Florida Department of Health in Pinellas County

Community Health Improvement Plan Annual Report

2015

September 2015

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Introduction

This is the annual review report for the 2013 – 2017 Pinellas County Community Health Improvement Plan (CHIP). The Pinellas County CHIP is reviewed and revised each year to ensure that activities remain relevant to the county's needs.

The activities and collaborative efforts of the Florida Department of Health in Pinellas County and community partners are reflected within the report, which outlines changing resources as well as effectiveness of the plan.

Overview of the Community Health Improvement Plan (CHIP)

The Florida Department of Health in Pinellas County (DOH-Pinellas) began the community health improvement planning process in 2012. Public health stakeholders in Pinellas County convened the Community Health Action Team (CHAT) in 2012 to serve as a steering committee for local health improvement planning. CHAT examined data and feedback from Pinellas County residents as part of the 2012 Community Health Assessment to identify how the community can work together to improve health.

Using the Mobilizing for Action through Planning and Partnerships framework, CHAT identified **access to care, behavioral health, health promotion and disease prevention, and healthy communities and environments** as priority areas for the Pinellas CHIP. CHAT members and additional community stakeholders formulated goals, strategies, and objectives to address each of these priority areas. They also created an action plan that outlines how to achieve objectives. Together, these documents make up the 2012-2017 Pinellas County Community Health Improvement Plan (CHIP).

A CHIP is a long-term, systematic guide to addressing public health problems in a community. The purpose of the CHIP is to define how DOH-Pinellas and the community will work together to improve the health of Pinellas County residents. The Healthy Pinellas Consortium convened in 2013 to oversee two of the CHIP priority areas: health promotion and disease prevention and healthy communities & environments. The Consortium focuses on policy and environmental changes that help reduce obesity and chronic disease by making safe physical activity and nutritious foods accessible to all residents.

See table below for Priority Areas and associated goals.

PRIORITY AREA	*GOAL*
Access to Care	1. Provide equal access to appropriate health care services and providers
	2. Use health information technology to improve collaboration among providers and increase efficiency in services to consumers
	3. Reduce infant mortality and morbidity
Behavioral Health	1. Increase access to behavioral health services
	2. Reduce substance abuse among children and adults
	3. Reduce violence among children and families
Health Promotion & Disease Prevention	1. Increase the percentage of adults and children who are at a healthy weight
	2. Increase behaviors that improve chronic disease health outcomes
	3. Increase protection against the spread of infectious disease
Healthy Communities & Environments	1. Increase access to safe opportunities for physical activity
	2. Increase access to nutritious and affordable foods
	3. Establish integrated planning and assessment processes that promote health in community level policies and plans

Summary of CHIP Annual Review

CHIP objectives and activities are reviewed each year to ensure that they remain relevant to the needs of Pinellas County.

Due to the wide range of the Pinellas County CHIP priorities, each priority area has a slightly different update process. In each area, however, community partners review objectives and activities for relevant and determine whether to adopt, adapt, or abandon activities that were implemented during the preceding year.

Strategic Issue Area #1: Access to Care

DESCRIPTION: Access to Care is a cross-cutting priority area focused on reducing barriers to good health and improving health outcomes. Goals to ensure equal access to care include: (1) provide equal access to appropriate health care services and providers (2) use health information technology to improve collaboration among providers and increase efficiency in services to consumers and (3) reduce infant mortality and morbidity.

WHY IT'S IMPORTANT: Improving access to care is important to Pinellas because disparities in access to care have been linked to disparities in health outcomes. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates in Pinellas County. To reduce these disparities, CHIP activities focus on mitigating social determinants of health such as inadequate transportation, cultural or linguistic barriers, technical infrastructure, and social and economic factors.

COMMUNITY PARTNERS: Key Partners in this priority area during 2014 – 2015 included Pinellas County Human Services, St. Petersburg College, the Tampa Bay Healthcare Collaborative, USF Health, the Sanderlin Center, the Juvenile Welfare Board, and the Healthy Start Federal Project.

ANNUAL UPDATE DESCRIPTION: This priority area was updated in July 2015 during a meeting of the Access to Care work group. Activities were updated, as seen in the 2015-2016 CHIP Action Plan, included as Appendix 1. Appendices 2, 3, and 4, respectively, include the Agenda, Minutes, and Sign-In sheet from the update.

CHANGING RESOURCES: Appendix 5 includes a detailed document created by community partners at the Annual Update meeting that outlines new and changing resources and community assets related to Access to Care.

An objective-level summary of progress in the Access to Care priority area is included in Figure 1.

Figure 1
ACCESS TO CARE

Objective (2013-2017)	Data Source	Baseline (Year)	Current Rate	Status On Schedule ✓ Exceeding + Below Target -	Explanation of Status
1.1.1: By Dec 31, 2017, decrease the percentage of Pinellas adults who are unable to access a health care provider due to cost from 16% to 14.4%.	BRFSS	16% (2010)	16.3% (2013)	-	To address this objective more effectively, all three activities were revised to focus on more effectively reducing barriers to care via novel partnerships.
1.2.1: By Dec 31, 2017, increase the number of trained Community Health Workers (CHWs) in Pinellas by 25% over baseline.	Florida CHWC/SPC	17 (2013)	10 (2015)	-	The decrease in CHWs is due to lower participation in the survey. New data will be available in 2015 and the CHW coalition predicts a significant increase.
1.3.1: By Dec 31, 2016, decrease the percentage of Pinellas adults who believe they would receive better medical care if they belonged to a different race/ethnic group from 7% to 6.3%.	BRFSS	7% (2010)	*Not collected in 2013 BRFSS*	*N/A*	New data for this indicator is not yet available.
2.1.1 By Dec. 31, 2017, increase consumer utilization of One-E-App by 25% over baseline.	JWB	23 (2012)	0 (2015)	-	The One-E-App program was de-funded. This objective was removed during the 2015 annual review and replaced by the following: *Improve communication among providers and care coordinators through data integration.*
2.2.1: By Dec 31, 2017, at least 50% of licensed registered Direct Secured Messaging (DSM) providers in Pinellas will be able to exchange data by using a Florida Health Information Exchange (HIE).	USF Health	52 (2012)	*N/A*	*N/A*	The DSM program was de-funded. This objective was removed during the 2015 annual review.
2.2.2: By Dec 31, 2017, no less than 25% of health services providers will be able to exchange data by using Direct Secured Messaging (DSM).	*Activities scheduled to begin in 2015*				As noted above, the DSM program was de-funded and this objective was removed.

3.1.1: By Dec 31, 2017, decrease the percentage of low-birth weight (less than 2,500 grams) infants in Pinellas from 8.9% (2010-2012) to 8%.	Florida CHARTS	8.9% (2010-2012)	8.6% (2011-2013)	✓	
3.2.1: By Dec 31, 2017, increase the percentage of births to Pinellas mother's receiving first trimester prenatal care from 79.1% (2010-2012) to 87%.	*Activities scheduled to begin in 2015*				This activity was removed during the 2015 update due to duplication with 3.2.1. The removal does not affect any existing activities, as the objective wasn't slated to begin until 2015-16.
3.3.1: By Dec 31, 2017, reduce the infant mortality rate of Black infants in Pinellas from 13.9 per 1,000 live births to 11.5 per 1,000 live births. 3.3.2: By Dec 31, 2017, reduce the infant mortality rate of Hispanic infants in Pinellas from 8.1 per 1,000 live births to 7.3 per 1,000 live births.	Florida CHARTS	13.9 per 10,000 (2010-12) 8.1 per 1,000 (2010-12)	12.5 per 1,000 (2011-13) 5.3 per 1,000 (2011-13)	✓ +	

Strategic Issue Area #2: Behavioral Health

DESCRIPTION: Behavioral Health includes mental health, substance abuse, violence and other trauma. Goals to improve behavioral health outcomes include: (1) increase access to behavioral health services (2) reduce substance abuse among children and adults and (3) reduce violence among children and families.

WHY IT'S IMPORTANT: Substance abuse, mental health, and violence among children and families negatively affect not only the individual, but also the community at large. In addition, behavioral health needs often go neglected and violence unreported due to barriers such as stigma. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life. The need to address behavioral health in Pinellas County is especially pressing. Behavioral health needs are found throughout the 2012 Pinellas Community Health Assessment. In the Community Themes and Strengths Assessment, addiction was the top health problem of concern. Similarly, alcohol and drug abuse was the most frequently selected behavior of concern. Smoking was the fifth most prevalent behavior of concern.

