MONROE COUNTY
COMMUNITY HEALTH ASSESSMENT

2021

Led by:

Monroe County Health Department
IU Health Bloomington, Community Health
City of Bloomington Parks & Recreation
Community Voices for Health in Monroe County

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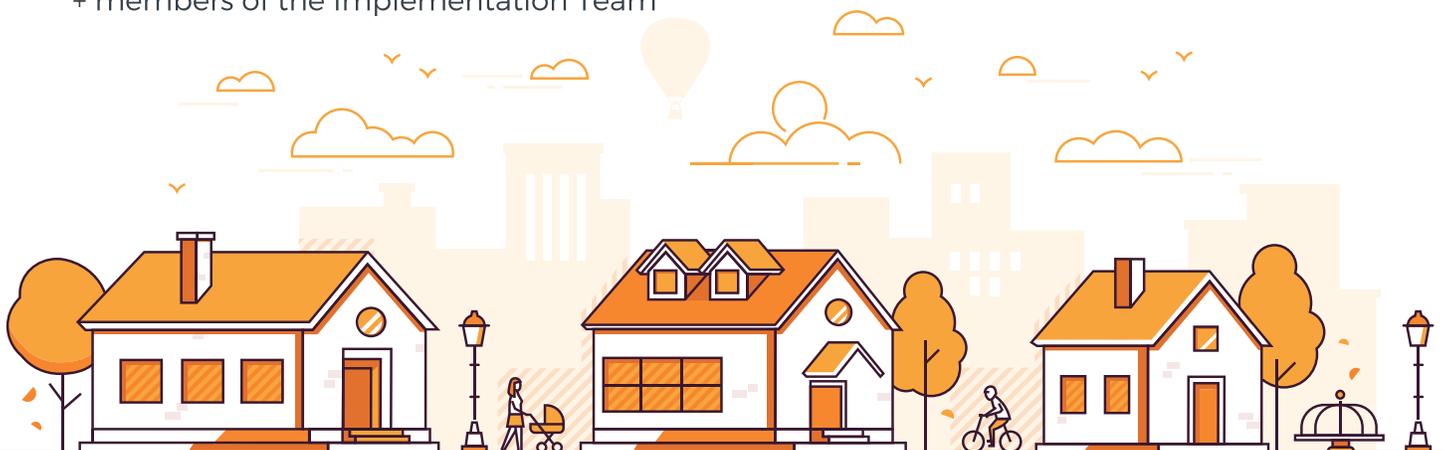+ members of the Implementation Team

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"The Pandemic has shone a light on how valuable collaborations are. Being able to navigate COVID-19, complete a CHA, and maintain other duties would not have been possible without our strong partnerships. Leading alongside IU Health, CoB Parks and Recreation, CJAM, and HealthNet brings strength to both the assessment and improvement plans to come."

PENNY CAUDILL,
PUBLIC HEALTH ADMINISTRATOR,
MONROE COUNTY HEALTH DEPARTMENT

"Collaborating with the Monroe County Health Department, City of Bloomington Parks and Recreation Department and CVHMC and HealthNet supports a community wide health needs assessment ensuring that we reach all populations across our county for their feedback. This partnership in the last 2-3 years allowed us to pivot and support the community through the COVID-19 pandemic in other ways while still focusing on a successful CHNA. This partnership has proved to be invaluable."

CAROL WEISS-KENNEDY
DIRECTOR OF COMMUNITY HEALTH
IU HEALTH SOUTH CENTRAL REGION

"The City of Bloomington Parks and Recreation Department continues to value and benefit through our collaboration with the Monroe County Health Department, IU Health, CVHMC and Health Net. This multi-agency partnership was critical as we all managed services and community responses to the COVID-19 pandemic. Together, we are dedicated to identifying needs, mobilizing and addressing issues for the health and wellness of our community."

PAULA MCDEVITT
DIRECTOR,
CITY OF BLOOMINGTON
PARKS & RECREATION

"Hearing from people from all aspects of the community is a core mission of the Community Voices for Health in Monroe County initiative. We value our collaboration with the Monroe County Health Department, IU Health, City Parks and Recreation, and HealthNet to help ensure that we hear from a broad spectrum of community members, particularly those who aren't often heard from, in addressing our community's toughest health issues."

LIZ GRENAT,
PROJECT LEAD,
COMMUNITY VOICES FOR HEALTH IN
MONROE COUNTY,
EXECUTIVE DIRECTOR,
COMMUNITY JUSTICE AND MEDIATION
CENTER

A community health assessment identifies key health issues and assets through systematic, comprehensive data collection and analysis to allow stakeholders to develop strategies to meet the community's health needs.

STEP ONE: PLANNING

IU Health Bloomington Hospital, Monroe County Health Department, City of Bloomington Parks and Recreation Dept., and Community Voices for Health Monroe County began meeting to plan the next CHA/CHIP process.

STEP TWO: COMMUNITY SURVEY

The public health partners reviewed the previous assessment survey and determined its use would allow best comparison of change and growth. Questions on COVID-19 were added to gauge its impact on residents' health.
The Monroe County CHA survey was completed by using Survey Monkey. Residents visiting both the Monroe County Health Department and the IU Health COVID-19 Vaccine Clinics were invited to complete the survey by phone using a QR code. Survey links were also shared through social media, websites, resident and coalition email lists, and local news media through press conferences. Paper copies were available for those without internet.
The survey covered a range of topics such as health, quality of life, access to healthcare, health insurance, health behaviors, views on personal and community health, and what the respondent perceived to be the most important challenges for the community.

STEP THREE: COMMUNITY FOCUS GROUPS

Seven virtual Focus Groups were held in April and May of 2021 to gather information from community members regarding what they perceived as the greatest health needs facing Monroe County. CVHMC hosted interviews, discussions and deliberative meetings as well. These interactive sessions gave researchers an opportunity to hear from multiple viewpoints and ask clarifying questions in order to create a broader understanding of community needs.

STEP FOUR: SECONDARY DATA COLLECTION

Researchers looked at existing sets of data, such as: *Census data*, *Bureau of Labor Statistics*, *Centers for Disease Control & Prevention & County Health Rankings* to identify how Monroe County ranked in terms of health, health behaviors, and other demographic information.

STEP FIVE: DATA ANALYSIS

Results of the survey, focus/discussion groups, deliberative sessions and secondary data were assessed and analyzed to determine gaps, trends and challenges.

STEP SIX: PRIORITY DETERMINATION

The results from the survey, focus groups, deliberative groups and local data will be shared at two "Think Tank" meetings on 4/27/22 & 4/30/22 for community residents to assess and select priorities to kick off the Community Health Improvement Plan!

A Community Health Assessment is a systematic process involving the community to identify, analyze and prioritize issues affecting the health of the community.

The Institute of Medicine (IOM) identified the provision of community health assessments (CHA) as one of the three core functions of those who work in public health. (NACCHO issue brief, December 2011). Assessments are also considered one of the 10 Essential Public Health Services, an important framework public health agencies use to guide their work in order to promote an environment in which everyone has a fair and just opportunity to achieve good health and well-being.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.
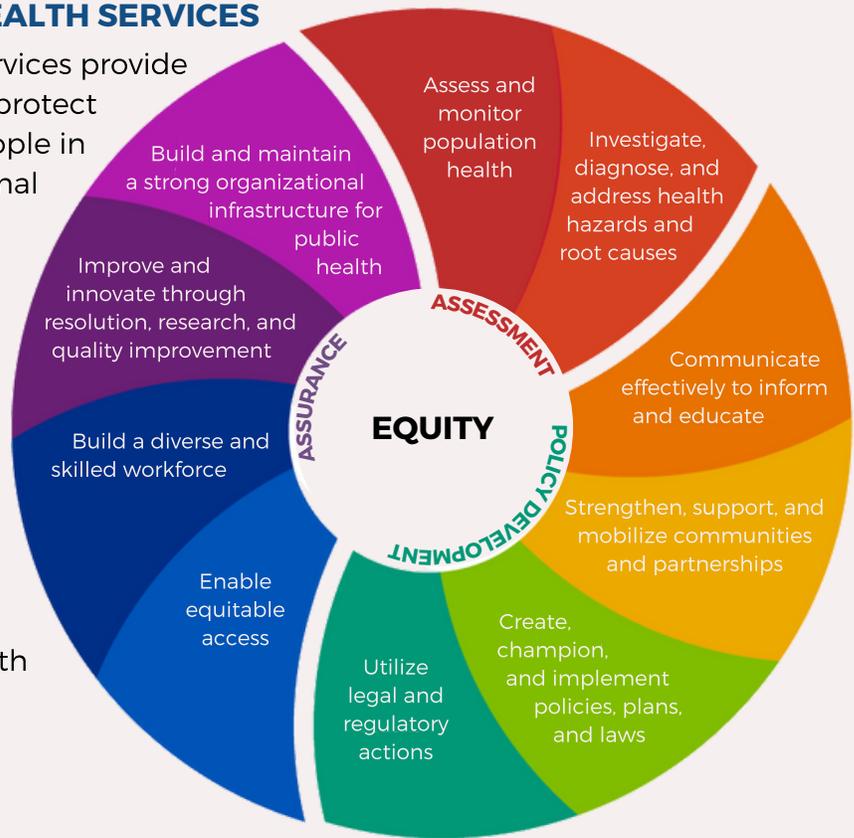
(fig. 1) CDC, revised 2020, 2022.

The purpose of a CHA is to determine the health status of a community, both by the collection of health data as well as from the perspectives of individual residents. The ultimate goal of a CHA is to be able to use the gained knowledge to develop goals and strategies that address and improve the identified needs.

WHY ARE PARTNERSHIPS IMPORTANT

The development of broad partnerships of organizations and residents that work together to develop the CHA is one of the most important components. "A variety of tools and processes may be used to conduct a community health assessment; (but) the essential

ingredients are community engagement and collaborative participation" (Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).

PUBLIC HEALTH IS EVERYWHERE AND INCLUDES ALL OF US!
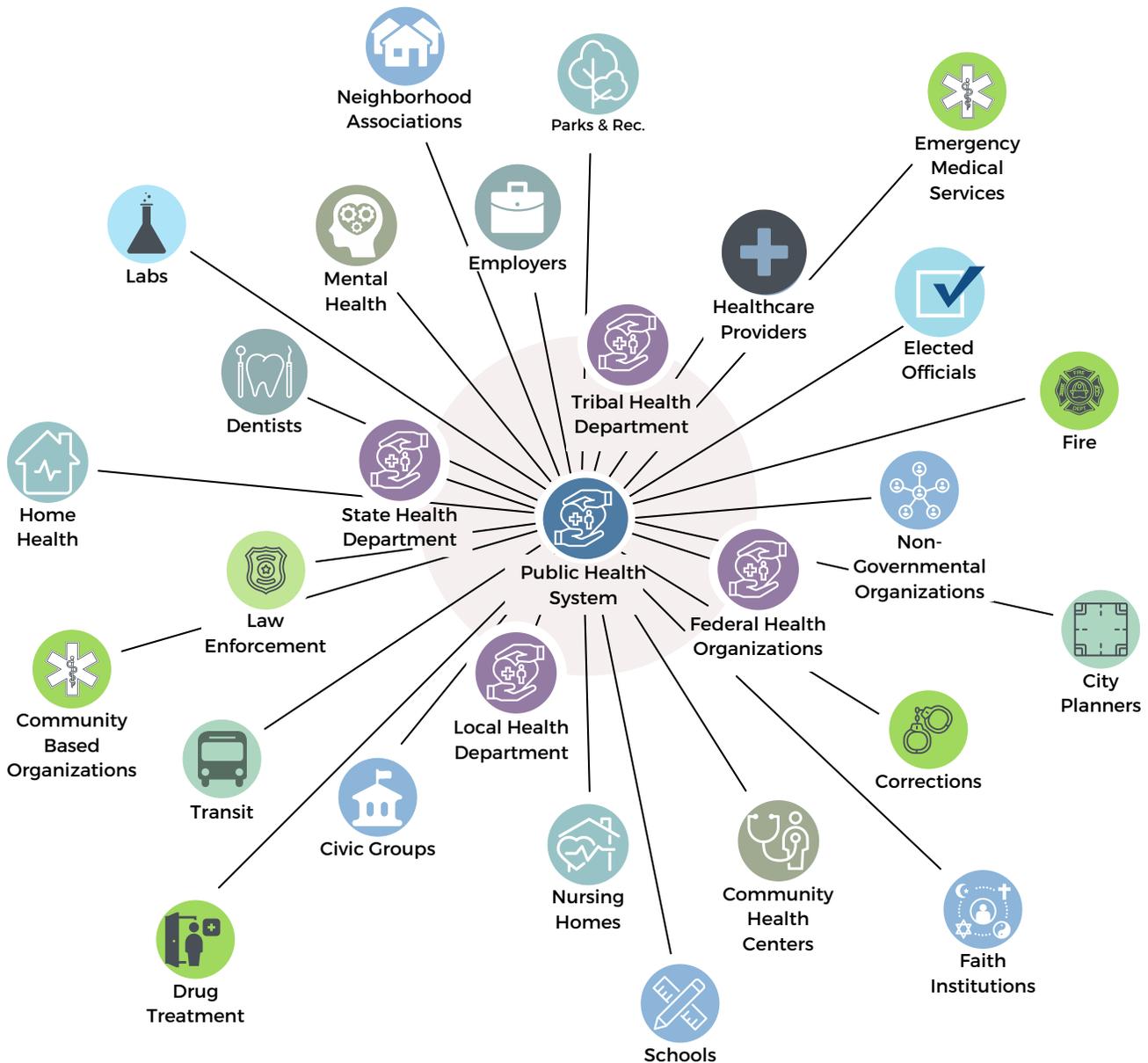
(fig. 2) The network of a public health system.

Each partner brings unique experiences, resources and expertise, which creates a more robust representation of the community. It also helps to increase engagement and alignment of shared visions, goals and resources.

At its best, a public health system is much more than the work of one agency, but is rather a network of people and organizations with different roles and relationships that contribute to the public's health in the community.[1]

The Public Health Accreditation Board recognizes the strengths in collaborations and has included it into accreditation requirements for health departments. Nonprofit hospitals are also required to work with public health departments and community stakeholders to meet the federal requirements of the 2010 Patient Protection and Affordable Care Act.

The 2021 Monroe County CHA will be the third collaborative community assessment guided by partners MCHD, IU Health Bloomington Hospital and the City of Bloomington Parks and Recreation. Joining us this cycle is Community Voices for Health in Monroe County.

PURPOSE AND SCOPE

The Monroe County Community Health Assessment is an assessment of the needs of all non-institutionalized persons over the age of 18 living in Monroe County, as well as the overall environment in which they live. The purpose of doing a CHA is to identify the most significant health gaps or challenges the community faces, and to provide a tool the community can use to make informed decisions about prioritizing health needs and determining how to most effectively address them. It allows the assessment of community strengths and resources as well as gaps and health disparities.

Both quantitative (survey) and qualitative methods (focus groups) were used to gather information and primary data for this project. The collection of input from community residents is important in order to have a more complete picture of the community as well as to add understanding and meaning to health data from other sources. It also helps ensure that the final improvement plan results in services and programs that are meaningful and valued by community residents.

1. *https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Defining-Terms-The-Public-Health-System.pdf*

SECONDARY DATA COLLECTION

The team members began by gathering and reviewing secondary data from many federal, state and organizational datasets to complete an analysis regarding measures impacting community health, including those below from the following organizations (see Appendix for complete source list). The secondary data collected continued to be analyzed and updated throughout the assessment process. This data analysis helped the partners identify community strengths and gaps, as well as where opportunities may exist for improvement.

STATE	FEDERAL	ORGANIZATIONAL
Indiana Business Research Center	Centers for Disease Control and Prevention	Robert Wood Johnson Foundation County Health Rankings
Indiana Department of Education	Institute of Medicine (National Academy of Medicine)	IU Kelley School of Business
Indiana Family & Social Services Administration	US Bureau of Labor Statistics	IU Health Bloomington Hospital
Indiana Department of Health	US Census Bureau	Monroe County Government
Indiana Department of Transportation	US Department of Commerce, Bureau of Economic Analysis	City of Bloomington
	US Health Resources & Services Administration	Indiana University Bloomington
		Indiana Prevention Resource Center

more sources available in appendix

QUALITATIVE DATA: COMMUNITY SURVEY, FOCUS GROUPS, INTERVIEWS

The Community Health Assessment Survey

The survey was adapted from previous surveys used by the public health partners in the 2015 and 2018 Community Health Assessments. Similar to the earlier surveys, it included questions on demographics, health status, access to health services and community conditions that impact health. It also asked about the responder's perceptions of health, health behaviors, and community health needs. The most recent survey included questions designed to discover how COVID-19 has impacted local families and their health.

The survey was promoted through local press conferences, newspaper stories, partner websites and through a large email campaign. It was also shared with residents attending local COVID-19 vaccination clinics at the Monroe County Convention Center and the IU Health Bloomington Hospital COVID-19 vaccination clinics. The survey was translated into Spanish and shared at a vaccine clinic for those who speak Spanish.

A total of 760 Monroe County residents completed the survey with 2 completed in Spanish.

The Community Focus Groups/Discussions/Deliberative Sessions

The Monroe County Health Department, IU Health Hospital and Bloomington Parks and Recreation held 4 community stakeholder meetings and partnered with Monroe County Community Voices for Health (MCCVH) for three additional focus groups that were held in April and May of 2021,   Each group was asked the same questions and their answers were recorded and coded to determine what the participants perceived to be the highest areas of need:

- How do they define quality of life?
- What facilitates a high quality of life?
- What do they see as barriers to quality of life?
- What do they see as the most important health needs in Monroe County?
- What would they like decision makers to know about health needs in Monroe County?
- What has been the impact of the COVID-19 pandemic?

Altogether, 46 people participated in the focus groups. The meetings were held on Zoom and at varying times and days of the week in an effort to increase participation..

Community Voices for Health Monroe County

From mid-2020 to mid-2021, CVHMC conducted small group discussions, individual interviews, and collected written responses to hear from as many diverse voices as possible. These discussions, involving over 150 people, were based on two questions with occasional follow-up questions for more detail:

- What matters to you about health?
- What do you want decision-makers to know?

From these discussions, three top themes or areas of concern were identified. The team then held structured, facilitated deliberation sessions from August, 2021 through February, 2022. Participants (about 100) received a deliberation guide that outlined the top areas of need and explained the process of deliberation. Community members were brought together with decision-makers (mostly government officials) to discuss the identified needs and to begin deliberating on possible solutions. The majority of discussions were held virtually by Zoom. Six of the 10 deliberation sessions were in person.

Limitations

Data from surveys and focus groups, although very valuable, can have some limitations based on their nature.

Both the survey and focus group participants were able to choose if they wanted to participate, which may create a sample bias. Because they are only a small fraction of Monroe County residents, the resulting data may not be truly representative of Monroe County residents.

Information for both were shared widely by partners through press releases, newspapers, websites, email campaigns and word of mouth. The heavy reliance on digital sharing, however, may have limited participation from those who lack web access.

The survey was done through Survey Monkey and was done online, which required people to complete it with either a computer or a smart phone. A small number of paper copies of the survey were printed as well.

The focus groups and discussions were held by Zoom instead of in person, due to the COVID-19 pandemic. Organizers were also not able to do one on one intercept interviews as was done in past surveys for the same reason, This may have limited attendance as well as the amount of interaction between attendees.

LAND ACKNOWLEDGEMENT

We wish to acknowledge and honor the Myaamiaki (Miami), Lёnape (Delaware), Bodwéwadmik (Potawatomi), and Saawanwa (Shawnee) people on whose ancestral homelands and resources Monroe County is built. *(Indiana University First Nations Educational & Cultural Center)*

DEMOGRAPHICS

Monroe County is located in the rolling hills of south central Indiana, about 45 minutes southwest of Indianapolis, the state capitol. It was founded in 1818 and is the 12th largest county in Indiana with a population of 148,219 according to the 2020 U.S. Census. This represents a 7.4% increase in population from 2010.

The county seat and largest city is Bloomington, which is home to Indiana University, the largest college campus in the state. The population of Bloomington is 85,755 according to the 2020 U.S. Census (STATS Indiana, 2021). Monroe County is said to be a regional hub for surrounding counties, whose residents travel to Bloomington for work, services, shopping, and activities.
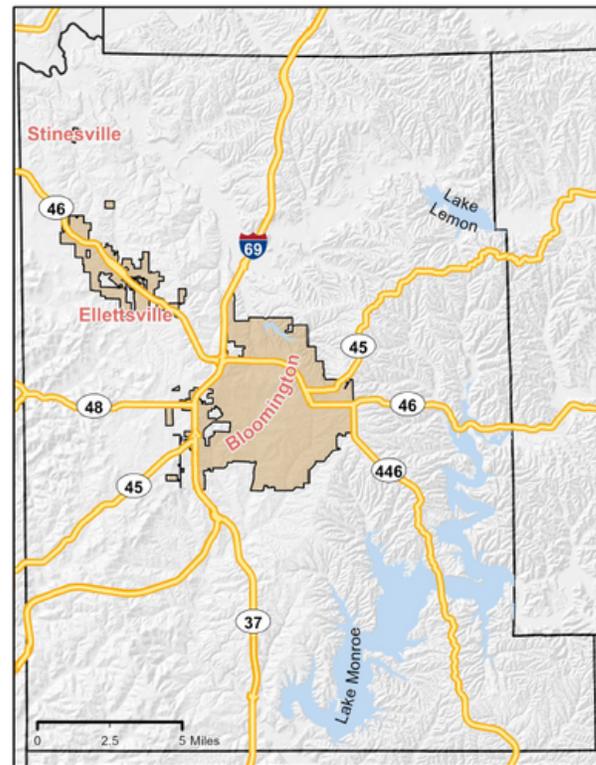
(fig. 4) Monroe County, 2021

Indiana University, a Big 10 University, lies just on the outskirts of downtown Bloomington. According to IU, the total fall 2021 enrollment consisted of 45,328 students, which was an increase of 5% from 2020. The number of graduate and professional students grew 10% from the year before at 11,075. [1]In 2020, 27% of IU students lived on campus and 73% live off-campus. With the large number of student residents, the university has a major impact on both county and city demographics, resulting in a more diverse community than other nearby areas. [2]

Monroe County's third largest population center is the town of Ellettsville (population 6,706 according to the 2020 U.S. Census), located roughly 8 miles from Bloomington. Stinesville (population 217 according to the 2020 U.S. Census) is the other incorporated town in the county, located roughly 15 miles northwest of Bloomington. There are also 30 unincorporated communities within Monroe County (STATS Indiana, 2021).

1.*https://news.iu.edu/stories/2021/09/iu/releases/01-record-number-students-of-color-bloomington-shatters-enrollment-record.html*
2.*https://www.usnews.com/best-colleges/indiana-university-bloomington-1809/student-life*

Age

Having a large university within the county heavily influences the age make-up of the community. The largest age groups are the two most closely associated with college-age students: 18-24 and 25-44 years of age. These groups together represent slightly over 50% of the community's residents. The next largest age group is 45-64 year-olds, and the smallest groups are comprised of those under age 18.

Age ranges of people living in Monroe County, IN (%), 2020

- 0-4: 4.3%
- 5-17: 11.3%
- 18-24: 25.7%
- 25-44: 25.2%
- 45-64: 19.5%
- 65+: 14%
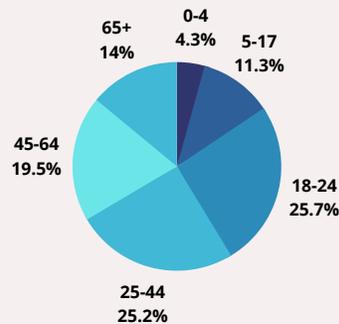
Age ranges of people living in Indiana (%), 2020

- 0-4: 6.1%
- 5-17: 17%
- 18-24: 9.7%
- 25-44: 25.7%
- 45-64: 24.9%
- 65+: 16.5%
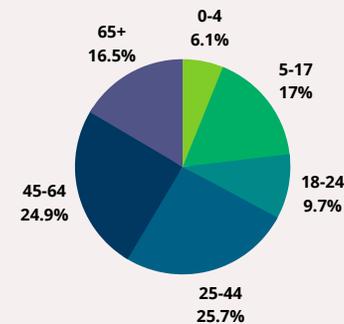
(fig. 5) US Census Bureau, 2020.

Ethnic and Racial Makeup

Monroe County, like most of Indiana, is predominantly white (86.1%), followed by Asian (6.9%), Black (3.8%), Hispanic or Latino (3.7%), those identifying as two or more races (2.7%), American Indian and Alaska Native (0.3%), and Native Hawaiian and other Pacific Islander (0.1%). Because of the influence of the University, the community appears to be more diverse than many of the state's other communities. According to US Census data from 2015-2019, 10.1 % of residents age 5 and older occasionally or often speak a language other than English at home (STATS Indiana, 2021).

- White
- Black or African American Alone
- American Indian and Alaska Native alone
- Asian alone
- Native Hawaiian and Other Pacific Islander alone
- Two or More Races

Monroe County (2020 US Census)
All numbers as a percent, rounded to the nearest 0.1%

Hispanic/Latino origin (any race): 3.7%

- 86.1%
- 3.8%
- 0.3%
- 6.9%
- 0.1%
- 2.7%

Indiana (2020 US Census)

Hispanic/Latino origin (any race): 7.4%

- 84.5%
- 10.1%
- 0.4%
- 0.1%
- 2.7%
- 2.2%

(fig. 6) US Census Bureau, 2020

Languages

Other than English, the most common language spoken at home by those who are foreign-born was one of the Asian and/or Pacific Island languages, followed by Indo-European languages. For contrast, in the United States overall, the most common language spoken at home besides English was Spanish, followed by those who spoke an Asian and/or Pacific Island language.

Of those who speak another language at home, 3.74% were considered to speak English less than "very well". This is important in that it can impeded important communications regarding healthcare access, resources and health needs.

