



**2023-2025**  
**AdventHealth**  
**Waterman**  
**Community**  
**Health Plan**



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## Acknowledgements

This community health plan was prepared by Renée Furnas, with contributions from members of AdventHealth Waterman’s Community Health Needs Assessment Committee representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.



# EXECUTIVE SUMMARY



# I Executive Summary

Florida Hospital Waterman, Inc. d/b/a AdventHealth Waterman will be referred to in this document as AdventHealth Waterman or the “Hospital”.

## Community Health Needs Assessment Process

AdventHealth Waterman in Tavares, Florida, conducted a community health needs assessment in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. This assessment process was the most comprehensive to date and included survey questions related to diversity, equity and inclusion. In addition, the priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being.

In order to ensure broad community input, AdventHealth Waterman created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

The CHNAC met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities. Learn more about Healthy People 2030 at <https://health.gov/healthypeople>.

## Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the CHNAC, and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. AdventHealth Waterman is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



# Executive Summary

## Priorities Addressed

The priorities addressed include:

1. Behavioral Health: Drug and Substance Use
2. Early Childhood Education
3. Community Engagement in Available Resources and Services

*See page 9 for goals, objectives and next steps for each priority selected to be addressed.*

## Priorities Not Addressed

The priorities not addressed include:

1. Mental Health
2. Housing and other social determinants
3. Health Care Access and Quality

*See page 21 for an explanation of why the Hospital is not addressing these issues.*



The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

# I Executive Summary

## Board Approval

On March 23, 2023, the AdventHealth Waterman Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

## Ongoing Evaluation

AdventHealth Waterman's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

## For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Waterman at <https://www.adventhealth.com/community-health-needs-assessments>.



# ABOUT ADVENTHEALTH



## **| About AdventHealth**

**AdventHealth Waterman 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.**



### **About AdventHealth Waterman**

AdventHealth Waterman is a 300-bed acute-care community hospital located in Central Florida, was established in 1938 and has been the cornerstone of health care excellence in Lake County. Hospital services include: 24-hour emergency department and pediatric emergency services, award winning and comprehensive heart program, including open heart and thoracic surgery, comprehensive Cancer Institute, including leading cancer treatment technologies, certified Joint Replacement Center, Community Primary Health Clinic, critical care services, award winning advanced diagnostic imaging services, including 3D mammography, computerized tomography (CT), magnetic resonance imaging (MRI), ultrasound and nuclear medicine), digestive health care, home care services, inpatient and outpatient rehabilitation services, laboratory services, sports medicine, surgical services including minimally invasive and robotic assisted surgeries, urology, 24-bed Women and Children's Center, wound and hyperbaric medicine and spiritual care.



# PRIORITIES ADDRESSED



# Behavioral Health: Drug and Substance Use

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. 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. In Lake County, Fentanyl deaths increased 310% from 2013 to 2019 and Methamphetamine deaths increased 335% from 2013 to 2019.<sup>11</sup> Between 2018 and 2020, Lake County has presented the highest rate of opioid prescriptions within the service area (Lake, Orange, Osceola & Seminole Counties).<sup>12</sup> Community services to reduce illegal drug use and abuse or misuse of prescription medications and support for family members of a person being treated for substance use disorder were also recognized as top needs within Lake County. Awareness of and the need to address substance misuse, as well as a growing fentanyl crisis, has been increasing in the country.

**Goal 1:** Partner with Be Free Lake and the Florida Department of Health – Lake (FDOH-L) to increase awareness, reduce stigma and connect people in need to outreach and education.

**Objective 1.1:** Hold 6 Narcan Education & Distribution Events with partners identified at the Hospital, within the local community and faith partners by December 31, 2025.

**Target Population:** Adults suffering from substance use disorder in Lake County.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Plan and host Narcan Education & Distribution Events at the Hospital. Identify local partners to host events in the community.	# of Narcan Education & Distribution events held at the Hospital and in the community	AdventHealth ER Entrance serves as an event location. AdventHealth Security supports these efforts from a safety standpoint.	FDOH-L, Be Free Lake (Narcan, educational materials, staff)			
	# of people served	Hospital Chaplains to help identify faith communities to partner with.	Other community partners	X	X	X
		Promote event flyer within the Hospital and the Community (i.e. social media, press release)				
Refer individuals to the Be Free Lake, FDOH-L and other identified partners through the Whole Health Hub.	# of referrals made # of individuals served /resources distributed	AdventHealth Case Managers, Community Care and Nursing staff refer patients through the Whole Health Hub	FDOH-L, Be Free Lake		X	X

# Behavioral Health: Drug and Substance Use

**Goal 2:** Provide smoking cessation education and screenings to reduce the risk of developing Congestive Heart Failure (CHF). *(DEI)*

**Objective 2.1:** By December 31, 2025, partner with Community Primary Health Clinic to host three community education programs on smoking cessation and improved nutritional options to prevent or mitigate congestive heart failure and its complications.

