

AdventHealth Zephyrhills 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ



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Letter from Leadership

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That obligation goes beyond our hospital walls and permeates into our communities. Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit. We want to help our communities get well and stay well.

Every three years, AdventHealth hospitals across the nation complete a Community Health Needs Assessment. During this assessment, we talk and work with community organizations, public health experts and people like you who understand our communities best. This in-depth look at the overall health of our communities and the barriers to care they experience helps AdventHealth better understand the unique needs in the various communities we serve.

We use this information to create strategic plans that address the issues that impact our communities most. At AdventHealth, we know that a healthy community is not a “one size fits all” proposition — everyone deserves a whole health approach that meets them where they are and supports their individual health journey.

This work would not be possible without the partnership of public health experts, community organizations and countless community members who helped inform this report. Through these ongoing partnerships and collaborative efforts, AdventHealth will continue to create opportunities for better health in all the communities we serve.

In His service,

Terry Shaw



Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit.

Executive Summary

Florida Hospital Zephyrhills, Inc. dba AdventHealth Zephyrhills will be referred to in this document as AdventHealth Zephyrhills or “The Hospital.” AdventHealth Zephyrhills in Zephyrhills, Florida conducted a community health needs assessment from October 2024 to March 2025. 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 the assessment findings to develop and implement a 2026 – 2028 Community Health Plan based on the needs prioritized in the assessment process.

The All4HealthFL Collaborative

In order to ensure broad community input, AdventHealth Zephyrhills took part in the All4HealthFL Collaborative, referred to as the Collaborative, to help guide the Hospital through the assessment process. The Collaborative included representation from AdventHealth, BayCare Health System, Moffitt Cancer Center, Johns Hopkins All Children’s Hospital,



Lakeland Regional Health Medical Center, Orlando Health Bayfront Hospital, Tampa General Hospital and the Florida Department of Health. This included intentional representation from those serving low-income, minority and other underserved populations. The Collaborative met seven times in 2024 – 2025. 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.

Data

AdventHealth Zephyrhills in collaboration with the Collaborative collected both primary and secondary data. The primary data included community surveys, stakeholder interviews, access audits, and community focus groups. Secondary data included internal hospital utilization data (inpatient, outpatient and emergency department). This utilization data showed the top diagnoses for visits to the Hospital from 2024. In addition, publicly available data from state and nationally recognized sources were used. Primary and secondary data was compiled and analyzed to identify the top seven needs.

See Process, Methods and Findings for data sources.

Community Asset Inventory

The next step was to create a community asset inventory. This inventory was designed to help the Collaborative understand the existing community efforts being used to address the seven needs identified from the aggregate primary and secondary data. This inventory was also designed to prevent duplication of efforts.

See Available Community Resources for more.

Selection Criteria

The Collaborative participated in a prioritization process after a data review and facilitated discussion session. The identified needs were then ranked based on clearly defined criteria.

See Prioritization Process for more.

The following criteria were considered during the prioritization process:

A. Magnitude

What is the size of the problem?

B. Severity

What are the implications if this issue is not addressed?

C. Feasibility

How likely can the Hospital address this problem?

Priorities to Be Addressed

The priorities to be addressed are:

- Mental Health
- Economic Stability
- Health Care Access and Quality

See Priorities Addressed for more.

Approval

On September 24, 2025, the AdventHealth Zephyrhills board approved the Community Health Needs Assessment findings, priority needs and final report. A link to the 2025 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2025.

Next Steps

AdventHealth Zephyrhills will work with community partners to develop a measurable implementation strategy called the 2026–2028 Community Health Plan to address the priority needs. The plan will be completed, board approved and posted on the Hospital's website prior to May 15, 2026.



About AdventHealth

AdventHealth Zephyrhills 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 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are 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 documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier — creating pathways to holistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its team culture. Recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" several years in a row, this recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth. In 2024, the organization was named by Newsweek as one of the Greatest Workplaces for Diversity and a Most Trustworthy Company in America.

AdventHealth Zephyrhills

AdventHealth Zephyrhills is a 149-bed acute care hospital and is a member of the faith-based AdventHealth System, providing a connected network of care in nearly a dozen states with more than 50 hospitals and hundreds of care sites. Since 1985, the hospital has provided award-winning care evidenced by the hospital's Leapfrog Safety Grade A and Centers for Medicare and Medicaid Services (CMS) Five-star rating. With a mission to extend the healing ministry of Christ, the hospital is focused on delivering whole person care through skilled and compassionate caregivers who provide individualized care for body, mind and spirit. The hospital offers a wide variety of services to include heart care, orthopedics, labor and delivery, surgical care, digestive health, robotic technology, a 24/7 emergency room and breast health center. To learn more about the hospital's services, visit [AHZephyrhills.com](https://www.AHZephyrhills.com).



Since 1985, AdventHealth Zephyrhills has provided award-winning care evidenced by the hospital's Leapfrog Safety Grade A and Centers for Medicare and Medicaid Services (CMS) Five-star rating.





Community Overview

Community Description

Located in Pasco County, Florida, AdventHealth Zephyrhills defines its community as Pasco County. The Collaborative and community partners analyzed data at the county level.

According to the 2020 United States Census, the population in Pasco County has grown 20.9% in the last ten years to 561,891 people. This is higher than the amount of growth in the state of Florida at 14.6% since the last Census.¹

Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention (CDC), unless indicated otherwise. Data are reported for the county, unless listed differently. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.

