HBCS COMMUNITY ENGAGEMENT AND NEEDS ASSESSMENT FOR RURAL AND UNDERSERVED COMMUNITIES

COMMUNITY CO-DESIGN RESEARCH REPORT

Submitted to: Continuing Care for Older Adults Administration State of Minnesota Department of Human Services

Submitted by: April Sutor, Director of Innovation and Collaboration, Family Service Rochester Dave Beal, Age-Friendly Olmsted County Coordinator, Family Service Rochester

October 21, 2022



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Introduction

The Minnesota Department of Human Services (MDHS) contracted with Family Service Rochester (FSR) to conduct community-focused engagement regarding the service needs and gaps experienced by (1) rural/regional centers outside the seven-county metro area (specifically Olmsted and Rice Counties); and, (2) Black and African-born communities with regard to access and utilization of appropriate Home and Community-Based Services (HCBS) for older adults.

Founded in 1965 as a nonprofit organization, FSR's mission centers on supporting and enhancing the dignity and quality of life for individuals and families in our community. Our Neighbors Helping Neighbors program in Olmsted and Rice Counties facilitates senior independence, assisting older adults and their caregivers to live more safely and independently.

When Olmsted County joined the AARP Network of Age-Friendly States and Communities in January 2020, it asked FSR to lead the work. FSR completed a community needs assessment issued in June 2021 and a 2022-2025 action plan in September 2022. These FSR age-friendly network activities gave impetus to our interest in this MDHS research and informed our Project proposal.

In review, one of the findings of the Age-Friendly Olmsted County (AFOC)Community Assessment (June 2021) was that : "Beliefs, norms, and customs related to aging often vary considerably across cultures, and as more residents from different racial and ethnic groups age into older adulthood, the need for culturally appropriate services, healthcare and preventative care, and education will become increasingly important."

Recent AFOC community conversations have reinforced our understanding that cultural differences produce barriers to insight and action especially among Black and African-born older adults, immigrant & refugee communities. These intercultural barriers(arising mainly from gender, familial, & intergenerational roles) and mainstream assumptions of what these aging populations want, impact services resulting in gaps in access to and utilization of HCBS. The AFOC Community Assessment (June2021) also recognized "the need for additional data and information about older residents in the rural and unincorporated parts of Olmsted County."

These AFOC findings reflect the MDHS interest in BIPOC and rural/regional populations regarding access and utilization of appropriate HBCS by older adults in these focus communities.

Project Description

The Project addressed questions of service needs and gaps regarding access to and utilization of current HCBS by (a) Black and African-born older adults; and (b) regional/rural older adults. For purposes of the Project, we defined HCBS as services that help older adults age in place and not limited to activities of daily living or medical services.

The Project employs a community co-design methodology that has been used productively in several local research projects.

Community co-design is about creating rigorous and meaningful opportunities for community members to have a say in the community by leveraging their shared lived experiences. The co-design process is an equitable and mutually beneficial way to engage and empower marginalized and underserved communities.

In a co-design approach, community co-designers recruited from under-represented communities are conduits to difficult-to-reach community networks (friends, family, co-workers, neighbors, etc.). Individuals rooted in a specific cultural/language group or community are best positioned to serve members of those groups and community. Along with sharing language and culture, they are trusted partners and a bridge across cultures.

Community co-designers employ their networks to access a much broader and more diverse collection of perspectives and experiences not usually accessible through other methods.

The Project recruited community co-designers from Olmsted and Rice Counties. Applications were solicited by FSR Neighbors Helping Neighbors staff members, BIPOC community liaisons, and FSR web /social media. A local Rice County newspaper article regarding the research project also promoted applications. (see Appendix A)

The Project also contracted with two professional design facilitators (see Appendix B) and retained the volunteer services of a translator.

The Project research was conducted from July 27, 2022 through September 22, 2022.

Community Co-Design Process

A community co-design structure is an iterative sequence of in-person workshops where a diverse collection of compensated community co-designers come together and collectively interpret information and insights as well as co-develop emerging avenues of inquiry.

Each in-person studio is followed by independent exploration sprints where community co- designers engage, collect insights, and develop ideas within their trusted networks (friends, families, neighbors, co-workers etc.) and bring them back to the next studio and so on. This allows each community co-designer to have trusted and in-depth explorations and conversations with community members that are often unreachable through other engagement or research approaches.

