

Collaborative Labs

at St. Petersburg College

Accelerate business results

The Collaborative Labs

Presents

TBHC Quarterly Membership Meeting

Collaborative Engagement

May 12, 2011



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[Click here to download a Word doc. of this Real-Time Record](#)
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Activity 1: "The Best of Tampa Bay Healthcare Collaborative"

Welcome to the Collaborative Labs! Let's get started right away.

"Walk about" and consider a **personal best experience** you've had or **value** you've received as a TBHC member.

Capture your example on one of the **Best Experience/Value Received Walls** as a **5-to-8 word example** or a **free-handed drawing**.

At 9:30am we'll lead a round of "laser reporting" where you can share your best experience/value received from TBHC to date.

All of your contributions to the Best Experience/Value Received Walls will be captured for the real-time record.



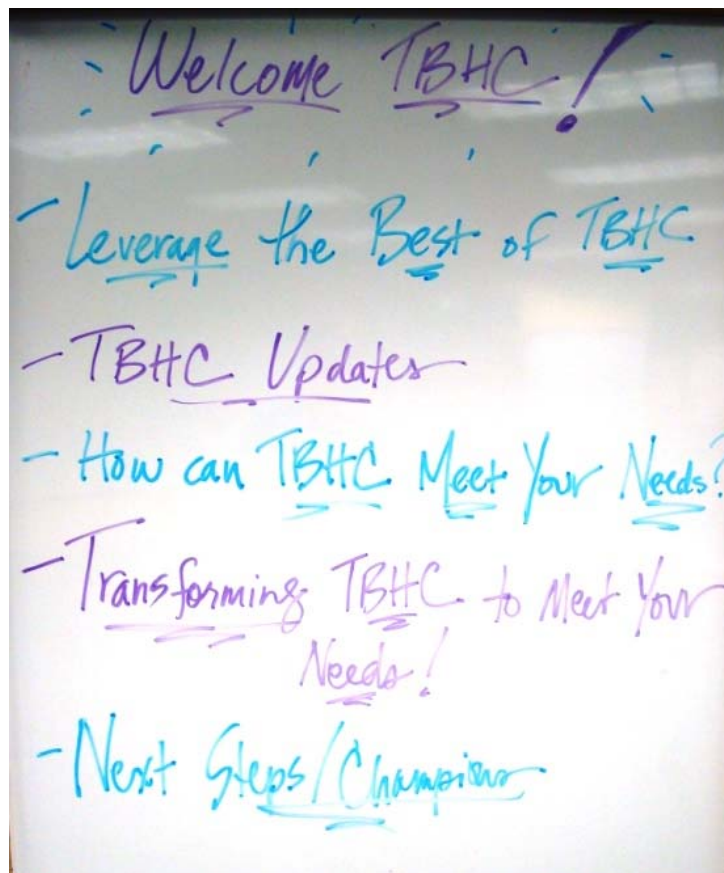
Teresa Kelly, TBHC Board President: Good Morning! My name is Teresa Kelly and I am the president of the board of directors. We have asked you to indicate your best experience and best values with TBHC. This is an important day for us as we are a membership driven organization and we want to find out from you today what we need to do to make your membership more valuable. We do need your participation today and that is part of your responsibility as members. If you are not a member, we do have some information in the back of the room and encourage you to consider membership.



We will take a few minutes to introduce ourselves to one another this morning before we get started.

At this time the participants introduced themselves and stated their organizational affiliation.

Andrea Henning, Executive Director, Collaborative Labs: Welcome back everyone. We have our team here with us this morning. PJ will be taking your pictures and helping us with technology. George will be capturing our work this morning in metaphors and images and Alan will be taking the notes for us today so that tomorrow you will have a Real Time Record of your day.



Teresa: We would like to talk about what you have accomplished with the first activity this morning in looking at Best Experiences and Best Value Received.

Best Experiences

Jane: DayStar helps people with various needs and one of my best experiences is that I have names and connections that I can call locally when I have someone that needs help. It makes it easier to get someone help



Teresa: This is probably one of the few places I have been able to get actively involved and understand the various advocacy issues. Various things affect health and advocacy has been a really important aspect for my experience here which helps me do my job much better.

Cindy: Ditto about the advocacy committee, I know immediately who to call. We have had such support, all of you are that safety net so we can catch people before they fall and send them in the right direction.



Mary: I work with faith community nursing that help with advocacy and screening and this organization helps me find resources for my nurses. I can put all the faces with the pieces and that is a great thing.

Teresa: We have had lots of great programs over the years as well as trainings like disaster preparedness; we try and bring in experts which are of benefit to everyone.



