

Indiana Research Leadership Team  
Robert Wood Johnson Foundation Medicaid HIP Study (2023–2025)  
SUMMARY REPORT OF THE COMMUNITY LEADERSHIP BOARD (CLB) PROJECT  
Report Compiled by  
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*“People of color often face barriers like lack of insurance, transportation, language access, and systemic racism that limit healthcare access. High costs and deep-rooted mistrust—born from historic neglect and bias—worsen the gap. To heal and move forward, we must invest in community clinics, expand coverage, train culturally competent providers, and build trust through honest, consistent care.”*

- Robin Nichols - A CLB City Leader, 2025

## 1. INTRODUCTION

Between 2023 and 2025, the Indiana Research Leadership Team (IRL), as part of the Robert Wood Johnson Foundation (RWJF), worked closely with local leaders across five Indiana cities. The project goal was to investigate how administrative burdens in Medicaid policy impacted racial and ethnic equity, particularly among Black and Latine communities. The Healthy Indiana Plan (HIP) is the state’s Medicaid expansion program designed to support low-income individuals in having quality healthcare. Yet for many eligible Black and Latine residents, access to HIP has been hindered by layers of administrative requirements that delay or prevent coverage. This IRL study investigated how these barriers—particularly during and after COVID-era waivers—interacted with structural racism in healthcare access.

An outgrowth of this work produced a Community Leadership Board (CLB) which played a central role in this research project by co-leading local outreaches, hosting interview sites, organizing educational forums and meetings, investigated ways to share information with the community, and translating technical policy into community engagement. This summary captures the scope, depth, and impact of the CLB’s work—from formation and commitments to local and statewide contributions—and concludes with key findings that offer direction for future community-centered policy studies.

The IRL principals of the team set up a research model that focused on collecting data in two ways. The first prong consisted of conducting interviews and analyzing data from HIP patients across the state. The IRL team received a controlled list of contacts from the state's FSSA program from five identified state locations. The AfricaLogical Institute Team partnered directly with community leaders chosen from Fort Wayne, Bloomington, Indianapolis, East Chicago/Gary, and South Bend to ensure the study was grounded in lived experience. The Community Leadership Board (CLB) emerged as the centerpiece of this collaborative approach because they hosted places for interviews in each city. The second prong of the study emphasized esteeming the community as the expert about the medical concerns impacting their communities. The AfricaLogical Institute supported the CLB leaders as they partnered with local health agencies and others who were invited to learn more about Medicaid health concerns.

The CLB joined the IRL's effort to answer two key questions using a community-valued approach. The two key overall questions considered for the study included:

- a. What are the conditions that hinder equitable health care for people of color in your city?
- b. What are the resources that can support more equitable health care for people of color in your city?

The AfricaLogical Team lead the important role of steering the CLB as a conduit to educate and promote understanding of the complex health issues to their broader communities. The Indiana University IRL team members, the AfricaLogical Institute and the CLB all learned new skills to advocate for changes in Medicaid practices that are codified in legislation. This partnership allowed them all to demonstrate the power of using community-based activities to share their voice and fight for Indiana citizens as they all worked together to advocate for successful outcomes in maintaining Medicaid benefits as the legislative session approached in 2025.

## II. MOU EXPECTATIONS AND CLB LOGIC MODELS

Each CLB city leadership team agreed to:

- Co-lead project planning and event facilitation specified in each city's MOU
- Create and complete a multi-year long Logic Model that included specific plans for each city during the two-year project
- Host a virtual and in-person Medicaid session to provide Community Education
- Collect and share 200 email connections from each city to create a statewide network
- Sign a confidentiality statement to safeguard integrity of interview participants and data
- Recruit community interviewees and verify outreach lists
- Maintain consistent participation across the project timeline
- Submit a final report at the end of the project
- Receive compensation to support expectations and responsibilities, and to ensure equitable participation possibilities across resource-constrained communities

As a result of completing these expectations, relationships developed across the state and rich educational opportunities were presented across the state. This collaborative model allowed CLB members, and their contacts garnered during the project, to combine efforts to fight for change during the 2025 legislative session against Indiana Senate Bill 2, which sought to reduce enrollees and limit Medicaid services to Indiana citizens.

