AdventHealth Central Texas & Rollins Brook

2020-2022

COMMUNITY HEALTH PLAN

Metroplex Adventist Hospital INC. d/b/a AdventHealth Central Texas and d/b/a Rollins Brook

Approved by Hospital Board on: May 7, 2020

Community Benefit Manager: Sarah Kennedy

Sarah.L.Kennedy@AdventHealth.com

Extending the Healing Ministry of Christ

AdventHealth

2020-2022 COMMUNITY HEALTH PLAN

Table of Contents

Acknowledgements

This community health plan was prepared by Sarah Kennedy with contributions from members of AdventHealth Central Texas and Rollins Brook Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth Central Texas and Rollins Brook leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan, which will enable our teams to continue fulfilling our mission of *Extending the Healing Ministry of Christ*.

OVERVIEW

Metroplex Adventist Hospital Inc. includes two AdventHealth hospitals, the first d/b/a AdventHealth Central Texas, the second d/b/a AdventHealth Rollins Brooks they will be referred to in this document as AdventHealth Central Texas, AdventHealth Rollins Brook or the "Hospitals."

Community Health Needs Assessment Process

AdventHealth Central Texas in Killeen, Texas and AdventHealth Rollins Brook in Lampasas, Texas share the same the defined community and conducted a joint community health needs assessment in 2019. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations.

In order to ensure broad community input, the Hospitals created a joint Community Health Needs Assessment Committee (CHNAC) to help guide the Hospitals through the assessment process. The CHNAC included representation from the Hospitals, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met throughout 2018-2019. The members reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospitals, and helped develop the Community Health Plan (CHP) to address the priority issues.

The CHP lists targeted interventions and measurable outcomes for each priority issue noted below. It includes resources the Hospitals will commit and notes any planned collaborations between the Hospitals and other community organizations and hospitals.

Priority Issues to be Addressed

The priority issues to be addressed include:

1. Physical Inactivity
2. Mental Illness & PTSD
3. Food Insecurity

See Section 3 for goals, objectives and next steps for each priority selected to be addressed.

Priority Issues not to be Addressed

The priority issues that will not be addressed include:

1. Poverty
2. Diabetes
3. Transportation
4. Smoking/Respiratory
5. Obesity

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

Board Approval

On May 7, 2020, the AdventHealth Central Texas Board approved the Community Health Plan goals, objectives and next steps. A link to the 2020 Community Health Plan was posted on the Hospital's website prior to May 15, 2020. The Community Health Plan can be found at https://www.adventhealth.com/community-health-needs-assessments.

Ongoing Evaluation

The Hospitals' fiscal year is January – December. For 2020, the Community Health Plan will be deployed beginning May 15, 2020, and evaluated at the end of the calendar year. In 2021 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Central Texas and AdventHealth Rollins Brook at https://www.adventhealth.com/community-health-needs-assessments.

CHP PRIORITY 1

Physical Inactivity

The health indicator physical inactivity measures the percentage of adults age 20 and older reporting no leisure-time physical activity (County Health Rankings & Roadmaps, 2018). Physical inactivity is linked to a higher prevalence of chronic diseases and increased health care costs. In 2008, physical inactivity caused 9% of premature mortality in the United States and more than 5.3 million of the 57 million deaths that occurred worldwide (The Lancet, 2012). It is recommended that adults get 150 minutes of moderate intensity aerobic activity per week (American Heart Association, 2018). In the Hospitals' Primary Service Area (PSA), 25% of community members do not participate in physical activity (County Health Rankings & Roadmaps, 2018). These findings were supported when the community survey revealed 42% of respondents participate in 30 minutes of physical activity less than three days a week.

Goal	**Increase access to affordable fitness classes to low income populations.**
Objective	Offer 13 free weekly exercise classes to increase access for 200 adults to achieve the recommended 150 minutes of physical activity weekly for the residents of Killeen, Copperas Cove and Lampasas by increasing the number of people that reach the recommendation by 10% from a baseline of 25% by the end year three.
Objective	Through the Comprehensive Lifestyle Intervention Program (CLIP) provide program 30 participants the opportunity to lower their Body Mass Index by at least 5% by incorporating group exercise, nutrition instruction and behavioral interventions by the end of year one.
Goal	**Improve community knowledge of the health benefits associated with an active lifestyle.**
Objective	Provide the Walk with a Doc program, led by local providers, to encourage healthy behavior changes to include regular exercise while gaining knowledge on various health topics. The Hospitals will host 24 walks a year.
Objective	Provide education on the health benefits of physical activity during 60 free community health screenings that provide attendees with their BMI, cholesterol and blood pressure, by the end of year three.

Hospital Contributions

- Provide instructors to lead free community fitness classes.
- Utilize the Hospitals' facilities to hold weekly fitness classes.
- Staff to host monthly health screenings and provide education on the benefits of exercise.
- Provide physician to lead monthly Walk with a Doc Program.
- Staff time for the coordination of the CLIP initiative to include curriculum development and instruction, recruitment, supplies and program assessment.

Community Partners

- Identify partners to provide additional facilities to expand fitness classes.
- Partner with Central Texas College to provide instructors and facilities for the CLIP Program.
- Partner with Baylor Scott & White and the Killeen Independent School District to expand the Walk with a Doc Program.
- Partner with the City of Killeen, the City of Harker Heights, the Killeen Independent School District and local churches to host community health screenings.

CHP PRIORITY 2

Mental Illness & PTSD

Mental wellness is a good indicator of overall health. Mental wellness can influence other facets of life including mortality rates, unemployment, poverty and the percentage of adults who did not complete high school. The Hospitals' Primary Service Area (PSA) includes Fort Hood, one of the largest military bases in the world. There is a significantly higher population of veterans living in the community, contributing to a higher number of individuals diagnosed with Post Traumatic Stress Disorder (PTSD). The Hospitals' service area reported an average of 3.6 mentally unhealthy days in the past 30 days (County Health Rankings & Roadmaps, 2018). 19.1% of Medicaid eligible adults are impacted by some type of depression (County Health Rankings & Roadmaps, 2018). Community stakeholders reported high needs for mental health services in the populations they serve. Bell County does have a significantly higher number of mental health providers, 480 individuals: one provider, as compared to the Texas average, 960 individuals: one provider (County Health Rankings & Roadmaps, 2018).

Goal	**Increase access to affordable mental health resources to low income populations.**
Objective	Through a partnership with the Kileen Independent School District (KISD) place a social worker in each of KISDs' 45 campuses to assist in addressing mental health needs of the students and their families and connecting them to community resources by the end of year three.
Objective	Community health screening program will add AdventHealth's spiritual wholeness screening to the registration process to identify community members experiencing a lack of mental wellness and match with available resources. 200 uninsured individuals will be screened by the end of year one.
Goal	**Prepare community partners to identify and address mental health needs.**
Objective	Connecting the Dots annual behavioral health summit will provide 300 public health professionals education on the social determinants of health and connect them to resources to share with their clients/patients by the end of year two.

Hospital Contributions

- Interview, vet and manage each of the social workers to be placed in the Killeen Independent School District schools.
- Staff time to prepare for screenings and behavioral health summit.
- Pastoral staff time to provide follow up care on spiritual wholeness screenings.
- The Hospitals will provide space for community support groups.
- Annual sponsorship of the behavioral health summit.

Community Partners

- Killeen Independent School District will provide funding for placing social workers in the schools.
- Bell County Public Health Department, Indigent Health and Baylor Scott & White Partner to host the Connecting the Dots summit.
- Local non-profits providing mental health services to low income and uninsured individuals.

CHP PRIORITY 3

Food Insecurity

Food insecurity is a lack of consistent access to enough food for an active, healthy life (USDA, 2019). A lack of healthy food can have detrimental impacts on one's overall health. Food insecurity is not isolated to those in poverty and it often presents with other issues such as low income, lack of transportation and medical concerns (Feeding America, 2019). In 2018, an estimated one in nine Americans were food insecure, equating to more than 37 million Americans, including more than 11 million children (U.S. Department of Agriculture Economic Research Service, 2019). 20.9% of individuals in the Hospitals' service area are food insecure (County Health Rankings & Roadmaps, 2018). This is significantly higher than the nations average of one in every nine individuals being food insecure (Feeding America, 2019). This concern has become exacerbated on the north side of Killeen, as both grocery stores have closed in the past year.

Goal	**Increase access to healthy food for low-income community members in food deserts.**
Objective	The mobile food pantry program will serve food to 500 families a month, living in food deserts in zip codes 76541, 76543, 76522.
Objective	Food care center program will provide nutritious meals to 400 low income families a week, living in the 76541 zip code.
Goal	**Improve knowledge and skills on how to prepare healthier food to improve overall nutrition.**
Objective	Provide healthy cooking suggestions to 30,000 community members through hospital newsletter publications to improve community knowledge of healthy food preparation by the end of year three.
Objective	Diabetes Management, Maternal/Child Education and the Comprehensive Lifestyle Intervention Program (CLIP) program will provide attendees with the education and resources to choose and prepare healthy foods. Education will improve participant's confidence in healthy food preparation by 10% from a baseline of 60%, measured by a pre- and post-test, by the end of year three.

Hospital Contributions

- Staff time will be given to support the mobile food pantry and food care center.
- The Hospitals will purchase $5,000 of food from the Central Texas Food Bank to supply the mobile food pantry and food care center.
- The Hospitals will sponsor one healthy meal a month at the Mission Soup.
- Registered dietician will lead educational classes on healthy food preparation. Staff will measure confidence in choosing healthy foods and preparation through a pre and post survey.
- Quarterly publications of the Hospitals' newsletter will be sent to randomly selected addresses in the Hospitals' service area.
- Staff will continue attending Coalition for Healthy Living meetings to identify additional ways to meet the needs of food insecure populations.

Community Partners

- The Refuge Mobile Food Pantry.
- Food Care Center of Killeen.
- The Hospitals will give priority to community partners requesting sponsorship that address food insecurity.

PRIORITIES THAT WILL NOT BE ADDRESSED

The Community Health Needs Assessment also identified the following priority health needs that will not be addressed. These specific issues and an explanation of why the Hospitals are not addressing them, are listed below.

1. **Poverty**

In the Hospitals' service areas, 13.7% of the population lives below the Federal Poverty Level (FPL). 26.7% of survey respondents have an annual household income of less than $35,000 and 36.8% of respondents have not completed post-secondary education. Many community partners are addressing the contributing factors of poverty; including education, housing, transportation, job placement, childcare and nutrition. The CHNAC believes that addressing the issue of food insecurity will benefit impoverished members of the community.

2. **Diabetes**

Of the Hospitals' service population, 10.2% has diabetes, compared to the state of Texas, which is 9.54% (County Health Rankings & Roadmaps, 2018). Diabetes lowers life expectancy by up to 15 years and increases the risk of heart disease by two to four times (CDC, 2018). Since other community partners are doing work to provide diabetes resources and education, the CHNAC opted not to select this as a top priority.

3. **Transportation**

In the Hospitals' service area, 5.7% of the population does not have access to a vehicle (U.S. Census Bureau, 2017). Currently, the Hill Country Transit District (the HOP) operates five fixed routes throughout Killeen and Copperas Cove, including the ADA Paratransit to accommodate individuals with disabilities in rural areas. The HOP is currently developing options to expand operation times and increase routes. This priority was not selected because other community partners are currently addressing transportation needs.

4. **Smoking/Respiratory**

In the Hospitals' service area 18.2% of adults currently smoke and 43.34 deaths per 100,000 are related to lung disease. 14.8% of our service area has been diagnosed with asthma. Effective September 1, 2019, the state of Texas passed a bill to increase the legal sale of tobacco age to 21. The Hospitals do not currently have the capacity to address the issue at this time.

5. **Obesity**

In the Hospital's service area 30.1% of the population is obese and 42.4% are overweight. Individuals with a Body Mass Index (BMI) over 30 are considered obese and a BMI over 25 are overweight (CDC, 2018). People who have obesity are at increased risk for many serious diseases and health conditions including the following: type 2 diabetes, high cholesterol, some cancers, pain, stroke and other chronic illnesses (CDC, 2018). The Hospitals will address two of the contributing factors to obesity, including food insecurity and physical inactivity.