

# Community Health Improvement Plan Annual Report, 2016

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*Osceola County*



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September 2016

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## **Introduction**

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This is the annual review report for the 2012 – 2015 Osceola County Community Health Improvement Plan. The activities and collaborative efforts of the Florida Department of Health in Osceola County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Osceola County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

## **Overview of the Community Health Improvement Plan (CHIP)**

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Community Vision has a long history working with the community in addressing health issues and focusing diverse sectors toward a healthy community. In 1998, a PRC regional health assessment that included Osceola was the impetus for action. Our effort since has been ongoing with a focus on engagement and education. The approach included a series of summits in collaboration with the Kissimmee and St. Cloud Chambers of Commerce. The well-planned annual events are billed as the “Business of Health” and focused on healthy community and business applications focused on workplace wellness. An enlightening, non-partisan presentation on understanding the Affordable Care Act along with social service and business implications shared by David Christian, former state legislator and Jason Altmire, Washington lobbyist with Florida Blue were highlights. Among these efforts has been a series of summits to build broad-base support to achieve shared goals. The faster our community grows building a system of free and affordable care for the un/under insured is a paramount challenge. Health needs and assets shift, so do strategies on how to improve access and delivery of healthcare for all residents thus improving overall community health. The Health Leadership Council, comprised of over 40 leaders and executives representing public health, hospital systems, local government, service agencies, non-profit organizations, insurance industry and key partners, meets monthly to review gaps in service, identify resources and develop strategies to address community health. It is also important to mention that the Health Leadership Council also designs the health day for the Leadership Osceola County Program. Improving the knowledge for current and emerging leaders only solidifies the community commitment to a healthier tomorrow.

The Health Leadership Council is charged with reviewing the Community Health Improvement Plan’s shared strategies and priorities. At the beginning of the year, the Health Leadership Council reviewed CHIP progress to date and completed a strategic planning session set a course of action for 2016. Council members reviewed 2015 action plan progress, health summit findings and strategic planning results to determine appropriate course of action to support objectives identified in the Community Health Improvement Plan. Based on these results, the Health Leadership Council:

- Defined the 2016 AIM for the Health Leadership Council
- Created a Driver Diagram for Prioritization, Action and Tracking
- Assigned Task Force Volunteers
- Determined Timeline
- Set Appropriate Measures

The overall AIM was determined as *to support early interventions to help County residents avoid escalating health challenges*. Three primary drivers were identified with specific, measurable goals and appropriate council members assigned. The Health Leadership Council meets monthly to review progress made and identify opportunities for improvement or course correction. The diversity of the health champions adds new perspectives in the planning process. Community Vision coordinates and oversees the “Business of Health” Summits to share health strategies and garner citizen feedback. These Health Summits, allow the Health

Leadership Council to utilize valuable feedback and adjust strategies accordingly. The Council continues to ensure forward action on carefully crafted action plans.

Since the inception of the Community Health Improvement Plan, progress has been made in key areas as reported in previous monitoring reports. Out of the original strategic objectives, the group continued to focus action plans aligned with the shared strategic goals.

**2016 Assess Implement Measure (AIM) - Health Leadership Council**

<b>Driver</b>	<b>Description</b>	<b>HLOC Members</b>
Expand Council Resources	Increase membership to include payers/medical office. Include health in policy planning	MEMBERS MOVED TO DRIVERS BELOW FOR FURTHER DEVELOPMENT
Strengthen Health Literacy	Addresses cultural preferences & sensitivity. Develop consistent health messages	Jen Stephenson, JoEllen Revell, Amanda Kraft, Chris Falkowski, Wendy Roman and Sandi Grimes (added Rick Tischler)
Remove Barriers that Delay Treatment	Define medical neighborhoods, explore mobile services and transportation, increase preventive screenings	Belinda Johnson-Cornett, Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, Jim Shanks, Jill Slaff, Warren Hougland, Ken Peach, Dorie Croissant and Bakari Burns (added Wes Fischer & Debra Perleberg)

# Summary of CHIP Annual Meetings

CHIP Action Plans and progress made are reviewed at monthly Health Leadership Council meetings. In-depth examination of progress made and opportunities for improvement are vetted by Council attendees.

## Strategic Issue Area #1: Community Assets and Education

With review of available assets and increased community outreach activities, citizens can be educated on available resources and opportunities for improved health.

### Goal: Improve utilization of available resources

*Strategy 1: With the implementation of the Phone to Home Patient Navigator referral system, an increased number of residents will be connected to needed health and social services.*

*Key Partners: Florida Department of Health – Osceola, Osceola County, Osceola County Fire Rescue*

Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Improve utilization of available resources	<p>Implement Phone-to-Home Patient Navigator referral system</p> <p>Increase number of residents connected to needed health / social services</p>	<p>Ensure customer access to affordable health care services</p> <p>Ensure continued availability to primary care services</p>	2013-2016	<p>Florida Department of Health – Osceola</p> <p>Osceola County Fire Rescue</p> <p>Osceola County</p>	Ongoing	<ul style="list-style-type: none"> <li>• 2013: Research conducted to develop model program.</li> <li>• Patient Navigator position to work in Osceola County 911 Call Center to connect residents with needed health/social services.</li> <li>• Establish baseline for number of residents connected to needed health/social services.</li> <li>• Develop target for percentage of increase in number of residents connected to needed health/social</li> </ul>

						<p>services during following year (2015).</p> <ul style="list-style-type: none"> <li>• Consult with Osceola County and Florida Department of Health legal to ensure health privacy compliance</li> <li>• Legal compliance secured (spring 2015)</li> <li>• Navigator hired (summer 2015)</li> <li>• Navigator working with Osceola County EMS to identify potential client(s) for service</li> <li>• Secure compliance from appropriate EMS patients for service (on-going)</li> <li>• Navigator participates in community outreach events and speaking engagements to ensure public awareness (on-going)</li> <li>• Navigator connects patients to appropriate social services and medical provides (on-going)</li> </ul>
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**Strategic Issue Area #1: Community Assets and Education**

With review of available assets and increased community outreach activities, citizens can be educated on available resources and opportunities for improved health.

**Goal: Improve utilization of available resources**

*Strategy 1: Expand Community Vision Family Resource Guide to include comprehensive Health section. Increase distribution of Resource Guide*

*Key Partners: Community Vision, Tupperware Brands, City of Kissimmee*

Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
<p>Expand Community Vision Resource Guide to include comprehensive health section</p> <p>Increase distribution of Resource Guide</p>	<p>Ensure customer access to affordable health care services</p>	<p>2015-2017</p>	<p>Community Vision</p> <p>Tupperware Brands Corporation</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>• Printed 1,000 copies August 2013</li> <li>• Uploaded PDF on CV website July 2013</li> <li>• Uploaded by Ken Peach on Healthy Measures website July 2013</li> <li>• Distributed 40 copies at Non-Profit Roundtable meeting August 7, 2013</li> <li>• Distributed 100 copies at School District Back to School Fair August 28, 2013</li> <li>• Emailed to Osceola agencies August 30, 2013</li> <li>• 6/30/14: Identify new funders to offset costs of research, redesign and increased content.</li> <li>• Hired intern to update content (01/2015)</li> <li>• Guide designed and printed (08/2015)</li> <li>• 3,000 printed copies secured (08/2015)</li> <li>• 500 copies distributed to local governments, non-profit agencies and community partners (08/2015)</li> <li>• Additional 1500 copies distributed to community partners and citizens upon request (on-going)</li> </ul>
<p>Develop Community Resource Tool in software application format</p>			<p>City of Kissimmee</p>		<ul style="list-style-type: none"> <li>• 7/14: Secured grant funding from City of Kissimmee to develop online format</li> <li>• 10/14: Hope to secure Valencia intern to host focus groups to improve usability of guide.</li> <li>• Information to be updated for inclusion in web-based guide</li> </ul>

					<ul style="list-style-type: none"> <li>• 05/2015: Secured web firm to convert guide into online application</li> <li>• 09/2015: Web based guide launched</li> <li>• On-going: Resources and partner information updated as needed</li> </ul>
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**Strategic Issue Area #2:**

Access to healthcare is vital for healthy community outcomes ensuring residents can readily secure primary healthcare.

**Goal: Expand primary care capacity for uninsured/underinsured residents**

*Strategy 1: Increase number of patients' access primary care service at Florida Dept. of Health – Osceola/FQHC health centers.*

*Key Partners: Florida Department of Health – Osceola*

Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Expand primary care capacity for uninsured / underinsured residents	Increase number of patients accessing primary care services at Florida Dept. of Health – Osceola /FQHC health centers	<p>Ensure customer access to affordable health care services</p> <p>Ensure continued availability to primary care services</p>	2013-2016	Florida Department of Health – Osceola	Ongoing	<ul style="list-style-type: none"> <li>• 11/15/2013: Open new FQHC center at Intercession City</li> <li>• 12/13: Expand Boggy Creek dental facility</li> <li>• Funding secured for permanent facility for Poinciana FQHC</li> <li>• TBD: Open dental facility at St. Cloud center</li> </ul>

**Strategic Issue Area #3:**

Improved diabetes health outcomes reduces long term health care costs, improves patient quality of life and overall community health.

**Goal: Improve diabetes health outcomes**

*Strategy 1: Improve percentage of OCHD/FQHC diabetic patients whose HbA1c levels are  $\leq 9$*

*Key Partners: Florida Department of Health – Osceola*

<b>Strategic Objective:</b> 4.1 Improve diabetes health outcomes.					
<b>Measure:</b> Percentage of OCHD/FQHC diabetic patients whose HbA1c levels are $\leq 9$ . 2012 UDS Baseline = 81.3%					
<b>Target</b> (date or performance level percentage): 85.4% by March 2016					
<b>Tasks/Action Steps</b> <i>What will be done?</i>	<b>Lead</b> <i>Who will do it?</i>	<b>Resources Needed</b> <i>Funding/time/people/materials</i>	<b>Timeline</b> <i>By when? Month/day/yr</i>	<b>Progress Notes &amp; Comments</b> <i>Summary of key activities this reporting period</i>	<b>R/Y/G*</b>
Quarterly measurement through medical record reviews.	Osceola County Health Department		<u>Quarterly during 2013, 2014, 2015</u>  December (3 <sup>rd</sup> quarter)  March (4 <sup>th</sup> quarter)  June (1st quarter)  September (2 <sup>nd</sup> quarter)	June 2013 (1 <sup>st</sup> , qtr.): 95% Sept 2013 (2 <sup>nd</sup> qtr.): <u>77%</u> Dec 2013 (3 <sup>rd</sup> qtr.): 77%- UDS 2013 March 2014 (4 <sup>th</sup> qtr.): 77%- UDS 2013 June 2014 (1 <sup>st</sup> qtr.): <u>74%</u> Chart audit  Sept 2014 (2 <sup>nd</sup> qtr.): <u>80%</u> Dec 2014 (3 <sup>rd</sup> qtr.): <u>68%</u> March 2015 (4 <sup>th</sup> qtr.): 76% June 2015 (1 <sup>st</sup> qtr.): 69%  Sept 2015 (2 <sup>nd</sup> qtr.): <u>81%</u> Dec 2015 (3 <sup>rd</sup> qtr.): <u>91%</u> March 2016 (4 <sup>th</sup> qtr.): <u>65%</u>	

**Evidence of Success** (How will you know that you are making progress? What are your benchmarks?)

Increase in percentage of diabetic patients whose HbA1c level is  $\leq 9$  from 2012 baseline of 81.3% to goal of 85.4% by March 2016. Target based on Healthy People 2020 goal.

**Evaluation Process** (How will you determine that the goal has been reached? What are your measures?)

Quarterly medical record reviews conducted to determine percentages and an annual UDS report. Patients with a HbA1c  $> 8.5\%$  and who are residents of Osceola County will be referred to the Lifestyle Intervention Family Education(LIFE DM) Diabetes Management program at the Council of Aging admission for Diabetes Management and family education. Classes will be offered on: Nutrition, Exercise and Medication monitoring, Complications and Depression and Stress.

