



Community Health Improvement Plan Annual Report, October 2017 – September 2018

*Florida Department of Health
in
Hillsborough County*

TABLE OF CONTENTS

INTRODUCTION.....	3
PRIORITY AREAS.....	4
ACCESS TO CARE.....	4
BEHAVIORAL HEALTH.....	6
OBESITY.....	9
HEALTH LITERACY.....	11
APPENDICES.....	16
APPENDIX A: CHIP REVIEW MEETING AGENDA.....	16
APPENDIX B: CHIP REVIEW MEETING MINUTES.....	18
APPENDIX C: CHIP REVIEW MEETING SIGN-IN SHEET.....	26
APPENDIX D: HEALTHY HILLSBOROUGH STEERING COMMITTEE.....	27

INTRODUCTION

The Florida Department of Health in Hillsborough County (DOH–Hillsborough) used a modified Mobilizing for Action through Planning and Partnerships (MAPP) process to complete its 2015/2016 Community Health Assessment (CHA) and develop its 2016–2019 Community Health Improvement Plan (CHIP). The CHA included four assessments, the *Community Health Status Assessment*, the *Community Themes and Strengths Assessment*, the *Forces of Change Assessment*, and the *Local Public Health System Assessment* which together provide a measure of the overall health of the community. Results from these four assessments were used to determine priority areas for the county. The CHIP was created with the input of community partners who formed workgroups which then developed action plans to address the priority areas identified during this CHA/CHIP cycle (2016-2019). Both the CHA and the CHIP have been updated. The CHA includes additional data exploration and the CHIP includes new and updated action plans. The most current version of the CHA including background, methods, assessment results, and list of assets and resources can be found at <http://hillsborough.floridahealth.gov/programs-and-services/community-health-planning-statistics/improvement-planning/index.html>. The most recent version of the CHIP can also be found by following that link.

Current CHIP priority areas are: Access to Care, Behavioral Health, Obesity and Health Literacy. Priority areas continue to be monitored on a quarterly basis. This report provides a status update for year 2, October 1, 2017–September 30, 2018 on progress made in each priority area.

PRIORITY AREAS

ACCESS TO CARE

Workgroup Meeting Dates

January 10, 2018

Current Workgroup Members

Stephanie Alt	BayCare Health System
Debi Hines	BayCare Health System
Liza Cruz Cepeda	Crisis Center of Tampa Bay
Allison Nguyen	DOH-Hillsborough
Jenna Davis (Co-Chair)	Moffitt Cancer Center
Sherri Gay	Suncoast Community Health Centers, Inc.
Sonia Goodwin (Co-Chair)	Suncoast Community Health Centers, Inc.
Laura Resendez	Suncoast Community Health Centers, Inc.
Karyn Glubis	Tampa Family Health Centers
Tamika Powe	Tampa General Hospital
Kimberly Brown	Tampa General Hospital

Past Members

Jennifer Kotwicki Keri Eisenbeis Melanie Hall Artie Fryer

Summary

The *Access to Care* workgroup initially focused on increasing access to health insurance among eligible individuals in Hillsborough County by implementing outreach and advocacy efforts for health insurance coverage. Due to the uncertainty surrounding the Affordable Care Act (ACA), the action plan activities were subsequently adjusted to focus more broadly on providing information and guidance for navigating the system thereby improving access to needed services. The workgroup developed training videos aimed at helping the public to navigate various aspects of health care including *Preventative Care*, *Where Can You Go Besides the ER? Can I Get Covered?* and *What to do After You Have Made Your Appointment?* English and Spanish versions of the videos have been completed. The videos were distributed to community partners. Despite this adjustment in focus, the year 2 target of reducing the percentage of uninsured persons under 65 years old in Hillsborough County from 17.8% to 15.8% has been met and surpassed. The percent of persons under 65 years old who remain uninsured is 14.0%. The *Access to Care* action plan is therefore complete.

Initially when the *Access to Care* action plan was created, the workgroup acknowledged that issues related to transportation would factor into this priority area. However, a complete framework within which to address this component was not feasible at that time. The Healthy Hillsborough Steering Committee met on July 31, 2017 to provide action plan updates. During this meeting, pursuing a transportation-focused *Access to Care* action plan was also discussed. Due to various local changes and current transportation-related efforts that exist in Hillsborough County, the committee decided not pursue a new action plan focused on transportation at this time.

