

# *Collaborative Labs* at St. Petersburg College

*Accelerate business results*

presents

## **Pinellas County Community Health Assessment**

May 8, 2012

### **Real-Time Record**

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[Click here to download the Essential Service 1: Monitor health status to identify and solve community health problems](#)

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[Click here to download the Essential Service 2: Diagnose and investigate health problems and health hazards in the community](#)

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[Click here to download the Essential Service 3: Inform, educate, and empower people about health issues](#)

.....  
[Click here to download the Essential Service 7: Link people to needed personal health services and assure the provision of health care](#)

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.....  
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[Click here to download the Essential Service 4: Mobilize community partnerships and action to identify and solve health problems](#)

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[Click here to download the Essential Service 8: Assure competent public and personal health care workforce](#)

.....  
[Click here to download the Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population health services](#)

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[Click here to download the Essential Service 10: Research for new insights and innovative solutions to health problems](#)

## Introductions



**Dr. Dharamraj:** Good morning. It's amazing to see so many of you here this morning. Welcome and thank you for coming. We are here to kick off this challenging but invigorating process of community health assessment for Pinellas County. My name is Dr. Claude Dharamraj and I'm the Director of the Pinellas County Health Department.

We are embarking on what we call public health accreditation. One of the first steps of accreditation is to have a community assessment, then community health improvement then strategy planning and then we are allowed to apply. Our role as the health dept. is the coordination of local public health functions, including assessment...where are we...policy development...that's more at the state level, and assurance that public health services are provided to the community. We do a lot of assurance. There are two ways to assure: Either it's done by someone else or we have to do it ourselves.

As you know, many times we open clinics and then close them. The assurance is that public health care is provided to everyone in Pinellas County. We know that we cannot do it alone. Many agencies have a role in our public health system. It affects all people, not just poor people. Each of you can be touched by these services. It's not just for hurricanes, or outbreaks.



We each play a specific and unique role in the delivery of the ten essential public health services. Your participation today is critical to the success of community health assessment and planning efforts for Pinellas County. Every institution has to do those kinds of things. When we have one, we can take it and use it.

We are utilizing a framework known as MAPP: Mobilizing for Action through Planning and Partnerships for community-wide strategic planning. Following the MAPP framework, it results in a collaborative community health assessment and community health improvement plan for Pinellas County. This assessment is a vital tool to gauge the current health status and projected health needs of our community. As you know, we check where we are and see where we are the worst so we can put in our efforts to do better.

The completed community assessment will encompass four assessments: All based on the ten essential public health services.

- Local public health system performance assessment...assesses competencies and capacity of our local public health system

- Community Health Status Assessment....assesses the health of the community—the data
- Community themes and strengths Assessment: similar to swat analysis
- Forces of Change Assessment: We know we have a climate of everything is changing so we have to assess the factors that are affecting the community and the threats that are generated by these factors.

We look at reforms and legislation....federal voting...we are lacking the uncertainty of what we shall do.

The first assessment was conducted last summer and facilitated by the SunCoast Health Council...some of you participated. They are one of our great partners. The Community Health Status Assessment will be completed using data from sources such as US Census Bureau for demographic data and Florida Charts, BRFSS and County Health Rankings for health outcomes data.

Our focus this morning is the collaborative engagement is the later of the two assessments. We will look at community themes and strengths and forces of change. Once completed, the results of these four assessments will be compiled allowing us to determine which strategy issues based on common themes of the assessment. We could just do strategy planning by talking with me staff and saying: "I think this is what we should do." Then, I hear from the free clinic or the coalition and they say that's not what people want. So we have to try to match what we think we should do and what the people say they want.

We will also spend some time this morning to develop a shared community vision for Pinellas County over the next 5 years.

Thanks to health and human service coordinating council for their lead in the last July engagement. Many of you participated in community visioning that we will reference here today.

Thanks to Pinellas County Health and Human Services for their strategy planning including the recent economic impact report.

Also thanks to juvenile welfare board for the work they have done and their visioning efforts particularly related to youth and neighborhood planning. They have a large investment in our community.

Today we are building on the results of the assessment and planning efforts to develop a shared community vision and identify strengths and forces of change that impact our community.

Thank you and I'm very excited that you are here today to help us guide our community efforts. I will now turn it over to Robert who will provide you with an overview of the process here today.





**Robert Coates, Lead Facilitator:** Good morning. At the Collaborative Labs we are part of St. Petersburg College. Here are the labs, we work to tap into expertise of the audience that we have during an event. The process we'll be using today is used with businesses and non-profits. I'll be your lead facilitator. Let me introduce the rest of the team.

### **Today's Team:**

Robert Coates, Lead Facilitator  
PJ Petrick, Lead Technologist  
Jonathan Massie, Business Illustrator  
Josee Richmond, Documenter

### **The objectives are:**

- To revisit and affirm themes from previous Community Health visioning work
- To collect information to assess Community Health on 10 Essential Services as part of Community Health Assessment process

### **Today's process:**

- We work in small teams
- You're in charge, take breaks as needed
- Music means movement
- Have fun

Many of you participated in the behavioral health collaborative event. As we assess the county, we ask: "Where do you want to go?" Last July, seven cover stories were developed for the 2014 vision for the health department. You'll now work in teams and you'll review the magazine stories that were created back then. Here are your instructions for this first activity. The question that needs to be answered is: "What are the themes that most resonate with your team?"



## Activity 1: "Visioning: Revisited"

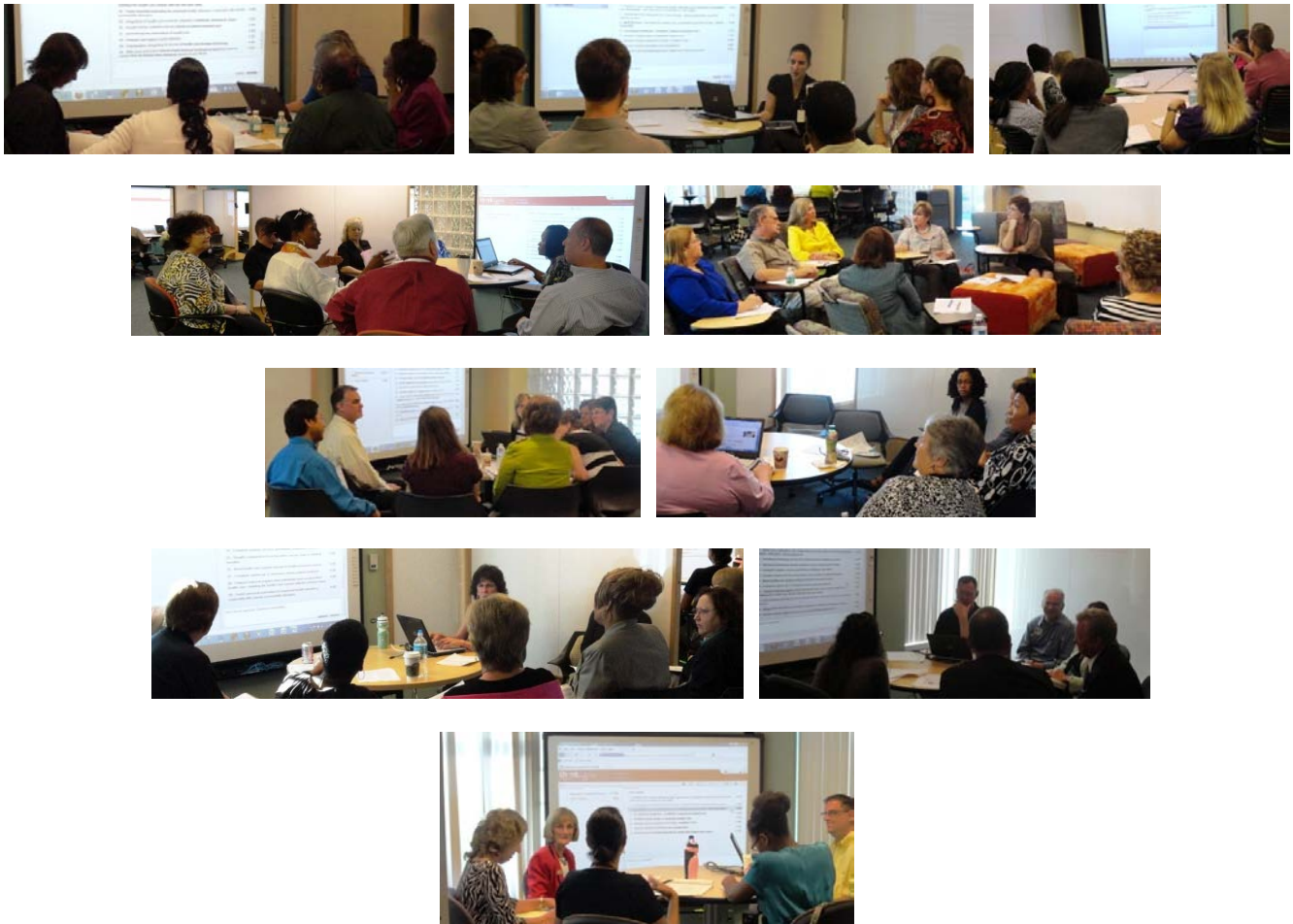
### **Instructions:**

- Join your assigned team (see the opposite side of this page).
- Find your "Visioning Group Lab" and Team Location.
- Appoint a Scribe who will capture the team's themes on a whiteboard for sharing with the larger group.