COMMUNITY PARTNERS: Key Partners in this priority area during 2014 – 2015 included BayCare, Peace4Tarpon, Directions for Living, Pinellas County Human Services, LiveFree! Coalition, Pinellas County Justice & Consumer Services, Healthy Start Coalition, Substance Exposed Newborn task force, Juvenile Welfare Board, Family Study Center at USFSP, and the Domestic Violence Task Force.

ANNUAL UPDATE DESCRIPTION: Because several behavioral health-related consortia already exist in the County, the health department has linked most objectives in this priority area with existing work rather than convening an additional group. The annual update for this priority area took place via presentations at these local consortia, in addition to one-on-one check-ins with coordinating agencies. Several new activities were added to the action plan.

CHANGING RESOURCES: The County allocated funding toward a project that addresses high utilizers of the behavioral healthcare system. The Administrative Forum, also lead by Pinellas County Government, will be assessing transportation as a barrier to accessing behavioral health services. The Substance Exposed Newborn task force is now funding a full-time director, which will expand their data collection capacity.

An objective-level summary of progress in the Access to Care priority area is included in Figure 2.

Figure 2
BEHAVIORAL HEALTH

Goal	Objective (2013-2017)	Data Source	Baseline (Year)	Current Rate	Status **On Schedule ✓ Exceeding + Below Target -**	Explanation of Status
1. Increase access to behavioral health services	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% to 89.4%	Behavioral Risk Factor Surveillance Survey (BRFSS)	81.3% (2010)	*Not collected in 2013 BRFSS*	*N/A*	No data available this year.
	1.2.1: By Dec 31, 2017, reduce the rate of non-fatal hospitalizations for self-inflicted injuries from 72.9 per 100,000 to 65.6 per 100,000 among Pinellas youth 12-18.	Florida CHARTS	82.0 per 100,000 (2008-10)*	76.6 per 100,000 (2010-12)	✓	We are aiming to continue improving upon this measure by focusing on provider education.
	1.3.1: By Dec 31, 2017, decrease the suicide age-adjusted death rate in Pinellas from 17.7 per 100,000 to 16.2 per 100,000.	Florida CHARTS	18.0 per 100,000 (2010-12)*	17.4 per 100,000 (2011-13)	✓	We are aiming to continue improving upon this measure by gaining a better understanding of the data via an innovative partnership with our Medical Examiner's office.
2. Reduce substance abuse among children and adults.	2.1.1: By Dec 31, 2017, reduce the number of accidental drug or toxin related deaths in Pinellas from 201 to 181.	District 6 Medical Examiner Annual Report	201 (2012)	166 (2014)	+	
	2.2.1: By Dec 31, 2016, reduce the number of Pinellas youth who report lifetime illicit drug use from 31.1% to 27.9%.	FL Youth Substance Abuse Survey	31.1% (2012)	33.1% (2014)	-	Focus continues to be on educating parents, businesses, and youth on the dangers of drug use with the hopes that rates will go down in 2015.
	2.3.1: By Dec 31, 2017, reduce the rate of Neonatal Abstinence Syndrome in Pinellas from 27.1* per 1,000 births to per 24.4 per 1,000 births.	Agency for Healthcare Administration	14.5 per 1,000 births (2012)*	9.5 per 1,000 births (2013)	✓	The community now has a full-time leader for the Substance Exposed Newborn task force, who has already become involved in the CHIP.

3. Reduce violence among children and families.	3.1.1: By Dec 31, 2017, reduce the rate of Pinellas children under 18 experiencing child abuse from 24.0 per 1,000 to 16.9 per 1,000.	Department of Children and Families (DCF)	24.0 per 1,000 (2012)	18.5 per 1,000 (FY 2013-14)	✓	
	3.2.1.: By December 31, 2017, reduce the domestic violence rate in Pinellas from 772.8 per 100,000 to 695.5 per 100,000.	Florida CHARTS	722.9 per 100,000 (2009-11)*	703.8 (2011-13)	✓	
*Indicates a rate affected by updated population data						

Strategic Issue Area #3 and #4: Health Promotion & Disease Prevention and Healthy Communities & Environments

DESCRIPTION: Health promotion and disease prevention encompasses a range of health concerns, including chronic and infectious disease prevention and the behaviors contributing to a healthy lifestyle. Goals to address health promotion and disease prevention include: (1) increase the percentage of adults and children at a healthy weight (2) increase behaviors that improve chronic disease health outcomes and (3) increase protection against the spread of infectious disease. These goals will be addressed through strategies including promoting healthy eating habits and active lifestyles, increasing screening and education for chronic disease, and promoting childhood immunizations.

Creating healthy communities and environments ensures access to opportunities for safe and healthy lifestyles. Goals for healthy communities and environments include (1) establish integrated planning and assessment processes to promote health in community level policies and plans (2) increase access to nutritious and affordable foods and (3) increase access to safe opportunities for physical activity. Strategies to achieve these goals include forming safe transportation linkages, promoting access to nutritious foods, and advocating for health in community planning processes.

These priority areas are grouped together because they are largely monitored and addressed by the Pinellas County Healthy Pinellas Consortium, which aims to create policy, systems, and environmental change around healthy eating and physical activity.

WHY IT'S IMPORTANT: Among the health concerns captured in the Health Promotion & Disease Prevention priority area are the leading causes of death within Pinellas County, cancer and heart disease. This priority area is also important to Pinellas because of the county's high rate of tobacco use and low rate of childhood immunizations. Healthy Communities & Environments addresses the built environment, which residents ranked highly during the Community Health Assessment, and which has been documented to improve health outcomes.

COMMUNITY PARTNERS: Key Partners in these priority areas during 2014 – 2015 included the Pinellas County Extension Office, Pinellas County Schools, USF-Florida Prevention Research Center, YMCA, American Heart Association, Tobacco Free Florida, Pinellas Immunization Team for Community Health, All Children's Hospital, and the Metropolitan Planning Organization.

ANNUAL UPDATE DESCRIPTION: In July of 2015, community partners reviewed activities and objectives and determined whether to adapt, adopt, or abandon activities from 2014-2015. Activities related to the Healthy Pinellas Consortium were reviewed and approved at the August 2015 Consortium meeting. Appendix 6 includes the agenda, Appendix 7 includes the minutes, and Appendix 8 includes the sign-in sheet from this meeting.

CHANGING RESOURCES: The American Heart Association is a new partner in the Health Promotion & Disease Prevention priority area. The CHIP will capture their initiative regarding community-wide CPR training under the objective related to decreasing heart disease deaths. Pinellas County is also funded for one more year of the Partnerships to Improve Community Health grant, which supports these priority areas.

An objective-level summary of progress in the Health Promotion & Disease Prevention and Healthy Communities & Environments priority areas are included in Figures 3 and 4.

Figure 3
HEALTH PROMOTION & DISEASE PREVENTION

Goal	Objective (2013-2017)	Data Source	Baseline (Year)	Current Rate	Status On Schedule ✓ Exceeding + Below Target -	Explanation of Status
1. Increase the percentage of adults and children who are at a healthy weight	1.1.1: By Dec 31, 2017, decrease the percentage of Pinellas adults who are either overweight or obese from 65.6% to 59%.	BRFSS	65.6% (2010)	61.1% (2013)	✓	
	1.2.1: By Dec 31, 2017, increase the proportion of Pinellas children (1st, 3rd, 6th grade) who are at a healthy weight from 65.1% to 71.6%.	DOH School Health Report	65.1% (2010-11)	56.2 (2013-14)	–	To improve this outcome, activities are changing to focus more on policy (i.e. food and beverage policies in city and sports facilities) rather than programs.
	1.2.2: By Dec 31, 2017, decrease the percentage of Pinellas high school students reporting BMI at or above 95th percentile from 10.3% to 9.3%.	Florida Youth Tobacco Survey	10.3% (2012)	11.9 (2014)	–	
2. Increase behaviors that improve chronic disease health outcomes	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 54.1% (2010) to 59.5%.* (73.5% to 80.9%)	BRFSS	54.1% (2010)*	57.1% (2013)	✓	
	2.1.2: By Dec 31, 2017, increase the percentage of Pinellas women age 40 or older who received a mammogram in the past year from 61.5% to 67.7%.	BRFSS	61.5 (2010)	53.4% (2013)	–	DOH-Pinellas provides free mammograms via the Mammography Voucher Program and will continue to improve its outreach and education.

