

CHIP Poverty and Navigating Health and Social Services Workgroup Meeting Notes

Date: 1.12.23

Time: 1-2 pm

Attendees: Annie Eakin, Melanie Vehslage, Jessie Yeary, Rachael Sargent, Mary Mahern, Stephanie Richards, Susan Klein, Jessica Martin, RN with Southern Indiana Physicians – managing WIC for Monroe and Greene, intern Sarah Arnette

Summary

- The group agreed that we would form subcommittees around navigators and transportation
- Discussed possible involvement in proposal for HUD funding due in March 2023
- Will revisit list of subcommittees at next meeting briefly
- February meeting will be on Zoom

Detailed Meeting Notes

I. Welcome & Introductions (Annie)

II. Review of Group Agreements (Annie)

III. Review of October and December meeting notes (Rachael)

A. Review of Opportunities identified in October meeting

- More navigators/better system for residents
- Better education about resources

B. Gaps identified from December meeting

- Transportation – need to help people get to resources
- A lot of people don't speak English – won't go if they can't communicate
- Availability of healthcare providers
- People's schedules limit access to services
- Communications for warm hand off between providers
- Awareness of resources available
- More navigators – have some navigators at HealthNet, Community
- Kitchen, Hub, Helping BloomingtonMonroe
- Case work/management – those who provide are overwhelmed and there is a lot of turnover

IV. Review of Matrix to identify additional gaps (Rachael)

- **Rachael:** Any additional gaps that we can address in action teams to get projects. Can reference the gaps page, when considering things that we can affect.
- Navigators
 - Scheduling appointments (possibly something that could be affected with navigators)
 - Need for more interagency connections
- Better education about resources
 - How to navigate resources – knowing about other unknown lock and key to resources.

- *See revised matrix at end of document*

V. Examples of past projects from previous CHIPs

- Melanie reviewed examples of past projects from previous CHIPs
https://www.co.monroe.in.us/egov/documents/1532305275_35693.pdf (beginning on p. 42)
- Annie met with Tonda yesterday about human navigators; She was in a number of meetings with John Zody regarding ARPA funding to grant out dollars for core navigators through the City of Bloomington.
- Could be a specific action item. Given that information, how can we plug into those actionable projects?

VI. Review proposed projects from community discussions

See document at end of meeting minutes

VII. Discussion of Actionable items

- Navigators are key. If someone doesn't have a way to get to that help, we are lost.
- What is the capacity for translators? Would have to have a navigator to make sure that piece is in place.
- With IU Health, there is a translating system over the phone. Call out to schedule with third party translator. Is the process of 'The Marty' on an ipad or iphone a more efficient way to translate.
- Challenges scheduling an appointment – for folks with language issues would want to make sure that was available
- The translation services are available, but the healthcare providers weren't using them (according to community members).
- There's a gap between tools and behavior.
- Providers are probably overwhelmed and might not be incentivized to use them.
- Pre-planning (including a person reminding the provider that they will need interpretive services) works great if it's in place.
- One of the big things is planning for how much time to use the interpretive services – need to make a plan way ahead of time and advocate for the patient.
- Individuals experiencing homelessness have a case worker from Shalom that would be there to really make sure providers are on the ball
- There seem to be two different sides – having a navigator/advocate for patient but also someone for the service providers to make sure they have all the information they need for free/low cost.
- Everyone knows about translation services but people just don't use it. Are there smaller orgs unable to pay?
- Advocacy could be require use of navigators and education
- Annie: Was looking at presentation with John Zody – there are 2 million dollars for HUD home program and funds have to be used for those homeless, at risk, DV, and those requiring housing services and those at risk of losing housing.
- Re-development commission is on Feb 6th and a draft plan due to HUD in March. Come up with plan to submit to HUD. Could ask John to join meeting next month perhaps?

- Curious about the gap of transportation – need to get to resources, but aren't there a lack of resources? For insurance you can sometimes have additional gaps. Look into the transit for getting to the providers in Indianapolis.
- Consider IU health only, people getting care in Bloomington that need to see providers with IU Health in Indianapolis. How to get them there? Medicab? Paying for cab fare sometimes happens with IU patients and bus passes. Individuals in rural areas are in need of traveling to the doctor on an urgent basis. Potential for shuttle? Started bringing specialists to Bloomington 1x a month.
- Monroe County mutual aid has a lot of requests for people who need assistance getting to the doctor or financial assistance to pay for Lyft.
- Find out at what level, who do you have to talk to to get help with a regional health center in terms of getting transportation integrated.
- Could approach transportation as a research project.
- Two subcommittees could be transportation and navigators. Can always add to the projects.
- Next steps: put out meeting minutes, get the list of the two groups and then in between now and February if people want to add to the list of major projects that's fine.
- Before the next meeting, bring together what all had been included in the navigator role and responsibilities
- Maybe invite a navigator into the next meeting to see what might actually be feasible.

