Community Health Improvement Plan Annual Progress Report, 2018

Florida Department of Health in Pinellas County

March 2019

Table of Contents

Introduction

This is the annual review report for the 2018 – 2021 Pinellas County Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Florida Department of Health in Pinellas County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is, a community driven and collectively owned health improvement plan, the Florida Department of Health in Pinellas County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report. At the convened Community Health Assessment Team (CHAT) meeting, there were 85 diverse groups of community partners representing local hospitals and health care organizations, local government, community-based organizations, social service organizations, and schools, all working to develop and implement the 2018 CHIP. The discussion focused on identifying the sectors represented by the participants and what they consider to be the health priorities and concerns of the community. In the deliberation, the group concluded that access to care, behavioral health, and the built environment should be recognized as the main health priorities, and that a health improvement plan should consider socioeconomic factors and leverage partnerships to achieve results.

Overview of the Community Health Improvement Plan (CHIP)

In October of 2018, the Department of Health in Pinellas County convened the Community Health Implementation Plan (CHIP) Planning Team. The CHIP Planning Team utilized a strategic planning model known as the Mobilizing for Action through Planning and Partnership (MAPP) developed by the National Association of City and County Health Officials (NACCHO) to facilitate the CHIP process. The diverse group of sector and subject matter experts applied the community-driven strategic approach inherent in the four assessments of the MAPP process to community health improvement planning. These assessments produced an in-depth analysis of factors and forces that impact population health and yielded a comprehensive view of health and quality of life in Pinellas County.

The Planning Team developed findings and presented these findings to the Steering Committee. The Steering Committee comprised of a diverse leadership group representing 85 agencies and organizations in Pinellas County. The Steering Committee set priorities through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The Steering Committee reached consensus on three healthy priority areas: Access to Care, Behavioral Health, and Social Determinants of Health. See the table below for the strategic issue areas with the respective goals, which were developed by the subject matter expert's work teams.

Over the next two years, DOH-Pinellas and the Community Health Action Team will lead Pinellas County in implementation of the Community Health Improvement Plan. The community process to track the Implementation of the plan four subcommittee quarterly meetings, and two general meetings of the entire team. The purpose of these meetings is to establish a community process where members review and record the progress of the action plan, ensure that designated activities are on track, and to record relevant data. To ensure ongoing reassessment and revision of the plan, community partners subcommittee members are required to provide a progress update for each activity quarterly. Based on member's feedback, data trend, and evaluations of activities necessary revisions and are made. In the occasion where members made major revision to the action plan, these revisions are noted and added to the Appendix B of the CHIP. In general, the plan will be evaluated annually and updated as necessary to align with community resources, activities and partnerships.

STRATEGIC ISSUE AREA	GOAL
Access to Care	*1. Prevent and control infectious disease Improve access to comprehensive, high-quality, culturally responsive health care services for all.*
	2. Reduce infant and maternal mortality and morbidity, especially where disparities exist.
Behavioral Health	*1. Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*
Social Determinants of Health	*1. Improve social and physical environments so that they promote good health for all.*

Summary of CHIP Annual Review Meeting

This summary document provides a brief overview of the deliberations at the preceding CHIP Annual Review Meeting. In this CHIP cycle, DOH-Pinellas and the Community Health Action Team lead Pinellas County in the implementation of the Community Health Improvement Plan. Discussions centered around the relevance of the activities implemented during the preceding year. The community members evaluated the activities and moved to adopt, adapt, and or abandon any given activity based on the established process measures for monitoring and evaluation.

Strategic Issue Area #1: Access to Care

Access to Care is based on the idea that reducing the barrier to health service such as medical care, dental care, and behavioral health care, leads to decreased health care cost, good health, and improved health outcomes. Research data shows that health disparities including difficulty with getting routine medical care because of cost, transportation, language barriers or many other reasons are directly linked to poor health outcomes.

Goal: Improve access to comprehensive, high-quality, culturally responsive health care services for all.

Strategy 1: Increase the percentage of persons with health insurance coverage and/or a primary care provider.

Key Partners: DOH-Pinellas, Community Health Centers of Pinellas

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, decrease the % of Pinellas adults who are unable to access a health care provider due to cost from 17% (2016) to 15%.	Questionnaire is developed and delivered in at least 3 community outreach events by Dec. 2019	17%	15%		CHIP was recently completed. There is little or no decrease in the percent of adults unable to access health care due to cost.

Goal: Improve access to comprehensive, high-quality, culturally responsive health care services for all.

Strategy 1.2. Increase coordination among providers and sectors for the prevention, early detection, treatment, and management of diseases to improve health outcomes.

Key Partners: Hospitals, Community Health Centers of Pinellas, Free Clinics

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, decrease preventable hospitalizations in under 65 from all conditions from 1,181.1 per 100,000 (2015-17) to 1,160 per 100,000	At least one patient portal promotion tool is identified or developed by June 2019. At least one training is held by Dec. 2019.	1,181.1 per 100,000	1,160 per 100,000		CHIP was recently completed. There is little or no decrease in the number of preventable hospitalizations in under 65

Goal: Improve access to comprehensive, high-quality, culturally responsive health care services for all.

Strategy 1.3. Promote collaboration between health care, the business community, and community organizations to encourage innovative approaches to address health disparities among underserved and uninsured populations.

Key Partners: CHAT-Access to Care, Chamber of Commerce, University of South Florida (USF), Free Clinics, Hospitals, Community Health Centers, Foundation for a Healthy St. Petersburg (FHSP)

To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
By December 31, 2021, increase the administration of a financial impact analysis of improved health conditions from 0 to 1 biannually	A financial Impact analysis is completed by Dec. 2019	0	1		CHIP was recently completed. There is little or no increase in the administration of a financial impact analysis of improved health conditions
	A presentation for business community groups is developed by June 2021.	0	1		
	At least 3 organizations are identified and receive presentation by Dec. 2021.	0	1		

Goal: Improve access to comprehensive, high-quality, culturally responsive health care services for all.

Strategy 1.3. Promote collaboration between health care, the business community, and community organizations to encourage innovative approaches to address health disparities among underserved and uninsured populations.

Key Partners: CHAT-Access Community Health Centers, DOH-Pinellas, Hospitals, Free Clinics, Foundation for a Healthy St. Petersburg (FHSP)

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2019, increase the # of collaborative Access to Care interventions (i.e. agreements, MOUs, etc.) from 0 to 1.	An MOU is completed between 2+ agencies to implement a collaborative intervention by Dec. 2019	0	1		CHIP was recently completed. There is little or no increase in the # of collaborative Access to Care interventions
	An evaluation of intervention results is completed by Dec. 2021	0	1		

Goal: Improve access to comprehensive, high-quality, culturally responsive health care services for all.

Strategy 1.4. Reduce the percentage of persons who are unable to obtain or delay in obtaining necessary and/or appropriate health care when they need it.

Key Partners: Community Health Centers of Pinellas, DOH-Pinellas, Healthy Start Coalition, Free Clinics

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of Community Health Workers by 20% of baseline (TBD in Activity).	Baseline of CHWs is determined through FL Certification Board	Baseline	20% of Baseline (TBD in Activity)		CHIP was recently completed. There is little or no increase in the # of Community Health Workers
	At least one training for additional CHWs is held in Pinellas	Baseline	20% of Baseline (TBD in Activity)		

Goal: Improve access to comprehensive, high-quality, culturally responsive health care services for all.