Your task as a team is to take 20-minutes to **review the *Headline Stories*** developed during an earlier Collaborative session on Community Health (see the handout as well as toggle to the Word document loaded on the laptop to view the headlines as a team).

Next, using the groupsystems software, **check the top 3 themes** that most resonate with your team today.

After 20 minutes - we will reconvene as a full group and ask each of the teams to share their **Top 3 Visioning Themes**. You will need to choose a spokesperson to share your team's themes.



**Activity 1: "Visioning: Revisited" – Teams**

<b>Team 1: Forest</b>	<b>Team 2: Forest</b>
<p>Melissa Van Bruggen, Pinellas County Health Department            James Baird, Pinellas County Health Department            Lolita Dash-Pitts, Center for Equal Health            Frank Rodante, Molina Healthcare            Steve Dunn, All Children's Hospital            Manuel Sykes, NAACP            Scott Goyer, YMCA            Marilyn Carr, Pinellas County Health Department            Thometta Cozart-Brooks, USF Center for Equal Health</p>	<p>Patricia Ryder M.D., Pinellas County Health Department            Carrie Hepburn, Tampa Bay Health Care Collaborative            Angie Honda, Suncoast Health Council (MedNet)            Rita Becchetti, Pinellas County Schools            Peggy Johns, Pinellas County Schools            Elisa Di Carlo, Pinellas County Jail            Chris Gibson, Pinellas County Health Department            Paulette Thompson D.O., Pinellas County HHS            Pattye Sawyer, Suncoast Hospice</p>
<b>Team 3: Forest</b>	<b>Team 4: Forest</b>
<p>John Sheehan, Westcare            Jason Martino, Area Agency on Aging of Pinellas &amp; Pasco            Mary Mahoney, All Children's Hospital            Ronda Russick, St. Petersburg Free Clinic            Kanika Tomlin, Bayfront Medical Center            Michelle Wilson, GRAYDI            Ashanti Jefferson, Pinellas County Health Department/USF            Joe Santini, Community Health Centers of Pinellas            Bill Horton, All Children's Hospital</p>	<p>Carmen Wilson, Citizens Alliance for Progress            Laurie Romig M.D., Pinellas County EMS            Annie Tyrell, Willa Carson Health Resource Center            Lou Ann Watson, BayCare Health System            Janis Ford, City of St. Pete Economic Development (tentative)            Rebecca Phillips, Pinellas County Health Department            Mary Twohey, Disability Achievement Center            Marcia Albanese, Morton Plant Mease            Khaliah Fleming, Moffitt Cancer Center</p>
<b>Team 5: Forest</b>	<b>Team 6: Forest</b>
<p>Lynda Leedy, ONE BAY Healthy Communities            Cliff Smith, Pinellas County HHS            Ayakao Watkins, ASAP            Denise Groesbeck, Health and Human Services Coordinating Council            Charles Minor, Pinellas County Health Department            Patricia Boswell, Pinellas County Health Department            Janet Chapman, Early Learning Coalition            Ge Vang, Lealman and Asian Neighborhood Center            Mark Vargo, Ph.D., OperationPAR</p>	<p>Elizabeth Rugg, Suncoast Health Council            David Arche, Mayor of Tarpon Springs            Gay Lancaster, Juvenile Welfare Board            Rich Curtin, Pinellas County Health Department            Beverly Diehr, Pinellas County Health Department            April Lott, Directions for Mental Health            Anissa Raiford, Pinellas County Medical Association            Avery Rosnick-Slyker, Ph.D., USF, Florida Covering Kids and Families            Gwen Reese, Midtown Health Council</p>

### Activity 1: "Visioning: Revisited" – Teams

Team 7: Water	Team 8: Water
<p>Joe Baldwin, Health and Human Services Coordinating Council                      Joe Stumpo, PEMHS                      John Martinelli, Pinellas County Health Department                      Sharlene Edwards, Pinellas County Health Department                      Deb Shaffer, Pinellas County Health Department                      Ann Sherman-White, Suncoast Hospice                      Kathie DiPilito, R'Club                      Judi Vitucci, ARNP, Ph.D., Health Start Coalition of Pinellas</p>	<p>Geri Williams, Agency for Persons with Disabilities                      Maggie Hall, Pinellas County Health Department                      Christina Vongsyprasom, Pinellas County Health Department                      Dale Watson, Pinellas County Health Department                      Tracy Christner, Project Grace, Hospice                      Cindy Rose, All Children's Hospital                      Jahenein Nagel, PEMHS                      Claude Dharamraj, M.D.</p>
Team 9: Water	Team 10: Water
<p>Andrea Castillo, Pinellas County Health Department                      Mary Robinson, Pinellas County Health Department                      Barbra Daire, Suncoast Center                      Maria Edmonds, Hispanic Leadership Council                      Al Bartolotta, Bicycle/Pedestrian Planner, Pinellas County                      Erika Harris, Moffitt Cancer Center                      Susan Jenkins, Pinellas County Health Department/Carerra                      Ruth Keyes, YMCA of the Suncoast</p>	<p>Gayle Guidash, Pinellas County Health Department                      Jane Bambace, Pinellas County Health Department                      Jeannie Shapiro, Clearwater Free Clinic                      Sarah Snyder, Pinellas County Homeless Leadership Board                      Robert Neri, Westcare                      Lounell Britt, Sanderlin Center                      Giovanna Taylor, Pinellas County Health Department                      Mary Murph, Sickle Cell Disease Association</p>



## Activity 1 Group Work and Highlights

### Group Systems Team work

#### 1. Brainstorm Visioning Themes

1. Paradigm shift from acute care to an emphasis on preventive care (health education)
2. Coordination - without duplication
3. Effective use of resources with sustainability
4. Integration of social and health services in comprehensive and holistic fashion when appropriate
5. Preventative education through the use of preventative health wellness model.
6. Not separate concepts; holistic and connected.
7. Impact lifestyle changes for improved health.
8. Happiest residents ever; increased longevity and better quality of life.
9. Re: longevity and quality of life: Increase patient participation in their own health, preventive care, long-term planning.
10. Electronic: smart card vs sharing data. Go with one or the other as options? Is there a concern with fraud in smart cards? System seems to be more towards sharing of data.
11. Enhance resources/programs that make the public aware of long-term effects of disorders such as diabetes. Use this to motivate participatory care for these patients.
12. Chronic disease prevention: a given that most of us will succumb to those. That makes it a serious problem affecting costs and "people kept alive" now versus then.
13. Personal responsibility for health awareness
14. Results compared to local baselines versus state or national baseline
15. Need health care system instead of health insurance system
16. Complete system pt. 2: outcomes driven, patient centered
17. Patient Centered requires that individuals have a say in their health care - building the health care system with the end user input
18. Foster personal motivation for improved health outcomes, especially with chronic preventable diseases.
19. Normalizing the expectation of health care
20. With more and more internet based resource tracking/management, need to assure that all citizens have adequate access to use these.
21. Healthcare homes: Further define scope (primary care, hospice, specialists, therapy, etc.)
22. Coordinated healthcare: Healthiest, Happiest Residents Ever
23. Pinellas County residents live longer, Healthier Lives
24. Vaccination rates are at their highest levels in history
25. Local businesses support employee wellness programs
26. Availability of health information is widespread
27. Fresh fruits/vegetables are available through community gardens with locally grown produce
28. Obesity dropped dramatically

#### Top 3 Themes

1. Access to care: primary, dental, behavioral health, specialty care; emphasis on prevention and affordability - with personal accountability for own health.
2. Coordinated and integrated Use of technology - without duplication; seamless delivery system
3. Medical Home - coordination by one health home, coordinated across the County - without duplication
4. Chronic disease prevention and management
5. Access to care including behavioral, dental and medical and vision
6. Focus on quality results and positive outcomes at a lower cost
7. Integration of health care services: physical, oral/dental, behavioral, vision
8. Including technology as part of a comprehensive healthcare system
9. Coordination, Integration & Access of health care through technology