VIII. Next meeting

- Zoom? Back to in person? – the room would prefer in person meetings, but said if all one or the other, Zoom has greater capacity to gain participation.
- Next meeting will be on Zoom

Opportunity	Strategies	Who Can Help? Me / Who is Missing?	Next Steps	Gaps
<p>control & knowledge - do it</p> <p>Navigators / Better System for Helping Residents</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> <p>Challenges scheduling appointments</p> <p>Challenges obtaining and maintaining health insurance</p>

<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> <p>How to find/navigate information</p>
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MONROE COUNTY COMMUNITY HEALTH ASSESSMENT

COMMUNITY MEMBER RECOMMENDATIONS FOR CHANGE

PRIORITY AREAS

SUBSTANCE USE & MENTAL HEALTH



AFFORDABLE HOUSING, HOMELESSNESS & HOUSING INSECURITY



POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES



INEQUITY, DISCRIMINATION & BIAS



During the 2021 Monroe County Community Health Assessment process, community members helped identify key health issues within the community and provided numerous recommendations for change. Community members also helped identify four priority health issues: Substance Use & Mental Health; Affordable Housing, Homelessness & Housing Insecurity; Poverty, and Navigating Health & Social Services; and Inequity, Discrimination & Bias.

Recommendations for change from community members related to these four priority issues have included:

SUBSTANCE USE & MENTAL HEALTH

Community members would like to see enhanced services and less stigma around mental healthcare and treatment for substance use.

- * Reducing stigma through education regarding mental health and substance use disorder
- * Addressing mistrust of medications for treatment
- * Engaging with residents to develop better treatment options
- * Improving mental health resources, particularly for individuals who are incarcerated, individuals experiencing homelessness, and children born with substance use issues
- * Continued use of police personnel trained to work with individuals living with mental health issues
- * Expanding services offered
- * Collaborative system of mental healthcare to improve patient services
- * Engaging community members to identify barriers to seeking mental health services

AFFORDABLE HOUSING, HOMELESSNESS & HOUSING INSECURITY

Community members would like to see more affordable housing options, expanded services for individuals who are housing insecure, and less stigma around housing insecurity.

- * Adoption of a local Housing First policy
- * Need for public restroom, particularly for individuals experiencing homelessness
- * More affordable housing and expansion of programs that reduce risks for landlords who accept housing vouchers
- * Addressing barriers to housing, such as credit scores, finances, physical and behavioral health issues, former incarceration, and limited number of Section 8 housing units
- * More housing rentals by room
- * Encouraging discussions around housing issues
- * Increasing education and compassion around housing insecurity



MONROE COUNTY COMMUNITY HEALTH ASSESSMENT

COMMUNITY MEMBER RECOMMENDATIONS FOR CHANGE

POVERTY, AND NAVIGATING HEALTH & SOCIAL SERVICES

Community members would like to see improvements to existing health and social services and help understanding the services available to them.

- ✳ Advocates to help residents receive needed care and insurance coverage
- ✳ Use of navigators to connect residents with services
- ✳ Training for advocates and navigators to increase knowledge of current resources
- ✳ Education of residents on existing resources, specifically walk-in clinics, HealthNet, and STRIDE Center
- ✳ Map of health and social services by neighborhood and improved outreach on services
- ✳ Guidance on use of Aunt Bertha website
- ✳ Enhanced collaboration among nonprofits
- ✳ Improved education on self-care and preventative care
- ✳ Community-based health fairs based in townships
- ✳ Health insurance sign-ups at convenient locations
- ✳ Connecting people in each neighborhood in need with those who want to help, particularly through neighborhood associations and faith-based communities
- ✳ Greater transparency around healthcare costs
- ✳ More choices for healthcare providers
- ✳ Additional walk-in health clinics that provide IU School of Medicine students opportunities for experience
- ✳ Extended weekend office hours for healthcare and social service providers
- ✳ Expansion of existing services, particularly those offered by Area 10 Agency on Aging, Thriving Connections, STRIDE Center, HealthNet, and El Centro Comunal Latino
- ✳ Expanded programs for food insecurity, including expansion of Banneker backyard garden, more food pantries with fresh fruit and vegetables, mobile farmers markets that accept EBT, additional cooking classes for adults and children, and expansion of community garden plots
- ✳ Improvements to broadband services and transportation

INEQUITY, DISCRIMINATION & BIAS

Community members expressed concerns regarding unfair and unequal treatment related to income level, housing status, insurance coverage, race and ethnicity, level of ability, and gender identity.

- ✳ Considering decisions through an equity lens
- ✳ Addressing accessibility issues on social media, such as providing descriptions of images and accessible forms
- ✳ Health insurance for all, including immigrants
- ✳ Better health insurance, such as Medicare type coverage for all, universal healthcare decoupled from employment, income-based insurance that includes dental and vision coverage, or discounted group plans for local organizations
- ✳ Improved access to community resources for individuals with disabilities through person-centered planning
- ✳ More collaborative system of healthcare to provide better care for patients
- ✳ Increased attention to climate change impacts
- ✳ Improvements to provider care, including better explanations of health conditions, more empathy and compassion in healthcare systems, cultural competence training for providers, more diversity among healthcare providers, and greater support for residents with fears of healthcare providers
- ✳ More support for individuals recently incarcerated
- ✳ More support for the LGBTQ+ community, including education for healthcare personnel
- ✳ Assistance for individuals with mobility issues using public transportation
- ✳ Expanding transportation to rural areas
- ✳ Translation of more documents into multiple languages
- ✳ Expanding translation services
- ✳ Use of poverty simulations to enhance empathy among decision makers and service providers
- ✳ Trainings for first responders to de-escalate crises
- ✳ Policy changes to help individuals who are uninsured, to encourage healthy food choices, and establish a living wage
- ✳ More advocacy around health issues



Indiana University Health

