PURPOSE & SCOPE OF REPORT

PURPOSE

BayCare Alliant Hospital is pleased to present the 2019 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs across the BayCare Alliant Hospital service area, as federally required by the Affordable Care Act. BayCare Health System partnered with Conduent Healthy Communities Institute (HCI) to conduct the CHNA for each of the 15 hospital facilities across a four-county region.

The purpose of this CHNA is to offer a comprehensive understanding of the health needs in the BayCare Alliant Hospital’s service area and guide the hospital’s planning efforts to address those needs. Findings from this report will be used to identify and develop efforts to improve the health and quality of life of residents in the community.

SCOPE

This main portion of this report covers the population and geographic area for BayCare Alliant Hospital’s primary service area (PSA) of Pinellas County. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Pinellas County (http://www.pinellascounty.org/) covers a geographic area of 608 square miles which includes a peninsula, bound by the Gulf of Mexico and Tampa Bay, and eleven barrier islands. As of the 2018 U.S. Census, Pinellas County has a population of 975,280.

BayCare Alliant Hospital’s secondary service area (SSA) is Pasco County. The results from the regional community assessment also included the data collected from Pasco County. The summary of the Pasco County findings can be found in the Appendices Section.
# Table of Contents

## 1 Introduction

- Acknowledgements
  - Collaboration

- Executive Summary
  - Letter from the President

## 2 Approach

- Methods
  - Data Scoring Methodology
  - Community Survey
  - Key Informant Interviews
  - Data Synthesis

## 3 Community Health Needs

- Community Snapshot
  - Population Demographics
  - Investigating Disparities
  - SocioNeeds Index
  - Opportunities for Impact

- Prioritized Health Needs
  - Behavioral Health
    (Mental Health & Substance Abuse)
  - Access to Health Services
  - Exercise, Nutrition, & Weight

- Non-Prioritized Health Needs
  - Heart Disease & Stroke
  - Diabetes
  - Maternal, Fetal & Infant Health
  - Immunizations & Infectious Diseases
  - Cancer
  - Oral Health
  - Respiratory Diseases

## 4 Appendices

- Detailed Methodology & Data Scoring Tables

- Community Survey Tool

- Key Informant Questionnaire

- Secondary Service Area
  - Pasco County

- Prioritization Session
  - Complete Attendee List

- Community Resources
I N T R O D U C T I O N

Acknowledgements

The development of the BayCare Alliant Hospital - Pinellas County CHNA report was a collective effort that included hospital leadership, community benefit leadership, the Florida Department of Health, other not-for-profit hospitals, community-serving organizations, and community members from the areas surrounding our hospital that share our commitment to improve health and quality of life. The 2019 CHNA planning effort was the first time that all of these entities worked together on the CHNA process to develop a single shared strategy to collect data that helped us identify, prioritize, and address community health needs. This was an integral step to ensuring we are able to understand the needs of our community and develop programs and services that will positively impact the health and well-being of those we serve.

Hospital Leadership

Jacqueline Arocho
Chief Executive Officer
BayCare Alliant Hospital

BayCare Community Benefit Leadership and Team

Keri Eisenbeis, Vice President of Government and Community Relations
Lisa Bell, Community Benefit Manager
Chance Martinez-Colon, Community Outreach Coordinator-Pasco County
Julia C. Neely, Community Outreach Coordinator-Pinellas County
Vasthi Ciceron, Community Outreach Coordinator-Hillsborough County
Holly Vida, Manager of Operations-Polk County
Leah Millette, Community Benefit Coordinator
Colleen Mangan, Community Benefit Data Analyst
Rosely Marmolejos, Community Benefit Department Secretary

Collaborating Organizations

Advent Health (Florida Hospital)
Florida Department of Health in Pinellas County
Johns Hopkins All Children's Hospital
Moffitt Cancer Center

BayCare Health System commissioned Conduent Healthy Communities Institute (HCI) to support data collection, data analysis, and report preparation for its 2019 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Courtney Kaczmarsky, MPH – Public Health Consultant, Zack Flores – Project Coordinator, Caroline Cahill, MPH – Research Manager, and Liora Fiksel – Research Assistant.
Executive Summary

BayCare Health System is the largest health care system in the Tampa Bay area and West Central Florida region. BayCare’s mission is to improve the health of all they serve through community owned health care services that set the standard for high-quality, compassionate care. The values of BayCare are trust, respect, responsibility, excellence, and dignity and reflect a responsibility to achieve health care excellence for their communities. BayCare Alliant Hospital is part of BayCare’s network of 15 not-for-profit hospitals in the region. BayCare’s mission is to improve the health of all they serve through community owned health care services that set the standard for high-quality, compassionate care. BayCare Alliant Hospital is licensed as a 48-bed long term acute care specialty hospital. Alliant Hospital provides extended acute care services to patients requiring a longer period of time for medical treatment and recovery. As a “hospital within a hospital,” we offer 24-hour easy accessibility to emergency room physicians, diagnostic testing, radiology, laboratory, and surgical services.

