

2013  
Community  
HEALTH  
Needs Assessment  
*Serving Lake County, Florida*



*Revised November 25, 2013*



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## About the Community Health Needs Assessment

The Florida Hospital Waterman Community Health Needs Assessment (CHNA) was conducted in late 2012 and early 2013. The assessment serves to identify and report community health needs in the areas served by Florida Hospital Waterman in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act, 2010. The 2013 CHNA identifies needs and areas of improvement, but does not address if or how the needs are being met, or should be met. Rather, this assessment will serve as a foundation for developing an implementation strategy to address those needs.

## Executive Summary

The 2013 CHNA was developed reviewing and evaluating data from community surveys; hospital inpatient and emergency care utilization data; the 2011 Well Florida Council Lake County Mobilizing for Action Through Planning and Partnerships (MAPP) Community Health Needs Assessment; the 2010 United State Census; the 2009 Florida BRFSS report; Healthy People 2020 national data; "The Financial Impact of Florida Hospital Waterman on Lake County" by Rotarius and Liberman; the Agency for Health Care Administration; and internal hospital sources. This assessment analyzes the primary service area of Florida Hospital Waterman, which represent the zip codes from which 77.6% of inpatient admissions are derived. Because demographic characteristics cross zip code boundaries, the totality of Lake County is also examined.

This data was analyzed and prioritized by a Community Health Needs Assessment Committee that represented the interests of Lake County residents including low-income, underserved and minority populations.

While Florida Hospital Waterman's primary service area and Lake County benchmark favorably on a variety of health indicators when compared to state and national averages, there are a number of opportunities that should be addressed to help improve the overall health and wellness of the Florida Hospital Waterman's primary service area and Lake County. During the period, the top ten leading causes of death in Lake County were cancer, heart disease, chronic lower respiratory diseases, unintentional injuries, stroke, Alzheimer's disease, diabetes, suicide, liver disease, and hypertension. The rate of total physicians per 100,000 residents is 167.5 in Lake County compared to 300.6 in the state. Based on the findings contained in this assessment the Community Health Needs Assessment Committee selected several areas of focus for Florida Hospital Waterman's Community Health Plan to be developed and implemented in 2014. They include: colon cancer; breast cancer; obesity; heart disease; diabetes; and access to care.

## About Florida Hospital Waterman

Florida Hospital Waterman is a member of the Adventist Health System, a not-for-profit healthcare organization that emphasizes Christ at the center of care. Florida hospital Waterman is one of 22 Florida Hospitals in Florida. Our mission depends not only on our commitment to Christian ideals, but also on our efforts to provide nothing less than extraordinary, compassionate care.

Accredited by the Joint Commission on the Accreditation of Healthcare Organizations, the hospital was founded in 1938 as a legacy of Frank Waterman, president of the Waterman Fountain Pen Company. In 1992, the hospital merged with the Adventist Healthcare System, and in 2003 opened the doors of a new facility on Highway 441 in Tavares. Florida Hospital Waterman provides comprehensive services, including open heart surgery, a core of primary care providers and fellowship-trained specialists, and a variety of support groups and programs addressing topics and concerns of individuals dealing with such problems as stroke, Alzheimer's disease and diabetes. In 2012, 172 active attending physicians and 77 provisional medical staff members represented thirty-eight medical specialties providing services at the hospital.

Florida Hospital Waterman is a major provider of health care services to the diverse populations living in Lake County. In 2011, this included 14,841 uninsured patient visits resulting in 53,544 patient days. With 209 hospital beds available in 2011, Florida Hospital Waterman accounted for approximately one-third of all acute care hospital beds in Lake County. By late 2012, the number of beds increased to 269, increasing the inpatient capacity by almost 20%. Out of 47,621 discharges in Lake County in 2011, Florida Hospital Waterman accounted for 12,547, or 22.8% of those discharges (Rotarius & Liberman, 2012).

Florida Hospital Waterman is the fourth largest non-government employer in Lake County. The combined salaries paid to employees represent a major financial contribution to the local economy. In 2011, the hospital employed 1,639 individuals, representing 1,210 full time equivalent (FTE) employees, and paid \$62.3 million in wages. In addition, Florida Hospital Waterman paid \$16.1 million in benefits to these employees (Rotarius & Liberman, 2012).

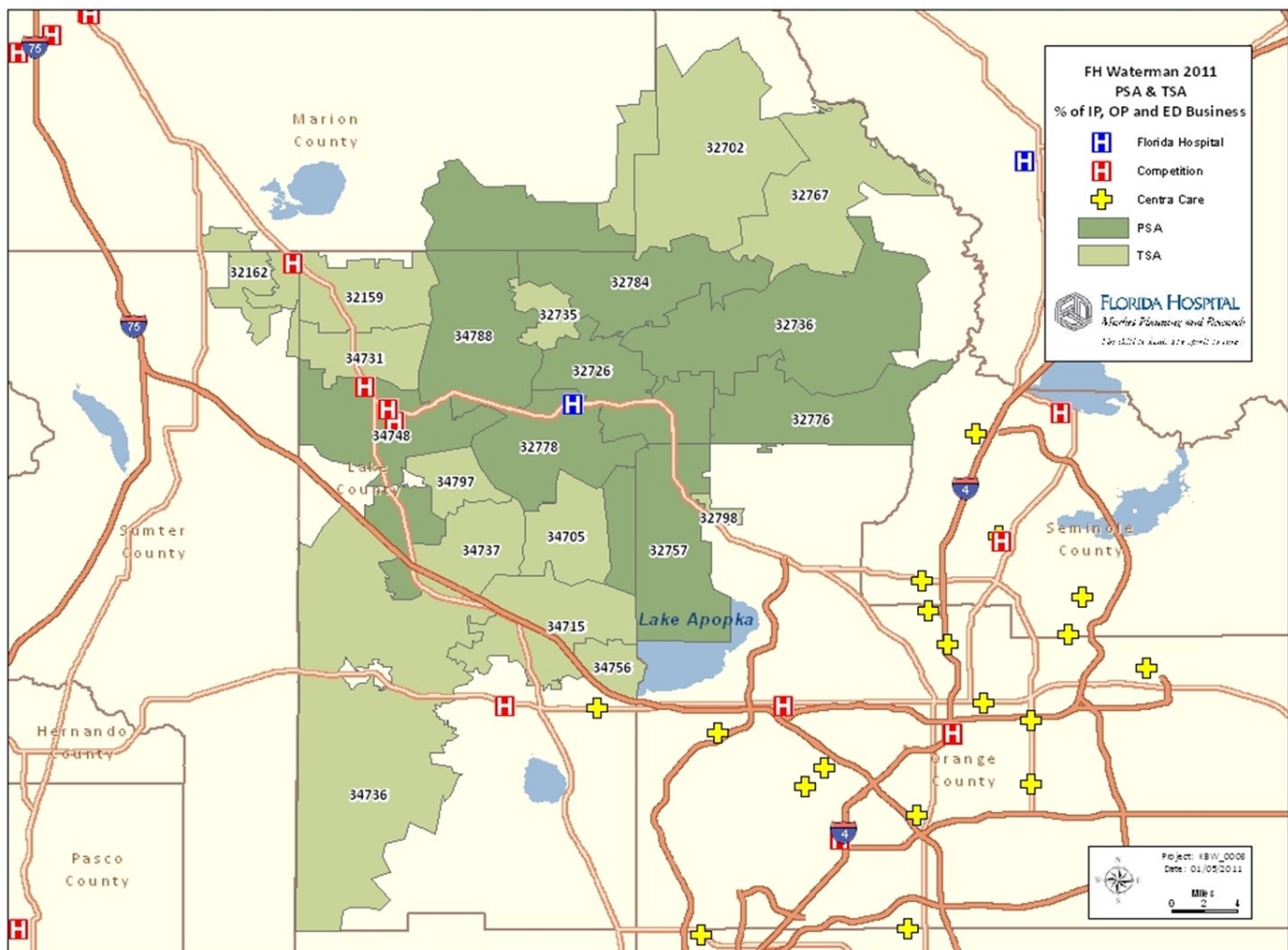
The Florida Hospital Waterman Foundation supports Florida Hospital Waterman through charitable giving. Governed by a volunteer board of trustees, the Foundation strives to raise philanthropic contributions for hospital programs and services aimed at improving the health status of our community. Along with the Foundation's 2011 goal to raise \$5 million for the Heart Center, the previous 15-year impact through annual distributions to the hospital totals \$32,148,565. The Florida Hospital Waterman Foundation provides partial support for the Florida Hospital Waterman Community Primary Health Clinic, the primary care medical home for more than 900 low income and medically underserved Lake County residents. To qualify, patients must have income at no more than 150% of the federal poverty level. More than 67 medical practitioners and support staff volunteer their expertise and time at the clinic. In 2011, community partners augmented the financial impact of the Clinic through support of more than \$250,000. This support allowed for expansion into serving patients who formerly utilized the Emergency Department (ED) as their only source of health care; they now have a medical home at the Clinic.

Many Florida Hospital Waterman staff members use their professional health care and leadership abilities to serve on the boards of directors for a wide-variety of youth-oriented, medical, and faith-based organizations in the community. Many of these organizations are focused on providing services for low income, medically underserved, and minority populations. The hospital financially supports many charitable organizations, with 2012 contributions topping \$5,000. Internally-coordinated service projects include collecting food items for the employee and community

food banks, providing back packs and school supplies for Florida Hospital Waterman employee children in need, and providing manpower support for foreign mission trips (Florida Hospital Waterman Community Benefit Annual Report, 2011).

Florida Hospital Waterman serves a large share of the uninsured population in the primary service area. The largest payor group is Medicare (35.2%), followed by Private-Employment Sponsored Insurance (28.2%). In the coming year it is estimated that the Uninsured group will decrease 14.4% annually, while the new Private-Exchange group is expected to grow approximately 20%. The 65+ age group is responsible for over half of the inpatient discharges (51.7%) and outpatient surgeries (50.9%), while 18-44 is the largest age group for ED visits (34.7%). Outpatient surgeries have a higher Commercial/HMO/PPO payor mix (33.2%) than inpatient discharges (16.5%) and ED visits (16.6%). ED visits have a higher Medicaid (14.4%) and uninsured (19.8%) payor mix. The top service line for inpatient discharges is cardiology, with 3,647 discharges in 2011. Gastroenterology is ranked second, with 3,468 discharges. For outpatient surgery, orthopaedics is the top service line with 2,109 surgeries. Urology is the second largest outpatient surgery service line, with 1,692 surgeries. Inpatient discharges in the primary service area grew 1.3% in 2011, following a 3.6% increase in 2010. Surgical inpatient discharges grew 1.0 percent in 2011, while outpatient surgeries declined 3.6% after growing 9.3% in 2010. The Emergency Department market grew 5.5% in 2011, after experiencing only 1.6% growth in 2010 (Florida Hospital Waterman Community Benefit Annual Report, 2011).

The nearest hospital to Florida Hospital Waterman is Leesburg Regional Medical Center (LRMC), approximately 15 miles to the west. In January 2008, LRMC and The Villages Regional Hospital partnered to form the Central Florida Health Alliance, with a combined total of 492 beds.



## Our Community

This assessment analyzes the primary service area of Florida Hospital Waterman (the area from which 77.6% of inpatient admissions are derived), including the following zip codes: 32726, 32736, 32757, 32776, 32778, 32784, 34748, 34788 (Attachment 4). Because its demographic characteristics cross zip code boundaries, the totality of Lake County is also examined.

## Defining the Community

According to 2011 Thomson Reuters data, the largest age group in Florida Hospital Waterman's primary service area is ages 65 and older (34.7%). Females make up a slighter higher percentage of the population than males (52.1% female vs. 51.1% male). Although the Primary Service Area experienced growth in 2009 (7.3%) and 2010 (3.6%), it declined 0.4% in 2011. In 2012, the market is expected to grow 3.0%, and remain flat in 2013 (+0.3%). The Hispanic population is expected to grow 36.9% from 2011 to 2016. The average household income is expected to grow 2.5% from 2011 to 2016 (up from \$52,621 to \$53,922). The fastest growing household segment is \$75,000 with an estimated growth rate of 18.6% from 2011 to 2016 (Florida Hospital Waterman Environmental Assessment, 2012).

The medical market in Florida Hospital Waterman's primary service areas is expected to grow 2.9% in 2012, but decline 0.2% in 2013. The urology market is expected to grow at a similar pace; however, this service line is expected to decline 0.8% in 2013. Demand for the gastrointestinal medical and orthopaedic medical service lines are expected to outpace market growth. The surgical market is expected to grow 3.3% in 2012 and 1.3% in 2013. The open heart market is projected to grow 3.5% in 2012, but decline 1.0% in 2013. In 2013, orthopaedic surgery and gastrointestinal surgery are expected to grow 1.7% and 1.9% respectively. In 2011, the market for emergency room visits grew 5.5% and is expected to grow at a rate of 3.5% in both 2012 and 2013. The demand for radiation oncology is expected to grow 7.0% annually (Florida Hospital Waterman Environmental Assessment, 2012).

According to 2010 Census Data estimates for Lake County, 31.7% of Blacks and 18.6% of Hispanics were living in poverty in comparison to 7.4% of Whites. Unemployment in Lake County increased by 172 % (4.4% in 2004 vs. 12.0% in 2010), compared to a 144.7% increase in Florida. Unemployment at the county level exceeds the state in any given year (Lake County Mobilizing for Action Through Planning and Partnerships Community Health Needs Assessment, 2010).

Approximately 12.6% of Lake County's population lives at or below the poverty threshold, which is slightly lower than the state of Florida as a whole. Child poverty in Lake County is at 21.1%, which is also below state measures. Lake County's income level indicators (median, average, and per capita incomes) are 4-10% lower than the state of Florida. More Black and Hispanic residents live below the poverty level than their White counterparts – 31.7% Black, 7.4% White and 18.6% Hispanic. Of the adult population, 20.2% have less than a high school diploma, 57.3% have completed high school, and 22.5% has completed a college degree (Lake County Mobilizing for Action Through Planning and Partnerships Community Health Needs Assessment, 2010).

In 2009, the top ten leading causes of death in Lake County were cancer, heart disease, chronic lower respiratory diseases, unintentional injuries, stroke, Alzheimer's disease, diabetes, suicide, liver disease, and hypertension. Cancer, heart disease, and chronic lower respiratory disorders were among the top five causes of death for Black, White

and Hispanic residents, but diabetes was among the top five causes of death for Black residents only. Hypertension and HIV/AIDS were unique to the top ten causes of deaths for Black. Influenza and homicide were unique to the top ten causes of death for Hispanics. Suicide and septicemia were unique to the top ten causes of death among Whites. During 2007-2009, the age-adjusted death rate per 100,000 for stroke among Black residents was 55.0 compared to 29.8 among White residents and 21.7 among Hispanics. The age-adjusted death rate for diabetes was 54.8 for Black residents compared to 17.6 for White residents and 26.0 for Hispanic residents. The age-adjusted death rate per 100,000 for unintentional injuries among White residents was 57.2 compared to 29.4 among Blacks and 42.0 among Hispanics. The age-adjusted death rate for Alzheimer's disease among White residents was 23.7, compared to 19.8 for Black residents and 13.1 for Hispanic residents. The age-adjusted death rate for influenza and pneumonia among White residents was 8.2, compared to 4.9 for Black residents and 5.2 for Hispanic residents. The age-adjusted death rate for suicide was 14.1 among White residents, 4.4 among Black residents, and 5.2 among Hispanic residents (Lake County Mobilizing for Action Through Planning and Partnerships Community Health Needs Assessment, 2010).

The percentage of low birth weight newborns was slightly below the state average (8.1% in Lake County compared to 8.7% for the state). Black residents had 11.8% of low birth weight babies compared to 7.2% of White residents and 7.1% of Hispanics. A higher percentage of Black and Hispanic mothers received late or no prenatal care. In 2009, the infant mortality rate per 1,000 live births was 4.9 for Blacks and 4.7 for Whites. Over the past 3 years, births to mothers aged 15-17 have decreased from 152 to 103 births per year; however, Lake County has a higher teen birth rate than the state (Lake County Mobilizing for Action Through Planning and Partnerships Community Health Needs Assessment, 2010).

In 2010, a higher relative proportion of Lake County residents were diagnosed with diabetes than the state as a whole, and the onset of the diagnosis has accelerated since 2007. The average age at which Lake County residents are diagnosed with diabetes is 49.4, compared to 53.3 in 2007. The percentage of adults who engage in heavy drinking continues to increase in Lake County, and surpasses the state. From 2002 to 2010, the percentage of adults who are current smokers decreased in Lake County from 23.1% to 14.7%. The percentage of obese residents has increased 25.8% from 2007 to 2010, and Lake County has 8.7% more obese individuals than the state as a whole. Adults diagnosed with hypertension increased from 36.1% in 2007 to 44.1% in 2010. The percentage of adults 18-64 who have been tests for HIV has remained constant since 2007(Lake County Mobilizing for Action Through Planning and Partnerships Community Health Needs Assessment, 2010).

## Stakeholder Input

Surveys were administered to a diverse group of community members, business professionals and hospital employees as follows (Attachment 6):

Barbara Howard, PhD, VP, Lake-Sumpter Community College

Faye Rose, Chaplain, Florida Hospital Waterman

Harry T. Hackney, Lawyer

Marc Robertz-Schwartz, Marketing/Production, Hometown Health TV

Becky Longanecker, Director Professional Services, Florida Hospital Waterman

Jim Judge, Director, Lake EMS

Doug Martin, Pastor, Florida Hospital Waterman

David Fernandez, MD, Internal Medicine Physician



Perth Blake, MD, Family Practice Physician  
Carrie Showalter, Account Executive, Brighthouse Media Strategies  
Duncan Rose, Property Appraiser  
Hugh Nguyen, MD, Internal Medicine Physician  
Erin O’Steen, Development Manager, Lake-Sumter Community College Foundation  
Candace Huber, Community Health Transformation Specialist, Florida Hospital Waterman  
Roseanne Brandeburg, Lake County School Board member and Executive Director, LSCC  
Patricia Dolan, Chief Nursing Officer, Florida Hospital Waterman  
Maggie Miller, Community Member  
Cara Anderson, Marketing Coordinator, Florida Hospital Waterman  
Renee Furnas, Marketing Business Functions Coordinator, Florida Hospital Waterman  
Kimberly Buschor, Patient Financial Counselor, Florida Hospital Waterman  
Tony Miller, Sergeant, Tavares Police  
Linda Davidson, Director Case Management, Florida Hospital Waterman  
Jean Arnold, Pastoral Care Coordinator, Florida Hospital Waterman  
William Farrett, Retired Community Member  
Sheri Hutchinson, Public Information Officer, Lake County Health Department  
Carrie Fish, Sr. VP/COO, Florida Hospital Waterman  
Ruth Ann Angule, Community Member  
Tracy Andane, Community Member  
Gary Blanchard, Pastor, First Baptist Church, Leesburg  
Kathryn Howe, Union Congregational Church  
Estella Chatman, St. James Church  
Melvin Mckee, Community Member

Responses to the survey, which used the same questions that were posed to focus groups conducted during the Lake County MAPP (plus two custom questions), are summarized as follows:

**Q1: What does the word “Health” mean to you? (custom to Florida Hospital Waterman)**

Most respondents defined “health” as the absence of disease and/or the presence of physical, emotional and spiritual well-being. Vitality, longevity, stamina, fitness, quality, and abundant life were other descriptors. Trust in God, a positive attitude, and relationship well-being were also mentioned.

**Q2: What are the most important factors for maintaining your own health? (custom to Florida Hospital Waterman)**

Diet and exercise were the most frequent responses, as well as routine preventative care and healthy lifestyle including managing stress, taking personal responsibility, and maintaining balance. Some mentioned access to reliable education and state of the art medical care.

**Q3: What does a “Healthy Community” mean to you?**

Definitions of a healthy community varied among respondents, from access to affordable health care, to education opportunities, to residents who have the desire to promote their own health and encourage healthy lifestyles among others. Also mentioned were the absence of disease, healthy habits, and physical-mental-spiritual well-being. One respondent noted that a healthy community attracts residents and stimulates economic development.

**Q4: What are the most important factors for creating a healthy community?**

Educating the community was the most frequent response, as well as personal responsibility, adequate and affordable health care, and venues for exercise and recreation. Healthy meals in schools, physician outreach in the community, and relationships between government, health care providers, businesses and residents were also mentioned.

**Q5: In general, how would you rate the health and quality of life in our community?**

The majority of respondents rated the health and quality of life average to fair, with only three rating it very good. The availability of good medical facilities and good medical care were noted as positives. Lack of community education, insufficient promotion of disease prevention, and apathy were noted as negatives. Some noted that Lake County is on the right track, and is promoting healthy living more than in the past.

**Q6: What are the pressing health-related problems in our community?**

Obesity, diabetes, smoking, elder care, and poor nutrition were most frequently noted by respondents. Limited access to care for the poor and uninsured was also mentioned, as well as lack of personal accountability. The poor economy, lack of affordable specialty care, and the need for more mental health care were noted by some.

**Q7: Why do you think we have these problems in our community?**

Many respondents noted lack of health insurance, the cost of care, and the poor economy as reasons for problems in our community. Others cited ignorance, apathy, lack of understanding, and lack of personal responsibility on the part of the public. The large retiree population and its related health issues were also noted.

**Q8: Are there people or groups of people in our community whose health or quality of life may not be as good as others?**

The elderly population and those who live in rural, poor areas of the County were mentioned most frequently. Lack of education, lack of transportation, and limited access to medical care were mentioned as contributing factors.

**Q9: What strengths and resources do we have in our community to address these problems?**

Free clinics, food pantries, the hospitals and the health department were mentioned frequently, as well as community organizations and a large medical community. Some noted that resources are available but not necessarily accessible, either due to lack of insurance or lack of awareness.

**Q10: What barriers, if any, exist to improving health and quality of life in our community?**

Responses varied widely, from the cost of care and affordable insurance to lack of funding, poor awareness of services and transportation concerns. Lack of personal accountability and desire to implement a healthy lifestyle were again noted by some. The need for a cooperative approach on the part of both government and healthcare providers was mentioned, as well as engaging the community by utilizing all resources in an organized way.

**Q11: Do you think that our community provides enough places to receive routine medical care, or is it necessary to go outside of your town?**

Most respondents believe there are sufficient routine medical resources in our community, and some believe that medical care in Lake County is as good as Orlando or elsewhere. The stigma of our “small town” perception was noted. Some respondents believe it is necessary to go elsewhere for some specialty services. Others noted the need to better educate the public about available resources and their proper utilization.

**Q12: Which health care services do you think are missing in our community?**

Specialists and specialized treatment were most frequently mentioned by respondents, including endocrinology,

## **Community Health Needs Assessment Committee**

The Community Health Needs Assessment Committee (CHNAC), comprised of the following members, met throughout 2012 and 2013 (Attachments 7, 8, and 9) to review data, select priorities, and approve this report:

**David Ottati, Florida Hospital Waterman President/Chief Executive Officer.** Committee chair effective June 2013.

**Ken Mattison, Florida Hospital Waterman President/Chief Executive Officer.** Committee chair through May 2013.

**Carrie Fish, Florida Hospital Waterman Senior Vice President/Chief Operative Officer.** Expertise in hospital operation oversight, including human resources, diagnostic services, cardiology services, cancer institute, medical staff services, professional services, risk management, facilities management, marketing, laboratory, food and nutrition services, home care services, and rehabilitation services.

**Patricia Dolan, Florida Hospital Waterman Vice President/Chief Nursing Officer.** Expertise in nursing staff oversight including emergency services, critical care services, respiratory therapy, surgical/oncology/palliative care, women and children services, medical/surgical/orthopedic services, clinical education, clinical informatics, and pharmacy.

**Vinay Mehindru, MD, Florida Hospital Waterman Vice President/Chief Medical Officer.** Expertise in medical staff oversight and quality management.

**Becky Longanecker, Florida Hospital Waterman Director of Professional Services and Compliance.** Expertise in risk management and corporate compliance oversight.

**Linda Davidson, Florida Hospital Waterman Director of Case Management.** Expertise in case management including oversight of discharge process including management of the continuum of care for low-income patients, medically underserved patients and patients with chronic disease(s).

**Faye Rose, Florida Hospital Waterman Director of Pastoral Care.** Expertise in mission development and ministerial outreach including work with minority and low income groups. Has helped to lead multiple local initiatives to assist local communities and groups in need.

**Renee Furnas, Florida Hospital Waterman Marketing Business Functions Coordinator.** Expertise in public relations and community outreach working with groups serving underserved populations in Lake County.

**Candace Huber, Florida Hospital Waterman Community Health Transformation Specialist.** Expertise in mission development and public health and wellness with special training in the treatment and prevention of chronic diseases.

**Bonnie Zimmerman, Florida Hospital Waterman Community Benefit Manager.** Expertise in marketing, public relations, community outreach, and physician recruitment. Served until September 2012.

**Steven Jenkins, Florida Hospital Waterman Director of Marketing and Communication.** Expertise in marketing, communications, community outreach and health literacy. Experience developing community health screening and education programs for low income, minority and medically underserved populations. Joined February 2013.

**Sheri Hutchinson, Lake County Health Department, Public Information Officer and Community Outreach Manager.** Expertise in local public health needs and community outreach will special focus on underserved groups.

**Shane Bailey, Well Florida Council, Inc., Chief Operations Officer.** Expertise in conducting Lake County MAPP Community Health Needs Assessment.

**Barbara Howard, PhD, Lake-Sumter Community College, Dean of Academics.** Expertise in community education needs and programs.

**Jim Judge, Lake Emergency Medical Services, Executive Director.** Expertise in community emergency medical needs, including response and management of medically underserved populations.

## Public Health

Sheri Hutchinson, Lake County Health Department Public Information Officer and Community Outreach Manager, served on the CHNAC and participated in the stakeholder survey. Shane Bailey, Well Florida Council, Inc. Chief Operations Officer, also served on the CHNAC representing the organization that conducted the Lake County MAPP Community Healthy Needs Assessment commissioned by the Lake County Health Department.

## Data Sources

### Secondary Data

National Data: Healthy People 2020

State Data: Florida 2009 BRFSS report

Lake County Data: 2011 Well Florida Council Lake County Mobilizing for Action Through Planning and Partnerships (MAPP) Community Health Needs Assessment; 2010 U.S. Census; “The Financial Impact of Florida Hospital Waterman on Lake County,” Rotarius and Liberman, 2012

### Primary Data

Internal Data: Horizon Performance Manager for Top 10 Diagnoses for IP admissions and Top 10 Diagnoses for ED visits; Agency for Health Care Administration (AHCA)

Community Stakeholder Survey 2012

## Data Collection & Analysis

The Community Health Needs Assessment Committee reviewed the executive summary of the 2011 Lake County Mobilizing Through Action for Planning and Partnership (MAPP) Community Health Needs Assessment conducted by WellFlorida Council, Inc., (Attachment 10) including the local public health system assessment, community themes and strengths assessment, forces of change assessment, and priority strategic health issues. The Committee discussed additional forces of change not reported in the WellFlorida study, including allied health shortages, national health care reform, questionable ability of aging workers to perform as well as their younger counterparts, the obesity epidemic, and the possibility that this may be the first generation to outlive its children.

The Committee reviewed a comparative analysis of Lake County, Florida, and United States and Healthy People 2020 goals for access to health services, cancer, diabetes, heart disease and stroke, HIV, immunization and infectious diseases, injury and violence prevention, maternal/child health, mental health, nutrition and weight status, physical activity, respiratory disease, substance abuse, and tobacco use (Attachment 11). As potential areas of future focus, the Committee discussed the possibility of increasing flu shots and immunizations through partnerships with the Department of Health and Emergency Medical services in rural outreach, improving access to care by communicating the availability of Quick Care services at Department of Health Clinics, reducing return visits to the Emergency Department among those unable to afford prescription medicine by greater utilization of the Department of Health prescription assistance program, and addressing the lack of exercise and its impact on chronic disease.

The Committee reviewed internal hospital data (Attachment 12) for the top ten diagnoses for Emergency Department visits and inpatient admissions. Medicaid and uninsured Emergency Department visits were highest for chest pain, respiratory infections, bronchitis, head and neck symptoms, sore throats, and ear infections. Medicaid and un-

insured inpatient diagnoses were highest for pneumonia and chest pain.

The Committee reviewed responses to stakeholders surveys (Attachment 6) that were administered to a diverse group of community members, business professionals and hospital employees using the same questions that Well-Florida Council, Inc. included in focus groups conducted during the 2012 Lake County MAPP (plus two custom questions).

From these data sources, the Committee identified several areas of need, and selected colon cancer; breast cancer; obesity; heart disease; diabetes; and access to care as the top priorities for the Florida Hospital Waterman service area.

## Asset Inventory

For each of the identified areas of focus, an asset inventory was conducted (Attachment 13) identifying the following programs currently in existence:

### **Colorectal cancer screenings**

Current community programs: The only known community programs are those resourced through the local chapter of the American Cancer Society. The programs were provided inconsistently.

Current hospital programs: Home screening kits were offered at cancer awareness health fair; a colon cancer education program is conducted annually; colon cancer education literature is distributed at health fairs throughout the year; colon cancer education literature is available in the Cancer Institute resource library.

### **Breast cancer screenings**

Current community programs: Susan G. Komen scholarships; Health Department screenings; Seminole County screening program refers to Lake County hospitals; Libby's Legacy screening program refers to Lake County hospitals; American Cancer Society resource for community programs that are available from time to time; national breast and cervical cancer early detection program offering free or low cost screenings to eligible patients at [www.cdc.gov/cancer](http://www.cdc.gov/cancer).

Current hospital programs: Digital mammography equipment; advertising, including the "Pink Army" to promote breast cancer awareness; breast cancer community education program conducted annually; breast cancer education literature distributed at health fairs throughout the year; breast cancer education literature available in the Cancer Institute resource library; the Florida Hospital Waterman Community Primary Health Clinic offers screenings to eligible patients through the Komen grant.

### **Age-adjusted Diabetes deaths/ 100,000 higher than Healthy People 2020 goal**

Current community programs: Health Department diabetes education program; Lifeline screenings for glucose; Hispanic Initiatives glucose screenings.

Current hospital programs: Diabetes community education program conducted annually; glucose screenings at health fairs throughout the year; free glucometers to needy diabetic patients; EndoTool power plan in ICU to help regulate glucose levels in diabetic patients; grant funded self-education program for Community Clinic patients; home care patient education; CREATION Health lifestyle transformation program.

### **Proportion of obese adults is 8.7% higher than state average**

Current community programs: Weight Watchers; Meals on Wheels; Center Street Kitchen, Eustis; Food stamps; Hispanic Initiatives BMI screenings

Current hospital programs: Nutrition education programs; BMI screenings and body fat screenings at health fairs throughout the year; Weight Watchers discounts for Florida Hospital Waterman employees; free fitness center for employees, auxiliaries and physicians; home care patient education; CREATION Health lifestyle transformation program; Fitness for Life fitness program; Conductorcize fitness program; Sit To Be Fit fitness program; Sign Chi Do fitness and relaxation program; Zumba exercise program; Healthy Holiday cooking classes; Full Plate Diet weight loss program.

### **Heart disease in top 5 causes of death; hypertension in top 10 causes of death among Black residents**

Current community programs: Health Department clinic; Health Department smoking cessation classes; Mt. Dora free community smoking cessation classes; blood pressure booths in retail stores; Lifeline screenings for stroke/carotid artery disease, PAD, AAA, atrial fibrillation and complete lipid panel; Hispanic Initiatives blood pressure and cholesterol screenings.

Current hospital programs: Cardiac community education programs bi-annually; blood pressure screenings at health fairs throughout the year; health insurance discount to non-smoking employees; tobacco/nicotine free hiring policy; tobacco-free campus; non-smoking literature offered by Pastoral Care; CREATION Health lifestyle transformation program; Fitness For Life fitness program; Conductorcize physical health program; Sit To Be Fit fitness program; Sign Chi Do fitness and relaxation program; Zumba exercise program; Healthy Holiday cooking classes; Full Plate Diet weight loss program.

### **Access to care is limited by affordability, uninsured, underinsured, and lack of Medicare/Medicaid providers**

Current community programs: 2-1-1 resource hotline; Health Department adult primary care project; Health Department KIDARE health insurance program; Health Department Women's Wellness Center for maternity, post-partum and family planning; Health Department Umatilla clinic for maternity, pediatrics, family planning, STD/HIV testing and treatment and adult and children immunizations; Health Department nutritional support for low-income women and children; Health Department Quick Care sliding scale clinics; St. Luke Medical and Dental Clinic, Eustis, for below 150% poverty; Community Medical Care Center, Leesburg, free clinic; Leesburg Community Health Center, sliding scale; We Care of Lake County; Veteran's Affairs, Leesburg; Life's Choices of Lake County, Eustis, free pregnancy testing; Leesburg Regional Medical Center; American Eldercare; United Way; Partnership for Prescription Assistance [www.pparx.org](http://www.pparx.org); Community Health Center, Inc., Leesburg and Apopka

Current hospital programs: Community Primary Health Clinic, Eustis (150% poverty); patient discounts for early pay; charity write-offs for qualifying patients; assistance with applications for Medicaid for qualifying patients; primary care recruitment into Florida Hospital Medical Group (requiring physicians to accept Medicare and Medicaid); CentraCare, Mt. Dora

### **Preventative care/wellness is limited by those who do not have a personal doctor**

Current community programs: Leesburg Regional Medical Center; Alliance Urgent care, Leesburg; Express Care of Lake County, Tavares; Family Health Center, Zellwood.

Current hospital programs: Community Primary Health Clinic, Eustis (for qualifying patients); CentraCare, Mt. Dora;

primary care recruitment into Florida Hospital Medical Group; CREATION Health lifestyle transformation program; Fitness For Life fitness program; Conductorcize physical health program; Sit To Be Fit fitness program; Sign Chi Do fitness and relaxation program; Zumba exercise program; Healthy Holiday cooking classes; Full Plate Diet weight loss program; Supper Noggin brain fitness program; Mini Arts & Crafts stress relief program; Forgive To Live spiritual program; Stress Away Art stress relief program.

**Total physicians/100,000 residents is 55.7% lower in Lake County than state average**

Current community programs: None known.

Current hospital programs: Primary care and specialist recruitment to Florida Hospital Medical Group.

## Data Sources

**Primary data collected from the 2012 Lake County MAPP and Florida Hospital Waterman survey responses revealed the following areas of focus:**

Cancer, heart disease and chronic lower respiratory disorders are a leading cause of death.

Physicians per 100,000 residents are 44% lower in Lake County than the State of Florida.

Diabetes is in the top 10 causes of death among Black residents.

Northeast Lake County, mostly a rural farming community, has the highest mortality rates in many causes of death.

Limited transportation in Lake County is a leading barrier to care for many low-income groups.

Improving the health status of Lake County residents will require increased personal responsibility and ongoing community focus.

Access to care is limited by affordability, uninsured, and not enough Medicare and Medicaid providers.

**Secondary data collected from other publicly available sources revealed the following areas of focus:**

Lack of a personal doctor is higher in Lake County than the Healthy People 2020 goal. Minority and low income groups are more likely to not have a personal doctor.

Colorectal cancer screenings in Lake County are lower than the Healthy People 2020 goal.

Breast cancer screenings in Lake County are lower than the Healthy People 2020 goal.

The proportion of obese adults in Lake County is higher than the Healthy People 2020 goal.

Flu shot administration is lower in Lake County than the Healthy People 2020 goal.

**Internal hospital data revealed the following areas of focus:**

Respiratory infections are the second top diagnosis for Emergency Department visits, especially among Medicaid patients.

Urinary tract disorders are the third top diagnosis for Emergency Department visits, especially among Medicare, Medicaid and uninsured patients.

Bronchitis is the fourth top diagnosis for Emergency Department visits, especially among Medical and uninsured patients.

## Priority Selection

The following conditions were selected by the committee as priorities based on the results of primary, secondary and internal data:

**Colon cancer:** Focusing on all ethnicities ages 40+, this condition was selected because data shows colorectal screenings in Lake County are lower than the Healthy People 2020 goal, and cancer is in the top 5 causes of death in Lake County.

**Breast cancer:** Focusing on female adults ages 40+ (per ACS guidelines), this condition was selected because data shows breast cancer screenings are lower in Lake County than the Healthy People 2020 goal, and cancer is in the top 5 causes of death in Lake County.

**Obesity:** Focusing on all ethnicities and all age groups, this condition was selected because data shows the proportion of obese adults in Lake County is higher than the Healthy People 2020 goal, and there is strong community concern about the impact of obesity on both children and adults.

**Heart disease:** Focusing on all ethnicities ages 18+, this condition was selected because data shows that heart disease is in the top 5 causes of death in Lake County and among the top 10 causes of death among Black residents.

**Diabetes:** Focusing on African-American adults ages 40+, this condition was selected because data shows that diabetes is in the top 10 causes of death among Black residents, and the majority of deaths in Lake County are attributable to chronic disease.