Community Profile

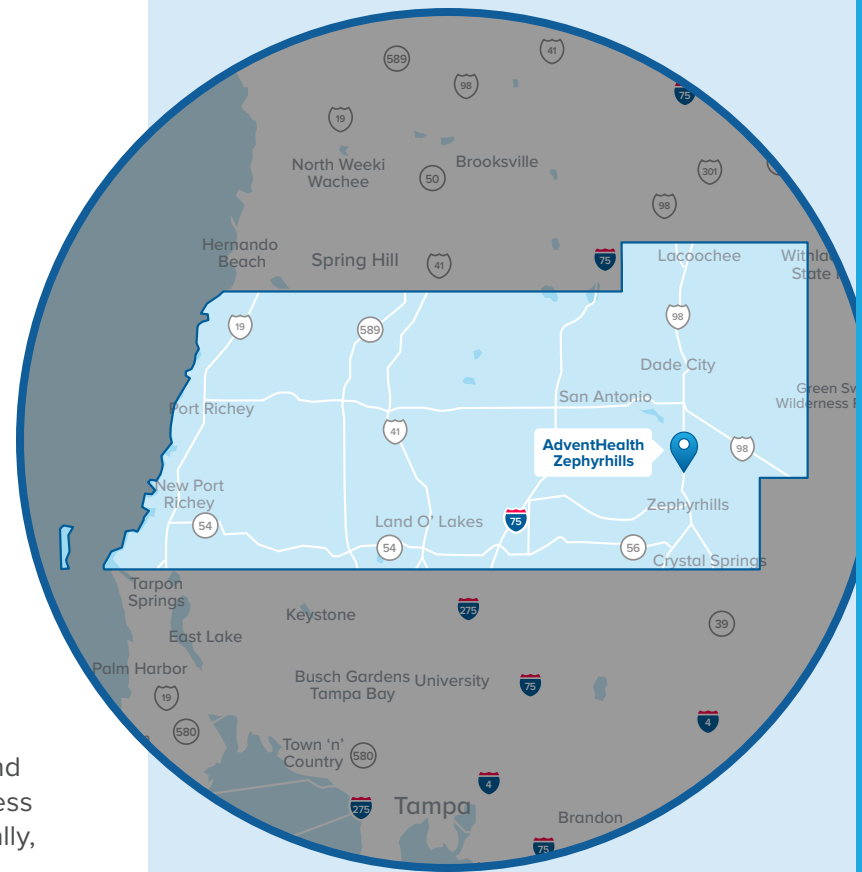
Age and Sex

The median age in the Hospital's community is 43, slightly higher than that of state which is 42.8 and the US, 39.2.²

Females are the majority, representing 51.1% of the population. Middle-aged people, 45–54 are the largest demographic in the community at 12.9%.³

Children make up 20.3% of the total population in the community. Infants, those zero to five, are 4.9% of that number. The community birth rate is 9.1 births per 1,000 women of

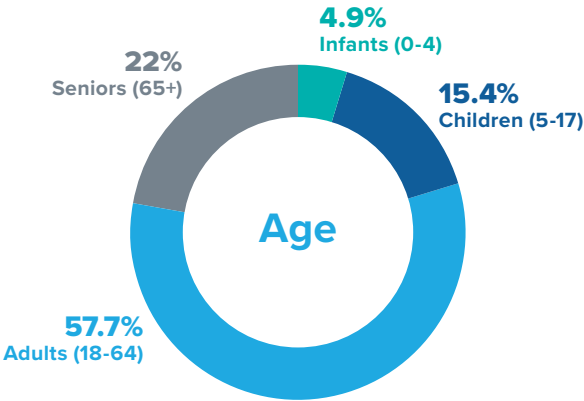
¹ American Community Survey 2010 One-year Estimates | US Census Bureau;
American Community Survey 2020 One-year Estimates | US Census Bureau
² American Community Survey 2023 One-year Estimates | US Census Bureau
³ American Community Survey 2019-2023 Five-year Estimates | US Census Bureau



AdventHealth Zephyrhills defines its community as Pasco County. The population in Pasco County has grown 20.9% in the last ten years.

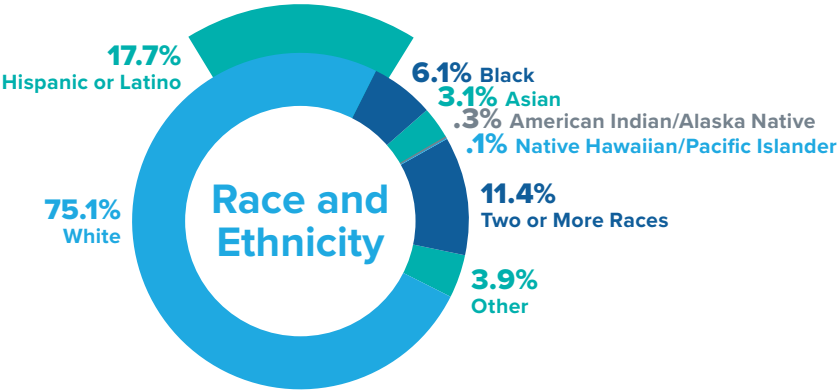
childbearing age.⁴ This is lower than the U.S. average of 11, and lower than that of the state, 9.9. In the Hospital’s community, 18% of children aged 0–5 and 14.7% of children under age 18 are living in poverty.