Letter from the President

A Message from Jacqueline Arocho,
Chief Executive Officer, BayCare Alliant Hospital

BayCare Health System is committed to improving the health of all communities we serve. Caring for those who need us most is a fundamental part of our mission.

In 2018, BayCare provided $462 million in Community Benefit, including $117 million in charity care, to assure high-quality, timely and appropriate care to those who couldn’t afford it. Every day, we are working hard to improve the health and well-being of our communities.

In 2019, BayCare Alliant Hospital worked together with the Florida Department of Health and other local not-for-profit hospital partners to conduct a Community Health Needs Assessment (CHNA). Together, our organizations developed a shared strategy to collect data that helped us identify, prioritize, and address emerging community health needs. Community needs were identified through available local, state, and national data, and most importantly, the assessment surveyed the voices of those we serve. We also engaged community leaders and key advocates through interviews, surveys, focus group listening sessions, and a video voice project.

BayCare Alliant Hospital adopted a shared implementation plan to address those needs. This is a strategy where together, our hospitals, will work toward the same goals, using the same objectives to achieve greater impact. The plan includes clinical services, education, and policy interventions that would span across the service area.

We encourage you to use this summary to gain a better understanding of our community’s needs and to guide additional discussions with key decision-makers and leaders. To those who participated in our data collection efforts and prioritization exercise -- thank you for your invaluable contributions. We look forward to sharing the impact of the implementation plan and ongoing conversations with all stakeholders and residents of our communities.
Impact Since Last CHNA

Within the most recent three-year Community Health Needs Assessment (CHNA) cycle, substantial progress was made in addressing the health needs identified and prioritized during the 2016-2019 CHNA. Of the activities implemented, the most notable are detailed below.

- **Expand Outreach and Education on Post-Acute Care**: BayCare Alliant Hospital has participated in a number of community events, educating hundreds of community members about Post-Acute Care. The hospital also provided presentations to other local hospitals, through vendor fairs and utilizing PCL (Patient Care Leaders) to increase awareness of the availability of post-acute care services.

- **Transportation**: BayCare Alliant Hospital has provided transportation services to reduce access barriers for patients who are in need of care and their family members. The transportation options provided have helped connect individuals to care and treatment that best fits the person and his or her condition.

- **Outreach and Education**: BayCare Alliant Hospital has offered lunch and learns focused on mental health to increase awareness of mental health conditions and local services to support community members in need. BayCare Alliant Hospital has made Healing Touch Therapists available to the community to reduce anxiety, depression, and pain among community members in need, reaching hundreds of people over the three-year cycle.

- **Outreach and Education**: BayCare Alliant hospital has completed a series of lunch and learns dedicated to preventing and improving self-management of diabetes. Topics have included “Diet and Lifestyle Changes”, “Eating Healthy for Diabetes”, and more.

- **Expand screenings**: BayCare Alliant has offered a number of screening events throughout the area to help identify community members at risk for chronic illness. These screening efforts and activities reduce risk of chronic disease by connecting at-risk individuals to local resources and improving risk identification and prevention in the community. Blood pressure monitors and food scales were given to people whose health screening shows them in need of tools to monitor or manage either hypertension or diabetes.

Community Feedback

The BayCare Alliant Hospital CHNA and Implementation Strategy were made available to the public via the website https://baycare.org/about-us/community-health-needs. In order to collect comments or feedback, a unique email was used: CHNAFeedback@baycare.org. No comments had been received on the preceding CHNA via the email at the time this report was written.
## Methods

### Data Scoring

Data was collected from 27 secondary data sources (see full source list below). 142 demographic, social, economic, and health indicators were available for Pinellas County.

