Morton Plant Hospital

Community Health Needs Assessment – Final Report

June 7, 2013

TrippUmbach
Research • Strategy • Impact

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Introduction

Morton Plant 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. Morton Plant Hospital is a 687-bed facility, located in Clearwater, FL, providing highly technical and personalized care in more than 50 specialty areas, and also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. Morton Plant Hospital collaborated with outside organizations in Pinellas County 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 Hospital
- Mease Dunedin Hospital
- South Florida Baptist Hospital
- Morton Plant North Bay Hospital
- 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
- BayCare Behavioral Health
- BayCare Alliant Hospital
- City of Clearwater
- Provise Management / Homeless Emergency Project
- Hospitalist group
- Community Health Centers of Pinellas County
- West Coast Cardiology and Association
- PDR CPA's
- Pinellas County Health & Human Services
- Pinellas County Health Department
- One Bay Health Communities
- Universal Medicare/Medicaid
- Community Health Centers at Tarpon Springs
- Intercultural Affairs Institute
- Tampa Family Health Centers

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 a CHNA every three years. The CHNA process undertaken by Morton Plant 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 Morton Plant 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. BayCare Health System is a leading community-based health system in the Tampa Bay area. Composed of a network of 10 not-for-profit hospitals, outpatient facilities,

and services such as imaging, lab, behavioral health, and home health care, BayCare provides expert medical care throughout a patient's lifetime. With more than 200 locations throughout the Tampa Bay area, BayCare connects patients to a complete range of preventive, diagnostic, and treatment services for any healthcare need.

Community Definition

While community can be defined in many ways, for the purposes of this report, the Morton Plant Hospital community is defined as 20 zip code areas in Pinellas County, Florida. (See Table 1 & Figure 1). The needs identified in this report pertain to the 20 zip code areas in Pinellas County, Florida.

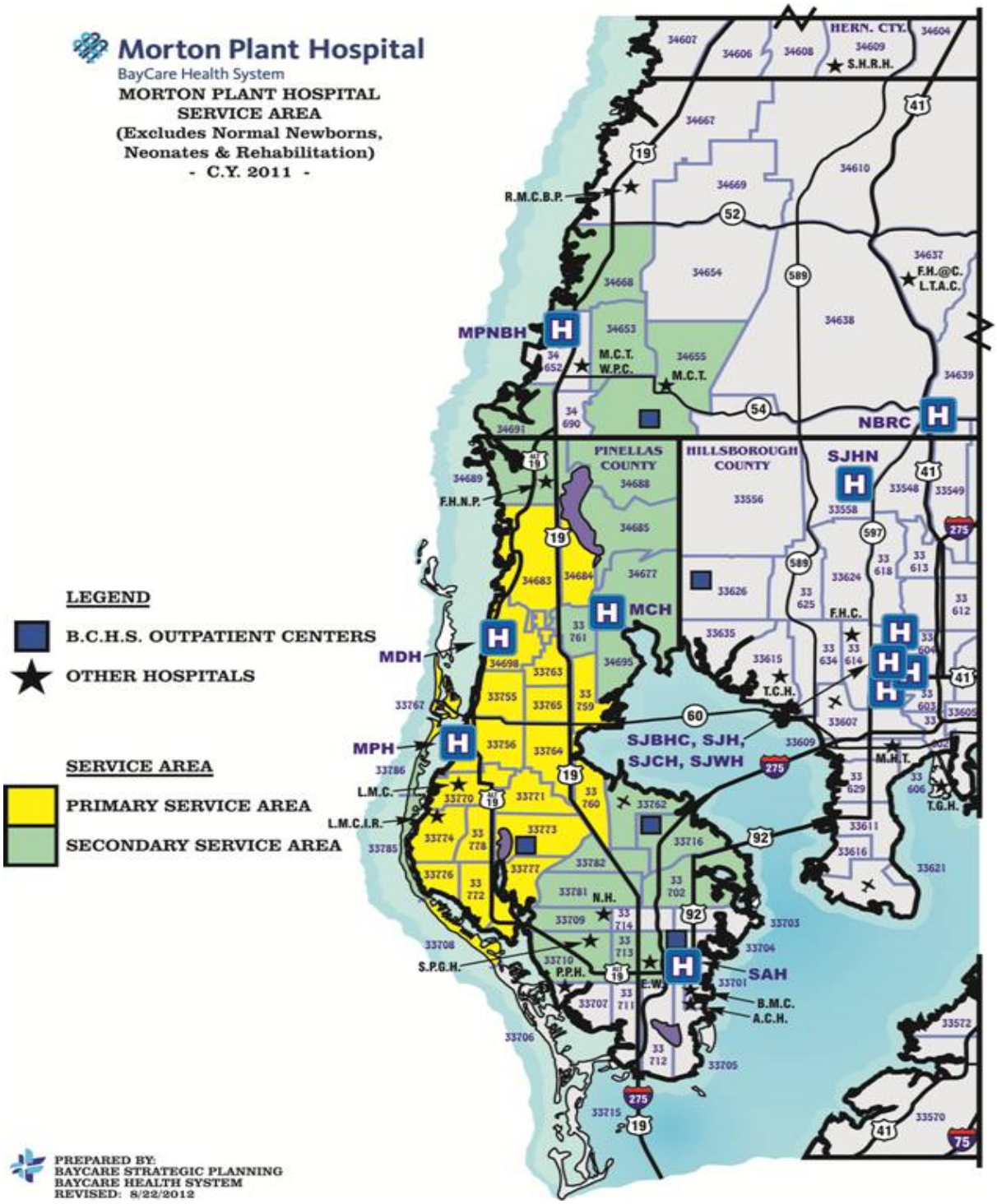
Morton Plant Hospital Community Zip Codes

Table 1

Zip	Town	County
33708	Madeira Beach	Pinellas
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33759	Clearwater	Pinellas
33760	Clearwater	Pinellas
33763	Clearwater	Pinellas
33764	Clearwater	Pinellas
33765	Clearwater	Pinellas
33767	Clearwater Beach	Pinellas
33770	Largo	Pinellas
33771	Largo	Pinellas
33772	Seminole	Pinellas
33773	Largo	Pinellas
33774	Largo	Pinellas
33776	Seminole	Pinellas
33777	Seminole	Pinellas
33778	Largo	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34698	Dunedin	Pinellas

Morton Plant Hospital Community Map

Figure 1



Consultant Qualifications

Morton Plant Hospital contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 20 years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health needs assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books[1] on the topic of community health and has presented at more than 50 state and national community health conferences.

[1] A Guide for Assessing and Improving Health Status Apple Book:
http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1993.pdf and

A Guide for Implementing Community Health Improvement Programs:
http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf

Project Mission & Objectives

The mission of the Morton Plant Hospital CHNA is to understand and plan for the current and future health needs of residents in in the Tampa Bay area; more specifically Pasco, Pinellas, and Hillsborough Counties. The goal of the process is to identify the health needs of the communities served by Morton Plant Hospital today, develop a deeper understanding of these needs, and identify community health priorities that advance BayCare Health System's Mission and Vision, as well as the vision of Morton Plant Mease Health Care.

BayCare Health System Mission:

BayCare Health System will improve the health of all we serve through community-owned healthcare services that set the standard for high-quality compassionate care

BayCare Health System Vision:

BayCare will advance superior healthcare by providing an exceptional patient-centered experience

Morton Plant Mease Health Care Vision:

Morton Plant Mease Health Care will be a nationally pre-eminent health care system offering innovative, accessible, and quality services in collaboration with physicians, team members, and the communities we serve.

The objective of this assessment is to analyze traditional 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:

- Assuring that community members, including under-represented residents and those with broad-based racial, ethnic, cultural and linguistic backgrounds 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 and key stakeholder interviews.

- Obtaining statistically valid information on the health status and socio-economic/environmental factors related to health of residents 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 Morton Plant Hospital.

Methodology

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Morton Plant Hospital, resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

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 Morton Plant 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 residents of the Morton Plant Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention (CDC), County Health Rankings, Thompson Reuters, Community Needs Score (CNS), U.S. Census, Healthy Tampa Bay, Annie E. Casey Foundation, The Substance Abuse and Mental Health Services Administration (SAMHSA) and other 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 and community health. Such persons were interviewed as part of the needs assessment planning process. A series of 10 interviews were completed with key stakeholders in the Morton Plant 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 five focus groups conducted by Tripp Umbach in the Morton Plant Hospital community in April, 2013. Focus group audiences were defined by the CHNA oversight committee utilizing secondary data to identify health needs and deficits in targeted populations. Focus group audiences included:
    - Residents earning a low income that are Medicaid ineligible
    - Residents for whom English is a second language

- Obstetric professionals serving families that are at risk of poor birth outcomes
- School nurses serving children and families in school settings
- Private behavioral health practitioners serving residents with behavioral health needs

- **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 more than 100 community resources documented in May, 2013 that meet the needs identified by stakeholders, secondary data, and focus groups with community residents in the Morton Plant 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 five community focus groups resulted in the prioritization of three key community health needs in the Morton Plant Hospital community. The following top community health needs were identified that are supported by secondary and/or primary data (presented in random order):

1) Improving access to affordable healthcare
2) Decreasing the prevalence of clinical health issues
3) Improving healthy behavior and environments

While there are identified health needs in the Morton Plant Hospital Sevice 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 Communtity Resource Inventory).

A summary of the top needs in the Morton Plant Hospital community follows:

KEY COMMUNITY HEALTH NEED #1:
IMPROVING ACCESS TO AFFORDABLE HEALTHCARE

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents:

- **Need for increased access to affordable healthcare through insurance**
- **Availability of affordable care for the under/uninsured**
- **Availability of healthcare providers and services**
- **Communication among healthcare providers and consumers**
- **Socio-economic barriers to accessing healthcare.**

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 objectives 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 to 9% of persons nationally by the year 2020.[2]

This assessment showed more than average socio-economic barriers to accessing healthcare in the Morton Plant Hospital Service area based on the Community Needs Score (see the secondary data section for a full description of CNS). With an overall weighted score of 3.3, the Morton Plant Hospital Service Area shows a CNS score higher than the median for the scale (3.0) and lower than the average for the BayCare Health System Service Area (3.5), which indicates a greater than average number of socio-economic barriers to accessing healthcare with fewer barriers than the average for the health system itself. There are 11 zip code areas with greater socio-economic barriers than the median for the scale. Five of those zip code areas (33755, 33756, 33771, 33770, and 33760) show above average rates for most of the CNS measures when compared to Pinellas County and the overall BayCare Health System service area. [3]

According to key stakeholders, there is a need for increased coordination of care for residents, particularly those without health insurance because they do not have access to a reliable system of care, including specialty care. 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, the level of integration of mental health services in medical health settings and the prevalence of socio-economic barriers (i.e., lack of support from employers, limited transportation, etc.).

Key stakeholders and focus group participants indicated that some of the implications of the limited access that residents may have to affordable healthcare include: residents that are not able to see a physician, not being diagnosed/treated, presenting to the emergency department with preventable and/or primary health issues, receiving delayed diagnostics, chronically ill patients' healthcare being mismanaged (reused diabetic lances, not eating to preserve insulin, overuse of emergency inhalers, etc.), self-medicating, unable to afford medical bills, unhealthier with poorer health/mental health outcomes, not using a usual source of healthcare, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, experiencing a negative impact on credit rating, children with dental issues and decay, children missing school when they and/or a sibling has a medical appointment, parents who may not fully understand their child's illnesses, expecting mothers who are showing up too

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

late in their pregnancy to alter birth outcomes, pre-term births that require hospital resources, lengthy waits for behavioral health services (i.e., psychiatry, substance abuse treatment, etc), increased need for crisis stabilization/intervention, distress related to unmet mental health needs, exacerbated symptoms during a Baker Act commitment, mental health placements a great distance from home and isolation from support networks.

Access to health insurance and healthcare for under/uninsured:

- ✓ Secondary data representing the Morton Plant 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.

    - 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%).[4]

    - While the uninsured rates for seven zip code areas (33763, 33755, 33756, 33770, 33771, 33759, and 34698) in the Morton Plant Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%), three additional zip code areas (33708, 33760, and 33764) are higher than the average for Pinellas County (17.9%); all zip code areas in the service area report lower uninsured rates than the state (25%).[5]

    - According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed dental care in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.

    - Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost.[6]

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

- ✓ According to key stakeholders and focus group participants, the number of uninsured residents has increased in recent years, which leads to limited healthcare access. According to key stakeholders and focus group participants residents may be under/uninsured due to being disqualified for government assistance (includes health insurance coverage) and unable to afford private-pay insurance. As a result, residents may not seek medical care until an issue becomes an emergency and they have to go to the emergency room due to the inability to pay for medical services elsewhere.

    - Both key stakeholders and focus group participants discussed the fact that some residents may not be able to afford prescription medications. Additionally, focus group participants believed that many residents cannot afford healthcare (i.e., preventive care, specialty care, diagnostics, follow-up appointments/treatments, surgery, dental care, eye care, mental health care, equipment needed to manage/regulate chronic illnesses are not always affordable, such as diabetic lances, insulin, inhalers for asthma, etc.) as a result of being under/uninsured. Participants indicated that not seeking care often leads to residents being diagnosed in the emergency room when symptoms are emergent and then unable to afford 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 prior to receiving services, which may lead residents to resist seeking treatment or be unable to afford their medical bills.

    - Key stakeholders and focus group participants addressed the population of residents that are employed and earning an income just above Medicaid eligibility requirements. Both key stakeholders and focus group participants believed that residents earning a low income and/or those that are self-employed do not make enough money to afford private-pay health insurance. Focus group participants discussed the fact that low-wage employers that do not offer affordable health insurance plans with affordable co-pays and deductibles, which cause employees to opt out of health insurance benefits. Additionally, focus group participants indicated that families may be paying for private health insurances which have higher co-pays and deductibles than is affordable, limiting the access some children have to health services.

    - Additionally, focus group participants felt that Medicaid eligibility requirements are too low because they are based on gross income and not a true representation of the income that residents are taking home. Focus group participants indicated that Medicaid/KidCare eligibility is also limited for residents that are undocumented, including children that are not naturalized citizens, as well as lengthy eligibility and reauthorization processes for Medicaid/KidCare.

Availability of healthcare providers and services:

- ✓ Secondary data representing the Morton Plant Hospital service area depicts evidence of an aging population, a decrease in preventive care utilization, higher provider ratios for mental health providers, and a need for mental health and substance abuse services.

    - Between 2007 and 2010, the percentage of women aged 40 and older who reported having had a mammogram in the past year decreased in Pinellas County from 63% to 61.5%.[7] According to the National Cancer Institute, women aged 40 and older should have mammograms every one to two years.[8] Similarly, between 2007 and 2010, the percentage of women aged 18 and older who had a Pap smear in the previous year decreased in Pinellas County from 63.2% to 52.4%.[9] It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.[10]

    - Between 2007 and 2010, the percentage of respondents aged 50 and older who reported having had a blood stool test within the past year decreased in Pinellas County from 27.7% to 18.8%.[11] It is important to note that the U.S. Preventive Services Task Force recommends screening for colorectal cancer (CRC) using fecal occult blood testing every year, sigmoidoscopy every five years, and/or colonoscopy every 10 years, in adults, beginning at age 50 years and continuing until age 75 years.[12]

    - With 242 mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).[13] Higher provider ratios often lead to lengthy wait times to secure services. Additionally, Florida ranks the second worst state in the U.S. (excluding D.C.) in mental health per capita expenditures.[14] Limited

[7] Source: Tampa Bay Partnership: Healthy Tampa Bay
[8] National Cancer Institute: Retrieved from: http://www.cancer.gov/cancertopics/factsheet/detection/mammograms (last updated 7/24/2012).
[9] Source: Tampa Bay Partnership: Healthy Tampa Bay
[10] U.S. Preventive Services Task Force. Retrieved from: http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm (last updated 6/2012)
[11] Source: Tampa Bay Partnership: Healthy Tampa Bay
[12] U.S. Preventive Services Task Force. Retrieved from: http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2 (last updated: 2/26/2013)
[13] Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation
[14] Mental Health Spending: State Agency totals. Governing. http://www.governing.com/gov-data/health/mental-health-spending-by-state.html

funding often restricts the length of time and quality of services provided in any industry, including mental health.

- Individuals in Circuit 6 (Pasco and Pinellas counties) show the highest reported rates of serious thoughts of suicide compared with Florida.[15] Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.). While the age-adjusted death rate due to suicide has decreased between 2010 and 2011 (from 18.5 to 16.1 per 100,000 pop.); Pinellas County shows higher suicide rates than the nation.[16]

✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., preventive healthcare, neurosurgery, birthing services, substance abuse, psychiatry, partial hospitalizations programs, intensive outpatient services, support groups for adolescents, discrete detoxification programs, and dental health care.) due to the number and location of providers, provider willingness to accept Medicaid insurance, and lack of sustainable funding for behavioral health programs.

- Key stakeholders and focus group participants discussed the reduction in Medicaid and Medicare reimbursements limiting the services that hospitals, mental health providers and other organizations can provide to Medicaid-dependent residents due to a lack of funding. Focus group participants indicated that there are a limited number of providers in their communities that will accept Medicaid insurance, which causes lengthy waits for available appointments and longer travel times to available providers. Additionally, there are limited local behavioral health services that may require lengthy travel times and the isolation of residents that require hospitalization from support systems due to the location of facilities.

- Key stakeholders and focus group participants discussed the barriers to healthcare caused by the shrinking number of providers coupled with the demand for services. Key stakeholders and focus groups felt that a low number of mental health and substance abuse providers and high-risk birthing services are sparsely located in the region with BayCare being the primary provider of mental health services. Key stakeholders and focus group participants indicated that the reason for fewer providers in the area relates to funding and payor source as they relate to the sustainability of services in multiple venues. Funding for mental health services is consistently low, which often restricts the number of providers entering an industry, decreases program stability, leads to an ever changing provider landscape, and maintains higher provider to population ratios. Similarly, high-risk pregnancies can

[15] Source: SAMHSA
[16] Source: Tampa Bay Partnership: Healthy Tampa Bay

require a significant amount of healthcare resources and are often paid for through Medicaid due to a low-income population being disproportionately represented among the total number of high-risk pregnancies.

Communication among healthcare providers and consumers:

- ✓ Communication is important among healthcare providers and consumers in the pursuit of a healthier population. Secondary data shows that limited English proficiency is a barrier experienced by some residents in eight of the 20 zip code areas included in the hospital service area. Additionally, secondary data is not readily available to gauge the effectiveness of communication in the healthcare industry; though key stakeholders and resident focus groups indicate there may be a need to improve communication among providers and consumers.

    - There are two zip code areas (33764 and 33777) with a percentage of residents with limited English skills higher than the average for Pinellas County (12.1%) and an additional eight (33755, 33756, 33760, 33765, 33759, and 33767) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).[17]

- ✓ Focus group participants felt that the communication between providers and consumers may lead to misinformation, a limited understanding of individual health status, etc. and is often the result of language barriers, limited professionalism, and consumer perception of the interaction.

    - Focus group participants indicated that low-income residents are often unaware of their own health status or the health status of their children. Focus group participants felt that when health information is provided (i.e., how to manage/medicate their children with chronic health conditions) residents may not always comprehend what is provided and understanding is not often ensured. At times, parents do not always know how to administer medications to their children. Focus group participants felt that providers have to focus on regulatory paperwork, leaving little time for patient interaction.

    - Low-income medical care often lacks consistency in providers from visit-to-visit leading to limited continuity of care from one visit to the next, which may cause the lack of a trusting bond between low-income consumers and healthcare providers.

[17] Source: 2012 Nielson Claritas; 2012 Thomson Reuters

- Residents that have a language other than English as their dominant language discussed that there is a need for translation services. This need leads to limited understanding for English as a Second Language (ESL) residents due to the inability to communicate. Additionally, focus group participants felt that medical professionals do not always treat residents for whom English is not their primary language with dignity and respect; when coupled with a limited trust of healthcare, providers may lead residents to avoid seeking healthcare.

- There is often a lack of communication/follow-up between referral sources and behavioral health providers; particularly when the referral is from medical health to behavioral health due to schedules and a lack of integration with medical records between medical health and mental health industries.

Socio-economic barriers to accessing healthcare:

- ✓ The demographics of the service area shows an aging, lower-income population with less educational attainment than the county, state, and nation.

- ✓ There are 11 zip code areas with greater socio-economic barriers than the median for the scale. Three of those zip code areas (33755, 33756, and 33771) show above average poverty rates in all measures of poverty (65 +, single mothers with children, and married parents with children) when compared to poverty rates for Pinellas County and the overall BayCare Health System service area. [18] The average household income in the Morton Plant Hospital service area ($58,967) is less than Pinellas County ($60,181), Florida ($62,685) and the nation ($67,315). [19]

- ✓ The unemployment rate for nine of the 20 zip code areas (33756, 33770, 33771, 33778, 34698, 33774, 33777, 33708, and 34683) in the Morton Plant Hospital service area is higher than the rate for Pinellas County (8.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 33770 (11.7%). [20]

- ✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited transportation options, legal status of residents, and the limited support that residents with a lower-socio-economic status may experience. Key stakeholders and focus group participants believed this was particularly the case in communities with a higher concentration of poverty. Key stakeholders discussed poverty as an indicator of poor overall health due to economic barriers that exist in areas of

[18] Ibid.
[19] Source: 2012 Nielson Claritas; 2012 Thomson Reuters
[20] Ibid.

highly concentrated poverty. Key stakeholders indicated that there are five areas in Pinellas County that have been identified as having the greatest concentrations of poverty and poorest outcomes, including health.

- Focus group participants discussed the limitations of transportation and the location of providers on the access residents have to health services. Public transportation is difficult to use, with lengthy commute times (i.e., out-of-county referrals) and limited accommodations for multiple accompanying children. Additionally, health services are sparse (i.e., birthing centers, mental health providers, etc.) and/or not available at all in Pinellas County (i.e., high-risk obstetrics, NICU, etc.). Often the location of services and transportation options make it difficult for residents that live in lower income communities and/or require specialty services to attend scheduled appointments.

- Focus group participants felt that undocumented residents may not have access to for-profit providers due to a lack of documentation and insurance coverage.

- Focus group participants discussed children of residents employed in the service industry not receiving ongoing medical and dental care due to parents not being able to take time off work and/or afford the loss of wages. Focus group participants felt that parents may not have family/friend support that can help parents manage the needs of multiple children (i.e., a child that requires transportation to and from a medical appointment may conflict with siblings arriving home on the bus after school).

✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.[21] 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, life expectancy. This Healthy People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

- 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

[21] Source: HealthyPeople.gov. Retrieved from: www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1 (last updated: 3/28/2013)

care, more likely to die early, and more likely to have a poor health status.

- 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.

- 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.

- 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 heath, it is important to increase and track the number of practicing PCPs.

KEY COMMUNITY HEALTH NEED #2:
DECREASING THE PREVALENCE OF CLINICAL HEALTH ISSUES

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents:

- **The prevalence of clinical indicators and areas of poorer health outcomes across clinical indicators that are correlated with race geographical location and socio-economic status.**

The prevalence of clinical health issues is related to the access that residents have to health services, the environmental and behavioral factors that impact health as well as the awareness and personal choices of consumers. The health of a community is largely related to the prevalence and severity of clinical health indicators among residents.

Clinical health issues prevalent in Morton Plant Hospital service area:

- ✓ The Morton Plant Hospital service area and Pinellas County are similar in the admission rates for each PQI measure and both display equal or higher rates than the overall BayCare Health System service area and Florida for the following 10 measures: Chronic Obstructive Pulmonary Disease, Adult Asthma, Diabetes Short-Term Complications, Diabetes Long-Term Complications, Lower Extremity Amputation Rate Among Diabetic Patients, Hypertension, Congestive Heart Failure, Low Birth Weight, Bacterial Pneumonia, and Urinary Tract Infection.[22]

- ✓ The analysis of data collected for the CHNA process present nuances in the Morton Plant Hospital service area and Pinellas County, which presents several challenges to hospital leadership. Supporting data values can be located in the secondary data section of this report:

    - African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence rates across many indicators (i.e., cancer, asthma, diabetes, heart disease, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births and pre-term births, infant mortality, etc.).

[22] Tripp Umbach Independent Prevention Quality Indicator Analysis

- At first glance the 20 zip code service area appears to have a high prevalence of clinical health issues; however this assessment shows a stratification of the zip code areas into high, moderate and low levels of clinical health issues.

- The zip codes with the lowest level of clinical health issues are: 33773 (with the exception of low birth weight); 33708 (with the exception of low birth weight and alcohol consumption); 34684; 33772 (with the exception of dehydration and alcohol consumption); 33763 (with the exception of adult asthma hospitalizations); 34683; 33767 (with the exception of alcohol consumption) and 33776. These zip code areas are among the best CNS scores (from 1.9 to 3.3), indicating fewer barriers to accessing healthcare than the BayCare Health System (3.5). With the exception of 33773 and 33708 showing one of the highest percentages of low-birth weight in the services area, these eight zip code areas are not represented in the secondary data in any substantial way.

- The zip codes with a moderate level of clinical health issues are: 33765, 33764, 33778, 34698, 33774 and 33777. These zip code areas are represented in the secondary data as having greater than average rates on multiple clinical indicators; however, the rates across clinical indicators are slightly above the average rates for the Tampa Bay Region and often not above the national bench mark where national data is available. These zip code areas also have moderate CNS scores (from 2.9 to 3.7) indicating a moderate level of barriers to accessing healthcare.

- The zip codes with the highest levels of clinical health issues are: 33755, 33756, 33760, 33770, 33771 and 33759. Theses six zip code areas are represented in the secondary data as having substantially higher than average rates across multiple clinical health indicators. These zip code areas also have the highest CNS scores (from 3.7 to 4.4) in the Morton Plant Hospital service area, indicating a greater than average level of barriers to accessing healthcare. These zip code areas appear to consume a large percentage of healthcare resources based on the volume of clinical issues and level of severity.

- There are several indicators in which Pinellas County and the Morton Plant Hospital service area that are presented in county-level and zip code-level data gathered from Healthy Tampa Bay that have not yet or have only slightly surpassed the national benchmarks. However, there has been substantial increase in these indicators that, if left unchecked, could become community

health needs (i.e., death rate due to strokes, coronary heart disease, diabetes, infant mortality, cancer incidence/death rates, suicide rates, tuberculosis, etc.).

- ✓ Key stakeholders addressed the need for chronic disease management due to the increasing rates of diabetes. Key stakeholders also noted the rising rates of cancer in the area. While focus group participants did not address clinical indicators at length; both primary data sources addressed the relationship between clinical indicators (i.e., cancer, COPD, diabetes, etc.) and the access residents have to healthcare, consumer behaviors, and the impact of the environment on the prevalence of clinical indicators.

KEY COMMUNITY HEALTH NEED #3:
IMPROVING HEALTHY BEHAVIORS AND ENVIRONMENTS

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents:

- **Awareness and education about healthy behaviors**
- **Presence of unhealthy behaviors**
- **Residents resisting seeking health services**

- ✓ The health of a community largely depends on the health status of its residents. Key stakeholders and focus group participants believed that the lifestyles of some residents may have an impact on their individual health status and consequently, cause an increase in the consumption of healthcare resources. Specifically, key stakeholders and focus group participants discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, substance abuse - including alcohol and prescription drugs, etc.) that can lead to chronic illnesses (i.e., obesity, diabetes, cancer, pulmonary diseases, poor birth outcomes, including low birth weight, pre-term births, physical/mental limitations of infants, etc.). Key stakeholders discussed the need for chronic disease management due to the increasing rates of obesity, substance abuse, etc. An increase in the number of chronic conditions diagnosed in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.

- ✓ Key stakeholders and focus group participants believed that the outcomes of behaviors that negatively impact health include a lack of awareness, limited understanding and utilization of services, an increased risk of poor birth outcomes (i.e., low birth weight, pre-term births, physical/mental limitations of infants), poorer health outcomes for children, mothers and residents requiring behavioral health services, undetected/untreated illnesses, children that develop poor nutritional habits,

concentration of chronic conditions in lower-income communities, perpetuated substance abuse, and higher preventable mortality rates.

Awareness and education about healthy behaviors:

- ✓ Key stakeholders and focus group participants reported that residents may not always be aware of healthy choices due to cultural/generational norms, limited access to preventive healthcare, and limited prevention education and community outreach in some areas. Key stakeholders and focus group participants believed that there is a community-wide focus on reaction vs. prevention and there is a need for increased preventive programs and screenings. However, focus group participants believed that where prevention education programs exist in their communities, residents are not engaging in them due to lack of motivation, limited awareness, fear of public events due to legal status, limitations of cultural competence, and barriers in comprehension (i.e., language, level of education, literacy, etc.). Residents were not always aware of services available to them and/or the patients they treat or what the eligibility requirements for services are due to ineffective information dissemination, language barriers, and isolation of communities with greatest needs (i.e., newly immigrated, highest concentration of poverty, etc.). Additionally, key stakeholders and focus group participants believed that parents are not always aware of behaviors that are healthy for their children. 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, education, and awareness about healthy behaviors.

Presence of unhealthy behaviors:

- ✓ When compared to the other counties in the state, Pinellas County is ranked moderately healthy at 38 out of 67 Florida counties, with a median rank of 34 on a scale of 1 to 67 (1 being the healthiest county and 67 being the most unhealthy).[23] However, a variety of data sources depict evidence of unhealthy behaviors in Pinellas County; particularly as they relate to immunization rates, smoking, alcohol consumption, non-medical use of prescription pain relievers, marijuana use, and binge drinking among teens.

- ✓ Nutrition and weight status are national issues being addressed by Healthy People 2020. According to Healthy People 2020:

[23] Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

- 35.7% of persons 20+ years were obese in 2010. The goal is to reduce this percentage by the year 2020 to 30.5% of persons nationally.[24]
- 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.[25]

- The rate of adults who eat fruits and vegetables in Pinellas County has declined from 30% in 2002 to 26.3% in 2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County. [26]

- While Pinellas County saw a decrease in the obesity rate from 27.7% to 24% from 2007 to 2010, men are slightly more likely to be obese (27.5%), with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) are obese. [27]

- Between 2007 and 2010, the percentage of adults who are overweight increased in Pinellas County from 35.5% to 41.6%. Women are less likely to be overweight than men in Pinellas County (33.9% and 49.8% respectively). [28]

- From the County Health Rankings database, Pinellas County ranks 54 out of 67 for community safety (67 being the unhealthiest ranking for Florida); worse than Hillsborough (49) and Pasco (23) counties.[29] Often, the level of safety in a community has an impact on the activity level of residents due to a resistance to recreate outside if crime is high, the built environment does not support outdoor activity, etc.

✓ Key stakeholders and focus group participants discussed the prevalence of chronic conditions (i.e., diabetes, cancer, COPD, adult and childhood obesity) due to lifestyle choices (i.e., lack of physical exercise, substance abuse, etc.). Focus group participants indicated that residents do not always have access to healthy options due to time constraints and limited access to healthy nutrition (i.e., public school menu, local grocery

[24] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141 (last updated: 3/28/2013).
[25] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=PA-1&anchor=200 (last updated: 3/28/2013).
[26] Source: Tampa Bay Partnership: Healthy Tampa Bay
[27] Ibid.
[28] Ibid.
[29] Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

stores, unhealthy food being more readily available, etc.). Residents requiring behavioral health services may not always have access to a detoxification facility that is as discrete as they would like and/or close enough to be convenient. Additionally, focus group participants believed that expecting mothers are not always practicing healthy behaviors (i.e., smoking, substance abuse, and avoiding prenatal care) causing poorer birth outcomes (i.e., low birth weight, pre-term births, rates as high as one baby a day being born addicted to a substance in some birthing facilities, etc.).

- ✓ Key stakeholders and focus group participants discussed substance abuse and specifically prescription drug abuse and the related increased chronic illness costs. Additionally, both key stakeholders and focus group participants discussed infants that are being born addicted to substances, which impacts infant health and child development.

Residents are resisting seeking health services:

- ✓ Key stakeholders and focus group participants discussed the resistance of residents to seek primary, preventive, prenatal, and behavioral healthcare due to drug abuse/addiction, cultural practices, misinformation about the need/importance, lack of incentive, limitations of transportation, fear of arrest and deportation, inability to afford services, fear of diagnosis without access to follow-up treatment, lack of discretion in substance abuse treatment, and limited trust for professionals in the healthcare industry. Residents often prefer home remedies to formal healthcare. Also, focus group participants indicated that expecting mothers attend their first prenatal visit and do not return because they do not feel as though they need to return, they secure verification of pregnancy for public assistance, or they may be using illegal substances and are trying to avoid detection. Key stakeholders also discussed the residents' resistance to follow-up with their physician and/or follow the after care directives provided. The result of residents resisting healthcare services is poorer birth outcomes, delayed diagnostics, increased preventable hospitalizations, greater consumption of medical resources, and poorer health outcomes.

- ✓ The U.S. Department of Health and Human Services has set the goal to promote health and reduce chronic disease risk through the consumption of healthier diets and achievement and maintenance of healthy body weights through Healthy People 2020.[30] The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

[30] Source: U.S. Department of Health and Human Services: Healthy People 2020; Found at: (www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29)

- Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that individuals have the knowledge and skills to make healthier choices and healthier options are available and affordable.

- Social factors thought to influence diet include knowledge and attitudes, skills, social support, societal and cultural norms, food and agricultural policies, food assistance programs, and economic price systems.

- Access to and availability of healthier foods can help people follow healthier diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home. Marketing also influences people's, particularly children's, food choices.

- Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

Conclusions and Recommended Next Steps

The community needs identified through the Morton Plant 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 an increase in the use of emergency medical services for non-emergent issues and residents that resist seeking medical care until their symptoms become emergent due to the inability to pay for routine treatment and/or preventive care.

Morton Plant 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. It is important to expand existing partnerships and build additional partnerships with multiple community organizations to develop strategies to address the top identified needs. There are several challenges presented in the hospital service area as they relate to access to affordable healthcare, the prevalence of clinical health issues, and behaviors and environments that impact health. There is a stratification of need with a large portion of the healthcare resources being consumed by a small subset of high need zip codes; while there are contrasting zip code areas with little to no need and still others with a moderate level of need. Strategic discussions among hospital leadership as well as community leadership will need to consider the interrelationship of the diverse issues (clinical, behavioral and environmental) facing the Morton Plant Hospital community. It will be important to determine 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 in more than one need area to effectively address the needs of residents in the areas with more substantial clinical health issues. 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 Morton Plant 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 residents from the multi-community service area of the Morton Plant Hospital. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to demographic data, specific attention was focused on the development of a key community health index factor: Community Need Index (CNS).

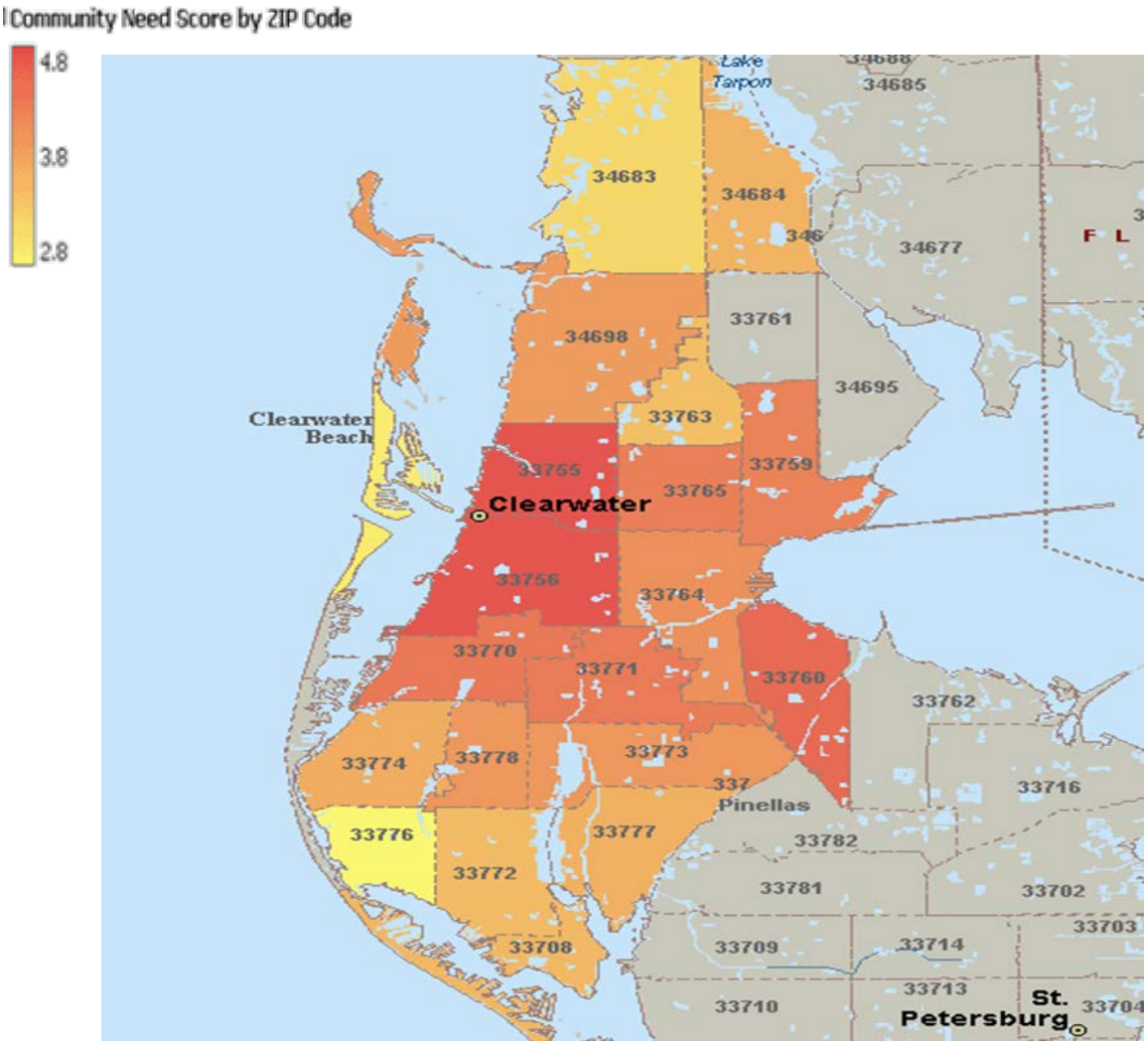
Morton Plant Hospital Overall Study Area

The Morton Plant Hospital community is located in Clearwater FL, and is defined as a zip code geographic area based on 75% of the hospital's inpatient volumes. The Morton Plant Hospital community consists of 20 zip code areas (see Table 2 & Figure 2).

Table 2: Morton Plant Hospital Community Zip Code Definition

Zip	Town	County
33708	Madeira Beach	Pinellas
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33759	Clearwater	Pinellas
33760	Clearwater	Pinellas
33763	Clearwater	Pinellas
33764	Clearwater	Pinellas
33765	Clearwater	Pinellas
33767	Clearwater Beach	Pinellas
33770	Largo	Pinellas
33771	Largo	Pinellas
33772	Seminole	Pinellas
33773	Largo	Pinellas
33774	Largo	Pinellas
33776	Seminole	Pinellas
33777	Seminole	Pinellas
33778	Largo	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34698	Dunedin	Pinellas

Figure 2: Morton Plant Hospital Community Geographic Definition



** Darker shading indicates greater barriers to healthcare access*

Community Need Index (CNI)

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 and 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.

- ✓ With an overall weighted score of 3.3, the Morton Plant Hospital Service Area shows a CNS score higher than the median for the scale (3.0) and lower than the average for the BayCare Health System Service Area (3.5), which indicates a greater than average number of socio-economic barriers to accessing healthcare, but fewer barriers than the average for the health system itself.

  - The lowest CNS score for the service area is 1.9 (there are no 1.0 scores) and the highest is 4.4 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents.

  - There are 11 zip code areas with greater socio-economic barriers than the median for the scale. Three of those zip code areas (33755, 33756, and 33771) show above average poverty rates in all measures of poverty (65 +, single mothers with children, married parents with children) when compared to poverty rates for Pinellas County and the overall BayCare Health System service area. It is important to understand the areas that have more barriers to healthcare access than the average for the county and the hospital service area.

  - The unemployment rate for nine of the 20 zip code areas (33756, 33770, 33771, 33778, 34698, 33774, 33777, 33708, and 34683) in the Morton Plant Hospital service area is higher than the rate for Pinellas County (8.8%), Florida (8.5%), and the U.S. (7.9%) with the highest unemployment rate in 33770 (11.7%).

  - While the uninsured rate for seven zip code areas (33763, 33755, 33756, 33770, 33771, 33759, and 34698) in the Morton Plant Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%), three additional zip code areas (33708, 33760, 33764) are higher than the average for Pinellas County (17.9%); there are no zip code areas with uninsured rates higher than the state (25%).

- There are two zip code areas (33764 and 33777) with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and an additional eight (33755, 33756, 33760, 33765, 33759, 33767) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

Table 3: Morton Plant Hospital Service Area CNS Indicators and CNS Scores

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33755	Clearwater	Pinellas	4	4	5	4	5	4.4
33756	Clearwater	Pinellas	4	4	5	5	5	4.4
33760	Clearwater	Pinellas	3	4	5	4	5	4.1
33770	Largo	Pinellas	3	3	4	5	5	3.8
33771	Largo	Pinellas	4	3	4	4	4	3.8
33759	Clearwater	Pinellas	3	3	5	3	5	3.7
33765	Clearwater	Pinellas	3	3	5	4	5	3.7
33764	Clearwater	Pinellas	2	3	4	4	4	3.5
33773	Largo	Pinellas	2	3	4	4	4	3.4
33778	Largo	Pinellas	3	3	4	4	3	3.3
34698	Dunedin	Pinellas	3	2	4	4	4	3.3
33774	Largo	Pinellas	2	2	3	4	4	3
33777	Seminole	Pinellas	3	3	4	4	2	2.9
33708	Madeira Beach	Pinellas	2	2	4	5	2	2.9
34684	Palm Harbor	Pinellas	2	2	4	3	4	2.9
33772	Seminole	Pinellas	2	2	4	4	3	2.8
33763	Clearwater	Pinellas	3	2	4	4	2	2.7
34683	Palm Harbor	Pinellas	2	1	4	4	2	2.3
33767	Clearwater Beach	Pinellas	2	1	4	3	1	2
33776	Seminole	Pinellas	1	1	3	3	1	1.9
Morton Plant Hospital Service Area*			**2.7**	**2.6**	**3.9**	**3.8**	**3.7**	**3.3**

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

Prevention Quality Indicators Index (PQI)

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the BayCare Health System market and Florida. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health.

The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

- ✓ Morton Plant Hospital service area and Pinellas County are similar in the admission rates for each PQI measure and both display equal or higher rates than the overall BayCare Health System service area and Florida for the following 10 measures: Chronic Obstructive Pulmonary Disease, Adult Asthma, Diabetes Short-Term Complications, Diabetes Long-Term Complications, Lower Extremity Amputation Rate Among Diabetic Patients, Hypertension, Congestive Heart Failure, Low Birth Weight, Bacterial Pneumonia, and Urinary Tract Infection.

- ✓ Morton Plant Hospital service area shows a greater admission rate for Chronic Obstructive Pulmonary Disease (1.24 per 1,000 pop.) than Pinellas County (1.19 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.).

- ✓ Morton Plant Hospital service area mirrors Pinellas County (.62 and .63 per 1,000 pop.) in their admission rate for Adult Asthma; however, both are slightly higher than that seen for the overall BayCare Health System service area (.57 per 1,000 pop.) and Florida (.51 per 1,000 pop.).

- ✓ Morton Plant and Pinellas County have higher admission rates for all of the diabetes measures except Uncontrolled Diabetes when compared to the overall BayCare Health System service area and Florida.

- ✓ Morton Plant Hospital Service area shows a greater admission rate for Congestive Heart Failure (2.44 per 1,000 pop.) than Pinellas County (2.35 per 1,000 pop.), the overall BayCare Health System service area (2.15 per 1,000 pop.), and Florida (2.23 per 1,000 pop.).

- ✓ Morton Plant Hospital service area shows higher admission rates for Low Birth Weight (4.11 per 1,000 pop) than the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.); however, Pinellas County shows the highest PQI for low birth weight (6.55 per 1,000 pop.) in the region.

Table 4: Morton Plant Hospital Service Area PQI Rates Higher than the BayCare Health System Service Area

Prevention Quality Indicators (PQI)	Morton Plant Hospital Service Area	BayCare Health System	Pinellas County	Florida
Low Birth Weight Rate (PQI 9)	4.11	3.05	6.55	3.19
Urinary Tract Infection Admission Rate (PQI 12)	1.36	1.01	1.26	0.87
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.24	1.02	1.19	0.94
Bacterial Pneumonia Admission Rate (PQI 11)	1.51	1.34	1.65	1.22
Congestive Heart Failure Admission Rate (PQI 8)	2.44	2.15	2.35	2.23
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.75	1.67	1.77	1.61
Adult Asthma Admission Rate (PQI 15)	0.62	0.57	0.63	0.51
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.44	0.38	0.43	0.34
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.15	1.11	1.18	1.09
Hypertension Admission Rate (PQI 7)	0.50	0.47	0.51	0.44
Dehydration Admission Rate (PQI 10)	0.29	0.26	0.28	0.26

Source: Florida Hospital Association Data – Calculations by Tripp Umbach

Demographic Profile – Key Findings:

- ✓ While the population of Morton Plant Hospital service area is projected to decline (-0.6%) at a slower rate than Pinellas County (-.08%) by 2017, the population in Florida is projected to increase 5.1% .

- ✓ Between 2012 and 2017, the Morton Plant Hospital service area shows a greater decrease in residents ages 25-34 years of age. At the same time, the Morton Plant Hospital service area shows a lower rate of younger individuals (aged 0-14) than the state and nation.

- ✓ The average household income in the Morton Plant Hospital service area is less than Pinellas County ($60,181), Florida ($62,685), and the nation ($67,315).

- ✓ Morton Plant Hospital service area has a greater percentage of residents that have less than a bachelor's degree when compared to Pinellas County, Florida, and the U.S.

- ✓ There is a greater percentage of the population in the Morton Plant Service area that is White, Non-Hispanic and a smaller percentage of Black, Non-Hispanic and Hispanic residents when compared to Pinellas County, Florida, and the U.S.

County Health Rankings – Key Findings:

Florida has 67 counties; therefore, the rank scale for Florida is 1 to 67 (1 being the healthiest county and 67 being the most unhealthy). The median rank is 34.

- ✓ While Pinellas County encompasses the Morton Plant Hospital service area, rankings for the three counties served by the BayCare Health System are shown below to provide perspective. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).

- ✓ Pinellas County may be considered the "healthiest" county as it shows the most ranks in the top 10 (four of the 21 measures); clinical care, diet and exercise, access to care, and the built environment. The best rankings for the region are found in Pinellas County.

- ✓ With 242 Mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).[31]

- ✓ Pinellas County (54) ranks worse than Hillsborough (49) and Pasco (23) Counties for community safety.

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 the 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.

[31] Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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)[32]
    - 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%).[33]
    - 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.
- ✓ According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed **dental care** in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.
    - Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost.[34]
- ✓ Between 2007 and 2010, the percentage of women aged 40 and over who reported having a **mammogram** in the past year decreased in Pinellas County (from 63% to 61.5%).[35] According to the National Cancer Institute, women age 40 and over should have mammograms every one to two years.[36]
- ✓ Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a **Pap smear** in the previous year decreased in Pinellas County from 63.2% to 52.4%.[37] It is important to note that the U.S. Preventive Services Task Force recommends screening for

[32] 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)
[33] Source: Tampa Bay Partnership: Healthy Tampa Bay
[34] Ibid.
[35] Ibid.
[36] National Cancer Institute: Retrieved from: http://www.cancer.gov/cancertopics/factsheet/detection/mammograms (last updated 7/24/2012).
[37] Source: Tampa Bay Partnership: Healthy Tampa Bay

cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.[38]

- ✓ Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Pinellas County (from 27.7% to 18.8%).[39] It is important to note that the U.S. Preventive Services Task Force recommends **screening for colorectal cancer** (CRC) using fecal occult blood testing (every year), sigmoidoscopy (every five years), and/or colonoscopy (every 10 years), in adults, beginning at age 50 years and continuing until age 75 years.[40]

- ✓ **Low birth weight** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 8.1% of babies born in the U.S. in 2010 were considered having a low birth weight. The goal is to reduce this percentage by the year 2020 to 7.8% of live births nationally.[41]
    - The rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%).[42] Pinellas County shows the highest PQI for low birth weight (6.55 per 1,000 pop.) in the region and Morton Plant Hospital service area shows higher admission rates for low birth weight (4.11 per 1,000 pop) than the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.). [43] This assessment shows that in 2010, nine zip code areas (33778-15.4%, 33708-15.2%, 33760-10.6%, 33777-10.5%, 34698-10.3%, 33755-10.1%, 33773-9.4%, 34683-9.3% and 33765-9.0%) had percentages of low birth weight babies higher than average for Pinellas County (8.8%) and the entire Tampa Bay region (8.6%). However, more recent data published on the Healthy Tampa Bay website shows a decrease from 2010 to 2011, which suggests those percentages may be lower as of 2011[44] (33778-6.3%, 33708-11.6%, 33760-6.1%, 33777-8.7%, 34698-5.5%, 33755-7.7%, 33773-11.6%, 34683-4.7% and 33765-7.9%), with zip code

[38] U.S. Preventive Services Task Force. Retrieved from: http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm (last updated 6/2012)
[39] Source: Tampa Bay Partnership: Healthy Tampa Bay
[40] U.S. Preventive Services Task Force. Retrieved from: http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2 (last updated: 2/26/2013)
[41] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-8.1&anchor=92105 (last updated: 3/28/2013).
[42] Source: 2012 Kids Count; The Annie E. Casey Foundation
[43] Tripp Umbach Independent Prevention Quality Indicator Analysis
[44] Note: Every decennial census year, the U.S. Census Bureau alters census tract boundaries to coincide with the updated population figures. In the CHARTS vital statistics query systems, where census tract data is available, any year previous to 2011 will use 2000 census tract boundaries, and any data from 2011 onward will use the 2010 census tract boundaries. Data from like-numbered census tracts may not be comparable between the 2000 and 2010 tract boundaries. Source: Source: CHARTS Vital Statistics Query Systems http://www.floridacharts.com/FLQuery/Birth/BirthRpt.aspx

33773 being the only area to experience an increase. Also, African Americans are disproportionately more likely (14.4%) to give birth to a baby with low birth weight than any other race in Pinellas County (Hispanic-6.3% and White-7.5%).[45]

- ✓ Women 18+ are significantly more likely to visit the emergency room due to **urinary tract infections** than their male counterparts in Pinellas County (79.2 and 88.9 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Pinellas County (33.0 and 15.6 per 10,000 pop. respectively). There are eight zip codes in the Morton Plant Hospital service area that show a higher than the average Tampa Bay Area hospitalization rate (22.5 per 10,000 pop.) for urinary tract infections (33759-31.6, 33777-29.2, 33756-28.7, 33771-28.4, 33770-28.3, 33755-27.1, 34698-25.3, and 33760-24.3 per 10,000 pop.) and two zip codes with higher than average ER visit rates (102.1 per 10,000 pop.) for urinary tract infections (33760-110.5, and 33771-103.9 per 10,000 pop.). African American residents visit the emergency room (199.7 per 10,000 pop.) and are hospitalized (40.2 per 10,000 pop.) for urinary tract infections at a rate that is almost two times the rate for residents of other ethnicities in Pinellas County.[46]

- ✓ **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.[47] Additionally, the age adjusted emergency department visits for COPD 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.[48]
    - 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 eight zip code areas in the Morton Plant Hospital service area with higher emergency room visit rates for COPD than the Tampa Bay area average

[45] Source: Tampa Bay Partnership: Healthy Tampa Bay
[46] Ibid.
[47] 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).
[48] 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).

of 14.6 per 10,000 pop. (33760-27.0, 33756-23.6, 33771-23.0, 33770-22.0, 33755-21.0, 33774-16.9, 33778-16.5 and 33765-16.3 per 10,000 pop.).[49]

- 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 six zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (33756-45.6, 33760-44.9, 33770-43.0, 33755-42.5, 33771-38.5 and 33778-36.4 per 10,000 pop.).[50]

✓ 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 four zip codes in the Morton Plant Hospital service area that show a rate higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (33760-27.6, 33756-27.5, 33771-27.5 and 33777-26.5 per 10,000 pop.) and ten zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (33778-19.2, 33777-19.0, 33771-17.6, 33770-17.2, 33760-17.1, 33756-16.2, 33773-16.2, 33759-15.0, 33755-14.9 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.).[51]

✓ 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 three zip codes in the Morton Plant 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 (33755-33.4, 33765-31.9, and 33756-31.8 per 10,000 pop.) and four 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 and 33759-4.1 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.[52]

✓ The death rate related to **diabetes** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 70.7

[49] Source: Tampa Bay Partnership: Healthy Tampa Bay
[50] Ibid.
[51] Ibid.
[52] Ibid.

per 100,000 pop. in 2010. The goal is to reduce this rate to 65.8 per 100,000 pop. nationally by the year 2020.[53]

- While the percent of adults who have been diagnosed with diabetes is not as high as the national rate, it did increase between 2007 and 2010 in Pinellas County from 8.7% to 12.4%. African American residents are diagnosed with diabetes at a rate that is more than four times (66.3 per 10,000 pop.) residents of other ethnicities in Pinellas County (Hispanic-13.5 and White 18.6). As a result, African American residents have higher rates across all measures of diabetes, including age-adjusted death rates (38.9 per 100,000 pop., Hispanic-13.5, and White 18.6 per 100,000 pop.). More recent data suggests that African American residents have experienced an increase in 2011 in the age-adjusted death rate in Pinellas County to 57.5 per 100,000 pop.[54]
- There are seven zip codes that register higher than the Tampa Bay average hospitalization rates (21.5 per 10,000 pop.) for adults 18+ years old between 2009 and 2011 (33770-39.9, 33755-35.5, 33760-29.9, 33759-27.4, 33777-23.1, 33778-22.9 and 33771-22.2 per 10,000 pop.); six above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (33770-19.3, 33755-13.3, 33759-11.5, 33760-11.0, 33778-8.4 and 33771-7.7 per 10,000 pop.); seven above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (33755-17.4, 33770-16.2, 33777-15.4, 33760-14.9, 33774-14.0, 33771-13.1 and 33759-13.0 per 10,000 pop.); seven above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes (33755-33.3, 33770-29.2, 33760-28.6, 33756-26.4, 33778-22.2 and 33771-21.4 per 10,000 pop.), and zip code level data related to the ER visit rate due to uncontrolled diabetes was not available for the Morton Plant Hospital Service area.[55]

✓ **Pediatric asthma** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the hospitalization rate for asthma among children less than 5 years old was 41.4 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 18.1 per 10,000 pop. nationally.[56] Additionally, the Emergency department visits for asthma among children less than 5 years old was 132.8 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 95.6 per 10,000 pop. nationally.[57]

[53] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=8&topic=Diabetes&objective=D-3&anchor=346 (last updated: 3/28/2013).
[54] Source: Tampa Bay Partnership: Healthy Tampa Bay
[55] Ibid
[56] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-2.1&anchor=234284 (last updated: 3/28/2013).
[57] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-3.1&anchor=235287 (last updated: 3/28/2013).

- The emergency department visit rate for pediatric asthma has been highest in Pinellas County when compared to the surrounding counties. Between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Pinellas County increased from 95.9 to 104.4 per 10,000 pop. Between 2009 and 2011, the emergency department visits for asthma among children 0-4 years old in Pinellas County was 155.8 per 10,000 pop. African American children visit the emergency room due to asthma at a greater rate in Pinellas County (303.9 per 10,000 pop.) than any other ethnicity with Hispanic children being the next highest rate (67.5 per 10,000 pop.). Between 2009 and 2011, there were seven zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (93.3 per 10,000 pop.) emergency room visit rates for pediatric asthma (33760-131.7, 33755-121.4, 33771-120.3, 33770-108.3, 33756-101.7, 33778-101.4 and 33773-93.8 per 10,000 pop.).[58]
- The hospitalization rate for pediatric asthma has also been highest in Pinellas County when compared to the surrounding counties. In between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Pinellas County increased from 95.9 to 104.4 per 10,000 pop. Between 2009 and 2011, the hospitalization rate for asthma among children 0-4 years old in Pinellas County was 34.7 per 10,000 pop. African American children are hospitalized due to asthma at a greater rate in Pinellas County (44.9 per 10,000 pop.) than any other ethnicity with Hispanic children being the next highest rate (13.7 per 10,000 pop.). Between 2009 and 2011, there were three zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (18.6 per 10,000 pop.) hospitalization rates for pediatric asthma (33771-26.1, 33770-24.7 and 33765-21.9 per 10,000 pop.). [59]

✓ **Adult asthma** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age adjusted hospitalization rate for asthma among children and adults 5–64 years old was 11.1 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 8.6 per 10,000 pop. nationally.[60] Additionally, the age adjusted emergency department visits for asthma among children and adults 5–64 years old was 57.0 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 49.7 per 10,000 pop. nationally.[61]

[58] Source: Tampa Bay Partnership: Healthy Tampa Bay
[59] Ibid
[60] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-2.2&anchor=234285 (last updated: 3/28/2013).
[61] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-3.2&anchor=235288 (last updated: 3/28/2013).

- Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased in Pinellas County (from 8.8% to 9.3%). Women are twice as likely to visit the emergency room for asthma than their male counterparts in Pinellas County (51.7 and 24.5 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity. The emergency department visit rate for adult asthma has been highest in Pinellas County when compared to the surrounding counties. Between 2007 and 2011, the emergency department visits for adult asthma among persons 18+ years old in Pinellas County increased from 35.8 to 38.4 per 10,000 pop. African American residents visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity with Hispanic residents being the next highest rate (37.2 per 10,000 pop.). Between 2009 and 2011, there were eight zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (35.5 per 10,000 pop.) emergency room visit rates for adult asthma (33771-49.1, 33760-48.6, 33756-47.2, 33755-46.7, 33770-41.4, 33777-41.1, 33778-39.0 and 33774-38.5 per 10,000 pop.). [62]
- Between 2007 and 2011, the hospitalization rate for adult asthma in Pinellas County increased slightly from 12.1 to 12.6 per 10,000 pop. African American residents are hospitalized due to asthma at a greater rate in Pinellas County (30.6 per 10,000 pop.) than any other ethnicity with Hispanic residents being the next highest rate (12.5 per 10,000 pop.). Between 2009 and 2011, there were seven zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (13.6 per 10,000 pop.) hospitalization rates for adult asthma (33763-21.8, 33760-17.5, 33756-17.1, 33770-17.0, 33755-16.9, 33774-16.6 and 33771-15.1 per 10,000 pop.). [63]

✓ **Hypertension** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted percentage of adults 18+ years old with hypertension was 29.9% between 2005 and 2008. The goal is to reduce this percentage by the year 2020 to 26.9% nationally. [64]

✓ Between 2007 and 2011, the annual age-adjusted emergency room visit rate for persons 18+ years old experiencing **dehydration** increased only slightly in Pinellas County from 10.4 to 10.8 per 10,000 pop. with residents 85+ being the most likely to visit the emergency

[62] Source: Tampa Bay Partnership: Healthy Tampa Bay
[63] Ibid
[64] Source: HealthyPeople.gov. Retrieved from: http://healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-5.1&anchor=513961 (last updated: 3/28/2013).

room due to dehydration (30.6 per 10,000 pop.). Between 2009 and 2011, there were nine zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (9.5 per 10,000 pop.) emergency room visit rates for dehydration (33760-16.0, 33771-13.4, 33770-12.7, 33756-12.6, 33773-11.0, 33774-10.9, 33772-10.1, 33778-10.1 and 33764-9.9 per 10,000 pop.). However, during the same period (2007 to 2011), the annual age-adjusted hospitalization rate for persons 18+ years old experiencing dehydration decreased in Pinellas County from 7.3 to 5.5 per 10,000 pop., with residents 85+ being the most likely to be hospitalized due to dehydration (50.3 per 10,000 pop.). Between 2009 and 2011, there was one zip code area in the Morton Plant Hospital service area with higher than the Tampa Bay area average (6.5 per 10,000 pop.) hospitalization rate for dehydration (33778-7.5 per 10,000 pop.).[65]

- ✓ The death rate related to **strokes** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 39.1 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 33.8 per 100,000 pop. nationally.[66]
  - The death rate due to a stroke has decreased between 2008 and 2010 in Pinellas County from 27.9 to 25.1 per 100,000 pop. Black residents are at a greater risk of stroke-related death (40.5 per 100,000 pop.) than any other ethnicity in the tri-county area (Hispanic-18.2 and White-23.9 per 100,000 pop.). Women are at a slightly greater risk of death related to a stroke than their male counterparts in Pinellas County (25.7 and 23.7 per 100,000 pop. respectively).[67]

- ✓ The death rate related to **coronary heart disease** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 113.6 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 100.8 per 100,000 pop. nationally.[68]
  - While the age-adjusted death rate due to coronary heart disease in Pinellas County (105.0 per 100,000 pop.) was similar to the national rate in 2010, the death rate in Pinellas County increased in 2011 to 111.5 per 100,000 pop. Additionally, the death rate for men (147.1 per 100,000 pop.) and African American residents (147.5 per 100,000 pop.) in Pinellas County is greater than the national and county averages.

[65] Source: Tampa Bay Partnership: Healthy Tampa Bay
[66] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-3&anchor=509 (last updated: 3/28/2013).
[67] Source: Tampa Bay Partnership: Healthy Tampa Bay
[68] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-2&anchor=604 (last updated: 3/28/2013).

- ✓ African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, heart disease, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births, and pre-term births, etc.).
  - Many forms of cancer in the tri-county area show a greater diagnosis rate among African American residents when compared to residents of other ethnicities. As a result, African American residents have higher rates across many measures of cancer. [69]

- ✓ **Pre-term live births** (less than 37 weeks gestation) are a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the percentage of total pre-term live births nationally was 12.0% in 2010. The goal is to reduce this rate by the year 2020 to 11.4% nationally. [70]
  - While the percentage of pre-term births has decreased in Pinellas County between 2009 and 2011 (from 13.1% to 12.7%), the rate is higher than the national average. Additionally, African American residents in Pinellas County give birth to pre-term babies more often (17%) than any other racial group. [71] In 2010, there were eight zip code areas in the Morton Plant Hospital service area with higher than the Tampa Bay area average (12.9%) pre-term births (34683-16.7%, 33776-15.5%, 33778-15.4%, 33777-15.0%, 33755-14.9%, 33764-14.0%, 34698-13.9% and 33708-12.7%).
  - While the birth rate for females aged 15-19 years of age has decreased between 2008 and 2010 in Pinellas County (41.58 to 32.7 per 1,000 live births), African American (73.1 per 1,000 live births) residents display teen birth rates that are two times the rates seen among other ethnicities in the county (less than 36.1 per 1,000 live births). [72]

- ✓ **Infant mortality** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the infant (less than 1 year) mortality rate nationally was 6.6 per 1,000 live births in 2008. The goal is to reduce this rate by the year 2020 to 6.0 per 1,000 live births nationally. [73]
  - Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among White

[69] Source: Tampa Bay Partnership: Healthy Tampa Bay
[70] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-9.1&anchor=93911 (last updated: 3/28/2013).
[71] Source: Tampa Bay Partnership: Healthy Tampa Bay
[72] Ibid.
[73] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-1.3&anchor=85899 (last updated: 3/28/2013).

infants (from 5.4 to 6.6 per 1,000 live births), whereas there was a decrease among Non-White infants (from 17.1 to 14.5 per 1,000 live births). While there was a decrease in the rate of infant mortality among Non-White infants, the rate in 2010 was still more than double that of White infants.[74] The infant mortality rate decreased between 2008 and 2009 in Pinellas County from 9.3 to 8.3 per 1,000 live births and then increased again between 2009 and 2010 from 8.3 to 8.6 per 1,000 live births.[75] In 2011, the infant mortality rate among African American infants was two times that of the county rate (13.9 and 6.6 per 1,000 live births respectively).

- ✓ **Cancer** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate overall for cancer nationally was 172.8 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 160.6 per 100,000 pop. nationally, breast cancer (22.1 per 100,000 pop.) goal of 20.6 per 100,000 pop., lung cancer (47.6 per 100,000 pop.) 2020 goal of 45.5 [76]
  - With an age-adjusted death rate for all cancers at 167.9 per 100,000 pop.; Pinellas County is slightly above the Healthy People 2020 goal. However, African American residents in Pinellas County show an age-adjusted death rate due to cancer (202.8 per 100,000 pop.) that is higher than any other racial group in the county (white residents show the next highest rate at 162.8 per 100,000 pop.) and higher than the national rate.[77]
  - Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pinellas County (from 120.1 to 123 per 100,000 pop) accompanied by a slight increase in the death rate from 20.7 to 20.9 per 100,000 pop. African American women show a higher death rate due to breast cancer than any other ethnicity in Pinellas County (27.1 per 100,000 pop.). More recent data shows the death rate increasing for African American females with breast cancer in 2011 (28.8 per 100,000 pop.).[78]
  - With an age-adjusted death rate from lung cancer of 51.1 per 100,000 pop.; Pinellas County is near the Healthy People 2020 goal.
  - Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Pinellas County from 7.0 to 7.5 per 100,000 pop.[79]

[74] Source: 2012 Kids Count; The Annie E. Casey Foundation
[75] Source: Tampa Bay Partnership: Healthy Tampa Bay
[76] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=5&topic=Cancer&objective=C-1&anchor=318 (last updated: 3/28/2013).
[77] Source: Tampa Bay Partnership: Healthy Tampa Bay
[78] Ibid.
[79] Ibid.

- Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Pinellas County from 12.6 to 13.8 per 100,000 pop.[80]

✓ The **suicide** rate is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate due to suicide nationally was 12.1 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 10.2 per 100,000 pop. nationally. [81]

- Individuals in Circuit 6 (Pasco and Pinellas counties) show the highest reported rates of serious thoughts of suicide compared with Florida.[82] Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.). While the age-adjusted death rate due to suicide has decreased between 2010 and 2011 (from 18.5 to 16.1 per 100,000 pop.); Pinellas County shows higher suicide rates than the nation. White residents are more than three times as likely to commit suicide (18.4 per 100,000 pop.) than any other racial group (African American residents are the next highest rate at 5.0 per 100,000 pop.). [83]

✓ **Tuberculosis** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020: There were 4.9 new cases per 100,000 pop. nationally in 2005. The goal is to reduce this rate by the year 2020 to 1.0 per 100,000 pop. nationally. [84]

- While Pinellas County was close to the Healthy People 2020 goal, between 2009 and 2010, the tuberculosis incidence rate increased (from 1.9 to 3.6 per 100,000 pop.). [85]

✓ **Immunization** rates are a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 95% of children in kindergarten nationwide had the required vaccinations for the 2007-2008 school year. [86]

- The immunization rate for kindergarten students in Pinellas County has steadily declined since 2007 (93.4%) to only 89.3% of the kindergarteners being fully immunized in 2010, which has increased to 90.3% in 2011. [87]

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[80] Ibid
[81] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=28&topic=Mental%20Health%20and%20Mental%20Disorders&objective=MHMD-1&anchor=124 (last updated: 3/28/2013).
[82] Source: SAMHSA
[83] Source: Tampa Bay Partnership: Healthy Tampa Bay
[84] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectious%20Diseases&objective=IID-29&anchor=557 (last updated: 3/28/2013).
[85] Source: Tampa Bay Partnership: Healthy Tampa Bay
[86] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectious%20Diseases&objective=IID-10.5&anchor=564805 (last updated: 3/28/2013).

- ✓ **Tobacco** use is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 19.3% of adults 18+ years old reported cigarette smoking in 2010. The goal is to reduce this percentage by the year 2020 to 12.0% of persons nationally.[88]
  - Between 2007 and 2010, Pinellas County saw an increase in the number of residents that smoke (from 18% to 19.3%). Slightly more females report smoking cigarettes than men in Pinellas County (22.1% and 16.2% respectively). [89]
  - Circuit 6 (Pasco and Pinellas counties) shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida. This is may be related to the fact that Circuit 6 shows the lowest rates of individuals who perceive the greatest risks of smoking.[90]

- ✓ **Substance abuse** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020:
  - 8.4% of teens age 12-17 years reported binge drinking in 2010.[91]
  - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year[92]
  - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011[93]

  - Between 2007 and 2010, there was an increase in the number of adults who reported heavy or binge drinking during the previous 30-day period in Pinellas County (from 12.8% to 16.4%), with men being approximately three times more likely than women (25.5% and 8.2% respectively), and one in four residents that are 18-44 years old (25.6%) to reporting heavy or binge drinking within the last 30 days.[94]

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[87] Source: 2012 Kids Count; The Annie E. Casey Foundation
[88] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=41&topic=Tobacco%20Use&objective=TU-1.1&anchor=285350 (last updated: 3/28/2013).
[89] Source: Tampa Bay Partnership: Healthy Tampa Bay
[90] Source: SAMHSA
[91] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-14.4&anchor=260957 (last updated: 3/28/2013).
[92] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-19.1&anchor=277340 (last updated: 3/28/2013).
[93] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-13.2&anchor=276952 (last updated: 3/28/2013).
[94] Source: Tampa Bay Partnership: Healthy Tampa Bay

- Circuit 6 (Pasco and Pinellas counties) shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.[95]

- Pinellas County shows the highest rates in every category of age and gender for emergency room visits due to acute or chronic **alcohol** abuse among residents that are 18 years old or older. Men in Pinellas County are almost twice as likely as women in Pinellas County to visit the emergency room as a result of acute or chronic alcohol abuse. Morton Plant Hospital service area has 15 zip code areas with higher than average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse (33756-75.7, 33708-54.3, 33778-48.4, 33770-46.7, 33767-45.2, 33755-42.2, 33765-41.4, 33771-40.5, 33759-38.2, 34698-38.2, 33760-37.1, 33777-36.3, 33774-34.5, 33772-28.1 and 33764-26.8 per 10,000 pop.).[96]

- Between 2007 and 2011, hospitalization rates related to **alcohol** have increased consistently in Pinellas County (from 9.1 to 9.4 per 10,000 pop.) with twelve zip codes in the Morton Plant Hospital service area showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates (33708-14.7, 33760-13.3, 33756-13.0, 33774-11.9, 34684-11.6, 33767-11.5, 33765-10.8, 33777-10.8, 33770-10.3, 34698-10.0, 33755-9.8 and 33772-9.6 per 10,000 pop.). Men in Pinellas County are also more likely to be hospitalized due to acute or chronic alcohol abuse.[97]

- Circuit 6 (Pasco and Pinellas counties) shows the highest rate of non-medical use of **prescription pain relievers** compared to Florida (4.43% of the population aged 12 and older).[98]

- Pinellas County showed an increase between 2008 and 2009 in the percentage of high school students who used **marijuana** one or more times during the 30 days before the survey was administered (from 20.2% to 20.9%).[99]

✓ **Nutrition and weight status** are national issues being addressed by Healthy People 2020. According to Healthy People 2020:

  - 35.7% of persons 20+ years were obese in 2010. The goal is to reduce this percentage by the year 2020 to 30.5% of persons nationally.[100]

[95] Source: SAMHSA
[96] Source: Tampa Bay Partnership: Healthy Tampa Bay
[97] Ibid.
[98] Source: SAMHSA
[99] Source: Tampa Bay Partnership: Healthy Tampa Bay

- 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.[101]

- The rate of adults who eat **fruits and vegetables** in Pinellas County (30% to 26.3%) has declined from 2002-2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.[102]

- While Pinellas County saw a decrease in the **obesity** rate from 27.7% to 24% from 2007 to 2010, men are slightly more likely to be obese (27.5%) with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) is obese.[103]

- Between 2007 and 2010, the percentage of adults who are **overweight** increased in Pinellas County from 35.5% to 41.6%. Women are less likely to be overweight than men in Pinellas County (33.9% and 49.8% respectively).[104]

- Pinellas County (54 out of 67) ranks worse than Hillsborough (49) and Pasco (23) counties for **community safety**.[105]

2012 Kids Count – Key Findings:

✓ While the rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%), the admission rate for low birth weight is much lower in the Morton Plant hospital area than the county (according to PQI analysis).

✓ Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among White infants (from 5.4 to 6.6 per 1,000 live births), whereas there was a decrease among Non-White infants (from 17.1 to 14.5 per 1,000 live births). While there was a decrease in the rate of infant

[100] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141 (last updated: 3/28/2013).
[101] Source: HealthyPeople.gov. Retrieved from: http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=PA-1&anchor=200 (last updated: 3/28/2013).
[102] Source: Tampa Bay Partnership: Healthy Tampa Bay
[103] Ibid
[104] Ibid.
[105] Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

mortality among Non-White infants, the rate in 2010 was still more than double that of White infants.

- ✓ The immunization rate for kindergarten students in Pinellas County has steadily declined since 2007 (93.4%) to only 89.3% of the kindergarteners being fully immunized in 2010.

Substance Abuse and Mental Health Services Administration (SAMHSA) – Key Findings

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region-specific data from the entire United States in relation to substance use (alcohol and illicit drugs) and mental health.

Every state is parceled into regions defined by SAMHSA. The regions are defined in the '2008-2010 National Survey on Drug Use and Health Substate Region Definitions'.

Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.

For the BayCare Health System service area, the regions are defined as follows:

- ❑ **Circuit 6: Pasco and Pinellas counties**
- ❑ **Circuit 13: Hillsborough County**

- ✓ Circuit 6 shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.
  - Circuit 6 shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals in Florida.
- ✓ Circuit 6 shows low rates of individuals reporting alcohol dependence or needing but not receiving treatment for alcohol dependence; Florida shows higher rates for both of these concerns.
- ✓ Circuit 6 shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida and the other circuit in the study area.
  - This may be related to the fact that Circuit 6 shows the lowest rates of individuals who perceive the great risks of smoking.
- ✓ Circuit 6 shows the lowest rates of individuals that perceive great risk associated with smoking marijuana, while at the same time showing the lowest marijuana usage rate compared with Florida. Generally, these values are negatively correlated; it may tell us that there is simply little exposure and usage of marijuana in this county.

- ✓ Circuit 6 shows the highest rate of non-medical use of prescription pain relievers compared to Florida (4.43% of the population aged 12 and older).

- ✓ Individuals in Circuit 6 report needing but not receiving treatment for illicit drug dependence less than individuals in Florida.

- ✓ Individuals in Circuit 6 shows the highest reported rates of serious thoughts of suicide compared with Florida.

Additional data and greater detail related to the secondary data analysis of the Morton Plant Hospital service area is available in Appendix B.

Key Stakeholder Interviews

Data Collection:

The following qualitative data were gathered during individual interviews with 10 stakeholders of the Morton Plant Hospital area, as identified by an advisory committee of executive leadership. Morton Plant Hospital is a 687-bed facility, providing highly technical and personalized care in more than 50 specialty areas, and also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. 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 Morton Plant Hospital executive leadership project team.

Summary of Stakeholder Interviews:

What community do you represent professionally?

Of the 10 respondents, the places stakeholders mentioned when asked what community they represent professionally are: City of Clearwater, Pinellas County, Tamp Bay region, financial services, healthcare (in order of most mentioned).

Your position in the community?

Of the 10 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, and minority populations, and populations with chronic disease needs, in the community served by Morton Plant's Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- City Manager for the City of Clearwater
- Executive Vice President of Provise Management/Homeless Emergency Project
- Internist at Morton Plant Hospital
- Director of Business Development for the Community Health Centers of Pinellas County
- West Coast Cardiology and Association
- CPA at PRD-Certified Public Accountants
- Bureau Director for the Pinellas County Health & Human Services
- Director of the Pinellas County Health Department
- Project Manager of the One Bay Healthy Communities
- Concurrent Review Nurse for Universal Medicare/Medicaid

How would you describe a healthy community?

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

Resident wellness was identified by six 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:

- Residents that are physically, emotionally, and spiritually healthy.
- Residents that are engaged in improving the health of the community.
- People who take responsibility for their own health.
- Residents that are encouraged to use available health services.
- Health indicators all indicate a healthy community.
- Access to a healthy lifestyle.
- A healthier population.
- A focus on prevention and not on reaction.

A community's ability to support and meet the needs of residents including access to healthcare was identified by eight 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 including access to healthcare that a healthy community should have:

- Opportunities for residents to access healthcare, education, and insurance.
- Ability to be responsive to health needs and address disparities.
- Community activities that create a sense of belonging for residents.
- Ability to attend to the safety and security needs of residents.
- Proper infrastructure that supports healthy people.
- Open access to healthcare and doctors when resident need it.
- Social services agencies to meet residents' needs.
- Ability to maximize resident potential.
- Healthy social activities.
- Access to healthy food.
- Access to parks and recreation.

What are some specific health need trends locally/regionally?

The two themes identified upon review of the specific health need trends identified most often by stakeholders are: Unhealthy behaviors that can increase chronic illness and disease and barriers to accessing affordable healthcare.

Unhealthy behaviors that can increase chronic illness and disease were identified by seven stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to unhealthy behaviors that can increase chronic illness and disease:

- Cancer rates are rising.
- Obesity is an issue in adults and children that is causing heart disease, diabetes, and other chronic diseases to rise.
- There is a need for chronic disease management.
- Patients are not always following physician's orders.
- Patients do not always follow-up with their primary care physician.

- 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.
- Residents may be practicing unhealthy lifestyle choices (i.e., substance abuse)

Barriers to accessing affordable healthcare were identified by six stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to unhealthy behaviors that can increase chronic illness and disease:

- At times residents may not always have access to the healthcare services they need (i.e., medical, dental and mental health services) due to a limited supply of providers and/or lack of insurance. This is often the case in areas where poverty is heavily concentrated.
- There is a need for increased coordination of care for residents, particularly those without health insurance because they do not have access to a reliable system of care, including specialty care.
- Behavioral healthcare could be better integrated into medical settings.
- Residents may be under/uninsured due to being disqualified for government assistance (includes health insurance coverage) and unable to afford private-pay insurance.
- The number of uninsured residents has increased in recent years, which leads to limitation on healthcare access.

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 (50-60 yrs., 75+ yrs. and Medicaid-dependent), Under/uninsured (e.g., Low-income residents that are Medicaid-ineligible), General population, Chronically ill (e.g., diabetic, obese, etc.), residing in an area with a high concentration of poverty, low-income, homeless, African American (obese and/or pregnant), non-English speaking, end-of-life patients, lower-middle class, and single parents.

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

- There are local hospitals;
- BayCare Hospitals are strong community supporters;
- Transportation is available in Southern Pinellas County;
- Residents support the community through volunteerism and philanthropy;
- There are healthcare resources available for under/uninsured residents (the Community Health Centers);
- BayCare hospitals offer prevention education in the community;
- There is a lot of information and organizations are willing to share;
- Increased collaboration;
- The City is financial secure;
- Quality public services in the community;
- Community institutions and organizations are supportive of one another and the community (i.e., county, city, local businesses, community-based organizations and non-profits, etc.);

- There is a good network of physicians; and
- Hospital consolidation is increasing which leads to efficiencies and allows issues to be better identified and addressed.

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 10 stakeholders interviewed identified the following as the top health needs facing underserved residents in local/regional communities:

- Limited access to affordable healthcare as it relates to:
  - Many residents are under/uninsured due to the inability to afford private-pay insurance premiums and/or deductibles. As a result, residents will not seek medical care until an issue becomes an emergency, and they have to go to the emergency room due to the inability to pay for medical services elsewhere.
  - There is limited access to dental care due to limited insurance coverage, inability to pay for uninsured dental care, and limited locations that offer uninsured dental care.
  - The focus of the community is often on reactive treatment instead of preventive care.
  - Residents may not be able to afford medications they need.

- Chronic illness related to:
  - There is a need for chronic disease management due to the increasing rates of obesity, diabetes, substance abuse, etc.
  - Healthy foods are not as available as unhealthy food.
  - Need increased prevention and screening efforts to detect and prevent chronic illnesses.

- Behavioral health as it relates to:
  - There are a limited number of mental health and substance abuse treatment providers in the area, with BayCare being the primary provider of mental health services.
  - Substance abuse was the number one issues recognized in a Pinellas county health survey as it relates to overdosing and prescription drug abuse
  - Depression is prevalent and may impact a person's health status.

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 10 stakeholders, three stakeholders were either unsure or did not provide a valid response. Of the seven stakeholders that responded: three believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- The medical community;
- Community providers;
- Faith-based organizations;
- Residents and the community;
- Government bodies (local and federal) and officials;
- HEP Clinics;
- Hospitals and Hospital policy makers;
- Physicians and pharmacies;

- Any organization that deals with residents; 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 10 responses, three stakeholders responded that they believe there are adequate resources available in the Morton Plant Hospital service area to address the aforementioned issues/problems. Five stakeholders did not believe adequate resources were available and two stakeholders were either unsure or did not provide a valid response. Several stakeholders offered the following recommendations:

- More financial resources would make us more effective.
- Partner with community health centers, making them as robust as possible.
- Need more collaboration among local and county governments
- Connections to the resources that are available is key.
- Better partnership with primary care network, transparency of data, and longitudinal care could improve.
- The reimbursement on substance abuse and mental health care is low. There are not enough private dollars to deal with all of the people with mental health issues.
- The community would need to lobby for reasonable reimbursement from Medicaid and Medicare for care pertaining to these issues.
- Hospitals cannot handle dental care.

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:

- Kids are not getting the physical activity they need to be healthy.
- Pre-diabetic and the underserved are larger numbers and will increase the need for resources.
- There is a need for better inner-city planning to make communities walkable and developing the infrastructure that supports physical activity.
- People are much sicker than they used to be when they enter they seek treatment and often do not receive follow-up care due to Florida Medicaid experiencing state funding cuts, need to get adequate follow-up care.
- When a welfare patient needs transferred to a higher level of care, it can be difficult to get them accepted into a hospital system. While pediatric patients have access to medical assistance; once residents turn 21, they become disqualified for services

Focus Groups with Community Residents

Tripp Umbach facilitated five focus groups with residents in the Morton Plant Hospital community. Approximately 37 residents from the Morton Plant Hospital community participated in focus groups 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 five discussion groups conducted with target populations that were defined by Morton Plant Hospital leadership. Each group was conducted by Tripp Umbach consultants, and participants were provided a $20 gift card incentive. The discussion groups were conducted using a discussion guide previously created by Tripp Umbach and reviewed by Morton Plant 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 Morton Plant 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 audiences were:

- ✓ Residents earning a low-Income that are Medicaid ineligible
  - Conducted at Community Health Centers at Tarpon Springs (Tarpon Springs, FL) on April 5, 2013
- ✓ Residents for whom English is a second language
  - Conducted at Intercultural Affairs Institute (Clearwater, FL) on April 3, 2013
- ✓ Obstetric professionals serving families that are at risk of poor birth outcomes
  - Conducted at Tampa Family Health Centers (Tampa, FL) on April 5, 2012
- ✓ School nurses serving children and families in school settings
  - Conducted at St. Joseph's Hospital (Tampa, FL) on April 10, 2012
- ✓ Private behavioral health practitioners serving residents with behavioral health needs
  - Conducted at BayCare Administrative Building (Clearwater, FL) on April 4, 2012

LOW-INCOME MEDICAID-INELIGIBLE RESIDENTS (PASCO AND PINELLAS COUNTIES)

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are Low-income and Medicaid-ineligible in those counties where this population is concentrated in the BayCare Health System service area (i.e., Pasco and Pinellas), as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, Low-income and Medicaid-ineligible residents discussed four community health needs and concerns in their communities. These were:

1. **Access to healthcare**
2. **Behaviors that impact health**
3. **Impact of socio-economic status**
4. **Lack of mental health services**

ACCESS TO HEALTHCARE:

The Low-income and Medicaid-ineligible residents perceived that access to healthcare in their communities is limited in the areas of availability, communication, cost, dental care, insurance coverage, specialists, and transportation.

Perceived Contributing Factors:

- Participants of the focus group felt that the availability of specialty care in their area is limited due to the high cost of appointments. Participants mentioned that as a result of not seeking specialty care, residents are choosing to not see their doctors and are not being diagnosed or treated.
- Participants mentioned that residents in their area are not always able to afford physician appointments to fill necessary prescription medications that are required on an ongoing basis to treat chronic illnesses (i.e., diabetes, COPD, tooth extraction, etc.). Residents are getting sicker and/or administering treatment to themselves (i.e., tooth extraction).
- Participants felt that care for the uninsured in the area is simply not affordable, there are limited options for the under/uninsured; medications, diagnostic testing, treatments, doctor visits, etc. are inaccessible.
- Participants of the group identified the specific concern of testing being unaffordable even at sliding-scale fee clinics. It was mentioned that testing is a separate fee than co-payments, and that having both costs can sometimes be too much for individuals and/or families. Participants mentioned that it was their understanding that residents are not always informed of the costs of the testing and are billed for the procedures after, at which time they are not able to pay. Participants mentioned that this is more the case for in-home testing. The impact of the high costs and miscommunications is that residents choose not to seek care if they are unaware of how much it will cost them.

- Residents felt that there is a lack of insurance coverage for individuals who do not qualify for Medicaid and those that cannot afford private-pay insurance.
- Participants were under the impression that private-pay insurance can cost as much as $800 per month. On the other hand, participants feel that Medicaid is calculated based on an individual's gross income (before taxes are taken out) and thus, individuals don't end up having enough to cover healthcare costs after taxes are taken out.
- One participant mentioned, and others agreed, that residents in the area are forced to choose the care that they receive based on cost. An individual may have enough money to see their doctor, but not enough money to fill the prescriptions for the treatment of their care, and follow-up visits or specialist doctor visits are extremely difficult to hold. Participants identified the direct impact that this has on the health of individuals in the area as being individuals not seeking necessary care and treatment and thus become unhealthier.
- Another participant mentioned that they are sometimes torn between paying for private insurance coverage or just the fines associated with no insurance coverage.
- Many of the participants felt that even residents with Medicaid coverage have difficulties finding doctors that will accept their insurance. Participants were under the impression that some doctors request two forms of Medicaid, and those specialists rarely or never take individuals with Medicaid coverage.
- A handful of individuals in the focus group expressed a concern over poor communication between healthcare providers, insurance coverage organizations, and patients.
- Specifically, residents felt that professionals do not always communicate with under/uninsured residents adequately (Medicaid determination, diagnosis, fees, referrals, resources, etc.).
- Participants specifically spoke of Medicaid termination and that if this occurs, they are under the impression that communication back with the covered individual is lacking. One participant spoke specifically of her Medicaid coverage being cancelled, she not being informed and needing to go to a local hospital ER for her chronic illness medications (diabetes and lung issues).

Mitigating Resources:

Low-income Medicaid-ineligible residents in Pasco and Pinellas Counties identified the following existing resources in their communities that they felt could improve the access to care:

- Medicaid coverage for children – Participants felt that children have adequate healthcare coverage in their area.
- Medicare coverage is widely accepted.
- Unemployment – This might be an option for some, but is not nearly enough to cover healthcare costs.
- Sliding-scale clinics – Participants mentioned this as a resource, but fees can be confusing.
- Good Samaritan Clinics (one specifically mentioned in Pasco County) – May offer free care, but only serves patients that are residents of that county.
- Referral/specialist list from primary care doctor – but information is often times, inaccurate, or outdated.

- 2-1-1 phone service offers information over the phone.
- Internet searches.
- Health department offers sliding-scale fee services (preventive care, medical care).
- The Harbor offers behavioral health services.
- Participants of the group mentioned that some physicians, when pressed, refer patients directly to a specialist which saves patients the hassle of having to find a specialist that is available and taking their insurance.

Group Suggestions/Recommendations:

Participants of the focus group offered the following as possible solutions to help improve the access to healthcare in their communities.

- ***Inform patients of the costs associated with their care; testing, sliding-scale clinics, multiple doctor appointments, specialist costs:*** Participants mentioned that they are billed after their care or testing and they were never informed of the additional fees. Participants also mentioned confusion with the fees associated with the sliding-scale clinics.

- ***Tighten the lines of communication between patients and their providers:*** Participants did not feel that residents in the area are given enough advance notice of insurance termination. Participants felt that this should be communicated to patients earlier and better. Also, patients felt that information that is provided by their doctors is sometimes inaccurate (i.e., specialist/referral lists). Having a clearer system to refer patients through would be beneficial for all parties.

- ***Increase the number of health facilities:*** Participants were concerned that there were not enough healthcare facilities (hospitals, doctor offices, etc.) in their area and that possibly, with more facilities, individuals in the community would attend to their health on a more regular and even preventive way.

- ***Offer more affordable and accessible insurance coverage options:*** Participants felt that the requirements for Medicaid are difficult to fit into (23- to 32-hour work week, tight income levels). Participants felt that expanding the Medicaid coverage options would help a large percentage of the individuals in need.

- ***Offer more affordable medication options:*** Participants felt that once an individual has been diagnosed with a chronic condition, their medications should be easier and cheaper to obtain. Offering programs through local pharmacies to reduce the costs of regular medications would be very helpful for many of the residents of the area.

BEHAVIORS THAT IMPACT HEALTH:

Low-income Medicaid-ineligible residents in Pasco and Pinellas Counties felt that healthy behaviors in their communities are limited by resident awareness, access to healthy options, individual choices, and availability of knowledge of preventive screening services.

Perceived Contributing Factors:

- The first concern mentioned by participants of the group in relation to behaviors impacting health was poor health decisions by residents (smoking, substance abuse, etc.). Participants mentioned that such unhealthy behaviors affect not only the individual, but also the larger community.
- Participants felt that chronic conditions are correlated with poor lifestyle choices (i.e., smoking and cancer).
- Participants felt that some preventive care measures, specifically eye care, are difficult (or even impossible) to find in their area.
- Participants were aware of the beneficial aspects of preventive care; reducing time and costs of health concerns down the line.
- Participants were concerned about the high costs of preventive healthcare in their area.
- Participants mentioned that a negative impact of high costs for preventive care is that residents are then not seeking preventive care measures.
- Participants felt that a major reason why preventive healthcare is not pursued in their area is due to lack of facilities that offer preventive care services.
- Participants of the group felt that due to poor lifestyle choices, as well as high costs of and limited access to preventive care, residents are not seeking care, which then leads to higher rates of chronic health conditions such as diabetes and cancer.
- Participants felt that many serious health conditions are found "too late" in their area due to lack of preventive care services.
- A few participants mentioned difficulty in seeing a dentist for regular checkups and that sometimes dental concerns escalated to the point of extracting teeth on their own.

Mitigating Resources:

Participants of the focus group (Low-income Medicaid-ineligible residents in Pasco and Pinellas Counties) identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- Participants mentioned that the Health Department offers checkups for residents, but that it is on a sliding-scale fee schedule and that sometimes residents are unable to pay.
- One participant mentioned that female preventive care (i.e., mammograms) can be covered by the government.
- Medicaid covers children for everything.
- The Harbor in Port Richey is an organization that assists residents with substance abuse difficulties.

- Phone services (2-1-1 or 4-1-1) give residents information of resources in the area (shelters, clinics, etc.).
- Participants mentioned that Internet searching is a good avenue to find resources in their area.
- A list from a community center was also mentioned as a resource for residents in the area.

Group Suggestions/Recommendations:

Low-income Medicaid-ineligible residents offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- ***Educate children and adults of healthy life decisions:*** Participants were concerned about smoking in their area. Participants mentioned that teaching children the negative impacts of smoking will aid in reducing the rates of smoking in the future. Participants also mentioned that adults hold misconceptions concerning the negative impacts of smoking and that these misconceptions need to be corrected, possibly through educational seminars throughout the community.

- ***Offer more preventive healthcare facilities:*** Participants mentioned that there is nowhere to go for eye care in their area. Participants felt that it would be helpful to have more facilities in their area that aid patients in screening and preventive care. Also, participants mentioned that it would be helpful to have more healthy behavior options (recreational centers, healthy food options, etc.).

- ***Focus efforts more on preventive care:*** Participants were under the impression that their healthcare happens more after a condition has become an issue. Participants felt that focusing efforts on screenings and testing for conditions such as diabetes could drastically reduce healthcare costs and residents' time and energy in trying to better their health.

- ***Reduce exposure to unhealthy options:*** Participants of the group felt that being around or having unhealthy options in their region is detrimental for the community's health. Participants thought that having restrictions on unhealthy behaviors (i.e., designated smoking areas) could help make their community healthier.

IMPACT OF SOCIO-ECONOMIC STATUS:

Participants of the focus group (Low-income Medicaid-ineligible residents of Pasco or Pinellas Counties) perceived that an individuals' socio-economic status (i.e., income, employment, etc.) was a large factor in their access to healthcare in their area.

Perceived Contributing Factors:

- Participants were under the impression that getting a medical appointment is much more difficult for an individual who is under/uninsured, because medical providers that accept under/uninsured residents are limited.

- Participants mentioned that many jobs in the area are sales-based, and are therefore dependent on commission. With the economy on the rocks, residents' incomes are being negatively impacted.
- Participants of the group mentioned that unemployment is a problem in the area and that job openings are scarce.
- Participants felt that employers in the area avoid offering health insurance plans to employees by hiring multiple part-time employees instead of paying for one full-time employee with health benefits.
- Participants expressed concern over underemployment in the area due to residents working part-time jobs.
- As mentioned previously, participants felt that the income requirements for assistance do not seem fair and they felt that assistance is determined by gross income levels of residents, not taking into consideration life expenses.
- Participants also mentioned that for many residents, minimum wage is the norm.

Mitigating Resources:

Participants of the group identified the following existing resources in their communities that they felt mitigate the impact of socio-economic status on residents' health, they included:

- Medicaid.
- The select few healthcare providers that accept under/uninsured patients.

Group Suggestions/Recommendations:

Participants of the focus group (Low-income Medicaid-ineligible residents of Pasco or Pinellas Counties) offered the following solutions to improve the impact of socio-economic status on health.

- ***Offer more services for the under/uninsured populations:*** Participants mentioned that finding and receiving care when an individual has limited coverage is difficult to impossible. Participants felt that providing more facilities for under/uninsured individuals would allow for a healthier community via more screening, preventive care, and necessary care.

- ***Expand Medicaid coverage:*** Participants felt that loosening the requirements necessary to qualify for Medicaid would aid many individuals that are currently under/uninsured to have coverage and therefore able to seek care.

MENTAL HEALTH:

Participants of the group touched on the fact that the availability of mental health services is a concern for their community.

Perceived Contributing Factors:

- Participants felt that mental health is an expansive concern that is actually a global concern.
- Participants were under the impression that a large contributor to inadequate mental health services in their area and in the United States is limited funding from the government.
- Participants mentioned specific concerns for mental health services for children and that these are not provided through normal government health coverage.
- One area of concern that participants mentioned was a perception of limited behavioral health services in their immediate area and that the closest services require some form of transportation to access.

Mitigating Resources:

Low-income Medicaid-ineligible residents of Pasco or Pinellas Counties were aware of a handful of resources in their area that could assist in providing information concerning mental health services, and few that actually provide mental health services in their area.

- A community clinic list of providers; but participants were under the impression that the list was often times inaccurate.
- One participant did mention a facility on Belcher that is a mental health facility, but this is very far away.
- The Good Samaritan Clinic.

Participants were under the impression that mental healthcare is better provided for in Pasco than Pinellas County.

Group Suggestions/Recommendations:

Participants of the group offered the following solutions to improve the availability of mental healthcare services in their area:

- ***Allocate more funds to mental health:*** Participants felt that funding for mental health services in their area is lacking. Participants felt that increasing the funds available for mental health services in their area could improve the health of their community in various ways; helping the individuals with mental health concerns, getting treatment for those in need, and potentially making a safer community through these efforts.

- ***Provide clear information concerning mental health resources:*** Participants mentioned that a list is available of mental health providers but that it is often inaccurate. Participants felt that an accurate list of providers could be helpful not only to residents in need of mental health services, but also helpful for families of those residents.

- ***Healthcare providers to be more understanding when mental health referrals are warranted:*** Participants felt that it is sometimes difficult to get a referral from a doctor for a mental health concern. Participants mentioned that not having to pressure their doctor for a referral many times would be helpful in order to more readily seek mental health care.

RESIDENTS FOR WHOM ENGLISH IS A SECOND LANGUAGE FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting residents for whom English is a second language in Pasco and Pinellas Counties, as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, residents for whom English is a second language from Pasco and Pinellas Counties discussed three community health needs and concerns for residents in their community. These were:

1. **Access to primary, preventive, dental, and mental healthcare**
2. **Behaviors that impact health**
3. **Information and education**

ACCESS TO PRIMARY, PREVENTIVE, DENTAL, AND MENTAL HEALTHCARE:

Residents for whom English is a second language perceived that access to primary and preventive healthcare in the Tampa Bay Area may be limited in the areas of access to information, lack of documentation, and the cost of medical services.

Perceived Contributing Factors:

- Participants felt that residents were not always aware of eligibility requirements to qualify for healthcare services including proof of income, residency, and legal documentation.
- Resident may not be seeking health services due to the hours of operation interfering with child care or employment.
- Residents for whom English is a second language do not always have the documentation required for medical services.
- Residents may not always be able to afford the cost of under/uninsured medical care (i.e., surgeries, nutritionists, prescription medication, and other medical services). At times, residents may receive a necessary procedure and then receive a bill later. If residents are not able to pay medical bills, they may be sent to a debt collection agency depending on the hospital where care was received and be able to participate in a monthly payment plan.
- Residents are not always following through with medical treatments and needed services due to medical billing and their inability to pay medical bills. Residents do not seem to be aware of financial assistance programs and/or if they qualify for such assistance.
- Many residents for whom English is a second language agree that communication with medical professionals can be improved. Often, language is a barrier due to English not being residents' main language and limited access to translation services, resulting in ineffective communication.

- Access to affordable insurances is not readily available. Part-time employers typically do not offer health insurance; and those who are self-employed lack the discretionary income to afford the cost of insurance.
- Residents do not always qualify for Medicaid insurance due to self-employment, underemployment, or a lack of legal documentation.
- While there are some free clinics that offer referrals to specialists, residents are required to see the primary care physician to secure referral services, which requires multiple co-pays.
- Health insurance can be difficult to secure for children that were born outside of the U.S. and are not natural born citizens due to the eligibility requirements for KidCare and Medicaid related to children.
- There is a general lack of trust between residents for whom English is a second language and medical providers. The general impression is that consumers expect that providers are going to be dishonest and are not to be trusted.
- Residents are not always able to attend follow-up and/or referral appointment due to lengthy commutes, the distance between providers, and limited public transportation.

Mitigating Resources:

Residents for whom English is a second language identified the following existing resources in their communities that they felt could improve the access to primary, preventive, dental, and mental healthcare:

- Certain local medical providers (i.e., Morton Plant Hospital) work with residents to set up payment plans that are affordable.
- Cost of services at some community clinics are free and/or on a sliding-scale.
- Participants felt that specialty care may be available on an emergency basis.
- Those who have children born in the U.S. have no issues acquiring Florida KidCare or Medicaid for their child

Group Suggestions/Recommendations:

Residents for whom English is a second language offered the following as possible solutions to help improve the access to primary, preventive, dental, and mental healthcare in their communities.

- ***Reduce barriers to accessing care:*** Participants felt that there are barriers to accessing healthcare for residents for whom English is a second language. Participants recommended that having a medical advocate that guides residents through the medical processes at hospitals, medical facilities in the community, and other medical resources (i.e., public assistance). This person would preferably be the same person at all times to avoid miscommunication. The person would also have information about services and provide guidance to the resident on how best to seek medical attention.

- ***Increase access to affordable care:*** Participants believed that medical care is not always affordable. Participants recommended that insurance costs (i.e., premiums, co-pays, and deductibles) be based on the income of residents.

- ***Increase consumer controls:*** Participants felt that residents could make more informed decisions if they knew the cost comparison between uninsured medical services and insurance premiums, co-pays, etc. The cost comparison would provide details on the cost of insurance versus the cost of deductibles and co-payments, as well as include what medical services are covered under the insurance plan.

BEHAVIORS THAT IMPACT HEALTH

Residents for whom English is a second language perceived that healthy behavior in their communities are limited by resident awareness, access to healthy options, and individual choices.

Perceived Contributing Factors:

- Many residents use home remedies to address medical concerns due to a general distrust of the formal medical industry, resistance to seek medical treatment, and/or a lack of access to healthcare.
- Participants felt that the interaction between medical professionals and residents for whom English is a second language is often condescending, and not as informative as residents may require, in understanding their individual health statuses.
- Residents are not always practicing healthy behaviors due to a lack of awareness, limited access to healthy options, time constraints (i.e., limited time to eat healthy due to hours spent working), and individual choices.
- Participants were under the impression that public schools are leading children to prefer poor nutrition over healthy nutritional options due to providing unhealthy foods during school hours.
- Residents are not always aware of the causes of and/or how to prevent chronic illnesses (i.e., diabetes).

Mitigating Resources:

Residents for whom English is a second language identified the following as an existing resource in their communities that they felt could improve the practice of healthy behavior.

- The intercultural center offers flyers to residents about resources and holds community health fair.

Group Suggestions/Recommendations:

Residents for whom English is a second language offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- ***Increase awareness about healthy behaviors:*** Participants felt that residents are not always aware of healthier options (i.e., nutrition). Participants recommended that physicians could provide additional information on nutrition and insight on how to maintain a healthy diet. Participant also recommended that the community begin to offer healthy cooking classes to teach residents how to practically apply healthy eating habits in the kitchen. Additionally, participants recommended that education about health behaviors be offered at local festivals and community events.

- ***Increase the trust of community providers:*** Participants believed that residents avoid seeking medical care in more traditional healthcare settings due to a lack of trust. Participants recommended that health providers establish a presence and a bond with residents in a community to build trusting relationships.

INFORMATION AND EDUCATION:

Residents for whom English is a second language perceived that the information and education of residents is limited by resident awareness, trust, limited messaging, and disconnection within the community.

Perceived Contributing Factors:

- Participants felt that the current outreach efforts are not as effective as they could be in penetrating the community due to residents relying on a variety of information portals and resources (i.e., radio, T.V., newspaper, etc.).
- Participants were largely unaware of services, eligibility requirements for programs and services, etc.
- Participants believed that available programs and services are not being publicized effectively for maximum exposure among residents for whom English is a second language.
- Residents that are new to the area and from another country may not always know what programs and services should be available to them in the United States. The same residents are often isolated, and do not always know where to find information and/or what information should be available.

Mitigating Resources:

Residents for whom English is a second language identified the following existing resources in their communities that they felt could improve access to information and education:

- There are community organizations that post information about available programs and services (i.e., the intercultural institute).
- There are educational services available at community organizations and local medical facilities.

Group Suggestions/Recommendations:

Residents for whom English is a second language offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- ***Increase effective communication regarding medical issues:*** Participants believed that there is limited outreach in the community that effectively reaches a large portion of residents for whom English is a second language. Participants recommended that informational material could be more readily available and distributed through the community through multiple outlets including information being sent home with children, radio ads, T.V. spots on popular Latin and English channels, informational tables at events (i.e., farmers markets, dances, festivals) to ensure maximum exposure.

PROFESSIONALS SERVING MOTHERS AT RISK OF POOR BIRTH OUTCOMES

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are at risk of experiencing poor birth outcomes such as, infant mortality, pre-term births and low birth weight in the BayCare Health System service area, as well as ways to address the health concerns of this population. There was professional representation from Hillsborough, Pasco, and Pinellas Counties.

PROBLEM IDENTIFICATION:

During the discussion group process, professionals serving mothers at risk of poor birth outcomes discussed two community health needs and concerns for mothers at risk of poor birth outcomes in their communities. These were:

1. **Access to prenatal care**
2. **Behaviors that impact the health of mothers and babies**

ACCESS TO PRENATAL CARE:

Professionals serving mothers at risk of poor birth outcomes perceived that access to prenatal care in their communities may be limited in the areas of availability, barriers to accessibility, resource navigation, trust, staff and patient interaction, transportation, and consumer choice.

Perceived Contributing Factors:

- Women that are abusing substances while pregnant are considered high-risk pregnancies that require a referral. Often, when local facilities refer a woman for high-risk prenatal care the referral is unsuccessful, in that the mother does not show up at the referral facility.
- Transportation is a barrier to women seeking prenatal healthcare from Hillsborough, Pasco, and Pinellas Counties. The public transportation system is not convenient due to the lengthy travel times required to travel short distances (i.e., an hour and a half to travel five miles), lack of provisions for other children, etc. Facilities that provide obstetric services are situated a great distance from one another and specialty services are even more dispersed. There are times that a woman may have to take eight hours to travel to and from a medical appointment. This is particularly the case for women from Pasco County. Additionally, public transportation does not have provisions for single parents with multiple children. The women that are at the greatest risk of experiencing poor birth outcomes tend to also have the greatest transportation needs.
- The general consensus among participants was that Pasco County appears to be the worst served county for residents seeking birthing services due to the rural nature of the area, the distance between birthing facilities, poor public transportation. There are two hospitals with birthing centers on the east side of the county that are expected to close, leaving a void for birthing services in that area. Additionally, public transportation is poor and it is currently difficult to get pregnant women to the hospital without using emergency medical

transportation. It will be increasingly difficult when the distance between birthing facilities is increased. Participants were under the impression that up to 500 referrals from a local hospital within five miles of the federally qualified health clinic have not shown up to the clinic for the referred services.

- Hillsborough County also has limited resources to meet an overwhelming level of need.
- There is not a neonatal intensive care unit in Pasco or Pinellas County, requiring mothers with substance abuse issues to be referred to Hillsborough County.
- Specialty services for expecting mothers are not always available locally to residents without insurance coverage and they are often referred to Tampa General Hospital.
- Services have been shrinking and programs closing that address the issues for high-risk pregnancies due to funding limitations.
- There is limited access to dental care in all three counties.
- Some residents do not believe that a prenatal visit is worth attending. From the patient's perspective, the doctor just checks their weight, takes their blood pressure, and they see a different provider every time. For these women, spending the day to attend an appointment, they are not seeing the benefit of their investments. Providers do not have enough time to engage the patient more due to regulatory paperwork and the volume of patients that need to be seen. Pasco County sees similar attendance rates with less wait times.
- Low-risk pregnancies may not return for prenatal care because they feel like there is no need.
- Immunization rates are poor in Pasco County due to the decrease to one clinic that offers the service free of change. Parents may not be able to afford to immunize their children.
- Behavioral health services are not always available due to the lack of reimbursement to providers.
- Preventive services may not be as readily available in the community.
- In Hillsborough County, there is one nutritionist to meet the need of residents in 11 Family health centers throughout the county.
- Premature babies often require a great deal of hospital resources.

Mitigating Resources:

Professionals serving mothers at risk of poor birth outcomes identified the following existing resources in their communities that they felt could improve the access to prenatal care:

- Some of the county health departments provide dental care.
- There are programs in every county that offer care and routine health services to mothers and children in their homes (i.e., Healthy Start).
- There are programs for mothers enrolling in Medicaid at the public assistance office that provide encouragement and support to attend prenatal care in every county (i.e., MomCare).
- Tampa General Hospital provides services to high-risk pregnant mothers.
- There are emergency medical transportation options if a woman goes into labor and cannot get to the hospital.

- There are facilities in Pasco County that have maximized efficiency to the point that an appointment take less than an hour from the time the patient walks through the door.
- The programmatic infrastructure is already in place to reach women at risk of poor birth outcomes (Risk screening, family health clinics, Healthy Start, etc.).

Group Suggestions/Recommendations:

Professionals serving mothers at risk of poor birth outcomes offered the following as possible solutions to help improve the access to prenatal care in their communities.

- ***Improve transportation for expecting mothers to medical care:*** Participants believed that the limitations of the public transportation system posed a significant barrier to pregnant women. Participants recommended that transportation be provided for medical care and delivery to the hospital for birthing. Any transportation method would also have to consider the safety of additional children. Participants believed that if mothers could get to and from their medical appointments they would be more likely to go.

- ***Provide in-home prenatal and after-care, education, and outreach services:*** Participants believed that many parents are not able to get to their medical appointment for a variety of reasons (transportation being only one). Participants recommended providing health services to expecting mothers in an easy-to-use format and in their homes to increase the effectiveness, practical application and success of the services, including immunization rates for children. There are programs in the community providing this service already with high success rates and positive outcomes.

- ***Increase funding for programs to address multiple needs:*** Participants gave the impression that funding was very specific for birth outcomes, which can limit the services programs are able to provide in the community. Participants recommended openly funding programs that are proven effective and/or based on best practices without restriction of purpose. Additionally, participants believed that Hillsborough and Pasco Counties required increased resources simply to meet the current demand.

- ***Increase the level of engagement of expecting mothers:*** Participants believed that mothers do not attend appointments because they do not see the value. Participants recommended increasing the level of engagement and enticement for women to want to return to the next prenatal visit. Make the visit worth crossing the barriers to get there.

BEHAVIORS THAT IMPACT THE HEALTH OF MOTHER AND BABY:

Professionals serving mothers at risk of poor birth outcomes perceived that healthy behaviors in their communities are limited by resident awareness, access to healthy options, individual choices, behavior, and personal responsibility.

Perceived Contributing Factors:

- Some women are seeking prenatal care early to validate their pregnancy for the purposes of securing benefits (i.e., WIC, public assistance, Medicaid, etc.). Once the pregnancy is validated, the same women may not return for prenatal care until very late in their pregnancy (i.e., third trimester), when there is very little that can be done to improve the birth outcomes for mother or baby.
- Women may be avoiding prenatal care due to substance abuse/addiction, legal status, and/or limited awareness about the need for early prenatal care. If a woman does not have a trusting bond with a provider prior to becoming pregnant she may fear the outcome for her and her child if she seeks prenatal care prior to giving birth. For example, a woman that is using substances may fear that her baby will be taken from her due to her drug abuse while pregnant and as a result avoid care causing health problems for her and her baby.
- There may be additional stressors in the home (i.e., domestic violence, poverty, etc.) that impact the health of mother and baby.
- Women may be practicing behaviors (i.e., substance abuse, prescription drug abuse, smoking, avoiding prenatal care, etc.) that impact the outcomes of the birth and health of their babies (i.e., low birth weight, pre-term birth, born addicted to a substance, physical/mental development, etc.), which may increase the mortality rate of children within the first year of life. In some birthing facilities, as many as one baby a day is born addicted to a substance. Smoking among pregnant women is high across the state.
- Residents are not always aware of healthy options and/or choices for themselves and their children. While there are programs and services offered in the communities, women often do not use what is currently available. Also, when funding is decreased for a community program, the education and outreach services suffer the most due to the crucial nature of the other services provided. Many women refer to the generational and cultural practices of their families, which may not include prenatal care and or healthy behaviors for mother and baby.
- It can be difficult for residents to change behaviors and may require a lengthy process and support.
- The outreach services that are currently available in the community are not always effectively reaching the populations that need the information the most.
- Obesity is an issue among pregnant women due to misinformation in the community about the need for weight gain and an increased access to cheaper foods that are higher in carbohydrates and fat content.
- WIC often provides misinformation regarding the benefits of breast feeding versus. formula.

Mitigating Resources:

Professionals serving mothers at risk of poor birth outcomes identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- There are educational programs in the communities with the greatest needs that offer incentives to expecting mothers to attend classes.
- Word-of-mouth marketing is the most effect in many communities.
- There are programs that work directly with mothers that have a substance abuse history providing the tools, resources and incentives necessary to become self-sufficient.
- USF has a diabetes center for education and management.

Group Suggestions/Recommendations:

Professionals serving mothers at risk of poor birth outcomes offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- ***Residents must be accountable for their own choices:*** Participants believed that residents could make better choices that improved their health and the health of their babies. In fact, participants believed that residents were solely responsible for the choices they made. While education and support are necessary, participants believed they would not be effective unless the residents made healthier choices for themselves and began utilizing programs and services.

- ***Increase the amount and effectiveness of outreach and education programs:*** Participants believed that there are programs in the community that are not being utilized and are not effectively penetrating the community. At the same time, participants indicated that there are not enough of the programs and education residents need locally (i.e., St. Anthony's Hospital could offer educational classes similar to those offered at Morton Plant Hospital). Participants believed that residents would be more successful in their efforts and choices related to the health of themselves and their babies if they understood their options, the effort required and the impact of their choices ahead of time (i.e., breastfeeding).

- ***Increase family planning education in the public schools:*** Participants believed that residents are not always aware of healthy choices. Participants recommended teaching family planning in the public schools as a required course.

- ***Provide correct information through provider education:*** Participants believed that providers are not always aware about the cultural, environmental, and/or psycho-social factors that are at play for some of the patients they see. Participants recommended that providers be better educated through collaborations and partnerships to ensure the most accurate information is being offer to residents in the most effective way.

SCHOOL NURSES FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting school-aged children and their families in the BayCare Health System Service area (i.e., Pasco, Pinellas, and Hillsborough Counties), as well as ways to address the health concerns for this population.

PROBLEM IDENTIFICATION:

During the discussion group process, school nurses discussed three community health needs and concerns for school-aged children and their families in their communities. These were:

1. **Access to primary, preventive, dental, and mental healthcare services**
2. **Disease management and education**
3. **Communication**

ACCESS TO PRIMARY, PREVENTIVE, DENTAL, AND MENTAL HEALTHCARE:

School nurses perceived that access to primary, preventive, dental, and mental healthcare in the Tampa Bay Area may be limited in the areas of the cost of medical services, transportation, trust, lack of support, communication with medical professionals, and availability of affordable healthcare.