HbA1c levels will be monitored at intervals through the class for effectiveness of the program. We are implementing Primary Care Medical Home in all primary care clinics which will provide a more coordinated care model and hopefully more patient ownership in their care to improve the desired outcomes. Chart Audit reports are shared with the providers so they are cognizant of the issues that need addressing. Next audit will be done early July.

July's Chart audit reports show an improvement in current HbA1c rate from 77% to 80% of patients with HbA1c at  $< 9\%$ . Our providers and clinical support staff continues to educate our patients on the HbA1c values and encourage our patients to adhere to the treatment plan to decrease the HbA1c level.

There have been 4 sets of interviews to fill the case manager's position since January and none of the applicants have met the criteria. The position is being posted again. As of 9/2/14 we have 4 applicants for the Case Manager's position. Interviews will start the week of September 15<sup>th</sup>.

October's Chart audit showed a drop of 12% in HbA1c  $\leq 9$  from 80% to 68%. Reason for decrease in compliance is unknown at this time. Patients are educated on the importance of medication, diet and exercise. Will continue to provide support to patients.

Case manager interviews did not yield acceptable candidate. Position will be posted again in February 2015.

Case Manager posting has yielded 5 applicants which will be interviewed over the next two weeks.

Of the two who met the criteria for interview and were called for an appointment only one responded and she has taken another position in the Health department. Position to be reposted. Position has since closed. Currently awaiting the names of qualified applicants from Human Resources.

8/5/2015 - One applicant is currently having all the final screenings and reference checks with an anticipated start date in August 2015.

8/14/2015 - The new Case Manager for Chronic Disease Management started Orientation.

9/28/2015 - No changes in audit data. Next audit will be a 9 month (Jan – Sept) UDS audit to accommodate changes between ICD 9-10. The Case manager has been involved this month in audit of charts for chronic disease measures. She will start building her data bases in October and identifying patients whose HbA1c are  $>9$  or above and start Case Managing those patient. Standing Orders and referral protocols are being developed for the utilization by the case managers.

10/30/2015 - HB A1c has increased to 81% for past quarter. Patients continue to be educated on treatment protocols and encouraged in setting self- management goals for improved overall health.

11/29/2015 - Data unchanged, scheduled to be audited in January for last quarter of 2015. Diabetes Case Manager position hiring process will start in December 2015.

01/05/2016 - 4th quarter results for HbA1c<9% = 91%. This continues to show an improvement trend. Diabetes Case Manager hiring process has started.

2/1/2016 - Uniform Data System (UDS) data for 2015 with a random sample of 70 charts of patients who were diagnosed with Diabetes before and seen at least twice in 2015. Current HbA1c < 9% = 71.43%. Currently hiring Diabetes Educator and Case manager to work in our soon to start Endocrinology program.

3/1/2016 - Hiring process and development of the Diabetes Program continues.

4/5/2016 - 4th Quarter audit is currently being done. No updated data. Hiring process and development of the Diabetes Program continues. Case management continues for patient with HbA1c > 9%.

5/4/2016 - 4th quarter audit shows currently HbA1c < 9% = 65%. Case management continues for this population and care givers with education for disease process, diet, exercise, medication adherence, completing lab work as ordered, and assistance with application to the applicable Medication Assistance Programs.

6/28/2016 - The audit for April – June will be completed during the month of July. Case management continues for patients with Hba1c level >9%, with education regarding disease process, medication action and adherence. We continue in active recruitment for the Diabetic Educator/Case Manager.

**Strategic Issue Area #3:**

Tobacco usage is a known cause of multiple health issues including cardiovascular disease. Improved cardiovascular health outcomes reduces long term health care costs, improves patient quality of life and overall community health.

**Goal: Improve cardiovascular health outcomes**

*Strategy 1: Policy change to restrict tobacco usage in certain areas to create smoke free environments.*

*Key Partners: Florida Department of Health – Osceola*

<b>Strategic Objective:</b> 4.2 Improve cardiovascular health outcomes.					
<b>Measure:</b> Policy change resolutions related to tobacco usage to create smoke-free environments; policy change resolution to restrict sale and marketing of candy flavored tobacco products.					
<b>Target</b> <i>(date or performance level percentage):</i> Policy change by June 2016					

<b>Tasks/Action Steps</b> <i>What will be done?</i>	<b>Lead</b> <i>Who will do it?</i>	<b>Resources Needed</b> <i>Funding/time/people/materials</i>	<b>Timeline</b> <i>By when? Month/day/yr</i>	<b>Progress Notes &amp; Comments</b> <i>Summary of key activities this reporting period</i>	<b>R/ Y/ G*</b>
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<p>Establish policy change that restricts tobacco usage to create smoke-free environments in public places such as health facilities, schools, businesses, and multi-unit dwelling places.</p>	<p>Osceola Tobacco Free Partnership</p> <p>Lead:</p> <p>Josette Sykes, Program Manager</p> <p>Melissa Lugo, Health Education Consultant</p> <p>Monica Livingstone, Health Education Consultant</p> <p>Jeanne Britton Health Education Consultant</p>	<p>Community Intervention Grant</p> <p>July 1,2015-June 30,2016</p> <p>Partnership members</p> <p>Tobacco Prevention Program staff members</p> <p>K-12 school model policy</p>	<p>By Jun 2016:</p> <p>Establish one or more policy changes.</p>	<p><b><u>Young Adult Interventions</u></b> <b>G</b></p> <p>We will work to establish a tobacco free campus policy at Johnson University and other college and/or university institutions, focusing on state universities, state colleges, community colleges, and private colleges and universities in Osceola County. (Trade and vocational schools will be addressed at a future time). Additional policy outcomes include the adoption of voluntary smoke-free bars and smoke-free housing policies that primarily impact young adults.</p> <p><b><u>Multi-Unit Housing</u></b> <b>G</b></p> <p>We continue to educate property managers and providing assistance via cessation class and 3 ways to Quit, resident education opportunities, and technical assistance as requested.</p> <p><b><u>Tobacco Free Worksites</u></b> <b>Y</b></p> <p>We continue to educate managers and providing assistance via cessation class and 3 ways to Quit, resident education opportunities, and technical assistance as requested.</p> <p><b><u>K-12 School Policy</u></b> <b>Y</b></p> <p>From July 2014 through today, September 2015: Continue working with stakeholders and partners via School Health Advisory Committee (SHAC).</p> <p><u>The School Tobacco Free Environment, Policy 2.90 has been updated to include all 12 comprehensive tobacco prevention components and was <b>voted on at the</b></u></p>	<p><b>G</b></p> <p><b>G</b></p> <p><b>Y</b></p> <p><b>Y</b></p>
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				<p><b><u>12/2/14 School Board Meeting for final approval.</u></b></p> <p><i>***The school policy was passed in 2012 and the current focus is to increase enforcement and cessation with the schools. Additionally, we are encouraging the district make revisions and improvement to make stronger policy during fiscal year 2014-2015. Policy change will occur overtime at the grassroots level through education and awareness.</i></p>	
Establish policy change that restricts candy flavored tobacco sales.	<p>Osceola Tobacco Free Partnership</p> <p>Osceola Tobacco Free Partnership</p> <p>Lead:</p> <p>Josette Sykes, Program Manager</p> <p>Melissa Lugo, Health Education Consultant</p> <p>Monica Livingstone, Health Education Consultant</p> <p>Jeanne Britton</p>	<p>Community Intervention Grant</p> <p>July 1,2015-June 30,2016</p> <p>Resolution</p> <p>Partnership members</p> <p>Tobacco Prevention Program staff members</p>	<p>By Jun 2017:</p> <p>Establish one or more policy changes.</p>	<p><b><u>Point of Sale (POS)</u></b></p> <p>The tobacco industry spends billions of dollars to market its deadly products in retail stores: paying retailers to prominently display tobacco products, in-store advertising, price discounts, and other in-store promotions. Exposure to tobacco marketing in stores is a primary cause of youth smoking. The Family Smoking Prevention and Tobacco Control Act provide states with greater authority to pursue state and local level restrictions in the area of tobacco advertising and marketing. We will work closely with the Bureau of Tobacco Free Florida and Counter Tools to create foundational knowledge about the Point of Sale (POS) issues. We have begun the process of data collection and general education regarding POS issues. This fiscal year will not result in any policy change. Successive years will lead to local communities adopting zoning and/or licensing ordinances to address local POS concerns</p> <p><b><u>E-Cigarette Ordinance 2016-39 passed by the Board of County Commissioners on April 18, 2016.</u></b></p>	<b>G</b>

	Health Education Consultant			<p>The Ordinance:</p> <ul style="list-style-type: none"> <li>• Bans the sale of e-cigarettes and like products in Osceola County to persons under the age 18</li> <li>• Prohibits the use of e-cigarettes and like products in public places where traditional forms of smoking are already disallowed.</li> <li>• Prohibits self-service merchandising in the retail sale of e-cigarettes and like products in order to minimize the physical accessibility of e-cigarettes.</li> <li>• Proprietors selling devices must “conspicuously post or cause to be posted, signs stating that the sale or offer for sale of e-cigarettes or liquid nicotine with the County to a person under 18 years of age is prohibited”.</li> </ul> <p><b>January 6, 2014</b></p> <p>County Resolution #14-005R passed urging tobacco retailers to stop the sale and marketing of flavored tobacco products in Osceola County.</p> <p><u>As result of past and current year efforts, resolutions have been passed in the cities of St. Cloud and Kissimmee and Osceola county. Therefore we have completed this area and the new focus in 2014-2015 is to educate on these resolutions to continue increasing support and encourage actions on the resolutions passed. Policy change will occur overtime at the grassroots level through education and awareness.</u></p>
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<p><b>Evidence of Success</b> <i>(How will you know that you are making progress? What are your benchmarks?)</i></p> <p>Meeting with Partners and Stakeholders to discuss ways to mobilize the community and activities/events that would be of benefit to move policies forward.</p> <p><b>Evaluation Process</b> <i>(How will you determine that the goal has been reached? What are your measures?)</i></p>
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Evidence of policy change activities, participation and self-report increase interest.

Evidence of Success- Meeting with partners, stakeholders and community members to discuss the needed policy changes related to Tobacco-free Schools, Employers, and Housing.

Evaluation Process- A plan to communicate the policy to all students, employees and visitors – prohibited the use of tobacco products on school grounds, at school events, whether on or off district property.

**Strategic Issue Area #3:**

Improved cardiovascular health outcomes reduces long term health care costs, improves patient quality of life and overall community health.

