20 AdventHealth 22 Daytona BeachCommunity
Health Needs
Assessment

Extending the Healing Ministry of Christ



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Letter From Leadership

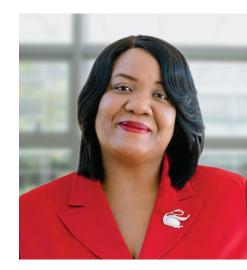
It is my honor to serve as CEO of AdventHealth's Central Florida Division – North Region, which includes Flagler and Volusia counties. From the sunny beaches of Palm Coast to the bustling neighborhoods of Deltona, we are on a journey together to build healthy communities.

Thank you for taking the time to review the 2022 Community Health Needs Assessment. It is the culmination of a yearlong collaborative process spearheaded and resourced by a steering committee of leaders from community-based organizations, along with six community leaders (health equity champions), who ensured we were including voices from all populations. Your health equity champions in Volusia and Flagler worked closely with the community – they reviewed materials, identified focus groups and helped to prioritize the health needs of the areas we serve. This publication includes a summary of the focus groups, the Community Health Survey, stakeholder interviews and an analysis of population-health data.

The 2022 Community Health Needs Assessment will serve as a guide as we work together with community partners, organizations and our health equity champions in developing Community Health Plans for the communities from Palm Coast to New Smyrna Beach, Daytona Beach to DeBary, DeLand and Deltona so every person has an opportunity to attain full health potential. Together our collective vision will maximize efforts through collaboration, driving our communities to success.

Thank you again for your interest in the 2022 Community Health Needs Assessment.

Audrey Gregory, Ph.D. President and CEO Central Florida Division North Region



Executive Summary

Memorial Health Systems, Inc., d/b/a AdventHealth Daytona Beach, will be referred to in this document as AdventHealth Daytona Beach or "The Hospital". AdventHealth Daytona Beach in Daytona Beach, 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 Volusia Flagler CHNA Collaborative

In order to ensure broad community input, AdventHealth Daytona Beach took part in the Volusia/Flagler CHNA Collaborative, referred to as "The Collaborative", to help guide the Hospital through the assessment process. The Collaborative 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 Collaborative met three times in 2021 - 2022. They reviewed the primary and secondary data and helped to identify the top priority needs in the community. See Prioritization Process for a list of Collaborative members.

Hospital Health Needs Assessment Committee

AdventHealth Daytona Beach also convened a Hospital Health Needs Assessment Committee (HHNAC). The purpose of the HHNAC was to select the needs the Hospital would address as a result of the findings in the assessment. The HHNAC made this decision by reviewing the priority needs selected by the Collaborative and the internal Hospital resources available. With this information, the HHNAC was able to determine where the Hospital could most effectively support the community. See Prioritization Process for a list of HHNAC members.

Data

AdventHealth Daytona Beach, in collaboration with the Collaborative, collected both primary and secondary data. The primary data included community surveys, stakeholder interviews 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 15 aggregate issues. See Process and Methods for Primary and Secondary Data Sources.

discussion sessions.



Community Asset Inventory

The next step was to create a Community Asset Inventory. This inventory was designed to help the HHNAC 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 participated in a prioritization process that consisted of two rounds of online surveying and three facilitated
- See Priorities Selection for more.

The Collaborative and the HHNAC considered four factors during prioritization:

A. Alignment: Does this issue align with our mission, strategy, public-health or community goals?

B. Impact on Community: What is the scope, size and seriousness of this issue? What are the consequences to the health of the community of not addressing this issue now?

C. Resources: Are there existing, effective interventions and opportunities to partner with the community to address this issue?

D. Outcome Opportunities: Can an impact on this issue be made in a demonstrable way, and will interventions have an impact on other health and social issues in the community?

Priority Issues to be Addressed

The priority issues to be addressed are:

- 1. Behavioral Health: Drug and Substance Use
- 2. Early Childhood Education
- 3. Community Engagement on Available Resources and Services

See Priorities Selection for more.

Approval

In August 2022, the AdventHealth Daytona Beach 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 Daytona Beach will work with the Collaborative and the HHNAC 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 Daytona Beach 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 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 two percent 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 Daytona Beach

For over 50 years, AdventHealth Daytona Beach has served the

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 Daytona Beach is part of Adventist Health System, one of the nation's largest not-for-profit faith-based care systems with nearly 50 hospitals and hundreds of care sites in nearly a dozen states. With the mission of "Extending the Healing Ministry of Christ", AdventHealth Daytona Beach provides whole-person care to heal the body, mind and spirit. AdventHealth Daytona Beach is a 362-bed organization that is fully-accredited by the Joint Commission on Accreditation of Health Care Organizations. Beyond the main hospital, AdventHealth Daytona Beach also encompasses the Cancer Institute, Sports Med & Rehab and Imaging, among other off-site locations. In August 2021, AdventHealth opened a free-standing emergency department on Williamson Boulevard in Port Orange. An AdventHealth Health Park will open on the same property in October 2022.

East Volusia area and surrounding communities by providing the following comprehensive healthcare services: Bariatric and Weight Care, Cancer Care, Diabetes Care, Heart and Vascular Care, Home Care, Hospice Care, Imaging Services, Lab Services, Neurology Care, Orthopedic Care, Sports Medicine and Rehab Care, Surgical Care, Emergency and Urgent Care, Mothers and Baby Care, Senior Care, Wellness Care and Wound Care.

