



Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center

Community Health Needs
Assessment – Final Report



June 7, 2013

Table of Contents

❑ Introduction.....	Page: 1
❑ Community Definition.....	Page: 3
❑ Consultant Qualifications	Page: 5
❑ Project Mission & Objectives	Page: 6
❑ Methodology.....	Page: 8
❑ Key Community Health Needs.....	Page: 10
❑ Conclusions	Page: 28
❑ Secondary Data Profile	Page: 30
❑ Interview Summary – Key Stakeholder Group	Page: 56
❑ Focus Group Summaries.....	Page: 68
○ Residents earning a low income that are Medicaid-ineligible...	Page: 69
○ Private behavioral health practitioners serving residents with behavioral health needs	Page: 77
❑ Appendix A: Complete Secondary Data Profile	Page: 81
❑ Appendix B: Key Stakeholder Interview Response Set	Page: 351
❑ Appendix C: Community Resource Inventory	Page: 366

Introduction

Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center, in response to their community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The CHNA was conducted between October 2012 and June 2013. Morton Plant North Bay Hospital and MPNB Recovery Center are comprised of two facilities; Morton Plant North Bay Hospital is located in New Port Richey, FL and Morton Plant North Bay Hospital Recovery Center is located in Lutz, FL. The Morton Plant North Bay Hospital and MPNB Recovery Center are part of the network of 10 not-for-profit hospitals throughout the Tampa Bay area. The Morton Plant North Bay Hospital and MPNB Recovery Center collaborated with outside organizations in Pasco County during the CHNA process. The following is a list of organizations that participated in the CHNA process in some way:

- ☐ Atria Bay Point Village
- ☐ BayCare Administration
- ☐ BayCare Alliant Hospital
- ☐ BayCare Health System
- ☐ BayCare Health System Behavioral Health
- ☐ Central Florida Behavioral Health Network
- ☐ Commissioner of Pinellas County
- ☐ Community Health Centers at Tarpon Springs
- ☐ Department of Children and Families
- ☐ Executive Director of Operation PAR
- ☐ Florida State House of Representatives
- ☐ Mease Countryside Hospital
- ☐ Mental Health and Substance Abuse Coalition in Pinellas County
- ☐ Metropolitan Ministries
- ☐ Morton Plant Hospital
- ☐ Morton Plant North Bay Hospital
- ☐ Morton Plant North Bay Recovery Center
- ☐ Pasco County
- ☐ Pasco County Alliance for Substance Abuse Prevention
- ☐ Pasco County Board of County Commissioners
- ☐ Pasco County Emergency Physicians
- ☐ Pasco County Health Department
- ☐ Pasco County Sheriff's Department
- ☐ PEMHS
- ☐ Pinellas County Sheriff's Department
- ☐ Pinellas/Pasco County Public Defender's Office
- ☐ Premier Community Health Care Group
- ☐ South Florida Baptist Hospital
- ☐ St. Anthony's Hospital
- ☐ St. Joseph's Behavioral Health Center
- ☐ St. Joseph's Children's Hospital
- ☐ St. Joseph's Hospital – Main
- ☐ St. Joseph's Hospital – North
- ☐ St. Joseph's Women's Hospital
- ☐ The Good Samaritan Health Clinic
- ☐ United Way of Pasco County

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 the Morton Plant North Bay Hospital and MPNB Recovery Center, with project management and consultation by Tripp Umbach, included

extensive input from persons who represent the broad interests of the community served by each of the hospital facilities, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from both the Morton Plant North Bay Hospital and the Morton Plant North Bay Recovery Center 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. Comprised of a network of 10 not-for-profit hospitals, outpatient facilities and services such as imaging, laboratories, 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 North Bay Hospital and MPNB Recovery Center community is defined first as a five zip code area in Pasco County in Florida related to one or more of the following facilities (See Table 1 & Figure 1):

Morton Plant North Bay Hospital: is a 154-bed acute care hospital, which serves as West Pasco County's only not-for-profit community hospital. The geographical community definition includes five populated zip code areas in Pasco County.

The community served by the Morton Plant North Bay Recovery Center is defined as a population-specific community of residents of Hillsborough and Pasco Counties with behavioral health needs: (See Figure 2):

Morton Plant North Bay Recovery Center: is a 72-bed, co-ed facility, which is the only freestanding psychiatric hospital in Pasco County and is a Baker Act-receiving facility. While the geographical community definition includes Hillsborough and Pasco counties; this study will focus on the population-specific community definition of the Recovery Center.

