



## 2017-2019 Community Health Plan

### (Implementation Strategies)

May 15, 2017

#### **Community Health Needs Assessment Process**

Florida Hospital Orlando (the Hospital) conducted a Community Health Needs Assessment (CHNA) in 2016. The Orlando Assessment was drawn in part from a four-county Assessment (Seminole, Orange, Lake and Osceola Counties) that was conducted in partnership with Orlando Health (Hospital system), the Health Departments representing each county, and Aspire and Park Place Behavioral Health entities. The Assessment identified the health-related needs of community including low-income, minority, and medically underserved populations.

In order to assure broad community input, Florida Hospital Orlando created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the Assessment and Community Health Plan process. The Committee included representation not only from the Hospital, public health and the broad community, but from low-income, minority and other underserved populations.

The Committee met throughout 2016. The members reviewed the primary and secondary data, reviewed the initial priorities identified in the Assessment, considered the priority-related Assets already in place in the community, used specific criteria to select the specific Priority Issues to be addressed by the Hospital, and helped develop this Community Health Plan (implementation strategy) to address the Priority Issues.

This Community Health Plan lists targeted interventions and measurable outcome statements for each Priority Issue noted below. It includes the resources the Hospital will commit to the Plan, and notes any planned collaborations between the Hospital and other community organizations and Hospitals. Many of the interventions engage multiple community partners.

#### **Priority Issues that will be addressed by Florida Hospital Orlando**

Florida Hospital Orlando is one of seven Florida Hospital campuses that serve the residents of the greater Central Florida area under a single Hospital license. For this Community Health Plan, anticipated Hospital dollars anticipated are specific to the Florida Hospital Orlando campus unless specifically noted otherwise. Florida Hospital Orlando will address the following Priority Issues in 2017-2019:

**Access to Care – Preventative** includes food insecurity and obesity, and maternal and child health.

**Access to Care – Primary and Mental Health** includes affordability of care and access to appropriate-level care utilizing care navigation and coordination.

**Access to Care – Chronic Disease** (cancer, diabetes and heart disease) relates to each of the categories.

## Issues that will not be addressed by Florida Hospital Orlando

The 2016 Community Health Needs Assessment also identified the follow community health issues that Florida Hospital Orlando will not address. The list below includes these issues and an explanation of why the Hospital is not addressing them.

1. **High rates of substance abuse:** This issue was not chosen because addiction is understood to be a component of poor mental health. If Florida Hospital can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse.
2. **Homelessness:** While homelessness is a serious issue in Central Florida, the issue was not chosen because Florida Hospital is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the Hospital donated \$6 million to the Commission's Housing First initiative.
3. **Lack of affordable housing:** This issue was not chosen because the Hospital does not have the resources to effectively meet this need.
4. **Poverty:** This issue was not chosen because the Hospital does not have the resources to effectively meet this need.
5. **Asthma:** While asthma did emerge as a serious health concern in the area assessed, the Hospital did not choose this as a top priority because if the community has access to preventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma.
6. **Sexually transmitted infections (STIs):** This issue was not chosen as a top priority because while the Hospital has means to treat STIs, it does not have the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect rates of STIs.
7. **Diabetes in specific populations:** This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As Florida Hospital develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations.
8. **Infant mortality in specific populations:** This issue was not chosen specifically because it falls in the category of maternal and child health, which relates to the top priority chosen. As Florida Hospital Orlando develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.

## Board Approval

The Florida Hospital board formally approved the specific Priority Issues and the full Community Health Needs Assessment in 2016. The Board also approved this Community Health Plan in 2017.

## Public Availability

The Florida Hospital Orlando Community Health Plan was posted on its web site prior to May 15, 2017. Please see <https://www.floridaHospital.com/community-benefit/>. Paper copies of the Needs Assessment and Plan are available at the Hospital, or you may request a copy from [anwar.georges-abeyie@flhosp.org](mailto:anwar.georges-abeyie@flhosp.org)

## Ongoing Evaluation

Florida Hospital Orlando's fiscal year is January – December. For 2017, the Community Health Plan will be deployed beginning May 15 and evaluated at the end of the calendar year. In 2017 and beyond, the Plan will be implemented and evaluated annually for the 12-month period beginning January 1 and ending December 31. Evaluation results will be posted annually and attached to our IRS Form 990, Schedule H.

## For More Information

If you have questions regarding Florida Hospital Orlando's Community Health Needs Assessment or Community Health Plan, please contact [anwar.georges-abeyie@flhosp.org](mailto:anwar.georges-abeyie@flhosp.org).