Priority Area 1: Access to Care
Relevant Indicators: % of individuals under 65 years old who are uninsured in Hillsborough County (200,532; 17.8% in 2014 (U.S. Census Bureau Small Area Health Insurance Estimate)).
Goal: Increase access to health insurance among eligible individuals in Hillsborough County.
SMART Objective: By September 30, 2019, reduce the percentage of uninsured individuals under 65 years old in Hillsborough County by 2%.
Strategy: Implement outreach and advocacy efforts for health insurance coverage.
Action Steps
Assess current navigation resources throughout Hillsborough County
Utilize navigators and other outreach workers to provide flyers and education at community events about eligibility requirements and to schedule appointments for enrollment
Create and distribute educational videos about insurance and enrollment criteria information
Identify and increase community partnerships to register individuals for health insurance
Update 211 to reflect health insurance information and promote resource across the community
Review and track the U.S. Census Bureau's Small Area Health Insurance Estimates for uninsured data

BEHAVIORAL HEALTH

Workgroup Meeting Dates

October 25, 2017	November 29, 2017	January 31, 2018	March 28, 2018
April 19, 2018	May 30, 2018	August 22, 2018	October 24, 2018

Current Workgroup Members

Jana Balicki	ACTS
Sandra Wilkinson**	ACTS
Christina Bastone	BayCare Health System
Kathleen Chaykoski	BayCare Health System
Doug Leonardo	BayCare Health System
Monica Rousseau (Co-chair)	BayCare Health System
Anthony Santucci (Co-chair)	BayCare Health System
Gail Ryder	BayCare Health System
Michelle Whittier	Brandon Regional Hospital/HCA
Carol Eloian	Central Florida Behavioral Health Network (CFBHN)
Marcia Munroe	Central Florida Behavioral Health Network (CFBHN)
Ruth Power	Central Florida Behavioral Health Network (CFBHN)
Clara Reynolds	Crisis Center of Tampa Bay
Deanna Obregon	DACCO
Mary Lynn Ulrey	DACCO
Chante Shifflett	Department of Corrections
Dr. Ayesha Johnson	DOH–Hillsborough
Joe Lallanilla	Gracepoint
Melissa Powell	Gracepoint
Roaya Tyson	Gracepoint
Barbara Macelli	Healthy Start
Shannon Rhodes	Hillsborough County Health Care
Philip Conti	Hillsborough County Health Care
Marie Marino	Hillsborough County Public Defender’s Office
Dep. Christopher Cullinan	Hillsborough County Sheriff’s Office
Ana Maria Daniels	Hillsborough County Sheriff’s Office
Dep. Stephanie Krager	Hillsborough County Sheriff’s Office
Sean Powell	Moffitt Cancer Center
Heather Rohan	NAMI-Hillsborough
Tina Young	Project LINK, Inc
Kimberly Browne	Tampa General Hospital
Juliana Castillo	Tampa General Hospital
Dr. Seema Weinstein	Tampa General Hospital
Ashley Wynn	Tampa Hillsborough Homeless Initiative

Ofc. Dan McDonald
 Dr. Joe Bohn
 Dr. Glenn Currier
 Dr. Saundra Stock
 **New Members

Tampa Police Department
 USF College of Public Health
 USF Morsani College of Medicine
 USF Morsani College of Medicine

Past Members

Marsha Lewis-Brown
 Sonia Goodwin

Daragh Gibson
 Karyn Glubis




Dr. Margarita Bobonis
 Mary Jane Harrington














Pam Jeffre

Summary

The *Behavioral Health* workgroup achieved its goal of designing a care coordination model aimed at providing the most appropriate level of care for persons in need of behavioral health services in Hillsborough County. The pilot was funded with a 2-year commitment from two local non-profit hospital partners, and a 1-year commitment from DOH-Hillsborough. A request for proposal (RFP) to be awarded the funding to execute the pilot was developed, and a call for submissions was sent out. A 3-member disinterested panel reviewed the applications which resulted in the Agency for Community Treatment Services (ACTS) being awarded the funding. ACTS hired a care coordinator to assist program participants in accessing the most appropriate level of care. The organizations represented on the workgroup collaborated to create a multi-agency release. Once signed by program participants, agencies could share their information to better facilitate treatment. The workgroup chose to continue with the current structure in order to sustain support for the pilot. To facilitate this, additional action steps were included in the action plan. The table below shows the progress made on the *Behavioral Health* action plan.

Status indicators are as follows:

-  = Little or no movement toward objective target
-  = Some progress toward objective target
-  = Attained or surpassed objective target

Priority Area 2: Behavioral Health	
Relevant Indicators: Care Coordination Model drafted.	
Goal: Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.	
SMART Objectives: <ul style="list-style-type: none"> • By December 31, 2017, develop a Care Coordination Model for High Utilizers in Hillsborough County. • By December 31, 2019, provide a Year 1 progress report for the Hillsborough Care Coordination Pilot 	
Strategy: Evaluate best practices and develop a care coordination model to address the needs of high-utilizers of behavioral health services in Hillsborough County.	
Action Steps	Action Status
Identify and evaluate related care models & best practices	
Define high-utilizers (ensure that both medical and behavioral health issues are included)	
Inventory resources (including specific individuals & organizations working on similar initiatives)	
Identify relevant data	
Select care coordination model for Healthy Hillsborough	
Establish care and coordination process and protocol	
Create multi-facility release	
Identify potential funding sources to partner with to launch county-wide coordination model pilot	
Evaluate the need for awareness campaign / Develop a communications plan to locate people in need	
Complete Community Orientation/Presentation to Provider Community.	
Draft Pre-Participation satisfaction survey	
Communicate Pilot progress	
Provide summary report of year 1 progress	

