Introduction

The Community Engagement Subcommittee of the Lakewood Wellness Foundation Task Force organized and executed a robust community information-seeking process in the summer of 2017 in an effort to talk with the community about the process of forming a Wellness Foundation. The Committee’s companion goal for the effort was to learn from the community how the process could be enhanced to ensure community participation and achieve optimal results. This process produced a comprehensive written report that will be shared by the Community Engagement Subcommittee with the Lakewood community in October of 2017.

The Community Engagement Subcommittee agreed that it would be a worthwhile and helpful exercise to also ask the 16 members of the Lakewood Wellness Foundation Task Force to complete the questionnaire to share their thoughts and opinions about the overall process and the factors that would most significantly impact its success. Every member of the Task Force participated, which proved to be quite informative.

It is important to note that the Task Force’s results/findings were not included in the community report prepared by the Community Engagement Subcommittee to be certain that the community survey would not be skewed in any way. The Task Force member’s comments are outlined below.

Purpose of the Wellness Foundation

The Lakewood Wellness Foundation Task Force (LWFTF) most frequently responded that the purpose of the Wellness Foundation should be to ensure or improve the health and well-being of all Lakewood residents. Once that point was made, there were several additional comments shared that were aimed at the “special considerations” that the Wellness Foundation should take into account as it embarks upon this mission or purpose, including:
• Focus on prevention and preventative measures and approaches
• Analyze and respond to the social determinants of health
• Keep equity and inclusion of disenfranchised populations at the forefront of the work
• Leverage community partners and resources to establish credibility and avoid duplication of efforts
• Build a sustainable model that meets the short-term and long-term needs of Lakewood

Concerns about the Wellness Foundation

The biggest concern by far of the LWFTF is focused on getting the structure or the framework for the foundation right from the very beginning. Several members felt that the foundation should be broad in its reach/scope and responsive to the needs of Lakewood. Relatedly, it was shared that the structure should allow for innovative grant-making, including investing in systems change (policy), and building capacity for ongoing fundraising that would allow for continued growth of the endowment.

There were also concerns about the day-to-day operations of the foundation, including anticipated bureaucracy, the need for local (resident) decision-making and the likelihood of political entanglements based on the public nature of the organization. Other concerns of note included:

• Transparency – Can it be maintained over time?
• Lack of plan for long-term impact
• Lack of diversity on the task force signals a potential diversity challenge for the Foundation Board
• Communications – The overall communications efforts to-date have only touched a small percentage of Lakewood residents, meaning that the masses are most likely not familiar with the overall effort. As a result, there are many unrealistic expectations about what the foundation will be and what it can accomplish. The establishment of a community engagement committee should help with this challenge in the coming weeks.

Definition of Health and Wellness

All but one member of the Task Force sees Health and Wellness as separate phases or stages, with similar comments shared about health being associated with “health care” and wellness being much more broad including categories such as nutrition, exercise,
environment and mind-set. A few Task Force quotes below summarize this thinking quite well:

“The two are interrelated. Health for me goes well beyond health care and encompasses not just physical health, but also encompasses mental and social well-being. Wellness is what is achieved through good health and many factors in a person’s environment play into overall wellness.”

“Health is an outcome. Wellness is a series of positive (healthy) lifestyle behaviors/choices.”

“To me, health is more related to medical conditions and wellness is related to your overall being. They are related because without attention to your wellness, your health suffers.”

Greatest Health and Wellness Challenges

The LWFTF had a wide array of responses to this particular question, with no one area or topic leading the pack in any significant way. The comments were thoughtful and demonstrated the depth of strategic thinking that the Task Force has brought to this overall project. Those areas that were mentioned (in no particular order) are listed below:

- Mental Health
- Opioid Crisis
- Seniors/Aging in Place
- Youth
- Chronic Disease (diabetes, obesity, etc.)
- Lead Poisoning
- Access to Health Care (including the identification of barriers to access such as socioeconomic, cultural, race, ethnicity, etc.)

There were several additional comments in reference to the last bullet that pointed out the impact of poverty on health and wellness and the unique challenges of disenfranchised populations such as refugees, the poor, people of color and the LGBTQ community. It is apparent that innovative programs that meet these populations where they are will be critical for success. It was also noted that health issues change over time, and therefore it will be most important that the structure of the foundation allows for adjustments as needed to respond to changes.
Gaps that are Going Unmet

The LWFTF’s responses to the question about gaps going unmet almost mirrored the previous section’s responses pertaining to the greatest health and wellness challenges. It is clear that the group agrees that the greatest health and wellness challenges are, in fact, going unmet. One particular and interesting discovery in this section, however, seemed to focus on a call for improved education to help fill gaps and position residents for success and opportunities for an improved quality of life. Suggestions included educating the citizenry about the root causes of addiction and substance abuse, teaching residents what to do to be healthy and encouraging support groups, sharing with residents where they can access health-related resources in the community and educating citizens on how to eat healthy food.

It was also noted here that there is a serious mobility/transportation gap that impedes residents (especially seniors) from getting to medical care in remote hospitals and doctor’s offices as far away as Avon, Ohio.

