

What would it look like if Monroe County (did__, had _____, provided _____

funding
provided for
services from
the
government

Better
education on
self-care and
nutrition

Better tracking and
individual support of
individuals
experiencing
homelessness

Better
collaboration
among
nonprofit
organizations

at your
front
door

an easier way for
service providers to
collaborate to help
individual clients

Better connection
between neighbors
who need help and
those willing to help
with transportation
and other resources

Health fairs and
insurance sign-ups b
township/neighborh
od

For children
through the
schools

silos

collaboration
between
non-profits
and local
government

A community-based
"flowchart" of social
services that
included funding
parameters and
requirements
(income, special
status, etc.) that is
updated frequently.

**a
better
system**

accessible locations
of health services,
clinics, health and
social services in
general

A better
system of
transportation
to
appointments

**easy to
access
navigators**

Dedicated staff to
reach out to NPO's
to ensure that the
information in
Helping
Bloomington
Monroe is
accurate/current.

Monroe County
residents knew
where to locate help
and resources and
were able to access
them

**A wider
variety of
providers**

identify
underserved
populations and
match them to
services/resources

Navigators
that had
knowledge
about
different
provid

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**

Habitability
standards for rental
properties outside
of City of
Bloomington Limits.

Why are we not there now?

Things that seem simple, are not simple for those without the resources

Unreliable internet

Internet illiteracy

high turnover rate of direct service positions

Seniors have difficulty accessing services online and because of transportation to location of services

providers that don't accept HIP or Medicaid

Mistrust of government help and those who serve (because they don't like serving the population)

Takes effort to build programs with community rather than top-down

Time constraints

Requires intensive, personalized approach

Competition amongst non-profits for financial resources

Insurance likes to cover treatment rather than prevention

Give up trying because they have been let down and because of limited resources

We don't see health care as a right, we see it as a privilege.

limited staff

Implicit bias

service providers do not like to work with the people they serve

funding

People in poverty are not a priority

3rd party healthcare systems!

the system is not meant to be navigable

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

Host classes on preventive care and nutrition at convenient locations in each township - community centers, churches, schools, food pantries, university

Host health fairs and insurance sign-ups at different locations throughout County - food pantries, community centers, churches.

Create resource guide on social and health services for university students experiencing food and housing insecurity.

Use Section 8 housing lists to identify people to connect them with services

Have more navigators who love what they do in locations they can help people.

Someone to walk someone through the steps to get help, until they get help

Use SCCAP office to identify those in need of services

Community based flow chart for service providers they can access to help direct providers to the services needed for a more effective referral

Helping people in the gap not get consumed into the gap

Use BHA to access those who need services

Coordinated entry.

findhelp.org can be better utilized for all in the system