OBESITY

Current Workgroup Members

Stefanie Alt	BayCare Health System
Danielle Mauck	BayCare Health System
Elaine Oliver	BayCare Health System
Allison Nguyen	DOH-Hillsborough
Maria Russ	Hillsborough County Public Schools
Carla Sparks	Hillsborough County Public Schools
Rocio “Rosy” Bailey	In Season Pro
Tina Young	Project LINK, Inc.
Teresa Linder	Shriners Hospital for Children
Tamika Powe (Chair)	Tampa General Hospital
Jamila Lepore	UF/IFAS Hillsborough Extension
Dawn Kita	YMCA

**New Members




Past Members







Cindy Hardy	Jan Baskin	Dr. Peter Bath	Mary Jane Harrington
Mary Willis	Amber Windsor-Hardy	Dr. Joe Bohn	

Summary

The *Obesity* workgroup continues to see an increase in participation in Evidence-Based Interventions (EBIs) for obesity. The workgroup continues to increase access points for interventions and outreach to residents. For year 2, there were 2,836 participants in the various programs thereby surpassing the year 3 target. The table below shows the progress made on the *Obesity* action plan.

Status indicators are as follows:

-  = Little or no movement toward objective target
-  = Some progress toward objective target
-  = Attained or surpassed objective target

Priority Area 3: Obesity	
Relevant Indicators: Number of Participants in Evidence-Based Interventions for Obesity.	
Goal: Increase Participation in Evidence-Based Interventions (EBI) for Obesity.	
SMART Objective: By September 30, 2019, increase the number of people participating in evidence-based obesity intervention programs by 10%.	
Strategy: Conduct outreach and education for obesity management and prevention classes and programs.	
Action Steps	Action Status
Inventory existing EBI obesity programs from CY 2015 to establish a baseline by recording: <ol style="list-style-type: none"> 1. The name of the EBI program; 2. The Managing Organization of the EBI program; 3. The total number of participants in the first class for the entire year. 	
Inventory existing EBI obesity programs from CY 2016 – September 30, 2019 and record: <ol style="list-style-type: none"> 1. The name of the EBI program; 2. The Managing Organization of the EBI program; 3. The number of participants in the first class; 4. The start date of the program. 	
Develop and enhance relationships with partners who can help us increase the number of participants in EBI obesity programs.	
Increase the number of access points for EBI Obesity programs as needed.	
Increase healthcare provider awareness of work group’s EBI Obesity programs.	
Evaluate outcomes	

HEALTH LITERACY

Advisory Group Meeting Dates

November 3, 2017	December 8, 2017	January 17, 2018	February 7, 2018
March 7, 2018	April 4, 2018	May 2, 2018	June 6, 2018
July 11, 2018	August 8, 2018	September 12, 2018	

Current Advisory Group Members

Rachel Chase	DOH-Hillsborough	Dr. Cheryl Vamos	USF College of Public Health
Dr. Leslene Gordon	DOH-Hillsborough	Rachel Logan	USF College of Public Health
Allison Nguyen	DOH-Hillsborough	Teddi Harris	Hillsborough Community College
Taylor Caragan	DOH-Hillsborough	Kareem Young	LiftHealth
Victor Rodriguez	AHEC	Javan Frinks	Wimauma CDC

DOH-Hillsborough Sub-Committee Workgroup Meeting Dates

April 27, 2018	May 22, 2018	July 18, 2018	August 22, 2018
----------------	--------------	---------------	-----------------

Current DOH-Hillsborough Sub-Committee Members




Rachel Chase	Community Health	Andrea Giraldo	Community Health
Dr. Leslene Gordon	Community Health	Kelsey Christian	Community Health
Allison Nguyen	Community Health	Greg Waldroff	Administrative Services
Taylor Caragan	Community Health	Bonnie Watson	WIC/Nutrition
Grace Liggett	Community Health	Danielle Jones	WIC/Nutrition





Summary




In November 2017, DOH-Hillsborough launched a Health Literacy Initiative with the goal of creating an action plan by June 2018 to address health literacy in the community. This action plan as well as the subsequent action plans developed by the workgroup have been included in the CHIP.






The goal of the first action plan was to impact health inequities by addressing low health literacy. The workgroup identified the priority populations as youth and DOH-Hillsborough staff. Action plans were then developed to provide relevant health literacy programming options or policy guidance to youth-serving organizations in Hillsborough County and, to provide DOH-Hillsborough staff with health literacy training relevant to their jobs and personal lives to increase health literacy capacity. The tables below show the progress made on the *Healthy Literacy* action plans.


