AdventHealth Carrollwood

2020-2022

COMMUNITY HEALTH PLAN

University Community Hospital, Inc. d/b/a AdventHealth Carrollwood
Approved by the Hospital Board on: May 5, 2020
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Extending the
Healing
Ministry of Christ

AdventHealth

2020-2022 COMMUNITY HEALTH PLAN

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Acknowledgements

This community health plan was prepared by Kimberly Williams and Adam Johnson with contributions from members of AdventHealth Carrollwood Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth Carrollwood 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*.

OVERVIEW

University Community Hospital, Inc. d/b/a AdventHealth Carrollwood will be referred to in this document as AdventHealth Carrollwood or the "Hospital."

Community Health Needs Assessment Process

AdventHealth Carrollwood in Carrollwood, Florida, conducted a community health needs assessment in 2019. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations.

In order to ensure broad community input, AdventHealth Carrollwood 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 CHNAC met throughout 2018-2019. The members reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan (CHP) to address the priority issues.

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

Priority Issues to be Addressed

The priority issues to be addressed include:

1. Diabetes
2. Mental Health (Depression, Suicide, Lack of Social Support)
3. High Blood Pressure
4. Access to Health Care
5. Substance Misuse (Alcoholism)

See Section 3 for goals, objectives and next steps for each priority selected to be addressed.

Priority Issues not to be Addressed

The priority issues that will not be addressed include:

1. Education
2. Asthma
3. Poverty
4. Infant Mortality, Low Birth Weight, Teen Births
5. Cancer

See Section 4 for an explanation of why the Hospital is not addressing these issues.

Board Approval

On May 5, 2020, the AdventHealth Carrollwood Board approved the Community Health Plan goals, objectives and next steps. A link to the 2020 Community Health Plan was posted on the Hospital's website prior to May 15, 2020. The Community Health Plan can be found at https://www.adventhealth.com/community-health-needs-assessments.

Ongoing Evaluation

AdventHealth Carrollwood's fiscal year is January – December. Implementation of the 2020 CHP begins upon its approval by the Board. The first annual evaluation will begin from the date of implementation through the end of the calendar year. 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 Carrollwood at https://www.adventhealth.com/community-health-needs-assessments.

CHP PRIORITY 1

Diabetes

Diabetes is the seventh leading cause of death in the U.S. affecting 29 million people. More than 80 million people in the U.S. are pre-diabetic, meaning they are at an increased risk of developing diabetes in the next few years. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases. In the AdventHealth Carrollwood Primary Service Area (PSA), 10% of adults have been diagnosed with diabetes, which is higher than the state average of 9%.

AdventHealth Carrollwood and AdventHealth Tampa are committed to working together with local community organizations and stakeholders to implement effective strategies to reduce the burden of diabetes by supporting health education in the community and increasing access to diabetes prevention resources. The Hospital will also address this priority through the AdventHealth Food is Health® signature program. The Food is Health® program is provided at no cost for community members who do not have the means or transportation to include fresh vegetables and fruits in their diet. Food is Health® reaches into communities to improve the overall health and wellness of adults living in food deserts or low-income/low-access areas. The Food is Health® program is a regional initiative, which appears on multiple Community Health Plans. These are regional initiatives, which appear on multiple Community Health Plans. However, the projected and reported numbers below are specific to AdventHealth Carrollwood.

Goal	**Improve access to health education, support programs and resources related to the self-management of diabetes.**
Objective	Increase access to diabetes education among underserved community members residing in the Hospital's PSA by sponsoring the training costs for two health educators from Tampa Family Health Center in the Diabetes Self-Management Education and Support (DSMES) curriculum from a baseline of zero health educators by the end of year three (December 31, 2022).
Objective	Increase access to DSMES classes at Tampa Family Health Centers by referring 200 underserved/uninsured adults residing in the Hospital's PSA from a baseline of zero adults by the end of year three (December 31, 2022).

