# MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2022

# WELCOME TO THE CHIP KICK-OFF!

Monroe County Health Department

Indiana University Health

City of Bloomington Parks and Recreation

Community Voices for Health in Monroe County

# 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.

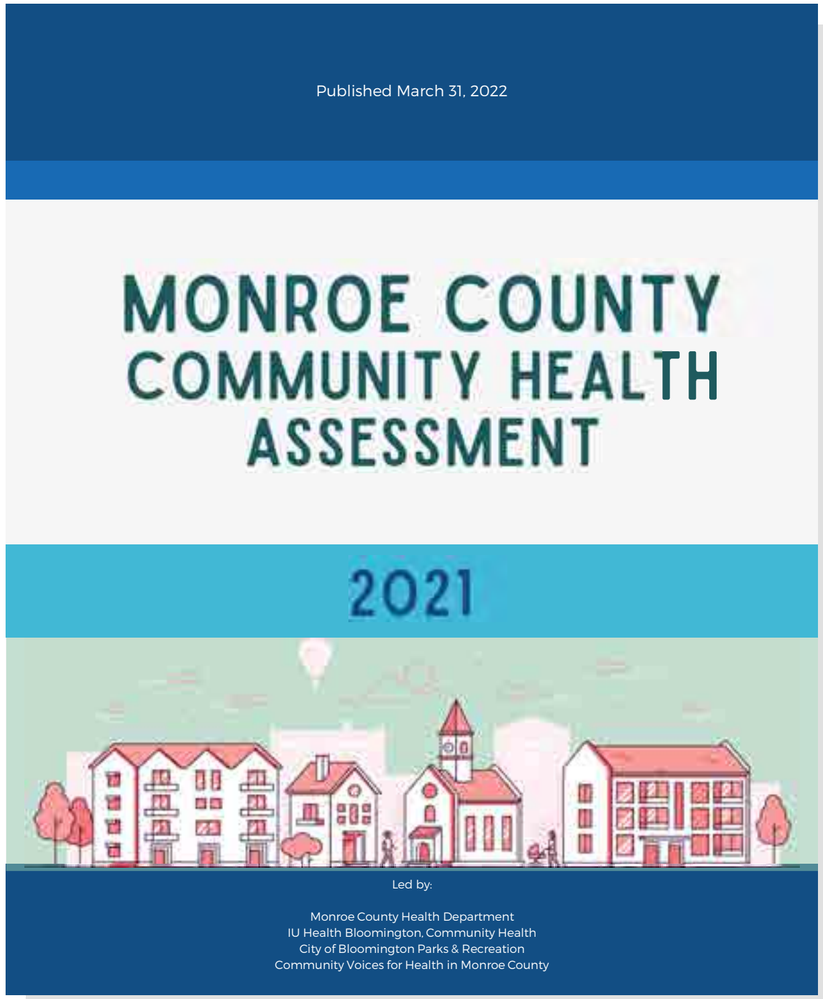
The CHIP process directly engages with members of the community to ensure that the public health needs of the community are addressed.

**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?

**STEP 1: PLANNING**

CHA partners met to plan next CHA

**STEP 2: PLANNING**

CVHMC met with advisory council

**STEP 3: SURVEY**

Community survey available online, and in person at MCHD and IU Health COVID-19 vaccine clinics

**STEP 4: FOCUS GROUPS**

Focus Groups/ Deliberative Sessions were held with members of the community in 2020-2021 to gain a broader understanding of what the community perceived as the greatest health needs facing Monroe County

**STEP 5: SECONDARY DATA COLLECTION**

Researchers looked at existing data to identify health behavior and other demographic information about Monroe County

**STEP 6: ANALYSIS**

Results of the survey, focus groups, and secondary data were analyzed to determine trends and challenges

**STEP 7: DETERMINE PRIORITIES**

Results and analysis were shared at two community Think Tanks to assess and select priorities for the CHIP

# 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
8. SERVICES FOR AN AGING POPULATION
9. TRANSPORTATION ACCESS
10. INEQUITY, DISCRIMINATION & BIAS