- The Leapfrog Group, an independent national watchdog organization, awarded AdventHealth Daytona Beach an "A" Hospital Safety Grade for achieving the highest national standards in patient safety. The Leapfrog Group assigns an "A", "B", "C", "D" or "F" grade to all general hospitals across the country. AdventHealth Daytona Beach has been awarded Leapfrog Straight A's since 2012.
- Accredited by the Commission on Cancer (CoC) through the American College of Surgeons (ACoS). This accreditation was obtained through an extensive evaluation and ensures a commitment to quality care, the use of proper infrastructure and improved patient outcomes.
- Designated as a Lung Cancer Screening of Excellence by the American College of Radiology, AdventHealth Daytona Beach imaging centers provide the most effective screening options to detect lung cancer early, when it's most treatable.
- Designated as a Breast Cancer Center of Excellence by the American College of Radiology, AdventHealth Daytona Beach is recognized for the most advanced breast imaging technologies and procedures.
- AdventHealth Daytona Beach has over 2,500 team members, making the Hospital one of the largest employers in the greater Daytona Beach area.

COMMUNITY OVERVIEW

Community Description

Located in Volusia County, Florida, AdventHealth Daytona Beach defines its community as the Primary Service Area (PSA), the area in which 75-80% of its patient population lives. This includes 12 zip codes across Volusia and Flagler counties.

According to the 2020 Census, the population in the AdventHealth Daytona Beach community has grown 13.3% in the last ten years to 347,740 people. This is almost double the amount of growth in the Unites States since the last Census. 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. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.





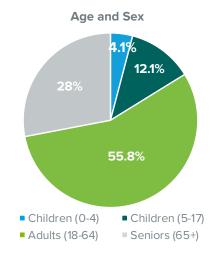
Community Profile

Age and Sex

The median age in the Hospital's community is 49.3, higher than that of state, which is 42.2 and the US at 38.2.

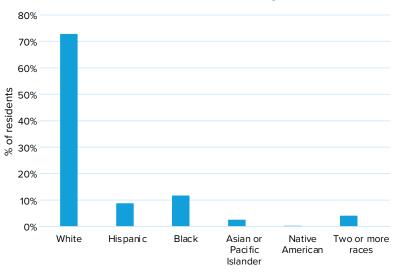
Females are the majority, representing 51.8% of the population. Middle-aged women, ages 40-64, are the largest demographic in the community at 17.2%.

Children are 16.2% of the total population in the community. Infants, ages zero to four, are 4.1% of that number. The community birth rate is 33.4 births per 1,000 women aged 15-50. This is lower than the US average of 51.9 and that of the state, 48.3. In the Hospital's community, 25.2% of children aged 0-4 and 19.5% of children aged 5-17 live in poverty. Seniors, those 65 and older, represent 28% of the total population in the community. Females are 53.4% of the total senior population.



Race and Ethnicity

In the Hospital's community, 72.5% of the residents are Non-Hispanic White, 11.6% are Non-Hispanic Black and 8.6% are Hispanic or Latino. Residents that are of Asian or Pacific Islander descent represent 2.4% of the total population, while 0.2% are Native American and 4% are two or more races.



Race and Ethnicity

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.

five areas of SDOH:







The Healthy People 2030 place-based framework outlines

Economic Stability: This includes areas such 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 primary care and health insurance coverage.

Neighborhood and Built Environment: This transportation, availability of healthy foods and

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

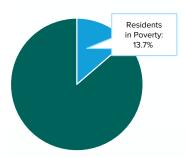
Economic Stability

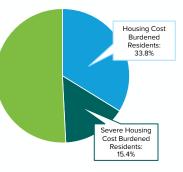
Income

The median household income in the Hospital's community is \$55,820. This is below the median for both the state and the US. The poverty rate in the community is 13.7%, which is higher than both the state and the national poverty 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 2020², showed the food insecurity rate in the Hospital's community as 16.6%.

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 than 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 also lead to better jobs, which can result in increased wages and access to health insurance.

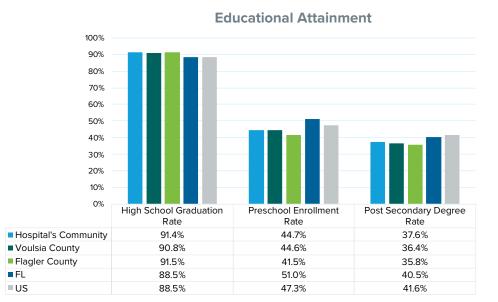
In the Hospital's community, there is a 91.4% high school graduation rate, which is higher than both the state and national rate. The rate of people with a post-secondary degree however is lower in the Hospital's community than both that of the state and the nation.

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 show that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.⁵

In the Hospital's community, 44.7% of 3–4-year-olds were enrolled in preschool. This is lower than both the state (51%) and the national (47.3%) rate. There is a large percentage of children in the community who may not be receiving these early foundational learnings.

In 2020, 12% of community members 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 must also 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.



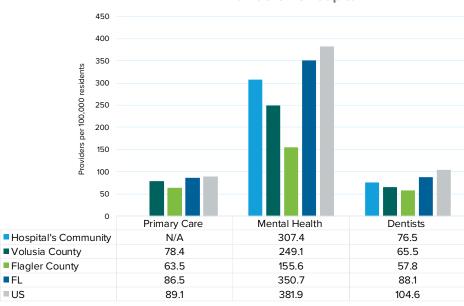
4 The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com) 5 Early Childhood Education| Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC



Health Care Access and Quality

Routine checkups can provide an opportunity to identify potential health issues and develop care plans when necessary. In the Hospital's community, 78.3% of people report visiting their doctor for routine care.

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



Providers Per Capita

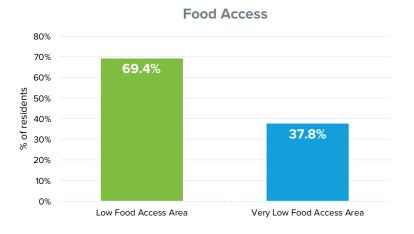
Neighborhood and Built Environment

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 1/2 mile from your nearest supermarket in an urban area or 10 miles in a rural area, it may make it harder for people to maintain 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, 69.4% of the community lives in a low food access area, while 37.8% 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 and healthy food and maintaining employment. In the community, 6.2% of the households do not have an available vehicle.