Perceived Contributing Factors:

- Participants indicated that children of low-income under/uninsured families often secure primary care services through the emergency room due to limited healthcare services, lack of support, limited transportation options, distance between providers and communities, and significant barriers to accessing primary and preventive healthcare experienced by those with the greatest financial need.
- Dental care is not readily available for some children due to a lack of dental insurance, and limited providers that will accept Medicaid dental insurance. According to school nurses, there are a large percentage of students in the school districts who do not have dental insurance because employers do not offer this benefit and/or families cannot afford the premiums. As a result, school nurses often see children with poor dental maintenance and suffer from dental decay.
- Families may not always be able to afford health insurance premiums, co-pays, and/or deductibles. When a family has health insurance for the children (i.e., Medicaid, KidCare, or private-pay insurance); often, the out-of-pocket expenses of many health services (i.e., co-pays, deductibles, cost of medications, shared cost, etc.) may be unaffordable, leaving many children without access to affordable healthcare.
- Parents with a low income often do not place the highest priority on health insurance coverage and preventive services when food, shelter, etc. are competing needs. While KidCare is available to children that do not qualify for Medicaid, there is a significant amount of paperwork required

for approval that may need to be filled out more than once if it becomes lost in the system. The application process is lengthy and requires children to have no medical coverage to qualify, leaving children without health insurance for up to three months. There is a monthly premium payment associated with KidCare. If parents miss a payment, they are required to restart the application process.

- Many parents that are employed on an hourly basis may not be able to take their children to medical appointments due to the inability to lose a day's wages and/or a lack of support from their employers in securing the time off work. This is an issue due to the amount of time required to attend a medical appointment, particularly as it relates to public transportation.
- Parents often keep other children home from school if a sibling has a medical appointment due to the amount of time required to attend a medical appointment, which may overlap with the end of the school day.
- Families new to the area do not typically have the support system they need and often school nurses are the first healthcare providers they interact with. Trust with school nurses is needed in order for care to be obtained. Trust from parents is the first initial segway for children to receive healthcare services.
- Pediatric behavioral health is another growing health need among the student population (i.e., anxiety issues, mood disorders, compulsive behaviors, etc.). Students are not always able to obtain the behavioral health services they require (i.e., counseling, psychiatry, psychotropic medications, crisis intervention services, etc.) due to a lack of health insurance coverage, limited availability of services in the community (therapy, psychiatry, and crisis stabilization), long waiting periods to secure appointments, and no community support. Additionally, the role of guidance counselors has changed to test and college preparation, class selection, etc., causing some children not to receive the one-on-one services they may need.
- Asthma and diabetes are the biggest health concerns school nurses see among the student population. Often, these chronic diseases are not being managed properly among children due to a lack of parental understanding of disease management and/or limited resources to afford the correct equipment and supplies. Many children are not aware of how to manage their asthma with the daily suppressant, which often leads to an over-use of inhalers that are prescribed for emergency use during asthma attacks. There are children who do not have enough lances for testing their blood sugar because parents cannot afford to buy enough, leading children to use lances multiple times. Participants indicated that many parents may not understand the seriousness and risks associated with the chronic illnesses their children may have.
- Nurses are responsible for a number of students throughout the day in multiple schools due to limited staffing resulting in the delegation of non-medical care and services to non-medical staff (i.e., sick care, daily medication administration, etc.).
- Parents can be passive and non-responsive to free health services provided for their children on-site at school that may address a common health concern (i.e., vision screening and free eye glasses).
- Childhood immunizations in Hillsborough and Pinellas Counties can be difficult to secure due to transportation in Pinellas County and services being limited to one provider in Hillsborough County.

Mitigating Resources:

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

- School programs to address oral care are available to students.
- School nurses try to partner with community organizations to provide "gap funding" and/or health services for those children that otherwise would not have access (i.e., Free eye exams and glasses, foundation funding to cover additional healthcare costs like co-pays, etc.).
- KidCare, a state-run health coverage program for children is available for all kids in the state of Florida through the age of 18 years.
- There are large coordinated efforts with school nurses to provide care to children in the area.
- While many of the appointments are missed, some schools offer medical/clinical services in an on-site clinic.
- School nurses are focused on keeping students healthy and hope that they can also educate those in need. The group agreed that school nurses play several roles in the community: provider, advocate, protector, educators, and case managers. School nurses are instrumental in providing care for many children in the school districts. Many children would not receive primary care without their interface.
- Pasco County schools provide immunization clinics through their health department while parents are registering children for school.
- Counties all have resources for homeless children and they are admitted into schools immediately.

Group Suggestions/Recommendations:

School nurses offered the following as possible solutions to help improve the access to primary, preventive, dental, and mental healthcare in their communities.

- ***Collaborate with medical professionals in schools to meet the health needs of children:*** Participants believed that parents are not always able to make and keep medical appointments at medical facilities for a variety of reasons. Participants recommended that medical facilities collaborate with schools to provide primary, preventive, dental, and mental health services on-site at the schools. Additionally, participants felt that they are often disconnected from medical providers in the community. Participants recommended that medical providers communicate with school nurses more often regarding individual students and treatment options that can be provided in a school setting.

- ***Increase access to health services for children:*** Participants believed that it is often difficult for parents to secure the health services children need for a variety of reasons. Participants recommended that local social service agencies and school districts collaborate to keep each other informed about community services and programs that will benefit children. Additionally, participants recommended that medical facilities, schools, and community organizations could ensure that parents are informed about and apply for health insurance for their children.

- ***Parents actively participate in ensuring the health of their children:*** Participants indicated that parents are not able to be as actively involved in the health of their children as they may need and/or want to be for a variety of reasons. Participants recommended that parents could take a more active role at times in advocating for the health of their child. Participants recommended that parents become advocates for their children's health in the community, at the pediatrician's office, and at school.

COMMUNICATION, INFORMATION, AND EDUCATION:

School nurses perceived that communication, information, and education with families of school-aged children are limited by parental awareness, comprehension, willingness to advocate, misconceptions, engagements, and fractured service delivery system.

Perceived Contributing Factors:

- School nurses reported that some parents needing health insurance coverage for their children are unaware of the qualifications and/or application process. This is often the case among families with member(s) who become employed, and the children are removed from Medicaid. Parents are not always aware that children are eligible for KidCare once they become ineligible for Medicaid.
- The inability to understand and comprehend English plays a major role in the type of care children receive. Parents for whom English is a second language may not always understand the directives of a pediatrician and/or many of the school forms that are required to provide services to children at the school. As a result, necessary forms are not returned, children are not getting proper administration of their medications, and are unable to participate in needed programs offered at the school.
- Pediatricians do not adequately educate, inform, and/or ensure an understanding among parents about how to use and administer medication to their children (i.e., nebulizer), and parents typically feel helpless without adequate training and information, which often leads to improper medication administration. Additionally, parents may have misconceptions about the effects of the medications their child is prescribed (i.e., "steroids" in asthma medication), which may lead to the decision not to administer necessary medications at all.
- Coordinated efforts to collect forms and distribute information from administrative departments and school nurses can place a significant drain on school resources when parents are unresponsive to the requests of the schools.
- Community organizations and social service organizations work in silos due to funding structures and targeted funding resulting in gaps in available services and at times unmet needs.

Mitigating Resources:

School nurses identified the following existing resources in their communities that they felt could improve the communication, information, and education:

- School nurses network very closely with parents and build relationships, provide information, and educate parents about the health needs, disease management, the effects/administration of medications, and resources available for their child(ren).
- There are coordinated efforts from administrative departments and school nurses to collect forms and distribute information related to children's health.
- Parents who are more competent will be able to use online health resources and utilize their pediatricians' offices for information on their children's conditions, but parents who are inept in their ability to understand and manage their child's condition need support from the school and other outside resources.

Group Suggestions/Recommendations:

School nurses offered the following as possible solutions to help improve the communication, information, and education in their communities.

- ***Provide information to parents and ensure understanding:*** Participants believed that parents do not always receive and understand information about the risks, medications, and treatment of their children's illnesses. Participants recommended that pediatricians provide information in a way that parents can receive it (i.e., using their primary language, using verbiage that is consistent with parents' vocabularies, and level of comprehension, etc.). Participants then recommended that pediatricians verify that parents understand what has been communicated by requesting a demonstration of understanding. Finally, participants recommended that pediatricians repeat a consistent message at each contact with the family. Participants felt that it is important to educate children early on regarding how to manage their ailments (asthma or diabetes). Parents, teachers, and school nurses can continue to reinforce the same message so children are more cognitive and alert on how to management symptoms on their own.

- ***Provide information and educational materials in a way parents can understand:*** Participants believed that informational materials and educational pamphlets are not always provided in a variety of languages, particularly those languages most prevalent in the area. Participants recommended that information be available in multiple languages in order to assist those whose primary language is not English.

- ***Increase awareness about services and programs that are available in the community:*** Participants believed that parents are not always aware of the programs and services that exist in the community. Participants recommended that parents could be assisted and information provided to them about local resources, services, and programs available for their children on an ongoing basis. Also, participants recommended that the school districts work and collaborate with agencies that may run health education seminars and sessions for educational information and materials on disease management and control.

PRIVATE BEHAVIORAL HEALTH PRACTITIONERS SERVING INSURED RESIDENTS

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are insured, but have behavioral health needs in the BayCare Health System service area (i.e., Pinellas, Hillsborough, and Pasco County), as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, private behavioral health practitioners discussed two community health needs and concerns for homeless residents in their communities. These were:

1. **Access to behavioral healthcare for both adults and children**
2. **Gaps in services to homeless residents**

ACCESS TO BEHAVIORAL HEALTHCARE FOR BOTH ADULTS AND CHILDREN:

Private behavioral health practitioners perceived that access to behavioral healthcare in their communities may be limited for both adults and adolescents in the areas of availability, barriers to accessibility, appropriate levels of care, resource navigation, increased demand, and the distance between facilities/resources.

Perceived Contributing Factors:

- Participants believed that there are a limited number of substance abuse treatment programs for both adults and adolescents.
- Participants believed there were not enough support groups for adolescents (i.e., self-help, peer-support, 12-step, substance abuse/abstinence issues, behavioral health issues, GLTB issues, etc.). As a result, adolescents are being referred to adult narcotics anonymous and alcoholics anonymous groups.
- Participants felt that they are seeing an increase in depression among adolescents.
- Participants have seen an increase in the level of substance abuse among their patients, particularly prescription medication (i.e., hydrocodone, Xanax, Ritalin, etc.). Participants felt that the increase is due to the ease of access (i.e., pain clinics, parent's medicine cabinet, etc.) and an increased awareness of the effects of different types of medications. Many substitute therapies are also addictive.
- Adult residents that are addicted to a substance and require a more intensive treatment level than outpatient treatment offers (i.e., one visit per week) are difficult to refer due to the limited number of programs available and their concern about discretion.
- Partial hospitalization, intensive outpatient programs, and psychiatric services that are in the community are inadequate to meet the demand for these types of services; with a limited number of partial hospitalization beds and no intensive outpatient services participants were aware of. As a result, there are lengthy waiting lists to secure services and/or services are not

available leading to the need for crisis intervention and/or hospitalization between referral and intake due to a lack of access to the appropriate level of care and/or needed medication.

- When appropriate treatment and referral resources are not available for residents, they experience distress (i.e., parents of children/adolescents needing more intense behavioral healthcare and/or substance abuse services).
- Baker Act facilities and/or crisis stabilization units serve primarily as a holding area to keep patients safe. Residents are not receiving therapeutic treatment while committed. Due to funding, there are no step-down programs residents can be enrolled in upon discharge from crisis stabilization units. Due to liability issues, the prescribing physician must be consulted to validate all prescription medications resulting in a period of up to 72 hours when residents may not have access to their medications (i.e., psychotropic and medical medications). One result of limited access to medications can be the exacerbation of symptoms (i.e., psychological, medical, etc.). There are not many options for Baker Act facilities, which can lead residents to be avoidant of crisis stabilization if they have a negative experience.
- When an intensive outpatient program or partial hospitalization resource is identified for adolescents/adults, it is often located a great distance from their community, limiting treatment options like exposure therapy, family counseling, visitation, etc.
- Often, it can be difficult to secure help for residents with behavioral health diagnoses before they have escalated to a point of losing control and are arrested or require commitment to an institution in accordance with the Baker Act. Participants felt that the reason for this is that there are greater resources devoted to the penal system and psychiatric institutions, and less resources devoted to preventive services (i.e., intensive outpatient and partial hospitalization), causing a gap in services that could prevent escalation.

Mitigating Resources:

Private behavioral health practitioners identified the following existing resources in their communities that they felt could improve the access to behavioral healthcare:

- Self-harm (i.e., cutting) has decreased among adolescent girls treated by participants in recent years.
- While inadequate to meet the demand, there are some resources in the community for adolescents (i.e., Turning Pointe, Operation PAR, The Harbor, Metropolitan Charities, etc.).
- Where psychiatrists are available, there are several very good resources.
- More intensive psychiatric service will be possible (i.e., more than 15 minutes if needed).
- There are facilities for Baker Act commitments (i.e., PEMHS for adolescents and St. Anthony's Hospital for adults).
- There are ways to digitally communicate with referring physicians that is HIPAA-compliant (i.e., Drop Box and secured email).

Group Suggestions/Recommendations:

Private behavioral health practitioners offered the following as possible solutions to help improve the access to behavioral healthcare in their communities.

- ***Increase access to the appropriate level of behavioral health treatment:*** Participants believed that there are gaps in the level and relevancy of services provided to adults and adolescents prior to crisis stabilization and/or arrest. Participants recommended that funding begin to focus on more preventive services like intensive outpatient treatment and partial hospitalization to provide a continuum of services, as well as less expensive treatment options to residents requiring behavioral health services and providers.

- ***Increase the effectiveness of psychiatric services:*** Participants believed that there are a limited number of psychiatrists in their communities, causing lengthy waits for initial medication referrals, and other medical professionals to begin writing prescriptions for psychotropic medications. Participants recommended that the number of trained professionals (i.e., psychiatrist) be increased in the community.

INFORMATION AND REFERRAL RESOURCES:

Private behavioral health practitioners perceived that improved access to information and referral resources in their communities are limited by integration between medical and behavioral health providers, up-to-date referral information/resources and the connectivity among behavioral health providers.

Perceived Contributing Factors:

- There is limited integration with the medical industry. Specifically, if a physician refers a resident, it can be difficult, and often not possible to follow-up with the referring physician with any questions and/or updates.
- There is limited information about what resources exist in the community. Where information is available it is often out of date, disorganized, and not user-friendly.
- The behavioral health service landscape changes so often that it can be difficult to stay abreast of program closures and openings enough to be aware of where to refer residents.
- Private practitioners are often disconnected from the informal non-profit information networks due to proximity and limited time to attend meetings.
- The limitations of the referral network can cause residents to have unmet behavioral health needs due to the gaps in services, limited communication, and limited discretion inherent in behavioral health programs.

Mitigating Resources:

Private behavioral health practitioners identified the following existing resource in their communities that they felt could improve access to information and referral resources:

- There are resources available that may not be as accurate as necessary (i.e., 2-1-1 by phone and Internet searches on the computer).

Group Suggestions/Recommendations:

Private behavioral health practitioners offered the following as possible solutions to help improve access to information and referral resources in their communities:

- ***Increase connectivity and integration with medical practices:*** Participants felt that there is a lack of communication among behavioral health resources, which can lead residents to experience unmet needs. Specifically, practitioners are not able to follow-up with referring physicians with questions and/or updates due to the schedules of both parties. Participants felt that if behavioral health were more integrated with medical health, communication would be less of an issue. If practitioners could share medical records in an EMR environment that was HIPAA-compliant, it would reduce some of the communication issues and increase continuity of care.
- ***Increase connectivity with other practitioners:*** Participants felt that private practitioners are often disconnected from one another and the non-profit behavioral health industry. Participants recommended a virtual environment/venue through which behavioral health practitioners could communicate about resources, diagnosis, etc.

APPENDIX A

Secondary Data Profile

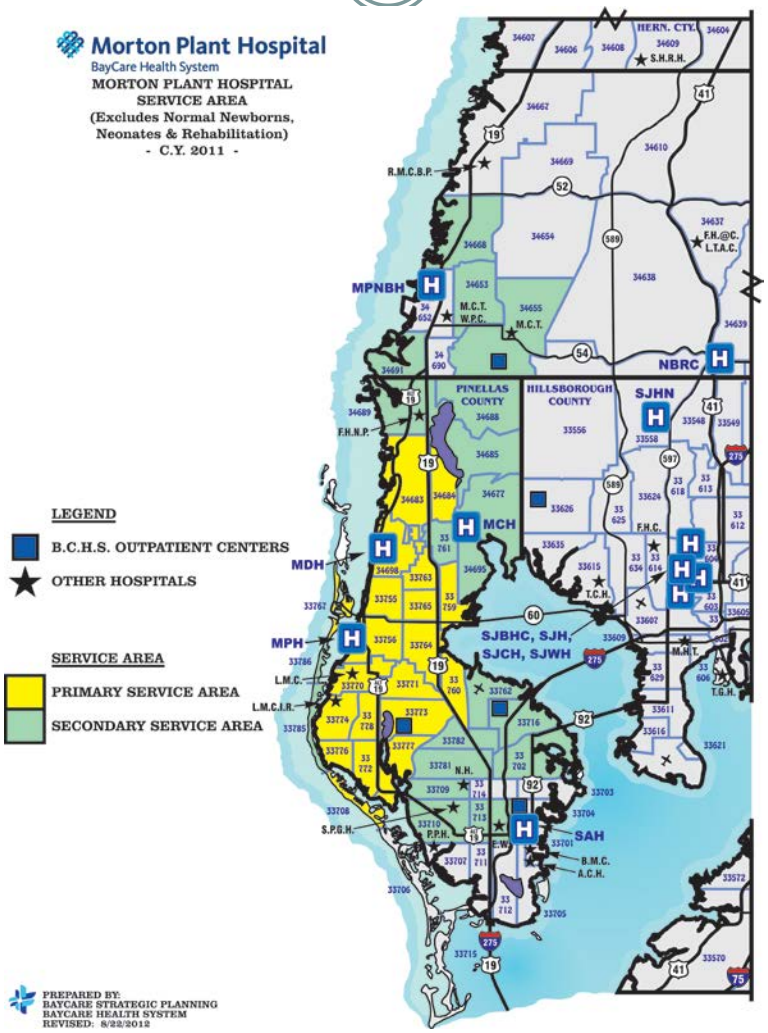
Morton Plant Hospital
November, 2012-May, 2013

Secondary Data Profile

Morton Plant Hospital

- Service Area - Map
- Service Area - Populated Zip Code Areas
- Community Need Score (CNS)
- Prevention Quality Indicators (PQI)
- Demographic Trends
- County Health Rankings
- Healthy Tampa Bay
- Kids Count
- Substance Abuse and Mental Health (SAMHSA)

Morton Plant Hospital Service Area - Map



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Morton Plant Hospital Service Area – Populated Zip Code Areas

The communities located in the Morton Plant Hospital service area include 20 populated zip code areas in Pinellas County.

Zip	Town	County
33708	Madeira Beach	Pinellas
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33759	Clearwater	Pinellas
33760	Clearwater	Pinellas
33763	Clearwater	Pinellas
33764	Clearwater	Pinellas
33765	Clearwater	Pinellas
33767	Clearwater Beach	Pinellas
33770	Largo	Pinellas

Zip	Town	County
33771	Largo	Pinellas
33772	Seminole	Pinellas
33773	Largo	Pinellas
33774	Largo	Pinellas
33776	Seminole	Pinellas
33777	Seminole	Pinellas
33778	Largo	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34698	Dunedin	Pinellas

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Morton Plant Hospital – Initial Reactions to Secondary Data

- The consultant team has identified the following data trends and their potential impact on the transition into the primary data collection of the Community Health Needs Assessment.

- With an overall weighted score of 3.3, the Morton Plant Hospital Service Area shows a CNS score higher than the median for the scale (3.0) and lower than the average for the BayCare Health System Service Area (3.5), which indicates a greater than average number of socio-economic barriers to accessing healthcare with few barriers than the average for the health system itself.

- There are 11 zip code areas with greater socio-economic barriers than the median for the scale. Five of those zip code areas (33755, 33756, 33771, 33770, 33760) show above average rates in most CNS measures when compared to Pinellas County and the overall BayCare Health System service area.

- There are two zip code areas (33764, 33777) with a percentage of residents with limited English skills higher than the average for Pinellas County (12.1%) and an additional eight (33755, 33756, 33760, 33765, 33759, 33767) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

- Morton Plant Hospital service area and Pinellas County are similar in the admission rates for each PQI measure and both display equal or higher rates than the overall BayCare Health System service area and Florida for the following 10 measures (Chronic Obstructive Pulmonary Disease, Adult Asthma, Diabetes Short-Term Complications, Diabetes Long-Term Complications, Lower Extremity Amputation Rate Among Diabetic Patients, Hypertension, Congestive Heart Failure, Low Birth Weight, Bacterial Pneumonia, and Urinary Tract Infection).

Morton Plant Hospital – Initial Reactions to Secondary Data

- While the population of Morton Plant Hospital service area is projected to decline (-0.6%) at a slower rate than Pinellas County (-0.8%) by 2017, the population in Florida is projected to increase 5.1% . The demographics of the service area shows an aging, lower-income population with less educational attainment than the county, state, and nation.
- African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence across many indicators (Cancer, Asthma, diabetes, etc.).
- Some of the health issues that are prevalent and/or increased over the last five years in the Morton Plant Hospital service area are:
  - Cancer
  - Tuberculosis
  - Obesity
  - Alcohol-related hospitalization
  - Uninsured
  - Smoking
- Access to dental care is an issue for women
- Preventive screenings have decreased

Overview of Secondary Data Methodology

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.

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.

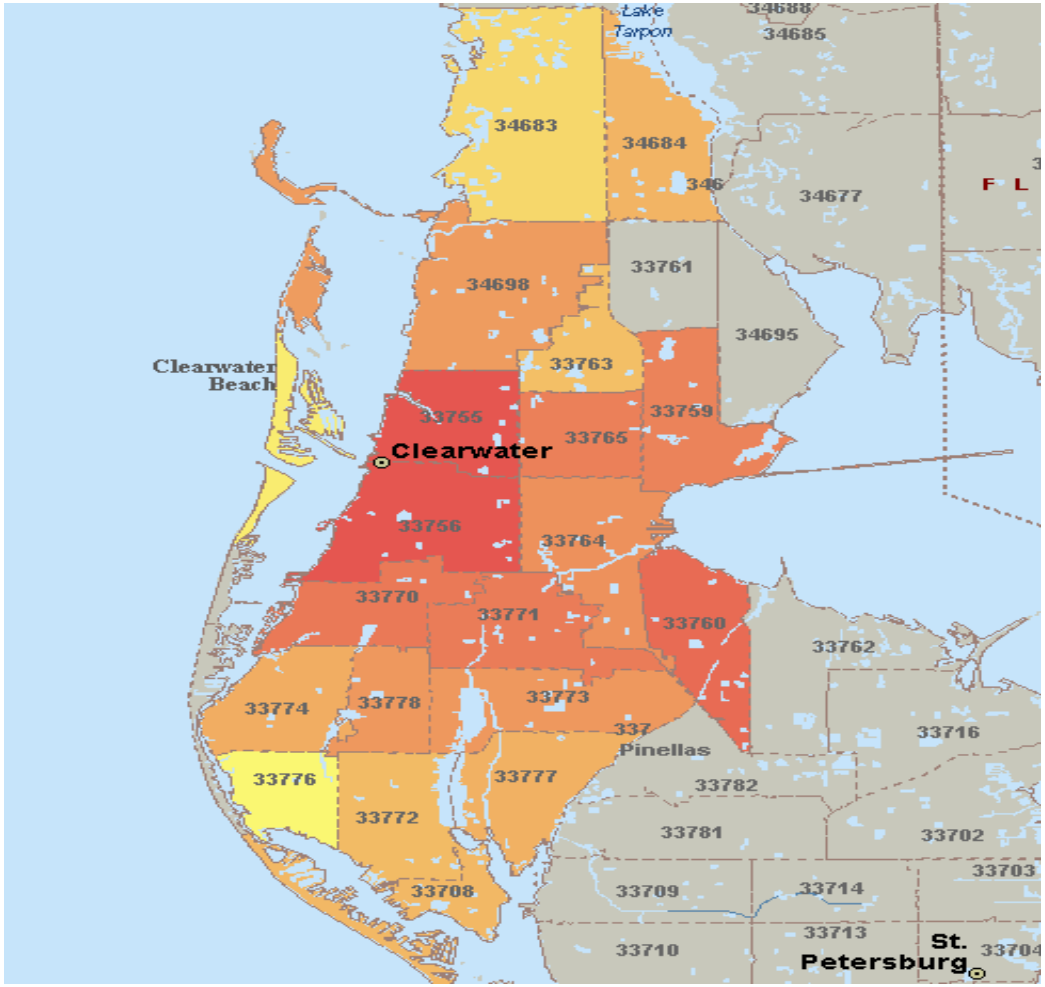
Community Need Score (CNS)

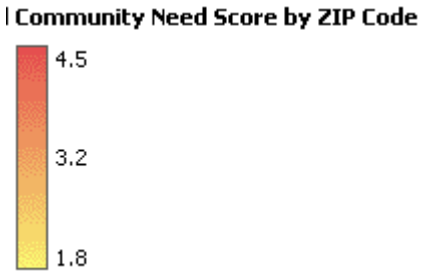
- With an overall weighted score of 3.3, the Morton Plant Hospital Service Area shows a CNS score higher than the median for the scale (3.0) and lower than the average for the BayCare Health System Service Area (3.5), which indicates a greater than average number of socio-economic barriers to accessing healthcare, but fewer barriers than the average for the health system itself.
- The lowest CNS score for the service area is 1.9 (there are no 1.0 scores) and the highest is 4.4 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- There are 11 zip code areas with greater socio-economic barriers than the median for the scale. Three of those zip code areas (33755, 33756, 33771) show above average poverty rates in all measures of poverty when compared to poverty rates for Pinellas County and the overall BayCare Health System service area.

Community Need Score (CNS)

- It is important to understand the areas that have more barriers to healthcare access than the average for the county and the hospital service area.
  - The unemployment rate for nine of the 20 zip code areas (33756, 33770, 33771, 33778, 34698, 33774, 33777, 33708, 34683) in the Morton Plant Hospital service area is higher than the rate for Pinellas County (8.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 33770 (11.7%).
  - While the uninsured rate for seven zip code areas (33763, 33755, 33756, 33770, 33771, 33759, 34698) in the Morton Plant Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%), three additional zip code areas (33708, 33760, 33764) are higher than the average for Pinellas County (17.9%); there are no zip code areas with uninsured rates higher than the state (25%).
  - There are two zip code areas (33764 and 33777) with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and an additional eight (33755, 33756, 33760, 33765, 33759, 33767) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

Community Need Score (CNS) Service Area Map





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

Data source: 2012 Nielson Claritas; 2012 Thomson Reuters

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Community Need Scores

(Top 5 / Bottom 5 Analysis)

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33755	Clearwater	Pinellas	4	4	5	4	5	**4.4**
33756	Clearwater	Pinellas	4	4	5	5	5	**4.4**
33760	Clearwater	Pinellas	3	4	5	4	5	**4.1**
33770	Largo	Pinellas	3	3	4	5	5	**3.8**
33771	Largo	Pinellas	4	3	4	4	4	**3.8**
33772	Seminole	Pinellas	2	2	4	4	3	**2.8**
33763	Clearwater	Pinellas	3	2	4	4	2	**2.7**
34683	Palm Harbor	Pinellas	2	1	4	4	2	**2.3**
33767	Clearwater Beach	Pinellas	2	1	4	3	1	**2.0**
33776	Seminole	Pinellas	1	1	3	3	1	**1.9**
Morton Plant Hospital Service Area*			2.7	2.6	3.9	3.8	3.7	**3.3**

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

** Weighted averages*

- With an overall weighted score of 3.3, the Morton Plant Hospital Service Area shows a CNS score higher than the median for the scale (3.0) and lower than the average for the BayCare Health System Service Area (3.5), which indicates a greater than average number of socio-economic barriers to accessing healthcare but fewer barriers than the average for the health system itself.

- The lowest CNS score for the service area is 1.9 (there are no 1.0 scores) and the highest is 4.4 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents.

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Community Need Score – Detail

CNS values 3.0 to 5.0; above average number of socio-economic barriers to healthcare access

Zip Code	Total Pop.	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33755	**26,090**	40.4%	28.1%	46.9%	18.3%	45.7%	20.2%	8.6%	21.3%	38.9%	4	4	5	4	5	**4.4**
33756	**31,078**	43.0%	26.4%	48.4%	17.3%	31.4%	18.5%	9.0%	22.7%	33.8%	4	4	5	5	5	**4.4**
33760	**18,416**	38.7%	29.9%	33.9%	16.3%	38.5%	24.5%	7.0%	18.8%	37.1%	3	4	5	4	5	**4.1**
33770	**25,017**	45.9%	12.5%	29.9%	11.8%	18.2%	8.8%	11.7%	21.0%	30.9%	3	3	4	5	5	**3.8**
33771	**29,008**	48.7%	17.9%	46.6%	15.4%	19.5%	10.3%	9.4%	19.9%	28.7%	4	3	4	4	4	**3.8**
33765	**12,621**	45.6%	16.0%	27.9%	11.7%	32.2%	18.4%	6.9%	16.3%	35.9%	3	3	5	4	5	**3.7**
33759	**18,120**	42.8%	18.9%	21.2%	12.0%	30.2%	20.2%	4.7%	20.2%	38.2%	3	3	5	3	5	**3.7**
33764	**26,269**	40.9%	9.3%	28.8%	11.8%	17.9%	13.0%	8.3%	18.2%	28.2%	2	3	4	4	4	**3.5**
33773	**17,093**	46.8%	8.6%	12.4%	13.1%	17.9%	10.8%	7.7%	16.5%	23.9%	2	3	4	4	4	**3.4**
33778	**13,556**	42.4%	8.3%	31.3%	13.1%	19.7%	8.2%	9.6%	16.5%	18.0%	3	3	4	4	3	**3.3**
34698	**36,331**	42.7%	14.0%	31.0%	10.4%	13.5%	9.4%	10.4%	19.4%	23.7%	3	2	4	4	4	**3.3**
33774	**18,043**	35.1%	11.2%	18.2%	10.7%	15.8%	5.4%	10.6%	16.9%	22.4%	2	2	3	4	4	**3.0**

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

- Of the 20 residential zip code areas that are included in the Morton Plant Hospital service area, there are no zip code areas with severe barriers to accessing healthcare (4.5 to 5.0).
- There are 11 zip code areas with greater socio-economic barriers than the median for the scale. Three of those zip code areas (33755, 33756, 33771) show above average poverty rates in all measures of poverty when compared to poverty rates for Pinellas County and the overall BayCare Health System service area.

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Community Need Score – Detail

CNS values 1.0 to 2.9; below average number of socio-economic barriers to healthcare access

Zip Code	Total Pop.	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33777	**17,070**	31.9%	14.8%	31.8%	12.2%	16.9%	12.1%	9.9%	13.2%	15.5%	3	3	4	4	2	**2.9**
34684	**25,732**	33.5%	10.0%	22.7%	9.4%	13.4%	8.9%	7.2%	13.7%	22.7%	2	2	4	3	4	**2.9**
33708	**15,605**	37.4%	10.2%	31.9%	9.2%	8.3%	7.3%	10.7%	18.3%	13.8%	2	2	4	5	2	**2.9**
33772	**22,710**	39.1%	7.1%	21.5%	8.8%	10.5%	7.3%	6.5%	15.8%	18.7%	2	2	4	4	3	**2.8**
33763	**18,001**	38.1%	12.4%	33.7%	10.9%	16.8%	11.0%	6.8%	19.2%	14.8%	3	2	4	4	2	**2.7**
34683	**33,135**	34.1%	6.7%	12.3%	7.1%	10.5%	9.6%	9.5%	11.5%	14.9%	2	1	4	4	2	**2.3**
33767	**7,889**	25.6%	9.6%	40.5%	6.0%	6.5%	18.7%	5.6%	14.5%	11.2%	2	1	4	3	1	**2.0**
33776	**12,347**	32.2%	3.8%	7.4%	6.0%	8.5%	5.6%	8.4%	8.8%	10.3%	1	1	3	3	1	**1.9**

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

- The unemployment rate for nine of the 20 zip code areas (33756, 33770, 33771, 33778, 34698, 33774, 33777, 33708, 34683) in the Morton Plant Hospital service area is higher than the rate for Pinellas County (8.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 33770 (11.7%).
- While the uninsured rate for seven zip code areas (33763, 33755, 33756, 33770, 33771, 33759, 34698) in the Morton Plant Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and three additional zip code areas (33708, 33760, 33764) are higher than the average for Pinellas County (17.9%); there are no zip code areas with uninsured rates higher than the state (25%).
- There are two zip code areas (33764, 33777) with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and an additional eight (33755, 33756, 33760, 33765, 33759, 33767) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

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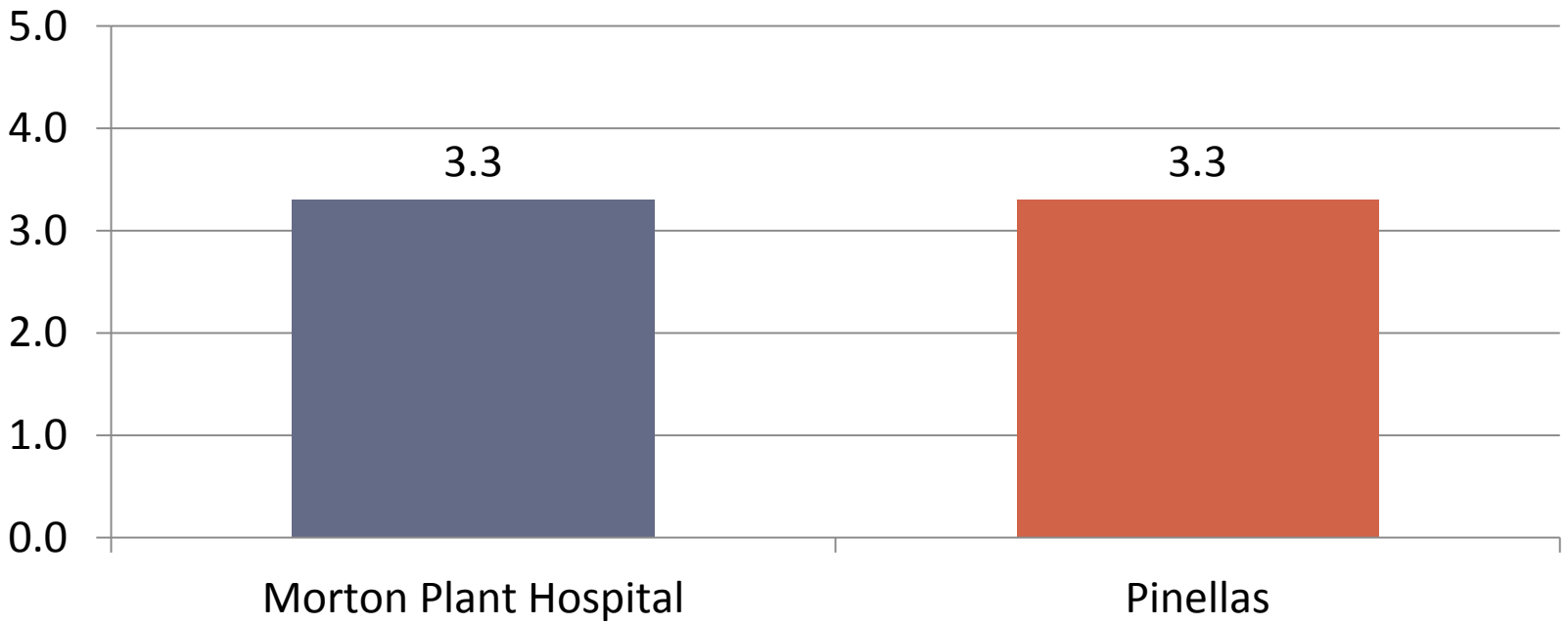
Community Need Scores – MPH and County Comparison



Source: 2012 Nielson Claritas; 2012 Thomson Reuters

- The Morton Plant Hospital service area mirrors the overall CNS value for Pinellas County (3.3).
- A score of 3.3 is relatively low for a hospital in the BayCare Health System with a rage of CNS scores between 3.0 and 4.1. Morton Plant Hospital shows the second lowest CNS score in the health system, which is lower than the overall BayCare Health System service area (3.5). While a 3.3 CNS score is higher than the average for the scale, it indicates fewer socio-economic barriers for residents in accessing healthcare than most of the other hospitals in the region.

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Overview of Secondary Data Methodology

Prevention Quality Indicators Index (PQI)

- The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the hospital service area and Florida.
- PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations.
- The quality indicator rates are derived from inpatient discharges by zip code using the International Classification of Diseases (ICD) diagnosis and procedure codes.
- There are 14 quality indicators.
- The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health.
- Lower index scores represent less admissions for each of the PQIs.

Overview of Secondary Data Methodology

PQI Subgroups

- Chronic Lung Conditions
  - PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
  - PQI 15 Adult Asthma Admission Rate
- Diabetes
  - PQI 1 Diabetes Short-Term Complications Admission Rate
  - PQI 3 Diabetes Long-Term Complications Admission Rate
  - PQI 14 Uncontrolled Diabetes Admission Rate
  - PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients
- Heart Conditions
  - PQI 7 Hypertension Admission Rate
  - PQI 8 Congestive Heart Failure Admission Rate
  - PQI 13 Angina Without Procedure Admission Rate
- Other Conditions
  - PQI 2 Perforated Appendix Admission Rate
  - PQI 9 Low Birth Weight Rate
  - PQI 10 Dehydration Admission Rate
  - PQI 11 Bacterial Pneumonia Admission Rate
  - PQI 12 Urinary Tract Infection Admission Rate

Prevention Quality Indicators Index (PQI)

- Morton Plant Hospital service area and Pinellas County are similar in the admission rates for each PQI measure and both display equal or higher rates than the overall BayCare Health System service area and Florida for the following 10 measures (Chronic Obstructive Pulmonary Disease, Adult Asthma, Diabetes Short-Term Complications, Diabetes Long-Term Complications, Lower Extremity Amputation Rate Among Diabetic Patients, Hypertension, Congestive Heart Failure, Low Birth Weight, Bacterial Pneumonia, and Urinary Tract Infection).

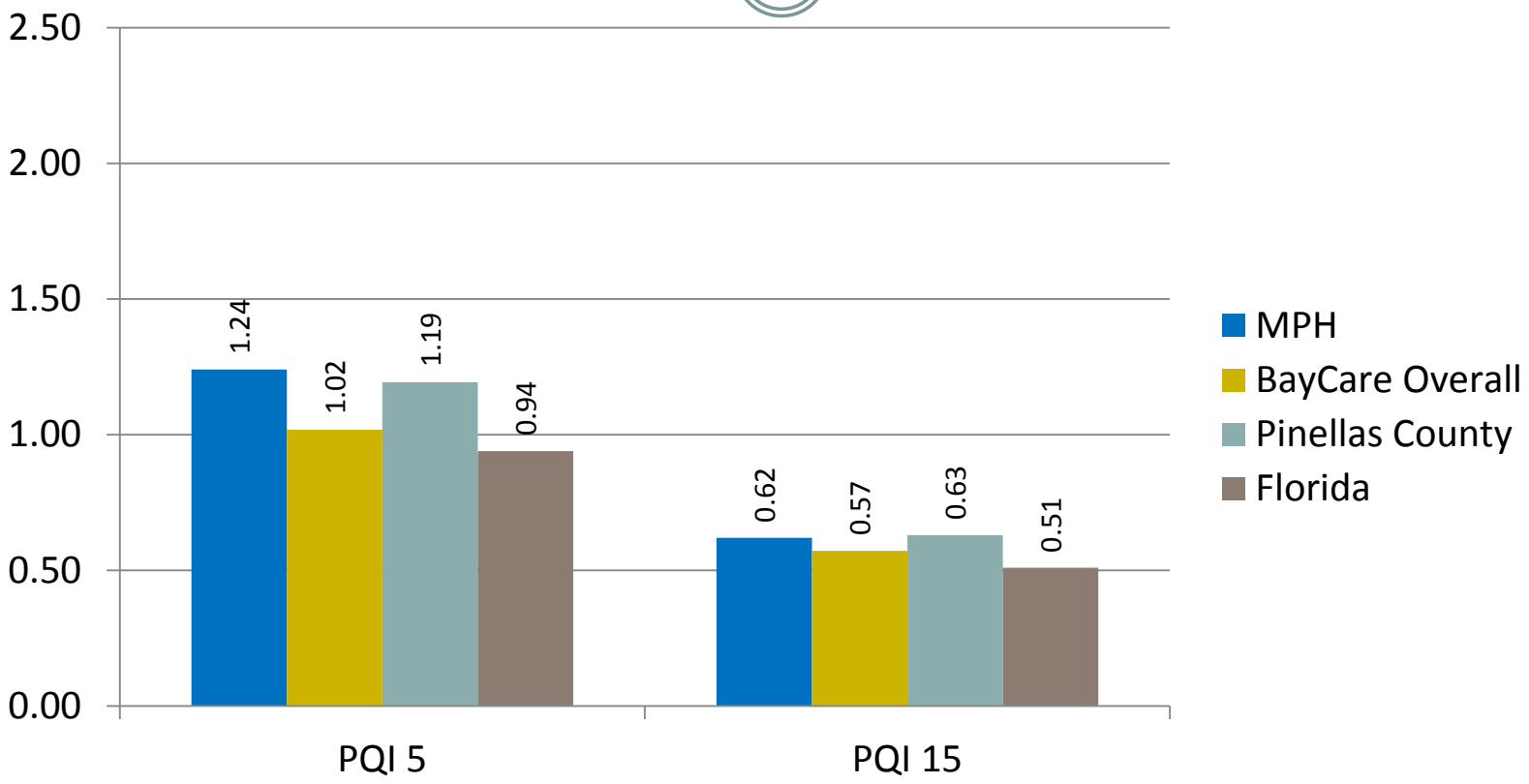
- Morton Plant Hospital service area shows a greater admission rate for Chronic Obstructive Pulmonary Disease (1.24 per 1,000 pop.) than Pinellas County (1.19 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.) and Florida (.94 per 1,000 pop.).

- Morton Plant Hospital service area mirrors Pinellas County (.62 and .63 per 1,000 pop.) in their admission rate for Adult Asthma; however, both are slightly higher than that seen for the overall BayCare Health System service area (.57 per 1,000 pop.) and Florida (.51 per 1,000 pop.).

Prevention Quality Indicators Index (PQI)

- Morton Plant and Pinellas County have higher admission rates for all of the diabetes measures except Uncontrolled Diabetes when compared to the overall BayCare Health System service area and Florida.
- Morton Plant Hospital Service area shows a greater admission rate for Congestive Heart Failure (2.44 per 1,000 pop.) than Pinellas County (2.35 per 1,000 pop.), the overall BayCare Health System service area (2.15 per 1,000 pop.) and Florida (2.23 per 1,000 pop.).
- Morton Plant Hospital service area shows higher admission rates for Low Birth Weight (4.11 per 1,000 pop) than the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.); however, Pinellas County shows the highest PQI for low birth weight (6.55 per 1,000 pop.) in the region.

Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
PQI 15 Adult Asthma Admission Rate

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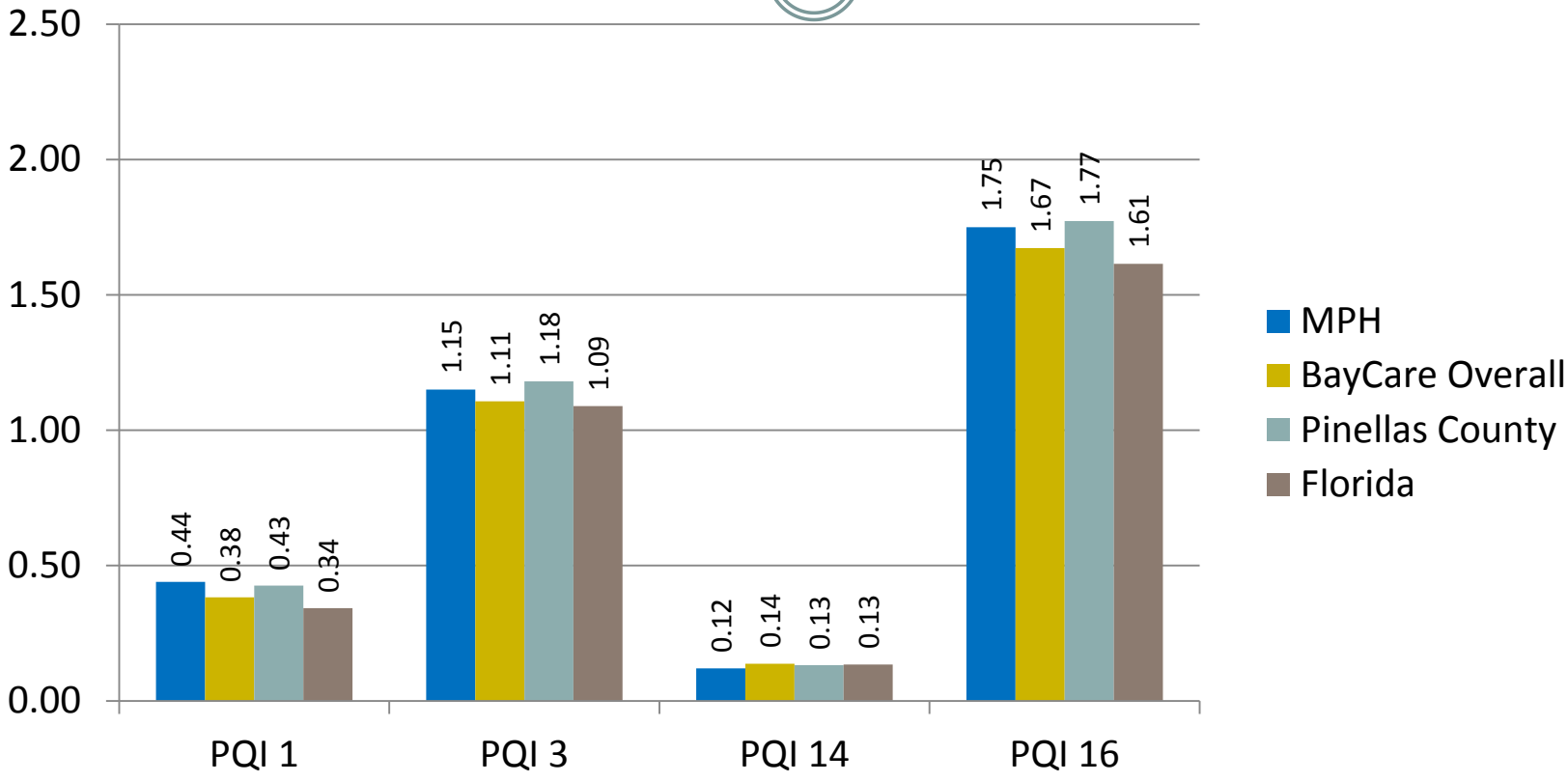
Diabetes



PQI 1 Diabetes Short-Term Complications Admission Rate
PQI 3 Diabetes Long-Term Complications Admission Rate
PQI 14 Uncontrolled Diabetes Admission Rate
PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

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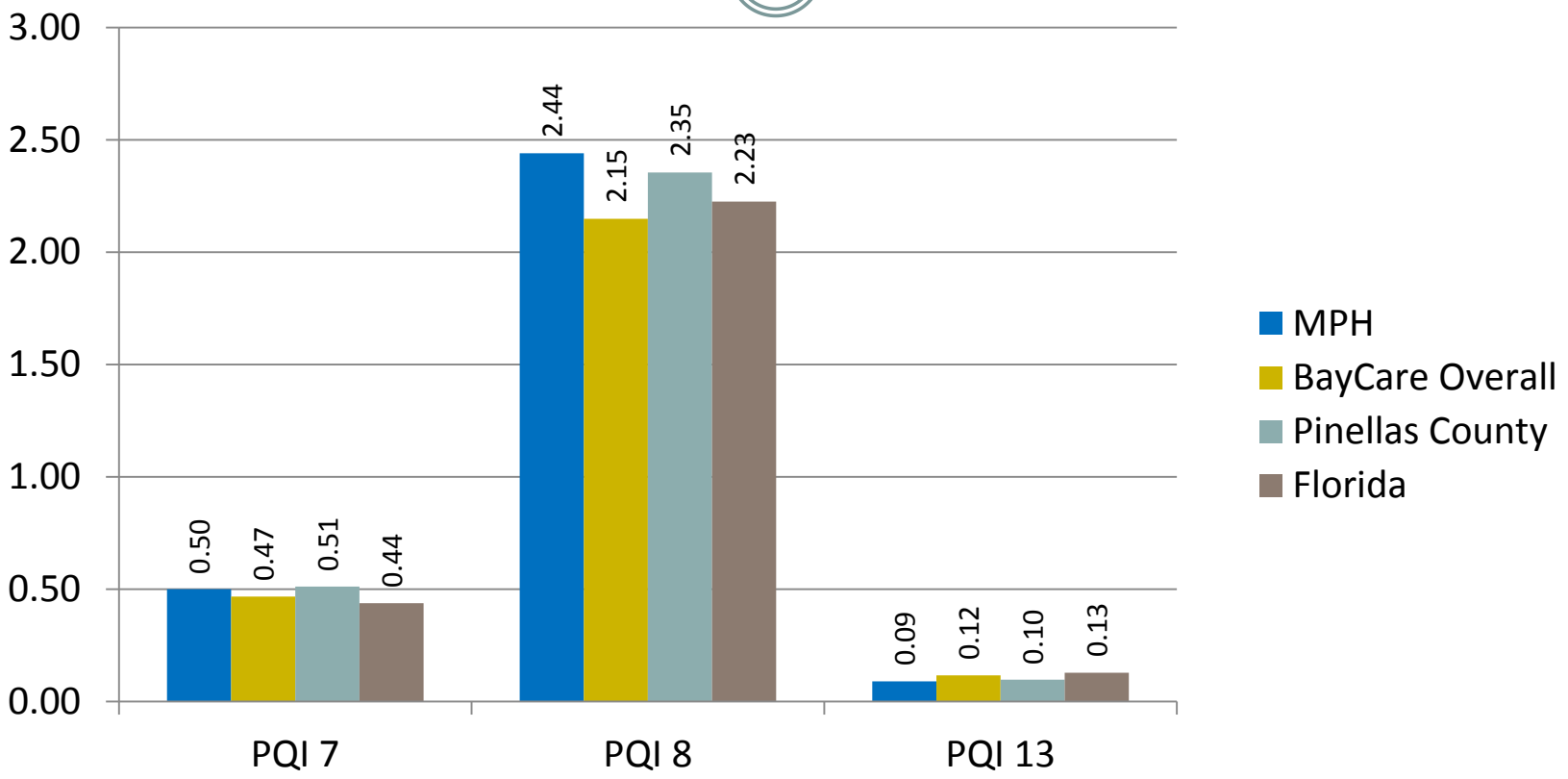
Heart Conditions



PQI 7 Hypertension Admission Rate
PQI 8 Congestive Heart Failure Admission Rate
PQI 13 Angina Without Procedure Admission Rate

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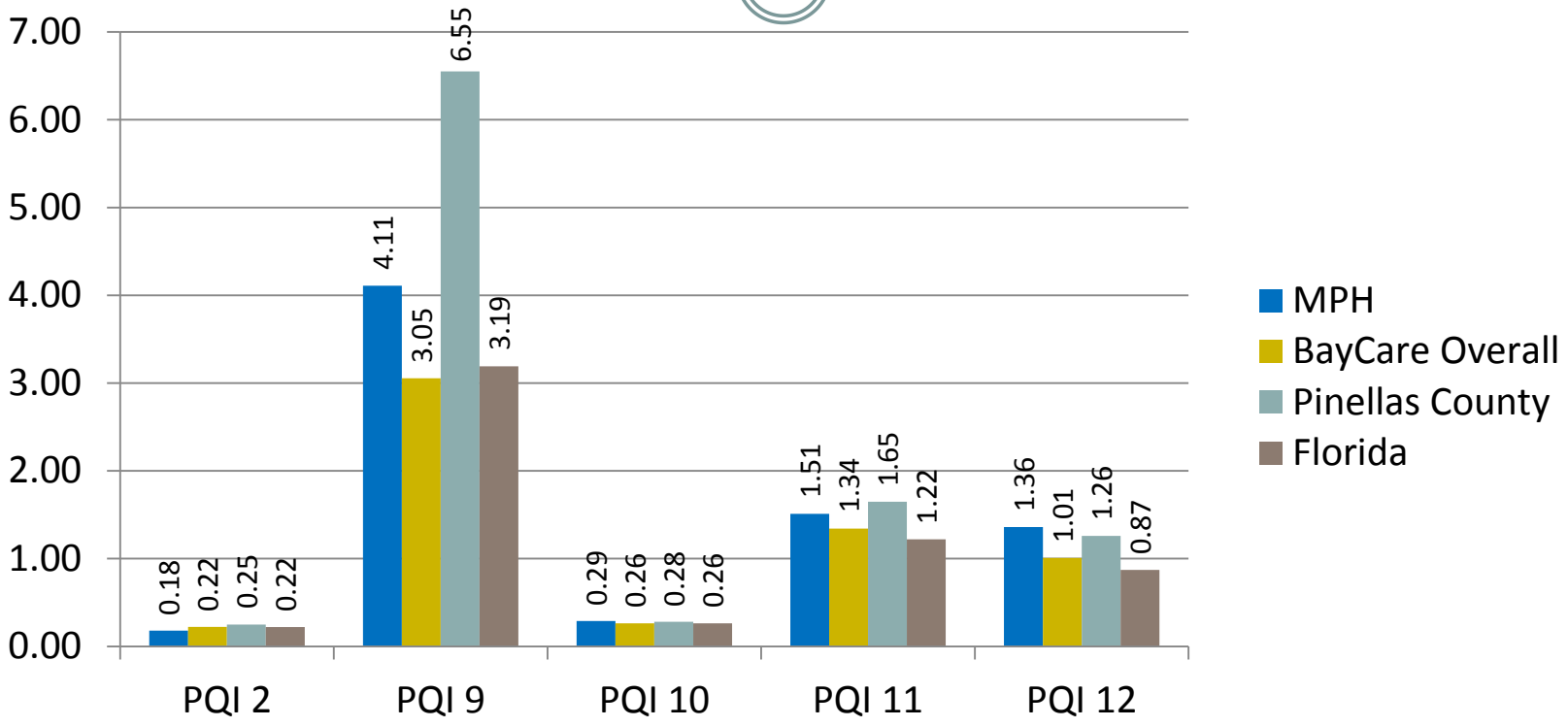
Other Conditions



PQI 2 Perforated Appendix Admission Rate
PQI 9 Low Birth Weight Rate
PQI 10 Dehydration Admission Rate
PQI 11 Bacterial Pneumonia Admission Rate
PQI 12 Urinary Tract Infection Admission Rate

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Prevention Quality Indicators Index (PQI)

Prevention Quality Indicators (PQI)	Morton Plant Hospital Service Area	Florida	Difference
Low Birth Weight Rate (PQI 9)	4.11	3.19	0.92
Urinary Tract Infection Admission Rate (PQI 12)	1.36	0.87	0.49
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.24	0.94	0.30
Bacterial Pneumonia Admission Rate (PQI 11)	1.51	1.22	0.29
Congestive Heart Failure Admission Rate (PQI 8)	2.44	2.23	0.21
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.75	1.61	0.14
Adult Asthma Admission Rate (PQI 15)	0.62	0.51	0.11
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.44	0.34	0.10
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.15	1.09	0.06
Hypertension Admission Rate (PQI 7)	0.50	0.44	0.06
Dehydration Admission Rate (PQI 10)	0.29	0.26	0.03
Uncontrolled Diabetes Admission Rate (PQI 14)	0.12	0.13	-0.01
Angina Without Procedure Admission Rate (PQI 13)	0.09	0.13	-0.04
Perforated Appendix Admission Rate (PQI 2)	0.18	0.22	-0.04

*Red values indicate a PQI value for the specific hospital that is higher than the PQI for the state of Florida.
*Green values indicate a PQI value for the specific hospital that is lower than the PQI for the state of Florida.

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Overview of Secondary Data Methodology

Demographics

- Demographic snapshots were developed using information from The Nielsen Claritas Company 2012 and Thomson Reuters 2012.
- Demographic snapshots depict the demographics of the hospital service area as well as the county and state. Comparisons were made between the hospital service area, the counties in the service area and Florida.
- Demographic data included:
  - Total population (2000, 2012, and projected 2017)
  - Male/female population
  - Change in population 2012-2017
  - Average annual household income
  - Age distribution (2012 and 2017)
  - Household income distribution
  - Education level distribution
  - Race/ethnicity

Community Demographic Profile

- While the population of Morton Plant Hospital service area is projected to decline (-0.6%) at a slower rate than Pinellas County (-.08%) by 2017, the population in Florida is projected to increase 5.1% .
- Between 2012 and 2017, the Morton Plant Hospital service area shows a greater decrease in residents ages 25-34 years of age. At the same time, the Morton Plant Hospital service area shows a lower rate of younger individuals (aged 0-14) than the state and nation.
- The average household income in the Morton Plant Hospital service area is less than Pinellas County ($60,181), Florida ($62,685) and the nation ($67,315).
- Morton Plant Hospital service area has a greater percentage of residents that have less than a bachelor's degree when compared to Pinellas County, Florida and the U.S.
- There is a greater percentage of the population in the Morton Plant Service area that is White, Non-Hispanic and a smaller percentage of Black, Non-Hispanic and Hispanic residents when compared to Pinellas County, Florida and the U.S.

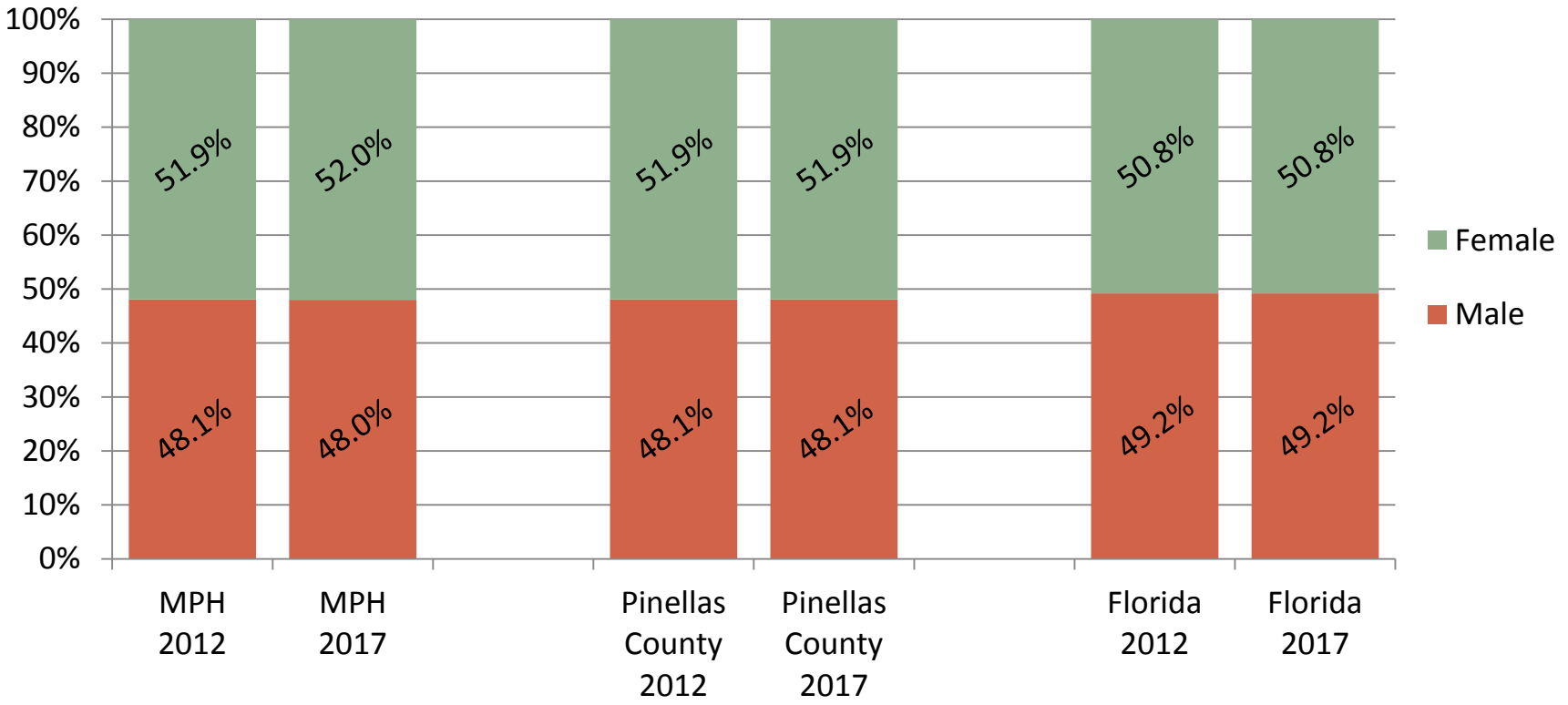
Population Trends

	Morton Plant Hospital Service Area	Pinellas County	Florida
2012 Total Population	424,131	913,500	19,156,005
2017 Projected Population	421,536	906,179	20,139,758
# Change	-2,595	-7,321	983,753
% Change	-0.6%	-0.8%	5.1%

- While the population of Morton Plant Hospital service area is projected to decline (-0.6%) at a slower rate than Pinellas County (-0.8%) by 2017, the population in Florida is projected to increase 5.1% .

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Gender



- The Morton Plant Hospital service area shows a higher percentage of women than men, this is consistent with state and national trends.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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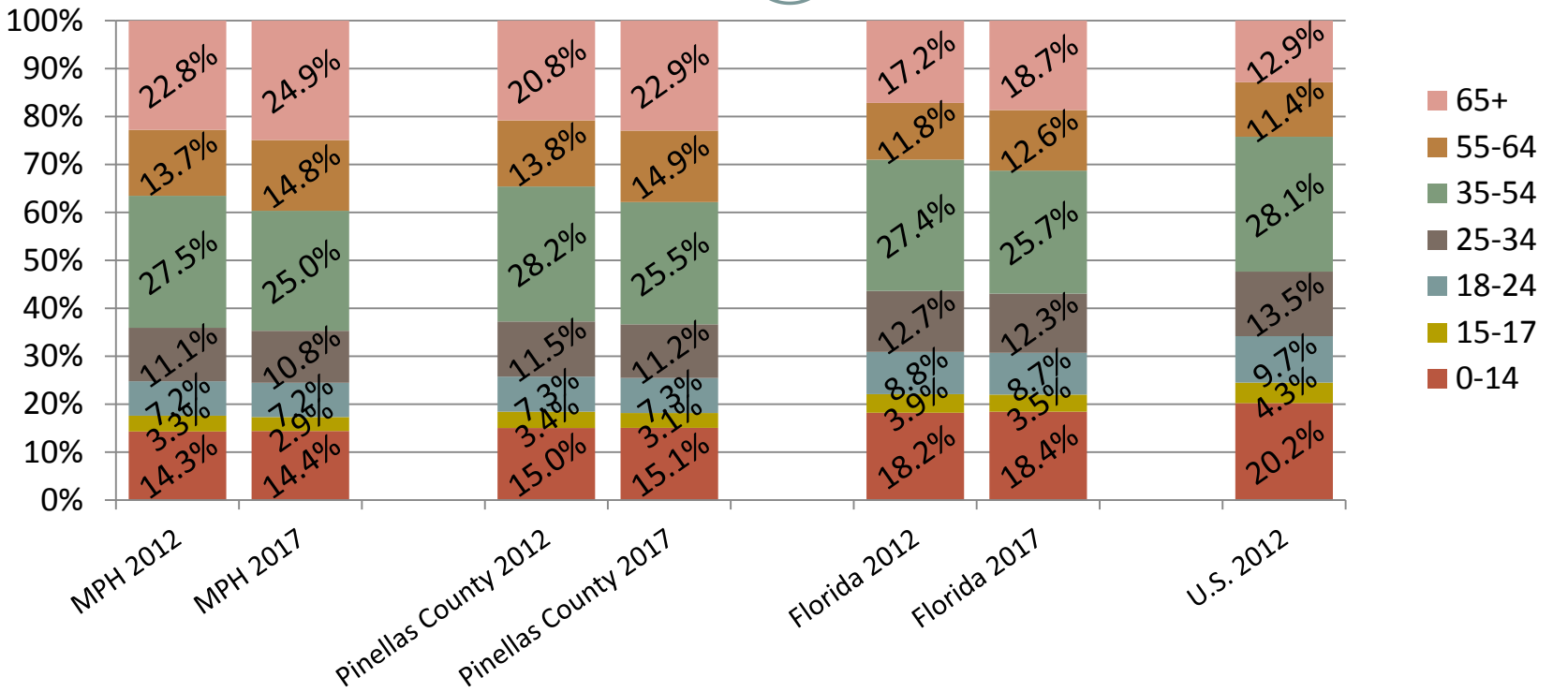
Age



- Between 2012 and 2017, the Morton Plant Hospital service area shows a greater decrease in residents ages 25-34 years of age.
- At the same time, the Morton Plant Hospital service area shows a lower rate of younger individuals (aged 0-14) than the state and nation. Otherwise, age projections for the Morton Plant Hospital service area are similar to Pinellas County, Florida, and the nation.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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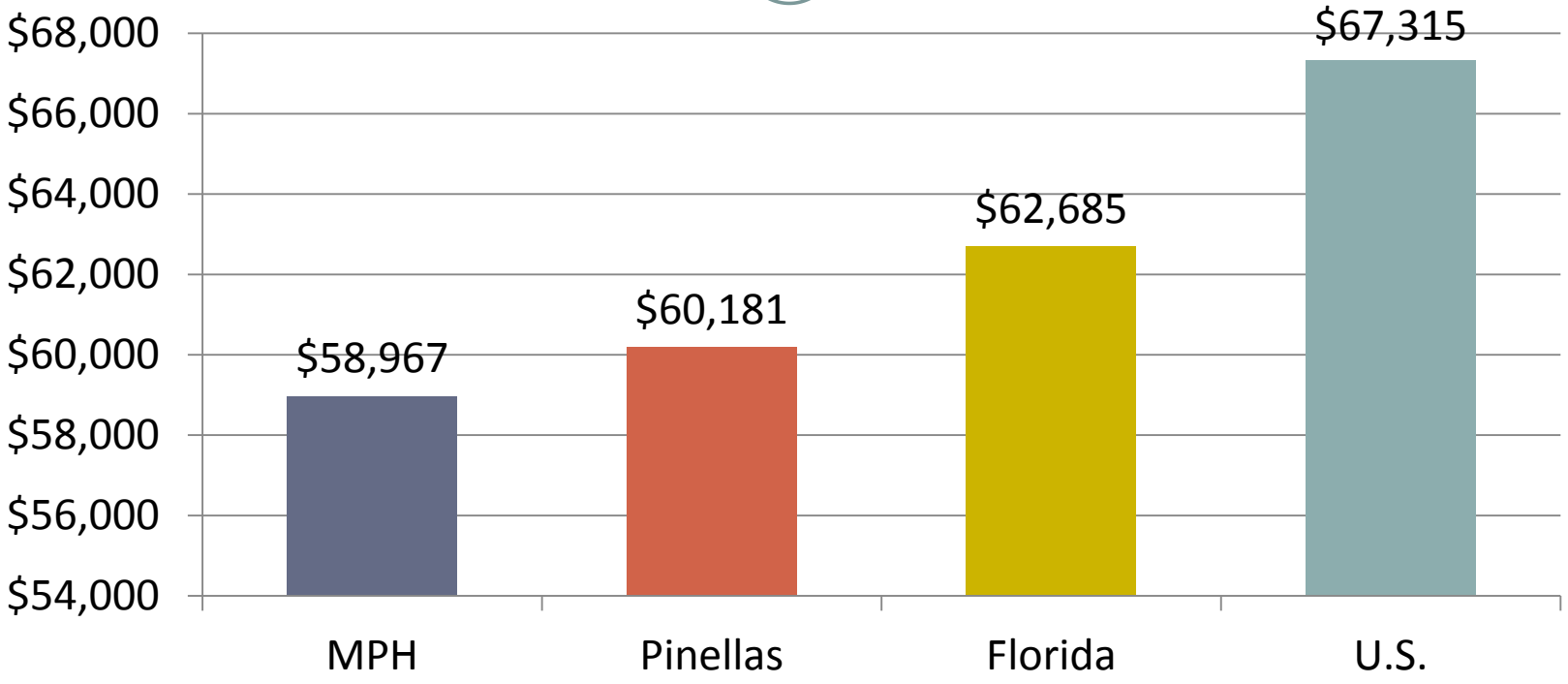
Average Household Income (2012)



- The average household income in the Morton Plant Hospital service area is less than Pinellas County ($60,181), Florida ($62,685) and the nation ($67,315).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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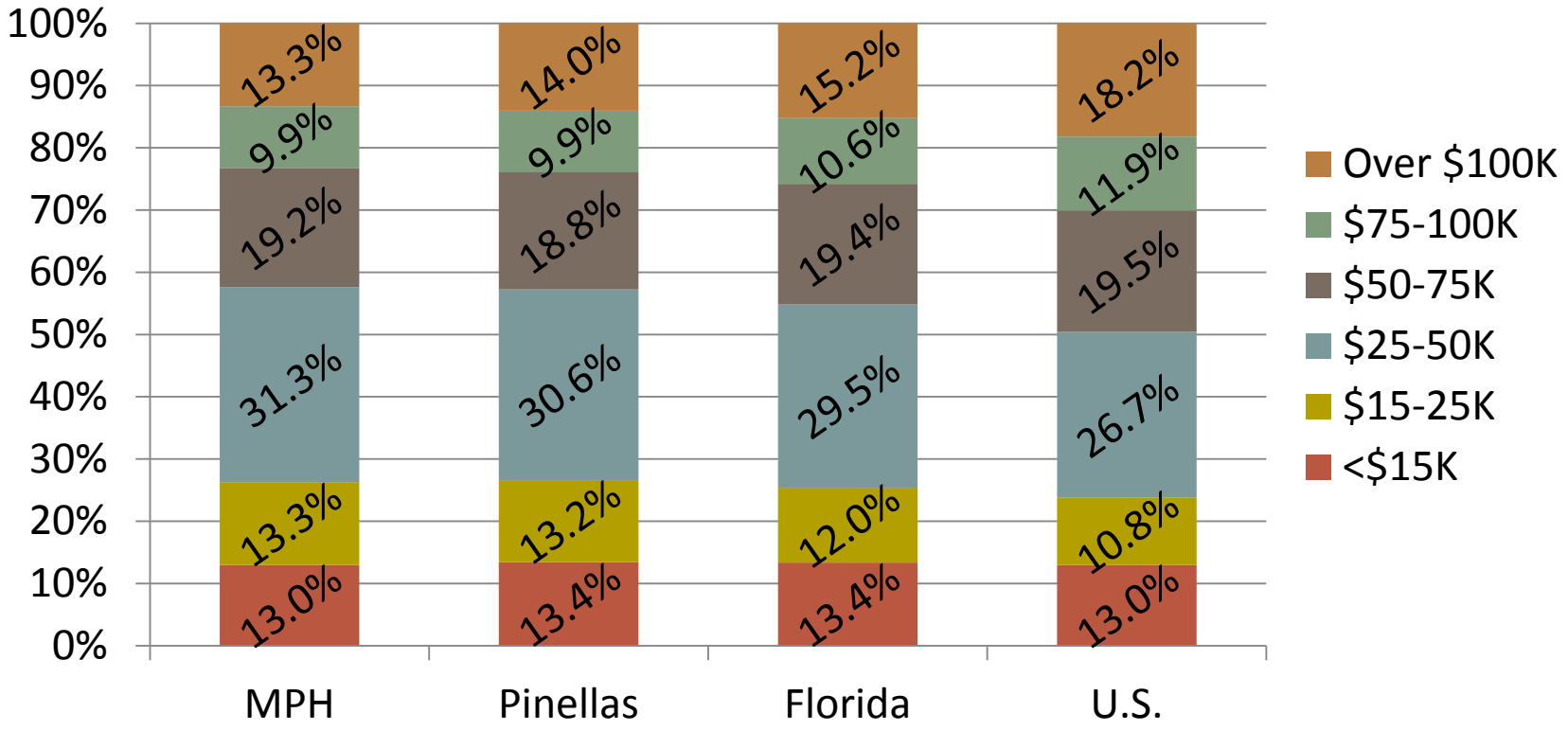
Household Income Detail (2012)



- A closer look at detailed income breakouts shows us that Morton Plant Hospital service area is similar to Pinellas County and Florida, with slightly more households earning between $15K and $50K than the county and the state and slightly fewer residents earning over $100K than the county and the state.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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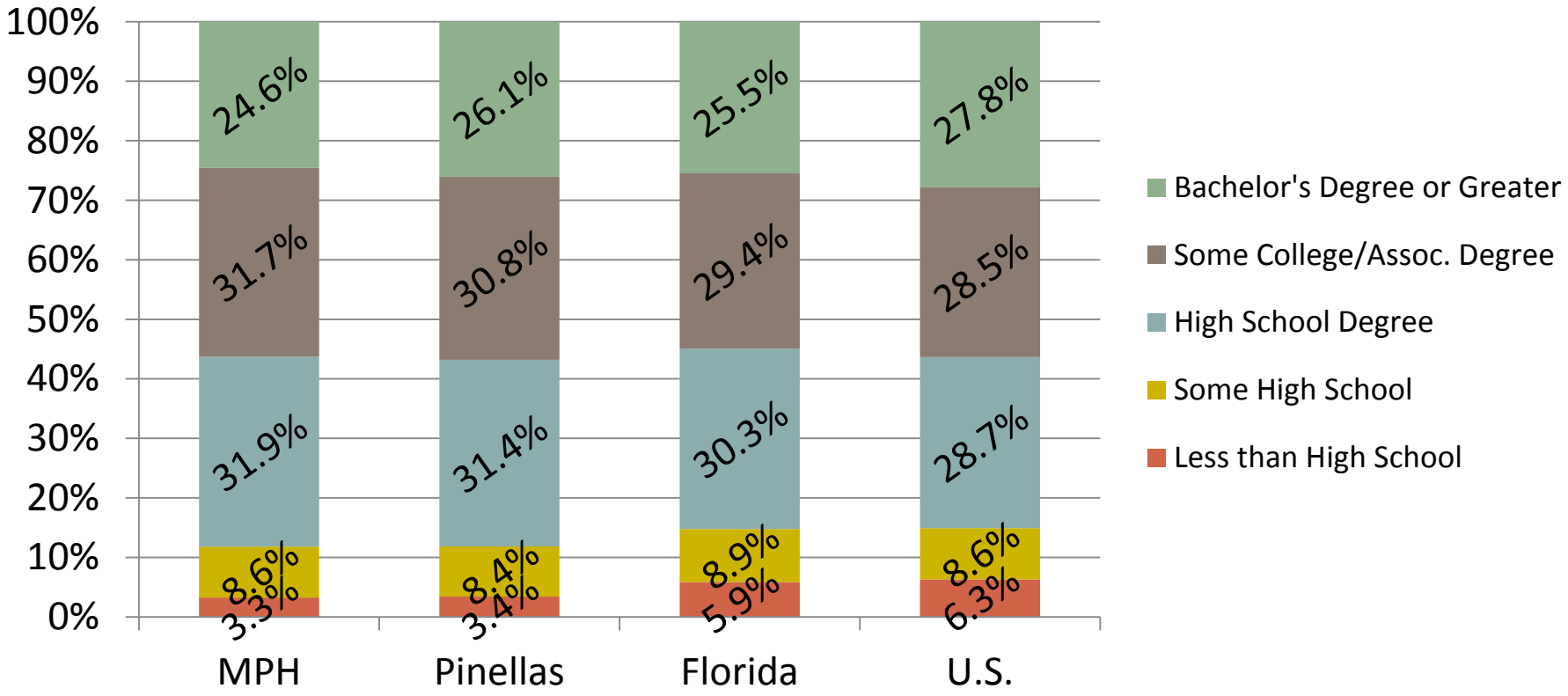
Education Level (2012)



- Morton Plant Hospital service area has a greater percentage of residents that have less than a bachelor's degree when compared to Pinellas County, Florida, and the U.S.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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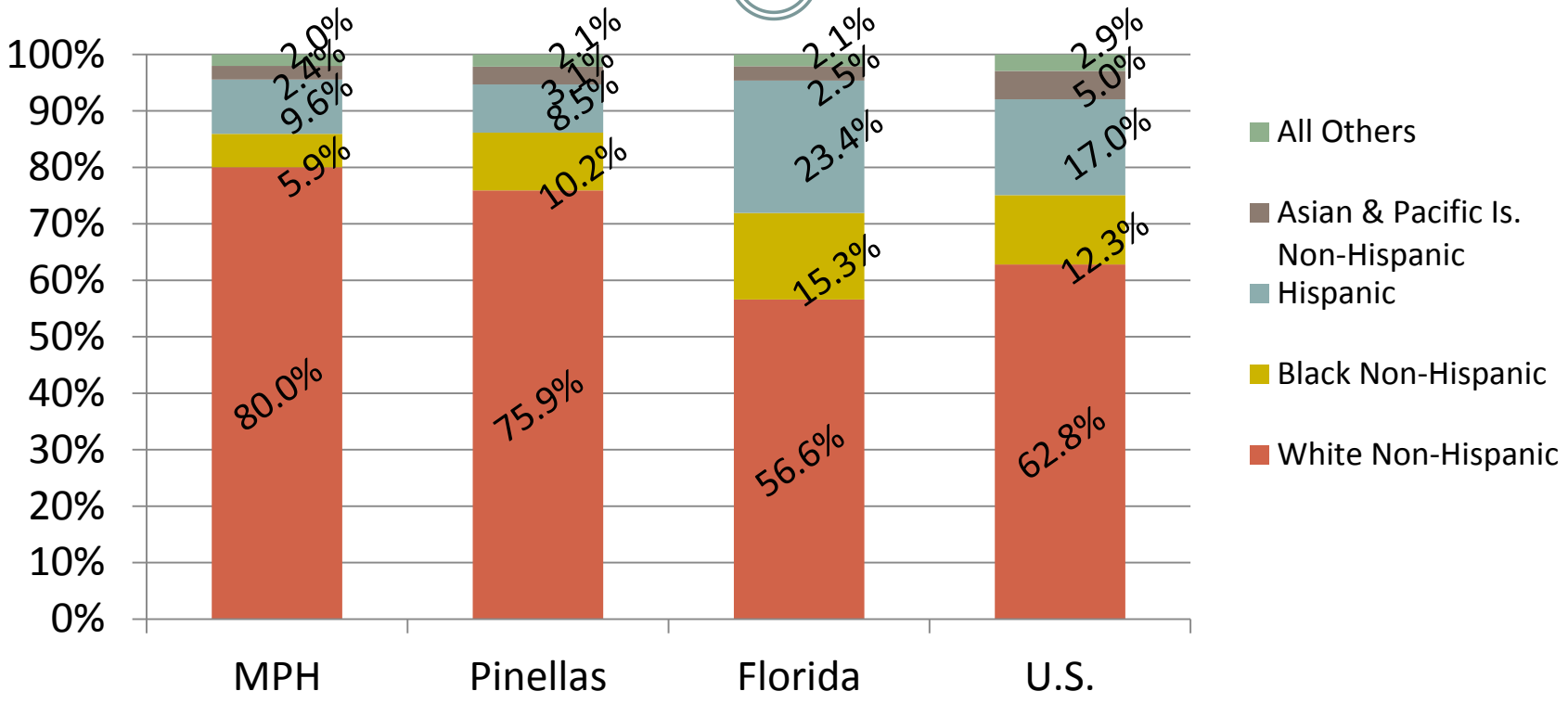
Race/Ethnicity (2012)



- There is a greater percentage of the population in the Morton Plant Service area that is White, Non-Hispanic and a smaller percentage of Black, Non-Hispanic, and Hispanic residents when compared to Pinellas County, Florida, and the U.S.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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Overview of Secondary Data Methodology

County Health Rankings

- Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.
- Counties in each of the 50 states are ranked according to summaries of the 37 health measures. Those having ranks such as 1 or 2 are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:
  - Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
  - Health Factors – rankings are based on weighted scores of four types of factors:
    - Health behaviors (six measures)
    - Clinical care (five measures)
    - Social and economic (seven measures)
    - Physical environment (four measures)

Overview of Secondary Data Methodology

County Health Rankings

- Each county receives a summary rank for 37 various health measures associated with health outcomes, health factors, health behaviors, clinical care, social and economic factors, and the physical environment.
  - The measures include:
    - Mortality
    - Morbidity
    - Tobacco Use
    - Diet and Exercise
    - Alcohol Use
    - Sexual Behavior
    - Access to care
    - Quality of care
    - Education
    - Employment
    - Income
    - Family and Social support
    - Community Safety
    - Environmental quality
    - Built environment
    - Population
    - % below 18 years of age
    - % 65 and older
    - % African American
    - % American Indian and Alaskan Native
    - % Asian
    - % Native Hawaiian/Other Pacific Islander
    - % Hispanic
    - % not proficient in English
    - % female
    - % rural
    - % diabetic
    - HIV rate
    - Binge drinking
    - Physical Inactivity
    - Mental health providers
    - Median household income
    - % with high housing costs
    - % of children eligible for free lunch
    - % illiterate
    - Liquor store density
    - % of labor force that drives alone to work

Overview of Secondary Data Methodology

County Health Rankings – Health Outcomes

Health Outcomes	Measure	Data Source	Years of Data
Mortality	Premature Death	National Center for Health Statistics	2006-2008
Morbidity	Poor or Fair Health	Behavioral Risk Factor Surveillance System	2004-2010
	Poor Physical Health Days	Behavioral Risk Factor Surveillance System	2004-2010
	Poor Mental Health Days	Behavioral Risk Factor Surveillance System	2004-2010
	Low Birth Weight	National Center for Health Statistics	2002-2008

Overview of Secondary Data Methodology

County Health Rankings – Health Behavior

Health Behavior	Measure	Data Source	Years of Data
Tobacco Use	Adult Smoking	Behavioral Risk Factor Surveillance System	2004-2010
Diet and Exercise	Adult Obesity Physical Inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive Drinking Motor Vehicle Crash Death Rate	Behavioral Risk Factor Surveillance System National Center for Health Statistics	2004-2010 2002-2008
Sexual Activity	Sexually Transmitted Infections Teen Birth Rate	National Center for Hepatitis, HIV, STD, and TB Prevention National Center for Health Statistics	2009 2004-2010

Overview of Secondary Data Methodology

County Health Rankings – Clinical Care

Clinical Care	Measure	Data Source	Years of Data
Access to Care	Uninsured Primary Care Physicians	Small Area Health Insurance Estimates Health Resources & Services Administration	2009
Quality of Care	Preventable Hospital Stays Diabetic Screening Mammography	Medicare/Dartmouth Institute	2009

Overview of Secondary Data Methodology

County Health Rankings – Social and Economic Factors

Social and Economic Factors	Measure	Data Source	Years of Data
Education	High School Graduation Some College	National Center for Education Statistics and State-Specific Sources American Community Survey	2008-2010 2006-2010
Employment	Unemployment	Bureau of Labor Statistics	2010
Income	Children in Poverty	Small Area Income and Poverty Estimates	2010
Family and Social Support	Inadequate Social Support Children in Single-Parent Household	Behavioral Risk Factor Surveillance System American Community Survey	2006-2010 2006-2010
Community Safety	Violent Crime Rates	Federal Bureau of Investigation Louisiana Uniform Crime Reporting, Louisiana State Police	2007-2009 2007-2009

Overview of Secondary Data Methodology

County Health Rankings – Physical Environment

Physical Environment	Measure	Data Source	Years of Data
Environmental Quality	Air Pollution-particulate matter days Air Pollution-ozone days	U.S. Environmental Protection Agency	2004-2010
Built Environment	Access to Recreational Facilities Limited Access to Healthy Foods Fast Food Restaurants	Census County Business Patterns U.S. Department of Agriculture Census County Business Patterns	2009 2006 2009

County Health Rankings

- Florida has 67 counties; therefore, the rank scale for Florida is 1 to 67 (1 being the healthiest county and 67 being the most unhealthy). The median rank is 34.
- While Pinellas County encompasses the Morton Plant Hospital service area, rankings for the three counties served by the BayCare Health System are shown below to provide perspective. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).
- Pinellas County may be considered the "healthiest" county, as it shows the most ranks in the top 10 (four of the 21 measures); clinical care, diet and exercise, access to care, and the built environment. The best rankings for the region are found in Pinellas County.
- Pinellas County (54) ranks worse than Hillsborough (49) and Pasco (23) counties for community safety.

County Health Rankings Data

County	Health Outcomes	Health Factors	Mortality	Morbidity	Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Hillsborough	32	25	23	39	22	22	29	60
Pasco	42	24	40	45	27	27	20	41
Pinellas	31	15	31	29	16	10	28	11

Blue text indicates a rank in the top 10 (good ranking).

Red text indicates a rank in the bottom 10 (poor ranking).

Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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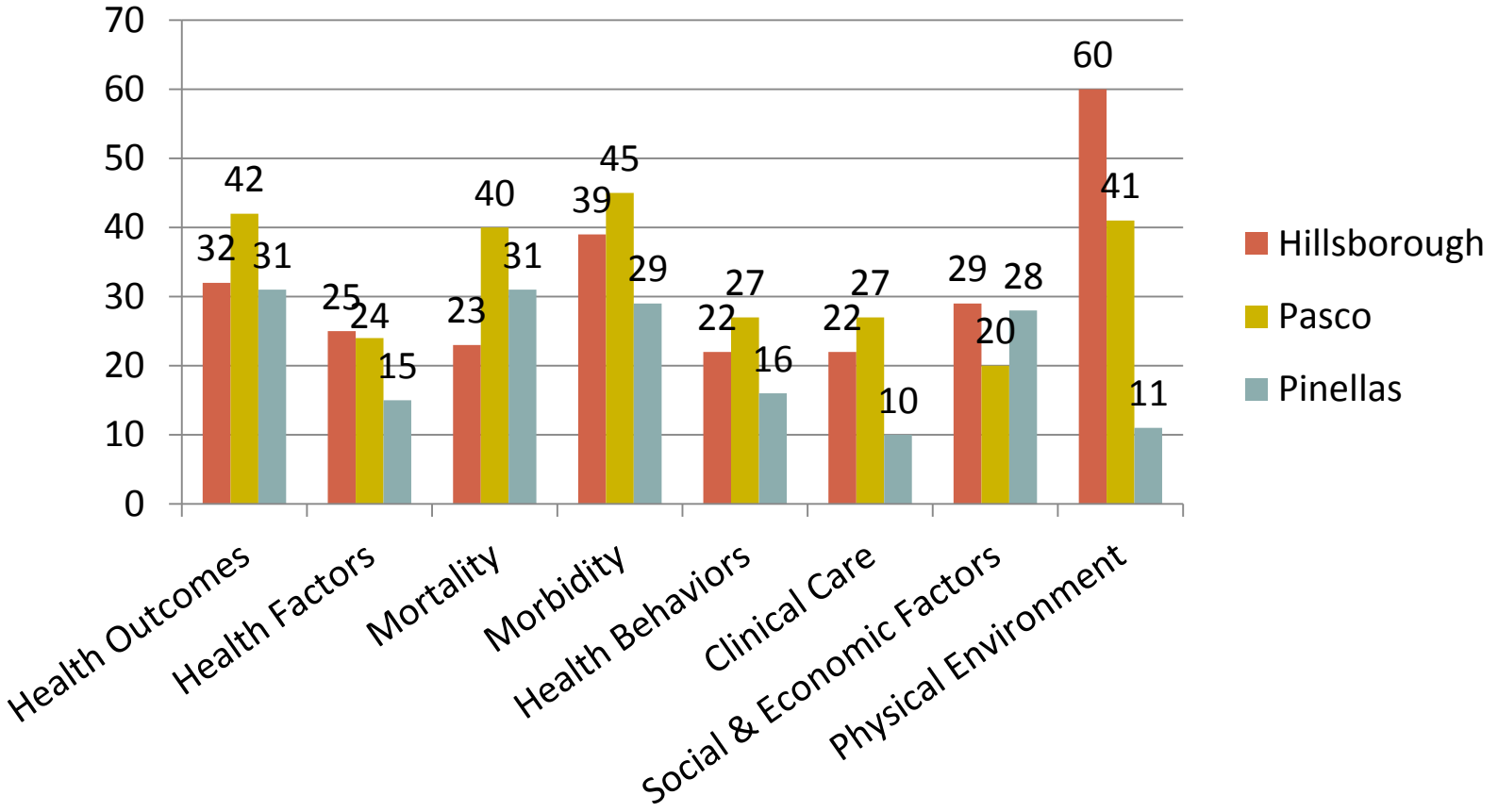
County Health Rankings Data



Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

County Health Rankings Data

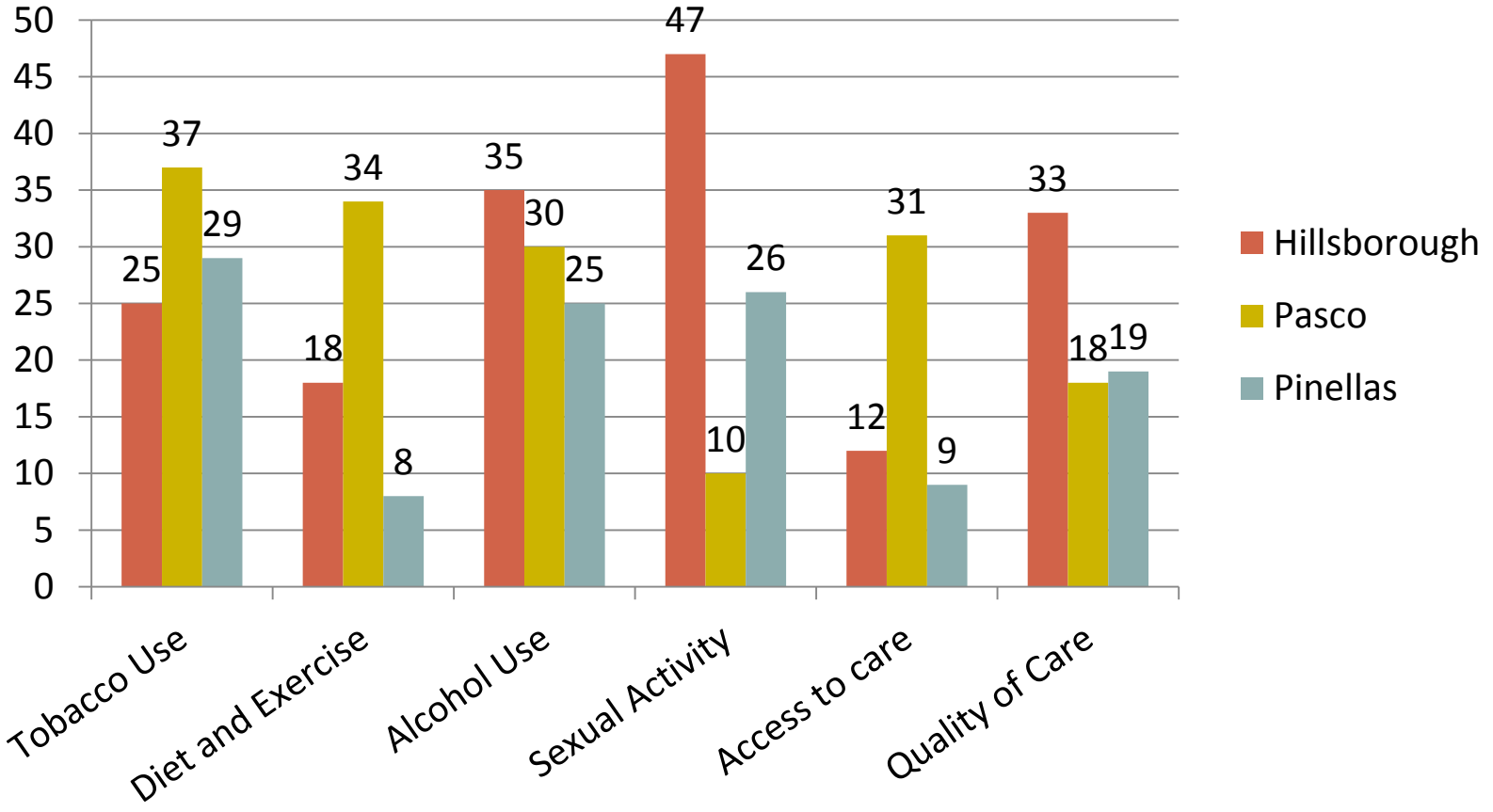
County	Tobacco Use	Diet and Exercise	Alcohol Use	Sexual Activity	Access to care	Quality of Care
Hillsborough	25	18	35	47	12	33
Pasco	37	34	30	**10**	31	18
Pinellas	29	**8**	25	26	**9**	19

Blue text indicates a rank in the top 10 (good ranking).

Red text indicates a rank in the bottom 10 (poor ranking).

Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

County Health Rankings Data



Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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County Health Rankings Data

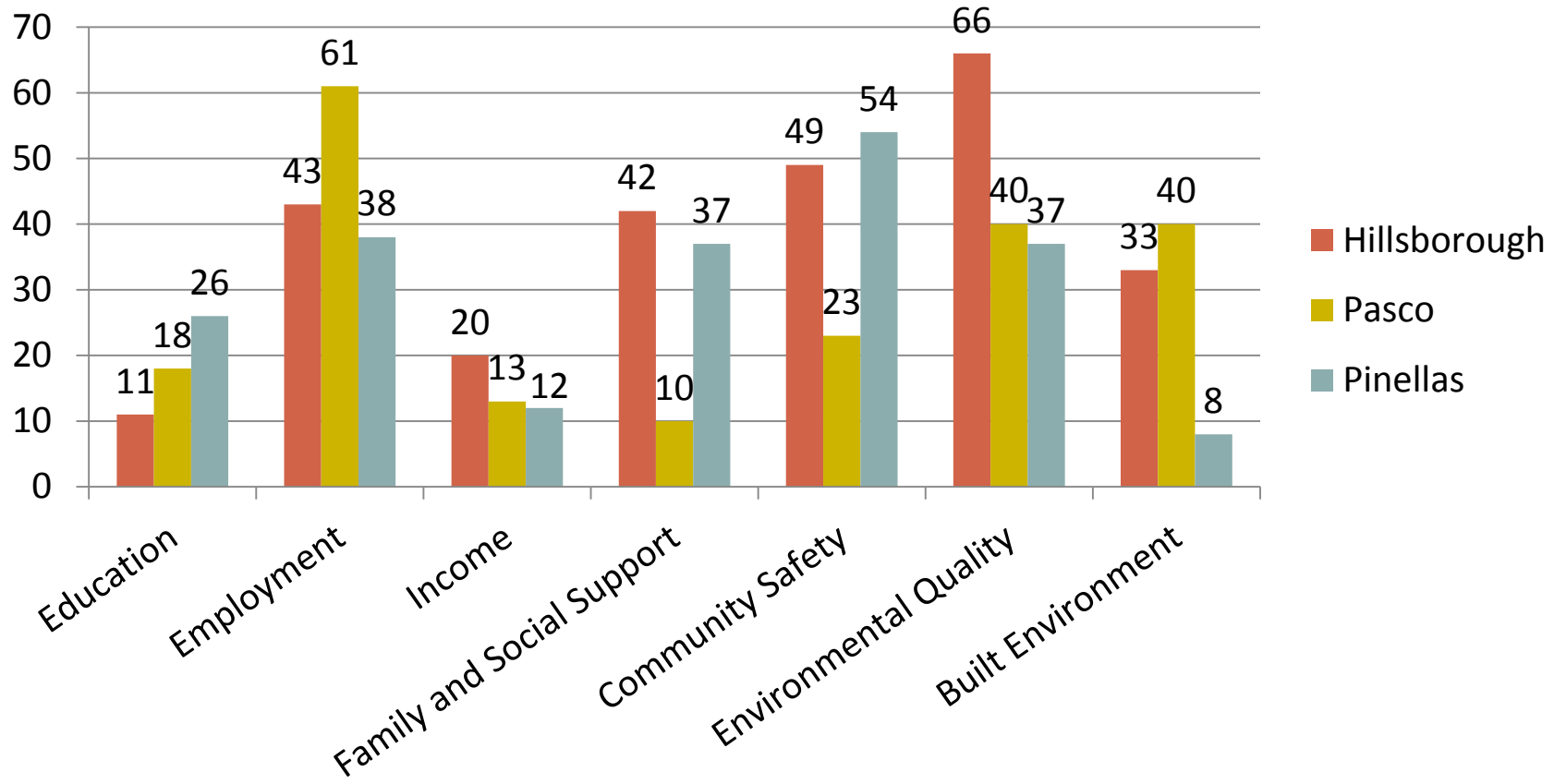
County	Education	Employment	Income	Family and Social Support	Community Safety	Environ-mental Quality	Built Environ-ment
Hillsborough	11	43	20	42	49	66	33
Pasco	18	61	13	10	23	40	40
Pinellas	26	38	12	37	54	37	8

Blue text indicates a rank in the top 10 (good ranking).

Red text indicates a rank in the bottom 10 (poor ranking).

Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

County Health Rankings Data



Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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Healthy Tampa Bay

- The rate of adults who eat fruits and vegetables in Pinellas county (30% to 26.3%) has declined from 2002-2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.
- While the death rate due to a stroke has decreased between 2008 and 2010 in Pinellas County (27.9 to 25.1 per 100,000 pop.); Black residents are at a greater risk of stroke-related death than any other ethnicity in the tri-county area. Women are at a slightly greater risk of death related to a stroke than their male counterparts in Pinellas County (25.7 to 23.7 per 100,000 pop.) .
- Between 2007 and 2010, the percentage of women aged 40 and over who reported having had a mammogram in the past year decreased in Pinellas County (from 63% to 61.5%).
- Similarly, Between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Pinellas County (from 63.2% to 52.4%).

Healthy Tampa Bay

- While Pinellas County saw a decrease in the obesity rate from 27.7% to 24%, men are slightly more likely to be obese (27.5%) with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) are obese.
- Between 2007 and 2010, the percentage of adults who are overweight increased in Pinellas County (from 35.5% to 41.6%). Women are less likely to be overweight than men in Pinellas County (33.9% to 49.8%) .
- Between 2007 and 2010, Pinellas County saw an increase in the number of residents that smoke (from 18% to 19.3%). Slightly more females report smoking cigarettes than men in Pinellas County (22.1% and 16.2% respectively) .
- Between 2007 and 2010, there was an increase in the number of adults who reported heavy or binge drinking during the previous 30-day period in Pinellas County (12.8% to 16.4%) , with men being approximately three times more likely than women (25.5% and 8.2% respectively), and one in four residents that are 18-44 years old (25.6%) to report heavy or binge drinking within the last 30 days.

Healthy Tampa Bay

- Between 2007 and 2011, hospitalization rates related to alcohol have increased consistently in Pinellas County (9.1 to 9.4 per 10,000 pop.). Pinellas County shows the highest rates in every category of age and gender for emergency room visits due to acute or chronic alcohol abuse among residents that are 18 years or older. Men in Pinellas County are almost twice as likely as women in Pinellas County to visit the emergency room as a result of acute or chronic alcohol abuse. Men are also more likely to be hospitalized due to acute or chronic alcohol abuse.

- Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%), and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost

- Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Pinellas County (from 12.6 to 13.8 per 100,000 pop.).

- Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased in Pinellas County (from 8.8% to 9.3%). Women are twice as likely to visit the emergency room than their male counterparts in Pinellas County (51.7 and 24.5 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity.

Healthy Tampa Bay

- 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.). 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.

- Between 2007 and 2011, emergency room visits related to congestive heart failure has increased in Pinellas County (from 2.0 to 3.1 per 10,000 pop.). In Pinellas County, African American residents visit the emergency room at three times the rate and are hospitalized at twice the rate for congestive heart failure as residents of other ethnicities.

- Between 2007 and 2010, the percent of adults who have ever been diagnosed with diabetes increased in Pinellas County (from 8.7% to 12.4%). African American residents are diagnosed with diabetes at a rate that is more than four times residents of other ethnicities in Pinellas County (66.3 per 10,000 pop.). As a result, African American residents have higher rates across all measures of diabetes.

- Males are more likely than females in Pinellas County to visit the emergency room (0.7 and 0.3 per 10,000 pop. respectively) and to be hospitalized (3.6 and 2.5 per 10, 000 pop. respectively) due to hepatitis; with White, non-Hispanic residents showing a greater rate of hospitalizations (3.2 per 10,000 pop.) than other ethnicities.

Healthy Tampa Bay

- Women 18+ are significantly more likely to visit the emergency room due to urinary tract infections than their male counterparts in Pinellas County (79.2 and 88.9 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Pinellas County (33.0 and 15.6 per 10,000 pop. respectively). African American residents visit the emergency room and are hospitalized for urinary tract infections at a rate that is almost two times residents of other ethnicities in Pinellas County.

- Between 2007 and 2010, the percentage of adults who have had their blood cholesterol checked and have been told that it was high has increased in Pinellas County (from 36.0% to 47.9%). Men in Pinellas County are almost 10% more likely than women to have high cholesterol (43.8% and 52.6% respectively).

- Between 2008 and 2010, there was a decrease in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%).

- Many forms of cancer in the tri-county area show a greater diagnosis rate among African American residents when compared to residents of other ethnicities. As a result, African American residents have higher rates across all measures of cancer.

Healthy Tampa Bay

- Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pinellas County (from 120.1 to 123 per 100,000 pop.). Black women show a higher death rate due to breast cancer than any other ethnicity in Pinellas County (27.1 per 100,000 pop.).
- Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Pinellas County (from 7.0 to 7.5 per 100,000 pop.).
- Between 2009 and 2010, the tuberculosis incidence rate increased in Pinellas County (from 1.9 to 3.6 per 100,000 pop.).
- Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.).

Healthy Tampa Bay

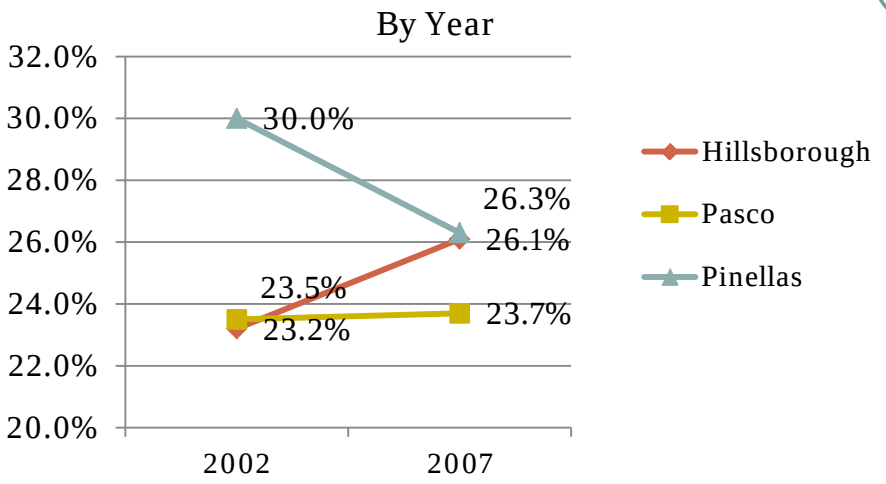
- Between 2009 and 2010, the percentage of births in which the newborn weighed less than 5 pounds, 8 ounces increased in Pinellas County (from 8.0% to 9.1%). Interestingly, this rate (births to newborns less than 5 pounds, 8 ounces) in Pinellas County decreased between 2008 and 2009 and then increased again from 2009 to 2010. African American residents are twice as likely to give birth to a low birth weight baby (16.7%) than residents of other ethnicities.

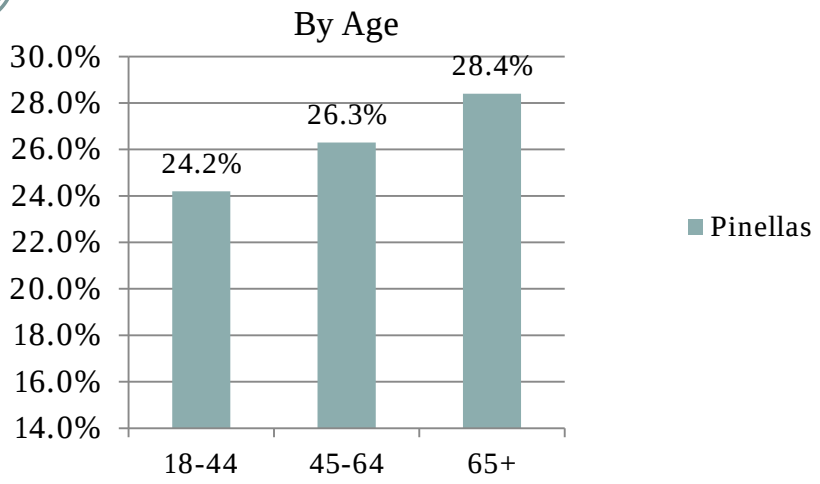
- From the years 2008 to 2010, the infant mortality rate decreased between 2008 and 2009 in Pinellas County (from 9.3 to 8.3 per 1,000 live births) and then increased again between 2009 and 2010 in Pinellas County (from 8.3 to 8.6 per 1,000 live births).

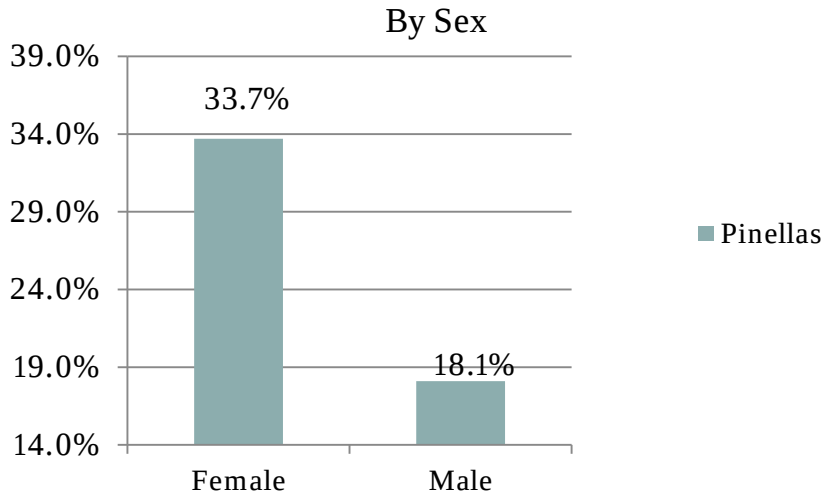
- Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Pinellas County (from 27.7% to 18.8%).

