Portage County Community Health Improvement Plan Progress Report			
Increase Healthcare Access			
Action Step	**Responsible Person/Agency**	**Timeline**	**Progress**
Increase community education on health insurance opportunities/utilization and support the implementation of Pathways Model or HUB			
Year 1: Utilize Federal Navigator grantees and other sources to provide an in-person resource for educating and enrolling community members in health insurance plans throughout the county Explore the feasibility of using health kiosks. Explore opportunities for employees to become certified application counselors. Create a list of physicians that accept Medicaid products. Research the Community Pathways Model which addresses social determinants of health and increase access and health outcomes. Contact the Northwest Ohio Pathways HUB to present information on the Pathways Model to community stakeholders.	Jeneane Favaloro, AxessPointe Community Health Center	October 1, 2017	
Year 2: Research the Community Pathways Model which addresses social determinants of health and potential implementation mechanisms to increase access and health outcomes.	Joseph Diorio, Portage County Combined General Health District	October 1, 2018	**1-16-18:** Joe: Summit County has a HUB model in place. SCPH houses some of the CHWs, administered through Summit County Community Action Council. Exploring options of operating as an extension of Summit County model (as opposed to starting our own.) JFS expressed interest in partnership possibility, perhaps housing CHWs in Portage and billing through SCPH. Will see if any changes in new year. Melinda (AxessPointe): Has 1 CHW in place at Kent location (focused on North Hill Nepali population). Do well with outreach aspects (and connection to Medicaid), but limited clinical due to regulations. **4-17-18:** Joe: No progress to report at this time. Will be attending 2 upcoming related conferences, and will have more information to report at next quarterly CHIP meeting. Amy (NEOMED): Have students investigating Health Leads, looking to adapt to the SOAR clinic to implement such a social needs assessment into the current clinic flow. Also exploring feasibility of stocking canned food and other items at the clinic to meet the population needs. Plan to set up a panel session. Will involve medical and public health students working together, as well as potentially bringing in social work students through collaboration with the University of Akron. Also looking to develop a specific service provider contact call system, so that patients at the clinic on Saturdays as well as clinic providers have specific personal direct contacts to ask questions and follow up with. Lacey (SOAR) indicated that the Portage Park District provides information to the clinic regarding physical/recreational opportunities. Stressed the ultimate goal/need for a community liaison, to assess the patient needs and how best to address them within the primary care system.
Year 3: Continue efforts from years 1 and 2 Increase the number of sites and CHWs		October 1, 2019	

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Action Step	**Responsible Person/Agency**	**Timeline**	**Progress**
Support collaboration between local universities and healthcare agencies through other social service agencies and graduate opportunities			
Year 1: Create a task force with local universities and healthcare providers to discuss workforce needs and gaps in the community. Create a formal arrangement between universities and providers to provide external internships and graduate assistantships. Universities can use these opportunities to recruit more students into their programs.	Asha Goodner, Hiram College and Heather Beaird, Kent State University College of Public Health and Amy Lee, NEOMED and CHIP steering committee	October 1, 2017	
Year 2: Share relevant student projects (undergrad, MPH, PhD) Continue to develop the Kent City Academic health department through projects related to access to care needs and opportunities. Expand the use of NEOMED SOAR (student run free clinic) for community education and outreach.	Chris Mundorf, Hiram College and Ken Slenkovich, Kent State University and Amy Lee, Northeast Ohio Medical University	October 1, 2018	Amy provided email update, **1-16-18:** Reps from KSU, Hiram, and CEOMPH have meeting scheduled for the end of January. Melinda (AxessPointe): Bringing in 3rd year medical students from NEOMED and KSU nurse practitioner students to shadow. Jeff (Kent City HD): Had 12 student interns last semester. Grouped into 3 sets of 4, on various projects. Conducted vaccination perception interviews and focus groups. Continuing this semester with 8-12 interns. Melinda suggested a 40-minute vaccine documentary called "Invisible Threat" as another resource. Dr. D'Abreau (KSU) advised of a study being conducted by Dr. Gonstead at KSU on the perception of HPV on college students. Health Center was a recruitment site for the study. **4-17-18:** Amy: Met with Ken (KSU) and Chris (Hiram) in January. If agencies have desired projects, send email to all 3 of them. Have various frameworks where students at differing levels and projects can be appropriately matched. Beginning next meeting, Amy will share list of all relevant student projects from all 3 schools. This will help inform county agencies of the types of efforts students can take part in/assist with. Some projects may be able to be built upon in subsequent semesters. Mike (Kent City HD)**:** Currently have 2 interns working on a GIS mapping project of health care facilities in the city of Kent. Presented first draft to the BOH last night. Will continue through summer, hoping to push out to the community and expand beyond the city, working with partners like NEOMED. Lacey (SOAR): Just completed business plan projecting growth, hoping to expand to 3 Saturdays per month by year end. Have had great support by NEOMED faculty and providers, also sending residents to serve in clinic as part of their residency training. Assembling a community advisory board of diverse expertise to guide further growth, hoping to have first meeting by end of May. Stressed community liaison importance, and emulating comprehensive primary care addressing the whole patient/family needs. Uber Health is available for potential grant funding to provide Uber rides related to health care needs. Maureen (United Way) passed out to the group a Community Impact Health dashboard, developed in alignment with the CHIP activities to guide agencies and others in the community of relevant priorities, indicators, and outcomes for proposed projects submitted to United Way requesting funding.

