

Meigs County General Health District Community Health Assessment

Overview Report

September 2015

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Most importantly, we offer our most sincere appreciation to the citizens of Meigs County who shared their time and participated in various components of the Community Needs Assessment. Without you, this project would not have been possible.

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Executive Summary

With funds obtained from the Ohio Public Health Partnerships grant, the Meigs County General Health District (Health Department) contracted with the Voinovich School of Leadership and Public Affairs (Voinovich School) to conduct a Community Health Assessment (CHA) for the Health Department as part of the required health department accreditation process. The Health Department chose the Mobilizing for Action through Planning and Partnerships (MAPP) model to guide their process. The MAPP model has six phases: (a) Organizing, (b) Visioning, (c) Assessment, (d) Strategic Issues, (e) Goals/Strategies, and (f) Action Cycle. The Voinovich School provided technical assistance, facilitation, and data collection for portions of the first three MAPP phases.

This report summarizes major themes identified across the different CHA activities and data collection, and includes the following data sources:

- Community Readiness Assessment,
- Survey of Meigs County residents,
- Focus group with Meigs County residents,
- Stakeholder meeting,
- Forces of Change Assessment¹,
- Compilation of secondary data, and
- Environmental scan.

The factors included in this report were identified as being influential to the health of Meigs County residents in two or more components of the CHA. Recommendations were drawn from these data and include suggestions for increasing community engagement in the accreditation process, as well as opportunities for positively impacting the health within the county.

Trends Identified in the CHA

Detrimental economic issues. In all components of the CHA, the lack of resources and opportunities for residents due to high unemployment and poverty rates were mentioned as contributing factors for negative health behaviors and identified as barriers to health care.

Need for recreational areas. The focus group, survey, stakeholder meeting, and environmental scan all identified a need for accessible recreational areas. When asked to indicate the number of outdoor recreation in the community, over two-thirds of the community members surveyed reported that there were only “a few” or “none.” Members of the focus group spent considerable time discussing the loss of community spaces and activities, such as dances. Community

¹ The Forces of Change Assessment is one of the four MAPP Assessments that take place during the third phase of the MAPP (Assessment).

members present at the stakeholder meeting and the focus group both identified a link between a lack of physical activities and sedentary behavior within the community. Over a third of the Meigs County population is obese (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012).

Need to encourage healthy behaviors. Within all assessment activities, there was evidence of poor health behaviors within the community. The Meigs County Demographic and Health Indicator Report found a pattern of behaviors that contribute to chronic medical conditions: low physical activity, lack of preventative care, inadequate nutrition from fruits and vegetables, high rates of smoking, and a low percentage of smokers that attempt to quit; across all these measures Meigs County fared worse when compared to state and national data. Some of these issues are exacerbated by environmental factors such as limited options for exercise and fresh produce in the area, while others are learned and accepted/expected behaviors within the community.

High rates of chronic illness and mortality. Poor health behaviors are contributing factors to chronic health conditions and disease. Meigs County has very high rates of lung disease, stroke, and prostate and colon cancers. Further, there are also high incidences of high cholesterol, high blood pressure, diabetes, and asthma. The rates and percentages of the population in Meigs County affected by these conditions are all higher than state and national comparisons. Though the rates of several types of cancer (i.e., breast cancer, prostate cancer) are lower than state and national rates, the mortality from these cancers is higher. This underscores the community's limited access to preventative care and treatment services and suggests low cancer screening rates and possibly a reluctance to change necessary health behaviors.

Stigma related to mental health. Data from the focus group, survey, stakeholder meeting, and Forces of Change Assessment all identified a prevalent stigma associated with mental health issues. Nearly a third of those surveyed believe that people do not seek mental health treatment because "people worry that others will find out about the issue and/or treatment." The Meigs County Demographic and Health Indicator Report identified data that strongly suggest that mental health is a considerable issue within the county, including high depression and suicide rates. It is important to address how mental health is seen in the community in order to erode the barrier toward accessing mental health care.

Perception that individuals are to "blame" for their own health issues. Information gleaned from the focus group, stakeholder meeting, and survey found that community members tend to place blame on individuals for the problems that they experience related to their mental and physical health. While there is certainly a level of individual choice involved in establishing a healthy lifestyle and reaching out when help is both needed and available, it is important for community members to understand the influence that environment, habit, and shame have on a person's behavior. It is difficult to make serious health-related changes; and internalizing the blame that is present within the community makes it more difficult for people to initiate and sustain the necessary changes to be healthy.

Perception of substance abuse as a key issue in the community. Substance abuse was identified as a key issue in the community from multiple data sources (i.e., survey, focus group, stakeholder meeting, data report, and Forces of Change Assessment). Nearly two-thirds of survey respondents indicated that drug and alcohol abuse in the community was “a primary problem.” In the focus group, community members perceived that the contributing factors to high rates of substance abuse were: the scarcity of recreational outlets, the poor economy which has exacerbated unemployment and poverty in the area, the rise of opioid use in the region, and poor personal choices. It should also be noted that there is a high co-occurrence of mental health issues and substance abuse.²

Low awareness of treatment options for mental and behavioral health issues. The survey and focus group data both indicate that there is low awareness of treatment options in the county for either substance abuse or mental health conditions. Among those surveyed, 65.5% reported that substance abuse treatment is not available in the county or that they did not know if it was available in the county. Residents also were unaware of how to access mental and behavioral healthcare.