### Data Scoring Process

1. Comparisons

   (1) Quantitatively score all possible comparisons

2. Indicators

   (2) Summarize comparison scores for each indicator

3. Topics

   (3) Summarize indicator scores by topic area

**INDICATOR SCORES**

**TOPIC SCORE**

### Data Sources*

1. Centers for Medicare & Medicaid Services
2. Florida Behavioral Risk Factor Surveillance System
3. Florida Department of Health, Bureau of Vital Statistics
4. County Health Rankings
5. University of Miami (FL) Medical School, Florida Cancer Data System
6. American Community Survey
7. Florida Department of Education
8. Florida Department of Health, Bureau of STD Prevention & Control
9. Florida Youth Substance Abuse Survey
10. Florida Department of Health, Bureau of TB & Refugee Health
11. U.S. Department of Agriculture - Food Environment Atlas
12. Florida Department of Health, Bureau of Immunization
13. Florida Department of Children and Families
14. Florida Youth Tobacco Survey
15. Florida Department of Health, Bureau of Epidemiology Administration
16. Florida Department of Juvenile Justice
17. U.S. Environmental Protection Agency
18. Florida Department of Law Enforcement
19. Feeding America
20. Institute for Health Metrics and Evaluation
22. American Lung Association
23. National Center for Education Statistics
24. Florida Department of State
25. Centers for Disease Control and Prevention
26. Florida Agency for Health Care Administration

* The secondary data was originally analyzed and scored in April 2019 using the available data at that time. Since the prioritization session, some of the state and national data sources have been updated. Where possible, the most recent data and data scores are reflected in this report -- as of September 2019.
**Methods**

<table>
<thead>
<tr>
<th>Data</th>
<th>Description</th>
<th>Analysis</th>
</tr>
</thead>
</table>
| Community Survey | The Pinellas County Community Survey consisted of 71 health and well-being focused questions (see Appendices Section). 6,494 residents of Pinellas County completed a Community Survey. The survey was distributed as a web link and as a paper copy in English and Spanish. | Survey participation was comparable to the demographic profile of Pinellas County. Survey Respondents were:  
- 70.8% Female  
- 75.2% White  
- 7.2% Hispanic or Latino  
- 2.2% Spanish-Speaking |

Significant community issues identified by Survey Respondents were:  
- Mental Health  
- Heart Disease & Stroke  
- Being Overweight  
- Aging Population  
- Substance Abuse  
- Distracted Driving

In total, 19,620 people responded to the Community Survey across Hillsborough County, Pasco County, Pinellas County, and Polk County. The responses to the questions for all four county surveys were combined using statistical processing software and sorted by respondents' county of residence. The map above shows where the highest concentration of Survey Respondents live according to their self-reported zip code. The Community Survey results in this report reflect the results of this data analysis for the residents of Pinellas County.
Key Informant Interviews (KII’s) were conducted in early 2019 and involved 55 community members, representing over 50 community organizations (listed below). KII’s were conducted with individuals who have a fundamental understanding of public health and represent the broad interests of the community. A questionnaire (see Appendices Section) was distributed to individuals identified by the community collaborative as experts in their field with specific knowledge of community needs and vulnerable populations.

Of the 55 Key Informant Interview participants, 56% worked for organizations providing services directly in Pinellas County.

Interview text was analyzed using the web-based qualitative data analysis tool, Dedoose*

Excerpts were coded by relevant topic areas and key health themes.

The frequency with which a health topic was discussed was used to determine the most pressing health needs of the community, which included: Mental Health & Mental Disorders, Exercise, Nutrition & Weight, Access to Health Care, Diabetes, and Oral Health.
Data Synthesis

All forms of data have their own strengths and limitations. Each data source was evaluated based on these strengths and limitations during data synthesis and should be kept in mind when reviewing this report. Within each health topic there is a varying scope and depth of quantitative data indicators and qualitative findings. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, Key Informant experts, and Community Survey participants as possible. In order to gain a comprehensive understanding of the significant health needs for the Pinellas County service area, the findings from all three data sets were compared and studied simultaneously. The secondary data scores, interviews, and the survey were treated as three separate sources of data and considered equally important in understanding the health issues of the community. The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Eleven health issues were identified as significant health needs across all three data sources and were used for further prioritization.

