



Program



Organization Description

Florida Health Networks (FHN) is an associated organization of Health Foundation of South Florida (HFSF) that grew from the Foundation's initial investment in the South Florida Regional Collaborative (HARC). In 2015 FHN was created for the purpose of providing administrative and business relations support to the 11 Planning and Service Areas in the State of Florida. Presently FHN partners with the 11 Aging and Disability Resource Centers and their provider network in Florida. In collaboration with numerous partners, FHN supports the delivery of a diverse menu of evidence-based programs proven to improve health outcomes and to decrease health care cost. FHN networks have a total of eleven Health and Wellness Hubs with a grand total of 54 satellite hubs offering a menu of evidence-based programs and building sustainable partnerships in their communities.

History

FHN menu of services includes three categories of programs: 1) Stanford self-management education programs in English, Spanish and Haitian Creole; 2) Falls prevention and balance/strength training including: Matter of Balance: A Lay Leader Model (English, Spanish); Tai Chi for Arthritis and Falls Prevention; EnhanceFitness and Walk with Ease (English, Spanish); and 3) Health coaching (one-on-one) self-management support including: EnhanceWellness and PEARLS

HFSF began supporting a wide range of evidence-based programs in 2008. Its focus and partners were initially in South Florida and in 2014 became Florida Health Networks with statewide partnerships.

The decision was made on the basis of the following factors:

- Epidemiological profile of older adults.
- Identified priority areas in epidemiological review: self-management; falls prevention and physical activation; and depression management.
- Gap analysis in the geographical area showed desert of evidence-based health and prevention programs in priority areas
- Explored evidence-based programs that would have the greatest impact in the health and wellbeing of older adults in the community
- Decided on a menu of evidence-based programs that were available, had robust replication manuals, trainings and support to take them to scale in the community.

Partners and Funders

The partnership with a network of community-based programs started in 2008 with Health Foundation's nationally recognized Healthy Aging strategic initiative and the Foundation's investment of \$7.5 million from the Foundation's Endowment. Since 2014 two ACL grants were awarded to build the statewide capacity to deliver evidence-based CDSME and falls prevention programs. Presently FHN holds a contract with a Medicare Advantage Group and have a second one under negotiation. FHN partners with Aging and Disability provider networks and their network of community -based organizations.

Successes

Health Foundation contracted with an external evaluation team to track the successes of HARC. The local evaluation team used the Re-Aim framework and following are highlights from their six year report:

The total number of workshop attendees from all programs over all six years was 40,365. Since individuals could take and participate in multiple evidence-based programs yearly, a total participant (unduplicated) count was 29,817. On average, 30% of participants participated in two or more programs yearly.

HARC programs have been offered in 420 unduplicated sites throughout Broward, Miami-Dade, and Monroe Counties. When examining the number of sites, LHP/TCS and MOB/ADE were offered in the most sites throughout South Florida with 266 and 258 sites. Additionally, the most common site used was a public meeting space such as a community center, park, or library. Across all programs, over the seven-year period of program implementation, participants reported an increase from pre-test to post-test healthy behaviors and skills. Participants in the self-management programs, LHP/TCS, DSMP-E/DSMP-S, reported significant increases in being able to use self-management techniques. In EF, there were increases in participants' strength and functional mobility as measured with chair stands, arm curls with weights, and time to complete an eight-foot circuit. MOB/ADE programs showed improvements in participants' confidence to avoid fall-related injuries and exercise at least three times a week. For HI, participants who received all components of the intervention showed decreased depressive symptoms.

Lessons Learned

In assessing ongoing barriers and challenges, FHN has developed the following key learnings:

- Health plans are very complex organizations with complex decision making, so when they see a proposal to deal with a chronic disease, they tend to fall back on their poor experience with disease management and, as a complex organization, it is hard to get a fair hearing. Medicare Advantage Plans (MAPs) understand they need to look for new models of service delivery in order to meet the CMS goals. This does not mean that MAPs are ready to fully sign on to this new process, but it does mean that external factors are forcing them to begin looking for solutions.
- Properly organized and managed, community based services have the potential to achieve what traditional medical providers have not been willing to achieve. Working as a network has enabled Florida to brand the work of ADRCs as Wellness Providers.



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