

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

**Wednesday, March 13, 2013  
2:00 PM - 4:00 PM**

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

**MINUTES**

**Welcome and Updates**

**Melissa Van Bruggen**

Melissa Van Bruggen convened the meeting, welcoming and thanking attendees for their participation. New members Geni Trauscht from Pinellas County Health and Human Services, Megan Carmichael from the Pinellas County Health Department, and Rhonda Abbott from the United Way Suncoast were introduced (*see attached sign-in sheet for members in attendance*).

**Work Team Updates:**

**Access to Care**

Rebecca Phillips presented updated goals and strategies developed by the Access to Care work team. (*see attached PowerPoint- CHAT Update*)

- Team discussed the possibility of combining strategies AC1.5 and AC1.1.
- Strategy AC1.2- Discussion centered on whether terminology “high risk” may be offensive. Suggestions were made to change the terminology to “vulnerable population or “assess transportation gaps in communities.” Team suggested working with PSTA advisory group to ensure transportation is planned around health care service locations.
- Strategy AC4- team asked that Hispanic women be added.

**Health Promotion and  
Disease Prevention**

DeAnne Turner presented updated goals and strategies developed by the Health Promotion and Disease Prevention work team. (*see attached PowerPoint- CHAT Update*)

- The three goals of Health Promotion and Disease Prevention remained the same.
- Under Goal 1, Strategy 1.1 was reworded to reflect an emphasis on education. Strategy 1.3 now includes school-

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|  | <p>aged youth. Team agreed that this would reflect the health related habits of youth when they are both in and out of school.</p> <ul style="list-style-type: none"> <li>• Under Goal 2, a strategy for clinician specific education was removed.</li> </ul>   |
| <p><b>Healthy Communities &amp; Environments</b></p> | <p>DeAnne Turner presented updated goals and strategies developed by the Healthy Communities &amp; Environments work team. <i>(see attached PowerPoint- CHAT Update)</i></p> <ul style="list-style-type: none"> <li>• The goals for this priority area remained the same.</li> <li>• The strategies for Goal 2 were changed: (1) Coordinate collaboration to improve transportation to food purchase locations (2) Promote alternative options for access to nutritious foods in low-income communities (3) Support a focused effort to increase access to nutritious and affordable foods for early education, primary, and secondary school children. <ul style="list-style-type: none"> <li>○ Strategy 2.2- team suggested aligning with Hunger Network</li> <li>○ Strategy 2.3- team suggested working with Early Learning Coalition, schools, including School Health Advisory Committee (SHAC), and after school programs. Megan will follow up about getting on SHAC agenda.</li> </ul> </li> <li>• Under Goal 3, strategy 1 was modified to: Promote collaborative efforts to form transportation linkages to schools, work, home, and recreation</li> </ul>        |
| <p><b>Behavioral Health</b></p>                      | <p>Melissa Van Bruggen presented updated goals and strategies developed by the Behavioral Health work team. <i>(see attached PowerPoint- CHAT Update)</i></p> <ul style="list-style-type: none"> <li>• Goals 1-3 remained the same. <ul style="list-style-type: none"> <li>○ Strategy 3.1- team discussed more stringent rules for prescription drugs; the group suggested that while this is important, it is also important to ensure that these actions do not cause barriers to accessing needed medication. Suggested revision to verbiage is to controlled substances or narcotics.</li> <li>○ Strategy 2.1- updated to incorporate multiple workforce development strategies</li> <li>○ Strategy 2.3- further discussion on use of “at-risk” populations and need to have consistent verbiage throughout CHIP. At risk, high risk, vulnerable, and other similar terms are used throughout.</li> <li>○ Goal 3 strategies were updated to include focus on policy change and raising community and provider awareness.</li> </ul> </li> <li>• Goal 4 was updated from domestic violence to violence among children and families to incorporate child abuse</li> </ul> |

and bullying. All strategies are new: (1) promote community programs that maximize healthy development and interaction among children, families, schools, and communities (2) investigate best practices to inform advocacy and policy change related to bullying (3) Raise awareness and advocate for policy change to improve and inform practices related to domestic violence. Team Okayed all.

**Next Steps: Objectives & Action Plan**

**Melissa Van Bruggen**

Melissa Van Bruggen presented next steps of the Community Health Improvement Planning process using the MAPP framework- the Action Cycle, which includes planning, implementation, and evaluation activities. Action plans need to be developed and should include objectives, activities, process measures, timeframes, responsible parties, and outcomes. Definitions were reviewed for each (*see attached PowerPoint-CHAT Update*).

An action plan template with definitions and samples were also reviewed (*see attached handout- Action Plan Sample*).

Work Teams will be responsible for completing action plans for each of the health priority area goals. CHAT challenged the works teams not to take on too much. Work teams really need to prioritize objectives and ensure objectives are measurable and achievable, i.e. SMART.

**Next Meeting: April 10, 2013, 2:00 PM**