**Access to care:** Focusing on all ethnicities and all age groups, this issue was selected because data shows that access to care is limited by affordability, uninsured, underinsured, and lack of Medicare and Medicaid providers. Total physicians per 100,000 residents are 55.7% lower in Lake County than the State average, and individuals having a personal doctor are 8.8% lower than the Healthy People 2020 goal. Mention the uninsured clinic and what you have learned from uninsured patients.

## Next Steps

**The Community Health Needs Assessment Committee will now begin to develop and implement a Community Health Plan to meet the priorities defined in the Assessment. Early discussions have identified some options; other will be considered as well.**

### **Colon cancer:**

Potential projects: Cancer care coordinator to navigate patients from diagnosis to treatment; health ministry in faith community to leverage health education; public education about colon cancer and prevention.

### **Breast cancer:**

Potential projects: Participate in community education/awareness programs (Pink Army); cancer care coordinator to navigate patients from diagnosis to treatment; health ministry in faith community to leverage health education; leverage scholarship program for mammograms with funded follow-up care for those who require it; develop fundraising campaign to support free mammograms; community support groups.

### **Obesity:**

Potential projects: CREATION Health wellness programs focused on lifestyle improvement; primary care referrals to CREATION Health program for lifestyle management; health ministry in faith community to leverage health education.



**Heart disease:**

Potential projects: CREATION Health wellness programs focused on improving heart health; education surrounding the development of heart disease and prevention; smoking cessation classes; health ministry in faith community to leverage health education.

**Diabetes:**

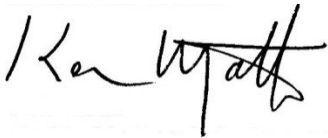
Potential projects: CREATION Health wellness programs; screenings and community education programs in minority neighborhoods; expand EndoTool hospital-wide; health ministry in faith community to leverage health education.

**Access to care:**

Potential projects: Expand base of physician volunteers at Community Primary Health Clinic; health ministry in faith community to leverage health education; work with local government to develop tax incentives for physicians to re-



David Ottati, President and Chief Executive Officer, Florida Hospital Waterman, June 10, 2013 - Present



Ken Mattison, President and Chief Executive Officer, Florida Hospital Waterman, 1997 – June 7, 2013

## Resources

1. "The Financial Impact of Florida Hospital Waterman on Lake County," Rotarius and Liberman, 2012.
2. FHW 2011 Community Benefit Annual Report
3. FHW 2012 Environmental Assessment (excerpts)
4. FHW Primary Service Area map
5. Lake County MAPP preliminary results overview
6. Stakeholder Survey Log
7. CHNAC Roster
8. CHNAC minutes 7/9/12
9. CHNAC minutes 8/20/12
10. Lake County MAPP Executive Summary
11. Health indicator comparative analysis
12. FHW Top 10 Diagnoses IP/ED
13. Asset Inventory

**THE FINANCIAL IMPACT OF  
FLORIDA HOSPITAL WATERMAN  
ON LAKE COUNTY**

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***July, 2012***

# THE FINANCIAL IMPACT OF FLORIDA HOSPITAL WATERMAN ON LAKE COUNTY

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# THE FINANCIAL IMPACT OF FLORIDA HOSPITAL WATERMAN ON LAKE COUNTY

## **ACKNOWLEDGMENTS**

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The information provided for analysis and for inclusion in this study is based largely on financial and activity projections prepared and presented by representatives of Florida Hospital Waterman. The researchers wish to thank those who have been involved in the preparation of the referenced information for their valued assistance in gathering and assembling the needed information in a delimited period of time.

# THE FINANCIAL IMPACT OF FLORIDA HOSPITAL WATERMAN ON LAKE COUNTY

## EXECUTIVE SUMMARY

This research report describes the financial impact that Florida Hospital Waterman exerts on the Lake County Region of Central Florida. This project examined the organizational and employee activities of Florida Hospital Waterman's 204-bed acute care hospital located in Tavares, Florida.

For purposes of this assessment, Florida Hospital Waterman (FHW) contributes to the local community in the following manner: (1) through its health services operations as a major health care provider; (2) as a major employer in the region; (3) through its capital investments; (4) as a healthcare entity providing unreimbursed care; (5) as an entity that pays taxes to local and regional government agencies; (6) as a result of extensive personal involvement by employees in community activities; (7) through organizational involvement in and support of the local community; and (8) through a number of faith-based initiatives that form the backbone of FHW's primary mission as a service provider. The inextricable relationship of these categories both increases and enhances the financial impact of FHW on the Lake County Region.

This research was guided by the following hypothetical question:

*If Florida Hospital Waterman was no longer available to the citizens of Lake County, what would be the financial impact on the region?*

The results of this analysis suggest strongly that FHW represents one of the primary contributors to the economy of the local region. FHW adds **\$290 Million** to the **\$3.4 Billion** economy of Lake County. This means that FHW and its employees are responsible for **8.4%** of the total economic prowess of the Lake County region.

# THE FINANCIAL IMPACT OF FLORIDA HOSPITAL WATERMAN ON LAKE COUNTY

## INTRODUCTION

The purpose of this study is to quantify the financial impact of Florida Hospital Waterman (FHW) and the types of value-added services and resources it brings to the Lake County Region. The researchers shall present this information through an assessment of the contributions FHW offers as a major provider of health care services, as a large employer, as an important contributor to regional development through its many technology investments, and as a contributor to the quality of life of the region through the involvement of the organization and its team members in community services activities.

This research has been guided by the following hypothetical question: *If Florida Hospital Waterman was no longer available to the citizens of Lake County, what would be the financial impact on the region?* This project examined the activities of FHW's 200+ bed acute care hospital located in Tavares, Florida. The local market area includes the Lake County Region of Central Florida.

For purposes of this financial impact assessment, FHW's contributions and benefits to the Lake County Region shall be deemed to emanate from the following distinct categories:

1. Contributions as a *Health Care Provider*
2. Contributions as an *Employer*
3. Contributions through *Capital Investments*
4. Contributions through *Unreimbursed Treatment Costs*
5. Contributions through *Taxes Paid to Government Entities*
6. Contributions through *Employee Involvement in the Community*
7. Benefits associated with *Non-Billed Services and In-Kind Donations*
8. Benefits associated with *Faith-Based Care*



These categories of contributions and benefits are distinct, yet they often overlap. This interrelatedness both increases and enhances the financial impact that FHW has exerted on Lake County's economy.

A financial impact assessment involves the concept that one individual dollar is ultimately worth more than \$1.00 as it makes its way from one set of hands to another during its journey through an economy. In other words, most new dollars added by FHW to the local community must be increased by a *multiplier* or *factor* if one is to accurately determine the ultimate value of adding a single new dollar to the economy. This research project will utilize several different well established multipliers and factors to calculate the financial value of FHW to the Lake County Region.

The timeliness and importance of this financial impact study are indicated by the following factors (information was derived from FHW's website, FHW documents, the *American Hospital Directory* website, and *U.S. News and World Report*):

- FHW has historically provided a significant amount of both funded and uncompensated care to the patient populations in its service markets.
- FHW administration seeks to understand the positive financial impact it exerts on the local regional economy. According to its website, FHW "exists solely to improve and enhance the local community that we serve. . .The ways in which we measure the relevance of our mission and purpose are based on costs. . ." This financial impact analysis shall serve to re-affirm the service mission of FHW.
- FHW is a major provider of health care services to the diverse populations living in Lake County. This includes 14,841 uninsured patient visits and 53,544 patient days (resulting in 2011 total patient revenues of \$744.8 million).

- FHW offers a comprehensive array of community programs and health fairs, and this included 17 events alone during the month of February 2012, 17 events during March 2012, and an additional 13 events during the month of April 2012.
- FHW oversees the financial aspects of various community-oriented Philanthropic activities such as a Community Primary Health Clinic, a Family Crisis Fund, and a Missions Fund. Each of these activities provides for the welfare and serves the on-going needs of FHW's community of service.
- With 204 hospital beds available in 2011 to the residents of Lake County, FHW accounts for approximately one-third of all acute care hospital beds in Lake County. By early 2012, the numbers of beds had been increased to 209, with available beds projected to be 269 by the end of 2012. The increase in beds shall increase the inpatient capacity of FHW by almost 29% ( $60 \div 209 = .287$ ). This, in turn, shall increase the financial footprint of FHW in Lake County by a significant amount.
- FHW offers in-kind donations of meeting space to approximately 20 health care support groups.
- FHW has been the annual recipient of approximately \$6 million from Lake County property owners to provide uncompensated health care services to the local patient population. FHW invested an additional \$20.4 million of hospital funds providing uncompensated and under-compensated care that was not recoverable from any third party source.
- The Industry Location Quotient (ILQ), a measure utilized prominently by the U.S. Department of Commerce that establishes the need for

additional capacity in various components of the U.S. economy, has recently rated the *Education and Health ILQ* for the Orlando Metropolitan Statistical Area, which includes Lake County, at 0.8 (Florida and Metro Forecast for 2012-2015, 2012). With a measure of 1.0 representing fully realized services, the ILQ for the Orlando MSA shows a 20% capacity for present and future growth.

This measure provides a substantive view of the capacity for growth of new and expanded health facilities to meet the needs of area residents. Strengthening the credibility of this number is the fact that Lake County accounts for approximately 13% of the total population of the Orlando MSA region.

- It is also important to address the degree of concentration of hospitals in this area. The Herfindahl Hirschman Index (HHI) is an important measure of the degree of concentration of healthcare facilities (hospitals) in a given geographic region. The HHI calculation results in a concentration index of hospitals in a particular locale (also called market concentration).

The calculated index determines the degree of exposure of the hospitals in a particular market to potential anti-trust action by the Federal Government. The measure's indices are as follows: (a) a score of less than 1000 (or .10) = low concentration; (b) a score of 1000-1800 (or .10 to .18) = moderate concentration; (c) a score of greater than 1800 (or .18) = high concentration. It is important to note that, in America today, approximately 2% of urban markets are considered low concentration, 9% are moderate concentration, and 89% are high concentration markets and, therefore, are serious candidates for anti-trust intervention (Luke, Walston, and Plummer 2004).

The Herfindahl-Hirschman Index (HHI) calculation on behalf of FHW shows a total of 11 categories of hospitals comprising the Lake County Market. Ten of the categories each have an individual hospital. The remaining category consists of multiple hospitals from throughout the state of Florida. The indices for the hospitals follow. The variable calculated and measured for market share in each category is the number of discharges in each hospital during the 2011 fiscal year.

	<u>2011 DISCHARGES</u>	<u>2011 MARKET SHARE</u>	<u>HHI</u>
Florida Hospital Waterman	12,547	26.3%	.0691
Leesburg Regional Medical Center	10,876	22.8%	.0519
South Lake Hospital	6,210	13.0%	.0169
Villages Regional Hospital	4,110	8.6%	.0074
Florida Hospital Orlando	2,437	5.1%	.0026
LifeStream Behavioral Center	1,865	3.9%	.0015
Orlando Regional Medical Center	1,754	3.7%	.0014
Arnold Palmer Hospital	1,204	2.5%	.0006
Shands Hospital, University of Florida	703	1.5%	.0002
Florida Hospital Celebration Health	647	1.4%	.0002
<u>Other Hospitals</u>	<u>5,268</u>	<u>11.1%</u>	<u>.0123</u>
Lake County Total Discharges	47,621	100.0%	.1641

With an HHI of .1641, the Lake County Market would be categorized as a Moderate Concentration Market and therefore would not appear to be a likely candidate for anti-trust action, either at the state or national level. In other words, the level of competition in this market, using total discharges as the point of measurement, shows this to be a sufficiently competitive market, among the institutions that are admitting and discharging patients, to forestall the possibility of government anti-trust intervention.

Thus, FHW could reasonably expect that an addition of capacity

(licensed beds) and/or health services to the hospital would not substantively or adversely affect the competitiveness of the Lake County market.

Together, these multiple factors point to a need for Florida Hospital Waterman to understand its financial impact on the region so that their leadership team can develop viable strategic initiatives to appropriately inform the political establishment and citizens of the region how important it will be to maintain a viable healthcare facility in this part of Lake County. This, in turn, shall facilitate consistent decision-making that will further enhance the high-level of quality health care that the Lake County population has come to value and respect in terms of the services provided by FHW. Additionally, a fuller understanding of the significance of contributions of Florida Hospital Waterman among the political leadership of the Lake County Region shall afford sufficient factual leverage to underline the importance of (and to generate the additional financial support so desperately needed) for the human services provided by Florida Hospital Waterman to those who are unable to afford or pay for services rendered.

### **Profile of The Lake County Region**

Lake County, Florida offers its residents 938.4 square miles of a mostly rural living environment (please see Exhibit 1). With 1,400 lakes for fishing and watersports, and located just 90 minutes from the East Coast beaches, the West Coast beaches, and the world-famous Orlando-area attractions, Lake County has experienced a 41.1% population increase from 2000-2010 (U.S. Census). According to the most recent Federal Census Data, this was double the average growth rate of the surrounding counties of Orange, Seminole, Volusia, and Marion Counties (*Lake County Commercial Real Estate, 2012*). The economy of Lake County is expected to continue improving throughout 2012. By year end, Lake County unemployment is expected to drop to 8.8 percent vs. 11.0% for the state of Florida. In addition, Lake County home values are expected to increase by 2.5%, while Florida home values are expected to remain somewhat flat.

The 2010 unemployment rate in Lake County was 10.9% as compared with a 9.1% unemployment figure for the United States as a whole (*Lake County Information, 2012*). A look back to March 2009 showed the monthly CFB projections of the *Economic Activity of Lake County* indicators falling for the 26<sup>th</sup> time during the 27 preceding months and it showed the economic numbers to be down 2.66% as compared to the preceding year. Thus, slightly more than three years later, the Lake County economy appears to be on the mend and on course for a full recovery from the ravaging effects of the 2008 recession on the Florida economy (*Orlando Sentinel, 2009*).

Exhibit 1 shows selected information about Lake County (figures are from 2010, unless noted otherwise). For example, Lake County has 117,544 households with a median household income of \$46,477 and a per capita income of \$25,323 (excluding employee benefits). Residents under 18 years of age equaled 20.8% of the total population, with another 24.2% of individuals 65 years and over. The number of businesses in Lake County equaled 26,755 (2007), with retail sales reaching \$3,441,893,000 in 2007. Persons residing in Lake County who were deemed to be below the poverty level amounted to 11.0% of the population.

Although each county in Central Florida (including Orange, Seminole, Osceola, and Lake) has unique characteristics with which their residents can readily identify, all still share at least one compelling characteristic: they all have a high level of uninsured residents (*Health Council of East Central Florida, 2007*), with more uninsured residents likely to be added as the regional economy continues to grow and includes the work and efforts of less-than-full-time employees.

Approximately 57% of the employed residents of Central Florida are covered by health insurance (*Rotarius, Liberman & Perez, 2012, p5*). This represents a substantial reduction from the number covered in 2002 when approximately 77% of the residents carried health insurance benefits (*Employee Benefit Research Institute, 2006*). This also signals the enormity of the challenge confronting all health care providers in that they

are expected to continue covering residents whether or not those seeking care have the ability to pay for the services they receive.

Statewide, the level of persons without healthcare insurance in Florida increased from 17.5% in 1998 to 19.2% in 1999 (*U.S. Census Bureau*) and, as of 2004, that number still included the same percentage (19.2%) of uninsured residents (*Rotarius, Liberman & Perez, 2012*). By 2009, that percentage had grown to 22.4% and it has remained at this high level since that time. Regarding Lake County residents under 65 years of age, during 1999, 18% were uninsured. That figure increased to 19% by 2004 (*Florida Health Insurance Studies, 2005*) and to 24% in 2005 (*Orange County Health Care Agency, 2005*).

The magnitude of the uninsured situation is fully realized when one learns that the state of Florida now approximates 18.8 million residents, representing a growth of almost 5 million people during just the last ten years. With Florida now poised to pass New York during the next five to seven years and become our nation's third largest state, behind California and Texas, the uninsured problem becomes very clear and painfully evident. The large number of uninsured residents in Central Florida continues to be affected by the unique characteristics of the service sector of the local economy.

The typically low wages of the service sector (i.e., attractions and hospitality), when coupled with the high number of part-time jobs, leaves a large proportion of employees without adequate health insurance coverage. This also contributes to a high turnover rate that affects the costs of continually training and addressing the needs of new recruits for the jobs (professional and menial) comprising the backbone of the tourist venues and the hotels that support them. This, as previously noted, directly impacts the needs of citizens of Lake County.

The largest communities in Lake County are Leesburg, Eustis, and Clermont. As previously noted, the 2010 population of Lake County was 297,052 residents and the projected 2020 population is 374,000 residents. The population density was 257.0 and

this accounted for 117,544 households with an average size of 2.53 residents per household. A total of 216,255 residents were age 25 or older. The educational achievement of Lake County showed 3.6% of the population (7,689 residents) with less than a ninth grade education; 9.0% (19,488 residents) with a 9th to 12th grade education and no diploma; 32.8% (70,957 residents) with a high school diploma or equivalency; 25.4% (54,951 residents) with some college and no degree; 7.4% (16,017 residents) with an Associate Degree; 14.1% (30,391 residents) with a Bachelor Degree; and 7.5% (16,222 residents) with a Graduate or Professional Degree.

The employment numbers by industry show that *Education & Health Services* comprise the second largest employment group in Lake County at 19% and is only surpassed by the group consisting of *Trade, Transportation, and Utilities* at 22.6%. The average annual wage for those in *Education & Health Services* is \$40,233 and this compares to an average annual income of \$32,219 for all 2010 industry classifications in Lake County. The largest non-government employer in Lake County in 2010 was Leesburg Regional Medical Center with 2,300 employees. Florida Hospital Waterman accounted for 1,639 total employees and was the fourth largest non-government employer in the County. LifeStream Behavioral Center, with 600 employees, is the seventh largest employer in the County.

With the ten largest non-government employers in Lake County having a total of 11,300 employees, the three healthcare providers, with more than 4,500 employees, account for almost 40% of the employment of this group and FHW alone (with 1,639 employees) accounts for 14.5% of the total. Thus the financial importance of FHW to the economy of Lake County is firmly imprinted with these numbers (*Florida County Report, 2012*).

From the consistency of state budget shortfalls, to the housing slump, to the ongoing threat of an expanded health insurance crisis, the health services industry faces a bevy of challenging issues in the years ahead. While tourism is wrestling with increased global competition, public transportation is realizing less gas tax revenue,



agriculture struggles with serious water management concerns, retail firms are grappling with cautious consumer spending, and healthcare organizations are saddled with an ever-increasing number of uninsured patients seeking services and with several categories of skilled-employee shortages (*Florida Trend, 2008*). All of this portends a continuance of challenging decisions to be made regarding the strategic initiatives to be undertaken by FHW's leadership; and many of those initiatives will be guided by the dollars available just to maintain existing programs at their current level of service availability.

### **Florida Hospital Waterman & The Lake County Region**

Founded in 1938, FHW has capably served its community for the last seven and one-half decades. From its humble beginnings at a local inn, FHW has now grown to become a major cornerstone of health care for Lake County's 297,000 residents (*2010 U.S. Census*). A 1992 merger with the Adventist Healthcare System opened up the local region to a worldwide network of state-of-the-art healthcare technology and programs, resulting in the first open heart surgery procedure being performed at FHW in November 2011. Lake County patients have reason to expect other healthcare "firsts" from FHW in the years to come.

Lake County's population includes 11.0% of individuals who are under the poverty level (2010 U.S. Census), along with 10.8% of individuals who are unemployed. In addition, 24.2% of Lake County residents are age 65 and over. This results in FHW providing a significant volume of uncompensated and under-compensated healthcare to its patient populations. While the mission statement of most health care organizations includes a provision indicating a desire to provide care to all those who seek services, regardless of one's ability to pay, it is important to consider the impact this free care has on an organization, as well as its residual impact on the community at large. As with all hospitals, FHW receives significantly reduced reimbursements for health care delivered to those unable to pay. Even with the influx of property tax revenues, FHW still invests a

significant amount of its own resources in both under-compensated and uncompensated care.

As noted earlier in the section titled *Profile of the Lake County Region*, FHW is a major health care provider and the 4<sup>th</sup>-largest non-government employer in Lake County. The combined salaries paid to their employees represent a major financial contribution to the local economy of Lake County. As with most health care employers, FHW employees are typically well paid and are offered comprehensive employee benefit packages (both of which are not universally offered by other employers in the local region). In addition, though independent physicians in the area may not be employed by FHW, the nature of the referral process (coupled with a high concentration of medical technology physically housed within FHW's patient service facilities) indicates that a majority of income generated by local medical specialists is likely produced within the confines of the FHW facilities.

Health care employees typically are actively involved in many community initiatives, from serving on the boards of local agencies, to offering information seminars on various health care topics, to serving on local PTA Boards, to coaching youth soccer leagues. In addition, many employees generously donate money and services as pledges and in-kind gifts to various local charitable organizations. This is reflected as personal contributions to a multitude of worthy causes through both payroll deductions and personal gifts.

Exhibit 2 shows selected characteristics of FHW's primary and secondary service areas. FHW identifies its proposed primary service area (PSA) using eight zip codes: 32726, 32736, 32757, 32776, 32778, 32784, 34748, and 34788. FHW indicates that this primary service area generates 75% of the hospital's patient volume.

The secondary service area (SSA) includes the following 13 zip code areas: 32159, 32162, 32702, 32735, 32767, 32798, 34705, 34715, 34731, 34736, 34737, 34756, and 34797. FHW states that its SSA generates the other 25% of the patient

volume. According to FHW, together, the primary and secondary service areas account for 100% of the hospital's patient volume.

The eight zip codes in the PSA include 386.8 square miles of land in three Florida counties of Lake, Orange, and Marion (please see Exhibit 2). Major cities in the PSA include Leesburg, Eustis, Mt. Dora, and Tavares. The population of these eight zip codes equals 149,587 individuals residing in 64,295 households. The 2010 weighted average income of each household is \$35,052.

The SSA's 13 zip codes are located within Lake, Sumter, Marion, and Orange counties, including the cities of Lady Lake, The Villages, Clermont, and Groveland. The SSA includes 135,380 individuals residing in 63,147 households spread throughout 406.1 square miles. The 2010 weighted average household income in the SSA is \$37,217.

### **Florida Hospital Waterman—Financial and Activity Indicators**

FHW had 204 beds in 2011 and operates as an acute care hospital, with tertiary care services addressing complex diagnoses largely related to heart disease and cancer treatment. To support its 204-bed facility, the hospital employs 1,639 individuals, representing 1,210 full time equivalent (FTE) employees. There are 172 Active Attending Physicians, 77 Provisional Medical Staff Members, and 15 Affiliate Medical Staff with no clinical privileges. Thirty-eight individual medical specialties are represented by physicians providing services at FHW.

Exhibit 3 presents selected financial information for the three-year period from 2009-2011. During this three-year period, FHW generated total gross revenue of more than \$2.1 Billion, net patient revenue of \$518 million, and net income of over \$58 million. FHW paid \$229 million in wages and benefits to its employees, plus another \$276 million in non-payroll expenses to local businesses and governments.

Exhibit 4 presents selected treatment activity for the same time period. Examined together, these two exhibits offer a snapshot of FHW that may assist in understanding the full impact that FHW brings to the Lake County Region.

For example, as shown on Exhibit 4, of the 53,746 patients served during 2011, 7,693 patients (or 14.3%;  $7,693 \div 53,746 = 14.3\%$ ) were uninsured. These uninsured patients accounted for 14,841 visits to the hospital. Based upon a three-year look-back period (2009 through 2011), of the 163,630 patients served, 24,235 patients (or 14.8%) were uninsured and this accounted for 45,289 uninsured patient visits. The inpatient volume of FHW during 2011 totaled 53,544 inpatient days of care and this translates to an average of 147 patients per day being served on inpatient status for an average 2011 occupancy rate of 72% (i.e.,  $53,544 \div 365 \text{ days} = 146.70 \div 204 \text{ beds} = 72\%$ ).

FHW also is an active participant in the provision of *pro bono* services to the community. Among the education services offered is “The Doctor Is in the House” education series offered free to the public and videotaped for LakeFront TV (the city of Leesburg television channel). Featured are physicians from the FHW medical staff. Another service is a Speakers Bureau that coordinates speakers for local and civic groups upon request. The Hospital hosts health fairs on-site up to three times a year and actively participates in more than 20 other community health fairs each year, offering complete health screenings and EKGs.

One of the most worthwhile programs is offered through the Florida Hospital Waterman Community Primary Care Clinic. This program serves as a medical home for more than 900 qualifying uninsured Lake County residents. Approximately 70 medical practitioners and support staff volunteer their expertise and donate their time to this important endeavor.

This brief exploration of both financial and activity variables shows clearly the footprint established by FHW in the Lake County marketplace.

### **Contents of this Report**

This research report continues with an examination of the research analysis methodology, which includes a brief discussion about the case study approach and the parameters of the study. This is followed by a complete assessment of Florida Hospital Waterman's (FHW's) multiple and distinct financial impact roles in Lake County. Finally, this report concludes with a presentation of the previously referenced exhibits that relate directly to the data presented and to the study's conclusions.

## **RESEARCH METHODOLOGY**

A financial impact analysis lends itself to employing a descriptive case study methodology. Descriptive case studies are particularly useful as tools for lending insight to the specific details of a particular program or service (*Veney and Arnold, 1998*). This approach has permitted the researchers to complete a thorough and structured assessment of FHW's potential role in the Lake County economy so that FHW's potential financial impact on the region could be observed, calculated, and documented.

Data for this project originated from a variety of sources, including the following resources: FHW documents and reports; federal, state, and local government statistics; and business and health care journals. In addition to the specific collected data, new variables were created through a re-coding of existing information. Finally, financial impact analyses are sensitive to economic, social and demographic principles. Consequently, relevant and established mathematical multipliers are employed so that an accurate, conservative, and realistic *multiplier effect* can be projected.

### **Study Parameters**

For purposes of this study, the researchers were asked to review Florida Hospital Waterman's 204-bed acute care hospital located in Tavares, Florida in Lake County. This project involves estimating the financial impact dollars that a hospital contributes to its local community. To place these financial impact dollars in perspective, they are compared to retail sales of the local community. As shown on Exhibit 1, retail sales for 2010 were \$3.4 billion for Lake County (*U.S. Census*).

### **The Multiplier Effect**

Theories of financial prowess involve several interrelated ideas, including supply and demand, opportunity cost, risk, and the merging of macro- and micro-perspectives. Another characteristic of this form of measurement is that one individual dollar is

ultimately worth more than 100 cents as it makes its way from one hand to another during its journey through and out of a defined market. In other words, each new dollar added to a community must be increased by a *multiplier effect* if one is to accurately determine the ultimate impact of adding a single new dollar to the economy of that community.

Several multipliers/factors are employed in this study, including: *Employment Multiplier*, *Income Multiplier*, *Output Multiplier*, *Construction Multiplier*, and *Employee Involvement Factor*. These multipliers/factors are show on Exhibit 5. The *Employment Multiplier* used in this study is 1.73, whereas the *Income Multiplier* used in this study is 1.48. The Output Multiplier is 1.10 and the Construction Multiplier is 1.41. Finally, the *Employee Involvement Factor* is \$1,147. These multipliers/factors are employed to determine the effect that FHW has on different financial measures. An explanation of each multiplier/factor is presented next.

An *Employment Multiplier* of 1.73 (*Center for Economic Development Research, 2005*) suggests that every 1,000 jobs in FHW generates and sustains an additional 730 jobs in the local community. This is a county-specific multiplier.

The *Income Multiplier* of 1.48 (*Center for Economic Development Research, 2005*) indicates that every \$1,000 in wages and benefits from new jobs created by FHW generates an additional \$480 in value in the community. This is a county-specific multiplier.

The *Output Multiplier* of 1.10 (*Center for Economic Development Research, 2005*) indicates that for every \$1,000 in hospital spending for goods, services, and payroll, an additional \$100 in value is generated in the community to accommodate the ripple effect. This is a county-specific multiplier.

The *Construction Multiplier* of 1.41 was developed by the research team based on an examination of the presumed financial effect that a new medical school should

will have on its local area. This multiplier implies that each \$1,000 investment in new facilities by FHW represents an additional \$410 in added-value throughout the local economy. This is a state-wide multiplier.

This construction multiplier of 1.41 likely results in a conservative estimate of the effect that FHW construction expenditures will have on the local community. According to Florida Hospital System sources, the cost of constructing Florida Hospital System's new Orlando main-campus hospital approximated \$350 per square foot. By comparison, the cost of building a generic medical school building is more likely about \$150 per square foot. This means that the Construction Multiplier of 1.41 likely under-estimates the total financial effect of building health care treatment facilities. This adds credence to the accuracy of these projections based on the conservative nature of the formula that was employed.

The *Employee Involvement Factor* of \$1,147 states that, on average, a hospital employee in Florida donates \$1,147 in personal contributions (either financial offerings or in-kind assistance such as volunteer hours) to worthwhile activities throughout the community. This \$1,147 figure was calculated based upon a previous scholarly research activity conducted by the researchers and their colleagues (*Rotarius, Liberman, et al., 2003*). This is a state-wide factor.

Although it is difficult to realistically separate these multipliers/factors from one another, the researchers have nonetheless attempted to do so. In reality, these distinct multipliers/factors are understandably related and their individual impact does indeed affect one another.

### **Industry Location Quotient (ILQ)**

As previously noted earlier in this report (in the section titled *INTRODUCTION*), the Industry Location Quotient (ILQ) represents a method of determining the current adequacy of resources invested in specific industries and services that are available to



a designated community. With a value of 1.0 serving as the standard measure of adequacy of available services, an ILQ of less than 1.0 represents a predicted need for additional services. An ILQ of greater than 1.0 represents a surplus of available capacity to meet the needs of a community. The ILQ for the pre-defined “industry” of *Education & Health Services* in Orange County, as presented by the U.S. Department of Commerce, presently stands at 0.8 (*Florida & Metro Forecast for 2012-2015, 2012*).

Since Lake County is designated as an integral part of the Orlando MSA, the ILQ is meant to apply to Orange, Osceola, Seminole and Lake County as a unit of measurement. Thus, the ILQ value of 0.8 suggests strongly that the capacity for educational and health care resources growth would be 0.2, or 20%, in order to meet the growing demand for services in this region.

As previously noted in the *INTRODUCTION*, the credibility of the projections in this analysis is enhanced by the confluence of support data provided by the calculated Industry Location Quotient (ILQ) for Orlando’s MSA, which stands at 0.8, and the population percentage of Lake County which stands at approximately 13% of the total population of the region. With an education and health capacity of 20% needed to bring this region up to a fully-served status (*ILQ estimate*), the development of the recently established open heart services and cancer treatment facilities points to the fulfillment of an established need in the region.

### **Herfindahl Hirschman Index (HHI)**

As also noted in the *INTRODUCTION*, the Herfindahl Hirschman Index (HHI) is an important measure of the degree of concentration of healthcare facilities (hospitals) in a given region. The HHI calculation results in a concentration index of hospitals in a particular locale (also called *market concentration*). The calculated index determines the degree of exposure of the hospitals in a particular market to potential anti-trust action by the Federal Government.

The measure's indices are as follows: (a) a score of less than 1000 (or .10) = low concentration; (b) a score of 1000-1800 (or .10 to .18) = moderate concentration; (c) a score of greater than 1800 (or .18) = high concentration. It is important to note that, in America today, approximately 2% of urban markets are considered low concentration, 9% are moderate concentration, and 89% are high concentration markets and therefore are serious candidates for anti-trust intervention. According to Luke, Walston, and Plummer (2004), in 2004 the Orlando market was the least competitive of all urban markets in America.

With the previously calculated HHI for Lake County (see the section entitled *INTRODUCTION*) currently standing at 0.1641, it seems quite apparent that the Lake County Market has a proper balance of available services from a variety of established healthcare resources and would not be considered as a candidate for government inspired anti-trust intervention.

### **Research Methodology Summary**

With these parameters and multipliers/factors in hand, the researchers began developing a composite sketch of the financial impact that is realized by the presence of Florida Hospital Waterman in Lake County. The results shall now be presented and this will be followed by a discussion that will outline the overall impact of FHW on the Lake County community.

## **FHW's FINANCIAL IMPACT ON THE COMMUNITY**

The following table shows the financial impact that FHW exerts on Lake County. As discussed earlier, FHW impacts the Lake County region in many different ways. Each of these unique contributions is shown below and is discussed in expanded detail in subsequent sections of the report.

Contributions as a <i>Health Care Provider</i>	\$ 125,050,665
Contributions as an <i>Employer</i>	\$ 127,783,441
Contributions through <i>Capital Investments</i>	\$ 9,530,793
Contributions through <i>Unreimbursed Treatment Costs</i>	\$ 22,686,207
Contributions through <i>Taxes Paid to Governments Entities</i>	\$ 2,271,182
Contributions through <i>Employee Involvement in the Community</i>	\$ 1,526,657
Benefits associated with <i>Non-Billed Services and In-Kind Donations</i>	\$ 1,027,770
Benefits associated with <i>Faith-Based Care</i>	<u>\$ 582,723</u>
FHW's Financial Impact on the Lake County Region	<u>\$ 290,459,438</u>
Total Retail Sales of Lake County (2007, U.S. Census Bureau)	<u>\$ 3.4 Billion*</u>
FHW's Percentage Contribution to the Central Florida Region	<u><b>8.4%</b></u>

\*Rounded—the actual number is \$3,441,893,000.

When FHW's financial impact numbers are combined with the FHW's current market share, which in 2011 was measured at 26.3% of Lake County hospital discharges (as shown in the *INTRODUCTION*), one can immediately appreciate and understand more fully the extent of the financial footprint of Florida Hospital Waterman in Lake County, Florida. FHW currently represents the largest provider of patient services to Lake County residents in terms of patient discharges and this represented more than one-fourth of the total number of discharges for 2011. Out of 47,621 patient discharges in Lake County, FHW logged 12,547 discharges while its nearest competitor accounted for 22.8%. Hence, the importance of assuring the continuing availability and funding of comprehensive hospital services to those citizens in need becomes a matter of significance and urgency to the funding sources for patient care for those without the monetary resources to pay for the services provided.

The discussion now turns to the detail behind FHW's specific contributions to the Lake County region as a hospital. This section identifies those types of community contributions that the typical hospital provides to its local market. Exhibit 3 shows various 2011 financial values for FHW that are used throughout this section of the report.

### **Contributions as a Health Care Provider**

These contributions to the Lake County region come from the generation of revenues and from the effects of spending in the local market. In other words, FHW delivers healthcare products and services to patients in the community, thus generating revenues. FHW also spends money purchasing goods and materials from local businesses.

Step 1: As shown on Exhibit 3, FHW had \$82.1 million in other expenses. These are expenses incurred by FHW for delivering healthcare to the community. These expenses (\$82,121,660) are compounded by the Output Multiplier (1.10) to arrive at FHW's contribution to the community as a result of purchasing goods and services from the local community. This value equals \$90,333,826.

Step 2: Exhibit 3 also shows that FHW had \$31.6 million in earnings before depreciation, interest, and taxes (EBDIT). This figure represents earnings that have not yet been disbursed by FHW. However, these dollars have a value to the community because the dollars will be spent at some point. To calculate FHW's contribution to the community as a result of disbursing its earnings, EBDIT (\$31,560,763) is multiplied by the Output Multiplier (1.10). This value equals \$34,716,839.

**Total Contributions as a Health Care Provider**: Together, these two values combine to produce FHW's contributions as a health care provider, which equals \$125,050,665.

### **Contributions as an Employer**

In 2011, FHW employed 1,639 employees resulting in 1,210 full-time equivalent (FTE) employees. FHW paid \$62.3 million in wages (see Exhibit 3) to its employees (average wage per FTE = \$51,459) who, in turn, purchased goods and services with their wages and in the local market, thus creating and sustaining non-FHW jobs in the community. In addition, FHW paid an additional \$16.1 million in benefits to these employees, with these benefit expenses also being spent in the local community, thus also creating and sustaining jobs in the community. FHW's benefit rate equals 25.8% (i.e., \$16.1 million in benefits ÷ \$62.3 million in wages = 25.8% benefit rate). Two different calculations are used to capture FHW's total contributions as an employer.

Step 1: First, the sum of wages and benefits (i.e., \$62,265,690 + \$16,054,988 = \$78,320,678) is multiplied by the Output Multiplier (1.10) to arrive at FHW's contribution to the community by virtue of employing individuals in the community. This value equals \$86,152,746.

Step 2: Next, to determine the community benefit of creating new jobs in the community from wages and benefits, the number of new non-FHW jobs needs to be

determined. This is done by applying an Employment Multiplier of 1.73 to the number of FHW FTEs (1,210). Since we are ascertaining the additional jobs, we use 0.73 as the multiplier. This results in 883 (i.e.,  $1,210 \times 0.73 = 883$ ) new jobs created and sustained outside of FHW by virtue of FHW employing individuals at FHW's facilities. To arrive at the community benefit of these non-FHW jobs, the number of sustainable jobs is multiplied by an average annual "wage and benefit" amount for all employees in the Central Florida region.