**Objective 2.2:** Host presentations recommending the Whole Health Hub (WHH) for AdventHealth team members to become familiar with. WHH is a free website that is easy for consumers to connect with quality organizations that can provide help when it is needed most. Free and low-cost services in the geographic area include food, housing, baby and medical supplies, transportation, addiction and recovery, financial assistance, adoption and foster care, education, finding work, legal aid. Presentations will encourage team members to register for trainings through the AdventHealth Learning Network (ALN) and refer patients to Whole Health Hub. By December 31, 2025, host 6 presentations to promote and increase the use of Whole Health Hub among team members.

**Objective 2.3:** By December 31, 2025, partner with faith-based organizations to increase awareness, educate and screen community, including those un/underinsured, through 300 Health Risk Assessment screenings to identify current smokers and those at risk of developing congestive heart failure. *(Faith accountability)*

**Target Population:** Uninsured/underinsured adults who smoke

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Work alongside the Community Primary Health Clinic and other community partners to address CHF related care and tools to quit resources.	# of community education programs for smoking cessation and improved nutritional options	Support from AdventHealth Diversity, Equity and Inclusion Council  Hospital Funding \$15 per person	Community Primary Health Clinic  Other community partners	X	X	X
Promote Whole Health Hub, including AdventHealth’s Learning Network (ALN) trainings.	# of presentations	ALN trainings	Findhelp.org	X	X	X
Connect with community partners to offer Health Risk Assessment screenings to local community to identify smokers and those at risk for developing CHF.	# of screenings  #of events	Support from AdventHealth Diversity, Equity and Inclusion Council	FDOH-L Faith Communities Other Community Partners	X	X	X

# Behavioral Health: Drug and Substance Use

**Goal 3:** Improve access to behavioral health services in Lake County

**Objective 3.1:** Partner with the Lake Opioid Task Force and the Florida Department of Health – Lake (FDOH-L) host a Summit in Lake County mapping pathways to care, identify gaps and collaborate to learn new innovative strategies and programs tackling addiction treatment and prevention.

**Target Population:** Adults suffering from substance use disorder in Lake County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Work with Lake Opioid Task Force and the FDOH-L to convene behavioral health organizations in the area to develop a plan.	Pathway map completed and gaps identified	Representation on Lake Opioid Task Force	Lake Opioid Task Force  FDOH-L  Other Behavioral Health organizations	X	X	X

# Early Childhood Education

Early childhood education describes the period of learning that takes place from birth to 8 years old. There are several types of early education programs, including those that are federal, state or privately funded. Early childhood, particularly the first 5 years of life, impacts long-term social, cognitive, emotional, and physical development. Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond. The data showed that the percentage of youth ready for kindergarten at entry was 56% in Lake County, which is still higher than that of the state (50%).

**Goal 1:** Increase the proportion of children who participate in high-quality early childhood education programs.

**Objective 1.1:** By December 31, 2025, partner with Healthy Start to host 6 educational events with invited experts and community partners to provide expectant and new parents with the necessary tools and resources to support early learning, healthy lifestyles, child safety, positive parenting, and safe sleep.

**Target Population:** Families, new parents and children under age 5

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Partner with the Healthy Start to identify date and to plan free educational events to educate and provide expectant and new parents the necessary tools and resources to implement positive child growth and development.	# of educational events # of individuals reached	Hold events at the Hospital or in local community  Serve on Healthy Start's planning committee  Help promote events (i.e. flyer at pediatrician's offices, social media)  Hospital Funding (\$1000)	Healthy Start	X	X	X

# Early Childhood Education

**Goal 1 continued:** Increase the proportion of children who participate in high-quality early childhood education programs.

**Objective 1.2:** By December 31, 2025, partner with faith-based organizations to provide the Early Learning Coalition of Lake County 6,000 summer take home bags for Voluntary Prekindergarten students to prevent summer reading loss in preparation for kindergarten. *(Faith accountability)*

**Objective 1.3:** By December 31, 2025, partner with Healthy Start to provide 1,500 safe sleep communication tools and education to new parents. Additionally, offer resources for free or reduced cost cribs or pack and plays to parents identified with babies that do not have safe sleep environments.