The design process is personalized as each community co-designer brings different expertise, skills and personality traits.

Design facilitators connected one-on-one with co-designers in each iteration to offer support and guidance to develop customized approaches and tools that were culturally appropriate and effective.



The primary advantage of this structure is that it allows for the emergence of insights that would be inaccessible otherwise.

A full description of the community co-design process was included with the Project proposal and is available here: <u>https://dmc.mn/themencode-pdf-viewer/?</u> <u>file=https://dmc.mn/wp-content/uploads/2022/01/Community_CoDesign_Booklet.pdf</u>.

The Project process was comprised of 18 community co-designers. 5 co-designers came together in four in-person studios at the Buckham West Senior Center in Faribault, Minnesota. 13 community co-designers gathered for four in-person studios at the main offices of Family Service Rochester in Rochester, Minnesota. (see Appendix C)

The in-person studios occurred in the late afternoons and early evenings. Refreshments or meals were provided. The design facilitators, FSR staff, and, in Rochester, a translator

participated and were present at the in-person studios. Transportation was provided for those community co-designers who required it.

The first in-person studio included orientation to the Project and Community Co-Design Process and training for the independent exploration sprints. The following three in- person studios were comprised of facilitated discussions of community co-designer insights from their independent exploration sprints, reflections on the process, sharing emerging themes, and co-developing inquiries for the next sprint. During the third in-person studio in Rochester, a design facilitator and translator spent a portion of the time in separate discussion with an African-born sub-group.

During three independent exploration sprints, the community co-designers engaged 94 individuals from their networks of friends, families, and neighbors. (Appendix C)

The community co-designers were provided an initial set of questions for the first sprint and co-created the questions during the in-person studios for the subsequent two sprints. The groups in Faribault and Rochester developed their own questions based upon their own emerging insights. (see Appendix B)

Including the community co-designers and the persons with whom they engaged, 112 older adults from the focus communities participated in the Project and contributed over 550 hours.

Key Findings Overview

Over the course of the design studios and exploration sprints, five areas of interest emerged from the inquiry. An overview of these five areas is provided below. Four of these - transportation, health insurance information, living at home, and mental health - will be presented in more detail. As noted, trust is a thematic element that runs through each of the other four areas.

Transportation	Health Insurance Information		
 Losing the ability to drive seen as losing identity and autonomy Public and on-demand transportation frustrating to navigate, expensive, and not reliable 	 Navigating health care systems difficult Access to information challenging Confusion/frustration with understanding coverage, cost, eligibility Understanding the open enrollment process and what to look for 		
Living at Home	Mental Health		
 Deep fear of falling leading to loss of ability to be in their home Need access to resources to help with physical chores both inside and outside the home Need help proactively preparing a home for aging in place 	 Experience many stages of loss without skills to assist through this process Need to learn coping skills for loss Need to learn the signs of depression Experiencing social isolation and its consequences 		
Trust			

The underlying element carried across each set of findings is trust. Discussions regarding the four areas above are all embedded in the requirement for establishing trusting relationships with persons or institutions providing information, counsel, services, or support.

The following sections provide further insight into each of these topic areas. Challenges related to these topics are what co-designers reported out as gaps or problems identified by respondents. Concerns related to these topics reflect what co-designers shared about the lived experience expressed by respondents regarding the challenges they identified.

Transportation

Transportation intersects with independence (completing household errands), health (medical appointments, mental health), isolation, and well-being (autonomy, identity).

Respondents who desired to use public transportation indicated that it was not convenient, often unpredictable and difficult to navigate, with challenges obtaining schedules in a language they understood. Respondents with private transportation feared a loss of autonomy if ability to drive was no longer an option.

