

**PINELLAS COUNTY  
COMMUNITY HEALTH  
ACTION TEAM (CHAT)**

**Wednesday, April 10, 2013  
2:00 PM - 3:30 PM**

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

**MINUTES**

**Welcome and Introductions**

**Melissa Van Bruggen**

Melissa Van Bruggen convened the meeting, welcoming and thanking attendees for their participation. *(see attached sign-in sheet for members in attendance)*

Melissa reviewed the handouts for the meeting and reminded team members that the 2012 Pinellas County Community Health Assessment was completed and available for the public and our community partners. Hardcopies of the assessment were provided to community partners who had not already received one. Hard copies of the 2013 County Health Rankings for Florida were also made available to the team.

**Video: Cancer Survivor Story Reducing Cancer-related Health Disparities**

**Rebecca Phillips**

Rebecca Phillips presented a video from The Center for Equal Health on Reducing Cancer-related Health Disparities. Rebecca encouraged team members to complete a related survey from their homes or offices.

**BayCare CHNA Update**

**Bob Costello**

Bob Costello updated the group on the Community Health Needs Assessment being conducted by BayCare. The process includes the collection of primary and secondary data in areas BayCare hospitals serve. Their findings thus far align with finding from the Pinellas County Health Department led Community Health Assessment

**Action Item: Prioritization**

**Team Members;  
Melissa Van Bruggen**

Melissa Van Bruggen explained the prioritization activity. Team members used stickers to indicate items of high and moderate priority. High priority items included the goals and strategies that should not be removed. Moderate priority items included the goals and strategies that were important, but could be combined, altered, or otherwise changed to better address the strategic issue. Items with low priority or no preference were left without a sticker.

| Goal or Strategy   | High Priority | Moderate Priority | Score |
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| <b>ACCESS TO CARE</b>  |               |                   |       |
| Goal AC 1: Regularly assess health care services and consumer service needs  | 2             | 3                 | 7     |
| Strategy AC 1.1: Assess current health resources in Pinellas County and consumer utilization.  | 1             | 0                 | 2     |
| Strategy AC 1.2: Collaborate with PSTA and other transportation programs to determine transportation service needs in underserved areas.                 | 2             | 2                 | 6     |
| Strategy AC 1.3: Collaboratively conduct a gap analysis between providers' services and consumer needs.  | 1             | 0                 | 2     |
| Goal AC 2: Improve technology to improve efficiency of services to consumers and collaboration amongst service providers                                 | 5             | 4                 | 14    |
| Strategy AC 2.1: Increase provider usage of the One-E-app as a common eligibility tool to streamline access to services.                                 | 1             | 0                 | 2     |
| Strategy AC 2.2: Identify and promote a common Health Information Exchange system amongst providers that is secure and ensures patient confidentiality.  | 6             | 0                 | 12    |
| Goal AC3: Provide equal access to culturally and linguistically competent care   | 4             | 0                 | 8     |
| Strategy AC 3.1: Educate providers on CLAS Standards and mandates.   | 0             | 0                 | 0     |
| Strategy AC 3.2: Promote the completion of the Cultural and Linguistic Competencies Organizational Self-Assessment by providers of health care services. | 4             | 0                 | 8     |
| Strategy AC 3.3: Develop and implement a certification program   | 4             | 0                 | 8     |

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| for health care interpreters and translators that is specific to medical/dental/behavioral health terminology.   |   |   |    |
| Goal AC4: Improve pre and interconceptional health   | 5 | 3 | 13 |
| Strategy AC 4.1: Raise awareness among providers and consumers on the importance of being healthy prior to pregnancy.  | 4 | 0 | 8  |
| Strategy AC 4.2: Promote prenatal oral health care to improve pregnancy outcomes.  | 1 | 1 | 3  |
| Strategy AC4.3: Increase access to prenatal services and education for African-American and Hispanic women.  | 3 | 1 | 7  |
| <b>BEHAVIORAL HEALTH</b>   |   |   |    |
| Goal BH 1: Increase access to behavioral health services   | 5 | 1 | 11 |
| Strategy BH 1.1: Strengthen the integration of behavioral and primary health care service delivery.  | 1 | 2 | 4  |
| Strategy BH 1.2: Improve communication and coordination of care among providers through health information exchange.   | 6 | 1 | 13 |
| Strategy BH 1.3: Promote the use of evidence-based behavioral health screenings across care settings.  | 1 | 0 | 2  |
| Goal BH 2: Reduce disparities in use of behavioral health services   | 3 | 0 | 6  |
| Strategy BH 2.1: Promote enhanced workforce development of allied staff in integrated primary and behavioral health care practices.  | 0 | 0 | 0  |
| Strategy BH 2.2: Integrate trauma-informed care practices in behavioral and primary health care settings through provider and community education with emphasis on Adverse Childhood Experiences (ACEs). | 3 | 1 | 7  |
| Strategy BH 2.3: Engage targeted at-risk populations to better understand behavioral health care needs.  | 2 | 0 | 4  |
| Strategy BH 2.4: Reduce barriers to access in geographic areas of high need through targeted community-based interventions.  | 0 | 0 | 0  |
| Goal BH 3: Reduce substance abuse among children and adults  | 7 | 2 | 16 |
| Strategy BH 3.1: Advocate for changes in policy and practices related to substance abuse, including more stringent regulations   | 7 | 1 | 15 |

