

CHIP Inequity, Discrimination and Bias Group

Week One

8.26.22

# What would it look like if Monroe County (did \_\_, had \_\_\_\_, provided \_\_ etc.)?

## housing

home share program to match older adults w/space in their home and younger adults

Policies to support sustainable housing in development plans

homes for those unhoused

tiny home village

affordability in general to increase access (livable wage)

## training DEI/implicit bias

If Implicit Bias training was mandatory for property management companies that receive HUD/LIHTC funding.

blgtn businesses had to required DEI training

Thorough DEI education

## accessible healthcare

follow up that isn't an automated phone survey but personal connection - did they get the care they needed?

Easy access to all people for healthcare

ease process for people to get help by making it more safe

flexible for understanding transportation problems happen and it's not the individual's/patient's fault

more person centered

remove bias in healthcare by identifying educating and holding accountable

feeling heard/feeling part of something/ feeling able to make a difference

If people filing a discrimination complaint with the Human Rights Commission felt that they would be protected from retaliation.

feeling of belonging

more effectively telling the story of people with lived experience in any category to better impact change

More intentional attempts to connect folks traditionally not heard in public meetings to decision makers

way to identify veterans across multiple types of resources

better ways to integrate veteran organizations to sit at the table with blgtn leadership

policy is effective and easy to navigate

how we reach the different demographic populations and engage different populations (culturally relevant, socioeconomically relevant)

policy is informed by what is working and is an ongoing iterative process

policies are not a barrier and are designed around people most vulnerable

equitable policy (down to school districting and things that play into education)

resources are available, and also widely known/accessible

## lack of health disparities

no health disparities

Looking at percentage of any given minority, considering crime rate, death rate, disease rate, home ownership, business ownership, would imagine the percentages are reflected -

maternal and child outcomes, mental health (specific categories)

Reduction in health disparities as related to race

hypertension rates more reflective of population

# Why are we not there now?

those most affected by policies do not have platform to share lived experiences

Lack of knowledge of what he needs of the community are

communities are not a priority

making a stance labels you (both sides)

people think that they do not deserve to receive services

Etc >

too many initiatives to focus on one area

the issues are large and labor intensive to overcome

need alternatives like microlending model

who owns the story, and how to intentionally give greater agency to the person whose story it is; platforming appropriately

media coverage always goes to same perspectives, insufficient coverage from the people working with and living in the communities

gatekeeping (people in charge of access not willing to hear the person)

Marginalized communities do not have a voice and are often placated and cast aside - unless it's a publicity moment.

lack of vision, hope or ideas for how things could be different

need for more empowerment - teaching how

legal restrictions to provide services, organizational (or governmental) level policy

requirements for assistance programs change/updated - almost a part time job to know how to apply and move through paperwork

biases within organizations and public agencies and nonprofits that keep us from being there

over-focus on policing versus underlying causes of crime (reactive vs. pro-active)

need desegregation of power dynamics to improve the system

\$ scarcity at organization/non-profit level

Grant funding for initiatives that could tackle this issues on a grassroots level (and are already there providing services) require audits, 501c3 status and staff that may have other financial means so they can "afford" to do this work.

capacity of the organization to provide services with limited budget/time resources

building the system intentionally to flip perspective to support those most vulnerable vs. those with most supports

the approach - businesses try to be agile and focused on deliverables making small changes to show momentum and maintain focus. policies appear to be made in ways that are not iterative - moving mountains rather than planting seeds

insufficient folks who are 'like me' doing the things that need to be done

limited capacity for individuals to provide services due to time/energy/cliff effect

need mentorship opportunities to help a person navigate the resources

high level restrictions like living wage pre-emption rules

policies don't accomplish the goals or help society in the way they are intended/advertised

funding is going to where there is already power in play (decision makers etc.)

resource scarcity for service providers as well as individuals

differences between communities need to be addressed. not a one size fits all approach

policies being chosen for fiscal reasons vs. longevity of the community

not sufficient support for folks already doing the work (too many hoops)

policies rooted in fear or scarcity based model rather than a rich interactive equity focused community

efforts take a lot of time! people start projects but may not have the time/energy/financial resources

people providing services are vulnerable to the same issues as people they are trying to serve

need an updated version of poverty to include more individuals who need services

policies try to move mountains instead of planting seeds

lack of funding for service provision

people aren't willing to do the work for the new positions that would be created. the people who would be good at the job will lose the current benefits/wages/etc. that they have in a more stable position

cliff effect - need to maintain benefits but also have sufficient wage/maintain housing etc.

# What are the opportunities/ideas on how to get there?

policy assessment - structural level intervention

prioritize and avoid overwhelm

identify assets in the group, who are the doers, creative folks, movement person, (identify roles)

find a program (programs) that are working to tweak/publicize

identify policies that are working/need to be tweaked

building & strengthening partnerships

Identify policy makers to hear the voices of the people as we have seen them in the CHA/CHIP/Community voices conversations

education at organizational level

BTCC communities of practice (implicit bias, primary prevention, dominant narrative etc.) as a resource for trainings

move beyond primer trainings, building capacity to enhance trainings beyond adding a person to a list

try out other resources to support and provide structure (go-to process for how to take next organizational steps) Tool Kit

education for organizations

education and bolstering of community health workers/advocates/referral givers ; improve referral process across the board

CAPS acting as navigators for [findhelp.org/helpingbl](http://findhelp.org/helpingbl) [oomingtonmonroe.org](http://oomingtonmonroe.org) to improve coordination

CAPS will be doing surveys for different programs to improve services - will be working with IU students to help in coordination

(1/2) CAPS commission will be reaching out to different agencies to connect/network/implement programs to partner together ...

(2/2) looking for funding etc. to improve service provision/coordination in the community - creating umbrella program

training for advocates? BTCC? Thriving Connections?

building in accountability/empathy to help people navigate resources or training for service providers

translator of the red tape and regulations, nuances, unwritten expectations etc.

Advocate for receiving case management services (for when a person does already have a case manager)

need a map of services and someone to navigate through the process

walk with someone, warm handoff rather than a referral, adding accountability when interacting with service providers

warm handoff training specifically for first responders

assessment of gaps in communities served

deaf club/ deaf/hard of hearing advocacy or more awareness of accommodations

Control

No Control

Knowledge

No Knowledge