2022 AdventHealth Tampa Community Health Needs Assessment

Extending the Healing Ministry of Christ

AdventHealth

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Letter From Leadership

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

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

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

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

In His Service,

Terry Shaw
President and CEO
AdventHealth

Executive Summary

University Community Hospital, Inc. d/b/a AdventHealth Tampa will be referred to in this document as AdventHealth Tampa or "the Hospital". AdventHealth Tampa in Tampa, Florida conducted a community health needs assessment from August 2021 to June 2022. The goals of the assessment were to:

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

The All4HealthFL Collaborative

In order to ensure broad community input, AdventHealth Tampa took part in the All4HealthFL Collaborative, referred to as the Collaborative, to help guide the Hospital through the assessment process. The Collaborative included representation from AdventHealth, BayCare Health System, Bayfront Health St. Petersburg, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health, Tampa General Hospital and The Florida Department of Health in Hillsborough, Pinellas, Pasco and Polk counties. This included intentional representation from those serving low-income, minority and other underserved populations.

The Collaborative met seven times in 2021 - 2022. They reviewed the primary and secondary data and helped to identify the top priority needs in the community.
A list of Collaborative members can be found in Process, Methods and Findings.

Community Health Needs Assessment Committee

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

Data

AdventHealth Tampa in collaboration with the Collaborative collected both primary and secondary data. The primary data included community surveys and community focus groups. In addition, public data was utilized from state and national data sources. Primary and secondary data was compiled and analyzed to identify the top six aggregate issues. To read more about the county level findings and data highlighted in the report, please visit https://www.all4healthfl.org/.
See Process, Methods and Findings for data sources.

Community Asset Inventory

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

Selection Criteria

The Collaborative held a prioritization meeting with community organizations and community members to rank the needs based on the data. The criteria used for prioritization during the meeting was also the same used by the CHNAC.
See Prioritization Process for more.

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

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

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

Priority Issues to be Addressed

The priority issues to be addressed are:

1. Access to Health and Social Services

2. Behavioral Health (Mental Health & Substance Misuse)

See Priorities Addressed for more.

Approval

On December 20, 2022, the AdventHealth Tampa Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2022 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2022.

Next Steps

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

About AdventHealth

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

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

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

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

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

AdventHealth Tampa

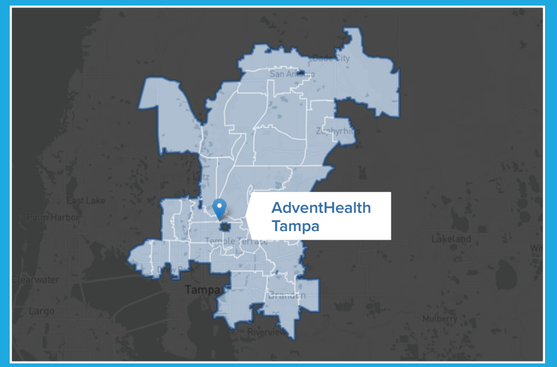
AdventHealth Tampa is a not-for-profit 536-bed tertiary hospital specializing in cardiovascular medicine, digestive health, neuroscience orthopedics, women's services, pediatrics, oncology, endocrinology, bariatrics, wound healing, sleep medicine and general surgery including minimally invasive and robotic- assisted procedures. Also located at AdventHealth Tampa is the renowned AdventHealth Pepin Heart Institute, a recognized leader in cardiovascular disease prevention, diagnosis, treatment and leading-edge research. They are accredited by the American College of Cardiology in Chest Pain, Heart Failure, Cardiac Cath Lab, Electrophysiology, Transcatheter Valve Certified and awarded the HeartCARE™ Center designation. The modern adult and pediatric-dedicated emergency rooms introduce the emergency physician at the beginning of the visit, an example of how AdventHealth Tampa is committed to providing compassionate and quality healthcare. For more information, visit www.AdventHealthTampa.com.

COMMUNITY OVERVIEW

Community Description

Located in Hillsborough County, Florida, AdventHealth Tampa defines its community as the Primary Service Area (PSA), the area in which 75-80% of its patient population lives. This includes 32 zip codes across Hillsborough and Pasco Counties.

According to the 2020 Census, the population in the AdventHealth Tampa community has grown 16.5% in the last ten years to 938,290 people. This reflects a larger percentage of growth than in the United States since the last Census but less than that of the state of Florida. Demographic and community profile data in this report are from publicly available data sources such as the US Census Bureau and the Center for Disease Control and Prevention unless indicated otherwise. Data are reported for the Hospital's PSA, also referred to as the community, unless listed for a specific county. The Collaborative conducted the CHNA with a county-level approach, therefore county-level data are included throughout the CHNA report in addition to Hospital PSA-level data. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.



Community Profile

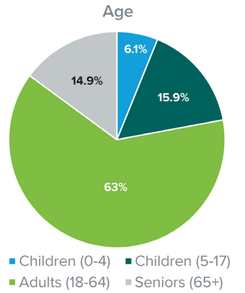
Age and Sex

The median age in the Hospital's community is 38, less than that of the state, which is 42.2, and similar to that of the US, 38.2.

