BayCare Alliant Hospital

Community Health Needs Assessment – Final Report

July 3, 2013

TrippUmbach
Research • Strategy • Impact

Table of Contents

- Introduction... Page: 1
- Community Definition... Page: 2
- Project Mission & Objectives ... Page: 4
- Methodology... Page: 5
- Key Community Health Needs... Page: 7
- Conclusions ... Page: 14
- Secondary Data Profile ... Page: 16
- Interview Summary – Key Stakeholder Group ... Page: 26
- Focus Group Summaries... Page: 32
  - Nursing home administrators serving senior residents ... Page: 33

- Appendix A: Complete Secondary Data Profile ... Page: 37
- Appendix B: Key Stakeholder Interview Response Set ... Page: 63
- Appendix C: Community Resource Inventory ... Page: 75

Introduction

BayCare Alliant Hospital, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between October 2012 and June 2013. BayCare Alliant Hospital is a 48-bed long-term acute care hospital, located in Dunedin, FL and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. BayCare Alliant Hospital collaborated with outside organizations in Pinellas and Pasco Counties during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process in some way:

- BayCare Health System
- St. Anthony's Hospital
- Mease Countryside
- Mease Dunedin
- Morton Plant
- Morton Plant North Bay
- Morton Plant North Bay Recovery Center
- St. Joseph's Hospital – Main
- St. Joseph's Hospital – North
- St. Joseph's Behavioral Health Center
- St. Joseph's Children's Hospital
- St. Joseph's Women's Hospital
- South Florida Baptist Hospital
- Mease Countryside Hospital
- The Palm Pavilion Inn
- DaVita Inc.
- Palm Garden of Largo
- Universal Medicare/Medicaid
- Pinellas County Health Department
- Pasco Aging Network
- Brighton Gardens – Sunrise Senior Living
- Committee on Aging
- Suncoast Hospice

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA), requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by BayCare Alliant Hospital, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from BayCare Alliant Hospital and a project oversight committee, which included representatives from each of the 10 not-for-profit hospitals that comprise BayCare Health System to accomplish the assessment.

Community Definition

While community can be defined in many ways, for the purposes of this report, the BayCare Alliant Hospital community is defined as the population of seniors that may require long-term acute care services in Pinellas and Pasco Counties, Florida The patient population served by BayCare Alliant Hospital is a senior population with 72% being older than 60 years of age. (See Figure 1 & Table 1). The needs identified in this report pertain to seniors that may require long-term acute care services in Pinellas and Pasco Counties, Florida.

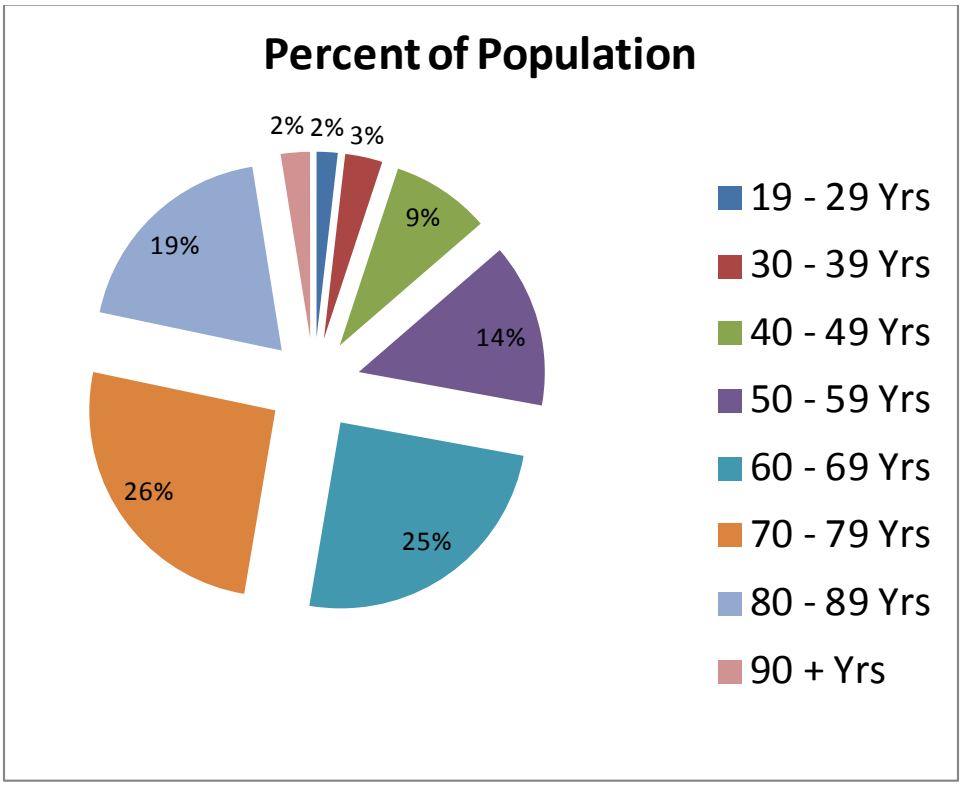
BayCare Alliant Hospital Community

Table 1

Population	County
Seniors that may require long-term acute care services	Pinellas
Seniors that may require long-term acute care services	Pasco

BayCare Alliant Hospital Community Definition

Figure 1



Project Mission & Objectives

The mission of the BayCare Alliant Hospital CHNA is to understand and plan for the current and future health needs of seniors that may require long-term acute care services in in the Tampa Bay area, more specifically, Pinellas and Pasco Counties. The goal of the process is to identify the health needs of the population served by BayCare Alliant Hospital today, develop a deeper understanding of these needs, and identify community health priorities.

The objective of this assessment is to analyze health-related indicators as well as social, demographic, economic, and environmental factors. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project oversight committee, which included:

- Ensuring that community members, including under-represented residents and those with a broad-based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, persons with special knowledge of or expertise in public health; federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility are included in the needs assessment process through data collection, key stakeholder interviews, and focus group facilitation.

- Obtaining statistically valid information on the health status and socio-economic/environmental factors related to the health of seniors that may require long-term acute care services in the community and supplementing the general population survey data that is currently available.

- Developing accurate comparisons to baseline health measures utilizing the most current validated data.

- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA) for BayCare Alliant Hospital.

Methodology

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of BayCare Alliant Hospital, resulting in the identification of community health needs for seniors that may require long-term acute care services. The assessment process included input from persons who represent the broad interests of the population served by the hospital facility, including those with special knowledge and expertise of public health issues for seniors that may require long-term acute care services.

Key data sources in the community health needs assessment included:

- **Community Health Assessment Planning:** A series of meetings were facilitated by the consultants and the CHNA oversight committee consisting of leadership from BayCare Alliant Hospital and collaborating areas of BayCare Health System.

- **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of seniors that may require long-term acute care services in the BayCare Alliant Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, Thomson Reuters, Community Needs Score (CNS), Healthy Tampa Bay, and other additional data sources (See appendix A for a complete secondary data profile).

- **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that have special knowledge and/or expertise in public, community health, and the needs of seniors that may require long-term acute care services. Such persons were interviewed as part of the needs assessment planning process. A series of 12 interviews were completed with key stakeholders in the BayCare Alliant Hospital community between October and November, 2012 (See appendix B for a complete set of stakeholder responses).

- **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to ensure that community members, including under-represented residents, were included in the needs assessment planning process via one focus group conducted by Tripp Umbach in the BayCare Alliant Hospital community in April, 2013. The focus group audience was defined by the CHNA oversight committee utilizing secondary data

to identify health needs and deficits in the targeted population. The focus group audience was Nursing Home Administrators Serving Senior Residents.

- **Community Resource Inventory:** Tripp Umbach completed an environmental scan by collecting information from stakeholders, hospital leaders, secondary data, and Internet research to identify the community resources that are operating in the community to meet the needs identified by the CHNA. There were over 100 community resources located in May, 2013 that meet the needs identified by stakeholders secondary data and focus groups for seniors that may require long-term acute care services in the BayCare Alliant Hospital community (See appendix C for a complete list of community resources).

- **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and identifies top community health needs.

Key Community Health Needs

Tripp Umbach's independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by one community focus group resulted in the prioritization of two key community health needs in the BayCare Alliant Hospital community. The following top population-specific health needs were identified that are supported by secondary and/or primary data (presented in random order):

1) Improving access to necessary medical care
2) Communication and education

While there are identified health needs in the BayCare Alliant Hospital Service area; this study completed an environmental scan of the resources that are available in the county offering services that meet one or more of the needs detailed in this community health needs assessment. The resource inventory located over 100 such resources. (See Appendix C for a full copy of the Pinellas County Community Resource Inventory).

A summary of the top needs in the BayCare Alliant Hospital community follows:

KEY COMMUNITY HEALTH NEED #1:
IMPROVING ACCESS TO NECESSARY MEDICAL CARE

Underlying factors identified by secondary data and primary input from community stakeholders and focus group participants:

- **Need for increased access to affordable healthcare through insurance**
- **Availability of healthcare providers and services**

Access to health services is a national issue being addressed by Healthy People 2020, among other initiatives. Healthy People 2020 is a federal initiative setting national objectives that focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities, along with other focuses on broader issues. According to Healthy People 2020, 10.3% of persons nationally were unable to obtain or delayed needed medical care, dental care, or prescriptions in 2010. The goal is to reduce this percentage by the year 2020 to 9% of persons nationally.[1]

[1] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-6.1&anchor=610 (last updated: 3/28/2013).

This assessment showed more than average socio-economic barriers to accessing healthcare in the BayCare Alliant Hospital Service area based on the Community Needs Score (see the secondary data section for a full description of CNS). The overall weighted average CNS score for BayCare Alliant Hospital is 3.4, which is slightly higher than Pinellas County (3.3) and Pasco County (3.3) indicating a higher than average level of socio-economic barriers to healthcare access.The overall rates for 65+ in poverty (40.1%) are high in the BayCare Alliant Hospital Services area. [2]

According to key stakeholders, there is a need for coordinated care for seniors. Key stakeholders and focus group participants agree that while there are medical resources and healthcare facilities in the community, access to healthcare resources can be limited by health insurance issues and the cost of healthcare for under/uninsured, the availability of providers, communication among providers and consumers. Nursing home administrators perceived that access to patient-centered care that is necessary is limited due to insurance restrictions, physician support, facility budget, insurance reimbursement rates, etc. The result often is increased hospital re-admits, poorer health among seniors, longer rehabilitation periods, poorer quality of care, less credentialed staff, etc.

Key stakeholders and focus group participants indicated that some of the implications of the limited access residents may have to affordable healthcare include: not being diagnosed/treated, unable to afford medical bills, unhealthier population with poorer health outcomes, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, higher re-admit rates, inability to discharge a patient from more expensive long-term acute care facilities, reluctance to diagnose and treat additional issues, lower standard of care, placements a great distance from home, and isolation from support networks.

Access to health insurance and healthcare for under/uninsured:

- ✓ Secondary data representing the BayCare Alliant Hospital services area depicts insurance limitations, a decrease in adults that are insured and resistance to seek oral health services as a result of the cost of care for the uninsured (the secondary data shows both local and national trends).
    - According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 who had health (medical) insurance in the U.S. declined nearly 1.0% between 2001 and 2011, from 83.6% to 82.8%, and varied by race and ethnicity.

[2] Source: 2012 Nielson Claritas; 2012 Thomson Reuters; Bureau of Labor Statistics (October 2012)

- Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%); whereas Pasco County saw an increase during the same period (from 71.7% to 74%).[3]

- While most seniors 65+ have automatic health insurance coverage, there are 11 zip code areas (34690, 34653, 34691, 33756, 33755, 33770, 33759, 33771, 34698, 33763, and 33760) with uninsured rates higher than BayCare Alliant Hospital service area (18.4%), Pinellas County (17.9%), and Pasco County (18.0%). There are two zip code areas (34668 and 34652) that show higher uninsured rates than the state (25%).[4]

✓ According to key stakeholders and focus group participants, the senior population is growing, while insurance reimbursements are shrinking, leading to limited resources for geriatric medical care. Key stakeholders felt that there is a need to increase community capacity to provide a spectrum of geriatric care (i.e., skilled nursing, behavioral health, adult daycare, in-home services/support, etc.) due to an increase in demand as a result of the growing senior population, implementation of the Affordable Care Act increasing access, and retiring/declining work force.

- Both key stakeholders and focus group participants believed Under/uninsured residents do not always have access to the acute care services they require if they are high-risk (i.e., limited ability to pay, on a high-risk treatment, such as ventilation/dialysis, and/or may require a lengthy placement) due to the requirement of safe discharges, liability issues, and low reimbursement rates. The insufficient Medicaid reimbursements and reduction in Medicare reimbursements limits the services that hospitals and other organizations can provide to residents due to a lack of funding. Younger under/uninsured patients requiring an indefinite acute care placement are the most difficult to place. Key stakeholders and focus group participants also discussed the fact that some residents may not be able to afford prescription medications, including seniors. Additionally, focus group participants indicated that not seeking ongoing care often leads to residents being diagnosed at preventive/screening programs in the community or in the emergency room when symptoms are emergent and then unable to afford or qualify for assistance to secure subsequent treatment/follow-up care.

- Focus group participants discussed the lack of consumer controls in healthcare spending due to limited information being available about the cost of health services

[3] Source: Tampa Bay Partnership: Healthy Tampa Bay
[4] Source: 2012 Nielson Claritas; 2012 Thomson Reuters; Bureau of Labor Statistics (October 2012)

prior to receiving services, which may lead residents to resist seeking treatment or be unable to afford their medical bills. Additionally, focus group participants indicated that often, services are provided based on the ability to pay and not necessarily based on medical need. Often, the type of insurance (i.e., Medicare, Medicaid, and managed care) residents have governs the level and quality of medical care they receive (i.e., placement, length of stay, types of services).

Availability of healthcare providers and services:

- ✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., transportation to visit loved ones placed at LTAC facilities, adult daycare services for seniors, preventive healthcare and screenings, speech therapy), due to the number and location of providers, provider willingness to accept Medicaid and/or managed Medicare insurance and lack of national benchmarks in the approval process that is governed by some insurance companies. Additionally, there is limited accountability among insurances that are not governed by national benchmarks, which may be the cause of less credentialed staff due to lower wages.

    - Key stakeholders and focus group participants discussed the insufficient Medicaid reimbursements and managed Medicare plan reimbursements limiting the services that hospitals, skilled nursing facilities, and other organizations can provide to Medicaid-dependent residents and/or those on a managed Medicare insurance plan due to lower reimbursement rates and limited approvals for care that is non-vital. Additionally, residents requiring long-term care at nursing facilities may have limited access to specialty services and services that are not vital due to insurance approval, the willingness of the physician to prescribe services the insurance company does not want to pay for, the family's ability to pay for costs that are not covered by health insurance, and the capacity of the nursing facility to provide an unfunded service. Focus group participants indicated that there are many specialty services that are not covered by insurances in a skilled nursing facility setting, leaving families responsible for the additional fees. Focus group participants also indicated that there are a limited number of providers in their communities that will accept Medicaid and managed care insurances, which causes lengthier LTAC stays and longer travel times to available providers.

    - Key stakeholders and focus group participants discussed the barriers to healthcare caused by the shrinking number of providers coupled with the demand for services. Skilled nursing facilities that offer specialized care (i.e., bedside kidney dialysis/ventilation services, etc.) are few in number due to the risk of complications

and lengthy stay required, coupled with reimbursement rates that are often low, and these factors may lead patients to be placed a lengthy distance from home.

Socio-economic barriers to accessing healthcare:

- While the patient population served by BayCare Alliant Hospital is predominantly a Medicare payment population with three out of four patients using Medicare or Medicare HMO as payment source; the overall rates for 65+ in poverty (40.1%), Uninsured (18.4%) and Rental rates (23.8%) are high in the BayCare Alliant Hospital Services area.
- There are 13 zip code areas (34652, 34668, 33771, 34690, 34653, 34691, 33773, 33770, 33765, 33756, 33759, 34698, 33778, and 33764) with higher rates of residents that are 65+ in poverty than the average for BayCare Alliant Hospital service area (40.1%), Pinellas County (40.7%) and Pasco County (37.4%).[5]
- Port Richey (34668) and New Port Richey (34652) show the highest rate of residents 65+ in poverty (49.6% and 51.6% respectively); Uninsured (27.6% and 25.9% respectively).[6]

✓ Key stakeholders and focus group participants discussed the role that health insurance plays in the access to non-vital health services, location of placements and length of stay. Often, the type of insurance residents carry depends on their ability to afford insurance prior to 65 years old when residents become eligible for Medicare.

✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.[7] Access to healthcare impacts: overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, and life expectancy. This Healthy People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

1. Coverage: Lack of adequate coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to healthcare among the general population. Health insurance coverage helps patients get into the healthcare system. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have a poor health status.

[5] Source: 2012 Nielson Claritas; 2012 Thomson Reuters
[6] Ibid.
[7] Source: HealthyPeople.gov. Retrieved from: www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1 (last updated: 3/28/2013)

2. Services: Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Barriers to services include: lack of availability, high cost, and lack of insurance coverage. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.

3. Timeliness: Timeliness is the healthcare system's ability to provide healthcare quickly after a need is recognized. Measures of timeliness include time spent waiting in doctors' offices and emergency departments (EDs) and time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care. Prolonged ED wait time decreases patient satisfaction, increases the number of patients who leave before being seen, and is associated with clinically significant delays in care. One cause for increased ED wait times is an increase in the number of patients going to EDs from less acutely ill patients. At the same time, there is a decrease in the total number of EDs in the United States.

4. Workforce: Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. However, there has been a decrease in the number of medical students interested in working in primary care. To improve the nation's health, it is important to increase and track the number of practicing PCPs.

KEY COMMUNITY HEALTH NEED #2:
COMMUNICATION AND EDUCATION

Underlying factor identified by primary input from community stakeholders and focus group participants:

- **The access the seniors have to information and education in their communities.**

Information and education:

- ✓ Key stakeholders and focus group participants believed that residents are not always aware of the services available to them. Focus group participants indicated that seniors are often being talked into switching the type of insurance without a clear understanding of their options and the outcomes, a trend that is leaving seniors unaware that they are underinsured until they need the insurance coverage. Often, residents are not aware about what insurances local providers accept when choosing health insurance providers, which can lead to placements a lengthy distance away at facilities that will accept a specific brand of insurance. Patients and families do not always understand the deductible, co-pay structure, and/or covered services of their particular insurance plan, which may leave families paying out-of-pocket expenses that may be unaffordable when acute care placements are required.

- ✓ Patients and family members are not always aware of the risks associated with particular treatment options, leaving them with unrealistic expectations. Also, focus group participants and stakeholders believed that residents do not always follow up with provider instructions, which can lead to poorer treatment outcomes. Key stakeholders and focus group participants indicated that the health and wellness of residents may be negatively impacted by a lack of effective information dissemination and education.

Conclusions and Recommended Next Steps

The community needs identified through the BayCare Alliant Hospital community health needs assessment process are not all related to the provision of traditional medical services provided by medical centers. However, the top needs identified in this assessment do "translate" into a wide variety of health-related issues that may ultimately require hospital services. For example, limited access to affordable health insurance leaves residents underinsured or uninsured, which can cause restricted access to non-vital health services and/or shorten the approved stay in an acute care setting, and may lead to an increase in preventable hospital re-admissions due to a truncated healing period.

BayCare Alliant Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow this assessment. Strategic discussions among hospital leadership will need to consider the health issues experienced by the underserved seniors that may require long-term acute care services in Pinellas and Pasco Counties and the inter-relationship of the diverse issues related to access to healthcare, information, and education for the population served by BayCare Alliant Hospital. It will be important to determine what the hospital is already doing as well as the cost effectiveness, future impact, and limitations of any best practices methods. Implementation plans will have to give top priority to those strategies that will have the greatest influence on a senior population, as this is the population served by the facility. Tripp Umbach recommends the following actions be taken by the hospital sponsors in close partnership with community organizations over the next six to nine months.