Status indicators are as follows:

-  = Little or no movement toward objective target
-  = Some progress toward objective target
-  = Attained or surpassed objective target

Priority Area 5: Hillsborough Health Literacy Initiative	
Action Plan Workgroup Co-chairs: Rachel Chase, Taylor Caragan	
Action Plan Workgroup Members: Victor Cruz – AHEC; Taylor Caragan, Rachel Chase, Dr. Leslene Gordon, Allison Nguyen - DOH-Hillsborough; Alexandra Demolina - Early Steps; Teddi Harris - ECHO/HCC; Lorie Tonti – HCPLC; Kareem Young - LIFT Health; Sherri Gay - Suncoast Community Health Centers; Rachel Logan, Dr. Cheryl Vamos - University of South Florida - College of Public Health	
Relevant Indicators: Hillsborough Health Literacy Advisory Committee Established	
Goal: Impact health inequities by addressing low health literacy	
SMART Objective: To identify and create an action plan for implementation of at least one Health Literacy Program for providers, partners, department staff or community members by June 30, 2018.	
Strategy: Collaboration	
Action Steps	Action Status
Recruit DOH-Hillsborough staff and other advisory committee volunteers.	
Develop Health Literacy Training module score sheet	
Monthly Advisory committee meetings	
Identify a programmatic action to pursue	

Develop an action plan for a specific Health Literacy program	
Implement Action Plan for Health Literacy program	
Monitor and evaluate Action Plan	

Priority Area 5.1: Hillsborough Health Literacy Initiative (Youth)	
Action Plan Workgroup Co-chairs: Rachel Chase, Taylor Caragan	
Action Plan Advisory Committee and Workgroup Members: Taylor Caragan, Rachel Chase, Dr. Leslene Gordon, Allison Nguyen - DOH-Hillsborough; Javan Frinks – Wimauma CDC; Teddi Harris - ECHO/HCC; Lorie Tonti – HCPLC; Kareem Young - LIFT Health; Sherri Gay - Suncoast Community Health Centers; Rachel Logan, Kathryn Zaffiri, Dr. Cheryl Vamos - University of South Florida, College of Public Health; Victor Cruz – AHEC	
Relevant Indicators: Organizational assessments conducted; Program, policy, and evaluation plans created and implemented	
Goal: Provide relevant health literacy programming options or policy guidance to youth serving organizations in Hillsborough County	
SMART Objective: By July 31, 2020 have in place a health literacy approach (policy guidance, curriculum options, or train the trainer programming) offered to youth serving organizations.	
Strategy: Community assessments and piloting. Program planning, policy development.	
Action Steps	Action Status
Create master list of youth-serving organizations and contact information	
Create a formative interview questionnaire and interview 3-4 youth serving organizations	
Identify survey objectives, create a survey and a survey introduction flier	
Deploy survey to youth serving organizations and gather results	
Summarize survey results	

Develop policy, curriculum or train the trainer programming options along with branding, marketing materials, evaluation and launch plans. Utilize CFIR or other theory of change framework. Include youth voices.	
Pilot test draft materials with internal work-group organizations (LiftHealth, Wimauma CDC). Include children, parents, and staff. Gather evaluation results.	[Scheduled to begin May 2019]
Modify approach and materials as necessary.	[Scheduled to begin October 2019]
Launch/market opportunity with youth serving organizations.	[Scheduled to begin November 2019]
Deploy policy, curriculum or train the trainer programming.	[Scheduled to begin January 2020]
Evaluate Initiative.	[Scheduled to begin April 2020]

Priority Area 5.2: Hillsborough Health Literacy Initiative (DOH Staff)

Action Plan Workgroup Co-chairs: Rachel Chase, Taylor Caragan

DOH Action Plan Workgroup Members: Taylor Caragan, Rachel Chase, Dr. Leslene Gordon, Allison Nguyen, Grace Liggett, Bonnie Watson, Danielle Jones, Andrea Giraldo, Greg Waldroff, Kelsey Christian- DOH-Hillsborough Staff


Advisory Committee Members: Javan Frinks – Wimauma CDC; Teddi Harris - ECHO/HCC; Lorie Tonti – HCPLC; Kareem Young - LIFT Health; Sherri Gay - Suncoast Community Health Centers; Rachel Logan, Kathryn Zaffiri, Dr. Cheryl Vamos - University of South Florida - College of Public Health; Victor Cruz - AHEC






Relevant Indicators: Staff and organizational assessments conducted; program, policy and evaluation plans created and implemented.

Goal: Provide DOH staff with a health literacy initiative relevant to their jobs and personal lives to increase health literacy capacity.

SMART Objective: By June 30, 2020 have in place an agency-wide initiative to improve the health literacy capacity of the agency and of at least 80% of agency staff.

Strategy: Social marketing assessments and piloting. Program planning. Policy development.

Action Steps	Action Status
Get on the agendas of PMT, SLT and other divisional meetings for surveys.	