## III. BUILDING THE CLB: STRUCTURE AND COMMITMENTS

### ***Role of Program Manager and the AfricaLogical Team***

The internal team of the AfricaLogical Institute played a vital role in coordinating and planning CLB monthly meetings and site visits in each city during the 2-year study. It took diligence and perseverance to coordinate the efforts of busy partners who are dedicated to their work of helping their clients and citizens across the state. Despite personal constraints, such as illnesses and family member deaths of participants across the state, the work continued purposely, with an amazing consistent and steady flow.

As project manager, along with other IRL and AfricaLogical team members, we worked to coordinate keeping records, gathering information, sending announcements and reminders, and tracking each team's progress. The coordinated efforts of the Project Manager and our CLB Community Liaison, Lora Henderson, led the effort to keep all CLB members informed about all events. The AfricaLogical team also worked seamlessly, alongside the IRL Team to plan and execute each phase of the study for smooth implementation of each phase of the study.

The coordination and planning unveiled a valuable and productive experience coming from the meetings as new relationships developed and formed statewide connections with all of the partners involved in the project. Within Indiana, there are systems of service providers in each city who are champions for change. They work to make life better for all, without the expectation of receiving awards or fame. They convene stakeholders in their communities to share and celebrate each other's progress. Although the public may never understand the depth of impact of their work, these service providers support and nourish their community. The CLB uncovered the tip of the iceberg by revealing the work done by so many individuals, organizations and collaborative networks across the state.

Indeed, the leaders in each CLB city were responsible and diligent in meeting expectations as we all worked together to gain new advocacy skills, learn about resources in each community. They interacted with expert health member networks in each city and helped clients overcome the obstacles of paperwork, language and technology barriers. Their lived experiences provided general knowledge about the opportunities and obstacles that existed within Medicaid. Together, these combined networks supported petitions, state meetings and rallies, and programs in each city as we supported and shared Medicaid practices. As Project Manager, I was able to build and create clarity about the overall study. I also gained a new appreciation for how Community-based research can be put into practice using real-time advocacy strategies that we learned and implemented immediately to inform our communities about the status of Medicaid and legislative advocacy. As the study ended, we are proud of CLB's effort to equip its networks with legislative updates and

strategies to rally and fight for equitable Medicaid outcomes during the 2025 legislative session.

### ***Roles and Responsibilities of City Teams***

Each city nominated at least two representatives with deep community ties and a record of civic engagement. These leaders signed a Memorandum of Understanding that outlined their commitments: organizing local interviews, hosting in-person and virtual sessions, developing a contact list to support Medicaid advocacy, and attending monthly coordination meetings. The MOU also acknowledged the importance of compensation—not as a transaction, but as a gesture of respect for community labor. This support enabled leaders to organize logistics, sustain involvement, and tailor outreach in ways responsive to their city’s unique needs.

Leadership within the CLB was not positional—it was relational, reflective, and rooted in community wisdom. Monthly meetings opened with affirmations, providing grounding and creating a culture of psychological safety. Members described a transformation in how they saw their roles—not only as organizers but as educators, interpreters of policy, and stewards of trust. One CLB leader reflected, “Before this, I had never been asked to speak about Medicaid in a legislative setting. Now I understand that my voice carries experience and power.” Others highlighted the emotional weight of listening to stories of trauma and exclusion while translating them into advocacy and action. Advocacy training sessions and storytelling workshops further built capacity, strengthening confidence in local leadership.

*“Participants shared their lived experiences navigating barriers to healthcare access, which added critical qualitative depth to the study. A participant reflected, “It felt good to finally tell someone what it’s really like out here.”*  
- Tracy Lewis - A CLB Leader, 2025)

## **IV. INNOVATIVE COMMUNITY LEADERSHIP IN PRACTICE**

South Bend’s team engaged in interview planning and coordination early in the project, but unforeseen leadership challenges limited full implementation of the entire process.

