



Pike County Health Coalition Meeting
Website: www.pikecountyhealthcoalition.com

Minutes
Held Thursday, March 24, 2016
At Pike County General Health District in Waverly

The meeting was called to order at 9 a.m. by Wally Burden, Pike County Health Commissioner. The sign-in sheet for the meeting indicated thirty (30) in attendance.

Special Guests:

Lisa A. Roberts, R.N., Portsmouth City Health Department/Public Health Nurse
Dr. Robert Gotfried, Medical Director Valley View Health Centers
Kim Jones, Director Community Health Advancement at Adena Health System

Opening Remarks:

Mr. Burden welcomed everyone to the Meeting.

Presentation Given by: Lisa A. Roberts, R.M.

Lisa has worked extensively in the area of drug abuse and overdoses prevention and has piloted multiple projects in Scioto County, Ohio that address unintentional drug overdoses and the harms associated with substance abuse. Lisa helped form the Scioto County Drug Action Team Alliance in January 2010 in response to a declared Public Health Emergency in Scioto County related to prescription drug abuse. She currently administers the DFC Program in Scioto County, actively collaborating with local, state and national leaders to address the nation's opioid epidemic.

Presentation by Dr. Robert Gotfried, Medical Director Valley View Health Centers

Dr. Gotfried stated that the World Health Organization (WHO) estimates about 3% of the world's population has been infected with HCV. There are more than 170 million chronic carriers who are at risk of developing liver cirrhosis and/or liver cancer. HCV Risk Factors include unsterile medical injections or poorly sterilized medical equipment, birth to an HCV-infected mother, sex with an infected partner, combat exposure, incarceration, blood transfusions, blood products or organ transplant especially prior to 1992, IVDA, shared drug paraphernalia, exposure to other's blood through occupation which includes manicure/pedicures, piercings, tattoos, sports, sharing of personal items/razors. Toothbrushes, etc. Between 2009 and 2013 Ohio's reported rates of HCV increased by 400%. In just one year the number of HCV cases grew statewide from 10,020 in 2013 to 15,887 in 2014. Also unintentional drug overdoses in is not a coincidence. Barriers to treatment are the costs associated with the drugs used for treatment. Estimated medication costs for treatment of Genotype 2 Chronic HCV vary between \$97,000 for 12 weeks and \$295,000 for 24 weeks depending on the medication.

Presentation Given by Kim Jones, Director Community Health Advancement at Adena Health Systems - Community Health Needs Assessment Using MAPP

MAPP was created in 2001 by public health and national partners supported by the CDC and NACCHO. MAPP advances the thinking behind APEXPH. It is piloted with 9 demonstration sites and over 700 organizations have since utilized the MAPP process. Several communities are in their 2nd and even 3rd iteration of MAPP. MAPP – Mobilizing for Action through Planning and Partnerships. Nine (9) key elements of MAPP are: creating strategic plans, encouraging systems thinking, enlisting community ownership and stakeholder investment, sharing responsibility and working toward a collective vision, using comprehensive data to inform the process, building on previous experience, encouraging partnerships, involving the public health system and celebrating successes. There are 6 phase MAPP process:

Phase 1 Organize for Success

Determine the need; identify and organize partners/participants; design the planning process; assessing the resource needs; conduct a readiness assessment, determine how the process will be managed and conduct process for evaluation of Phase 1.

Deliverables include MAPP circles of involvement, community readiness, resource needs, and plan to proceed with process.

Phase 2 Visioning;

Identify other visioning efforts, design the visioning process and selecting a facilitator, conduct the visioning process, formulating the vision statement and common values, keeping the vision statement and common values, celebrating success, conducting process evaluation for Phase 2.

Deliverables include 3-5-year vision for community health, partnership/collaborative values.

Phase 3 Four MAPP Assessments

Creating a sub-committee, creating a list of indicators, collecting data for community selected indicators, organizing and analyzing data, compiling and disseminating results, creating a system to monitor indicators over time, creating a list of challenges and opportunities, sharing results with the community.

4 MAPP Assessments include:

Community Themes and Strengths

Local Public Health System

Community Health Status

Forces of Change

Deliverables include health status of community, health priorities of the community, community's perceived quality of life, inventory of health related community assets, inventory of competencies and capacity of local public health system, 10 essential local public health services, current environmental and systemic factors impacting community health, threats and opportunities.

