

AdventHealth Dade City 2020-2022 COMMUNITY HEALTH PLAN



Florida Hospital Dade City, Inc.

d/b/a AdventHealth Dade City

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 Casio Jones, with contributions from members of AdventHealth Dade City Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth Dade City 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

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

Community Health Needs Assessment Process

AdventHealth Dade City in Dade City, FL, 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 Dade City 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. Please note, in response to COVID-19, AdventHealth is working to meet the needs of our community members who have been affected by the recent pandemic by collaborating with our partners to bring relief in this time of need and will update accordingly.

Priority Issues to be Addressed

The priority issues to be addressed include:

1. Dental Health
2. Heart Disease
3. Low Food Access (Social Determinant of Health)
4. Mental Health/Suicide/Depression
5. Obesity/Overweight

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. Asthma
2. Poverty/Livable Wage (Social Determinant of Health)
3. Transportation (Social Determinant of Health)
4. Cervix, Colon and Rectum Cancer

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

Board Approval

On May 5, 2020, the AdventHealth Dade City 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 Dade City'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 Dade City at <https://www.adventhealth.com/community-health-needs-assessments>.

CHP PRIORITY 1

Dental Health

Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge. In the AdventHealth Dade City Primary Service Area (PSA), the access to dentists rate is 33 per 100,000 population (in 2015), as compared to the state rate of 56.

AdventHealth Dade City and AdventHealth Zephyrhills will collaborate on the initiatives below and are committed to partnering with local community organizations and stakeholders to implement effective strategies to prevent oral diseases by providing health education in the community and increasing access to dental health services. The projected and reported numbers below are specific to AdventHealth Dade City.

Goal	Implement strategies to support community efforts to improve access to dental care providers.
Objective	Create a volunteer network of local dentists to volunteer at local community mobile dental clinics to provide free dental services to underinsured/uninsured adults residing in the Hospital's PSA by mobilizing three volunteer dentists from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase access to dental care among underinsured/uninsured adults residing in the Hospital's PSA by providing ongoing donations of dental medical supplies to at least one local community mobile dental clinic from a baseline of zero by the end of year three (December 31, 2022).
Goal	Improve access to health education, early intervention programs and resources related to oral health preventative dental care.
Objective	Partner with MORE HEALTH, Inc. to offer oral health training workshops to staff from local community agencies to increase access to oral health education to parents and youth residing in the Hospital's PSA. The Hospital will sponsor costs to train 45 community health providers from a baseline of zero by the end of year three (December 31, 2022).
Objective	Partner with Premier Community Healthcare to create a taskforce on dental care access in Pasco County and co-host with AdventHealth Zephyrhills at least two community summits from a baseline of zero summits to bring awareness, health education and develop action steps to address the problem of dental care access for underinsured/uninsured adults residing in the Hospital's PSA by the end of year three (December 31, 2022).

Hospital Contributions

- Community benefit staff to create volunteer network of dentists to volunteer at local community mobile dental clinics.
- Cover cost of donated medical supplies (ex. Masks, gloves, disinfectant wipes) to local community mobile dental clinic.
- Cover costs to train community health providers in oral health education workshops.
- Community benefit staff to recruit community partners to join a taskforce on dental care access in Pasco County.
- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Community benefit staff to actively participate in community meetings with partners addressing dental health.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing dental health.

Community Partners

- First Baptist Church and the Florida Baptist Convention to set-up their mobile dental unit and provide free oral health services to uninsured community members.
- Premier Community HealthCare, a local Federally Qualified Health Center (FQHC) serving Pasco County, to create a taskforce to address the problem of dental care access for underinsured/uninsured adults.
- MORE HEALTH, Inc., a local non-profit delivering free health education to school districts, to provide oral health training workshops for providers.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address dental health.

CHP PRIORITY 2

Heart Disease

Heart disease is the leading cause of death in the U.S., 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. Furthermore, smoking is a major risk factor for stroke. By managing blood pressure and cholesterol, eating a healthy diet, quitting smoking and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced. In the AdventHealth Dade City Primary Service Area (PSA), the rate of death due to heart disease per 100,000 population is 156, which is higher than the state rate of 150.

AdventHealth Dade City and AdventHealth Zephyrhills will collaborate on the initiatives below and are committed to partnering with local community organizations and stakeholders to implement effective strategies to reduce the burden of heart disease by providing health education in the community, increasing access to community health screenings and connecting community members to resources to help manage blood pressure and cholesterol. The projected and reported numbers below are specific to AdventHealth Dade City.

Goal	Improve access to health education, early intervention programs and resources related to prevention of heart disease.
Objective	Increase the number of Hospital sponsored American Heart Association (AHA) community CPR out-of-hospital bystander classes for adults and youth from a baseline of zero to three by the end of year three (December 31, 2022).
Objective	Provide patient referrals at discharge to enroll in free Gulf Coast Area Health Education Center (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 AHEC free tobacco cessation classes in adults residing in the Hospital's PSA by five classes from a baseline of zero by the end of year three (December 31, 2022).
Goal	Enhance community clinical linkages between community organizations and stakeholders to promote coordinated patient care strategies to control high blood pressure and high cholesterol.