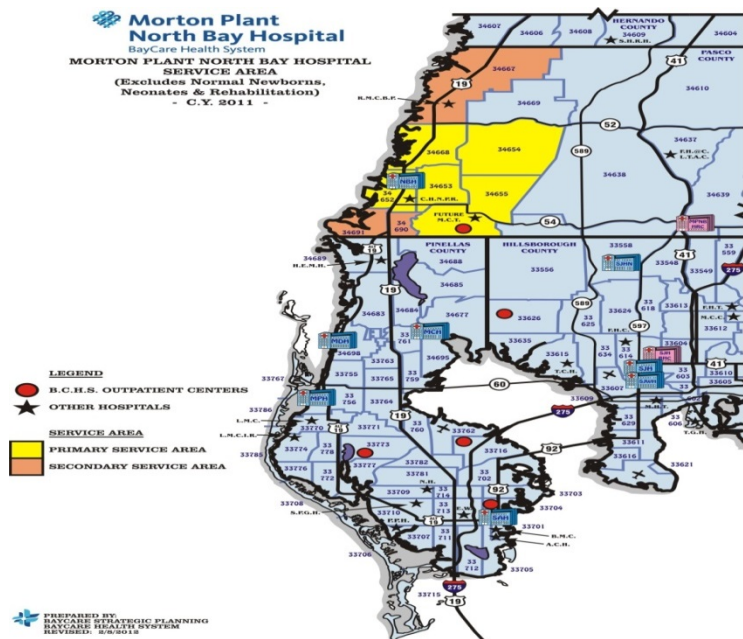
Morton Plant North Bay Hospital and MPNB Recovery Center Community Zip Codes

Table 1

Zip	Town	County
34652	New Port Richey	Pasco
34653	New Port Richey	Pasco
34654	New Port Richey	Pasco
34655	New Port Richey	Pasco
34668	Port Richey	Pasco

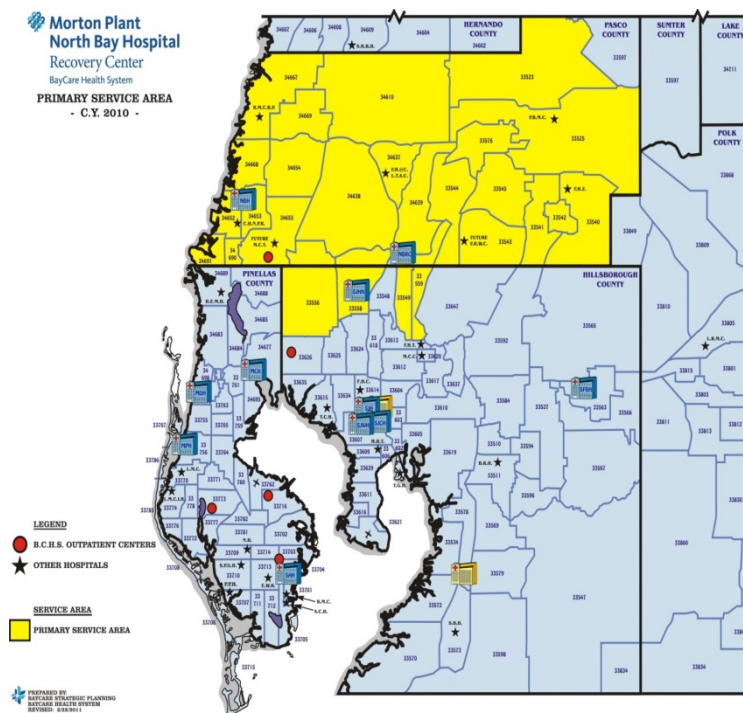
Community Map for the Morton Plant North Bay Hospital

Figure 1



Community Map for the Morton Plant North Bay Recovery Center

Figure 2



Consultant Qualifications

Morton Plant North Bay Hospital and MPNB Recovery Center 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 books¹ 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 CHNA for the Morton Plant North Bay Hospital and MPNB Recovery Center is to understand and plan for the current and future health needs of residents 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 the Morton Plant North Bay Hospital and MPNB Recovery Center 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 healthcare 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 PPACA for the Morton Plant North Bay Hospital and MPNB Recovery Center.