Strategy 1.4. Reduce the percentage of persons who are unable to obtain or delay in obtaining necessary and/or appropriate health care when they need it.

Key Partners: CHAT- Access to Care, DOH-Pinellas, Hospitals, Free Clinics, Tampa Bay Healthcare Collaborative (TBHC)

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of Community Health Workers by 20% of baseline (TBD in Activity).	Baseline for current capacity is determined	Baseline	20% of Baseline		CHIP was recently completed. There is little or no increase in the # of Community Health Workers
	At least 2 focus groups are conducted by Dec. 2019	Baseline	20% of Baseline		
	At least one procedure is formally changed or added based on recommendations	Baseline	20% of Baseline		

Goal: Reduce infant and maternal mortality and morbidity, especially where disparities exist.

Strategy 2.1. Promote the importance of prenatal care and being healthy prior to pregnancy, especially among disparate populations.

Key Partners: WIC & Nutrition, DOH, Pinellas, CHAT-Access to Care, Healthy Start Coalition

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the % of births to black mothers in Pinellas receiving 1st trimester prenatal care from 70.5% (2017) to 75%.	A survey is developed and administered to at least 50 black mothers by Dec. 2019	70.5% (2017)	75%		CHIP was recently completed. There is little or no increase in the % of births to black mothers in Pinellas receiving 1st trimester prenatal care
	Healthy Start Resource Manual and marketing material for these programs is distributed to at least 30 health providers (e.g. pregnancy testing sites, pediatricians, OB/GYNs)	70.5% (2017)	75%		

Goal: Reduce infant and maternal mortality and morbidity, especially where disparities exist.

Strategy 2.1.2: Promote the importance of prenatal care and being healthy prior to pregnancy, especially among disparate populations.

Key Partners: WIC & Nutrition, DOH, Pinellas, CHAT-Access to Care, Healthy Start Coalition

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the % of births to Hispanic mothers in Pinellas receiving 1st trimester prenatal care from 76.6% (2017) to 77.9%.	A bilingual survey is developed and administered to at least 50 Hispanic mothers by Dec. 2019 WIC	76.6% (2017)	77.9%		CHIP was recently completed. There is little or no increase in the % of births to Hispanic mothers in Pinellas receiving 1st trimester prenatal care
	Healthy Start Resource Manual and bilingual marketing material for these programs is distributed to at least 30 health providers (e.g. pregnancy testing sites, pediatricians, OB/GYNs)	76.6% (2017)	77.9%		

Goal: Reduce infant and maternal mortality and morbidity, especially where disparities exist.

Strategy 2.2. Educate and promote awareness among community stakeholders about racial disparities in infant mortality.

Key Partners: Healthy Start Coalition, Johns Hopkins All Children's Hospital, CHAT-Access to Care, Tampa Bay Healthcare Collaborative (TBHC), JWB

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, reduce the black/white infant mortality gap from 2.2 (2015-17) to 2.0.	Content for at least 3 social media posts is developed	2.2 (2015-17)	2.0		CHIP was recently completed. There is little or no decrease in the black/white infant mortality gap from baseline
	At least 3 education opportunities are delivered to community members DOH	2.2 (2015-17)	2.0		

Goal: Reduce infant and maternal mortality and morbidity, especially where disparities exist.

Strategy 2.3. Promote breastfeeding initiation and duration for all infants.

Key Partners: Home visiting Programs, DOH-Pinellas, Healthy Start Coalition, Morton Plant Hospital

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase breastfeeding initiation for all infants from 80% (2018) to 83%.	Healthy Start Coalition's "breastfeeding brochures" are distributed to all 42 OB and 54 pediatric providers in Pinellas	80% (2018)	83%		CHIP was recently completed. There is little or no increase in the breastfeeding initiation for all infants from baseline
	Lactation counselor training conducted for up to 20 MCH staff by Dec. 2019	80% (2018)	83%		

Goal: Reduce infant and maternal mortality and morbidity, especially where disparities exist.

Strategy 2.3. Promote breastfeeding initiation and duration for all infants.

Key Partners: DOH-Pinellas, CHAT-Access to Care, Healthy Start Coalition, WIC & Nutrition, Chamber of Commerce

Why this is important to our community:					
To expand access to care in Pinellas County it is pertinent to reduce health disparities and improve health outcomes. Disparities in access to care is linked to health inequities. Such disparities can be seen in deaths due to chronic disease and in infant mortality rates. To address these disparities, the CHIP strategy is to eliminate the social determinants of health such as inadequate transportation, linguistic barriers, and socioeconomic factors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase breastfeeding initiation for all infants from 80% (2018) to 83%.	Baseline established for larger employers in Pinellas (e.g. Pinellas County Schools, Publix, HCA, HSN, City & County Government, Law Enforcement, Tampa Bay Times) Tampa	26% (2018)	30%		CHIP was recently completed. There is little or no increase in the breastfeeding initiation for all infants from baseline
	Number of employers with lactation support programs increased from baseline	26% (2018)	30%		

Strategic Issue Area #2: Behavioral Health

Behavioral Health includes mental health, substance abuse, and violence among children and families. Mental disorders involve changes in thinking, mood, and /or behavior. Per the 2017 Pinellas Community Health Assessment, 12% of adults reported poor mental health in 14+ days out of the last 30 days. Mental health disorders can have a powerful effect on the health of individuals, their families and their communities. Promoting and implementing prevention and early intervention strategies to reduce the impact of mental health disorders is important for length and quality of life.

Substance abuse occurs when a person consumes in amounts or manner not otherwise prescribed by a medical professional. The misuse of alcohol, over-the-counter medications,

illicit drugs and tobacco also affect the health and well-being of millions of Americans. It is also a predictor of chronic disease and can sometimes increase the risk of someone contracting a communicable disease, such as hepatitis or HIV. In Pinellas County, the percentage of adults who are current smokers is 23.4%, there are 16.1 % of adults who abuse substances such as cocaine, heroin, methamphetamine and 1 in 10 adults have abused prescription pain medication. The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.1: Increase education and awareness related to mental health and substance use.

Key Partners: Central Florida Behavioral Health Network (CFBHN), NAMI Pinellas, DOH, Pinellas, Local Universities & Colleges, Behavioral Health System of Care (BHSOC), Faith-Based Organizations

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, increase the # of community members participating in NAMI "Ending the Silence" presentations from 800 (2018) to 1,600.	At least 2 more individuals are trained in delivering "Ending the Silence"	800 (2018)	1,600.		CHIP was recently completed. There is little or no increase in the # of community members participating in NAMI "Ending the Silence" presentations from baseline

	List developed of areas that did not receive training in 2018				
	Deliver trainings to at least 1,6000 participants by Dec. 2021				
	Reference material for at least one other behavioral health-related education opportunity available at all “Ending the Silence” trainings				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.1: Increase education and awareness related to mental health and substance use.

Key Partners: Peace4Pinellas Peace4Tarpon, University of South Florida St. Petersburg (USFSP), Trauma-Informed Congregations (Pastor Doug Walker)

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community’s overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, increase the # of trauma-informed communities from 1 (2018) to 3.	At least one representative from each has attended a CHAT meeting	1 (2018)	3		CHIP was recently completed. There is little or no increase in the # of trauma-informed communities from baseline

	At least 3 opportunities are identified and implemented by Dec. 2019				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.1: Increase education and awareness related to mental health and substance use.