Conduct an organizational environmental scan of health literacy for assessing current capacity.	
Survey divisional staff for health literacy awareness through a pen and paper approach at standing meetings. Gather optional staff contact information for further in-depth interviews (social marketing approach). Promote for health literacy month in October.	
Interview individual staff from different divisions and staffing levels to probe deeper on findings and to inform program planning (social marketing approach).	
Revisit internal messaging, branding, and communications plan (explore “health literacy”, definitions used etc.)	
Meet with agency PIO and Employee Council to discuss health literacy and potential areas of alignment.	
Develop draft program, policy, and evaluation recommendations.	[Scheduled to begin May 2019]
Present senior leadership with the draft recommendations. Include the “emotional why”, regulatory (accreditation and otherwise), fiscal and ethical considerations for integrating health literacy into the agency.	[Scheduled to begin July 2019]
Implement program and policy recommendations with pilot phases as appropriate.	[Scheduled to begin September 2019]
Evaluate, assess and report on the programs and policies for increased capacity, effectiveness and sustainability.	[Scheduled to begin April 1, 2019]

APPENDICES

APPENDIX A: CHIP REVIEW MEETING AGENDA



Healthy Hillsborough Steering Committee Meeting
 TGH Community Health Education Center
 2106 South Lois Ave, Tampa, FL 33629
 July 31, 2018 10:00 A.M. – 12:30 P.M.



AGENDA

Purpose: To provide Action Plan updates on Hillsborough County's CHIP and discuss opportunities for continued partnerships.

Topic	Lead	Time
Welcome and Introductions	Dr. Holt	10:00 A.M. – 10:10 A.M.
Meeting overview	Dr. Gordon	10:10 A.M. – 10:15 A.M.
Update – Access to Care	Jenna Davis & Sonia Goodwin	10:15 A.M. – 10:30 A.M.
Update - Obesity	Tamika Powe	10:30 A.M. – 10:45 A.M.
Update – Behavioral Health	Clara Reynolds	10:45 A.M. – 11:00 A.M.
Introduction – Health Literacy	Rachel Chase	11:00 A.M. – 11:15 A.M.
CHNA & Agency Updates <ul style="list-style-type: none"> • BayCare – Lisa Bell • Florida Hospital – Kimberly Williams • Moffit Cancer Center – Jenna Davis • Suncoast Community Health Centers • Tampa Family Health Centers – Melissa Garitta • Tampa General Hospital – Tamika Powe 	Agency representatives	11:15 A.M. – 11:50 A.M.
<ul style="list-style-type: none"> • Break to get lunch Lunch complements of Tampa General Hospital	All	11:50 A.M. – 12:00 Noon

Next steps <ul style="list-style-type: none"> • Sleep Safely • CHA/CHIP next cycle 	Dr. Gordon	12:00 Noon – 12:25 P.M.
Meeting evaluation	Allison Nguyen	12:25 P.M. – 12:30 P.M.
Adjourn		12:30 P.M.

APPENDIX B: CHIP REVIEW MEETING MINUTES



Healthy Hillsborough Steering Committee Meeting
 TGH Community Health Education Center
 2106 South Lois Ave, Tampa, FL 33629
 July 31, 2018 10:00 A.M. – 12:30 P.M.



MEETING MINUTES

Purpose: To provide Action Plan updates on Hillsborough County’s CHIP and discuss opportunities for continued partnerships.

Topic	Lead
<p>Welcome and Introductions</p> <p>Thanked everyone for their continued participation and passion for our common goals.</p> <p>In attendance:</p> <ul style="list-style-type: none"> • Baycare Health System: Lisa Bell, Christina Bastone • DACCO: Clara Reynolds (representing Behavioral Health workgroup) • DOH-Hillsborough: Dr. Douglas Holt, Dr. Leslene Gordon, Dr. Ayesha Johnson, Rachel Chase and Allison Nguyen • Florida Hospital: Kimberly Williams • Tampa Family Health Centers: Melissa Garita • Tampa General Hospital: Tamika Powe • Moffitt Cancer Center: Jenna Davis, Cathy Grant, Chantel Griffin-Stampller <p>Suncoast Community Health Centers: not present</p>	<p>Dr. Holt</p>
<p>Meeting overview</p> <p>Purpose is to discuss updates on the priority areas that came out of the 2016 – 2020 CHA/CHIP and opportunities for continued partnerships.</p> <p>Reviewed Confirming Community Priorities (CCP) process from 2017 that engaged community members on the ground about whether or not we were focused on the right priorities. Overall, the community said yes, these priorities are important <i>and</i> DOH should be working on them.</p>	<p>Dr. Gordon</p>