A sense of hopelessness. The stakeholder meeting, focus group, and Forces of Change Assessment all reported a pervasive sense of apathy in the community. This is likely to increase negative health behaviors (e.g., smoking, alcohol and other drug use) and decrease healthy behaviors (e.g., nutrient-rich diet, exercise, preventative health screenings).

Strong sense of community support. Meigs County is a tight-knit community, something that all participants within the CHA agreed upon. This greater sense of community contributes to the high level of social and emotional support reported by Meigs County residents.

Identified Issues Related to the Health Department and Accreditation Process

Lack of awareness. The Community Readiness Assessment, stakeholder meeting, focus group, and Forces of Change Assessment all found low awareness related to what services the Health Department offers to the community. Additionally, there was almost no awareness around the accreditation process or any understanding around what the impact on the community would be if accreditation was not earned.

² <http://www.samhsa.gov/disorders>

Introduction

As part of health department accreditation, now required by Ohio law to be obtained through the Public Health Accreditation Board by 2020, Meigs County General Health District (Health Department) contracted with Ohio University's Voinovich School of Leadership and Public Affairs (Voinovich School) to assist with the initial stages of the Mobilizing for Action through Planning and Partnerships (MAPP) model. The Voinovich School team helped introduce Health Department staff members to the MAPP model, provided technical assistance and materials related to documenting the accreditation process, assisted with identification of community stakeholders and organizations to invite to collaborate on the accreditation process, identified data collection methods, and facilitated meetings (i.e., stakeholder meetings and the introductory MAPP meeting) and implemented qualitative data collection (i.e., the Forces of Change Assessment and focus group). Voinovich School staff also collected secondary data, created and modified tools for primary data collection, and analyzed data for a series of reports.

This report provides an overview of the factors and themes identified within two or more portions of the CHA. Recommendations to improve community engagement, public health, and be successful as the accreditation process continues to move forward were also drawn from CHA findings both for the Health Department and for the Accreditation Steering Committee.

Method

As part of the required health department accreditation process, the Meigs County General Health District (Health Department) engaged in a Community Health Assessment (CHA) process. Community feedback was obtained in seven ways:

1. Key community stakeholder interviews were conducted as part of the community readiness assessment (Haines, Goff, Collins, Raffle, & Ware, 2015).
2. A community stakeholder meeting was held to identify the community vision related to long-term community health, factors influencing health, and barriers to care.
3. A convenience survey was implemented to determine environmental factors that influence health (i.e., availability of healthy food and physical recreation, etc.), beliefs and attitudes in the community that impact health, and access and barriers to care (Ware & Collins, 2015).
4. A focus group was conducted to better understand health behaviors and beliefs, ways to improve health in the community, and methods to engage and inform the community about the accreditation process (Haines, Ware, Collins, & Raffle, 2015).
5. An environmental scan was undertaken throughout the county to determine economic factors, social functioning, health resources, and health environment (Shamblin, 2015).

6. Existing data from state and national resources related to demographics, physical environment, health indicators, health care shortages, and mortality rates were also compiled and assessed (Ware, Collins, & Raffle, 2015).
7. A Forces of Change Assessment, which is a component of the MAPP assessment process. Voinovich School staff facilitated the first portion of this assessment where members of the MAPP steering committee identify forces of impending change that will impact public health and the public health system within the county (e.g., legislation, community attitudes, etc.) (Voinovich School, 2015).

Relevant data was inspected and no ethnic or racial sub-populations were identified. However, high poverty rates were found throughout the county and efforts were made to give voice to individuals impacted by this factor in the CHA through several considerations during data collection: convenience surveys were collected in several public locations that would increase the likelihood of including responses from low-income residents, recruitment for the focus group was done in select locations to increase the likelihood of participation by low-income residents, and the environmental scan was conducted throughout the county, rather than limiting it to areas with high population density.

