



Florida Hospital Flagler 2013 Community Health Needs Assessment

Reviewed by: Ken Mattison

A handwritten signature in black ink that reads "Ken Mattison".

President & CEO
Date: 7/13/13

Community Benefit Manager: Lauren Dye

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Executive Summary

Florida Hospital Flagler, Inc. (FHF or the Hospital) conducted a Community Health Needs Assessment in 2013. The goal was to determine the prioritized significant health needs in their community, help prepare the facility to develop a Community Health Plan to address these needs, and develop specific outreach activities to make positive changes in the overall health of our community.

The FHF team worked in close conjunction with the Flagler County Health Department and used much of their data conducted as recently as 2011. Their 2012 Health Department-sponsored report, "Flagler County Community Health Assessment" (attachment FHF Flagler_CHA_report), was produced by the Health Planning Council of North Florida. It gives a comprehensive look at the demographics of Flagler County, health statistics, and community member input from all areas of the county.

The Flagler County Community Health Assessment included interviews with community stakeholders representing the City of Bunnell, City of Flagler Beach, City of Palm Coast, Town of Beverly Beach, Flagler County Chamber of Commerce, Intracoastal Bank, Flagler County, Florida Hospital Flagler, Flagler County Medical Society, Flagler County Free Clinic, Stewart-Marchman-Act Behavioral Healthcare, and Grace Tabernacle Ministries International. These individuals represented the broad community as well as low-income, minority and underserved populations.

Community members were also surveyed. Over 700 surveys were completed representing a broad range of individuals from Flagler County. Survey participant demographics include 14 percent Bunnell residents, 12 percent Flagler Beach residents and 70 percent Palm Coast residents (Pam Coast is by far the most populous community). Of those surveyed, 14 percent were black, 68 percent were white and 11 were percent Hispanic; this aligns with our community demographics. Further, 39 percent had a high school education, 21 percent had a two-year degree, and 13 percent had a Bachelor's degree. Forty-one percent were employed, 23 percent unemployed and 11 percent retired. Sixty-eight percent of the households had incomes of \$30,000 or lower, and 27.8 percent had household incomes between \$31,000-99,000. More detail on this community survey can be found in pages 68-79 in attachment FHF Flagler_CHA_report.

Florida Hospital Flagler supplemented the Flagler County Community Health Assessment by conducting one of our own in cooperation with the Health Council of Northeast Florida. The results were mostly consistent with the larger Health Department survey. Attachment 3.2 (Priority Selection Part 1) shows the overlap between the primary data, secondary data and internal hospital data, especially in areas related to cardiac health, chronic disease and access to health care.

FHF formed both a Hospital Health Needs Assessment Committee and a Community Health Needs Assessment Committee and. The CHNAC includes broad community representation as well as people who understood the needs of low-income, minority and underserved populations in Flagler County.

Each Committee met twice in 2012 and 2013. The HHNAC provided administrative oversight for the process. The role of CHNAC was to review the primary and secondary data that had been collected, analyze that data,

identify significant community health needs, consider current Hospital and community resources, and prioritize the health needs based upon specified selection criteria.

The CHNAC prioritized and selected two top health needs: 1) Health and Wellness and, 2) Access to Healthcare Services. These recommendations and the Community Health Needs Assessment were approved by the Florida Hospital Flagler Board in the Fall of 2013.

Both the CHNAC and HHNAC will continue to meet in 2014 and beyond to help develop a Community Health Plan (implementation strategy) based on identified needs, implement the plan, oversee ongoing evaluation, and participate in future research and planning.

Hospital Description

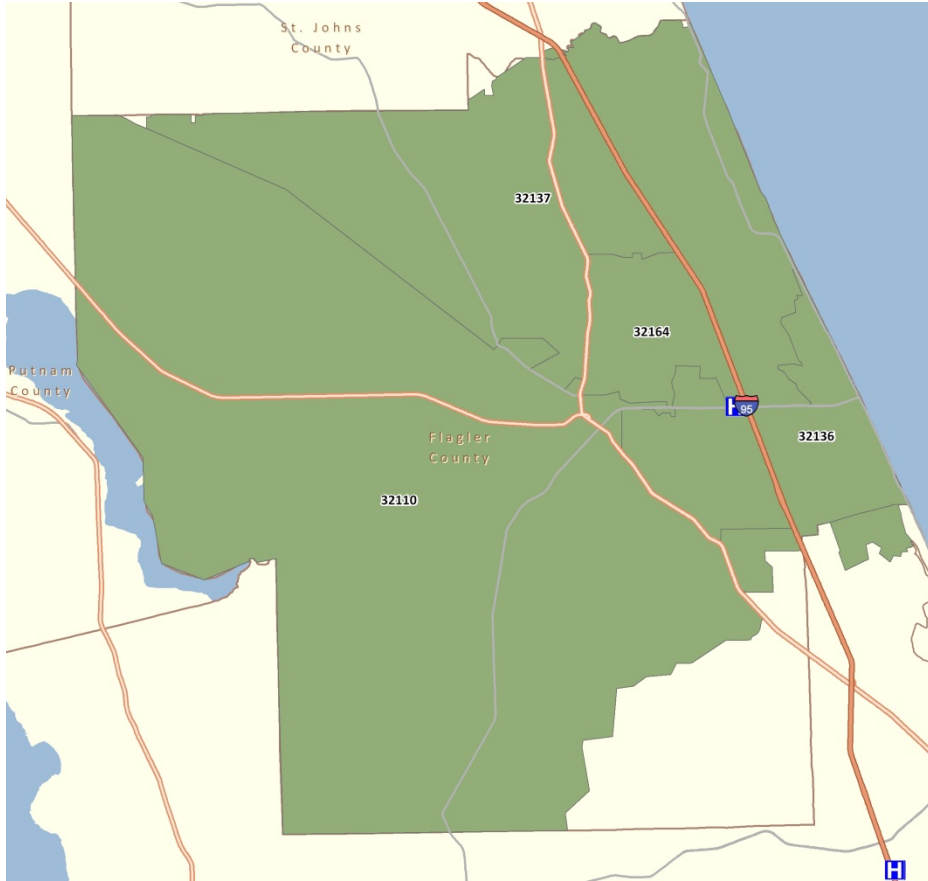
Florida Hospital Flagler is a part of Adventist Health System, the nation's largest not-for-profit Protestant healthcare provider system with a mission to extend the healing ministry of Christ. Florida Hospital Flagler has 99 licensed beds and employs nearly 1,000 caregivers, of which nearly 75 percent live in Flagler County. Florida Hospital Flagler continues to grow with the community and is now comprised of the hospital's main campus; Town Center Surgery, a freestanding outpatient center; and the Parkway Medical Plaza that includes a walk-in clinic, laboratory, imaging and women's center and physician offices.