	2.2.1: By Dec 31, 2017, decrease deaths due to heart disease in Pinellas from 155.3 per 100,000 to 139.9 per 100,000.	Florida CHARTS	155.3 per 100,000 (2010-2012)	155.8 per 100,000 (2011-2013)	–	The American Heart Association has a new initiative aimed at training the community in CPR, which is now included in the CHIP and aims to improve this outcome.
	2.3.1: By Dec 31, 2017, increase the number of committed never smokers among Pinellas youth, ages 11 - 17 from 64.1% to 70.5%.	Florida Youth Tobacco Survey	64.1% (2012)	69% (2014)	✓	
	2.3.2: By Dec. 31, 2016, decrease the percentage of Pinellas adults who are current smokers from 19.3% to 17.0%.	BRFSS	19.3 (2010)	19.4% (2013)	–	In addition to smoking cessation resources, the county's Students Working Against Tobacco group will present to local politicians to advocate for policy change.
3. Increase protection against the spread of infectious disease	3.1.1: By Dec 31, 2017, increase the percentage of Pinellas two-year-olds who are fully immunized from 75.3% to 90%. 3.1.2: By Dec 31, 2017, increase the percentage of Pinellas Kindergarteners who are fully immunized from 89.8% to 94%.	Florida CHARTS	75.3% (2012) 89.8% (2010-12)	81.9% (2014) 91.3% (2014-15)	✓	

Figure 4
HEALTHY COMMUNITIES & ENVIRONMENTS

Goal	Objective (2013-2017)	Data Source	Baseline (Year)	Current Rate	Status **On Schedule ✓** **Exceeding +** **Below Target -**	Explanation of Status
1. Establish integrated planning and assessment processes that promote health in community level policies and plans	1.1.1: By Dec 31, 2016, increase activity related to the development of policies and plans that support individual and community health within Pinellas from a score of 82% to 90%.	Community Health Assessment	82% (2012)	*Not yet available*	*N/A*	
2. Increase access to nutritious and affordable foods	2.1.1: By Dec 31, 2016, increase the percentage of Pinellas adults who meet both of the daily recommendations for fruit and vegetable consumption from 9.3% to 11.5%.	BRFSS	9.3% (2010)	18.9% (2013)	+	
	2.2.1: By Dec 31, 2017, increase the percentage of Pinellas middle school students who consume at least five servings of fruits and vegetables a day from 21.2% to 23.3%.	Pinellas County Schools	21.2% (2012/2013)	*Available December 2015*	*N/A*	
3. Increase access to safe opportunities for physical activity	3.1.1: By Dec 31, 2017, complete 15 transportation linkages in Pinellas through infrastructure and programming improvements. 3.1.2: By Dec 31, 2016, decrease the percentage of Pinellas adults who were sedentary, or did not participate in any leisure-time activity in the past 30 days from 25.5% to 22%.	MPO BRFSS	0 (2012) 25.5 (2010)	*Not yet available* 27.7% (2013)	*N/A* -	This outcome is being addressed via improving County infrastructure of cycle and pedestrian safety as well as park and trail access. In addition, DOH-Pinellas is now maintaining a list of areas where the community can participate in free physical activity.

Revisions

After careful review of the goals, objectives, strategies and measures of the 2014-2015 CHIP action plans with community partners, revisions to the CHIP were recommended based on the following parameters:

- Availability of data to monitor progress – performance measures that had county-level data available were preferred, etc.
- Availability of resources
- Alignment of goals
- New opportunities for collaboration

Appendix 1 contains the revised CHIP as agreed upon by community partners, with columns indicating the old 2014-2015 action plan and the revised 2015-16 action plan for each priority area.

Accomplishments

Highlighted below are accomplishments in two priority areas that include improvements in outcome data as well as activities that were met successfully during the 2014-15 CHIP implementation cycle.

HEALTH PROMOTION & DISEASE PREVENTION
Goal:
Increase protection against the spread of infectious disease.

Objectives:

3.1.1: By Dec 31, 2017, increase the percentage of Pinellas two-year-olds who are fully immunized from 75.3% to 90%.

3.1.2: By Dec 31, 2017, increase the percentage of Pinellas Kindergarteners who are fully immunized from 89.8% to 94%.

Accomplishment: The Pinellas County Immunization Team for Community Health (PITCH) continues to grow its membership, educate local pediatricians on the importance of immunizations, and improve overall vaccination rates in the County. During the 2014-15 CHIP time period, PITCH reported 40 engaged participants, training provided to 610 healthcare providers and 30 school health staff, and 19 media events. The initiative is successful because of the wide range of community partners who are involved, steady funding from the Juvenile Welfare Board, and highly effective outreach to local pediatricians.

HEALTHY COMMUNITIES & ENVIRONMENTS
Goal: Increase access to nutritious and affordable foods

Objectives: 2.1.1 By Dec 31, 2016, increase the percentage of Pinellas adults who meet both of the daily recommendations for fruit and vegetable consumption from 9.3% (2010) to 11.5%.

Accomplishment: During the 2014-15 CHIP cycle, the following activity was met: Assist at least one city with identifying model language to implement mobile produce vending and/or healthy corner stores. DOH-Pinellas worked with the City of St. Petersburg to reduce a barrier to entry for produce trucks by amending the ice cream vendor policy to include produce trucks. They also waived fees for produce trucks, and DOH-Pinellas helped facilitate a truck's weekly visits to underserved neighborhoods in St. Petersburg. This policy advocacy, in addition to various other CHIP activities, has helped increase the rates of adults in Pinellas County who meet daily fruit and vegetable recommendations from 9.9.3% in 2010 to 18.9% in 2013.

Conclusion

The CHIP serves as a roadmap for continuous health improvement by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive or static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. Going forward, we will continue to conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, growing closer to our vision of *Healthier People in a Healthier Pinellas.*

APPENDIX 1 - REVISED 2015-16 CHIP ACTION PLAN

Pinellas County CHIP: 2015-16
Access to Care

Goal	Strategy	Objective	*Activities 2014-15*	Revised Activities 2015-16	Process Measure 2015-16	Coordinating Agency	Partner Agencies	Outcome Measure(s)
AC 1: Provide equal access to appropriate health care services and providers	1.1: Address barriers in accessing existing health care services and consumer utilization in underserved communities	1.1.1: 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%.	*1. Maintain document detailing existing health care provider resources for low-income patients in Pinellas County and capacity of these providers.* *2. Collaborate with Pinellas Suncoast Transit Authority council to identify and eliminate transportation barriers in vulnerable communities and advocate for the consideration of public health in transit decisions.* *3. Provide healthcare resource information to:* **ex-offenders enrolled at the Pinellas County Ex-Offender Reentry Coalition.* **users of the Metropolitan Ministries' hot meal program.* **St. Petersburg Police Mobile Resource Bus*	1. Local health providers will collaborate with PSTA to promote community and provider involvement in transportation decisions (via PSTA Planning Committee meetings). 2. Implement the St. Petersburg Police Dept. Mobile Resource Bus Connection program. 3. Gather information regarding actual access of medical care for those newly insured under the Affordable Care Act.	1. a. PSTA will notify DOH-Pinellas and other local health providers each time there is an opportunity for public input b. Health providers will publicize the opportunity accordingly in order to keep up with proposed changes prior to implementation. 2. a. Provide resource connections to at least 75 residents b. Hold intern training in September 2015 3. a. Identify top 3 local insurance carriers b. Gather data regarding access of medical care c. Use this information to determine next steps (targeted education, etc.)	1. PSTA 2. City of St. Petersburg 3. TBHC, DOH-Pinellas	1. DOH-Pinellas, St. Pete Free Clinic; TBHC; City of St. Pete; Community Health Centers 2. DOH-Pinellas; USFSP; SPPD; SPC; Others TBD (CHCP, BayCare) 3. Pinellas County; Insurance carriers (FloridaBlue, Humana?)	Adults who had a medical checkup in the past year
	1.2: Develop and implement a standardized training program for Community Health Workers.	1.2.1: By Dec 31, 2017, increase the number of trained Community Health Workers (CHWs) in Pinellas by 25% over baseline.	*1. Develop a Community Health Worker registry and a standardized training/ professional development toolkit.* *2. Collaborate with other agencies in Access to Care workgroup and beyond to identify groups and job positions/titles that would be good candidates for CHW training or certification.*	1. Enroll individuals for CHW trainings in Pinellas and conduct trainings. 2. Collaborate with other agencies in Access to Care workgroup and beyond to identify groups and job positions/titles that would be good candidates for CHW training or certification.	1. a. Determine a baseline number of Pinellas County CHWs and identify their training needs. b. Number of trainings conducted. 2. Identify at least three new agencies with CHW-like employees who would be good candidates for CHW training/certification.	1. SPC - Denise Kerwin, Cheryl Kerr 2. SPC - Denise Kerwin, Cheryl Kerr	DOH-Pinellas, others TBD	15% of identified CHWs have enrolled in or completed a standardized training
	1.3: Promote the completion of a cultural and linguistic competence organizational self-assessment to improve access to culturally competent care.	1.3.1: By Dec 31, 2016, decrease the percentage of Pinellas adults who believe they would receive better medical care if they belonged to a different race/ethnic group from 7% (2010) to 6.3%.	*Promote use of the CLAS self-assessment.*	1. Promote use of the CLAS self-assessment.	1. 5 organizations will participate in CLC cohort led by TBHC. Additional funding opportunities will be explored.	TBHC - Health Equity Committee	TBHC Health Equity Team members	CLC cohort completed