**Goal: Improve cardiovascular health outcomes**

*Strategy 1: Percentage of OCHD/FQHC adult patients diagnosed with hypertension whose most recent blood pressure was < 140/90.*

*Key Partners: Florida Department of Health – Osceola*

<b>Strategic Objective:</b> 4.2 Improve cardiovascular health outcomes.					
<b>Measure:</b> Percentage of OCHD/FQHC adult patients diagnosed with hypertension whose most recent blood pressure was ≤ 140/90. 2012 Baseline = 56%					
<b>Target</b> (date or performance level percentage): 61.2% by March 2016					
<b>Tasks/Action Steps</b> <i>What will be done?</i>	<b>Lead</b> <i>Who will do it?</i>	<b>Resources Needed</b> <i>Funding/time/people/materials</i>	<b>Timeline</b> <i>By when? Month/day/yr</i>	<b>Progress Notes &amp; Comments</b> <i>Summary of key activities this reporting period</i>	<b>R/Y/G*</b>
Quarterly measurement through medical record reviews.	Osceola County Health Department		<u>Quarterly during 2013, 2014, 2015</u>  December (3 <sup>rd</sup> quarter)  March (4 <sup>th</sup> quarter)  June (1 <sup>st</sup> quarter)  September (2 <sup>nd</sup> quarter)	June 2013, (1 <sup>st</sup> qtr.):70% Sept 2013 (2 <sup>nd</sup> qtr.): <u>41%</u> Dec 2013 (3 <sup>rd</sup> qtr.): 56% UDS Report for 2013 March 2014 (4 <sup>th</sup> qtr.): <u>56%</u> UDS report June 2014 (1 <sup>st</sup> qtr.): <u>47%</u> Chart audit unchanged  Sept 2014 (2 <sup>nd</sup> qtr.): <u>54%</u> Dec 2014 (3 <sup>rd</sup> qtr.): <u>60%</u> March 2015 (4 <sup>th</sup> qtr.): <u>73%</u> June 2015 (1 <sup>st</sup> qtr.): <u>71%</u>	

				Sept 2015 (2 <sup>nd</sup> qtr.): <u>66%</u> Dec 2015 (3 <sup>rd</sup> qtr.): <u>66%</u> March 2016 (4 <sup>th</sup> qtr.): <u>71%</u>	
Annual reporting for Unified Data System (UDS) report.	Osceola County Health Department		<u>Annual</u> March 2014 March 2015 March 2016	<u>UDS Report</u> March 2014: <u>56%</u> March 2015: <u>63%</u> March 2016 <u>71.43%</u>	<b>N</b>

**Evidence of Success** (How will you know that you are making progress? What are your benchmarks?)

Increase in percentage of adult patients diagnosed with hypertension whose most recent blood pressure was  $\leq$  140/90 from 2012 baseline of 56% to goal of 61.2% by March 2016. Target based on Healthy People 2020 goal.

**Evaluation Process** (How will you determine that the goal has been reached? What are your measures?)

Quarterly medical record reviews conducted to determine percentages and an annual UDS report. We are currently in the process of hiring a Case Manager who work with the providers to identify Hypertensive patients who is BP is uncontrolled and to provide education and monitoring of these patients for better outcomes.

We are implementing Primary Care Medical Home in all primary care clinics which will provide a more coordinated care model and hopefully more patient ownership in their care to improve the desired outcomes. . Chart Audit reports are shared with the providers so they are cognizant of the issues that need addressing. Next audit will be done early July.

The week of July 6<sup>th</sup> there will be interviews for the Case Manager's position. It has been very difficult finding qualified applicants. The position has been posted 3 times with 2 qualified applicants on paper. First applicant did not meet the requirements.

July's chart audit show an increase from 47% to 54% of patients with BP <140/90. Our providers and clinical support staff continues to educate our patients on the

Importance of medication, diet, and exercise in controlling their blood pressure. October's chart audit shows an increase from 54-60% in Blood pressure control.

There have been 4 sets of interviews to fill the case manager's position since January and none of the applicants have met the criteria. The position is being posted again. As of 9/2/14 we have 4 applicants for the Case Manager's position. Interviews will start the week of September 15<sup>th</sup>. Interviews were again conducted in October – November 2014. No suitable applicant found. Position will be reposted in February 2015.

Case Manager posting has yielded 5 applicants which will be interviewed over the next two weeks.

Of the two applicants that met the criteria and were called only one responded and she has taken another position with our health department. Position will be reposted.

Position has been reposted and recently closed. Awaiting the names of qualified applicants.

8/5/2015 - One applicant is currently having all the final screenings and reference checks with an anticipated start date in August 2015.

8/14/2015 - The new Case Manager for Chronic Disease Management started Orientation.

9/28/2015 - No changes in audit data. Next audit will be a 9 month (Jan – Sept) UDS audit to accommodate changes between ICD 9-10. The Case manager has been involved this month in audit of charts for chronic disease measures. She will start building her data bases in October and identifying patients whose BP >140/90 or above and start Case Managing those patient. Standing Orders and referral protocols are being developed for the utilization by the case managers.

10/30/2015 - Overall BP <140/90 at 66% with a slight decline from previous quarter. Some patients have joined the organization within the last 6 months. Patients continue to be educated on treatment protocols and encouraged in setting self- management goals for improved overall health.

11/30/2015 - Data unchanged, scheduled to be audited in January for last quarter of 2015. Staff educated on best practices in assessing patients' blood pressure in the health centers. The Database for Hypertension is being developed currently and Standing Orders are in the final stages of development.

1/5/2016 - Data remains the same at 66%. Chronic Disease Case Manager is currently contact patients whose last BP was >140/90 at the last visit in the quarter and year and providing education on disease process, medication action and medication adherence along with diet and exercise. Providers to refer patients to the Case Manager for f/u and education.

2/1/2016 - Uniform Data System (UDS) data for 2015 with a random sample of 70 charts of patients who were diagnosed with HTN before June 30<sup>th</sup> 2015, and seen at least twice in 2015 is at 71.43%. Case management of patients with Hypertension & other chronic diseases continues.

3/1/2016 - Case management continues.

4/5/2016 - 4<sup>th</sup> Quarter data being collected currently. Case management continues with calls and face to face meetings with patients. Materials mailed to patients. Care Coordination facilitated for all patients contacted as needed and all disease comorbidity addressed.

5/4/2016 - 4<sup>th</sup> Quarter audit data shows BP <140/90 at 71%. Case Management continues for patients with this disease process with education on disease process, exercise, diet, medication adherence, assistance with application to the applicable Medication Assistance Program.

6/28/2016 - We have surpassed our target of 61.2% for 2015 to present and has maintained an average of 71% (UDS 2015) and first two quarters of 2016. New Uniform Data System report target is for 75% thru 2020. Data unchanged from May's report. Next audit July 2016 for prior quarter.

## **Accomplishments**

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The Health Leadership Council continues to fine tune and develop strategies to determine appropriate measures and action plans to support the Community Health Improvement Plan and its strategic objectives. Priority areas were established to support CHIP initiatives. Highlights include:

### **Expand Council Resources**

The HLOC has expanded participants on the Council. Humana, VITAS, Darryl Strawberry Center and FPG have been added and participating in Council activities. Molina has also been invited and encouraged to attend. Ken Peach has been working on securing a Nemours representative. There is a CMS readmission group working in Osceola developing strategies to reduce hospital readmissions. The key is to identify the root cause(s) of readmissions. The Phone to Home program and increased use in telehealth can help these strategies by identifying additional resources to improve aftercare compliance. Additionally, the Case Management Network has been re-engaged with regular quarterly meetings bringing networking, educational and motivational opportunities to this key health constituency. Additional sponsor resources and educational topics will be explored to continue this effort.

### **Improve Health Literacy**

This initiative will address developing consistent health messages in culturally sensitive manner to improve disease management and compliance. Florida Hospital published a terrific resource book that could be a future Case Management Breakfast topic. Book cost will need to be addressed as it is somewhat pricey. Dorie Croissant may be able to assist in securing the author. Partners will look at educational materials to identify activities to reinforce messaging. For example, Extension Services can help put nutrition education into action by teaching patio pots or gardening. Chris Falkowski will work with Grisel and Amanda on exploring this project. To ensure message consistency, HLOC agreed to review diabetes education material first. Partners are encouraged to bring patient diabetes education materials to the next meeting to review for messaging. HLOC can also look at expanding opportunities for patient personal “development” by offering chronic disease education courses, encouraging children’s education for family reinforcement of messaging, and improving access to online and onsite support groups. This feature can be an added feature in the online and printed Family Resource Guide.

### **Remove Barriers to Care**

Ken reported a Mental Health First Aid course was under development. This one hour course would help identify the symptoms of mental illness. Progress has been made on mapping for fetal infant mortality. Three to four Census track areas have been identified as areas for cause of concern as well as two to three areas of improvement. FIMR committee will determine what we can learn from success areas to implement in trouble areas. Phone to Home is working with 70 clients. We need to determine what information is being shared. Transportation continues to be a challenge. Possible programs include exploring a medical UBER. American Cancer Society is developing a Road to Recovery program where volunteers would drive patients to treatments and/or follow up appointments.

### **Conclusion**

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The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners and identified champions. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year by Month, Year. The CHIP will continue to change and evolve over time as new information, resources and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Osceola County.

## Appendix A: Monthly Health Leadership Council Meeting Agendas



### Agenda Health Leadership Council January 7, 2016

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- |   |                                   |
|---|-----------------------------------|
| <b>I. Call to Order</b>                         | Ken Peach, Chairperson            |
| <b>II. Approval of November 5, 2015 Minutes</b> |                                   |
| <b>III. Order of Business</b>                   |                                   |
| <b>a. Phone to Home Update</b>                  | Ken Peach/Belinda Johnson-Cornett |
| <b>b. CHIP Strategy Planning – 2016 Goals</b>   | All                               |
| <b>c. Health Issues Discussion</b>              | All                               |
| • Trauma  |                                   |
| • Cancer  |                                   |
| • Mental Health/Substance Abuse                 |                                   |
| <b>IV. What's Up/New Business</b>               |                                   |
| <b>V. Adjournment</b>                           |                                   |



**Agenda  
Health Leadership Council  
February 4, 2016**

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**I. Call to Order** Ken Peach, Chairperson

**II. Approval of January 7, 2016 Minutes**

**III. Order of Business**

**a. 2016 AIM – Setting 2016 Objectives** All

**b. Health Issues Discussion** All

- Trauma
- Cancer
- Mental Health/Substance Abuse

**IV. What's Up/New Business**

**V. Adjournment**



**Agenda  
Health Leadership Council  
March 3, 2016**

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- I. Call to Order** Ken Peach, Chairperson
  
- II. Order of Business**
  - a. 2016 AIM – Setting 2016 Objectives** All
  
  - b. Health Issues Discussion** All
    - Trauma
    - Cancer
    - Mental Health/Substance Abuse
  
- III. Case Management Networking Breakfast** Debra Perleberg
  - Tuesday, April 5<sup>th</sup> from 8:00 – 10:00 am @ Council on Aging
  
- IV. What’s Up/New Business**
  
- V. Adjournment**



**Agenda  
Health Leadership Council  
April 7, 2016**

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- |             |   |                         |
|-------------|---|-------------------------|
| <b>I.</b>   | <b>Call to Order</b>  | Ken Peach, Chairperson  |
| <b>II.</b>  | <b>Approval of March 3, 2016 Minutes</b>  | All                     |
| <b>III.</b> | <b>Order of Business</b>  |                         |
|             | <b>a. Health Council Board Representation</b>   | Ken Peach               |
|             | <b>b. Osceola County Health Rankings Overview</b>   | Belinda Johnson-Cornett |
|             | <b>c. 2016 AIM – Setting 2016 Objectives</b>  | All                     |
|             | <b>d. Health Issues Discussion</b>  | All                     |
|             | <ul style="list-style-type: none"><li>• Trauma</li><li>• Cancer</li><li>• Mental Health/Substance Abuse</li></ul> |                         |
| <b>IV.</b>  | <b>What's Up/New Business</b>   |                         |
| <b>V.</b>   | <b>Adjournment</b>  |                         |



**Agenda  
Health Leadership Council  
May 5, 2016**

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- |             |   |                        |
|-------------|---|------------------------|
| <b>I.</b>   | <b>Call to Order</b>                            | Ken Peach, Chairperson |
| <b>II.</b>  | <b>Approval of April 7, 2016 Minutes</b>        | All                    |
| <b>III.</b> | <b>Order of Business</b>                        |                        |
|             | <b>a. FIMR Disparities Reduction Discussion</b> | Ken Peach              |
|             | <b>b. Health Issues Discussion</b>              | All                    |
|             | • Trauma  |                        |
|             | • Cancer  |                        |
|             | • Mental Health/Substance Abuse                 |                        |
|             | i. IMPOWER Tele-Psychiatry                      |                        |
|             | <b>c. 2016 AIM – Setting 2016 Objectives</b>    | All                    |
| <b>IV.</b>  | <b>What's Up/New Business</b>                   |                        |
| <b>V.</b>   | <b>Adjournment</b>                              |                        |