Choosing the Community

Florida Hospital chose our community based on our primary service area, which is all of Flagler County. Primary Service area zip codes include 32110, 32137, and 32164. More than 75 percent of our hospital patients come from these zip codes. Zip code 32136 is also in the geographic service area but U.S. Census data indicates that no one lives in this zip code.)

Florida Hospital Flagler Primary Service Area

(All of Flagler County)



Community Characteristics

| DEMOGRAPHICS (NUMBERS) | Population | | Age of Population | | | |
|---------------------------|------------------|---|-------------------|-------------|--------------|-------------------|
| | Total Population | 5 Year Population Growth Rate (2011-2016) | Median Age | Under Age 5 | Under Age 18 | 65 Years or Older |
| 32110 | 8,664 | 21.50% | 40 | 591 | 2,171 | 1,441 |
| 32137 | 42,068 | 21.90% | 50 | 1,965 | 7,611 | 11,771 |
| 32164 | 38,832 | 21.20% | 44 | 2,270 | 8,439 | 8,784 |
| PSA (Calculated) | 89,564 | 21.5% | 45 | 4,826 | 18,221 | 21,996 |
| Flagler | 97,732 | 21.30% | 47 | 5,022 | 19,046 | 24,588 |
| FLORIDA | 18,991,634 | 6.50% | 40 | 1,195,739 | 4,182,320 | 3,347,671 |
| U.S. | 301,461,533 | 4.00% | 37 | 20,800,846 | 82,600,460 | 37,984,153 |

| DEMOGRAPHICS (PERCENT) | Age of Population (Percent to total population) | | |
|---------------------------|---|--------------|-------------------|
| | Under Age 5 | Under Age 18 | 65 Years or Older |
| 32110 | 6.8% | 25.1% | 16.6% |
| 32137 | 4.7% | 18.1% | 28.0% |
| 32164 | 5.8% | 21.7% | 22.6% |
| PSA (Calculated) | 5.8% | 21.6% | 22.4% |
| Flagler | 5.1% | 19.5% | 25.2% |
| FLORIDA | 6.3% | 22.0% | 17.6% |
| U.S. | 6.9% | 27.4% | 12.6% |

| DEMOGRAPHICS (NUMBERS) | Gender | | DEMOGRAPHICS (PERCENT) | Gender (% to total population) | |
|---------------------------|-------------|-------------|---------------------------|-----------------------------------|--------|
| | Male | Female | | Male | Female |
| 32110 | 4,254 | 4,410 | 32110 | 49.1% | 50.9% |
| 32137 | 20,477 | 21,591 | 32137 | 48.7% | 51.3% |
| 32164 | 18,813 | 20,019 | 32164 | 48.4% | 51.6% |
| PSA (Calculated) | 43,544 | 46,020 | PSA (Calculated) | 48.7% | 51.3% |
| Flagler | 47,561 | 50,171 | Flagler | 48.7% | 51.3% |
| FLORIDA | 9,349,602 | 9,642,032 | FLORIDA | 49.2% | 50.8% |
| U.S. | 148,535,646 | 152,925,887 | U.S. | 49.3% | 50.7% |

Data provided by Florida Hospital, includes data from US Census and The Market Planner Plus

| DEMOGRAPHICS (NUMBERS) | Ethnicity | | | | | | | |
|---------------------------|-------------|------------|---------------------|------------|--------------------|--------------------|------------|---------------------|
| | White | Black | Hispanic/L atino | Asian | American Indian | 2 or More Races | Other | Pacific Islander |
| 32110 | 6,448 | 1,044 | 745 | 234 | 15 | 160 | 16 | 2 |
| 32137 | 33,069 | 3,255 | 3,903 | 863 | 78 | 830 | 68 | 2 |
| 32164 | 27,751 | 5,749 | 3,509 | 1,071 | 63 | 600 | 77 | 12 |
| PSA (Calculated) | 67,268 | 10,048 | 8,157 | 2,168 | 156 | 1,590 | 161 | 16 |
| Flagler | 74,968 | 10,091 | 8,386 | 2,256 | 175 | 1,677 | 161 | 18 |
| FLORIDA | 11,131,011 | 2,804,318 | 4,155,571 | 435,730 | 56,094 | 366,165 | 31,130 | 11,615 |
| U.S. | 178,992,842 | 37,264,679 | 45,476,938 | 13,201,056 | 2,423,294 | 6,668,680 | 16,986,453 | 447,591 |

| | | Ethnicity (Percent to total population) | | | | | | |
|---------------------------|-------|--|---------------------|-------|--------------------|--------------------|-------|---------------------|
| DEMOGRAPHICS (PERCENT) | White | Black | Hispanic/L atino | Asian | American Indian | 2 or More Races | Other | Pacific Islander |
| 32110 | 74.4% | 12.0% | 8.6% | 2.7% | 0.2% | 1.8% | 0.2% | 0.0% |
| 32137 | 78.6% | 7.7% | 9.3% | 2.1% | 0.2% | 2.0% | 0.2% | 0.0% |
| 32164 | 71.5% | 14.8% | 9.0% | 2.8% | 0.2% | 1.5% | 0.2% | 0.0% |
| PSA (Calculated) | 74.8% | 11.5% | 9.0% | 2.5% | 0.2% | 1.8% | 0.2% | 0.0% |
| Flagler | 76.7% | 10.3% | 8.6% | 2.3% | 0.2% | 1.7% | 0.2% | 0.0% |
| FLORIDA | 58.6% | 14.8% | 21.9% | 2.3% | 0.3% | 1.9% | 0.2% | 0.1% |
| U.S. | 59.4% | 12.4% | 15.1% | 4.4% | 0.8% | 2.2% | 5.6% | 0.1% |

| | | Income | |
|---------------------------|-------------------------|-------------------|--|
| DEMOGRAPHICS (NUMBERS) | Median Household Income | Per Capita Income | |
| 32110 | \$44,450 | \$21,954 | |
| 32137 | \$46,956 | \$28,099 | |
| 32164 | \$46,070 | \$23,631 | |
| PSA (Calculated) | \$45,825 | \$24,561 | |
| Flagler | \$45,260 | \$26,478 | |
| FLORIDA | \$44,423 | \$25,152 | |
| U.S. | \$51,425 | \$29,050 | |

| Health Insurance | | |
|---------------------------|------------------|--|
| DEMOGRAPHICS (NUMBERS) | Number Uninsured | Percent Uninsured (% to total population) |
| 32110 | 1,669 | 19.3% |
| 32137 | 6,533 | 15.5% |
| 32164 | 6,348 | 16.3% |
| PSA (Calculated) | 14,550 | 17.0% |
| Flagler | 16,161 | 16.5% |
| FLORIDA | 4,078,074 | 21.5% |
| U.S. | 50,118,556 | 16.6% |

Data provided by Florida Hospital, includes data from US Census and The Market Planner Plus

Stakeholder Input Process

We received stakeholder input through community surveys and interviews.