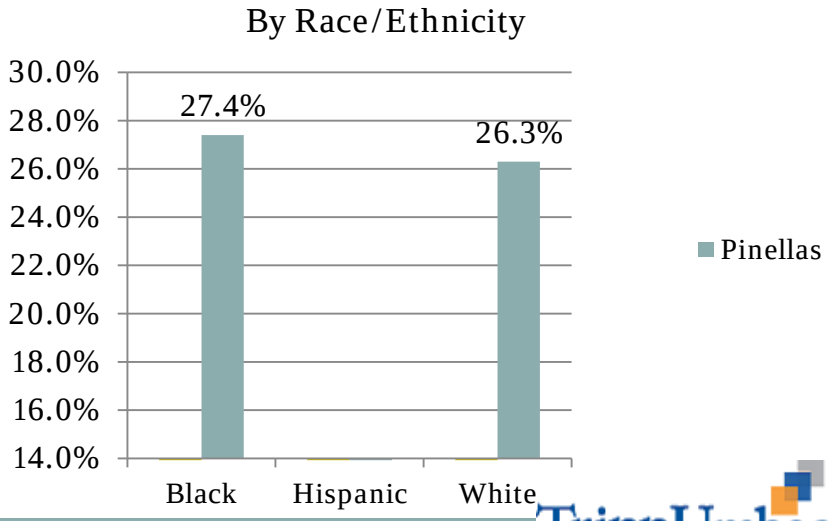
Healthy Tampa Bay Data – Adult Fruit and Vegetable Consumption

**percent of adults who eat five or more servings of fruit or vegetables per day*









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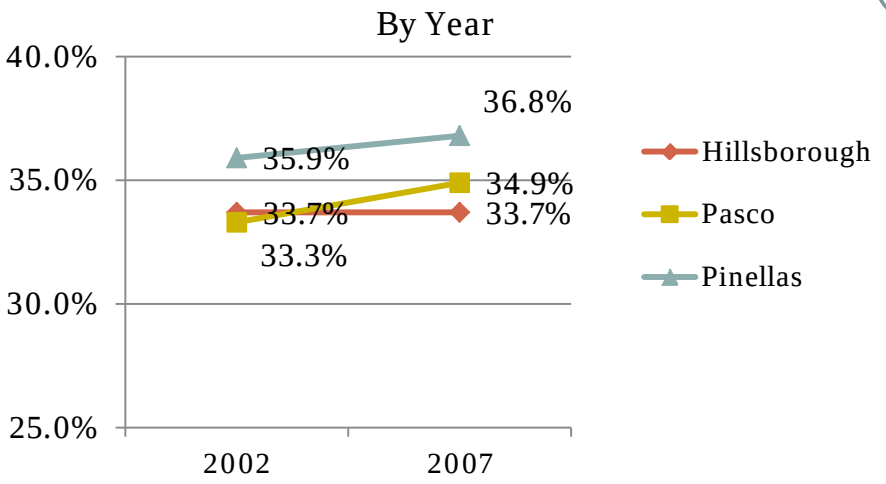
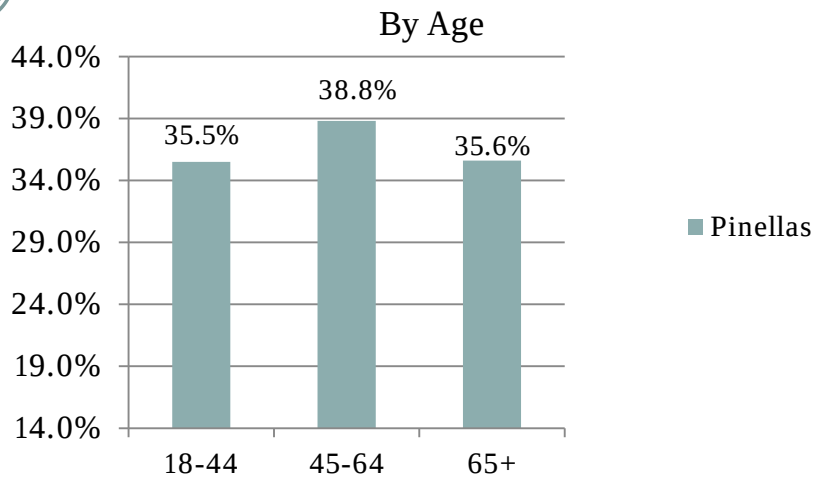
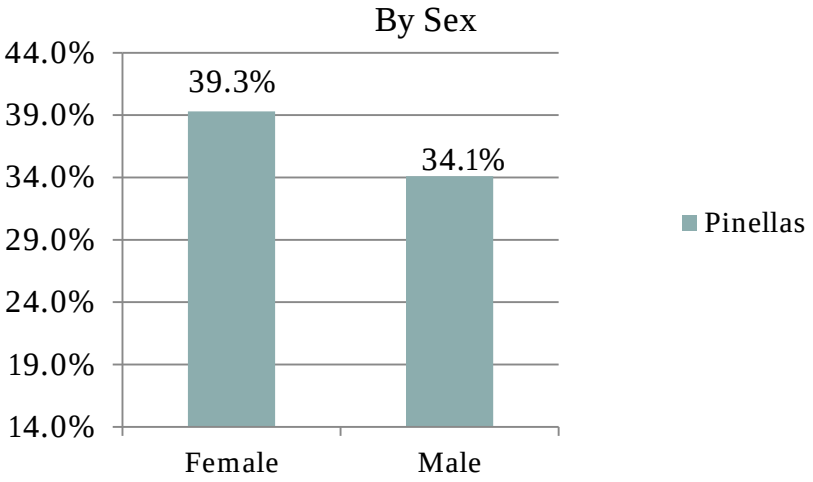
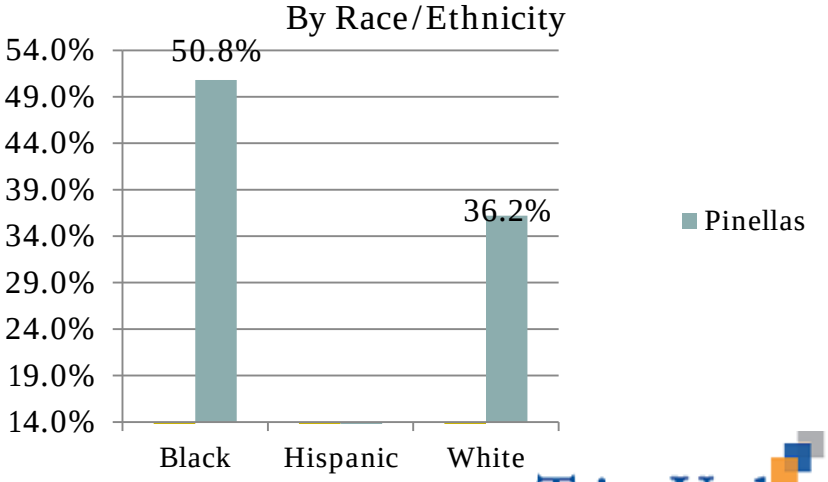
Healthy Tampa Bay Data – Adults Engaging in Moderate Physical Activity

**percent of adults who engage in moderate physical activity for at least 30 minutes on five or more days per week.*









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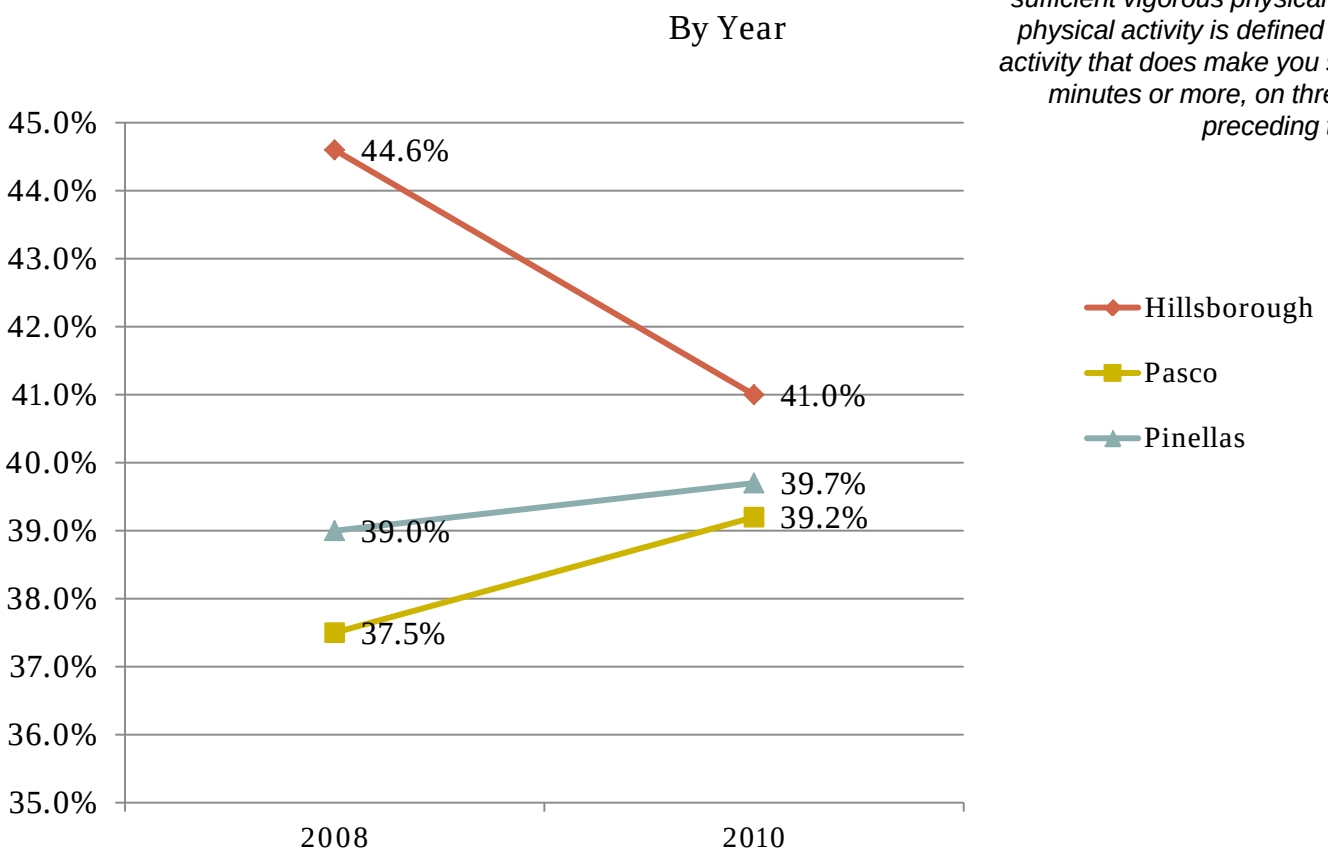
Healthy Tampa Bay Data – Teens without Sufficient Physical Activity

- *shows the percentage of high school students without sufficient vigorous physical activity. Sufficient vigorous physical activity is defined as participating in physical activity that does make you sweat or breathe hard for 20 minutes or more, on three or more of the 7 days preceding the survey.*



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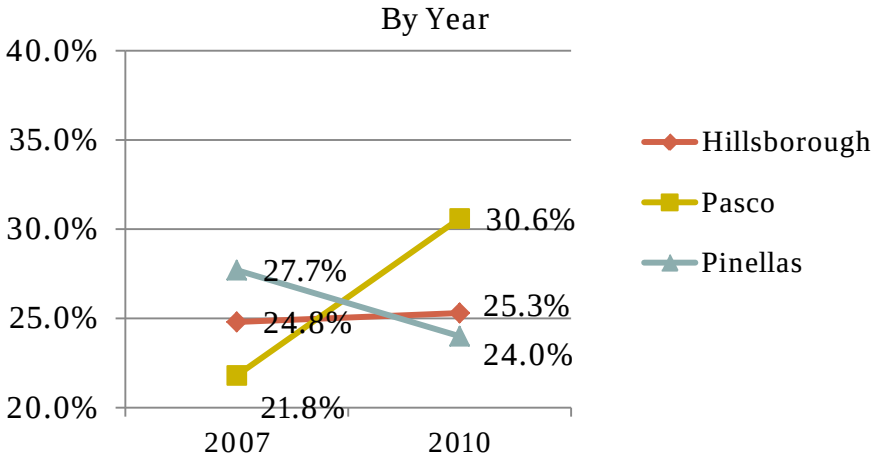
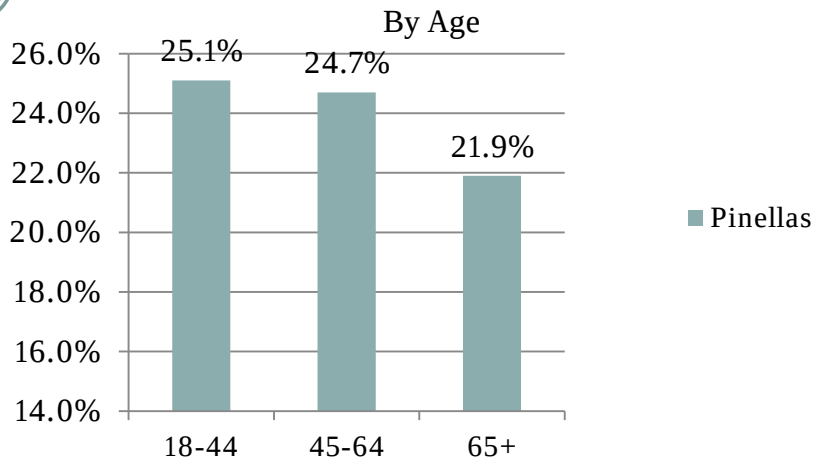
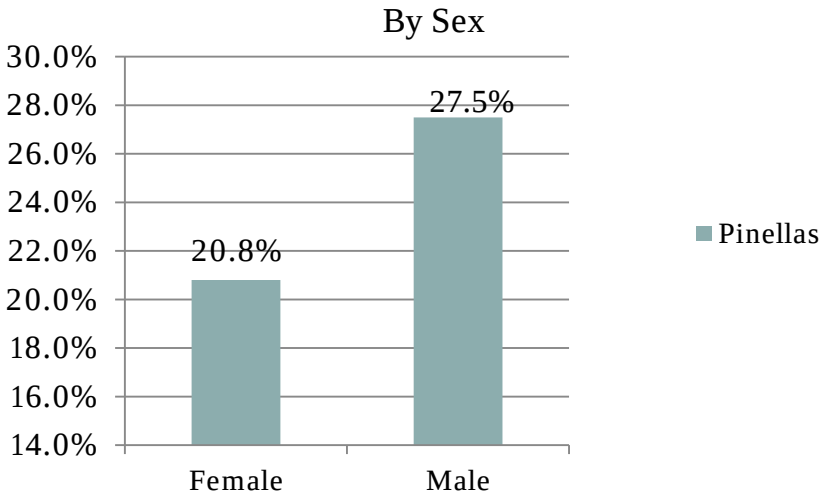
Healthy Tampa Bay Data – Adults Who are Obese

**percent of adults (aged 18 and up) who are obese according to BMI (BMI>=30).*







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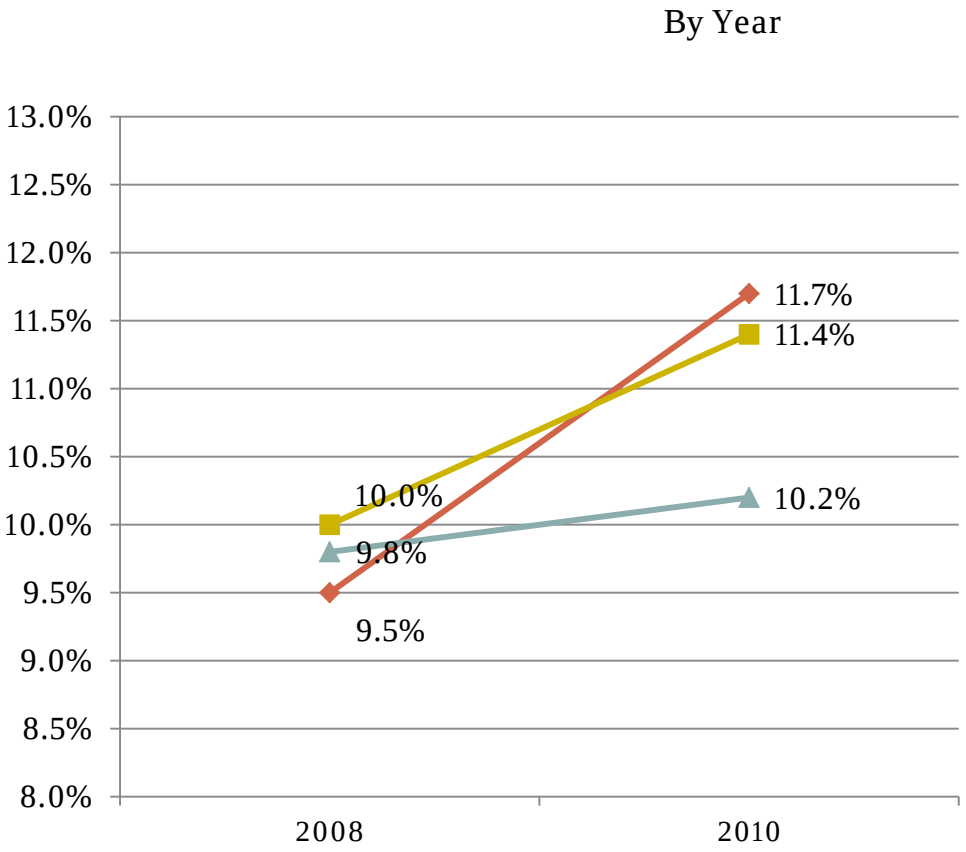
Healthy Tampa Bay Data – Teens who are Obese



- *shows the percentage of high school students who are obese (i.e., >= 95th percentile for body mass index, by age and sex, based on reference data). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (cm) ^ 2])*

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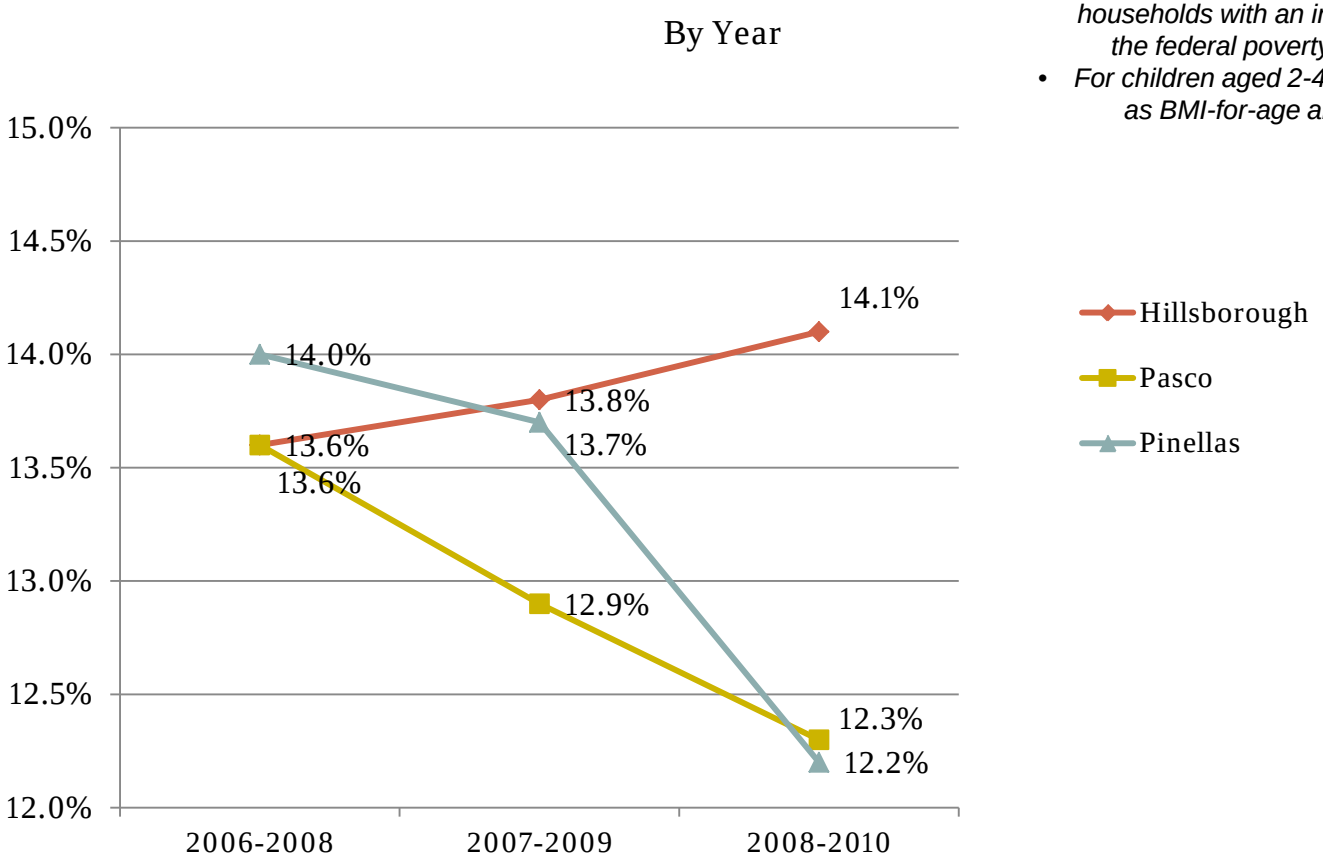
Healthy Tampa Bay Data – Low-Income Preschool Obesity

- *the percentage of children aged 2-4 living in households with an income less than 200% of the federal poverty level who are obese.*
- *For children aged 2-4 years, obesity is defined as BMI-for-age above 95th percentile.*



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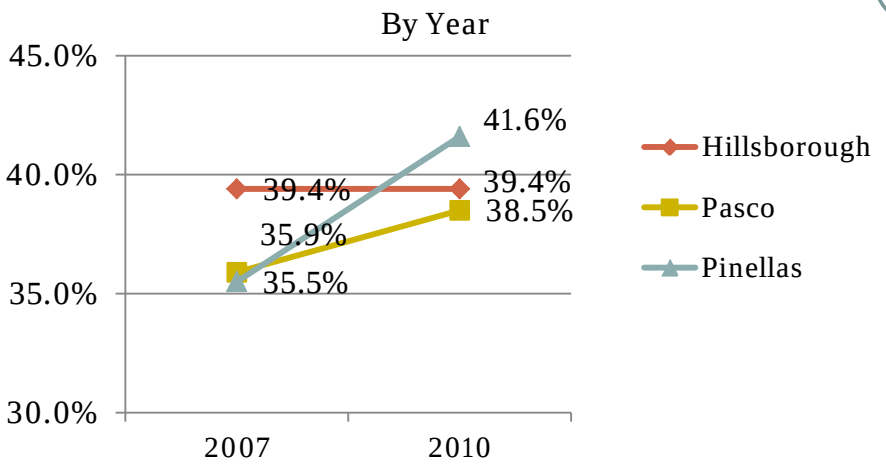
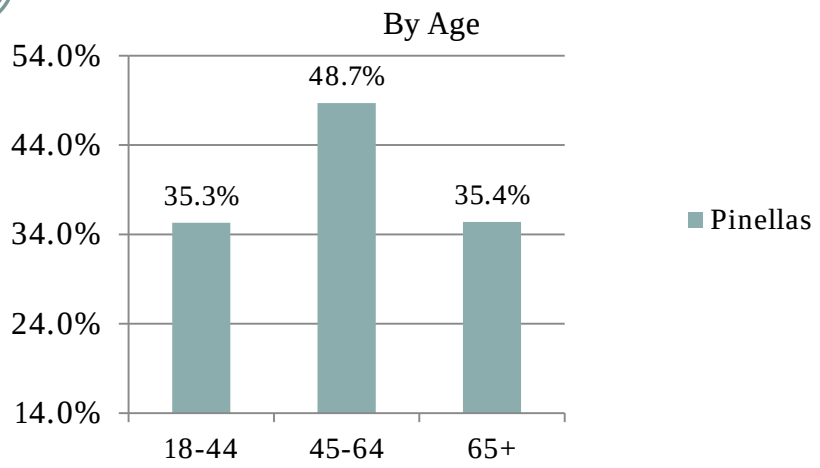
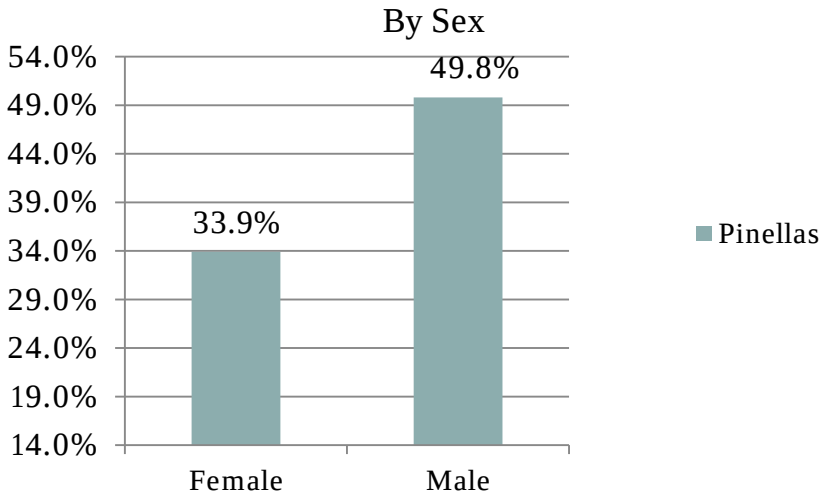
Healthy Tampa Bay Data – Adults Who are Overweight

**percent of adults (aged 18 and up) who are overweight according to BMI (BMI between 25 and 29.9).*







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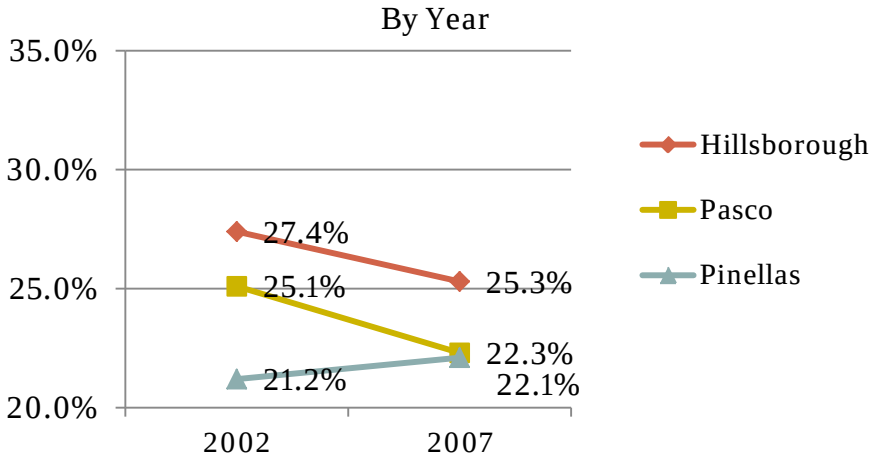
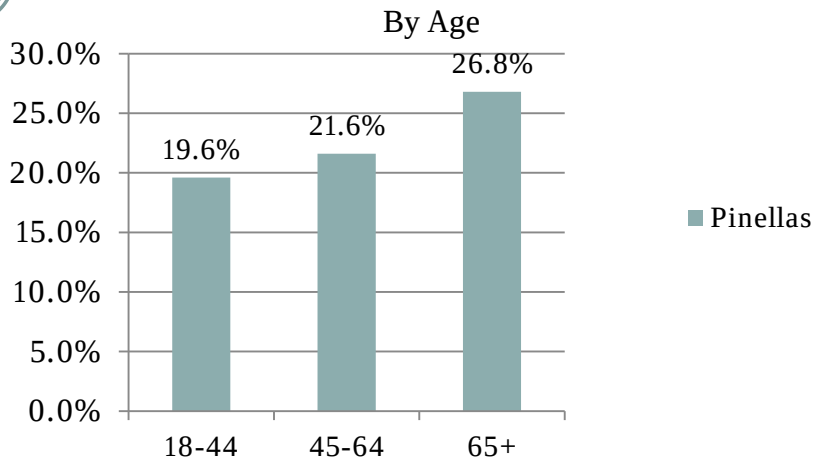
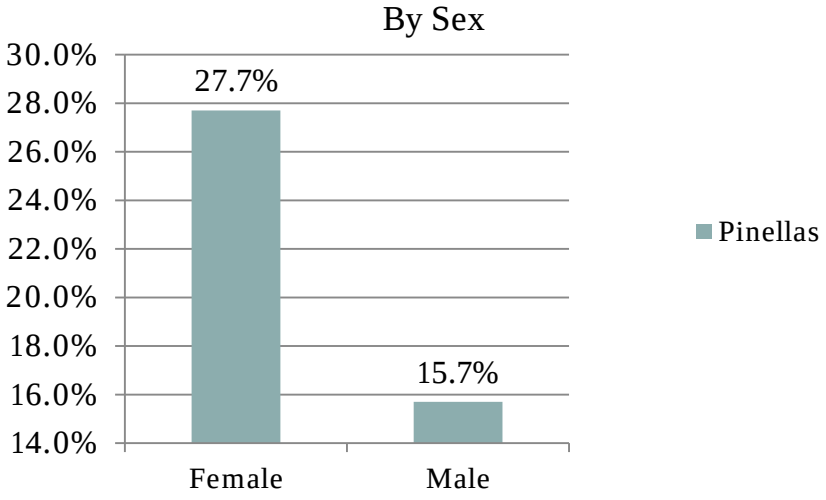
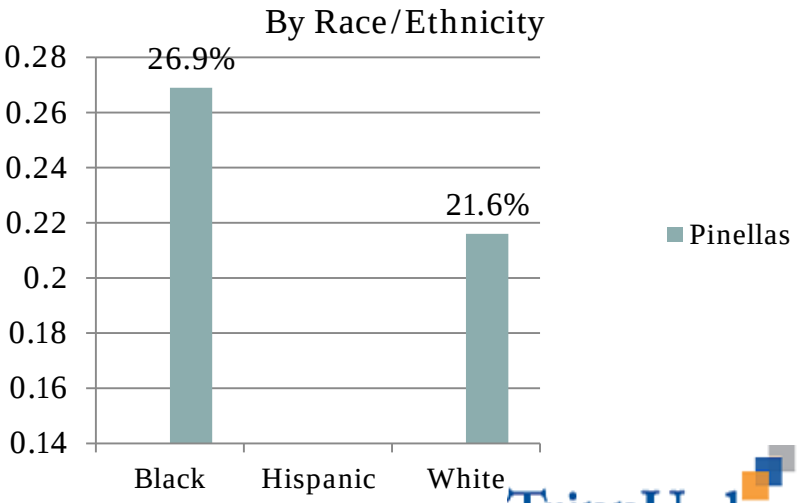
Healthy Tampa Bay Data – Adults Who are Sedentary

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









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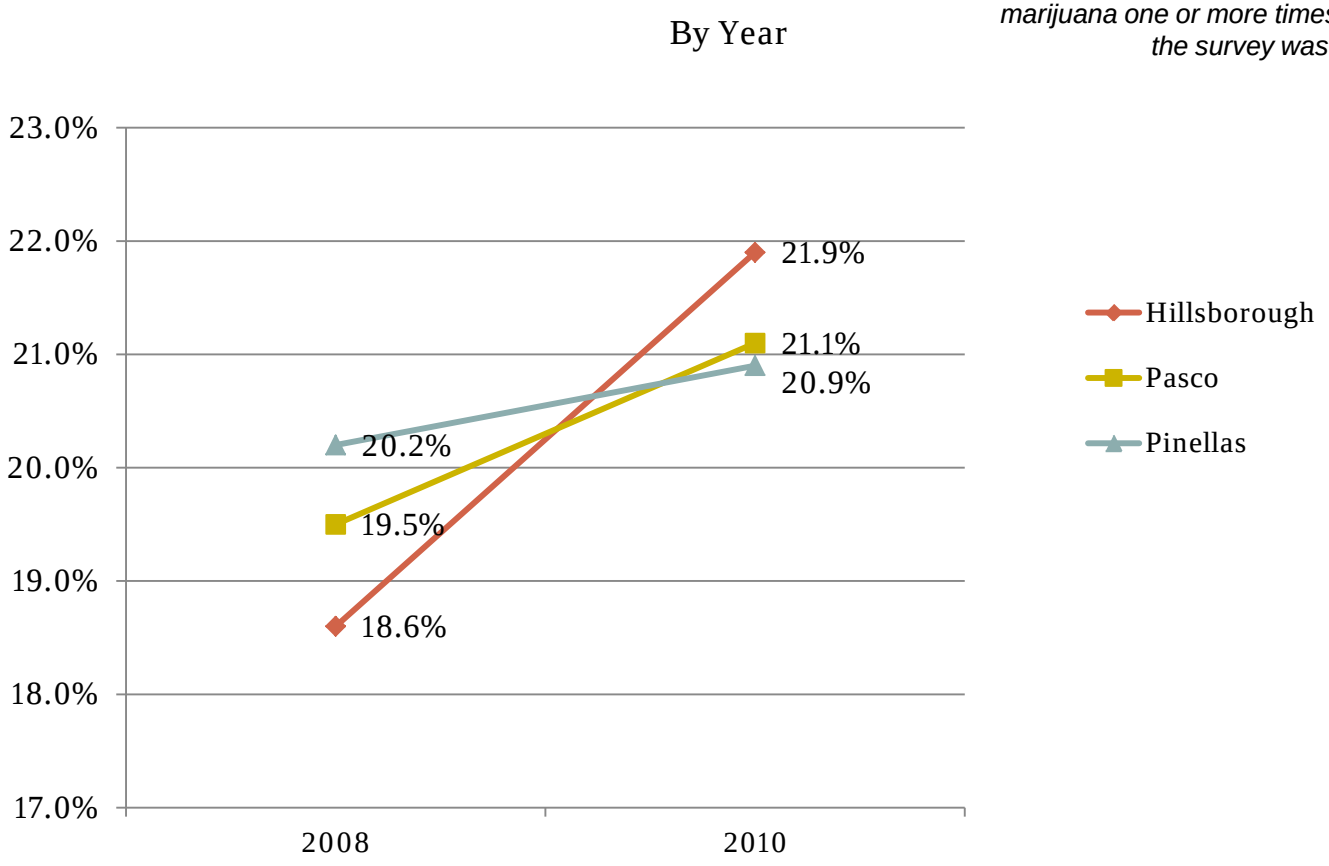
Healthy Tampa Bay Data – Teens who Use Marijuana

- *shows the percentage of high school students who used marijuana one or more times during the 30 days before the survey was administered.*



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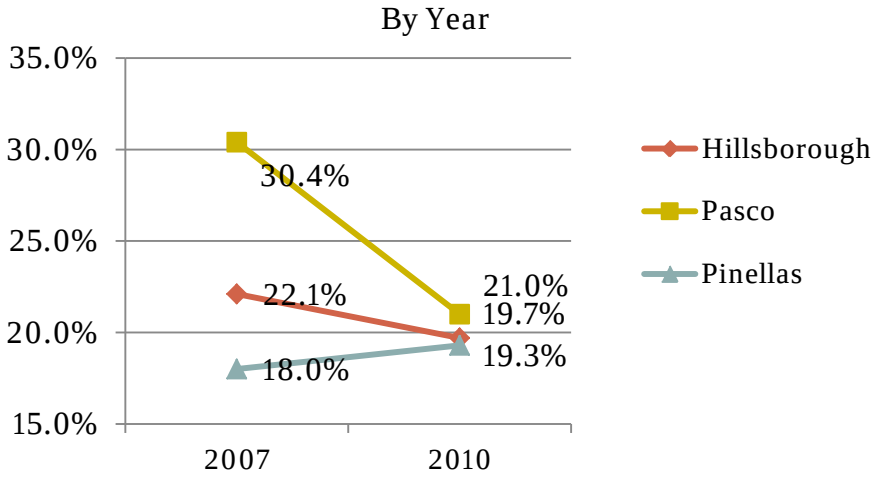
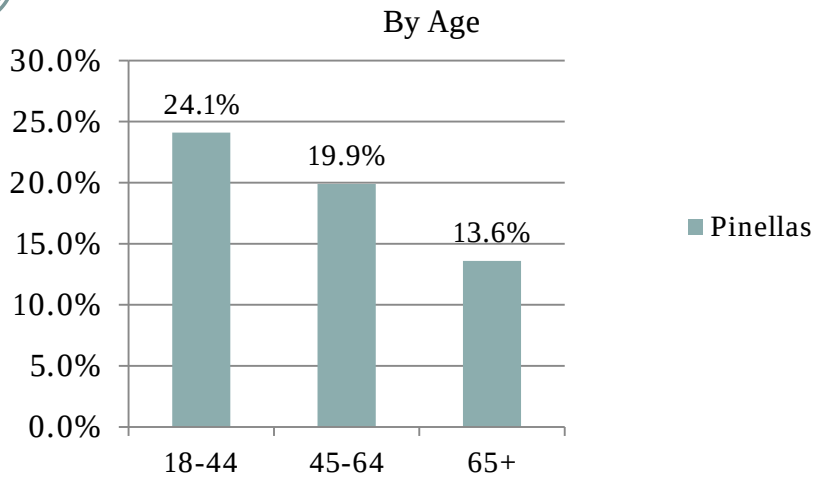
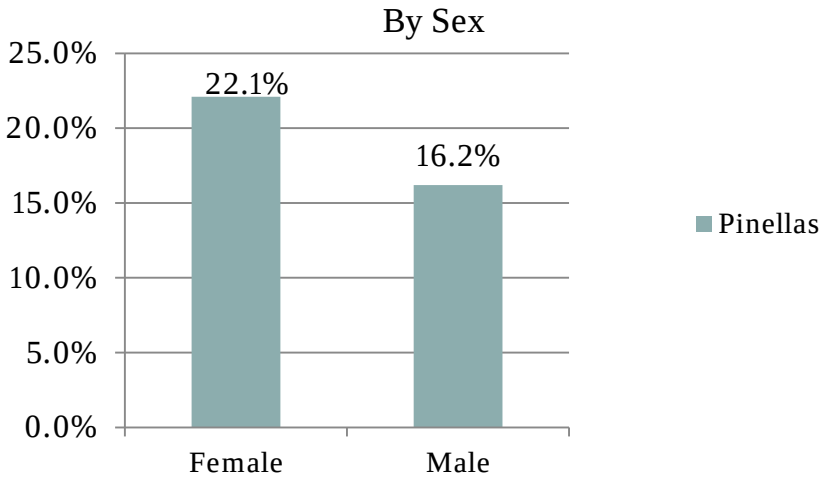
Healthy Tampa Bay Data – Adults Who Smoke

**percent of adults who currently smoke cigarettes.*







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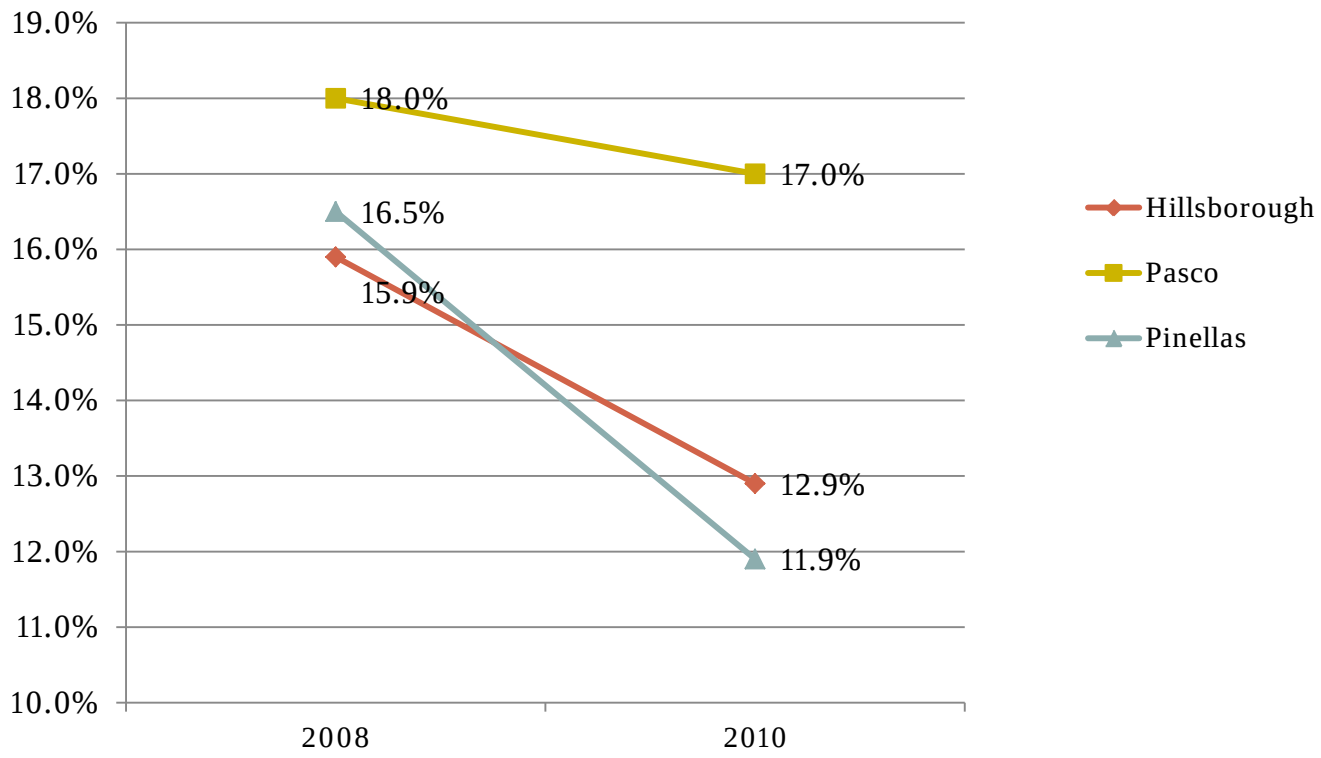
Healthy Tampa Bay Data – Teens who Smoke

- *shows the percentage of high school students who smoked cigarettes on at least 1 day during the 30 days preceding the survey.*

By Year



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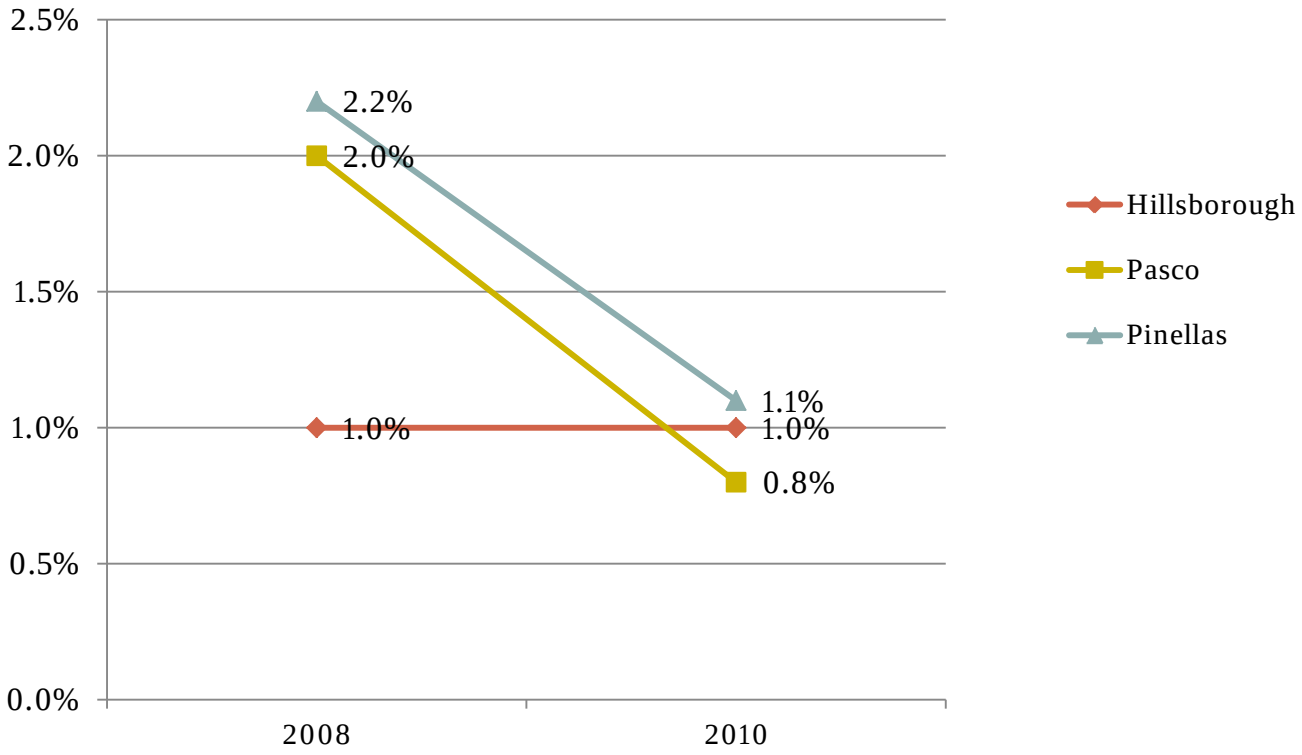
Healthy Tampa Bay Data – Teens who have Used Methamphetamines

- *shows the percentage of high school students who have used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life.*

By Year



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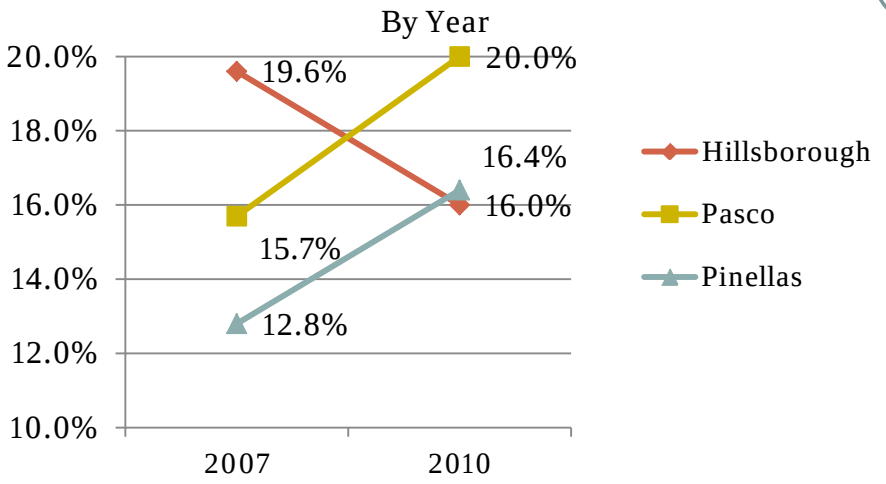
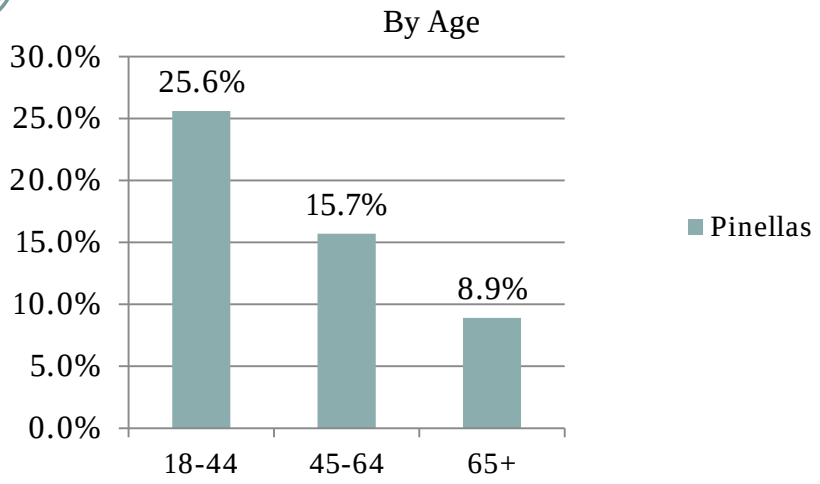
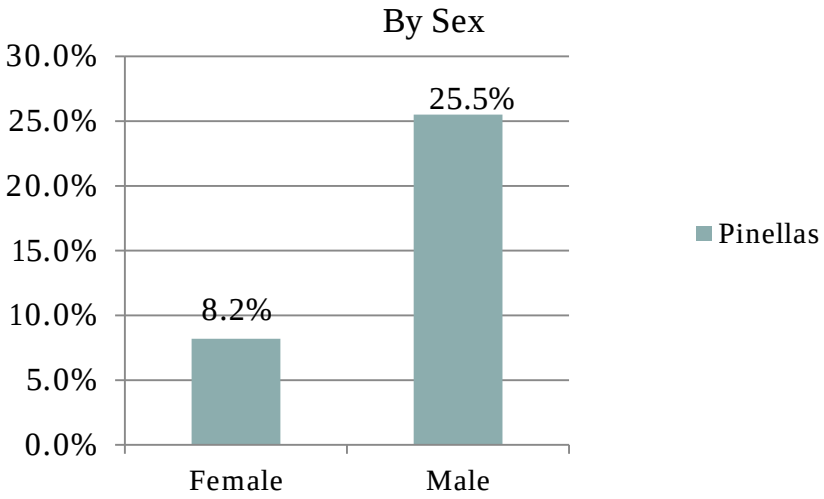
Healthy Tampa Bay Data – Adults Who Drink Excessively

**percent of adults who reported heavy or binge drinking in the 30 days prior to the survey.*







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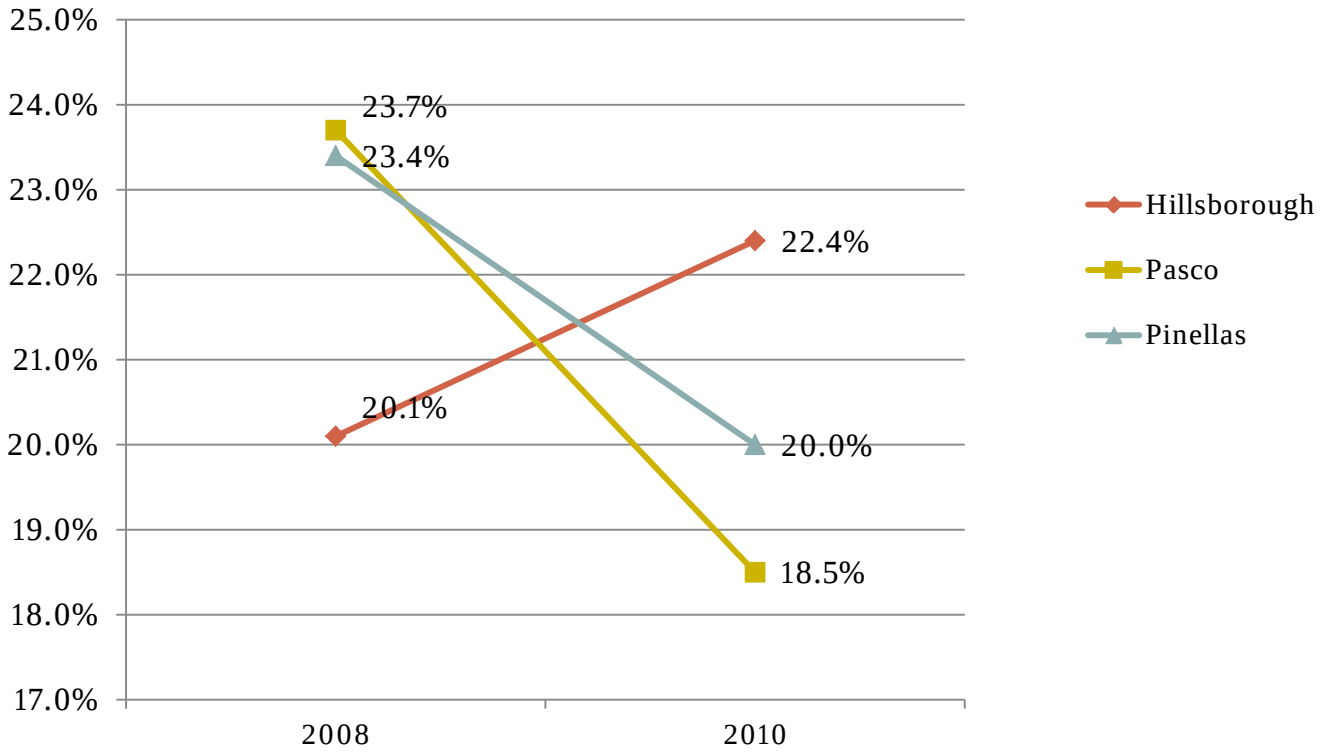
Healthy Tampa Bay Data – Teens who Binge Drink

- *shows the percentage of high school students who had five or more drinks of alcohol in a row at least one time during the 30 days prior to the survey.*

By Year

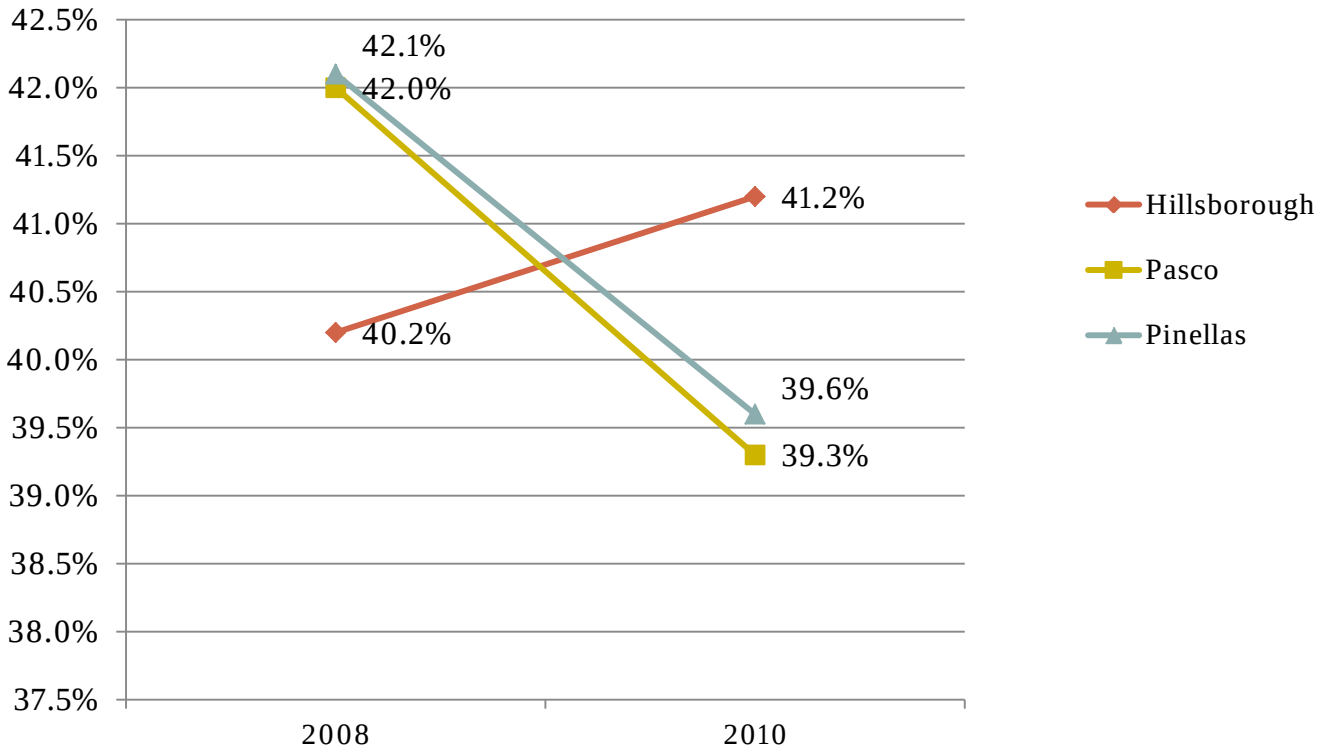


TrippUmbach Research • Strategy • Impact

Healthy Tampa Bay Data – Teens who Use Alcohol

- *shows the percentage of high school students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey was administered.*

By Year



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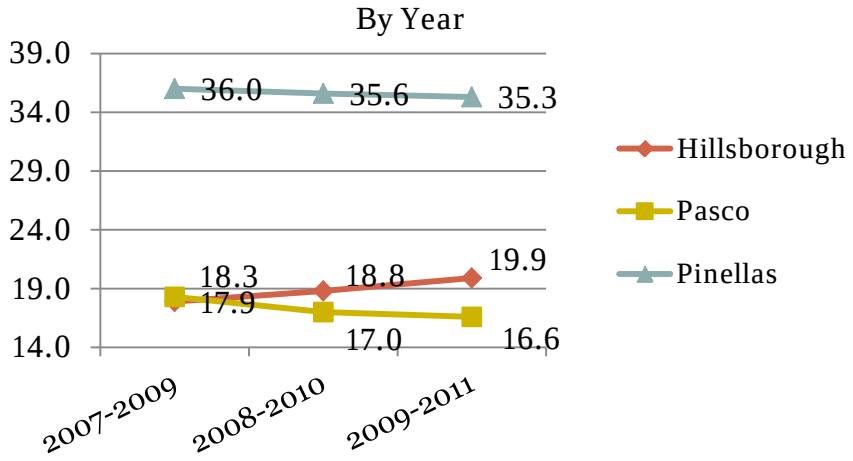
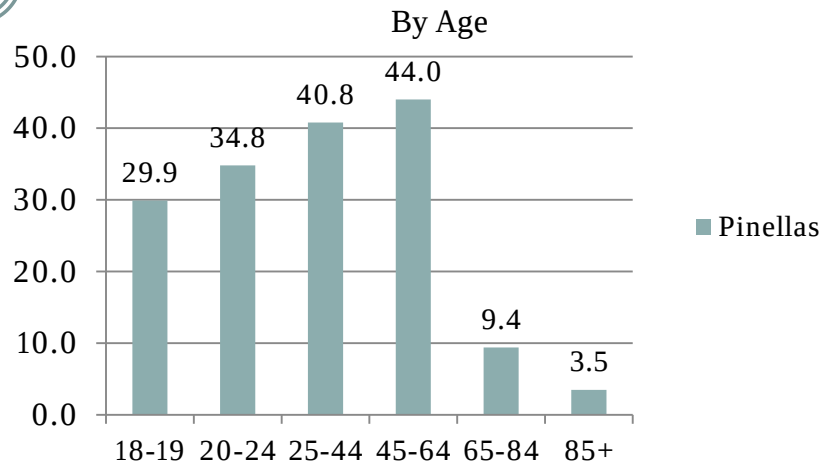
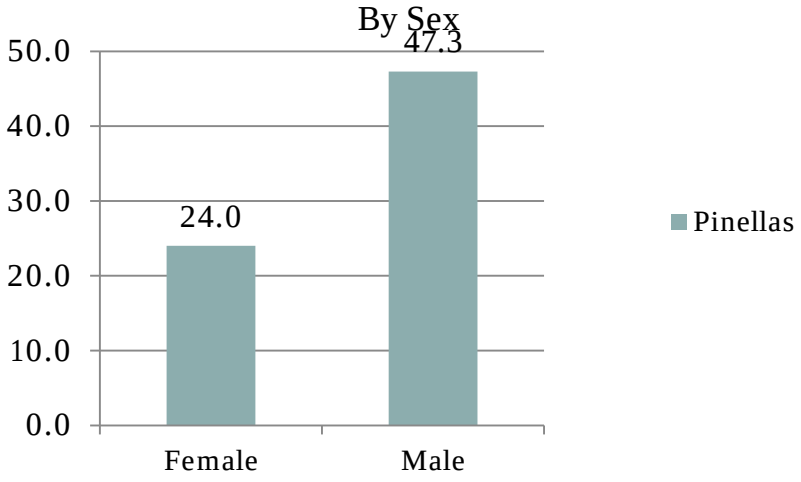
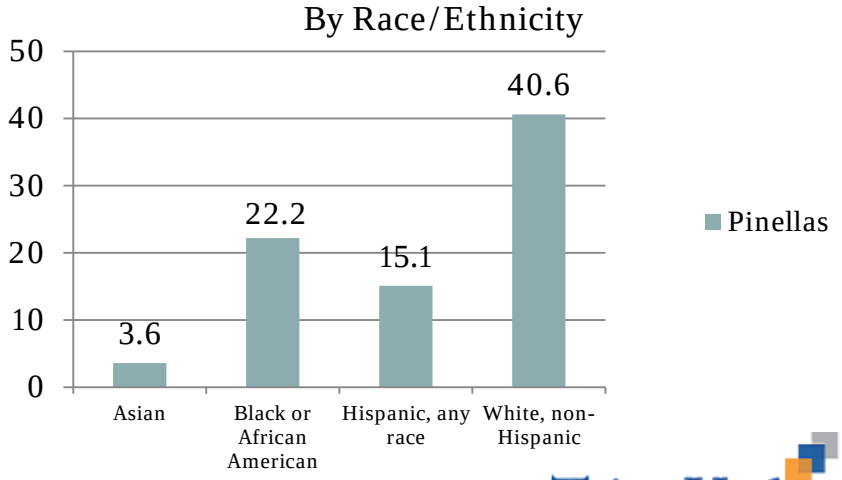
Healthy Tampa Bay Data – ER Rate due to Alcohol Abuse

**shows the average annual age-adjusted emergency room visit rate due to acute or chronic alcohol abuse per 10,000 people ages 18 and older.*









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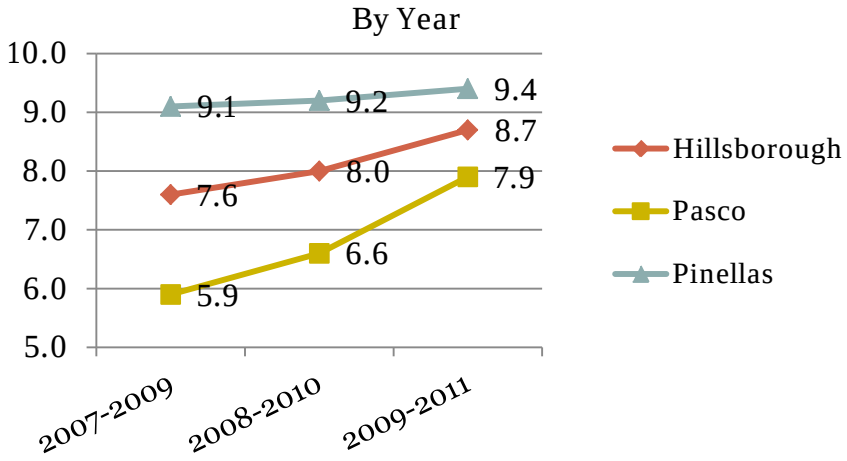
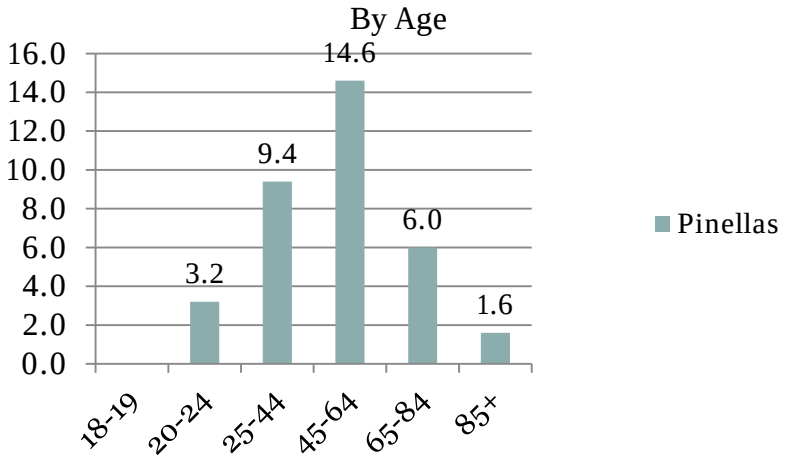
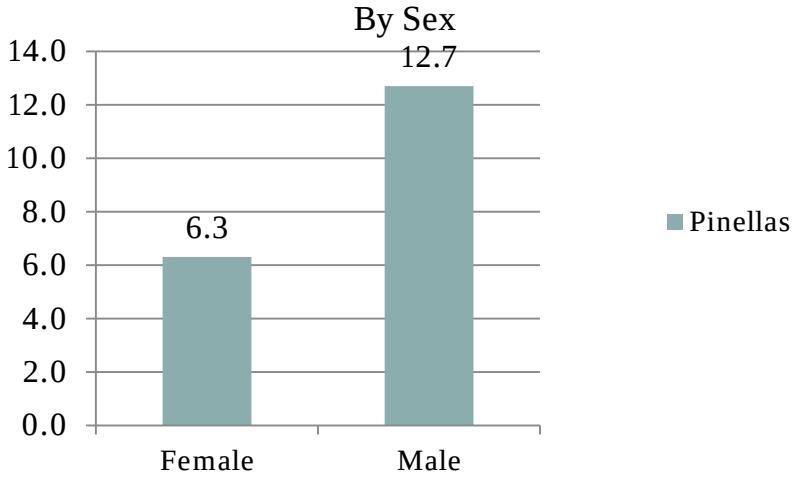
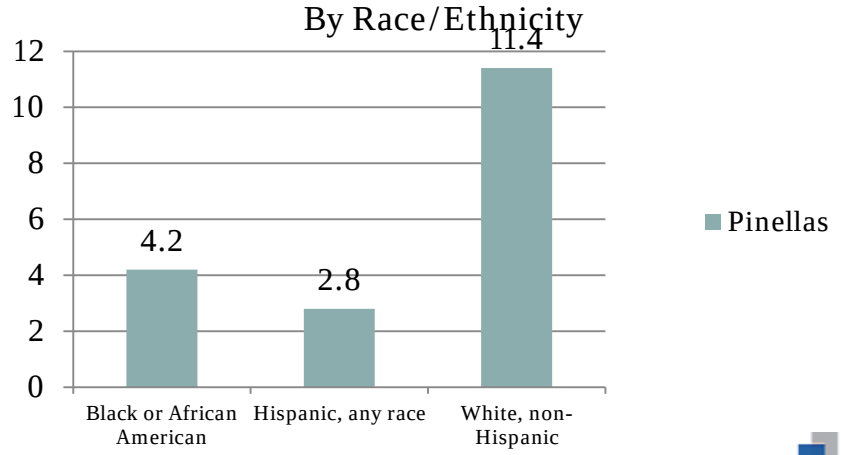
Healthy Tampa Bay Data – Hospitalization Rate due to Alcohol Abuse

**shows the average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 people ages 18 and older.*









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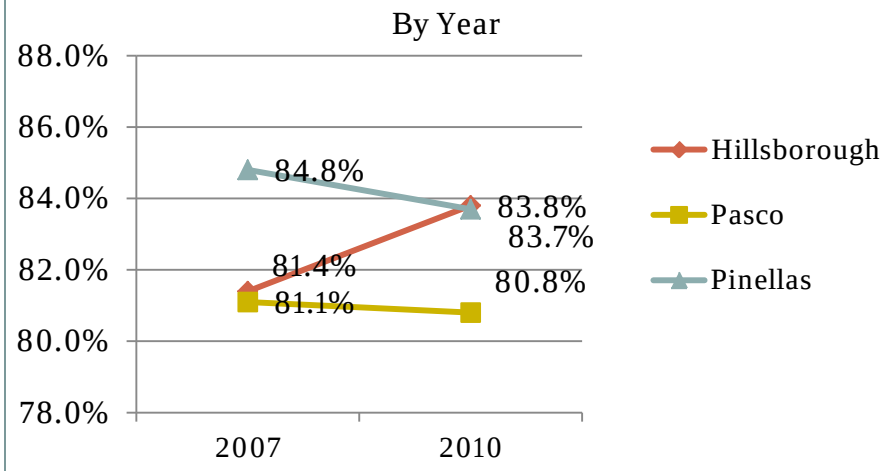
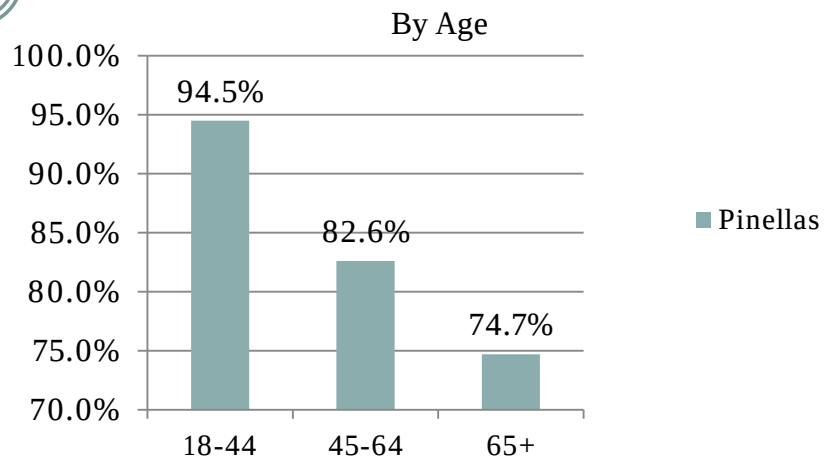
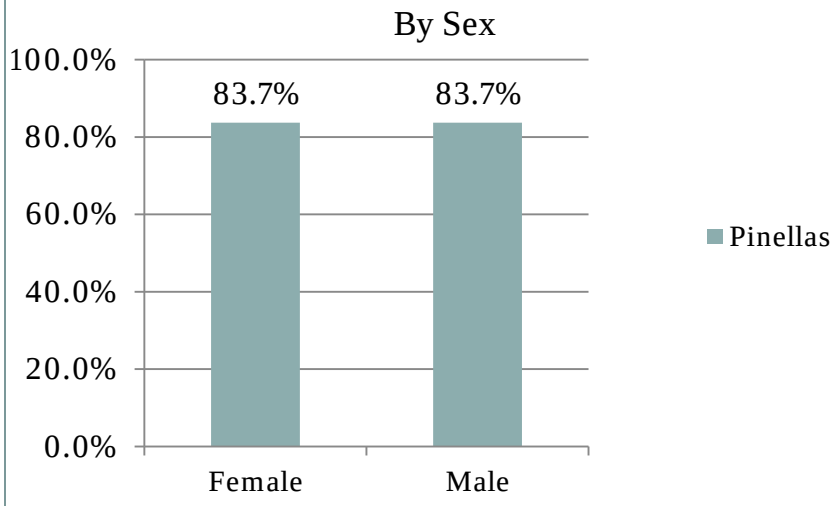
Healthy Tampa Bay Data – Self Reported General Health Assessment

**shows the percentage of people answering excellent, very good, or good to: "how is your general health?"*







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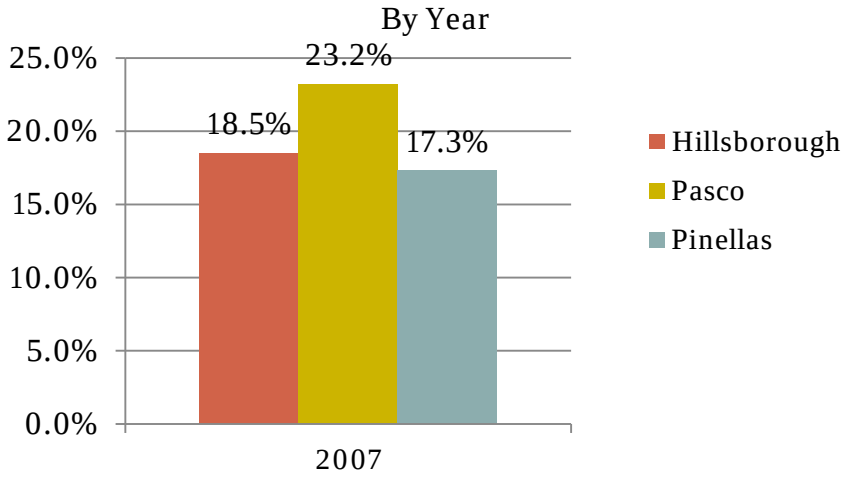
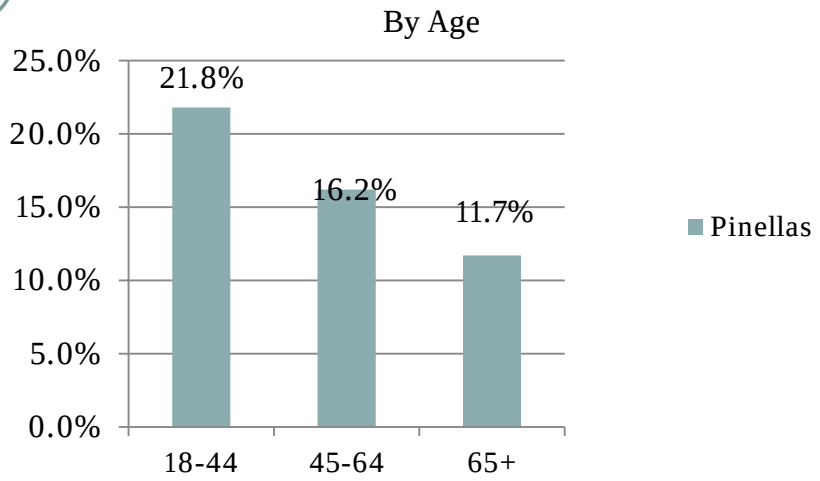
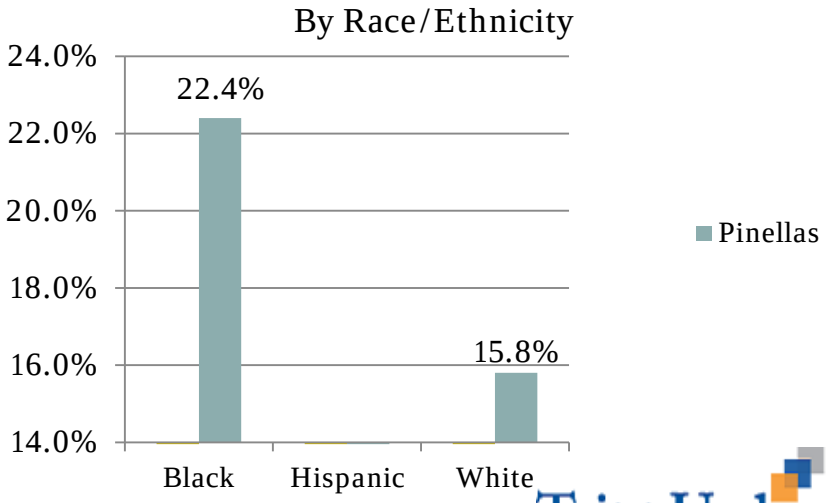
Healthy Tampa Bay Data – Adults Who Did Not Visit a Dentist Due To Cost

**percent of adults who could not see a dentist in the past year due to cost.*







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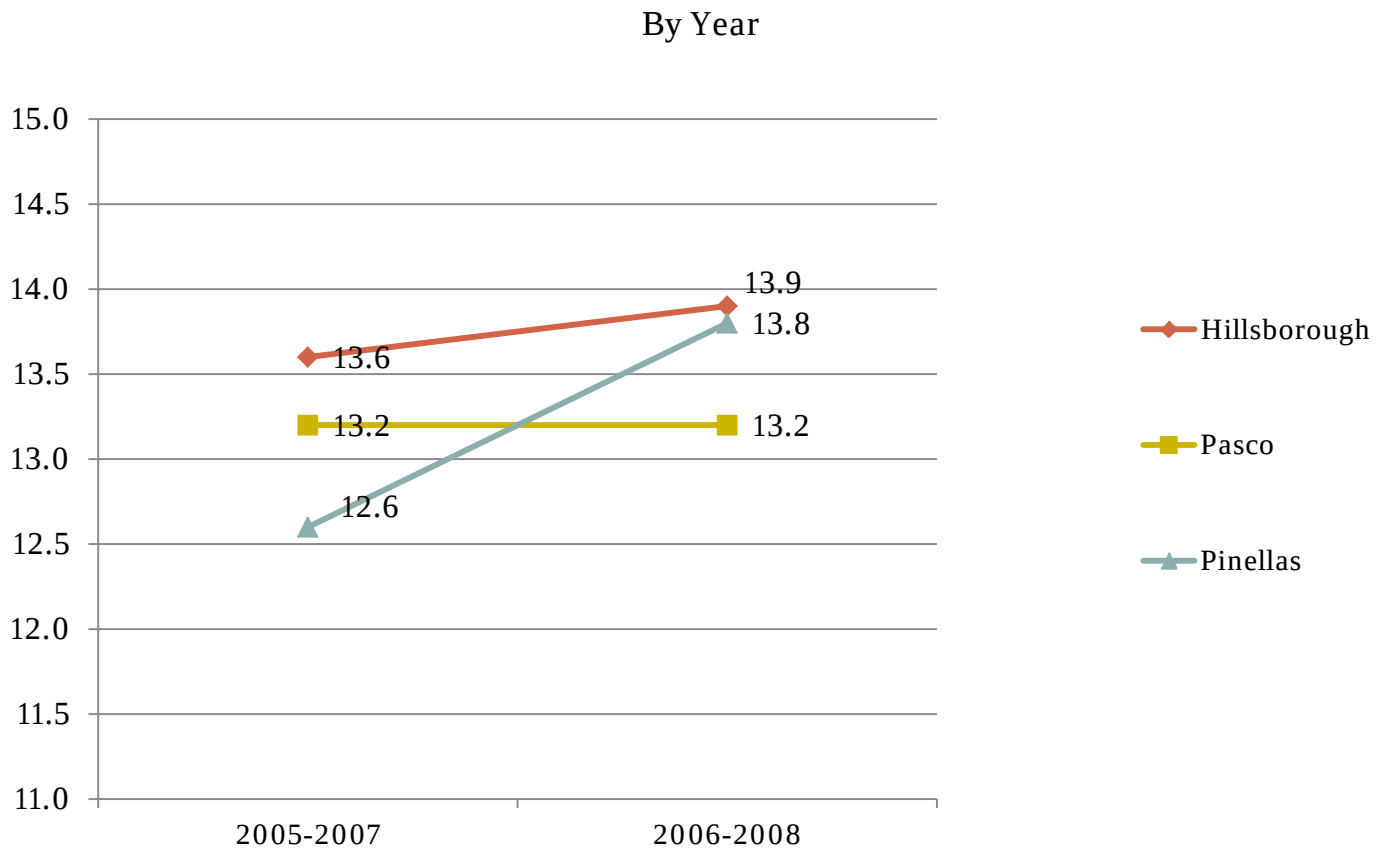
Healthy Tampa Bay Data – Oral Cavity and Pharynx Cancer Incidence Rate

**shows the age-adjusted incidence rate for oral cavity and pharynx cancer in cases per 100,000 population.*



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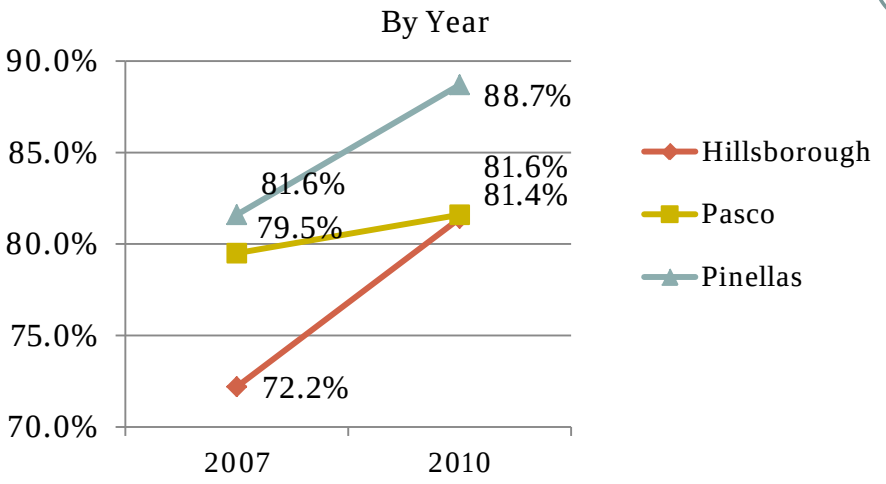
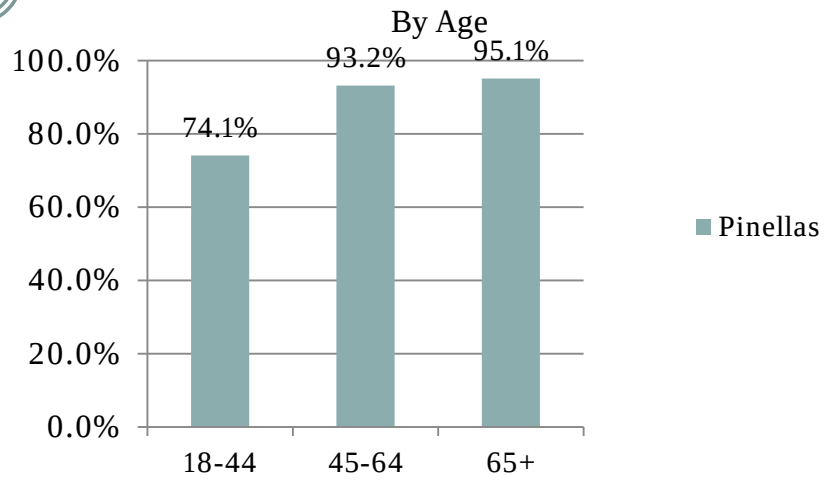
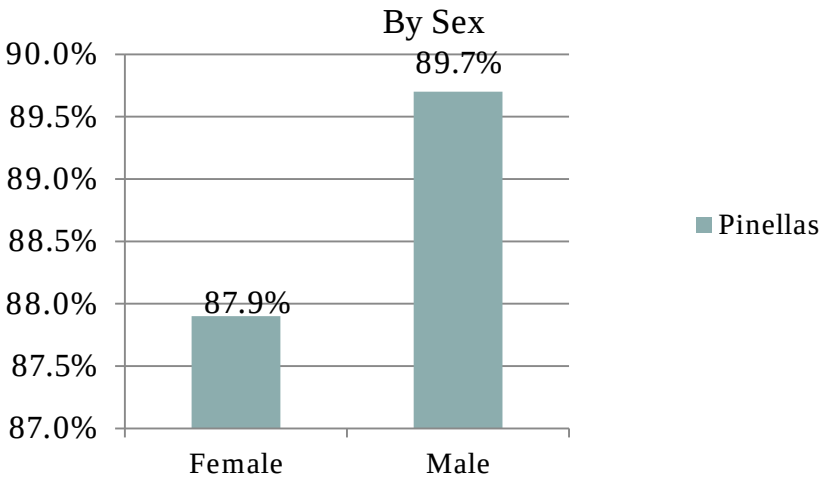
Healthy Tampa Bay Data – Adults with an Unusual Source of Health Care

**percent of adults that report having one or more persons they think of as their personal doctor or health care provider.*







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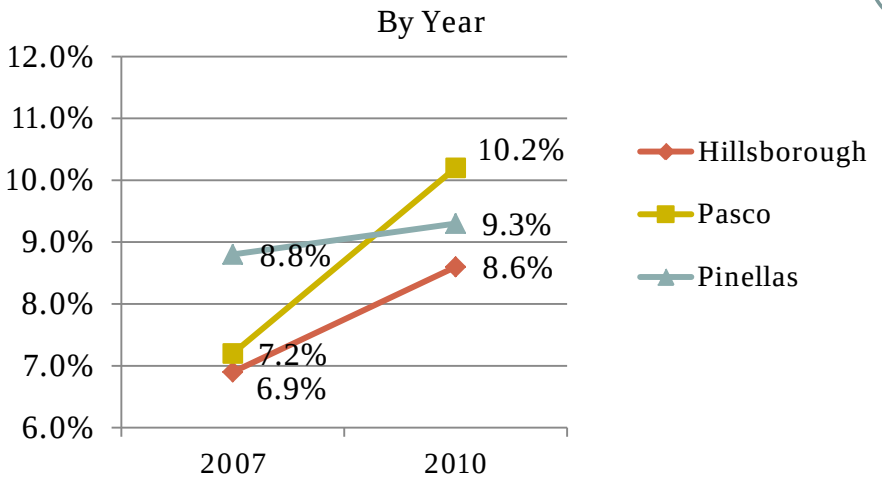
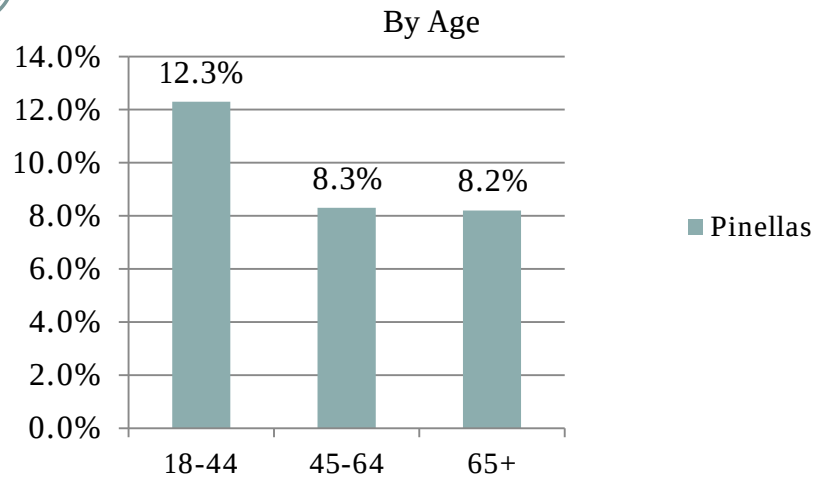
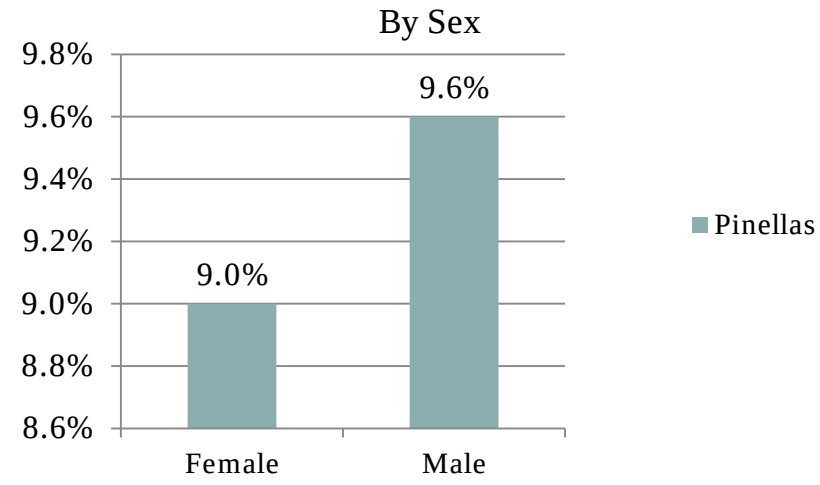
Healthy Tampa Bay Data – Adults with Asthma

**percent of adults who have been told by a healthcare provider that they currently have asthma*







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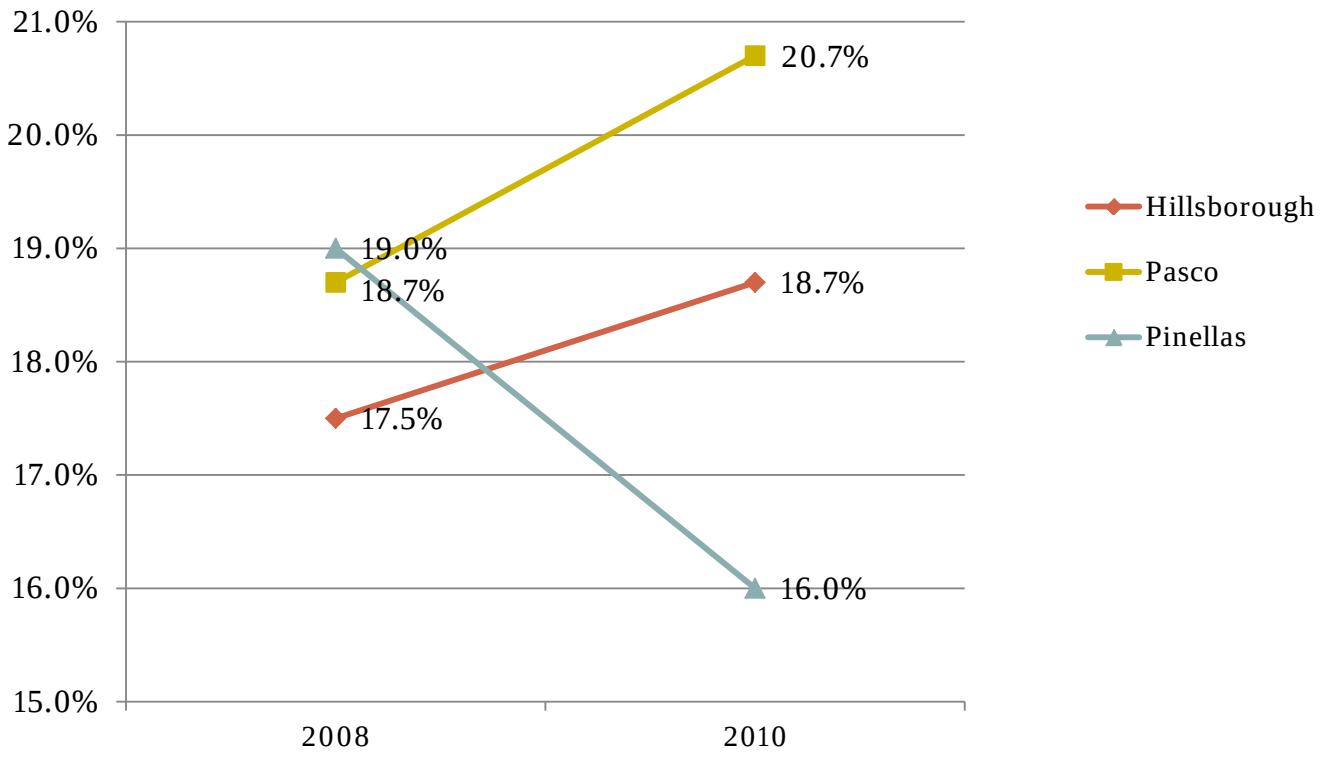
Healthy Tampa Bay Data – Teens with Asthma

- *shows the percentage of high school students with known asthma.*

By Year



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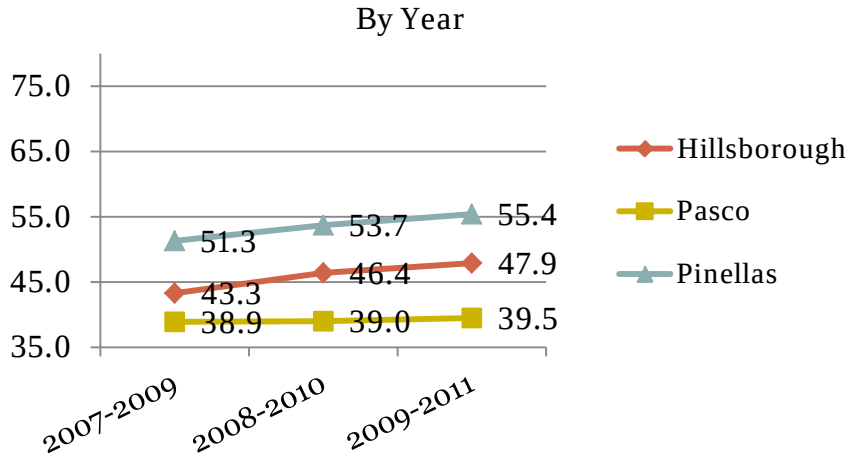
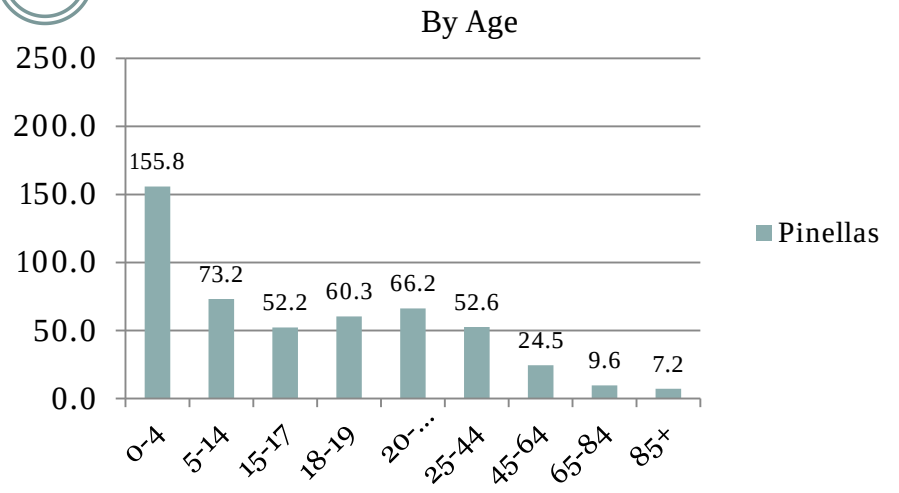
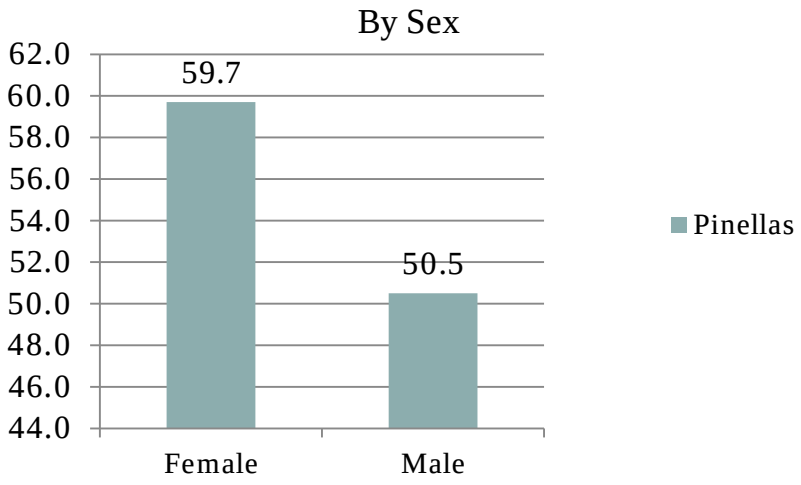
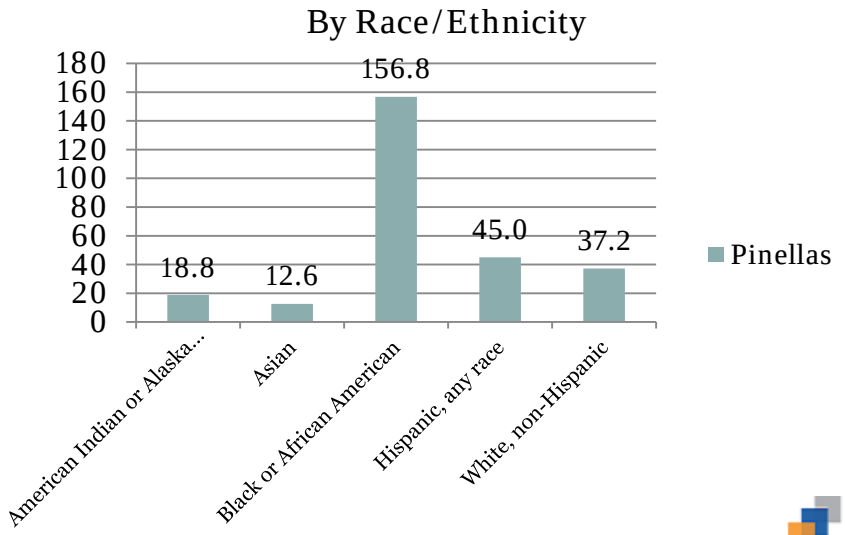
Healthy Tampa Bay Data – ER Rate due to Asthma

**shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 people.*









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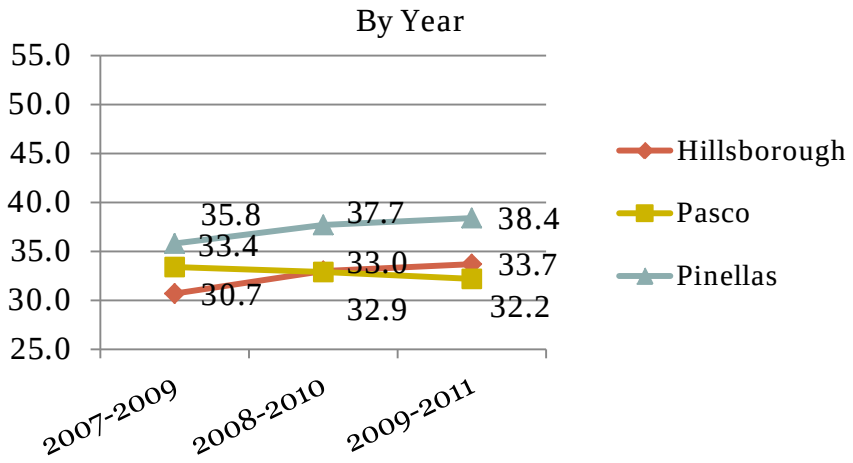
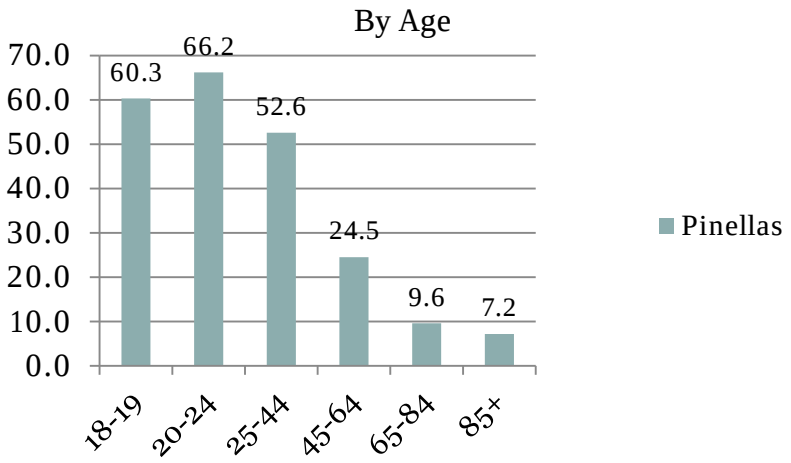
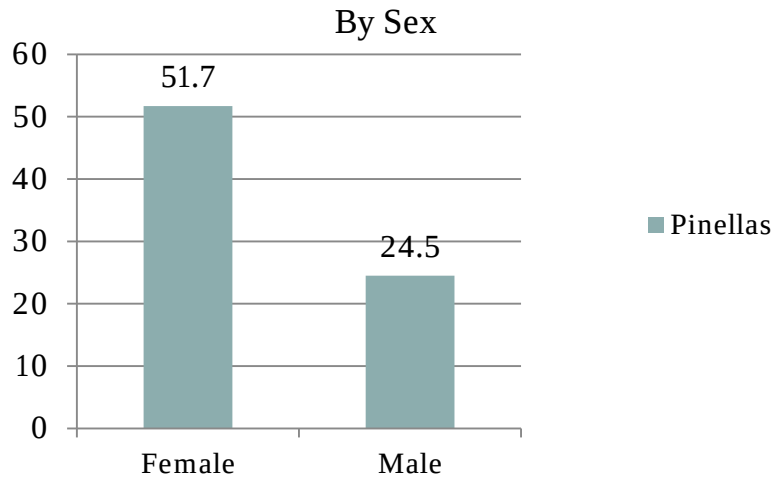
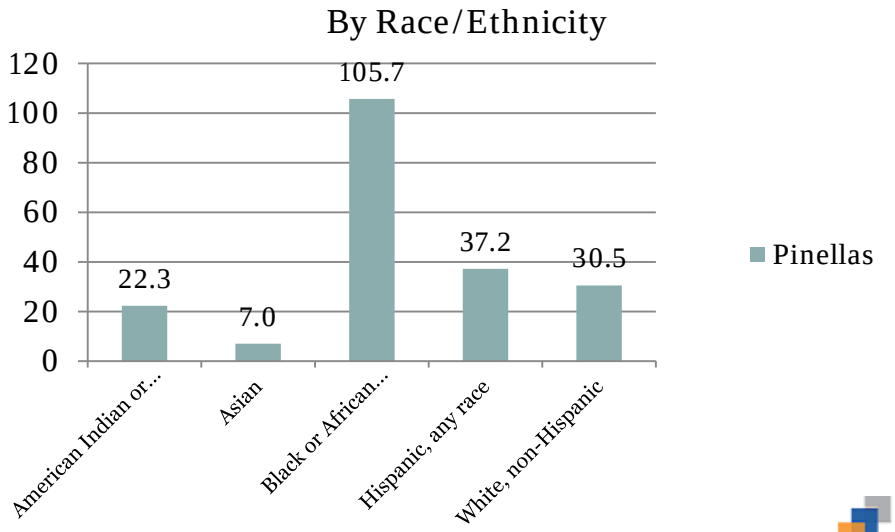
Healthy Tampa Bay Data – ER Rate due to Adult Asthma

**shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 people ages 18 and older.*









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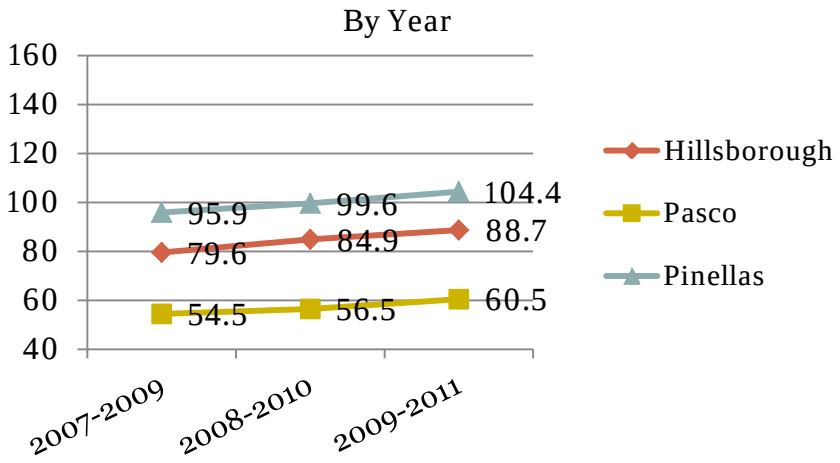
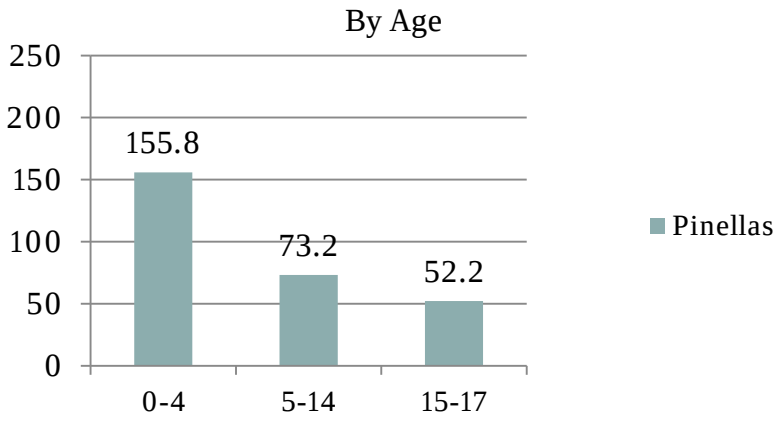
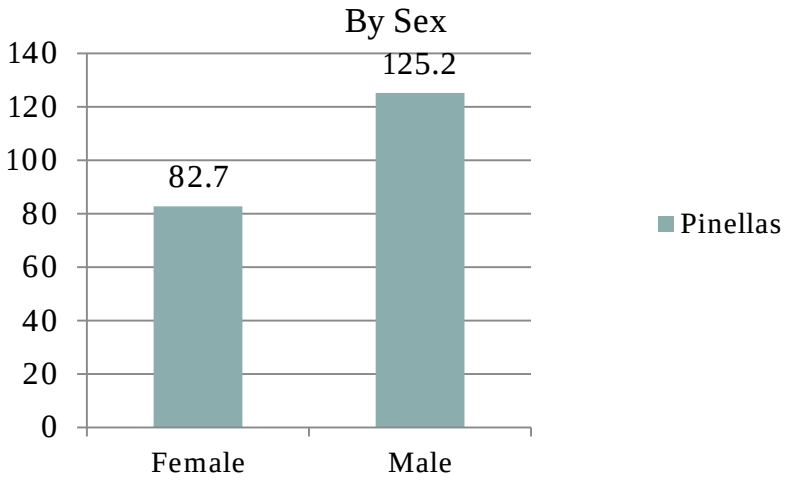
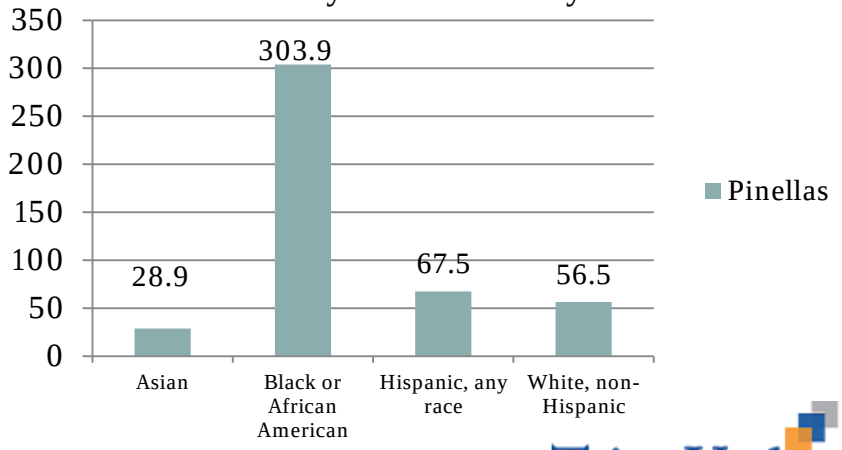
Healthy Tampa Bay Data – ER Rate due to Pediatric Asthma

**shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 people under the age of 18.*









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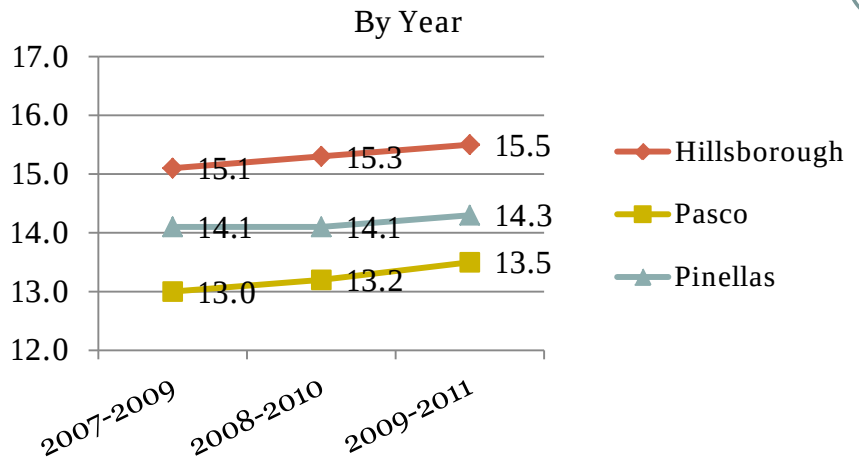
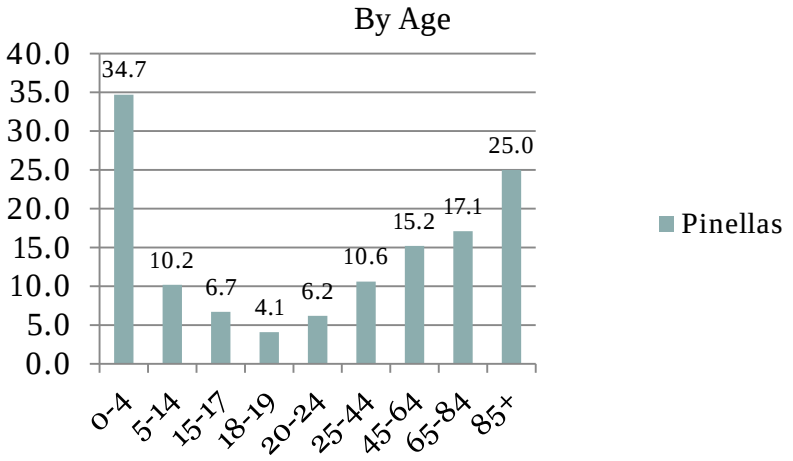
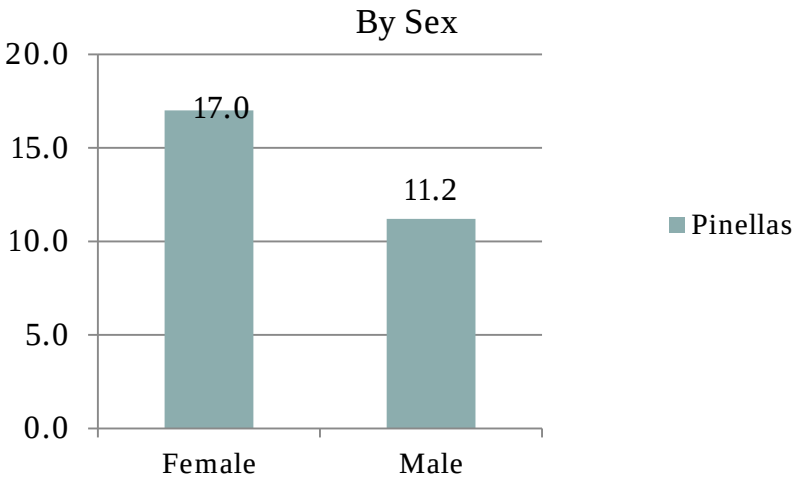
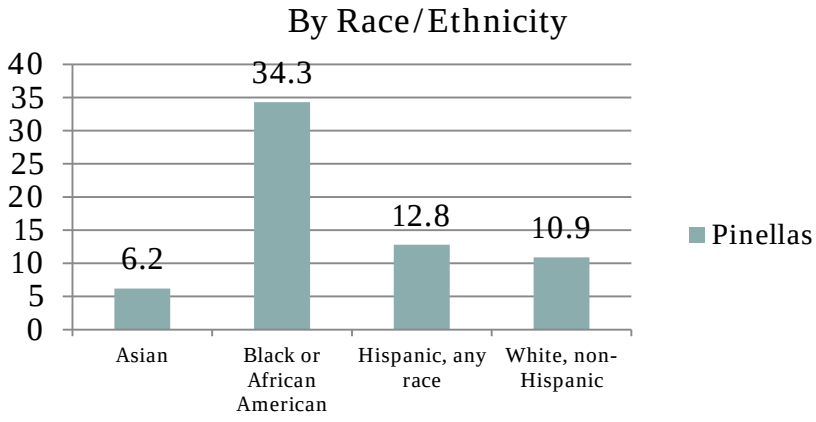
Healthy Tampa Bay Data – Hospitalization Rate due to Asthma

**shows the average annual age-adjusted hospitalization rate due to asthma per 10,000 people.*









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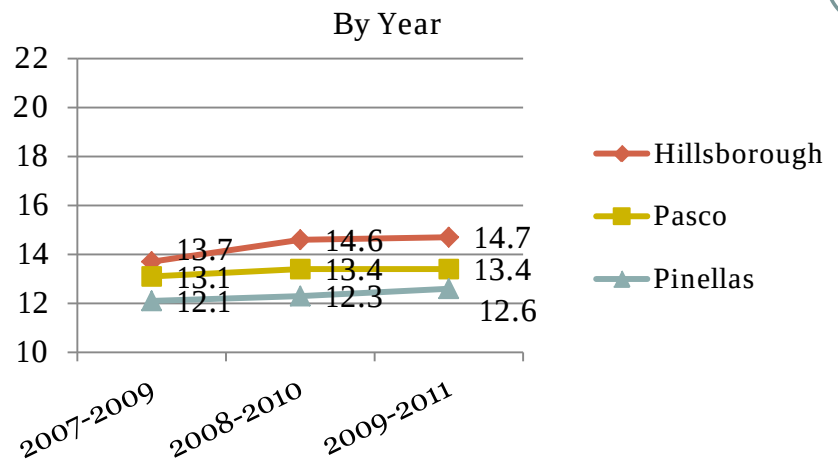
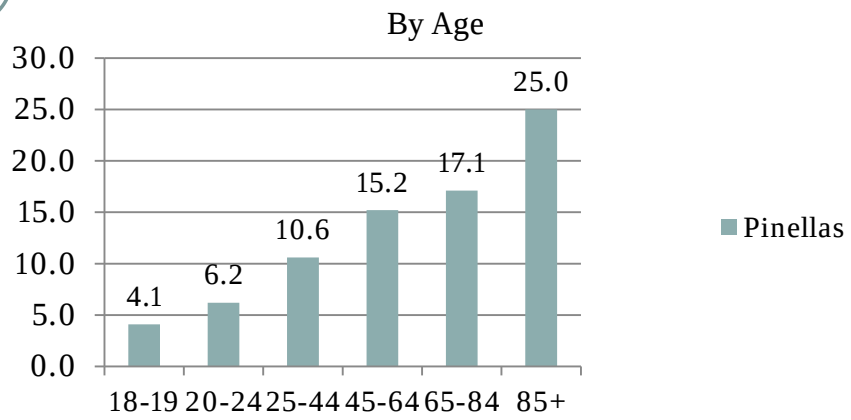
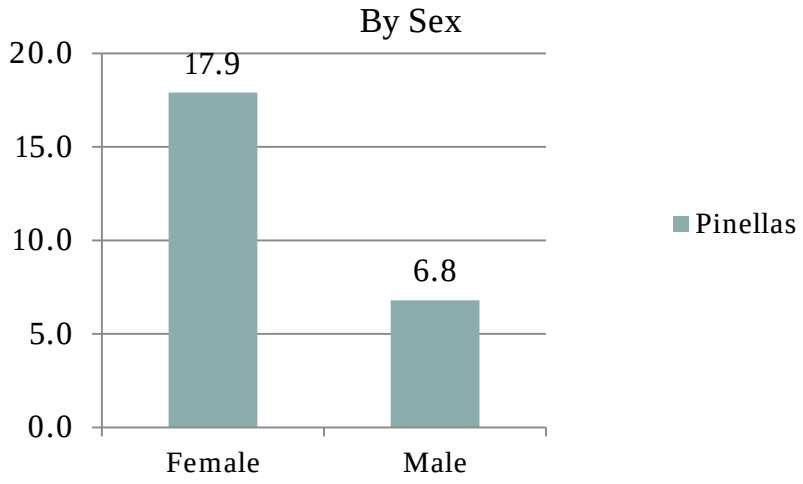
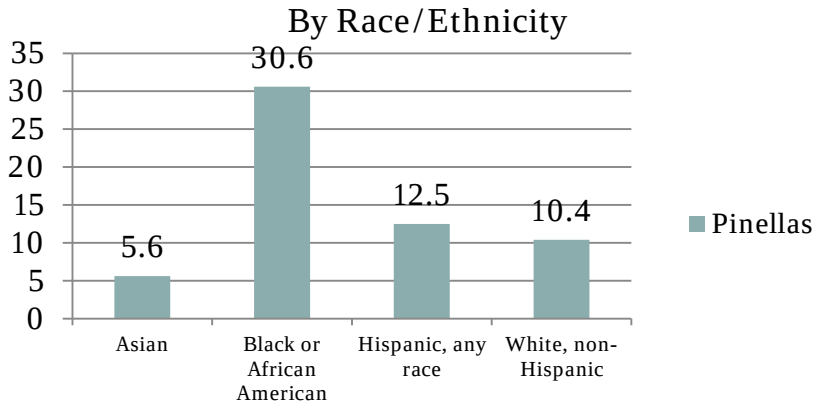
Healthy Tampa Bay Data – Hospitalization Rate due to Adult Asthma

**shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 people under the age of 18.*









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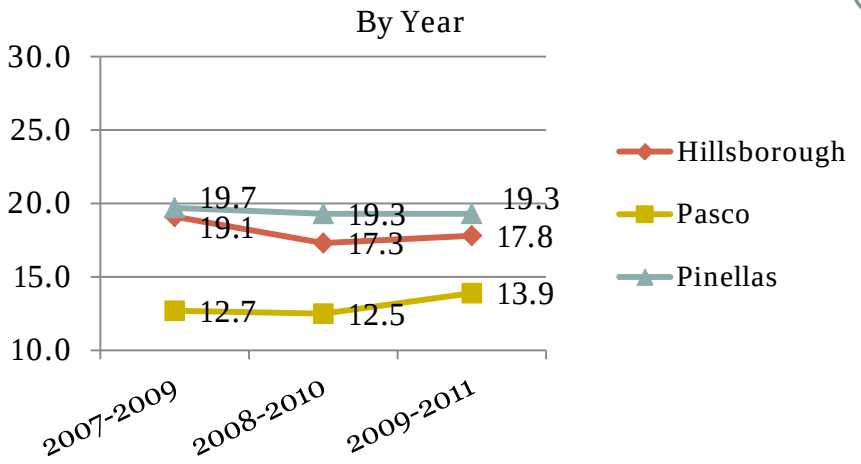
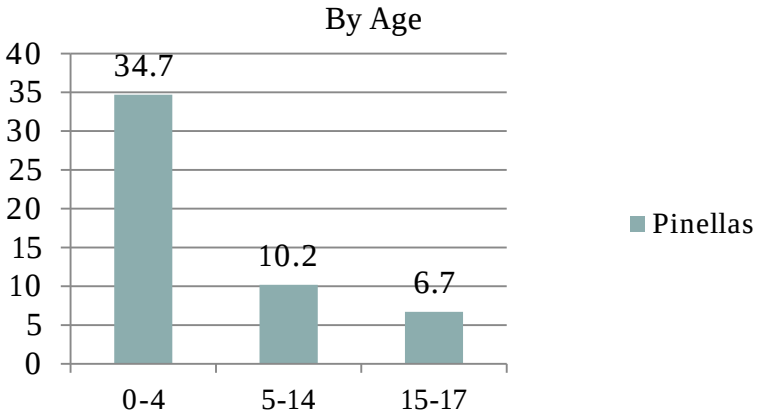
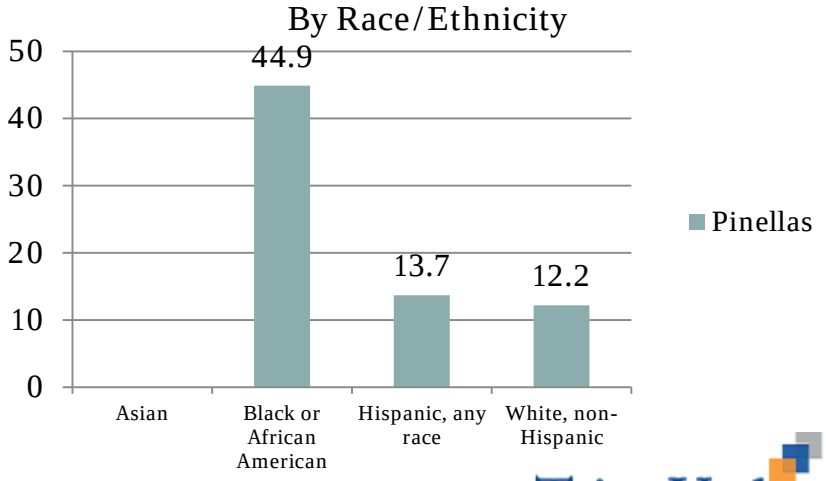
Healthy Tampa Bay Data – Hospitalization Rate due to Pediatric Asthma