- 10.Promote and support active lifestyle.
- 11.health literacy, teaching individuals how to use health care; accessing benefits, personal health records, partnering with health care providers on wellness
- 12.Include family-centered care in concept of patient-centered care.
- 13.Addressing health disparities in Pinellas County
- 14.Adequate funding for mental health to connect with physical health.
- 15.Three tiered approach: individual responsibility, institutional coordination and community accountability (social and environmental factors, policies and systems)
- 16.Pinellas County leader in Integrated Health Care
- 17.Data sharing countywide needs to be further defined. What's the focus? What organizations need to be included.
- 18.Major shift in funding to prevention
- 19.Healthcare is provided in a culturally sensitive manner
- 20.Right care, right place, etc: Huge obstacles to be addressed through legislation, finance, education, risk management.
- 21.Legislative support for moving in the direction for prioritizing health care outcomes, patient centered care, and technology
- 22.Assure that a comprehensive, updated database of social services and medically related resources is available to the public and other referring entities.
- 23.Willingness and the ability to share data with each other, breaking down the silo's = true culture change within the industry
- 24.Complete system: access, prevention, treatment, education



**Robert Coates:** Welcome back to the Tropics. There are 24 themes that were identified by our teams. I think we can consolidate some. Let's do a quick review of what's here. All of your ideas that you brainstormed have been captured. We are just reviewing the top themes.

(Robert reviews all 24 themes)

What are some of the themes within a theme?

#### **Audience Comments:**

- Technology was mentioned several times.
- Access to health care, comprehensive health care
- Prevention
- Chronic disease

Where do we want to be? Well, to determine that, we will first look are at where are we now? This next activity will help us determine that. You'll look at one of the ten essential services. One has been assigned to each team. You'll answer 3 things about that essential service. Let's review your instructions.



## Activity 2: "Assessing the 10 Essentials"

### **Instructions:**

- Join your assigned team (see the opposite side of this page).
- Find your "Assessment Group Lab" and Team Location.
- Appoint a keyboarder who will capture the team's assessment information in a Word document form.

Your task as a team is to take 55-minutes to **complete an assessment of your assigned Essential Service** using the provided form.

You will **provide input on three areas** for your Essential Service:

- **Community Themes:** What are the most important issues that must be addressed to improve community health (related to the assigned essential service)?
- **Community Strengths:** What assets and resources does our community have to improve community health (related to the assigned essential service)?
- **Forces of Change:** What are the forces of change occurring or that might occur (4-5) that affect the health of our community (related to the assigned essential service)? What are the threats/challenges posed and opportunities created by each of these forces?

After 55 minutes – you will switch Essential Services with your partner team (teams 1 & 2; teams 3 & 4; teams 5 & 6; teams 7 & 8; teams 9 & 10). You will have 25 minutes to review their initial work and add any additional ideas from your team. Please use a different color font to indicate your additions.

After 25 minutes you will return to your original Essential Service and review any additions by the second team. You will then **highlight in yellow - the Top 2 items for each area: Themes, Strengths and Forces of Change**. You will need to select a spokesperson to share your Top 2 items with the entire group.

After 25 minutes we will reconvene as a full group and ask each of the teams to share their **Top 2 Assessment Items in each area**.



## Activity 2: "Assessing the 10 Essentials" – Teams

<b>Team 1 – Forest:</b> Essential Service 1: Monitor health status to identify and solve community health problems	<b>Team 2 – Forest:</b> Essential Service 2: Diagnose and investigate health problems and health hazards in the community
Melissa Van Bruggen, Pinellas County Health Department Patricia Ryder M.D., Pinellas County Health Department John Sheehan, Westcare Carmen Wilson, Citizens Alliance for Progress Lynda Leedy, ONE BAY Healthy Communities Elizabeth Rugg, Suncoast Health Council Joe Baldwin, Health and Human Services Coordinating Council Geri Williams, Agency for Persons with Disabilities	Andrea Castillo, Pinellas County Health Department Gayle Guidash, Pinellas County Health Department James Baird, Pinellas County Health Department Carrie Hepburn, Tampa Bay Health Care Collaborative Jason Martino, Area Agency on Aging of Pinellas & Pasco Laurie Romig M.D., Pinellas County EMS Cliff Smith, Pinellas County HHS David Arche, Mayor of Tarpon Springs Joe Stumpo, PEMHS
<b>Team 3 – Forest:</b> Essential Service 3: Inform, educate, and empower people about health issues	<b>Team 4 – Forest:</b> Essential Service 7: Link people to needed personal health services and assure the provision of health care
Maggie Hall, Pinellas County Health Department Mary Robinson, Pinellas County Health Department Jane Bambace, Pinellas County Health Department Lolita Dash-Pitts, Center for Equal Health Angie Honda, Suncoast Health Council (MedNet) Mary Mahoney, All Children's Hospital Annie Tyrell, Willa Carson Health Resource Center Ayakao Watkins, ASAP Gay Lancaster, Juvenile Welfare Board	John Martinelli, Pinellas County Health Department Christina Vongsyprasom, Pinellas County Health Department Barbra Daire, Suncoast Center Jeannie Shapiro, Clearwater Free Clinic Frank Rodante, Molina Healthcare Rita Becchetti, Pinellas County Schools Ronda Russick, St. Petersburg Free Clinic Lou Ann Watson, BayCare Health System Denise Groesbeck, Health and Human Services Coordinating Council
<b>Team 5 – Forest:</b> Essential Service 5: Develop policies and plans that support individual and community health efforts	<b>Team 6 – Forest:</b> Essential Service 6: Enforce laws and regulations that protect health and ensure safety
Rich Curtin, Pinellas County Health Department Sharlene Edwards, Pinellas County Health Department Dale Watson, Pinellas County Health Department Maria Edmonds, Hispanic Leadership Council Sarah Snyder, Pinellas County Homeless Leadership Board Steve Dunn, All Children's Hospital Peggy Johns, Pinellas County Schools Kanika Tomlin, Bayfront Medical Center Janis Ford, City of St. Pete Economic Development (tentative)	Charles Minor, Pinellas County Health Department Beverly Diehr, Pinellas County Health Department Deb Shaffer, Pinellas County Health Department Tracy Christner, Project Grace, Hospice Al Bartolotta, Bicycle/Pedestrian Planner, Pinellas County Robert Neri, Westcare Manuel Sykes, NAACP Elisa Di Carlo, Pinellas County Jail Michelle Wilson, GRAYDI

## Activity 2: "Assessing the 10 Essentials" – Teams

<b>Team 7 – Water:</b> Essential Service 4: Mobilize community partnerships and action to identify and solve health problems	<b>Team 8 – Water:</b> Essential Service 8: Assure competent public and personal health care workforce
Rebecca Phillips, Pinellas County Health Department Patricia Boswell, Pinellas County Health Department April Lott, Directions for Mental Health Ann Sherman-White, Suncoast Hospice Cindy Rose, All Children's Hospital Erika Harris, Moffitt Cancer Center Lounell Britt, Sanderlin Center Scott Goyer, YMCA	Chris Gibson, Pinellas County Health Department Ashanti Jefferson, Pinellas County Health Department/USF Mary Twohey, Disability Achievement Center Janet Chapman, Early Learning Coalition Anissa Raiford, Pinellas County Medical Association Kathie DiPilito, R'Club Jahenein Nagel, PEMHS Susan Jenkins, Pinellas County Health Department/Carerra
<b>Team 9 – Water:</b> Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population health services	<b>Team 10 – Water:</b> Essential Service 10: Research for new insights and innovative solutions to health problems
Giovanna Taylor, Pinellas County Health Department Marilyn Carr, Pinellas County Health Department Paulette Thompson D.O., Pinellas County HHS Joe Santini, Community Health Centers of Pinellas Marcia Albanese, Morton Plant Mease Ge Vang, Lealman and Asian Neighborhood Center Avery Rosnick-Slyker, Ph.D., USF, Florida Covering Kids and Families Judi Vitucci, ARNP, Ph.D., Health Start Coalition of Pinellas	Claude Dharamraj, M.D. Ruth Keyes, YMCA of the Suncoast Mary Murph, Sickle Cell Disease Association Thometta Cozart-Brooks, USF Center for Equal Health Pattye Sawyer, Suncoast Hospice <hr/> Bill Horton, All Children's Hospital Khaliah Fleming, Moffitt Cancer Center Mark Vargo, Ph.D., OperationPAR Gwen Reese, Midtown Health Council



## Activity 2 Team Work and Highlights



**Robert Coates:** Welcome back to the Tropics. Let's review the work you've done. Let's have each team come up and report on the **Top 2 Assessment Items** in each area.