Key Partners: Peace4Pinellas Peace4Tarpon, University of South Florida St. Petersburg (USFSP), Trauma-Informed Congregations (Pastor Doug Walker)

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, reduce the proportion of drug-related accidental deaths from 2.2% (2016) to 1.5%	Align education and awareness efforts with PCOTF Strategic Plan by ensuring at least one CHAT member is present at PCOTF regular meetings	2.2% (2016)	1.5%		CHIP was recently completed. There is little or no reduction in the proportion of drug-related accidental deaths from baseline
	Identify at least 2 opportunities for messaging toward youth and ensure at least one CHAT member is present at PCOTF regular meetings Pinellas				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.2: Engage targeted at-risk populations to better understand behavioral health needs.

Key Partners: JWB, BHSOC, Zero Pinellas, DOH-Pinellas, Council of Neighborhood Associations (CONA) Pinellas County Schools, CHAT-Behavioral Health, BHSOC, Law Enforcement, First Responders,

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, reduce the Pinellas suicide rate from 18.1 (2015-17) to 17.0.	Connect with local leaders to hold or help coordinate at least 2 public forums surrounding mental health by Dec. 2021	18.1 (2015-17)	17.0		CHIP was recently completed. There is little or no reduction in the Pinellas suicide rate from baseline
	Ensure at least one training is offered and delivered to non-agency community members, as well as teachers and law enforcement, first responders				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.2: Engage targeted at-risk populations to better understand behavioral health needs.

Key Partners: CFBHN, DOH-Pinellas, JWB, BHSOC, USFSP, Hospitals, Community Health, Centers of Pinellas, CONA, Law Enforcement, First Responders, Local Business Owners, Churches United for Healthy Congregations (CUFHC), Boys & Girls Club

Why this is important to our community:
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 31, 2021, increase the number of establishments offering universal mental health screenings by 10% from baseline (TBD in Activity 1).	Universal screening baseline is established by June 2019	Baseline	10% from baseline		CHIP was recently completed. There is little or no increase in the # of establishments offering universal mental health screenings from baseline
	At least one point of contact is identified in North and South County				
	At least one screen is identified for each age group				
	A scan of funding options is completed by Dec. 2019				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.3: Connect individuals to effective and affordable behavioral health treatment.

Key Partners: Suncoast Centers, Directions for Living, Local CSUs, Hospitals

Why this is important to our community:
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 31, 2021, reduce Crisis Stabilization Unit (CSU) rate of readmission within 30 days from 12% (2018) to 10%.	At least 2 care coordinators identified	12 (2018)	10		CHIP was recently completed. There is little or no reduction in Crisis Stabilization Unit (CSU) rate of readmission within 30 days from baseline
	At least 3 opportunities are identified and implemented by Dec. 2019				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.3: Connect individuals to effective and affordable behavioral health treatment.

Key Partners: Suncoast Center, Directions for Living, Local CSUs, Hospitals

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, reduce Crisis Stabilization Unit (CSU) rate of readmission within 30 days from 12% (2018) to 10%.	At least two care coordinators identified	12% (2018)	10%		CHIP was recently completed. There is little or no reduction in the reduce Crisis Stabilization Unit (CSU) rate of readmission within 30 days from baseline

	At least 2 care coordinators placed in inpatient locations				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.3: Connect individuals to effective and affordable behavioral health treatment.

Key Partners: PEMHS, Suncoast Center, Directions for Living, BHSOC, JWB, DOH-Pinellas, Pinellas County.

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, increase the number of Memorandums of Understanding (MOUs) between behavioral health providers by 10% of baseline (TBD in Activity).	Baseline number is determined by June 2019	Baseline	10% of Baseline		CHIP was recently completed. There is little or no increase in the # of Memorandums of Understanding (MOUs) between behavioral health providers from baseline
	At least one MOU IS completed between 2+ behavioral health providers CHAT				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.3: Connect individuals to effective and affordable behavioral health treatment.

Key Partners: Suncoast Center, Directions for Living, BHSOC

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, increase the number of Supplemental Social Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) evaluations administered by 10% of baseline (TBD in Activity).	Baseline is identified for number of SOAR evaluations administered	Baseline	10% of Baseline		CHIP was recently completed. There is little or no increase in the # increase of Supplemental Social Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) evaluations administered from baseline
	At least one SOAR training is delivered by Dec. 2019				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.4: Improve coordination between community stakeholders and partners to encourage innovative approaches to address substance use and behavioral health needs.

Key Partners: JWB, BHSOC, DOH-Pinellas, Pinellas County, CHAT-Behavioral Health.

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By June 30, 2019, increase the annual review of existing groups working to address mental health and/or substance use needs from 0 to 1/year.	A list/database of existing groups is created	0	1		CHIP was recently completed. There is little or no increase in the increase the annual review of existing groups working to address mental health and/or substance use needs from baseline
	Formal collaborations are identified for groups in list/database				

Goal: *Promote behavioral health and well-being through a trauma-informed lens, by ensuring access to culturally appropriate, quality mental health services through the lifespan.*

Strategy 1.4: Improve coordination between community stakeholders and partners to encourage innovative approaches to address substance use and behavioral health needs.

Key Partners: JWB, BHSOC, DOH-Pinellas, Pinellas County.

Why this is important to our community:					
The problems of violence among children and families, like those of substance abuse, mental health negatively affect not only the individual, but also the community at large. In addition, behavioral health issues are often neglected and violence go unreported due to societal stigma and other barriers. A focus on behavioral health creates an opportunity to address these barriers and improve the community's overall health and quality of life.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 31, 2021, increase the number of formal collaborations (e.g. agreement, MOU, action plan, etc.) focused on mental health and/or substance use needs by 10% of baseline (TBD in Objective BH 1.4.1).	Details are Identified for All groups in Objective BH 1.4.1 list/database	Baseline	10% of Baseline		CHIP was recently completed. There is little or no increase in the number of formal collaborations (e.g. agreement, MOU, action plan, etc.) focused on mental health and/or substance use needs from baseline
	A funding map is created by Dec. 2019				
	At least one MOU is completed between 2+ behavioral health entities				

Strategic Issue Area #3: Social Determinants of Health

The social determinants of health is defined by the Centers for Disease Control and Prevention (CDC) as conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Some of these conditions are but not limited to: Income, housing, neighborhood safety, or quality education. Research shows that the effects of health disparities are glaring in communities with poor social determinants of health (SDOH) such as poor housing conditions, unsafe neighborhoods, low income and substandard education. Evidence based practice suggests that poverty limits access to healthy foods and affordability of safe neighborhoods and the having higher level of education is a positive predictor of better health outcomes. It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.1: Educate, train, engage, and empower stakeholders to increase understanding of social determinants and catalyze community action to address health inequities.

Key Partners: CHAT-Social Determinants of Health, Foundation for a Healthy St. Petersburg (FHSP) Tampa Bay Healthcare Collaborative (TBHC), HiAP Pinellas Working Group

Why this is important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of agencies identified and trained in Social Determinants of Health/Health Equity from 0 to 12.	Identify at least 12 potential agencies.	0	12		CHIP was recently completed. There is little or no increase in the # of agencies identified and trained in Social Determinants of Health/Health
	Identified at least two potential trainings (e.g. presentations, workshops)	0	2		

	Delivered at least 12 trainings by Dec. 2021	0	12		

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.1: Educate, train, engage, and empower stakeholders to increase understanding of social determinants and catalyze community action to address health inequities.

