



Winnie Palmer Hospital for Women & Babies
2016 Community Health Needs Assessment
Implementation Strategy Plan

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INTRODUCTION

Winnie Palmer Hospital for Women & Babies is dedicated to the health of women and babies in the Central Florida region. We are part of Orlando Health, a regional healthcare system that has been serving Central Florida for nearly 100 years. Committed to improving the health and quality of life of the individuals and communities we serve, Winnie Palmer Hospital is constantly employing efforts to improve health in the community and increase access to care.

With 315 beds, our teaching hospital is one of the largest birthing hospitals in the nation. Located in Orlando, Florida and seated in Orange County, our Level III Neonatal Intensive Care Unit (NICU) is the largest NICU in the world under one roof. More importantly, it has one of the highest survival rates in the country for low birth weight babies. Some of the specialized programs and services we offer mothers and babies include services for high-risk births, neonatal, obstetrics and gynecology, breastfeeding, childbirth and parenting classes, and surgical and specialty services.

As a brief review from our 2016 Community Health Needs Assessment (CHNA), Central Florida has a well-established tradition of healthcare organizations, providers, community organizations and individuals committed to meeting our local health needs. Our 2016 CHNA was performed by Impact Partners, LLC for the Central Florida Community Benefit Collaboration. The collaboration includes Orlando Health, Florida Hospital, South Lake Hospital, in affiliation with Orlando Health, Aspire Health Partners and the Florida Department of Health in Lake, Orange, Osceola and Seminole Counties. Impact Partners worked to build on top of our first CHNA, completed in 2013.

This document provides a summary of Winnie Palmer Hospital's plan to address the prioritized health need of access to care, identified in the 2016 CHNA. The Orlando Health Board of Directors approved our implementation plan to improve access to care at its January 23, 2017 meeting.

TARGET AREAS AND POPULATIONS

The 2016 CHNA expands upon our initial CHNA conducted in 2013. It was important that we maintained the integrity of the original benchmark data so we could evaluate the progress of the previous priorities and measure long-term progress. The 2016 CHNA covers the health statuses for four counties representing the Orlando-Kissimmee-Sanford Metropolitan Statistical Area (MSA) in Central Florida. The counties include Lake, Orange, Osceola and Seminole.

The needs assessment process included both the broad community and underserved populations. While the assessment provides a generalizable analysis of health needs in the four-county region, it also highlights health disparities in the area. Our implementation plan addresses health needs of the broader Orange County community with a special focus on those members of the community which demonstrate the greatest need.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Collection and analysis of results from the 2016 CHNA, include 1,698 consumer surveys, 145 provider surveys, 16 in-depth stakeholder interviews, six community conversations along with secondary data provided a strong foundation for identifying health needs in Central Florida.

The list below illustrates the 15 community health needs identified in the CHNA for Orange County which were used to develop our implementation plan.

- Heart disease
- Diabetes
- STI/HIV
- Substance abuse - heroin
- Mental health
- Maternal & child health
- Uninsured rates
- Housing security
- Food security
- Disability/injury prevention
- Access to care
- Poor transportation
- Cancer
- Obesity
- Senior mobility/falls

IMPLEMENTATION PLAN STRATEGY DEVELOPMENT

From our 2013 CHNA, we selected specific health needs – overweight and obesity, preterm birth and low birth weight, and birth defects for our strategic implementation plan. We also selected motor vehicle collision. After our implementation plan was underway, we discovered that we were limited in capacity and impact in the community. For instance, if a new or existing program did not specifically relate to our selected priorities, we were unable to capture in our implementation plan. We took this restraint into consideration during the development of this implementation plan.

After completion of the 2016 CHNA, we reviewed its primary and secondary data along with the identified needs. This information was shared and discussed with our leadership, clinicians, community members, public health representatives and other healthcare organizations.

We also reviewed individual hospital data, considered hospital and community assets, ability to impact an issue, current community benefit efforts and initiatives, community partnerships, and opportunities for collaboration. Afterward, we, along with fellow Orlando Health hospitals, selected access to care as our priority.

Through access to care we can better serve our community. We can address several health needs or focus on needs that overlap such as chronic disease management. We can also take on health needs that were not a priority at the time of developing this plan or were considered isolated that are now a reality. For instance, during the 2013 CHNA, the Zika virus was not identified as a health need. However, in the summer of 2016, Zika was a real threat not just for the state of Florida, but for our community. A state of emergency was even declared in four counties. As a result, we supported community education and outreach on the Zika virus.

