

July 14, 2022

MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2022



WELCOME TO THE CHIP KICK-OFF!



AGENDA

- 1 What in the world is a CHIP?
- 2 Brief overview of the recent Monroe County Community Health Assessment and the top health priorities that came from that process.
- 3 What are Action Teams, and how will the community work together to co-create the 2022 Community Health Improvement Plan (CHIP)
- 4 How those of you with an interest in making a difference in health conditions in Monroe County can join an Action Team at the end of today's kick-off!

WHAT IS A CHIP?

A **Community Health Improvement Plan (CHIP)** uses data from the Community Health Assessment (CHA) to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement.

The CHIP process directly engages with members of the community to ensure that the public health needs of the community are addressed.



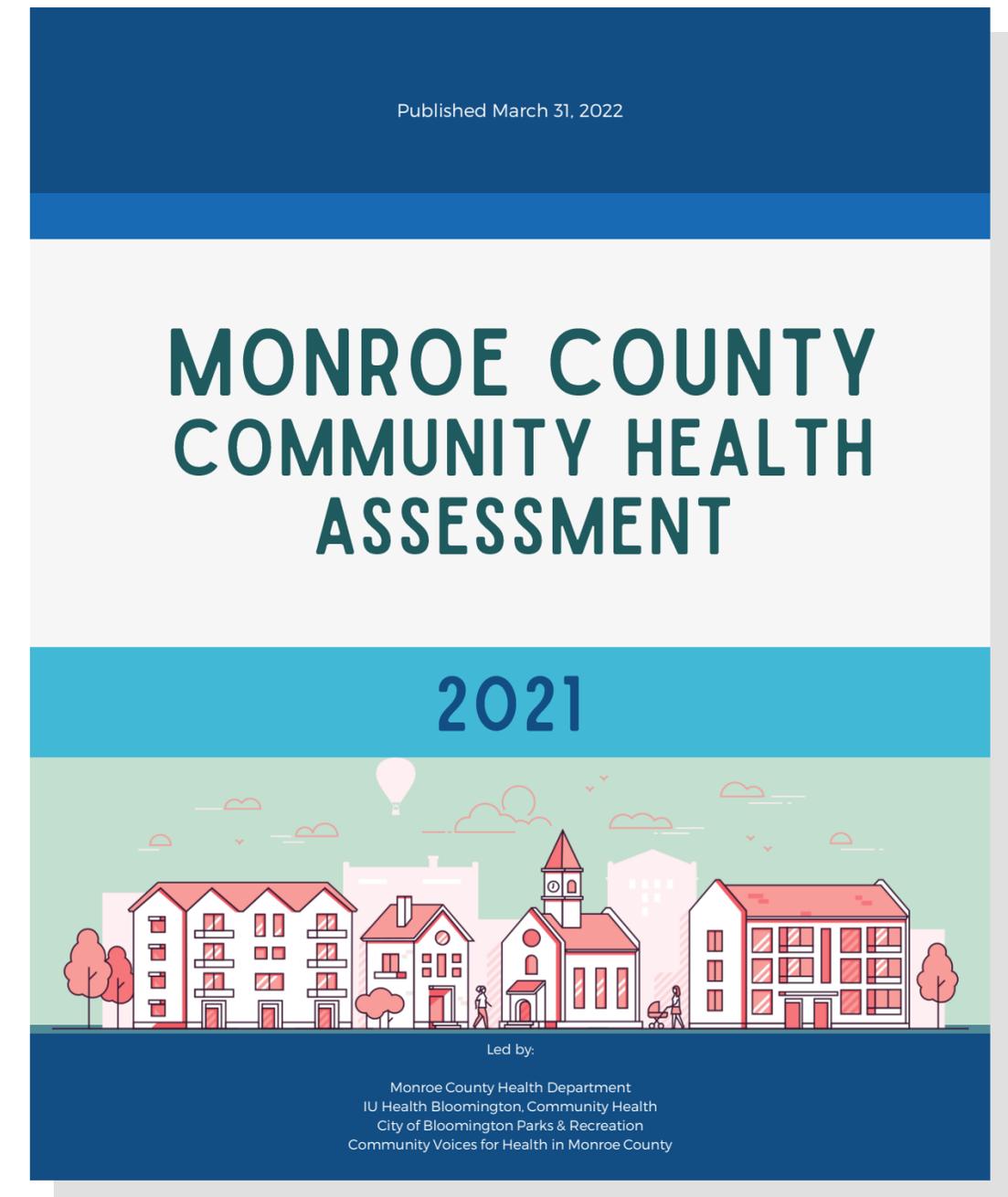


PUBLIC HEALTH IS EVERYWHERE AND INCLUDES ALL OF US!

