

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

**Wednesday, February 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 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 updated CHIP completion deadline of June 30, 2013 and a timeline for CHAT and work teams. She reviewed vision statement and strategic issues identified for each health priority area. *(see attached PowerPoint presentation)*

**Work Team Updates**

<b>Access to Care</b>	Rebecca Phillips presented draft goals and strategies developed by the Access to Care work team. <i>(see attached Goals and Strategies Draft document)</i>
<b>Behavioral Health</b>	Summer Lott presented draft goals and strategies developed by the Behavioral Health work team. <i>(see attached Goals and Strategies Draft document)</i>
<b>Health Promotion and Disease Prevention</b>	DeAnne Turner presented draft goals and strategies developed by the Health Promotion and Disease Prevention work team. <i>(see attached Goals and Strategies Draft document)</i>
<b>Healthy Environments</b>	Gayle Guidash presented draft goals and strategies developed by the Healthy Environments work team. <i>(see attached Goals and Strategies Draft document)</i>

**Action Item: Goals and Strategies**

**All**

The meeting goal was to provide feedback on goals and strategies developed by the work teams for each health priority area. The following topics were considered:

- Do goals address identified strategic issues?
- Do goals and strategies impact the general population?
- Do goals and strategies impact underserved communities?
- Is there any duplication of goals/strategies across the health priority areas?
- Do measurable objectives exist for selected strategies?

<p style="text-align: center;"><b>Access to Care</b></p>	<ul style="list-style-type: none"> <li>• AC 1.5: Discussion occurred surrounding this strategy including: <ul style="list-style-type: none"> <li>○ Expanding use of Med Net and prescription assistance programs and the need for low cost/free preventative medicine.</li> <li>○ Access to medication did not come up as priority in the CHA; may be due to lack of data, is it measurable?</li> <li>○ Some agency’s already have onsite pharmacies- Directions for Living does and Willa Carson Center utilizes “Bay Area” Pharmacy</li> <li>○ Consider revising the strategy into evaluating (only) the need for community pharmacies.</li> <li>○ The community pharmacy concept may get some resistance due to Pinellas County’s prescription drug abuse problem.</li> </ul> </li> <li>• AC 3.3: This goal may not be achievable due to state certification requirements or lack thereof.</li> <li>• AC 3.4: The terminology of Community Health Workers (CHW) was discussed; health navigators and health advocates also used, but using the American Public Health Association definition. Also, current legislation uses the term “community health workers.” Terminology usage could dictate federal and state funds eligibility.</li> <li>• Suggested that the “wants assessment” related strategies in HPDP be move to access or perhaps an additional health priority area related to community assessment and planning activities</li> </ul>
<p style="text-align: center;"><b>Behavioral Health</b></p>	<ul style="list-style-type: none"> <li>• Within the strategic issue statement, it was suggested to update “improve behavioral health” to “improve behavioral health outcomes” (was a typo, will be corrected)</li> <li>• Goal BH 2: It was suggested that BH 2.1 and BH 2.3 be combined as a workforce development strategy.</li> <li>• BH 2.4: it was suggested to remove the word assess, and be more direct in the actions/health outcomes the group wishes to address; assessment has already been done, so change to investigate (strategy developed due to suicide rate among this group which will be reflected at the objective level)</li> <li>• BH 2.5: need to consider overlap with strategies in other health priorities</li> <li>• Remove the word “for” from this strategy.</li> <li>• BH 3.1: What policies would we like to change, existing and/or new?</li> <li>• BH 3.3: need to have more specific strategy</li> </ul>

<p><b>Health Promotion and Disease Prevention</b></p>	<ul style="list-style-type: none"> <li>• The CHAT group suggested that Strategies 1.1, 2.1, and 3.1 (<i>Engage the community and its neighborhoods in a “wants” assessment to determine effective and culturally appropriate methodologies and ensure on-going collaboration</i>) should be conducted across all priority areas, and may fall best under Access to Care or separate healthy priority area. The group suggested using a Community Advisory Board. <ul style="list-style-type: none"> <li>○ Suggest using this strategy to build on community health survey. In the future, surveys questions can be tailored to address wants as well as needs.</li> </ul> </li> <li>• Goal HPDP 1: CHAT members suggested adding another strategy/strategies surrounding physical activity.</li> <li>• HPDP 1.2: CHAT suggested rewording to emphasize the education component of the strategy, specifying preparation and shopping. Need to ensure this strategy aligns with strategies in other health priority areas and doesn't overlap.</li> <li>• HPDP 2.3: CHAT members referenced medication education/compliance and its importance as part of self-management education.</li> <li>• Goal HPDP3: No additional comments</li> </ul>
<p><b>Healthy Environments</b></p>	<ul style="list-style-type: none"> <li>• A discussion occurred around the name Healthy Environments. The group was unsure if the name clearly reflected the content of the priority area. The suggested revised name is Healthy Communities and Environments</li> <li>• Goal HE1: No additional comments</li> <li>• HE 2.1: CHAT suggested reevaluating the word “affordable”, as “accessible” maybe more appropriate. Or, how do we address affordability of food? <ul style="list-style-type: none"> <li>○ The group also discussed community gardens and markets as specific strategies. There was a question on utilization of existing markets and gardens.</li> </ul> </li> <li>• HE2.1 and HPDP 1.2 Could possibly become a single strategy or be further developed.</li> <li>• Goal HE3: No additional comments</li> <li>• Goal HE4: No additional comments</li> </ul>
<p><b>Wrap Up and Next Steps</b> <span style="float: right;"><b>Melissa Van Bruggen</b></span></p>	
<p>Melissa announced that an updated draft of the Community Health Assessment report is now posted on the CHAT website and all members were asked to review and provided feedback via email. The report and all CHAT materials can be accessed at: <a href="http://www.pinellashealth.com/indexr1.asp">http://www.pinellashealth.com/indexr1.asp</a>.</p> <p>Dr. Dharamraj announced that the health department has received mini grant funding from DOH for community health improvement planning. Grant funds will be used for distribution of the Community Health Assessment and Community Health Improvement Plan and development of the CHAT website.</p>	

**Next Meeting: March 13, 2013 at 2:00 PM**