According to Exhibit 1, the average per capita income = \$25,323. To arrive at a "wages and benefits" amount, we factor in FHW's benefit rate of 25.8% (as explained earlier). This results in an average yearly "wages and benefit" amount for new jobs created in Lake County of \$31,856 (i.e.,  $\$25,323 \times 1.258 = \$31,856$ ). Multiplying the Lake County average 2010 "wage and benefit" (\$31,856) by the number of new, non-FHW sustainable jobs (883) results in a value of new payroll of \$28,128,848. This figure is then multiplied by the Income Multiplier of 1.48, which results in a contribution value of \$41,630,695.

**Total Contributions as an Employer:** Together, these two values combine to produce FHW's total contributions as an employer, which equals \$127,783,441.

### **Contributions through Capital Investments**

By any measure, FHW is a major investor in healthcare technology and facility expansion in the Lake County region having spent \$6.8 million in 2011. These capital expenditures are deemed necessary for FHW to continue to meet the healthcare needs of the community. To determine the financial impact to the local community of FHW's capital investments, the Construction Multiplier of 1.41 is multiplied by the capital expenditures (\$6,759,428). This value equals \$9,530,793.

### **Contributions through Unreimbursed Treatment Costs**

In addition, to the contributions as a health care provider, as an employer, and from capital expenditures, FHW realizes contributions emanating from the unreimbursed costs of treatment. For example, FHW generously provides steeply-discounted healthcare to underprivileged and elderly citizens. The financial contributions of FHW's unreimbursed treatment costs to the local community are explained next.

Step 1: Exhibit 1 shows that, in 2010, 24.2% of the population of Lake County was age 65 and over. Internal FHW documents show that, in 2011, FHW provided \$93,803,224 in Medicare services (net of contractual allowances). As is well documented, Medicare reimbursements are substantially below those of private insurance companies. As shown in FHW public documents, the total of unreimbursed Medicare costs (defined as a benefit to the elderly) is \$7,738,890.

Step 2: Exhibit 1 also indicates that, in 2010, 11.0% of the population of Lake County was classified as below the Federal poverty level. These individuals are typically classified as either Medicaid or charity care patients. During 2011, FHW provided a generous amount of charity care (which, per FHW internal documents, includes Medicaid write-offs and indigent charges). As shown in FHW public documents, the total costs of providing charity care are added to the shortfall between Medicaid reimbursements and the costs of treating Medicaid patients to arrive at a financial benefit to the underprivileged. This amounts to \$12,650,796.

Step 3: Exhibit 3 shows that FHW recorded a \$9,731,022 deduction from gross revenues for bad debt write-off during 2011. To approximate the cost of this provision for bad debt, it is assumed that bad debt would have the same proportion of charges-to-costs as does the category of charity care. According to internal FHW documents, total charity care charges equal \$43,629,878, while the costs of charity care equal \$10,296,651. Thus, 23.6% (i.e.,  $\$10,296,651 \div \$43,629,878 = 23.6\%$ ) represents the cost-to-charge ratio for charity care. Applying this percentage (23.6%) to the 2011 bad

debt charges of \$9,731,022 results in an estimated amount of bad debt costs of \$2,296,521.

**Total Contributions through Unreimbursed Treatment Costs:** The total contributions from unreimbursed treatment costs equal the sum of the uncollected costs of treatment for Medicare, Medicaid, charity, and self-pay patients. In financial impact studies, the amount of costs that were not reimbursed is not subject to a multiplier effect. However, these “lost collections” can be identified as a contribution to the community. Therefore, the total contributions from unreimbursed treatment costs are:

Value of Unreimbursed Medicare Costs	\$ 7,738,890
Value of Charity Care (at Cost) plus Unreimbursed Medicaid Costs	\$ 12,650,796
Value of Bad Debt at Cost	<u>\$ 2,296,521</u>

Total Contributions through Unreimbursed Treatment Costs \$ 22,686,207

**Contributions through Taxes Paid to Government Entities**

FHW pays various taxes that provide value to the community of service. These taxes include payments to the Patient Medical Assistance Trust Fund (PMATF) and local county property taxes.

PMATF taxes are calculated as a percentage of gross charges and are paid to the state of Florida. For 2011, FHW paid \$2.1 million to the PMATF program. FHW also paid slightly more than \$140,000 in property taxes.

In financial impact studies employing multipliers, payments for taxes and tax-like subsidies are not subject to the multiplier effect. Therefore, the raw numbers paid as taxes represent the financial impact to the local community.



**Total Contributions through Taxes Paid to Government Entities:** The total contributions from taxes paid to government entities are as follows:

Value of PMATF Taxes	\$ 2,130,993
Value of Property Taxes	<u>\$ 140,189</u>
Total Contributions from Taxes Paid	<u>\$ 2,271,182</u>

**Contributions through Employee Involvement in the Community**

It is noteworthy that FHW employees are heavily engaged in *pro bono* work that benefits, to a great extent, the organizations ministering to the human services needs in the local Lake County market area. A 2002 study by the researchers identified an enormous array of programs (for example, serving as a volunteer on a community board or perhaps coaching a youth soccer team) that benefited from the voluntary services provided by Florida Hospital System personnel. Those employees performed *pro bono* activities without any expectation of being paid for their time and effort.

FHW employees are also actively involved in providing payroll deductions to worthwhile causes. According to internal FHW documents, during 2011, FHW employees had \$65,692 in charitable contributions deducted from their paychecks, including \$62,087 earmarked for the Florida Hospital Waterman Foundation. To approximate the total value of FHW's employee involvement (via both in-kind support and direct payroll deduction) in the community, the total number of FHW FTE employees (1,210) is multiplied by the *Employee Involvement Factor* of \$1,147. Then, multiplying this amount by the Output Multiplier (1.10) results in the projected financial impact of employee involvement of \$1,526,657.

### **Benefits Associated with Non-Billed Services and In-Kind Donations**

These programs and initiatives include such items as speaking engagements, providing meeting rooms for worthy causes and organizations, health education promotion activities, health screenings, and in-kind donations.

According to FHW documents, costs are contained in two categories: (a) overall health and wellness and (b) donated square footage. In 2011, FHW spent \$824,521 on overall health and wellness activities (per public FHW documents). During the same time period, FHW's internal documents indicate that FHW donated 4,487 square feet of facility space for a blood bank, a gift shop, and other worthy causes. As calculated by FHW, this 4,487 square feet of donated office space has a market value of \$109,815.

Together, these two categories represent \$934,336 in investment in non-billed services and in-kind donations. To transform this amount into FHW's contribution to the local community, these organizational efforts are multiplied by the Output Multiplier (1.10). The resulting FHW community contribution equals \$1,027,770.

### **Benefits Associated with Faith-Based Care**

FHW is a faith-based healthcare provider. The concept of spirituality and believing in a higher purpose than life on earth drives many of the values and beliefs that permeate the organization. This holistic approach to health care represents a benefit to the community at large. Studies have shown that a person's religion and spirituality exert positive effects on morbidity and mortality (*Levin, 1994*). In addition, patients with high levels of religious involvement have been shown to be less likely to suffer from depression-related symptoms and disorders (*McCullough and Larson, 1999*).

As identified by public FHW reports, faith-based care expenses equaled \$529,748 for 2011. To compute FHW's contribution to the community of their faith-based approach to healthcare, this amount is adjusted by the Output Multiplier (1.10). Thus, the total contribution value is \$582,723.

## **CONCLUSION**

The value, in terms of enhancing the quality of life through expanded health care resources and providing services to all persons in need, regardless of ability to pay, indicates strongly that FHW exists both as a significant health services provider and a substantial financial resource to the Lake County community. FHW clearly enhances the quality of life and the economic development potential of this region.

This analysis has concerned itself with several broad financial impact contributions. As has been amply demonstrated through this analysis, FHW serves as a major contributor to the economy of Lake County. FHW's reach as a health services resource, as a teaching and learning organization, and through its extensive array of medical services, represents an important asset in fostering future growth and development throughout the local region.

Discussions currently are underway regarding whether or not to continue the healthcare tax subsidy in Lake County for uncompensated services provided by FHW to patients in need of care. The researchers believe there are compelling reasons to continue the subsidy to FHW for care and treatment of uninsured self-pay patients. Lake County currently ranks 16<sup>th</sup> among Florida's 67 Counties for the overall health of its citizens. The morbidity numbers for its citizens indicate that 16% of Lake County's citizens are either in poor or fair physical health vs. a national benchmark of 10% of the population. Those citizens suffering from poor mental health approximate 3.5% of the population vs. a national benchmark of 2.3%.

In terms of the health factors affecting Lake County residents, the numbers are equally important: (a) 16% of Lake County residents are active smokers vs. a national benchmark of 14%; (b) 26% of Lake County residents suffer from obesity vs. a national benchmark of 25%; (c) 24% are physically inactive vs. a national benchmark of 21%; (d) 13% drink excessively vs. a national benchmark of 8% (County Health Rankings, 2012).

Perhaps of greatest significance and certainly the most compelling reason for sustained funding to pay part of the treatment costs of uninsured residents is the fact that the current rate of uninsured in Lake County approximates 24% of the resident population vs. a national benchmark of 11%. With almost one fourth of the resident population without health insurance coverage, the continuing and uninterrupted availability of health services to those in need would be severely compromised if the partial funding for this care through the \$6 million annual Lake County allocation were to be discontinued (statistics from County Health Rankings, 2012). Even with the June 28, 2012, Landmark Supreme Court Decision upholding key provisions of the *Patient Protection and Affordable Care Act* (PPACA) the loss of the Lake County Tax Authority Safety Net for uninsured Lake County residents would impose a significant hardship on the ability of FHW to sustain uncompensated services at their current level.

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**EXHIBITS**

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# Community Benefits



## 2011 Annual Report



**FLORIDA HOSPITAL**  
**WATERMAN**

*A Community of Health and Healing.*



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## President's Message



The 2011 stories of Florida Hospital Waterman's involvement in the community have been written in the lives of those who have come to the hospital for care. It has been the privilege of our committed and dedicated staff to serve our community.

*That's why we are here!*

In 2011 Florida Hospital Waterman saw the growing of a healthy lifestyle approach to wellness called "Creation Health." Our eight week series was promoted in our Clergy Conference and offered to the community twice here in the hospital. This scientifically based program teaches common sense principles that are easy to implement and can be customized for the individual. It is a motivational and inspirational approach to caring for our health that also has the vital element of support for those who need encouragement.

We expect great expansion of this service as the Donald and Audrey Conry Creation Health Center is opened in our atrium in 2012.



*Kenneth R. Mattison*

Our long planned-for and prayed-for dream of open heart surgery became a reality in 2011. We couldn't be more pleased. During the first two months of opening this service line, we had 25 open heart procedures. From screening colonoscopy, general surgery and joint replacement to the cutting edge cardiac surgery, Florida Hospital Waterman is actively meeting the surgical needs of our Lake County Community. We are excited that the dream of bringing neurosurgery to our campus is coming true in 2012.

Our Emergency Department received 49,643 patients in crisis in 2011. We saved countless lives by our emergency interventions. We have also improved the patient experience greatly by taking most of our patients directly to a bed, bypassing the waiting room. The 12 month average time from "Door to Doc" was 21.5 minutes. Our physicians and Emergency Medical Services have partnered with us to improve our processes, and our patients are pleased with the differences.

The focus on consistency in our "Always the Best" patient experience initiative has improved the inpatient stay. Through hourly rounding by nurses, leadership rounding, post-discharge phone calls and other accountabilities we are on an upward journey. In response to the high census volumes we experienced in 2011, the decision was made to build out the 6th floor to allow us to always give our best care. When the build out is complete in 2012, we will have an additional 60 patient beds.

Our stewardship commitment is to provide the best hospital possible for the present and the future. Hospital care is complex, dynamic and costly. We are re-investing for improvements today and we are saving for future growth and needs. We were able to meet an aggressive budget by good fiscal management and the community support of the North Lake County Hospital District tax proceeds. We are grateful to have thrived when so many hospitals are struggling and having to take drastic measures to survive.

Six hundred eighty-five Lake County babies took their first breath at FHW last year. We are pleased we were able to get them off to a good start in life and look forward to seeing them grow into healthy children and productive citizens to build a strong community.

In so many ways 2011 was a very good year! Lives were saved and enriched by the dedicated Florida Hospital Waterman commitment to mission. You, too, are caring for Lake County lives as you support the work we do here. For over 70 years there have been concerned community members who recognize the importance of quality healthcare and have lent their support in many different ways. We have come a long way since those early days and we are grateful to our community! It is a wonderful partnership. *Above all we are thankful to God for the opportunity to be a light reflecting His healing love in our community!*

Kenneth R. Mattison  
President and Chief Executive Officer





## Health Challenges in our Community

- Lake County's population has increased 38.7% since the 2000 census.
- Individuals over the age of 65 represent 24.2% of the population, compared to 17.3% statewide.
- Per capita income is 4-10% lower than Florida's average.
- The top five leading causes of death in the region: Cancer, Heart Disease, Chronic Lower Respiratory Diseases, Unintentional Injuries (accidents), and Stroke.
- A higher proportion of residents were diagnosed with diabetes than the state as a whole, and the onset of the diagnosis has accelerated since 2007.
- Lake County has 8.7% more obese individuals than the state as a whole.
- Medicaid is the largest payor source for avoidable ED visits. Avoidable ED visits have increased significantly, with a rising percentage reimbursed from Medicaid.
- The 2007 Census Bureau Small Area Health Insurance Study estimated 21.6% of the population is uninsured.
- The rate of total physicians per 100,000 residents is substantially lower in Lake County compared to the state.

*Source: WellFlorida Council's 2011 Community Health Needs Assessment*



Natasha, Quality Management

Jim, Pharmacy

Dottie, Wound and Hyperbaric Center

## Pillars of Health



As a Seventh-day Adventist healthcare facility, Florida Hospital Waterman's mission foundation is the strength of our organization. It is our mission commitment to extend healing today as Christ did centuries ago.

The benchmark is high! We want to promote the physical, emotional and spiritual healing of all in our community. Upon the strength of this base, our "Pillars of Health" rise – Team, Service, Clinical, Finance and Market.

- TEAM** ■ Engaging our employees and physicians around mission, vision and values
- SERVICE** ■ Enriching our patients' experience
- CLINICAL** ■ Elevating our patient safety and clinical excellence
- FINANCE** ■ Enhancing efficiency and being faithful stewards of our resources
- MARKET** ■ Expanding the market and extending our patients' continuum of care



*“As our community continues to grow, so do the healthcare options at Florida Hospital Waterman,” says Robert Purdon, M.D., Chief of the Medical Staff. “We’re implementing the most advanced technologies and have gathered the brightest talent to deliver a healthcare resource second to none. Today, we offer a continuum of care that allows our patients to get the very best in medical attention, while still being close to family and friends.”*

Florida Hospital Waterman’s commitment to providing exceptional medical care is only attainable with a compassionate and highly-skilled team that shares the organization’s mission.

- In addition to 281 physicians on our medical staff who provide 38 specialties, our healthcare professionals include RNs, LPNs and many other licensed therapists and technicians.
- Our auxiliaries, comprised of over 250 teen and adult volunteers, impact the overall patient experience through more than 53,000 dedicated hours of service each year. Significant financial support of more than \$4.1 million highlights this group’s support of our mission.
- With partners Lake Sumter Community College, Lake County Vo-Tech, the Florida Hospital College of Health Science and the University of Central Florida, we produce highly skilled and compassionate medical professionals who can care for our patients in the future.
- In 2011, employees donated more than \$43,249 through the “Caring and Sharing Fund,” an internal program that benefits employees in need.

- Each quarter, selected Florida Hospital Waterman nurses are recognized with the DAISY Award for Extraordinary Nursing because of the “super-human” efforts they perform every day.
- In 2011, we instituted a smoke-free hiring policy that screens job finalists for nicotine use. Tobacco users are not hired, but can reapply after six months.

We encourage a work environment that demands excellent service while fostering mutual respect, honesty, integrity, compassion and accountability amongst our physicians, staff, patients and visitors. Our efforts have gotten notice:

- In 2011, the Orlando Sentinel ranked Florida Hospital Waterman 13th in the region’s Top 100 Companies for Working Families and awarded us the “Cutting Edge Award” for offering unique and unconventional benefits to our employees—specifically, a food bank that helps dozens of hospital employees and their families.





*"I have walked through the corridors of this hospital for nearly 40 years – not as a patient, but as a pastor and chaplain. In February 2011, without warning or symptoms, after a routine colonoscopy, I was diagnosed with colon cancer. During my surgery and subsequent months of chemotherapy, I received amazing physical, spiritual, and emotional care from the medical professionals, staff, and administration of Florida Hospital Waterman. Thank you for blessing me as both pastor and patient...and friend!"*

~ John Schneck



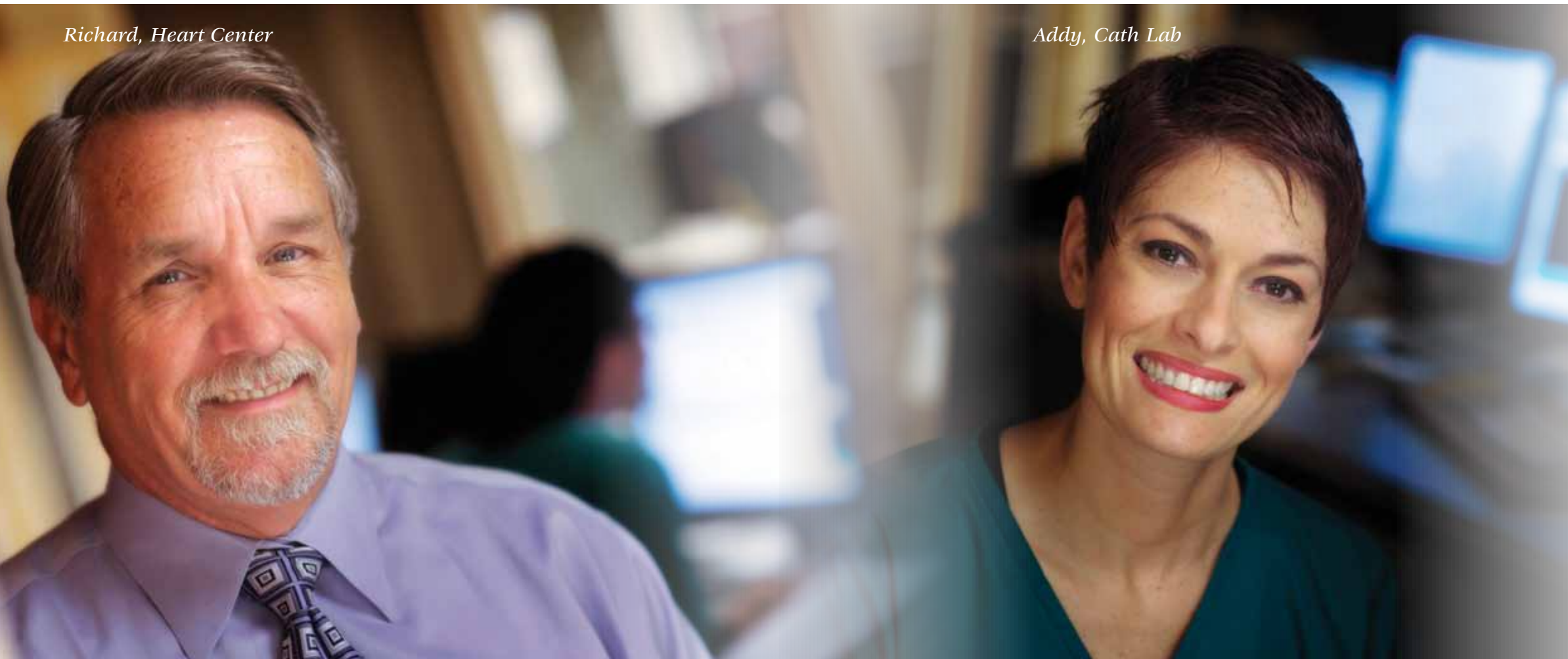
## The Power of Interaction: Enhancing the Patient Experience

A hospital is a full-service organization where patients and their families not only expect the best in medical care but also good food, clean facilities and an appealing, patient-friendly environment.

Florida Hospital Waterman is determined to give Lake County "Always the Best Patient Experience." We have begun a journey that will forever change the culture of our organization.

In 2011, we focused on recognizing positive behaviors, removing barriers, and reinforcing communication between patients, staff and managers. We concentrated on aligning processes and providing education and training to ensure that skills and tools were in place to make improvements, including:

- An internal recognition program for employees to express appreciation
- Leader rounding on staff
- Nurses hourly rounding on patients
- Nurse leaders supplemental rounding on patients
- Post-discharge telephone calls to patients
- Quarterly Leadership Development Institutes (LDIs) to develop and support great leaders
- Leader Evaluation Manager (LEM), an objective accountability system to track individual progress toward goals
- Interdepartmental surveys to foster open communication among leaders
- Organizational dashboard to record and track key success indicators



*Richard, Heart Center*

*Addy, Cath Lab*

## Advanced Care, Life Saving Treatment



The community entered a new chapter in heart care in 2011 with the availability of open heart surgery including coronary bypass and heart valve replacement and repair at the Florida Hospital Waterman Heart Center.

This substantial investment exemplifies our ongoing commitment to providing the best techniques and procedures that meet the area's medical needs.

### *Excellence in Heart Surgery*

Swift intervention and treatment are vital to saving lives. Cutting-edge technology and a team of highly-skilled and experienced physicians, nurses and technicians give many cardiac patients the opportunity to live longer, more productive lives.

- Florida Hospital Waterman's Heart team offers the unique option of off-pump, or "beating heart" surgery which involves slowing the heart muscle and allowing the heart to continue beating during the procedure to circulate blood and oxygen, thus reducing stroke risk, the need for blood transfusions and recovery time.
- FHW's cardiologists collaborate with support staff pre- and post-surgery to discuss each patient's status, progress, goals and plans for discharge. The contribution of each of the disciplines during the patient's hospitalization is integral to successful recovery.

The community has supported this extension of our heart program by a commitment to raise \$5 million by 2013 to help fund the Heart Center. In 2011, \$3.175 million was distributed to Florida Hospital Waterman from the Foundation's community of donors.





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### *Commitment to a Cure for Cancer*

In 2011, Florida Hospital Waterman Cancer Institute became an affiliate site to Mayo Clinic of Florida through enrollment as a member of the North Central Cancer Treatment Group (NCCTG). Mayo Clinic serves as a research base for NCCTG, providing expertise on clinical trial development, treatment and data analysis.

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Florida Hospital Waterman Cancer Institute also introduced a multidisciplinary Breast Clinic for the evaluation of all new breast cancer diagnoses. The Clinic provides a forum for specialists trained in the diagnosis and treatment of breast cancer to collaboratively review cases and reach consensus on the appropriate treatment plan for each patient. Each patient's comprehensive treatment plan is developed with input from a variety of medical perspectives, giving their care the endorsement of multiple experts.

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*“With a broken neck, stitches in my skull, black eyes, blue bruises and fading in and out of consciousness, I lay in my hospital bed. Determined physicians, caring nurses, expert imaging, and prayerful chaplains worked for my recovery from near death.*

*You should see me now! The music in my soul is coming out through my fingers on my guitar. I have been given a second chance at life and I am living it with renewed zeal, a deepened spirit and a grateful heart, thankful first to God and then to all those at Florida Hospital Waterman who worked so tirelessly to save me.” ~ Cee Jay Pedersen*

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### *Prescription for Patient Safety*

Florida Hospital Waterman joined the ranks of hospitals having a fully-integrated electronic medical records system in 2011.

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- With the launch of Computerized Physician Order Entry (CPOE), physicians place orders directly into the patient's electronic medical record, helping to reduce medical errors and speed up patient care. Published studies show CPOE reduces medication errors and saves hundreds of billions in annual costs.
  - Medication Positive Patient Identification (MPPID) uses bar code scanners to verify that the right medication and dosage is administered to patients. The system allows nurses to spend more time at the bedside, improves productivity and efficiency, reduces medical costs, and most importantly, improves patient safety.
- 

Because medical emergencies do not always happen between the hours of 9 a.m. and 5 p.m., the ICU at Florida Hospital Waterman is now staffed 24 hours a day, 365 days a year, with trained critical care specialists.

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*"I can never thank God enough for Florida Hospital Waterman! They literally saved my life. In 2009 I was diagnosed with an aggressive stage 3 breast cancer. I was self-employed and had no health insurance. God worked through FHW to provide for my every medical need and no words can express my gratitude for His healing blessings!" ~ Sandra Bentley*



## Extending a Lifeline to the Community we Serve

Florida Hospital Waterman exists solely to improve and enhance the local community we serve. Our services and outreach are available to the whole community. The ways in which we measure the relevance of our mission and purpose are based on costs. In 2011, these included:

- Benefit to the UNDERPRIVILEGED, through the cost of providing charity care and by supplementing the shortfall between what we receive in Medicaid reimbursements and the cost of providing such care: \$12,650,796 \*
- Benefit to the ELDERLY, as provided through governmental Medicare funding, by subsidizing the unreimbursed costs associated with this care: \$7,738,890
- Benefit to the COMMUNITY'S OVERALL HEALTH AND WELLNESS, through the cost of providing clinics and primary care services, health education and screenings, and in-kind donations: \$824,521
- Benefit to the FAITH-BASED AND SPIRITUAL NEEDS of the community, in accordance with our mission of Extending the Healing Ministry of Christ: \$529,748
- Benefit to the community in CAPITAL IMPROVEMENTS, to ensure that the facility and its technology provide the best possible care to the community: \$6,759,428
- TOTAL INVESTMENT by Florida Hospital Waterman to the Community: 28,503,383

\*Tax proceeds do not cover the COST of caring for underinsured and non-insured patients.



*“Our primary mission is clear: to provide quality healthcare to all in our community,” says Tom Werner, FHW Board Member and former Chief Executive Officer of Adventist Health System. “We must remain a fiscally viable enterprise to carry out our mission. Hospitals are unique in that we provide the services, but are not able to negotiate over half of our payments. Reductions in government payments, rising pharmacy costs, rising numbers of uninsured, and the medical liability crisis all remain challenges.”*



## Impact on the Local Economy

In 2011, FHW spent over \$6.7 million in capital improvements to ensure that the facility and its technology provide the best possible care to the community.

Over the past seven years, 75% of FHW's income from operations was reinvested back into capital improvements. The remainder has been used to repay debt or for future growth needs.

- FHW's 1,500 jobs create an additional 2,310 jobs in the community.\*
- Our payroll generates an additional \$99.1 million in income for non-hospital jobs in the community.\*
- Every \$1,000 of non-salary expenses for goods and services represents \$2,460 being spent in the local economy.\*
- Each \$1,000 investment in new facilities represents an additional \$410 in added-value throughout the local economy.\*

\*UCF financial impact study, 2002



*"It gives me great joy to be one of more than 10,000 donors who have contributed to the health of our community through the philanthropic support of the FHW Foundation." ~ Ann Rou*

"If a building becomes architecture, then it is art." We are proud that Soliant Health again recognized Florida Hospital Waterman in 2011 as one of the "20 Most Beautiful Hospitals" in the United States.

Beyond our beautiful campus, Florida Hospital Waterman maintains its commitment to being the healthcare provider of choice by consistently delivering exceptional medical care and customer service.

Consumer perception surveys conducted by the National Research Corporation (NRC), an organization committed to improving the quality of health care, show that our hard work is paying off.

- According to the NRC, Florida Hospital Waterman experienced strong growth in "Top of Mind" awareness in 2011.
- Florida Hospital Waterman is the hospital of choice for Cancer Treatment in Lake County and is perceived as providing the most personalized care in the community.
- We enjoyed a nearly five percent increase in Consumer Preference Combined Attributes which examines how a community perceives whether a hospital has the best doctors, best nurses, best overall quality and best image or reputation.

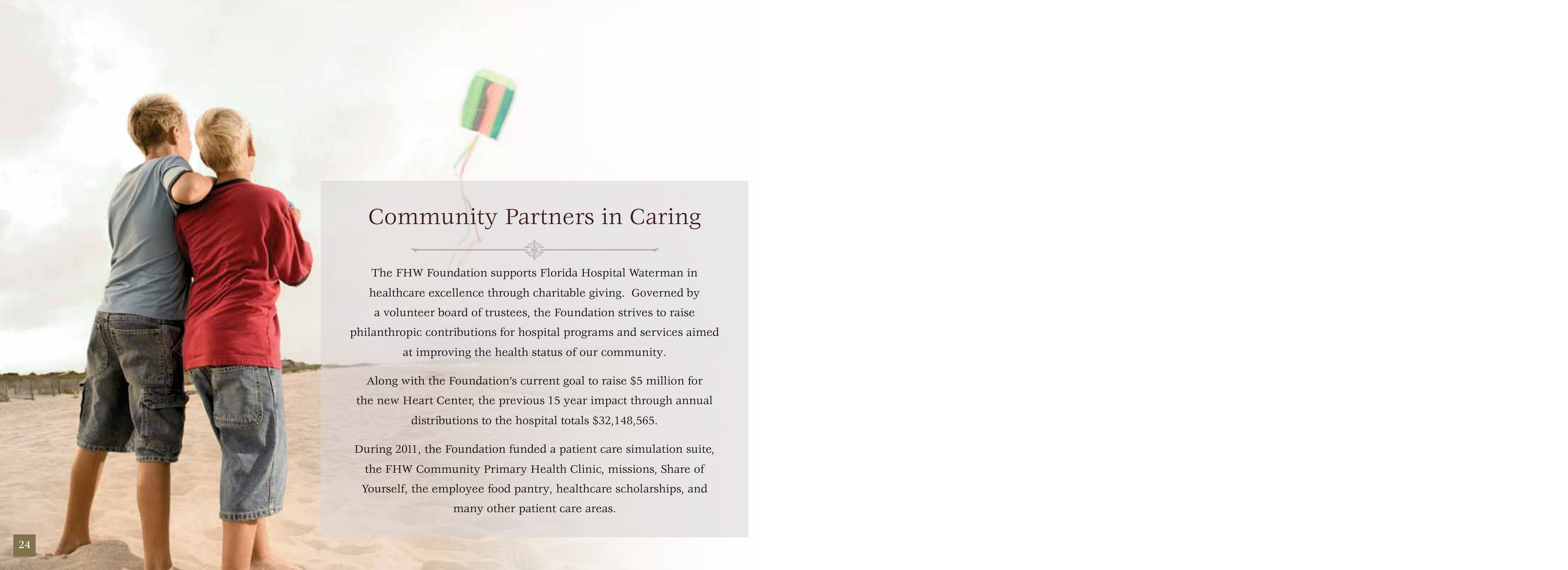
### *Corporate Citizenship*

Our services and outreach are available to the whole community and are not confined to our beautiful Tavares campus.

- The Florida Hospital Waterman Community Primary Health Clinic is the primary care medical home for more than 900 uninsured Lake County residents qualifying at 150% of the federal poverty level. More than 67 medical practitioners and support staff volunteer their expertise and time to this extraordinary service.
- In 2011, community partners augmented the financial impact of the clinic through support of more than \$250,000. This support allowed for expansion into serving patients who formerly utilized the Emergency Department as their only source of health care to now be a part of a medical home at the Clinic.
- Many FHW staff members use their professional healthcare and leadership abilities to serve on the boards of directors for a wide-variety of youth-oriented, medical, and faith-based organizations in the community. The hospital financially supports many charitable organizations with 2011 contributions topping \$30,000.
- Internally-coordinated service projects included collecting food items for the employee and community food banks, providing back packs and school supplies for Waterman employee children in need, and providing manpower support for a mission trip to Guatemala.



*Melissa, Community Primary Health Clinic*



## Community Partners in Caring

The FHW Foundation supports Florida Hospital Waterman in healthcare excellence through charitable giving. Governed by a volunteer board of trustees, the Foundation strives to raise philanthropic contributions for hospital programs and services aimed at improving the health status of our community.

Along with the Foundation's current goal to raise \$5 million for the new Heart Center, the previous 15 year impact through annual distributions to the hospital totals \$32,148,565.

During 2011, the Foundation funded a patient care simulation suite, the FHW Community Primary Health Clinic, missions, Share of Yourself, the employee food pantry, healthcare scholarships, and many other patient care areas.



**FLORIDA HOSPITAL**  
**WATERMAN**

*A Community of Health and Healing.*

1000 Waterman Way | Tavares, Florida 32778  
352.253.3333 | [www.fhwat.org](http://www.fhwat.org)

# Inpatient Market Demand Estimates

- The Medical market, as a whole, is expected to grow +2.9% in 2012E within the PSA, but decline -0.2% in 2013E. In the TSA, the Medical market is expected to grow +3.6% in 2012E and +0.8% in 2013E.
- The Urology market is expected to grow at a similar pace within the PSA and TSA in 2012E (+3.8% and +3.3%, respectively). However, this service line is expected to decline -0.8% within the PSA in 2013E and grow +0.5% within the TSA.
- The Gastro Medical and Ortho Medical markets are expected to grow much faster in the TSA than in the PSA. They are, however, outpacing the market in both service areas.

Medical Sub-Service Line	Primary Service Area				
	2011A	2012E	2013E	2011A-2012E Growth	2012E-2013E Growth
Breast Medical	61	62	62	+0.6%	+0.0%
Cardiology: Diagnostic Cath	477	489	487	+2.5%	-0.4%
Cardiology: General Cardiology	3,169	3,258	3,244	+2.8%	-0.4%
Endocrinology Medical	544	561	558	+3.2%	-0.7%
Gastro Medical	2,311	2,389	2,393	+3.4%	+0.2%
General Medicine	1,947	2,008	2,129	+3.2%	+6.0%
Gynecology Medical	29	30	30	+3.3%	-2.6%
Gyn-Oncology Medical	5	6	6	+4.2%	+1.4%
Hematology	411	423	309	+3.0%	-26.9%
Neonatology	287	297	304	+3.5%	+2.5%
Neurology: Headache and Seizure	313	324	329	+3.4%	+1.6%
Neurology: Movement Disorders	97	103	103	+5.9%	+0.0%
Neurology: Other Neurology	464	471	471	+1.6%	+0.0%
Neurology: Stroke TIA	649	669	676	+3.0%	+1.0%
Obstetrics	1,472	1,498	1,507	+1.8%	+0.6%
Ophthalmology	29	30	31	+0.6%	+4.8%
Ortho Medical	461	476	479	+3.1%	+0.8%
Otolaryngology Medical	219	227	229	+3.7%	+0.9%
Psychiatry	1,400	1,436	1,442	+2.6%	+0.4%
Pulmonary	2,533	2,600	2,649	+2.6%	+1.9%
Urology Medical	1,019	1,057	1,049	+3.8%	-0.8%
Uro-Oncology Medical	7	7	7	+5.3%	+2.6%
<b>Total Medical Discharges</b>	<b>17,905</b>	<b>18,421</b>	<b>18,389</b>	<b>+2.9%</b>	<b>-0.2%</b>

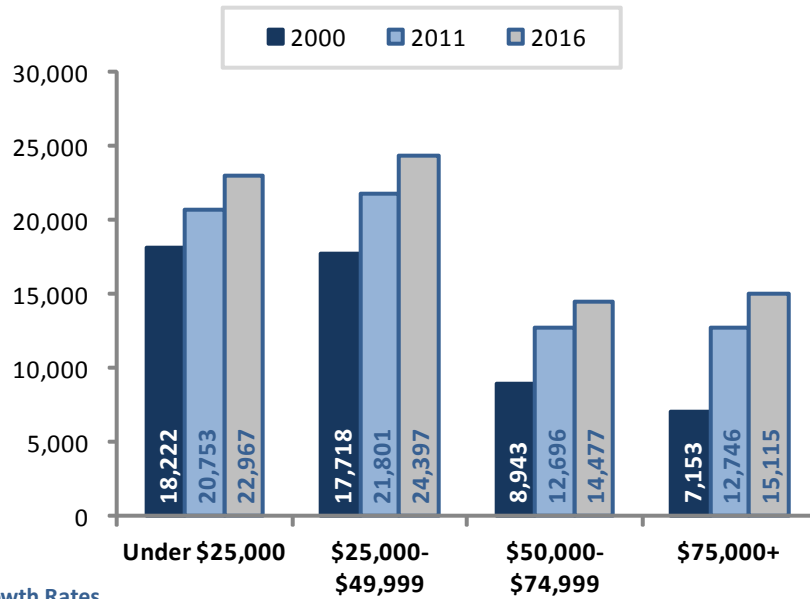
Medical Sub-Service Line	Target Service Area				
	2011A	2012E	2013E	2011A-2012E Growth	2012E-2013E Growth
Breast Medical	69	72	72	+4.4%	+0.0%
Cardiology: Diagnostic Cath	424	437	440	+3.1%	+0.7%
Cardiology: General Cardiology	2,599	2,696	2,708	+3.7%	+0.5%
Endocrinology Medical	412	422	424	+2.5%	+0.4%
Gastro Medical	2,263	2,353	2,385	+4.0%	+1.4%
General Medicine	1,473	1,523	1,648	+3.4%	+8.2%
Gynecology Medical	9	9	9	+0.3%	+0.0%
Gyn-Oncology Medical	21	22	23	+3.3%	+3.5%
Hematology	451	465	319	+3.1%	-31.4%
Neonatology	131	133	137	+1.4%	+3.2%
Neurology: Headache and Seizure	251	261	264	+4.0%	+1.3%
Neurology: Movement Disorders	105	111	112	+5.5%	+1.0%
Neurology: Other Neurology	384	399	410	+4.0%	+2.6%
Neurology: Stroke TIA	567	591	606	+4.3%	+2.6%
Obstetrics	773	793	810	+2.5%	+2.1%
Ophthalmology	32	32	32	+0.3%	+0.0%
Ortho Medical	417	437	444	+4.7%	+1.6%
Otolaryngology Medical	159	167	168	+5.3%	+0.5%
Psychiatry	777	795	795	+2.3%	+0.0%
Pulmonary	2,011	2,088	2,155	+3.9%	+3.2%
Urology Medical	889	919	924	+3.3%	+0.5%
Uro-Oncology Medical	16	17	17	+3.9%	+3.9%
<b>Total Medical Discharges</b>	<b>14,233</b>	<b>14,744</b>	<b>14,862</b>	<b>+3.6%</b>	<b>+0.8%</b>

# Household Counts and Income

## Primary Service Area

	2011	2016	Growth Rates	
			2011-2016	2011-2016 Annually
Household Count	67,996	76,956	13.2%	2.5%
Average HH Income	\$52,621	\$53,922	2.5%	0.5%

- Within the PSA, the Average HH Income is expected to grow +2.5% from 2011 to 2016 (up from \$52,621 to \$53,922).
- The fastest growing household segment is \$75,000+ with an estimated growth rate of +18.6% from 2011 to 2016.