**shows the average annual age-adjusted hospitalization rate due to asthma per 10,000 people under the age of 18.*







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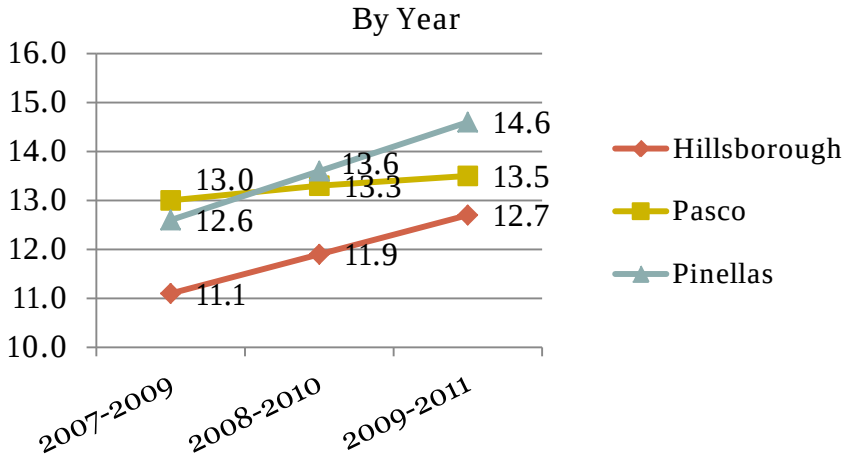
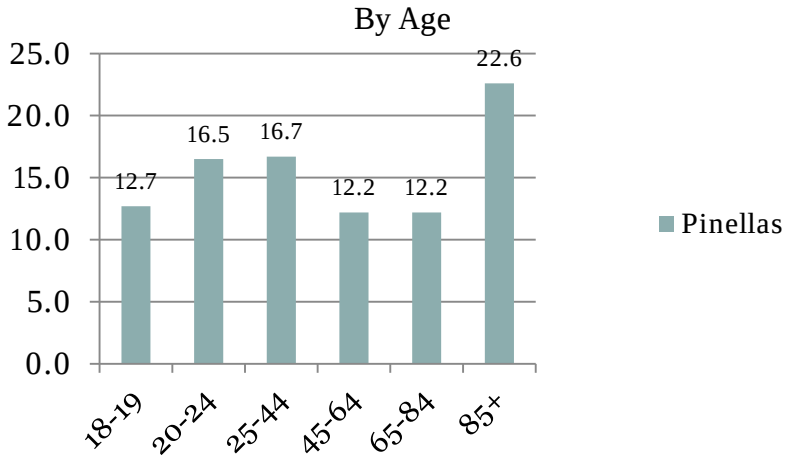
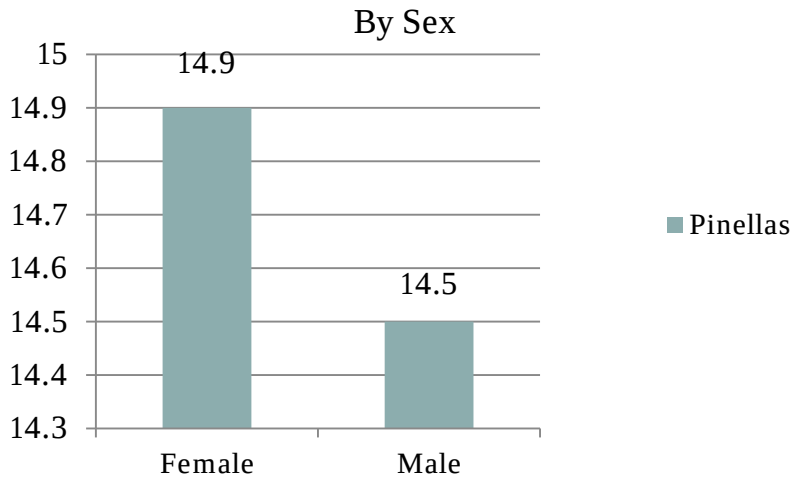
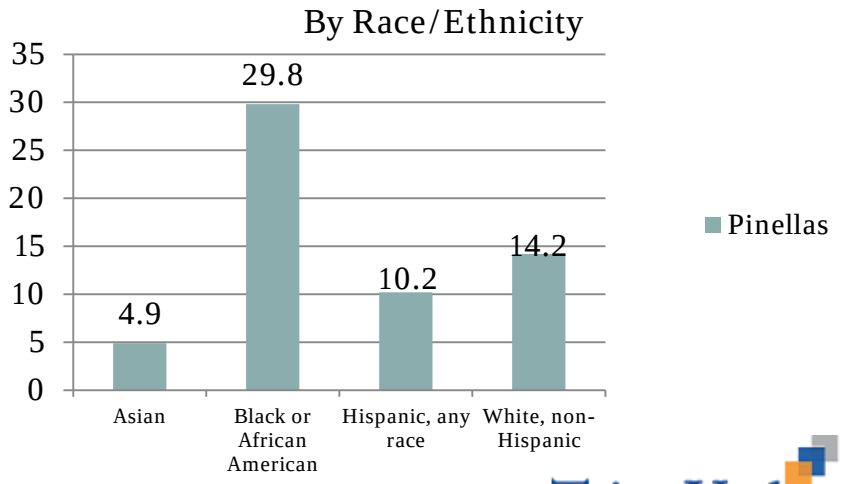
Healthy Tampa Bay Data – ER Rate due to Bacterial Pneumonia

**shows the average annual age-adjusted emergency room visit rate due to bacterial pneumonia per 10,000 people ages 18 and older.*









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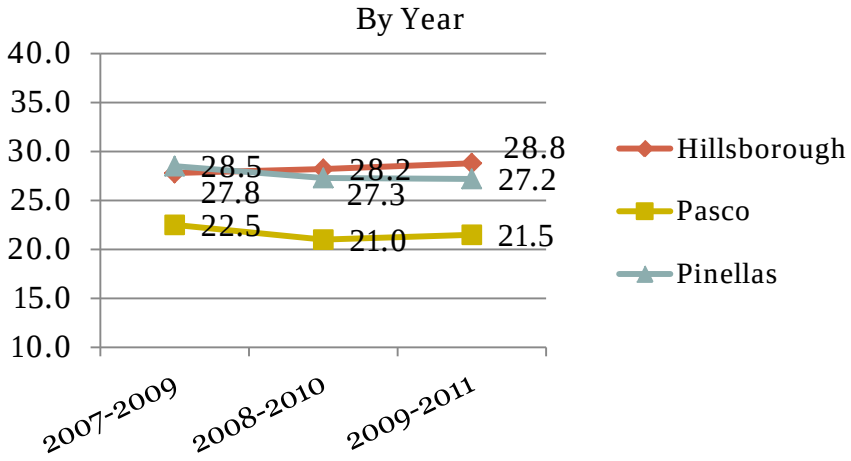
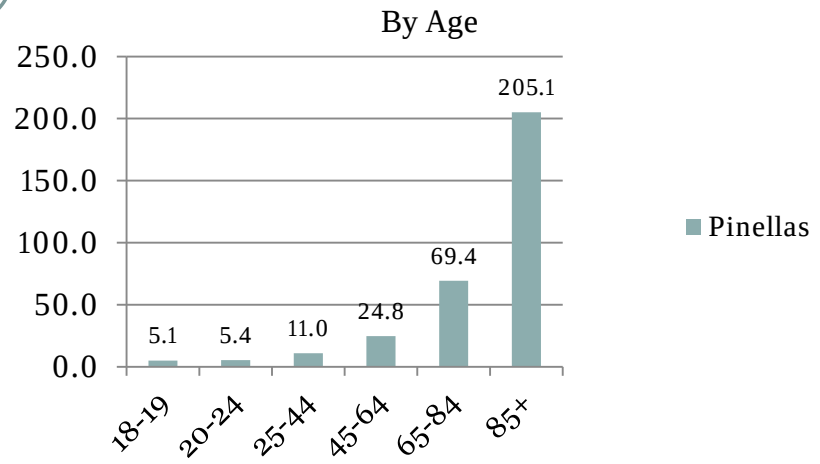
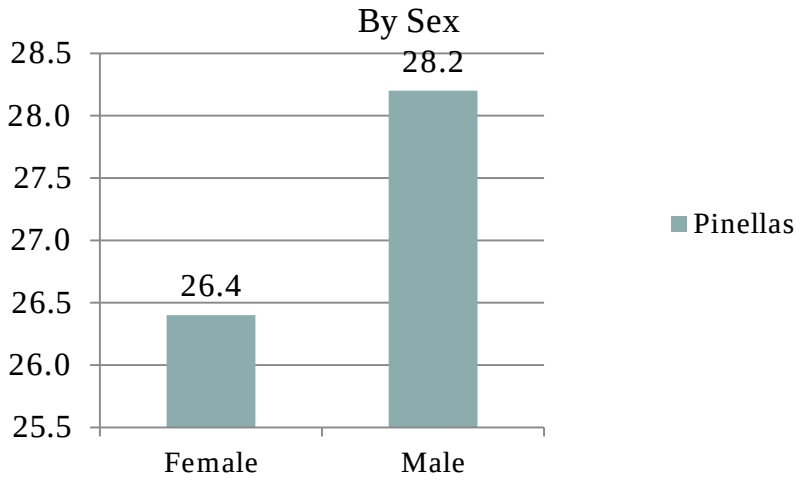
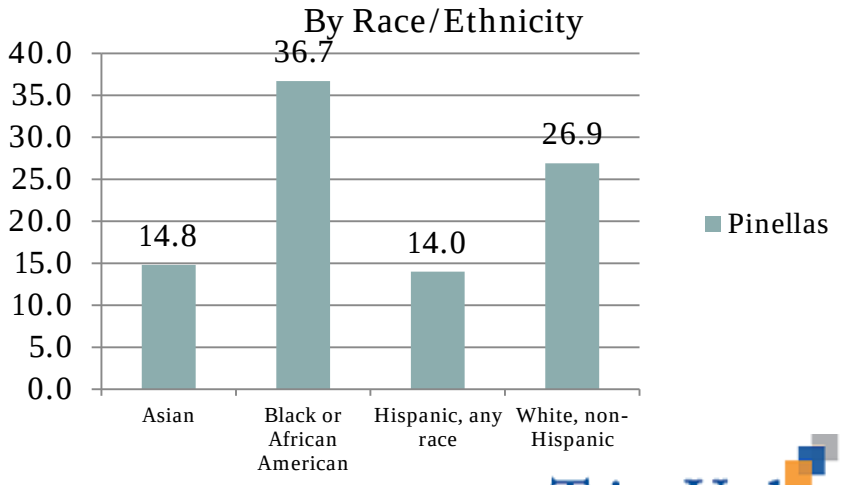
Healthy Tampa Bay Data – Hospitalization Rate due to Bacterial Pneumonia

** shows the average annual age-adjusted hospitalization rate due to bacterial pneumonia per 10,000 people ages 18 and older.*









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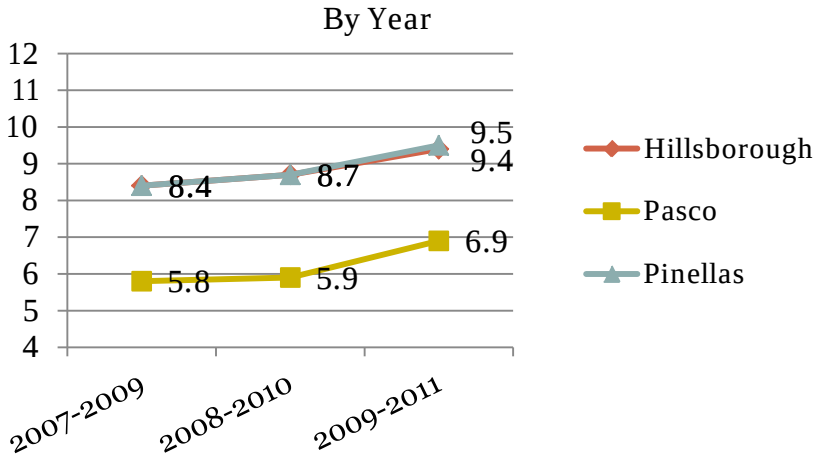
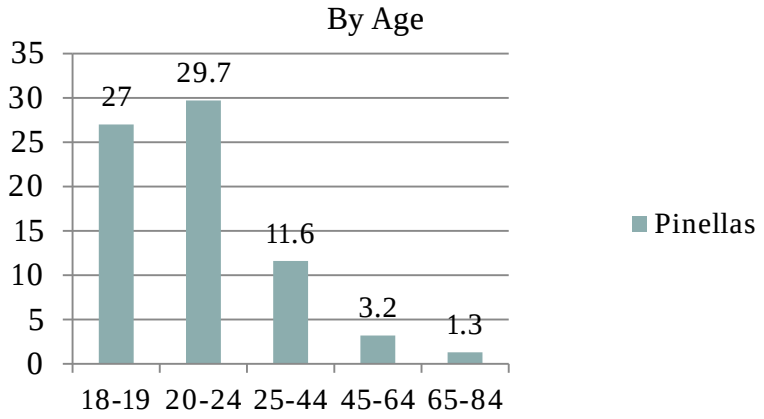
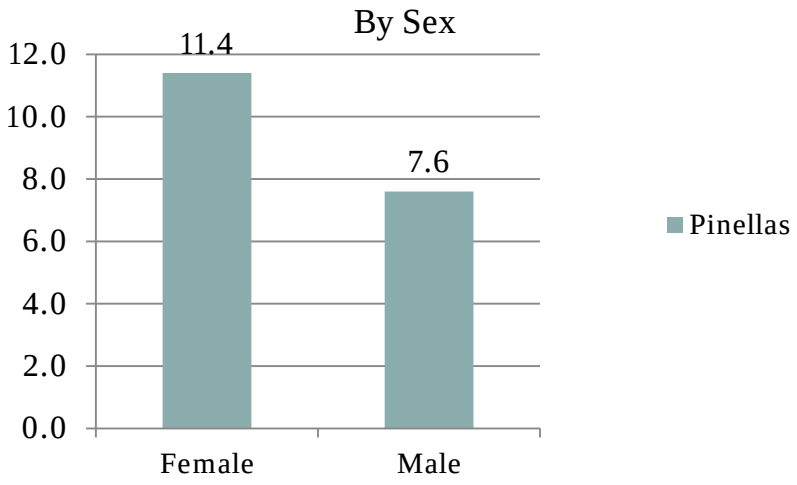
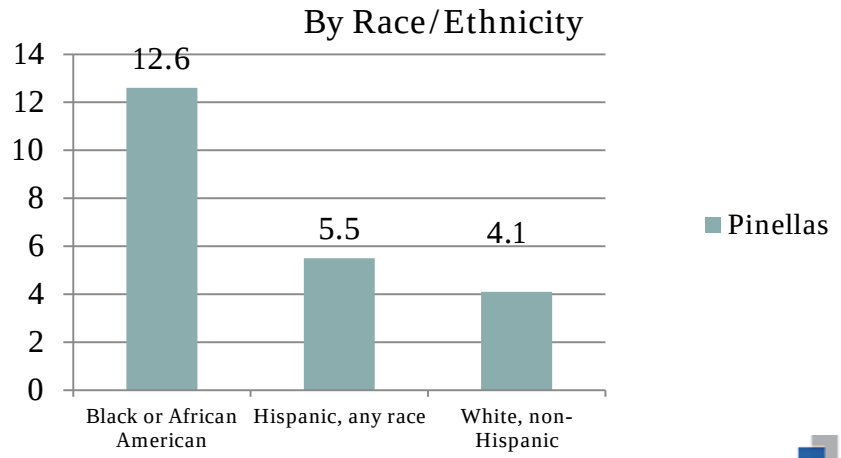
Healthy Tampa Bay Data –
ER Rate due to Immunization-Preventable Pneumonia and Influenza

**shows the average annual age-adjusted emergency room visit rate due to immunization-preventable pneumonia per 10,000 people ages 18 and older.*









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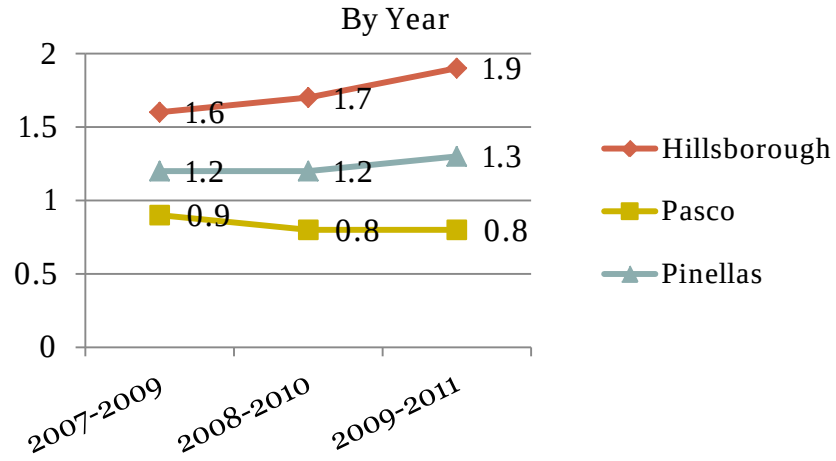
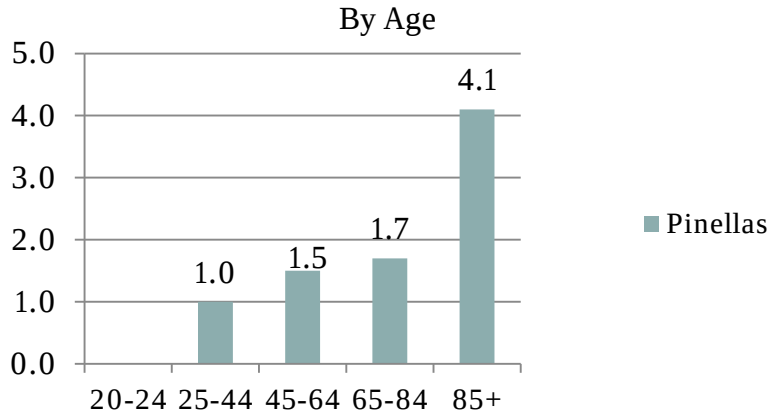
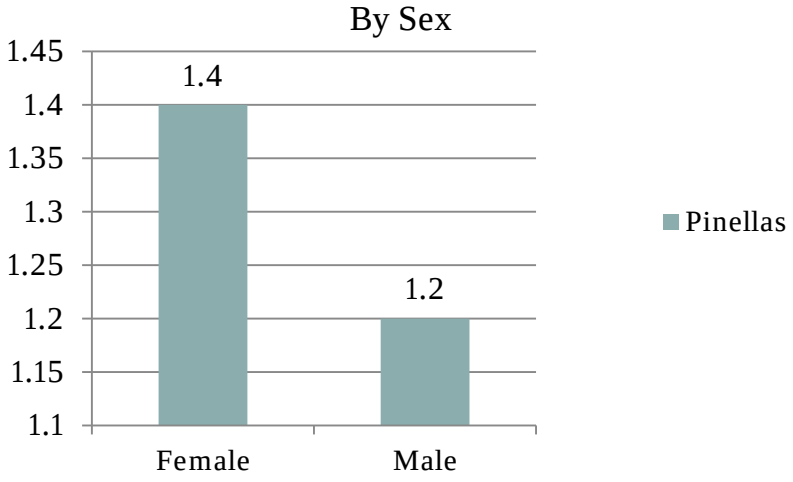
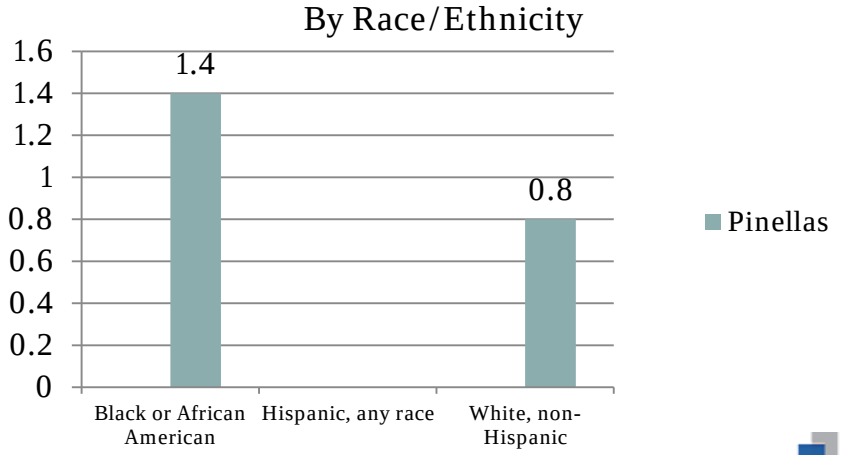
Healthy Tampa Bay Data –
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza

**shows the average annual age-adjusted hospitalization rate due to immunization-preventable pneumonia per 10,000 people ages 18 and older.*









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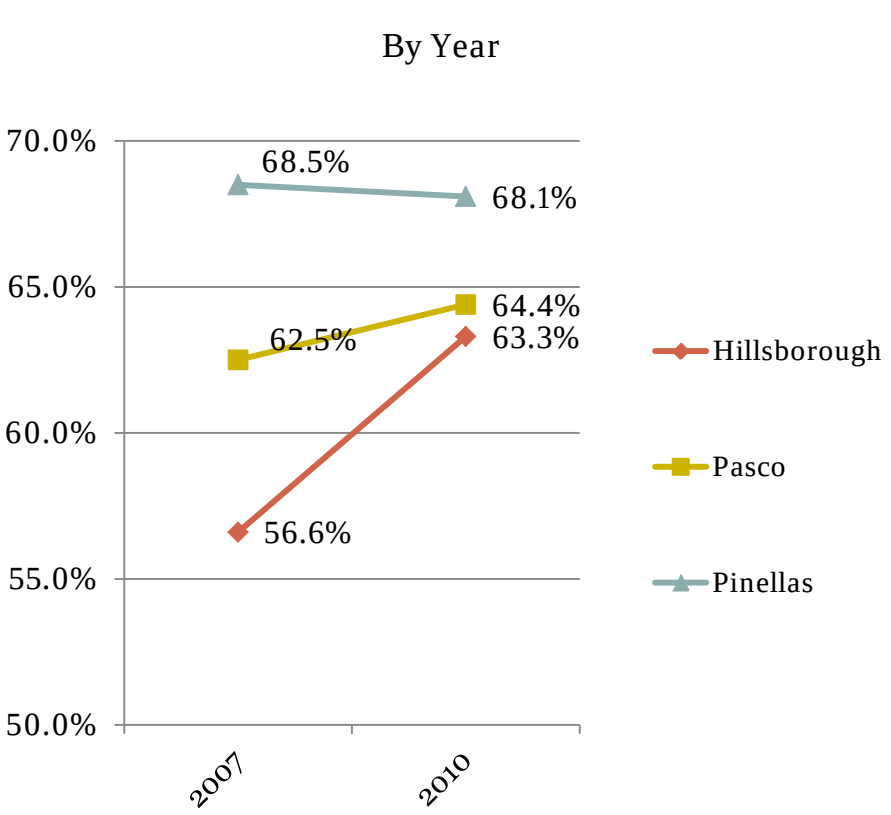
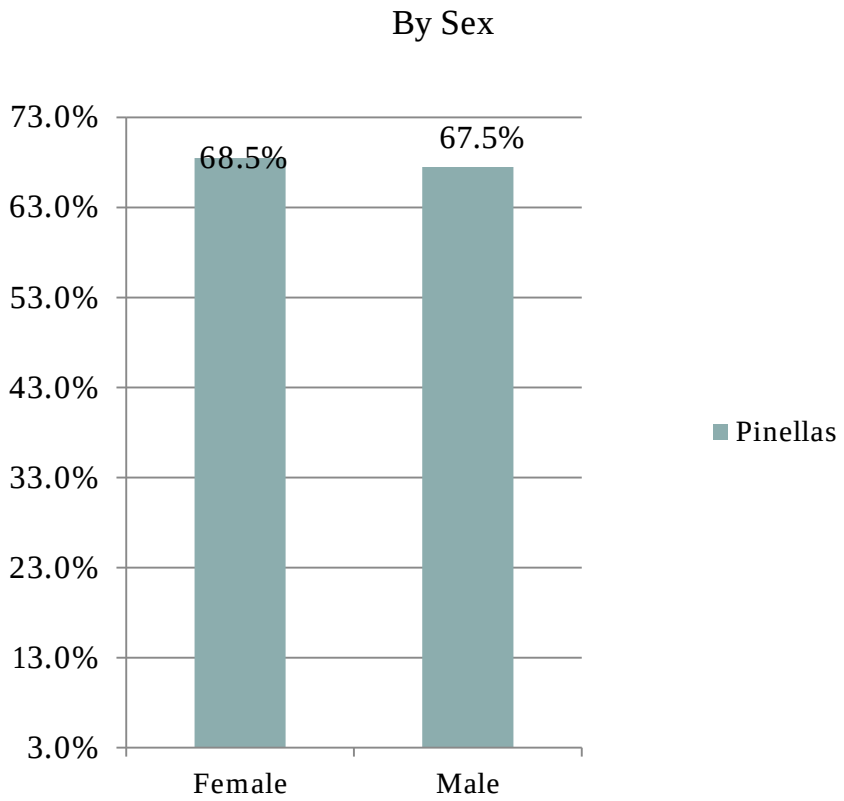
Healthy Tampa Bay Data – Influenza Vaccination Rate 65+

**percentage of adults aged 65 and older who received the influenza vaccination in the past year.*





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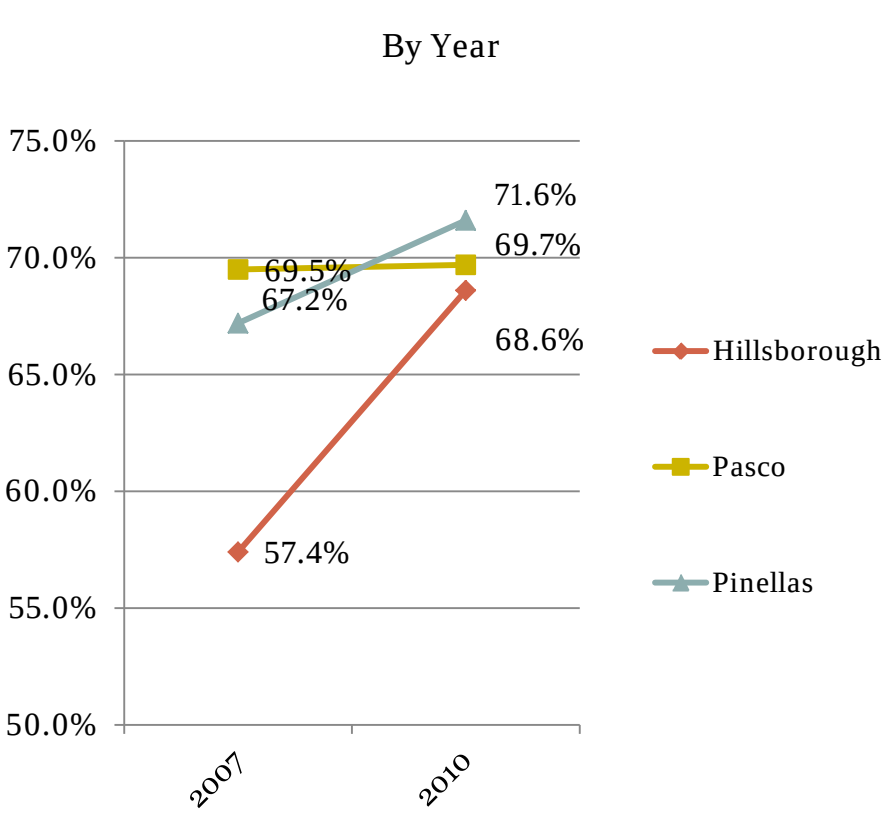
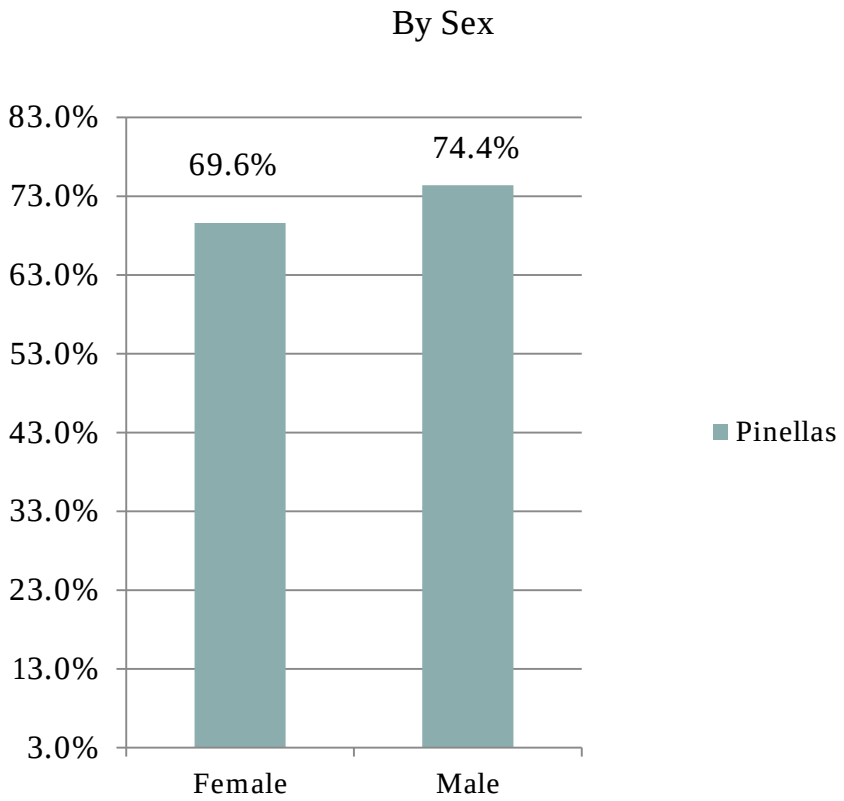
Healthy Tampa Bay Data – Pneumonia Vaccination Rate 65+

**shows the percentage of adults aged 65 years and older who have ever received a pneumococcal (pneumonia) vaccine.*





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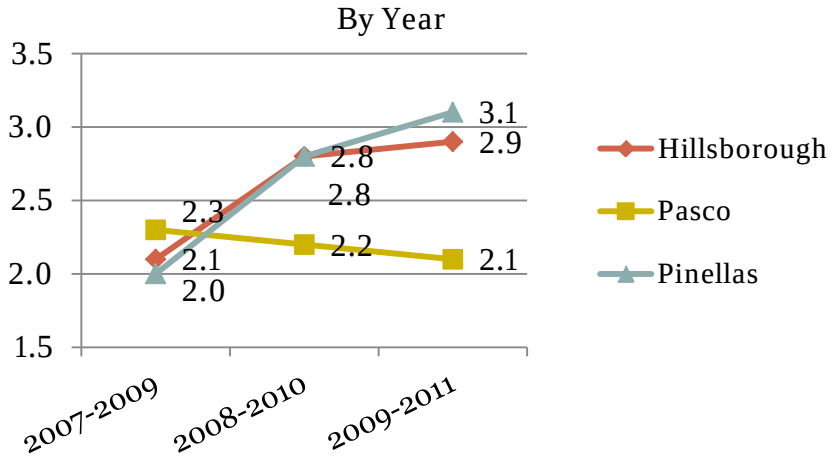
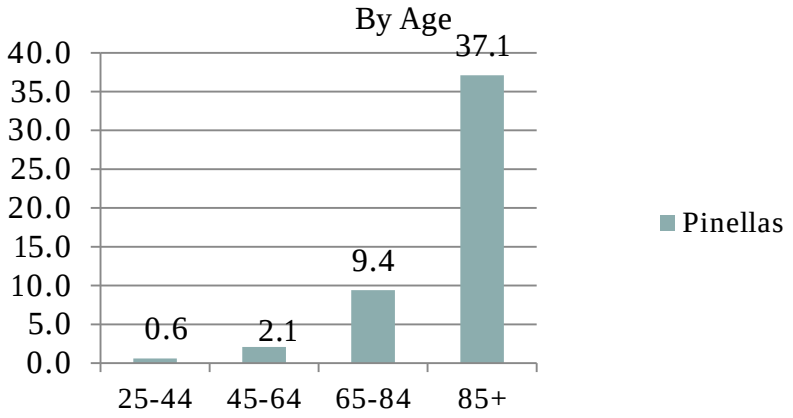
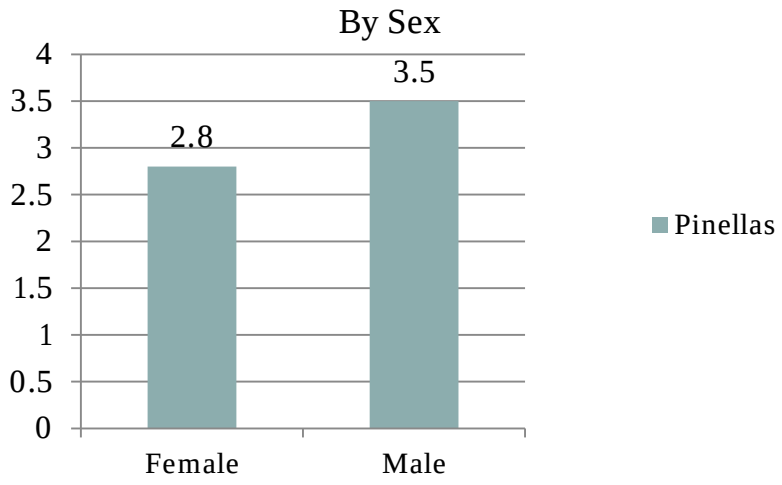
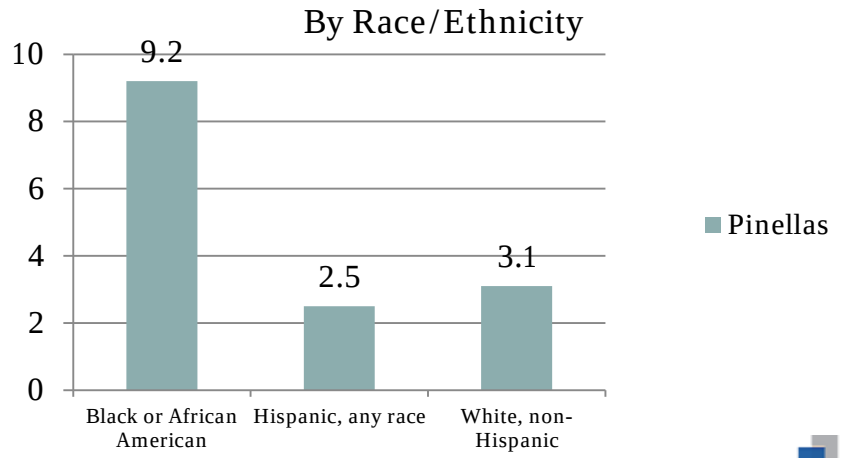
Healthy Tampa Bay Data – ER Rate due to Congestive Heart Failure

**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.*









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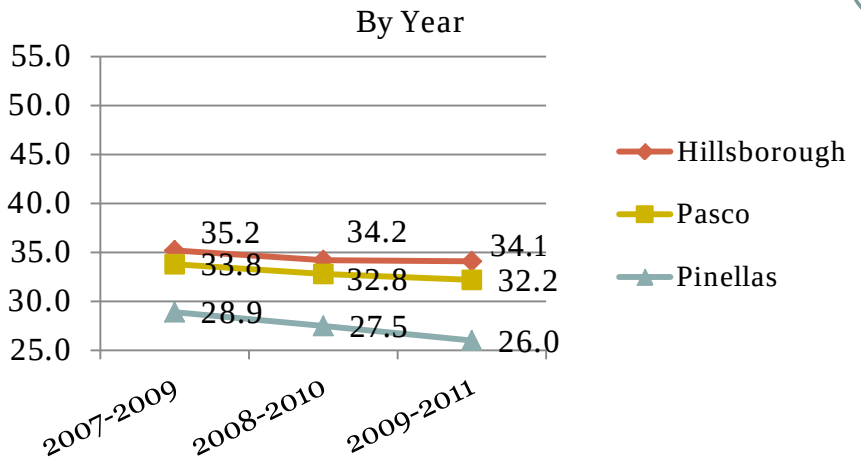
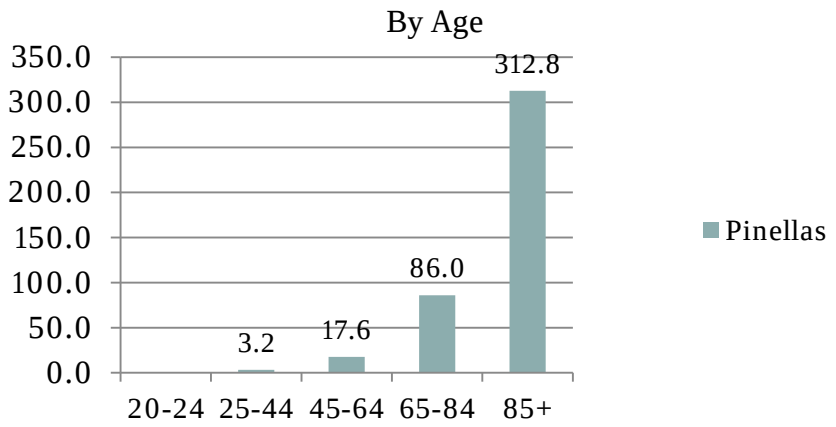
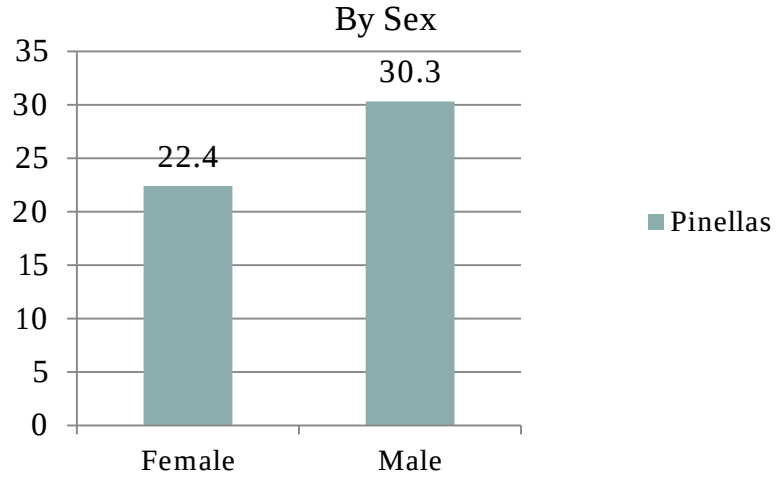
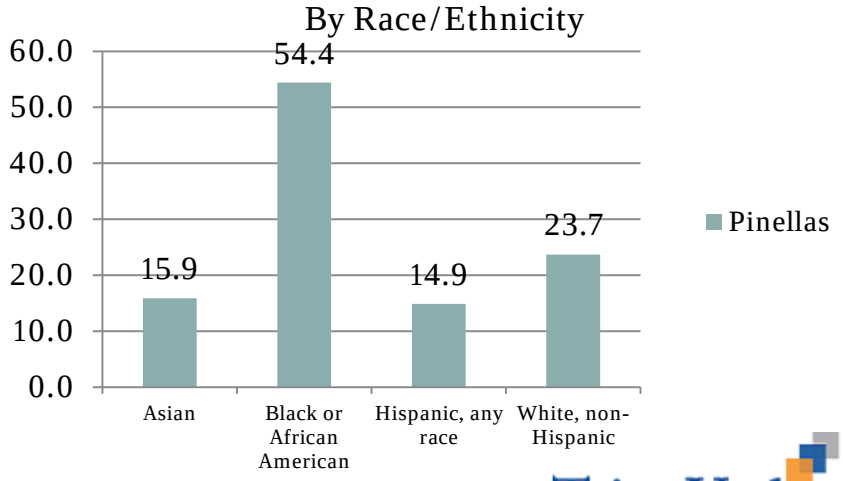
Healthy Tampa Bay Data – Hospitalization Rate due to Congestive Heart Failure

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









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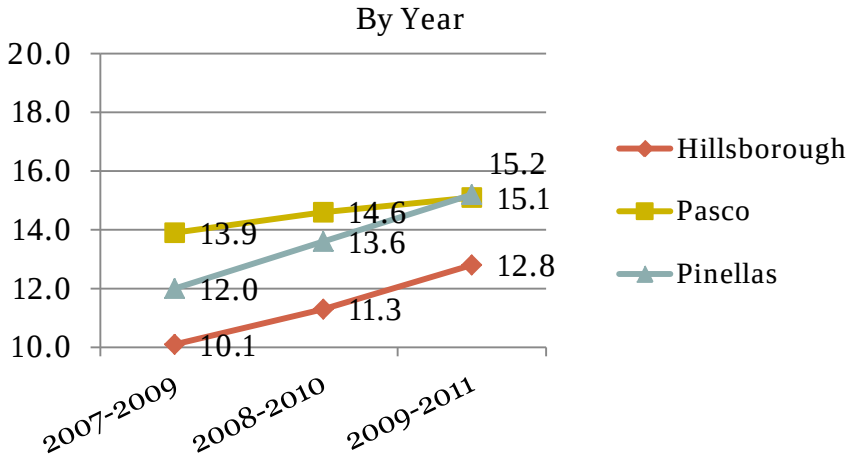
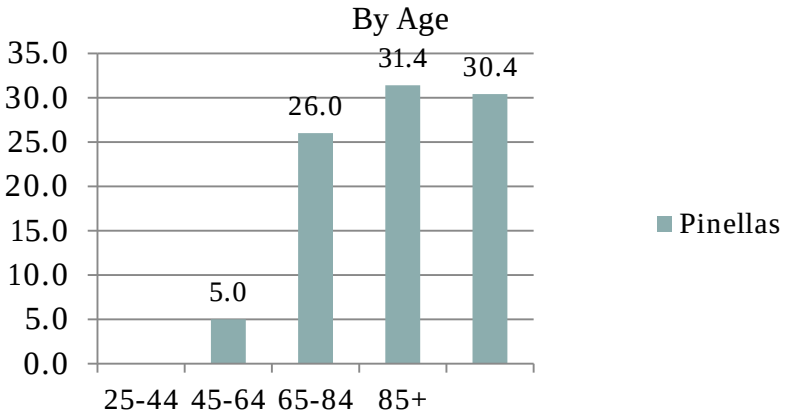
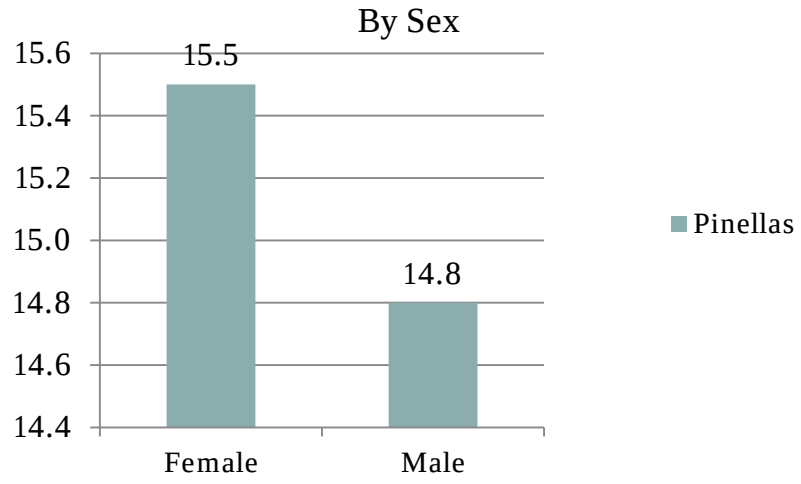
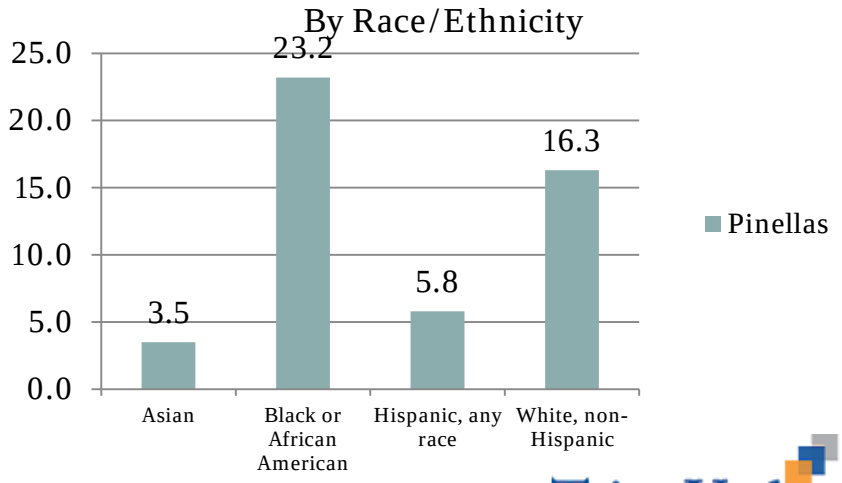
Healthy Tampa Bay Data – ER Rate due to COPD

**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.*









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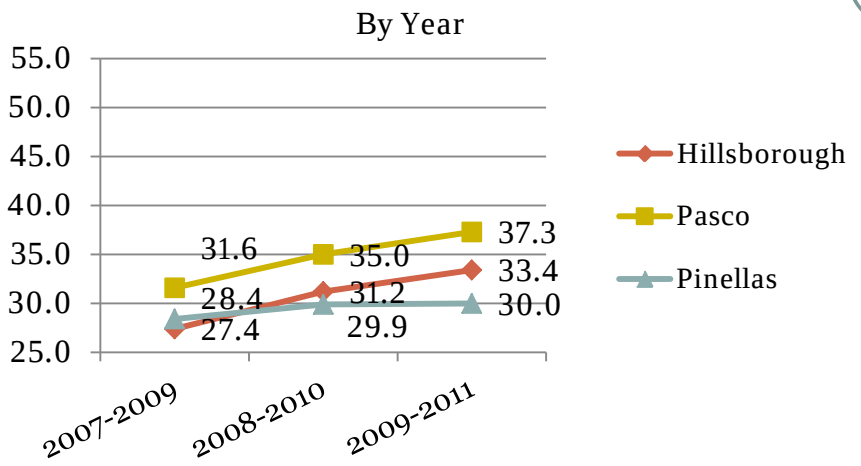
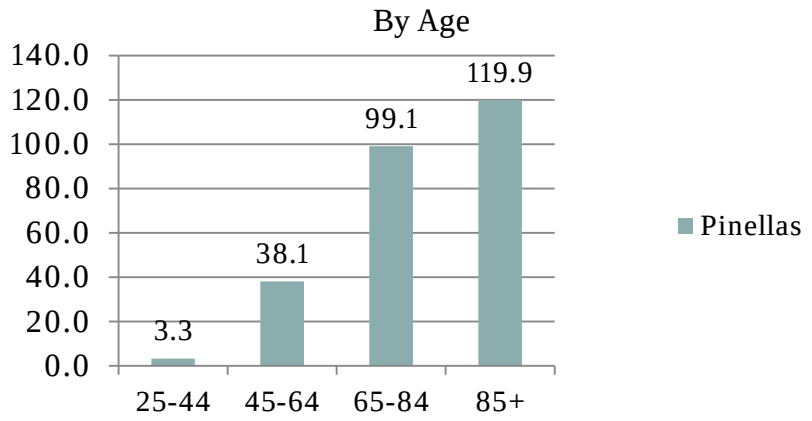
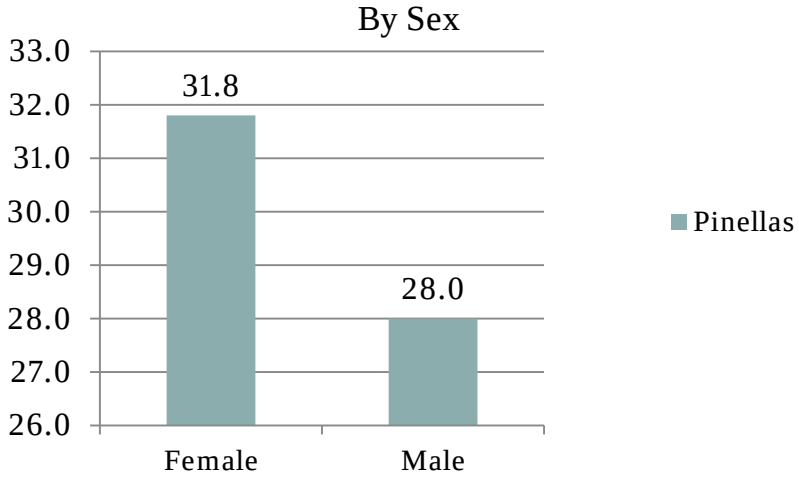
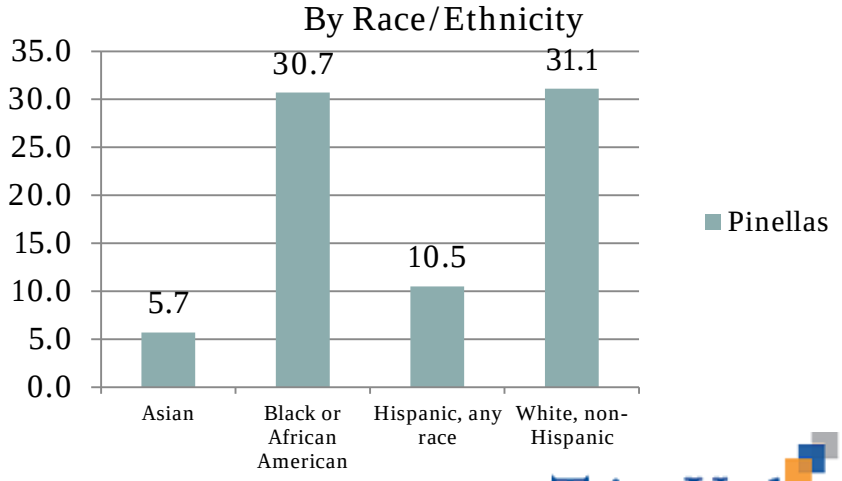
Healthy Tampa Bay Data – Hospitalization Rate due to COPD

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









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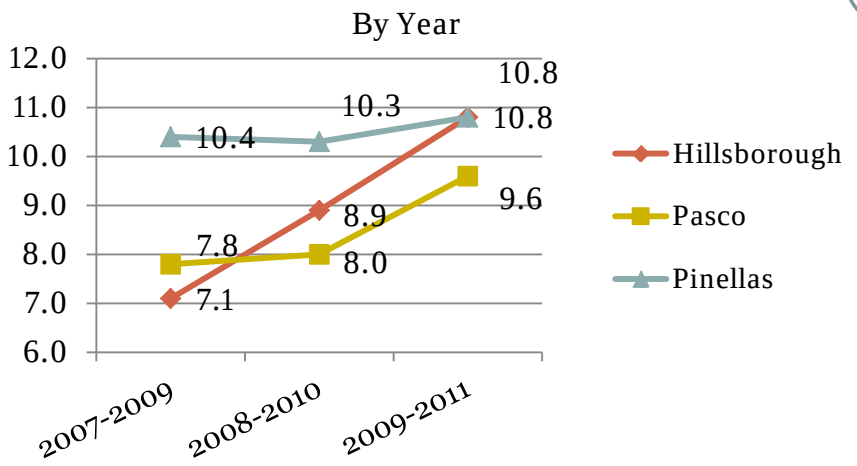
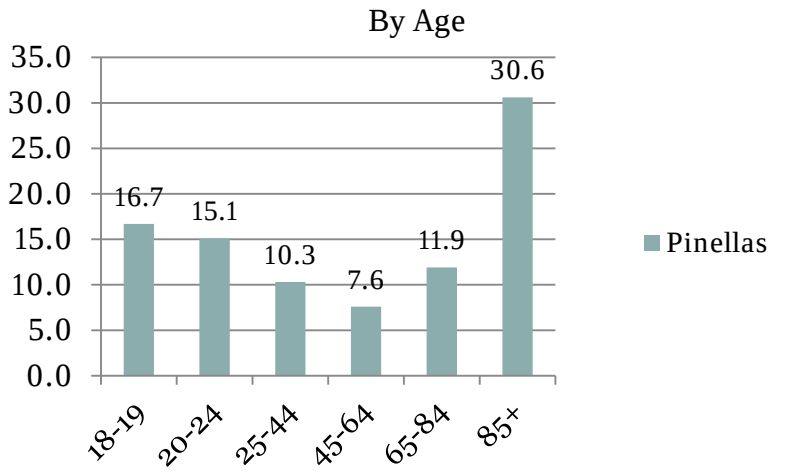
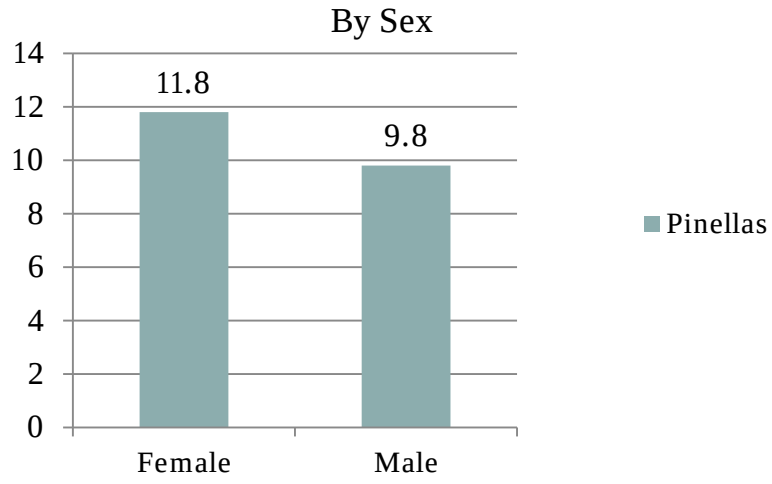
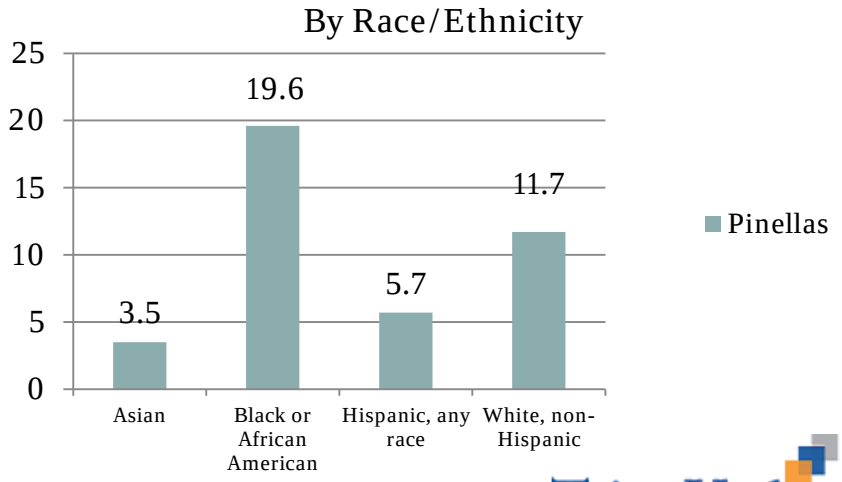
Healthy Tampa Bay Data – ER Rate due to Dehydration

**shows the average annual age-adjusted emergency room visit rate due to dehydration per 10,000 people ages 18 and older.*









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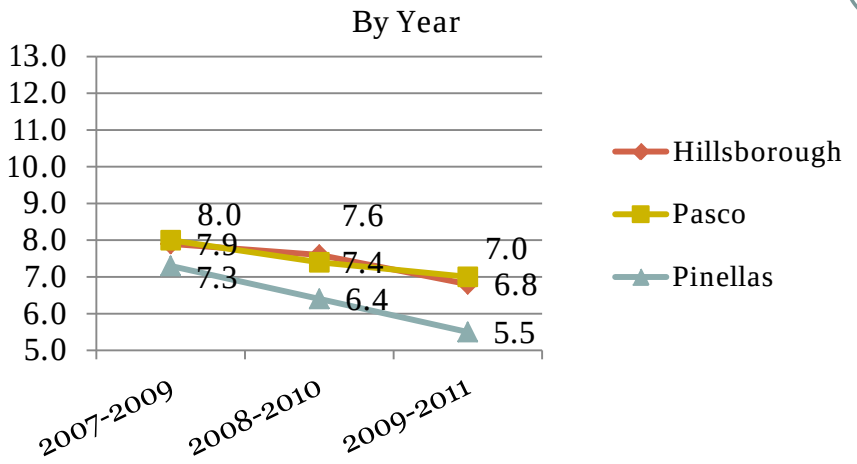
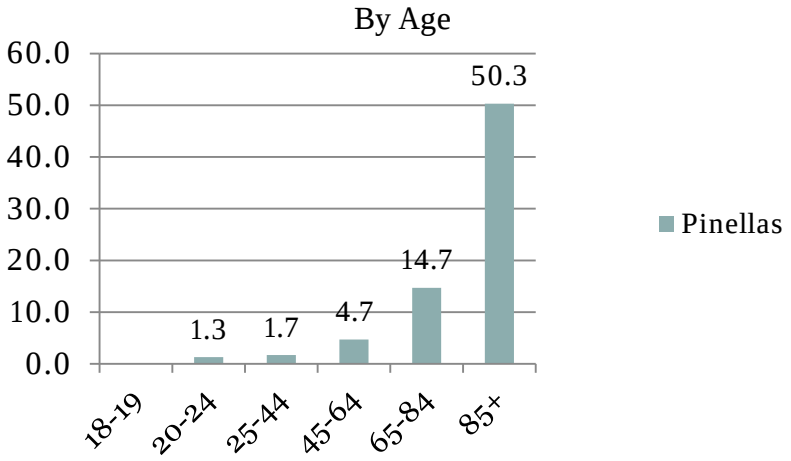
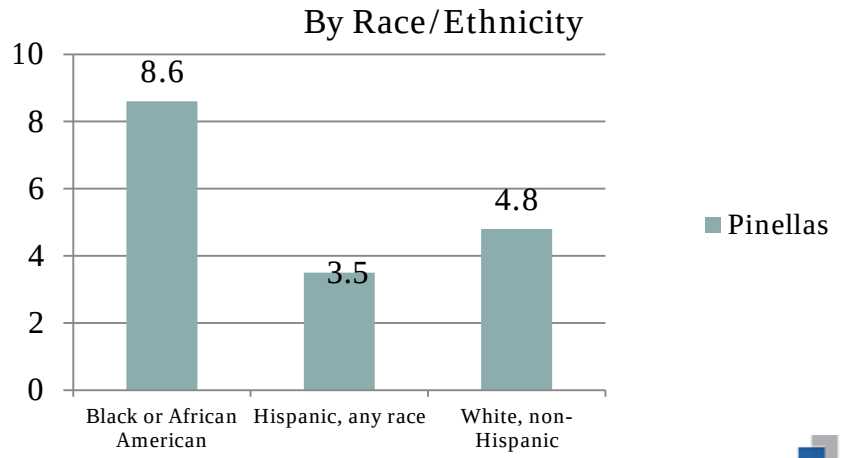
Healthy Tampa Bay Data – Hospitalization Rate due to Dehydration

**shows the average annual age-adjusted hospitalization rate due to dehydration per 10,000 people ages 18 and older.*







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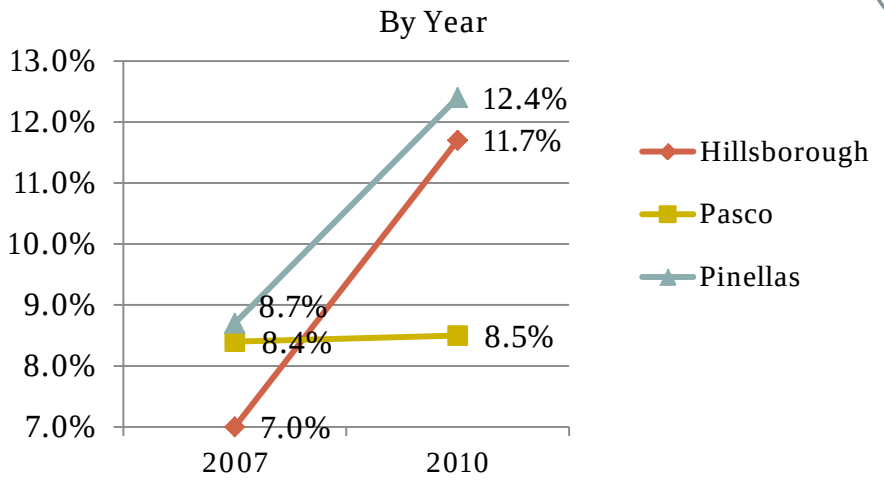
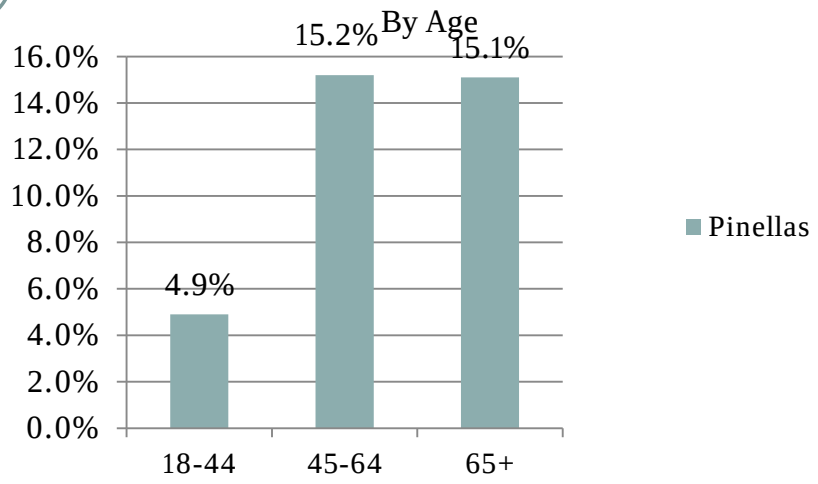
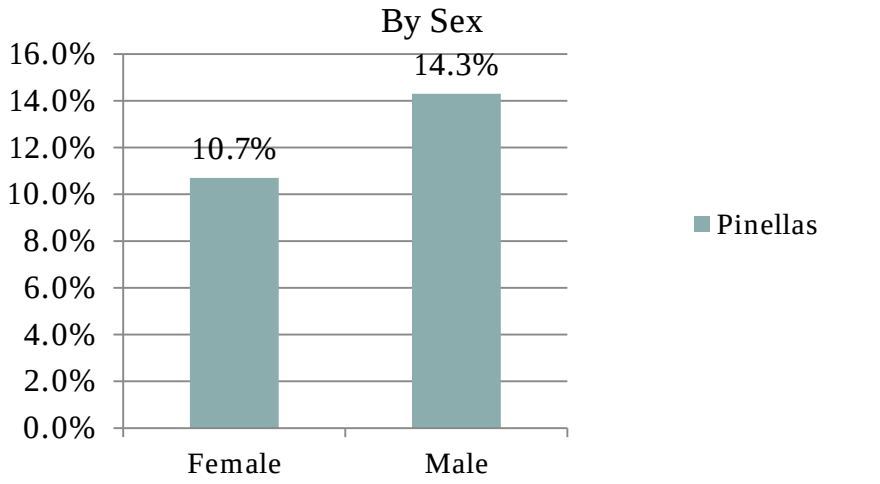
Healthy Tampa Bay Data – Adults With Diabetes

**Percent of Adults who have ever been diagnosed with diabetes.*







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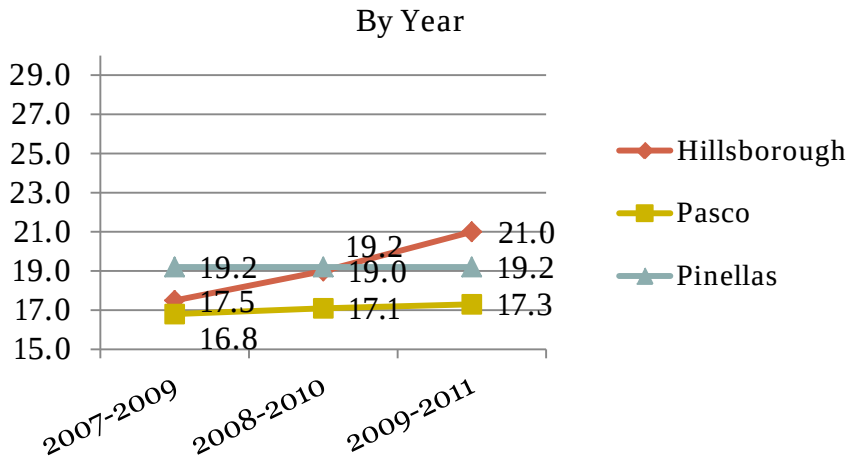
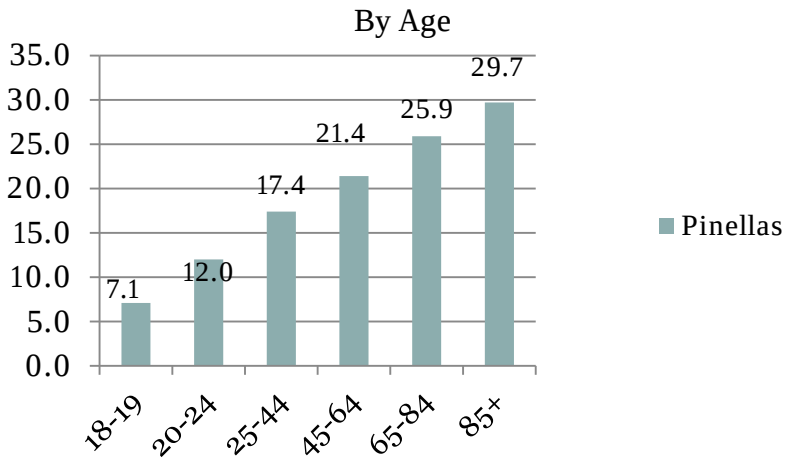
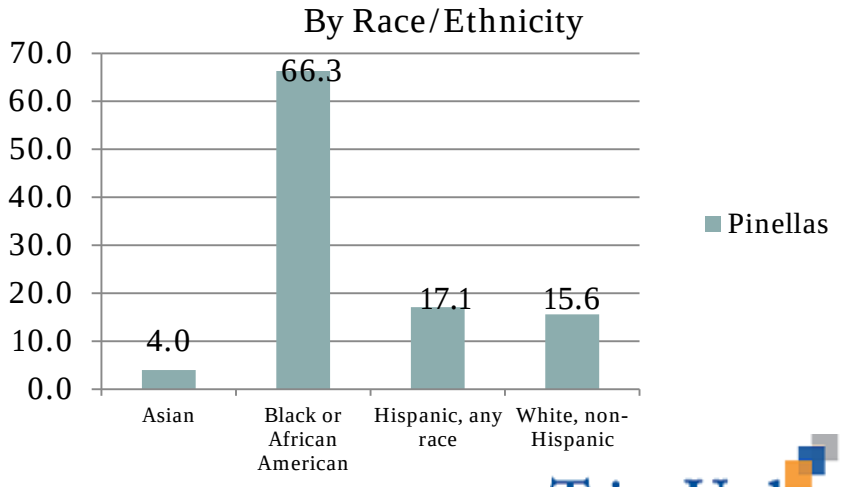
Healthy Tampa Bay Data – ER Rate due to Diabetes

**shows the average annual age-adjusted emergency room visit rate due to diabetes per 10,000 people ages 18 and older.*







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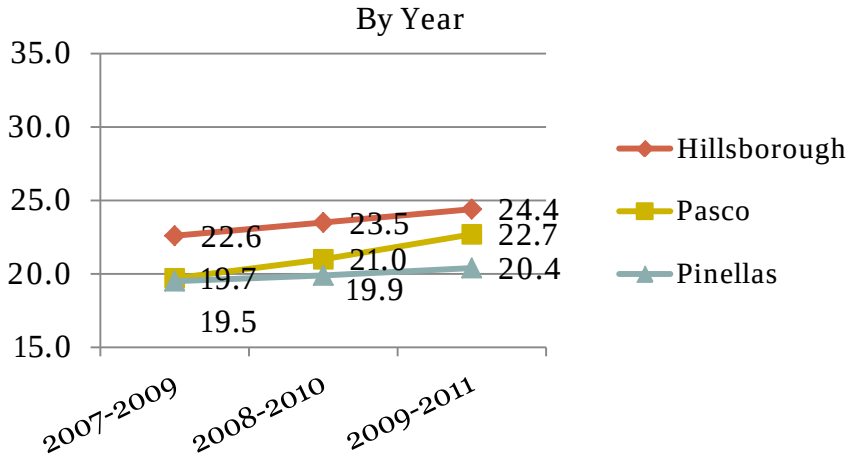
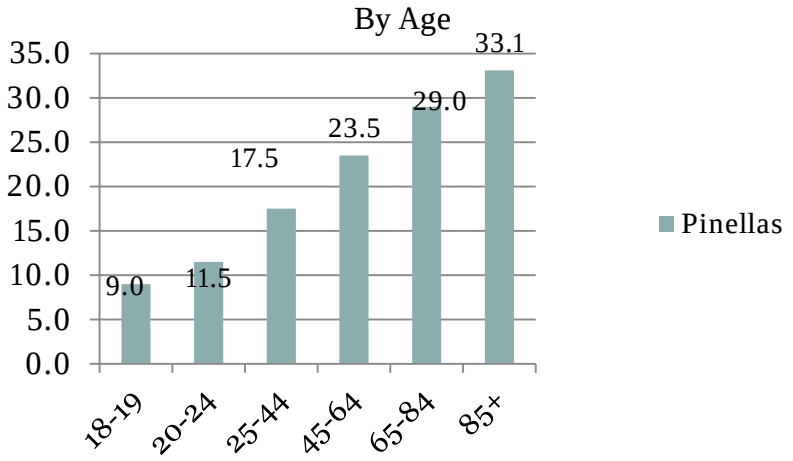
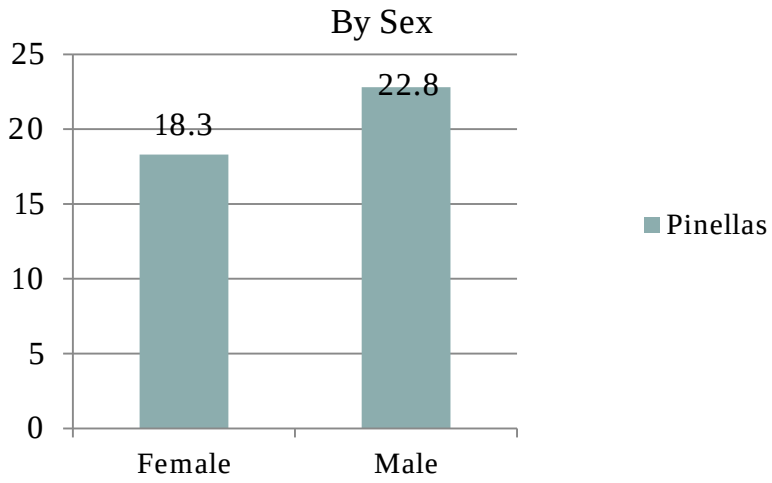
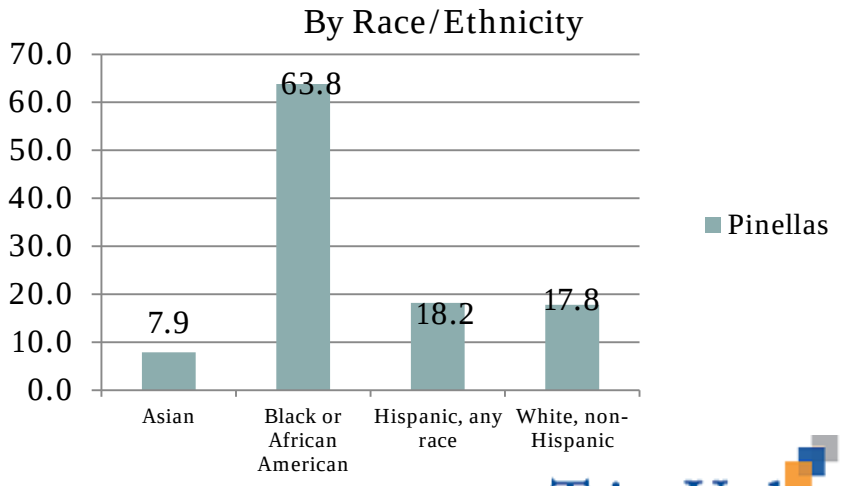
Healthy Tampa Bay Data – Hospitalization Rate due to Diabetes

** shows the average annual age-adjusted hospitalization rate due to diabetes per 10,000 people ages 18 and older.*









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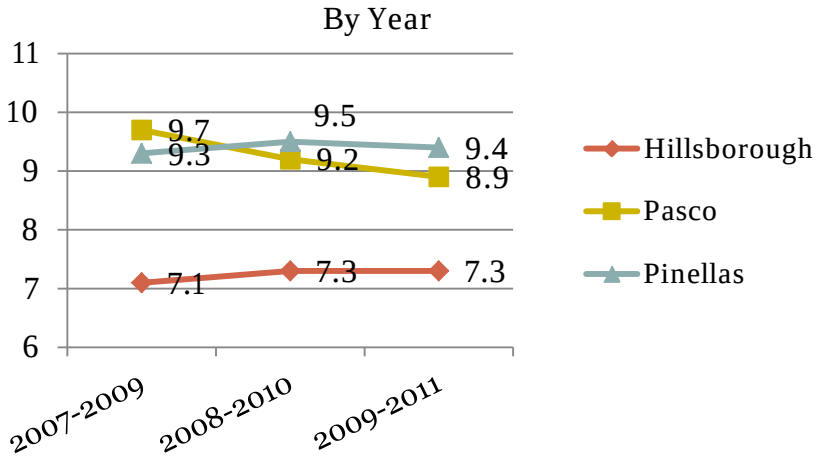
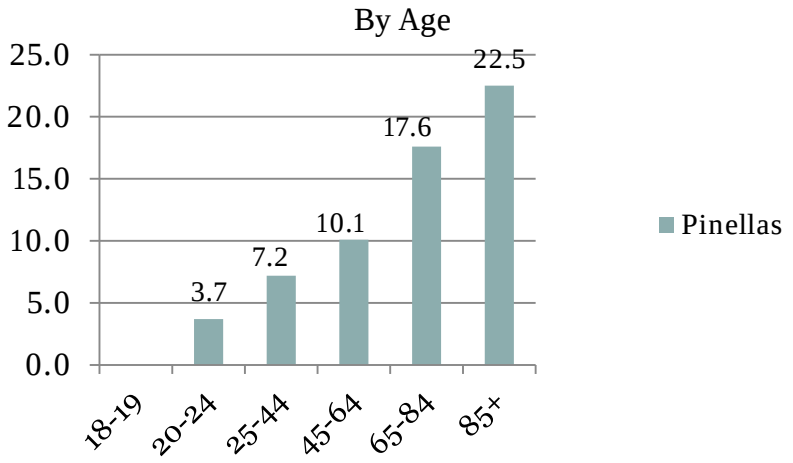
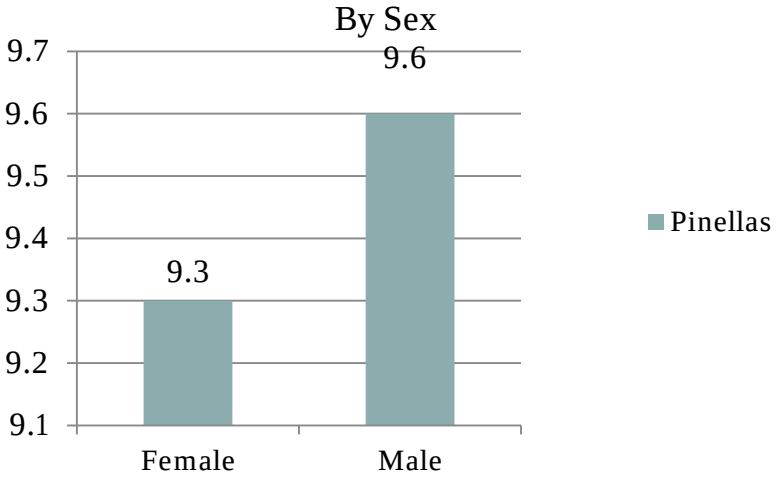
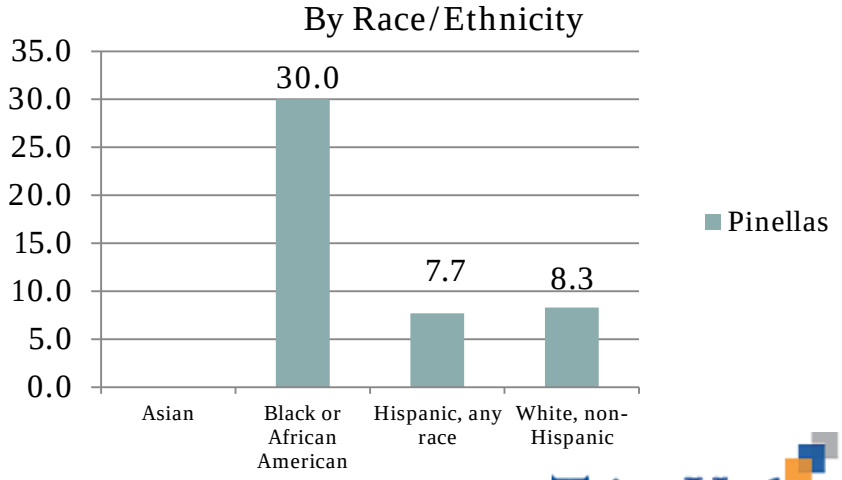
Healthy Tampa Bay Data – ER Rate due to Long-Term Complications of Diabetes

**shows the average annual age-adjusted emergency room visit rate due to long-term complications of diabetes per 10,000 people ages 18 and older. Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage.*









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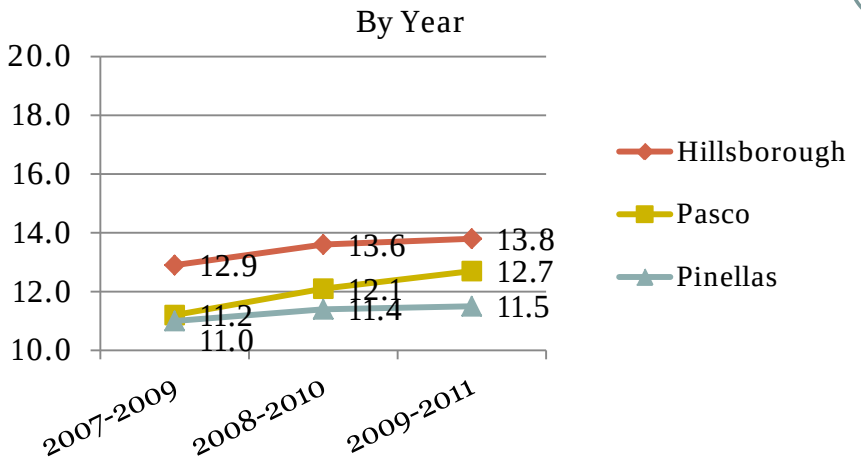
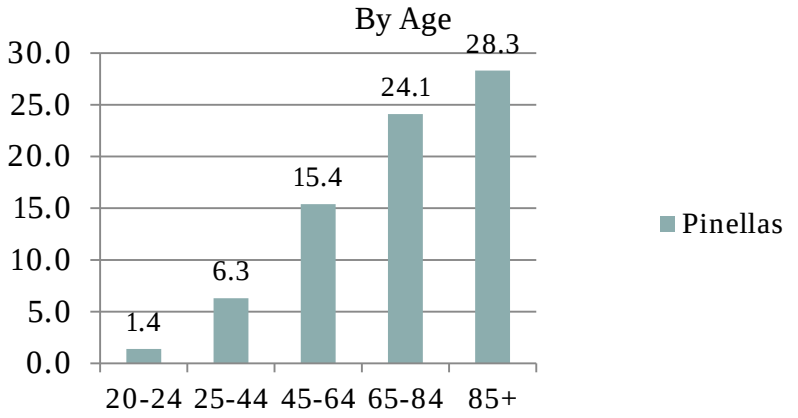
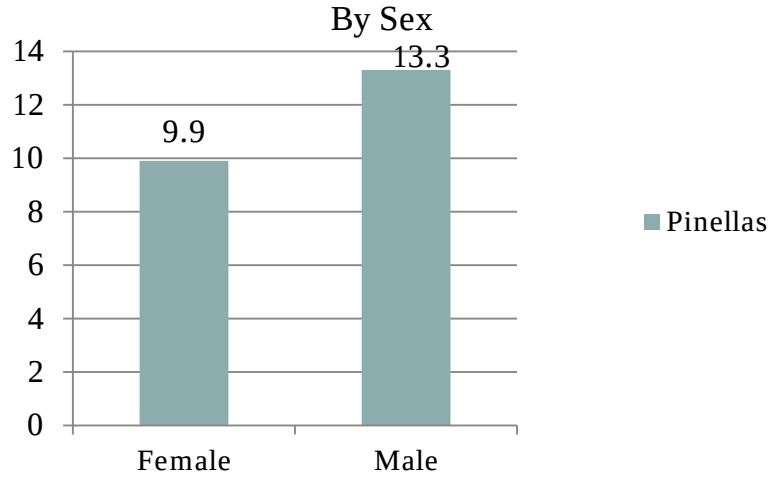
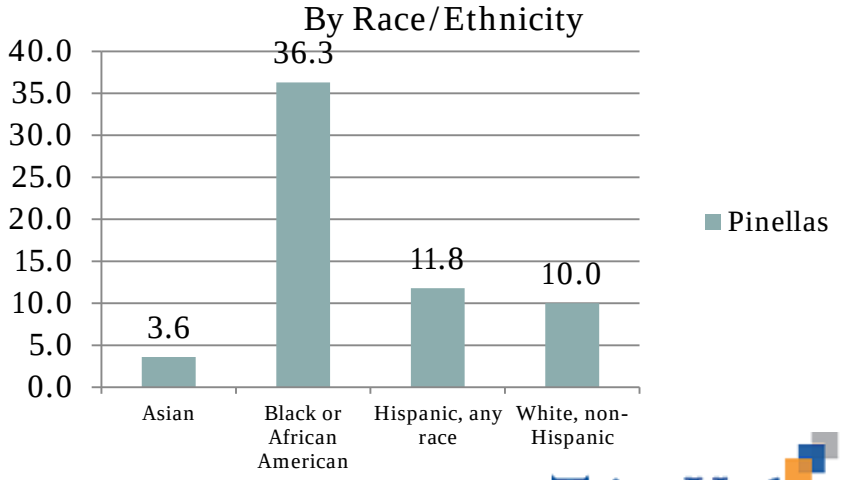
Healthy Tampa Bay Data – Hospitalization Rate due to Long-Term Complications of Diabetes

**shows the average annual age-adjusted hospitalization rate due to long-term complications of diabetes per 10,000 people ages 18 and older.*









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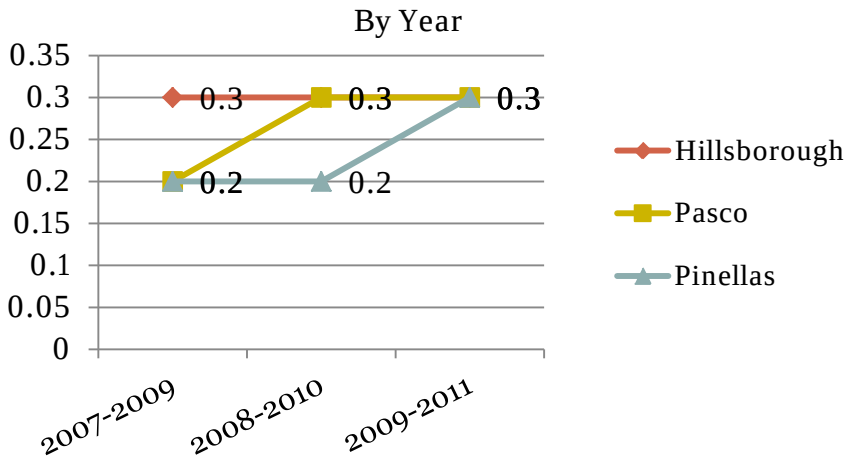
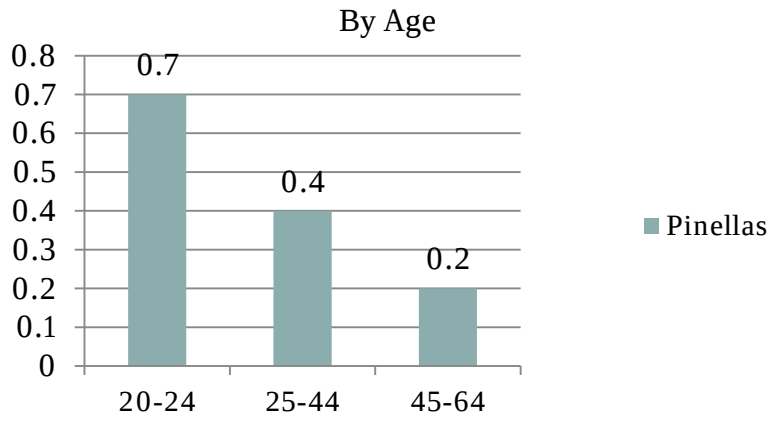
Healthy Tampa Bay Data – ER Rate due to Short-Term Complications of Diabetes

**shows the average annual age-adjusted emergency room visit rate due to short-term complications of diabetes per 10,000 people ages 18 and older. Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma.*





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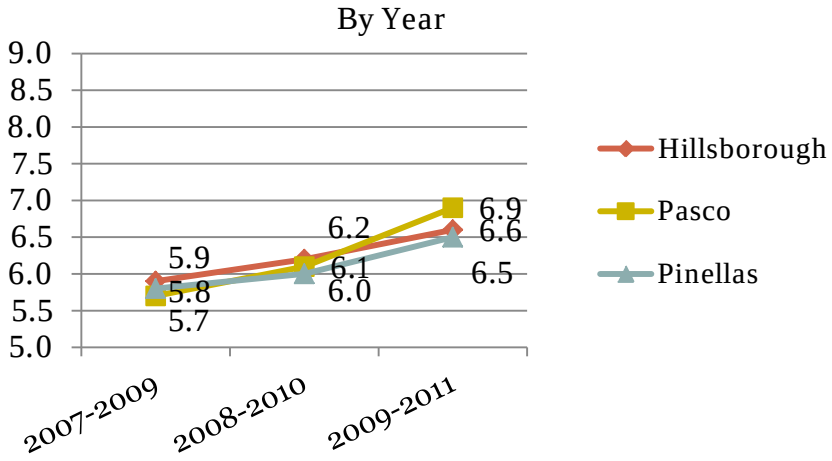
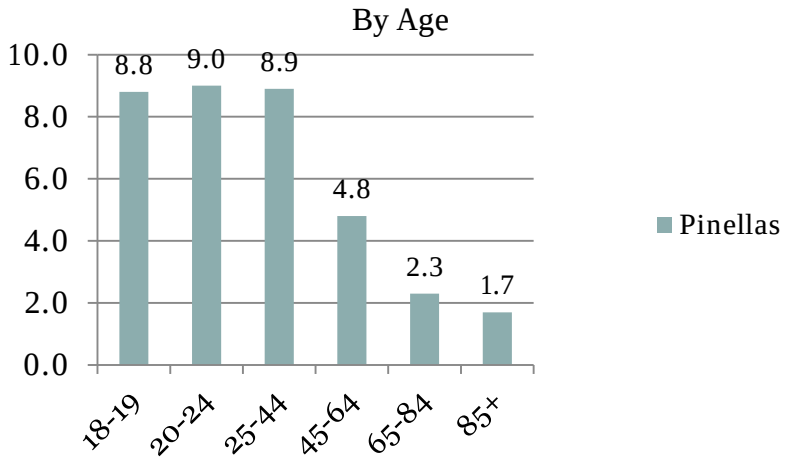
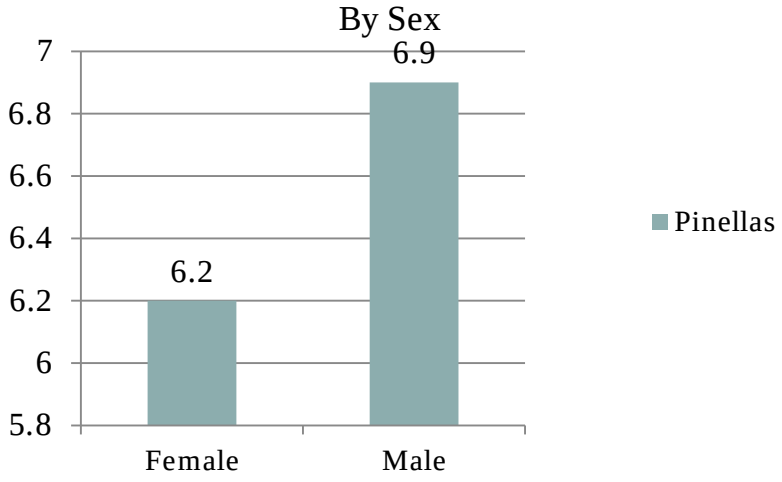
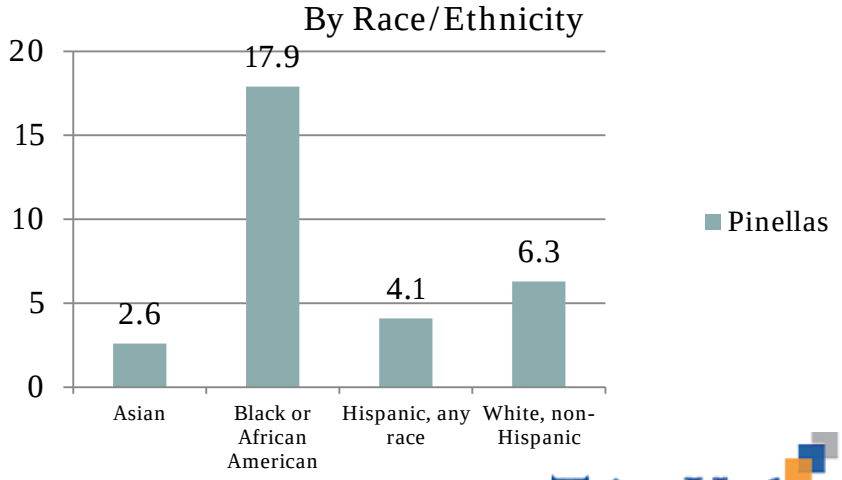
Healthy Tampa Bay Data – Hospitalization Rate due to Short-Term Complications of Diabetes

*shows the average annual age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 people ages 18 and older. Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma.









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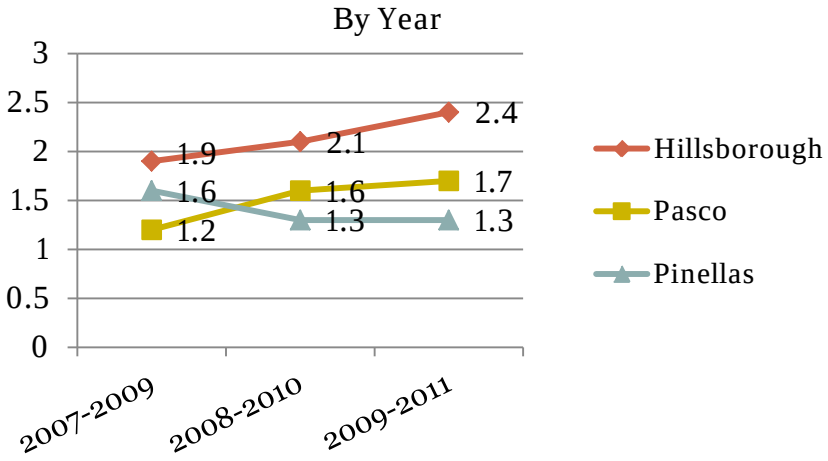
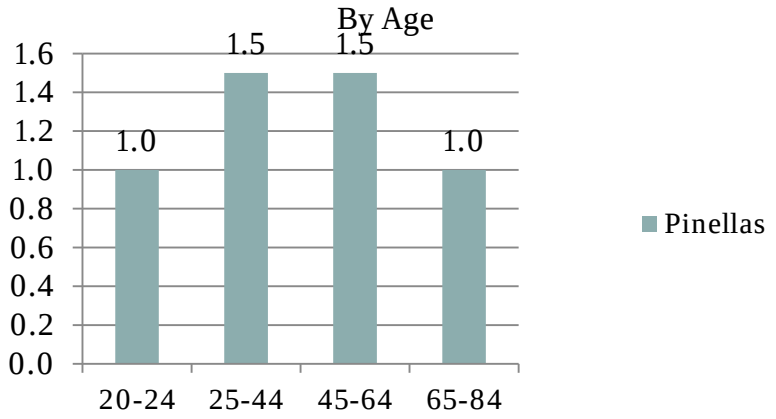
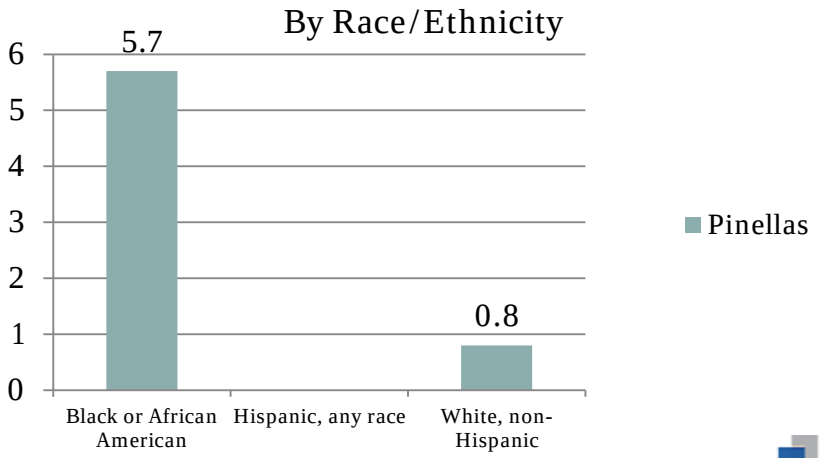
Healthy Tampa Bay Data – ER Rate due to Uncontrolled Diabetes

**shows the average annual age-adjusted emergency room visit rate due to uncontrolled diabetes per 10,000 people ages 18 and older. Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine.*







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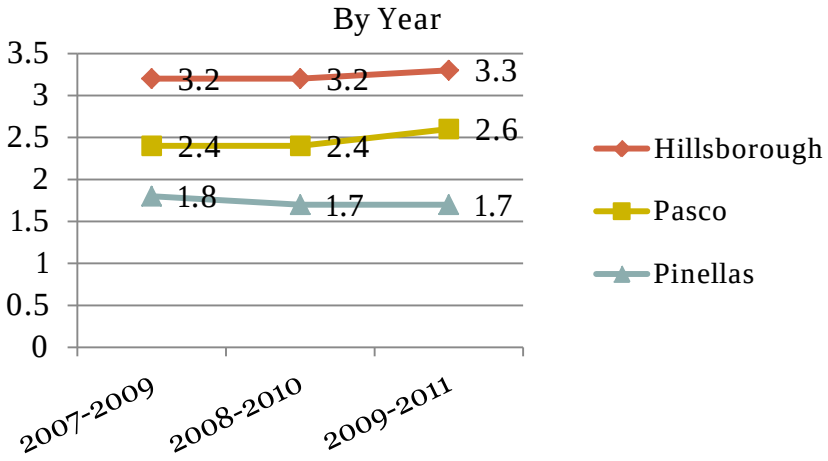
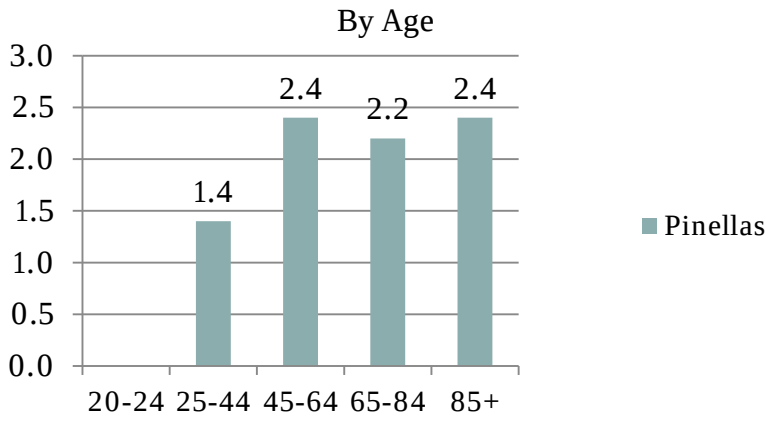
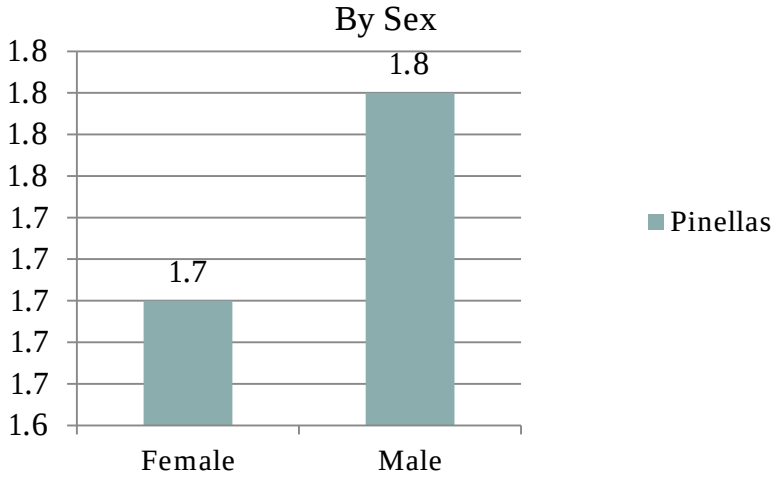
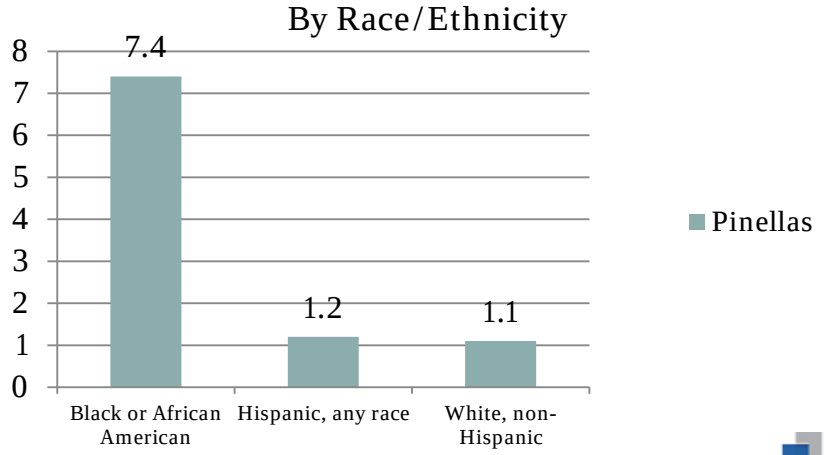
Healthy Tampa Bay Data – Hospitalization Rate due to Uncontrolled Diabetes

**shows the average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 10,000 people ages 18 and older. Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine.*









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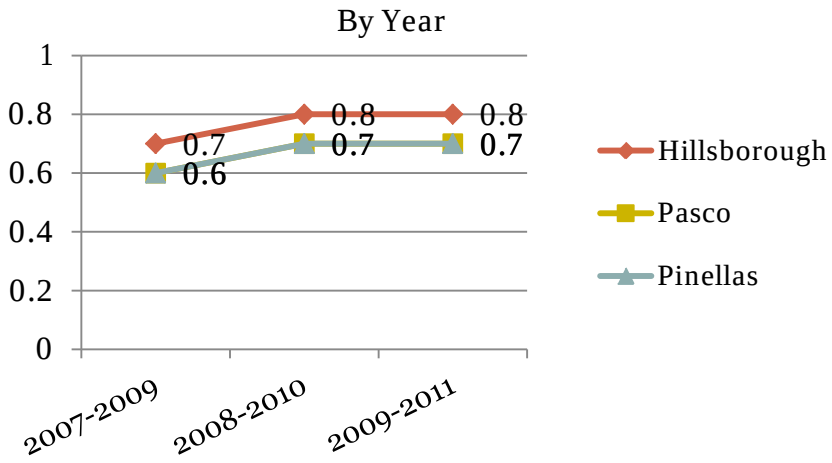
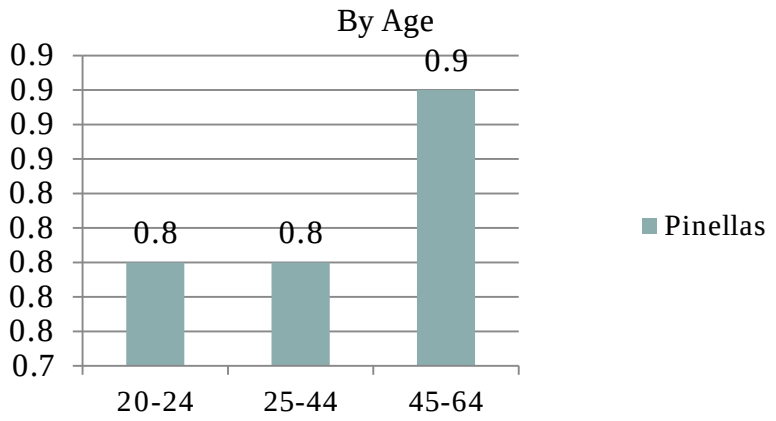
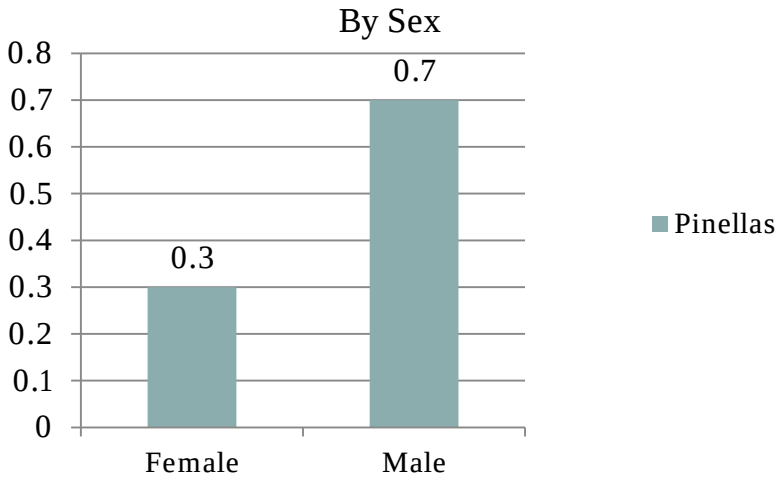
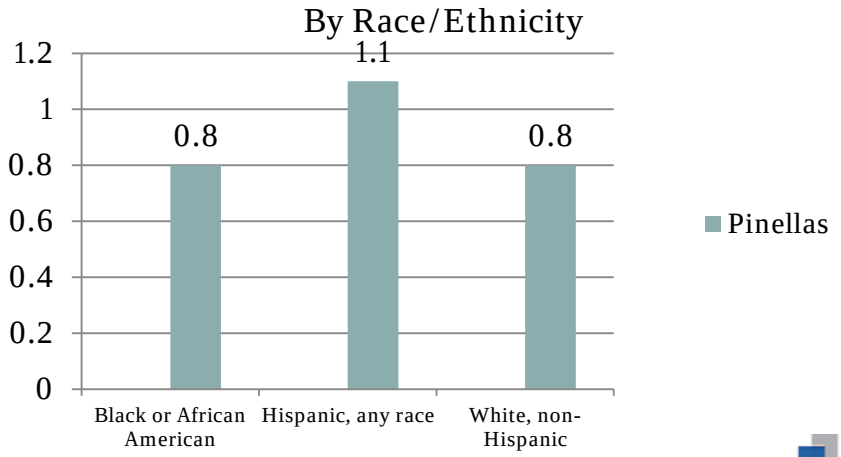
Healthy Tampa Bay Data – ER Rate due to Hepatitis

**shows the average annual age-adjusted emergency room visit rate due to diabetes per 10,000 people ages 18 and older.*









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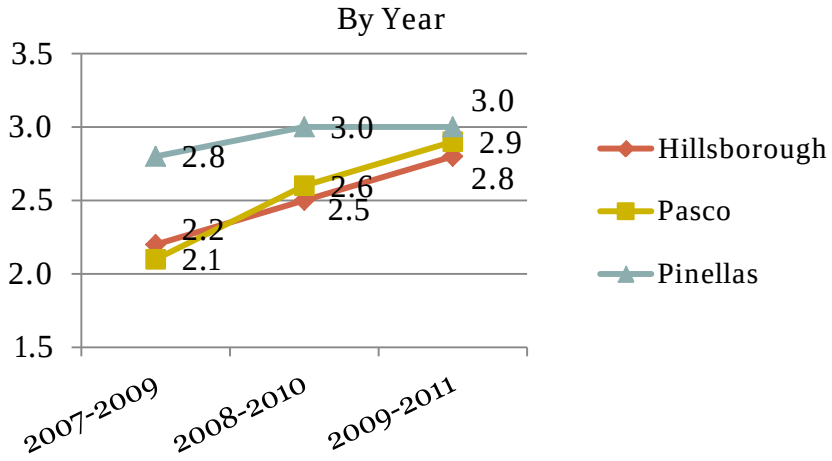
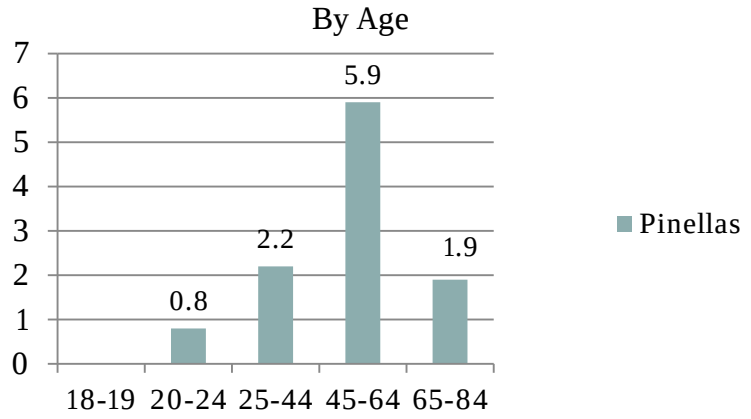
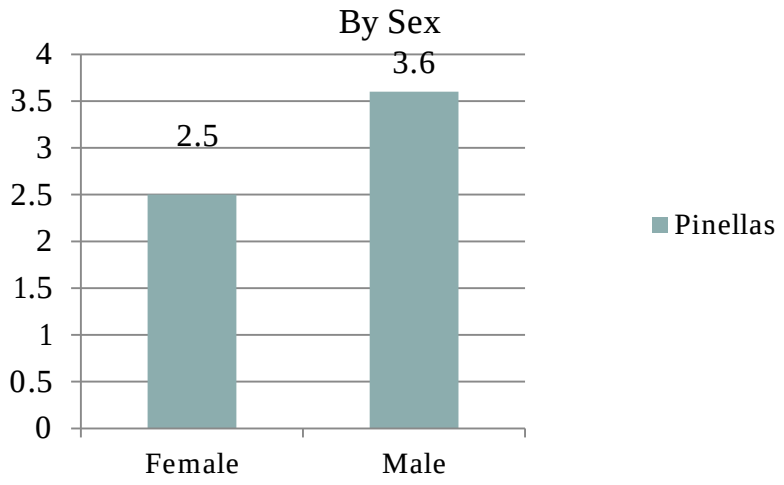
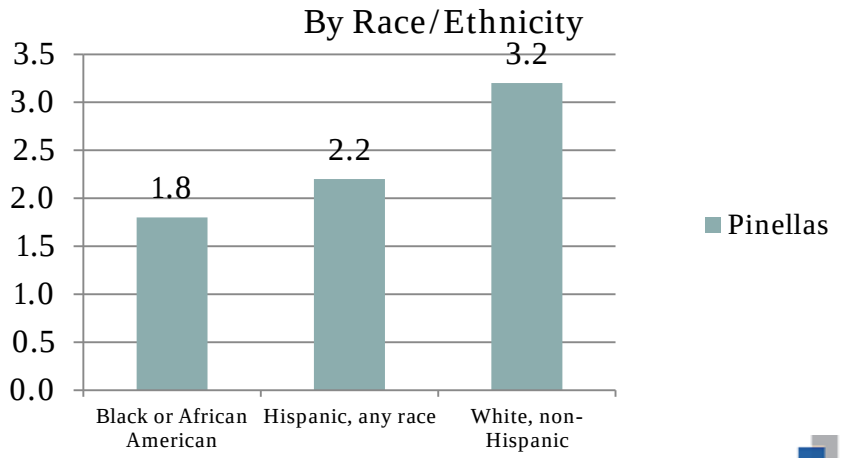
Healthy Tampa Bay Data – Hospitalization Rate due to Hepatitis

**shows the average annual age-adjusted hospitalization rate due to hepatitis per 10,000 people ages 18 and older.*









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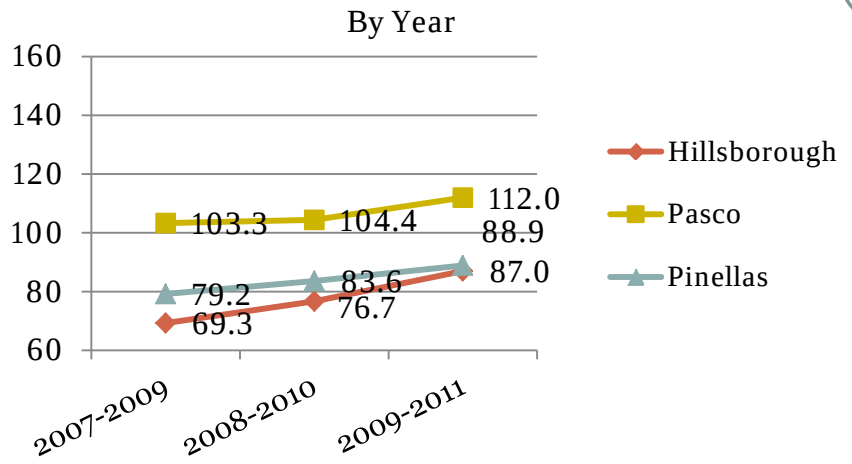
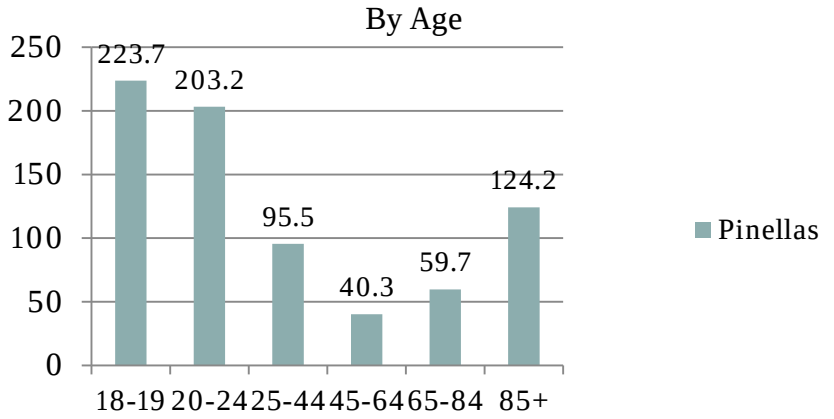
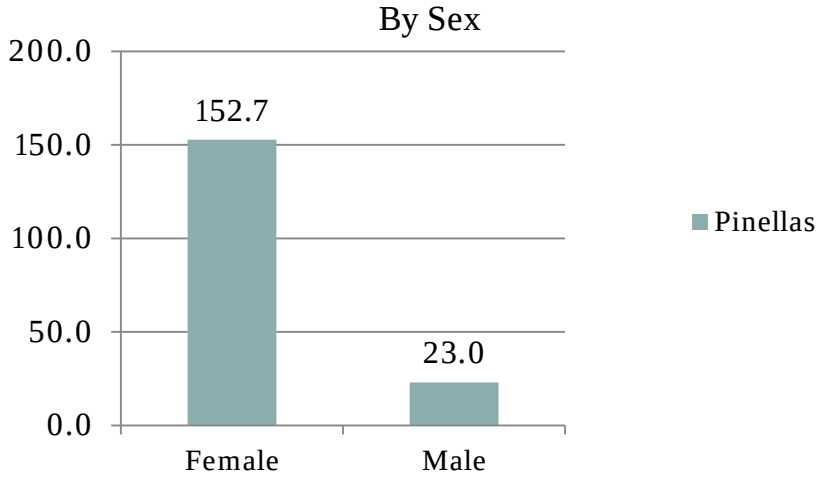
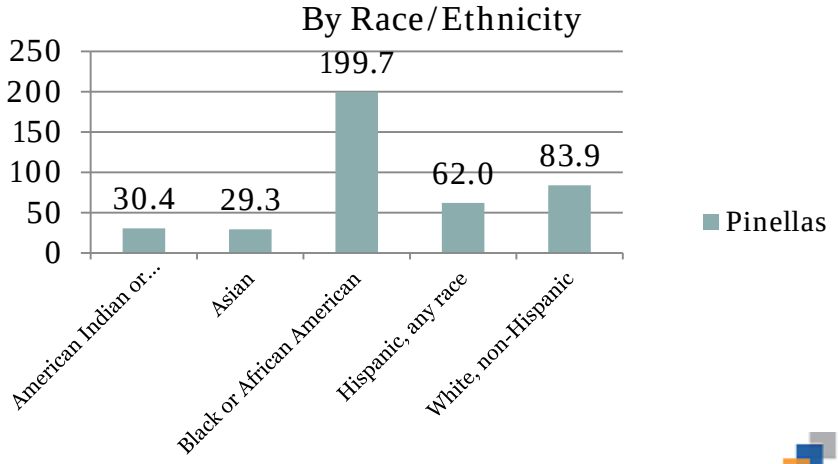
Healthy Tampa Bay Data – ER Rate due to Urinary Tract Infections

**shows the average annual age-adjusted emergency room visit rate due to urinary tract infections per 10,000 people ages 18 and older.*









