



Lee Health
2023 Community Health Needs Assessment
2023-2026 Implementation Plan

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LEE HEALTH OVERVIEW

Lee Health origins can be traced to the fall of 1916 when a group of community leaders set aside 300 dollars and donated lumber from the dismantled Court House to build the first hospital in Fort Myers. That first hospital, Lee County Hospital, a two story, four room, 10 bed, wooden building was the beginning of community health care in our area. For more than 100 years, Lee Health has been Southwest Florida's healthcare provider of choice. Our team and our system of care has grown together with our community. The health system operates four acute care hospitals: Lee Memorial Hospital, HealthPark Medical Center, Gulf Coast Medical Center, and Cape Coral Hospital, and two specialty hospitals: Golisano Children's Hospital of Southwest Florida and The Rehabilitation Hospital, outpatient centers, walk-in medical centers, primary care and specialty physician practices, a home health agency and skilled nursing centers. It is home to the area's only children's hospital and trauma center. Lee Health is Lee County's largest employer, with more than 15,000 employees, 2,500 physicians and advanced providers on its medical staff and 4,000 volunteers. With a total of 1,864 beds, Lee Health serves more than 2 million patient contacts each year, this makes Lee Health is the largest public health system in the United States to operate without receiving local tax support. Remaining a top-tier, local safety-net system and delivering world-class healthcare to patients, regardless of their ability to pay is our core mission.

Lee Health remains the bedrock of the community by offering acute care, emergency care, rehabilitative and diagnostic services, health and wellness education, community outreach, partnership, and advocacy programs. Lee Health continues to invest back into the community to improve facilities, add services, improve access, and extend care to those who need it most.

In over 100 years since opening the first hospital, Lee Health's dedication to the community has been at the core of the organization's mission, values, and strategic planning principles.

Mission

To be a trusted partner, empowering healthier lives through care and compassion

Vision

To inspire hope and be a national leader for the advancement of health and healing

Values

Respect | Excellence | Compassion | Education

COMMUNITY OVERVIEW

Population Growth

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. According to United States Census data (2020), the population of Lee County, Florida **increased by 141,068 persons, or 23.0%**; a much greater proportional increase than seen across both the state (14.6%) and the nation (7.1%) overall. According to the U.S. Census Bureau (2020) the Lee County population estimate is 752,251 individuals.

Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum. The U.S. Census Bureau (2020) notes that in **Lee County, 17.7% of the population are children aged 0-17; another 53.9% are age 18 to 64, while 28.4% are age 65 and older.** The U.S. Census Bureau (2020) also mentions that the percentage of older adults age 65+ is much higher than that found statewide (20.4%) and nationally (16%).

Race and Ethnicity

According to the U.S. Census Bureau (2020), **78.0% of residents of Lee County are White and 8.1% are Black** or African American only. These differ significantly than distributions statewide and nationwide, where 67.7% and 68.2% identify as White, non-Hispanic or Latino, respectively, and 15.7% and 12.6% identify as Black or African American only respectively. A total of 22.6% of Lee County residents identify as Hispanic or Latino; lower than state percentage (26.2%), but higher than the nationwide percentage (18.4%). Lee County also displays a lower distribution (less than 2%) of American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and 2+ races, compared to state and national distributions. A total of 4.8% of the Lee County population age 5+ live in a home in which **no person aged 14 or older is proficient in English (speaking only English or speaking English "very well")**. This percentage is lower than found statewide (6.2%) and higher than found nationally (4%).

SOCIAL DETERMINANTS OF HEALTH

Social Determinant of Health (SDOH)

It is important to understand social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Access to nutritious foods & physical activity opportunities
- Racism, discrimination, and violence
- Polluted air and water
- Education, job opportunities, and income
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Simply promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments. – Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health. The latest census estimate shows 12.1% of the Lee County population living below the federal poverty level (U.S. Census Bureau, 2020). In all, 33.6% of Lee County residents live below 200% of the federal poverty level. This poverty rate is similar to that found statewide (35.4%) and significantly higher than the proportion reported nationally (27.0%). Poverty is known to exacerbate negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors.

Additionally, 18.7% of Lee County children age 0-17 live below the poverty threshold. This poverty rate is above the proportions found statewide (18.2%) and nationally (17.1%). Negative health effects resulting from poverty are present at all ages, but children in poverty face even greater risks as it is associated with poor educational achievement.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Affordable Care Act (ACA) requires that non-profit hospitals must conduct a Community Health Needs Assessment (CHNA) at least every three years, taking input from community members, representatives, and public health leaders in the process, and must make the CHNA widely available to the public (Community Catalyst, 2010). A CHNA serves as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Lee Health has been performing CHNAs since 2007--ahead of the implementation of the ACA regulation. The 2023 assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

This assessment incorporates data from both quantitative and qualitative sources including primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data), allowing for trending and comparison to benchmark data at the state and national levels, as well as external stakeholder and community input via an Online Key Informant Survey (OKIS).

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Lee Health, Florida Department of Health in Lee County and PRC, and is similar to previous surveys used in the region, allowing for data trending. The study area for the survey effort is made up of four Lee Health Market Areas comprising Lee County, Florida (Figure 1).

