Osceola County

Community Health Improvement Plan

2017-2020

Vision Statement

"Osceola County will be a community where uninsured and underinsured residents have full access to the health care services they need."

A vision was created through the work of the Osceola Health Leadership Council and the Osceola Health Summit participants. The revised vision created a narrower focus needed for the Community Balanced Scorecard to target specific issues.

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PUBLIC HEALTH BELONGS TO THE COMMUNITY

Public health is "what we as a society do collectively to assure the conditions in which people can be healthy."[1]

Health has been defined as being more than the absence of illness; rather, health is a "dynamic state of complete physical, mental, spiritual, and social well-being."[2]

The health of a community depends on many factors, many outside of health care. Interwoven are demographic, social, economic, and environmental factors. Also, health outcomes and how healthcare services are utilized can vary widely between different populations groups such as age, race, ethnicity, and gender, as well as education and income.

MOBILIZING THE COMMUNITY

While Public Health does belong to the community, *improving* health requires partners. Osceola County is a community with an impressive history of coming together to address the public's health. The community has greatly benefited from the tangible results that have occurred. Based on the needs identified through the Community Health Needs Assessment (CHNA) 2016 Osceola County will move forward in improving the lives and health of its residents.

Under the umbrella of the Osceola Health Leadership Council, the combined effort of stakeholders such as government, healthcare, social services, non-profits, grass-roots, faith-based, business, and an involved citizenry has enhanced our community's ability to address the public's health. As the keynote speaker at the *Osceola Summit on Health 2017*, Belinda Johnson-Cornett, Administrator of Department of Health in Osceola and Jim Shanks, CEO Park Place Behavioral Health Center, laid the foundation for key discussions on how we can join forces to address our community's health. Mrs. Johnson-Cornett focused on Asthma and the statistics associated with it. She concluded her speech by stating that:

"Controlling Asthma requires broader action which will require us to work together to develop and institute effective program and policy solutions that will improve":

- Self-management support
- Care coordination and case management
- Outreach and community education
- Surveillance of disparities
- Control of environmental factors that affect asthma
- Housing quality
- Ambient air quality
- Community capacity to control asthma
- The quality of medical care"

By utilizing our community's resources, we can make Osceola County a healthier place to **live, learn, work, and play**.

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[1] Institute of Medicine: Committee for the Study of the Future of Public Health (1998)
[2] World Health Organization (1998), *Resolution EB101.R2*., Geneva

This document, the **2017-2020 Osceola Community Health Improvement Plan**, was developed based on the collaborative efforts of many members from our community's public health system. Under the guidance of the Osceola Health Leadership Council and championed by the Florida Department of Health in Osceola the process of assessing, prioritizing, and addressing health needs in our community resulted in this Plan and its companion document, the **2016 Community Health Needs Assessment.** Together, these two documented processes provide clear strategic direction for achieving improvements in our community's health.

One of the major tools used in the *2016 Community Health Needs Assessment* was the Social-Ecological Model of Health (SEM) developed by the Center for Disease Control and Prevention (CDC), which helped identify opportunities for improvement and gaps in the community resources and helped set measurable targets to move our community forward in improving health. Both the 2016 *Community Health Needs Assessment* and the *Community Balanced Scorecard* provide the foundation for this *Community Health Improvement Plan (CHIP)*.

The purpose of the CHIP is to describe the short- and long-term strategies and activities that will help achieve improvements in our community's health. The CHIP includes a brief description of why these strategies and activities are important. Our community health priorities are centered on the Community Balanced Scorecard's four "Perspectives," which are shown along with our strategic objectives in the table below.

Table 1: 2017-2020 Strategic Objectives

Perspective (Public Health Priority)	*Strategic Objectives*
1.0 Recruit and Retain a skilled and diverse workforce	Ensure competitive advantage by becoming the organization of choice for patients and employees
2.0 Marketing	Develop industry recognition of Core Public Health Services
3.0 Growth and Expansion	Develop a system of care that addresses the needs of the community
4.0 Community Engagement	Promote a culture of outreach and community engagement.

Osceola County's vision statement for health was created through the work of the Osceola Health Leadership Council and the Osceola Health Summit participants:

"Osceola County will be a community where uninsured and underinsured residents have full access to the health care services they need."

Targets and measures outlined in this CHIP are aligned with the national ***Healthy People 2020*** goals and objectives. This national initiative, produced by the U.S. Department of Health & Human Services, provides science-based benchmarks that our community can track and monitor. The Healthy People 2020 initiative also provides evidence-based interventions and information to guide health promotion and disease prevention efforts that can help improve the health of our community.

Next Steps

During the next three years, members of the Osceola Health Leadership Council (HLC) and key stakeholders will continue to work together to find creative and effective ways to address Osceola County's community health priorities and strategic objectives. Work has already begun to address these objectives.

The Review Process

This CHIP is an active document that will be reviewed and adjusted regularly to most effectively address our community's health improvement. The CHIP's Community Balanced Scorecard will serve as the tool for measuring progress against targets, which the HLC will review quarterly. There will be an annual review and evaluation scheduled in June of each year. This will include documentation of performance measures and description of progress. The CHIP will be revised annually as indicated based on evaluation results.

Figure 1: Action Cycle www.CountyHealthRankings.org

In Summary

Improving the health of our community is a shared responsibility. This effort takes not only health care providers and public health officials; it also takes a variety of others helping to contribute to the well-being of our residents and visitors.

It is important to recognize that no single organization has the depth or resources needed to raise our community's health to a level of sustained excellence without the strong partnerships such as with the Osceola Health Leadership Council and key stakeholders. It is our goal to successfully leverage resources to address broad community health concerns, to have the greatest impact on improving health outcomes.

All our community partners and others who are interested in helping make Osceola County a healthier community are invited to review this CHIP, find an area or topic of interest, and ask:

"How can I help?"

Osceola County – Community Profile – *At-a-Glance*

Osceola County is a 1,506-square mile area that serves as the south/central boundary of the Central Florida greater metropolitan area. It is the sixth largest county in land mass in the state of Florida. While Osceola County is home to an estimated 323, 993 in 2015 [3], it hosts over six million overnight visitors each year, with over 100,000 visitors staying in the county on any given night. This large number of visitors has the potential to greatly impact the local public health system in times of an emergency.

While much of the county is a vast, sparsely populated rural expanse, much of the population is in the urban/suburban areas in the northwest quadrant of the county which includes Kissimmee, founded in 1883 (with Poinciana and Celebration in its municipality) and St. Cloud founded in 1909.

Osceola County experienced a 56% growth in population from 2000-2014. Osceola is Florida's 19th most populated county. With 1.6% of the population.

The following section provides a brief, **"At-a-Glance"** overview of Osceola County facts. More detailed information is provided in the CHIP's companion document, the *2016 Community Health Assessment.*

Table 2: Race & Ethnicity Characteristics – 2010

				Within Osceola County		
	US	Florida	Osceola	Kissimmee	Poinciana	St. Cloud
White (non-Hispanic)	63.4%	57.5%	39.6%	26.2%	22.6%	62.1%
Black / African American	13.1%	16.5%	12.8%	12.4%	24.5%	5.8%
Asian	5.0%	2.6%	3.0%	3.4%	0.4%	1.7%
Hispanic Ethnicity	16.7%	22.9%	46.3%	58.9%	51.2%	29.2%

Data Source: US Census Bureau, 2010

Osceola County has a greater Hispanic population subset as compared to the state and nation. Within Osceola County, both Kissimmee and Poinciana's majority population is of Hispanic ethnicity. Osceola County's Black/African American population is lower than both the state and nation. However, when combined, the Hispanic and Black/African American population represents the majority population for both Kissimmee and Poinciana (71% and 76% respectively). This is of importance in this *Community Health Improvement Plan* in that these are population subsets considered to be at risk for suffering greater health disparities.

[3] https://datausa-io/profile/geo/osceola-county-fl/
[4] US Census Bureau, 2010

Primary socio-economic factors that have the potential to affect health are presented in the three tables below.

