

# 2017-2019 Community Health Plan

# (Implementation Strategies)

## May 15, 2017

## **Community Health Needs Assessment Process**

Florida Hospital Apopka conducted a Community Health Needs Assessment (CHNA) in 2016. Florida Hospital Apopka (the Hospital) conducted a Community Health Needs Assessment (CHNA) in 2016. The Apopka 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 Orange, Osceola, and Seminole Counties, and Aspire Health Partners. 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 Apopka 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 and early 2017. The members reviewed the primary and secondary data, reviewed the initial priorities identified in the Assessment, considered the priorityrelated 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.

## Priority Issues that will be addressed by Florida Hospital

Florida Hospital Apopka 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 Apopka 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.
- The issue of **chronic disease** cancer, diabetes and heart disease relates to each of the categories.

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

The 2016 Community Health Needs Assessment also identified the follow community health issues that Florida Hospital Apopka 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 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 Apopka Community Health Plan was posted on its web site prior to May 15, 2017. Please see <a href="https://www.floridahospital.com/community-benefit/">https://www.floridahospital.com/community-benefit/</a>. Paper copies of the Needs Assessment and Plan are available at the hospital, or you may request a copy anwar.georges-abeyie@flhosp.org

#### **Ongoing Evaluation**

Florida Hospital Apopka'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 Apopka's Hospital's Community Health Needs Assessment or Community Health Plan, please contact <u>anwar.georges-abeyie@flhosp.org</u>.

| OUTCOME GOALS  |   |   |   |   |                              |                               | OUTCOME MEASUREMENTS |                                   |                  |                               |                  |   |             |  |  |  |
|--|---|---|---|---|------------------------------|-------------------------------|----------------------|-----------------------------------|------------------|-------------------------------|------------------|---|-------------|--|--|--|
| CHNA<br>Priority                                     | Outcome Statement   | Target<br>Population  | Strategies/Outputs  | Outcome Metric  | Current<br>Year<br>Baseline  | Year 1<br>Outcome<br>Goal - # | Year 1<br>Actual     | Year 2<br>Outcom<br>e Goal -<br># | Year 2<br>Actual | Year 3<br>Outcome<br>Goal - # | Year 3<br>Actual | Hospital \$   | Matching \$ | Comments   |  |  |
| Access to Care: Chronic Disease Strategies           | Increase access to<br>knowledge of chronic<br>disease self-<br>management practices | Low income,<br>minority and<br>vulnerable<br>populations within<br>32703 & 32712  | Evidence-based Stanford<br>Chronic Disease Self-<br>Management Program<br>(CDMSP) in targeted zip<br>codes  | Number of individuals<br>enrolled in CDSMP<br>classes in targeted zip                                 | New Metric<br>Tracked<br>(0) | 20                            |                      | 30                                |                  | 40                            |                  | \$3,000 expected<br>for year 1 -<br>\$9,000 expected<br>over 3 years<br>(system costs for<br>CDSMP Classes) |             | While the Heart of<br>Apopka program has<br>been ongoing, this<br>'new metric' will<br>require a new<br>baseline |  |  |
|  |   |   |   | Number of CDSMP<br>enrollees who<br>graduate  | New<br>Program (0)           | 15                            |                      | 15                                |                  | 20                            |                  |   |             |  |  |  |
|  |   |   |   | Number of CDSMP<br>sites  | 1                            | 2                             |                      | 3                                 |                  | 4                             |                  |   |             | There was a CDSMP<br>site previously in<br>Apopka but targeted<br>effort requires new<br>baseline                |  |  |
| Acc  |   |   |   | Number of residents<br>trained to lead CDSMP<br>classes   | New<br>Program<br>(0)        | 5                             |                      | 7                                 |                  | 9                             |                  |   |             |  |  |  |
| Access to Care: Food<br>Insecurity and<br>Prevention | Improve access to<br>knowledge around<br>healthy nutrition and<br>wellness          | Low income,<br>minority, and<br>vulnerable<br>populations within<br>32703 & 32712 | Wellness classes that<br>provide access to<br>knowledge around healthy<br>nutrition to community<br>members | Number of<br>participants from<br>targeted zips<br>graduating from<br>Nutritional wellness<br>classes | New<br>Program<br>(0)        | 50                            |                      | 60                                |                  | 70                            |                  | \$5,000 per year -<br>\$15,000 over 3<br>years (system<br>spending<br>initiative)                           |             | Nutritional classes<br>will connect to<br>efforts for affordable<br>accessible food                              |  |  |