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Maternal, Fetal &amp; Infant Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Mental Health &amp; Mental Disorders</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Oral Health</td>
</tr>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
<td>Respiratory Disease</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>Substance Abuse</td>
</tr>
</tbody>
</table>
Prioritization Process

On July 23, 2019, participants from collaborating organizations as well as other community members came together to prioritize the significant health issues in their community. In order to better target community issues regarding the most pressing health needs in Pinellas County, a half-day session was held to prioritize significant health topics. Session participants were asked to consider the following prioritization criteria to determine from the list of eleven health topics which topics were most important:

<table>
<thead>
<tr>
<th>Scope and Severity of the Health Issue</th>
<th>Organizational Ability to Make an Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people impacted by the issue</td>
<td>Alignment with strengths and mission</td>
</tr>
<tr>
<td>High risk or rate of morbidity and mortality</td>
<td>Opportunity for collaborative partnership</td>
</tr>
<tr>
<td>The community, including vulnerable groups, perceive the issue to be high need</td>
<td>Existing resources and programs to address the issue</td>
</tr>
</tbody>
</table>

Over 140 individuals* attended the Pinellas County Prioritization Session, representing a broad cross section of experts and organization leaders with an extensive knowledge of the health needs in the community. In addition to health care providers and local government agencies, including the health department, many organizations were present that deliver services to and represent members of medically under-served, low-income, and minority populations.

Local Industry
Creative Contractors, Inc.
Hill Ward Henderson
Onyx Strategic Consulting, LLC
Operations by Design
ProVise Management Group, LLC
Sweet Eden by Sheron

Government
City of Largo
City of Pinellas Park
City of St. Petersburg
Department of Health - Pinellas County
Department of Health - Hillsborough County
Florida House of Representatives
Kenneth City
Pinellas Board of County Commissioners
Pinellas County EMS
Pinellas County Human Services
Pinellas County School Board
St. Petersburg Housing Authority

Community Based Organizations and Collaboratives
211 Tampa Bay Cares
Allegany Franciscan Ministries
Citizens Commission on Human Rights of Florida
Community Veterans Engagement Board
Daystar Life Center, Inc.
Feeding Tampa Bay
Florida Dream Center
Foundation for a Healthy St. Petersburg
Health Council of West Central Florida
Homeless Leadership Board
Lighthouse of Pinellas for the Blind and Visually Impaired
Mount Zion Human Services Inc.
NAACP
National Alliance on Mental Illness
Phoenix House Florida
Ready for Life
Tampa Bay Rotary Club
Tobacco Free Florida
United Way
YMCA of the Suncoast

Health Care Delivery
Advent Health
Bay Pines VA Healthcare System
BayCare Health System
Bon Secours
Central Florida Behavioral Health Network, Inc.
Clearwater Free Clinic
Community Dental Clinic, Inc.
Community Health Centers of Pinellas, Inc.
Johns Hopkins All Children’s Hospital
Moffitt Cancer Center
Morton Plant Mease Health Care
Northside Hospital HCA
St. Petersburg Free Clinic
St. Anthony’s Hospital
Suncoast Center, Inc.
Tampa General Hospital

Health Plans
Humana

Higher Education
St. Petersburg College
The University of Tampa
University of South Florida

* The full list of attendees is included as an attachment in the Appendices Section at the end of this report.
Prioritization Process

The Prioritization Session included a data presentation highlighting primary and secondary data findings for the eleven significant health issues and focus groups to further discuss relevant demographic and health outcomes data. Finally, a group ranking process was conducted to determine the most pressing health needs. During the activities, a community artist was present to capture a visual representation of the discussion (right).

Participants ranked each of the health categories individually using the dual criteria of scope and severity and ability to impact. Criteria scores were then combined to generate an overall ranking of health needs. After further consideration, it was decided to combine the categories of Mental Health & Mental Disorders and Substance Abuse into the singular category of Behavioral Health. Thus, the final three top health priorities for Pinellas County are:

- Behavioral Health
- Access to Health Services
- Exercise, Nutrition & Weight

The three health topics will be broken down in further detail below in order to understand how findings in the primary and secondary data led to each issue becoming a high priority need area. The health topics are presented in the order they were ranked during the Prioritization Session.
The following data points illustrate the composition of the Pinellas County community, which informed the assessment of need. The data sources used in this section come from the American Community Survey* unless otherwise noted.

**Demographics**

- Median Household Income: $48,968
- Median Household Gross Rent: $1,007
- People Living Below the Poverty Level: 13.7%
- People 25+ with a Bachelor's Degree or Higher: 30.1%
- Mean Travel Time to Work: 24.4 minutes
- Veteran Population: 11%
- Adults with Health Insurance: 83.2%
- of the Civilian Labor Force is Unemployed**: 3.2%

* American Community Survey, 2017
** U.S. Bureau of Labor Statistics, 2019
Demographics were further broken down by race/ethnicity, gender, and age to identify groups of individuals that may be impacted greater by factors such as financial burden, education attainment, and transportation. These social determinants of health impact one's ability to attain overall health. In Pinellas County, Black or African Americans have the lowest median income ($32,913) when compared to other race/ethnic groups. Hispanic or Latino residents have the next lowest median income ($41,998). Both groups’ incomes are well below the overall median income in the community.