Table 3: Socio-Economic Snapshot – 2015			
	Osceola	Florida	US
Per capita income	$29,911	$44,487	$55,775
Mean (average) household income	$56,647	$67,975	$75,558
Median household income	$44,254	$47,507	$53,889
Persons living below poverty	16.2%	16.5%	15.5%
Persons > 25 yrs. with high school diploma	34.3%	29.5%	28%
College graduates (Bachelor's or higher)	18.0%	27.3%	29.7%
Mean (average) travel time to work in minutes	30.9	26.4	25.2
Data Source: 2011-2015 American Community Survey Estimated https://factfinder.census.gov			

Individuals in poverty are at greater risk of not having health insurance, not being able to pay for medical care, and not being able to afford healthy food, safe housing, or access to other basic goods.

Table 4: Percentage of Families & People Whose Income in Past 12 Months is Below Poverty Level					
	All families	All families w/ children ≤ 5 yrs. of age	Families w/ female head of household (no husband present)	All people	All people ≥ 65 yrs. of age
Osceola County	10.7%	13.6%	23.7	19.5%	9.9%
Florida	12.0%	19.0%	29.0	16.5%	6.2%
United States	10.1%	17.1%	30.6	15.5%	5.3%
Data Source:2011-2015 American Community Survey Estimated https://factfinder.census.gov					

As documented in the national *2016 County Health Rankings* report, the magnitude of education's effect on health outcomes is substantive and statistically significant. An individual's educational attainment has a strong correlation with their future health status.

Table 5: Educational Attainment Percent of Population 25 Years & Older					
	High School	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Osceola County	34.3%	23.4%	9.6%	12.7	5.3
Metro Statistical Area*	24.8%	19.6%	10.8	22.8	11.5%
Florida	29.5%	20.7%	9.4%	17.5%	9.8
United States	27.8%	21.1%	8.1%	18.5%	11.2%
Data Source:2011-2015 American Community Survey Estimated https://factfinder.census.gov					
• ***Orlando, Florida***					

Building Community Capacity by Utilizing the SEM Model

Community capacity building improves the ability of individuals, organizations, businesses, and government to come together; learn; make well-reasoned decisions about the community's present and future, and work together to carry out those decisions.[5] Communities that have the ways and means to undertake challenges...have "capacity."

Osceola County is a community that has that "capacity" and has had a successful track record of turning plans into results. Regardless of past successes, it is important to continue to assess and build upon community capacity. Osceola County's capacity was re-assessed in the *2016 Community Health Needs Assessment (CHNA)* process that included the Social-Ecological Model of Health (SEM) from the Centers for Disease Control and Prevention (CDC). SEM is a public health framework used to holistically describe four social levels of influence that explain the complex interaction between individuals and the social context in which they live and work. These assessments yielded important information for improving the local public health system and community health. As a review, SEM is described below:

1. **Individual**. Influences: Attitudes and beliefs that support unhealthy behaviors.
2. **Relationships.** Influences: Association with friends, family, co-workers and social networks.
3. **Community**. Influences: Social norms as well as the interactions and relationships among organizations.
4. **Societal**. Influences: Health, Economic, Educational and Societal policies.

The Community Health Needs Assessment (CHNA) report serves as the foundation for improving health, wellness and the quality of life in Osceola County. By utilizing SEM in the CHNA, the likelihood of developing sustainable interventions with the broadest impact on health and wellness is increased. With this model a specific health problem can be closely examined in a specific context or setting.

The SEM helps identify factors that influence behavior by considering the complex interplay among individual, interpersonal, community and public policy factors. It shows how the changes and interactions between these four levels over the course of one's lice greatly affect health and wellness.

Built Environment

- Population with park access, the north central portion of Kissimmee, small patch of population with access, a good portion has no access.
- Recreation and Fitness Facilities, are within the northeastern portion of the county and become sparse in other portions
- Food Deserts, a handful of food desert area in the same areas as those tracts with high proportions of Supplemental Nutrition Assistance Program (SNAP) recipients.
- Modified Retail Food Environment (MRFE), low access, poor access or no access to healthy retail food outlets. Score is below 15 for MRFE.
- Family Households receiving SNAP, 80, 919 per Osceola Council on Aging report in 2015
- Homelessness, 1600 families are homeless, with over 5, 000 homeless children per Osceola Council on Aging report in 2015
- Food insecurity, 42, 00 residents report food insecurities per Osceola Council on Aging report in 2015
- Low income population living near a Farmer's Market, most resident living in Kissimmee have access to a Farmer's Market.
- Fruit and Vegetables Expenditure, fall into the fourth and fifth quintiles (low end).

Insurance Issues Perspective

- More than 20% of Osceola residents were uninsured in 2015. Ages 18-34- 26%, ages 35-44-18%, ages 45-54- 18% and ages 55-64- 15%.
- Hispanic residents were least likely to be insured
- Non-Hispanic whites have the highest insured rates

Top Five Causes of Death

- Heart Disease
- Cancer
- Unintentional Injury
- Chronic Lower Respiratory Disease
- Cerebrovascular Disease
- *Diabetes has a high rate of death within the Black population

Key findings from data from the Community Conversations, Consumer Surveys and Stakeholder Interviews conducted for the CHNA:

- Need for/Access to mental health services
- Affordability of healthcare
- Homelessness
- Affordable housing
- Food Insecurity-access to quality/nutritious foods
- Poverty
- Low wages
- Substance abuse

- Transportation
- Lack of family support
- Water quality
- Inactivity
- Need more/better bike-and pedestrian friendly infrastructure
- Chronic conditions of concern: diabetes and obesity – low levels of preventative care/screenings
- Maternal and child health
- STI/HIV
- Inappropriate use of the Emergency room

Issues, Perceptions, and Assets

In addition to surveying the community at large for the CHNA, the next approach was to gather input from a wide sector of the local public health system. Over 65 participants from a wide variety of healthcare, government, community agencies, faith-based, grass-roots, business, citizens, and other partners came together at the *Osceola Summit on Health – 2017*.

Facilitated by the Florida Department of Health in Osceola and Community Vision, attendees at the Summit participated in Breakout Work Sessions that gathered input and shared creative ideas for strategic solutions to the issues arising from the four following topics:

1. Cultural Impacts on Health
2. Healthy Babies/Fetal Infant Mortality
3. "Transporting" Health
4. The Cycle of Poverty

ISSUES, PERCEPTIONS, AND ASSETS – THEMES THAT EMERGED

Building upon the work from the *Osceola Summit on Health 2017,* where Community Vision took advantage of printed invitations, flyers and social media to bring health partners and other community members together to review the social determinants of health and discuss their impact on our community's health outcomes. The intent was to identify forces that affect the context in which Osceola County's public health system operates.

The top four social determinants identified that would determine success on long- range goals to support the Osceola County's vision were:

1. Cultural
2. Economic
3. Transportation Access
4. Infant Mortality

These issues are factored into the development of the Community Balanced Scorecard.

SUMMARY OF COMMUNITY HEALTH STATUS - *AT-A-GLANCE*

(**NOTE**: The Community Health Status data presented in this section provide a brief overview for the CHIP. More detailed Community Health Status information is presented in CHIP's companion document, the *2016 Community Health Assessment* report).

Mortality rates are key indicators of a community's **"State of Health."** Some deaths are considered premature and preventable through behavior modification and risk reduction. This concept particularly applies to those deaths attributable to heart disease, stroke, diabetes, some cancers, and motor vehicle accidents. Individuals may reduce their risk and improve the length and quality of their lives by leading healthier lifestyles and receiving preventive health care services.

The figure below summarizes age-adjusted rates for the leading causes of death in Osceola County in 2015. Heart disease, 27.6%, was the leading cause of all deaths, with cancer, 21.9%, as the second leading cause. When heart disease is combined with stroke, these cardiovascular diseases were responsible for 30% of all deaths in Osceola County. Chronic Lower Respiratory Disease (including emphysema, chronic bronchitis, and asthma), 5.3%, and diabetes, 2.1%, are the other chronic diseases responsible for leading causes of death.

