2014-2017 Community Health Plan

(Implementation Strategies)

May 15, 2017

Community Health Needs Assessment Process

Florida Hospital Carrollwood conducted a Community Health Needs Assessment (CHNA) in 2016. The Assessment identified the health-related needs of community including low-income, minority, and medically underserved populations.

In order to ensure broad community input, Florida Hospital Carrollwood 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 and early 2017. 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.

Priority Issues that will be addressed by Florida Hospital Carrollwood

Florida Hospital Carrollwood will address the following Priority Issues in 2014-2017:

1. **Diabetes/Obesity/Nutrition Gap Prevalence**: Obesity is related to diabetes, poor nutrition, and access to healthy food. These health indicators may indicate an unhealthy lifestyle and put individuals at risk for future health issues. Florida Hospital Carrollwood is addressing the nutritional needs of those in communities designated as food deserts or low income/low access. There are high levels of diabetes and obesity in these communities due to the lack of access to food and access to nutritional foods. Florida Hospital Carrollwood is uniquely positioned to address this need through its Food Is Medicine program.

2. **Access to Health: Elderly/Seniors Barriers**: Florida Hospital Carrollwood is addressing the increasing social isolation, barriers to health access and food insecurity issues facing the senior population in its service area.
3. **Childhood Obesity**: With 1.1 million children in Florida classified as obese, Florida Hospital Carrollwood wants to encourage healthier lifestyle and dietary habits with youth in its service area. The journey to better choices will lead to decreased need for healthcare treatments for chronic diseases in the future.
4. **Family Support**: Current environmental factors, such as sub-standard housing, multi-generational families under one roof, un-or underemployment, and lack of consistent access to food and healthy food may put individuals at risk for further health issues. In Hillsborough County, the eighth largest public school system in the country, more than 3,000 children are self-identified as homeless. This has impact on their physical, emotional, and behavioral health as well as that of their families. Florida Hospital Carrollwood is creating a collaborative to prevent and ease the health impacts of this environmental issue.

Issues that will not be addressed by Florida Hospital Carrollwood

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

1. Mental Health: Florida Hospital Carrollwood does not provide mental health services. The Hospital makes referrals to other local agencies that are better skilled at serving these needs.
2. Low-income Poverty: Florida Hospital Carrollwood does not have the ability to directly impact this population. Other collaborations in the community are addressing this issue.
3. Education/Literacy: Florida Hospital Carrollwood does not have the ability to directly impact this issue. Other collaborations in the community are working on these issues.

Board Approval

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

Public Availability

The Florida Hospital Carrollwood Community Health Plan was posted on its web site prior to May 15, 2017. Please see www.floridahospital.com/carrollwood/PopularLInks/CommunityBenefit. Paper copies of the Needs Assessment and Plan are available at the Hospital, or you may request a copy from jan.baskin@ahss.org .

Ongoing Evaluation

Florida Hospital Carrollwood'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 2018 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 attached to our IRS Form 990, Schedule H.

For More Information

If you have questions regarding Florida Hospital Carrollwood's Community Health Needs Assessment or Community Health Plan, please contact jan.baskin@ahss.org.

Florida Hospital Carrollwood

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**
Diabetes/ Obesity	Provide Health and Nutrition Education and Food programs in targeted communities (Food Is Medicine)	Adults residing in designated food desert and low income/low access communities throughout Hillsborough County, specifically 33604, 33605, 33607, 33610, 33612, 33614, 33615, 33634, and including county resource centers in Plant City and South County	Consistent access to appropriate and healthful food sources	Number of food deserts Number of sites	6 food deserts 10 sites	9 food deserts 12 sites		13 food deserts 25sites		22 food deserts 32 sites		$56,000 (2017) plus staff time; $100,000- estimated for 2018; $150,000 estimated for 2019	$20,000 from Florida Hospital West Region (2017)	Collaborations with 85+ Community Partners
			Community Diabetes and Obesity management and prevention-focused education programs in alignment with food/nutrition outreach program(s)	150 Diabetes and Obesity courses in community settings	20 Courses of at least 10 partici-pants each	30 Courses of at least 10 partici-pants each		50 Courses of at least 10 partici-pants each		70 Courses of at least 10 partici-pants each				
				Blood Sugar and Obesity levels to be reduced in 20% of participants as measured by finger stick and scale at beginning and end of course	46%	46%		50%		65%				

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			Participant survey on pre/post knowledge and behavior change	10% Improvement on knowledge and behavior change	0	10%		10%		10%				
	Establish partnerships to create Healthy Corner Stores in targeted communities	Residents in designated food desert and low income/low access communities in 33604, 33605, 33607, 33610, and/or 33634, as well as selected census tracts in Plant City and South County resource center communities	Align with community to create healthier food options and education (Food Is Medicine), including Tampa Bay Network to End Hunger, Hillsborough County Department of Health, UF/IFAS, FQHC, and community leaders involved in food systems/programs in the community	Access points to affordable, consistent food options	0	1		3		5		$10,000 in 2017. 2018 & 2019 dollars to be determined		Healthy Corner stores will be in-community sites for the purchase of healthy foods and produce
				Patronage of residents within healthy Stores' community census tracts	0	10%		20%		50%				