Population with Limited English Proficiency (Percent by Tract)
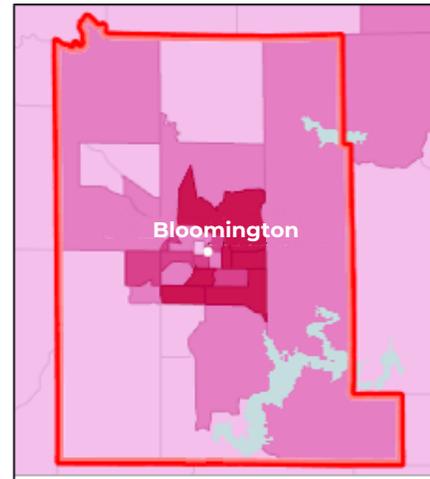
- Over 4.0%
- 2.1 - 4.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Monroe County, IN

(fig. 7) U.S. Census, ACS 2015-2019, Spark Map

Language Spoken at Home Among Foreign-Born (2013-2017)
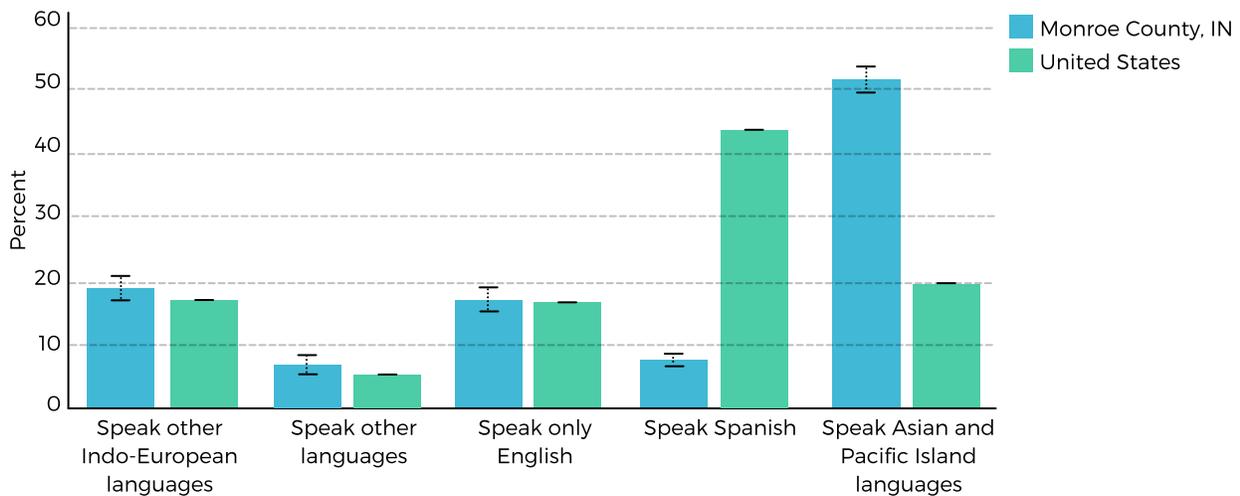
(Fig. 8) American Community Survey (ACS), 5-year estimates, Table B16005, Live Stories

Households

According to 2019 US Census data, there are 55,624 households in Monroe County. The largest number of households are single adults living alone (32.7%), followed by married adults without children (25.9%), married adults with children (14.3%), and single parents (6.9%).

In contrast, the largest number of households in Indiana as a whole are married adults without children (29.7%), followed by single adults living along (29%), married adults with children (18.5%), and single parents (9.3%) (STATS Indiana, 2021).

Households in Monroe County (%)*

- Married w/children
- Married w/out children
- Single parents
- Living alone

14.3%
32.7%
25.9%
6.9%

Households in Indiana (%)*

18.5%
29%
29.7%
9.3%
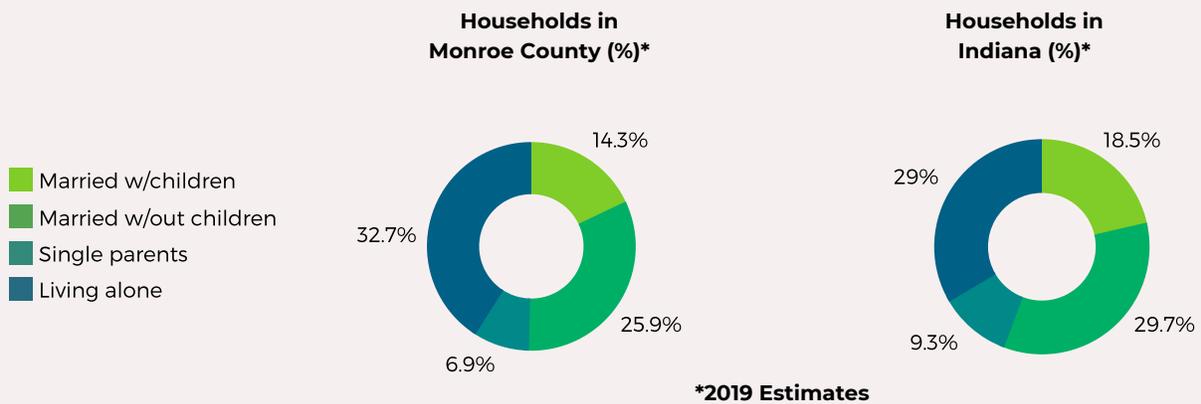
*2019 Estimates

(fig. 9) US Census Bureau, 2021, American Community Survey 5-year estimates

Education

As home to the largest university in the state (Indiana University - Bloomington) as well as a branch of Ivy Tech Community College, Monroe County has a high level of education as compared to populations in other counties within the state. Of those age 25 and older, 92.7% have at least a high school diploma, and 45.7% have a bachelor's degree or higher. In comparison, of those age 25 and older in the state of Indiana overall, 88.8% have at least a high school diploma, and 26.5% have a bachelor's degree or higher (data from 2015-2019 U.S. Census).

- Monroe County
- Indiana

High School Graduate

Bachelor's Degree or Higher

0% 25% 50% 75% 100%
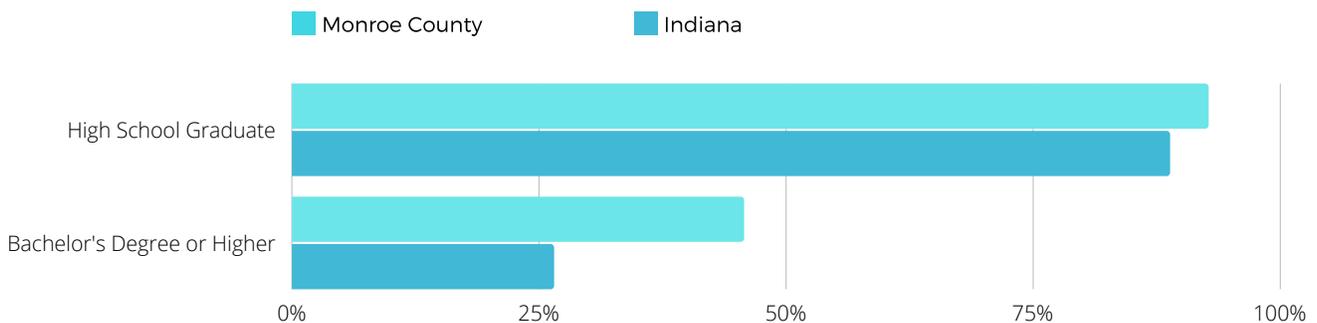
(fig. 10) Education, US Census Bureau, 2021, American Community Survey 5-year estimates

Income & Employment

The median household income in Monroe County was $53,113 in 2019 with a poverty rate of 20.8%, a little less than double the poverty rate for Indiana as a whole (11.9%). The poverty rate among children under 18 is similar between the county and state at 15% and 15.1% respectively.[1]
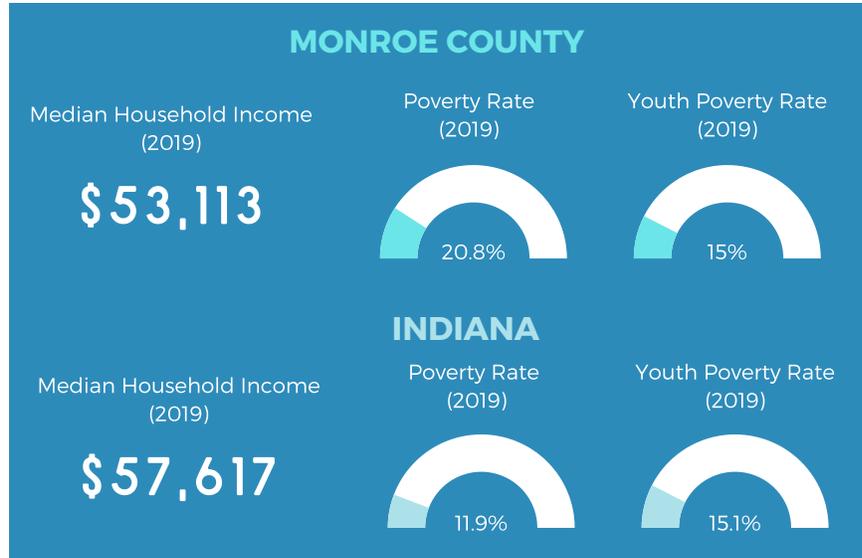
The most common job categories are government

MONROE COUNTY

Median Household Income (2019)

$53,113

Poverty Rate (2019)

20.8%

Youth Poverty Rate (2019)

15%

INDIANA

Median Household Income (2019)

$57,617

Poverty Rate (2019)

11.9%

Youth Poverty Rate (2019)

15.1%

(fig. 11) STATS Indiana, 2020

(27.7%), healthcare and social services (12.2%), and manufacturing (8.4%). Fewer than 1% are employed in farm work. The Annual Unemployment Rate in Monroe County in 2020 was 5.5, ranking 77th in the state, likely impacted by restrictions put in place to combat the COVID-19 pandemic. For comparison, the Unemployment Rate was 1.0 in December, 2021.[2]

Legend: Employment (% of county) — Earnings (% of county)

Categories (top to bottom): Farm, Accommodation, Food Service, Arts, Entertainment, Recreation, Construction, Healthcare, Social Services, Information, Manufacturing, Professional, Tech. Services, Retail Trade, Transportation, Warehousing, Wholesale Trade, Other Private Sector, Government
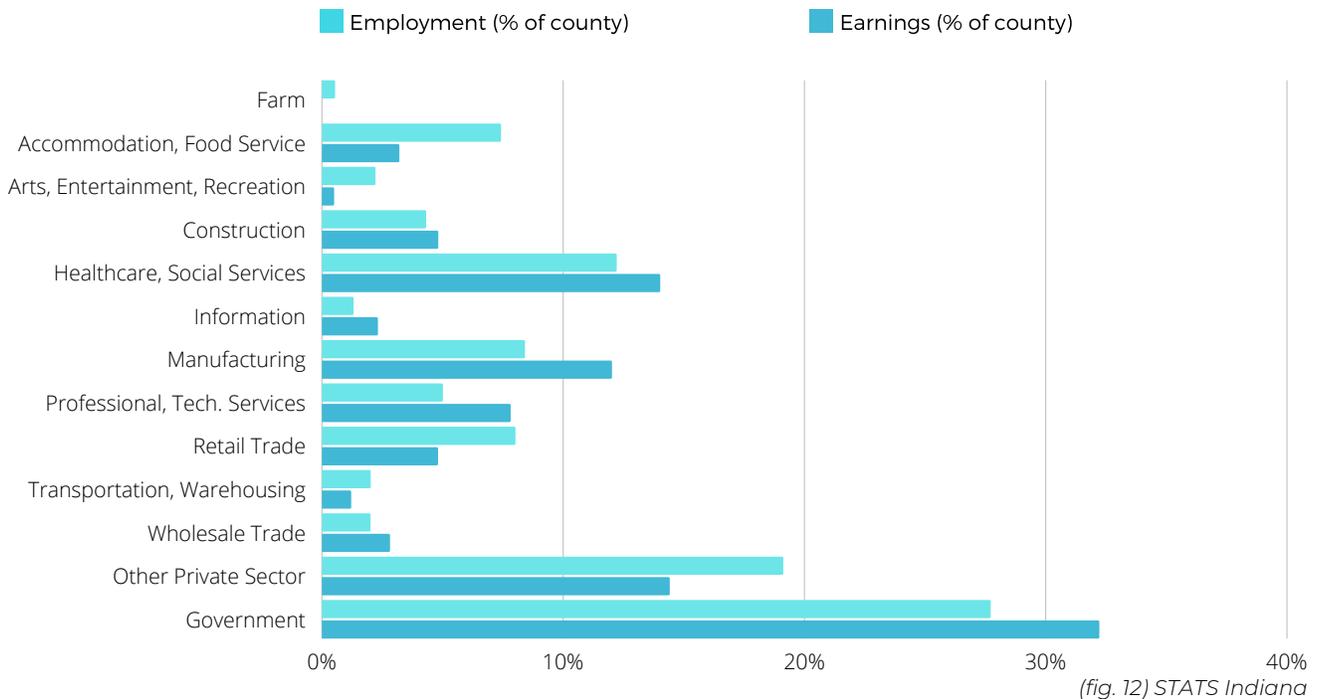
(fig. 12) STATS Indiana

1. *https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105.*
2. *https://www.bea.gov/data/income-saving/personal-income-county-metro-and-other-areas*

Disabilities

According to the 2019 American Community Survey 5-Year Estimates from the U.S. Census Bureau, approximately 11.1% of civilian, non-institutionalized people in Monroe County are living with a disability, as compared to 13.7% in Indiana as a whole. Disability is most prevalent among those age 75 years and older, with 50.3% considered disabled (49.6% in Indiana overall). The most common disabilities involves ambulatory difficulties (5% in Monroe County, 7% in Indiana) and cognitive disabilities (4.8% in Monroe County, 4.8% in Indiana). Also prevalent are independent living difficulties (4.1% in Monroe County, 6% in Indiana) and hearing difficulties (3.6% in Monroe County, 3.9% in Indiana).[1]

Hearing Difficulty - 3.6%

Vision Difficulty - 1.9%

Cognitive Difficulty - 4.8%

Ambulatory Difficulty - 5.0%

Self-Care Difficulty - 2.0%

Independent Living Difficulty - 4.3%
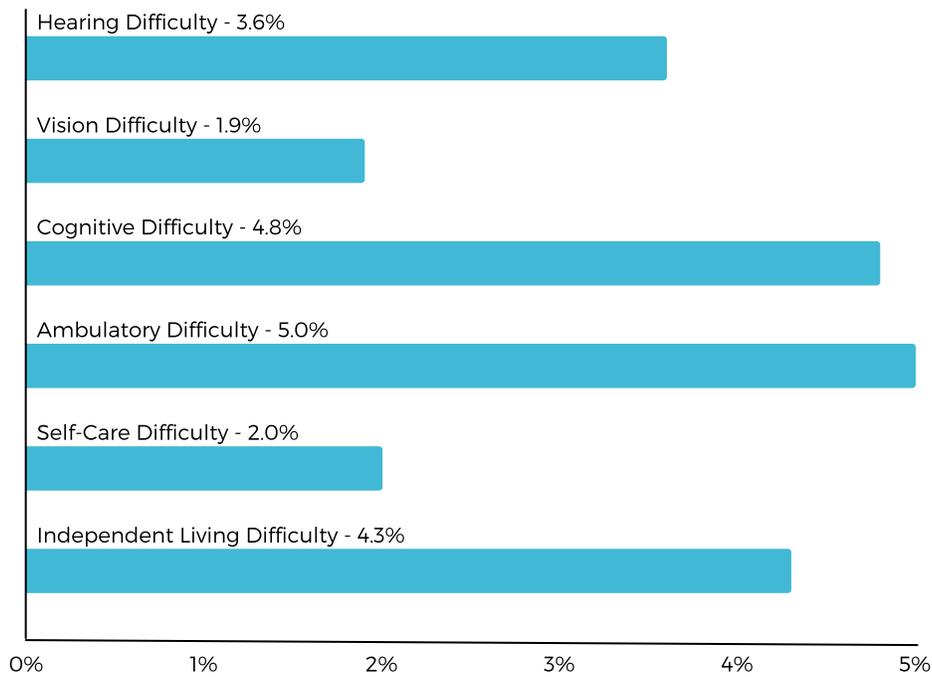
(fig. 13) 2019 ACS 5-Year Estimates

More than 8% of 2021 Community Health Assessment survey respondents indicated that disability needs were an issue that needed addressed in the community. Further, nearly 20% of survey respondents felt that people with a disability were one of three groups that were at the highest risk for their needs not being met.

1.*https://data.census.gov/cedsci/table?q=disability&g=0400000US18_0500000US18105&tid=ACSST5Y2019.S1810*

PHYSICAL ENVIRONMENT AND INFRASTRUCTURE

"Urban green space, such as parks, playgrounds, and residential greenery, can promote mental and physical health and reduce morbidity and mortality in urban residents by providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity, and reducing exposure to air pollutants, noise and excessive heat" (Braubach, M., 2017).

46%
live within 1/2 mile of a park

(fig. 14) US News Healthiest Communities, 2021
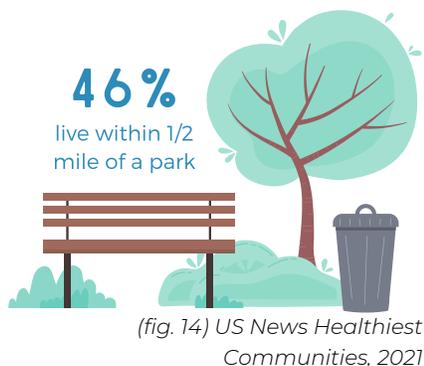
Monroe County is fortunate to have many types of green spaces that residents can enjoy. According to 2021 U.S. News Healthiest Communities, 46% of the population lives within 0.5 mile of a park, as compared to 26% in Indiana overall, and 18% nationally.

The county has 36 parks, which include walking trails, splash pads and swimming facilities, playgrounds, dog parks, and sports fields and courts. One of the most popular trails is the B-Line Trail, a result of the Rails to Trails project, linking downtown to the outer neighborhoods to the north and south of Bloomington. Monroe County also has multiple lakes, both large and small, and ample opportunities for out-door recreation activities, such as canoeing, hiking, and camping, (Bloomington Parks & Recreation, Monroe County Parks and Recreation).

According to 2021 U.S. News Healthiest Communities, Monroe County scored 0.35 for air quality hazards as compared to 0.34 for both Indiana as a whole and nationally (where the smaller value indicates lower risk). The overall water quality in Monroe County is fair. According to the EPA, impairments recorded regarding the upper and lower Monroe Reservoir include poor taste, the presence of algae and mercury in the tissue of fish (EPA, 2020).

PARKS & REC FAST FACTS
for Monroe County

3 Outdoor pools   **2** Splash pads

More than
33 MILES
of trails in Bloomington alone

3 Dog parks

1 Ice skating rink

36 local park sites

3 Sports Parks and complexes

6 Nature preserves
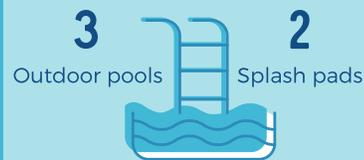
(fig. 15) City of Bloomington, IN.gov, Monroe County Government,

Previously, there were 3 active superfund sites on the National Priority List in Monroe County; sites that pose a serious risk to the environment and the health of individuals due to PCBs or other hazardous contaminants (MCHD, 2022). The three sites are Lemon Lane Landfill, Bennett Stone Quarry, and Neal's Landfill. As of September 2021, the three sites are no longer on the National Priority List, but are still being monitored by the EPA as active sites that can still pose an environmental risk (Federal Register, 2021). Out of the nation's approximately 1,500 active superfund sites, 53 are located in the state of Indiana (Indiana Environmental Reporter, 2022).
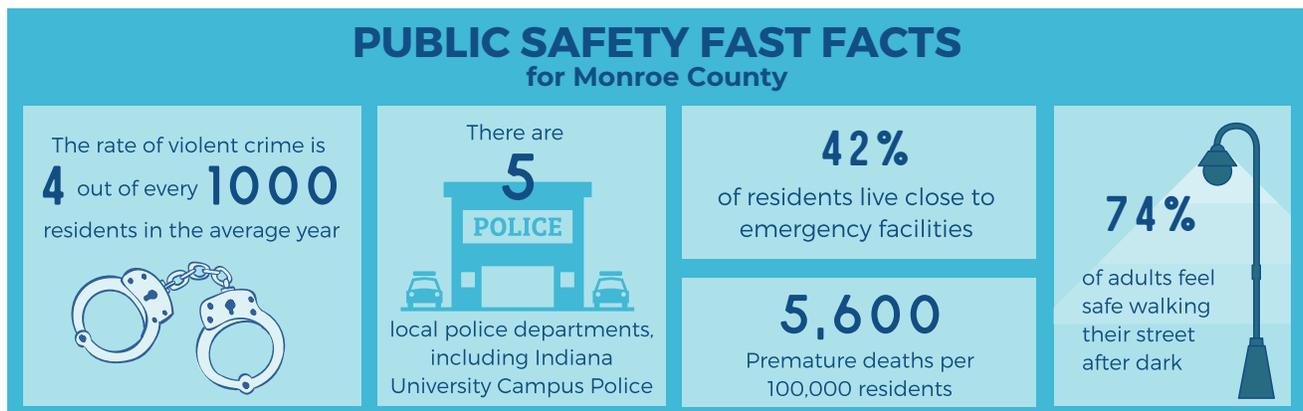
ENVIRONMENTAL FAST FACTS
for Monroe County

The county has **3** active superfund sites designated by the Environmental Protection Agency (EPA) due to harmful levels of **PCBs (Polychlorinated Biphenyls)** from electrical equipment dumped at the sites.

24.4% of Monroe County is covered by tree canopy

9 Extreme heat days per year

(fig. 16) US News Healthiest Counties, City of Bloomington, EPA, 2021

Public Safety

Health and safety of a community contribute heavily to the overall wellbeing and prolonged quality of life to residents. Public safety organizations and officials include four local police departments, with Indiana University's campus specific police department as the fifth, and three city fire departments in Bloomington, Ellettsville and Stinesville and a district fire department that covers the non-incorporated areas of Monroe County. Monroe County falls into the state's 10th percentile for premature deaths, translating to 5,600 deaths per 100,000 people, and ranking higher than approximately 69 other Indiana counties (County Health Rankings, 2021). Accidents account for approximately 125 of the 5,600 premature deaths. In the 2021 reported data, Monroe County reported 47 deaths from driving related accidents, 6 of which were a results of alcohol impaired driving (County Health Rankings, 2021). Annually, Monroe County reports around 400 violent crimes; this measure has gradually increased since 2012. Less than 10 homicides and firearm fatalities are reported in the county each year.

PUBLIC SAFETY FAST FACTS
for Monroe County

The rate of violent crime is **4** out of every **1000** residents in the average year

There are **5** local police departments, including Indiana University Campus Police

POLICE

42% of residents live close to emergency facilities

5,600 Premature deaths per 100,000 residents

74% of adults feel safe walking their street after dark

(fig. 17) County Health Rankings 2021, US Healthiest Communities, City of Bloomington,

Transportation

Home to over 700 miles of roads and highways, Monroe County has a variety of transportation means for its residents, especially within Bloomington. Transportation options for those who live outside of the City of Bloomington are much more limited.

There are 3 public transit companies, of which one is specific to Indiana University's campus and students and another covers the City of Bloomington. IU students may utilize both of these services for free. The regular fare for Bloomington Transit is $1 per trip. A reduced far of $0.50 is available for K-12 students, senior citizens and persons with disabilities that meet the required guidelines. Bloomington Transit also has a service (BTaccess) that provides services for those who cannot use the regular "fixed routes" because of disabilities.

Rural Transit, a multi-county bus service, offers transportation to residents of Monroe, Owen and Lawrence County. On demand rides and shared rides, where riders can specify a pick up and drop off location, are offered Monday through Friday and may be scheduled to accommodate multiple passengers (Area 10 Agency). Rural Transit fares range from $3-$6, depending on a passenger's needs, and a rider subscription of ten rides is available for $25. Rural Transit previously operated a fixed route daily traveling between Owen County and Bloomington but it ended following limited ridership during the COVID-19 pandemic. [1]

Rideshare companies (Uber, Lyft, etc.) are easily accessible in areas closest to Indiana University, as well as motorized rental scooters being an increasingly accessible transportation option since 2018 for those 18 and older.

Monroe County has a strong culture of those who use bikes for transportation. Both Indiana University and the City of Bloomington have been recognized by the League of American Bicyclists as being bicycle-friendly. Under its Gold level "Bicycle Friendly" status, Bloomington developed a bike share program to increase biking accessibility in the community. Monroe County also hosts two of the largest bicycle events in Indiana: the Hilly Hundred, a not-for-profit ride held by the Central Indiana Bicycling Association and the Little 500, known as the largest collegiate bike race in the country. [2]

1. *Area 10 Agency on Ageing https://area10agency.org/ruraltransit/*
2. *https://www.usnews.com/news/healthiest-communities/indiana/monroe-county).*

TRANSPORTATION FAST FACTS
for Monroe County

156 Bridges

8% Households without a vehicle

3 Transit providers serve Monroe County, including Bloomington Transit, IU Campus Bus, and Rural Transit

2% Resident workers who work from home

34% Resident workers who commute within Monroe County

1 Public use airport

40.5% Population within 1/2 mile of walkable destinations

Bloomington is designated a Gold-level **BICYCLE FRIENDLY COMMUNITY**

25 MILES of freight railroad

0 MILES of passenger railroad and rail transit

(fig. 18) Department of Transportation, 2021, 2016 ACS, City of Bloomington, 2021

Monroe County has a walking score of 10.8, compared to a national median of 6.1. According to US News, a higher score means that a community is better designed for walking. A little over 40% of the population lives with 0.5 mile of walkable destinations, such as a library, museum or playground[1]

Data from 2021 shows that 72% of Monroe County residents report driving alone to work, with 1/4 having a commute over 30 minutes (County Health Rankings, 2021). The average travel time to work for residents was 20 minutes (U.S. Census Quick Facts 2021).

Other Infrastructure

With the rise of technology usage, internet accessibility is playing a larger role in the lives of Monroe County residents. A little more than 85% of residents have current access to broadband internet, ranking 5% higher than the average Indiana resident (County Health Rankings 2021), and 95% Monroe County households have a computer.

Throughout the 2020-21 school year, having a connection to the internet was vital. With the on-going COVID-19 pandemic, many local pre-K and K-12 schools, as well as Indiana University, transitioned between online, hybrid, and in person learning. For those who lacked a stable internet connection, schools tried different options to help students learn, including purchasing hot spots to send home and parking school buses with hotspots in different community areas to ensure students had a place where they could connect to the internet.

Housing

Monroe County has a higher number of renters than many counties in Indiana. In 2019, Monroe County had 62,390 housing units, 55.2% of which were owner occupied. This compares to 69.5% in Indiana and 64.4% in the United States, overall. The median value of Monroe County homes in 2019 was $189,900 while the median cost of homes was $148,900 in Indiana and $229,800 in the United States (U.S. Census Quickfacts, 2021).