Leading Causes of Death Osceola County -2016

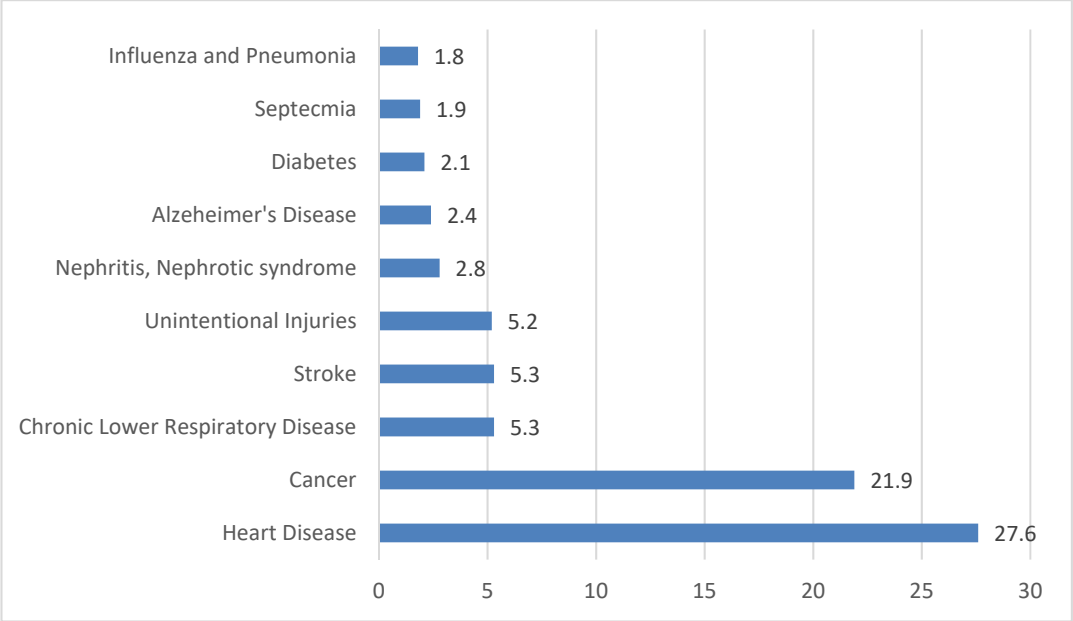


Figure 2: Leading Causes of Death: Florida Charts 2016

THE NATIONAL COUNTY HEALTH RANKINGS REPORT

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

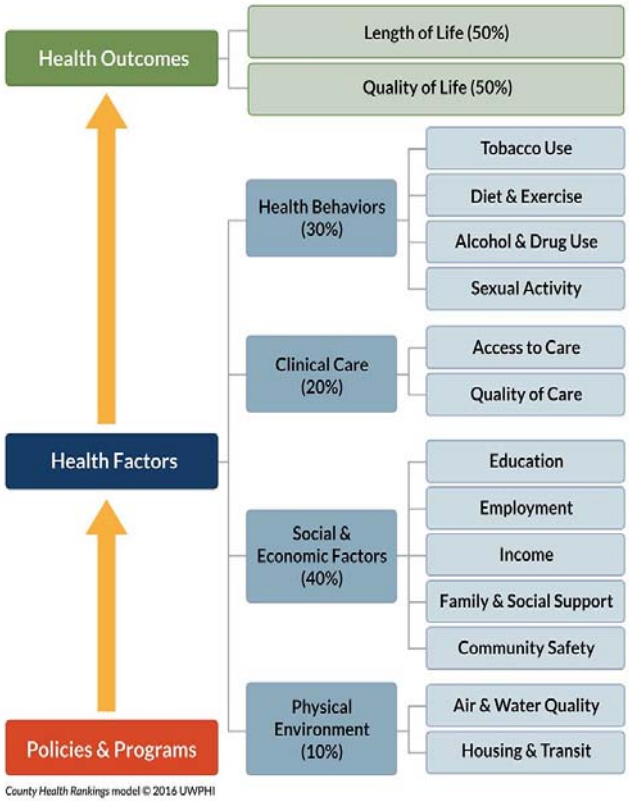
A Robert Wood Johnson Foundation program

The national *County Health Rankings* report is produced by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute. The *County Health Rankings* shows that **where we live, learn, work, and play...matters to our health** and that much of what influences our health happens outside the doctor's office – from access to healthy food or opportunities for physical activity to education and jobs.

The *County Health Rankings* allow counties to compare themselves with others within their state and compare to national benchmarks. Counties can see where they are doing well and where they are not, so they can make changes to improve health. The report was one of the tools used to help Osceola Health Leadership Council and the health collaborative partnership focus on areas where public health needs were identified.

http://www.countyhealthrankings.org/

The County Health Rankings provide two overall measurement categories to help determine how healthy a community is:



1. **Health Outcomes: "***Today's health"* (green boxes) represents how healthy a county is--how long people live (mortality) and how healthy people feel (morbidity). In 2016, Osceola County ranked 30th out of Florida's 67 counties.

2. **Health Factors:** *"Tomorrow's health"* (blue boxes) are the factors that shape a community's health outcomes, including health behaviors; clinical care; social and economic factors; and the physical environment. These factors are based on several measures, some of which the Osceola Health Leadership Council has addressed (those in the following bold font) in this CHIP—**tobacco use; diet and exercise**; alcohol use; **access to care**; **quality of care**; family and social support; and the built environment.

OSCEOLA'S COUNTY HEALTH RANKINGS REPORT

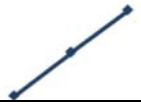
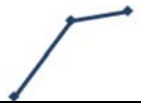
Osceola County's three-year overall rankings, out of Florida's 67 counties, are presented below:

Table 6: Osceola County Health Rankings by Category				
Category	**2015 Ranking out of 67 Counties**	**2016 Ranking out of 67 Counties**	**2017 Ranking out of 67 Counties**	**3-Year Trend***
Health Outcomes (Mortality and Morbidity)	14th	32nd	30th	⇧
Health Factors (Health behavior; Clinical access; Socio-economic; Environment)	45th	40th	34th	⇧
Data Source: 2017 County Health Rankings				

***About 3-Year Trend:**

- **Green** upward arrow indicates positive (improving) 3-year trend.
- **Red** downward arrow indicates negative (worsening) 3-year trend.

Table 7 shows Osceola County results segmented for the ***Health Outcomes*** category:

Table 7: Osceola County Health Rankings - Snapshot of Health Outcomes					
Health Outcome Category Osceola County Rank = 30th of 76 Counties	**Osceola 2017***	**Osceola Trend (2015-2017)**	**Florida 2017**		**Benchmark 2017****
Mortality Indicator					
Premature Death "Years of potential life lost before age 75 per 100,000 population"	6,000		6,700	⇩	5,200
Morbidity Indicators					
Poor or Fair Health "Percent of adults reporting fair or poor health (age-adjusted)"	23%		17%	⇧	12%
Poor Physical Health Days "Average number of physically unhealthy days reported in past 30 days (age-adjusted)"	4.6		4.2	⇧	3
Poor Mental Health Days "Average number of mentally unhealthy days reported in past 30 days (age-adjusted)"	4.3		4.2	⇔	3
Low Birth Weight "Percent live births with low birth weight (<2500 grams)"	8%		9%	⇩	6%
Data Source: 2017 County Health Rankings					

***About Osceola 2017 rate:**

- **Green** highlight indicates Osceola compares favorably (or better) than the Florida rate.
- **Red** highlight indicates Osceola compares unfavorably (or worse) than the Florida rate.

****About the National Benchmark:**

- Set at the 90th percentile. Only 10% of counties nationwide are better than the measure.
- The arrows indicate the direction Osceola County needs to go to achieve improvement in the health outcome indicator in comparison with National Benchmark.