Data Analysis

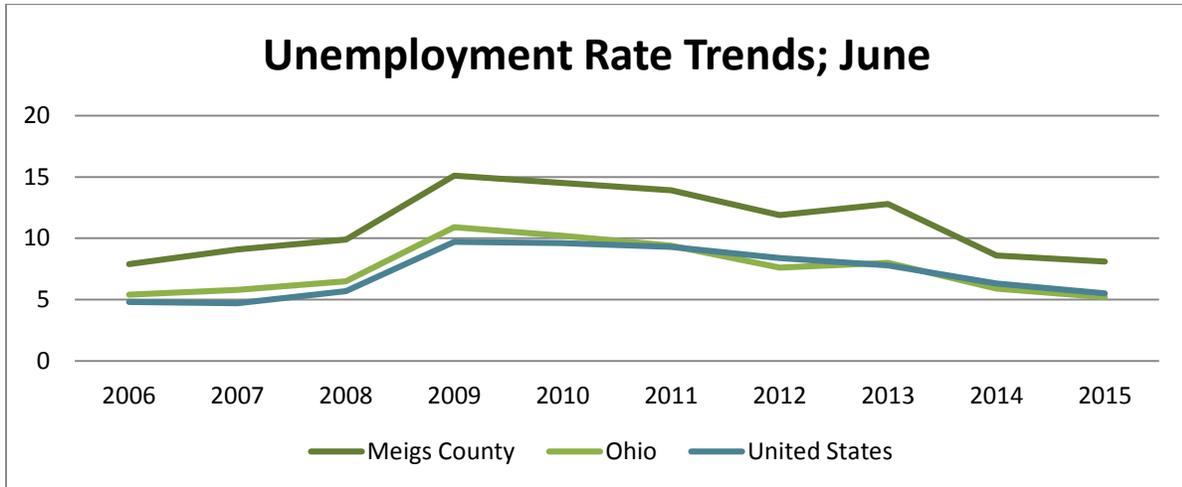
Both quantitative and qualitative data were analyzed as part of the CHA. Qualitative data were analyzed by identifying themes within each question (Patton, 2002). To ensure credibility of both the process and conclusion, triangulation was employed, meaning that more than one researcher worked independently to analyze the same qualitative data and compared the findings (Glesne, 1999). Quantitative data were primarily analyzed using descriptive statistics (frequencies and percent), with some items being compared using difference scores. Additionally, secondary data were compiled along with relevant comparisons, such as state and national rates and percentages.

Results

Economic Issues

Table 1 shows that unemployment rates before, during, and after the economic recession have consistently been above state and national rates. However, it is noteworthy that the unemployment rate in 2015 is comparable to the pre-recession rate.

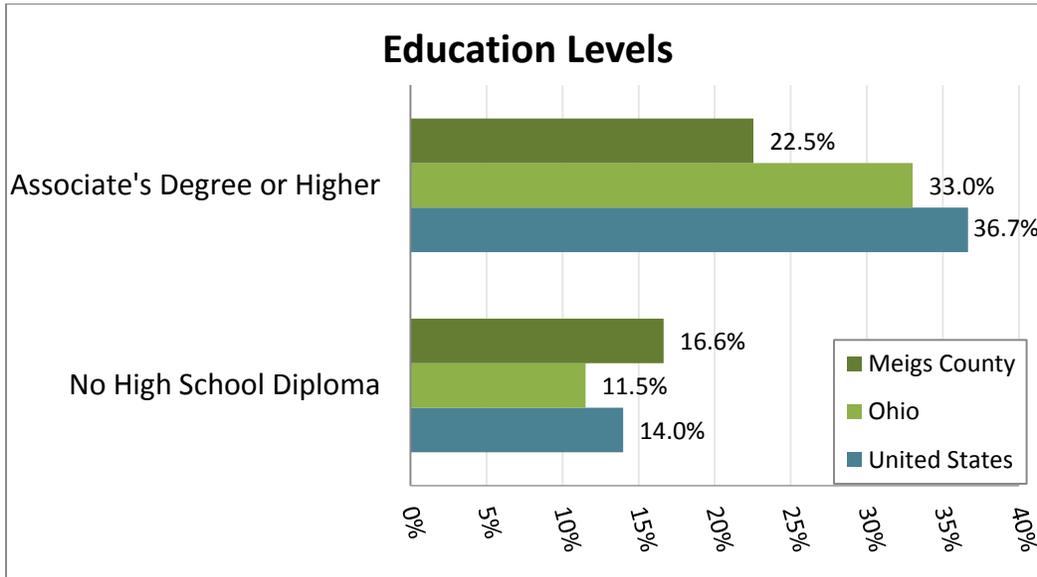
Table 1. *Unemployment Rate Trends: June*



Data Source: US Department of Labor, Bureau of Labor Statistics. August, 2015.

Table 2 shows the education levels for residents ages 25 and older. The percentage of residents who did not graduate high school is higher than across the state or nation, while the percentage of residents who have a two-year degree or higher is much lower than state and national comparisons. Low education levels likely contribute to high unemployment rates. For example, within the stakeholder meeting, it was brought up that many agencies within the county who are hiring are unable to find qualified employees to fill open positions.