**Agenda**  
**Health Leadership Council**  
**June 2, 2016**

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- |  |             |
|--|-------------|
| <b>I. Call to Order</b>                      | Donna Sines |
| <b>II. Approval of May 5, 2016 Minutes</b>   | All         |
| <b>III. Order of Business</b>                |             |
| <b>a. August Case Management Breakfast</b>   | All         |
| • Topic                                      |             |
| <b>b. Health Issues Discussion</b>           | All         |
| • Trauma                                     |             |
| • Cancer                                     |             |
| • Mental Health/Substance Abuse              |             |
| <b>c. 2016 AIM – Setting 2016 Objectives</b> | All         |
| <b>IV. What's Up/New Business</b>            |             |
| <b>V. Adjournment</b>                        |             |



**Agenda  
Health Leadership Council  
July 7, 2016**

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- |             |   |           |
|-------------|---|-----------|
| <b>I.</b>   | <b>Call to Order</b>  | Ken Peach |
| <b>II.</b>  | <b>Approval of June 2, 2016 Minutes</b>   | All       |
| <b>III.</b> | <b>Order of Business</b>  |           |
|             | <b>a. Health Issues Discussion</b>  | All       |
|             | <ul style="list-style-type: none"><li>• Trauma</li><li>• Cancer</li><li>• Mental Health/Substance Abuse</li></ul> |           |
|             | <b>b. 2016 AIM – Setting 2016 Objectives</b>  | All       |
| <b>IV.</b>  | <b>What’s Up/New Business</b>   |           |
| <b>V.</b>   | <b>Adjournment</b>  |           |



**Agenda  
Health Leadership Council  
August 4, 2016**

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- |             |  |                 |
|-------------|--|-----------------|
| <b>I.</b>   | <b>Call to Order</b>                       | Ken Peach       |
| <b>II.</b>  | <b>Approval of July 7, 2016 Minutes</b>    | All             |
| <b>III.</b> | <b>Order of Business</b>                   |                 |
|             | <b>a. Health Issues Discussion</b>         | All             |
|             | • Trauma                                   |                 |
|             | • Cancer                                   |                 |
|             | • Mental Health/Substance Abuse            |                 |
|             | <b>b. Case Management Breakfast Update</b> | Debra Perleberg |
|             | <b>c. Discover Osceola Update</b>          | Sue Ring        |
|             | <b>d. 2016 AIM – Setting 2016 Actions</b>  | All             |
| <b>IV.</b>  | <b>What's Up/New Business</b>              |                 |
| <b>V.</b>   | <b>Adjournment</b>                         |                 |



**Agenda**  
**Health Leadership Council**  
**September 1, 2016**

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- |             |  |                               |
|-------------|--|-------------------------------|
| <b>I.</b>   | <b>Call to Order</b>   | Ken Peach                     |
| <b>II.</b>  | <b>Approval of August 4, 2016 Minutes</b>  | All                           |
| <b>III.</b> | <b>Order of Business</b>   |                               |
|             | <b>a. Discover Osceola Update</b>  | Donna Sines & Sue Ring        |
|             | <b>b. Health Issues Discussion</b>   | All                           |
|             | <ul style="list-style-type: none"><li>• Trauma</li><li>• Cancer</li><li>• Mental Health/Substance Abuse</li></ul>                |                               |
|             | <b>c. Case Management Breakfast Update</b>   | Wes Fischer & Debra Perleberg |
|             | <ul style="list-style-type: none"><li>• August Review – SPIRIT</li><li>• November Preview – ACA Marketplace Enrollment</li></ul> |                               |
|             | <b>d. 2016 AIM – Setting 2016 Actions</b>  | All                           |
| <b>IV.</b>  | <b>What's Up/New Business</b>  |                               |
| <b>V.</b>   | <b>Adjournment</b>   |                               |

## Appendix B – Monthly Health Leadership Meeting Minutes

### Minutes

#### Health Leadership Council

January 7, 2016

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#### I. Call to Order

Ken Peach, Chairperson

**Summary:** Chairperson Ken Peach called the meeting to order at 8:33 a.m. Introductions immediately followed.

**Present:** Brent Burish, Mike Capranice, Dorie Croissant, Chris Falkowski, Wes Fisher, Sandi Grimes, Bev Hougland, Warren Hougland, Belinda Johnson-Cornett, Amanda Kraft, Bryan Lee, Madhany Nurez, Ken Peach, Vilma Quintana, JoEllen Revell, Jill Slaff, Jennifer Stephenson, Dorothy Hardee, Donna Sines (staff) and Sue Ring (staff).

#### II. Approval of November 5, 2015 Minutes

**Summary:** The minutes of the November 5, 2015 meeting were presented for approval. Beverly Hougland motion for approval. Sandi Grimes second. Minutes approved as presented.

#### III. Order of Business

##### a. Phone to Home Update

Ken Peach/Belinda Johnson-Cornett

**Summary:** Belinda reported the program as officially launched and Health Dept. is receiving referrals from EMS. The navigator is working with EMS to conduct assessments to determine additional needs & services. She is using the Resource Guide to help find available services. She is also conducting outreach to promote program to areas/populations such as Good Sam. There has been some good press (print & TV) promoting the program. As the program grows, there are hopes that EMS can visit frequent users in their homes to build trust and connect to resources. Program hopefully will show reduction of costs and utilization of frequent EMS users. Also hope to introduce home tele monitoring where blood pressure and blood sugar can be monitored with 1FT paramedic available 24/7. Paramedicine is an increasing cost effective use in the primary healthcare delivery model. Orange and Seminole are exploring the implementation of the program.

##### b. Health Issues Discussion

All

- Trauma: ORMC continues to run drills and review cases with EMS as trauma center is up and running.

- Cancer: American Cancer society providing colorectal screenings to the DOH for 2016. AT the Tobacco Summit in December, there was talk of a legislative push for a \$1/pack tax increase on tobacco.
- Mental Health/Substance Abuse: Park Place has completed their addition and anticipates their COO by end of the month. They need to create a separate entrance for law enforcement from public for central receiving unit. State is taking a more aggressive approach in allocating funding for addiction treatment. They are setting \$10M/year to help facilities and up to \$30M to assist with a substance and addiction receiving center. Park Place was able to secure matching dollars from Florida Hospital (\$250K) and the County (\$200K). This could bring \$2M/year for 3 years to fund a central receiving unit for addiction. This is an OLE objective for 2016. Transition House now offers a civil citation program for juveniles and hopes to expand for adults with misdemeanor and 1<sup>st</sup> time offenders, especially with a substance abuse offense. This would be a diversion program with support from law enforcement and the judicial system

**c. 2016 Health Leadership Council Objectives**

**Summary:** Ken led the Health Leadership Council through a planning session to help determine objectives and strategies for 2016. These plans and activities will support the Community Health Improvement Plan.

**Health Leadership SWOT Results**

<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>	<b>Threats</b>
Diverse council	Increasing healthcare costs	Recruit new members	Natural / manmade disasters
Engaged council	Lack of providers at table (docs / insurance)	Create solutions - Phone 2 - Home - FQHC	Cost funding models
CHNA/CHIP		Increase education & outreach	Marketplace troubles
\$1M Endowment		Hospital community benefit funding	
Health summit(s)			

Ideas Included:

- Invite doctors/practice managers to Council
- Work with partners

- Disaster preparedness – present current partnerships & new community plans such as Osceola REDI. Determine common talking points to share throughout community. Ebola scare was a good exercise

## **2016 AIM**

1. Prevention
2. Affordability
3. Access
4. Chronic Disease Management

### *Points to consider:*

- Transportation can be a barrier – don't just bring patient to care but bring care to the patient
- Early intervention is the key to prevention
- Lifestyle choices affect health outcomes and impact chronic disease management
- Social determinants affect prevention so can't ignore access and affordability.
- How do we engage and enable folks to utilize education and tools?
- Patient center medical homes bring more medical services to one place for improved patient access
- Check with Harmony – does research support how development (green living) impact health outcomes? Meet with developers to ensure livability of a community

### **Healthcare Drivers**

- Access
- Culturally sensitive
- Affordability
- Medical neighborhoods
- Payers at the table
- Transportation
- Health policy
- Health literacy
- Screenings

### **Next Steps**

- Complete AIM diagram @ February meeting w/ sample measures
- Sign off with task assignments

## **IV. What's Up/New Business**

- PAC: They are hosting a community health fair to provide education on health services, basic screenings, etc. There has been discussion of standardizing “health fairs” by defining what services/activities should be included to be considered a health fair.
- Community Vision: Community Vision’s Project OPEN program is being nationally recognized by NCDCA for the Audrey Nelson Community Development Achievement Award. The ceremony will take place in late January.

**V. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:10 a.m.

**Minutes**  
**Health Leadership Council**  
**February 4, 2016**

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**I. Call to Order**

Ken Peach, Chairperson

**Summary:** Chair Ken Peach called the meeting to order at 8:32 a.m. Introductions immediately followed.

**Present:** Bakari Burns, Dorie Croissant, Chris Falkowski, Wes Fischer, Sandi Grimes, Warren Hougland, Belinda Johnson-Cornett, Amanda Kraft, Nurez Madhany, Vilma Quintana, Ken Peach, Debra Perleberg, JoEllen Revell, Jim Shanks, Jennifer Stephenson, Donna Sines and Sue Ring (staff).

**II. Order of Business**

**2016 AIM – Setting 2016 Objectives** All

**Summary:** Ken reviewed 2016 Health AIM and Strategy session activities to date. We will continue to assign volunteers around specific drivers. At the next meeting, we will break out into workgroups to develop action plans and measures.

- **Expand Council Resources:** This includes HLOC membership, policy planning. Wes Fischer, Debra Perleberg, Amanda Kraft, Jim Shanks, Nurez Madhany, Belinda Johnson-Cornett and Bakari Burns.
- **Strengthen Health Literacy:** Addresses cultural preferences & sensitivity Jen Stephenson, JoEllen Revell, Amanda Kraft, Chris Falkowski and Sandi Grimes
- **Remove Barriers that Delay Treatment:** Includes defining medical neighborhood, transportation and access to preventive screenings. Belinda Johnson-Cornett (Phone 2 Home) Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, and Bakari Burns.

**a. Health Issues Discussion**

All

• **Trauma**

**Summary:** Belinda reported she is now chairing the legislatively mandated Child Abuse Death Investigation Review Committee for District 9. The committee reviews each case and identifies opportunities for education, prevention and intervention. They are also reviewing cases by census track to determine trends

or “hot spots” of activity to ensure outreach is conducted in at-risk areas. The Victim Services Center is trying to secure funding for additional services in Osceola. They are currently here 2 days/week.

- **Cancer**

**Summary:** The Dept. of Health has increased the percentage of colorectal screenings to 33% - 500+ more screenings. There is increased interest in improving messaging and outreach around HPV and the effectiveness of the HPV vaccine in preventing cervical cancer. UF is co-hosting an awareness event to increase vaccination rates. There is much confusion regarding the safety, effectiveness and cost so more outreach must be done to show the benefits in the cervical cancer prevention rate. The vaccine is available at DOH and FQHC locations. Nurez will send a “Know the Facts” information sheet to be shared with the Council.

- **Mental Health/Substance Abuse**

**Summary:** There continues to be positive movement on the 3 year state grant for \$25M grant and it appears to be secured. The Central Receiving Unit Expansion includes additional receiving and funding. Because of the delay in the funding release, any unused money from previous year should bump forward to next year. This will allow for 10 addiction treatment beds and 10 beds for Marchman Act. A courtroom will be incorporated into the facility so Marchman Act designations can happen on sight. This funding allows for expanded coverage and alleviates inappropriate housing at the jail. Park Place will be hiring 25 people to open. He also reported he can provide mental health assessments for Project OPEN clients.