There were 619 building permits in Monroe county in 2020: 252 (40.7%) were for single family homes, 20 (3.2%) were for 2-family homes, and 347 (56.1%) were for buildings that housed 5 or more families. (STATS Indiana, 2021)

1. *https://www.usnews.com/news/healthiest-communities/indiana/monroe-county).*

COMMUNITY FAST FACTS

for Monroe County

POPULATION:
148,219

2020
619 BUILDING PERMITS

252 (40.7%) - single family homes
20 (3.2%) - two family homes
347 (56.1%) - 5+ family homes

62,390
Housing units

2.34
Persons per household

MEDIAN RENT:
$**920**/month

2015-2019

39%
of businesses in Monroe County are minority- or women-owned

6,163
Veterans live in Monroe County

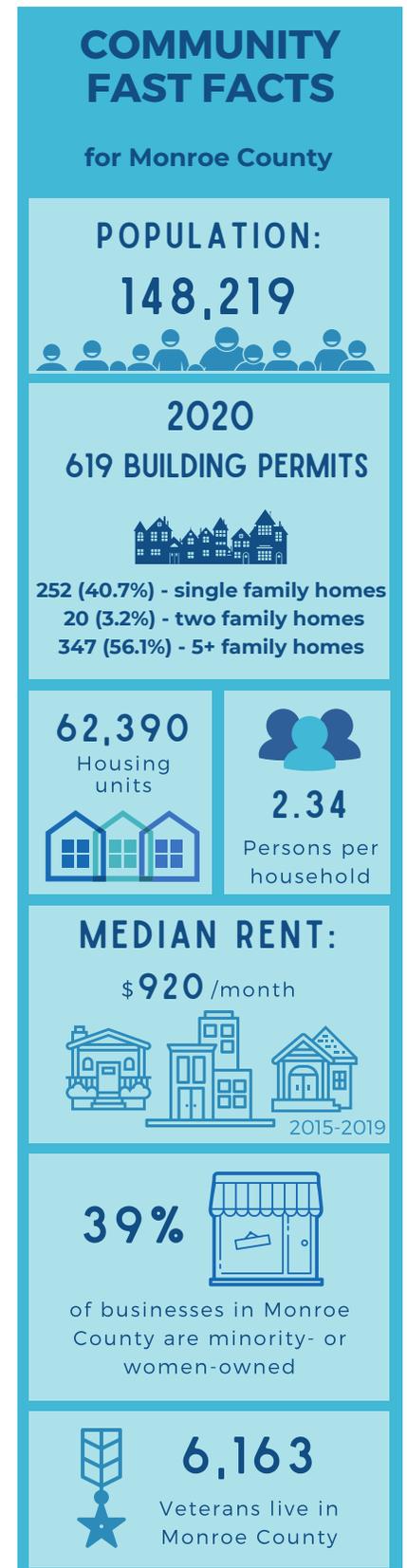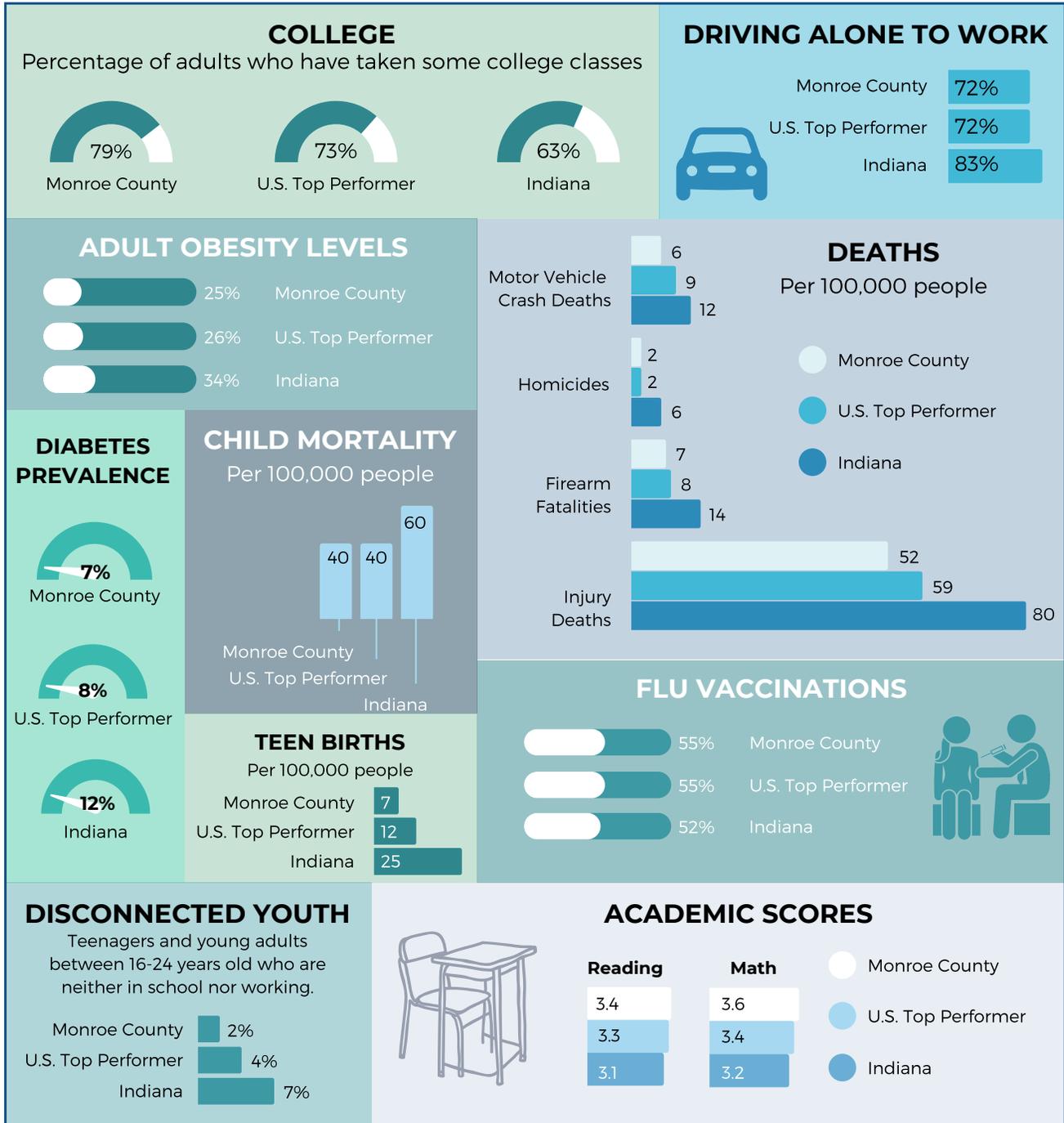*fig. 19) U.S. Census Bureau Quickfacts, 2021, STATS Indiana 2021*

When reviewing existing data sources, Monroe County has a number of strengths in the community, and ranks among the top 10% of U.S. Counties in the following health indicator measures according to the 2021 County Health Rankings (using data from 2018):

COLLEGE
Percentage of adults who have taken some college classes

79% Monroe County

73% U.S. Top Performer

63% Indiana

DRIVING ALONE TO WORK

Monroe County	72%
U.S. Top Performer	72%
Indiana	83%

ADULT OBESITY LEVELS

25%	Monroe County
26%	U.S. Top Performer
34%	Indiana

DEATHS
Per 100,000 people

Motor Vehicle Crash Deaths: 6, 9, 12

Homicides: 2, 2, 6

Firearm Fatalities: 7, 8, 14

Injury Deaths: 52, 59, 80

Monroe County
U.S. Top Performer
Indiana

DIABETES PREVALENCE

7% Monroe County

8% U.S. Top Performer

12% Indiana

CHILD MORTALITY
Per 100,000 people

40 Monroe County
40 U.S. Top Performer
60 Indiana

TEEN BIRTHS
Per 100,000 people

Monroe County	7
U.S. Top Performer	12
Indiana	25

FLU VACCINATIONS

55%	Monroe County
55%	U.S. Top Performer
52%	Indiana

DISCONNECTED YOUTH
Teenagers and young adults between 16-24 years old who are neither in school nor working.

Monroe County	2%
U.S. Top Performer	4%
Indiana	7%

ACADEMIC SCORES

	Reading	Math
Monroe County	3.4	3.6
U.S. Top Performer	3.3	3.4
Indiana	3.1	3.2

HEALTH OUTCOMES

Birth and Deaths

There were 1,814 total registered births in Monroe County in 2021 (909 boys, 915 girls), with 1,789 births taking place in a hospital and 25 classified as home births. The average age of the birth parent was 28.5 years, which is the same as it was in 2018 (MCHD, 2021).

Top Leading Causes of Death

There were 1,543 deaths in 2020 and 1,501 deaths in 2021. The three most common causes of death during this period in Monroe County were heart disease, cancer and COVID-19; These were also the most common causes of death nationally.

According to the CDC, life expectancy at birth decreased 1.8 years, from 78.8 years in 2019 to 77.0 years in 2020, largely because of the increases of mortality caused by COVID-19, accidents, heart disease, homicide and diabetes.

CAUSE OF DEATH PER CATEGORY	2019	2020	2021*
Alzheimers/Dementia	50	52	81
Cancer	203	211	240
Cirrhosis	7	8	13
COPD	33	29	33
Diabetes	4	8	1
Drug Related	32	54	54
Heart Disease	274	312	250
Pneumonia	49	56	57
Renal	51	45	57
Sepsis	49	70	69
COVID-19		**	82
Other	500	698	564
Total	**1252**	**1543**	**1501**

(fig. 21) Monroe County Health Department
* preliminary data as of 2/28/22, Monroe County Health Department Vital Records. Deaths are reported in the county in which the death occurred, not in the county of residence.
** MCHD did not count COVID-19 deaths in 2020. According to IDOH, 95 deaths were attributed to COVID-19 in 2020.

The COVID-19 deaths listed are deaths where the doctor listed COVID-19 as the primary cause of death. Monroe County did not count COVID-19 deaths separately in 2020, but included them in the 'Other' category, which contains all deaths not categorized in the chart below. Data obtained from IDOH placed the number of 2020 COVID-19 deaths at 95. Of note, IDOH counts deaths in the county in which the resident lived. Monroe County counts deaths in the county in which the resident died. Deaths overall have been up in 2020 (1,543) and 2021 (1,511) over the prior 5 year average of 1,268 deaths per year.

HEALTH OUTCOMES FAST FACTS
for Monroe County

COVID-19 was a leading cause of death in 2020 & 2021 with **177 DEATHS** over the 2-year period, and **269 DEATHS** by 3/10/22

More than **27,000** positive cases have been reported in Monroe County since the pandemic began in 2020

Pre-pandemic life expectancy is **80.5 YEARS** and is **3RD HIGHEST IN INDIANA**

HEART DISEASE was the leading cause of death in 2020 & 2021 with **562 DEATHS** over the 2-year period
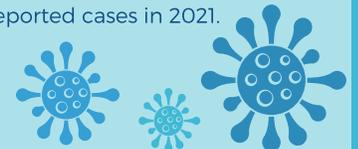
54 DEATHS were attributed to **accidental drug overdose** in 2021

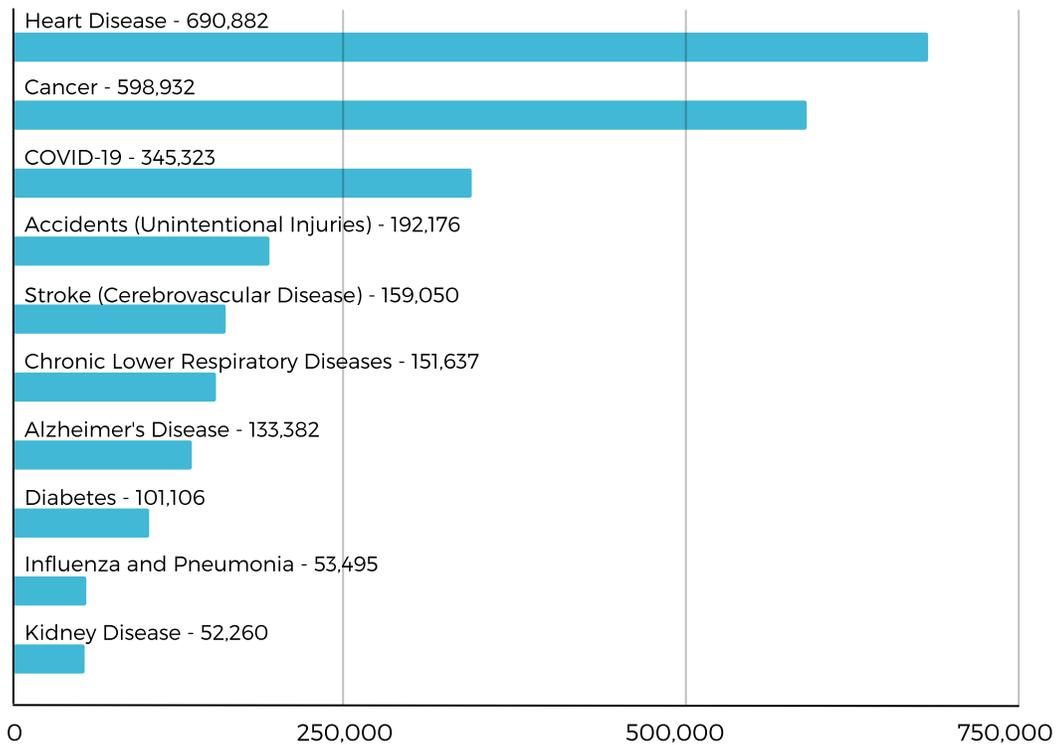Following a **MUMPS** outbreak in 2019, there were **0** reported cases in 2021.

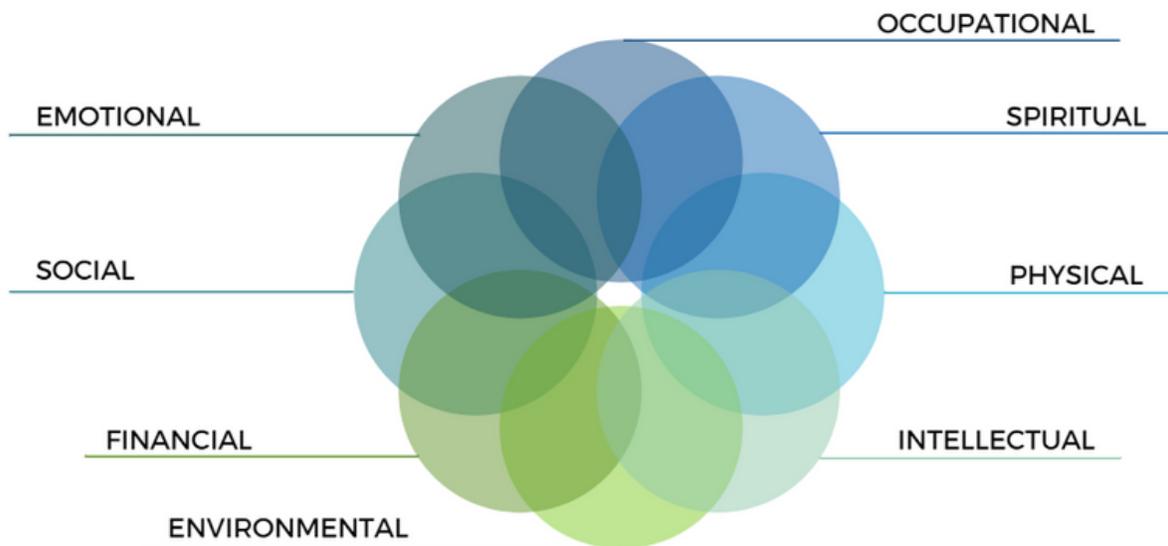*(fig. 22) County Health Rankings 2021, CDC mortality data (2022). MCHD*

CDC Leading Causes of Death in the US (2020)

Heart Disease - 690,882

Cancer - 598,932

COVID-19 - 345,323

Accidents (Unintentional Injuries) - 192,176

Stroke (Cerebrovascular Disease) - 159,050

Chronic Lower Respiratory Diseases - 151,637

Alzheimer's Disease - 133,382

Diabetes - 101,106

Influenza and Pneumonia - 53,495

Kidney Disease - 52,260

0   250,000   500,000   750,000

(fig. 23) CDC National Center for Health Statistics (2021)

Eight Dimensions of Wellness

OCCUPATIONAL

SPIRITUAL

EMOTIONAL

PHYSICAL

SOCIAL

FINANCIAL

INTELLECTUAL

ENVIRONMENTAL

(fig. 24) SAMHSA's Eight Dimensions of Wellness

Coroner Cases (Manner of Death)

Coroners in Indiana are responsible for investigating any deaths in which a physician is not involved, as well as deaths that happen in a suspicious, unusual or unnatural manner.

Cases investigated by the Coroner's office jumped significantly during 2020 (245) and 2021 (260), years that also align with the COVID-19 pandemic. Natural deaths continue to be the largest category of deaths investigated by the Coroner during the 5 year period shown, with accidental deaths following. In 2021, 54 deaths were identified as accidental drug overdoses.

The number of suicides per year averaged 22.4 for the 5 year period studied, with the majority being white males between 19-60 years of age. There were 3 or fewer suicides per year for those younger than 19 and no suicides among those 91 years and older.

CORONER REPORT: MANNER OF DEATH	2017	2018	2019	2020	2021*
Accident	60	45	44	67	85**
Homicide	3	6	4	11	5
Natural	95	113	105	142	202***
Suicide	22	27	25	16	23
Undetermined	1	4	6	4	4
Total	**181**	**195**	**185**	**240**	**319**

preliminary data as of 3/8/22 from Monroe County Vital Records Dept.
** *54 due to drug overdose.*
*** *7 due to Covid-19.*

SUICIDE DEATHS BY YEAR	2017	2018	2019	2020	2021*
Age - under 19 years	2	3	2	1	0
19 - 40 years	6	9	11	11	10
41 - 60 years	12	8	10	4	5
61 - 90 years	2	6	2	0	8
91 years & older		0	0	0	0
			25	16	23
Male	19	17	18	12	19
Female	3	9	7	4	4
			25	16	23
Caucasian	18	21	21	13	21
Black	1	2	3	2	0
Asian	1	2	0	1	2
Other	2	1	1	0	0
			25	16	23
Total Suicide Deaths	**22**	**26**	**25**	**16**	**23**

preliminary data as of 2/28/22, Monroe County Health Department Vital Records.

(fig. 25 & 26) Monroe County Health Department

Infectious and Communicable Disease

Communicable disease prevention, investigation and treatment is one of the core functions of public health.

The Monroe County Health Department contracts with Indiana University Health Bloomington to provide public health nursing services, which includes non-STD communicable disease follow-up.

COVID-19 investigation, follow-up, vaccination and prevention dominated the landscape during 2020 and 2021 with 7,150 and 7,705 cases per year, respectively. Public health nurses and health department staff spent many dedicated hours providing education, case follow-up, vaccinations and testing availability for the community.

According to the IDOH coronavirus dashboard, since the start of the pandemic until 3/10/22, Monroe County has 27,472 reported cases of COVID-19 with 269 deaths (117,059 COVID tests).

COVID-19 case counts were highest within the population of those aged 20-29 (30.6%), followed by those aged 30-39 (12.7%) and those 40-49 years old (20.7%).
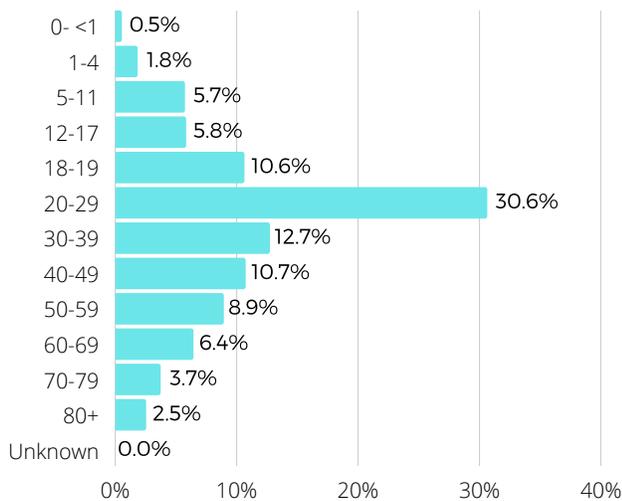
Although those aged 80 and older had only 2.5% of Monroe County's positive COVID-19 cases, they accounted for 48.3% of the related deaths.

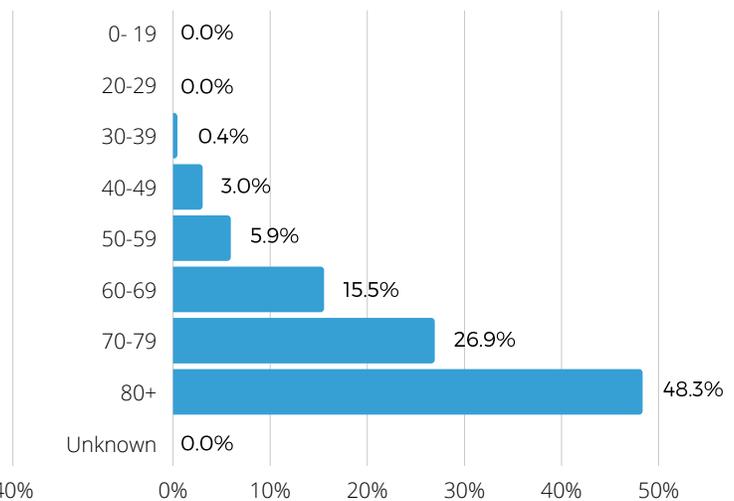| MONROE COUNTY REPORTABLE COMMUNICABLE DISEASE: CONFIRMED CASES - TOP COMMUNICABLE DISEASES			
	2019	**2020**	**2021***
2019 Novel Coronavirus		7150	7705
Hepatitis C - total	61	48 (10 acute, 38 past or present)	59 (8 acute, 51 past or present)
Mumps	44	<5	0
Hepatitis A	35	<5	0
Latent Tuberculosis	23	7	12
Hepatitis B	10	<5 acute <5 chronic	<5 acute 9 chronic
Streptococcus Pneumoniae	12	8	9
Streptococcus Group A Invasive	8	9	14
Ehrlichiosis chaffeensis	5	<5	5
Campylobacteriosis	7	<5	<5
Salmonellosis	<5	6	8

* preliminary data as of 2/28/22, Monroe County Public Health Clinic.

(fig. 27) Monroe County Health Department

Monroe County Demographics for Positive COVID-19 Cases*

Age	%
0- <1	0.5%
1-4	1.8%
5-11	5.7%
12-17	5.8%
18-19	10.6%
20-29	30.6%
30-39	12.7%
40-49	10.7%
50-59	8.9%
60-69	6.4%
70-79	3.7%
80+	2.5%
Unknown	0.0%

Monroe County Demographics for COVID-19 Deaths*

Age	%
0- 19	0.0%
20-29	0.0%
30-39	0.4%
40-49	3.0%
50-59	5.9%
60-69	15.5%
70-79	26.9%
80+	48.3%
Unknown	0.0%

(fig. 28) Monroe County Health Department

Case counts of hepatitis C virus (HCV) remain the highest of non-STD reportable communicable diseases, with the exception of COVID-19. Per the CDC, over 60% of HCV cases are thought to be related to injection drug use, especially among younger adults.

As part of their HIV and HCV disease prevention efforts, the Monroe County Health Department (MCHD) contracts with the Indiana Recovery Alliance (IRA) to operate a

syringe service program within the confines of the county. MCHD provides a staff person for mobile outreach, HIV/HCV testing and data entry for the program through a grant from IDOH. Both the IRA and MCHD provide naloxone and overdose prevention training for community residents.

Monroe County continued to be part of the multi-state hepatitis A (HAV) outbreak in 2019 (35 cases) but cases fell to <5 in 2020. Monroe County normally has less than 5 HAV cases per year. While HAV has been historically spread through contaminated food or water, this out-break was determined to be spread person to person with those most at risk identified as being homeless, using illicit drugs, being incarcerated, men who have sex with men or people who have close contact with high risk individuals.

Chlamydia cases continue to rise per County Health Rankings 2021. Monroe County had 647 cases per 100,000 population in 2018 as compared to 523 in Indiana overall and 161 for U.S. top performing counties. Monroe County has consistently ranked higher than both Indiana and the U.S average since 2012.

MONROE COUNTY - REPORTABLE SEXUALLY TRANSMITTED DISEASE CONFIRMED CASES			
	2019	**2020**	**2021**
Chlamydia	921	761	834*
Gonorrhea	181	281	264*
Primary & Secondary Syphilis	6	7	4*
HIV/AIDS, New Diagnosis	10	6	7
HIV Prevalence	244	253	260

* preliminary data as of 3/16/22

(fig. 29) Indiana Department of Health

The County has two county and one state disease intervention specialists (DIS), as well as an assistant, who work to prevent the spread of sexually transmitted diseases (STI) within a 12 county district. With the exception of COVID-19 in 2020 and 2021, STI infections are the most reported communicable diseases during this period.

CHRONIC DISEASE

Heart Disease

According to the MCHD Vital Records Department, heart disease and cancer have been the #1 and #2 identified categorized causes of death in Monroe County in the last ten years: heart disease had the top spot for the last 7 years while cancer had the lead for the prior 3 years.
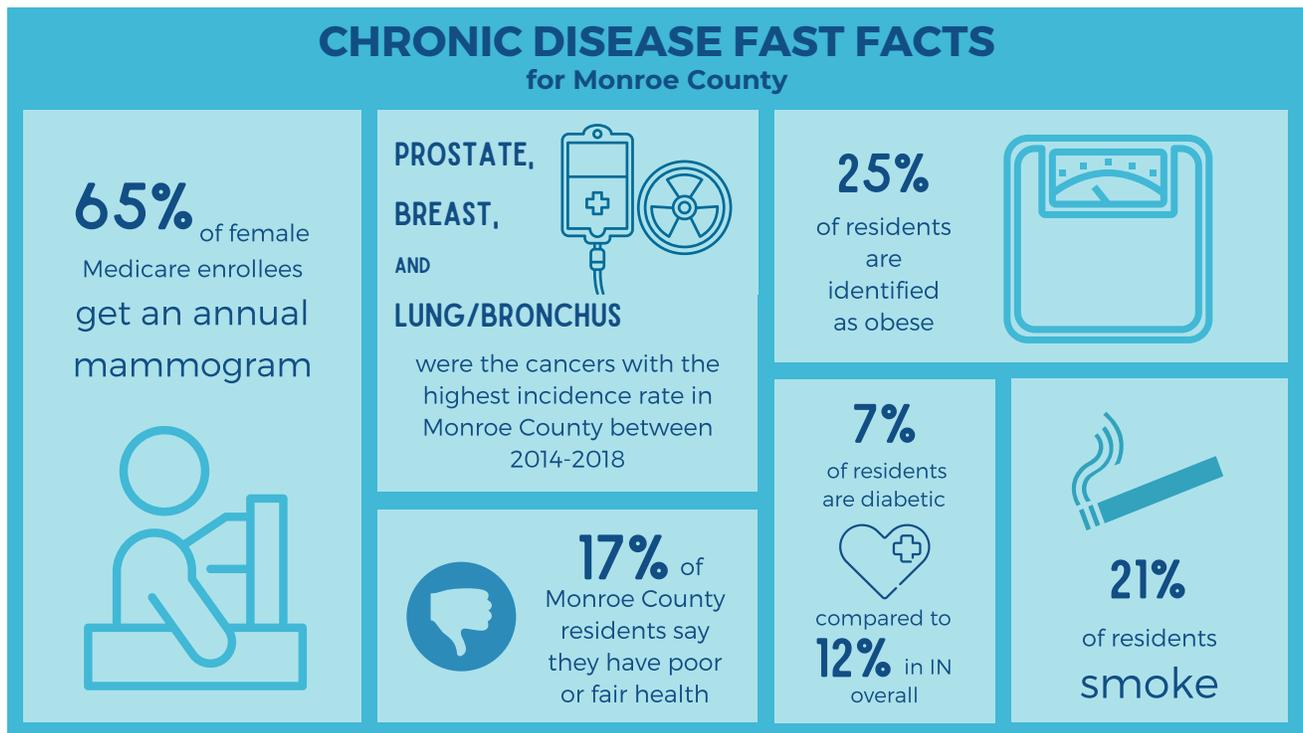
According to the CDC, about 1/2 of the people in the U.S. have at least one of three risk factors for heart disease: high blood pressure, high cholesterol and smoking. Other risk factors include diabetes, overweight/obesity, inactivity, unhealthy diet and excessive use of alcohol. [1]

Coronary Heart Disease Crude Prevalence (%)
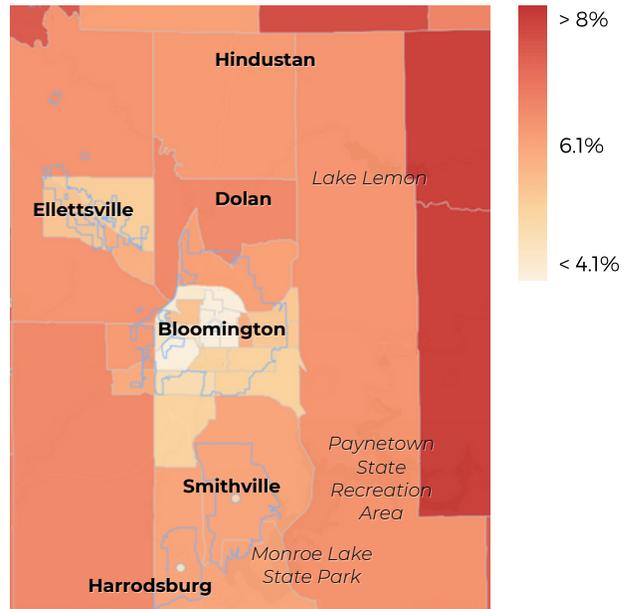
(fig. 30) CDC Places

At least 20% of Monroe County residents have one of the following risk factors: smoking, being inactive or being obese. As shown in fig. 30, the lowest levels of heart disease are estimated to be in census tracts most closely associated with student housing, while the higher levels are on the city outskirts and the surrounding county.