AC 2: Use health information technology to improve collaboration among providers and increase efficiency in services to consumers	2.1: Improve communication among providers and care coordinators through data integration.	2.1.1: -By Dec. 31, 2017, explore at least 2 data integration initiatives in Pinellas County.	*1. Convene a group to explore a common eligibility tool for social services that would be used by organizations in Pinellas that serve low-income patients*	1. Use IT to strengthen linkages to healthcare providers for clients of the Family Support Initiative. 2. Convene workgroup to identify data integration initiatives. 3. Identify and connect Pinellas County pediatricians & OB providers to a health information exchange with data integration. 4. Install Care Connect software among identified providers.	1. Develop a mechanism to identify FSI clients who have been successfully connected to healthcare. 2. Facilitate quarterly check-ins between IT workgroup to provide updates and identify future opportunities for collaboration. 3. Increase the number of providers connected via HIE in Pinellas County. 4. #/% of specified Behavioral Health providers onboarded to the HIE service	1. JWB 2. DOH-Pinellas 3. USF-Health 4. Pinellas County Human Services	1, TBD 2. JWB, Pinellas County, 211 Tampa Bay Cares, USF 3. Pinellas County pediatricians and OB providers. 4. Specified Behavioral Health providers in Pinellas County.	At least four new partnerships developed between social service and medical agencies in Pinellas County.
	~~*2.2: Improve communication among health providers and coordination of care for consumers through data sharing.*~~	~~*2.2.1: By Dec 31, 2017, at least 50% of licensed providers in Pinellas will be able to exchange data using direct messaging.*~~	~~*1. Determine the requirements, sources, and costs for Direct Access*~~	***THIS OBJECTIVE WAS REMOVED BY ACCESS TO CARE WORKGROUP AT ANNUAL UPDATE.*	~~*1. Create report detailing requirements, sources, and costs for Direct Access.*~~	~~*1. USF Health/DOH-Pinellas*~~	~~*1. Marisa Pfalzgraf - DOH-Pinellas; Pinellas County Government*~~	~~*Establish a forum for dialogue about direct messaging in Pinellas County.*~~

AC 3: Reduce infant mortality and morbidity	3.1: Raise awareness among providers and consumers on the importance and benefits of being healthy prior to pregnancy.	3.1.1: By Dec 31, 2017, decrease the percentage of low-birth weight (less than 2,500 grams) infants in Pinellas from 8.9% (2010-2012) to 8%.	*1. Partner with community agencies to provide health-focused events/classes on interconception and pre-conception health.* *2. Develop a process to educate at risk youths in the community regarding the importance of their health and accessing health care services, with a focus on high schools.*	1. Implement Figuring it Out for the Child. 2. Use Fetal Infant Mortality Review data to identify trends and educate women of childbearing age in Pinellas.	1. Increase the number of pregnant couples seen each year to 100. 2. Identify trends in losses and offer interventions in the form of educational materials to all 32 Pinellas OB offices and Healthy Start Care Coordinators.	1. USFSP 2. Healthy Start	1. Referral Sources: • CHCP • DOH-Pinellas • Healthy Start • Mt. Zion 2. TBD	• Reduce teen pregnancy rates in Pinellas • Reduce teen STD rates in Pinellas • Reduced rate of low birth rate babies in sample group of FOFC • Decrease in child deaths
	~~3.2: Increase access to prenatal services and education.~~	~~3.2.1: By Dec 31, 2017, increase the percentage of births to Pinellas mother's receiving first trimester prenatal care from 79.1% (2010-2012) to 87%.~~	~~*No activities scheduled until 2015*~~	***THIS OBJECTIVE WAS REMOVED BY ACCESS TO CARE WORKGROUP AT ANNUAL UPDATE DUE TO DUPLICATION WITH OBJECTIVE 3.1*	~~No activities scheduled until 2015~~	~~No activities scheduled until 2015~~	~~No activities scheduled until 2015~~	~~No activities scheduled until 2015~~
	3.3: Address disparities in Black and Hispanic infant mortality.	3.3.1: By Dec 31, 2017, reduce the infant mortality rate of Black infants in Pinellas from 13.9 per 1,000 live births (2010-2012) to 11.5 per 1,000 live births. 3.3.2: By Dec 31, 2017, reduce the infant mortality rate of Hispanic infants in Pinellas from 8.1 per 1,000 live births (2010-2012) to 7.3 per 1,000 live births.	*1. Partner with ACH Community Action Network (CAN) and the Hispanic Outreach Center to identify strategies to engage and provide education to African American/Black and Hispanic/Latina women about prenatal behaviors that reduce infant mortality and low-birth weight infants.* *2. Participate on the Local Planning Team to identify gaps in training the community on safe sleeping.*	1. ACH Community Action Network (CAN) will identify strategies to engage and provide education to African American/Black and Hispanic/Latina women about prenatal behaviors that reduce infant mortality and low-birth weight infants.	1. The Healthy Start Federal Project will conduct at least 10 community presentations in the 5 high-risk Pinellas zip codes.	1. Healthy Start Federal project director	1. DOH-Pinellas, All Children's Hospital, USF, Women of Distinction, NAACP, St. Pete College, ACNW, Sororities, Urgan League, Home Visiting Advisory Council, Healthy Start Coalition, Neighborhood Family Centers, National Council of Negro Women	Increase membership of the CAN and Hispanic Outreach Center. Reduce the number of infant deaths due to unsafe sleeping practices. Increase percentage of Pinellas mothers receiving