Methodology

Tripp Umbach facilitated and managed a comprehensive CHNA on behalf of the Morton Plant North Bay Hospital and MPNB Recovery Center 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 both facilities, 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 both the Morton Plant North Bay Hospital and MPNB Recovery Center 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 North Bay Hospital and MPNB Recovery Center communities 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, Prevention Quality Indicators (PQI), 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 additional data sources (See Appendix A for a complete secondary data profile).
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that have special knowledge and/or expertise in public and community health. Such persons were interviewed as part of the needs assessment planning process. A series of 23 interviews were completed with key stakeholders in the Morton Plant North Bay Hospital and MPNB Recovery Center collective 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 two focus groups conducted by Tripp Umbach in the Morton Plant North Bay Hospital and MPNB Recovery Center communities 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
- 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 70 resources identified between in May, 2013 that meet the needs identified by stakeholders and secondary data in the Morton Plant North Bay Hospital and MPNB Recovery Center communities (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 two community focus groups resulted in the prioritization of three key community health needs in the Morton Plant North Bay Hospital and MPNB Recovery Center communities. 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 North Bay Hospital and MPNB Recovery Center communities; 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 70 such resources. (See Appendix C for a full copy of the Pasco County Community Resource Inventory including Hillsborough County behavioral health resources).

A summary of the top needs in the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center 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 communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center based on the Community Needs Scores (see the secondary data section for a full description of CNS). With an overall weighted score of 3.6 for the Morton Plant North Bay Hospital service area and 3.5 for the Morton Plant North Bay Recovery Center service area; both facilities show a CNS score higher than the median for the scale (3.0) and the average for Pasco County (3.3) and equal to or higher than the BayCare Health System Service Area (3.5), which indicates moderate socio-economic barriers to accessing healthcare for residents.

Four zip code areas (34668, 34652, 34653, 34654) show greater socio-economic barriers than the median (3.0) for the scale and three of those zip code areas show higher CNS scores than the average overall BayCare Health System service area (3.5) indicating more than average socio-economic barriers to accessing healthcare for a majority of the Morton Plant North Bay Hospital service area.³

According to key stakeholders, there is a need for increased coordination of care for residents due to a fragmented system in which under/uninsured residents do not have access to a consistent provider for medical, specialty care, dental, and mental health 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., limited transportation, etc.).

Key stakeholders and focus group participants indicated that some of the implications of the limited access 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, self-medicating, unable to afford medical bills, unhealthier with poorer health/mental health outcomes, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, lengthy waits for behavioral health services (i.e., psychiatry, substance abuse treatment, etc), increased need for crisis

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)

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 communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center 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 decrease in the number of adults 18-64 years of age with health insurance in Hillsborough County (from 76.8% to 73.2%); whereas Pasco County saw an increase during the same period (from 71.7% to 74%).⁴
- ✓ While the uninsured rate for one zip code area (34653) in the Morton Plant North Bay Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and Pasco County (18%); there are two zip code areas (34668 and 34652) with uninsured rates higher than the state (25%), which are some of the highest uninsured rates in the BayCare Health System.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.
- ✓ In 2007, almost one in four adult residents in Pasco County (23.2%) reported not seeing a dentist in the previous year due to cost. Almost one in four women (24.4%) and 30.9% of 18-44 year olds in Pasco County report not seeing a dentist in the past year due to cost.⁶
- ✓ Both key stakeholders and focus group participants discussed the fact that some residents may not be able to afford prescription medications. Additionally, key stakeholders and focus group participants believed that many residents cannot afford medical care (i.e., preventive care, specialty care, follow-up appointments/treatments, prescription medications, dental care, etc.), private-pay health insurance premiums, and/or deductibles. Often, residents will

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

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. While a mobile van circulates through the community, there is a large indigent and homeless population that do not have access to traditional health services. 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. Participants indicated that not seeking care often leads to residents being diagnosed when symptoms are emergent and then unable to afford subsequent treatment/follow-up care.

- ✓ Key stakeholders and focus group participants addressed the population of residents that are employed/self-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. Key stakeholders and focus group participants discussed low-wage employers (i.e., service-related 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 felt that Medicaid eligibility requirements are too low because they are based on gross income and not a true representation of the income residents are taking home.