Recommended Action Steps:

- ❑ Work at the hospital level to translate the top identified community health issues into an individual hospital implementation plan.
- ❑ Present the CHNA results and subsequent Implementation plan to the hospital board for adoption and implementation.
- ❑ Make the community health needs assessment results widely available and encourage open commentary to community residents by placing it on the hospital website, the website for BayCare Health System, and making a hard-copy of the full CHNA report available upon request in the lobby of the hospital.

- Within three years' time, conduct an updated community health needs assessment to evaluate community effectiveness on addressing top needs and to identify new community needs.

Secondary Data

Tripp Umbach worked collaboratively with BayCare Alliant Hospital to develop a secondary data process focused on three phases: collection, analysis and evaluation. Tripp Umbach obtained information on the demographics, health status, and socio-economic and environmental factors related to health and needs of seniors that may require long-term acute care services in Pinellas and Pasco Counties, Florida. In addition to demographic data, specific attention was focused on the development of a key community health index factor: Community Need Index (CNS).

BayCare Alliant Hospital Overall Study Area

The BayCare Alliant Hospital is located in Dunedin, FL. The patient population served by BayCare Alliant Hospital is not a general population. BayCare Alliant Hospital treats a senior population with 72% being older than 60 years of age. (See Figure 2). Additionally, the geographic region from which 75% of the inpatient volume originates consists of 27 populated zip codes in Pinellas and Pasco Counties (See Table 2). As a result, the needs identified in this report pertain to seniors that may require long-term acute care services in Pinellas and Pasco Counties, Florida.

BayCare Alliant Hospital Community Definition

Figure 1

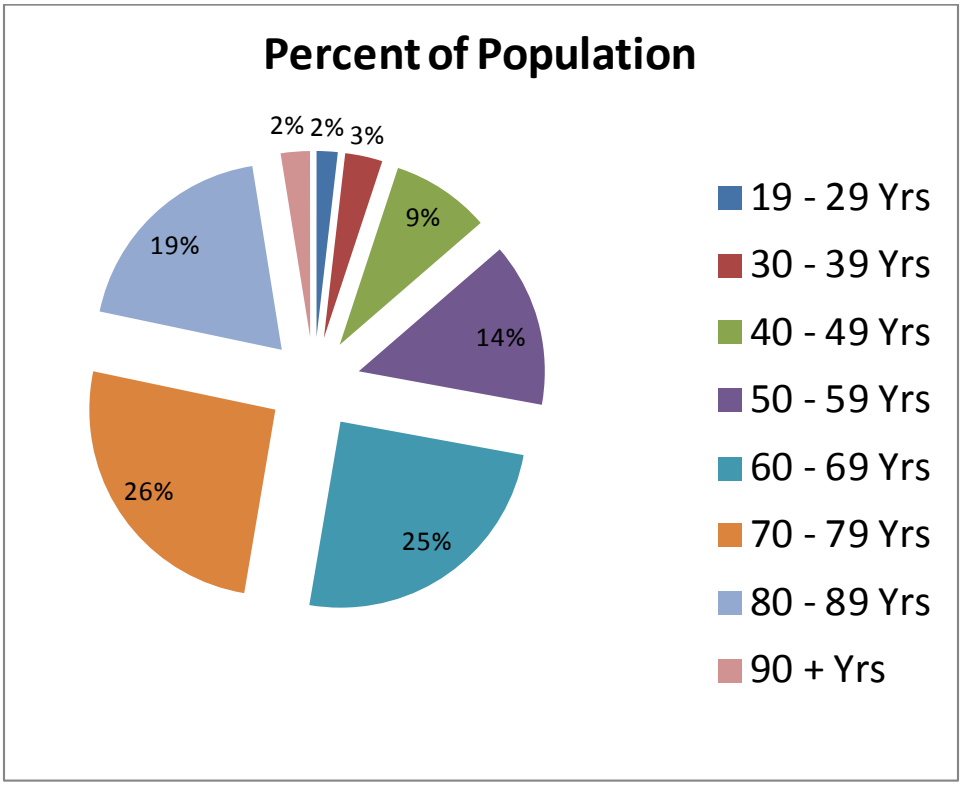
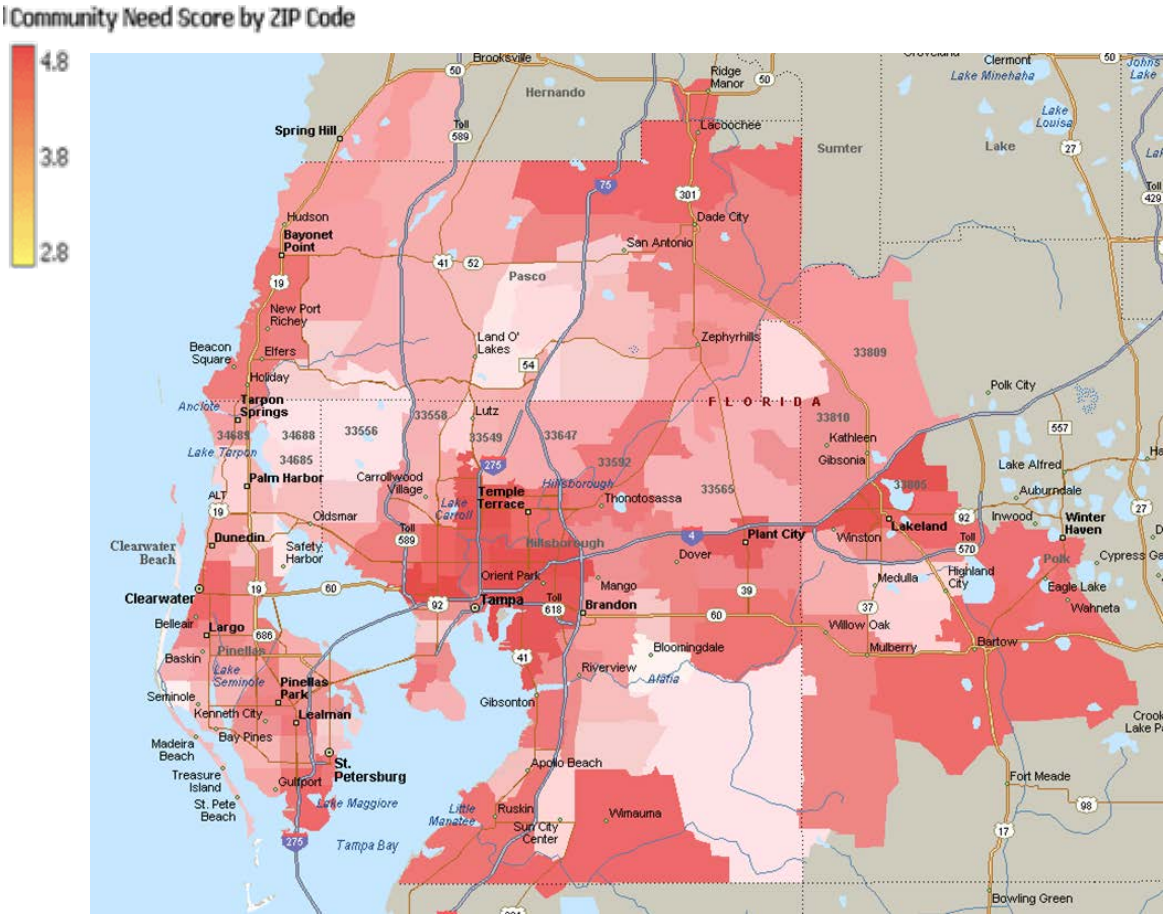


Table 2: BayCare Alliant Hospital Community Zip Codes

Zip	Town	County
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33759	Clearwater	Pinellas
33760	Clearwater	Pinellas
33761	Clearwater/Largo	Pinellas
33763	Clearwater	Pinellas
33764	Clearwater	Pinellas
33765	Clearwater	Pinellas
33767	Beach	Pinellas
33770	Largo	Pinellas
33771	Largo	Pinellas
33773	Largo	Pinellas
33778	Largo	Pinellas
34652	New Port Richey	Pasco
34653	New Port Richey	Pasco
34654	New Port Richey	Pasco
34655	New Port Richey	Pasco
34668	Port Richey	Pasco
34677	Oldsmar	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34685	Palm Harbor	Pinellas
34689	Tarpon Springs	Pinellas
34690	Holiday	Pasco
34691	Holiday	Pasco
34695	Safety Harbor	Pinellas
34698	Dunedin	Pinellas

Figure 3: BayCare Alliant Hospital Community Geographic Definition



** Darker shading indicates greater barriers to healthcare access*

Community Need Score (CNS)

Catholic Health East (CHE) utilizes licensed data products from Thomson Reuters and Solucient, particularly the Claritas (now Nielsen) demographics. Catholic Health East, using the publically made methodology used by Catholic Healthcare West (CHW) to calculate the community need values, chose to calculate the values themselves to provide the community need scores (CNS) to their partner facilities as a non-commercial product.

Catholic Health East duplicates the methodology used by CHW as closely as it is done by CHW, using the same nine measures to generate the same five barrier scores using quintiles and using them to calculate the CNS.

The data may differ in the years and sources used or the rounding at certain stages in the calculations. CNS is the term used to differentiate itself from CNI due to these possible differences.

All of this year's component demographics are based on the 2012 Nielsen demographics at the zip code level, with the exception of percent uninsured, which is from Truven Health Analytics' "Insurance Coverage Estimates" module.

The five prominent socio-economic barriers to community health quantified in CNS include: Income, Insurance, Education, Culture/Language, and Housing. CNS quantifies the five socio-economic barriers to community health utilizing a five-point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

- ✓ The overall weighted average CNS score for BayCare Alliant Hospital is 3.4, which is slightly higher than Pinellas County (3.3) and Pasco County (3.3) indicating a higher than average level of socio-economic barriers to healthcare access.

- ✓ Clearwater (33755) shows the highest CNS for the entire region, a score of 4.4 out of the highest for the scale of 5.0, indicating the area with the most significant barriers to healthcare access.

- ✓ The overall rates for 65+ in poverty (40.1%), Uninsured (18.4%), and Rental rates (23.8%) are high in the BayCare Alliant Hospital Services area.
  - There are 13 zip code areas (34652, 34668, 33771, 34690, 34653, 34691, 33773, 33770, 33765, 33756, 33759, 34698, 33778, and 33764) with higher rates of residents that are 65+ in poverty than the average for BayCare Alliant Hospital service area (40.1%), Pinellas County (40.7%), and Pasco County (37.4%).
  - There are 11 zip code areas (34690, 34653, 34691, 33756, 33755, 33770, 33759, 33771, 34698, 33763, and 33760) with uninsured rates higher than BayCare Alliant Hospital service area (18.4%), Pinellas County (17.9%), and Pasco County (18.0%). There are two zip code areas (34668 and 34652) that show higher uninsured rates than the state (25%).
  - Port Richey (34668) and New Port Richey (34652) show the highest rate of residents 65+ in poverty (49.6% and 51.6% respectively); Uninsured (27.6% and 25.9% respectively).

Table 2: BayCare Alliant Hospital Service Area CNS Indicators and CNS Scores

Zip	City	County	Inc Rank	% Poverty 65+	Educ Rank	Cult Rank	Insur Rank	% Uninsur	Hous Rank	CNS
33755	Clearwater	Pinellas	4	40.4%	4	5	4	21.3%	5	**4.4**
33756	Clearwater	Pinellas	4	43.0%	4	5	5	22.7%	5	**4.4**
34668	Port Richey	Pasco	4	49.6%	4	4	5	27.6%	4	**4.2**
34652	New Port Richey	Pasco	4	51.6%	4	4	5	25.9%	4	**4.1**
34691	Holiday	Pasco	4	46.9%	4	5	5	23.5%	3	**4.1**
33760	Clearwater	Pinellas	3	38.7%	4	5	4	18.8%	5	**4.1**
34690	Holiday	Pasco	4	48.0%	4	4	5	24.2%	4	**4.1**
34653	New Port Richey	Pasco	4	47.0%	4	4	5	23.9%	4	**4.0**
33770	Largo	Pinellas	3	45.9%	3	4	5	21.0%	5	**3.8**
33771	Largo	Pinellas	4	48.7%	3	4	4	19.9%	4	**3.8**
33765	Clearwater	Pinellas	3	45.6%	3	5	4	16.3%	5	**3.7**
33759	Clearwater	Pinellas	3	42.8%	3	5	3	20.2%	5	**3.7**
33764	Clearwater	Pinellas	2	40.9%	3	4	4	18.2%	4	**3.5**
33773	Largo	Pinellas	2	46.8%	3	4	4	16.5%	4	**3.4**
34689	Tarpon Springs	Pinellas	3	34.8%	2	4	5	17.8%	3	**3.4**
33778	Largo	Pinellas	3	42.4%	3	4	4	16.5%	3	**3.3**
34654	New Port Richey	Pasco	3	33.1%	4	4	5	17.8%	2	**3.3**
34698	Dunedin	Pinellas	3	42.7%	2	4	4	19.4%	4	**3.3**
34684	Palm Harbor	Pinellas	2	33.5%	2	4	3	13.7%	4	**2.9**
34677	Oldsmar	Pinellas	2	30.6%	1	4	3	10.0%	4	**2.8**
33763	Clearwater	Pinellas	3	38.1%	2	4	4	19.2%	2	**2.7**
33761	Clearwater/Largo	Pinellas	2	35.9%	2	4	4	14.6%	2	**2.5**
34655	New Port Richey	Pasco	2	27.9%	2	4	4	12.0%	2	**2.5**
34683	Palm Harbor	Pinellas	2	34.1%	1	4	4	11.5%	2	**2.3**
34685	Palm Harbor	Pinellas	2	20.4%	1	4	2	6.6%	3	**2.2**
34695	Safety Harbor	Pinellas	2	35.2%	1	4	2	11.7%	2	**2.0**
33767	Clearwater Beach	Pinellas	2	25.6%	1	4	3	14.5%	1	**2.0**
BayCare Alliant Hospital Service Area*			**2.9**	**40.1%**	**2.8**	**3.9**	**3.9**	**18.4%**	**3.6**	**3.4**

**Weighted Average*

Source: 2012 Nielson Claritas. 2012 Thomson Reuters. Bureau of Labor Statistics (October 2012).

Patient Population Profile:

The patient population served by BayCare Alliant Hospital is a senior population with 72% being older than 60 years of age.

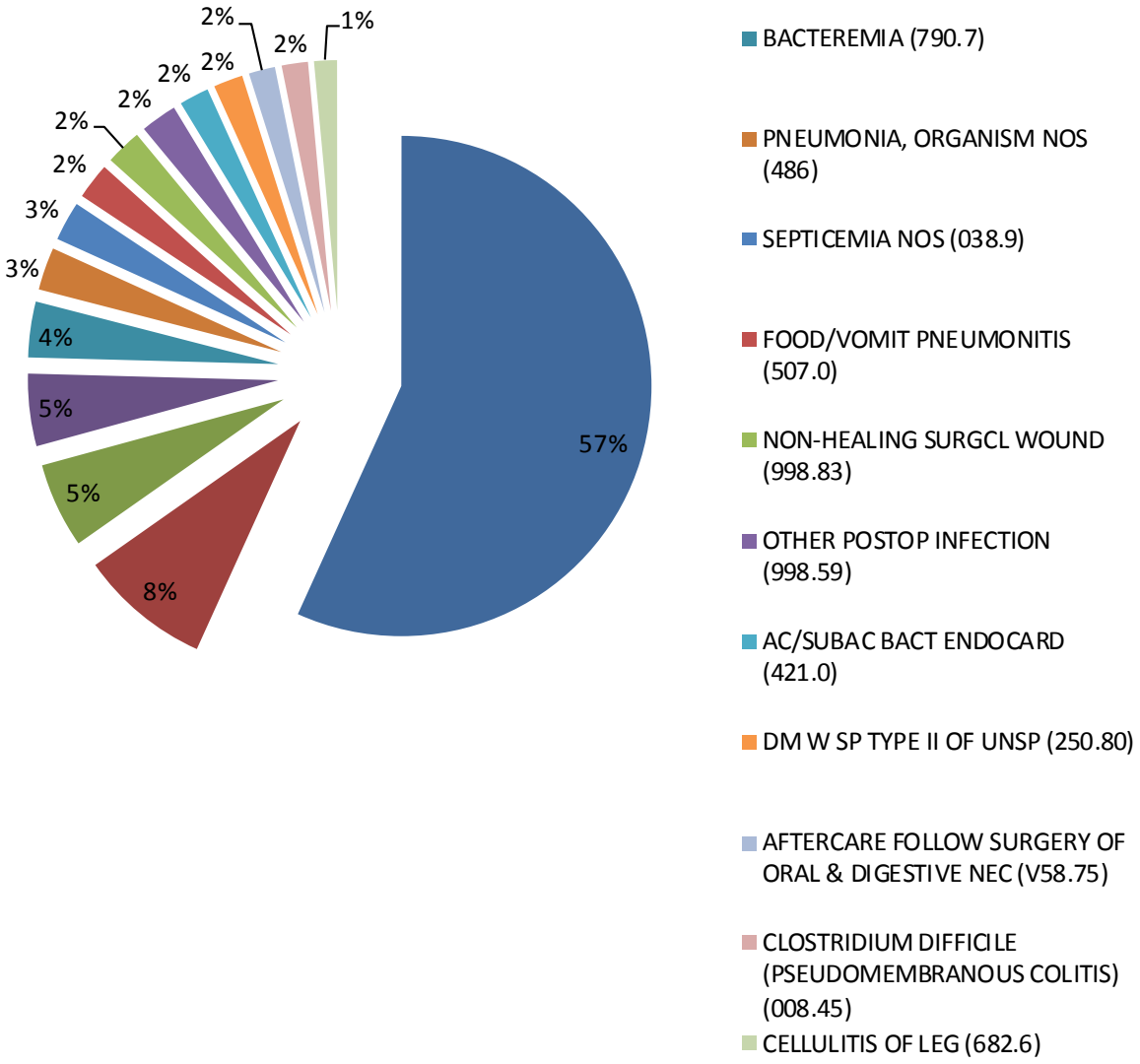
Age Group	Quantity of Patients	Percent of Population
70 - 79	182	25.6%
60 - 69	176	24.8%
80 - 89	136	19.2%
50 - 59	101	14.2%
40 - 49	61	8.6%
30 - 39	23	3.2%
90 +	18	2.5%
19 - 29	13	1.8%
Total Population	**710**	**100.0%**

The patient population served by BayCare Alliant Hospital is predominantly a Medicare payment population with three out of four patients using Medicare or Medicare HMO as payment source.

Financial Class	Quantity of Patients	Percent of Population
MEDICARE	476	67.0%
MCARE HMO	53	7.5%
HMO-MGD CR	52	7.3%
MEDICAID	45	6.3%
PPO MGD CR	33	4.6%
MCAID HMO	19	2.7%
CORP CLIEN	10	1.4%
EMPLOYEE	8	1.1%
OTH GOVERN	7	1.0%
INDEMNITY	4	0.6%
AUTO INSUR	1	0.1%
PENDING AS	1	0.1%
WRKR COMP	1	0.1%
Total Payer Source	**710**	**100.0%**

The majority of patients are being treated for respiratory issues at BayCare Alliant Hospital.

Principal Diagnosis by Percent of Patient Population at BayCare Allient Hospital



Disease Prevalence, Health Behaviors, and National Benchmarks

Data for disease prevalence and health behaviors were obtained from Healthy Tampa Bay and compared to national benchmarks set in Healthy People 2020.

HealthyTampaBay.com is a web-based source of population data and community health information. This site is provided by ONE BAY: Healthy Communities, an initiative focused on uniting our eight-county Tampa Bay region around a culture of health. This site follows the release of the How Healthy is Tampa Bay? An Assessment of Our Region's Health report and includes over 100 indicators linked to real-time updates.

