



## 2014-2017 Community Health Plan

### (Implementation Strategies)

May 15, 2017

#### Community Health Needs Assessment Process

Florida Hospital Wauchula 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 assure broad community input, Florida Hospital Wauchula (the 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 Wauchula

Florida Hospital Wauchula Hospital will address the following Priority Issues in 2017-2019.

1. **Diabetes:** 12.3% of primary service area (PSA) adults, aged 20 and older, have been diagnosed with diabetes. This is higher than the state of Florida average of 8.89%. The Health Department is no longer providing Diabetes Self-Management classes. Pre-Diabetes education is also lacking in Hardee County.
2. **Obesity (Nutrition):** 34.6% of adults aged 18 and older self-report they have a body mass Index between 25.0 and 30.0 (overweight). In the PSA, 33.4% of adults aged 20 and older self-reported no leisure time for activity.
3. **Access to Primary Care:** 38.86% of adults aged 19 and older are uninsured while the state rate is 28.78%. The uninsured rate for children 18 and younger is 14.43% compared to the state average of 11.86%. 26.9% of adults self-report that they do not have a source for primary care. The rate of dentists per 100,000 population is only 29.1. Hardee County is a

socio-economically disadvantaged, rural, agricultural county officially designated as a Health Professional Shortage area by the US Department of Health and Human Services. Health Professional Shortage Areas have shortages of primary medical care, dental or mental health providers. Hardee County has shortages in all three areas.

4. **Heart Disease & Stroke (High Blood Pressure & Cholesterol):** Higher than state average rate of high blood pressure (HBP), at 29.6% of the population, residents have been diagnosed with HPB. 56.01% of adults have high cholesterol. 10.9% of adults in the PSA have been diagnosed with Coronary Artery Disease.
5. **Teen Pregnancy Prevention:** The teen birth rate is 88.4 per 1000 population compared with the state rate of 36.1 and the country's rate of 36.6. Previous grant funding for public school pregnancy prevention programs has ceased.

#### **Issues that will not be addressed by Florida Hospital Wauchula**

The 2016 Community Health Needs Assessment also identified the follow community health issues that Florida Hospital Wauchula will not address. The list below lists these issues and gives explanations of why the Hospital is not addressing them.

1. **Cancer/Tobacco Use:** this issue is already being addressed with tobacco cessation classes located at Florida Hospital Wauchula.
2. **Access to Mental Health Services:** The provider service area is designated a Health Professional Shortage Area. The Hospital refers patients to local resources as available. This is not a line of service the Hospital provides.

#### **Board Approval**

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

#### **Public Availability**

The Florida Hospital Wauchula Community Health Plan was posted on its web site prior to May 15, 2017. Please see [www.floridahospitalwauchula.org/PopularLinks/CommunityBenefit](http://www.floridahospitalwauchula.org/PopularLinks/CommunityBenefit). Paper copies of the Needs Assessment and Plan are available at the Hospital, or you may request a copy from Cathy Albritton at [cathy.albritton@ahss.org](mailto:cathy.albritton@ahss.org).

#### **Ongoing Evaluation**

Florida Hospital Wauchula Hospital'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 Wauchula Hospital's Community Health Needs Assessment or Community Health Plan, please contact [cathy.albritton@ahss.org](mailto:cathy.albritton@ahss.org)

## Florida Hospital Wauchula

### 2017 - 2019 Community Health Plan

						2017	2018	2019						
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 \$ 3-year total (estimate)	Matching \$	Comments
<b>1. Diabetes</b>	Increase activity level and nutrition education among students at Title I schools	Elementary or Middle school students in select Title 1 schools in zip codes 33825,33843, 33870,33872, 33875,33873, 33852,33960, 33876,33857	Pilot program - one Title I school to participate in Morning Mile (walking) Program. This program will be implemented by the American Diabetes Association in the schools.	65% of students at each school	0	65% of total student body (1 school)		65%		65%		\$2,000 total cost for program in Wauchula for 1 school year		The 65% number is based on the American Diabetes Association goals. The 65% goal remains stable because of normal school turnover.
				# Miles per student	0	60-mile average		60-mile average		60-mile average				Metric and goals based on the American Diabetes Association goals/metric .

