



2017-2019 Community Health Plan

(Implementation Strategies)

May 15, 2017

Community Health Needs Assessment Process

Florida Hospital North Pinellas (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 North Pinellas 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 North Pinellas

Florida Hospital North Pinellas will address the following Priority Issues in 2017-2019:

1. Diabetes

In the Hospital's primary service area (PSA), 8.9% of adults aged 20 and older have been diagnosed by a physician as diabetic. 9.4 % in Pasco County, 8.4% in Pinellas County, and the state average is 8.89%. Diabetes is a prevalent health problem in the USA and may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. While there are resources in the community and at the Hospital, this Community Health Needs Assessment Committee believes there is an opportunity to impact this prevalence in the community.

2. Heart Disease

The service area death rate due to coronary heart disease per 100,000 population is 160.66. Pasco County has a rate of 163.5; the Pinellas County rate is 157.1; and the state rate is 156.1. 7.5% of adults aged 18 and older have been diagnosed by a physician with coronary heart disease or angina in the service area; the state average is only 5.6%. Heart disease is also related to high blood pressure, high cholesterol, and heart attacks. In the service area, 29.11% of adults aged 18 and older have been diagnosed by a physician with high blood pressure or hypertension. The county rates are 29.2% in Pasco County and 29% in Pinellas County; the state average is 28.3%. 47.59% of the service area's adult population has been diagnosed with High Cholesterol: 48.94% in Pasco County and 45.44 % in Pinellas County; the state average is 41.90%. Of the Hospital's Self-Pay/Medicaid ED patients and for the general ED population, Chest Pain was one of the top 10 diagnoses in 2015. Sub Endo Infarction and Atrial Fibrillation were 2 of the top 10 in-patient diagnosis in 2015 for the total patient population. Therefore, heart disease remains a key health problem in the Hospital's community.

3. Asthma (with a focus on tobacco cessation)

15.5% of the community population has been diagnosed with asthma. This indicator is relevant because is often exacerbated by poor environmental conditions. In 2015, at the Hospital, respiratory disease-related diagnoses accounted for four of the top 10 reasons for inpatient admissions for Medicaid and Self-Pay patients.

4. Access to Care

In Pinellas County, 25.44% of adults aged 18-64 are uninsured. In Pasco County, the rate is 25%, and the state rate is 28.78%. A lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contribute to poor health status. 20.6% of adults aged 18 and older self-report that they do not have a personal doctor or health care provider. Access to regular primary care can prevent major health issues and non-urgent emergency department (ED) visits. Urinary Tract Infections, Upper Respiratory Infections and Acute Pharyngitis (sore throat) were three of the top 10 ED diagnoses for Medicaid and Self Pay patients in 2015. These are preventable Hospital visits that could be handled of a lower level of care.

5. Obesity

37.8% of adults in the Hospital's service area have a Body Mass Index (BMI) between 25.0 and 30 (overweight), and 27.7% of adults aged 20 and older self-report that they have a BMI greater than 30.0% (obese) in the service area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Issues that will not be addressed by Florida Hospital North Pinellas

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

1. Low-income/Poverty

In the Hospital's community, 12.3% of the population are living in households with incomes below the Federal Poverty Level. Poverty is relevant because it creates barriers to health services access, healthy food, and other necessities that contribute to a poor health status. However, this was not chosen as a top five priority because the Hospital as an institution does not have the capability to affect the poverty level in the community.

2. Cancer Incidents-Screenings

The Community Health Needs Assessment Committee agreed that the community and Hospital already had screening opportunities for low-income individuals, but noted that the Hospital does not provide services for ongoing cancer care once a patient receives a positive test result. Therefore, cancer incidence will not be a focus for the Community Health Plan.