Pinellas County CHIP: 2015-16
Behavioral Health

Goal	Strategy	Objective	*Activities 2014-15*	Revised Activities 2015-16	Process Measure 2015-16	Coordinating Agency	Partner Agencies	Outcome Measure(s)
BH 1: Increase access to behavioral health services	1.1: Strengthen the integration of behavioral and primary health care service delivery.	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%.	*1. Improve the integration of primary and behavioral healthcare providers in Pinellas County.*	1. Implement a pilot program to engage and provide services to the top 33 utilizers of Pinellas County's public Baker Act and jail facilities.	1 a. #/% Clients engaged and enrolled in pilot b.. #/% of clients who receive therapy indicated in treatment plan	Pinellas County Human Services; Administrative Forum	Local Behavioral Health providers	Increased integration among behavioral healthcare providers.
	1.2: Integrate trauma-informed care practices across care settings with emphasis on Adverse Childhood Experiences (ACEs).	1.2.1: By Dec 31, 2017, reduce the rate of non-fatal hospitalizations for self-inflicted injuries from 82.0 per 100,000 (2008-2010) to 65.6 per 100,000 among Pinellas youth 12-18.	*1. Promote provider and agency education on trauma-informed approaches and practices via Pediatric Grand Rounds* *2. Peace4Tarpon Health & Wellness Committee, DOH-Pinellas, and Directions for Living will collaborate to distribute educational materials for providers in Pinellas County*	1. Promote provider and agency education on trauma-informed approaches and practices via Pediatric Grand Rounds.	1. Hold two trainings for providers at All Children's Hospital.	1. Peace4Tarpon	1. National Center for Trauma-Informed Care, DOH-Pinellas	200 doctors educated on trauma-informed care principles 4 new organizations distributing Trauma-Informed Care materials
	1.3: Engage targeted at-risk populations to better understand behavioral health care needs and prevent barriers to access	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.	*1. Collect suicide and behavioral health data for identified at-risk populations in Pinellas County.* *2. Analyze data collected in Activity 1 and create action plans to address any areas of need.*	1. Assess transportation as a barrier to accessing healthcare and explore ways to improve transportation for low income individuals to get to health appointments. 2. Examine Pinellas County suicide data to identify additional trends or areas of concern.	1. Analyze data and determine the most appropriate form for reporting the information. 2. Analyze data and determine the need for an in-depth report.	1. Pinellas County 2. Pinellas County, DOH-Pinellas	1., 2. TBD	*Identify gaps in behavioral healthcare access.*

BH 2: Reduce substance abuse among children and adults	2.1: Advocate for changes in policy and practices related to substance abuse, including more stringent regulations for prescription drugs classified as controlled substances.	2.1.1: By Dec 31, 2017, reduce the number of accidental drug or toxin related deaths in Pinellas from 201 (2012) to 181.	*1. Coordinate a legislative agenda and sponsor legislation that requires physicians to use the PDMP.* *2. Convene a single substance abuse advisory group/oversight committee for Pinellas County.*	*Administrative Forum/Regional Council*	*Administrative Forum/Regional Council*	*Administrative Forum/Regional Council*	*Administrative Forum/Regional Council*	
	2.2: Raise awareness among providers, parents, youth, and businesses on emerging substance abuse trends to improve and inform practices.	2.2.1: By Dec 31, 2016, reduce the number of Pinellas youth who report lifetime drug use from 31.1% (2012) to 27.9%.	*1. Develop and implement a campaign to educate **parents, businesses, and youth** on medical marijuana and the dangers of emerging designer drugs and prescription drugs*	1. Develop and implement a campaign to educate **parents, businesses, and youth** on medical marijuana and the dangers of emerging designer drugs and prescription drugs	1. Educational materials distributed/parents educated 2. Number of businesses educated 3. Number of youth led groups who receive campaign materials	LiveFree/Pinellas County Justice & Consumer Services	LiveFree! Coalition members	
	2.3: Increase access to substance abuse services for prenatal and postpartum women.	2.3.1: By Dec 31, 2017, reduce the rate of Neonatal Abstinence Syndrome in Pinellas from 27.1 per 1,000 births (2009-2011) to per 24.4 per 1,000 births.	*1. Work with OB-GYNs to provide warnings to their patients on the dangers of substance use/abuse while pregnant and provide supports to address underlying issues.* *2. Collect current data on drugs to which newborns are most frequently exposed.*	1. Work with OB-GYNs to provide warnings to their patients on the dangers of substance use/abuse while pregnant and provide supports to address underlying issues. 2. Collect current data on drugs to which newborns are most frequently exposed.	1. Offer education and materials to all 32 OB providers in Pinellas County. 2. Establish a baseline and begin regular data collection.	1. Healthy Start Coalition 2. Substance Exposed Newborns task force; USFSP	1. Operation PAR, Healthy Start Coalition, Birth Hospitals, BayCare, DOH-Pinellas, Motivating New Moms 2. Healthy Families	More information available on NAS in Pinellas County.

BH 3: Reduce violence among children and families	3.1: Promote community programs that maximize healthy development and interaction among children, families, schools, and communities.	3.1.1: By Dec 31, 2017, reduce the rate of Pinellas children under 18 experiencing child abuse from 24.0 per 1,000 (2012) to 16.9 per 1,000.	*1. Distribute Child Safety Booklets to the community, including OB offices, child care providers, community health centers, home visiting programs, and health departments.* *2. Continue to hold violence/abuse response training for school health staff.* *3. Research violence screening tools for families of children 0-5.*	1. Promote JWB's Prevent Needless Deaths campaign. 2. Hold trauma informed care trainings for local MCH care providers.	1. Distribute booklets to local birthing hospitals (St. Pete General; Bayfront Baby Place; Morton Plant Hospital - CLW; & Mease Countryside) and at least ten daycare providers. 2. At least three trainings held in Pinellas (one at DOH-Pinellas)	1. JWB 2. USFSP, Peace4Tarpon	1.4. Hillsborough Children's Board; Local MCH providers and agencies 2.DOH-Pinellas	Common screening policies/practices for violence and trauma
	3.2: Promote awareness, training, and advocacy to improve and inform practices related to domestic violence.	3.2.1.: By December 31, 2017, reduce the domestic violence rate in Pinellas from 772.8 per 100,000 (2009-2011) to 695.5 per 100,000	*1. Educate community healthcare providers on domestic violence policies and preventive practices.*	1. Educate community healthcare providers on domestic violence policies and preventive practices.	1. Hold at least one Being a Better Bystander training at a Pinellas health department location	1. Domestic Violence Task Force	1. DVTF partners	Greater number of DOH-Pinellas staff educated on DV prevention and preventive practices.

Pinellas County CHIP: 2015-16
Health Promotion & Disease Prevention

Goal	Strategy	Objective	*Activities 2014-15*	Revised Activities 2015-16	Process Measure 2015-16	Coordinating Agency	Partner Agencies	Outcome Measure(s)
HPDP 1: Increase the percentage of adults and children who are at a healthy weight	1.1: Promote healthy eating habits and active lifestyles in adults.	1.1.1: By Dec 31, 2017, decrease the percentage of Pinellas adults who are either overweight or obese from 65.6% (2010) to 59%.	*1. Provide educational sessions demonstrating healthy and culturally appropriate cooking and grocery shopping on a budget* *2. Promote usage of county parks, trails, and recreational facilities*	1. Provide educational sessions to DOH-Pinellas clients demonstrating healthy and culturally appropriate cooking and grocery shopping on a budget. 2. Promote usage of county parks, trails, and recreational facilities.	1. Conduct four education series annually for DOH clients, as documented by sign-in sheets and post-session surveys. 2. DOH-Pinellas collaborates with recreation departments to update brochures annually and disseminate 1500 brochures to the community.	1. Pinellas County Extension 2. DOH-Pinellas	1.DOH-Pinellas 2. Pinellas County Parks & Conservation Resources, Municipal Governments	Increased percentage of adults who report exercising regularly.
	1.2: Promote healthy eating habits and active lifestyles in children.	1.2.1: By Dec 31, 2017, increase the proportion of Pinellas children (1st, 3rd, 6th grade) who are at a healthy weight from 65.1% (2010 - 2011) to 71.6%. 1.2.2: By Dec 31, 2017, decrease the percentage of Pinellas high school students reporting BMI at or above 95th percentile from 10.3% (2012) to 9.3%.	~~*1. Increase the number of after school programs conducting the Alliance/MOST framework self-assessment.*~~ *2. Collaborate with Pinellas County Schools to implement the Alliance for Healthier Generation guidelines* ~~*3. Increase awareness of the importance of consuming fruits and vegetables by providing nutrition education to schools with 51% or more Free/Reduced school meal status*~~ *4. Increase the number of healthy food and beverage policies in City & County recreation locations.* *5. Increase the number of Early Learning Centers and organizations dealing with school-age children that have adopted evidence-based healthy eating and physical activity standards.*	1. Conduct inventory based self-assessments of Pinellas County Schools on the Alliance for Healthier Generation guidelines 2. Increase the number of healthy food and beverage policies in City & County recreation locations	1. Increase in number of schools that adopt Alliance for a Healthier Generation standards. 2. 7 new City/County concession stands will update policies and incorporate FUN BITES into their menus	1. Pinellas County Schools 2. DOH-Pinellas	1. Alliance for a Healthier Generation, DOH-Pinellas 2. WIC, Cities and County Parks and Recreation Departments	Increased percentage of children who report exercising regularly. Increase number of children who report eating recommended daily values of fruits and vegetables.