OSCEOLA'S COUNTY HEALTH RANKINGS REPORT - CONTINUED

Table 8 shows Osceola County results segmented for the ***Health Factors*** category:

Table 8: Osceola County Health Rankings - Snapshot of Selected Health Factors

Health Outcome Category Osceola County Rank = 30th of 76 Counties	Osceola 2017*	Osceola Trend (2015-2017)	Florida 2017		National Benchmark 2017**
Health Behaviors Indicator					
Adult Smoking "Percent of adults currently smoke cigarettes"	17%		16%	⇧	14%
Adult Obesity "Percent of adults who report a BMI>30"	29%		26%	⇧	26%
Sexually Transmitted Diseases "Chlamydia rate per 100,000 population"	414.4		430.6	⇩	145.5
Teen Birthrate - Ages 15-19 "Teen birth rate per 1,000 female population"	35		31	⇧	17
Clinical Access Indicators					
Primary Care Physicians "Ratio of population to primary care physician"	2,260:1		1,380:1	⇧	1,040:1
Dentists "Ratio of population to dentist"	3,680:1		1,790:1	⇧	1,320:1
Mental Health Providers "Ratio of population to mental health provider"	840:1		750:1	⇧	360:1
Preventable Hospital Stays "Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees"	82		55	⇧	36
Social & Economic Indicators					
Violent Crime Rate "Violent crime rate per 100,000 population"	468		500	⇩	62
Data Source: 2017 County Health Rankings					

***About Osceola 2017 rate:**

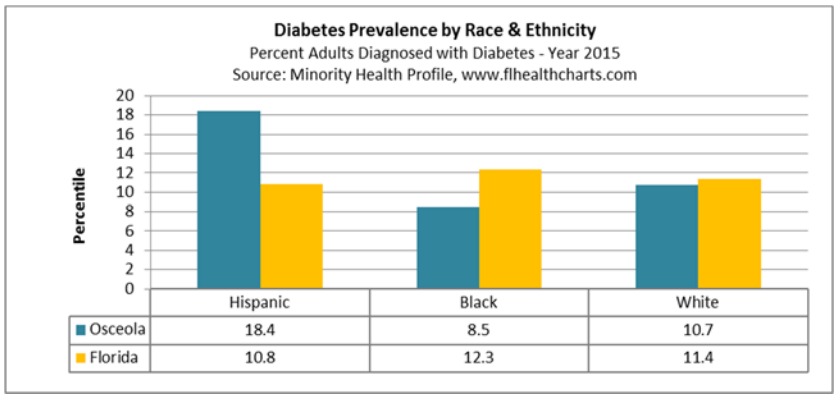
- **Green** highlight indicates Osceola compares favorably (or better) than the Florida rate.
- **Red** highlight indicates Osceola compares unfavorably (or worse) than the Florida rate.

****About the National Benchmark:**

- Set at the 90th percentile. Only 10% of counties nationwide are better than the measure. The arrows indicate the direction Osceola County needs to go to achieve improvement in the health outcome indicator in comparison with National Benchmark.

OSCEOLA COUNTY CHRONIC DISEASES – *AT-A-GLANCE*

DIABETES PREVALENCE

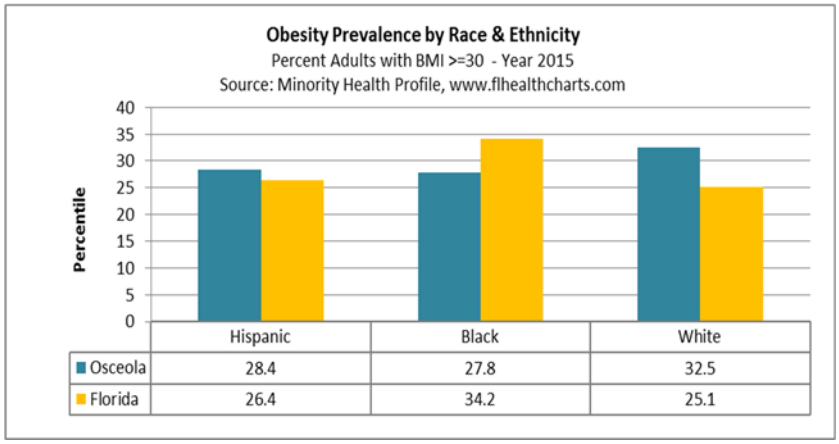


- In terms of potential health disparity, the prevalence of diabetes is higher in the Hispanic populations than the White (Non-Hispanic and Black (Non-Hispanic).
- Osceola's diabetes rate is worse than the state for Hispanic population than White and Black populations.

Figure 3: Diabetes Prevalence by Race & Ethnicity

Osceola County's measure, i.e., rate of diabetes prevalence, is not the same as the HP 2020 national health target measure, which is the annual number of *new cases* of diagnosed diabetes. It is interesting to note that the HP 2020 target is to reduce the annual number of *new cases of diagnosed diabetes* from 8.0 to 7.2 per 1,000 population.

OBESITY



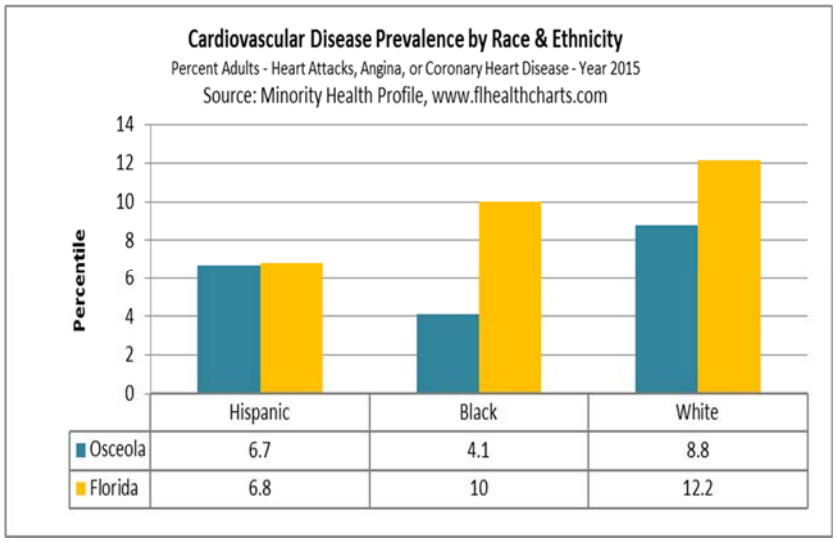
- Osceola's obesity prevalence is slightly better for the Hispanic and Black populations than the White.
- Osceola's rate for each population subset is about the same or slightly worse than the state averages.

Figure 4: Obesity Prevalence by Race & Ethnicity

The HP 2020 national health target is to reduce the proportion of adults who are obese to 30.6%. While Osceola County's Hispanic and Black populations are below the HP 2020 target, the White population of 32.5 % is slightly worse.

OSCEOLA COUNTY CHRONIC DISEASES – *AT-A-GLANCE*

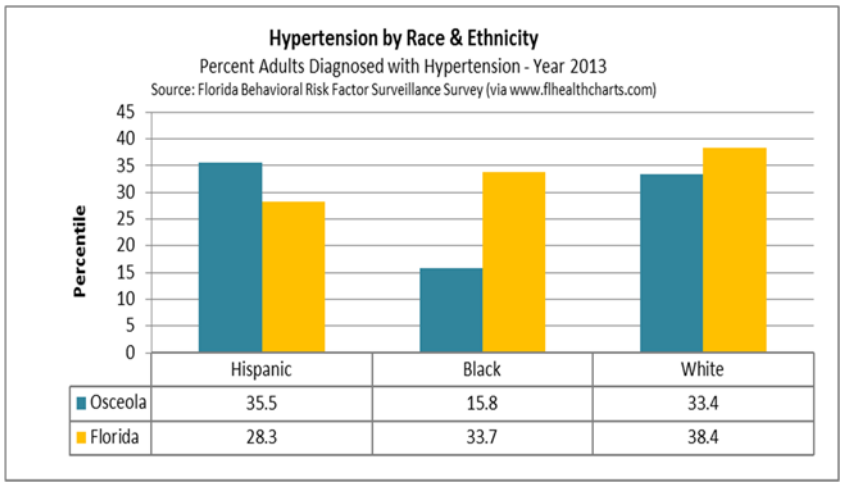
CARDIOVASCULAR



- Osceola's cardiovascular disease prevalence rate is slightly better in the Hispanic and Black populations than the White.
- Osceola's rate for each population subset is better than the state averages.

Figure 5: Cardiovascular Prevalence by Race & Ethnicity

One of the HP 2020 national health targets hypertension. This target is 26.9%. Currently 29.9% of adults aged 18 years had high blood pressure.

