COVID-19 vaccination, and 40% reported being fully vaccinated, at the time.” (15) “IBBC created and purchased new marketing materials for health fairs and outreach, including a retractable banner, two tablecloths, class flyers, postcards, tri-fold brochures, and referral cards.”(31) “Additional case management services allowed for those with special vulnerabilities to receive care specific to their medical complications, lowering their risk of further complications.”(39) “SHIPHAPPENS, INC. has been able to present our efforts to IRHA annual conference attendees, IU ECHO, and Step Up, Inc. harm reduction organization retreat. This afforded the opportunity to share the organizations mission, vision, values, and target population with incarcerated individuals, 40+ conference attendees, and approximately 18 harm reduction providers across the state. ShipHappens has been able to engage providers and let them know the organization is seeking to serve PWUD and how they can get them connected to services.” (49) “Completed and shared Prevent Pricks community based sharps disposal program + tool-kit, where it is now fully operational in Miami County (a CDC designated rural county) and in the process of being replicated in Delaware, Madison and Tippecanoe counties.”(49)
Theme B: Collaboration with partners/organizations/staff Issues resolved (6)	6 39 43 =3 unique	<ul style="list-style-type: none"> “The collaboration issue between two of our partners last quarter has been resolved, so now they are partnered together; one entity provides the screening while the other connects the participant to

<p>Community partnerships strengthened (39)</p> <p>Successful community improvement accomplishment (39),(43)</p>		<p>educational resources and lifestyle change programs.” (6)</p> <ul style="list-style-type: none"> • “Community partnerships have been strengthened between resettlement agencies and health clinics, as well as with many other organizations that do wrap-around services.”(39) • “These partnerships helped to overcome language and transportation barriers, better serving clients.” (39)
<p>Theme C: Data Collection/Software</p> <p>Data analysis of programs(19)</p>	<p>19 =1 unique</p>	<ul style="list-style-type: none"> • “The program was able to have an intern analyze the COVID-19 specific variables; finding that while the program was small it had a large geographical impact on Indiana, serving counties with high social vulnerability indices.”(19)
<p>Theme D: New partners/counties served/projects</p> <p>New successful partnerships (28)</p> <p>New counties served (53)</p>	<p>28 53 =2 unique</p>	<ul style="list-style-type: none"> • “The Indiana Black Breastfeeding Coalition (IBBC) is through the Indiana Youth Institute (IYI) and the partnership is a great fit.” (28) • “Served 4 new counties this quarter; Spencer, Martin, Jefferson, and Decatur.” (53)
<p>Theme E: Personnel</p> <p>New vendor (6)</p> <p>New staff (27)</p>	<p>6 27 =2 unique</p>	<ul style="list-style-type: none"> • “One of our partners who has had staffing issues has finally been able to find a vendor to complete screenings” (6) • “The new Breastfeeding Coordinator has been appointed from IBBC.” (27)
<p>Theme F: Website</p> <p>Social Media presence improvement (30)</p> <p>Successful website launch/expansion (49)</p> <p>Resource updates on website (50)</p>	<p>30 49 50 = 3 unique</p>	<ul style="list-style-type: none"> • “The website rebuild is near completion and IBBC has increased its presence on social media with more regular posting on Facebook and Instagram.” (30) • “Launch of new website: SHIPHAPPENS, INC. successfully launched a new website on August 23, 2021 that has increased our access to PWUD, their families and their communities. It has also expanded the organizations technological platform and omitted lack of access when Facebook sees delays or shutdowns.” (49) • “We have successfully added our Covid-19 and Increased Risk (https://www.cdc.gov.drugoverdose/resources/covid-drugs-QA.html) resources to our website (www.harmlessindiana.org)” (50)

Theme G: Collaboration and success among internal staff Leadership meetings (27)	27 =1 unique	<ul style="list-style-type: none"> “IBBC executive leadership held a kickoff meeting with a strategic consultant through the Indiana Youth Institute (IYI) on April 12, 2022.” (27)
Theme I: Individual partner/organization plans/implementations/successes Successfully streamlined processes (5) Community input(28) Plan completion (29) Award Nominations/Awards Recieved(50),(51) Speaking opportunities (51)	5 28 29 50 51 = 5 unique	<ul style="list-style-type: none"> “Each partner’s processes have been more streamlined, and we have had success stories of participants who had alert values for their lab tests who were referred for further healthcare, which ultimately saved their lives.” (5) “Been nominated for the Prosperity of Indiana award, and are eligible for a \$1,000.00 cash prize if we are awarded the honor. We will find out February 2022 if we have been awarded.” (50) “Were asked to be 1 of 30 organizations to provide public comment to the FDA on making naloxone over the counter (OTC). We spoke for 2 minutes on March 29, 2022.” (51)
Theme J: Contracting Funds recieved (52)	52 =1 unique	<ul style="list-style-type: none"> “Received \$70,000 from IN Together We Will grant for HIV home testing efforts for 2022-2023 SFY.” (52)

c. CDC Strategy 1 Challenges Themes Table

Internal Challenges

Theme	Count	Quotes
Theme A: Contracting (processing, time, execution) Plan needing revisions (4) Paperwork issues (26)	4 26 =2 unique	<ul style="list-style-type: none"> “Received notice that our incentive plan was not approved by the CDC- will need to revise and resubmit again.” (4)
Theme B: Personnel staff capacity (65), (66)	65 66 =2 unique	<ul style="list-style-type: none"> “Staff capacity is our biggest ongoing challenge” (66)
Theme C: Resources	13 63 64	<ul style="list-style-type: none"> “delays in purchasing COVID-19 PPE” (13) “The main challenge we have experienced is balancing competing priorities. Our team is

Competing priorities (63), (64) Purchase delays (13) Capacity challenges (64)	=3 unique	juggling many concurrent projects and it has been a challenge to give each our full attention.”(63) <ul style="list-style-type: none"> “The DNPA has several time sensitive projects that are ongoing and require considerable attention from the team.” (64)
Theme D: CDC Regulations Long approval time (16) Rapidly changing guidelines (41)	16 41 =2 unique	<ul style="list-style-type: none"> “One challenge experienced was the long approval time for the bus pass incentive plan.”(16) “Another challenge is related to the rapidly changing federal and state guidelines about COVID-19 masking, social distancing, and quarantine recommendations.”(41)
Theme E: Program Evaluation Incorrect data collection methods (5),(6) Database documentation issues/adjustment (5),(13),(13),(13),(19) word related to Theme D (x count)	5 5 6 13 19 =4 unique	<ul style="list-style-type: none"> “One of our partners has been using paper forms instead of our REDCap for data collection, therefore we do not have access to their data for reporting.” (5) “Migration to new database on 9/24; learning to document COVID-19 related variables;” (13) “As the care coordinators work with more and more clients, and the database expands, we are realizing the need for better data quality measures.”(19)
Theme G: Lack of Knowledge lack of population metrics (6)	6 =1 unique	<ul style="list-style-type: none"> “We are unable to know what exact populations have been served “(6)

External Challenges

Theme	Count	Quotes
Theme A: Demand High volume of clients (39), (41), (42) Intensive client needs (42), (43)	39 41 42 43 = 4 unique	<ul style="list-style-type: none"> “The CDC grant staff within agencies were often needed to assist with the influx of refugees received, thus with less time to be dedicated to COVID-19 work.” (39) “Many clients had intensive needs which required a high level of care” (42)
Theme B: Funding/More Support needed	49 51	<ul style="list-style-type: none"> “Pfizer announced a naloxone shortage for harm reduction organizations that were in contract for reduced naloxone prices, in June

<p>Cost updriven (49)</p> <p>Insufficient funding (51)</p> <p>word related to Theme B (x count)</p>	<p>=2 unique</p>	<p>2021. This has substantially driven up intramuscular naloxone cost for primary IM providing organizations like/including SHIPHAPPENS, INC.” (49)</p> <ul style="list-style-type: none"> • “Funding: The amount of funding provided to us through this specific grant (\$80,000) for service over the next 15 months is not going to be enough to maintain beyond what we estimate to be the final quarter of 2022.” (51)
<p>Theme C: Participation Issues</p> <p>Low participant engagement (7), (53)</p> <p>Low membership (29)</p> <p>I-HOPE neglect (51)</p>	<p>7 29 51 53 = 4 unique</p>	<ul style="list-style-type: none"> • “Partners have noted that they have been challenged with getting participants to come back for their rescreen.” (7) • “Time for I-HOPE meetings: Time to attend the multiple meetings that the I-HOPE team has requested since they received the grant is a challenge.” (51)
<p>Theme E: COVID-19</p> <p>Rise in COVID-19 cases/overall issue (15), (49), (51), (52)</p> <p>COVID-19 related staffing issues(39)</p> <p>COVID-19 anxiety (42), (43)</p>	<p>15 39 42 43 49 51 52 =7 unique</p>	<ul style="list-style-type: none"> • “Additionally, the Omicron and Delta variants posed staffing issues that then allowed less dedication to COVID-19 services for clients.” (39) • “For many clients the Flu season has increased anxiety around risk of COVID-19” (43)
<p>Theme F: Health Literacy/Miseducation</p> <p>Lack of educational materials (13)</p> <p>PPE resistance/neglect(15), (15), (41), (43)</p> <p>Stigmatization (49)</p>	<p>13 15 15 41 43 49 =5 unique</p>	<ul style="list-style-type: none"> • “Last quarter, the HCV Health Equity Care Coordinators noted that some clients did not want the PPE. “(15) • “Our partner said it has become challenging to encourage precautionary actions toward COVID-19 with conflicting messages from federal and state entities “(41) • “Syringe stigma and how it relates to intramuscular naloxone has resulted in difficulties surrounding funding awards and kit distribution within Indiana and nationally.” (49)
<p>Theme G: Basic needs</p> <p>Trave Burdens (16), (16)</p>	<p>16 = 1 unique</p>	<ul style="list-style-type: none"> • “During this time of waiting [for approval], the care coordinators struggled to find funding for travel related expenses for clients” (16)
<p>Theme H: Staffing</p>	<p>3 5 6</p>	<ul style="list-style-type: none"> • “Partners are still trying to onboard staff and begin setting up screenings, which are all issues internal to their organizations.” (3)

Staffing issues/turnover (5), (6), (17),(30) Understaffing (42), (43) Onboarding process/learning curves(3),(18),(18),(31)	17 18 30 31 42 43 =9 unique	<ul style="list-style-type: none"> “IBBC is working through some growing pains as they orient their new board members and establish new organizational systems.” (31) “Many providers unable to provide necessary interpretation services because they are understaffed” (42)
Theme I: Contracting issues Deliverable Delays (28)	28 =1 unique	<ul style="list-style-type: none"> “Due to the lengthy contract process, IBBC has been delayed in working on other deliverables, such as renting a storage unit.” (28)
Theme L: Legal Stressors Legal trouble/trial (53)	53 =1 unique	<ul style="list-style-type: none"> “A ShipHappens participant reported they were arrested, detained and fought a possession of a syringe charge for the IM naloxone kit. While they got it dismissed, our organization was subpoenaed and had to prepare for trial.” (53)

d. CDC Strategy 2 Progress Themes Table

Internal Progress

Theme	Count	Quotes
Data <ul style="list-style-type: none"> Health Equity Model (99) 	99 total: 1	<ul style="list-style-type: none"> “The Indiana <i>Health Equity</i> community health worker <i>Model</i> has been going well”
Collaboration- Internal and External <ul style="list-style-type: none"> Contacting organization (99) 	99 total: 1	<ul style="list-style-type: none"> “They have been <i>contacting</i> CBOS and any <i>organization</i> that has a Covid-19 vaccine hesitancy focus”

External Progress

Theme	Count	Quotes
Planning & Review & Implementation	total: 4	<ul style="list-style-type: none"> “began to establish workplan” (73) “planning begun for Readmissions Collaborative” (78)

<ul style="list-style-type: none"> • Readmissions Reduction (78), (79) • Planning (73), (78), (79), • Implementation (90) 		<ul style="list-style-type: none"> • “This quarter, Adult and Child Health has completed implementation” (90)
<p>Staffing & Internal education</p> <ul style="list-style-type: none"> • Projects (73), (74), (75), (86) • Educator Course (79) 	total: 5	<ul style="list-style-type: none"> • “Learned about the statewide project and other partner projects.” (73) • “Addition of 29 new students for the COPD Educator course.” (79)
<p>COVID-19/ COPD/ Disease resources provided</p> <ul style="list-style-type: none"> • COPD (77), (79) • COVID-19 resources (77), (79), (90) • Educational training (77), (79) 	total: 3	<ul style="list-style-type: none"> • “new simulation training for COPD patients incorporating COVID-19 impact” (79) • “hosted education webinars” (77)
<p>Partnerships with organizations & companies</p> <ul style="list-style-type: none"> • I-HOPE (74), (75), (77) • IPHCA (Indiana Primary Healthcare Association) (87), (88) • New Partners (74), (77), (79), (87) 	total: 6	<ul style="list-style-type: none"> • “Participated in regional I-HOPE meetings. Collaborated with 6 I-HOPE partners.” (75) • “IPHCA staff have met with senior leaders at the Indiana Family and Social Services administration” (87) • “Continue to make new connections to support improvement effort” (79)
<p>Data collection</p> <ul style="list-style-type: none"> • Baseline data/ Data (74), (75), (78), (79), (86), (87), (88) • Data analysis (74), (75) 	total: 7	<ul style="list-style-type: none"> • “Further enhanced data capabilities and data visualization” (79) • “Identified opportunities to further refine data analysis.” (74)
<p>Other resources & Training provided</p> <ul style="list-style-type: none"> • Education Trainings/ Info (77), (78), (79), (87) 	total: 4	<ul style="list-style-type: none"> • “New website built on IHA webpage with all educational trainings and resources” (79)
<p>Data Platform Use</p> <ul style="list-style-type: none"> • Azara Data Visualization Reporting System (85), (86), (87), (88), (90) 	total: 5	<ul style="list-style-type: none"> • “Four community health centers responded to the noFO requesting support to implement the population health tool Azara DRVS” (88)

Studies & Analysis <ul style="list-style-type: none"> • Survey analysis (78) • Review (88) 	total: 2	<ul style="list-style-type: none"> • “Additional Culture of Safety Survey analysis and consultation with hospitals.” (78) • “review the completed annotated bibliography and list of health equity definitions.” (88)
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e. CDC Strategy 2 Successes Themes Table

Internal Successes

None.

