

## 2017-2019 Community Health Plan

(Implementation Strategies)

May 15, 2017

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

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

In order to assure broad community input, Florida Hospital Tampa Hospital created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the Assessment and Community Health Plan process. The Committee included representation not only from the Hospital, public health and the broad community, but from low-income, minority and other underserved populations.

The Committee met throughout 2016 and early 2017. The members reviewed the primary and secondary data, reviewed the initial priorities identified in the Assessment, considered the priority-related Assets already in place in the community, used specific criteria to select the specific Priority Issues to be addressed by the Hospital, and helped develop this Community Health Plan (implementation strategy) to address the Priority Issues.

This Community Health Plan lists targeted interventions and measurable outcome statements for each Priority Issue noted below. It includes the resources the Hospital will commit to the Plan, and notes any planned collaborations between the Hospital and other community organizations and hospitals.

#### Priority Issues that will be addressed by Florida Hospital Tampa

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

- 1. **Obesity** This issue met the criteria for prioritization as it was ranked high in relevance as an issue within the Hospital's Primary Service Area (PSA), within Hillsborough and Pasco County; was identified as an issue being addressed by other community groups; was an issue that FHT has capacity to impact and was deemed that the impact of inclusion in the plan would affect overall health of patients and within the community.
- 2. **Diabetes** This issue was identified as a significant health priority due to the high incidence of diabetes in the service area.

- 3. Low Food Access/Nutrition This issue was identified as one to which there are Insufficient resources in the community.
- 4. **Mental Health Disorders /Substance Abuse (Drugs and Alcohol)** This issue was identified as one in which there were insufficient resources and referral pathways in the community. Florida Hospital Tampa already works with Gracepoint, a private, not-for-profit behavioral health center that offers adult and children's outpatient services as well as a crisis center. Over 800 people were referred from the Hospital's emergency department to mental health providers in 2015, indicating a need for additional resources.
- 5. **Access to Care (Primary and Dental/Smoking cessation)** This issue was identified as Insufficient use of community resources, giving the Hospital an opportunity to collaborate and link services.

#### Issues that will not be addressed by Florida Hospital Tampa.

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

- 1) Cancer There are existing community resources and internal Hospital resources in place.
- 2) Heart Disease This issue is a significant health priority for the Florida Hospital Tampa service area, and is already being addressed. The Pepin Heart Institute at Florida Hospital Tampa already provides heart disease treatment as well as screenings and support groups such as Mended Hearts.
- 3) Preventable Hospital Events By addressing other priority areas, a correlating decrease in Preventable Hospital events should follow.
- 4) Maternal and Child Health: Florida Hospital Tampa provides OB and maternal-infant services as well as many new-mother and parent support programs. The Hospital is working with local FQHCs (Federally Qualified Health Centers) to increase the number of low-income women who receive early prenatal care, and is working with the All Baby & Child Spring Educational Conference as well as Healthy Start programs to increase the number of women who attend prepared childbirth classes. In addition, the Needs Assessment Committee determined that multiple community partners are already working on this issue, including the Health Department, the federal Healthy Start Coalition and Maternal & Child Health Program at the University of South Florida, and the Tampa Bay Doula program.
- 5) Teen Pregnancy: Teen pregnancy prevention is not a core competency of Florida Hospital Tampa. The Hospital does provide and support the services noted above.
- 6) Respiratory Diseases/Asthma: The Needs Assessment Committee determined that, while these are important health issues, Florida Hospital Tampa does not have the outreach capacity to build a new program around respiratory diseases.

#### **Board Approval**

The Florida Hospital Tampa Board formally approved the specific Priority Issues and the full Community Health Needs Assessment on November 8, 2016. The Board also approved this Community Health Plan on March 22, 2017.

### **Public Availability**

The Florida Hospital Tampa Community Health Plan was posted on its web site prior to May 15, 2017. Please see <a href="www.fhtampa.org/PopularLInks/CommunityBenefit">www.fhtampa.org/PopularLInks/CommunityBenefit</a>. Paper copies of the Needs Assessment and Plan are available at the Hospital, or you may request a copy from <a href="michelle.robey@ahss.org">michelle.robey@ahss.org</a>.

#### **Ongoing Evaluation**

Florida Hospital Tampa's fiscal year is January-December. For 2017, the Community Health Plan will be deployed beginning May 15 and evaluated at the end of the calendar year. In 2018 and beyond, the Plan will be implemented and evaluated annually for the 12-month period beginning January 1 and ending December 31. Evaluation results will be attached to our IRS Form 990, Schedule H.

#### For More Information

If you have questions regarding Florida Hospital Tampa's Community Health Needs Assessment or Community Health Plan, please contact michelle.robey@ahss.org.