### Team 1: Monitor health status to identify and solve community health problems Joe Baldwin, Health and Human Services Coordinating Council



#### Themes:

- Linking program performance measures to community indicators. That implies that we have a strategic plan in place.
- Development of health registries. There is a lack of registries that can monitor events in the community.

#### Strengths:

- Electronic data access is substantial. We have Healthy Tampa Bay, ACA, JWB initialize, Charts, and a variety of other systems that provide data. This is positive for our community.
- Increasing collaboration, as evident in this room, and local collaboration and linkage between partners.

#### Forces of Change:

- Political forces. First is health care reform. These forces have to be contended with. As the political winds shift, we have to adapt.
- Development of technology. There are many things happening with respect to data exchanges and eligibility portals.



## Team 1: Monitor health status to identify and solve community health problems

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

<b>Community Themes</b> What are the most important issues that must be addressed to improve community health?	<b>Community Strength</b> What assets and resources does our community have to improve community health?
<ol style="list-style-type: none"> <li>1. Accuracy and timeliness of data</li> <li>2. Understanding methodology of data collection</li> <li>3. Presentation of data in understandable ways</li> <li>4. Linking program performance measures to community indicators</li> <li>5. Development of health registries (system for quantifying incidence/prevalence of chronic diseases)</li> <li>6. Improved access to health registry data already collected</li> <li>7. Engaging the right people and asking the right questions.</li> <li>8. Ensuring accurate socioeconomic and demographic data capture.</li> </ol>	<ol style="list-style-type: none"> <li>1. Florida CHARTS</li> <li>2. HealthyTampaBay.com</li> <li>3. PinellasIndicators.org</li> <li>4. AHCA</li> <li>5. JWB Warehousing</li> <li>6. Substantial community collaboration among agencies and</li> <li>7. Electronic data access is substantial (see above)</li> <li>8. DAVE (Department of Motor Vehicles data)</li> <li>9. Increasing national and local collaboration and linkage between partners, integration of traditional and nontraditional organizations to fill in previous gaps and think outside the box.</li> <li>10. Florida SHOTS program is very good (but underutilized)</li> <li>11. eVITALS data availability regarding trend tracking, vital statistics</li> </ol>

### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. Health Care Reform - Repealed	a. Elimination of IRS 990 requirement for nfp hospital community health needs assessment	a.
	b. Loss of public health funding if health care reform repealed	b.
	c.	c.
2. Health Care Reform - Stays enacted	a. Difficulty in navigating the changes and understanding the ramifications. At professional and individual patient levels.	a. Hospitals involved in community health needs assessment planning
	b.	b. More opportunities for data exchange
	c.	c.
3. Political Forces	a. Funding for data collection is at risk	a.
	b. Uncertainty tied to different priorities of legislature	b.

	<ul style="list-style-type: none"> <li>c. Legislators need to be aware of potential ripple effects of legislation on <u>all</u> agencies that participate in the healthcare continuum.</li> <li>d. Trend to outsource state healthcare functions, decrease state level regulation.</li> </ul>	c.
<b>Forces (Trend, Events, Factors)</b>	<b>Threats/Challenges Posed</b>	<b>Opportunities Created</b>
4. Medicaid Reform/Expansion	a. Cost to implement	a. HMO requirements to publish data collection and outcomes
	b.	b.
	c.	c.
5. More outcomes-driven funding from all sources	a. Ties data collection to funding priorities rather than furthering community priorities	a. Incentivizes data collection and assessment
	b. No standardization of data dictionaries	b.



	<ul style="list-style-type: none"> <li>c. HIPAA concerns sometimes limit availability of outcome info</li> <li>d. Outcome data needs to be used appropriately, with understanding of limitations, statistical concepts, etc. If not done appropriately, money may be diverted from a more productive project.</li> </ul>	c.
6. Technology development (electronic data exchanges, common eligibility portals, data warehouses)	a. Cost of implementation and integration	a. Access to good data to further seamless system
	e. Physicians/other providers need training, awareness, convenient way to access databases to share data (Make it EASY and quick).	b.
	c.	c.
7. Public Health Accreditation	a. Duplication because hospitals have similar requirement	a. Mandating community health assessments

8. Strong collaborative efforts in community

a. Unified efforts on data collection and sharing

## Team 2: Diagnose and investigate health problems and health hazards in the community

Gayle Guidash, Pinellas County Health Dept.



We had a great group. We had a good coordination group. We took a broader approach to the question. We smashed some of our themes together.

### Themes:

- There are surveillance systems but not as deep or shared as we would like. We need to improve useful distribution of information to healthcare providers regarding surveillance results.
- Need to incorporate behavioral health and specific population considerations. It requires treatment compliance measures for on-going patients, continuous tracking.

### Strengths:

- Additional county regulations facilitates investigation and oversight. The state has been deregulating.
- Social media provides new opportunities. Our fear is that it is getting ahead of what we can do. Some agencies talked about using twitter for trends. Facebook and twitter will supersede what we have. We want someone to watch these two for trends. We are too busy with email to pay attention to it. We have be reactive and not proactive. There is a texting ability for STD, getting results.

### Forces of Change:

- Important of digital communication is our theme. The health dept. received info from CDC. How can we get information to the providers? We built data bases with fax numbers. It's hard to collect data and push it back out to people that need to know. We need to refine this with technologies.
- Decreasing Budgets: This is important...it drives everything, reduction of staff with institutional knowledge. The good news is that we are required to collaborate. It forces us to work together.



## Team 2: Diagnose and investigate health problems and health hazards in the community

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

<b>Community Themes</b> What are the most important issues that must be addressed to improve community health?	<b>Community Strength</b> What assets and resources does our community have to improve community health?
<ol style="list-style-type: none"> <li>1. Need to improve useful distribution of information to healthcare providers regarding surveillance results. (Centralized data would assist.) (Need to define better what providers would be included.) Data sharing needs to be effective and cross-platform with appropriate security and access privileges. State and federal restrictions need to be cleared or dealt with.</li> <li>2. Lab services need to be more available to facilitate threat identification and tracking. (Budget cuts have severely impacted.)</li> <li>3. Need to incorporate behavioral health and specific population considerations are considered. Requires treatment compliance measures for on-going patients, continuous tracking/location/communication of and with patients.</li> </ol>	<ol style="list-style-type: none"> <li>1. Good process for tracking data, identify threats</li> <li>2. Behavioral Health programs are now starting to connect digitally with client/patient care records.</li> <li>3. Social media provides new opportunities.</li> <li>4. Some mobile resources are available and can address some geographic resource location challenges.</li> <li>5. Centralized electronic data collection for reportable diseases available (doh-merlin/prism)</li> <li>6. Very active and pervasive media</li> <li>7. Coordinated disaster response system</li> <li>8. Regulation of child care facilities</li> <li>9. Additional county regulations (over and above state requirements) facilitates investigation and oversight</li> <li>10. First Watch and BioSense systems</li> </ol>

### Forces of Change – Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. Importance of digital communication	a. Barriers to sharing data (including related policy and procedures)	a. Digital communication allows for quick dissemination of information, uniform delivery of message
	b. Slow adoption of social media and other digital communication methods as a communication means at several levels, including State	c. Digital communication has expanded awareness of role of various agencies and encourages collaboration.
	d. Social media is a moving target e. Need to address liability concerns re: electronic communication, including social media f. Need to identify all entities who could participate in data sharing.	c.
2. Decreasing budgets	a. Services no longer available locally (such as lab services)	a. Collaboration is necessary because of decreased resource availability. Willingness to collaborate is present.
	b. Access to care negatively impacted	b.

	<ul style="list-style-type: none"> <li>c. Loss of experienced professionals and institutional memory</li> <li>d. Impact community capability to respond to emergencies (public health, EMS, law enforcement)</li> <li>e. Transport difficulties can adversely affect access to care and follow up.</li> <li>f. Health care resources (often behavioral health) may not be located in convenient locations for all patients. Can affect compliance and follow up.</li> </ul>	c.
<p>3. Community demographics and other trends (immunizations, increased load on public health system due to financial status of population, increased longevity of patients but not necessarily healthy, increased medical technology in community)</p>	<p>a. Pop culture and availability of medical info can negatively affect access to care and patient medical decisions and result in misinterpretation. (Immunizations are a big example.)</p>	a.
	<p>b. Increased medical technology in community places new demands on emergency response capabilities.</p>	b.
<p><b>Forces (Trend, Events, Factors)</b></p>	<p><b>Threats/Challenges Posed</b></p>	<p><b>Opportunities Created</b></p>
<p>4. FirstWatch and BioSense and Essence (real-time data collection systems related to public health response)</p>	a.	<p>a.Enables rapid identification and response to public health threats</p>

**Team 3: Inform, educate, and empower people about health issues  
Maggie Hall, Pinellas County Health Dept.**

We had a lively discussion.