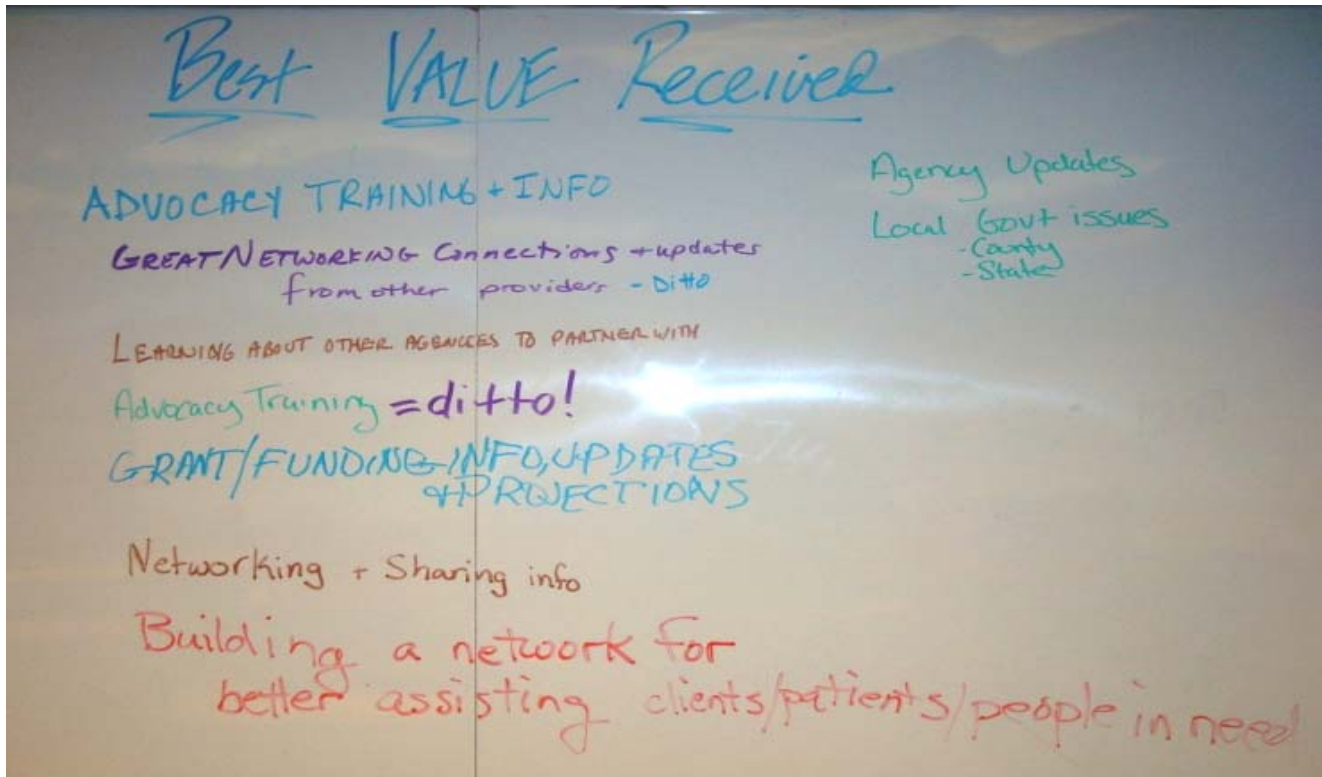
Jane: I went to one of the disaster trainings on setting up our agency disaster preparedness plan. Its one of those things that took us through a process and it helped us to have something in place, it was a good experience and I probably wouldn't have done it if I had not come to that training.

Dena: I think for me it provides a great opportunity to meet with people that care about the issues that I am working on and I care about. To meet advocates and bringing people together to find out what is important to them. Our group works on trying to find ways to work together and find win wins and finding ways to connect everybody. This group has served as being an umbrella for all the health issues that I am working on. I have met some other people on the advocacy committee and have created some great things together. The Collaborative is a very important organization.

