September 16, 2022

Monroe County Public Library, Meeting Room 1C & on Zoom, 10:30-11:30am

Facilitator: Annie Eakin and Rachel Sargent

Notes: Melanie Vehslage

I. Welcome & Introductions
II. Agreements
    a. Respectful
    b. Ask with curiosity
III. Reviewing the questions asked and information gathered from last month. If you were unable to attend last month you are encouraged to attend this month and give your feedback.
    a. Page 51 to review community recommendations for change from Think Tank event https://www.co.monroe.in.us/egov/documents/1654172317_58587.pdf
    b. Participants identified that some missing issues from previous meeting included:
        i. Neurology and psychiatry focus
        ii. Humane association (transportation or people with animals who may forego appointments if they can't take service/emotional support animal)
        iii. Senior services directory (along with a general, not age-specific directory for disability services)
        iv. Transit to Indy (specifically to visit healthcare specialists that are not available in Bloomington)
    c. Categories that were identified fell into 'education' 'navigators' and 'allowing people to better utilize resources'
    d. Discussion centered around:
        i. Hosting classes
        ii. Surveying current transit, identifying if there is a currently existing resource like IndyGo that could partner to offer healthcare specific transit services
        iii. Access to navigators
            1. Challenging for folks without wifi, computer, computer literacy
            2. Would be ideal to pay someone to help community members sign up for necessary resources
            3. CAPS (Community Advisory for Public Safety) Commission is going through a training for findhelp.org to be able to provide some navigator services or learn more about them

4. Would be ideal to have a place where someone can physically go into in a place that already exists
5. Idea to work with neighborhoods with a navigator in each neighborhood – could connect through neighborhood association groups (though might need additional strategies for neighborhoods not connected through neighborhood association)
6. Need more funding in general
7. Idea of a coordinated volunteer effort for transportation
8. HealthNet has some navigators that are associated with their program

IV. Processing the ideas and organizing them into assets
   a. Identifying some tasks we feel will be attainable and realistic to make an impact on our community health
      i. Navigators – both have control and knowledge
      ii. Better system for helping residents
         1. There is a lot of talk about collaboration between non-profits, possible community based flow chart
         2. Build sustainability by understanding who can do what based on grant monies
      iii. More accessible health and social services
         1. How high upstream are we able to address?
         2. Limited service providers limit the ability for influence in this category
      iv. Transportation – knowledge in the room but may need outside help
      v. Health education – knowledge in the room
      vi. Identifying underserved populations
         1. Networks are already in place and many service agencies already work with specific populations (Continuum of Care, South Central Indian Housing, etc.)
         2. Some folks may not know about particular assistance opportunities, but may need outside help from folks not in this meeting

V. Identifying some tasks we feel will be attainable and realistic to make an impact on our community health

VI. Will go through the 'Why are we not there now' category next meeting. Thanks all, looking forward to working together

Transcription of sticky notes and categorization from 9.16.22 Poverty, and Navigating Health and Social Services CHIP group meeting

<u>Why are we not there now:</u>

Navigators: high turnover and need more training

- Hiring and training the right people for the job
- Limited staff
- Service providers do not like to work with the people they serve
- High turnover of direct service positions
- Mistrust of government help and those who serve (because they don't like serving the population)
- Requires intensive, personalized approach
- Implicit bias
- Time constraints
- Takes effort to build programs within community as opposed to top-down approach

Shortage of services

- Insurance likes to cover treatment rather than prevention
- Health care system
- We don't see healthcare as a right, we see it as a privilege
- Providers that don't accept HIP or Medicaid
- 3rd party healthcare systems
- The system is not meant to be navigable

Funding = getting help

- Internet illiteracy
- Internet/technology challenges
- Seniors have difficulty accessing services online in addition to transportation limitations
- Unreliable internet
- Financial challenges
- Funding
- Competition amongst non-profits for financial resources
- Support for those with limited resources
- Things that seem simple are not simple for those without resources
- People give up because they've been let down and because of limited resources
- People in poverty are not a priority

What are the opportunities and ideas on how to get there?

