



# 20 AdventHealth 22 Wauchula

## Community Health Needs Assessment

Extending the Healing  
Ministry of Christ

# Table of Contents

<b>Introduction .....</b>	<b>3</b>
Letter From Leadership .....	3
Executive Summary .....	4
About AdventHealth .....	7
<b>Community Overview.....</b>	<b>8</b>
Community Description .....	9
Community Profile .....	9
<b>Process, Methods and Findings .....</b>	<b>16</b>
Process and Methods.....	17
Community Input .....	17
Secondary Data .....	18
The Findings.....	19
<b>Priorities Selection .....</b>	<b>22</b>
Prioritization Process.....	23
Members of the Prioritization Session.....	23
CHNAC Members.....	26
Available Community Resources.....	31
Priorities Addressed .....	34
Priorities Not Addressed .....	36
<b>Community Health Plan.....</b>	<b>39</b>
Next Steps .....	39
2020 Community Health Plan Review.....	40
2019 Community Health Needs Assessment Comments .....	42



## Letter From Leadership

At AdventHealth, our mission of Extending the Healing Ministry of Christ goes beyond our walls. We are committed to addressing the needs of the communities we serve with a holistic focus – one that strives to heal and restore the body, mind and spirit.

Every three years, AdventHealth hospitals complete a Community Health Needs Assessment. We collaborate with community organizations, public health experts and people like you: those who understand our communities best. This in-depth look at the overall health of the community as well as barriers to care helps us better understand each area’s unique needs, so we can address the issues that matter most.

AdventHealth is blessed to serve communities across the United States. In big cities and small towns, our promise of wholeness is constant. We believe all people deserve to feel whole, and we are committed to meeting them wherever they are on that journey and supporting them along the way.

Work of this magnitude is not possible without the incredible partnership of public health experts, community health organizations and countless community members. It is through open dialogue and constant collaboration with these key partners that AdventHealth will bring wholeness to all communities we serve.

In His Service,

Terry Shaw  
President and CEO  
AdventHealth



## Executive Summary

Adventist Health System/Sunbelt, Inc. d/b/a AdventHealth Wauchula will be referred to in this document as AdventHealth Wauchula or “the Hospital”. AdventHealth Wauchula in Wauchula, Florida conducted a community health needs assessment from July 2022 to November 2022. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations.
- Assess and understand the community’s health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use assessment findings to develop and implement a 2023-2025 Community Health Plan based on the needs prioritized in the assessment process.

### The Collaborative

AdventHealth Wauchula serves the same community as two other AdventHealth hospitals, AdventHealth Lake Placid and AdventHealth Sebring. The hospitals shared service area covers Hardee and Highlands Counties. The hospitals partnered with The Florida Department of Health in Highlands County and in Hardee County to complete the community health needs assessment. This group, referred to as “the Collaborative”, met 13 times in 2021-2022. They reviewed the primary and secondary data and helped to identify the top needs in the community.

### Community Health Needs Assessment Committee

AdventHealth Wauchula also convened a Community Health Needs Assessment Committee (CHNAC). The purpose of the CHNAC was to select the needs the Hospital would address as a result of the findings in the assessment. The CHNAC made this decision by reviewing the priority needs selected by the Collaborative, the internal Hospital resources available, the unique demographic data of the community the hospital serves, when different from the county level data, and local resources existing in the community. With this information the CHNAC was able to determine where the Hospital could most effectively support the community. The CHNAC met five times in 2021-2022. *A list of CHNAC members can be found in Prioritization Process.*

### Data

AdventHealth Wauchula in collaboration with the Collaborative collected both primary and secondary data, in partnership with Conduent Healthy Communities Institute (HCI), an independent agency specializing in the data collection and assessment process.

The primary data included community surveys and community focus groups. In addition, public data was utilized from state and national data sources. Primary and secondary data was compiled and analyzed to identify the top eight aggregate issues. To read more about the county level findings and data highlighted in the report, please visit <https://hardee.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/index.html>. *See Process, Methods and Findings for data sources.*

### Community Asset Inventory

The next step was to create a Community Asset Inventory. This inventory was designed to help the CHNAC understand existing community efforts to address the identified issues from aggregate primary and secondary data and to prevent duplication of efforts. *See Available Community Resources for more.*

### Selection Criteria

The Collaborative held a prioritization meeting with community organizations and community members to rank the needs based on the data.



Each need was ranked individually using the following criteria on a scale of 1 to 3:

**A. Scope and Severity:** What is the magnitude of each health issue?

**B. Ability to Impact:** What is the likelihood for positive impact on each health issue?

Following the prioritization of needs by the community and the Collaborative, the CHNAC reviewed data specific to the community the Hospital serves and voted unanimously for the Hospital to address the same needs that had been selected. *See Prioritization Process for more.*



## Priority Issues to be Addressed

The priority issues to be addressed are:

1. Access to Healthy Foods
2. Access to Quality Health Care
3. Behavioral Health (Mental Health & Substance Misuse)

See *Priorities Addressed for more*.

## Approval

On December 15, 2022, the AdventHealth Wauchula Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2022 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2022.

## Next Steps

AdventHealth Wauchula will work with the Collaborative and the CHNAC to develop a measurable implementation strategy called the 2023-2025 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2023.



## About AdventHealth

AdventHealth Wauchula is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are changing medicine and shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentations and paying a bill, to conducting a virtual urgent care visit with a provider, we are making health care easier by creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its workplace culture, having been recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" three years straight. This recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth.

## AdventHealth Wauchula

AdventHealth Wauchula is a 25-bed full-service hospital that was built in 1968. In 1994, the facility was acquired by AdventHealth and went on to build their current location in 2017. The Hospital contains the only ER in Hardee County and saw 14,168 ER visits in 2021. AdventHealth Wauchula offers many inpatient and outpatient services, including physical & occupational therapy, a transitional care unit, which saw 526 patients in 2021, medical surgical swing unit and the only mammography unit in Hardee County, the Linda Adler Mammography Center. In 2019, AdventHealth Wauchula opened a Wellness Center to better meet the health needs of Hardee County. The Hospital has been recognized as a Top Rural Hospital by The Leapfrog Group and best hospital for patient safety. For more information, visit [www.AdventHealthWauchula.com](http://www.AdventHealthWauchula.com).

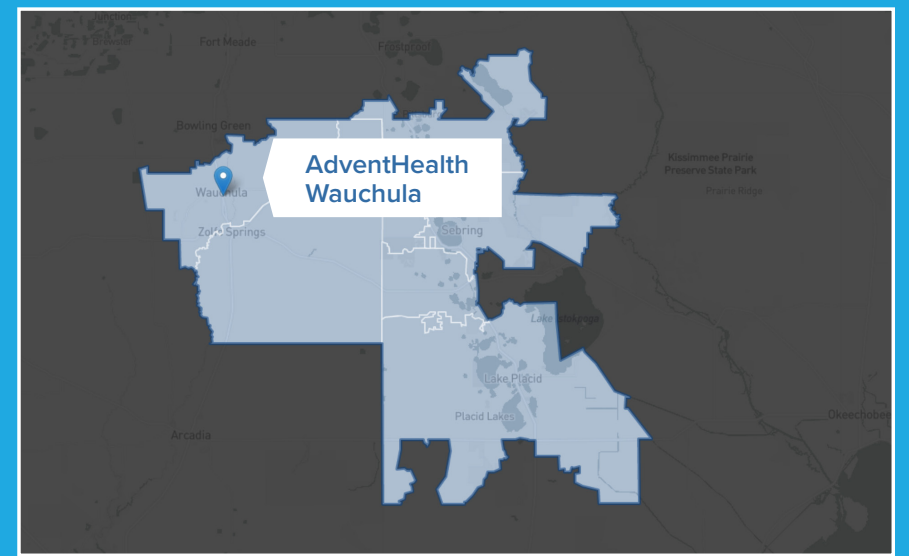


# COMMUNITY OVERVIEW

## Community Description

Located in Hardee County, Florida, AdventHealth Wauchula defines its community as the Primary Service Area (PSA), the area in which 75-80% of its patient population lives. This includes three zip codes across mainly Hardee County and a small part of Polk County (0.3%). The Hospital has an overlapping PSA with both AdventHealth Lake Placid and AdventHealth Sebring. As the Hospitals have a large, shared service area, they often work in collaboration when addressing community needs.