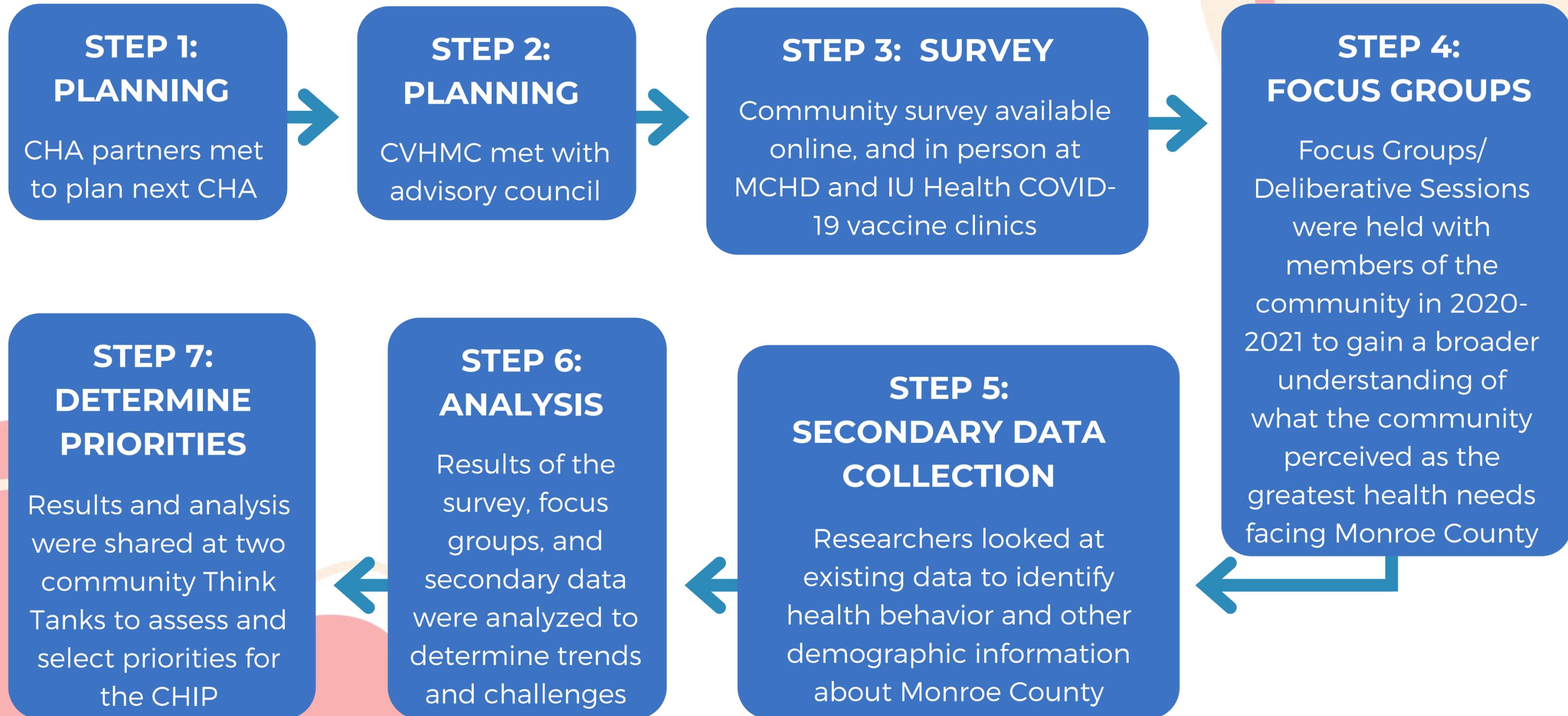
WHAT IS A COMMUNITY HEALTH ASSESSMENT?

A **Community Health Assessment (CHA)** is a systematic process involving the community to identify, analyze and prioritize issues affecting the health of the community.

The purpose of a CHA is to determine the health status of a community, and to use the gained knowledge to develop goals and strategies that address and improve the identified needs.



WHAT IS THE COMMUNITY HEALTH ASSESSMENT PROCESS?



PRIORITY HEALTH ISSUES

Throughout the assessment process, the following were identified as **Priority Health Issues**:

1

ACCESS TO CARE

2

MENTAL HEALTH

3

SUBSTANCE USE

4

CHRONIC
DISEASE,
PREVENTATIVE
CARE &
EDUCATION

5

POVERTY,
NAVIGATING
SOCIAL
SERVICES

6

LACK OF
AFFORDABLE
HOUSING, HOUSING
INSECURITY,
HOMELESSNESS

7

HEALTHY FOOD
ACCESS

9

TRANSPORTATION ACCESS

8

SERVICES FOR AN AGING POPULATION

10

INEQUITY, DISCRIMINATION & BIAS

3 TOP PRIORITY ISSUES

Selected During Think Tank Sessions by Community Members

Poverty, and Navigating Health & Social Services



Inequity, Discrimination & Bias



Substance Use & Mental Health



Affordable Housing was also identified as a top need at the Think Tank. Those interested in working in this area can contact the United Way of Monroe County and the Community Foundation of Bloomington and Monroe County, who are leading "Heading Home 2021: A Regional Plan for Making Homelessness Rare, Brief and Non-Repeating".

SUBSTANCE USE & MENTAL HEALTH

A public health concern nationally as well as in Indiana and Monroe County

American Medical Association - the opioid epidemic now being driven by illicit fentanyl, fentanyl analogs, methamphetamine and cocaine, often in combination.



Visits to IU Health Bloomington Hospital ER for alcohol and/or drug use:

2492 visits in 2019
2556 visits in 2020



Monroe County reported **31 alcohol related deaths** in 2021.



Addiction affects not only the individual, but families, employers, and communities.