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

- ✓ The stated goal of Healthy People 2020 related to **health insurance** is to increase the proportion of persons with medical insurance (from 83.2% in 2008 to 100% by 2020).[8]
    - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%), whereas Pasco County saw an increase during the same period (from 71.7% to 74%).
- ✓ **Chronic obstructive pulmonary disease** (COPD) is a national issue being addressed by Healthy People 2020. According to Healthy People 2020: The age-adjusted hospitalization rate for COPD among persons 45+ years old was 56.0 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 50.1 per 10,000 pop. nationally.[9] Additionally, the age-adjusted emergency department visits for COPD

[8] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-1.1&anchor=11 (last updated: 3/28/2013)
[9] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-11&anchor=244 (last updated: 3/28/2013).

among persons 45+ years old was 81.7 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 57.3 per 10,000 pop. nationally.[10]

- Between 2007 and 2011, the annual age-adjusted emergency department visit rate for COPD increased in Pinellas County (from 12.0 to 15.1 per 10,000 pop.). African American residents visit the emergency room due to COPD at a slightly greater rate in Pinellas County (23.2 per 10,000 pop.) than any other ethnicity. Between 2009 and 2011, there were 14 zip code areas in the BayCare Alliant Hospital service area with higher than the Tampa Bay area average (14.6 per 10,000 pop.) emergency room visit rates for COPD (33760-27.0, 34652-24.3, 34653-23.9, 33756-23.6, 33771-23.0, 33770-22.0, 33755-21.0, 34668-19.8, 34690-19.7, 34691-19.7, 34689-19.2, 33778-16.5, 34654-16.4, and 33765-16.3 per 10,000 pop.).[11]
- Between 2007 and 2011, the hospitalization rate for COPD in Pinellas County increased slightly from 28.4 to 30.0 per 10,000 pop. Between 2009 and 2011, there were 12 zip code areas in the BayCare Alliant Hospital service area with higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (34652-55.8, 34653-55.0, 34668-48.3, 33756-45.6, 33760-44.9, 33770-43.0, 33755-42.5, 34654-38.8, 33771-38.5, 34690-38.1, 33778-36.4, and 34691-35.5 per 10,000 pop.).[12]

✓ Between 2007 and 2011, the emergency room visit rate due to **bacterial pneumonia** has increased steadily in Pinellas County (from 12.6 to 14.6 per 10,000 pop.). There are six zip codes in the BayCare Alliant Hospital service area that shows a higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (34653-28.7, 33760-27.6, 33756-27.5, 33771-27.5, 34691-26.7, and 34652-25.8 per 10,000 pop.) and 16 zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (34652-22.3, 34691-20.1, 34690-20.0, 33778-19.2, 33771-17.6, 34668-17.5, 34689-17.3, 33770-17.2, 33760-17.1, 34653-16.9, 33756-16.2, 33773-16.2, 33759-15.0, 33755-14.9, 34654-14.1, and 33764-13.9 per 10,000 pop.). African American residents are the most likely to visit the emergency room (29.8 per 10,000 pop.) due to bacterial pneumonia than residents of other ethnicities in Pinellas County (Asian-4.9, Hispanic or any race-10.2 and White, non-Hispanic- 14.2 per 10,000 pop.).[13]

[10] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-12&anchor=245 (last updated: 3/28/2013).
[11] Source: Tampa Bay Partnership: Healthy Tampa Bay
[12] Ibid.
[13] Ibid.

- ✓ Between 2007 and 2011, emergency room visits related to **congestive heart failure** have increased in Pinellas County (from 2.0 to 3.1 per 10,000 pop.). There are six zip codes in the BayCare Alliant Hospital service area that show a higher than average for the Tampa Bay Area hospitalization rate (30.6 per 10,000 pop.) due to congestive heart failure (34654-38.7, 34668-36.0, 4653-35.9, 33755-33.4, 33765-31.9, and 33756-31.8 per 10,000 pop.) and seven zip codes with higher than average ER visit rates (3.1 per 10,000 pop.) due to congestive heart failure (33756-5.5, 33755-4.7, 33765-4.7, 34677-4.7, 33761-4.3, 33759-4.1, and 34653-4.0 per 10,000 pop.). In Pinellas County, African American residents visit the emergency room for congestive heart failure at three times the rate (9.2 per 10,000 pop. with the next highest rate being for White residents 3.1 per 10,000 pop.) as residents of other ethnicities and are hospitalized at twice the rate (54.4 per 10,000 pop.), with the next highest rate being for White residents at 23.7 per 10,000 pop.) as residents of other ethnicities. [14]

- ✓ More than one in four adults that are older than 65 in both Pinellas (26%) and Pasco (27%) Counties report that they do not participate in physical activity.

[14] lbid.

Key Stakeholder Interviews

Data Collection:

The following qualitative data were gathered during individual interviews with 12 key stakeholders of the BayCare Alliant Hospital area, as identified by an advisory committee of executive leadership. BayCare Alliant Hospital is a 48-bed long-term acute care hospital. Each interview was conducted by a Tripp Umbach consultant, and lasted approximately 60 minutes. All respondents were asked the same set of questions previously developed by Tripp Umbach and reviewed by the BayCare Alliant Hospital leadership project team.

Summary of Stakeholder Interviews:

What community do you represent professionally?

Of the 12 key stakeholder respondents representing residents in the communities served by BayCare Alliant Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Pinellas County; long-term acute care patients; Tampa Bay, FL; Suncoast Hospice (mostly seniors); Clearwater; Pasco/West Pasco County; Tampa, FL; and the City of Dunedin, FL (in order of most mentioned).

Your position in the community?

Of the 12 respondents, there was a diverse representation of positions held in the community. Those positions represented included professionals: with special knowledge of or expertise in public health; departments and agencies with current data and other information relevant to the health needs of the community and representatives of medically underserved, low-income, minority populations, and populations with chronic disease needs, in the community served by BayCare Alliant Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- The Palm Pavilion Inn
- BayCare Alliant Hospital
- DaVita Inc.
- Palm Garden of Largo
- Universal Medicare/Medicaid
- Pinellas County Health Department
- Pasco County Health Department
- Pasco Aging Network
- Brighton Gardens – Sunrise Senior Living
- Committee on Aging
- Suncoast Hospice

How would you describe a healthy community?

The two themes identified upon review of the stakeholders' collective definitions of a "healthy community" are: a community's ability to support and meet the needs of residents including access to healthcare and resident wellness.

A community's ability to support and meet the needs of residents including access to healthcare was identified by 10 stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to the community's ability to support and meet the needs of residents and access to healthcare that a healthy community should have:

- Access to affordable primary, preventive, specialty (i.e., long- term acute care, under/uninsured respirator care and weaning) healthcare in facilities that is accessible to all residents.
- Education that is accessible to patients on health issues, programs, and services.
- Good education programs available to the senior population.
- The ability for consumers and their families to choose the facility where they are placed after a catastrophe.
- What is needed to heal and rehabilitate residents, particularly seniors, when they are injured?
- The ability to restore quality of life to a senior upon rehabilitation.
- The resources to meet the needs of the community.
- Collaboration among community organizations.
- Prevention activities and promotion of eating healthy.
- Positive social determinants of health (i.e., safety, access to healthy produce, education, and housing).
- Appropriate treatment settings where residents can receive appropriate services in the most cost-effective way that is most beneficial to them.
- Recreation and health facilities for children and seniors.
- The capacity to continually create and improve the physical and social environments.
- Resources for patients returning home from a facility setting (i.e., transportation, mentor programs, programs to help with mobility and appointment reminders, and oversight) to ensure the maintenance of normal activities and limit the amount of preventable hospitalizations and recidivism rates, particularly for senior residents.
- Stable funding mechanisms to ensure health services to residents.

Resident wellness was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to residents' wellness that a healthy community should have:

- People who take responsibility for their own health.
- A population that is healthy and understands the health risks associated with obesity.
- People that are healthy and an environment that supports healthy people.
- Residents that mutually support each other and develop their own maximum potential.

What are some specific health need trends locally/regionally?

The three themes identified upon review of the specific health need trends identified most often by stakeholders are: Access to affordable healthcare, chronic illness and other conditions, and senior services.

Access to affordable healthcare was identified by stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to residents' access to affordable healthcare:

- There is a need for increased coordination of care and a less fragmented health system, particularly for the more at-risk and underserved populations that often do not get their medical needs met due to issues with location of services, affordability, and access.
- Medicaid funding is unstable and has a low reimbursement rate.
- There is a need for more urgent care services in the community to reduce the usage of the emergency room for non-emergent issues.
- There is a need for increased mental health services.

Chronic illness and other health conditions were identified by stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to chronic illness:

- Several chronic conditions were addressed by stakeholders as concerns (i.e., cancer, obesity, poor).
- Stakeholders also mentioned lifestyle choices related to poor nutrition, substance abuse, suicide, lack of physical exercise, etc.).
- Poverty is an indicator of poor overall health due to economic barriers that exist in areas of highly concentrated poverty. There are five areas in Pinellas County that have been identified as having the greatest concentrations of poverty and poorest outcomes, including health.

Senior services were identified by stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to the need for senior services:

- Pinellas County is an aging population and is a large senior population that the community needs to have resources for care.
- Seniors do not always have access to services they require in the community (i.e., transportation and adult daycare programs).
- There is a large senior population that will continue to grow for a period of time and require a greater proportion of healthcare resources.
- Seniors do not always have access to medical care in settings that are the most comfortable (i.e., home, without being transferred to a different facility, etc.).
- Seniors tend to be re-admitted to the ER and nursing facilities more often than other residents due to a lack of support services (i.e., help with daily tasks like shopping, transportation, etc.).
- There is not enough funding for support services for seniors.
- The PACE program needs to be expanded to more fully meet the needs of the community.
- Seniors need more comprehensive coordination of care to ensure follow-up appointments are made and behavioral health needs are being met.

Which target populations locally/regionally do you believe have such health needs?

Stakeholders identified the target populations they felt had a greater risk of having increased health needs. Stakeholders identified (in order of most mentioned) residents that are: seniors (65-75+, patients, requiring long-term acute care), under/uninsured, accident victims, 40-50 years old, Medicaid recipients, welfare recipients, undocumented, homeless.

In order to improve the health of communities, please talk about some of the strengths/resources that communities locally/regionally have to build upon. List strengths/resources that can be built on and describe how those strengths/resources could be used.

The 12 stakeholders interviewed identified the following strengths/resources and their benefits:

- Skilled nursing facilities in the community
- Hospital networks that will follow up with patients after discharge
- There is a local long-term acute care facility (BayCare Alliant Hospital), which allows residents to be discharged closer to home
- There is a great deal of philanthropic activity in the community that strives to fill funding gaps
- Preventive services offered by hospitals locally
- The community is rich in resources
- Geographic location
- The neighborly care network
- There is a quality health system with physicians

In your opinion, what do you think are the two most pressing health needs facing residents in local/regional communities you serve, especially the underserved? Please explain why.

The 12 stakeholders interviewed identified the following as the top health needs facing underserved residents requiring long-term acute care services:

- Limited access to medical care:
    - Follow-up care is limited by patients' willingness to follow through, comprehension of discharge instructions, support in the home (family/services), and access to transportation.
    - Under/uninsured residents do not always have access to the acute care services they require if they are high-risk (i.e., limited ability to pay, on a high-risk treatment such as ventilation/dialysis and/or may require a lengthy placement) due to the requirement of safe discharges, liability issues, and low reimbursement rates. The insufficient Medicaid reimbursements and reduction in Medicare reimbursements limits the services that hospitals and other organizations can provide to residents due to a lack of funding. Younger under/uninsured patients requiring an indefinite acute care placement are the most difficult to place.
    - There is a need to increase community capacity to provide a spectrum of geriatric care (i.e., skilled nursing, behavioral health, adult daycare, in-home services/support, etc.) due to an increase in demand as a result of the growing senior population,

implementation of the affordable care act increasing access, and retiring/declining work force.
- The senior population is growing, while insurance reimbursements are shrinking, leading to limited resources for geriatric medical care.
- There is a need for coordinated care for seniors.

In response to the issues that were identified, who do you think is best able to address these issues/problems? How do you think they could address these issues/problems?

Out of 12 stakeholders, three stakeholders did not provide a valid response. Of the nine stakeholders that responded: seven believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- The medical community (hospitals, primary care physicians, etc.);
- Insurance companies;
- Government officials (local and state);
- Medicaid funding for uninsured residents that end up dependent on respiratory ventilation systems;
- The Public Health Departments;
- Community coalitions;
- Any organization that deals directly with residents;
- Patients with expectations;
- Community;
- Community leaders; and
- Employers.

Do you believe there are adequate local/regional resources available to address these issues/problems? If no, what are your recommendations?

Of the 12 responses, none responded that they believe there are adequate resources available in the BayCare Alliant Hospital service area to address the aforementioned issues/problems. Eight stakeholders did not believe adequate resources were available and four stakeholders were either unsure or did not provide a valid response. Several stakeholders offered the following recommendations:

- The senior population is too great and funding is too little.
- There is a need for more education.
- There is a need for local and county governments to collaborate more.
- I would like to see more availability of services for mental health issues.
- We need to advocate for public policy changes that may be needed; such as, increasing funding for PACE to allow the program to accept more patients.
- The community could use more funding.
- Resources are there, but they are fragmented and require collaboration and individual case management.
- Collaboration could minimize duplication and maximize efficiencies.

- Funding cuts need to stop and PACE needs to be expanded.
- Individual residents need to be aware that healthcare is not free.

Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible)

Stakeholders identified the following emerging health needs among underserved populations in the communities they serve:

- Florida Medicaid funding has been has cut back significantly by the state, so that people are now much sicker than before when they enter the health care system and do not always receive adequate follow-up care.
- The decrease in Medicaid funding causes more stress on the hospital facility financially because long-term acute care hospitals and skilled nursing facilities are mandated for safe discharges, meaning patients may have to stay indefinitely; however, patients cannot be discharged into an unsafe environment.
- Need more skilled nursing facilities in the area. When referrals are needed that have high need and under/uninsured and/or Medicaid recipients, there are very few facilities that will accept these patients. Often, facilities are not able to accept these types of patients because they may not be able to discharge them. Once patients leave the hospital, they have higher acuity needs – (i.e., tracheotomy's, ventilators, complex medical needs). Prioritizing the needs of high-acuity patients and we may need to provide more medical units to care for them.
- If a welfare patient needs to transfer to higher level of care, it is very difficult to get them accepted into other health systems.
- Additionally, pediatric patients have access, but once they turn 21 years old, their services essentially disappear.
- Undocumented individuals without funding they have no access to care.
- Baby boomers are impacting senior care across the county; as they age, the population is more demanding in regards to what their health needs are related to the use of healthcare resources.
- Families do not always have the resources that they need (i.e., insurance).
- The elderly population is increasing and transportation is an issue.
- Additionally, seniors do not always have the ability to understand the care they need when they live on their own.
- Due to lack of health education, diabetes and obesity are at epidemic levels at all age groups. Obesity, exercise, and healthy living are on the back burner until health education is made a priority.
- Substance abuse. Mental health issues.
- While there is some government assistance, it is sporadic and there is poor dental care, a lack of transportation, and people have issues getting to the resources, which can be costly.

Any additional comments or questions?

There were two additional comments or questions posed by stakeholders.

- Pasco County Health Department is very interested in being involved in the BayCare action plan for this community health needs assessment.
- Need to create more fluid processes and someone to manage to generate cost-savings.

Focus Groups with Community Residents

Tripp Umbach facilitated one focus group with residents in the BayCare Alliant Hospital community. Approximately 18 residents from the BayCare Alliant Hospital community participated in the focus group in April 2013, each providing direct input related to top community health needs of themselves, their families, and communities.

INTRODUCTION:

The following qualitative data were gathered during the discussion group conducted with the target population that was defined by BayCare Alliant Hospital leadership. BayCare Alliant Hospital is a 48-bed long-term acute care hospital. The group was conducted by Tripp Umbach consultants, and participants were provided a $50 gift card incentive for participating. The discussion group was conducted using a discussion guide previously created by Tripp Umbach and reviewed by BayCare Alliant Hospital leadership.

The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion. It was explained to participants that there are no wrong answers, just different experiences and points of view. This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said. Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. The focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the BayCare Alliant Hospital service area. Focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.), and therefore, is not factual and inherently subjective in nature.

The focus group audience was:

- ✓ Nursing home administrators serving senior residents
  - Conducted at BayCare Alliant Hospital (Dunedin, FL) on April 4, 2013

NURSING HOME ADMINISTRATORS SERVING SENIOR RESIDENTS

The purpose of this discussion group was to identify the community health needs and concerns affecting senior residents that require services in a nursing home and/or long-term acute care setting, as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, Nursing home administrators discussed two community health needs and concerns for senior residents in their communities. These were:

1. **Access to patient-centered and necessary care**
2. **Consumer education**

ACCESS TO PATIENT-CENTERED AND NECESSARY CARE:

Nursing home administrators perceived that access to patient-centered care that is necessary is limited due to insurance restrictions, physician support, facility budget, and insurance reimbursement rates.

Perceived Contributing Factors:

- The type of health insurance (i.e., Medicare, Medicaid, or managed care) and insurance provider a patient carries largely governs the location of facility, length of stay, and types of services a patient is provided.
- Medicaid health insurance plans offer a low reimbursement rate when compared to Medicare. However, Managed care plans offer the lowest reimbursement rates due to a competitive contract bidding process. The lower the reimbursement rates of a patient's insurance carrier, the greater the risk that a facility will lose money during their stay. Facilities have to manage this risk, which may result in patients being placed in facilities that are a greater distance from their community than desired, shorter stay based on physician orders, and limited services that are not vital (i.e., speech therapy).
- Managed care plans often offer cheaper premiums, higher co-pays, lower reimbursement rates, and shorter coverage periods for admissions. Patients and their families are billed the difference when services are not covered. If the bills are not paid, the facility either bears the cost or has to discharge the patient.
- There is a lack of accountability among insurance providers.
- Nursing homes are required to meet the medical needs of patients they admit regardless of ability to pay and/or access to treatment modality. Patients that require ongoing/indefinite and/or highly specialized treatments (respiratory machines, bedside dialysis, Chemotherapy, radiation, etc.) are considered higher risk, due to the risks that there could be serious and/or fatal complications resulting in investigations and lawsuits, or the service could be costly to the facility if extended past the approved reimbursement period. Nursing facilities have limited the

number of high-risk patients they admit to remain sustainable. For these reasons, there are a limited number of placements for high-risk patients, often requiring placements in other states.

- Patients that are dependent on respiratory ventilation services have difficulty finding a facility. It becomes even more difficult as the age of the patient decreases. The result is that patients are left for extended periods in costly long-term acute care facilities or hospital settings due to an inability to locate a place that will admit them.
- Participants indicated that there are some physicians that prescribe care based on what the insurance plan will cover and less based on what the patient needs, which can lead to the patient returning to the hospital.
- Participants gave the impression that when they advocate for a patient; they risk losing their insurance contracts, their facilities are avoided, and future patients may be referred to other facilities.
- Medicaid and managed care are not based on benchmarking and neither type of insurance is held to a standard of care. As a result, patients with these types of insurances are denied higher quality care by their insurance providers.
- The reimbursement rates of Medicaid and managed care insurances are often inadequate and create a disincentive for medical facilities to provide accurate diagnosis and effective medical treatments. Additionally, there is no incentive for facilities to provide five-star care.
- Patients are in poorer health with an increase in chronic illnesses today when compared to previous years.
- The services of many professionals and specialists are not covered in-house by Medicaid reimbursement, which covers the cost of certified nursing assistants and licensed nurses only.

Mitigating Resources:

Nursing home administrators identified the following existing resources in their communities that they felt could improve the access to primary, preventive, dental, and mental healthcare:

- There are public medical facilities (i.e., skilled nursing facilities, nursing homes, long-term acute care facilities, etc.) that provide care regardless of ability to pay if the patient is admitted.
- There are physicians in the community that manage a patient's care with a focus on wellness.
- There are some privately owned and operated skilled nursing facilities that are beginning to specialize in high-risk treatments (i.e., respiratory therapy and weaning patients from ventilation machines) to establish themselves as industry leaders.
- Some medical facilities have effective contractors that are able to negotiate more realistic reimbursement rates.