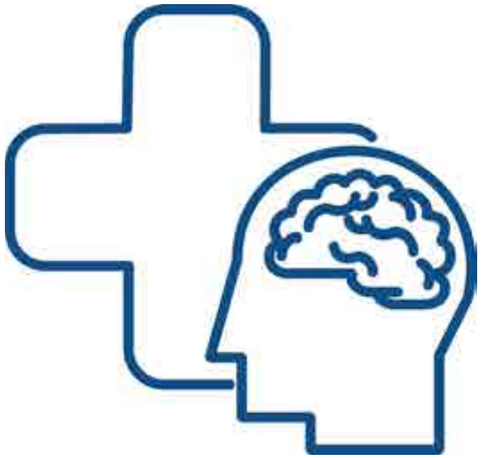
# 3 TOP PRIORITY ISSUES

## 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 Fast Facts

There were
**228 SUSPENSIONS**
(INVOLVING 208 STUDENTS TOTAL)
due to alcohol, drug, and/or tobacco use in 2019

Alcohol was involved in
**13%**
of driving deaths in 2015-2019
CHR 2021

**21%** OF RESIDENTS OVER 18 SMOKE
AT LEAST MOST DAYS

Census tracts showing the **highest levels of frequent mental health distress** include tracts with a high level of **student housing** and/or **low income housing.**

**OPIOID OVERDOSE DEATHS**
(IN INDIANA)
increased from
347 in 2011
to
1,246 in 2019

**EXCESSIVE DRINKING**
(AMONG ADULTS)
Monroe County 17%
Indiana 19%

**7,889**
residents are living with illness caused by **tobacco use**

**15%** of residents report having ≥ **14** days/ month of
**POOR MENTAL HEALTH**

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

# POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES

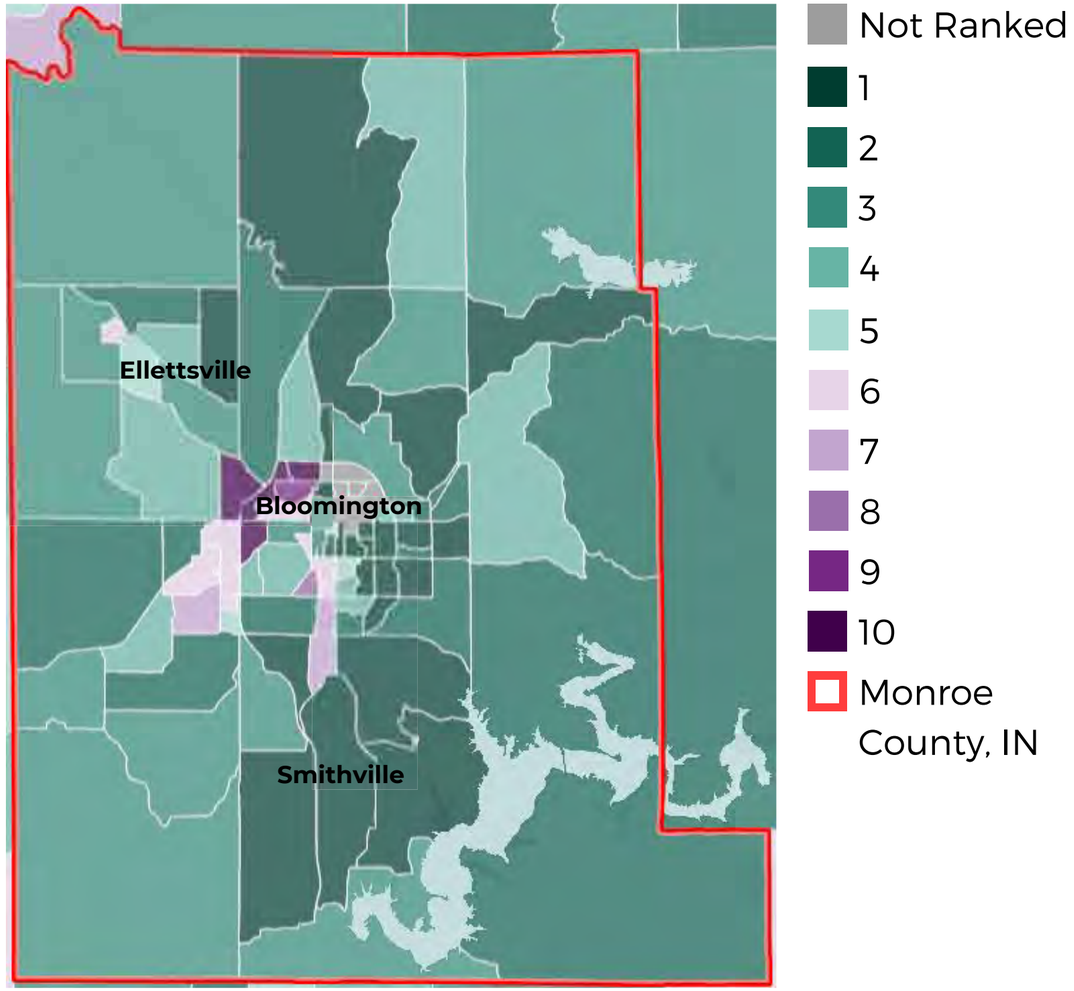
Monroe County's personal income was $46,693 per capita in 2020, ranking 45th in the state.