East Chicago/Gary CLB leaders from St. Mark AME Zion Church in East Chicago and Community Advocates of Northern Indiana (CANI) participated in CLB activities in a more comprehensive way. Their leadership participated in several monthly meetings and supported foundational planning efforts. They helped with interview planning and coordination in their city. The team hosted in person and virtual interview sessions during the IRL team visits to their city. The CLB also hosted a community meeting where the IRL team shared information about our study. They continued to enlighten the community with education on culturally rooted and community-driven interventions on minority maternal health care, unsupported pregnant women impacted by HIP, and mental health project, *Cure of Souls*. Leaders also attended cross-site events in other cities. Even with unforeseen leadership changes with their church partnership, the team was able to complete expectations.

In Fort Wayne, the CLB collaborated with Imani Temple Baptist Church and the Allen County Health Equity Coalition with full participation in all MOU expectations. In fact, as the first city team to fulfill all requirements listed in the MOU, they worked to create space for inclusive dialogue on Medicaid equity. One of their hybrid sessions presented State Representative Gregory Porter, who serves on the Indiana House Ways and Means Committee. Their hybrid forums and outreaches brought together over 300 connections including policy makers and health system representatives, and other community members. Ft Wayne CLB members exceeded the 200-contact goal by collecting more than 300 verified email contacts.

Bloomington focused on the needs of immigrant and Latine families. Partnering with Hoosier Action and El Centro Comunal Latino, they offered community sessions entirely in Spanish and built trust among undocumented residents, wary of government programs. One leader reflected, “Many of our families didn’t even know what Medicaid was—they were afraid it might impact immigration status. We helped change that.” Hoosier Action leader, Tracey Hutchinson-Goetz, based on their organization’s advocacy work, provided information to all CLB members. Her passion, networking, and level of skill in advocacy work and training helped all CLB members discover the power in their voices.

Indianapolis anchored its work in Black faith communities, including Crossroads AME Methodist Church, its community health partners, and their state church conference. In 2024, their team launched a Juneteenth Health Fair and they held a second Health Fair in 2025 for their state network of churches, facilitating civic engagement sessions that bridged public testimony with Medicaid education. Over 250 residents participated in events that included Medicaid Navigators, live skits and community petition drives. Additionally, some of their team members partnered with First Baptist Church, N. Indianapolis, to plan and execute their Health Fair in 2024 which concluded with a panel discussion on the current status of Medicaid, which brought together CLB members and community leaders.

*“Serving on the CLB Board was more than a position, it was a journey of connection, growth, and purpose. Through rich conversations, shared goals, and diverse perspectives, we built lasting relationships with leaders who are committed to fighting for the rights of others. The board was a space to both learn and lead. It was a place where strategic thinking met heartfelt missions.*  
– Robin Nichols - A CLB City Leader, 2025

## **V. CROSS-CITY COLLABORATIONS AND SHARED LEARNING**

*By any stretch of the imagination our involvement resulted in some positive navigation and community collaboration.* – A CLB City Leader, 2025

Beyond local milestones, the CLB functioned as a statewide network of learning and mutual support. Members participated in developing interview questions, evaluating instruments, and hosting joint training sessions. Together, they attended legislative meetings with Representative Gregory Porter, engaged in Medicaid policy briefings, and organized Advocacy 101 virtual workshops facilitated by legal and policy experts. Additional events included maternity health panels, faith community roundtables, and public storytelling workshops. These shared experiences connected the line between research and civic action, creating a feedback loop that expanded both community knowledge and policy relevance.

## **VI. REFLECTIONS AND COMMUNITY VOICE**

CLB members described the project as deeply affirming. Leaders spoke of the emotional labor of listening to community concerns while organizing events that gave residents tools to advocate for themselves. In Bloomington, Ana Cerdero said the project helped replace fear with understanding. Rev. Bill McGill in Fort Wayne described the initiative as “expanding the table,” while others noted that monthly meetings offered a space of support, affirmation, and shared resolve. Participants appreciated being recognized as co-leaders and expressed a desire to sustain the momentum beyond the official study period.