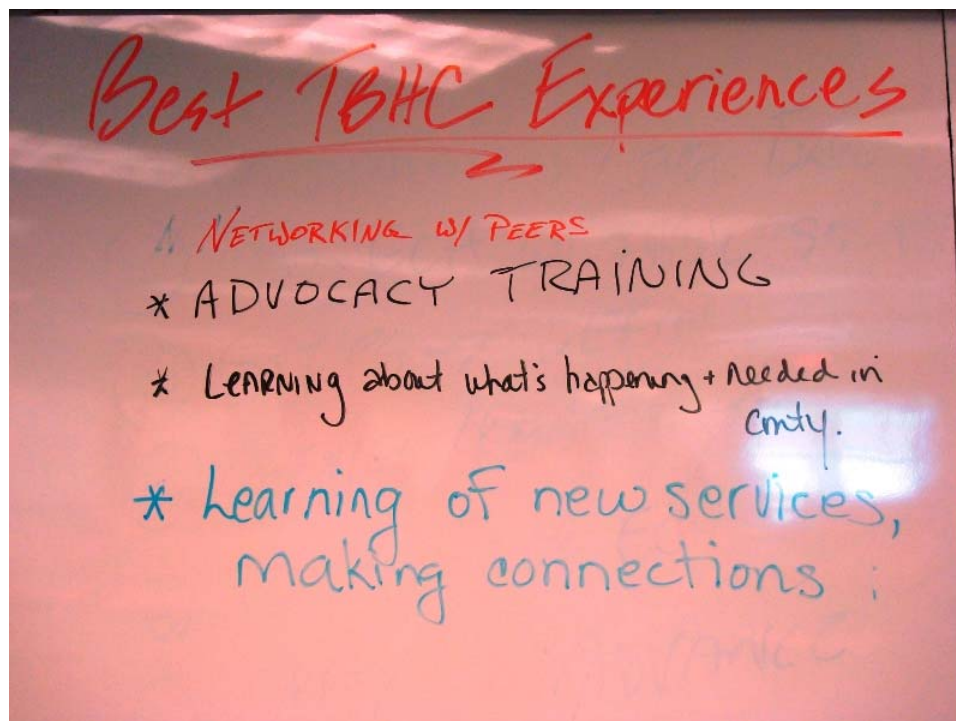
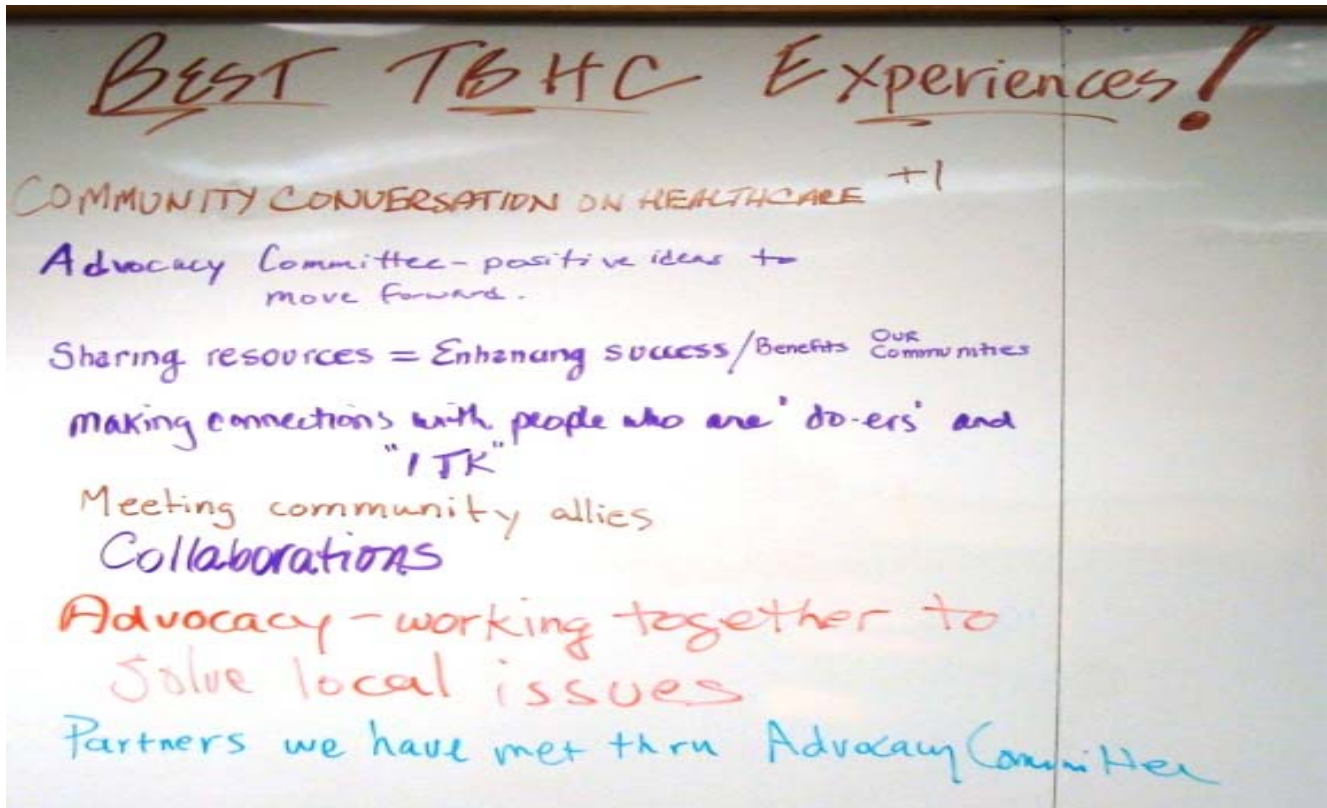
Cindy (about JUMP): The funding and support has helped us exist. We have always had funding issues because we are judged based on how many babies die and we don't have control over that. The JUMP program has helped us put together our own evaluation tool to prove our effectiveness. There are many other criteria to show we are having an impact on those we serve and the funding has helped us put together a different way of serving our clients. It has helped us move forward and keep us funded.