Key Partners: Unite Pinellas, DOH-Pinellas, FHSP, CHAT-Social Determinants, City of St. Pete, City of Pinellas Park, Pinellas County Government

Why this is important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of trusted thought leaders outside of the CHAT engaged around issues related to health equity and social determinants from 0 to 12.	Identify at least 12 opinion leaders for engagement	0	12		CHIP was recently completed. There is little or no increase in the # of trusted thought leaders outside of the CHAT engaged around issues related to health equity and social determinants
	Set up 2 focus groups/town halls per year	0	2		
	Met and discussed social determinants/health equity with at least 12 identified thought leaders by Dec. 2021	0	12		

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.1: Educate, train, engage, and empower stakeholders to increase understanding of social determinants and catalyze community action to address health inequities.

Key Partners: Unite Pinellas, DOH-Pinellas, FHSP, CHAT-Social Determinants, City of St. Pete, City of Pinellas Park, Pinellas County Government.

Why this is important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of trusted thought leaders outside of the CHAT engaged around issues related to health equity and social determinants from 0 to 12.	Identify at least 12 opinion leaders for engagement	0	12		CHIP was recently completed. There is little or no increase in the # of trusted thought leaders outside of the CHAT engaged around issues related to health equity and social determinants
	Set up 2 focus groups/town halls per year	0	2		
	Met and discussed social determinants/health equity with at least 12 identified thought leaders by Dec. 2021	0	12		

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.2: Increase formal collaboration across multiple sectors, especially between those whose work has an impact on the health of Pinellas residents.

Key Partners: Safe Routes to School (SRTS), Bike/Ped Advisory Committee (BPAC), JWB, DOH-Pinellas, CHAT-Social Determinants.

Why this is important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of formal collaborations (i.e. agreements, MOUs, etc.) focused on youth and/or aging populations from 0 to 1.	A list/database of existing initiatives is created	0	1		CHIP was recently completed. There is little or no increase in the # of formal collaborations (i.e. agreements, MOUs, etc.) focused on youth and/or aging populations
	Goals/priorities identified for each initiative in database	0	1		
	A completed formal agreement between 2+ entities	0	2		
	A project plan is developed by Dec. 2021.	0	1		

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.2: Increase formal collaboration across multiple sectors, especially between those whose work has an impact on the health of Pinellas residents.

Key Partners: Foundation for a Healthy St. Petersburg (FHSP) Tampa Bay Healthcare Collaborative (TBHC), Suncoast Health Council, CHAT-Social Determinants, DOH-Pinellas.

Why this important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of formal collaborations (i.e. agreements, MOUs, etc.) focused on the working age population from 0 to 1.	A list/database of existing initiatives is created	0	1		CHIP was recently completed. There is little or no increase in the # of formal collaborations (i.e. agreements, MOUs, etc.) focused on the working age population
	Goals/priorities identified for each initiative in database	0	1		
	A completed formal agreement between 2+ entities	0	2		
	A project plan is developed by Dec. 2021.	0	1		

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.3: Create sustainable structures and mechanisms that integrate health and equity considerations across local government plans and processes.

Key Partners: CHAT-Social Determinants, DOH-Pinellas.

Why this is important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of Pinellas government entities that will agree to consider addressing health and equity in policies through a formalized adoption process (i.e. Resolution, Executive Order) from 0 to 3.	At least 3 local governments are chosen	0	3		CHIP was recently completed. There is little or no increase in the # of Pinellas government entities that will agree to consider addressing health and equity in policies through a formalized adoption process (i.e. Resolution, Executive Order)
	At least 3 local governments representatives are approached	0	3		
	CHA data is presented to at least one representative of each chosen government entity	0	1		

Goal: Improve social and physical environments so that they promote good health for all.

Strategy 1.3: Create sustainable structures and mechanisms that integrate health and equity considerations across local government plans and processes.

Key Partners: CHAT-Social Determinants, City of St. Petersburg, City of Pinellas Park, Pinellas County Government

Why this is important to our community:					
It is important to address conditions of poor SDOH to facilitate improved individual and population health in addition to advancing health equity. Additionally, there is an imperative to address SDOH in our community because this create the social and physical environments, which promote good health for all.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By December 31, 2021, increase the # of Pinellas government entities that have adopted a "Health in All Policies" framework from 0 to 3	At least one policy and/or process is selected per government entity	0	3		CHIP was recently completed. There is little or no increase in the # of Pinellas government entities that have adopted a "Health in All Policies" framework
	Process evaluation is completed for each selected process and/or policy	0	3		
	Health and equity recommendations are made to at least one decision-making representative of each government entity	0	3		

* Status indicators are as follows:

 = Little to no movement towards objective target

 = some progress towards meeting the objective target

 = reached or surpassed objective target

Revisions

The Pinellas County Community Health Improvement Plan 2018 – 2021 was recently completed. The community members have not made any current revision to the CHIP. The rationale for this CHIP revision status is because the Community Health Assessment Team members got the first look at the completed CHIP at the Community Health Assessment Team meeting five days ago prior to the date of this publication. The next Annual Review Meeting is due in November, 2019. Once the community members have had the opportunity to carefully review the goals, objectives, strategies, and measures of the 2018 – 2021 CHIP, any recommended changes based on available performance measure data, resources, and alignment of goals will be made where necessary.

Accomplishments

No current accomplishments to report on any of the strategies or objective from the CHIP because this current CHIP has just been created and the respective indicators have not been objectively measured yet as at the date of this publication.

Conclusion

The CHIP offers a long-term systematic effort to address public health problems based on the results of community health assessment activities. It also serves as a vital compass for an iterative health improvement process by providing a framework for the chosen strategic issue areas. The CHIP document for all intent and purposes is dynamic and requiring cyclical updates as needed. This process involves continuously evaluating progress through quarterly CHIP implementation reports and quarterly meetings by community partners. Going forward, our goal of process improvement is to continue to conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year by November, starting November, 2019 in this current cycle.

The CHIP by design is intended to change and evolve as time progresses and as new information and insight develop at the local, state and national levels, which necessitate changes. At the end of the CHIP cycle, we will collaborate once again with our community partners in the summer of 2021 to identify opportunities for improvement, analyze local priorities, and refocus on areas of need. Based on this public-private partnership and collaboration, we can create a positive social change in the community's health outcome status by improving the conditions in which people are born, grow, live, work and age and realize the vision of a healthier Pinellas County.

Appendices

1. **Annual CHIP Review Community Meeting Agenda**
2. **Annual CHIP Review Community Meeting Minutes**
3. **Annual CHIP Review Community Meeting Sign-in Sheet**
4. **Comprehensive List of Community Partners**

Appendices A

Florida Department of Health in Pinellas County
Community Health Assessment Team Meeting
Mid-County, Room 300
August 22, 2018, 2:00-4:00 p.m.

AGENDA

Purpose:
Quarterly Community Health Assessment Team meeting to present the community health needs overview, CHIP timeline, assign strategic Issue areas, identify barriers and strategies per goal.