HPDP 2: Increase behaviors that improve chronic disease health outcomes	2.1: Promote screening, education, and referral to treatment related to cancer.	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%.	*1. Work with employers to educate employees about the importance of colorectal cancer screening and connect employees to screening resources* *2. Collaborate with St. Petersburg General Hospital on their cancer services action plan.*	1. Examine disparities in colorectal cancer incidence, conduct research with priority populations, and implement multilevel interventions using the community-based prevention marketing framework.	1. Meet bimonthly to implement program and track progress.	1. USF-Florida Prevention Research Center (Lolita Dash-Pitts)	1. DOH-Pinellas, DOH-Hillsborough, Community Health Worker Coalition, community members, American Cancer Society, Blue Cross Blue Shield, Moffitt, Florida Cancer Data System, Southwest Florida Cancer Collaborative	Number of adults educated about the importance of colorectal cancer screening.
		2.1.2: By Dec 31, 2017, increase the percentage of Pinellas women age 40 or older who received a mammogram in the past year from 61.5% (2010) to 67.7%.	*1. Distribute educational materials to promote awareness of the Florida Breast and Cervical Cancer Early Detection Program, Mammography Voucher Program and general screening recommendations to women above 40 in Pinellas County.* *2. Promote wellness programs for cancer survivors to increase overall health during recovery*	1. Distribute educational materials to promote awareness of the Florida Breast and Cervical Cancer Early Detection Program, Mammography Voucher Program and general screening recommendations to women above 40 in Pinellas County. 2. Promote wellness programs for cancer survivors to increase overall health during recovery	1. Distribute educational materials to at least 20 locations in Pinellas County. 2. Identify four new partners to distribute promotional materials about the LiveStrong and other wellness programs.	1. DOH-Pinellas - Valarie Lee 2. YMCA of the Suncoast - Summer Dodge	1. TBCCN Partners St Pete Free Clinic Komen BayCare SW Florida Cancer Control Collaborative 2. DOH-Pinellas, YMCA of St. Petersburg	Adults who have had a clinical breast exam
	2.2: Promote screening, education, and referral to treatment related to heart disease.	2.2.1: By Dec 31, 2017, decrease deaths due to heart disease in Pinellas from 155.5 per 100,000 (2010-2012) to 139.9 per 100,000.	*1. Increase the number of companies in Pinellas County that are certified "Fit Friendly" by the ACA.* *2. Refer diagnosed prediabetes patients at local hospitals to the CDC's National Diabetes Prevention Program, run locally as the YMCA's Diabetes Prevention Program*	1. Train 7% of the Pinellas County population in Hands-OnlyTM CPR training via education in the community and in schools. 2. Refer diagnosed prediabetes patients at local hospitals to the CDC's National Diabetes Prevention Program, run locally as the YMCA's Diabetes Prevention Program	1. Increase number of citizens educated; establish baseline of bystander CPR data from local emergency response services. 2. Increase referrals from 500 to 750.	1. American Heart Association 2. YMCA of St Pete - Danielle Mauck	1. AHA board, BayCare, DOH-Pinellas, Pinellas County Schools 2. Baycare St. Anthony's	Reduce obesity rates and increase physical activity in Pinellas County adults Reduce diabetes prevalence.

	2.3: Promote activities to reduce tobacco use and exposure in adults and youth.	2.3.1: By Dec 31, 2017, increase the number of committed never smokers amount Pinellas youth, ages 11 - 17 from 64.1% (2012) to 70.5%.	*1. Create and maintain local SWAT chapters.* *2. Educate local policymakers on youth tobacco-related issues.*	1. Create and maintain local SWAT chapters. 2. Educate local policymakers on youth tobacco-related issues.	1. SWAT Clubs at 15 middle/high schools will conduct at least 60 outreach activities will be completed each year. 2. The County SWAT Team will present to at least two municipal governments and support the passage of at least two new resolutions.	DOH-Pinellas –Tobacco Free Program/SWAT Coordinator	1. Pinellas County Schools, Tobacco Free Coalition 2. Pinellas County Schools TFCP ACS Local municipalities	Increased number of students involved in SWAT Increase in the number of SWAT outreach activities
		2.3.2: By Dec. 31, 2016, decrease the percentage of Pinellas adults who are current smokers from 19.3% (2010) to 17.0%.	*1. Distribute "Quitkits" to clients who are smokers within Florida Department of Health in Pinellas clinics* *2. Conduct tobacco cessation programs within Pinellas County* *3. Educate local policymakers, businesses, and community organizations about tobacco use.*	1. Distribute "Quitkits" to clients who are smokers within Florida Department of Health in Pinellas clinics 2. Educate local policymakers, businesses, and community organizations about tobacco use.	1. 2500 Quitkits will be distributed 2.At least 4 tobacco worksite wellness policies will be adopted	1. DOH-Pinellas – Tobacco Free Program 2.DOH-Pinellas	1. Area Health Education Center (AHEC) 2. Worksites, Cities	Increased number of smoke free/tobacco free policies adopted Increased # of new partnerships

HPDP 3: Increase protection against the spread of infectious disease	3.1: Provide targeted education on the benefits of receiving immunizations to increase the percentage of children who are fully immunized.	3.1.1: By Dec 31, 2017, increase the percentage of Pinellas two-year-olds who are fully immunized from 75.3% (2012/2013) to 90%. 3.1.2: By Dec 31, 2017, increase the percentage of Pinellas Kindergarteners who are fully immunized from 89.8% (2012/2013) to 94%.	*1. Maintain an immunization task force with regularly scheduled meetings to address low immunization rates of children in the Pinellas community* *2. Collaborate with providers to integrate immunization education into routine client visitation* *3. Implement a campaign to educate parents on the benefits of childhood immunizations* *4. Develop a partnership with the Pinellas County School Board to strengthen immunization record keeping (Portal/Focus)*	1. Maintain an immunization task force with regularly scheduled meetings to address low immunization rates of children in the Pinellas community 2. Collaborate with providers to integrate immunization education into routine client visitation 3. Implement a campaign to educate parents on the benefits of teen and childhood immunizations 4. Develop a partnership with the Pinellas County School Board to strengthen immunization record keeping (Portal/Focus)	1. Quarterly meetings conducted and documented 2. Train a minimum of 32 health care providers and their staff 3. Conduct a minimum of 10 outreach events, presentations, or other media-related events. 4. Conduct at least one training for Pinellas County Schools nurses and technicians	DOH-Pinellas - Pinellas Immunization Team for Community Health (PITCH)	1. St. Joseph's, PCSB, MERCK, Sanofi-Pasteur, All Children's Hospital, pediatricians, YMCA, Neighborhood Family Centers, Community Health Centers, JWB 2. Healthcare providers, hospitals 3. Family support organizations, community centers, Early Learning Coalition, marketing partners, media outlets, Pinellas County Schools 4. Pinellas County School Board	Increase the number of health care providers represented on PITCH 100% of Pinellas County providers will complete the training course Improve Pinellas County Schools Immunization Report Card scores by 10%

