

**2023-2025**  
**AdventHealth**  
**Rollins Brook**  
**Community**  
**Health Plan**

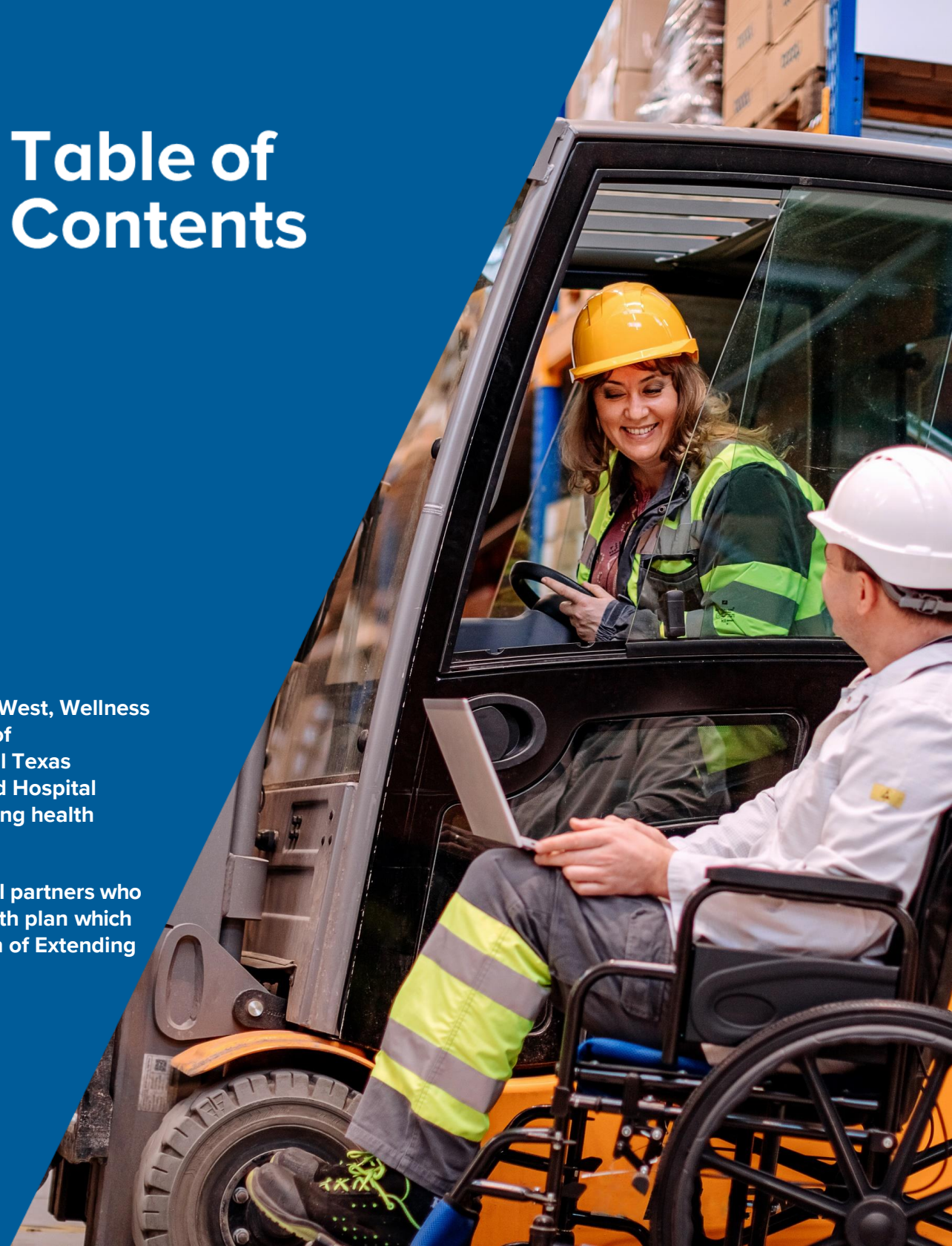
**Executive Summary.....3**  
**About AdventHealth.....7**  
**Priorities Addressed.....9**  
Nutrition and Healthy Eating.....10  
Mental Health.....11  
Preventative Care and Screenings.....12  
**Priorities Not Addressed.....13**

# Table of Contents

## Acknowledgements

This community health plan was prepared by Delsina West, Wellness Program Manager, with contributions from members of AdventHealth Rollins Brook and AdventHealth Central Texas Community Health Needs Assessment Committee and Hospital Health Needs Assessment Committee both 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

Metroplex Adventist Hospital, Inc. d/b/a AdventHealth Rollins Brook and AdventHealth Central Texas will be referred to in this document as AdventHealth Rollins Brook and AdventHealth Central Texas or the “Hospitals”.