External Successes

Theme	Count	Quotes
Health and Educational Resources Health devices allocation (76), (78), Participation in an educational class / training (75), (76), (76), (77), (77), (77), (77), (78), (78), (79), (91)	5	<ul style="list-style-type: none"> • 47 hospitals received resource materials to support respiratory health. (78) • Hospitals were educated by the American Lung Association Chief Medical Officer, Dr. Rizzo, on the impact of COVID-19 on COPD patients. (78)
Collaboration with partners/ organizations/ and staff/New additions/ internal collaboration Partner collaboration (77), (77) Organizational collaboration (87), (88), (88) New partners (79) internal collaboration (76)	5	<ul style="list-style-type: none"> • Continued discussions with other I-HOPE partners occurred. (76) • Increased collaboration with I-HOPE partners to support hospitals with needed resources as they work with COPD patients. (77)
Data collection/software Data collection/reporting (74), (85), (86), (87), (87),	10	<ul style="list-style-type: none"> • Engagement with health centers that have at least one site in a location identified as "high risk" or "rural" on the Social Vulnerability Index, Vaccine Hesitancy,

<p>Reviewing data (73), (74), (91),(91)</p> <p>Establishing target values (73),</p> <p>Data analysis methods (74), (75), (76),(85), (87), (88),</p>		<p>and US Census datasets is a major success. (87)</p>
<p>Personnel</p> <p>Hiring (86)</p>	1	<ul style="list-style-type: none"> The hiring of our SDOH Coordinator is a major success our organization can highlight this quarter. (86)
<p>Organizational successes</p> <p>Growth in participation (77), (77)</p>	2	<ul style="list-style-type: none"> Experienced strong participation from targeted hospitals with 44 out of the 45 hospitals joining in one of more activities being offered during the quarter. (77)
<p>Contracting</p> <p>RFP approval (88),</p>	1	<ul style="list-style-type: none"> The release of IPHCA's notice of Funding Opportunity (noFO) to expand the number of health centers on the population health data tool Azara DRVS is also a highlight. (88)

f. CDC Strategy 2 Challenges Themes Table

Internal Challenges

None.

External Challenges

Theme	Count	Quotes
<p>Staffing</p> <p>staff capacity (78), (86)</p> <p>staff participation (79)</p>	5	<p>“Hospital staff are challenged with being able to leave the bedside responsibilities due to staffing shortages or high census.” (78)</p>

Theme	Count	Quotes
recruitment of grant coordinator (85)		
Data data submission to IHA (73) data component identification (87)	2	“Some hospitals have not been able to submit their to IHA due to data platform changing and other hospital priorities, including responding to the COVID-19 pandemic.” (73) “Identification of needed components in gaining additional SDOH data from the Indiana Family Social and Services Administration” (87)
External Issues workforce issues (77) grant deliverable planning (87) competing priorities (87)	2	“Due to workforce issues, staff are not always able to attend the educational webinars or engage in training opportunities through partnerships with such groups as the American Lung Association or IHA sponsored trainings” (77)

g. CDC Strategy 3 Progress Themes Table

Internal Progress

Theme	Count	Quotes
Process development Taking steps towards progress(training) (100), (100), (100), Training opportunities (104), (104),	2	<ul style="list-style-type: none"> • Training is set for the Fall with Human Impact Partners as the tentative facilitator for that training. (100) • HEC continues to have monthly training opportunities. (104)
Grant awarding Grant RFP approval/ selection of grantees (145), (146)	2	<ul style="list-style-type: none"> • The sub-awardee Funding announcement has been released, along with the Request for Proposals (RFP). (145)
Collaboration internally (staff) & externally (partners)/communication/support Internal (101), (124),(138),(138), External (134),(134), (138), (138),	4	<ul style="list-style-type: none"> • The internal Indiana Health Equity Council has put out a RFP for internal departments and divisions to acquire cultural competency/ CLAS/ Cultural Humility courses to help staff better serve Hoosiers.

		Right now 4 areas have applied to receive resources for capacity building. (101)
Procurement/Contracting (processing, execution, paperwork, CDC approval) Funding applications approval (100) Applications submission (145)	2	<ul style="list-style-type: none"> The Indiana SANE Training Project through the University of Southern Indiana has submitted their documents to initiate a contract with IDOH as a sub-awardee to provide training, education, and professional development. (145)

External Progress

Theme	Count	Quotes
Grant tasks/invoices/funding Grant tasked (148) Funding (146)	2	<ul style="list-style-type: none"> In total, our funding opportunity is projected to open 17 new community based clinics offering acute and non-acute medical forensic services for any person across the lifespan (pediatrics, adolescents, adults, and geriatrics) who has experienced an act of violence, as well as connecting the patient and their families with wrap around services, resources, and community partners. (146)
Staffing/Internal education Internship application/interviews/acceptions (112),(112), (112), (112), (113), Providing for students (113), (116) Beginning role (116)	3	<ul style="list-style-type: none"> Two new E2BF intervention groups started the nine week intervention during this last week of June. (116) Nine interns are enrolled in the Fall Semester Internship Program with interns located the OMH at IDOH, the IMHC Central Office, or work remotely. An additional intern joined the interns in the IMHC Multicultural Programs Department in mid-September. (113)
Partnerships/collaboration with other universities/organizations/companies	5	<ul style="list-style-type: none"> During this quarter, the CBO partners in Allen County implemented and completed

Partnership with community organizations (112),(113),(116), (149), (150).		two E2BF intervention groups The Lake County CBO partner collaborated with a local senior housing site to host an E2BF intervention group. (116) <ul style="list-style-type: none"> • While the Marion County CBO partner finalized plans to collaborate with a local community organization to host an E2BF intervention group that started during the last week of June. (116)
Resources (other) provided to the community Medical coverage and education (146), (149), (150)	3	<ul style="list-style-type: none"> • Three subrecipients, including Community HealthNet, Valley Professionals Community Health Center, and Methodist Sexual Trauma Awareness and Recovery (STAR) Center, have begun providing medical forensic services to adult, adolescent, and pediatric populations in their facilities this reporting period. (150) • Additionally, the Knightstown Healthcare Center is now offering medical forensic services to pediatric populations and has 24/7 coverage for 3 of their facilities providing medical forensic services. (150)
County expansion/ expansion/progress of current projects (meetings to discuss included) Promotion (116) Planning/review/screening (137)	1	<ul style="list-style-type: none"> • The partners utilized E2BF brochure, flyers, and word of mouth to promote the intervention and recruit participants. (116)

h. CDC Strategy 3 Successes Themes Table

Internal Successes

Theme	Count	Quotes
<p>Resources: material acquisition, initiatives, personal (hiring, achievements of personnel)</p> <p>Initiatives added (134), (151)</p> <p>Servies (151)</p> <p>Personnel (hiring, firing, orientations, achievements) (100), (124),</p>	4	<ul style="list-style-type: none"> • With these offerings, 21 people that have experienced violence were provided medical forensic services and linked to wrap around services within their communities. (151) • Advances are being made via the personnel we have previously hired. (124)
<p>Collaboration: connecting with partners, holding meetings, connection facilitation between partners, sharing information</p> <p>Connecting with partners (needs assessments, holding meetings, sharing information) (134), (138),</p> <p>Partners facilitation, onboarding (100), (123), (136),</p> <p>Internal Assessments (139)</p>	6	<ul style="list-style-type: none"> • The needs assessment is something that has been discussed among many committees in the health equity council and has been received well. (134)
<p>Process development + Data</p> <p>Creation of/moving forward with a process (101), (104)</p> <p>Revision of processes evaluating data (139)</p>	3	<ul style="list-style-type: none"> • Seven agency-wide training on equity, accessibility and semantics have been scheduled: available to all current employees and new employees during the onboarding process. (101)

External Successes

Theme	Count	Quotes
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<p>Health/ educational resources</p> <p>Medical resources being provided (149), (150)</p> <p>Educational resources (trainings, webinars etc) (113), (115)</p>	4	<ul style="list-style-type: none"> • 1 SANE program is currently providing services to adult and adolescent sexual assault victim populations across 3 counties. (149) • Interns participated in several community-based health & wellness events to assist with education and awareness activities, and health screenings (events included the AWARE for All Indianapolis, Black & Minority Health Fair, El Grito, Fiesta Indianapolis, Heart Healthy Hoosier cardiovascular screenings, and mammogram screenings). (113)
<p>Collaboration with partners /organizations/staff</p> <p>Coordination (137)</p> <p>Partnerships in general (127)</p> <p>New partners (112)</p>	4	<ul style="list-style-type: none"> • Partnerships have been a successful tool. (127) • Coordinate the writing of an agency Language Access Plan with members of the Health Equity Council and appropriate internal and external partners. (137)
<p>Data collections</p> <p>Assessing the data (115),</p> <p>Data collection (process, tools etc) (125), (148).</p>	3	
<p>Organization successes</p> <p>Collaboration with internal staff, creation of policies to benefit them (113), (114), (115), (116)</p> <p>Organizational successes (126), (116), (148), (149)</p>	7	<ul style="list-style-type: none"> • Additional successes noted this quarter consisted of the completion of two E2BF intervention participant groups in Allen County and one group in Lake County. (116) • Successes include securing additional physical space, additional funding for additional support and securing approval for Event Planner for MHF. (126)
<p>Personnel</p> <p>New hires (112),</p>	1	<ul style="list-style-type: none"> • The E2BF project has successfully hired eleven interns to take part in the summer session of the Internship Program. (112)

i. CDC Strategy 3 Challenges Themes Table

Internal Challenges

Theme	Count	Quotes
Resources Personnel (124), (123), (125), (115), (127), (126), (137), (147) Lack of knowledge (139)	9	<ul style="list-style-type: none"> The hiring of the position, the extended timeline, and support from the team will overcome any barriers created by the timing of the hiring. (137) Knowing what is needed within the agency regarding language access. (139)
Management Managing grantees (126) Contracting time/processing (104), (145)	3	<ul style="list-style-type: none"> Managing programmatic duties without a person in place. (126) Considerations may need to be made for an application extension as we have received feedback that the turnaround time for the RFP was too short, and many have expressed concern for completion by the due date. (145)
Data Program evaluation (134),(138),(148)	3	<ul style="list-style-type: none"> Some challenges during the quarter were to develop a needs assessment that would cover all the diverse divisions in the agency as well as push it out. (134)
Communication Communication/Collaboration (100)	1	<ul style="list-style-type: none"> Engaging more departments and offices to take advantage of applying for training. (100)

External Challenges

Theme	Count	Quotes
Funding More support needed (150), (151) Delayed funding (145), (148)	4	<ul style="list-style-type: none"> Delay in sub-recipients receiving funding has delayed the overall project to grow and expand the medical forensic services infrastructure and partner agency relationship building. (148) One subrecipient (ASSIST Indiana) is getting community pushback and lack of supportive resources for developing a SANE program within the organization. (150)
Outreach/Participation/Staffing	3	<ul style="list-style-type: none"> Challenges faced during this quarter have included limited variety of internship