**Themes:**

- We think that finding champions is essential. It goes beyond the budget. We need to empower people like Jim West.
- The biggest challenge is reaching the hardest to reach.

**Strengths:**

- Willingness to share information across areas in the county and region. We have a lot of collaboration in my area. We share willingly.
- Within multiple health providers we saw a repository of information. It's a highly educated group. Use them to the best advantage.

**Forces of Change:**

- The economy (rising unemployment, cost increase, resource reduction).
- Also, Technology issue is to protect information while sharing it.
- Our third issue is: the political arena. It's a challenge and they control the budget but it can change.



### Team 3: Inform, educate, and empower people about health issues

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

<p style="text-align: center;"><b>Community Themes</b></p> <p style="text-align: center;">What are the most important issues that must be addressed to improve community health?</p>	<p style="text-align: center;"><b>Community Strength</b></p> <p style="text-align: center;">What assets and resources does our community have to improve community health?</p>
<ol style="list-style-type: none"> <li>1. Bridging gap between providers and users. Engaging users in their own care/outcomes.</li> <li>2. Messages/education must be culturally sensitive.</li> <li>3. Build community capacity to reach various publics.</li> <li>4. Finding champions who can carry issues across. Develop and empower them. May not be a medical person, but they are believers.</li> <li>5. Reaching the hardest-to-reach.</li> <li>6. We can provide info about screenings, but cost can drive people away if they don't have access to care (telling 50+ audience to get colonoscopies vs cost of getting one).</li> <li>7. Engaging individuals in their environment to develop trust.</li> <li>8. Education of the provider of available resources and referral mechanisms.</li> </ol>	<ol style="list-style-type: none"> <li>1. Rich media market with access to major TV and radio.</li> <li>2. Willingness to share info across areas in region.</li> <li>3. Broad base of agencies and activities doing outreach.</li> <li>4. Repository of information within multiple health providers; highly educated group. Use them to best advantage.</li> <li>5. Health department is sensitive to these issues; other areas don't have that asset.</li> <li>6. 211, Area Agency on Aging</li> <li>7. CPPW Grant, Find the fun</li> <li>8. Social media (Facebook), Texting (text for baby)</li> <li>9. Partnerships among providers for health promotions.</li> <li>10. Health Fairs</li> <li>11. SAMS-Situational Assessment Management System for disaster management.</li> </ol>

### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
<p>1. Economy (unemployment, cost increase, resource reduction).</p>	<p>a. Newly unemployed person no clue what to do next or where to go.</p>	<p>a. Wealth of resources are available once they look.</p>
	<p>b. Increased insurance costs cause choice between health and living expenses. End up in ER when ill, which drives up health care costs up for everyone. Costs borne by counties/government/community</p>	<p>b. Personnel departments can educate employees about alternatives to health care.</p>
	<p>c. Stigma attached to accessing public health systems.</p>	<p>c. Public-private partnerships in health care may reduce stigma of using resources. Package it differently.</p>
<p>2. Political arena (universal health care).</p>	<p>a. Misinformation out there in political arena. Elected officials don't know what we do.</p>	<p>a. Opportunity to reeducate them constantly because they change.</p>
	<p>b. Most vulnerable are least vocal and least able to state their case.</p>	<p>b. Encourage grassroots activism. d. Move to prevention services</p>
	<p>c. Policy makers forced to make tough choices between care and infrastructure.</p>	<p>c. Community more engaged in these discussions.</p>
<p>3. Technology (protect information while sharing it).</p>	<p>a. Legal boundaries of sharing health info.</p>	<p>a. Connecting patient consent to multiple health systems.</p>



	b.Ability to hack information that is protected.	b.Improve info protection systems to safeguard data.
	c.Lack of computer literacy or disabilities (vision, mobility, etc.) that make access to technology difficult.	c.More ADA compliant systems. Broaden community access to technology in natural community access points. d. Accessing your personal health record empowers patients
<b>Forces (Trend, Events, Factors)</b>	<b>Threats/Challenges Posed</b>	<b>Opportunities Created</b>
4.	a.	a.
	b.	b.
	c.	c.
5.	a.	a.
	b.	b.

**Team 4: Link people to needed personal health services and assure the provision of health care**  
**Frank Rodante, Molina Healthcare**



**Themes:**

- Identifying and overcoming barriers to access. We see that in transportation. Access to nutritious food, lower income areas don't have Publix or Sweetbay. Financial support access to health care. Education—why? What's in it for me? For some, they aren't aware of what they can do to receive benefits. Lack of personal motivation and responsibility—not everyone takes advantage of these programs. How do we motivate those people. Need for additional healthcare workers and different types of healthcare professionals. Other healthcare professional are taking on more that doctors did. Lack of knowledge of available social services.
- Improving our technology for patient access and better coordination for care. (integration of health and social services to support wellness)

**Strengths:**

- Local technology improvements (electronic health records are being implemented and efforts are being made to connect them)
- Increase outreach initiatives. (Peace 4 Tarpon, Fairmont Park) Through home visits, they were able to get information from families. (YMCA Hispanic Outreach) (high school clinics) (some services do provide home health services)

**Forces of Change:**

- Economy (further unemployment, lack of financial resources)
- Health Care Reform: We are trying to see how it will impact all of us. A negative result is loss of personal choice. Also, payment reform, i.e. bundled rates. The good things are impetus for collaboration, more groups are working together out of necessity. It will also foster out of the box thinking. We will also have simplified payment. It should create a shift to prevention. It could create a more holistic approach to health and wellness.



## Team 4: Link people to needed personal health services and assure the provision of health care

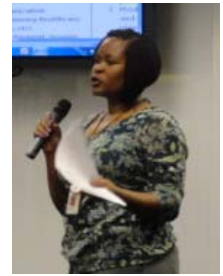
<h3>Community Themes</h3> <p>What are the most important issues that must be addressed to improve community health?</p>	<h3>Community Strength</h3> <p>What assets and resources does our community have to improve community health?</p>
<p><b>1. identifying and overcoming barriers to access</b></p> <ul style="list-style-type: none"> <li>• Transportation</li> <li>• access to nutritious food</li> <li>• financial support to access health care</li> <li>• education-why? What's in it for me?</li> <li>• Lack of personal motivation and responsibility</li> <li>• need for additional health care workers and different types of health care professionals to meet increased demand. <b>Workers who are culturally sensitive, trained and certified as community health advocates. This can be built within families, agencies and community.</b></li> <li>• lack of knowledge of available social services</li> </ul> <p><b>2. improving our technology for patient access and better coordination for care</b></p> <ul style="list-style-type: none"> <li>• integration of health and social services to support wellness</li> <li>• lack of knowledge of available social services</li> </ul> <p><b>3 .Integrate health services over lifespan.</b></p>	<p>1. hospitals have check lists[Healthy Start] for discharge of new moms for needed services</p> <p>2. completed analysis and identification of "food deserts"</p> <p><b>3. Local Technology improvements</b></p> <ul style="list-style-type: none"> <li>• electronic health records are being implemented and efforts are being made to connect to EHR's</li> <li>• close to implementing one -e-app [common eligibility system for social services and health care benefits]</li> </ul> <p>6. limited specialized transportation available now</p> <p>7. increase in</p> <p><b>9. Increased outreach initiatives -</b></p> <ul style="list-style-type: none"> <li>• Peace4Tarpon</li> <li>• Fairmount Park</li> <li>• YMCA's Hispanic Outreach</li> <li>• high school health clinics</li> <li>• some services do provide home health services</li> </ul> <p>10. County's recent analysis of areas of need</p> <p><b>11. Create care continuity across age ranges.</b></p>

### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. Economy	a. Further unemployment	a. Re-training
	b. Lack of financial resources	c. impetus for collaboration
	d. uncertainty	e. can foster out-of-the-box thinking and innovation.
2. health care reform	a. decreased reimbursement for some health care	A .increased access to alternatives
	b. payment reform i.e. bundled rates	c. simplified billing/payments
	d. loss of personal choice	c.shift to prevention d. Create a more holistic approach (to address social determinants) to health and wellness.
3.	a.	a.
	b.	b.

**Team 5: Develop policies and plans that support individual and community health efforts**  
**Sharlene Edwards, Pinellas County Health Department**



**Themes:** We felt these were overarching.

- Getting the 24 municipalities to coordinate as a collective like-minded group (with city ordinances, zoning, mobile produce vendors, etc.)
- Maximize the use of existing resources in a coordinated effort.

**Strengths:**

- Collaborative efforts currently exist. Groups partnering on grant opportunities
- Robust health and medical system that is nationally recognized. We are often pilot programs. We are often at the fore front of these.