Best Value Received



Best TBHC Experiences





Teresa: JUMP is about training nonprofits for sustainability. Helping boards and staffs work together and it is a very valuable program. It is a yearlong commitment and we will provide more information about that in the future.

I want to give you a brief update on some of the activities we are working on. The two main programs right now are JUMP and Disaster Preparedness. We also have a number of committees. We have our board members in the room and I would like to take this time to introduce them to you. If you have any questions moving through the process please contact one of them. We also have a new executive director, Carrie Hepburn. The board went through an extensive process of searching for the right person and she was right there under our nose. Liz Wooten Reschke is with us part time and will be helping us with Program Management, membership and other important issues.

Carrie Hepburn, Executive Director, TBHC: For those of you who don't know I am a Florida native and hail from Dade City, Florida. I am excited about where we are going as well as where we have been. Today is all about finding out what you want and this is a very important day for TBHC. You have your agendas and they are really important today. We incorporated a lot of information on there and some important dates for next meetings as well as information about our committees. The Florida Philanthropic Network just released a report in February that indicated more funders are going to be funding capacity building and strategic planning. JUMP is right on the forefront and ready.



You should know that this is a membership driven organization and without you we do not exist. Your participation is vital to our success and we encourage you to get involved in a committee if you have not already done so. The work of the Collaborative happens through committees. Please visit one of our committee meetings learn more. The meetings are open to anyone who would like to attend.

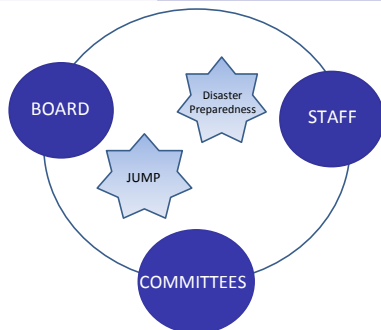
The Advocacy Committee will meet on May 23rd. We are trying to get an inventory of all groups that are working on health equity so if you know of any groups, please let us know. The Wellness Committee members have been joining the Wellness Coordinators Network and Steve Malla from St. Pete College is here so you can speak with him or me about getting involved. The Volunteers for Health Committee is working on recruiting and retaining volunteers and will meet on May 19th.



Committees



Organizational Structure



- Advocacy
 - Next Meeting: Monday, May 23, 2011 @ 9:30 AM
- Health Equity (formerly Cultural Competency)
- Wellness
- Volunteers for Health
 - Next Meeting: Thursday, May 19, 2011 @ 9:30 AM

Teresa: Would all the TBHC Board Members please stand. We want you to know we work for you.



TAMPA BAY
HEALTHCARE
COLLABORATIVE

Board of Directors

President:

Teresa Kelly, Special Projects Coordinator
Suncoast Health Council, Inc.

Deborah Meegan, Executive Director
Brandon Outreach Clinic

Treasurer:

Michael "Mickey" Schnoke, Store Manager
BankAtlantic

Marisa Rappa Mowat, Manager
Children's Health and Advocacy
St. Joseph's Children's Hospital of Tampa

Secretary:

Debbie Frizzell, Interim Director
Horizon Healthcare Corporation

Eva Ruiz, Peer Counselor
Nutrition Department
Hillsborough County Health Department

Members:

Gregory G. Crist, CEO
Crist Communications LLC

Nanette Wiser
Journalist & Communications Consultant



Andrea: We are going to be asking you today to help us help you so that we can transform TBHC to better meet your unmet needs. Carrie and the board want to listen first which demonstrates their commitment and create a lot of energy for the future. We are going to assign you to a team for the next activity as we look toward the future and ask you what you would like to see TBHC do for you. Let's take a look at the instructions for the next activity.



Activity 2: Meeting Your Needs - The New Tampa Bay Healthcare Collaborative**Instructions:**

- Pick a number and join one of the **five teams** in the Forest Lab.
- Appoint a **"keyboarder"** who will capture the team's ideas using our collaborative groupware on the laptop computer.