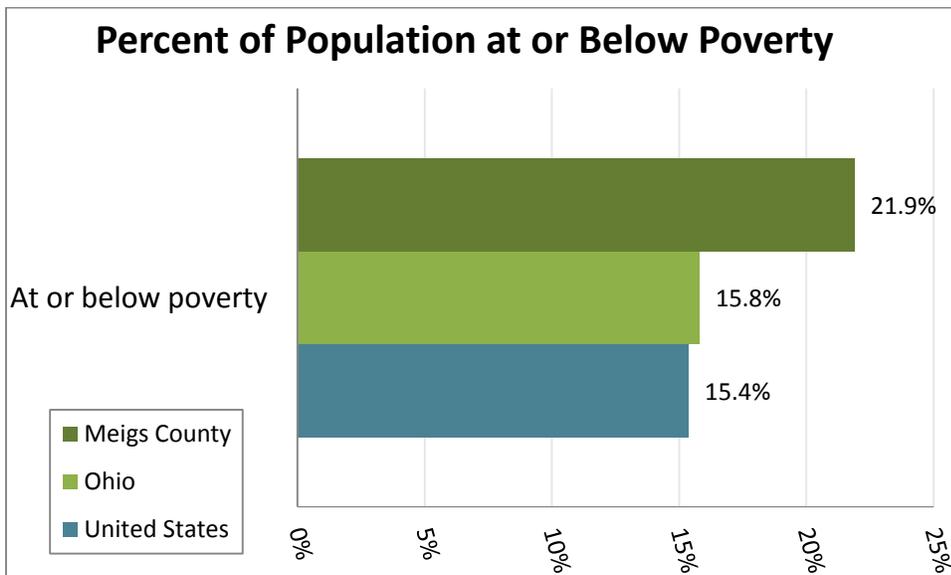
Table 2. *Education Levels*



Data Source: US Census Bureau, American Community Survey. 2009-13.

Table 3 shows that the percent of people living in poverty is much higher in Meigs County than across the state of nation. It is important to note that only 34.5% of respondents from the community survey reported that “cost was not a barrier to care for me or my family in the past year.” Poverty is an important factor to consider when assessing the health of Meigs County residents.

Table 3. *Percent of Population at or Below Poverty*



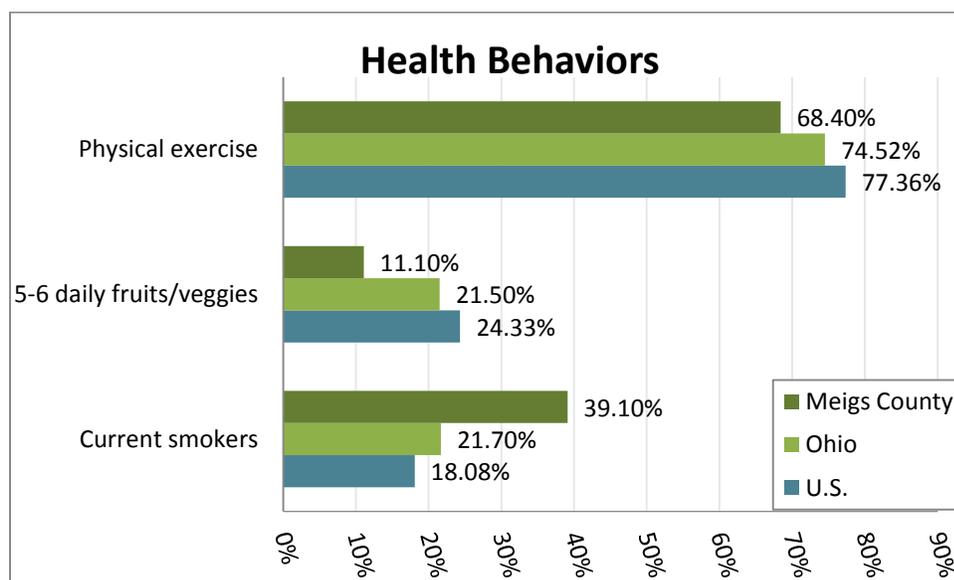
Data Source: US Census Bureau, American Community Survey. 2009-13.

The geography of the county, coupled with the limited resources and high poverty rates, mean that transportation is a major barrier to care. Among those surveyed, 37.9% reported that they were either “unable to find transportation” or “unable to afford transportation,” which prevented them from accessing health care in the past year. As noted in the environmental scan (Shamblin, 2015), there are few health care providers in the area and many residents have to cross the Ohio River to Point Pleasant to receive care.

Health Behaviors

Table 4 shows that Meigs County residents are lower than state and national comparisons on healthy behaviors like physical exercise outside work and eating the recommended servings of fruit and vegetables, and higher on unhealthy behaviors like smoking.

Table 4. *Health Behaviors*



Data Source (physical recreation): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

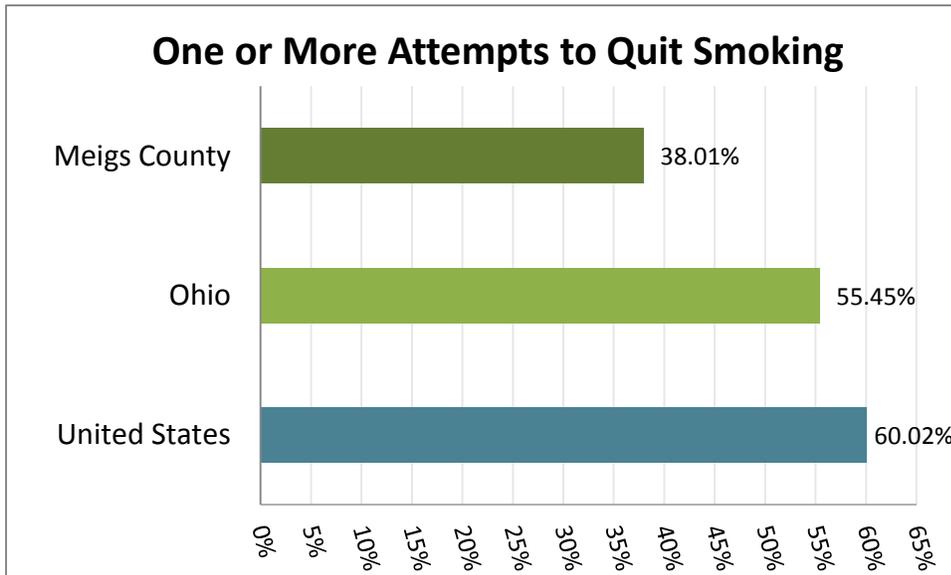
Data Source (nutrition): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2005-09.