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*

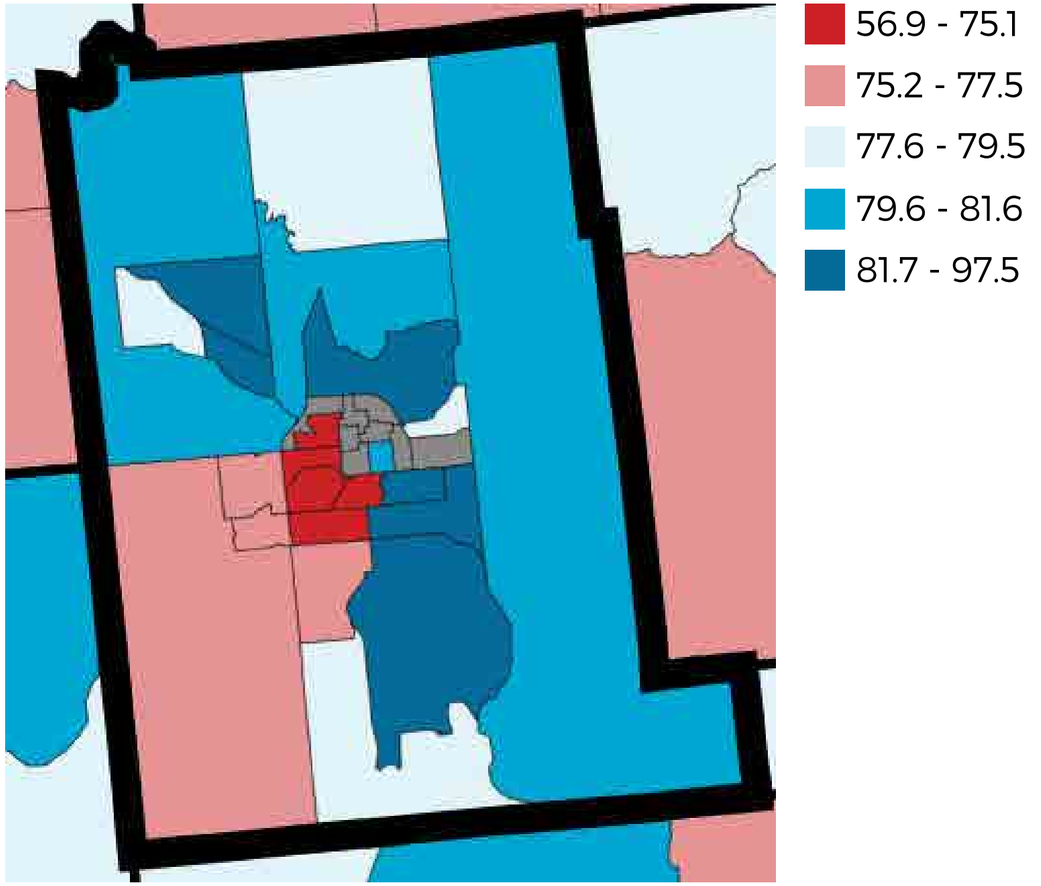
## Area Deprivation Index Map, 2021

State Decile by Block Group,
Neighborhood Atlas 2021