Group Suggestions/Recommendations:

Nursing home administrators offered the following as possible solutions to help improve the access necessary services in their communities.

- ***Increase the level of accountability:*** Participants believed that Medicaid and managed care plans would benefit from a benchmarking structure similar to that of Medicare.

- ***Maintain the integrity of all physicians and providers:*** Participants were under the impression that physicians develop a reputation that medical facilities can depend on when accepting patient referrals. If a physician is known for a lack of integrity, then they will have a tough time placing patients and patients will avoid them. Similarly, if a medical facility develops a poor reputation then physicians do not place patient within that facility.

- ***Skilled nursing facilities can begin to specialize their services:*** Participants believed that skilled nursing facilities might be able to establish themselves as leaders in a treatment modality that is considered valuable to insurance companies in order to shift contract negotiations in the favor of facilities.

- ***Facilities should be able to be licensed for specialty services:*** Participants believed that a facility that is capable and willing to provide a high-risk specialty service should be able to be licensed and then reimbursed at a higher rate when they take on higher-risk patients.

CONSUMER EDUCATION:

Nursing home administrators perceived that seniors are often unaware of the options available to them related to insurances, medical treatment, and supplemental insurances.

Perceived Contributing Factors:

- Senior residents often have insurance plans that have higher co-pays and less coverage than Medicare because they are not clear about their options. There are tactics being used by some providers to get seniors to opt out of their Medicare coverage for a managed care plan that include making the resident think they are signing a sign in sheet, offering free dinners, and gym memberships. The information being provided to seniors is not always complete and can be confusing, leading residents to make choices they do not understand or even be unaware that they have opted out of Medicare.
- Seniors often are under the impression that they are enrolling in a Part D program only and they may be opting out of Medicare coverage.
- When senior residents do not have an advocate (i.e., relative, spouse, etc.) that is local, they may be easier to talk into a medical insurance plan that they do not fully understand. There were examples of patients who themselves or their families were unaware of the parameters and restrictions of their insurance plan until being admitted to a medical facility.

- Patients and their families can have expectations that do not match the reality of what particular medical facilities can provide due to a lack of understanding about medical insurance benefits, required co-pays, regulations, and physician orders.
- There are local insurance providers that facilities have chosen not to work with and patients are not aware of these choices when they enroll in insurances.
- When an insurance provider is discontinued, patients are not always aware of what their options are for insurance coverage.
- Patient and consumer education is largely driven by insurance companies, and there is not a lot of accountability to the consumer once they are enrolled in a plan.
- Consumers are not always aware of the risks of certain types of treatment and many consumers believe that they need to file a lawsuit when there are medical complications. As a result, many facilities are less likely to admit patients that are medically fragile, because they are not protected from the cost of fighting a lawsuit if one is filed.

Mitigating Resources:

Nursing home administrators identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- Several resources offer information and answer questions about Medicare if the senior participates (i.e., AARP).
- Certain types of insurances can be changed by medical facilities at any time if the consumer chooses.

Group Suggestions/Recommendations:

Nursing home administrators offered the following as a possible solution to help improve the practice of healthy behavior in their communities:

- ***Offer consumer education campaigns:*** Participants believed that information about Medicare is not being as heavily publicized as managed care plans are being publicized by insurance providers. Participants recommended that the government launch an ongoing non-bias public education campaign to inform seniors of the benefits of Medicare and various types of insurance options.

APPENDIX A

Secondary Data Profile

BayCare Alliant Hospital
November, 2012-May, 2013

Secondary Data Profile

Secondary Data

- BayCare Alliant Hospital Service Area - Populated Zip Code Areas
- Community Need Score (CNS)
- Patient Demographics
- Healthy Tampa Bay

BayCare Alliant Hospital Service Area – Populated Zip Code Areas

The communities located in the BayCare Health System regional service area include 27 populated zip code areas in Pasco and Pinellas Counties.

ZIP Code	Town	County
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33759	Clearwater	Pinellas
33760	Clearwater	Pinellas
33761	Clearwater/Largo	Pinellas
33763	Clearwater	Pinellas
33764	Clearwater	Pinellas
33765	Clearwater	Pinellas
33767	Clearwater Beach	Pinellas
33770	Largo	Pinellas
33771	Largo	Pinellas
33773	Largo	Pinellas
33778	Largo	Pinellas
34652	New Port Richey	Pasco

ZIP Code	Town	County
34653	New Port Richey	Pasco
34654	New Port Richey	Pasco
34655	New Port Richey	Pasco
34668	Port Richey	Pasco
34677	Oldsmar	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34685	Palm Harbor	Pinellas
34689	Tarpon Springs	Pinellas
34690	Holiday	Pasco
34691	Holiday	Pasco
34695	Safety Harbor	Pinellas
34698	Dunedin	Pinellas

Overview of Secondary Data Methodology

Community Need Score (CNS)

- Catholic Health East (CHE) utilizes licensed data products from Thomson and Solucient, particularly the Claritas (now Nielsen) demographics. Catholic Health East, using the publically made methodology used by Catholic Healthcare West (CHW) to calculate the community need values, chose to calculate the values themselves, to provide the community need scores (CNS) to their partner facilities as a non-commercial product.

- Catholic Health East duplicates the methodology used by CHW as closely as it is done by CHW; using the same nine measures to generate the same five barrier scores using quintiles, and using them to calculate the CNS.

- The data may differ in the years and sources used or the rounding at certain stages in the calculations. CNS is the term used to differentiate itself from CNI due to these possible differences.

- All of this year's component demographics are based on the 2012 Nielsen demographics at the zip code level, with the exception of percent uninsured, which is from Truven Health Analytics' "Insurance Coverage Estimates" module.

Overview of Secondary Data Methodology

Community Need Score –
Five prominent socio-economic barriers to community health are quantified in the CNS

- **Income Barriers** –
  Percentage of elderly, children, and single parents living in poverty
- **Cultural/Language Barriers** –
  Percentage Caucasian/non-Caucasian and percentage of adults over the age of 25 with limited English proficiency
- **Educational Barriers** –
  Percentage without high school diploma
- **Insurance Barriers** –
  Percentage uninsured and percentage unemployed
- **Housing Barriers** –
  Percentage renting houses

Overview of Secondary Data Methodology

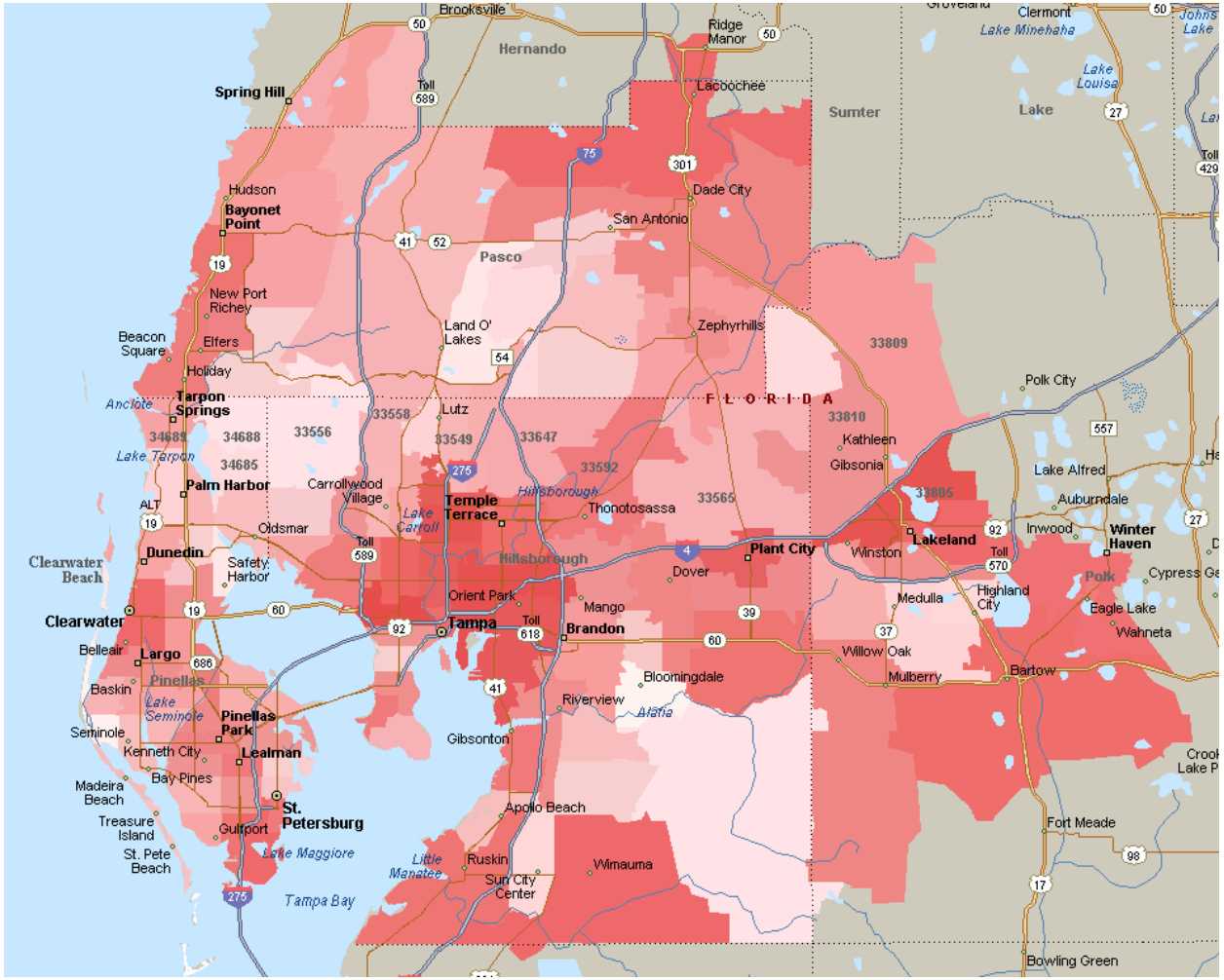
Community Need Score

- To determine the severity of barriers to healthcare access in a given community, the CNS gathers data about the community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc.

- Using this data we assign a score to each barrier condition. A score of 1.0 indicates a zip code area with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code area with the most socio-economic barriers (high need). The scores are then aggregated and averaged for a final CNS (each barrier receives equal weight in the average).

- A CNS above 3.0 will typically indicate a specific socio-economic factor impacting the community's access to care. At the same time, a CNS of 1.0 does not indicate the community requires no attention at all, which is why a larger community such as the study area community presents a unique challenge to hospital leadership.

Community Need Score (CNS) Overall Region Map



Community Need Score by ZIP Code

5.0

3.3

1.5

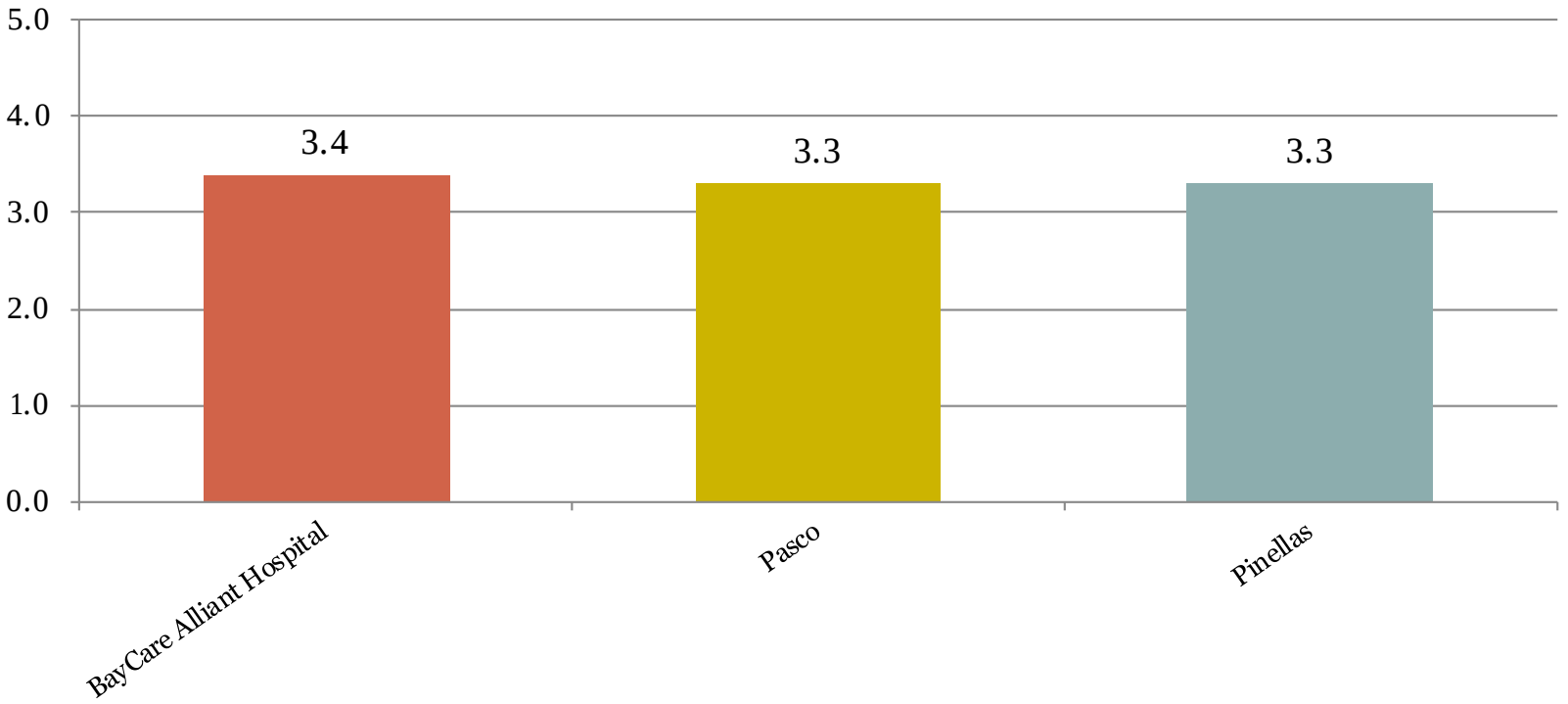
- **Darker areas are those with a greater number of socio-economic barriers to healthcare access.**

Data source: 2012 Nielson Claritas; 2012 Thomson Reuters

Community Need Score (CNS)

- There is a wide range of CNS values across the BayCare Alliant Hospital Service Area.
- The over all weighted average CNS score for BayCare Alliant Hospital is 3.4, which indicates a higher than average level of socio-economic barriers to healthcare access.
- Clearwater(33755) shows the highest CNS for the entire region, a score of 4.4 out of the highest for the scale of 5.0, indicating the area with the most significant barriers to healthcare access.
- The overall rates for 65+ in poverty (40.1%), Uninsured (18.4%) and Rental rates (23.8%) are high in the BayCare Alliant Hospital Services area.
  - Port Richey (34668) and New Port Richey (34652) show the highest rate of residents 65+ in poverty (49.6% and 51.6% respectively); Uninsured (27.6% and 25.9% respectively).
  - Clearwater (33755 and 33759) has the highest rental rates in the service area.

Community Need Scores – BayCare and County Comparison



- All of the areas in the BayCare Health System regional service area analysis (the overall defined region and the included counties) show higher than average CNS values indicating a higher than average number of barriers to community healthcare access.
- Pasco and Pinellas counties show the lowest CNS values; while Polk County shows the highest overall CNS value.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

BayCare Health System CNS: 4.4 – 4.0

Significant socio-economic barriers to healthcare access

Zip	City	County	CNS	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	2010 Tot. Pop.
33755	Clearwater	Pinellas	**4.4**	4	4	5	4	5	40.4%	28.1%	46.9%	18.3%	45.7%	20.2%	8.6%	21.3%	38.9%	**26,090**
33756	Clearwater	Pinellas	**4.4**	4	4	5	5	5	43.0%	26.4%	48.4%	17.3%	31.4%	18.5%	9.0%	22.7%	33.8%	**31,078**
34668	Port Richey	Pasco	**4.2**	4	4	4	5	4	49.6%	26.6%	36.5%	18.0%	18.9%	10.8%	13.7%	27.6%	25.3%	**42,786**
34652	New Port Richey	Pasco	**4.1**	4	4	4	5	4	51.6%	25.7%	38.7%	16.5%	17.1%	10.7%	14.0%	25.9%	24.9%	**24,188**
34691	Holiday	Pasco	**4.1**	4	4	5	5	3	46.9%	24.0%	47.3%	16.7%	17.9%	17.0%	17.0%	23.5%	20.1%	**21,674**
33760	Clearwater	Pinellas	**4.1**	3	4	5	4	5	38.7%	29.9%	33.9%	16.3%	38.5%	24.5%	7.0%	18.8%	37.1%	**18,416**
34690	Holiday	Pasco	**4.1**	4	4	4	5	4	48.0%	25.1%	43.4%	18.5%	17.9%	7.6%	10.6%	24.2%	24.5%	**13,213**
34653	New Port Richey	Pasco	**4.0**	4	4	4	5	4	47.0%	18.2%	33.0%	16.7%	15.8%	11.5%	12.1%	23.9%	24.8%	**30,636**
BayCare Alliant Hospital Service Area			**3.4**	2.9	2.8	3.9	3.9	3.6	40.1%	16.0%	31.7%	12.7%	19.3%	12.5%	9.8%	18.4%	23.8%	**632,814**

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

BayCare Health System CNS: 3.9 – 3.5

A select number of socio-economic barriers to healthcare access

Zip	City	County	CNS	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	2010 Tot. Pop.
33770	Largo	Pinellas	**3.8**	3	3	4	5	5	45.9%	12.5%	29.9%	11.8%	18.2%	8.8%	11.7%	21.0%	30.9%	**25,017**
33771	Largo	Pinellas	**3.8**	4	3	4	4	4	48.7%	17.9%	46.6%	15.4%	19.5%	10.3%	9.4%	19.9%	28.7%	**29,008**
33765	Clearwater	Pinellas	**3.7**	3	3	5	4	5	45.6%	16.0%	27.9%	11.7%	32.2%	18.4%	6.9%	16.3%	35.9%	**12,621**
33759	Clearwater	Pinellas	**3.7**	3	3	5	3	5	42.8%	18.9%	21.2%	12.0%	30.2%	20.2%	4.7%	20.2%	38.2%	**18,120**
33764	Clearwater	Pinellas	**3.5**	2	3	4	4	4	40.9%	9.3%	28.8%	11.8%	17.9%	13.0%	8.3%	18.2%	28.2%	**26,269**

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

BayCare Health System CNS: 3.4 – 3.0

A select number of socio-economic barriers to healthcare access

Zip	City	County	CNS	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp%	Uninsu %	Rental %	2010 Tot. Pop.
33773	Largo	Pinellas	**3.4**	2	3	4	4	4	46.8%	8.6%	12.4%	13.1%	17.9%	10.8%	7.7%	16.5%	23.9%	**17,093**
34689	Tarpon Springs	Pinellas	**3.4**	3	2	4	5	3	34.8%	17.6%	44.4%	10.9%	17.5%	15.8%	11.5%	17.8%	17.5%	**26,250**
33778	Largo	Pinellas	**3.3**	3	3	4	4	3	42.4%	8.3%	31.3%	13.1%	19.7%	8.2%	9.6%	16.5%	18.0%	**13,556**
34654	New Port Richey	Pasco	**3.3**	3	4	4	5	2	33.1%	13.5%	38.2%	16.6%	11.5%	7.3%	12.2%	17.8%	13.1%	**22,512**
34698	Dunedin	Pinellas	**3.3**	3	2	4	4	4	42.7%	14.0%	31.0%	10.4%	13.5%	9.4%	10.4%	19.4%	23.7%	**36,331**

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

BayCare Health System CNS: 2.9 – 2.5

A select number of socio-economic barriers to healthcare access

Zip	City	County	CNS	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp%	Uninsu %	Rental %	2010 Tot. Pop.
34684	Palm Harbor	Pinellas	**2.9**	2	2	4	3	4	33.5%	10.0%	22.7%	9.4%	13.4%	8.9%	7.2%	13.7%	22.7%	**25,732**
34677	Oldsmar	Pinellas	**2.8**	2	1	4	3	4	30.6%	8.0%	25.7%	7.8%	22.3%	12.7%	9.0%	10.0%	23.4%	**20,822**
33763	Clearwater	Pinellas	**2.7**	3	2	4	4	2	38.1%	12.4%	33.7%	10.9%	16.8%	11.0%	6.8%	19.2%	14.8%	**18,001**
33761	Clearwater/Largo	Pinellas	**2.5**	2	2	4	4	2	35.9%	8.1%	7.0%	9.7%	13.6%	15.2%	8.8%	14.6%	16.6%	**17,599**
34655	New Port Richey	Pasco	**2.5**	2	2	4	4	2	27.9%	8.9%	22.8%	9.1%	13.8%	9.7%	9.6%	12.0%	13.4%	**40,698**

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

BayCare Health System CNS: 2.4 – 1.0

Lowest level of socio-economic barriers to health care access

Zip	City	County	CNS	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp%	Uninsu %	Rental %	2010 Tot. Pop.
34683	Palm Harbor	Pinellas	**2.3**	2	1	4	4	2	34.1%	6.7%	12.3%	7.1%	10.5%	9.6%	9.5%	11.5%	14.9%	**33,135**
34685	Palm Harbor	Pinellas	**2.2**	2	1	4	2	3	20.4%	8.5%	24.1%	2.8%	13.0%	11.7%	6.4%	6.6%	17.0%	**16,629**
34695	Safety Harbor	Pinellas	**2.0**	2	1	4	2	2	35.2%	5.0%	17.6%	7.5%	15.1%	8.5%	4.5%	11.7%	16.2%	**17,451**
33767	Clearwater Beach	Pinellas	**2.0**	2	1	4	3	1	25.6%	9.6%	40.5%	6.0%	6.5%	18.7%	5.6%	14.5%	11.2%	**7,889**

- Tierra Verde (33715) is the zip code area with the fewest socio-economic barriers to healthcare access with a score of only 1.6 (out of the lowest/fewest barriers score of 1.0). Only 5.7% of the individuals in this area are unemployed; much lower than the state and national rates (8.7% for FL, 7.9% for the U.S.).
- The BayCare Health System regional service area shows a large amount of diversity in CNS; there are some zip code areas that hold CNS values across the majority of the CNS range.
- The BayCare Health System regional service area, however, shows more zip code areas above 4.0 than those 2.0 and below; there are 43 zip codes above 4.0 indicating many barriers to healthcare access; at the same time there are only 8 zip code areas with a CNS of 2.0 or below.

