

**PINELLAS COUNTY  
COMMUNITY HEALTH  
ACTION TEAM**

**Wednesday, January 14, 2015  
2:00 - 3:30 p.m.**

Florida Department of Health in Pinellas County  
Mid-County Health Department  
2<sup>nd</sup> Floor Conference Room 2018  
8751 Ulmerton Road, Largo, FL 33771

**MINUTES**

**Welcome and Updates**

**Melissa Van Bruggen**

Melissa welcomed the group. Attendees introduced themselves, including one new CHAT member: Denise Kerwin from St Petersburg College.

**Healthy Pinellas Consortium**

**Megan Carmichael**

Megan presented a brief PowerPoint (**attached**) about the Healthy Pinellas Consortium, which is working with USF's Florida Prevention Research Center to select a policy change on which to focus its efforts. She also outlined the progress of the Partnerships to Improve Community Health grant; approval of the action plan is pending and activities will likely begin this quarter. The grant team produced a brochure of local farmer's markets (**attached**).

**Unite4Kids Health Coalition Update**

**Alizza Punzalan-Randle**

Alizza gave an update of the All Children's Hospital community health coalition, known as Unite 4 Kids' Health. The coalition meets monthly and is focused on addressing priority areas identified in the hospital's community health needs assessment - in particular, it aims to effect structural change in five South St Petersburg zip codes.

As an additional focus, Alizza announced that the coalition will serve as an advisory board for community-based participatory research. This is a priority for All Children's since its transition to be part of Johns Hopkins medical. The research study is a "predict study" and will focus on root cause analysis of healthy children, with a focus of gaining trust in the community.

The coalition will continue its primary focus on childhood obesity, and supports the improvement of birth outcomes and mental health through involvement in the Healthy Start Federal project's Community Action Network and the USFSP Family Study Center, respectively. All Children's Hospital and the Family Study Center will be opening a new center dedicated to infant/family mental health - more details to come.

CHAT discussed the importance of a focus on early childhood mental health as well as the need for a continuum of services. Members asked how the USFSP initiative is connected with the Early Mental Health Coalition and/or the County's Administrative Forum. Jocelyn followed up - they are not formally connected with either, and she will plan to attend the center's next Community Action Network meeting to present on the CHIP.

**Activities**

Jocelyn reviewed CHIP updates from the October – December 2014 quarter. She brought several new activities to CHAT for their discussion and approval:

*AC 1.1.1-3: By Dec 31, 2017, decrease the percentage of Pinellas adults who are unable to access a health care provider due to cost from 16% (2010) to 14.4%.*

Proposed to add the St. Petersburg Police Mobile Resource Unit to the two existing organizations (Pinellas County Ex–Offender Reentry Coalition and Metropolitan Ministries) to which DOH–Pinellas will distribute health resource information. The Mobile Resource Unit is a new initiative by the force. CHAT members suggesting bringing 211 to the bus and asked whether it has printing capabilities – Jocelyn will look into this and let the team know.

*AC 2.1.1: By Dec. 31, 2017, increase health provider utilization of criteria for Pinellas health and social service program eligibility by 25% over baseline.*

*AC 2.2.1: 2.2.1: By Dec 31, 2017, at least 50% of licensed providers in Pinellas will be able to exchange data using direct messaging.*

These objectives are “At Risk” because One–E–App was disbanded, and the IT workgroup has not yet met – it is slated to meet this quarter. CHAT members suggested reaching out to the Tampa Technology Forum and Joe Baldwin with Pinellas County for inclusion in the group. Alizza will provide the name of All Children’s IT person for inclusion as well. After the group meets, they’ll make a recommendation regarding how to change the CHIP objectives.

*BH 1.1.1: By Dec 31, 2016, increase the percentage of Pinellas adults who always or usually receive the social and emotional support they need from 81.3% (2010) to 89.4%.*

The activity – to identify the extent of current collaboration between primary care and behavioral healthcare providers – is at risk, and will be brought to the Mental Health/Substance Abuse (MH/SA) committee, which will hopefully serve as CHIP’s Behavioral Health workgroup.

*BH 1.3.1: By Dec 31, 2017, decrease the suicide age-adjusted death rate in Pinellas from 17.7 per 100,000 (2010-2012) to 16.2 per 100,000.*

The activity regarding collection of suicide and behavioral health data for identified at–risk populations is marked “At Risk,” as little progress has been made. CHAT suggested bringing this activity to the MH/SA committee as well. Dr. Dharamraj mentioned that DOH–Pinellas can begin providing data on the health department’s own screenings.

*HPDP 2.1.1: By Dec 31, 2017, increase the percentage of Pinellas adults age 50 or older who received a colorectal screening in the past five years from 73.5% (2010) to 80.9%.*

Proposed to add collaboration with St. Pete General Hospital to this objective. They are working on community colorectal cancer initiatives as part of their Commission on Cancer accreditation. CHAT approved this activity.

**Data Update**

**Census/Rates**

Due to an update in Census estimates, several rates were retroactively updated in Florida CHARTS. This means that some CHIP objective baselines are no longer accurate. The group suggested rewording these objectives to include percentage goals rather than concrete numbers to accommodate future changes (i.e. “Increase the percentage of adults aged 50 or older who received a colorectal screening in the past five years **by 5%**”).

**Behavioral Risk Factor Surveillance Survey (BRFSS)**

Two BRFSS measures used as CHIP objectives were not collected in 2013: AC 1.3.1 and BH 1.3.1. The group suggested selecting proxies for these two objectives. Jocelyn will update these objectives and will circulate suggested changes to CHAT.

**CHAT Charter Development**

**Melissa Van Bruggen**

Melissa led the group in a discussion of CHAT’s structure, which is due for another look since moving from the planning phase into the implementation and monitoring of the CHIP. CHAT will be comprised of coordinating agencies and it will focus on addressing high-level issues. Current members are invited to continue their participation, even if they’re not coordinating an activity for this year.

The group also discussed “workgroups,” which will be formed by partner agencies -- ideally, these groups will meet regularly between CHAT meetings to oversee CHIP activities for each priority area. It’s important to avoid re-creating any groups that are already meeting in Pinellas County, so DOH-Pinellas has been working to identify existing groups that can adopt CHIP priority areas as a recurring agenda item.

The Healthy Pinellas Consortium (which serves as a workgroup for the Healthy Communities & Environments and the Health Promotion priority areas) has been meeting regularly. Behavioral Health activities will be brought to the Mental Health/Substance Abuse committee in April. The only area for which there is not an existing group meeting in the County is Access to Care (except for infants) and specifically Information Technology; the goal is to convene this group before the April CHAT meeting.

**Wrap-Up**

**Melissa & Jocelyn**

New proposed meeting dates/times will be sent out to CHAT in SurveyMonkey form; the group agreed that it would be best to meet after the Mental Health/Substance Abuse committee meeting each quarter.

**Next Meeting:** April; exact date TBD