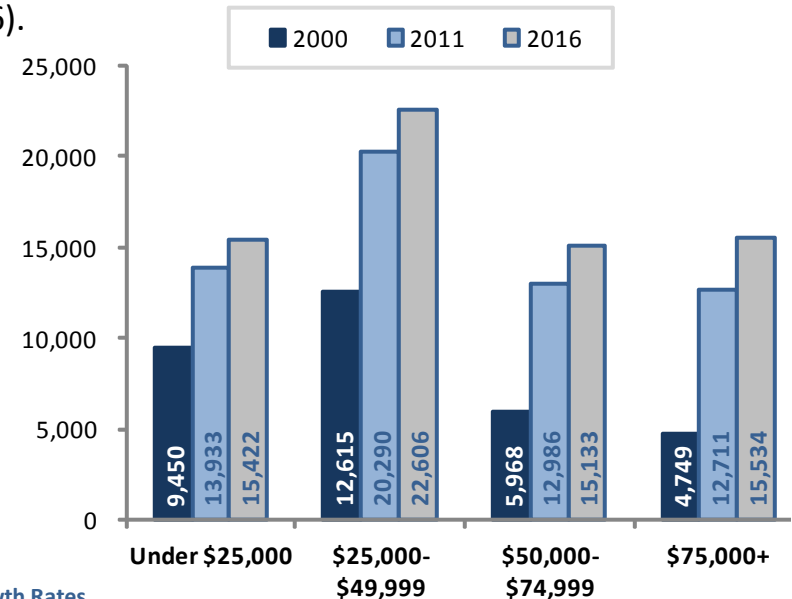


Growth Rates				
'00-'11	13.9%	23.0%	42.0%	78.2%
'11-'16	10.7%	11.9%	14.0%	18.6%
'00-'11 annually	1.2%	1.9%	3.2%	5.4%
'11-'16 annually	2.0%	2.3%	2.7%	3.5%

## Target Service Area

	2011	2016	Growth Rates	
			2011-2016	2011-2016 Annually
Household Count	59,920	68,695	14.6%	2.8%
Average HH Income	\$56,071	\$57,897	3.3%	0.6%

- The TSA Average HH Income is higher than that of the PSA (\$56,071 and \$52,621, respectively).
- Among TSA Households, the Average HH Income is expected to grow +3.3% from 2011 to 2016 (up from \$56,071 to \$57,897).
- As with the PSA, the TSA growth will be highest among the \$75,000+ income group (+22.2% growth from 2011 to 2016).



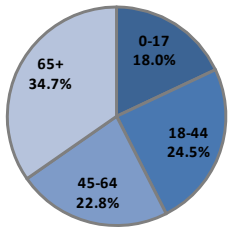
Growth Rates				
'00-'11	47.4%	60.8%	117.6%	167.7%
'11-'16	10.7%	11.4%	16.5%	22.2%
'00-'11 annually	3.6%	4.4%	7.3%	9.4%
'11-'16 annually	2.1%	2.2%	3.1%	4.1%



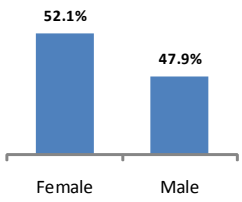
# FH Waterman Primary Service Area Demographics

- The largest age group in FH Waterman’s Primary Service Area and Target Service Area is Ages 65 and older (currently at 34.7% and 33.0%, respectively).
- FH Waterman’s PSA and TSA have a similar gender composition with females making up a slightly higher percentage than males (52.1% and 51.1%, respectively).
- The Hispanic Population is expected to grow +36.9% from 2011 to 2016 in the Primary Service Area and +35.8% in the Target Service Area.

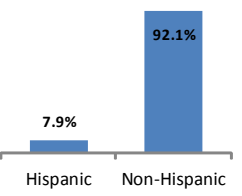
## Primary Service Area



Age Group	2011	% of 2011	2016	% of 2016	Growth 2011-2016	Annual Growth
0-17	28,624	18.0%	32,992	18.3%	15.3%	2.9%
18-44	39,005	24.5%	43,589	24.2%	11.8%	2.2%
45-64	36,333	22.8%	37,410	20.8%	3.0%	0.6%
65+	55,170	34.7%	65,828	36.6%	19.3%	3.6%



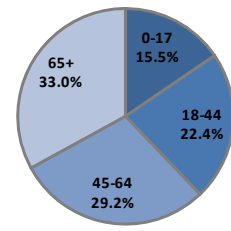
Gender	2011	% of 2011	2016	% of 2016	Growth 2011-2016	Annual Growth
Female	82,938	52.1%	93,548	52.0%	12.8%	2.4%
Male	76,194	47.9%	86,271	48.0%	13.2%	2.5%



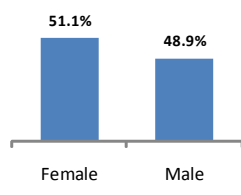
Ethnicity	2011	% of 2011	2016	% of 2016	Growth 2011-2016	Annual Growth
Hispanic	12,573	7.9%	17,214	9.6%	36.9%	6.5%
Non-Hispanic	146,559	92.1%	162,605	90.4%	10.9%	2.1%

<b>Total Population</b>	<b>159,132</b>		<b>179,819</b>		<b>13.0%</b>	<b>2.5%</b>
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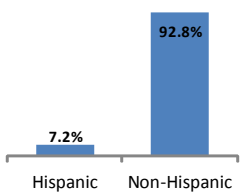
## Target Service Area



Age Group	2011	% of 2011	2016	% of 2016	Growth 2011-2016	Annual Growth
0-17	20,945	15.5%	24,437	15.6%	16.7%	3.1%
18-44	30,295	22.4%	34,285	21.8%	13.2%	2.5%
45-64	39,491	29.2%	42,722	27.2%	8.2%	1.6%
65+	44,610	33.0%	55,518	35.4%	24.5%	4.5%



Gender	2011	% of 2011	2016	% of 2016	Growth 2011-2016	Annual Growth
Female	69,171	51.1%	80,314	51.2%	16.1%	3.0%
Male	66,170	48.9%	76,648	48.8%	15.8%	3.0%



Ethnicity	2011	% of 2011	2016	% of 2016	Growth 2011-2016	Annual Growth
Hispanic	9,797	7.2%	13,305	8.5%	35.8%	6.3%
Non-Hispanic	125,544	92.8%	143,657	91.5%	14.4%	2.7%

<b>Total Population</b>	<b>135,341</b>		<b>156,962</b>		<b>16.0%</b>	<b>3.0%</b>
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Source: Thomson Reuters, FH Waterman Primary and Target Service Areas

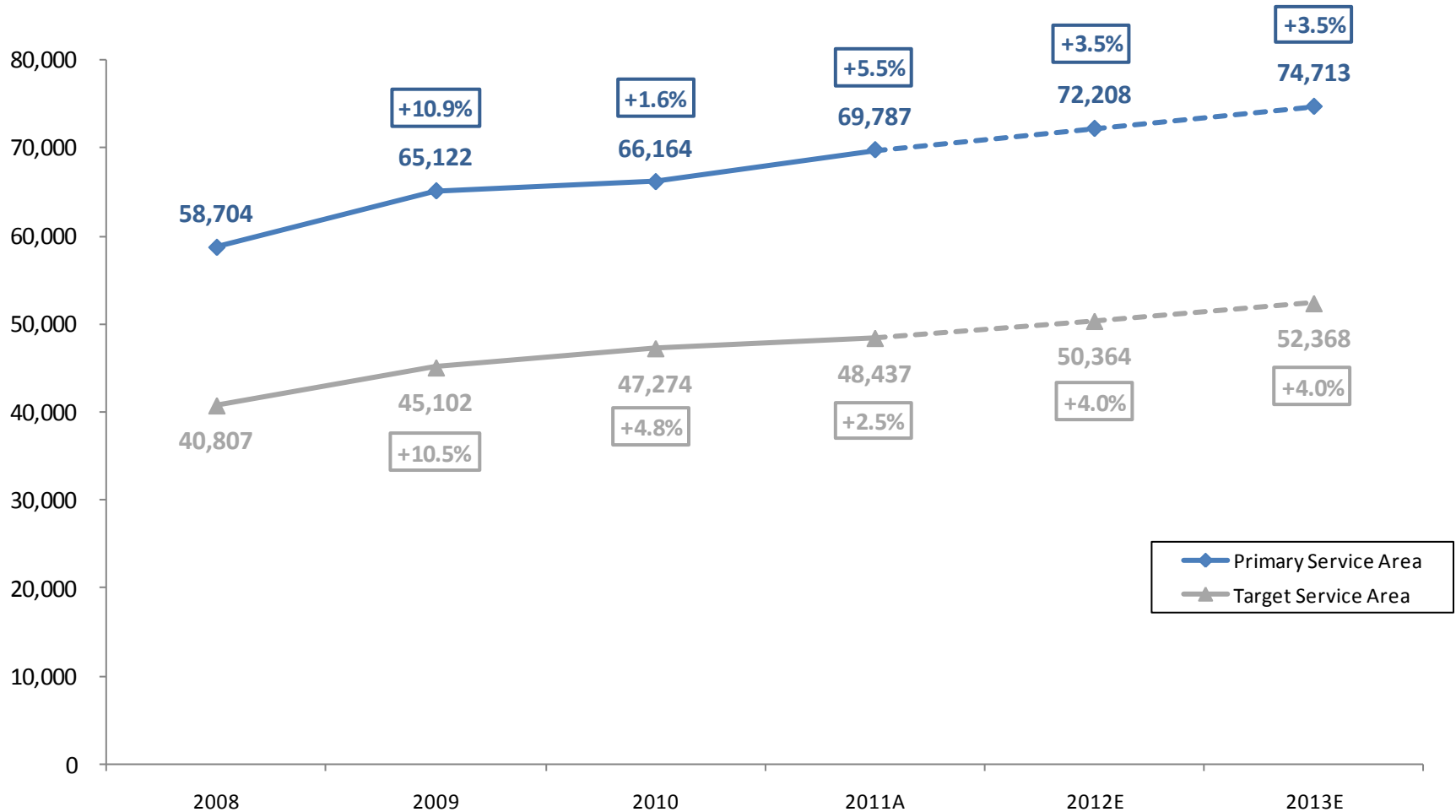
# Inpatient Market Demand Estimates

- The Surgical market is expected to grow +3.3% in 2012E within the PSA and +4.2% within the TSA. In 2013E, the TSA is expected to continue growing at a faster pace than the PSA (+2.8% and +1.3%, respectively).
- Within the PSA, the Open Heart market is projected to grow +3.5% in 2012E, but decline -1.0% in 2013E. In the TSA, the market is expected to grow +4.5% and +0.2%, respectively.
- Ortho Surgery and Gastro Surgery represent two of the largest markets. In 2013E, each service line is projected to grow considerably in the PSA (+1.7% and +1.9%, respectively) and in the TSA (+3.8% and +3.4%, respectively).

Surgical Sub-Service Line	Primary Service Area					Target Service Area				
	2011A	2012E	2013E	2011A-2012E Growth	2012E-2013E Growth	2011A	2012E	2013E	2011A-2012E Growth	2012E-2013E Growth
Breast Surgery	97	101	101	+3.4%	+0.0%	91	94	95	+4.2%	+0.9%
CVS: Carotid	156	162	163	+3.7%	+0.6%	179	185	191	+3.8%	+2.8%
CVS: Defibrillator	95	100	100	+5.2%	+0.0%	81	84	83	+3.1%	-0.9%
CVS: Interventional Cath	680	703	708	+3.4%	+0.7%	605	627	639	+3.6%	+1.9%
CVS: Open Heart	340	352	349	+3.5%	-1.0%	423	442	443	+4.5%	+0.2%
CVS: Other Vascular Surgery	252	259	261	+2.7%	+0.7%	181	188	189	+3.6%	+0.8%
CVS: Pacemaker	199	206	206	+3.9%	+0.0%	219	232	236	+6.0%	+1.9%
CVS: Thoracic Surgery	241	250	250	+3.6%	+0.0%	311	328	333	+5.7%	+1.3%
Endocrine Surgery	112	115	117	+2.3%	+1.7%	101	105	107	+3.6%	+2.3%
Gastro Surgery	1,157	1,188	1,208	+2.6%	+1.7%	1,032	1,076	1,117	+4.3%	+3.8%
General Surgery	503	518	521	+3.1%	+0.6%	424	444	451	+4.8%	+1.5%
Gynecology Surgery	184	190	193	+3.2%	+1.7%	200	207	214	+3.4%	+3.7%
Gyn-Oncology Surgery	121	126	128	+4.2%	+1.4%	97	101	104	+3.3%	+3.5%
NS: Craniotomy	115	118	121	+2.9%	+2.3%	119	123	129	+3.4%	+5.2%
NS: Other NS	35	35	35	+0.6%	+0.0%	37	38	38	+1.9%	+0.0%
NS: Spine	495	510	528	+3.1%	+3.5%	627	629	657	+0.3%	+4.5%
Ophthalmology	4	4	4	+0.6%	+0.0%	0	0	0	+3.6%	+0.0%
Ortho Surgery	1,603	1,660	1,692	+3.6%	+1.9%	2,047	2,054	2,123	+0.3%	+3.4%
Otolaryngology Surgery	37	38	39	+2.8%	+2.2%	37	39	41	+4.7%	+4.5%
Urology Surgery	125	130	132	+3.6%	+1.5%	153	165	173	+7.7%	+4.5%
Uro-Oncology Surgery	103	108	111	+5.3%	+2.6%	196	204	212	+3.9%	+3.9%
<b>Total Surgical Discharges</b>	<b>6,653</b>	<b>6,872</b>	<b>6,960</b>	<b>+3.3%</b>	<b>+1.3%</b>	<b>7,160</b>	<b>7,464</b>	<b>7,674</b>	<b>+4.2%</b>	<b>+2.8%</b>
<b>Total IP Discharges</b>	<b>24,559</b>	<b>25,295</b>	<b>25,359</b>	<b>+3.0%</b>	<b>+0.3%</b>	<b>21,393</b>	<b>22,206</b>	<b>22,530</b>	<b>+3.8%</b>	<b>+1.5%</b>
<b>Oncology (by ICD-9)</b>	<b>1,064</b>	<b>1,104</b>	<b>1,123</b>	<b>+3.7%</b>	<b>+1.8%</b>	<b>1,268</b>	<b>1,316</b>	<b>1,348</b>	<b>+3.8%</b>	<b>+2.4%</b>

# Trended Emergency Room Market Visits with Projections

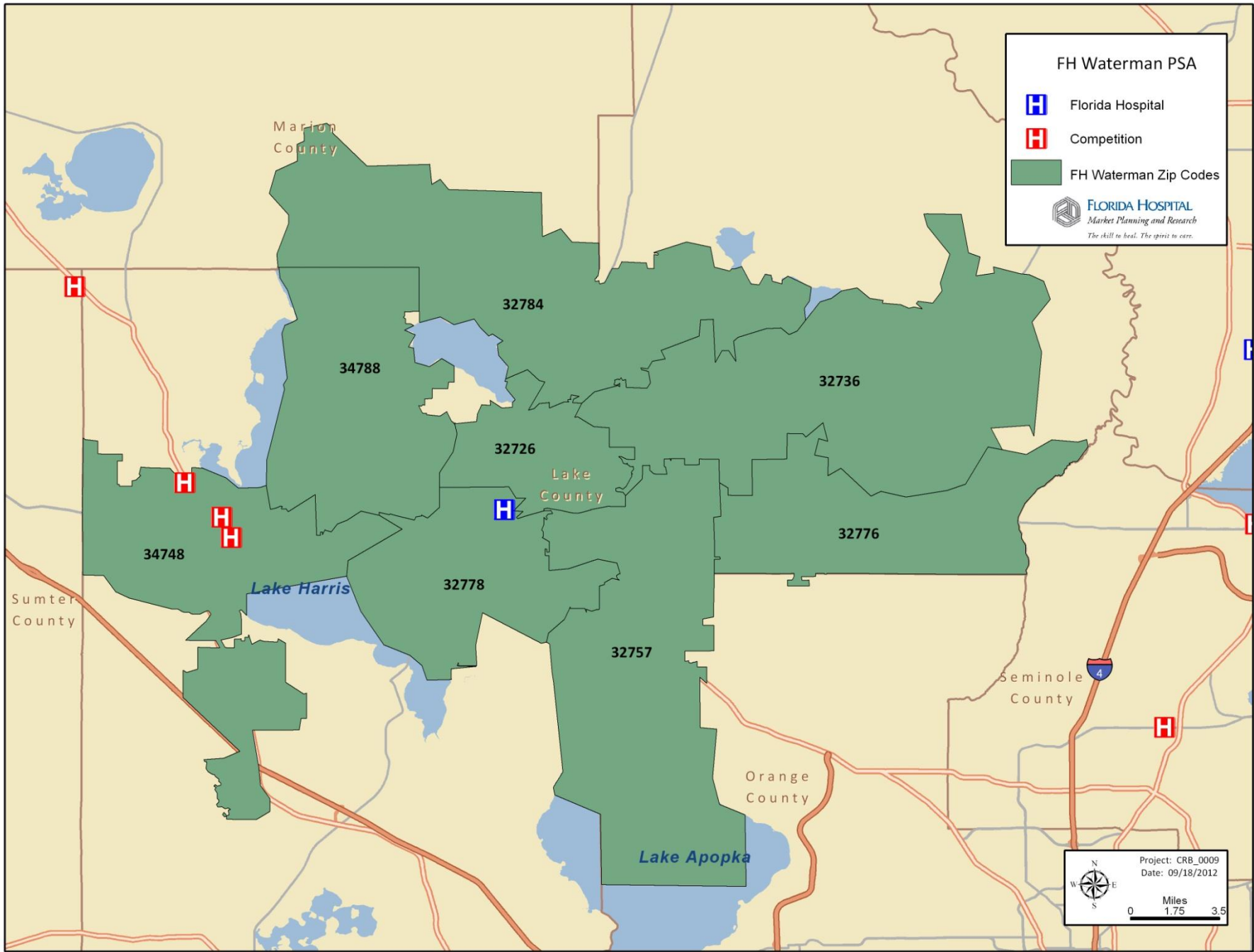
- FH Waterman’s PSA and TSA experienced substantial growth in 2009 (+10.9% and +10.5%, respectively), but slowed down considerably in 2010. In 2011A, the PSA grew +5.5%, while the TSA grew +2.5%.
- While the PSA is expected to grow at a rate of +3.5% in 2012E and 2013E, the TSA is expected to grow at a slightly faster pace (+4.0%).



# Outpatient Market Demand Estimates

- FH Waterman’s PSA and TSA are expected to see significant increases in demand for Radiation Oncology (+7.0% annually within the PSA, +7.8% annually in the TSA) and EMG (+5.5% annually within the PSA, +6.0% annually within the TSA).
- CT is expected to grow +4.7% from 2012 to 2013 in the PSA and +5.4% in the TSA.

	Primary Service Area		Target Service Area	
	2012-2013 Growth	5 Year Growth	2012-2013 Growth	5 Year Growth
Cardiac Cath	3.1%	21.4%	4.0%	24.6%
Colonoscopy	3.5%	27.4%	4.7%	31.2%
CT	4.7%	27.6%	5.4%	30.9%
DEXA	4.6%	22.1%	5.9%	27.2%
Echo	3.0%	22.1%	3.8%	25.0%
EEG	4.5%	32.8%	5.4%	33.9%
EKG	4.1%	25.3%	5.0%	29.4%
EMG	5.5%	38.0%	6.0%	38.4%
Endoscopy	2.7%	22.9%	3.4%	24.5%
Labs	4.5%	29.0%	5.6%	33.2%
Mammogram	2.6%	11.4%	3.6%	14.3%
MRI	3.6%	26.8%	4.3%	28.1%
OP Surgery	3.9%	24.2%	4.9%	29.3%
Other OP	5.3%	32.2%	6.3%	36.6%
PET	4.1%	24.6%	5.0%	29.6%
Physical Therapy	4.8%	33.0%	5.6%	35.0%
Radiation Oncology	7.0%	39.3%	7.8%	43.3%
Sleep	2.9%	18.9%	4.0%	23.7%
Stress Test	2.7%	19.5%	3.5%	22.8%
Ultrasound	3.8%	34.7%	4.8%	35.7%
X-ray	3.6%	25.2%	4.5%	29.0%



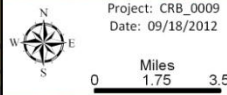
**FH Waterman PSA**

-  Florida Hospital
-  Competition
-  FH Waterman Zip Codes

 **FLORIDA HOSPITAL**  
Market Planning and Research  
*The skill to heal. The spirit to care.*

Project: CRB\_0009  
Date: 09/18/2012

Miles  
0 1.75 3.5





# LAKE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP

*A Community Health Needs Assessment  
Approach - Preliminary Results*

Jeff Feller

WellFlorida Council

November 10, 2011

## WELLFLORIDA – THE BASICS

- Formed and located in Gainesville since 1969 (result of federal mandates)
- Cited in Florida Statute 408.033
- One of 11 local health councils covering all 67 counties
- Prior to mid-1990s, primarily involved in healthcare facility regulation (CON)
- Became private, non-profit (501c-3) to address community needs
- Board of Directors appointed by County Commissions



## WELLFLORIDA'S MISSION

*To forge partnerships in planning, research and service that build healthier communities.*

We strive to achieve this mission by providing communities the insights, tools, programs and services necessary to meet their healthcare needs and to improve health outcomes.





# MAPP stands for:

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- Mobilizing – community engagement
- Action – implementation of a Health Improvement Plan
- Planning – built on strategic planning concepts
- Partnerships – the public's health is more than the concern of the health department





## MAPP IS:

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- **A community-wide strategic planning process** for improving public health.
- **A method to help communities prioritize** public health issues, identify resources for addressing them, and take action.



# MAPP OVERVIEW



# COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

- Technical Report Format (not a lot of narrative)
  - 125 data tables, 10 maps, technical report summary
- Data in key areas:
  - Demographics and Socioeconomics
  - Mortality and Morbidity
  - Behavioral Risk Factors
  - Health Care Access and Utilization
  - County Health Rankings and Life Expectancy



# CHSA - POPULATION

- Current estimates place the population of Lake County at 291,993 residents. This represents an increase of 38.7 percent since the 2000 Decennial Census. By 2015, growth projections estimate the population at 328,421 residents (Table 1).
- Lake County has a substantially higher percentage (82.0) of residents who self-identify as White compared to Florida as a whole (75.0).
- 12.1 percent of residents in Lake County are Hispanic or Latino. The Florida average is 22.5 percent (Table 4).
- Individuals who are over the age of 65 represent 24.2 percent of the Lake County population, which is notably higher than the state average of 17.3 percent (Table 5).



# CHSA - ECONOMIC CHARACTERISTICS

- Overall, it is estimated that 12.6 percent of Lake County's population lives at or below the poverty threshold, which is slightly lower than the state of Florida as a whole (15.0 percent).
- Child poverty in Lake County is at 21.1 percent, which is also slightly below Florida measures (Table 14).
- Lake County's income level indicators (median, average, and per capita incomes) are 4-10 percent lower than the state of Florida. The median, average, and per capita incomes for Lake County are \$47,622, \$58,374, and \$24,229 respectively (Table 26).
- Employment rates in Lake County tend to track with Florida, although unemployment at the county level exceeds the state in any given year. Lake County's average unemployment rate for 2010 was 12.0 percent in comparison to 11.5 percent for the state (Table 27).
- In Lake County, 62.1 percent of private business establishments are retail trade and service sector employers.



# CHSA – EDUCATIONAL ATTAINMENT

- In terms of education, 20.2 percent of the adult population in Lake County has less than a high school diploma, 57.3 percent has completed high school, and 22.5 percent has completed a college degree.
- While the percentage of high school graduates is higher than the Florida average (50.5 percent), fewer adults in Lake County have college degrees (Table 33).



# CHSA – MORTALITY INDICATORS

- The top five leading causes of death in Lake County are: 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Diseases (CLRD), 4) Unintentional Injuries, including motor vehicle accidents, and 5) Stroke. The leading causes of death for the state of Florida are similar; however, Cancer and Heart Disease are reversed. (Table 40).
- Mortality rates for the top 10 causes of death in Lake County are notably higher than the state. However, when adjusting for age, residents of Lake County fare better than the state as a whole. The overall age-adjusted mortality rate for Lake County is 654.2 per 100,000 while the state is 666.7 per 100,000. The majority of deaths that occurred in Lake County between 2007 and 2009 were attributable to chronic disease (Table 44).
- Between 2007 and 2009, Lake County had higher age-adjusted mortality rates than the state for Cancer, Unintentional Injury, Alzheimer's Disease and Stroke (though Stroke was negligible).





# CHSA – DISPARITIES

- More Black and Hispanic residents live below poverty level in Lake County than their White counterparts—31.7% Black, 7.4% White and 18.6% Hispanic (Tables 21, 22).
- Cancer, heart disease, and chronic lower respiratory disorders figured in the top five causes of deaths for Black, White and Hispanic residents but diabetes made it to the top five causes for Black residents only.
- Hypertension and HIV/AIDS are among unique top ten causes of deaths for Blacks; influenza and homicide are unique to the top ten causes of death among Hispanics; suicide and septicemia are unique to the top ten causes of death among Whites (Tables 41, 42, 43).
- During 2007-2009, the age-adjusted death rate (per 100,000) for stroke among Black residents was 55.0 as compared to 29.8 among White residents and 21.7 in Hispanic residents (Table 44). The disparity was also seen among age-adjusted death rates for diabetes — Black (54.8), White (17.6) and Hispanic (26.0); as well as nephritis— Black (16.5), White (8.0) and Hispanic (7.8).

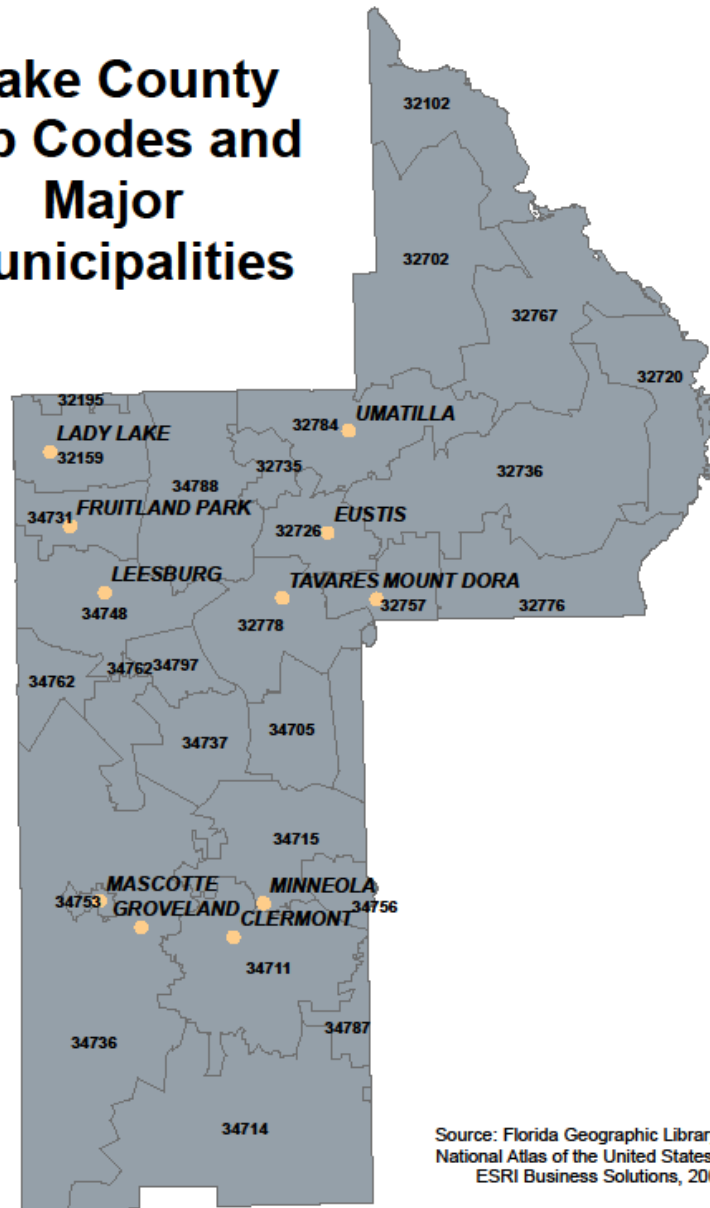


# CHSA – MORE DISPARITIES

- During 2007-2009, the age-adjusted death rate (per 100,000) for unintentional injuries among White residents was 57.2 compared to 29.4 among Black residents and 42.0 in Hispanic residents (Table 44). This disparity was also seen among age-adjusted death rates for Alzheimer's disease—White (23.7), Black (19.8), and Hispanic (13.1); influenza and pneumonia—White (8.2), Black (4.9), and Hispanic (5.2); as well as suicide—White (14.1), Black (4.4), and Hispanic (5.2).
- While the percentage of low birthweight babies in Lake County is below the state average, the racial disparity is evident with 11.8 percent of low birthweight babies in Black residents compared to 7.2 percent in White residents and 7.1 percent in Hispanic residents (Table 78).
- Higher percentage of Black and Hispanic mothers received late or no prenatal care (Table 82)—Black (6.9), White (3.6), and Hispanic (5.6).



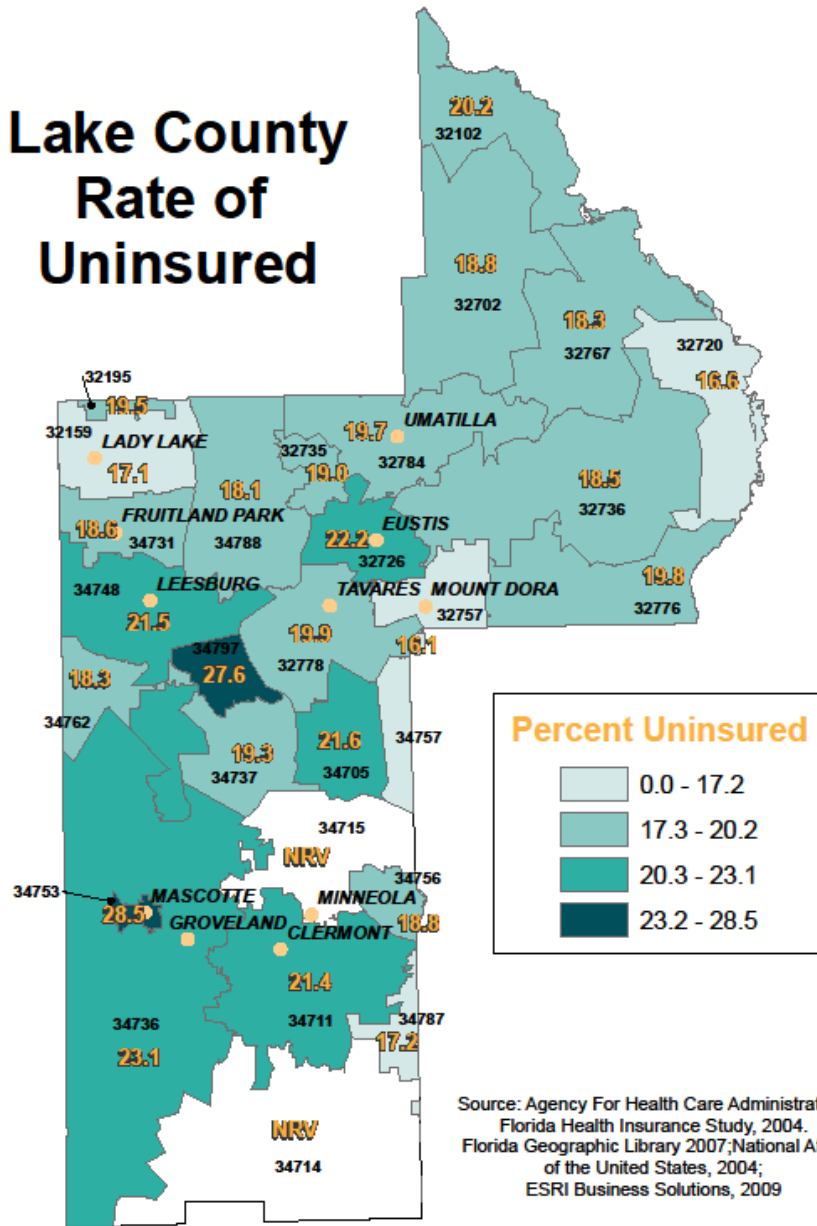
# Lake County Zip Codes and Major Municipalities



Source: Florida Geographic Library 2007;  
National Atlas of the United States, 2004;  
ESRI Business Solutions, 2009



