Community Wellbeing Primacy of Place – Thought Leadership around Useful Tools and Common Language for Placemaking in Indiana

Overview
Information presented in this year-end report represents the discussions that took place in the Wellbeing Knowledge Group meetings during 2014. These included 3 formal Knowledge Group meetings that built on work completed during bi-weekly meetings of the Administrative Group and student meetings with Wellness Management graduate students.

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“Chartering” the Community Wellbeing Initiative

The first step in encouraging change is to develop a common vision and an agreed upon direction for movement.

Mission

The mission of the Community Wellbeing Initiative is to develop a network of confident and supported leaders who are working to create great places for people to live, work, learn, and play by strengthening community assets and co-producing wellbeing-enhancing change for people from diverse groups.

Vision

This network will encourage innovative community change resulting in thriving people in vibrant communities throughout Indiana.

Values

We value:

- Engaged and inclusive interventions where people experience a sense of belonging and a sense of pride
- Trust, transparency, and high-touch
- Action that is community-driven, sustainable, and self-governing
- “Why” we do things and “how” we do things more than “what” is done.
- Core economy as an equal to market economy
- Innovation, adaptability, and wisdom
Background

Definitions

- Knowledge Group/Extended Knowledge Group/Work Team/Affiliate – Knowledge Group is Ball State’s term for university-based groups that come together to develop “new knowledge.” Extended Knowledge Groups include individuals from outside the university. Work Team is the term we are using to describe sub-groups that emerge to advance specific programs and projects. Affiliates are individuals who become part of the Work Team but who are not currently Knowledge Group members. This evolved to become an Organizing Group (university employees), a Knowledge Group (both university and non-university affiliates), Work Teams (groups advancing specific projects/programs).

Visual representation of this network:

- Boundary Spanning Leadership – The Center for Creative Leadership defines boundary spanning leadership as “the capability to establish direction, alignment, and commitment across boundaries in service of a higher vision or goal (Ernst and Chrobot-Mason, 2010; Ernst and Yip, 2009). This capability resides within and across individuals, groups and teams, and larger organizations and systems” (see whitepaper at http://www.ccl.org/leadership/pdf/research/BoundarySpanningLeadership.pdf).

- Primacy of Place – Primacy of Place represents a community’s strategic choice to dedicate its resources toward the improvement of life experiences for residents, businesses, and visitors (see Building Better Communities, http://cms.bsu.edu/about/administrativeoffices/bbc/primacyofplace).

- Placemaking –
  - Placemaking is the act of supporting Primacy of Place through creating a community culture that nurtures wellness, happiness, and prosperity and puts human interests at the center of community economic development (see Building Better Communities, http://cms.bsu.edu/about/administrativeoffices/bbc/primacyofplace).
  - Placemaking is “how we collectively shape our public realm to maximize shared value. Rooted in community-based participation, Placemaking involves the planning, design, management and programming of public spaces. More than just creating better urban design of public spaces, Placemaking facilitates creative patterns of activities and connections (cultural, economic, social, ecological).
that define a place and support its ongoing evolution” (see Project for Public Spaces at http://www.pps.org/reference/what_is_placemaking/).

- Community – Community is “a group of people who live in the same area (such as a city, town, or neighborhood)” or “a group of people who have the same interests, religion, race, etc.” (see Merriam-Webster, http://www.merriam-webster.com/dictionary/community).

- Community Engagement – Community engagement has a couple of relevant definitions for our work:
  - CDC/ATSDR working definition – “community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices (Fawcett et al., 1995). In practice, community engagement is a blend of social science and art. The science comes from sociology, political science, cultural anthropology, organizational development, psychology, social work, and other disciplines with organizing concepts drawn from the literature on community participation, community mobilization, constituency building, community psychology, cultural influences, and other sources” (see CDC at http://www.cdc.gov/phppo/pce/part1.htm).
  - Carnegie definition – Community Engagement “describes collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. The purpose of community engagement is the partnership of college and university knowledge and resources with those of the public and private sectors to enrich scholarship, research, and creative activity; enhance curriculum, teaching and learning; prepare educated, engaged citizens; strengthen democratic values and civic responsibilities; address critical societal issues; and contribute to the public good” (see Carnegie Community Classification at http://nerche.org/index.php?option=com_content&view=article&id=341&Itemid=92#CE%20def).

