AdventHealth Daytona Beach
Community Health Needs Assessment
Extending the Healing Ministry of Christ
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 Delray, 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

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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 discussion sessions. See Priorities Selection for more.

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.

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?
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.

AdventHealth is a national health system serving millions of patients a year across 45 hospitals and hundreds of care sites in nearly a dozen states. With hundreds of care sites throughout nine states.

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.

AdventHealth Daytona Beach was recognized in the ranking 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 Medicine & Rehab and Imaging, among other off-site locations. In August 2021, AdventHealth opened a free-standing emergency department at Williamson Boulevard in Port Orange. An AdventHealth Health Park will open on the same property in October 2022.

For over 50 years, AdventHealth Daytona Beach has served the East Volusia area and surrounding communities by providing the following comprehensive health care services: Cardiac and Vascular 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 2017.

AdventHealth was chosen 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. For more information, visit AdventHealthDaytonaBeach.com.
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 United 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.

Seniors, those 65 and older, represent 28% of the total population in the community. Females are 53.4% of the total senior population.

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.
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.

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.

Economic Stability

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 2020, 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. 2 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 Feeding America - 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. 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.

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.

Health Care Access and Quality

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.

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. 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.

<table>
<thead>
<tr>
<th>Providers Per Capita</th>
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<tbody>
<tr>
<td>Hospital’s Community 78.4 249.1 65.5</td>
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<tr>
<td>Volusia County 78.9 249.1 65.5</td>
</tr>
<tr>
<td>Flagler County 63.5 155.6 57.8</td>
</tr>
<tr>
<td>FL 86.5 350.7 88.1</td>
</tr>
<tr>
<td>US 89.1 381.9 104.6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Attainment</th>
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</thead>
<tbody>
<tr>
<td>High School Graduation Rate</td>
</tr>
<tr>
<td>Pre-K Classroom Attendance Rate</td>
</tr>
<tr>
<td>Post Secondary Degree Rate</td>
</tr>
<tr>
<td>Hospital’s Community 91.4% 38.7% 37.6%</td>
</tr>
<tr>
<td>Volusia County 90.8% 44.6% 34.6%</td>
</tr>
<tr>
<td>Flagler County 91.2% 38.7% 34.6%</td>
</tr>
<tr>
<td>FL 88.5% 51.0% 40.5%</td>
</tr>
<tr>
<td>US 88.5% 47.3% 41.6%</td>
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</tbody>
</table>

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. 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.

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. 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.
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, low-income 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 or 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