Spending a high proportion of monthly income on rent can create financial hardship. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation, and medical care. Community members who are over 65 or between the ages of 15 and 24 are at the highest risk of financial burden due to rent when compared to other age groups. Overall, about half of the community is spending 30% or more of their income on rent. Pinellas residents under the age of 24 are also the most likely to live below the poverty level when compared to other age groups.
Higher educational attainment is linked to overall lifetime earnings. Educational attainment is by far the most important social characteristic for predicting earnings. In Pinellas County, Black or African Americans are the least likely group to hold a bachelor’s degree (16.9%) followed closely behind by the American Indian or Alaska Native population (19.7%).

Additional disparity data related to health topics are highlighted throughout the report and designated with the magnifying glass symbol.

Lengthy commutes cut into workers’ free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment. Travel time to work is steadily increasing over time for the overall population in Pinellas County (workers over the age of 16). Commute times for the male population are higher than the female population.

### Mean Travel Time to Work by Gender

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Female</th>
<th>Male</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.3</td>
<td>25.4</td>
<td>24.4</td>
</tr>
</tbody>
</table>

### People 25+ with a Bachelor’s Degree or Higher

<table>
<thead>
<tr>
<th>Bachelor’s Degree (%)</th>
<th>American Indian/Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Native Hawaiian/Pacific Isl.</th>
<th>Other</th>
<th>Two or More Races</th>
<th>White, non-Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40.5%</td>
<td>38.5%</td>
<td>31.7%</td>
<td>30.1%</td>
<td>29.5%</td>
<td>21.8%</td>
<td>23.0%</td>
<td>16.9%</td>
<td>19.7%</td>
</tr>
</tbody>
</table>
This HCI SocioNeeds Index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The indicators are standardized and averaged to create one composite index value for each zip code. Zip codes with higher values are estimated to have higher socioeconomic need, which is correlated with poorer health. The darker the color of region, the higher the need. The index value is ranked from 0-100 with 100 being the highest level of need. The index value (IV) helps identify specific zip codes that may benefit from additional support and targeted services in implementation planning.

**Index Value**

There are 46 zip codes in Pinellas County. Of those, 10 are considered high need and indicated in dark blue. The zip codes with the highest IV scores are listed below and labeled on the county map (left).

1. Zip Code 33714: 89.1 IV
2. Zip Code 33711: 79.5 IV
3. Zip Code 33712: 77.8 IV
4. Zip Code 33755: 72.2 IV
5. Zip Code 33760: 72.0 IV
Opportunities for Impact

When possible, data from the Community Survey was also analyzed by demographic factors to help identify vulnerable groups that may have higher health needs than others in Pinellas County. This data was used to support the prioritization process and provides additional community context to consider alongside the secondary data. Opportunities for impact appear in the subsequent sections with a flashlight symbol, when a group in the survey reported a higher percentage of need or of a health issue compared to other groups*. It is important to note that not all differences have been included in this report, as the report focuses primarily on the prioritized health topics.

Survey Respondents were asked whether they had received the medical care that they needed in the past 12 months. The adult survey population across race/ethnic groups showed similar levels of need (see above), with the exception of respondents who identified as ‘more than one race’ and reported higher unmet needs than other groups (34.8%).

Hispanic/Latino respondents reported that their children had unmet health needs in the past 12 months, slightly more than other groups (see left). White respondents reported that their children had the lowest unmet health needs (6.0%).

* Differences noted may not necessarily be statistically significant.
Prioritized Health Needs

The findings for each of the eleven significant health needs are summarized in the following sections and include the key findings from each data source. The overall health topic scores from the secondary data scoring and high scoring indicators are included for each health need. When the gauge and warning symbol are shown, this represents data from the secondary data scoring.

1 Behavioral Health

Mental Health was the second highest ranked health topic in the data scoring and had an overall high score, indicating a high need topic. Mental Health and Substance Abuse were also the top issues from both the Community Survey and the Key Informant Interviews.

2 Access to Health Services

Access to Health Services had an overall lower data score. However, some of the health insurance coverage data indicators were higher scoring and required further examination. Access to Health Services was identified as a top need in the Key Informant Interview analysis. Prioritization participants identified the issue as essential to impacting health in the community.