CHRONIC DISEASE FAST FACTS
for Monroe County

65% of female Medicare enrollees **get an annual mammogram**

PROSTATE, BREAST, AND LUNG/BRONCHUS were the cancers with the highest incidence rate in Monroe County between 2014-2018

17% of Monroe County residents say they have poor or fair health

25% of residents are identified as obese

7% of residents are diabetic compared to **12%** in IN overall

21% of residents **smoke**

(fig. 31) CHR 2021, CDC United States Cancer Statistics: Data Visualizations),
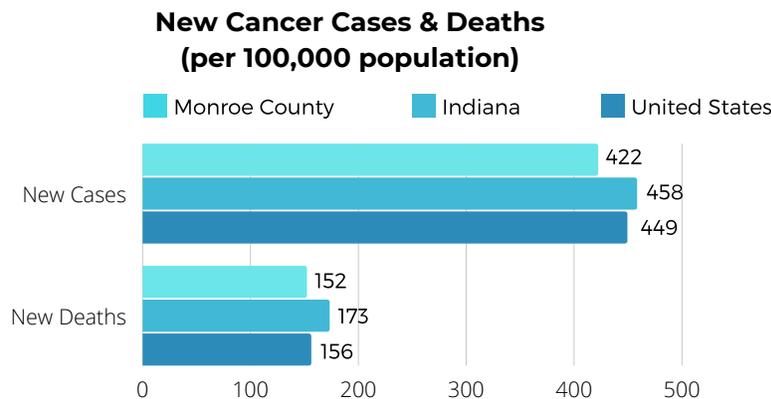
1. *https://www.cdc.gov/heartdisease*

Cancer

There were 2,905 new cases (422 per 100,000) of cancer diagnosed in Monroe County and 1,041 deaths from 2014 – 2018 (152 per 100,000). Cancer rates represent the number of new cases of cancer per 100,000 people (incidence) or the number of cancer deaths per 100,000 people (mortality) during a specific period.

This compares to 177,352 new cases (458 per 100,000) and 67,395 deaths (173 per 100,000) in Indiana and 8,463,410 new cases (449 per 100\,000) and 2,984,000 deaths (156 per 100,000) in the United States overall (CDC United States Cancer Statistics: Data Visualizations).

The types of cancer from 2014-2018 with the highest incidence rate per 100,000 in Monroe are prostate cancer (125.7), female breast cancer (115.3) and lung/bronchus (56.9). During the same period, the Indiana incidence rate per 100,000 for prostate cancer was 97, rate of female breast cancer was 125 and the rate of lung/bronchus cancer was 70.

**New Cancer Cases & Deaths
(per 100,000 population)**

Monroe County   Indiana   United States

New Cases: 422, 458, 449

New Deaths: 152, 173, 156

(fig. 32) CDC United States Cancer Statistics: Data Visualizations)
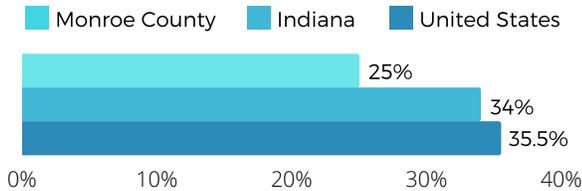
Obesity

Monroe County's obesity rate has increased slightly in the last few years (25%) but still falls in the top performing 10% of U.S. counties.

The obesity rate in Indiana is 34% overall (County Health Rankings 2021). However, with Monroe being home to Indiana University, the large number of young student residents can affect the outcome of a community's health status. With more than half of Monroe County residents falling between the ages of 18-44, it is likely that the county demographics impacts the obesity rate for the better. Without the impact of the student population, it is probable that Monroe County would more closely resemble the surrounding counties whose obesity rate ranges from 32% to 40%.
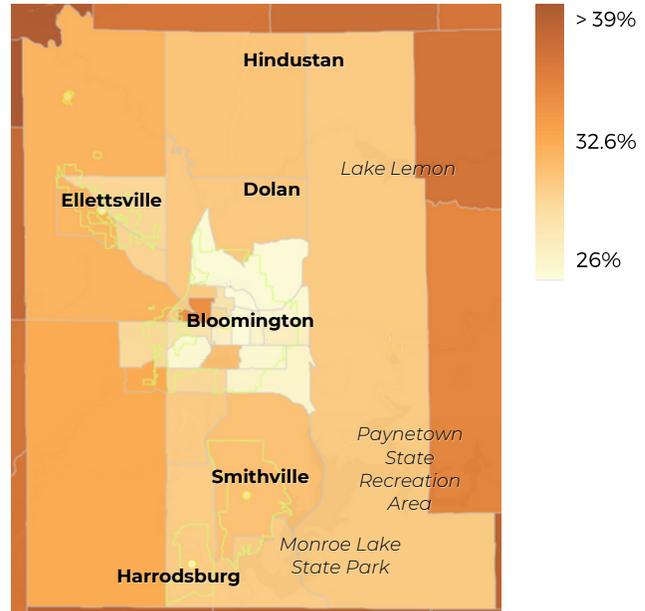
This is important to remember as obesity can cause or worsen many health conditions, including heart disease, hypertension, diabetes, arthritis, and obesity related cancers. These are all some of the leading causes of preventable deaths.

Obesity has also been linked with poverty. This is demonstrated in fig. 33 below with the census track with the higher prevalence of obesity also having one of the higher (non-student) levels of low-income populations.

Obesity Rate (2020)

- Monroe County
- Indiana
- United States

Monroe County: 25%
Indiana: 34%
United States: 35.5%

Obesity Crude Prevalence (%)

> 39%
32.6%
26%

(fig. 33) CDC Places

Other Chronic Diseases

Monroe County (7%) ranks as the lowest county in the state (12% overall) in the prevalence of diagnosed diabetes in adults aged 20 and above per County Health Rankings 2021.

Seventeen percent of Monroe County residents rated themselves as having poor or fair health as compared to 18% for Indiana over-all and 14% for U.S. top performing counties.

This ranking is used to measure health-related quality of life, which helps to indicate the load caused by chronic disease or disability. Monroe residents ranked very similarly to other Indiana residents for poor physical (4.1 vs. 4.0) and mental health days (4.7 vs. 4.7).

"Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families"

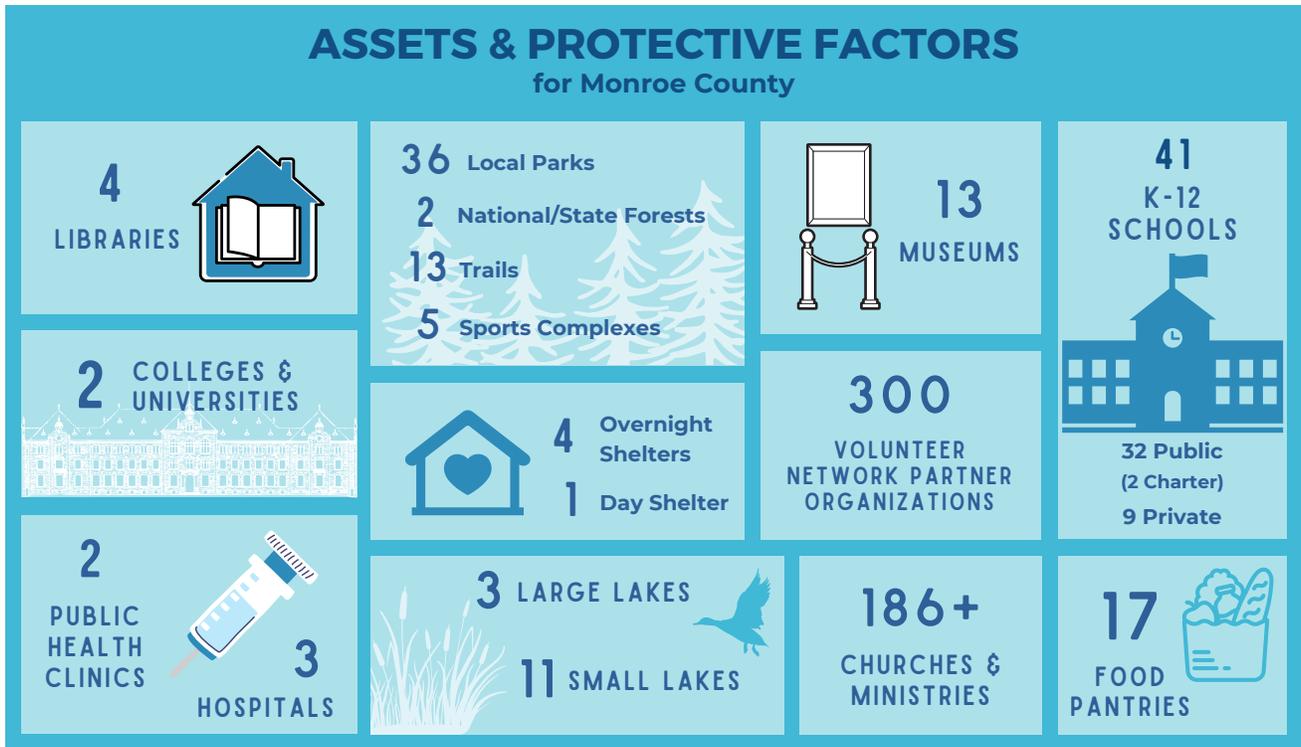U.S. Department of Health & Human Services
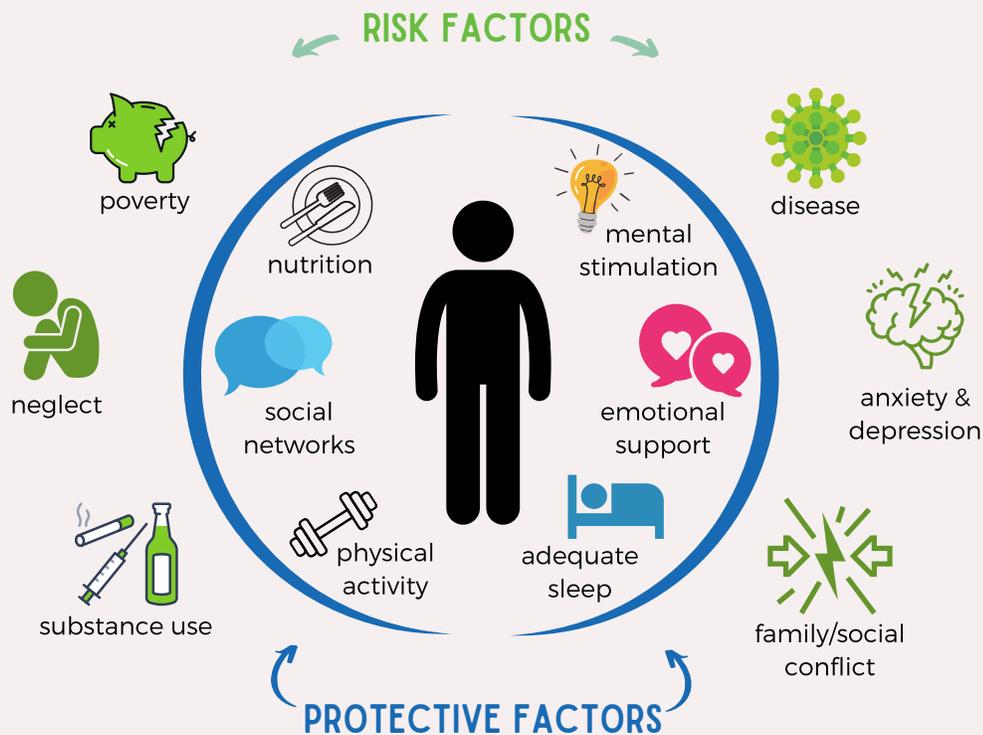
(fig. 36) US DHHS

COMMUNITY ASSETS & PROTECTIVE FACTORS

Determining the assets and resources available in the community is an important piece of a community health assessment. By identifying current resources and strengths, it allows program planners to pinpoint gaps or to build off of what is already present.

Monroe County has a large number of social service organizations ready to assist those in need. One is Helpingbloomingtonmonroe.findhelp.com, a website where people can search for the support, resources and services they need.
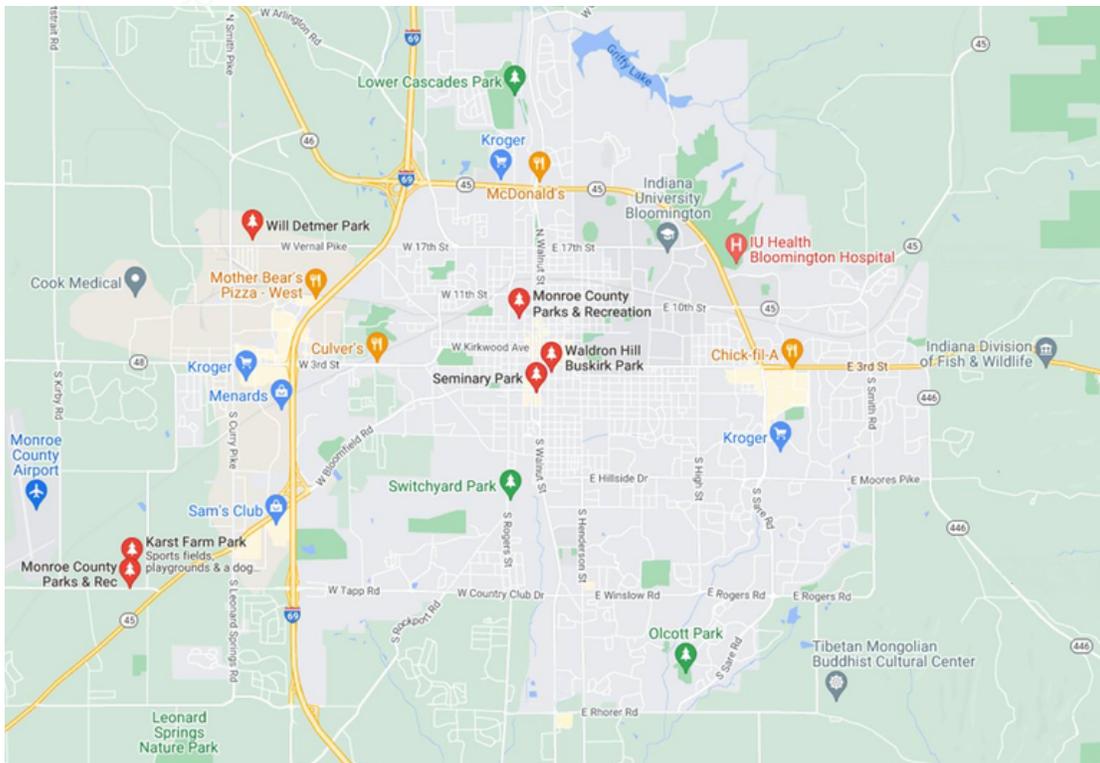
There also also overnight and day shelters, food banks, community meals, and childcare as well as agencies that focus on providing education for adults and children in many categories, such as scholastics, finances, parenting and more.

The Monroe County Public Library Nonprofit Central has a community database that lists over 800 nonprofit organizations and groups within Monroe County. The City of Bloomington Volunteer Network also has over 300 nonprofit community partner organizations where local residents can volunteer their time in order to support the community.
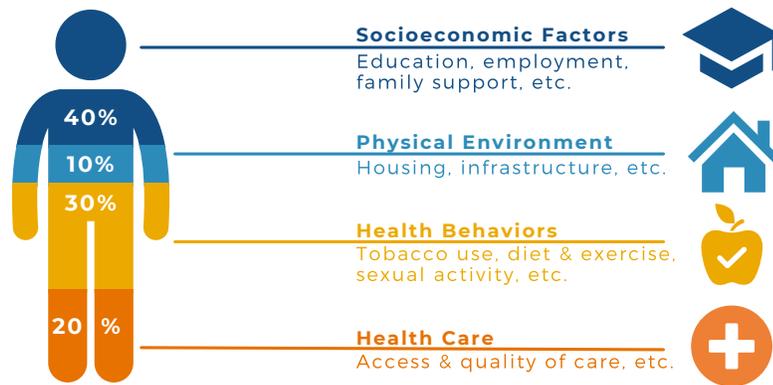
ASSETS & PROTECTIVE FACTORS
for Monroe County

4 LIBRARIES

36 Local Parks
2 National/State Forests
13 Trails
5 Sports Complexes

13 MUSEUMS

41 K-12 SCHOOLS

2 COLLEGES & UNIVERSITIES

4 Overnight Shelters
1 Day Shelter

300 VOLUNTEER NETWORK PARTNER ORGANIZATIONS

32 Public
(2 Charter)
9 Private

2 PUBLIC HEALTH CLINICS
3 HOSPITALS

3 LARGE LAKES
11 SMALL LAKES

186+ CHURCHES & MINISTRIES

17 FOOD PANTRIES

(fig. 37) MCPL, City of Bloomington, 2021, Yellow Pages, RBBSC, MCCSC, Monroe County Government, DNR

Map of Parks in Bloomington

SOCIAL DETERMINANTS OF HEALTH

Socioeconomic Factors
Education, employment, family support, etc.

Physical Environment
Housing, infrastructure, etc.

Health Behaviors
Tobacco use, diet & exercise, sexual activity, etc.

Health Care
Access & quality of care, etc.

40%
10%
30%
20 %

(fig. 34) adapted from UCLA Hospital

According to the World Health Organization, social determinants of health (SDOH) are the "non-medical factors that influence health." This includes all of the ways that people interact with their living environment. Some examples of SDOH include housing, schools, job opportunities, access to nutritious food, safe places for activities, literacy skills, and discrimination and racism. Research has shown that social determinants of health have a major impact on health outcomes; social determinants account for 30-55% of health outcomes. Social determinants of health can impact health both in positive and negative ways.

Addressing racism, the CDC says racism is a fundamental cause of health inequities, health disparities and disease and that racial and ethnic minority populations experience higher rates of poor health and disease in a range of health conditions (2021).

Access to Care

Monroe County has three hospitals located within its boundaries. IU Health Bloomington Hospital is a member hospital of a statewide system of care based in Indianapolis. It recently moved to a new location on the IU campus. Monroe Hospital is located just out-side of city boundaries and is part of a multi-state organization that includes 45 hospitals. Bloomington Meadows Hospital, located on the northwest side of the city, provides services limited to mental health.

Monroe County is designated a Medically Underserved Area/ Populations (MUA/MUP) for primary care by the Governor of Indiana. It is also designated as a geographic Health Professional Shortage Area (HPSA) as part of a mental health catchment area that includes Lawrence, Monroe, Owen and Morgan Counties.

According to County Health Rankings 2021 data, Monroe County continues to rank lower for access to primary care providers than Indiana overall (1,690:1 vs. 1,500:1). It also has fewer dentists than Indiana overall (1,860:1 vs. 1,750:1). These numbers can be misleading, as they only refer to the number of people who reside in the county as compared to the number

of people actually served by local physicians. With Monroe County being considered the regional hub for services, the ratio of patients to providers is likely much higher.

Monroe County has two designated Health Professional Shortage Area (HPSA) facilities. HealthNet, a federally qualified health center, provides sliding scale services for those who meet the criteria in primary and mental health care as well as dental care. Centerstone, a federally qualified health center look-alike, provides both primary and mental health care.[1]

Access to care remains a top health priority discussed in the community focus groups and the barriers identified remain the same same as in earlier years. Area residents continue to report long wait times to get a new patient appointment with primary care physicians and psychiatrists. Other barriers mentioned included high cost of healthcare, lack of insurance (or challenges with insurance), lack of transportation and stigma surrounding mental health issues.

The numbers of uninsured adults rose slightly from 9% to 11% in recent years. This matches with Indiana overall (11%) as does the number of uninsured children (7%) (County Health Rankings 2021).

The availability of treatment for substance use disorder has improved greatly within the last few years due to changes in federal policies and funding. According to Helping Bloomington Monroe, a referral website/program, there are 6 treatment facilities within Monroe County that offer medication assisted treatment, such as Suboxone, methadone and naltrexone.[2]

SOCIAL DETERMINANTS FAST FACTS
for Monroe County

RATIO OF RESIDENTS TO PRIMARY CARE PROVIDERS:

Monroe County
1,690 to 1

Indiana
1,500 to 1

US Top Performers
1,030 to 1

6
Substance use treatment sites that offer medication-assisted treatment

14%
of residents have inadequate access to food

11% of adults

7% of children

ARE UNINSURED

ACCESS TO CARE
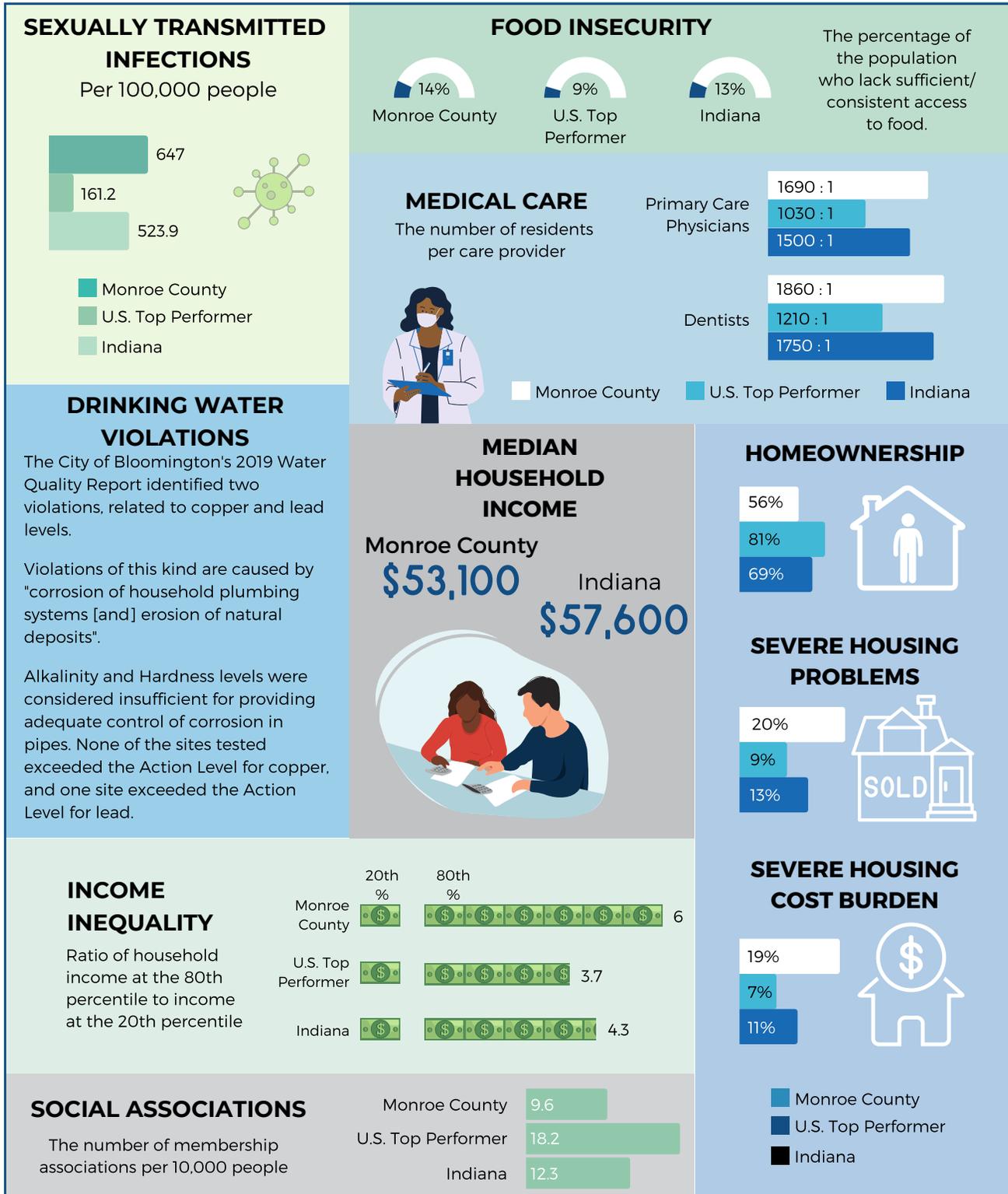named as a top priority during community health focus groups

(fig. 35) CHR 2021, Monroe County focus groups, 2021, HelpingBloomingtonMonroe

1. *https://data.hrsa.gov/tools/shortage-area/hpsa-find, https://data.hrsa.gov/tools/shortage-area/mua-find*
2. *https://helpingbloomingtonmonroe.findhelp.com/*

The 2021 County Health Rankings have also identified areas where Monroe County lags behind both the U. S. Top Performing counties and the state of Indiana as a whole:

SEXUALLY TRANSMITTED INFECTIONS
Per 100,000 people

647
161.2
523.9

- Monroe County
- U.S. Top Performer
- Indiana

FOOD INSECURITY

14% Monroe County
9% U.S. Top Performer
13% Indiana

The percentage of the population who lack sufficient/consistent access to food.