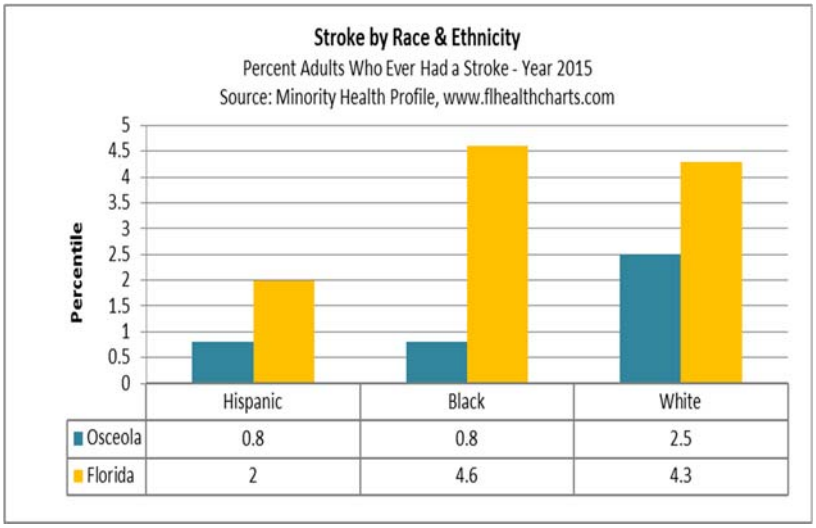


- Osceola's rate of hypertension has improved greatly in the Black population; the rate remains about the same for the Hispanic and White populations.
- Although Osceola's rate is close to the state average for the Hispanic population, the rate is slightly better than the state Black and White average.

The HP 2020 national health target is to reduce the proportion of adults 18 years and older with hypertension to 26.9%. Osceola County's rate for all population subsets is slightly below the HP 2020 target at 28.2%.

OSCEOLA COUNTY CHRONIC DISEASES – *AT-A-GLANCE*

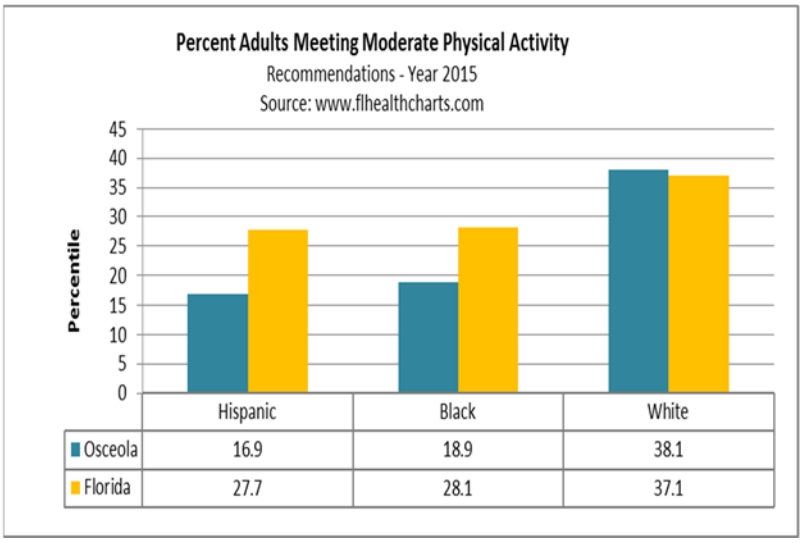
STROKE



- Osceola's incidence of stroke is worse in the White population when compared to the Hispanic and Black.
- Osceola's rate for each population subset is better than the state averages.
- Of note, Osceola's Hispanic and Black rate is significantly better than the state average for White population.

Figure 7: Stroke by Race & Ethnicity

PHYSICAL ACTIVITY



- Osceola's rate of adults getting enough physical activity is better in Hispanic and Black populations in all population subsets when compared to the state averages.
- The White populations show a slightly higher percentage of physical activity compared to the White population state average.

Figure 8: Moderate Physical Activity Recommendations

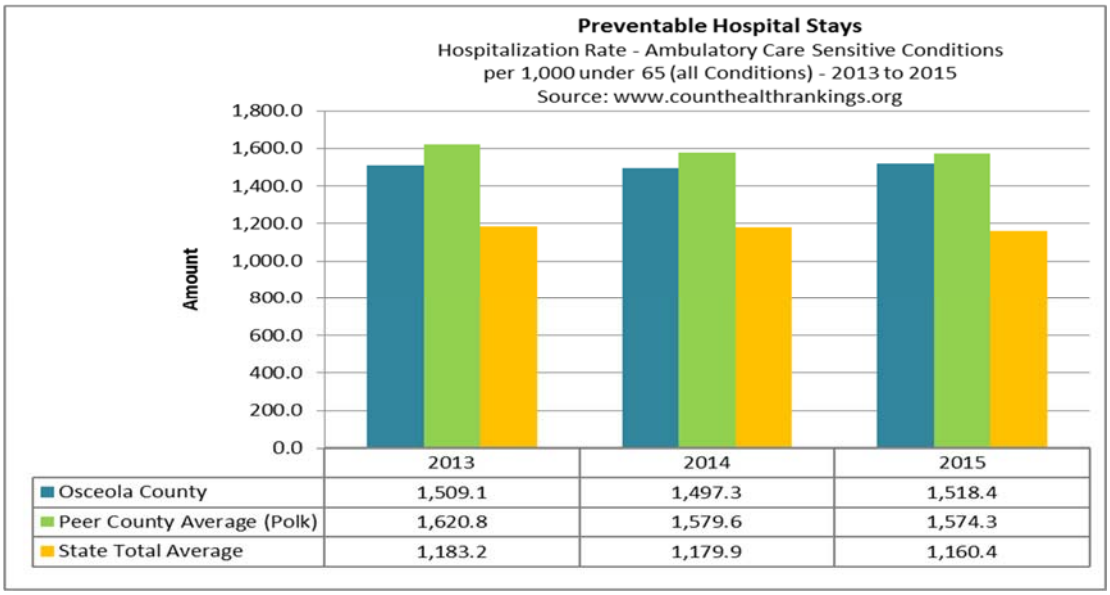
The HP 2020 national health target is to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity to 47.9%. Moderate intensity is defined as at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination. Osceola County's rate for all population subsets is worse than the HP 2020 goal, particularly in the Hispanic and Black populations.

Note: About the data presented in the following sections for Preventable Hospital Stays and Fetal/Infant Mortality:

*Peer Average, as determined by proximity to Osceola County with similar demographics.

www.flhealthcharts.com

PREVENTABLE HOSPITAL STAYS & INAPPROPRIATE ER UTILIZATION – *AT-A-GLANCE*



	2013	2014	2015
Osceola County	1,509.1	1,497.3	1,518.4
Peer County Average (Polk)	1,620.8	1,579.6	1,574.3
State Total Average	1,183.2	1,179.9	1,160.4

Figure 9: Preventable Hospital Stays

The priority areas identified in Osceola County's CHNA included growing numbers of uninsured, lack of primary care services, lack of chronic care services, and inappropriate emergency room (ER) utilization. CHNA's findings are clearly validated by the data on primary care provider shortages and preventable hospital stays. Between 2012 and 2015 the 578 uninsured visits to Florida Hospital Kissimmee cost nearly $2 million and accounted for 1% of all visits per the CHNA.