OUTCOME GOALS						OUTCOME MEASUREMENTS									
CHNA Priority	Outcome Statement	Target Population	Strategies/Outputs	Outcome Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$	Matching \$	Comments	
Access to Care: Chronic Disease	Increase access to knowledge of chronic disease self-management practices	Low income, minority, and vulnerable populations within 32808, 32805 & 32810	Implement evidence-based Stanford Chronic Disease Self-Management Program (CDMSP) Chronic disease self-management courses in targeted zip codes	Number of individuals enrolled in CDSMP classes in targeted zip	New Program (0)	20		30		40		\$3000 per year for three years = \$9,000- expected for Year 1. \$9,000 – expected over 3 years		Year 1 – As program is new actual costs will be input updated annually	
				Number of CDSMP enrollees who graduate (attend 6 of 8 classes)	New Program (0)	15		20		20					
				Number of CDSMP sites	0	2		3		4					
				Number of residents trained to lead CDSMP classes	New Program (0)	5		7		9					This is a train-the-trainer program
Access to Care: Chronic Disease	Support opportunities that promote knowledge of chronic diseases within PSA	Orange County Residents	Support the American Heart Association heart disease education efforts	Value of Support	\$166,000	\$166,000		\$166,000		\$166,000		\$166,000/year for 3 years = \$498,000		The Florida Hospital ‘Life is Why’ sponsorship captured here is a system level sponsorship but heart health activities and health promotion activities occur at each campus.	
			AHA Annual Heart Walk	Percent of campus employee participation	12%	13%		14%		15%					

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Access to Care: Food Insecurity and Prevention	Improve access to healthy and nutritious foods	Low income, minority, and vulnerable populations within 32808, 32805, and 32810	Support food distribution programs within key zip codes that improve access to affordable and nutritious food for low income, vulnerable, and minority populations	Number of supported food distribution programs within targeted zip codes	New program (0)	2 programs		2 programs		2 programs		\$1,000 expected per year totaling \$3,000 over 3 years		Food distribution programs including food banks other traditional outreach services
				Number of individuals served by supported programs	New program (0)									
	Improve access to knowledge around healthy nutrition and wellness	Children within targeted zips of 32808, 32805 & 32810	Mission FIT provides a series of hands-on, health-based lessons for local elementary students.	Number of schools that experience Mission FIT programming targeted zip codes	0	2		2		2		\$5,000 per year resulting in \$15,000 per 3 years		Mission Fit costs approximately \$5,000 per semester; these projections assume that funding from other sources will subsidize those costs.
Access to Care: Food Insecurity and Prevention		Low income, minority, and vulnerable populations within 32808, 32805 & 32810	Wellness classes that provide access to knowledge around healthy nutrition to community members	Number of participants in Nutritional wellness classes	New Program (0)	50		60		70		\$5,000 per year resulting in \$15,000 per 3 years		
	Educate and empower faith community to promote health within congregations in critical areas	Churches within targeted zip codes 32808, 32805 & 32810	Create network of Faith Partners that can promote health through congregational health settings	Number of congregations in Faith Network	New Program (0)	4 churches		5 churches		6 churches		\$2,000 per year resulting in \$6,000 per 3 years		
				Number of health promotion events and/or activities at churches within the network	New Program (0)	3		4		5				

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	Support and create opportunities for increased quality of life for residents of Orange County	Policies that impact the lives of residents of Orange County within targeted zip codes (32808, 32805 & 32810)	Healthy Central Florida to support, draft, and influence policy changes that support community development such as smoke-free resolutions	Number of establishments that adopted policies that support community health	New Program (0)	5		7		9		\$1,000 per year resulting in \$3,000 for 3 years		
				Number of Healthy Central Florida community events and programs occurring within targeted zip codes	New Program (0)	4		6		8		\$3,500 per year resulting in \$10,500 over 3 years		
Access to Care: Primary and Secondary Care Strategies	Increase access to Primary Care in Orange County	Uninsured residents of Orange County	Maintain Community Medicine Clinic for the uninsured located at Florida Hospital Orlando	Number of patients seen at Orlando Community Medicine Clinic	6923	7000		7050		7100		\$200,000 per year resulting in \$600,000 over 3 years		
		Uninsured and underinsured residents of Orange County	Participate in strategic initiatives of PCAN. PCAN initiatives increase access to medical services.	Number of initiatives participated in	New Metric (0)	2 initiatives		2 initiatives		2 initiatives		\$300 per year for each year resulting in \$900 over 3 years		Outcome goal values not inclusive of charity care given to PCAN patients
	Increase access to Primary Care in Orange County	Uninsured residents of Orange County	Support Shepherd's Hope free clink Operations	Sponsorship dollars disbursed	\$100,000	\$100,000		\$100,000		\$100,000		\$100,000 per year resulting in \$300,000 This is a system expense		Outcome goal values not inclusive of charity care given to Shepherd's Hope patients

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Access to Care: Primary and Secondary Care Strategies			Support Healthcare Center for the Homeless (HCCH) (federally qualified health center)	Sponsorship dollars disbursed	\$100,000	\$100,000		\$100,000		\$100,000		100,000 per year resulting in \$300,000 This is a system expense		Outcome goal values not inclusive of charity care given to HCCH patients
			Grace Medical Home (clink for patients with chronic conditions)	Sponsorship dollars disbursed	\$110,000			\$110,000		\$110,000		100,000 per year resulting in \$300,000 This is a system expense		Outcome goal values not inclusive of charity care given to Grace patients
Access to Care: Behavioral and Mental Health	Participate in strategic processes that combat the heroin epidemic	Residents of Orange County	Actively participate in the Orange County Heroin Task Force sponsored by Orange County Government	Number of initiatives from task force	New Program (0)	1		1		1				
	Provide behavioral health resources for the uninsured	Residents of Orange County	Continue to operate Outlook Clinic for Depression and Anxiety. Collaboration with Mental Health Association, Orange Co. Government, University of Central Florida Social Work Department and other community partners	Sponsorship dollars distributed		\$114,800		\$114,800		\$114,800		\$344,400 over three years		