According to the 2020 Census, the population in the AdventHealth Wauchula community has grown 1.4% in the last ten years to 113,160 people. Demographic and community profile data in this report are from publicly available data sources such as the US Census Bureau and the Center for Disease Control and Prevention unless indicated otherwise. Data are reported for the Hospital's PSA, also referred to as the community, unless listed for a specific county. The Collaborative conducted the CHNA with a county-level approach, therefore county-level data are included throughout the CHNA report in addition to Hospital PSA-level data. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.



## Community Profile

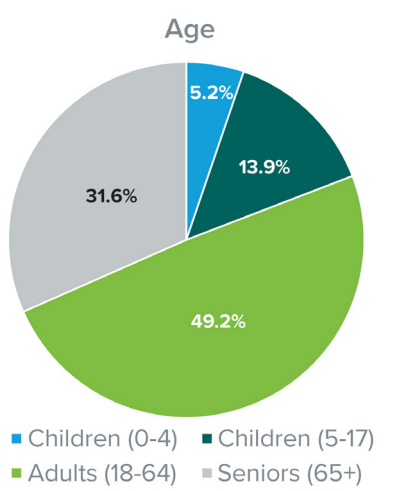
### Age and Sex

The median age in the Hospital's community is 48.2, higher than that of state, which is 42.2, and that of the US, 38.2.

Females are the majority, representing 50.3% of the population. Senior aged women, 65 and older, are the largest demographic in the community at 17.3%. Senior aged men are the second largest demographic group at 15.3%.

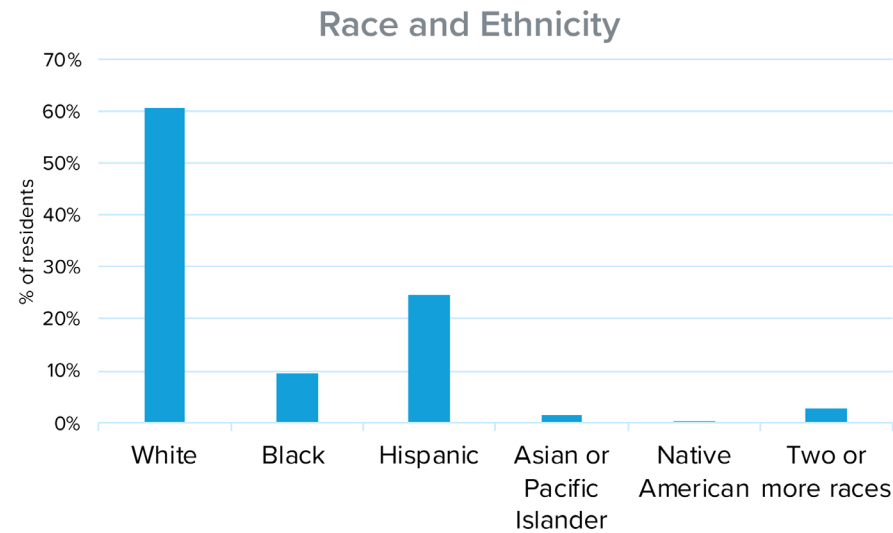
Children are 19.1% of the total population in the community. Infants, those zero to four, are 5.2% of that number. The community birth rate is 45.3 births per 1,000 women aged 15-50, which is lower than the US average of 51.9 and that of the state, 48.3. In the Hospital's community, 31.8% of children aged 0-4 and 28.2% of children aged 5-17 live in poverty.

Seniors, those 65 and older, represent 31.6% of the total population in the community. Females are 53.2% of the total senior population.



## Race and Ethnicity

In the Hospital's community, 60.8% of the residents are non-Hispanic White, 9.6% are non-Hispanic Black and 24.7% are Hispanic or Latino. Residents that are of Asian or Pacific Islander descent represent 1.5% of the total population, while 0.3% are Native American and 2.8% are two or more races.



## Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health inequities in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so, when possible, the Hospital could align its work with national efforts when addressing social determinants of health. For the purposes of the CHNA the Hospital will follow this model for reporting any related data.



The Healthy People 2030 place-based framework outlines five areas of SDOH:



**Economic Stability:** This includes areas such as income, cost of living, food security and housing stability.



**Education Access and Quality:** This focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.



**Health Care Access and Quality:** This includes topics such as access to health care, access to primary care and health insurance coverage.



**Neighborhood and Built Environment:** This includes areas like quality of housing, access to transportation, availability of healthy foods and neighborhood crime and violence.

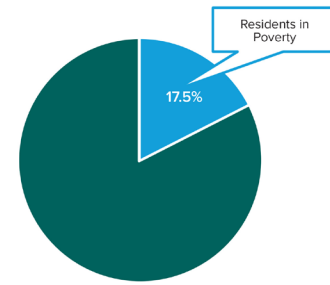


**Social and Community Context:** This focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

## Economic Stability

### Income

The median household income in the Hospital's community is \$44,742. This is below the median for the state and that of the US. The poverty rate in the community is 17.5%, which is higher than the state and national rate.

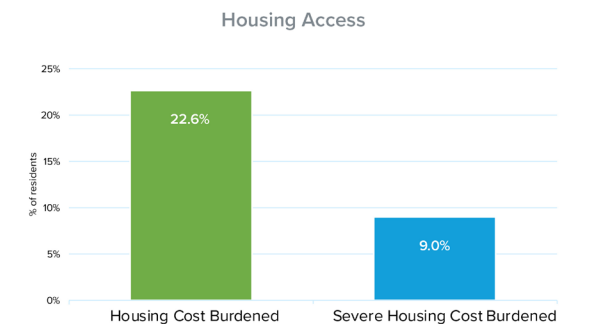


### Food Insecurity and Housing Stability

People who are food insecure, having reduced quality and/or amount of food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.<sup>1</sup> Feeding America estimates for 2020<sup>2</sup> showed the food insecurity rate in the Hospital's community as 17.6%.

Increased evidence is showing a connection between stable and affordable housing and health.<sup>3</sup> When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more the 50%.