Round 1:

1. First, capture **organizational needs** represented by the members in your team (one at a time). You'll also see the needs from the other teams in real-time.
2. When prompted – review the list of organizational needs captured and **"drag and drop" your team's Top 2 Organizational Needs into the "Top Organizational Needs" bucket**. Note: You may choose another team's organizational need if your team thinks it is best (and gets to it first!).

Round 2

1. Next, capture Members' **"preferred vehicles"** to address members' needs (i.e. meeting format: virtual, face-to-face, communication preferences: social media, email, newsletters, etc.). You'll also see the needs from the other teams in real-time.
2. When prompted – review the list of "preferred vehicles" captured and **"drag and drop" your team's Top 2 "Preferred Vehicles" into the "Top Vehicles" bucket**. Note: You may choose another team's organizational need if your team thinks it is best (and gets to it first!).

Round 3

1. Finally, capture **Members' expertise/names** as well as **strategic partnership opportunities** you would like to leverage within the TBHC.

We'll call time and reconvene as a full group to review the **Members' (1) Top Organizational Needs, (2) Preferred Vehicles to address the needs** and (3) **expertise/partnership opportunities to leverage within the TBHC**.

1. Meeting Members' Needs

1. Organizational Needs

- 1.1. 1. More opportunities to know what other organizations in the communities are working on and have contacts, etc... and who are they working with so that we can work together
- 1.2. succession planning
- 1.3. Additional Staffing
- 1.4. H R Issues
- 1.5. Expand focus to include mental health... including relationship issues, etc.
- 1.6. Marketing
- 1.7. Motivating and keeping volunteers & coalition members
- 1.8. Support substance and mental health integration with Primary care
- 1.9. Networking contact list
- 1.10. Information to community regarding resources available
- 1.11. Best "program/project" Practices - that organizations can benefit from / replicate
- 1.12. Assistance with implementation
- 1.13. Authentic Voices
- 1.14. Educational Opportunities
- 1.15. Best Practices
- 1.16. Community Needs Assessments
- 1.17. Disseminating Community Resource information
- 1.18. Involve health care professionals in prevention and share resources that would benefit community
- 1.19. Integrated Healthcare Mental Health Substance Abuse Model
- 1.20. Coordinate around advocacy issues



2. Top Organizational Needs

- 2.1. Community resource list with contacts and networking
- 2.2. Advocacy
- 2.3. Sharing / optimizing community resources - surrounding access to care and removing barriers
- 2.4. funding - first and foremost
- 2.5. Information directories, communications about resources and potential partners, non profit directories
- 2.6. health promotion
- 2.7. Find partners for grant opportunities... focus on sustainability
- 2.8. sustainability, non-traditional funding sources
- 2.9. Communication and Access to collaborative and members... share point, calendar, etc. easier communication for events... not e-mail
- 2.10. Umbrella organization



3. Preferred Vehicles to Meet Needs (i.e. meeting format: virtual, face-to-face, communication preferences: social media, email, newsletters, etc.)

- 3.1. support resources could be communicated on website (living document)
- 3.2. Virtual Meetings via Skype, etc
- 3.3. Website
- 3.4. Conference Calls
- 3.5. Public Access
- 3.6. Focus Groups
- 3.7. Webinar
- 3.8. Town hall Meetings
- 3.9. Health Care Professionals
- 3.10. Teleconferencing



4. Top Vehicles to Meet Members' Needs

- 4.1. face-to-face
- 4.2. Small workgroups - problem / solution focused
- 4.3. Digital Communications
- 4.4. Face to Face
- 4.5. Email
- 4.6. Nice to meet in venues where members work, serve, etc... change locations quarterly
- 4.7. Combination of everything
- 4.8. Face-to-Face
- 4.9. Newsletter
- 4.10. Social Networking