Objective

Increase the number of underinsured/uninsured community members receiving linkages to follow up clinical care at Pioneer Medical Group by providing free biometric screenings and health education at a minimum of three Pioneer Medical Group free mobile clinic events for 75 patients from a baseline of zero patients by the end of year three (December 31, 2022).

Hospital Contributions

- Community outreach nurse teams are paid to volunteer to provide education and free biometric screenings for community members participating in the Pioneer Medical Group mobile clinic events.
- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Provide community benefit staff to work with the AdventHealth Care 360 Transition Specialist to track and report referrals to resources from the Hospital and the community addressing heart disease (food security programs, nutrition education, medication assistance, transportation to appointments, etc.). Transition Specialists connect patients with health care resources and services needed for a successful recovery before leaving the hospital.
- Community benefit staff to actively participate in community meetings with partners addressing heart disease.
- Community benefit staff and Hospital cardiopulmonary leadership teams to actively serve on community boards associated with addressing heart disease.

Community Partners

- American Heart Association to expand community benefit strategies to increase community access to heart disease education and training opportunities (community CPR training classes, CPR home kits and train-the-trainer education series).
- Pioneer Medical Group to provide uninsured/underinsured patient referrals for access to primary care services.
- Collaborative relationships with local sites (churches, community centers, schools) to host free community education and training opportunities.

CHP PRIORITY 3

Low Food Access

Low food access is defined as living more than half a mile from the nearest supermarket, supercenter or large grocery store. The ability to easily access and afford food greatly influences diet and overall health. People who have low food access face greater barriers to access affordable and healthy food, which can negatively affect health and wellness. In the AdventHealth Dade City PSA, 26% of the population has low food access.

AdventHealth Dade City and AdventHealth Zephyrhills will work together to address this priority through AdventHealth’s Food is Health® program. The Food is Health® program is a regional initiative, which appears on multiple Community Health Plans. However, the projected and reported numbers are specific to AdventHealth Dade City. 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. AdventHealth is committed to working together with local community organizations and stakeholders to implement effective strategies to address access to healthy food in communities.

Goal	Increase access to nutrition education by supporting community organizations and other community stakeholders offering health education and resources.
Objective	Provide the Food is Health® program to low-income families in the PSA by offering two class series from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase access to culturally appropriate nutritious food options among Food is Health® program participants through distributing 80 produce vouchers from a baseline of zero produce vouchers by the end of year three (December 31, 2022).
Objective	Increase new partnerships with local community organizations in the Food is Health® program by five partners from a baseline of zero partners by the end of year three (December 31, 2022).
Objective	Increase participation in the Food is Health® program among low-income families in the Hospital’s PSA to 20 participants from a baseline of zero by the end of year three (December 31, 2022).
Objective	Through the Food is Health® program increase access to health screenings among adults living in food deserts or low-income/low-access communities by 30 screenings from a baseline of zero screenings by the end of year three (December 31, 2022).
Goal	Implement strategies that support existing community initiatives aimed to address the problem of low food access in the Hospital’s PSA.

Objective	Partner with the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) Extension Pasco County to implement the “Healthy Corner Stores in Pasco County” initiative aimed at increasing the number of corner stores providing access to fresh produce to low-income/low-access communities in the Hospital’s PSA by six from a baseline of zero 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 200 hours by the end of year three (December 31, 2022).

Hospital Contributions

- 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 benefit staff to actively participate in community meetings with partners addressing low food access.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing low food access.
- Community benefit staff to strategically align with internal Hospital case management teams and Care 360 teams to connect community members with resources to address low food access.
- Provide Hospital staff paid time to participate in volunteer activities addressing low food access.

Community Partners

- Dube’s Mobile Market, a local produce vendor, to provide culturally appropriate nutritious food options among program participants.
- The University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) Extension Pasco County to provide nutrition education for Food is Health® class participants.
- The University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) Extension Pasco County to lead implementation of Healthy Corner Stores in Pasco County initiative.
- Collaborative relationships with local sites (churches, community centers, schools) to host Food is Health® classes.

CHP PRIORITY 4

Mental Health/Suicide/Depression

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 Dade City PSA, the rate of death due to self-harm (suicide) is 19 per 100,000 population. Also, about 22% of the Medicare-fee-for-service PSA population are depressed, which is higher than the state average of 19%.

AdventHealth Dade City and AdventHealth Zephyrhills will work together on the initiatives below to establish new community partnerships with local community organizations, local 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. The projected and reported numbers below are specific to AdventHealth Dade City.