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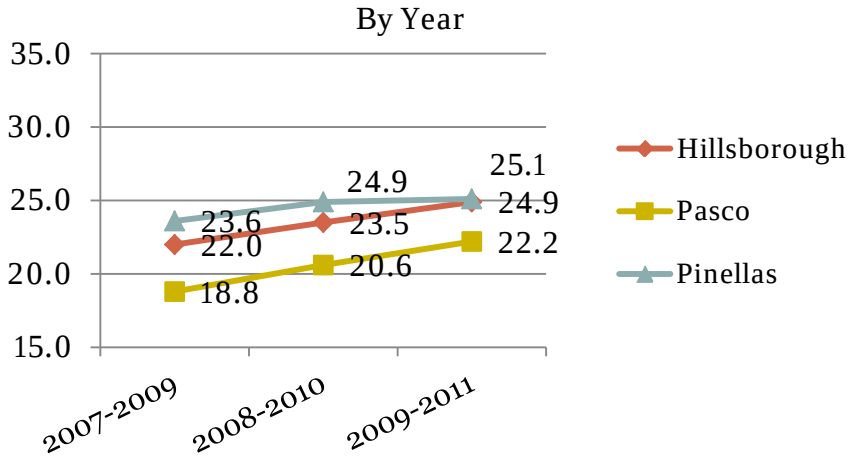
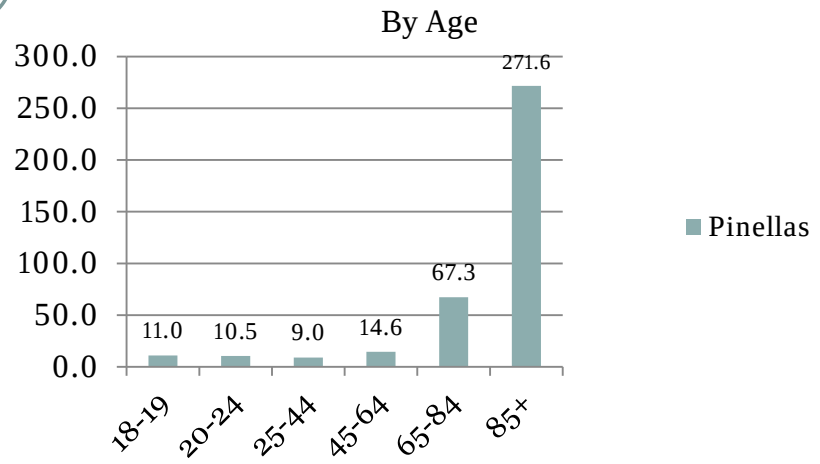
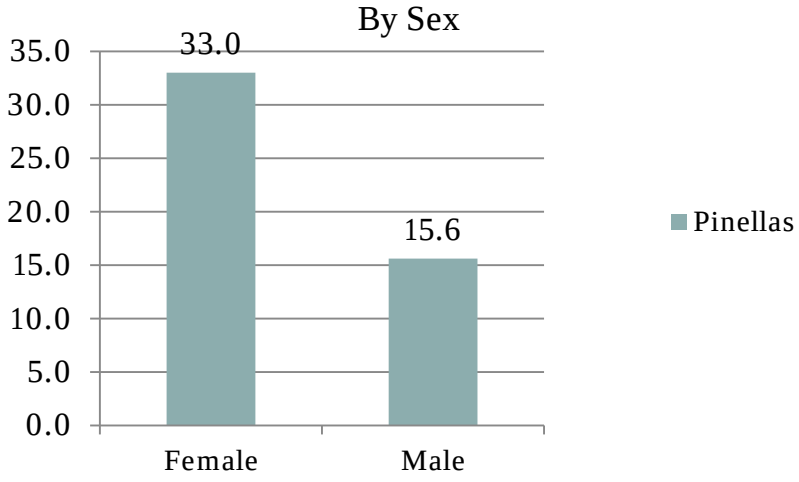
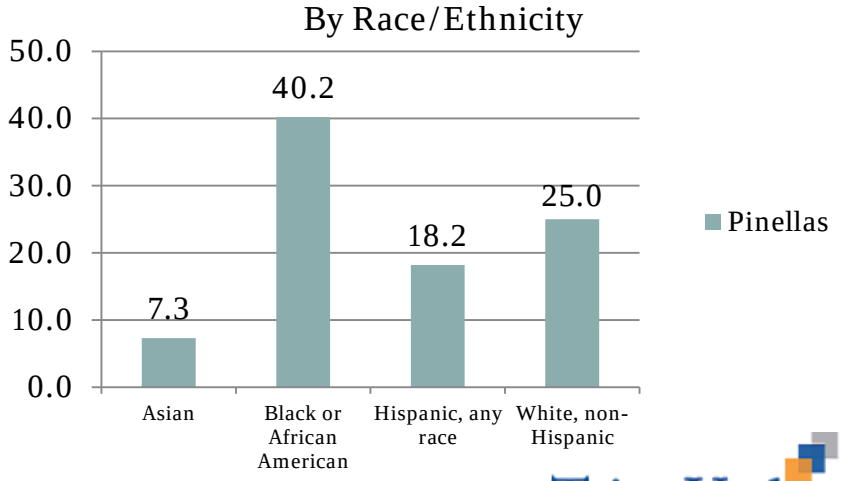
Healthy Tampa Bay Data – Hospitalization Rate due to Urinary Tract Infections

**shows the average annual age-adjusted hospitalization rate due to urinary tract infections per 10,000 people ages 18 and older.*









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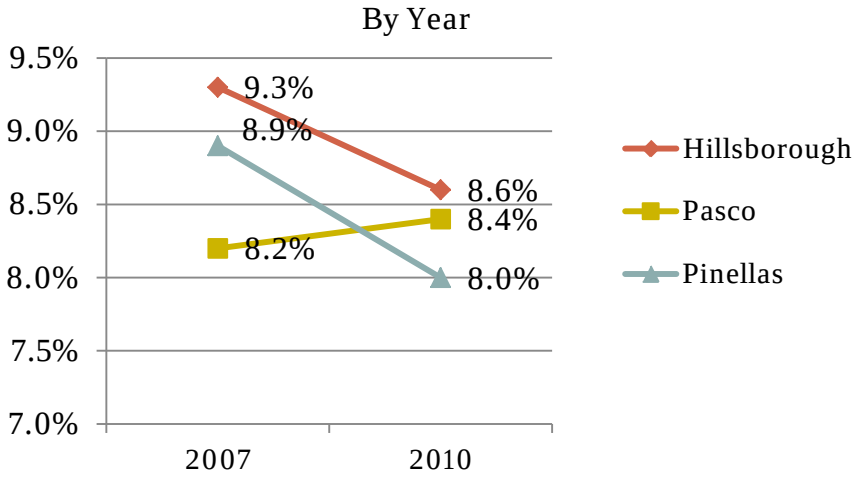
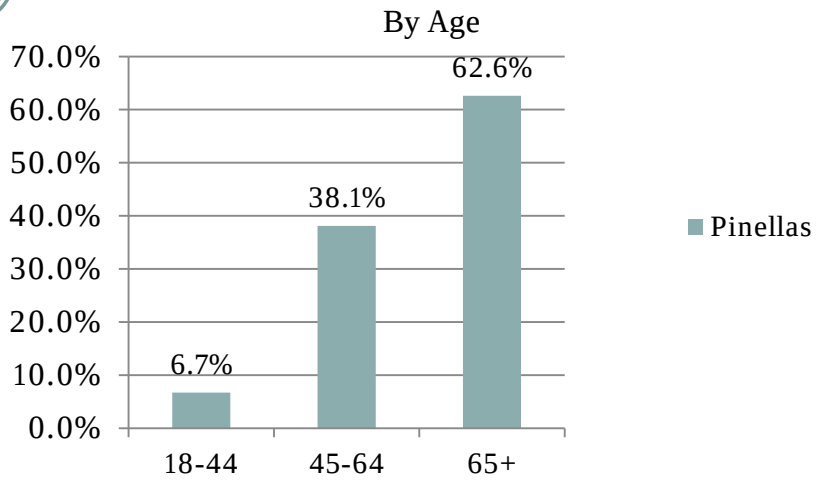
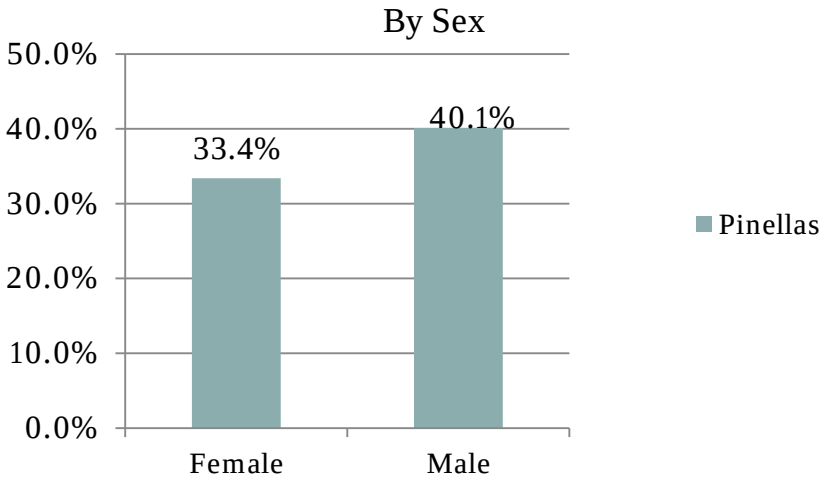
Healthy Tampa Bay Data – High Blood Pressure Prevalence

**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)*







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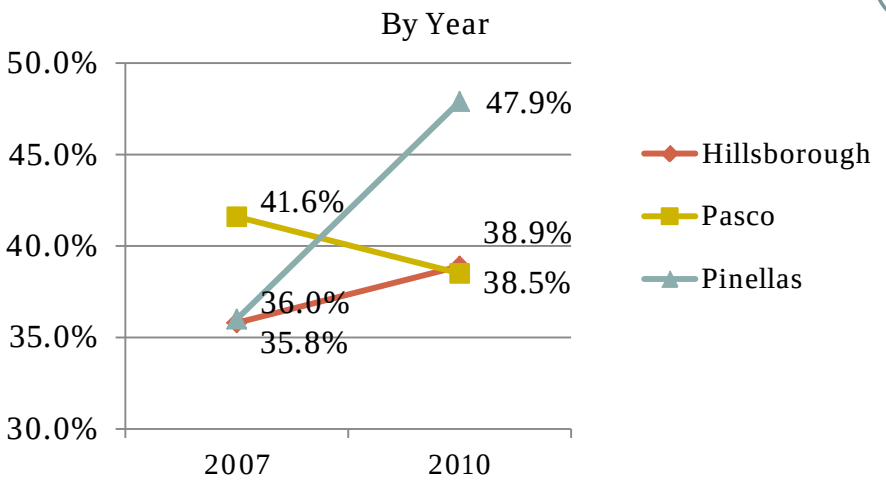
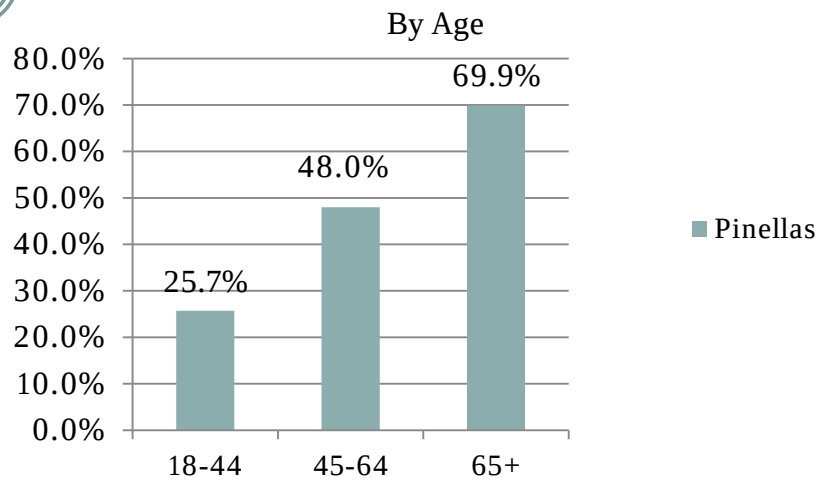
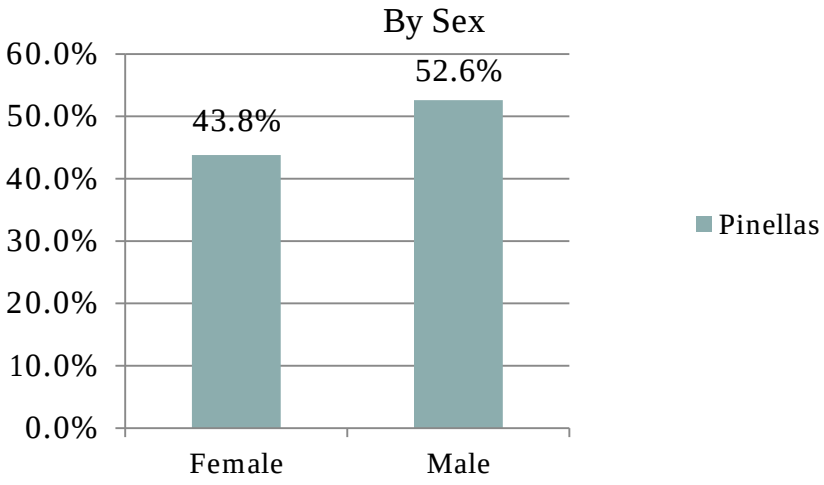
Healthy Tampa Bay Data – High Cholesterol Prevalence

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







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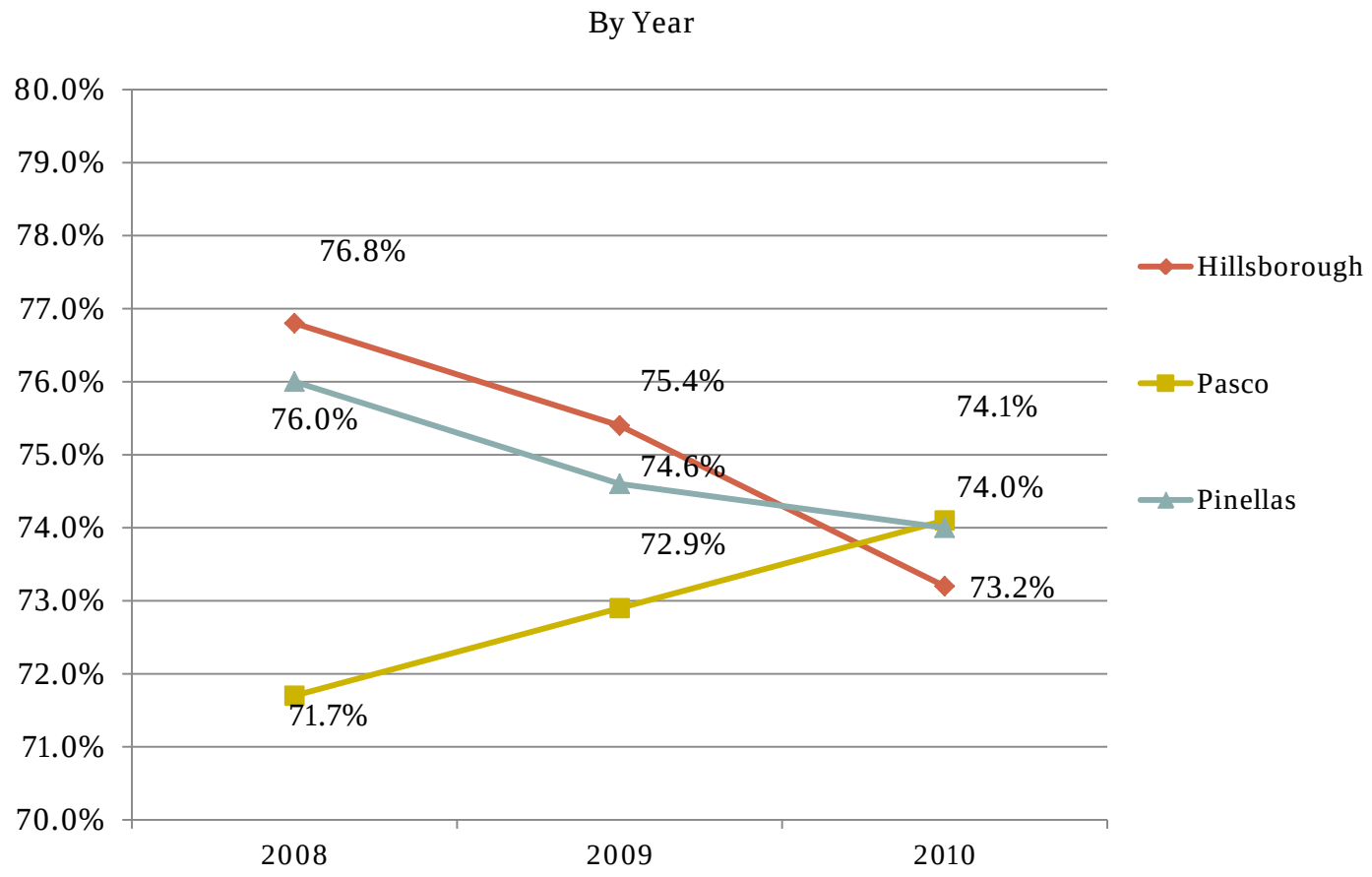
Healthy Tampa Bay Data – Adults with Health Insurance

**Percent of Adults aged 18-64 years that have any type of health insurance coverage.*



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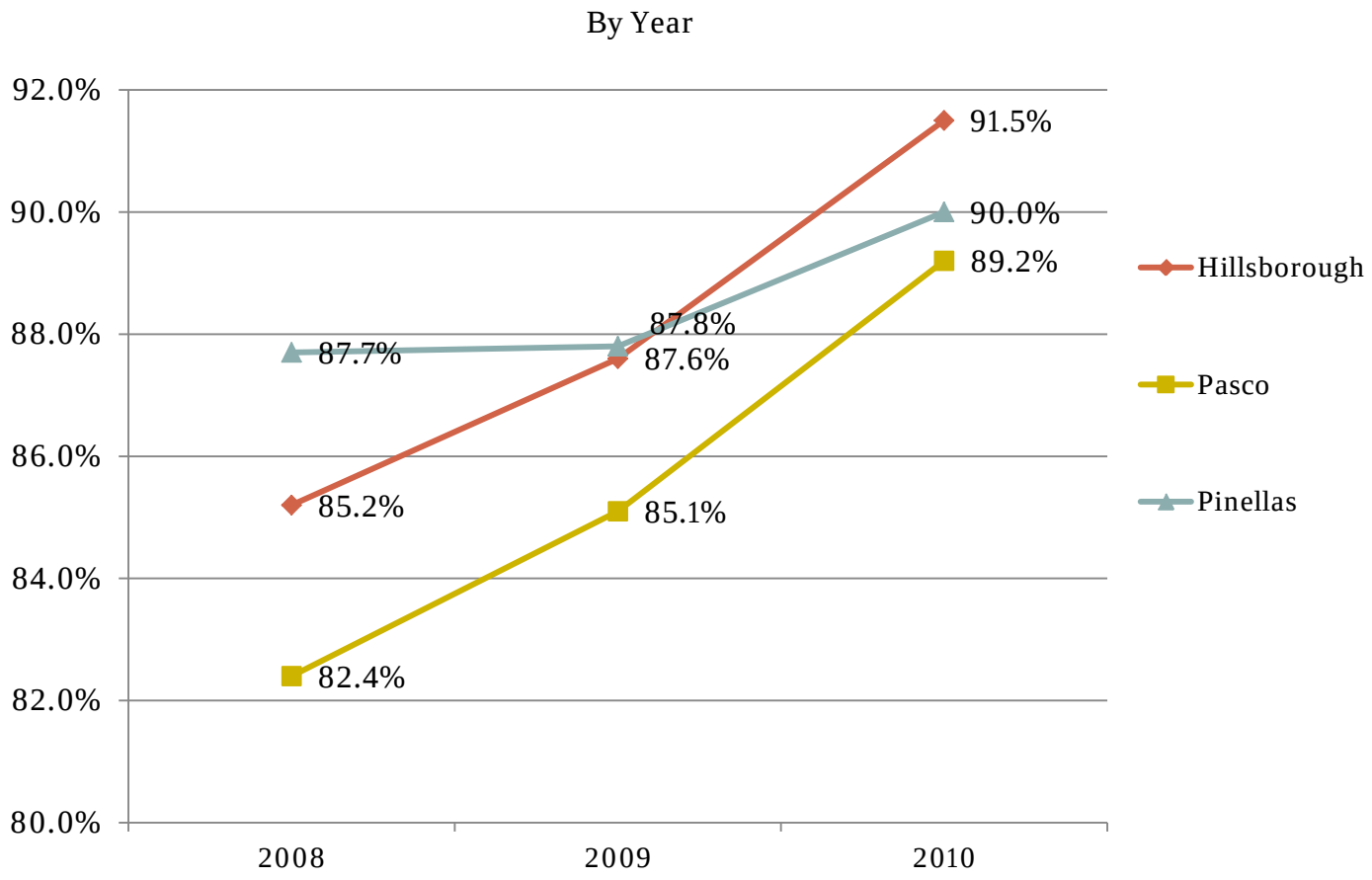
Healthy Tampa Bay Data – Children with Health Insurance

**Percent of children aged 0-17 years with any type of health insurance coverage.*



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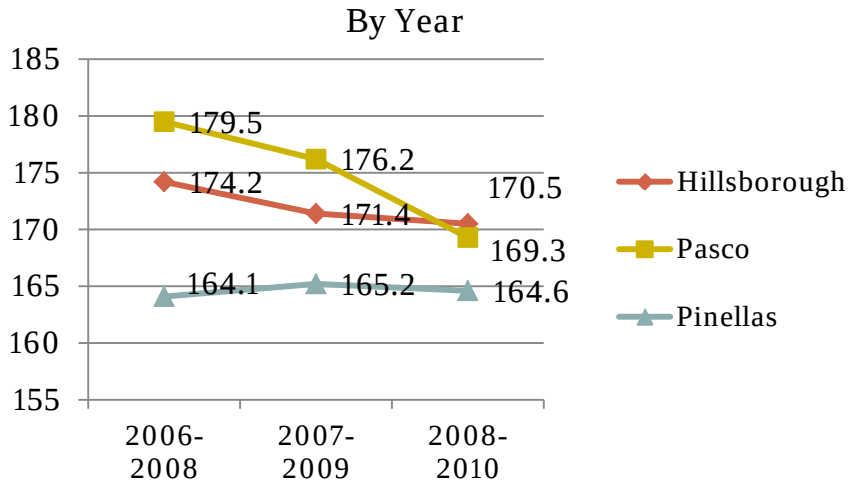
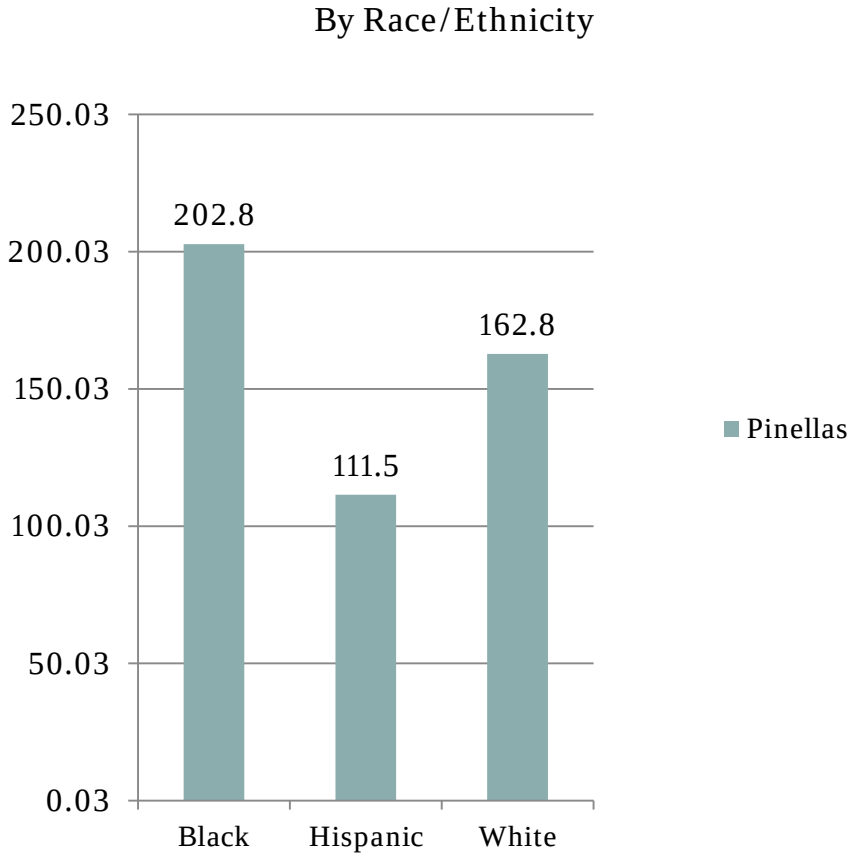
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Cancer

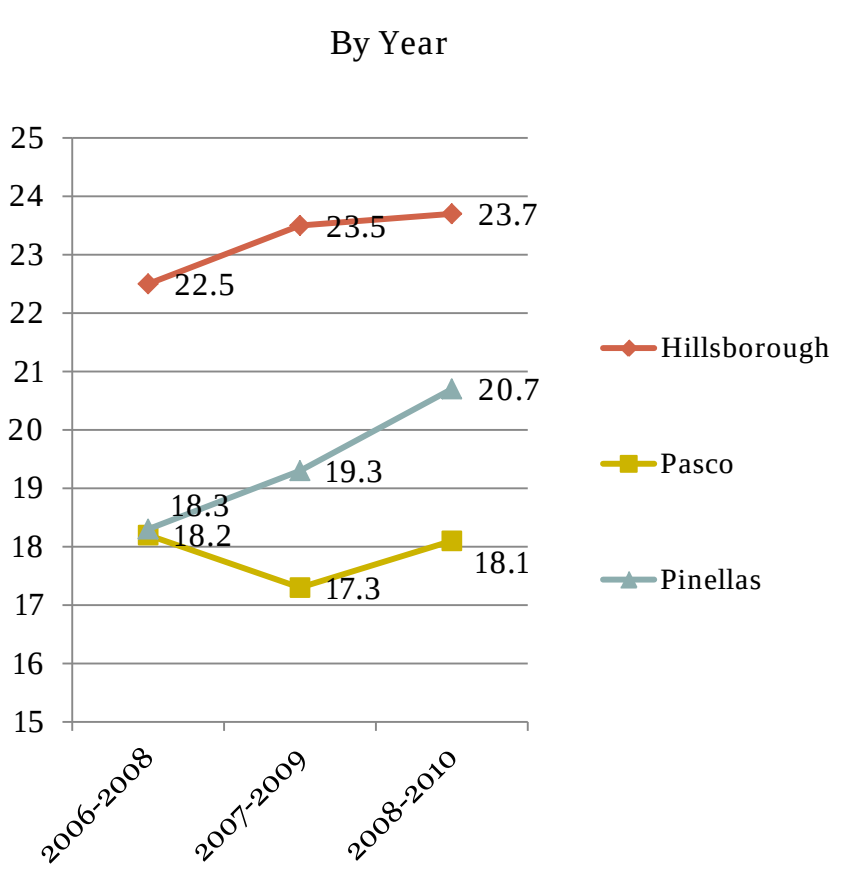
**age-adjusted death rate per 100,000 population due to cancer.*

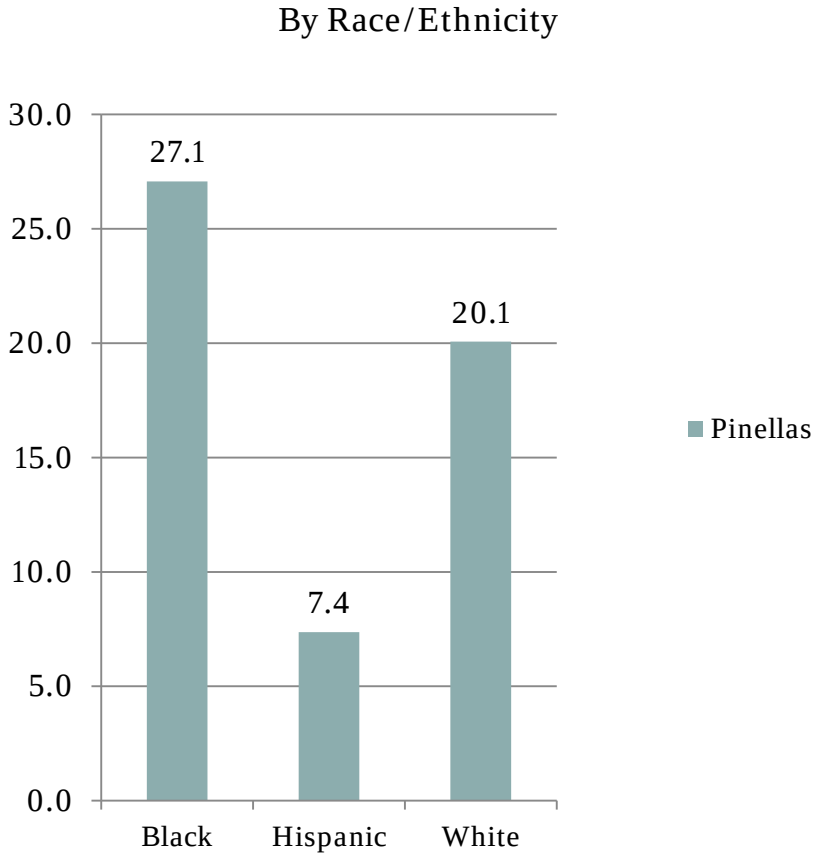




Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Breast Cancer

**age-adjusted death rate per 100,000 females due to breast cancer.*





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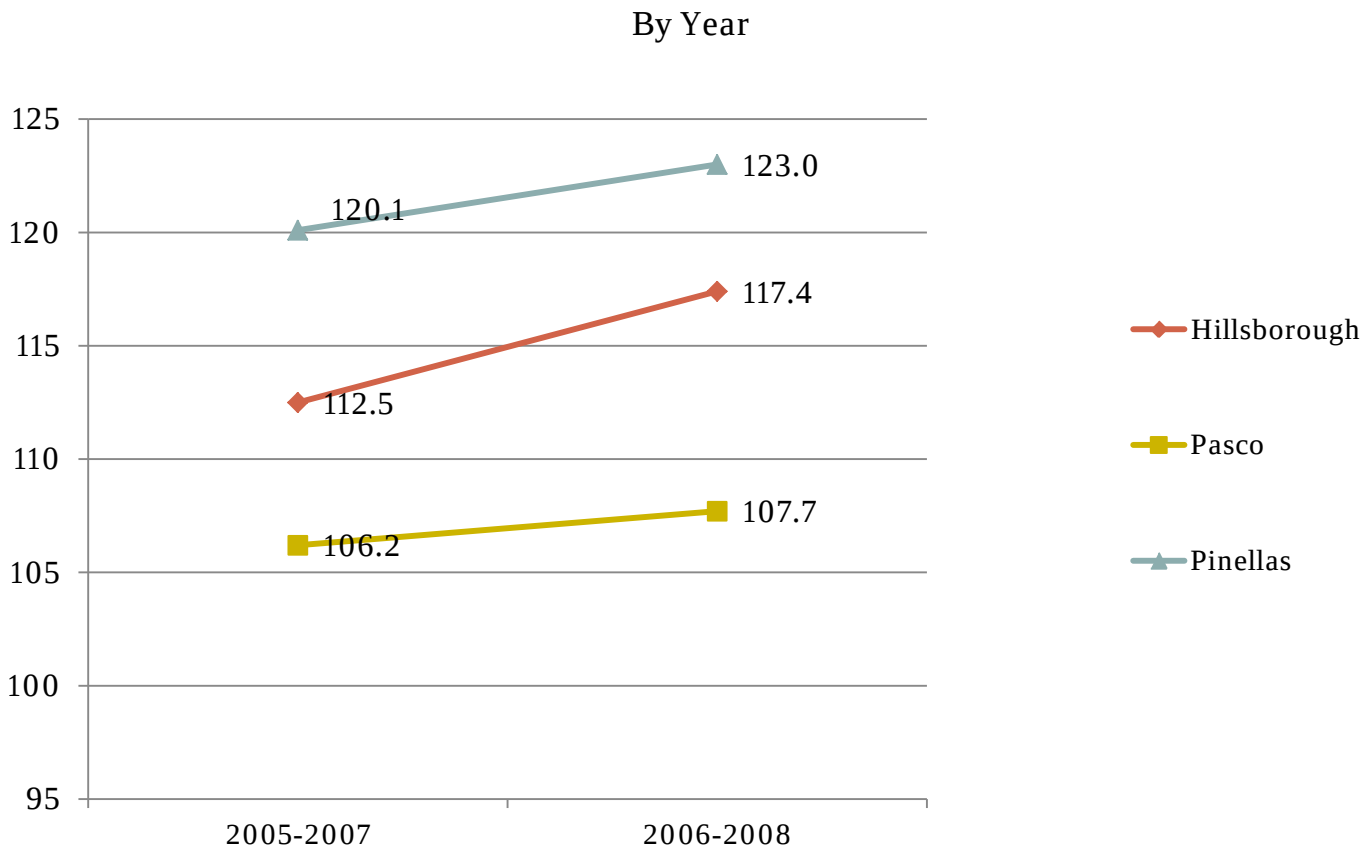
Healthy Tampa Bay Data – Breast Cancer Incidence Rate

**shows the age-adjusted incidence rate for breast cancer in cases per 100,000 females.*



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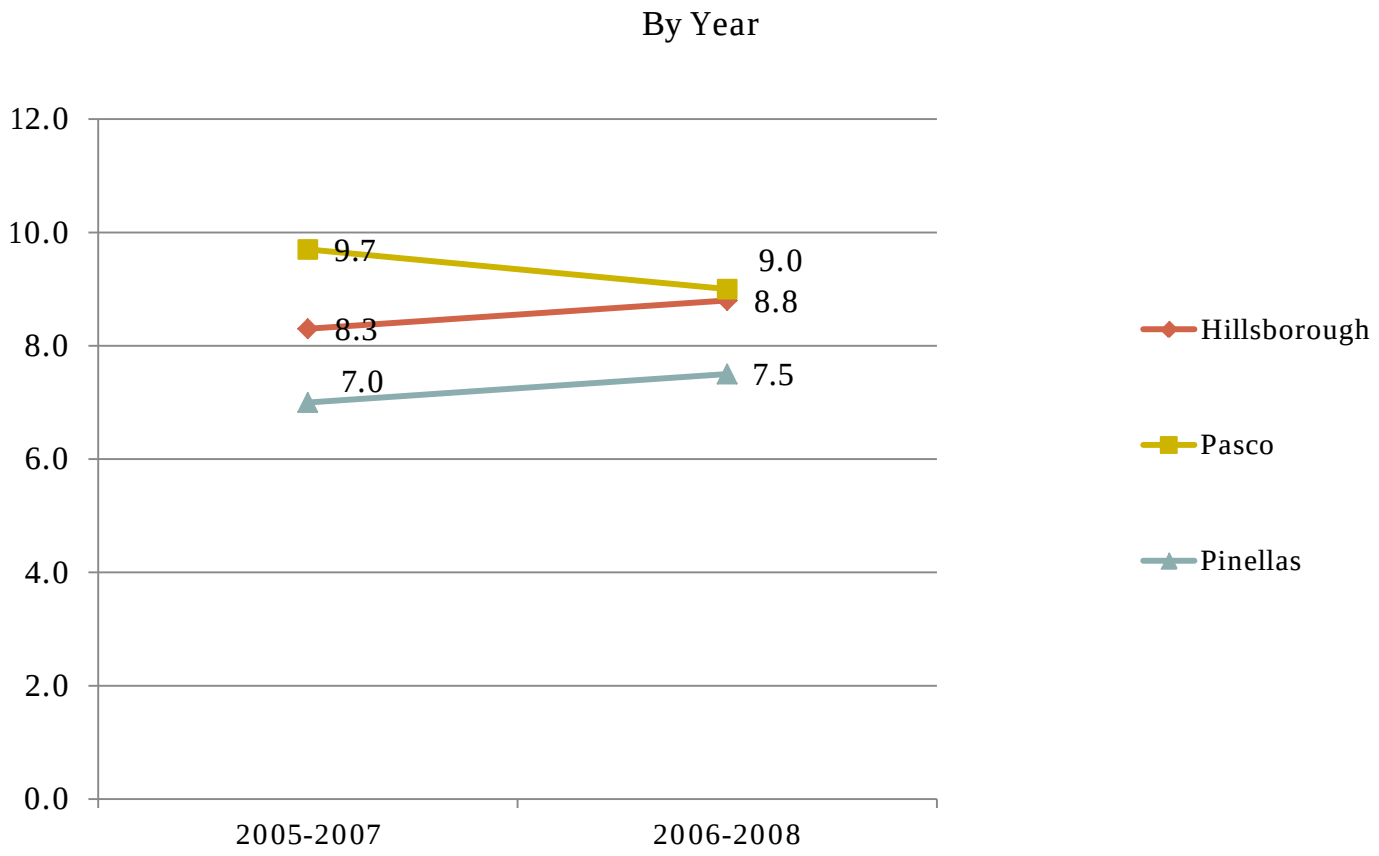
Healthy Tampa Bay Data – Cervical Cancer Incidence Rate

**shows the age-adjusted incidence rate for cervical cancer in cases per 100,000 females.*



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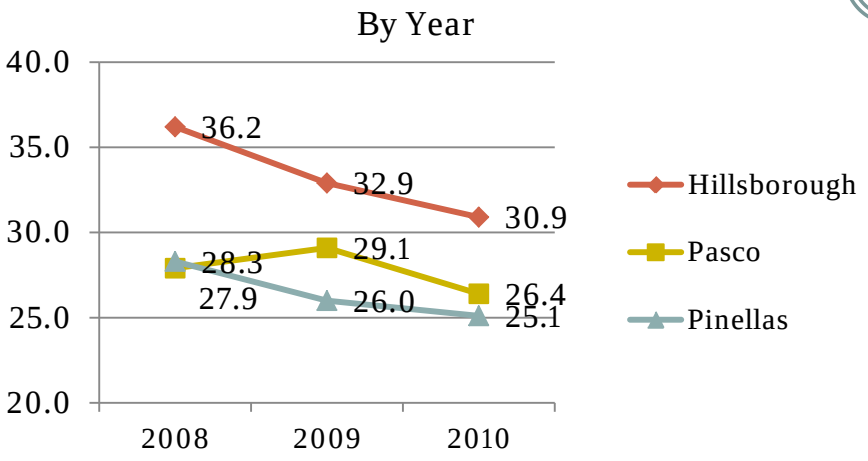
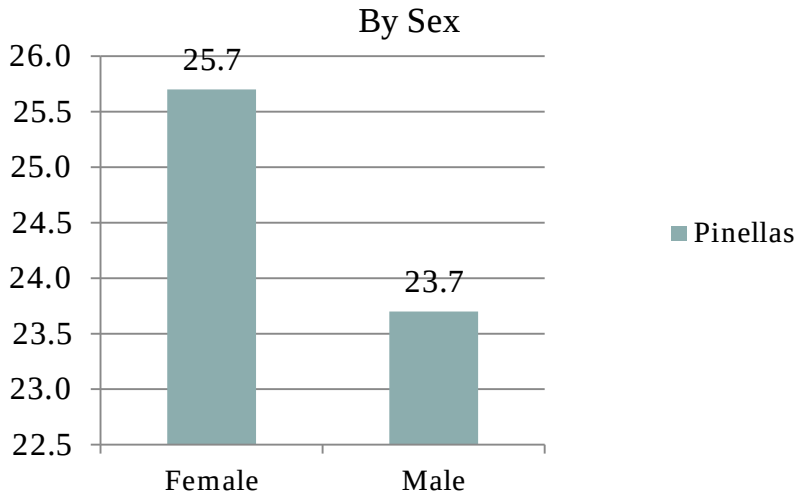
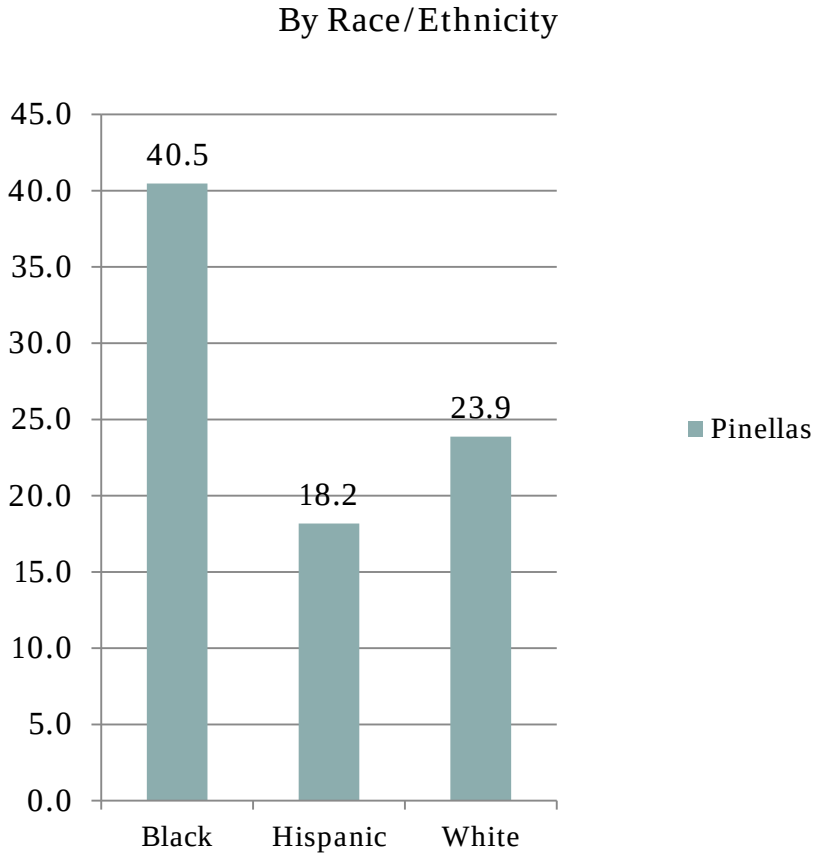
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

**age-adjusted death rate per 100,000 population due to cerebrovascular disease (stroke)*







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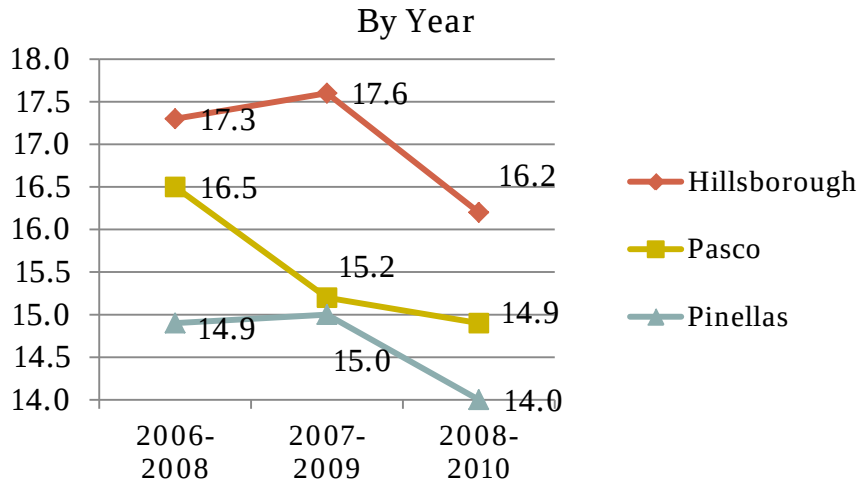
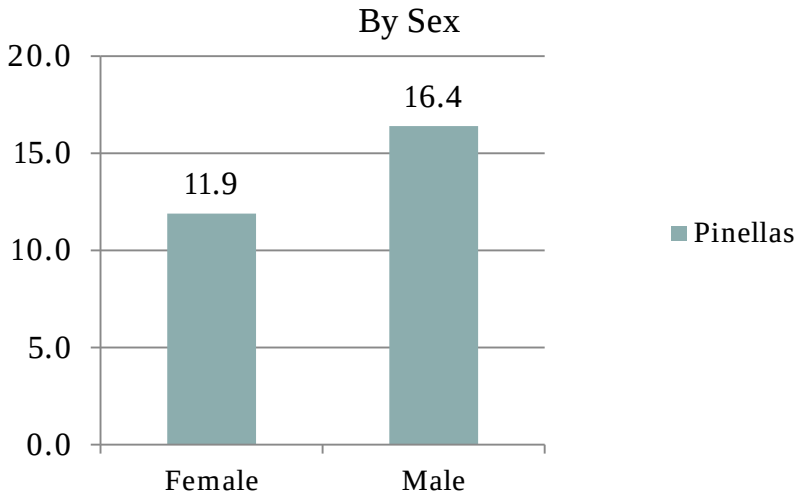
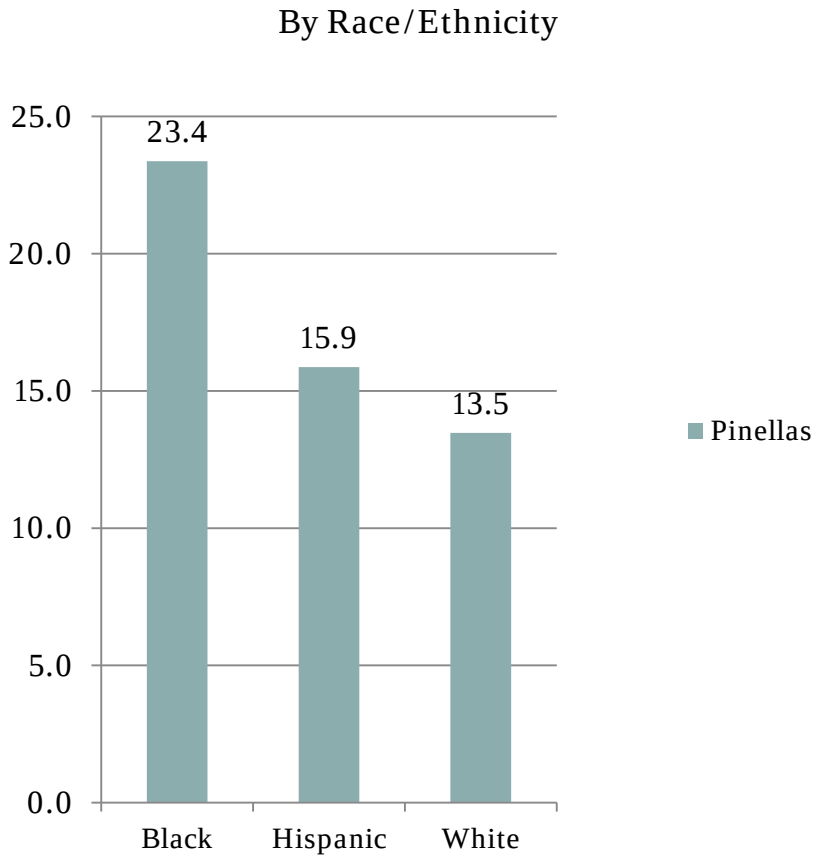
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Colorectal Cancer

**age-adjusted death rate per 100,000 population due to colorectal cancer.*







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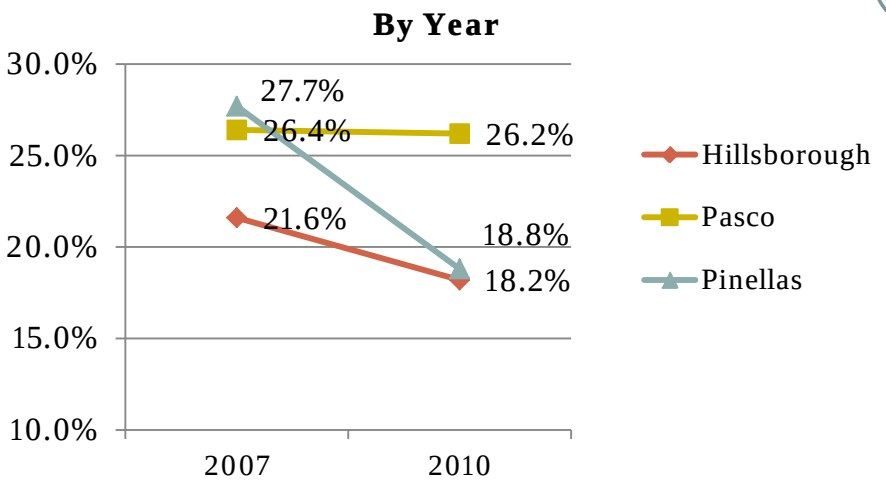
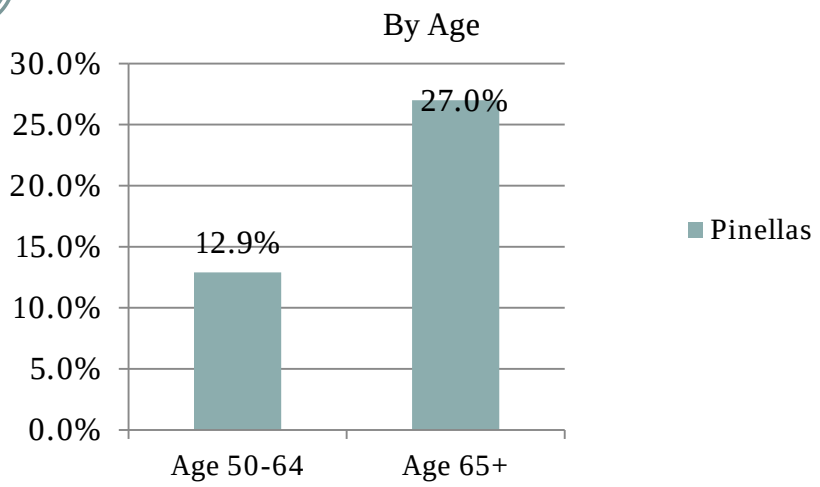
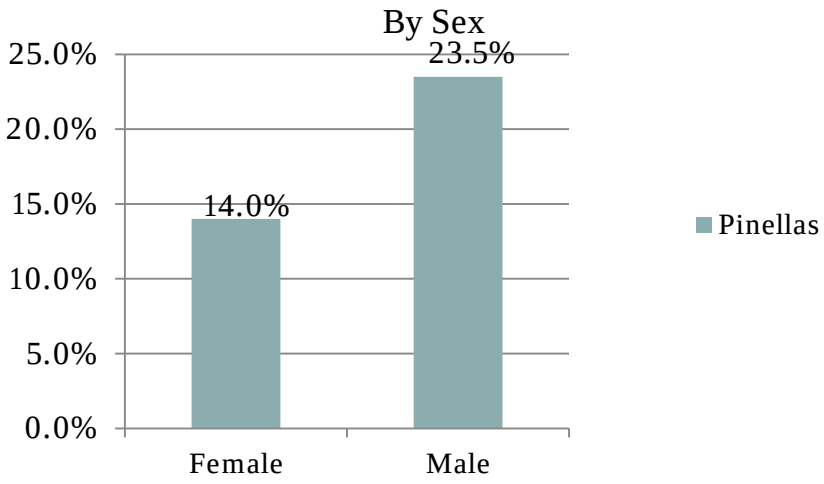
Healthy Tampa Bay Data – Colon Cancer Screening

**percentage of respondents aged 50 and over who have had a blood stool test within the past year.*







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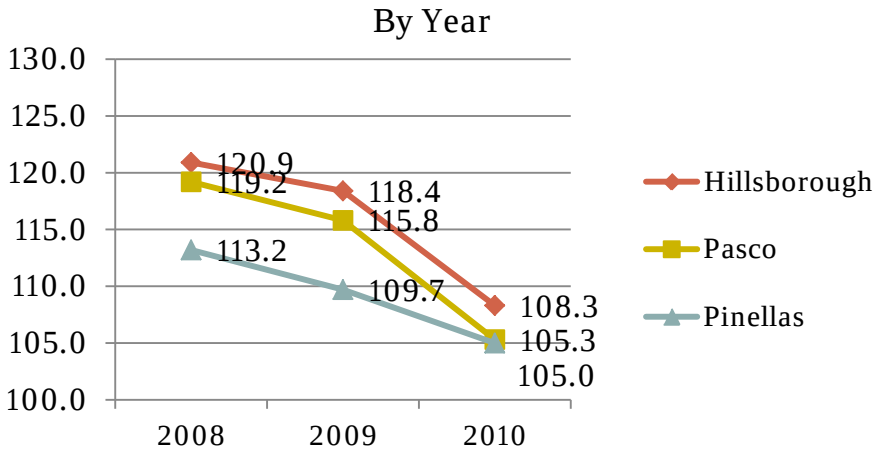
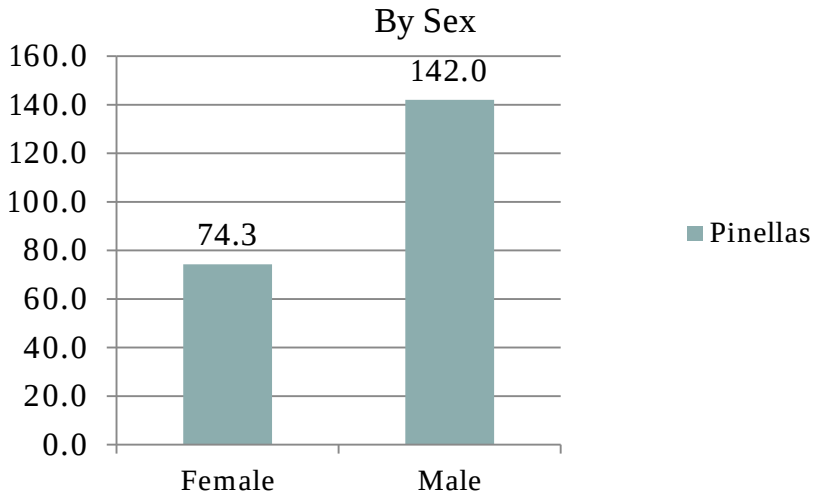
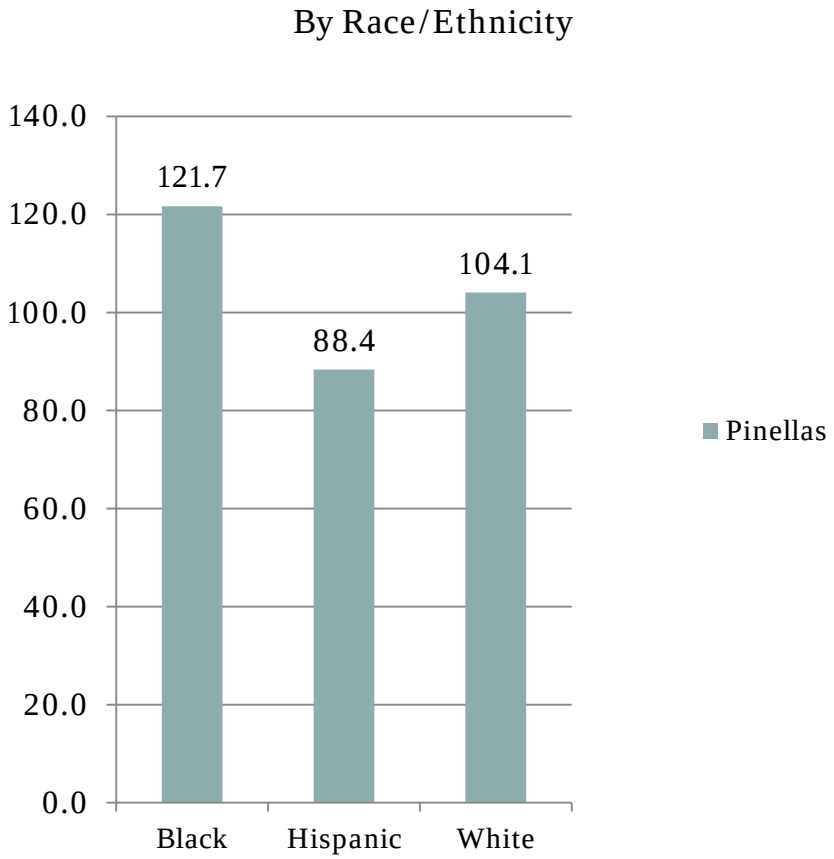
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Coronary Heart Disease

**age-adjusted death rate per 100,000 population due to coronary heart disease*







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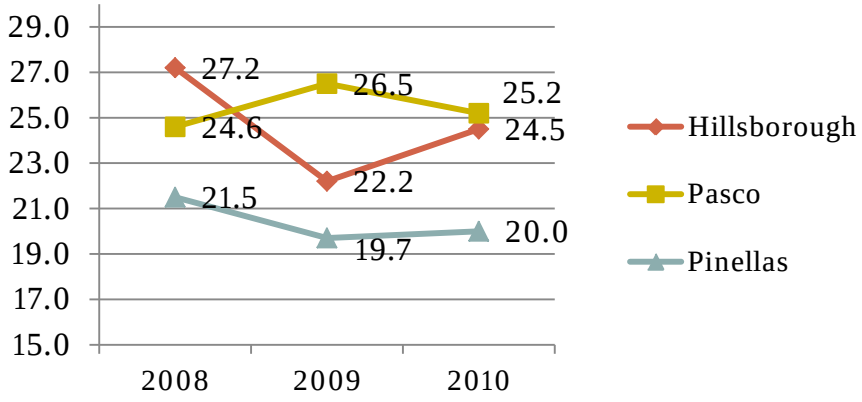
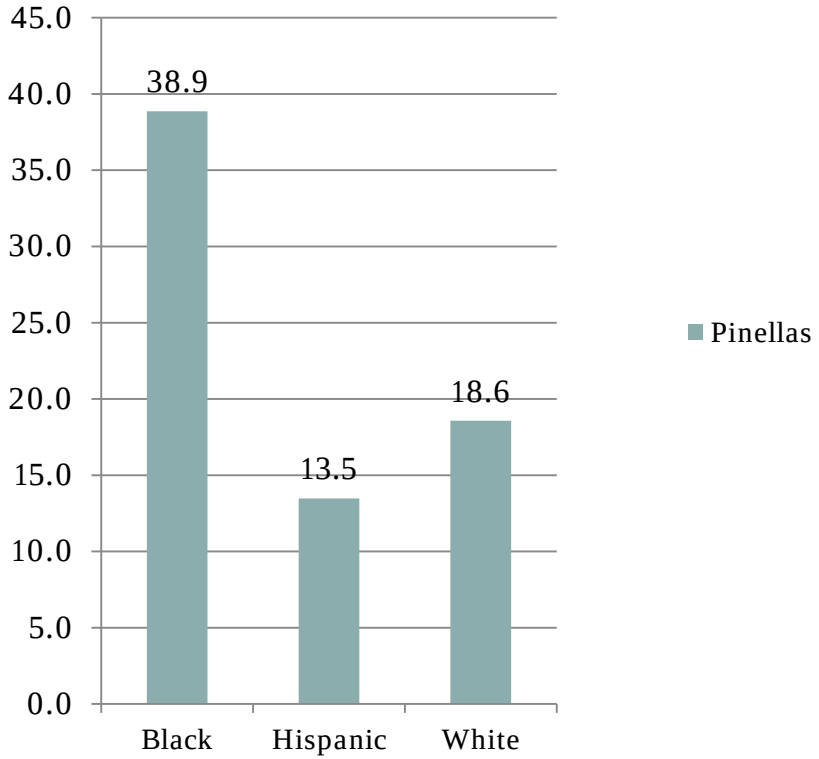
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Diabetes

**age-adjusted death rate per 100,000 population due to diabetes*

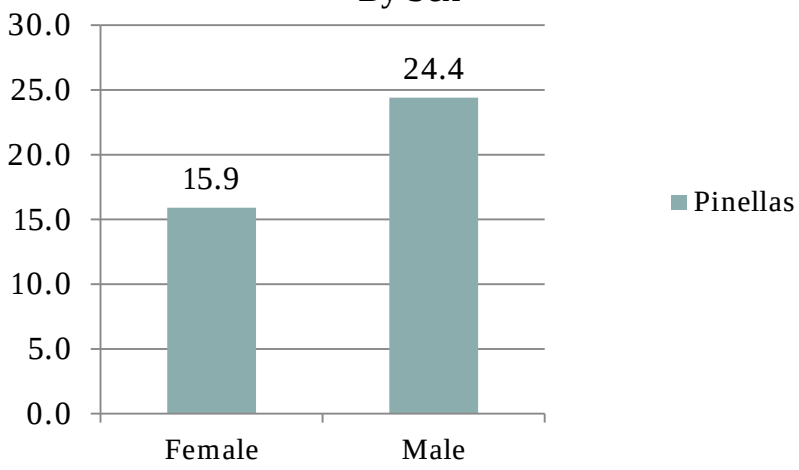
By Year



By Race/Ethnicity



By Sex



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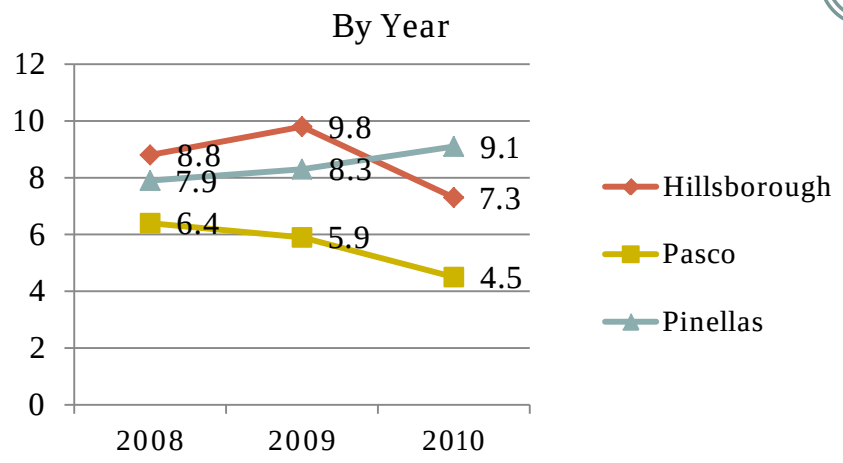
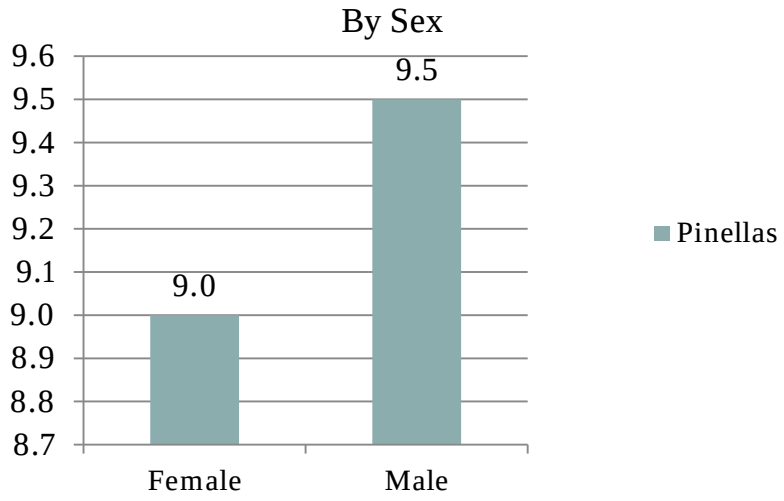
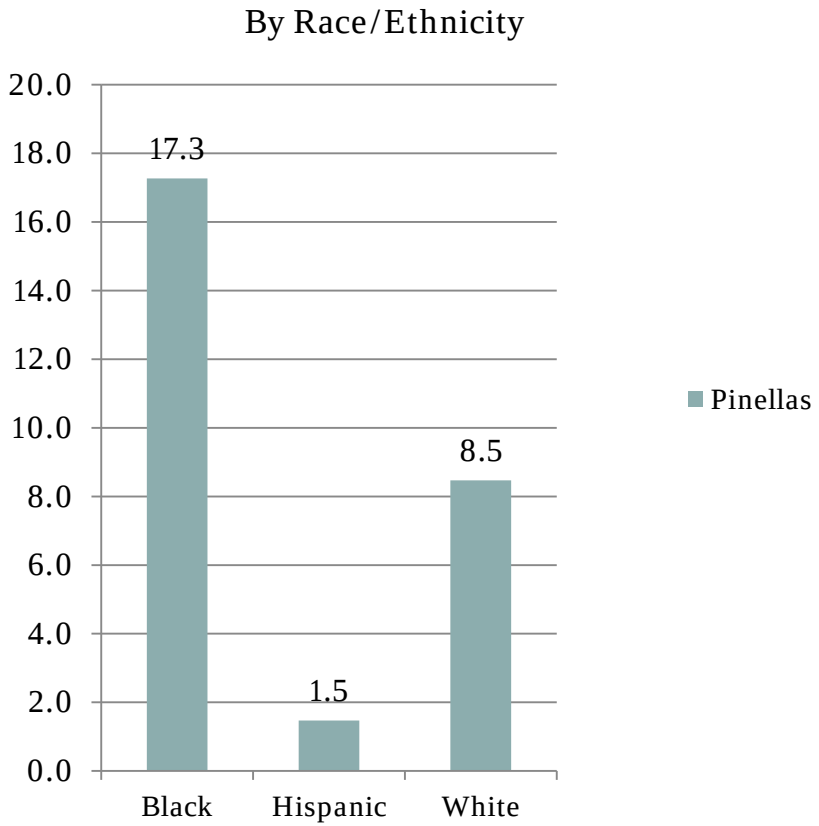
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Influenza and Pneumonia

**age-adjusted death rate per 100,000 population due to influenza and pneumonia*

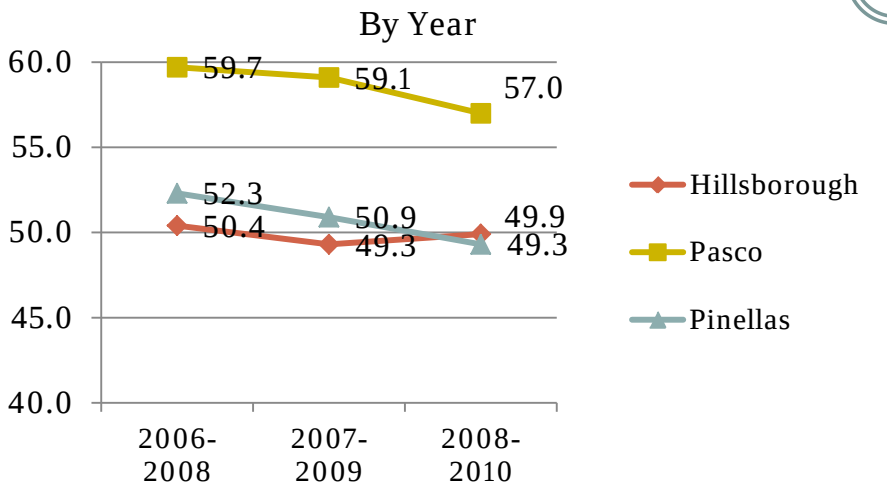


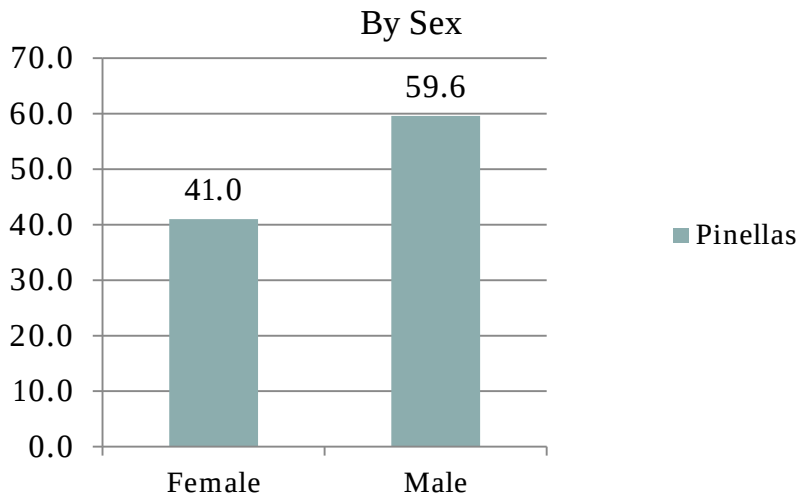


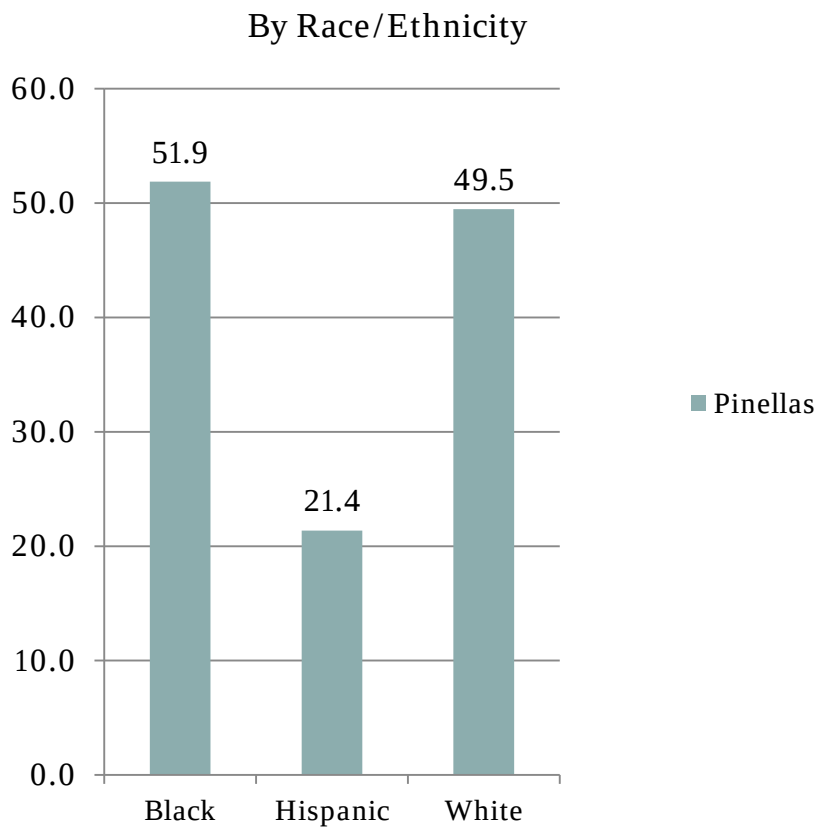


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Lung Cancer

**age-adjusted death rate per 100,000 population due to lung cancer*







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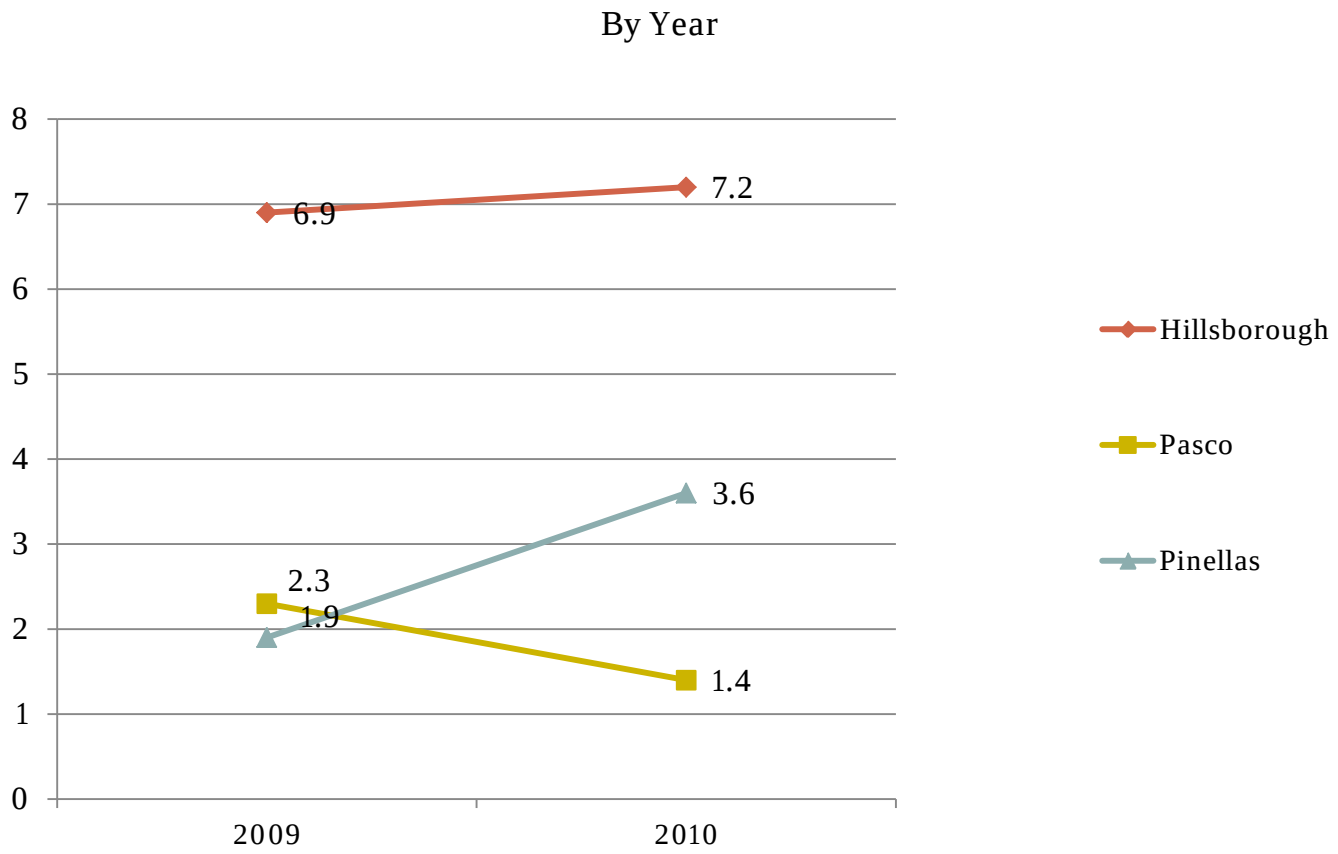
Healthy Tampa Bay Data – Tuberculosis Incidence Rate

**shows the tuberculosis incidence rate in cases per 100,000 population.*



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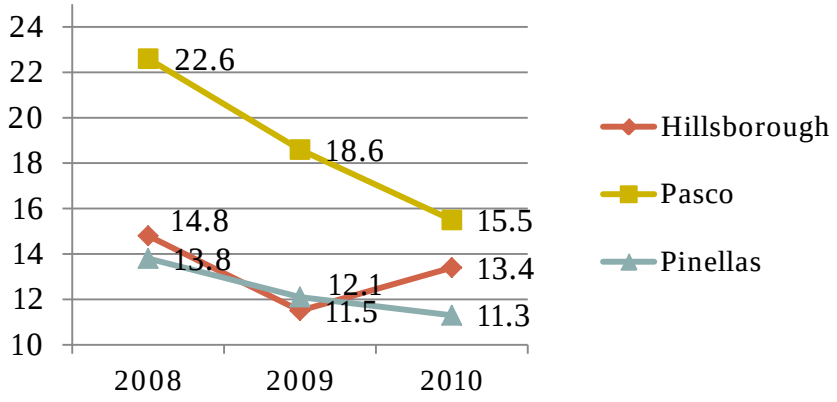
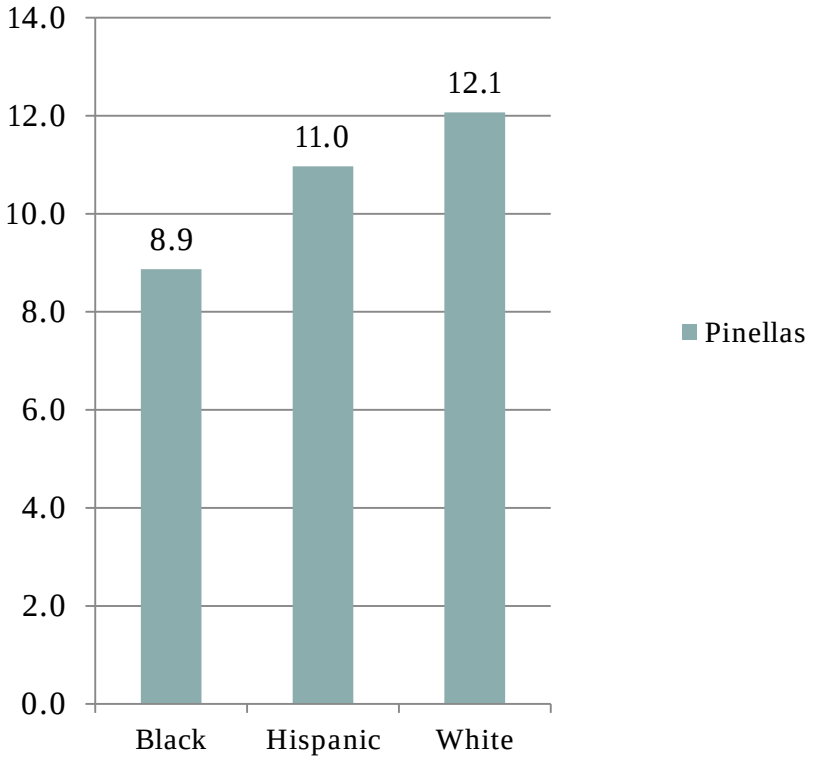
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Motor Vehicle Collisions

**age-adjusted death rate per 100,000 population due to motor vehicle collisions*

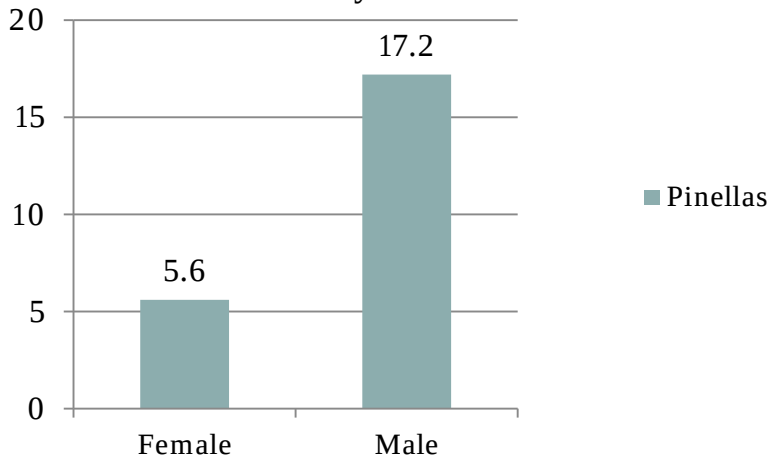
By Year



By Race/Ethnicity



By Sex



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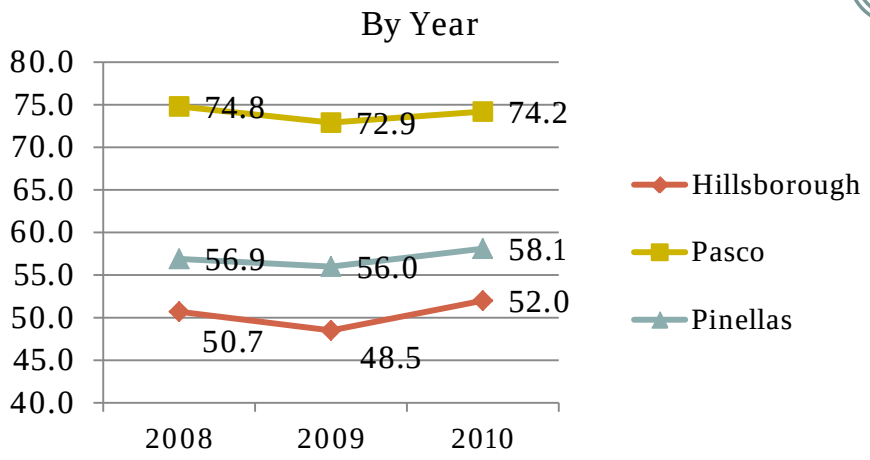
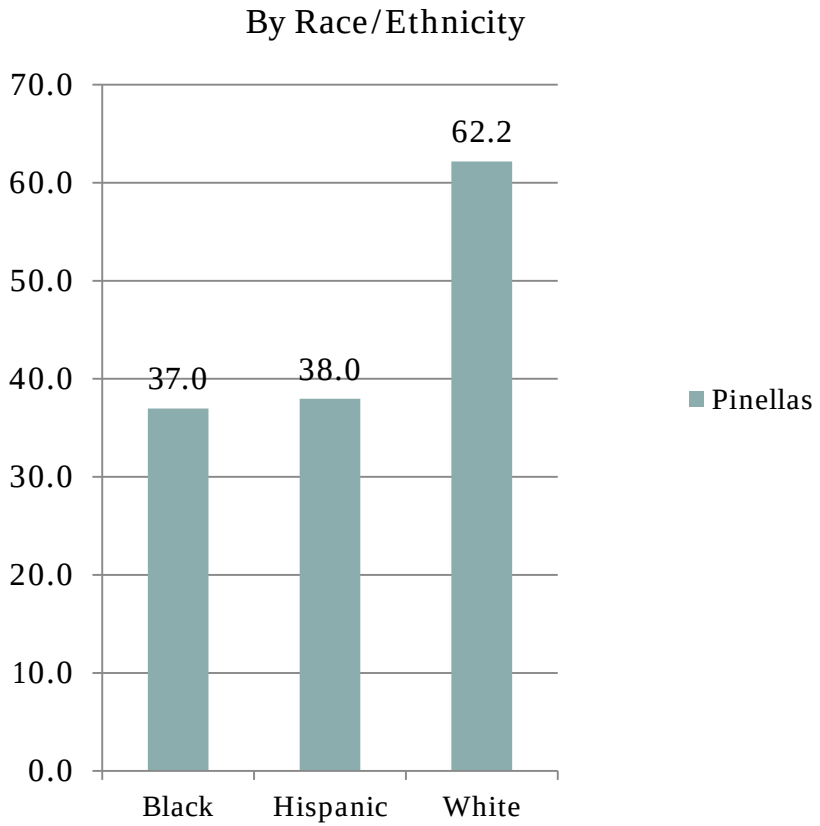
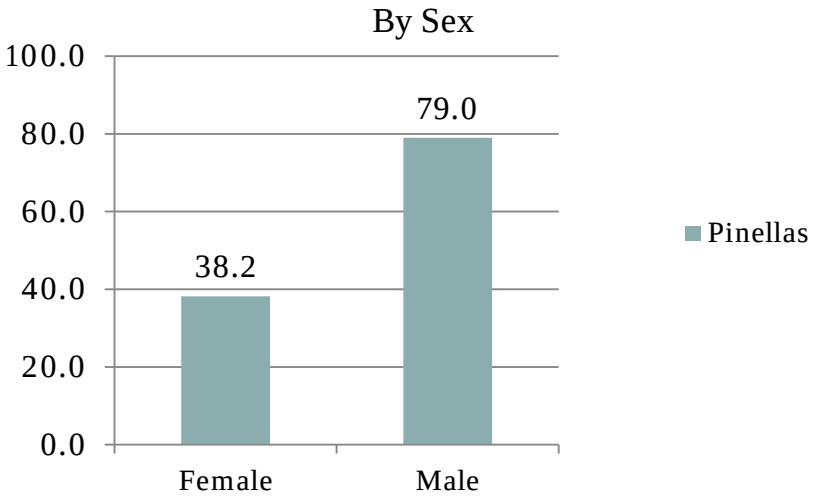
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Unintentional Injuries

**age-adjusted death rate per 100,000 population due to motor vehicle collisions*







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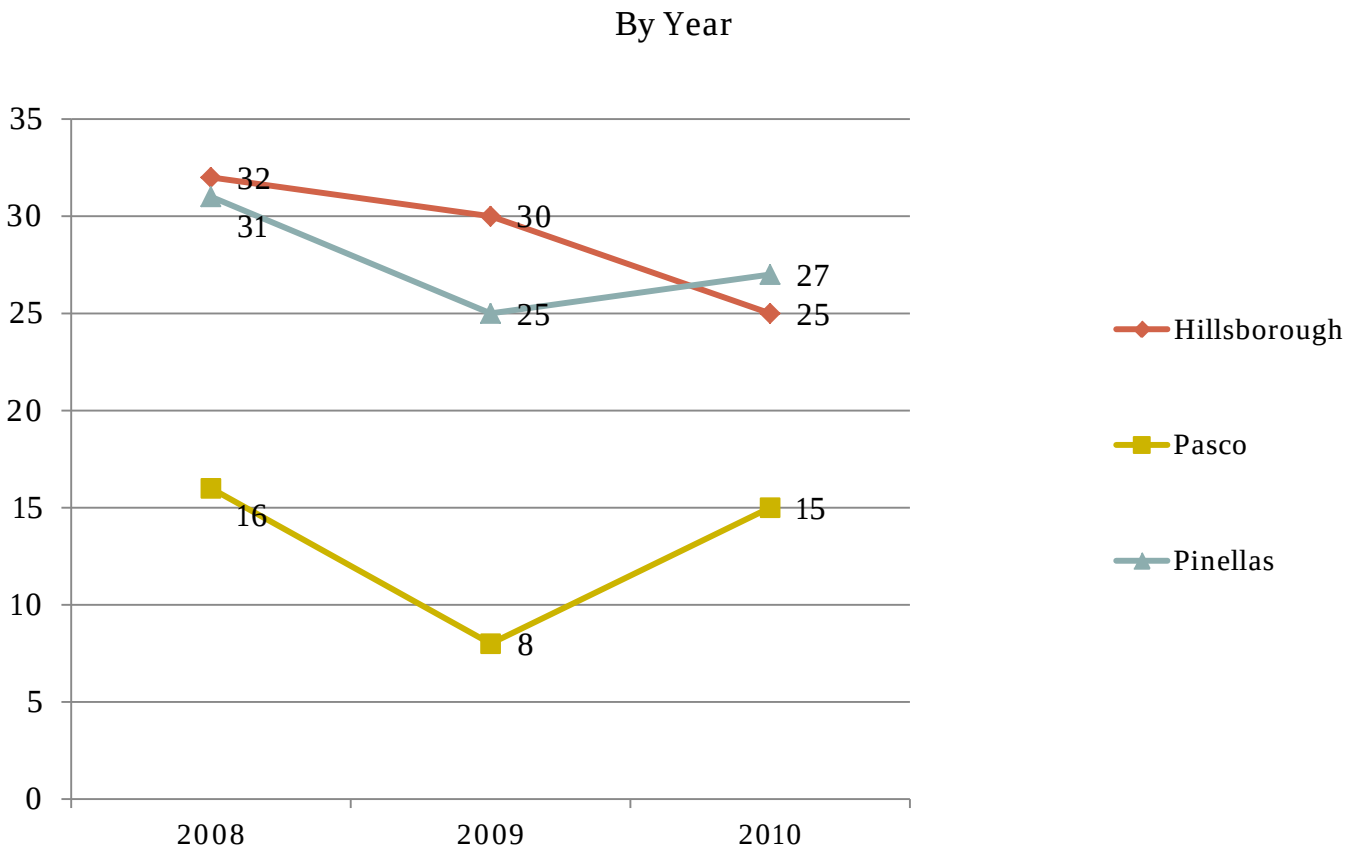
Healthy Tampa Bay Data – Motorcycle Fatalities

**shows the number of motorcyclists killed in traffic collisions.*



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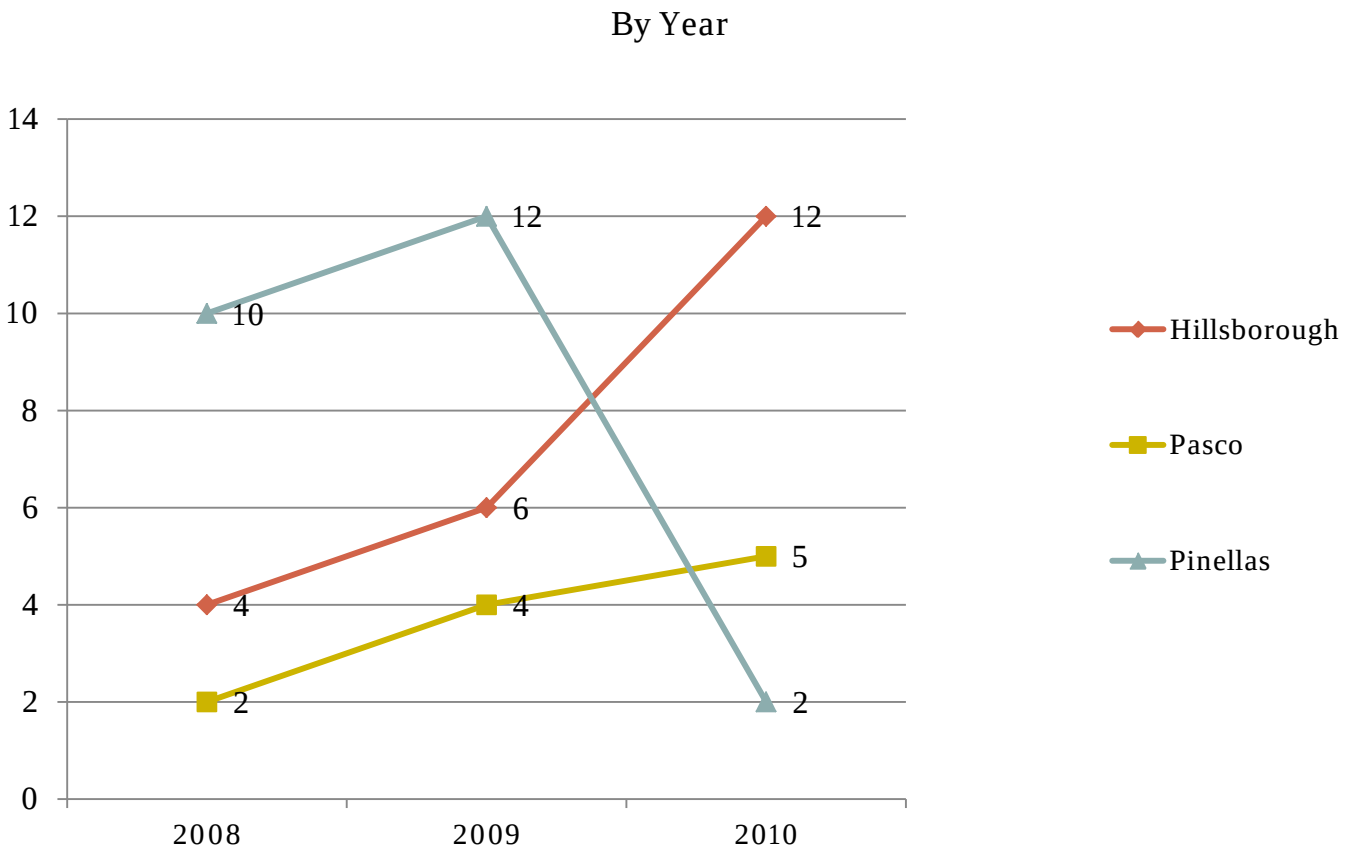
Healthy Tampa Bay Data – Bicyclist Fatalities

**the number of bicyclists killed in traffic collisions*



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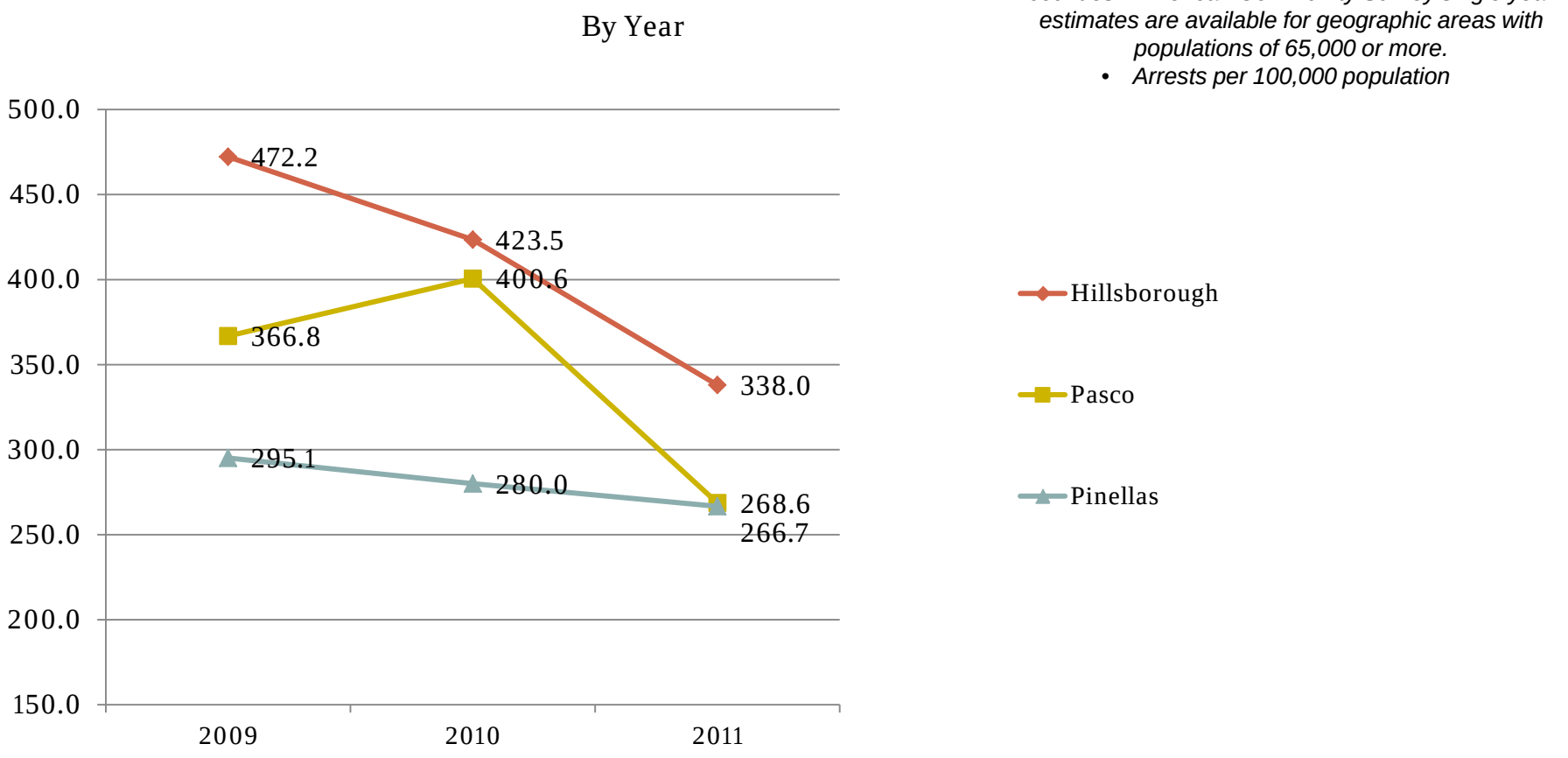
Healthy Tampa Bay Data – Driving Under the Influence Rate

- *shows the rate per 100,000 population of arrests for driving under the influence of alcohol (DUI).*
- *The distribution is based on data from 807 U.S. counties. American Community Survey single year estimates are available for geographic areas with populations of 65,000 or more.*
- *Arrests per 100,000 population*



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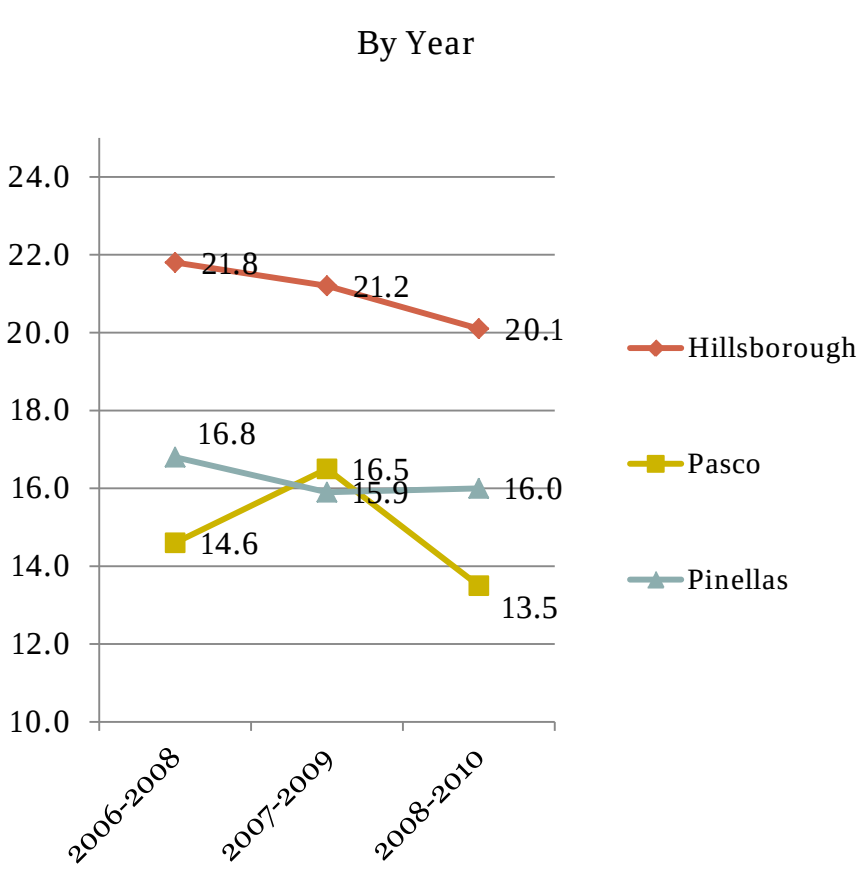
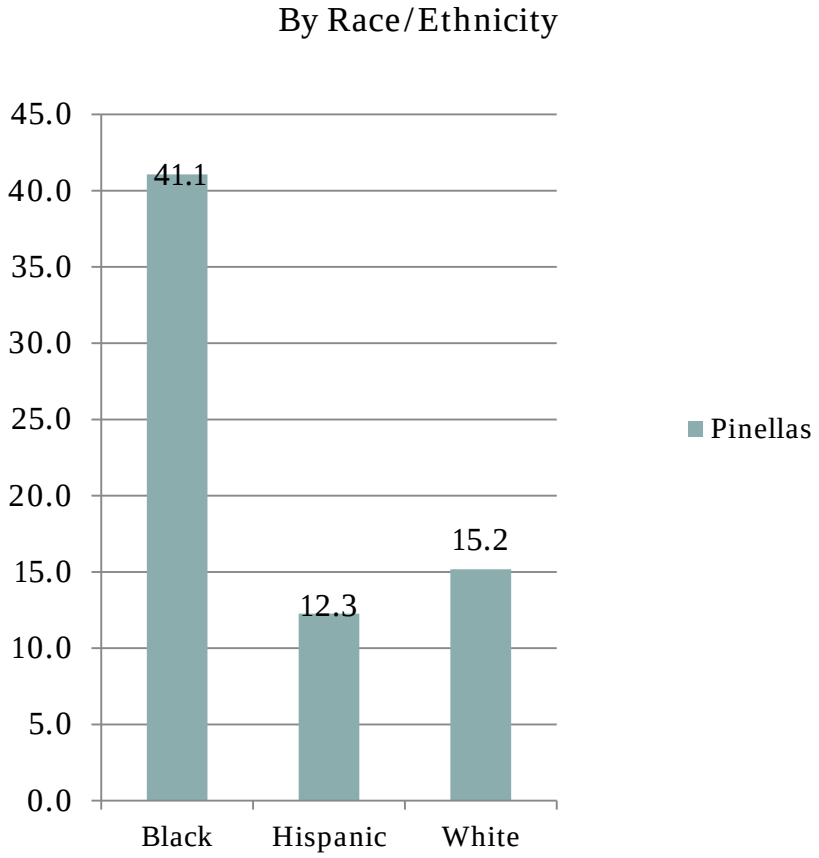
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Prostate Cancer

**age-adjusted death rate per 100,000 males due to prostate cancer.*





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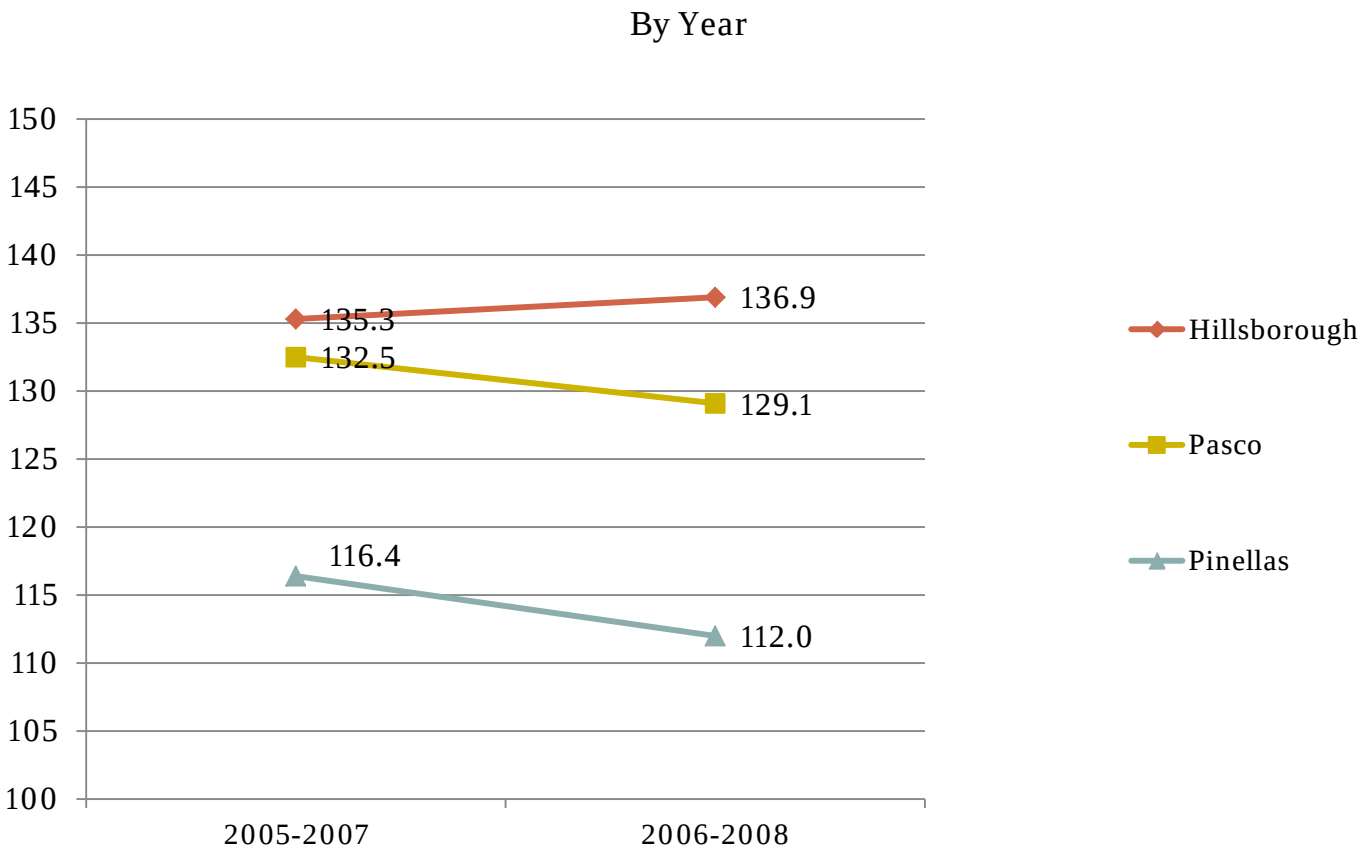
Healthy Tampa Bay Data – Prostate Cancer Incidence Rate

**shows the age-adjusted incidence rate for prostate cancer in cases per 100,000 males.*



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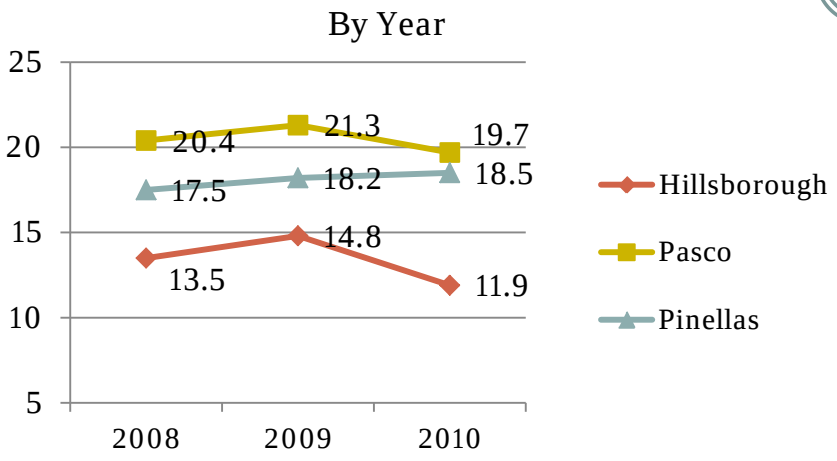
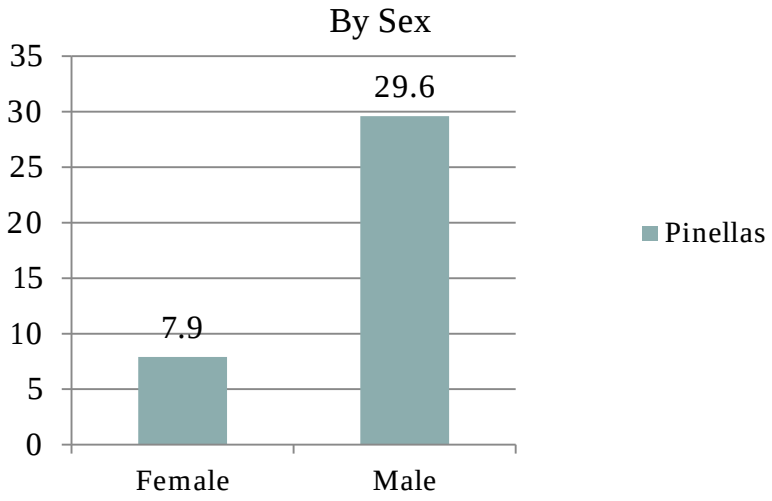
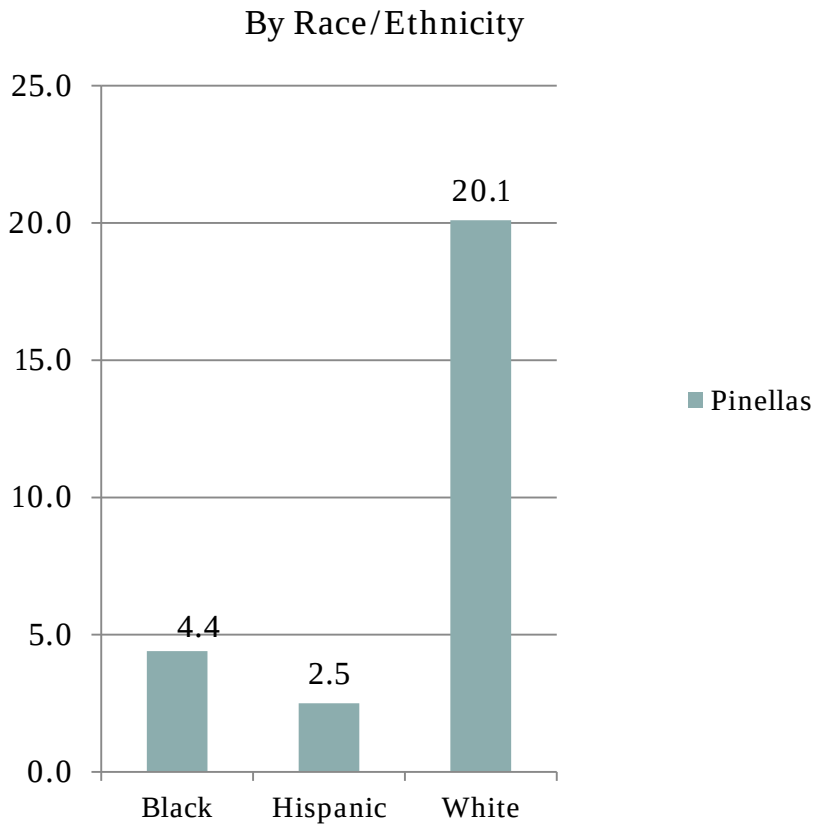
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Suicide

**age-adjusted death rate per 100,000 population due to suicide*







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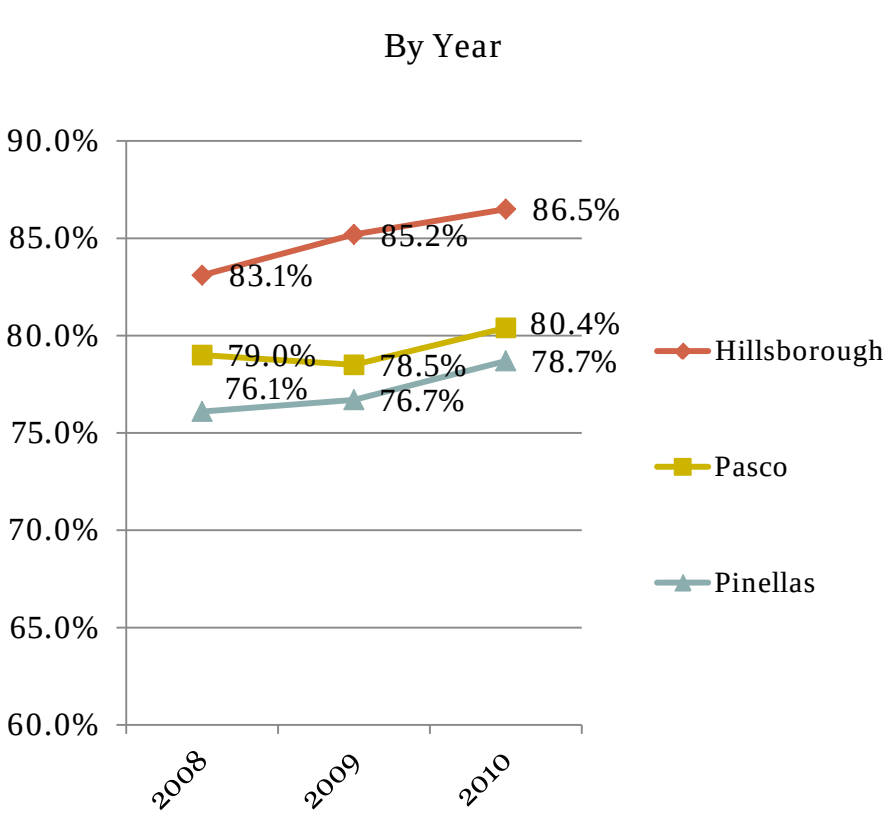
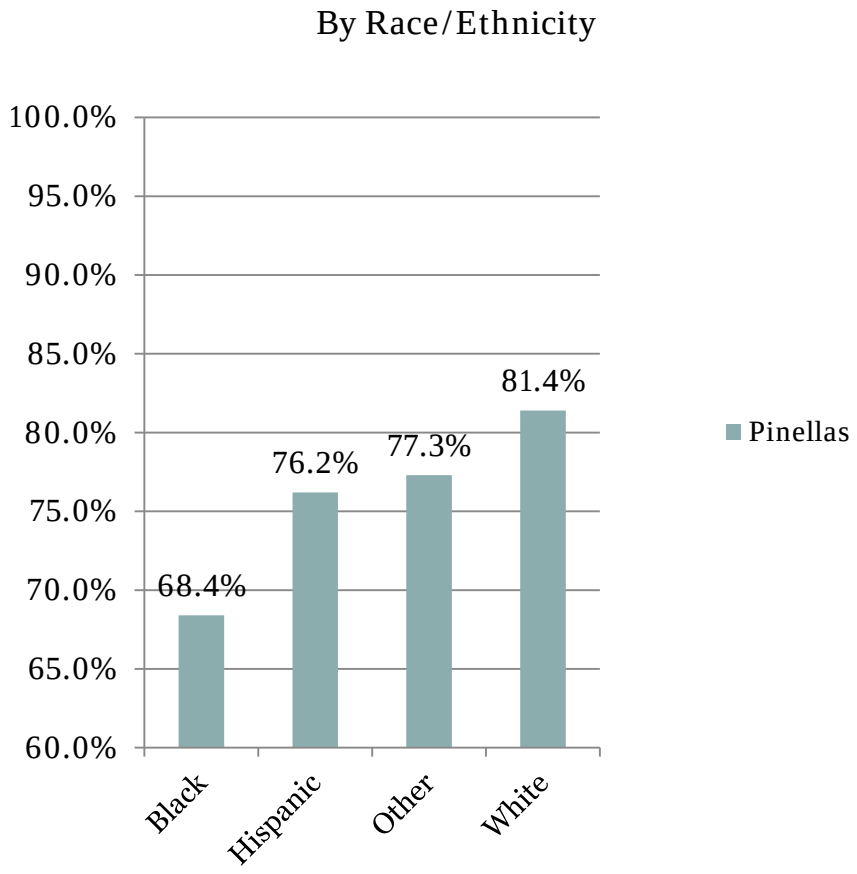
Healthy Tampa Bay Data – Mothers who Received Early Prenatal Care

**shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.*





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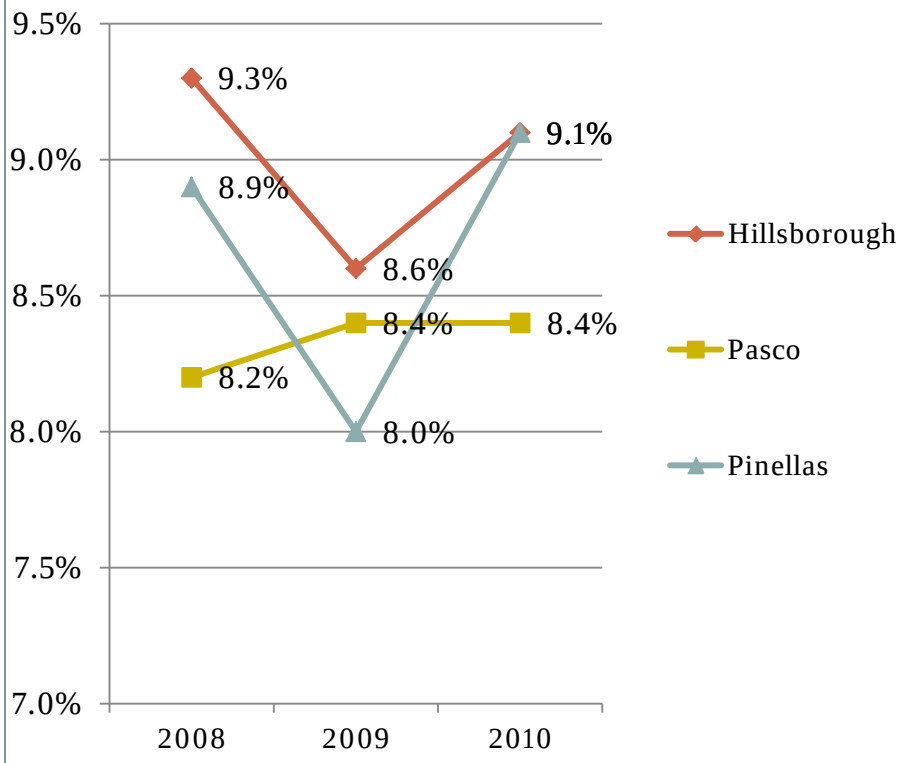
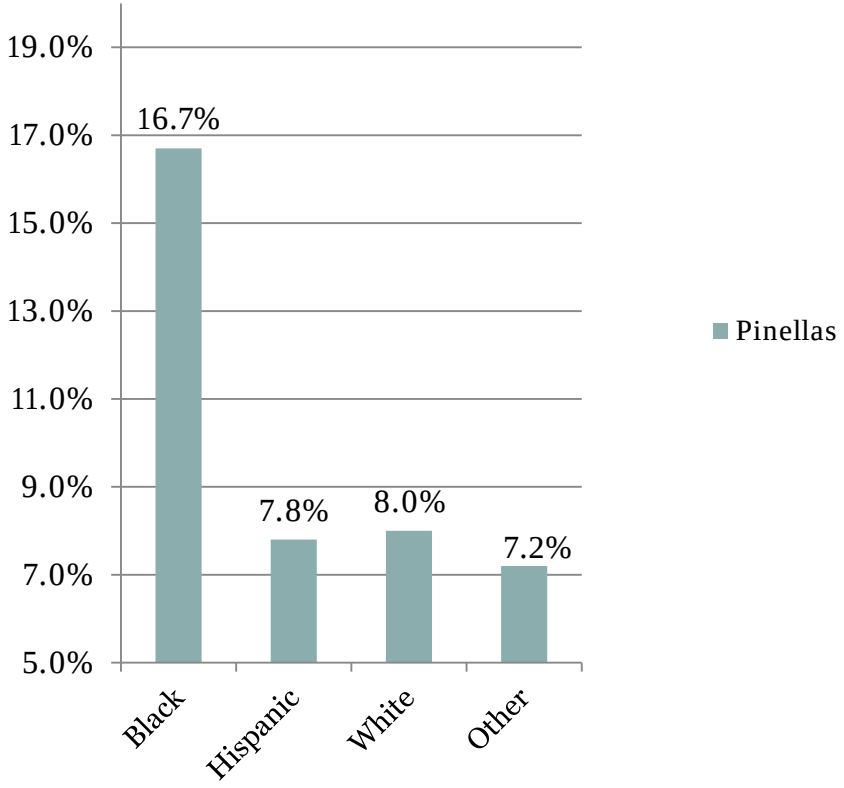
Healthy Tampa Bay Data – Babies with Low Birth Weight

**percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).*

By Year



By Race/Ethnicity



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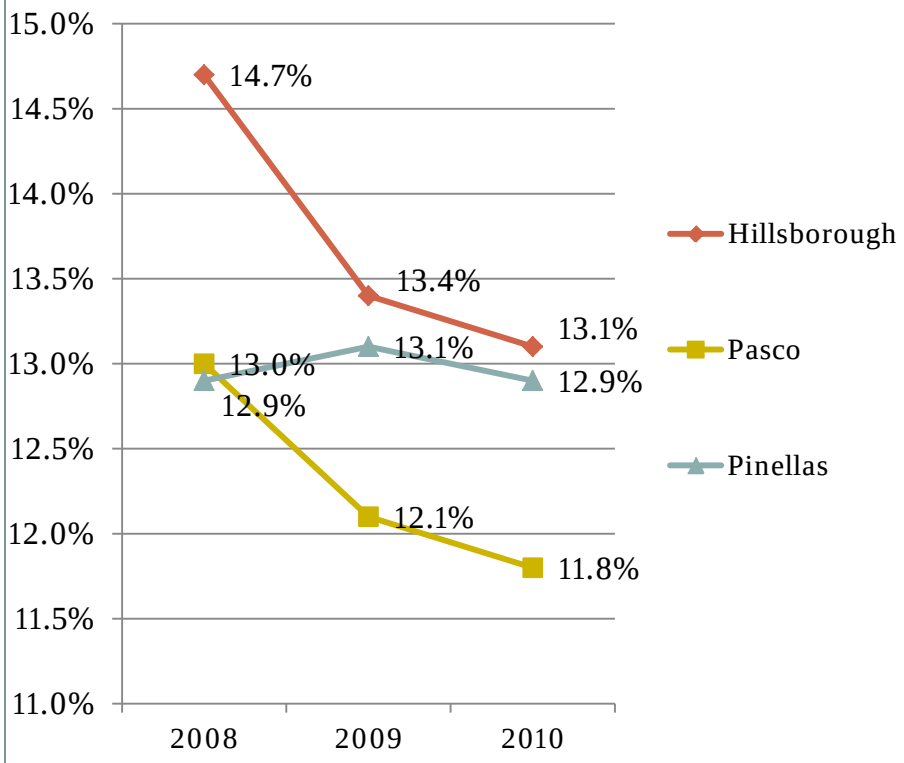
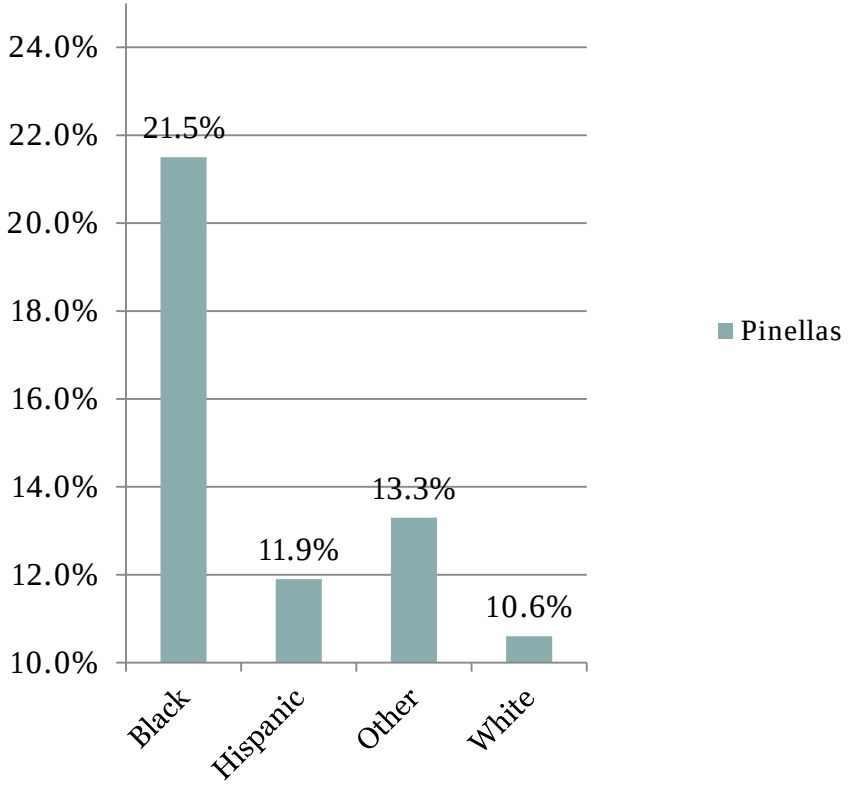
Healthy Tampa Bay Data – Pre-term Births

**shows the percentage of births with less than 37 weeks of completed gestation.*

By Year



By Race/Ethnicity



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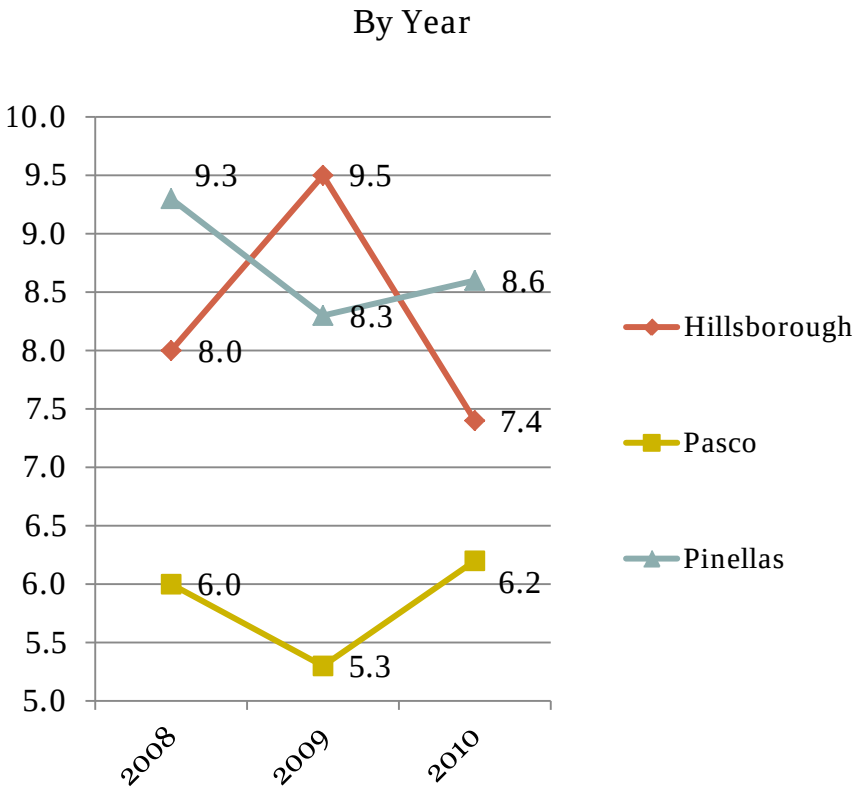
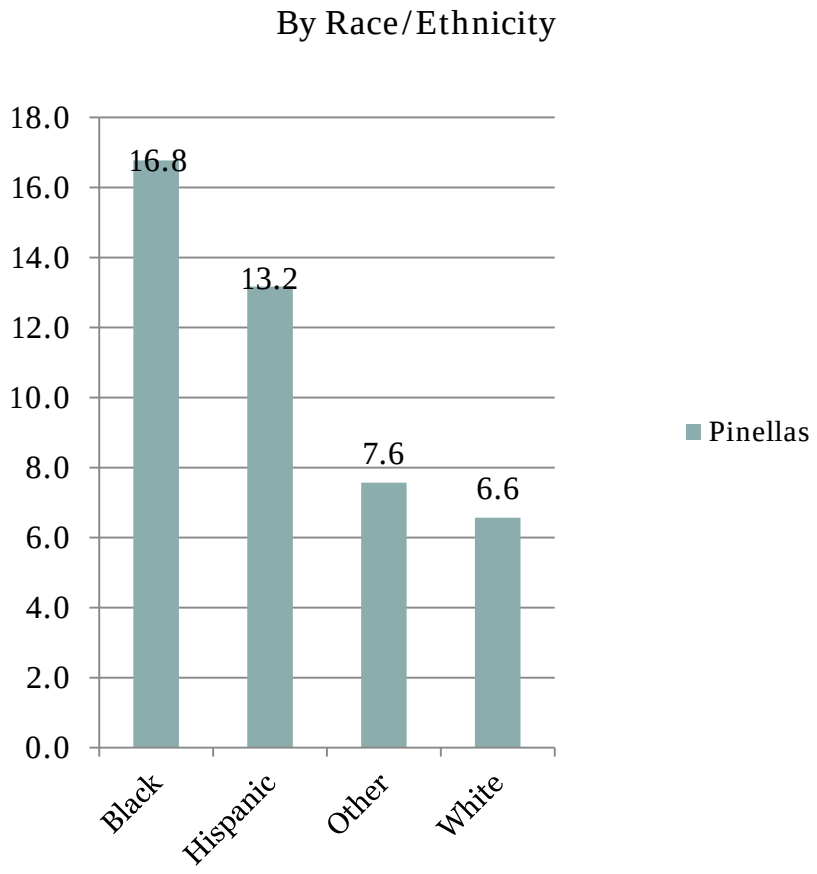
Healthy Tampa Bay Data – Infant Mortality Rate

**mortality rate in deaths per 1,000 live births for infants within their first year of life.*





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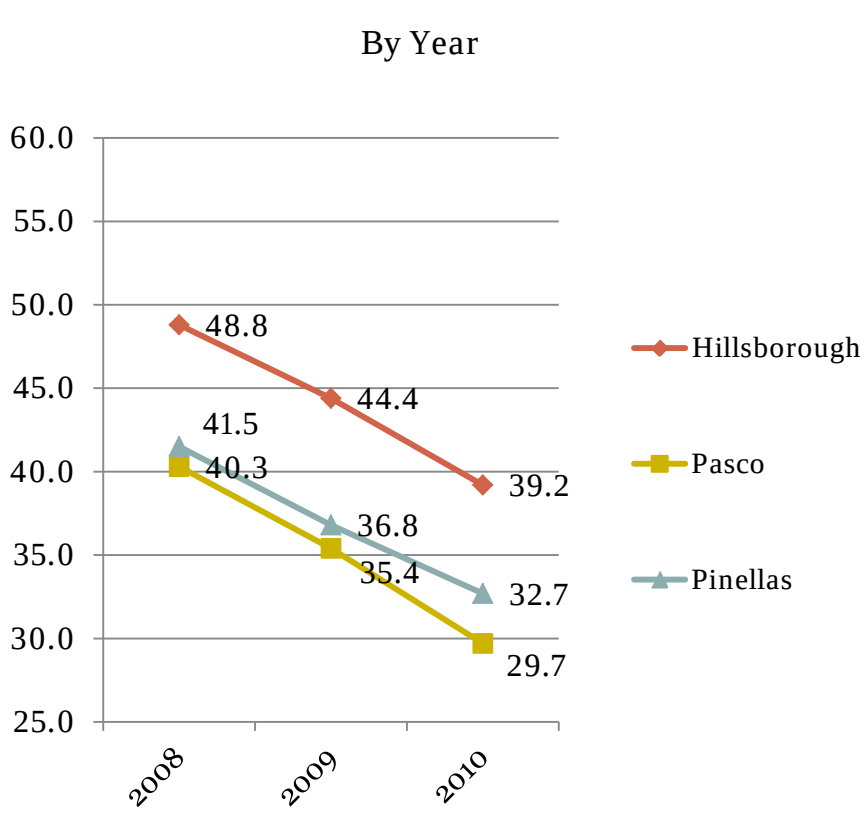
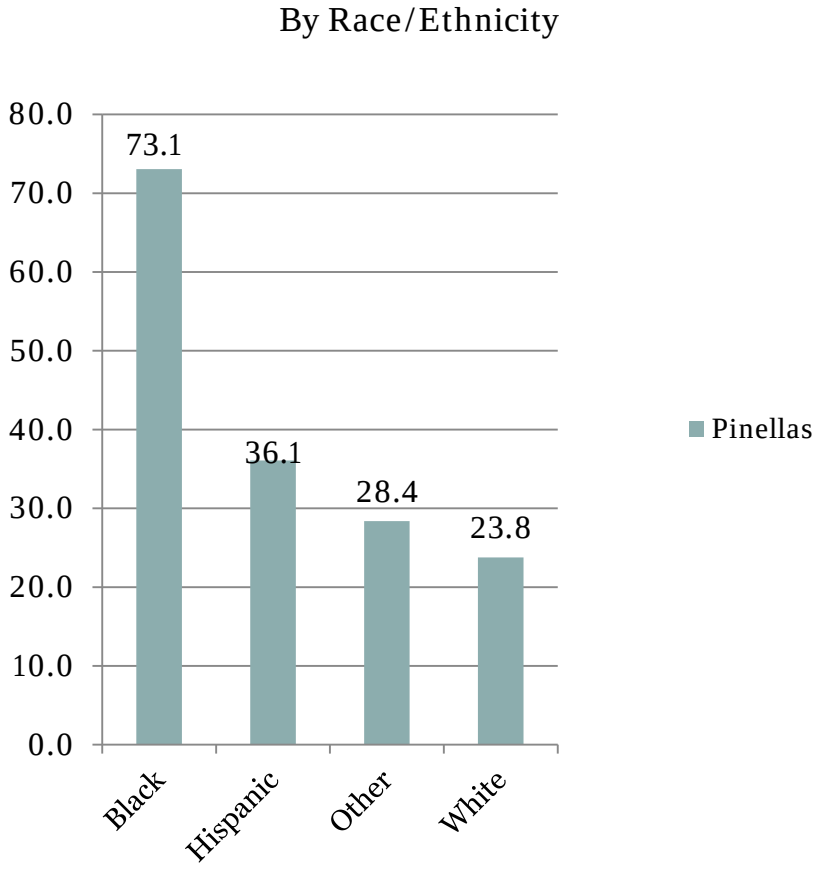
Healthy Tampa Bay Data – Teen Birth Rate

**shows the birth rate in live births per 1,000 females aged 15-19 years.*





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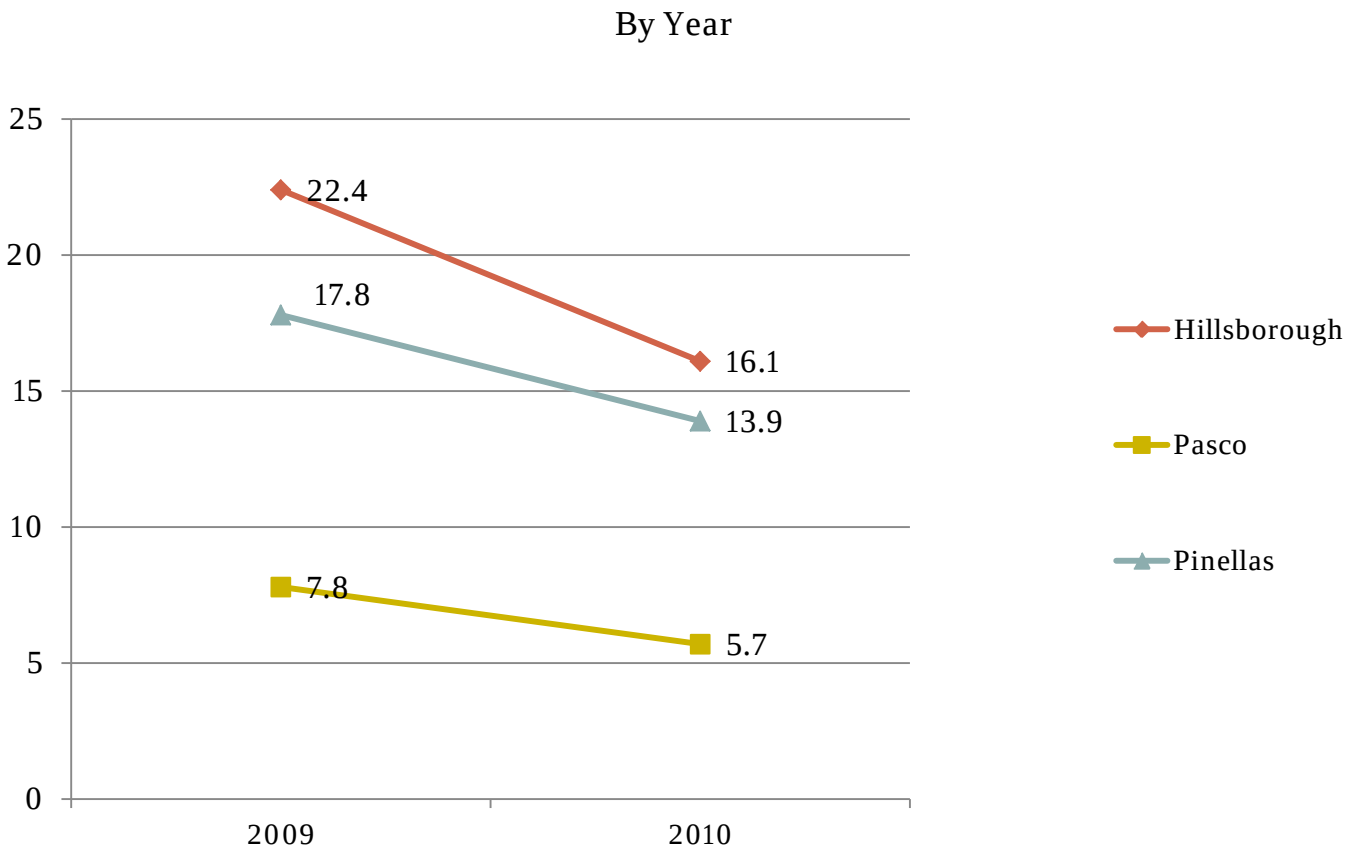
Healthy Tampa Bay Data – AIDS Incidence Rate

**AIDS incidence rate in cases per 100,000 population*



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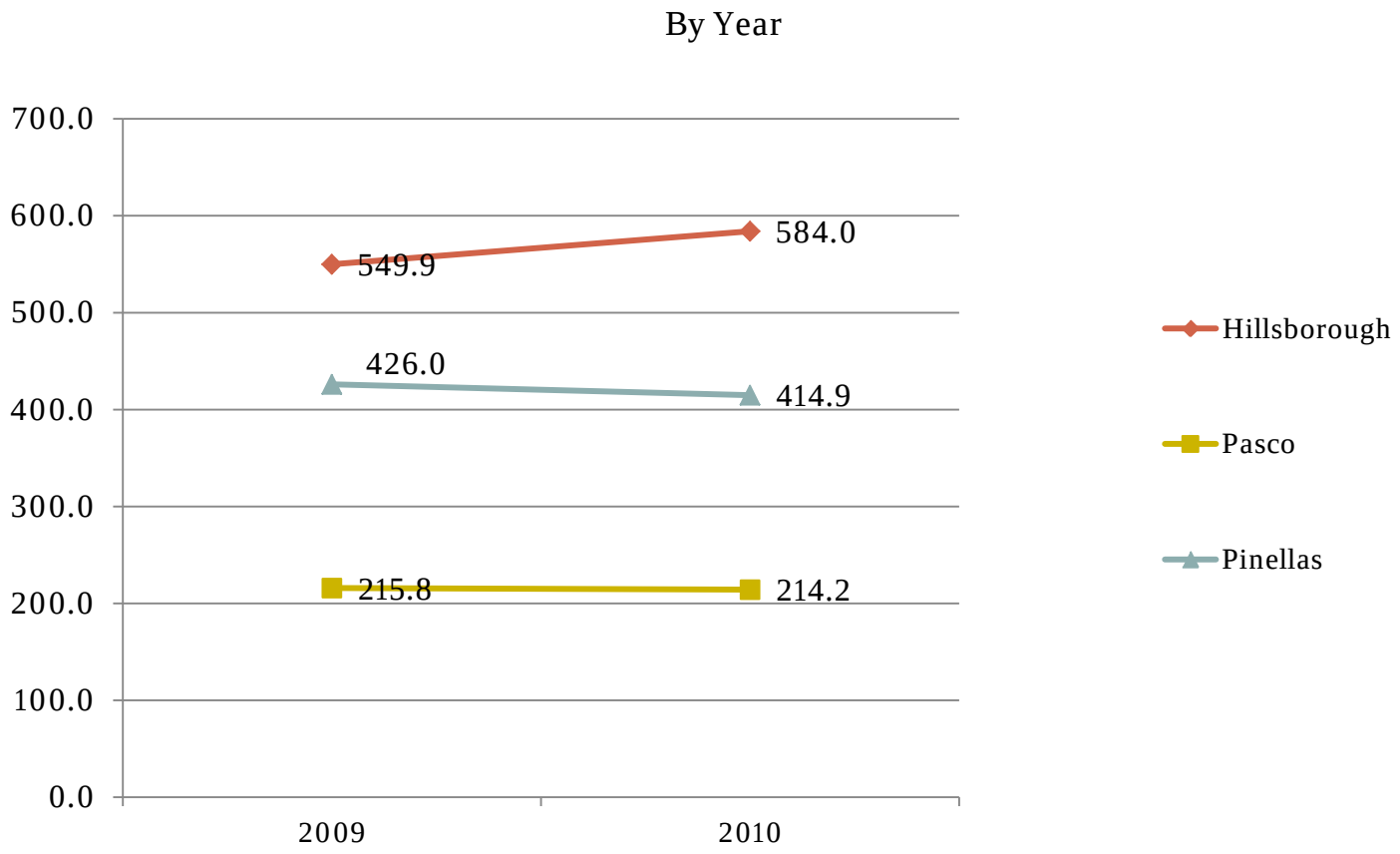
Healthy Tampa Bay Data – Chlamydia Incidence Rate

**shows the chlamydia incidence rate in cases per 100,000 population.*



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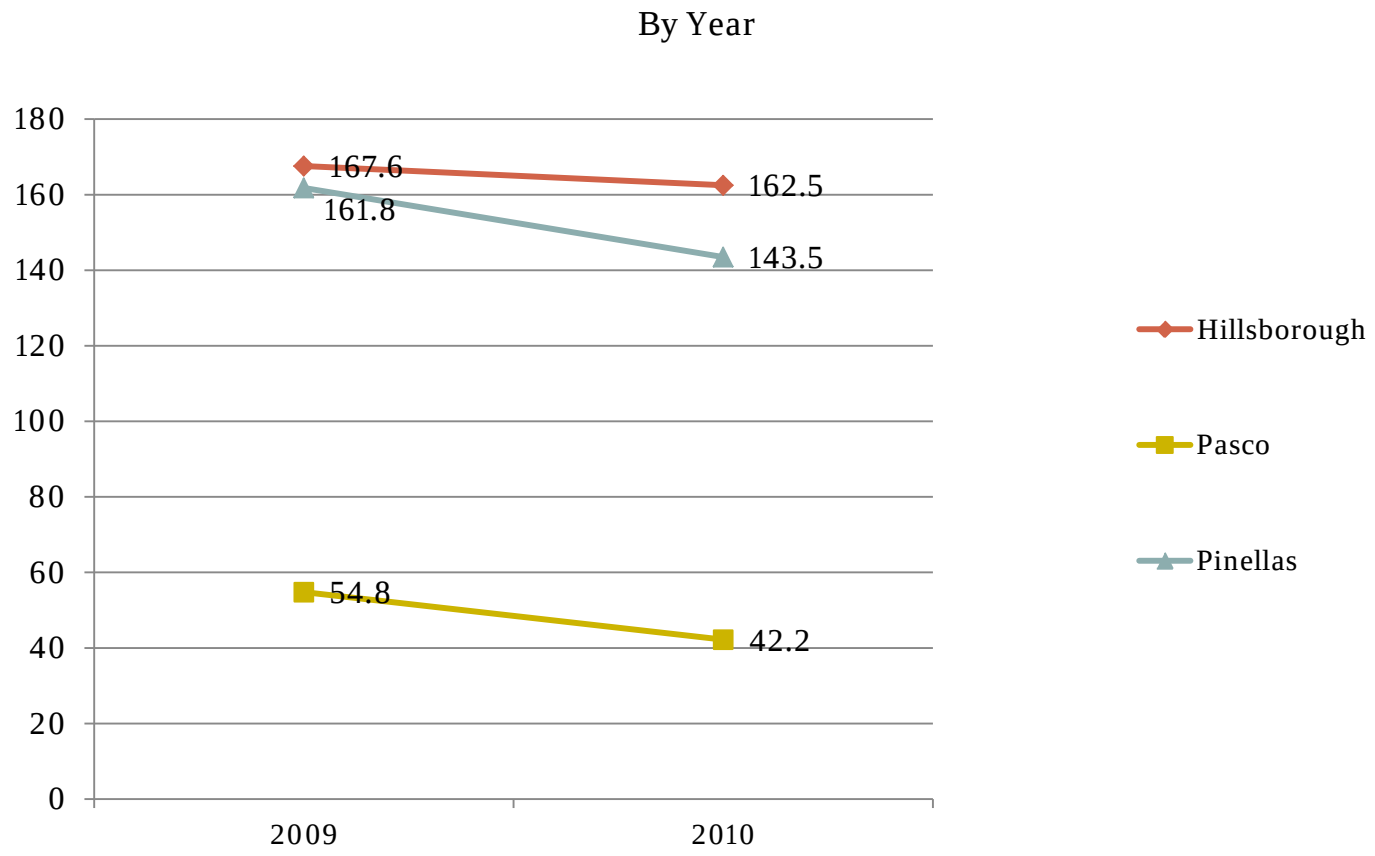
Healthy Tampa Bay Data – Gonorrhea Incidence Rate

**shows the gonorrhea incidence rate in cases per 100,000 population.*



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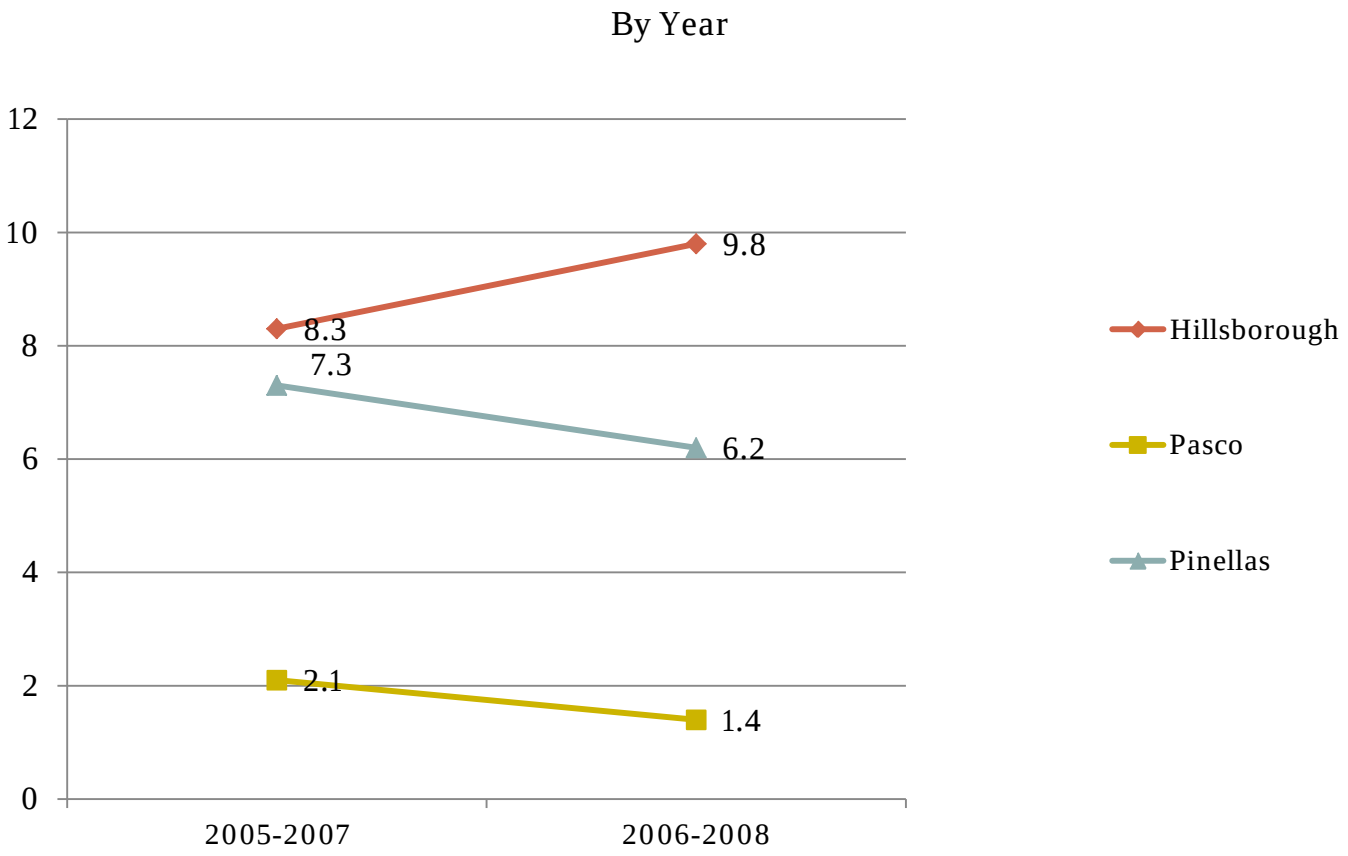
Healthy Tampa Bay Data – Syphilis Incidence Rate

**shows the infectious syphilis (primary and secondary) incidence rate in cases per 100,000 population.*



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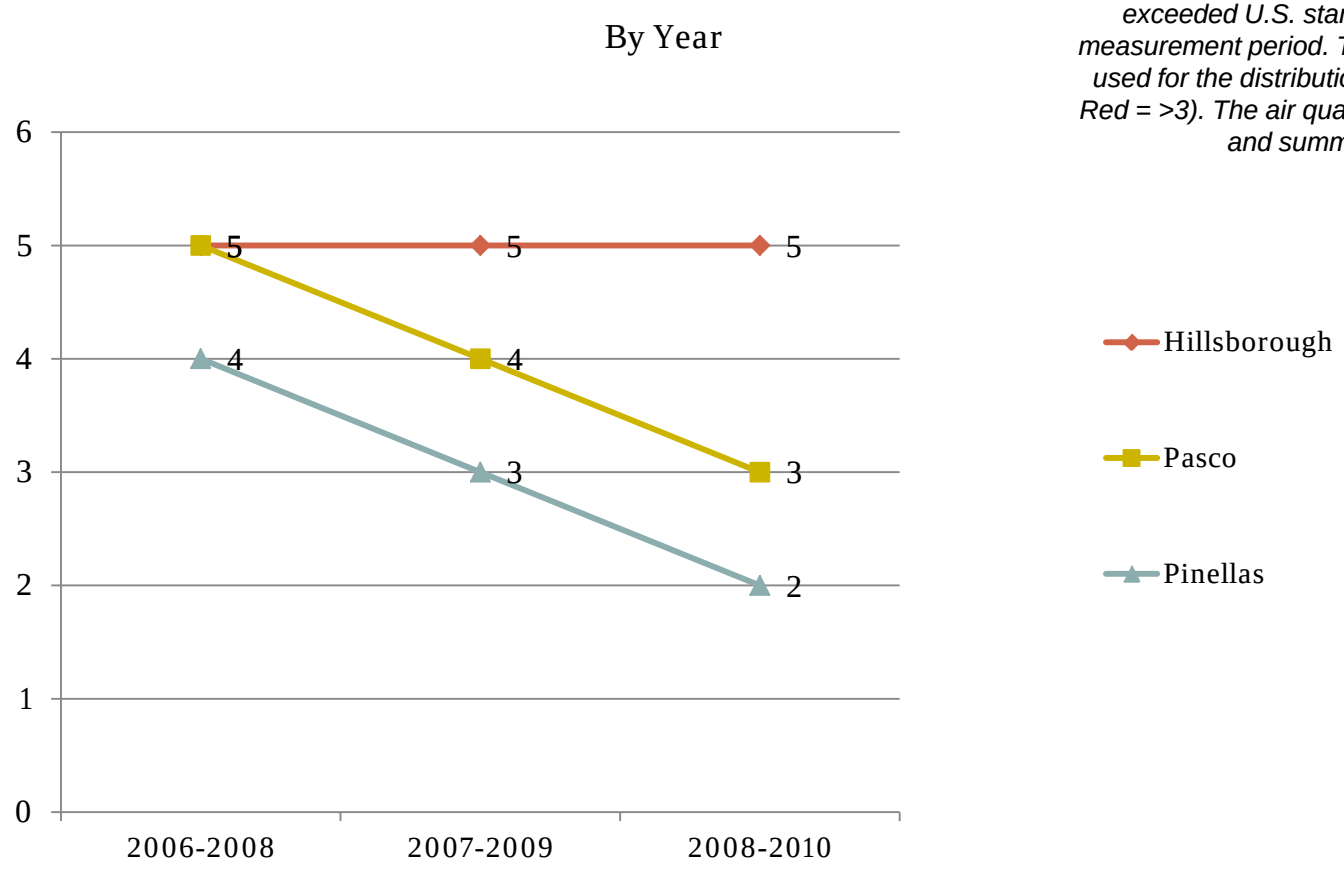
Healthy Tampa Bay Data – Annual Ozone Air Quality

The American Lung Association (ALA) assigns grades A-F to counties (A=1; B=2; C=3; D=4; F=5), based on average annual number of days that ozone levels exceeded U.S. standards during the three-year measurement period. The five-point grading scale was used for the distribution (Green = <2; Yellow = 2 - 3; Red = >3). The air quality data is collected by the EPA and summarized by the ALA.



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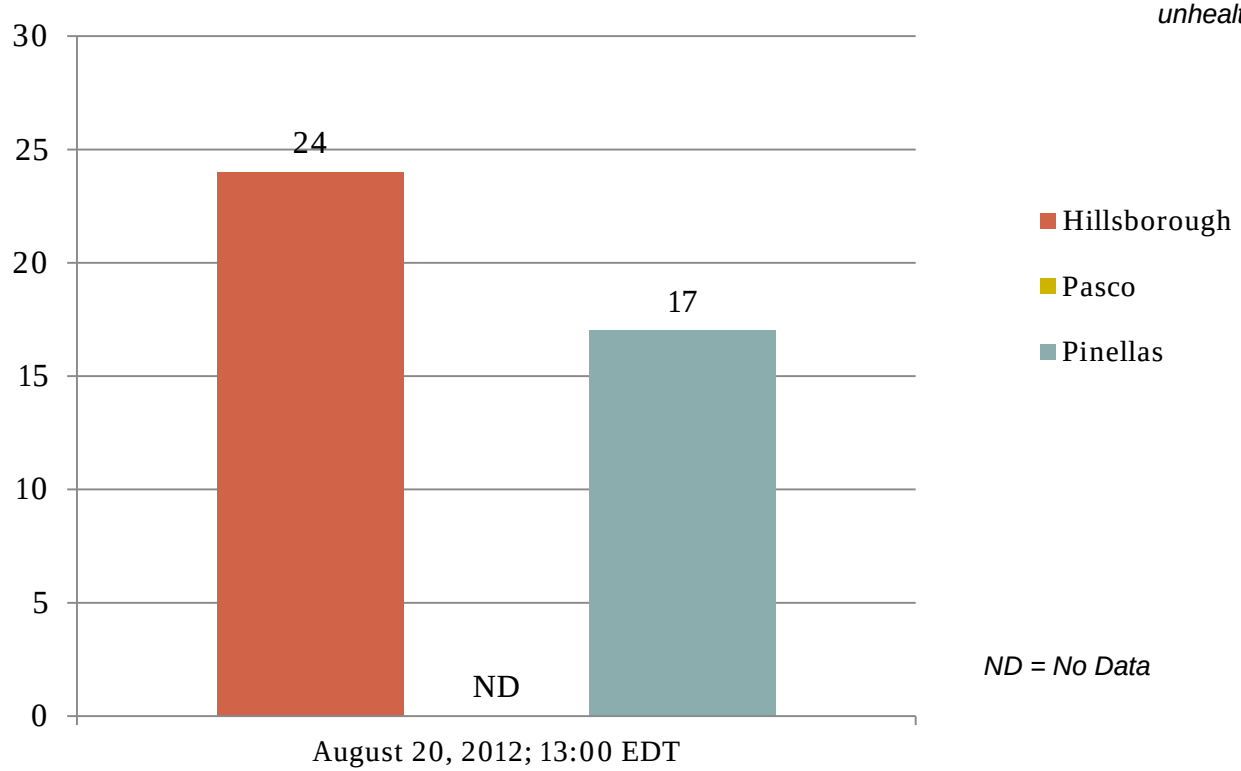
Healthy Tampa Bay Data – Daily Ozone Air Quality

**shows today's level of ozone pollution*
The distribution is based on AIRNow's rating system.
Green values (0-50) represent good air quality days.
Yellow values (51-100) represent moderate air quality.
Red values represent conditions that are unhealthy to sensitive groups (101-150), unhealthy (151-200), very unhealthy (201-300) and hazardous (>300).



ND = No Data

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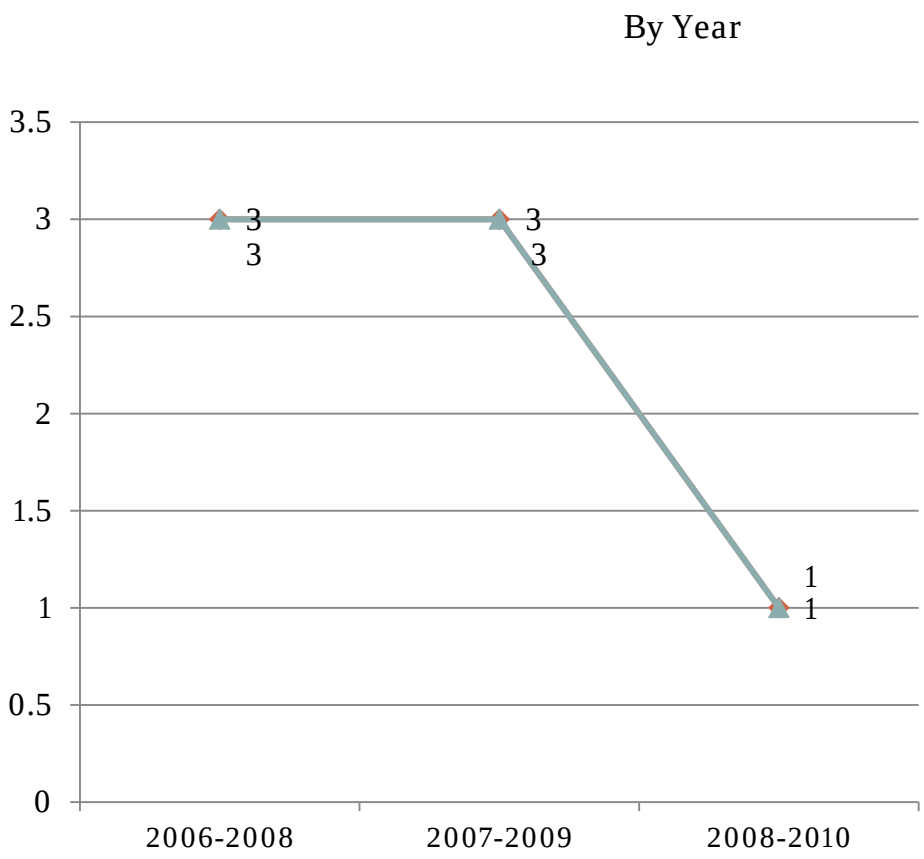
Healthy Tampa Bay Data – Annual Particle Pollution



- *The American Lung Association (ALA) gives a grade to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards (PM2.5).*
- *The American Lung Association (ALA) assigns grades A-F to counties (A=1; B=2; C=3; D=4; F=5), based on number of days that particle pollution exceeded US standards during the three year measurement period. The five-point grading scale was used for the distribution (Green = <2; Yellow = 2 - 3; Red = >3). The air quality data is collected by the EPA and summarized by the ALA.*
- *No Data for Pasco County*

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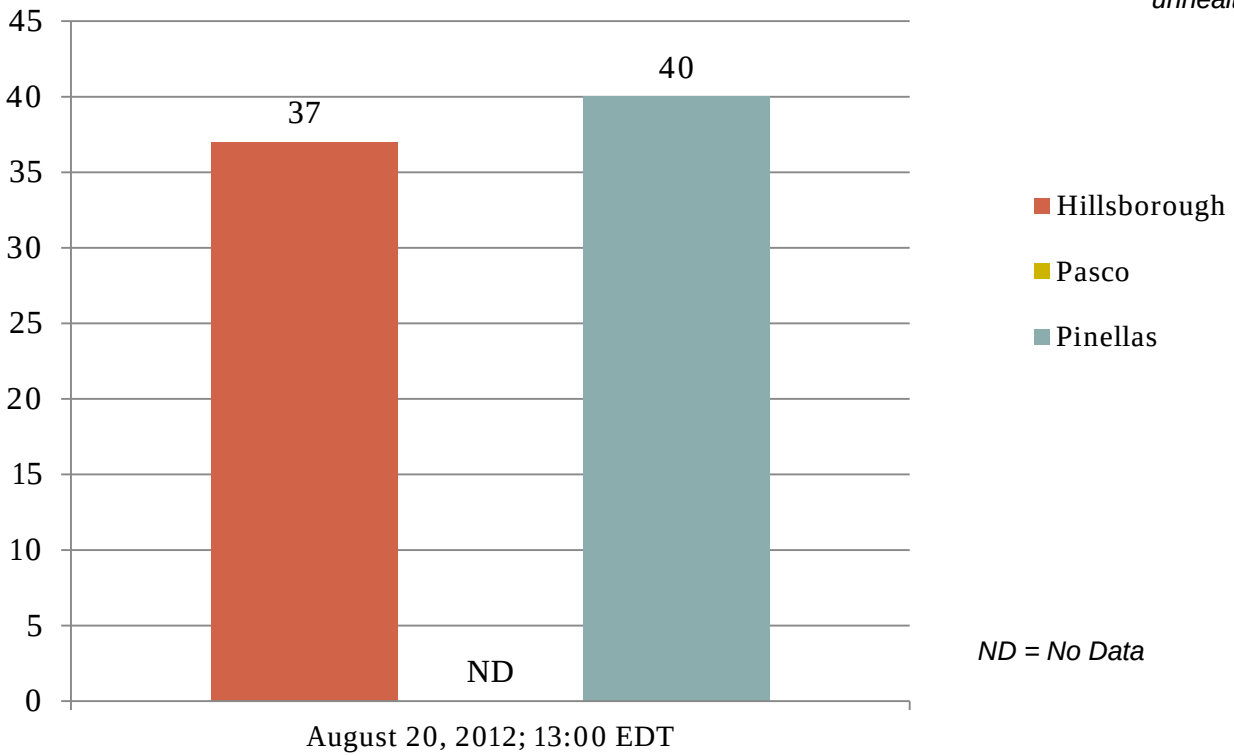
Healthy Tampa Bay Data – Daily Particle Pollution

**shows today's level of ozone pollution*
The distribution is based on AIRNow's rating system.
Green values (0-50) represent good air quality days.
Yellow values (51-100) represent moderate air quality.
Red values represent conditions that are unhealthy to sensitive groups (101-150), unhealthy (151-200), very unhealthy (201-300) and hazardous (>300).



ND = No Data

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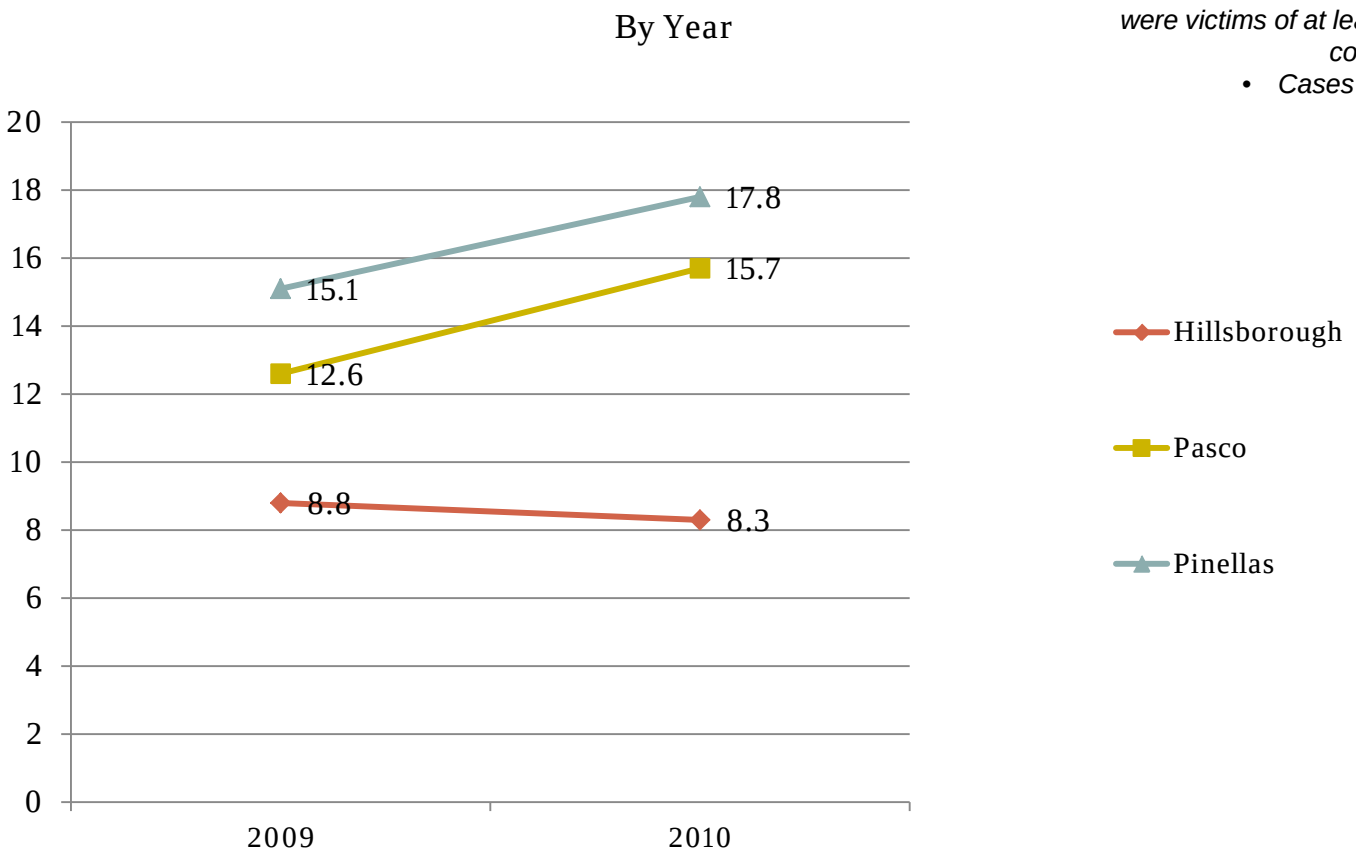
Healthy Tampa Bay Data – Child Abuse Rate

- *shows the number of children aged 5-11 who have experienced abuse (sexual, physical, or emotional) in cases per 1,000 children.*
- *Rates include unduplicated counts of children who were victims of at least one verified maltreatment by county of intake.*
- *Cases per 1,000 children*



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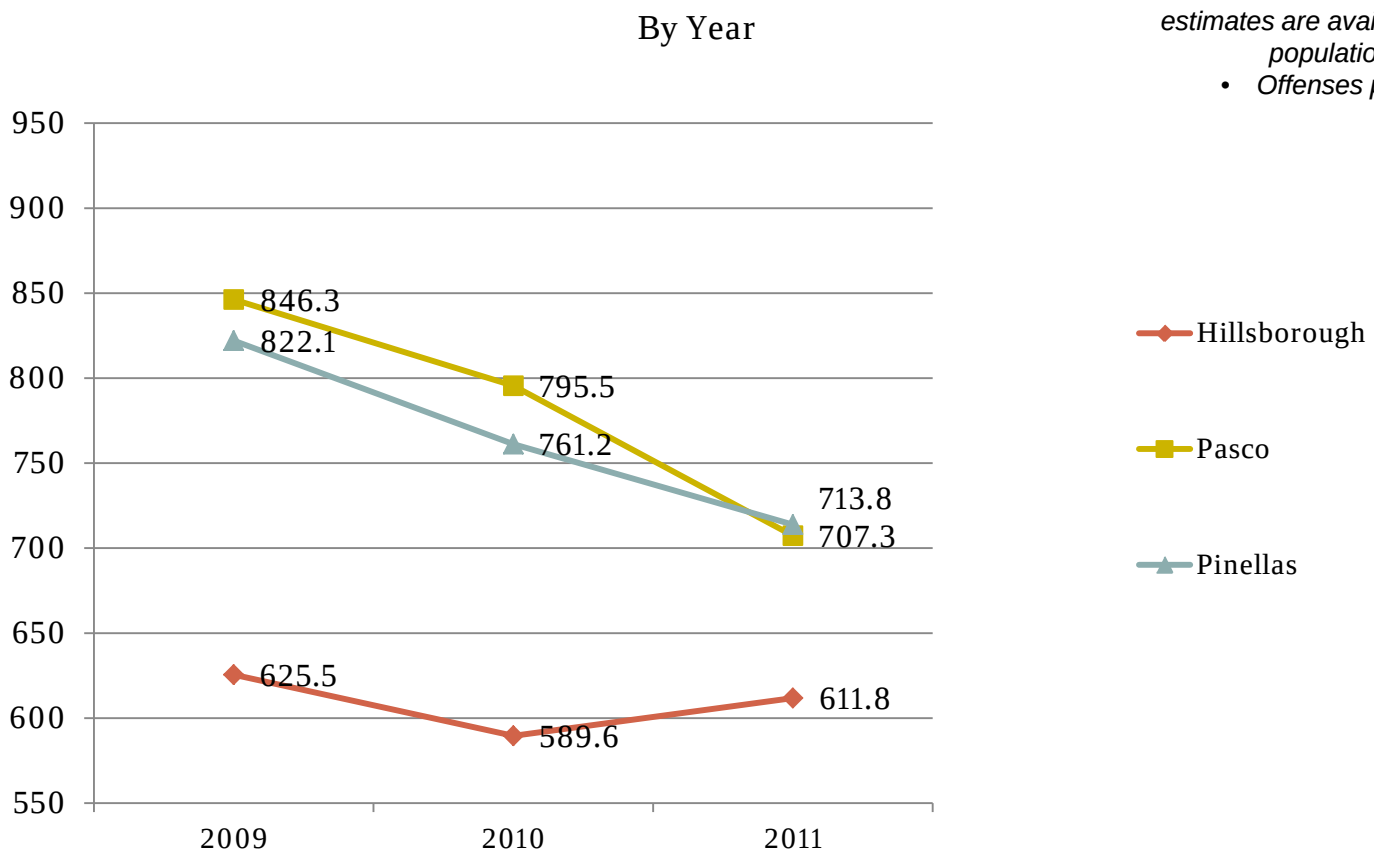
Healthy Tampa Bay Data – Domestic Violence Offense Rate

- *shows the rate per 100,000 population of total reported domestic violence offenses.*
- *The distribution is based on data from 807 U.S. counties. American Community Survey single year estimates are available for geographic areas with populations of 65,000 or more.*
- *Offenses per 100,000 population*



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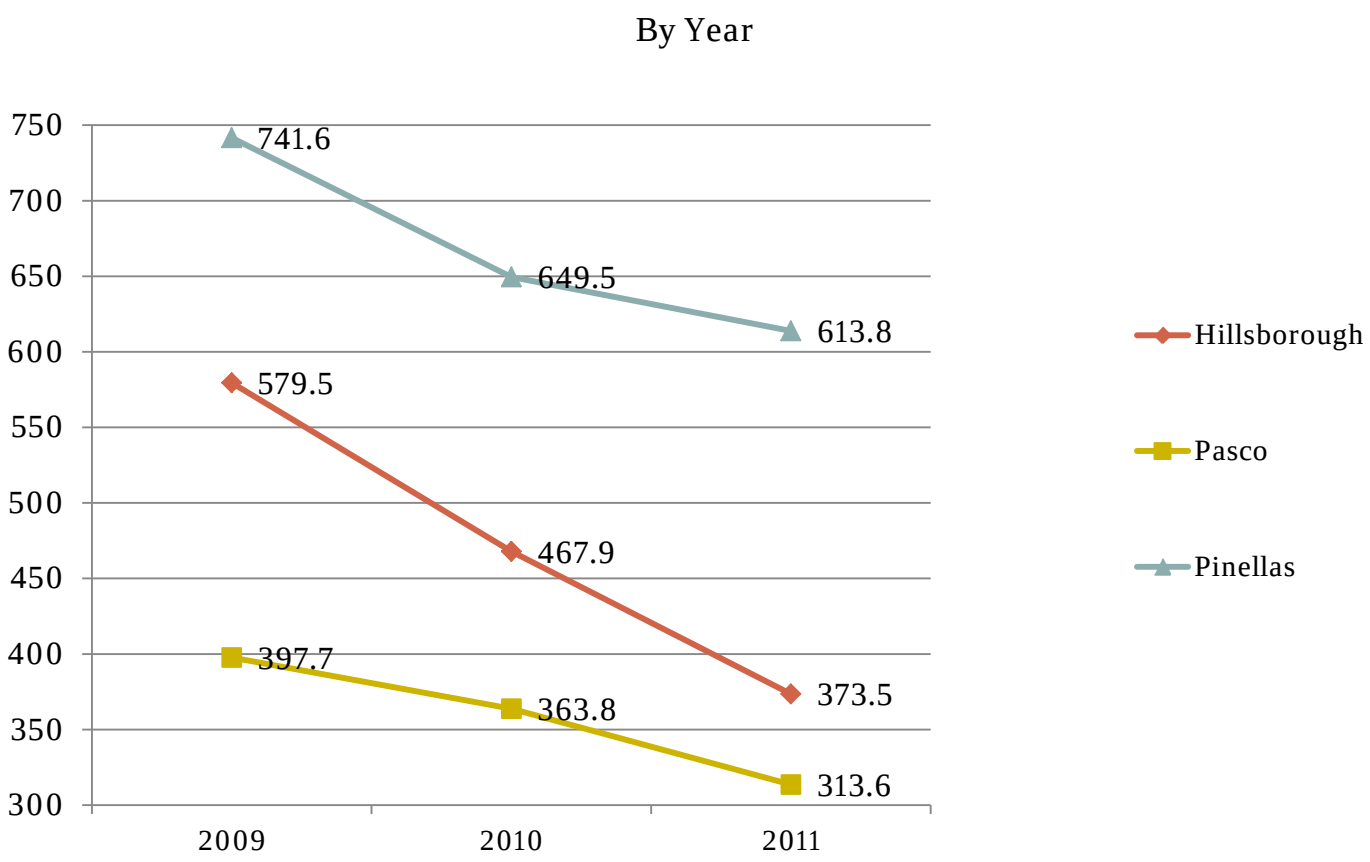
Healthy Tampa Bay Data – Violent Crime Rate

- *shows the total violent crime rate per 100,000 population.*
- *The distribution is based on data from 67 Florida counties.*
- *Crimes per 100,000 population*



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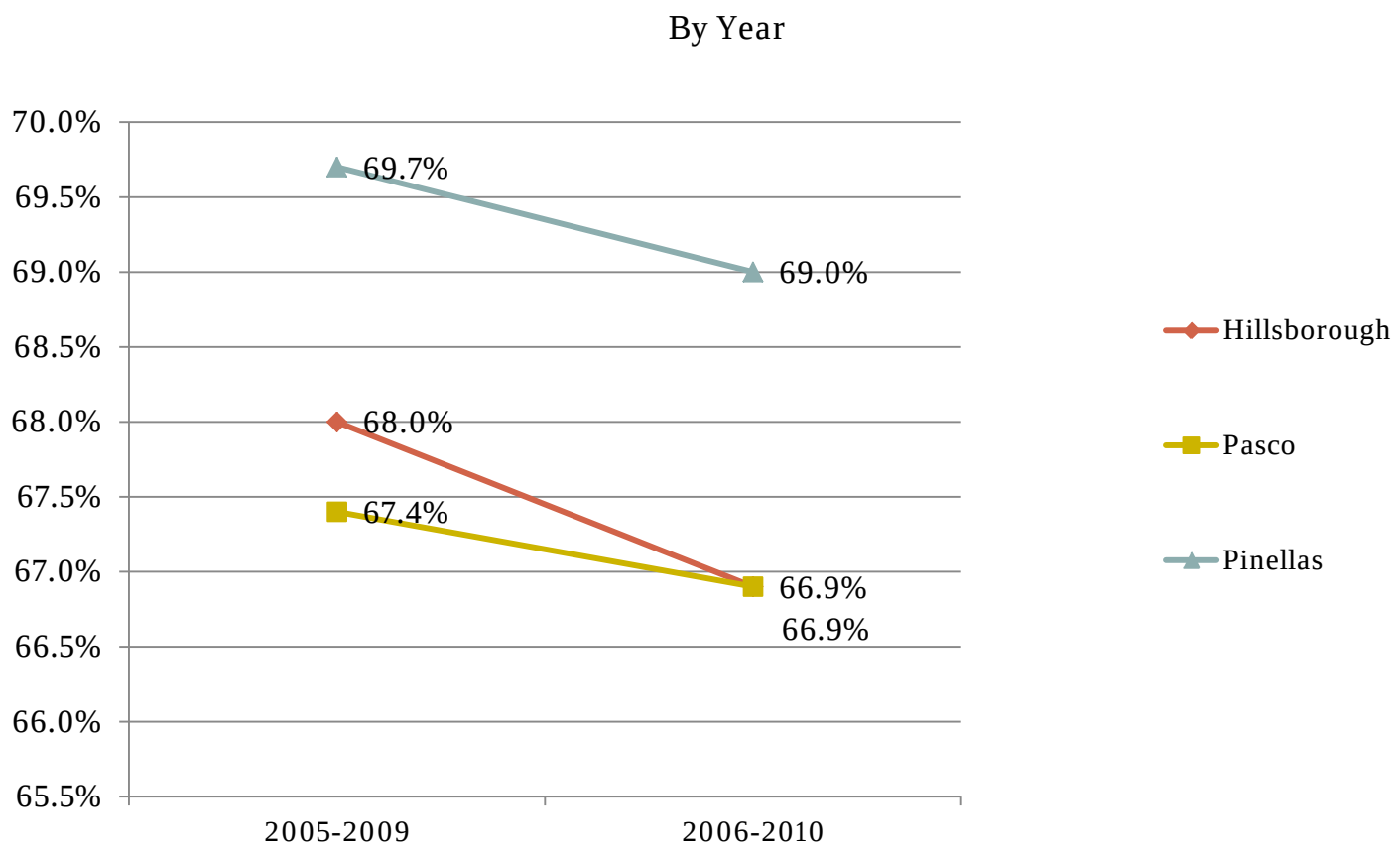
Healthy Tampa Bay Data – People Living 200% Above the Poverty Level

- *shows the percentage of residents living 200% above the federal poverty level in the community.*
- *The distribution is based on data from 3,142 U.S. counties and county equivalents.*



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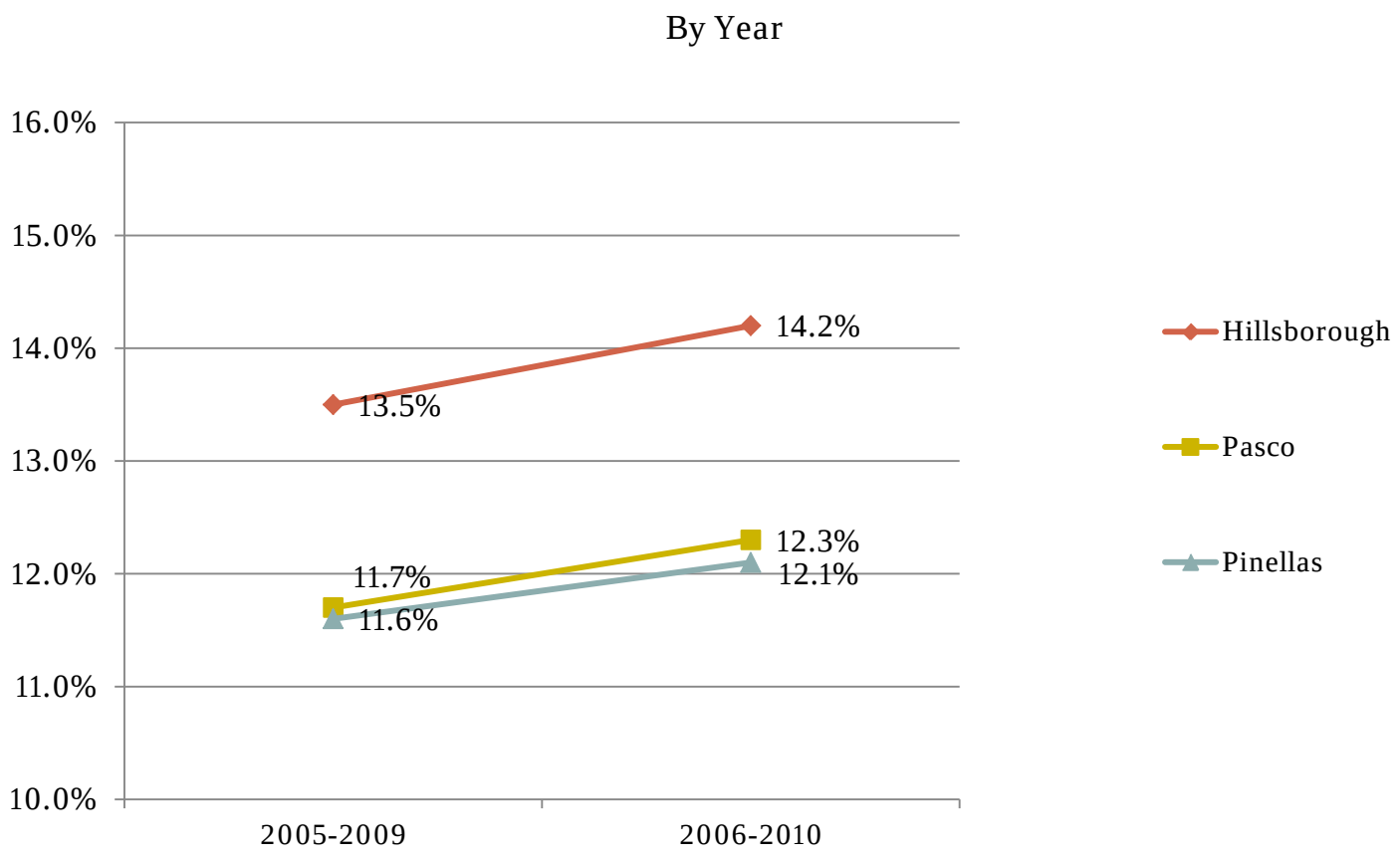
Healthy Tampa Bay Data – People Living Below the Poverty Level

- *shows the percentage of people living below the federal poverty level.*
- *The distribution is based on data from 3,142 U.S. counties and county equivalents.*



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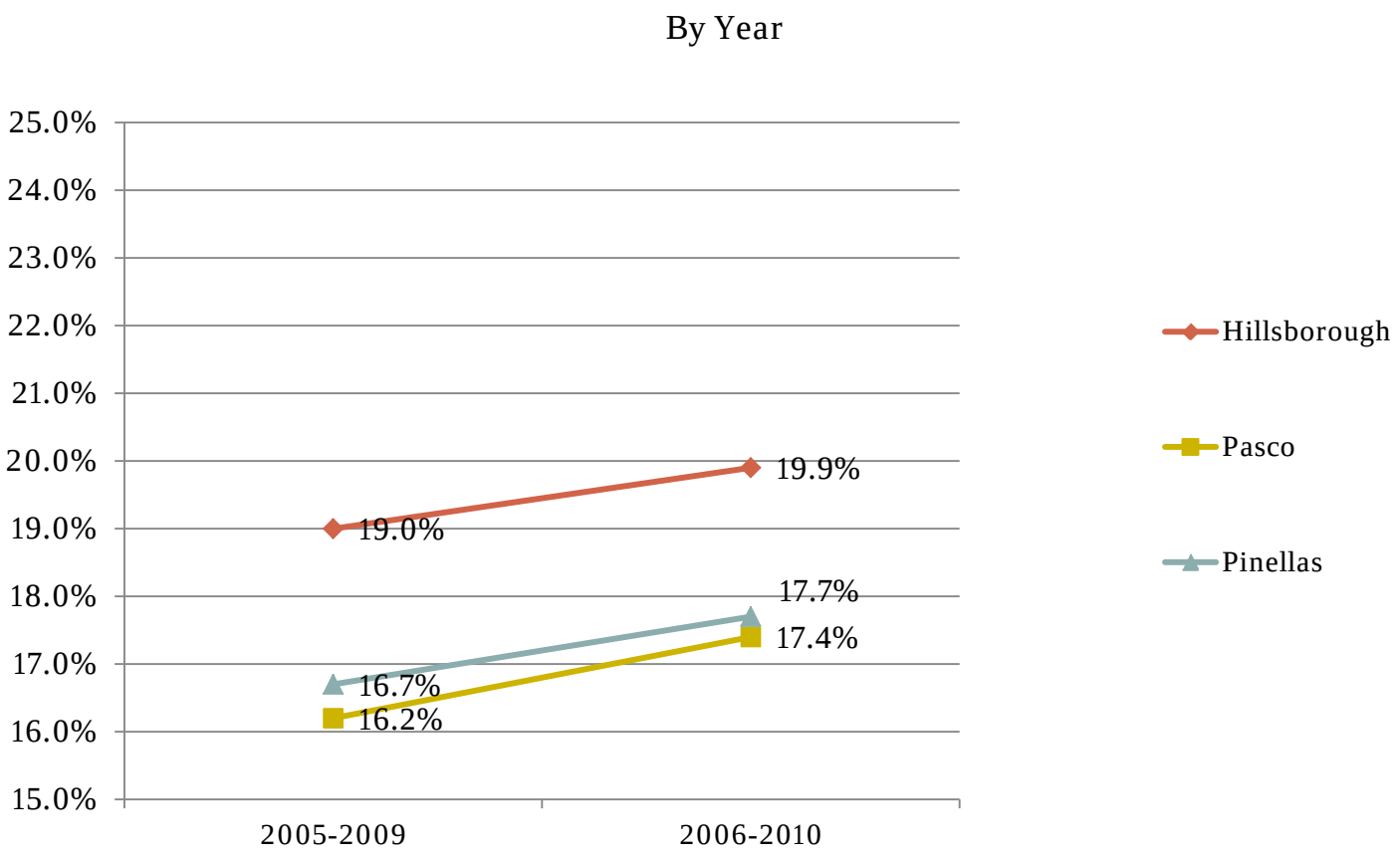
Healthy Tampa Bay Data – Children Living Below the Poverty Level

- *shows the percentage of people under the age of 18 who are living below the federal poverty level.*
- *The distribution is based on data from 3,142 U.S. counties and county equivalents.*



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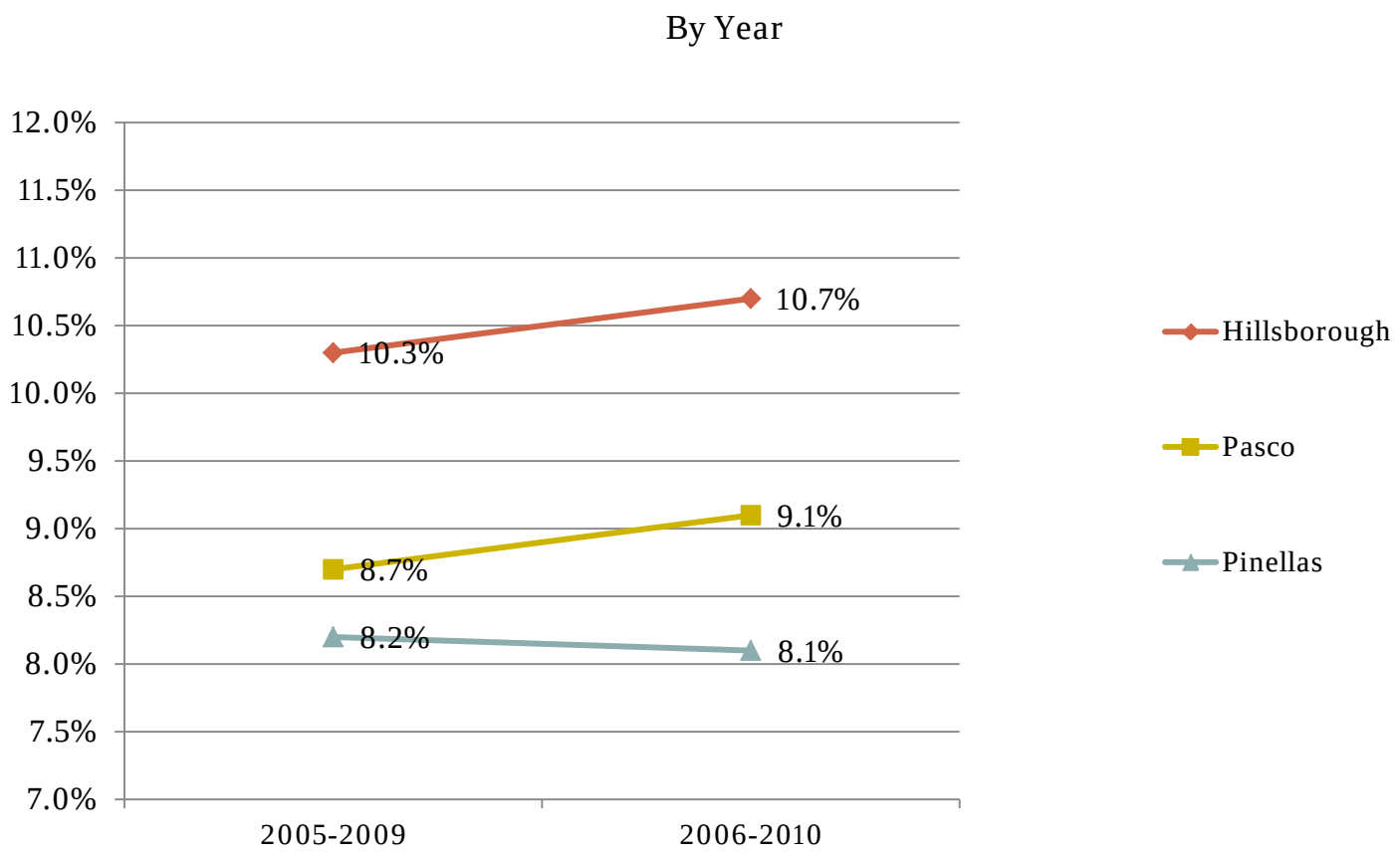
Healthy Tampa Bay Data – Families Living Below the Poverty Level

- *shows the percentage of families living below the federal poverty level.*
- *The distribution is based on data from 3,143 U.S. counties and county equivalents.*



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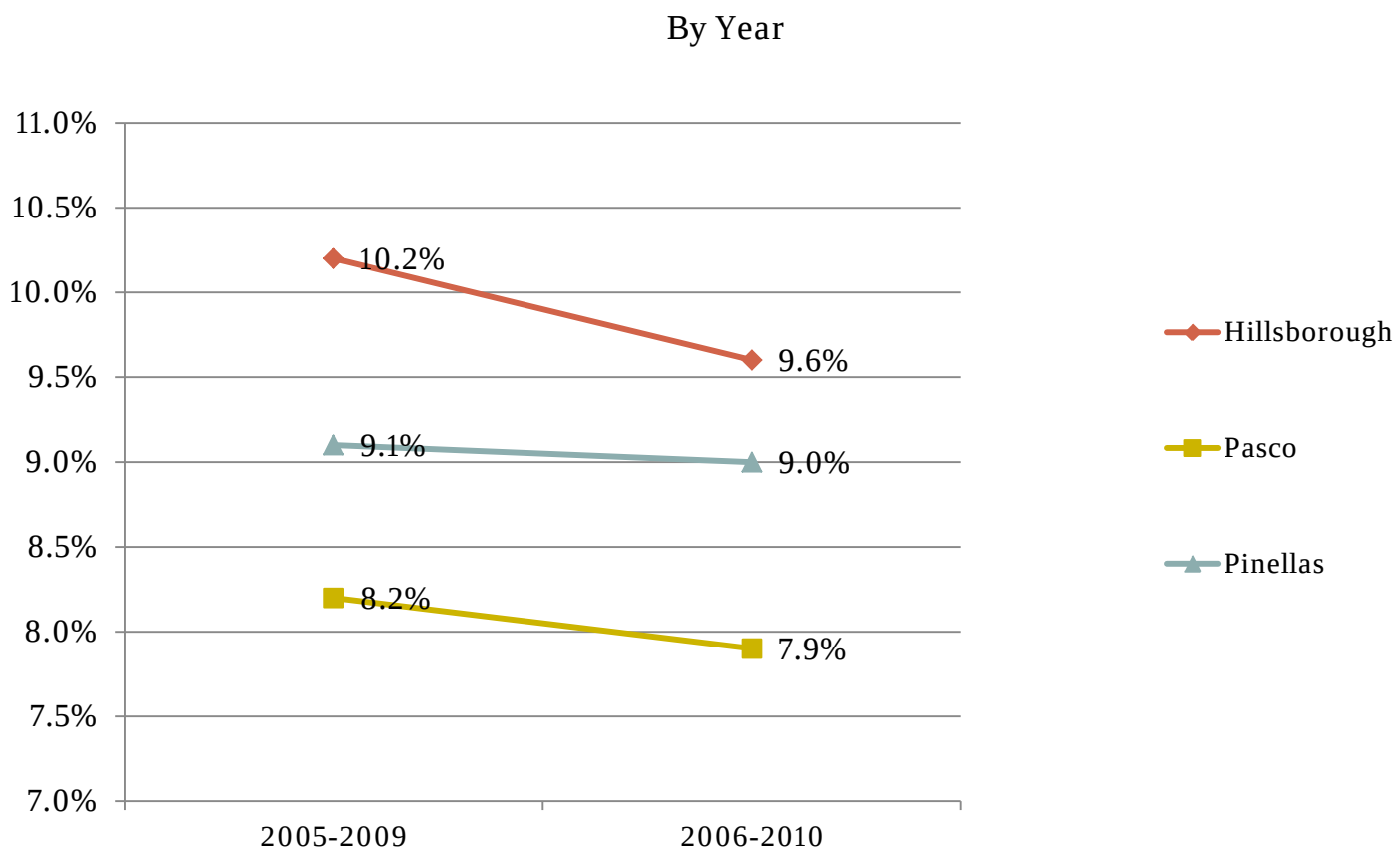
Healthy Tampa Bay Data – People 65+ Living Below the Poverty Level

- *shows the percentage of people aged 65 and over living below the federal poverty level.*
- *The distribution is based on data from 3,143 U.S. counties and county equivalents.*



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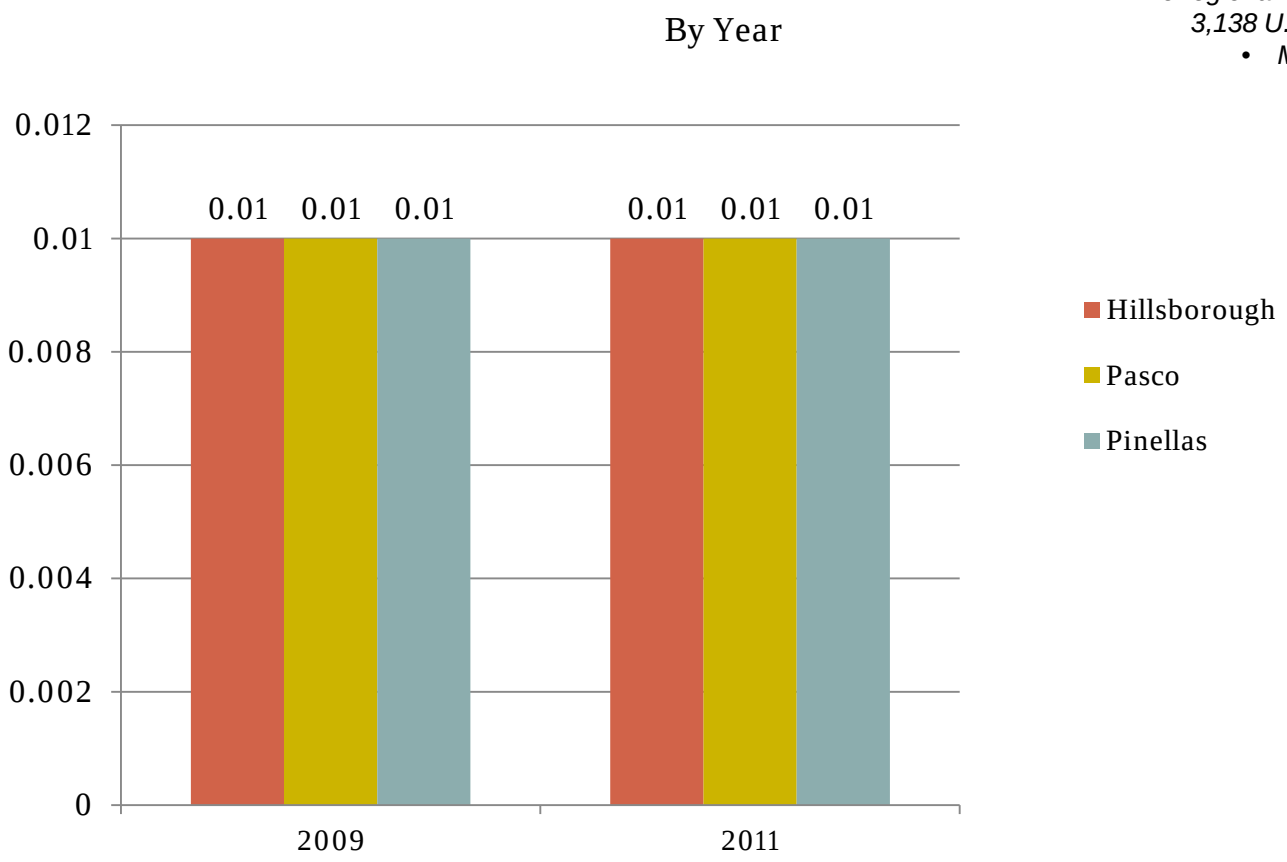
Healthy Tampa Bay Data – Farmers Market Density

- *shows the number of farmers markets per 1,000 population. A farmers market is a retail outlet in which vendors sell agricultural products directly to customers.*
- *The regional value is compared to the median value of 3,138 U.S. counties and county equivalents.*
- *Markets per 1,000 population*



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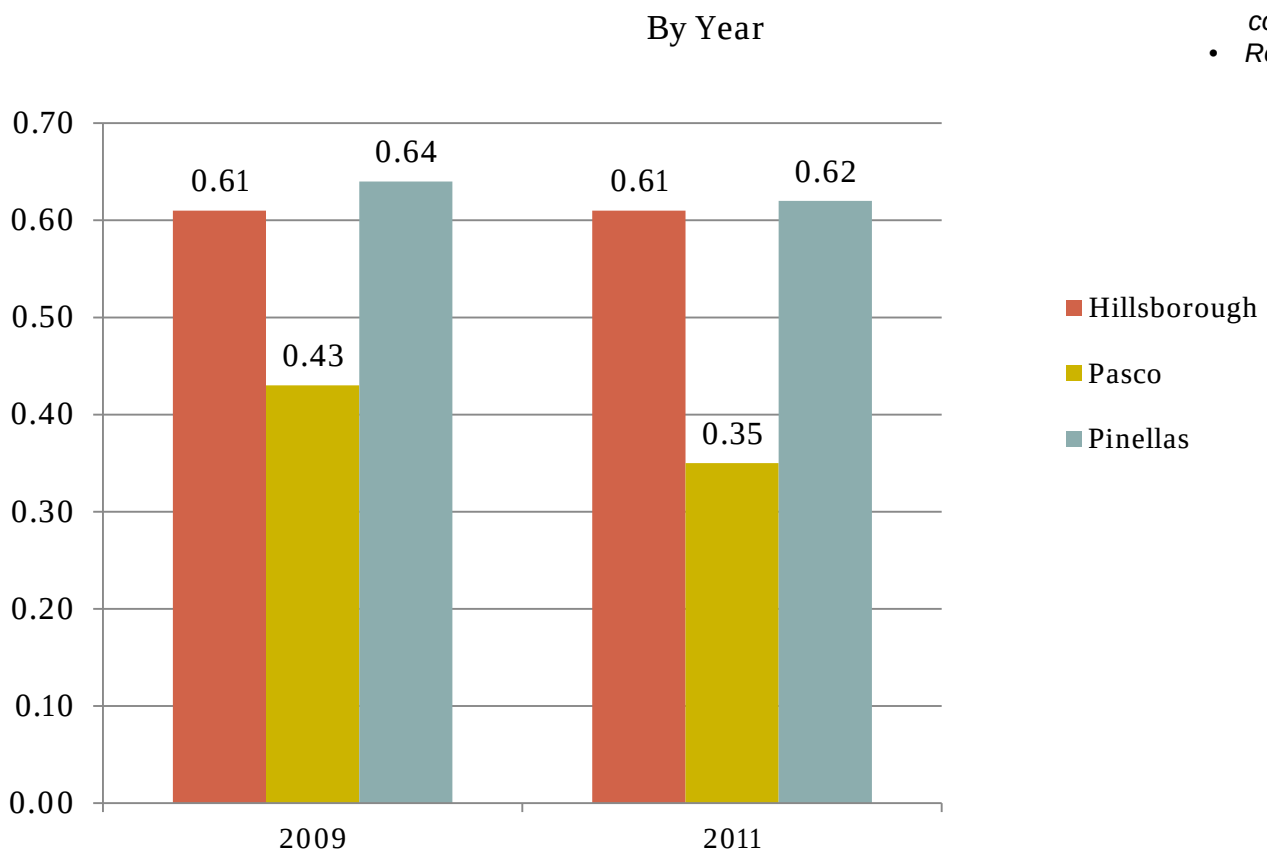
Healthy Tampa Bay Data – Fast Food Restaurant Density

- *shows the number of fast food restaurants per 1,000 population. These include limited-service establishments where people pay before eating.*
- *The distribution is based on data from 3,141 U.S. counties and county equivalents.*
- *Restaurants per 1,000 population*



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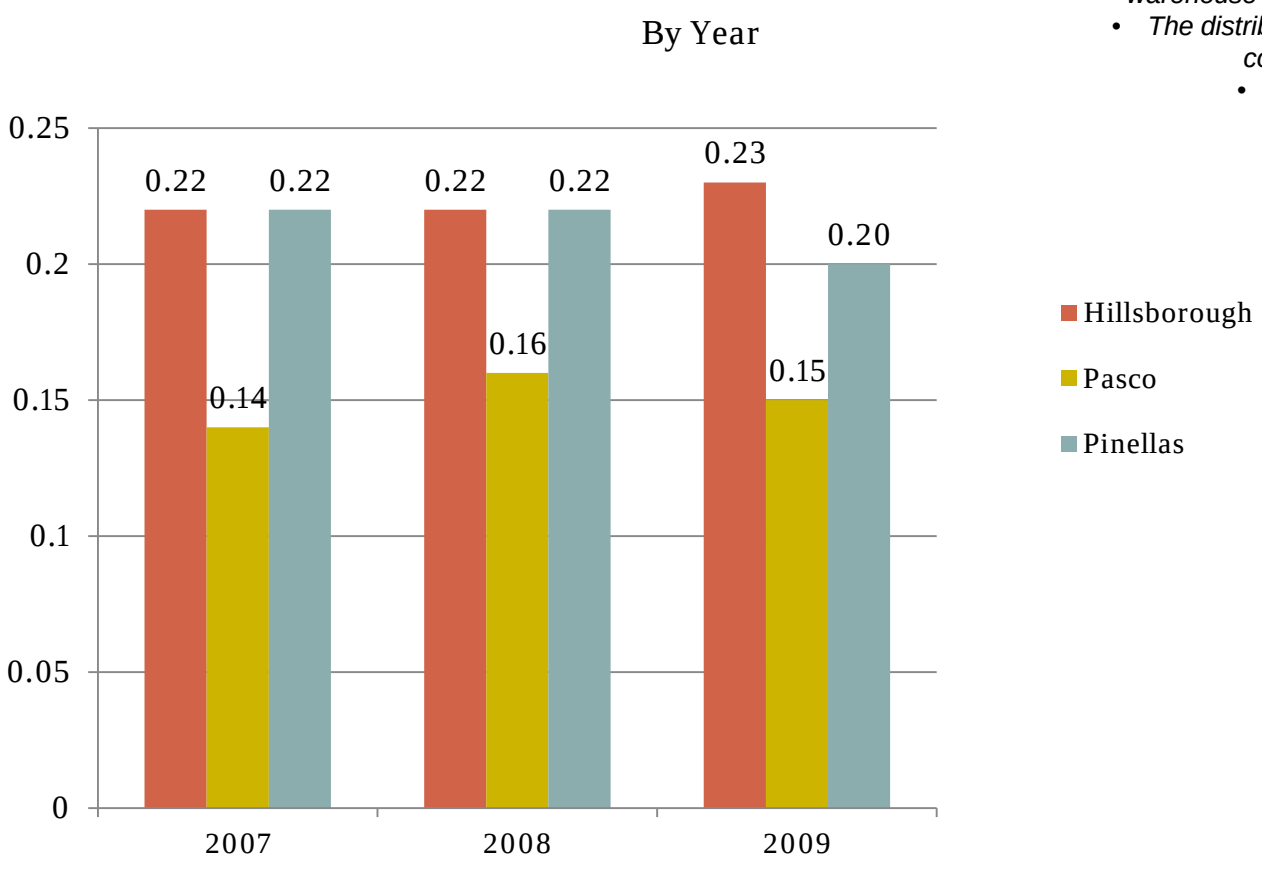
Healthy Tampa Bay Data – Grocery Store Density

- *shows the number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.*
- *The distribution is based on data from 3,141 U.S. counties and county equivalents.*
- *Stores per 1,000 population*



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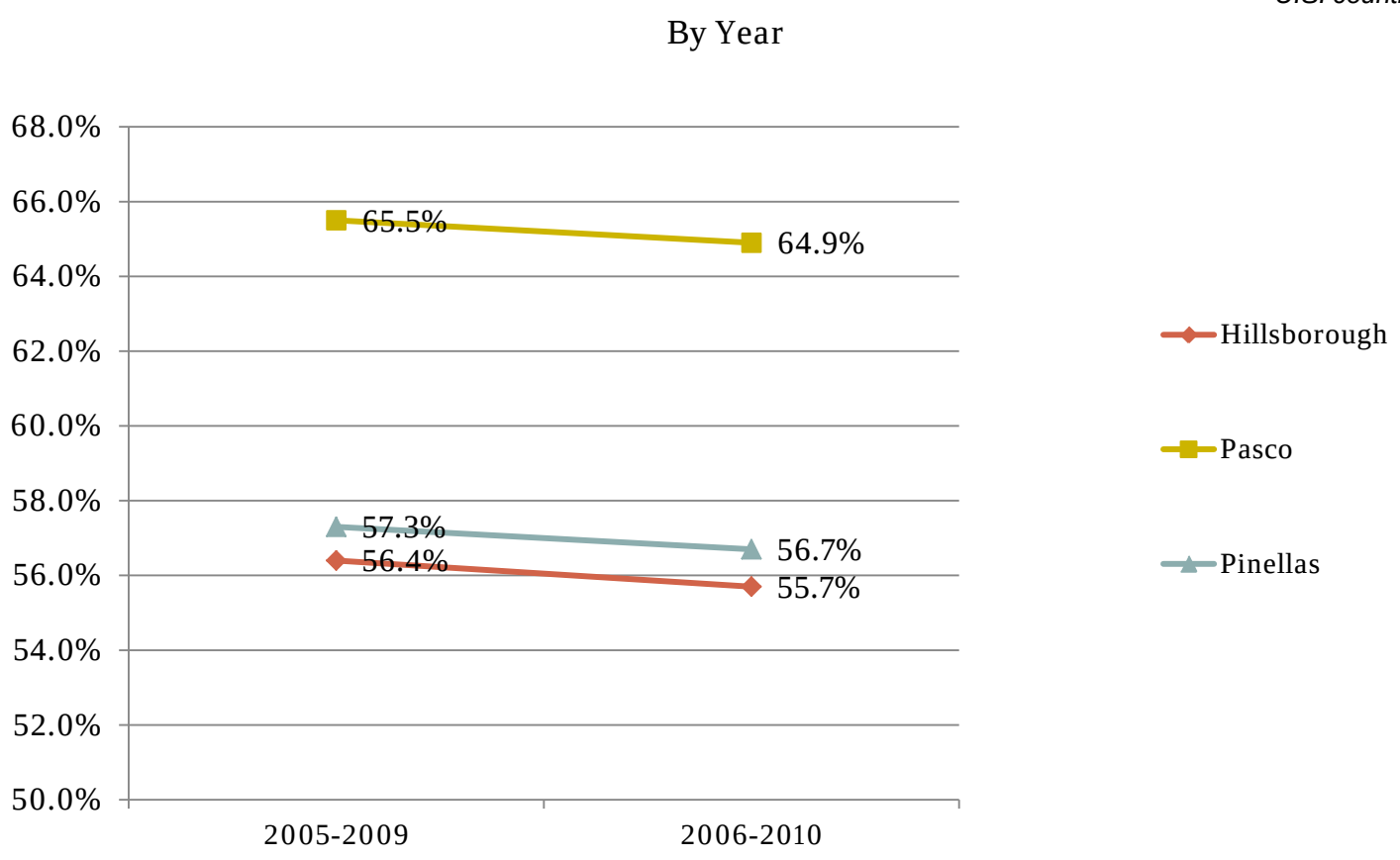
Healthy Tampa Bay Data – Homeownership

- *percentage of housing units that are occupied by homeowners.*
- *The distribution is based on data from 3,143 U.S. counties and county equivalents.*



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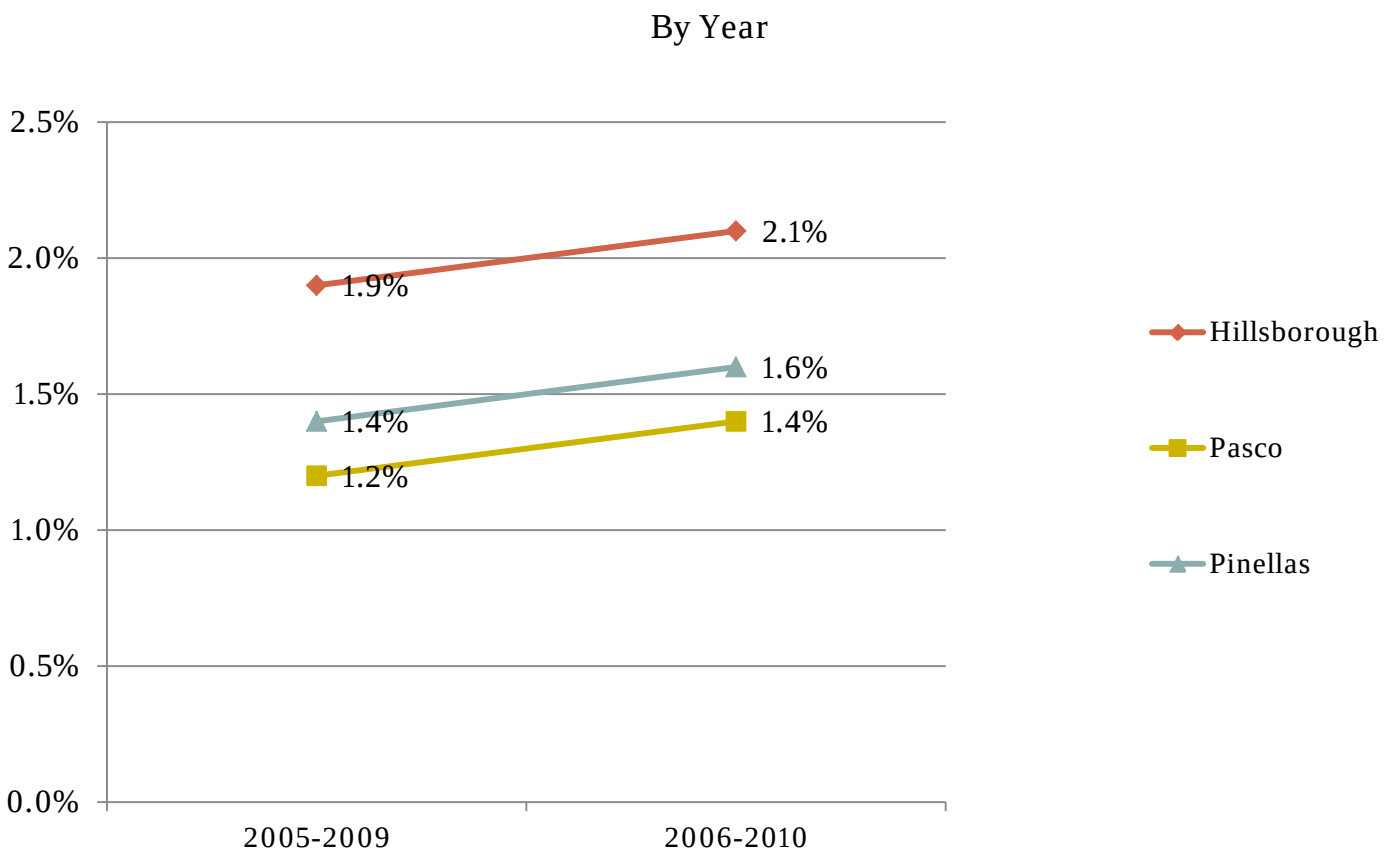
Healthy Tampa Bay Data – Households with Public Assistance

- *percentage of households receiving cash public assistance income.*
- *The distribution is based on data from 3,143 U.S. counties and county equivalents.*



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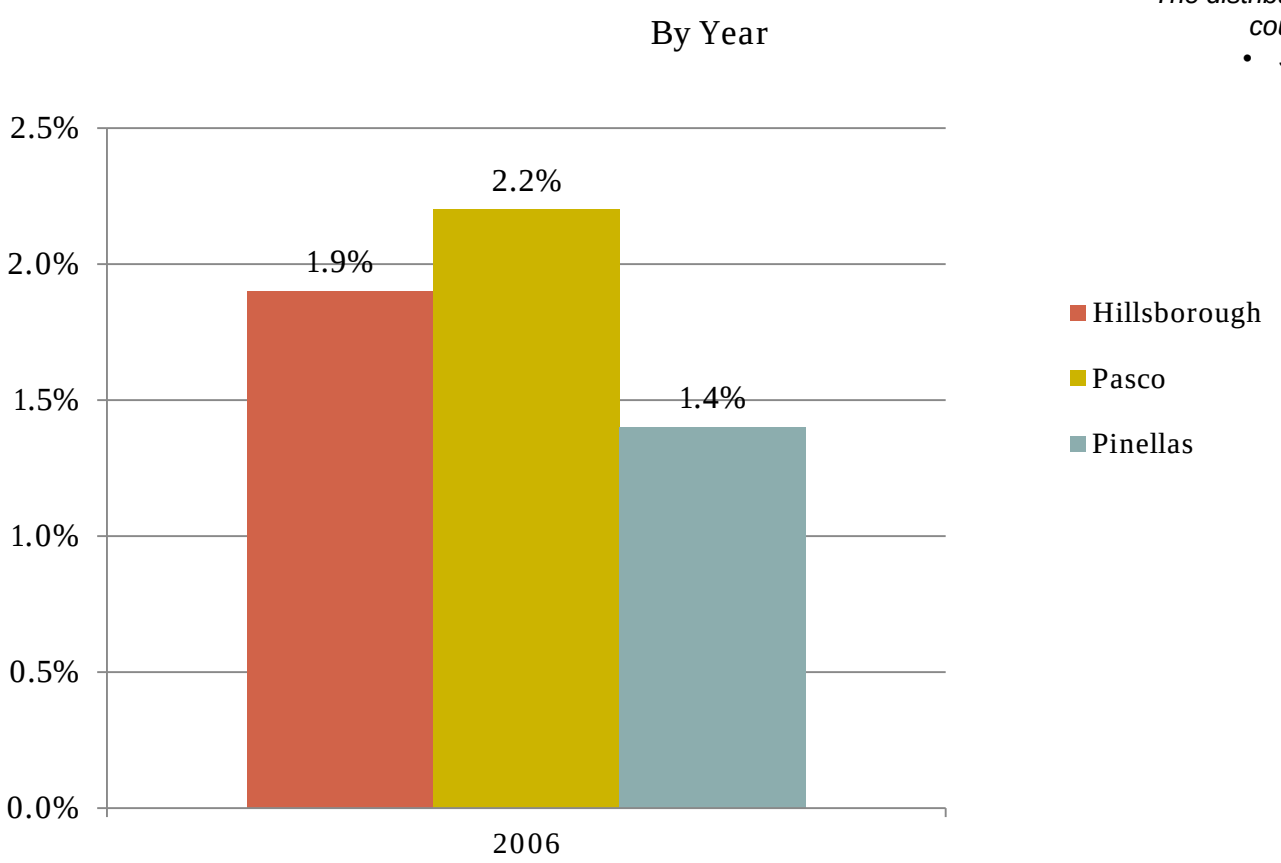
Healthy Tampa Bay Data – Households Without a Car and > 1 Mile from a Grocery Store

- *percentage of housing units that are more than one mile from a supermarket or large grocery store and do not have a car.*
- *The distribution is based on data from 3,141 U.S. counties and county equivalents.*
- *Stores per 1,000 population*



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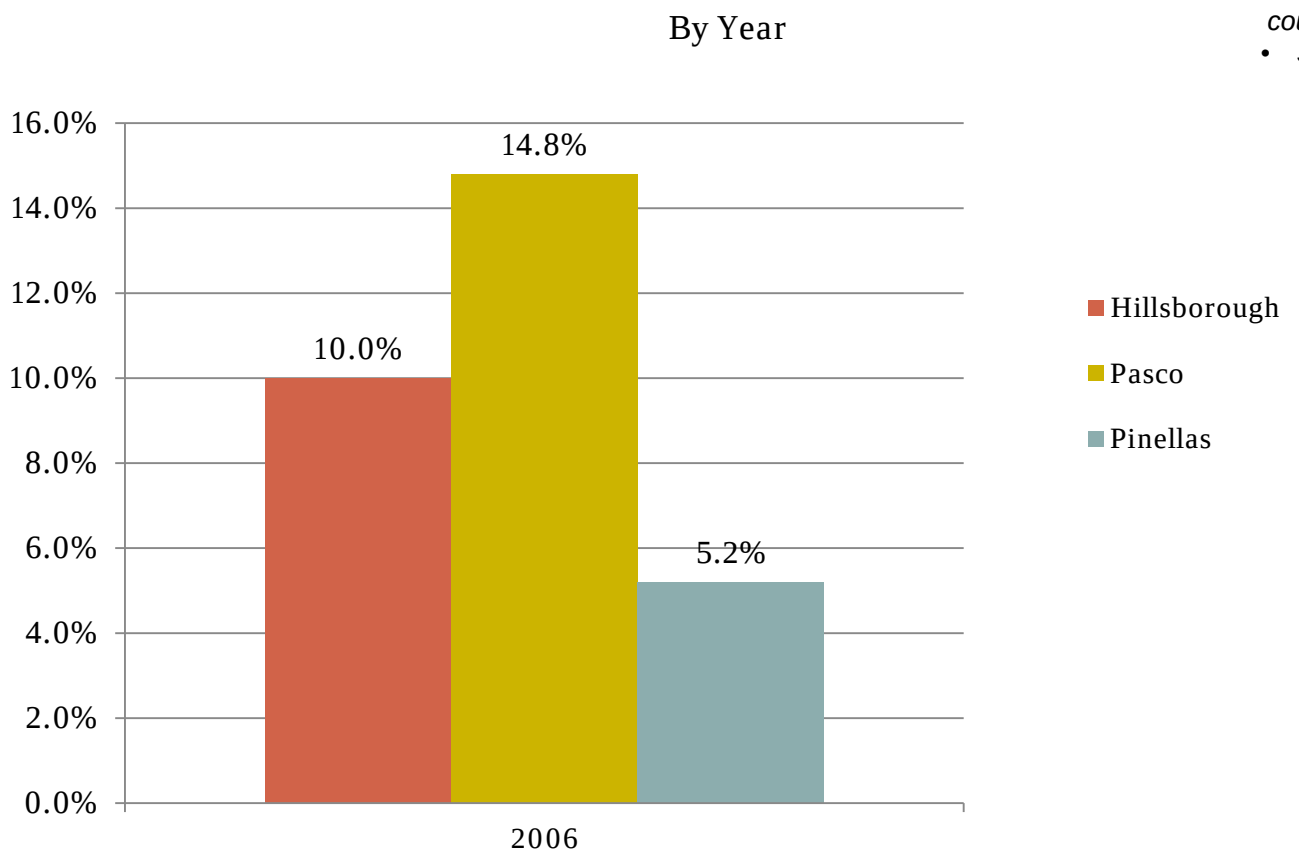
Healthy Tampa Bay Data – Low-Income and > 1 Mile from a Grocery Store

- *percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store.*
- *The distribution is based on data from 3,141 U.S. counties and county equivalents.*
- *Stores per 1,000 population*



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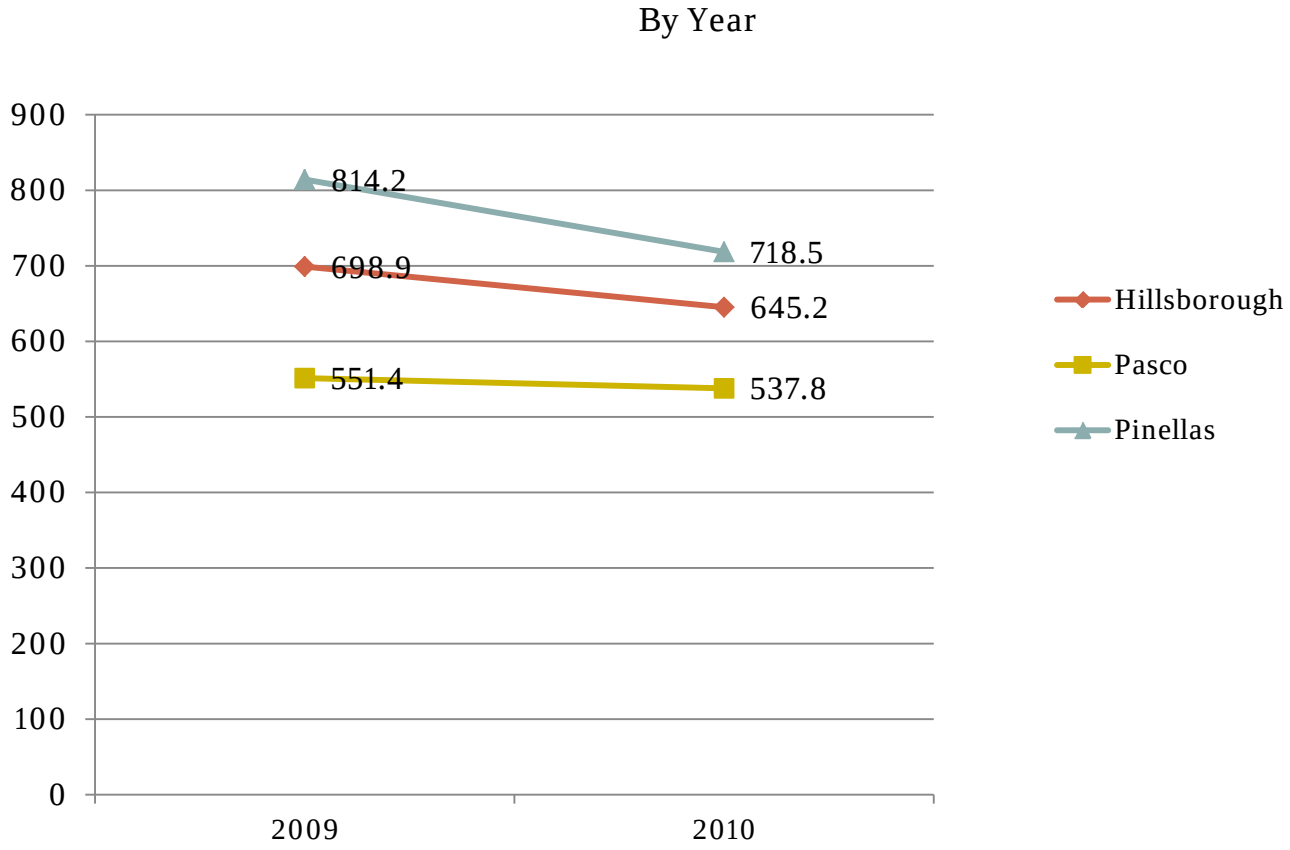
Healthy Tampa Bay Data – Juvenile Justice Referral Rate

- *the rate per 10,000 population aged 10 to 17 of juvenile justice referrals.*



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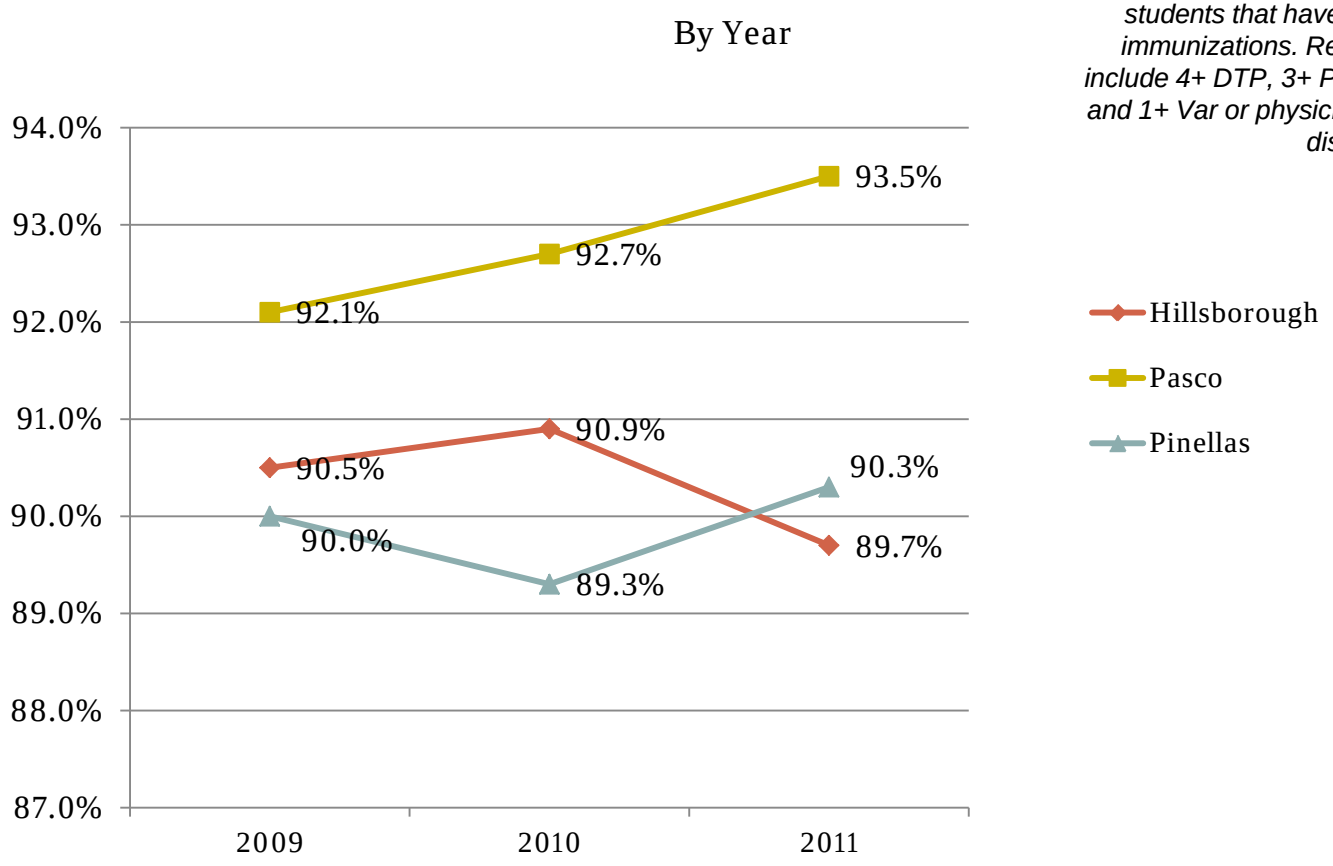
Healthy Tampa Bay Data – Kindergartners with Required Immunizations

- *the percentage of enrolled kindergarten students that have received all required immunizations. Required immunizations include 4+ DTP, 3+ Polio, 2+ MMR, 2+ Hep B, and 1+ Var or physician documented varicella disease.*