Florida Hospital Apopka 2017-2019 Community Health Plan

| OUTCOME GOALS   |   |   |  |   |                          |                               | OUTCOME MEASUREMENTS |                               |                  |                                   |                  |  |                |  |  |  |
|---|---|---|--|---|--------------------------|-------------------------------|----------------------|-------------------------------|------------------|-----------------------------------|------------------|--|----------------|--|--|--|
| Outcome<br>Statement                                      | Target Population   | Outcome<br>Statement  | Target Population  | Outcome<br>Statement  | Current Year<br>Baseline | Year 1<br>Outcome<br>Goal - # | Year 1<br>Actual     | Year 2<br>Outcome<br>Goal - # | Year 2<br>Actual | Year 3<br>Outcom<br>e Goal -<br># | Year 3<br>Actual | Hospital \$  | Matching<br>\$ | Outcome Statement  |  |  |
| Access to Care: Food Insecurity and Prevention Strategies | Improve access to<br>knowledge of healthy<br>behaviors  | Children within<br>targeted zips of<br>32703 & 32712  | Mission FIT within<br>targeted zip codes of PSA  | Number of schools<br>that experience<br>Mission FIT<br>programming targeted<br>zip codes                              | New Footprint<br>(0)     | 2                             |                      | 2                             |                  | 2                                 |                  | \$5,000 per year<br>resulting in<br>\$15,000 per 3<br>years  |                | Mission FIT is an<br>evidence based Florida<br>Hospital wellness<br>outreach program |  |  |
|   | Educate and empower<br>faith community to<br>promote health within<br>congregations in critical<br>areas  | Churches within<br>targeted zip codes<br>32703 & 32712  | Create network of Faith<br>Partners that can promote<br>health through<br>congregational health<br>settings  | Number of<br>congregations in Faith<br>Network  | New Program<br>(0)       | 4 churches                    |                      | 5 churches                    |                  | 6<br>churches                     |                  | \$2,000 per year<br>resulting in<br>\$6,000 over 3<br>years  |                |  |  |  |
|   |   |   |  | Number of health<br>promotion events<br>and/or activities at<br>churches within the<br>network                        | New Program<br>(0)       | 5                             |                      | 6                             |                  | 7                                 |                  |  |                |  |  |  |
|   | Support and create<br>opportunities for<br>increased quality of life<br>for residents of Orange<br>County | Policies that impact<br>the lives of<br>residents of Orange<br>County within<br>targeted zip codes<br>(32703 & 32712) | Healthy Central Florida to<br>support, draft, and<br>influence policy changes<br>that support community<br>development such as<br>smoke-free resolutions | Number of businesses<br>that adopt policies<br>that support<br>community health                                       | New Program<br>(0)       | 5                             |                      | 7                             |                  | 9                                 |                  | \$1,000 per year<br>resulting in<br>\$3,000 over 3<br>years  |                |  |  |  |
|   |   |   |  | Number of Healthy<br>Central Florida Events<br>and programs<br>occurring within<br>targeted zip codes                 | New Program<br>(0)       | 4                             |                      | 6                             |                  | 8                                 |                  | \$3,500 per year<br>resulting in<br>\$10,500 over 3<br>years |                |  |  |  |
|   |   | Provide follow up<br>care for uninsured<br>& underinsured<br>patients from<br>targeted zip codes<br>(32703 & 32712)   | Establish Community<br>Medicine Clinic for the<br>uninsured within targeted<br>zip code  | Number of patients<br>seen at the Orlando<br>Community Medicine<br>Clinic from the FH<br>Apopka targeted zip<br>codes | New metric<br>(0)        | 50                            |                      | 60                            |                  | 70                                |                  | \$200,000  |                |  |  |  |

| OUTCOME GOALS                             |  |   |   |   |                             |                               | OUTCOME MEASUREMENTS |                               |                  |                               |                  |  |   |   |  |  |
|---|--|---|---|---|-----------------------------|-------------------------------|----------------------|-------------------------------|------------------|-------------------------------|------------------|--|---|---|--|--|
| CHNA<br>Priority                          | Outcome Statement  | Target<br>Population                    | Strategies/Outputs  | Outcome Metric  | Current<br>Year<br>Baseline | Year 1<br>Outcome<br>Goal - # | Year 1<br>Actual     | Year 2<br>Outcome<br>Goal - # | Year 2<br>Actual | Year 3<br>Outcome<br>Goal - # | Year 3<br>Actual | Hospital \$  | Matching<br>\$  | Comments  |  |  |
| Access to care Chronic Disease Strategies | Support opportunities<br>that promote<br>knowledge of chronic<br>diseases within PSA | Orange County<br>Residents              | Support the American<br>Heart Association   | Value of Support  |                             | \$166,000                     |                      | \$166,000                     |                  | \$166,000                     |                  | This is a<br>Florida<br>Hospital<br>system<br>number:<br>\$166,000 per<br>year for 3<br>years totaling<br>in \$498,000 |   |   |  |  |
|   |  |   |   | Percent of campus<br>employee<br>participation in Heart<br>Walk | 9.63%                       | 10%                           |                      | 11%                           |                  | 12%                           |                  |  |   |   |  |  |
|   |  |   |   | Number of dollars<br>fundraised across all<br>campuses          | 219,880                     | \$220,000                     |                      | \$230,000                     |                  | \$240,000                     |                  | Florida<br>Hospital<br>system<br>number  |   |   |  |  |
| Primary and Secondary Care<br>Strategies  | Increase access to<br>specialty care services<br>in Orange County                    | Uninsured residents<br>of Orange County | Continue to fund and refer<br>patients to the transitions<br>clinic that case manages<br>patients into the<br>appropriate levels of<br>hospital and community<br>care | Number of patients<br>seen at FH Transitions<br>Clinic          | New Metric                  | 50                            |                      | 60                            |                  | 70                            |                  | Florida<br>Hospital<br>system<br>number.<br>\$50,000 per<br>year for 3<br>years resulting<br>in \$150,000              |   | The transitions<br>clinic helps<br>uninsured<br>patients from all<br>seven Florida<br>Hospital facilities<br>who need<br>secondary care |  |  |
| Access to Care: Primary and<br>Strategies |  | Uninsured in zip                        | Continue to Fund and<br>refer patients to the Lung<br>Clinic in FH Transitions<br>Clinic  | Number of patients  | New metric                  | 50                            |                      | 60                            |                  | 70                            |                  | Florida<br>Hospital<br>system<br>number.   |   |   |  |  |
|   |  | codes 32703 and<br>32712                | codes 32703 and   | Establish Community<br>Medicine Clinic for the<br>uninsured     | Number of patients          | New metric<br>(0)             | 50                   |                               | 60               |                               | 70               |  | \$50,000 per<br>year for 3<br>years resulting<br>in \$150,000 |   |  |  |