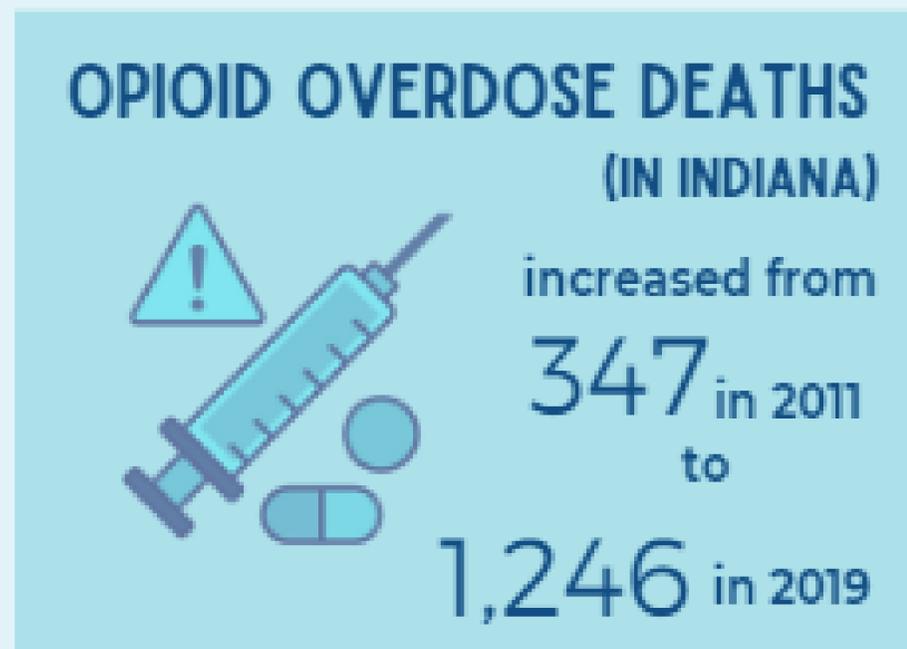
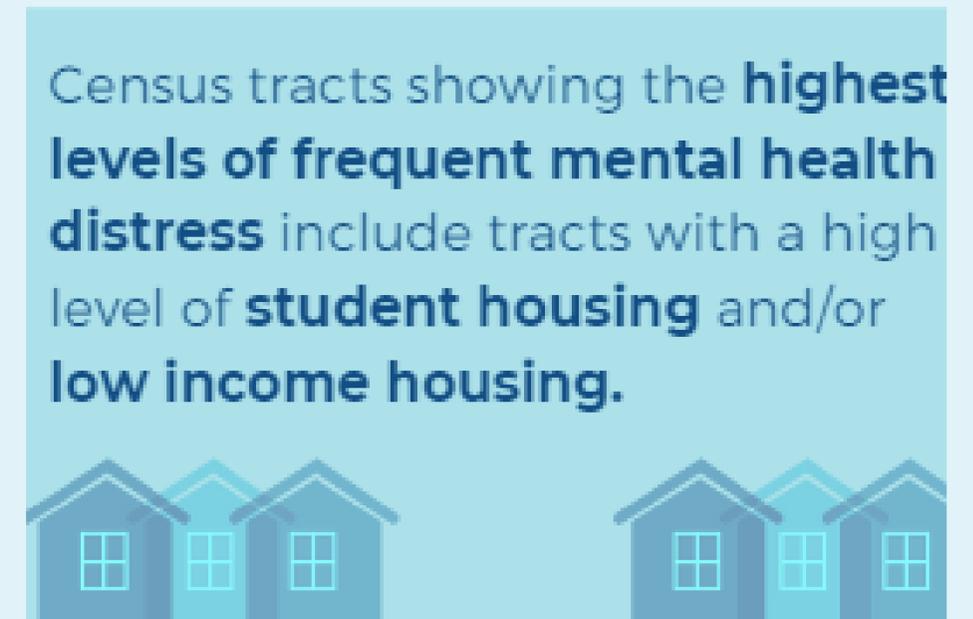
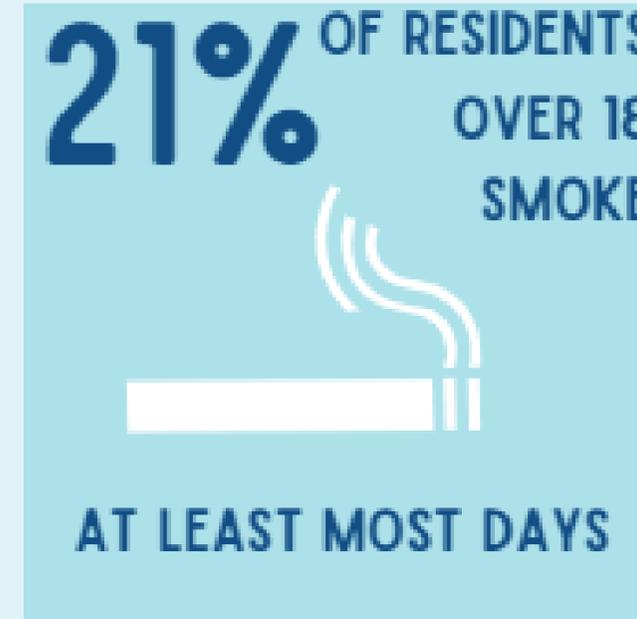
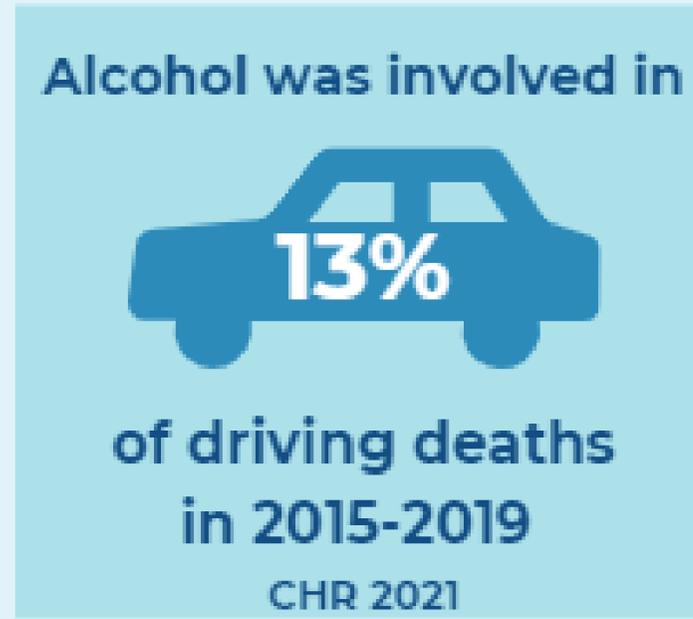
Overdose Deaths

(the primary cause is substance use)

29 in 2019
54 in 2020
54 in 2021

SUBSTANCE USE & MENTAL HEALTH

Substance Use Fast Facts



Sources: SEOW 2020, County Health Rankings 2021, MCHD, 2021

POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES



Monroe County's personal income was \$46,693 per capita in 2020, ranking 45th in the state.