## Life Expectancy at Birth

USALEEP 2010-2015

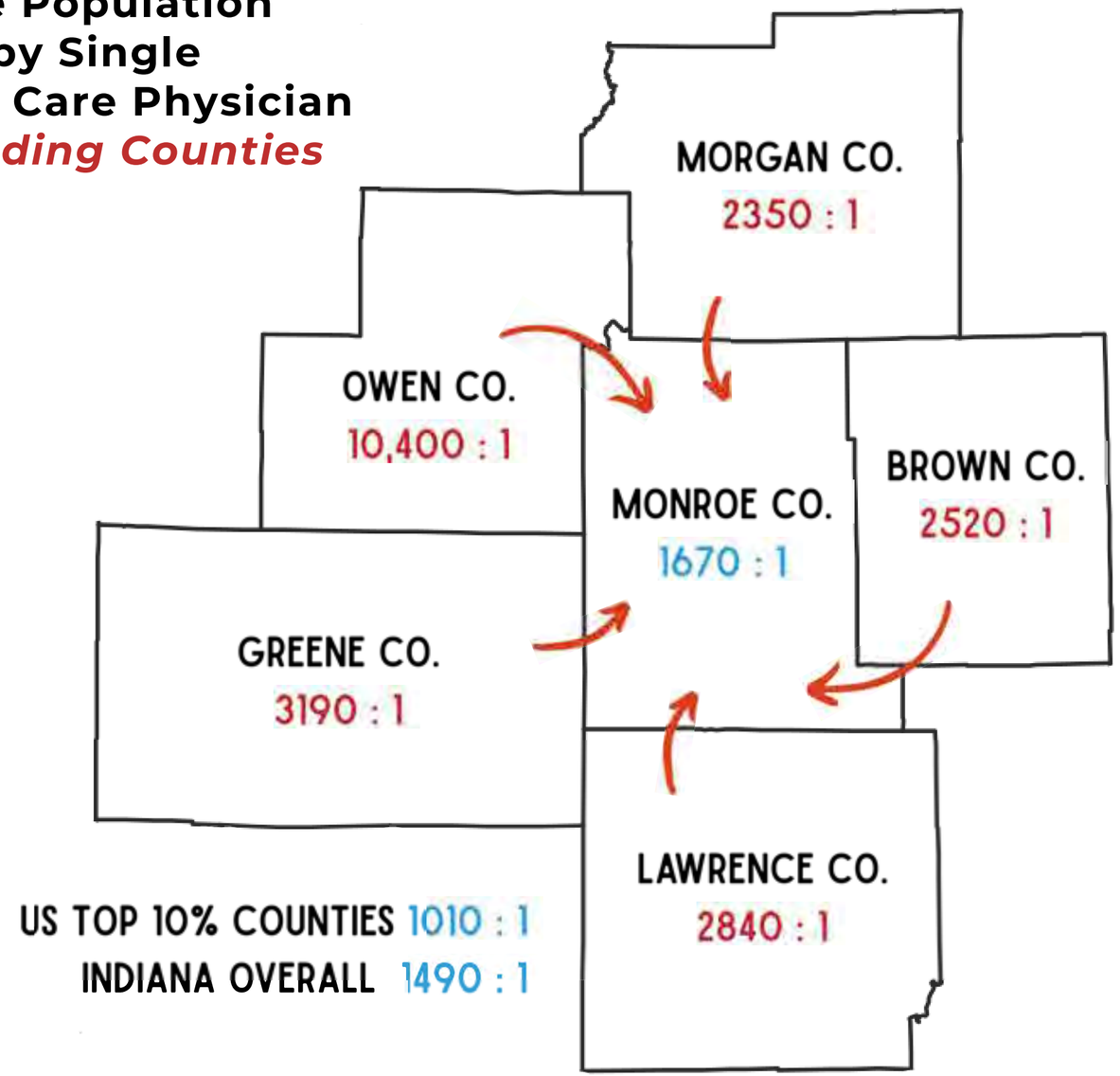


- **Considered a regional hub for services, likely contributing to a higher ratio of patients/clients to providers.**