**Forces of Change:**

- National, state, and local political climate. (defunding programs is a threat. An opportunity is it encourages personal responsibility.
- Federal state laws that different from local needs. This limits local ordinances. Many laws get in the way. The opportunities are that it increases awareness among communities, brings issues to forefront.



## Team 5: Develop policies and plans that support individual and community health efforts

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

<b>Community Themes</b> What are the most important issues that must be addressed to improve community health?	<b>Community Strength</b> What assets and resources does our community have to improve community health?
<ol style="list-style-type: none"> <li>1. Getting the 24 municipalities in Pinellas County to coordinate as a collective like-minded group (i.e. with city ordinances, zoning, mobile produce vendors, etc).</li> <li>2. Maximizing the use of existing resources in a coordinated effort.</li> <li>3. Public and private agency/organization coordination (i.e. competition among healthcare groups, duplication of services, etc).</li> <li>4. Getting community buy in/involvement; moving from policy to action (i.e. establishing both individual and mutual responsibility).</li> <li>5. Disparity of services among cultural/ethnic groups, marginalized communities, etc.</li> <li>6. Education of law makers.</li> <li>7. Political climate creates barriers to developing and implementing policies/plans.</li> </ol>	<ol style="list-style-type: none"> <li>1. Health and Human Services Coordinating Council (HHSCC) and Communities Putting Prevention to Work (CPPW) provide county wide services for the whole county and not just within city boundaries.</li> <li>2. Collaborative efforts currently exist (i.e. groups partnering on grant opportunities and services).</li> <li>3. Productive working relationship among local, state and national entities to develop/implement policies/ plans.</li> <li>4. Opportunities to receive funding to respond to community needs (i.e. CPPW, Preparedness Planning, ASPR funding).</li> <li>5. Robust health and medical system that is nationally recognized.</li> </ol>

### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
<p>1. National, state, and local political climate</p>	<p>a. Defunding programs</p>	<p>a. Encourages personal responsibility</p>
	<p>b. Creates barriers to implementing policies/plans that support community health (i.e. preventative services)</p>	<p>b. Pooling of resources</p>
	<p>c. Misinformation due to various media bias</p>	<p>c. Motivates communities to take initiative (i.e. municipalities deciding on their own to keep fluoride in water)</p>
<p>2. Federal/State laws that differ from local needs</p>	<p>a. Limits local ordinances</p>	<p>a. Increases awareness among communities; brings issues to the forefront</p>
	<p>b. Effects healthcare operations and internal policies; limiting effective business practices</p>	<p>b. Provides opportunity to be creative at a local level</p>
	<p>c. Creates barriers to implementing programs for preventative health (i.e. recess for children)</p>	<p>c. Creates opportunities for agencies to partner to provide services</p>
<p>3. Data on emerging health trends</p>	<p>a. Inability to effectively respond to the newly identified health issue; lack of resources</p>	<p>a. Creates opportunities for agencies to partner to provide services</p>
	<p>b. Uncoordinated public outreach in terms of effective and accurate communication to citizens</p>	<p>b. Creates opportunity for public/private partnership and media relationships</p>

## **Team 6: Enforce laws and regulations that protect health and ensure safety Beverly Diehr, Pinellas County Health Department**

We identified enforcement in regulations.



### **Themes:**

- Legislation based on health priorities as opposed to financial gain (health care debate)
- Current environment limiting the role of government in health, welfare and safety of citizens.

### **Strengths:**

- Some local decision makers are willing and supportive of crafting regulations to affect the health of the community.
- A problem to effective enforcement is the impact of traditional media bias. It's difficult for the message to be identified.

### **Forces of Change:**

- National, state and local political climate (changes in party; political agendas)





## Team 6: Enforce laws and regulations that protect health and ensure safety

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

<p style="text-align: center;"><b>Community Themes</b></p> <p style="text-align: center;">What are the most important issues that must be addressed to improve community health?</p>	<p style="text-align: center;"><b>Community Strength</b></p> <p style="text-align: center;">What assets and resources does our community have to improve community health?</p>
<ol style="list-style-type: none"> <li>1. Sharing of information</li> <li>2. More local control via ordinances, rule making (smoking)</li> <li>3. Legislation based on health priorities as opposed to financial gain (health care debate)</li> <li>4. Preventive Health needs to be a higher priority with legislator.</li> <li>5. Current environment limiting the role of government in health, welfare and safety of citizens.</li> <li>6. Need to enforce current laws, not a need for new laws (ensure HCP know and understand the laws that govern them).</li> <li>7. Lack of understanding by the community on current laws and regulations that would affect them.</li> <li>8. Declining resources to monitor compliance</li> </ol>	<ol style="list-style-type: none"> <li>1. Existence of legal assistance for the community.</li> <li>2. (Some) Local decision makers are willing and supportive of creating regulations to affect the health of the community</li> <li>3. Private/public collaboration</li> <li>4. Existing statutes that support enforcement efforts</li> </ol>

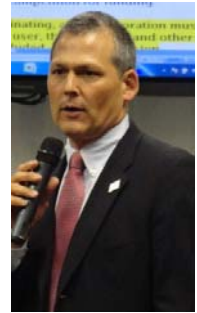
### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. Less regulation	a. increased public health issues	A .better regulation
	b.increase in mortality/morbidity	b.refocus on priorities, education
	c.disproportionate impact on disadvantaged populations	c. <b>less regulation from the state may allow local communities to develop and enforce regulation</b>
2.current debate on health care reform	a.misinformation by decision makers	a.possibility of access to health care for more
	b.keeps the status quo around healthcare	b.room for better advocacy
	c. <b>less local funding received from federal gov't; more local fiscal strain to monitor and enforce</b>	c.examine system to put better practices into place
3. media bias instead of remaining neutral (more sensationalism)	a.policies may not be implemented	a. <b>partnering with media allows opportunity to educate public and law makers</b>
	b.misinformation by voters	b.
	c.	c.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
4. social media (facebook, twitter, etc)	a. misinformation can be promoted	a. innovative messaging of issues that protect health and ensure safety
	b.	b. creates opportunity for discussion/healthy debate of healthcare issues
	c.	c. allow opportunity to reach/network with individuals that would otherwise be disenfranchised.
5. National, state, and local political climate (changes in party; political agendas)	a. less resources creates gaps	a. opportunity to increase efficiencies to monitor and enforce
	b.	b. more accountability
	c.	c.
6.	a.	a.

**Team 7: Mobilize community partnerships and action to identify and solve health problems**  
**Scott Goyer, YMCA**



**Themes:**

- Corporate ego issue that exists. "I have the answer and you just need to follow me"
- Planning, coordinating, and collaboration must engage the end user, the consumer and other not typically included in the discussion.

**Strengths:**

- Pinellas County has many health care providers and services. We need to pull them together.
- Strong existing partnerships.

**Forces of Change:**

- Affordable Care Act.
- Federal efforts to mobilize the community. This pulls us together and forces us to play nice.



## Team 7: Mobilize community partnerships and action to identify and solve health problems

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

<p style="text-align: center;"><b>Community Themes</b></p> <p style="text-align: center;">What are the most important issues that must be addressed to improve community health?</p>	<p style="text-align: center;"><b>Community Strength</b></p> <p style="text-align: center;">What assets and resources does our community have to improve community health?</p>
<ol style="list-style-type: none"> <li>1. Corporate ego's, institutional ego's, "I have the answer and you just need to follow me"</li> <li>2. Resources, economic challenges, limited resources, and competition for funding</li> <li>3. Planning, coordinating, and collaboration must engage the end user, the consumer and others typically not included - in the discussion Acknowledging "real" people and their contribution - listening</li> <li>4. Infrastructure of our community - it is not built around improving our community health</li> </ol>	<ol style="list-style-type: none"> <li>1. Pinellas County has many health care and service providers, neighborhood centers, community centers, and strong outreach efforts</li> <li>2. Dedicated professional work force</li> <li>3. Strong existing partnerships</li> <li>4. <i>Access to free bike trails, and parks</i></li> <li>5. <i>EBT access at green markets</i></li> <li>6. <i>Find the fun billboards</i></li> <li>7. <i>Private and public wellness coordinators are more common now</i></li> <li>8. <i>Good florida weather to motivate the use of outdoor activities</i></li> </ol> <p><i>Health and human services coordinating counsel</i></p> <p><i>The millage, county commissioners being supportive</i></p> <p><i>CPPW collaboration</i></p>

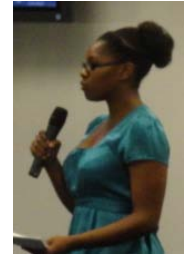
### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. Affordable Care Act	a. Getting people enrolled	a. Access
	b. Enough health care providers	c. Prevention & Wellness
	d. Funding methodology	b. Better health outcomes
2. Tampa Bay as a whole	a. Transportation	a. Economy of scale
	b. Community autonomy	c. Broader consumer choice
	d. Awareness & navigating the system	b. More opportunity for stronger partnerships - more resources
3. Federal efforts to mobilize the community	a. Implementation of electronic health record	a. Implementation of electronic health record
	b. Funding methodologies and requirements	c. Providers are committed to cost and quality of health care
	c.	c.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
4. Less funding to social service agencies, not for profits, etc	a. Social service agencies closing their doors	a. Efficiencies gained due to partnerships
	b. Unable to participate in the solution without funding	b.
	c.	c.
5. Individuals and families have less money to spend on health care	a. Less money on prevention, wellness, and disease management	a.
	b. Unable to participate in the community efforts	b.
	c.	c.
<i>6. Need fewer Silos</i>	<i>a. Turf guarding</i>	<i>b. creates an opportunity in the environment for collaboration and sharing of resources</i>
	c.	b.