Behavioral Health:

- ✓ The uninsured rate is above the state rate (25%) in six of the 35 populated zip code areas that comprise the Morton Plant North Bay Recovery Center. There are an additional six zip code areas with uninsured rates higher than the average for the overall BayCare Health System service area (19.1%) and Pasco County (18%). A lack of insurance may play a role in the access that residents have to behavioral health services in Pasco and Hillsborough Counties.
- ✓ Stakeholders indicated that there is a lack of services for indigent populations; as a result, residents are not always able to secure substance abuse services due to homelessness and/or the inability to pay. Key stakeholders also felt that after a child turns 18, they become ineligible for many mental health services and do not become eligible again for services until they are in a crisis.

Availability of healthcare providers and services:

- ✓ Secondary data representing the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center depicts evidence of 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 over who reported having had a mammogram in the past year decreased in Pasco County (from 63.9% to 63.3%). According to the National Cancer Institute, women age 40 and over should have mammograms every one to two years.
- ✓ Between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Pasco County (from 66.2% to 55.3%). 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.
- ✓ 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 Pasco County (from 26.4% to 26.2%). 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.
- ✓ With 137 dentists in Pasco County, the provider ratio (3,439:1) is higher than the state of FL (2,095:1).
- ✓ With 236 primary care physicians in Pasco County, the provider ratio (1,973:1) is slightly higher than the state of FL (1,439:1).
- ✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., urgent care services, pediatric health care, primary, preventive, specialty, and dental health care, etc.) due to transportation, the number and location of providers, and provider willingness to accept Medicaid insurance.
- ✓ 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. Key stakeholders and focus group participants discussed the barriers to healthcare caused by the shrinking number of providers coupled with the demand for services.

Behavioral Health:

- ✓ Hillsborough County often has provider ratios that are more inline with the state average than the provider ratios for Pasco County. With 59 mental health providers in Pasco County, the provider ratio (7,890:1) is much higher than the state of FL (3,372:1). 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. Limited funding often restricts the length of time and quality of services provided in any industry, including mental health.
- ✓ Between 2009 and 2010, there was a decrease in the age-adjusted death rate due to suicide in Pasco County (from 21.3 to 19.7). However, Pasco County shows a higher suicide rate than the nation. White residents are more than three times as likely to commit suicide (13.2 per 100,000 pop.) than any other racial group (African American residents are the next highest rate at 7.9 per 100,000 pop.).
- ✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., substance abuse, psychiatry, partial hospitalizations programs, intensive outpatient services, support groups for adolescents and discrete detoxification programs) due to the number and location of providers and lack of sustainable funding for behavioral health programs. Key stakeholders felt that residents have limited access to behavioral health services due to limited health insurance coverage and limited providers. There is a need for behavioral health care, particularly for the under/uninsured.
- ✓ There is a need for more effective integration between medical and behavioral health settings. Residents are becoming addicted to pain medications when they have chronic pain, and are not being monitored and/or weaned properly. These residents may not receive treatment for their addiction until they come to the attention of the mental health and substance abuse providers in the community. There are not enough resources to meet the demand for substance abuse services in the community. Also, Police often have to initiate an involuntary commitment process known as the Bakers Act, and police are not always trained to manage patients with mental illness appropriately.
- ✓ Key stakeholders and focus group participants indicated that residents with mental illness may not always be getting their needs met due to the mental health resources that are available being overwhelmed by the demand. Key stakeholders and focus groups felt that a low number of mental health and substance abuse providers are sparsely located in the region. 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. 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.

- ✓ Focus group participants felt that patients are kept safe under 24-hour watch during a commitment, but not provided therapeutic treatment in many cases for the duration of a commitment at an inpatient mental health facility through the Baker Act. In addition, there are a limited number of step-down programs available. While focus group participants felt that patients are kept safe, there is a need to improve the services provided to behavioral health patients at many facilities during an inpatient mental health commitment.

Communication among healthcare providers and consumers:

- ✓ Communication is important among healthcare providers and consumers in the pursuit of a healthier population. While secondary data is not readily available to gauge the effectiveness of communication in the healthcare industry, key stakeholders and resident focus groups indicate there may be a need to improve communication among providers and consumers.
- ✓ Focus group participants indicated that low-income residents are often unaware of their own health status or overall health status. Focus group participants felt that when health information is provided to residents, they may not always comprehend what is provided and their understanding is often not ensured. 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 limited professionalism, and consumer perception of the interaction.

