



## **2017-2019 Community Health Plan**

### **(Implementation Strategies)**

**May 15, 2017**

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

Winter Park Memorial Hospital – A Florida Hospital (the Hospital) conducted a Community Health Needs Assessment (CHNA) in 2016. The Winter Park 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 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, Winter Park Memorial Hospital – A Florida Hospital 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.

Winter Park Memorial Hospital – A Florida Hospital is one of seven Florida Hospital campuses that serve the residents of the greater Central Florida area that operate under a single Hospital license. With respect to the strategies noted below in the Community Health Plan, Hospital dollars anticipated to be spent with respect to each strategy are specific to the Winter Park campus unless specifically noted otherwise.

### **Priority Issues that will be addressed by Winter Park Memorial Hospital – A Florida Hospital**

Florida Hospital Winter Park will address the following Priority Issues in 2016-2019:

- **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 Winter Park Memorial Hospital – A Florida Hospital**

The 2016 Community Health Needs Assessment also identified the follow community health issues that Florida Hospital Winter Park 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 Winter Park 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 [anwar.georges-abeyie@flhosp.org](mailto:anwar.georges-abeyie@flhosp.org)

**Ongoing Evaluation**

Florida Hospital Winter Park'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 Winter Park's Hospital's Community Health Needs Assessment or Community Health Plan, please contact [anwar.georges-abeyie@flhosp.org](mailto:anwar.georges-abeyie@flhosp.org).

## Winter Park Memorial Hospital – A Florida Hospital 2017-2019 Community Health Plan

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 Strategies	Increase access to knowledge of chronic disease self-management practices	Low income, minority, and vulnerable populations within 32751 & 32789	Implement evidence-based Stanford Chronic Disease Self-Management Program (CDMSP)	Number of individuals enrolled in CDSMP	New Program (0)	20		30		40		\$3,000 per year resulting in \$9,000 over 3 years Classes)		System spending
				Number of CDSMP enrollees who graduate	New Program (0)	10		10		10				
				Number of CDSMP sites	0	2		3		4				
				Number of residents trained to lead CDSMP classes	New Program (0)	5		7		9				
	Support opportunities that promote knowledge of chronic diseases within PSA	Winter Park/Orange County Residents	Support the American Heart Association	Value of Support	\$166,000	\$166,000		\$166,000		\$166,000		\$166,000 per year for 3 years resulting in \$498,000		System donation
				% of campus employees participating in American Heart Association Heart Walk	18.65%	19%		20%		21%				
			Amount of dollars fundraised across all campuses	\$219,880	\$220,000		\$230,000		\$240,000					

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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: Food Insecurity and Prevention Strategies															
	Improve access to healthy and nutritious foods	Low income, minority, and vulnerable populations in 32751 & 32789	Support food distribution programs within key zip codes	Number of supported food distribution programs within targeted zip codes	New Program (0)	2		3				\$1,000 expected per year totaling \$3,000 over 3 years			
	Promote positive health behaviors and prevention strategies within targeted zip codes	Children within targeted zips of 32751 & 32789	Mission FIT hands-on nutrition and fitness education for youth	Number of schools that experience Mission FIT programming targeted zip codes	New Footprint (0)	2		2			2		\$5,000 per year resulting in \$15,000 per 3 years		Mission Fit programming costs \$5,000 per semester. Projections based on expectation of funding from other sources to subsidize costs.
	Educate and empower faith community to promote health within congregations in critical areas	Churches within targeted zip codes 32751 & 32789	Create network of Faith Partners that can promote health through congregational health settings	Number of congregations in Faith Network	New Program (0)	5 churches		5 Churches			5 Churches		\$1,000 per year for 3 years resulting in \$3,000		
				Number of health promotion events and/or activities at churches within the network	New Program (0)	5		5			5				
	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 (32751 & 32789)	Healthy Central Florida to support, draft, and influence policy changes that support community development such as smoke-free resolutions	Number of businesses that have adopted policies that support community health	New Program (0)	5		5			5		\$1,000 per year resulting in \$3,000 for 3 years		

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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
				Number of Healthy Central Florida Events and programs occurring within targeted zip codes	New Program (0)	4		5		6		\$3,500 per year resulting in \$10,500 over 3 years		
		People 65+	Provide senior care navigation services for vulnerable seniors identified in emergency department coming from targeted zip codes (32751 & 32789)	Number of seniors experiencing senior care navigation	New metric for targeted zips	50		60		60				
Access to Care: Primary and Secondary Care Strategies		Uninsured and underinsured residents of Orange County	Support and expand PCAN (Primary Care Access Network) by participating in strategic initiatives	Actively participate in PCAN initiatives	New Metric	2 Initiatives		2 Initiatives		2 Initiatives				
			Support Shepherd's Hope Operations	Sponsorship dollars disbursed	\$100,000	\$100,000		\$100,000		\$100,000		\$100,000 per year for 3 years		System contribution