1 Food Insecurity - Healthy People 2030 | health.gov  
 2 Map the Meal Gap 2020 Combined Modules.pdf (feedingamerica.org)  
 3 Severe housing cost burden\* | County Health Rankings & Roadmaps



## Education Access and Quality

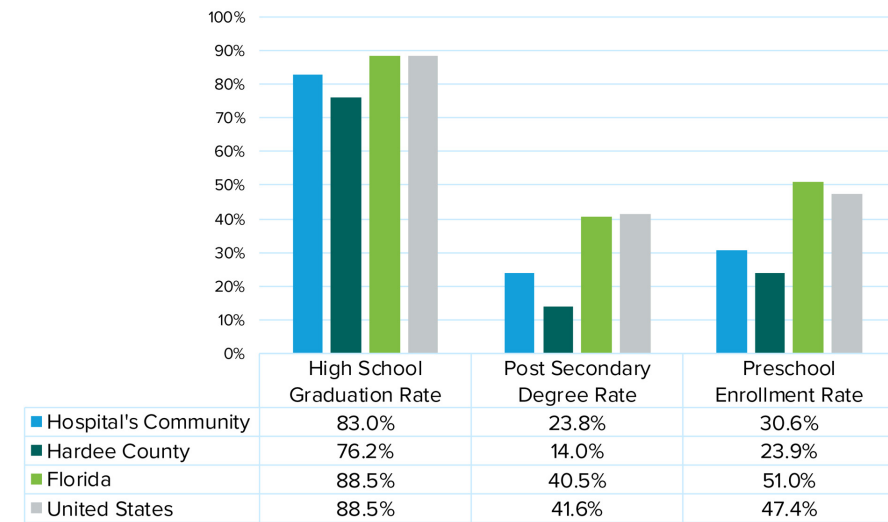
Research shows education can be a predictor of health outcomes, as well as a path to address inequality in communities.<sup>4</sup> Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, there is an 83% high school graduation rate, which is lower than the state and national rate. The rate of people with a post-secondary degree is also lower in the Hospital's community than both that of the state and the nation.

Early childhood education is uniquely important and can improve the cognitive and social development of children. This helps provide the foundation for long term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.<sup>5</sup>

In the Hospital's community, 30.6% of 3-4-year-olds were enrolled in preschool. This is lower than the state (51%) rate and the national rate. There is a large percentage of children in the community who may not be receiving these early foundational learnings.

Educational Attainment



<sup>4</sup> The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)  
<sup>5</sup> Early Childhood Education | Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC

## Health Care Access and Quality

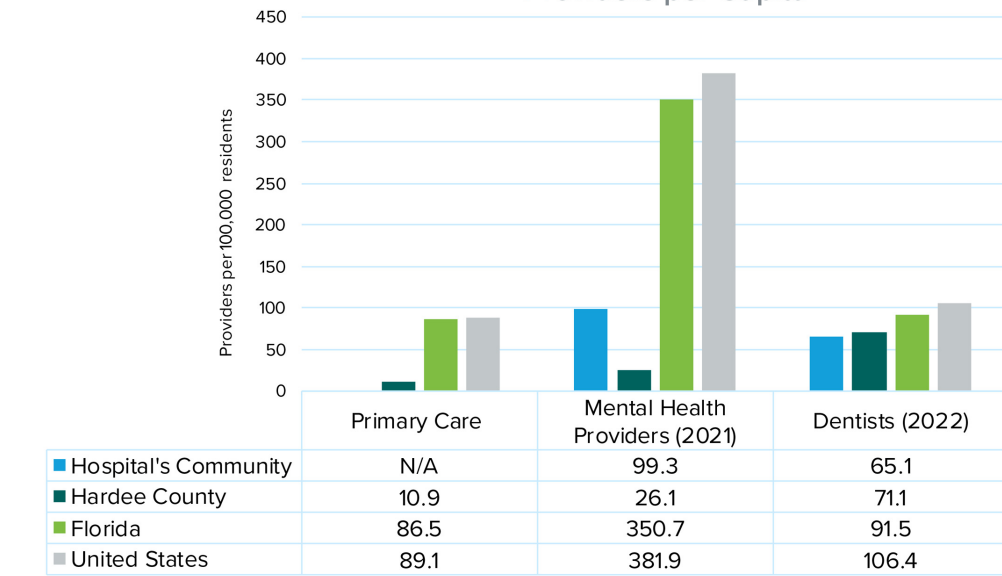
In 2020, 12.4% of community members aged 18-64 were found to not have health insurance. A lack of health insurance can lead to delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.<sup>6</sup>

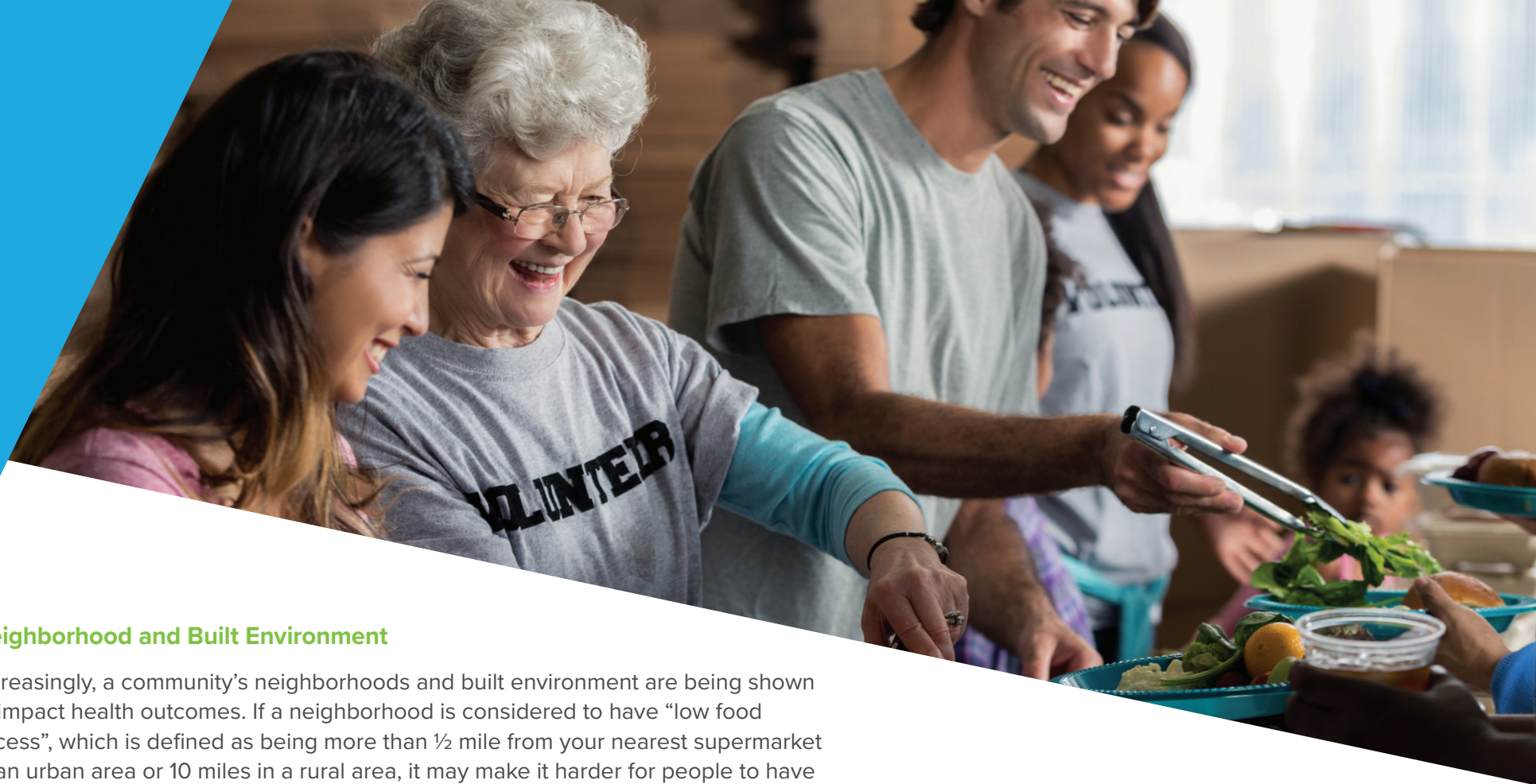
Accessing health care requires more than just insurance, there also needs to be available health care professionals to provide care. When more providers are available in a community, access can be easier, particularly for those experiencing transportation challenges.

