AdventHealth Wauchula 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ

AdventHealth

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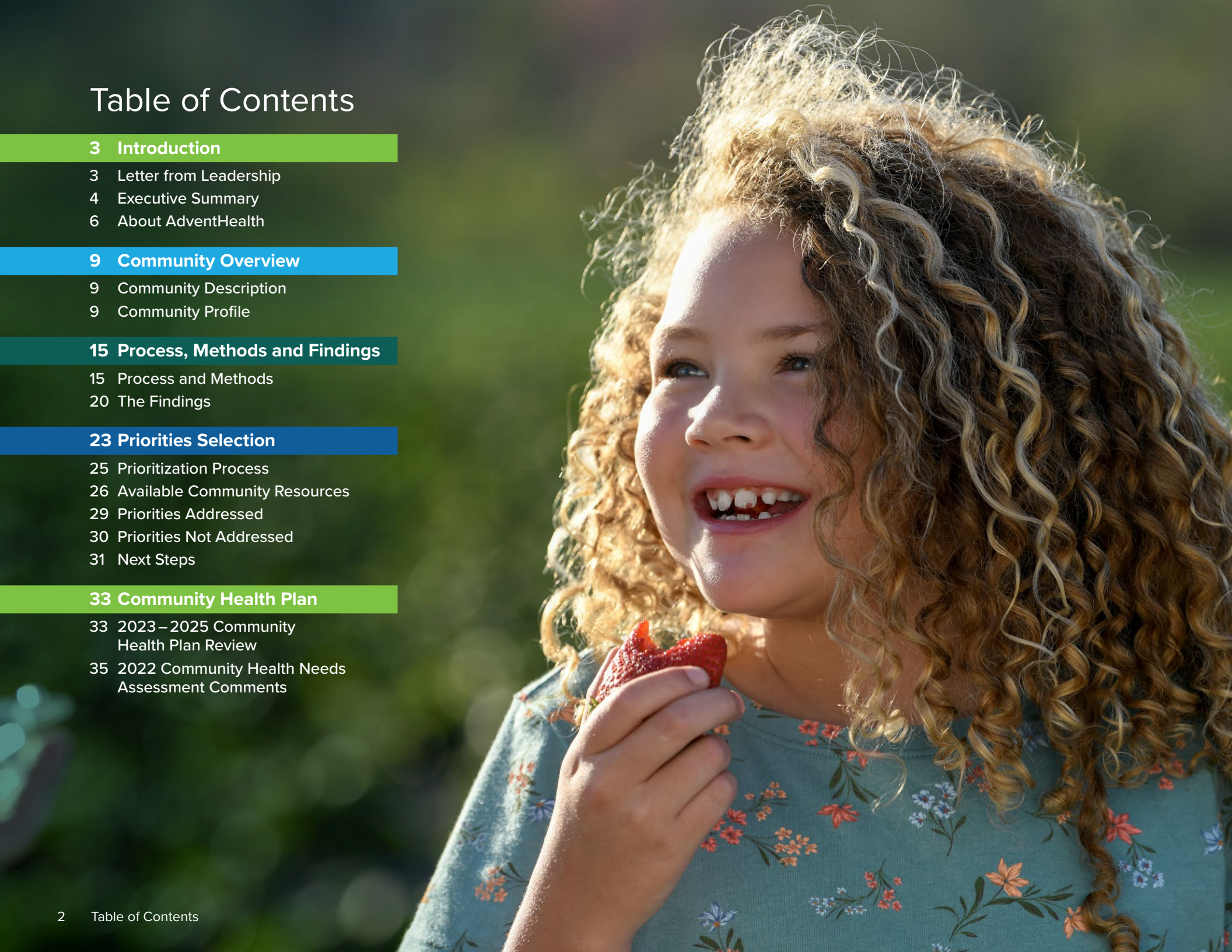


Letter from Leadership

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

Adventist Health System/Sunbelt, Inc. dba AdventHealth Wauchula will be referred to in this document as AdventHealth Wauchula or "The Hospital." AdventHealth Wauchula in Wauchula, Florida conducted a community health needs assessment from October 2024 to February 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

To ensure broad community input, AdventHealth Wauchula participated in the All4HealthFL 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 community members, including 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 Wauchula in collaboration with the All4Health 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 in 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:

1. Mental Health
2. Nutrition and Healthy Eating
3. Health Care Access and Quality

See Priorities Addressed for more.

Approval

On October 16, 2025, the AdventHealth Wauchula 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 Wauchula will work with their 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 Wauchula 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 wholistic 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 Wauchula

AdventHealth Wauchula is a 25-bed full-service hospital that was built in 1968. In 1994, the facility was acquired by AdventHealth and went on to build their current location in 2017. The hospital contains the only ER in Hardee County. AdventHealth Wauchula offers many inpatient and outpatient services, including physical, occupational, and speech therapy, a transitional care unit, medical surgical swing unit, and the only mammography unit in Hardee County, the Linda Adler Mammography Center. In 2019, AdventHealth Wauchula opened a Wellness Center to better meet the health needs of Hardee County. The hospital has been recognized as a Top Rural Hospital by The Leapfrog Group and best hospital for patient safety.

AdventHealth Wauchula is a 25-bed full-service hospital that was built in 1968. The hospital contains the only ER and the only mammography unit in Hardee County.

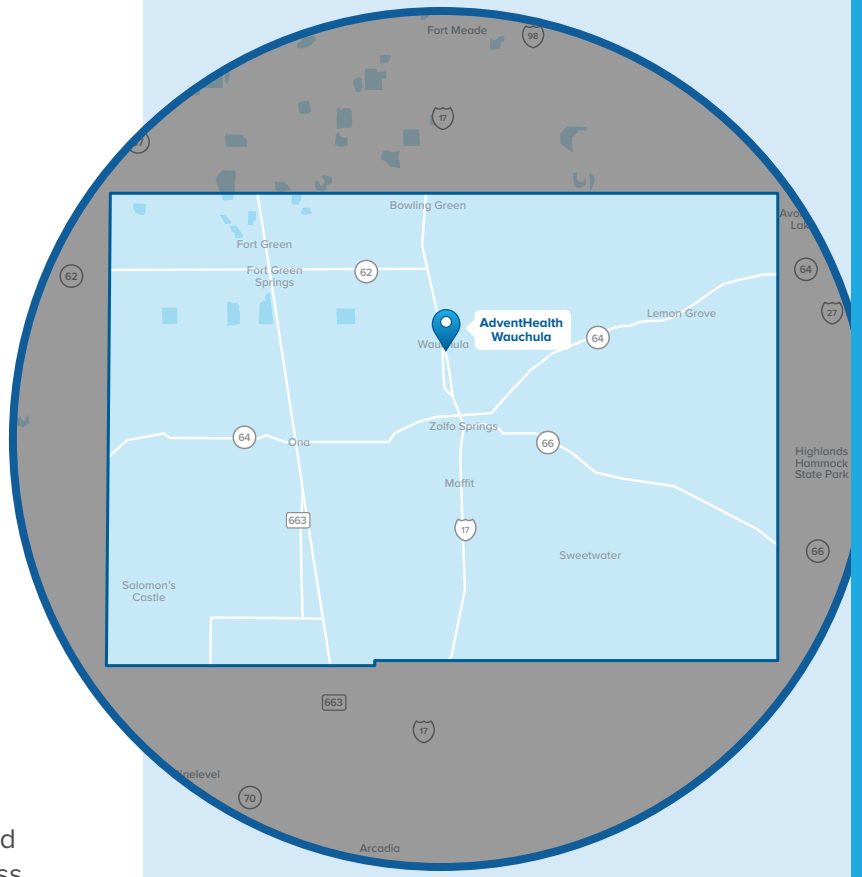
Community Overview

Community Description

Located in Hardee County, Florida AdventHealth Wauchula defines its community as Hardee County since the Collaborative collected and analyzed the need assessment data at the county level.

According to the United States Census, the population in Hardee County was approximately 25,508 in 2024, decreasing approximately 5.6% since the last census. This is less than the amount of growth in the State of Florida at 8.5% since the last census. However, the population is expected to grow approximately 4.7% by 2030.[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 35.9, slightly lower than that of the state, which is 42.8 and the US, 39.2.[2]

Males are the majority, representing 54.0% of the population. Middle-aged people, 18 – 64 are the largest demographic in the community at 58.6%.[3]

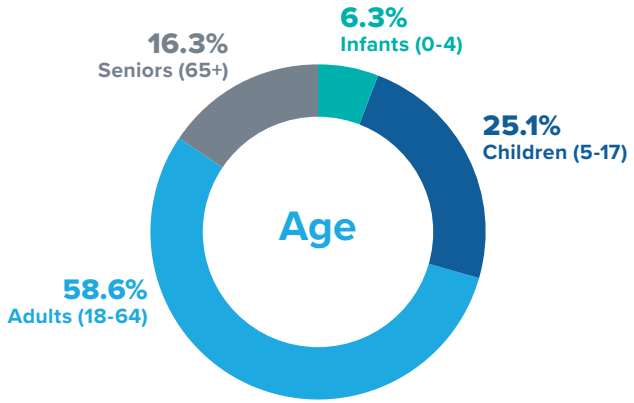
Children make up 31.4% of the total population in the community. Infants, those zero to four, are 6.3% of that number. The community birth rate is 12.6 births per 1,000 women.[4]

The population in Hardee County is expected to grow approximately 4.7% by 2030.

1 Bureau of Economic and Business Research, Florida Population Studies
2 American Community Survey 2023 One-year Estimates | US Census Bureau
3 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau
4 Resident Live Births, 2023 | FL Health Charts

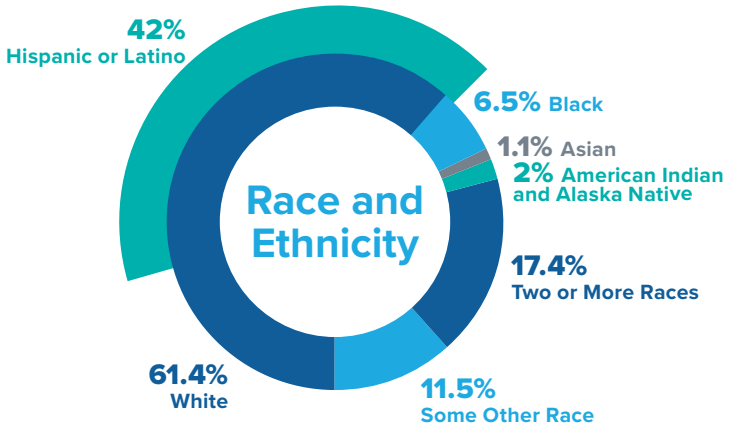
This is lower than the U.S. average of 11.0 and lower than that of the state, 9.9. In the Hospital's community, 33% of children aged 0–4 and 34.1% of children under age 18 are in poverty.

Seniors, those 65 and older, represent 16.3% of the total population in the community.



Race and Ethnicity

In the Hospital's community, 61.4% of the residents are White and 6.5% are Black. Residents who are of Asian descent represent 1.1% of the total population, while 2.0% are American Indian and Alaska Native, 17.4% are two or more races and 11.5% identify as some other race. In the Hospital's community, 42% are of Hispanic or Latino ethnicity.[5]

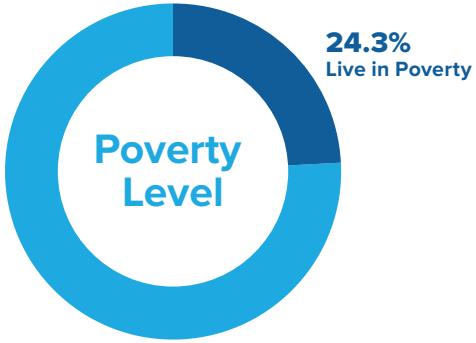


5 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

Economic Stability

Income

The median household income in the Hospital's community is $54,231. This is below the median for both the state and the US. According to secondary data, 24.3% of residents live in poverty, the majority of whom are under the age of 18.



Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.[6] 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 Severe housing cost burden | County Health Rankings & Roadmaps
7 American Community Survey | US Census Bureau

Education Access and Quality

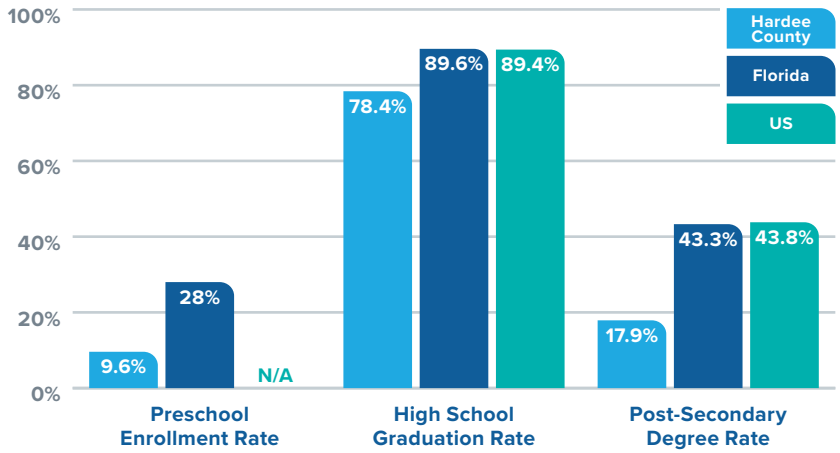
Research shows that education can be a predictor of health outcomes, as well a path to address inequality in communities.[8] Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, there is a 78.4% high school graduation rate, which is higher than both the state, (89.6%) and national average (89.4%). The rate of people with a post-secondary degree 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.[9]

In the Hospital's community, 9.6% of three- and four-year olds were enrolled in preschool. This data shows there is still a large percentage of children in the community who may not be receiving these early foundational learnings.[10]

Educational Attainment



8 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)
9 Early Childhood Education | US Department of Health and Human Services
10 Florida Department of Health Division of Public Statistics and Performance Management. Florida Department of Education, 2023

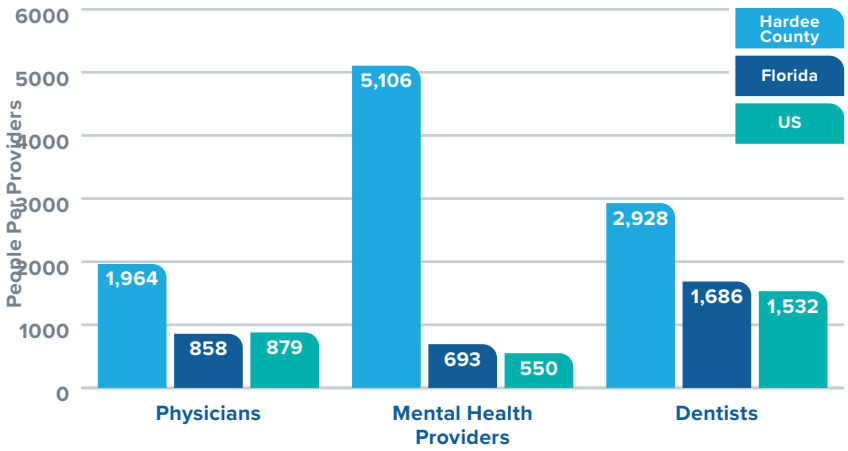
Health Care Access and Quality

In 2023, 27.4% of community members aged 19–64 were found to lack health insurance. 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.[11]

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. Hardee County has approximately one primary care physicians per 1,964 people which is lower than the state average of 1:858.

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospital's community, 74.1% of people report visiting their doctor for routine care.

Available Health Care Providers

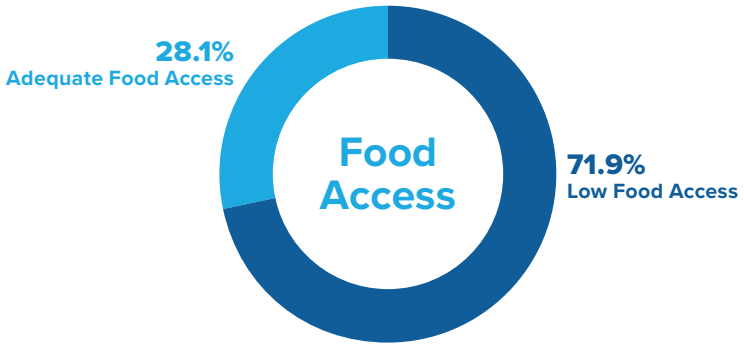


11 Health Insurance and Access to Care | CDC

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.[12] In the Hospital's community, 12% 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.[13] Feeding America estimates for 2022, showed the food insecurity rate in the Hospital's community as 19.6%.[14]

12 Heart Disease Risk Factors | CDC
13 Facts About Child Hunger | Feeding America
14 2022 Food Insecurity Data | Feeding America

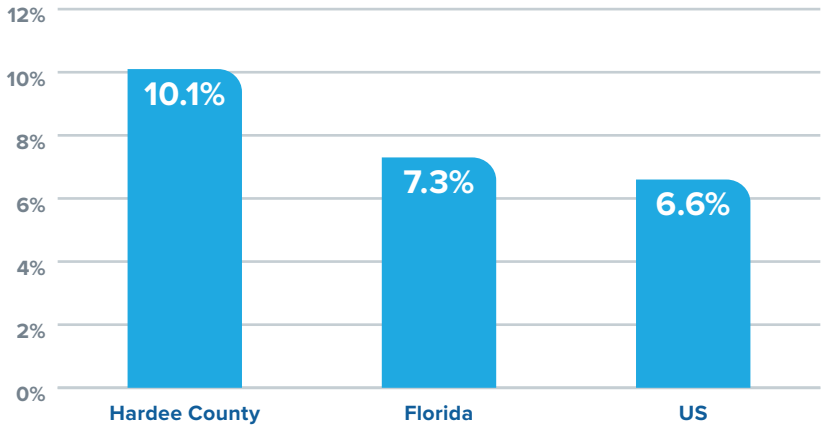
Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and steady employment. In the community, 5.3% of the households do not have an available vehicle.

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.[15] 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, 10.1% of youth aged 16-19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time.

Disconnected Youth



Also, in the community 18.6% of seniors (age 65 and older) report living alone and 13.7% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

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

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 the 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.

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 and ethnicity, gender, profession, household income, education level and geographic location. The Collaborative also collected publicly available and internal hospital utilization 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 the Hospital, public health experts, and the broad community, including 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.

A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location.

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 CHNA.

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.

Community input was gathered regionally to represent residents who live and work in both Highlands and Hardee Counties.

Community Health Survey

- The survey was provided in English, Spanish, Haitian Creole, and Russian 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.
- In total, 266 survey responses were collected.

Stakeholder Interviews

- Thirty stakeholder interviews were performed. 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 and 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 American, LGBTQ+, Hispanic/Latino, 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)

Public and Community Health Experts Consulted

A total of 29 stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
Abraham Marrero, Account Executive	Aveanna Home Health Care	Home Health, Hospice	Seniors, Caregivers
Aisha Alayande, CEO	Heartland Core Wellness	Public Health, Mental Health, Maternal Health	General Public
Ann Claussen, CEO	Central Florida Health Care	Federally Qualified Health Care Center	Underinsured and Uninsured
Barbara Turner	Central Florida Health Care	Federally Qualified Health Care Center	Underinsured and Uninsured
Rebecca McIntyre, Director of Ancillary Services	AdventHealth Sebring, Lake Placid, and Wauchula	Ancillary Services: Cancer, Wound Care, Sleep, Nutrition, Health Education	General Public
Chantel Parris, Family Support Specialist	Champion for Children Foundation	Financial Assistance, Housing and Shelter Assistance, Health and Finance Education	Families and Children, Low-Income
Charlene Edwards, Executive Director	Healthy Start Coalition of Hardee, Highlands and Polk Counties	Maternal and Child Services	Pregnant and Postpartum Women, Infants, and Toddlers
Diane Conti, Care Advisor	Neuro Challenge Foundation for Parkinson's	Health Education and Care Coordination for individuals with Parkinson's Disease	Individuals with Parkinson's Disease and Caregivers
Daniel Andrew Roquiz, MD	AdventHealth Medical Group	Family and Lifestyle Medicine	General Public
Evelyn Colon, Executive Director	Highway Park Neighborhood Council	Health and Financial Education, Community Garden and Nutrition Workshops, Children's Programs	Black and African American, Low-Income
Heather Kauffman, Director of Outpatient Services	Tri-County Human Services	Substance Abuse, Mental Health, and Mental Health Treatment	General Public, Underinsured and Uninsured
Indhira Chambers	Central Florida Regional Planning Council	Transportation Information and Services	General Public
Isaac Maldonado	South Florida State College	Panther Youth Program	Low-Income and Minority Youth
Jane Breylinger, Executive Director	Hands for Homeless	Food Assistance, Financial and Work Assistance, Social Work Case Management, Health Education, Clothing Assistance	Unhoused, Low-Income
Jennifer Wolowitz, Chair and Treasurer	Central Florida Area Health Education Center	Tobacco Cessation Programs	General Public
Jessica Skitka-Carlson, Community Health Advocate	QuitDoc Foundation	Tobacco Cessation Programs, Public Health	General Public
Joan Cornejo, Chaplain	AdventHealth Lake Placid	Chaplaincy	General Public
Larry Moore, Health Educator	Heartland Rural Health Network	Community Health Work, Health Education, Social Services	Low-Income, Underinsured, Minority Populations

Name	Organization	Services Provided	Populations Served
Lori Friers, Executive Director	Hardee Help Center	Food Assistance, Housing and Bill Assistance, Health Care Referrals	Low-Income, Unhoused, Underinsured and Uninsured
Mabel Castillo, Program Manager	Tri-County Human Services	Substance Abuse, Mental Health, and Mental Health Treatment	General Public, Underinsured and Uninsured
Maria Pearson, Director	Drug Free Hardee	Substance Abuse and Mental Health Education Programs	General Public
Melissa Clark, RN, Lung Cancer Program Coordinator	AdventHealth Sebring Cancer Institute	Cancer Treatment	Cancer Outpatient
Michelle Maldonado, Health Educator	Feeding Tampa Bay	Nutrition Education Programs	General Public
Miranda Adame, Community Health Liaison	Florida Department of Health, Hardee County	Health Care and Public Health	Underinsured and Low-Income
Nancy Zachary, Disabilities Coordinator	Redlands Christian Migrant Association	Child Care, Family Support Services	Minority Populations, Low-Income
Joan Paneque, Case Manager	Volunteers of America Florida	Mental Health Services, Case Management, Housing Assistance	Low-Income, Unhoused, Underinsured and Uninsured
Pamela Crain, Director of Programs	Florida Department of Health, Highlands County	Health Care and Public Health	Underinsured and Low-Income
Shawn Beumel, Highlands County Director	United Way of Central Florida	Financial Assistance, Housing Assistance, Health Care and Social Services, Food Assistance	Low-Income, Underinsured, Children and Families
Valeria Carrasquillo, Executive Director	Heartland Rural Health Network	Community Health Work, Health Education, Social Services	Low-Income, Underinsured, Minority Populations

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:

- US Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- The State Health Department

Hospital utilization data for uninsured or self-pay patients who visited the Hospital for emergency department, inpatient or outpatient services in 2024 was also used in the assessment. The top ten diagnosis codes were provided by the AdventHealth Information Technology team.

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

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).

Heart Disease and Stroke

Heart disease is the leading cause of death in the U.S. and stroke rounds out the top five. 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 Health

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.

Nutrition and Healthy Eating

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 always meets their dietary needs and food preferences. 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 can potentially directly impact their physical and mental health. Individuals living in areas with high crime rates, poor environmental conditions, and unsafe paths of travel, are disadvantaged to the lack of healthy lifestyle opportunities compared to those living in safe neighborhoods.

Priorities Selection

The Collaborative, through data review and discussion, prioritized the health needs of the community to a list of seven. 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

- Aisha Alayande, CEO, Heartland Core Wellness
- April McCoy, Director of Nursing, Central Florida Health Care — Avon Park
- Bill Stephenson, Executive Director, Samaritan's Touch Care Center
- Brian Dozier, Bishop, Bountiful Blessings Church of God
- Chantel Parris, Family Support Specialist, Champion for Children
- Courtney Green, Director of Adult Education and Technical Dual Enrollment, South Florida State College,
- Darin Hood, Hardee County Sheriff's Department
- Dr. Bobbie Powell-Smith, Director, Heads, Hands, Heart of Heartland
- Emily Rosner, Tri-County Human Services
- Elizabeth Cutting, Tri-County Human Services
- Heather Kauffman, Director of Outpatient Services, Tri-County Human Services
- Ismary Vento, AETNA
- Jennifer Singleton, Director of Quality Improvement, Central Florida Health Care
- Jessica Carlson, Community Health Advocate, QuitDoc Foundation
- Joan Paneque, Case Manager, Volunteers of America Florida
- Kathleen Border, CEO, Ridge Area ARC
- Larry Moore, Health Educator, Heartland Rural Health Network
- Mabel Castillo, Program Manager, Tri-County Human Services
- Maria Pearson, Director, Drug Free Hardee

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.

- Natasha Lambright, Medical Records, Volunteers of America Florida
- Sarah Sholtz, Board Member, Highway Park Neighborhood Council
- Shawn Beumel, Highlands County Director, United Way of Central Florida
- Shirley Wilson, Board Member, Highway Park Neighborhood Council
- Stephanie Severe, Health Care Administer, Central Florida Health Care — Wauchula
- Sylvia DeLaTorre, Hardee County Sheriff's Department
- Tonya Akwetey, Healthy Start Coalition of Highlands, Hardee and Polk Counties
- Teresa Kelly, Health Council of West Central Florida

AdventHealth Team Members

- Amberhope Montero, Community Health Coordinator, AdventHealth West Florida Division
- Alison Grooms, Community Program Manager, AdventHealth West Florida Division
- Alyssa Smith, Community Program Manager, AdventHealth West Florida Division
- Becky McIntyre, Director of Ancillary Services, AdventHealth Sebring
- Dean Whaley, Executive Director of Strategic Partnerships and Community Engagement
- Jason Dunkel, President and CEO, AdventHealth Sebring, Lake Placid, and Wauchula
- Jeremiah Lambright, Chaplain, AdventHealth Sebring
- Justin Evans, Executive Director of Operations, AdventHealth Lake Placid
- Kirsten Turner, Director of Foundation, AdventHealth Sebring, Lake Placid and Wauchula
- Lauren Koen, Community Health Coordinator, AdventHealth West Florida Division
- Samantha Stulzaft, Health Coach and Educator, AdventHealth Sebring

Public Health Experts

- Brenda Farmer, School Health Nurse, Florida Department of Health, Hardee County
- Jennifer Hood, Florida Department of Health, Highlands County
- Kristin Casey, Operations and Management, Florida Department of Health, Hardee County
- Lisa Lamboy, Florida Department of Health, Hardee County
- Miranda Adame, Community Health Liaison, Florida Department of Health, Hardee County
- Pamela Crain, Director of Programs, Florida Department of Health, Highlands County
- Tessa Hickey, Director of Nursing, Florida Department of Health, Highlands County

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. Collaborative members then ranked the needs via an online survey.

The Collaborative members (n=44) were asked to select the top 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 of 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
Mental Health	8.48	1
Nutrition and Healthy Eating	9.90	2
Health Care Access and Quality	10.15	3
Economic Stability	10.51	4
Neighborhood and Built Environment	13.97	5
Heart Disease and Stroke	14.71	6
Cancer	17.29	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	• Florida Cancer Specialists & Research Institute	• Knotty Girl Loves, Inc	• AdventHealth Sebring Cancer Institute — Community Cancer Education • AdventHealth Sebring Cancer Institute Partners with American Cancer Society for Patient Transportation to Treatments • Free Community Support Groups for Breast Cancer and General Cancer • Mobile Mammography Bus
Heart Disease and Stroke	• Central Florida Cardiology Group • Central Florida Heart & Vascular	• Orlando Health Heart & Vascular Institute — Sebring • Synergy Home Health, Stroke Recovery Care	• AdventHealth Community Health Clinics • AdventHealth Medical Group Cardiology and Vascular Medicine at Wauchula • AdventHealth Nutritional Wellbeing Center Free Cardiac Nutrition Class • AdventHealth Sebring Cardiopulmonary Rehab • AdventHealth Sebring Heart and Vascular Center • AdventHealth-Sponsored Community Hands-Only CPR Classes and CPR/First Aid Certification Classes • AdventHealth-Sponsored Community Stroke and Early Heart Attack Care Education
Mental Health	• Champion for Children Foundation • Heartland for Children — Mental Health First Aid Classes • Heartland Rural Health Network — The Fatherhood Initiative • Hope Road Counseling Services • Peace River Center Mobile Crisis Unit, Free Mental Health First Aid Classes, Victim Services • Ridge Area ARC	• Samaritan's Touch Care Center — Free Mental Health Counseling • Synergy Health Group Mental Health Services • Tri County Human Services • Volunteers of America Sebring — Drop-In Center, Assistance with Behavioral Health, Social Work, Low-Income Housing • Worthy and Known Family Project, Mental Health Classes and Support Groups	• AdventHealth-Sponsored Neal Nedley Depression and Anxiety Recovery Program • AdventHealth-Sponsored Tobacco Cessation Programs by Central Florida AHEC • Central Florida AHEC Tobacco Cessation • Mental Health First Aid Courses

Top Needs	Current Community Programs		Current Hospital Programs
Nutrition and Healthy Eating	• Avon Park Seventh Day Adventist Church — Food pantry and Delivered Hot Meals • Cutting Edge Ministries — Food Pantry and Delivered Meals • Double K Farms, LLC — Accepts SNAP EBT, Fresh Access Bucks • Feeding Tampa Bay — Community Nutrition Classes • Florida Department of Children and Families' SNAP program	• Hands for Homeless — Food Pantry, Meals on Wheels, Hot Food Kitchen, Nutrition Classes • Nu Hope Elder Care Services — Nutritional Counseling, Meals on Wheels • Ridge Area Seventh Day Adventist Church Community Garden • United Way of Central Florida, End Hunger Food Pantries, 211 Service • Wauchula Seventh Day Adventist Church — Food Distribution	• AdventHealth's Community Cooking Classes • AdventHealth's Gestational Diabetes Classes • AdventHealth's Free Cardiac Nutrition Classes • AdventHealth's Free Diabetes Education Classes • AdventHealth's Free Food Is Health® Program
Economic Stability	• CareerSource Heartland's Career Services Program • Cash Assistance Program • Florida Department of Children and Families' Temporary • Florida Division of Vocational Rehabilitation Services	• Hardee Help Center • LIHEAP Utility Assistance • Ridge Area ARC • South Florida State College's Adult Education and Career Services	• Financial Assistance
Health Care Access and Quality	• Central Florida Health Care • Department of Health Hardee County Primary Care Services for Adults and Children • Heartland Rides Transportation for Disadvantaged Individuals • Heartland Rural Health Network — Community Health Worker Program	• Samaritan's Touch Care Center — Free Medical and Mental Health Care to Highlands County Serving the Low-Income and Low-Access Populations • Nu Hope Elder Care Services • United Way of Central Florida — 211	• AdventHealth Free Community Health Clinics • AdventHealth Heart Failure Support Group • AdventHealth Mobile Mammography Bus • AdventHealth Sebring Cancer Institute Partners with American Cancer Society for Free Patient Transportation to Treatments • AdventHealth Walk with the Doctor Program • AdventHealth Whole Health Hub to Find Resources in Community
Neighborhood and Built Environment	• Aloha Medical Transport • G+D Taxi Service • Heartland Rides • Highland Taxi Service	• Kapa Transport • MTM Transport • Positive Medical Transport	• AdventHealth Food Is Health® Fresh Produce Deliveries to Low Access Communities • AdventHealth Free Community Health Clinics in Low Access Communities

By choosing Nutrition and Healthy Eating as a priority, the Hospital can collaborate with other community organizations to address this issue.

Priorities Addressed

The priorities to be addressed include:

Mental Health

In the Hospital's community, 21% of the residents report poor mental health. According to the community survey, 29.4% of respondents report being diagnosed by a medical professional with depression or anxiety, and 2.9% of survey respondents indicated they had thoughts that they would be better off dead, or of hurting themselves more than half of the days in the last twelve months. About 33.3% of the community survey respondents ranked mental health as a most pressing health issue for children.

Awareness and the need to address mental health disorders has been growing in the country. Including mental health as a priority, the Hospital can align to local, state and national efforts for resources and to create better outcomes opportunities over the next three years.

Nutrition and Healthy Eating

In Highlands County, 39.3% of adults are obese. This is higher than the state values, although not significantly. Additionally, the food insecurity rate in Hardee County is 19.6% according to Feeding America's 2022 data. According to Feeding America, food insecurity is when people cannot access the food, they need to live healthy and good quality lives. Twenty-five percent of Hardee County residents surveyed reported themselves as food insecure and 84.4% stated that they do not eat at least three servings of fruits and vegetables every day. An unhealthy diet can lead to lifelong chronic and costly illnesses, thereby choosing this as a priority, the Hospital can collaborate with other community organizations to address this issue.

Health Care Access and Quality

Access to quality health care was ranked number three in the prioritization session amongst the other identified health needs affecting Hardee County. An important factor in access to care involves having an adequate number of providers in a community. The rate of primary care providers in Hardee County is 51 (per 100,000 population) which is lower than that of the state at 261.2 (per 100,000 population). Hardee County has a rate of dental providers at 50 compared to Florida at 61.5. The rate for mental health providers in Hardee County is 19 compared to the Florida rate of 133.2. 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 Hardee County is 27.4%, slightly higher than the state of Florida at 17.5%. By focusing on access to care, the Hospital will align local efforts and resources to create targeted strategies to improve access for Hardee County residents.

Priorities Not Addressed

The priorities not to be addressed include:

Cancer

Though cancer is the second leading cause of death, and the death rate in Hardee County due to cancer is slightly higher than that of the state, (180.9 versus 141.6 per 100,000 population respectively),[16] the Collaborative did not select it as a top issue to address. Other priorities were voted as more important and feasible for the Hospital to make impact through collaborations and partnership programming.

16 Causes of Death, 2021 | CDC WONDER

Heart Disease and Stroke

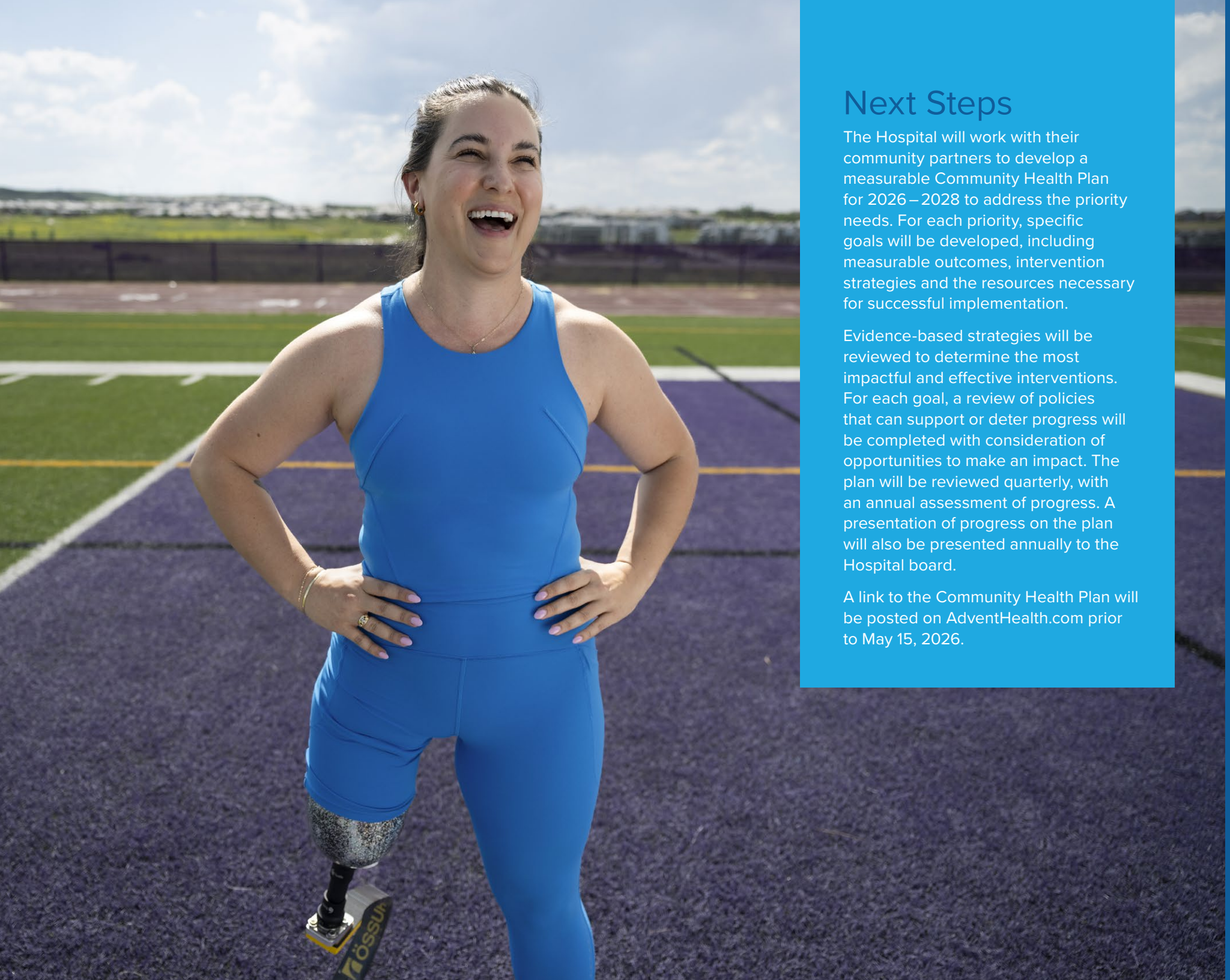
Heart disease and stroke as a topic on its own did not come through as one of the top three issues to be addressed. Though, it is the leading cause of death, and 38.2% of survey respondents were told by a medical provider that they have hypertension and/or heart disease, the Collaborative did not perceive this a top issue to be addressed. The Hospital did not select this as a priority as there are already several other community organizations actively addressing this need in the community who are better positioned to make an impact.

Economic Stability

In the Hospital's community, 35.1% of residents are housing cost-burdened, or paying 30% or more of their income to housing costs. Additionally, 24.3% of Hardee County residents are living below the federal poverty level and 30% 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. The exceeding cost of living in the community is significant, however, the Hospital did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Neighborhood and Built Environment

During the assessment transportation was often cited as a barrier to receiving care in Hardee County. In Hardee County 5.3% of households do not own a vehicle. Access to transportation significantly limits access to health and health care, and while this is an issue, the Hospital felt addressing other needs was more feasible.



Next Steps

The Hospital will work 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 Healthy Food (and Diabetes Prevention)

Access to quality healthy food was a top need prioritized during the assessment. In Hardee County, one-quarter of residents live in an area where there is low access to a grocery store, which can make having a healthy, nutrient-dense diet more challenging. Almost one-fifth (20%) of community survey respondents reported that within the past 12 months, the food they had purchased from the store did not last and they did not have the money to purchase more. Also, more than a quarter (28.6%) of community survey respondents shared they were worried that they would run out of food before they had money to buy more. Respondents also expressed concern about increasing food prices.

As part of the effort to address this, the Hospital implemented the AdventHealth Food is Health® program in Hardee County. The AdventHealth Food is Health® program serves to overcome barriers in accessing healthy foods for those underserved populations in the community by partnering with health educators and produce vendors to provide participants with nutrition education and free produce after each class. In Highlands County, the Hospital partnered with the Florida Department of Health, Chatham Pointe Senior Apartment Homes, and Burgin Farms for this program. As part of the AdventHealth West Florida Division, the Hospital contributed to 140 class series, 3,012 participants, and 95,242 pounds of produce distributed across the Division.

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

Priority 2: Access to Quality Health Care

Access to quality health care was a top need identified when surveying the community. More than one-third (39%) of community survey respondents reported accessing care in the emergency department for non-emergency needs. While 14.5% of respondents shared that they needed medical care in the last 12 months, but they did not receive it. Additionally, more than one-fifth (21%) reported that they needed dental care in the last 12 months but did not receive the care they needed. Some of the top barriers that prevented care included cost, inability to schedule an appointment, inability to take time off work, transportation barriers, lack of health insurance coverage, lack of trust in providers and an inability to find a doctor who accepts certain types of health insurance.

Since adopting the plan, the Hospital, as part of AdventHealth's West Florida Division, partnered with the American Heart Association to support free Hands-Only CPR trainings for community members. These classes were taught in schools, churches, and other locations. Over the course of the plan, the Division sponsored 76 classes and trained 7,254 people. The Hospital staff facilitated free biometric screenings and health education programs at a variety of organizations in the community, including Wauchula School Sports Physicals, Wauchula Multi-Cultural Day, Center for Great Apes, and Valencia Gardens low-income housing, impacting a total of 279 people.

Priority 3: Behavioral Health (and Substance Misuse)

In Hardee County, secondary data found in the assessment showed the age-adjusted death rate due to suicide is 19.9 per 100,000, this is almost one and a half times that of the state (13.1 per 100,000) and the US (13.5 per 100,000). The assessment also found more than ten percent (11.5%) of survey respondents were unable to access mental health resources when needed in the last 12 months. The top reasons cited were inability to pay for care, stigma associated with mental health issues and lack of knowledge on how to access a mental health doctor or counselor. Substance use and misuse also emerged as a top concern, reflected in both primary and secondary data sources. Binge drinking in teens was cited as a specific concern in the primary data, for males this is five or more drinks on one occasion and four or more on one occasion for females. Secondary data showed just over 12% of teens reported binge drinking, higher than the state rate of 9.2%. The assessment also found in secondary data a higher percentage of teens who have used methamphetamines in Hardee County (2.6%), than the state rate (0.8%).

To address this need, the Hospital, as part of AdventHealth's West Florida Division, partnered with an organization called Safe and Sound Hillsborough, to sponsor Mental Health First Aid classes for participants in the community. The Division sponsored 21 classes for 307 participants during the 2023–2025 CHP. 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. Additionally, The Hospital, in partnership with Central Florida Area Health Education Center (AHEC) hosted free community tobacco cessation classes with 27 attendees. Additionally, The Hospital donated to Hannah's House, a local women's domestic violence shelter.

2022 Community Health Needs Assessment Comments

We posted a link to the most recently-conducted CHNA and the most recently adopted implementation strategy, 2023 – 2025 Community Health Plan on our hospital website as well as on AdventHealth.com prior to May 15, 2023, and have not received any written comments.

AdventHealth

Adventist Health System/Sunbelt, Inc. dba AdventHealth Wauchula

CHNA Approved by the Hospital board on: October 16, 2025

For questions or comments, please contact
AdventHealth Corporate Community Benefit
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