Торіс	Challenges	Concerns
Public Transportation	 Schedules and reliability may not accommodate appointments or getting to multiple destinations in a timely manner Routes may not include destinations Vehicle not accessible, even those that are "designed" to be Difficulty understanding/using systems - routes, stops, schedules, etc. Bus stops that do not provide shelter or sense of safety 	 Not language appropriate Difficulty completing a series of errands Routes not located in proximity to needs Home is not on a bus route Schedules do not align well with appointments Accessing buses difficult in inclement weather Difficulty getting on/off buses Cultural differences in time and date (clock and calendar)
Private Transportation	 Tied to independence and self- worth No perceived good alternatives Technical challenges with apps to call on-demand ride On-demand services expensive 	 Dependency on family, friends and neighbors Fear perception of general incompetence if no longer allowed to drive Losing license very stressful
Fear of loss of driving	 Not inclined to share difficulty for fear of losing license Isolation if no longer able to get out Will need to move out of home if no longer able to drive 	 Without a license it becomes difficult to participate in social events Children will push for them to leave their home Loss of driving seen as sign of dementia Driving perceived as part of being an adult

Health Insurance Information

Though some respondents are doing well, many expressed frustration with navigating health insurance systems; knowing where to get reliable information when making choices about coverage and eligibility. Use of online technologies not widespread. Suspicious of communication (e.g. email, phone) from unrecognized source.

Торіс	Topic Challenges Con	
Information about health insurance	 "Too much" information about complex options Continual changes in eligibility, coverage, and cost Information not available in appropriate language Unaware what health insurance coverage is available 	 "Paper work not worth the amount of benefit received" Community sources like faith leaders and communities considered trustworthy
Navigating health insurance systems	 Unable to find or unaware of "trusted" navigators Conflicting "zero sum" benefits/eligibility/choices Often simply unaware of options, enrollment, or where/how to get help 	 Many are unaware of assistance available from insurance agents Community sources like faith leaders and communities considered trustworthy navigators Increase in one benefit leading to reduction/loss for another
Accessing health insurance information	 Use of technology is not widespread Mistrust of messages from unrecognized sources State may not be a trusted source for all Language barriers and cultural awareness regarding items needing attention and deadlines requiring timely replies" 	 Traditional "hard copy/paper" channels remain popular, user- friendly, credible Use of local newspaper and mail Like notices to put on refrigerator door Some use of trusted websites (state, county, insurance company) Health fairs more popular in rural areas

Living at home

Majority of respondents are living in single family home or apartments and want to continue doing so for as long as possible. In some cases respondents are unaware of available assistance to remain in their homes (chores, transportation, home rehab). Respondents greatest concern is falls. Many respondents rely on family, friends, and neighbors to remain in their homes.

Торіс	Challenges	Concerns
Physical Challenges	 Lack of safety equipment/design Cost of rehab/installing physical assists (ramps, grab bars, etc.) Difficulty enter/exit home Mobility around the home becomes exhausting 	 Fear that allowing someone into their home for safety checks will result in them recommending a different living arrangement and loss of independence Unaware of available services/ resources Denial of need for help
Home Maintenance	 Keeping up with basic upkeep Cost of home rehab/repair Outside chores get more difficult Will buy services until they cannot (available money runs out) 	 Diminishing capacity and/or motivation to maintain living space Unaware of available services/ resources Denial of need for help
Alternative living space	 No perceived incentives to move Do not see viable, affordable alternatives 	 Believe less expensive space will result in reduction of other benefits Some interested in alternatives, but do not see them offered or find them affordable

Mental Health

During their independent exploration sprints, community co-designers reported that during conversations with respondents they would volunteer comments and concerns about a range of mental health issues including coping with life/health/ability changes; depression about diminishing ability, social connections, activity; grief at loss of family and friends, and their former self identity; and, social isolation. This depression and grief can become debilitating to the extent it interferes with their motivation to respond to other challenges and adjust to life changes.

Торіс	Challenges	Concerns
Social Isolation	 Social isolation arises mainly from: loss of mobility transportation attrition of familial and social networks 	 Technology not yet widely adopted as means for social connection Cost of and access to technology Lack of motivation to replace loss of familiar networks Transportation issues are determinative
Grieving loss	 Grieving responds to different kinds of loss: loss of abilities to manage and enjoy daily life loss of mobility loss of independence/dignity loss of friends and family loss of significant others 	 Grief can become debilitating and compound other losses/grieving Grief can diminish motivation and capacity for coping/resilience
Alzheimer's Disease and Dementia	 No respondents self-identified as living with either of these conditions: Awareness that these conditions are becoming more common Uncertainty as to symptoms and resources for help 	 Topic of concern, but lack of information about conditions Concern about exacerbating isolation Need for trusted wellness checks and help lines