We first adopted the 2012 study conducted by the Health Planning Council of Northeast Florida, in which 723 surveys were collected representing a comprehensive sampling of Flagler County residents of various ages, ethnicities, education levels, household incomes and each of the primary service area zip codes. We then supplemented those survey results with a 2012 survey of our own. These interviews were conducted online and represented a random sample of Flagler County residents.

We also identified community organizations in order to gather stakeholder input. Stakeholders included the Flagler County Health Department, United Way, Churches, Schools, Government, etc. These people reflect a comprehensive view of all of Flagler County's residents, inclusive of all ages, ethnicities and economic status'. Our Community Health Needs Assessment Committee is also representative of the county, and they provided important input.

A list of CHNAC members and a description of how the stakeholders represented low-income, minority and underserved populations follows.

Hospital Health Needs Assessment Committee (HHNAC) Community Health Needs Assessment Committee (CHNAC) and

The needs assessment process was guided by a Hospital Health Needs Assessment Committee (HHNAC) and a broad-based Community Health Needs Assessment Committee (CHNAC). The CHNAC and HHNAC met three times each between August 2012 and September 2013 and will meet in the future to help guide the Community Health Plan planning, implementation of the plan, ongoing evaluation, and future research and planning.

The HHNAC was made up of representatives from the Hospital with a broad range of experience and perspective on our Flagler County community.

Hospital Health Needs Assessment Committee Roster (HHNAC)

| Name | | Position | Expertise |
|------|-----------------------|--|---|
| 1 | Ken Mattison | CEO | Chief Executive Officer, long-standing medical community/health industry involvement |
| 2 | JoAnne King | VP Ancillary Services | Health care industry leadership individual, history of hospital ancillary service leadership for patients of all incomes and backgrounds |
| 3 | Mary Beth Himmelright | Nurse Manager | Understanding of health industry, regulatory guidelines |
| 4 | Paula Royal | Case Management | Involvement with community entities and understanding of the unique needs of uninsured and underserved patients |
| 5 | Beth Luebbering | Surgery Services Manager | Faith-based and connections with community entities, particular needs of health segments including the underserved |
| 6 | Joni Hunt | Government & Community Relations | Knowledge of community entities, governmental connections, key employers |
| 7 | Lauren Dye | Community Benefit Manager | Internal working knowledge of community benefit reporting, community agencies connection, health industry expertise. |
| 8 | Jill Piazza | Director of Health and Performance, CHNA coordinator | Health care industry expertise, community wellness experience, connection with community segments. Leads Volusia/Flagler community and population health efforts. |
| 9 | John Subers | Director, Marketing/Foundation | Connection with community segments, community benefit reporting |
| 10 | Dawn Durso | Radiology Manager | Involvement with community entities, awareness of regulation, health care expertise |
| 11 | Cheryl Daniel | Practice Manager | Knowledge of medical staff and office policies and procedures. |

Community Health Needs Assessment Committee (CHNAC)

For the CHNAC, in addition to Hospital employees, we had representation from the Flagler County Health Department, United Way, Free Clinic, faith community, City/County Government and Flagler County Schools. Each member brought knowledge and experience in working with people and families in our community, as

well as a unique perspective on health concerns in our community. Underserved populations, including the medically underserved, low-income and minority populations, were especially represented through participation from the Flagler County Health Department, Free Clinic, Grace Tabernacle Church and the United Way.

| Name | | Entity/Agency Represented | Title | Expertise | Address |
|------|----------------------------|--|---|---|--|
| 1 | Ken Mattison | Florida Hospital Flagler | President/CEO | Chief Executive Officer, long-standing medical community/health industry involvement | 60 Memorial Medical Pkwy Palm Coast, FL 32164 |
| 2 | Lauren Dye | Florida Hospital Flagler | Community Benefit Manager | Internal working knowledge of community benefit reporting, community agencies connection, health industry expertise. | 60 Memorial Medical Pkwy Palm Coast, FL 32164 |
| 3 | Paula Royal | Florida Hospital Flagler | Case Management | Involvement with community entities and understanding of the unique needs of uninsured and underserved patients | 60 Memorial Medical Pkwy Palm Coast, FL 32164 |
| 4 | Jill Piazza | Florida Hospital Volusia/Flagler | Director of Health and Performance, Community Benefit | Leads Volusia-Flagler community population health efforts. Health care industry expertise, community benefit reporting, connection with community segments. | Jill.piazza@ahss.org |
| 5 | Patrick Johnson, RN-C, MPA | Flagler County Health Department | Administrator | Public Health experience including needs assessment, community agency link. DOH services low-income and minority populations. | 301 Dr. Carter Blvd Bunnell, FL 32110 |
| 6 | Wally De Aquino | The Free Clinic, Florida Hospital Flagler | Board Member | Free clinic (treated 6,000+ patients). Keen understanding of underserved and low-income population's health and social needs. | 703 East Moody Boulevard, Bunnell, FL 32110 |
| 7 | Holley Moorman | Florida Hospital Flagler Board, City of Palm Coast | Board Member, Palm Coast Vice Mayor | Community connection, administrative and human resources expertise. | Personal Address |
| 8 | Pastor Charles Silano | Grace Tabernacle Church | Pastor | Community connection, faith groups connection with several large churches in area | gtmi@bellsouth.net |
| 9 | H. Holiday or TBD | Flagler County Schools | | Public School system connection and expertise | holidayh@flaglerschools.com |
| 10 | Ray Salazar | United Way of Volusia/Flagler | President | Expertise at bringing volunteers and community leaders together to identify and solve local problems, funds 211 | rsalazar@unitedwayvfc.org |

MEETINGS OVERVIEW

The Adventist Health System Community Health Needs Assessment Presentation was shared and processed at the initial internal and community meetings. An introduction to this process was provided at the community input process level (i.e. key interviews and surveys). The system used to determine priorities is described later in this document.