MEDICAL CARE
The number of residents per care provider

Primary Care Physicians
1690 : 1
1030 : 1
1500 : 1

Dentists
1860 : 1
1210 : 1
1750 : 1

- Monroe County
- U.S. Top Performer
- Indiana

DRINKING WATER VIOLATIONS

The City of Bloomington's 2019 Water Quality Report identified two violations, related to copper and lead levels.

Violations of this kind are caused by "corrosion of household plumbing systems [and] erosion of natural deposits".

Alkalinity and Hardness levels were considered insufficient for providing adequate control of corrosion in pipes. None of the sites tested exceeded the Action Level for copper, and one site exceeded the Action Level for lead.

MEDIAN HOUSEHOLD INCOME

Monroe County
$53,100

Indiana
$57,600

HOMEOWNERSHIP

56%
81%
69%

SEVERE HOUSING PROBLEMS

20%
9%
13%

SEVERE HOUSING COST BURDEN

19%
7%
11%

- Monroe County
- U.S. Top Performer
- Indiana

INCOME INEQUALITY

Ratio of household income at the 80th percentile to income at the 20th percentile

20th % 80th %

Monroe County   6
U.S. Top Performer   3.7
Indiana   4.3

SOCIAL ASSOCIATIONS

The number of membership associations per 10,000 people

Monroe County   9.6
U.S. Top Performer   18.2
Indiana   12.3

(fig. 38) County Health Rankings, 2021, City of Bloomington, EPA, 2021

Poverty

According to Stats Indiana 2021, Monroe County was ranked as having the second highest poverty rate in Indiana in 2019 (20.8%) of the 92 counties. Although Monroe County does have residents living in poverty, this ranking is misleading and likely due to the high numbers of college students living within the community.

A study done in 2017 using data from the ACS 2012-2016 found significant differences in poverty rates after the exclusion of off-campus college students in large college towns. Monroe County's poverty rate dropped 10.1% when students living off campus were excluded from the calculation (from 25% to 14.9%). The poverty rate for the City of Bloomington (38.0%) fell almost 16.7% to 21.3% when off campus students were excluded from the count. (U.S. Census, 2012-2016 ACS Survey 2017)

INCOME & POVERTY				
	Number	Rank in State	Percent of State	Indiana
Per Capita Personal Income (annual) in 2020	$46,693	45	89.9%	$51,926
Median Household Income in 2019	$53,113	68	92.2%	$57,617
Poverty Rate in 2019	20.8%	2	174.8%	11.9%
Poverty Rate among Children under 18	15.0%	43	99.3%	15.1%
Welfare (TANF) Monthly Average Families in 2021	60	20	0.9%	6,453
Food Stamps Recipients in 2021	8,009	19	1.3%	636,675
Free and Reduced Fee Lunch Recipients in 2019/2020	5,199	22	1.0%	507,739

(fig. 39) Stats Indiana 2021, US Bureau of Economic Analysis; US Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

When looking at the poverty rate in 2019 among children under 18 (15%),Monroe ranked in the middle of IN counties (43 of 92) and was almost identical to Indiana's rate overall (15.1%). According to County Health Rankings, 2021, 37% of K-12 students receive free or reduced fee school lunches as compared to 49% in Indiana. In addition, poverty levels of children aged 5-17 in Monroe County school districts have, overall, been below state and national levels since 2007.

**2008-2019 Poverty Levels
Children Aged 5-17 in Families (School District)**
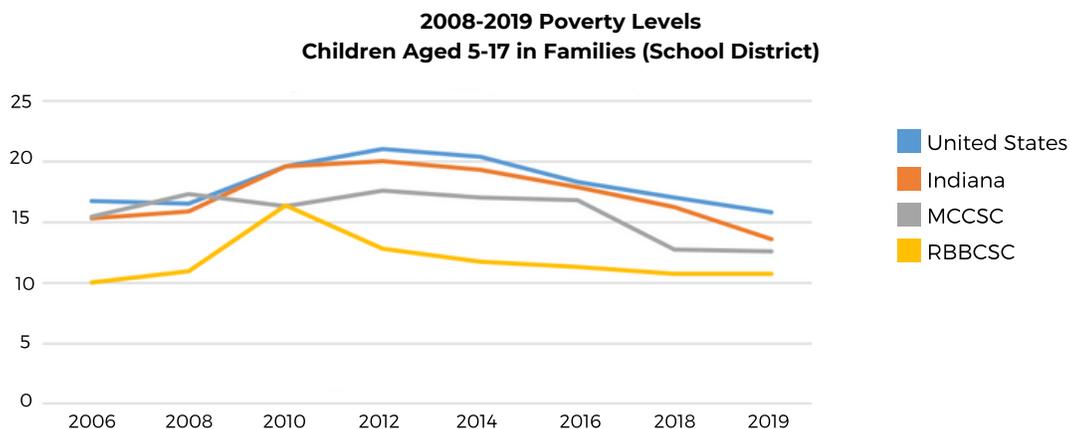
(fig. 40) U.S. Census, ACS 2015-2019, Spark Map

The Area Deprivation Index (ADI) is an area-based single number percentage score that combines 17 indicators of socioeconomic status (SES) related to four primary domains (education, income/employment, housing, household characteristics) that measure an areas' deprivation.[1] The higher the ADI percentage, the higher the level of deprivation and risk of poorer health outcomes.

The purple areas in the map outlines the areas in the county with the highest needs, Areas in the county shaded in green point to areas with more resources.

Area Deprivation Index (2019)
State Decile by Block Group
Neighborhood Atlas 2021

- Not Ranked
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Monroe County, IN
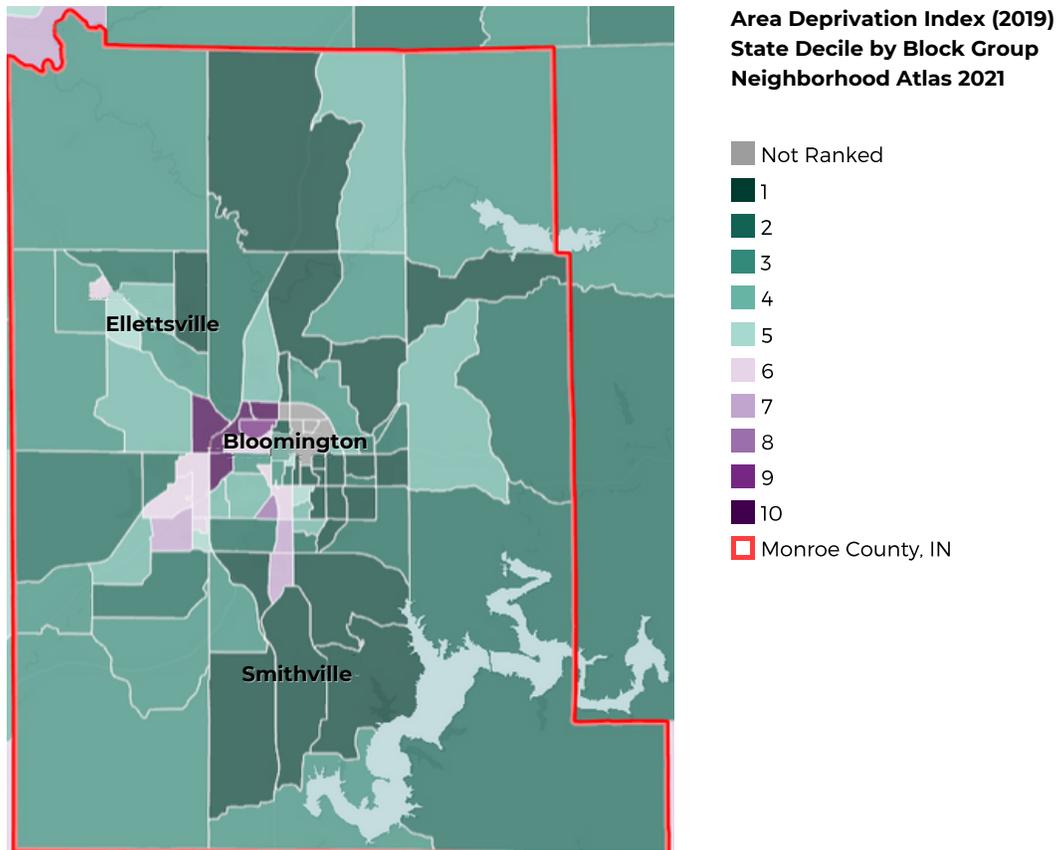
(fig. 41) Area Deprivation Index (ADA) 2021, Spark Map

Monroe County, as a whole, ranks third among Indiana counties regarding the average number of years a person can expect to live: 80.5 years of age, as compared to 77.1 for Indiana.

The United States Small-Area Life Expectancy Project (USALEEP) measured life expectancy at the census tract level and found that there can be large differences in expected life years even for census tracts located within the same county.

Follow-up studies have pointed to socioeconomic and demographic differences between census tracts as the reason for the difference in life expectancy, including education, income and race.[2]

1. *https://help.broadstreet.io/article/adi/*
2. *https://www.hsph.harvard.edu/news/press-releases/significant-disparities-in-u-s-life-expectancy-found-at-census-tract-level/t*

The census tracts represented below in blue are said to have the highest life expectancy per USALEEP. These tracts correlate closely with areas on the Deprivation Index map (prior page) that have more resources and opportunities whereas the areas in red correlate with areas that have less. Data is not available for areas shaded in gray.

Life Expectancy at Birth for U.S. States and Census Tracts, 2010-2015
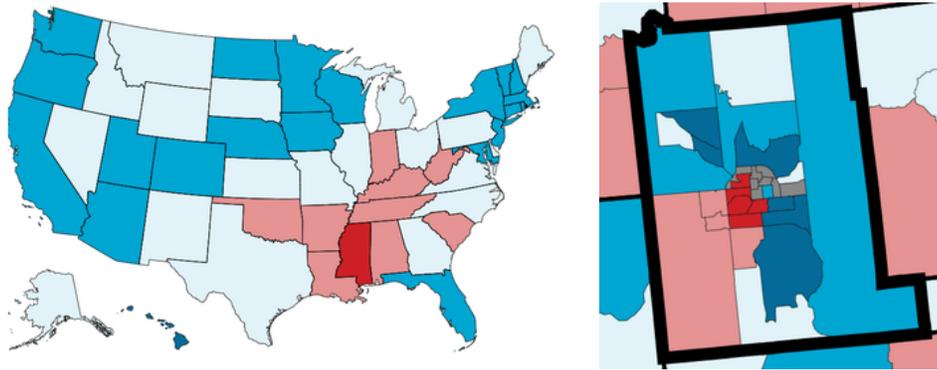

Life expectancy at birth (Quintiles)

■ 56.9 - 75.1	■ 75.2 - 77.5	■ 77.6 - 79.5	■ 79.6 - 81.6	■ 81.7 - 97.5

(fig. 42) https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html?
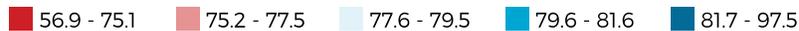
Food Deserts

Monroe County (14%) ranked similar to Indiana overall (13%) in regards to food insecurity (Community Health Rankings, 2021). Fourteen census tracts in Monroe County are labeled as food deserts because of residents having low income and lower access to food (USDA 2019). Food deserts are described as neighborhoods without easy access to groceries. While some of these neighborhoods do have gas/convenience stores, these stores often offer only a limited amount of healthy food choices. Food insecurity and accessibility determine not only health factors of a community and its residents, but the capacity the

- Green areas - Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.
- Orange areas – Low-income census tracts where a significant number of residents is more than ½ mile (urban) or 10 miles (rural) from the nearest supermarket.
- Yellow areas - Low-income census tract where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket.
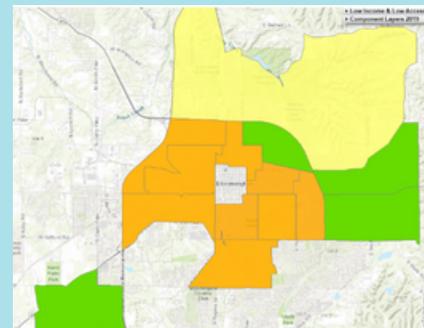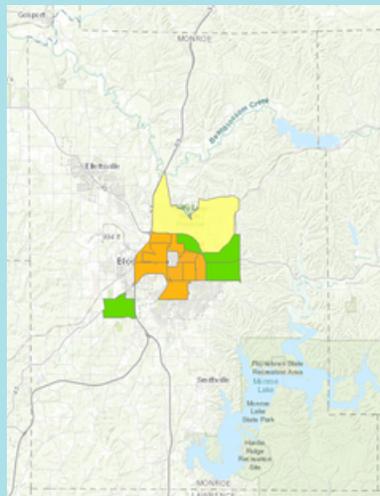

(fig. 43 & 44) USDA Food Access Research Atlas, 2019

community has for supporting those who inhabit it. Supporting students is also of major importance with the large student populations in Monroe County. It is estimated that around 25% of Indiana University Bloomington students have faced food insecurity since the start of the COVID-19 pandemic (SFSS Indiana). [1] On a food environment index scale representing factors that contribute to a healthy food environment (accessibility, options, insecurity), Monroe County scored a 7.2 out of 10 and Indiana a 7.1 (County Health Rankings, 2021). There are over 18 food pantries in Monroe County (helpingbloomingtonmonroe.findhelp.com).

Housing Concerns

The stability, quality, safety and affordability of housing can have a large impact on a person's health. For example, if a child lives in a home in a neighborhood with yards, sidewalks and parks, they may be more likely to play outside and get exercise than a child who lives in an area without these. Being able to afford a home in an area that is safe can create a sense of security and support good mental health.

County Health Rankings, 2021 identifies Monroe County as having a severe housing burden and the county with the highest percentage of households (21%) with at least one of four housing problems: overcrowding (more than one person per room), high housing costs, and lack of kitchen or plumbing facilities. Families who are experiencing a high housing cost burden may have to choose between housing and fulfilling other basic needs.

Housing Burden, IN

Lowest Burden   Highest Burden
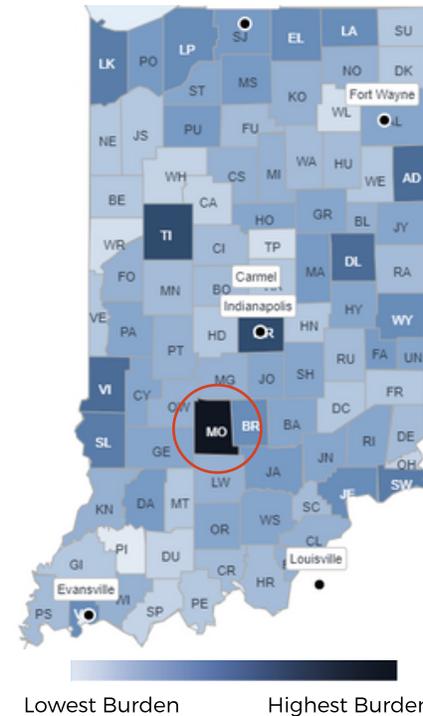
(fig. 45) County Health Rankings 2021

Median Monthly Rent, Monroe County, IN
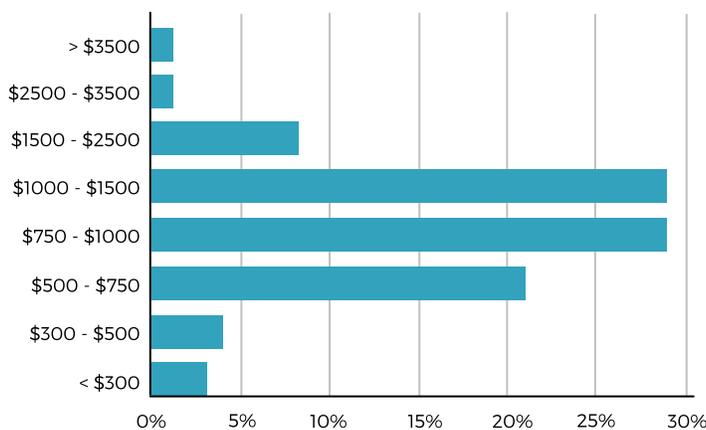
(fig. 46) American Community Survey, 2020

Housing costs in Monroe County are high compared to most Indiana counties and Bloomington's metro fair market area is one of the more expensive housing markets in the state.   Being a college town, Monroe County has artificial pressure from students' housing needs that keep housing costs high. Additionally, the average renter's wage in Monroe County ($10.92/hr.) falls well short of the $17.83 necessary to rent a 2-bedroom apartment at HUD's Fair Market 2021 Rent ($927) without being considered cost burdened.
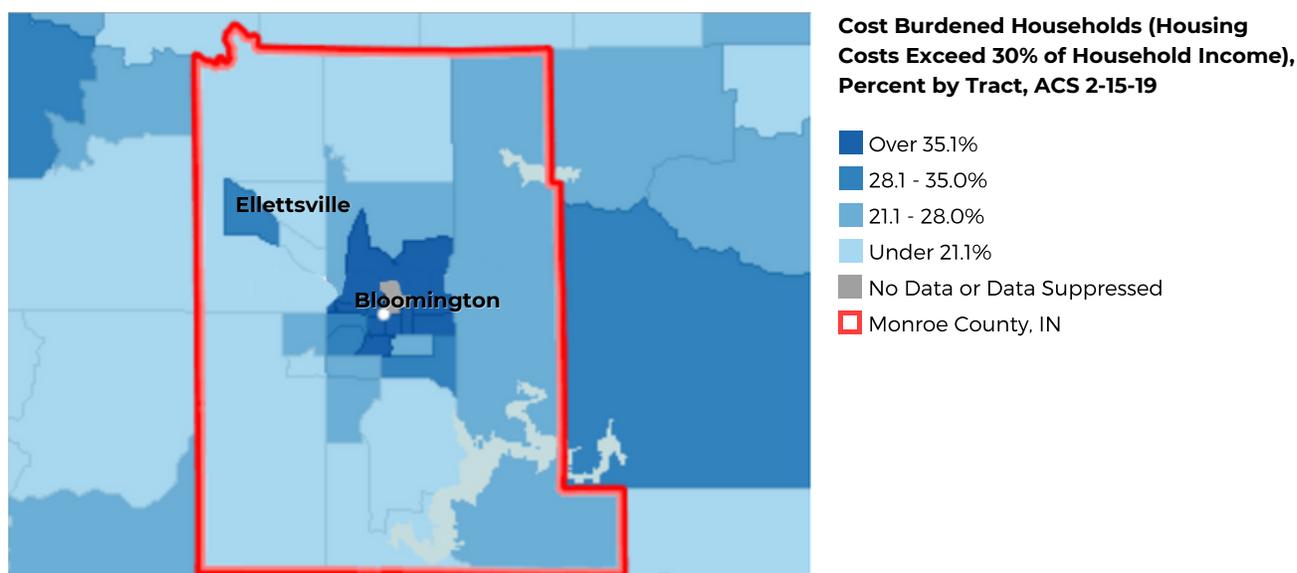
1. *https://sfss.indiana.edu/*

This compares to the statewide estimate of $16.57 for the same 2-bedoom apartment (Out of Reach 2021 - National Low Income Housing Coalition 2021).

The tight housing market is also putting pressure on housing costs. The City of Bloomington's Affordable Housing page on their website said recent studies placed the rental occupancy level at around 95%. It estimated the cost to rent a new 1-bedroom unit in the downtown area to be as much as $1,000 -$1,200 a month.[1]

Other types of housing are also facing higher costs. A 2021 year-end report by the Indiana Association of Realtors said median home prices have increased each month for the last 60 months (5 years). In 2021, the median sales price for houses statewide increased 13.5% to $210,000 and Monroe County's median sale price rose to $240,000.[2]

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2-15-19

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Monroe County, IN

(fig. 47) Cost Burdened Households 2021, Spark Map

1. *https://bloomington.in.gov/housing/affordable*
2. *https://indianarealtors.com/consumers/housing-data/*

Social Inclusion/Connections

Having a social support system extends further from simply friends and family, but into the community as well. Social inclusivity and connection can play a major role in an individual's quality of life and general health and wellbeing, and a lack of can be detrimental. The lack of community involvement and a social support network is associated with poorer health behaviors and increased morbidity and early mortality. Monroe falls below Indiana overall for adult social associations (9.5% vs 12.3%).   Regarding the Monroe County youth population, 2% of county youths are disconnected from the community, compared to 7% in Indiana (County Health Rankings 2021).

MENTAL HEALTH FAST FACTS
for Monroe County

15% of residents report having ≥ **14** days/ month of **POOR MENTAL HEALTH**

2% of residents age 16-19 years old are considered **DISCONNECTED YOUTH** (neither in school nor working)

35% of residents report getting fewer than 7 hours of sleep on average

Monroe County has a **RESIDENTIAL SEGREGATION INDEX** of **37** compared to **55** in Indiana overall
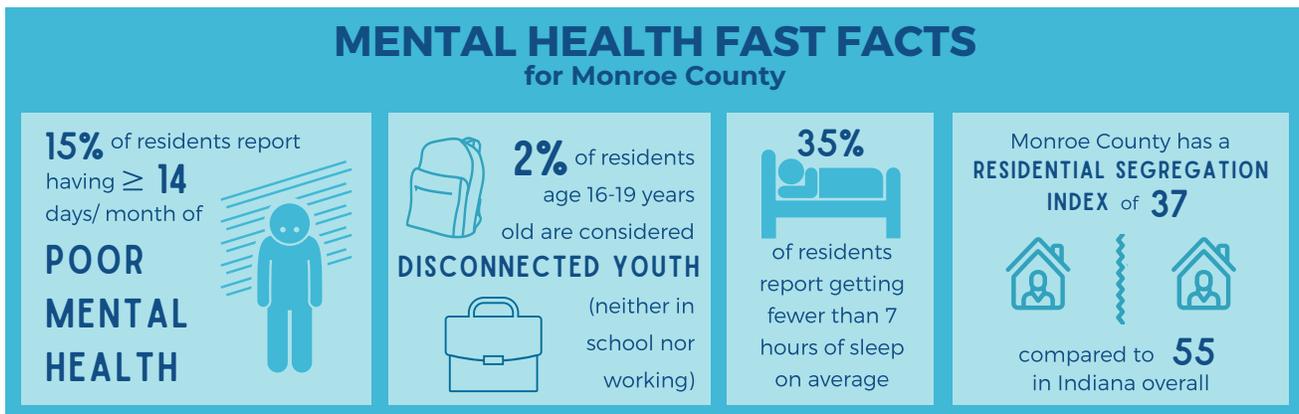
(fig. 48) County Health Rankings, 2021, City of Bloomington, ;

To address and encourage connectivity and inclusion, organizations have been established to aid populations in need. Bloomington offers an inclusive recreation program to residents with disabilities (Bloomington Parks and Recreation). The South Central Community Action Program provides opportunities and services for low income families (INSCCAP). The United Way of Monroe County was founded to aid in inequities in low income and diverse populations (United Way Worldwide). Monroe County Government and the City of Bloomington have also established several commissions to assist and empower inclusivity and connection among vulnerable populations such as women, youth, and people of color.

**Frequent Mental Health Distress
Crude Prevalence % by Census Tract**
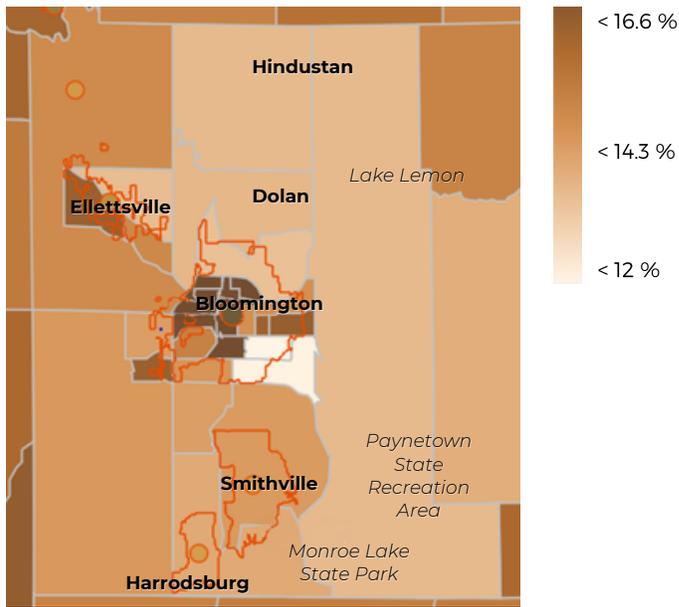
(fig. 53) CDC Places

Mental Health

Monroe County (4.7) is similar to Indiana overall (4.7) when looking at the average number of mentally unhealthy days reported by adults in the past 30 days (age adjusted). The top U.S. performing counties scored at 3.8 days or below, while Indiana counties ranged from 3.9 - 5.5 mentally unhealthy days.

In 2018, 15% of adults in Monroe County reported 14 or more days of poor mental health per month when asked about their mental health, including stress, depression and problems with emotions. (County Health Rankings, 2021). Looking at the map above, the census tracts with the highest levels of frequent mental health distress are census tracts known to contain high levels of student housing as well as tracts that have a higher level of lower income housing.

Homelessness

The Point in Time Count was 334 in 2020 and 380 in 2019. It has stayed somewhat stable over time, in spite of efforts to reduce homelessness in the area.

Monroe County has 11 shelter and resource options in Monroe County offering daytime, emergency, short term, and long term or supportive housing, including three overnight shelters, and one day shelter to help those in need of housing. It also has a transitional housing facility for women who have been affected by domestic violence and a transitional, supportive housing program for older youth/young adults. A rapid rehousing program is currently in place.

The Heading Home initiative by United Way of Monroe County and the Community Foundation of Bloomington and Monroe County aims to reduce homelessness and housing insecurity in the county. They lead a Housing Security Coalition who are using the Housing First model to shape their work with the goal of making homelessness rare, brief and non-repeating.

The Coalition has over 100 members who are from a variety of backgrounds, including City, County and Township Government, businesses, social service organizations and county residents.

Substance Use

Substance use continues to be a public heath concern nationally as well as for Indiana and Monroe County.   Substance use and addiction can put an individual at risk for increased health concerns while also affecting the surrounding community.

According to the American Medical Association (AMA), the opioid epidemic is now being driven by illicit fentanyl, fentanyl analogs, methamphetamine and cocaine, often in combination or in adulterated forms. Provisional data from the CDC estimated that[1] overdose deaths from opioids increased over 19,000 to 75,673 in the 12 months ending in April 2021. [2]

According to preliminary death record data from MCHD Vital Records, deaths recorded as overdose/substance use related as the primary cause of death remained the same at 54 in 2021 as it was in 2020; a 86% increase from the 29 substance use related deaths in 2019. Looking deeper, when looking at all causes contributing to a death, fentanyl was involved in 65% and methamphetamine was involved in 40% of the deaths in 2021 (MCHD 2021).