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

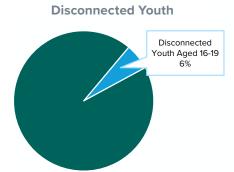


Social and Community Context

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, 6% 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 24.9% of seniors (age 65 and older) report living alone and 1.4% 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, the Collaborative solicited input 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. The Collaborative also collected publicly available data for review.

The Hospital partnered with local community organizations and stakeholders, including those in public health and those who represent the interests of medically under-served, lowincome and minority community members to form the Volusia/ Flagler CHNA Collaborative and to guide the assessment process. During data review sessions, community members of the Collaborative provided insight on how health conditions and areas of need were impacting those they represented. The Collaborative used the data review and discussion sessions to understand the most important health needs and barriers to health the community was facing and to guide the selection of needs to be addressed in the 2022 CHNA.

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, stakeholder interviews and focus groups.

Community Health Survey

- Provided in both English and Spanish to anyone in the community and accessible through weblinks and QR codes.
- Links and QR codes 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 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.

Stakeholder Interviews

 Interviews were scheduled with 50 community stakeholders who were asked to provide input on health and barriers to health that they were seeing in the community.

Focus Groups

- Focus groups were held with 14 small groups of community stakeholders to gain input on health and barriers to health in the community.
- A focus was on hearing from stakeholders who represent or serve communities that are under-served, under-represented, lower income and/or who are more likely to be impacted by the social determinants of health

Public and Community Health Experts Consulted

A total of 61 stakeholders provided their expertise and knowledge regarding their community. This included all members of the Community Health Needs Assessment Committee.

Name	Organization	Services Provided	Populations Served	
Nicole Sharbono, Senior Vice President Clinical Services	SMA Healthcare	Behavioral health programs Behavioral health pro		
Dr. Barry Tishler, Founder and Executive Director	Addiction Education Foundation	Behavioral health education	Focused on serving populations with substance use disorder and disabilities	
Beth Schmude, Executive Regional Director of Patient Financial Services/Revenue Integrity	AdventHealth	Health care	Serves as an advocate and organizer to create financial solutions for uninsured and underinsured patients to remain financially solvent after care	
Lori Rankin, Nurse Practice Manager	AdventHealth	Health care	Vulnerable population, unemployed, minority, poverty in 32720 (DeLand), 32130 (DeLeon Springs), 32724 (DeLand) neighborhoods at risk with identified Health Priorities.	
Katie Biancaniello, Diabetes Educator	AdventHealth	Health care	Vulnerable residents, minority, poverty, uninsured, underinsured population throughout Volusia County	
Tim Farley, Director of Ambulatory Services for the Cardiovascular Institute	AdventHealth Central Florida	Health care	Vulnerable residents, minority, poverty, uninsured, underinsured population throughout Volusia and Flagler	
Debi McNabb, Community Benefit Director	AdventHealth Central Florida Division North Region	Health care	Social Vulnerability Index zip codes Volusia and Flagler	
lda Babazadeh, Community Health Program Manager	AdventHealth Central Florida Division North Region	Health care	Social Vulnerability Index zip codes Volusia and Flagler	
David Weis, CEO	AdventHealth DeLand	Health care	Volusia County residents	
Wally DeAquino, COO	AdventHealth Palm Coast	Health care	Flagler County residents	
Kathy Gover, Chief Nursing Officer	AdventHealth Palm Coast	Health care	Flagler County residents	
Leslie Giscombe, CEO & Founder	African American Entrepreneurs Association, Inc.	Community leader	Focused on special programs for communities of color	

Danyell Wils Associate Pr Lead; Health

Rasheeda De Founder and

Robin King, C

Pastor Daisy and former B commissione

Felicia Benzo Founder and

Chaleak Jon Director

Jacquelyn Le Community I

Tina-Marie So City Commiss

Alvin Jackson City Manage

Maritza Avila Vice Mayor

David Alfin, Mayor

Dona Butler, Director of C

Name	Organization	Services Provided	Populations Served
lson-Howard, PhD, Professor & Project th Disparities Liaison	Bethune-Cookman University; Department of Health in Volusia County	Higher education, health Disparities/ health equity consultation	Area's HBCU (historically black colleges and universities) focused on communities of color and lower income student
Denning, nd President	Black Homeschoolers of Central Florida	Community leadership	Focused on special programs for communities of color
, CEO	CareerSource Flagler Volusia	Workforce programs	Implements special programs for youth, individuals with disabilities and the uninsured and unemployed
sy Henry, Pastor ^r Bunnell city ner	Carver Center	Community leader	Focused on programs for communities of color in a very low income area.
nzo, nd CEO	CATALYST Global Youth Initiatives, Inc.	Youth development	Focused on programs for communities of color and youth in very low income areas.
ones,	Chisholm Community Center in DeLand	Community programs	Focused on programs for communities of color in a very low income area, including Spring Hill.
Lewis, y Leader	Citizens Advisory Committee/ West Volusia Hospital Authority	Hospital taxing district leadership	Taxing District provides special healthcare programs for low income and uninsured residents.
Schultz, iissioner	City of Bunnell	City leadership	Has special initiatives focused on low income neighborhoods that are predominantly home to communities of color.
son, ger	City of Bunnell	City leadership	Has special initiatives focused on low income neighborhoods that are predominantly home to communities of color.
ila-Vazquez, r	City of Deltona	City leadership	Has special initiatives focused on low income neighborhoods that are predominantly Hispanic/Latino
,	City of Palm Coast	City leadership	Has special initiatives focused on affordable housing, health care workforce and low income residents.
er, Community Services	County of Volusia	County leadership, community programs	Provides programming for low and very low-income residents.