Data Source (smokers): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12.

The need for recreational areas was noted in several areas of the CHA. The majority of survey respondents (55.2%) indicated that there were only “a few” outdoor recreational opportunities in the community, limiting opportunities for physical recreation. Further, focus group participants reported that most indoor recreational opportunities were inaccessible to the majority of the public due to the limited hours of operation co-occurring with work hours, the cost of services, or transportation difficulties.

Lack of opportunities for healthy behaviors is not the only barrier to improved health. At a time when the percentage of smokers is on the decline across the country, the percentage of smokers who attempted to quit in the past year in Meigs County is very low compared to the percentages reported across the state or nation (see Table 5).

Table 5. *One or More Attempts to Quit Smoking*

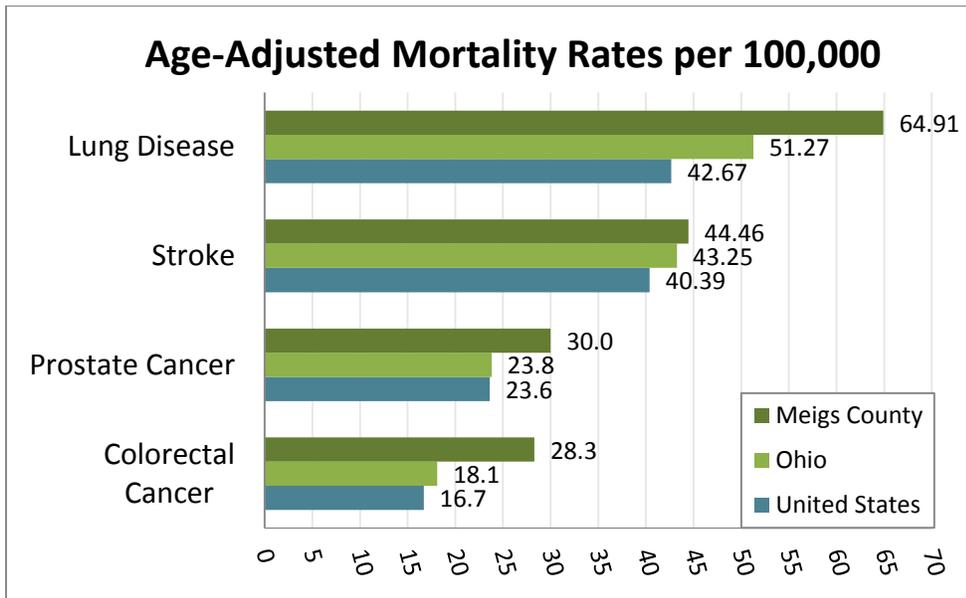


Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Table 6 highlights the impact that smoking is having within the county. Smoking is one of the primary risk factors for lung disease, stroke, and a number of different cancers.³

³ http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

Table 6. Age-Adjusted Mortality Rates per 100,000

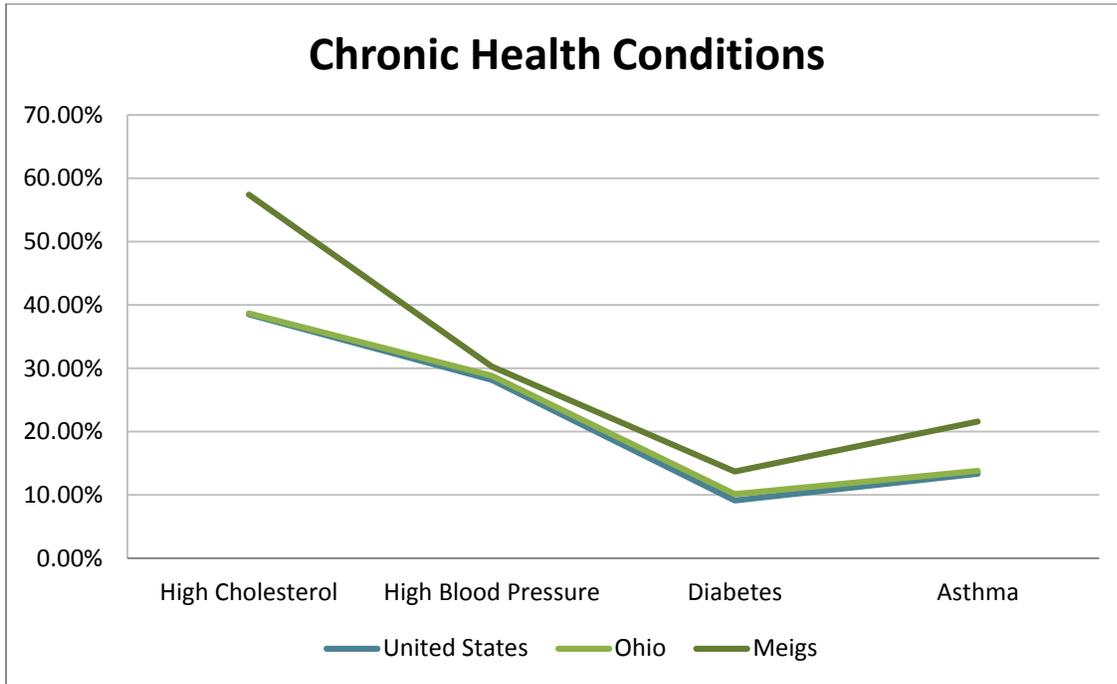


Data Source (lung disease and stroke): Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11.

