



**FLORIDA HOSPITAL**  
*Altamonte*

**2013**  
**COMMUNITY HEALTH NEEDS ASSESSMENT**  
Summary

## Introduction

Florida Hospital conducted its 2013 Community Health Needs Assessment in two parts: a regional needs assessment for the three counties in Central Florida followed by Assessments focused on and tailored to our seven hospital facilities in the Tri-County area of Orange, Seminole and Osceola Counties.

The larger Assessment is posted on our web site.

This document is specific to **Florida Hospital Altamonte**.

## Executive Summary

In Central Florida, there is a well-established tradition of healthcare organizations, providers, community partners, and individuals committed to meeting our local health needs. The region is home to several respected hospitals that are ranked in the nation's top 100, a Level One Trauma Center, nine designated teaching hospitals and the University of Central Florida, College of Medicine. Even with the current economic challenges and healthcare's changing landscape, these organizations remain committed to serving Central Florida.

In spite of this dedication to meeting local health needs, there is still work to be done. In the center of the Sunshine State, over 1.8 million people live in Orange, Osceola, and Seminole Counties. Of these residents, approximately 8.8% are unemployed; housing affordability remains a challenge; poverty rates for children, families, and the elderly are up to three times higher among racial and ethnic minorities; over one-third of children are raised in single-parent households; crime rates are above the national average; cancer is the leading cause of death; public transportation and carpooling are underutilized to the point where noise and traffic pollute the urban landscape; and in some zip codes, less than 20% of residents hold a bachelor's degree or higher.

These societal challenges often prevent Central Floridians from achieving the level of social, physical, environmental, and spiritual well-being that is necessary for maintaining health and quality of life. Community health needs assessments take into account these four areas of well-being, serve as a baseline of health status in a given community, and are used to plan social and medical interventions relevant to the population.

Three not-for-profit clinical hospitals – Florida Hospital, Orlando Health, and Lakeside Behavioral Health – alongside the Florida Department of Health in Orange County collaborated in 2012 and 2013 to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties. The “CHNA” would describe the health of Central Floridians for the purpose of planning interventions relevant to the community. These four groups also collaborated with other community agencies under the umbrellas of “Healthy Orange Florida” in Orange County, “Healthy Seminole” in Seminole County, and “Community Vision” in Osceola County. (A list of Healthy Orange members can be found in Attachment 1.)

Healthy Orange contracted with the Health Council of East Central Florida, Inc. (Health Council) to use the Healthy Measures for East Central Florida online Health Community Network (HCN) tool. This customizable web-based

community dashboard, designed by Healthy Communities Institute (HCI), delivers access to high-quality data and decision support. The HCN provides health indicator tracking, best practice sharing, and community development to help improve the health and environmental sustainability of Altamonte and surrounding communities. This tool was jointly funded by the collaboration and is publicly available to the community as a resource.

Over 100 health indicators were collected and analyzed for this report; health indicators were then categorized and ranked using the Assessment Protocol for Excellence in Public Health (APEXPH) modified Hanlon Method. This method considered three criteria: the magnitude of the problem, as measured in terms of the percent of the population with the health problem; the severity of the program in terms of mortality, morbidity, hospitalizations, economic loss or community impact; and the predicated effectiveness of the intervention in preventing the health problem.

Data sources included:

- Over 70 key stakeholder interviews with people representing the broad interests of the community – 2013
- The Health Department MAPP assessments – 2012
- The Florida Department of Health State Health Improvement Plan (2012-2015)
- The 2012 National Prevention Strategy
- Healthy People 2020

These data were used to identify the top health priorities in each county. The **tri-county needs assessment conducted in Orange, Osceola, and Seminole Counties** can be found on the Florida Hospital and Orlando Health websites. Utilizing this tri-county assessment data as a foundation, Florida Hospital conducted individual assessments for each of the seven Florida Hospital campuses located in the Central Florida tri-county region:

- Florida Hospital Altamonte – Seminole County
- Florida Hospital Apopka – Orange County
- Florida Hospital Celebration Health – Osceola County
- Florida Hospital East Orlando – Orange County
- Florida Hospital Kissimmee – Osceola County
- Florida Hospital Orlando including Florida Hospital for Children – Orange County
- Winter Park Memorial Hospital, a Florida Hospital – Orange County

This document is a campus-specific Community Health Needs Assessment for Florida Hospital Altamonte and the community it serves.

## Florida Hospital Community Health Needs Assessment Process

The campus assessment process used the following steps:

- A. The **tri-county assessment** was conducted by the Healthy Seminole partners including Florida Hospital.
- B. Florida Hospital formed a **Community Health Needs Assessment Committee (CHNAC)**. The CHNAC is a sub-committee of the Florida Hospital Board of Trustees and meets quarterly. The CHNAC's role was to review and analyze the data in the tri-county assessment, support the individual campus needs assessments, and approve the community health priorities.

The CHNAC is comprised of external community members/stakeholders and senior hospital leaders. The community members in particular provide strong representation of low-income, minority and underserved populations. (Attachment 2)

- C. **Hospital Health Needs Assessment Committees (HHNAC)** were convened on each campus and included case management, nursing, medical staff, administration, community advisory/ foundation board representatives, and other clinical and non-clinical strategy individuals (Attachment 3).

The HHNAC on each campus reviewed the primary and secondary data in the tri-county assessment. They also analyzed hospital inpatient and emergency department utilization data to determine the top reasons for inpatient admissions and ED use.

The HHNAC used a "Decision Tree" (Attachment 4) to determine campus priorities based on the intensity of need, current community initiatives addressing the issue, Florida Hospital's capacity to impact these issues, and the opportunity for collaboration with other hospitals and community partners.

