

Partnership for a Health GEAUGA Community Health Improvement Plan (CHIP) Planning Meeting October 9, 2014

Geauga County Board of Mental Health & Recovery Services

Meeting Minutes

Attendees:

Brad Welch, Family First Council

Anne Anderson, Geauga County Board of DD

Jessica Boalt, Geauga County Department on Aging

Bob Weisdack, Geauga County Health District

Dan Mix, Geauga County Health District

Britney Ward, Hospital Council of NW Ohio

Susan Emens, Kent State University – Geauga Campus

Elaine Maro, Lake-Geauga Recovery Centers

Kathy Malobenski, Ledgemont Schools

George J. Pogan, Middlefield Care Center

Betsy Griffin, Starting Point

Dawn Damante, UH Geauga Medical Center

Julie Bogdan, UH Geauga Medical Center

Joanne Randall, United Way Services of Geauga County

Erwin Leffel, Health District Advisory Council

Andrea Gutka, WomenSafe

Amanda Andersky, Lake County Free Clinic

Irene McMullen, Munson Township

Catherine Whitright, Geauga County Resident

Susan Emes, Kent State University - Geauga

Vicki Clark, Ravenwood

DeAnna Tenney, Chagrin Falls Park

Cheryl Koncler, Probate / Juvenile Court

Dawn Farrell, Geauga Metro Housing

Suzi Kay, United Way of Geauga

Jim Clements, Catholic Charities

Handouts:

- Minutes from 9/25/2014 Meeting
- Work Assignment for Identifying Key Issues and Concerns Geauga County

Britney Ward, Hospital Council of NW Ohio, chair, started the meeting at 10:05 AM

- 1. All members introduced themselves and their roles at their respective agencies.
- 2. Britney Ward reviewed the agenda for the next two meetings
- 3. Britney Ward reviewed the procedure for identifying the key health issues in Geauga County stratified by age groups Adult, Youth and Children

ADULT 1. Healthcare access 97% @ risk highest risk 55-64 years 17 41% @ risk highest risk < 30 15 2. Healthcare coverage females 3. Chronic Disease management 10 a. Cardiovascular 53% 65 years and older males b. Diabetes 14% 65 years and older males c. Cancer 52% at risk 15 4. Drug Use a. Tobacco 14% highest 65 years and older males b. Alcohol 55% 30-64 years old male c. Marijuana 14% under 30 years old male under 30 years old male d. Prescription misuse 9% 5. Preventive Health Screenings 8 a. Look for data in women's health, men's health, flu 6. Binge drinking 18% under 30 years old both genders 6 7. High cholesterol level 36% over 65 years old both genders 4 8. Water quality and testing 2% unsafe water supply 2 9. Personal disaster preparedness 1 5 10. Health literacy 11. Amish – more inclusion; learn from them 1 12. High blood pressure 30% 2 9 13. Adult weight status a. 60% overweight/obese over 65 years highest risk 22% no activity b. Physical inactivity c. Screen time 11.5 hour 14. Homeless adults and families 7% 5 18-60 years a. Point-to-point statistics; VA statistics; unemployment stats 15. Mental health 8 a. Coping with stress 18% b. Suicidal thoughts; attempted suicide; suicides

16. PTSD & trauma over 50 years old highest risk		
17. Working parents – what to do with children after school		
18. Safety – firearms in homes 45% under 30 years old highest risk	1	
19. Arthritis 343% 65 years and older highest risk	2	
20. Lack of resources for SES disadvantages families	5	
a. Lack of affordable housing		
b. Lack of services		
21. Lack of public transportation	9	
 a. Decreases access to healthcare 		
 b. Increases problems with youth activity 		
YOUTH		
1. Drug use	17	
a. Marijuana 28% 17-18 years old males		
b. Other drugs 18% 14-16 years old males		
2. Mental health	12	
a. Depression 10% 14-16 years old female		
b. Contemplating suicide 9% increases to 11% in 9 th -12 th grade		
3. Youth Weight Status	12	
a. Physical inactivity		
b. Screen time		
c. Unhealthy eating	^	
4. Violence carry a weapon in the last 30 days 14% 17-18 yrs old males		
5. Safety and support seat belt use 59%	3	
6. Assaulted by g/f or b/f 7% over 17 at greatest risk	3	
a. Youth has intercourse when they did not want too 7%7. Bullving 14%	8	
7. Bullying 14%8. Autism and special needs	8	
a. Increasing number of diagnosis	O	
b. Lack of services available		
c. Mothers don't work because no daycare will take autistic child		
d. Individualized education plan (IEP) 13-18% per school		
e. At DD this increases to 90%		
9. Going to bed hungry	3	
10. Eating disorders	1	
11. Lack of care or activity for youth after school	5	
12. Riding with an impaired driver	12	
a. Geauga has a culture of alcohol use		
b. Teen alcohol use is 18% above national levels		
c. Parental attitude is 16% above national levels		

	ounty - higher teen use and parental approval	6
13. PTSD and trauma	istad injum. 100/ 17 10 year old famolog	6
	icted injury 18% 17-18 year old females	2
15. Depression in youth that	nave been builled 29%	2
16. Teen pregnancy		2
CHILDREN		
1. Going to bed hungry – la	ack of food	2
2. Mental health issues		10
a. ADHD 0-11 ye	ear olds (Section 30 p. 1)	
3. Access to healthcare	71% 0 – 5 years old Low SES	15
4. Lack of healthcare cover	rage – insurance gaps	16
5. Children's Weight Status	8	10
 a. 24% physical inac 	ctivity	
b. Screen time		
c. 14% obese and 1	6% overweight	
6. Extra curricula activity		1
 a. High cost of pay-t 	o-play	
b. Lack of social opt	ions	
c. Lack of sleep for o	over-active children	
7. Lack of family dynamic /	family structure	3
 a. No family meals of 	or structure – lack of well-mannered children	
8. Allergies and asthma		4
9. Parental substance abuse		8
10. Bullying 30% 6-11 year olds		4
11. Parents reading to children		6
12. Affordable daycare and a	after school supervision	4
TOP ISSUES		
	17	
	17	
Child healthcare coverage 1	16	
_	15	
Adult healthcare coverage 1	15	
Children access to care	15	
Youth Alcohol	12	
Youth mental health	12	
Youth weight status	12	
Adult chronic disease	10	
Children weight status	10	

Children mental health 10
Adult weight control 9
Transportation 9

TOP ISSUES CATEGORIZED

Healthcare access
Healthcare coverage
Healthy Weight all ages
Mental Health all ages
Drug use all ages
Adult chronic disease
Transportation

Added

Youth alcohol

Youth bullying

Youth and children autism and special needs

- 4. All committee members will receive a worksheet by email to rank the key health issues identified. All committee members are urged to complete the rankings and bring them to the October 23 meeting, where we will select the top two to five key health issues. The rankings will be based on three criteria:
 - a. Magnitude how many people does the problem affect, actually or potentially?
 - b. Seriousness of consequences What degree of disability or premature death occurs because of the problem? What are the potential burdens to your community, such as economic or social burdens?
 - c. Feasibility Is the problem amenable to interventions (i.e. is the intervention scientifically feasible as well as acceptable to the community?) What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?
- 5. The remaining scheduled meetings include:
 - October 23, 2014 at 10:30 AM
 - November 6, 2014 at 10:00 AM
 - November 20, 2014 at 10:30 AM
 - A tentative December 4, 2014 meeting at 10:30 AM was scheduled in case we need additional time
 - All meetings are at the Geauga County Board of Mental Health & Recovery Services