<p><i>Updates to the CHA/CHIP</i></p> <ul style="list-style-type: none"> • Healthy Moms & Babies: Had two action plans. One action plan was completed, and one was discontinued in order to not duplicate state efforts in that area. • Health literacy: Has been added • Access to care: Steering Committee never reached a consensus about the transportation aspect. However, there are several projects that being explored to provide a framework for addressing the transportation aspect of access to care. One project is being conducted by CUTR on Healthcare Access and Transportation that we are partnering on. • Community Health Assessment: You will hear about plans for the upcoming MAPP cycle. <p><i>Other</i></p> <ul style="list-style-type: none"> • Sleep Safely: A new Florida Healthy Babies initiative that will engage local hospitals 	
<p>Update – Access to Care</p> <p>Jenna: The workgroup initially decided to focus on health insurance coverage advocacy and outreach. They ultimately decided to create the videos that health care navigators can share with the community when they are out. The videos are: <i>Preventative care; Where you can go besides the ER?; Can I get covered?; and What to do after you've made your appointment?</i></p> <p>Copies of the videos on DVD in English and Spanish were included in the meeting packets handed out in person.</p> <p>The percent of uninsured individuals are tracked each year using US Census Bureau Data.</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • There was discussion about the way forward, now that goals have been met. The workgroup may continue and develop additional action steps allowing them to track use and relevancy of the videos. Given the changes occurring in health insurance regulations, it would be best to keep the workgroup active even if its focus will need to be adjusted. Videos will be circulated so that they can be included on organizations' websites. The workgroup will discuss and decide their way forward. • Challenges with the Creole videos were discussed. Creole is more of an oral language and as such it was difficult to develop a script. 	<p>Jenna Davis</p>

<p>Update – Obesity</p> <p>Tamika: The DPP is going very strong. They currently offer 2 per year, one in spring and one in fall. Integrated into EPIC referrals has shown a huge uptake of participation. Offering Active Living Every Day, in session 10 right now with 15 participants. Meeting the action plan goal, if not exceeding. More access points are being offered as well.</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • Dr. Gordon: Brief summary of action plan was to increase participation in evidence-based programs. 	<p>Tamika Powe</p>
<p>Update – Behavioral Health</p> <p>Clara: The goal of the action plan is to provide the most appropriate level of care. The workgroup met monthly up to recently and currently meets approximately every other month. The workgroup designed a coordinated care system and decided to focus on high utilizers. One existing barrier to coordinating care is that individuals move through various care settings and have multiple case managers/plans. The proposed plan has a common platform to integrate these. This should better facilitate an effective discharge plan. The plan is being led by ACTS. BayCare, Tampa General Hospital & DOH-Hillsborough together provided \$100K to fund this effort. Other groups in the community are working with high utilizers in jails and Baker-acted instances so the workgroup is looking to move their work to the acute care setting to make recommendations back to the community on how to handle this transition. This transition will be a sustainability plan as well.</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • The three entities providing resources has been a big win. With mental health issues so much in the news something really had to be done. The action plan is being extended to so that there can be continued monitoring and growing. Hopefully, the workgroup will be able to engage the county a bit more. • The next workgroup meeting is scheduled for August 22. Gene Earley and Shannon Rhodes are very much involved but there is the question as to whether or not this type of care can be covered by the county health plan. The data just needs to be gathered to show the trickle-down for us to go back to the county and re-engage. The county health plan benefits are legislatively restricted, so there is the need for data to demonstrate effectiveness. 	<p>Clara Reynolds</p>
<p>Introduction – Health Literacy</p> <p>In institutions health literacy programs typically look like a cultural competency training. Our desire to focus the direction of our health literacy programs was prompted by interaction with a young lady about 15 years old during the CCP</p>	<p>Rachel Chase</p>

<p>outreach. This young lady noted that persons were not selecting infant mortality as a priority. She asked if persons were not concerned about “dead babies”. So, we thought perhaps, we are talking about health all wrong. We reached out to organizations that serve the community including USF faculty, LIFT health, AHEC, and Early Steps. The first few months were spent just talking about what health literacy is. Thinking of high school graduation rates, we see that there is a population that would have different health needs from us sitting in the room. So, the group decided to focus on two different priority populations. DOH staff and youth in the county. The youth target population came from the advisory board and many of them have youth focused programming. For the youth action plan, our goal is to work with youth-serving organizations and see how we can work with them. That could be designing a curriculum addressing decision-making skills, advocating for yourself, and health information seeking. The action plan is designed to run for 2 years to coincide with the end of the current CHA/CHIP cycle. To address DOH staff, we formed a sub-committee to determine what would work for our staff. It did reveal that they were not knowledgeable about health literacy. We will use a two-pronged approach: improving our health literacy and then demonstrating how health literacy impacts health.</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • The definition of <i>youth</i> was clarified to be middle and high school to piggy back on empowerment programs that already exist with community-based organizations, e.g. Boys and girls clubs, Big Brother Big Sister, Girls Inc. DOH is interested in engaging more vulnerable populations (e.g. the juvenile justice or child welfare populations) who would not be reached through the organizations already present. • There may be opportunity to engage medical students. USF is in the process of redeveloping a medical education program. The initiative will continue to focus on health literacy. 	
<p>CHNA & Agency Updates</p> <ul style="list-style-type: none"> • BayCare – Lisa Bell Currently conducting CHNA in Polk Co. Starting in 2020 all BayCare hospitals will be on the same CNHA cycle. Piloting many different strategies. A two-part community prioritization process one led by researchers the other using small community focus groups with data placemats. <p>In Hillsborough County, we have 7 priority areas. Have a directed giving initiative for clinics to do health coaching with diabetic/pre-diabetic patients. 3 community organizations were funded for 3 years to do this. We are currently considering what the next cycle of funds will look like.</p>	<p>Agency representatives</p>

Increasing the number of beds available for clinical support at northside and for navigation afterwards into recovery. Significant funds being distributed here.