Data Source (prostate and colorectal cancer): National Cancer Institute. 2006-2010.

Smoking also increases the chance of having high blood pressure and triggers asthma. Table 7 shows that more Meigs County residents suffer from chronic health conditions than the percent across the state or the nation. Changing this one health behavior would positively influence most aspects of a person’s health.

Table 7. *Chronic Health Conditions*



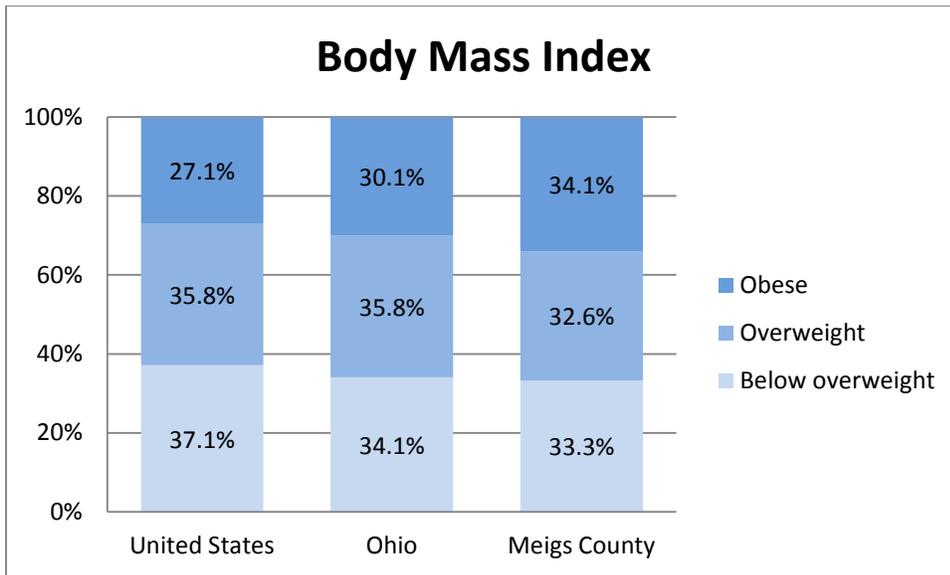
Data Source (cholesterol and asthma): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Data Source (blood pressure): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

Data Source (diabetes): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

Similarly, a lack of positive health behaviors like exercising and healthy eating has had a negative impact on the bodies of Meigs County residents. Meigs County, in comparison to the state of Ohio or the rest of the nation, has a lower percentage of residents below the overweight cut off and the highest percent of residents categorized as obese (see Table 8).

Table 8. *Body Mass Index*



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

Obesity contributes to a wide range of chronic diseases that affect the heart, lungs, internal organs, joints, and circulatory system. Obesity also increases the negative impact of many chronic conditions, making outcomes from diseases like diabetes and cardiovascular disease worse.⁴

⁴ <http://www.cdc.gov/healthyweight/effects/>

Cancer

Table 9 shows that the age-adjusted prevalence rates of different cancers are often lower in Meigs County than state and national comparisons.

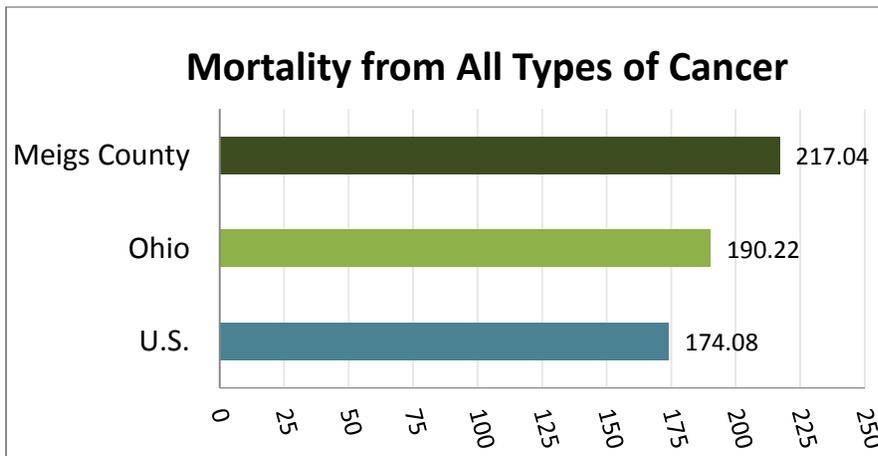
Table 9. *Cancer Incidence Rates*

Cancer Incidence Rates				
Report Area	Age-adjusted Breast Cancer	Age-adjusted Lung Cancer	Age-adjusted Colon and Rectal Cancer	Age-adjusted Prostate Cancer
Meigs County	98	70.3	52	109.1
Ohio	120	72.4	44.5	135.8
United States	122.7	64.9	43.3	142.3

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.