- Civic Health – Civic Health is “a measure of how actively citizens engage in their communities” (see 2011 Indiana Civic Health Index at http://ncoc.net/IndianaCHI). Of note, in the 2011 study, individuals living in Indiana rank near the national average (26.3%) for volunteering (Indiana – 26.1%) but below the national average (8.1%) for working with neighbors to solve community problems (Indiana – 6.5%).

Citizen Workforce – Building on the concepts of person-centered and engagement, a citizen workforce represents the collective efforts of diverse individuals working together to achieve change. For this work, individuals contribute their talents toward improving the community because they are engaged members of the community and feel valued and welcomed. Human Ingenuity, DIY Ingenuity, and the Maker Movement all build on citizen workforces. Mobilizing a citizen workforce requires a relationship-driven approach that recognizes individuals as being creative and resourceful.

Wellness – Wellness was initially defined by Halbert Dunn as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning” (see Dunn, High Level Wellness, 1961).

Wellbeing – Wellbeing is addressed by the Gallup and Healthways organizations through the collection of data on life evaluation, physical health, emotional health, healthy behavior, work environment, and basic access to health care. They created an index to allow public and private sector leaders to use data to develop and prioritize strategies to help their communities thrive and grow (see Wellbeing
Index, http://wellbeingindex.org). Note – in January 2014, Gallup/Healthways reorganized their data collection around their Wellbeing 5. This includes measures related to: Purpose (Liking what you do each day and being motivated to achieve your goals), Social (Having supportive relationships and love in your life), Financial (Managing your economic life to reduce stress and increase security), Community (Liking where you live, feeling safe and having pride in your community), and Physical (Having good health and enough energy to get things done daily).

- Involve ALL-IN/Agile Project Management – ALL stand for ACTION, LEADERSHIP, and LIFESTYLE. Involve ALL represents the collection of tools being developed to support community engagement efforts. Concepts for these tools are borrowed from the Agile Project Management practices and SCRUM used in software development. Some also come from common practices in public health and evaluation.

- Tool – A tool is “an item or implement used for a specific purpose. A tool can be a physical object such as mechanical tools including saws and hammers or a technical object such as a web authoring tool or software program. Furthermore, a concept can also be considered a tool. ‘Creativity is the tool which allows a child’s mind to grow’” (see Business Dictionary at http://www.businessdictionary.com/definition/tool.html)

Related Organizations

Ball State- Primacy of Place
For more than 25 years, Ball State University’s Building Better Communities (BBC) has provided comprehensive services that take place in, or for the benefit, of community partners throughout the state of Indiana. These partnerships serve to engage university faculty, staff, and students in addressing a wide range of community challenges. The premise behind Primacy of Place is that a great state is comprised of great communities, and those communities can improve themselves in partnership with Ball State University.

Primacy of Place represents a community’s strategic choice to dedicate resources toward placemaking and the improvement of life experiences for residents, businesses, and visitors. Today, the most successful communities are those that recognize the critical importance of human capital in order to compete effectively for economic development. Talent is the single most important element in local economic development, and we believe quality of place is the primary factor in a community’s ability to attract and retain talent.

Community Wellbeing Knowledge Group – Rethinking Change
Currently, the market economy is based on continuous financial growth. This is likely a key contributor to both our current living conditions and our chronic health concerns. Many initiatives to improve communities have focused on change based on a market economy (business) perspective making an assumption that quality of life will follow economic prosperity. Ball State’s Wellness Management academic program and the Fisher Institute for Wellness and Gerontology have supported non-traditional approaches to encouraging healthier living for 3 decades, leading us to reverse this concept to instead put the emphasis for enhancing
community wellbeing being on developing quality places where the healthiest choices are what people do as part of their every-day activities.

Albert Einstein is quoted as having said, “We can not solve our problems with the same level of thinking that created them.” To build on this existing tradition, New Economics Foundation argues that a prosperous future needs THREE economies. These include (1) Markets (a regulated market economy), (2) People (the human or ‘core’ economy), and (3) Planet (the natural economy). This knowledge group will focus on PEOPLE and the CORE economy as we encourage change to enhance community wellbeing. We will address both SOCIAL and PHYSICAL ENVIRONMENTS, most notably community culture and the built structures where the PEOPLE live, work, and play.

Some of our guiding questions become:
- How can we “think differently” about addressing the issues that people living in these communities face?
- What does change look like when people are perceived to be solutions rather than problems?
- Does this different level of thinking provide new opportunities for improving quality of life in communities?
- How can we facilitate change?