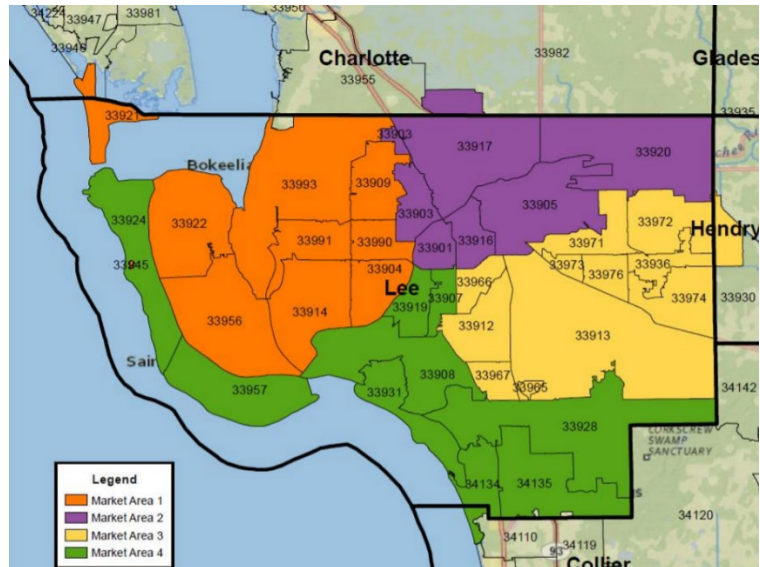


Figure 1 Lee County is sectioned into four market areas, each containing a Lee Health acute care facility.

COMMUNITY BENEFIT

Using valuable data from the CHNA, hospitals are further required to develop an implementation strategy to address demonstrated health needs of their catchment area communities. The initiatives, programs, and activities that are put forth by hospitals according to their CHNAs and implementation strategies comprise the total community benefit investment. Community benefit expenditures can include unreimbursed goods, services, and resources provided by health care institutions that address community-identified health needs and concerns, particularly of those who are uninsured or underserved (Community Catalyst, 2010).

Lee Health's community benefit investment has increased over the past ten years to match the community need for quality and accessible healthcare services. In 2022, Lee Health invested over \$250 million in charity care, means-tested programs, outreach, and other community benefits, particularly for underrepresented and underserved populations.

PRIORITIZING AREAS OF OPPORTUNITY FOR HEALTH

Prioritization of the health needs identified in this assessment ("Areas of Opportunity") was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey. Their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Diabetes
4. Access to Health Care Services
5. Nutrition, Physical Activity & Weight
6. Disabling Conditions
7. Heart Disease & Stroke
8. Infant Health & Family Planning
9. Cancer
10. Injury & Violence
11. Oral Health
12. Tobacco Use
13. Respiratory Disease

2023 Lee County CHNA Market Area Priorities			
Market Area 1 Cape Coral Hospital	Market Area 2 Lee Memorial Hospital	Market Area 3 Gulf Coast Medical Center	Market Area 4 HealthPark Medical Center
<ol style="list-style-type: none"> 1. Nutrition, Physical Activity, & Weight 2. Diabetes 3. Heart Disease & Stroke 4. Disabling Conditions 5. Injury & Violence 6. Mental Health 	<ol style="list-style-type: none"> 1. Substance Use 2. Mental Health 3. Nutrition, Physical Activity, & Weight 4. Diabetes 5. Heart Disease & Stroke 6. Access to Healthcare 	<ol style="list-style-type: none"> 1. Access to Healthcare 2. Heart Disease & Stroke 3. Substance Use 4. Respiratory Disease 5. Nutrition, Physical Activity, & Weight 6. Mental Health 	<ol style="list-style-type: none"> 1. Access to Healthcare 2. Disabling Conditions 3. Heart Disease & Stroke 4. Substance Use 5. Mental Health 6. Nutrition, Physical Activity, & Weight

Table 1 CHNA areas of opportunity ordered by priority level in each market area according to number of needs and disparities.

Following the OKIS prioritization, an ad hoc committee comprised of administrative, operational, and clinical leaders, who reviewed the CHNA findings, trends, and disparities, deliberated the highest areas of need, and developed a strategy matrix per health priority. Strategies were consolidated along with tactics, identified internal and external leads, evaluation metrics and health indicators that were then sorted per market area according to hierarchy of needs and updated regularly.

DRIVING HEALTH EQUITY WITH STRATEGIC IMPLEMENTATION PLAN

In 2020, the Centers for Disease Control & Prevention (2020) revised its 1994 “10 Essential Public Health Services” framework to include equity as the central theme and create stronger alignment with current and future public health practice. As a public safety-net nonprofit-healthcare system, Lee Health is committed to strengthening and promoting health equity and community health improvement through its various community outreach services and strategic implementation plans, with special attention to the social determinants of health.

As part of Lee Health’s significant investment in community benefit, the Lee Health Community Outreach Team engages with the community while providing targeted services, bringing health disparity blind spots to light, adjusting accordingly alongside collaborative community partner organizations. The 2023-2026 Implementation Plan leverage statistically significant community health data to strategically address health needs and disparities and includes the input of several internal and external subject matter experts and leaders to collaborate on effective strategies and tactics.

Lee Health leverages the guidance of the American Hospital Association’s (AHA, 2020) Institute for Diversity and Health Equity for specific actions toward equity, such as leveraging community partnerships, collecting community health and patient data, and educating in accessible ways. These recommendations from the AHA continue to be integrated within the designed strategies for the 2023-2026 volume of work. This Implementation Plan integrates Lee Health’s mission and commitment to ongoing investments in community benefit initiatives to achieve the following goals to create a culture of health in Lee County:

1. Improve overall health of the community through strategic partnership with community-based organizations and groups addressing social determinants of health.
2. Strengthen integration and connections of wrap around health programs and services for defined populations.
3. Decrease avoidable hospital utilization and readmission.

COLLABORATIVE COMMUNITY PARTNERSHIPS

In the development of the Community Health Needs Assessment and Implementation Strategy, Lee Health considers the Healthy Lee Steering Committee recommendations along with other community stakeholder input. The Healthy Lee Steering Committee is a group of community leaders, representing key cross-sector stakeholders in Lee County. The Steering Committee serves in an advisory capacity to Lee Health and makes recommendations on opportunities to improve the healthcare delivery model and the health status of the residents of Lee County. The Healthy Lee Steering Committee remains committed to increasing Behavioral Health services and to increase commitment to Healthy Lifestyles to prevent, reverse and manage chronic disease.