Instances like the Zika virus were one of the reasons the Orlando Health Community Grant Program – *Health, Wellness, Community* – was launched in 2016. Recognizing the importance for us to assist in coordinating, enriching and supporting efforts that help promote health and wellness in our communities we developed the grant program. Through the program, we offer competitive grants to both community organizations and our team members as a means of investing back into Central Florida. Part of our ongoing commitment to be engaged and involved in communities throughout the region, we mostly focus on funding initiatives that align with our CHNA.

Since our 2013 CHNA, we have elevated our focus on the social determinants of health: conditions in the environment that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants include education, employment, lifestyle, housing, food, violence, alcohol and substance abuse, and other factors. Selecting access to care as our top priority, we can be dedicated to addressing the root causes of health disparities by focusing on the social determinants of health; thus,

reversing preventable chronic health conditions such as asthma or diabetes. Through examining these complex factors that influence health within a community, we can better understand how access to care is impacted.

UNADDRESSED NEEDS

While we selected access to care as our priority for 2017-2019, we believe access to care will influence many of the 14 remaining health needs.

Heart disease: We will continue to provide existing services for heart disease at the hospital level and work with the Orlando Health Heart Institute and community organizations to provide education and outreach in the community. There is also opportunity to address heart disease through our focus on access to care.

Diabetes: We will continue to provide existing programs and services for diabetes and work with the American Diabetes Association and fellow community organizations that address diabetes. There is also opportunity to address diabetes through our focus on access to care.

Sexually transmitted infections (STIs): We will continue to provide existing services for STIs at the hospital level and work with Orlando Health's Infectious Disease Physician Practice and community organizations to address the need. STI rates may also be impacted through our focus on access to care, especially through preventative and primary care.

Substance abuse - heroin: We currently work with Orlando Health South Seminole Hospital and community organizations to address behavioral health. Through our selection of access to care we believe we can positively affect rates of substance abuse.

Mental health: We currently work with Orlando Health South Seminole Hospital and community organizations to address mental health. Through our selection of access to care we believe we can positively affect rates of mental health.

Maternal and child health: We will continue to provide existing programs and services surrounding maternal and child health. Through our selection of access to care we believe we can positively affect this area of community need.

Uninsured rates: Our Patient Business team assists patients with qualifying for Medicare, Medicaid and other government assisted programs. In addition, we are a member of the Primary Care Access Network (PCAN), a collaborative focused on improving access, quality and coordination of health services to the uninsured and underinsured of Orange County. Through PCAN, we received a grant to help enroll individuals in a health insurance plan. We will continue to address uninsured rates through these measures.

Housing security: While homelessness and housing security were not specifically chosen as a priority, we will continue efforts already underway in these areas. We currently have representation on the Central Florida Commission on Homelessness Board and support community organizations that are addressing this need.

Food security: We currently work with Second Harvest Food Bank and community organizations to address food security. Additionally, we have representation on the Health and Hunger Task Force collaborative. Through our selection of access to care as our top priority we believe we can positively affect food security.

Disability and injury prevention: While disability and injury prevention were not specifically selected as a priority, we will continue to provide injury prevention and community outreach and work with Orlando Health Orlando Regional Medical Center's Level One Trauma Center.

Poor transportation: We did not select poor transportation because we do not have the resources to effectively meet this need. However, we recognize that poor transportation can inhibit one's access to care and we may have opportunities to collaborate with community organizations to address this need.

Cancer: We will continue to provide existing programs and services for cancer at the hospital level and work with the UF Health Cancer Center – Orlando Health and community organizations to provide education and outreach in the community. There is also opportunity to address cancer through our focus on access to care.

Obesity: As previously mentioned, obesity was selected from our 2013 CHNA as a priority. We will continue our efforts in this area by providing programs and services for obesity and weight control and work with community organizations that address the need. Through our selection of access to care we believe we can positively affect rates of obesity.

Senior mobility and falls prevention: While senior mobility and falls prevention were not specifically selected as a priority, we will continue to work with ORMC's Level One Trauma Center to provide injury prevention and community outreach.