Non-Discipline Specific Organizations

Gallup Healthways Wellbeing Index (United States)
In 2008, Gallup and Healthyways entered a partnership to merge decades of clinical research and development expertise, health leadership, and behavioral economics research to track and understand the key factors that drive well-being. This overall assessment of individuals’ perceptions related to personal wellbeing provides valuable data in multiple domains. While some areas fair better than others, the 2012 data (http://wellbeing.healthways.com/files/2013WBIRankings/IN_2012StateReport.pdf) shows Indiana as ranking 42 out of the 50 states for overall Wellbeing.
**Gross National Happiness (Bhutan)**
In 1972 the 4th King of Bhutan elevated Gross National Happiness (GNH) to a higher level of importance than Gross Domestic Product (GDP). GNH measures the quality of a country in a more holistic way than GDP. A Short Guide to Gross National Happiness Index (see [http://www.grossnationalhappiness.com/wp-content/uploads/2012/04/Short-GNH-Index-edited.pdf](http://www.grossnationalhappiness.com/wp-content/uploads/2012/04/Short-GNH-Index-edited.pdf)) provides a brief history of GNH in Bhutan and suggests that the beneficial development of human society takes place when material and spiritual development occur simultaneously.

The GNH Index is made up of 9 domains. The first three are familiar to a human development perspective – living standards, health, and education. The next six are somewhat newer and more innovative – use of time, good governance, economic resilience, psychological wellbeing, community vitality, and cultural diversity and resilience.

**Project for Public Spaces (United States)**
Founded in 1975, Project for Public Spaces (PPS) is a “nonprofit planning, design and educational organization dedicated to helping people create and sustain public spaces that build stronger communities” (see [http://www.pps.org/about](http://www.pps.org/about)). Their current motto is “Lighter. Quicker. Cheaper,” and they have guided communities all over the world through their transformative Placemaking processes. Fred Kent was the keynote speaker at Ball State’s first Primacy of Place conference, and the work of Project for Public Spaces will prove valuable to us as we continue to develop our Community Wellbeing Primacy of Place™ knowledge group. Key definitions from PPS that may be useful in guiding our work are the definitions for SPACE and PLACE. Although the words are similar PPS identifies space as a physical description of a piece of land and place as an emotional attachment to the piece of land. Information from PPS can serve as a spring-board for some of our thinking around habits and habitats, and may prove valuable as we use placemaking to nudge people toward healthier living.

Work by BJ Fogg, a persuasion researcher from Stanford, also supports Lighter, Quicker, Cheaper interventions. After studying human behavior for 20 years, he proposes that only 3 things will change behavior for the long term. These are: (1) having an epiphany, (2) changing your environment (what surrounds you), and (3) taking small steps. Changing your environment has a direct relationship with a placemaking approach. The small steps, or what Fogg has branded as “Tiny Habits” is consistent with the Lighter, Quicker, Cheaper recommendations of placemaking. Iterative experimenting allows for low-impact failures to be quickly remedied and small steps forward to lead to lasting forward progress.
New Economics Foundation - Co-production (England)
Researchers affiliated with the New Economics Foundation (NEF) use the term co-production to describe the services that emerge when practicing professionals and the individuals they serve work together rather than in a producer/consumer relationship. Nobel laureate and Indiana University Professor Elinor Ostrom originally coined the term in the 70s when describing why the crime rate in Chicago went up when police moved from walking the beat to patrolling neighborhoods in cars. She suggested that both the relationships between service providers and community members and the knowledge and skills of the community members were as important to the successful provision of services as the expertise of the service provider. NEF, a “Think and Do Tank” based out of England, released a practitioners guide to measuring well-being in 2012. They propose using measures of mental well-being, subjective well-being, and social trust. These same measures may also prove valuable when creating “Great Places” to live, work, and play.

Human Centered Design (IDEO)
IDEO partnered with the National Institutes for Health, Office of Behavioral and Social Science Research to conduct innovative research around human-centered design. Related products range from GPS monitoring and notification to help addicts avoid “trigger” locations to medication adherence technologies. While many of the IDEO initiatives include technology, the community engagement practices discussed in their free Human Centered Design Tool Kit (available from http://www.designkit.org) offer promise for many different organizations interested in person-centered approaches.