Scheduling conflicts (114) Recruitment efforts (114) Staffing (149)		activities available and coordinating schedules between internship and Spring semester classroom commitments. (114)
Contracting issues Postponed (116)	1	<ul style="list-style-type: none"> Challenges faced during this quarter by the E2BF Marion County partner was the delayed confirmation of the community sites to host the E2BF intervention group which postponed promotion and recruitment until May. (116)
Outside stressors Unable to begin development (151)	1	<ul style="list-style-type: none"> One subrecipient, ASSIST, has been unable to begin development of their SANE program. (151)

j. CDC Strategy 4 Progress Themes Table

Internal Progress

Theme	Count (Unique ID's)	Exemplary Quotes
Grant Awarding & Procurement <ul style="list-style-type: none"> Awarded funding to communities (159), (328), (329), (330), (331) Applications reviewed/approved (159), (231), (254), (255), (256), (259), (289), (315), (329), (338) Grant extensions (163), (257), (329) Contract execution (157), (158), (159), (194), (195), (196), (198), (199), (230), (231), (253), (255), (257), (289), (339) 	157 158 159 194 195 196 198 199 230 231 253 254 255 256 257 259 289 315 328 329 330	<ul style="list-style-type: none"> “We were able to award 11 communities with funding through this grant, whether with a rural focus or high social vulnerability index.” (159) “Twelve applications were received and reviewed and ten were approved.” (255) “... six grantees have requested time extensions to align with the overall time extension of the award-through May 31, 2024.” (257)

	<p>331 338 339 — count = 24 unique ID's</p>	
<p>Collaboration & Support (internal staff & external partners)</p> <ul style="list-style-type: none"> • Meetings, conversations, coordination (160), (193), (230), (231), (164), (253), (254), (255) • Support to external partners (162), (163) • Additionally, six grantees have requested time extensions to align with the overall time extension of the award- through May 31, 2024. (257) • Lastly, we have supported the grantees through their program start-up steps. (257) • All requested time extensions have been processed and new invoice templates distributed to grantees (260). • The grantees were then invited to participate in an interview session. (290) • The division has met and presented some initial grant detail with the Indiana State Farmers Market Community of Practice and the SNAP/Nutrition Incentives - SNAC Work group. (313) • Through these interactive conversations (313) • Continued conversation with CDC does encourage the creation of an incentive plan which should allow the grant to go forward. (314) • We are discussing the change in qualifying criteria for incentive models. (314) • A meeting was held with other partners interested in Indiana SNAP Matching growth. (315) 	<p>160 162 163 164 193 230 231 253 254 255 257 260 290 313 314 315 316 317 330</p> <p>count = 19 unique ID's</p>	<ul style="list-style-type: none"> • “DNPA staff has conducted project kickoff meetings with all 11 grantees, discussing their project scope of work, schedule, and administration activities.” (160) • “DNPA staff have answered questions from the grantees about the invoicing process and adoption of their plans.” (162) • “DNPA has coordinated with the grantees to review invoices, coordinate plan adoption, revise their grant agreements for time extensions, and close out their grants.” (163) • The internal brainstorm produced anticipated Produce Rx grant models. (253)

<ul style="list-style-type: none"> • The team has been meeting with one of the stakeholders to potentially act as the administrator for this statewide project. (316) • They worked with our team to develop the statewide application and we have held informational webinars about the opportunity to answer questions. (317) • Approximately 40 organizations are communicated to on a weekly basis to gain information about the application procedure, to receive project scoping and application technical assistance, to follow up on status and post-application assistance. (330) 		
<p>Procurement/Contracting (processing, execution, paperwork, CDC approval)</p> <ul style="list-style-type: none"> • In quarter 2, we wrote and disseminated the RFP for Bicycle and Pedestrian Plans and have already received many inquiries. (158) • In quarter 3, DNPA received 21 applications for Bicycle and Pedestrian Planning Grants. (159) 	<p>158 159</p> <p>count = 2 unique ID's</p>	<ul style="list-style-type: none"> • In quarter 2, we wrote and disseminated the RFP for Bicycle and Pedestrian Plans and have already received many inquiries. (158) • In quarter 3, DNPA received 21 applications for Bicycle and Pedestrian Planning Grants. (159) •
<p>Staffing/Personnel (hiring process, training process)</p> <ul style="list-style-type: none"> • Interviewing/hiring of Breastfeeding Coordinator (194) • Job description for community paramedic (230) • Identifying training requirements for social worker and paramedic, hiring process for paramedic, applications open (231) • Hired Refugee Health Coordinator, working to hire more positons (244) • Reviewing applicants and interviewing for new role (289) 	<p>194 230 231 244 289</p> <p>count = 5 unique ID's</p>	<ul style="list-style-type: none"> • A job description has been created to hire a community paramedic once contract is executed (230) • This core team spent much of the reporting period discussing and identifying educational and training requirements that RFD felt was most appropriate for their social worker and community paramedic to receive upon hiring and prior to first outreach. (231) • At this time, we have hired a new Refugee Health Coordinator who will oversee this activity and these positions, he is working to create job descriptions and

		move forward on this project. (244)
Data <ul style="list-style-type: none"> Sharing quarterly data with community partners (173) Gathering SNAP programs in place at farmers markets (313) 	173 313 count = 2 unique ID's	<ul style="list-style-type: none"> Data includes the number and types of resources searched, number of programs added, and the number of programs claimed. This information will be shared with our community partners quarterly. (173)
Process development & Accomplishments <ul style="list-style-type: none"> EMS Commission established process for review and approval of MIH programs (231) Established target timelines/criteria, Together We Will program on target (313) 	231 313 count = 2 unique ID's	<ul style="list-style-type: none"> The Indiana EMS Commission established a process for review and approval of MIH programs which would make approved programs eligible for reimbursement for its programs for payors, such as the Family and Social Services Administration (FSSA). (231)

External Progress

Theme	Count	Quotes
Grant Tasks/Funding <ul style="list-style-type: none"> Richmond Fire Dept able to use grant funds because of grant execution, Approval for no-cost extension (232) Vendor contracts with four agencies in 3 counties in progress (170) Development of grant narratives/planning (173) 3 new grantees with contracts in progress, 6 grantees with time extensions (258) Grantees finished and submitting final invoices, all grantees continue to report (260) 25 applicants passed review process (290) 25 grantees awaiting next steps, 5 executed contracts and started (291) 50% of expenses turned in, time amendments being drafted (294) 8/11 grantees signed and executed contracts (160) 	160 170 173 211 232 236 258 260 290 291 292 293 294 318 319 325 327 count = 17 unique ID's	<p>In this quarter, the Richmond Fire Department has been able to utilize their funding thanks to the fully executed grant agreement at the Indiana Department of Health. (232)</p> <p>St. Joseph Community Health Foundation has submitted for their second disbursement of funds and allocated/distributed more than 50% of the available funds to markets across the state. (319)</p>

<ul style="list-style-type: none"> • IU submitted 2 funding proposals (211) • Funding for peers contract established with recovery HUB (236) • All 25 grantees fully executed and invoicing (292) • Most partners started invoicing (293) • St Joseph Community Health Foundation executed contract/invoiced (318) • St Joseph Community Foundation submitted for second disbursement and distributed more than 50% of funds (319) • 3 organizations approved to receive funds through TWW (325) (327) 		
<p>Staffing/Internal Education</p> <ul style="list-style-type: none"> • social workers attended illicit drug conference and learned more about MIH (UNLABELED ID) • onboarded 2 new staff at IRHA (219) • Added a new coordinator (220) • Discussions on interfacility transfers (221) • Trained on IRHAHelp to disseminate to HCCs and communities (222) • Social worker hired and onboarded city of Richmond, identified paramedic, secured vehicle for paramedicine team (232) • Seeking paramedic, social worker hired and seeing patients (233) • Richmond Fire Department identified need for second social worker (234) • Unpaid intern social work student (236) • Student hired for internship assigned to OMH or IMHC (114) • Departmental trainings, worker orientation, recruiting communications chair (115) • Contract signing in 2-3 weeks and selecting candidate for this work (181) • Identifying committee members, identifying CHWs and Peer recovery specialists in rural communities (184) • Interviewed community outreach coordinator, finalizing hire (279) • Progress on hiring and hope new staff will increase communication activity (302) 	<p>UNLABELED ID</p> <p>114 115 181 184 219 220 221 222 232 233 234 236 279 302</p> <p>count = 15 unique ID's</p>	<p>We continue to share the IHIE infographic showing vaccination rates by county with the HCCs. Initially we had planned to do a report of COVID vaccine rates and the association with covid test positive result rates. We have decided to no longer pursue this, as a large number of positive cases are now not reported due to free at-home tests and the surge of at-home testing. (219)</p> <p>We address upstream social determinants of COVID resilience in the counties by building their capacity for sourcing locally-grown food and supplying that food to residents who are among the most vulnerable to COVID-19 and the related vulnerability of food and income insecurity (208)</p> <p>Ads addressing COVID-related health disparities and co-morbidities are being recorded and interviews with spanish-</p>

		<p>speaking health professionals on those topics are being scheduled. (282)</p> <p>The Indiana Coalition Against Domestic Violence has completed one portion of their project: To collaborate with community organizations to provide emergency funds to reduce risks related to economic insecurity among underserved populations that have been disproportionately impacted by the COVID-19 pandemic, including racial and ethnic minority populations and rural communities, to reduce the incidence and impacts of sexual and intimate partner violence in the context of the pandemic. (340)</p>
<p>COVID-19</p> <ul style="list-style-type: none"> • Sharing IHIE infographic on vaccination (219) • Shared COVID information on IRHA social media, sent updates to HCC leads (221) • Attend HCC meetings and provide COVID information (223) • Address SDOH of COVID resilience by building capacity related to food and income insecurity (208) • Vaccination rates in our 9 counties improved 7.6% from Sep to Dec (266) • Vaccination rates increased 11.1% Sep to June (268) • Improvement in 2 counties of 8.7% Sep 2021 to Oct 2022 (269) • Improvement of 4.1% from Sep 2021 to Oct 2022, Seven counties in current contract vaccination rate is 46.23%, improvement of 0.5% over Oct 2022 numbers (270) 	<p>208</p> <p>219</p> <p>221</p> <p>223</p> <p>266</p> <p>268</p> <p>269</p> <p>270</p> <p>278</p> <p>282</p> <p>340</p> <p>count = 11 unique ID's</p>	

<ul style="list-style-type: none"> • Responding to Omicron surge and prioritizing social media campaign (278) • Recording ads and doing Spanish interviews (282) 		
<p>Resources</p> <ul style="list-style-type: none"> • 124 doses of Narcan distributed from stations since March 2023 (236) • Identifying secondary trauma training opportunities (UNLABELED ID) 	<p>236 UNLABELED ID</p> <p>count = 2 unique record</p>	<p>Over 124 doses of Narcan have been distributed from these stations since March of 2023. (236)</p>
<p>Planning/Review/Screening/Implementation</p> <ul style="list-style-type: none"> • Grantees beginning planning after hiring (161) (162) • Launched activity 3, and sustaining activities 1 and 2 (210) • Developing evaluation plan and pending IRB approval (232) • Grantees starting programs tied to summer months (256) • Nine grantees adopted plans (164) • Eating Smart Being Active curriculum materials and incentives ordered and delivered (114) • Identified vendors (172) • Creating housing inventory and service provider map (183) • Reaching out to LHDs (184) • Purchased human milk pasteurizer, installed and operational (197) • Executing opening after mOU is signed (199) • Pilot programs planning for implementation (206) • Planning new services because of COVID (207) • 2 programs finished interventions, 1 used all funding but not finished, other contacts executed (259) • Gearing up for 2023 Hispanic Health Fair (283) • CONvened planning conversations with additional 5 organizations and expect to partner (305) 	<p>114 161 162 172 183 184 197 199 206 207 210 232 256 259 283 305</p> <p>count = 16 unique record ID's</p>	<p>In preparation for the E2BF intervention activities in the community, the Eating Smart Being Active curriculum materials and participant incentives were ordered and delivered to CBOs. The E2BF brochure and flyers were prepared and delivered to intervention partners to use in program promotion and recruitment activities. (114)</p> <p>One of two human milk pasteurizers was purchased, installed and is fully operational and the second pasteurizer has been ordered (197)</p>
<p>Partnerships/Collaborations</p>	<p>UNLABELED ID 114</p>	<p>Currently, the two social worker teams are developing a partnership</p>

