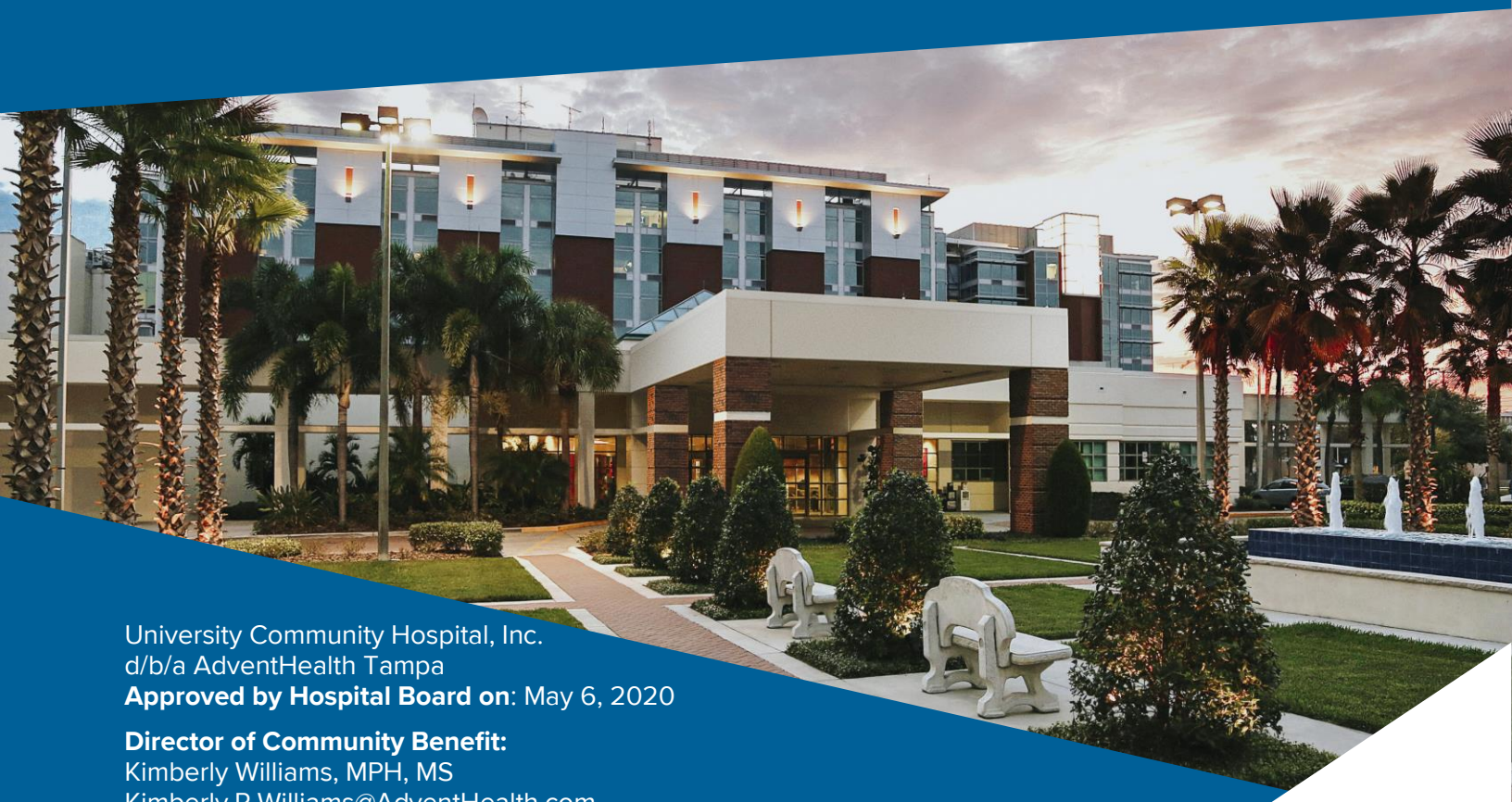
AdventHealth Tampa
2020-2022
COMMUNITY HEALTH PLAN



University Community Hospital, Inc.
d/b/a AdventHealth Tampa
Approved by Hospital Board on: May 6, 2020

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Extending the Healing
Ministry of Christ

AdventHealth

2020-2022 COMMUNITY HEALTH PLAN

Table of Contents

Acknowledgements

This community health plan was prepared by Kimberly Williams and Roxanne Carlucci, with contributions from members of the AdventHealth Tampa Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth Tampa 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 Tampa will be referred to in this document as AdventHealth Tampa or the "Hospital."