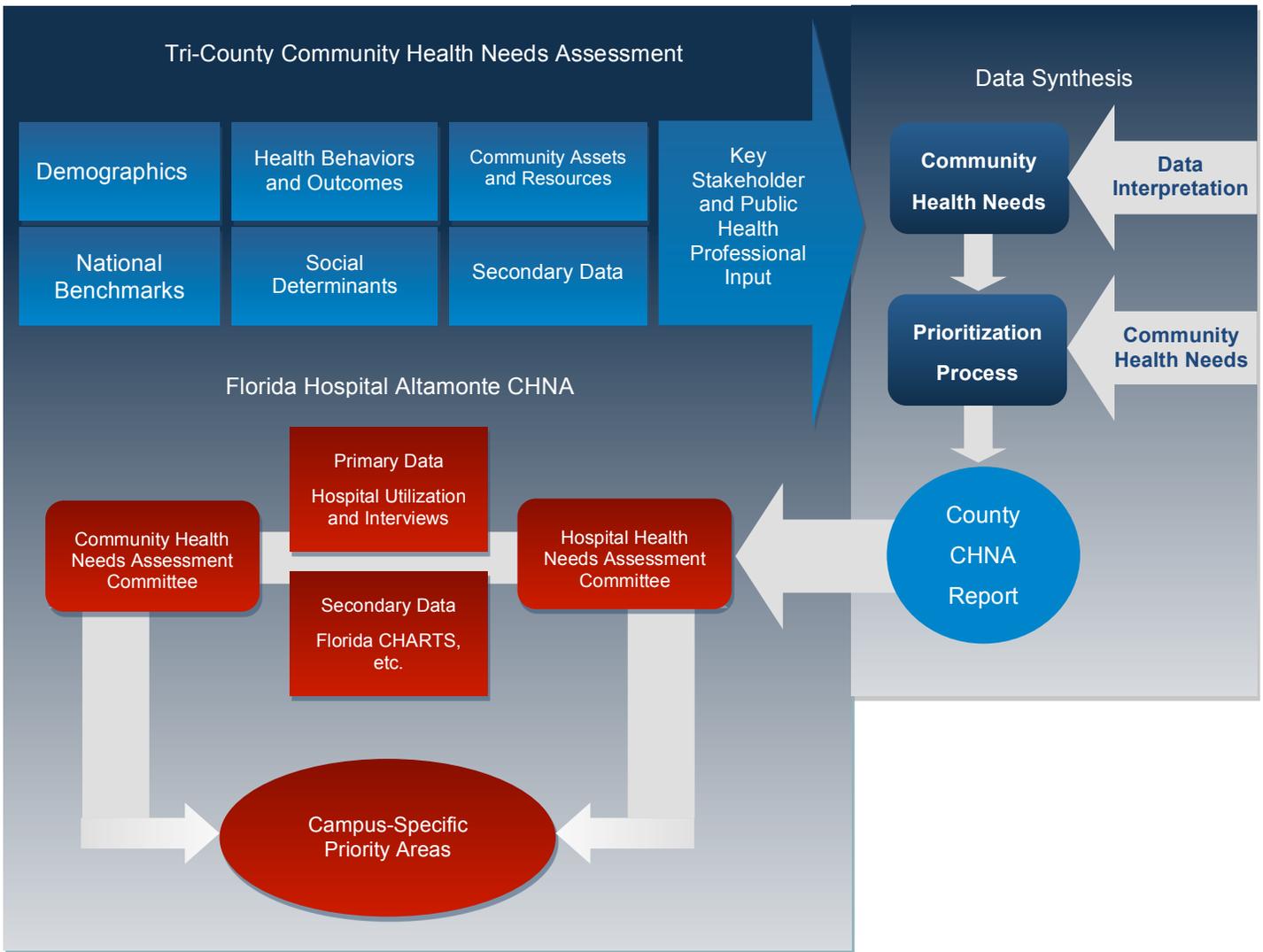
The Altamonte Health Needs Assessment Committee identified two top priorities to address:

1. Obesity
2. Access to Affordable Healthcare

- D. These priorities were presented to the **Community Health Needs Assessment Committee (CHNAC)**. The CHNAC approved the campus-specific and global Community Health Needs Assessments, as well as the campus-specific priorities, on October 30, 2013.
- E. The **Florida Hospital Board** approved the campus-specific and global Community Health Assessments on December 4, 2013.

This document describes the process that led to the identification of campus-specific priorities for future development of interventions that address and improve the health status of Altamonte residents. The Community Health Needs Assessment process for Florida Hospital Altamonte is visually represented in the figure below.

## Florida Hospital Altamonte Community Health Needs Assessment Process



### Hospital Description

**Florida Hospital Altamonte** is a 376-bed, acute-care, not-for-profit community hospital located in Altamonte Springs and it was established in 1973 as the first satellite campus which has grown to be a seven-campus, faith-based, health care system serving the tri-county area. Since its establishment, Florida Hospital Altamonte has been providing state-of-the-art healthcare to the community and remains the largest satellite campus in the system. The hospital cares for more than 168,000 patients a year, including 67,000 emergency patients and 20,000 inpatients, with 2,000 baby deliveries and performs approximately 10,000 surgical cases and 79,000 outpatient procedures making it the largest and most comprehensive hospital in Seminole County.

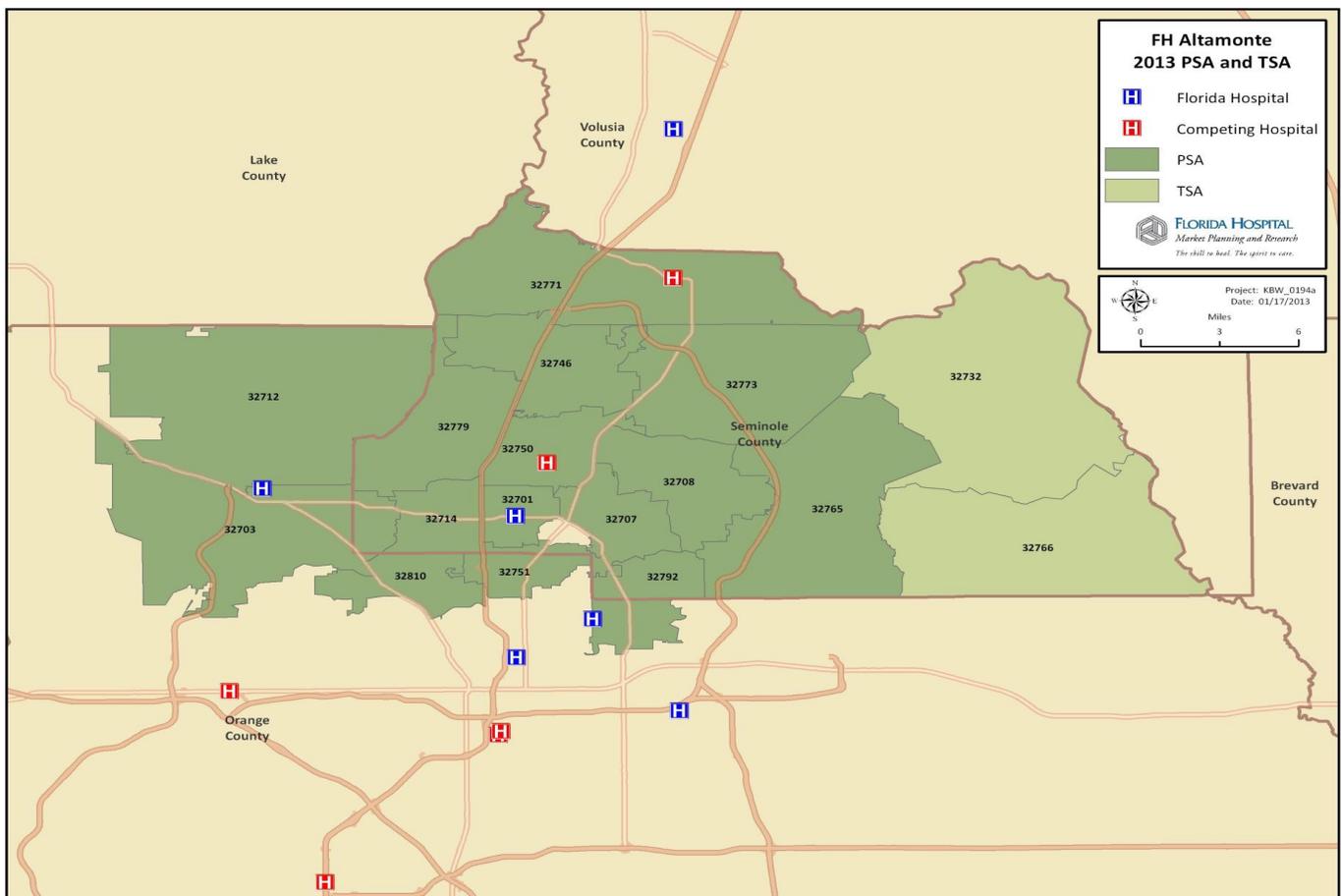
Florida Hospital Altamonte is also part of a nationally-recognized cardiac center offering an array of cardiac diagnostic services, as well as the county's only comprehensive cancer care, with a dedicated multi-disciplinary cancer program. The hospital also offers a 24-hour emergency department; cancer institute; cardiac institute;