<ul style="list-style-type: none"> • Indiana Coalition Against Domestic Violence: community collaboration to reduce risks for economic insecurity for those disproportionately impacted by COVID-19 (340) • Two social worker teams developing partnerships (UNLABELED ID) • DNPA staff answered questions about hiring (161) • Mobilized 2 counties, anticipating 2 more (217) • Met with readiness coordinator for district 7, introduction to 4 new RHC contacts, partnering with Qsource, reached out to EMA meeting coordinator in district 10, met with Ripley County representative, connected with Acension in Clay County (218) • Attended D7 healthcare coalition meeting and talked about IHOPE, continue partnership with Qsource (219) • Established connections with HCCs in D8 and D10, will continue to connect with other partners (220) • Attended meetings for D7 D8 and D9, made strong connections with EMS Medical Director, EMS Director District 7, and STAR Ambulance Operations Director (221) • Met with IRHA marketing coordinator to assist in communication plans for communities (222) • Connection with IDOH office of analytics to share data and develop a DUA (232) • Communicated with other mobile health programs and Recovery HUB centers (234) • Richmond MIH mobilize partners, moved forward with Fayette County Connections Cafe and local recovery HUB in Wayne County, working closely with dept of Homeland Security (236) • CHIP Coordinators made new partnerships (169) • E2BF meets with community orgs and FQHCs, working with local faith-based organization (114) • IUSPH working with findhelp.org staff to launch Hoosierhelp.org (172) 	<p>161 169 172 174 181 182 183 184 185 186 200 205 207 208 217 218 219 220 221 222 232 234 236 265 266 267 268 269 270 277 278 280 281 282 293 301 304 305 306 317 340</p> <p>count = 43 unique Record ID's</p>	<p>with Fayette Connections Café, Wayne County's local recovery HUB to integrate Peer Recovery Specialists (PRS) within the MIH program.(UNLABELED ID)</p> <p>The Richmond Mobile Integrated Health Program (MIH) continues to mobilize partners in the community as well as establish the program among residents to</p> <ol style="list-style-type: none"> 1. Spread awareness among service providers of MIH services and referral processes and 2. Establish rapport among residents to increase trust and awareness upon potential need for services of residents. (236) <p>Met with one partner to talk about engagement in their rural community/Did outreach to 11 hospitals in rural communities to engage them in participating in the PIT count to identify individuals experiencing homelessness many of whom are at increased risk of COVID (182)</p> <p>Through the conversations our teams are facilitating in each county, local stakeholders have identified and recruited food, health, and education partners, established tangible collaborations across sectors, recruited participants, and designed and implemented programs. (208)</p>
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<ul style="list-style-type: none"> • Met with community partners to set goals related to hoosierhelp.org adoption, feedback from community partners, met biweekly with Findhelp staff (174) • Met with IHCDA to discuss housing in rural parts of the state (181) • Met with one partner to talk about engagement in their rural community/Did outreach to 11 hospitals in rural communities to engage them in participating in the PIT count, promote SH institute, met with suburban county for housing funding opportunities, met with rural city mayor's office to apply to institute(182) • Met with IHCDA staff who manage State's HOME Tenant based rental assistance program, met with Wayne/Cass/Marshall/Fulton counties (183) • Shared IHCDA resources with partners in meetings (184) • Formal request to collaborate with IDOH to map with their data (185) • Identifying key partners in regions (186) • Milk bank MOU signed with Reid Health in Wayne County (200) • Submitted amendments to proposal, met with funders, and began dialogue with partners in community (205) • Cross-sectoral partnerships coming together (207) • Stakeholders identified and recruited food, health, and education partners, and established collaorations (208) • Meeting with key partners in 9 counties, conducted meetings with 13 partners to identify vaccination efforts (265) • Met with 14 partners, presented to a colaiiton, 6 follow up meetings, and have 7 scheduled for next quarter (266) • Met with 18 new partners, expanded 2, attended 7 coalition meetings, and had 12 follow up meetings (267) • Met with 17 new partners, attended 4 coalition meetings, conducted 6 follow upmeetings (268) • Met with 21 new partners, 1 coalition meeting (269) 		<p>The community forum meetings have been ongoing and quite successful- there is consistent participation from the Hispanic and Latinx community and lots of good information is emerging from those monthly meetings. (277)</p>
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<ul style="list-style-type: none"> • Met with 9 new partners, attended 2 coalition meetings (270) • Community forum meetings successful and ongoing, merged with Spanish language cafe, insights on challenges in community (277) • Soliciting interest from community partners (278) • Community forums going well, learning about obstacles, secured incolcement from partners to improve COVID literacy (280) • Forums ongoing, participation from Hispanic and Latinx communities, discussing healthcare access issues, (281) • Laid groundwork for transition ownership of HHTF (282) • Partners doing a good job of communicating questions/concerns (293) • Incommunication with potential partners to meet goal in 7 counties (301) • Moving forward with Amy Todd (303) 2 new community partners (304) <ul style="list-style-type: none"> • Program initiated in Greene County (304) (305) • Developed implementation plans with 5 orgs (306) • St Joseph community health foundation agreed to be administrator (317) 		
<p>Data Collection/Extracts</p> <ul style="list-style-type: none"> • IRB approved for DSA between Purdue and the city, adding evaluator in Julota system for data access (UNLABELED ID) • Network analysis data collection (211) • Spanish translation of intervention data collection instruments (114) • Baseline survey launched for awareness of findhelp.org and local resources (172) • IU team developed data plan for Hoosierhelp.org (173) • IHEDA asked for data to demonstrate Emergency Housing Voucher use throughout the state (181) • Established list of data factors to identify target regions (182) 	<p>UNLABELED ID 114 172 173 181 182 184 211 233</p> <p>count = 9 unique record ID's</p>	<p>The IRB process has been approved and the data sharing agreement between Purdue and the City are in the final stages of approval, which includes adding the Evaluator as a user within the Julota system to gain access to data for evaluation purposes. (UNLABELED ID)</p> <p>A baseline survey was launched to assess knowledge and awareness of findhelp.org and local community resources. (172)</p>

<ul style="list-style-type: none"> Map available affordable and supportive housing data with health and racial disparity, homelessness and housing data to determine targeted communities (184) <p>Technology/Data Implementation</p> <ul style="list-style-type: none"> Fire Dept integrating Julota as emergency reporting system (233) 		<p>The IU team developed a more robust data plan to collect activity from the Hoosierhelp.org platform that reflects Attachment A. (173)</p>
<p>Other Resources Provided to Community</p> <ul style="list-style-type: none"> Hosted IDOH site visit, Referrals continued and one meal site procuring local food (211) IRHA staff shared HMHL materials with D7 (221) MIH team developed and distributed referral cards for police and other community partners to make referral process easier (236) Vendors and community partners learning findhelp.org, community partners training, CRE released a press release (172) Hoosierhelp.org training for community orgs. two outreach events giving out promotional items (173) Delivered medial toolkits, met as a large group to share strategies to simplify process for orgs getting on hoosierhelp.org (174) Analysis shared with community partners to reach out to invite to hoosierhelp.org, provided monthly quantitative goals to improve engagement (175) Provided ISDH and rural partners with information on a new funding source for housing development through HOME funds focused on individuals with substance use disorders (182) Using Housing as a platform for health, support rural affordable and supportive housing providers to address the health needs of their residents (184) Working with community partner on transition in leadership, social media educational campaign (279) Design and execute Hispanic Health Fair, script for PSAs on spanish speaking stations (280) 	<p>172 173 174 175 182 184 211 221 236 279 280 282 283 306 307</p> <p>count = 15 unique record ID's</p>	<p>The MIH team has also developed and distributed referral cards for police and other community partners to ease the process of sending referrals to the MIH team. (236)</p> <p>There was one Hoosierhelp.org training for community organizations conducted and two community outreach events took place where hoosierhelp.org promotional items were given out to community members and organizations. (173)</p> <p>During Q7, we provided programmatic support to launch recruitment, enrollment, and activity with 7 community partners previously reported (Heart Healthy Hoosiers, Perude Farms via WrightChoice Healthcare, Southern Indiana OB/GYN, Greene County Health, Schneck Bariatric Center, WellLife by Schneck, and the Jackson County Health Department). All programs were provided a toolkit of resources for program implementation, including tip sheets, apps, videos, and best-practices. (307)</p>

<ul style="list-style-type: none"> • Radio outreach (282) • Radio ads and interviews (283) • Formalized training materials and in person training for smokerlyzer (306) • Programmatic support to support launch recruitment , enrollment, and activity with 7 community partners, all programs provided a toolkit of resources for implementation (307) 		
<p>Project Expansion</p> <ul style="list-style-type: none"> • Richmond MIH moved away from community paramedicine to MIH (UNLABELED ID) • 3 grantees adopted plans (163) • 2 conference proposals accepted, counties launched follow up on activities with additional funding (211) • Monthly interfacility transfer planning calls (222) • Team meeting regularly to discuss progress of internship program and E2BF intervention, First E2BF interventions started in Allen (114) • Completed HEC Charter and submitted (115) • Identified 3 target regions based on level of need and strength of partnerships (183) • Progress in identifying HWs and Peer recovery initiative (184) • 1 permanent housing institute team selected from our initial identified regions as well as 2 additional teams from rural areas, expanded to a new region (186) • The Milk Bank has proposal for 11 pilot sites (193) • Three Donor Milk Express sites opened (197) • The Milk Bank opened 6 milk express sites (200) • expansion implementation beginning soon and planning for future series (206) • Expansion programs proceeding (207) • Local stakeholder identified and recruited partners and collaborations to design and implement programs (208) 	<p>UNLABELED ID</p> <p>114 115 163 183 184 186 193 197 200 206 207 208 211 222 282 293 294 295 320</p> <p>count = 20 unique record ID's</p>	<p>The Greater Richmond Mobile Integrated Health program (MIH) has moved away from a framework of Community Paramedicine and towards a MIH framework, allowing for the integration of diverse professionals to come together the develop a strategy to enhance services to the community. (UNLABELED ID)</p>

<ul style="list-style-type: none"> • Progress to continue project's main elements (282) • 25 rural access partners established (293) • Rural food access partners established, some programs completed SOW (294) • Most grantees launched, most finished budgets and reporting (295) • St Joseph community foundation identified 4 additional markets, totaling 30 (320) 		
<p>Studies/Analysis</p> <ul style="list-style-type: none"> • Workforce study in partnership with Bowen Center and IDHS (222) • Landscape analysis of each county programs on Hoosierhelp.org (175) • information anonymized and thematized and brought to the ongoing Institutional Advisory Group (281) 	<p>175 222 281</p> <p>count = 3 unique record ID's</p>	<p>workforce study is being done in partnership with the Bowen Center and IDHS, no study on EMS workforce has been done on a statewide level. (222)</p>

k. CDC Strategy 4 Successes Themes Table

Internal Successes

Theme	Count	Quotes
<p>Collaboration</p> <p>Meetings, collaboration, partnerships: (160), (230), (231), (246), (253), (254), (255), (256), (257), (294), (295), (313), (317), (325), (327)</p> <p>Broad knowledge dissemination: (257), (330)</p>	<p>16</p>	<p>“The existing and newly formed collaborations throughout the state have proven to be invaluable in considering the approach and communication around SNAP matching at the Farmers Markets” (313)</p> <p>“Our partnership with TechServ has allowed us to offer grant applicants a one-stop shop where they receive technical support throughout the entire application process, as well as guidance after receiving funds.” (325)</p> <p>“Approximately 40 organizations are communicated to on a weekly basis to gain information about the application procedure, to receive project scoping and application technical assistance, to follow up on status and post-application assistance.” (330)</p>

<p>Personnel</p> <p>Hiring, recruiting, and training of breastfeeding coordinators (194), (244)</p>	<p>2</p>	<p>“Successes include starting the contract through the system and the hiring and onboarding of our new Breastfeeding Coordinator” (194)</p>
<p>Resource Acquisition</p> <p>Materials: (196), (197)</p>	<p>2</p>	<p>“Materials have been purchased for 10,000 <i>Welcome to Parenthood</i> kits which introduces The Milk Bank to families. These kits are distributed to families during labor and breastfeeding classes, breastfeeding support groups, and at community organizations that serve as Depots and Milk Express sites for The Milk Bank.” (197)</p>
<p>Grant Processing/Extension</p> <p>Applicants/application process: (159), (255), (296), (319), (325), (327)</p> <ul style="list-style-type: none"> • number of grant applications (159) • smooth review process and quick award decisions (255) • grantee identification (296) • funding all grant applicants (319) • ability to mainstream the grant application process. (325) • ability to mainstream the grant application process. (327) <p>Contract processes & execution: (194), (255), (256), (291), (293), (315), (316), (320), (338)</p> <ul style="list-style-type: none"> • contracts are system ready (255) • Indiana Coalition Against Domestic Violence contracting (338) • improvement in contract processing time (256) • documentation and system requirement completion (291) 	<p>14</p>	<p>“Contract process improvement internally will support an expedited contract time span for the extensions” (293)</p> <p>“Also, an extension of grant timeline affords the opportunity to build additional partnerships which provides increased opportunities for Indiana’s underserved populations.” (328)</p> <ul style="list-style-type: none"> • quote about contract execution • quote about application process for grantees