However, age-adjusted cancer mortality rates across the county are considerably higher than across the state or nation (see Table 10).

Table 10. *Mortality from All Types of Cancer*



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11.

This suggests that individuals are either not getting screened for cancer, and therefore are unaware that they have cancer and it is diagnosed after death, or individuals identified as having

cancer are not improving their day-to-day health behaviors and receiving necessary care to treat the cancer.

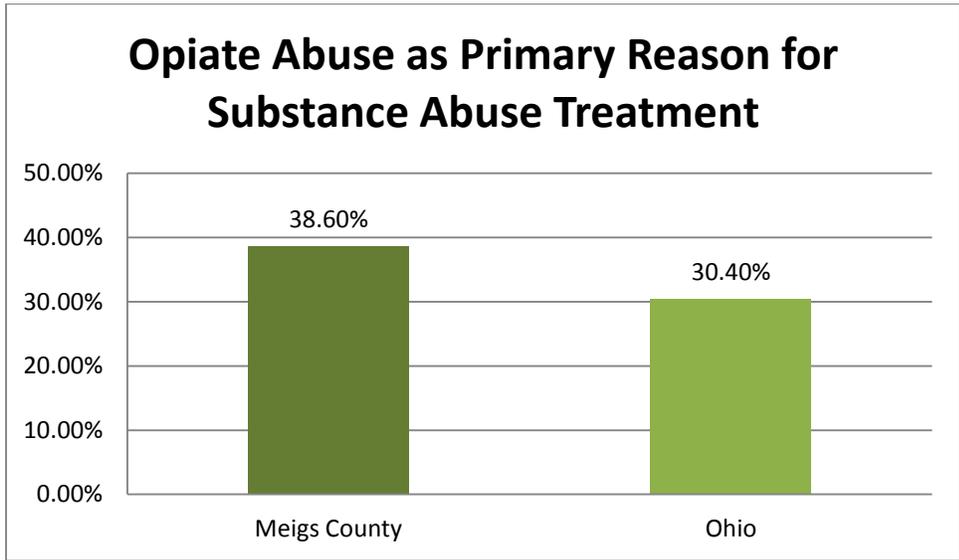
Mental Health and Substance Abuse

The focus group, survey, stakeholder meeting, and Forces of Change Assessment all identified a prevalent stigma against having a mental health issue. Nearly a third (31.0%) of those surveyed believe that people do not seek mental health treatment because “people worry that others will find out about the issue and/or treatment.” Members of the focus group reported a reluctance to address mental health issues with other community members, as it could be a shameful topic.

Further, there is a general sense of blame and assignment of personal responsibility related to mental health issues. In the survey, 58.6% of respondents indicated that the reason people in need of help for mental health issues might not seek treatment is because “most people who need treatment do not believe that they have a problem.” Similarly, focus group participants indicated that it was not their place to discuss mental health issues with those affected and that people in need of these services had a responsibility to seek out necessary support. However, awareness of treatment for mental health was low among those surveyed and those in the focus group.

Similarly, substance abuse was identified throughout the CHA as a major community concern. The majority of community members surveyed (51.7%) reported that one of the biggest problems in the community was “people make bad health choices, such as choosing to smoke or take illegal drugs” and identified alcohol and substance abuse as a “primary problem” in the community (62.1%). Yet a considerable majority of survey respondents (65.5%) reported that treatment was unavailable in the area or they were unaware of treatment in the area. This is very concerning as Meigs County has a high proportion of individuals with opioid substance abuse issues (see Table 11).

Table 11. *Opiate Abuse as Primary Reason for Substance Abuse Treatment*



Data Source: Ohio Mental Health and Addiction Services, Multi Agency Community Information System. 2013.

Community Support

Across several areas of the CHA, community members and stakeholders reported a sense of apathy or hopelessness in the community. This can have a direct impact on health, increasing unhealthy behaviors and decreasing those that would improve health.

One strength that Meigs County does have is a strong, tight-knit community. This was brought up throughout the CHA and can be demonstrated through the high level of reported social and emotional support (see Table 12). This sense of community can be leveraged to help improve the health of county residents.

Table 12. *Satisfactory Social and Emotional Support*

Satisfactory Social and Emotional Support		
Area	Crude Percentage	Age-Adjusted Percentage
Meigs County	81.9%	81.6%
Ohio	80.4%	80.5%
United States	79.3%	79.3%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12.

Accreditation

Throughout the CHA, residents and stakeholders reported limited awareness of the services the health department provides and almost no awareness of the required accreditation process. Participants in the community readiness interviews, stakeholder meeting and focus group all indicated a willingness to participate in the process but made it clear that additional information about what needed to be accomplished and how to participate would be necessary.