Special Interest Groups

The Task Force seemed fairly comfortable that the bulk of the special interest groups were being tapped as a result of the extensive outreach and survey work conducted by the Community Engagement Sub-Committee. As such, not many groups were offered up and many that were had already been identified and interviewed as part of the recently completed information-seeking process. The one group that was mentioned by a few Task Force members that might warrant a special focus group discussion down the road was teachers and school board members.

A few other quotes that summarize the general thinking of the Task Force regarding special interest groups are captured below:

“I don’t think there is one population sub-segment that is more important than any other. Lakewood is a diverse community that includes sub-segments with unique needs.”

“Everyone that wants to participate should be included.”

“We need to hear from individual residents, not just leaders of organizations, especially residents who are the hardest to reach, most marginalized.”
**Best Ways to Get People Engaged in the Process**

Several Task Force members believe that the efforts currently underway are doing a great job of getting more people engaged in the process. There were some interesting questions raised, nonetheless, that might initiate more thinking about ways to expand the process. Those questions include:

1) How do we engage those that want to be less involved, but desire some level of awareness?
2) When and how should we go about selecting a Community Advisory Board?
3) Should a portion of the Foundation Board be publicly elected?

Outside of these questions, there were many comments that focused on the need for the Task Force to begin to conduct community forums, large and small group meetings, listening tours in areas considered “safe” spaces by residents, and/or meetings in or with schools. The consensus of the Task Force is that the time has come to take the show on the road and talk to residents to get their input first-hand.

**Best Methods/Tools for Communication**

The list of suggestions for tools and methods for communication most likely is quite similar to what the general public recommended. The suggestions are listed below briefly by category:

**Social Media** – Facebook, Website, Twitter, E-Mail.
**Print Media** – Newspapers, Press Releases.
**Mail** – Newsletters, School Mail, Water Bill.
**Meetings/Gatherings** – Forums, Focus Groups, Community Meetings.
**Community-Led Dialogue** – Work through block watch captains, resident ambassadors and other community sub-groups for face-to-face exchange. These would be resident led.

**Most Important Messages to Convey**

All of the responses to this question were very good and helpful. Those listed below capture the thinking or the spirit of all comments shared:

- The Task Force is not the Foundation Board
- We want to be as transparent as possible
- The Task Force is listening and needs the community’s help
• The money belongs to the community and the community should be engaged in deciding how to distribute it
• The amount of money is fairly modest and won’t last forever – therefore, expectations should be reasonable
• The money is not intended to pay individual health care bills
• We want the healthiest community that we can be

Best Way to Build Trust

Empower the Board and staff to carefully choose which approach to grant-making they will choose based on the extent to which each is transparent and accountable in the community.

Offer open and regular communications that residents actually use.

Show impact of the work of the foundation.

Exemplify fairness and transparency with the process of selecting Board members.

Engage residents that were not in favor of closing the hospital.

Demonstrate that the Task Force has reacted to input received and that there is a sense of cooperation and unity.

What the Task Force Should Keep in Mind

The Task Force’s responses were quite similar to each other for this section and the most frequently mentioned items or themes are listed below:

*We are primarily responsible for creating a framework and structure for the Foundation

*We are not representative of the community, but should figure out how the Board could be

*We must communicate openly and regularly

*We must get message out about progress
*Full value of funds available at what time – choice between perpetuity and spend down

*Establish a mission that is clear and that does not duplicate efforts
*We are not making decisions on funding; that will rest with the future Board Members

*There are many needs and many constituents in Lakewood

*We can’t solve for every issue, but let’s do our best for the most people

*Transparency

**Who is a Good Spokesperson for the Task Force?**
Erin (Task Force Chair)
Martha Halko and Mike Bentley are very “real” people. I think they could be pretty believable in the eyes of the community.
The entire group.

**Anything Else to Add?**

In addition to expressing thanks for being asked to serve on the Task Force, the comments centered on the importance of the Foundation thinking big and trying innovative practices. One member commented that their hope was that the Foundation didn’t spend down the money too quickly, while another two members talked about being bold and proactive and not married exclusively to responsive grant-making. Another comment stressed that there is plenty of opportunity to fund social services that affect health, which was described as the biggest gap in funding (currently) in the country as a whole. This would include investing in things like food access, trauma informed care, stable supportive housing, etc.

**Conclusion**

Although the Task Force has many perspectives and ideas that don’t all necessarily align perfectly, they are very committed to the process and very knowledgeable of the challenges and opportunities associated with health and wellness. This, coupled with a connection to Lakewood, makes this group uniquely qualified to lead the first phase of the overall process.

As mentioned earlier, the group collectively appears partial to an upstream funding model that would focus dollars on prevention as a core strategy of the Foundation’s
work. Seeing that the funding in the early years will be fairly lean, this appears to be a palatable approach. The official structure of the Foundation will be the next hurdle that will guide the balance of the work of the Task Force before its recommendations for the Wellness Foundation are finalized.