## Community Health Needs Assessment Process

AdventHealth Rollins Brook in Lampasas, Texas, 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, the Hospitals 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 Hospitals also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital could most effectively address to support the community. The HHNAC made decisions by reviewing the priorities selected by the CHNAC and the internal Hospital resources available.

The CHNAC and HHNAC 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, HHNAC 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 Rollins Brook and AdventHealth Central Texas 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. Nutrition and Healthy Eating
2. Mental Health
3. Preventative Care and Screenings

*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. Drug Misuse     | 5. Obesity  |
| 2. Diabetes        | 6. Housing  |
| 3. Food Insecurity | 7. Cardiovascular Diseases:<br>Hypertension, Heart<br>Disease, High Cholesterol |
| 4. Physical Health |   |

*See page 13 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 29, 2023, the AdventHealth Rollins Brook and AdventHealth Central Texas 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 Rollins Brook and AdventHealth Central Texas' 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 Rollins Brook and AdventHealth Central Texas at <https://www.adventhealth.com/community-health-needs-assessments>.



# ABOUT ADVENTHEALTH



## **| About AdventHealth**

**AdventHealth Rollins Brook and AdventHealth Central Texas are 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 Rollins Brook**

AdventHealth Rollins Brook is operated by AdventHealth Central Texas, a 25-bed critical access hospital in Lampasas, located 25 miles west of Killeen. AdventHealth Rollins Brook offers many technological services including a 24-hour emergency center, a state-of-the-art laboratory, medical/surgical rooms, CT scanning, mammography and cardio-pulmonary services with EKG and stress testing. The Hospital also offers access to a sleep disorder center and bone density (DEXA) scan capabilities. In 2005, AdventHealth Rollins Brook completed a 14,000-square-foot expansion that added 17 new patient rooms, a new surgical suite and an ambulatory surgery area. The surgical suite, located on the lower level, houses two operating rooms and an ambulatory surgery area with six pre-op/post-op bays and four recovery bays designed for same-day surgical procedures. To increase preventative screening access for the community AdventHealth Rollins Brook has added mammography machine and added echocardiogram machine.





# PRIORITIES ADDRESSED



# Nutrition and Healthy Eating

More than 40% of community survey respondents reported eating fruits and vegetables less than two days a week. Nutrition is known to be a critical influencer of health. Healthier eating improves maternal health and health at every stage of life. It builds stronger immune systems, lowers the risk of chronic diseases like diabetes and cardiovascular disease, while increasing longevity.

**Goal 1:** Improve health by promoting healthy eating, access to whole foods, and food preparation skills.

**Objective 1.1:** By the end of year 3, at least 100 families will attend nutrition education classes and receive access to more whole foods.

**Target Population:** Adults living in zip codes identified as food deserts

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify community locations in food deserts (ex. churches, schools, community centers) to host nutrition classes	# of community locations partnered with in food deserts	Delsina West, Wellness Program Manager – staff time to assess viable locations and meet with partners	Food Care Center to provide space for conducting initial biometrics of families selected to participate in program	X	X	
Create marketing materials to advertise the program and classes	Flyers, postcards, etc.	Jasmin and Mariana Rodriguez, Marketing Specialists – staff time to design flyers	Community partners passing out marketing materials to recruit community members		X	X
Support nutrition classes for adults living in food deserts	2-4 nutrition education classes per month  10-40 participants attending nutrition classes	Delsina West, Wellness Program Manager – staff time to coordinate classes with locations and instructors  Hospital to cover incentives for participants (free vouchers to buy fruits and vegetables)	Josie of Let's Eat Texas Restaurant and Training Kitchen will host and teach nutrition education classes  Phantom Support, Food Care Center and Refuge Mobile Food Truck to supply fresh produce		X	X

# Mental Health

In the Hospitals' community, public data shows 21.6% of residents have a prevalence of depression, while 17% of the residents report poor mental health. According to community survey respondents 15.5% have been diagnosed with a depressive order and more than 26% have been diagnosed with an anxiety disorder. Only 25% of the community and public health experts surveyed believe the community is good at treating mental health.

**Goal 1:** Increase access to mental health services for youth and reduce stigma through education.

**Objective 1.1:** By the end of year 3, provide mental health screenings to at least 300 students and provide referrals or resources as identified.

**Target Population:** Students (ages 12-18) in the Killeen Independent School District

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Provide mental health screening and resources to students of Killeen Independent School District on a weekly basis	300 Students	Ross Gaetano, Director of Behavioral Health, will oversee program operations.	Killeen Independent School District	X	X	X

# Preventative Care and Screenings

According to community survey respondents, 21.7% are not aware of what preventative screenings are needed. Among those that are aware, 19.1% report not getting regular screenings. Public data shows that less than 25% of community seniors are up to date on necessary core preventative services. Preventative care improves health outcomes, quality of life and can decrease an individual's cost of care over time through early detection.