Internal Meeting- HHNAC (August 30, 2012)

Review of the Flagler County Demographics, Health Data and the existing Flagler County Community Health Needs Assessment (see health and socioeconomic data reports)

Internal stakeholders reviewed the existing Health Needs Assessment conducted by the Flagler County Health Department and updated data for 7 key health issues, including disparity data and health indicators for which Flagler County ranked in the 3rd or 4th quartile (worse) compared to the other counties in Florida. Those seven key issues were:

1. Chronic Disease (Cancer, Heart Disease, Chronic Lower Respiratory, Asthma, Stroke, Diabetes)
2. Risk Factors/Health and Wellness (Tobacco Use, Obesity, Physical Activity)
3. Communicable Disease (HIV/AIDS, Sexually Transmitted Diseases)
4. Injury (Unintentional Injury, Violence, Domestic Violence)
5. Behavioral Health (Alcohol Abuse, Mental Health, Suicide)
6. Maternal and Child Health (Infant Mortality, Low Birth Weight, Prenatal Care, Teen Births, Risk Factors Associated with Poor Birth Outcomes, Childhood Immunizations)
7. Access to Health Care Services (Health Insurance Coverage, Health Care Providers and Facilities)

Group Discussion of Initial Priorities and/or Focus Areas (see meeting notes) led to the following as priorities for community input:

Top Tier:

- Chronic Disease, specifically cancer and heart disease
- Risk Factors/Health and Wellness

Second Tier:

- Behavioral Health
- Maternal and Child Health
- Access to Health Care Services

Community Meeting - CHNAC (September 25, 2012, 12 attendees)

The priorities initially suggested by the Internal Committee were presented at the Community Health Needs Assessment meeting for discussion, further prioritization and possible solutions and

implementation strategies to be incorporated and/or considered in a community health improvement plan:

Priority 1: Health and Wellness

- A. Health and Wellness should be the key focus of the Florida Hospital Flagler plan. The strategy should build on the Hospital’s current community education and outreach mechanism (Change Your Life, Creation Health and other efforts) and expand the reach and scope of the hospitals work to include focus on healthy lifestyles, preconception education, outreach to parents that would indirectly impact children and partnerships with Flagler County Schools. Health Screenings should remain a part of this strategy but not be the focus. **Goal:** promote proper nutrition, exercise and healthy lifestyles to prevent illness and chronic disease.

Priority 2: Access to Health Care Services

- A. Florida Hospital Flagler should inventory Hospital and community health resources and facilitate a more effective communication and referral process among community organizations to reduce access barriers. Improved processes could be formalized via Memorandums of Understanding among the partners. Goal: more efficient utilization of existing health resources
- B. Florida Hospital Flagler should work with other community partners, including the Flagler County Health Department, to pursue the development of a Federally Qualified Healthcare Center or Rural Health Center in Flagler County. Goal: improve access to health care services for the uninsured and Medicaid population.

Community Surveys (October 1- 15, 2012, 24 total)

The following health priorities (not ranked) were identified from the online surveys conducted by Florida Hospital Flagler:

- Obesity (poor eating habits and unhealthy behaviors)
- Access to health care
- People without affordable insurance or no health care/insurance
- Substance abuse (alcohol, drugs and prescription meds)
- Mental health
- Tobacco use
- Health disparities related to maternal and child health
- Sexual activity
- Teen pregnancy
- Cost of healthcare

Survey details begin on page 24.

Internal Meeting - HHNAC (November 6, 2012, 9 attendees)

The Internal Hospital Data, Survey Results and the Asset Inventory (see discussion that follows) were reviewed. Dental Care will be added to the list of prioritized health needs and the Asset Inventory was updated and will be shared at the Community Meeting. The group reached consensus that two areas of focus – Health and Wellness and Access to Health Care and Primary Health Care – were the top two priorities based on the information and data. The Community Committee will address potential strategies related to Health Access. The internal teams of Florida Hospital Flagler will work one on one with other community partners in beginning to develop strategies related to the Health and Wellness access need.

Community Meeting - CHNAC (December 3, 2012, 11 attendees)

A summary of work to date was presented. This meeting objective: to finalize the process of prioritizing the top identified community health needs and to align priorities with potential strategies as well as to identify all relevant community and hospital assets. Hospital will still need to reach out to collaborative priority organizations in order to connect for strategy development related to the following priorities:

Access to Healthcare Services –Possible solutions:

- Look into rural health clinic structure/free clinic/FQHC possibilities, working with the Flagler County Health Department.
- Specialty Care access
- Referral pathway resource: Inventory of Community Resources available to address Health Access concerns in Flagler County. Possible strategies that resonated from the discussion included:
 - Work with the Flagler County Health Department regarding fact sheet with listing/information on government, behavioral health, community, senior, or human services programs in Flagler County. Add information about free screenings available in the community, support groups, and faith-based programs. [There is currently a resource guide put out by the Flagler County Resource Council and Feed Flagler may have this online]
 - Collaborate with the United Way on adding more Health Access resources into the already existing 211 system. Possibility to collaborate with other Florida Hospital campuses in the Volusia/Flagler market as a group effort. This is managed and staffed by the United Way and is accessible via phone and online at www.211live.org
- Screenings: Consider bringing free screenings to areas in the community with the biggest barriers to access and transportation.

Health and Wellness—Possible Solutions:

- Nutritional Education Campaign with the Schools, such as My Plate or HealthCorps
- Physical Activity Campaign with the Schools, targeting students.
- Community Health: Start phasing in a plan for community health and wellness in the community. Start with a Wellness Challenge – challenge employers across Flagler County to enlist employees to participate in a competition toward good health. The Hospital could sponsor an initial and follow up screening during a specified timeframe for the competition. Establish a participation goal and measure results before/after.

The December 3 meeting concluded this part of the Community Health Needs Assessment process. The Hospital will now work internally to develop a Community Health Plan. **Public Health**

The Flagler County Health Department played a large role in our CHNA process. We adopted a significant amount of their data from the “Flagler County Community Health Assessment.” The Flagler County Community Health Assessment was driven by a steering committee that included local providers from public health, health care, behavioral health, social services, and education, as well as government leaders, elected officials, resident advocates, and faith-based leaders. A secondary data review, community surveys and structured interviews with community leaders were used to identify high priority health issues and to publish the final Flagler County Community Health Assessment including a Community Health Action Plan. Leaders from the Health Department also serve on our CHNAC to provide knowledge and insights on our community’s health needs.

Secondary Data Sources

Florida Charts, Florida Department of Health (Bureau of Epidemiology, Division of Disease Control, Bureau of Immunization, Office of Vital Statistics, Office of Planning, Evaluation and Data Analysis)2006-2011

Florida BRFSS Survey, 2010

US Census Bureau, 2000-2010

US Department of Labor, Bureau of Labor Statistics, 2011

Florida Agency for Health Administration, 2010

University of Miami Medical School (2006-2010)

Florida Department of Law Enforcement, 2010

The Market Planner Plus (2011)

Primary Data Came from Excerpts of the Flagler County Community Health Assessment, 2011-12 and Online Surveys from Community Residents (surveys and meetings)

Data Collection and Analysis

Our secondary data was derived in large part from the comprehensive data published in the “Flagler County Community Health Assessment” in 2012 where more than 700 surveys were completed by Flagler County residents. We also conducted our own community member interviews. Internal hospital data was considered and was based off the top 10 emergency department visit reasons and inpatient admit reasons over a rolling 12 month period from 10/2011-9/2012. Attachment 3.2 Priority Selection Part 1 shows the overlap present between the primary data, secondary data and internal hospital data, especially in areas related to cardiac health, chronic disease and access to health care. These were deemed to be our greatest areas of opportunity. Access to health care is a major issue especially among our unemployed, uninsured and underserved population. Issues related to chronic disease, cardiac health and wellness cross all socio-economic sectors and affect much of the general population of Flagler County.