Board Approval

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

Public Availability

The Florida Hospital North Pinellas Community Health Plan was posted on its web site prior to May 15, 2017. Please see [www.floridahospital.com/north-pinellas/Florida Hospital system/Community Benefit](http://www.floridahospital.com/north-pinellas/Florida-Hospital-system/Community-Benefit). Paper copies of the Community Health Needs Assessment and Community Health Plan are available at the Hospital, or you may request a copy from Jason Dunkel at jason.dunkel@ahss.org.

Ongoing Evaluation

Florida Hospital North Pinellas' 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 North Pinellas' Community Health Needs Assessment or Community Health Plan, please contact jason.dunkel@ahss.org.

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Florida Hospital North Pinellas

OUTCOME GOALS					OUTCOME MEASUREMENTS									
CHNA Priority	Outcome Statement	Target Population	Strategies/Outputs	Outcome Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$	Matching \$	Comments
Diabetes	Reduce blood sugar levels in targeted population through access to healthy food	Low income/Low Access or Food Desert population in primary service area (PSA): zip codes 34608, 34652,34653, 23655,34668, 34683,34684, 34688,34689, 34690,34691	Build framework for a pilot Food Is Medicine nutrition/food access program that provides nutrition education and free vouchers for fresh produce. Pilot will be expanded after year 1.	Hire Divisional Food Is Medicine Program Coordinator	0	1 employee		N/A		N/A		\$7500 (Hospital's portion of the divisional employee's salary for 2017). \$22,500 for three years.		
				Number of people served	0	200		300		400				
			Implement Food Is Medicine Program in underserved area and provide access to nutritious produce	Reduce blood sugar levels for 10% of participants as measured the first and last day of class	0	10% of Participants		10% of Participants		10% of Participants				
			Offer fresh produce vouchers to class participants	# of fresh produce Vouchers (Vouchers are \$10.00 per person per class)	\$0.00	\$2,000		\$3,000		\$4,000		\$9000		

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	Increase exercise opportunities and nutritional education for elementary or middle school aged children and families	Two Title 1 schools in the PSA	Partner with American Diabetes Association (ADA) to sponsor the Morning Mile (walking) Program at 2 schools for the school year Aug 2017- May 2018.	% of school population who participate	0	Participation of 60% of the student population		Participation of 65% of the student population		Participation of 65% of the student population		\$5000 for the school year; \$15,000 over three years		Morning Mile metrics were determined by the American Diabetes Association				
				# of miles completed annually	0	Average of 60 miles per student for the school year.		Average of 60 miles per student for the school year.		Average of 60 miles per student for the school year.				Morning Mile metrics were determined by the American Diabetes Association				
Heart Disease	Increase community awareness/ participation in Blood Pressure Screenings	Individuals with high blood pressure in the Provider Service Area	Free Blood Pressure Screenings held in the Hospital and at Hospital sponsored events	# of events	45 events per year	45 events per year		45 events per year		45 events per year		Volunteer Hours - In Kind \$2,000						
				# of screenings	5-10 screenings per event	5-10 screenings per event		5-10 screenings per event		5-10 screenings per event								
	Provide free heart disease education to lower disease risk	Uninsured and seniors in the Provider Service Area	Free Healthy Happenings events and health talks	# of events	15 events per year	15 events per year		15 events per year		15 events per year		3-year estimate is \$20,000		Funds to run, promote, market, and pay salary of coordinator of Healthy Happenings.				

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				Show improved knowledge of heart disease risk factors, prevention and treatment by a post-class self-survey	0%	90% of participants		90% of participants		90% of participants				
	Provide lifestyle, nutrition and health education to decrease risk and prevalence of heart disease.	15 sponsored students of class of 30 students	Hold (CHIP) Complete Health Improvement Program (18-session course). CHIP is a lifestyle enrichment program designed to reduce disease risk through better health habits and appropriate lifestyle modifications. Goals: lower cholesterol, hypertension and blood sugar levels; reduce excess weight through improved dietary choices; enhance daily exercise; increased support systems and decreased stress. Proven scientific results.	# of CHIP participants sponsored	0	15 of 30 total participants		15 of 30 total participants		15 of 30 total participants		3-year cost estimate for kits is \$11,250, plus \$3000 for nursing and labs.		Sponsored = scholarships. The CHIP program is also offered at the five other Florida Hospital facilities in the Tampa area.