- **Diabetes**

**Summary:** A Diabetes Center of Excellence is in plans and will include optometry and podiatry. CMS has a big focus on the reduction of readmission rates as Central FL leads in the state.

### **III. Case Management Networking Breakfast**

Debra Perleberg

**Summary:** Debra invited everyone to attend the Case Management Networking Breakfast Tuesday, April 5<sup>th</sup> from 8:00 – 10:00 am @ Council on Aging. Wes Fischer will provide an overview the Patient Centered Medical Home and Debra will provide a motivational speech. Event is free to all case manager, social workers, non-profits, healthcare reps, etc. The Health Insurance Store through Humana’s 20/20 program is sponsorship the breakfast.

### **IV. What’s Up/New Business**

**Dept. of Health- Osceola:** Transition continues form Health Dept. to FQHCs. They continue to meet with hospitals to identify interventions to reduce readmissions. Seventy people have signed up for Phone to Home so far. Patient navigator is identifying psycho-social needs and connecting patients to resources and medical homes. Focus is on ER diversions.

**Transition House:** They continue to work with the 9<sup>th</sup> Judicial Court to develop specialty diversion programs to reduce inappropriate incarceration.

**Catholic Charities:** Jen reminded the Council they have the Pathways to Care program providing convalesce care to homeless individuals upon hospital discharge. Beds are available to the region. Bakari mentioned he has TB Beds available.

**Poinciana Hospital:** The facility continues to grow and they anticipate continued demand as a new 210 Assisted Living facility is opening next to their facility.

**Florida Hospital:** Dorie reported they are undergoing a company-wide with restricting and identifying positions with Florida Hospital and the parent Adventist Health System Company. Verbelee is retiring and Ken Bradley will now oversee Celebration Health. Dr. Reed is transitioning to a Care Innovations program.

**School District:** The new Superintendent is in place. They don't anticipate a major change in addressing student health at the District.

**Community Vision:** Discover Osceola is scheduled for Wednesday, September 14 from 4-8pm @ Osceola Heritage Park. Sue reminded there is a Health section where health partners can offers screening, services and information. The committee will begin meeting next month.

## **V. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:00 a.m.

**Minutes**  
**Health Leadership Council**  
**March 3, 2016**

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**I. Call to Order** Ken Peach, Chairperson

**Summary:** Chair Ken Peach called the meeting to order at 8:32 a.m. Introductions immediately followed.

**Present:** Bakari Burns, Dorie Croissant, Chris Falkowski, Wes Fischer, Sandi Grimes, Belinda Johnson-Cornett, Amanda Kraft, Nurez Madhany, Ken Peach, Debra Perleberg, JoEllen Revell, Jim Shanks, Jennifer Stephenson, Donna Sines and Sue Ring (staff).

**II. Order of Business**

**a. 2016 AIM – Setting 2016 Objectives** All

**Summary:** Ken reviewed 2016 Health AIM and Strategy session activities to date. We are now ready to assign volunteers around specific drivers. At the next meeting, we will break out into workgroups to develop action plans and measures.

- **Expand Council Resources:** This includes HLOC membership, policy planning. Wes Fischer, Debra Perleberg, Amanda Kraft, Jim Shanks, Nurez Madhany, Belinda Johnson-Cornett and Bakari Burns.
- **Strengthen Health Literacy:** Addresses cultural preferences & sensitivity Jen Stephenson, JoEllen Revell, Amanda Kraft and Sandi Grimes
- **Remove Barriers that Delay Treatment:** Includes defining medical neighborhood, transportation and access to preventive screenings. Belinda Johnson-Cornett (Phone 2 Home) Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, and Bakari Burns.

**b. Health Issues Discussion** All

• **Trauma**

**Summary:** Belinda reported she is now chairing the legislatively mandated Child Abuse Death Investigation Review Committee for District 9. The committee reviews each case and identifies opportunities for education, prevention and intervention. They are also reviewing cases by census track to determine trends or “hot spots” of activity to ensure outreach is conducted in at-risk areas. The Victim Services Center is trying to secure funding for additional services in Osceola. They are currently here 2 days/week. They will soon be the sexual assault center for Seminole County.

• **Cancer**

**Summary:** The Dept. of Health has increased the percentage of colorectal screenings to 33% - 500+ more screenings. There is increased interest in improving messaging and outreach around HPV and the effectiveness of the HPV vaccine in preventing cervical cancer. UF is co-hosting an awareness event to increase vaccination rates. There is much confusion regarding the safety,

effectiveness and cost so more outreach must be done to show the benefits in the cervical cancer prevention rate. The vaccine is available at DOH and FQHC locations. Nurez will send a “Know the Facts” information sheet to be shared with the Council.

- **Mental Health/Substance Abuse**

**Summary:** Jim Shanks reported they opened 30+ adult crisis units last month. There has been positive movement on the 3 year state grant for \$25M grant and it appears to be secured. The Central Receiving Unit Expansion includes additional receiving and funding. Because of the delay in the funding release, any unused money from previous year should bump forward to next year. This will allow for 10 addiction treatment beds and 10 beds for Marchman Act. A courtroom will be incorporated into the facility so Marchman Act designations can happen on sight. This funding allows for expanded coverage and alleviates inappropriate housing at the jail. Park Place will be hiring 25 people to open. He also reported he can provide mental health assessments for Project OPEN clients.

- **Diabetes**

**Summary:** A Diabetes Center of Excellence is in plans and will include optometry and podiatry. CMS has a big focus on the reduction of readmission rates as Central FL leads in the state.

### III. **Case Management Networking Breakfast**

Debra Perleberg

**Summary:** Debra invited everyone to attend the Case Management Networking Breakfast Tuesday, April 5<sup>th</sup> from 8:00 – 10:00 am @ Council on Aging. Wes Fischer will provide an overview the Patient Centered Medical Home and Debra will provide a motivational speech. Event is free to all case manager, social workers, non-profits, healthcare reps, etc. The Health Insurance Store through Humana’s 20/20 program is sponsorship the breakfast.

### IV. **What’s Up/New Business**

**Dept. of Health- Osceola:** Transition continues form Health Dept. to FQHCs. They continue to meet with hospitals to identify interventions to reduce readmissions. Seventy people have signed up for Phone to Home so far. Patient navigator is identifying psycho-social needs and connecting patients to resources and medical homes. Focus is on ER diversions.

**Transition House:** They continue to work with the 9<sup>th</sup> Judicial Court to develop specialty diversion programs to reduce inappropriate incarceration.

**Healthcare for the Homeless/Orange Blossom:** Bakari Burns reported they have hired a projects person to address ER diversion at 5 hospitals in the tri-county area. They are

working at Florida Hospital Kissimmee. They see approximately 25/day at the Community Hope Center. They are adding a licensed social worker to offer integrated health and increased capacity. They have been working closely with the Central FL Commission on Homelessness on the Housing First Initiative by helping identify, assess and house chronically homeless. HCFH has helped secure housing for 46 persons so far. The challenge in Osceola is the lack of available units – only 4 have been housed in Osceola. Donna reported Concord has agreed to develop the land next to the Council on Aging and is committing a portion to affordable housing units. Lack of Dental services continues to be a challenge for Osceola County. There is an effort to build capacity.

**Catholic Charities:** Jen reminded the Council they have the Pathways to Care program providing convalesce care to homeless individuals upon hospital discharge. Beds are available to the region. Bakari mentioned he has TB Beds available.

**Poinciana Hospital:** The facility continues to grow and they anticipate continued demand as a new 210 Assisted Living facility is opening next to their facility.

**Florida Hospital:** Dorie reported they are undergoing a company-wide with restricting and identifying positions with Florida Hospital and the parent Adventist Health System Company. Verbelee is retiring and Ken Bradley will now oversee Celebration Health. Dr. Reed is transitioning to a Care Innovations program.

**School District:** The new Superintendent starts next month. They don't anticipate a major change in addressing student health at the District.

**Community Vision:** Discover Osceola is scheduled for Wednesday, September 14 from 4-8pm @ Osceola Heritage Park. Sue reminded there is a Health section where health partners can offers screening, services and information. The committee will begin meeting next month.

## **V. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:00 a.m.

**Minutes**  
**Health Leadership Council**  
**April 7, 2016**

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**I. Call to Order** Ken Peach, Chairperson  
**Summary:** Chair Ken Peach called the meeting to order at 8:34 a.m. Introductions immediately followed.  
**Present:** Bakari Burns, Wes Fischer, Warren Hougland, Belinda Johnson-Cornett, Amanda Kraft, Bryan Lee, Nurez Madhany, Celestia McCloud, Ken Peach, Debra Perleberg, Vilma Quintana, JoEllen Revell, Jill Slaff, Jennifer Stephenson, Wendy Roman, Bernado Gil, Dorothy Hardee, Rick Tischler, Donna Sines (staff) and Sue Ring (staff).

**II. Approval of March 3, 2016 Minutes** All  
**Summary:** The minutes of the March 3<sup>rd</sup> meeting were presented for approval. Belinda Johnson-Cornett motioned for approval. Jill Slaff second. Minutes approved as presented.

**III. Order of Business**

**a. Health Council Board Representation** Ken Peach  
**Summary:** Ken Peach mentioned that with Barbara Meeks retirement from Nemours, there is an opening for an Osceola representative on the Health Council on East Central Florida Board. The candidate must reside in Osceola County. The HCECF meets E/O month on Wednesdays. Meeting locations are rotated throughout the Health Council's service area. Please send nominations to Sue Ring for consideration.

**b. Osceola County Health Rankings Overview** Belinda Johnson-Cornett  
**Summary:** The council reviewed the recently released Osceola County Health Rankings. Belinda noted that that these findings rank the overall health standings and key indicators for all 67 Florida counties. She reminded the council that a shift in ranking doesn't necessarily indicate a county fared as poorly as another county may have improved in a key area shifting other counties down in rankings. Overall, Osceola County went from 16 to 32. Some areas showed improvement (birthweights, teen pregnancy) while others indicated decline (excessive drinking, poor health days). Some findings show correlation of socioeconomic factors and physical health outcomes. Findings also show great need in mental health services. Overall Osceola is a medically underserved community.

**c. Health Issues Discussion** All

- **Trauma**  
**Summary:** Bryan Lee reported trauma operations at Osceola Regional are going well. They completed their probationary trauma period and anticipate official trauma certification in July.

- **Cancer**

**Summary:** ACS reminded the committee that Osceola Relay for Life event is Saturday, May 21<sup>st</sup> at OHP. The focus is on survivors & caregivers. They hope to reach out to the Hispanic population. Suggestions included reaching out to the Kissimmee Chamber's Hispanic Business Council and El Osceola Star. ACS held an HPV awareness event at the Valencia West Campus. They are exploring opportunity to hold an Osceola campus and UCF event. The goal is to increase awareness of HPV, cervical cancer and prevention. There is great effort to continue to improve colorectal cancer screenings. Ken mentioned the Cancer Collaborative identified HPV (cervical), lung and colorectal and the top three target prevention areas. Mayor Jacobs has signed a pledge to support colorectal cancer screenings and prevention efforts. Focus is trying to reduce the costs of the test kits.