Recommendations

Public Transit & Driving

Public Iransit & Driving	
 Explore ways the state can assist families in identifying and managing the removal of driving privileges. Consider how to support families, friends, and neighbors as providers of transportation. Ensure public transit accessibility features are suitable to all settings and conditions and that stops provide for shelter and safety. Publish public transit schedule and route information in culturally appropriate language, timekeeping, and calendar. 	 Create processes that allow for older adults to receive information from a personal and trusted resource. Recognize the disconnect between how this information is being delivered by various media channels and how older adults prefer to receive this information via personal contact with trusted sources. Navigators needed especially for culturally diverse communities. All participants indicated they prefer to have a trusted person walk them through information, options, and choices. Develop the means to make use of the channels available through existing relationships with persons and organizations already regarded as trustworthy.
Mental Health & Social Isolation	Caregivers
 To mitigate the disabling impacts of losses, support is needed to educate and treat grief and depression. Though improvement in transportation is essential to restoring and maintaining social connections, ensuring there are culturally, 	 Additional research focused on caregiving provided by family, friends, and neighbors.

Information Sources & Channels

Closing observations

In addition to the recommendations above, these observations:

Safety & Autonomy	A major concern for participants is how to retain autonomy in the face of pressure to "be safe" by moving somewhere that is closer to family and/or more easily maintained; or, being move into assisted living. This fear of losing autonomy was the source of many transportation, living at home, and mental health concerns.
Information	 There is a disconnect between how information is shared and how these participants access information. Many do not trust web-based platforms. Most prefer to connect with someone either by phone or in person. There is a general lack of awareness about what options, resources, and services are available. There is a challenge accessing the information in ways that are familiar, preferred, and trusted (e.g., traditional news media and mail; hard-copy, paper; personal contact; and faith and cultural communities). The information received often does not clarify complex content. Cultural communities are especially challenged by barriers in language and custom. Access to and comprehension of health insurance and services information would greatly benefit from culturally competent navigators who are already regarded as trustworthy.
Community	Great value is placed in having information and services grounded in their communities and available from groups (familial, faith, cultural) that they already regard as trustworthy. Word of mouth remains a most effective channel for seniors to be made aware of information options, opportunities, services, insurance, etc

Trust

As mentioned throughout this report, the dominant theme emerging from all participants is the fundamental, prerequisite, requirement for trust. Trust in whoever asks for their attention, approaches them with guidance, or proffers services. Though anyone could be expected to consider credibility in any interaction, with these participants trust is a visceral condition for even engaging in an interaction. In this context, trust is tinged with anxiety and in some cases fear. These participants place great value in the trust present in the existing relationships with people and organizations in their communities.

Acknowledgements

We are grateful for our community co-designers who helped us gather and reflect on this information.

Rice County Co-Designers

Olmsted County Co-Designers

- Heather Bahe Dorothy Durand Marcia Hovey Deb Kauffmann Jeanie Mortenson
- Connie Benjamin Kathleen Dobson Victoria Finley Matilde Garcia Araya Hadgu
- Dawit HagosBettyJerome HarrisMariAbdikarim HassenLoreSenait MengeshaMary Orzechowski

Betty Owens Marilyn Rhodes Loretta Woodmore

We thank our facilitators Christine Beech, Copiavia, LLC, and Julie Brock, Julie Brock Consulting, LLC, for their expertise and commitment planning and conducting the co-design process and assisting in preparing this report.

We thank Zeni Aly for contributing her services as a translator.

We appreciate the support of FSR Senior Independence and Administrative staff in recruiting co-designers and assisting in preparations for the group sessions in Faribault and Rochester.

Contact

April Sutor, Director of Innovation and Collaboration Family Service Rochester South Office 1625 Highway 14 Easy Rochester, MN 55904 507-287-2010 asutor@familyservicerochester.org

Appendix A

Co-Designer Recruitment Samples Co-Designer Job Description

Care Partnerships CommunityCo-Design Project



As we grow older, many of us will turn to family and friends for the help we need to remain at home. Family We want to learn more about how that is going. Want to help?