Females are the majority, representing 51% of the population. Middle aged women, 40-64, are the largest demographic in the community at 16.6%. Young adult males, 18-39, are the second largest demographic group at 16.2%.

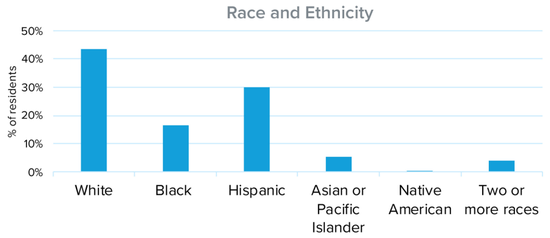
Children are 22% of the total population in the community. Infants, those zero to four, are 6.1% of that number. The community birth rate is 47.8 births per 1,000 women aged 15-50, which is lower than the US average of 51.9 and that of the state, 48.3. In the Hospital's community, 20.5% of children aged 0-4 and 19.4% of children aged 5-17 live in poverty.

Seniors, those 65 and older, represent 14.9% of the total population in the community. Females are 55.6% of the total senior population.



Race and Ethnicity

In the Hospital's community, 43.6% of the residents are non-Hispanic White, 16.4% are non-Hispanic Black and 30% are Hispanic or Latino. Residents that are of Asian or Pacific Islander descent represent 5.3% of the total population, while 0.2% are Native American and 3.9% are two or more races.



Social Determinants of Health

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

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

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

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

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

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

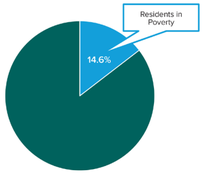
Neighborhood and Built Environment: This includes areas like quality of housing, access to transportation, availability of healthy foods and neighborhood crime and violence.

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

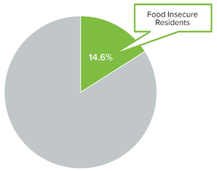
Economic Stability

Income

The median household income in the Hospital's community is $63,060. This is below the median for the state and the US. The poverty rate in the community is 14.6%, which is higher than the state and the national rate.

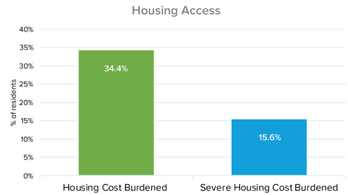


Food Insecurity and Housing Stability



People who are food insecure, having reduced quality and/or amount of food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.[1] Feeding America estimates for 2020[2] showed the food insecurity rate in the Hospital's community as 14.6%.

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



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

Education Access and Quality

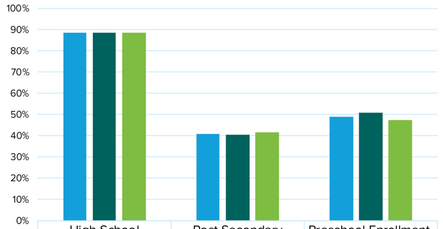
Research shows education can be a predictor of health outcomes, as well as a path to address inequality in communities.[4] Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can lead to better jobs, which can result in increased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

In the Hospital's community, there is an 88.5% high school graduation rate, which is the same as both the state and national rate. The rate of people with a post-secondary degree is also similar in the Hospital's community to that of the state and the nation.

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

In the Hospital's community, 48.8% of 3–4-year-olds were enrolled in preschool. This is lower than the state (51%) and slightly higher than the national (47.4%) rate. There is a large percentage of children in the community who may not be receiving these early foundational learnings.

Educational Attainment



	High School Graduation Rate	Post Secondary Degree Rate	Preschool Enrollment Rate
Hospital's Community	88.5%	40.7%	48.8%
Florida	88.5%	40.5%	51.0%
United States	88.5%	41.6%	47.4%

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

Health Care Access and Quality

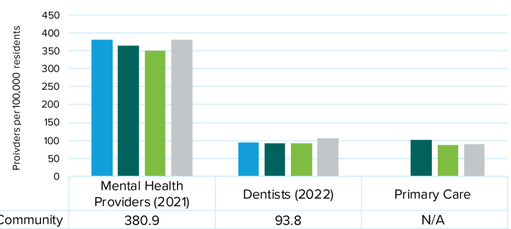
In 2020, 12.9% of community members aged 18-64 were found to not have health insurance. A lack of health insurance can lead to delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.[6]

