2017-2019 Community Health Plan

(Implementation Strategies)

May 15, 2017

Community Health Needs Assessment Process

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

In order to assure broad community input, Florida Hospital Zephyrhills 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 Zephyrhills will address the following Priority Issues in 2017-2019.

1. **Obesity** – 30.6% of adults age 20+ self-report that they have a BMI greater than 30 (obese) in our area; #1 health problem identified in primary data collection
2. **Heart Disease** – 8.6% of adults ages 18+ diagnosed with heart disease compared to state rates at 5.6% and national rates at 4.4%.
3. **Smoking** – 25.7% of adults age 18+ self-report that they currently smoke cigarettes some days or everyday which is 7.7% higher than the state.
4. **Low-Income Families/Poverty** – Our PSA percentage of population in poverty is 17.4% which is higher than the state at 16.34% and nation at 15.37%.
5. **Lack of Exercise** – 23.9% of the PSA adults aged 20 and older self-reported no leisure time for activity.
6. **Nutrition/Access to Food** – The food insecurity rate for the PSA is 15.1% of population. 26.29% of the PSA population have low food access.

Issue that will not be addressed by Florida Hospital Zephyrhills

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

- Transportation – No Florida Hospital Zephyrhills capacity.

Board Approval

The Florida Hospital Zephyrhills 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 Zephyrhills Community Health Plan was posted on its web site prior to May 15, 2017. Please see www.FHZeph.org/PopularLInks/CommunityBenefit. Paper copies of the Needs Assessment and Plan are available at the Hospital, or you may request a copy from susan.frimmel@ahss.org .

Ongoing Evaluation

Florida Hospital Zephyrhills 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 Zephyrhills' Community Health Needs Assessment or Community Health Plan, please contact susan.frimmel@ahss.org .

Florida Hospital Zephyrhills 2017-2019 Community Health Plan

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**
Obesity/Lack of exercise	Increase nutritional education and offer opportunities to exercise to improve lifestyle choices	Residents in zip codes 33523, 33525, 33540, 33541, 33542	Provide CREATION Health, an eight-week, faith-based wellness program with lifestyle seminars and training. Based on eight principles: choice, rest, environment, activity, trust, interpersonal relations, outlook and nutrition	# of CREATION Health Program graduates (Must attend 6 of 8 sessions.)	36	50		75		100				Wellness/Pastoral
				% of participants who self-report an improved knowledge regarding health & lifestyle as measured by pre & post survey	36	60		65		70				Wellness/Pastoral
				# of Hospital staff members or others who become trainers.	5	5		5		5				Wellness/Pastoral
				# of church sponsored CREATION Health kits	0	2		2		2		3 yr. estimate $3964 includes (kits, assessments, bio-metric screenings, and nursing)		Wellness/Pastoral

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	Increase exercise opportunities and nutritional education for elementary or middle school aged children and families.	Two Title 1 schools in our PSA	Pilot with American Diabetes Association to host Morning Mile (walking) Program at 2 local schools for 2017/2018 school year	% of average participation from total student population	0	45 (per school year)		45		45		$5000 for 2017/2018 school year		Wellness ADA metric
				# of average miles completed annually per student	0	60		60		60				Wellness ADA metric
Heart Disease	Provide heart disease education and screenings to lower disease risk	Uninsured and seniors living on fixed incomes in zip codes 33523, 33525,33540, 33541, 33542	Offer free screenings at events and health talks	# of cholesterol, BMI, EKG, blood pressure screenings completed at events	1,000	1,200		1,400		1,500		$28,000 for 3 years		Marketing
				% of abnormal cholesterol and/or blood screening results referred to physician	47%	47%		47%		47%				Marketing
	Provide nutrition education and support to help people make healthy lifestyle changes	Adults living in zip codes 33523,33525, 33540, 33541 and 33542	Host Complete Health Improvement Program (CHIP) 2X year. 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	# of CHIP participants sponsored	10	30		30		30		$36,000		$100 per kit charged to participant. $400 per kit supplement by Hospital

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			daily exercise; increased support systems and decreased stress. Proven scientific results.											
				% of participants who completed CHIP	92%	75%		75%		80%				Wellness
				% of participants who experience improved biometric indices such as blood sugar levels cholesterol, BMI, weight.	54%	55%		55%		55%				Wellness
Smoking Cessation	Provide support and education on smoking/tobacco cessation to deter or stop tobacco usage	Adults and teens living in zip codes 33523,33525, 33540,33541, 33542	Offer iQuit Tobacco Program in partnership with Area Health Education Council (AHEC)	% of iQuit Program attendees who self-reported that they quit tobacco	37%	37%		37%		37%		$1,200		$100 rental fee waived per session
			Provide tobacco educational materials to local churches to share with teens	# of participating churches in distributing collaterals	0	2		4		6				Pastoral
Nutrition/Access to Healthy Food	Provide nutrition education and access to healthy food to improve lifestyle choices	Uninsured and seniors living on fixed incomes in zip codes 33540, 33541,33542	Build framework for Food is Medicine Program	Identify community partners who can provide consecutive nutritional education series	0	0		1		1		3 yr. estimate $22,500 (share of divisional employee salary in 2017)		Wellness/Pastoral
			Implement Food is Medicine Program in underserved area.	% of reduced blood sugar levels for participants as measured by blood draws the first and last day of series	0	0%		10%		12%				Wellness/Pastoral

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			Offer food vouchers following nutrition education to give access to healthy food	# of fresh produce vouchers issued	0	0		30		40		$5,000		Wellness/Pastoral