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<b>2. Obesity - Nutrition</b>	Increase nutrition and healthy lifestyle knowledge	Faith Communities located in low income/low access area or most of the congregation resides in low income/low access areas in PSA	Implement CREATION Health program, an eight-week, faith-based wellness plan with lifestyle seminars and training for those who want to live healthier and happier lives, and share this unique whole-person health philosophy. Based on 8 principles: choice, rest, environment, activity, trust, interpersonal relations,	# of program graduates (graduate = attended at least 6 of 8 sessions)	0	10		15		20		\$800 for nursing and bio-metrics (3-year total)		Per Seminar \$40 for assessments, plus \$200 for nursing and bio-metrics	

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			outlook and nutrition.											
				% participants self-reporting improved lifestyle choices as measured by CREATION Health self-assessment	0	75%		80%		85%				
	Build Trainer capacity for CREATION Health Program	Hospital staff, clergy, or lay members, community health care workers in PSA	Implement "Train the Trainer" sessions	# number of Hospital staff members or others who become trainers	0	1 trainee		1 additional trainee		1 additional trainee				

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				# of CREATION Health kits sponsored	0	1 kit		1 kit		1 kit		\$900 for 3 kits		The kits are the curriculum materials and books for the enrollees
	Reduce blood sugar levels	Low income/Low Access or Food Desert population in Primary service area (PSA)	Build framework for Food is Medicine nutrition and food voucher program	Hire Divisional Food Is Medicine Program Coordinator	0	1 shared employee		1 shared employee		1 shared employee		\$7,500 share of 1 year pilot cost		Coordinator will be shared with six Florida Hospital facilities in the region
			Implement Food is Medicine Program in underserved area and provide access to nutritious produce	Reduce blood sugar for 10% of participants	0	10% of participants		10% of participants		10% of participants		\$1,050		cost of biometric testing supplies and nurse/tech

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			Offer fresh produce vouchers to class participants	# of fresh produce vouchers (vouchers are \$10 per person per class)	0	100		100		100		\$3,000		\$1,000 budgeted per year
			# of nutrition programs held											
			# of nutrition program attendees											

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<b>3. Access to Primary Care</b>	Increase community awareness and availability of local health care services for un/underinsured individuals	Un/Underinsured individuals in 33825,33843, 33870,33872, 33875,33873, 33852,33960, 33876,33857	CREATION Health worker outreach who will work with community members to link them to community resources	# volunteers	40	45		45		45		\$5,400		1/2 of cost, shared with Florida Hospital Heartland Medical Center
			Discounted home-supply prescription vouchers for low-income patients discharged from Hospital care	dollar amount	\$1,500	\$1,250		\$1,250		\$1,250		\$3,750 (3-year total)		Why is this dollar amount decreasing?
	Help local free clinic provide access to medical services		Monetary support of Samaritan's Touch free clinic	monetary donation	\$62,500	\$43,750		\$43,750		\$43,750		\$131,250 (3-year total)	Why is this dollar amount decreasing?	1/2 of cost, shared with Florida Hospital Heartland Medical Center



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			In-kind Donation of lab and imaging services to Samaritan's Touch patients	monetary amount	\$500,000	\$375,000		\$250,000		\$250,000		\$875,000 (3-year total)	Why is this dollar amount decreasing?	1/2 of cost, shared with Florida Hospital Heartland Medical Center
				Number of patients seen										

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<b>4. Heart Disease/Stroke / High Blood Pressure/ Cholesterol</b>	Educate participants regarding chronic disease self-management	All adults with chronic disease 33825, 33843, 33870,33872, 33875,33873, 33852,33960, 33876,33857	Offer free Chronic Disease Self-Management Program (CDSMP) 6-week class series	% participants who stated in post-class surveys that they increased self-care knowledge to manage chronic illness	90%	80%		85%		90%		\$18,750 for instructor time and location	All materials donated by Senior Connection Center, Inc. (local Area Agency on Aging)	
	Educate population regarding nutrition, healthy lifestyle choices		Hold Complete Health Improvement Program (CHIP) series. CHIP is a lifestyle enrichment program designed to reduce	% of participants who experience improved biometric indices (program measures blood sugar levels, cholesterol, blood	50%	50% of participants		50% of participants		50% of participants		\$1500 (difference between price of kit and fair market value for program)		

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			disease risk through better health habits and appropriate lifestyle modifications . Goals: lower cholesterol, hypertension and blood sugar levels; reduce excess weight through improved dietary choices; enhance daily exercise; increased support systems and decreased stress. Proven scientific results.	pressure, BMI and weight)										

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				Total # of enrollees										
				# of participants sponsored	0	10 scholarship students per year		10 scholarship students per year		10 scholarship students per year		\$18,000 for class + \$750 for nursing and lab draws		
				% participants who self-report improved knowledge of nutrition principles	75%	75%		80%		85%		\$22,500		Fair Market Value of Class is \$500-\$600 dollars. The participants are only charged for the materials. Scholarship is the difference between fair market value and actual

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														fee for materials.
5. Teen Pregnancy Prevention	Decrease Teen Pregnancy rate in PSA.	At-Risk Teens in zip codes 33825,33843, 33870,33872, 33875,33873, 33852,33960, 33876,33857	Actively participate in local Teen Pregnancy Prevention Association meetings	meetings attended	4	3		3		3		In-Kind Hours		