	Topic	Lead
1:30-2:00	Arrival & Networking	
2:00-2:05	Welcome/Introduction	**Dr. Ulyee Choe** *FL Department of Health-Pinellas*
2:05-2:15	Community Health Needs Overview	**Eliana Aguilar** *FL Department of Health-Pinellas*
2:15-2:25	CHIP Timeline Overview	**Quinn Lundquist** *FL Department of Health-Pinellas*
2:25-2:30	CHAT Vision	
Break into Strategic Issue Area Subcommittees		
2:35-2:55	Strategic Issue Areas • Access to Care • Behavioral Health • Social Determinants of Health Review Proposed Strategies for Each Goal - Discuss Propose Additional Strategies if Needed	**Subcommittees**
2:55-3:25	Identify Barriers → Prioritize Strategies (Top 3-4)	**Subcommittees**
3:25-3:50	Report Top 3-4 Strategies per Goal	**Subcommittee Representatives**
3:50-4:00	Wrap-Up	

Appendices B
Florida Department of Health in Pinellas County
Community Health Assessment Team Meeting
Mid-County, Room 300
August 22, 2018, 2:00-4:00 p.m.
MINUTES

Purpose:

Our first meeting of the 2018 Community Health Action Team (CHAT) convened about 70 individuals, representing over 40 entities within our community. We received input to help prioritize Goals and Strategies for three Priority Health Areas of our Community Health Improvement Plan (CHIP):

- Access to Care
- Behavioral Health
- Social Determinants of Health

***Members**

Position	In Attendance	Position	In Attendance
Director	Dr. Ulyee Choe	Accreditation Liaison	Quinn Lundquist
Assistant. Director	Gayle Guidash	QI Plan Lead	Ericka Guy
Maternal & Child Dir.	Ray Hensley	Strategic Plan Lead	Ericka Guy
Information Technology Director	Marisa Pfalzgraf	CHIP Lead	Eliana Aguilar
Community Health Director	Elizabeth Smith		
Public Information officer	Margarita Hall		

Attendees

Name	Organization	Name	Organization
Valarie Lee	DOH Pinellas	Sunny Davis	DOH Pinellas
Karen Hodge	DOH Pinellas	Barbara Sarver	DOH Pinellas
Lisa Brown	DOH Pinellas	Cassidy Mutnansky	City of St. Pete
Ashley Hoskins	DOH Pinellas	Denyve Boyle	CF of Tampa Bay
Kaila Yeager	DOH Pinellas	Edward Kucher	Comm. Health Center
Deborah Shaffer	DOH Pinellas	Mary-Lou Dickson	Comm. Law Program
Mary Ann Keller	Aids Healthcare	Bill Horton	Community Member
Katherine Barbera	Aids Healthcare	Malissa Fuller	Dept. of Juvenile Justice
Brittney Frazier	Allegany Franciscan M	Frank Well	Bright comm. Trust
Denise Benavides	American Cancer S	Jo Dee Nicosia	CFBHN
Jason Martino	Area Agency on Aging	Lara Khoury	City of Largo
Jennifer Ireland	BayCare	Arrow Woodard	City of Largo
Arrow Woodard	City of Largo	Kate Bauer-Jones	Early Learning Coalition

Name	Organization	Name	Organization
Patti Johnson	City of Pinellas, Vice Mayor	Karen Serrano Arce	Feeding Tampa Bay
Lucas Cruse	City of St. Pete	Becky Afonso	Florida Bicycle Association
Kyle Simpson	City of St. Pete	Germeen Hanna	Florida Dream Center
Kim Lehto	City of St. Pete	Katie Vicsik	Florida Voices for Health
Jaime Dixon	Foundation for a Healthy St. Petersburg	Dianne Clarke	Operation PAR
Lael Arango	Great Explorations Children's Museum	Jerry Wennlund	Personal Enrichment through Mental Health Services
Lisa Ullven	Guided Results	Courtney Vandenberg	Pinellas County (Board of County Commissioners)
Stephanie Sambatakos	Johns Hopkins All Children's Hospital	Stephanie Reed	Pinellas County (Human Services)
Tracy Enright	Johns Hopkins All Children's Hospital	Jane Grannis	Pinellas County (Wellness)
Kimberly Brown-Williams	Johns Hopkins All Children's Hospital (Healthy Start)	Donna Sicilian	Pinellas County Schools
Khaliah Fleming	Moffitt Cancer Center	Melissa Andress	Pinellas County Schools/Domestic Violence Task Force
Sarah Miller	NAMI Pinellas/Children's System of Care	Jessica Brown	Public Defender's Office
Daphne Lampley	Operation PAR	Debbie Buschman	Public Defender's Office
Giovanna Taylor	St. Pete College	Naomi Ardjomand-Kermani	Suncoast Health Council
Cheryl Kerr	St. Pete College	Carrie Hepburn	Tampa Bay Healthcare Collaborative
Will Baldwin	St. Pete College (Manners Housing Foundation)	Mark Trujillo	UF IFAS Extension
Marcos Darcy	St. Vincent de Paul	Nan Jensen	UF IFAS Extension
Laurie Elbow	Suncoast Center	Jacki Malone	USFSP Family Study Center
Lisa Nugent	Suncoast Health Council	Lisa Negrini	USFSP Family Study Center

Speaker	Topic	Discussion
Dr. Ulyee Choe	Welcome	• Welcome and thank you • DOH-Pinellas released our most recent Community Health Assessment in July ○ Now that we have data and insight from our assessment, our purpose is to come and work together to address social determinants of health and minimize duplication of efforts in our community

Eliana Aguilar	Community Health Assessment Overview	• Please see attached PowerPoint for full presentation, and Community Health Assessment report for additional data
		• Use this data to help inform decisions as we develop our CHIP
		  ○ Demographics
		  ▪ Majority of Pinellas residents identify race as white, followed by black, Asian, and other
		  • About 8% identify ethnicity as Hispanic or Latino
		  ▪ Higher % of 45-59 and 60+ year old adults in Pinellas vs. Florida
		  ○ Leading Causes of Death
		  ▪ Heart disease and cancer leading causes by far
		  ▪ Unintentional Injury comes in 3rd place
		  ○ Chronic Disease
		  ▪ In Pinellas, higher rates than state in heart disease, heart attack, diabetes deaths, asthma hospitalizations
		  ▪ 1 in 10 Pinellas adults was food insecure in 2017
		  ○ Obesity
		  ▪ 64.1% of Pinellas adults report being in overweight or obese height/weight category
		  ○ Cancer
		  ▪ Pinellas rates higher than the state for breast, lung, and skin cancers
		  ▪ Pinellas rates lower than the state for colorectal, prostate, and cervical cancers
		  ○ Communicable disease
		  ▪ STD rates among 15-24 age range much higher than total population, and higher in Pinellas than state rate
		  ▪ 80% feel sex education should be taught in schools by age 13
		  ○ Mental Health

		▪ 24.1% of Pinellas adults report being diagnosed with a depressive disorder ▪ Pinellas suicide rate higher than the state o Substance Use & Abuse ▪ Pinellas rates higher than state for adults who engage in heavy/binge drinking ▪ Opioid crisis affecting every demographic in Pinellas o Maternal and Child Health ▪ Seeing a general decline in black infant mortality, want to continue to see the black/white infant mortality gap close o Injury & Violence ▪ Pinellas rates higher than the state for motor vehicle traffic crashes and domestic violence offenses o Built Environment ▪ Over half of Pinellas adults live within ½ mile of a park ▪ About 30% disagree there are crosswalks and pedestrian signals to help cross busy streets in their neighborhoods o Oral Health ▪ 1 in 5 Pinellas adults sometimes can't see a dentist because of cost ▪ Over 1/3 of Pinellas adults have not visited a dentist in over a year o Access to Care ▪ 15% of Pinellas adults could not see a doctor in the past year due to cost ▪ About 70% have seen a doctor for a routine check-up in the past year • Community Meeting last summer used data to determine Priority Health Areas for community: o Access to Care o Built Environment o Mental Health & Substance Abuse o Partnerships o Socioeconomic Factors • Incorporated those into 3 Priority Health Areas for CHIP, to be carried out through community partnerships: o Access to Care o Behavioral Health o Social Determinants of Health
Quinn Lundquist	CHIP Timeline/CHAT Vision	• Please see attached PowerPoint for full presentation and list of Proposed Goals and Strategies • Want to focus on addressing socioeconomic factors to achieve the greatest public health impact