**Team 8: Assure competent public and personal health care workforce**  
**Ashanti Jefferson, Pinellas County Health dept. USF**



**Themes:**

- Cultural diversity and competent service providers.
- Public compensation vs. private..you're not getting everyone you want to work for you because of the compensation

**Strengths:**

- Academic partnerships (having interns like myself) allow for continuing ed units with other institutions
- Level of collaboration

**Forces or Change:**

- Economic downturn. We addressed that from multiple directions. More people are losing jobs and we need to provide services to more people, yet there is less funding.
- Increased use of substance abuse and Rx drug abuse. There may be folks using drugs at work, taking away from the community.





## Team 8: Assure competent public and personal health care workforce

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

Community Themes	Community Strength
<p style="text-align: center;">What are the most important issues that must be addressed to improve community health?</p>	<p style="text-align: center;">What assets and resources does our community have to improve community health?</p>
<ol style="list-style-type: none"> <li>1. Inadequate Funding</li> <li>2. Cultural diverse and competent service providers</li> <li>3. Public compensation vs. Private</li> <li>4. Baby Boomers )a)(<i>retiring, moving</i></li> <li>5. <i>out of the work force) b) Staying in the workforce longer and resistant to change, not updating their skills</i></li> <li>6. Decreased monetary resource for higher education or continuing education</li> <li>7. Increased staff turnover rate at public facilities</li> <li>8. Succession planning</li> <li>9. More local community control</li> <li>10. <i>More stressors, more personal responsibility and more mental health issues of the workforce</i></li> <li>11. <i>Ensuring that the people serving the individuals understand and value cultural competency</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Academic partnership</li> <li>2. Level of collaboration</li> <li>3. Multitude of resources in place</li> <li>4. Increased interest in public health AEB bike trails and wellness initiatives</li> <li>5. Supportive county government millage</li> <li>6. CPPW, public policy, media attention</li> <li>7. Grant funding</li> <li>8. <i>Health care providers as a resource</i></li> <li>9. <i>Diversity is embraced and celebrated</i></li> </ol>

### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

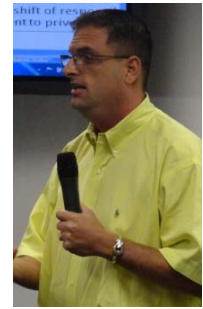
Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. <b>Economic downturn</b>	a. Inability of government to provide adequate salary <i>(and staffing - also true for most businesses including not for profits)</i>	a. Find more cost effective and efficient ways to provide services
	b. Academic implications, for students and faculty	c. Collaboration and shared funding
	d. Increased number of uninsured due to job loss e. The need to provide social services	b. Opportunity to work with local Worknet programs to retrain healthcare workers ie.. dental assistants, medical assistants, CNA
2. Legal challenges to affordable healthcare	a. Unsure of what to plan for	<i>a. Healthier staff, lower absentee rate, increased productivity</i>
	<i>b. Fewer people entering the health care service industry</i>	c.
	d.	c.
3. Political decisions	a. Current administration are not taking advantage of federal funds	a. Identifying non-federal forces of revenue that will meet needs

	b.	c. Focus on partnerships who are able to take advantage of federal funding opportunities
	d.	e. Congress must renew CPPW funding if not renewed the local community must create sustainability efforts
<b>Forces (Trend, Events, Factors)</b>	<b>Threats/Challenges Posed</b>	<b>Opportunities Created</b>
4. Rise in obesity	a. Fast food restaurants accessibility	a. Collaborate with health department in regard to education awareness
	b. Lack of accessibility to green market	c. Early intervention with young children with CPPW
	d. Impacts the public health workforce e. Rise of healthcare costs f. Increase in chronic disease and health consequences g.	b. Use of EBT cards at neighborhood fresh produce markets c. Opportunities for businesses to initiate employee wellness programs
5. Greying of America	a. Loss of experienced workforce	a. Opportunity for the increase in nontraditional healthcare services
	b. The need for increased nontraditional in home health services	c. Opportunity to work with Worknet programs

	c.	c.
6. Increased use of substance abuse and rx drug abuse	a. Impact of addiction on workforce	a. Joint education of workforces to understand addiction issues and the effect on the workplace collaboratively
	b. Increased risk of children born addicted to illegal substances or prescription medications	c. Joint education of workforces to understand addiction issues and the effect on the workplace collaboratively
	d.	b.

## Team 9: Evaluate effectiveness, accessibility, and quality of personal and population health services

Joe Santini, Community Health Centers of Pinellas



### Themes:

- What standards of care—are they similar—do they meet national standards or standards for the industry
- Community / Neighborhood standards that all areas must have to be a healthy community. They need equity of access to healthy things.

### Strengths:

- Multiple data sources that provide local data (BRFSS, CHARTS). We are rich in data, we need to use it better.
- Resource rich community: robust primary through tertiary care health system.

### Forces or Change:

- Decreased Funding
- Political Environment: The solution is the collaboration opportunities that this creates. We can coordinate services, not duplicate. Partnering for the betterment of all in the community.



## Team 9: Evaluate effectiveness, accessibility, and quality of personal and population health services

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

Community Themes	Community Strength
<p style="text-align: center;">What are the most important issues that must be addressed to improve community health?</p>	<p style="text-align: center;">What assets and resources does our community have to improve community health?</p>
<ol style="list-style-type: none"> <li>1. Local baseline data - including health disparities (also having local qualitative baseline data highlighting root causes of health disparities)</li> <li>2. Coordinated, comprehensive approach to data collection, planning and evaluation -</li> <li>3. Need a full inventory of the services available in this County (funded &amp; unfunded) - captured and maintained</li> <li>4. What standards of care - are they similar - do they meet national standards or standards for that "industry" (institutional) (reviewing and revising local and national standards as needed) and implementing.</li> <li>5. Independent evaluation - utilize existing tools - of all entities for whatever industry - i.e. hospitals, nursing homes, doctors offices both internal and external (does this solely focus on internal evaluation? Or external evaluation?)</li> <li>6. Community Awareness of quality services at different sites (score card / grading system) ( are we measuring the quality of services? Or the quality assurance services?)</li> </ol>	<ol style="list-style-type: none"> <li>1. 2-1-1 a good baseline - beginning point</li> <li>2. Infrastructure established by CPPW - (funding does end 9/30/12)?!?</li> <li>3. Multiple data sources that provide local data: i.e. BRFSS, CHARTS</li> <li>4. Resource Rich Community: Robust primary through tertiary care health system: i.e. Health Department, Free Clinics, Community Health Centers, Residency Programs; a public and private collaboration</li> <li>5. Desirable / marketable community</li> <li>6. Multiple coalitions that work together -</li> <li>7. Mission driven healthcare providers in community</li> <li>8. Non-profits connected to healthcare services and refer people into care -</li> <li>9. Local higher educational institutions that are able to provide evaluation services and student service learning opportunities</li> <li>10. Easy access to independent evaluators</li> </ol>

<ol style="list-style-type: none"><li>7. Community input / evaluation of services in County that includes: satisfaction; meeting the needs, what's working, what's not, <b>and proposed solutions</b></li><li>8. <b>Community / Neighborhood standards that all areas must have to be a healthy community</b></li><li>9. Need a common language for our community (<b>please clarify common language: meaning speaking in one voice to address issues in the community?</b>)</li><li>10. Accessible to everyone - regardless of finances, citizenship, language</li></ol>	
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### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
<b>1. Decreased Funding</b>	a. Funders change focus	a. Decrease duplication – maximize existing effective resources
	b. Needs / Demands cannot be met through funding	b. Prioritize - Healthcare has a value – personal accountability – using a sliding fee scale
	c. Funded programs do not result in a “complete” sustainable system	c. <b>Collaboration and shared coordination – not a burden on one – more likely to be sustained</b>
	d. Funding period is not long enough and it is stop gapped – does not allow long-term change	
<b>2. Political Environment</b> a. Healthcare Reform (National) b. Medicaid Cost Shift (State)	a. Liability Insurance for licensed professionals	a. Legislative change
	b. Unknown of Healthcare Reform (Supreme Court Decision – June)	b. Unknown
	c. Paradigm shift of responsibility from government to private sector	c. <b>Opportunity for partnerships</b>
<b>3. Technology / Communication</b>	a. Poor marketing of system / services	a. Partner with marketing firms <b>or higher learning institutions to reach this goal but at a reduced cost</b>
	b. No common accessibility to technology	b. Computer give aways/ <b>perhaps more community labs / free wifi/ education of consumer increasing availability</b>



Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
4.	c.	c.
	a.	a.
	b.	b.
5.	c.	c.
	a.	a.