Objective	The Food is Health® program will support a series of 44 nutrition education class series among low income families in the PSA from a baseline of 15 by the end of year three (December 31, 2022).
Objective	The Food is Health® program will distribute 1,760 produce vouchers (valued at $10 each) to program participants from a baseline of 1,399 by the end of year three (December 31, 2022).
Objective	The Food is Health® program will build and maintain partnerships with local community organizations serving low income/low access communities by engaging 18 community partners from a baseline of 16 by the end of year three (December 21, 2022).
Objective	The Food is Health® program will increase the number of participants among low-income families in the PSA to 440 from a baseline of 204 by the end of year three (December 31, 2022).
Objective	The Food is Health® program will increase the number of health screenings among adults living in food deserts or low income/low access communities to 660 from a baseline of 381 by the end of year three (December 31, 2022).
Objective	The Food is Health® community employee volunteer initiative will increase Hospital staff/team volunteer participation efforts with organizations addressing food security from a baseline of zero hours to 600 hours by the end of year three (December 31, 2022).
Goal	**To increase education and awareness of existing community resources related to diabetes self-management by engaging with community organizations and other community stakeholders to educate their frontline staff members.**
Objective	Increase awareness of hospital sponsored community benefit programs and resources available to uninsured/underinsured adults and youth residing in the Hospital's PSA through a partnership with the Crisis Center of Tampa Bay (CCTB) by providing three informative in-service presentations to Intervention Specialists teams at CCTB from a baseline of zero presentations by the end of year three (December 31,2022).
Objective	Partner with the Tampa Family Health Centers to increase awareness of hospital sponsored community benefit programs and resources available to uninsured/underinsured adults and youth residing in the Hospital's PSA by providing three informative in-service presentations to Tampa Family Health Centers' social workers from a baseline of zero presentations by the end of year three (December 31, 2022).

Hospital Contributions

- Sponsor diabetes education training cost for Tampa Family Health Centers' health educators (e.g. Diabetes Self-Management Education and Support Training).
- Community benefit staff to actively participate in community meetings with partners addressing diabetes.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing diabetes.
- Community benefit staff to strategically align with internal Hospital case management teams and AdventHealth Care 360 Transition[1] teams to connect community members with resources to address diabetes.
- Provide community benefit staff to manage, implement and evaluate the Food is Health® program.
- Community outreach nurse teams to provide free biometric screenings for Food is Health® program participants.
- Cover costs to provide free produce for Food is Health® program participants.

Community Partners

- Tampa Family Health Centers to provide health educators to complete DSMES training and provide diabetes self–management classes to the community.
- Collaborative relationships with local sites (churches, community centers, schools) to host free community education and training opportunities.
- Tungett Citrus & Produce, a local produce vendor, to provide culturally appropriate nutritious food options among program participants.

[1] AdventHealth's Care 360 Transition teams assist the patient by conveniently connecting the patient with health care resources and services needed for a successful recovery before leaving our hospital.

CHP PRIORITY 2

Mental Health

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability for adults, children and adolescents. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug misuse, violent or self-destructive behavior and suicide. 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 age 25 to 34. In the AdventHealth Carrollwood Primary Service Area (PSA), the rate of death due to self-harm (suicide) is 12.92 per 100,000 of the population. Furthermore, about 21% of the Medicare-fee-for-service population in the PSA are depressed, which is higher that the state average of 19%.

AdventHealth Carrollwood and AdventHealth Tampa will work together on the initiatives below to establish new community partnerships with local organizations, leaders and stakeholders to implement strategies that will reduce the stigma associated with mental health by increasing public awareness with mental health education and training opportunities. Although AdventHealth Carrollwood and AdventHealth Tampa will collaborate on initiatives to address mental health, the outcomes below are specific to AdventHealth Carrollwood.

Goal	**Reduce the stigma associated with mental illness in youth and adults by providing access to health education to help communities better understand and respond to signs of mental illness and substance use disorders.**
Objective	Increase the number of Mental Health First Aid USA certification training classes provided for free to community members residing in the Hospital's PSA to three certification classes from a baseline of zero certification classes by the end of year three (December 31, 2022).
Objective	Increase hospital support of local advocacy groups that provide resources, interventions and support to adults and youth who are affected by mental illness in the Hospital's PSA by supporting three advocacy groups from a baseline of zero advocacy groups by the end of year three (December 31, 2022).
Objective	In partnership with Gracepoint Wellness and Hillsborough County National Alliance on Mental Illness, create and implement three local social media campaigns to raise awareness of mental health (sharing both the challenges of the problem and success stories of overcomers) from a baseline of zero by the end of year three (December 31, 2022).