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

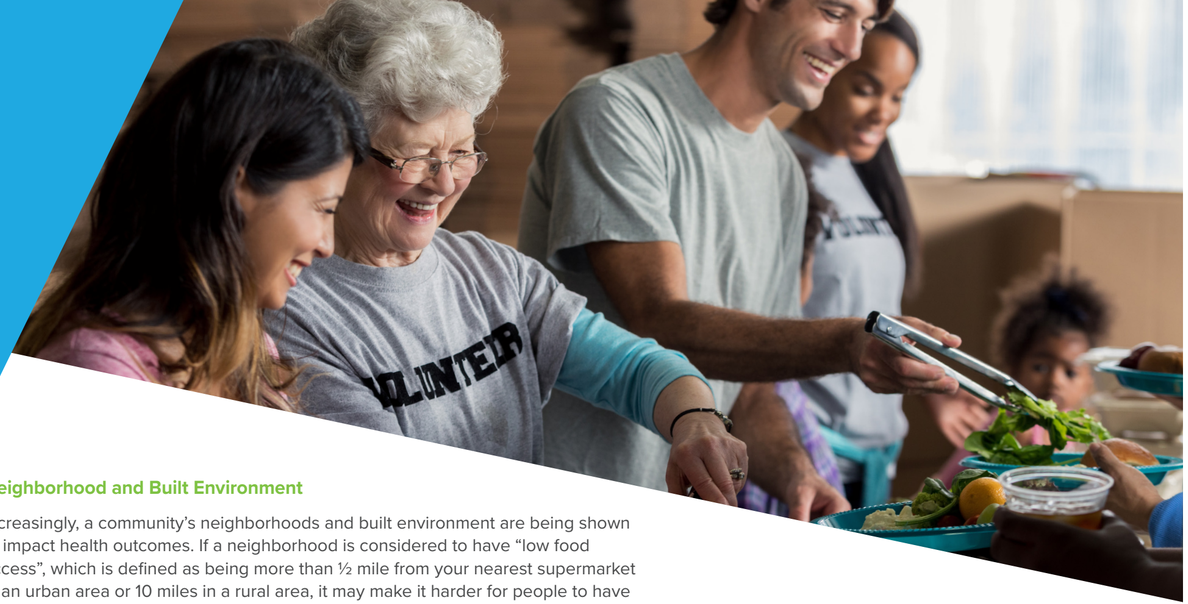
Routine checkups can provide an opportunity to identify potential health issues and, when needed, develop care plans. In the Hospital's community, 76.3% of people report visiting their doctor for routine care.

6 Health Insurance and Access to Care (cdc.gov)

Providers per Capita



	Mental Health Providers (2021)	Dentists (2022)	Primary Care
Hospital's Community	380.9	93.8	N/A
Hillsborough County	363.6	91.6	101.5
Florida	350.7	91.5	86.5
United States	381.9	106.4	89.1

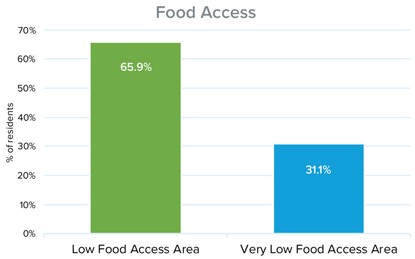


Neighborhood and Built Environment

Increasingly, a community's neighborhoods and built environment are being shown to impact health outcomes. If a neighborhood is considered to have "low food access", which is defined as being more than ½ mile from your nearest supermarket in an urban area or 10 miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than 1 mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.[7] In the Hospital's community, 65.9% of the community lives in a low food access area, while 31.1% live in a very low food access area.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to accessing health care, healthy food and maintaining employment. In the community, 6.5% of households do not have an available vehicle.

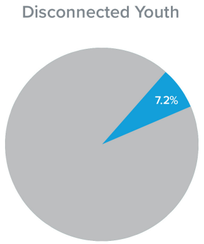


7 A Neighborhood's Built Environment May Have Numerous Effects on Its Residents' Health - RWJF

Social and Community Context

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

In the community, 7.2% of youth aged 16-19 were reported as disconnected, which means they were neither enrolled in school nor working at the time. Also, in the community 22.9% of seniors (age 65 and older) report living alone and 6.1% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.



8 Social and Community Context - Healthy People 2030 | health.gov

Process, Methods and Findings

Process and Methods

The Process

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

The Hospital partnered with local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members, to form the All4HealthFL Collaborative to guide the assessment process. The Collaborative is a regional effort through which health systems and departments of health spanning four counties work to improve community health by leading outcome driven initiatives addressing the needs found in the assessment. The Collaborative included representation for Hillsborough County from the Hospital, BayCare Health System, Johns Hopkins All Children's Hospital, Moffitt Cancer Center, Tampa General Hospital and The Florida Department of Health in Hillsborough County. The Collaborative worked with Conduent Healthy Communities Institute (HCI), an independent agency, to aid in the data collection and assessment process. **To read more about the county level findings and data highlighted in the report, please visit https://www.all4healthfl.org/.**

All4HealthFL Collaborative Members

Individuals on the Collaborative represented large and specialty health care systems; as well as the DOH - Hillsborough, all sharing a unified vision of creating impactful community health improvement. As part of this shared vision, Collaborative members recognized the value of the voices of the community and the necessity of trusted relationships in these communities to affect real change. Collaborative members serving as stewards for the Hillsborough community included:

Community Partners

Kimberly Williams, Director of Community Benefit, AdventHealth

Amber Windsor-Hardy, Program Manager, AdventHealth

Alison Grooms, Community Health Coordinator, AdventHealth

Lisa Bell, Director of Community Benefit, BayCare

Leah Gonzalez, Community Benefit Coordinator, BayCare

Jamie Laraia, Community Benefit Specialist, BayCare

Colleen Mangan, Community Benefit Analyst, BayCare

Krista Cunninghamn, Community Outreach Coordinator, BayCare

Dr. Leslene Gordon, Community Health Director, DOH - Hillsborough

Allison Nguyen, Program Manager, DOH - Hillsborough

Olga Tomasello, Health Educator Consultant, DOH - Hillsborough

Chedeline Apollon, Senior Human Services Program Specialist, DOH - Hillsborough

Stephanie Sambatakos, Community Health Improvement Supervisor, Johns Hopkins All Children's Hospital

Dr. Nathanael Stanley, Data Analyst and GIS Specialist, Moffitt Cancer Center

Tamika Powe, Director of Community Benefit, Tampa General Hospital

Community Input

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

Community Survey

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

Focus Groups

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

Secondary Data

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

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

The Findings

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

Access to Health and Social Services

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

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

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

Behavioral Health (Mental Health and Substance Misuse)

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

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

Cancer

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or non-cancerous (benign).

Exercise, Nutrition and Weight

Being physically active means movement of the body to get to and from places, for work or for leisure. Regular physical activity is proven to help prevent and manage noncommunicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being.

Nutrition can be defined as a substance that is taken into the body as food, which influences health, while healthy eating means eating a variety of foods that give you nutrients you need to maintain your health, feel good and have energy. Many people in the United States don't eat a healthy diet, which could be because some people don't have the information needed to choose healthy foods or don't have access to healthy foods or can't afford to buy enough food. People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at an increased risk for obesity, heart disease, type 2 diabetes and other health problems.

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. Obesity is measured by an individual's body mass index (BMI). The prevalence of obesity continues to increase in the United States. Obesity is common, serious and costly. This epidemic is putting a strain on American families, affecting overall health, health care costs, productivity and military readiness. Moreover, obesity can have negative health outcomes since obesity can lead to type 2 diabetes, heart disease and some cancers.

Heart Disease and Stroke

The term "heart disease" refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease (CAD), which affects the blood flow to the heart. Decreased blood flow can cause a heart attack. Sometimes heart disease may be "silent" and not diagnosed until a person experiences signs or symptoms of a heart attack, heart failure or an arrhythmia.

Stroke is a disease that affects the arteries leading to and within the brain. It is the fifth leading cause of death and a leading cause of disability in the United States. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die.

Immunizations and Infectious Diseases

Vaccination is the act of introducing a vaccine into the body to produce immunity to a specific disease. It uses your body's natural defenses to build resistance to specific infections and makes your immune system stronger. Vaccines train your immune system to create antibodies, just as it does when it's exposed to a disease. However, because vaccines contain only killed or weakened forms of germs like viruses or bacteria, they do not cause the disease or put you at risk of its complications.

PRIORITIES SELECTION

Prioritization Process

The Collaborative narrowed down the needs of the community to a list of three priorities with input from 61 participants from collaborating organizations, as well as other community partners. These participants represented a broad cross section of experts and organizational leaders with extensive knowledge of the health needs in the community. They represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community.

Participants joined a two-hour virtual prioritization session, which included a presentation highlighting the findings from the data and the needs that were identified. The participants then were placed in smaller groups where they discussed the needs and how the needs were impacted by the social determinants of health. Following discussions, participants ranked the needs via an online prioritization process.

Each need was ranked individually using the following criteria:

- **A. Scope and Severity:** What is the magnitude of each health issue?
- **B. Ability to Impact:** What is the likelihood for positive impact on each health issue?

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

Need	Cumulative Score
Access to Health and Social Services	173
Behavioral Health (Mental Health & Substance)	172
Exercise, Nutrition and Weight	167.5
Heart Disease and Stroke	146
Immunizations and Infectious Diseases	133
Cancer	132.5

The Collaborative supported the ranking of needs prioritized during the exercise and chose to focus on the top three; Access to Health & Social Services, Behavioral Health (Mental Health & Substance Misuse) and Exercise, Nutrition & Weight.

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

The following health needs were chosen as priorities:

- **Access to Health & Social Services**
- **Behavioral Health (Mental Health & Substance Misuse)**

