
THE COASTER

Serving Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties

News from the TREASURE COAST HEALTH COUNCIL

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The Treasure Coast Health Council

Patient Tracking System - Pilot Project Comes to Health Council

Barbara Jacobowitz, Executive Director

The best laid plans of mice and men...were put on hold due to hurricanes Charley, Frances, Ivan and Jeanne. Since the summer, staff of the Treasure Coast Health Council and the Department of Health have been negotiating a half million dollar contract to develop, implement and evaluate a pilot unique patient tracking system that will include tracking from the site of injury/accident to the provision of care at the emergency room in five selected hospitals in Palm Beach County. This is a piece of a much larger project envisioned for the future utilizing this technology in disaster situations of varying size and intensity.

TCHC will be responsible for the cross-disciplinary evaluation of this pilot project system and we will be assessing the ability of the system to track individual patients, provide needed incoming patient information and to assist county emergency operations staff in the estimation of current extents of mortality during emergency events. The evaluation will also cover the projected financial costs for hospitals, EMS providers and county emergency operations centers in setting up this system and future expansion capabilities of the system into telemedicine, injury and disease surveillance, and other crucial arenas.

Staff of TCHC have been working to become locally known for our capability of performing evaluation studies. Our health planner, Barbara Feeney, recently completed an evaluation of

Delray Beach's Weed and Seed program and is currently working on the evaluation of Riviera Beach's Weed and Seed program.

If you would like to learn more about other projects of the TCHC, please do not hesitate to contact me at (561) 844-4220 x 25 or email me at bjacobowitz@tchealthcouncil.org.



CON Update

The Certificate of Need (CON) process has been all but eliminated in Florida with the passage of new rules during the past legislative session.

Open Heart programs are no longer required to be reviewed competitively and four hospitals within District IX who have vied for the program in previous years have been granted permission to establish Open Heart surgery programs.

Additionally, CON applicants for those few remaining comparative review and expedited review programs and bed additions, are no longer required to file a copy of the application with the local health council. Although it is still the responsibility of the local health council to gather and analyze utilization data for reporting to the AHCA, the CON responsibilities which the local health council had performed are no longer a part of their contractual activities.

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Staff Participates in Conference

Treasure Coast Health Council had the honor of participating in the 2004 Southeastern Conference for Public Administration held in Charlotte, NC, in October. The theme was “Governance in a New Era of Cooperation” which emphasized the dynamic nature of government and the ways in which city, county, state and federal government entities collaborate in order to better serve citizens. The theme recognizes the relationship between academics and practitioner and their role in cooperative governance that involve private and non profit sector partners. The research and best practices emerging from this relationship are presented to provide practical and applied perspectives, as well as, academic interpretations of those findings.

The presentation by Peter Cruise, PhD, Barbara Jacobowitz, MS and Sonja Swanson, MPH was entitled “Rational Planning, Shared Governance and Cooperation in an Era of Fiscal Cutbacks: Are All These Possible?”. The presentation included the history of the Ryan White Program; Key Components, Assumptions and Advantages of the Rational Planning Model (RPM); Examples of Departures from Rational Planning; and Shared Governance and Cooperation. There were some key questions left for further research perhaps in the future: Can governance still be shared? Can the RPM work here? Will cooperation still exist?



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Items of interest and news of note to be included in **The Coaster** may be mailed to:
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Sonja Swanson and Dr. Peter Cruz presenters at the 2004 Southeastern Conference for Public Administration

The following article has been reprinted with permission from the November/December 2004 *Positively Palm Beach*

Proactive or Reactive ??

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That is the question we now face given strong indications from HRSA about future directions for the RYAN WHITE CARE ACT.