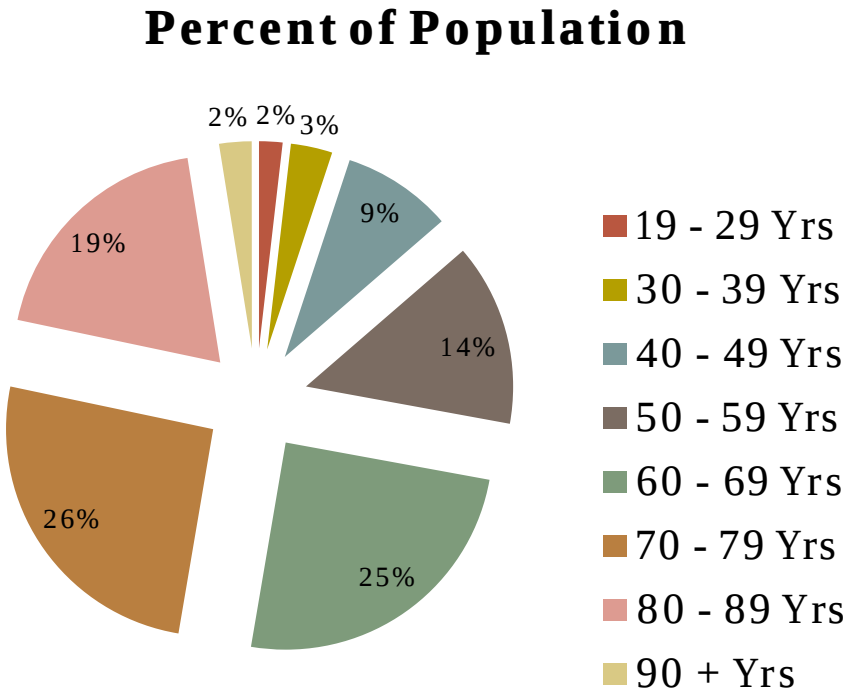
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Patient Population Profile

- The patient population served by BayCare Alliant Hospital is a senior population with 72% being older than 60 years of age.
- The patient population served by BayCare Alliant Hospital is predominantly a Medicare payment population with 3 out of 4 patients using Medicare or Medicare HMO as payment source.
- The majority of patients are being treated for respiratory issues at BayCare Alliant Hospital.

Patient Population - Age

Age Group	Quantity of Patients
90 + Years	18
80 - 89 Years	136
70 - 79 Years	182
60 - 69 Years	176
50 - 59 Years	101
40 - 49 Years	61
30 - 39 Years	23
19 - 29 Years	13
Grand Total	**710**

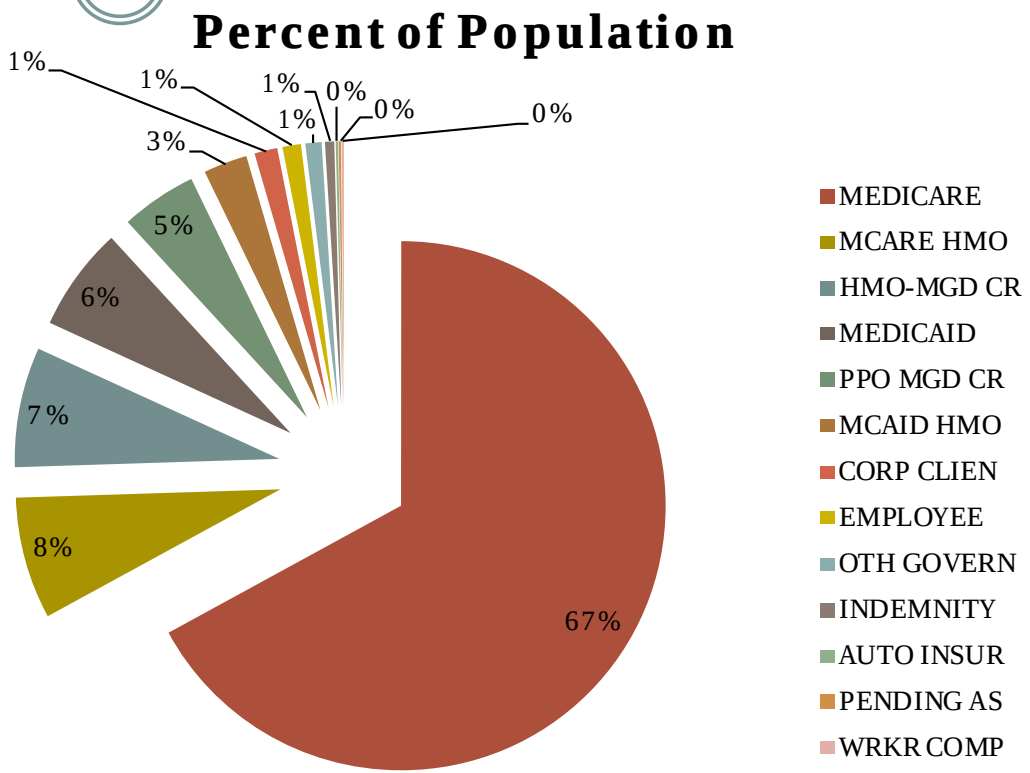


- The patient population served by BayCare Alliant Hospital is a senior population with 72% being older than 60 years of age.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Patient Population – Payment Source

Payment Mix	Quantity of Patients
MEDICARE	476
MCARE HMO	53
HMO-MGD CR	52
MEDICAID	45
PPO MGD CR	33
MCAID HMO	19
CORP CLIEN	10
EMPLOYEE	8
OTH GOVERN	7
INDEMNITY	4
AUTO INSUR	1
PENDING AS	1
WRKR COMP	1
Grand Total	**710**

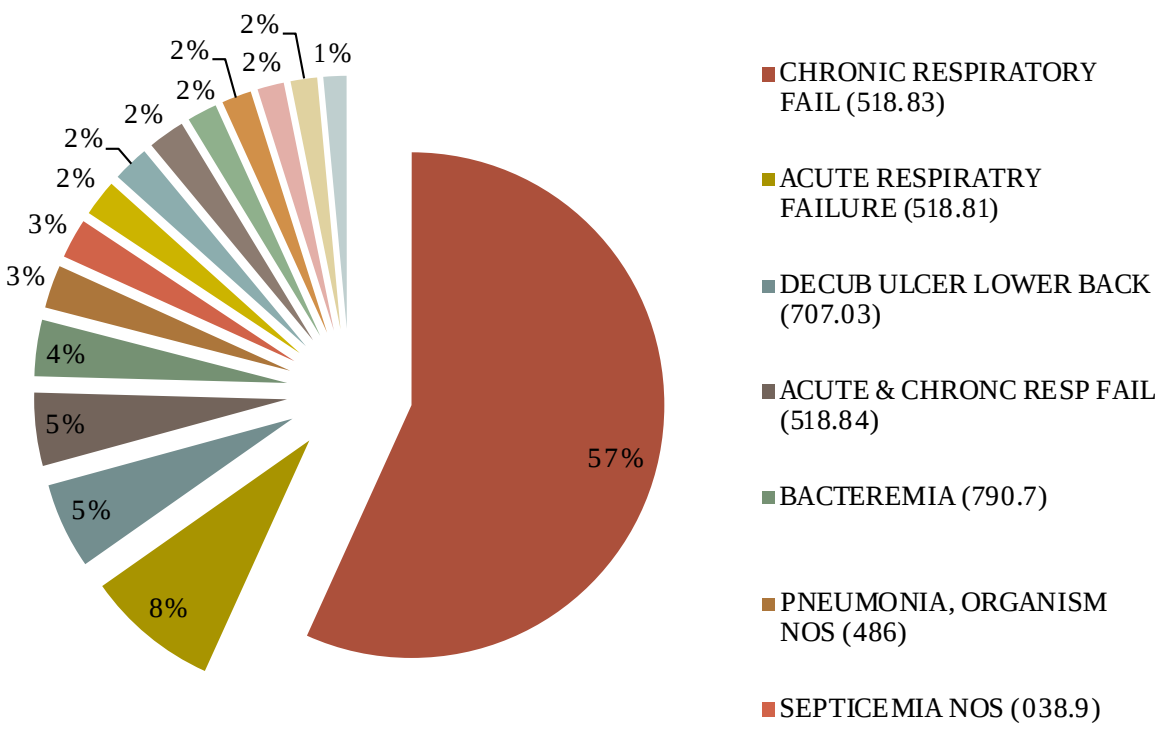


- The patient population served by BayCare Alliant Hospital is predominantly a Medicare payment population with 3 out of 4 patients using Medicare or Medicare HMO as payment source.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Patient Population – Principle Diagnosis

Principal Diagnosis	Quantity of Patients
CHRONIC RESPIRATORY FAIL	268
ACUTE RESPIRATRY FAILURE	40
DECUB ULCER LOWER BACK	26
ACUTE & CHRONC RESP FAIL	22
BACTEREMIA	17
PNEUMONIA, ORGANISM NOS	13
SEPTICEMIA NOS	12
FOOD/VOMIT PNEUMONITIS	11
NON-HEALING SURGCL WOUND	11
OTHER POSTOP INFECTION	11
AC/SUBAC BACT ENDOCARD	9
DM W SP TYPE II OF UNSP	9
AFTERCARE FOLLOW SURGERY OF ORAL & DIGESTIVE NEC	8
CLOSTRIDIUM DIFFICILE (PSEUDOMEMBRANOUS COLITIS)	8
CELLULITIS OF LEG	7



- The majority of patients are being treated for respiratory issues at BayCare Alliant Hospital.

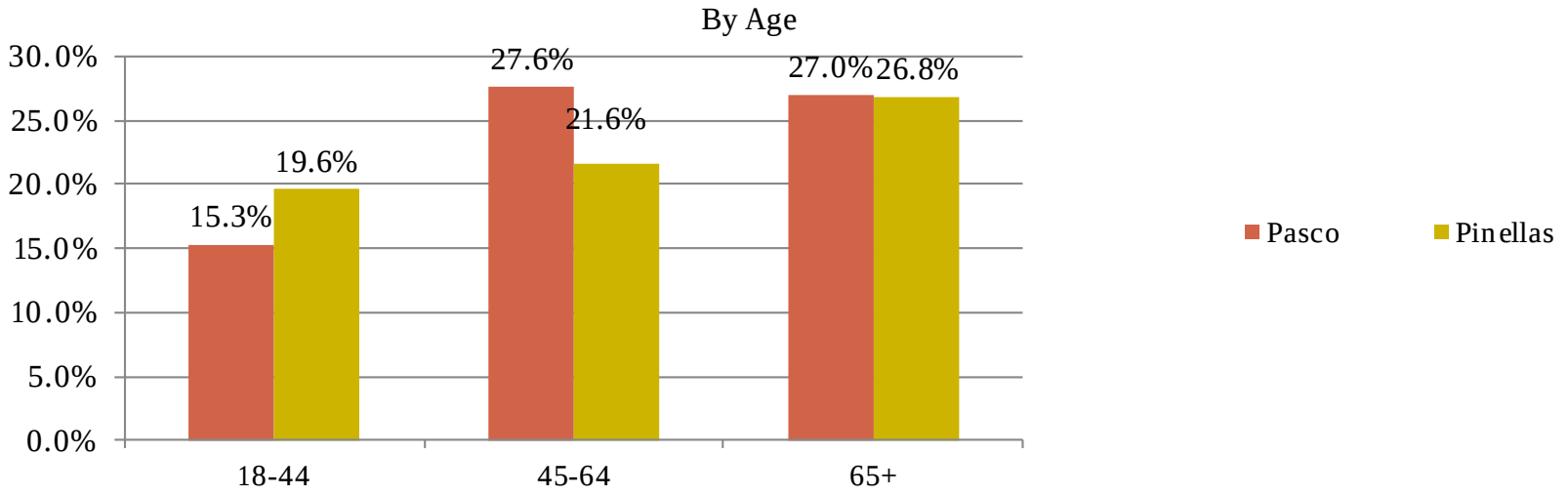
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Healthy Tampa Bay

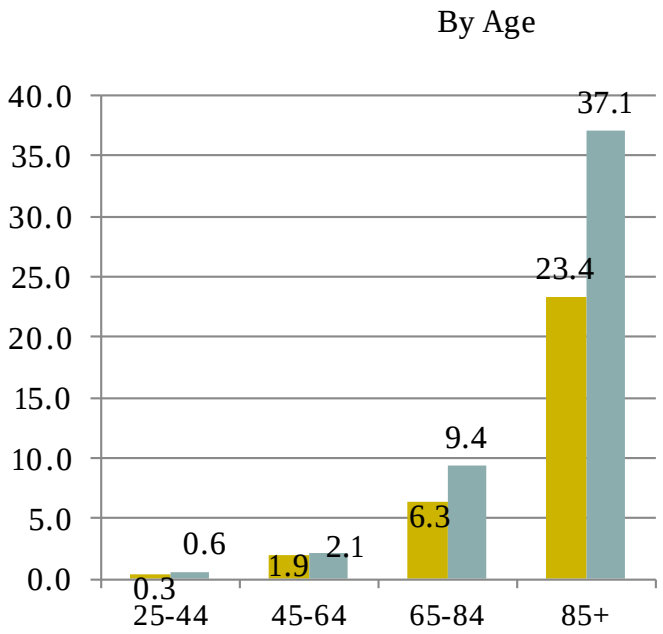
- More than one in 4 adults that are older than 65 in both Pasco (27%) and Pinellas (26%) Counties report that they do not participate in physical activity
- Congestive heart failure (CHF) increases with age as Pasco and Pinellas County both show (29.7 and 46.5 per 10,000 pop. Respectively). Pinellas County shows higher ER rates per 10,000 pop. than Pasco.
- Pinellas County (61.8 per 10,000 pop.) shows a higher ER rate than Pasco County (53.8 per 10,000 pop.) for COPD.
- *It will be important to understand the needs of those seniors at risk of requiring LTAC services that are also members of a disenfranchised and/or underserved population (i.e., under/uninsured).*

Healthy Tampa Bay Data – Adults Who are Sedentary

**percent of adults who do not participate in any leisure-time physical activities (physical activities or exercises other than their regular job).*



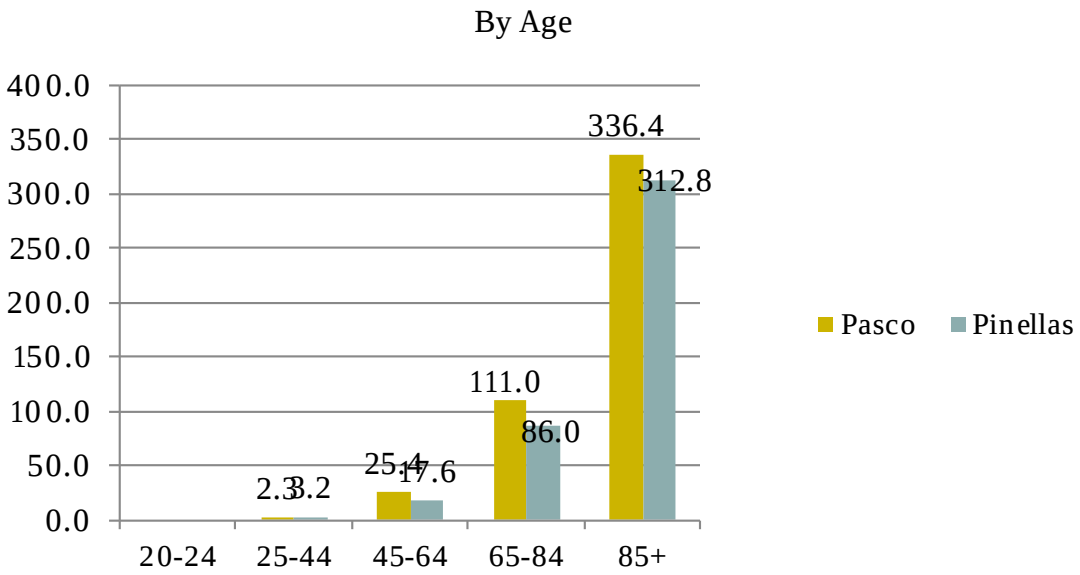
Healthy Tampa Bay Data – ER Rate due to Congestive Heart Failure



shows the average annual age-adjusted emergency room visit rate due to non-hypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.