There were 2,556 IU Health Bloomington Hospital ER visits for alcohol and/or drug use in 2020, a slight increase from the 2,492 visits in 2019. Staff in the ER treated 75 cases of opiate overdoses in 2020, down from the 93 cases of opiate overdoses treated in 2019. Only 307 of the visits in 2020 and 365 in 2019 were for people between the ages of 18 to[3] 25.

SUBSTANCE USE FAST FACTS
for Monroe County

There were
228 SUSPENSIONS
(INVOLVING 208 STUDENTS TOTAL)
due to alcohol, drug, and/or tobacco use in 2019

OVERDOSE DEATHS
29 IN 2019
54 IN 2020
54 IN 2021
*substance use primary cause of death

Alcohol was involved in
13%
of driving deaths in 2015-2019
CHR 2021

In 2021, there were
65 DEATHS
for which substance use was listed as a participating cause

OPIOID OVERDOSE DEATHS
(IN INDIANA)
increased from
347 in 2011
to
1,246 in 2019

EXCESSIVE DRINKING
(AMONG ADULTS)
Monroe County   17%
Indiana   19%

31
ALCOHOL USE RELATED DEATHS
in 2021

6 SOBER LIVING FACILITIES

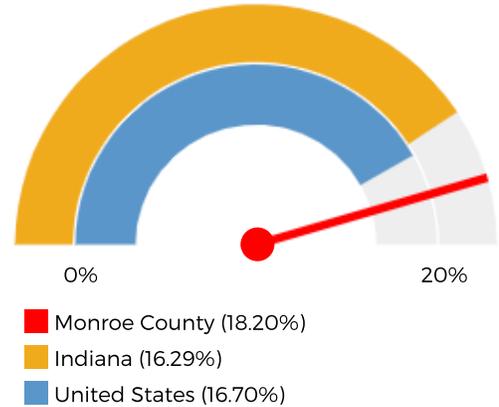*(fig. 49) SEOW 2020, County Health Rankings 2021, MCHD, 2021*

1. *https://www.ama-assn.org/system/files/issue-brief-increases-in-opioid-related-overdose.pdf*
2. *https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm*
3. *IU Health Bloomington Hospital*

The Indiana Family and Social Service Administration (FSSA) collected substance use treatment episode data in 2020. The substance use reported the most during admissions was methamphetamine (49.8% Monroe, 41.2% IN), alcohol use (45.9% Monroe, 41.6% IN) and marijuana use (42.7% Monroe, 46.9% IN).

There were 31 deaths related to alcohol in 2021, a slight decrease from 36 deaths in 2020 (MCHD, 2021).
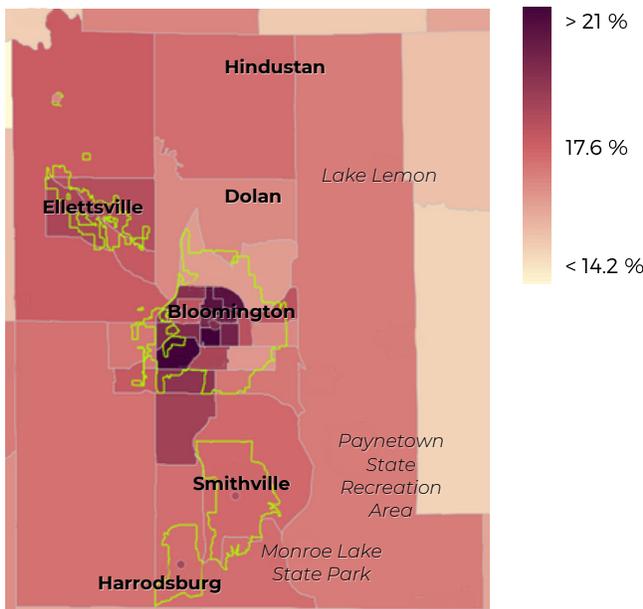
Alcohol and/or drug use was cited as a reason for removal of children from their parents by the Monroe County Department of Child Services (DCS) in 67.6% of the 139 cases of removal in 2020 (IPRC, 2021).

Percentage of Adults Binge Drinking in the Past 30 Days

0% 20%

■ Monroe County (18.20%)
■ Indiana (16.29%)
■ United States (16.70%)

(fig. 50) SparkMap 2021

Binge drinking crude prevalence (%)

> 21 %

17.6 %

< 14.2 %

Hindustan

Lake Lemon

Ellettsville   Dolan

Bloomington

Paynetown State Recreation Area

Smithville

Monroe Lake State Park

Harrodsburg

(fig. 51) CDC Places

Over 30% of high school seniors in Indiana Region 6 (includes Monroe) who took the Indiana Youth Survey in 2020 reported that they used alcohol in the last month, while 13.2% reported binge drinking in the last two weeks. .

The overall prevalence rate for adult binge drinking in Indiana was 15.6% in 2020 compared to 16.8% in 2019. (SEOW 2020) This compares to the crude prevalence for adult binge drinking (17%) in Monroe County (County Health Rankings 2021).

The CDC Places census tract map to the left breaks it down even further and shows the census tracts with the higher prevalence of binge drinking. These tracts contain areas that lean toward higher numbers of student housing as well as areas with lower income housing.
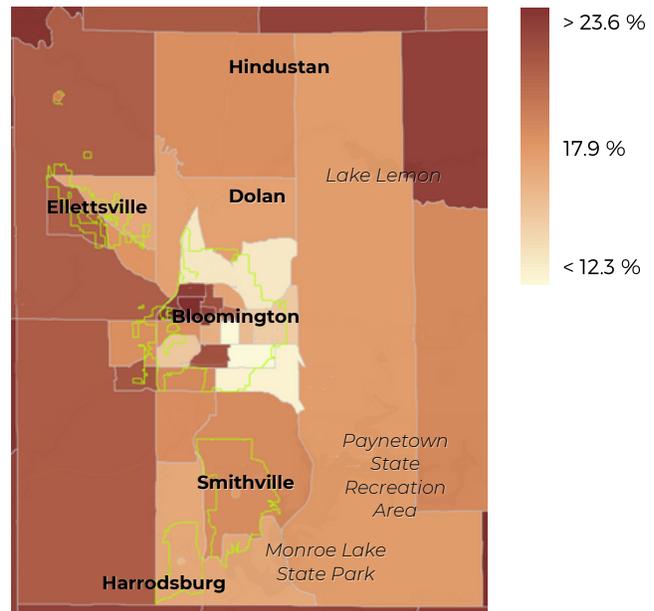
Tobacco

Tobacco smoking is the leading cause of preventable disease and death worldwide. Per the CDC, it is linked to 1 in 5 deaths in the United States per year, and mortality among those who smoke is about 3X higher than among similar people who never smoked. [1]

According to County Health Rankings, 2021, 21% of Monroe County residents over age 18 reported that they currently smoke every day or most days and that they have smoked at least 100 cigarettes in their lifetime. This compares to 22% in Indiana overall and 16% for best performing U.S. counties.

Smoking Prevalence by Census Tract

(fig. 52) CDC Places

It is estimated that 7,889 residents in Monroe County are living with a tobacco related illness.[2] The CDC Places map (right) projects the highest level of smoking to be in the census tracts just northwest and south of the downtown that are made up of a lower income populations as well as the county outskirts.

According to the IDOH Stats Explorer, 12.9% of live births in Monroe County in 2019 were to mothers who smoked during this pregnancy, down from 15.4% in 2017. This compares to Indiana overall (11.8%), Greene County (20.9%), Owen County (19%), Morgan County (16.5%, Brown County (15.8%) and Lawrence County (25.9%).

Over 25% of Indiana adults reported trying an e-cigarette in 2019 (IDOH, TPC 2020). The use of electronic smoking devices in teens surveyed in region 6 (includes Monroe) is double or more than that of who smoke cigarettes (Indiana Youth Survey, 2020). To combat this, the Indiana General Assembly raised the tobacco minimum sales age to 21 in a law that took effect on July 1, 2020. This new law includes all tobacco products including non-combustible tobacco products, e-cigarette devices, and e-liquid. Both school districts in Monroe County are tobacco free, including e-cigarettes.

1. *https://www.cdc.gov/tobacco*
2. *https://fsph.iupui.edu/doc/research-centers/research/2020-SEOW-Report-Web1.pdf*

MONROE COUNTY COMMUNITY HEALTH SURVEY
2021

760 SURVEY PARTICIPANTS

78% household incomes over $50,000

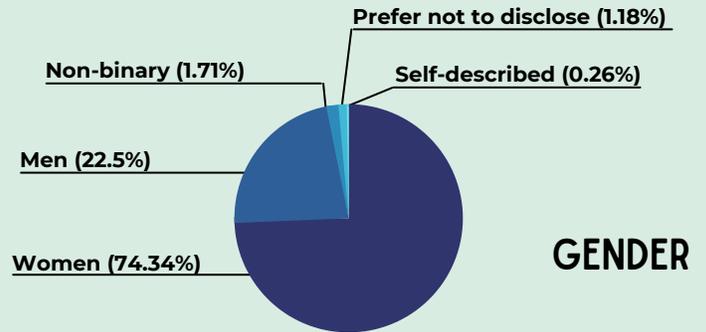**40%** household incomes over $100,000

45% completed a graduate degree
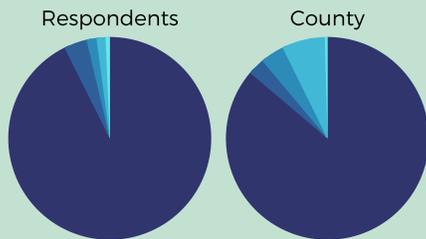
35% completed a bachelors

70% worked full-time

LIMITATIONS

Ordinarily data is collected both via online survey and in-person interviews. Due to the COVID-19 pandemic, in-person interviews were not possible, leading to underrepresentation within those communities that do not have regular access to media or the internet.

GENDER

Prefer not to disclose (1.18%)
Self-described (0.26%)
Non-binary (1.71%)
Men (22.5%)
Women (74.34%)

RACE

Respondents | County

Respondents		County
0 %	Native Hawaiian / Pacific Islander	0.1 %
0.7 %	American Indian / Alaska Native	0.3%
1.6 %	Asian	6.9 %
1.5 %	Black	3.8 %
3.7 %	More than one race	2.7 %
93 %	White	86.1 %

WORK and COVID-19 PANDEMIC

were the most common causes of stress during the time of the survey.
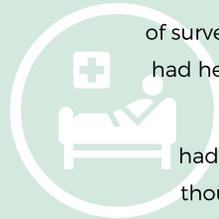
97% of survey respondents had health insurance

83% had someone they thought of as their healthcare provider

53% of respondents **worked from home** or somewhere other than their workplace since the start of the COVID-19 pandemic

MOST ACCESSED HEALTH SERVICES

#1 - Immunizations

#2 - Filled Prescriptions

#3 - Visited a Dentist

LEAST ACCESSED HEALTH SERVICES

#3 - Family Planning

#2 - Inpatient Hospital Care

#3 - Behavioral Care for Addiction

HEALTH

Respondents rated their health in 3 categories (physical, mental, and social) from 'Excellent' to 'Poor'.

Physical

Mental

Social

Overall

Excellent — Very Good — Good — Fair — Poor
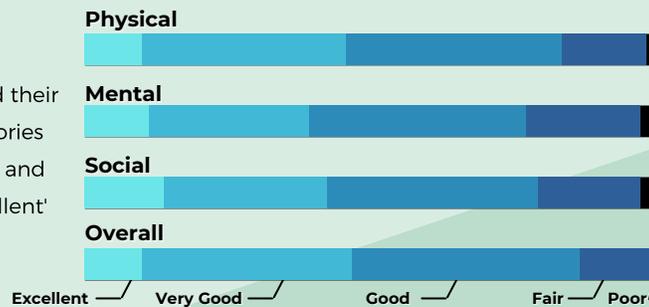
TOP 5 HEALTH ISSUES FOR THE COMMUNITY

Mental health

Lack of affordable housing

Homelessness

Substance use disorder

Poverty

(fig. 54) Community Health Assessment Survey 2021

MONROE COUNTY COMMUNITY HEALTH SURVEY
2021

PROGRAMS OR SERVICES IMPORTANT TO YOUR *PERSONAL* HEALTH & WELL-BEING

1 Walking & bike trails/outdoor recreation

2 Quick access primary care

3 Physical activity programs

4 Mental health counseling

5 Aging & older adult programs

PROGRAMS OR SERVICES IMPORTANT TO THE HEALTH OF *OTHERS* IN MY COMMUNITY

1 Mental health counseling & support groups

2 Substance use prevention & treatment

3 Services for women, infant, child (WIC)

4 Food pantries

5 Assistance with finding housing

WHAT IS QUALITY OF LIFE? WHAT FACILITATES IT?	Major themes shared by community stakeholders included mental health, accessibility, self-efficacy and value, community belonging and social needs, environment and surroundings, among others.

BARRIERS TO QUALITY OF LIFE?	The discussion on barriers to quality of life emphasized topics such as mental health (with an emphasis on stress), financial security and employment, a thriving environment, substance use, as well as poverty and housing inconsistencies.

WHAT SHOULD DECISION MAKERS KNOW?	Policy, decision making, and health promotion can have a major impact on the health of a community. Priority issues for decision maker focus included: substance abuse, housing and homelessness, healthcare accessibility, student support, and mental health.

CHA/CHNA FOCUS GROUPS

were held online on the following dates:

4/13/21

4/15/21

4/19/21

4/20/21

4/28/21

5/02/21

5/06/21

Top 10 highest needs selected by Focus Group participants
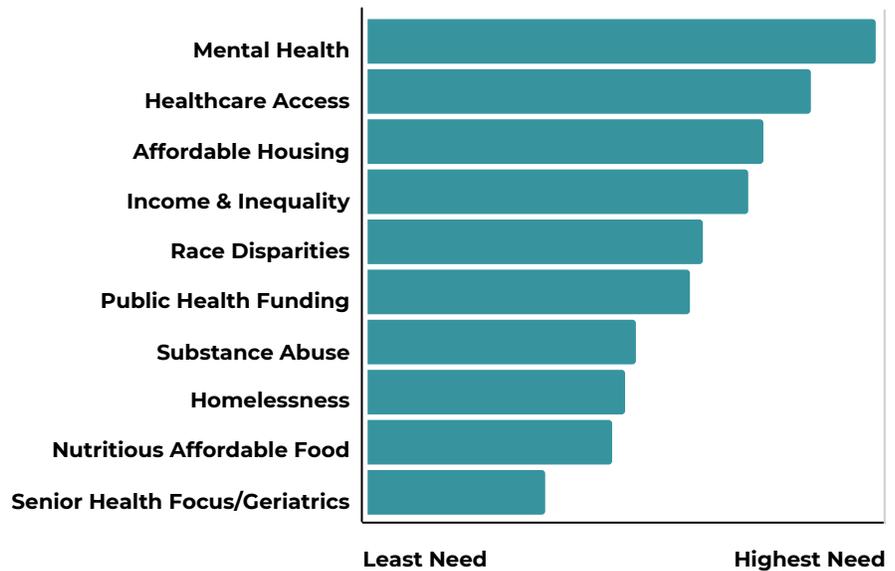
(fig. 14) Monroe County Health Department Community Health Assessment Focus Groups, 2021

Community Health Needs
As identified in Monroe County Focus Groups, April-May 2021

	HEALTHCARE	BUILT ENVIRONMENT	PHYSICAL HEALTH	MENTAL HEALTH	BASIC NEEDS
BARRIERS TO HIGH QUALITY OF LIFE	Stigmas about accessing healthcare Difficulty navigating complicated healthcare system	Pollution Limited transportation (Affordable) housing shortage Technology barriers and digital divides Lack of safe infrastructure	(Lack of) adequate sleep COVID-19 Physical inactivity Obesity Chronic diseases E-cigarette use	Stress Stigma re: mental health / substance use COVID-19 Effects of trauma	(Lack of) childcare Language barriers Time constraints Income constraints / poverty Unemployment Homelessness
SUPPORTIVE OF HIGH QUALITY OF LIFE	Dental healthcare Training for providers (about diversity, social determinants of health) Better insurance coverage Personalized medicine Preventative care Specialty care providers Care for elderly population	Transportation Affordable housing Connection to technological resources Safer infrastructure (streets, sidewalks, lighting)	Recreational opportunities	Mental health Trauma care resources	Affordable, nutritious food Resources for minority groups Quality, affordable childcare Social determinants of health Housing Education

SMALL GROUP DISCUSSIONS

DEMOGRAPHIC SURVEY RESULTS

49 Responses

AGE

53% 35-54 years old

RACE & ETHNICITY*

4% Asian American

8% Black / African American

4% Native American

59% White / Caucasian

2% Bi-Racial

8% Multi-Racial

33% Latinx

GENDER IDENTITY*

80% Female

16% Male

12% Transgender

8% Non-binary/ Non-conforming

In April 2020, the Bloomington Health Foundation and Community Justice and Mediation Center received funding from the Robert Wood Johnson Foundation to carry out the Community Voices for Health in Monroe County (CVHMC) initiative. A key goal of CVHMC is to listen to and elevate community voices, especially those who have been marginalized or underrepresented, in order to inform future health policies, programs, and services. Between June 2020 and June 2021, CVHMC hosted small group discussions and personal interviews with close to 180 community members. To hear from a broad range of voices, small group discussions were hosted specifically for Latinx residents, BIPOC (Black and Indigenous People of Color) residents, individuals with disabilities and their caregivers, senior citizens, Bloomington Housing Authority residents, transgender individuals, health professionals, and youth. The concerns mentioned most frequently by participants included health insurance; quality and availability of healthcare; and social and economic conditions that impact health. To learn more about the CVHMC, please visit https://cjamcenter.org/community-voices/.

HEALTH INSURANCE CONCERNS

✳ Difficult for immigrants (documented & undocumented) to obtain

✳ Choosing between insurance and other basic needs such as food, shelter, and clothing

✳ Challenging to keep Medicaid due to limits on assets

✳ Difficult to sort through insurance options

✳ Obstacles to using insurance, particularly for transgender individuals

✳ Hopes for more empowerment and choice

QUALITY & AVAILABILITY OF HEALTH SERVICES

✳ Challenges finding local providers, particularly for Medicaid patients

✳ High patient load and quotas for time spent with patients

✳ Limited range of health services for individuals without insurance

✳ Need to use emergency room for non-emergency health issues

✳ Ability of healthcare providers to serve groups with special needs, particularly individuals with disabilities, non-English speakers, immigrants, transgender individuals, and low-income residents

✳ Desire for more medical centers and non-emergency clinics, more active listening by healthcare providers, equitable treatment regardless of insurance coverage, and additional training for health providers to improve cultural competence

SOCIAL & ECONOMIC CONDITIONS THAT IMPACT HEALTH

✳ Availability and conditions of (affordable) housing

✳ Food insecurity, food deserts, and high cost of healthy food

✳ Lack of employment opportunities, particularly during COVID

✳ Challenging processes to access social services

✳ Lack of affordable and available county-wide transportation

✳ High costs of healthcare and uncertainty of costs prior to treatment

✳ Stigmas around mental health

✳ Inequity, discrimination, and implicit bias within local organizations

✳ Physical and emotional safety concerns, particularly among Black residents

*Note: Survey participants were allowed to select more than one option

(fig. 55) CVHMC Community Discussions

DELIBERATIVE SESSIONS

DEMOGRAPHIC SURVEY RESULTS

111 Responses

AGE

54% 35-54 years old

RACE & ETHNICITY*

2% Asian American

7% Black / African American

0% Native American

72% White / Caucasian

1% Bi-Racial

3% Multi-Racial

15% Latinx

GENDER IDENTITY*

77% Female

23% Male

2% Transgender

2% Non-binary/ Non-conforming

From August 2021 to February 2022, the CVHMC team hosted 10 deliberative sessions during which our team brought together more than 100 diverse community members, including elected officials. During these deliberative sessions, participants shared how they related to health concerns identified in the early public engagement efforts. Participants also discussed possible solutions for health concerns, including the expansion of community resources that they believed have been useful in the past. Needs for health-related policies, programs, and services discussed during these sessions included:

HEALTH INSURANCE CONCERNS

✳ Advocates to help residents receive needed care and insurance coverage

✳ Health insurance for all, including immigrants

✳ Policy to help people without insurance, particularly women without prenatal care

✳ Health insurance sign-ups at convenient locations

✳ Contact with state legislators to express concerns

QUALITY & AVAILABILITY OF HEALTH SERVICES

✳ Engagement with IU Health regarding needed improvements

✳ More choices and availability for care and providers, including walk-in health clinics and health fairs

✳ Healthcare navigators and education on existing resources

✳ Equitable healthcare, regardless of insurance plan

✳ More transparency around healthcare costs

✳ Improvements to provider care, including cultural competence and empathy training for providers

✳ Improved support networks

✳ Reducing the stigma associated with mental health care

✳ Improved mental health resources, particularly for individuals experiencing homelessness, incarcerated individuals, and children born with addiction issues

✳ Transportation linked to service providers

✳ Expanded roles for emergency services

✳ Use of American Rescue Plan Act funding for health services

SOCIAL & ECONOMIC CONDITIONS THAT IMPACT HEALTH

✳ Inclusion of more community members in health discussions (e.g., people-centered planning)

✳ Survey to prioritize proposed solutions

✳ Research best practices in other communities

✳ Improved education on self-care and preventative care

✳ Improve health and social service programs by expanding weekend hours, providing map of services, improving outreach strategies, and connecting residents with neighbors willing to help

✳ Use of navigators and centralized navigation point

✳ Expansions of existing services offered by nonprofits and enhanced collaboration between organizations

✳ Translation of more documents into multiple languages

✳ Continued use of police personnel trained to work with individuals with mental health issues

✳ More support for individuals recently incarcerated

✳ Expand affordable housing through local Housing First policy and improvements to housing voucher programs

✳ Improvements to transportation services

✳ Expanded programs for food access and nutrition, including more food pantries, mobile farmers markets, and subsidies for healthy food products

*Note: Survey participants were allowed to select more than one option

(fig. 56) CVHMC Community Deliberations

COMMUNITY VOICES FOR HEALTH IN MONROE COUNTY

In April 2020, the Bloomington Health Foundation and Community Justice and Mediation Center received funding from the Robert Wood Johnson Foundation to support the Community Voices for Health in Monroe County, Indiana initiative (CVHMC). Local partners also include Gnarly Tree Sustainability Institute, Indiana University O'Neill School of Public and Environmental Affairs, Indiana University Political and Civic Engagement, and Indiana University Center for Rural Engagement.

This funding was designed to help communities address fundamental challenges to the way they approach health and health policy. Historically, the people who are most impacted by particular policies are often left out of the conversation, or brought into the conversation after decisions are already made. This means that policy decisions and resource allocations are being made without full understanding of the issues or impacts, and has led to disparity and inequities.

CVHMC aims to address these challenges by:
- Broadening our collective understanding of what creates a healthy community
- Centering equity and voice in ways that decision-making processes are informed by a deeper   understanding of resident needs
- Creating pathways that enhance community understanding of the complexities of issues, and build shared responsibility for desired outcomes
- Creating and strengthening sustainable infrastructure for better health policy

The ultimate goal of this initiative is to create a Monroe County model for inclusive and equitable public engagement around health that can be replicated in other communities across Indiana.

Since the initiative began in the spring of 2020, CVHMC:
- Studied health issues and living conditions in Monroe County
- Explored the ways local government currently involves the community in decisions
- Created a cross-sector 40-person Advisory Council made up of community members representing marginalized and underserved communities, social service agencies and advocacy groups, religious and educational organizations, the business community, and city and county government officials
- Identified barriers to participation and developed strategies to accommodate specific barriers that might be unique to certain groups
- Held targeted small group discussions and personal interviews with close to 180 people to help understand community health concerns and needs
- Gathered stories about community members' personal health experiences
- Hosted 10 deliberative sessions with more than 100 community members to discuss these identified health issues and work to develop proposed solutions
- Shared the results of these sessions with community members and elected officials
- Partnered in the Monroe County 2021 Community Health Assessment

Quotes from Participants in the Discussions and Deliberative Sessions:

"Completely not having access to healthcare is not just low income. The elderly, unhoused, self-employed, small business owners, college students also have access issues. It is important not to underestimate the number of people who don't have access."

"We need to think about social determinants of health-where are we born, etc. We have begun to see more attention on social determinants of health such as nutritious food. Also, compliance. Too often the burden is on the patient for non-compliance, but they could be prohibited by access, transportation, time off work, or no childcare. All these factors must be looked at. It will take the entire community and resources to create a healthy environment."

"Bloomington doesn't have the housing to put people in. It's a limitation for a housing-first policy since there are not affordable units to place people. For me, a good starting spot is to commit to create affordable housing for people to go – whether that's rooms or studios—we don't have it but we have empty building. Decision makers need to make a commitment to put money to truly affordable housing. What's being discussed now is not affordable."

"If I had the ear of people who make choices, I would tell them racial and class disparities are rooted in policy. Comb through these policies and see where the implicit bias is that is really preventing people from getting the care they need."

"I'd love to see the community work on prevention education like diet and access to food. If we can keep people healthy, we would have less need. Prevention education means entire communities at the elementary school level and seniors. How can we motivate people and get them out to do different things and work together on something that becomes a priority, something we can rally around."