MARKET AREA 1: CAPE CORAL HOSPITAL

Cape Coral Hospital, a 291-bed health care hub centrally located on Del Prado Boulevard in Cape Coral, provides a wide range of services to the community, from special nursery care to weight management, diabetes, and chronic disease programs. Cape Coral Hospital is also home to a full-service Healthy Life Center, one of Lee Health's modern health and wellness facilities. Cape Coral Hospital has received the following recognition:

- Earned A grade for patient safety by The Leapfrog Group
- First hospital in the state to achieve the 4 Star Award of “Florida Quest for Quality Maternity Care Award” Baby Steps to a Baby-Friendly Hospital
- First community hospital in Florida to receive the Governor’s Sterling Award
- Earned American Heart Association/American Stroke Association “Get With The Guidelines” Gold Plus Stroke with Honor Roll Elite and Target: Type 2 Diabetes Honor Roll designation
- Rated as a 4-star facility by the Centers for Medicare and Medicaid Services (CMS)

The greatest health priorities for Market Area 1 are **Nutrition, Physical Activity & Weight, Diabetes, Heart Disease & Stroke, Disabling Conditions, Injury & Violence, Mental Health**. Market Area 1 was also found to demonstrate greatest need with the following health disparities:

- Highest prevalence of overweight and obesity in adults
- Lowest rate of meeting physical activity guidelines
- Highest prevalence of diabetes
- Highest reports of cardiovascular risk factors, e.g., overweight/obesity, smoking, high blood pressure, etc.
- Highest reports of using vaping products regularly or occasionally
- Highest reports of access to swimming pools (risk of drowning)
- Highest reports of multiple chronic conditions
- Highest reports of falls in adults ages 45+
- Highest reports of receiving treatment for a mental health condition

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept.)	Evaluation/Metrics
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Launch community campaign with employee/volunteer advocates to promote cardiovascular risk programs.	1+ Cardiovascular Risk Factors	American Heart Association Chambers of Commerce Community Outreach & Distribution Outlets DCCI Healthy Lee NAS	Heart Institute Business Development Marketing	Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Strategically leverage community-based initiatives for increased awareness and intervention for cardiovascular and respiratory conditions.	Partner with local businesses to provide health education materials at blood pressure monitoring stations.	1+ Cardiovascular Risk Factors	American Heart Association Local businesses	Heart Institute Healthy Life Center Lee Health Solutions Shibley Cardiothoracic Center	Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Promote Mended Hearts Support Group for patients and families affected by cardiovascular conditions.	1+ Cardiovascular Risk Factors	American Heart Association	Behavioral Health Heart Institute	

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept.)	Evaluation/Metrics
Cardiovascular & Respiratory Conditions	Strategically leverage community-based initiatives for increased awareness and intervention for cardiovascular and respiratory conditions.	Relaunch Barbershop/Beauty Salon Wellness programs for holistic health education and screenings in urban, low-income areas.	1+ Cardiovascular Risk Factors	21st Century Collaboration American Heart Association Barbershop businesses Community centers NAACP Nations Association QLC	Care Management Health Professions Education Heart Institute	Number of participants participating in program Decreased number of no shows at appointments Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Support care management as the primary champion in addressing social determinants of health related to cardiovascular and respiratory conditions.	Leverage and elevate Community Care Outreach Program to address social determinants of health associated with increased cardiovascular risk.	1+ Cardiovascular Risk Factors	American Heart Association Care Management network Chambers of Commerce Community centers	Heart Institute Ctr for Care Transformation	Number of enrollees in program
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Leverage virtual community education opportunities such as Healthy Life Center virtual classes and Shipley Cardiothoracic Center's podcasts for heart health education.	1+ Cardiovascular Risk Factors	American Heart Association Chambers of Commerce Community centers Community Outreach & Distribution Outlets Speakers Bureau	Healthy Life Center Heart Institute	Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Increase stroke education resources at community-based health fairs and events.	1+ Cardiovascular Risk Factors	American Stroke Association Chambers of Commerce Community centers Community Outreach & Distribution Outlets DCCI NAS Healthy Lee	Heart Institute Healthy Life Center Stroke Education	Number of referral-based appointments/contacts post-education
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Promote opportunities for parents and children to engage in community-based nutrition and physical activity programs.	Inadequate Levels of Physical Activity Prevalence of Overweight & Obesity (Adults) Total Screen Time (Children)	Boys & Girls Club Community Outreach & Communication Outlets Daycare facilities Healthy Lee Lee County Park and Recreation PACE Center for Girls Quality Life Center SWFL public schools	Behavioral Health Child Advocacy Pediatrics	Reduction in time based on pediatric visits answers to Screen Time question Monitor BMI

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept.)	Evaluation/Metrics
Nutrition, Physical Activity, & Weight	Promote collaborative community-based initiatives for improved nutrition and exercise opportunities.	Collaborate with community organizations to identify opportunities for accessible exercise facilities and programs.	Inadequate Levels of Physical Activity (Adults)	100 Black Men of SWFL Community gyms or parks Community Centers Faith-based organizations Healthy Lee Omega Fraternity Quality Life Center United Way	Faith Community Nurse Program Healthy Life Centers	Attendance/Registration to programs Individual surveys
Nutrition, Physical Activity, & Weight	Promote collaborative community-based initiatives for improved nutrition and exercise opportunities.	Increase provider involvement in physical activity recommendation for improved health outcomes.	Inadequate Levels of Physical Activity (Adults)	Colleges and universities Florida Dept. of Health Provider Network	Lee Community Healthcare (LCH)	
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Provide Nutrition Guidelines Education	Prevalence of Overweight & Obesity (Adults) Prevalence of Pre-Diabetes and Borderline Diabetes	American Diabetes Association Community Outreach & Communication Outlets Healthy Lee Lee County Schools dietitians	LCH Clinic Dietitians Endocrinology Food & Nutrition Svcs LPG PCP	Monitor BMI
Mental Health & Substance Use Disorder	Improve ratio of mental health providers and services to regional need.	Increase behavioral health education opportunities at community-based events. Increase programs and services for adult behavioral health. Launch fundraising strategy for adult and pediatric behavioral health services. Promote legislative advocacy efforts to reinforce regional need for behavioral health services and funding in southwest Florida. Support community collaborations to increase program and service availability. Support front door strategy with behavioral health integration in primary care.	Mental Health Provider Ratio	50+ Behavioral Health organizations Colleges and universities Healthy Lee Lee Co EDO & HVS Military Support Program partners United Way	LPG Behavioral Health Inpatient Psych team ED support Telehealth/Information Systems Support	Number of providers recruited & trained Number of graduate students trained Number of Narcan dispersed Increased number of adult behavioral health resources and programs Engagement data for adult behavioral health programs