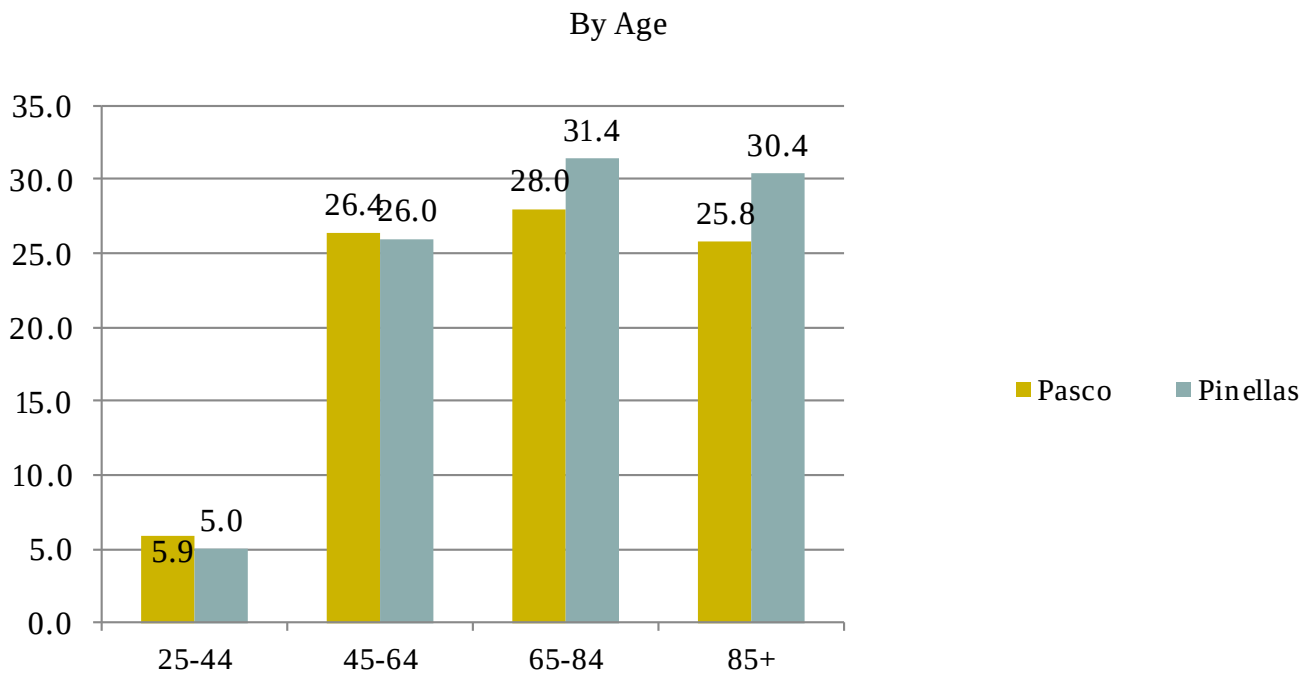
Healthy Tampa Bay Data – Hospitalization Rate due to Congestive Heart Failure

shows the average annual age-adjusted hospitalization rates due to non-hypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.



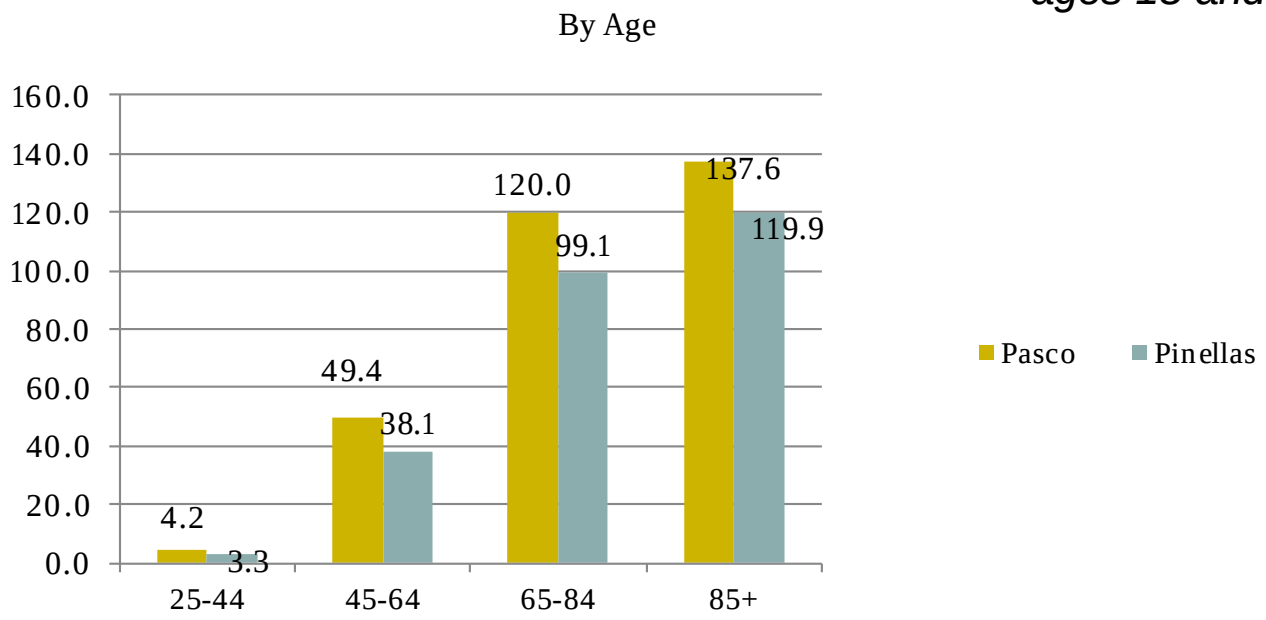
Healthy Tampa Bay Data – ER Rate due to COPD

shows the average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.



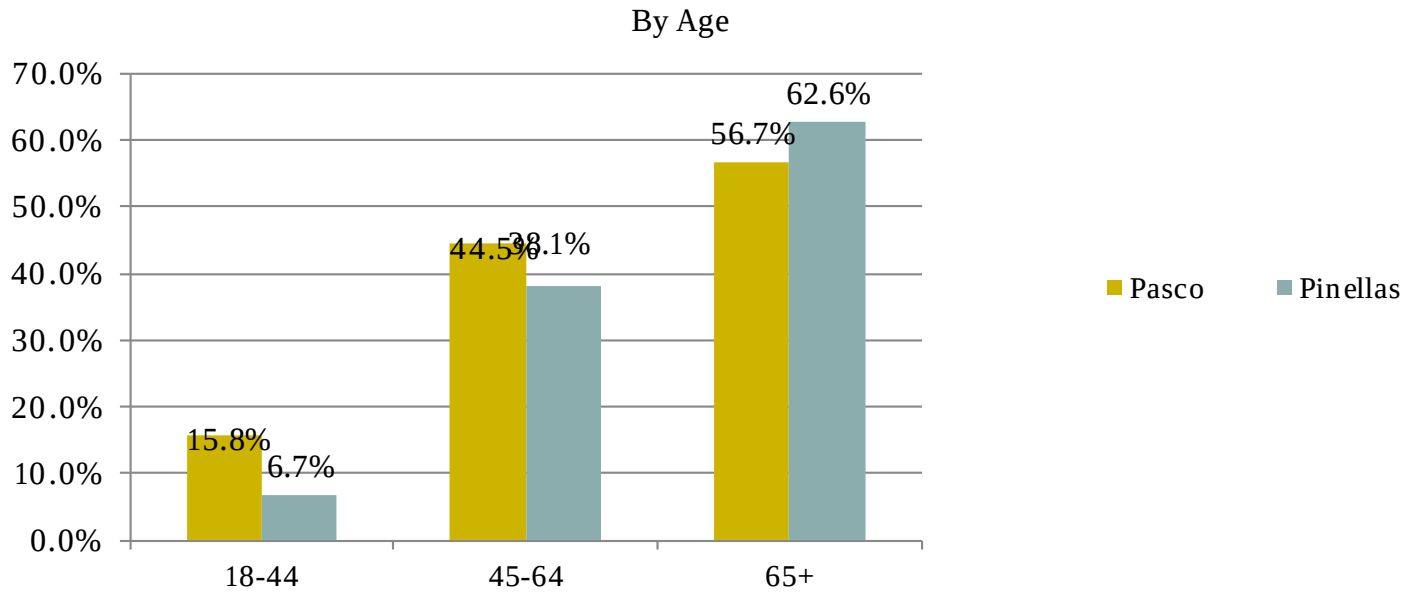
Healthy Tampa Bay Data – Hospitalization Rate due to COPD

shows the average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.



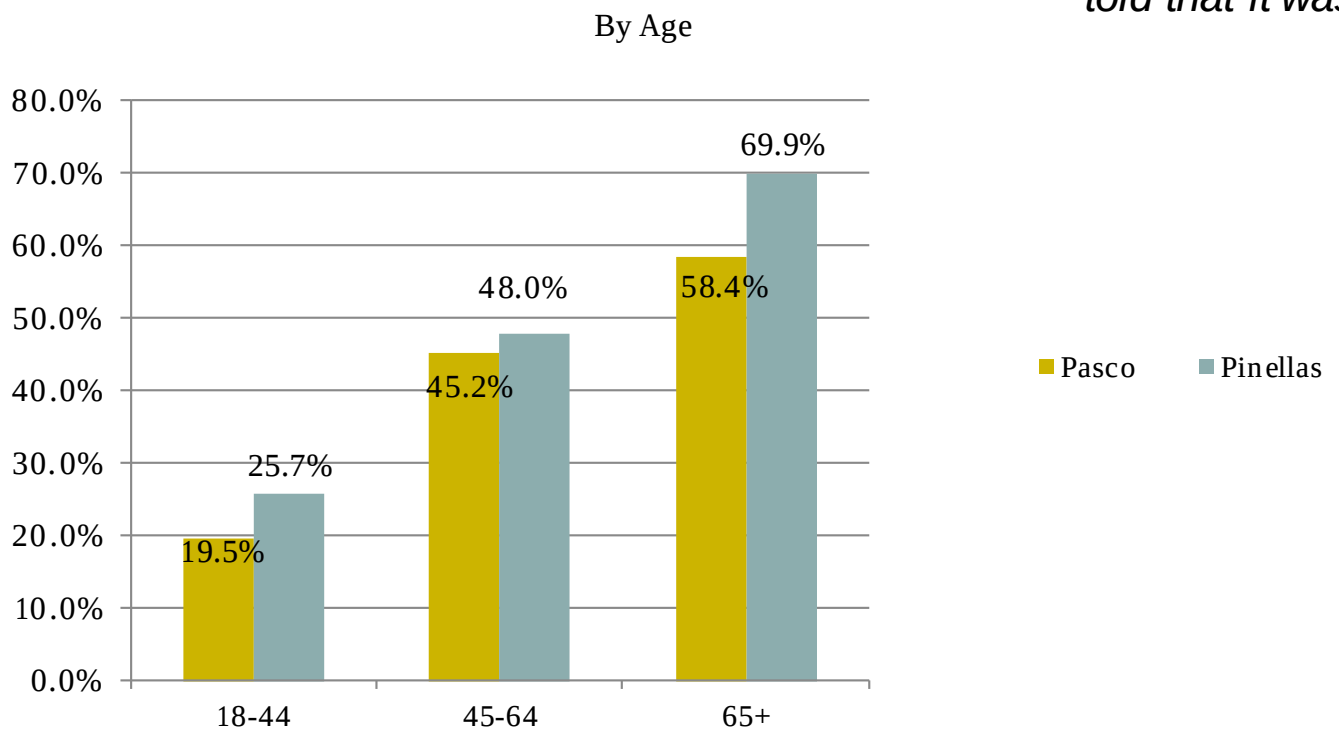
Healthy Tampa Bay Data – High Blood Pressure Prevalence

Percentage of Adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher)



Healthy Tampa Bay Data – High Cholesterol Prevalence

Percentage of Adults who have had their blood cholesterol checked and have been told that it was high.



APPENDIX B

Key Stakeholder Interview Response Set

BayCare Alliant Hospital
October-November, 2012

1. What community do you represent professionally?

1. Tampa Bay area
2. Entire country, most of work in FL
3. Pinellas County
4. Patients that require LTAC services (mostly seniors with some neurological and accident victims)
5. Clearwater-Pinellas County & Tampa Bay area
6. A social worker in hospital settings throughout my career. Right now, I work in a long-term acute care center.
7. West Pasco County
8. Pasco County
9. Pinellas County
10. Brighton Gardens in Tampa
11. City of Dunedin and Pinellas County
12. Suncoast Hospice and its family of programs. We accept many types of insurance, including Medicaid. A majority of our patients are elderly but, we serve anyone needing end-of-life care. This includes babies that are either stillborn or not expected to live very long after birth.

2. Could you please briefly elaborate on how your job position interfaces with community health?

1. RN concurrent reviewer, position is that any patient that interfaces with healthcare facilities and point-of-entry into acute care then follows patient throughout hospitalization.
2. Contract with various hospitals to provide inpatient dialysis program.
3. Interface by providing post-acute rehab services after patients have left hospital, hospice services, involved with community through health fair, education programs (on-site and in community and hospitals).
4. Interacts with the referring medical community and indirectly meets the needs by accepting patients that need a prolonged acute level of care from acute care facilities in the community.
5. Believer in insurance for employees (employees have health insurance). Chairman of the board works to devote the appropriate resources to community health and meeting the needs of the community.
6. I work with discharge planning – aligning patients with community resources, such as equipment, visiting nurses, etc.
7. She is an outside marketer for the community and is involved in community committees. She talks to doctors and professionals in healthcare on a daily basis and also talks to not-for-profit groups due to her involvement with community committees.
8. The health department offers direct services to clients and works collaboratively with local hospitals and community organizations to get services completed and expanded. Collaboration allows for more work to be completed than one can do on their own.
9. Maintains county health data, administers county health programs, Works closely with indigent and the buy back health programs supervised by health department.

10. Executive Director of assisted living and skilled nursing, make all the pieces move, and that everyone is in the right place.
11. On Dunedin Community on Aging, past President of Area agency on aging, Neighborly Care Network… Still interact with all agencies.
12. To be sure our organization fulfills its social mission that ensures people in our community will die well. Often, people die alone, without enough medication, without any support. We want to change the way people die. We want to make sure that people know they can plan their death and they don't have to do it alone.

3. How would you describe a healthy community?

1. Having access to healthcare at a reasonable price.
2. Patient access to care and education on health issues.
3. One that has easier access to get the preventive services that they need, have good education program available, accessible and usable by the elderly population.
    a. How about for other patient populations such as victims of accidents or those who have neurological issues? More access to services. Should have a choice in the facility where they need to go.
4. A community that has access to healthcare (Prophylactic healthcare and maintenance care, education, and facilities for treatment of illness).
5. What to get people back on their feet, which can be difficult when seniors struggle to heal and maintain a quality of life. Making the LYYAC service affordable (required to provide 5% of patient day to the under/uninsured market), currently at 10 or 11% charity care days to the three referenced populations.
6. One with enough resources to be able to meet the needs of the community. We have a high elderly population here in Pinellas County.
7. People who take responsibility for their own health and have resources available to educate them.
8. More collaboration among community organizations. The population will be healthier and understand that there are health risks associated with obesity. More prevention activities and promotion of eating healthy.
9. The places where people live maximizes their potential to be healthy. Healthcare is accessible to all. People are healthy and the environment supports healthy people. There are social determinants of health; also safety, access to healthy produce, education, and housing.
10. One where people are in the appropriate setting receiving appropriate services, most cost-effective, and also the most beneficial to them.
11. Provides recreation and health facilities for children and seniors.
12. I agree with the World Health Organization's definition of a healthy community. We need to continually create and improve our physical and social environments. We need to mutually support each other and develop our own maximum potential. Community health is not a status, it's a process. We need to want it and seek to improve it for ourselves and others. Everyone needs to join in and support their own piece of it.

4. In particular, how would you describe a healthy community of senior citizens?

1. Where there are resources once they are home – transportation, mentor program, programs to help them get around and remind them to get to appointments and just checking in on them, activities to keep their lives more normal.
2. Education and knowing what's available to them, services, and alternatives.
3. Funding – most people who receive services (3/4 patients = long-term care, 70% rely on Medicare funding) don't have stable Medicaid funding.
4. More home assistance and out of hospital assistance is important for seniors, as well as access to other support services that can ensure their well-being as they become more dependent as they get older.
5. Having confidence in the quality of their healthcare system and that healthcare needs are met. Under/uninsured respirator care and specialize in weaning residents. Only facility within 30 miles.
6. We are seeing the younger population of people becoming very sick – not sure if it's because we're not taking care of ourselves, or what.
7. n/a.
8. n/a.
9. n/a.
10. n/a.
11. n/a.
12. n/a.

5. What are some specific health need trends locally/regionally regarding senior care?

1. Acute care setting – huge gap in services, in hospital – good planning with social worker but once discharged, there's nothing to continue to motivate them to continue to go to physician's appointment.
2. Piloting project (Ultimate Care Solutions) in which they are providing dialysis in alternative facilities (assisted facilities); removed the need to transfer patients, less stress for them.
3. Funding – most people who receive services (3/4 patients = long-term care, 70% rely on Medicare funding) don't have stable Medicaid funding.
4. Not sure how things are going to change with the new healthcare legislation that is in place, continuedaccess to primary healthcare for seniors will be more challenging.
5. Baby boomers are a large population that is up and coming and meeting the needs of those seniors and growth rates in senior population. Needs will continue to grow and LTACs will need to be able to provide quality care for a larger population.
6. n/a.
7. People using ER as their doctor. Need more urgent care centers.
8. Obesity, nutrition, and fitness.
9. Cancer has become the number four killer chronic disease. The uninsured has increased significantly over the last two years. Survey showed top needs in the county are D/A substance abuse, chronic disease and behavioral health. Chronic disease due to lifestyles, accidental deaths. Pinellas County is small and densely populated, violence is high, and suicide rates are high. Pinellas County is an aging county Poverty is an indicator of poor overall health due to the economic barriers that exist in areas of highly

concentrated poverty (five zones have been identified of highest concentration of poverty in the county.
10. Mental health services.
11. Transportation for seniors – and daycare for senior citizens – need for additional facilities.
12. Many elderly people wind up in nursing care facilities or back in the hospital earlier than necessary. If they had more support at home with things like shopping, transportation, and monitoring medications they could stay home and be independent longer. These are services that no one wants to pay for. Being in a social group would make the elderly less susceptible to depression and isolation. Medicare pays for the last six months of life. We do have the PACE program, but the state limits the number of people that can participate. PACE needs to be expanded to meet the needs of the community. There are also behavioral health issues related to dealing with dying or the death of a loved one. There needs to be more coordinated care; each service provider needs to know the full story. The healthcare system is somewhat fragmented and people are lost in the cracks.

6. Which target populations locally/regionally do you believe have such health needs?

1. Patients in the 75+ range, Medicaid and welfare population
2. Seniors, undocumented patients, patients struggling with funding (underinsured/no insurance).
3. Seniors and those needing long-term care.
4. Seniors, Accident victims, Neurological consequences.
5. Motorcycle accidents that require long-term needs for rehabilitation.
6. Seems to be in the 40 to 50 year age range, it seems to be getting younger, for example, we have 10 people on our admissions log for today, and half of them are under age 60, and one is in 30's and one 47.
7. Homeless population. Underinsured and uninsured.
8. Across the population. School students.
9. Uninsured; Residents in areas of the highest concentration of poverty
10. 65-70+, often this age group is just grouped as dementia, but mental health is so different than that.
11. Senior citizen community.
12. The elderly, mainly. The behavioral health issues affect younger people, as well.

7. Could you provide us with names of persons or organizations in the community who have a special knowledge of these populations?

1. Not applicable to her position, suggests talking to social workers.
2. DaVita, skilled nursing facility chains (Consulate Health Care – partnered with them).
3. Florida Health Care Association (state association for assisted living facilities and skilled nursing facilities) –very involved with lobbying and legislative fight.
4. Long-term – under/uninsured rehab patients – social service department BayCare Alliant hospital Michelle Sprocket.
5. No.

6. Not sure of any specific names/organizations, but I would say that any hospital who works with these populations would be dealing with the same issues and have knowledge.
7. Metropolitan Ministries (Dan Campbell). Pat Valeri is County Commissioner who started a mobile medical unit for the homeless.
8. Pasco County Health Department. Local universities. United Way. Premier. YMCA. The Healthy Tampa Bay website.
9. Community health center of Pinellas County; The Hispanic outreach center; Neighborhood family centers; Free clinics (100-200% poverty) – St. Petersburg, Hispanic, Clearwater and Glennwood.
10. Don't really know of specific people/places off the top of my head, but Johnny Burt Institute does a lot for Alzheimer's, and there are many good doctors that work with mental health.
11. Neighborly Care Network, Area Agency on Aging (Sally Grandor) – receive federal and state money to provide services for seniors.
12. BayCare Health System. They are non-profit and have similar values. They have a history of outreach to the community. They've studied the community well. BayFront.

