

Community Health Improvement Plan (CHIP) Monroe County Poverty & Navigating Health & Social Services Workgroup

January 12, 2023
1pm on Zoom

- I. Welcome & Introductions (please put your name and email in the chat)
- II. Agreements
 - A. Respectful
 - B. Ask with curiosity
- III. Review October and December meetings (Rachael)
 - A. Opportunities identified from October meeting
 1. Navigators / Better System for Helping Residents
 2. Better Education About Resources
 - B. Gaps identified from December meeting
 1. Transportation – need to help people get to resources
 2. A lot of people don't speak English – won't go if they can't communicate
 3. Availability of healthcare providers
 4. People's schedules limit access to services
 5. Communications for warm hand off between providers
 6. Awareness of resources available
 7. More navigators – have some navigators at HealthNet, Community Kitchen, Hub, Helping Bloomington Monroe
 8. Case work/management – those who provide are overwhelmed and there is a lot of turnover
- IV. Present combined matrix and final discussion of gaps (Rachael)

Matrix with gaps may be found at the end of this document

Please take a look at the list of health challenges developed from community discussions to make sure we're not overlooking anything

- V. Example of past projects from CHIP workgroups (Melanie)
 - A. Link to 2015-2018 CHIP, begin on page 42:
https://www.co.monroe.in.us/egov/documents/1532305275_35693.pdf
 - B. Goal: reduce health disparities
 1. Gather and organize current community surveys, focus group data
 2. Identify and prioritize areas of concern by using existing data/surveys, etc.
 3. Evaluate prioritized opportunities for impact to determine how we can best reduce disparities
 4. Create and implement program / project using SSNRE practices
 5. Poverty simulation
 6. Childhood Summit 2017
 7. Health Ed events, Caregiver University, SCAAP budgeting workshop, Mother Hubbard's Cupboard classes
 8. Work with other organizations to create updated community resource list /

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- database of providers and services to help those in need access services
9. BTCC and ACHIEVE will organize and hold an event 2/9/17 to review the City of Bloomington Comprehensive Master Plan and provide recommendations on possible changes that could improve health
 10. Research current laws, policies, and resources to develop educational material on how to use insurance, community services, and resources and hold a minimum of 2 “resource fairs” per year
- C. Goal of Chronic Disease Team: Reduction in prevalence of chronic disease (obesity, cardiovascular disease, type 2 diabetes)
1. Gather data (to identify at risk populations and other trends)
 2. Gather data of wellness practices in area preschools
 3. Research best practices and state standards for preschool wellness practices. Identify needs and create next steps path to outstanding wellness practices
 4. Gather information on what is already being done in our community for adults with pre- or type 2 diabetes
- D. Goal of Substance Abuse/Mental Health Team: Increase access to substance abuse / mental health services
1. 2 per year - educational events for medical, substance abuse / mental health professionals and law enforcement personnel on evidenced base treatment, including MAT
 2. Brain science programs for community, law enforcement to reduce stigma, including implicit bias training
 3. National recovery month bulletin board with pictures and stories of local people in recovery to “normalize” recovery and reduce stigma
 4. Have people in recovery create a mural that celebrates recovery under direction of artist
 5. Develop an updated list / database of service providers, including at minimum, services provided, ages, accepted insurance, payment methods, how to access, etc.
 6. Develop bi-/tri-yearly meeting calendar with state legislators to attend our CHIP group meetings, exchange state and local updates, advocate for community needs
- E. Goal of Substance Abuse/Mental Health Team: Reduce harm from substance
1. Community education to change mind-set on dealing with pain/chronic pain
 2. Drug and disease prevention training to increase resiliency, reduce harm
 3. Motivational interviewing training for providers
 4. Say it Straight programming for youth
 5. Provide research to identify best evidenced-based practices to improve youth health
 6. Canvas substance abuse / mental health programming in schools
 7. Research and education on veterinarian opiate use, dispersal
 8. Receive data from IU Health, IU Health Physicians on all visits, research visit type, admits, diagnosis, treatment to determine and target health needs of community

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- VI. Review examples of proposed projects from community discussions (Annie)
- VII. Define actionable projects for our workgroup (Annie)
 - A. Discuss leadership for projects and organizations that can assist
 - B. A preference to work on the projects in groups within our monthly meeting time
- VIII. Next meeting, online, in person or hybrid?

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Opportunity	Strategies	Who Can Help? Me / Who is Missing?	Next Steps	Gaps
<p>control & knowledge - do it</p>	<p>Need to identify organizations already providing service</p> <p>Need to create framework, make sure information in FindHelp.org is current and how we can help update</p> <p>May need someone with responsibility to communicate with all organizations to help update information; would require permission to access info</p> <p>Need to discuss how 211 and FindHelp.org fit in</p> <p>Want place residents can go to get access to resources (e.g., Georgetown model for funding) Identify locations residents can access info (e.g. Indiana Recovery Alliance, Stride Center, HealthNet)</p> <p>May need to encourage people to call 988 instead of 211 for mental health</p>	<p>HealthNet</p> <p>IRA</p> <p>SCCAP</p> <p>All nonprofits</p> <p>211</p> <p>FindHelp.org</p> <p>START at IU</p> <p>Community and Family Resources (Michelle/Aubrey)</p>	<p>Tonda to forward recommendations from Community and Family Resources</p> <p>Talk to someone at City Community and Family Resources about updates (Kamala will talk to Michelle/Aubrey)</p> <p>Ask for brief history of 211 and FindHelp.org to understand relationships (Melanie)</p>	<p>Transportation – need to help people get to resources</p> <p>A lot of people don't speak English – won't go if they can't communicate</p> <p>People's schedules limit access to services</p> <p>More navigators – have some navigators at HealthNet, Community Kitchen, Hub, Helping BloomingtonMonroe</p> <p>Case work/management – those who provide are overwhelmed and there is a lot of turnover</p>

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<p>Better Education About Resources</p>	<p>Need hub for education needed re: diet, health eating on budget, exercise, stress reduction, substance use, sleep, social interaction, healthy lifestyle (e.g. library, Banneker Center)</p> <p>Need to determine how information can be provided outside doctor's office</p>		<p>Ask other HealthNet staff (clinic manager) to come to next meeting</p> <p>Reach out to Mother Hubbard's Cupboard and Community Kitchen about their efforts (Annie)</p>	<p>Availability of healthcare providers</p> <p>Communications for warm hand off between providers</p> <p>Awareness of resources available</p> <p>Information hub for preventative care information</p>
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