Social media. Link included in posts.

Southern Minnesota News, Saturday, July 16, 2022, Page A6

Service agency seeks input from seniors of color, rural seniors

By MICHELLE VLASAK michelle.vlasak@apgsomn. com

Lower income older adults of color or rural residents receiving senior services through Rice County, a nonprofit or other agency are invited to participate in a series of four in-person sessions to discuss their needs and services.

Participants will spend 18 to 20 hours total over the 12-week project. They will receive \$500 in compensation.

The Minnesota Department of Human Services contracted with Family Service Rochester to research the service needs and gaps in home and community-based services for older adults.

Licensed through the Minnesota Department of Human Services, Family Service Rochester's Neighbors Helping Neighbors program provides services to help older people and people with disabilities in Rice County live at home in a safe and healthy environment.

April Sutor, director of innovation and collaboration

GET INVOLVED For more information

and an application contact Rice County's Senior Service Coordinator for the Neighbors Helping Neighbors program Anne Pleskonko at 507-339-1094.

form the services staff deliver, and how they deliver them.

"I expect we'll use what we learn and apply that to what we do," Sutor said. "That will be part of our continuous improvement as well."

The project, Sutor said, is set out to ascertain what kinds of services and the method of delivery that is helpful for people of color and people of rural areas, particularly very low income people, to be able to

remain living in their homes. "Rural areas and people of color are underserved when you look at demographics," Sutor said. "This research is designed to help understand why, and what can be done to help that, and make sure they lowing dates: 3-6 p.m. July 27, are delivered in a culturally and 2-5 p.m. Aug. 17, Sept. 7 sensitive manner."

Community participants

Co-designers also can share the experiences of others from the communities they represent, rural and people of color.

Friends and family care providers for older adults of color or rural residents are also invited to participate in the sessions.

The co-design process was developed at the University of Minnesota. Different codesign projects have already been completed in Rochester, and Sutor said a couple of those experienced facilitators will conduct the project for them.

Research will be used in an effort to create more "equitable and inclusive" procedures and services for home and community-based services for older adults and their partners.

Four, three-hour meetings are required for community co-designers to attend. Two groups of 12-15 members each will be conducted at Buckham West, 19 Division St. W, Faribault on the foland Sept. 21.

In addition to attending at Family Service Rochester, called "co-designers" provide the meetings and sharing expects the research learned insights from their own expe- their own experiences, parfrom this project will help in- riences and services that help ticipants are asked to talk with

them remain independent. others to gain insights about them at the meetings as well. ticipate in phone calls with Co-designers will also par- the project team. their experiences and share



Opportunity For Older Adults/Caregiving Partners Community Co-Designer Position Description

The Minnesota Department of Human Services has contracted with Family Service Rochester to research the service needs and gaps in home and community-based services for older adults. Family Service Rochester is especially interested in listening to lower-income, older adults (65+) and their caregiving partners who live in rural southeast Minnesota or are members of communities of color.

Community participants called "co-designers" provide insights from their own experiences with services that help them remain independent. They also share the experiences of others from the communities they represent (rural and people of color). The state is interested in creating more equitable and inclusive procedures and services for home and communitybased services for older adults and their care partners.

Responsibilities

1. Community co-designers participate in four (4) in-person meetings where each community co- designer shares experiences, develops interview questions, discusses ideas and communicates (with the help of the project team) project outcomes with project leaders. Strong participants work well with other community co-design participants (12-15 total).

2. Community co-designers individually talk with 5-6 people (after inperson meetings 1, 2, 3) within the communities with which they associate to gain additional insights on their experiences with senior services or as a care partner. (Conversation questions come from inperson sessions).

3. Community co-designers take notes and bring them to the in-person meetings to share with other community co-designers and project leadership.

4. In-person sessions are conducted primarily in English so being able to understand and speak English is important.

Time Commitment

Co-designers can expect the project to run from the week of July 3, 2022



Opportunity For Older Adults/Caregiving Partners

to week of September 9, 2002. Between each in-person meeting, codesigners spend 1.5 - 2 hours holding conversations or discussions with members of their community (the types of interviews and questions are determined during the in-person meetings). Co-designers also schedule one 30-minute phone call after large group meetings with the project team. In total, co-designers can expect to spend 18 – 20 hours total over the 12week project.