Community Health Needs Assessment Process

AdventHealth Tampa in Tampa, 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 Tampa 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. Mental Health
2. Diabetes
3. Heart Disease, Stroke, High Blood Pressure, High Cholesterol
4. Poverty/Livable Wage (Social Determinant of Health)
5. Obesity

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. Teen Pregnancy
3. Low Food Access
4. Transportation
5. Cancer

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

Board Approval

On May 6, 2020, the AdventHealth Tampa's 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 Tampa'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 Tampa at https://www.adventhealth.com/community-health-needs-assessments.

CHP PRIORITY 1

Mental Health

The burden of mental illness in the United States is among the highest of all diseases. Moreover, mental health 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 Tampa Primary Service Area (PSA), the rate of death due to self-harm (suicide) is 14 per 100,000 of the population. Also, about 22% of the Medicare-fee-for-service population in the PSA are depressed, which is higher than the state average of 19%.

AdventHealth Tampa aims 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.

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 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.
- Collaborate with community partners to provide Mental Health First Aid certification classes to Hillsborough County community members (training materials, certifications, meals, staff training, etc.).
- Contribute to the costs of 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.
- Offer Hospital staff volunteer time 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 2

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 Tampa Primary Service Area (PSA), 10% of adults have been diagnosed with diabetes, which is higher than the state average of 9%.

AdventHealth Tampa is 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.

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	Increase the number of underinsured/uninsured community members referred from Hospital sponsored community events to follow up clinical care 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 education and awareness of existing community resources related to diabetes self-management by engaging with community organizations and 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 six informative in-service presentations to health educators/staff at Tampa Family Health Centers from a baseline of zero presentations by the end of year three (December 31,2022).

Hospital Contributions

- Cosponsor diabetes education training for Tampa Family Health Centers' health educators (ex. Diabetes Self-Management Education and Support Training).
- Host a community wide Pre-Diabetes Seminar annually with community outreach nursing teams and cosponsor free health screenings to attendees.
- Collaborate with community partners to increase community awareness of free community clinic services.
- 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 Care 360 teams[1] to connect community members with resources to address diabetes.

Community Partners

- Tampa Family Health Centers to provide health educators to complete DSMES training and provide diabetes self – management classes to the community.
- 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.

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

CHP PRIORITY 3

Heart Disease, Stroke, High Blood Pressure, High Cholesterol

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, high blood pressure is a major risk factor for stroke. 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. In the AdventHealth Tampa Primary Service Area (PSA), the rate of death due to heart disease is 161 per 100,000 of the population, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 30% and 43% of adults have high cholesterol.

AdventHealth Tampa is committed to working together with local community organizations and stakeholders to implement effective strategies to reduce the burden of heart disease and stroke 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.

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 five 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 heart disease and stroke from a baseline of zero hours to 200 hours by the end of year three (December 31, 2022).
Goal	**To increase access to 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 one by the end of the year (December 31, 2022).

Hospital Contributions

- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Collaborate with community partners to provide education and biometric screenings for community members participating in the Pioneer Medical mobile clinic events.
- Provide medical supply donations to local community clinics to increase access to blood pressure management education for uninsured/underinsured community members.
- Community benefit staff to actively participate in community meetings with partners addressing heart disease.
- Offer hospital staff volunteer time to participate in volunteer activities 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 awareness of the negative impacts of tobacco use on heart health (youth vaping crisis initiative and advocacy efforts).
- Collaborative relationships with local sites (churches, community centers, schools) to host free community education and training opportunities.
- Pioneer Medical Group to provide blood pressure management education for uninsured/underserved community members.

CHP PRIORITY 4

Poverty/Livable Wage

Poverty is prevalent in the U.S., with 43 million people living in poverty in 2015. Research shows that poverty is linked to a higher risk of illness and premature death. Income level can directly contribute to the chance of a household living in poverty. A livable wage can contribute to breaking the cycle of poverty and afford a better standard of living. In the AdventHealth Tampa Primary Service Area (PSA), 18% of the population lives in poverty, which is higher than the state average of 15%. Furthermore, 23% of the population under the age of 18 lives in poverty.

AdventHealth Tampa is committed to working together with local community organizations and stakeholders to implement effective strategies to reduce social determinants of health that contribute to poverty.