For people living with HIV/AIDS in Palm Beach County, Florida, a system of medical care and support services exists which is often called "Ryan White". The name refers to the Indiana Teenager for whom the federal Comprehensive AIDS Resource Emergency (CARE Act) was named in 1990

Following enactment of this federal legislation, dollars began to flow into Palm Beach County to assist local health care and social service agencies provide the kind of services necessary to prolong and improve quality of life for individuals infected with HIV and living with AIDS. With the addition of complimentary funding from another federal program, Housing Opportunities for Persons with AIDS, known as HOPWA, Palm Beach County was positioned for the first time since the earliest cases were identified in the early 80's to meet the medical and social support needs of HIV/AIDS infected individuals, certain services such as housing, food and mental health support have been offered to children, spouses and other dependants of those infected.



Over the past decade under the guidance of the Board of County Commissioners and the Department of Community Services, an organized effort has taken place to develop an enhanced system of care for the population affected by HIV Spectrum Disease. With development of the HOPWA and CARE Act programs, a unique opportunity arose to include participation by consumers of HIV/AIDS services in the process of identifying, planning and monitoring the system of care. Today, in addition to those using services, Provider Agencies, Health Planning Professionals, and others interested in the overall quality of life for residents of Palm Beach County all have an equal voice at the table.

Initially, in compliance with CARE Act, HOPWA, and State legislation, local planning bodies were segmented into four groups, each addressing HIV/AIDS service needs related to a total of five separate federal and state grant awards. They were organized to address how the federal and state dollars would be spent. In an effort to increase efficiency and effectiveness, those individual groups, (Palm Beach County Title II AIDS Consortium, HOPWA Advisory Committee, PBC HIV Services Planning Council and Patient Care Network Advisory Committee) merged, and the resulting Palm Beach County HIV CARE Council accepted the responsibility of leading the community based effort to Identify Need, Allocate potential Funds (to pay for services) to address those needs, Establish Standards of Service, and monitor Quality of Care.

The Palm Beach County HIV CARE Council, like fifty two other local HIV Health Services Planning Councils across the county addressed what was the foundation of the 1990 legislation. The premise is that local communities, during a time of a true public health emergency, could best address the needs of individuals and families affected by HIV/AIDS.

However, with the emergence of Protease Inhibitors, and other successful treatments, including new testaments for HIV/AIDS related conditions, illnesses, and maladies, a change in popular opinion as to the

severity of HIV/AIDS has developed in the United States. This change in opinion has been especially prevalent over the past several years when more and more HIV/AIDS infected people remain in or return to the workforce.

Thankfully, we are seeing HIV infected persons living longer and longer lives, and lives with a higher and

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consistent quality. Great news for those infected, and even better news for those affected. No longer do entire families suffer along with and suffer for their loved ones facing devastating illness. No longer is AIDS considered an immediate death sentence. Perhaps it is not yet “just another chronic illness”, but it certainly is not the dark and immediate danger it once was.

One unfortunate circumstance affecting HIV in this country is the lack of similar success in preventing HIV infection. We have known for almost two decades how to prevent HIV infection, but individual freedom of choice often interferes with the ability to cause general acceptance of reasonable principals of personal health care coupled with an ever growing influx of people where both partners do not have an equal voice in sexual situations, we find ourselves with continuing infection. Often the infection rates are alarming, since, they are increasing in many areas across the United States.

So here we are, twenty one years after the first cases of HIV were identified. We are now faced with a serious public health problem that is totally preventable, a general population desensitized to the devastating effects of HIV/AIDS, an infected population growing older and older, and a society unable to make true in roads into prevention.

The only constant in life is change. Given the history of the disease, memories of the extreme bigotry, prejudice and ignorance surrounding HIV/AIDS in the early days of the 1980's; we have come a long and remarkable way. Often AIDS is a way of life for entire families. It is there, just there, something to be aware of, concerned about, and frankly something to live with.

Now come the politics of AIDS. Publicly funded medical care in the United States is a concern stretching across many political, social, financial and cultural boundaries. As the years go by, it has been more and more difficult for HRSA and Congress to justify increased funding for HIV/AIDS support services in light of the general opinion (whether right or wrong) that HIV/AIDS no longer is the public health emergency it once was. Advocates for other diseases such as cancer, heart, kidney and lung diseases all cry out for similar per-capita funding. With the CARE Act already extended twice (through Congressional Re-authorization), and the previously mentioned improvements in care and life saving medications, it is becoming harder and harder to justify the unique funding for the disease itself, and funding to address all of the accompanying social issues is even harder to justify.