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| for prescription drugs classified as controlled substances.  |           |          |           |
| Strategy BH 3.2: Raise awareness among providers, parents, youth, and businesses on emerging substance abuse trends to improve and inform practices. | 1         | 0        | 2         |
| Strategy BH 3.3: Increase access to substance abuse services for prenatal and postpartum women.  | 2         | 0        | 4         |
| <b>Goal BH 4: Reduce violence among children and families</b>  | <b>4</b>  | <b>2</b> | <b>10</b> |
| Strategy BH 4.1: Promote community programs that maximize healthy development and interaction among children, families, schools, and communities.    | 6         | 0        | 12        |
| Strategy BH 4.2: Investigate best practices to inform advocacy and policy change related to bullying.  | 1         | 0        | 2         |
| Strategy BH 4.3: Raise awareness and advocate for policy change to improve and inform practices related to domestic violence.                        | 0         | 0        | 0         |
| <b>HEALTH PROMOTION AND DISEASE PREVENTION</b>   |           |          |           |
| <b>Goal HPDP 1: Increase the percentage of adults and children who are at a healthy weight</b>   | <b>10</b> | <b>0</b> | <b>20</b> |
| Strategy HPDP 1.1: Promote healthy eating habits and active lifestyles of adults.  | 0         | 0        | 0         |
| Strategy HPDP 1.2: Increase the usage of county parks, trails, and recreational facilities.  | 4         | 0        | 8         |
| Strategy HPDP 1.3: Promote healthy eating habits and active lifestyles of school-aged youth.   | 8         | 0        | 16        |
| <b>Goal HPDP 2: Reduce chronic disease morbidity and mortality</b>   | <b>2</b>  | <b>4</b> | <b>8</b>  |
| Strategy HPDP 2.1: Promote chronic disease self-management education.  | 0         | 0        | 0         |
| Strategy HPDP 2.2: Promote early detection and screening for chronic diseases such as asthma, cancer, heart disease, and diabetes.                   | 4         | 0        | 8         |
| Strategy HPDP 2.3 Promote activities to reduce tobacco use and exposure in adults and youth.   | 3         | 0        | 6         |
| <b>Goal HPDP 3: Prevent the spread of infectious disease</b>   | <b>0</b>  | <b>1</b> | <b>1</b>  |

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| Strategy HPDP 3.1 Provide targeted education on the benefits of receiving immunizations to increase the percentage of children who are fully immunized.  | 1 | 1 | 3  |
| Strategy HPDP 3.2 Implement education and re-education on the benefit of under-utilized vaccines, such as HPV (maybe include chicken pox, shingles, pneumonia?).   | 0 | 0 | 0  |
| Strategy HPDP 3.3 Promote education and appropriate marketing to prevent the exposure to and infection from sexually transmitted diseases.   | 0 | 0 | 0  |
| <b>HEALTHY COMMUNITIES AND ENVIRONMENTS</b>  |   |   |    |
| Goal HCE 1: Establish an integrated planning and assessment process to maximize partnerships and expertise of the community in accomplishing its goals   | 5 | 3 | 13 |
| Strategy HCE 1.1: Include a public health component in community planning processes to increase awareness and opportunity for the built environment to impact healthy behaviors within Pinellas County governments and municipalities. | 7 | 0 | 14 |
| Goal HCE 2: Increase access to nutritious and affordable foods   | 8 | 0 | 16 |
| Strategy HCE 2.1: Coordinate collaboration to improve transportation to food purchase locations.   | 0 | 0 | 0  |
| Strategy HCE 2.2: Promote alternative options for access to nutritious foods in low-income communities.  | 3 | 1 | 7  |
| Strategy HCE 2.3: Support a focused effort to increase access to nutritious and affordable foods for early education, primary, and secondary school children.  | 5 | 1 | 11 |
| Goal HCE 3: Increase access to safe opportunities for physical activity  | 3 | 2 | 8  |
| Strategy HCE 3.1: Promote collaborative efforts to form transportation linkages to schools, work, home, and recreations.   | 4 | 0 | 8  |
| Strategy HCE 3.2: Promote safety for people to live active lives by increasing community policing and perceived community safety.  | 2 | 0 | 4  |
| Strategy HCE 3.3: Continue ongoing efforts to ensure availability of parks and open space.   | 1 | 0 | 2  |
| Goal HCE 4: Revitalize targeted communities to create a safe and healthy living environment  | 0 | 1 | 1  |

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| Strategy HCE 4.1: Provide county-level model rapid assessment tools to identify substandard housing and improve the delivery of contact information necessary for remediation. | 0 | 0 | 0 |
| Strategy HCE 4.2: Create a county level "Healthy Homes Consortium" to increase activities and support for household and community level development.                           | 0 | 0 | 0 |

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| <b>Next Steps</b> | <b>Melissa Van Bruggen</b> |
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Melissa Van Bruggen told the group that the next meeting would be a collaborative engagement at the St. Petersburg College EpiCenter Collaborative Labs on May 22<sup>nd</sup>; additional information to follow via email.