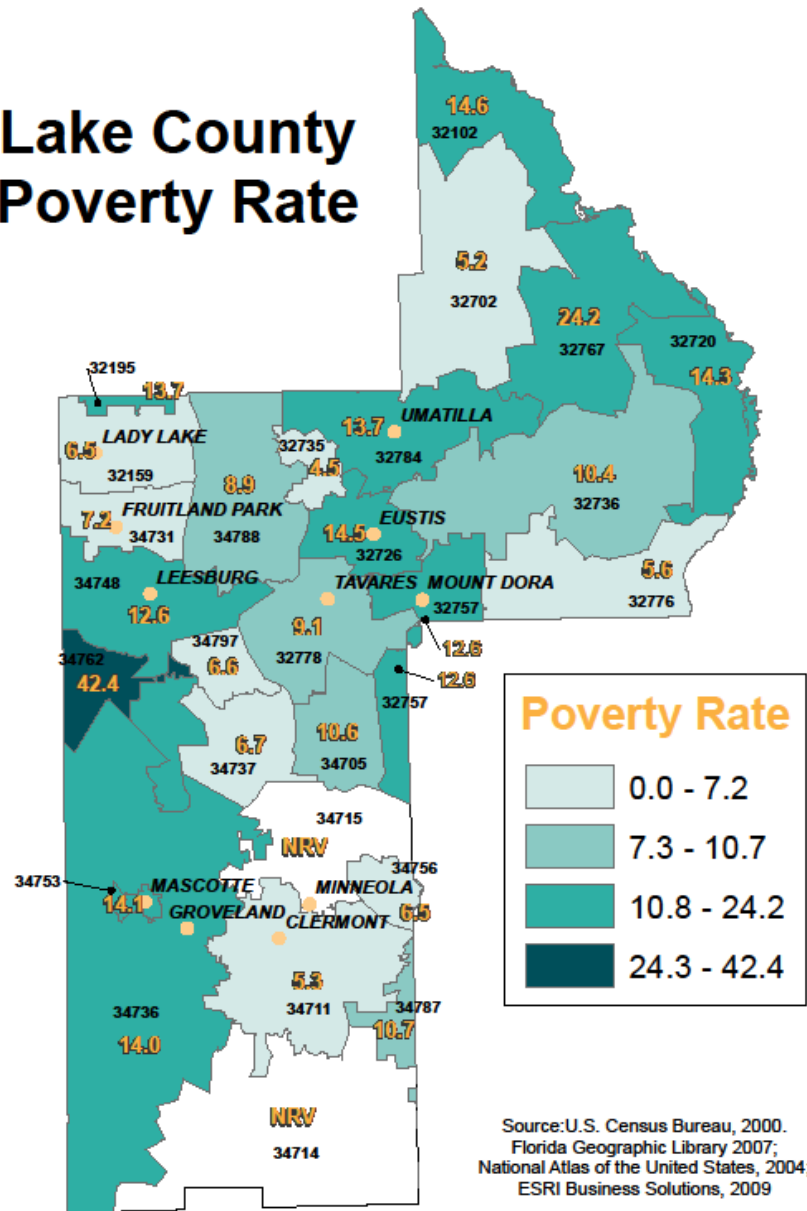
# Lake County Rate of Uninsured



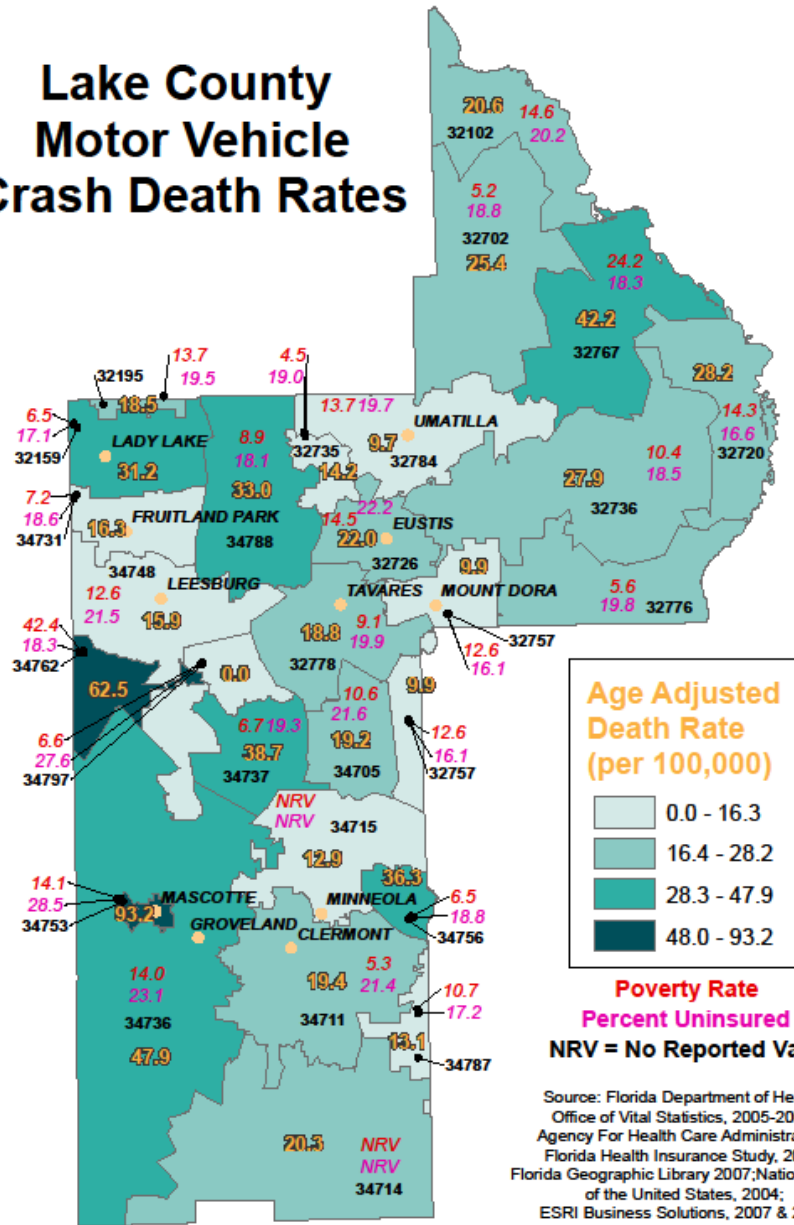
Source: Agency For Health Care Administration,  
Florida Health Insurance Study, 2004.  
Florida Geographic Library 2007; National Atlas  
of the United States, 2004;  
ESRI Business Solutions, 2009



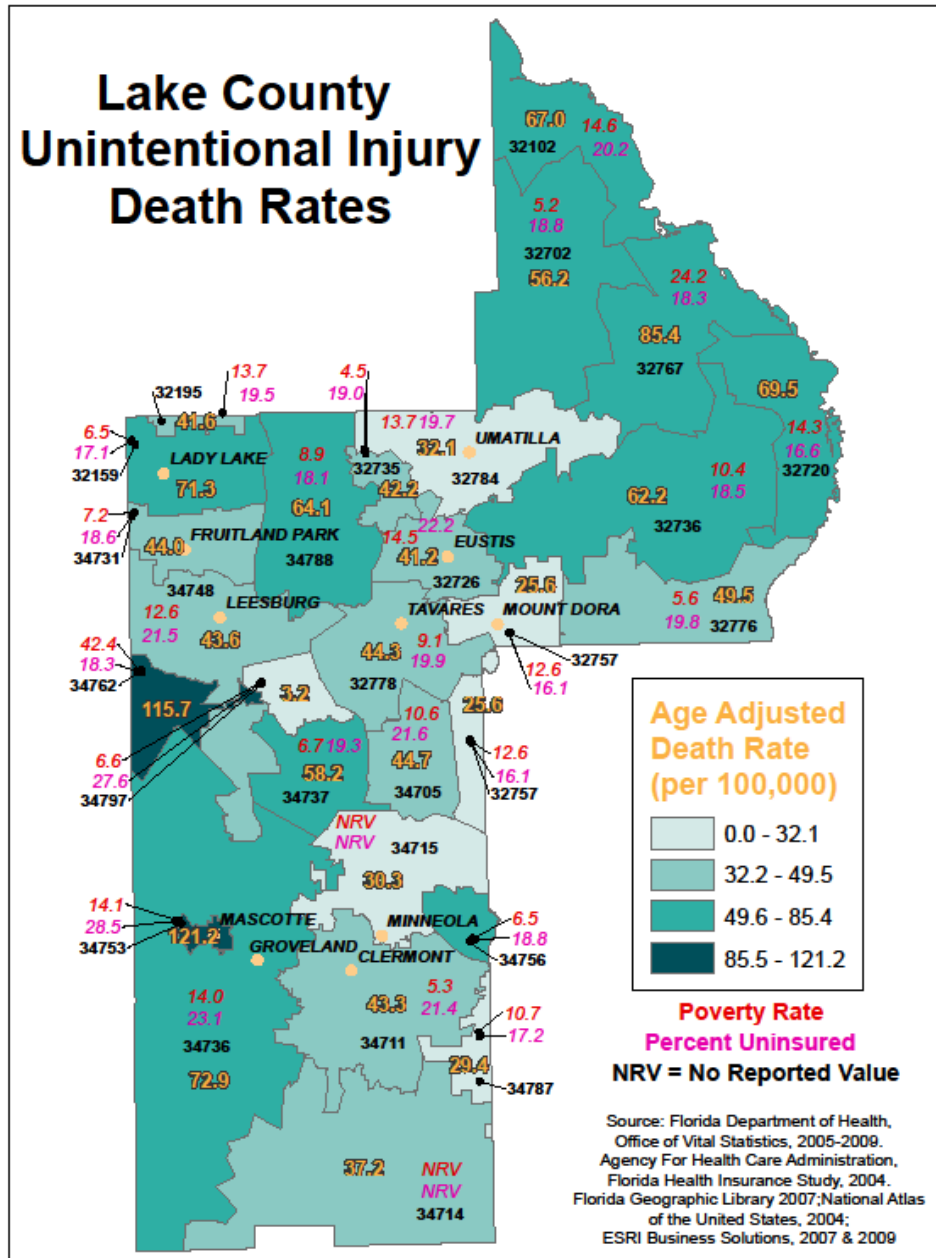
# Lake County Poverty Rate



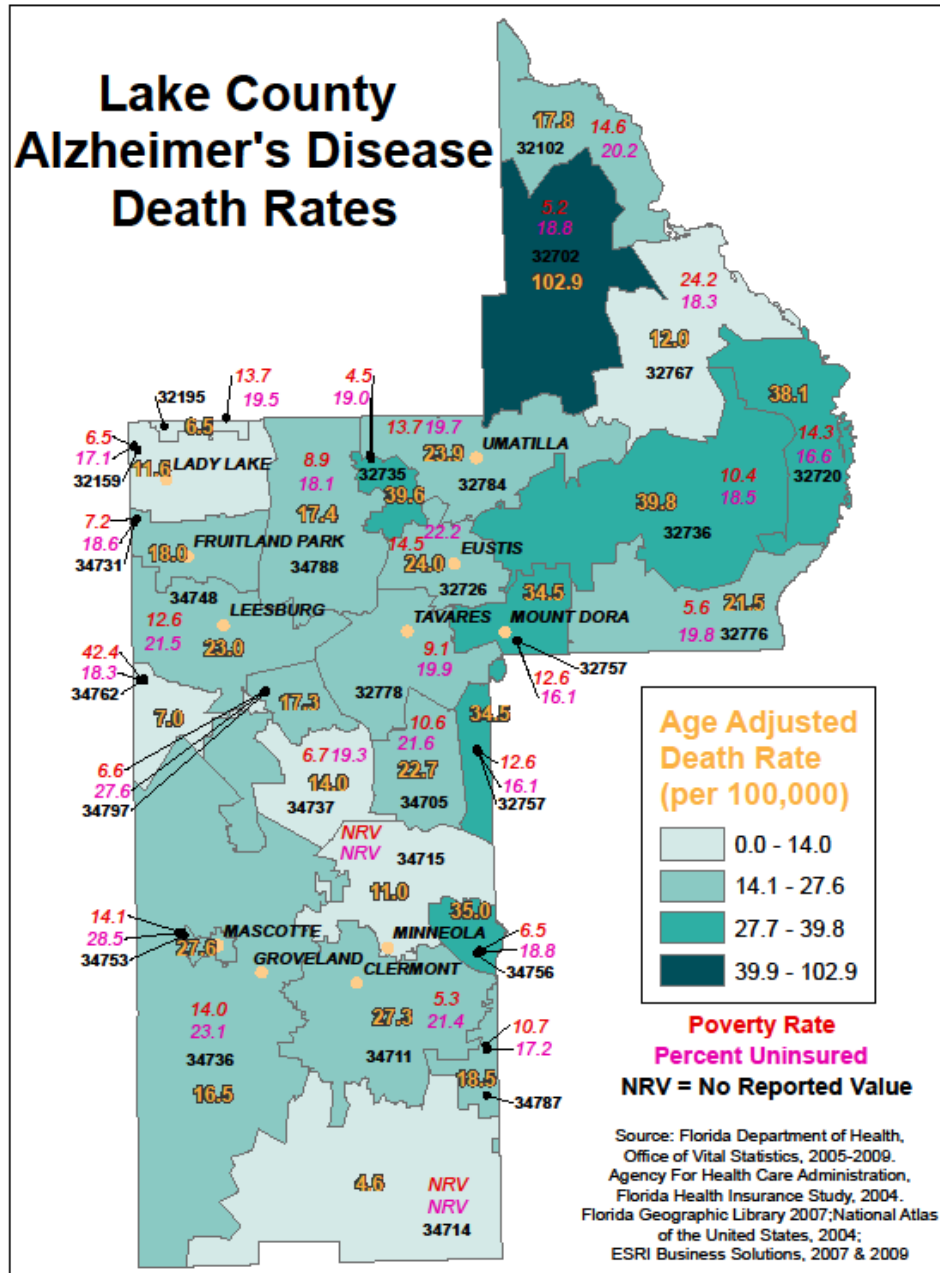
# Lake County Motor Vehicle Crash Death Rates



# Lake County Unintentional Injury Death Rates

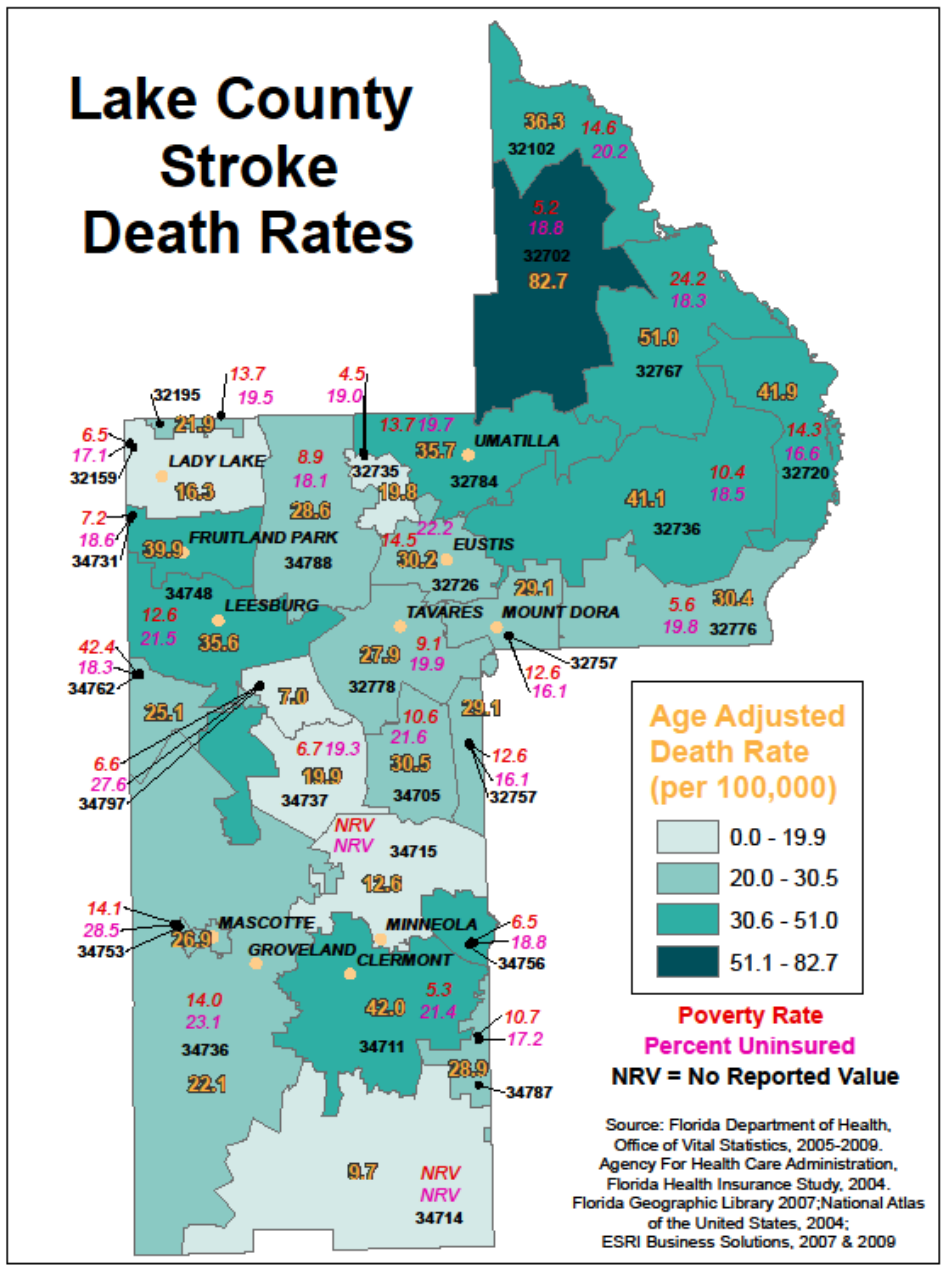


# Lake County Alzheimer's Disease Death Rates

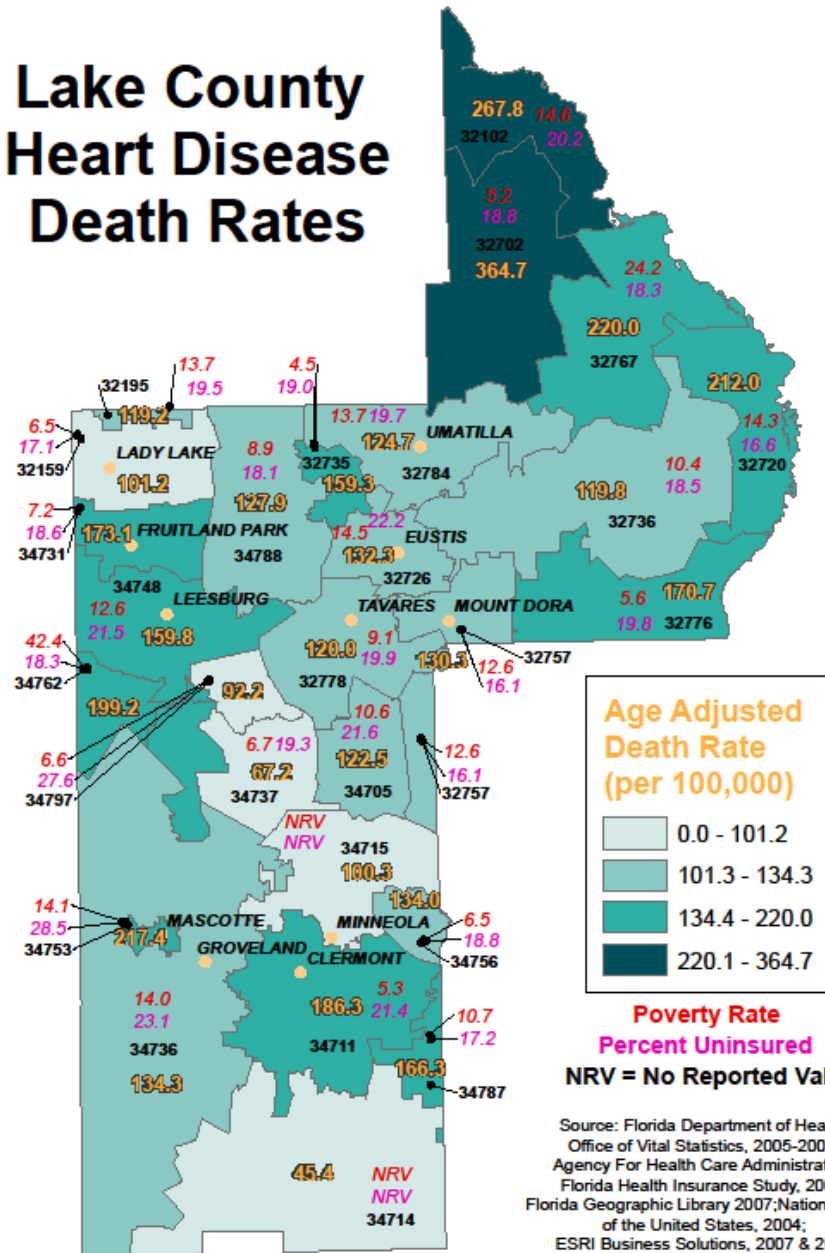




# Lake County Stroke Death Rates



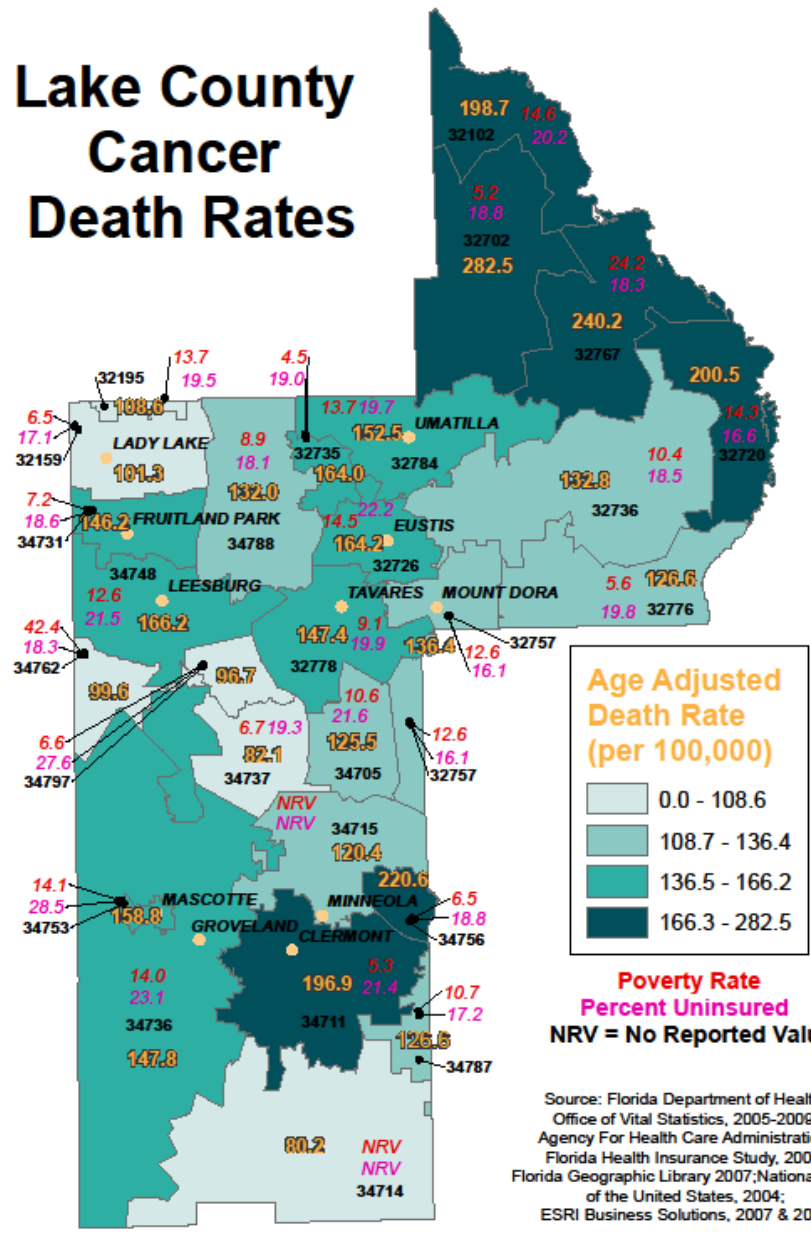
# Lake County Heart Disease Death Rates



Source: Florida Department of Health,  
Office of Vital Statistics, 2005-2009.  
Agency For Health Care Administration,  
Florida Health Insurance Study, 2004.  
Florida Geographic Library 2007; National Atlas  
of the United States, 2004;  
ESRI Business Solutions, 2007 & 2009



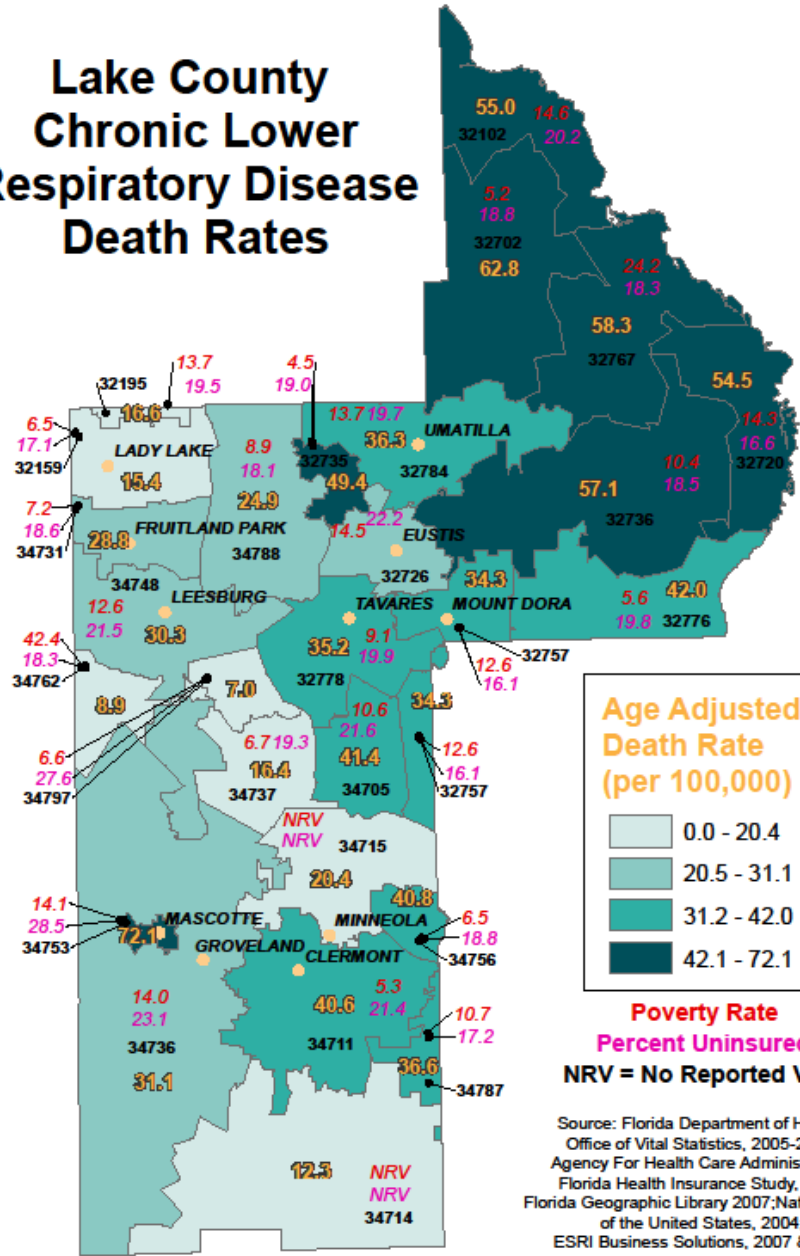
# Lake County Cancer Death Rates



Source: Florida Department of Health, Office of Vital Statistics, 2005-2009. Agency For Health Care Administration, Florida Health Insurance Study, 2004. Florida Geographic Library 2007; National Atlas of the United States, 2004; ESRI Business Solutions, 2007 & 2009



# Lake County Chronic Lower Respiratory Disease Death Rates



# CHSA – MENTAL HEALTH

- Lake County has a slightly higher rate of hospitalizations for mental health reasons compared to the state, 8.0 per 1,000 and 7.6 per 1,000 respectively (Table 68).
- Mental Health related emergency department visits(ED) are also similar to the state. In 2009, the most current data, Lake County has a rate of 40.4 per 1,000 residents compared to the Florida rate of 47.7 per 1,000 residents (Table 69).
- Also, for that same year (2009), the rate of Baker Act (involuntary exam) initiations was lower in Lake County than in Florida, 655.1 and 724.6 respectively (Table 70).
- This may all help to explain why domestic violence offense rates for Lake County have been trending down for the past 3 years. Lake County has a lower rate per 100,000 than the state as a whole, 533.9 and 603.4 respectively (Table 71).



# CHSA – BIRTH INDICATORS

- In 2009, the infant mortality rate per 1,000 live births was 4.9 for African Americans and 4.7 for Whites. These rates compare favorably to the state (Table 76).
- The percentage of low birthweight newborns has remained relatively constant over the past five years in Lake County. The percentage is slightly below the average for the state (8.1 percent in Lake County; 8.7 percent for state) (Table 78).
- Over the past 3 years, teen births (births to mothers aged 15-17) in Lake County have decreased from 152 to 103 births per year (Table 83). Even with this decrease, Lake County has a higher teen birth rate than the state (20.8 births per 1,000 teen females compared to 17.8 per 1,000 teen females for the state) (Table 84).



# CHSA – BEHAVIORAL RISK FACTORS

- New measures on disability rates in Lake County were added as part of BRFSS indicators in 2007. Available data for 2010 shows that the percentage of Lake County residents who are limited in any way because of physical, mental or emotional problems has increased since 2007. Currently, Lake County compares unfavorably to Florida measures; 26.1 percent and 24.3 percent respectively.
- New measures on diabetes were also added to BRFSS indicators. Historically, Lake County trends above Florida averages. In 2010, a higher relative proportion of Lake County residents were diagnosed with diabetes than the state as a whole (13.4 percent and 10.4 percent respectively); however, new data shows that the onset of the diagnosis has accelerated since 2007. Currently, the average age at which Lake County residents are diagnosed with diabetes is 49.4 years of age, compared to 53.3 in 2007.
- The percentage of adults who engage in heavy drinking continues to increase in Lake County. For the first time in the past decade, Lake County has surpassed the state in excessive drinking 15.9 percent and 15.0 percent respectively.
- From 2002 to 2010, the percentage of adults who are current smokers decreased in Lake County from 23.1 percent to 14.7 percent. Lake County compares favorably to the state on this indicator.



# CHSA – MORE BEHAVIORAL RISK FACTORS

- The percentage of residents who are obese (Body Mass Index above 30) has increased from 25.8 percent to 29.8 percent from 2007 to 2010. Lake County has 8.7 percent more obese individuals than the state as a whole.
- 44.1 percent of adults in Lake County are diagnosed with hypertension (8 percentage point increase since 2007). This indicator continues to be significantly higher than the percentage for Florida (34.3 percent).
- The percentage of adults (under age 65) who have been tested for HIV has remained constant since 2007. Lake County has historically compared unfavorably to the state in this measure. Currently, only 43.0 percent of the adult population has been tested for HIV (the state average is 48.4 percent).
- Overall cancer screenings have improved relative to state measures for Lake County. The percentage of adults who received mammograms, Pap tests, and colonoscopies are all above state percentages.
- Lake County historically compares favorably to the state with respect to adult immunizations (flu and pneumonia). In 2010, 46.7 percent of adults received flu vaccinations and 41.0 percent of adults received pneumonia vaccinations.





# CHSA – HEALTH CARE ACCESS AND UTILIZATION

- The rate of licensed dentists per 100,000 for the fiscal year 2009-2010 is also substantially lower in Lake County, 40.3 in comparison to 61.9 for the state (Table 111).
- In 2009, there was a total of 48,975 hospital discharges in Lake County (Table 112). In the same year, the percentage of hospital discharges by payor source was as follows for Lake County: Medicare at 52.5 percent, private insurance at 23.6 percent and Medicaid at 14.2 percent (Table 113). Because of the older population, Lake County has a higher percentage of Medicare discharges than compared to the state.
- The most frequent cause of hospitalization was associated with normal newborns and deliveries. Other major reasons for hospitalizations include: heart failure and shock, joint replacements, and psychoses (Table 114).
- Lake County has an avoidable discharge rate (per 1,000 residents) of 16.1, which is above the Florida rate of 14.2 (Table 115). The top five reasons for avoidable hospitalizations include: 1) Dehydration/volume depletion; 2) Cellulitis; 3) Chronic Obstructive Pulmonary Disease; 4) Congestive heart failure; 5) Asthma (Table 117).
- In 2009, the largest payor source for avoidable hospitalizations in Lake County was private insurance at 35.5 percent (Table 116).
- Medicaid is the largest payor source for avoidable emergency department(ED) visits in Lake County. In the last 3 years, avoidable ED visits have increased significantly with a rising percentage reimbursed from Medicaid (27.1 percent) (Table 118).



# CHAS – MORE HEALTH CARE ACCESS AND UTILIZATION

- According to the 2004 Florida Health Insurance Study (FHIS), 20.4 percent of the population was uninsured, which is slightly higher than the percentage of the state as a whole. The focus of the FHIS is Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare (Table 37).
- In 2007, the Census Bureau Small Area Health Insurance Study (SAHIS) estimated that 21.6 percent of the population was uninsured (Table 37). Lake County is slightly below state measures in this study.
- The total number of individuals eligible to receive Medicaid in Lake County for 2010 was 44,029 or approximately 14.4 percent of the population. In comparison, the Medicaid enrollment percentage for the state was 15.6 percent (Table 104).
- Total Medicaid expenditures in Lake County for the period of July 2007-April 2008 equals \$56,475,356 (Table 106).
- The rate of total physicians per 100,000 residents (fiscal year 2010) is substantially lower in Lake County than in Florida. The rates are 167.5 and 300.6, respectively (Table 109).



# CHSA – COUNTY HEALTH RANKING

Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute County Health Rankings:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
  - Health behaviors (6 measures)
  - Clinical care (5 measures)
  - Social and economic (7 measures)
  - Physical environment (4 measures)

*The Rankings* are available for years 2010 and 2011. In the year 2010, Lake County ranked 16<sup>th</sup> for health factors and 25<sup>th</sup> for health outcomes. In the following year (table 121), Lake County's ranking improved to 12<sup>th</sup> for health factors and 20<sup>th</sup> for health outcomes.



# CHSA – LIFE EXPECTANCY

The University of Washington's Institute for Health Metrics and Evaluation compiled data for 1987-2007 to analyze national, state, and local (zip code) life expectancy data and rank county's according to their life expectancy.

- White men in Lake County live nearly five years longer than their black counterparts.
- White women in Lake County live nearly four years longer than their Black counterparts.
- Life expectancies for men and women in Lake County are at or above national and state averages.



# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.