Phase 4 Identifying Strategic Issues

Determining the method of completing this phase, presenting summary of all four assessments, brainstorming potential strategic issues, synthesizing and prioritizing strategic issues, disseminating results, conducting process eval for Phase 4, celebrate.

Deliverables include clinical needs to be addressed, policy choices and challenges to be addressed.

Phase 5 Formulate Goals and Strategies

Determining how goals and strategies will be developed, developing goals, generating various strategies, brainstorming barriers to implementation, drafting implementation details, strategy selection/adoption, conducting process evaluation, celebrating and sharing the plan.

Deliverables include anticipated long-term results, community and organizational strategies to reach goals.

Phase 6 Action Cycle

Organizing for action, developing objectives, establishing accountability for achieving objectives, developing action plans, reviewing action plans for opportunities to coordinate, implementing action plan, evaluation.

Deliverables include: activities to reach community's vision, identified implementers, plan to implement, metrics for measure improvement, continuous improvement plan.

The next steps for PHRC is completion of Phase 3 and 4 Organization by June 30 and Completion of Phase 5 Strategic Plan by September 30.

Pike County General Health District Replacement Levy

Mr. Burden explained the importance of the citizens of Pike County to Vote "**Yes**" for the Replacement Levy for the Pike County General Health District in the November 2016 Elections. This is a one mill, 10-year replacement levy for the funding of the health programs of the Pike County Health District.

Hope Clinic Update

In the absence of Linda Rigsby, Wally Burden updated the committee on the Hope Clinic. The Hope Clinic bridges the gap in healthcare. Services include basic medical care for the uninsured or underinsured residents of Pike and surrounding counties. Services are provided by qualified staff of volunteers through a faith-based organization. No Insurance – No Problem. Clients are referred to the Valley View Health Center's Outreach and Enrollment personnel for information regarding Affordable Care services they may be eligible for. **Services Not** provided: prenatal care, vaccinations, emergency room care, dispense of narcotics. On-site childcare is provided. Each patient is offered a bagged hospitality meal. The Hope Clinic is located at the Pike County General Health District located at 14050 U.S. Route 23 North in Waverly on Tuesday evenings from 6 p.m. – 8 p.m.

Health Department Activities

- ✓ Pike County General Health District Replacement Levy
- ✓ Pike County Public Health Department Accreditation
- ✓ All other health department activities

Outreach & Enrollment Activities

Josh Newland updated committee members on Outreach and Enrollment Activities.

- Open Enrollment Ended (November 1st – January 31st)
- 124 enrollments and re-enrollments in QHPs
- 229 enrollments & re-enrollments in Medicaid
- 82 referrals for Medicare assistance
- 3 enrollment events

Beyond Open Enrollment

- Medicaid enrollments & re-enrollments
- SEPs
- Outreach
- Case management and trouble shooting

While the Affordable Care Act has succeeded in slicing down the uninsured rate to historic lows, many Americans--mostly the working poor--still can't afford health coverage and are delaying medical treatment. Others can only afford to buy coverage with high out-of-pocket costs. With astronomical living costs, people earning just above the Medicaid expansion threshold have problems affording coverage—even with subsidies. People earning 139 percent of federal poverty, or about \$35,000-36,000, have a hard time affording coverage on the exchanges. What will happen when the penalty for not having coverage through the individual mandate increases? Last year, the penalty was just \$95 or one percent of annual income. That penalty increases up to \$323 or 2 percent of annual income in 2015 and will gradually increase. Many uninsured people rely heavily on free clinics or community health centers—exclusively designed for uninsured/underinsured people and those with coverage through Medicaid. Community Health Center's offer sliding fee scales based on family size and income.

Cervical Cancer Project Update

Valley View Health Center's

The Community Action Committee of Pike County Valley View Health Center's have implemented a cervical cancer screening project that offers cervical cancer screenings at their five locations in Pike, Scioto and Jackson counties.

Debbie Moore, Case Manager, for the Valley View Health Centers is currently partnering with two Professors from the Ohio State University regarding at home testing for Human Papilloma Virus (HPV).