Goal	**Increase community-level partnerships to enhance existing efforts currently addressing factors that impact suicide/depression in youth and adults.**
Objective	Increase the number of Hillsborough County NAMI *Ending the Silence* presentations provided for free to middle and high school-aged youth residing in the Hospital's PSA to six classes from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase the number of Hillsborough County NAMI *In Our Own Voice* presentations provided for free to adults residing in the Hospital's PSA to six classes from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase the amount of paid staff time for Hospital staff/team members to volunteer with community organizations addressing mental health from a baseline of zero hours to 200 hours by the end of year three (December 31, 2022).

Hospital Contributions

- Community benefit staff to manage, implement and evaluate community mental health strategies to reduce stigma and increase community awareness.
- Provide free Mental Health First Aid certification classes to Hillsborough County community members (cover cost of training materials, certifications, meals, staff training, etc.).
- Cover costs associated with training community benefit staff as Mental Health First Aid USA instructors.
- Community benefit staff to actively participate in community meetings with partners addressing mental health.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing mental health.
- Provide Hospital staff paid time of four hours per quarter to participate in volunteer activities addressing mental health.

Community Partners

- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address mental health.
- Gracepoint Wellness to provide linkages to patient care for mental health and substance use disorders for patients seen in the Hospital's emergency department (provide space in emergency room, financial support per patient, etc.).
- All4HealthFL Collaborative (a coalition of local hospitals and Florida Department of Health teams) working together to address behavioral health in Hillsborough County.

CHP PRIORITY 3

High Blood Pressure

One in three adults in the U.S. have high blood pressure, a leading risk factor for heart disease and stroke, and only half of diagnosed individuals have their blood pressure under control. High blood pressure often does not present symptoms, and it is referred to as the "silent killer." Smoking tobacco has been shown to cause a temporary increase in blood pressure. According to the American Heart Association, smoking and exposure to secondhand smoke, similar to high blood pressure, increases the risk for heart attacks and stroke. In the AdventHealth Carrollwood Primary Service Area (PSA), approximately 30% of adults have high blood pressure, which is higher than the state average of 28%.

AdventHealth Carrollwood and AdventHealth Tampa are committed to working together with local community organizations and stakeholders to implement effective strategies to reduce the prevalence of high blood pressure by providing health education in the community and connecting community members to resources to help manage their blood pressure and quit smoking. Although AdventHealth Carrollwood and AdventHealth Tampa will collaborate on initiatives to address high blood pressure, the outcomes below are specific to AdventHealth Carrollwood.

Goal	**Increase access to early intervention programs and blood pressure management education by engaging community organizations and stakeholders.**
Objective	Increase access to blood pressure management education among underinsured/uninsured community members by providing medical supplies to two local community clinics from a baseline of zero by the end of year three (December 31, 2022).
Goal	**Decrease the use of tobacco products in adults and youth in the primary service area.**
Objective	Partner with Gulf Coast Area Health Education Center (AHEC) to increase community awareness of free programs and resources available for tobacco cessation by providing nine community lunch and learn sessions from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase knowledge of free tobacco cessation programs and tobacco prevention/treatment resources for patients at discharge by partnering with AHEC to provide continuing education classes to 200 team members (treating patients with tobacco use) from a baseline of zero by the end of year three (December 31, 2022).
Objective	Provide patient referrals at discharge to enroll in free AHEC tobacco cessation programs and receive free intervention therapies to quit smoking tobacco. Through a partnership with AHEC, create an internal referral system to link adults residing in the Hospital's PSA,

	providing resources for 50 patients from a baseline of zero by end of year three (December 31, 2022).
Objective	Increase access to tobacco cessation classes for adults residing in the Hospital's PSA by 10 classes from a baseline of zero by the end of year three (December 31, 2022).

Hospital Contributions

- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Community outreach nurse teams are paid for volunteer hours to provide education and free biometric screenings for community members participating in the Pioneer Medical mobile clinic events.
- Community benefit staff to work with the AdventHealth Care 360 Transition Specialist, Case Management Department and AHEC staff to track and report referrals from Hospital to smoking cessation classes.
- Community benefit staff to actively participate in community meetings with partners addressing high blood pressure.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing high blood pressure.
- Provide Hospital staff paid time of four hours per quarter to participate in volunteer activities addressing tobacco use.

Community Partners

- American Heart Association to expand community benefit programs aimed to increase community awareness of the negative impacts of tobacco use on heart health (youth vaping crisis initiative and advocacy efforts).
- Pioneer Medical Group to provide uninsured/underused patient referrals for access to primary care services.
- Gulf Coast Area Health Education Center (Tobacco Free Florida AHEC Cessation Program) to provide free education and resources (patches and other quit aids) for smoking cessation.
- Collaborative relationships with local sites (churches, community centers, schools) to host free community education and training opportunities.

