



2014-16 Community Health Plan

Posted May 15, 2014

Florida Hospital Carrollwood conducted a Community Health Needs Assessment (CHNA) in 2013. With oversight by a community-inclusive Community Health Needs Assessment Committee, the Assessment looked at the health-related needs of our broad community as well as those of low-income, minority and underserved populationsⁱ. The Assessment includes both primary and secondary data.

The Community Health Needs Assessment Committee, hospital Leadership and the hospital Board reviewed the needs identified in the Assessment. Using the Priority Selection processes described in the Assessment, the Committee identified the following issues as those most important to the communities served by our hospital. The hospital Board approved the priorities and the full Assessment.

1. Access to Health Care
2. Diabetes Prevalence
3. Mental Health
4. Hypertension and High Cholesterol
5. Unemployment

With a particular focus on these priorities, the Committee helped Florida Hospital Carrollwood develop this Community Health Plan (CHP) or “implementation strategyⁱⁱ.” The Plan lists targeted interventions and measurable outcome statements for each effort. Many of the interventions engage multiple community partners. The Plan was posted by May 15, 2014 at the same web location noted below.

Florida Hospital’s fiscal year is January-December. For 2014, the Community Health Plan will be deployed beginning May 15, 2014 and evaluated at the end of the calendar year. In 2015 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 posted annually and attached to our IRS Form 990.

If you have questions regarding this Community Health Plan or Community Health Needs Assessment, please contact Jan Baskin, Community Benefit Manager, at jan.baskin@ahss.org.

ⁱ The full Community Health Needs Assessment can be found at <https://www.floridahospital.com/carrollwood> under the Community Benefit heading.

ⁱⁱ This Community Health Plan does not include all Community Benefit activities for the hospital. Those activities are also included on Schedule H of our Form 990.

Florida Hospital Carrollwood

2014-2016 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
High Prevalence of diabetes and uncontrolled diabetes	Reduce A1c levels in 200 uninsured people	Uninsured adults in zip codes 33607, 33614, 33615, 33634	Community Diabetes education program	Diabetes classes in community settings	0 Classes	12 classes of 10		15 classes of 12		20 classes of 20		\$25,000 in staff time and materials	DOH & ADA education materials	Volunteer Instructors will average at least 4 hours/month
				A1c levels to be reduced in 75% of patients as measured by beginning of class & 90 days post	0	90		135		300				
	Promote awareness and education about diabetes prevention	Core and Primary Service Areas	Diabetes Walk	Number of hospital employees who participate in walk	0	150		250		450				
Access to free/affordable care	Increase number of patients with some type of medical insurance	Core Service Area	Refer patients to on-site Enrollment Navigators	Number of patients referred through Admissions/Registration signage posted in ED	0	50								Alliance with Crisis Center of Tampa Bay/Need will decrease over time
	Increase availability of affordable x-rays at Judeo Christian Coalition free clinic	Uninsured adults in zip codes 33607, 33614, 33615, 33634	Provide \$25,000 in donated services	Value of Service at cost	0	\$25,000		15,000		\$10,000		50,000		Amount of services may change in years 2 & 3

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	Increase overall patient access at free clinic	Uninsured adults in zip codes 33607, 33614, 33615, 33634	Provide needed physicians and clinicians to treat patients	Number of Hospital-supported physicians	0	30		40		60		Staff in-kind time		
	Increase availability of primary care	Uninsured adults in PSA	Establish two primary care clinics in market	Number of Physicians	0	10		20		30		Staff in-kind time		
	Increase availability of specialty care, including GI, Urology, GYN Surgery	Uninsured adults in zip codes 33607, 33614, 33615, 33634	Establish two primary care clinics in market	Number of Volunteers	0	20		50		60		Staff in-kind time		
			Increase the numbers of uninsured primary and secondary care patients at local clinics	Number of patients	0	150		250		500		Staff in-kind time		Patient numbers may change pending clinic start-ups
	Congregational Health Network	Work with FH Tampa to increase the number of congregations from 0-10	Engage area congregations in providing community access to health care	Number of congregations	0	3		6		10				
		Increase the number of congregational health education programs from 0- 50	Implement CREATION Health and Healthy 100 programs in congregations	Number of programs	0	5		25		50				
	Transportation Network	Uninsured adults in zip codes 33607, 33614, 33615, 33634	Secure \$50,000 in transportation modes, using a voucher system	Number of Transportation Partners	0	1		3		4		Staff in-kind time, \$10,000 to assist with vouchers and outreach		

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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
Lack of patient utilization	Outreach to ethnic communities	Core Service Area	Provide Screenings and Education in Hispanic, Indian, Korean communities	Number of programs	0	3		6		9		\$ 95,000.00		
Hypertension, High Cholesterol	Congregational Health Model for physical fitness challenges	Core Service Area	Monthly Healthy 100 community challenge events	Number of events	0	5		15		25		Staff in-kind time/ Congregational/Community support		Lead program with West Florida Region campuses, coordinate with area fitness centers and certified trainers
				% of participants with reduced hypertension and Cholesterol levels after 90 day period	0	15%		20%		35%				To be determined based on number of events
	Community Outreach	Uninsured/Underinsured Adults in 33607, 33614, 33615, 33634	Host annual community screening event featuring 20+ free screenings	Percent of attendees with hypertension and high Cholesterol referred to physicians for follow up care	5%	10%, \$30,000		20%, \$25,000		20%, \$25,000		Staff and physicians in-kind time, collateral materials		
				Number of Available Specialists	0	5		8		10		Staff in-kind time/\$5,000 materials		

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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	
Mental Health	Access to Care	Core Service Area	Help JCC create access network	Number of mental health care providers	1	5		10		12		Staff Time		Align with Grace Point and other providers	
Unemployment/Underemployment	Access to Jobs	Adults in 33607, 33614, 33615, 33634	Provide Workforce Alliance Counselors to help event participants gain access to employment opportunities	Number of participants screened for jobs	0	25		50		100		Staff Time		Align with Tampa Workforce Alliance	