Within the focus group, residents identified two ways to make contact with community members. Younger adults were interested in receiving information through technology: social media, websites, phone apps, and email updates. It was reported that older adults relied more on the newspaper, fliers, and word of mouth. It was also reported that both groups frequently interacted within churches throughout the community and that faith-based organizations were where the different segments of the community intersected.

Recommendations

Recommendations for the Health Department

Consistent branding. The health department's name is not consistent across the different community interfaces. For example, the Facebook page lists the organization name as "Meigs County (Ohio) Health Department." The official website indicates the name of the organization is "Meigs County General Health District" in the header, but the heading at the top of the information on the home page says "Meigs County Health Dept."

Strategically and consistently branding the organization, as well as the accreditation steering committee, using logos and taglines, will increase awareness of the initiative and the organization as a whole. It will help county residents identify information that is provided by the health department and remember the source of the information. Increasing awareness and identification of health department information and resources will increase community investment, which will in turn lead to increased engagement, ultimately making the health department a more important resource within the community.

Ideally, branding materials should portray the value proposition for and the goals of the health department. Logos and taglines should be unique and memorable.

Resource identification. Similar to the need for branding the initiative to make it recognizable to its constituents, the health department must make it clear what resources and services it has available to offer community members. A menu of health department services should be prominent on the health department website and Facebook page, and pamphlets or brochures should be available with this information clearly spelled out. Available services should clearly identify what populations they serve and how to access those services. Currently, none of this information is easy to find or clearly articulated.

Sharing this information and making it more readily accessible will increase community buy-in, increasing the likelihood of leveraging additional resources. All community information from the CHA indicates that members of the community are uncertain what services the Health Department provides, making it unlikely that they understand what would be lost without accreditation or future funding, such as levies. Increasing awareness of the health department is a foundational need in order to accomplish long-term goals like sustained community involvement in the accreditation process.

Resource sharing. One function that the health department could easily fulfill is to be a repository for health-related information and services. Though Meigs County residents clearly feel like they have a small, tight knit community, the CHA has repeatedly uncovered a major barrier to care: lack of information related to what services are available in the county and how to access those services. By making this information easily available and easy to access through the health department, the health department would become a more valued resource in the

county and would be more relevant to a broader segment of the community. The focus group identified two routes to share information with residents: (a) young and middle-aged adults access information online, (b) older adults access information through community connections, with the primary hub of information being faith-based organizations.

Recommendations for the Accreditation Steering Committee

Evidence-based environmental strategies. The majority of the CHA findings have identified the need for large-scale behavioral changes. It is recommended that after the steering committee has identified the primary issues to focus on within the county, that the group research environmental strategies that will impact these issues with the intent to change the population's attitudes and behaviors.

Engaging the community. The more segments of the community involved in the community health assessment and improvement process, the stronger and more sustainable the impact will be on health behaviors throughout the community. Methods of engagement can involve community members in the accreditation process, like getting different segments of the community to participate within the MAPP steering committee, but there are also ways to engage and involve the wider community in the process that will require less time commitment:

1. Key informant interviews are an important strategy. Before committing to a program or action, the MAPP steering committee could contact individuals in the community that can provide different perspectives around the topic of focus and make recommendations. For example, when identifying ways to increase healthy eating, it would be advisable to conduct interviews with farmers, retailers, and consumers to get more in-depth information to help guide the steering committee's course of action. This will also increase community awareness and buy-in.
2. Community meetings can bring together a diverse segment of the population and allow for informal data collection, idea generation, or feedback about program and action ideas.
3. Outreach through local media, social media, and community groups is a great way to gather data, identify courses of action, and get feedback. This can be done through simple surveys, a call to action, or to ask for community involvement to implement strategies.

Increase MAPP steering committee resources. The MAPP steering committee needs to better determine what information it does not have about the resources available in the community and what organizations or agencies are missing from the community health assessment and improvement process. Because Meigs County is a tight-knit community, there is a general belief that the agencies, organizations, and resources within the community are known. The MAPP steering committee is strongly encouraged to identify the health-related services within the county and take note of which services are unknown, or which agencies have not been invited to participate in the process.

For example, members of the community have limited knowledge about mental health and substance abuse treatment services available within the community. The steering committee could identify which organizations provide these services and invite them to participate in the MAPP process. The steering committee, or a sub-committee, could also create a survey to determine pertinent information to share with the community: location and hours of services, types of services, population limitations (e.g., Medicare, Medicaid, private insurance, etc.), relevant fee information (e.g., sliding scale fee discounts, co-pays, payment plans, etc.), and contact information (e.g., websites, phone numbers, etc.).

Monitor indicators over time. It is very important to understand that data collection related to the accreditation process is continuous. Once the MAPP steering committee has determined topic(s) of focus, it is likely that additional and supporting data will need to be collected to better understand the related factor or factors for strategic planning purposes. Further, in order to evaluate the impact of the MAPP steering committee's actions on the topic(s), data must be gathered and compared to baseline data collected during this initial CHA. Finally, accreditation requires periodic reassessment of the community. It is less time consuming and easier to identify resources when data is updated routinely rather than after significant delays. It also puts the community in a better position to apply for and receive other funding when relevant health data is already available.

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