Data Summary and Priority Selection

Part A: Preliminary Data – high-level findings

| List the top 8-10 health priorities determined by Primary (local) Data collected from local community /multi-hospital health assessments, interviews, surveys, etc. | | | |
|--|--|----|--|
| 1 | Obesity (poor eating habits and unhealthy behaviors) | 6 | Smoking |
| 2 | Access to health care (includes cost) | 7 | Health disparities related to maternal and child health |
| 3 | People without affordable insurance or no health care/insurance | 8 | Sexual activity |
| 4 | Substance abuse (alcohol, drugs and prescription meds) | 9 | Teen pregnancy |
| 5 | Mental health | 10 | Dental care |
| List the 8-10 health priorities determined by Secondary Data from AHS, Health Department and other publicly available sources. | | | |
| 1 | Chronic Disease (cancer, heart disease, chronic lower respiratory, asthmas, stroke, diabetes) | 6 | Access to Health Care Services (health insurance coverage, health care providers and facilities) |
| 2 | Communicable Disease (HIV/AIDS, sexually transmitted diseases) | 7 | |
| 3 | Injury (unintentional injury, violence, domestic violence) | 8 | |
| 4 | Behavioral Health (alcohol abuse, mental health suicide) | 9 | |
| 5 | Maternal and Child Health (infant mortality, low birth weight, prenatal care, teen births, risk factors with poor birth outcomes, childhood immunizations) | 10 | |
| List the 8-10 health priorities determined by internal Hospital Data | | | |
| 1 | Cardiovascular: Heart Failure | 6 | COPD |
| 2 | Cardiovascular: Chest Pain | 7 | Sepsis |
| 3 | Cardiovascular: Cardiac Arrhythmia | 8 | Urinary Tract Infection |
| 4 | Respiratory: Pneumonia, Upper Respiratory Infection, Bronchitis | 9 | Sprains, contusion, injury |
| 5 | Gastrointestinal | 10 | Orthopedic/Joint Replacement |

Data Summary and Priority Selection

Part B: Aggregated Priorities

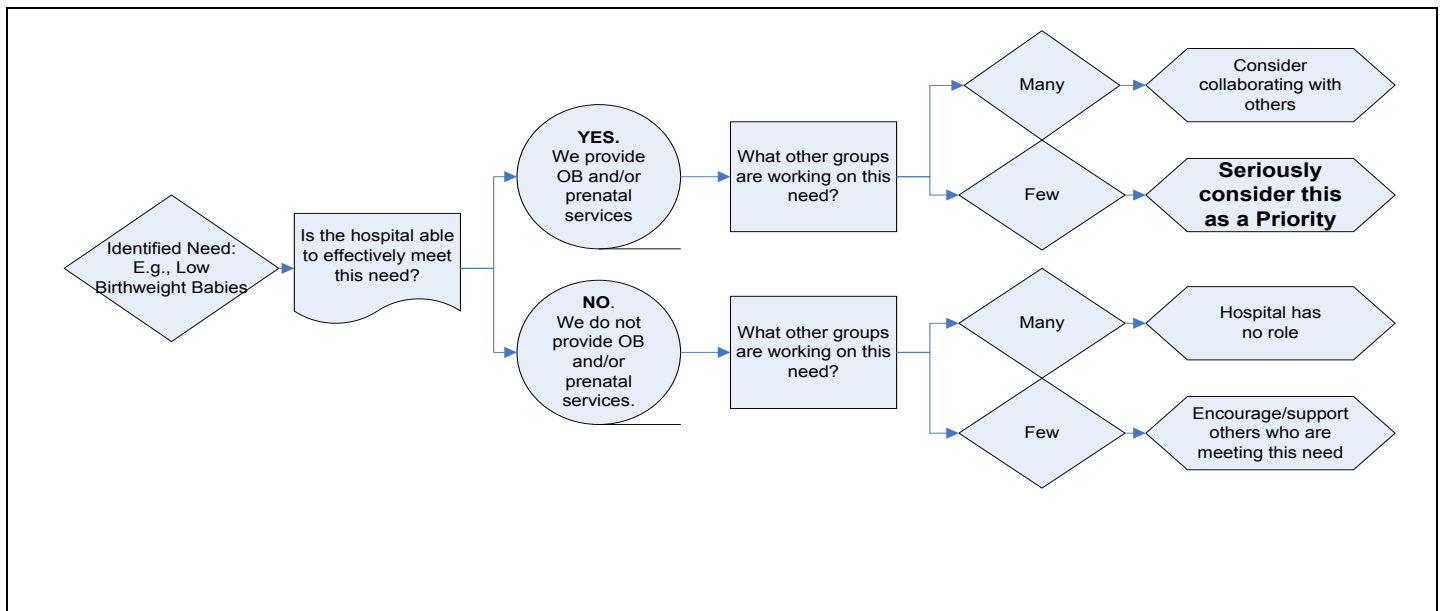
Priorities that emerged from the above data include obesity, access to health care, cardiovascular disease and respiratory disease. We were able to group the conditions into two groups—Health & Wellness, and Access to Health Care.

| | Condition | Ethnic Group | Age Group | State (or National or County) Variation | Selection Rationale |
|---|--|--|-----------|---|---|
| 1 | Health and Wellness (Overweight/Obesity and Tobacco) | Black disparity (obesity) Hispanic disparity (obesity) | Adults | <p>Adults who consume at least five servings of fruits and vegetables a day (2007), Flagler County falls in 3rd quartile in State</p> <p>Adults who are overweight (2010), Flagler County falls in 3rd quartile in State</p> <p>Adults who are current smokers (2010); Flagler County falls in 3rd quartile in State</p> | <p>Health and Wellness should be the key focus of the Florida Hospital Flagler plan. The strategy could build on the hospital’s current community education and outreach mechanism (Change Your Life, Creation Health and other efforts) and expand the reach and scope of the hospitals work to include:</p> <ul style="list-style-type: none"> • focus on healthy lifestyles • preconception education • outreach to parents that would indirectly impact children and partnerships with Flagler County Schools. <p>Health Screenings should remain a part of this strategy but not be the focus. Goal: promote proper nutrition, exercise and healthy lifestyles to prevent illness and chronic disease.</p> |
| 2 | Access to Health Care Services and Primary Care | <p>Black and Hispanic disparities for adults who could not see a dentist in the past year because of cost</p> <p>Black disparity re: emergency room visits due to asthma</p> | Adults | | <p>This priority should be the focus of the Community Meetings, including input from agencies to include Flagler County Health Department, Florida Hospital Flagler should inventory hospital and community health resources and facilitate a more effective communication and referral process among community organization to reduce access barriers. Improved processes could be formalized via Memorandums of Understanding among the partners. Goal: more efficient utilization of existing health resources.</p> |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | <p>Florida Hospital should work with other community partners, including the Flagler County Health Department, to pursue the development of a Federally Qualified Healthcare Center in Flagler County.</p> <p>Goal: provide access to health care services for the uninsured and Medicaid population.</p> |
|--|--|--|--|--|--|

Part C: Finalizing the CHNA Priorities

The Community Health Needs Assessment Committee used this Decision Tree to review each Aggregated Priority. They considered each of the identified issues for acuity of need, existing community programs, hospital capacity to address the needs, and the opportunity for collaboration.