3 Exercise, Nutrition & Weight

Exercise, Nutrition & Weight had an overall lower data score, although multiple indicators were high scoring and elevated the issue as a top need. Exercise, Nutrition & Weight was identified as a top need in the Community Survey and Key Informant Interviews.
Community Feedback
Community participants identified Mental Health & Mental Disorders as one of the top health concerns in Pinellas County. Participants indicated that mental health care services and resources are disproportionate to the need in the community. A portion of Survey Respondents needed mental health services, but did not get the care that they needed. The top reason they gave for not getting the services that they needed was cost. Key Informants noted that mental health issues in the community must be addressed as part of overall health.

"Lack of mental health services is probably the top health issue in the community." - Key Informant

"Mental health issues and dental care are both in short supply compared to the community need." - Key Informant

Mental Health and Mental Disorders received an overall high topic score indicating that this is a high need health issue in Pinellas County.

Warning Indicators

- Depression: Medicare Population
- Alzheimer's Disease or Dementia: Medicare
- Age-Adjusted Death Rate Due to Suicide
Substance Abuse received an overall topic score that indicates some areas of need. This health topic included multiple secondary data indicators that are high need and elevated the topic as a high priority.

**Warning Indicators**
- Death Rate Due to Drug Poisoning
- Adults who Smoke
- Teens who Use Marijuana: High School Students
- Teens who have Used Methamphetamines
- Teens who Use Alcohol

Prescription drug misuse among Survey Participants was two and a half percent (N=139). Survey Respondents who are 'more than one race' reported misuse more than other race/ethnic groups. Respondents with higher reports of misuse fell into the age group of 55-64 (N=48).

**Community Feedback**
Substance Abuse was the health behavior that Survey Respondents were the most concerned about in their community. Over half of Community Survey Respondents believe that drug abuse is an issue in their community. Of Survey Respondents that reported misusing a prescription drug in the past 12 months, the majority (over 80%) self-identified as White, non-Hispanic.

Community feedback included recommendations for focusing efforts related to substance use on preventing teen substance use and unintentional injuries.
The Centers for Disease Control and Prevention (CDC) outlines Adverse Childhood Experiences (ACEs) as the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. Adverse Childhood Experiences have been linked to behavioral health outcomes: risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes.

30.6% of Survey Respondents reported four or more ACEs.
**Behavioral Health**

**Pinellas County High Need Data Indicators**

- **Depression in the Medicare Population is** 21.9%  
  Alzheimer's, Dementia, and Depression among the Medicare Population is higher in Pinellas County than in the State and US, and is increasing over time.

- **14.1%** of the Medicare Population has Alzheimer's or Dementia  
  Source: Centers for Medicare & Medicaid Services, 2017

- **20.3%** of Adults currently smoke cigarettes and cigarette use is increasing  
  Florida Value = 15.5%  

- **1.2%** of Teens have used methamphetamines  
  Florida Value = 0.8%  
  Source: Florida Youth Substance Abuse Survey, 2016

- Teen substance is higher in Pinellas County than in Florida:
  - **22.1%** of High School Students use marijuana  
    Florida Value = 17.0%  
    Source: Florida Youth Substance Abuse Survey, 2016
  - **29.5%** of Teens use alcohol  
    Florida Value = 25.5%

- **24.3 deaths per 100k population due to Drug Poisoning**
  Florida Value = 21.1  
  US Value = 19.3  
  Source: County Health Rankings, 2015-2017
Access to Health Services received a lower overall topic score indicating fewer areas of need within the analysis of the secondary data sources. The health topic included three indicators that are high need and potentially key to improving access in the community.

**Warning Indicators**

Health Indicators of concern include:
- Adults with a Usual Source of Health Care
- Children with Health Insurance
- Persons with Health Insurance

**Community Feedback**

Key Informants and Survey Respondents identified Access to Health Services as a top health issue in Pinellas County, describing the following barriers to accessing services:
- Limited Health Literacy and Navigation Assistance
- Cost of Health Care Services
- Transportation Challenges

The Key Informant Interviews highlighted economic inequality related to health services in Pinellas County. Residents without adequate health insurance and limited economic resources are less likely to be reliably connected to the health care system.

"Lack of services lead to a diminished quality of life for the individuals." - Key Informant

"The primary barrier to obtaining health care services in this vulnerable community is the out-of-pocket cost of care. For people without health insurance, this takes the form of impeding preventive services along with curative services." - Key Informant
Access to Health Services

Pinellas County Community Survey Respondents

- **23.5%** had accessed care in the ER in the past 12 months.
- **33.7%** of the Survey Respondents that utilized the ER, only had an emergency or life-threatening situation.
- **18.4%** reported needing medical care in the past 12 months but didn’t receive it.
- **7.1%** of those with children in the home reported having children who needed medical care in the past 12 months but didn’t receive it.