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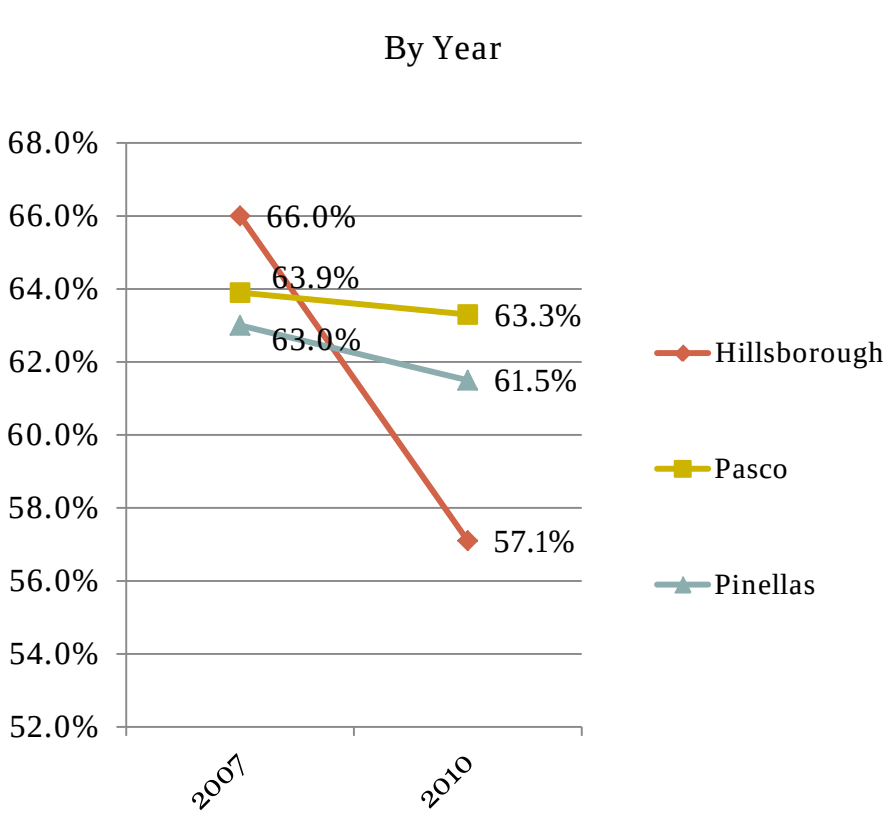
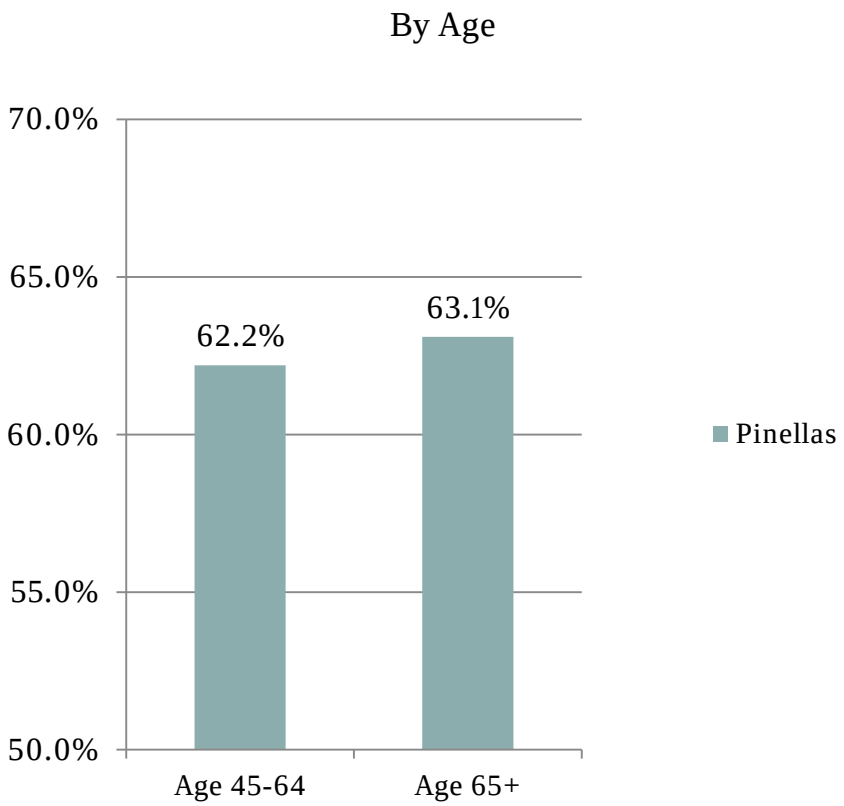
Healthy Tampa Bay Data – Mammogram History

**percentage of women aged 40 and over who have had a mammogram in the past year.*





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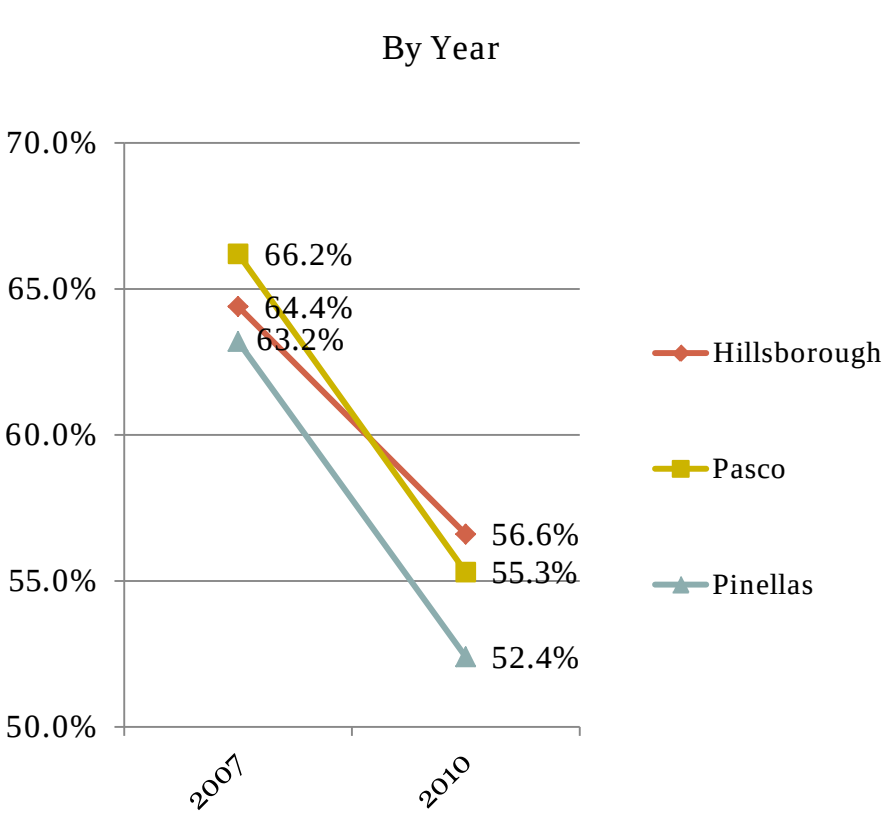
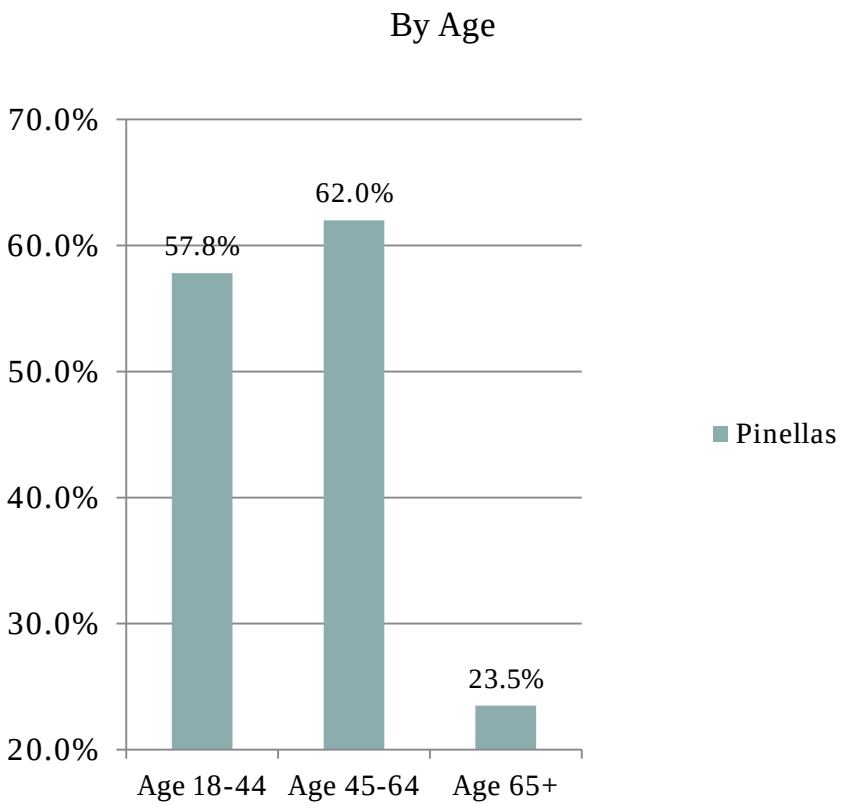
Healthy Tampa Bay Data – Pap Test History

**percentage of women aged 18 and over who have had a Pap smear in the past year.*





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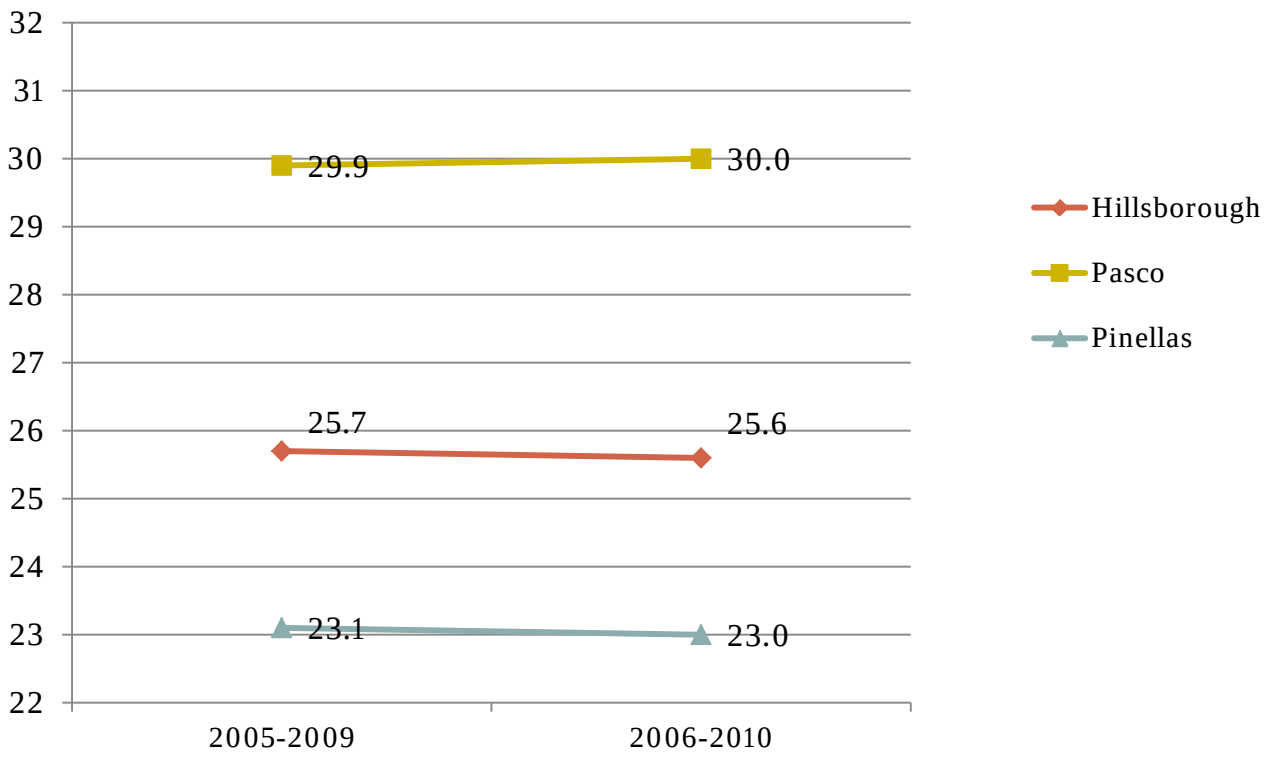
Healthy Tampa Bay Data – Mean Travel Time to Work

- *average daily travel time to work in minutes for workers 16 years of age and older.*

By Year



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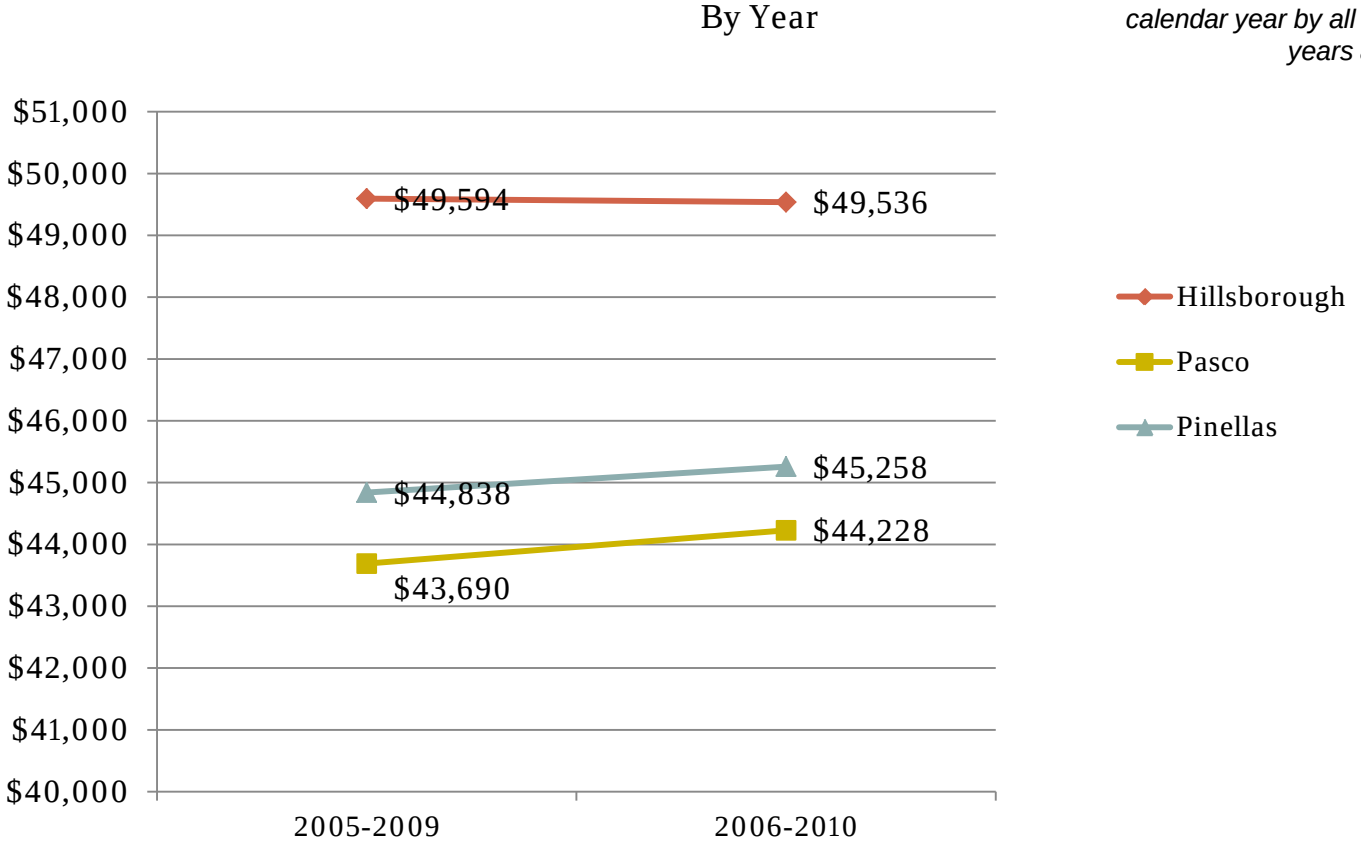
Healthy Tampa Bay Data – Median Household Income

- *median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.*



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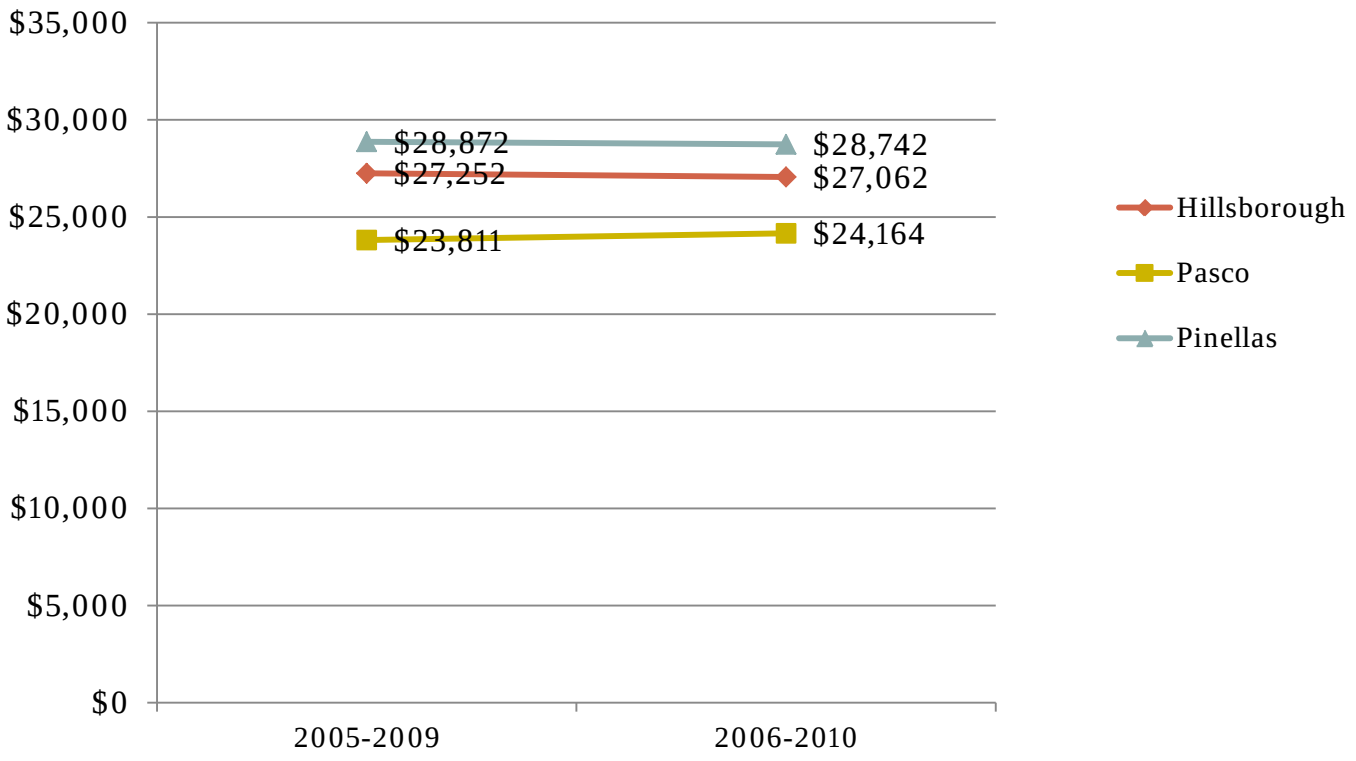
Healthy Tampa Bay Data – Per Capita Income

- *shows the per capita income.*
- *The distribution is based on data from 3,143 U.S. counties and county equivalents.*

By Year



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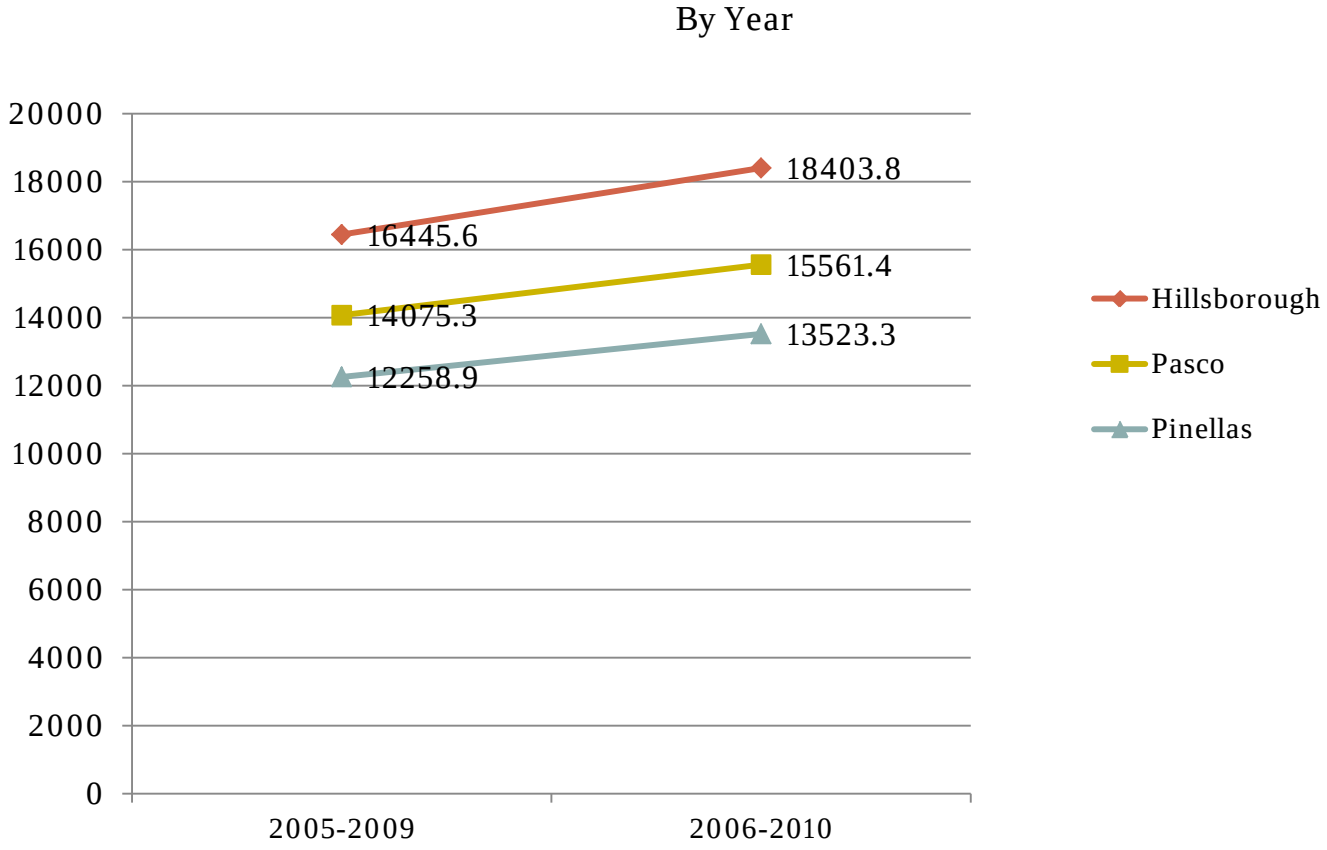
Healthy Tampa Bay Data – Median Monthly Medicaid Enrollment

- *shows the rate per 100,000 population of median monthly Medicaid enrollment.*



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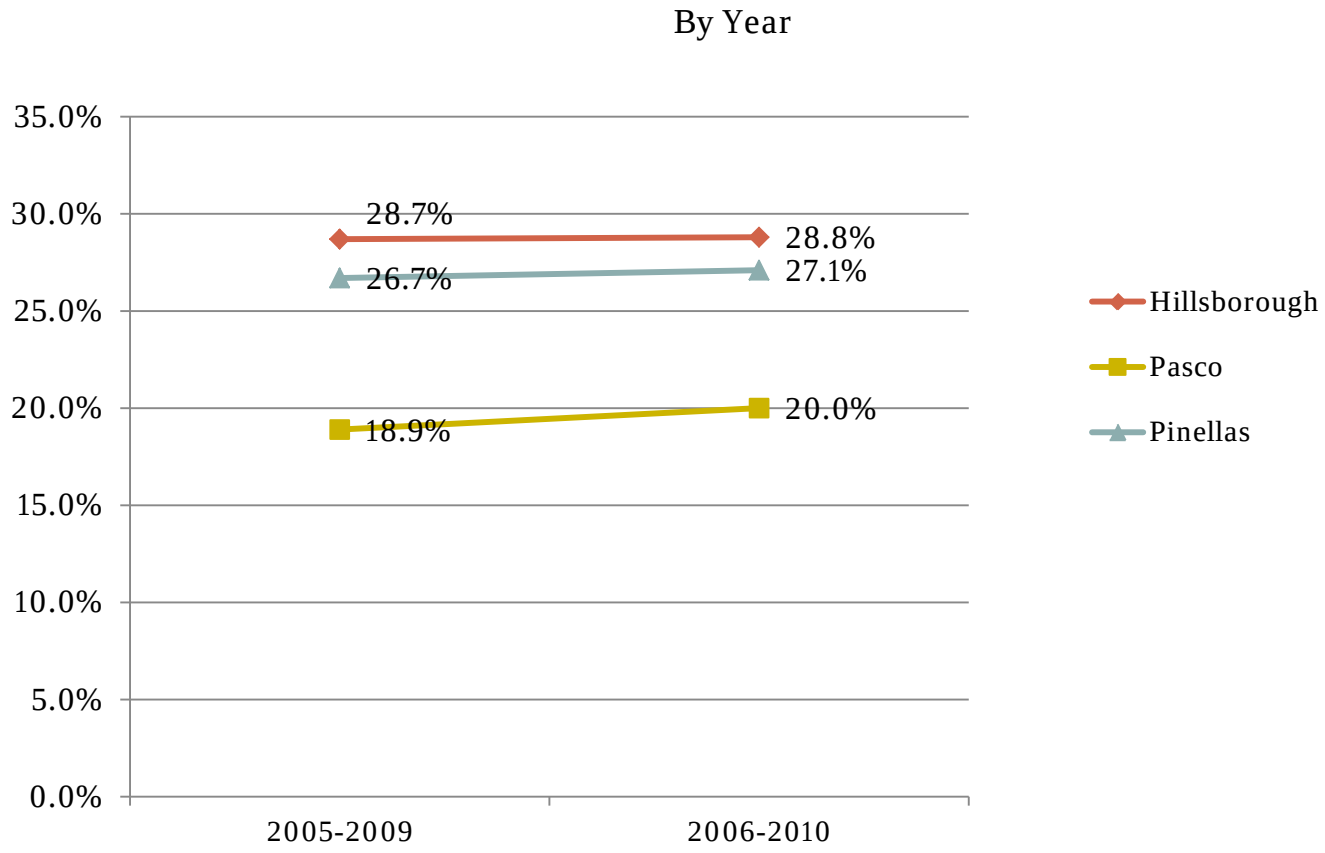
Healthy Tampa Bay Data – People 25+ with a Bachelor's Degree or Higher

- *shows the percentage of people 25 years and older who have earned a bachelor's degree or higher.*



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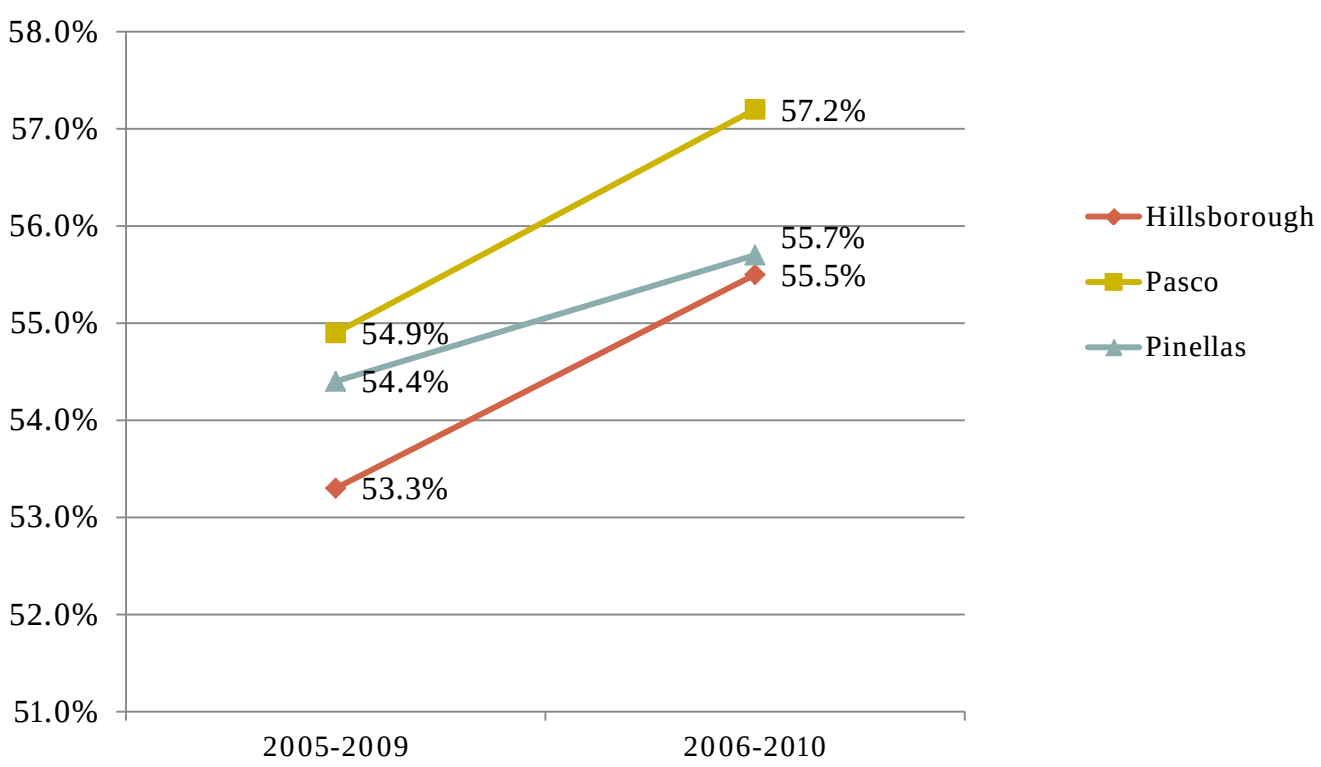
Healthy Tampa Bay Data – Renters Spending 30% or More of Household Income on Rent

- *shows the percentage of renters who are paying 30% or more of their household income in rent.*



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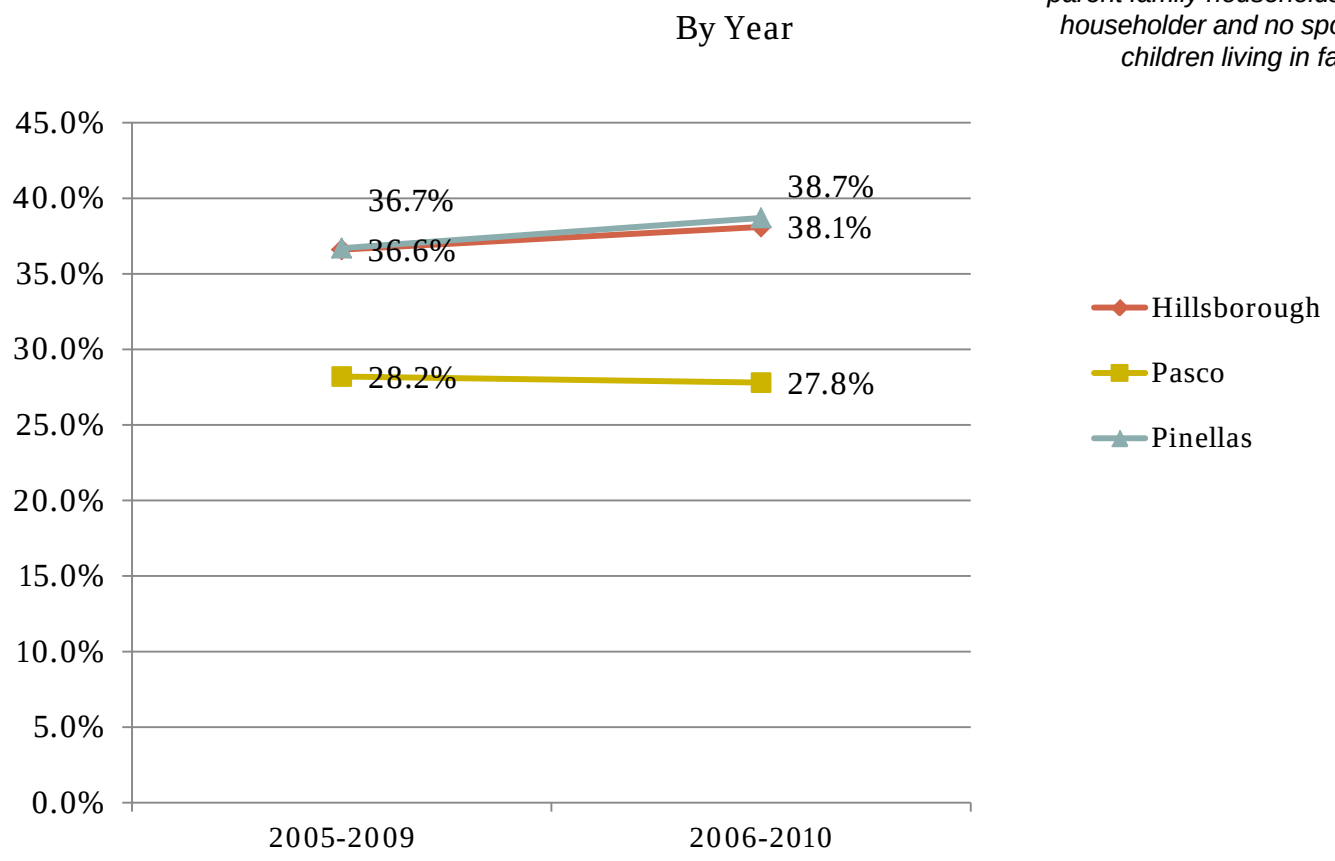
Healthy Tampa Bay Data – Single-Parent Households

- *shows the percentage of children living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households.*



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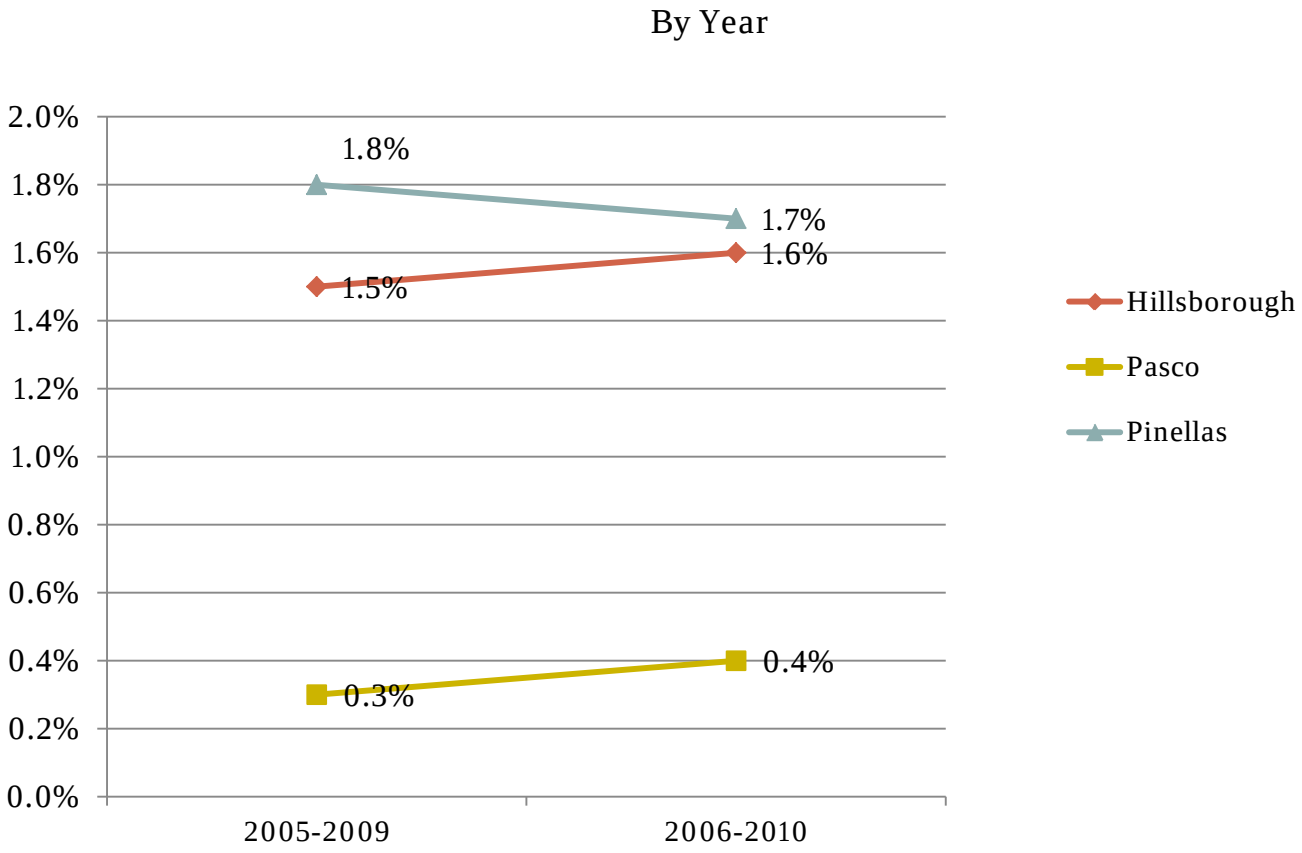
Healthy Tampa Bay Data – Workers Commuting by Public Transportation

- *shows the percentage of workers aged 16 years and over who commute to work by public transportation.*



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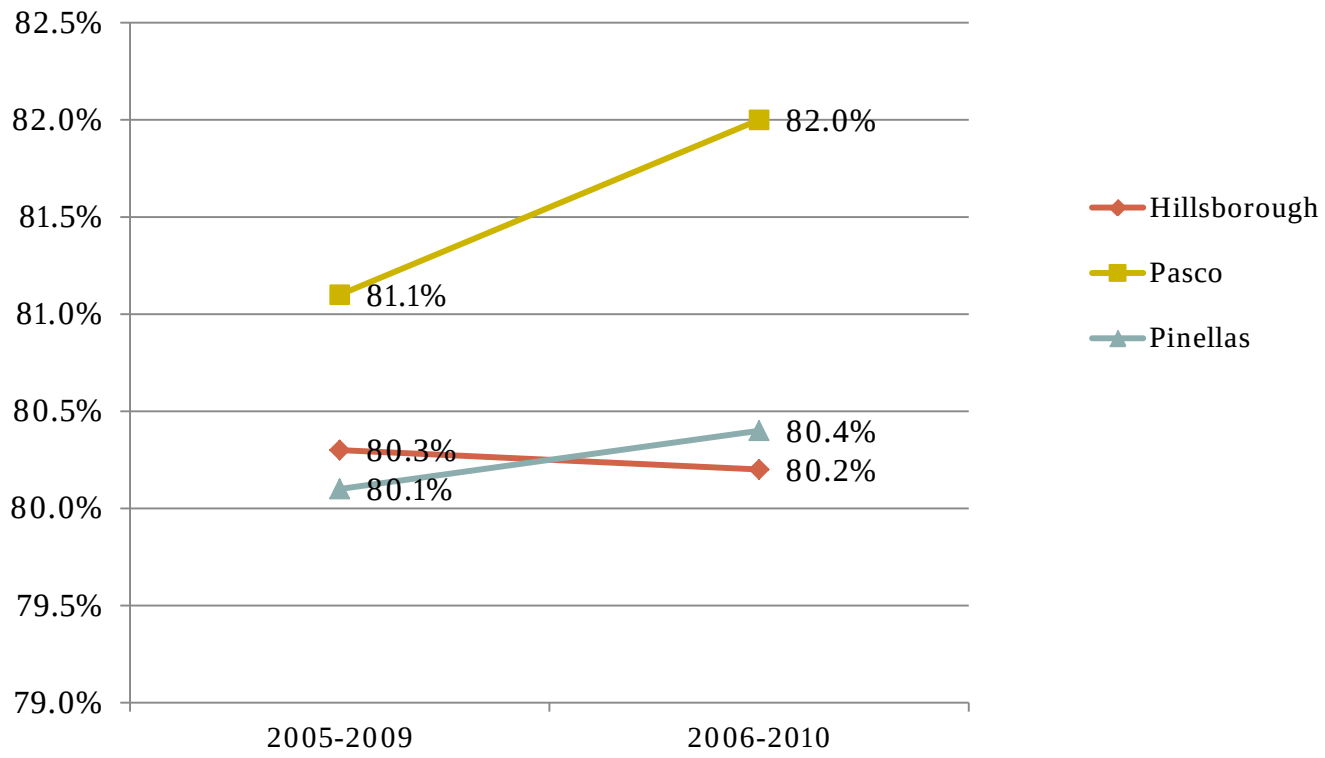
Healthy Tampa Bay Data – Workers who Drive Alone to Work

- *shows the percentage of workers 16 years of age and older who get to work by driving alone in a car, truck, or van.*

By Year



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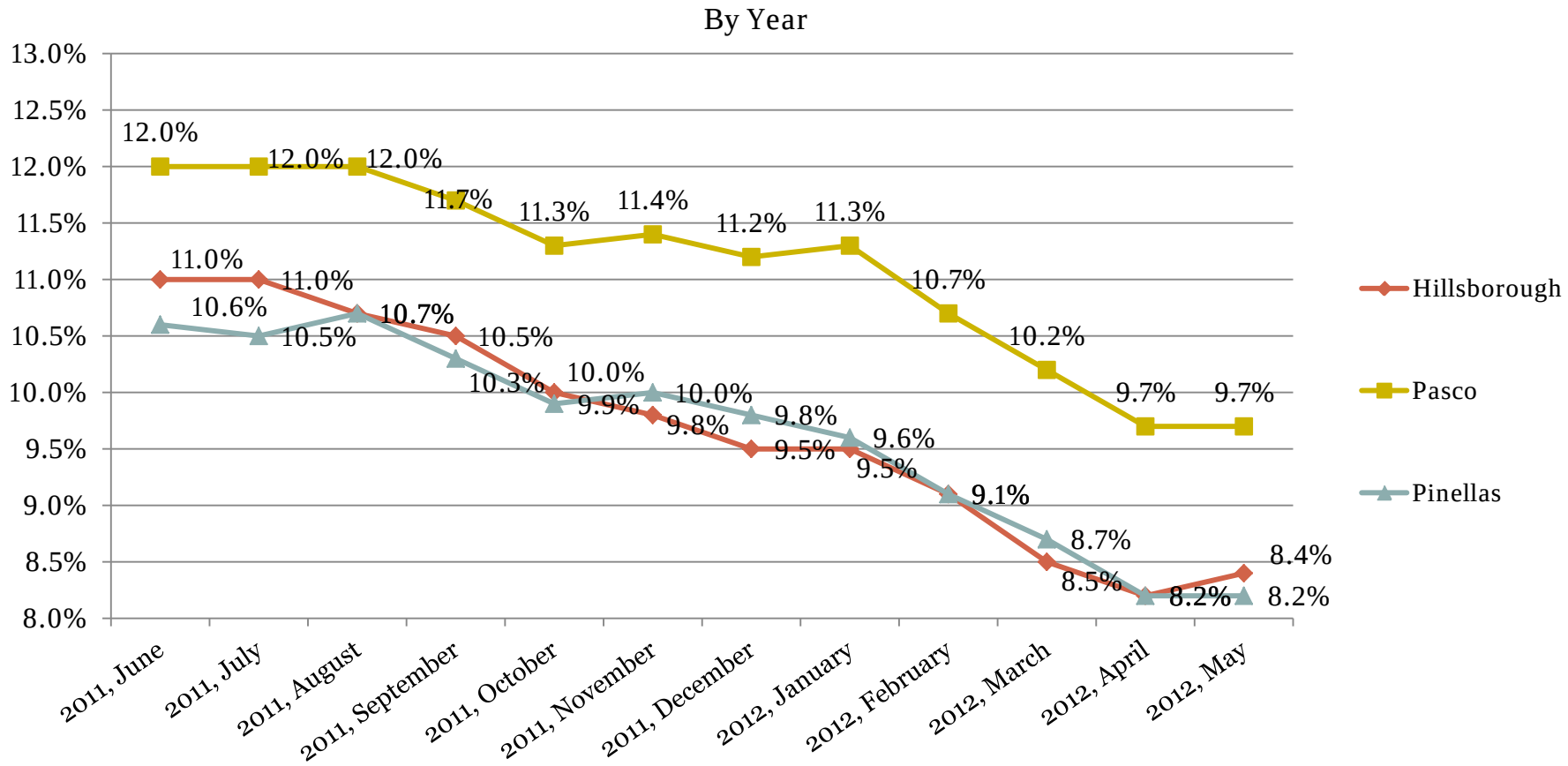
Healthy Tampa Bay Data – Unemployed Workers in Civilian Labor Force

*shows the percentage of the civilian labor force (ages 16 and over) who are unemployed.



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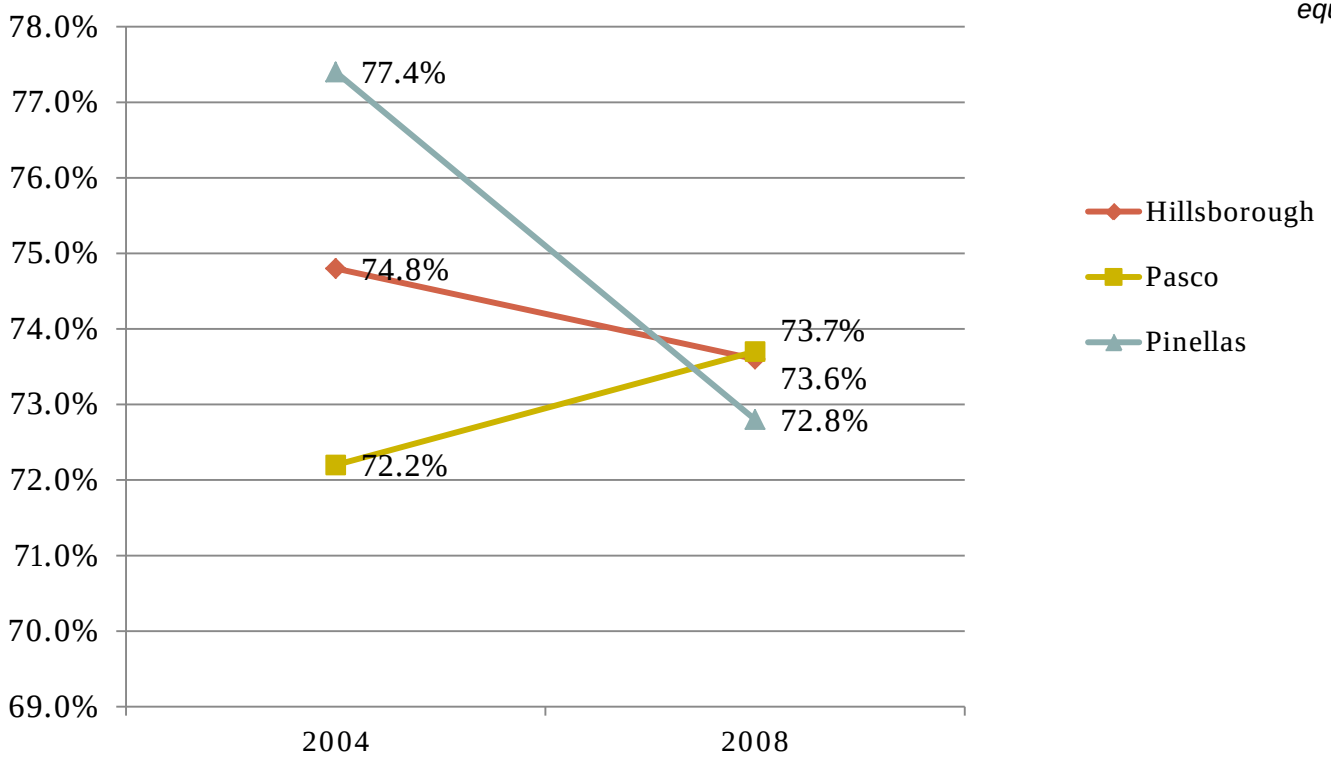
Healthy Tampa Bay Data – Voter Turnout

By Year



- *shows the percentage of registered voters who voted in the previous presidential election.*
- *The regional value is compared to the median value of 3,143 U.S. counties and county equivalents.*

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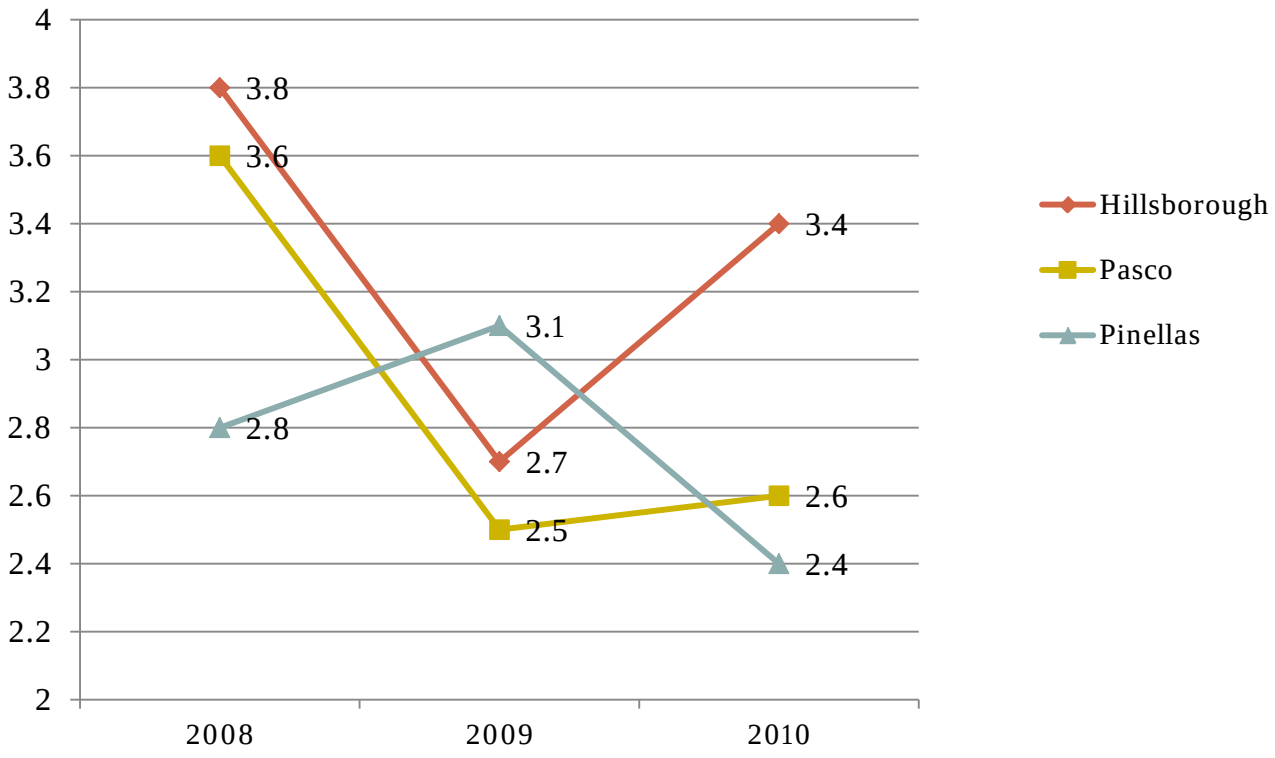
Healthy Tampa Bay Data – Pedestrian Death Rate

- *shows the number of pedestrians killed in traffic collisions per 100,000 population.*

By Year



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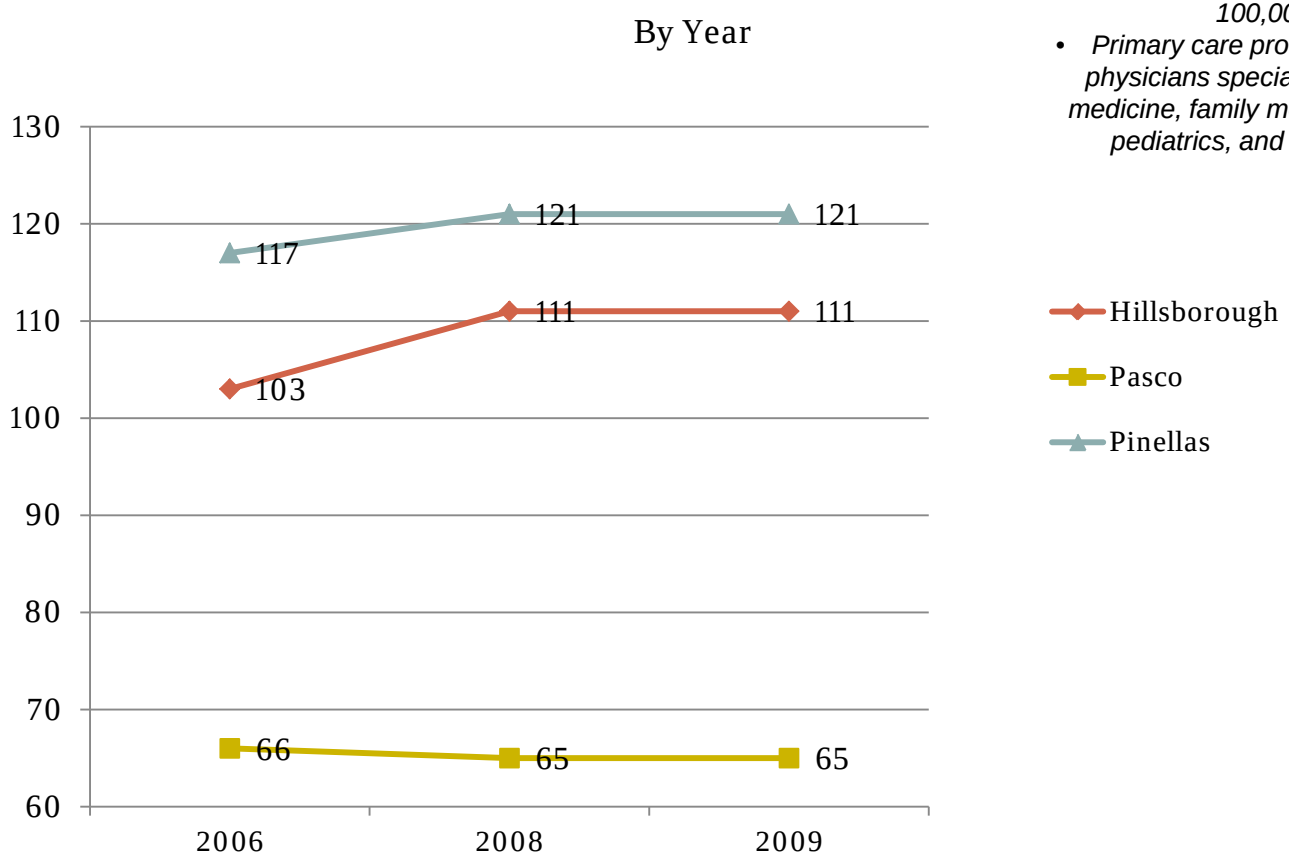
Healthy Tampa Bay Data – Primary Care Provider Rate

- *shows the primary care provider rate per 100,000 population.*
- *Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology.*



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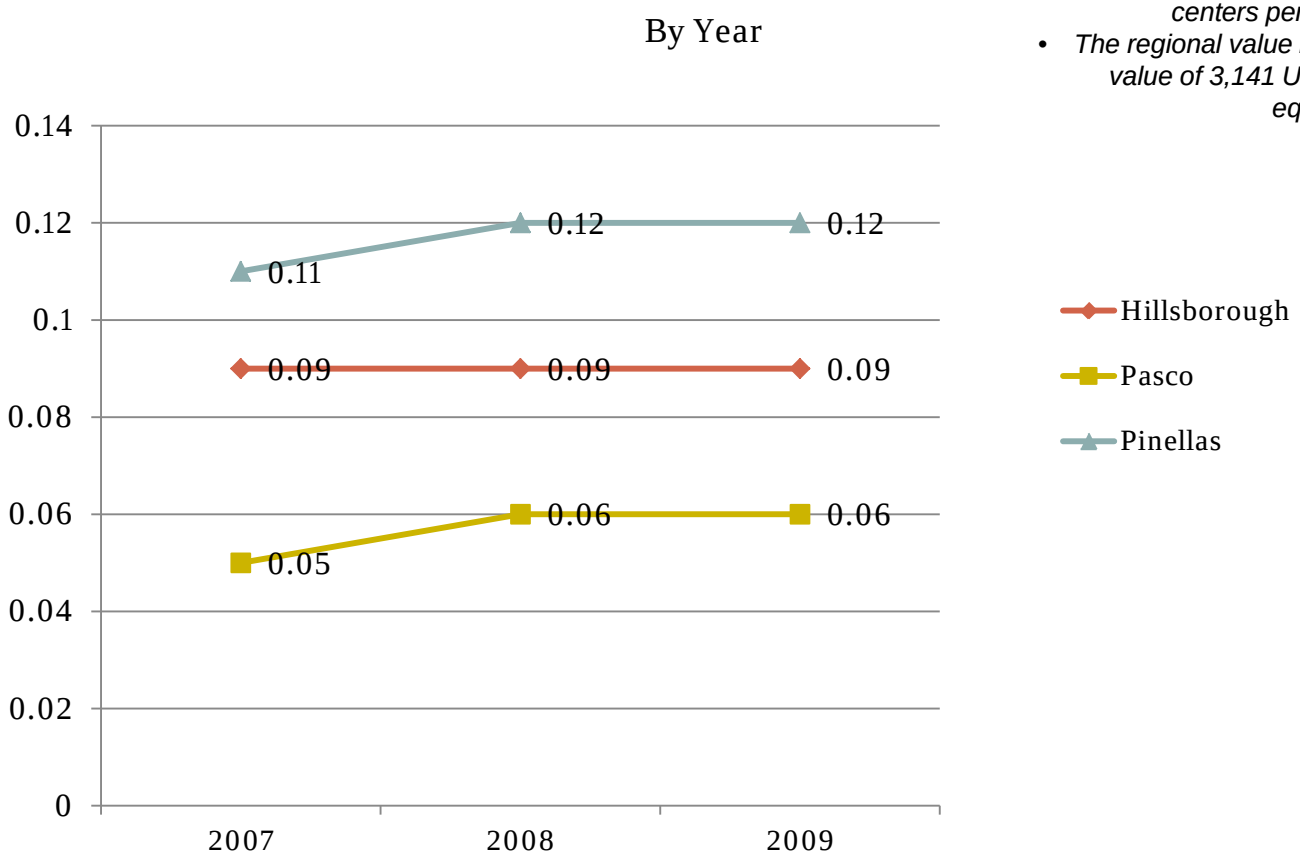
Healthy Tampa Bay Data – Recreation and Fitness Facilities

- *shows the number of fitness and recreation centers per 1,000 population.*
- *The regional value is compared to the median value of 3,141 U.S. counties and county equivalents.*



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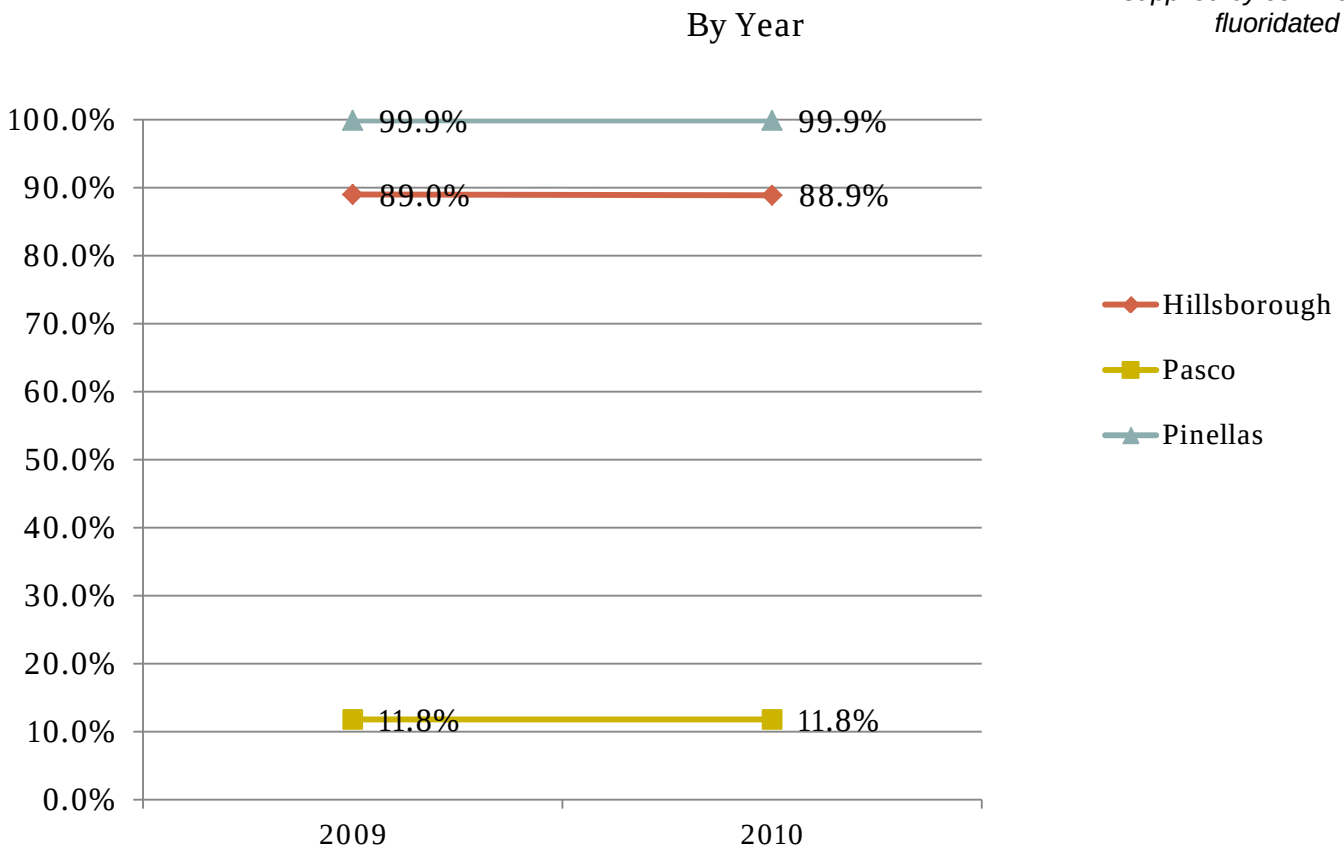
Healthy Tampa Bay Data – Population with Fluoridated Water

- *shows the percentage of the total population supplied by community water who receive fluoridated water supplies.*



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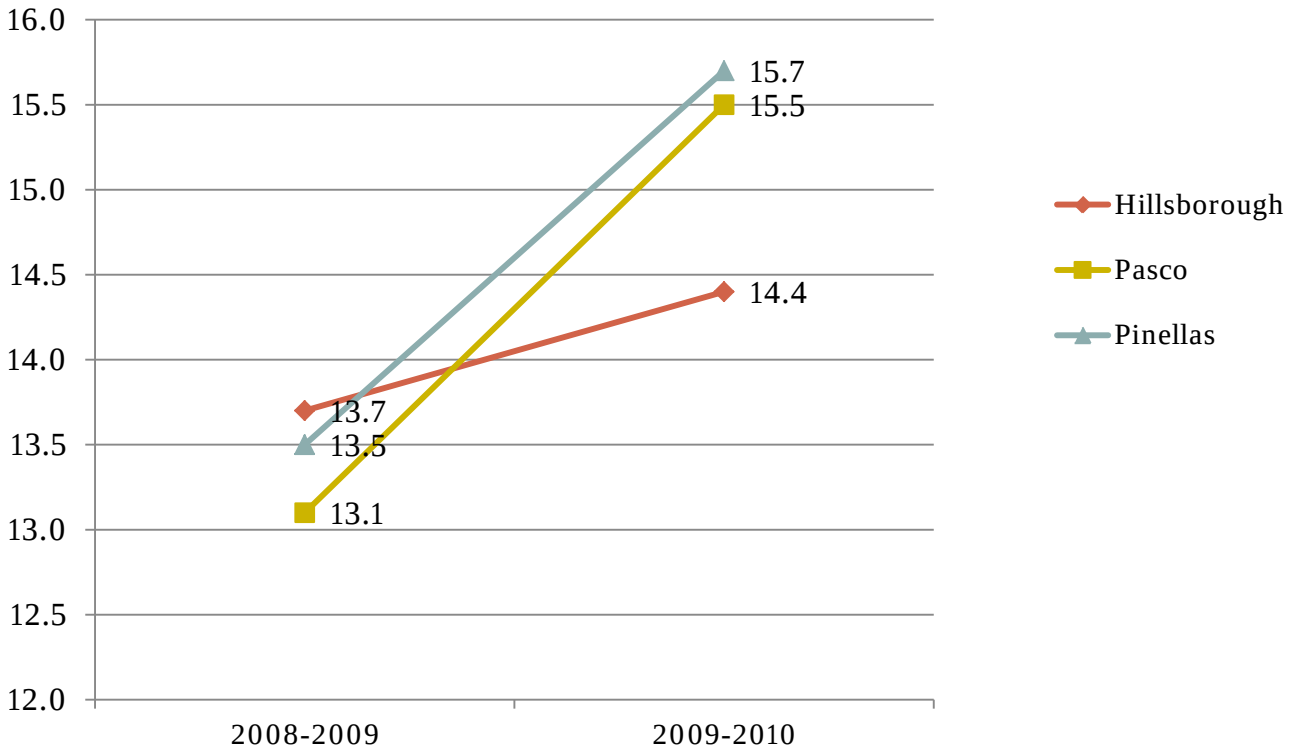
Healthy Tampa Bay Data – Student-to-Teacher Ratio

- *shows the average number of public school students per teacher in the county. It does not measure class size.*

By Year



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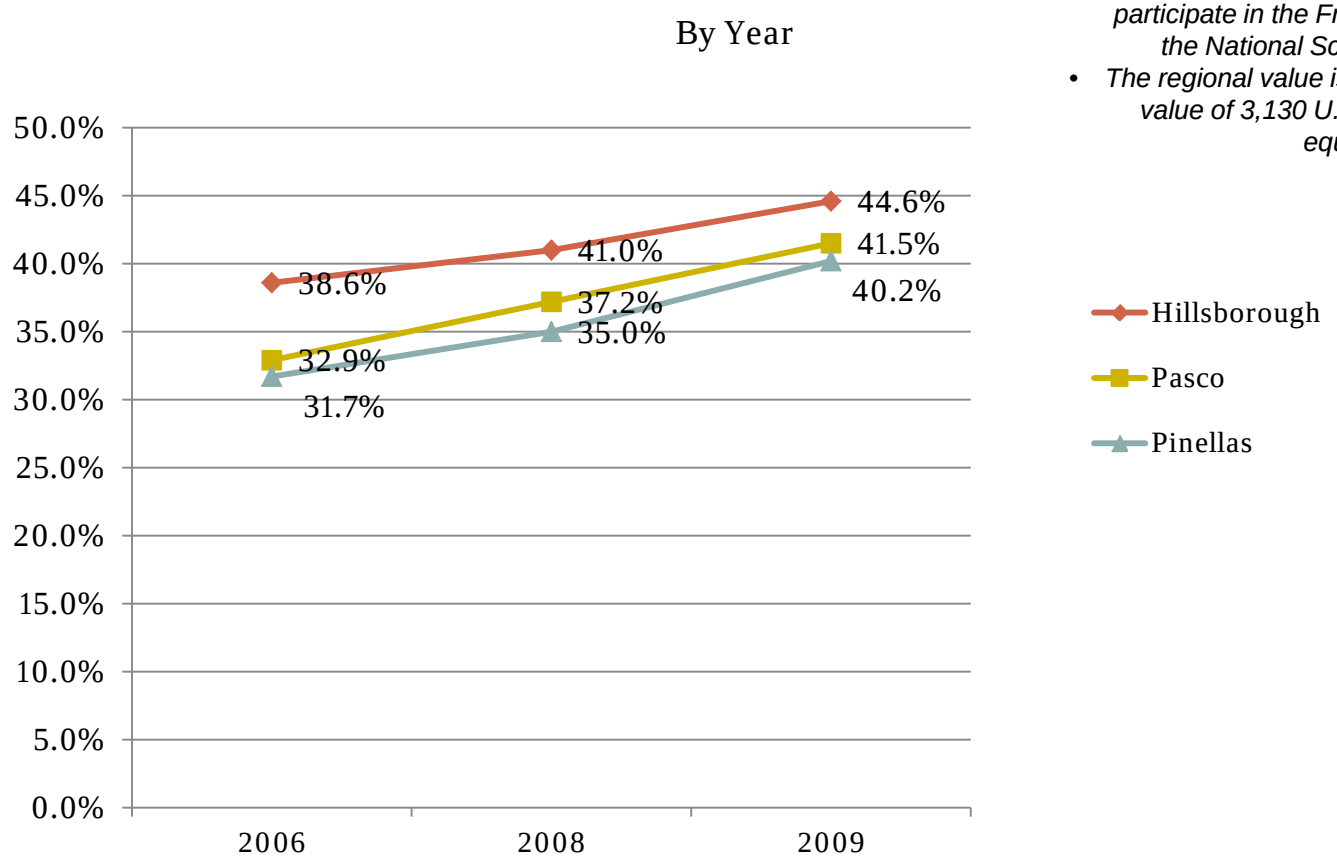
Healthy Tampa Bay Data – Students Eligible for the Free Lunch Program

- *shows the percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.*
- *The regional value is compared to the median value of 3,130 U.S. counties and county equivalents.*



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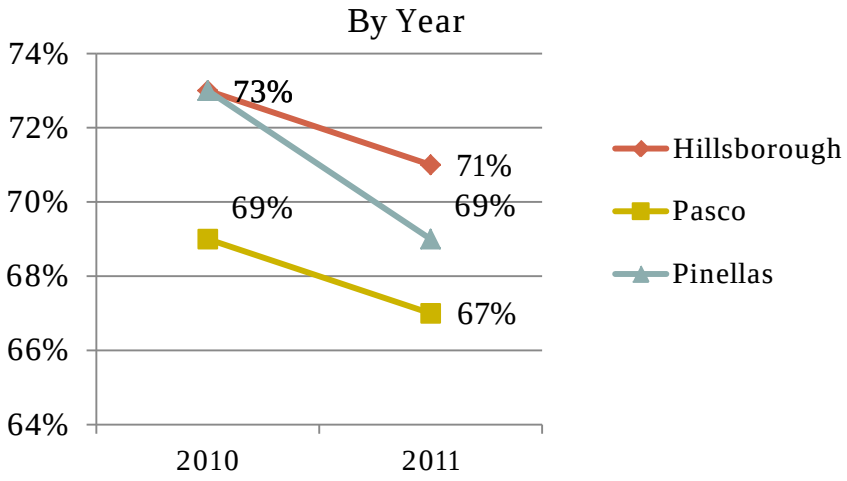
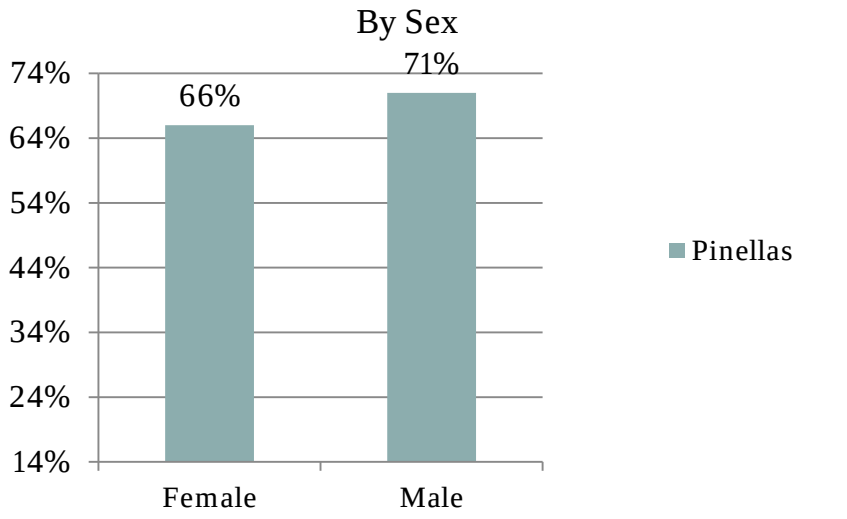
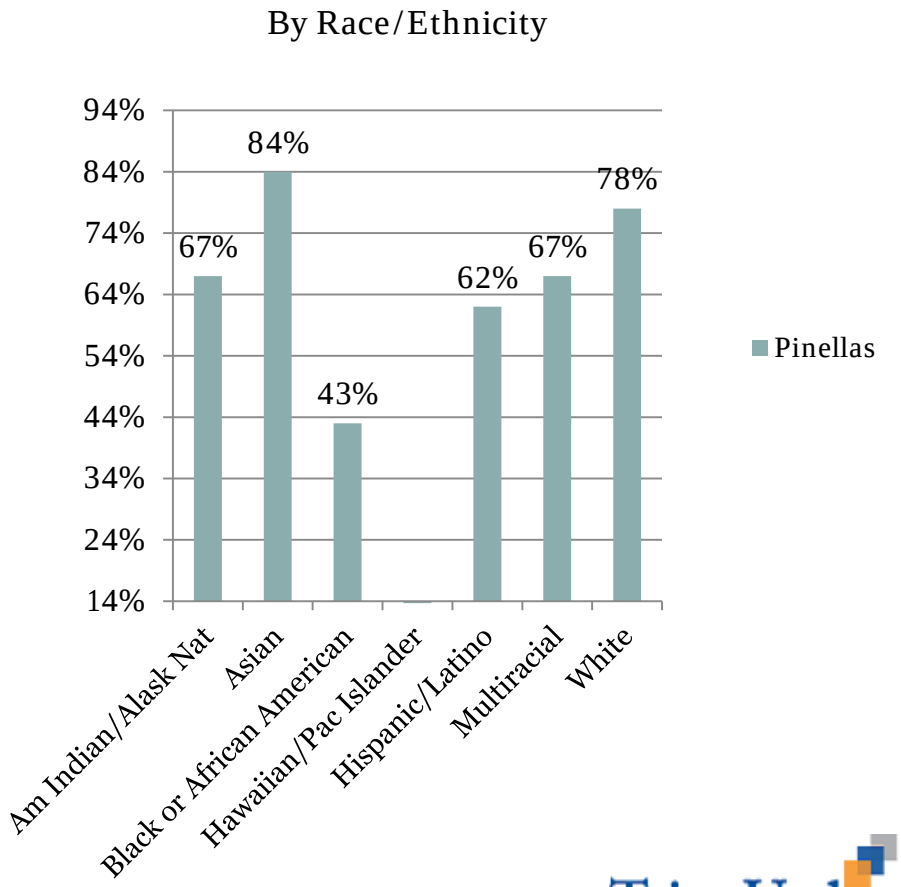
Healthy Tampa Bay Data – 4th Grade Students Proficient in Math

**Percent of 4th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*



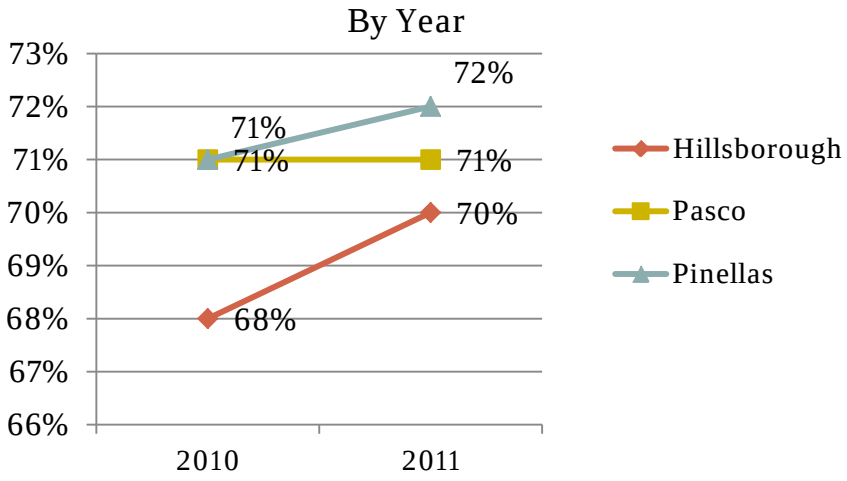


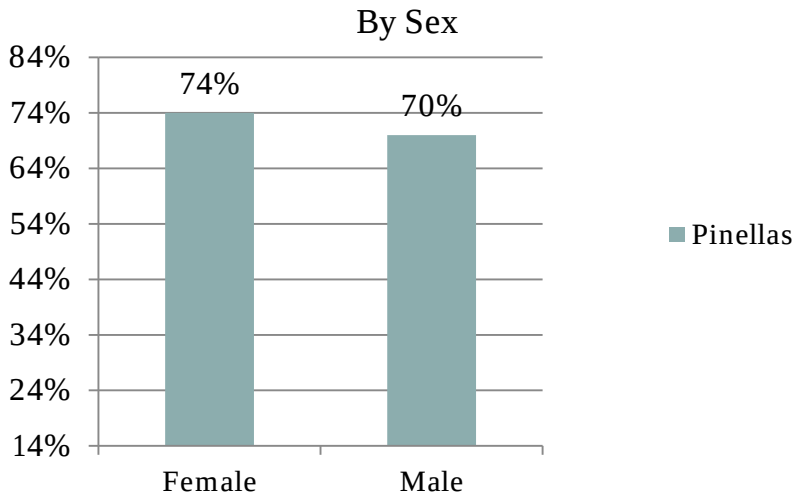


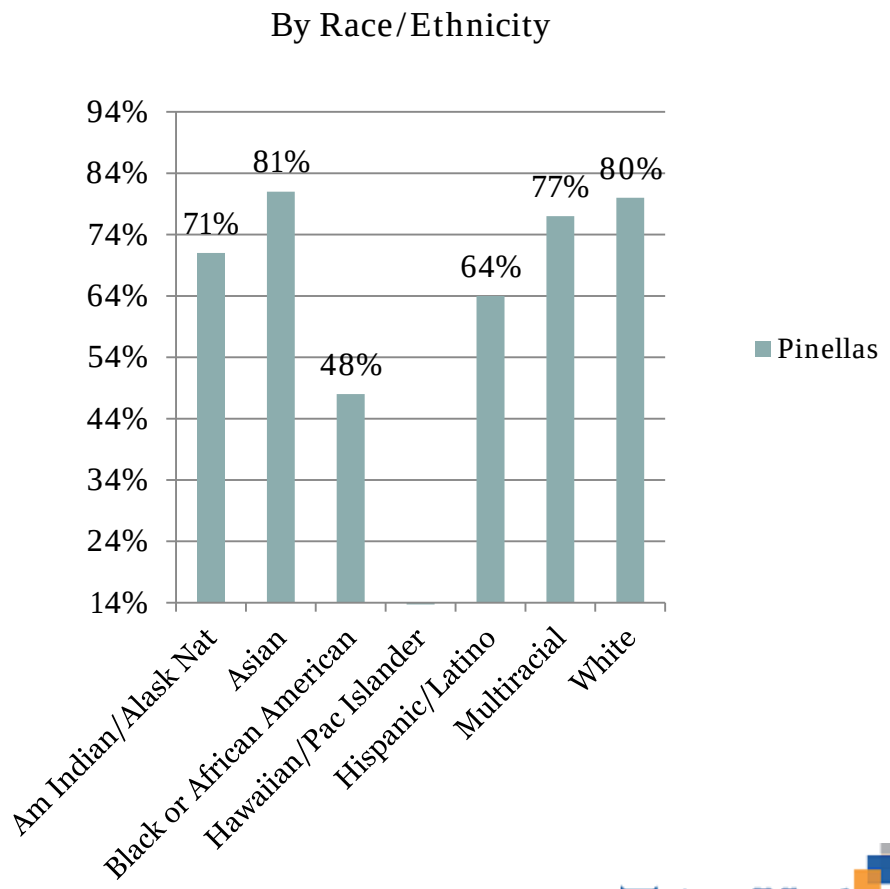
TrippUmbach Research • Strategy • Impact

Healthy Tampa Bay Data – 4th Grade Students Proficient in Reading

**Percent of 4th grade students scoring at or above their grade level in reading as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*







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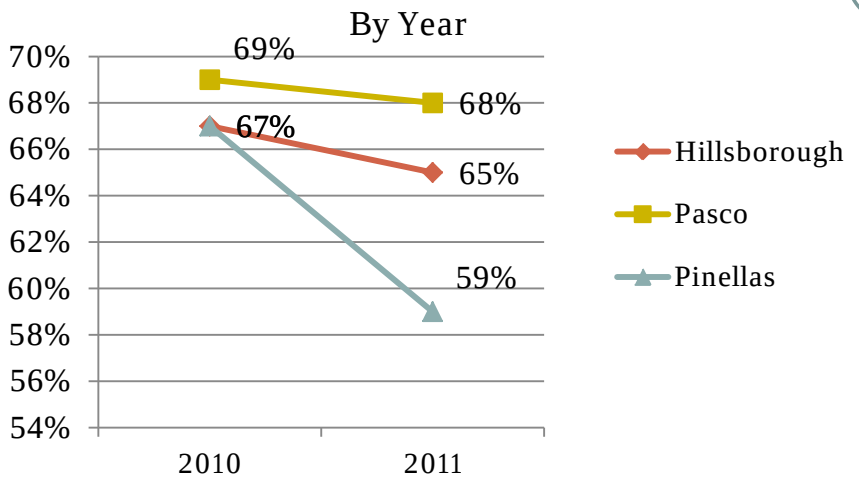
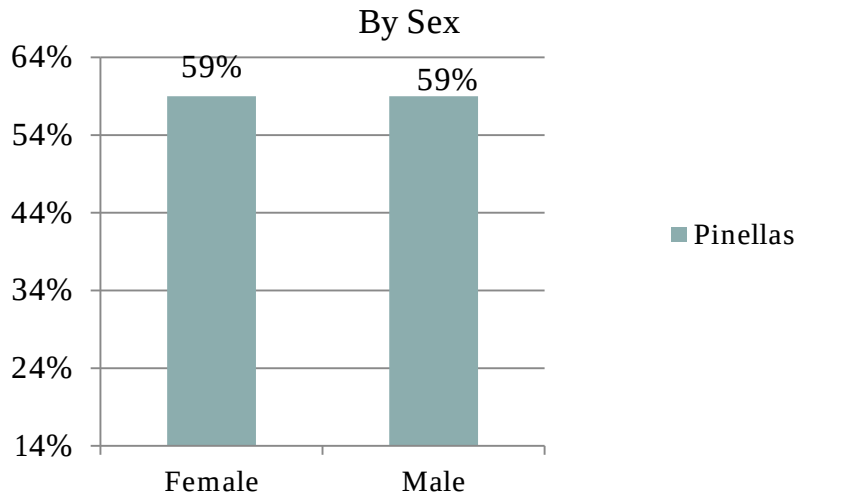
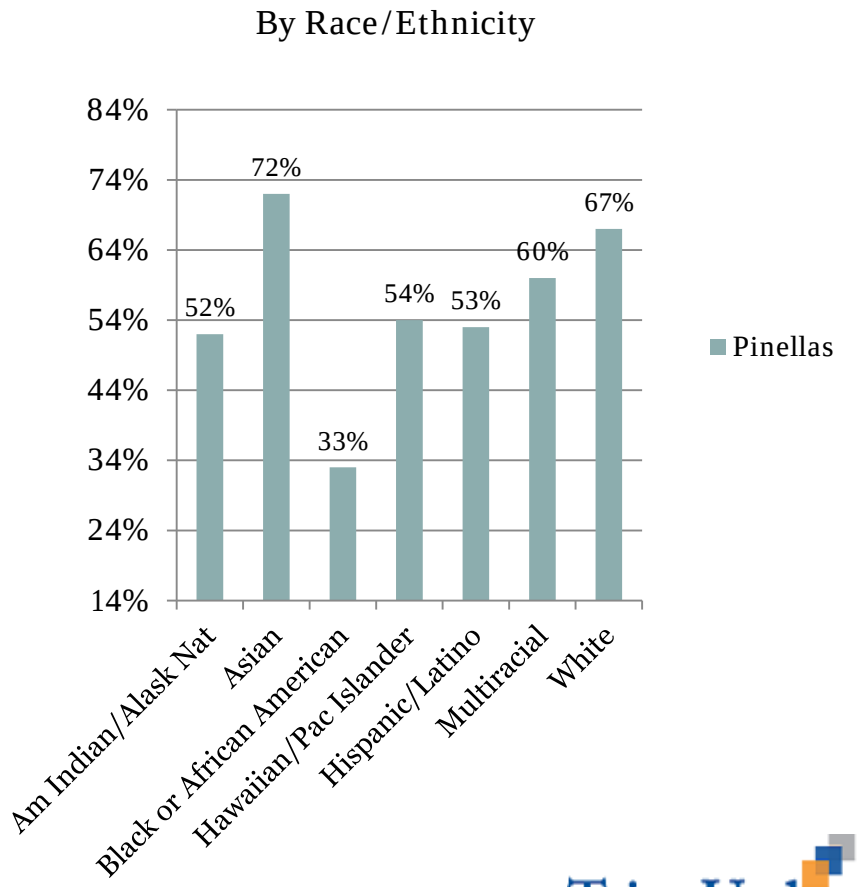
Healthy Tampa Bay Data – 8th Grade Students Proficient in Math

*Percent of 8th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).







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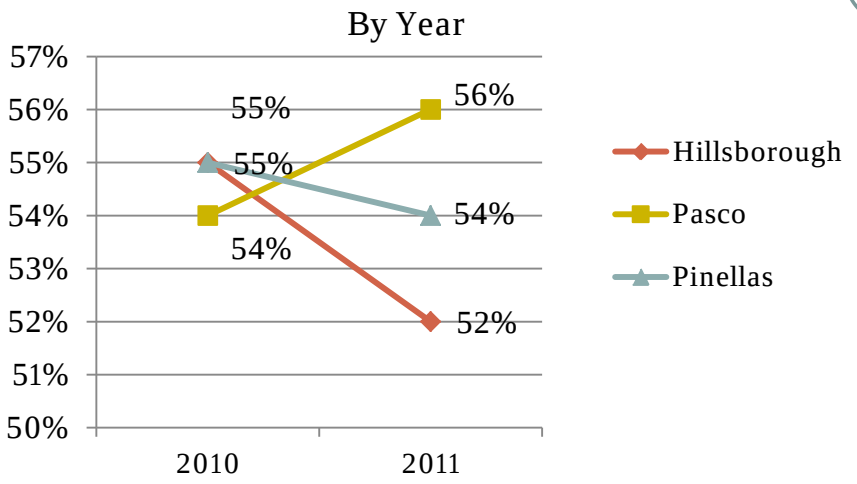
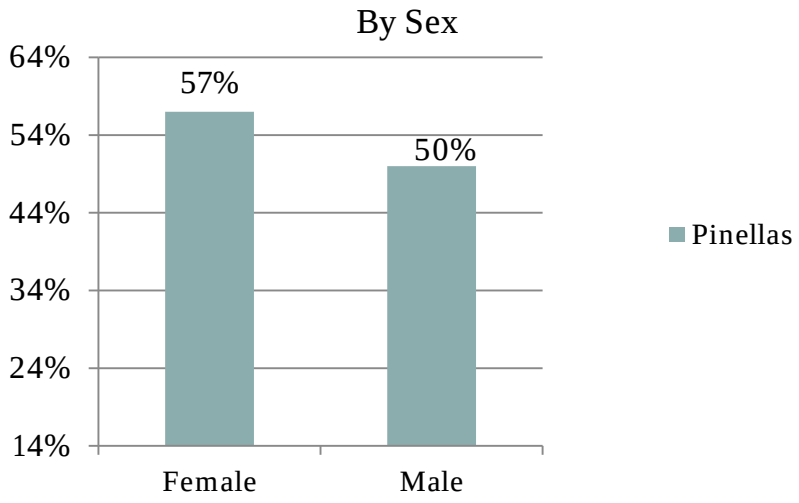
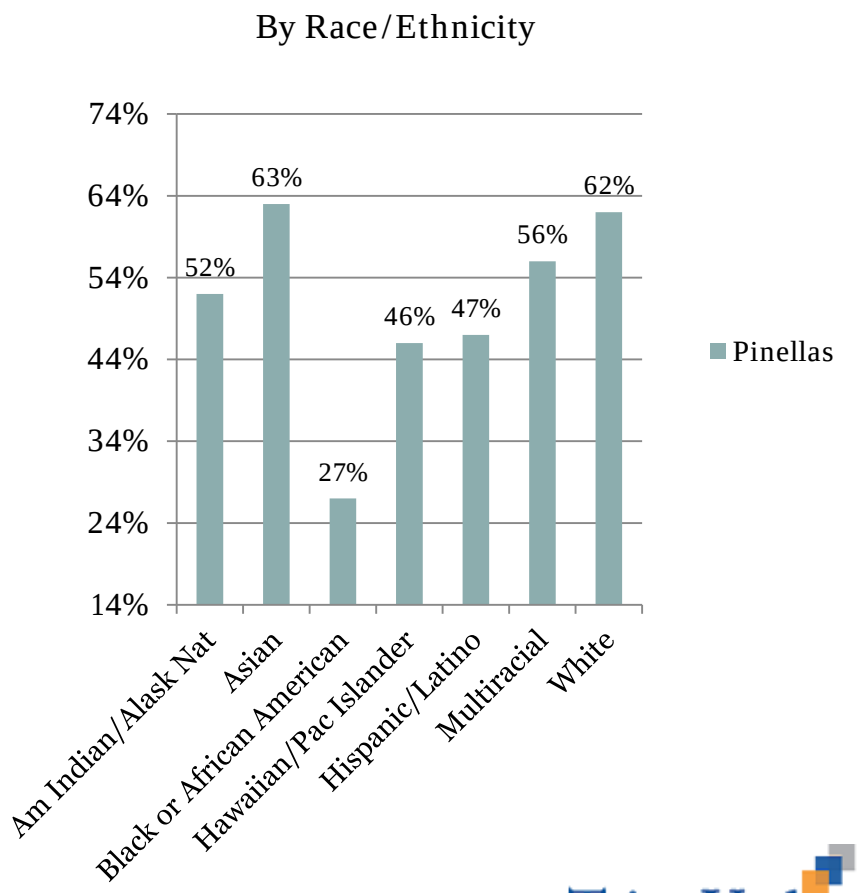
Healthy Tampa Bay Data – 8th Grade Students Proficient in Reading

**Percent of 8th grade students scoring at or above their grade level in reading as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*







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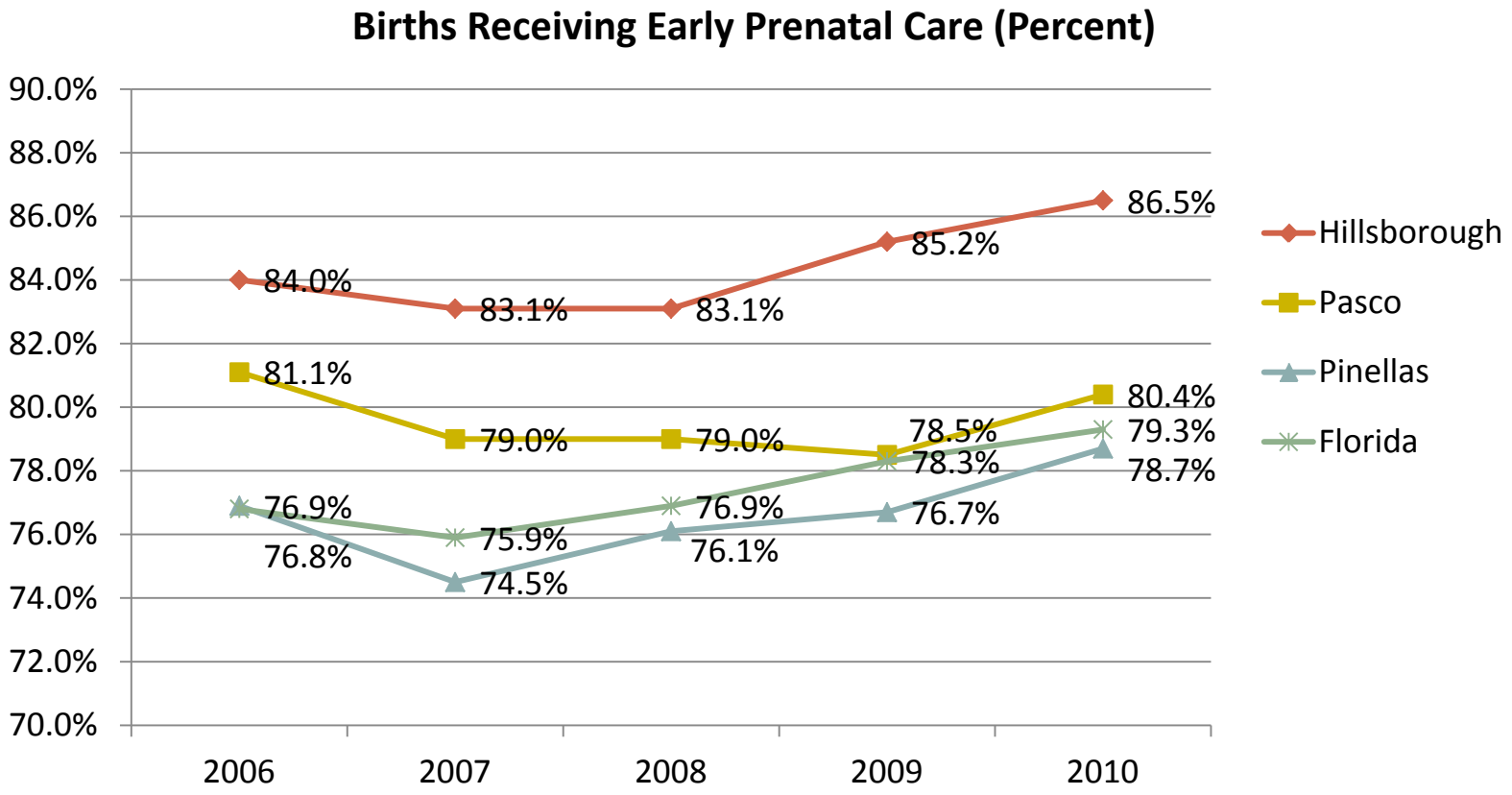
Kids Count

- Compared to the other counties in the study area and the state, Pinellas County shows the lowest rates of births to mothers receiving early prenatal care from 2006 to 2010.
- From 2009 to 2010, Pinellas County saw a drastic rise in low birth weight rates from 8.0% in 2009 (the lowest rate compared to other counties in the study area) to 9.1% in 2010 (tied with Hillsborough County for the highest low birth weight rate in the study area in 2010).
- Pinellas County shows the highest rates of infant deaths for both White (6.6%) and Non-White (14.5%) babies in 2010 compared to the other counties in the study area and Florida (4.9% and 10.9% for Florida, White and Non-White populations respectively).
- The immunization rate for kindergarten students in Pinellas County has been steadily declining since 2007 to only 89.3% of the kindergarteners in Pinellas County being fully immunized in 2010.
- All of the counties in the study area show rises in graduation rates from 2006-2010.

Kids Count Data



Source: 2012 Kids Count; The Annie E. Casey Foundation

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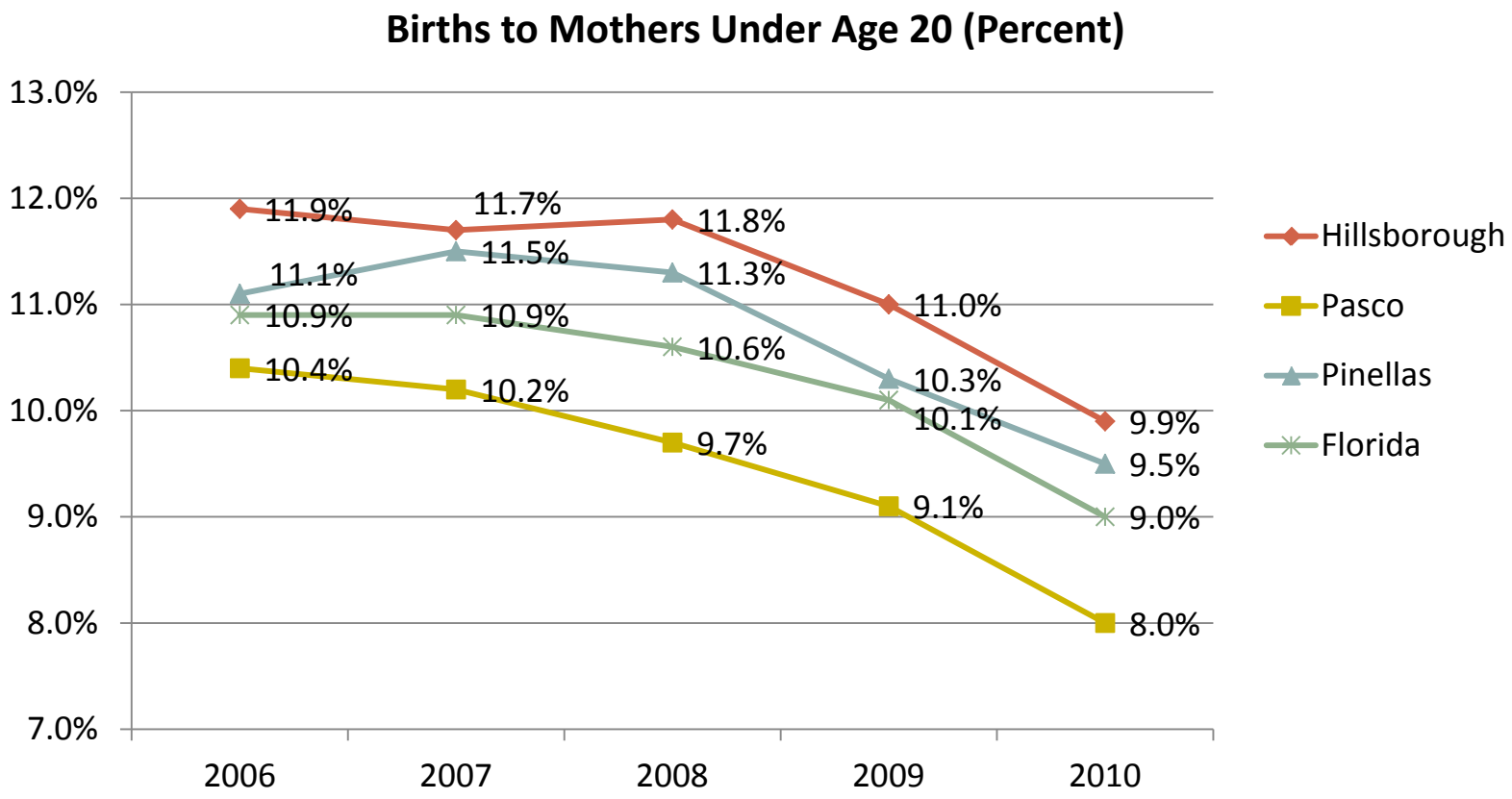
Kids Count Data



Source: 2012 Kids Count; The Annie E. Casey Foundation

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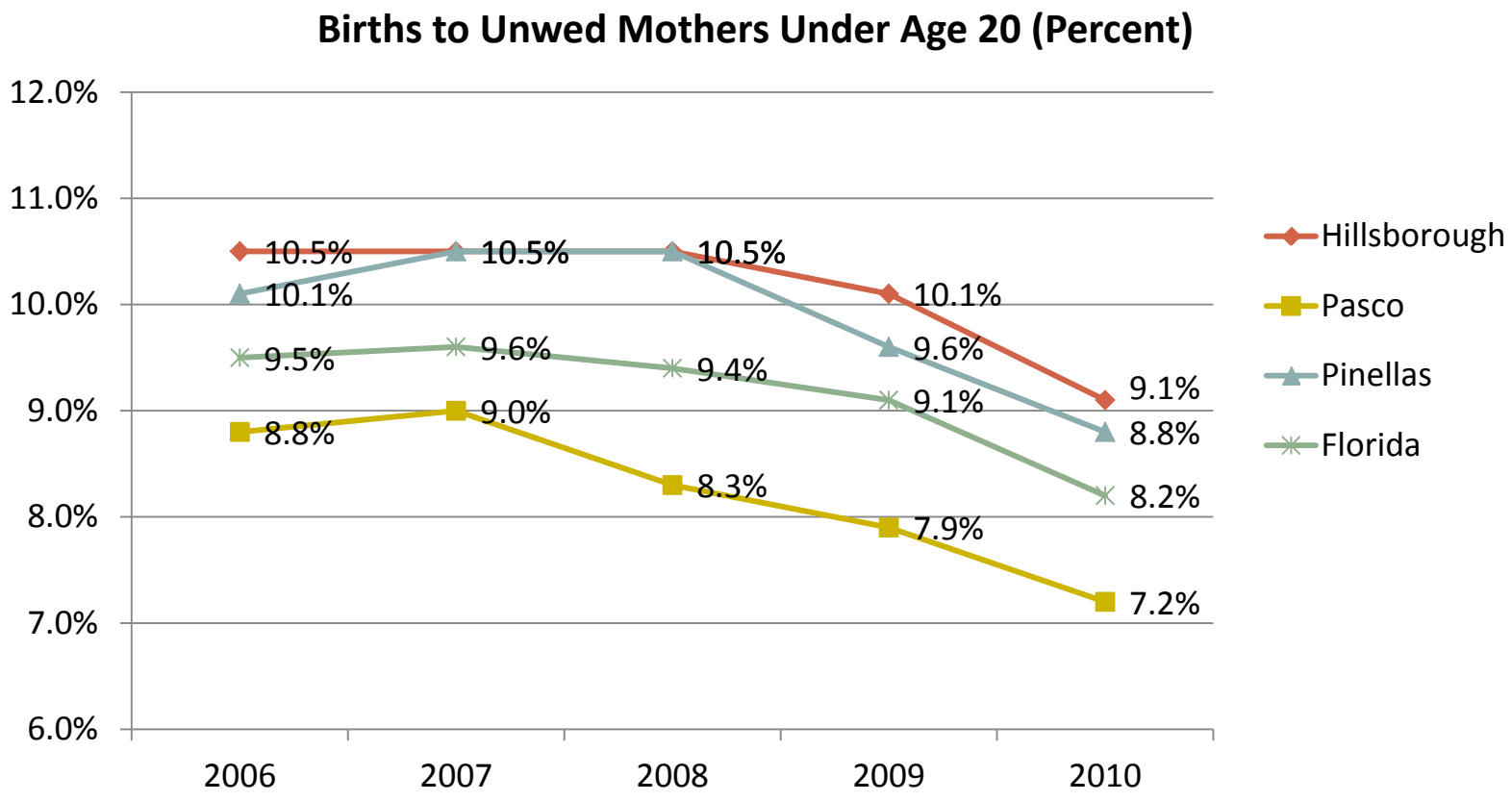
Kids Count Data



Source: 2012 Kids Count; The Annie E. Casey Foundation

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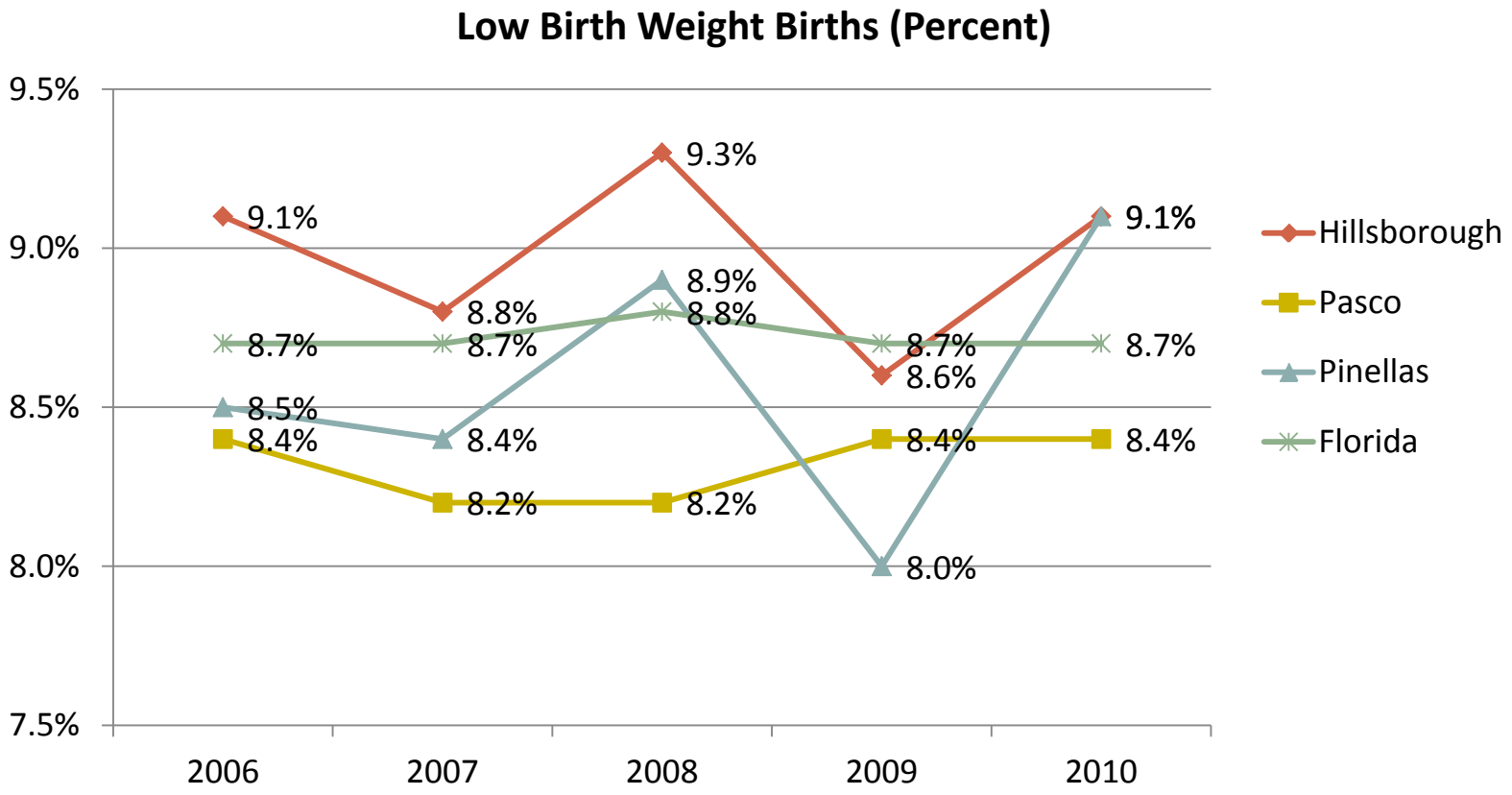
Kids Count Data



Source: 2012 Kids Count; The Annie E. Casey Foundation

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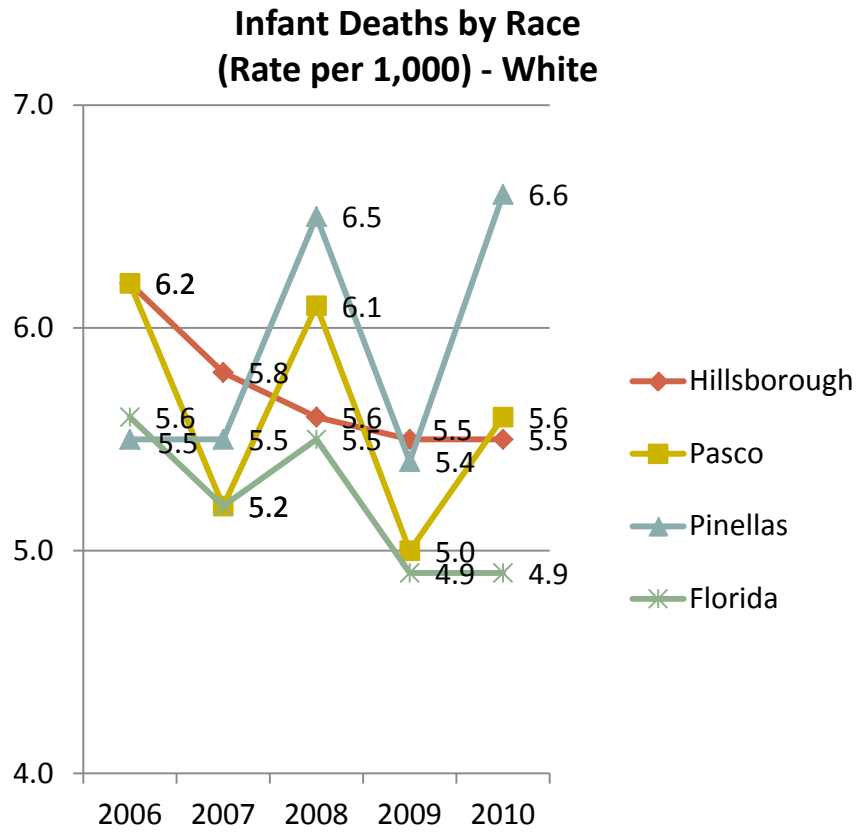
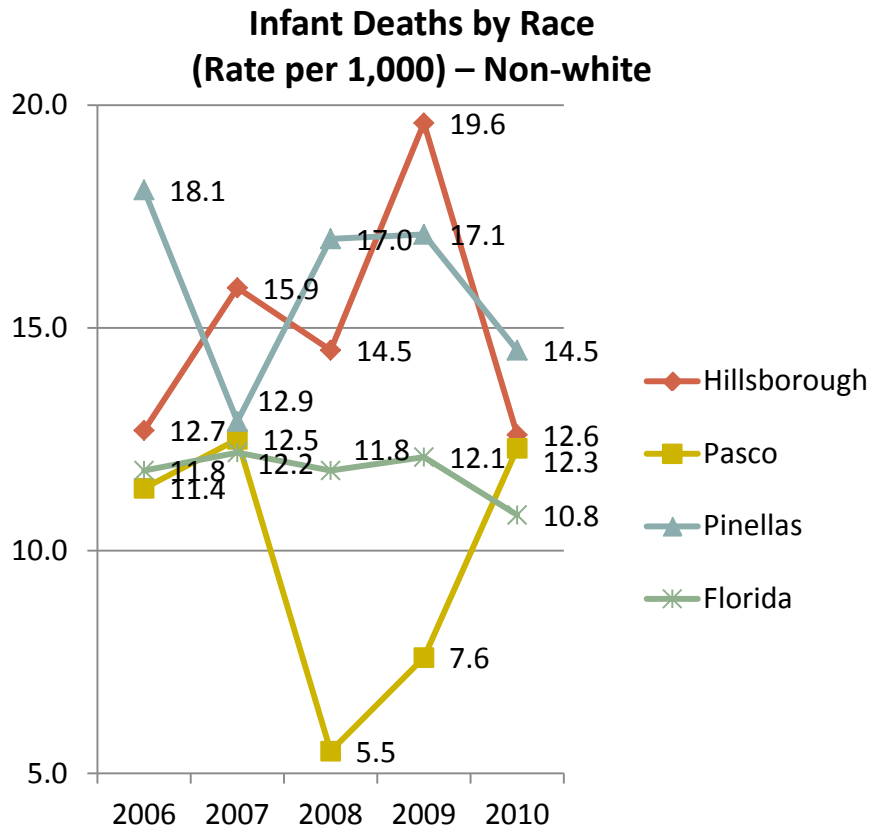
Kids Count Data





Source: 2012 Kids Count; The Annie E. Casey Foundation

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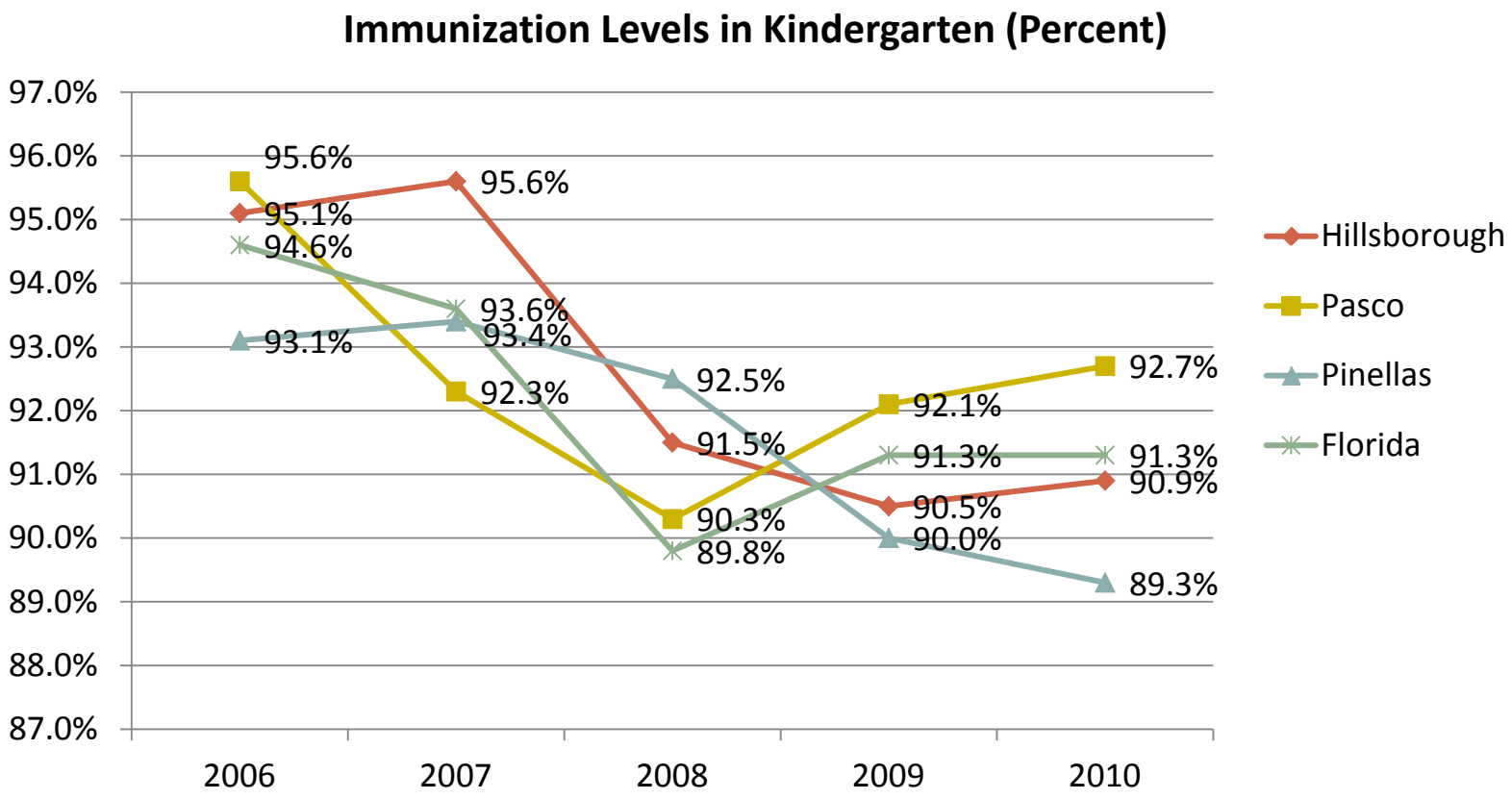
Kids Count Data



Source: 2012 Kids Count; The Annie E. Casey Foundation

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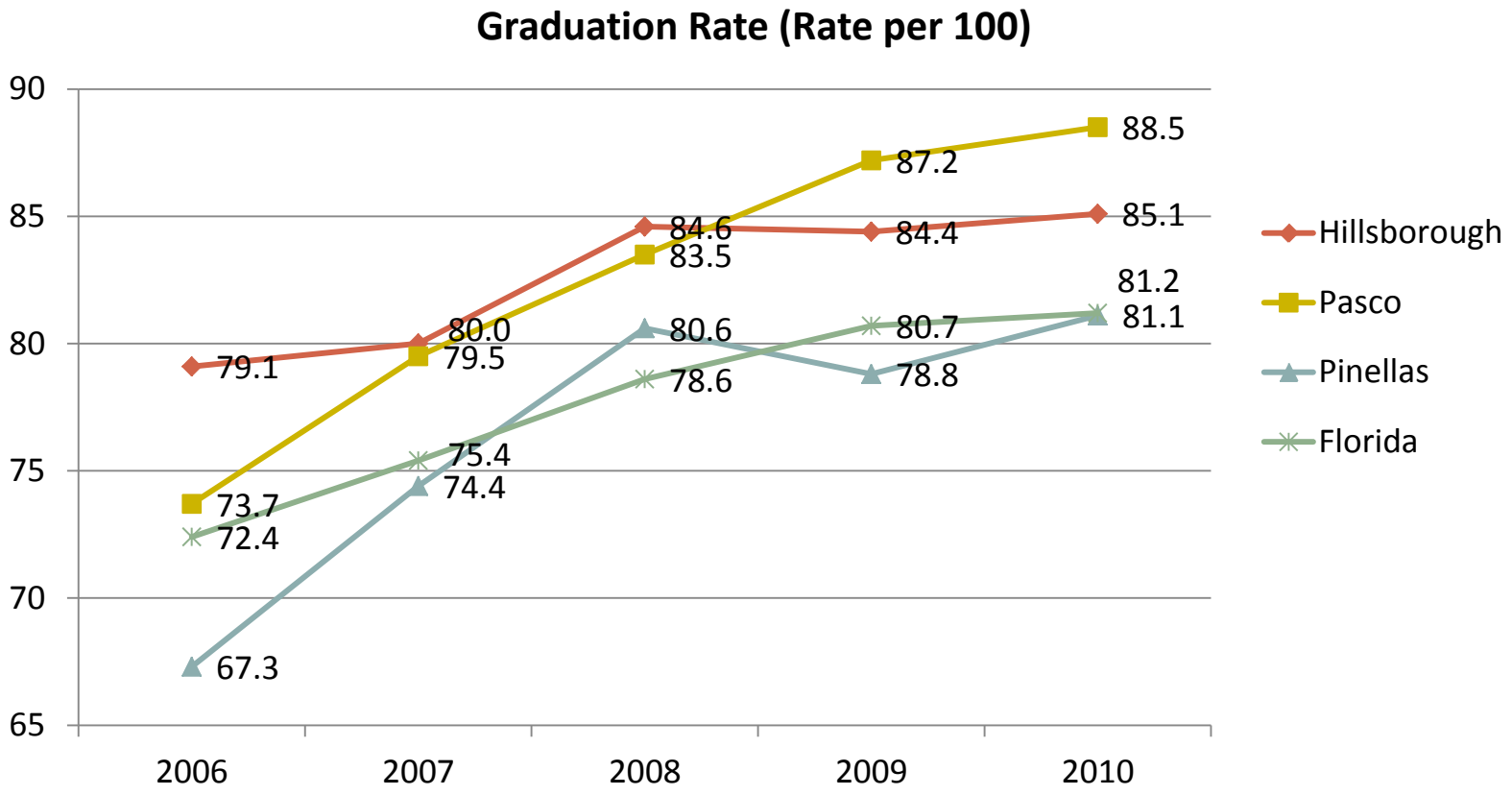
Kids Count Data



Source: 2012 Kids Count; The Annie E. Casey Foundation

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Overview of Secondary Data Methodology

Substance Abuse and Mental Health Services Administration (SAMHSA)

- The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region-specific data from the entire United States in relation to Substance use (alcohol and illicit drugs) and mental health.
- Every state is parceled into regions defined by SAMHSA. The regions are defined in the '2008-2010 National Survey on Drug Use and Health Substate Region Definitions'.
- Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.
- For the BayCare Health System service area, the regions are defined as follows:
  - **Circuit 6: Pasco and Pinellas counties**
  - **Circuit 13: Hillsborough County**

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008, 2009, and 2010.