We connected with Metropolitan Ministries mobile clinic outreach for well-visits and on-going sick-child care. At capacity every afternoon. There are a lot of moms that are there that are struggling with breastfeeding. They have a dedicated lactation specialist assigned to provide support there. Purchased a *Momova* – a breastfeeding pod being installed there. Baby boxes. Also have many pregnant women and nursing moms on staff.

Discussion:

- The crisis center has been doing 30-40 transports out of there per month historically. BayCare has a new partnership with Children's Health Network at Likes Cottage; a long term residential care center for pregnant teens. The partnership also provides a lactation specialist, breast pumps and other supportive material. They are exploring bringing back Healthy Community Institute data portals.
 - The type of messaging in the *Momova* was discussed and the possibility of including Safe Sleep messaging
 - Florida Health Charts is an available resource for health and other type of data.
- **Florida Hospital – Kimberly Williams**
Gearing up for 2019 timeline for next CHNA. Focusing on building CHNA committees. Structurally they have 11 hospitals and 3 in Hillsborough. One committee at each hospital each with their own community partners. Looking for opportunities to work together on the data approach. Some areas align through all: food insecurity, obesity in food deserts, access to care and diabetes. Food is medicine program is growing; program started in 2016 has reached about 1000 people in community settings (6 weeks minimum weekly) partnership with feeding Tampa Bay. Participants get a \$10 food voucher at each meeting.

Morning Mile partnership with the American Diabetes Association addressing childhood obesity prevention in Title 1 schools.

Looking for other opportunities in the community.

Access to care: worked with Gracepoint to address mental and behavioral health. Partnering to increase referrals from ER Department to Gracepoint. The referrals increased to 79%. Increasing referrals to FQHCs as well.

IQuit from AHEC: Partnership with Florida Hospital and AHEC.

Community Benefit Team and CEOs from each of the hospitals coming together in a retreat.

Discussion:

- Clara: What is the 79% referral rate to Gracepoint?
- Kimberly: Percentage of improvement from where we were of making those connections. Primary service area zip codes available to see where we as partners align/overlap

• **Moffitt Cancer Center – Jenna Davis**

2 priority areas:

Access to Care: Increasing navigation services focusing on the community with a community resource directory. Also has many cancer resources. Hired 2 nurse patient navigators. To help with transportation, Moffitt has been collaborating with Tampa Innovation Group. They have donated some money here.

Cancer prevention: Increase access and focus on screening. Created PSAs: “canscreen.org” Added screening vouchers for uninsured patients to get screened. Nothing planned definitively for the upcoming cycle but trying to address requirements for the Cancer Institute grants. Moffitt open to being the lead for data and data sharing around cancer.

Cathy: Researchers have also requested data focus on 15 counties. Waiting to figure out what resources they can bring to the table before getting started on the CHNA. Not sure what it will look like going forward. Potentially more research rigor will be required in the future.

The Association of Cancer Surgeons- need to work with their needs as well.

Discussion:

- Clara: Is there something that could be listed in the 211 network?

• **Tampa Family Health Centers – Melissa Garitta**

CHC’s have HRSA requirements they work on for September.

Triple HC validates their health centers. Currently there are 14 in Hillsborough, number 15 opening in the Oldsmar area and also in Mort Elementary.

Sherri Hoback the new CEO, but been with Tampa Family for the last 10 years.

OB Women’s care and Healthy Baby Bags are to be introduced as a pilot in a few centers.

<p>Been granted \$1000 for screenings/follow up to breast cancer screenings. Mobile mammography van going out on a monthly/bimonthly basis</p> <p>Dental sealant program in Title 1 schools.</p> <p>Some health literacy programming at their centers.</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • Patients who need follow-up care after being seen on the dental bus, are referred to the clinic. <p>• Tampa General Hospital – Tamika Powe Health and wellness service line just started. Lots of staffing changes. Greenlight last week to move forward with the Carnahan group contracted with in last CHNA cycle.</p> <p>Love program Kids: A cooking program where kids are taught cooking skills by a professional chef and they are sent home with a bag of groceries with the ingredients for each week’s recipe.</p> <p>Obesity: Diabetes prevention program and active living every day</p> <p>Access to care: Don’t have a true behavioral health program anymore but have “my strength program” also Mental Health first aid training up and coming.</p> <p>Nutrition: Fit for Life- Aimed at the family. Parents and children attend. Every week a dietician, psychiatrist or other guest speakers present to the where kids and parents learn together/separately.</p> <p>Still interested in partnering. Have started a Food as Medicine program at the Senior Center.</p>	
<p>Next steps</p> <ul style="list-style-type: none"> • Sleep Safely Infant death is still a major issue for us and particularly in the African American community here and nationally. We have had a number of interventions, our new one is “safe sleep”. Partnering with Healthy Start in conjunction with what they are doing. Providing messaging and training on how to best put babies to sleep so they don’t suffocate. It is focused on hospital staff. Trying to get them to agree to become baby-safe/certified hospitals. Parents leave the hospital doing what they see modeled for them. 	<p>Dr. Gordon</p>