CHP PRIORITY 4

Access to Health Care

Access to health care is the equitable use of health services to achieve the highest level of health. Barriers to accessing health care services include cost of care, insurance coverage, availability of services and culturally competent care. Failure to overcome these barriers leads to delayed care, health complications and financial burdens. Accessing health care services is vital to prevent and treat diseases thereby reducing the likelihood of disability and premature death. In the AdventHealth Carrollwood Primary Service Area (PSA), 17% of adults and 5% of children are uninsured or underinsured. Additionally, 28% of adults do not have a regular doctor, which is higher than the state average of 25%.

AdventHealth Carrollwood and AdventHealth Tampa are committed to working together with local community organizations and stakeholders to develop new strategies and support existing community initiatives aimed at increasing access to primary care services and health care navigation for underinsured/uninsured community members. Although AdventHealth Carrollwood and AdventHealth Tampa will collaborate on initiatives to address access to health care, the outcomes below are specific to AdventHealth Carrollwood.

Goal	**To implement strategies to support community efforts to improve access to primary care providers.**
Objective	Increase the number of underinsured/uninsured community members referred from Hospital sponsored community events to follow up primary care services at Calvary Community Clinic to 75 community members from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase community awareness of free primary health care for underinsured/uninsured families residing in the Hospital's PSA by providing 400 referrals at patient discharge from a baseline of zero to Calvary Community Clinic by the end of year three (December 31, 2022).
Goal	**To increase partnerships with local community organizations with resources to offer community members assistance with gaining health insurance coverage.**
Objective	Partner with Family Healthcare Foundation to increase access to the workshop "Navigating the Healthcare Plan" for adults residing in the Hospital's PSA by 10 workshops from a baseline of zero workshops by the end of year three (December 31, 2022).

Objective Increase the amount of paid staff time for Hospital staff/team members to volunteer with community organizations addressing access to health care from a baseline of zero hours to 50 hours by the end of year three (December 31, 2022).

Hospital Contributions

- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Cover costs associated with hosting Family Healthcare Foundation workshops (food, printing of materials, etc.).
- Provide Hospital chaplains to identify faith congregations to participate in Family Healthcare Foundation workshops.
- Cover cost to provide free marketing to increase community awareness of free community clinic services.
- Community benefit staff to actively participate in community meetings with partners addressing access to health care.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing access to health care.

Community Partners

- Family Healthcare Foundation to provide underinsured/uninsured individuals and families assistance with enrollment into local and federally funded health insurance plans.
- Calvary Community Clinic to provide free primary health care including diagnosis, treatment and follow-up care for patients referred by the Hospital.
- Collaborative relationships with local sites (churches, community centers, schools) to host free community education and training opportunities.

CHP PRIORITY 5

Substance Misuse

Substance misuse is the repeated use of harmful mind-altering substances such as drugs and alcohol. Excessive use of alcohol can have immediate health effects, including unintentional injury, violence, alcohol poisoning, risky sexual behaviors and miscarriage among pregnant women. It can also have long-term health effects, including high blood pressure, heart disease, liver disease, dementia, depression and cancer. In addition to causing serious health problems, alcohol misuse can also lead to social problems, such as unemployment, divorce, domestic abuse and homelessness. Underage drinking, or alcohol consumption by those under the age of 21, has been linked to death from alcohol poisoning, suicide, unintentional injury and alcohol dependence later in life. In the U.S., excessive alcohol use was the cause of 1 in 10 deaths among adults between the ages of 20-64. In 2010, people under the age of 21 accounted for 189,000 emergency department visits for injuries and other conditions related to alcohol use. In the AdventHealth Carrollwood Primary Service Area (PSA), 19% of adults aged 18 and above drank excessively, which is higher than the state average of 17%.

AdventHealth Carrollwood and AdventHealth Tampa are committed to working in partnership with local community organizations and stakeholders to develop new strategies and support existing community initiatives aimed at addressing the negative impact on health and wellness of individuals, families, and the overall community caused by the misuse of alcohol. Although AdventHealth Carrollwood and AdventHealth Tampa will collaborate on initiatives to address substance misuse (focus on addressing the misuse of alcohol), the outcomes below are specific to AdventHealth Carrollwood.