<ul style="list-style-type: none"> • internal contract process improvement (293) • final Request for Proposal timeline (315) • support from 12 month no cost extension (316) • contract processing in system (194) • funding roll out process (320) 		
<p>Internal Assistance to Grantees</p> <p>Data & Technical Assistance: (160), (162), (254), (330)</p> <ul style="list-style-type: none"> • DNPA staff provides technical assistance (160) • DNPA staff answered invoicing process questions (162) • development of medical data (254) • Knowledge dissemination regarding funding opportunities (330) 	4	<p>“Funded or not, organizations have been given leads on other funding sources, technical assistance for grant writing and project scoping.” (330)</p> <p>“Supportive medical data continues to grow which was also revealed during the additional focus on successful programs” (254)</p>
<p>Strengths of Subgrantees</p> <p>Expertise/Scope of Knowledge: (253), (255), (257)</p> <ul style="list-style-type: none"> • expertise of stakeholder participants (253) • grantees answer detailed questions (255) • grantees serve diverse populations (257) <p>Buy-in/Commitment: (255), (337)</p> <ul style="list-style-type: none"> • commitment of Produce Rx program applicants (255) • Indiana Coalition Against Domestic Violence project buy-in (337) 	4	<p>“The larger and smaller group of stakeholder participants represented an excellent combination of experts in the Produce Rx and healthcare fields.” (253)</p> <p>“Applications showed a strong sense of commitment and enthusiasm for successful and impactful Produce Rx programs” (255)</p>

External Successes

Theme	Count	Quotes
<p>Collaboration/Partnerships</p> <p>Meetings, collaboration, partnerships:</p> <ul style="list-style-type: none"> • grantee/DNPA staff contact (161) • recurring advisory committee meetings (163) • Another small town reached out to a low-income neighborhood to understand the needs of the neighborhood in providing infrastructure for walking and biking to residents. (164) • Many new partnerships have occurred in this quarter (169) • partnerships aid Community Health improvement plan (169) • 4 CHIP coordinator meetings (170) • Meeting new staff and making new connections that will facilitate the community navigation model and learning how to connect this grant activities to existing or emerging efforts. (170) • work was accomplished through weekly meetings between IU staff and our FindHelp.org customer support partners specializing in community engagement (173) • collaboration with IDOH (181) • Aligning information about resources (182) • interest in collaboration from IHA (183) • collaboration in regards to building a map and connection facilitation (184) • results of strengthened partnerships (186) • collaboration event (198) • readiness of community partners for collaboration (205) • partnerships proceed forward (206) 	<p>37</p>	<p>“Strengthening local partnerships which are starting to yield results in terms of starting to move out of the exploratory phase” (186)</p> <p>“Indiana Hospital Association: data sharing agreement, collaboration in the creation of a comprehensive map, facilitating connections with potential stakeholders” (184)</p> <p>“Collaboration, encouragement, and education around budget reallocation and COVID prevention ideas proved very rewarding and strengthened partner relationships.” (290)</p>

<ul style="list-style-type: none"> • regular meetings are bringing new partners together from across sectors (207) • collaboration from community partners (211) • Invitation by IDOH Division of Nutrition and Physical Activity to convene a statewide Food As Medicine Community of Practice (211) • IRHA has held an initial meeting with Daviess and Martin counties. (217) • connection with EMA meeting lead individual (218) • connection with HCCs and Susan Gross (219) • Connections with state EMS medical director and EMS District 7 director (221) • strengthened partnerships (234) • In the last quarter, an additional partnership has been developed with the local Recovery Hub who has agreed to partner with RFD to offer peer recovery services for the mobile integrated health program. (234) • community event attendance enables partnership (235) • diversity in grantee partnerships (258) • Programs continue to recruit new cohorts (259) • collaboration method identification (265) • connection facilitation from Indiana State Office of Rural Health (267) • coalition meeting attendance (270) • During Q6 we met with 9 new partners (270) • We have identified some potential partners (277) • conversation strengthened partnerships (290) • sub grantee communication (292) • collaboration interest (301) 		
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<ul style="list-style-type: none"> • Successes include potential partnerships (302) • collaboration expansion with Green County Health (305) • Site-specific partnership agreements (306) • Farmer's Market relationships show interest in funding (314) • collaborative problem solving between St. Joe and IDOH (318) • The Women's Health Conference planning team has been convened and will begin crafting a proposal for review and approval from executive-level staff. (343) • participants provided guidance and connections (281) <p>Knowledge dissemination:</p> <ul style="list-style-type: none"> • Sub-grantee accepted to be a speaker at Indiana Rural Conference with community partners (210) • information dissemination from community health workers (267) • sharing knowledge regarding resources (270) • Aided understanding of health department (283) • partners shared reflections with IDOH leadership (283) 		
<p>Personnel</p> <p>achievements of personnel (195), (233)</p> <p>Investment of in-kind personnel time (208)</p> <p>Hiring/recruitment of personnel (206), (207), (283), (305), (340),</p> <p>With the addition of the second social worker... (235)</p> <p>The social worker has been successful in integrating herself within the community working off referrals received from Richmond first responders. (234)</p>	<p>8</p>	<p>“The social worker hired on to provide behavioral services to patients, as per the scope, has worked with 22 patients since the start of her position in early June 2022.” (233)</p> <p>“New Breastfeeding Coordinator has assumed overseeing this grantee and has met with stakeholders from The Milk Bank” (195)</p> <p>“Investment of in-kind personnel time by the IU Center for Rural Engagement Assembling teams</p>

		of nutrition educators and dietitians from across local (and sometimes competing) institutions to spread the workload of delivering cooking and nutrition education” (208)
<p>Resources</p> <p>Tangible</p> <ul style="list-style-type: none"> • site visits, training videos and templates (174) • Welcome to parenthood kit assembly and distribution (198) • donor milk given to infants (196), (197) (199) • new pasteurizer is operational (199), (200) • increased capacity to process donor milk (200) • IHIE vaccination report distribution (218) • Creation of an updated presentation to give to the HCCs in regards to I-HOPE, the IRCC project, and IRHA (221) • IRHA Help is effective in connecting people with tangible resources (222) • IRHA Help offers tangible resources at reduced cost to people (223) • Narcan kit new card insert (236) • distribution of vaccination handouts (266) • 114 resources were disseminated at health fair (269) • educational materials on COVID-19 (281) • distribution of high-quality educational materials via social media, printed resources, and radio (283) • Of the 21 new partners, our team provided a variety of resources to 13 of them. (269) • Development of local health provider resource guide (283) 	34 tangible + intangible	<p>“An Immunization Word Search and 10 Reasons to Get Vaccinated handout were sent to all of the nine counties' Area Agencies on Aging (AAA) and one of the Extension Centers” (266)</p> <p>“One Area Agency on Aging organization reported sharing our Diabetes podcasts with their case managers as required training.” (267)</p> <p>“IRHA Help resource is helpful for folks to find resources in their communities, like COVID and flu vaccines, social and community resources, etc.” (222)</p> <p>“The development of the QR codes for the MIH program's referral process has increased law enforcement's awareness of the MIH program as well as increased efficiency in making referrals for law enforcement in the county.” (235)</p>

<p>Intangible Resources</p> <ul style="list-style-type: none"> • supporting milk drives (196) • implementation of QR codes for MIH program (170) • 1 findelp.org regional site under development (170) • Name for regional findhelp.org (hoosierhelp.org) (170) • findhelp.org training events (170) • Hoosierhelp.org is live! Site will be used to promote existing COVID-19 and basic need resources. (172) • promotion of findhelp.org site (172) • FindHelp.org customer support partners specializing in community engagement (173) • site visits, training videos and templates (174) • Tippecanoe Cty site digital outreach has resulted in 1980 donate milk link clicks (performing above industry standard). (198) • Opportunity to disseminate knowledge as a conference speaker (210) • design of statewide Food Is Medicine Symposium (210) • MPH program scholarships serve as a way to increase public health leadership resources (222) • information about end of PHE and its effects (223) • opportunities for knowledge attainment (235) • Development of the QR codes for the MIH program's referral process (235) • QSource provided links to quality improvement and immunization resources (266) • sharing Diabetes podcasts with their case managers (267) • sharing information through monthly webinar series, e-newsletters, podcasts and social media (268) 		<p>“Presented to two Area Agencies on Aging Case Managers and Option Counselors on I-HOPE and vaccination resources in both English and Spanish versions” (270)</p>
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<ul style="list-style-type: none"> • QR code takes partners to a website that contains nearly 50 different resources, 27 podcasts, and COVID-19 webinar series (268) • sharing information through monthly webinar series, e-newsletters, podcasts and social media (269) • QR code takes partners to a website that contains nearly 50 different resources, 27 podcasts, and COVID-19 webinar series (269) • distribution of video resources (270) • monthly webinar series in partnership with the Indiana Department of Health, newsletters, podcasts, and social media (270) • recorded and shared podcasts (270) • vaccine resource presentation (270) • Provided Culturally and Linguistically Appropriate Services (CLAS) Standards information (270) • sharing of high-quality local information (279) • distribution of high-quality educational materials via social media, printed resources, and radio (283) • equitable and culturally competent access to health fair in Dubois County (283) • The leadership at St. Joe continues to do a great job providing technical assistance and answering questions of applicants and potential applicants (319) 		
<p>Contracting</p> <p>No-cost extension</p> <ul style="list-style-type: none"> • A most recent success for this program was the approval of a no-cost extension extending the program through May 2024. (232) <p>DNPA successfully put contract paper together or 11 communities to be funded and</p>	3	

<p>are now awaiting contracts to be executed (159)</p> <p>We have released a request for proposals for the supportive housing institute (181)</p>		
<p>Data</p> <p>Collection</p> <ul style="list-style-type: none"> • Collect patient information and report it in RedCap properly. (259) • The state's Community Health Workers (CHW) Association also offered to send out surveys to their CHWs in the nine counties to obtain county level information around efforts, gaps, needs, etc. (266) • system to obtain community feedback (307) <p>Tools</p> <ul style="list-style-type: none"> • RFD has purchased Julota software which has officially been installed this last quarter. The Julota software will allow for the real-time sharing of patient health information between service providers operating under different sectors, allowing for provider-to-provider communication, including the mobile integrated health social worker. (234) • The MIH program's new computer system, Julota, is officially live and the social workers have begun tracking patients through this new system. (235) • These [QR codes] will continue to be added as organizations are added into Julota and unique QR codes are created for these new providers. (236) <p>Plans</p> <ul style="list-style-type: none"> • we created a data plan for sharing HoosierHelp.org analytics with community partners at quarterly meetings (173) <p>Analytics and Interpretation</p>	<p>11</p>	<p>“The state's Community Health Workers (CHW) Association also offered to send out surveys to their CHWs in the nine counties to obtain county level information around efforts, gaps, needs, etc.” (266)</p> <p>“RFD has purchased Julota software which has officially been installed this last quarter. The Julota software will allow for the real-time sharing of patient health information between service providers operating under different sectors, allowing for provider-to-provider communication, including the mobile integrated health social worker.” (234)</p> <p>“We will continue to present this data at the monthly meetings to illustrate the potential of county-wide HoosierHelp.org implementation for funding and implementation strategies” (174)</p>

<ul style="list-style-type: none"> • We will continue to present this data at the monthly meetings to illustrate the potential of county-wide HoosierHelp.org implementation for funding and implementation strategies (174) • Site analytics are pulled quarterly and shared with the community partners (175) • We are beginning to analyze participants' feedback from the first Greene County program. (208) • Preliminary study of EMS workforce is in creation by Bowen center. (223) 		
<p>Counties served/project implementation</p> <p>4 vendors identified to implement community navigation models (170)</p> <p>Identifying community stakeholders in the majority of the counties selected (on-going) looking to support the creation of new housing opportunities (184)</p> <p>For the seven new counties the current overall vaccination rate for new counties is 46.13%, an improvement of 0.5% over the October 2022 numbers. (270)</p> <p>We are very excited to have identified 2 new community partners to work with in Southern Indiana. (304)</p> <p>Project/program implementation</p> <ul style="list-style-type: none"> • One community (Town of Orleans) has leveraged their plan to be part of a larger 60-mile trail that will run through the town. (164) • The nine communities that have formally adopted their plans have gone through numerous public input meetings and the plans have been voted for approval by both the community plan commissions and the city council, town council, or county commissioners. (164) 	15	