Goal	**Increase community partnerships with local leaders and local businesses to develop collaborative employability strategies that improve employment placement and sustainability for job seekers.**
Objective	Establish a new employability taskforce in Hillsborough County to host at least three community summits from a baseline of zero summits to increase awareness of the direct and indirect barriers faced by vulnerable populations that impact job retention rates for organizations who hire community members residing in the Hospital's PSA by the end of year three (December 31, 2022).
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).
Goal	**Implement strategies to support community efforts to address the problem of poverty as a social determinant of health.**
Objective	Provide vouchers to cover the costs of household supplies for underserved adults residing in the Hospital's PSA who are part of the Agency for Community Treatment Services' (ACTS) Hillsborough HEART Program, which supplies supportive housing, from a baseline of zero vouchers to six vouchers by the end of year three (December 31, 2022).
Objective	Partner with Metropolitan Ministries to provide self-sufficiency program education for adults residing in the Hospital's PSA by providing vouchers that cover the cost of textbooks from a baseline of zero vouchers to six 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 poverty from a baseline of zero hours to 50 hours by the end of year three (December 31, 2022).

Hospital Contributions

- Community benefit staff to manage, implement and evaluate community-based poverty strategies to reduce stigma and increase access to employment opportunities.
- Collaborate with community partners to host Family Healthcare Foundation workshops (food, printing of materials, etc.).
- Provide Hospital Chaplains to identify faith congregations to participate in Family Healthcare Foundation workshops.
- Collaborate with community partners to procure resources for the Agency for Community Treatment Services' Hillsborough HEART Program (used for household cleaning supplies, toilet paper, bath soap, toothpaste, etc.).
- Collaborate with community partners to support the Self-Sufficiency program at Metropolitan Ministries.
- Community benefit staff to actively participate in community meetings with partners addressing poverty/livable wage.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing poverty/livable wage.
- Offer Hospital staff volunteer time to participate in volunteer activities addressing poverty/livable wage.

Community Partners

- Family Healthcare Foundation to provide underinsured/uninsured individuals and families assistance with enrollment into local and federally funded health insurance plans.
- Metropolitan Ministries to provide access to education programs (General Educational Development) for underserved community members.
- Agency for Community Treatment Services to provide household supplies for underserved adults in the Hillsborough HEART Program.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address poverty/livable wage.

CHP PRIORITY 5

Obesity

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 includes 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 to 2016, obesity affected about 93 million adults and 13 million children in the U.S. In the AdventHealth Tampa Primary Service Area (PSA) 27% of adults are obese (BMI greater than 30) while 35% of adults in the PSA are considered overweight (BMI between 25 and 30).

AdventHealth Tampa will 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 below are specific to AdventHealth Tampa. 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 obesity and 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 10 class series from a baseline of three classes by the end of year three (December 31, 2022).
Objective	Increase participation in the Food is Health® program among low-income individuals and families in the Hospital's PSA to 100 participants from a baseline of 49 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 to 150 screenings from a baseline of 86 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 400 produce vouchers distributed from a baseline of 360 produce vouchers 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 PSA.**
Objective	Increase new partnerships with local community organizations in the Food is Health® program to 12 partners from a baseline of nine partners 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).

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.
- Contribute to the costs to provide produce for Food is Health® program participants.
- Community benefit staff to actively participate in community meetings with partners addressing obesity.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing obesity.
- Community benefit staff to strategically align with internal Hospital case management teams and Care 360 teams to connect community members with resources to address obesity.
- Offer Hospital staff volunteer time to participate in volunteer activities addressing obesity.

Community Partners

- The University of Florida/ Institute of Food and Agricultural Sciences (UF/IFAS) Extension Hillsborough County Expanded Food and Nutrition Education Program (EFNEP) to provide nutrition education for Food is Health® class participants.
- Feeding Tampa Bay, YMCA Veggie Van and Tungett Citrus & Produce, local produce vendors, to provide culturally appropriate nutritious food options among Food is Health® program participants.

- Collaborative relationships with local sites (churches, community centers, schools) to host Food is Health® classes.

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. It is a prevalent problem exacerbated by poor environmental conditions. In the AdventHealth Tampa PSA, 14% of adults aged 18 and older 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.

2. Teen Pregnancy, Infant Deaths, Low Birth Rates

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, preterm birth and injuries such as suffocation. In the AdventHealth Tampa PSA, 9% of babies are born with low birth weight. The infant mortality rate in the PSA is 8 per 1,000 births.

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. 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 Tampa PSA, 31% of the population has low food access.

The issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing poverty/livable wage and obesity selected above by the Hospital CHNAC.

4. Transportation

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 Tampa PSA, only 2% of the population uses public transportation as their primary means to commute to work.

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.

5. Cancer

Cancer is the second leading cause of death in the U.S. with over 100 types. Many are preventable and research advances in detection and treatment have greatly improved survival rates. In the AdventHealth Tampa PSA, the death rate from cancer is 164 per 100,000 population.

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.