5. Members' expertise/strategic partnership opportunities to leverage

- 5.1. Joe Santini - Healthcare / Health Advocacy / Healthcare funding - Community Health Centers of Pinellas, Inc., Pinellas County - Advocacy Committee
- 5.1.1. *Pinellas County, Community Health Centers of Pinellas, Inc.*
- 5.2. Sonia Goodwin - Suncoast Community Health Centers Inc - Eastern / Southern Hillsborough - CAO
- 5.3. Maria Avalos - West Central Florida Area Agency on Aging - Hillsborough County - Health Education & Promotion
- 5.4. Teresa Kelly - Community Needs Assessments/Strategic Planning/Advocacy
- 5.5. Nanette Wisner - Journalist / Communications Consultant - Public Relations, Web - PR Support - Social Marketing - Grassroots
- 5.6. Mickey Schnoke - Financial Planning/Non Profit = Profit Financial Thinking
- 5.7. Jane Walker - Daystar Life Center, Inc. / Advocacy Committee / Networking / Speak for the People in need of services / Pinellas County
- 5.8. Clare Gorman - Suncoast Center, Inc. / Grant Writing / Marketing & Publications / Pinellas County
- 5.9. Patricia Glenn - 2-1-1 Tampa bay Cares, Inc. / Pinellas County / Disseminating Information
- 5.10. Kim Herremans - Hillsborough County Health Dept. / Dental / Health Prevention & Promotion
- 5.11. Karen Pesce - More Health, Health & Injury Prevention Education/Professional Training
- 5.12. Lolita Dash-Pitts - USF, Center for Equal Health, community development/needs
- 5.13. Sharon Joy Kleitsch - Help people learn conversational leadership and collaborative skills/large system change/Integral Medicine
- 5.14. Irene Bemby-Mental Health Nursing/Health care/Stress Management/Medication Compliance
- 5.15. Kelli Johnson - Dental Program Mgr, Suncoast Community Health Ctrs/Mobile Dental unit, preventive dental services to children
- 5.16. Geni Trauscht - Pinellas Cty Health and Human Services/ Health Program/Advocacy



- 5.17. Bilal F. Habeeb-ullah - Resource Dev Coor, Willa Carson Health and Wellness Ctr/Grant-writing, community activist
- 5.18. Dena Leavengood - Tomorrow Matters!, HC Coalition, LWV HC/Community Advocate/Capacity Building, Advocacy, Facilitation, Policy & Politics...
- 5.18.1. NIH Grant Writing, Community organizing, USF Diabetes Ctr
- 5.19. Mellita Mills - REACHUP Inc.-Outreach Coordinator for Closing the Gap/Train the trainers for capacity building and infrastructure, research and eval
- 5.20. John Gowan - Fresenius Medical/Chronic Kidney Disease Outreach and Education/Public Speaking
- 5.21. Eva V. Ruiz, Hills Health Dept, Nutrition, Peer Counselor, WIC/Hispanic population, outreach and organizing and coordinating events
- 5.22. Lynda Leedy - ONE BAY Healthy Communities Project Manager/links to business community, developing regional health indicator website
- 5.23. Kathleen Taylor Jacobs, Suncoast Hospice, Community engagement, collaborative efforts and partnerships
- 5.24. Mary Crepeau - Grant writer and volunteer coordinator
- 5.25. Maria Pinzon-Hispanic Outreach/Education
- 5.26. Charlotte McHenry, WCF Area Agency on Aging, Health and Wellness for Elders
- 5.27. Pamela Adkins - Public health and wellness communications that inspire people to take action
- 5.28. Michelle Cyr- AARP/Advocacy/Education
- 5.29. Marisa Mowat, St. Joesph's Childrens Hospital, Childrens Health and Advocacy
- 5.30. Tracy Christner-Project GRACE/Advance Care Planning
- 5.31. Stephanie M. Brown, You & me. we, family resources, relationship education
- 5.32. Coni Williams-University of South FL Center for Equal Health/Health Education
- 5.33. Kay Doughty, Operation PAR, Prevention of risky behavior and advocacy
- 5.34. Roxanna Dreger, Universal Healthcare, Outreach, Senior Healthcare/Medicare education
- 5.35. Dale Watson - Global (International) public health, i.e., health equity/health disparities
- 5.36. Ronna Metcalf-Life Enrichment Center/High Functioning Active Seniors
- 5.37. Eddie Santiago - Prevention/Hillsborough County
- 5.38. Daphene Street-Operation PAR/Grants/Communications
- 5.39. Steve Malla-SPC/Corporate Wellness
- 5.40. Cindy McNulty -Personal experience/stories - Linking families (focusing on Pregnant Women) to affordable health care throughout the community - resolving Medicaid issues/Per
- 5.41. Christine Spiker-WCF/Area Agency on Aging/Health Education and Prevention
- 5.42. Sandy Clayton-City of Clearwater/Wellness
- 5.43. Annie Tyrell-Willa Carson Health Resource Center/Health care/Health Education

Andrea: Welcome back! Great job everyone; now let's use our voting devices to choose our overall top 3 choices from each of the categories we worked on. Let's take a look at the top 10 Organizational Needs list and see if there are any opportunities to combine and collapse any items.



A request to clarify Umbrella Organization was made

Participant: We feel there is a potential for TBHC to be a one stop shop for all health and social service information including a calendar from across the region.

A request to clarify partnerships and grant funding was made

Participant: We were looking more at partnerships and collaboration to get grants rather than the issue of grant funding.