- Education
- Host classes on preventive care at convenient locations in each township, community centers, churches, schools, food pantries, university
- Federal funding
- Simplify system
- Hard to access navigators
- Navigators
- Someone to walk someone through the steps to get help until they get help
- Coordinated entry
- Helping people in the gap not get consumed into the gap
- Organization for folks without a neighborhood association
- More navigators who love what they do and working in locations where they can help those who need access most
- Working in neighborhoods
- HAND annual neighborhood event – set up resource table
- Create or better utilize social service and health resources
- Host health fairs and insurance sign ups at different locations throughout Monroe County – food pantries, community centers, churches
- Create resource guide on social and health services for university students experiencing food and housing insecurity
- Better utilize findhelp.org
- Community based flow hart for service providers that they can access to help direct providers o the services needed for a more effective referral
- Resources aunt Bertha, gethelp.org and helpingbloomingtonmonroe.org
- Use section 8 housing lists to identify people to connect them with services
- Use SCCAP office to identify those in need of services
- Use BHA to access those who need services
- Location that already has resources like STRIDE

- Transportation
- Coordinated volunteer led transportation
- Survey transportation options to identify resources and opportunities
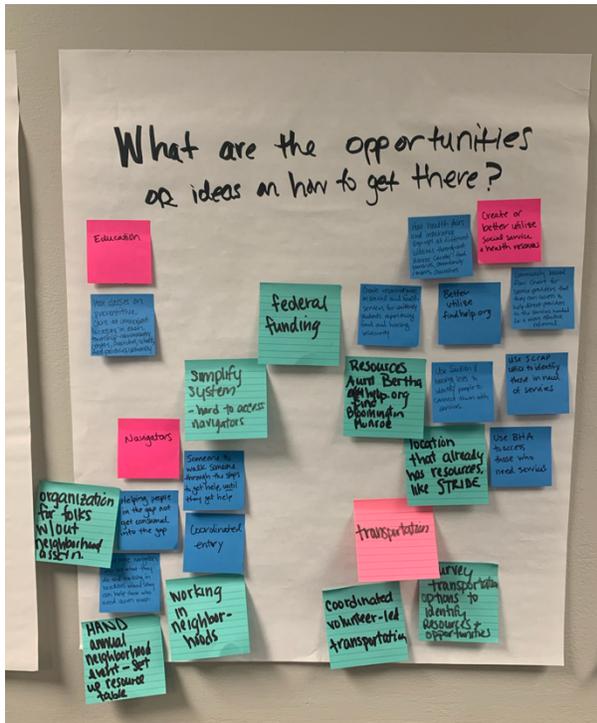
What would it look like if Monroe County did/had/provided

- Easy to access navigators
- Navigators that had knowledge of providers
- A better system
- Collaboration between nonprofits and government
- Broken down silos
- Better collaboration among nonprofit organizations
- An easier way for service providers to collaborate to help individual clients
- Community based flowchart that includes funding parameters and is updated frequently
- Dedicated staff to reach out to at NPOs to ensure helpingbloomingtonmonroe.org is accurate
- At your front door
- Monroe County Residents knew where to locate help and resources and were able to access them
- Accessible locations of health services, clinics, health and social services in general
- The built environment making it easier to get to the places they need clinics, healthy food
- Every neighborhood had a health clinic that was accessible to residents
- A better system of transportation to appointments
- Transportation for service animals
- Transportation to Indianapolis
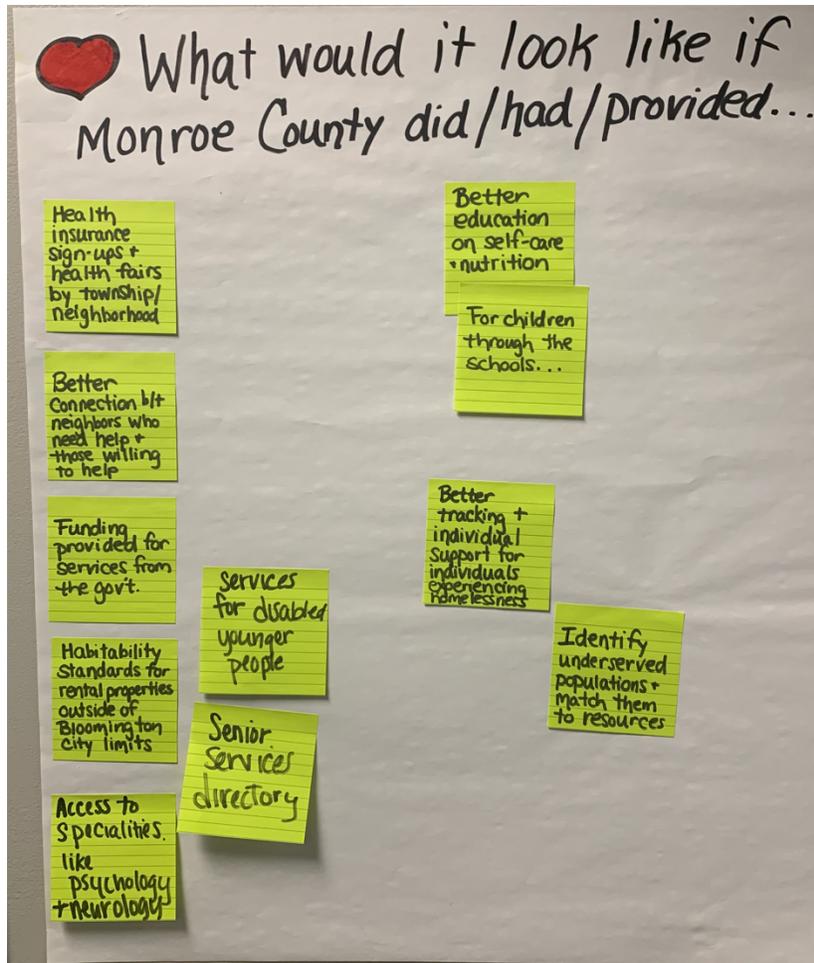
What would it look like …. (2)