This included all members of the Community Health Needs Assessment Committee.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Services Provided</th>
<th>Populations Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Shorbono, Senior Vice President Clinical Services</td>
<td>SMAX Health Care</td>
<td>Behavioral health programs</td>
<td>Focused on uninsured populations with special programs for individuals experiencing homelessness and individuals with disabilities</td>
</tr>
<tr>
<td>Dr. Boryn Toulou, Founder and Executive Director</td>
<td>Addiction Education Foundation</td>
<td>Behavioral health education</td>
<td>Focused on serving populations with substance use disorder and disabilities</td>
</tr>
<tr>
<td>Beth Smichowski, Executive Regional Director of Project</td>
<td>AdventHealth</td>
<td>Health care</td>
<td>Serves as an advocate and organizer to create financial solutions for uninsured and underinsured patients to remain financially solvent after care</td>
</tr>
<tr>
<td>Lon Bank, Nurse Practice Manager</td>
<td>AdventHealth</td>
<td>Health care</td>
<td>Vulnerable population, unemployed, minority, poverty, in 32720 (Deland), 32224 (DeLand) neighborhoods at risk with identified health priorities</td>
</tr>
<tr>
<td>Katie Blandine, Diabetes Educator</td>
<td>AdventHealth</td>
<td>Health care</td>
<td>Vulnerable residents, minority, poverty, uninsured population throughout Volusia County</td>
</tr>
<tr>
<td>Tim Farley, Director of Ambulatory Services for the Cardiovascular Institute</td>
<td>AdventHealth Central Florida</td>
<td>Health care</td>
<td>Vulnerable residents, minority, poverty, uninsured population throughout Volusia and Flagler</td>
</tr>
<tr>
<td>Doni McHale, Community Benefit Director</td>
<td>AdventHealth Central Florida/Duanion North Region</td>
<td>Health care</td>
<td>Social Vulnerability Index zip codes Volusia and Flagler</td>
</tr>
<tr>
<td>Lisa Babaoleda, Community Health Program Manager</td>
<td>AdventHealth Central Florida/Duanion North Region</td>
<td>Health care</td>
<td>Social Vulnerability Index zip codes Volusia and Flagler</td>
</tr>
<tr>
<td>David Wei, CEO</td>
<td>AdventHealth DeLand</td>
<td>Health care</td>
<td>Volusia County residents</td>
</tr>
<tr>
<td>Wally DeAquino, COO</td>
<td>AdventHealth Palm Coast</td>
<td>Health care</td>
<td>Flagler County residents</td>
</tr>
<tr>
<td>Kathy Gowers, Chief Nursing Officer</td>
<td>AdventHealth Palm Coast</td>
<td>Health care</td>
<td>Flagler County residents</td>
</tr>
<tr>
<td>Linda Giacomo, CEO &amp; Founder</td>
<td>African American Entrepreneurs Association, Inc</td>
<td>Community leader</td>
<td>Focused on special programs for communities of color</td>
</tr>
</tbody>
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<tr>
<th>Name</th>
<th>Organization</th>
<th>Services Provided</th>
<th>Populations Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charley J. Wooten, PhD, Vice President for Public Health and Disease Control</td>
<td>Ball State University/Department of Health</td>
<td>Higher educational, health Disparities/health equity consultation</td>
<td>Areas (Neighborhoods) that are predominantly black and households focused on communities of color and lower income student</td>
</tr>
<tr>
<td>Rebeccah Nicholls, Founder and President</td>
<td>Black Homeschoolers of Central Florida</td>
<td>Community leadership</td>
<td>Focused on special programs for communities of color</td>
</tr>
<tr>
<td>Robin King, CEO</td>
<td>CareerSource Flagler/Volusia</td>
<td>Workforce programs</td>
<td>Implements special programs for youth, individuals with disabilities and the uninsured and unemployed</td>
</tr>
<tr>
<td>Pastor Ian Ray, Pastor and Rev. Bunnell city commissioner</td>
<td>Carver Center</td>
<td>Community leader</td>
<td>Focused on programs for communities in a very low income area.</td>
</tr>
<tr>
<td>Felicia Benton, Founder and CEO</td>
<td>CATALYST Global Youth Initiative, Inc.,</td>
<td>Youth development</td>
<td>Focused on programs for communities of color in a very low income area.</td>
</tr>
<tr>
<td>Chalise Jones, Director</td>
<td>Choctaw Community Center in DeLand</td>
<td>Community programs</td>
<td>Focused on programs for communities of color in a very low income area, including Spring Hill</td>
</tr>
<tr>
<td>Jacqueline Lewis, Community Leader</td>
<td>Citizens Advisory Committee/ West Volusia Hospital Authority</td>
<td>Hospital board district leadership</td>
<td>Taxing District provides special healthcare programs for low income and uninsured residents</td>
</tr>
<tr>
<td>Tina-Marie Schulz, City Commissioner</td>
<td>City of Bunnell</td>
<td>City leadership</td>
<td>Has special initiatives focused on low income neighborhoods that are predominantly home to communities of color</td>
</tr>
<tr>
<td>Alan Jackson, City Manager</td>
<td>City of Bunnell</td>
<td>City leadership</td>
<td>Has special initiatives focused on low income neighborhoods that are predominantly home to communities of color</td>
</tr>
<tr>
<td>Merandra Auvil-VanSprin, Vice Mayor</td>
<td>City of Delton</td>
<td>City leadership</td>
<td>Has special initiatives focused on low income neighborhoods that are predominantly Hispanic/Latino</td>
</tr>
<tr>
<td>David Alfin, Mayor</td>
<td>City of Palm Coast</td>
<td>City leadership</td>
<td>Has special initiatives focused on affordable housing, health care workforce and low income residents</td>
</tr>
<tr>
<td>Dora Butts, Director of Community Services</td>
<td>County of Volusia</td>
<td>County leadership, community programs</td>
<td>Provides programming for low and very low income residents.</td>
</tr>
</tbody>
</table>