CHNAC Members

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

Name, Title	Organization	Services Provided	Populations Served
Dr. Dexter Frederick, Founder	Brain Expansion Scholastic Training (B.E.S.T. Academy)	Health education and public health education programs	Provides students, especially students of color, with educational programs focused specifically on health and public health
Dr. Leslene Gordon, Community Health Director	Florida Department of Health- Hillsborough County	Health care and health education programs	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations
Mark Sharpe, Executive Director	Tampa Innovation Alliance	Technology and business start-up programs	Serves general population of Hillsborough County seeking business start-ups and economic opportunities
Sarah Combs, Executive Director	University Area Community Development Center	Child and family development programs, economic development programs, adult education programs, youth programs, housing and workforce services	Serves at-risk youth and adult members in the area surrounding the University of South Florida in Tampa by spearheading programs for positive change in this community with child and family development programs, crime prevention and commerce growth
Teresa Kelly, Executive Director	Health Council of West Central Florida (HCWCF)	Health education, health consultancy, assessment, planning and advisory services	Serves the general population of Hillsborough, Hardee, Highlands, Manatee and Polk Counties by representing the health care concerns of these residents
Clara Reynolds, President and Chief Executive Officer	Crisis Center of Tampa Bay	Behavioral and mental health and crisis intervention programs	Provides behavioral health, crisis and trauma support services to youth and adults in the Tampa Bay area
Roya Tyson, Chief Operating Officer	Gracepoint	Health care and mental health services	Provides adult and pediatric emergency, outpatient and mental health services for adults and youth in the Tampa area
Brad Cassell, Pastor	Tampa First Seventh Day Adventist Church	Religious services and pastoral care	Serves the general Tampa Bay population through religious and outreach services
Harold Jackson, Community Liaison	Tampa Family Health Centers	Health care and outreach programs	Focuses on minority, low-income, underinsured/ uninsured populations but also serves general population by providing primary care services as well as health care, education and outreach support programs
Maria Russ, Supervisor of School Health Services	Hillsborough County Public Schools School Health Services	Public education services	Focuses on youth in the public school district of Hillsborough County by providing health services within the schools
Jacyln Clark, Area Director for Tampa Bay	Best Buddies International	Social support services	Focuses on those with disabilities and special needs but open to general population as well, by offering services including one on one friendships, employment opportunities, leadership development and inclusive living programs
Bruce Bergherm, President and Chief Executive Officer	AdventHealth Tampa	Health care	Serves the general population through hospital health care and emergency department services
Stella Smith, Lead Community Outreach Nurse	AdventHealth Tampa	Health care	Serves the adult community within the Tampa area by providing health screenings and other resources and programs; some services specifically targeted to the low-income, minority and underserved populations
Michelle Oswald-Bianchet, Marketing Director	AdventHealth Tampa	Health care	Serves the general population through hospital health care and emergency department services
Steven Ramsour, Assistant Vice President of Physician Development	AdventHealth Tampa	Health care	Serves the general population through hospital health care and emergency department services
Brandon Bougard, Assistant Vice President of Emergency Services and Critical Care	AdventHealth Tampa	Health care	Serves the general population through hospital health care and emergency department services
Michel Garcia-Miranda, Chaplain	AdventHealth Tampa	Health care	Serves the general population through hospital health care, emergency department services and pastoral care
Lori Blanton, Certified Diabetes Educator	AdventHealth Tampa	Health care	Serves patients of AdventHealth and general community members suffering from diabetes
Troy Ambrioso, Social Worker	AdventHealth Tampa	Health care	Serves the general population through hospital health care and emergency department services
Patricia Clark, Director of Care Management	AdventHealth Tampa	Health care	Serves the general population through hospital health care and emergency department services
Milton Bedingfield, Certified Diabetes Educator	AdventHealth Tampa	Health care	Serves patients of AdventHealth and general community members suffering from diabetes
Brittany Garner, Programs Manager	The Phoenix	Sober living programs	Specific focus on individuals who are sober from drugs and alcohol by providing active lifestyle programs that foster friendships and healthy living for a sober life

CHNAC Members continued

Name, Title	Organization	Services Provided	Populations Served
Christine Long, Chief Program Officer	Metropolitan Ministries	Housing programs	Safe housing, food, support and social services for those who are homeless or at-risk of becoming homeless
Beth Orr, Senior Director of Clinical Services	Metropolitan Ministries	Housing programs	Safe housing, food, support and social services for those who are homeless or at-risk of becoming homeless
Dr. Monica Rider, Chief Medical Officer	Tampa Family Health Centers	Health care and outreach programs	Focuses on minority, low-income, underinsured and uninsured populations but also serves general population by providing primary care services as well as health care, education and outreach support programs
Pamela Bradford, Expanded Food and Nutrition Education Program Supervisor	University of Florida/Institute of Food and Agriculture Sciences Extension Hillsborough County	Health education programs	Food and health education programs provided for low-income parents, caregivers and youth who struggle with limited resources
Kelly Presnell, Assistant Director of Marketing	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services
Daniel Reyes Fernandez, Director of Mission and Ministry	AdventHealth Tampa	Health care and pastoral care	Serves the general population through hospital health care, emergency department services and pastoral care
Tara Spiller, Health Educator Consultant	DOH - Hillsborough	Health care and health education programs	Provides health care services and health education programs with a focus on low-income, underserved, underinsured and uninsured populations
Mercellina Adonis, Executive Director	Calvary Community Clinic	Health care and health education	Provides health care and health education services for low-income, uninsured and underinsured community members of Tampa
Denyse Bales-Chubb, President and Chief Executive Officer	AdventHealth Tampa	Health care	Serves the general population through hospital health care, emergency department services and pastoral care
Kristin Dolan, Heart Failure Coordinator	AdventHealth Tampa	Health care	Serves the general population through hospital health care, emergency department services and pastoral care
Ellen Snelling, Chair	Hillsborough County Anti-Drug Alliance and Tampa Alcohol Coalition	Substance use education	Focus on providing substance use education and resources to adults and youth struggling with addiction
Maureen Guthke, Tobacco Program Assistant Director	University of South Florida Area Health Education Center (AHEC)	Health education and prevention programs	Health education and tobacco prevention programs for general public
Jonathan Terry, Manager of Corporate and Community Engagement	United Way Suncoast	Community improvement programs	Education, employment support, community improvement, disaster services and volunteer programs focused on serving the underserved populations
Joseph Romanus, Director of Case Management	AdventHealth Tampa	Health care	Serves the general population through hospital health care, emergency department services and pastoral care
Damar Ramos, Chest Pain Center Coordinator	AdventHealth Tampa	Health care	Serves the general population through hospital health care, emergency department services and pastoral care
Christina Perez, Public Relations Specialist	AdventHealth Tampa	Health care	Serves the general population through hospital health care, emergency department services and pastoral care
Sara Hendricks, Senior Research Associate	University of South Florida Center for Urban Transportation Research	Research, education and outreach programs	Research and expertise for general public
Kimberly Williams, Community Benefit Director	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations
Amber Windsor-Hardy, Community Health Program Manager	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations
Alison Grooms, Community Health Coordinator	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations
Alyssa Smith, Community Health Coordinator	AdventHealth West Florida Division	Health care	Division office for AdventHealth hospitals that serve the general population through hospital health care and emergency department services but community benefit programs are focused on low-income, minority, underserved populations

