



Meeting Highlights and Action Plan- Draft

Agenda Item/ Topic	Key Points	Action Items <i>Including Responsible Party/Timeline if applicable</i>
Members Present	<ul style="list-style-type: none"> A. Kaup-Fett, L. Hardacre, J. Saunders, H. Koster, J. Sartin, J. Gross 	
Research current practices	<ul style="list-style-type: none"> Jessica still working to obtain ER data from Dayton Children’s Hospital from 2009-2015 to compare with Springfield Regional Hospital 2009-2015 data to better understand the numbers and confirm if drop in numbers is due to children being referred to Dayton. Deb was not present to confirm her research into whether or not the drop in Springfield Regional numbers from 2009-2015 is because of “coding” issues with ER diagnoses. She will check on refining the screening process at ER for ER diagnoses and coding. The Dayton program only accepts referrals from school nurses or the Dayton Children’s Hospital Pulmonary Clinic – it is not yet sure if the Clark County program will only accept referrals from a limited numbers of providers OR will accept any referral. Rocking Horse Center will be a primary referral agency, though. Anne does not yet have Gabe’s map for an overlay for the school districts on the current map of asthma zip-codes. Anne has received a particle sensor from the University of Cincinnati and will include particle counts in the data collection for each address as soon as possible. 	<ul style="list-style-type: none"> ✓ Jessica will provide a copy of the “referral guidelines” from Dayton Children’s Hospital.
Engage strategic partners to develop an effective home-based environmental assessment program:	<ul style="list-style-type: none"> It was determined to include HIPAA concept to the IAQ home assessment report. Anne will check to determine if a patient signature next to the doctor’s information section is sufficient or if a privacy statement needs to be printed on the back of the form. Rocking Horse Center will be one of the primary contacts for the asthma subgroup – the contact person is Shelly: Anne will contact her to talk about the program, determine the best way to contact RHC, and to obtain permission to place pamphlets in the waiting room. The group agreed that the best way to conduct the intervention would be to leave a report and, if possible, useful information. The group agreed that at least one follow-up/contact would be needed with the client to determine if the IAQ was effective or if the conditions had improved. It would be 	<ul style="list-style-type: none"> ✓ The CCCHD will start contacting “Champions” at the different clinics and doctor’s offices soon via actual visits, which were deemed to probably be more effective. ✓ The CCCHD will also introduce the program via an article in the News Suns, if possible, on the webpage, and on the front sign. ✓ Anne will check with Sandy Miller and her school nurse list to try to find a good candidate from the overlay map when it is finished.

	<p>useful – in order to induce the client to allow a follow-up visit – to provide useful free materials at the follow-up visit.</p> <ul style="list-style-type: none"> • Additional members of the subgroup were discussed: <ul style="list-style-type: none"> i. Legal aid ii. School nurse iii. Care Source • Discussed the need to include referrals for adult population since so many of the ER visits were for patients 10 years and greater in order to fulfill requirements of objective. 	
<p>Implementation</p>	<ul style="list-style-type: none"> • Will focus on children since they are primary audience with asthma problems. • Will include referrals for adults since Clark County data shows significant numbers of adults at ER. • Will determine best way to contact these “Champions” – letter, office visit, workshop, meeting. • Will conduct in-home assessments. • Will provide assessment reports to clients and physicians’ offices. • Report will include a “release” from the client during home assessment. • Report will include a standard cover letter with the home assessment report sent to the doctor, requesting feedback and addressing follow-up visits. • Will conduct a follow-up visit or other contact with client within 30 days for data purposes. • Will conduct a second follow-up visit or contact within six months (possible questions – “have you been to ER” “have you addressed trigger problems”) for data purposes. 	
<p>Evaluation</p>	<ul style="list-style-type: none"> • Will collect data on client issues and needs. • Will conduct follow-up visit or other contact with client within 30 days for data purposes. • Will conduct a second follow-up within six months (possible questions – “have you been to ER” “have you addressed trigger problems”) for data purposes. • Discussed the possibility that Dayton’s program (that includes some resources to address client needs) can be qualitatively compared to Clark County’ program (that does not currently include funding to address client needs) to assist with future grant requests. • Will consult with University of Cincinnati on data analysis. • Will consider a grant proposal – using data collected during IAQ’s – in order to obtain funds to provide needed materials. 	
<p style="text-align: center;">Next Meeting: September – Data/Time TBA</p>		