Pinellas County High Need Data Indicators

- **73.7%** of Adults have a usual source of health care.
  - **Florida Value = 72%**
  - **Source:** Florida Behavioral Risk Factor Surveillance System, 2016

- **93.8%** of Children have health insurance.
  - **Florida Value = 92.7%**
  - **Source:** American Community Survey, 2017

**83.2%** of Adults in Pinellas County have health insurance compared to only:

- **75.6%** of 26-34 year old’s and **72.2%** of the Hispanic/Latino population.

**Source:** American Community Survey, 2017
Exercise, Nutrition & Weight received a lower overall topic score indicating fewer areas of need within the analysis of the secondary data sources. This health topic included multiple secondary data indicators that are higher need and elevated the topic as a high priority. The data analysis identified prevention opportunities and the potential to impact health more broadly in the community.

**Community Feedback**

Community Survey Respondents identified ‘being overweight’ as the third most important health issue in the community. Key Informants also identified the predominant barriers to improving this issue as limited access to local affordable healthy foods and transportation challenges to other food sources. Obesity, specifically obesity among children, was a key concern.

**Warning Indicators**

- Fast Food Restaurant Density
- Teens without Sufficient Physical Activity
- Teens who are Obese: High School Students
- SNAP Certified Stores
- Farmers Market Density

"The correlation between food insecurity and self-perception of poor health raises concern about affordable access to high nutritional food for the most vulnerable members of the south St. Pete communities." – Key Informant

"Many of our lower income communities lack access to healthy foods, which is also a systemic problem in terms of health care prevention and longevity." – Key Informant

"People who cannot afford to maintain good oral care, can succumb to poor eating practices (all soft or pureed foods) and malnutrition (not eating at all)." - Key Informant
For those who have children in the home:

- **30.2%** worried about whether their food would run out before they got money to buy more in the past 12 months.
- **25.2%** reported that the food they bought just did not last, and they did not have money to get more in the past 12 months.
- **16.1%** reported that someone in their home received emergency food from a food bank in the past 12 months.

Pinellas County High Need Data Indicators:

- **81.7%** of Teens do not get sufficient physical activity.
  - **Florida Value** = **80.6%**
  - **Source:** Florida Department of Health, Bureau of Epidemiology, 2016

- **13.0%** of High School Students are obese and obesity is increasing over time.
  - **Florida Value** = **13.3%**

Pinellas County has 613 fast food restaurants (0.65 restaurants per 1,000 people).

Some healthy food sources are limited in Pinellas County:
- **194 grocery stores** (0.21 per 1,000 people)
- **13 farmers markets** (0.01 per 1,000 people)
- **812 SNAP certified stores** (0.8 per 1,000 people)

- **24.0%** reported some level of food insecurity, compared to:
  - **38.8%** of 'more than one race'
  - **35.3%** of 'other race'
  - **33.8%** of Hispanic/Latino

- **58.9%** eat fast food between 1 and 5 times per week.


Source: Florida Department of Health, Bureau of Epidemiology, 2016
Following the rigorous community prioritization process, the following health topics were not selected as primary focus areas for Pinellas County over the next three years. Any current programming and additional efforts outside of the CHNA process to address these health issues will not be impacted by this decision. Future initiatives related to the prioritized health needs will likely have positive impact on the non-prioritized health needs as many health indicators overlap across health topic areas.

### 4 Heart Disease & Stroke

**Warning Indicators:**
- Stroke: Medicare Population
- Atrial Fibrillation: Medicare Population
- Ischemic Heart Disease: Medicare Population
- High Blood Pressure Prevalence

Heart Disease and Stroke came through as a top community health issue in the survey, but was also raised in context of nutrition and obesity. Some community participants felt that there are not enough prevention efforts in the community.

**Secondary Data Topic Score:** 1.68

### 5 Diabetes

**Warning Indicators:**
- There were no high need indicators for Diabetes

Diabetes was not specifically identified as a top health concern by Community Survey Respondents, though the related topics of obesity and access to health services were top issues. Community members were concerned about the limited prevention efforts and programs in the community.