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 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 two advocacy groups from a baseline of zero advocacy groups by the end of year three (December 31, 2022).
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 by three certification classes 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 social determinants of health that impact suicide/depression in youth and adults.
Objective	Increase the number of Pasco County NAMI <i>Ending the Silence</i> presentations provided for free to middle and high school-aged youth residing in the Hospital's PSA by three 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

- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Cover costs associated with printing community toolkit resource guides on mental illness and substance misuse.
- Provide free Mental Health First Aid certification classes to Pasco County community members (cover cost of training materials, certifications, meals, staff training).
- Cover costs associated with training community benefit staff as Mental Health First Aid USA instructors.
- Community benefit staff to work with the AdventHealth Care 360 Transition Specialist to track and report referrals to internal and external resources to address suicide/depression/mental health. Transition Specialists connect patients with health care resources and services needed for a successful recovery before leaving the hospital.
- Community benefit staff to actively participate in community meetings with partners addressing suicide/depression/mental health.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing suicide/depression/mental health.
- Provide Hospital staff paid time to participate in volunteer activities addressing mental health.

Community Partners

- NAMI Pasco to explore and expand additional community benefit partnerships to increase awareness of and access to suicide/depression/mental health resources, training opportunities and services.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address suicide/depression/mental health.
- All4HealthFL Collaborative (a coalition of local hospitals and Florida Department of Health teams) working together to address behavioral health in Pasco County.

CHP PRIORITY 5

Obesity/Overweight

According to the Centers for Disease Control and Prevention, an individual is considered obese when their weight is higher than what is considered a healthy weight for a given height. Body Mass Index (BMI), a number based on weight and height, is used to measure obesity. Obesity can be caused by behavioral and genetic factors. Another factor that contributes to obesity is the built environment. For example, where one lives, and/or if one has access to healthy food and the ability to exercise outside. Serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers can be caused by obesity. From 2015–2016, obesity affected about 93 million adults and 13 million children in the U.S. In the AdventHealth Dade City PSA, 32% of adults are obese (BMI greater than 30), while 39% of adults in the PSA are considered overweight (BMI between 25 and 30).

AdventHealth Dade City and AdventHealth Zephyrhills will collaborate on the initiatives below and are committed to partnering with local community organizations and stakeholders to implement effective strategies to address obesity by providing health education in the community. The projected and reported numbers below are specific to AdventHealth Dade City.

Goal	Improve access to health education, support programs and resources related to the obesity.
Objective	Partner with Premier Health Care to increase access to obesity programs among underserved youth and families residing in the Hospital’s PSA by co-sponsoring with AdventHealth Zephyrhills the costs to implement one KidShape program, a family-based intervention for overweight children, community site from a baseline of zero sites by the end of year three (December 31, 2022).
Objective	Partner with MORE HEALTH, Inc. to offer nutrition and healthy lifestyles train-the-trainer workshops to members/staff from local community churches to increase access to nutrition education to underserved families residing in the Hospital’s PSA by sponsoring costs to train 25 members/church staff members from a baseline of zero by the end of year three (December 31, 2022).

Goal	Implement strategies that support existing community initiatives aimed to address the problem of obesity in the Hospital's Primary Service Area (PSA).
Objective	Sponsor cost of registration fees for the healthy heart program, a 12-week exercise training program at AdventHealth Zephyrhills Wellness Center (includes healthy eating classes, educational seminars and personal fitness assessments), by providing seven scholarship vouchers for underinsured/uninsured participants residing in the Hospital's PSA from a baseline of zero by 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 obesity from a baseline of zero hours to 200 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.
- Community benefit staff to actively participate in community meetings with partners addressing obesity.
- Community benefit staff and the Hospital's leadership teams paid time and associated travel cost expenses to actively serve on community boards associated with addressing obesity.
- Community benefit paid staff hours and associated travel cost expenses to actively participate in community meetings with partners addressing obesity.
- Provide Hospital staff paid time to participate in volunteer activities addressing obesity and overweight.

Community Partners

- Premier Community Health Care to implement the KidShape program.
- Pasco County Schools to explore and expand additional community benefit partnerships to increase awareness of and access to student health resources and staff training opportunities.
- Collaborative relationships with local sites (churches, community centers, schools) to host free community education and training opportunities.

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 a need:

(1) The issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing multiple issues selected above by the Hospital's Community Health Needs Assessment Committee (CHNAC).

(2) The CHNAC 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. 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 Dade City PSA, 16% of adults aged 18 and above have asthma.

2. Poverty/Livable Wage (Social Determinant of Health)

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 Dade City PSA, 18% of the community is below 100% of the federal poverty level (\$25,750 for a family of four in 2019).

3. Transportation (Social Determinant of Health)

A poor transportation system prevents those who do not own a car or have reliable transportation from accessing health care. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. In the AdventHealth Dade City PSA, less than 1% of the population uses public transportation as their primary means to commute to work.

4. Cervix, Colon and Rectum Cancer

Cancer is the second leading cause of death in the U.S. with more than 100 types. Many are preventable and research advances in detection and treatment have greatly improved survival rates. In the AdventHealth Dade City PSA, the rate of death due to cancer is 171 per 100,000 population.