8. In order to improve the health of communities, please talk about some of the strengths / resources that communities locally/regionally have to build upon. List strengths / resources that can be built on and describe how those strengths / resources could be used.

Strength #1:

1. Social services question.
2. Skilled nursing facilities – need to open up more partnerships, more collaborative opportunities.
3. Hospital networks have systems in place for following up with patients after discharge, not all are equally effective but those systems are in place.
4. LTAC is local and offers loved ones in the community access and ease of visitation for community members with loved ones requiring longer term healing periods.
5. NONE.
6. We need to focus on certain target populations (i.e., diabetics) to help them with diabetes medications, high blood pressure monitoring and medications, low-cost prescriptions, etc. Need to have more home services in the community.
7. Incredible number of volunteers and lots of philanthropic activity. Community Service Council. Rotary. Veterans of Foreign Wars. Kiwanis organization. As many financial grants go away these local organizations have stepped in.
8. Local hospitals offer great services related to prevention.
9. Rich in resources with info sharing.
10. Geographically, we have lots of opportunities, if we all worked together. We seem to operate in silos, need to communicate with other entities and talk to one another; this would drastically improve the delivery of services. We are less than a mile from St. Joseph's, for example.
11. Neighborly Care Network: Expand services.

12. We do have a good health system, transportation, physicians. And, lots of resources in the community. We need to decide who the right players are, and bring everyone together to collaborate and improve the health of the community.

Strength #2:

1. Social services question.
2. Could not think of a 2nd answer
3. Could not think of a 2nd answer
4. Good options for acute rehab depending on patients insurance.
5. None.
6. Need more transportation issues, the resources are lacking. Need to make more coverage affordable.
7. n/a.
8. n/a.
9. Transportation is available in Southern Pinellas.
10. In your opinion, what do you think are the two most pressing health needs facing residents in local/regional communities you serve, especially the underserved? Please explain why.
11. Mease: expand adult daycare services.
12. I would say that our organization is a community strength. We just celebrated our 35th year anniversary. We have contracts and relationships with every nursing home in the area. We have partnerships with all the disease organizations and offer education and outreach to the community. We also have many other partnerships that help us serve the community. We do anything we can to collaborate with our partners to improve the health of the community. We spent many years building these relationships. We are interwoven into the community. The community would be surprised should our organization cease to exist. Health Care Reform is changing things for all of us. The community needs to know who we are and what we have to offer. We need to get back to our partners and find out what they need from us; redesign our programs, if necessary.

9. In your opinion, what do you think are the two most pressing health needs facing senior residents in local/regional communities you serve, especially the underserved? Please explain why.

Community Issue #1:

1. Social services question.
2. Lack of funding for a growing population.
3. Patients aren't able to/don't want to follow instructions after discharge.
4. Limited awareness that the LTAC exists for placement and easy visitation (patient families and physicians).
5. Average length of stay to ensure the financial viability of the hospital and meet the needs of patients… Underinsured care that requires skilled nursing longer term acute care for extended stays particularly for under/uninsured and Medicaid recipients.

Resources are limited for referrals… Efficiency in systems, services, and insurance provisions.
6. Skilled nursing facilities need to be able to accept patients and provide them with a continuation of care.
7. Lack of education is a huge issue – if individuals have knowledge many of the health and social issues go away. Lack of access to healthcare services in a cost-effective manner. PCPs need to better manage the overall care and treatment of their patients so as to coordinate the care and treatment a patient may be receiving from multiple physicians. Patients need to learn how to better advocate for their healthcare and treatment.
8. Access to healthcare. Chronic diseases.
9. Service industry in the area are lower paying jobs without insurance benefits.
10. Mental health.
11. Transportation for seniors – are some organizations (some free, some charge).
12. The healthcare environment is changing and there is an uncertainly with managed care. On the hospice side we already have reductions in Medicare payments. Physicians are also facing huge cuts. The challenge is how are we going to continue providing services and improving those services with less money.

Community Issue #2
1. Social services question.
2. Could not think of a 2nd answer.
3. Transportation – especially a problem in Pinellas County. More stringent regulations for service; scheduling problems.
4. Under and uninsured have limited long-term rehab options. Limited number of long-term placement for care of un/underinsured patients requiring ventilation services particularly chronically dependent. Often sent out of state. Families cannot visit and it is difficult to determine and ensure quality of care. Particularly, if there is no one visiting and checking up on the patients, stress for families, and patient.
5. Affordable care act is unclear but as the pop grows and become covered with ACA and the expansion of Medicaid. There will be doctors retiring and leaving the industry. Will need to meet needs of a greater pop with fewer resources. Institutions will lose the experience and knowledge of older doctors.
6. Transportation issues, affordable coverage issues.
7. n/a.
8. n/a.
9. There is limited collaboration among counties. Substance abuse was the number one issue recognized in the health survey across Pinellas County with prescription drug use and overdosing. There are not enough resources for mental health and substance abuse services. The services that do exist are stigmatized, have waiting lists and are apart from primary medical facilities.
10. Need an overall comprehensive care management system – often, people spend a lot of time calling 911 and at the ER. Is there a way to get them in the right place, that helps direct people to the right place?

11. Adult daycare services: model at hospital is good, but it's small; maybe hospital should have separate facility specifically for this service.
12. The people are coming to us later and later into their illness for many reasons; fear of hospice, economics. One-third die within seven days of coming to us and even in the ambulance on their way to us. Medicaid only covers six months, sometimes longer, of care. It breaks my heart that they even have to move at that time. The public tells us how much we make a difference with their experience of our end-of-life care. Younger people, even with insurance, don't get the care they need because they either can't afford co-pays or are afraid to take off from work for appointments.

10. In response to the issues that were identified, who do you think is best able to address these issues / problems? How do you think they could address these issues / problems?

1. (Social services question).
2. Local representatives need to be more involved in; any governing bodies overseeing these facilities need to work together more.
3. Hospitals are implementing follow up calling programs.
4. State funding for Medicaid for those that are vent depended.
5. Healthcare costs – institutions need to ensure citizen recognize that healthcare is not free and ALSO identify and utilize efficiencies that exist in the health system. Insurance companies and medical facilities are going to have to work together and collaborate and find efficiencies; Patient expectations will have to be managed through outreach and education; Seniors/ACA/Dr retirements – Health systems are forming and will be needed to maximize efficiencies to provide care to regions on a regional level. BayCare is well positioned to do that with the depth of the continuum of care LTAC/Home health/Hospitals, etc. allows cost-cutting measures while ensuring quality care.
6. I think this becomes an issue for each state, it's a government problem, we're all responsible and all need to look at it as a community.
7. PCPs should be the main coordinator of a patient's care. However, PCPs cannot or do not currently do this.
8. Addressing access to care – Coalitions in the community, Pasco County Health Dept. – it is a collaborative effort. Addressing chronic disease – collaboration within the local business community to get involved in coalition.
9. n/a.
10. A group is needed to address this.
11. n/a.
12. The medical community can take the lead on having these conversations but, it needs to be a collaborative effort of all providers, community leaders, community organizations to figure out how we can solve these problems. I'm sure that we'll need to try different models but we need to be creative and continue to move forward to make it right.

11. Do you believe there are adequate local/regional resources available to address these issues / problems? If not, what are your recommendations?

1. social services question.
2. Unsure.

3. There are private sources helping but this doesn't help the populations that need the help.
4. No.
5. No – baby boomers coming through the system. Is unsure about the ACA as it relates to meeting the needs of the growing population (waiting times will lengthen and doctors will revolve and change continuously.
6. No, not right now – need to do a better job at funding and developing programs, we need to determine what agencies do what to avoid overlap
7. No – currently a huge education piece is missing. But Pasco County Health Department is good source to talk to for those who are uninsured, underinsured, those with HIV/AIDS, etc.
8. The better healthcare organizations collaborate with each other, the less overlap in services. The Pasco County Health Dept. is trying to be the glue to the collaborative effort together. The health deptartment has a lot of resources to work with on the prevention of chronic disease.
9. No. Need more collaboration among local and county governments.
10. We have some resources out there, but they're fragmented. Acute, sub-acute, home health – need someone to pull them together. Individual private/case management—could you put them together?
11. n/a.
12. I would like to see more availability of services for mental health issues. I realize there have been budget cuts but, we need to see where we can make it up in other ways. We need a different acute and post-acute care delivery model that will serve the community better. We need to advocate for public policy changes that may be needed. Such as, increasing funding for PACE to allow them to accept more patients. Keep patients socialized. Have physicians and/or nurses on staff at adult daycare centers. That way they can intervene before the patient's condition gets too serious and requires an expensive and/or lengthy hospital stay.

12. Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible):

1. Florida Medicaid – state has cut back significantly, so people are now much sicker than before when they enter the healthcare system and also don't get adequate follow-up care; welfare patient – need to transfer to higher level of care, very difficult to get them accepted into hospital systems; pediatric patients have access but once they hit 21, services are essentially cut off.
2. Undocumented individuals – without funding, they have no access to care; Baby boomers – are really going to impact senior care across the county – that population is going to be more demanding on what their needs are.

3. Families not having resources that they need – insurance; elderly population is increasing and transportation is an issue and they don't have an ability to understand the care they need when they live on their own.
4. Yes the cut in Medicaid funding – More of a stress on the hospital facility financially. Less so for the patient LTAC is mandated for a safe discharge have to stay indefinitely.
5. Prioritizing the needs of high-acuity patients. Need more skilled nursing facilities in the area. When referrals are needed that have high need and under/uninsured and/or Medicaid recipient, there are very few facilities that will accept these patients. Often, centers are not able (LTACs) accept these types of patients because they cannot then discharge them.
6. Once patients leave the hospital, they have higher acuity needs – i.e., tracheotomy's, ventilators, complex medical needs. We need to provide more medical units to care for them.
7. Due to lack of health education, diabetes, and obesity are at epidemic levels at all age groups. Obesity, exercise, and healthy living are on the back burner until health education is made a priority.
8. Substance abuse. Mental health issues.
9. n/a.
10. Same as everyone is seeing – poor dental care, transportation, people have issues to get to the resources, this can be costly. There is some government assistance, but it is sporadic.
11. n/a.
12. No.

13. Please describe your vision of what the health status locally/regionally should be in within five-10 years for seniors?

1. Sees status declining; employers used to pay a large chunk of health insurance. This now falls on the shoulders of the average worker (paying high deductibles) and they now tend to ignore health problems until things are too severe.
2. Hopes to see it improve because it has to. It's a growing demand so healthcare community is going to be held more accountable and more thought will be given.
3. Not sure – what is the effect going to be of the Affordable Health Care Act going to be? It's going to be more confusing for seniors with new options
4. Awareness of the facilities existence.
5. Have to be able to figure out how we can increase the access to the healthcare resources for the expanding senior population. Improving technologies to reduce costs. Improving diet and exercise to increase the health of seniors to decrease costs.
6. Would like to see people take more stock in their own health – focus on education and preventive care, be healthier, don't smoke, take their medicine, etc.
7. She would like to see more education in local schools on nutrition and healthy living. Need more positive, interactive, family focused health fairs and activities. Focus should

be on health clinics not on medical clinics – "be well, stay well." She would like to see more holistic approaches to medicine rather than first giving a pill. Need incentive programs to stay well – if you participate in an interactive community activity, you get a credit for another activity.

8. Pasco County ranks 34 out of 67 according to Robert Wood Johnson health data indicators. They would like to see the County ranked in top 10 in the nation.
9. There will be health insurance for all and improved health outcomes. Healthcare will become more preventive and less reactive.
10. A system where all services were integrated and talking to one another. Patient-centered program to say "where does this person need to be". Customer satisfaction would go up.
11. Expect for things to improve, needs to be more emphasis on preventive medicine.
12. Physical, emotional, and spiritual needs are met in a coordinated and comprehensive manner, especially for those challenged by illness. Where members strive for the World Health Organization's definition of a healthy community. Where they understand what it is and ask how it relates to them and how do they become a part of community health. Where members engage each other to participate in and improve the health of the community.

14. Do you have any existing data resources (such as reports, survey data, etc.) that you think would be beneficial to use in our research?

1. No, not allowed to release data
2. No-III
3. Yes

Would you be willing to get us a copy or tell us how to access these documents?

- n/a
- They do have county health data available that they will share. CDC will have chronic disease data available by end of November 2013.

15. Any additional comments or questions?

- None at this time.
- Pasco County Health Department is very interested in being involved in the BayCare action plan for this community health needs assessment.
- Need to create fluidity and someone to help manage them. Cost-savings.

APPENDIX C

Community Resource Inventory

BayCare Alliant Hospital
May, 2013

Tripp Umbach completed an inventory of community resources available in the BayCare Alliant Hospital service area using resources identified by internet research and United Way's 211 First Call for Help community resource database. Using the population parameters (senior citizens) and counties which define the BayCare Alliant Hospital community (Pinellas and Pasco) more than 60 community resources were identified with the capacity to meet the community health needs identified in the BayCare Alliant Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the South Florida Baptist Hospital community found that there is at least one and often multiple resources available to meet each identified community health need. The following table meets CHNA community inventory requirements set forth by the IRS. (See Table)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE BAYCARE ALLIANT HOSPITAL CHNA

Organization/Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
211 / FIRST CALL FOR HELP	Pasco	Dr. Nelson Ying Center 1940 Traylor Boulevard Orlando, FL 32804 211 - Call 2-1-1 from service area (407) 839-4357 - Alternative Number	All	More Information	No restrictions	Offers 24-hour telephone information about health and human services in Geauga County. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
211 / FIRST CALL FOR HELP	Pinellas	14155 58th St N, Suite 211, Clearwater, FL 33760	All	More Information	No restrictions	Offers 24-hour telephone information about health and human services in Geauga County. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
ADULT INTENSIVE OUTPATIENT CHEMICAL DEPENDENCY SERVICES	Pinellas	500 Dr. Martin Luther King Street N, Suite 202, Saint Petersburg, FL 33702 (727) 820-7747	33702	More Information	Adults with substance abuse related issues	Chemical Dependency Intensive Outpatient Program (CD-IOP). Group therapy model and is offered three days a week, three hours per day. A confidential assessment will be provided to develop an individualized treatment plan. Services include group therapy and educational services that cover a wide range of treatment issues. Accepts Medicare, Medicare HMO and Medicaid HMO. Insurance may pay for all or part of the treatment programs. English and Spanish.	*	x		x				x	x		x	x		x								*		x		x	x			
ADULT INTENSIVE OUTPATIENT CHEMICAL DEPENDENCY SERVICES	Pinellas	1106 Druid St. South, #201, Clearwater, FL 33756 (727) 584-6266	33756	More Information	Adults with substance abuse related issues	Chemical Dependency Intensive Outpatient Program (CD-IOP). Group therapy model and is offered three days a week, three hours per day. A confidential assessment will be provided to develop an individualized treatment plan. Services include group therapy and educational services that cover a wide range of treatment issues. Accepts Medicare, Medicare HMO and Medicaid HMO. Insurance may pay for all or part of the treatment programs. English and Spanish.	*	x		x				x	x		x	x		x								*		x		x	x			
ADULT INTENSIVE OUTPATIENT CHEMICAL DEPENDENCY SERVICES	Pinellas	300 Pinellas Street MS #137, Clearwater, FL 33756 (727) 841-4430	33756	More Information	Adults with substance abuse related issues	Chemical Dependency Intensive Outpatient Program (CD-IOP). Group therapy model and is offered three days a week, three hours per day. A confidential assessment will be provided to develop an individualized treatment plan. Services include group therapy and educational services that cover a wide range of treatment issues. Accepts Medicare, Medicare HMO and Medicaid HMO. Insurance may pay for all or part of the treatment programs. English and Spanish.	*	x		x				x	x		x	x		x								*		x		x	x			
ADULT PARTIAL HOSPITALIZATION PROGRAM FOR MENTAL HEALTH & CO-OCCURRING	Pinellas	500 Dr. Martin Luther King Street N, Suite 202, Saint Petersburg, FL 33702 (727) 820-7747	33702	More Information	Adults	The Partial Hospitalization Program (MH-PHP) and Intensive Outpatient Program (MH-IOP)are designed for adults who need a more intensive level of treatment than individual therapy can provide. Services include group therapy and educational services that cover a wide range of treatment issues. A confidential assessment will be provided to develop an individualized treatment plan. This treatment is based on a group therapy model and is offered daily, Monday to Friday. Transportation is available. Accepts Medicare, HMO/PPO/Managed Care, Straight fee for service. Sliding scale available payment plans are also available.	*	x		x				x	x		x	x		x								*		x		x	x			
ADULT PARTIAL HOSPITALIZATION PROGRAM FOR MENTAL HEALTH & CO-OCCURRING	Pinellas	Harbor Multi-Purpose Center-Clearwater 300 Pinellas Street MS #137, Clearwater, FL 33756 (727) 584-6266	33756	More Information	Adults	The Partial Hospitalization Program (MH-PHP) and Intensive Outpatient Program (MH-IOP)are designed for adults who need a more intensive level of treatment than individual therapy can provide. Services include group therapy and educational services that cover a wide range of treatment issues. A confidential assessment will be provided to develop an individualized treatment plan. This treatment is based on a group therapy model and is offered daily, Monday to Friday. Transportation is available. Accepts Medicare, HMO/PPO/Managed Care, Straight fee for service. Sliding scale available payment plans are also available.	*	x		x				x	x		x	x		x								*		x		x	x			
ADULT PARTIAL HOSPITALIZATION PROGRAM FOR MENTAL HEALTH & CO-OCCURRING	Pinellas	1100 Clearwater-Largo Road, Clearwater, FL 33770 (877) 692-2922	33770	More Information	Adults	The Partial Hospitalization Program (MH-PHP) and Intensive Outpatient Program (MH-IOP)are designed for adults who need a more intensive level of treatment than individual therapy can provide. Services include group therapy and educational services that cover a wide range of treatment issues. A confidential assessment will be provided to develop an individualized treatment plan. This treatment is based on a group therapy model and is offered daily, Monday to Friday. Transportation is available. Accepts Medicare, HMO/PPO/Managed Care, Straight fee for service. Sliding scale available payment plans are also available.	*	x		x				x	x		x	x		x								*		x		x	x			
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough, Pasco, Pinellas	3575 Old Keystone Road Tarpon Springs FL 34689 727-942-4181	34689	More Information	Adults 18 & up with a co-occurring disorder (substance abuse and mental health)	This is a residential program for male and female adults with mental health and substance abuse disorders that require a high quality program designed and professionally staffed to meet the needs of individuals and their families.	*	x						x	x		x	x			*							x	*	x	x				
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough, Pasco, Pinellas	4403 W Martin Luther King Jr Blvd Tampa FL 33614 813-879-1649	33614	More Information	Veterans and homeless.	Provides mental health and residential services for veterans and homeless individuals.	*	x						x	x		x	x			*							x	*	x	x				
ALL CHILDREN'S HOSPITAL	Pinellas	801 6th Street South, Saint Petersburg, FL 33701 (727) 767-4188	33701	More Information	No Restrictions	Provides Applied Behavioral Analysis for Children, Cancer Clinics for Children, Cardiovascular Medicine for Children, Children's Hospitals, Diabetes Management Clinics for Children, General Medical Care for Children, Gynecology Services, Infectious Disease Specialty for Children, Intensive Care for Children, Neurology for Children, Nutrition Education for Children, Pediatric Immunology for Children, Pediatric Surgery for Children, and educational programs on child health, child safety, and child advocacy issues.	*	x		x			x	x		x	x		x	*		x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	
AMERICAN LUNG ASSOCIATION OF FLORIDA	Pinellas	Gulfcoast Area 8950 Dr. M L King St. N, Suite 205, Saint Petersburg, FL 33702 (727) 347-6133	33702	More Information	No Restrictions	The American Lung Association is the oldest voluntary health organization in the United States, with a National Office and constituent and affiliate associations around the country. Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms, with special emphasis on asthma, tobacco control and environmental health.	*							x			x		x	*	x		x	x	x	x		*		x		x	x			
AREA AGENCY ON AGING OF PASCO-PINELLAS	Pinellas and Pasco	12417 Clock Tower Parkway Suite # 201 Hudson, FL 34667 (800) 963-5337 Referral through the Senior Helpline - 1-800-96-ELDER (727) 217-8111 Senior Helpline Out of area inquiries, call local number (727) 570-9696 Administrative	34667	More Information	Seniors and adults with mental illness.	Provides access to services for seniors and adults with mental illness.	*	x	x	x	x			x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x