In-Person Meetings

Community co-designers need to attend four (4) three-hour in-person meetings that are tentatively scheduled for the weeks in the table below. In-person meetings take place from 5pm – 8pm at Family Service Rochester's main office located at 4600 18th Avenue NW in Rochester, Minnesota. A meal is provided at all in-person meetings. Rides and/or cost for transportation is provided.

Recruitment

We are recruiting lower income older (65+ years) adults of color or rural receiving senior services through a nonprofit, the County, or other agency. Additionally, we are recruiting friend and/or family care providers for older (65+ years) adults of color or rural residents.

Compensation

Each community co-design participate receives \$500 compensation (\$250 at the outset. \$250 on completion). FSR can arrange transportation and/or travel reimbursement.

To Apply

Interested persons please complete the information below and send/email/deliver to:

Family Service Rochester/Co-Design Team 1625 Highway 14 East

Opportunity For Older Adults/C Rochester, MN 55904 or asutor@familyservicerochester.org	aregiving Partners
Name	Gender
Address	MN
street	city zip code
Email	
Phone Date	e of Birth
Do you receive services from a nonprofit, Co Do you provide care for a low-income or BIF Are you a person of color(yes/no) Do you prefer Group 1 Group 2 Food allergies/dietary restrictions	POC elder? (yes/no)

Questions

Contact April Sutor 507-287-2010 or asutor@familyservicerochester.org

Appendix B

Facilitator Resumes

FAMILY SERVICES ROCHESTER CO-DESIGN PROJECT

CHRISTINE BEECH

COMMUNITY VOLUNTEER

Rochester Area Chamber of Commerce Board, Executive Committee

Collider Foundation, Rochester, MN Board Member

Launch MN, MN DEED Advisory Board Member Appointed by the Governor

Rotary Club of Rochester Current Member Board Member (2010-2011)

Jeremiah Program, Rochester, MN Trustee and Vice Chair

Salt & Light Partners, Rochester, MN Board Chair

COMMUNITY PRESENTATIONS

- Women and Entrepreneurship
- Leadership for the Common Good
- Ideation and Business Development
- The Value of Entrepreneurship
- Asset Mapping
- Creating a Shop Local Environment in an Ecommerce World
- Business Model Canvas
- Design Thinking
- Build your Brand and Pitch your Purpose
- Creating a Sustainable Base

EDUCATION

Doctor of Business Management University of Maryland University College

Master of Science, Management University of Maryland University College Major: Human Resource Management

Bachelor of Science Excelsior College Major: Interdisciplinary Studies

CONTACT

507-993-8953 https://copiavia.com christine@copiavia.com

WORK EXPERIENCE

Co-Founder

Copiavia, LLC, 2020-Present

Helping organizations create strategy, develop great teams, and build engaged boards through facilitation, visioning sessions, and tailored retreats. Focused on actionable strategy and partnering with teams to design a path for healthy business growth.

- Guide nonprofits in designing new opportunities to meet emerging needs.
- Facilitate board learning through retreats and educational programs
- Lead strategic planning efforts using design thinking and process mapping to reduce inefficiencies.

Adjunct Faculty

2022, Saint Mary's University of Minnesota

Teaching business classes in the graduate school.

- Courses include Entrepreneurship, Entrepreneurial Finance, and Design Thinking and Innovation.
- Lead a community program, WE Forum, for women entrepreneurs.

Assistant Professor of Business

Executive Director of the Kabara Institute for Entrepreneurial Studies 2017-2021, Saint Mary's University of Minnesota

Taught multiple classes each semester, ensuring students are engaged and learning through classroom and online activities.

- Designed and executed a suite of activities to stimulate interest in entrepreneurship through innovation and encouraging student participation in place-based learning opportunities.
- Launched a graduate certificate in Innovation and Entrepreneurship.
- Developed a community program, WE Forum, for women entrepreneurs.

Independent Consultant, Business Owner 2010-2017, BEECH.INC

Developed a consulting business focused on providing customized training.