		• Re-confirming CHAT Vision: “Healthier People in a Healthier Pinellas”
		• Working to draft CHIP Report by December 2018 through 6 Steps outlined by MAPP
		  ○ Step 1: Propose Health Priority Areas, Goals & Strategies
		  ▪ Happened prior to today’s meeting, and were sent to all participants for their consideration
		  ○ Steps 2 & 3: Generate Strategy Alternatives and Identify Barriers to Implementation
		  ▪ Focus of today’s meeting
		  ○ Steps 4-6: Consider Implementation Details (i.e. Objectives and Activities), Select and Adopt, and Draft Report
		  ▪ Focus of future meetings and communication
		• Want to keep in mind “What Makes a Good Metric” and “How to Prioritize” when selecting and prioritizing Goals & Strategies
		• Use proposed Goals & Strategies to generate Strategy Alternatives, identify barriers, and prioritize 3-4 Strategies per Goal

	Strategic Plan	**IV. Priority Health Area Subcommittees**

	CHIP	**<u>Access to Care</u>**
		• Should define what constitutes a “usual primary care provider”
		• Think about reasons for emergency room use for non-emergent care (including by those with primary care provider)
		  ○ Hours of operation
		  ○ Not sure how system/insurance works
		• Need for traditional medical collaboration, in addition to mental health, substance use, case management, etc.
		• Must think about cost and privacy issues when considering use of health information technology
		• Should promote on-going education when addressing topics such as health disparities, cultural and linguistic competency, social determinants of health, etc.
		• Some strategies may require more information from partner agencies
		• A few strategies are already being targeted by existing groups; do not want to duplicate efforts (i.e. safe sleep, neonatal abstinence syndrome)
		
		<u>Behavioral Health</u>
		• Considering so much co-morbidity exists in behavioral health, the goals for mental health and substance abuse should be combined to one over-arching goal

		○ Want to align language of mental health and substance use approaches • Want to expand language from substance “abuse” to substance “use” in general • Should align language across all Priority Health Areas to ensure cohesion • Should shift from a deficit model to a strength-based model ○ Focus on promoting behavioral health and well-being • Be aware of existing efforts and initiatives (i.e. JWB Children’s Mental Health Group, Behavioral System of Care, Opioid Task Force) to leverage resources and avoid duplicative efforts • Want to establish a trauma-informed and over the life span approach to overall Goal ○ Also want to focus on culturally appropriate services in overall Goal • Important to hear from community, especially disparate populations, to better understand behavioral health needs • “Effective” treatment should be more specific (i.e. affordable, accessible) • Shared responsibility of services (i.e. services covered, cost shared, etc.) • Like broad audience encompassed by term “stakeholders” ○ Want to be innovative and embrace a community-wide approach ▪ Want to be sure Objectives reflect specific aspects of “innovative” approaches **<u>Social Determinants of Health</u>** • What is the “social” environment when we discuss the social determinants of health? ○ Economic issues ○ Built environment ○ Less tangible items such as education, income, etc. • Might be better to break things up to address goal • Health in All Policies initiative will work over next three years with public health workers, planners in government, transportation, etc. ○ Strategies discussed for CHIP will help guide work for Health in All Policies • When we discuss local policy-making and programming, what can we track and monitor? • Do not want to limit strategies to the public sector, should include private sector as well ○ Need to increase collaboration and better define sectors with “health consequences” • Affordable housing and transportation are extremely important

		○ Need to interact not just with businesses, but also with residents that are trying to find housing • Don't want to just "consider" health, equity, and sustainability in structures, policies, etc. ○ Need to be actively measured and monitored to ensure integration • Existing silos need to be broken down to increase collaboration • Need community buy-in and to be very specific in how we communicate with the community ○ Need to inspire trust, particularly in oppressed groups with mistrust for government, public services, etc.
	QI Plan	**V. Report Top Strategies per Goal- Subcommittee Representatives**
	QI Projects	**<u>Access to Care</u>** • Barriers ○ Affordability ○ Transportation ○ Misunderstanding of healthcare system ○ Timing ○ Information privacy • Goal ○ Improve access to comprehensive, high-quality, culturally responsive health care services for all. ▪ Strategy 1 (Combining Proposed Strategies) • Increase the number of children and adults with health insurance coverage and a usual primary care provider. ▪ Strategy 2 (Combining Proposed Strategies) • Use health information technology to improve cross-sector collaborations for the early detection, treatment, and management of chronic diseases and conditions. ▪ Strategy 3 (Combining Proposed Strategies) • Promote administration/re-administration of an organizational-level cultural and linguistic competency assessment and coordination between sectors to encourage innovative approaches to address disparities in underserved and uninsured populations. ▪ Tie for Strategy 4 • Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care,

		dental care, or prescription medicines when they need it. ▪ Tie for Strategy 4 (May be used as result or metric) • Reduce emergency room use for non-emergent care. • Goal ○ Reduce infant and maternal mortality and morbidity, especially where disparities exist. ▪ Strategy 1 (Combining Proposed Strategies) • Promote the importance of being healthy prior to pregnancy, and increase prenatal care among expecting mothers, especially among disparate populations. ▪ Strategy 2 • Educate and promote awareness of infant mortality and disparities. ▪ Strategy 3 (Newly Proposed Strategy) • Encourage creation of a pregnancy related mortality review for Pinellas County. ▪ Strategy 4 • Promote breastfeeding initiation and duration for all infants. **<u>Behavioral Health</u>** • Barriers ○ Stigma ○ Cost ○ Capacity for behavioral health treatment • Goal (Combining Proposed Goals) ○ Promote behavioral health and well-being through prevention and a trauma-informed lens by ensuring access to culturally appropriate, quality mental health services through the life span. ▪ Strategy 1 (Combining Proposed Strategies) • Increase community education to reduce increase awareness about the consequences of substance use and reduce stigma to promote early identification of mental and behavioral health needs. ▪ Strategy 2 (Combining Proposed Strategies) • Improve access coordination between community stakeholders and partners to encourage innovative approaches to address substance

		use and behavioral health, especially in disparate populations. ▪ Strategy 3 • Connect those struggling with mental health and/or substance use disorders to accessible treatment. ▪ Strategy 4 • Engage targeted at-risk populations to better understand behavioral health needs. ▪ Strategy 5 • Reduce the number of deaths related to behavioral health. **<u>Social Determinants of Health</u>** • Barriers ○ Hard to define; “nebulous” ○ Difficult to measure ▪ Accustom to doing health promotion ○ Existing silos ○ Community buy-in ○ Lack of community incentive to achieve goal/address issues • Goal: ○ Improve social and physical environments so that they promote good health for all. ▪ Strategy 1 (Combining Proposed Strategies) • Create structural or process change to embed the values of health, equity, and sustainability into the work of government. ▪ Strategy 2 • Increase collaboration between sectors, especially between those with health consequences. ▪ Strategy 3 • Educate, train, engage, and empower stakeholders on issues related to social determinants and health equity.