Another CLB leader shared, “We weren’t just telling people what HIP was—we were inviting them into a larger vision of health justice.” Tracy Lewis in East Chicago shared themes she continues to hear, “Conditions hindering equitable healthcare include systemic racism in provider settings, lack of insurance continuity, transportation barriers, and language exclusion.” A Bloomington leader said, “This work changed how I saw my own power to influence health outcomes.” Robin Nichols of Indianapolis stated, “When we focus on dignity, listen deeply, and meet people where they are, we create a path to health that’s truly accessible, affordable, and provides healthcare to everyone.”

*“One of the problems in the political advocacy of our population is the inability to mobilize people or make their stories visible, because many remain in the shadows due to their immigration status.” - Tracey Hutchings-Goetz, A CLB City Leader, 2025*

## **VII. CONCLUSIONS**

As next steps, CLB members have expressed interest in sharing the project model with broader networks, adapting materials for future campaigns, and continuing city-level coalitions beyond the end of the study. The potential to replicate this community-valued model in other states and health contexts offers a powerful opportunity to redefine how policy is created—with and through the people it serves. One city reported they will be using the Logic Model framework that was introduced to them in planning for short-term and long-term planning and evaluation. However, caution was added by others that not having resources could make these new projects harder to maintain.



Key lessons emerged from the CLB's two-year journey. First, modest compensation allowed leaders to remain engaged without straining limited community resources. Second, interpretation services and multilingual outreach were critical to inclusive participation. Third, building and strengthening trust through transparency—especially around data privacy and consent—was essential for interview recruitment and securing emails. Fourth, policy engagement was most effective when rooted in community stories, individual storytelling, and timed with legislative calendars. Finally, the most significant finding, was the importance of promoting the power of shared leadership and a statewide commitment to activate involvement in advocacy work. The project shifted from primarily sharing education and information, to supporting community organizations with how and what teams could communicate with partners to prompt their participation in advocacy that leads to policy changes.

When research begins with local voices, it ends with outcomes that resonate beyond data. Tracey Hutchinson Goetz, from Hoosier Action stated that we need “to start thinking about a radical change of a system that promotes inequality.”

*“Advocacy is an action in which we should seek to become more committed as an organization, however, not having resources makes it more complicated to work for greater community participation that makes it more visible to decision makers.” – Tracey Hutchings-Goetz, A CLB City Leader, 2025*

The Community Leadership Board model offered a compelling case for how research can be both rigorous and relational. By placing local knowledge at the center, the CLB transformed a Medicaid study into a movement of equity, accountability, and advocacy. Its legacy is not just in the policy changes it helped inspire, but in the partnerships it forged and the leadership it cultivated. By discussing the positive activities conducted by the CLB and sounding the alarm for the need of resources and support to continue the work that was started, CLB Final Reflections Reports captured the beginning of a promising movement to continue this work after the study. All of the reports from the four Community Leadership Board leaders affirm that the future of public health research must be community-led, culturally grounded, and structurally supported. Tracy Lewis from East Chicago/Gary

concluded her report with this thought, *“Overall, the CLB provided a meaningful platform to merge scholarship, faith, service, and justice.”* This study provides a blueprint for crucial, future community-valued research.

## APPENDIX A: SELF-REFLECTION REPORT SUMMARY CHART

This chart includes the synthesized feedback submitted by CLB members through their final self-reflection reports. Reflections emphasized the importance of health education, relationship-building, and legislative advocacy as enduring outcomes of the CLB model. The study originally began with five cities: Fort Wayne, Bloomington, Indianapolis, East Chicago/Gary and South Bend, Indiana. Four cities were able to meet that majority of all expectations and completed the full Self-Reflection Final Report.