digestive health specialties; a men’s health department; robotic services; sleep disorders center; spine health institute; and specialized stroke services.

Florida Hospital Altamonte encompasses a commitment to and unique philosophy of holistic healthcare, focused on healing the body, mind and spirit.

### Hospital Service Area

The primary service areas for Florida Hospital Altamonte include 12 Seminole County communities: Sanford (32771, 32773); Lake Mary (32746); Apopka (32712, 32703); Wekiwa Springs (32779); Longwood (32750); Winter Springs (32708); Oviedo (32765); Altamonte Springs (32714, 32701); Lockhart (32810); Maitland (32751); Casselberry (32707); and Goldenrod (32792). These areas are depicted in the map below.

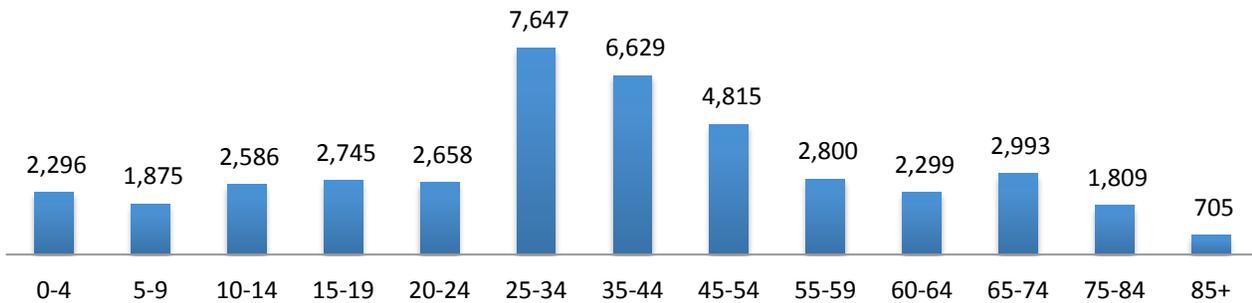


## Community Description

Altamonte Springs is a suburban city located primarily in Seminole County, Florida. This 309.2 square-mile county sits between Orange County to the south and Volusia County to the north. It is the second smallest county in the State of Florida but has the tenth largest population. Seminole County is 40 minutes from the beach on the east coast and 30 minutes from the City of Orlando. The City of Altamonte Springs directly borders the City of Orlando and is a part of the Orlando-Kissimmee-Sanford Metropolitan Statistical Area. Altamonte boasts 10% more college graduates than the Florida State average per capita and is home to 10 parks, 4 formal recreational facilities, and 6 private schools – just within 9.5 square miles. The median age in Altamonte Springs is 34 years, just fewer than 16% of residents consider themselves Hispanic or Latino, and 79% of residents self-identify as white.

## Demographic Profile of the Altamonte Community

Population by age

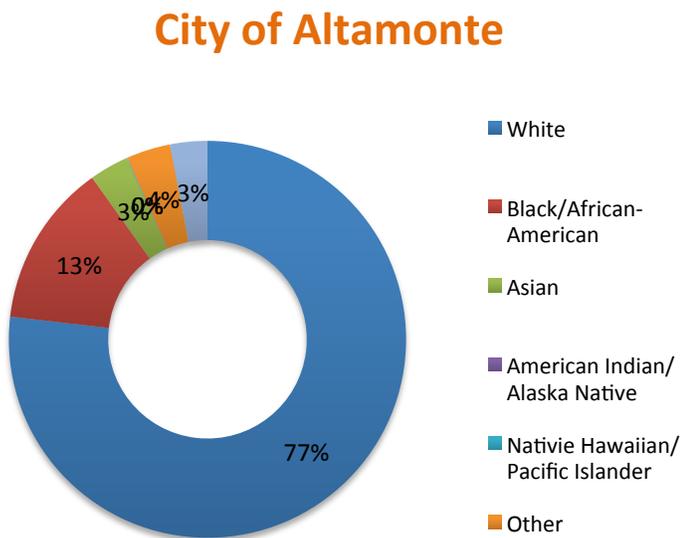


Population by sex

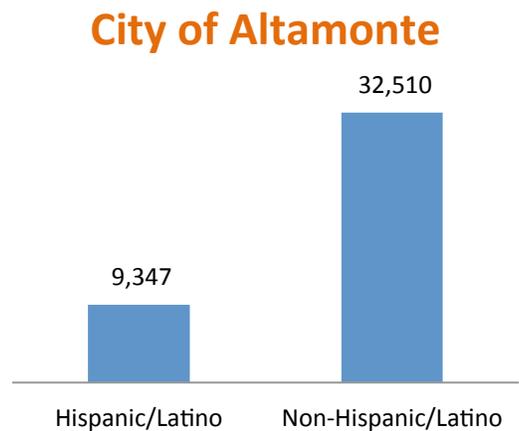
♂ Males: 45.8% (19,152)

♀ Females: 54.2% (22,705)

Population by race



Population by ethnicity



## Stakeholder Input Process

Conducting interviews is a powerful method for collecting community data. Interviews facilitated by an unbiased moderator can uncover information that people may be reluctant to share in a more public setting. These data reveal the thoughts and perceptions of key stakeholders and provide an understanding of the pressing issues facing the community. The Health Council of East Central Florida, Inc., a regional, quasi-government health planning agency, conducted the stakeholder interviews.

Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i.e., health departments); individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations; persons who represent the broad interests of residents served by the hospitals; and individuals representing large employers and employee interests.

A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region. At least 70% of the Seminole County stakeholders represented and/or provided services to the Altamonte Community. (The complete key stakeholder questionnaire and a demographic description and organizational affiliation of each stakeholder who participated can be found in Appendices C and D, respectively, beginning on page 151 of the main tri-county community health needs assessment.)