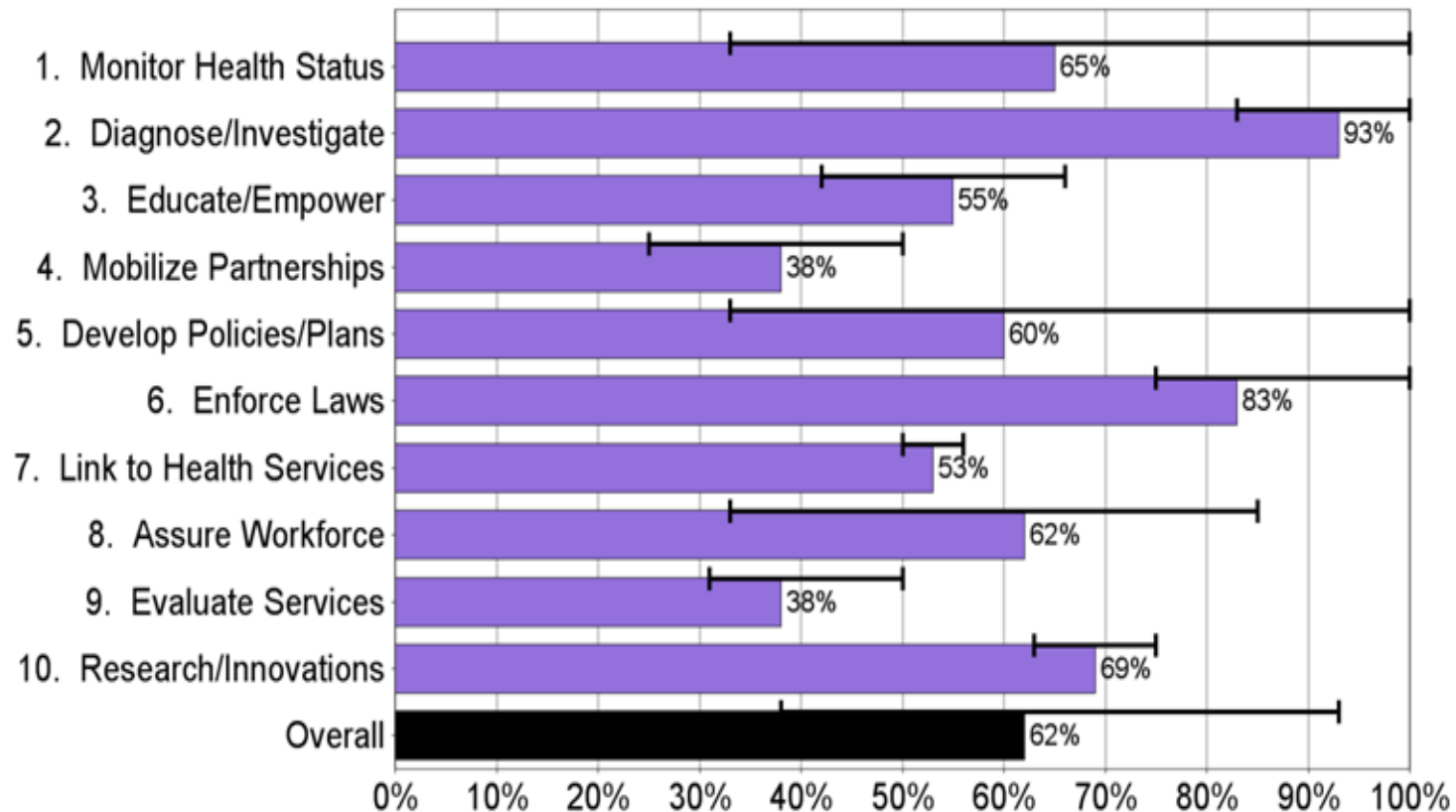
# SUMMARY OF PERFORMANCE SCORES BY ESSENTIAL PUBLIC HEALTH SERVICE (EPHS)

**Table 1:** Summary of performance scores by Essential Public Health Service (EPHS)

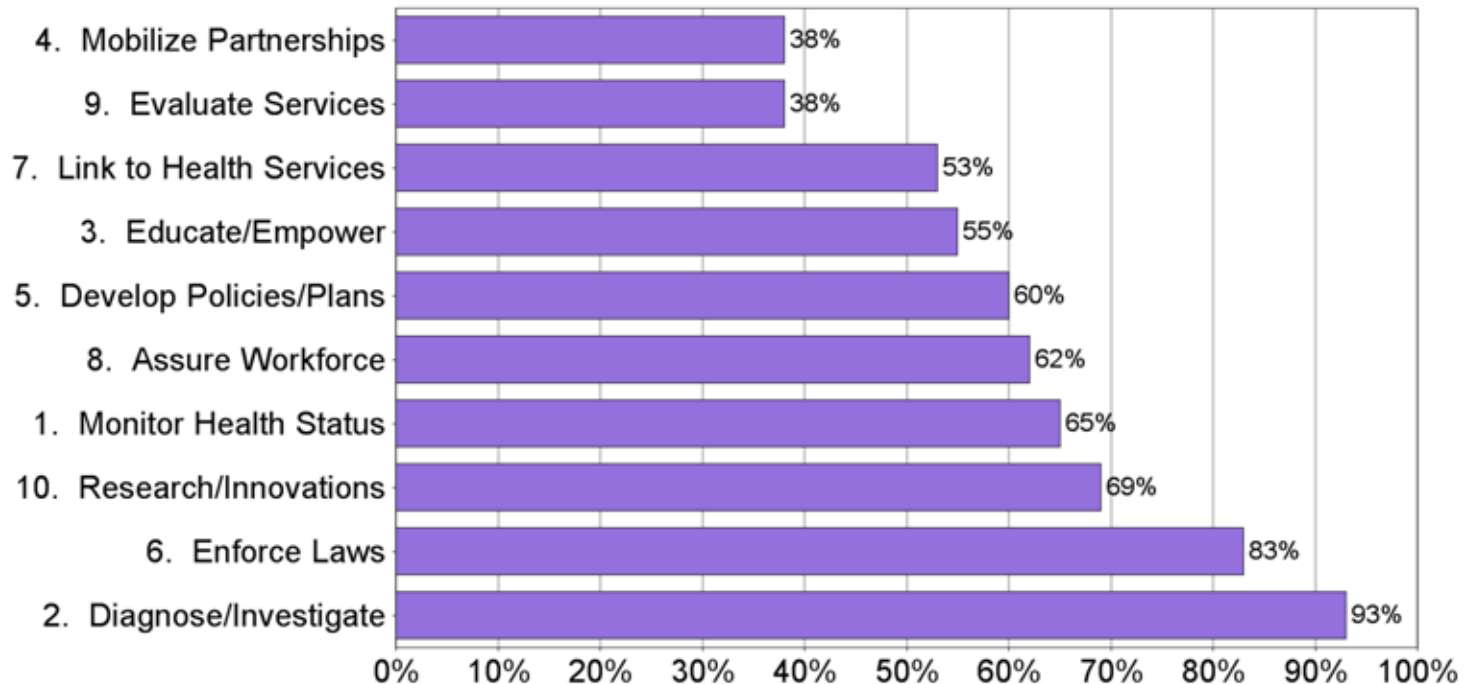
EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	65
2	Diagnose And Investigate Health Problems and Health Hazards	93
3	Inform, Educate, And Empower People about Health Issues	55
4	Mobilize Community Partnerships to Identify and Solve Health Problems	38
5	Develop Policies and Plans that Support Individual and Community Health Efforts	60
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	83
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	53
8	Assure a Competent Public and Personal Health Care Workforce	62
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	38
10	Research for New Insights and Innovative Solutions to Health Problems	69
Overall Performance Score		62



# SUMMARY OF EPHS PERFORMANCE SCORES AND OVERALL SCORE (WITH RANGE)

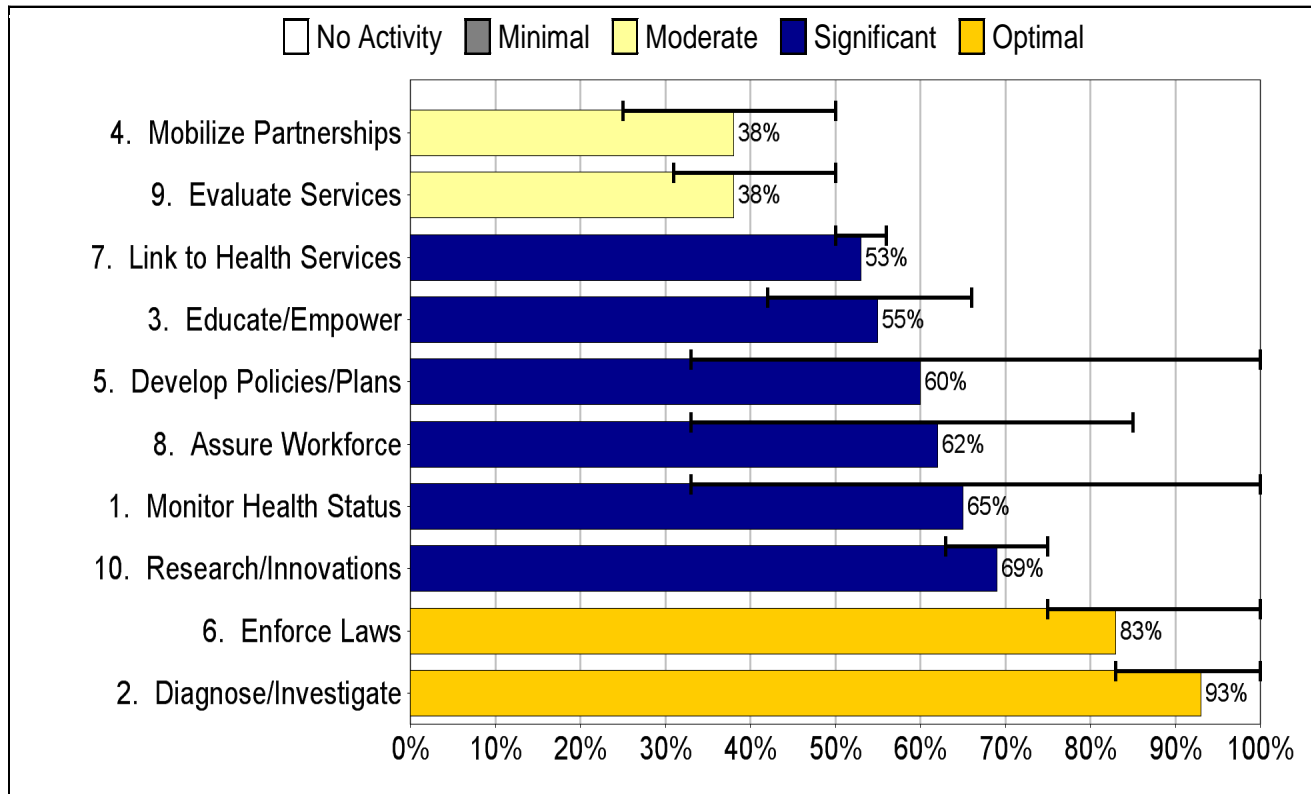


# RANK ORDERED PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE





# RANK ORDERED PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE, BY LEVEL OF ACTIVITY



# CTAS – WHAT DOES A HEALTHY COMMUNITY MEAN TO YOU?

*Q1. What does a “Healthy Community” mean to you?*

## *Brief Summary*

Participants defined a healthy community in various ways. All of the groups stated that having access to affordable health care services and having an active lifestyle were elements of a “healthy community”. Several groups mentioned having lower rates of disease and illness and having a community where people looked out for each other as essentials of a healthy community. Three of the four groups discussed smoking and clean air as primary factors. One group mentioned that a healthy community is where people are physically, mentally, spiritually, and holistically healthy and that the community should have enough facilities to meet the needs of its residents.

## *Notable Quotes*

*“Having equal access to supportive care, wellness, prevention, and medical care.”*

*“Having services that provide health care to all citizens, even if they have no insurance.”*



# CTAS – IMPORTANT FACTORS FOR CREATING A HEALTHY COMMUNITY?

***Q2. What are the most important factors for creating a healthy community?***

## ***Brief Summary***

Core leadership, finance, and creating new approaches to address health care concerns were mentioned as important factors for creating a healthy community by all focus groups. Other groups frequently discussed outdoor spaces, affordable access to nutritious food, and access to health insurance.

## ***Notable Quotes***

*“In order to have a healthy community we must have access to care for those of us that are uninsured.”*

*“Community leaders that are focused on the health of the community.”*



# CTAS – RATE THE HEALTH AND QUALITY OF LIFE?

***Q3. In general, how would you rate the health and quality of life in Lake County?***

## ***Brief Summary***

Opinions varied across the groups that health and the quality of life were both good and bad in Lake County. Many people cited that the close proximity to a major city, low crime, open space, low pollution and knowing your neighbors. However, those living in rural areas were more likely to mention problems with access to health services, pharmacies and other needed services. When asked to rate the health and quality of life on a scale of 1(the worst) to 10 (the greatest), participants gave Lake County an average score of 6.53. Only two participants noted that the health and quality of life had “declined” in the past few years. All others stated that it has improved or stayed the same.

## ***Notable Quotes***

*“The hospital has offered many new services for the community.”*

*“The reason I would say it has declined is because of the economy, but this is not just here in Lake County, it’s everywhere.”*



# CTAS – MOST PRESSING HEALTH RELATED PROBLEMS?

***Q4. What are the pressing health related problems in our community?***

## ***Brief Summary***

There was consensus among all of the groups that the aging population has the most pressing health issues in the county. Most of the groups mentioned obesity, cancer, heart problems, and number of people with chronic disease in Lake County as vital concerns for all of the community.

## ***Notable Quotes***

*“The aging population is very hard hit, but with Medicare it is doable.”*

*“Many people put off care until they are extremely ill.”*



# CTAS – WHY ARE THESE HEALTH PROBLEMS IN THE COMMUNITY?

*Q5. Why do you think we have these problems in our community?*

## ***Brief Summary***

All of the focus groups mentioned the lack of jobs, lack of available health services, and lack of health insurance as reasons for occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Lake County. Several communities mentioned limited healthy food choices and rising costs of healthier foods. Lack of recreation and afterschool activities for teenagers were thought to help fuel drug and alcohol use and mentioned as reasons that account for the high percentage of teen pregnancy in the county.

## ***Notable Quotes***

*“Many do not seek preventative health care services.”*

*“It seems that the family unit is changing, we have a high number of single parents here.”*



# CTAS – GROUPS WHO ARE DISPROPORTIONATELY AFFECTED?

***Q6. Are there people or groups of people in Lake County whose health or quality of life may not be as good as others?***

## ***Brief Summary***

The homeless, poor/uninsured, and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decrease their access to needed services. One focus group mentioned children from low-income families. Another group specifically mentioned Lake Mac, because of the hurricane damage to the area earlier this year.

## ***Notable Quotes***

*“Many of our lower-income kids, over 2000 kids every weekend don’t eat nutritious meals.”*



# CTAS – STRENGTHS AND RESOURCES IN THE COMMUNITY?

*Q7. What strengths and resources do you have in our community to address these problems?*

## *Brief Summary*

All of the focus groups mentioned faith-based communities of Lake County as the strength of the community. The National Training Center Sports Medicine Institute, P.A. was also mentioned often as resource. Three groups cited the hospitals as strength and the local health department as a resource.

## *Notable Quotes*

*“We have a lot of resources now compared to several years ago.”*

*“The hospital (National Training Center Sports Medicine Institute, P.A.) has made the biggest impact and offers so many services to the community.”*





# CTAS – BARRIERS TO IMPROVING HEALTH AND QUALITY OF LIFE IN LAKE COUNTY?

*Q8. What barriers, if any, exist to improving health and quality of life in Lake County?*

## *Brief Summary*

There was consensus among all of the groups that transportation is the leading barrier to accessing health care in the county. All focus groups also mentioned the economy, lack of jobs, and lack of insurance as barriers to improving health and quality of life.

## *Notable Quotes*

*“There is just not enough public transportation available.”*

*“Because of the economy, we have a large number of people seeking services that previously were employed and had (medical) insurance, and now they are out of work and have no other options.”*

*“We have two types of poverty here in Lake County, the first is situation poverty, a one-time occurrence, and then we have situational poverty, a long-time family history of poverty.”*



# CTAS – COMMUNITY PROVISION OF ROUTINE MEDICAL CARE?

***Q9. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?***

## ***Brief Summary***

All focus groups cited that there were enough primary care facilities to offer services. The groups also stated there was not enough free or sliding-fee-scale primary care. Almost every group identified transportation and lack of insurance as reasons for not being able to access primary routine medical care. Lack of information on what is available in the community was also prevalent.



# CTAS – HEALTH SERVICES MISSING IN THE COMMUNITY?

***Q10. Which health care services do you think are missing in your community?***

## ***Brief Summary***

There was consensus among all of the groups that affordable dental care was the primary service missing in their community. Even though most participants did state there were plenty of dentists, the affordability of the services made people travel to other counties and made access other resources, especially in Orlando as the only viable option. Two focus groups stated mental health services were not offered readily.

## ***Notable Quotes***

*“There are dentists for those who can afford to pay (insurance), but there were not any locations here for the low-income and uninsured.”*

*“I had to drive to Orlando to see a dentist who was willing to work with me so I could afford a root canal. I didn’t have any other options.”*



# CTAS – ADDRESSING ISSUES?

*Q11. What needs to be done to address these issues?*

## *Brief Summary*

Answers varied considerably across each focus group. The common themes among the groups were:

The need to work in collaboration with other resources in the area to make an impact.

Community involvement and neighbors helping neighbors will make a difference in the community.

Less Federal government regulations and more proactive local government.



# FORCES OF CHANGE ASSESSMENT (FCA)

- Hospital taxing district funding may change (who will pick up slack if changed?)
- Aging population
- Cuts from the legislature
- Reduction in population growth rates
- Medicaid reform
- State and local government structural changes
- Reduction in work force (agricultural greatly decreased)
- Increasing minority populations
- Contraction of satellite safety service (many formerly Orlando-based); offices contracting to metro area
- Increasing homeless population especially in South Lake (as reported by homeless shelters)
- Foreclosures
- Decreased property values; less money to sustain programs for local government
- Changing family structure and gender roles
- Impact of anti-immigration sentiment on the number of undocumented
- Advances in technology



# MORE FORCES OF CHANGE (FCA)

- Availability of experienced staffing; baby boomers retiring
- Lack of trained work force in key specialties
- Salaries and aging
- Reduction in Medicare and Social Security funding an impact in Lake County since we have a high % of senior adults
- Changing attitudes toward aging and end of life issues
- Presidential election
- Shortage of primary care providers; esp. pediatricians, IM, OB/GYN
- Shortages of dentists
- New school of Medicine
- Electronic health records
- Rising malpractice rates
- Rising prices of everything (especially healthcare costs)
- Climate change
- Access to affordable college education
- Emerging infectious diseases
- Contraction of state DOH or local health department mission
- “Snowbird” or seasonal and transient population





**Community Health Needs Assessment  
Primary Data Collection**

**2012 Stakeholder Survey Log**

**MAPP Respondents**

Four focus groups conducted during August, September and October 2011, with a total of 37 participants recruited by advertisements in local shopping centers, health department, churches, community centers, libraries and word of mouth.

**FHW Respondents**

1. Barbara Howard, PhD, VP, LSCC
2. Faye Rose, Chaplain, FHW
3. Harry T. Hackney, Lawyer
4. Marc Robertz-Schwartz, Marketing/Production, Hometown Health TV
5. Becky Longanecker, Director Professional Services, FHW
6. Jim Judge, Director, Lake EMS
7. Doug Martin, Pastor, FHW
8. David Fernandez, MD, Internal Medicine Physician
9. Perth Blake, MD, Family Practice Physician
10. Carrie Showalter, Account Executive, Bighthouse Media Strategies
11. Duncan Rose, Appraiser
12. Hugh Nguyen, MD, Internal Medicine Physician
13. Erin O'Steen, Development Manager, Lake-Sumter Community College Foundation
14. Candace Huber, Community Health Transformation Specialist, FHW
15. Roseanne Brandeburg, Executive Director, LSCC
16. Patricia Dolan, Chief Nursing Officer, FHW
17. Maggie Miller, Guest Liaison, FHW
18. Cara Anderson, Marketing Coordinator, FHW
19. Renee Furnas, Event Coordinator, FHW
20. Kimberly Buschor, Patient Financial Counselor, FHW
21. Tony Miller, Sergeant, Tavares Police
22. Linda Davidson, Director Case Management, FHW
23. Jean Arnold, Pastoral Care Coordinator, FHW
24. William Farrett, Retired Community Member
25. Sheri Hutchinson, Public Information Officer, Lake County Health Department
26. Carrie Fish, Sr. VP/COO, FHW

**Q1: What does the word “Health” mean to you?**

This question was custom to FHW respondents only.

**FHW Summary**

Most respondents defined “health” as the absence of disease and/or the presence of physical, emotional and spiritual well-being. Vitality, longevity, stamina, fitness, quality, and abundant life were other descriptors. Trust in God, a positive attitude, and relationship well-being were also mentioned.

**Q2: What are the most important factors for maintaining your own health?**

This question was custom to FHW respondents only.

**FHW Summary**

Diet and exercise were the most frequent responses, as well as routine preventative care and healthy lifestyle including managing stress, taking personal responsibility, and maintaining balance. Some mentioned access to reliable education and state of the art medical care.

**Q3: What does a “Healthy Community” mean to you?**

**MAPP Summary**

Participants defined a healthy community in various ways. All of the groups stated that having access to affordable health care services and having an active lifestyle were elements of a “healthy community.” Several groups mentioned having lower rates of disease and illness and having a community where people looked out for each other as essentials of a healthy community. Three of the four groups discussed smoking and clean air as primary factors. One group mentioned that a healthy community is where people are physically, mentally, spiritual, and holistically healthy and that the community should have enough facilities to meet the needs of its residents.

**FHW Summary**

Definitions of a healthy community varied among respondents, from access to affordable health care, to education opportunities, to residents who have the desire to promote their own health and encourage healthy lifestyles among others. Also mentioned were the absence of disease, healthy habits, and physical-mental-spiritual well-being. One respondent noted that a healthy community attracts residents and stimulates economic development.



**Q4: What are the most important factors for creating a healthy community?**

**MAPP Summary**

Core leadership, finance, and creating new approaches to address health care concerns were mentioned as important factors for creating a healthy community by all focus groups. Other groups frequently discussed outdoor spaces, affordable access to nutritious food, and access to health insurance.

**FHW Summary**

Educating the community was the most frequent response, as well as personal responsibility, adequate and affordable health care, and venues for exercise and recreation. Healthy meals in schools, physician outreach in the community, and relationships between government, health care providers, businesses and residents were also mentioned.

**Q5: In general, how would you rate the health and quality of life in our community?**

**MAPP Summary**

Opinions varied across the groups that health and the quality of life were both good and bad in Lake County. Many people cited the close proximity to a major city, low crime, open space, low pollution and knowing your neighbors. However, those living in rural areas were more likely to mention problems with access to health services, pharmacies and other needed services. When asked to rate the health and quality of life on a scale of 1 (worst) to 10 (greatest), participants gave Lake County an average score of 6.53. Only two participants noted that the health and quality of life had “declined” in the past few years. All others stated that it has improved or stayed the same.

**FHW Summary**

The majority of respondents rated the health and quality of life average to fair, with only three rating it very good. The availability of good medical facilities and good medical care were noted as positives. Lack of community education, insufficient promotion of disease prevention, and apathy were noted as negatives. Some noted that Lake County is on the right track, and is promoting healthy living more than in the past.

**Q6: What are the pressing health-related problems in our community?**

**MAPP Summary**

There was consensus among all of the groups that the aging population has the most pressing health issues in the county. Most of the groups mentioned obesity, cancer, heart problems, and number of people with chronic disease in Lake County as vital concerns for all of the community.

**FHW Summary**

Obesity, diabetes, smoking, elder care, and poor nutrition were most frequently noted by respondents. Limited access to care for the poor and uninsured was also mentioned, as well as lack of personal accountability. The poor economy, lack of affordable specialty care, and the need for more mental health care were noted by some.

**Q7: Why do you think we have these problems in our community?**

**MAPP Summary**

All of the focus groups mentioned the lack of jobs, lack of available health services, and lack of health insurance as reasons for occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Lake County. Several communities mentioned limited healthy food choices and rising costs of healthier foods. Lack of recreation and afterschool activities for teenagers were thought to help fuel drug and alcohol use and mentioned as reasons that account for the high percentage of teen pregnancy in the county.

**FHW Summary**

Many respondents noted lack of health insurance, the cost of care, and the poor economy as reasons for problems in our community. Others cited ignorance, apathy, lack of understanding, and lack of personal responsibility on the part of the public. The large retiree population and its related health issues were also noted.

**Q8: Are there people or groups of people in our community whose health or quality of life may not be as good as others?**

**MAPP Summary**

The homeless, poor/uninsured, and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decrease their access to needed services. One focus group mentioned children from low-income families. Another group specifically mentioned Lake Mac, because of the hurricane damage to the area earlier this year.

**FHW Summary**

The elderly population and those who live in rural, poor areas of the County were mentioned most frequently. Lack of education, lack of transportation, and limited access to medical care were mentioned as contributing factors.

**Q9: What strengths and resources do we have in our community to address these problems?**

**MAPP Summary**

All of the focus groups mentioned faith-based communities of Lake County as the strength of the community. The National Training Center Sports Medicine Institutes, P.A. was also mentioned often as a resource. Three groups cited the hospitals as strength and the local health department as a resource.

**FHW Summary**

Free clinics, food pantries, the hospitals and the health department were mentioned frequently, as well as community organizations and a large medical community. Some noted that resources are available but not necessarily accessible, either due to lack of insurance or lack of awareness.

**Q10: What barriers, if any, exist to improving health and quality of life in our community?**

**MAPP Summary**

There was consensus among all of the groups that transportation is the leading barrier to accessing health care in the county. All focus groups also mentioned the economy, lack of jobs, and lack of insurance as barriers to improving health and quality of life.

**FHW Summary**

Responses varied widely, from the cost of care and affordable insurance to lack of funding and poor awareness of services. Lack of personal accountability and desire to implement a healthy lifestyle were again noted by some. The need for a cooperative approach on the part of both government and healthcare providers was mentioned, as well as engaging the community by utilizing all resources in an organized way.

**Q11: Do you think that our community provides enough places to receive routine medical care, or is it necessary to go outside of your town?**

**MAPP Summary**

All focus groups cited that there were enough primary care facilities to offer services. The groups also stated there was not enough free or sliding-fee-scale primary care. Almost every group identified transportation and lack of insurance as reasons for not being able to access primary routine medical care. Lack of information on what is available in the community was also prevalent.

**FHW Summary**

Most respondents believe there are sufficient routine medical resources in our community, and some respondents believe that medical care in Lake County is as good as Orlando or elsewhere. The stigma of our “small town” perception was noted. Some respondents believe it is necessary to go elsewhere for some specialty services. Others noted the need to better educate the public about available resources and their proper utilization.

<b>Q12: Which health care services do you think are missing in our community?</b>
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**MAPP Summary**

There was consensus among all of the groups that affordable dental care was the primary service missing in their community. Even though most participants did state there were plenty of dentists, the affordability of the services made people travel to other counties and made access to other resources, especially in Orlando, as the only viable option. Two focus groups stated mental health services were not offered readily.

**FHW Summary**

Specialists, and specialized treatment, were most frequently mentioned by respondents, including endocrinology, dermatology, urology, primary care, geriatricians, neurosurgery, and pediatric specialists. One respondent noted the need for more preventative education and services, and another suggested a central location for medical and ancillary services. More accessible care for the poor, adult day care, and medical/dental clinics were also noted.

Q1 Verbatims: What does the word "Health" mean to you

- General condition of the body or mind references soundness and vigor. Is my health good, free from disease or ailment; am I generally in good spirits and happy?
- I have the physical, mental, emotional, social and spiritual stamina to live my life with enjoyment and be able to reach out in blessing to those I love most and work to support my community in a positive way.
- You feel well, are not suffering from disease or illness, and are capable of doing the things you want to do and enjoy.
- Health is an all-encompassing word reflective of physical, mental, spiritual, financial and relationship well-being. It is about doing the things today to insure longevity in all of those aspects.
- Health is used to convey how your body is maintained such as "good" health or "poor" health. Good health would suggest that you do not currently have any conditions or co-morbidities creating a higher risk and that you feel pretty good and take care of yourself.
- To be free from disease or illness.
- Total health, being well and functioning on all levels.
- Combination of mental and physical wellness that not only encompasses good functional status, but a positive attitude towards problems that arise.
- Personal physical, emotional, psychological well being.
- The vitality of mind, body and soul. Spirit, nutrition, fitness and strength.
- Physical well-being.
- It means a general condition of a person's body, mind, and spirit.
- Health means maintaining continuous vigilance towards both your physical and mental health.
- Health is more than the absence of disease. It may be described as "wellness" – "being mentally fit, physically robust, spiritually vital and socially comfortable. It is being able to face accidents, aging, and illness with a positive outlook." Trusting God that no matter what occurs, I can live an abundant life, achieving what is optimal for me.
- Being blessed. Able to get up each day and lead a productive life with no medical issues.
- Health is keeping good health mind, body, and spirit. In maintaining good health all aspects have to be addressed.
- Being physically and mentally at peace in my daily living in accordance with my body's performance.
- A state of being whole body, mind and soul.
- Overall mental and physical well-being.
- I feel health is a term to describe your wellbeing, current lifestyle, and emotional state of mind. Without our health we live a life that lacks quality.
- Mental and physical status of well being.
- Sense of well being which occurs when one's physical, physiological, psychological, social and spiritual needs are all being met. These needs are inter-related, if there are stressors in one area then the strength in the others will compensate, adapt and maintain overall health. To have one's health is in essence to have quality of life. A state of wellness, free of disease.
- Condition of being healthy in body, mind and spirit.
- The ability to get up every day and perform all necessary bodily functions without pain and with no impact to my daily routine.
- Many things come to mind such as healthy eating, a healthy lifestyle including physical activity, a healthy environment including land/air/water and mental health stability.
- Physical, spiritual and mental are at their optimum level.

Q2 Verbatims: What are the most important factors for maintaining your own health?

- Important factors for maintaining my own health include a healthy lifestyle that includes eating properly, combined with physical activity, my faith, and the proper annual medical attention.
- Shelter, nutritious food, clean water, exercise, support, peace, rest, love, safety.
- Eating right, regular exercise, and visits as needed with physicians.
- Preventative care, exercise, balanced diet, weight control, regular checkups, balanced lifestyle.
- The greatest factor to obtain or maintain good health is to live a balanced life which includes proper eating, exercise as well as emotional and spiritual health.
- Regular checkups, exercise, living a healthy lifestyle including a proper diet.
- Diet, exercise, rest, trust, choices, outlook and environment.
- Time constraints, financial issues.
- Preventive care - medical evaluations, good diet, diminishing the health risks, general lifestyle. I exercise 3x per week.
- Exercise combination of cardio and pilates. Healthy eating with nutritional supplements and bio-hormone replacement therapy. Loving my husband, attending church and giving to others.
- Diet and exercise.
- Personal responsibility to maintain body, mind, and spirit in optimal condition. To make good effort to exerciser regularly, eat well, sleep well, and keep up to date with preventative care. Additional attention should be focus on well-being.
- My family.
- Having access to reliable information on health science, making decisions after having adequate information, having a physician who will keep me appraised of my internal “clock” data, consult and be my guide for decisions on care and options.
- Access to good doctors and medical treatment. Knowing the warning signs of health issues.
- Having access to state of the art health care for treatment of diseases and access to ways to maintain good health (education, nutrition. vaccinations etc).
- Time and commitment, opportunity. Insurance coverage!
- Managing stress, having the ability to exercise and healthy eating options.
- Healthy lifestyle.
- I believe exercising, routine checkups, eating correctly, maintaining close relationships and living a healthy lifestyle can positively affect your whole mind, body and spirit.
- Diet and exercise.
- Maintaining balance in work ,home, family and personal pursuits. Being physically active....doing what we enjoy, getting enough sleep and eating a sensible diet are essential to maintaining health. Routine physicals and checkup's. Knowledge of how to be healthy and enough financial stability to do so.
- Making good choices and being educated on what those choices are which can keep me healthy.
- Foods we eat and exercise. Refrain from alcohol and cigarettes. Take only drugs prescribed by my physician for any ailments or long term maintenance, i.e., blood pressure, cholesterol.
- Healthy lifestyle habits such as physical activity, eating and getting rest!
- Exercise; diet; rest; outlook.

### Q3 Verbatims: What does a “Healthy Community” mean to you (FHW)

- Its resident have access to and partake of affordable health care, which results in the type of population described by my definition of “health.”
- A community that provides access to services that support health care to include acute care as well as healthy lifestyle support for whole person health.
- A community in which most members are feeling well, not suffering from disease or illness, are capable of doing the things that they want to do and enjoy.
- A healthy community reflects (or exceeds) the expected norms of health. It provides support mechanisms, care, educational opportunities and enjoys the collective success of the community’s achievements. Those in greater health and with the resources rise to the occasion and provide for those who may not be as fortunate. By definition, the “community,” whether geographic or defined in a more human way, represents a whole.
- When the people in the community have a desire to learn about and implement a lifestyle that promotes their own good health as well as to educate and encourage others on healthy living.
- On a community scale – regular checkups, exercise, living a healthy lifestyle including a property diet, and also community education programs.
- Where members of a community enjoy total health.
- A community that fosters development of habits and behaviors that are conducive to physical, mental and spiritual wellbeing.
- One that has minimal diseases, or diseases that are managed so that severity of chronic illnesses are diminished. A community that prevents diseases that are preventable - COPD, Cancers (colon, cervical, etc), CHD, DB.
- One that nurtures, maintains and respects not only their surroundings but themselves and each other.
- Where everyone, regardless of socio-economic status, has access to good health care. This includes both treatment and prevention.
- A healthy community is the key to control the cost of health care. It is important to just keep oneself healthy. It is very, very important to keep self and the community both healthy.
- With a healthy community in turns comes more people to the area. People want to live in a place that values the importance of health, nobody wants to live an area or state that is the most obese or the least active state. So healthy living can stimulate economic development.
- That representative community leadership creates an environment that fosters personal responsibility for making healthy living a reality, including resources for all aspects of care. The providers share in networks to maximize health science information and care options. Changing the culture of health to one of lifestyle emphasis will take everyone working together, as well as being prepared to assist with personal implementation strategies.
- A Healthy Community means that our citizens have access to the best medical care available. That they are aware of the importance of eating right, exercising and the dangers.
- A healthy community means one that is free of communicable diseases, has access to basic health care services and health education (ways to maintain good health or work toward a healthy community).
- Others having the same opportunity I have to access care. Living in harmony with others that make their health and fitness a priority.
- I believe it means access to healthcare, recreational areas that encourage you to talk, ride, run.
- One that offers widespread medical services.
- One that gives its people a way to exercise, connect, eat, and live a lifestyle that will promote health. A healthy community will have plenty of opportunities for the whole family to take part in.
- A place where living in peace is the norm.
- A safe community where a unified effort occurs between all entities in the community. A coming together of corporations, small businesses, government offices, families, and individuals to meet the needs of all is ideal. Clean environment. Where healthy food is accessible to all.
- Being an active member of your local community which has avenues to live a healthy lifestyle.
- All health related facilities readily available to all residents of a community and visitors as well.
- A healthy community is easy access to medical care for annual checkups; a healthy community environment that promotes physical activities (sidewalks for walking, bicycle paths, etc.); access to affordable fresh produce.
- One where people have access to education and act upon it.



#### Q4 Verbatims: What are the most important factors for creating a healthy community (FHW)

- A supportive structure at several levels: the legislature (federal, state, and local levels), excellent hospitals and staff, community informed of available services, strong community-based organizations.
- Safety, health care, clean water, education, financial support.
- Adequate medical care, health food options, opportunities for exercise and outdoor recreation.
- Access to care, education, information, peer examples of success, penalties for failure, a clear and concise objective as a community and an unwavering commitment to achieving those objectives.
- Making choices available that would promote health as well as make education on health available to everyone.
- Educate the community on the benefits of a healthy lifestyle.
- Knowing the most important factors to maintaining health.
- Availability of resources, commitment of those involved in the process, sense of trust.
- Try the best to educate the community. People need to recognize their need, and take responsibility. The challenge is to engage the community in the process of living a healthy life. Media needs to be involved for impact; for example: sitcoms related to personal health circumstances. Media has the power to influence the public with messages.
- Promoting healthy living and wellness, kindness toward others, with a reverence and admiration for your surroundings.
- Medicare for everyone.
- Prevention and chronic disease management are keys. More specific, increase access to care and new innovative ways of delivering care must be enhanced within any community.
- A community that embraces healthy activities, one whose school system provides healthy meals, opportunities for outdoor activity that stimulate exercise. Also, a healthy community is one whose doctors provide outreach in the community, that the health related non-profits are supported by the hospitals and doctors.
- Community begins with personal responsibility, engagement, and action. Parents and families can be encouraged to develop feasible patterns for healthy and active living. All parties that touch the family, ie. faith communities, school systems, business systems, play a supportive role in providing reliable and repetitive healthy lifestyle themes. The medical community can be prepared to provide health science for personal prevention and the provisions for primary, secondary and tertiary care. Local and state governments play a role for creating healthy environments. Indigent requirements can include health education options/nudging/incentives as part of any monetary support or eligibility requirements offered.
- Access to medical care. Affordable insurance programs for individuals of all income levels. Parks, walking trails and fitness centers. Programs to teach people how to eat right and exercise. Warning signs of possible health conditions, websites to access information.
- Access to preventive care and chronic disease management; access to healthy, nutritious foods; access to healthy ways to exercise
- Available (affordable, accessible) healthcare along with specialty care. Green spaces: safety, opportunity and availability to use them. Incentives for organizations to create opportunity for the above.
- Having a comprehensive relationship between government, healthcare, business, and the surrounding citizens.
- Education on healthy lifestyle habits and medical services available.
- A healthy community to me would offer many options to all people to afford the opportunity to live healthy. Affordable venues to promote exercise and well being, health care facilities to ensure people have a way to receive the care they need, affordable measures for health care and prescriptions, and educational opportunities to instruct us on ways to promote a healthy lifestyle and even a community garden so the community is brought together.
- Control of crime and access to life's needs, such as food, shelter and medical care.
- Education, safety/low crime, health care, opportunities for employment/volunteering, transportation, places to play "be active." places for creative endeavors..the arts/theater/music, places to shop, local gym, education/nutrition classes, family owned eateries, farmers market. A healthy community has public forums, support groups, interest.
- Educating the community members on healthy lifestyle choices.
- A central health facility; facility awareness of community needs.
- Engaging community partners to commit to creating a healthy community for residents and visitors. For example, several cities now have a farmers market on the weekend which allows access to purchase local fresh produce; some have added sidewalks to encourage physical activity.
- Access to funds to promote the message.

Q5 Verbatims: In general, how would you rate the health and quality of life in our community (FHW)

- Acceptable. I would like to see a healthier “theater and arts” society.
- Average.
- Average to below average.
- In general, I would rate the community health as “fair.” Lake County has fallen on disproportionate hard times and I see it reflected in people’s access to affordable care, lack of insurance or higher deductibles which drives the decision to seek care, preventative steps, healthy diets, access to exercise and fitness.
- Fair to average. People run the entire spectrum from very health conscious to a total lack of desire to learn or live a healthier lifestyle. I do think many organizations are promoting health to their employees and the community more than they have in the past.
- Very good. World class medical facilities and access to great medical care.
- 3 on a scale of 1-10.
- Average, because of financial limitations on one hand and apathy and lack of interest in others.
- Good, in the sense of what health care has to offer - good facilities and opportunities. People are not well educated about what is available. There is not enough advertising; advertisement is not as effective as it could be.
- Fair.
- It's great for those with good insurance. Deadly for those who don't.
- Average to below average national standard.
- I would rate it satisfactory, we are lucky to have so many hospitals in our area.
- Fair, the medical model has adequate provisions. We are lacking in disease prevention and health promotion strategies and the linkage that connects between the factions, and a way to promote them to the public for continuity and personal progress.
- I would rate the health and quality of life as average. With such a diverse population this can be challenging. I believe we are fortunate to have the medical facilities, doctors and medical professionals here in Lake County. That people don’t have to travel for medical care.
- Fair.
- Fair.
- I personally feel that this area is headed in the right direction, but there is a lot of room for growth.
- Very good.
- I believe our community is on the right track but there is always more that we can do. More advertisement should be given for people to know of all the tools and educational assistance that our community hospitals make available. Many are not aware of the clinics, aid available, education programs that our county has to offer.
- Very good.
- B- / C+ Shortage of health care providers in schools, community as a whole. Monies are needed for additional health screening. Fresh fruit/vegetables are becoming more expensive and incomes have dropped. People are making poor choices high in fat. Many are without healthcare coverage so compliance with medications and preventable care is lacking.
- Our county is made up of very rural areas, although we do have access to local partks, recreational activities and gyms. It’s a matter of getting out there and finding where they are!
- 8 on a scale of 1-10, with 10 being highest.
- Poor to medium.

