PINELLAS COUNTY COMMUNITY HEALTH ACTION TEAM (CHAT)

Wednesday, October 10, 2012
2:00 PM - 4:00 PM

Pinellas County Health Department
Mid-County Conference Center
8751 Ulmerton Road, Largo, FL 33771

MINUTES

Welcome and Introductions — Claude Dharamraj, MD, MPH, FAAP

Dr. Dharamraj convened the meeting, welcoming and thanking attendees for their participation on the Community Health Action Team. She introduced health department staff and had each attendee introduce themself to the team. *(see attached sign-in sheet for members in attendance)*

Review of Minutes and Action Items — Melissa Van Bruggen

Melissa Van Bruggen reminded all members present that CHAT materials can be viewed through CHAT website using the link provided to team via email: (http://www.pinellashealth.com/indexr1.asp). This site is hosted on the health department website, but currently only accessible via direct link as it is still under development. Melissa then reviewed minutes from the previous meeting and answered questioned raised by members at that meeting, including:

- What is the infant mortality rate for Hispanic population in Pinellas? *10.3 per 1,000 live births*
- Can survey template be shared? *Posted to CHAT website*
- Can complete survey results be shared? *Posted to CHAT website*
- Can survey results be broken down by geographic areas such as zip codes, regions, and at-risk zones? *Survey results are now available for North, Mid, and South Pinellas County and for all 5 at-risk zones; posted to CHAT website*
- Where did HIV/AIDS rank on the questions of health problems of concern in your community? *Ranked 7th*

Visioning	Melissa Van Bruggen

Melissa Van Bruggen discussed the visioning work performed by the community thus far, including a visioning exercise completed at the Community Health Assessment collaborative engagement on May 8, 2012. Attendees at the engagement revisited visioning completed at a prior collaborative engagement hosted by the Health and Behavioral Health Leadership Network in July, 2011 and identified 24 visioning themes for community health improvement in Pinellas County *(complete results included as part of Real Time Record in binders)*. Of themes identified, the top 10 emerged as:

1. Access to care
2. Coordinated system of care
3. Integrated system of care
4. Comprehensive continuum of care
5. Prevention and wellness focus
6. Chronic disease prevention
7. Expanded use of technology
8. Accessible health information and data
9. Improved quality and outcomes
10. Accountability at the individual, institutional and community levels

CHAT members were asked to break out into small groups of 4-5 and develop a draft vision statement for community health improvement in Pinellas County using the top 10 visioning themes identified. The purpose of the vision statement is to provide focus and direction for the MAPP/community health improvement planning process so that participants and the community can collectively achieve a shared vision of the future *(see attached Visioning Overview).*

The four statements developed by the groups are listed below:

Pinellas County has a culture and environment that supports healthy living by promoting wellness, chronic disease prevention, access to health information, and a comprehensive system of care.

Our vision is a patient-centered integrated system of care, with a prevention and wellness focus, using an expanded use of technology and easily accessible knowledge and services.

Promote optimal health and wellness for all people that maximizes their potential, responds to their holistic needs, and allows them to effectively interact with their environment.

Healthy, happy, contributing people among Pinellas Communities.

The statements will be reviewed by the health department team who will draft a summative vision statement for Pinellas County to be shared at the next meeting.

Strategic Priorities	**All**

Melissa Van Bruggen asked all members to refer to the data provided from each assessment to determine strategic issues to be grouped into strategic priority areas *(see attached Strategic Priorities Overview).* Each member was asked to individually note strategic issues on post-it notes and then post, allowing team to group individual ideas into common priority areas using affinity diagram. Several priority areas emerged:

- Chronic Disease Prevention
- Access to Care
- Maternal/Child Health
- Health Protection
- Education
- Behavioral Health
- Technology
- Community/Environment

Chronic Disease Prevention	• chronic disease prevention • asthma hospitalizations • better management of chronic diseases • health behaviors • chronic diseases (CHF, diabetes, obesity) • obesity/diabetes/high bp and cholesterol • prevention/sedentary lifestyle • adults and children who are overweight • reduce hospitalizations for preventable diseases • understanding preventative care • chronic disease prevention (diabetes prevention, partnerships with community organizations) • educate/empower community to become engaged in their wellness