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept.)	Evaluation/Metrics
Mental Health & Substance Use Disorder	Support initiatives to prevent substance use and identify support services for patients suffering from substance use disorders.	<p>Monitor county data of drug-related deaths and near deaths</p> <p>Promote and support regional care management strategy with data-sharing platform</p> <p>Promote education and early intervention and prevention initiatives for substance use disorders</p> <p>Reinforce importance of peer support roles for patients with substance use disorders</p> <p>Expansion of substance use services relative to the intensive outpatient (IOP) and partial hospitalization (PHP).</p>	Unintended Drug-Related Deaths	<p>50+ Behavioral Health organizations</p> <p>Colleges and universities</p> <p>Community Outreach & Communication Outlets</p> <p>DOH</p> <p>Healthy Lee</p> <p>Lee Co HVS</p> <p>Military Support Program partners</p> <p>Neonatal Abstinence Syndrome Task Force</p> <p>United Way</p>	<p>LPG Behavioral Health</p> <p>Inpatient Psych team</p> <p>ED support</p> <p>Telehealth/Information Systems Support</p>	<p>Number of overdoses</p> <p>Number of near deaths</p> <p>Number of deaths</p> <p>Number of OD transports</p> <p>Number of increased LH visit volume</p> <p>Increased ED visits</p> <p>Increased care mgmt touches</p>

MARKET AREA 2: LEE MEMORIAL HOSPITAL

A mainstay in our community for more than 100 years, Lee Memorial has a rich history of serving our community. Lee Memorial, a 290-bed hospital located in the heart of Fort Myers, also houses the Rehabilitation Hospital, a comprehensive inpatient rehabilitation facility, and skilled nursing unit. Lee Memorial Hospital is also a designated Chest Pain Center, fully accredited by the Society of Chest Pain Centers (SCPC). Lee Memorial Hospital has received the following recognition:

- Earned an A grade for patient safety by The Leapfrog Group
- Earned designation of Chest Pain Center, fully accredited by the Society of Chest Pain Centers (SCPC)
- Earned designation of a Certified Primary Stroke Center by The Agency of Health Care Administration
- DNV accredited Orthopedic Center of Excellence in hip, knee, shoulder, foot/ankle.
- Named a 5-star facility by the Centers for Medicare and Medicaid Services (CMS)

The greatest health priorities for Market Area 2 are **Substance Use, Mental Health, Nutrition, Physical Activity, & Weight, Diabetes, Heart Disease & Stroke, and Access to Healthcare Services**. Market Area 2 was also found to demonstrate greatest need with following health disparities:

- Highest reports of activity limitations due to physical, mental, or emotional condition
- Highest reports of drinking and driving
- Highest reports of illicit drug use
- Highest reports of most days feeling "extremely" or "very" stressful
- Highest reports of needing treatment for a mental health condition
- Highest reports of food insecurity
- Highest prevalence of borderline or prediabetes
- Lowest reports of mammogram screenings
- Highest reports of high blood pressure
- Highest reports of 1+ ER visit(s) in the past year
- Highest report of cost of doctor visits, appointment availability, difficulty finding a physician, and language/cultural barriers as barriers to healthcare access
- Highest reports of current smokers
- Second-highest reports of current smokers
- Highest reports of domestic/family violence

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept)	Evaluation/Metrics
Access to Healthcare Services	Support external partnerships to provide community-based care.	Provide screenings, education, and referrals in partnership with community-based organizations (health fair events).	Barrier to Access-Transportation Difficulty Accessing Healthcare Services	Community centers Faith-based organizations Mobile food distribution United Way	LCH Telehealth/Information Systems Transfer Center	Number of screenings and referrals provided Number of community health fair events launched
Access to Healthcare Services	Support external partnerships to provide community-based care.	Support mobile medical care opportunities with community partner organizations.	Barrier to Access-Transportation Difficulty Accessing Healthcare Services	Community centers Premier Mobile Ronald McDonald House Charities	Community Outreach	Number of screenings and referrals provided Number of community health fair events launched

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept)	Evaluation/Metrics
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Support use of telehealth services in community-based settings and Lee Community Healthcare clinics.	Barrier to Access-Transportation Difficulty Accessing Healthcare Services	Community centers Community Outreach & Distribution Outlets Faith-based organizations Lee Tran Lee County HVS United Way	LCH Telehealth/Information Systems Transfer Center	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events
Cardiovascular & Respiratory Conditions	Strategically leverage community-based initiatives for increased awareness and intervention for cardiovascular and respiratory conditions.	Relaunch Barbershop/Beauty Salon Wellness programs for holistic health education and screenings in urban, low-income areas.	1+ Cardiovascular Risk Factors	21st Century Collaboration American Heart Association Barbershop businesses Community centers NAACP Nations Association QLC	Heart Institute Care Management Health Professions Education	Number of participants participating in program Decreased number of no shows at appointments Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Support care management as the primary champion in addressing social determinants of health related to cardiovascular and respiratory conditions.	Leverage and elevate Community Care Outreach Program to address social determinants of health associated with increased cardiovascular risk.	1+ Cardiovascular Risk Factors	American Heart Association Care Management network Chambers of Commerce Community centers	Heart Institute Ctr for Care Transformation	Number of enrollees in program
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Leverage virtual community education opportunities such as Healthy Life Center virtual classes and Shipley Cardiothoracic Center's podcasts for heart health education.	1+ Cardiovascular Risk Factors	American Heart Association Chambers of Commerce Community centers Community Outreach & Distribution Outlets Speakers Bureau	Heart Institute Healthy Life Center	Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Strategically leverage community-based initiatives for increased awareness and intervention for cardiovascular and respiratory conditions.	Support local community-based vaping and tobacco prevention education programs and initiatives targeting youth and young adults.	Cigarette Smoking Prevalence (Current Smokers)	AHEC American Heart Association Colleges and universities SWFL public schools Tobacco Free Lee Coalition	Asthma/COPD service line	Number of schools involved in programs Number of students reached