Seniors, those 65 and older, represent 22% of the total population in the community. In Pasco, 0.9% of seniors 65 and older are uninsured.



Race and Ethnicity

In the Hospital’s community, 75.1% of the residents are White and 6.1% are Black. Residents who are of Asian descent represent 3.1% of the total population, while 0.3% are American Indian and Alaska Native, 0.1% are Native Hawaiian and Other Pacific Islander, 11.4% are two or more races and 3.9% identify as some other race. In the Hospital’s community, 17.7% are of Hispanic or Latino ethnicity.⁵

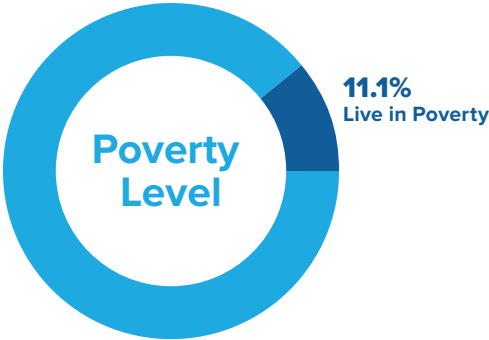


⁴ Natality Birth Rate, 2021 | CDC WONDER
⁵ American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

Economic Stability

Income

The median household income in the Hospital’s community is \$67,384. This is below the median for both the state and the US. In the Hospital’s community, 11.1% of residents live in poverty, and 28.7% of residents live below 200% of the federal poverty level.⁶



Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.⁷ When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more the 50%.



⁶ American Community Survey 2019-2023 Five-year Estimates | US Census Bureau
⁷ Severe housing cost burden | County Health Rankings & Roadmaps
⁸ American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

Education Access and Quality

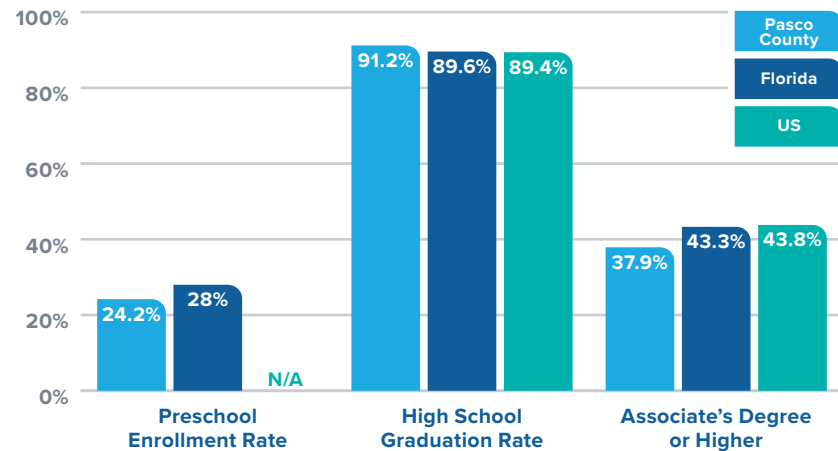
Research shows that education can be a predictor of health outcomes, as well as a path to address inequality in communities.⁹ Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, 91.2% of the population graduated high school, which is higher than both the state, (89.6%) and national average (89.4%).¹⁰ The rate of people with an associate's degree or higher is lower in the Hospital's PSA than in both the state and nation.

Early childhood education is uniquely important and can improve children's cognitive and social development. It helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.¹¹

In the Hospital's community, 24.2% of four-year olds were enrolled in preschool.¹² This is lower than the state, 28%.

Educational Attainment



⁹ 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)

¹⁰ American Community Survey 2019–2023 Five-year Estimates | US Census Bureau

¹¹ Early Childhood Education | US Department of Health and Human Services

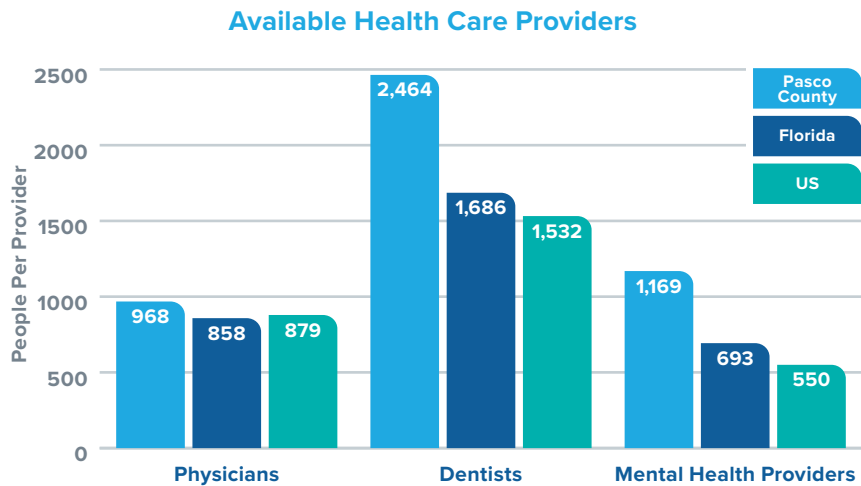
¹² Florida Department of Health, Division of Public Statistics and Performance Management. Florida Department of Education, 2023

Health Care Access and Quality

In 2023, 16.2% of community members aged 19–64 were found to lack health insurance.¹³ Without access to health insurance, these individuals may experience 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.¹⁴

Accessing health care requires more than just insurance. There must also be health care professionals available to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. Pasco County has one primary care physician per 968 people, performing worse than the state average (1:858).

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospital’s community, 77.9% of adults reported having a medical checkup in the past year.¹⁵

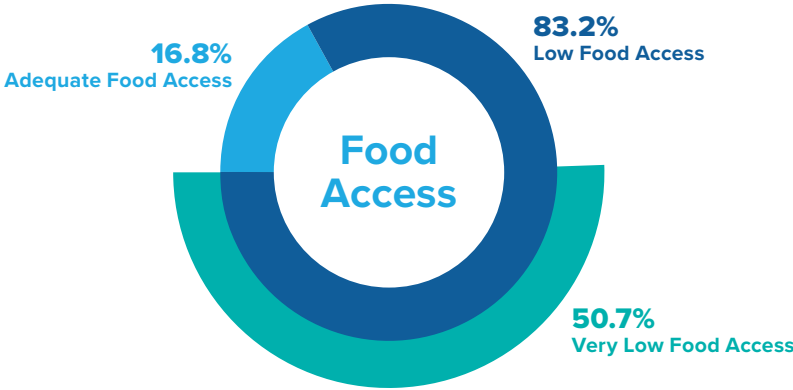


13 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau
14 Health Insurance and Access to Care | CDC
15 PLACES 2022 | CDC

Neighborhood and Built Environment

Increasingly, a community’s neighborhoods and built environment are shown to impact health outcomes. If a neighborhood is considered to have low food access, which is defined as being more than ½ mile from the nearest supermarket in an urban area or ten miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than one 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.¹⁶ In the Hospital’s community, 83.2% of the community lives in a low food access area, while 50.7% live in a very low food access area.



People who are food insecure, who have reduced quality or 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.¹⁷ Feeding America estimates for 2022¹⁸ showed the food insecurity rate in the Hospital’s community as 13.3%.

16 Heart Disease Risk Factors | CDC
17 Facts About Child Hunger | Feeding America
18 Map the Meal Gap 2022 | Feeding America

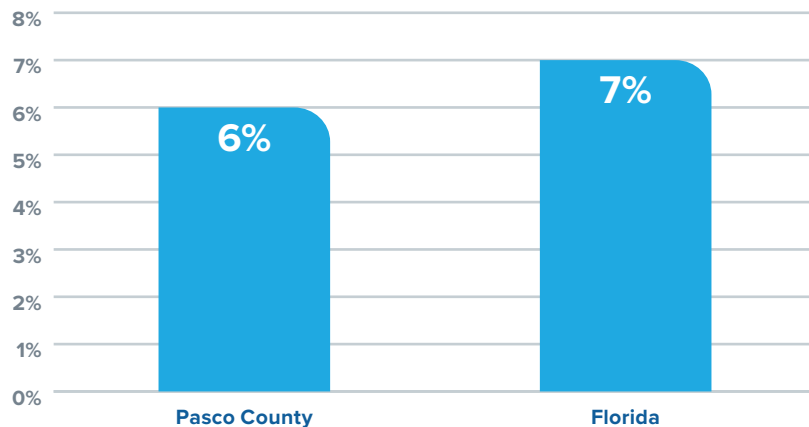
Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and steady employment. In the community, 4.8% of the households do not have an available vehicle.

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.¹⁹ 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.

In the community, 6% of youth aged 16–19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time.²⁰

Disconnected Youth



In the community 26% of seniors (age 65 and older) report living alone. In Pasco, 5.9% of residents report having limited English proficiency. All these factors can create barriers to feeling connected

¹⁹ Social and Community Context - Healthy People 2030 | U.S. Department of Health and Human Services

²⁰ American Community Survey 2018-2022 5-Year Estimates | US Census Bureau

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 outcomes in communities throughout the country.

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

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

Economic Stability

Includes areas such as income, cost of living and housing stability.

Education Access and Quality

This framework 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

Covers topics such as access to health care, access to primary care and health insurance coverage.

Neighborhood and Built Environment

Includes quality of housing, access to transportation, food security, and neighborhood crime and violence.

Social and Community Context

Focuses on topics such as community cohesion, civic participation, discrimination and incarceration.



in the community.

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 Hospital in partnership with the All4HealthFL 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 underserved, low-income and minority community members, to form the All4HealthFL Collaborative to guide the assessment process. The Collaborative is a regional effort through which health systems and departments of health spanning multiple counties work to improve community health by leading outcome driven initiatives addressing the needs found in the assessment. The Collaborative includes representation from AdventHealth, BayCare Health System, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health Medical Center, Orlando Health Bayfront Hospital, Tampa General Hospital and the Florida Department of Health. This included intentional



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.

representation from those serving low-income, minority and other underserved populations.

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 2025 Community Health Needs Assessment.

Community Input

The Collaborative collected input directly from the community and from community stakeholders, including individuals working in organizations addressing the needs and interests of the community.

Input was collected through four different methods: the community health survey, stakeholder interviews, focus groups and access audits.

Community Health Survey

- The survey was provided in English, Spanish, Haitian Creole, Russian and Vietnamese to anyone in the community and accessible through weblinks and QR codes.
- Links and QR codes were shared through targeted social media posts and with community partners, including public health organizations. Partners were provided links to the survey, with the request that it be sent to 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 who experience barriers to responding electronically. Responses from paper surveys were recorded using survey weblinks.

Stakeholder Interviews


- Participants were asked to provide input on health, and barriers to health, that they saw in the community.
- Interviews were conducted with individuals working at community organizations, including public health organizations, which work to improve the health and well-being of the community.
- Efforts were focused on stakeholders who represent or serve underserved, underrepresented communities that are lower income, and are more likely to be impacted by the social determinants of health.

Focus Groups

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

Access Audits

- An access audit evaluates the accessibility and ease for community members to access services at various organizations in the community providing health care and social services. The process involves posing as a potential client or patient to evaluate the experience of accessing care and services.
- An access audit will evaluate key areas, including (but not limited to): ability to accept new patients, eligibility guidelines, wait times, referral capabilities, staff inquiry skills and language accommodations
- The full results can be found on the All4HealthFL website (all4healthfl.org)

A man with a beard and a blue shirt is smiling while cooking in a kitchen. He is using a wooden spoon to stir a dish in a pan. In the background, a woman and two children are sitting at a dining table, looking at a laptop. The kitchen has white cabinets and a granite countertop. There are various vegetables and a bowl of bread on the counter.

The Collaborative collected input directly from the community and from community stakeholders, including individuals working in organizations addressing the needs and interests of the community.

Public and Community Health Experts Consulted

A total of 21 stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
Amy Sue Ponce	Pasco County School District	Education	Children
Chrissie Parris	Alliance for Healthy Communities	Behavioral Health and Substance Misuse Services	Behavioral Health
Emery Ailes, DMin	Pasco Hernando State College	Education	Students
Joe Simmons	Thomas Promise	Food Pantry	Food Insecure
Justin McPadden	The Hope Shot	Substance Misuse and Recovery	Behavioral Health
Kim Miller	Pasco Parks and Recreation	Community Recreation and Fitness	Pasco County
Manuel Mayor	Premier Community Health Care	Primary Care, Dental and Behavioral Health	Uninsured or Underinsured
Mike Singer	Good Samaritan Clinic	Medical and Dental Services	Uninsured
Normita Woodard	City of Dade City	Government	Pasco County, Dade City
Shari Bresin	University of Florida, IFAS	Financial and Health Education	Low-Income, Low-Access
Amy Schlitt	UF/IFAS One Stop Shop	Food, Health Education, Employment Training	Low-Income, Low-Access
Brittany Merens	Florida Department of Health	Public Health	Pasco County
Jennifer Watts	Pasco County Homeless Coalition	Case Management, Housing	Homeless
Cheryl Pollock	Premier Community HealthCare	Primary Care, Dental and Behavioral Health	Uninsured or Underinsured
Denise Lay	First Presbyterian Church	Food Bank	Food Insecure
Evelyn Fredman	Good Samaritan Clinic	Medical and Dental Services	Uninsured
Gabby Flores	Healthy Start Coalition Pasco	Maternal and Children Services	Women and Children
Jennifer Hess	Deaf and Hard of Hearing Services	Social Services	Deaf and Hard of Hearing
Natalie Dougherty	Life Church	Food and Social Services	Food Insecure, Low-Income, Low-Access
Nichole Dube	Dube's Mobile Market	Food	Food Insecure
Karen Barfield	Central Florida Behavioral Network	Mental Health	General Public



Secondary Data

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

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

- U.S. Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- Florida Department of Health

The Findings

To identify the top needs, the Collaborative analyzed the data collected across all sources. At the conclusion of the data analysis, there were seven needs that rose to the top. These needs were identified as being the most prevalent in the community and frequently mentioned among community members and stakeholders.

The significant needs identified in the assessment process included:



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



According to the American Heart Association, heart disease is the leading cause of death in the U.S. and stroke is the fifth leading cause of death. The reduction of cases in these chronic conditions can potentially be lowered by focusing on maintaining a healthy blood pressure and reducing high cholesterol. Additionally, making healthy lifestyle choices, such as consuming a heart-healthy diet, refraining from smoking and limiting alcohol intake may also help in reducing the chances of developing heart disease and stroke. Equipping people with this knowledge and time sensitive, life-saving techniques, such as CPR, may help save lives from these conditions.



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



In the United States many people lack access to healthy foods and the information needed to make healthier food choices that ultimately impact their health. Food security exists when all people have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences at all times. A lack of food security has been linked to negative health outcomes in children and adults, as well as potentially causing trouble for children in schools. Additionally, convenience and cost also contribute to the choice of an unhealthy diet. Healthy People 2030 aims to increase access and awareness around healthy food choices and their link to reducing risk for chronic conditions.





Economic Stability

According to the 2023 U.S. Census data, just over 10% of the population lives in poverty. With the current economic rise in the cost of living, many people are unable to afford their basic needs such as housing, food and health care. Without the ability to pay for these basic needs, individuals and families are at greater risk for poor health outcomes and quality of life.



Health Care Access and Quality

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



Neighborhood and Built Environment

Where people live directly impacts their physical and mental health. Individuals living in areas with high crime rates, poor environmental conditions and unsafe paths of travel are disadvantaged due to the lack of healthy lifestyle opportunities compared to those living in safe neighborhoods. Racial/ethnic minorities and people with low incomes are more likely to live in neighborhoods with these conditions.





Priorities Selection

The Collaborative, through data review and discussion, prioritized the health needs of the community to a list of three. Community partners on 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. During the spring of 2025, the Collaborative met to review and discuss the collected data and select the top community needs.

Members of the Collaborative included:

Community Members

- Bola Adeshira, Workout Instructor, Peace Workout
- Chrissie Parris, CHAT Team, BayCare
- Chase Lambert, Pharmacist, Bell Specialty
- Diane York, Clinical Director, Pasco Kids First
- Gisela Dalnoky, Community Aging and Retirement Services (CARES) Inc.
- Jeannine Xanthopoulos, The Volunteer Way
- Jennifer Watts, CEO, Coalition of the Homeless of Pasco
- Karen Barfield, Community Manager, Central Florida Behavioral Health Network
- Liz Rhodes, Director, State Attorney Mobile Medical Unit
- Megan Carmichael, Gulfcoast North Area Health Education Center
- Mike Singer, Director, Good Samaritan
- Missy Coyle, Nurse, Empowered Communities
- Scott Wickert, YMCA Tampa
- Shari Bresin, Nutrition Educator, UF/IFAS
- Kelci Tarascio, Community Outreach Coordinator, BayCare
- Lisa Bell, Community Benefit Director, BayCare
- Megan Mapes, Community Outreach Coordinator, BayCare



Community partners on 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.



AdventHealth Team Members

- Andrea Vogel, Director of Patient Safety and Quality, AdventHealth Zephyrhills/Dade City
- Andres Sequera, Director of Missions and Ministry, AdventHealth Zephyrhills/Dade City
- Ashley Jablonski, Marketing, AdventHealth Zephyrhills/Dade City
- Connie Bladon, Director of Community Outreach, AdventHealth Wesley Chapel
- Dana Lord, Neuro Clinical Nurse Specialist, AdventHealth Wesley Chapel
- Dawn Rhule, Director of Operations, AdventHealth Connerton
- Dawn Hicks-Waldron, Chief Nursing Officer, AdventHealth Wesley Chapel
- Dr. Robert Rosequist, CMO, AdventHealth Wesley Chapel
- Jennifer Martinez, Human Resources Director, AdventHealth Zephyrhills/Wesley Chapel
- Jennifer Segur, VP Administrator, AdventHealth Wesley Connerton
- Katie Duncan, Marketing Manager, AdventHealth Zephyrhills/Dade City
- Michael Murrill, CEO, AdventHealth Zephyrhills
- Ricardo Barriffe, Pastoral Care, AdventHealth Dade City
- William Villegas, COO, AdventHealth Zephyrhills/Dade City
- Zachary Crane, COO, AdventHealth Wesley Chapel
- Alyssa Smith, Community Program Manager, AdventHealth
- Dean Whaley, Director of Strategic Partnerships, AdventHealth
- Amberhope Montero AdventHealth Community Benefit
- Lauren Phillips-Koen, Community Health Coordinator, AdventHealth
- Alison Grooms, Community Program Manager, AdventHealth

Public Health Experts

- Brittany Merens, Community Health Promotion Manager, Florida Department of Health
- Diane Marciano, Florida Department of Health

Prioritization Process

To identify the top needs the Collaborative participated in a prioritization session. During the session, the data behind each need was reviewed, followed by a discussion of the need, the impact it had on the community and the resources available to address it. The Collaborative then ranked the needs via an online survey.

The Collaborative (n=84) were asked to select the three needs they thought the Hospital should address in the community.

The following criteria were considered during the prioritization process:

A. Magnitude

What is the size of the problem?

B. Severity

What are the implications if this issue is not addressed?

C. Feasibility

How likely can the Hospital address this problem?

The following needs rose to the top during the Collaborative's discussion and prioritization session. The needs were ranked using the modified Hanlon method where they are scored on a scale from 1 to 5 based on magnitude, severity and feasibility. The lower the overall score, the more pressing the health need is to address.

Top Identified Needs	Score	Rank
Health Care Access and Quality	8.4	1
Mental Health	9.21	2
Economic Stability	12.41	3
Nutrition and Healthy Eating	12.46	4
Heart Disease and Stroke	14.73	5
Neighborhood and Built Environment	15.61	6
Cancer	16.51	7




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 Collaborative chose which priorities to address.

Top Needs	Current Community Programs		Current Hospital Programs
Cancer	<ul style="list-style-type: none"> • The Breast and Cervical Cancer Early Detection Program (BCCEDP) at the Florida Department of Health in Pasco County • American Cancer Society 	<ul style="list-style-type: none"> • YMCA LIVESTRONG Program • The LYN Fund (financial assistance for women battling cancer) • Tampa Bay Community Cancer Network 	<ul style="list-style-type: none"> • Mobile Mammography • Screenings and early detection • Support groups
Heart Disease and Stroke	<ul style="list-style-type: none"> • American Heart Association • YMCA Blood Pressure Self-Monitoring Program 	<ul style="list-style-type: none"> • Gulfcoast North Area Health Education Center tobacco cessation classes 	<ul style="list-style-type: none"> • Community Hands Only CPR demonstrations • Early Heart Attack care and AED education • Free community blood pressure screenings
Mental Health	<ul style="list-style-type: none"> • Bobby White Foundation (resources for suicide prevention and loss survivors) • Tampa Bay Thrives • The All Ways Center 	<ul style="list-style-type: none"> • Pasco Schools mental health services • Pasco Alliance for Substance Addiction and Prevention (ASAP) • Premier Community HealthCare 	<ul style="list-style-type: none"> • Mental Health First Aid classes sponsored by AdventHealth • Gracepoint Medical Group collaboration program for behavioral health visits • Grief Support Group
Nutrition and Healthy Eating	<ul style="list-style-type: none"> • Meals on Wheels • Metropolitan Ministries • Dube's Mobile Market 	<ul style="list-style-type: none"> • UF/IFAS nutrition education • American Heart Association • YMCA Veggie Van 	<ul style="list-style-type: none"> • AdventHealth Food is Health® • Bariatric support groups • Diabetes Support Group • Diabetes Clinic with Pioneer
Economic Stability	<ul style="list-style-type: none"> • Pasco County Housing Authority • UF/IFAS Pasco One Stop Shop • Metropolitan Ministries 	<ul style="list-style-type: none"> • Boy and Girls Club • Head Start Pasco 	None



Top Needs	Current Community Programs		Current Hospital Programs
Health Care Access and Quality	<ul style="list-style-type: none"> • Premier Community HealthCare, clinic at Department of Health and in schools • State Attorney Mobile Medical Unit • School-based mobile dental bus 	<ul style="list-style-type: none"> • Meals on Wheels • Pasco Schools • Healthcare navigators • Good Samaritan Free Clinic 	<ul style="list-style-type: none"> • Pioneer Free clinic at AdventHealth Zephyrhills every Tuesday • Support Groups for Chronic disease • Free childbirth and breastfeeding classes • AdventHealth's Care 360 program to refer patients into health care and social services at discharge • Free vaccine clinics with Meals on Wheels
Neighborhood and Built Environment	<ul style="list-style-type: none"> • Pasco Transit • Pasco Parks and Recreation 	<ul style="list-style-type: none"> • Pasco County Government 	None

A photograph of a woman with short dark hair, wearing a red V-neck shirt, hugging a man from behind. The man is sitting in a wheelchair, wearing a dark blue and grey striped polo shirt, and is smiling broadly. The background is a blurred outdoor setting with green foliage.

By including mental health as a priority, the Hospital can align to local, state, and national efforts for resource collaboration to create better outcome opportunities over the next three years.

Priorities Addressed

The priorities to be addressed include:



Mental Health

Mental health, including behavioral health and substance misuse, were identified as top health needs from the secondary data, community survey and focus groups. In the survey, 66.9% of respondents ranked mental health as the most pressing health issue and 36.3% of survey respondents reported being diagnosed with depression or anxiety. Focus group participants cited a need for increased affordable mental health programming and services. Secondary data showed an increased trend in the percentage of middle school (28.5%) and high-school (48.3%) students who reported using any alcohol or illicit drugs in their lifetime.²¹ Drug overdose deaths have increased since the last prioritization cycle at a rate of 55.2 per 100,000 people in Pasco County in 2023.²² Adverse Childhood Experiences (ACEs) are potentially traumatic events occurring before the age of 18 that may include topics such as violence, abuse, substance use in the home, or safety issues in the home.²³ According to the CDC, people with higher ACE scores have significantly increased risk for mental health issues, physical health and decreases in life opportunities such as education and career. In the survey, 20% of Pasco County residents reported an ACE score of 4 or more. By including mental health as a priority, the Hospital can align to local, state and national efforts for resource collaboration to create better outcome opportunities over the next three years.²⁴

²¹ Florida Youth Substance Abuse Survey

²² Substance Use Dashboard: Overdoses | FL Health CHARTS

²³ Adverse Childhood Experiences (ACEs)—About Adverse Childhood Experiences | CDC

²⁴ American Community Survey Data | US Census Bureau



Economic Stability

Economic stability impacts an individual's physical and mental health. In the Hospital's community, 43.4% of residents are housing cost-burdened, or paying over 30% of their income to housing costs. In Pasco County, 11.1% of residents are living below the federal poverty level and 37% fall into the ALICE (Asset Limited, Income Constrained, Employed) household category. ALICE households are those earning above the federal poverty level but still struggling to afford necessities for optimal quality of life.²⁵ In Pasco, 13.3% of residents are food insecure and Pasco survey respondents ranked access to low-cost, healthy food as the second most important factor to improve quality of life. The Collaborative chose this as a priority to address since economic stability impacts multiple aspects of health.



Health Care Access and Quality

Access to quality health care was ranked number one in the prioritization session amongst the other identified health needs affecting Pasco County. In the survey, 18.3% of respondents reported they were unable to get medical care when they needed it in the past 12 months. Top barriers noted in focus groups and on the survey include lack of providers, cost of care and inconvenient office hours/inability to take time off work for an appointment. The rate of primary care providers in Pasco County is 1:968 which is performing worse than that of the state at 1:858. Pasco County has a rate of dental providers at 1:2464 compared to Florida at 1:1686. Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. The percentage of adults ages 19–64 that do not have health insurance coverage in Pasco County is 16.2%, lower than the state of Florida at 17.5%. Focusing on access to care will help align local efforts and resources to create targeted strategies to improve access for Pasco County residents.²⁶

²⁵ About Us/Meet ALICE | UnitedForALICE

²⁶ Medical Doctors (MD, Physicians)—Ten Year Report | FL Health CHARTS

Priorities Not Addressed

The priorities not to be addressed include:



Cancer is the second leading cause of death in Pasco County and the death rate due to cancer is 154.8 per 100,000 population. However, the collaborative did not choose it as a priority to address and chose to address issues that could prevent cancer rates or potentially increase early detection, screenings and medical care through access to care. By addressing these other priorities, the Collaborative decided it can have a larger impact on overall health outcomes including cancer rates.



Heart Disease and Stroke as a topic on its own did not come through as one of the top three issues to be addressed. In Pasco County, it is the leading cause of death and 33.3% of survey respondents were told by a medical provider that they have hypertension and/or heart disease. The Collaborative decided that addressing factors that affect heart disease, such as access to care and nutrition and healthy eating, would be a more effective strategy to help prevent heart disease and stroke and decrease risks of complications for those who already have these diagnoses. For this reason, this was not selected as a priority to address directly.



In Pasco County, 34.4% of adults are obese, which is slightly higher than the state at 32.4%. Additionally, the food insecurity rate in Pasco County is 13.3% according to Feeding America's 2022 data.²⁷ According to Feeding America, food insecurity is when people cannot access the food they need to live healthy and good quality lives. In Pasco County, 80% of survey respondents stated that they do not eat at least three servings of fruits and vegetables every day. The Collaborative chose not to focus on this priority as access to food and basic needs is encompassed in economic stability.



Pasco County has a projected population growth of 22% from 2020 to 2032. During the assessment, transportation was cited as a barrier to accessing care and this projected population growth could potentially further strain current public transportation systems. In Pasco County, 40.6% of survey respondents said there are not good sidewalks to safely walk in their neighborhood, and 4.8% of households do not own a vehicle. This can make transportation and accessing resources difficult. Poor access to transportation significantly limits access to health and health care, and while this is an issue, the Collaborative felt addressing other needs were more feasible.

²⁷ Map the Meal Gap—Food Insecurity among the Overall Population in Pasco County | Feeding America



Next Steps

The Hospital will collaborate with their community partners to develop a measurable Community Health Plan for 2026–2028 to address the priority needs. 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 annually to the Hospital board.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2026.



Community Health Plan

2023 – 2025 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: Access to Health and Social Services

In the 2022 CHNA, the Hospital addressed access to health and social services as a priority. More than one third (34%) of community survey respondents ranked Access to Health Care as a pressing quality of life issue. Focus group participants cited barriers such as transportation, cost of care and prescriptions, long referral wait times, provider shortages and inconvenient appointment times. Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care and medications), and medical debt is common among both insured and uninsured individuals. The percentage of adults (aged 18–64) without health insurance in Pasco County is 21.6%. Pasco is in the lowest quartile of all counties in the nation.

Since adopting the plan, the Hospital participated in a division wide program, AdventHealth Food is Health®, that provides series-based nutrition education and culturally appropriate, nutritious foods to participants in low income/low access areas in the hospital's community. The program involves collaborations



The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually.

from a variety of community partners, including subject matter experts providing education, mobile produce vendors and sites in the community where classes are held. The West Florida Division distributed 95,242 pounds of produce to 2,064 participants and their families. The Hospital also collaborated with the American Heart Association to provide hands only CPR demonstrations for free to members of the community. Throughout the division, hands only CPR demonstrations have been provided for 7,254 participants.



Priority 2: Behavioral Health — Mental Health and Substance Misuse

Nearly 45% of the community and public health experts surveyed ranked mental health as the most pressing issue in Pasco County. In the Hospital's community, 19.7% of residents have depression, while 18.0% of the residents report poor mental health. According to community survey respondents, 30% have been diagnosed with a depressive disorder or anxiety disorder. Substance use emerged as a top concern, reflected in both primary and secondary data sources. One of the most concerning trends is with drug overdose deaths, which has increased significantly over the past few years, currently at a rate of 47.8 (per 100,000 population). Pasco County also sees a higher percentage of adults who currently smoke, with 21.6% of adults in Pasco County compared to 14.8% for the state of Florida.

The Hospital focused its efforts on increasing education and building community level networks for mental health support. As part of this effort, the Hospital partnered with Safe and Sound Hillsborough to provide free Mental Health First Aid Classes to community members. This was a division-wide initiative, and the West Florida Division has supported 21 classes for 307 participants. Additionally, 91.4% of participants shared that after attending the class, they felt confident to utilize their new skills in reducing the stigma of mental health by discussing the topic with someone struggling and connecting them to further resources. The Hospital provided several different sponsorships supporting 222 community members with needed mental health services through AdventHealth Zephyrhills Grief Support Groups, Pasco Alliance for Healthy Communities, Sunrise of Pasco and The Academy of Spectrum Diversity Inc.





2022 Community Health Needs Assessment Comments

We posted a link to the most recently conducted CHNA and the most recently adopted implementation on our hospital website as well as on [AdventHealth.com](https://www.adventhealth.com) prior to May 15, 2023 and have not received any written comments.



Florida Hospital Zephyrhills, Inc. dba AdventHealth Zephyrhills

CHNA Approved by the Hospital board on: September 24, 2025

For questions or comments, please contact
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