Available Community Resources

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

Top Issues	Current Community Programs	Current Hospital Programs
Access to Health and Social Services	• Gracepoint partnership with PCP • Walmart Health • Tampa Family Health Centers (representative onsite for quick follow up appointments and guidance for uninsured patients) • Tampa Bay Healthcare Collaborative • Family Healthcare Foundation • Calvary Community Clinic • Suncoast Community Health Centers, Inc. • Palm River Community Health Center	• Team member volunteerism • Mammography Bus
Behavioral Health (Mental Health and Substance Misuse)	• Gracepoint • Tampa Family Health Centers • Walmart Health • Veterans Counseling Veterans • Tampa Fire education programs • Tampa Bay Thrives • University of South Florida • National Alliance on Mental Illness (NAMI) Hillsborough • Drug Abuse Comprehensive Coordinating Office (DACCO) • The Phoenix Tampa • Tri-County Central Office Alcoholics Anonymous program Hillsborough • The Salvation Army Florida Adult Rehabilitation Center (ARC) • Cove Behavioral Health • Tampa Funcoast Area Narcotics Anonymous • Moffit Cancer Center Forever Free Cessation Clinic • Sober Living America • Families First Florida	• Mental Health First Aid classes • Team member volunteerism
Exercise, Nutrition and Weight	• Feeding Tampa Bay • UF/IFAS Extension of Hillsborough County • Florida Department of Health in Hillsborough County- health promotion and education • UACDC food pantry and community garden • Soaring City UP • Tampa Family Health Centers (community garden) • Tampa Family YMCA Community Recreation Services • Barksdale Active Adult Center	• AdventHealth Food is Health® • Team member volunteerism
Cancer	• American Cancer Society programs including Relay for Life, Road to Recovery, Reach to Recovery, Cancer Survivors Network and the 24/7 Cancer Helpline • Moffitt Cancer Center • Tampa Family YMCA Livestrong program • Tampa Bay Community Cancer Network	• Women's Health and Cancer Prevention Event • Prostate and colorectal screenings for men
Heart Disease and Stroke	• American Heart Association programs including CPR, Life's Essential 8, You're the Cure, Well-Being Works Better • Tampa Family YMCA'S Blood Pressure Self-Monitoring	• AdventHealth's free Community Hands-Only CPR classes • Health fairs and health screenings offered to the public • Early heart attack care • AED deployment
Immunizations and Infectious Disease	• Hillsborough County Department of Health's free or low-cost vaccinations • Children's Board of Hillsborough County's Family Resource Center • Palm River Community Health Center • Cove Behavioral Health free HIV testing and health education to general public • Tampa Family Health Centers • Suncoast Community Health Centers • All Woman's Health Center	• Women's Health and Cancer Prevention Event • Prostate and colorectal screenings for men

Priorities Addressed

Access to Health and Social Services

Over thirty-six percent (36%) of community survey respondents ranked Access to Health Care as a pressing quality of life issue. Reasons that prevented survey respondents from getting medical care they needed included: unable to schedule an appointment when needed, unable to afford to pay for care, cannot take time off work, doctor's offices that do not have convenient hours. Other barriers included: Medicaid changes, higher than anticipated co-payments, COVID-19 restrictions and long wait times to see a medical provider.

Adults without health insurance and a usual source of health care are top areas of concern related to health care access and quality in Hillsborough County. The percentage of adults without health insurance in Hillsborough County is 23%, which falls in the worst (25%) of counties in the nation. Focusing on access to care will help align local efforts and resources to create targeted strategies to improve access for Hillsborough County residents.