- **Mental Health/Substance Abuse**

**Summary:** Chris Falkowski reported there is a physician education effort to reduce the number of opioid prescriptions thus putting a dent in substance abuse/addictions. Transition House offers women's residential treatment program. Healthcare for the Homeless received a federal grant for medication assistance therapy offering alternatives in treatment. Shots block opioid and alcohol receptors. Many fire/rescue/EMS now have Narcon to reduce opioid overdoses. Chris, Jim and Bakari will meet to discuss ways to educate healthcare professionals to address pain management without opioids.

d. **AIM Strategic Planning**

ALL

Summary: The HLOC broke out into their respective workgroups to begin to set goals and plans for addressing the 3 identified objectives in support of the overall AIM goal to increase early intervention to improve outcomes. (SEE ATTACHED NOTES)

IV. **What's Up/New Business**

- **Health Insurance Store:** Recently sponsored the Case Management Networking Breakfast. More than 70 attendees learned about Patient Centered Medical Homes. Additionally, Wes introduced Wendy Roman from Humana and Bernado Gil from Family Physician Group to HLOC. Expanding HLOC membership to include more payers and providers was an AIM goal.
- **Osceola Regional:** Bryan reported they are participating in a golf tournament to raise funds to support the City of Kissimmee's Dreambuilder summer camp for homeless kids.
- **Council on Aging:** The Care Companion program has returned with some funding from Florida Blue to for transportation. Care companions help with

medications, check blood pressure and offer companionship to frail seniors. Volunteers receive a small stipend.

- **Florida Blue:** The Sapphire Awards will soon be announced. The Council on Aging and Bakari Burns are both finalists in their respective categories. The Core Innovation Center is now open at Lake Nona. This small business incubator focuses on startups looking to impact health.
- **VITAS:** They conduct community outreach to educate on the benefits and services of Hospice. They host a monthly lecture series at the library.
- **Florida Hospital:** They are undergoing restructuring with the parent company so some executive leadership has shifted positions. They are developing a new CHIC funding process.
- **Community Vision:** The recent KaBOOM! Playground build at Central Ave. Elementary was a huge success with more than 270 volunteers, including 25 from Florida Hospital Kissimmee, participating. CV will be hosting Leadership Osceola Health Day next week.
- **HCECF:** Ken continues to participate in the Pacesetter program's monthly webinars, workshops and calls. He also suggested we explore the Healthiest Community grants program. Applications and awards are based on community population size.

## V. **Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:03 a.m.

**2016 AIM - Health Leadership Council**

**April 7, 2016 – Breakout Session Planning**

<b>Driver</b>	<b>Description</b>	<b>HLOC Members</b>
Expand Council Resources	Increase membership to include payers/medical office. Include health in policy planning	Wes Fischer, Debra Perleberg, Amanda Kraft, Jim Shanks, Nurez Madhany, Belinda Johnson-Cornett and Bakari Burns
Strengthen Health Literacy	Addresses cultural preferences & sensitivity. Develop consistent health messages	Jen Stephenson, JoEllen Revell, Amanda Kraft and Sandi Grimes
Remove Barriers that Delay Treatment	Define medical neighborhoods, explore mobile services and transportation, increase preventive screenings	Belinda Johnson-Cornett (Phone 2 Home) Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, and Bakari Burns

**EXPAND COUNCIL RESOURCES**

- Add Humana & Family Physician Group representation to HLOC. They represent more than 40% market of ACA & Providers (Wes Fischer)
- Florida Cancer next month - FPG
- Invite specialty physician/case manager to meeting
- Warren – training on “for profit” side – community resources
- Hold more Case Worker community Education events
- Project OPEN – from consuming resources to becoming a resource – CNAs, HHAs

**STRENGTHEN HEALTH LITERACY**

*For Hispanic and Non-Hispanic groups*

- Neighborhood based peer educators to provide in-person guidance/education
- Move from trying to educate w/ printed materials translated from English to Spanish to delivering info through peer network
- Need to identify cultural “pockets” & what agencies, churches, etc. are located in those pockets
- Explore finding a “champion” spokesperson to deliver messages to people directly
- Use social/digital media, Discover Osceola
- Need to identify 1, maybe 2 health issues to use these efforts on (i.e. maternal/child health, diabetes)
- Potential “messengers”: COA volunteers, Church volunteers, Social Clubs, Former/Current patients

## REMOVE BARRIERS THAT DELAY TREATMENT

- Define Medical Neighborhood
    - HC – assist w/ MAPPING & EMS Data
    - Population Health
    - Health Screening – what is offered by whom (Directory)
    - COA’s Care Companion Program (for transportation issues)
  
  - Transportation Issues
    - COA program
    - Develop transportation network (ITN Network)
    - Mobile Units (screening/care)
    - Telemedicine
-

**Minutes**  
**Health Leadership Council**  
**May 5, 2016**

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**I. Call to Order**

Ken Peach, Chairperson

**Summary:** Chair Ken Peach called the meeting to order at 8:32 a.m. Introductions immediately followed.

**Present:** Brent Burish, Mike Capranice, Chris Falkowski, Dorie Croissant, Chris Falkowski, Warren Hougland, Belinda Johnson-Cornett, Nurez Nadhany, Ken Peach, Debra Perleberg, JoEllen Revell, Jim Shanks, Wendy Roman, Jill Slaff, Jen Stephenson, Rick Tischler, Donna Sines (staff) and Sue Ring (staff).

**II. Approval of April 7, 2016 Minutes**

All

**Summary:** The minutes of the April 7<sup>th</sup> meeting were presented for approval. Chris Falkowski mentioned she was not noted as present at the meeting. Chris Falkowski motioned for approval. Belinda Johnson-Cornett second. Minutes approved with noted attendance correction.

**III. Order of Business**

**a. FIMR Disparities Reduction Discussion**

Ken Peach

**Summary:** Ken reported the state is looking for reduction in fetal infant mortality. Osceola has been progressive in addressing this with the FIMR task force activities including environmental scans to identify pocket areas of concern, focus groups and community outreach. The FIMR committee is hosting a stakeholder meeting Monday, May 16<sup>th</sup> from 2:30 – 5:00 p.m. at the Osceola Council on Aging. The workshop will review current data trends and develop community strategies to address concerns. A plan will be drafted and send to the state in September. The goal is to pull together resources to develop plans improving outcomes.

**b. Health Issues Discussion**

All

- **Trauma:** Mike from Osceola Co EMS reported Osceola Regional's designation of a trauma center has been very helpful to EMS. Transition has gone well and having a local trauma center has reduced the amount of flying to transport patients to trauma center.
- **Cancer:** Nurez reminded committed that the Osceola Relay for Life will be 5/21 @ OHP. There will be a forum 5/19 addressing colorectal cancer. Through funding efforts and aggressive outreach, Osceola Co has increased colorectal screening rates 33%.
- **Mental Health/Substance Abuse:** Jim reported the state continues to delay the release of approved funding for their addiction receiving center and Marchman beds. Park Place now has 10 addiction beds and 10 Marchman beds and is ready to go but the managing entity has not released \$500K in funding. Those funds expire 6/30 though DCF assures the funding will roll over into next fiscal year and remain available for use. The next meeting

with the managing entity is June 1<sup>st</sup>. Sue Ring reported that HSN talked about IMPOWER making a presentation about tele-psychiatry services availability and interest in expanding into Osceola Co. Jim reported INPOWER had received pilot project funding to offer free psychiatry services. Park Place has been exploring tele-psychiatry services at the FQHCs. There is a possibility of offering service at the Council on Aging. The challenge is how to secure payment for billable services. Tele-psychiatry opportunities continue to be explored for Osceola Co.

**c. 2016 AIM – Setting 2016 Objectives** All

**Summary:** The council reviewed the results of the AIM planning from the April meeting. The objective is to draft action plans and measures to achieve the objectives and goals of supporting early intervention by expanding council resources, improving health literacy and removing barriers to treatment. The council then broke into specified work groups. (see attached notes)

**IV. What's Up/New Business**

- **Osceola Council on Aging** continues to seek volunteers for their Care Companion program. This program provides companion to indigent clients of their health clinic. With transportation funding from Florida Blue, companions help check vitals, ensure medication compliance and provide transportation to/from doctors' appointments. Warren will provide a job description.
- **Osceola Co Health Dept.** has been recognized as a state accredited Health department from the Public Health Accreditation Board.

**V. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:02 a.m.

**2016 AIM - Health Leadership Council**

**May 5, 2016 – Breakout Session Planning**

<b>Driver</b>	<b>Description</b>	<b>HLOC Members</b>
Expand Council Resources	Increase membership to include payers/medical office. Include health in policy planning	Wes Fischer, Debra Perleberg, Amanda Kraft, Brent Burish, Rich Tischler and Bakari Burns
Strengthen Health Literacy	Addresses cultural preferences & sensitivity. Develop consistent health messages	Jen Stephenson, JoEllen Revell, Amanda Kraft, Chris Falkowski, Wendy Roman and Sandi Grimes
Remove Barriers that Delay Treatment	Define medical neighborhoods, explore mobile services and transportation, increase preventive screenings	Belinda Johnson-Cornett, Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, Jim Shanks, Jill Slaff, Warren Hougland, Ken Peach, Dorie Croissant and Bakari Burns

**EXPAND COUNCIL RESOURCES**

- Increase membership – Molina Healthcare (Sylvia Riofrio?)
- Darryl Strawberry Center – Brent
- FPG – volunteer docs – Wes
- Pediatrics – Nemours & Carrousel Therapy – Rick
- Tele-Medicine (Psychiatry) - Ken
- Case Manager Breakfasts – April, August & November
  - SPIRIT software system – County program that connects providers – Health access
  - ACA – Open Enrollment - November

**STRENGTHEN HEALTH LITERACY**

*For Hispanic and Non-Hispanic groups*

- Use common message of Healthy Eating – including on a budget
- Emphasize the benefits of healthy eating – immediate, not just long term
- Tupperware for packaging
  - Shopping, cooking & preserving healthy foods – healthy plate
- Publix – Apron recipes – how to shop
- School district – appeal messaging to kids
- NFL – Play 60 tie in
- YMCA – healthy family opportunities
- Messaging must appeal to low income – healthy eating can be accessible for LI
- Community resources for food banks, pantries, free – produce (Second Harvest)

- Approach Orlando City Soccer (Men's & Women's – Pride) to ask for 2 champions
  - PSAs, onsite visits to community soccer teams
  - Small grant opps (\$8-10K)
  - Message in game programs, time at a game
  - Have health food vendor @ games that are affordable
  - If no from Orlando City – Tampa Bay Rays

#### **REMOVE BARRIERS THAT DELAY TREATMENT**

- Telehealth FQHC's & Mental Health Agency
- Mobile health units to provide dental care – Bakari Burns
- C.A.T. team for Osceola Co. – lobbyist to get resources to reach at-risk kids
- Mapping to identify disease specific pockets
- Emergency vs. non-emergency transportation
  - How to reduce risk factors to minimize emergencies – diabetes education to reduce crisis
  - Develop network of community health workers to saturate pocket areas
  - Use of ACA for resources
  - Healthcare Uber for transportation

**Minutes**  
**Health Leadership Council**  
**June 2, 2016**

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**I. Call to Order**

Donna Sines

**Summary:** In Ken Peach's absence, Donna Sines called the meeting to order at 8:35 a.m. Introductions immediately followed.

**Present:** Brent Burish, Dorie Croissant, Chris Falkowski, Amanda Kraft, Nurez Madhany, Celestia McCloud, Debra Perleberg, Rick Tischler, Jen Cochran, Donna Sines (staff) and Sue Ring (staff.)

**II. Approval of May 5, 2016 Minutes**

All

**Summary:** The minutes of the May 5<sup>th</sup> meeting were presented for approval. Chris Falkowski motioned for approval. Brent Burish second. Minutes approved as presented.

**III. Order of Business**

**a. August Case Management Breakfast**

All

**Summary:** Donna reported that Humana and the Health Insurance Store have agreed to sponsor an August Case Management Breakfast. The breakfast is designed to be a networking event and present educational and personal development topic(s) to area health, non-profit and provider case managers. Donna asked for potential speaker topics. Suggestions included:

- Pediatric State of Health
- Mental Health & Substance Abuse – Treatment options including Park Place, Transition House, and Darryl Strawberry Center.
- Women's Health
- SPIRIT Case Management System

Celestia McCloud reported the SPIRIT system will be far enough along in development for review. She will ask the vendor to provide a speaker for the August breakfast. Staff will coordinate a date with County Human Services,

**b. Health Issues Discussion**

All

**Summary:** Each month, the HLOC shares info regarding the following critical community health issues:

- **Trauma:** No report
- **Cancer:** Nurez Madhany reported the CME event with Dr. Hernandez sharing case study results from Osceola Co Colorectal screenings and education effort was well received. They are looking into conducting a follow up event. The 5/21 Osceola Relay for Life event was a big success. There will be a Cancer Survivor picnic 6/5 and a Celebrating Cancer Survivors event in October.
- **Mental Health/Substance Abuse:** Chris Falkowski reported Transition House continues to grow and expand services including a women's 6 bed facility.

