



Pike County Health Coalition Meeting Minutes

Website: www.pikecountyhealthcoalition.com

Monday July 15, 2019

At Pike County Senior Center in Waverly

The meeting was called to order at 3:05 p.m. by Nichole Smith, Accreditation Coordinator of the Pike County General Health District. Nichole Smith welcomed everyone. The sign-in sheet for the meeting indicated ten (10) in attendance.

Attendees: Nichole Smith, Dave Zanni, Karen Casebolt, Aundrea Crabtree, Brooke Coriell, Brian Cristi, Peter Balvanz, Penny Dehner, Charles Hoy, Melody Lucas.

Nichole started the meeting with brief introductions and an overview of the agenda on what would be covered at the meeting.

GIS Mapping & Inventory

Karen Casebolt asked how long the survey would be out to the community. Aundrea Crabtree asked for the online survey to be sent through email. Nichole then gave an overview of the timeline for the Community Health Assessment. Nichole also stated that we would be wrapping up the surveys at the end of August after the fair and hopefully have a finished copy of the assessment by the first or end of October. She stated that Kim Jones would be emailing the data inventory for all to review and the maker is ready to receive it. Nichole stated that hopefully by the end of this month we would be ready to provide a view of the GIS Mapping for all of Pike County. This will allow us to better pinpoint on the county map on what resources are available to the residents. It will help with what barriers that may be also linked to health inequalities and what we should be targeting in those populations to help eliminate community obstacles.

Public Health Delivery Assessment

Nichole presented the coalition members with two (2) handouts (see attachments) on the public health delivery system. The first handout distributed was the 10 Essential Public Health Services, and a second handout given out was the NPHPS Assessment Questions Considering Health Equity on The 10 Essential Public Health Services. Nichole discussed the 10 Essential Public Health Services and how it is the instrument for National Public Health Performance Standards (NPHPS) and how it can help identify areas for system improvements, strengthen local partnerships, ensure a strong community place.

Nichole also stated the 10 Essential Public Health Services is a framework that was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. These were selected to bring broad awareness to the community on public health, and the relationship of the three core public health functions and 10 organizational practices. This framework is a proven useful infrastructure initiative guideline associated with Healthy People from the US Department of Health and Human Services to acknowledge our social determinants of health.

Nichole stated this system can answer what activities, competencies, and capacities of our local public health system shares cohesively. She then asked, "What we are trying to gain from all of this information for our community?" What level of services do we as a local public health system provide to our community? What level in monitoring those services and having some performance standard for those services exist? She stated how important it is to cover health inequities to give better information to the community to consistently work to defeat community barriers.

The coalition went over the second handout of the NPHPS Assessment Questions Considering Health Equity on The 10 Essential Public Health Services. Penny Dehner asked "Are you wanting to assess this as a health system or as the coalition group or as an individual agency?" Nichole stated that it would be best for the community that all partnering organizations for the coalition all are considered involved as a health system for the social determinants of health such as economic security, financial resources, livelihood security, employment, school readiness, civic involvement, transportation, environmental quality. Nichole stated that all of us as a community public health system provide these roles as a resource or give some type of input on these services in the community. She gave several examples such as; Aundrea Crabtree's job role assists senior citizen residents with Medicaid benefits, Karen Casebolt assists residents of the community with recovery for an addiction, and Brook Coriell assists resident's adequate care for health care services.

Some of these aspects other partnering agencies do significantly more than as a public health system. Penny stated that we all take a step at performing these questions on each agency level, and it isn't always collaborative or cohesive, but it is provided. Aundrea stated that for her agency they may do some of the same services as Adena, but maybe Adena tracks the same information much better. She also said that could be just her or others personal opinion, or it could be just a small difference of services provided to the community to distort that information. She stated that it could be up for interpretation by the individual agency answering the questions. She also stated it could be addressed one sided, and that she really doesn't know what one agency would do compared to another. Nichole stated that funding has a lot to do with performance in the services as far as one agency being able to provide a service more than another agency. Dave Zanni stated that he feels Adena does a moderately great job for the community at performing the essential public health services. The patients comes to Adena representative if they are unable to pay, then we can work with them to be able to say, this is the financial care and support that you need. Adena offers HCAP to help for financial hardship, and Dave also said Adena is able to refer patients of the community to job and family services for assistance for Medicaid services. Nichole stated as a local public health system partnering agency, and as a coalition member, we all must come together to make sure that we are performing as an alliance for our community. The coalition must make sure that we are persistent on performing The 10 Essential Public Health Services for community members to have the same health equities to eliminate barriers.

The coalition discussed the overall performance of each question as a local public health system. The coalition determined the answers to the questions from the handout as the following:

1. Moderate
2. Minimal
3. Moderate
4. Moderate
5. Minimal

6. Moderate
7. Moderate
8. Significant
9. Minimal
10. Moderate

Partner Updates

Nichole asked the group for any partner updates. She shared Pike County General Health District updates about the measles epidemic. PCGHD public health nurse stated the first case of the measles had originated in Stark County Ohio. She stated the first case that was discovered was unvaccinated individual. PCGHD was still continuing to monitor the ongoing Hep A outbreak, and the Hope Clinic had just celebrated their 5th anniversary.

Karen Casebolt stated that The Pike County Suicide Coalition was going be doing a 5K Color Run on August 10th at the Waverly High School. She encouraged all of the group members to share the information to gain attendees for the cause. She also stated that they have had a low turnout at the coalition meetings and would like to gain more members to participate.

No other partnering agencies had a report out of any new updates.

Next Meeting

The group adjourned the meeting at 4:25. The next meeting date set for the Pike County Health Coalition is August 19, 2019 @ 3:00 at the Pike County Senior Center.

The coalition members are encouraged to check the Pike County Health Coalition website. The next meeting date should always be posted on the website. The location of the next meeting will be held at the Pike County Senior Center.