Name	Organization	Services Provided	Populations Served
Steve Bickel, Medical Director	Department of Health in Flagler County	Health care/public health	Provides medical care to low income and uninsured residents.
Bob Snyder, Health Officer	Department of Health in Flagler County	Health care/public health	Provides medical care to low income and uninsured residents.
Ethan Johnson, Assistant County Health Department Director	Department of Health in Volusia County	Health care/public health	Provides medical care to low income and uninsured residents and leads public health initiatives.
DJ Lebo, CEO	Early Learning Coalition of Flagler and Volusia	Early learning programs	Provides programming for low-income residents and children with disabilities.
Susan Moor, Vice President - Philanthropy	Easterseals Northeast Central Florida	Disability services	Provides programming for low-income residents and children with disabilities.
Trish Giaccone, CEO	Family Life Center	DV and sexual assault services	Flagler County residents, survivors of domestic violence and sexual assault
David Ayers, General Manager	Flagler Broadcasting	Communications	Hosts several radio shows focused on health and wellness.
Carrie Baird, CEO	Flagler Cares/ One Voice for Volusia	Coordination, community programs	Provides programs for low and very low-income residents and the uninsured.
Donald O'Brien, County Commissioner District 5	Flagler County	County leadership	Has special initiatives focused on low-income residents.
Andy Dance, Commissioner	Flagler County Board of County Commissioners	County leadership	Has special initiatives focused on low-income residents.
Teresa Rizzo, Executive Director	Flagler County Education Foundation	Education support and education	Has special initiatives focused on low-income students and students with disabilities
Terri Belletto, Executive Director	Flagler County Free Clinic	Health care for the uninsured	Provides healthcare services for the uninsured and disabled.
Cheryl Massaro, Board Member	Flagler County School Board	K-12 education, Equity Champion	Provides educational services for low-income students, students with disabilities and LGBTQIA students.
Shelley Ragsdale, President	Flagler NAACP	Community leader	Advocates for communities of color
Pam Birtolo, Executive Director	Flagler OARS	Substance Use peer support	Provides peer support services for individuals with substance use disorder
Brandy Williams, Coordinator of Counseling Services	Flagler Schools	Mental health supports Provides programs for students with disabilities behavioral health disorders	

John Fanelli Student Supp

Sue Bickings

Mamie Oatis Director

Buck James,

Vicky Campe Family Placer

Bill Gilmer, Founder and

Mike Delaha Detective

Kelli Marks, Vice Mayor o

Stephanie M Executive Di

Myra Middlet

Andrew Willia Vice Presider Flagler Servio

Jessica Robil Organizer

Maria Valdiv Area Coordi

Amanda Lase Vice Preside

Name	Organization	Services Provided	Populations Served
lli Coordinator of Ipports and Behavior	Flagler Schools	Mental health and behavioral supports	Provides programs for students with disabilities and behavioral health disorders
gs, Chairperson	Flagler Sheltering Tree	Homeless programs	Provides programs for homeless and disabled individuals.
tis, Community	Food Brings Hope	Community programs	Provides programs for low-income families and individuals with disabilities. Serves very low-income neighborhoods.
es, Executive Director	Halifax Urban Ministries	Homeless programs	Provides services for low-income families, homeless families and people with disabilities
iper, cement; Parent Partner	Healthy Start Coalition of Flagler and Volusia Counties	Care coordination and education for pregnant mother and families of young children	Provides services for pregnant women, low-income families and women with Medicaid or who are uninsured.
nd Medical Director	Jesus Clinic	Health care for the uninsured	Provides healthcare services for the uninsured and disabled.
nanty,	New Smyrna Beach Police Department	Law enforcement	Has special initiatives focused on homeless individuals.
s, r of Orange City	Orange City Florida	City leadership	Has special initiatives focused on low-income neighborhoods.
Mason-Teague, Director	Ormond Memorial Art Museum and Gardens	Arts education	Provides art education programs to youth
leton	Retired educator	Retired educator	Community advocate focused on youth with disabilities
illiams, dent of rvices	SMA Healthcare	Behavioral health supports	Focused on uninsured populations with special programs for individuals experiencing homelessness and individuals with disabilities.
billard, Lead	The Dart Center - Fighting Against Injustice Toward Harmony	Advocacy	Advocacy group focused on homelessness and other social issues.
iva, dinator/Organizer	The Farmworkers Association Pierson	Community advocacy and leadership	Advocacy group focused on migrant workers and undocumented individuals
asecki, dent of Operations	United Way of Volusia-Flagler Counties	Grantmaker	Grant making organization focused on housing, health and education for vulnerable populations

Name	Organization	Services Provided	Populations Served
Courtney Edgcomb, President	United Way of Volusia-Flagler Counties	Grantmaker	Grant making organization focused on housing, health and education for vulnerable populations
Kelly Amy, Manager of Strategic Partnerships	Volusia County Schools	K-12 education	Provides education services for low-income students and students with disabilities.
Jeff White, Executive Director	Volusia/Flagler Coalition for the Homeless	Homeless programs	Provides services for low-income households, households with disabilities.
Kelvin Miller, General Manager	Votran	Transportation	Provides transportation services to low-income residents.
Brielle Goldberg, Executive Director	WaterSafe, Inc.	Water safety promotion and education	Provides water safety instruction to low-income families.
Jennifer Coen, Representative	West Volusia Hospital Authority	Hospital taxing district leadership	Taxing District provides special healthcare programs for low income and uninsured residents.
Georgia Turner, Executive Director	West Volusia Tourism Advertising Authority	Community leadership	Has initiatives focused on vulnerable populations.

Secondary Data

To inform the assessment process, the Collaborative collected existing health-related and demographic data about the community from publicly available sources. This included data on health conditions, social determinants of health and health behaviors.

The most current public data for the assessment was compiled and sourced from government and public health organizations, including:

- US Census Bureau
- The Surveillance, Epidemiology and End Results (SEER) Program database
- Health Equity Data Analysis (HEDA) system (University of Minnesota)
- County Health Rankings
- The State Health Department
- Other proprietary and internally developed database













The Findings

There were 17 issues found in the assessment process that rose to the top. Needs that are SDOH related are grouped accordingly.