<ul style="list-style-type: none"> • participation in five online strategic doing sessions (170) • identification of vendors (172) • we were able to see increases in number of programs being added, site searches, and overall engagement (175) • grand opening was held at Ascension St. Vincent (Indianapolis) Milk Depot site with future Milk Express (199) • program design ideas from partners (207) • Our partners in Washington County started new Food As Medicine programming through funding from the Downing Family Trust. (210) • In this reporting period, the RFD team has a few successes, one being accepted as an approved mobile integrated health team. (231) • The two newer, local food based projects - FAITH Farms and Flanner House - have begun implementing their projects. (260) • identification of educational resource needs (265) • community members contributed to health fair (281) • successful Hispanic Health Fair (281) • Additionally, we have a community of farmers markets that are committed and interested to this work, continuing to grow through this funding opportunity (317) 		
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I. CDC Strategy 4 Challenges Themes Table

Internal Challenges

Theme	Count	Quotes
<p>Contracting (processing, time, execution)</p> <p>Delays (230), (291), (294), (295)</p>	<p>12</p>	<p>“The delayed contract processing inherently caused issues for programs.” (295)</p> <p>“Garnering the CDC incentive programming approval has been the</p>

time-consuming (229), (255), (256), (315), (325), (327)		most time-consuming and frustrating part of kickstarting the grant outreach.” (255)
Resources (funding, COVID-19 PPE, capacity, time) Challenges (295), (331), (337) Underserved populations (195), (246)	6	“The current challenge is having more applicants than we have money.” (331) “More of these types of organizations are needed to reach out the maximum number of underserved populations.” (246)
Personnel (hiring, firing, employee turnover, training) Staffing issues (231), (244), (260), (295)	4	“Lack of stable staffing at the Refugee Health Coordinator position.” (244)
Program Timing Delays (231), (316) Pattern/ Timeline (318), (330)	4	“A delay in starting of the program due to full execution of the contract between IDOH and RFD was the major challenge...” (23) “This time of year is when many market managers reemerge for the new year, with this we are in a waiting pattern to see greater movement on the grant.”(318)
CDC regulations CDC ruling (254), (290), (314) CDC approval (255), (315)	6	“Given the new CDC ruling on non-food expense, the release will be substantially delayed.” (314) “The CDC incentive approval caused a substantial delay.” (315)
Communication/Collaboration Internal (328) Lack of knowledge (313)	2	“Internally, keeping all divisions involved updated on the project.” (328) “Determining who will still be operating at all and then offering SNAP Matching is requiring some additional inquiry.” (313)
Program evaluation (data collection, analysis, documentation, needs assessment) Challenges (253), (257)	2	“Additionally, there were some challenges with data reporting based on individual program IRB restrictions.” (257)

External Challenges

Theme	Count	Quotes
Demand	5	<ul style="list-style-type: none"> “Some programs are seeing a huge demand that they are not sure how to

<ul style="list-style-type: none"> • High Volume/ Demand (184), (218), (259), (278), (289) 		<p>keep up with/maintain in the long term” (259)</p>
<p>Funding</p> <ul style="list-style-type: none"> • Challenges (236), (257), (283), (328), (329) 	7	<ul style="list-style-type: none"> • “Submitting invoicing has been a challenge for some grantees;” (257)
<p>Participation</p> <ul style="list-style-type: none"> • Organization/ Community Partners (172), (175), (314), (315) • Individuals (206), (257), (259), (281), (292), (306), (307) 	11	<ul style="list-style-type: none"> • “Giving community partners time to determine their level of involvement even though we moved to endemic stage of COVID” (172) • “COVID demands virtual rather than in-person events, and our rural, low-income participants' internet access is sometimes sub-optimal.” (206)
<p>Outreach</p> <ul style="list-style-type: none"> • Discussions/ meetings (173), (174), (182), (219), (221), (223), (266), (302) 	14	<ul style="list-style-type: none"> • “COVID demands virtual rather than in-person events, and our rural, low-income participants' internet access is sometimes sub-optimal.” (206)
<p>COVID-19</p> <ul style="list-style-type: none"> • COVID-19 related(164), (206), (219), (266), (278), (313), (343) • Health Literacy (221), (223), (267), (293) 	12	<ul style="list-style-type: none"> • “The partners are currently overloaded with COVID-related work...” (217) • “Communities are continuing to be resistant to COVID and related updates...” (221)
<p>Basic Needs</p> <ul style="list-style-type: none"> • Transportation (230), (268), (269), (270) 	6	<ul style="list-style-type: none"> • “Lack of transportation within the City.” (230)
<p>Staffing</p> <ul style="list-style-type: none"> • Hiring (232), (233), (234), (304), (170) 	14	<ul style="list-style-type: none"> • “In this last quarter, a social worker was on boarded and hired...” (232)

<p>Contracting Issues</p> <ul style="list-style-type: none"> • contract (170), (181), (292), (301) 	<p>6</p>	<ul style="list-style-type: none"> • “Finalizing the contract has been the most significant barrier” (181)
<p>External Issues</p> <ul style="list-style-type: none"> • Time/ Feasibility (293), (305), (307), (291), (220), (210), (164), (163) • Legal Stressors (164) 	<p>24</p>	<ul style="list-style-type: none"> • “Two of the grantees requested no-cost time extensions, as they have had difficulties starting their projects.” (163) • “... since incorporated communities and counties have separate legislative bodies that need to adopt the plan according to state statute.” (164)
<p>Data Collection</p> <p>(236), (294), (280)</p>	<p>3</p>	<ul style="list-style-type: none"> • “A third challenge of this program has been data collection.” (236)

IV. Qualitative Analysis PowerPoint Presentation

**INDIANA HEALTHY
OPPORTUNITIES FOR PEOPLE
EVERYWHERE (I-HOPE)**


Evaluation Strategy 3
Qualitative Data Analysis Summary
May 2024

 **PURDUE UNIVERSITY** | Regenstrief Center for Healthcare Engineering

7/2/24 1

Evaluation Structure

	IDOH I-HOPE		
Strategy	1	2	3
Analysis	Quantitative Budget Measures	Quantitative Performance Measures	Qualitative Successes & Challenges
Report	Written Evaluation Report		PowerPoint of Results
Visualization	Dashboard		

 **PURDUE UNIVERSITY** | Regenstrief Center for Healthcare Engineering

HOPE OVERALL EVALUATION



Evaluation Strategy 3: Qualitative Analysis

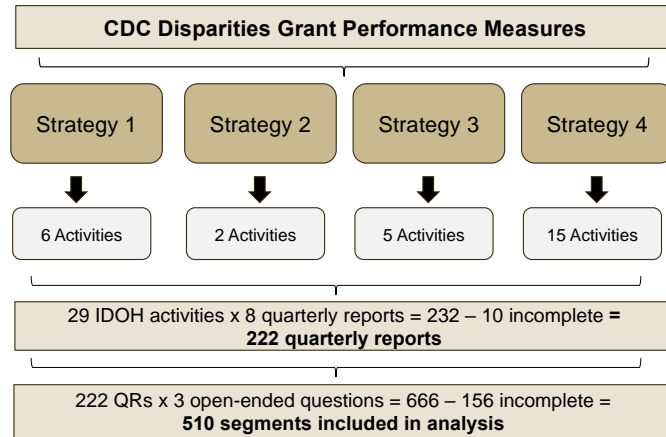
Goal

Identify themes from quarterly report open-ended questions between July 2021- June 2023

Quarterly Report Questions

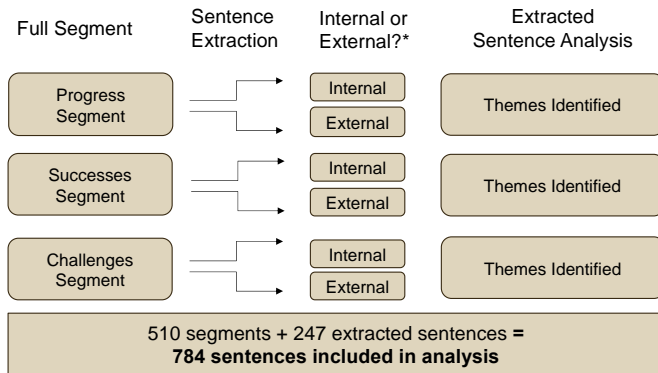
1. Please describe **PROGRESS** of your activity.
2. Please describe any **SUCCESSSES**.
3. Please describe any **CHALLENGES**.

Qualitative Analysis Structure



Organizing Segments

Example Activity A



***Definitions**
Internal includes any segment where the author is discussing progress, successes, or challenges within their own organization
External includes any segment where the author is discussing progress, successes, or challenges external to the author's organization
Author: IDOH or designated community organization member

IHOE Activities by Strategy

STRATEGY 1	STRATEGY 2	STRATEGY 4
<ul style="list-style-type: none"> Heart Healthy Hoosiers WISEWOMAN/Indiana Breast & Cervical Cancer Program ShipHappens Hepatitis C Linkage to Care Supplemental Nutrition Assistance Program (SNAP)/ Women, Infants, and Children (WIC) Program Outreach Indiana Black Breastfeeding Coalition (IBBC) Capacity Building Community Health Workers at Refugee and Immigrant Serving Organizations 	<ul style="list-style-type: none"> Indiana Primary Healthcare Association (IPHCA) Indiana Hospital Association (IHA) 	<ul style="list-style-type: none"> Healthcare and Rural Housing IU Community Health Improvement Programs Together We Will IU Reducing Smoking Programs IU Addressing Racial Disparities in Dubois County IU Food as Medicine Indiana Rural Health Association Produce Rx Qsource Women's Health Mini Grants Rural Advisory Councils – Bike and Pedestrian Planning Trauma-Informed Care - Mobile Integrated Health Rural Food Access Grants SNAP Matching Program Donor Milk Express Pilot
	STRATEGY 3	
	<ul style="list-style-type: none"> Language Access Capacity Improvement Infrastructure Building at IDOH Health Equity Council Indiana Minority Health Coalition (IMHC) Sexual Assault Nurse Examiner (SANE) Programs 	



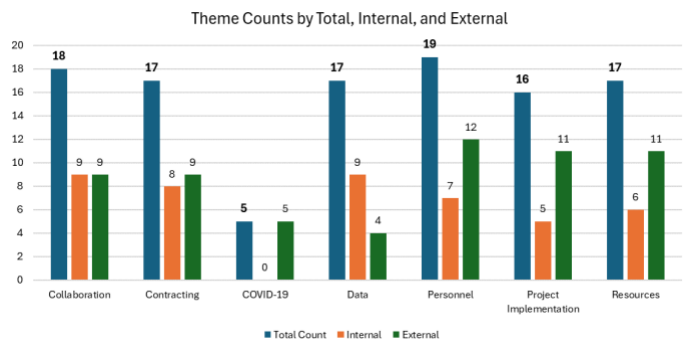
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Overview

Total # extracted sentences included in analysis: 784

Total # themes: 109 instances across 7 unique themes*



109 instances across 7 unique themes were identified. The number of instances excludes duplicate sentences from the same segment.

For example, if Segment #101 contained 5 sentences that mentioned "Contracting", the number of "Contracting" instances counted within that segment would be 1.