City	Fort Wayne	Bloomington	Indianapolis	East Chicago/Gary
<b>Leaders</b>	<ul style="list-style-type: none"> <li>• Rev. Bill McGill</li> <li>• Sharon Tubbs</li> </ul>	<ul style="list-style-type: none"> <li>• Tracey Hutchings-Goetz</li> <li>• Ana Cerdero</li> </ul>	<ul style="list-style-type: none"> <li>• Pastor J.D. Davis III,</li> <li>• Robin Nichols,</li> <li>• Persis Ayeh</li> </ul>	<ul style="list-style-type: none"> <li>• Rev. George Washington Carver Walker</li> <li>• Tracy Lewis</li> </ul>
<b>Key Achievements</b>	<ul style="list-style-type: none"> <li>• All MOU benchmarks met or exceeded.</li> <li>• Strong support from Health Visions Midwest and Allen County Health Equity Coalition.</li> <li>• Two community sessions with participation from county health officials.</li> <li>• Hosted hybrid health providers meeting with state Rep Gregory Porter</li> <li>• Regular CLB attendance and participation</li> </ul>	<ul style="list-style-type: none"> <li>• All MOU benchmarks exceeded.</li> <li>• Strong collaboration with El Centro Comunal and Hoosier Action.</li> <li>• Focused on Latine advocacy and increased healthcare literacy.</li> <li>• Introduced advocacy education into immigrant-serving organizations.</li> <li>• Regular CLB attendance and participation</li> </ul>	<ul style="list-style-type: none"> <li>• All MOU benchmarks exceeded.</li> <li>• Juneteenth block party and health fair hosted with over 50 attendees.</li> <li>• Held state health fair for State AME Conference and community members.</li> <li>• Co-hosted virtual session with First Baptist Church N. Indpls</li> <li>• Integrated outreach with voter education and local advocacy.</li> <li>• Regular CLB attendance and participation</li> </ul>	<ul style="list-style-type: none"> <li>• All MOU benchmarks exceeded.</li> <li>• Participated in interview planning and implementation</li> <li>• Held education sessions for the community sharing IRB projects and other community initiated topics</li> <li>• Attended CLB meetings frequently</li> <li>• Participated in Indianapolis panel on Medicaid</li> </ul>
<b>Interview Process</b>	<ul style="list-style-type: none"> <li>• Full support provided for planning, hospitality, and recruitment.</li> <li>• Community hubs like transit centers will be used for future outreach.</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews hosted at El Centro Comunal and library rooms.</li> <li>• Participants recruited through local churches and health networks.</li> </ul>	<ul style="list-style-type: none"> <li>• Crossroads AME provided space and support for interviews, though direct participant</li> <li>• Local recruitment was limited.</li> </ul>	<ul style="list-style-type: none"> <li>• Church provided space and support for interviews, though direct participant recruitment was limited.</li> <li>• Online interviews were conducted</li> </ul>

<b>Community Engagement</b>	<ul style="list-style-type: none"> <li>• Hosted both virtual and in-person sessions.</li> <li>• Held hybrid session participants met with a state legislator.</li> <li>• Built a network of 200+ community contacts.</li> <li>• Contributed actively to conversations and coalition building.</li> </ul>	<ul style="list-style-type: none"> <li>• Hosted education sessions in Spanish with interpreters.</li> <li>• Focused on Medicaid access and awareness.</li> <li>• Connected residents with insurance navigators.</li> <li>• Secured 200 emails for CLB bank</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged Black Church Coalition and AME networks.</li> <li>• Held educational sessions and planning rallies.</li> <li>• Facilitated discussions with legislators.</li> <li>• Secured emails for CLB bank</li> </ul>	<ul style="list-style-type: none"> <li>• Held in person session on Post maternal care, HIP information study, and changes in the law before the July 1 enrollment changes.</li> <li>• Collaboration with Community Advocates of Northern Indiana provides a strong alliance.</li> </ul>
<b>Advocacy and Impact</b>	<p>Fort Wayne</p> <ul style="list-style-type: none"> <li>• Emphasized the need for continued access to care and</li> <li>• Demonstrated success through broad community participation.</li> </ul>	<p>The project highlighted</p> <ul style="list-style-type: none"> <li>• Led and Advocacy Workshop for all CLB Members</li> <li>• Provided navigation tools and</li> <li>• language-accessible outreach for immigrant communities.</li> </ul>	<p>Indianapolis led with</p> <ul style="list-style-type: none"> <li>• Direct advocacy efforts at the Statehouse,</li> <li>• Legislative testimony</li> <li>• Creative education events.</li> </ul>	<ul style="list-style-type: none"> <li>• Provided meaningful input and support for AfricaLogical Report – Healthy Indiana 2025.</li> </ul>
<b>Suggestions to the Research Team</b>	<ul style="list-style-type: none"> <li>• Encouraged ongoing community engagement after the project.</li> <li>• Suggested transit hubs as interview recruitment sites for hard-to-reach populations.</li> <li>• Offered to support future health access outreach.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommended multiple education sessions for lasting impact.</li> <li>• Stressed importance of Spanish-language support and interpreters.</li> <li>• Suggested clear, simple materials for outreach.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocated for earlier legislative engagement.</li> <li>• Raised privacy concerns for email requests—requested clearer consent processes.</li> <li>• Recommended storytelling/skits for education.</li> </ul>	<ul style="list-style-type: none"> <li>• Not included in report</li> <li>• Working with this city reminded the Research Team that life circumstances may prevent all participants from completing all expectations of a study.</li> <li>• Flexibility is required.</li> </ul>