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept)	Evaluation/Metrics
Mental Health & Substance Use Disorder	Improve ratio of mental health providers and services to regional need.	<p>Increase behavioral health education opportunities at community-based events.</p> <p>Increase programs and services for adult behavioral health.</p> <p>Launch fundraising strategy for adult and pediatric behavioral health services.</p> <p>Promote legislative advocacy efforts to reinforce regional need for behavioral health services and funding in southwest Florida.</p> <p>Support community collaborations to increase program and service availability.</p> <p>Support front door strategy with behavioral health integration in primary care.</p>	Mental Health Provider Ratio	50+ Behavioral Health organizations Colleges and Universities Healthy Lee Lee Co EDO & HVS Military Support Program partners United Way	LPG Behavioral Health Inpatient Psych team ED support Telehealth/Information Systems Support	Number of providers recruited & trained Number of graduate students trained Number of Narcan dispersed Increased number of adult behavioral health resources and programs Engagement data for adult behavioral health programs

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept)	Evaluation/Metrics
Mental Health & Substance Use Disorder	Support initiatives to prevent substance use and identify support services for patients suffering from substance use disorders.	<p>Monitor county data of drug-related deaths and near deaths</p> <p>Promote and support regional care management strategy with data-sharing platform</p> <p>Promote education and early intervention and prevention initiatives for substance use disorders</p> <p>Reinforce importance of peer support roles for patients with substance use disorders</p> <p>Expansion of substance use services relative to the intensive outpatient (IOP) and partial hospitalization (PHP).</p>	Unintended Drug-Related Deaths	<p>50+ Behavioral Health organizations</p> <p>Colleges and Universities</p> <p>Community Outreach & Communication Outlets</p> <p>DOH</p> <p>Healthy Lee</p> <p>Lee Co HVS</p> <p>LH MSP Partners</p> <p>Neonatal Abstinence Syndrome Task Force</p> <p>United Way</p>	<p>LPG Behavioral Health</p> <p>Inpatient Psych team</p> <p>ED support</p> <p>Telehealth/Information Systems Support</p>	<p>Number of overdoses</p> <p>Number of near deaths</p> <p>Number of deaths</p> <p>Number of OD transports</p> <p>Number of increased LH visit volume</p> <p>Increased ED visits</p> <p>Increased care mgmt touches</p>
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Provide Nutrition Guidelines Education	<p>Prevalence of Overweight & Obesity (Adults)</p> <p>Prevalence of Pre-Diabetes and Borderline Diabetes</p>	<p>American Diabetes Association</p> <p>Community Outreach & Communication Outlets</p> <p>Healthy Lee</p> <p>Lee County Schools Dieticians</p>	<p>Dieticians at LCH Clinic</p> <p>Endocrinology</p> <p>Food & Nutrition Svcs</p> <p>LPG PCP</p>	Monitor BMI
Nutrition, Physical Activity, & Weight	Promote collaborative community-based initiatives for improved nutrition and exercise opportunities.	Engage community partner organizations and local businesses to explore creation of healthy neighborhood stores.	Low Food Access/Security	<p>Food pantries</p> <p>Harry Chapin Food Bank</p> <p>Healthy Neighborhood Stores (Douglas County Health Department)</p> <p>Local grocery stores</p> <p>Meals on Wheels</p> <p>Neighborhood community gardens and restaurants</p> <p>United Way</p>	<p>Flavor Harvest</p> <p>Food & Nutrition Svcs</p>	<p>Learn from Flavor Harvest data collection and evaluation processes</p> <p>Monitor BMI</p>

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Service Line/Dept)	Evaluation/Metrics
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Launch healthy cooking demonstrations alongside food distribution partners and events.	<p>"Very" or "Somewhat" Difficult Accessing Affordable Produce</p> <p>Low Food Access/Security</p> <p>Prevalence of Pre-Diabetes and Borderline Diabetes</p>	<p>Community centers</p> <p>Community Outreach & Communication Outlets</p> <p>Food Banks</p> <p>Healthy Lee</p> <p>Local farmers markets and vendors</p> <p>Local influencers</p> <p>United Way</p>	<p>Food & Nutrition Svcs</p> <p>Healthy Life Center</p> <p>Lee Health Solutions</p>	<p>Engagement data for cooking demonstrations</p> <p>Number of food distribution/cooking demonstration events</p>
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Reinvigorate 5210 campaign and resources.	<p>Inadequate Levels of Fruits and Vegetables</p> <p>""Very" or "Somewhat" Difficult Accessing Affordable Produce</p> <p>Low Food Access/Security</p>	<p>Community Outreach & Communication Outlets</p>	<p>Food & Nutrition Svcs</p> <p>Pediatrics</p>	<p>Number new locations for distribution of 5210 resources</p> <p>Number of locations currently distributing 5210 resources</p>

MARKET AREA 3: GULF COAST MEDICAL CENTER

Located at the corner of Daniels and Metro parkways in Fort Myers, Gulf Coast Medical Center embodies the pace of the region with a centralized location and services of every kind including a new expansion that features an additional 268 beds and a floor dedicated to inpatient cancer care. Gulf Coast Medical Center is now a 624-bed facility that houses the Neuroscience Institute, orthopedic services, and general surgery. An accredited comprehensive stroke center, the hospital offers 24/7 access to emergency care and minimally invasive catheter procedures to treat stroke, as well as a dedicated neuroscience intensive care unit, and serves as the regional Level II Trauma Center serving Lee County and the surrounding areas. Gulf Coast Medical Center has received the following recognition:

- Earned A grade for patient safety by The Leapfrog Group
- Top 250 Hospital nationwide according to Healthgrades
- Earned American Heart Association/American Stroke Association “Get With The Guidelines” Gold Plus Stroke Center designation
- Rated a 4-star facility by the Centers for Medicare and Medicaid Services (CMS)

Market Area 3’s greatest health priorities are **Access to Healthcare Services, Heart Disease & Stroke, Substance Use, Respiratory Disease, Nutrition, Physical Activity, & Weight, and Mental Health**. Market Area 3 was also found to demonstrate greatest need with following health disparities:

- Highest reports of having sought help for alcohol or drug problem
- Highest reports of "fair" or "poor" rating of local healthcare services
- Highest prevalence of asthma
- Highest reports of secondhand smoke risk
- Highest reports of drinking 1+ sugar-sweetened beverage(s)/day
- Lowest reports of members of household seeking mental health services
- Highest reports of texting and driving in the past month

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Leverage the Complex Care Center, Community Care Outreach, Care Management, Skilled Nursing Facilities Collaborative as resources for patients with low-access circumstances; Position schedulers to assist patients with system navigation.	Difficulty Accessing Healthcare Services	Community Outreach & Distribution Outlets	Ctr for Care Transformation Business Development	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Prioritize cultural competency and reduction of language barriers throughout the provider network.	Difficulty Accessing Healthcare Services	Chambers of Commerce Colleges and Universities Florida Dept of Health in Lee County (DOH) United Way	Equity & Inclusion LCH Family Medicine Residency Program	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Strategically deploy Family Medicine Residency Program and Lee Community Healthcare clinicians in low access areas.	Difficulty Accessing Healthcare Services	Community centers Faith-based organizations	Family Medicine Residency Program LCH	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Support Marketing digital strategy for online appointment scheduling.	Difficulty Accessing Healthcare Services	Community Centers Community Outreach & Distribution Outlets Faith-based organizations Quality Life Center (QLC) PACE Center for Girls	Marketing Telehealth/Information Systems	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Support system-wide front door strategy and related initiatives.	Difficulty Accessing Healthcare Services	As defined	LPG Operations Performance Excellence Office (PXO) Population Health	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Support workforce development efforts within the System and community (e.g., nurse navigators).	Difficulty Accessing Healthcare Services	Colleges and Universities	Workforce Development Community Outreach	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Access to Healthcare Services	Support external partnerships to provide community-based care.	Provide screenings, education, and referrals in partnership with community-based organizations (health fair events).	Barrier to Access-Transportation Difficulty Accessing Healthcare Services	Community centers Faith-based organizations Mobile food distribution United Way	LCH Telehealth/Information Systems Transfer Center	Number of screenings and referrals provided Number of community health fair events launched
Access to Healthcare Services	Support external partnerships to provide community-based care.	Support mobile medical care opportunities with community partner organizations.	Barrier to Access-Transportation Difficulty Accessing Healthcare Services	Community centers Premier Mobile Ronald McDonald House Charities	Community Outreach	Number of screenings and referrals provided Number of community health fair events launched
Access to Healthcare Services	Leverage internal resources to reduce barriers to healthcare access for uninsured and underrepresented populations.	Support use of telehealth services in community-based settings and Lee Community Healthcare clinics.	Barrier to Access-Transportation Difficulty Accessing Healthcare Services	Community centers Community Outreach & Distribution Outlets Faith-based organizations Lee Tran Lee County HVS United Way	LCH Telehealth/Information Systems Transfer Center	Average time until next available appointment Number of appointments & referrals Number of appointments scheduled via website Number of telehealth appointments Complex Care appointments & referrals CAHPS Measures of Patient Experience Number of persons reached at workforce development outreach events
Cardiovascular & Respiratory Conditions	Support care management as the primary champion in addressing social determinants of health related to cardiovascular and respiratory conditions.	Leverage and elevate Community Care Outreach Program to address social determinants of health associated with increased cardiovascular risk.	1+ Cardiovascular Risk Factors	American Heart Association Care Management network Chambers of Commerce Community centers	Ctr for Care Transformation	Number of enrollees in program
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Leverage virtual community education opportunities such as Healthy Life Center virtual classes and Shipley Cardiothoracic Center's podcasts for heart health education.	1+ Cardiovascular Risk Factors	American Heart Association Chambers of Commerce Community centers Community Outreach & Distribution Outlets Speakers Bureau	Heart Institute Healthy Life Center	Number of referral-based appointments/contacts post-education

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Increase stroke education resources at community-based health fairs and events.	1+ Cardiovascular Risk Factors	American Stroke Association Chambers of Commerce Community centers Community Outreach & Distribution Outlets DCCI NAS Healthy Lee	Heart Institute Healthy Life Center Stroke Education	Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Strategically leverage community-based initiatives for increased awareness and intervention for cardiovascular and respiratory conditions.	Support local community-based vaping and tobacco prevention education programs and initiatives targeting youth and young adults.	Cigarette Smoking Prevalence (Current Smokers)	AHEC American Heart Association Colleges and universities SWFL public schools Tobacco Free Lee Coalition	Asthma/COPD service line	Number of schools involved in programs Number of students reached
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Revitalize and promote Asthma Education Program at community-based health fairs and events.	Asthma Prevalence (Adults)	ACAAI, AAAAI, FAIS American Lung Association Florida Asthma Coalition Colleges and universities Tobacco-Free Lee County	Asthma/COPD service line Healthy Life Center Lee Health Solutions	Number of referral-based appointments/contacts post-education
Cardiovascular & Respiratory Conditions	Support care management as the primary champion in addressing social determinants of health related to cardiovascular and respiratory conditions.	Share evidence-based Asthma Action Plans with patients upon diagnosis.	Asthma Prevalence (Adults)	American Lung Association ACAAI, AAAAI, FAIS Colleges and universities Florida Asthma Coalition	Asthma/COPD service line Healthy Life Center Lee Health Solutions	Number of enrollees in program