The tool kit is divided into 3 areas. These include:

- Mindsets – “Human-centered design is as much about your head as your hands. These Mindsets explore and uncover the philosophy behind our approach to creative problem solving, and show that how you think about design directly affects whether you’ll arrive at innovative, impactful solutions.”
- Methods – “Human-centered design is a practical, repeatable approach to arriving at innovative solutions. Think of these Methods as a step-by-step guide to unleashing your creativity, putting the people you serve at the center of your design process to come up with new answers to difficult problems.”
- Case Studies – “These inspiring stories of innovation and impact show how human-centered design gets real results. We breakdown each phase of process so you can see what the design teams did, what they learned, and how it all adds up to surprising solutions.”
**Borrowed Practices**

**Data Packaging**
Finding ways to help make using data for decision-making and monitoring progress across time is difficult. The data dashboard developed by Healthy Communities Institute ([http://www.healthycommunitiesinstitute.com](http://www.healthycommunitiesinstitute.com)) may prove useful. Recently, IU Health Ball Memorial Hospital began making plans to bring this to our community. Here are some key features:

![HCI PLATFORM](image1)

Here is a screen capture of how it has been used in the Tampa Bay area ([http://www.healthytampabay.com](http://www.healthytampabay.com)):

![Healthy Tampa Bay](image2)

**Agile Project Management**
*Agile Project Management* evolved from innovative software and new product development practices. It is a flexible approach that shows promise for highly complex situations. [Mind Tools](http://www.mindtools.com/pages/article/agile-project-management.htm) offers insight into this practice in an article that is included in full at the end of this packet and highlighted here:

**What is Agile Project Management?**
Agile Project Management is built around a flexible approach. Team members work in short bursts on small-scale but functioning releases of a product. They then test each release against customers’ needs, instead of aiming for a single final result that is only released at the end of the project.

The end product of an agile project may be very different from the one that was envisaged at the outset. However, because of the checking process, team members can be sure that the product is one that customers want.
This makes Agile Project Management particularly appropriate for new or fast-moving businesses, for those in a fast-changing environment, or for highly complex situations, where managers are “feeling their way forward” to find the optimum business model. It’s also helpful with urgent projects that can’t wait for a full, traditional project to be set up.

Let’s compare Agile Project Management with traditional project management to show how the approaches differ.

<table>
<thead>
<tr>
<th>Agile Project Management</th>
<th>Traditional Project Management</th>
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<tbody>
<tr>
<td>Teams are self-directed and are free to accomplish deliverables as they choose, as long as they follow agreed rules.</td>
<td>Teams are typically tightly controlled by a project manager. They work to detailed schedules agreed at the outset.</td>
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<tr>
<td>Project requirements are developed within the process as needs and uses emerge. This could mean that the final outcome is different from the one envisaged at the outset.</td>
<td>Project requirements are identified before the project begins. This can sometimes lead to &quot;scope creep,&quot; because stakeholders often ask for more than they need, &quot;just in case.&quot;</td>
</tr>
<tr>
<td>User testing and customer feedback happen constantly. It’s easy to learn from mistakes, implement feedback, and evolve deliverables. However, the constant testing needed for this is labor-intensive, and it can be difficult to manage if users are not engaged.</td>
<td>User testing and customer feedback take place towards the end of the project, when everything has been designed and implemented. This can mean that problems can emerge after the release, sometimes leading to expensive fixes and even public recalls.</td>
</tr>
<tr>
<td>Teams constantly assess the scope and direction of their product or project. This means that they can change direction at any time in the process to make sure that their product will meet changing needs. Because of this, however, it can be difficult to write a business case at the outset, because the final outcome is not fully known.</td>
<td>Teams work on a final product that can be delivered some time – often months or years – after the project begins. Sometimes, the end product or project is no longer relevant, because business or customer needs have changed.</td>
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Ultimately, traditional project management is often best in a stable environment, where a defined deliverable is needed for a fixed budget. Agile is often best where the end-product is uncertain, or where the environment is changing fast.

Human Ingenuity, DIY Ingenuity, Maker Movement
People are creative, resourceful, and generous. For the past year, Robert Wood Johnson Foundation and MIT’s Little Device Lab have been working together to bring “Nurse Making” to the forefront of medical care by encouraging the resourcefulness of nurses (see [http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2014/02/bringing-nurse-making-to-the-forefront-of-health-care.html](http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2014/02/bringing-nurse-making-to-the-forefront-of-health-care.html)). In May of 2014, Time Magazine offered an article on the importance of the Maker Movement.