**c. 2016 AIM – Setting 2016 Objectives** All

**Summary:** The council reviewed the results of the AIM planning from the May meeting. The objective is to draft action plans and measures to achieve the objectives and goals of supporting early intervention by expanding council resources, improving health literacy and removing barriers to treatment. (see attached notes)

**IV. What's Up/New Business**

- **July Meeting:** Staff will determine July meeting status and send out meeting notification.

**V. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 9:30 a.m.

**2016 AIM - Health Leadership Council**

**June 2, 2016 – Breakout Session Planning**

<b>Driver</b>	<b>Description</b>	<b>HLOC Members</b>
Expand Council Resources	Increase membership to include payers/medical office. Include health in policy planning	Wes Fischer, Debra Perleberg, Amanda Kraft, Brent Burish, Rich Tischler and Bakari Burns
Strengthen Health Literacy	Addresses cultural preferences & sensitivity. Develop consistent health messages	Jen Stephenson, JoEllen Revell, Amanda Kraft, Chris Falkowski, Wendy Roman and Sandi Grimes
Remove Barriers that Delay Treatment	Define medical neighborhoods, explore mobile services and transportation, increase preventive screenings	Belinda Johnson-Cornett, Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, Jim Shanks, Jill Slaff, Warren Hougland, Ken Peach, Dorie Croissant and Bakari Burns

**EXPAND COUNCIL RESOURCES**

- Increase membership – Secured contact for Molina Healthcare
- FPG is now a member. Look to add representative from JSA. They recently purchased Family Healthcare and is owned by DaVita.
- Darryl Strawberry Center – Brent
- Pediatrics – Nemours & Carrousel Therapy – Rick
- Healthcare advisory – Carmen – look a readmission rates from a Medicare perspective
- Case Manager Breakfasts – April, August & November
  - SPIRIT software system – County program that connects providers – Health access - August
  - ACA – Open Enrollment - November

**STRENGTHEN HEALTH LITERACY**

*For Hispanic and Non-Hispanic groups*

- Chris F: introduce Backyard Container Gardens - utilize Osceola Co Extension Services? Rent a Row?
- Secure direct fresh produce – Pratt’s Family Farm – must be accessible and affordable for low income family
- Approach Orlando City Soccer (Men’s & Women’s – Pride) to ask for 2 champions
- Reach parents thru kids – asthma camp (Nemours) or a sports camp
- Diabetics – peer to peer connection. Osceola Co Extension Services can help provide education

- Measures: turn to School District for support – diabetics and asthma

#### **REMOVE BARRIERS THAT DELAY TREATMENT**

- Identify barriers – insurance? Health literacy? Transportation?
- Telehealth FQHC's & Mental Health Agency
- Implement and utilize SPIRIT to better track clients and resources – better resource allocation (min. duplication, “double dipping”)
- C.A.T. team for Osceola Co. – lobbyist to get resources to reach at-risk kids
- Mapping to identify disease specific pockets – can other entities help identify (Nemours O asthma?)
- Phone to Home – increase access & minimize transportation
- Front end payment – insurance & Medicaid expansion

**Minutes**  
**Health Leadership Council**  
**July 7, 2016**

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**I. Call to Order**

**Ken Peach**

**Summary:** Chair Ken Peach called the meeting to order at 8:30 a.m. Introductions immediately followed.

**Present:** Brent Burish, Bakari Burns, Dorie Croissant, Chris Falkowski, Wes Fischer, Warren Houglund, Ken Peach, Debra Perleberg, Vilma Quintana, Jim Shanks, Jill Slaff, Deborah Randall, Donna Sines (staff) and Sue Ring (staff).

**II. Approval of June 2, 2016 Minutes**

**All**

**Summary:** The minutes of the June 2<sup>nd</sup> meeting were presented for approval. Chris Falkowski motioned for approval. Dorie Croissant second. Minutes approved as presented.

**III. Order of Business**

**Health Issues Discussion**

**All**

- **Trauma:** Brent Burish reported that Orlando Regional Medical Center and the Central Florida region responded remarkably in response to the recent Pulse nightclub shooting. Everyone put their competitive spirits aside to meeting community needs under extraordinary duress. Park Place provided bilingual counselors and Victim Services Center has been at the forefront from day one. They were taking today to offer respite for caregivers and first responders. The Community Foundation of Central Florida has created a fund to offer support of mental health providers, small business and partners addressing the long term recovery needs. Overall, our community responded in a united effort and many face a long recovery.
- **Cancer:** The Cancer collaborative will hold their next meeting 7/21 for annual planning of strategies and priorities. Their focus is on prevention, treatment and survivorship. Their targeted cancers of focus were HPV, lung and colorectal.
- **Mental Health/Substance Abuse:** Jim Shanks reported there has been progress on their multi-year funding from a 3 years plan to now \$2M/year for 5 years. He is thrilled the Senate /State are making mental health funding a bigger priority. Park Place now has 10 detox beds, 10 Merchant act beds and an addiction receiving center. They will have four primary avenues for service:
  - Baker Act/Crisis Unit
  - Addiction Receiving
  - Detox
  - Triage Unit (72 hours)

They will be hiring 25-30 additional staff to be up and running first of October. They've had to expend some \$\$ upfront, but will be reimbursed. The managing entity is more flexible id allowing for creative solutions. Park

Place will be offering tele-psychiatry for its Stadium Place and Poinciana locations. The Darryl Strawberry center has secured approval for 10 beds for veterans.

**a. 2016 AIM – Setting 2016 Objectives** All

**Summary:** The group reviewed CHIP Goals and Strategies progress to date and then broke into small groups for further discussion **(SEE ATTACHED NOTES)**.

**I. What's Up/New Business**

- **Community Vision:** Plans are underway for Discover Osceola to be held Wednesday, September 14<sup>th</sup> from 4-8pm at Osceola Heritage Park. There is a Health & Wellness section, generously sponsored by Florida Blue to showcase area health amenities. Sue will send info to the group and Ken will assist Health area coordination.
- **Florida Hospital:** The latest CHIC projects will be announced 8/4.
- **Healthcare for the Homeless:** Bakari reported he has secured funding of offer limited mobile dental health services.
- **Florida Blue:** They partnered with New Directions to offer 24 hour counseling for Pulse victims at 2 onsite centers.
- **Council on Aging:** They were awarded a HFUW impact grant to continue Work Ready (Jackie) and expand Project OPEN. The Care Companions program continues to be a success and they are seeing improvement in diabetic diseases management of their clients.
- **Health Insurance Store:** They are preparing for the fall ACA enrollment period. Some marketplace uncertainty lingers with continuing changes in providers – United is dropping, Humana has potential 40% premium increases, and Molina is coming into Central FL. Overall, the Marketplace faces some significant challenges in keeping insurance options available and premiums affordable.
- **Park Place:** They are celebrating their birthday July 22<sup>nd</sup>.
- **Deborah Randall:** She mentioned she possesses considerable experience in the telehealth strategic planning from across the country. She offered support in our HLOC efforts.
- **HCECF:** They just finished the Comp Plan for HIV services. They scored so well it garnered an extra \$400K in funding. The Fetal Infant Mortality committee is will hold action planning session in September to continue efforts to improve fetal outcomes in targeted census tracts.

**II. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:02 a.m.

**2016 AIM - Health Leadership Council**

**July 7, 2016 – Breakout Session Planning**

<b>Driver</b>	<b>Description</b>	<b>HLOC Members</b>
Expand Council Resources	Increase membership to include payers/medical office. Include health in policy planning	MEMBERS MOVED TO DRIVERS BELOW FOR FURTHER DEVELOPMENT
Strengthen Health Literacy	Addresses cultural preferences & sensitivity. Develop consistent health messages	Jen Stephenson, JoEllen Revell, Amanda Kraft, Chris Falkowski, Wendy Roman and Sandi Grimes (added Rick Tischler)
Remove Barriers that Delay Treatment	Define medical neighborhoods, explore mobile services and transportation, increase preventive screenings	Belinda Johnson-Cornett, Mike Capranice, Ken Peach, Nurez Madhany, Celestia McCloud, Jim Shanks, Jill Slaff, Warren Hougland, Ken Peach, Dorie Croissant and Bakari Burns (added Wes Fischer & Debra Perleberg)

**EXPAND COUNCIL RESOURCES**

- Groups focused on increasing membership:
  - Secured Humana & Molina participation – Payers
  - Secured FPG & Vitas – possible JSA – Medical providers
  - Invitations to Darryl Strawberry Center & Carrousel
  - Need to secure Nemours replacement
  - Possible invite to IBCK clinic – faith based clinic – Vilma
- Case Manager Breakfasts up & running
  - April kick-off w/ 75 attendees – Patient centered medical homes
  - August 19<sup>th</sup> – SPIRIT software introduction & personal development
    - Why it is important in Osceola
    - Connecting agencies & providers to services on common info system
    - Case management Software system
    - Osceola Co Gov’t investment
    - How it can make case mgmt. more effective for agencies & clients
    - Help identify “hot spots” or illness/incident trends
  - NEXT Case Management meeting – NOVEMBER – ACA Enrollment
- SINCE GOAL HAS BEEN MET, THIS SUB-GROUP WILL MEET ON AN AS NEEDED BASIS

## **STRENGTHEN HEALTH LITERACY**

*For Hispanic and Non-Hispanic groups*

- Objective needing follow up: Orlando City Soccer Champion – Ken Peach
- Cultural sensitivity: Florida Hospital has a book on utilizing/addressing cultural sensitivity in healthcare – possible Case Mgt. Breakfast topic?
- Important to have consistent health messaging in patient education
- Utilize Extension Services for nutrition education – school district
  - Invite Grisel from Extension - train the trainer
- Keiser U student interns – partners bring patient education materials to meeting for review of messaging – identify opportunities for improvement

## **REMOVE BARRIERS THAT DELAY TREATMENT**

- Mapping for Needs Assessment
- Prevention ---- Treatment ----- Recovery
  - Insurance
  - Literacy
  - Transportation
  - Care Management/Support
  - Education
- Transportation – Medical Uber
- CAT Team for 10-21 age group
  - Identify at risk children – early intervention
  - Deal with adolescents before they are in crisis/trouble

**SUMMARY: Moving forward, focus on Strategies 2 & 3 (Health Literacy & Removing Barriers).  
Develop ways to implement action plans**

**Minutes**  
**Health Leadership Council**  
**August 4, 2016**

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**I. Call to Order**

Ken Peach

**Summary:** Chair Ken Peach called the meeting to order at 8:30 a.m.

**Present:** Bakari Burns, Dorie Croissant, Chris Falkowski, Warren Hougland, Nurez Madhany, Celestia McCloud, Ken Peach, Debra Perleberg, Deborah Randall, Jennifer Stephenson, Karen Chrapek, Bionet Pineiro-Ramirez, Grisel Negron, Dorothy Hardee, Josephine Mercado, Donna Sines (staff) and Sue Ring (staff).

**II. Approval of July 7, 2016 Minutes**

All

**Summary:** The minutes of the July 7<sup>th</sup> meeting were presented for approval. Chris Falkowski motioned for approval. Bakari Burns second. Minutes approved as presented.