- Health fair insurance sign ups and health fairs by township/neighborhood
- Better connection between neighbors who need help and those willing to help
- Funding provided for services from the government
- Services for disabled younger people
- Habitability standards for rental properties outside of Bloomington city limits
- Access to specialties like psychology and neurology
- Services for disabled younger people
- Senior service directories
- Better education on self-care and nutrition for children through the schools
- Better tracking and individual support for individuals experiencing homelessness
- Identify underserved populations and match them to resources
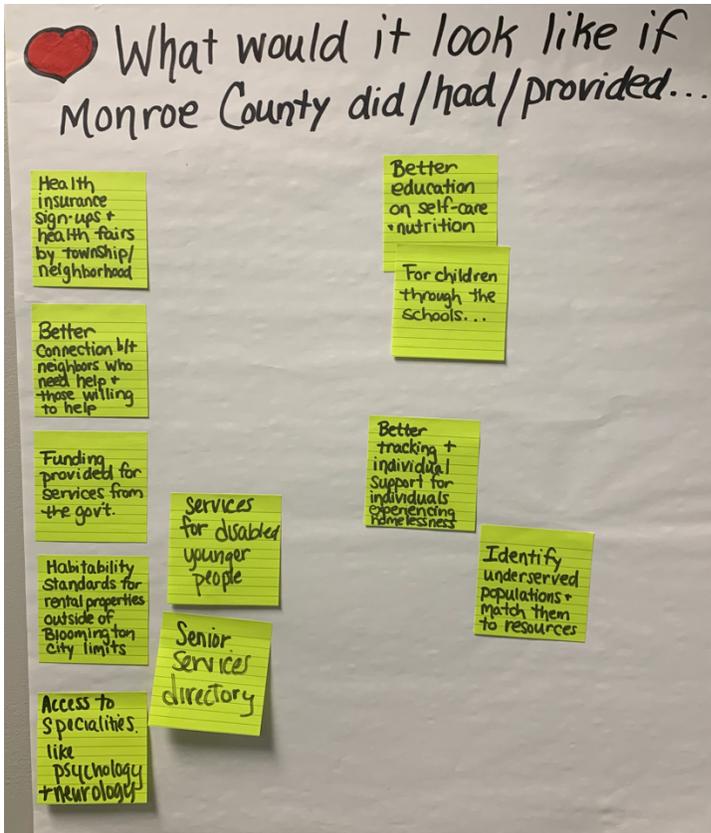
What would it take to make this happen?

- Funding for navigators
- Utilize knowledge of existing resources (private sector)
- Utilize existing framework
- Long term infrastructure

	Control	No Control
Knowledge	(do it) ● Navigators, better system for helping residents ● Better education about resources	(influence) ● More accessible health and social services ● Better health education
No Knowledge	(get help) ● Better transportation ● More personalized help	(stay away)

[Funding]

Funding

CONTROL   NO CONTROL

	DO IT	Influence
Knowledge	Navigators Better System for Helping Residents	Better education about resources	More accessible heath + social service	Better Health Education
No Knowledge	Get help Better Transportation	More Personalized Help	STAY AWAY	