Top five primary diagnoses and costs were:

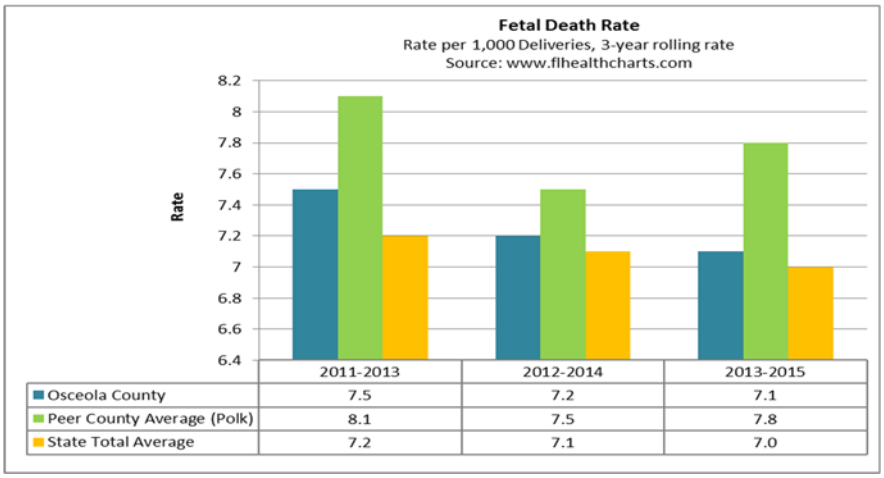
- Fever and other physiologic disturbances of temperature regulation - cost $2, 382 per visit
- Headache - cost $3, 829 per visit
- Urinary Tract infection – cost $2, 676 per visit
- Chest Pain - $11, 082 per visit
- Abdominal pain - $5, 940 per visit

Age distribution of visits:

- 0-18 = 8%
- 19-29 = 30%
- 30-39 = 28%
- 40-49 = 18%
- 50-59 = 13%
- 60-69 = 3 %
- 70-79 = 1%
- 80+ = 0%

FETAL AND INFANT MORTALITY – *AT-A-GLANCE*

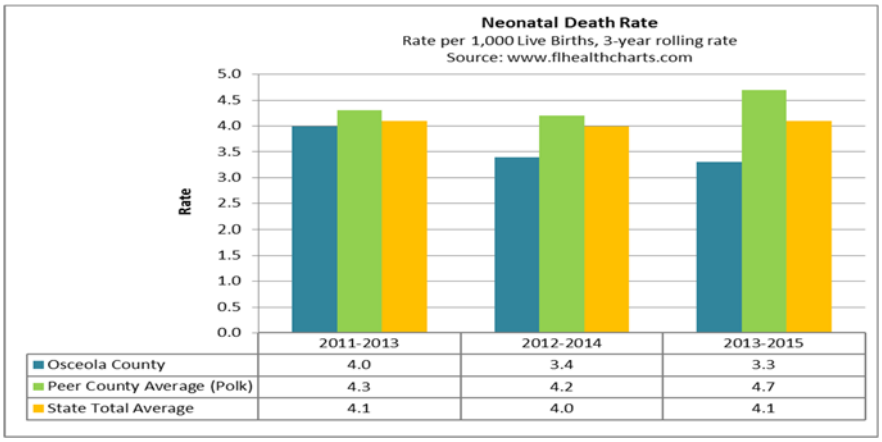
Improving the well-being of mothers, infants, and children is an important public health goal that has a tremendous impact on the current and future health of a community. A community can help reduce the risk of maternal and infant mortality and pregnancy-related complications by **increasing access to quality health care** before and between pregnancies. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.



▼ Fetal mortality is defined as death occurring > 20 weeks' gestation until the absence of life at delivery.

▼ Osceola's trend has decreased (improved) slightly over the three measurement periods. It has remained about the same as the state averages. And better than the peer county.

The HP 2020 target is to reduce fetal deaths to 5.6 per 1,000 live births. Osceola's rate is higher (worse) than the HP 2020 goal.



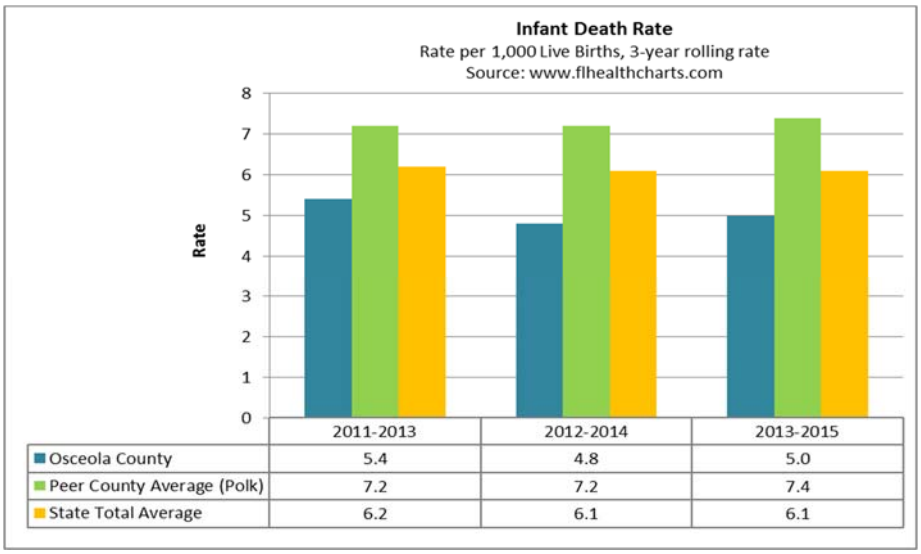
	2011-2013	2012-2014	2013-2015
Osceola County	4.0	3.4	3.3
Peer County Average (Polk)	4.3	4.2	4.7
State Total Average	4.1	4.0	4.1

▼ Neonatal mortality is defined as death from the time of birth through the first 28 completed days of life.

▼ Osceola's neonatal death rate trend has improved over the three measurement periods and has improved more than the regional and county peer averages and the state average.

The HP 2020 national health target is to reduce the neonatal death rate to 4.1 deaths per 1,000 live births. Osceola's 2013-2015 rate of 3.3 is better than the HP 2020 target.

FETAL AND INFANT MORTALITY – *AT-A-GLANCE*

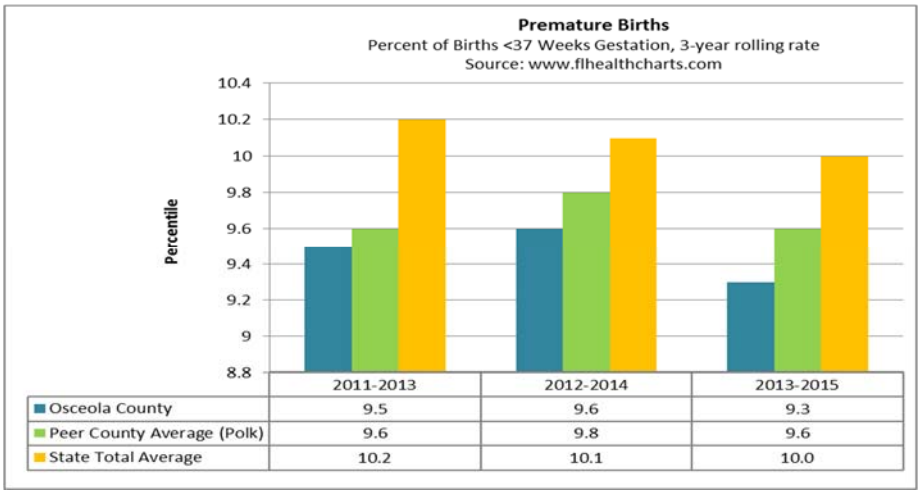


	2011-2013	2012-2014	2013-2015
Osceola County	5.4	4.8	5.0
Peer County Average (Polk)	7.2	7.2	7.4
State Total Average	6.2	6.1	6.1

▼ Infant mortality is defined as death from the time of birth through the first year of life.

▼ Osceola's infant death rate trend has improved slightly over the three measurement periods; it has remained lower (better) than the regional peer average and the state average.

The HP 2020 national health target is to reduce the infant death rate to 6.0 deaths per 1,000 live births. Osceola County's 2009-2011 rate of 6.3 is slightly worse than the HP 2020 target.



	2011-2013	2012-2014	2013-2015
Osceola County	9.5	9.6	9.3
Peer County Average (Polk)	9.6	9.8	9.6
State Total Average	10.2	10.1	10.0

▼ Osceola's premature birth rate is close to the state averages and slightly better than the peer county average.

▼ Osceola's rate has remained level over the three measurement periods.

The HP 2020 national health target is to reduce the preterm births to 11.4%. Osceola County's rate of 9.3% is better than the HP 2020 target.

Overview of the Osceola County Community Health Improvement Plan

Osceola County's **2017-2020 Community Health Improvement Plan** (CHIP) has been developed through a collaborative effort involving a multitude of community stakeholders and key partners. Community Health Priorities, also called "Perspectives," are listed in this CHIP along with specific goals. It is important to note that this CHIP does not address every strength and weakness identified in the **2016 Community Health Assessment** (the companion document to this CHIP). It does, however, set a strategic path to follow for Osceola County's key health priorities.