**III. Order of Business**

**Health Issues Discussion**

All

- Trauma: NO UPDATE
- Cancer: The Cancer Collaborative is working so strategic planning to determine focus areas for 2017. The American Cancer Society will host a colorectal cancer roundtable in September.
- Mental Health/Substance Abuse: The Darryl Strawberry Recovery Center continues to expand services & hire staff. Construction has begun for additional beds. They have a veteran's center for those requiring more than 30 days of treatment. They served 17 vets in July and are in network for many insurers. They also offer relapse support.

**a. Case Management Breakfast Update**

Debra Perleberg & Sue Ring

**Summary:** The next Case Management Breakfast will be Friday, August 19<sup>th</sup> from 8:00 a.m. to 10:00 a.m. at the Osceola Council on Aging. The breakfast is sponsored by the Health Insurance Store and Humana. The developers of the SPIRIT Case Management system will present this web based client management software. They will showcase its capabilities in enabling better utilization of resources and comprehensive client case management. Osceola County has invested in the initial development and will invite key agencies to participate in the web sharing system cover costs for the first 3 years. The November Breakfast will be sponsored by Molina Healthcare and will feature changes and status of the ACA Marketplace. We will shoot for early November as that is when open enrollment for the marketplace begins. Committee suggested utilizing surveys to determine future topics and event success.

**b. Discover Osceola Update**

Sue Ring

**Summary:** Sue Ring and Donna Sines invited the health partners to participate in the upcoming Discover Osceola event. Discover will be held Wednesday, September

14, 2016 from 4 to 8pm @ Osceola Heritage Park. The event is designed to educate newcomers and residents about Osceola County amenities, programs and services in an engaging and interactive fashion. Health & Wellness is a key section. Interested H&W partners should let Sue know if they would like to participate.

**c. 2016 AIM – Setting 2016 Actions**

**Summary:** Ken Peach provided an overview of 2016 AIM planning to date. HLOC has made great progress in setting goals and determining measures but now needs to move into action. For example, one of the goals was reducing obesity with healthy eating/addressing food deserts. Grisel Negron from UF/IFAS Extension Services joined us to provide an overview of their services. Their target audience and goals complement AIM goals so there is opportunity for program development and implementation.

**1. Expand Council Resources**

**Summary:** The HLOC has expanded participants on the Council. Humana, VITAS, Darryl Strawberry Center and FPG have been added and participating in Council activities. Molina has also been invited and encouraged to attend. Ken Peach has been working on securing a Nemours representative. There is a CMS readmission group working in Osceola developing strategies to reduce hospital readmissions. The key is to identify the root cause(s) of readmissions. The Phone to Home program and increased use in telehealth can help these strategies by identifying additional resources to improve aftercare compliance. Additionally, the Case Management Network has been re-engaged with regular quarterly meetings bringing networking, educational and motivational opportunities to this key health constituency. Additional sponsor resources and educational topics will be explored to continue this effort.

**2. Improve Health Literacy**

**Summary:** This initiative will address developing consistent health messages in a culturally sensitive manner to improve disease management and compliance. Florida Hospital published a terrific resource book that could be a future Case Management Breakfast topic. Book cost will need to be addressed as it is somewhat pricey. Dorie Croissant may be able to assist in securing the author. Partners will look at educational materials to identify activities to reinforce messaging. For example, Extension Services can help put nutrition education into action by teaching patio pots or gardening. Chris Falkowski will work with Grisel and Amanda on exploring this project. To ensure message consistency, HLOC agreed to review diabetes education material first. Partners are encouraged to bring patient diabetes education materials to the next meeting to review for messaging. HLOC can also look at expanding opportunities for patient personal “development” by offering chronic disease education courses, encouraging children’s education for family reinforcement of messaging, and improving access to online and onsite support

groups. This feature can be an added feature in the online and printed Family Resource Guide.

### **3. Remove Barriers to Care**

**Summary:** Ken reported a Mental Health First Aid course was under development. This one hour course would help identify the symptoms of mental illness. Progress has been made on mapping for fetal infant mortality. Three to four Census track areas have been identified as areas for cause of concern as well as two to three areas of improvement. FIMR committee will determine what we can learn from success areas to implement in trouble areas. Phone to Home is working with 70 clients. We need to determine what information is being shared. Transportation continues to be a challenge. Possible programs include exploring a medical UBER. American Cancer Society is developing a Road to Recovery program where volunteers would drive patients to treatments and/or follow up appointments.

## **IV. What's Up/New Business**

- **Hispanic Health Initiatives:** Expressed a concern on how community is addressing Zika virus. Perhaps Belinda can share efforts at the next HLOC meeting.
- **Deborah Randall:** She is working on a telehealth council that has been gathering information on applications, successes, challenges, etc. The results will be released 10/17. Report will shed light on services, costs and status.
- **Darryl Strawberry Center:** They will be holding 2 hour training on synthetic drugs dangers at their Deland facility 9/1.
- **Health Insurance Store:** Wes reported the marketplace forecast for 2017 is challenging. There are potential 43% premium price hikes. Humana is requesting a 35% price hike. Almost 85% of Osceola residents have a Humana plan. UHC has pulled out of the marketplace. Molina, better known for their Medicaid plans, is entering the marketplace. They have a good product line but networks may be initially small until they are better established.
- **Victim Services Center:** They continue to work closely with Pulse victims and their families to secure services.
- **Orange Blossom Health:** Bakari Burns reported they received a grant to offer an opioid addiction therapy. It blocks opioid receptors. It may also help with alcoholism treatment success. They are also working with HSN on the Housing First Initiative. They are case managing chronically homeless placements. 85 have been housed to date including 7 from Osceola. The challenge is finding landlords willing to work with the population. The Central Florida Foundation is expanding funding to house 300 homeless individuals.

## **V. Adjournment**

**Summary:** With no further business to discuss, the meeting was adjourned at 10:07 a.m.

**Minutes**  
**Health Leadership Council**  
**September 1, 2016**

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**I. Call to Order**

Ken Peach

**Summary:** Chair Ken Peach called the meeting to order at 8:30 a.m.

**Present:** Bakari Burns, Mike Capranice, Dorie Croissant, Chris Falkowski, Wes Fischer, Warren Hougland, Amanda Kraft, Grisel Negron, Ken Peach, Debra Perleberg, Vilma Quintana, JoEllen Revell, Jim Shanks, Wendy Roman, Jill Slaff, Jennifer Stephenson, Donna Sines (staff) and Sue Ring (staff).

**II. Approval of August 4, 2016 Minutes**

All

**Summary:** The minutes of the August 4<sup>th</sup> meeting were presented for approval. Dorie Croissant motioned for approval. JoEllen Revell second. Minutes approved as presented.

**III. Order of Business**

**a. Discover Osceola Update**

Donna Sines/Sue Ring

**Summary:** Sue Ring and Donna Sines invited the health partners to participate in the upcoming Discover Osceola event. Discover will be held Wednesday, September 14, 2016 from 4 to 8pm @ Osceola Heritage Park. The event is designed to educate newcomers and residents about Osceola County amenities, programs and services in an engaging and interactive fashion. Health & Wellness is a key section. Interested H&W partners should let Sue know if they would like to participate. Donna stressed the importance of focusing on the future of health such as telehealth, Florida Blue's Innovation Center and Nemours. Ken Peach offered to approach Nemours for participation.

**b. Health Issues Discussion**

- Trauma: Mike Capranice reported the Level 2 Trauma Center @ Osceola Regional is running well. County EMS is utilizing new equipment to improve patient stabilization and emergency response.
- Cancer: The Health Dept. continues work with the American Cancer Society to improve colorectal cancer screening. Rates have improved from 21% to 50%. ACS will host a colorectal roundtable with physicians to identify resources for colonoscopies. The goal is to have an 80% screening rate by 2018.
- Mental Health/Substance Abuse: Park Place will open their Central Receiving Unit 10/1. They will have 10 more receiving beds and 10 Marchman Act beds. Park Place has also purchased the equipment to offer telehealth psychiatric services at the Health Dept. in Poinciana. They are working with Corrections to offer Vivitrol drug trials to treat opioid addiction while incarcerated. They give injections in jail so upon release they continue injections with counseling sessions to reduce opioid addiction and relapse. The drug is expensive but showing good results and could make impact in jail

recidivism and addiction rates. County EMS is ensuring all units & Sheriff's office are equipped with Narcan.

**c. Case Management Breakfast Update** Debra Perleberg & Sue Ring

**Summary:** The most recent Case Management Breakfast was held Friday, August 19<sup>th</sup>. Representatives from SPIRIT software presented their case management database system. The presentation was misleading as there was some confusion between the County and SPIRIT regarding program expectations. We will readdress once the program is up and running in the County. JoEllen cautioned the system has limitations and challenges what will need to be addressed. Many were identified through her experience working with Pulse victims and partners. The Health Insurance Store has graciously offered to sponsor our final 2016 breakfast scheduled for November 1st. The breakfast will be co-sponsored by Molina Healthcare and will feature changes and status of the ACA Marketplace.

**d. 2016 AIM – Setting 2016 Actions**

**Summary:** Ken Peach provided an overview of 2016 AIM planning to date. HLOC has made great progress in setting goals and determining measures but now needs to move into action. Highlights include:

**i. Expand Council Resources**

- New members include VITAS, Darryl Strawberry Center and FPG. Molina has also been invited and encouraged to attend. Ken Peach has been working on securing a Nemours representative.
- There is a CMS readmission group working in Osceola developing strategies to reduce hospital readmissions. The key is to identify the root cause(s) of readmissions.
- The Phone to Home program and increased use in telehealth can help these strategies by identifying additional resources to improve aftercare compliance. EMS is exploring the increased use of paramedics in care. They are determining appropriate roles and clear boundaries between urgent care and long term home care.
- Case Management Network has been re-engaged with regular quarterly meetings bringing networking, educational and motivational opportunities to this key health constituency. Additional sponsor resources and educational topics will be explored to continue this effort.

**ii. Improve Health Literacy**

- Identify opportunities to utilize consistent health messaging
- Health literacy varies by population, culture, socio-economic status, etc.

- Review diabetes education materials to identify 4-5 common themes that can be shared across populations and cultures. Many partners have multiple materials – they key is to identify consistent themes that can be commonly shared to improve patient compliance and thus outcomes.

### iii. Remove Barriers to Care

- Continue to explore options for healthcare delivery models including telehealth and pay for use service
- Increase usage & scope of Phone to Home program to connect more patients to medical homes.
- Explore transportation options

## IV. What's Up/New Business

- **Osceola Health Dept.:** They will provide Zika effort community update at next HLOC meeting. They received funding from Florida Hospital CHIC grant to offer Mobile Dental Services van at FQHCs starting in January 2017.
- **CHIC:** They are funding new community care and patient care models at East Orlando and downtown area campuses.
- **Victim Services Center:** They will be offering Rape Crisis therapy services at Florida Hospital Kissimmee.
- **Council on Aging:** They are conducting low income needs assessments in Survey Monkey to identify areas of concerns and opportunities to improve service.
- **UF/IFAS Extension:** They are conducting a Community forum on 9/7 to address community concerns and needs regarding nutrition and consumer education.
- **St. Cloud Regional:** Brent Burish reported their parent company continues to invest in the facility with an additional \$2-3M in resources. They are also increasing primary care providers. A hospital telehealth survey is due in September.
- **Community Vision:** CV is under consideration for a KaBOOM Playground build with Osceola County in BVL. The funder has an interest in healthy play and the President's Physical Activity Initiative. Jill Slaff suggested looking at ROCKFL.org for children's healthy play & eating activities.
- **HCECF:** Ken Peach reported the Blue Zones is identifying opportunities to improve long term health outcomes. They are reviewing success stories that improve chronic disease management network and outcomes.

## V. Adjournment

**Summary:** With no further business to discuss, the meeting was adjourned at 10:05 a.m.

**Appendix C – Monthly Health Leadership Meeting Sign-In Sheets**

**Appendix D – Health Leadership Council Membership**