- 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***



**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.

## Selected During Think Tank Sessions by Community Members

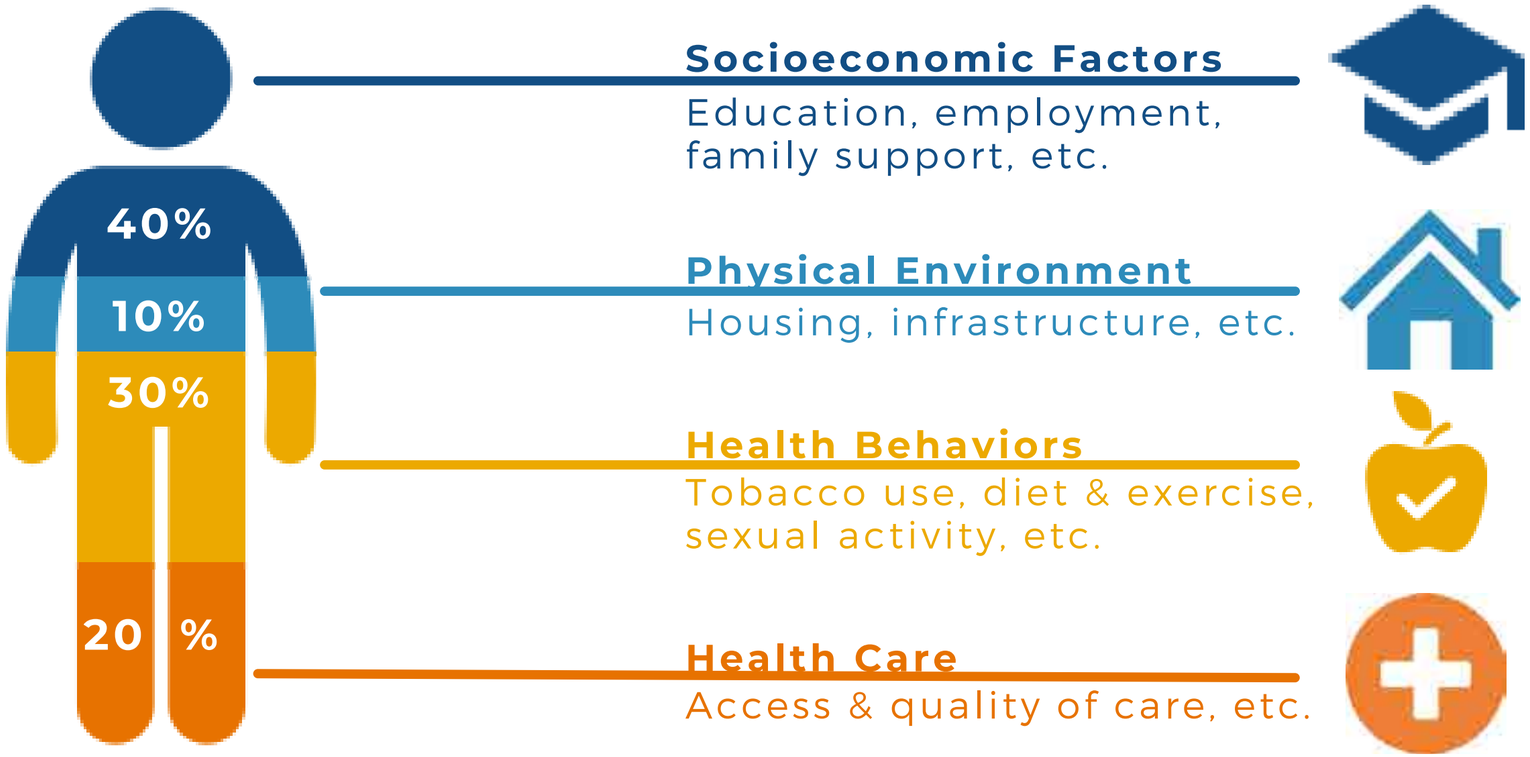
- Challenging processes to receive and maintain social services
- Frustrations regarding number of calls to ensure paperwork is processed correctly
- Long wait times with telephone and fax glitches
- Desire for better awareness of available social services
- Long wait list for some services
- Concerns 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