- Managed multiple client and contract relationships, collaborating with all stakeholders to ensure the health of the business.
- Delivered training to federal and local law enforcement organizations.
- Community engagement included development efforts, grant writing, and research for nonprofits.

Business Lead

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2003-2009, Booz Allen Hamilton, Annapolis Junction, Maryland

Initiated and led the development of a \$21Million annual management consulting business line in support of Federal government clients. Under a corporate entrepreneurial model, consistently won new contract awards taking the business from \$425,000 in 2003 to over \$21M in annual revenue in 2009.

- Recruited, hired, and led a workforce of 120+ FTE at multiple worksites.
- Planned, developed, and led the management of revenue on multiple contracts with varying cost structures.

Military Intelligence Officer 1983-2003 U.S. Army, Multiple Locations



JB JULIE BROCK

507.421.6487 julie@juliebrock.net https://www.linkedin.com/in/juliebrockmn

Clifton Strengths[®]

Collaboration works best when people are valued for the strengths they possess. Clifton Strengths® provides a way to effectively communicate and efficiently work together. Below are my strengths and how they benefit a team.

STRATEGIC	INPUT	CONNECTEDNESS	LEARNER	INTELLECTION
Thrives in complexity and sifts through it aptly to discern the next best move.	Leverages best practices, data, and expertise to inform and drive present and future decisions.	Serves as a trusted community resource and speaks the language of business, government, community based organizations, unions, and educators.	Develops data driven process and procedure making space for innovation, failure, and creativity.	Problem solves from a deep sense of curiosity and an empathetic need to understand multiple view points.

- Design, execute, and measure both short and long term strategic plans
- Systems level thinker and developer
- Data driven, equity minded facilitator and trainer
- Certified in the Results Based Accountability™ (RBA) Data Framework

Competencies

Core

- Change Management
- Proven convener and community leader
- Inclusive collaborator
- Engaging public speaker
- Relationship builder
- Effective program evaluator and data analyst

Career Narrative

FOUNDER/LEAD CONSULTANT

November 2021 - Present Julie Brock Consulting

• Position Summary

- Work with clients to develop strategic plans with performance measures
- Neutral facilitation of groups to develop action plans
- CliftonStrengths® executive coach for individuals, teams, and organizations
- Curriculum developer
- Position Summary
 - Assess programs across the College of Education to support program continuous improvement, accreditation requirements, and licensing process for teacher candidates.
 - Administer surveys and other methods of collecting data and create tools and reports to best serve the college of education in datadriven decision making.

ASSISTANT DIRECTOR

November 2021 - Present Center of Licensure, Accreditation, and Assessment - College of Education Winona State University

EXECUTIVE DIRECTOR

September 2018 - November, 2021 Cradle 2 Career

Career Narrative

WORKFORCE STRATEGY CONSULTANT

June, 2017 - September, 2018 State of Minnesota, Department of Employment and Economic Development (DEED)

VICE PRESIDENT OF WORKFORCE DEVELOPMENT & EDUCATION

January, 2015 - June, 2017 Rochester Area Chamber of Commerce & Foundation

• Position Summary

- Responsible for starting up a community-wide initiative with seven networks of community partners aligning their program data to shared results that span lives of children from birth to early career. Oversee staff, budget, and community partners. Work through a collective Impact model to effect systems-level change for B-early career.
- Key Accomplishments
 - Grew staff of Data and Community Engagement departments, opened two networks, engaged over 30 community partners to dedicate time and/or resources to the success of the initiative.
 - Partnered and provided staff support to the Nonprofit Consortium to successfully facilitate a cross-sectored approach to COVID19 response.
 - Built a diverse funding stream that included state government, philanthropic, and private investments.
 - Lead community partners through data informed and data driven projects
 - Use a data collection process grounded in Results Based Accountability (RBA) to create, clean, analyze, and report locally produced data across network partners, and use co-design process to evaluate and create community wide programs
 - Facilitate and create strategic plans with measurable results with Network Partners
 - Position Summary
 - Worked with both employers and community based organizations to develop career pathways within the regional sectors of healthcare, manufacturing, public service, trades & services, and IT. I consulted individual businesses and groups of organizations to align state and local resources, facilitate strategic planning, and create innovative workforce solutions giving priority to people of diverse populations and people with disabilities.
 - Key Accomplishments
 - Successfully convened regional team between two workforce development areas and agencies.
 - Created strategic plans with action plans for various community based organizations, Workforce Development task forces, and internal operations.
 - Led the design of the consulting process used for employers.
 - Position Summary
 - This position evolved during my tenure to provide the best service to the Chamber's membership as well as the community. I managed budget, staff, and programs to answer the workforce needs of the community. My team established data analysis for membership surveys to better assess workforce needs, built measurable outcomes for every program offered through the Foundation including but not limited to: Leadership Greater Rochester (LGR), Byron Job Shadow program, and our internal procedures. I worked with the Board of Trustees to develop a strategic plan with an operations plan to utilize hubsource.mn as a tool to facilitate the economic and workforce landscape and to promote Rochester and the Southeast Minnesota region as a community of choice.