A lack of health literacy was cited as a major barrier to attaining improved community health. Regardless of health insurance status, residents are not able to navigate the healthcare system. The Central Florida community was cited as lacking a centralized navigation and eligibility portal to direct people to appropriate, timely and affordable health resources. When asked to describe barriers to health and healthcare in the tri-county region, key stakeholders cited the following: limited resources in the fields of mental health, substance abuse, and dental care; the availability of healthcare resources to the growing population; transportation to and from appointments; and disability status.

Stakeholders said that integration of services is needed to improve the effectiveness and efficiency of the fragmented system of care in Seminole County. Stakeholders also asserted that service organizations tend to operate in silos that result in a duplication of some services and does not maximize appropriate utilization. A need for community-wide collaboration for attaining better health outcomes for all residents was identified.

The Florida Hospital Altamonte Health Needs Assessment Committees reviewed the key stakeholder interviews, and the secondary data. These data were also reviewed with inpatient hospitalists, community physicians, and key physician leaders in emergency medicine. After considering the tri-county needs assessment primary and secondary data, the Altamonte team then evaluated internal hospital inpatient and emergency department utilization data and used this information to determine and recommend campus-specific priorities.

## **Community Health Needs Assessment Committee (CHNAC)**

The members of the Florida Hospital Community Health Impact Council (CHiC) comprise the Florida Hospital Community Health Needs Assessment Committee (CHNAC).

The CHiC serves as a subcommittee of the Florida Hospital Board and provides oversight for Florida Hospital's community benefit direction, activities and investments. The CHiC/CHNAC represents the broad community as well as low-income, uninsured and minority populations (including African Americans and Hispanics).

The Community Health Impact Council (CHiC) also reviews and approves strategic community benefit initiatives funded by Florida Hospital. These strategic initiatives are innovative pilots designed to improve the health of the Central Florida community, including Altamonte, and reduce preventable medical costs and interventions. The CHiC/CHNAC members are dedicated to identifying, develop, funding, and sustaining community benefit programs that address community needs and strategically align with Florida Hospital's ongoing commitment to improving the health of our community

## **Public Health**

Public health is represented in this needs assessment via CHNAC membership (including a former U.S. Surgeon General) and key stakeholder interviews conducted throughout the tri-county area. The directors of the Department of Health In Osceola and Seminole Counties also participated in the assessment process for their respective counties.

In addition, the Florida Department of Health in Orange, Seminole and Osceola Counties were strategic partners in the creation of this needs assessment.

- Orange County: Kevin Sherin, MD, Director, and Lesli Ahonkhai, Chief of the Health Protection Bureau, actively participated in this assessment and are leaders in Healthy Orange.
- Seminole County: former director Mike Napier and Swannie Jett, DrPH, current Director, participated in Healthy Seminole, the needs assessment committee for Seminole County.
- Osceola County: Belinda Johnson-Cornett, MD, Director was a leader in the Osceola County Health Leadership Council, which served as the needs assessment committee in that county.

All of these public health leaders have experience in community health assessment processes, and conducted MAPP (Mobilizing for Action through Planning and Partnerships) assessments in 2012.

## **Data Sources**

Primary data sources included:

- Top 10 reasons for inpatient admissions at Florida Hospital Altamonte – 2012
- Top 10 reasons for emergency department visits at Florida Hospital Altamonte – 2012
- Key stakeholder interviews with people who understand the needs of the community, including the Altamonte area and low-income, minority and underserved populations – 2012

Secondary data sources included:

- Agency for Health Care Administration – 2010-2012
- Behavioral Risk Factor Surveillance System Survey – 2010
- County Health Rankings, University of Wisconsin Population Health Institute & RWJF – 2012
- Florida Community Health Assessment Resource Tool Set (CHARTS) – 2010-2012
- Florida Department of Children and Families – 2010-2012
- Florida Department of Education, National Center for Education Statistics – 2012
- Florida Department of Health, Bureau of Community Environmental Health – 2012
- Florida Department of Health, Bureau of Epidemiology – 2012
- Florida Department of Health, Bureau of HIV/AIDS – 2012
- Florida Department of Health, Bureau of STD Prevention and Control – 2012
- Florida Department of Health, Bureau of Vital Statistics – 2010-2012
- Florida Department of Health, Office of Planning, Evaluation, and Data Analysis – 2010
- Florida Department of Highway Safety and Motor Vehicles – 2012
- Florida Department of Juvenile Justice – 2012
- Florida Youth Substance Abuse Survey – 2010
- Florida Youth Tobacco Survey – 2010
- United States Census Bureau American Community Survey – 2010-2012
- United States Department of Agriculture – 2010-2012
- United States Department of Health and Human Services, Healthy People 2020 – 2010
- United States Environmental Protection Agency – 2012

### Data Collection and Analysis

Our data collection process included both primary and secondary research.

For primary research, key stakeholder interviews were conducted by the Health Council of East Central Florida Inc. at various community events. Interview questions were delivered either on a one-on-one basis or in a focus group setting depending on the needs of the key stakeholders. The complete key stakeholder questionnaire and a demographic description and organizational affiliation of each stakeholder who participated can be found in Appendices C and D, respectively, beginning on page 151 of the tri-county community health needs assessment. In addition to the stakeholder input, in order to assess help seeking behavior and estimate service utilization for the Altamonte community, we gathered primary data detailing the top 10 reasons for inpatient admissions and emergency department visits at Florida Hospital Altamonte. These reasons are as follows:

Top ten reasons for **emergency department** visits at Florida Hospital Altamonte

|                             |                           |                                      |                       |                                   |
|-----------------------------|---------------------------|--------------------------------------|-----------------------|-----------------------------------|
| 1. Chest Pain               | 2. Abdominal Pain         | 3. Cellulitis                        | 4. Fever              | 5. Disorders of the Back          |
| 6. Disorders of the Urethra | 7. Head and Neck Symptoms | 8. Acute Upper Respiratory Infection | 9. Nausea or Vomiting | 10. Abdominal and Pelvic Symptoms |

Top ten reasons for **inpatient admissions** at Florida Hospital Altamonte

|                               |                                |                        |                      |                           |
|-------------------------------|--------------------------------|------------------------|----------------------|---------------------------|
| <b>1. Chest Pain</b>          | <b>2. Heart Failure</b>        | <b>3. Cellulitis</b>   | <b>4. Bronchitis</b> | <b>5. Pneumonia</b>       |
| <b>6. Cardiac Dysrhythmia</b> | <b>7. Acute Kidney Failure</b> | <b>8. Chemotherapy</b> | <b>9. Diabetes</b>   | <b>10. Osteoarthritis</b> |

Secondary data, as opposed to primary data, are information that have been collected and compiled by someone other than the user. For the purpose of this assessment, secondary data were collected and compiled by the agencies listed in the previous section, such as the U.S. Census Bureau, and was accessed and compiled by the Health Council of East Central Florida and Florida Hospital and Orlando Health Community Benefit staff members.

Secondary data were gathered using the Healthy Measures for East Central Florida online Health Community Network (HCN) tool. This customizable web-based community dashboard, designed by Healthy Communities Institute (HCI), delivers access to high-quality data and decision support. The HCN provides health indicator tracking, best practice sharing, and community development to help improve the health and environmental sustainability of Altamonte and surrounding communities. This tool was jointly funded by the collaboration and is publicly available to the community as a resource.