Part D: Defining our Final Priorities

The CHNAC and HHNAC determined the following priorities:

Priority 1: Health and Wellness

Based on several health issues that were revealed by our research, the HHNAC and CHNAC chose Health and Wellness of the Flagler County community as a final priority. Some issues that were apparent include Obesity (poor eating habits and unhealthy behaviors), Smoking rates, and Chronic Disease (Cancer, Heart Disease,

Diabetes, etc.). Our future health and wellness efforts should directly impact these health issues and conditions. Health and Wellness is an area that Florida Hospital Flagler is equipped to address and in which we excel, through our established programs like Change Your Life and CREATION Health. We will look to expand and improve on these programs in addressing Health and Wellness in our community.

Priority 2: Access to Healthcare Services

Access to Healthcare Services emerged as a priority for our Community Benefit plans through data findings of high rates of residents without access to health care (especially primary care) and residents without insurance. Limited access to healthcare services could lead to other issues identified through our research including mental health issues, and maternal and child health. Through our committee meetings, the HHNAC AND CHNAC identified areas for improvement in this area including more effective communication and referral processes among community organizations to reduce barriers to care. Florida Hospital Flagler is also currently working with the community to pursue the development of a Federally Qualified Healthcare Center or Rural Health Center in Flagler County, and this is an opportunity to improve this situation that was determined through our primary, secondary and hospital research.

Issues Not Selected

We did not select “Communicable Disease” as a priority for the Hospital CHNA at this time. We used the decision tree and determined that we are not able to effectively address this issue in the community and there are current groups addressing this issue (Health Department, Diggs Miracle Care, and Outreach Community Care Network), so it made sense for us to address issues for which we are more able to make a positive difference.

We also determined we are not the best suited to address “Injury” which was identified as a top priority through secondary data. There are groups working on combating issues like unintentional injury, violence and domestic violence in our community like the school systems, domestic abuse shelters and other governmental groups, and we feel our efforts will be more effective in focusing on areas with a greater reach like health & wellness, and access to health care.

The maternal and child health issues were not selected as a direct target for our CHP efforts because the hospital does not have an OB program. The Committees believe that our efforts for health and wellness and increasing access should have a positive impact on these issues. Education for young people and increased access to primary care could decrease teen pregnancy and increase access to prenatal care.

After reviewing all of the health data, conducting our asset inventories for both the Hospital and the community, and discussing all of this, the Hospital Health Needs Assessment Committee and the Community Health Needs Assessment Committee are confident that the two areas we selected to focus on in our community health plan will have a great impact on several areas identified as priorities through the primary, secondary and hospital data. For example, our Health & Wellness education and programming, especially through the CREATION Health principles, has the potential to decrease substance abuse and have a positive effect on cardiovascular conditions as identified in hospital data. This focus on whole-person wellbeing including the mental and spiritual has the potential to improve mental and behavioral health in our community if we are able to reach high-risk audiences. Smoking and smoking-related illnesses (cancer, heart

disease, respiratory disease, COPD) are prevalent in each list of health priorities and our health & wellness efforts combined with working to improve access to health care, we should be able to reduce smoking rates in our community while also decreasing the prevalence of those diseases with a strong correlation to smoking.

Asset Inventory

| Area of Focus defined by Primary/Secondary Data | Current Community Programs | Current Hospital Programs | Potential Projects <i>(optional but helpful for guiding the HHNAC and CHNAC)</i> |
|--|---|---|---|
| Health and Wellness | <ul style="list-style-type: none"> ✓ Flagler County Health Department Programs ✓ Access Flagler First meetings ✓ Flagler County Government programs (Human Services, Senior Services, Information and Referral) ✓ Flagler County School programs ✓ After School youth programs | <ul style="list-style-type: none"> ✓ Change Your Life Program ✓ Creation Health (pilot) ✓ Support Groups ✓ Educational Lectures ✓ Smoking Cessation Program ✓ Florida Hospital Hospice Care ✓ Screenings | <ul style="list-style-type: none"> ✓ Promote proper nutrition, exercise and health lifestyles to prevent illness and chronic disease through an expansion (reach and scope) of current FH efforts. |
| Access to Health Care Services | <ul style="list-style-type: none"> ✓ Flagler County Health Department Services ✓ Free Clinic ✓ Access Flagler First meetings ✓ Flagler County Government programs (Human Services, Senior Services, Information and Referral) ✓ Flagler County School programs ✓ United Way's First Call for Help/2-1-1 ✓ Flagler Resource Council | <ul style="list-style-type: none"> ✓ Change Your Life Program (free screenings) ✓ Free sports physicals ✓ Flu shot campaign (free) ✓ Medicaid sign-up assistance available from Patient Access team | <ul style="list-style-type: none"> ✓ Effectively utilize existing health resources through communication and referral processes ✓ Pursue the development of a Federally Qualified Healthcare Center |

For Access to Health Care Services and Primary Care, our facility currently offers the Change Your Life program that includes some free health screenings, free flu shots, and Medicaid sign-up assistance from our Patient Access team. In our community, the Free Clinic plays a vital role in access to health care services, as well as Flagler County schools and United Way's First Call for Help.

In the area of Health & Wellness, the Hospital has much to offer in the way of Change Your Life, CREATION Health, support groups, educational lectures and smoking cessation programs, to name a few. Our community has some programs available to encourage health and wellness including Flagler County School programs and Health Department services such as tobacco cessation classes, health/exercise events and a dental/oral health clinic.

Next Steps

Going forward, we will continue to meet quarterly with the Hospital Health Needs Assessment Committee. Our next step is to develop our Community Health Plan and the group will meet throughout implementation and the evaluation process.

We plan to expand the reach and scope of current Florida Hospital Flagler's efforts especially Change Your Life and CREATION Health to increase health and wellness in our community. CREATION Health is a faith-based health and wellness program based on the Bible's Creation story. FHF currently offers CREATION Health, an 8-week series, several times a year and has had more than 100 graduates of the program in the last two years. Possible expansion could include a family/youth-focused CREATION Health series or exploring the possibility of offering the series at a discounted price or free.

Change Your Life could be more heavily promoted throughout the community, especially in our underserved areas. Many of the features of Change Your Life are offered at no cost including some screenings and educational seminars. We will work with our community partners on these efforts.