The first signs of change came in 2001 when HRSA (which administers the federal program funds) changed its policy relating to funding of housing support services. It was the clear intention to shift the full cost of housing those HIV Infected/affected individuals and families to HOPWA. HRSA declared that CARE Act dollars would be focused on funding the medical needs of those infected.

Fortunately, HRSA did provide for a planned migration away from dual funding of housing services by HOPWA and CARE Act grants. In the program year starting 2005, housing services will only be funded through the HOPWA program. Over the past four years our local HIV CARE Council has decreased reliance on CARE Act housing dollars. But the reality of zero CARE Act (Title I) dollars for housing is just now settling in. Of course the full impact will not be felt until February 28th when the existing funds run out.

What to Do, What to Do?? That is the real question here. Reading between the lines, in both the directives from

HRSA in its 2005-2006 CARE Act Title I Grant Application and by listening to the shouts of "Change, Change, She is a coming;-“ the HIV CARE Council has reacted recently to try to squeeze all of the current services out of ever decreasing federal grant awards. Some have fallen by the wayside, like housing, with the "hope" that HOPWA will be able to fill the gap. Other services, simply not funded or funded to such a degree that the service is hardly existent.

One by one, important components of a continuum of care which has improved the lives of those living with HIV/AIDS in Palm Beach County have been de-funded. With each program loss, we have attempted to find replacements. Sometimes successfully, sometimes not.

Now, with clear indications that federal dollars will continue to flow at existing or even lower levels, and

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stronger demands that more and more people be served with those dollars, we must come up with the solutions to responsibly maintain the highest level of HIV/AIDS healthcare and support services possible. The challenge is very different from our original task. With promises of additional new federal dollars that were imaginable in 1990, it was a challenge to quickly design a continuum of care for a specific segment of the population. Preparing an expanded and enhanced system of care did bring its share of anxiety to those developing the continuum. However with the promise of the money to pay for it, the task was made much easier.

In the coming year, the CARE Council must determine how we will responsibly address providing care to more and more people with those ever shrinking dollars. Consideration and plans must look beyond the upcoming year, and well into the future. Very different from those early years, there simply is no promise for continued funding.

We have a choice; do we simply cut, cut, cut; cut the vision that was once considered an exemplary system of

care for people living with HIV/AIDS? Do we sit back and manipulate decreasing dollars to keep the HIV/AIDS continuum afloat another year: Do we patch and bandage a system developed to meet needs and address conditions that no longer exist: Do we hold on to a stand alone, highly specialized system of services that cannot move beyond an antiquated network of overburdened providers?

Or, do we rally around the talented, innovative minds that we have in our midst, and redesign the continuum to meet the needs of a changing population, and a growing health concern: Do we integrate specialized HIV/AIDS services into a general system of medical and social supports available county-wide, funded through a multitude of sources?

Considering we are at a cross roads of planning and change, does it not make sense that now is the time to determine what the vision and direction will be for the next decade and beyond? Face it, HIV/AIDS will be with us far into the future, Do we use our existing resources, professional, personal, local, regional and national to revamp a comfortable, yet bulky system?

The message is clear; the way HIV/AIDS services will be provided in Palm Beach County is up to the people who live in Palm Beach County. It is our choice to design a proactive system, or simply react to conditions created by outside influences.

The real question is, are we up to it?