Behavioral Health:

- ✓ 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. Additionally, residents that are committed to an inpatient mental health facility through the Baker Act often do not have access to their prescription medications due to the need to verify that medication with a physician. This is particularly the case when commitment takes place during weekend hours.

Socio-economic barriers to accessing healthcare:

- ✓ The demographics of the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center collectively shows an aging, lower-income population with less educational attainment than the state and nation.
- ✓ Pasco County (61) ranks among the worst 10 counties in the state for employment.⁷

Four zip code areas (34668, 34652, 34653, 34654) show greater socio-economic barriers than the median (3.0) for the scale and three of those zip code areas show higher CNS scores than the average overall BayCare Health System service area (3.5) indicating more than average socio-economic barriers to accessing healthcare for a majority of the Morton Plant North Bay Hospital service area.⁸

- ✓ Key stakeholders and 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). Additionally, health services are at times sparse (i.e., mental health providers, 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. The lack of a reliable method of transportation can keep residents from accessing health services when they need them and/or follow-up care

Behavioral Health:

- ✓ There are a total of 20 zip code areas in the Morton Plant North Bay Recovery Center service area that show greater socio-economic barriers to healthcare access than the over all BayCare Health System (3.5), an additional six show greater than average number of barriers for the scale (3.0), three show an average number of barriers, and nine show fewer than average number of barriers to healthcare access.

- U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.⁹ 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

⁷ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

⁸ Ibid.

⁹ Source: HealthyPeople.gov. Retrieved from:
www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1 (last updated: 3/28/2013)

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 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 health, 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 the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center:

- The Morton Plant North Bay Hospital service area shows higher hospital admission rates for 13 of the 14 PQI measures when compared with Pasco County and the state of Florida and 10 of the 14 when compared with the overall BayCare Health System service area; indicating areas of preventable conditions for the hospital service area. The Morton Plant North Bay Hospital service area shows only one PQI measure that is lower than the state (Perforated Appendix).¹⁰
- The Morton Plant North Bay Hospital and MPNB Recovery Center service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Pasco County and the overall BayCare Health System service area (with the exception of short-term complications).
 - Lower Extremity Amputation Rate Among Diabetic Patients
 - Diabetes Long-Term Complications
 - Diabetes Short-Term Complications
 - Uncontrolled diabetes
- ✓ The Morton Plant North Bay Hospital service area shows the highest hospitalization rates for all measures of Chronic Lung Conditions.
 - Adult Asthma
 - Chronic Obstructive Pulmonary Disease
- ✓ The Morton Plant North Bay Hospital service area shows the highest hospitalization rates for all measures of Chronic Heart Conditions.
 - Hypertension Admission Rate
 - Congestive Heart Failure Admission Rate

¹⁰ Tripp Umbach Independent Prevention Quality Indicator Analysis

- Angina Without Procedure Admission Rate
- ✓ Other PQI measures in which the Morton Plant North Bay Hospital and MPNB Recovery Center service area shows a higher rate of preventable hospital admissions than the state are:
 - Urinary Tract Infection
 - Dehydration
- ✓ The Morton Plant North Bay Hospital service area (84.3%), Pasco County (78.2%), Florida (56.6%) and the U.S. (62.8%) all show a majority population of White, Non-Hispanic individuals. The Morton Plant North Bay Hospital service area shows a lower rate of Hispanic individuals (9.7%) than the county (12.8%), the state (23.4%), and nation (17%). Similarly, the service area shows a lower rate of Black, Non-Hispanic individuals (2.1%) than the county (4.6%), state (15.3%), and nation (12.3%).
- ✓ The analysis of data collected for the CHNA process present nuances in the communities served by the Morton Plant North Bay Hospital, 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 Pasco County tend to show worse outcomes for health with increased prevalence across many indicators (congestive heart failure, asthma, diabetes, heart disease, motor vehicle deaths, infant mortality, etc.). Similarly, Hispanic residents have poor health outcomes for stroke and births to teen mothers.
 - There are several clinical indicators (i.e., COPD, asthma, diabetes, low birth weight and urinary tract infection) that show higher than average rates in four or more of the five zip code areas. While there are clinical health issues throughout the service area that are above average for the Tampa Bay Region; the rates are not often higher than the national benchmarks (with the exception of low birth weight births). This assessment shows a stratification of the frequency and severity of clinical health indicators across zip code areas that appear to be reflective of the socio-economic indicators of the area. The areas with the highest CNS scores display a greater number of clinical health issues that also show more substantial rates. As CNS scores decrease in zip code areas we see one zip code area with a moderation in the number of clinical health issues; however the rates of the clinical health issues that exist remain higher than the baseline measures for these zip codes. There is one zip code area (34655) with no notable clinical health issues coupled with the lowest CNS score (2.5).