Q6 Verbatims: What are the pressing health-related problems in our community (FHW)

- Disease prevention and management; self care responsibility, including tobacco, alcohol and drug issues; education and motivation to self care.
- Medical care for the elderly. Doctors who are outstanding in their fields and able to provide proper care. Adequate physician options under Medicare and Medicaid plans. Care for the poor and the young who cannot afford health insurance.
- Overall unhealthy lifestyles – diet, weight, smoking, drug/alcohol use, care for our large elderly population, unemployment which leads to uninsured or under-insured residents, lack of self-accountability for our personal and family health. While I do not personally agree, I also very often hear of the perception that an influx of foreign physicians into the area create cultural and communication challenges.
- Diabetes, smoking, overweight.
- Obesity, smoking, and the medical results of both of these in combination.
- Obesity, diabetes, poor nutrition.
- Uninsured care; education of diabetics; weight control; prevention awareness.
- Chronic Diseases and the Aging Community (limited income, diminished mentality, diminished finances, live alone without caregivers). Affordable Care, especially for the elderly - the HMO Insurance and Part D care is not as complete as Medicare, so the elderly are not getting the care they should, and they have limited access to care.
- Rising food costs – eating healthy isn't always the cheapest way to go. Rise in unemployment – when money is tight you skip the check ups, don't fill prescriptions, adults and children suffer.
- Same as for the nation. Healthcare is available to some but out of reach for others.
- There is limited access to good standard medical care for our population, particularly the young and under insured groups. Quality of primary care must be increased. I imagine medical homes or ACO models would be a good vehicle for it.
- For our area, I see a need for more mental health options, Lifestream is busting at the seams. Also more health and dental care for the disadvantaged. I also think the educational component is missing doctors and nurses could visit the schools and talk about health and hygiene.
- Personal engagement is lacking for consistent healthy lifestyle choices ; Connective networks for provisions of care services and follow-up for lifestyle adaptation; Indigent care medical homes that link on-site health education programs.
- Access to health insurance. The economy has had a major impact on the well being of many people including both mentally and physically.
- Diabetes, smoking, drug addiction/ abuse, and obesity.
- Affordable specialty care – dental, orthopedic and primary for all. Too many people not getting basic care.
- Weight issues and the related illnesses/diseases related to it. Smoking and tobacco use.
- Healthcare costs; adult and childhood obesity which leads to heart disease and diabetes.
- I believe the pressing issues our community face are obesity, lack of money to receive the routine checkups that so many need to maintain their health, and the mental state of so many who are facing struggles and need an emotional outlet or way to improve their situation. Stress and financial concerns in our lives are affecting our health and quality of life. Having opportunities to seek counsel or advice to make our community aware of the programs or aid they can receive to improve their overall health and state of mind.
- Lack of medical care for those without a doctor or funds outside the hospital ER.
- Shortage of providers willing to give care to the poor and under insured. Obesity in all age groups. Diabetes and cardiac disease - high sodium foods. Alcohol/drug dependence - lack of services.
- Obesity, diabetes, cancer – that's just to name a few.
- More specialized practices, less hospital dependencies, less free care.
- Access to affordable health care so residents can afford to receive an annual medical checkup including basic health screenings, for example blood pressure, glucose, and depression screenings, etc. This type of check up would be beneficial since they are annual and could help to identify potential health problems before they are out of control (for example, diabetes). Transportation is a major concern in Lake and the significant increase in STDs among our youth.
- Obesity, chronic disease, homeless.

## Q7 Verbatims: Why do you think we have these problems in our community (FHW)

- Lack of health insurance, cost, failure to seek regular medical attention, fear.
- Lifestyles include injurious foods and sedentary habits. Addictions to harmful substances, including some “foods.” Lack of education and motivation.
- We have an enormous retiree population. We are a rural suburb of Orlando with fewer amenities to attract top quality medical professionals and specialists to our community. The average income in Lake County is low and we have many poor young families with children. We do not have a very diverse business community and few large employers. Thus, many working people have no health insurance or inadequate insurance coverage.
- Economics, education, fear, diminishing emphasis by the schools, media, primary care, etc.
- Fast food is very accessible and has become a way of life. We live in a fast paced world and people do not take time to care for themselves.
- Ignorance or apathy to the health risks.
- Lack of understanding and desire for good health.
- Overall economy.
- Aging with reduction in caregivers and reduction in financial resources. They are not aware of support services available to them. Medical Liability for economically disadvantaged - we are unable to do enough for them. Accessing specialty care.
- It’s a tough time for everyone across the county. 8.8% unemployment in Lake County – getting a bit better since 2010 but still not good. Also, let’s face it – it’s easier to be unhealthy. Making good food choices, making an effort to exercise, getting to church on Sunday, volunteering, doing things that nourish your soul – all of these take EFFORT. Being healthy isn’t easy.
- We have a 'survival of the fittest' attitude to healthcare instead of a 'brother's keeper' attitude
- Increased cost of care in the last decade has kept the under insured population from getting needed care and preventive care. The worsened economic crisis has increased the uninsured to unprecedented level. This is a crisis in access. The current fee-for-service model does nothing to help the community. We must change the delivery system and increase access to our population.
- Poor economic community.
- The medical model of health care has dominated care since the growth of hospitals and health insurance programs instituted in the 1930’s & 1940’s. The population has become conditioned to “waiting” until they become sick before they “act”, trusting that the medical community will care for them. The population at the same time has grown increasingly less active in daily life; both parents working out of the home; a faster life pace has created an expectation of immediacy and additional stress; psycho-social challenges and a culture of “bigger is better” have led to a fast food dependency where we consume far greater amounts of food laden in unhealthy fats and sugars. This imbalance in consumption of unhealthy food choices diminishes the intake of healthy fruits and vegetables producing an overweight and obese population and associated lifestyle diseases. While aging and genetics produces certain health challenges over time, this is compounded by an unfit population, creating an even greater demand on medical services at an earlier age, placing greater strains for providing care and diminishing financial resources to pay for them. Personal responsibility for healthful living must be emphasized and effectively taught as part of the continuum of care, beginning at an early age, and throughout the life span. Additional ways of instruction must be implemented in order to be effective; ie. Coaching, peer education, etc.
- As mentioned above, the worries that people have had including foreclosures, loss of jobs and income.
- Lower socioeconomic level, lack of good role models to demonstrate healthy lifestyle of exercise, diet and prevention.
- Money.
- I believe it’s because until recent years most of this area was rural farmland and now it has become a suburb of metro Orlando.
- Unhealthy convenience foods, lack of exercise, and proper education.
- Current economy, high costs of health care, and the daily cost of living are taking a toll on the community. If your home is not healthy financially then your health is taking a toll as well. The community is losing its homes, not getting the care they need, eating on a cheap menu, and emotionally becoming depressed and drained so that they have no energy to exercise. When you breakdown financially you are literally breaking down the health of your own body.
- Lack of understanding of problem and a general lack of compassion.
- Lack of education - causes unhealthy personal choice. Decreased funding, growing under insured population. Smoking, drinking - means of escape. Sedentary lifestyle with video games, tv, computers.
- The economy, lower income families, not being educated on how to make some good healthy choices for their families.
- The more given for free, the public will want more. Thus creating a strain on current resources.
- Lack of education and communication regarding available resources; lack of transportation to access those resources; lack of compliance by patients to follow recommended care and medications.
- Bad habits; economy.

Q8 Verbatims: Are there people or groups of people in our community whose health or quality of life may not be as good as others (FHW)

- Of course.
- Yes.
- Yes, the many octogenarians and nonagenarians in our community. However, this is to be expected in a very elderly population. Likewise, at the other end of the spectrum we have poor families with inadequate medical care.
- Absolutely. Our disproportionate elderly population impacts the larger population. It is disturbing to see children of obese parents in the fast food lines or chugging 20 oz. bottles of soda, sports drinks, etc. Certainly education level, income level and whether they take a proactive interest in living a healthier lifestyle plays into the equation.
- Yes.
- Individuals in the rural parts of Lake County seem to have the biggest challenges. Poor, limited access to medical care.
- Yes.
- Absolutely.
- Yes, the unemployed; limited income families who cannot afford care; chronically ill elderly. I take self pay patients that have serious limited income.
- Sure. Some of it is based on income, some not. Pretty hard to get out and move though when it feels like a steam bath outside!
- Definitely
- Sure. Where do we start?
- Largely the retiree population, that makes up a large part of our population.
- Yes, those with genetic or functional disabilities; those with learning disabilities; those with deficiencies in their home life who have not had parents knowledgeable enough to guide, support and teach them principles of living; those who have not learned good working skills and are deficient educationally; those with mental health issues which prevent them from engaging normally within society; those without financial resources or a supportive network to assist them during difficult times.
- I think that our retirees have access to very good medical care and this is being utilized. I think that as the economy has worsened that people do not have insurance or cannot afford the co-pays and put off getting medical care until they have to.
- Some chronically ill elderly.
- Yes, children and the uninsured and underinsured.
- Low income families.
- Yes, those who are underprivileged financially.
- People who earn less, lack education, or lack the ability to handle finances will tend to be the ones who are also not taking care of themselves, or know of the assistance they can receive.
- I don't know.
- Absolutely - especially low income families with little access to transportation and medical care; elderly residing alone; mentally ill.
- Yes, I believe that there are, more than we probably realize.
- Sure, those that do not place a value on their health. Their priorities lie elsewhere.
- Uninsured and/or underinsured; those who lack transportation; youth and seniors.
- Homeless.

Q9 Verbatims: What strengths and resources do we have in our community to address these problems (FHW)

- Start with community-based organizations, and a mindset that allows all actions to be devoted to “the least of these.”
- Social infrastructure.
- Two major hospitals, the Health Department, LifeStream (for mental illnesses) and some rural medical care initiatives.
- Three hospitals, an active county health department, community care centers, a fairly large and qualified medical community – not to mention specialized media including Hometown Health TV and Healthy Living Magazine (to name a few). But we can do a MUCH better job of increasing the awareness of these resources, educating the community, working WITH community stakeholders to maximize the reach and frequency of the message of these resources.
- Educational opportunities are available in multiple arenas if people take advantage of them.
- A great deal of resources are available through many organizations – the United Way, Salvation Army, multiple food banks, numerous resources are available. It’s linking the resources to the individual needs that’s a problem.
- Hospital, YMCA.
- Community leaders and organizations committed to improving care in our area.
- If the county (or others) could provide a screening process to assess patient's financial ability to pay. We could increase our resources by forming alliances between physicians, agencies, out-patient centers, hospitals to care for the needs.
- All kinds – you just have to know where to look. Free community events, health fairs, pet fairs, food banks, coupons – BUT if you don’t have a computer it gets a little tougher to know what’s happening in your community.
- The medical facilities and services are available. They are just not accessible to those without insurance.
- Charity care from We Care, Catholic church run by Drs. Fernandez/Berckes/Taylor and Florida Hospital Waterman Primary care clinic in Eustis are just a few. I believe the Affordable Care Act has the potential to increase access to care but not certain Governor Scott would agree. The providers are aware of the problem and some of us will continue to volunteer to help.
- I feel the fact that we have hospitals 3 hospitals in our county speaks volumes, it really shows the demand is being met.
- We need to categorize and list these to discern what is present, accessible, and what is missing. Having a clear picture of health promotion and disease prevention for personal individuals that builds community strength, then a linkage to lifestyle correction and disease management which is woven into primary, secondary and tertiary care options.
- We have community medical care centers that are playing an important role in our community.
- Local Food Pantry, Health Department, Florida Hospital Waterman Community Clinic.
- We have only minimal resources. We are becoming a bigger city with big problems. Resources have not met population growth.
- Access to free clinics and food pantries.
- Community service organizations, healthcare organizations, civil service organizations.
- Free clinics, churches, community programs, hospitals giving instructional information, local cities promoting events that are healthy.
- An E.R. that turns no one away.
- Unsure. Food banks. Some homeless shelters. Some medication assistance programs. Lake County Health Dept. Lifestream (although seems like a revolving door for most patients).
- We soon will have the Donald & Audry Conry CREATION Health Center. We also have the YMCA and several gyms if you can afford them. We have several farmer’s markets being held in our local major cities to get fresh vegetables, etc. There are 2-3 quality medical care agencies/organizations in the county.
- It is difficult to address these issues when the State or federal government mandates procedures and cost.
- We have multiple community clinics around Lake to serve those in need, however, I’m not sure those who are in need are aware of all the available resources.
- FHW Creation Health; health department; free clinics.

Q10 Verbatims: What barriers, if any, exist to improving health and quality of life in our community (FHW)

- Money, personnel, and a sincere caring attitude.
- Lack of leadership and partnerships of key “players.” Lack of knowledge and lack of desire to change lifestyle.
- Low incomes, large elderly population, lack of amenities to attract top notch medical professionals.
- Education, communication, awareness, accountability, financial cuts in schools and municipalities, and the unfortunate lack of accountability of those who choose not to live healthy lifestyles at the expense of the community, the system, etc.
- Individuals must have a desire to implement a healthy lifestyle for themselves and family. I think the biggest barrier is to determine how to create that “desire” so they want to learn and change.
- I really don’t see any huge barriers. Of course more funding could also go a long way to funding projects such as free dental care to kids and more free clinics in the rural areas of the county.
- Habits.
- Finances and education.
- Poor awareness of services; inability to effectively advertise; need an organized approach (alliances); ie. initial contact points of patients, assess and refer to correct area in alliance care.\
- Reaching those without computers or TVs. Getting people to make the EFFORT – that’s the touch one.
- A system that exists to create profits for insurance companies, big pharma, etc. but does even consider a poor person to be a stakeholder.
- Resistant to modernization and utilization of technology in medicine by providers are possible barrier. Intense political division on both parties prevents them to work cooperatively on the issue for the greater good of our country. Education is needed for the community on various health issues. Poor management of chronic disease is key. Providers need to work cooperatively rather than on isolated silos.
- We are typically a “fee for service” mentality. I believe we need to move toward a “cost savings” mentality where being healthy and fit and strong pays off for the community at large and for the medical community. Engaging the community will be a challenge, but beginning in an organized way with all resources working toward a goal will produce results in 5 – 10 years. Having educational and coaching services will provide a missing link for those community members who must become personally involved. While hospitals cannot provide all the education, we can become an active resource for training health education facilitators, leading in prevention strategies, engaging nursing and medical students in health promotion and prevention as key function of community work for the future.
- Affordable insurance plans. Access to affordable levels of medical services.
- Lack of access to health education.
- Money, facilities, limited physicians, lack of communication between the services and those who need the services.
- Creating an understanding that we have health issues and needs.
- Poverty, lifestyle habits, and lack of education.
- Language barriers, financial means, and lack of interest in the community will cause barriers.
- Lack of compassion and understanding of the problem.
- Lack of resources/funding for health departments. Not enough school nurse/physicians. inadequate public transportation for the indigent and working poor. Non-compliance among low income residents to seek medical treatment.
- As the saying goes, “You can lead a horse to water but you can’t make him drink.” People have to be willing and accepting to make changes in their lifestyle.
- Cost and resources.
- Communication, including language, regarding available resources.
- Money.

Q11 Verbatims: Do you think that our community provides enough places to receive routine medical care, or is it necessary to go outside of your town (FHW)

- I am not fully knowledgeable of all the places available for routine medical care. My subjective thought is that more places might be needed.
- For most illnesses we are adequate to meet the need; some would require out of town specialties.
- I have found based on personal experience with my mother that it may be necessary to go to Orlando or elsewhere for medical care in some instances. Likewise, I feel it is best to obtain second opinions elsewhere.
- I think the services exist and in many cases are as good if not better than “big market” services. More effort needs to be put into educating the public of those services and busting any perceptions that you have to leave town to receive top-notch medical care.
- I think we have sufficient locations available to receive care although non-emergent care is limited in some specialties based on payer source due to some providers in the community not participating in Medicaid.
- I believe setting up a mobile clinic on a regular basis at food banks, community centers in the rural areas would be very beneficial.
- Enough resources locally.
- There is no need to go outside of this area for routine care. Lack of awareness or stigma of "small town" medicine may be adverse factors.
- Depends on what insurance a person has - we are adequately serviced - financial accessibility to care is the predictor.
- No I don't think it's necessary to go out of town. We have an excellent variety of specialists and medical facilities right here.
- Yes, if you have insurance and can afford the deductible.
- We are technically an under served area. Urgent care clinics popped up in the past 2 yrs have helped.
- I find all the medical care I need within my community.
- Key specialty medical services probably will need to be referred out; routine care is probably adequate.
- This depends upon the time of year. During the winter months when the winter residents are back, getting an appointment can take weeks or months.
- In some cases, the need to go out of town is due to the perceptions that care and access is better.
- I do feel there are more places than there were even 4 years ago.
- Yes, no need to travel.
- Since our clinics have waiting lists, then I would say no. The community doesn't want to wait. They will just ignore their problem or become a constant issue for hospitals to give them the care. If they aren't receiving their follow-up care then they are a constant threat to their own health.
- Yes if you are insured or funded.
- It is difficult to get appointments in a timely manner especially in the winter. This can cause non-emergency visits to the hospital ER's. Probably 75% stay in town 25% out of town.
- I feel that in most areas we have the greatest, of just as great, medical care as in any other comparative county to our size. I personally have had to go out of my county once for medical care while living in Lake County for 18 years.
- There are ample resources here. Hospital ERs should not be treating routine daily illnesses like colds or mild headaches or baby sniffles. They should be directed to CentraCare facilities of their own primary care physicians.
- There is enough places to receive for “routine” care, however I don't believe there is enough for “specialty” care in Lake.
- We have enough for the insured.



Q12 Verbatims: Which health care services do you think are missing in our community (FHW)

- In absence of data, I would submit that by providing the common, routine health care services, doing so would do much to enhance the “health” of our community.
- We need more endocrinologists, dermatologist, urologists and trauma facilities as well as primary care physicians willing to take Medicare and Medicaid.
- Specialized treatment, services for the young and the poor.
- I would like to see more emphasis put on preventative education and services – fitness centers, diet counseling, more emphasis placed in the schools on proper diet, physical education, caring for our bodies and our health. I also think there are some spectacular services and resources available in our community but many – and those probably most in need – are not aware of them.
- Medicaid patients needing non-emergency specialty care have a difficult time finding a Medicaid provider in our community. There seems to be a gap between being discharged from inpatient status to fully recuperated. If you are homebound you can get home health but if you don’t qualify for home care the system does not provide an outpatient arena to monitor the meds, vitals, activity and nutrition which could prevent readmissions or return ED visits. People who have a PCP and feel sick and need to be seen are told by the PCP to access the ED rather than fit them in at the office which is a poor utilization of resources.
- Dental services and possibly mammograms.
- Mayo Clinic?
- Neurosurgery; better coordination of care for un-insured.
- Alliances between county services with hospitals and physicians - to share services for public health where screening occurs. We have to be willing to "give away" a certain percentage. Managing the balance of care, screening with a sliding scale option. specialty and tertiary care is diminished in our area.
- I don’t think they are missing but the Lake County Health Department needs help with funding to promote their free dental/medical/prenatal care. They are over stressed with more and more people needing their services.
- Widespread healthcare for the poor.
- We still do not have enough urologist or neurosurgeons. We should have more geriatricians for the benefit of the community. We need care coordinators, medical homes, and ACO.
- Pediatric Eye Care.
- Certain specialties are missing.
- As Lake County continues to grow, looking at being able to take care of Level 1 patients where they don’t have to be airlifted or transported to Orlando, Gainesville or Tampa. More children’s services.
- Accessible health education.
- Orthopedic care for uninsured, workers comp, affordable dental care for adults.
- Pediatric specialty clinics. I have to drive into Orlando to get my son’s specialty care for his lifelong illness taken care of.
- Cost effective health insurance and cost effective medical care for those uninsured.
- Free care in specialized areas of health and affordable counseling in finances and psychology.
- Clinic-style dental and medical care.
- Adult Day Care - this may help working families keep elderly members at home. It is costly to keep a loved one in a skilled nursing home long term unless you have Medicaid. Adult Day Care can also improve the quality of life so the elder population won't be alone. Need more housing for the mentally ill and those with substance abuse/addiction problems. Mobile clinics - on wheels. More shelters - are always full.
- More quality orthopaedic surgeons.
- A more centralized facility of doctors and labs should be established so one can make a visit to their doctor, go for lab, go for x-rays, go for an MRI, etc., without having to get in their car. This is especially important for a senior community like ours.
- Specialty and dental providers.
- More primary care for the poor.



**COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC)**  
**2012 ROSTER**

Name		Entity/Agency Represented	Title	Expertise	Address
1	Ken Mattison	Florida Hospital Waterman	President/CEO	Committee Chair	1000 Waterman Way, Tavares, FL 32778
2	Carrie Fish	Florida Hospital Waterman	Sr. VP/COO	Hospital operations oversight: human resources, diagnostic services, cardiology services, cancer institute, medical staff services, professional services, risk management, facilities management, marketing, laboratory, food and nutrition services, home care services, rehab services	1000 Waterman Way, Tavares, FL 32778
3	Patricia Dolan	Florida Hospital Waterman	VP/Chief Nursing Officer	Nursing staff oversight: emergency services, critical care services, respiratory therapy, oncology/palliative care unit, women and children services, medical/surgical/orthopaedics unit, clinical education, surgical services, clinical informatics, pharmacy	1000 Waterman Way, Tavares, FL 32778
4	Vinay Mehindru, MD	Florida Hospital Waterman	VP/Chief Medical Officer	Medical staff oversight and quality management	1000 Waterman Way, Tavares, FL 32778
5	Becky Longanecker	Florida Hospital Waterman	Director, Professional Services and Compliance	Risk management and corporate compliance oversight	1000 Waterman Way, Tavares, FL 32778

6	Linda Davidson	Florida Hospital Waterman	Director, Case Management	Case management oversight	1000 Waterman Way, Tavares, FL 32778
7	Faye Rose	Florida Hospital Waterman	Director, Pastoral Care	Mission development and ministerial outreach	1000 Waterman Way, Tavares, FL 32778
8	Renee Furnas	Florida Hospital Waterman	Marketing Business Functions Coordinator	Public relations and community outreach	1000 Waterman Way, Tavares, FL 32778
3	Candace Huber, MPH	Florida Hospital Waterman	Community Health Transformation Specialist	Mission development and public health and wellness	1000 Waterman Way, Tavares, FL 32778
4	Sheri Hutchinson	Lake County Health Department	PIO/Community Outreach Manager	Public health officer	PO Box 1305, Tavares, FL 32778
5	Shane Bailey	Well Florida Council, Inc.	Chief Operations Officer	Conducted 2012 Lake County MAPP	1785 N.W. 80th Boulevard Gainesville, Florida 32606
6	Barbara Howard, PhD	Lake-Sumter Community College	Dean of Academics	Knowledge of community education needs and programs	9501 US Highway 441, Leesburg, FL 34788
7	Jim Judge	Lake Emergency Medical Services	Executive Director	Knowledge of community emergency medical needs	2761 W. Old Highway 441, Mt. Dora, FL 32757
8	Bonnie Zimmerman	Florida Hospital Waterman	Director, Marketing and Physician Services/Community Benefit Manager	Marketing, public relations, community outreach, physician recruitment	1000 Waterman Way, Tavares, FL 32778

**Florida Hospital Waterman  
Community Health Needs Assessment Committee  
July 9, 2012**

**Members Present:** Ken Mattison, Carrie Fish, Patricia Dolan, Vinay Mehindru MD, Faye Rose, Candace Huber, Becky Longanecker, Linda Davidson, Bonnie Zimmerman, Barbara Howard PhD, Jim Judge, Sheri Hutchinson

**Members Absent:** Bob Whitworth, Gary Kraus MD

TOPIC	DISCUSSION	ACTION
<b>Call to Order</b>	Ken Mattison called the meeting to order at 12:00 noon	
<b>Prayer</b>	Faye Rose gave the opening prayer.	
<b>Data Review</b>	<p>Bonnie Zimmerman provided an overview of the Lake County Mobilizing for Action through Planning and Partnerships (MAPP) Executive Summary, including the community health status assessment, local public health system assessment, community themes and strengths assessment, forces of change assessment, and priority strategic health issues (a copy of the executive summary is attached and made part of these minutes). There was discussion about additional forces of change not reported in the MAPP study:</p> <ul style="list-style-type: none"> <li>• allied health shortages</li> <li>• national health care reform</li> <li>• questionable ability of aging workforce to perform as well as younger counterparts</li> <li>• obesity epidemic</li> <li>• possibility that this may be the first generation to outlive its children</li> </ul> <p>A spreadsheet was reviewed (a copy is attached and made part of these minutes) comparing Lake County, Florida, and US data to Healthy People 2020 goals for access to health services, cancer, diabetes, heart disease and stroke, HIV, immunization and infectious diseases, injury and violence prevention, maternal/child health, mental health, nutrition and weight status, physical activity, respiratory diseases, substance abuse, and tobacco use. There was discussion about:</p> <ul style="list-style-type: none"> <li>• the possibility of increasing flu shots and immunizations through partnerships with the DOH and EMS in rural outreach</li> <li>• improving access to care by communicating the availability of “Quick Care” services at DOH clinics</li> <li>• reducing return visits to the ED among those unable to afford prescription medicine by greater utilization of the DOH prescription assistance program</li> <li>• lack of exercise and the impact on chronic diseases</li> </ul> <p>Internal data was reviewed (a copy is attached and made part of these minutes) for the top 10 diagnoses for ED visits and inpatient admissions. Medicaid and uninsured ED</p>	Information and discussion.

<b>Data Review (cont'd)</b>	visits were highest for chest pain, respiratory infections, bronchitis, head and neck symptoms, sore throats, and ear infections. Medicaid and uninsured inpatient diagnoses were highest for pneumonia and chest pain.	
<b>Stakeholder Surveys</b>	<p>The survey questions used for the MAPP community themes and strengths assessment were reviewed. It was agreed that, with the addition of one or more custom questions, the CHNAC will use the same set of questions for stakeholder surveys to maintain consistency with County findings.</p> <p>The following key stakeholders were identified: community business leaders, local government officials, civic organization leaders, church leadership, school leadership, food banks, free clinics, healthcare providers, law enforcement, private school leaders, large retailers (eg., Publix and Walmart), and nail, barber and hair salon owners.</p>	Candace Huber will compose custom question(s) to add to the MAPP survey. Bonnie will distribute the survey to all members of the CHNAC for their personal response. CHNAC members are also asked to share the survey with their peers and associates. An internal group will distribute the survey and/or conduct one-on-one interviews with targeted stakeholders. All surveys must be returned to Bonnie by August 6; findings will be reviewed at the next CHNAC meeting.
<b>Next Meeting</b>	Monday, August 20, 2012 12:00 noon FHW Board Room	
<b>Adjournment</b>	There being no further business, the meeting was adjourned at 1:00 pm.	

Respectfully submitted,  
Bonnie Zimmerman, Community Benefit Project Manager

**Florida Hospital Waterman  
Community Health Needs Assessment Committee  
August 20, 2012**

**Members Present:** Ken Mattison, Carrie Fish, Patricia Dolan, Vinay Mehindru MD, Faye Rose, Candace Huber, Becky Longanecker, Renee Furnas, Bonnie Zimmerman, Barbara Howard PhD, Shane Bailey

**Members Absent:** Jim Judge, Sheri Hutchinson, Linda Davidson

TOPIC	DISCUSSION	ACTION
<b>Call to Order</b>	Ken Mattison called the meeting to order at 12:00 noon	
<b>Prayer</b>	Candace Huber gave the devotional and opening prayer.	
<b>Stakeholder Survey Results</b>	Bonnie Zimmerman reviewed the results of the stakeholder survey and provided a summary of FHW respondents compared to MAPP respondent summaries. A copy of the verbatim survey responses and summaries is attached and made part of these minutes.	Information and discussion.
<b>Priority Selection: Primary Data</b>	<p>Priorities determined by Primary Data collected from the Lake County MAPP and FHW survey responses was reviewed (a copy is attached and made part of these minutes). While FHW cannot directly impact all, the following were selected as areas of potential focus as we move into the Community Health Plan phase:</p> <ul style="list-style-type: none"> <li>• Cancer, heart disease and chronic lower respiratory disorders leading cause of death.</li> <li>• Physicians/100,000 residents 44% lower than State.</li> <li>• Diabetes in top 10 causes of death among Black residents.</li> <li>• Northeast Lake County highest mortality rates in many causes of death.</li> <li>• Limited transportation leading barrier to care.</li> <li>• Improving health will require increased personal responsibility and ongoing community focus.</li> <li>• Access to care limited by affordability, uninsured, and not enough Medicare/Medicaid providers.</li> </ul>	Information and discussion.
<b>Priority Selection: Secondary Data</b>	<p>Priorities determined by Secondary Data collected from publicly available sources was reviewed (a copy is attached and made part of these minutes). The following areas of potential focus were determined:</p> <ul style="list-style-type: none"> <li>• Lack of personal doctor higher than HP 2020 goal.</li> <li>• Colorectal cancer screenings lower than HP 2020 goal.</li> <li>• Breast cancer screenings lower than HP 2020 goal.</li> <li>• Proportion of obese adults higher than HP 2020 goal.</li> <li>• Flu shots lower than HP 2020 goal.</li> </ul>	Information and discussion.

<b>Priority Selection: Internal Hospital Data</b>	<p>Priorities determined by Internal Hospital Data were reviewed (a copy is attached and made part of these minutes) and the following areas of potential focus were determined:</p> <ul style="list-style-type: none"> <li>• Respiratory infection 2<sup>nd</sup> top diagnosis for ED, especially Medicaid.</li> <li>• Urinary tract disorder 3<sup>rd</sup> top diagnosis for ED, especially Medicare, Medicaid and uninsured.</li> <li>• Bronchitis 4<sup>th</sup> top diagnosis for ED, especially Medicaid and uninsured.</li> </ul>	Information and discussion.
<b>CHNA Priority Report</b>	<p>The following 8 aggregated priorities were identified as a result of primary, secondary and internal data (a copy is attached and made part of these minutes):</p> <ul style="list-style-type: none"> <li>• Colon Cancer, all ethnic groups, ages 40+</li> <li>• Breast Cancer, females ages 40+ (per ACS guidelines)</li> <li>• Obesity, all ethnic groups, all ages</li> <li>• Heart disease, all ethnic groups, adults 18+</li> <li>• Diabetes, Black residents, ages 40+</li> <li>• Preventative Care/Wellness, all ethnic groups, all ages</li> <li>• Access to Care, all ethnic groups, all ages</li> <li>• Physician/Resident Ratio, all ethnic groups, all ages</li> </ul> <p>There was agreement that ACS guidelines for breast cancer screenings will be noted in the Community Health Plan for clarification. There was discussion about limiting diabetes to Black residents, with agreement that defining the focus will potentially produce more measurable results.</p>	Information and discussion.
<b>Next Steps</b>	<p>An ad hoc committee will meet to prepare an Asset Inventory based on the identified priority needs, and a draft CHNA final report will be prepared and sent to AHS corporate for approval. This draft report will be presented for approval at the next CHNA Committee meeting.</p>	Information.
<b>Next Meeting</b>	<p>Monday, October 29, 2012 11:30 am FHW Board Room</p>	Information.
<b>Adjournment</b>	<p>There being no further business, the meeting was adjourned at 1:10 p.m.</p>	

Respectfully submitted,  
Bonnie Zimmerman, Community Benefit Project Manager

# Section 1: Lake County Mobilizing through Action for Planning and Partnerships Executive Summary

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## Overview

Community health needs assessment activities for Lake County in 2011 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control ([www.naccho.org/topics/infrastructure/mapp/](http://www.naccho.org/topics/infrastructure/mapp/)). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTAS allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Due to prioritization of limited resources, this 2011 MAPP assessment for Lake County focused on the CHSA, the LPHSA, the CTSA and FCA; the community health improvement plan aspects of the MAPP process will be incorporated at a later date soon after release of this report. This document provides a brief summary of key activities in each of these assessment areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

## Key Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

### Community Health Status Assessment

Key issues of this section include:



- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Lake County both on an individual and county-wide basis.
- The overall age-adjusted mortality rate for Lake County for 2007-2009 was 654.2 per 100,000 while the state was 666.7 per 100,000 (Technical Appendix Report Table 44).
- While heart disease tops the leading causes of death in the state, cancer is the topmost cause of death in Lake County (Technical Appendix Report Table 40).
- In both Lake County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Lake County as in the rest of the state. Black residents in Lake County have a 23 percent higher overall age-adjusted mortality rate compared to White residents (795.7 and 644.4 per 100,000 respectively).
- Overall, poor health behaviors are generally on the rise in Lake County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- The rate of total physicians per 100,000 residents (fiscal year 2009-10) is more than 44 percent lower in Lake County than in Florida. The rates are 167.5 and 300.6, respectively (Technical Appendix Report Table 109).
- The rate of licensed dentists per 100,000 is more than 34 percent lower in Lake County (fiscal year 2009-10), 40.3 as compared to 61.9 for the state (Technical Appendix Report Table 111).
- In the year 2009, Lake County had an avoidable hospital discharge rate (per 1,000 residents) of 16.1, which was 10 percent greater than the Florida rate of 14.2 (Technical Appendix Report Table 115).
- In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage. The overall non-elderly (0-64) uninsured rate in Lake County is 23.9 percent compared to 24.9 percent for Florida.
- Lake County is in the upper 20-30 percent counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Lake County are lower than state and national averages, and life expectancies of black residents are 4-6 years shorter than that of white residents (4 years for females and 6 years for males).

### Local Public Health System Assessment

The LPHSA basically asks the question: “How well did the local public health system perform the ten Essential Public Health Services?” The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose And Investigate Health Problems and Health Hazards
3. Inform, Educate, and Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 4 and 9. Typically, some of the Essential Public Health Service 10 are relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4 and 9, indicators more susceptible to local action, may indicate that there are opportunities in Lake County in the following areas:

- to better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- to evaluate effectiveness, accessibility and quality of personal and population-based health services (EPHS 9).