Pinellas County CHIP: 2015-16
Healthy Communities & Environments

Goal	Strategy	Objective	*Activities 2014-15*	Revised Activities 2015-16	Process Measure 2015-16	Coordinating Agency	Partner Agencies	Outcome Measure(s)
HCE 1: Establish integrated planning and assessment processes that promote health in community level policies and plans	1.1: Include a public health component in community planning processes to increase awareness and opportunity of the built environment's impact on healthy behaviors.	1.1.1: By Dec 31, 2016, increase activity related to the development of policies and plans that support individual and community health within Pinellas from a score of 82% (2012) to 90%.	*Educate policymakers on "health in all policies" and HIA, including topics related to public health, development, the built environment.*	1. Educate policymakers on "health in all policies" and HIA, including topics related to public health, development, the built environment. 2. Support the inclusion of a health element in local Comprehensive Plans.	1. 3 meetings or events advocating for the importance of a health element in comprehensive plans will be conducted; Research conducted on when and how local policies are updated. 2. Health element codified into at least one city or county Comprehensive Plan.	1. DOH-Pinellas 2. DOH-Pinellas	1. City of St. Petersburg, Healthy Pinellas Consortium, Juvenile Welfare Board, PSTA 2. City of Largo, Others	Health in All Policies approach codified in at least one city or county.
HCE 2: Increase access to nutritious and affordable foods	2.1: Promote options for access to nutritious foods throughout Pinellas County.	2.1.1: By Dec 31, 2016, increase the percentage of Pinellas adults who meet both of the daily recommendations for fruit and vegetable consumption from 9.3% (2010) to 11.5%.	*1. Support development of local city policies related to food access.* *2. Promote healthy and affordable food options to communities countywide, with a priority for those located within food deserts.*	1. Support development of local city policies related to food access. 2. Promote healthy and affordable food options to communities countywide, with a priority for those located within food deserts	1. Assist at least one city with identifying model language to implement mobile produce vending and/or healthy corner stores. 2. Incorporate EBT into three new farmer's markets.	1. DOH-Pinellas 2. DOH-Pinellas	1. Municipal governments 2. Pinellas County Extension, PSTA	Adults at a healthy weight
	2.2: Support a focused effort to increase access to nutritious and affordable foods for children.	2.2.1: By Dec 31, 2017, increase the percentage of Pinellas middle school students who consume at least five servings of fruits and vegetables a day from 21.2% (2012/2013) to 23.3%.	*1. Increase number of school vegetable gardens* *2. Ensure support and increase awareness of the school dinner program* *3. Promotion of new "Snack Well" Guidelines created by Department of Agriculture*	1. Promotion of new "Snack Well" Guidelines created by Department of Agriculture 2. Implement PEP program in 12 Pinellas County middle schools.	1. Create brochure/flyer to be given to students to inform parents on new guidelines 2. Track and increase the number of students receiving nutrition and culinary education in Pinellas County.	1. Pinellas County Schools, PICH 2. All Children's Hospital	1. DOH-Pinellas 2. Pinellas County Schools	Students at a healthy weight
HCE 3: Increase access to safe opportunities for physical activity	3.1: Promote collaborative efforts to form safe transportation linkages to schools, work, home, and recreation.	3.1.1: By Dec 31, 2017, complete 15 transportation linkages in Pinellas through infrastructure and programming improvements. 3.1.2: By Dec 31, 2016, decrease the percentage of Pinellas adults who were sedentary, or did not participate in any leisure-time activity in the past 30 days from 25.5% (2010) to 22%.	*1. Increase the number of infrastructure improvements for bicycle and pedestrian safety.* *2. Create a list of city/county parks and recreational areas where the community can participate in free or low cost areas for physical activity.*	1. Increase the number of infrastructure improvements for bicycle and pedestrian safety as well as park and trail access. 2. Maintain and update a list of city/county parks and recreational areas where the community can participate in free or low cost areas for physical activity.	1. Complete 5 environmental improvements that focus on safe physical activity within Pinellas County, including an increase of Auxiliary Ranger hours. 2. Brochure/flyer updated at least once per year and number distributed	1. MPO 2. DOH-Pinellas	1. Municipal Governments, DOH-Pinellas, Pinellas County Parks and Conservation. 2. City and County Municipalities	Increased park attendance and trail use. Increase in adults and children reporting regular physical activity

PINELLAS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

ACCESS TO CARE UPDATE 2015

Access to Care Work Team

Thursday, July 16, 2015

1:30 p.m. - 4:00 p.m.

Florida Department of Health in Pinellas
Mid-County Health Department
Environmental Health Conference Room
8751 Ulmerton Road, Largo, FL 33771

AGENDA

1:30-1:45 p.m.	Welcome and Introductions	All
1:45-2:00 p.m.	CHA/CHIP Background & CHIP Status Report	Jocelyn Howard
2:00-2:30 p.m.	What's Changed?	All
2:30- 3:30 p.m.	CHIP Update	All
3:30-4:00 p.m.	Lessons Learned/Next Steps/Wrap-up	Jocelyn Howard

Next Meeting: TBD

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PINELLAS COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

ACCESS TO CARE UPDATE 2015

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1:30 p.m. – 4:00 p.m.

Florida Department of Health in Pinellas
Mid-County Health Department
Environmental Health Conference Room
8751 Ulmerton Road, Largo, FL 33771

MINUTES *(DRAFT)*

Welcome & Introductions	**All**

Attendees introduced themselves by name and organization.

CHA/CHIP Background & Status Report	**Jocelyn Howard**

Jocelyn gave a brief background of the Community Health Assessment and Community Health Improvement Plan (**PowerPoint attached**). She highlighted objectives needing attention (Objective 2.1.1 and 2.2.1, both of which are related to IT) and two work team members gave updates on CHIP successes: Kim Brasher from the City of St. Petersburg spoke about the Mobile Resource Bus, a partnership between DOH-Pinellas, St. Petersburg, and St. Pete Police to connect residents with health-related resources. Carrie Hepburn of the Tampa Bay Healthcare Collaborative (TBHC) gave an update on local progress regarding Culturally and Linguistically Appropriate Services (CLAS). TBHC plans to lead a cohort of about five organizations through the CLAS assessment process over the next few months.

What's Changed?	**All**

Each goal area team completed the **"What's Changed?"** brainstorming activity, in which they identified factors such as policies, funding, and leadership that affected their goal area during the past year. See **attached** for results.

CHIP Update	**All**

Each group reviewed the 2014-15 CHIP action plan and determined whether to Adopt, Adapt, or Abandon these activities as well as brainstormed potential new activities for 2015-16. Attendees were asked to focus on measurability and on choosing process and outcome measures that linked activities to 5-year CHIP objectives. At the end of the update, each group submitted a **proposed CHIP action plan for 2015-16** – see **attached**.

Next Steps/Wrap-up	**Jocelyn Howard**

Jocelyn answered questions and explained that the next step will be to consolidate the proposed action plans and circulate these to attendees for any additional input. Community Health Action Team members will then review the action plans and formally adopt the activities for the upcoming year.

APPENDIX 4 - Sign-In Sheet, Access to Care Annual Review Meeting

Access to Care Work Team
Pinellas County CHIP Update
July 16, 2015

GOAL #

INITIAL	GROUP	NAME	ORGANIZATION	EMAIL
	1	Alisa Barksdale	American Diabetes Association	abarksdale@diabetes.org
CH	1	Carrie Hepburn	Tampa Bay Healthcare Collaborative	director@tampabayhealth.org
	1	Cheryl Kerr	SPC	kerr.cheryl@spcollege.edu
	1	Christina Vongsyprasom	DOH-Pinellas	Christina.Vongsyprasom@flhealth.gov
CMN	3	Cindy McNulty	Healthy Start Coalition of Pinellas	cmcnulty@healthystartpinellas.org
DG	2	Denise Groesbeck	Juvenile Welfare Board	dgroesbeck@jwbpinellas.org
DK	1	Denise Kerwin	SPC	kerwin.denise@spcollege.edu
	3	Dora Komninos	Domestic Violence Task Force	dluv122@aol.com
CD	2	Dr. Claude Dharamraj	DOH-Pinellas	claude.dharamraj@floridahealth.gov
EP	2	Edward Perry	211 Tampa Bay Cares	edwardp@211tampabay.org
EMR	1	Elizabeth Rugg	Suncoast Health Council	erugg@thehealthcouncil.org
GAH	2	Gary Hendrickson	USF Health PaperFree REC	ghendric@health.usf.edu
	3	Jane Bambace	DOH-Pinellas	jane.bambace@flhealth.gov
JAS	~~1~~ 3	Joe Santini	Community Health Centers	jsantini@hcnetwork.org
KB	1	Kim Brasher	City of St. Petersburg	Kim.Brasher@stpete.org
KBW	3	Kimberly Brown-Williams	Healthy Start Federal	Kbrownw1@jhmi.edu
LN	3	Lisa Negrini	Family Study Center - USFSP	lnegrini@usfsp.edu
	1	Lounell Britt	Sanderlin Center	Lcbritt38@yahoo.com
	1	Maria Edmonds	Hispanic Leadership Council	medmonds@hispanicoutreachcenter.org
MT	1	Marilyn Turman	PSTA	MTurman@psta.net
MP	2	Marisa Pfalzgraf	DOH-Pinellas	Marisa.Pfalzgraf@flhealth.gov
	3	Mary Jo Plews	Healthy Start Coalition of Pinellas	mjplews@healthystartpinellas.org
MVB	2	Melissa Van Bruggen	DOH-Pinellas	melissa.vanbruggen@flhealth.gov
MTS	3	Michelle Schaefer	Healthy Start Coalition of Pinellas	mtschaefer@healthystartpinellas.org
BC	1	Robert Costello	BayCare	bob.costello@baycare.org
SE	1	Susan Easter	St. Petersburg Free Clinic	susan.easter@stpetersburgfreeclinic.org
SR		Stephanie Reed	Pinellas County Human Svcs	sreed2a@pinellascounty.org
	1	Lori James	Tampa Bay Healthcare Collaborative	manager@tampabayhealth.org
		~~Susan Easter~~		