Access to Care	• access to care (those with no health insurance, transportation, health education/prevention/marketing) • adults and dentists • access to care • patient-centered care • patient empowerment/engagement • insurance • accessible quality care • access to primary care (physicians, ARNPs, P.A.s, alternatives to the ER) • access to prevention and wellness • access to health and dental care • learning how to access care • investing in children's health • medical home for all people who are not eligible for health insurance/Medicaid/Medicare • education and health care to prevent and treat chronic diseases • access to preventative care • access to health care – including specialists • Language and cultural competency in delivery of hospital and clinic care
Maternal/Child Health	• infant mortality and pre-term births • birth control • family planning • teen births • increase pre-contraceptive resources • infant mortality
Health Protection	• immunization rates • bacterial STDs in the I-4 corridor, • STD rates • health protection
Behavioral Health	• substance abuse/addiction • mental illness/suicide • substance abuse prevention and treatment • better understand complex casual pathways

	• substance abuse/prescription drugs • domestic violence/child abuse • addiction/substance abuse • juvenile justice referrals • drug education and treatment programs at all levels of treatment needed (detox to in-patient) for youth and adults • the true impact stress has on a family and head of household
Education	• address summer learning loss • 4th and 8th grade reading proficiency • education • increase high school education rates
Technology	• technology • EHR integrated between healthcare providers • system of care through HIE • coordinated/comprehensive electronic medical records
Community/Environment	• improve sidewalks and bike lanes • increase access to fresh fruits and veggies • increase funding for a health promotion focus • create/sustain safe environments • socioeconomic disparities that impact a community's health and wellness • safety • access to health food choices in a "food desert" • transportation is a huge factor in obesity • built environment • walkable communities • safe communities • promote opportunities for families to be active together • community redevelopment • livable communities • public transportation • community partnerships • research that targets certain communities

All members present engaged in a discussion related to each of the initially grouped priority areas:

Access to Care: Access to care can refer to a variety of issues to different people. Access related areas of concern included: knowledge of the importance/availability of care, available medical personnel, cultural barriers, socio-economic barriers, and infrastructure/physical access. Members discussed that, along with access to care, prevention must also be considered – as health is not solely the absence of disease. Dr. Dr. Dharamraj spoke about the importance of preventative health care.

Chronic Disease Prevention: The discussion about Access to Care led to an agreement regarding the importance of both accessing medical care and gaining basic health knowledge prior to illness. The group decided that "Health Promotion and Disease Prevention" may be a more accurate strategic priority area, as it encompasses many of the issues raised in the access to care discussion as well as the concern for chronic disease prevention.

Maternal and Child Health: The group recognized the importance of maternal and child health, but many suggested that it may be better placed under Health Promotion and Prevention. It was also suggested that many of the issues resulting in poor maternal and child health outcomes allow it to be placed under Access to Care. Sandra reminded the group that, while many maternal and child health issues are currently being addressed through programs such as Healthy Start, the grant climate is ever-changing, and we should be hesitant to dismiss such concerns too soon.

Health Protection: The group quickly agreed that Health Protection could fall under Health Promotion and Disease Prevention.

Education: Several members suggested that education was more of an overarching strategy or tactic, which could be used to address concerns across strategic issues.

Behavioral Health: There was a general agreement that Behavioral health was an area of concern. It was suggested that education be placed under behavioral health, but the members agreed that it was applicable across all strategic priority areas.

Technology: Technology, like education, was determined to be a strategy or tactic towards achieving success within the strategic priority areas.

Community/Environment: This category was comprised of several community issues, of which many included concern over a lack of built environment – access to sidewalks, community infrastructure, fresh fruits and vegetables – as well as the need to strengthen community partnerships. Denise recollected the past two years of the Communities Putting Prevention to Work grant, which focused on decreasing obesity and increasing access to nutrition through policy and environmental change. She reminded the group of the importance of a built environment. Others agreed that the

lack of a healthy environment was largely affecting the health of the community. The group decided that an additional strategic priority, Healthy Environment, should be created.

From the discussion of the eight priority areas, four overarching strategic priority areas emerged:

1. **Health Promotion and Disease Prevention**
2. **Access to Care**
3. **Behavioral Health**
4. **Healthy Environment**

Wrap Up and Next Steps **Claude Dharamraj, MD, MPH, FAAP**

We will continue to meet monthly though the development of the CHIP. November and December 2012 meetings will be utilized to formulate goals and begin to generate strategy alternatives in each of the priority areas. January – March 2013 meetings will be utilized to select and adopt strategies and plan for implementation. Action plan and objective development will follow as part of the Action Cycle phase.

Next Meeting: November 14, 2012 at 2:00 PM