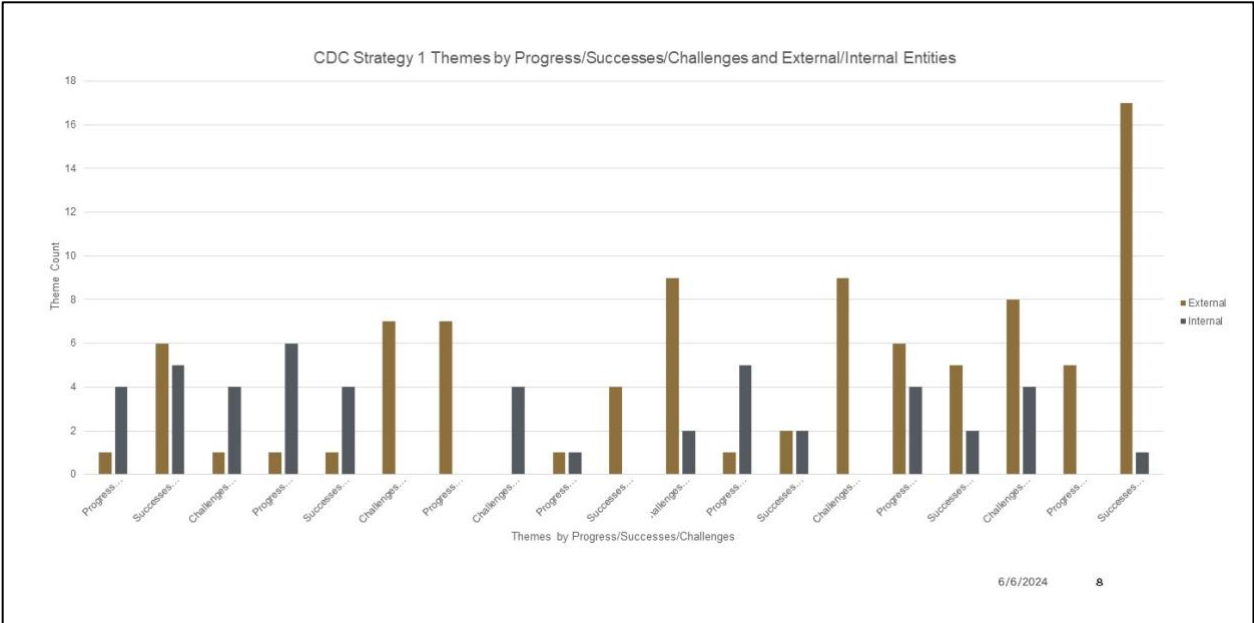
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CDC Strategy 1

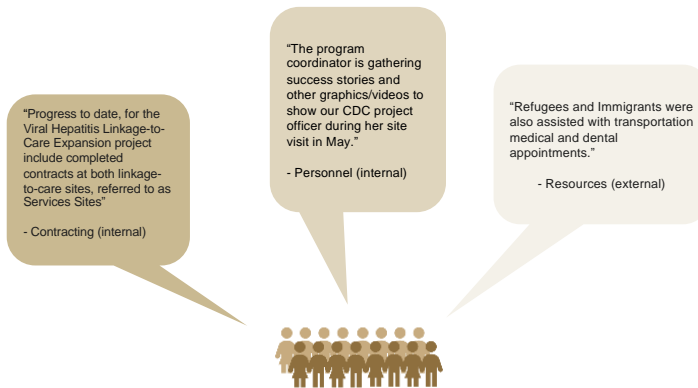
Progress, Successes, and Challenges

Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19-related disparities among populations at higher risk and that are underserved



Primary Themes from Progress

THEMES AND SUBTHEMES		COUNT
INTERNAL	Contracting	6
	Personnel <i>Employee training</i>	5
	Project Implementation <i>Material and Resource Distribution</i> <i>Workplan refinement</i>	4
	Collaboration <i>Conversations with Grantees</i> <i>Interaction with project collaborators</i>	4
EXTERNAL	Covid-19	7
	Project Implementation <i>Screenings in process</i>	5
	Resources	5



CDC Strategy 1

Primary Themes from Successes

THEMES AND SUBTHEMES		COUNT
INTERNAL	Collaboration <i>Strengthening Existing Partnerships</i>	5
	Contracting	4
EXTERNAL	Resources <i>Screening successes</i> <i>Educational Webinars/leadership trainings/presentations to the public</i> <i>Resource Purchasing/providing</i> <i>Successful program launches</i> <i>Website</i>	17
	Collaboration	6
	Project Implementation	5

CDC Strategy 1 - Success Quotes

"The DNPA SNAP-Ed Coordinators have had conversations with some new partners around this project that could potentially be very helpful as we move into the implementation phase - including Covering Kids and Families of Indiana."
- Collaboration (internal)

"BBC created and purchased new marketing materials for health fairs and outreach, including a retractable banner, two tablecloths, class flyers, postcards, tri-fold brochures, and referral cards."
- Resources (external)

"All information and funding has been given to our program partners, including REDCaps for data collection and protocols for implementing healthy behavior support services."
- Contracting (external)

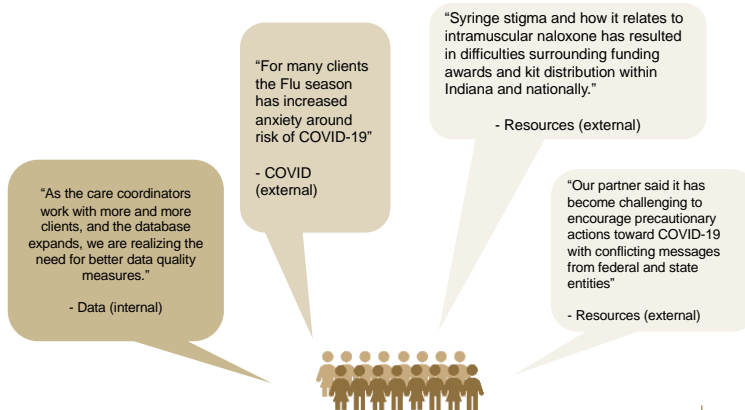
"Community partnerships have been strengthened between resettlement agencies and health clinics, as well as with many other organizations that do wrap-around services."
- Collaboration (external)

CDC Strategy 1

Primary Themes from Challenges

THEMES AND SUBTHEMES		COUNT
INTERNAL	Data	4
	Resources <i>Competing Priorities</i>	4
EXTERNAL	Personnel <i>Staffing Issues/Turnover</i> <i>Onboarding Process</i>	9
	Project Implementation	9
	Resources <i>PPE resistance/misuse</i>	8

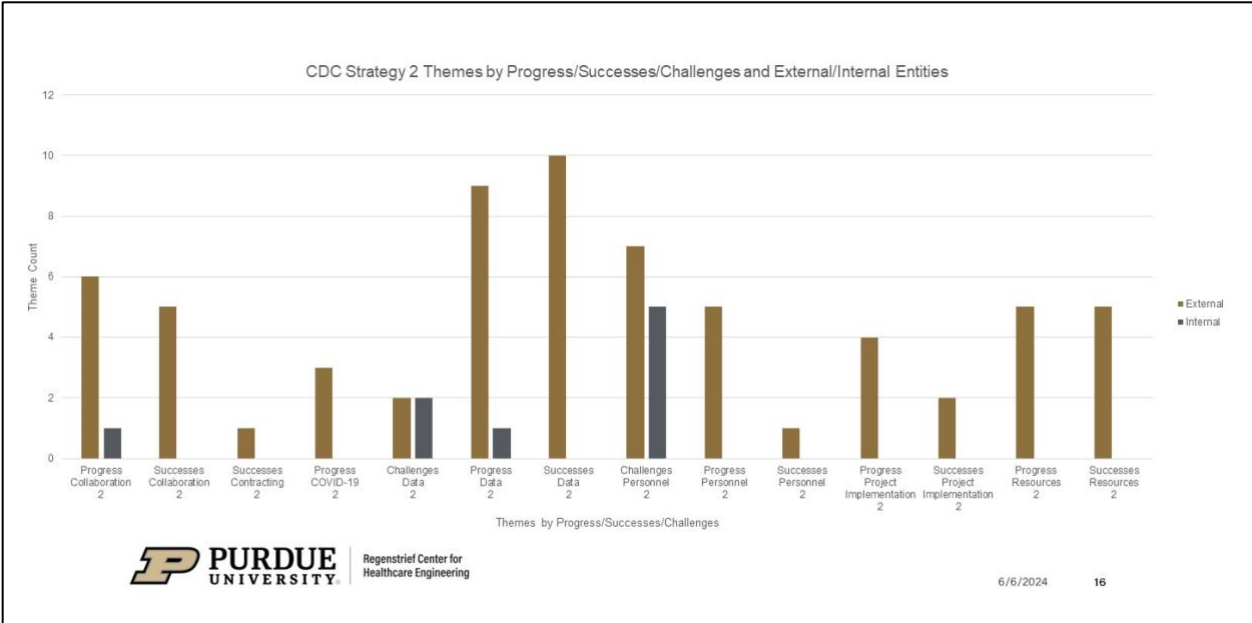
CDC Strategy 1 - Challenge Quotes



CDC Strategy 2

Progress, Successes, and Challenges

Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID19 pandemic

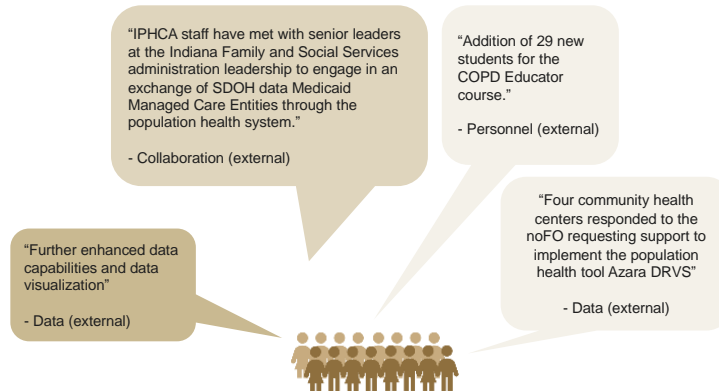


CDC Strategy 2

Primary Themes from Progress

THEMES AND SUBTHEMES		COUNT
EXTERNAL	Data Baseline Data Collection Azara Reporting System	9
	Collaboration	6
	Personnel Internal trainings	5
	Resources	5

CDC Strategy 2 - Progress Quotes



CDC Strategy 2

Primary Themes from Successes

THEMES AND SUBTHEMES		COUNT
EXTERNAL	Data <i>Data Collection/Reporting</i> <i>Reviewing Data</i> <i>Data analysis methods</i>	10
	Resources <i>Participation in educational trainings</i>	5
	Collaboration	5

CDC Strategy 2—Success Quotes

"Engagement with health centers that have at least one site in a location identified as "high risk" or "rural" on the Social Vulnerability Index, Vaccine Hesitancy, and US Census datasets is a major success."

- Data (external)

"Hospitals were educated by the American Lung Association Chief Medical Officer, Dr. Rizzo, on the impact of COVID-19 on COPD patients."

- Resources (external)

"Increased collaboration with I-HOPE partners to support hospitals with needed resources as they work with COPD patients."

- Collaboration (external)



CDC Strategy 2

Primary Themes from Challenges

THEMES AND SUBTHEMES		COUNT
EXTERNAL	Personnel	7
	Data	2

CDC Strategy 2 - Challenge Quotes

"Hospital staff are challenged with being able to leave the bedside responsibilities due to staffing shortages or high census."

- Personnel (external)

"Identification of needed components in gaining additional SDOH data from the Indiana Family Social and Services Administration"

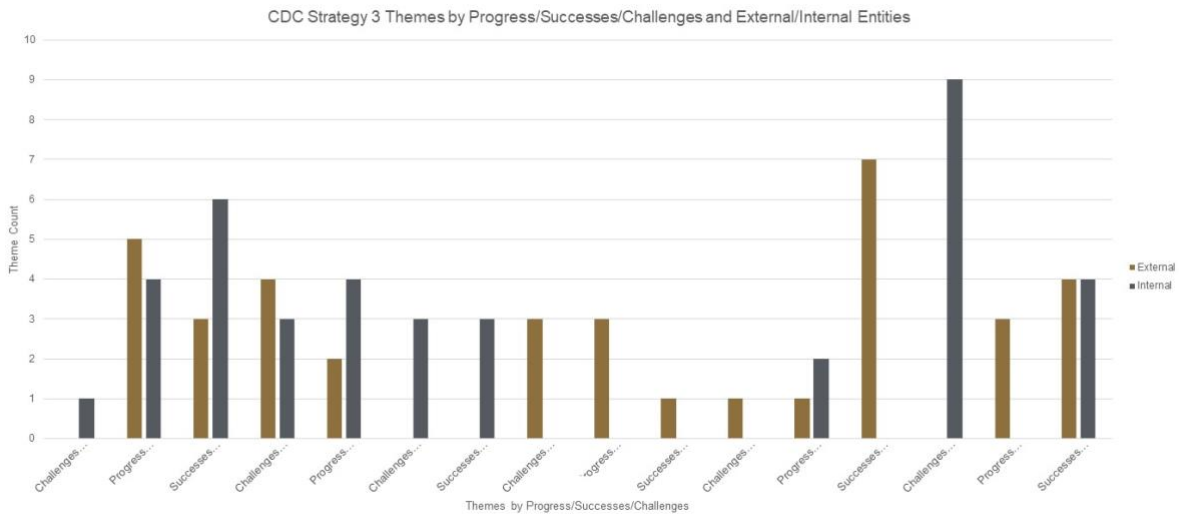
- Data (External)