**Target Population:** Families, new parents and children under age 5

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Work with Early Learning Coalition to identify resources, reading material, healthy snacks and other educational material for summer take home bags	# of bags distributed	Work the Early Learning Coalition to distribute summer take home bags to targeted population	Early Learning Coalition of Lake County (bags included in partnership agreement)	X	X	X
Connect with Healthy Start, form an agreement and review material and resources to distribute to new parents	# of and educational materials distributed	AdventHealth Women and Children’s Services to provide safe sleep education and resources	Healthy Start	X	X	X

# Early Childhood Education

**Goal 2:** Increase the proportion of children who are developmentally on track and ready for school.

**Objective 2.1:** By December 31, 2025, partner with the Early Learning Coalition of Lake County to provide three interactive events specifically designed for four-year olds in Lake County public schools whose teachers have been trained in Start with the Arts. Start with the Arts is an arts-based literacy program for early childhood educators to use to build and strengthen children’s reading and writing skills.

**Objective 2.2:** By December 31, 2025, support the United Way of Lake and Sumter County (UWLS) to offer 6 Master Teacher Programs to elevate both the receptive and expression skills of two- to four-year-olds in the early learning centers in our service area. UWLS has one of two Master Teacher Programs in the nation and consistently performs at a greater than 30% increase in teacher and child test scores in the early learning centers served. Under the supervision of a Master Teacher, early childhood educators apply knowledge gained in classroom settings to develop positive, practical teaching skills. With a focus on language development, this program is designed to improve the quality of preschool experiences, while helping children to enter kindergarten ready to succeed.

**Target Population:** Children under age 5

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Connect with Early Learning Coalition to secure date, time and location and develop learning activities applying the Starts with the Arts approach	# of events held  # of individuals reached	Provide interactive activity to enhance early development and take-home communication tools to promote developmental screenings offered at Pediatrician offices  Hospital funding (\$6,000)	Early Learning Coalition of Lake County	X	X	X
Connect with the United Way of Lake and Sumter to identify early learning centers	# of trainings held  # of individuals reached  % of increase in test scores	Provides materials and supplies needed to set up this center for elevated learning and instruction  Hospital funding (\$3,000)	United Way of Lake and Sumter Counties	X	X	X

# Early Childhood Education

**Goal 3:** Increase the proportion of children with a developmental delay who receive special services to meet their developmental needs by 48 months of age.

**Objective 3.1:** Partner with Puzzle Ranch Inc. to provide free and reduced cost services, early intervention tools and support to families with autism and special needs. In addition, bring awareness to the community to increase their knowledge and understanding of the disorder, foster inclusivity and acceptance and make positive changes to how society thinks about children with special needs. By December 31, 2025, support and participate in three events providing resources to 300 individuals from the local community including those with special needs.

**Target Population:** Families with autism and special needs

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Work with Puzzle Ranch Inc. to identify community partners, local vendors and activities to bring awareness and resources to the families with autism	# of events	Serve on planning committee	Puzzle Ranch, Inc.			
	# of individuals reached	Help promote events (i.e. flyer at pediatrician's offices, social media)	Other community partners and businesses	X	X	X
		Hospital funding (\$3000)				



# Community Engagement in Available Resources and Services

Data in the assessment highlighted how complicated the health care system can be to understand and navigate, even for those who work within the industry. Many stakeholders discussed how disconnected different parts of the health care system are, leading to a lack of care coordination between different providers and a low awareness in the community of what services and resources are available. Word-of-mouth tends to be the best method to share information, especially in priority populations. Social support, social integration, community engagement, recruitment and retention of culturally diverse and informed providers who demographically reflect the community and dental care for children, especially those from low income or other priority communities were also identified as top needs within Lake County.

**Goal 1:** Eligible uninsured low-income patients without a primary care provider referred to Community Primary Health Clinic.

**Objective 1.1:** Maintain at least a 12% conversion rate of in-patients without a primary care provider applying to Primary Health Clinic for services.

**Target Population:** In-patients identified upon discharge without insurance or a primary care provider.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Outreach and assistance to schedule and see the patient through the Primary Health Clinic	% of patients	AdventHealth Care Management to refer patients  Hospital funding of \$155 per visit; program and tracking costs	Community Primary Health Clinic	X	X	X

# Community Engagement in Available Resources and Services

**Goal 2:** Increase social and community support to improve health and social outcomes for underserved populations.

**Objective 2.1:** Increase the number of area non-profit organizations trained on the Whole Health Hub and thus added to the Whole Health Hub's Trusted Network. The Whole Health Hub is a free website that allows anyone to search and connect to a wide variety of social services based on their location. By December 31, 2025, 25 non-profit organizations will have a claimed profile. *(DEI – AHW)*

**Objective 2.2:** Invite faith communities to join the Whole Health Hub and promote use of the platform to help individuals find free and low-cost services/resource in the community. By December 31, 2025, six faith-based non-profit organizations will have a claimed profile.