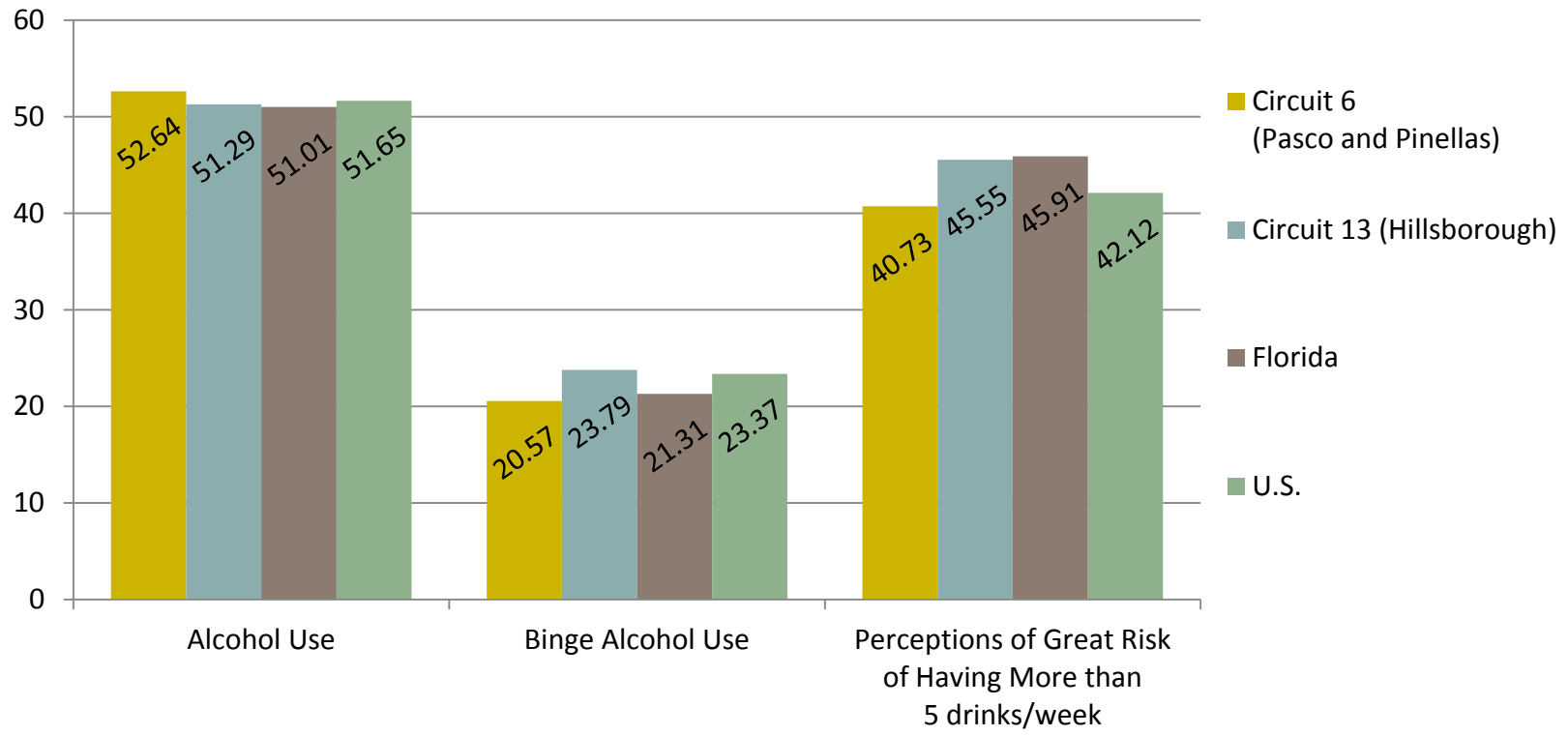
Alcohol/Drug Use Data (SAMHSA)

- Circuit 6 (Pasco and Pinellas counties) shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.
  - Circuit 6 shows the lowest rate of individuals that perceive the risks associated with having 5 or more drinks per week compared with individuals in Florida.
- Circuit 6 shows low rates of individuals reporting alcohol dependence or needing but not receiving treatment for alcohol dependence; Florida shows higher rates for both of these concerns.
- Circuit 6 shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida and the other circuit in the study area.
  - This is may be related to the fact that Circuit 6 shows the lowest rates of individuals who perceive the great risks of smoking.

Alcohol/Drug Use Data (SAMHSA)

- Interestingly, Circuit 6 shows the lowest rates of individuals that perceive great risk associated with smoking marijuana while at the same time showing the lowest marijuana usage rate compared with Florida. Generally, these values are negatively correlated; it may tell us that there is simply little exposure and usage of marijuana in this area.
- Circuit 6 shows the highest rate of nonmedical use of prescription pain relievers compared to Florida (4.43% of the population aged 12 and older).
- Individuals in Circuit 6 report needing but not receiving treatment for illicit drug dependence less than individuals in Florida.
- Individuals in Circuit 6 shows the highest reported rates of serious thoughts of suicide compared with Florida.

Alcohol Use in the Past Month (%, Aged 12 +)



Source: SAMHSA

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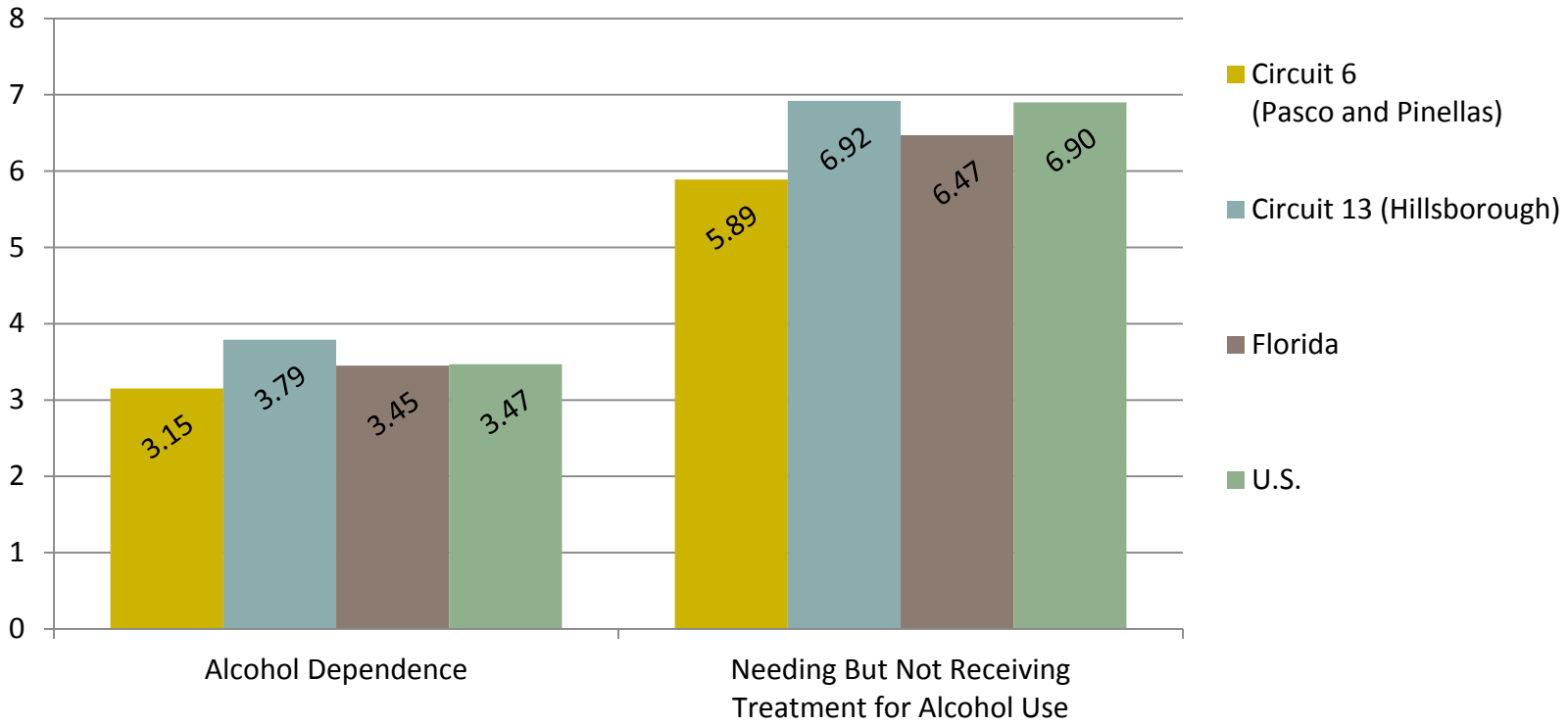
Alcohol Use in the Past Year (%, Aged 12 +)



Source: SAMHSA

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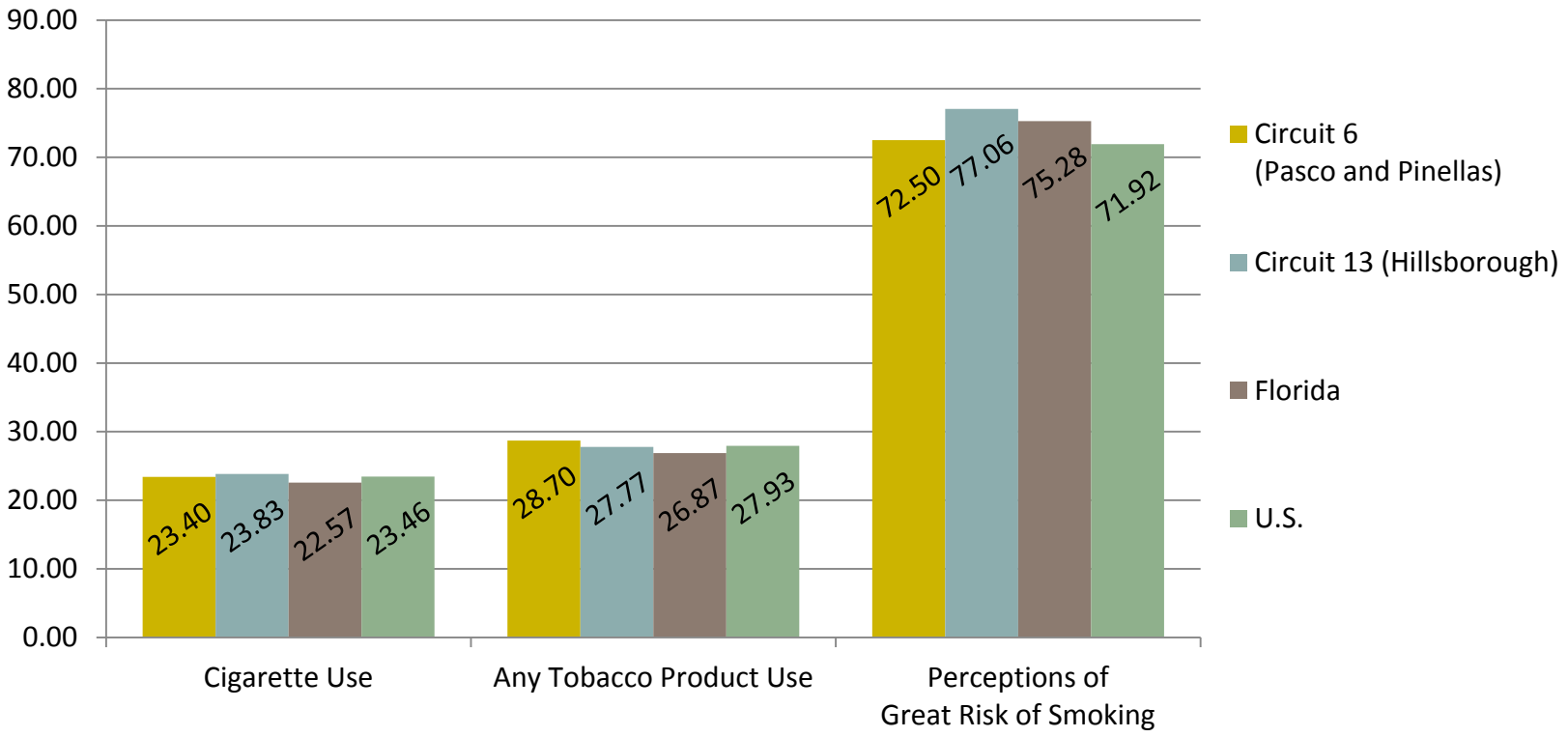
Tobacco Use in the Past Month (%, Aged 12 +)



Source: SAMHSA

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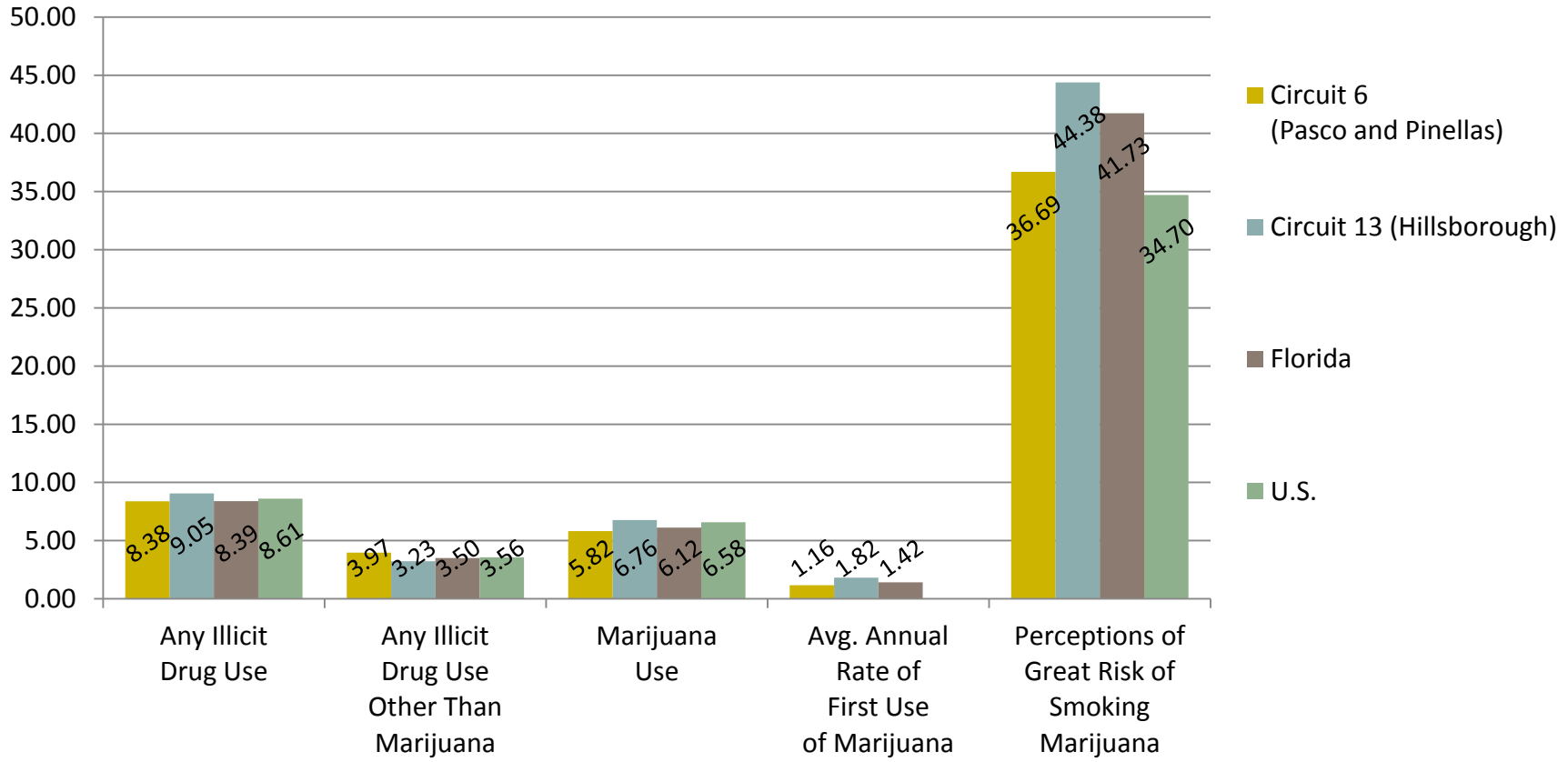
Illicit Drug Use in the Past Month (%, Aged 12 +)



Source: SAMHSA

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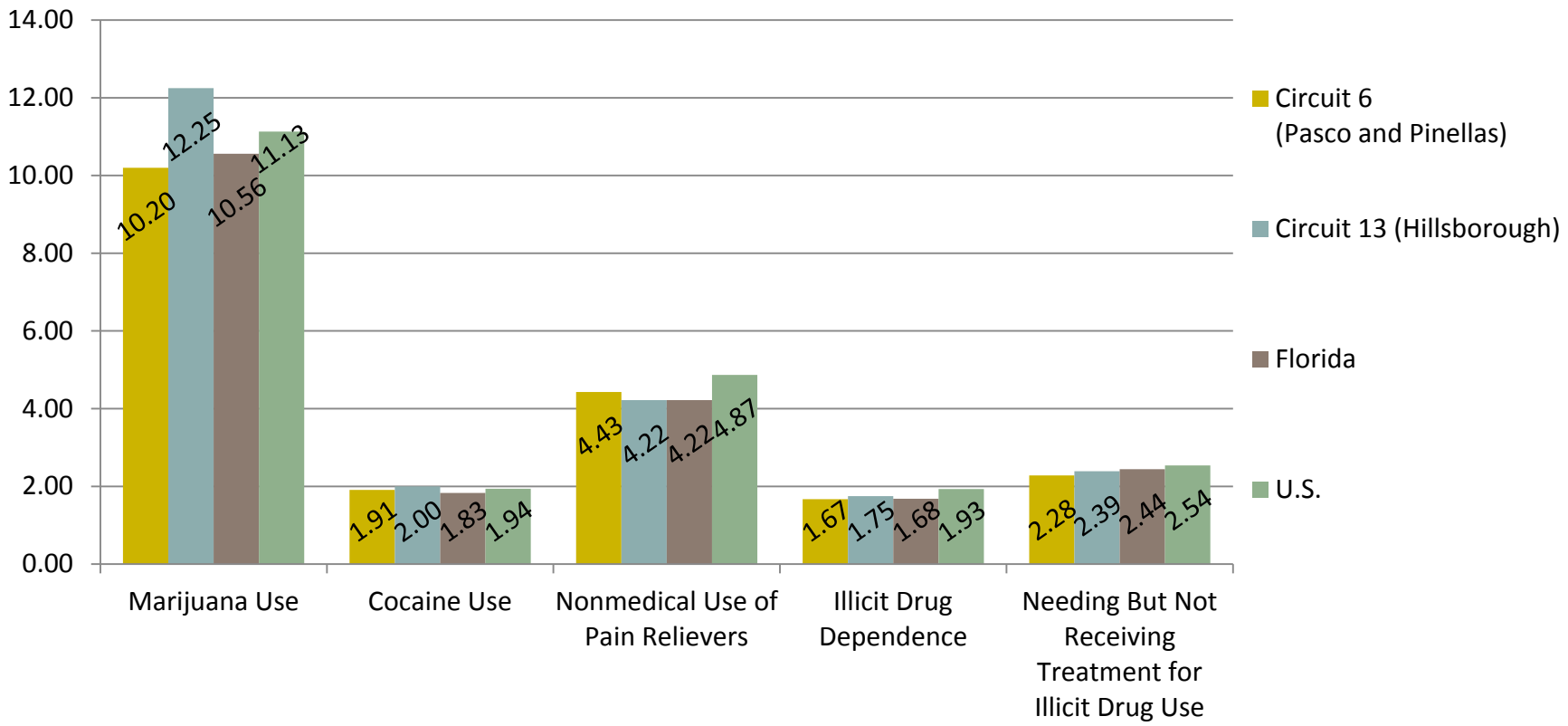
Illicit Drug Use in the Past Year (%, Aged 12 +)



Source: SAMHSA

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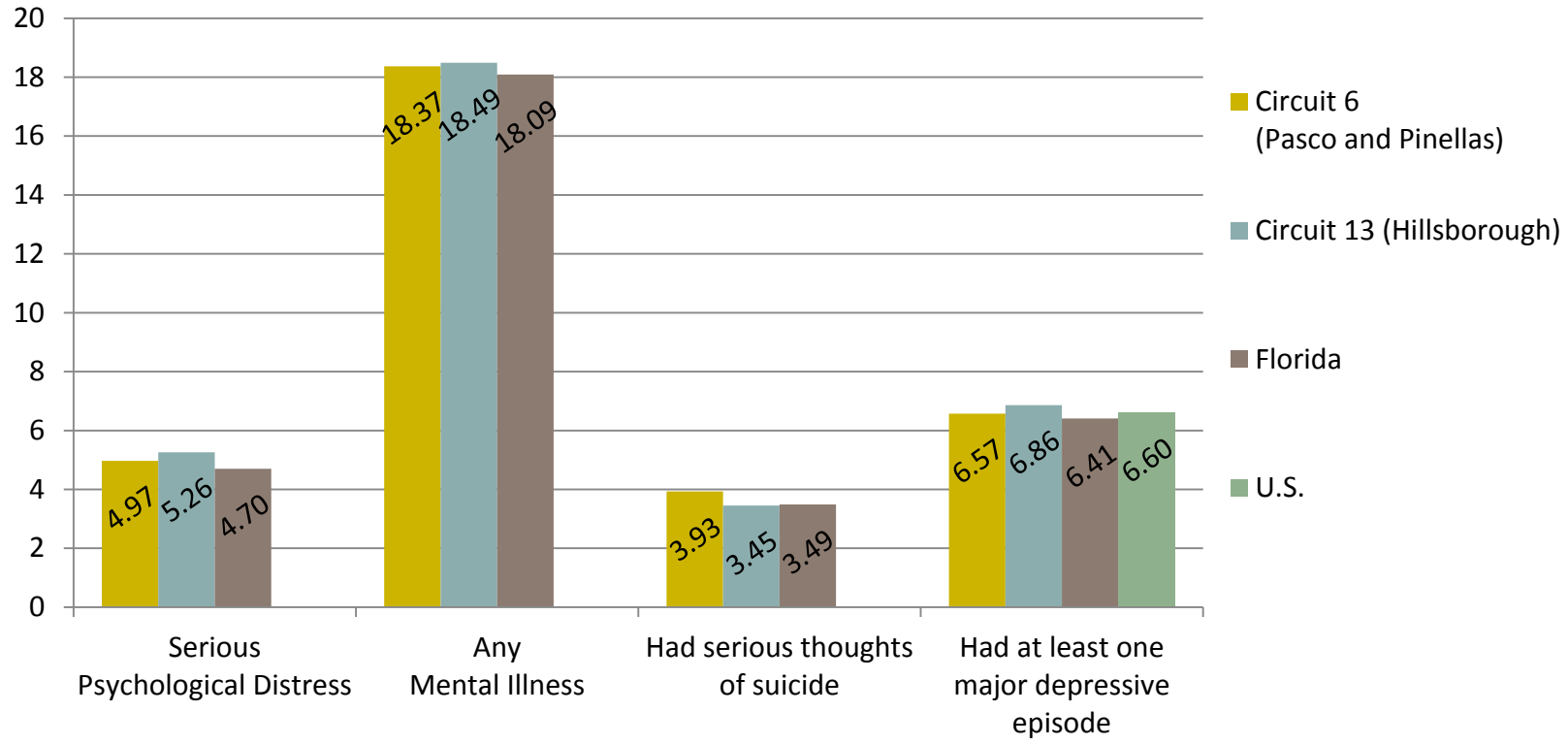
Psychological Distress in the Past Year (%, Aged 12 +)



Source: SAMHSA

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Morton Plant Hospital

Healthy Tampa Bay Indicator Data Tables

Healthy Tampa Bay is a web-based source of population data and community health information. The site is provided by ONE BAY: Healthy Communities, an initiative focused on uniting the eight-county Tampa Bay region around a culture of health. The 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.

The following tables present zip-code level indicator data for 30 health indicators; they include:

- Babies with Low Birth Weight
- Hospitalization Rate due to Uncontrolled Diabetes
- Hospitalization Rate due to Bacterial Pneumonia
- Hospitalization Rate due to Dehydration
- Hospitalization Rate due to Diabetes
- Hospitalization Rate due to Asthma
- Hospitalization Rate due to Adult Asthma
- Hospitalization Rate due to Pediatric Asthma
- Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza
- Hospitalization Rate due to COPD
- Hospitalization Rate due to Congestive Heart Failure
- Hospitalization Rate due to Urinary Tract Infections
- Hospitalization Rate due to Alcohol Abuse
- Hospitalization Rate due to Hepatitis
- Hospitalization Rate due to Short-Term Complications of Diabetes
- Pre-term births
- ER Rate due to Uncontrolled Diabetes
- ER Rate due to Bacterial Pneumonia
- ER Rate due to Dehydration
- ER Rate due to Diabetes
- ER Rate due to Asthma
- ER Rate due to Adult Asthma
- ER Rate due to Pediatric Asthma
- ER Rate due to Immunization-Preventable Pneumonia and Influenza
- ER Rate due to COPD
- ER Rate due to Congestive Heart Failure
- ER Rate due to Urinary Tract Infections
- ER Rate due to Alcohol Abuse
- ER Rate due to Hepatitis
- ER Rate due to Short-Term Complications of Diabetes

Zip code areas with an indicator value above the average for the Tampa Bay region, found on the Healthy Tampa Bay website, are represented in the tables. Values were given a rank score, with 1 being the worst value for the specific indicator across all of the Healthy Tampa Bay data. Values highlighted in red indicate zip code areas within the hospital specific service area.

The Overall BayCare Health System-defined service area includes 137 zip code areas. Data for all 137 zip code areas is not available through the Healthy Tampa Bay website, therefore, for each indicator, the zip codes for which data is not available are listed after the table.

Morton Plant Hospital

Babies with Low Birth Weight (2010); Overall Average = 8.6

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33711	16.6	25	33607	10.8
2	33705	15.9	26	33713	10.6
3	33778	15.4	27	33760	10.6
4	33540	15.2	28	33777	10.5
5	33708	15.2	29	33613	10.3
6	33610	15.0	30	34691	10.3
7	33635	13.9	31	34698	10.3
8	33712	13.7	32	33618	10.1
9	33621	13.5	33	33755	10.1
10	33605	13.1	34	33625	10.0
11	34652	12.6	35	33602	9.9
12	33805	11.8	36	34667	9.9
13	33803	11.6	37	33614	9.7
14	33534	11.5	38	33624	9.4
15	33762	11.4	39	33773	9.4
16	33707	11.3	40	33556	9.3
17	33617	11.2	41	33565	9.3
18	33702	11.2	42	34683	9.3
19	34606	11.2	43	33781	9.2
20	33615	11.1	44	34668	9.2
21	34653	11.1	45	33709	9.1
22	33604	11.0	46	33809	9.1
23	33612	11.0	47	33765	9.0
24	33592	10.9	48	33764	8.8

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 25 of the 137 total BayCare zips): 33542, 33545, 33548, 33558, 33559, 33563, 33573, 33576, 33578, 33579, 33596, 33620, 33706, 33715, 33767, 33776, 33782, 33785, 33786, 33839, 33849, 34637, 34638, 34688, 34690

Morton Plant Hospital

Pre-term Births (2010); Overall Average = 12.7

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33711	26.1	26	33615	15.2
2	33712	19.7	27	33567	15.0
3	33705	17.7	28	33777	15.0
4	33565	16.7	29	33755	14.9
5	34683	16.7	30	33609	14.8
6	33592	16.3	31	34691	14.7
7	33805	16.3	32	33707	14.6
8	33621	16.2	33	33607	14.5
9	33625	16.2	34	33572	14.4
10	33637	16.1	35	33713	14.3
11	33613	16.0	36	33614	14.1
12	34685	16.0	37	33619	14.0
13	33534	15.9	38	33764	14.0
14	33605	15.9	39	33635	13.9
15	33709	15.9	40	34698	13.9
16	33604	15.8	41	33523	13.7
17	33610	15.8	42	33602	13.7
18	33556	15.7	43	33815	13.7
19	33612	15.6	44	33549	13.6
20	33702	15.6	45	34639	13.6
21	33776	15.5	46	33598	13.2
22	34606	15.5	47	33617	12.8
23	33778	15.4	48	33618	12.8
24	33540	15.2			
25	33573	15.2			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 21 of the 137 total BayCare zips): 33542, 33545, 33548, 33558, 33559, 33563, 33576, 33578, 33579, 33596, 33620, 33715, 33762, 33767, 33785, 33786, 33812, 33849, 34637, 34638, 34688

Morton Plant Hospital

Hospitalization Rate due to Uncontrolled Diabetes (2009-2011); Overall Average = 2.5

Ranking	Place	Indicator Value
1	33605	9.3
2	33612	7.7
3	33805	7.6
4	33602	7.2
5	33815	7.0
6	33604	6.9
7	33801	6.9
8	34610	6.9
9	33610	6.8
10	33619	6.8
11	33615	6.0
12	33603	5.9
13	33607	5.7
14	33613	5.7
15	33880	5.6
16	34667	5.4
17	33592	5.3
18	33711	5.3
19	33525	5.1
20	33523	4.8
21	33701	4.7
22	33712	4.5
23	33705	4.2
24	33542	3.8
25	33830	3.8

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 62 of the 137 total BayCare zips): 33527, 33540, 33543, 33544, 33545, 33547, 33548, 33549, 33556, 33558, 33559, 33565, 33567, 33572, 33576, 33594, 33596, 33598, 33606, 33616, 33620, 33621, 33626, 33647, 33703, 33704, 33706, 33707, 33708, 33709, 33710, 33715, 33716, 33761, 33762, 33763, 33765, 33767, 33771, 33772, 33773, 33774, 33776, 33777, 33778, 33782, 33785, 33786, 33811, 33812, 33839, 33849, 34637, 34638, 34639, 34669, 34677, 34684, 34685, 34688, 34690, 34695

Morton Plant Hospital

Hospitalization Rate due to Bacterial Pneumonia (2009-2011); Overall Average = 25.1

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33849	129.6	**41**	33619	32.2
2	33830	53.9	**42**	33837	31.9
3	33801	53.3	**43**	33625	31.7
4	33853	51.0	**44**	33540	30.8
5	33705	48.7	**45**	33810	30.5
6	33563	47.6	**46**	33843	30.4
7	33839	45.8	**47**	33603	30.1
8	33612	44.1	**48**	33856	30.0
9	33880	44.1	**49**	34608	29.8
10	33712	43.8	**50**	33838	29.7
11	33566	43.7	**51**	33602	29.6
12	33714	43.3	**52**	33609	29.6
13	33815	43.2	**53**	33809	29.5
14	33850	42.9	**54**	33565	29.1
15	33709	42.5	**55**	33803	29.1
16	33567	42.1	**56**	33813	29.0
17	33805	41.9	**57**	33859	29.0
18	33616	41.2	**58**	34653	28.7
19	33716	39.4	**59**	33510	28.5
20	33610	39.3	**60**	33844	28.5
21	33607	39.1	**61**	33534	28.2
22	33713	39.1	**62**	33584	28.2
23	33781	38.4	**63**	33760	27.6
24	33605	38.2	**64**	33811	27.6
25	33711	37.9	**65**	33756	27.5
26	33707	37.7	**66**	33771	27.5
27	33841	37.5	**67**	34667	27.2
28	33823	36.9	**68**	34606	27.1
29	33527	36.6	**69**	33548	26.9
30	33614	36.6	**70**	33594	26.7
31	33592	36.4	**71**	33634	26.7
32	33604	36.1	**72**	34691	26.7
33	33569	35.5	**73**	33777	26.5
34	33702	34.9	**74**	33547	26.3
35	33701	34.6	**75**	33525	26.1
36	33710	34.5	**76**	33511	26.0
37	33613	34.4	**77**	33573	25.9
38	33782	34.4	**78**	33786	25.9
39	33860	33.8	**79**	33570	25.8
40	33611	33.7	**80**	34652	25.8

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 2 of the 137 total BayCare zips): 33620, 33621

Morton Plant Hospital

Hospitalization Rate due to Dehydration (2009-2011); Overall Average = 6.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33830	13.3	**30**	33805	8.5
2	33525	12.2	**31**	34654	8.5
3	33616	12.2	**32**	33619	8.4
4	33606	11.6	**33**	33716	8.4
5	33815	11.5	**34**	33592	8.3
6	33801	10.9	**35**	34668	8.2
7	33701	10.7	**36**	33584	8.1
8	33569	10.4	**37**	33809	8.1
9	34609	10.2	**38**	33567	8.0
10	33598	10.1	**39**	33860	8.0
11	33534	9.9	**40**	33541	7.9
12	33605	9.9	**41**	33707	7.9
13	33602	9.8	**42**	33880	7.9
14	33610	9.8	**43**	33629	7.8
15	34606	9.8	**44**	34652	7.8
16	33705	9.7	**45**	33566	7.7
17	33573	9.4	**46**	33511	7.6
18	33709	9.4	**47**	33811	7.6
19	33714	9.3	**48**	33703	7.5
20	34608	9.2	**49**	33778	7.5
21	33711	9.1	**50**	33570	7.4
22	33712	9.1	**51**	33615	7.4
23	33781	9.0	**52**	33572	7.2
24	34667	9.0	**53**	33603	7.2
25	33542	8.8	**54**	33634	7.2
26	33782	8.8	**55**	33813	7.2
27	33540	8.7	**56**	33594	7.1
28	33607	8.5	**57**	33523	7.0
29	33611	8.5	**58**	33713	7.0

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 14 of the 137 total BayCare zips): 33545, 33548, 33559, 33576, 33620, 33621, 33767, 33785, 33786, 33839, 33849, 34637, 34685, 34688

Morton Plant Hospital

Hospitalization Rate due to Diabetes (2009-2011); Overall Average = 21.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33839	87.7	32	34652	30.0
2	33815	60.3	33	33592	29.9
3	33605	59.0	34	33760	29.9
4	33612	55.5	35	33781	29.5
5	33610	51.7	36	34691	28.6
6	33805	50.9	37	34669	28.0
7	33801	47.7	38	33614	27.6
8	33619	44.8	39	33617	27.6
9	33712	44.6	40	33759	27.4
10	33711	44.5	41	33709	27.2
11	33603	44.1	42	34654	27.0
12	33563	42.7	43	33634	26.3
13	33604	42.5	44	33713	26.1
14	33770	39.9	45	34653	25.6
15	33602	37.8	46	33569	25.4
16	34667	37.2	47	33611	25.3
17	33701	36.2	48	34609	24.9
18	33607	35.6	49	33510	24.7
19	33755	35.5	50	33567	24.4
20	34610	35.3	51	33616	24.3
21	33598	35.2	52	33615	23.7
22	33880	34.2	53	33777	23.1
23	33705	33.9	54	33702	22.9
24	34690	33.2	55	33778	22.9
25	33525	33.1	56	34606	22.5
26	33714	33.0	57	33782	22.3
27	33613	32.3	58	33566	22.2
28	33830	31.8	59	33771	22.2
29	33542	31.6	60	33860	22.0
30	34668	31.6	61	33523	21.8
31	33534	31.3			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 6 of the 137 total BayCare zips): 33576, 33620, 33621, 33786, 33849, 34637

Morton Plant Hospital

Hospitalization Rate due to Asthma (2009-2011); Overall Average = 14.9

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33605	46.9	30	33770	18.9
2	33839	44.3	31	34690	18.7
3	33805	39.2	32	34606	18.2
4	33815	38.5	33	33617	17.9
5	33705	35.6	34	33771	17.9
6	33711	34.3	35	33542	17.8
7	33607	32.2	36	33781	17.8
8	33610	29.9	37	34691	17.8
9	33604	29.6	38	34653	17.5
10	33801	28.7	39	33540	17.0
11	33712	27.9	40	34667	17.0
12	33602	26.5	41	33760	16.9
13	33830	26.4	42	33534	16.8
14	33701	26.2	43	33637	16.8
15	33619	25.2	44	34609	16.8
16	33612	24.9	45	33755	16.7
17	33603	24.6	46	33702	16.5
18	33614	24.3	47	33756	16.3
19	33616	22.6	48	33809	16.0
20	33880	21.7	49	33525	15.9
21	34652	21.0	50	33573	15.9
22	33634	20.9	51	33635	15.8
23	34608	20.7	52	33765	15.8
24	33709	20.5	53	33713	15.7
25	33615	20.1	54	33810	15.5
26	33860	20.1	55	33782	15.3
27	34668	20.0	56	33541	15.2
28	33714	19.6	57	34669	15.2
29	33763	19.0	58	33563	15.1

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 6 of the 137 total BayCare zips): 33576, 33620, 33621, 33786, 33849, 34637

Morton Plant Hospital

Hospitalization Rate due to Adult Asthma (2009-2011); Overall Average = 13.6

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33839	55.1	29	33525	19.4
2	33605	45.0	30	34691	19.2
3	33815	35.1	31	33617	18.6
4	33805	33.2	32	34668	18.6
5	33705	32.0	33	33714	18.4
6	33607	28.7	34	34690	18.4
7	33610	28.4	35	34606	18.2
8	33830	28.2	36	33540	17.5
9	33604	27.5	37	33542	17.5
10	33801	27.3	38	33760	17.5
11	33602	26.8	39	33615	17.2
12	33619	26.4	40	33756	17.1
13	33612	25.5	41	33770	17.0
14	33711	25.1	42	33755	16.9
15	33603	24.7	43	33774	16.6
16	33614	22.3	44	33781	16.6
17	33616	22.1	45	33541	16.3
18	33763	21.8	46	33592	16.1
19	33701	21.2	47	33637	16.0
20	33880	20.7	48	34667	16.0
21	33712	20.6	49	34609	15.9
22	33634	20.2	50	33809	15.4
23	34652	20.2	51	33563	15.3
24	34608	20.1	52	33771	15.1
25	34653	19.8	53	33635	14.9
26	33709	19.6	54	33702	14.2
27	33534	19.5	55	34610	14.2
28	33860	19.5			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 7 of the 137 total BayCare zips): 33576, 33620, 33621, 33786, 33849, 34637, 34688

Morton Plant Hospital

Hospitalization Rate due to Pediatric Asthma (2009-2011); Overall Average = 18.6

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33711	60.8	**22**	33813	24.0
2	33805	56.7	**23**	34668	24.0
3	33605	52.3	**24**	33612	23.3
4	33712	48.8	**25**	33709	23.2
5	33815	48.5	**26**	33702	23.1
6	33705	45.9	**27**	34652	23.1
7	33607	42.3	**28**	33714	23.0
8	33701	40.7	**29**	33634	22.9
9	33604	35.9	**30**	33713	22.8
10	33610	34.2	**31**	33811	22.7
11	33801	32.9	**32**	34608	22.6
12	33614	30.3	**33**	33782	22.5
13	33615	28.3	**34**	33765	21.9
14	33771	26.1	**35**	33707	21.8
15	33716	25.9	**36**	33860	21.7
16	33602	25.6	**37**	33619	21.5
17	33810	25.0	**38**	33781	21.4
18	33770	24.7	**39**	33761	21.3
19	33603	24.4	**40**	33830	21.2
20	33880	24.3	**41**	34669	20.6
21	33616	24.0			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 32 of the 137 total BayCare zips): 33525, 33540, 33541, 33548, 33558, 33572, 33573, 33576, 33592, 33596, 33606, 33620, 33621, 33629, 33704, 33706, 33708, 33762, 33763, 33764, 33767, 33774, 33776, 33778, 33785, 33786, 33839, 33849, 34637, 34685, 34688, 34695

Morton Plant Hospital

Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza (2009-2011); Overall Average = 1.3

Ranking	Place	Indicator Value
1	33605	6.2
2	33619	3.5
3	33610	3.3
4	33563	3.2
5	33607	3.0
6	33604	2.8
7	33603	2.7
8	33612	2.7
9	33613	2.7
10	33584	2.6
11	34698	2.5
12	33771	2.4
13	33510	2.4
14	33860	2.4
15	33565	2.3
16	33569	2.3
17	33570	2.2

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 95 of the 137 total BayCare zips): 33523, 33525, 33527, 33534, 33540, 33541, 33542, 33543, 33544, 33545, 33547, 33548, 33549, 33556, 33558, 33559, 33566, 33567, 33572, 33573, 33576, 33578, 33579, 33592, 33596, 33598, 33602, 33606, 33609, 33611, 33616, 33620, 33621, 33625, 33626, 33629, 33634, 33635, 33637, 33701, 33702, 33704, 33706, 33707, 33708, 33709, 33710, 33711, 33713, 33714, 33715, 33716, 33755, 33760, 33761, 33762, 33764, 33765, 33767, 33770, 33772, 33773, 33774, 33776, 33777, 33778, 33785, 33786, 33803, 33805, 33811, 33812, 33813, 33815, 33839, 33849, 34608, 34609, 34610, 34637, 34638, 34639, 34653, 34654, 34655, 34668, 34669, 34677, 34683, 34685, 34688, 34689, 34690, 34691, 34695

Morton Plant Hospital

Hospitalization Rate due to COPD (2009-2011); Overall Average = 32.7

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33849	121.7	34	33602	42.9
2	33839	101.4	35	33603	42.7
3	33815	96.4	36	33755	42.5
4	33801	89.7	37	34669	42.2
5	33534	84.0	38	33525	41.9
6	33880	68.1	39	33782	41.8
7	33563	67.0	40	33570	41.6
8	33805	65.9	41	33565	41.5
9	33714	64.5	42	33566	41.5
10	34610	63.0	43	33803	41.4
11	33830	62.8	44	33713	41.1
12	34652	55.8	45	33613	40.8
13	33860	55.6	46	34608	40.3
14	33592	55.2	47	34606	39.8
15	34653	55.0	48	33607	39.5
16	33612	54.2	49	33615	39.5
17	33619	52.5	50	34654	38.8
18	33781	51.6	51	33809	38.6
19	33567	51.5	52	33635	38.5
20	33569	51.5	53	33771	38.5
21	33605	51.4	54	34690	38.1
22	33709	50.1	55	33702	37.0
23	33542	49.9	56	33616	36.8
24	34667	49.7	57	33810	36.8
25	33604	48.9	58	33778	36.4
26	34668	48.3	59	33540	36.3
27	33527	47.9	60	34691	35.5
28	33610	45.7	61	33614	35.2
29	33756	45.6	62	33707	35.2
30	33760	44.9	63	33541	34.8
31	33584	44.2	64	33598	34.4
32	33701	43.4	65	33523	34.3
33	33770	43.0	66	33611	34.1

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 2 of the 137 total BayCare zips): 33620, 33621

Morton Plant Hospital

Hospitalization Rate due to Congestive Heart Failure (2009-2011); Overall Average = 30.6

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33849	133.3	**29**	34669	40.3
2	33805	74.7	**30**	33616	39.8
3	33605	72.4	**31**	33540	39.5
4	33815	65.2	**32**	33705	39.3
5	33830	65.1	**33**	34667	39.2
6	33801	64.5	**34**	34654	38.7
7	33607	51.1	**35**	33809	37.9
8	33598	49.3	**36**	33615	37.6
9	33712	47.1	**37**	33711	37.0
10	33880	47.0	**38**	33543	36.8
11	33860	46.7	**39**	33803	36.2
12	33839	46.6	**40**	33567	36.1
13	33563	46.1	**41**	34668	36.0
14	33612	45.4	**42**	34653	35.9
15	33619	44.5	**43**	33592	35.7
16	33534	44.1	**44**	33811	35.3
17	33604	44.0	**45**	34609	34.3
18	33525	43.6	**46**	33813	33.9
19	33569	43.5	**47**	33614	33.8
20	33523	43.2	**48**	33634	33.8
21	33602	42.7	**49**	33565	33.5
22	33542	41.9	**50**	33755	33.4
23	33610	41.3	**51**	33511	33.3
24	33613	41.3	**52**	33635	33.2
25	33603	40.9	**53**	33606	33.1
26	34610	40.9	**54**	33810	33.1
27	33570	40.5	**55**	33765	31.9
28	33611	40.5	**56**	33756	31.8

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 2 of the 137 total BayCare zips): 33620, 33621

Morton Plant Hospital

Hospitalization Rate due to Urinary Tract Infections (2009-2011); Overall Average = 22.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33849	130.6	36	34667	30.1
2	33830	49.9	37	33811	29.9
3	33805	45.7	38	33777	29.2
4	33716	40.8	39	33569	29.1
5	33880	40.4	40	33604	28.8
6	33712	39.2	41	33756	28.7
7	33605	39.0	42	34652	28.7
8	33801	37.7	43	34609	28.5
9	33709	37.6	44	33771	28.4
10	33815	37.5	45	33511	28.3
11	33839	36.9	46	33770	28.3
12	33610	35.3	47	33613	28.2
13	33607	34.7	48	33860	28.2
14	33705	34.6	49	33525	27.8
15	33782	34.6	50	34668	27.7
16	33612	34.3	51	33523	27.1
17	33714	33.8	52	33702	27.1
18	33707	33.2	53	33755	27.1
19	33711	32.8	54	33567	26.6
20	33602	32.6	55	33598	26.6
21	33603	32.5	56	33573	26.5
22	33701	32.1	57	33813	26.3
23	33566	31.8	58	33634	26.1
24	33759	31.6	59	34669	26.0
25	34610	31.3	60	33570	25.8
26	33563	31.2	61	34698	25.3
27	33713	31.2	62	33609	25.2
28	33781	31.1	63	34606	25.1
29	33615	31.0	64	33584	25.0
30	33614	30.9	65	33594	25.0
31	33616	30.8	66	33635	24.8
32	33710	30.7	67	33760	24.3
33	34653	30.7	68	34608	24.3
34	33619	30.5	69	33565	24.0
35	33611	30.2	70	33809	23.2

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 4 of the 137 total BayCare zips): 33620, 33621, 33786, 34637

Morton Plant Hospital

Hospitalization Rate due to Alcohol Abuse (2009-2011); Overall Average = 8.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33701	19.4	30	33604	11.2
2	33606	19.0	31	33570	11.1
3	33548	18.7	32	33525	10.8
4	33602	17.5	33	33613	10.8
5	33573	17.0	34	33765	10.8
6	33706	15.3	35	33777	10.8
7	33534	15.2	36	33704	10.7
8	34667	15.0	37	33612	10.5
9	33708	14.7	38	33770	10.3
10	33605	14.3	39	33803	10.3
11	33542	13.9	40	34654	10.3
12	33611	13.7	41	33715	10.2
13	33603	13.6	42	33594	10.0
14	33609	13.6	43	33629	10.0
15	34690	13.5	44	34698	10.0
16	33760	13.3	45	33815	9.9
17	33805	13.3	46	33755	9.8
18	34652	13.1	47	33569	9.7
19	33709	13.0	48	33713	9.6
20	33756	13.0	49	33772	9.6
21	33801	13.0	50	33880	9.5
22	33762	12.4	51	34653	9.5
23	33598	11.9	52	34695	9.5
24	33774	11.9	53	33610	9.4
25	33714	11.8	54	33707	9.4
26	33584	11.7	55	34668	9.3
27	34684	11.6	56	34688	9.3
28	33615	11.5	57	33607	8.9
29	33767	11.5			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 9 of the 137 total BayCare zips): 33545, 33576, 33620, 33621, 33786, 33812, 33839, 33849, 34637

Morton Plant Hospital

Hospitalization Rate due to Hepatitis (2009-2011); Overall Average = 2.7

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33602	8.9	21	33605	4.6
2	34690	7.0	22	33610	4.6
3	33616	6.8	23	33613	4.6
4	33612	6.6	24	33619	4.6
5	33603	6.4	25	33701	4.6
6	33604	6.4	26	33615	4.5
7	33760	6.1	27	33705	4.3
8	33714	5.9	28	33712	4.0
9	33756	5.6	29	34669	4.0
10	33781	5.5	30	33770	3.9
11	33815	5.5	31	34653	3.9
12	33709	5.4	32	34668	3.9
13	34652	5.4	33	33534	3.7
14	33708	5.2	34	33771	3.7
15	34654	5.0	35	33778	3.7
16	33801	4.9	36	34609	3.7
17	33716	4.8	37	33607	3.6
18	34610	4.8	38	33805	3.6
19	33635	4.7	39	33584	3.5
20	34667	4.7	40	33614	3.5

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 50 of the 137 total BayCare zips): 33510, 33523, 33525, 33540, 33542, 33544, 33545, 33547, 33548, 33556, 33558, 33559, 33565, 33567, 33572, 33573, 33576, 33579, 33592, 33596, 33598, 33618, 33620, 33621, 33626, 33634, 33637, 33647, 33704, 33759, 33761, 33762, 33763, 33764, 33765, 33767, 33776, 33777, 33785, 33786, 33811, 33812, 33839, 33849, 34637, 34638, 34685, 34688, 34689, 34695

Morton Plant Hospital

Hospitalization Rate due to Short-Term Complications of Diabetes (2009-2011); Overall Average = 6.7

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33839	29.2	23	33714	10.6
2	33770	19.3	24	33880	10.4
3	33612	18.7	25	34691	10.4
4	33805	16.0	26	33534	10.2
5	33605	15.2	27	34652	9.5
6	33801	14.1	28	33830	9.4
7	33603	13.8	29	33563	9.0
8	33542	13.6	30	33613	8.9
9	33711	13.6	31	33525	8.8
10	33712	13.3	32	33602	8.7
11	33755	13.3	33	33778	8.4
12	34690	13.2	34	34608	8.4
13	33619	12.9	35	34668	8.4
14	34654	12.8	36	33547	7.9
15	33610	12.7	37	33616	7.9
16	33815	12.3	38	33860	7.8
17	34669	12.3	39	34667	7.8
18	33701	11.7	40	33569	7.7
19	33759	11.5	41	33771	7.7
20	33604	11.3	42	33607	7.6
21	33760	11.0	43	33803	7.6
22	34610	10.7			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 21 of the 137 total BayCare zips): 33548, 33559, 33572, 33576, 33596, 33620, 33621, 33626, 33629, 33715, 33762, 33767, 33776, 33785, 33786, 33812, 33849, 34637, 34638, 34685, 34688

Morton Plant Hospital

Hospitalization Rate due to Long-Term Complications of Diabetes (2009-2011); Overall Average = 11.8

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33839	47.0	30	33617	16.8
2	33815	39.7	31	34690	16.8
3	33605	31.5	32	33534	16.5
4	33610	30.6	33	33634	16.4
5	33563	30.4	34	33770	16.2
6	33612	28.1	35	33592	16.1
7	33598	27.7	36	33880	16.1
8	33801	25.6	37	33614	15.7
9	33712	25.2	38	34610	15.7
10	33805	25.2	39	34653	15.7
11	33619	24.1	40	33777	15.4
12	34667	23.7	41	34691	15.3
13	33711	23.1	42	33713	14.9
14	33603	22.9	43	33760	14.9
15	33604	22.8	44	34609	14.8
16	33705	22.0	45	33616	14.6
17	33607	21.5	46	33510	14.5
18	33602	20.8	47	34669	14.3
19	33781	19.5	48	33542	14.2
20	34668	19.4	49	33569	14.1
21	33714	18.8	50	33567	14.0
22	33709	18.4	51	33774	14.0
23	33701	18.1	52	33702	13.3
24	33830	18.0	53	33771	13.1
25	34652	17.8	54	33523	13.0
26	33755	17.4	55	33759	13.0
27	33613	17.2	56	33782	13.0
28	33525	16.9	57	34606	12.6
29	33611	16.9	58	33635	12.3

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 7 of the 137 total BayCare zips): 33576, 33620, 33621, 33767, 33786, 33849, 34637

Morton Plant Hospital

ER Rate due to Alcohol Abuse (2009-2011); Overall Average = 24.0

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33701	86.6	29	33785	35.3
2	33756	75.7	30	33607	34.5
3	33602	62.8	31	33774	34.5
4	33706	58.7	32	33705	33.2
5	33708	54.3	33	33710	33.0
6	34689	53.8	34	33815	32.8
7	33849	52.7	35	33573	32.3
8	33778	48.4	36	33713	32.3
9	33714	48.3	37	33605	30.3
10	33770	46.7	38	33762	30.3
11	33801	45.8	39	33805	30.0
12	33767	45.2	40	33613	29.7
13	33755	42.2	41	33782	29.3
14	33765	41.4	42	33534	28.1
15	33771	40.5	43	33772	28.1
16	33604	40.3	44	33712	27.9
17	33707	40.1	45	34691	27.1
18	33715	40.0	46	33764	26.8
19	34652	39.1	47	33606	25.5
20	33759	38.2	48	33761	25.5
21	34698	38.2	49	34688	25.4
22	33709	38.0	50	34695	25.4
23	33603	37.9	51	33548	25.2
24	33760	37.1	52	33711	25.2
25	33786	36.6	53	33615	25.1
26	33781	36.4	54	33704	25.0
27	33777	36.3	55	33611	24.6
28	33612	35.7	56	34677	24.6

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 4 of the 137 total BayCare zips): 33576, 33620, 33839, 34637

Morton Plant Hospital

ER Rate due to Asthma (2009-2011); Overall Average = 50.4

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33805	167.7	31	33617	62.3
2	33705	154.2	32	33713	61.9
3	33711	154.0	33	33756	61.3
4	33815	147.7	34	33880	61.2
5	33712	135.9	35	33615	60.4
6	33801	129.3	36	33781	60.4
7	33701	127.7	37	33542	59.9
8	33605	115.9	38	33707	58.7
9	33849	102.3	39	33770	58.6
10	33612	98.6	40	34653	56.9
11	33607	96.2	41	33616	55.8
12	33603	95.6	42	34691	55.6
13	33610	94.1	43	33803	55.4
14	33604	87.9	44	33778	55.1
15	33614	80.9	45	34667	54.7
16	33830	80.1	46	33563	54.3
17	33714	78.2	47	33782	53.9
18	33613	76.1	48	34690	53.8
19	34652	74.9	49	33702	52.2
20	33810	73.9	50	33716	52.1
21	33709	70.6	51	33860	51.9
22	33619	70.5	52	33774	51.2
23	33760	70.0	53	34606	50.7
24	33839	69.2			
25	33602	68.5			
26	33771	67.4			
27	34668	66.2			
28	33755	65.9			
29	33809	65.6			
30	33634	63.4			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 2 of the 137 total BayCare zips): 33620, 33786

Morton Plant Hospital

ER Rate due to Adult Asthma (2009-2011); Overall Average = 35.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33805	104.4	31	33542	46.9
2	33705	100.0	32	33755	46.7
3	33701	89.6	33	34667	46.6
4	33711	88.3	34	33713	43.3
5	33815	88.0	35	33839	42.9
6	33712	85.0	36	33634	42.7
7	33801	78.2	37	33782	42.6
8	33612	75.0	38	34610	42.3
9	33605	71.1	39	34606	42.2
10	33610	69.0	40	33534	42.1
11	33603	65.6	41	33770	41.4
12	33604	63.9	42	33809	41.2
13	33714	59.4	43	33777	41.1
14	34652	58.4	44	33617	40.3
15	33614	54.0	45	33602	40.2
16	33607	53.9	46	33880	39.3
17	33830	53.4	47	33566	39.0
18	34653	52.7	48	33778	39.0
19	33709	52.0	49	33774	38.5
20	34668	51.8	50	33615	38.1
21	33613	50.8	51	34608	37.3
22	33781	50.0	52	33860	37.1
23	33771	49.1	53	33707	36.5
24	33619	48.9	54	34654	35.9
25	33760	48.6	55	33592	35.8
26	34691	48.5			
27	33563	48.0			
28	33810	48.0			
29	34690	48.0			
30	33756	47.2			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 5 of the 137 total BayCare zips): 33576, 33620, 33621, 33786, 33849

Morton Plant Hospital

ER Rate due to Pediatric Asthma (2009-2011); Overall Average = 93.3

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33805	350.1	26	33617	125.4
2	33711	343.2	27	33615	124.7
3	33849	333.3	28	33709	124.3
4	33815	319.7	29	33880	124.2
5	33705	310.2	30	33634	122.8
6	33712	282.7	31	33803	122.8
7	33801	276.5	32	34652	122.7
8	33605	244.8	33	33707	122.6
9	33701	237.4	34	33755	121.4
10	33607	218.1	35	33771	120.3
11	33603	182.0	36	33716	116.6
12	33612	166.6	37	33616	115.5
13	33610	166.4	38	33713	115.4
14	33614	158.4	39	33770	108.3
15	33604	157.2	40	34668	107.8
16	33830	157.1	41	33702	102.4
17	33621	150.3	42	33756	101.7
18	33602	150.2	43	33778	101.4
19	33613	148.8	44	33542	97.4
20	33810	148.4	45	33860	94.5
21	33839	145.0	46	33773	93.8
22	33809	136.1	47	33523	93.5
23	33619	132.7			
24	33714	132.3			
25	33760	131.7			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 8 of the 137 total BayCare zips): 33548, 33576, 33620, 33767, 33785, 33786, 34637, 34688

Morton Plant Hospital

ER Rate due to Congestive Heart Failure (2009-2011); Overall Average = 3.1

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33605	8.2	17	33556	4.7
2	33567	6.5	18	33602	4.7
3	33563	6.4	19	33755	4.7
4	33712	6.4	20	33765	4.7
5	33607	6.3	21	34677	4.7
6	33566	6.2	22	33558	4.3
7	33815	6.0	23	33701	4.3
8	33604	5.9	24	33761	4.3
9	33619	5.9	25	33801	4.2
10	33610	5.8	26	33759	4.1
11	33805	5.7	27	33634	4.0
12	33756	5.5	28	33716	4.0
13	33880	5.5	29	33830	4.0
14	33705	5.4	30	34653	4.0
15	33711	5.4	31	33612	3.9
16	33603	4.9	32	33625	3.9

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 43 of the 137 total BayCare zips): 33523, 33527, 33534, 33540, 33543, 33544, 33545, 33547, 33548, 33549, 33559, 33569, 33570, 33572, 33576, 33578, 33579, 33584, 33592, 33596, 33598, 33606, 33609, 33616, 33620, 33621, 33635, 33637, 33647, 33714, 33715, 33762, 33776, 33785, 33786, 33811, 33812, 33839, 33849, 34637, 34638, 34639, 34688

Morton Plant Hospital

ER Rate due to COPD (2009-2011); Overall Average = 14.6

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33839	49.5	28	33525	20.6
2	33534	44.3	29	33566	19.8
3	33801	40.8	30	33830	19.8
4	33815	40.4	31	34668	19.8
5	33701	39.7	32	34690	19.7
6	34610	34.2	33	34691	19.7
7	33612	32.2	34	33570	19.6
8	33714	32.1	35	33605	19.6
9	33563	31.9	36	33713	19.6
10	33880	27.7	37	33541	19.5
11	33805	27.5	38	33542	19.3
12	33760	27.0	39	34689	19.2
13	33567	26.3	40	33565	18.8
14	33709	25.5	41	33860	18.6
15	34652	24.3	42	33527	18.2
16	33604	24.1	43	33613	17.6
17	34653	23.9	44	33774	16.9
18	33592	23.8	45	33711	16.7
19	33756	23.6	46	33778	16.5
20	33705	23.5	47	33607	16.4
21	33771	23.0	48	33619	16.4
22	34667	22.8	49	34654	16.4
23	33781	22.4	50	33765	16.3
24	33770	22.0	51	33584	16.2
25	33602	21.2	52	33782	15.7
26	33755	21.0	53	34606	15.6
27	33712	20.9			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 9 of the 137 total BayCare zips): 33545, 33576, 33620, 33621, 33715, 33762, 33786, 33849, 34637

Morton Plant Hospital

ER Rate due to Dehydration (2009-2011); Overall Average = 9.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33603	22.9	32	33625	12.5
2	33610	20.8	33	33707	12.3
3	34689	20.8	34	33525	12.2
4	33607	20.1	35	33703	12.2
5	33604	19.9	36	33801	12.2
6	34690	19.2	37	33711	12.1
7	33713	17.2	38	33510	11.9
8	33712	17.1	39	33602	11.9
9	33714	16.6	40	33584	11.8
10	34691	16.5	41	33635	11.8
11	33701	16.3	42	33613	11.7
12	33619	16.1	43	34639	11.6
13	33709	16.0	44	33702	11.3
14	33760	16.0	45	34638	11.3
15	33805	16.0	46	34668	11.2
16	33614	15.8	47	33705	11.1
17	33605	15.4	48	33773	11.0
18	33815	14.7	49	33615	10.9
19	34652	14.7	50	33616	10.9
20	33556	14.2	51	33774	10.9
21	33612	14.2	52	33785	10.9
22	33771	13.4	53	33880	10.4
23	33710	13.1	54	33618	10.3
24	33548	13.0	55	33592	10.2
25	33558	12.9	56	33549	10.1
26	34653	12.9	57	33772	10.1
27	33569	12.7	58	33778	10.1
28	33770	12.7	59	33511	10.0
29	33781	12.7	60	33523	10.0
30	33624	12.6	61	33764	9.9
31	33756	12.6	62	33617	9.6

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 7 of the 137 total BayCare zips): 33540, 33576, 33620, 33621, 33786, 33839, 33849

Morton Plant Hospital

ER Rate due to Diabetes (2009-2011); Overall Average = 19.0

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33815	68.0	29	33756	26.4
2	33605	59.0	30	33566	25.8
3	33701	55.5	31	33830	25.1
4	33805	53.8	32	34690	25.1
5	33610	47.6	33	33567	24.9
6	33712	47.6	34	33781	24.9
7	33607	46.8	35	34668	24.6
8	33612	46.0	36	33714	24.0
9	33711	44.9	37	34652	24.0
10	33801	44.2	38	33598	23.8
11	33563	43.0	39	33592	23.6
12	33603	41.9	40	33541	22.8
13	33839	41.2	41	33860	22.3
14	33604	40.8	42	33778	22.2
15	33705	40.1	43	34610	22.2
16	33602	35.1	44	33709	22.0
17	33619	33.8	45	33616	21.5
18	33755	33.3	46	33810	21.5
19	33542	32.4	47	33771	21.4
20	33880	31.5	48	34653	21.3
21	33613	29.7	49	34691	21.3
22	33713	29.3	50	33534	20.7
23	33770	29.2	51	33707	20.4
24	33614	29.0	52	33615	20.3
25	33760	28.6			
26	33525	28.5			
27	33540	27.4			
28	33617	26.6			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 5 of the 137 total BayCare zips): 33620, 33621, 33786, 33849, 34637

Morton Plant Hospital

ER Rate due to Urinary Tract Infections (2009-2011); Overall Average = 102.1

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33815	253.4	**28**	33566	135.7
2	33805	244.6	**29**	33709	134.4
3	33849	225.1	**30**	33603	134.1
4	33839	213.2	**31**	34608	133.9
5	33830	194.2	**32**	33781	127.7
6	33801	190.9	**33**	33860	126.7
7	34652	187.6	**34**	33612	126.6
8	33712	176.0	**35**	33810	125.3
9	33880	175.8	**36**	34669	122.8
10	34690	173.9	**37**	33619	120.5
11	34668	171.3	**38**	33713	118.2
12	33610	170.9	**39**	34654	117.7
13	33605	170.6	**40**	33701	117.4
14	34610	169.6	**41**	33809	114.9
15	34606	162.3	**42**	33565	114.0
16	33563	161.8	**43**	33525	113.8
17	33705	161.0	**44**	33567	112.0
18	34653	160.6	**45**	33592	111.1
19	34667	155.9	**46**	34689	111.0
20	33714	155.8	**47**	33760	110.5
21	34691	151.2	**48**	33803	110.5
22	33711	150.6	**49**	33541	109.2
23	33542	138.6	**50**	33523	108.1
24	33540	137.2	**51**	33614	107.6
25	33604	136.5	**52**	33534	105.9
26	34609	136.5	**53**	33771	103.9
27	33607	136.1			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 0 of the 137 total BayCare zips): none

Morton Plant Hospital

ER Rate due to Bacterial Pneumonia (2009-2011); Overall Average = 13.5

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33849	49.0	30	33771	17.6
2	33839	34.4	31	33619	17.5
3	33705	29.9	32	34668	17.5
4	33701	29.2	33	34689	17.3
5	33815	27.7	34	33542	17.2
6	33605	27.0	35	33770	17.2
7	33712	26.8	36	34610	17.2
8	33563	25.2	37	33760	17.1
9	33711	24.4	38	33592	17.0
10	33805	23.8	39	34653	16.9
11	33880	22.4	40	33781	16.8
12	33801	22.3	41	33756	16.2
13	34652	22.3	42	33773	16.2
14	33604	21.5	43	33525	15.9
15	33610	21.4	44	33707	15.7
16	33607	21.0	45	33702	15.5
17	34691	20.1	46	33534	15.4
18	34690	20.0	47	33565	15.4
19	33714	19.3	48	33785	15.4
20	33778	19.2	49	33716	15.0
21	33566	19.1	50	33759	15.0
22	33777	19.0	51	33755	14.9
23	33614	18.8	52	33567	14.7
24	33603	18.7	53	33860	14.7
25	33612	18.6	54	33613	14.1
26	33830	18.6	55	34654	14.1
27	33713	18.5	56	33602	14.0
28	33540	18.2	57	33764	13.9
29	33541	17.7			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 5 of the 137 total BayCare zips): 33576, 33620, 33621, 33762, 33786

Morton Plant Hospital

ER Rate due to Uncontrolled Diabetes (2009-2011); Overall Average = 2.1

Ranking	Place	Indicator Value
1	33815	12.5
2	33805	12.0
3	33801	9.9
4	33701	7.9
5	33605	7.1
6	33612	6.4
7	33830	5.7
8	33860	5.6
9	33610	5.1
10	33705	5.1
11	33810	5.1
12	33615	5.0
13	33712	4.8
14	33607	4.6
15	33563	4.4
16	33613	4.4
17	33603	4.3
18	33614	4.1
19	33711	4.1

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 88 of the 137 total BayCare zips): 33510, 33525, 33527, 33534, 33540, 33541, 33543, 33544, 33545, 33547, 33548, 33549, 33556, 33558, 33559, 33565, 33566, 33567, 33570, 33572, 33573, 33576, 33579, 33584, 33592, 33594, 33596, 33598, 33606, 33609, 33611, 33616, 33618, 33620, 33621, 33625, 33626, 33629, 33635, 33637, 33703, 33704, 33706, 33708, 33709, 33710, 33714, 33715, 33716, 33755, 33759, 33760, 33761, 33762, 33763, 33764, 33765, 33767, 33770, 33771, 33772, 33773, 33774, 33776, 33777, 33778, 33782, 33785, 33786, 33812, 33839, 33849, 34606, 34637, 34639, 34653, 33654, 33655, 34669, 34677, 34683, 34684, 34685, 34688, 34689, 34690, 34695, 34698

Morton Plant Hospital

ER Rate due to Long-Term Complications of Diabetes (2009-2011); Overall Average = 7.9

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33815	24.7	27	33541	12.4
2	33563	22.8	28	33604	12.4
3	33839	21.3	29	34653	12.1
4	33605	20.7	30	33778	12.0
5	33701	20.2	31	33771	11.6
6	33712	18.7	32	33613	11.3
7	33755	17.8	33	33619	11.3
8	33711	17.3	34	33603	11.2
9	33525	16.7	35	33781	11.2
10	33770	16.7	36	33777	10.8
11	33610	16.6	37	33709	10.4
12	34652	16.2	38	33567	10.3
13	33805	15.5	39	33714	10.3
14	33756	15.4	40	33707	10.1
15	33801	15.3	41	34695	10.1
16	33880	15.3	42	33566	9.6
17	33713	15.0	43	33773	9.6
18	33760	14.9	44	33774	9.4
19	33540	14.3	45	33782	9.1
20	33705	14.2	46	34691	8.9
21	33602	13.8	47	34610	8.8
22	34690	13.8	48	34669	8.7
23	33607	13.7	49	33614	8.6
24	34668	13.6	50	33598	8.5
25	33542	12.9	51	33765	8.4
26	33612	12.5			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 14 of the 137 total BayCare zips): 33548, 33558, 33559, 33572, 33576, 33620, 33621, 33762, 33767, 33786, 33812, 33849, 34637, 34688

Morton Plant Hospital

ER Rate due to Immunization-Preventable Pneumonia and Influenza (2009-2011);
Overall Average = 9.1

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33605	23.3	26	33778	12.2
2	33839	22.8	27	33880	12.1
3	33805	21.1	28	33755	11.9
4	33705	19.5	29	33603	11.6
5	33604	19.4	30	33782	11.6
6	33801	19.2	31	34690	11.2
7	33712	18.9	32	33637	11.1
8	33612	17.9	33	33701	10.8
9	33815	17.9	34	33616	10.6
10	33614	17.1	35	33540	10.5
11	33711	17.0	36	33756	10.3
12	33771	16.5	37	33765	10.2
13	33610	15.9	38	34609	10.2
14	33714	15.9	39	34608	10.0
15	33563	15.4	40	34668	9.8
16	33777	14.7	41	33713	9.7
17	33607	14.3	42	33534	9.6
18	33613	14.2	43	33569	9.6
19	33566	13.8	44	33707	9.6
20	33773	13.3	45	33624	9.5
21	33619	12.7	46	34606	9.5
22	33617	12.6	47	33634	9.4
23	33810	12.6	48	33803	9.4
24	34610	12.5	49	33567	9.3
25	34652	12.4			

Zips included in the BayCare Overall Defined Region not represented in the Healthy Tampa Bay Indicator data (n = 14 of the 137 total BayCare zips): 33548, 33572, 33573, 33576, 33598, 33620, 33621, 33762, 33767, 33776, 33786, 33849, 34637, 34688

APPENDIX B

Key Stakeholder Interview Response Set

Morton Plant Hospital
October-November, 2012

1. What community do you represent professionally?

1. Incorporated City of Clearwater. Population of 110k. Has waterfront neighborhoods on the Gulf of Mexico.
2. I'm an investment advisor and financial planner for high net-worth individuals all over the country.
3. Hospitalist. Internal Medical Doctor at Morton Plant Hospital in Clearwater. I treat all patients; regardless of insurance.
4. Federally qualified health center. Represent and serve uninsured, underinsured, underserved. Pinellas County is service area. Target uninsured.
5. The city of Clearwater.
6. I represent commercial and individual clients of Florida with offices in Clearwater and Tampa. We also work in other states as well.
7. Pinellas County
8. Pinellas County
9. Tampa Bay Region (8 counties)
10. Tampa Bay area

2. Please elaborate on how your job position interfaces with community health?

1. City provides services. Water sewer, solid waste collection, indoor and outdoor recreational services. Environmentally we comply with Federal and County health standards. We ensure businesses are permitted and comply with building codes and structures are safe. Provide a safe environment for all residents. Police and fire. Support school security.
2. I work with lots of physicians and their practices as a financial planner.
3. I am a practicing physician and the Medical Director of our group. We manage patients that come to the hospital and send them back into the community as healthy as possible. We also work with clinics to ensure care for under and uninsured patients.
4. Sit on advisory councils in city. Homeless leadership council, Hispanic health council. Participate in decision making in health needs for residents. Engage key stakeholders. Enhance relationships working with specialists and referral for patients. 2011 served nearly 35k patients 30% of population. Includes insured and uninsured. Interface with BayCare and hospitals in delivery of care for shared patients.
5. I am a cardiologist. Chief of Cardiology.
6. I am Chairman of the Board of Directors for the Morton Plant Mease Foundation. My office performs audits of 'Not for Profits' that receive federal and/or state funding. We offer an opinion on the financial health of these agencies and their eligibility to receive federal and state funds. My husband is chairman of the Clearwater Free Clinic. Our firm supports a viable economy in the Pinellas County market.
7. Health and Human Services Bureau provides healthcare from the County, a general fund, and an established trust for indigent healthcare (10 contracted medical homes, mobile medical program that visit homeless families in 12 locations), assist county residents in filing for disability, assists in presenting applications, homeless assistance programs, providing access to housing, medical community on indigent healthcare (contract with hospitals to provide inpatient and specialty providers to provide specialty care), were approximately 104K uninsured in the

County and have 20,000 that are receiving services (BayCare provides a trust and there are 5 free clinics) there are many partners providing assistance.

8. Maintains county health data, administers county health programs. Works closely with indigent and the buy back health programs Supervised by health department.
9. Only paid staff person for the One Bay initiative Collects data and attends community health meetings with partners and coalitions.
10. RN concurrent reviewer, position is that any patient , interface with health care facilities and point of entry into acute care, follow patient throughout hospitalization

3. How would you describe a healthy community?

1. That attends to all safety and security needs. Provide community activities and create a sense of belonging for residents, a clean community and are responsive to threats to safety and health of occupants. Proper Infrastructure. Also, is great place work, play and more importantly to live. Otherwise, our city would not be attractive to doctors and hospitals.
2. Where people recognize responsibility to the people with the least. People that have an opportunity for healthcare, education and insurance.
3. Where all residents are not only physically healthy but, spiritually and emotionally as well. Where everyone is involved in and invested in improving the health of the community; physicians, hospitals, public policies, city planning, community centers.
4. Everyone has equal access to health care. Community as a whole is emphasizing personal responsibility for their own healthcare and being active in their healthcare. Taking advantage of prevention and well care. A healthy community does not have billboards that advertise wait times in Emergency Rooms.
5. One way to gauge community health is population based or mortality. How many people suffered heart attacks, how many have uncontrolled diabetes or high blood pressure.
6. In a healthy community, all residents would have access to any and all services for overall wellness. A healthy community would have processes in place where residents could receive these services.
7. One that has identified it's health disparities and dealt with them effectively (jobs, housing, food, healthcare and education), spends more money on quality of life than on penal system, spends more on preventive care than the reactive services. Encompasses many things. The impact of poverty is poorer health and a reduced workforce, human capital and is a negative feedback loop.
8. 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.
9. Vibrant, safe, walkable, with accessible parks and healthy foods. There is a population that is inclined toward physical activity. Seniors- There is a healthy economy.
10. Having access to health care at a reasonable price. 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

4. What are some specific health need trends locally/regionally?

1. We have a large population of seniors. 25% over 65. They have more urgent health needs. Medical support to address needs and maladies attributed to older populations. We get a great deal of sunlight and lots of residents participate in outdoor activity, which often leads overexposure to sun. Nothing that would single us out. Don't see us as having any voids as far as being able to address the medial needs of the community. Neurology may be lacking difficult specialty to keep. Obesity. A lot of people need cardiology.
2. Access to healthcare in general. Primary, dental and mental healthcare are significant needs within our community.
3. Chronic disease management. Patients need to be plugged into a program that can help manage their care. We get them well in the hospital but they either do not follow our instructions or do not follow up with us or their primary doctor. Access to care is an issue. The under/uninsured do not have a reliable system of care. There needs to be a better coordination of care.
4. Specialty care is a huge access issue for the underserved, uninsured, under insured, working poor. Behavioral healthcare and its integration with primary care. Access to dental care (preventive, surgical, and treatment). Even those with health insurance do not have a dental component.
5. Patients are not as informed as they should be. The don't always comply with Doctor's orders.
6. Access to affordable health care for the underinsured; those that do not qualify for government assistance and those that can't afford insurance.
7. We're seeing an increase in poverty in 5 distinct areas in the community where low-income folks live. Along with poverty there is decreased access to quality foods due to transportation, as the public transportation is limited. Diabetes, high-blood pressure, obesity (childhood and adult), and heart disease is on the rise as a result. There is an increase in the number of residents that do not have insurance and are reliant on Medicaid and the ER for health care for low income individuals. Hospitals are experiencing an $2.3 billion increase associated with indigent care, ER and Inpatient (Adult and Pediatric Asthma, teen births). High school drop out rates are increasing and impacting the JD system. 35% of all dropouts are coming from these 5 communities. Transportation impacts employment and healthcare.
8. Cancer has become the number 4 killer chronic disease. The uninsured has increased significantly over the last 2 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 (5 zones have been identified of highest concentration of poverty in the county
9. Lack of health insurance causes a lack of access to health care. Obesity is an issue that causes high-cholesterol, diabetes, etc. Substance abuse particularly with prescription drugs.
10. 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 o to physician's appointment.

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

1. Elderly population. There is a segment of minority/low income that is challenged with affording medical care.
2. We all do to one degree. Mental health and substance abuse needs are dramatically underserved no matter how much money you have. The lower income and uninsured populations a target. It's difficult for them to be seen on a non-emergent basis.
3. Diabetic, those with chronic diseases, and those involved in end of life care.
4. Chronically ill, homeless and non-English speaking. Subset of patients that go for behavioral health treatment because it is required in order to receive meds but they do not seek medical care.
5. Everyone. In general, the population is not educated about health and what it takes to be healthy.
6. The lower middle class, just in general. Single parents are also a group that is not getting their needs met.
7. Pinellas County has a population a little under 1 million people. The census tracts were identified for the economic impact on Poverty and then mapped. There was a search for census tract that are poverty 16% or more there were counties that were 51% of the poverty to 19% of the poverty level 5 zones were then identified and the factors such as crime, housing, education, sickness, employment rates. The impact was noticed in the areas that had a high prevalence of poverty and these communities are historically concentrated in the same 5 regions. The issues present themselves when there are high concentrations of residents in poverty. (High concentrations of poverty populations) the costs are much higher for these residents in these areas. We need to leverage concentrated efforts in these areas. (the issues are not $ but collaborations providing multiple integrated services on an ongoing basis by triaging their needs and meeting them all at once until residents are self-sustainable and developing more effective policies and services)
8. Uninsured; Residents in areas of the highest concentration of poverty
9. African Americans (Obesity and infant mortality); General population; 50-60 year olds that have retired
10. Patients in the 75+ range, Medicaid, and welfare population

6. 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. Health care system, BayCare and its hospitals is a really strong part of this community. The community is generally very philanthropic. If we build on all of that, it will improve the health of the community.
2. We have a superior not for profit health system. BayCare is financially strong and has good service and outcomes. It's a base where the community can offer support to those in need.
3. Morton Plant is a tremendous strength. Clearly it is here to make sure community needs are met. It makes a priority to have all services needed to keep patient in hospital. Hospital focus

has always been on acute episodes of care. We need to be concerned about what happens after you've been treated because of a heart attack, your risk factor management, medications, your wellbeing overtime. We need better coordination with primary care physicians and recognize that we need to be paying attention to longitudinal care.

4. Community health centers. 6 locations in community. Looking at expanding. Provide care regardless of ability to pay. Really begin to change people's health outcomes. We have the capacity. Working with hospitals. They refer uninsured patients with no medical home to our health center. If we could expand to include insured patients with no medical home. Currently, not very good for insured with no medical home.
5. We do have a lot of outreach. But, we need more. Lectures, screenings, and education. 20% of the population uses 80% of funds. If we focus on reaching out and improving the health of that 20%, I feel that will make the biggest impact.
6. The community has a strong partner in the BayCare Health System and the Morton Plant Mease Foundation. BayCare is the biggest health care system in the community and provides outreach programs for wellness. The Morton Plant Mease Foundation provides dollars to keep outreach going. Community needs can/will be addressed thru this outreach.
7. Did not continue
8. Rich in resources with info sharing
9. Increased collaborations recently formed that share information across geographies and that movement is gaining momentum
10. (social services question)

Strength #2

1. Local government is strong. City is sound financially. Has lots of partnerships. Vibrant tourism industry. Economy is stronger. The city has a vast array of social service agencies that focus on and address the mental and physical health of the community. Being able to build on these with improve the health of the community.
2. Our community, as a whole, is extremely charitable. HEP is nationally recognized and extremely strong. We need to continue having the financial wherewithal, the willingness to spend it, and organizations capable of carrying out the task of meeting community needs.
3. We do have a great network of physicians. Yet we continue to operate independently. There needs to be a coordination of care. As a hospital physician I need to be in touch with my patient's primary doctor to make sure he knows the details of the care our patient received in the hospital. Focus on ways to prevent ER visits and lengthy hospital stays. There needs to be transparency; share data on what is happening to our patients.
4. Hospitals have access to specialists, more so than community health centers. Our patients don't see a specialist unless they end up in the hospital. If we could get our patients seen by specialists, it could go a long way to prevent hospital stays. How could that be better optimized?
5. The size of our community is massive, as is its wealth. Channeling and directing that wealth to increase education would improve community health.

6. Services provided thru Pinellas County. Pinellas County is better able to identify the community's needs. They could continue to offer services and expand upon them to meet the needs of the community.
7. Did not continue
8. Transportation is available in Southern Pinellas
9. Hospital consolidation increasing which leads to efficiencies and allows issues to be better identified and addressed.
10. (social services question)

7. 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.

Community Issue #1

1. Based on existence of free clinics, we have a large number of people that can't afford healthcare.
2. Dental care. Access to primary and preventative care. There is only one free dental clinic in the county with two locations. Once they run out of money the close. There is very little opportunity for dental care.
3. Access to care and insurance for the underserved is one of the biggest. There is not enough money.
4. Community as a whole, awareness that medical is not just treatment but also prevention. There is a mindset that you only need to go to the doctor when you are sick. As a result the community is sicker and heavier. And by the time they do see a doctor they are so sick that it is detrimental to them and costly to the community.
5. Low income. People are not getting medications they need because they can't afford them.
6. Access to affordable health care. Can't afford premiums or deductibles. Responsibility of the community to make sure everyone has access to health care.
7. Did not continue
8. Service industry in the area are lower paying jobs with out insurance benefits
9. Obesity/pre-diabetic and diabetic-stems largely from the lack of education and prevention.
10. (social services question)

Community Issue #2

1. Homelessness. Single males and females. As well as single parent families. Lack of housing for women and families and singles. Climatology lends itself to people living outdoors. Not enough housing. Some have mental health and addictions and are resistant to receiving care. Compounded by having good weather. Attractive to living outdoors.
2. Mental healthcare and substance abuse. Morton Plant is the only not for profit provider of mental health services. Getting people diagnosed is a real challenge. I called around and could not even get a recommendation for someone dealing with depression. The availability of mental healthcare is abysmal.
3. Chronic disease management. Diabetes, obesity. Substance abuse. Improve vibrancy of community. Reduce disparities. Prevention is a huge endeavor. But it can have a huge impact.

We can do a better job. Our goal in the future is to be the hospital that puts itself out of business. Denmark, does a great job. If you close a hospital ward, you get incentives.

4. Community messaging and branding. Difficult time educating the community and getting them to appreciate the message being given about immunizations. Billboards saying that you can text the ER to find out wait times is sending the wrong message. Healthy foods are not as available as other choices.
5. Education on early recognition of disease. Getting treatment early is often simpler.
6. Virtually no one has access to dental care. Hospitals don't want to deal with. No one wants to take responsibility for dental care. Dental issues can cause other health problems.
7. Did not continue
8. 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 O. Ding. 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.
9. Behavioral health- depression impacts a persons health and may increase risk for drug use. There is a larger vet population and higher senior rates in the community all of which tend to have higher rates of depression and suicide.
10. (social services question)

8. 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. Health care system can address providing health care (free care) to meet needs of underserved. Continue to offer free care. Can do that and continue to operate strongly. Varity of community partners and social service agencies can network to address these issues. Churches, generosity of wealthy residents. Also, the Government can help.
2. Morton Plant Mease and BayCare are best able to address mental health and substance abuse issues. Private organizations like HEP Clinics can address dental care, long term housing, and those struggling with substance abuse and mental health issues. It also falls on the community.
3. Leadership of healthcare system is in a position to address the issue. Would not be wrong for hospital to promote ways to keep people out of hospital. The government would also be able to address these issues.
4. Pinellas has 28-32 municipalities and it is not easy to get anything done locally to change laws. Engage local officials on what we value as health care. Hospitals can put pressure on those advertising ER wait times, letting them know that is the wrong message to send. It's the for profit hospitals that pay for the billboards.
5. Government, Hospital system and physicians. Community leadership, hospital and physicians. Pharmacies all get together so at least meds are affordable. Hospitals can address the education issue.
6. Entities like BayCare need to partner with the county to meet needs.
7. Did not continue
8. n/a
9. Any organization that deals directly with these population (i.e., federally qualified clinics, YMCAs, free clinics, etc.); Behavioral health-Employers need to provide better coverage to

employees and better educate employees; Hospitals can make diabetics more aware of the resources that are available to them.

10. Social services question

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

1. Not enough revenue sources. County government has a responsibility to meet social service needs. Identify revenue sources to pay for services that are needed. More financial resources would make us more effective.
2. Right now the healthcare business is good, from a financial standpoint. Prioritization of resources and return on capital. BayCare has been trying to expand access. The reimbursement on substance abuse and mental healthcare is low. Hospitals can't handle dental care. Private organizations can help but not without significant community support; charity and private initiatives. My recommendation would be to do a better job of lobbying for reasonable reimbursement from Medicaid and Medicare for care pertaining to these issues. There are not enough private dollars to deal with all of the people with mental health issues. The private sector has to realize that this access to mental healthcare is a core problem and rally around to raise funds to help diagnose people and at least be able to refer them to a provider.
3. No. for un/under insured. Partner with community health centers, making them as robust as possible. Working with local government to improve access. Better partnership with primary care network. Transparency of data. Longitudinal care.
4. Yes.
5. Yes. The money is there. Health care is being cut.
6. No. No recommendations.
7. Did not continue
8. No. Need more collaboration among local and county governments.
9. Connections to the resources that exist is key. Need a movement to educate the messes however, which would require marketing and branding dollars. The message is out there but it is not being received or implemented. Reaching children in the schools is a longer term solution whereas shorter term don't know.
10. Social services question

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

1. No.
2. Mental health. For the entire community.
3. No
4. Pharmacy needs for uninsured patients. Prescription assistance applications. Reduces who they provide it too. Currently it is only available to patients on the County's indigent health plan. County Commissioner's wanted to take fluoride out of in the water. They did and it will cause dental issues. Maybe the new administration can get that turned around.
5. Substance abuse.
6. Diabetes, obesity, kids are not getting the physical activity they need to be healthy.

7. Did not continue
8. n/a
9. Pre-diabetic and the underserved are larger numbers and will increase the need for resources. Also need better inner-city planning to make communities walkable and developing the infrastructure that supports physical activity.
10. Florida Medicaid- state has cut back significantly, so people are now much sicker than before when they enter the health care 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

11. Please describe your vision of what the health status locally/regionally should be in within 5-10 years?

1. More sustainable revenue solution to address our social service needs. We will solve that problem in the next 5-10 years. More integrated approach, collaborative with county to address community needs. Well defined strategy on how we will maintain these successful efforts for the generations to come.
2. All people regardless of ability to pay should have access to quality healthcare. Emergency, primary, dental, and outpatient care. I want my employees to be able to get the best healthcare. Access is a real issue and will be catastrophic in the future. Don't see anything on the horizon that will relieve that stress.
3. Seamless coordination of care which everyone has access to. A high quality, transparent system. Promote public health. Would with anyone and everyone to concentrate on preventive health. A neighborly attitude as we are all in this together.
4. Total paradigm shift from how the residents think about health. People don't realize what is available. Families don't know about resources that county offers or that they may be eligible for medical insurance.
5. Chronic health conditions will be well managed; cancer screenings for all appropriate; emphasis on preventive care; smoking cessation.
6. Affordable medical care for everyone.
7. Did not continue
8. There will be health insurance for all and improved health outcomes. Healthcare will become more preventive and less reactive.
9. That this region will become nationally known for its commitment to become healthier
10. 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.

12. 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. Let me know if you think I could provide anything useful. I'm not really sure what I have that you could use.
2. No.
3. No. There is public data available thru Pinellas County.

4. Economic Impact on Poverty; Community health indicators report (any county in country); BRFSS stat's health dept website infant mortality, health and prevention data. public
5. Morton Plant Mease Foundation has a list of providers.
6. No.
7. Did not continue
8. No
9. No
10. No, not allowed to release data

13. Any additional comments or questions?

1. No.
2. No.
3. No.
4. No.
5. No.
6. No.
7. No.
8. No
9. No
10. No

APPENDIX C

Community Resource Inventory

Morton Plant Hospital
May, 2013

Tripp Umbach completed an inventory of community resources available in the Morton Plant Hospital service area using resources identified by internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the Morton Plant Hospital community (33708, 33755, 33756, 33759, 33760, 33763, 33764, 33765, 33767, 33770, 33771, 33772, 33773, 33774, 33776, 33777, 33778, 34683, 34684, 34698) more than 100 community resources were identified with the capacity to meet the three community health needs identified in the Morton Plant Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the Morton Plant 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 in IRS Notice 2011-52. (See Table)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MORTON PLANT 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	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. 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
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	*	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	*	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
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	*	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	*	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	*	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
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	*	x		x				x		x	x		x									*		x		x	x			
ALL CHILDREN'S HOSPITAL COMMUNITY EDUCATION	Pinellas	801 6th Street South, Saint Petersburg, FL 33701 (727) 767-4188	33701	More Information	No Restrictions	Provides educational programs on child health, child safety, and child advocacy issues through a speakers bureau, lecture series, workshops and classes. Topics include parenting skills, child development, self-esteem, childhood injury prevention (Safe Kids), smoking cessation, weight reduction for children, and baby sitting training classes. The parent education classes do not satisfy court-mandated requirements.														*		x	x	x	x			*		x		x	x			
AMERICAN LUNG ASSOCIATEION 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			

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	
BETHLEHEM CENTER	Pinellas	Contact: Bill Galloway 10895 Hamlin Boulevard, Largo, FL 33774 Phone: 727-596-9394 Fax: 727-596-6972	33774	More Information																															
CARE LIFT - MEASE HOSPITALS	Pinellas	601 Main Street, Dunedin, FL 34698 (727) 734-6107	34698	More Information	Patients of Mease hospitals	Provides free transportation for patients to and from Mease hospitals, Doctors' office, etc. Service is for ambulatory patients. Limited service area. Riders must be physically able to get in and out of the van without assistance and live within defined boundaries .	*		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
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.or	33705	More Information		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	*	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
CITIZENS ALLIANCE FOR PROGRESS	Pinellas	401 E. Martin Luther King, Jr. Drive, Tarpon Springs, FL 34689 Phone: 727-934-5881	34689	More Information	Residents of Tarpon Springs	Benefits Screening, Boys/Girls Clubs, Family Support Centers/Outreach, Neighborhood Multipurpose Centers, Parenting Skills Classes, Support Groups, Youth Enrichment Programs	*	x		x				x		x		x		*				x	x			*		x	x		x	x		x
CITY OF CLEARWATER	Pinellas	Ross Norton Recreation and Aquatic Complex & Extreme Sports Park 1426 S. Martin Luther King Jr. Ave. Clearwater, FL 33756 (727) 462-6025	33756	More Information	General public; residents and non-residents. For all ages.	Provides recreation and physical activity.																					*						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	*	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
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
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
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		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

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
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	*	x		x				x		x	x		x	*					x		x	*		x			x			
DAYSTAR LIFE CENTER	Pinellas	226 6th Street South Saint Petersburg, FL 33701-4116 (727) 825-0442		More Information	Anyone in need of services. Eligibility is based on needs assessment of individual and family.	Benefits Screening, Bus Fare, Prescription Expense Assistance	*	x	x	x									x											*			x				x
DEPARTMENT OF CHILDREN AND FAMILIES - PASCO AND PINELLAS COUNTIES	Pasco and Pinellas	11351 Ulmerton Road, Largo, FL 33778 (866) 762-2237 ACCESS Program	33778	More Information	Eligible residents of Pasco and Pinellas Counties	Food Stamps/SNAP Applications, Medicaid Applications, Medicaid Buy In Programs, Medicare Savings Programs	*	x	x	x									x											*			x				x
DEPARTMENT OF CHILDREN AND FAMILIES - PASCO AND PINELLAS COUNTIES	Pinellas	525 Mirror Lake Drive Suite # 201, St Petersburg, FL 33701 (866) 762-2237	33701	More Information	Eligible residents of Pinellas County	Food Stamps/SNAP Applications, Medicaid Applications, Medicaid Buy In Programs, Medicare Savings Programs	*	x	x	x									x											*			x				x
DIRECTIONS FOR LIVING	Pinellas	1437 South Belcher Road, Clearwater, FL 33764 (727) 524-4464	33764	More Information	Adults	Mental health services, assessment, counseling, substance abuse treatment.	*	x						x		x	x		x	*					x			*		x		x	x		x
DR. WILLIAM E. HALE ACTIVITY CENTER	Pinellas	Contact: Gregg Svendgard 330 Douglas Avenue, Dunedin, FL 34698 Phone: 727-298-3299 Fax: 727-298-3510	34698	More Information	Seniors 50+	Provides programs and activities for Seniors.	*											x											*		x				x	
ENOCH DAVIS CENTER	Pinellas	Contact: Helen Byrd 111 18th Avenue South, St. Petersburg, FL 33705 Phone: 727-893-7134 Fax: 727-893-7288	33705	More Information	No Restrictions	Provides programs and activities for the community, and information on available social services. This center is also provides a nutritious meal program provided by the Neighborly Care Network.	*							x															*		x	x				

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GREATER PINELLAS TRANSPORTATION MANAGEMENT SERVICES	Pinellas	13825 Icot Boulevard Suite # 613 Clearwater, FL 33760 (727) 545-2100 Main (727) 544-0171 Fax	33760	More Information	Medicaid recipients with no means of transportation available, including family or friends	General Paratransit/Community Ride Programs for Medicaid Recipients, Medical Appointments Transportation for Medicaid Recipients	*		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
GULFPORT SENIOR CENTER	Pinellas	5501 27th Avenue South, Gulfport, FL 33707 Phone: 727-893-2237	33707	More Information	Seniors	Offers a wide range of programs and services – heath related, social, nutritional, educational, recreational, transportation, outreach and referral services.	*							x				x		*		x			x				*		x	x			x		
LARGO COMMUNITY CENTER	Pinellas	Contact: Warren Ankerberg 65 4th Street NW, Largo, FL 33770 Phone: 727-518-3131 Fax: 727-518-3145 Email: wankerbe@largo.com	33770	More Information	No Restrictions	Provides programs and activities for community	*							x						*		x	x	x					*		x				x		
LOUISE GRAHAM REGENERATION CENTER	Pinellas	2301 3rd Avenue South St. Petersburg, FL 33712 (727) 327-9444	33712	More Information	Adult individuals with developmental disabilities	Provides employment, skills training and transportation services to developmentally disabled adults.	*		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	
METRO WELLNESS AND COMMUNITY CENTERS	Pinellas	3251 3rd Ave North, Ste 125, Saint Petersburg, FL 33713-7610 (727) 321-3854	33713	More Information	Targets LGTB and HIV+ individuals	Provides mental health services including substance abuse, access to social services	*	*						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	

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NEIGHBORLY CARE NETWORK	Pinellas	13945 Evergreen Avenue, Clearwater, FL 33762 (727) 571-4384	33762	More Information	Pinellas County's senior residents 60 years of age or older are eligible. Riders must be pre-registered.	Provides health and wellness, and transportation for Neighborly dining sites; adult day care centers; and medical appointments. May provide contract transportation. Special group shopping transportation services also available.	*	x	x				x	x		x		x	x	*	x	x	x	x	x	x	*		x	x				
OLDSMAR SENIOR CENTER	Pinellas	Contact: Robert Kerce 127 State Street West, Oldsmar, FL 34677 Phone: 813-749-1195 Fax: 813-749-1197 Email: Rkerce@ci.oldsmar.fl.us	34677	More Information	Seniors	Provides education, activities and programs for seniors.	*							x														*		x	x			x		
OPERATION PAR	Pinellas	13800 66th St, Largo, FL 33771 (888) 727-6398	33771	More Information	No Restrictions	Provides mental health and substance abuse services.	*	x						x		x			x	*						x	*	x	x	x		x		
OPERATION PAR	Pinellas	6150 150th Avenue North Clearwater, FL 33760 (888) 727-6398	33760	More Information	No Restrictions	Provides mental health and substance abuse services.	*	x						x		x			x	*						x	*	x	x	x		x		
OPERATION PAR	Pinellas	1900 Dr. Martin Luther King Jr. St. South Olive B. McLin Center Saint Petersburg, FL 33705 (888) 727-6398	33705	More Information	No Restrictions	Provides mental health and substance abuse services.	*	x						x		x			x	*						x	*	x	x	x		x		
OPERATION PAR	Pinellas	2000 4th St S Saint Petersburg, FL 33705 (888) 727-6398	33705	More Information	No Restrictions	Provides mental health and substance abuse services.	*	x						x		x			x	*						x	*	x	x	x		x		
OPERATION PAR	Pinellas	Community Health Centers of Pinellas, Johnnie Ruth Clarke 1344 22nd Street South Saint Petersburg, FL 33712 (888) 727-6398	33712	More Information	No Restrictions	Provides mental health and substance abuse services.	*	x						x		x			x	*						x	*	x	x	x		x		
PARC	Pinellas	3100 75th Street North, Saint Petersburg, FL 33710 (727) 345-9111 x6239	33710	More Information	Individuals with developmental disabilities and their families	Provides programs and services for individuals with developmental disabilities and their families.	*	x	x					x		x												*		x						

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PASCO-HERNANDO COMMUNITY COLLEGE	All	10230 Ridge Road, New Port Richey, FL 34654 (727) 816-3281 Main (727) 816-3478 Fax email: cossg@phcc.edu	34654	More Information	No Restrictions	Offers preventative dental care. There is a $25.00 fee for cleanings.	*	x						x	x					*					x										
PEOPLE THAT LOVE CHURCH AND MISSION	Pinellas	817 5th Avenue North St. Petersburg, FL 33701 (727) 820-0775	33701	More Information	No Restrictions	Bus Tokens and Passes are available to persons with verifiable job interviews or medical appointments. Must provide proof of appointment or need.	*		x					x																						
PINELLAS COUNTY DEPARTMENT OF VETERNS SERVICES	Pinellas	2189 Cleveland St., Suite 201, Clearwater, FL 33765 (727) 464-8460	33765	More Information	Veteran, Veterans dependent, Surviving spouse or child, Reservist or National Guard member, and Active duty service member.	We offer guidance and assistance in applying for and obtaining VA benefits from various levels of government, primarily the Department of Veterans Affairs. This includes VA Health Care. We do not grant or deny claims. That authority rests with the federal agency that administers the program. We provide guidance and assistance in upgrading military discharges. We also assist in obtaining copies of military personnel and medical records. We	*	x																				*			x				x
PINELLAS COUNTY DEPARTMENT OF VETERNS SERVICES	Pinellas	501 1st Avenue N. Suite 517 Saint Petersburg, FL 33701 (727) 582-7828	33701	More Information	Veteran, Veterans dependent, Surviving spouse or child, Reservist or National Guard member and Active duty service member.	Assists and counsels former and present members of the United States Armed Forces, their survivors and dependents in preparing and filing claims for benefits to which they are entitled under federal, state, and local laws	*	x																				*			x				x
PINELLAS COUNTY HEALTH AND HUMAN SERVICES	Pinellas	2189 Cleveland Street Suite # 230, Clearwater, FL 33765 email: humansvs@pinellascounty.org	33765	More Information	Pinellas County residents meeting eligibility criteria	Case Management, Limited rent, utilities, mortgage payments & food, Linkage to medical care, Vocational and employment readiness training, Assistance in applying for Social Security and SSI benefits, Dental services (relief of pain only), Referrals & information, Government Subsidized Prescription Drug Benefits, Prescription Drug Discount Cards, Prescription Expense Assistance, Burial Services	*	x							x			x										*		x	x				x

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PINELLAS COUNTY HEALTH AND HUMAN SERVICES	Pinellas	647 1st Avenue North, St Petersburg, FL 33701 (727) 582-7781 Service/Intake email: humansvs@pinellascounty.org	33701	More Information	Pinellas County residents meeting eligibility criteria	Dental Care for Low Income (relief of pain). Case Management, Limited rent, utilities, mortgage payments & food, Linkage to medical care, Vocational and employment readiness training, Assistance in applying for Social Security and SSI benefits, Referrals & information, operates 2 Mobile Medical Units, including one for the uninsured and one for the homeless, Government Subsidized Prescription Drug Benefits,	*	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
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
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
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

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PINELLAS COUNTY URBAN LEAGUE	Pinellas	333 31st Street North, Saint Petersburg, FL 33713 (727) 327-2081	33713	More Information	No Restrictions	This Health Screening Outreach Program targets medically under-served communities bringing testing for hypertension, diabetes, sickle cell anemia and immunizations for infants through seniors to individuals where they live.	*	x					x	x						*		x	x	x	x			*	x	x					x	
PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA)	Pinellas	3201 Scherer Dr., Saint Petersburg, FL 33716 (727) 540-1900	33716	More Information	General public.	Provides public bus transportation within the County. Senior citizen, student, and disability discount available. A Show Me Representative visits client at home and provides information and instruction on reading passenger schedule, system map, and transfer guide. The Show Me Representative also accompanies the client on a round trip bus ride compliments of PSTA.	*		x					x				x																				
SHEPHERD CENTER OF TARPON SPRINGS	Pinellas	780 S. Pinellas Avenue Tarpon Springs, FL 34689 (727) 939-1400	34689	More Information	Targets individuals in need	Provides preventive health, vision, legal and outreach services.	*	x			x		x	x						*						x			*		x	x					
SMILEFAITH FOUNDATION, INC.	All	8125 US Hwy 19, New Port Richey, FL 34652 (727) 807-7958 Main or (800) 396-7683 Toll Free (888) 411-8526 Fax email: info@smilefaith.com	34652	More Information	Targets individuals in financial need	Dental Care	*								x					*						x			*		x						
SOCIAL SECURITY ADMINISTRATION	Pinellas	2340 Drew Street, Clearwater, FL 33765 (800) 772-1213 Service/Intake (800) 325-0778 TTY	33765	More Information	Residents of Pinellas-North	Medicare Enrollment, Medicare Information/Counseling Area	*												x										*			x					
SOCIAL SECURITY ADMINISTRATION	Pinellas	2340 Drew Street, Clearwater, FL 33765 (800) 772-1213	33765	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling	*												x										*			x					

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SOCIAL SECURITY ADMINISTRATION	Pinellas	30 DR MLK ST S, St Petersburg, FL 33713 (800) 772-1213 Service/Intake (800) 325-0778 TTY	33713	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling	*											x									*			x					
SOCIAL SECURITY ADMINISTRATION	Pinellas	11435 U. S. Highway 19 Port Richey, FL 34668 (800) 772-1213 www.ssa.gov	34668	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling. English, Spanish, Creole.	*											x									*			x					
SOCIAL SECURITY ADMINISTRATION	Pinellas	10200 49th Street N. Clearwater, FL 33762 (800) 772-1213 www.ssa.gov	33762	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling. English, Spanish.	*											x									*			x					
ST PETERSBURG FREE CLINIC	Pinellas	863 3rd Avenue North, St Petersburg, FL 33701 (727) 821-1200 Main (727) 821-9263 Fax email: stpetersburgfreeclinic@yahoo.com	33701	More Information	Pinellas County residents meeting eligibility criteria	Electric Service Payment Assistance, Gas Service Payment Assistance, Mortgage Payment Assistance, Prescription Expense Assistance, Water Service Payment Assistance, Commodity Supplemental Food Program, Food Pantries, Community Clinics, Occasional Medical Equipment/Supplies	*	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	
ST. PETERSBURG DREAM CENTER	Pinellas	1360 16th St. S. Saint Petersburg, FL 33705 (727) 520-1909	33705	More Information	Anyone facing financial hardships in the South St. Petersburg area - focusing on Midtown area.	Benefits Screening, Local Transit Fare, Ongoing Emergency Food Assistance	*	x	x				x	x														*		x					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	1001 16th Street S. Saint Petersburg, FL 33705 (727) 388-1220	33705	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	x						x		x													*			x					

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SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	3820 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	x						x		x											*			x					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	3822 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	x						x		x											*			x					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	4010 Central Avenue St. Petersburg, FL 33711 (727) 388-1220	33771	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	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
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	4024 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	x						x		x											*			x					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	4050 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	x						x		x											*			x					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	Sunshine Center 330 Fifth Street North Saint Petersburg, FL 33701 (727) 388-1220	33701	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	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
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	2188 58th Street N. Clearwater, FL 33760 (727) 388-1220	33760	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	2960 Roosevelt Blvd. Clearwater, FL 33760 (727) 388-1220	33760	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Enoch Davis Center 1111 18th Avenue S. Saint Petersburg, FL 33712 (727) 388-1220	33712	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	James B. Sanderlin Center 2335 22nd Avenue S. Saint Petersburg, FL 33712 (727) 388-1220	33712	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	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
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Mattie Williams NFC 1003 Dr. MLK Jr. St. N. Safety Harbor, FL 34695 (727) 388-1220	34695	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	928 22nd Avenue S. Saint Petersburg, FL 33705 (727) 388-1220	33705	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	940 22nd Avenue S. Saint Petersburg, FL 33705 (727) 388-1220	33705	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Citizens Alliance for Progress 401 East MLK Jr. Drive Tarpon Springs, FL 34689 (727) 388-1220	34689	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	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
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Greater Ridgecrest Area Youth Development (GRAYDI) Largo, FL 33774 (727) 388-1220	33774	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	High Point Community Family Center 5812 150th Avenue N. Clearwater, FL 33760 (727) 388-1220	33760	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Lealman Asian NFC 4255 56th Avenue N., Saint Petersburg, FL 33714 (727) 388-1220	33714	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Starkey Lakes 8559 Ulmerton Road Largo, FL 33773-1866 (727) 388-1220	33773	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	x		x				x		x											*			x		x			

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SUNCOAST COMMUNITY HEALTH CENTER	Hillsborough	502 North Mobley Street, Plant City, FL 33563 P.O. Box 2096 Phone: (813) 341-7450 Fax: (813) 341-7461	33563	More Information	Pediatric	Provides Pediatrics, Laboratory, Translation, Transportation, Outreach.	*	x	x	x			x	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
SUNSHINE CENTER	Pinellas	Contact: Ethel Haskins 330 5th Street, St. Petersburg, FL 33701 Phone: 727-893-7101 Fax: 727-892-5464	33701	More Information	Seniors	Provides programming and activities for senior citizens. Including health education, legal services, and access to social services.	*	x	x					x				x		*					x			*			x	x			x	x	x
THE CENTRE OF PALM HARBOR	Pinellas	1500 16th Street, Palm Harbor, FL 34683 Phone: 727-771-6000 Email: rickburton@phrec.org	34683	More Information	No Restrictions	Provides programs and activities for the community.	*							x														*		x				x		
THE SENIOR CARE GUIDE - FLORIDA	All	503-246-8604 or 1-888-711-7184	All	More Information	Seniors	Internet based searchable directory of senior services available in Florida. The Senior Care Guide is a free public service of Care Service Options, Inc.	*	x	x	x	x			x	x			x	x																		
TOMLINSON ADULT EDUCATION	Pinellas	296 Mirror Lake Drive North, St Petersburg, FL 33701 (727) 893-2723 Main (727) 552-2449 Fax vanderwoulde@pcsb.org	33701	More Information	Adults	Adult Basic Education, Adult Literacy Programs, Computer and Related Technology Classes, English as a Second Language, GED Instruction	*			x																											

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TRANSPORTATION MANAGEMENT SERVICES (TMS)	Pinellas	13825 Icot Blvd #613 Clearwater, FL 33760 (727) 545-2100	33760	More Information	Individuals with a valid Medicaid number and have no other means of transportation available, including family or friends.	Provides medical transportation.	*		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	
UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY - ST. PETERSBURG	All	9200 113th Street North, Seminole, FL 33772 email: mnemitz@dental.ufl.edu (727) 394-6064 Main (727) 394-6098 Fax	33772	More Information	No Restrictions	Appointments only - no walk-ins. The cost of screening is $110.00 and this fee covers exams, x-rays, medical history and chart. Emergency Extraction Service Fee is $145.00; must be there at 6:45 a.m. and persons are selected by lottery method (may or may not receive services). All other dental work will be approximately one half of the normal cost of private practice. The Dental School (Student Oral Surgery Clinic) also has an adult emergency	*								x					*					x												
UNO FEDERATION COMMUNITY SERVICES	Pinellas	300 S. Duncan Ave. Suite 135B Clearwater, FL 33755 (727) 230-1622	33755	More Information	Hispanics, other minorities, and underserved citizens	Provides the following to the Hispanic, other minorities, and underserved citizens: advocacy; coordination of neighborhood programs; establish community leadership; enhance government and neighborhood communication; providing information to the community; educate and promote self-reliance; voter registration; sponsors arts and festivals; and liaison.	*	x		x				x														*		x						
WESTCARE	Pinellas	1735 Dr. Martin Luther King Jr. St. S. St. Petersburg, FL 33705 (727) 579-9016	33705	More Information	Targets individuals in need	Provides health and human services to those in need.	*	x		x				x		x					*		x	x	x	x	x	x	*	x	x	x	x		x			

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WILLA CARSON HEALTH AND WELLNESS CENTER	Pinellas	1108 N. Martin Luther King Ave. Clearwater, FL 33755 (727) 467-9411	33755	More Information	Uninsured working poor and low-income adults and children in Pinellas County.	The following services are provided: blood pressure, TB, cholesterol and diabetic screening; lead screening; physicals; first aid for colds, flu, stomach disorders, urinary tract infections, headaches, earaches, cuts and bruises (non-emergency); preliminary diagnostic aid & advice resulting in referrals to a medical health institution or practitioner; educational programs & materials. For smoking cessation and weight loss acupuncture treatments	*	x		x			x	x						*		x	x	x	x	x	x	*		x	x				x	