VICE PRESIDENT OF WORKFORCE DEVELOPMENT & EDUCATION CONT'D

January, 2015 - June, 2017 Rochester Area Chamber of Commerce & Foundation

HIGH SCHOOL ENGLISH TEACHER

June, 2002 - January, 2015 Rochester Public Schools, Mayo High School

January, 2000 - June, 2002 Amarillo Independent School District, Palo Duro High School

Career Narrative

- Key Accomplishments
 - Shifted the Foundation into compliance as a 501c3 with revised bylaws and strategic plan. Established annual meeting to report outcomes, deliver scholarships for K-12 educators, and had an inaugural attendance of over 300 community members. Created processes to assess every program offered through results-based accountability. This required both collaboration and change management as we made significant changes to programs and eliminated others.
- Position Summary
 - Taught all ages and ability levels of English. Created both vertical and horizontal alignment systems for a department of thirteen. Developed critical thinkers able to adapt and discern in a fast paced, ever changing world. Collaborated with students to create a supportive learning environment that expected individual excellence through advocating for needs. Managed five classes of 25 35 students daily, communicated effectively expectations, facilitated discussions, created project based learning, and collaborated with community partners to add enrichment learning experiences for my students. I inspired students to be the best version of their self, daily.
- Key Accomplishments
 - Developed a holistic grading system that moved students from an individualized base, measured growth, accounted for self monitoring, and put students in charge of their success.
 - Provided an inclusive and safe environment that had students present all hours of the school day.
 - Created cross-curricular experiences and classes to bring relevance to student learning through experiential learning environments.

DOCTORATE CANDIDATE, DOCTORATE IN EDUCATION

Winona State University, Winona MN

MASTER OF ARTS, HUMAN DEVELOPMENT

Saint Mary's University of Minnesota, Winona MN

SECONDARY EDUCATION, ENGLISH/LANGUAGE ARTS TEACHER EDUCATION CERTIFICATE

Metropolitan State College of Denver, Denver CO

BACHELOR'S OF ARTS, ENGLISH

University of Oregon, Eugene, OR

Education

Appendix C

Tables

FAMILY SERVICES ROCHESTER CO-DESIGN PROJECT

Table 1: Co Designers - 18

Gender		Age		Race	
Male	6	50s or below	2	White	10
Female	12	60s	6	POC*	8
		70s	6		
		80s+	4		

*included Black, African-born, and LatinX

- All co-designers were recruited from the rural/regional focus community.
- 5 co-designers resided in Rice County.
- 13 co-designers resided in Olmsted County.
- 13 co-designers reported receiving services from their county and/or a non-profit agency.
- 5 co-designers reported providing care for a low income or BIPOC elder

Table 2: Respondents - 94

Gender		Age		Race	
Male	21	50s or below	7	White	70
Female	73	60s	24	POC*	24
		70s	37		
		80s+	20		
		90s+	6		

*included Black, African-born, LatinX

Housing	
Single family	59
Multi-unit apartment	30
Multi-unit senior housing	5

• 92 of the respondents were from the rural/regional focus community.

Table 3: All Participants - 112

Gender		Age		Race	
Male	27	50s or below	9	White	80
Female	85	60s	30	POC*	32
		70s	43		
		80s+	26		
		90s+	6		

*included Black, African-born, LatinX

• 110 of the respondents were from the rural/regional focus community.