CDC Strategy 3

Progress, Successes, and Challenges

Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved



CDC Strategy 3

Primary Themes from Progress

THEMES AND SUBTHEMES		COUNT
INTERNAL	Collaboration <i>Internal</i> <i>External</i>	4
	Contracting	4
	Project Implementation	2
EXTERNAL	Collaboration	5
	Personnel <i>Intern Recruitment</i>	3
	Resources	3

CDC Strategy 3 - Progress Quotes

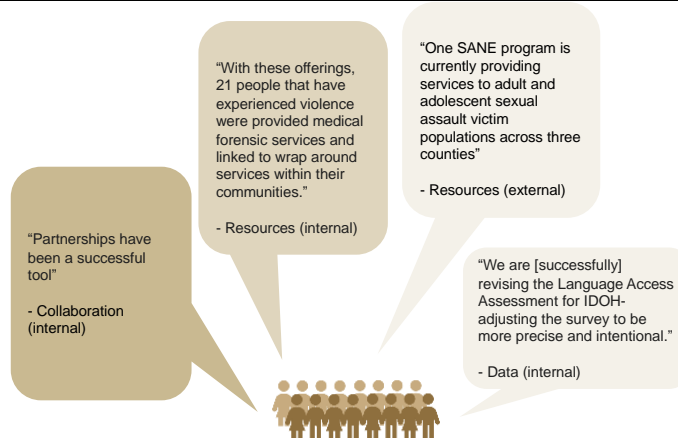


CDC Strategy 3

Primary Themes from Successes

THEMES AND SUBTHEMES		COUNT
INTERNAL	Collaboration <i>Connecting with Partners</i> <i>Partner Facilitation and Onboarding</i>	6
	Resources <i>Personnel</i> <i>Initiatives Added</i>	4
	Data	3
EXTERNAL	Project Implementation <i>Organizational Successes</i> <i>Internal Staff Collaboration</i>	7
	Resources	4
	Collaboration	3

CDC Strategy 3—Success Quotes



CDC Strategy 3

Primary Themes from Challenges

THEMES AND SUBTHEMES		COUNT
INTERNAL	Resources	9
	<i>Personnel</i>	
	<i>Lack of Knowledge</i>	
	Contracting	3
	Data	3
EXTERNAL	Contracting	4
	Personnel	3

CDC Strategy 3 - Challenge Quotes

"Delay in sub-recipients receiving funding has delayed the overall project to grow and expand the medical forensic services infrastructure and partner agency relationship building."

- Resources (external)

"The Empowered 2 Be Fit project has successfully hired eleven interns to take part in the summer session of the Internship Program."

- Personnel (external)

"Some challenges during the quarter were to develop a needs assessment that would cover all the diverse divisions in the agency as well as push it out."

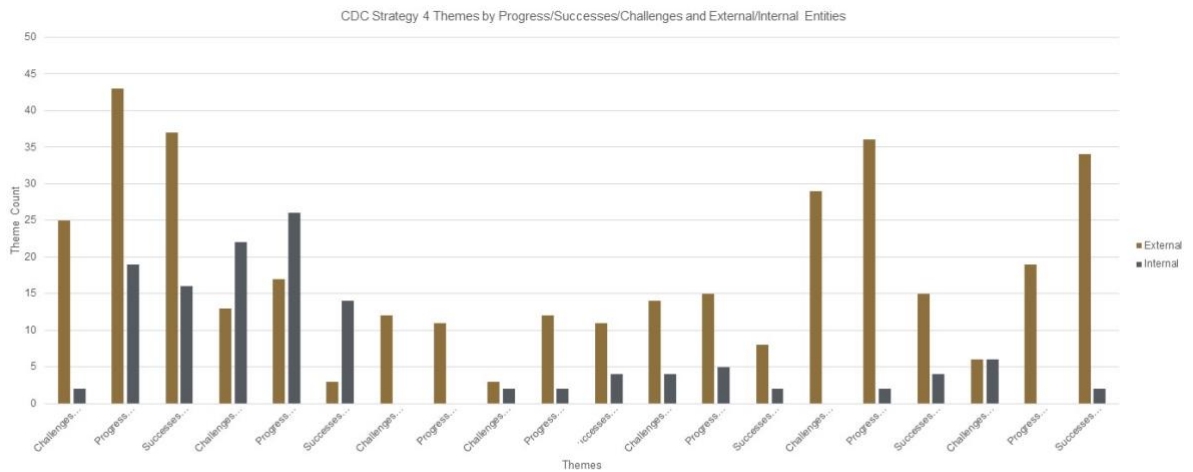
- Data (internal)



CDC Strategy 4

Progress, Successes, and Challenges

Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved



CDC Strategy 4

Primary Themes from Progress

THEMES AND SUBTHEMES		COUNT
INTERNAL	Contracting <i>Awarding Funding to Communities Applications Reviewed/Approved Grant Extension Contract Execution</i>	24
	Collaboration <i>Meetings, Conversations, and coordination Support to external partners</i>	19
	Personnel	5
EXTERNAL	Collaboration	43
	Project Implementation	36
	Contracting	17
	Resources	17

CDC Strategy 4 - Progress Quotes

"Through the conversations our teams are facilitating in each county, local stakeholders have identified and recruited food, health, and education partners, established tangible collaborations across sectors, recruited participants, and designed and implemented programs."
- Collaboration (external)

"DNPA has coordinated with the grantees to review invoices, coordinate plan adoption, revise their grant agreements for time extensions, and close out their grants."
- Collaboration (external)

In this quarter, the Richmond Fire Department has been able to utilize their funding thanks to the fully executed grant agreement at the Indiana Department of Health
- Contracting (external)



CDC Strategy 4

Primary Themes from Successes

THEMES AND SUBTHEMES		COUNT
INTERNAL	Collaboration <i>Meetings, collaboration, partnerships</i> <i>Knowledge dissemination</i>	16
	Contracting <i>Application Process</i> <i>Contract Processing and Execution</i>	14
EXTERNAL	Collaboration <i>Meetings, Collaboration and Partnerships</i> <i>Knowledge Dissemination</i>	37
	Resources <i>Tangible</i> <i>Intangible</i>	34
	Project Implementation	15

CDC Strategy 4- Success Quotes

"Collaboration, encouragement, and education around budget reallocation and COVID prevention ideas proved very rewarding and strengthened partner relationships."

- Collaboration (internal)

"An Immunization Word Search and 10 Reasons to Get Vaccinated handout were sent to all of the nine counties' Area Agencies on Aging (AAA) and one of the Extension Centers"

- Resources (external)

"Our partners in Washington County started new Food As Medicine programming through funding from the Downing Family Trust [meeting the goal of expanding FAM networks in size, level of activity, and interconnection]."

- Project implementation (external)



Primary Themes from Challenges

THEMES AND SUBTHEMES		COUNT
INTERNAL	Contracting <i>Delays</i> <i>Timeline</i> <i>CDC Regulations</i>	12
	Resources <i>Delivering to Underserved Populations</i>	6
EXTERNAL	Collaboration	37
	Resources	34
	Project Implementation	15

CCStrategy4 Challenge Quotes

"The delay in original contract execution has forced some to grantees to delay their program start, i.e. spring/summer projects."

- Contracting (internal)

"More of these types of organizations [refugee settlement agencies] are needed to reach out the maximum number of underserved populations."

- Resources (internal)

"The Milk Bank is still catching up from the formula shortage and is always in need of new donors."

- Project Implementation (external)



Recommendations

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Recommendations

Recommendations Based on Report Responses by Activity Leads

Collaborate with contracts department to develop solutions to expedite contract execution, especially with small non-profit subgrantees.

Increase access to assistance/guidance to aid subgrantees in their completion of the contract process.

Establish clear reporting guidelines at contract onset, review quarterly report submissions after each quarter, and provide feedback for subgrantees to improve reporting quality.

Establish a mutually agreed upon evaluation timeline at contract onset and maintain evaluation progress checks through the duration of the contract.

Establish and maintain a regular schedule and process for sharing of data and quarterly reports with the evaluation team.

Establish and maintain a standard process for file sharing between institutions (e.g., access to files in Box/Teams/SharePoint).



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*For context on data collection and analysis, please visit slide 4

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THANK YOU

A copy of this presentation can be found [here](#).

For any questions regarding this report, contact Lily Darbishire at ldarbish@purdue.edu.

Acknowledgement of funding source: This evaluation presentation was supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, under NH75OT000073.

Disclaimer: The content of this presentation are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

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V. I-HOPE Impact Survey

Q1: What COVID-19 related challenges were you seeing in the communities you served prior to the CDC Disparities Grant?
Increased financial instability [due to COVID-19], including homelessness
Lack of resources (capacity for healthcare services and lifestyle change programs)
Barriers to walking/bicycling due to lack of infrastructure
Increased COVID risk for COPD patients
Anti-vaccine views and COVID-19 messaging fatigue
Access to resources (healthcare and basic resources)
Q2: In what ways was the CDC Disparities Grant uniquely suited to address the challenges you were seeing in your communities?
Provided health communication/education
Increased resources (e.g. health screenings and lifestyle change programs, online directory for resources within a community)
Increased partnerships
Addressed SDOHs
Identified health disparities
Implemented projects and provided recommendations
Reduced barriers (structural, financial, and language)
Q3: How did CDC Disparities grant funding impact populations who were disproportionately affected by COVID-19?
Increased access to resources (e.g. mammograms, educational resources, online resource directory)
Provided health education
Implemented SDOH awareness into patient care
Formed partnerships

Build infrastructure
Impacted rural and low-income community members who lack resources or access to resources, those with COPD, and those with disabilities
Q4: In your own words, describe how CDC Disparities grant funding will reduce COVID-19 related health disparities within the next 5-10 years.
SDOH awareness and identification of SDOHs in hospitals will continue to inform patient care and resources provided to patients
Increased knowledge, including knowledge regarding the social determinates of health
Partnerships will make CDC Disparities grant initiatives sustainable over time
Evaluation of community needs to inform future efforts
Q5: Within the grant period of 2021-2024, did anything surprise you? If so, describe what surprised you and why.
Collaboration/partnerships
Extent of project implementation
Improved health outcomes
Resource distribution progress
Lack of resources within a community (funds, presence of existing food pantries, transportation, healthcare access, existing programs)
The drive to increase access to resources in Indiana
Q6: Tell us a story (without using names) about a memorable success that you or the communities you served had within the I-HOPE project.
"One of the bicycle and pedestrian plan grantees is a small rural community in southwest Indiana. This community is in a traditionally low to moderate income region of the state that suffers from the negative aspects of the social determinants of health. Through the year-long process of developing the plan the community identified numerous ways to enable people of all ages and abilities to actively move through their community by walking and bicycling. The town was able to leverage the recommendations of their plan to be part of phase one construction of the new 57-mile South Monon Trail in southern Indiana. The town's plan identified a major trailhead for the trail to be in its small downtown area, providing a point of trail access for residents and visitors to enable them to be more physically active in this part of the state that is underserved by active transportation infrastructure."
"One of our most memorable successes related to convening health fairs. In our initial outreach to the Area Agency on Aging within a rural region, we identified early on the need to have health fairs to promote networking among community organizations and awareness of resources available in these small counties. Our partnership in two communities served as a catalyst for successful health fairs that brought resources and vaccinations to the community that may have not otherwise been administered."
"In addition, this grant allowed the IBBC to rent and fill a storage unit for the "Mama's Closet" project. This unit is stocked with infant clothes, diapers, wipes, toiletries for all family members, breastfeeding pillows, breast pumps, nursing pads, and special items for mothers such as pajamas and bathrobes. If a family is in need, IBBC can provide these items free of charge to parents. The COVID-19 pandemic increased financial instability for many families and this project helped ease some of that by

providing young families with necessities that they would not have had access to without this support."

"We had several stories of individuals who received a health screening from our program, found out that they had a serious heart condition, and were able to get a referral to a specialist for advanced medical care, ultimately saving their lives. This happened on more than one occasion."

"Hoosierhelp.org has been very helpful in the communities we have served. Community partners distributed Hoosierhelp.org business cards with a QR code on them to clients in various situations such as in jails and hospitals. Since Hoosierhelp.org is multilingual, community partners felt confident that anyone who needed assistance would be able to have it in the language they understood with ease in access. One community partner described being able to help a couple that were having problems with housing and food. They asked the couple if they had access to the internet and then told them about Hoosierhelp.org. When the community partner followed back up with the couple, they stated that they were able to connect with someone regarding housing and acquired a list of places to get food. The couple also commented that there were other services that they were going to investigate as a result of having hoosierhelp.org as a tool."