**Target Population:** Vulnerable population including families in Lake County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify and invite area non-profits to join the Whole Health Hub.	# of area non-profit organizations trained on the Whole Health Hub  # area non-profit organizations claimed	In partnership with findhelp provide 101 and 201 trainings to interested non-profits	findhelp	X	X	X
Collaborate with Hospital Chaplains to invite faith communities join the Whole Health Hub.	# of faith-based non-profit organizations trained on the Whole Health Hub  # of faith-based non-profit organizations claimed	Support from Hospital Chaplains	findhelp	X	X	X

# Community Engagement in Available Resources and Services

**Goal 3:** Engage community leadership, key constituents, and the public across multiple sectors to design and implement action plans that improve the health and well-being of all.

**Objective 3:1:** Partner with the Florida Department of Health – Lake (FDOH-L) to reinstate the Lake County Community Health Improvement Plan (CHIP) Collaborative and advise on the CHIP initiatives. Year one will focus on re-instating the collaborative with FDOH-L. In year two and three, the Hospital will attend quarterly focus group meetings to further alignment and collaboration with CHIP initiatives.

**Target Population:** Lake County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Collaborate with the Florida Department of Health – Lake (FDOH-L) to identify community-based organizations to reinstate the Lake County CHIP and identify priorities that align with the hospital to chair.	# of meetings  # of community partners	Promote attendance  Chair focus group(s)	Florida Department of Health – Lake (FDOH-L)	X	X	X

# Community Engagement in Available Resources and Services

**Goal 4:** Expand pipeline programs that include service learning or experiential learning components in public health settings (i.e. workforce development).

**Objective 4:1:** By December 31, 2025, partner with Lake County Schools, AdventHealth Education, Lake Sumter State College (LSSC) Dedicating Nursing Unit Program to provide four educational opportunities to increase awareness and inspire workforce development across sectors.

**Objective 4:2:** By December 31, 2025, partner with Thrive Clermont and support a minimum of three Adulting Programs for Lake County students. The Adulting Program offers students, whether college bound or pursuing the trades, the opportunity to attend personal finance and career readiness workshops to gain the necessary knowledge and confidence to move forward in making decisions for their future.

**Target Population:** Lake County youth

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Schedule and plan educational opportunities with Lake County Schools and Lake Sumter State College.	# of educational opportunities provided  # of individuals reached  Survey results	Support from AdventHealth Education Department	Lake County Schools  Lake Sumter State College Dedicating Nursing Unit Program	X	X	X
Partner with Thrive Clermont's to support their Adulting Program through financial support and team member volunteerism.	# of programs supported  Survey Results	Support from AdventHealth Human Resources  Hospital Funding \$1500	Thrive Clermont	X	X	X

# PRIORITIES NOT ADDRESSED



# I Priorities Not Addressed

**AdventHealth Waterman also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.**

## **Housing and other social determinants**

Housing in Lake County in 2020 remained a challenge even though the percentage of severely cost burdened households (i.e., those spending 50% or more of income on direct housing costs) is lower than the Florida average, 13% and 17%, respectively. Additionally, fewer homes in Lake County have severe housing problems. Workplace inequalities among racial and ethnic minorities can have negative health consequences as those who are unemployed have reported feelings of depression, anxiety, low self-esteem, demoralization and stress. The Hospital did not perceive the ability to have a measurable impact on these needs within the three years allotted for the Community Health Plan.

## **Health Care Access and Quality**

Health care access and quality were identified as top needs from the CHNA. This priority area included recruitment and retention of culturally diverse and informed providers who demographically reflect the community, dental care for children, especially those from low income or other priority communities, access to free or low-cost healthcare services for all residents, and access to primary care services. While there is a need for access to care, due to existing resources, scope and ability to have a measurable impact within the three years allotted for the Community Health Plan, this priority was not selected.

## **Mental Health**

There is a growing need in Lake County to increase the available resources addressing mental health needs. The assessment found the percentage of adults reporting poor mental health is slowly increasing statewide, however in Lake County the percentage remained the same from 2016-2019 (12.5%). In Lake County adults under 45 have the highest report of poor mental health<sup>1</sup>. Lake County also lags behind the statewide average for both mental health providers and adult psychiatric beds. From the community survey, stakeholder interviews, focus groups and primary data youth mental health services, suicide prevention initiatives in middle and high schools, mental health outpatient services capacity, mental health crisis services and community awareness of available resources, mental health care for senior services, and suicide prevention were identified as top needs. The mental health needs of the community are significant, but the Hospital did not perceive the ability to have a measurable impact on these needs within the three years allotted for the Community Health Plan.



**Florida Hospital Waterman, Inc d/b/a  
AdventHealth Waterman**

CHP Approved by the Hospital Board on: March 23, 2023

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