## Team 10: Research for new insights and innovative solutions to health problems

Thometta Cozart-Brooks, USF Center for Equal Health



### Themes:

- Having community based organizations involved in the pre-research process and throughout the research continuum in order to accurately address the needs, resources, etc of the community. We allow them to come to the table.
- Limited funding mechanisms; short life of grants and limited sustainability of research, program services

### Strengths:

- Strong collaborative partnerships, amongst academia, coalition, task forces, councils

### Forces or Change:

- Economic: Funding sources reduced and eliminated
- Social: Research and working with communities. Some have a fear of research, we need to address that and they need to come to the table. We need to be aware of cultural sensitivity and language barriers.



## Team 10: Research for new insights and innovative solutions to health problems

List the major Community Themes in the left-hand column. Then list the main Community Strengths in the right hand column.

Community Themes What are the most important issues that must be addressed to improve community health?	Community Strength What assets and resources does our community have to improve community health?
<p>1. Fostering community dialogue that addresses the need for innovation in research; taking into account various perspectives relating to innovation and technology</p> <p>2. Alternative funding sources for creating Innovation at the community level</p> <p>3. Disconnect between academic based entities and CBOs particularly pertaining to research</p> <p>4. Identifying and analyzing the root causes of health inequities in relation to health disparities</p> <p>5. Having community based organizations involved in the pre-research process and throughout the research continuum in order to accurately address the needs, resources, etc. of the community</p> <p>6. Limited resources (human and financial) for local public health departments to engage in research</p> <p><i>6.a. Limited human capital to conduct health based research – independent; Moffitt / USF collaboration</i></p> <p>7. Limited funding mechanisms; short life of grants and limited sustainability of research, programs and services due to limited funding</p> <p>8. Limited categorical funding (i.e. always needing to apply for grants in order to fund projects/programs, etc.)</p> <p>9. Lack of sharing data or information gathered from needs</p>	<p>1. Existing foundation of positive partnerships between the academia and community organizations</p> <p>2. Willingness of community-based organizations to be part of innovative research</p> <p>3. Strong community advocates</p> <p>4. Strong collaborative partnerships, amongst academia, coalitions, task forces, councils, CBOs, etc. currently within community</p> <p>5. Ability of research institutions to access clientele and population services, local CBOs, etc.</p> <p>6. History of innovative research (i.e. beauticians educating clients on infant mortality)</p> <p>7. Juvenile Welfare Board (funding and evaluation of programs)</p> <p>8. Number of higher educational institutions in Pinellas</p> <p>9. <i>Operation PAR has its own research facility for substance abuse services</i></p> <p>10. <i>National resources of innovative and evidence based programs (i.e. CMS, CDC, HHS)</i></p>

assessments, etc. to higher institutions (in order to give them an idea as to what should be focused on)

*10. Engage corporate and private funders to do research in our community*

*11. Inventory of existing research in this community related to health problems*

*12. Inventory of innovative solutions in practice now*

### Forces of Change - Threats and Opportunities

List the major Forces of Change (social, economic, political, technological, environmental, scientific, legal). Then, for each force, identify the threats and opportunities for the public health system or community created by each.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
1. Economic	a. Funding sources reduced and/or eliminated	a. Community collaborations
	b. Duplication of efforts	b. Elimination of duplication by partnering with other organizations
	c.	c.
2. Political	a. Privatization	a. Learn to work with private sources via partnerships
	<i>b. Legislation around human research is a barrier - IRB is a barrier</i>	<i>b. Create research friendly legislation that is not prohibitive.</i>
	c.	c.
3. Technology	a. Behind in healthcare technology	a. Learn from other industries regarding best practices for healthcare technology
	b. Gap in knowledge of technology use	Various methods of technology education
	c. Antiquated technological systems currently being used	c.

Forces (Trend, Events, Factors)	Threats/Challenges Posed	Opportunities Created
4. Legal	a. Increased litigation hampers services offered	a. Educate groups about advocacy and policy
	b. Legal literacy	c. Educate public on legal rights and responsibilities
	c.	c.
5. Social	a. Language/literacy barriers	a.
	b. Positive/understandable translation of research to general public	b.
	c. Cultural sensitivity and competency	c.
6. Environmental : History of negative research in certain populations (i.e. Tuskegee Experiment)	<i>a. Obtaining an inventory</i>	a.
	<i>b. Cost of literature review - cost of research - very few things in public domain</i>	<i>Create a public domain to share research</i>



**Robert:** Themes we seem to have in common

- Data and technology (social media aspect)
- Collaboration
- Educating the public about access and what is available
- Political arena
- Economy

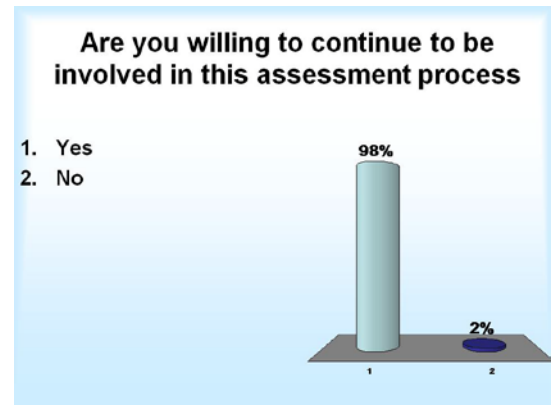
**Robert:** We want to ask you a couple of questions. Take a look at our slide. Using our voting technology, indicate your response to these questions.

**Slide 1:** Are you willing to continue to be involved in this assessment process? Yes or No?

98% said yes, 2% said no

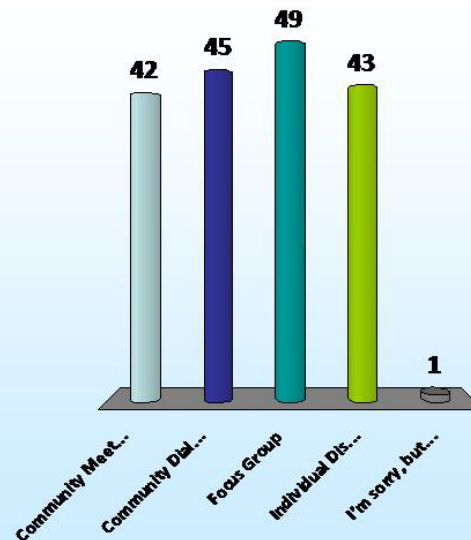
**Slide 2:** How are you willing to participate?

- Community meeting
- Community dialogue
- Focus group
- Individual discussion/interview
- I'm sorry, but I can't participate in any of the above.



**To complete the Community Health Assessment we will need additional information from you. Please indicate if you are willing to participate in a:**

1. Community Meeting
2. Community Dialogue
3. Focus Group
4. Individual Discussion/Interview
5. I'm sorry, but I can't participate in any of the above



## Wrap Up

**Robert:** Let's give our business illustrator, Jonathan Massie, an opportunity to review his artwork with you.



**Dr. Dharamraj:** We may be the health dept., but there are so few of us and over one million people. Even if they don't know that they are an eventual client of the health department, they will eventually be touch by us...either through a disaster or epidemic. Access to care is important. By default, we have clinics many times because people have nowhere else to go. Now we have a great partnership with the health center. We cannot do it alone. We need everyone in the community to do it. I cannot thank you enough for being here today. We have a diverse group..we have hospice, academia, health care providers, community and all kinds of people. I'm happy to have seen that you were all able to come and give us your input. We've captured it all.

The next step, there will be a community health improvement plan. What do we want to do about what's not working? What are our weaknesses? I'm not sure of the process yet. We will communicate through the collaborative labs and all of you will have access to it. If you have to do the strategic plan yourself, you can use some of that.

Thank you so much. Your time is very important. Thank your director for letting you come. We'll be in touch. We might be cut, we might change but there will still be a health department in the county.