Related TED Talks

Last Mile Solutions
In a 2009 TED India presentation, Behavioral Economist and MacArthur Genius Grant winner Sendhil Mullainathan “uses the lens of behavioral economics to study a tricky set of social problems — those we know how to solve, but don’t. We know how to reduce child deaths due to diarrhea, how to prevent diabetes-related blindness and how to implement solar-cell technology ... yet somehow, we don't or can't. Why?” (TED website [http://www.ted.com/talks/sendhil_mullainathan](http://www.ted.com/talks/sendhil_mullainathan)). You can watch the full talk for more information, but in general he suggests that we can’t solve these problems because even though the technology solution is available and affordable, the “human solution” is still unsolved...meaning that we just don’t know how to make this technology work in a real-world context with real people.
Upstream Interventionist
Fixing...preventing...or further upstream? In his August 2014 TED Talk, Rishi Manchanda reminds us that in addition to health practitioners who are available to fix us when we have health problems (like the cardiology specialists who take care of us when we develop heart disease) and prevention practitioners who work to help keep us from getting sick (like our primary care practitioners and our health promotion specialists) we need practitioners who works with us to ensure that the policies and practices in our communities also have health protecting effects (like the public housing lawyer who makes sure our landlords are complying with good housing practices). Within the Public Health Practice structure, these individuals are often referred to as “upstream practitioners,” and Manchanda reminds us that we have far too few individuals who are functioning in this capacity.

Blue Zones
Another popular movement has evolved from Dan Buettner’s Blue Zones work. Buettner and his team traveled all over the world studying communities where people lived very successfully beyond their 100th birthday. They identified the Power 9®: Blue Zones Lessons to help share their findings. Buettner has a TED Talk sharing these ideas. The Blue Zones website (http://www.bluezones.com/) has many wonderful tools, including the Vitality Compass and the Blue Zones Pledges.

For the Love of Cities
Peter Kageyama thinks he has found the “secret sauce” for what makes cities successful. It’s those ordinary citizens who “go above and beyond typical levels of citizenship and do extraordinary things for their places. Not because they are paid to, but because of their desire to make things happen in their hometown.” He describes his work in both this TEDx Talk and in his award winning books, For the Love of Cities (2011) and Love Where you Live (2013).
Review from Meetings

**February 2014**

- Introduced definitions for Knowledge Group, Primacy of Place, Placemaking, Community, Wellness, and Wellbeing
- Highlighted groups collecting data and looking at the world in different ways
  - Gallup/Healthways Wellbeing Index
  - Gross National Happiness measure
  - Project for Public Spaces and the Placemaking Leadership Council
  - New Economics Foundation
- Identified some potential OUTPUTS
  - Share Stories/Bright Spots
  - Conduct Placemaking-Related Assessments
  - Encourage citizen-driven approaches
  - **Identify needs related to training and supporting a placemaking workforce to enhance community wellbeing in Indiana communities**
    - Identify new ways of doing
    - Continue discussing personal and professional needs of “citizen workforce”
    - Identify and develop tools to support work, conduct workshops to learn to use tools, and organize demonstration sites where those new to the initiative can practice using the tools and resources
    - Discuss the value of “core” economy

**June 2014**

- Introduced definitions for Primacy of Place, ALL-IN (now changed to Involve ALL), Boundary Spanning Leadership, and Collective Impact.
- Highlighted practices that could be borrowed to support our efforts
  - Agile Project Management
  - Human Ingenuity and the Maker Movement (Citizen Workforce-Related)
  - Last Mile Solutions/Solving Social Problems with a Nudge (Behavior Economics)
- Shared our favorite tools/resources
  - TED Talks (including Peter Kageyama’s *For the Love of Cities*
  - Project for Public Spaces
  - Journaling
  - “Grass Roots” Groups – book clubs, community centers, lunches
  - Social Media and Cell Phone Apps
- Wording for Mission and Vision statements
  - **Mission – The mission of the Primacy of Place Community Wellbeing initiative is to develop a network of confident and supported leaders who are working to create great places for people to live, work, and play by strengthening community assets and co-producing wellbeing-enhancing change for people from diverse groups.**
  - **Vision – This network will encourage innovative community change resulting in thriving people in vibrant communities throughout Indiana.**
- Reflected on the Language of Placemaking (or at least the language we are using)
December 2014