Dawn Ingles, Ohio Department of Health/Breast & Cervical Cancer Project

Mr. Ingles spoke with committee members about the Breast & Cervical Cancer Project (BCCP). The BCCP is a statewide, high-quality breast and cervical cancer screening and diagnostic program offered at no cost to eligible women in Ohio. Eligible women will be scheduled for services with providers in their area. The services include: pelvic exams, pap tests, clinical breast exams, mammograms, case management and diagnostic testing, including biopsy and ultrasound (if needed). Women are eligible for screening and diagnostic services if they meet the following: live in households with incomes less than 200% of the poverty level, have no insurance, are 40 years of age or older for pap tests, pelvic exams and clinical breast exams, and are 50 years of age or older for mammograms. Women who have been screened for breast or cervical cancer through the BCCP and are found to need treatment for breast or cervical cancer (or pre-cancerous conditions) will be assisted by BCCP staff in finding community resources and maybe eligible to apply for BCCP Medicaid. The Breast and Cervical Cancer Project Region for our area (Pike, Scioto, Jackson, Brown, and Adams) is Southern Ohio Women's Cancer Project, Ross County Health Department 1-800-236-6253. If you would like any additional information please contact Dawn at dawn.ingles@odh.ohio.gov.

Healthy Lifestyles Initiative Update

Nikki Spencer updated committee members on the Healthy Lifestyles Initiative. She explained that Pike Healthy Lifestyle Initiative started when a number of community members went to a meeting at the Ohio State University in Columbus to discuss improving the health of Pike County residents.

Projects:

- Increase community membership (membership packets will be distributed to targeted individuals and businesses)
- OU Screening Mobile Unit was cancelled by OU and they are working on getting it rescheduled.
- MY Plate – PHLI has purchased “My Plates” and they will be provided to aa 3rd graders in Pike County through the school nurses along with a nutrition lesson.
- PHLI is also partnering with Adena on the Summer Reading Program at the local libraries. My plates will be distributed along with a lesson on exercise.
- 2nd Annual Paint It Pink Pike County event will be co-hosted by PHLI and YMCA and is scheduled for October 2, 2016. The same route will be used as last year, starting and ending at Grace United Methodist Church.
- Zumbathon Fundraiser is in the initial planning stage and PHLI hopes to have more details to share at the next meeting.
- Healthy Kids Day Event – PHLI will have a table at the Healthy Kids Day event hosted at the YMCA Saturday, March 26th from 10 a.m. until 1 p.m.

Updates:

Cooking Matters at the Store (Learn Nutrition and Shopping Skills)

Thursday, April 21st Kroger 7 p.m.

Tuesday, May 17th Kroger 1 p.m.

Thursday, June 23rd Wal-Mart 1 p.m.

Join them for a shopping tour, where you will learn about food labels, unit sizes and how to build a budget friendly, nutritious meal. You will build a \$10 healthy meal to share with your family, for free.

For more information or to schedule call Julie at OSU Extension (740) 289-4837

Wally Burden, Pike County Health Commissioner

Mr. Burden spoke with committee members about a process started to further align the state improvement standards with that of the national standards adopted by the [Public Health Accreditation Board](#). The Ohio Department of Health, working with the [Ohio Voluntary Accreditation Team](#), reviewed and proposed new minimum performance standards for not only local health departments but also for ODH. Specifically, for state and local public health, these standards will provide an opportunity to:

- Develop capacity and performance excellence by sharing best practices;
- Guide the internal development of continuous quality improvement;
- Compare Ohio's progress relative to peer states and communities

The standards accommodate variations in local health departments' size and capacity, while assuring a common reporting mechanism across the state. A new reporting database for local and state public health has been developed with funding from the Centers for Disease Control and Prevention. The tool allows for local health departments to share continuous quality improvement projects, promising practices and strategic planning tools. The tool allows local health departments to assess their readiness for accreditation by reviewing the standards and making a determination if they meet the standard and sharing appropriate documentation.

The aim of accreditation is to improve the quality of practice and performance within public health departments and to increase accountability of health departments to their stakeholder. As required by law, local health districts are now required to become eligible for accreditation by 2018 (completed community health assessment, health improvement plan and agency strategic plan) and achieve accreditation by 2020.