**Goal 1:** Provide health screening to raise awareness of health indicators that can be addressed to prevent and decrease likelihood of disease.

**Objective 1.1:** By the end of year 3, conduct 500 health screenings and provide information to the at-risk population in order to reduce the risk of and prevent disease.

**Target Population:** Minority men and women over the age of 18

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Participate in community health fairs, conduct basic biometric screenings while providing information on preventative measures for disease	# of screenings	Nurses, lab technicians, and other volunteers to conduct community screenings  Supplies: blood glucose tester, blood pressure machine, body fat tester, scale, questionnaire	Killeen Food Care Center, Liberty Church, Operation Phantom Support, The Refuge Mobile Food Truck, Killeen Community Clinic	X	X	X

# PRIORITIES NOT ADDRESSED



# I Priorities Not Addressed

**AdventHealth Rollins Brook and AdventHealth Central Texas 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.**

## **Drug Misuse**

According to the Hospitals' community survey, 40.4% of respondents reported taking prescription medication for nonmedical reasons, while 18.5% of stakeholder survey respondents consider drug misuse a top health risk factor in the community. Although there is a lack of resources in the area for substance and drug misuse, the Hospitals did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospitals at this time.

## **Diabetes**

Diabetes is shown to impact 9.9% of residents in the Hospitals' community according to public data, while 21.7% of community survey respondents report having diabetes. Diabetes related conditions are also shown to be one of the top ten codes in Hospital visits by uninsured patients.

The Hospitals did not select diabetes as a priority, as it is not positioned to directly address this in the community at large. The Hospitals did choose nutrition and healthy eating however knowing that how individual eats is a factor in diabetes and hopes to have an indirect impact on diabetes through these efforts.

## **Food Insecurity**

More than 17% of the residents in the Hospitals' community are food insecure according to Feeding America and 61.8% live in a low food access area. According to community survey respondents, 45.9% received SNAP benefits last year, while 32.3% felt they ate less than they should have due to cost.

The Hospitals believe that other organizations are better positioned in the community to address this need directly and will support those efforts when able without formally addressing it in the Community Health Plan through the nutrition and healthy eating priority.



# I Priorities Not Addressed

## Physical Health

The HHNAC believed that physical health could be indirectly addressed through preventative screening and healthy eating/nutrition.

## Obesity

More than 38% of residents in the Hospitals' community have been told they are obese according to public data. Obesity related codes also appear in the top ten codes in Hospital visits by uninsured patients. The Hospitals did not select obesity as a priority, as it is not positioned to directly address this in the community at large. The Hospitals did choose nutrition and healthy eating and hope to have an indirect impact on obesity through these efforts. The Hospitals will continue to offer free community fitness classes in response to obesity.

## Housing

In the Hospitals' community, 32.2% of residents are housing cost burdened or paying over 30% of their income to housing costs per public data. According to community survey respondents 41% report being worried they would not have stable housing in the next two months. More than 60% of the community and public health experts surveyed do not consider housing in the area affordable.

The need for safe and affordable housing in the community is significant, however the Hospitals did not perceive the ability to have a measurable impact on the issue within the three years allotted for the for the Community Health Plan with the current resources available to the community and the Hospitals at this time.

## Cardiovascular Diseases: Hypertension, Heart Disease, High Cholesterol

Almost thirty percent of residents in the Hospitals' community have been told they have hypertension per public data. The number of community survey respondents reporting hypertension is 33.5% and hypertension related conditions are shown to be one of the top ten codes in Hospital visits by uninsured patients. High cholesterol also shows up in the top ten codes in Hospital visits by uninsured patients and 26.5% of residents in the Hospitals' community have been told they have high cholesterol.

According to public data, two of the four counties the Hospitals serve have higher rates of death per 100,000 from heart disease than both the state and the nation. The Hospitals did not select cardiovascular diseases as a priority, as it is not positioned to directly address this in the community at large, outside of existing community education.

The Hospitals did choose nutrition and healthy eating however knowing that how an individual eats is an integral step in treating cardiovascular diseases and hopes to have an indirect impact through these efforts. The Hospitals also selected preventative care – screenings which will provide opportunities for early detection in the community, which is an important step in addressing all chronic conditions.



**Metroplex Adventist Hospital, Inc. d/b/a  
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AdventHealth Central Texas**

CHP Approved by the Hospital Board on: March 29, 2023

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