Routine checkups can provide an opportunity to identify potential health issues and, when needed, develop care plans. In the Hospital's community, 78.7% of people report visiting their doctor for routine care.

<sup>6</sup> Health Insurance and Access to Care (cdc.gov)

Providers per Capita





### Neighborhood and Built Environment

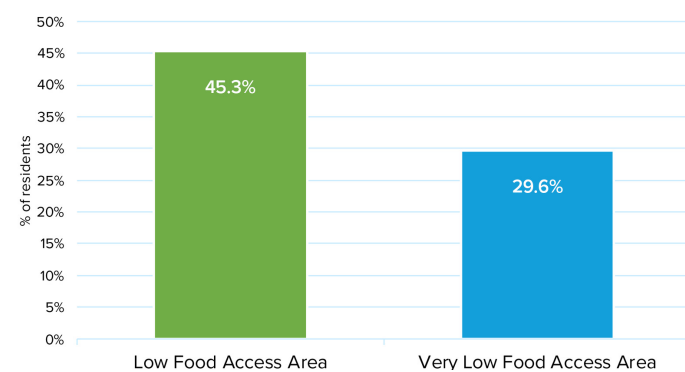
Increasingly, a community's neighborhoods and built environment are being shown to impact health outcomes. If a neighborhood is considered to have "low food access", which is defined as being more than 1/2 mile from your nearest supermarket in an urban area or 10 miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than 1 mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.<sup>7</sup> In the Hospital's community, 45.3% of the community lives in a low food access area, while 29.6% live in a very low food access area.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to accessing health care, healthy food and maintaining employment. In the community, 5.1% of households do not have an available vehicle.

<sup>7</sup> A Neighborhood's Built Environment May Have Numerous Effects on Its Residents' Health - RWJF

Food Access



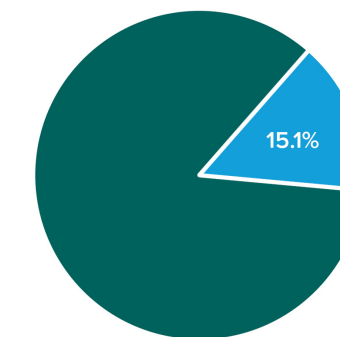
### Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.<sup>8</sup> When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers like language between groups.

In the community, 15.1% of youth aged 16-19 were reported as disconnected, which means they were neither enrolled in school nor working at the time. Also, in the community 22.6% of seniors (age 65 and older) report living alone and 4.2% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

<sup>8</sup> Social and Community Context - Healthy People 2030 | health.gov

Disconnected Youth







# Process, Methods and Findings

## ■ Process and Methods

### The Process

The health of people living in the same community can be very different because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, input was solicited directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race/ethnicity, gender, profession, household income, education level and geographic location. Publicly available data was also collected and reviewed. This data helped to inform how the community fared across health, social determinants of health, and quality of life indicators, compared to other communities in Florida and the US.

To guide the assessment process and create a wholistic and collaborative approach the Hospital partnered with AdventHealth Lake Placid and AdventHealth Sebring, two facilities which also serve the same community, and the Florida Department of Health in Hardee and Highlands Counties, where the hospitals are located. The group, known as “the Collaborative”, consulted and worked with the community and those who represent the interests of medically underserved, low-income and minority community members throughout the assessment and prioritization process. The Collaborative also worked with Conduent Healthy Communities Institute (HCI), an independent agency to aid in the data collection and assessment process. To read more about the county level findings and data highlighted in the report, please visit <https://hardee.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/index.html>.

## Community Input

The Collaborative collected input directly from the community and from community stakeholders, individuals working in organizations addressing the needs and interests of the community. This was collected through a community survey and focus groups.

### Community Survey

- Surveys were provided in English, Spanish and Haitian Creole to anyone in the community and accessible through weblinks and QR codes.
- Surveys were shared through targeted social media posts and with community partners including public health organizations. Partners were provided links to the survey, with the request that it be sent to listservs, electronic mailing lists, they maintained and when possible shared on their own social media channels.
- Paper surveys were given to community partners to place at their organizations with the goal of reaching those who might not have access otherwise and experience barriers to responding electronically. Responses from paper surveys were recorded using survey weblinks.
- Survey responses were tracked and monitored by ZIP code, age, gender, race and ethnicity to ensure targeted outreach for at-risk populations.

### Focus Groups

- Five joint focus groups were held with community residents to gain input on health and barriers to health in the community.
- Focus groups aimed to understand the different health experiences for community stakeholders, Black/African Americans, Hispanic/Latinos, Older Adults and Parents of Children. Members or representatives of these communities were selected to participate in the focus group discussions.

## Secondary Data

To inform the assessment process, Conduent HCI collected existing health related and demographic data about the community from publicly available sources. This included over 150 community indicators, spanning at least 24 topics in the areas of health, social determinants of health and quality of life. The most current public data for the assessment was compiled and sourced from government and public health organizations including:

- US Census Bureau
- Center for Disease Control and Prevention
- US Department of Health and Human Services
- Claritas Pop-Facts
- FLCharts

## The Findings

There were eight issues found in the assessment process that rose to the top. To identify the top needs, Conduent HCI reviewed and compared the findings across all three data sets; the community survey, focus groups and the secondary data. There were eight needs which overlapped across all three data sets.



### Access to Healthy Foods

Access to healthy foods was a priority found in the assessment. The availability of nutrient-rich food is important to take into consideration when considering an overall healthy lifestyle. Poor availability of nutrient-dense foods, including fruits and vegetables, can be attributed to limited financial funds for obtaining these types of foods, limited availability of locations to purchase fruits and vegetables near place of residence, lack of transportation to stores that sell these food items and the convenience, affordability and ease of access to nutrient-poor food options.

A lack of food access can also lead to food insecurity. Food insecurity is a lack of available financial resources for the purchase of food. Individuals who experience food insecurity often consume a diet that is not nutrient-rich and lacks the nutrition needed to sustain a healthy life.



### Access to Quality Health Care

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Access to health care is the timely use of personal health services to achieve the best possible health outcomes.

Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care and medications), and medical debt is common among both insured and uninsured individuals.

Lack of health insurance coverage may negatively affect health since uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer and cardiovascular disease. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations and well-child visits that track developmental milestones.



### Children's Health

Children's health needs are unique in that both their bodies and minds are continually growing and shaping in ways that need extra care and nourishment. Health issues affecting children include food insecurity, dental care, medical care and mental health needs.



### Diabetes

Diabetes is a disease indicated by having high levels of uncontrolled sugar in the blood. Diabetes is the eighth leading cause of death in the United States. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases.