Holidays Health Tips

Holiday Depression/Stress

Coping with Loss During the Holidays

Holidays are times when people remember important and happy occasions and at the same time look forward to the future. But if there has been a death in the family, serious illness or concerns about aging, the holidays can magnify feelings of isolation, loss and loneliness. Anticipation of any holiday is much worse than the actual holiday, and planning can help you get through these times, or help others get through them. Sit down with family and decide what each member wants to do for the holiday season and can handle comfortably. Realize that it isn't going to be easy; just do the best you can. If you live alone, invite someone over for a

meal, go to a movie, or select a special book to start reading that day. Have someone else shop for gifts, or postpone gift-giving altogether. Decorate as much as you are ready for. Let someone else cook the main holiday meal, or change the time of day when it was traditionally served. Be sure to take care of your needs; get adequate rest and exercise.

Don't Forget the Elderly

Holidays can be especially stressful for the elderly. Older adults often relinquish family leadership roles non-voluntarily producing a loss of identity which causes depression. This loss of control is especially evident to the elderly during the holiday season, which stretches from Thanksgiving to New Year's Day, when they become guests at functions they formerly hosted. And due to the break-up of the nuclear family, as well as death or impairment of spouse and siblings, an increasing number of older

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Americans find themselves alone at holiday time. Younger family members should try to involve their elders in holiday preparations and make them feel an important part of the family during the holiday season.

Fighting Holiday Depression

1. Check traditions. Discard those that are no longer fun, and create new ones.
2. Simplify your routine. Bake only one or two types of cookies instead of ten or twelve.
3. Take time outs. Grab 15 to 30 minutes for yourself to revitalize and recharge when you find yourself getting weary.
4. Prevent money problems -- don't create them. Give gifts of time and yourself, or pull names for gift exchanges. Enjoy activities that are free, such as driving around to look at holiday decorations; going window shopping without buying; making a snowperson with children.
5. Exercise. Get



outdoors, get fresh air, and work out the built-up stress. Phototherapy, a treatment involving a few hours of exposure to intense light, is effective in relieving depressive symptoms in patients with SAD.

6. Don't go overboard. Enjoy the special holiday foods that you only get at this time of year, but don't overdo it.

Holiday Dietary Information

Avoid Holiday Heart Syndrome

The holiday season can put extra stress on already weakened hearts, leading to the "holiday heart syndrome." Overeating can raise your cholesterol and weight, both of which increase heart attack risk. Eating high-salt foods can add to heart stress by causing high blood pressure. Heart palpitations brought on by excessive alcohol consumption are part of the syndrome as well. Also, a special danger of the holiday season is attributing the warning signs of a heart attack to indigestion.

Be Prepared

If you're in charge of preparing the holiday meals, start cooking early so you can enjoy the holidays. Create

sauces, jams, cookies, and other items that will keep until the guests arrive.

Dieting During the Holidays

During the holiday season, choose one meal during the day to eat something extra not allowed on your diet. If you ate one cup of dressing or one cup of candied sweet potatoes or one slice of pumpkin pie, you would not be blowing your diet. Also, you should not feel guilty for having eaten the extra food. The holidays can provide good emotional and family support.

In addition, it may be more realistic for you to set a goal of weight maintenance from November 24 until January 2 or 3. To expect that you will continue to lose weight during the holidays is probably unrealistic and will make you feel guilty if you do not lose weight. Instead, plan to keep your weight the same. Then after the holidays, set a goal to continue your weight loss program.

Ethnic Concerns

Soul food may be good for the soul but not the body. The emphasis on frying in soul food preparation and high fat flavorings are the major problems. To keep the flavor but eliminate the fat, remove the skin from fried chicken and cook without lard. Fix greens with lean ham instead of ham hocks and bake sweet potatoes instead of making sweet potato pie. Healthful sweet potatoes can be flavored with cinnamon, diced apples and a bit of brown sugar. And while there is no way to make chitterlings healthy, he advises that they be eaten in moderation. A healthful diet includes foods you enjoy prepared in healthy ways.

Holiday Health - General Information

Gather Loved Ones

Ring in the New Year with your best friends and family. There is no better way to step forward into the future.

Give Thanks

Take a moment to appreciate all that you have. Reflect on your favorite people or the pleasures of the day. Celebrate the moment

The Staff and Board of Directors of the Treasure Coast Health Council Wish You A Happy and Safe Holiday Season !!