## **APPENDIX B: SELF-REFLECTION REPORT SUMMARY**

### **Narrative Summary of Community Leadership Board Findings**

#### **1. Overall Benefits**

The Community Leadership Board (CLB) brought together trusted local leaders to guide a statewide Medicaid research study with strong roots in each city's context. Monthly CLB meetings featured opening affirmations, leadership sharing, and deep discussion about the goals and challenges of the study. Cities were given autonomy to carry out their work in ways that matched their strengths. Fort Wayne built on an existing health equity coalition. Bloomington focused on language access and immigrant communities. Indianapolis connected the research to its faith and civic networks. Special meetings planned by the AfricaLogical Institute provided educational opportunities for CLB meetings. This shared leadership model created an environment of respect, learning, and collective problem-solving. Local leaders were not simply involved—they were central to shaping the work.

#### **2. Outcomes for Organizations and Leaders**

The CLB created real opportunities for local organizations to grow their skills and expand their reach. Fort Wayne, for example, gained access to a powerful county-wide health equity network, leveraging it to host in-person sessions that featured a state legislator in a hybrid session. They helped secure over 300 email contacts. In Bloomington, leaders organized interpreter-supported forums, which not only raised awareness about Medicaid but also deepened trust between service providers and Latine families. Indianapolis mobilized churches and legislative contacts, hosted community events, and offered direct testimony to lawmakers. These efforts made local organizations more visible, strengthened their partnerships, and gave residents new ways to engage in policy conversations that affect their care.

#### **3. Key Takeaways for Future Studies**

This project offered several clear lessons for future community-based health equity research. First, communities must be engaged from the very beginning—not just in outreach, but in designing the work itself. Trust takes time, and communities are more willing to partner when their input is valued early and often. Second, flexible support is essential: each city needed different tools to succeed—from interpreter access and technical assistance to help recruiting at-risk populations. Third, communication must be thoughtful and transparent, especially around data collection and use. Concerns about privacy emerged in multiple cities, reminding researchers to be proactive about consent, clarity, and immigration situations. Finally, when community leaders are viewed as

co-investigators, research becomes more responsive, more relevant, and ultimately, more impactful.

#### **4. Suggestions to the Research Team**

Participants across the Community Leadership Board offered valuable suggestions to strengthen future research efforts. They emphasized the importance of keeping communities involved beyond the life of the project and recommended using familiar public spaces—like transit hubs—for outreach to harder-to-reach populations. Many called for multiple educational sessions and materials that are clear, consistent, and available in multiple languages to better serve diverse audiences. The need for accessible interpretation services and culturally appropriate communication was highlighted, especially when working with immigrant and non-English-speaking communities. Concerns about data privacy and how participant information is used pointed to the importance of building trust through transparent messaging. Several teams encouraged creative engagement methods—such as storytelling and live demonstrations—as effective tools for public education. Earlier involvement of legislators and clearer advocacy pathways were also suggested to enhance the policy impact of future research.