Goal	**To increase access to treatment programs for substance misuse treatment, specifically for alcoholism, by creating partnerships with community organizations and stakeholders.**
Objective	Increase partnerships with local community organizations that provide resources, interventions and support to adults residing in the Hospital's PSA who are recovering from alcoholism by creating three partnerships from a baseline of zero partnerships by the end of year three (December 31, 2022).
Objective	Increase access to community support groups for adults residing in the Hospital's PSA who are recovering from alcoholism by sponsoring three ongoing support groups from a baseline of zero by the end of year three (December 31, 2022).

Goal	**To increase education and awareness of substance misuse related to alcoholism by engaging public schools and community organizations, members and stakeholders.**
Objective	Collaborate with the Tampa Alcohol Taskforce (Tampa Alcohol Coalition) in Hillsborough County to host at least one community summit from a baseline of zero summits to increase awareness of alcohol misuse and collaborate on local community strategies for connecting resources to community members residing in the Hospital's PSA by the end of year three (December 31, 2022).
Objective	Increase the amount of paid staff time for Hospital staff/team members to volunteer with community organizations addressing the misuse of alcohol use from a baseline of zero hours to 150 hours by the end of year three (December 31, 2022).

Hospital Contributions

- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Provide in-kind support to the substance misuse task force by hosting meetings and forums.
- Provide monetary support to the substance misuse task force to create community resource toolkits.
- Sponsor at least three alcohol related ongoing support groups in community locations (churches, community centers).
- Provide Hospital staff paid time of four hours per quarter to participate in volunteer activities addressing alcoholism.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing alcoholism.
- Community benefit staff to actively participate in community meetings with partners addressing alcoholism.

Community Partners

- Tampa Alcohol Coalition to expand partnerships with organizations addressing the misuse of alcohol.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address poverty/livable wage.

PRIORITIES THAT WILL NOT BE ADDRESSED

The Community Health Needs Assessment also identified the following priority health needs that will not be addressed. These specific issues and an explanation of why the Hospital is not addressing them, are listed below.

Potential challenges or barriers to addressing the need such as:

(1) The CHNAC felt that the issue/concern should not be addressed as an individual problem but can be indirectly impacted positively by first addressing multiple issues selected above by the Hospital CHNAC.

(2) CHNAC's did not perceive the ability to have a measurable impact on the issue with the current resources available to the community and the Hospital.

1. Education (Social Determinant of Health)

Education, and educational attainment, is a social determinant of health and is linked to health outcomes. Individuals with more education on average live longer and healthier lives compared to individuals with less schooling. In the AdventHealth Carrollwood PSA, 14% of the total population aged 25 and above do not have a high school diploma.

The CHNAC 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 Hospital at this time.

2. Asthma

Asthma is a chronic condition when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness and shortness of breath. In the AdventHealth Carrollwood PSA, 13% of adults have asthma.

The CHNAC 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 Hospital at this time.

3. Poverty

One of the greatest public health challenges is addressing poverty. Poverty increases the likelihood of an individual developing poor health. In reverse, poor health can also trap an individual in poverty. For example, those living in poverty may face competing priorities between paying for basic needs such as housing and food or paying for medical care. In the AdventHealth Carrollwood PSA, 20% of the community is below 100% of the federal poverty level ($25,750 for a family of 4 in 2019).

The CHNAC 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 Hospital at this time.

4. Infant Mortality, Low Birth Weight, Teen Births

Infant mortality is the death of an infant before their first birthday. In 2017, more than 22,000 infants died in the U.S. The causes of infant mortality include birth defects, maternal pregnancy complications, sudden infant death syndrome, low birth weight and injuries such as suffocation. In the AdventHealth Carrollwood PSA, the infant mortality rate is 8 deaths per 1,000 births.

The CHNAC felt that the issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing access to health care selected above by the Hospital CHNAC.

5. Cancer (prostate, breast, cervical, colon and rectum)

Cancer is the second leading cause of death in the U.S. Screening tools are an effective way to detect cancer early and increases chances of survival. In the AdventHealth Carrollwood PSA, the cancer mortality rate is 161 deaths per 100,000 population.

The CHNAC felt that cancer should not be addressed as an individual problem but can be indirectly impacted positively by first addressing access to health care, one of the priority issues selected above by the Hospital CHNAC.