### **Community Themes and Strengths Assessment**

Analysis of the resident focus group discussions from the CTSA process yields the following key observations and themes regarding community health themes in Lake County:

- Access to affordable care and a strong economy are essential to a healthy community
- Disparities in Lake County
  - Homeless, poor, uninsured, and underinsured
  - Specific geographic areas, especially remote rural areas
  - Elderly
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Lake County
- Access to healthcare
  - Affordability an issue
  - Uninsured and underinsured
  - Not enough Medicaid and Medicare providers (especially specialties)
  - Some folks live in remote rural areas or areas removed from population and services concentrations
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues
- Strong community-based organizations and faith-based organizations working together to help the community is a strength in Lake County

### **Forces of Change Assessment**

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Lake County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be

influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The FCA tool was circulated to members of the Steering Committee during December 2011 and January 2012 to generate response and perspective regarding these “forces of change”. Respondents to the FCA instrument were asked to answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” All members of the Steering Committee and their designees were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county’s healthcare system and health outcomes. Table 1-1 summarizes the forces of change identified for Lake county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
Hospital taxing district funding may change-who will pick up slack if changed	Less compensated indigent care Hospitals could limit primary care clinics	LPHD and other safety net providers may have access to health district funding Hospital free clinics could get supported
Aging Population	Increasing healthcare costs Physician to population ratio (increasing) Costs of chronic illness to the community Increased auto accidents Golf cart accidents Limited facilities in which people can age Adverse affects on job market	Higher insured population Larger volunteer pool Brings revenue to community
Cuts from the Legislature	Decrease in healthcare availability	Reduced taxes More awareness of political and civic

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
	Unemployment More uninsured Effects on mental, physical health Less personal safety – more crime Domestic violence School funding reduced	issues and accountability
Reduction in population	Loss of tax revenue Loss of support from the county Business failure, especially small business	Increased employment competition Fewer sick people
Medicaid reform	Lower reimbursement (no cost-based) Poorer dental outcomes Less access Fewer primary care providers	Saves federal/state governments money Concentration on core public health programs New partnerships
State and local government structural changes	Change of priorities Availability of services Loss of ties to the community State level does not understand issues at local level Lack of political experience	Better relationships More efficient government
Reduction in work force (agricultural greatly decreased)	More uninsured More unemployed Similar to reduction in population Reductions specific to medical workforce not keeping pace with population	More education and re-training
Increasing minority populations	More disparities (not sure in what areas and to what levels) Adjusting to cultural changes Language barrier	Cultural diversity Stronger communities
Contraction of satellite safety service (many formerly Orlando-based); offices contracting to metro area	Lack of access to safety net services Transportation difficulties increased	Filling the void New partnerships Potential for public health leadership

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
Increasing homeless population especially in South Lake (as reported by homeless shelters)	More demand for uncompensated care  Everything more difficult and magnified in terms of healthcare delivery and outcome  Violence  Increased law enforcement costs	New community partnerships to help them
Foreclosures	Lack of tax revenue  Increase in homelessness  Public nuisance and environmental hazards	Lower home prices
Decreased property values; less money to sustain programs for local government	Less money to support programs for local government	Lower housing costs
Changing family structure and gender roles	Domestic violence/aggression  Less extended family to help with family duties and obligations	More accepting of new roles  Women are wearing the pants and paying for them too
Impact of anti-immigration sentiment on the number of undocumented	Family disruption  Deportation  Negative impact on agricultural industry  Impact on community and police force  Failure to seek out services due to fear of immigration status  Difficult to get into shelters during a disaster as law enforcement is involved	Less pressure on already under-funded programs  Healthcare workers becoming more culturally competent due to learning of hardships
Advances in technology	Expensive  Overtreatment of self  Inappropriate treatment of self  Misinformation  Increased liability (more knowledge breeds more lawsuits)	Telemedicine  Increased efficiency  Increased patient safety  Faster communication  More technologically savvy workforce  Better paid workforce
Availability of experienced staffing; baby boomers retiring	Insufficient staffing  Higher patient to provider/nurse/doctor ration	Change in culture in the workforce

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
Lack of trained work force in key specialties	Cannot fill positions Quality suffers Overburdened healthcare workers Less access Reduce productivity	Opportunities for training providers/education providers Networking with educational institutions Rising wages in areas of shortage
Reduction in Medicare and Social Security funding an impact in Lake County since we have a high percentage of senior adults	Delayed retirement Decrease the infusion of money into the local healthcare system Decrease in discretionary spending	Keeping experienced workforce a little longer Less taxes
Changing attitudes toward aging and end of life issues	Costs of chronic illness to the community Adverse affects on job market Huge increase in health care costs without maintaining quality of life Increases in numbers of physician assisted suicide Financial burden to family Families moving in together Possible lowered awareness of elderly needs Lack of resources including medical/nursing staffing	New community partners Bring dignity and choice to end of life decisions More assisted living facilities needed which require increase in staffing By working together families become closer Elder care programs may be created or improved Increase in jobs for industry associated with aging population – nursing, medical, social work, etc.
Presidential election	Change in priorities Changes made that effect how government operates Government employees’ salaries and benefits are reduced Possible change in priorities Changes in healthcare policy; possible decreased funding Changes in policies, more partisan stonewalling Elimination of Affordable Health Care Act Increase in federal grant funding	Awareness of political and civic issues Fresher ideas with new political leaders Hopeful for economic improvement Opportunities for change in policy to increase access to care Changes in policies, politicians, attitudes
Shortage of primary care providers;	Added stress to already overworked	Potential for Public Health Leadership

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
<p>especially pediatricians, IM, OB/GYN</p>	<p>healthcare workers</p> <p>Same as shortage of dentist below</p> <p>Not enough doctors for patients to see</p> <p>Health care not up to par</p> <p>Patients going without health care altogether</p> <p>Increased and unmanaged numbers of chronic disease cases in adults and children</p> <p>Increased in deaths</p> <p>Barrier to care for under insured or uninsured clients</p> <p>Decreased access to care</p> <p>Increased healthcare problems in community</p> <p>Increased hospital ER visits</p> <p>Inferior care or longer wait to receive care</p> <p>Possible increase in infant / child mortality</p> <p>Lack of services</p> <p>Overutilization of hospital ERs</p> <p>Increase in cost for services</p>	<p>Same as shortage of dentist below</p> <p>More job opportunities for Dr's out of college</p> <p>More affordable and inviting educational programs may become available in the Health Care profession, for those interested on this carrier path</p> <p>Scholarships at medical schools</p> <p>Encourages people to go back to school or continue their education to fill shortage needs</p> <p>New providers moving into area</p> <p>Current providers increase patient load</p> <p>Opportunity for recruitment</p> <p>Job opportunities</p>
<p>Shortages of dentists</p>	<p>Limited Dental care could potentially increase health care costs</p> <p>Lack of dental care available to patients</p> <p>Longer waiting time for appointments</p> <p>Harder to find dentists due to offices</p> <p>Reaching client capacity</p> <p>Could contribute to more severe mouth problems or other health conditions</p>	<p>Expand dental services</p> <p>More opportunities for newly graduating dentists</p> <p>More bargaining opportunity for dentist salary</p> <p>More opportunities for dentist out of college</p> <p>Lake CHD is poised to expand services</p> <p>Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients</p> <p>More patients for active dentists</p> <p>Health Department may see more</p>

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
	<p>Overall poor health</p> <p>Overburdened dentist/dental staff</p> <p>Unaffordable care, due to high demand</p> <p>Barrier to care for under insured or uninsured clients</p> <p>Increased amount of untreated dental decay</p> <p>Lack of access to care for uninsured</p> <p>Increased dental emergencies</p> <p>Poor overall health</p> <p>Inferior care or longer wait to receive care</p> <p>Increase in dental carries</p> <p>Delay in obtaining oral health care</p> <p>Utilization of dentists outside Lake County</p> <p>Decrease in new residents</p> <p>Increase in cost for services</p>	<p>clients</p>
<p>New School of Medicine</p>	<p>More doctors does not mean increased access to care for uninsured</p> <p>Market saturation</p>	<p>Offer Lake CHD rotations to interns with the hopes of attracting new doctors to Public Health</p> <p>Creates opportunities for individuals interested in the medical field</p> <p>Train specialists that may stay in Florida</p> <p>More doctors to fill needed positions in underserved areas</p> <p>Educational opportunities to meet demand of baby boomers / retirees</p>
<p>Electronic health records</p>	<p>May be expensive initially</p> <p>High maintenance cost</p> <p>Confidentiality breach</p> <p>Delays and accessibility issues if</p>	<p>Efficiency</p> <p>Potential money savings over the long run</p> <p>A more efficient network to follow patients care</p>



**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
	<p>technology not available</p> <p>Large expense</p> <p>May have to try multiple systems before success</p> <p>Costs will rise</p> <p>Shortage of doctors or clinics</p> <p>Possibility of identity theft if security inadequate</p> <p>Access personal information w/o authorize</p>	<p>Increased efficiency</p> <p>Increased patient safety</p> <p>Faster communication</p> <p>More technologically savvy workforce</p> <p>Will help to avoid repeating tests which will save money and make continuity of care easier</p> <p>Facilitates record keeping and makes transferring records easier between providers</p> <p>Shortage of doctors or clinics</p> <p>Possibility of identity theft if security inadequate</p> <p>Decrease in cost of services</p> <p>Automation of patient records</p> <p>Availability of medical information by another doctor when traveling / out of area</p>
<p>Rising prices of everything (especially healthcare costs)</p>	<p>Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease</p> <p>People cannot afford to buy groceries or buy medications or other necessities</p> <p>Patients falling out of care.</p> <p>Increase on malnutrition, homeless families.</p> <p>Stress levels increase as well</p> <p>Concern for low income that barriers to health care, housing and food</p> <p>Clients cannot afford to take care of their families</p> <p>Decrease in availability of services, outpricing of services (less people can afford services)</p> <p>Increase on budget burdens at</p>	<p>New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities</p> <p>Strengthen community through streamlining services</p> <p>Increased public assistance programs</p> <p>Possible competitive pricing may result</p> <p>Move out of area</p> <p>Change in family unit (more family members living in same home)</p>

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
	facilities Delay in obtaining medical care Increase in chronic diseases Decrease in life expectancy	
Climate change	Environmental strains, hurricanes, tornados, earthquakes, etc. High expenses to offset the damages caused By this environmental catastrophes Uncertainty Rising costs Increase health risks Increase in energy costs	Environmental Health could take a lead role Potential for Public Health Leadership. More education and re-training. New partnerships New business opportunities Increases in numbers of “green” facilities and hybrid cars Op for cutting edge companies with new technology
Access to affordable college education	Could decrease the number of new RNs, MDs, dieticians graduating from college which will increase the shortage of health care workers even further Harder to be accepted into colleges because more people are applying Not enough space in college classrooms Not enough professors and instructors May take longer to get degree if unable to afford full tuition Increased cost may be a deterrent Bad economy – no money to pay tuition Over-enrollment, overcrowded classes, teacher shortages amplified Decrease in educated workforce / job applicants Move out of area / state	Partner with local colleges to offer Public Health rotations More educated citizens People who could not afford college are able to go May get community volunteers in exchange for scholarships More student loan programs and grants available More grants for education funding Increase in attendance, more qualified workforce
Emerging infectious diseases	Increase in health care costs Shortage of health care workers already – may not have enough	Potential for Public Health Leadership More revenue from pharmaceutical

**Table 1-1. Forces of Change Assessment results, Lake County, 2011.**

Forces	Threats	Opportunities
	trained health care workers to meet the demands of new infectious diseases Greater possibilities of being contaminated Less availability of medicine to treat diseases Overcrowded doctor offices and hospitals Healthcare demand rises beyond supply Shortages in medication Decrease in work force Will antibiotics continue to work? Anxiety Increased costs associated with healthcare Increased mortality Spread of diseases Pandemic risk increased	companies More revenue for doctors and hospitals Doctors and drug companies make more money Strengthen Public Health infrastructure Encourages research for a cure Health departments providing care Need for research scientists increased
Contraction of state Department of Health and local health department mission	Decreased safety net providers Less services for communities	Change in priorities New partnerships Increases in numbers of FQHC facilities Having to be really wise in all expenditure decisions
Seasonal population	Traffic EMS overflow via emergency calls Higher death rates Crowding facilities	Revenues/economy Travel immunizations Seasonal employment

Source: Lake County Forces of Change Assessment, December 2011 and January 2012.

## Priority Strategic Health Issues

To conclude the MAPP assessment, the a group of representatives of the local public health system partners was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Lake County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a core set of key issues, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

*Priority issues* were established as follows:

1. Inappropriate use of healthcare due to lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
  - a. Measure and hold accountable.
  - b. Create wealth (through economic development opportunities) that improves health outcomes.
  - c. Change the culture of tolerance.
  - d. Educate the community on the true individual and community cost of poor individual health choices and behavior.
  - e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
  - f. Educational opportunities should start as young as possible.
  - g. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
  - a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with student physicals events).
  - b. Public service announcements/education on the quality and quantity of services in Lake County (provide examples of positive experiences).
  - c. County level branding that brands the entire community health improvement effort in Lake County and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
  - d. Cultivate ownership of the issues and the effort needed to improve Lake County.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
  - a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
  - b. Find way to bolster or support We Care, the current voluntary physician referral program in Lake County.
4. Need for community-wide teamwork and lack of community participation.
  - a. Core Community Support Team - meetings should be periodic to keep people involved
  - b. Targeted group of people to get the job done - accountability.
  - c. Clear message to the community with clear expectations - if you deliver the community will be with you.
  - d. Community buy-in.

- e. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.
5. Capitalize on the health care economic development as a spin-off of growth around The Villages and its environs.

## Next Steps

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Lake County with community-wide measurable goals and objectives.
2. Consider creating a private sector Lake County Community Health Task Force in order to “shepherd” or “oversee” a strategic community health improvement plan.
3. Mobilize community partners as needed on specific goals and tasks.
4. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development).
5. Utilize the growth of the Villages as a driver to bring in more health care providers to Lake County
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.
7. Investigate ways to bolster We Care, the current voluntary physician referral program.
8. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them. Before investing in new resources, make sure people are utilizing safety net services that are already available: educate people on existing resources and teach them how to access the resources.

# Florida Hospital Waterman

## Community Health Needs Assessment - 2013

### Health Information

Yellow highlight = 5 or more point variance from HP 2020 goal

HEALTH INDICATORS	LAKE COUNTY	FLORIDA	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number
<b>Access to Health Services</b>					
Lack health insurance (18-64) *^	23.9%	24.9%	17.1%	0.0%	AHS-1.1
Difficulty accessing medical care (due to cost) ^	13.1%	17.3%	4.7%	4.2%	AHS-6.2
Have a personal doctor ^	86.2%	81.7%	86.4%	95.0%	AHS-5.1
<b>Cancer</b>					
Cervical cancer screening based on most recent guidelines *		83.3%	82.8%	93.0%	C-15
Colorectal cancer screening based on most recent guidelines *^	58.1%	56.4%	61.8%	70.5%	C-16
Breast cancer screening based on most recent guidelines *^	66.5%	61.9%	79.2%	81.1%	C-17
Age-Adjusted cancer deaths/100,000^	175.7	160.1	178.4	160.6	C-1
<b>Diabetes</b>					
Age-Adjusted Diabetes Deaths/100,000^	16.0%	21.1	22.5	20.25	D-3
<b>Heart Disease and Stroke</b>					
Proportion of adults over 18 y/o with hypertension *^	44.1%	34.3%	27.5%	26.9%	HDS-5
Proportion of adults over 20 y/o with high total blood cholesterol levels (240 mg or greater)^	42.5%	38.6%	15.0%	13.5%	HDS-7
Age-adjusted heart disease deaths/100,000 *^	142.1	149.8	190.9	100.8	HDS-2
Age-adjusted stroke deaths/100,000 ^	30.5	30.3	42.2	33.8	HDS-3
<b>HIV</b>					
Age-adjusted HIV deaths/100,000		8.3	3.7	3.3	HIV-12
<b>Immunization and Infectious Diseases</b>					
Flu Shot (18-64) ^	46.7%	36.5%	25.0%	80.0%	IID-12.5
Flu Shot (>65 y/o) *^	71.9%	65.3%	70.9%	90.0%	IID-12.7
Pneumococcus Vaccine (18-64) +		27.0%	17.0%	60.0%	IID-13.2
Pneumococcus Vaccine (>65 y/o) *^	73.9%	69.9%	66.9%	90.0%	IID-13.1
New invasive pneumococcal infections in adults >65 y/o (per 100,000)			40.4	31.0	IID-4.2
<b>Injury &amp; Violence Prevention</b>					
Age-adjusted unintentional injury deaths/100,000 ^	52.2	42.6	40	36	IVP-11
Age-adjusted motor vehicle crash deaths/100,000 *^	19.4	13.8	14.4	12.4	IVP-13.1
Safety belt use		85.2%	84.0%	92.4%	IVP-15
<b>Maternal, Infant, and Child Health</b>					
Low-weight births as % of total births ^	8.1%	8.7%	8.2%	7.8%	MICH-8.1
Early and adequate prenatal care in first trimester ^	79.5%	78.3%	70.8%	77.9%	MICH-10.2
Infant death rate/1,000 (within first year) ^	5.1	6.9	6.68	6.0	MICH-1.3
<b>Mental Health and Mental Disorders</b>					
Depressed Persons Receiving Treatment (18+)			68.3%	75.1%	MHMD-9.2
Percentage of adults >18 y/o experiencing a major depressive episode			6.8%	6.1%	MHMD-4.2
Suicide deaths per 100,000 ^	15.4	14.4	11.3	10.2	MHMD-1

# Florida Hospital Waterman

## Community Health Needs Assessment - 2013

### Health Information

Yellow highlight = 5 or more point variance from HP 2020 goal

HEALTH INDICATORS	LAKE COUNTY	FLORIDA	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number
<b>Nutrition and Weight Status</b>					pg. 230
Proportion of Adults that are at a healthy weight		35.6%	30.89%	33.90%	NWS-8
Proportion of adults who are obese ^	29.8%	21.1%	34.00%	30.60%	NWS-9
<b>Physical Activity</b>					pg. 263
Pct of adults engaging in moderate/vigorous activity for at least 150/75 minutes per week.		48.2%	43.50%	47.90%	PA-2.1
Pct of adults engaging in moderate/vigorous activity for at least 300/150 minutes per week. +			28.40%	31.30%	PA-2.2
<b>Respiratory Diseases</b>					pg. 286
Chronic Lung Disease (Hospitalizations from COPD per 10,000, 45 y/o+)			56	50.1	RD-11
<b>Substance Abuse</b>					pg. 302
Proportion of persons >18 y/o engaging in binge drinking during the past month. ^	15.9%	15.00%	27.0%	24.30%	SA-14.3
Proportion of adolescents (ages 12-17) using alcohol or any illicit drugs during past 30 days.			18.3%	16.50%	SA-13.1
Age adjusted cirrhosis deaths/100,000		10.4	9.1	8.2	SA-11
<b>Tobacco Use</b>					pg. 315
Percentage of adults (over 18 y/o) who are current cigarette smokers *^	14.7%	17.1%	18.3%	12%	TU-1.1
Recent smoking cessation success by adult smokers (over 18 y/o)			6%	8%	TU-5.1
Percentage of adults (over 18 y/o) who are current users of snuff or chewing tobacco products			2.3%	0.3%	TU-1.2

\* National data is from Healthy People 2020 except where indicated with an asterisk. In these instances national and state data may not align with HP 2020 goals.

+ State data where no Lake County data points is from Florida 2009 BRFSS report - some data points may not match national data.

^ State data where Lake County has data points is from 2011 WellFlorida Council CNHA



Diagnosis Code   Zip Code	Commercial/H							Total ED Visits
	MO/PPO	Medicaid	Medicaid HMO	Medicare	Medicare HMO	Other / Govt	Uninsured	
<b>786.5 - Chest Pain</b>	<b>103</b>	<b>72</b>	<b>62</b>	<b>145</b>	<b>40</b>	<b>8</b>	<b>115</b>	<b>545</b>
32726 - EUSTIS	17	13	27	24	8	1	23	113
32757 - MOUNT DORA	23	20	13	26	5	2	21	110
32778 - TAVARES	12	7	5	21	9	0	20	74
32784 - UMATILLA	14	5	2	7	1	1	7	37
34788 - LEESBURG	0	4	1	13	3	1	8	30
32736 - EUSTIS	7	5	3	2	3	2	3	25
34748 - LEESBURG	3	9	0	7	0	1	3	23
32776 - SORRENTO	5	0	2	6	4	0	3	20
34705 - ASTATULA	4	0	3	1	1	0	4	13
32735 - GRAND ISLAND	3	2	0	5	0	0	2	12
Other Zip Codes	15	7	6	33	6	0	21	88
<b>465.9 - Acute Urin of Unspecified Spot [respiratory infection]</b>	<b>57</b>	<b>153</b>	<b>199</b>	<b>20</b>	<b>2</b>	<b>8</b>	<b>77</b>	<b>516</b>
32726 - EUSTIS	4	28	51	3	0	1	23	110
32757 - MOUNT DORA	14	21	28	4	0	4	17	88
32778 - TAVARES	9	17	18	2	0	1	10	57
32784 - UMATILLA	6	17	13	1	0	0	8	45
34788 - LEESBURG	2	12	10	3	0	1	2	30
32776 - SORRENTO	6	4	11	1	0	0	3	25
34748 - LEESBURG	1	5	9	0	1	0	1	17
32736 - EUSTIS	4	6	5	0	0	1	1	17
32767 - PAISLEY	0	10	4	0	0	0	2	16
32702 - ALTOONA	0	4	7	1	0	0	1	13
Other Zip Codes	11	29	43	5	1	0	9	98
<b>786.59 - Other Chest Pain</b>	<b>128</b>	<b>76</b>	<b>38</b>	<b>149</b>	<b>24</b>	<b>13</b>	<b>49</b>	<b>477</b>
32757 - MOUNT DORA	16	11	13	25	2	2	11	80
32726 - EUSTIS	11	22	3	22	2	3	8	71
32778 - TAVARES	21	5	2	30	3	2	7	70
34788 - LEESBURG	11	6	4	19	2	0	5	47
32784 - UMATILLA	10	7	6	5	4	0	2	34
32736 - EUSTIS	12	3	0	12	0	0	1	28
32776 - SORRENTO	13	2	0	3	3	1	2	24
34748 - LEESBURG	6	2	1	6	1	1	2	19
32702 - ALTOONA	5	6	0	3	0	2	0	16
32735 - GRAND ISLAND	3	0	2	7	0	0	2	14
Other Zip Codes	20	12	7	17	7	2	9	74



Diagnosis Code   Zip Code	Commercial/H							Total ED Visits
	MO/PPO	Medicaid	Medicaid HMO	Medicare	Medicare HMO	Other / Govt	Uninsured	
<b>599 - Other Disorders of Urethra and Urinary Tract</b>	<b>49</b>	<b>82</b>	<b>77</b>	<b>145</b>	<b>32</b>	<b>5</b>	<b>85</b>	<b>475</b>
32757 - MOUNT DORA	12	17	13	26	5	1	19	93
32726 - EUSTIS	7	15	22	19	3	1	13	80
32778 - TAVARES	8	9	8	34	5	0	12	76
34788 - LEESBURG	4	8	4	16	6	1	8	47
32784 - UMATILLA	3	7	5	8	1	0	6	30
32776 - SORRENTO	2	2	6	4	1	1	2	18
32702 - ALTOONA	1	3	2	5	0	0	5	16
32767 - PAISLEY	1	7	1	1	1	1	3	15
34748 - LEESBURG	3	0	4	2	2	0	3	14
32736 - EUSTIS	2	2	0	5	0	0	3	12
Other Zip Codes	6	12	12	25	8	0	11	74
<b>490 - Bronchitis Not Specified as Acute or Chronic</b>	<b>57</b>	<b>113</b>	<b>86</b>	<b>63</b>	<b>16</b>	<b>8</b>	<b>109</b>	<b>452</b>
32726 - EUSTIS	13	28	21	16	4	3	20	105
32757 - MOUNT DORA	7	24	18	11	2	1	16	79
32778 - TAVARES	7	5	9	12	4	2	10	49
34788 - LEESBURG	5	11	5	9	1	0	7	38
32784 - UMATILLA	3	9	8	1	0	1	12	34
32776 - SORRENTO	2	10	5	0	1	0	8	26
32736 - EUSTIS	3	5	7	1	0	1	3	20
34748 - LEESBURG	3	5	5	0	0	0	7	20
32702 - ALTOONA	0	2	2	0	0	0	5	9
32767 - PAISLEY	0	2	0	2	0	0	5	9
Other Zip Codes	14	12	6	11	4	0	16	63
<b>486 - Pneumonia, Organism Unspecified</b>	<b>48</b>	<b>55</b>	<b>47</b>	<b>132</b>	<b>16</b>	<b>5</b>	<b>40</b>	<b>343</b>
32726 - EUSTIS	7	16	16	20	2	1	6	68
32757 - MOUNT DORA	6	7	7	25	1	0	8	54
32778 - TAVARES	5	4	8	25	3	2	6	53
34788 - LEESBURG	6	7	4	12	2	1	4	36
32736 - EUSTIS	5	2	0	5	1	0	2	15
32776 - SORRENTO	5	2	1	6	0	0	1	15
32784 - UMATILLA	2	3	1	5	0	0	1	12
34748 - LEESBURG	0	3	3	3	1	0	1	11
32735 - GRAND ISLAND	1	3	0	1	0	0	3	8
32702 - ALTOONA	0	3	1	3	0	0	0	7
Other Zip Codes	11	5	6	27	6	1	8	64
<b>784 - Symptoms Involving Head and Neck</b>	<b>65</b>	<b>86</b>	<b>52</b>	<b>46</b>	<b>9</b>	<b>12</b>	<b>72</b>	<b>342</b>
32726 - EUSTIS	7	26	12	9	1	2	20	77
32757 - MOUNT DORA	12	13	8	13	2	4	13	65
32778 - TAVARES	6	9	6	6	2	2	8	39
34788 - LEESBURG	6	6	4	5	1	0	3	25
34748 - LEESBURG	2	11	4	0	0	0	5	22
32784 - UMATILLA	2	5	4	3	0	0	3	17
32736 - EUSTIS	2	5	3	0	0	0	5	15
32776 - SORRENTO	4	1	5	0	0	1	2	13
32735 - GRAND ISLAND	7	0	0	3	0	0	1	11

Diagnosis Code   Zip Code	Commercial/H MO/PPO	Medicaid	Medicaid HMO	Medicare	Medicare HMO	Other / Govt	Uninsured	Total ED Visits
34736 - GROVELAND	2	1	1	0	0	0	2	6
Other Zip Codes	15	9	5	7	3	3	10	52

Diagnosis Code   Zip Code	Commercial/H							Total ED Visits
	MO/PPO	Medicaid	Medicaid HMO	Medicare	Medicare HMO	Other / Govt	Uninsured	
<b>462 - Acute Pharyngitis [sore throat]</b>	<b>47</b>	<b>79</b>	<b>94</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>92</b>	<b>321</b>
32726 - EUSTIS	7	17	20	3	0	0	19	66
32757 - MOUNT DORA	6	17	14	0	0	0	16	53
32784 - UMATILLA	9	12	12	1	0	0	8	42
32778 - TAVARES	9	6	13	0	1	0	10	39
34788 - LEESBURG	2	6	9	0	1	0	7	25
34748 - LEESBURG	1	2	4	0	0	0	6	13
32736 - EUSTIS	1	4	3	0	0	0	1	9
32776 - SORRENTO	1	4	2	0	0	0	2	9
32767 - PAISLEY	1	4	2	0	0	0	1	8
34705 - ASTATULA	1	0	0	0	0	0	4	5
Other Zip Codes	9	7	15	3	0	0	18	52
<b>382.9 - Unspecified Otitis Media [ear infection]</b>	<b>26</b>	<b>82</b>	<b>108</b>	<b>7</b>	<b>0</b>	<b>6</b>	<b>37</b>	<b>266</b>
32757 - MOUNT DORA	7	19	23	0	0	1	4	54
32726 - EUSTIS	3	18	25	1	0	0	6	53
32778 - TAVARES	6	7	10	5	0	0	8	36
32784 - UMATILLA	0	6	10	0	0	1	3	20
32776 - SORRENTO	1	6	10	0	0	0	1	18
34748 - LEESBURG	0	2	8	0	0	1	2	13
32736 - EUSTIS	1	5	3	0	0	0	2	11
34788 - LEESBURG	2	3	2	0	0	0	2	9
32702 - ALTOONA	0	1	5	0	0	0	2	8
34705 - ASTATULA	1	2	1	0	0	0	0	4
Other Zip Codes	5	13	11	1	0	3	7	40
<b>401.9 - Unspecified Essential Hypertension</b>	<b>60</b>	<b>29</b>	<b>8</b>	<b>97</b>	<b>25</b>	<b>5</b>	<b>40</b>	<b>264</b>
32726 - EUSTIS	8	8	6	16	12	1	5	56
32778 - TAVARES	5	6	0	27	2	0	8	48
32757 - MOUNT DORA	11	3	0	20	2	2	9	47
32784 - UMATILLA	6	2	0	6	1	0	1	16
34788 - LEESBURG	1	0	0	9	0	1	4	15
32776 - SORRENTO	8	2	0	1	0	0	3	14
34748 - LEESBURG	0	1	1	4	0	0	2	8
32735 - GRAND ISLAND	1	0	0	3	2	0	1	7
32736 - EUSTIS	3	1	0	2	0	0	0	6
32702 - ALTOONA	1	1	0	1	2	0	1	6
Other Zip Codes	16	5	1	8	4	1	6	41

**2012 Asset Inventory**

Area of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs	Potential Projects
<b>Colorectal cancer screenings</b> 12.4% lower than HP 2020 goal; cancer in top 5 causes of death in Lake County.	<ul style="list-style-type: none"> <li>✓ American Cancer Society resource for available programs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Home screening kits offered at health fair.</li> <li>✓ Annual colon cancer community education programs.</li> <li>✓ Colon cancer education literature distributed at health fairs</li> <li>✓ Colon cancer education literature available in Cancer Center resource library</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Cancer care coordinator to help navigate colon cancer patients from diagnosis to treatment</li> <li>✓ Health ministry in faith community to leverage health education</li> <li>✓ Primary care referrals to CREATION Health program for lifestyle management</li> </ul>
<b>Breast cancer screenings</b> 14.6% lower than HP 2020 goal; cancer in top 5 causes of death in Lake County.	<ul style="list-style-type: none"> <li>✓ Susan G. Komen scholarships</li> <li>✓ Health Department</li> <li>✓ Seminole County screening program refers to Lake County hospitals</li> <li>✓ Libby's Legacy screening program refers to Lake County hospitals</li> <li>✓ American Cancer Society resource for available programs</li> <li>✓ National breast and cervical cancer early detection program free or low cost screenings to eligible patients <a href="http://www.cdc.gov/cancer">www.cdc.gov/cancer</a></li> </ul>	<ul style="list-style-type: none"> <li>✓ Digital mammography equipment</li> <li>✓ Advertising</li> <li>✓ Annual breast cancer community education programs</li> <li>✓ Health fairs</li> <li>✓ Pink Army</li> <li>✓ Community Primary Health Clinic screenings through Komen grant</li> <li>✓ Breast cancer education literature available in Cancer Center resource library</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Cancer care coordinator to help navigate colon cancer patients from diagnosis to treatment</li> <li>✓ Leverage external scholarships for high risk women</li> <li>✓ Develop a scholarship program for mammograms (with funded follow-up for those who require it)</li> <li>✓ Develop fundraising campaign to support free mammograms</li> <li>✓ Health ministry in faith community to leverage health education</li> <li>✓ Primary care referrals to CREATION Health program for lifestyle management</li> </ul>
<b>Age-adjusted diabetes</b> deaths/100,000 4.25% higher than HP 2020 goal; diabetes in top 10 causes of death among Black residents.	<ul style="list-style-type: none"> <li>✓ Health Department diabetes education program</li> <li>✓ Lifeline Screenings for glucose</li> <li>✓ Hispanic Initiatives (Casselberry) glucose screenings</li> </ul>	<ul style="list-style-type: none"> <li>✓ Annual diabetes community education programs</li> <li>✓ Glucose screenings at health fairs</li> <li>✓ Free glucometers to needy diabetic inpatients</li> <li>✓ EndoTool power plan in ICU to help regulate glucose levels in diabetic patients</li> <li>✓ Grant funded self-education program for FHW Community Clinic patients</li> <li>✓ Home Care patient education</li> <li>✓ CREATION Health lifestyle transformation program</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Screenings &amp; education programs in Black neighborhoods</li> <li>✓ Expand EndoTool hospital-wide</li> <li>✓ Primary care referrals to CREATION Health program for lifestyle management</li> <li>✓ Health ministry in faith community to leverage health education</li> </ul>

<p>Proportion of <b>obese adults</b> 8.7% higher than state average.</p>	<ul style="list-style-type: none"> <li>✓ Weight Watchers</li> <li>✓ Meals on Wheels</li> <li>✓ Center Street Kitchen, First Presbyterian Church, Eustis</li> <li>✓ Food stamps</li> <li>✓ Hispanic Initiatives (Casselberry) BMI screenings</li> </ul>	<ul style="list-style-type: none"> <li>✓ Nutrition education programs</li> <li>✓ BMI screenings and body fat screenings at health fairs</li> <li>✓ Weight watchers discounts for employees</li> <li>✓ YMCA discounts for employees</li> <li>✓ Fitness center for employees, auxiliaries and physicians</li> <li>✓ Home Care patient education</li> <li>✓ CREATION Health lifestyle transformation program</li> <li>✓ Fitness For Life 10-week fitness program</li> <li>✓ Conductorcize 4-week physical health program</li> <li>✓ Sit To Be Fit fitness program</li> <li>✓ Sign Chi Do fitness and relaxation program</li> <li>✓ Zumba 4-session group exercise program</li> <li>✓ Healthy Holiday Cooking classes</li> <li>✓ Full Plate Diet weight loss program</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Primary care referrals to CREATION Health program for lifestyle management</li> <li>✓ Health ministry in faith community to leverage health education</li> </ul>
<p><b>Heart disease</b> in top 5 causes of death in Lake County; hypertension among top 10 causes of death among Black residents.</p>	<ul style="list-style-type: none"> <li>✓ Health Department clinic</li> <li>✓ Health Department smoking cessation classes</li> <li>✓ Smoking cessation classes, Simpson Farm House, Mt. Dora (free)</li> <li>✓ Blood pressure booths in retail stores</li> <li>✓ Lifeline Screenings for stroke/carotid artery disease, PAD, AAA, atrial fibrillation, complete lipid panel</li> <li>✓ Hispanic Initiatives (Casselberry) BP and cholesterol screenings</li> </ul>	<ul style="list-style-type: none"> <li>✓ Cardiac education programs</li> <li>✓ Blood pressure screenings</li> <li>✓ Health insurance discount to non-smoking employees</li> <li>✓ Tobacco-free hiring policy</li> <li>✓ Tobacco-free campus</li> <li>✓ Non-smoking literature offered by Pastoral Care</li> <li>✓ CREATION Health lifestyle transformation program</li> <li>✓ Fitness For Life 10-week fitness program</li> <li>✓ Conductorcize 4-week physical health program</li> <li>✓ Sit To Be Fit fitness program</li> <li>✓ Sign Chi Do fitness and relaxation program</li> <li>✓ Zumba 4-session group exercise program</li> <li>✓ Healthy Holiday Cooking classes</li> <li>✓ Full Plate Diet weight loss program</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Primary care referrals to CREATION Health program for lifestyle management</li> <li>✓ Health ministry in faith community to leverage health education</li> <li>✓ Smoking cessation classes</li> </ul>
<p><b>Access to care</b> is limited by affordability, uninsured, underinsured, and lack of Medicare/Medicaid providers.</p>	<ul style="list-style-type: none"> <li>✓ 2-1-1 resource hotline</li> <li>✓ Lake County Health Department: adult primary care project; KIDCARE health insurance program; Women's Wellness Center for maternity, post</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community Primary Health Clinic, Eustis (for qualifying financially challenged patients)</li> <li>✓ Patient discounts for early-pay</li> <li>✓ Charity write-offs for qualifying patients</li> <li>✓ Chamberlin-Edmonds and FH Orlando</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Expand base of physician volunteers at Community Primary Health Clinic</li> <li>✓ Expand Centra Care locations</li> <li>✓ Primary care referrals to CREATION Health program for lifestyle management</li> </ul>

	<p>partum and family planning; Umatilla Clinic for maternity, pediatrics, family planning, STD/HIV testing and treatment, and adult and children immunizations; nutritional support for low-income women, infants and children; Quick Care, Eustis and Umatilla (sliding scale)</p> <ul style="list-style-type: none"> <li>✓ St. Luke Medical and Dental Clinic, Eustis (below 150% poverty)</li> <li>✓ Community Medical Care Center, Leesburg (free clinic)</li> <li>✓ Leesburg Community Health Center (sliding scale)</li> <li>✓ We Care of Lake County</li> <li>✓ Veteran's Affairs, Leesburg</li> <li>✓ Life's Choices of Lake County, Eustis (free pregnancy test)</li> <li>✓ Leesburg Regional Medical Center</li> <li>✓ American Eldercare, Lake County (free to Medicare or Medicaid eligible, 65+)</li> <li>✓ United Way free and reduced prescriptions</li> <li>✓ Partnership for Prescription Assistance <a href="http://www.pparx.org">www.pparx.org</a> medication discounts</li> <li>✓ Community Health Center, Inc. (Leesburg and Apopka)</li> </ul>	<p>assistance with applications for Medicaid for qualifying patients</p> <ul style="list-style-type: none"> <li>✓ Primary Care recruitment into Florida Hospital Medical Group (FHMG) (requiring FHMG physicians to accept Medicare/Medicaid)</li> <li>✓ Centra Care, Mt. Dora (walk-in/emergency)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health ministry in faith community to leverage health education</li> </ul>
<p><b>Preventative care/wellness</b> is limited by those who do not have a personal doctor (8.8% higher than HP 2020 goal).</p>	<ul style="list-style-type: none"> <li>✓ Leesburg Regional Medical Center (LRMC)</li> <li>✓ Alliance Urgent Care, Leesburg</li> <li>✓ Express Care of Lake County, Tavares (walk-in primary care)</li> <li>✓ Family Health Center, Zellwood</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community Primary Health Clinic, Eustis (for qualifying financially challenged patients)</li> <li>✓ Centra Care, Mt. Dora (walk-in/emergency)</li> <li>✓ Primary Care recruitment to FHMG</li> <li>✓ CREATION Health lifestyle transformation program</li> <li>✓ Fitness For Life 10-week fitness program</li> <li>✓ Conductorize 4-week physical health program</li> <li>✓ Sit To Be Fit fitness program</li> <li>✓ Sign Chi Do fitness and relaxation program</li> </ul>	<ul style="list-style-type: none"> <li>✓ CREATION Health wellness programs</li> <li>✓ Expand base of physician volunteers at Community Primary Health Clinic</li> <li>✓ Health ministry in faith community to leverage health education</li> </ul>

		<ul style="list-style-type: none"> <li>✓ Zumba 4-session group exercise program</li> <li>✓ Healthy Holiday Cooking classes</li> <li>✓ Full Plate Diet weight loss program</li> <li>✓ Super Noggin brain fitness program</li> <li>✓ Mini Arts &amp; Crafts stress relief program</li> <li>✓ Forgive To Live spiritual program</li> <li>✓ Stress Away Art stress relief program</li> </ul>	
<p><b>Total physicians/100,000 residents</b> is 55.7% lower in Lake County than state average (fiscal year 2010).</p>	✓	<ul style="list-style-type: none"> <li>✓ Primary Care and specialist recruitment to Florida Hospital Medical Group</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tax incentives for physicians to relocate to Lake County</li> <li>✓ Partnership with UCF medical school for student rotations and future physician placement</li> <li>✓ Partnership with FH residency program to place new physicians in Lake County</li> </ul>