As data specific to the city, or Census Designated Place (CDP), are not available for most variables, this CHNA includes county-level indicators for mortality, morbidity, years potential life lost, access to care issues, behavioral risk factors, health screenings, and health conditions. Nevertheless, over 100 indicators were collected and analyzed for this report. Data were provided by race/ethnicity and age when available. Zip code level data were provided for preterm and low birth weight infants. When applicable, Healthy People 2020 targets were included to provide a national benchmark for community health. Grades and recommendations from the U.S. Preventive Services Task Force (USPSTF) to assess the merits of preventive measures, including screening tests and counseling, were also included where appropriate. Grades and recommendations are defined in Appendix B on page 150 of the complete Central Florida needs assessment.

Additional data were collected from Florida Community Health Assessment Resource Tool Set (CHARTS) and the Florida Youth Substance Abuse Survey to supplement health status data on Altamonte youth.

This tri-county community health needs assessment process included the broad community as well as underserved populations. The assessment highlights health disparities in the region served by the hospital. Indicators for the social determinants of health were also gathered from Healthy Measures and CHARTS. These define the community conditions in which people are born, live, work, and play. A review of these indicators can help identify inequities that can affect health status.

The tri-county data, the hospital utilization data and stakeholder interviews were reviewed and analyzed by the campus committees and the CHNAC. The CHNAC reviewed and approved the top 12 health issues identified in the tri-county assessment and the Florida Hospital Altamonte HHNAC narrowed those issues down to two. The CHNAC and the Florida Hospital Board approved these recommendations.

### Asset Inventory

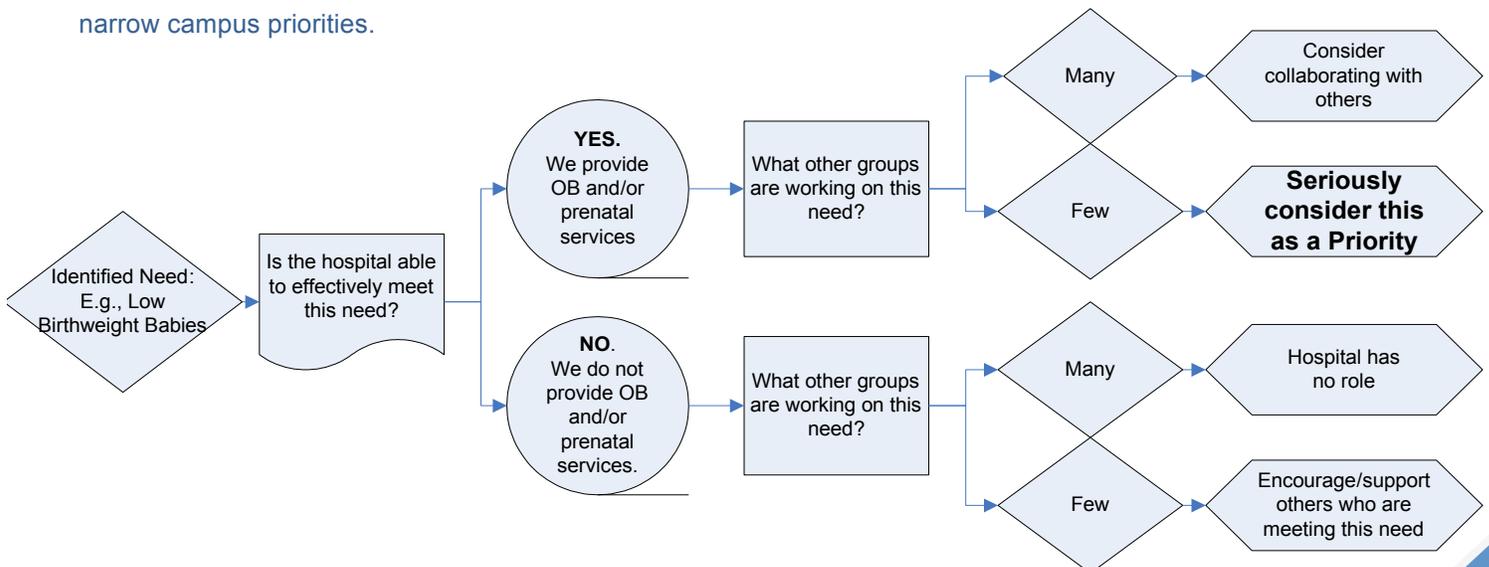
Step one in the process to completing the prioritization of community needs was an asset inventory for the Florida Hospital Altamonte primary service area and surrounding zip codes. This asset inventory includes services and programs provided in the community – many provided by community organizations dedicated to improving the health and wellness of the Altamonte community – including low-income, minority and other underserved populations. A list of assets in the community was provided to the Community Health Needs Assessment Committee.

A complete list of these assets is included in Appendix E, beginning on page 159, of the tri-county needs assessment; an example of this list is found in the table below:

| Chronic Disease   |   |  |
|---|---|--|
| Asthma  | Cancer  | Diabetes   |
| <ul style="list-style-type: none"> <li>Hispanic Health Initiatives</li> <li>Center for Multicultural Wellness and Prevention</li> <li>Community Health Centers</li> <li>Grace Medical Home</li> <li>Health Care Center for the Homeless</li> <li>American Lung Association</li> </ul> | <ul style="list-style-type: none"> <li>100 Black Men of Orlando, Inc.</li> <li>Central Florida Black Nurses Association of Florida</li> <li>Debbie Turner Cancer Resource Center</li> <li>Center for Change</li> <li>Center for Multicultural Wellness and Prevention</li> <li>American Cancer Society</li> </ul> | <ul style="list-style-type: none"> <li>American Diabetes Association</li> <li>Center for Change</li> <li>Center for Multicultural Wellness and Prevention</li> <li>Central Florida Family Health Centers</li> <li>Central Florida Partnership on Health Disparities</li> <li>Central Florida YMCA</li> </ul> |

### Priority-setting Process

In order to move from assets to priorities, the CHNAC and HHNAC used decision trees to review each aggregated priority identified for the county. This priority selection process took into account primary and secondary data as well as hospital and community assets. The figure below is an example of the decision tree that was used to narrow campus priorities.



## Data Summary

The data collection process described in the previous pages yielded 14 areas of concern in Seminole County, Florida. They are:

1. Obesity
2. Diabetes
3. Cancer
4. Heart Disease
5. Substance Abuse
6. Mental Health
7. Maternal and Child Health
8. Stroke
9. Asthma
10. Affordable Health Care
11. Motor Vehicle Collisions
12. Physical Activity Among Youth
13. Marijuana Use Among Youth
14. Housing Affordability

A full review and explanation can be found in section 14 of the tri-county assessment.