### Economy

A healthy economy in a community can ensure better health outcomes because a strong economy can mean more jobs, better income and greater access to health insurance coverage through employee-related benefits. Financial stress can result in poor health outcomes including physical, mental and relationship strains resulting in an overall reduced quality of life.



### Mental Health and Mental Health Disorders

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.




### Older Adult Health

Older adults are at higher risk for chronic health problems like diabetes, osteoporosis and Alzheimer's disease. In addition, 1 in 3 older adults fall each year and falls are a leading cause of injury for this age group. Physical activity can help older adults prevent both chronic disease and fall-related injuries. Older adults are also more likely to go to the hospital for some infectious diseases. Making sure older adults get preventive care and supportive community services can help them stay healthy.



### Substance Use and Misuse

Substance use disorders can involve illicit drugs, prescription drugs, alcohol or tobacco. Opioid use disorders, which stem from the improper use of prescription drugs, have become especially problematic in recent years. Substance use disorders are linked to many health problems and overdoses can lead to emergency department visits and deaths.



# PRIORITIES SELECTION

## ■ Prioritization Process

The Collaborative invited participants from numerous collaborating organizations, as well as other community partners, to narrow down the needs of the community to a list of three based on the findings from the assessment. This virtual prioritization session, on October 26, 2022, included a presentation highlighting the findings from the data and the needs that were identified. The invited participants represented a broad cross section of experts and organizational leaders with extensive knowledge of the health needs in the community. They represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community.

## Members of the Prioritization Session

### Community Members

**Courtney Green**, Director of Adult Education and Technical Dual Enrollment, South Florida State College

**Lenora White**, Career Source Heartland

**Nancy Zachary**, Director of Health, RCMA

**Maria Pearson**, Director, Drug Free Hardee

**Isaac Maldonado**, South Florida State College, Panther Youth Partners

**Haley Jackson**, Step Up Suncoast – Parent AS teachers

**Maria Cruz**, Step Up Suncoast – Parent AS teachers

**Mindy Lee**, Peace River Center

**Denise Collazo**, Health Center Administrator, Central Florida Healthcare

**Gregory Hall**, Director of Clinical Operations, Central Florida Healthcare

**Renee Wyatt**, County Commissioner, Hardee County Commissioner

**Sam Fite**, Community Member, Bowling Green

### Public Health Experts

**Kristin Casey**, Operations Manager, DOH-Hardee

**Latoya Hinson**, DOH-Hardee

**Deja Sparkman**, Community Health Liaison, DOH-Hardee

**Pamela Crain**, Health Educator, DOH-Highlands

**Stevie (Stefania) Sweet**, Community Health Program Manager, DOH-Hardee

## AdventHealth Team Members

**Alyssa Smith**, Community Health Coordinator

**Alison Grooms**, Community Health Coordinator

**Kimberly Williams**, Director of Community Benefit

**Dottie Robinett**, Executive Assistant

**Amberhope Montero**, Community Specialist  
(AdventHealth Sebring)

**Christen Johnson**, Vice President

**Hannah Miller**, Intern

**Linda Lynch**, Director of Pastoral Care

**Becky McIntyre**, Director of Ancillary Services

**Lisa Adams**, Director of Engagement

**Jason Dunkel**, CEO

Following the data presentation, participants then discussed the identified needs, how the needs were impacted by the social determinants of health and the resources available to address the needs. Following discussions, the participants completed the prioritization using an online activity to rank the needs.



**Each need was prioritized individually using the following criteria:**

**Scope and Severity:** How big an issue is each health issue?

- How many people in the community are or will be impacted?
- How does each need impact health and quality of life?
- Has the need changed over time?

**Ability to Impact:** Do you feel the groups taking on this work will be able to have a positive impact on each health issue?

- Do the hospitals, health departments or community organizations have the knowledge, experience or resources to address the health need?
- Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?
- Can we create clear goals to address the health need? Are those goals achievable in the next few years?

Needs were scored from 1 to 3. The higher the score, the higher a priority the participants considered it. The needs were scored as follows.

Rank	Need	Cumulative Score
1	Access to Quality Healthcare	56
2	Access to Healthy Foods	55.5
3	Mental Health & Mental Disorders	54
4	Diabetes	54
5	Children's Health	53.5
6	Substance Use & Misuse	51
7	Older Adult Health	49.5
8	Economy	46

The Collaborative supported the ranking of needs prioritized during the exercise and chose to focus on the top three; Access to Quality Health Care, Access to Healthy Foods, and Behavioral Health (Mental Health & Mental Disorders and Substance Use & Misuse) The Collaborative did choose to include some of the other interconnected needs that had been identified in the assessment in their final top three priorities.

Following the Collaborative's selection, the Hospital convened a Community Health Needs Assessment Committee (CHNAC) to review the priorities selected by the Collaborative and to identify the needs the Hospital would select. The CHNAC reviewed the data behind the Collaborative's priorities and the unique demographic data of the community the Hospital serves, when different from county level data. The CHNAC also considered the Hospital's PSA-level secondary data, local community resources available, as well as the Hospital's current resources and strategies to find ways to prioritize and address the needs most effectively.

Having reviewed the selections and the supporting data from the Collaborative, the CHNAC voted unanimously for the Hospital to address the same needs that had been selected by the Collaborative. Through a unified approach in addressing the same needs as the Collaborative, the belief is that the Hospital will have a greater impact in addressing the needs of the community.



## CHNAC Members

Members serving on the CHNAC were selected to provide their expertise and knowledge regarding the unique communities served by the Hospital. These individuals were relied on to represent the interests of the populations they serve and ensure their voices were at the table.

Name, Title	Organization	Services Provided	Populations Served
<b>Nancy Christensen, Vice President</b>	AdventHealth Medical Group	Health care	Provides primary care and specialty medical services to the general population
<b>Dottie Robinett, Executive Assistant</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services
<b>Jason Dunkel, Chief Executive Officer</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services
<b>Randy Suber, Former Chief Executive Officer</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services
<b>Rosalie Oliver, Vice President Chief Financial Officer</b>	AdventHealth West Florida Region	Health care	Serves the general population through hospital health care and emergency department services
<b>Terri Bryant, Former Director of Case Management Terri Bryant, Former Director of Case Management</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services
<b>Bobbie Clark, Wellness Center Supervisor</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services and through wellness activities
<b>Amberhope Montero, CREATION Life Community Health Specialist</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care and health education programs	Serves the general population through hospital health care, emergency department services, and community health education
<b>Linda Lynch, Director of Pastoral Care</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care and pastoral care	Serves the general population through hospital health care, emergency department services, and pastoral care
<b>Becky McIntyre, Home Health/Wellness/Diabetes/CREATION Life Director</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services

Name, Title	Organization	Services Provided	Populations Served
<b>Cathy Albritton, Marketing Director</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care and emergency department services
<b>Sara Rosenbaum, Former CREATION Life Community Specialist</b>	AdventHealth Sebring, Lake Placid and Wauchula	Health care	Serves the general population through hospital health care, emergency department services, and community health
<b>Alison Grooms, Community Health Coordinator</b>	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations
<b>Alyssa Smith, Community Health Coordinator</b>	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations
<b>Kimberly Williams, Community Benefit Director</b>	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations
<b>Kelly Presnell, Assistant Director of Marketing</b>	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services
<b>Justin Allen, Senior Vice President/Chief Performance and Customer Operations Officer</b>	Patient Engagement Advisors	Health care	Focus on inpatients within hospitals
<b>Lisa Adams, Care 360 Director of Engagement</b>	Patient Engagement Advisors	Health care	Focus on inpatients within hospitals