To address Access to Health Care Services, we plan to better utilize existing health resources through an improved communication and referral process, and pursue the development of a Federally Qualified Healthcare Center or Rural Health Center. FHF will work closely with the Flagler County Health Department, additional government entities, and other community leaders on this important initiative.

Appendix

2.5 Sample Survey Questions

1. How could you rate our community's overall health status? *Choose one: excellent, good, fair, poor or very poor.*
2. How would you rate your own health status? *Choose one: excellent, good, fair, poor or very poor.*
3. How would you rate our community's overall quality of life? *Choose one: excellent, good, fair, poor or very poor.*
4. Choose THREE (3) items below that you feel are the most important features of a healthy community:

| | |
|--|---|
| Churches or other places of worship | Affordable housing options |
| Adequate accommodations for disabilities | Preventative health care (annual check-ups) |
| Access to healthcare | Arts and cultural events |
| Good jobs, healthy economy | Quality child care |
| Parks and recreation | Clean environment |
| Good schools | Healthy behaviors and lifestyles |
| Access to public transportation | Absence of discrimination |
| Low crime/safe neighborhoods | Other: |

5. How would you rate your own quality of life? *Choose one: excellent, good, fair, poor or very poor.*
6. What do you see as the **greatest health problems** in our community?
7. Which **four diseases/conditions** do you believe are the most common in our community:

| | |
|--------------------------------------|-----------------------------------|
| Cancer – general | Obesity |
| Breast cancer | Smoking |
| Respiratory diseases – adults | Substance abuse – alcohol |
| Asthma – children | Substance abuse – drugs |
| Diabetes | Mental Health disorders |
| Heart disease/Stroke | Dental problems |
| High blood pressure | Immunizations – children |
| Poor Nutrition | Immunizations – adults |
| Lack of physical activity | HIV/Sexually Transmitted Diseases |
| Poor birth outcomes/Infant Death | Teen Pregnancy |
| Contagious diseases (flu, pneumonia) | Other (describe) |

8. Which **three behavioral risk factors/unhealthy behaviors** are the most common in our community?

| | |
|----------------------------------|---|
| Access to affordable health care | Lack of safe places for physical activity |
| Access to physicians | High number of uninsured people |
| Inadequate transportation | Poverty |
| Lack of grocery stores | Unemployment |

Access to fresh, healthy food
Wearing seatbelts
Alcohol/Drug Use
Obesity
Poor eating habits/nutrition
Unsafe sex

Illiteracy
Other (describe)

9. Who in our community does a good job of promoting health?
10. Who in our community does not promote good health?
11. How well does this hospital promote good health? *Choose one: excellent, good, fair, poor or very poor.*
12. What could the hospital do better to promote good health?

13. What health care services are difficult to get in your community? (check all that apply):

Alternative therapy (herbals,
acupuncture)
Ambulance services
Chiropractic care
Dental/oral care
Emergency room care
Family planning/birth control
Inpatient hospital
Lab work
Mental health/counseling
OB/pregnancy care

Physical therapy, rehab therapy
Prescriptions/medications/medical
supplies
Preventive care (ex. annual check-ups)
Primary care (family doctor or walk-in
clinic)
Specialty M. D. care (ex. heart doctor)
Substance abuse services (drug and
alcohol)
Vision care
X-rays/mammograms
Other

14. If you were in charge of improving health in our community, what would you do first?
15. Whom else should we talk to?

2.6 Stakeholder Interview Log

Hospital Name: Florida Hospital Flagler, Community Benefit Manager: Lauren Dye, Year: 2012

The Florida Hospital Flagler CHNA surveys were conducted to augment the larger scale Flagler County Community Health Assessment survey. Those interviews are described below.

Flagler County had 723 survey responses that included a broad representation of the population of Flagler County. Responses were received from all municipalities and unincorporated areas including those with underserved groups.

With both surveys, key demographics such as age, race/ethnicity, and education level were represented in a similar distribution to that of the overall population. A representative number of the Florida Hospital Flagler interviewees came from Bunnell and other parts of the community that had low-income and otherwise underserved populations.

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|----------|-------------------------------|----------|-------------------|---|---|---|
| 10/10/12 | Individual | Survey | Patrick Johnson | FHF, Ormond Beach 32174 | Access to primary care, health education, substance abuse and mental health problems, access to dental care, High blood pressure, Obesity, Smoking, Mental health disorders, Access to affordable health care, Alcohol/drug use, Poor eating habits/nutrition | Good; Open the classes up to those who can't afford to pay, hold classes in Bunnell at Carver Center |
| 10/17/12 | Individual | Survey | Rachel Rios | FHF, Palm Coast 32164 | Obesity, hypertension, poor/unhealthy nutrition, Cancer, Diabetes, Heart disease/stroke, Obesity, Inadequate transportation, Poor eating habits/nutrition, unemployment | Fair; Support activities/businesses/clinics that serve the indigent or uninsured |

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|----------|-------------------------------|----------|-------------------|---|--|---|
| 10/17/12 | Individual | Survey | Suzanna Urban | FHF, Palm Coast 32137 | Not enough low cost doctors, Cancer, Diabetes, Heart disease/stroke, Substance abuse – drugs, Access to physicians, High number of uninsured, Unemployment | Fair: Offer free or low cost clinics to treat non-emergency issues. |
| 10/16/12 | Individual | Survey | Linda Romanysz | FHF, Palm Coast 32137 | No health care for the unemployed middle class, especially for those unemployed between 50-65, Cancer, Heart disease, High blood pressure, Obesity, Access to affordable health care, High number of uninsured, Unemployment | Fair; More community health events after 4:30 p.m. Advertise better the programs and support groups that are available when they meet. Have a low/no cost preventative clinic for the unemployed, middle class. |
| 10/15/12 | Individual | Survey | Patrice Koch | FHF, Palm Coast 32164 | The cost of healthcare, Cancer, Respiratory disease, Diabetes, High blood pressure, Access to affordable health care, Poor eating habits, Unemployment | Good; Help educate the community on good nutrition |
| 10/11/12 | Individual | Survey | Mary Ammirati | FHF, Palm Coast 32164 | Access to public transportation, High blood pressure, Obesity, smoking, Access to affordable healthcare, Inadequate transportation, Alcohol/drug use | Fair; Need more community seminars |
| 10/11/12 | Individual | Survey | Cynthia Johnston | FHF, Palm Coast 32137 | No adequate mental health facilities, Smoking, Substance abuse-alcohol, | Poor; Add services for mental health needs, drug and alcohol abuse (good healthcare is needed) |