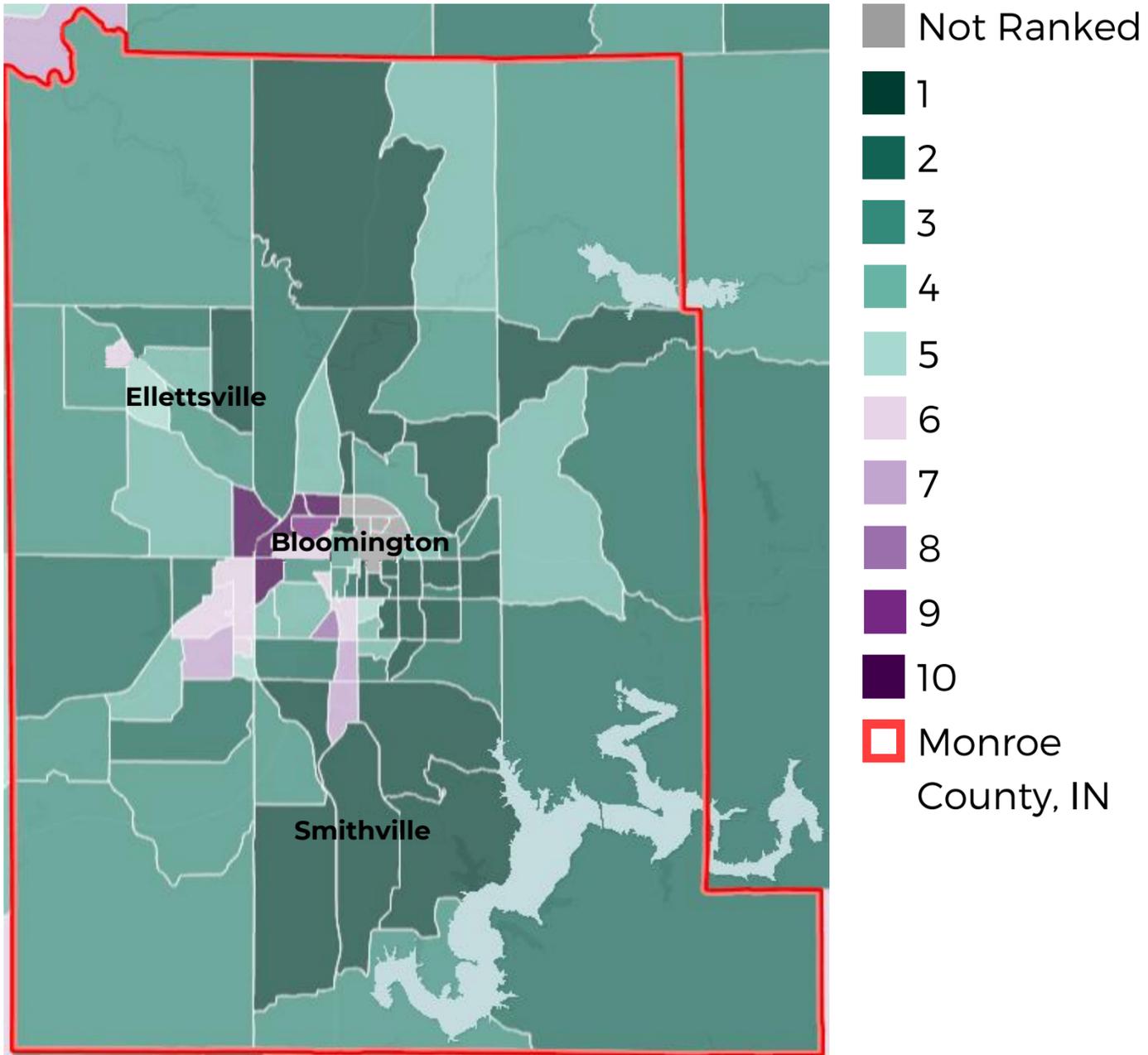
20.8% of Monroe County residents lived at or below the poverty line in 2019, compared to 11.9% statewide.

Source: Stats Indiana 2021, US Bureau of Economic Analysis; US Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES

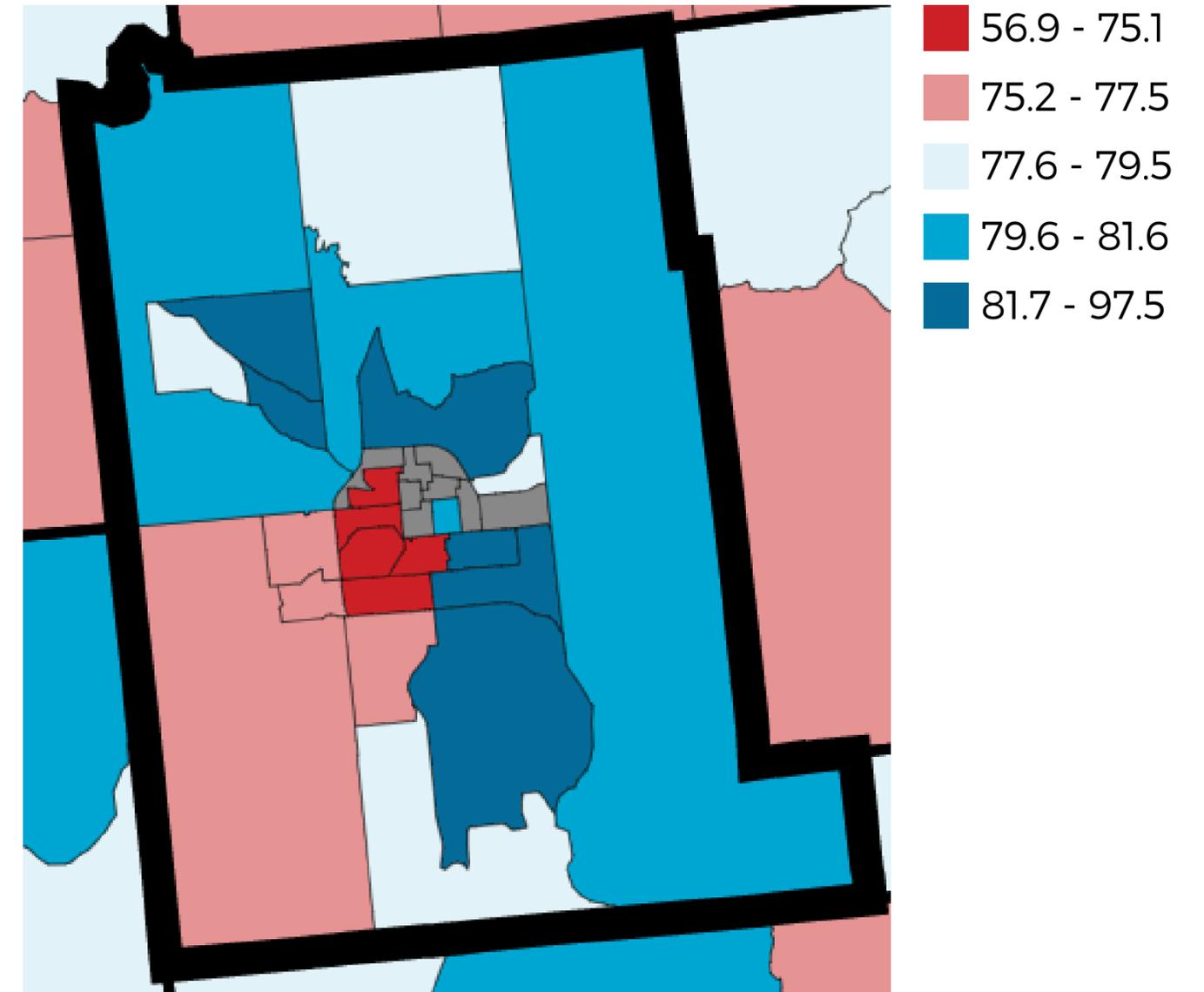
Area Deprivation Index Map, 2021

State Decile by Block Group,
Neighborhood Atlas 2021



Life Expectancy at Birth

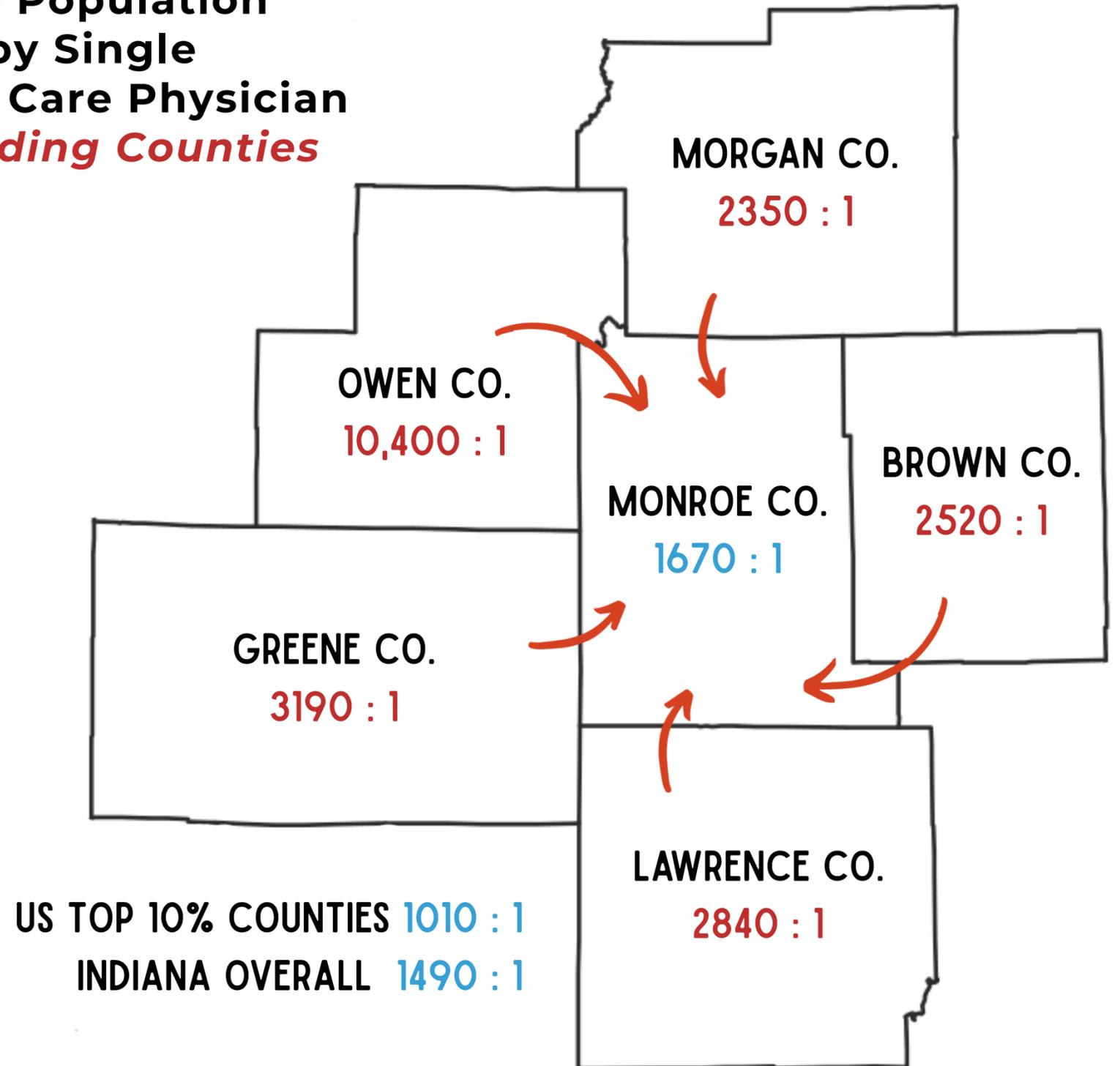
USALEEP 2010-2015



POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES

- Considered a regional hub for services, likely contributing to a higher ratio of patients/clients to providers.
- Designated a Medically Underserved Area/Populations for primary care
- Designated a Health Professional Shortage Area as part of a mental health catchment area that includes Lawrence, Monroe, Owen, and Morgan Counties.

Average Population Served by Single Primary Care Physician *Surrounding Counties*



POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES

Access to care is not just about the number of providers.

Residents report long wait times to get new patient appointments with primary care physicians and psychiatrists.