Appendices C

Florida Department of Health in Pinellas County
Community Health Action Team (CHAT) Meeting
August 22, 2018

CHAT Sign-In Sheet

Name	Organization or Community Representative	Email
Eliana Aguilar	DOH – Pinellas	eliana.aguilar@flhealth.gov
Ericka Guy	DOH - Pinellas	ericka.guy@flhealth.gov
Kaila Yeager	DOH - Pinellas	kaila.yeager@flhealth.gov
Ashley Hoskins	DOH – Pinellas	Ashley.Hoskins@flhealth
Gayle Guidash	DOH - Pinellas	gayle.guidash@flhealth.gov
Morgan Brandt	City of Dunedin	mbrandt@dunedinfl.net
Germeen Hanna	Florida Dream Center	germeen@FloridaDreamCenter.org
Carrie Hepburn	TBHC	on file
Becky Afonso	Florida Bicycle Association	Becky@floridabicycle.org
Kim Lehto	City of St. Pete – Healthy St. Pete	Kim.Lehto@stpete.org
Cassidy Mutnansky	City of St. Pete – Health D. Pete	Cassidy.Mutnansky@gmail.com
JASON MARTINO	AREA AGENCY ON AGING	JASON.MARTINO@AAAPP.org
Ray Hensley	DOH Pinellas – MCH	Ray.Hensley@flhealth.gov
Melissa Fuller	DJJ	melissa.fuller@djj.state.fl.us
Will Baldwin	St. Petersburg College	baldwin.will@spcollege.edu
Denyse Boyle	Community Foundation of Tampa Bay	Dboyle@cftampabay.org
Marisa Pfalzgraf	DOH-Pinellas	Marisa.Pfalzgraf@flhealth.gov
JESSICA BRAUN	PUBLIC DEFENDERS OFFICE	JESSICABRAUN@PDPINELLAS.COM
DEBORAH BUSCHMAN	" "	DEBORAHBUSCHMAN@PDPINELLAS.COM
Naomi Ardjomandkermani	Suncoast health council	Naomi.k@thehealthcouncil.org
Katherine Barbera	AIDS Healthcare Foundation	Katherine.Barbera@aidshealth
R. William Horton	Town Rep	Bill.horton511@gmail.com
Laurie Elbow	Suncoast Center	lelbow@suncoastcenter.org
Maggie Hall	DOH-Pinellas	Margaret.Hall@flhealth.gov
Courtney Vandenberg	BCC	cvandenberg@pinellascounty.org
Lisa Negrini	USFSP - Family Study Center	lnegrini@usfsp.edu

Florida Department of Health in Pinellas County
Community Health Action Team (CHAT) Meeting
August 22, 2018

CHAT Sign-In Sheet

Name	Organization or Community Representative	Email
Denise Benavides	American Cancer Society	denise.benavides@cancer.org
Jessie Brown	DOH	Lisa.Brown@flhealth.gov
Valarie Lee	DOH	valarie.lee@flhealth.gov
Deborah Shalk	DOH	deborah.shalk@flhealth.gov
Sunny Davis	DOH	Sonja.Davis2@flhealth.gov
Jane Grannis	Pinellas County Gov, Wellness	jgrannis@pinellascounty.org
Lisa Nugent	Suncoast Healthcouncil	
Brittney Frazier	Allegany Franciscan Ministries	bfrazier@afmfl.org
Katie Vicik	FL Voices for Health	Katie@healthyfla.org
Sarah Miller	NAMI Pinellas/SOC	Smiller@cfbhn.org
Jennifer Ireland	BayCare	Jennifer.ireland2@baycare.org
Khaliah Fleming	TBCCN - Moffitt	Khaliah.Fleming@moffitt.org
Barb Sarver	DOH	Barbara.Sarver@flhealth.gov
Jerry Wennlund	PEMHS	jwennland@pemhs.org
Stephanie Sambatakos	UTHSCH	Sbovis1@jhmi.edu
Cheryl Kerr	SPC	Kerr.cheryl@spcollege.edu
Lucas Cruse	City of St. Petersburg	lucas.cruse@stpete.org
Karen Serrano Arce	Feeding Tampa Bay	kserranoarce@feedingtampabay.org
Patti Johnson	City of Pinellas Park	pjfleisc1@gmail.com
Kyle Simpson	City of St. Petersburg	Kyle.simpson@stpete.org
KAREN HODGE	DOH	KAREN.HODGE@FLHEALTH.GOV
DIANNE CLARKE	OPERATION PAR	dclarke@operpar.org
Arran Woodard	City of Largo	awoodard@largo.com
Jacki Malone	USFSP Family Study Center Infant Family Center	jcmle@mail.usf.edu

Florida Department of Health in Pinellas County
Community Health Action Team (CHAT) Meeting
August 22, 2018

CHAT Sign-In Sheet

Name	Organization or Community Representative	Email
Marcos Darcy	St. Vincent de Paul CARES	marcos@svdpsp.org
Daphne Lamplay	Operation PAR	dlamplay@operpar.org
Donna Sicilian	Pinellas County Schools	Sicilian d@pcsb.org
Lisa Ullven	Guided Results	Lisa.Ullven@gmail.com
Tracy Enright	JHACH	tenright2@jhmi.edu
Kate Bauer-Jones	ELC	kbauer-jones@elcpinellas.net
Melissa Andress	SEDNET & DVTF	andressm@pcsb.org
JoDee Nicosia	CFBHN-Civitans SOC	JNicosia@cfbhn.org
MARY ANN Keller	DHF	maryann.keller@AIDSHealthy
Lael Arango	Great Explorations	larango@greatex.org
Giovanna Taylor	SPC	Taylor.giovanna@spcollege
Lara Khoury	City of Largo	LKhoury@largo.com
Beth Smith	DUH	
Edward Vercher	Community Health Center	epvercher@ucentral
Mark Trujillo	UF IFAS FNP	MT@UFL.edu
Frank Wells	Bayfield Community Trust	Frank@TheBayfieldWay.org
Kimberly Brown-Williams	JHACH	Kbrownwi@Jhmi.edu

Appendices D

Florida Department of Health in Pinellas County
Community Health Assessment Team Members

Comprehensive List of Community Partners

Name	Organization or Community Representative	Email
Mary Ann Keller	AIDS Healthcare Foundation	maryann.keller@aidshealth.org
Katherine Barbera	AIDS Healthcare Foundation	katherine.barbera@aidshealth.org
Brittney Frazier	Allegany Franciscan Ministries	bfrazier@afmfl.org
Denise Benavides	American Cancer Society	denise.benavides@cancer.org
Jason Martino	Area Agency on Aging	jason.martino@aaapp.org
Jennifer Ireland	BayCare	jennifer.ireland@baycare.org
Shari Crowe	BayCare (Morton Plant/Mease)	sharon.crowe@baycare.org
Frank Wells	Bright Community Trust	Frank@TheBrightWay.org
Jo Dee Nicosia	Central Florida Behavioral Health Network (Children's System of Care)	jnicosia@cfbhn.org
Sarah Miller	Central Florida Behavioral Health Network (Children's System of Care)	smiller@cfbhn.org
Morgan Brandt	City of Dunedin	mbrandt@dunedinfl.net
Arrow Woodard	City of Largo	awoodard@largo.com
Lara Khoury	City of Largo	lkhoury@largo.com
Patti Johnson	City of Pinellas Park, Vice Mayor	pfleisc1@gmail.com
Lucas Cruse	City of St. Pete	lucas.cruse@stpete.org
Kyle Simpson	City of St. Pete	kyle.simpson@stpete.org