INITIAL	GROUP	NAME	ORGANIZATION	EMAIL
ES		Elizabeth Smith	FL DOH-Pinellas	elizabeth.smith@flhealth.gov
[illegible]		BOB COSTELLO	BAYCARE	bob.costello@baycare.org

"WHAT'S CHANGED?" ACTIVITY

Access to Care Work Group

Pinellas Community Health Improvement Plan Update 2015

Goal AC 1: Provide equal access to appropriate health care services and providers

Pinellas County government

- Leadership change
- Sometimes difficult for County government to pinpoint need in Pinellas because of communication issues – there's concern among some agencies about sharing data on indigent patients.
- The County is assessing barriers to transportation and exploring alternatives (Uber? Taxis?). Goal: to have a database where you could search by doctor's address to retrieve transportation options.

Greenlight Pinellas didn't pass

- Route changes/elimination underway as a result of less funding
- Now: greater population of those who are underserved and those without transportation services
- Inter-county routes have increased
- Upcoming community input workshops to shape future transportation landscape

Community Health Worker certification

- Certification process developed; existing CHWs will be grandfathered in through 12/31/15.
- The first CHW in Florida to be certified is from Pinellas County and Pinellas has the most CHW applicants of any county in Florida.

Legislative changes

- Failure to expand Medicaid
- LIP changes
- Funding to free clinics was vetoed

Goal AC 2: Use health information technology to improve collaboration among providers and increase efficiency in services to consumers

- The Health Information Exchange (HIE) contractor has failed, so AHCA cannot proceed with HIE.
- One-E-App funding was eliminated
- DSM no longer exists
- ICD-10 coding change will make health data more accurate
- The County plans to link Electronic Health Records with 211-Tampa Bay Cares via CareConnect
- More providers now have Electronic Health Records
- Changing perspective on data integration, from "what if" to "how" – i.e. connecting systems that already exist versus creating new ones.
- Conversation among Federally Qualified Health Centers regarding a Tampa Bay Regional Health Information Exchange (RHIO)

Goal AC 3: Reduce infant mortality and morbidity

- MMA taking over pregnant clients to follow up with resources and link to providers
- Federal Healthy Start
    - Moved from DOH-Pinellas to All Children's Hospital, which involved a leadership change.
    - HRSA changed program requirements.
    - Healthy Start IT system changed from HMS to "Well Family System"
    - Healthy Start funding change – money is now from both the DOH and AHCA.
- Community Health Centers of Pinellas (CHCP) opened a Clearwater location in April
    - Added OB providers to Clearwater center
    - More mid- to low-HR
- Turley Health Centers expansion to high risk patients
- Substance-Exposed Newborns
    - DOH identified a need for more specific data and included infant mortality in their strategic plan
    - USF Tampa received a grant to build a collaborative around SEN and parental education
- Statewide policy change: no longer need special consent to be tested for HIV
- Infant Family Mental Health Center just opened at All Children's Hospital. They will be working with NICU infants as well as doing research, training, and providing services for families, including intervention services and therapy (dyadic).
- Family Study Center received a new NIH grant to implement "Figuring It Out for the Child" (randomized control trial)
- All Children's is planning a community assessment that targets infant mortality
- Nurse Family Partnership was expanded
- Loss of literacy funding – Born to Read
- JWB started a campaign, Prevent Needless Deaths, to educate the community on drowning prevention, safe sleeping for infants, and coping with crying.

Healthy Pinellas Consortium Meeting

Aug 12, 2015

1:00 pm - 3:00 pm

LOCATION:

Mid-County Health Center

8751 Ulmerton Road, Largo

Outside Conference Room

VISION

To become one of the healthiest counties in Florida by creating a culture of health and wellness.

MISSION

Making the healthy choice the easy choice by encouraging policy, environmental and systems changes in the community

OBJECTIVE

The Healthy Pinellas Consortium is to convene, connect and communicate through partnerships that leverage resources to establish healthy communities and programs. The purpose of the Consortium is to encourage children and adults in Pinellas County to choose active living and nutritious selections for a better future.

AGENDA

1:00 - 1:10	Welcome
1:10 - 1:30	Partnerships to Improve Community Health (PICH) grant update
1:30 - 1:45	Community Health Improvement Plan (CHIP)
1:45 - 2:00	Focus for Healthy Concession Initiative
2:00 - 2:30	Listening Presentation
2:30 - 2:45	Interviewing selection and questions - what can we ask? Subcommittees?
2:45 - 3:00	Next meeting and Adjourn

2015 Meeting Schedule

September 17, 2015 ***November 19, 2015***

For more information, email Megan.Carmichael@flhealth.gov or call (727) 588-4040 ext. 3118

Healthy Pinellas Consortium
Meeting Minutes

August 12, 2015

I. Welcome

Participants signed in (see attendance sheet) and were welcomed by Megan Carmichael.

a) PICH Update (Megan Carmichael)

1) This is the end of year 1 for PICH
2) PICH objectives were reviewed
3) Healthy Concessions/Fun Bites Update
    - Concession stands- 5 in St. Pete, 1 in Largo(new events policy), 1 in Palm Harbor (little league-Opening Sept)
    - Boys and Girls Club are looking to implement Fun Bites
4) Next Stop Produce: 3 in St. Pete at recreation locations, 1 in Largo in Highland, and 2 in Lealman.
5) SNAP/EBT update for Pinellas County
6) Park and Trail Usage: 18 parks assessed for walking/signage/access and recommendations for improvement were made.
7) Megan discussed the future of PICH possibly expanding to other counties.

b) CHIP Update – Health Promotion & Disease Prevention and Healthy Communities & Environments priority areas (Jocelyn Howard)

1) Review of activities for 2014-15 as well as adapt, adopt, or abandon for 2015-16.
2) Please contact Jocelyn with any questions or input about the plan.

c) Focus for Healthy Concession Initiative through CBPM:

1) Youth sports will be the focus
2) There can be a high impact and return on investment through little league sports. The city does not run concessions.
3) Youth agree that food at concessions should be healthy. Parents do not agree as much.
4) Sports concession sites will need to be encouraged to adopt the Fun Bites policies.

d) STEP 5- Listening Session

1) Community Based Prevention Marketing
2) Understanding what the community wants so you can follow through

3) Why Listen: Try to understand the population and what motivates them.

4) Discuss community needs

5) Make the consumer your focus; analyze benefits, barriers and concerns. Determine whether decision-makers will support a policy change.

6) 4Ps: Product Strategy, Pricing, Placement and Promotional Strategy

II. New business

a) Brainstorming Activity:

1) When someone says “healthy concessions” what comes to mind?

2) What makes this issue important to tackle right now?

3) Who is responsible for addressing the “concession stand” issue?

4) What could you do to help?

b) Sub-Committees

1) Participants were invited to join a sub-committee: Planning/Education, Interviewing, Implementation, Data, and Marketing. (See Excel sheet attached)

2) If you still wish to join a sub-committee please email Megan at megan.carmichael@flhealth.gov We need more for the Education and Implementation group! Even if you aren’t able to attend the HPC meetings you can still join a sub-committee. Many meetings will be via phone! ☺

c) Several participants volunteered to join subcommittees.

III. Adjournment

Megan Carmichael adjourned the meeting at 3:00pm. Next meeting Sept. 17th @ 1:00 Mid County building 8751 Ulmerton Road, Largo, FL 33771

Minutes submitted by: Sunny Davis