The Hospital Health Needs Assessment Committee (HHNAC) recognized that while all 14 issues impact the health of Altamonte residents and the surrounding communities, it is important to focus on specific areas of impact over a defined period of time if sustainable change is to be accomplished. It is also important that the hospital be equipped to address these issues, that programs are not duplicative, and that there is opportunity for community partnerships to address the issues. As such, the HHNAC selected obesity and chronic disease management as the key priorities for Florida Hospital Altamonte.

The rationale is as follows. Five county-wide priorities identified based on hospital utilization, incidence, prevalence, and death rates were **diabetes, cancer, heart disease, stroke, and asthma**. Obesity itself is a risk-factor in all of these chronic diseases and risk-factors for obesity (poor nutrition, cigarette smoking, et.) greatly impact circulatory and respiratory conditions; and lifestyle-oriented prevention and treatment strategies for obesity are best practices for reducing or preventing diabetes, heart disease, and a host of other chronic conditions. As such an intervention aimed at addressing obesity should also address diabetes, cancer, heart disease, stroke, and asthma; obesity interventions also have the potential to delay or eradicate the onset of the aforementioned conditions. Diabetes, heart disease, and now obesity are three of the most common chronic conditions in the United States as a whole. All three have very similar risk factors and are often poorly controlled; cancer is the leading cause of death in the county and is now ranked among the most common chronic conditions as well. Asthma is among the leading causes of illness in Seminole County teens and pre-teens. Heart disease has long been a leading cause of

emergency room visits, hospital admissions, and surgical interventions in Central Florida and the country as a whole. Obesity interventions focus on health education, exercise, nutrition, stress management, and personal accountability; these processes are vital to the control of diabetes, cancer, heart disease, stroke, asthma, and the various comorbidities that often accompany these diseases – including obesity. For these reasons, we believe that Florida Hospital Altamonte has the appropriate resources to address these chronic diseases and their risk factors while specifically addressing obesity. Additionally, Florida Hospital Altamonte is dedicated to developing partnerships with social justice organization that are dedicated to reducing social causes and consequences of chronic disease.

The Seminole County priority of **physical activity among youth** will be directly addressed via efforts to reduce and prevent obesity both in childhood and adulthood.

Florida Hospital Altamonte does not have service lines for **substance abuse, mental health, or marijuana use among youth**. However, we will continue to work with the Florida Department of Health in Seminole County, faith-based organizations (FBOs), community-based organizations (CBOs), and other not-for-profit systems to promote healthy families, and we will also continue to seek opportunities for innovative collaborations for the betterment of our community. Additionally, the Florida Hospital Community Health Impact Council board has already and will continue to evaluate funding mechanisms for innovative and best practice programs centered on addressing mental health, substance abuse, and other issues in the community. The same holds true for the priority of **maternal and child health**. Additionally, Florida Hospital Community Impact staff are actively engaged in maternal and child health initiatives in Seminole County. Florida Hospital campuses with an obstetrics service line, including Altamonte, also work with parents to ensure that children have safe, appropriate car seats.

The community issues of **motor vehicle collisions** and **housing affordability** are not core competencies of Florida Hospital Altamonte. However, we will continue to support the efforts of local law enforcement agencies, organizations like Harbor House of Central Florida, and other CBOs and FBOs that are committed to community mobilization, education, and support services. Florida Hospital is also working with Healthy Central Florida on a pilot program aimed at safe walking and biking practices in other communities and as successful initiatives are identified, they will be evaluated by the Florida Hospital CHNAC. Florida Hospital Community Health Impact also has community partnerships in an effort to impact social determinants of health.

The last community concern that has been identified is **access to affordable health care**. The principle of affordable healthcare is embedded into multiple Florida Hospital programs and efforts as we seek to educate our community on health resources and offer care at a reduced cost or no cost where possible. Continuity of care is often a financial challenge to many Central Florida residents. Making this community concern a priority enables Florida Hospital Altamonte to dedicate time and resources into ensuring the health of the population, regardless of an individual's ability to pay for services received. We also aim to strengthen the relationship with organizations that offer primary care, dental, and obstetric services. Florida Hospital is also working internally to ensure comprehensive discharge education; additionally, we are also part of the Healthy Orange Florida collaboration which is currently exploring Patient Centered Medical Home models that support patient outcomes. The Florida

Hospital Community Health Impact Council has also funded an after-hours clinic that aims to meet the needs of those with limited financial access and there is now a health navigator in the local Federally Qualified Health Care Clinic dedicated to getting underserved women mammograms. Florida Hospital Altamonte will continue with the efforts while seeking new ways to increase access to medical services in Seminole County.

### Priority Selection

A comprehensive analysis of health indicators provides an increased understanding of the community’s health problems. Prioritizing health issues ensures that resources allocated to address community health needs are used effectively and efficiently in an effort to achieve optimal outcomes. To accomplish the task of prioritizing health needs, the Assessment Protocol for Excellence in Public Health (APEXPH) modified Hanlon Method was used to categorize and rank health indicators to identify key needs in the tri-county area. This method considered three criteria: the magnitude of the problem, as measured in terms of the percent of the population with the health problem; the severity of the problem in terms of mortality, morbidity, hospitalizations, economic loss or community impact; and the predicted effectiveness of the intervention in preventing the health problem.

In addition to the above-mentioned criteria, health indicator rates were compared to national benchmark targets (where available) to define the gap between the current and potential health of the community. Indicator rates were also trended to highlight improvement or decline from the previous time measurement. Finally, a six-step process was utilized to solidify priorities in each county and each step is described in detail in the complete assessments located on the Orlando Health and Florida Hospital websites. The top 14 indicators identified by the assessment for Seminole County are described in Table I.

**Table I. Priorities**

| Seminole County  |                              |                                   |
|------------------|------------------------------|-----------------------------------|
| 1. Obesity       | 5. Substance Abuse           | 10. Affordable Health Care        |
| 2. Diabetes      | 6. Mental Health             | 11. Motor Vehicle Collisions      |
| 3. Cancer        | 7. Maternal and Child Health | 12. Physical Activity Among Youth |
| 4. Heart Disease | 8. Stroke                    | 13. Marijuana Use Among Youth     |
|                  | 9. Asthma                    | 14. Housing Affordability         |

While the above-mentioned 14 needs were identified for the broader Seminole County community, Florida Hospital Altamonte chose to prioritize needs based on the hospital’s ability to meet those needs in this 3-year assessment period. As previously mentioned, upon completion of asset inventory, a decision tree process was utilized to a) identify the highest needs, b) evaluate whether or not there were existing resources to meet this need, and c) rank our ability as a hospital organization to create partnerships or continue collaborations to address this need.

As a result of the efforts of the Altamonte campus Community Health Needs Assessment Committee, the following two areas were selected as priorities for the 2013 needs assessment year:

1. Obesity – There is scientific evidence indicating that obesity is linked to metabolic disorders and other chronic diseases. As such, efforts to reduce, control, and prevent obesity have great potential to positively impact other chronic conditions and lifestyle factors that have been prioritized.