Kim Lehto	City of St. Pete (Healthy St. Pete)	kim.lehto@stpete.org
Cassidy Mutnansky	City of St. Pete (Healthy St. Pete/Health in All Policies)	cassidy.mutnansky@stpete.org
Denyve Boyle	Community Foundation of Tampa Bay	dboyle@cftampabay.org
Edward Kucher	Community Health Centers of Pinellas	epkucher@hcnetwork.org
Mary-Lou Dickson	Community Law Program	mdickson@lawprogram.org
Bill Horton	Community Member/Consultant	bill.horton811@gmail.com
Melissa Fuller	Department of Juvenile Justice	melissa.fuller@djj.state.fl.us
Valarie Lee	DOH-Pinellas (Breast & Cervical)	valarie.lee@flhealth.gov
Eliana Aguilar	DOH-Pinellas (Community Health)	eliana.aguilar@flhealth.gov
Quinn Lundquist	DOH-Pinellas (Community Health)	quinn.lundquist@flhealth.gov
Elizabeth Smith	DOH-Pinellas (Community Health/Nursing)	elizabeth.smith@flhealth.gov
Melissa Van Bruggen	DOH-Pinellas (Clinical services)	melissa.vanbruggen@flhealth.gov
Karen Hodge	DOH-Pinellas (Dental Services)	karen.hodge@flhealth.gov
Victor Hubert	DOH-Pinellas (Healthy Families)	victor.hubert@flhealth.gov
Lisa Brown	DOH-Pinellas (Healthy Start)	lisa.brown@flhealth.gov
Marisa Pfalzgraf	DOH-Pinellas (Information Technology)	Marisa.Pfalzgraf@flhealth.gov
Ray Hensley	DOH-Pinellas (Maternal & Child Health)	ray.hensley@flhealth.gov
Pervinder Birk	DOH-Pinellas (Admin)	Pervinder.birk@flhealth.gov
Ashley Hoskins	DOH-Pinellas (Public Health Preparedness)	Ashley.Hoskins@flhealth.gov

Kaila Yeager	DOH-Pinellas (Public Health Preparedness)	kaila.yeager@flhealth.gov
Maggie Hall	DOH-Pinellas (Public Information)	margarita.hall@flhealth.gov
Deborah Shaffer	DOH-Pinellas (School Health)	deborah.shaffer@flhealth.gov
Sunny Davis	DOH-Pinellas (Tobacco Prevention)	Sonja.Davis2@flhealth.gov
Barbara Sarver	DOH-Pinellas (WIC & Nutrition)	barbara.sarver@flhealth.gov
Gayle Guidash	DOH-Pinellas, Assistant Director	gayle.guidash@flhealth.gov
Ulyee Choe	DOH-Pinellas, Director	ulyee.choe@flhealth.gov
Kate Bauer-Jones	Early Learning Coalition	kbauer-jones@elcpinellas.net
Karen Serrano Arce	Feeding Tampa Bay	kserranoarce@feedingtampabay.org
Becky Afonso	Florida Bicycle Association	becky@floridabicycle.org
Germeen Hanna	Florida Dream Center	Germeen@floridadreamcenter.org
Tamela Monroe	Florida Hospital North Pinellas	tamela.monroe@ahss.org
Kimberly Williams	Florida Hospital North Pinellas	kimberly.williams6@ahss.org
Katie Vicsik	Florida Voices for Health	Katie@HealthyFla.org
Jaime Dixon	Foundation for a Healthy St. Petersburg	jaime@healthystpete.foundation
Lael Arango	Great Explorations Children's Museum	larango@greatex.org
Lisa Ullven	Guided Results	Lisa.Ullven@gmail.com
Cindy McNulty	Healthy Start Coalition	cmcnulty@healthystartpinellas.org
Mary Beth Crouch	Human Community Management	Mcrouch1@humana.com
Rosy Bailey	In Season Pro/Consultant	rosy@inseasonpro.com

Stephanie Sambatakos	Johns Hopkins All Children's Hospital	sbovis1@jhmi.edu
Tracy Enright	Johns Hopkins All Children's Hospital	tenrigh2@jhmi.edu
Kimberly Brown-Williams	Johns Hopkins All Children's Hospital (Healthy Start)	kbrownw1@jhmi.edu
Khaliah Fleming	Moffitt Cancer Center	Khaliah.Fleming@moffitt.org
Denise Whitfield	NAMI Pinellas County	dwhitfield@nami-pinellas.org
Daphne Lampley	Operation PAR	dlampley@operpar.org
Dianne Clark	Operation PAR	dclarke@operpar.org
Jerry Wennlund	Personal Enrichment through Mental Health Services	jwennlund@pemhs.org
Courtney Vandenberg	Pinellas County (Board of County Commissioners)	cvandenberg@pinellascounty.org
Jodi Groth	Pinellas County (Human Services)	jgroth@co.pinellas.fl.us
Stephanie Reed	Pinellas County (Human Services)	sreed2@pinellascounty.org
Jane Grannis	Pinellas County (Wellness)	jgrannis@pinellascounty.org
Donna Sicilian	Pinellas County Schools	siciliand@pcsb.org
Melissa Andress	Pinellas County Schools/Domestic Violence Task Force	andressm@pcsb.org
Jessica Brown	Public Defender's Office	jessicabrown@wearethehope.org
Debbie Buschman	Public Defender's Office	debrabuschman@wearethehope.org
Giovanna Taylor	St. Pete College	taylor.giovanna@spcollege.edu
Cheryl Kerr	St. Pete College	kerr.cheryl@spcollege.edu
Will Baldwin	St. Pete College (Manners Housing Foundation)	baldwin.will@spcollege.edu

Shevette Batts	St. Petersburg Free Clinic	Shevette.batts@stpetersburgfreeclinic.org
Marcos Darcy	St. Vincent de Paul	marcos@svdpsp.org
Laurie Elbow	Suncoast Center	lelbow@suncoastcenter.org
Lisa Nugent	Suncoast Health Council	lnugent@thehealthcouncil.org
Naomi Ardjomand-Kermani	Suncoast Health Council	naomiak@thehealthcouncil.org
Carrie Hepburn	Tampa Bay Healthcare Collaborative	director@tampabayhealth.org
Mark Trujillo	UF IFAS Extension	mt@ufl.edu
Nan Jensen	UF IFAS Extension	njensen@ufl.edu
Joe Bohn	USF College of Public Health	jbohn2@health.usf.edu
Jacqui May	Community Law Program Inc.	jacqui@lawprogram.org
Jacki Malone	USFSP Family Study Center	jcm6@mail.usf.edu
Lisa Negrini	USFSP Family Study Center	lnegrini@usfsp.edu
Christopher Gallucci	DOH-Pinellas (Performance Mgmt.)	christopher.gallucci@flhealth.gov
Nosakhare Idehen	DOH-Pinellas (Performance Mgmt.)	nosakhare.idehen@flhealth.gov