**Secondary Data Topic Score:** 1.02

### 6 Maternal, Fetal & Infant Health

**Warning Indicators:**
- Babies with Low Birth Weight

Issues related to Maternal, Fetal & Infant Health did not come up as top areas of concern in the community feedback. There was some discussion of the topic during the prioritization session, but it was not identified as a top health issue.

**Secondary Data Topic Score:** 1.24
Immunizations & Infectious Diseases

**Warning Indicators:**
- Gonorrhea Incidence Rate
- Syphilis Incidence Rate
- Tuberculosis Incidence Rate

Immunizations and Infectious Diseases did not come up as a top issue through community feedback. There was some discussion during prioritization which identified the opportunity for improving education about immunizations/shots and sexually transmitted infections, although ultimately it was not selected as a top health issue.

Cancer

**Warning Indicators:**
- Cancer: Medicare Population
- Melanoma Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate

Key Informant participants shared concerns there may be health disparities related to chronic disease and cancer that impacts the African American community in Pinellas County. Overall, Cancer was not a top health issue identified through community feedback and prioritization.

Oral Health

**Warning Indicators:**
- Oral Cavity and Pharynx Cancer Incidence Rate

About a quarter of adult Community Survey Respondents reported that they did not receive the dental care they needed in the past 12 months, in addition to just over one-tenth of children. Community participants shared that cost was the primary barrier to accessing dental services for even those who have dental insurance. There were also concerns raised regarding increasing dental issues among the aging population. Oral health can be addressed to some extent while addressing Access to Health Services.

Respiratory Disease

**Warning Indicators:**
- Asthma: Medicare Population
- Tuberculosis Incidence Rate
- COPD: Medicare Population

Respiratory Disease was not a concern identified in the community feedback, nor was it ranked as a top issue during prioritization. A few Key Informant participants raised concerns about increasing rates of asthma in the younger and older populations due to environmental and built environment factors such as mold in older buildings.
Detailed Methodology and Data Scoring Tables

A detailed overview of the Conduent HCI data scoring methodology and all of the results from the secondary data analysis are included in an interactive Excel workbook.

Community Survey Tool

The Pinellas County Community Survey tool consisted of 71 health and well-being focused questions. Surveys were available in English and Spanish and could be completed online or via paper copy. The paper survey tools are available in PDF format.

Key Informant Questionnaire

Key Informant Interviews were conducted via an online questionnaire consisting of eight open-ended questions. 55 Key Informants identified by community partners responded to the questionnaire and represented input from over 50 community serving organizations across the region. The Key Informant questionnaire is available in PDF format.

Secondary Service Area

Pasco County is BayCare Alliant Hospital’s secondary hospital service area. The summary of findings from each data source was included in the overall CHNA process and assessment. The results from the Pasco County assessment are outlined in a summary report.

Prioritization Session Attendee List

Over 140 individuals attended the Pinellas County Prioritization Session. In addition to representatives from local organizations and industry, community members were also in attendance. Community members have been noted in the attendee list and their names have been removed in an effort to maintain their privacy.
Community Resources

Increased collaboration and broader regional involvement during the 2019 CHNA process established stronger relationships across health care delivery organizations, health departments, and community serving organizations (see lists in the Acknowledgments and Prioritization sections). There are existing resources that organizations are currently using and available widely in the community:

211 Tampa Bay Cares
http://211tampabay.org/

Florida Health Department
http://hillsborough.floridahealth.gov/
http://pasco.floridahealth.gov/
http://pinellas.floridahealth.gov/
http://polk.floridahealth.gov/

County Government
https://www.hillsboroughcounty.org/en
https://www.pascocountyfl.net/
https://www.pinellascounty.org/
https://www.polk-county.net/

BayCare Health Education and Literacy
https://baycare.org/events
https://baycare.org/health-library

In addition, selecting a web-based Community Resource Referral Platforms (CRRP) emerged as a potential opportunity to comprehensively identify resources and dynamically connect community members to resources at their time of need. There are free and publicly available CRRPs being considered that have customizable options for integrative use internally at organizations. BayCare is exploring CRRP options to best serve the needs of their service areas and community partners. A CRRP site would allow BayCare and community partners to search for the most up-to-date services and geographically convenient programs for individuals and populations to address the prioritized health needs. Local, State and National resources that can be sourced through CRRP sites include, but are not limited to:

- Behavioral Health: counseling services, group programs, substance abuse treatment, emergency services, telehealth options
- Access to Health Services: health education and navigation, insurance information, transportation to appointments, payment assistance, alternative medicine, in-home support
- Exercise, Nutrition, & Weight: fitness and recreation, nutrition education, community gardens, government food benefits