## CHNAC Members continued

Name, Title	Organization	Services Provided	Populations Served
<b>Dianna Feo, Business Operations Manager</b>	CareerSource Heartland	Workforce programs	Employment services and skills training for job seekers of the general population
<b>Ann Martin, Chief Programs Officer</b>	CareerSource Heartland	Workforce programs	Employment services and skills training for job seekers of the general population
<b>Bethany Coz, Tobacco Program Director</b>	Central Florida Area Health Education Center (AHEC)	Health education and prevention programs	Health education and tobacco prevention programs for general public
<b>Denise Collazo, Health Center Administrator</b>	Central Florida Health Care-Avon Park	Health care	Federally qualified health center that provides health services to low-income, uninsured and underinsured adults and children
<b>Elizabeth Silva, PCMH Navigator</b>	Central Florida Health Care	Health care	Federally qualified health center that provides health services to low-income, uninsured and underinsured adults and children
<b>Carissa Marine, Chief Executive Officer</b>	Champion for Children Foundation	Parent and caregiver programs	Provides abuse and neglect prevention programs for children and families of the general population
<b>Anna Richard, Director of Children's Services</b>	Champion for Children Foundation	Parent and caregiver programs	Provides abuse and neglect prevention programs for children and families of the general population
<b>Maria Pearson, Director</b>	Drug Free Hardee	Substance use prevention programs	Provides education and advocacy for substance use prevention for families and youth of the general population
<b>Stefania Sweet, Community Health Programs Manager</b>	DOH - Hardee	Health care and public health	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations
<b>Deja Sparkman, Community Health Liaison</b>	DOH - Hardee	Health care and public health	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations
<b>Rosa Ontiveros, Minority Health/Health Equity Liaison</b>	DOH - Hardee	Health care and public health	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations
<b>Pamela Crain, Community Programs Manager</b>	DOH - Highlands	Health care and public health	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations

Name, Title	Organization	Services Provided	Populations Served
<b>Tessa Hickey, Director of Nursing</b>	DOH – Highlands	Health care and public health	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations
<b>Noey Flores, Hardee County Commissioner</b>	Hardee County Board of County Commissioners	County leadership	Carries out the policies and enforces regulations for the general population of Hardee County
<b>Jill Vaillancourt, Executive Director</b>	Hardee Help Center	Food pantry and homeless services	Provides food and other services to the homeless and at-risk populations
<b>Cynthia Acevedo, Program Director</b>	Healthy Families Highlands County	Parent and caregiver programs	Provides parent and caregiver programs to the general population
<b>Charlene Edwards, Executive Director</b>	Healthy Start Coalition of Hardee, Highlands and Polk County	Pregnant women, children and family development programs	Provides prevention and healthy development programs for pregnant women, children and families
<b>Aisha Alayande, Executive Director</b>	Heartland Core Wellness	Health/wellness and youth substance use prevention	Prevention education programs regarding substance use targeted for youth
<b>Marybeth Soderstrom, Engagement and Mobility Manager</b>	Heartland Regional Transportation Planning Organization	Transportation	Provides transportation services to low-income residents
<b>Larry Moore, iMAD Program Director</b>	Heartland Rural Health Network	Health care and public health	Focus on rural, minority adults and teens by providing health care services, health education, and employment readiness skills
<b>Melissa Thibodeau, Executive Director</b>	Heartland Rural Health Network	Health care and public health	Focus on rural, minority adults and teens by providing health care services, health education, and employment readiness skills
<b>Valeria Rivera, Project Director</b>	Heartland Rural Health Network	Health care and public health	Focus on rural, minority adults and teens by providing health care services, health education, and employment readiness skills
<b>Ingra Gardner, Director of Community Programs</b>	Highlands County Board of County Commissioners	County leadership	Carries out the policies and enforces regulations for the general population of Hardee County
<b>Denise Williams, County Veteran Services Officer</b>	Highlands County Veteran Services Office	Veteran's services	Provides resources and programs for veterans residing in Highlands County

## CHNAC Members continued

Name, Title	Organization	Services Provided	Populations Served
<b>Debbie Slade, Director</b>	Nu-Hope Elder Care Services	Senior services	Congregate meals, independent living resources, and health education for senior citizens of Highlands County
<b>Carly Carden, Marketing and Business Development Manager</b>	Peace River Center	Mental health, behavioral health, crisis and victim services programs	Mental health, crisis services, and victim services for the general population and low-income children ages 5 to 18
<b>Nancy Zachary, Director of Health</b>	Redlands Christian Migrant Association (RCMA)	Migrant family services and early childhood education	Provides early childhood education and care services specifically for migrant children and families
<b>Bill Stephenson, Executive Director</b>	Samaritan's Touch Care Center	Health care	Provides primary and specialty care services for low-income, uninsured, and underinsured populations
<b>Tina Walker, Operations Director</b>	Samaritan's Touch Care Center	Health care	Provides primary and specialty care services for low-income, uninsured, and underinsured populations
<b>Kamille Manalo, Panther Youth Partners Coordinator</b>	South Florida State College	Workforce programs	Employment readiness and skills training programs specifically targeted for youth
<b>Courtney Green, Director of Adult Education and Technical Dual Enrollment</b>	South Florida State College	Education programs	Adult education programs for the general population seeking to complete their G.E.D. or technical skills
<b>Mercedes McNew, Administration Secretary</b>	The Ruth E. Handley Children's Advocacy Center	Children's trauma programs	Programs to reduce trauma to child abuse victims and prevention programs for families needing support
<b>Bernadette Hansen, Licensed Mental Health Counselor</b>	The Ruth E. Handley Children's Advocacy Center	Children's trauma programs	Programs to reduce trauma to child abuse victims and prevention programs for families needing support
<b>Sarah Beth Rogers, Manager</b>	The Ruth E. Handley Children's Advocacy Center	Children's trauma programs	Programs to reduce trauma to child abuse victims and prevention programs for families needing support
<b>Mabel Castillo, Program Manager of The Florida Center in Avon Park</b>	Tri-County Human Services	Mental and behavioral health programs	Mental health and behavioral health programs for adults and low-income children ages 5-18
<b>Deanne Shanklin, Highlands County Coordinator</b>	United Way of Central Florida	Higher education and workforce development	Education, employment support, community improvement, disaster services, and volunteer programs focused on serving the underserved populations

## Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the CHNAC chose which priorities to address.