2. Affordable Health Care – This priority will focus on increasing access to medical care in the Altamonte Springs region and surrounding areas. Continuity of care is often a financial challenge to many Central Florida residents. Emergency department utilization rates and county data confirm that community members are not appropriately accessing medical and health services in Central Florida, often times due to an inability to financially access primary care services. This priority will aim to address that issue.

### **Next Steps**

The CHNAC and Community Impact staff will work with community organizations, agencies, and medical staff to create a Community Health Plan (Implementation Strategy) that will build capacity for obesity and chronic disease management through partnership enhancement in Altamonte and the surrounding Seminole County community.

The Altamonte campus HHNAC will develop the Community Health Plan with measurable outcome goals; it will be published by May 15, 2014 at which time implementation and scheduled evaluation will begin. We will measure the efficacy and effectiveness of our plans throughout the intervention process to determine if we have been successful in reducing obesity, improving the management of chronic diseases, and enhancing the quality of life of all Altamonte residents – regardless of the income levels and ethnic backgrounds.

## HEALTHY SEMINOLE COLLABORATION 2013 ROSTER

| Name |                             | Organization                                    |
|------|-----------------------------|---|
| 1    | Amanda Wright               | Florida Department of Health at Seminole County |
| 2    | Angela Ritten               | University of Central Florida                   |
| 3    | Angie Romagosa              | The Sharing Center                              |
| 4    | Ann Selbe                   | Florida Department of Health at Seminole County |
| 5    | Anna Baznik                 | IMPOWER   |
| 6    | Beth Swallows               | Seminole County Public Schools                  |
| 7    | Bryan Nipe                  | City of Lake Mary                               |
| 8    | Carrie Pope                 | Seminole County Medical Society                 |
| 9    | Cecilia Abt                 | Health Choice Network                           |
| 10   | Charlene Brady              | Florida Department of Health at Seminole County |
| 11   | Chris Caldwell              | City of Winter Springs                          |
| 12   | Chris Capizzi               | City of Longwood                                |
| 13   | Chris Lutz                  | The Sharing Center                              |
| 14   | Christine Wright            | HOPE Helps Inc.                                 |
| 15   | Commissioner Carlton Henley | Seminole County Government                      |
| 16   | Darlene Hilkert             | Florida Department of Health at Seminole County |
| 17   | David Zipperer              | HOPE Helps                                      |
| 18   | Debbie Driskell             | Seminole Cares                                  |
| 19   | Debbie Lenzen               | HCA Healthcare                                  |
| 20   | Debbie Owens                | Seminole Prevention Coalition                   |
| 21   | Debbie Quick                | Central Florida YMCA                            |
| 22   | Denise Ward                 | Florida Department of Health at Seminole County |
| 23   | Don Eslinger                | Seminole County Sheriff's Office                |

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|----|---------------------|---|
| 24 | Donna Walsh         | Florida Department of Health at Seminole County |
| 25 | Dru Boulware        | City of Oveido                                  |
| 26 | Elaine Cauthen      | Health Council of East Central Florida          |
| 27 | Gigi Rivandenevra   | Florida Department of Health at Seminole County |
| 28 | Hugh Harling Jr.    | East Central Florida Regional Planning Council  |
| 29 | Jane Markheim       | Catholic Charities of Central Florida           |
| 30 | Jay Flicker         | Hope and Help Center of Central Florida         |
| 31 | Jeanne Gold         | Safe House of Seminole                          |
| 32 | Joan Faulkner       | HOPE Helps Inc.                                 |
| 33 | Joanne Kitson, MD   | Internist                                       |
| 34 | John Meyers         | Florida Department of Health at Seminole County |
| 35 | John Murphy         | Harvest Time International                      |
| 36 | Josephine Mercado   | Hispanic Health Initiatives                     |
| 37 | Julie Kestler       | Dental Care Access Foundation                   |
| 38 | Justin Yelken       | American Lung Association                       |
| 39 | Karen Van Caulil    | Florida Health Care Coalition                   |
| 40 | Kathie Bynum        | Shepherd's Hope                                 |
| 41 | Ken Peach           | Health Council of East Central Florida          |
| 42 | Kendra Musselle     | Health Council of East Central Florida          |
| 43 | Lainie Fox-Ackerman | Orlando Health                                  |
| 44 | Laura Phipps        | Kids House of Seminole Inc.                     |
| 45 | Leslie Smith        | Central Florida Family Health Centers           |
| 46 | Leslie Sue Liberman | University of Central Florida                   |
| 47 | Maria Ali           | Second Harvest Food Bank of Central Florida     |
| 48 | Maria Bledsoe       | Central Florida Cares                           |
| 49 | Marni Stahlman      | Shepherd's Hope                                 |
| 50 | Maureen Kiersmarki  | Adventist Health System                         |

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| 51 | Medical Care Manager     | Harvest Time International                               |
| 52 | Nancy Crawford           | Kids House of Seminole Inc.                              |
| 53 | Nancy Ellis              | University of Central Florida                            |
| 54 | Patria Alguila           | Hispanic Health Initiatives                              |
| 55 | Peter Willems            | Hispanic Health Initiatives                              |
| 56 | Pranav Mehta             | Florida Department of Health at Seminole County          |
| 57 | Rebecca Sayago           | Shepherd's Hope  |
| 58 | Robert Fulbright         | Florida Hospital Altamonte                               |
| 59 | Robert Snyder            | Orlando Health   |
| 60 | Rosemary Zigmond         | Florida Department of Health at Seminole County          |
| 61 | Sandi Vidal              | Christian Help Center                                    |
| 62 | Sandra McClellan         | Health Choice Network                                    |
| 63 | Shawna Kelsch            | R.O.C.K. –Reducing Obesity in Central Florida Kids       |
| 64 | Shelley Allen            | Orlando Health   |
| 65 | Shelly Nooft             | City of Altamonte  |
| 66 | Shirley Davis-Boyce      | Seminole County Government                               |
| 67 | Stephanie Howell         | Central Florida Regional Health Information Organization |
| 68 | Steve Warning            | Seminole County Government                               |
| 69 | Susan Tolksdorf          | Florida Department of Health at Seminole County          |
| 70 | Swannie Jett             | Florida Department of Health at Seminole County          |
| 71 | Tara McCue               | East Central Florida Regional Planning Council           |
| 72 | Thelisha Thomas          | Florida Department of Health                             |
| 73 | Therry Feroldi           | Health Council of East Central Florida                   |
| 74 | Tiffany Wieder           | Orlando Health   |
| 75 | Verbelee Nielsen-Swanson | Florida Hospital Community Impact                        |
| 76 | Victor First             | Florida Department of Health at Seminole County          |
| 77 | Wayne Dreggors           | Seminole Cares   |

|    |                |                                       |
|----|----------------|---------------------------------------|
| 78 | Wayne Weinberg | Leadership Seminole County            |
| 79 | Wendy Brandon  | HCA Healthcare                        |
| 80 | Wesley Wolf    | Blue Cross and Blue Shield of Florida |
| 81 | Ziad Ghanem    | Walgreens                             |