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Behavioral Health (Mental Health & Substance Misuse)

Mental health and substance misuse were identified as top health need from the secondary data, community survey and focus groups. About 31% of survey respondents have been diagnosed with depression or anxiety. Thirty percent (30%) of community survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as important health issues to address. In Hillsborough County, deaths due to drug poisoning and opioid overdose have been an increasing concern, specifically for white males. Secondary data showed an increased trend in the percentage of 6th-12th grade students who have used electronic vaping in the 30 days prior to the survey. Awareness and the need to address behavioral health has been growing in the country and locally. By including behavioral health as a priority, the Hospital can align to local, state and national efforts for resource collaboration and to create better outcome opportunities over the next three years.

Priorities Not Addressed

Heart Disease and Stroke

Heart Disease and Stroke as a topic on its own did not come through as a top community health issue within the community survey or focus groups. Although 36% of survey respondents reported being told by a medical provider that they have hypertension and/or heart disease, the Hospital did not select this as a priority as there are already several other community organizations actively addressing this need in the community who are better positioned to make an impact.

Immunizations and Infectious Diseases

Immunizations and Infectious Diseases did not come up as a top issue through community feedback. The syphilis incidence rate in Hillsborough County (22.9 cases per 100,000 population) in 2020 was over the US value (11.9 cases per 100,000 population) and the Florida value (16.2 cases per 100,000 population). There are opportunities to impact through prevention education, however, the Hospital 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.

Cancer

During the assessment, cancer was not mentioned in focus groups and was ranked low in the community survey. Seventeen percent (17%) of survey respondents ranked cancer as a pressing health issue and 10% reported being told by a medical provider that they have been diagnosed. Secondary data warning indicators showed county values at or slightly above Florida and US values for cervical cancer incidence rate, melanoma incidence rate and cancer within the Medicare population. Cancer was not selected as a priority as there are others already addressing this need.

Exercise, Nutrition and Weight

In Hillsborough County, 30.2% of adults are obese and 68.8% of adults are overweight. This is higher than the state values, although not significantly. Additionally, the percentage of children with low access to a grocery store is 6%, which falls in the worst 50% of counties in both Florida and the US. This indicator shows the percentage of children living more than one mile from a supermarket or large grocery store if in an urban area or more than 10 miles from a supermarket or large grocery store if in a rural area. Although Exercise, Nutrition and Weight was selected as one of the top three health priorities of concern for the county, the CHNAC did not select it as one of the top two priorities to address because the Hospital is not positioned to directly address this.

COMMUNITY HEALTH PLAN

Next Steps

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

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

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2023.

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2020 Community Health Plan Review

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

Mental Health

In the 2019 assessment, mental health was identified as a priority. Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people aged 25 to 34. In the Hospital's community, the rate of death due to suicide is 12.9 per 100,000 population. The assessment also found a higher percentage of the Medicare-fee-for-service population were depressed compared to the state average. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide.

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

Diabetes

Diabetes was also identified as a priority in the 2019 assessment. In the Hospital's community, a higher percentage of adults had been diagnosed with diabetes compared to the state rate. Diabetes is the seventh leading cause of death in the US and more than 80 million people were found to be pre-diabetic. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases.

As part of its effort to address this, the Hospital has focused on developing educational programs and resources for individuals who are uninsured or underinsured in the community. Programs are free to the community and address the importance of lifestyle choices and the impact of nutrition on self-managing diabetes, some even provide vouchers for fresh food at nearby vendors.

Heart Disease, Stroke, High Blood Pressure, High Cholesterol

The Hospital also chose heart disease, stroke, high blood pressure and high cholesterol as a priority in the assessment. The assessment found in the Hospital's community the rate of death due to heart disease was higher than that of the state. Almost a third of adults in the community were found to have high blood pressure and 43% had high cholesterol. Heart disease also is the leading cause of death in the US, responsible for one in four deaths annually. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese and having an unhealthy diet. By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced.

The Hospital has addressed the priority through two targeted ways; increasing education and access to medication. The Hospital has begun providing hands-only CPR classes in the community to empower individuals to recognize and intervene if they see a cardiac event. Two classes were held in 2021, with three anticipated for 2022. The Hospital also identified Calvary Community Clinic, a local clinic serving uninsured residents, with whom they donated $500 to help cover the costs of blood pressure medications to reduce the financial burden to uninsured adults in need of medication.

Poverty/Livable Wage (Social Determinant of Health)

In the 2019 assessment, poverty/livable wage was also chosen as a priority. The assessment found that almost one quarter of the population under 18 in the community lives in poverty and the poverty rate is higher than that of the state. Research has shown poverty is linked to a higher risk of illness and premature death. An individual's income level directly influences a household's risk of living in poverty. A livable wage would help individuals overcome poverty and afford the basic standard of living.