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				Blood Sugar and Obesity levels to be reduced in 20% of registered customers of Healthy Corner Stores	0	20%		25%		30%				
	Provide evidence-based health and lifestyle education focused on healthy choices, appropriate rest, healthy environments, activity, trust, interpersonal relationships, outlook, and nutrition.	Two faith communities in designated food desert and low income/low access communities in Hillsborough County	Implement CREATION Health Program eight-week seminars	Number of CREATION Health Seminars Provided	0	2 eight week sessions		2		2		For 1 Program: $20 for 50 Self Assessments, $349 for the Leadership Kit, $100 for Nursing Time @ $25 per hour, $125 for Biometric Supplies $5 per participant, Total = $594, 3 churches @ $594 = $1782		CREATION Health programming is offered at all five other facilities in the West Region of Florida Hospital
	CREATION Health participants will demonstrate understanding of CH principles	Community Participants	Hold no-charge eight-week CH programs	Number of participants completing program (attendance at six of eight classes)	0	100% (of 20)		100%		100%				

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				Participants self-report improved knowledge regarding health and lifestyle as measured by a pre-and post-survey	0	100%		100%		100%				
	Provide lifestyle, nutrition, and health education to decrease risk and prevalence of diabetes and obesity	10 sponsored students in class of 30, the 10 students will all receive scholarships to participate	Complete Health Improvement Program (CHIP) (18 classes). This is an evidence-based wellness program that improves health by improving lifestyle and knowledge.	Number of CHIP participants sponsored	0	10 of 30 total partici-pants		10 of 30 total partici-pants		10 of 30 total partici-pants		Per Year: Facilitator Training=$799 per license, $150 per kit, plus bio-screening cost = $2850		Sponsored = scholarships. CHIP is offered at all five other facilities in the West Region of Florida Hospital
				% of partici-pants who self-report improved knowledge re health & lifestyle principles as measured by pre- and post-survey	0	90% of sponsored partici-pants		90%		90%				

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				% of participants who experience improved biometric indices such as blood sugar levels, cholesterol, BMI, weight		50% of sponsored partici-pants								Goals: lower cholesterol, hypertension and blood sugar levels; reduce excess weight through improved dietary choices; enhance daily exercise; increased support systems and decreased stress.
Access to Health: Elderly/Senior Health Barriers	Create and collaborate on health and nutrition programs and access for elderly/seniors	Elderly/Seniors residing in designated food desert and low income/low access communities throughout Hillsborough County	Collaborate with Aging-focused organizations to provide access to health-related programs	Number of collaborative partners	0	3		6		9		Staff Time		
	Collaborate with community experts in Senior health issues to reduce the impact of social isolation and its related health indicators	Elderly/Seniors with limited access to services and programs	Reduce social isolation by linking home-bound and/or transportation-challenged seniors with programming at senior centers via technology	Implementa-tion of web-based technology and # of people served	0	Planning and fund secure-ment		Pilot program		Implemen-tation		Staff Time		Community and national Collaborations

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			Create pre-and post-survey to gauge level of isolation	Number of Seniors participating	0	10		25		100				
				Number of Seniors self-reporting increased social interaction	0	80%		100%		100%				
	Conduct research with community partner on health impact of food-insecure elderly/ senior patients. Partners may be a university, another healthcare system, physician group, or managed care company	Elderly/Senior patients admitted through ED or direct admit who indicate food insecurity and/or health issues due in part to lack of proper and consistent nutrition	Create food insecurity/health indicator survey for elderly/senior patients upon admit	Number of participating Seniors in study	0	Research study		Build indicator based		Implement indicator system				
Childhood Obesity	Support American Diabetes Association efforts to reduce childhood obesity in public schools	Two Title I public schools in communities already involved in Food Is Medicine program	Partner with the American Diabetes Association to sponsor the Morning Mile (walking) program at two schools for the school year Aug 2017-May 2018	Number of participants	0	Participa-tion of 50% of students in selected grades		Participa-tion of 65% of the student population in selected grades		Participa-tion of 65% of the student population in selected grades		$2,500 for each school year: 2017-2018 and 2018-2019		Metrics and target grades determined by the American Diabetes Association

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			With Pinellas County Dept. of Health, Introduce Fun Bites into Hillsborough County school system. Fun Bites is a snack/beverage program targeting a decrease in childhood obesity in schools, at concession stands, community events	Number of participating schools	0	2		10		50		Staff time; $10,000-estimated 2018; $10,000-estimated 2019		
Family Support	Improve physical and behavioral health of homeless children through community partnerships	Self-identified homeless children in Hillsborough Public School System	Convene community experts to create model for ensuring physical and emotional health support for homeless children in public schools through stable housing and health support resources	Creation of sustainable home placement and support plan	0	Planning		Pilot		Implemen-tation		Staff time		Building collaboration among community experts and stakeholders including the public school system, Dept. of Health, County housing development, FQHC clinics, Churches, Univ. of South FL, etc.

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				Number of families placed in permanent housing	0	Planning		Pilot -30%		Completion -100%		Staff time		
				School system will measure decrease in number of physical and behavioral health reports for this student population		0		0		30%		Staff time		As reported by school district