# INEQUITY, DISCRIMINATION & BIAS

## 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.

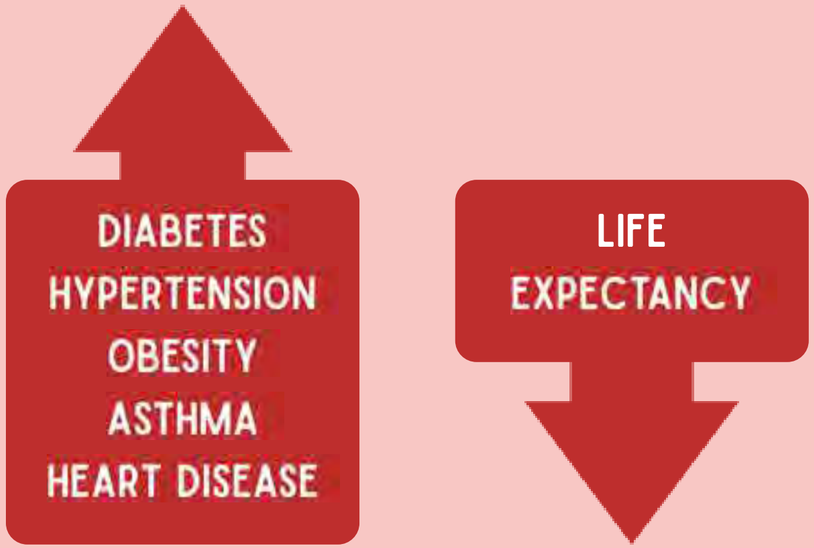
- CDC, 2021

# 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**

| **Substance Use-Mental Health Team Initial Goals** | |
|---|---|
| **Goal 1:** | **Reduce Stigma** |
| | Objective: Create Stigma Reduction Programming |
| | Strategies:<br>- Develop and provide training on CIT*, LEAD** and MHFA***<br>- 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:<br>- Develop/maintain community repository of local resources and services that help people access care (examples, transportation and insurance navigation).<br>- Develop and hold health fairs to allow service providers an opportunity to educate the community about services. |

| **Basic Needs Team Initial Goals** | |
|---|---|
| **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:**<br>- Create/maintain resource guide to communicate information on community resources and services<br>- Create and build brand for community hubs as places people can locate information on needed resources and services |

| **Chronic Disease Initial Goals** | |
|---|---|
| **Goal 1:** | **Prevent/Limit Development of Chronic Disease** |
| | **Objective**: Increase access to healthy food |
| | **Strategies:**<br>- Develop Year of Food Campaign<br>- Decrease food waste<br>- Increase consumption of fruits and vegetables<br>- Increase knowledge of how to access food resources (SNAP, WIC, etc.) |
| **Goal 2:** | **Objective:** Create Advocacy Campaign |
| | **Strategies:**<br>- Review/give input on how drafted city/county plans affect health<br>-Stay informed on legislative bills and keep others informed of impact on health<br>-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:** ___Basic Needs_____ **Date**_____1/6/2020_____

**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 (What 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 activity) | Resource Needs (What is needed to do the activity) | Outcomes (What are the desired results) | Evaluation Metrics (How will we measure the outcome) | 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<br>Dec: 1st first meeting with partners about planning the event<br>Jan: The Basic Needs team we will establish who would like to work on planning the healthcare sector of the event<br>Jan 2020 - Sept: plan<br>Oct: implement | Kane Rodrigues (AmeriCorp) has connected with the United Way and South Central Community Action Program to develop an initial plan<br><br>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:<br>- provides community members a variety of basic needs services on the spot (flu/covid immunizations vs haircuts)<br>- 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 ICCAP will be lead planners; Vectren and Anthem will be lead sponsors; date for the event is Oct. 15, 2020<br><br>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:<br>-discuss in meetings, collaborations<br>-distribute flyers and announce at the 2019 Monroe County Childhood Conditions Summit<br><br>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<br><br>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)<br><br>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<br><br>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)<br><br>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)<br><br>A laptop that provides access to helpingBloomingtonMonroe<br><br>A staff member at the site to offer a welcoming environment and information on resources<br><br>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