## 2013 Florida Hospital

### Community Health Needs Assessment Committee (CHNAC) Roster

*Note: The Community Health Needs Assessment Committee (CHNAC) also serves as the Community Health Impact Council (CHiC), the community benefit subcommittee of the Florida Hospital Board. The Committee meets quarterly.*

| Name                     | Entity/Agency Represented      | Title                            | Expertise  |
|--------------------------|--------------------------------|----------------------------------|--|
| Lars Houmann             | Florida Hospital               | President & CEO CHNAC Chairman   | Chairs the Committee. Active in community and economic development.  |
| Brian Paradis            | Florida Hospital               | COO                              | Board member for Frontline Outreach (for African American children) and Grace Medical Home (uninsured patients with chronic diseases)  |
| Eddie Soler              | Florida Hospital               | CFO                              | Member, Central Florida Hispanic Chamber of Commerce   |
| Sy Saliba                | Florida Hospital               | SVP, Community Impact            | Oversees community benefit and community relations   |
| Verbelee Nielsen-Swanson | Florida Hospital               | VP, Community Impact             | Community Benefit VP and Needs Assessment author. Leads FH effort in the Bithlo Transformation Effort (healthy community effort for very low income community)   |
| Sheryl Dodds             | Florida Hospital               | SVP/CNO                          | Nursing for patients of all income levels and ethnicities  |
| Ed Hodge                 | Florida Hospital               | SVP, Human Resources & Diversity | Leads FH's Diversity & Inclusion department. Keenly aware of issues around health disparities.   |
| Rich Morrison            | Florida Hospital               | SVP, Government & Public Policy  | Health policy expert. Co-founder of community initiatives including Jail Oversight Commission, Human Trafficking Task Force, Central Receiving Center (police/community mental health agency), Early Childhood Coalition |
| Ross Edmundson, MD       | Florida Hospital               | VP, Case Management              | Discharge planning for all patients including the elderly, uninsured, low-income and minority patients   |
| Antonia Novello, MD      | Florida Hospital               | Director, Public Health Policy   | Former US Surgeon General (first woman and first Hispanic). Strong Public Health experience and expertise.   |
| Roniece Weaver           | Hebni Nutrition Consultants    | President                        | Nutritionist who works in African American community. Author of the <i>Healthy Soul Food Pyramid</i> .   |
| Linda Ewing              | Massey Services                | Senior Leader                    | Community leader. Massey supports many community entities including those serving low-income and minority populations.   |
| John Crossman            | Crossman & Co.                 | Principal                        | Strongly involved in faith-based organizations that do community outreach  |
| Clem Bezold              | Center for Alternative Futures | President & CEO                  | Health futurist. One current project is Disparity Reducing Alternatives, which bring health technology to low-income and underserved people.   |

| <b>Name</b>       | <b>Entity/Agency Represented</b>              | <b>Title</b>               | <b>Expertise</b>  |
|-------------------|---|----------------------------|---|
| Ralph Carauna     | UCF School of Medicine                        | Dean                       | UCF Medical School is in its third year of offering primary care physician training.  |
| Shawn Bartlett    | WFTV Ch. 9                                    | General Manager            | Heads ABC television news outlet  |
| Jim Jardon        | JHT, Inc.                                     | Founder                    | Former Hispanic Chamber president, Board member for Economic Development Commission, Florida Hospital, and Sanford Burnham Medical Research Institute.                        |
| Dick Batchelor    | DBM, Inc.                                     | Principal                  | Political consultant and well-known children's advocate   |
| Debbie Watson     | Winter Park Health Foundation                 | VP                         | WPHF develops and funds school health and older adult programs. Founder of Healthy Central Florida. Chair of Orange Co. School Wellness Committee.                            |
| Steve Homan       | Florida Citrus Sports                         | VP                         | Leader in healthy community project in the Parramore area (low-income, mainly African American community)   |
| Barbara Jenkins   | Orange County Schools                         | Superintendent             | Services children of all ages and ethnicities, including those who are homeless and/or eligible for free/reduced lunch program  |
| Chris Gent        | Kissimmee Utilities Authority                 | VP                         | Longtime community volunteer. Services on boards including Community Vision (community capacity building). Council on Aging, etc. that serve low-income and Hispanic clients. |
| Tom Warlow        | Gracia Andersen Foundation                    | President                  | Community foundation that funds social service projects   |
| Sabine Patel      | Forest Lake Church                            | Youth Pastor               | Works with children of all incomes and ethnicities. Expert in wellness, prevention and health promotion.  |
| Maureen Kersmarki | Adventist Health System (parent organization) | Community Benefit Director | Oversees community benefit/CHNAs for 44 hospitals. Chairs Orange County Primary Care Access Network (PCAN) that cares for 100,000 uninsured people.                           |

## 2013 Florida Hospital

### Hospital Health Needs Assessment Committee (HHNAC) Roster

|    | Name                     | Position   | Expertise  |
|----|--------------------------|--|--|
| 1  | Ademola Adewale, MD      | Physician  |  |
| 2  | Atalie Ashley            | Community Impact Project Manager- Florida Hospital           | Public Health and Community Benefit  |
| 3  | Dick Batchelor           | President DBMG (political consulting)                        | Community Advocate, especially for children. Understanding of community needs of low-income and minority populations.                              |
| 4  | Richard Brannon          | Financial Planning – Florida Hospital                        | Financial Analysis   |
| 5  | Laura Guitar             | Edelman – Senior Vice President                              | Community Advocate   |
| 6  | Rob Herzog               | Admin Director – Florida Hospital                            | Behavioral Health. Has established mental health programs for uninsured residents.   |
| 7  | Penny Jones              | Director, Community Relations – Florida Hospital             | Community Relations / Partnerships. Expert in foster care issues.  |
| 8  | Lauren Josephs           | Executive VP & CEO – Visionary Vanguard Group                | Diversity and Disparities Consulting   |
| 9  | Maureen Kersmarki        | Community Benefit Director – Adventist Health System         | CHNA oversight for 44 AHS hospitals. Community health and health access leadership. Understands needs of low-income and minority populations.      |
| 10 | Linda Moffa              | Foundation   | Grant development for Florida Hospital facilities in the tri-county area. Understanding of community needs of low-income and minority populations. |
| 11 | Verbelee Nielsen-Swanson | Vice President, Community Impact – Florida Hospital          | Community Benefit, CHIC. Understanding of needs of low-income and minority populations.  |
| 12 | Sam Olenick              | Executive Director Community Partnerships – Florida Hospital | Media, Partnerships. Community Development for tri-county area including Osceola County.   |
| 13 | Ross Edmundson, MD       | Physician, VP for Case Management                            | Oversees discharge planning for Florida Hospital. Background in disease management. Understanding of needs of low-income and minority populations. |
| 14 | Sy Saliba                | Senior Vice President  | Strategic Planning   |
| 15 | Jill Slaff               | Manager Community Health Impact – Florida Hospital           | Community Health and Wellness. Understanding of needs of low-income and minority populations.  |
| 16 | Jordan Williams          | Market & Planning  | Data   |