Discussion to clarify difference between items one and seven resulted in the following

Carrie: 1 is community resources and 7 is internal communication. 7 is intra and 1 is inter.

The combining resulted in a top 7 list and the votes were cast.

Choose your Top 3 Organizational Needs

1. Community resource list with contacts and networking / Information directories, communications about resources and potential partners, non profit directories **20%**
2. Advocacy **8%**
3. Sharing / optimizing community resources - surrounding access to care and removing barriers **9%**
4. funding - first and foremost / sustainability, non-traditional funding sources **19%**
5. health promotion **9%**
6. Find partners for grant opportunities... focus on sustainability **15%**
7. Communication and Access to collaborative and members... share point, calendar, etc. easier communication for events... not e-mail / Umbrella organization **20%**

Polling Results: Top Organizational Needs currently not being Met

1. Community resource list with contacts and networking/ Information directories, communications about resources and potential partners, non profit directories
2. Communication and Access to collaborative and members... share point, calendar, etc. easier communication for events... not e-mail/ Umbrella organization
3. funding - first and foremost/ sustainability, non-traditional funding sources
4. Find partners for grant opportunities... focus on sustainability

Additional discussion later during the meeting confirmed that TBHC's focus on Advocacy will remain a key focus going forward!

Andrea: Let's take a look at Preferred Vehicles.

Carrie: Since Face to Face came up several times, what frequency are we seeing in terms of meetings?

Participant: Depends on what we are trying to accomplish.

Jane: Meeting in person provides opportunities to build relationships, network and find partner opportunities. We have been able to solve some individual problems by meeting face to face.

Dena: Quarterly membership meetings are good and committee meetings can be held monthly or different ways to meet the needs of the committee members.

Carrie: What was meant by social networking?

Daphne: There are so many different types of it, we can look at the different tools like face book, you can post an event or topic and people can react and respond, there are other sites where documents can be posted and revised, there is also survey monkey that allows you to gather and analyze information.

Carrie: LinkedIn is a group that you opt into and it may be worth our time and energy to post things in those areas.

Participant: I think a lot of the social networking ideas would probably require a committee to determine how to use it but I think it would be a great way for us to reach out to the community and potential new members as well as a great marketing tool.

Sharon Joy: Digital communication encompasses all of these and it depends on what you are accomplishing and which area you should use.

Participant: I do think these vehicles are different and good for different needs, if you look at our organizational needs, we might use different mediums for different needs. We should match the channel and vehicle with what we are trying to accomplish.

Carrie: We should decide what vehicles we should use for what needs.

Daphne: One thing you are trying to find out is how you would like to communicate with us about news and meetings so maybe we can just vote on that first. Maybe take a look at the newsletter and other things – form a communications committee.

Carrie: Daphne, Dena, Nannette and Pamela are willing to serve on the communications committee. So we are going to vote on preferred communication vehicles to members and interested parties (meeting notices, etc.)?



Choose your Top 3 Preferred communication Vehicle to members

1. **Small workgroups - problem / solution focused**
2. **Digital Communications 10%**
3. **Face to Face 3%**
4. **Email 58%**
5. **Nice to meet in venues where members work, serve, etc... change locations quarterly 10%**
6. **Combination of everything 13%**
7. **Newsletter 6%**
8. **Social Networking**

The votes were cast and the number one choice was email

Carrie: Is there anybody that did not receive the meeting announcement or reminder?

Joe: If I could I want to go back to the focus of the organization and where it is going. One of the things that hit me is that there are already some committees that are already at work and I want to make sure we are doing unmet needs and not duplicative work. One of the things that came up is grants and collaboration and partnerships and there is already a group doing that in Hillsborough County so maybe we should look at just partnering or linking up with them. There is no other entity that I am aware of that does advocacy on healthcare. Advocacy was very low on the list and this is the only place I can come to, to advocate for the people we serve. That was a huge concern that came off the chart – where else can I go to advocate if not here? I am going to spend my resources where I can get the best bang for my buck.



Dena: What I saw up there did not dishearten me because we asked for input on issues we do not currently address – advocacy is a tool for us – as a 501c3 there are certain ways you can advocate and ways we cannot. We will continue to provide the information and resources as an advocacy group and it is important for you to understand what it is you can and cannot do and what we can do for you.

Carrie: We are going back to the organizational structure. This is a membership based organization that is membership driven so without your help we can't get everything done. The work of the collaborative gets done through the committees. If you didn't know that advocacy was a big part of what we do, mark your calendars for the next committee meeting on May 23rd. Whichever area you are interested in, the committee meeting times and dates are listed on the back of the agenda.