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|----------|-------------------------------|----------|-------------------|---|--|--|
| | | | | | Substance abuse – drugs, Mental health disorders, Access to affordable health care, Alcohol/drug use, High number of uninsured people | for this). |
| 10/11/12 | Individual | Survey | Tara Norberg | FHF, Palm Coast 32164 | Obesity, Diabetes, Smoking, Substance abuse – drugs, Wearing seatbelts, Alcohol/drug use, Unsafe sex | Excellent; More student involvement in programs |
| 10/11/12 | Individual | Survey | Eva Perez | FHF, Palm Coast 32137 | High schools (sexual activity, pregnancy, illegal substances), Economy, Smoking, Substance abuse – alcohol, Substance abuse – drugs, HIV/sexually transmitted diseases, Alcohol/drug use, Unsafe sex, Unemployment | Poor; Advertise health fairs, hold sessions/courses. Physically SHOW people the parts of the body and show how it might look if care is given. |
| 10/11/12 | Individual | Survey | Annette Estrada | FHF, Palm Coast 32164 | Access to healthcare, Cancer, Asthma, Heart disease/stroke, Smoking, Access to affordable health care, High number of uninsured, Unemployment | Good; More health screenings |
| 10/11/12 | Individual | Survey | Nancy Churtuti | FHF, Palm Coast 32137 | Lack of health insurance, Heart disease/stroke, Lack of physical activity, Obesity, Smoking, Access to affordable health care, Obesity, Unemployment | Good; school programs |

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|-------------|--------------------------------------|-----------------|--------------------------|--|---|--|
| 10/10/12 | Individual | Survey | Jessica DiMaria | FHF, Palm Coast 32164 | Healthy behaviors and crime, Substance abuse – alcohol, Substance abuse – drugs, HIV/Sexually transmitted diseases, Teen pregnancy, Alcohol/drug use, Unsafe sex, Poverty | Poor; Target younger generations |
| 10/10/12 | Individual | Survey | Tryna Slyvke | FHF, Palm Coast 32164 | Smoking, Cancer, Substance abuse – drugs, teen pregnancy, Access to physicians, Alcohol/drug use, Unemployment | Excellent; Go to different schools |
| 10/10/12 | Individual | Survey | Georgia McFarland | FHF, Palm Coast 32164 | Overweight, Diabetes, High blood pressure, Dental problems, Inadequate transportation, Obesity, Poor eating habits/nutrition | Good; Don't treat the problem, educate on how to fix it |
| 10/10/12 | Individual | Survey | Alex Ordonez | FHF, Palm Coast 32164 | Schools and Drugs, Lack of physical activity, Smoking, Substance abuse – drugs, Technology addiction, Alcohol/drug use, Unemployment, Illiteracy | Fair; I don't recall that I have seen any promotions from Florida Hospital |
| 10/10/12 | Individual | Survey | Marjorie Marcus | FHF, Palm Coast 32164 | Unavailability of health services (not accepting Medicaid), Diabetes, Heart disease/stroke, Obesity, Dental problems, Access to affordable healthcare, Access to physicians, Inadequate | Fair; Provide more outreach and education |

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|-------------|--------------------------------------|-----------------|--------------------------|--|--|--|
| | | | | | transportation | |
| 10/9/12 | Individual | Survey | Linda Murphy | FHF, Palm Coast 32137 | Poor individuals do not have options, Cancer, Diabetes, Smoking, Substance abuse – alcohol, Alcohol/drug use, Obesity, Smoking | Good; More Stop Smoking classes, healthy eating seminars or classes (on a low budget) |
| 10/9/12 | Individual | Survey | Marcia Wade | FHF, Palm Coast 32164 | Mental health, Cancer, Poor nutrition, Mental health disorders, Inadequate transportation, High number of uninsured, Unemployment | Excellent; free health care |
| 10/9/12 | Individual | Survey | Lee Willman | FHF, Palm Coast 32137 | Obesity and poor eating habits, Diabetes, High blood pressure, Lack of physical activity, Inadequate transportation, Obesity, Poor eating habits/nutrition | Poor; Community outreach education series |
| 10/3/12 | Individual | Survey | Katelyn Keller | FHF, Palm Coast 32164 | Maternal and child health may not be the greatest health problem but there is a great racial/ethnic disparity, Poor birth outcomes, Contagious diseases, Smoking, HIV/sexually transmitted diseases, Access to affordable healthcare, Poor eating habits/nutrition, Unemployment | Good; Be more present in the community and competitive with other hospitals |

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|----------|-------------------------------|----------|--------------------|---|--|---|
| 10/2/12 | Individual | Survey | Deborah Susswein | FHF, Palm Coast 32137 | Obesity, Lack of nutrition awareness, taking responsibility for preventive and maintenance health, dependence on too many prescription medications, Cancer, Diabetes, High blood pressure, Obesity, Poor eating habits, Lack of adequate and updated health education | Poor; Don't have contracted Drs outside the community in the ER (they are not invested) |
| 10/1/12 | Individual | Survey | Dawn Oakwood-Poore | FHF, Palm Coast 32164 | Too many fall through the cracks and don't get the health care they need, Respiratory diseases – adults, Heart disease/stroke, High blood pressure, Contagious diseases, Smoking, Substance abuse – alcohol, Substance abuse – drugs, Access to affordable healthcare, Access to physicians, Inadequate transportation, Alcohol/drug use, High number of uninsured, Unemployment | Good; Offer preventative care for the uninsured |
| 10/12/12 | Individual | Survey | Carol Bok | FHF, Palm Coast 32164 | Unwillingness to make healthy lifestyle choices, Diabetes, Poor nutrition, Obesity, Smoking, Access to physicians, Poor eating habits/nutrition, High number of uninsured | Excellent; Promote programs in schools and churches and at the Flagler County free clinic |

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments (How well does your local Florida Hospital promote good health and what could they do better?) |
|-------------|--------------------------------------|-----------------|--------------------------|--|--|--|
| | | | | | people | |
| 10/12/12 | Individual | Survey | Donald Elsman | FHF, Flagler Beach 32136 | People without health insurance, High blood pressure, Lack of physical activity, Obesity, Smoking, Alcohol/drug use, Obesity, Unemployment | Good; Free health screenings |
| 8/25/13 | Individual | Survey | Kathy Nelson | Bunnell, 32110 | Unemployment, Cancer, alcohol & drug abuse, access to health care | Fair; more Medicaid physicians needed |
| 8/25/13 | Individual | Survey | Lori Massebeau | Bunnell, 32110 | High blood pressure, heart disease, Poor eating habits/nutrition, unemployment | Excellent |
| 9/11/13 | Individual | Survey | Megan Dempsey | Bunnell, 32110 | Lack of preventive health care due to lack of insurance, access, poor eating habits/nutrition | Good; reach out more to the lower working class |
| 9/11/13 | Individual | Survey | John Newman | Bunnell, 32110 | Substance abuse/drugs, Cancer, Heart disease/stroke, high number of uninsured and unemployed | Good, create incentives or a reward program based on healthy achievements open to the community |