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				# of all participants who self-report improved knowledge regarding health & lifestyle principles as measured by pre- and post survey	0	90% of participants		90% of participants		90% of participants				
				% of participants who experience improved biometric indices such as blood sugar levels cholesterol, BMI, weight.	0	50% of participants		50% of participants		50% of participants				
	Build Trainer Capacity for the Complete Health Improvement Program	Community Member	(CHIP) Complete Health Improvement Program	Trainer Certification Sponsorship	0 Certified Trainers	1		1		1		\$1,000 for training		
Access to Care	Free Melanoma Screenings	General population in 34689, 34688, 34684, 34683	Operation Sunshine – “Sun Spotter” truck mobile sun safety skin cancer screening and education program with on-site skin cancer exams for schools, businesses and community	Number of people screened for year.	2016: 535 people screened	540 people screened		550 people screened		600 people screened		\$150,000		

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			organizations in Pinellas County.											
				Number of people referred for follow-up	2016: 190 people referred for follow-up	100 people		150 People		200 People				
	Connect uninsured/underinsured ED patients with a medical home	Uninsured & underinsured population in service area	Build a framework for referrals to and enrollment at the Federally Qualified Health Center.		Referral and Tracking system to be developed	Build a framework for referrals to and enrollment at the Federally Qualified Health Center.		Implement referral and enrollment program for uninsured – underinsured patients. Numbers TBD.		Continue referral and enrollment program for uninsured-underinsured patients. Numbers TBD.				
Tobacco Cessation	Reduce tobacco use among participants in smoking cessation classes	Smokers in the service area	Partner with Tobacco Free Florida to host Area Health Education Council (AHEC) community smoking cessation programs at the Hospital.	Number of classes	5	10		10		10		Conference Room Rental Fee Waived	Education program Funded By state.	

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Obesity	Increase health and lifestyle education regarding healthy choices, appropriate rest, healthy environments, activity, trust, interpersonal relationships, outlook, and nutrition.	2 Faith Communities in the service area	Implement CREATION Health eight-week, faith-based wellness program 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.	Number of Creation Health Seminars Provided	0	2 Seminars		3 Seminars		4 Seminars		3-year estimate of \$4000		The CREATION Health program is also offered at the other five Florida Hospital facilities in the Tampa area.
	CREATION Health program graduates will demonstrate understanding of CH principles	Patients referred from the Hospital and community members in the service area		Number of program graduates (graduation = attendance at 6 of 8 classes)	0	20	30	30		40				
				Participants self-report improved knowledge regarding health and lifestyle as measured by pre- and post-survey	0	100%		100%		100%				

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	Build Trainer Capacity for the CREATION Health Program	Hospital staff, Clergy or lay members, community health care workers, parish nurses	Implement Training Sessions	Number of Hospital staff members or others who become trainers	0	2		1 additional		1 additional				
		Faith Communities in PSA	Sponsor Creation Health Trainer Kits	Number of CH trainer Kits Sponsored	0	2		1		1				# of kits decrease because they are re-used by the trainers
	Provide lifestyle, nutrition, and health education to decrease risk and prevalence of heart disease.	15 sponsored students of class of 30 students	Hold Complete Health Improvement Program (CHIP) lifestyle enrichment program designed to reduce disease risk through better health habits and appropriate lifestyle modifications. Goals: lower cholesterol, hypertension and blood sugar levels; reduce excess weight through improved dietary choices; enhance daily exercise; increased support systems and decreased stress. Proven results	CHIP Biometrics	0	50% improvement in all participants		50% improvement		50% improvement		\$1500 for kits		Sponsored = scholarships