<p><i>Discussion;</i></p> <ul style="list-style-type: none"> Resources for Safe Sleep were discussed. As well as the main factors leading to infant death. Deaths are typically crib deaths. However, co-sleeping is still an issue. <p>• CHA/CHIP next cycle In early 2019 DOH-Hillsborough will be engaging the community again to look at our CHA. To start looking at the process. Data collection is expected to begin in middle to late 2019. Even though most organizations are on different cycles, we still need a small steering committee. We would like to keep the partnerships going to facilitate collaboration. DOH-Hillsborough will continue to use the MAPP process, which includes four assessments. It would be valuable for us to consider aligning survey data as well as the community is getting survey burn-out and it would be beneficial to not duplicate efforts.</p>	
<p>Round Table Tampa Family—Health fair on Aug 18 at Nebraska location. Busing available for neighborhoods.</p> <p>Kimberly—Back to school bash with wrestling celebrity on Saturday at Raymond James</p> <p>Dr. Gordon – A few copies of DOH-Hillsborough’s annual report is available</p> <p>Tamika- Will be reaching out for guidance on CHNA’s</p> <p>Meeting evaluation Feedback: Meeting could have been improved with functioning IT to display PowerPoint slides and videos. Thank you to Tampa General for providing space and lunch.</p>	<p>Allison Nguyen</p>
<p>Meeting was adjourned at 12:30 p.m.</p>	

APPENDIX C: CHIP REVIEW MEETING SIGN-IN SHEET

Healthy Hillsborough Steering Committee
 TGH Community Health Education Center
 2106 South Lois Ave, Tampa, FL 33629
 July 31, 2018 10:00 A.M. - 12:30 P.M.



Sign-in Sheet

Print Name	Organization	Email Address	Best Phone Contact
Lisa Bell	BayCare	lisa.bell@baycare.org	519-1282
Clara Reynolds	Crisis Center		813-969-4999
Doug Holt	DOH - Hills	doug.holt@doh.hillsborough.gov	813-507-8009
Jenna Davis	Moffitt	Jenna.Davis@moffitt.org	813-745-6098
Christina Boston	BayCare	christina.boston@baycare.org	813-870-4503
Chantel Griffin-Stamper	Moffitt	chantel.griffin@moffitt.org	813-745-4804
Melissa Garita	Tampa Family Health (TGH)	melissa@hcnetwork.org	813-806-0930 ext-1366
Rechel Chase	DOH - Hills	Rechel.Chase@doh.hillsborough.gov	813-307-8018
Leslene Gordon	DOH - Hills	leslene.gordon@hillsborough.gov	813-387-5515 x.7110
Kimberly Williams	Florida Hospital - WFD	kimberlywilliams@fhd.com	813-803-4095
Cathy Grant	Moffitt	Cathy.Grant@moffitt.org	745-1440
Quinn Grant	DOH - Hills	quinn@doh.hillsborough.gov	
Ayesha Johnson	DOH - Hillsborough		
Allie Nguyen	DOH - Hillsborough		

APPENDIX D: HEALTHY HILLSBOROUGH STEERING COMMITTEE

Meeting Dates

July 31, 2018

Current Members

Kimberly Williams**	AdventHealth
Lisa Bell**	BayCare
Dr. Leslene Gordon	DOH–Hillsborough
Dr. Douglas Holt	DOH–Hillsborough
Allison Nguyen	DOH–Hillsborough
Dr. Ayesha Johnson	DOH–Hillsborough
Grace Liggett**	DOH–Hillsborough
Jenna Davis	Moffitt Cancer Center
Cathy Grant	Moffitt Cancer Center
Sonia Goodwin	Suncoast Community Health Centers, Inc.
Terence Beck	Tampa Family Health Centers
Deanne Cornette**	Tampa Family Health Centers
Tamika Powe	Tampa General Hospital

**New Members

Past Members

Christina Bastone	Bob Costello	Sherri Hoback	Marsha Lewis-Brown
Keri Eisenbeis	Daragh Gibson	Jan Baskin	Michelle Robey
Dr. Peter Bath	Mary Willis	Karyn Glubis	Edward Kucher
Mary Jane Harrington			