Participant: When I saw that advocacy is actually a committee it shows that that is important to this group. It is what we do anyway so I didn't think we really needed to vote on it.



Participant: One of the things that would be helpful is that we don't know who is on the different committees as they stand and so maybe if someone recognizes someone on the committee they can contact them and see what it going on.

Jane: There is a grant's collaborative in Pinellas county – the website is gctb.com and we meet the second Tuesday of the month.

Carrie: We will send out a list of the committees and their members along with the Real Time Record. We want to take a look back at the mission, vision and goals. The Collaborative has a long history. These mission, vision and focus statements have driven us since we started. We wanted to check in with you to see if they still resonated.

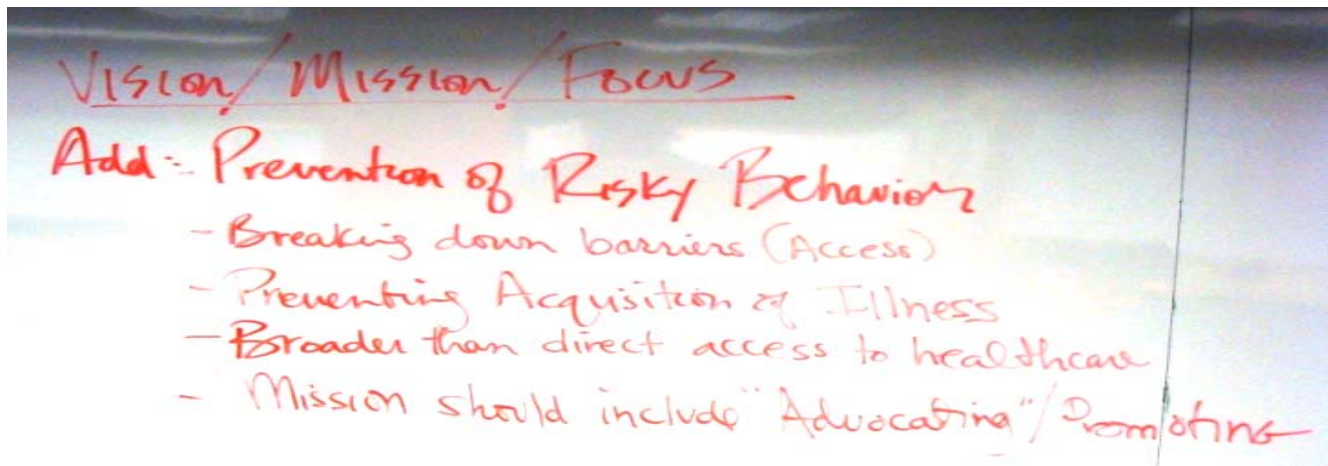
Daphne: Maybe considering adding in prevention of risky behaviors.

Participant: Where we are talking about promoting health that is how you prevent risky behaviors.

Jane: Our primary mission at Day Star is not healthcare it is basic needs and healthcare is part of that. We need to stress that this is about helping anyone whose life is in need whether it is nutrition related or mental health or other. We are helping to break down barriers like transportation or hours of operation. I think it is necessary because healthcare affects everybody.

Dena: The mission should include the word advocacy.

Suggestions to the Vision/Mission/Focus:



The Tampa Bay Healthcare Collaborative (Collaborative) is a membership based organization composed of community agencies and programs concerned and impacted by the gaps and limitations of the current healthcare system. The Collaborative works to remove social, racial, economic, and systemic barriers to healthcare services for the uninsured and underserved while working together to strengthen the safety net serving these populations. Additionally, the Collaborative seeks opportunities to expand resources and secure funding support for projects identified to address unmet critical community needs.

VISION

A community that values health and health services for everyone.

MISSION

To promote health, wellness, and safety of individuals in our community through coordinating existing resources and promoting increased access to care.

FOCUS

Activities that increase options for the marginalized and disenfranchised populations in the Tampa Bay area by strengthening member organizations and building capacity to support activities that meet the health care needs of our community.



Carrie: Thank you for your comments. The Collaborative is here to meet your needs and that is why we exist and why we did what we did today. If you are not a member, again we encourage you to become one, if you are not sure, please take a copy of the membership agreement with you and you can fill it out and send it electronically. We just went through and updated a lot of information and it is on the website so please take a few minutes to check it out. We can't do this without you and we thank you so much. This meeting today is a pure example of strategic partnerships. Collaborative Labs is a strategic partner with the Collaborative so I encourage you to take advantage of this resource that is here in the community. Please take note of our new contact information. Thank you again for coming!





TAMPA BAY
HEALTHCARE
COLLABORATIVE

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Title: Introduction:
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Creation Date: 5/13/2011 10:12:00 AM
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