Organization/Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
AREA AGENCY ON AGING OF PASCO-PINELLAS	Pinellas and Pasco	9887 4th Street North, Suite 100, St. Petersburg, FL 33702 Phone: (727) 570-9696 Senior Helpline: (727) 217-8111 Pinellas County: 727-217-8111 Pasco County: 1-800-861-8111	33702	More Information	Seniors and adults with mental illness.	Provides access to services for seniors and adults with mental illness.	*	x	x	x	x			x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
AREA AGENCY ON AGING OF PASCO-PINELLAS - SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE)	All	9549 Koger Blvd., Gadsden Building, Suite 100 Saint Petersburg, FL 33702 (800) 963-5337	All	More Information	Persons age 60 and over or those on Medicare.	Long Term Care Insurance Information/Counseling, Medicare Information/Counseling, Medicare Part D Low Income Subsidy Applications, Medicare Prescription Drug Plan Enrollment, Prescription Drug Patient Assistance Programs. English, Spanish	*	x			x		x				x	x	x										*								x
BAYCARE ALLIANT HOSPITAL	Pinellas and Pasco	601 Main Street Dunedin, FL 34698 Administration: (727) 734-6748	34698	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x		x		x	x	x	x		x	x	x	x	*	x	x	x	x	x	x	x	x	*		x	x	x	x		x	
BAYCARE BEHAVIORAL HEALTH INC	Pasco	14527 7th Street Dade City, FL 33523 (352) 521-1474 Main (727) 841-4120 Service/Intake	33523	More Information	No Restrictions	Offers health education, information and referral, mental health and substance abuse services.	*	x							x		x	x											*		x	x		x			x
BAYCARE BEHAVIORAL HEALTH INC	Pasco	7809 Massachusetts Avenue New Port Richey, FL 34653 (727) 841-4120 Service/Intake	34653	More Information	No Restrictions	Offers health education, information and referral, mental health and substance abuse services.	*	x							x		x	x											*		x	x		x			x
BAYCARE BEHAVIORAL HEALTH INC	Pasco	8002 King Helie Boulevard New Port Richey, FL 34653 (727) 841-4430 Service/Intake	34653	More Information	No Restrictions	Offers health education, information and referral, mental health and substance abuse services.	*	x							x		x	x											*		x	x		x			x
BOLEY CENTERS	Pinellas	Admissions Department (727) 499-2352 Administrative Office 445 31st St. N. St. Petersburg, FL 33713 Phone - (727) 821-4819	33713	More Information	Adults with mental health issues	Provides mental health services and substance abuse services when co-occurring. Medicare and Medicaid are accepted when services are covered.	*	x							x		x	x			*							x	*	x	x			x			x
CARES 5A	Central & Southern Pinellas County	11351 Ulmerton Rd., Suite 303, Largo, FL 33778 727-588-6882	33778	More Information	Seniors	Department of Elder Affairs preadmission screening program for nursing facility or alternative placement	*	x							x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CARES 5B	North Pinellas, Pasco	2525 Seven Springs Blvd., New Port Richey, FL 34655 727-376-7152	34655	More Information	Seniors	Department of Elder Affairs preadmission screening program for nursing facility or alternative placement	*	x							x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CARES CLAUDE PEPPER SENIOR CENTER	Pasco	Contact: Lee Fenton 6640 Van Buren Street, New Port Richey, FL 34653 Phone: 727-844-3077 Fax: 727-849-6124	34653	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs.	*	x							x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CARES CRESCENT ENRICHMENT CENTER	Pasco	13906 Fifth Street Dade City, FL 33525	33525	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs.	*	x							x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CARES ELFERS MULTIPURPOSE SENIOR CENTER	Pasco	Contact: Kay Fusselman PO Box 948 (Barker Dr & Grey Ave), Elfers, FL 34690 Phone: 727-847-1290 Fax: 727-848-0921	34690	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs.	*	x							x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CARES HUDSON BAYONET POINT ENRICHMENT CENTER	Pasco	Contact: Pat Babinetz 12417 Clock Tower Parkway, Hudson, FL 34667 Phone: 727-863-6868 Fax: 727-869-7057 Email: Pbabinetz@CaresFL.com	34667	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs. This center is also a Dining Site for seniors of West Pasco	*	x							x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CATHOLIC CHARITIES, DIOCESE OF ST PETERSBURG, INC.	Pinellas	1213 16th Street North, St Petersburg, FL 33705 (352) 686-9897 Respite Care (727) 893-1313 Administrative (800) 242-9012 Toll Free - Spring Hill Office (813) 707-7376 Service-Intake - Mobile Medical at San Jose Mission (727) 893-1307 Fax email: slopez@ccdosp.org	33705	More Information	No restrictions	Adoption and Foster/Kinship Care Support Groups, Caregiver Counseling, Caregiver Training, Caregiver/Care Receiver Support Groups, Family Support Centers/Outreach, Specialized Information and Referral for Caregivers, Adult Respite Care, Adult Respite Care for Alzheimer's Disease and Dementia, Adult Respite Care for Caregivers, Activities of Daily Living Assessment, Case/Care Management for Older Adults, Geriatric Assessment, Specialized Information and Referral for Older Adults, Mobile Health Care, Mobile Health Care for Low Income, Specialized Medical Tests, Specialized Medical Tests for Low Income Community Shelters, Community Shelters for Adults With Disabilities, Low Income/Subsidized Private Rental Housing for Older Adults, Health Related Temporary Housing for AIDS/HIV, Low Income/Subsidized Private Rental Housing for AIDS/HIV, Transitional Housing/Shelter for AIDS/HIV, Transitional Housing/Shelter for Migrants, Citizenship Assistance Centers, Comprehensive Immigration/Naturalization Services, Immigrant Benefits Assistance, Immigrant Legalization/Registry, Immigrant Visa Application Filing Assistance, Immigrant/Refugee Employment Programs, Specialized Information and Referral for Immigration Issues, Adoption Counseling and Support, Adoption Evaluation/Placement, Adoption Information, Adoptive Home Studies, Parent Counseling, Parent Support Groups, Parenting Skills Classes, Postabortion Counseling, Preadoptive Foster Care, Pregnancy Counseling, Teen Expectant/New Parent Assistance, Substance Abuse Assessment	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x	x
CITY OF CLEARWATER	Pinellas	Aging Well Center 1501 North Belcher Road, Clearwater, FL 33765 (727) 724-3070 Service/Intake	33765	More Information	Seniors	Services: AARP Tax Aide Programs, Adult Literacy Programs, Art Therapy for Older Adults, Arts and Crafts Clubs for Older Adults, Computer and Related Technology Classes for Older Adults, Exercise Classes/Groups for Older Adults, Fall Prevention Programs, Lifelong Learning Programs, Medicare Information/Counseling, Physical Activity and Fitness Education/Promotion for Older Adults, Public Internet Access Sites for Older Adults, Recreation Centers, Senior Centers, Specialized Telecommunications Equipment	*	x							x		x	x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x	x	x	x	x
CLEARWATER FREE CLINIC	Pinellas	707 N Fort Harrison Avenue, Clearwater, FL 33755 (727) 447-3041 Main (727) 442-0320 Fax	33755	More Information	Pinellas County adult residents meeting eligibility criteria	Adult primary care, wellness and prevention services, lab services, pharmacy services, case and disease management, nutrition and education, referrals to specialists, cancer screenings, dental referrals for relief of pain.	*	x						x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x	x	x	x	x
COMMUNITY HEALTH CENTERS AT BAYFRONT	Pinellas	700 6th Street South, St. Petersburg, FL 33701-4815 Phone: (727) 824-8181 Fax: (727) 893-6435	33701	More Information	No Restrictions	Family Practice, Podiatry, Behavioral Health & Substance Abuse	*	x						x	x		x	x	x		*	x	x	x	x	x	x	x	*		x	x	x	x		x	x
COMMUNITY HEALTH CENTERS AT CLEARWATER	Pinellas	707 Druid Road East, Clearwater, FL 33756 Phone: (727) 461-1439	33756	More Information	No Restrictions	Family Practice, Pediatrics, Sports Medicine, Gynecological/ Women Services, Registered Dietician	*	x						x	x			x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	x
COMMUNITY HEALTH CENTERS AT LARGO	Pinellas	12420 130th Avenue North, Largo, FL 33774 Phone: (727) 587-7729	33774	More Information	No Restrictions	Family Practice	*	x						x	x			x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	x

Organization/Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
COMMUNITY HEALTH CENTERS AT TARPON SPRINGS	Pinellas	247 South Huey Ave, Tarpon Springs, FL 34689 Phone: (727) 944-3828	34689	More Information	No Restrictions	Family Practice, Pediatrics	*	x					x	x			x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	x
COMMUNITY HEALTH CENTERS OF PINELLAS	Pinellas	CEO: Pat Mabe CMO: Julie Cheek, MD Finance Director: Daniel Kennedy Pharmacy Director: Tayanna Richardson Key Contact: Joseph A. Santini 1344 22nd Street South, St. Petersburg, FL 33712 Phone: (727) 824-8100 Fax: (727) 895-3724	33712	More Information	No Restrictions	Administrative Location	*	x		x								x				*								*		x	x					x
COMMUNITY HEALTH CENTERS OF PINELLAS	Pinellas	Johnnie Ruth Clarke Health Center 1344 22nd Street South, St. Petersburg, FL 33712 Phone: (727) 821-6701	33712	More Information	No Restrictions	Family Practice, Pediatrics, Midwifery, OB/GYN, X-Ray, Ultrasound, Pharmacy (All Sites), Prescription Assistance Program (All Sites), Registered Dietician, Dental	*	x					x	x	x		x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	x
COUNSELING OUTREACH PREVENTION & EDUCATION (COPE)	Pinellas	1735 Martin Luther King St. South, Saint Petersburg, FL 33705 (727) 502-0188	33705	More Information	Individuals within the transgender community seeking help for substance abuse or HIV risk factors.	Provides targeted outreach, pretreatment and HIV prevention interventions, and outpatient substance abuse services. Treatment approaches include motivational enhancement therapy, cognitive behavioral therapy, and transgender HIV prevention. Posted classes will also be offered to those individuals who are HIV positive. Spanish speaking counselor available for Spanish ONLY speaking clients.	*	x		x				x		x	x		x	*					x		x	*		x			x				
DIRECTIONS FOR LIVING	Pasco	West Pasco Center (Behind Community Hospital) (Outpatient Counseling & Psychiatric Services, All Ages) 5642 Meadowlane Street New Port Richey, Florida 34652 Phone: (727) 847-4465	34652	More Information	No Restrictions	Offers mental health, information and referral, and case management services. Provides outpatient substance abuse treatment, drug abuse education/prevention, and substance abuse counseling.	*	x						x		x	x		x	*					x		*	x	x	x	x	x			x
DIRECTIONS FOR LIVING	Pinellas	Largo Center (Oakwoods Industrial Park) (Children's Specialty Center) 8823 - 115th Avenue North Largo, Florida 33773 Phone: (727) 547-4566	33773	More Information	Children	Offers mental health, information and referral, and case management services. Provides outpatient substance abuse treatment, drug abuse education/prevention, and substance abuse counseling.	*	x						x		x	x		x	*					x		*	x	x	x	x	x			x
DIRECTIONS FOR LIVING	Pinellas	Dependency Case Management (Starkey Lakes Facility) 8550 Ulmerton Road, Suite 130 Largo, Florida 33771 Phone: (727) 456-0600	33771	More Information	Children and families	Offers mental health, information and referral, and case management services. Provides outpatient substance abuse treatment, drug abuse education/prevention, and substance abuse counseling.	*	x						x		x	x		x	*					x		*	x	x	x	x	x			x
DIRECTIONS FOR LIVING	Pinellas	Diversion Services (Starkey Lakes Facility) 8550 Ulmerton Road, Suite 145 Largo, Florida 33771 Phone: (727) 524-4464	33771	More Information	Children and families	Offers mental health, information and referral, and case management services. Provides outpatient substance abuse treatment, drug abuse education/prevention, and substance abuse counseling.	*	x						x		x	x		x	*					x		*	x	x	x	x	x			x
DIRECTIONS FOR LIVING	Pinellas	Clearwater Center (Outpatient Counseling & Psychiatric Services, Adults) 1437 South Belcher Road Clearwater, Florida 33764 Phone: (727) 524-4464	33764	More Information	Adults	Offers mental health, information and referral, and case management services. Provides outpatient substance abuse treatment, drug abuse education/prevention, and substance abuse counseling.	*	x						x		x	x		x	*					x		*	x	x	x	x	x			x
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES	Pinellas	14041 Icot Blvd, Clearwater, FL 33760 (727) 479-1800	33760	More Information	No Restrictions	Provides mental health services including substance abuse. Part of Florida BRITE pilot research study. Sliding Scale; Most insurance; Medicaid; self pay. Need picture ID, insurance information and proof of income.	*	x		x				x		x	x	x	x									*	x	x		x	x			x
MEASE COUNTRYSIDE HOSPITAL	Pinellas and Hillsborough	3231 McMullen Booth Rd. Safety Harbor, FL 34695 (727) 725-6111	34695	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x		x		x	x	x		x	x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	
MEASE DUNEDIN HOSPITAL	Pinellas	601 Main Street Dunedin, FL 34698 (727) 733-1111	34698	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x		x		x	x	x		x	x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	
MORTON PLANT HOSPITAL	Pinellas	300 Pinellas Street Clearwater, FL 33756 (727) 462-7000	33756	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x		x		x	x	x		x	x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	
PASCO COUNTY HEALTH DEPARTMENT	Pasco	13941 15th Street Dade City, FL 33525 (352) 521-1450	33525	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	5640 Main Street Suite 100 New Port Richey, FL 34652 (727) 841-4425	34652	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	4135 Land O'lakes Boulevard Land O Lakes, FL 34639 (813) 558-5173	34639	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	11611 Denton Avenue Hudson, FL 34667 (727) 861-5661	34667	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	4717 Airport Road Zephyrhills, FL 33542 (813) 780-0740	33542	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	10841 Little Road, New Port Richey, FL 34654 (727) 861-5250 Main (727) 862-4230 Fax	34654	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	2435 U.S. Hwy 19, Suite 105, Holiday, FL 34690 (727) 943-5505	34690	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x		x		x	x	x	x		x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x		x	x	x
PASCO COUNTY HUMAN SERVICES DIVISION	Pasco	8620 Galen Wilson Boulevard, Port Richey FL 34668-5973 727-834-3297	34668	More Information	Residents of Pasco County	Provides access to primary, preventive, dental, mental and specialty care.	*	x				x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	205 Martin Luther King Street North, St Petersburg, FL 33701 (727) 824-6900 Main (727) 820-4285 Fax email: PinCHD52Info@doh.state.fl.us	33701	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	x		x		x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	310 North Myrtle Avenue, Clearwater, FL 33755 email: PinCHD52Info@doh.state.fl.us (727) 469-5800 Main	33755	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	x		x		x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x

Organization/Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	12420 130th Avenue North, Largo, FL 33774 email: PinCHD52Info@doh.state.fl.us (727) 588-4040 Main (727) 588-4010 Fax	33774	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	x		x		x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	301 South Disston Avenue, Tarpon Springs, FL 34689 email: PinCHD52Info@doh.state.fl.us (727) 942-5457 Main (727) 942-5467 Fax	34689	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	x		x		x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	37920 Medical Arts Court Zephyrhills, FL 33541 (727) 645-4185 Service/Intake	33541	More Information	No Restrictions	Primary, preventive, dental and pediatric care, nutrition and lifestyle education, smoking cessation, Diabetes management.	*	x		x	x	x		x	x	x	x		x	*	x	x	x	x	x	x	x	*		x		x	x	x	x	
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	37944 Pasco Avenue Suite A Dade City, FL 33525	33525	More Information	No Restrictions	Provides mental health care for adults. Also provides general health care for women of all ages. Services include, baby care education and counseling, pregnancy testing and family planning, OB/GYN, certified nurses and midwife services.	*	x		x		x	x	x		x	x		x	*	x	x	x	x	x	x	x	*	x	x			x	x		x	
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	37944 Church Avenue Dade City, FL 33525 (352) 518-2000 Service/Intake	33525	More Information	No Restrictions	Primary, preventive, dental and pediatric care, nutrition and lifestyle education, smoking cessation, Diabetes management.	*	x		x	x	x		x	x	x	x		x	*	x	x	x	x	x	x	x	*		x		x	x	x	x	
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	2114 Seven Springs Blvd., Trinity, FL 34655 Phone: (727) 645-4185 or (352) 518-2000: Option 5	34566	More Information	No Restrictions	Primary, preventive and pediatric care, nutrition and lifestyle education, smoking cessation, Diabetes management.	*	x		x	x	x		x		x	x		x	*	x	x	x	x	x	x	x	*		x		x	x	x	x	
ST. ANTHONY'S HOSPITAL	Pinellas	620 10th St. N. St. Petersburg, 33705	33705	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x		x		x	x	x		x	x	x	x	*	x	x	x	x	x	x	x	*		x	x	x	x		x	
SUNCOAST CENTER	Pinellas	3800 Central Avenue, St . Petersburg, FL 33711 727-323-2528	33711	More Information	Seniors	Community Care for the Elderly county lead agency. Provides case management and in-home services to qualified elders.	*	x						x				x	x										*		x	x					x
SUNCOAST HOSPICE	Hillsborough, Pasco, Pinellas	5771 Roosevelt Blvd., Clearwater, FL 33760 (727) 586-4432	33760	More Information	No Restrictions	Provides dignified palliative care to the dying people of the community; to assure the long-term mental and physical health and general well being of survivors; to enhance the care of all dying people in the community by education and example; and to serve as a symbolic reminder to the community that death is a part of life for all.	*	x		x		x	x	x			x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
TRIDENT BEHAVIORAL HEALTHCARE, INC.	Pasco	6133 Us Highway 19 New Port Richey, FL 34652 (727) 842-6900 Main (727) 842-6902 Fax	34652	More Information	No Restrictions	Provides mental health care and substance abuse counseling. Sliding fee scale is available.	*	x						x		x	x												*		x	x		x			x
TURLEY FAMILY CARE CENTER - MEDICAL HOME SITE	Pinellas	807 North Myrtle Avenue Clearwater, FL 33755-4254 (727) 464-8400	33755	More Information	Eligible residents of Pinellas County	Primary care for adults (18-64), Wellness & prevention services, Lab services, Pharmacy services, Case & disease management, Nutrition & education, Referrals to specialists, Cancer screenings, Dental referral assistance is available for EXTRACTION ONLY for "relief of pain".	*	x					x	x	x		x			*		x	x	x	x	x	x	*		x	x				x		
YOUTH AND FAMILY ALTERNATIVES, INC. - WEST PASCO COUNTY	Pasco	7524 Plathe Road New Port Richey, FL 34653 (727) 835-4166 Main	34653	More Information	Youth 8-17	Provides Adolescent/Youth Counseling for Substance Abusers, Alcohol Abuse Education/Prevention for Youth, Drug Abuse Education/Prevention, Substance Abuse Counseling for Youth	*	x						x		x	x												*		x			x			x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