Approach to Identifying Strategic Issues

Based on the results of the Osceola Summit on Health in 2017 and the SEM- CHNA, including an analysis of health statistical data and community feedback, the collaborative partnership, under the umbrella of the Osceola Health Leadership Council, drafted a list of strategic priorities. The selection process was based on:

- Whether the health status statistical data were trending up or down and comparison with State, Regional, and Peer County averages, and the National average. The Healthy People 2020 goals also were considered.
- Consideration was given to the fact that Osceola's population segments considered at greater risk for health disparities, Black / African American and Hispanic, represent the majority population.
- Community perception of health and related socio-economic issues in Osceola County.
- Given our available resources and capacity within Osceola's public health system, what improvement opportunities have the potential to have the greatest impact during the next three years?

The following criteria also were used to assist in the determination of the most important strategic objectives:

1. Must move toward addressing a strategic issue.
2. Must be realistic.
3. Should be attainable in 1-3 years
4. Must be measurable.

The drafted strategic priorities from the 2017 Community Health Assessment were presented for review and vetting during our latest *Community Gathering* at the ***2017 Osceola Business of Health Summit***. This latest in the series was organized and facilitated by Community Vision, Inc. under the umbrella of the Osceola Health Leadership Council.

The Summit was held May 5, 2017 at the Osceola Council on Aging Center. There were approximately 90 representatives from health care (local public health, hospitals, and health providers); businesses; service organizations; Osceola County government and elected officials; faith-based; university system; Osceola County School District; Kissimmee and St. Cloud Chambers of Commerce; and citizens of Osceola County.

The Summit included an overview of the **State of Osceola's Economic, Physical, and Mental Health**. Attendees then participated in smaller, interactive breakout sessions that included:

1. "Coming to America" Cultural Impacts on Health
2. Healthy Babies/Fetal Infant Mortality
3. "Transporting" Health – How Transportation Impacts Access & Delivery
4. Project OPEN – Breaking the Cycle of Poverty

Strategies that emerged from the breakout sessions served to affirm and further support the work done in the prior Summits, the 2016 Community Health Assessment, and the Community Balanced Scorecard.

Formulating Goals & Strategies.

Strategy suggestions included:

1. Employee surveys to ensure employee engagement in the workplace.
2. Community surveys to assess the needs.
3. Engagement with community partners to ensure needs of community is being met.
4. Developing a marketing plan that involves community partners

The Strategic Objectives from the Public Health Priorities and the rational for including each are discussed in **Table 9: 2017-2020 Strategic Objectives for Osceola County** (on the following pages).

Table 9: 2017-2020 Strategic Objectives for Osceola County	
Public Health Priorities -Strategic Objectives-	**Rationale**
Ensure Competitive advantage by becoming the organization of choice for patients and employees	• A skilled and diverse workforce enable us to bring the best care to the community through excellence of service
Develop Industry recognition of Core Public Health Services	• As the dynamics of healthcare changes and evolves, FDOH Osceola can educate the community about core Public Health services.
Develop a system of care that addresses the needs of the community	• As a community partner, FDOH Osceola can be a leader in developing and expanding core Public Health Services in Osceola County.
Promote a culture of outreach and community engagement	• Engaging the community in self-awareness and what they can do to improve their health and the health of those around them will ensure a community is on the way to being healthier to allow us to become the healthiest state in the US.

Alignment with the 10 Essential Pubic Health Services:
Osceola's priorities, goals, targets, and measures outlined in this CHIP are aligned with Public Health 10 Essential Services. The national Healthy People 2020 goals and objectives were used wherever applicable. These are the best available evidence-based knowledge and are applicable at the national, state, and local levels. Healthy People has established benchmarks and monitored progress over time to empower individuals toward making informed health decisions, measure the impact of prevention activities, and identify health improvement priorities.

As with Healthy People 2020, the overarching goal of utilizing evidence-based goals and strategies is to ensure that Osceola County sustains its journey toward:

- Promoting quality of life, healthy development, and healthy behaviors across all life cycles.
- Achieving health equity, eliminating disparities, and improving the health of all groups.
- Creating social and physical environments that promote good health for all.
- Supporting programs or policies recommended in both the national health plans and Florida's State Health Improvement Plan.

ACTION CYCLE: PLAN, IMPLEMENT, EVALUATE

Participants plan for action, implement, and evaluate. This continuous and interactive process ensures the success of the CHIP activities. This phase is a three-year cycle that will end with the completion of the next Community Health Assessment done in 2019, at which point the next three-year cycle will begin.

HOW IMPLEMENTATION PROGRESS WILL BE MONITORED

Goal Assignment:
The success of each goal is based on outcome measurements that track progress and project impact. Each goal has an assigned owner and, for some, a task force and/or additional work groups who are or will be working together to develop coordinated Action and Evaluation plans. Progress will be monitored by each owner as well as by the Health Leadership Council.

Evaluation:
Evaluation will remain important throughout the remainder of the three-year cycle so that progress toward our CHIP goals is both meaningful and measurable. Continual progress updates will regularly occur and will be based on feedback to the Health Leadership Council. Lessons learned from what actions were taken will help guide further actions. An annual evaluation scheduled for June of each year will help to inform key decision makers to decide whether the right strategies were implemented, as well as whether the desired outcomes are being achieved.

It is important to remember that while this CHIP is a three-year document, it is an **active** document that will be re-evaluated and revised on a routine basis to ensure Osceola County's public health system stays current with community needs and to ensure the **mission**:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

How to Use This Community Health Improvement Plan

Each of us can play an important role in the improvement of Osceola's community health, whether in our homes, schools, workplaces, faith based, or other places. Encouraging and supporting healthy behaviors is more effective than altering unhealthy habits. Below are some simple ways to use this Community Health Improvement Plan to help improve where Osceola County citizens **live, learn, work, and play**.

Source: Action Cycle; www.County HealthRankings.org

Employers

- Understand priority health issues within the community and use this CHIP and recommended resources to help make your business a healthy place to work.
- Educate your staff about the link between employee health and productivity.

Community Residents

- Understand priority health issues within the community and use this CHIP to help improve the health of your community.
- Use information from this CHIP to start a conversation with community leaders about health issues important to you.
- Get involved by volunteering your time or expertise for an event or activity, or financially help support initiatives related to health topics discussed in this CHIP.

Health Care Professionals

- Understand priority health issues within the community and use this CHIP to remove barriers and create solutions for identified health priorities.
- Share information from this CHIP with your colleagues, staff, and patients.
- Offer your time and expertise to local improvement efforts.
- Offer your patients relevant counseling, education, and other preventive services in alignment with identified health needs of the Osceola community.

Educators

- Understand priority health issues within the community and use this CHIP and recommended resources to integrate topics of health and health factors into lesson plans across all subject areas such as math, science, social studies, and history.
- Create a healthier school environment by aligning this CHIP with school wellness plans/policies. Engage the support of leadership, teachers, parents, and students.

Government Officials

- Understand priority health issues within the community.
- Identify the barriers to good health in your communities and mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

How to Use This Community Health Improvement Plan

State and Local Public Health Professionals

- Understand priority health issues within the community and use this CHIP to improve the health of this community.
- Understand how the Osceola County community compares with Peer Counties, Regional Peers, Florida, and the national population.

Faith-based Organizations

- Understand priority health issues within the community and talk with members about the importance of overall wellness (mind, body, and spirit) and local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members may be able to support and encourage participation.