Other barriers affecting accessing services:

high cost of healthcare, lack of insurance, lack of transportation, and stigma surrounding mental health issues.



POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES

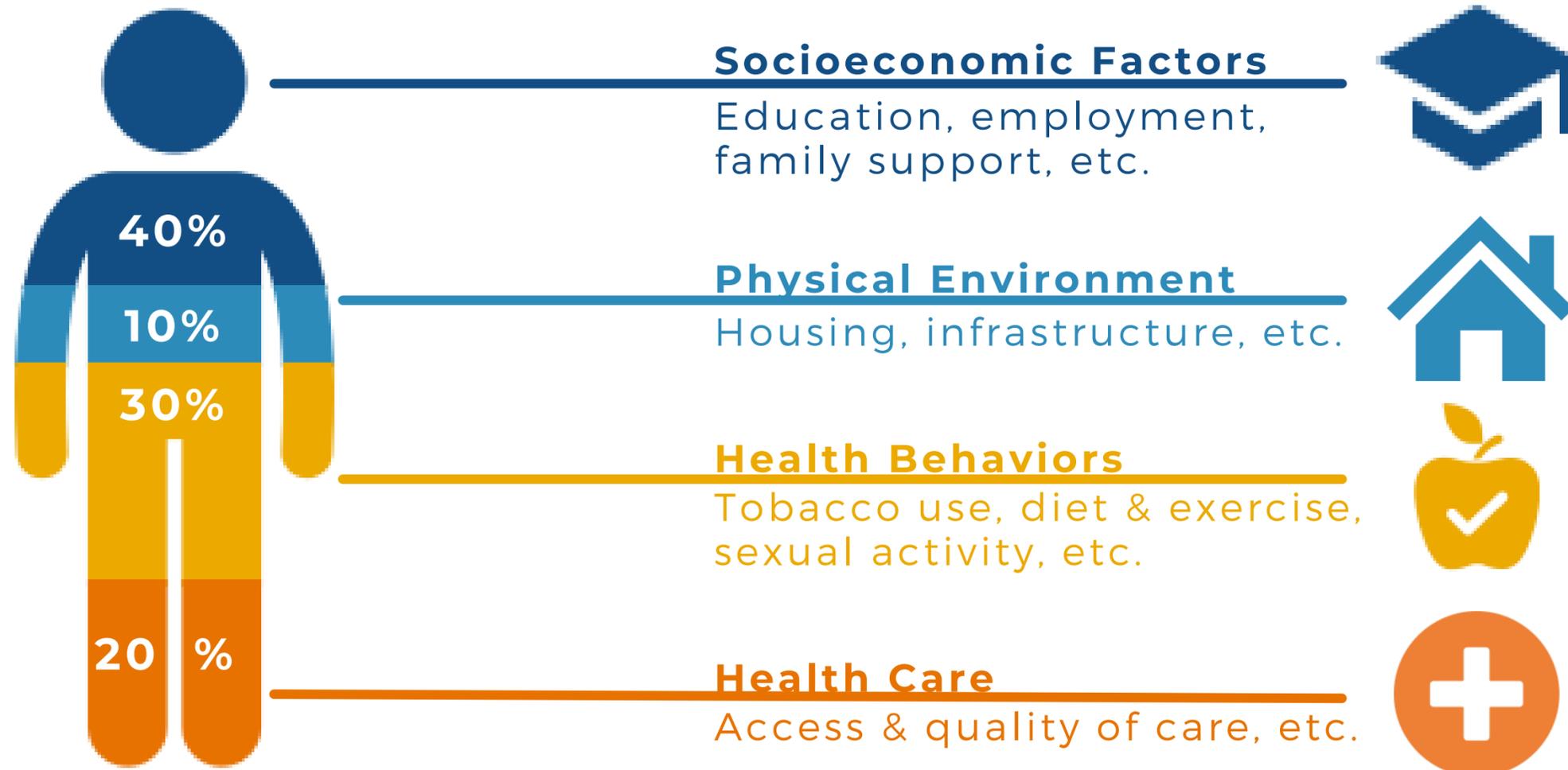
Selected During Think Tank Sessions by Community Members

- Challenging processes to receive and maintain social services
- Frustrations regarding number of calls to ensure paperwork is processed correctly
- Long wait times with telephone and fax glitches
- Desire for better awareness of available social services
- Long wait list for some services
- Concerns that staff members may lack first-hand experiences with health challenges and daily trauma that other community members face

"Effectively, we [low-income individuals] all have PTSD from knowing that with one false move, everything could be yanked from us."

- Focus Group Participant

SOCIAL DETERMINANTS OF HEALTH



Source: adapted from UCLA Hospital

Social determinants of health are the conditions in which people are born, grow, live, work and age and they have a major impact on people's lives.

Not everyone has access to the same resources or opportunities, which can lead to health inequities and disparities.

INEQUITY, DISCRIMINATION & BIAS



Many populations experience health disparities, including people from some racial and ethnic minority groups, people with disabilities, women, people who are LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, or other), people with limited English proficiency, people who are unhoused, and other groups.