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Nutrition, Physical Activity, & Weight	Promote collaborative community-based initiatives for improved nutrition and exercise opportunities.	Engage community partner organizations and local businesses to explore creation of healthy neighborhood stores.	Low Food Access/Security	Food pantries Harry Chapin Food Bank Healthy Neighborhood Stores (Douglas County Health Department) Local grocery stores Meals on Wheels Neighborhood community gardens and restaurants United Way	Flavor Harvest Food & Nutrition Svcs	Learn from Flavor Harvest data collection and evaluation processes Monitor BMI
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Launch healthy cooking demonstrations alongside food distribution partners and events.	"Very" or "Somewhat" Difficult Accessing Affordable Produce Low Food Access/Security Prevalence of Pre-Diabetes and Borderline Diabetes	Community centers Community Outreach & Communication Outlets Food Banks Healthy Lee Local farmers markets and vendors Local influencers United Way	Food & Nutrition Svcs Healthy Life Center (Education and Navigation) Lee Health Solutions	Engagement data for cooking demonstrations Number of food distribution/cooking demonstration events
Nutrition, Physical Activity, & Weight	Launch education initiatives for improved nutrition, physical activity, and weight outcomes.	Reinvigorate 5210 campaign and resources.	Inadequate Levels of Fruits and Vegetables ""Very" or "Somewhat" Difficult Accessing Affordable Produce Low Food Access/Security	Community Outreach & Communication Outlets	Food & Nutrition Svcs Pediatrics	Number new locations for distribution of 5210 resources Number of locations currently distributing 5210 resources

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Mental Health & Substance Use Disorder	Improve ratio of mental health providers and services to regional need.	<p>Increase behavioral health education opportunities at community-based events.</p> <p>Increase programs and services for adult behavioral health.</p> <p>Launch fundraising strategy for adult and pediatric behavioral health services.</p> <p>Promote legislative advocacy efforts to reinforce regional need for behavioral health services and funding in southwest Florida.</p> <p>Support community collaborations to increase program and service availability.</p> <p>Support front door strategy with behavioral health integration in primary care.</p>	Mental Health Provider Ratio	50+ Behavioral Health organizations Colleges and universities Healthy Lee Lee Co EDO & HVS Military Support Program partners United Way	LPG Behavioral Health Inpatient Psych team ED support Telehealth/Information Systems Support	Number of providers recruited & trained Number of graduate students trained Number of Narcan dispersed Increased number of adult behavioral health resources and programs Engagement data for adult behavioral health programs

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Mental Health & Substance Use Disorder	Support initiatives to prevent substance use and identify support services for patients suffering from substance use disorders.	<p>Monitor county data of drug-related deaths and near deaths</p> <p>Promote and support regional care management strategy with data-sharing platform</p> <p>Promote education and early intervention and prevention initiatives for substance use disorders</p> <p>Reinforce importance of peer support roles for patients with substance use disorders</p> <p>Expansion of substance use services relative to the intensive outpatient (IOP) and partial hospitalization (PHP).</p>	Unintended Drug-Related Deaths	<p>50+ Behavioral Health organizations</p> <p>Colleges and universities</p> <p>Community Outreach & Communication Outlets</p> <p>DOH</p> <p>Healthy Lee</p> <p>Lee Co HVS</p> <p>Military Support</p> <p>Program partners</p> <p>Neonatal Abstinence Syndrome Task Force</p> <p>United Way</p>	<p>LPG Behavioral Health</p> <p>Inpatient Psych team</p> <p>ED support</p> <p>Telehealth/Information Systems Support</p>	<p>Number of overdoses</p> <p>Number of near deaths</p> <p>Number of deaths</p> <p>Number of OD transports</p> <p>Number of increased LH visit volume</p> <p>Increased ED visits</p> <p>Increased care mgmt touches</p>

MARKET AREA 4: HEALTHPARK MEDICAL CENTER

HealthPark Medical Center, a 460-bed facility on Bass Road, provides a wide range of inpatient and outpatient services, from cardiology and OB/GYN, to rehab and radiology. HealthPark Medical Center houses the regional Golisano Children’s Hospital of Southwest Florida, the Heart & Vascular Institute, and Shipley Cardiothoracic Center. HealthPark Medical Center also includes a full-service emergency care center (ER), open 24/7. HealthPark Medical Center has received the following recognition:

- Earned A grade for patient safety by The Leapfrog Group
- Named one of the "100 Top Hospitals" for cardiology and intensive care in the country
- HealthPark's cardiac rehabilitation program is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation
- Named one of the Top 50 Cardiovascular Hospitals by IBM Watson Health
- Rated as a 5-star facility by the Centers for Medicare and Medicaid Services (CMS)

The greatest health priorities for Market Area 4 are **Access to Healthcare Services, Disabling Conditions, Heart Disease & Stroke, Substance Abuse, Mental Health, Nutrition, Physical Activity, & Weight**. Market Area 4 was also found to demonstrate greatest need with following health disparities:

- Highest reports of lack of healthcare insurance coverage impacting care
- Highest reports of memory loss and/or confusion in adults ages 45+
- Highest prevalence of stroke
- Highest reports of high cholesterol
- Highest reports of marijuana use in the past month
- Highest reports of opioid use
- Highest diagnosed depression
- Highest reports of using smokeless tobacco