APPENDIX A:

Osceola County Health Leadership Council
Membership Roster
2017

First	Last	Agency
Lisa	Barkley MD	UCF College of Medicine
Brent	Burish	St. Cloud Regional Medical Center
Bakari	Burns	Healthcare for the Homeless
Mike	Capranice	Osceola County EMS & Fire Rescue
Chris	Falkowski	The Transition House
Wes	Fischer	The Health Insurance Store
Sharon	Dillard	Poinciana Medical Center
Beverly	Hougland	Osceola County Council on Aging
Warren	Hougland	Osceola Council on Aging
Belinda	Johnson-Cornett	Primary Care Medical Services of Poinciana, Inc.
Amanda	Kraft	Osceola County District Schools
Bryan	Lee	Osceola Regional Medical Center
Nurez	Madhany	American Cancer Society
Celestia	McCloud	Osceola County Human Services
Patty	McWhirter	Healthy Start of Osceola
Grisel	Negron	UF/IFAS Osceola Co Extension
Ken	Peach	Health Council East Central Florida
Debra	Perleberg	The Health Insurance Store
Vilma	Quintana	Florida Blue
Deborah	Randall	Deborah Randall Consulting
JoEllen	Revell	Victim Services Center
Sue	Ring	Community Vision
Jim	Shanks	Park Place Behavioral Health Care
Donna	Sines	Community Vision
Bret	Smith	FDOH-Osceola
Margie	Sweeney	Osceola Council on Aging
Wendy	Roman	Humana
Bernardo	Gil	Family Physician Group
Jill	Slaff	Florida Hospital
Jennifer	Stephenson	Catholic Charities of Central Florida
Jordan	Williams	Florida Hospital Kissimmee

Appendix B: Osceola County Community Balanced Scorecard

Florida Department of Health in Osceola County

Index	Clinical Performance	Data Source	Healthy People 2020	Overall Q14 Average	Overall Q15 Average	Overall 1st Q16	Overall 2nd Q16	Overall 3rd Q16	Overall 4th Q16	Overall Q16 Average	2016 Target	Overall 1st Q17	Overall 2nd Q17	Overall 3rd Q17	Overall 4th Q17	2017 Target	2020 Proposed Target
A.	CANCER																
A1.	*Pap Smears*																
A1a.	%of women 21-64 years of age who received one or more Pap tests during the measurement year or prior 2 years.	QI Review	≥ 93%	83%	75%	80%	81%	70%	68%	75%	≥ 93%	51%				≥ 93%	≥ 93%
B.	CHILD HEALTH																
B1.	Immunizations Rates for children																
B1a.	%of children who have received aged appropriate vaccines on or before their 2nd birthday during measurement year.	FL SHOTS	≥ 80%			92%	88%	84%	84%	87%	≥ 95%	97%				≥ 95%	≥ 95%
B1b.	%of children who have received aged appropriate vaccines on or before their 3rd birthday during measurement year	FL SHOTS		93%	93%	Data Changed	87%	84%	84%	85.00%	≥ 95%	97.20%				≥ 95%	
C.	BEHAVIORAL HEALTH																
C1.	*Domestic Violence*																
C1a.	%of females ages 18-64 (or any patient younger seen in FP / Prenatal) screened for domestic violence during the measurement year.	QI Review	≥ 95%	97%	98%	100%	100%	100%	100%	100%	≥ 98%	100%				≥ 98%	100%
C2.	*Depression Screening*																
C2.	Patients aged 12 or over who were (1) screened for depression with a standardized tool and had a follow-up plan documented, if the patients were considered depressed.	QI Review		57%	58%	80%	75%	100%	94%	87%	≥ 75%	93%				≥ 75%	≥85%
D.	BODY MASS INDEX (BMI)																
D1.	%of patients adult patients 18 years or older who had BMI calculated at last visit or within last 6 months.	QI Review		93%	100%	100%	100%	90%	100%	98%	≥ 70%	100%				≥ 70%	≥90%
D2.	If they are overweight or underweight, had a follow-up plan documented.	QI Review		94%	91%	90%	90%	92%	92%	91%	≥ 70%	90%				≥ 70%	≥90%
E.	TOBACCO																
E1.	%of patients age 18 years & older who were screened re: tobacco use 1or more times within 24 months (Assessment).	QI Review	≥ 69%	100%	100%	100%	100%	100%	89%	97%	100%	100%				100%	100%
E2.	%of patients adult patients 18 years or older who are users of tobacco & who were advised to quit (Counseling / medication).	QI Review	≥ 21%	77%	98%	100%	100%	100%	100%	100%	100%	100%				100%	100%

Compliance Legend

- Meets Target
- Within 5% target
- >5% below target

Re: New measures were added in 2016

Clarifications

1. Appropriate immunizations include: 4 DTP/DTaP; 3 IPV; 1 MMR; 3 Hib; 3 HepB; 1 VZV (Varicella) & 4 Pneumococcal conjugate, **1 Hep A; 2 or 3 Rotavirus; 2 influenza(flu) vaccines prior to 2nd birthday.**
2. Percent of women 21-64 years of age who received 1 or more Paps tests. Universe 23-64 years of age. **Do not include concurrent HPV. eCQM does not include 2 visit ever.**

Prepared by: Quality Management

Revised Clinical Scorecard. 8/2/2017

RED Not on target
YELLOW: Falling behind
GREEN On target

Status will be reviewed using a stoplight approach

Appendix C: Rationale & Resources to Support Community Health Improvement Action Plans

Rationale & Resources to Support the Community Health Improvement Action Plans - 2017-2020 Action Plan Cycle			
Public Health Priorities & Alignment	**Strategic Objective**	**Why is this important to our community**	**Available Resources**
1.0 Recruit and Retain a skilled and diverse workforce Alignment with 10 Essential Public Health Services: #8 **Assure** competent public and personal health care workforce	**1.1 Ensure competitive advantage by becoming the organization of choice for citizens and staff**	A skilled and diverse workforce enable us to bring the best care to the community through excellence of service	**Florida Department of Health Human Resources**
2.0 Marketing Alignment with **all** 10 Essential Services of Public Health	**2.1 Develop industry recognition for Core Public Health Services**	As the dynamics of healthcare changes and evolves, FDOH Osceola can educate the community about core Public Health services.	**As an accredited and integrated State of Florida Public Health Department, FDOH-Osceola can rely on other Central Florida Counties (Orange, Lake, Seminole) as well as all Florida Departments of Health to assist with expanding and developing Public Health Programs.**
3.0 Growth and Expansion Alignment with 10 Essential Services of Public Health: **#1** Monitor Health status to identify and solve community health problems, **#7** Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	**3.1 Develop a system of care that address the needs of the community**	As a community partner, FDOH Osceola can be a leader in developing and expanding core Public Health Services in Osceola County.	**Community Partners as listed in the Osceola County Health Leadership Council Membership Roster (Appendix A)**
4.0 Community Engagement Alignment with **all** 10 Essential Services of Public Health	**4.1 Promote a Culture of outreach and community engagement**	Engaging the community in self-awareness and what they can do to improve their health and the health of those around them will ensure a community is on the way to being healthier to allow us to become the healthiest state in the US.	**Community Partners as listed in the Osceola County Health Leadership Council Membership Roster (Appendix A)**

Appendix D: 10 Essential Public Health Services

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Appendix E: 2017 Osceola Business of Health Summit Participant Organizations

ADA
Associates in Dermatology
Bank of America
Barker Specialties
Brightstar Care
Celebration Foundation
Century Link
Cigna
City of Kissimmee
Comfort Keepers
Community Hope Center
Community Vision
CV Volunteer
Family Healthcare Clinical Studies
Family Healthcare of Central Florida
Farm Bureau
Florida Blue
Florida Department of Health Orange County
Florida Department of Health Osceola County
Florida Department of Health Seminole County
Florida Healthcare Coalition
Florida Hospital
Florida Hospital - Celebration
Florida Traditions Bank
Good Samaritan Village
Health Council East Central Florida
Health Insurance Exchange
Healthy Start Coalition of Osceola
HFUW
Hispanic Health Initiatives
Humana
Intervention Services, Inc.
Keystone Health
KUA
Leadership Legends
MZI Healthcare
Nemours Children's Hospital
Osceola Council on Aging
Osceola County
Osceola County Commissioner
Osceola County District Schools
Osceola County EMS & Fire Rescue
Osceola County Extension
Osceola County Human Services
Osceola County District Schools
Osceola Woman
Park Place Behavioral Health Care
Physician Dispensing Company
PNC Bank
Poinciana Medical Center
Popular Community Bank
Residents
S3 Industry Corp.
Serenity Massage
Sevilla Inn
St. Cloud Regional Med. Ctr.
St. Cloud Regional Medical Center
St. Cloud Sports Medicine
St. Cloud/UCF Incubator
Stetson University
The Health Insurance Store
The Transition House
Tupperware Brands
UBS Financial Services
University of Central Florida College of Medicine
VITAS