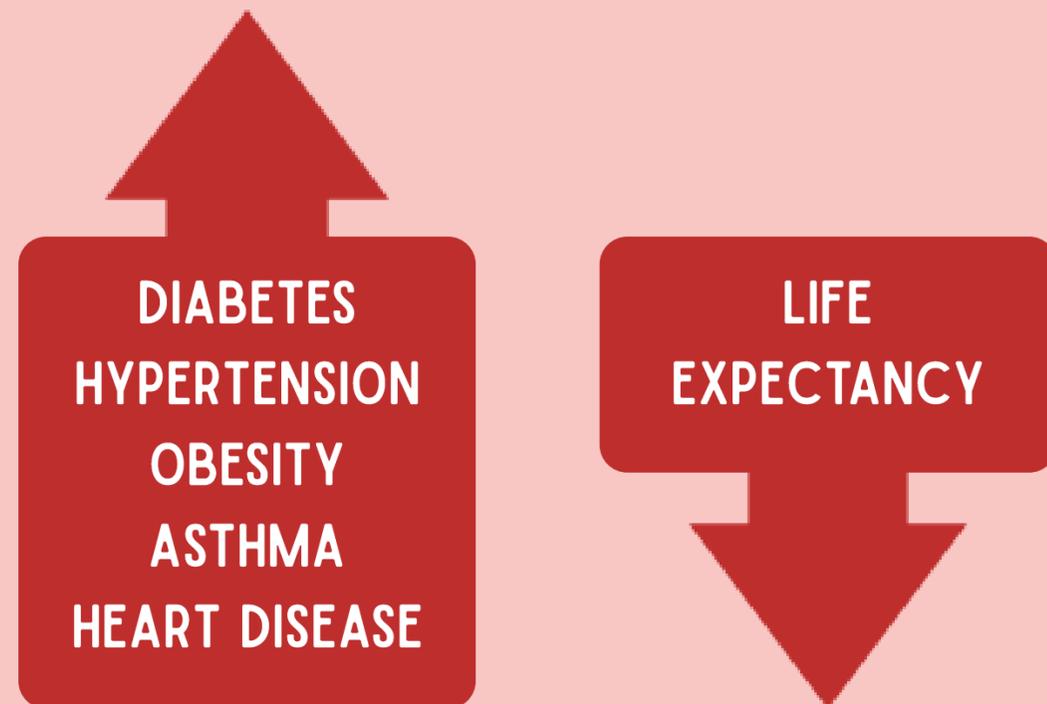
- CDC, 2021

INEQUITY, DISCRIMINATION & BIAS

"Racism is a fundamental cause of health inequities, health disparities and disease.

The impact of these inequities on the health of Americans is severe, far-reaching, and unacceptable."

- CDC, 2021



Across the country, racial and ethnic minority populations experience higher rates of poor health and disease in a range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts.

The life-expectancy among Black/African Americans is four years lower than that of White Americans."

'Race Disparities' was selected as one of the top 5 most important needs/issues during the Community Focus groups

Focus groups recommendations for care providers:

- *trainings about diversity*
- *trainings on social determinants of health and how it impacts well-being*
- *More resources for minority groups needed to support a high quality of life*

""If I had the ear of people who make choices, I would tell them racial and class disparities are rooted in policy.

Comb through these policies and see where the implicit bias is that is really preventing people from getting the care they need."

FORMATION OF CHIP GROUPS/ACTION TEAMS

CHIP groups are being formed to help build & implement the Community Health Improvement Plan (CHIP)

Community members are needed to join the action teams, working together to:

Review recommendations

Co-create goals & strategies



The CHIP teams will be supported by staff from the partner organizations.

CHIP groups will meet regularly with a schedule set by the group.

WHAT HAVE PREVIOUS CHIP GROUPS WORKED ON?

MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) KICK-OFF

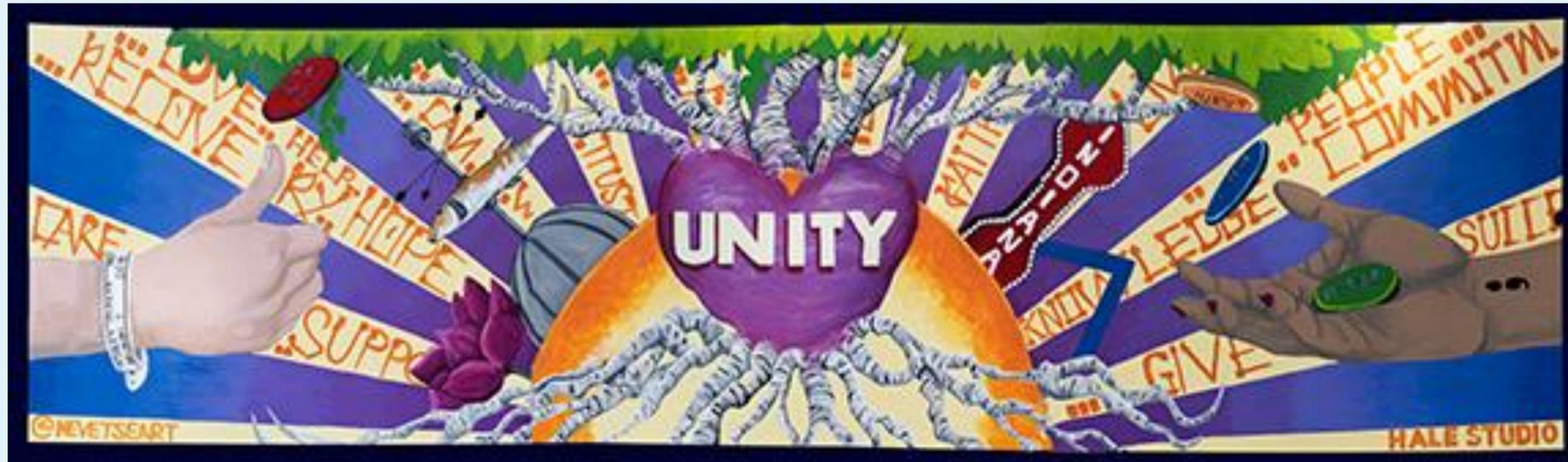
CHIP Groups Outline of Initial Goals and Strategies from Think Tank
Theme - Access, Advocacy, Action/Prevention

<u>Substance Use-Mental Health Team Initial Goals</u>	
Goal 1:	Reduce Stigma
	Objective: Create Stigma Reduction Programming
	Strategies: <ul style="list-style-type: none"> - Develop and provide training on CIT*, LEAD** and MHFA*** - Develop outreach materials and messaging for criminal justice system
Goal 2:	Increase Access to Care
	Objective: Increase community knowledge of how to access services
	Strategies: <ul style="list-style-type: none"> - Develop/maintain community repository of local resources and services that help people access care (examples, transportation and insurance navigation). - Develop and hold health fairs to allow service providers an opportunity to educate the community about services.