Economic Stability

Housing:

- Access to affordable, quality housing
- Affordable housing for "cost-burdened" homeowners and renters

Food Security:

• Access to nutritious, affordable food

Childcare:

- Quality, affordable childcare
- Childcare services for special needs children

Workforce:

• Workforce needs and labor supply

Poverty:

Initiatives supporting households in 'extreme' poverty

Health Care Access and Quality

Mental Health Care:

- Mental health outpatient services for children under age 18 Improve mental health and substance use disorder transition care for inmates being released from jail Behavioral health initiatives to prevent suicide among
- targeted populations (e.g., youth)
- Mental health outpatient services for adults
- Recruiting and retaining mental health providers



Substance Use:

• Substance use disorder treatment programs

System Infrastructure:

Systems to improve the ability of schools, the justice system, health care providers and public health departments to safely share information

Health Care Access:

- Outpatient medical and mental health care services for children with special needs
- Increase the percentage of people who have health insurance
- Additional services to address cancer, heart disease and diabetes



PRIORITIES SELECTION

The Collaborative, through data review and discussion, narrowed down the needs of the community to a list of three priorities. Community partners in the Collaborative represented the broad underserved, low-income and minority people in the community. In the Spring of 2022, the Collaborative met three times to review and discuss the collected data and select the top community needs.

Members of the Volusia/Flagler CHNA Collaborative included:

- city government.
- health projects.

Prioritization Process

Community Partners

• David Alfin, Mayor, City of Palm Coast, leader of

• David Ayers, General Manager, Flagler Broadcasting, radio hosts several public health radio shows.

• Carrie Baird, CEO, Flagler Cares/One Voice for Volusia,

• Pam Birtolo, Executive Director, Flagler OARS, recovery community organization.

• Andy Dance, Commissioner, Flagler County Board of County Commissioners, leader of county government.

• Amanda Lasecki, Vice President of Operations, United Way of Volusia-Flagler Counties, part of leadership team at a local grantmaking organization.

 Courtney Edgcomb, President, United Way of Volusia-Flagler Counties, a leader at a local grantmaking organization.

• John Fanelli, Coordinator of Student Supports and Services, with the Department of Juvenile Justice.

- Brandy Williams, Coordinator of Counseling Services, Flagler Schools, leads the school behavioral health team.
- Andrew Williams, Vice President of Flagler Services, SMA Healthcare, Flagler leader of largest public behavioral health provider in Flagler County.
- Alvin Jackson, City Manager, City of Bunnell, leader of city government.
- Cheryl Massaro, Board Member, Flagler County School Board, leader of the county school board.
- Myra Middleton, Retired educator, community leader and activist.
- Shelley Ragsdale, President, Flagler NAACP, the leadership of local community advocacy organization.
- Kathy Gover, Chief Nursing Officers, AdventHealth Palm Coast, leadership of AdventHealth Palm Coast.
- Nicole Sharbono, Senior Vice President Clinical Services, SMA Healthcare, part of leadership of largest public behavioral health provider in Flagler County.



Community Members (continued)

- Robin King, CEO, CareerSource Flagler Volusia, leader of workforce development board.
- DJ Lebo, CEO, Early Learning Coalition of Flagler and Volusia, leader of early childhood agency responsible for volunteer pre-K and subsidized childcare programs.
- Mamie Oatis, Community Director, Food Brings Hope, is part of the leadership of the community-based organization and community activist.
- Jeff White, Executive Director, Volusia/Flagler Coalition for the Homeless, leader of the continuum of care for homeless services in the region.
- Kelvin Miller, General Manager, Votran, leader of the county transportation system.
- Mike Delahanty, Detective, New Smyrna Beach Police Department, and law enforcement are involved in homeless services.
- Kelly Amy, Manager of Strategic Partnerships, Volusia County Schools, representative of Volusia County School district.
- Dona Butler, Director of Community Services, County of Volusia, leader of county-operated health and social service programs.

AdventHealth Team Members

- Wally DeAguino, COO, AdventHealth Palm Coast
- Debi McNabb, Community Benefit Director, AdventHealth Central Florida Division North
- Ida Babazadeh, Community Health Program Manager, AdventHealth Central Florida Division North
- David Weis, CEO, AdventHealth DeLand

Public Health Experts

- Steve Bickel, Medical Director, Department of Health in Flagler County, leading HIV clinic.
- Bob Snyder, Health Officer, Department of Health in Flagler County, leader of county public health organization.
- Ethan Johnson, Assistant County Health Department Director, Department of Health in Volusia County, part of the leadership at Volusia County public health organization.
- Danyell Wilson-Howard, Ph.D., Associate Professor & Project Lead; Health Disparities Liaison, Bethune-Cookman University; Department of Health in Volusia County, professor and public health expert working on health equity projects.

During these discussions, the decision was made to group multiple needs together, so similar or related needs could be addressed under one priority. After the Collaborative grouped the related needs, it decided to address everything that had been found under three county level priorities.





The Collaborative participated in a prioritization process based on the Delphi method that consisted of two rounds of online surveying and three facilitated discussion sessions. The needs were then evaluated with the AdventHealth priority criteria, which considered four factors:

• A. Alignment: Does this issue align with public health or community goals?

• **B. Impact on Community:** What is the scope, size and seriousness of this issue? What are the consequences to the health of the community of not addressing this issue now?

• C. Resources: Are there existing effective interventions and opportunities to partner with the community to address this issue?

• **D. Outcome Opportunities:** Can an impact on this issue be made in a demonstrable way and will interventions have an impact on other health and social issues in the community?