			Dr. Weisblat (NEOMED) provided additional email information, **4-21-18:** NEOMED received funding from AmeriCorps to support 30 full-time members to create a rural volunteer health corps to implement the Health Professions Affinity Community (HPAC) program, which helps youth (students from middle school through the med school) identify pressing health concerns in their community and seek, obtain and combine resources to formulate health improvement programs while advancing themselves toward health care careers. First year NEOMED medical and pharmacy students participate in the HPAC program and/or projects through the Community Experience class co-taught by Dr. Gina Weisblat and Dr. Amy Lee. Much of the HPAC work will be highlighted through posters and presentations at the Scholar's Day on April 29th.
Year 3: Continue efforts of years 1 and 2.		October 1, 2019	

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Action Step	**Responsible Person/Agency**	**Timeline**	**Progress**
Increase transportation through a county Transportation Plan			
Year 1: Establish collaborative effort between public health, transportation, community service, and local health care organizations to assess and address transportation needs. Identify existing public health data relating social determinants of health and transportation. Plan and conduct a Transportation Needs Assessment to gather public input. Analyze survey results, including successes, challenges, and recommendations for future projects. Release data to public.	Becky Lehman, Portage County Combined General Health District and Karen Towne, Portage County Combined General Health District	October 1, 2017	
Year 2: Invite community stakeholders to attend a meeting to discuss transportation issues in Portage County. Create strategies to address gaps and increase efficiency in transportation. Address strategies to increase the use of public transportation and reduce stigma. Begin implementing strategies identified.		October 1, 2018	**1-16-18:** Becky: A press release was sent out by PCHD (with approval by transportation coalition) to release data from the Transportation Needs Assessment in October. The Needs Assessment was open for public comment in November. No comments were submitted. The final Transportation Needs Assessment was complete on 1/2/18. Using data from the Transportation Needs Assessment, an intervention plan is being created to address the gaps identified. This plan will be submitted to ODH by 2/1/18 for approval. A transportation coalition meeting was held on 11/16/17 to discuss an action plan for programming to train agencies on public transportation usage, to increase the use of and reduce the stigma of using public transportation. Public Health will engage to stress the public health and access to care relationship. The ODH grant would cover cost of training MCH-related agencies, with hopes that once the plan is created the trainings can be expanded to other agencies. Per request by KSU, Becky will share with the coalition that they should be included on the list of providers to be trained. **4-17-18:** Becky (Kevin): After the completion of the Transportation Assessment (January 2018), through ODH MCH funding, an agency training is being developed through the partnership between PCHD and PARTA. This training will be available to healthcare organizations and social service agencies to train staff on how to utilize public transportation and how front line staff can assist clients/patients in transportation needs. The plan is to do this training in a conference setting partnering with managed care organizations, JFS, and PARTA. Rebecca (JFS): Working with partners (PARTA, Emerald, etc.) to increase NET program awareness. Can provide gas cards, and public transportation rides to & from pharmacy or medical appointments through Medicaid. WIC clients are not eligible, unless they have a managed care plan (which many do), because WIC does not bill to Medicaid. NET may be able to fill in gaps after managed care plans for some individuals.
Year 3: Increase efforts of years 1 and 2. Facilitate follow-up surveys to gauge the public's response to strategies that have been addressed and collect outcome measures.		October 1, 2019	