<u>Basic Needs Team Initial Goals</u>	
Goal 1:	Goal 1: Increase Access to Care
	Objective: Create places in community where people can find resource information to help meet basic needs
	Strategies: <ul style="list-style-type: none"> - Create/maintain resource guide to communicate information on community resources and services - Create and build brand for community hubs as places people can locate information on needed resources and services

<u>Chronic Disease Initial Goals</u>	
Goal 1:	Prevent/Limit Development of Chronic Disease
	Objective: Increase access to healthy food
	Strategies: <ul style="list-style-type: none"> - Develop Year of Food Campaign - Decrease food waste - Increase consumption of fruits and vegetables - Increase knowledge of how to access food resources (SNAP, WIC, etc.)
Goal 2:	Objective: Create Advocacy Campaign
	Strategies: <ul style="list-style-type: none"> - Review/give input on how drafted city/county plans affect health - Stay informed on legislative bills and keep others informed of impact on health - Advocate for legislation that improves local health by educating/contacting legislators. Encourage others to advocate

WHAT HAVE PREVIOUS CHIP GROUPS WORKED ON?



STRATEGY SELECTION



- "What would it look like if..."
- Identify assets and resources
- Brainstorm needs and gaps
- Nominal Group Technique
- Strategy Grids
- Multi-voting to narrow down ideas
- Keep the strategies S.M.A.R.T

DOCUMENTATION

Monroe County Community Health Improvement Plan 2019 - 2021

CHIP Team Priority Area: <u>Basic Needs</u> Date <u>1/6/2020</u>							
Goal: Community members will have access to resources to meet their basic needs (housing, transportation, employment, etc) and therefore increase access to care.							
Objective: Increase community members' ability to meet their basic needs - by creating places in the community for social inclusion while providing resources to meet basic needs							
Strategies (Method/approach used to accomplish the objective)	Tactics/Activities (Specific actions planned)	Timeline (When will the activity begin & end)	Roles/Responsibilities (Who is responsible for the activities)	Resource Needs (What is needed to do the activities)	Outcomes (What are the desired results)	Evaluation Metrics (How will we measure the outcomes)	Status/Notes (What is the project status, other project notes)
Establish a Community Connect event in Monroe County to connect community members to services to meet basic needs	Work with community partners (community based organizations, CBOs) to plan a Community Connect event to provide services (on the spot) to attendees, thereby increasing access to basic needs and building social inclusion	Oct 2019: reached out to community partners to brainstorm idea Dec: had first meeting with partners about planning the event Jan: The Basic Needs team we will establish who would like to work on planning the healthcare sector of the event Jan 2020 - Sept: plan Oct: implement	Katie Rodriguez (Anthem) has connected with the United Way and South Central Community Action Program to develop an initial plan Various Basic Needs members (TBD) will coordinate the healthcare sector services available at the event	Funding from Vectren and Anthem (sponsors); Collaboration with CBOs to provide services; Collaboration with CBOs to market the event	Provide a Community Connect event that: - provides community members a variety of basic needs services on-the-spot (from immunizations to haircuts) - increases attendees' social inclusion by getting connected to CBOs	Measure attendance at the event and the number of individual services provided by CBOs	Event title is "Community Connect of Monroe County"; United Way and SCCAP will be lead planners; Vectren and Anthem will be lead sponsors; date for the event is Oct. 15, 2020 Team is asking the Warehouse and City (Switchyard Park) for location

Promote usage of helpingBloomingtonMonroe as a resource guide for basic needs	Encourage CBOs to add to and use the website: -discuss in meetings, collaborations -distribute flyers and announce at the 2019 Monroe County Childhood Conditions Summit Offer Bloomington Health Foundation (BHF) insight from a service provider perspective on what is needed in terms of training to fully actualize the website capabilities Provide helpingBloomingtonMonroe station at the Community Connect event	Aug 2019-ongoing	All members will continue to encourage service providers to use the website; Tara will keep the group informed on updates on future trainings; Tara distributed flyers and announced at the Monroe County Childhood Conditions Summit	Community training offered by BHA and Aunt Bertha (website provider) Funding for "kiosks" (stations/laptops) that can be used at various community locations providing access to helpingBloomingtonMonroe	More community members will have access to basic needs and feel greater social inclusion in the community by being connected to resources	Evaluate helpingBloomingtonMonroe tracking data for number of searches for basic needs services	BHF plans to offer a training on how to best use the website, date TBD The idea has been discussed on how to set up "kiosks" (or laptops) at community locations
Establish a "Community Connection Hub" where community members can gather (feel social inclusion) and have access to services that help meet their basic needs	Establish collaboration with a community partner such as Monroe County Public Library and Banneker Center (City of Bloomington Parks and Recreation) Increase partnership with additional CBOs to provide rotational services	Oct 2019-2022	Deborah Meyorson established initial contact with MCPL and Banneker and will keep the Basic Needs group informed of updates	A community space to 'test run' the Community Connection Hub idea* (see attached details) A laptop that provides access to helpingBloomingtonMonroe A staff member at the site to offer a welcoming environment and information on resources Rotating schedule of CBOs to provide on-site services or access to resources	Community members will have a welcoming place to go to feel social inclusion and get access to community resources to help them meet their basic needs	To Be Developed as the idea is fully formulated and community partner is established	This idea is still in the brainstorming phase. The library has expressed interest in continuing the conversation for the current downtown location and/or the new southwestern site to be developed in 2022.

WHAT HAPPENS NEXT?

- Sign up for a workgroup
- Sign up for a leadership role
- Receive an email to schedule the first meeting of each CHIP workgroup
- Each workgroup will schedule their own meeting times/days/locations based on the needs of the group.



SOME THINGS TO CONSIDER



- What am I bringing to the group?
- What **could** we do together?
- What **should** we do together?
- Imagine that Monroe County is recognized nationally for successfully addressing the priority health areas - **what would that look like?**

https://bit.ly/2022CHIP_workgroup_signup

Email mvehslage@co.monroe.in.us with questions