The Collaborative than grouped all the needs identified in the assessment under one of the following priorities::

Access to Behavioral Health Services

Behavioral health for the Collaborative's priorities includes addressing both mental health and substance use disorder related needs. The access barriers faced by youth, adults and seniors are unique and require specific actions to address these issues equitably. This priority includes the needs identified around:

- Mental health
- Substance use disorder
- Access for particular populations including children, adults and seniors



Economic and Social Barriers

The Collaborative will address the housing, income and education related needs under this priority. Economic and social barriers have a profound impact on health and wellness. Equitable access to affordable quality housing, quality childcare and stable income are critical components. These barriers are sometimes more challenging for people with special needs. This priority includes the needs identified around:

- Affordable quality housing
- Income supports
- Affordable quality childcare
- Health insurance

System Infrastructure

The systems created to support health and stability often include inadvertent barriers that prevent people in need from equitably accessing needed services and supports. Systems need the ability to safely share information with one another and raise community awareness of local resources. This priority includes the needs identified around:

- Awareness of resources
- Ability to access services
- Ability to safely share information across sectors
- Systemic barriers to health insurance

The Hospital Health Needs Assessment Committee (HHNAC) met to review the priorities selected by the Collaborative and to identify the needs the Hospital would select during a facilitated discussion. The HHNAC reviewed the data behind the Collaborative's priorities and the local available resources to address them in the community. The HHNAC also considered the Hospital's current resources and strategies to find ways to most effectively address the needs.

Members of the HHNAC included:

- Ed Noseworthy, CEO, AdventHealth Daytona Beach
- Beth Schmude, Executive Regional Director, Patient Financial Services and Revenue Integrity, AdventHealth Central Florida Division North Region
- Shawn Bishop, Director of Emergency Services, AdventHealth Daytona Beach
- Loreal Moise, Senior Chaplain
- Susan Lattore, Community Care RN, AdventHealth Central Florida Division North Region
- Deborah McNabb, Community Benefit Director, AdventHealth Central Florida Division North Region
- Ida Babazadeh, Community Health Program Manager, Central Florida Division North Region

The HHNAC used the established AdventHealth criteria to evaluate the needs and data behind them to select their priorities. The HHNAC did not use the same grouping as the CHNAC when evaluating the needs. The Hospital is focused on three priorities and will not directly address needs related to mental health, housing and income, which are included in the Collaborative's priorities.

Behavioral Health: Drug and Substance Use



Substance use disorders can involve illicit drugs, prescription drugs or alcohol. 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

Early Childhood Education

Early childhood education describes the period of learning that takes place from birth to eight years old. There are several types of early education programs, including those that are federal, state or privately funded. Early childhood, particularly the first five years of

life, impacts long-term social, cognitive, emotional and physical development. Healthy development in early childhood helps prepare children for the educational experiences of kindergarten and beyond.

Community Engagement in Available Resources and Services

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the wellbeing of those people. Community engagement can also bring environmental and behavioral changes that will improve the health of the community and its members. This is achieved through partnerships that help mobilize resources and

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 HHNAC chose which priorities to address.

Top Issues	Current Commu	unity Programs	Current Hospital Programs
Behavioral Health Services Adult Mental Health Adult Substance Issues specific to older adults (ages 75+)	 Alcoholics Anonymous Meeting Locations Atlantic Center for the Arts Baker Act receiving facilities Break the Cycle Outpatient Program Recovery Support Specialist Peers at Halifax Health ER Faith based counseling centers and private counseling opportunities Halifax Health Halifax Humane Society Healthy Start Coalition of Flagler & Volusia Counties, Inc. Substance Exposed Newborns Task Force Family Place and Healthy Families Heroes' Mile – addiction recovery for veterans by veterans Lutheran Services of Florida (LSF) National Alliance on Mental Illness (NAMI) Narcotics Anonymous Meeting Locations (almost 100 in the area: http://www.na.org/MeetingSearch/) Daytona Beach Police Department One Voice for Volusia/Flagler Cares Salvation Army 	 SMA Healthcare: Adult Outpatient Substance Abuse Program (AOP) and Mental Health Counseling; Medication Assisted Treatment; Psychiatric Medication Outpatient Program; Florida Assertive Community Treatment (FACT) Program; Forensic Case Management; Family Intervention Services (FIS); Family Intensive Treatment Team (FITT); Community/ Court Liaison (Outreach) Services; SMA Treatment Team at the Volusia County Corrections Department; Enrichment Program Industries for persons with developmental disabilities or co-occurring disorders; Chet Bell 24-hour Crisis Stabilization and Detox Services and Screenings; Reality House, Re-Entry and Work Release Programs; Residential substance use treatment for adults and adolescents; Family Education Programs, Speakers Bureau and Mental Health 1st Aid; SMA walk- in clinics, Primary Care; Mobile Response Team Team Red White and Blue The Chiles Academy Volusia Sheriff's Office Volusia-Flagler Behavioral Health Consortium and Circuit 7 Behavioral Health Consortium Volusia/Flagler Substance Use Disorder Committee Volusia Recovery Alliance 	 ERs treat those wanting to hurt themselves or someone else SMA Healthcare Peer to Peer at AdventHealth Daytona Beach Hospital partners with Volusia Recovery Alliance for Narcan Distribution & Overdose Response & Reversal Training events at the hospital CREATION Life