Gary Roberts, Executive Director Community Action Committee of Pike County

Mr. Roberts spoke with committee members in regards to the Coalition filing for a non-profit 501 (c) (3) status and hiring a Coordinator to assist with steady funding streams to organizations for administration to ensure continuation of programs that are working to change behaviors.

Local Health Improvement Plan Priorities

1st HCV/Drug Abuse/Over Dose – Pike County Health District

HCV/Drug Abuse/Overdose/Prostitution are serious threats to public health officials, physicians and medical staff, law enforcement agencies, emergency personnel, etc., and spreading quickly throughout southern Ohio. According to the National Survey on Drug Use and Health, 21.6 million Americans over the age of 11 required professional treatment for substance abuse in 2011. Out of this number, 2.3 million – just over 10 percent – actually received treatment at a facility dedicated to treating addiction. Addictive drugs interfere with the brain's natural reward circuitry by stimulating the release of dopamine. Drugs like heroin, oxycodone or cocaine trigger the production of the same chemicals that reward positive, healthy activities like eating or exercising. Repeated use of addictive drugs creates powerful memories of pleasure. The persistence of these drug-related memories makes it hard for addicts to recover without intensive, professional treatment.

Scheduled Meetings Pike County Drug Abuse Prevention & Re-Entry Coalition
Second Monday of Every Month 4 p.m. – 5 p.m.

Recommended Reading Materials

Dreamland: The True Tale of America's Opiate Epidemic (Hardcover-April 21, 2015)

Sam Quinones chronicles how, over the past 15 years, enterprising sugar cane farmers in a small county on the west coast of Mexico created a unique distribution system that brought black tar heroin—the cheapest, most addictive form of the opiate, 2 to 3 times purer than its white powder cousin—to the veins of people across the United States. Communities where heroin had never been seen before were overrun with it. Local police and residents were stunned. How could heroin, long considered a drug found only in the dense, urban environments along the East Coast, and trafficked into the United States by enormous Colombian drug cartels, be so incredibly ubiquitous in the American heartland? Who was bringing it here, and perhaps more importantly, why were so many townspeople suddenly eager for the comparatively cheap high it offered.

2nd Smoking

Valley View Health Center's teamed up with the Ohio Partners for Smoke Free Families. Smoking is the single most important modifiable risk factor that contributes to poor pregnancy outcomes. It is associated with miscarriage, placental abruption, low birth weight, and increased maternal and fetal mortality. It also endangers infants and other children who may be exposed to second-hand smoke.

Ohio has higher rates of smoking and worse birth outcomes relative to the US. Appalachia and the six target counties have substantial needs: women of child bearing age in the target counties smoke at a rate about the state average; rates of mothers who smoked during the last three months of pregnancy is highest in the Appalachian region, where the target counties are located; per capita income is lower in all six project counties relative to Ohio and the US; all six counties receive higher rates (30%-46%) of food assistance relative to the state rate (21%).

Many service providers interact with women of child-bearing age in the communities and need help treating tobacco use with their patients/clients. A prior ODH-funded project found success with the 5 A's brief intervention for smoking cessation: Ask, Advise, Assess, Assist and Arrange. This project seeks to train and document the use of the intervention.

3rd Obesity (Adena/Pike Medical Center)

Nationally, Ohio is the 38th worst state in terms of obesity among its residents. About 33 percent of Ohio adults are overweight and 30 percent are obese. Obesity's impact on Ohio children is even more troubling. So many children are overweight or obese that today's children may be the first generation not to live as long as their parents. About 30 percent of high-school students are overweight or obese, more than 25 percent of third-grade students are overweight or obese; and more than 28 percent of low-income children ages 2 to 5 are overweight or obese.

Pike County Health Coalition Website: www.pikecountyhealthcoalition.com

Mr. Roberts announced the continued development of the Pike County Health Coalition website and reminded those in attendance to email Kathy Way (kway@pikecac.org) with any updates and/or upcoming health-related events to be posted on the website.

***The next meeting date will be August 25th
from 9 a.m. until Noon at the***

***Pike County General Health District
conference room.***

If you know someone you think may be interested in joining the Pike County Health Coalition, please invite them to the next meeting.