		OUTCOM		OUTCOME MEASUREMENTS										
CHNA Priority	Outcome Statement	Target Population	Strategy	Outcome Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal -#	Year 3 Actual	Hospital \$	Matching \$	Comments
Diabetes	Increase nutritional education and offer opportunities to exercise to improve lifestyle choices	Under and uninsured adults in core and primary service areas	Provide CREATION Health eight- week, faith- based wellness plan with lifestyle seminars and training for those who want to live healthier and happier lives, and share this unique whole- person health philosophy. Based on 8 principles: choice, rest, environment, activity, trust, interpersonal relations, outlook and nutrition.	# of CREATION Health Program graduates (Must attend 6 of 8 sessions.)	0	20		50		60		\$3000 over three years' estimate	NA	Year 1 - Two churches within PSA.
				# of participants who self-report an improved knowledge regarding health & lifestyle as measured by pre & post survey	0	95% of participants		95% of participants		95% of participants			NA	
				# of Hospital staff members or others who become trainers.	0	2		1		1			NA	Train the Trainer dates - May 6 & July 23
				# of CREATION Health trainer kits sponsored.	0	2		1		1				

		OUTCOM	IE GOALS	OUTCOME MEASUREMENTS										
CHNA Priority	Outcome Statement	Target Population	Strategy	Outcome Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$	Matching \$	Comments
			Host Complete Health Improvement Program (CHIP), a lifestyle enrichment program designed to reduce disease risk through better health habits and lifestyle modifications. Goals: lower cholesterol, hypertension and blood sugar levels; reduce excess weight; enhance daily exercise; increased support systems and decreased stress. Proven scientific results.	# of CHIP participants sponsored	0	20 of 35 total participants will be sponsored		20 of 35 total participants will be sponsored		20 of 35 total participants will be sponsored		\$3,000 (\$150 per participant), plus nursing and materials fee (regular fee per person is \$550) \$9000 is the 3-year estimate	NA	Sponsorship = scholarships.  Attendance efforts will focus on participation from Tampa 1st Seventh-day Adventist Church members and community members, and employees of the University Area Community  Development Corporation (the neighborhood builder in the low-income area called Suitcase City, which is adjacent to Florida Hospital Tampa)
				% of participants who self-report improved knowledge regarding health & lifestyle principles as measured by pre-and post- survey	0	90%		90%		90%			NA	

		OUTCOM		OUTCOME MEASUREMENTS										
CHNA Priority	Outcome Statement	Target Population	Strategy	Outcome Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$	Matching \$	Comments
				% of participants who experience improved biometric indices such as blood sugar levels cholesterol, BMI, weight.	0	50%		50%		50%			NA	
		Children at low- income elementary schools in the primary service area: Five schools: Robles, Dunbar, Witter, Shaw and B.T. Washington	Partner with the American Diabetes Association on the Morning Mile (walking) program at 5 local Title 1 schools	average 50 miles/student/per school year	0	average 50 miles/student/per school year		average 50 miles/student/per school year		average 50 miles/student/per school year		\$12,500 FHT for first school year - \$37,500 over three years	NA	All metrics are American Diabetes Association metrics
				# of students participating in program	0	Participation of 60% of the student population		Participation of 60% of the student population		Participation of 60% of the student population			NA	All metrics are American Diabetes Association metrics
Low Access to Food	Provide nutrition education and access to healthy food to improve lifestyle choices	Under and uninsured adults in core and primary service areas, specifically 33605 and 33610	Implement "Food is Medicine" Program that provides nutrition education and free vouchers for fresh produce. Pilot will be expanded after year 1.	% of reduced blood sugar levels for participants as measured by blood draws the first and last day of education series	0	10% of participants		10% of participants		10% of participants		\$10K total budget for 2017. Includes education, blood draws and 400 food vouchers. \$30,000 over there years.		Zips may expand based on finalized locations.
				# of class attendees		400		400		400				

		OUTCOM	E GOALS	OUTCOME MEASUREMENTS										
CHNA Priority	Outcome Statement	Target Population	Strategy	Outcome Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$	Matching \$	Comments
			Offer \$10 food vouchers to give access to healthy food	# of fresh produce vouchers issued	0	400 vouchers		400 vouchers		400 vouchers				
Mental Health	Create awareness of/ access to a mental health resource through ED.	Core and primary service areas	Provide mental health/behavioral health referrals from our ED	% increase in referrals to care from core zip codes	79%	95%		95%		95%		In kind staff hours		Alignment with Gracepoint and 2) future detail around substance abuse metrics
	Provide support and education on smoking/tobacco cessation to deter or stop tobacco usage	Core and primary service areas	Offer iQuit Tobacco Program in partnership with the Area Health Education Council (AHEC)	Number of classes	0	10		10		10		Meeting space is donated	Program funded by AHEC	AHEC program has a 7- month follow-up class participants and results in a statewide quit rate of 37% (as of 2015).
Access to Care	Decrease # of primary care ED visits by increasing referrals to onsite FQHC	Under/uninsured adults in zip codes 33604, 33610, 33612, 33613, 33617	Tampa Family Health's Federally Qualified Health Center, a 501c3 clinic serving low-income people	% increase in number referrals to care from core zip codes	0	Increase referrals to 65% of ED patients without a current primary care medical home		65%		65%		Hospital leases former ED space at a steeply discounted rate to Tampa Family Health Center	FQHC services	