Behavioral H

- Youth Me
- Youth Su

Top Issues	Current Comm	nunity Programs	Current Hospital Programs
Health Services Mental Health	 Adapt Behavioral Services AMIkids Behavioral Health, Inc. 	 Substance Exposed Newborns Task Force 	 AHNSB Foundation donation to NSBHS Medical Academy students
Substance Use	(Associated Marine Institutes)	Family Place and Healthy Families	Mission Fit at Turie T. Elementary School and the City of Daytona
	Behavioral Screening Tools now on Volusia County Schools' report	 Help Me Grow/211 screening tools and referrals 	Beach Summer Camp
	cards and Problem Solving Teams	• PACE Center for Girls, Inc.	
	Café Dialogues and Healthy Start Initiatives	Pediatricians	
	Children's Home Society	Port Orange Counseling Center	
	Circle of Friends	Presbyterian Counseling Center	
	Circuit 7 System of Care	Prevention: Boys & Girls Clubs, Mentoring Programs, Youth Sports	
	Circuit 7 Early Childhood Court Team	Leagues/Programs, Police Athletics/ Activities League (PAL), After School	
	Community Partnership for Children/Community Based Care	Programs, Arts programs, Recreation Departments, Clubs, Youth Groups, Girls on the Run (GOTR)	
	The Chiles Academy and MicroSociety	 School Health Advisory Committee (SHAC) 	
	• Devereux	SMA Healthcare	
	E.S.P. Case Management Professionals, Inc. (Empowerment Service Providers)	 Children/Families In Need of Services (CINS/FINS) 	
	Florida United Methodist	BEACH House	
	Children's HomeGrief Related: GriefShare, Begin	 Residential Adolescent Program (RAP) 	
	Again, Hospice, Tears Foundation, Hospital Support Groups	Adolescent Outpatient Program (ADOP)	
	(http://www.volusia.com/local- support-groups/)	The House Next Door	
	Guardian ad litem	 Volusia Department of Juvenile Justice Council 	
	Halifax Behavior Services (HBS)	Programs offered through Domestic	
	Healthy Start Coalition of Flagler & Volusia Counties, Inc.	Abuse Council	

Top Issues	Current Comm	unity Programs	Current Hospital Programs
onomic and Social Barriers – access health care services, social and onomic issues	 ACCESS (Medicaid, Requests for Assistance) sites African American Entrepreneurs Association (AAEA) Black Homeschoolers of Central Florida, Inc. Boys & Girls Clubs of Volusia/ Flagler Counties CareerSource Flagler Volusia Council on Aging services for seniors Department of Children & Families Easterseals Family Health Source Family Renew Community FBH Community Inc. (Food Brings Hope, Homes Bring Hope) First Step Shelter Florida Shots Florida Department of Health in Volusia County (four sites) Florida Department of Health in Volusia County (four sites) Florida United Methodist Children's Home Good Samaritan Clinic Greater Union Life Center Habitat for Humanity of Greater Volusia County Halifax Health and other partners providing Healthcare to the homeless Halifax Urban Ministries – multiple locations, school and community partners 	 Hope Place Bridge of Hope Health Equity Zones – collaborative community partner efforts Health Navigators to help with insurance coverage access Hispanic Health Initiatives Jesus Clinic One Voice for Volusia/Flagler Cares Our Two Stories, Inc. DBA Backpack Buddies Project WARM (Women Assisting Recovering Mothers) Speech and Language Therapy (SALT) Salvation Army Supplemental Nutrition Assistance Program (SNAP) (food stamps) Sports leagues The Early Learning Coalition of Flagler and Volusia Counties, Inc. The House Next Door United Way of Volusia-Flagler Counties: Grants to community organizations; Community Impact; ALICE Report (Asset Limited, Income Constrained, Employed); Volunteer Income Tax Assistance (VITA); 211 Volusia-Flagler County Coalition for the Homeless Volusia Volunteers in Medicine Clinic YMCA Programs - Health and Wellness that includes Diabetes Prevention Program and Nutrition programs 	 Walk in Clinics for quick care - AdventHealth Centra Care sites, Urgent Care Multiple hospices for palliative care Community Care Program AdventHealth funded SOAR program (assistance with SSI/SSDI) Back to School Drives Free Student Athlete Sports Physicals Cancer Support Groups Diabetes Support Groups Pastoral Care

Top Issues C	rent Community Programs	Current Hospital Programs
frastructure Action for Healthy K Alliance for Healthie Bethune-Cookman Pandemic Win Initia County and City Report Departments More than 50 miles multi-use trails Mayor's Fitness Chai EPIC Behavioral Hei Family Health Source Good Samaritan Cli Healthy Volusia and with the Florida Depart of Health Jesus Clinic Local churches Local colleges Local hospitals Local schools 	 LINC Flagler Volusia system Northeast Florida AHEC (Diabetes and Smoking Cessation) One Voice for Volusia/Flagler Cares The Community Connector Nextdoor app Popularity and ease of use of fitness and health tracking "apps" Seminars and education programs offered by the hospitals and health departments (i.e. 5210) School Health Advisory Committee (SHAC) 	 Whole Health Hub (Find Help) Financial Support for LINC Flagler Volusia System Community Advisory Council AdventHealth website AdventHealth Social Facebook AdventHealth sponsorship portal

Priorities Addressed



Behavioral Health: Drug and Substance Use

Fentanyl deaths in Volusia County increased 2.5% from 2013 to 2019, and opioid-related deaths doubled from 2019 to 2020. Compared to the state, Volusia County has higher rates of substance overdose deaths per 100,000, including fentanyl, cocaine, heroin and meth. Volusia County also has higher rates than the state for vaping (tobacco and marijuana), alcohol, binge drinking and marijuana use. Awareness of and the need to address substance use, as well as a growing fentanyl crisis, has been increasing in the country. By addressing alcohol and drug use as a priority, the Hospital can align with local, state and national efforts for resources to create better outcomes opportunities over the next three years.



The assessment showed that the percentage of youth ready for kindergarten at entry has declined in Volusia County, although it is still higher than that of the state. According to public data, only 50.2% of toddlers are enrolled in preschool, which helps prepare youth for kindergarten and beyond. The Hospital prioritized early childhood education because of the foundation it provides for better health and long-term outcomes for all residents.



Data in the assessment highlighted how complicated the health care system can be to understand and navigate, even for those who work within the industry. Many stakeholders discussed how disconnected different parts of the health care system are, leading to a lack of care coordination between different providers and a low awareness in the community of what services and resources are available. Word-of-mouth tends to be the best method to share information, especially in priority populations.