Top Issues	Current Community Programs	Current Hospital Programs
<b>Access to Quality Healthcare</b>	<ul style="list-style-type: none"> <li>• Dr. William Chen with Chen Dental, a local dentist that provides free dental services</li> <li>• Hardee County Department of Health's school-based sealant program</li> <li>• Hardee County Department of Health's program to assist individuals in obtaining insurance coverage through SNAP-Ed and Medicaid</li> <li>• Heartland Rides programs for transportation disadvantaged individuals</li> <li>• Central Florida Health Care's dental program</li> <li>• Central Florida Health Care's primary care services</li> <li>• Nu Hope Elder Care Services</li> <li>• Department of Health Hardee County's primary care services</li> <li>• Highlands County Human Services prescription assistance</li> </ul>	<ul style="list-style-type: none"> <li>• AdventHealth's Life after Cancer course</li> <li>• AdventHealth's Chronic Disease Self-Management course</li> <li>• AdventHealth's Community Sports Clinic</li> </ul>
<b>Access to Healthy Foods</b>	<ul style="list-style-type: none"> <li>• Hardee Help Center's local food pantry</li> <li>• Send Me Missions</li> <li>• Hardee County Department of Health's Healthiest Weight program in the schools</li> <li>• Hardee County Department of Health's Smarter Lunchrooms surveys in the schools</li> <li>• Hardee County Department of Health's GONAPSACC program for early childcare and education centers</li> <li>• Hardee County Department of Health's health education classes</li> <li>• Hardee County Department of Health's Woman, Infants, and Children (WIC) program</li> <li>• Nu Hope Elder Care Services Nutritional Counseling</li> <li>• Florida Department of Children and Families' SNAP program</li> </ul>	<ul style="list-style-type: none"> <li>• AdventHealth's free Food is Health® program</li> <li>• AdventHealth's free Diabetes Prevention classes offered at the Wellness Center</li> <li>• AdventHealth's Community Cooking class</li> <li>• AdventHealth's Gestational Diabetes class</li> <li>• AdventHealth's Eat'n like Eden class</li> <li>• AdventHealth's Cardiac Nutrition class</li> </ul>



Top Issues	Current Community Programs	Current Hospital Programs
<b>Behavioral Health (Mental Health &amp; Mental Disorders and Substance Use &amp; Misuse)</b>	<ul style="list-style-type: none"> <li>Heartland for Children offers free Mental Health First Aid classes</li> <li>Peace River Center offers free Mental Health First Aid classes</li> <li>Tri County Human Services program to strengthen families that provides prevention resources for substance abuse or at-risk kids</li> <li>Peace River Center's Victim Services offers free counseling for survivors of sexual assault for ages 12 and up</li> <li>Hardee County Department of Health's Tobacco Free Florida program</li> <li>Hardee County Department of Health's Student's Working Against Tobacco program</li> <li>Hardee County Department of Health's SWAT clubs to target tobacco use</li> <li>Drug Free Hardee organization</li> <li>Teen Pregnancy Prevention Alliance (TPPA)</li> <li>Hardee County Department of Health's Healthy Choices events at local junior high schools</li> <li>Peace River Center Mobile Crisis Unit</li> </ul>	<ul style="list-style-type: none"> <li>AdventHealth's free Mental Health First Aid classes</li> <li>AdventHealth's Nedley Depression and Anxiety Recovery Seminar</li> <li>AdventHealth's Nedley Optimize Your Brain course</li> </ul>
<b>Children's Health</b>	<ul style="list-style-type: none"> <li>Florida Department of Children and Families (DCF) Medicaid Assistance programs for pregnant women, parents, and caretaker relatives of children</li> <li>Hardee County Department of Health's Women, Infants, and Children (WIC) program</li> <li>Redlands Christian Migrant Association (RCMA) Early Head Start program</li> <li>Hardee County Department of Health's Healthy Start program</li> </ul>	<ul style="list-style-type: none"> <li>AdventHealth offers a community sports clinic once per year in an underserved area of the community</li> </ul>
<b>Economy</b>	<ul style="list-style-type: none"> <li>Florida Department of Children and Families' Temporary Cash Assistance program</li> <li>CareerSource Heartland's Career Services program</li> <li>Hardee Help Center's Emergency Financial Assistance program</li> <li>Florida Division of Vocational Rehabilitation Services</li> <li>Ridge Area ARC community services</li> <li>South Florida State College's adult education and career services</li> <li>Highland County Housing Office down payment assistance</li> <li>Florida Non-Profit Housing Inc. rent and utilities assistance</li> </ul>	

Top Issues	Current Community Programs	Current Hospital Programs
<b>Older Adult Health</b>	<ul style="list-style-type: none"> <li>Hardee County Department of Health programs and services</li> <li>Central Florida Health Care's primary care services</li> <li>Nu-Hope Elder Care</li> <li>Senior Connection Center</li> <li>Heartland Rides programs for the transportation disadvantaged</li> </ul>	<ul style="list-style-type: none"> <li>AdventHealth Wauchula in partnership with the Alzheimer's Association offers The 10 Warning Signs of Alzheimer's Disease program</li> <li>AdventHealth Wauchula in partnership with the Alzheimer's Association offers the Brain Bus program</li> <li>AdventHealth Wauchula in partnership with the Senior Connection Center offers free fitness classes for seniors</li> <li>AdventHealth Wauchula's Wellness Center offers the Silver Sneakers fitness classes</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>Hardee County Department of Health's Tobacco Free Florida program</li> </ul>	<ul style="list-style-type: none"> <li>AdventHealth 8-week Reversing Diabetes program offered at Avon Park Seventh Day Adventist Church</li> <li>AdventHealth Wauchula's free Dodging Diabetes Class</li> <li>AdventHealth offers free diabetes and gestational diabetes classes</li> <li>AdventHealth in partnership with Central Florida Area Health Education Center offers free</li> <li>Tobacco Cessation classes and nicotine replacement therapies</li> </ul>

## Priorities Addressed



### Access to Healthy Foods

Access to quality healthy food was a top need prioritized during the assessment. In Hardee County, one-quarter of residents live in an area where there is low access to a grocery store, which can make having a healthy, nutrient-dense diet more challenging. Almost one-fifth (20%) of community survey respondents reported that within the past 12 months, the food they had purchased from the store did not last and they did not have the money to purchase more. Also, more than a quarter (28.6%) of community survey respondents shared they were worried that they would run out of food before they had money to buy more. Respondents also expressed concern about increasing food prices.



### Access to Quality Health Care

Access to quality health care was a top need identified when surveying the community. More than one-third (39%) of community survey respondents reported accessing care in the emergency department for non-emergency needs. While 14.5% of respondents shared that they needed medical care in the last 12 months, but they did not receive it. Additionally, more than one-fifth (21%) reported that they needed dental care in the last 12 months but did not receive the care they needed. Some of the top barriers that prevented care included cost, inability to schedule an appointment, inability to take time off work, transportation barriers, lack of health insurance coverage, lack of trust in providers and an inability to find a doctor who accepts certain types of health insurance.

Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care and medications), and medical debt is common among both insured and uninsured individuals. Hardee County falls within the lower 25% of counties in both the state of Florida and in the US for adults who do not have any kind of health insurance coverage. Hardee County also has a lower rate of primary care providers (11 per 100,000) compared to the state (57 providers per 100,000). Focusing on access to quality health care will help align local efforts and resources to create targeted strategies to improve access for Hardee County residents.



### Behavioral Health (Mental Health & Mental Disorders and Substance Use & Misuse)

In Hardee County, secondary data found in the assessment showed the age-adjusted death rate due to suicide is 19.9 per 100,000, this is almost one and a half times that of the state (13.1 per 100,000) and the US (13.5 per 100,000). The assessment also found more than ten percent (11.5%) of survey respondents were unable to access mental health resources when needed in the last 12 months. The top reasons cited were inability to pay for care, stigma associated with mental health issues and lack of knowledge on how to access a mental health doctor or counselor.