"We need more transparency on costs and services and different places. There are disproportionate charges and people have no idea what is being charged because it's going to the insurance companies. We need the knowledge of what things cost. They charge a high amount for an ambulance call. If I call, they come and get me, and that's wonderful. But I don't know what it costs, or if the costs justifies the service."
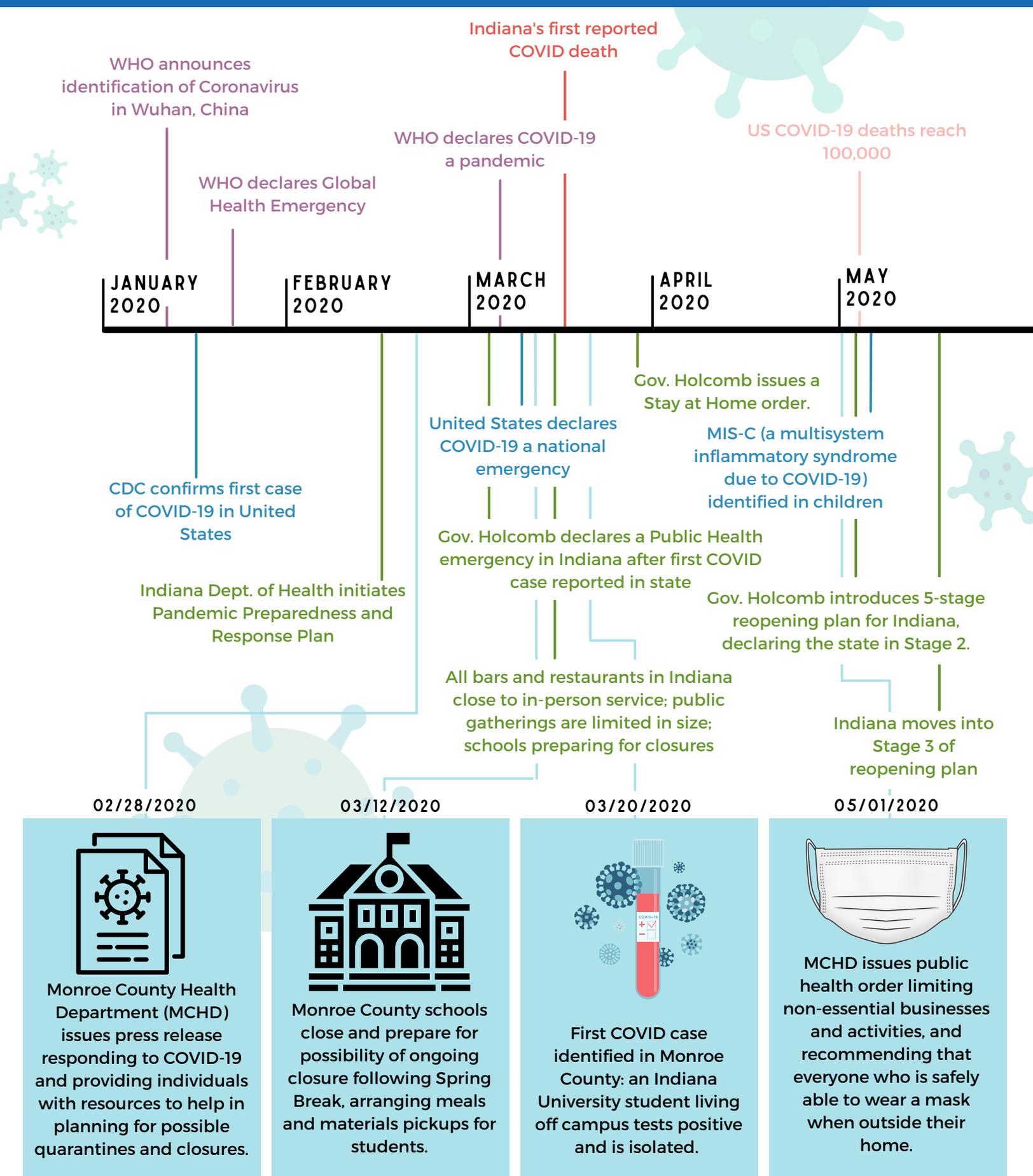
More quotes from community residents are available in the appendix as well as a list of the CVHMC Advisory Council members. For more information about Community Voices for Health in Monroe County, visit https://www.communityvoicesmonroecounty.org/

Appendix

A. COVID-19 Timeline through the pandemic

B. Copy of Community Health Assessment Survey

C. Eventbrite Invitation to Community Focus Groups

D. Community Voices for Health in Monroe County Advisory Council list

E.   CVHMC - residents share more thoughts and concerns
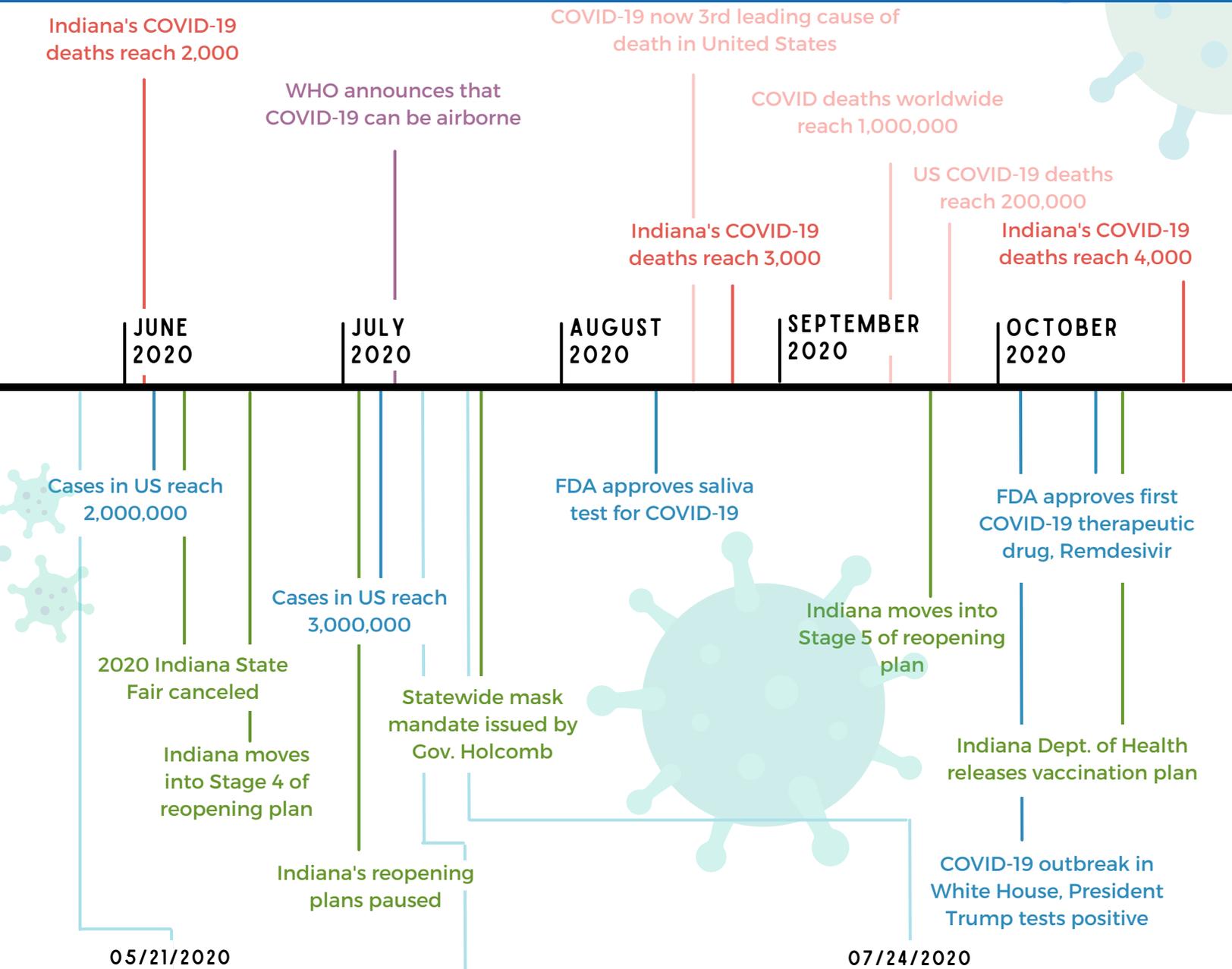
F. CHA/CHNA team meetings

G. Sources List

Indiana's first reported COVID death

WHO announces identification of Coronavirus in Wuhan, China

WHO declares COVID-19 a pandemic

US COVID-19 deaths reach 100,000

WHO declares Global Health Emergency

JANUARY 2020

FEBRUARY 2020

MARCH 2020

APRIL 2020

MAY 2020

Gov. Holcomb issues a Stay at Home order.

United States declares COVID-19 a national emergency

MIS-C (a multisystem inflammatory syndrome due to COVID-19) identified in children

CDC confirms first case of COVID-19 in United States

Gov. Holcomb declares a Public Health emergency in Indiana after first COVID case reported in state

Indiana Dept. of Health initiates Pandemic Preparedness and Response Plan

Gov. Holcomb introduces 5-stage reopening plan for Indiana, declaring the state in Stage 2.

All bars and restaurants in Indiana close to in-person service; public gatherings are limited in size; schools preparing for closures

Indiana moves into Stage 3 of reopening plan

02/28/2020

03/12/2020

03/20/2020

05/01/2020

Monroe County Health Department (MCHD) issues press release responding to COVID-19 and providing individuals with resources to help in planning for possible quarantines and closures.

Monroe County schools close and prepare for possibility of ongoing closure following Spring Break, arranging meals and materials pickups for students.

First COVID case identified in Monroe County: an Indiana University student living off campus tests positive and is isolated.

MCHD issues public health order limiting non-essential businesses and activities, and recommending that everyone who is safely able to wear a mask when outside their home.

(fig. 57) MCHD COVID-19 timeline

Indiana's COVID-19 deaths reach 2,000

WHO announces that COVID-19 can be airborne

COVID-19 now 3rd leading cause of death in United States

COVID deaths worldwide reach 1,000,000

US COVID-19 deaths reach 200,000

Indiana's COVID-19 deaths reach 3,000

Indiana's COVID-19 deaths reach 4,000

JUNE 2020

JULY 2020

AUGUST 2020

SEPTEMBER 2020

OCTOBER 2020

Cases in US reach 2,000,000

FDA approves saliva test for COVID-19

FDA approves first COVID-19 therapeutic drug, Remdesivir

Cases in US reach 3,000,000

2020 Indiana State Fair canceled

Indiana moves into Stage 5 of reopening plan

Indiana moves into Stage 4 of reopening plan

Statewide mask mandate issued by Gov. Holcomb

Indiana Dept. of Health releases vaccination plan

Indiana's reopening plans paused

COVID-19 outbreak in White House, President Trump tests positive

05/21/2020

07/24/2020

First local community testing site opens, making free COVID-19 testing available to individuals who are asymptomatic. The OptumServe site can administer up to 132 tests each day.

The City of Bloomington starts testing for COVID-19 in the wastewater. This enables surveillance of COVID-19 levels in the community without relying on individuals being able to get tested.

MCHD issues an updated Public Health Order mandating the use of face coverings in public places and when social distancing is not possible.

Indiana's COVID-19 deaths reach 7,000

Global cases reach 100,000,000

United States reaches 500,000 COVID-19 deaths

Indiana's COVID-19 deaths reach 6,000

Indiana's COVID-19 deaths reach 8,000

Indiana's COVID-19 deaths reach 11,000

Indiana's COVID-19 deaths reach 5,000

United States reaches 300,000 COVID-19 deaths

Indiana's COVID-19 deaths reach 9,000

Indiana's COVID-19 deaths reach 12,000

NOVEMBER 2020

DECEMBER 2020

JANUARY 2021

FEBRUARY 2021

MARCH 2021

FDA issues emergency use authorization (EUA) for first COVID-19 antibody treatments (Eli Lilly)

Cases in US reach 20,000,000

FDA issues EUA for Johnson & Johnson (18+) single-dose vaccine.

FDA issues EUA for Pfizer (16+) and Moderna (18+) vaccines. The first doses are administered to healthcare workers

CDC announces fully vaccinated people can gather indoors without masks

Vaccination open to all Hoosiers age 80+

Mass vaccination site opens at Indianapolis Motor Speedway

Confirmed cases in Indiana reaches 300,000

TSA establishes federal mask mandate on all public transportation

Over 1 million Hoosiers have been fully vaccinated

Confirmed cases in Indiana reaches 500,000

First vaccine dose administered in Indiana

Vaccination open to all Hoosiers age 16+

Over 1 million US Americans have received a first vaccine dose

Over 177,000 COVID-19 tests have been administered as of November 30, 2020.

The first vaccine doses in Monroe County are administered to healthcare workers.

·On February 4, 2021, ISDH added 33 previously unreported COVID-19 deaths from the past year to Monroe County's numbers, bringing the total number of COVID-19 deaths in the county to 154.

COVID-19 deaths worldwide reach 3,000,000

United States reaches 600,000 COVID-19 deaths

Indiana's COVID-19 deaths reach 13,000

COVID-19 deaths worldwide reach 4,000,000

Indiana's COVID-19 deaths reach 14,000

APRIL 2021

MAY 2021

JUNE 2021

JULY 2021

AUGUST 2021

Cases in US reach 31,000,000

CDC offers new guidance for fully vaccinated individuals

CDC determines that the Delta variant is now the dominant COVID-19 strain in the United States

44% of Hoosiers fully vaccinated

CDC estimates that more than 1/3 of US population has been infected with COVID

Delta variant becomes dominant in US

Vaccination eligibility extended to include youth age 12-15.

Cases in US reach 35,000,000

CDC recommends everyone wear masks indoors in high transmission areas

Over 200 million vaccine doses administered in US

05/28/2020

08/05/2021

MCHD reports zero COVID-19 deaths between March 12 - May 1, 2021

MCHD rescinds the Public Health Order mandating the use of face coverings, though masks are still recommended in public indoor places

In June, the City of Bloomington reports 85 city employees have tested positive with COVID-19 since March, 2020, and 1 employee has died

MCHD reinstates the Public Health Order mandating the use of face coverings in public indoor places.

COVID-19

More than 140,000 children in US have lost at least 1 primary caregiver to COVID-19

Omicron variant first detected in South Africa

US COVID-19 deaths reach 700,000

US COVID-19 deaths reach 700,000

COVID-19 deaths world-wide reach 5,000,000

Indiana's COVID-19 deaths reach 18,000

Indiana's COVID-19 deaths reach 15,000

Indiana's COVID-19 deaths reach 16,000

Indiana's COVID-19 deaths reach 17,000

Indiana's COVID-19 deaths reach 19,000

Indiana's COVID-19 deaths reach 20,000

SEPTEMBER 2021 — **OCTOBER 2021** — **NOVEMBER 2021** — **DECEMBER 2021** — **JANUARY 2022**

CDC recommends everyone 18+ receive a booster dose of the Pfizer or Moderna vaccine 6 months after their initial series

The US Government releases their plan distributing 4 free home rapid tests per address

Vaccination eligibility extended to include youth age 5-11

12/01/2021

MCHD hosts a virtual town hall with pediatricians from IU Health in order to answer parents' questions about the youth COVID-19 vaccine.

As of the end of December, 2021, Monroe County has reported over 17,650 confirmed COVID-19 cases since the beginning of the pandemic.

There were 177 deaths in Monroe County due to COVID-19 as of December 31, 2021 according to the Indiana State Department of Health

OMICRON

MCHD experiences the highest number of new cases in a single day on January 10, 2022 with **781** new cases reported.

Indiana's COVID-19 deaths reach 21,000

US COVID-19 deaths reach 900,000

COVID-19 deaths world-wide reach 6,000,000

US COVID-19 deaths expected to reach 1,000,000

Indiana's COVID-19 deaths reach 22,000

Global cases reach 400,000,000

Indiana's COVID-19 deaths reach 23,000

FEBRUARY 2022

MARCH 2022

APRIL 2022

MAY 2022

JUNE 2022

CDC recommends a second vaccine booster 4 months after the first for immunocompromised and those age 50+

K-12 schools no longer need to report COVID-19 cases to the Indiana Department of Health
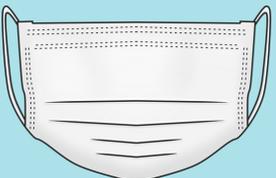
03/04/2022

03/04/2022

MCHD rescinds the Public Health Order mandating the use of face coverings in public places. Masks are still strongly recommend when indoors.

Monroe County public schools rescind indoor mask requirements for all students, faculty, staff, and visitors, and eliminates social distance requirements.

As of April 6, 2022, 59% of Monroe County residents age 5+ are fully vaccinated, and 29% have received at least 1 booster dose.

Monroe County Community Health Needs Assessment 2021

* 1. In which County do you live? (select one)

○ Monroe
○ Owen
○ Lawrence
○ Other (please specify)

○ Brown
○ Green
○ Martin

[_____]

* 2. What is the Zip Code of your residence?

[_____]

* 3. How many adults (18 years or older) live in your household, including yourself?

[_____]

* 4. How many children (younger than 18 years old) live in your household?

[_____]

* 5. What is your gender?

○ Male
○ Female
○ Non-binary
○ Prefer not to disclose
○ Prefer to self-describe

[_____]

* 6. In what year were you born?

[_____]

* 7. Are you of Hispanic or Latino origin?

○ Yes
○ No
○ Unsure

Monroe County Community Health Needs Assessment 2021

Dear Community Member,

IU Health Bloomington, Monroe County Health Department, City of Bloomington, and CJAM are partnering to host the 2021 Community Health Needs Assessment that will drive our work over the next three years. As one of Monroe County's valued community members, we are seeking your insight as we initiate our 2021 Community Health Needs Assessment. This process defines the community health priorities for both IU Health Bloomington Hospital, the Monroe County Health Department, the City of Bloomington, and the Community Health Improvement Plan (CHIP) teams for the next three years.

Thank you for taking the survey! Your responses are completely anonymous and will be used to help assess health and service needs within our community. The information and opinions you share are very important and vital in determining where gaps exist and where resources are most needed.

We value your time and responses.

Thank you very much for your help in creating a healthier community!

Questions?
Email: SCRNeedsAssessment@iuhealth.org

Indiana University Health

CITY OF BLOOMINGTON
Parks and Recreation

MONROE COUNTY 1965 HEALTH DEPARTMENT

* 12. At any time since the start of the Covid-19 pandemic, have you experienced any of the following changes to your employment? (Select all that apply)

- [ ] Temporary furloughed without pay
- [ ] Reduced hours
- [ ] Loss of income
- [ ] Returned to work after not working for some time
- [ ] Worked at home or a place other than workplace
- [ ] Permanently let go/laid off
- [ ] None of the above

* 8. Which of the following best describes how you identify your race?

- ( ) White or Caucasian
- ( ) Black or African American
- ( ) American Indian or Alaska Native
- ( ) Asian or Asian American
- ( ) Native Hawaiian or other Pacific Islander
- ( ) More than one race

* 9. Which of the following best describes the highest level of education you completed?

- ( ) Some high school
- ( ) High school diploma or GED
- ( ) Some college
- ( ) Technical or vocational school diploma or certificate
- ( ) Other (please specify)
- ( ) Associate's degree
- ( ) Bachelor's degree
- ( ) Graduate or professional degree or beyond

[   ]

* 10. Combining all sources, which of the following best describes your total household income before taxes?

- ( ) Under $15,000
- ( ) $15,000 - $24,999
- ( ) $25,000 - $34,999
- ( ) $35,000 - $49,000
- ( ) $50,000 - $74,999
- ( ) $75,000 - $99,999
- ( ) $100,000 - $149,999
- ( ) $150,000 or more

* 11. Which of the following best describes your current employment status? Select all that apply.

- [ ] Employed full time
- [ ] Employed part time
- [ ] Unemployed, looking for work
- [ ] Unemployed, not looking for work
- [ ] Unable to work due to a disability
- [ ] Homemaker
- [ ] Retired
- [ ] Student

* 18. Do you have either of the following:

	Yes	No	Do Not Know
Insurance; or coverage with healthcare costs including private/employer-sponsored insurance or public coverage like Medicare, Medicaid, or HIP?	○	○	○
Someone who you think of as your personal doctor/personal healthcare provider?	○	○	○

* 19. Within the past 12 months, have you received any of the following health-related services?

	Yes	No	Do not know	Virtually (via phone, tablet, and/or computer)	Unable due to Covid
Chronic disease care (for a disease, ie. diabetes, or a disability)	○	○	○	○	○
Acute care (such as for an infection or injury)	○	○	○	○	○
Immunizations or other preventive care	○	○	○	○	○
Routine physical exam	○	○	○	○	○
Care related to family planning	○	○	○	○	○
Care at hospital or emergency room	○	○	○	○	○
Care at urgent care facility	○	○	○	○	○
Inpatient care at a hospital	○	○	○	○	○
Filling a prescription	○	○	○	○	○
Dental care	○	○	○	○	○
Mental health care	○	○	○	○	○
Behavioral treatment for addiction	○	○	○	○	○
Screening for anxiety, depression, or other mental health concern	○	○	○	○	○

Monroe County Community Health Needs Assessment 2021

* 13. Would you say in general, your overall health is:

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very Good
- ○ Excellent

* 14. Regarding different areas of your health and life, would you say that in general:

	Poor	Fair	Good	Very Good	Excellent
Your PHYSICAL health is:	○	○	○	○	○
Your MENTAL health is:	○	○	○	○	○
Your SOCIAL WELL-BEING is:	○	○	○	○	○

* 15. How much do you agree or disagree with the following statement? "In general, I am satisfied with my life".

- ○ Strongly agree
- ○ Somewhat Agree
- ○ Neither agree nor disagree
- ○ Somewhat Disagree
- ○ Strongly disagree

* 16. On a scale of 1 to 10, where 1 means you have "little to no stress" and 10 means you have "a great deal of stress", how would you describe your average level of stress:

	1	2	3	4	5	6	7	8	9	10
Within the last month	○	○	○	○	○	○	○	○	○	○
Within the last 6 months	○	○	○	○	○	○	○	○	○	○
Before the Covid-19 pandemic	○	○	○	○	○	○	○	○	○	○

* 17. What do you think is causing the most stress right now? (Select all that apply)

- ☐ Work
- ☐ Home
- ☐ Relationships
- ☐ Health
- ☐ Outside events
- ☐ Covid-19 pandemic

* 22. Below are some health issues present in many communities. Please pick FIVE that you think are the greatest need for people who live in your community. Select only five.

- [ ] Food availability (access, affordability, safety)
- [ ] Environmental issues (unclean air, water, trash, land)
- [ ] Tobacco use
- [ ] Substance use disorder
- [ ] Alcohol use disorder
- [ ] Assault and violent crime (including domestic violence)
- [ ] Child neglect and abuse
- [ ] Sexual violence (including assault, rape, or human trafficking)
- [ ] Obesity (health problems due to being overweight or obese)
- [ ] Chronic disease (diabetes, cancer, heart disease, etc.)
- [ ] Suicide
- [ ] Infectious disease (HIV or other STD's, hepatitis, or other infections)
- [ ] Climate change (and it's impact on health)
- [ ] Poverty
- [ ] Homelessness
- [ ] Lack of affordable housing
- [ ] Reproductive health (family planning, women's and men's reproductive health issues)
- [ ] Infant mortality
- [ ] Injuries (car accidents, falls, workplace injuries)
- [ ] Mental health
- [ ] Aging and older adult needs
- [ ] Dental care
- [ ] Disability needs
- [ ] Lack of outdoor recreation and green spaces
- [ ] Lack of physical activity and exercise opportunities

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* 20. During the past 12 months, was there ever a time that you or the family members you live with needed one of the following but couldn't afford it or had to prioritize spending on something else?

	Yes	No	Do not know
Needed to see a medical provider	○	○	○
Needed to fill a prescription	○	○	○
Needed transportation for a health purpose	○	○	○

* 21. How often would you say that the following statements apply to you?

	Never	Rarely	Sometimes	Often	Always
I worry that my utilities (electric, gas, phone) might be turned off due to non-payment	○	○	○	○	○
I feel satisfied with my level of education	○	○	○	○	○
I would describe myself as being involved in my community	○	○	○	○	○
I vote when there is an election in my town	○	○	○	○	○
I would describe my neighborhood's environment as healthy (air, water, trash, land, etc.)	○	○	○	○	○
I feel safe in the place where I live	○	○	○	○	○
I make efforts to spend time with friends, church groups, or others outside of work	○	○	○	○	○
I typically have access to safe and reliable transportation	○	○	○	○	○
I would describe those around me as healthy (family, friends, and coworkers)	○	○	○	○	○
I worry about being able to pay my rent or mortgage	○	○	○	○	○

* 23. In the previous question, we asked you to pick the five issues that you thought created the greatest need in your community. Some communities have to make hard choices about how to spend money and resources to respond to community health needs.

If you had $3 and could give $1 each to help solve some of these problems, which are the **THREE** to which you would give $1. **Select only three.**

- [ ] Food availability (access, affordability, safety)
- [ ] Environmental issues (unclean air, water, trash, land)
- [ ] Tobacco use
- [ ] Substance use or substance use disorders
- [ ] Alcohol use or alcohol use disorder
- [ ] Assault and violent crime (including domestic violence)
- [ ] Child neglect and abuse
- [ ] Sexual violence (including assault, rape, or human trafficking)
- [ ] Obesity (health problems due to being overweight or obese)
- [ ] Chronic disease (diabetes, cancer, heart disease, etc.)
- [ ] Suicide
- [ ] Infectious disease (HIV or other STD's, hepatitis, or other infections)
- [ ] Climate change (and it's impact on health)
- [ ] Poverty
- [ ] Homelessness
- [ ] Lack of affordable housing
- [ ] Reproductive health (family planning, women's and men's reproductive health issues)
- [ ] Infant mortality
- [ ] Injuries (car accidents, falls, workplace injuries)
- [ ] Mental health
- [ ] Aging and older adult needs
- [ ] Dental care
- [ ] Disability needs
- [ ] Lack of outdoor recreation and green spaces
- [ ] Lack of physical activity and exercise opportunities

* 24. Below is a list of programs or services that exist in many communities. Even if you haven't used them, please tell us whether you think they are important to you because it affects your **PERSONAL** *health and well-being.*

	Yes	No	Do not know
Assistance with finding housing	○	○	○
Financial assistance	○	○	○
Legal assistance	○	○	○
Assistance with getting health insurance	○	○	○
Job training or assistance finding a job	○	○	○
Assistance with transportation	○	○	○
Services for women, infants, and children (WIC)	○	○	○

	Yes	No	Do not know
Food stamps or SNAP	○	○	○
Food pantries	○	○	○
Free or emergency childcare	○	○	○
Nutrition education like healthy cooking classes	○	○	○
Physical activity programs	○	○	○
Substance use disorder services (prevention or treatment)	○	○	○
Syringe exchange programs	○	○	○
Mental health counseling and support programs	○	○	○
Gun safety education programs	○	○	○
Family planning services	○	○	○
Walking trails, bike trails, and other outdoor recreation spaces	○	○	○
Quick access primary care like clinics in a local drug store or grocery store	○	○	○
Aging and older adult programs	○	○	○
Assistance with filling a prescription	○	○	○

* 25. Below is a list of programs or services that exist in many communities. Even if you haven't used them, please tell us whether you think they are important to you because it affects the *health and well-being* of **OTHERS** in my community.

	Yes	No	Do not know
Assistance with finding housing	○	○	○
Financial assistance	○	○	○
Legal assistance	○	○	○
Assistance with getting health insurance	○	○	○

Monroe County Community Health Needs Assessment 2021

* 26. Certain behaviors can positively or negatively impact your health. We are interested in whether you have participated in these behaviors.

Have you participated in this behavior *in the past 30 days?*

	Yes	No
Smoking cigarettes or using other forms of tobacco	○	○
Using medications that were NOT prescribed for me	○	○
Exercising or being physically active on a regular basis	○	○
Choosing healthy food or striving for a balanced diet	○	○
Getting plenty of sleep	○	○
Socializing with friends outside of work	○	○
Drinking alcohol responsibly	○	○
Taking an opioid or narcotic that was NOT prescribed to me	○	○
Taking a medication for anxiety, depression, or other mental health challenge that was prescribed to me	○	○
Taking a medication for anxiety, depression, or other mental health challenge that was NOT prescribed to me	○	○
Taking steps to reduce my blood pressure	○	○
Using marijuana	○	○
Using CBD products (for exc oils or lotions)	○	○
Drinking alcohol to the point of intoxication	○	○

	Yes	No	Do not know
Job training or assistance finding a job	○	○	○
Assistance with transportation	○	○	○
Services for women, infants, and children (WIC)	○	○	○
Food stamps or SNAP	○	○	○
Food pantries	○	○	○
Free or emergency childcare	○	○	○
Nutrition education like healthy cooking classes	○	○	○
Physical activity programs	○	○	○
Substance abuse services (prevention or treatment)	○	○	○
Needle exchange programs	○	○	○
Mental health counseling and support programs	○	○	○
Gun safety education programs	○	○	○
Family planning services	○	○	○
Walking trails, bike trails, and other outdoor recreation spaces	○	○	○
Quick access primary care like clinics in a local drug store or grocery store	○	○	○
Aging and older adult programs	○	○	○
Assistance with filling a prescription	○	○	○

* 29. The Wellness Wheel is comprised of the 8 areas of our lives that make up total wellness.

These areas of wellness include:

1) **Financial:** ability to pay bills, savings, retirement, financial intelligence, disposable income

2) **Physical:** physical activity, exercise, chronic conditions, pain, nutrition, sleep

3) **Spiritual:** religious or spiritual beliefs; sense of connection and/or purpose

4) **Environmental:** home, built structure, infrastructure, safety, exposure to damaging chemicals or dangerous circumstances

5) **Emotional:** mental health, emotional intelligence or IQ; emotional regulation; lived experience, past trauma; access to mental health care, sleep

6) **Intellectual:** knowledge, education, studies; ability to and access to continued learning

7) **Occupational:** work, training, career opportunities, ambition, means of making a living

8) **Social:** friend, family relationships; or ability to make new relationships or attend social functions; social support network and connection

Please select up to 3 areas in which the Covid-19 pandemic has *most* impacted you and your family since it began. (Select *no more than three*.)

- [ ] Financial
- [ ] Physical
- [ ] Spiritual
- [ ] Environmental
- [ ] Emotional
- [ ] Intellectual
- [ ] Occupational
- [ ] Social

	Yes	No
Driving while under the influence of alcohol or drugs	○	○
Using meth	○	○
Using heroin	○	○
Taking steps to reduce my level of stress	○	○
Using complementary therapies like acupuncture, massage, or herbs	○	○

* 27. Who do you feel is at the highest risk for their needs not being met? (Select up to three)

- [ ] Seniors or older adults
- [ ] Single parents
- [ ] Minorities
- [ ] People who use substances
- [ ] Those living with a low income
- [ ] Unhoused individuals
- [ ] People with a disability
- [ ] People with a mental health diagnosis

Other (please specify)

* 28. What are the top three ways you get health information. (Select up to three)

- [ ] Newspaper
- [ ] Television
- [ ] Internet
- [ ] Social media
- [ ] Friends/family
- [ ] Faith/Religious organization
- [ ] Doctor's office/Clinic
- [ ] Library
- [ ] Radio

Other (please specify)

Monroe County

Community Health Needs Assessment

2021

MULTIPLE DATES

Monroe County Community
Health Needs Assessment –
2021

Free

⬆ ♡

🗓 Select A Date

The 2021 Monroe County Community Health Needs Assessment is a free
virtual event that assesses/prioritizes health needs in our community.

Location

Online Event

About this Event

Thank you for your interest in the 2021 Monroe County Community
Health Needs Assessment focus group! Your input during the meeting
is completely confidential and will be used to help assess health and
service needs and priorities within our community over the next three
years. The information and opinions you share are vital in determining
where gaps exist and where resources are most needed.

Please choose ONE date to attend.

We also ask that you to take 10-15 minutes to complete this
Community Health Needs Assessment survey by going to this link:
https://www.surveymonkey.com/r/8YQ2J79

We value your time and response. Thank you very much for your help in
creating a healthier community!

Questions? Email SCRNeedsAssessment@iuhealth.org

The Needs Assessment is a joint project between IU Health
Bloomington, the Monroe County Health Department, the City of
Bloomington, Community Voices for Health (a project of the
Community Justice and Mediation Center), and HealthNet
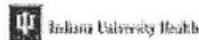
2022 Advisory Council

Annie Eakin - Community Wellness Coordinator, Purdue Extension

April-Dawn Franklin - Family Advocate, HeadStart

Carol Weiss-Kennedy - Director of Community Health, IU Health

Cori Sereni - El Mercado

Charlotte Zietlow - Healthcare and justice advocate; community member

Dominic Thompson - Health care provider; Community organizer

Don Griffin - Deputy Mayor

Efrat Feferman - Executive Director, United Way

Gregory May - Centerstone

Heather Robinson - CFO, Bloomington Health Foundation

Inger Nemcik - Operations Manager, IU Neal Marshall Black Culture Center

Jeanne Smith - President, Stonewall Democrats; Business owner

Jim Shelton - Government Relations Manager, Chamber of Commerce

Julie Miller - Director, Milestones Clinical and Health Resources (Stonebelt)

Julie Thomas - Monroe County Board of Commissioners

Kass Botts - IU Center for Rural Engagement

Kate Wiltz - Monroe County Council District 2

Kathy Hewett - Health Educator and Public Information Officer, Monroe County Health Department

Kristen King - Director of Community Relations, LifeDesigns

Leah Sinn Iversen - LCSW, IU Health and private practice

Leon Gordon - Resident Service Coordinator, Bloomington Housing Authority

Maritza Alvarez - Director and Health Coordinator, El Centro Communal Latino

Matt Flaherty - At-large member, Bloomington Common Council

Margie Rice - Attorney

Melanie Castillo-Cullather - Co-Chair, National Asian Pacific American Women's Forum

Marta Hall - President, Bloomington Housing Authority Residents' Council

Mary Morgan - Director of Housing Security Coalition, United Way

Natalia Galvan - Community organizer

Ody Okwonwa - Health Educator, Purdue Extension

Penny Caudill - Director, Monroe County Health Department

Pete Lenzen - Bloomington Refugee Network

Phil Stafford - IU Center on Aging and Community; City of Bloomington Commission on Aging

Rob Stone - Physician, IU Health Hospice

Shatoyia Moss - Director, City of Bloomington Safe and Civil City program

Susan Klein - Advocate, IU Division of Student Affairs; Volunteer, Community Justice and Mediation Center

Tim Jessen - Interfaith Alliance; retired minister; Herald Times columnist

Trent Deckard - At-large member, Monroe County Council

Terry Amsler, ex officio - Community Voices for Health Steering Committee

Community Voices

CVHMC heard from a variety of community members about what matters to them about health and what they wanted decision makers to know. Details from previous participants, in their own words (*italicized*) or paraphrased appear below.

Health Insurance Concerns

Perhaps because of immigration status, it is not possible to buy health insurance. It's sad for many people because, with me, everything turned out okay. But with other people, it might not be okay and then they can die. In my situation, it was people with good intentions that helped me put the money together. I am aware that not many people have the chance to get that amount of money to get surgery.

One of my clients this past January was a Type 1 diabetic with a hearing impairment. She ran out of insulin, was no longer in HIP, had no insurance. She was working 18 hours a week at $10/11 hour and could not afford to purchase insulin. I made 30 calls over 2-3 weeks to try to straighten out the situation. She should not have been thrown out of HIP. She was alone with no family. The system makes it very difficult at times. There is no safety net.

I am also an activist trying to get universal health care. I think locally, people with "good" insurance are happy until they get sick and see the holes in the plan. People without insurance just pray that they will not get sick.

With Part D insurance [for prescriptions], everything is a nightmare. First, you have one time in the year to choose, but you don't know what your medications will be for the next year, so it's a gamble. And if you do have medications, you can't do the calculations without a computer. When you can compare the costs, it is often the case that it changes. Which you couldn't know when you picked it, because it just changed. So I can't figure out what is the best plan, I just suffer financially. It's not easy for young people either! If you throw our hands up to choose the cheapest or the one with the most coverage, there might be changes.

To qualify for Medicaid, you have to promise to be poor for the rest of your life.

HealthNet [isn't open] on Saturday or Sunday. My husband was sick, he had a fever and chills. We are responsible and we were very scared to have a lot of debt because we don't know how much or when we will be able to. We want health insurance that is accessible so that we can pay.

What it seems we are missing is "empowerment." People always feel as if they are always behind. Part of that is trying to find a physician. How do we empower people to take control of their own healthcare, so that is on hand, and affordable? We are not making our own choices now, because of the complexity of the system. Insurance makes the choices for us.

We just want something more accessible. Every single human has a right to live. Every person in the US should have access to health insurance. I don't need anything for free. I want to buy accessible and valid insurance for all of my family.

I've lived in Bloomington over 50 years, so think I know the community fairly well. As a senior citizen whose insurance is Medicare, there are a number of problems. The cost of medication Medicare doesn't cover, so people need separate insurance for medication. The cost of medication, with insurance, can be difficult to navigate since plans differ in coverage. This is a difficult problem for people who are not well versed in navigating systems. I would like to have medication coverage to have manufacturers to get the cost down. We should have Medicare for all.

What I'm hearing is forming relationships with policy makers is key. Understanding how to get those folks on board. Medicaid and state programs need to be easier for people who need to get access to them quickly but also for policy makers to be on board and supportive.

The other thing that's a big issue for my family is the cost of health insurance. My husband has his own business and I've had a variety of jobs. Right now I only have insurance for myself through my job. My husband needs to use state health insurance. If we both had to use Bronze-level state care, we'd be spending almost as much as our mortgage payment. It's extremely expensive for a self-employed individual, especially when you don't even use it that much, you're healthy. This high healthcare cost is a deterrent to entrepreneurs.

I'm on Medicare also, but it's not comprehensive. It doesn't cover dental, vision, hearing. We also had a good supplemental plan and I was paying almost $3,000 a year for that. I agree with people. I had an unexpected cardiac stint and maybe paid $80. It's incredible how much it cost. There is a real need for transportation out in the rural areas. People need medical care. There's not as many resources there as there need to be.

Quality & Availability of Health Services

Completely not having access to healthcare is not just low income. The elderly, unhoused, self-employed, small business owners, college students also have access issues. It is important not to underestimate the number of people who don't have access.

What matters to my family is to find a medical caregiver. It is difficult to find a new doctor when your doctor retires. It is important to find and access a specialist, or any doctor, someone who really cares. My family physician retired a year ago, and I spent a year trying to find a new doctor. It also happened to my husband, so we were without

physicians for a year. I would like to see more choices and an easier way to find a doctor.

I was once referred to Indy. It is frustrating to be referred to a doctor an hour away because no one in Monroe County can address my issue. It shouldn't take 7-8 months to see a doctor. You are more or less on the Internet trying to find your own information, because it is so frustrating to always try to find a new doctor when you have been in a community for 40 years and you feel as if you are starting out brand new. The situation may be better for children, but the primary care situation for adults is frustrating.

I am a Latina woman who grew up within the Latinx/Hispanic community and didn't realize it until my mid-20s that mental health trauma was not known as a health concern. I remember being depressed but I had to keep quiet because otherwise I would have been labeled as being loca (crazy). Mental health trauma was not discussed in our household and the expectation for me was that I would grow out of that. Depression or suicide is something that is not openly discussed amongst others outside our immediate family members. The Latinx/Hispanic community is less likely to seek mental health professionals.

Having access to health care, specifically mental health services, is of great importance to me. As a mother of a child who has struggled with mental health for several years, I have been witness to lack of pediatric mental health care professionals and services here in Bloomington. Additionally, services that are available are not easily accessed, and can be extraordinarily expensive for families who have private or employee sponsored health insurance policies. No family should be placed in a situation on whether or not mental health care services should be rendered to their child based on their financial situation. Access to mental health services should not bankrupt parents or guardians who are already dealing with the emotional ramifications of raising a child who is struggling.

We need providers to be more open to working with us, especially when people [with disabilities] have challenging behaviors that prevent them from sitting in a chair or hopping up on a table, or what have you. We are a bit more lucky in that sense. Our son's doctors are our doctors. Our doctors have been willing to see our son. If parents [of children with disabilities] don't have the connections we do with doctors, it can be a lot more difficult. Some doctors won't work with you.

We have some providers who are incredible. There have been some issues our clients have had with implicit bias. There are clients who haven't gotten the same suggestions for medical care or medical tests or certain things. I can't prove this, but my perception is the provider didn't value the life of that individual [with disabilities] as much as someone who could speak to them and tell them about their health issues.

I want healthcare providers to not make assumptions. It is not fair to assume that a patient doesn't know their symptoms, or the diagnosis, or may not have researched the issues on their own. Doctors should not make assumptions about the patient or

stereotype, so the doctor doesn't have to listen to the patient. I have been to a lot of doctors. It can be off-putting, so that you tend to Google, and do your own thing, trying to find your own alternative care because you don't want to feel as if what you paid a lot of money for was not really worth it. You are not getting what you are paying for when the doctor brushes you off.

Health care is the goal, not insurance. I've had triple bypass. My world resolves around good food. The system and bureaucracy is illogical. I'd like to see collaborative case management. I'd like to know my doctors better so they can provide better care. My doctor gave me the wrong medicine even though it was in my file. Technology and information are not really working.

Being heard is the first thing that comes to my mind. Sometimes, I feel like my doctor dismisses my concerns. I've had a lot of health issues and my mom has had even more. I have had to try to get clarifications between the two of us. I also try to help my neighbors even more. A lot of them don't read very well and I am often interpreting what I don't understand. Well yeah, I am an authority of sorts where I live and I am trying to be helpful and lead people to information and others and agencies that can help.

Through my clients, I know most don't have insurance. We take everyone through the charity I work at. We have a sliding scale for payment. We always have a waiting list, which sometimes gets closed and I feel bad for them. It's an issue in the mental health community. There are not enough providers. People want medications and may not feel comfortable with a primary provider.

As a trans person, we don't have that complicated of problems. Our hormone treatments are very simple. Doctors are scared to death to see us. I've been declined twice for non-gender-related procedures for "Procedure and Sex Don't Match." It took me 12 hours on the phone talking to them until I couldn't handle it anymore, until I had to walk away and handle it 2 days later. I'm writing 6 appeals to Indiana's Human Health Services Division, and eventually I had to write a lawyer, who wrote a letter for $300. I think it was $1300 that it was going to cost me for a procedure. I paid $300 for something I shouldn't have had to go through. You know we have to go to a counselor before we can get medical care for something that's pretty darn routine for men or women who want hormone treatment.

I have been using the term historic, systemic transphobia. We have been denied healthcare for the last 10 years. We have never experienced equality and don't expect it. People in the medical industry understand us because we have to get counseling for gender dysphoria before we're allowed to be considered transgender. Some doctors won't work with us because they aren't trained in gender dysphoria. We're not recognized. People don't understand us. We get misgendered by insurance, providers, everyone. That is malpractice. The medical industry recognizes dysphoria; they know being misgendered is the worst trauma that can occur. When I went in for COVID test I had to correct the provider repeatedly on my preferred gender.

Housing is another important part of health, especially in rural areas. There is housing that is almost unbelievable people are living in.

There is a great issue with the older people I work with, not having access to some of the things at the grocery store. They have to take a bus - imagine relying on a cane and you have to take a bus to get to the store. Trying to carry bags of groceries when using a cane, having to get on and off the bus, getting into your apartment. Big issues for a lot of the folks that I help. One lady was given 30 minutes, imagine being 80 and you have 30 minutes to go through Kroger. You don't have time to find what you need. When you do find what you need, carrying it home is another issue. I see a lot of seniors with poor nutrition. They don't have the money to get it delivered. I see a lot of older folks who can't drive to food pantries. Food delivery can be inconsistent. There's a huge need. I don't know what the answer is. I'd like to see a bus like the ones they have that go to food deserts. It'd be great to see a big Kroger bus come to these communities. They'd have more access to things from the grocery store. It's a huge deal for them to have food. They don't want to get out every week and don't have the strength to go, this time of year they're afraid of falling and it's cold. COVID has really brought out people calling me at home asking for help.

Sometimes it is discrimination. Maybe the mother of this child who needed the same surgery that my son needed has more opportunities and a good job. But as someone who wasn't born here or does not have documents has more difficulties to get medical care. Yet I still think it's a good idea to try to find medical care when one is sick.

The education and lack of awareness - when people do not look like the doctors, they often don't seem to "see" the patient. My doctor mistook me for someone else, because it would seem everyone from my racial group looks the same to the doctor.

If I had the ear of people who make choices, I would tell them racial and class disparities are rooted in policy. Comb through these policies and see where the implicit bias is that is really preventing people from getting the care they need.

Poor people are often penalized for being poor. There are massive fees for things. Example is applying for food stamps with fax costs $1 a page. Another example is going to jail. Fines are punitive.

Listen to actual disabled people and not so-called specialists; I remember a newspaper did an article about autism and they didn't talk to anyone with autism at all; and also involve disabled people in their decision-making and walk them through the bills.

I would like for the politicians from the legislatures to have a lesson in poverty. . .Those are people who need poverty training or need empathetic training.

I run a weekly pantry in public housing. I always push vegetable and fruits to my neighbors. I try to share the joy of cooking with everyone. Kids from the Boys and Girls Club helped me and got information on fruits they haven't seen before. You can be fed in Bloomington but you may have to take a bus. But the pantry is open to everyone.

Since we are all having problems with access, it would be nice to have a central navigation point. It would be cool to have a general case management agency or city position where someone can go in state a problem and get someone to help them.

I am an immigrant from Peru and at some point, I got a box of greens and squash but had no idea how to cook it. Half of the box spoiled because not sure how to cook it. My family didn't like it the way I cooked it – so there is an issue on how to cook foods and get adequate nutrition.

In my experience, if someone has a problem with addiction, and not willing to commit to get services to get help, then they are disqualified to get help. They are on the streets and lose children. But they are not in a mental state to make those decisions, even though they are adults. I was in the experience where I was not able to make decisions, not because of addictions, but had to step out of the situation for my children. I had many resources but it was so hard to do. When you are not in the position to make that decision, to understand that person and create a safety net to at least have a home to eventually making that decision. I was brave enough to do it, but others that I've seen lost their home because of being mentally unstable or addiction issues. I want to express that helping people connect, those who are not themselves at that moment, to get stability and believe that it is possible to them to rebuild their homes.

Bloomington doesn't have the housing to put people in. It's a limitation for a housing-first policy since there are not affordable units to place people. For me, a good starting spot is to commit to create affordable housing for people to go – whether that's rooms or studios—we don't have it but we have empty building. Decision makers need to make a commitment to put money to truly affordable housing. What's being discussed now is not affordable.

Climate change should be added to list. Increase in temperatures have a very real affect. Our community need to be doing more about this.

The costs of buses can be too expensive for individuals with low-income. Some clients may not have Smart phones and apps to use RideShare vouchers to get around.

We hear about connecting the dots and yet we operate in silos. As a member of a governmental unit, we need to know how to do coordination, help with navigation, and make the system as easy as it can be. Also, where does universal healthcare come in? Because it seems like insurance companies. . . How do we do that coordination? That is so critical to helping people with the navigation - helping them with, you know, making the system as easy as it can possibly be.

Health is about more than just health insurance. We need to build good neighbors. There are so many layers, and we need to plug everyone into the thing they want to do. There is not a shortage of people who want to help.

I couldn't help to think of neighborhoods with caring neighbors who bring the sick a meal, etc. We need to feel connected again. We believe in the power of neighborhoods. I have had an opportunity to visit the Crestmont neighborhood, and there is no lack of generosity. Maybe we can do pitch-in BBQ and educate folks on things they need help with such as taxes. Neighborhoods are better rather than a top-down approach.

Right now, Area 10 has a freezer and an oven and does a weekly dinner outside. The community dinner is with Area 10 and WIC is twice a month and also vaccines were given. I would love to have other groups come and utilize that space. We have computer hours and energy assistance and things like that. I would love to have more health screenings. We need the organizations and groups to come to us. That would be helpful. Because we are expanding the community center, we are trying to expand the ideas of the neighborhood so we can use that space. It would be a good foundation and physical space to do things.

I think nutrition is an important topic that should be talked about. I don't know I think it is lacking information. A lot of people don't have the education, especially this connection with the relationship you have with food, relating to nutrition.

Just for background, the city received $22 million dollars and the county received $28 million dollars in ARPA money. There are a lot of priorities. There are a lot of people fighting over that money, but the big priorities are housing. I think that there are a lot of projects related to health for which we want to seek ARPA money. We want to work together to put a price tag on that.

I'm going to talk about transportation. If you don't have a way to the hospital, you would have to take an ambulance. A lot of people travel between Bloomington and Ellettsville. The only public transportation is Rural Transit. And you have to be able to get to work and can't get there if you don't have transportation.

One of the things that concerns me the most are people who need help but are afraid to ask for help. One thing for the city of Bloomington Latino population is they are fearful of the police or being deported. People shouldn't be fearful for asking for help. I am grateful for this group that you are reaching out to people who need help and try to get help. The mere fact of being here in this short period of time, this group considers helping people who are afraid. If I can help in any way to those who don't know how, I will.

I'd love to see the community work on prevention education like diet and access to food. If we can keep people healthy, we would have less need. Prevention education means entire communities at the elementary school level and seniors. How can we motivate people and get them out to do different things and work together on something that becomes a priority, something we can rally around.

I'd love to see more education and resource. Knowing where I can go for healthcare and not just going to someone who's close to me. My husband, since we are new to Indiana, didn't find out how to get a primary care provider so we went to the ER. No one teaches how to get a primary care provider.

I think prevention is key. It is less costly in terms of economics and personal health. Also, education should be at levels people can understand-to know what and why they should be doing certain things. For example, high blood pressure is asymptomatic. They are put on medication but don't know why it's important to take medication. We need to be able to educate in a way that there is full understanding why and what can happen. Education at a cultural perspective.

There is not enough housing for lower income people. Not enough section 8. There are lots of students that want elite housing. There is lots of talk about affordable housing but I'm not seeing it.

CHA/Focus Group/Think Tank Planning Meetings*

3/16/21
3/26/21
3/29/21
3/31/21
4/1/21
4/7/21
4/8/21
4/13/21
7/13/21
7/19/21
9/14/21
9/21/21
1/13/22
2/10/22
2/24/22
3/22/22

Many planning communications were also done by email for which dates were not recorded.

Monroe County Community Health Assessment Source List 2021

American Community Survey (ACS)

https://www.census.gov/programs-surveys/acs

American Medical Association

https://www.ama-assn.org/system/files/issue-brief-increases-in-opioid-related-overdose.pdf

Area 10 Agency on ageing

https://area10agency.org/ruraltransit/

Braubach, M., 2017

Effects of Urban Green Space on Environmental Health, Equity and Resilience.

Broadstreet

https://help.broadstreet.io/article/adi/

Bureau of Economic Analysis, U.S. Department of Commerce

https://www.bea.gov/data/income-saving/personal-income-county-metro-and-other-areas

CDC National Center for Health Statistics

https://www.cdc.gov/nchs/index.htm

CDC Places

https://www.cdc.gov/places/index.html

Centers for Disease Control and Prevention

https://www.cdc.gov/

City of Bloomington

https://bloomington.in.gov/

City of Bloomington Parks and Recreation

https://bloomington.in.gov/parks

Community Platform

http://www.communityplatform.us/PubApps/geoShowOrgs.php?id=c18105&code=c18105%v=n&lev=#selectedContent

County Health Rankings, 2021

https://www.countyhealthrankings.org/

Environmental Protection Agency

https://www.epa.gov/

Federal Register

https://www.federalregister.gov/

Harvard T.H. Chan School of Public Health

https://www.hsph.harvard.edu/news/press-releases/significant-disparities-in-u-s-life-expectancy-found-at-census-tract-level/t

Health Resources and Services Administration

https://data.hrsa.gov/tools/shortage-area

Helping Bloomington Monroe

https://helpingbloomingtonmonroe.findhelp.com/

Indiana Association of Realtors

https://indianarealtors.com/consumers/housing-data/

Indiana Business Research Center

https://ibrc.kelley.iu.edu/

Indiana Department of Education (IDOE)

https://www.in.gov/doe/

Indiana Department of Health (IDOH)

https://www.in.gov/health/

Indiana Department of Health Coronavirus Dashboard

https://www.coronavirus.in.gov/

Indiana Department of Transportation

https://www.in.gov/indot/

Indiana Environmental Reporter, 2022

https://www.indianaenvironmentalreporter.org/

Indiana Family Social Services Administration (FSSA)

https://www.in.gov/fssa/

Indiana Prevention Resource Center

https://iprc.iu.edu/

Indiana University Bloomington

https://www.indiana.edu/

Indiana University First Nations Educational & Cultural Center

https://firstnations.indiana.edu/

Indiana University Hospital Bloomington

https://iuhealth.org/find-locations/iu-health-bloomington-hospital

Indiana University News

https://news.iu.edu/stories/2021/09/iu/releases/01-record-number-students-of-color-bloomington-shatters-enrollment-record.html

Indiana Youth Survey
https://inys.indiana.edu/
Institute of Medicine (National Academy of Medicine)
https://nam.edu/
Live Stories
Monroe County Fire District
https://www.monroefd.org/
Monroe County Focus Groups, 2021
Monroe County Government
http://www.co.monroe.in.us
Monroe County Health Department
http://www.co.monroe.in.us
Monroe County Parks and Recreation
https://mcparksandrec.org/wp/
Monroe County Public Library
https://mcpl.info
https://www.co.monroe.in.us/topic/index.php?topicid=149&structureid=12

Monroe County Vital Records
National Association of County & City Health Officials (NACCHO)
https://www.naccho.org/
National Low Income Housing Coalition
https://reports.nlihc.org/oor
Richland Bean Blossom School Corporation
https://rbbschools.net
South Central Community Action Program (INSCCAP)
https://www.insccap.org/
SparkMap
https://sparkmap.org/report/
https://fsph.iupui.edu/research-centers/centers/health-policy/seow/index.html

State Epidemiological Outcomes Workgroup
State of Indiana
www.in.gov
https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105

STATS Indiana
Sustainable Food Systems Science: Indiana University
https://sfss.indiana.edu/

https://yellowpages.com/search?search_terms=churches&geo_location_terms=mnroe%20county%2C%20indiana&page=6

The Real Yellow Pages
Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2019
United States Census Bureau
https://www.census.gov
United States Department of Commerce, Bureau of Economic Analysis
https://www.bea.gov/
United States Department of Health and Human Services
https://www.hhs.gov/
United States Small-Area Life Expectancy Project
https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html
United Way Worldwide
https://www.unitedway.org/
University of California LA
https://www.ucla.edu/
University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas.2021 _Area Deprivation Index (ADA)
https://www.neighborhoodatlas.medicine.wisc.edu/
https://www.usnews.com/best-colleges/indiana-university-bloomington-1809/student-life
US News & World Report
US News & World Report Healthiest Communities, 2021
https://www.usnews.com/news/healthiest-communities
USDA Food Access Research Atlas, 2019
https://www.ers.usda.gov/data-products/food-access-research-atlas/
World Health Organization
https://www.who.int/