Lake County ROSC Council ~   Mission Statement

Creating a community that embraces and cultivates recovery while reducing the stigma of substance use disorders and mental health

Updated Community Resource Assessment FY 24 - 25

LC ROSC Council lead Agency ~ Northern Illinois Recovery Community Organization was part of the Live Well Lake County Community (LWLC) Health Assessment Team. Below are the results of the community resource assessment (Lake County Community Health Assessment 2022-2026).

After LWLC partners completed their Rich Pictures. Rich Picture Analyses are used to help partners with diverse experiences and perspectives build a shared understanding of a complex system. LWLC's Community Data Team conducted a qualitative analysis of those pictures to determine what types of assets and barriers are part of our Local Public Health System and how frequently each type of factor was mentioned.

The community assets mentioned most frequently were:

1. Community Based Organizations (n=27)

2. Education (n=11)

3. Health/Hospital System (n=9)

 4. Work/Employers (n=8)

5. Legal services (n=7)

6. Family/neighborhood support (n=7)

7. Parks/green spaces (n=6)

8. Community health educators (n=6)

 9. Income/Wages (n=5)

10. Local community centers (n=5)

The health barriers mentioned most frequently were:

1. Transportation (n=24)

2. Community walkability (n=18)

3. Limited access to community resources (n=13)

4. Food deserts/food swamps (n=11)

5. Health insurance status (n=10)

6. Availability and cost of health providers (n=7)

7. Digital divide (n=6)

8. Social isolation (n=6)

9. Time (n=6)

10. Fear of law enforcement (n=5)

The LWLC Data Team also identified dominant themes that emerged from the data. These themes were:

1. **Access**

The Data Team observed that while numerous health-promoting resources existed within Lake County, access issues often prevented individuals and communities from utilizing them. These access issues include those related to:

• Health: insurance status, cost of care, provider availability, clinic hours, etc.

• Transportation: availability/cost of public transportation, barriers in accessing a valid license, car expenses, lack of a cross-county transit system, etc.

• Education: under-resourced schools limiting future opportunity for upward mobility, health literacy, cost of higher education, etc.

• Ability: physical/disability, mental/emotional (i.e., survival mindset), legal status, eligibility, etc.

• Equity: availability/quality/location of resources, circumstantial barriers (i.e., employment, childcare), etc.

2. **Connectivity**

Disconnections across sectors, systems, resources, communities, and individuals reduce access and lead to missed opportunities, confusion, and isolation. Facilitating connectivity across these factors requires:

• Communication: Individuals and organizations need to be aware of the array of resources available to them. Communication and outreach should be tailored to the needs of that sector/organization/community.

• Coordination: Coordination (especially across organizations and sectors) can better align existing resources and opportunities for accessing them across communities.

• Collaboration: More than just awareness, collaboration requires organizations and communities to work together in complementary ways to improve equitable access to resources.

3. Discrimination

Racism and other forms of bigotry (including xenophobia, homophobia, classism, sexism, and others) stratify the quality, availability, and accessibility of health-related resources across communities. They also reinforce oppressive status quos and generate trauma and fear across entire populations. The Data Team noted that these forces of hatred and fear operate at multiple levels in Lake County (terms sourced from Race Forward):

• Internalized: Including prejudice towards others of a different race/identity, internalized oppression (negative beliefs about oneself by members of that identity), and internalized privilege (beliefs about superiority or entitlement by a certain group)

• Interpersonal: Including biases that influence the way individuals interact with one another in private or public.

• Institutional: Including unfair/discriminatory policies of institutions (i.e., schools, workplaces, etc.)

• Structural: Including the cumulative and compounding effects of a wide array of societal factors, including history, ideology, and policies that systematically privilege certain populations and oppress others

4. Survival Mode

When individuals and communities are "unhealthy" in multiple dimensions, they get trapped in "survival mode." This mentality makes it difficult to make intentional decisions towards (or to even believe they are worthy of) improving their health and well-being, and perpetuates trauma, fear, and isolation. Various dimensions of health include (but are not limited to):

• Social: including developing a sense of connection, belonging, and a support system.
• Emotional: including the ability to cope effectively with life and creating satisfying relationships.

- • Financial: including stability and satisfaction with current and future financial situations.
    - • Occupational: including stability, satisfaction, and enrichment from one's work.
    - • Physical: including physical activity, diet, sleep, and medication compliance.

5. **Legality and Justice**
   Laws and policies—and the barriers, fear, and disenfranchisement they yield—play a huge role in determining the health of a community. Communities of color especially have difficulty accessing the same rights, resources, and protections as their white counterparts.
   - • Eligibility: Community members with a history of arrest and/or non-citizens often are not eligible for the same rights/resources as others, such as public benefits, subsidized housing, higher education, and employment.
   - • Protections: Laws and policies designed to protect the health and well-being of individuals, including worker and tenant protections, exclude occupations disproportionately held by women, people of color, and immigrant.
   - • Fear: Fear of police brutality and/or deportation prevent community members from seeking support from law enforcement when appropriate. These events traumatize communities, creating a culture of fear and distrust that lasts for generations.
   - • Immigration Status: Policies and enforcement related to immigration status—especially Public Charge and ICE—frighten immigrants and their families from participating in the public services they are entitled to, regardless of their immigration status.

By comparing the frequency of mentions of different assets and barriers, the dominant themes, and the results of the SWOT analyses, the Community Data Team concluded that:

   A. Lake County's Public Health System includes many different community-based organizations, including park districts, libraries, public and social service agencies, and houses of worship in addition to healthcare providers.

   B. In addition to healthcare, factors like housing, transportation, work, education, and the local built environment (i.e., how cities are designed and resources like grocery stores and parks are positioned) affect health outcomes. It is hard for people to access the healthcare they need when they are trapped in survival mode.

   C. There is a disconnect between the availability of resources and utilization of resources. Lack of access (due to the discrimination, digital divide, social isolation, lack of awareness, immigration status, justice involvement, or cost/time/transportation barriers) prevents many community members from utilizing the health resources they need.

   D. There is an opportunity for community partners to work together to better support community members in understanding, navigating, and utilizing the various resources they need to be healthy. Health Educators (like community health workers) can play a pivotal role in this process.