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Action Step	**Responsible Person/Agency**	**Timeline**	**Progress**
Develop an Access to Care Coalition			
Year 1: Collaborate with community organizations, local health care organizations, churches, schools, and other community groups to create an access to care coalition. Raise awareness of the coalition and recruit volunteers to carry out action steps listed in the Portage County Community Health Improvement Plan. Gather baseline data on access to care gaps in the community. Use this information to create additional action steps as needed.	Jeneane Favaloro, AxessPointe Community Health Center and Joseph Diorio Portage County Combined General Health District	October 1, 2017	
Year 2: Develop strategies collaboratively to address gaps/barriers. Begin implementing strategies. Continue to expand partnership of the coalition. Review baseline data and gaps of services (dental needs). Assist in coordination of efforts across HEAL, Mental Health, and Substance Abuse priorities in reference to primary care office screenings to investigate collaborative opportunities for system solutions with the three major health systems regarding the following: • Identify people in each system that can share the screening tools; ascertain if EMRs from each system can be collected/shared. • Investigate what primary care providers are screening for in offices (including mental health, substance abuse, and obesity). • Obtain EMR **required** questions from all the health care systems. • Determine PCP assessment criteria and follow up/referral protocols.	Joseph Diorio Portage County Combined General Health District and Jeff Neistadt, Kent City Health Department	October 1, 2018	**1-16-18:** Joe: Collecting data specifically from the medical community to get an accurate assessment of where we are as a community. Will use this assessment to identify gaps and barriers for access to care, and develop strategies to address them. Already recognizing through the transportation assessment that there are transportation barriers... plan to combine this info and the transportation coalition into the larger picture by next quarter report. Cancelled 4th-quarter coalition meeting scheduled in December due to awaiting further desired information. Currently focusing work with medical community. Jeff suggested including Mental Health on coalition and through activities, which Melinda (AxessPointe) voiced support for. She shared they are planning to start a Vivitrol Clinic including at the Kent site. Melinda also shared that Better Health Partnerships had a summit in Summit County with Dr. Andrew Curtis on GIS programming on health services. Becky (PCHD) Working with Hiram College to develop an updated medical provider contact list. Dr. D'Abreau (KSU) wants to ensure that KSU Medical Center is included. Rose (PCHD): Regarding the Windham Free Clinic, there is a meeting scheduled at 4pm this Friday, 1/19 as a "mini open house" to bring community members and local pharmacies, churches, etc. to view the progress thus far and see how they can participate. Looking at Wednesday and Thursday evenings to initially open. Will be run entirely by volunteers, led by Faithful Servants, Dr. Sue Meyer. This clinic is to serve un- and under-insured individuals. Brittany (AxessPointe): Shared her past experience with access to care and available home health care resources that many are unaware of. E-visits and tele-health can be utilized to address the lack of transportation. **4-17-18:** Joe: Access to Care coalition had a meeting on April 3rd. Developed a community health resource and capacity assessment, which has since been updated, and serves as a guide to further address access to care. Includes major players, contact info, fees/costs, etc. Continuing working with Hiram College to develop updated reliable physician list, ensuring numbers are viable for communicable disease contact, etc.

			Rose (PCHD): Windham free clinic opened on 2/5/18. PCHD nurses are there offering immunizations every Monday from 4-7 pm, as well as altering schedule Wednesdays. Joe clarified we've altered are previous scheduling at the Renaissance Center to align with wrap-around services with the clinic. Has been a slow start, but expected to pick up as awareness is increased. Will be sending letters to area churches, as well as schools in and around Windham/Garrettsville to tie into sports physicals. Clinic is working with local pharmacy for access to medications, and with UH Portage for X-ray services and discussions regarding expanding to offer dental and mental health services. Lacey (SOAR): Inquired about this clinic possibly coordinating mental and dental health services with SOAR and partners. NEOMED is seeking to further integrative opportunities for psychiatry students.
Year 3: Continue and expand upon efforts from years 1 and 2.		October 1, 2019	