- These zip code areas are also among the best CNS scores in the service area (from 2.5 to 2.9), indicating fewer than average barriers to accessing healthcare.
- The zip code with a moderate number of clinical health issues is: 34654. This zip code area is represented in the secondary data as having greater than average rates on multiple clinical indicators (i.e., bacterial pneumonia, COPD, asthma, diabetes, urinary tract infection, dehydration, congestive heart failure, and alcohol consumption). The rates across clinical indicators are above the average rates for the Tampa Bay Region. Often, the rates of clinical health issues found in this zip code area are not above the most recently reported national rate. This zip code area also has a moderate CNS score (3.3) indicating a moderate level of barriers to accessing healthcare. However, this zip code area appears to consume healthcare resources based on the volume of clinical issues presented.
- The zip codes with the highest levels of clinical health issues are: 34653, 34652, and 34668. The three zip code areas are represented in the secondary data as having substantially higher than average rates across the majority of clinical health indicators. The three zip codes areas represent the top three highest rates for 17 of the 23 clinical measures this assessment analyzed at the zip code-level. They display the most severe clinical health rates that are often substantially higher than the Tampa Bay Region. However, often the rates of clinical health issues in these zip code areas are not greater than the most recently reported national rates (where comparable). These zip code areas also have the highest CNS scores (from 4.0 to 4.2) in the 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 Pasco County and the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center 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 a substantial increase in these indicators that, if left unchecked, could become community health needs (i.e., death rate due to strokes, suicide, substance abuse including alcohol consumption and non-medical use of prescription pain relievers, tobacco use, prostate cancer, infant mortality among White infants, etc.).

- ✓ Key stakeholders felt that chronic illnesses (i.e., diabetes, obesity, etc.) are not being managed properly by residents. Poor nutrition is an issue particularly among seniors and children. Diabetes is seen in residents of all ages. Residents are not being referred to programs that would help manage chronic illnesses, which can often lead to re-admission and/or exacerbated symptoms. 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.
 - ✓ 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, poorer health outcomes for residents including those requiring behavioral health services, undetected/untreated illnesses, 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 need for prevention and

outreach regarding the importance of healthy lifestyle choices (i.e., vaccinations for children, healthy nutrition, fitness, etc.).

- ✓ Key stakeholders and focus group participants believed that residents are 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, information clearing houses that are not up-to-date, and isolation of communities with greatest needs (i.e., highest concentration of poverty, etc.). 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.

Behavioral Health:

- ✓ Focus group participants felt that it can be difficult to identify referral sources due to a lack of up-to-date information in their communities, particularly as it relates to mental health services. Participants felt that information clearing houses can be out-of-date due to an ever-changing landscape of service providers.

Presence of unhealthy behaviors:

- ✓ When compared to the counties in the state, Pasco County ranks more unhealthy than average at 45 of 67 counties in Florida, with a median rank of 34 on a scale of 1 to 67 (1 being the healthiest county and 67 being the most unhealthy).¹¹
- ✓ Between 2009 and 2010, the number of motorcycle fatalities doubled in Pasco County (from 8 to 15).
- ✓ Between 2007 and 2010, Pasco County saw a decrease in the number of residents that smoke (from 30.4% to 21.0%). Slightly more females report smoking cigarettes than men in Pasco County (22.7% and 19.1% respectively). Also, 45-64 year olds are more likely (31%) to report smoking in Pasco County than any other age group in any other county in the tri-county area. Also, Hispanic residents are more likely to report smoking than any other race.
- ✓ 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.¹²

¹¹ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

- 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.¹³
- Between 2002 and 2007, