



# TAMPA GENERAL HOSPITAL IMPLEMENTATION STRATEGY PLAN

HERNANDO COUNTY



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# INTRODUCTION

**Tampa General Hospital Brooksville and Tampa General Hospital Spring Hill are committed to improving the health and well-being of residents in their service area, which includes Hernando County. As a not-for-profit hospital, TGH Brooksville and TGH Spring Hill conduct a Community Health Needs Assessment (CHNA) every three years, as required by Section 501(r)(3) of the Internal Revenue Code. This CHNA identifies the most pressing health needs in the community and helps guide the hospital's efforts to address them.**

The CHNA process includes input from a broad range of community members, including public health experts and representatives of under-resourced populations. This collaborative approach ensures that the assessment reflects diverse perspectives and community experiences.

The findings in the CHNA report informed this hospital implementation strategy plan, which outlines specific strategic actions TGH Brooksville and TGH Spring Hill will take to address identified health needs. The CHNA and hospital implementation strategy plan were approved by the TGH Brooksville and TGH Spring Hill Board of Directors on August 19, 2025. The documents are made publicly available to ensure transparency and accountability.

## About Tampa General Hospital Brooksville

Since its founding in 1932, TGH Brooksville has been celebrating its rich heritage as a 120-bed acute care hospital in Hernando County. Our priority is the patient-provider relationship and delivering the highest-quality care.

TGH Brooksville's comprehensive offerings include emergency medicine, orthopaedics, cardiology, cardiac catheterization, general and vascular surgery, and outpatient therapy. The hospital holds Chest Pain Center Accreditation with Primary PCI (Percutaneous Coronary Intervention) and Primary Stroke Center Certification, both prestigious recognitions from the American College of Cardiology (ACC) Accreditation Services and The Joint Commission, respectively.

For more information, visit the TGH Brooksville website at <https://www.tghnorth.org/locations/tampa-general-hospital-brooksville>.

# About Tampa General Hospital Spring Hill

Established in 1991, TGH Spring Hill is a 124-bed acute care hospital serving Hernando County, which emphasizes patient-centered health care and safety.

TGH Spring Hill offers a range of services, from women's health and neonatology to emergency medicine, surgery services and outpatient therapies. Enhancing health outcomes in the community and prioritizing patients' well-being is at the heart of everything the hospital does, as demonstrated by its Chest Pain Center Accreditation from the ACC Accreditation Services and certification as a Primary Stroke Center by The Joint Commission.

For more information, visit the TGH Spring Hill website at <https://www.tghnorth.org/locations/tampa-general-hospital-spring-hill>.

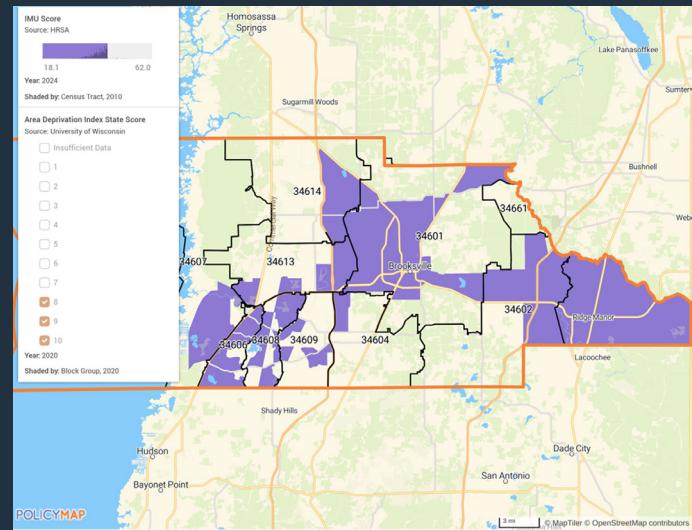
## Service area

The TGH Brooksville and TGH Spring Hill CHNA service area is Hernando County. However, TGH targets its efforts in the highest-need zip codes in the county.

## Highest-need zip codes

The following zip codes have the highest need in Hernando County based on the Index of Medical Underservice (IMU)<sup>1</sup> and Area Deprivation Index (ADI)<sup>2</sup>.

Highest-Need Zip Code	Geographic Location
34601	Brooksville
33597	Ridge Manor
34602	Spring Lake
34606	Spring Hill/Timber Pines



1. Represents areas of highest need by census tract, using the following criteria: Ratio of primary care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, percentage of the population aged 65 or over, and areas of the highest need have a score between 0 and 62. The lower the score the higher the need. Source: Health Resources and Services Administration (HRSA).

2. ADI ranks neighborhoods (census blocks) based on socioeconomic disadvantage, using the following criteria: Income, education, employment and housing quality. Census blocks are scored from 1 to 10. Higher ADI scores have been shown to correlate with worse health outcomes. Source: Center for Health Disparities Research at University of Wisconsin School of Medicine and Public Health.

# ■ COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

**Tampa General Hospital participated in the All4HealthFL Collaborative Community Health Needs Assessment. Established in 2019, the All4HealthFL Collaborative is a partnership between seven not-for-profit health systems and four county departments of the Florida Department of Health in West Central Florida. The collaborative has a mutual interest in improving health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments.**

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 2024 and February 2025.



Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers and young families. Focus groups and surveys were available in multiple languages to ensure that community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.

**Secondary data** provided a critical insight into the demographics of Hernando County, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, United States Centers for Disease Control and Prevention, and FLHealthCHARTS.

**Qualitative research** included 20 one-on-one stakeholder interviews and three focus groups with over 40 participants. The primary qualitative data was collected between September 2024 and February 2025 in person and virtually. Please note that there were many crossover participants between Hernando and Citrus counties.

A **community survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian and Vietnamese to evaluate and address health care, housing, employment, and other needs, gaps and resources in the community. A total of 460 responses were collected and analyzed. Survey responses are provided for Hernando County in this report.

The **needs prioritization process** was conducted on March 13, 2025, with 39 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, a discussion of data, community needs and potential strategies. A survey using a modified Hanlon Method was employed to prioritize the needs based on magnitude, severity and feasibility of addressing the need in each county.

## Community needs

Seven community needs were identified for Hernando County. After a community-wide needs prioritization process utilizing a modified Hanlon Method, the following top three community priority areas were chosen for Hernando County.



**Behavioral Health  
(Mental Health and  
Substance Misuse)**



**Health Care  
Quality and  
Access**



**Exercise,  
Nutrition  
and Weight**

The following section contains key high-level findings for each of the top three priority areas.

## PRIORITY AREA: BEHAVIORAL HEALTH

### Key findings

Adults Self-Reported Poor Mental Health



Adults Who Binge Drink



**1,394:1**

Mental Health Provider Ratio  
(People per Provider)

**19.7**

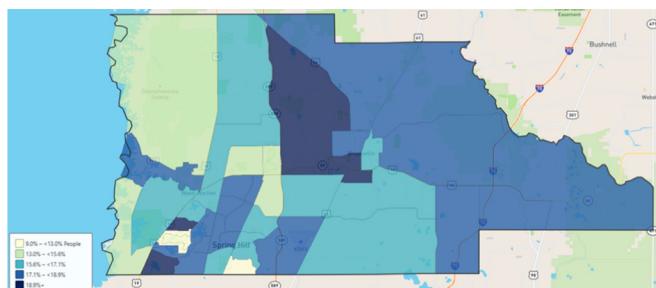
Suicide Rate, 2021-2023  
(per 100,000 People)

**1,128.7**

Emergency Department Visits  
for Mental Health Conditions,  
2021-2023 (per 100,000 people)

For more data, please visit the 2025 Community Health Needs Assessment

### Poor Mental Health Among Adults, 2022



Source: CDC, n.d. BRFSS Places, 2022.

### Key qualitative findings



**“In Hernando County, substance exposure is an issue, and also in pregnant women, so we have substance-exposed newborns.”**

— Stakeholder Interview

### Additional Themes Identified

**Shortage of providers, especially for prevention and post-crisis care**

**Ability to pay, including insurance barriers**

**Long wait lists for substance use care**

**Stigma**

### Community survey

**18.2%**

**Adults Needed Mental Health Care in the Past 12 Months, but Did Not Receive It**

### Top Reasons for Not Receiving Care

**Unable to afford to pay for care**

**Cannot take time off work**

**Unable to schedule an appointment when needed**

## PRIORITY AREA: HEALTH CARE QUALITY AND ACCESS

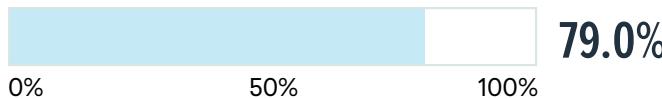
### Key findings

Total Population Without Health Insurance



11.6%

Adults Who Received an Annual Medical Checkup in 2022



0% 50% 100%

79.0%

**910:1** Primary Care Physician Ratio (People per Provider)

**8,409:1** OBGYN Provider Ratio (People per Provider)

### Births with Prenatal Care in the First Trimester

White



75.7%

Black



72.2%

Hispanic



71.0%

Non-Hispanic

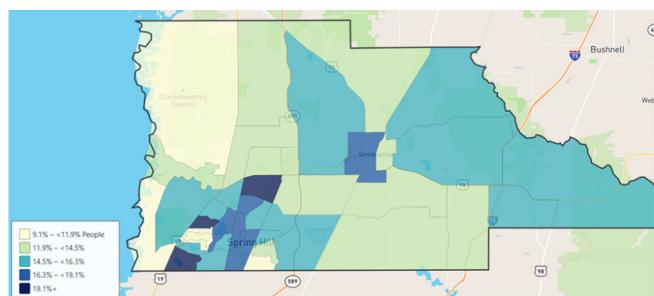


75.8%

0% 50% 100%

For more data, please visit the 2025 Community Health Needs Assessment

### Lack of Health Insurance Among Adults, 2022



Source: CDC, n.d. BRFSS Places, 2022.

### Key qualitative findings



**"We have a need for primary care across the board; in both Hernando and Citrus County, we don't have enough primary care providers. We have a need for services for people that are under- or uninsured in that mis as well. So people are moving here, and they, you know, don't have health insurance, and there aren't enough providers, and it just creates a really bad situation as far as that goes."**

— Stakeholder Interview

### Additional Themes Identified

Knowledge and awareness of services

System navigation

Availability of providers, especially specialists

Ability to pay, including insurance barriers

### Community survey

**20.5%**

**Adults Needed Mental Health Care in the Past 12 Months, but Did Not Receive It**

### Top Reasons for Not Receiving Care

Unable to afford to pay for care

Unable to schedule an appointment when needed

Cannot take time off work

## PRIORITY AREA: EXERCISE, NUTRITION AND WEIGHT

### Key findings

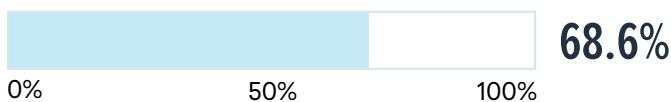
Total Food Insecurity



Child Food Insecurity

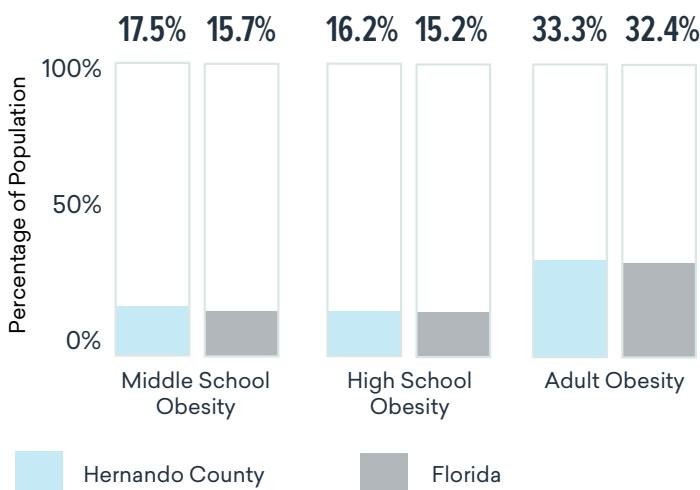


Elementary School Students Eligible for Free or Reduced Price Lunch



For more data, please visit the 2025 Community Health Needs Assessment

### Adolescent and Adult Obesity, 2022



Source: FLHealthCHARTS, 2022.

**One in three adults is obese in Hernando County.**

### Key qualitative findings



### Additional Themes Identified

Food insecurity

Food deserts

Lack of health options at food pantries

Increased food costs and inflation

Health education, including chronic disease prevention

### Community survey

**31.9%**

**Respondents Reported Experiencing Food Insecurity**

Food insecurity was **highest** in the lowest-income brackets.

# IMPLEMENTATION STRATEGY PLAN METHODOLOGY

**TGH Brooksville and TGH Spring Hill developed this implementation strategy plan through a structured, multi-phase process that integrated data analysis, evidence-based research and stakeholder engagement to identify and address community health priorities.**

## Prioritization of community health needs

An in-person county needs prioritization session was conducted with TGH Brooksville and TGH Spring Hill staff and community partners from throughout Hernando County. During the session, participants used a modified Hanlon Method approach<sup>3</sup> to discuss and prioritize community needs.

Following this structured process, the top needs were ranked in the following order:

Rank	Community Need	Score
1	<b>Behavioral Health</b>	<b>8.40</b>
2	<b>Health Care Quality and Access</b>	<b>9.21</b>
3	<b>Economic Stability</b>	<b>12.41</b>
4	<b>Heart Disease and Stroke</b>	<b>12.46</b>
5	<b>Exercise, Nutrition and Weight</b>	<b>14.73</b>
6	<b>Neighborhood and Built Environment</b>	<b>15.61</b>
7	<b>Cancer</b>	<b>16.51</b>

3. The Hanlon Method is an evidence-based approach approved by the National Association of County and City Health Officials (NACCHO). Source: National Association of County and City Health Officials (2023) Guide to Prioritization Techniques. <https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf>

# Development of strategies and actions

## Development of strategy options

To formulate effective strategies for prioritized health needs, TGH Brooksville and TGH Spring Hill undertook the following steps:

- **Best practices literature review:** Conducted a comprehensive review of current best practices and evidence-based interventions related to behavioral health; exercise, nutrition and weight; and health care quality and access.
- **Review of existing hospital programs:** Assessed current TGH Brooksville and TGH Spring Hill programs and initiatives addressing the identified needs to pinpoint opportunities for enhancement and alignment with best practices.
- **Identify partnerships:** TGH Brooksville and TGH Spring Hill reviewed opportunities to partner with local nonprofit organizations working on similar initiatives to reduce duplication in the community.

## Definition of terms

To ensure clarity and consistency throughout the implementation strategy plan (ISP), the following terms are defined. These terms describe how the hospital organized its approach to addressing community health needs, setting goals and identifying strategies and actions for the 2025-2028 planning cycle.

Term	Definition
Priority Areas	<b>Selected community health needs for the 2025-2028 ISP</b>
Goal	<b>Future desired result of each priority area, written as a SMART goal statement</b>
Objective	<b>What the hospital is doing to reach the priority area goal</b>
Action	<b>Approximately 1-5 for each strategy, though not all strategies may have actions</b>
Initiative	<b>Programs or initiatives offered by TGH Brooksville and TGH Spring Hill or community partners</b>

## Hospital response to top regional needs

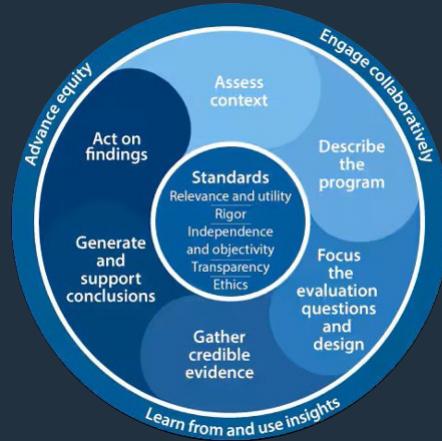
Health Need Identified by Community in CHNA	Hospital's Response
<b>Behavioral Health</b>	This category has been identified as a priority health need. See page 15 for our plan to address it.
<b>Health Care Quality and Access</b>	This category has been identified as a priority health need. See page 17 for our plan to address it.
<b>Economic Stability</b>	This category has been identified as a priority health need. It will be intertwined with the other three priority health needs.
<b>Heart Disease and Stroke</b>	This category has been identified as a priority health need, and it has been included with exercise, nutrition and weight.
<b>Exercise, Nutrition and Weight</b>	This category has been identified as a priority health need. See page 18 for our plan to address it.
<b>Neighborhood and Built Environment</b>	TGH Brooksville and TGH Spring Hill did not identify this category as a priority health need, due to resource constraints, but will continue providing individuals with referrals to local nonprofit organizations that provide services to address this category.
<b>Cancer</b>	TGH Brooksville and TGH Spring Hill did not identify this category as a priority health need, due to other facilities or organizations addressing the need. TGH Brooksville and TGH Spring Hill will continue to provide cancer care at the TGH Cancer Institute and partner with both the American Cancer Society and Cologuard to offer screenings and education to the community.

## Evaluation plan

Evaluation of any implementation strategy plan (ISP) is just as critical as the implementation of strategies, programs and initiatives. To measure the progress of goals, TGH Brooksville and TGH Spring Hill will utilize the Centers for Disease Control and Prevention (CDC) Program Evaluation Framework (2024). The three foundational principles of this framework are engaged collaboratively, advance equity, and learn from and use insights.

The framework includes six steps to complete a successful evaluation:

1. Assess the context
2. Describe the program
3. Focus the evaluation question and design
4. Gather credible evidence
5. Generate and support conclusions
6. Act on findings



TGH Brooksville and TGH Spring Hill will evaluate the progress on each goal on an annual basis. Starting at Year 0, TGH Brooksville and TGH Spring Hill will determine the baseline for each goal. Each year after Year 0, the progress will be measured against the baseline. Whenever possible, TGH Brooksville and TGH Spring Hill will use local, state and national benchmarks, such as Healthy People 2030 or County Health Rankings, as additional benchmarks to measure against each year.

The evaluation of the ISP should include both quantitative and qualitative assessments, as not every goal can be successfully measured quantitatively. It is important to learn qualitative findings, such as the human stories behind each goal.

# IMPLEMENTATION STRATEGY PLAN SUMMARY

**This summary outlines TGH Brooksville's and TGH Spring Hill's comprehensive community health improvement goals and actions for Hernando County by 2028, focusing on behavioral health; exercise, nutrition and weight; and health care quality and access.**

- **Behavioral health improvement goal:** Enhance mental health awareness, reduce stigma and decrease substance misuse among adults and youth through training, education, screenings and community collaboration.
- **Training and education initiatives:** Implement and expand evidence-based programs, like Mental Health First Aid and Tools to Quit, which are supported by community partners such as Directions for Living and Hernando County Department of Health.
- **Stigma-reduction efforts:** Increase access to education, awareness and navigation services, including harm-reduction programs, like needle exchange and wound care, with partners such as the University of South Florida and CAN Community Health.
- **Social and economic investments in behavioral health:** Provide financial support and resources to nonprofits and community partners focusing on behavioral health and substance misuse prevention and treatment.
- **Exercise, nutrition and weight initiatives:** Address food insecurity, heart health and physical activity by developing policy changes, referral systems, and community programs including cooking classes and community gardens.
- **Built environment and obesity focus:** Support local policies and programs to improve access to healthy food and physical activity, collaborating with organizations such as YMCA, WellFed and Feeding Tampa Bay.
- **Economic support for health programs:** Fund community partners to expand services addressing obesity, nutrition disparities and heart disease risk factors.
- **Health care quality and access goal:** Promote services that connect individuals to quality health and social programs through increased access points, health literacy education and navigation services.
- **Collaboration and resource provision:** Use platforms, like Unite Us and Find Help, for referrals, for providing telehealth and mobile services, and for supporting community partners financially to eliminate disparities and systemic barriers to care.

## Priority area 1: Behavioral health (including substance use)

**Goal:** To improve mental health awareness, and reduce stigma and substance misuse in adults and youth in service areas by 2028 in Hernando County.

	Actions	Initiatives	Dedicated Resources	Potential Partners
<b>Objective 1</b>	<b>Equip service providers and community members with training to develop the knowledge and skills needed to identify and respond to behavioral health concerns in their specific communities.</b>			
<b>Action 1.1</b>	Implement evidence-based training and education programs.	<ul style="list-style-type: none"> <li>Mental Health First Aid (MHFA)</li> <li>Tools to Quit &amp; Quit Smoking Now</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	Directions for Living, Hernando County Department of Health, Tobacco Free Florida, University of South Florida AHEC, Gulf Coast North AHEC
<b>Action 1.2</b>	Expand the reach of existing evidence-based interventions and education programs.	<ul style="list-style-type: none"> <li>Instructor training</li> <li>Community partner collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	All4Health Florida, Directions for Living, Hernando County Department of Health, Tobacco Free Florida, University of South Florida AHEC, Gulf Coast North AHEC
<b>Action 1.3</b>	Collaborate with community partners to support behavioral health initiatives.	<ul style="list-style-type: none"> <li>Youth &amp; Teen Mental Health First Aid</li> <li>Tools to Quit &amp; Quit Smoking Now</li> <li>Question, Persuade, and Refer (QPR)</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	All4Health Florida, Directions for Living, Hernando County Department of Health, Tobacco Free Florida, University of South Florida AHEC, Gulf Coast North AHEC
<b>Action 1.4</b>	Provide behavioral health screenings, education and related services to the community.	<ul style="list-style-type: none"> <li>Mobile and telehealth services</li> <li>Community workshops</li> <li>Navigation and referral services</li> <li>TAVA</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	Directions for Living, Hernando County Department of Health, Tobacco Free Florida, University of South Florida AHEC, Gulf Coast North AHEC
<b>Action 1.5</b>	Launch evidence-based programs that address identified concerns.	<ul style="list-style-type: none"> <li>Question, Persuade, and Refer (QPR) workshops</li> <li>Other behavioral health interventions</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	QPR Institute, Directions for Living, Hernando County Department of Health, University of South Florida

Chart continues on following page.

	Actions	Initiatives	Dedicated Resources	Potential Partners
<b>Objective 2</b>	<b>Reduce stigma by increasing access to education, awareness, training and navigation to equitable behavioral health services.</b>			
<b>Action 2.1</b>	Implement evidence-based training and education programs.	<ul style="list-style-type: none"> <li>• Mental Health First Aid</li> <li>• Tools to Quit &amp; Quit Smoking Now</li> <li>• Question, Persuade, and Refer (QPR)</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	University of South Florida, CAN Community Health, The Salvation Army, Metropolitan Ministries
<b>Action 2.2</b>	Collaborate with community partners to support behavioral health initiatives.	<ul style="list-style-type: none"> <li>• Youth &amp; Teen Mental Health First Aid</li> <li>• Tools to Quit &amp; Quit Smoking Now</li> <li>• Question, Persuade, and Refer (QPR)</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> </ul>	All4Health Florida, QPR Institute, Directions for Living, Hernando County Department of Health, Tobacco Free Florida, University of South Florida AHEC, Gulf Coast North AHEC, QPR Institute, Independent Community Provider Practices
<b>Action 2.3</b>	Provide services through the Coordinated Regional Harm Reduction Continuum (CRHRC) and Street Medicine Program.	<ul style="list-style-type: none"> <li>• Needle exchange program</li> <li>• Wound care services</li> <li>• Nutrition education</li> <li>• STI education</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	University of South Florida, CAN Community Health, The Salvation Army, WellFed, Feeding Tampa Bay
<b>Action 2.4</b>	Provide behavioral health screenings, education, and related services to the community.	<ul style="list-style-type: none"> <li>• Mobile and telehealth services</li> <li>• Community workshops</li> <li>• Navigation and referral services</li> <li>• TAVA</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	University of South Florida, CAN Community Health, The Salvation Army, Hernando County Department of Health, Faith-based Community Partners
<b>Objective 3</b>	<b>Increase social and economic investments in the community.</b>			
<b>Action 3.1</b>	Provide financial support and resources to nonprofit organizations and community partners focused on the expansion and enhancement of behavioral health and substance misuse prevention, education, treatment and recovery services.	<ul style="list-style-type: none"> <li>• Sponsorship funding</li> <li>• Health professions education</li> <li>• Provider recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Cash &amp; in-kind donations</li> <li>• Clinical rotation &amp; training site</li> <li>• Tools and technology, human resources, physical materials</li> <li>• Space</li> </ul>	University of South Florida, Hernando County Department of Health, The No More Foundation, NAMI, Independent Community Provider Practices

## Priority area 2: Health care quality and access

**Goal:** Promote and support services that connect individuals with quality health and social programs in Hernando County by 2028.

	Actions	Initiatives	Dedicated Resources	Potential Partners
<b>Objective 1</b>	<b>Provide social services, health literacy education and navigation services that address social determinants of health (SDoH).</b>			
<b>Action 1.1</b>	Increase health care access points.	<ul style="list-style-type: none"> <li>• Telehealth &amp; mobile services</li> <li>• Health professions education</li> <li>• Provider recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	University of South Florida, Hernando County Department of Health, Independent Community Provider Practices
<b>Action 1.2</b>	Use SDoH platforms to connect individuals to programs and services.	<ul style="list-style-type: none"> <li>• Unite Us</li> <li>• Find Help</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	Unite Us, Find Help, Social Service and Community Organizations
<b>Action 1.3</b>	Provide support and social services to individuals impacted by SDoH.	<ul style="list-style-type: none"> <li>• Marketplace enrollment</li> <li>• Navigation services</li> <li>• Community partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> </ul>	Senior Connection Center, Hernando County Department of Health, Social Service and Community Organizations
<b>Action 1.4</b>	Collaborate with community partners on initiatives and referral processes to organizations that address issues related to SDoH.	<ul style="list-style-type: none"> <li>• Open enrollment education workshops</li> <li>• Health literacy education</li> <li>• Social service programs</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	Senior Connection, Hernando County Department of Health, Independent Community Provider Practices
<b>Objective 2</b>	<b>Increase health literacy and health navigation through education and awareness.</b>			
<b>Action 2.1</b>	Expand services and education to individuals.	<ul style="list-style-type: none"> <li>• Telehealth &amp; mobile services</li> <li>• Health literacy education</li> <li>• Stop the Bleed</li> <li>• Social service programs</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> <li>• Space</li> </ul>	Social Service and Community Organizations
<b>Action 2.2</b>	Use SDoH platforms to connect individuals to programs and services.	<ul style="list-style-type: none"> <li>• Unite Us</li> <li>• Find Help</li> </ul>	<ul style="list-style-type: none"> <li>• Human and financial resources</li> <li>• Tools, technology and physical materials</li> </ul>	Unite Us, Find Help, Social Service and Community Organizations

Chart continues on following page.

Action 2.3	Collaborate with community partners on education and awareness campaigns that address health literacy and education on available social services in the community.	<ul style="list-style-type: none"> <li>Health literacy education</li> <li>Social service programs</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	All4Health Florida, Unite Us, Find Help, Social Service and Community Organizations
Objective 3	<b>Increase social and economic investments in the community.</b>			
Action 3.1	Provide financial support and resources to community partners to support programs focused on health care quality and access and programs that eliminate disparities and systemic barriers to care.	<ul style="list-style-type: none"> <li>Sponsorships</li> <li>Health professions education</li> <li>Recruiting health care providers</li> </ul>	<ul style="list-style-type: none"> <li>Sponsorships</li> <li>Health professions education</li> <li>Recruiting health care providers</li> </ul>	University of South Florida, Social Service and Community Organizations

## Priority area 3: Exercise, nutrition and weight (including heart disease and stroke)

**Goal:** Implement initiatives that address food insecurity, heart health and physical activity in Hernando County by 2028.

	Actions	Initiatives	Dedicated Resources	Potential Partners
Objective 1	<b>Develop and implement system change and policy that address social determinants of health (SDoH) initiatives related to exercise, nutrition and weight, including those that focus on heart disease and stroke.</b>			
Action 1.1	Implement a process to identify and refer individuals to programs and services related to economic development and stability.	<ul style="list-style-type: none"> <li>Food insecurity and SDoH screening for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	Social service and community organizations, Feeding Tampa Bay
Action 1.2	Implement a referral process to evidence-based programs that address health conditions related to exercise, nutrition and weight, including those that focus on heart disease and stroke.	<ul style="list-style-type: none"> <li>Epic integration for referring individuals to programs</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> </ul>	Epic, YMCA, Feeding Tampa Bay, social service and community organizations

Chart continues on following page.

<b>Objective 2</b>	<b>Support local policies and programs that address the built environment and impact obesity, inadequate access to healthy food and physical activity disparities.</b>			
<b>Action 2.1</b>	Collaborate with community partners on initiatives related to the built environment, exercise, nutrition and weight, including those that focus on heart disease and stroke.	<ul style="list-style-type: none"> <li>Physical activity and nutrition education</li> <li>Cooking classes</li> <li>Opportunities to access healthy foods</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	All4Health Florida, YMCA, WellFed, University of South Florida, American Heart Association, Goodr, Feeding Tampa Bay, Hernando County Parks and Recreation, Independent Community Provider Practices
<b>Action 2.2</b>	Implement evidence-based programs that address health conditions related to exercise, nutrition and weight, including those that focus on heart disease and stroke.	<ul style="list-style-type: none"> <li>Disease-specific self-management programs</li> <li>Physical activity, nutrition education</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	YMCA, WellFed, University of South Florida, American Heart Association
<b>Action 2.3</b>	Support initiatives that address the built environment and impact obesity, inadequate access to healthy food, and physical activity disparities, including those that focus on heart disease and stroke.	<ul style="list-style-type: none"> <li>Food pantry</li> <li>Community garden</li> <li>Cooking classes</li> <li>Nutrition, disease-specific education</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	All4Health Florida, Tampa Well, YMCA, University of South Florida, Feeding Tampa Bay, Goodr, American Heart Association
<b>Objective 3</b>	<b>Increase social and economic investments in the community.</b>			
<b>Action 3.1</b>	Provide financial support and resources to nonprofit organizations and community partners focused on expansion and enhancement of programs and services that address the built environment and impact obesity, inadequate access to healthy food and physical activity disparities, and also address key risk factors for heart disease and stroke and related social and economic determinants of health.	<ul style="list-style-type: none"> <li>Sponsorship funding</li> <li>Health professions education</li> <li>Provider recruitment</li> </ul>	<ul style="list-style-type: none"> <li>Human and financial resources</li> <li>Tools, technology and physical materials</li> <li>Space</li> </ul>	YMCA, WellFed, University of South Florida, Girl Scouts of West Central Florida, Feeding Tampa Bay, American Heart Association, Independent Community Provider Practices