Priority	Strategy	Tactic (Outreach Tactical Plan)	CHNA Indicator	Strategic Partner(s)	Internal Lead(s) (Clinical Service Line/Department)	Evaluation/Metrics
Cardiovascular & Respiratory Conditions	Support care management as the primary champion in addressing social determinants of health related to cardiovascular and respiratory conditions.	Leverage and elevate Community Care Outreach Program to address social determinants of health associated with increased cardiovascular risk.	1+ Cardiovascular Risk Factors	American Heart Association Care Management network Chambers of Commerce Community centers	Heart Institute Ctr for Care Transformation	Number of enrollees in program
Cardiovascular & Respiratory Conditions	Promote cardiovascular and respiratory health education within community-based health events.	Leverage virtual community education opportunities such as Healthy Life Center virtual classes and Shipley Cardiothoracic Center’s podcasts for heart health education.	1+ Cardiovascular Risk Factors	American Heart Association Chambers of Commerce Community centers Community Outreach & Distribution Outlets Speakers Bureau	Heart Institute Healthy Life Center	Number of referral-based appointments/contacts post-education

Mental Health & Substance Use Disorder	Improve ratio of mental health providers and services to regional need.	Increase behavioral health education opportunities at community-based events. Increase programs and services for adult behavioral health. Launch fundraising strategy for adult and pediatric behavioral health services. Promote legislative advocacy efforts to reinforce regional need for behavioral health services and funding in southwest Florida. Support community collaborations to increase program and service availability. Support front door strategy with behavioral health integration in primary care.	Mental Health Provider Ratio	50+ Behavioral Health organizations Colleges and universities Healthy Lee Lee Co EDO & HVS Military Support Program partners United Way	LPG Behavioral Health Inpatient Psych team ED support Telehealth/Information Systems Support	Number of providers recruited & trained Number of graduate students trained Number of Narcan dispersed Increased number of adult behavioral health resources and programs Engagement data for adult behavioral health programs
Mental Health & Substance Use Disorder	Support initiatives to prevent substance use and identify support services for patients suffering from substance use disorders.	Monitor county data of drug-related deaths and near deaths Promote and support regional care management strategy with data-sharing platform Promote education and early intervention and prevention initiatives for substance use disorders Reinforce importance of peer support roles for patients with substance use disorders Expansion of substance use services relative to the intensive outpatient (IOP) and partial hospitalization (PHP).	Unintended Drug-Related Deaths	50+ Behavioral Health organizations Colleges and universities Community Outreach & Communication Outlets DOH Healthy Lee Lee Co HVS Military Support Program partners Neonatal Abstinence Syndrome Task Force United Way	LPG Behavioral Health Inpatient Psych team ED support Telehealth/Information Systems Support	Number of overdoses Number of near deaths Number of deaths Number of OD transports Number of increased LH visit volume Increased ED visits Increased care mgmt touches

REMAINING HEALTH NEEDS

Of the 13 areas of opportunity outlined in the 2023 Lee County CHNA, 5 were not selected to directly address in the 2023-2026 Implementation Plan: Cancer, Infant & Family Planning, Injury & Violence, Oral Health, and Potentially Disabling Conditions. The strategic distillation of these areas of opportunity using statistically significant trend and disparity data yielded an efficient triaging process to identify Lee County’s most immediate needs. While these 5 remaining health needs still indicate a need for improvement, Table 3 displays some existing programs, initiatives, and community partner organizations in place to

support the developing needs of our community.

Lee Health is committed to remaining agile to adapt to dynamic community health needs, targeting outreach services, resources, and collaborative partnerships where appropriate to address the emergent.

Remaining Health Needs and Current Outreach		
Remaining Health Needs	Program/Initiative Examples	Community Partner Organizations Examples
Cancer	Cancer Support Groups Clinical Support Services Community Outreach (Assessments, Education and Referrals) Nurse Navigator Program We Care (collaboration with United Way)	American Cancer Society Florida Department of Health in Lee County Tobacco Free Lee Coalition United Way
Infant & Family Planning	Child Advocacy Program Community Outreach (Assessments, Education and Referrals)	Florida Department of Health in Lee County Healthy Start of SWFL Neonatal Abstinence Syndrome (NAS) Task Force
Injury & Violence	Community Outreach (Assessments, Education and Referrals) Swimming Lessons Trauma Services Injury Prevention Program	Community Centers Lee County Injury Prevention Coalition Regional Advisory Committee on Trauma Services
Oral Health	Community Outreach (Assessments, Education and Referrals) Project Dental Care	Family Health Centers Healthcare Network of SWFL Ronald McDonald House Charities
Potentially Disabling Conditions	Community Care Outreach Community Outreach (Assessments, Education and Referrals) Nurse Navigator Program Lee Health Solutions Chronic Disease Management Program	American Heart Association DCCI

Table 2 Examples of existing support services and partnerships that address the five remaining health needs that were not directly addressed in the implementation plan. Not a comprehensive list.

REFERENCES

- American Hospital Association. (2020, April). 5 Actions to Promote Health Equity During the COVID-19 Pandemic. Institute for Diversity and Health Equity.
<https://www.aha.org/system/files/media/file/2020/04/5-actions-to-promote-health-equity-during-the-covid-19-pandemic.pdf>
- Centers for Disease Control & Prevention. (2020, September 22). Public Health Systems & Best Practices: 10 Essential Public Health Services.
<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>
- Community Catalyst. (2010). Protecting Consumers, Encouraging Community Dialogue: Reform’s New Requirements for Non-profit Hospitals.
https://www.communitycatalyst.org/doc-store/publications/Hospital_Accountability_Summary_ACA.pdf
- Florida Department of Health. (2019). Health Equity Profile: Lee County, Florida. FLHealthCHARTS.
<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.HealthEquityMergeMHProfile>
- Kids Count Data Center. (2020, September). Children below 200 percent poverty in the United States. Annie E. Casey Foundation.
<https://datacenter.kidscount.org/data/tables/47-children-below-200-percent-poverty?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/329,330>
- U.S. Census Bureau. (2020, July). Population Estimates, July 1, 2019 (V2019): Lee County, Florida; United States; Florida [data table]. *Quick Facts*.
<https://www.census.gov/quickfacts/fact/table/leecountyflorida,US,FL/PST045219#>