2022 Community Health Needs Assessment
Name | Organization | Services Provided | Populations Served
--- | --- | --- | ---
Steve Clidi, Medical Director | Department of Health in Flagler County | Health care/public health | Provides medical care to low-income and uninsured residents.
Bob Bielen, Healthcare 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.
DiLello, CEO | Early Learning Coalition of Flagler and Volusia | Early learning programs | Provides programming for low-income residents and children with disabilities.
Susan Moore, Vice President - Philanthropy | East Central Florida Diocese, Diocese of Daytona Beach | Disability services | Provides programming for low-income residents and children with disabilities.
Tashim Gewecke, 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 Bond, CEO | Flagler Care/ 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 Rapp, Executive Director | Flagler County Education Foundation | Education support and education | Has special initiatives focused on low-income students and students with disabilities.
Tom Kelley, Executive Director | Flagler County Free Clinic | Health care for the uninsured | Provides healthcare services for the uninsured and disabled.
Cheryl Massaro, Board Member | Flagler School Board | K-12 education, Equity-Champion | Provides educational services for low-income students, students with disabilities and CPT/OMA students.
Shelley Rodgers, President | Flagler NAACP | Community leader | Advocates for communities of color.
Paul Betsel, Executive Director | Flagler OAMS | Substance Use peer support | Provides peer support services for individuals with substance use disorder.
Shirley Williams, Commissioner of Counseling Services | Flagler Schools | Mental health supports | Provides programs for students with disabilities and behavioral health disorders.

Name | Organization | Services Provided | Populations Served
--- | --- | --- | ---
John Powell, Coordinator of Student Supports and Behavior | Flagler Schools | Mental health and behavioral supports | Provides programs for students with disabilities and behavioral health disorders.
Sue Bickings, Chairperson | Flagler Sheltering Tree | Homeless programs | Provides programs for homeless and disabled individuals.
Meme Oats, Community Director | Food Bingo Hope | Homeless programs | Provides programs for low-income families and individuals with disabilities. Serves very low-income neighborhoods.
Buck James, Executive Director | Halifax Urban Ministries | Homeless programs | Provides services for low-income families, homeless families and people with disabilities.
Vicky Camper, Family Placement, Parent Partner | Healthy Start Coalition of Flagler and Volusia Counties | Care coordination and education for pregnant mothers and families of young children | Provides services for pregnant women, low-income families and women with Medicaid or who are uninsured.
Bill Gilner, Founder and Medical Director | Jesus Clinic | Health care for the uninsured | Provides healthcare services for the uninsured and disabled.
John Fanelli, Coordinator of Student Supports and Behavior | New Smyrna Beach Police Department | Law enforcement | Has special initiatives focused on homeless individuals.
Karl Miller, Vice Mayor of Orange City | Orange City Florida | City leadership | Has special initiatives focused on low-income neighborhoods.
Stephanie Mason-Troje, Executive Director | Domenic Memorial Art Museum and Gardens | Arts education | Provides art education programs to youth.
Myla Middleton | Retired educator | Community advocate focused on youth with disabilities | Special initiatives focused on homeless populations with special programs for individuals experiencing homelessness and individuals with disabilities.
Andrew Williams | Flagler Services | Second Chance to Learn | Advocacy | Advocacy group focused on homelessness and other social issues.
Jessica Robillard, Lead Organizer | The Dart Center - Fighting Against Justice Toward Harmony | Advocacy | Advocacy group focused on homelessness and other social issues.
Mark Miklas, Associate Director/Programs | Farmworkers Association of Florida | Community advocacy and leadership | Advocacy group focused on migrant workers and undocumented individuals.
Amanda Lawes, Vice President of Operations | United Way of Volusia-Flagler Counties | Grantmaker | Grant making organization focused on housing, health and education for 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

- **Health Care Access:**
  - Outpatient medical and mental health care services for children
  - Increase the percentage of people who have health insurance
  - Additional services to address cancer, heart disease and diabetes

#### 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
- Increase the percentage of people who have health insurance
- Additional services to address cancer, heart disease and diabetes

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**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.
Kevin Miller, General Manager | Votran | Transportation | Provides transportation services to low-income residents.
Brenna Goldberg, Executive Director | WaterSafe, Inc. | Water safety promotion and education | Provides water safety instruction to low-income families.
Jennifer Corn, Representative | West Volusia Hospital Authority | Hospital casing district leadership | Traing 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.
Prioritization Process