By any stretch of the imagination our involvement resulted in some positive navigation and community collaboration. Every benchmark was met or exceeded, and thankfully our appeals for participation did not go unheeded.

As expected, the involvement of Health Visions Midwest was critical to this undertaking, and was more than some measure of surface handshaking.

We were given access to the mailing list of the Allen County Health Equity Coalition, nearly 300 people and/or organizations strong, who have a documented interest in addressing inequities that are systematically wrong.

The two sessions with the team were beneficial rather than superficial, and one included the participation of the county health administrator who agreed the research could prove helpful and serve as a reform cultivator.

Again, to have more than 20 people in-person and another dozen on zoom, was a clear and concise indication that our community sees no need for HIP to be swept away by some bureaucratic broom.

Like some other communities, there is a need to include more African American and Latino men in the interview pool, but we believe going to the local transit hub to recruit will be a valuable tool.

We certainly look forward to providing ongoing support in the days ahead, as we seek to demonstrate the need to strengthen the health access thread.

*by Bishop Bill McGill, Imani Temple - Fort Wayne*

**APPENDIX D**  
**Community Leadership Board Members**  
**IRL Healthy Indiana HIP Study**  
**AfricaLogical Institute Lead Partner with CLB Activities**

<b>City</b>	<b>Role</b>	<b>Project Coordinators</b>	<b>Organization and City</b>
Bloomington	Lead	Tracey Hutchings-Goetz	Communications and Policy Director, Hoosier Action
Bloomington	Co-Lead	Ana Cordero	Health Project Coordinator El Centro Comunal Latino CCL
East Chicago/ Gary	Lead	George Washington Carver Walker, Jr.	Pastor, St. Mark AME Zion Church, East Chicago
East Chicago/ Gary	Co-Lead	Tracy Lewis	Director, Community Advocates of Northern Indiana (CANI)
Ft Wayne:	Lead	Bill McGill	Pastor, Imani Temple Baptist Church, Fort Wayne
Ft Wayne:	Co-Lead	Sharon Tubbs	Allen County Health Equity Coalition
Indianapolis	Leads	Robin Nichols Jerry E. Davis, III	Community Liaison, Crossroads AME Church, Pastor, Crossroads AME Church, Indianapolis
Indianapolis	Co-Lead	Nanafua Adomarakwa	Doctoral Student, Indiana University Indianapolis
South Bend	Lead	Andre' McGhee	Pastor, Greater St. John Baptist Church, South Bend
IRL Members	Support Team for CLB	Dr. Ivan Douglass Hicks Lora Henderson Dr. Gwen Kelley Debilyn Molineaux Kelli Lester Dr. David Craig Pam Napier	AfricaLogical Institute Associate AfricaLogical Institute Associate AfricaLogical Institute Associate AfricaLogical Institute Associate AfricaLogical Institute Associate IRL Partner IRL Partner

Thanks to other IRL Team Members who attended sessions and provided support:  
Dr. Elaine Hernandez, Delanie Marks, Deziree Jackson, Wade Catt, and Janelle A Limo



**APPENDIX E**  
**AfricaLogical Institute Team Members**  
**Based in Indianapolis, Indiana**

Dr. Ivan Douglas Hicks	AfricaLogical Institute, Principal Investigator
Dr. Gwendolyn J. Kelley	AfricaLogical Institute, CLB Project Manager AfricaLogical Chief Research Development Officer
Lora Henderson	AfricaLogical Institute, CLB Community Liaison Community Connector, Northwest Vision Development Center
Kelli Lester	AfricaLogical Institute, Project Manager Owner & Partner, Onyx Rising
Debilyn Molineaux	AfricaLogical Institute, Program Consultant
David Craig, Ph.D.	AfricaLogical Institute Consultant, Indiana University Indianapolis, and IRL Team Member
Dr. James Anyike	AfricaLogical Institute Associate, South Africa
Pastor Shawn Genesis	AfricaLogical Institute Associate, Lafayette, IN
Ronnie Hill, Jr.	AfricaLogical Institute Associate and Research Assistant, Purdue University Doctoral Student