One of the ways the Hospital has worked to address the impact of income in the community is through a partnership with The Family Healthcare Foundation and the workshop "Navigating the Healthcare Plan". The cost of health care can be a deterrent to many individuals who need care when already facing financial hardship. This can lead to delayed care and even higher financial costs when care is sought. The workshop provides health education to uninsured community members to help them understand how to enroll for affordable health insurance, how to best utilize it and how to find a primary care provider. In 2021, the curriculum for the workshop was finalized and the Hospital intends to partner with local community organizations to create pipelines to the program.

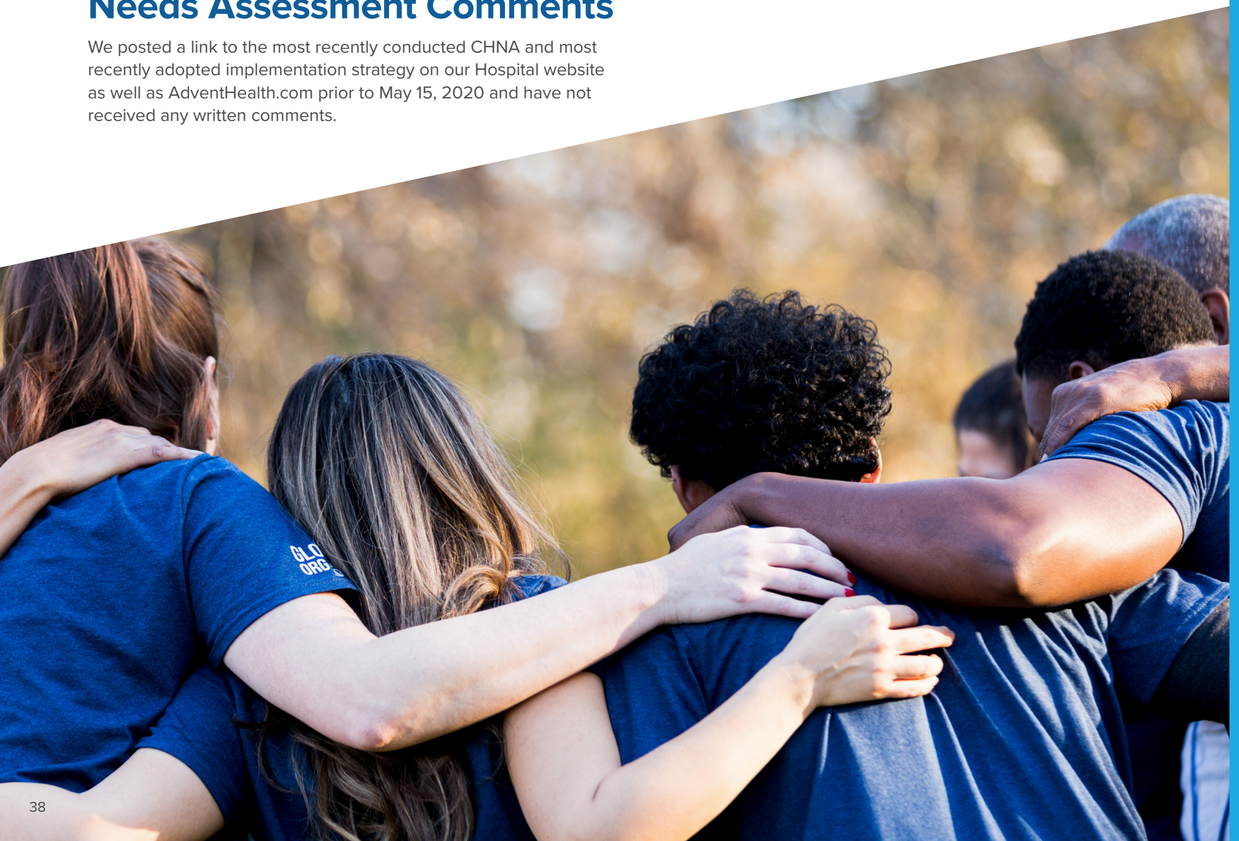
Obesity

Obesity became a priority in the 2019 assessment when it was found that in the Hospital's community, slightly more than one quarter of adults are obese (BMI greater than 30), while 35% of adults are considered overweight (BMI between 25 and 30). Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers. Obesity can be related to behavioral and/or genetic factors. Another contributing factor to obesity can be the built environment, for example where you live and if you have access to healthy food and the ability to exercise outside.

As part of the effort to address this, the Hospital has launched the AdventHealth Food is Health® program in the community. The AdventHealth Food is Health® program is an AdventHealth West Florida Division program which increases access to health education and healthy foods to improve the overall health of the communities the Hospital serves. Through collaboration with community partners, the program connects with low income/low access communities and provides free health education, health screenings and produce vouchers which are used to purchase fresh fruits and vegetables. Since adopting the plan, the Hospital has partnered with several community organizations to expand the services the program can offer and provide more locations within the community. In 2021, the Hospital held the first of their planned classes and provided 90 produce vouchers.

2019 Community Health Needs Assessment Comments

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



AdventHealth

University Community Hospital Inc.,
d/b/a AdventHealth Tampa

CHNA Approved by the Hospital Board on December 20, 2022

For questions or comments please contact:
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