Substance use and misuse also emerged as a top concern, reflected in both primary and secondary data sources. Binge drinking in teens was cited as a specific concern in the primary data, for males this is five or more drinks on one occasion and four or more on one occasion for females. Secondary data showed just over 12% of teens reported binge drinking, higher than the state rate of 9.2%. The assessment also found in secondary data a higher percentage of teens who have used methamphetamines in Hardee County (2.6%), than the state rate (0.8%).

Awareness and the need to address behavioral health issues, including mental health, mental health disorders, substance use and substance misuse, has been growing in the country. By including this topic area as a priority, the Hospital will work collaboratively with community partners to create better outcome opportunities over the next three years.



## Priorities Not Addressed



### Children's Health

In Hardee County, a key indicator of concern regarding children's health is the Child Food Insecurity Rate. This rate in Hardee County is 21.9, which is higher than the rate for the state of Florida at 17.1, and the US at 14.6.

While Children's Health was identified as a significant health need in secondary data analysis and was a trending topic of concern expressed through focus group conversations, it was ranked fifth out of eight significant health needs. Primary data results showed 27.6% of respondents expressed inability to access the healthcare their children needed in the last year and 6.9% shared they were not able to access the needed mental and/or behavioral health care their children needed.

Children's health is of utmost importance, but the Collaborative decided that instead of focusing on it as a stand-alone priority area, children would be a target population group to focus on among all the priority areas.



### Economy

In Hardee County 17.1% of families reported living below the poverty level in the primary data findings. This percentage is higher than both the state (9.3%) and national (9.1%) values. Seven percent of respondents reported being worried that they may not have stable housing in the next two months. Community respondents shared that job availability is scarce and low wage jobs are not appealing. They also expressed concern for rising food prices and housing costs.

While a strong economy is important in the overall health needs of the community, the CHNAC did not perceive this priority area as one that could be easily addressed within the three-year CHP cycle. It was voted the lowest in the ability to impact category in the prioritization meeting. Therefore, the Hospital will not work to address this priority area in the upcoming CHP.



### Older Adult Health

The primary data collection revealed that respondents felt aging problems, such as difficulty getting around, dementia and arthritis, were top concerns. They also shared that there were no specialists, such as neurologists, in rural areas that encompass Hardee County and that specialists such as these are needed as individuals age. Transportation challenges were also shared as an area of concern for this population, specifically those who are mobility challenged.

Participants in the prioritization selection meeting felt the top three priority areas chosen were significant and easier to address with the resources available and therefore, the Hospital will not be addressing Older Adult Health directly in the upcoming CHP.



### Diabetes

Diabetes was one of the top important health issues identified by community survey respondents. Nineteen percent of survey respondents reported being told by their doctor they had diabetes. Focus group participants did not identify diabetes as a top health issue. Participants stated that sometimes individuals with diabetes may be asymptomatic, and it can be too late by the time they seek care.

Secondary data for Hardee County showed diabetes among the Medicare population is at 39%, higher than the state of Florida average of 27.8% and the US value of 27%. The non-Medicare eligible adult population in Hardee County also has a higher rate (16.5%) than the state's value of 11.7%. Diabetes was not selected as a priority by the Hospital as there are other community partners who are addressing this need. The Hospital will support these efforts where possible and hopes to address diabetes indirectly through the access to healthy foods priority.





# COMMUNITY HEALTH PLAN

## Next Steps

The Hospital will work with the Collaborative and other community partners to develop a measurable Community Health Plan for 2023-2025 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on [AdventHealth.com](https://www.adventhealth.com) prior to May 15, 2023.



## 2020 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.

### Mental Health (Behavioral Health)

In the 2019 assessment, mental health was identified as a priority. Suicide is the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people aged 25 to 34. In the Hospital's community, the rate of death due to suicide is higher than the state rate. The assessment also found a slightly higher percentage of the Medicare-fee-for-service population were depressed compared to the state average. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide.

The Hospital focused its efforts on increasing education and building community level networks for mental health support. As part of this effort, in 2021 four team members completed the Mental Health First Aid instructor certification. Having received the certification, the team members are now providing classes training community members on how to help someone who may be experiencing a mental health or substance use challenge. The Hospital completed two community classes by the end of 2022. The Hospital also developed and launched a paid volunteer program through which team members can volunteer at local organizations which are addressing mental health needs.

### Transportation

The Hospital also selected transportation as a priority in the assessment. In the Hospital's community, almost 4% of the population use public transportation as their primary means of travel to work. A lack of reliable transportation or an inadequate public transportation system prevents those who do not own a car or have consistent transportation from accessing health care which can result in rescheduled or missed appointments and delayed care. Transportation barriers can also create challenges for people to find healthy food when living in low food access areas impacting their overall health.

As part of the effort to address this, the Hospital has launched the AdventHealth Food is Health® program in the community. The Food is Health® program is an AdventHealth West Florida Division program which increases access to health education and healthy foods to improve the overall health of the communities the Hospital serves. Through collaboration with community partners the program connects with low income/low access communities and provides free health education, health screenings and produce vouchers which are used to purchase fresh fruits and vegetables. Since adopting the plan, the Hospital has partnered with several community organizations to expand the services the program can offer and provide more locations within the community. The Hospital completed one class by the end of 2022.

### Cardiovascular Disease

The Hospital also chose cardiovascular disease as a priority in the assessment. In the Hospital's community 9% of adults had been told they have coronary heart disease or angina. The assessment also found a slightly higher rate of death due to heart disease in the community than compared to the state rate. Heart disease is the leading cause of death in the US, responsible for one in four deaths annually. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese and having an unhealthy diet. By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced. Smoking is also a major risk factor for cardiovascular disease. It was found that 22% of adults in the community smoke.

In part, the Hospital has focused on increasing education and access to cessation classes to address this priority. The Hospital has formed a partnership with the Central Florida Area Health Education Center (AHEC) to support a number of tobacco education and cessation initiatives. This includes establishing a referral network to connect patients with tobacco cessation classes and free intervention therapies to quit smoking. The work with AHEC was part of a collaborative effort between the Hospital, AdventHealth Sebring and AdventHealth Lake Placid, all of which serve the same community. The Hospital supported AHEC through marketing efforts, referrals and by hosting two classes on the campus. The Hospital also developed and launched a paid volunteer program through which team members can volunteer at local organizations which are addressing the priority.

### Education (Social Determinant of Health)

Education was also chosen as a priority in the assessment. Educational attainment is a social determinant of health and can be an indirect factor in people's health outcomes. Research shows education can be a predictor of health outcomes, as well as a path to address inequality in communities. Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance. In the Hospital's community, 17% of the population was found to not have a high school diploma or equivalency.

Efforts to address education were part of a collaborative effort between the Hospital, AdventHealth Sebring and AdventHealth Lake Placid, all of which serve the same community. The Hospital has focused on building partnerships with community organizations which support the priority. Through these efforts, the Hospital has partnered with South Florida State College and donated funds to help pay for the cost of the General Educational Development (G.E.D.) exam for those community members unable to afford the cost of the test.

## ■ 2019 Community Health Needs Assessment Comments

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy on our hospital website as well as AdventHealth.com prior to May 15, 2020 and have not received any written comments.





**Adventist Health System/Sunbelt Inc.,  
d/b/a AdventHealth Wauchula**

CHNA Approved by the Hospital Board on December 15, 2022

For questions or comments please contact:  
[wfd.communitybenefits@adventhealth.com](mailto:wfd.communitybenefits@adventhealth.com)