- Introduced definitions for Placemaking, Community Engagement, Civic Health, and Tool.
- Highlighted practices that could be borrowed to support our efforts
  - Upstream Interventionists
  - Blue Zones
  - Human-centered Design
  - Lighter, Quicker, Cheaper
  - Data Packaging
- Discussed key values related to Placemaking and Community Wellbeing
  - We value engaged and inclusive interventions where people experience a sense of belonging and a sense of pride
  - We value trust, transparency, and high-touch
  - We value action that is community-driven, sustainable and self-governing
  - We value “why” we do things and “how” we do things more than “what” is done.
  - We value the core economy as an equal to the market economy
  - We value innovation, adaptability, and wisdom
Work Team Activities

Project specific (defined start and end dates)

Team 1 – Tool Identification and Use: Resource Repositories and Educational Opportunities
- Develop an online Community Wellbeing Artifact Repository related to Primacy of Place Community Wellbeing (Project 1.1)
- Plan workshop sessions... Power of 10 or HIA training...focus on using tools for change (Project 1.2)
- Develop a Scholarly Repository related to Primacy of Place Community Wellbeing (Ball State Documents) in the library (Project 1.3)
- Encourage movement toward “Complete Streets,” “Safe Routes to School,” and “Walk Friendly Community” designations (Project 1.4)
- Workplace Wellness and Community Wellness – AchieveWell (Project 1.5)
- Community Engaged Change – Community-driven Design of Blighted Spaces (Project 1.6)

Team 2 – Tool Development: Communicating around PoP
- Create a tool/presentation to communicate Primacy of Place focus that can be used by members of the group to share the messages of placemaking (Project 2.1)
- Create Agile project management tools for use in our initiative (Project 2.2)
  - Logic Model Module
  - Cultural Sensitivity Module
  - Involve ALL Tools
  - Achievement Coaching
- Infographic Development (Project 2.3)
- Dying with Dignity (Project 2.4)

Team 3 – Professional Development and Data Use: Shared Measurement
- Develop a proposal for the HIA Grant cooperative agreement RFP @ CDC (Project 3.1)
- Identify useful placemaking variables (Project 3.2)
- Explore the “Health Related Quality of Life” variables in the National Health Information Survey (CDC) (Project 3.3)

Team 4 – Placemaking focus: Festival Planning (community pride)
- Plan Muncie community festival (Project 4.1)

Team 5 – New ways of doing: Student Research and Writing
- Develop a research agenda for which students from the EdD and DNP programs can contribute...as well as masters and undergraduate students from multiple backgrounds (Project 5.1)
- Develop a whitepaper related to valuing core economy (Project 5.2)
Key Ball State Accomplishments to Date

- Developed Initial Charter for the Community Wellbeing Movement
- Organized “Best Practices” Resources and Placemaking Conference Presentations
- Developed learning packets to inform knowledge group discussions
- Submitted CDC Health Impact Assessment Grant
- Developed Cardinal Scholar Repository
- Joined Muncie Ped/Bike Committee
- Coordinated applications for 6 employer groups to receive “Achieve Well” Certification
- Developed drafts of self-study modules related to Logic Model Development and Cultural Competence
- Initiated connection between the Muncie By 5 group and Nurse-Family Partnerships
- Supported Delaware County Wellness Professionals group
- Developed TED Coffee Chat Networking session
- Started piloting the Indiana Chamber’s Healthy Community Application
- Developed a Placemaking Infographic
- Contacted the Social Progress Imperative group and began informal conversations
- Identified “Belongingness” and “Pride” as key placemaking variables to explore.
- Began active participation in the Placemaking Leadership Council

Plans for 2015

- Clarify role of the Wellbeing Knowledge Group
- Discuss innovative change initiatives in Knowledge Group meetings
- Conduct and ALL-IN Wellbeing Festival
- Continue building Involve ALL tools
- Coordinate 2-4 Community Development Workshops (Cultural Competence, Coaching, Active Living, Walkability Assessment)
- Continue TED Coffee Chats
- Build Community Wellbeing Cardinal Scholar Repository (Ball State Products)
- Update Best Practices Resource Repository
- Continue to work toward Indiana Chamber’s “Healthy Community” Award
- Work with the North American launch of the Social Progress Imperative
- Continue to work toward a community-wide study that can involve multiple individuals at all levels of research ability
- Continue to explore “new ways of doing”
- Develop a Faculty Learning Community around Community Engagement
- Assess feasibility of an undergraduate Community Engagement Corps
- Collaborate with WIPB’s Wellness Matters