Early Childhood Education

Community Engagement on Available Resources and Services

The Hospital hopes to improve the health of the community by increasing community engagement and awareness of the resources and services available that improve health and connecting residents to them.



Priorities Not Addressed



There is a growing need in Volusia County to increase the available resources addressing mental health needs. The assessment found the percentage of adults reporting poor mental health is slowly increasing statewide, as well as in Volusia County. However, Volusia County rates are notably higher than statewide rates (17.2% and 13.8%, respectively). Volusia County also lags behind the statewide average for both mental health providers and adult psychiatric beds.

The mental health needs of the community are significant, but the HHNAC did not perceive the ability to impact the issue with existing Hospital resources at this time.



Housing and ncome

The need for safe and affordable housing and increased wages in the community is significant. More than one-third of homeowners (about 34%) and over half of renters (about 55%) are paying over 30% of their income towards housing. The median price of homes also increased 18.8% from November 2020 to November 2021. The assessment also found that Black residents are twice as likely to be living below the federal poverty level as their White counterparts, and the poverty rates of Other Race and Hispanic residents are also notably higher than White and Non-Hispanic residents.

The HHNAC did not perceive the ability to have a measurable impact on these issues within the three years allotted for the Community Health Plan with the current resources available to the Hospital at this time. Community Health Plan with the current resources available to the Hospital at this time.





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.



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.

Priority 1: Adult & Youth Behavioral Health

In the 2019 CHNA, the Hospital addressed adult and youth behavioral health as a priority. Because substance abuse and mental health can be closely linked, the Hospital also included mental health strategies as a way to address substance use. During the assessment, data showed Volusia County often had higher rates of alcohol and substance use-related incidents than the state. This included higher rates of alcohol-suspected motor vehicle crashes and deaths due to opioid overdoses. There was also a higher suicide rate in the county than in the state. Volusia County also had a higher percentage of adults with a depressive disorder than the state rate.

Since adopting the plan, the Hospital partnered with Flagler Cares, a local nonprofit, in a pilot project to connect health and behavioral health systems through a referral network. By the end of 2021, fourteen local organizations were participating in the network and more than 889 referrals had been made. The Hospital also partnered with the Northeast Florida Area Health Education Center to refer 226 individuals to tobacco cessation education programs and distributed Narcan to 41 individuals.

Priority 2: Cardiovascular Diseases and Diabetes

Cardiovascular diseases and diabetes were also a priority. Volusia County was found to have higher death rates for heart failure, coronary heart disease and stroke than the state during the assessment. There was also a higher rate of preventable hospitalizations for adults under 65 from diabetes. The death rate from diabetes in the county was also higher than the state rate, with the highest rate among Non-Hispanic Blacks.

The Hospital has focused on the impact of lifestyle as an avenue to addressing these conditions in the community. The Hospital provides a wellness program for adults and another designed specifically for children and teens, which empowers them to be healthier through understanding their choices. Both programs were delayed due to COVID and have recently launched with more than 55 adults and youths completing the programs so far. The hospital also provided education on healthy eating, physical activity and chronic disease prevention to more than 850 community members through community events.

Priority 3: Barriers to Accessing Health Care Services

The Hospital also chose to address barriers to accessing health care services as a priority. The 2019 assessment showed that Volusia County had fewer health care resources and providers than elsewhere in the state. This lower ratio of doctors, internists, mental health and other health care providers compared to the number of people who seek them can be a barrier to receiving care when you need it. Volusia County residents were also less likely to have a personal doctor than others statewide. These factors can contribute to unnecessary emergency room visits when care is delayed, which can have more serious outcomes, particularly for individuals who are uninsured or underinsured.

As part of the effort to address this, the Hospital partnered with community organizations to coordinate screening and health services for individuals experiencing homelessness though a local

Priority 4: Healthy Eating & Physical Activity

emergency shelter. In 2021, the Hospital screened 240 residents through this partnership. The Hospital also increased admissions to the Community Care program, which provides no-cost education, care coordination services and home visits to patients who may be vulnerable or more greatly impacted by social determinants of health. The program provides a personalized level of care that helps address barriers which can be impacting health. Since the beginning of 2021, 81 new patients were enrolled in the program.

Healthy eating and physical activity were also a priority for the Hospital after the assessment found increasing rates of inactivity and obesity compared to previous years in Volusia County. This was found in both children and adults and can have a negative impact on health in the short and long term. By addressing this preventatively through education on healthy eating and physical activity, the Hospital hopes to improve the long-term health of the community.

The Hospital focused its efforts on children and young adults through a partnership with two local Boy's and Girls' Clubs in the area. Starting in 2021, after a COVID-19 delay, the Hospital has had multiple educational sessions at both clubs working with more than 75% of the membership at each club to increase their understanding of the impact of healthy eating and physical activity. The Hospital has also deployed educational classes and screenings in the Holly Hill neighborhood, providing screenings to 1,130 residents and education to 1,157 residents in the last year.

Priority 5: Social and Economic Issues (Social Determinants of Health)

Social and economic issues became a priority after the 2019 assessment showed that Volusia County residents were behind others in the state when looking at quality of life indicators. This included Volusia County residents having a lower median household income, a higher percentage of residents in poverty and a lower high school graduation rate than the state. There is also a lower per capita income and higher food insecurity rate than the state. It was also found that more than 30% of the households in the county spend over 30% of their income on housing.

The Hospital partnered with two other AdventHealth Hospitals to have a specialized position available which provides support to patients who are eligible for disability income benefit programs and other services that help bridge economic gaps. In the first three months of the program, 11 patients were referred from the Hospital for support.

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.



Memorial Health Systems, Inc d/b/a AdventHealth Daytona Beach

CHNA Approved by the Hospital Board on: August 18, 2022

For questions or comments please contact: CORP.CommunityBenefitSupport@AdventHealth.com