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 range of interests and needs, from public health to the economic, of 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:

Community Partners
- David Alfin, Mayor, City of Palm Coast, leader of city government.
- David Ayers, General Manager, Flagler Broadcasting, radio hosts several public health radio shows.
- Carrie Baird, CEO, Flagler Cares/One Voice for Volusia, community impact organizations that facilitate public health projects.
- 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, Flagler Schools, responsible for student discipline and liaison 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 Bun nell, 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.
- Kathy Gove r, Chief Nursing Officers, AdventHealth Palm Coast, leadership of AdventHealth Palm Coast.
- Nicole Sharboro, 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 advocate.
  • 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.
  • Denia Butler, Director of Community Services, County of Volusia, leader of county-operated health and social service programs.

AdventHealth Team Members
  • Wally DeAquino, 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 Weiss, 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 then 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

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

Access to Behavioral Health Services

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  • 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

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 influence systems.
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.

### Available Community Resources

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<th>Current Community Programs</th>
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<td>- Behavioral Screening Tools now on Volusia County Schools’ report cards and Problem-Solving Teams</td>
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<td>- Program Evaluation and Mentoring Programs, Youth Sports League/Programs, Pkwy Athletics &amp; Athletic League (PAL), After School Programs, Art programs, Recreation Departments, Clubs, Youth Groups, Girls on the Run (2020)</td>
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### Top Issues

#### Economic and Social Barriers – access to health care services, social and economic 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
- Department of Children & Families
- Easterseals
- Family Health Source
- Family Renew Community
- Florida United Methodist Children’s Home
- Good Samaritan Clinic
- Greater Union Life Center
- Habitat for Humanity of Greater Volusia County
- Halton Health and other partners providing healthcare to the homeless
- Halton Health Community Clinics
- Halton Urban Ministries mobile locations, school and community partners

#### Current Community Programs
- Economic and Social Barriers
  - Hope Place
  - Bridge of Hope
  - Health Equity Zone – 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 WAR! (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-Neal 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); 2R
  - Volusia/Flagler County Coalition for the Homeless
  - Volunteer Volunteers in Medicine Clinic
  - YMCA Programs – Health and Wellness that includes Diabetes Prevention Program and Nutrition programs

#### Current Hospital Programs
- Economic and Social Barriers
  - Walk in Clinics for quick care – AdventHealth Central Care sites, Urgent Care
  - Multiple clinics for palliative care
  - Community Care Program
  - AdventHealth Bartram Behavioral Health program (assistance with SSI/SSDI)
  - Back to School Drives
  - Free Student Athlete Sports Physicals
  - Cancer Support Groups
  - Diabetes Support Groups
  - Pastoral Care

### Current Hospital Programs

#### System Infrastructure
- Action for Healthy Kids
- Alliance for Healthier Generation
- Brevard-Cookman University/Pandemic WIC Initiative
- County and City-Recruitment Departments
- More than 50 miles of multi-use trails
- Mayor’s Fitness Challenges
- EPIC Behavioral Healthcare
- Family Health Source
- Good Samaritan Clinic
- Healthy Volusia and Partnerships with the Florida Department of Health
- Jesus Clinic
- Local churches
- Local college
- Local hospitals
- Local schools

#### Current Community Programs
- LINC Flagler Volusia system
- Northwest Florida AHEC (Diabetes and Smoking Cessation)
- One Voice for Volusia/Flagler Cares
- The Community Connector
- Nesting 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)
- VCan
- Volusia County Moms
- Volusia County Schools
- Volusia Volunteers in Medicine Clinic
- Website Wellness

#### Current Hospital Programs
- Whole Health Hub (First 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.

Early Childhood Education

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.

Community Engagement on Available Resources and Services

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.

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

Mental Health

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 Income

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.
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.
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 adapting the plan, the Hospital partnered with Flagler Care, 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 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 better health care services 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 through a local 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 more 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.

**Priority 4: Healthy Eating & Physical Activity**

Healthy eating and physical activity were also a priority for the Hospital after the assessment found increasing rates of inactivity and obesity compared to the state. This was found in both children and adults and can have a negative impact 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 Boys & 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 81 new patients. 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 hopes to improve the long-term health of the community. The Hospital also supports the Healthy Eating & Physical Activity programs at both clubs working with more than 81 new patients.

**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:
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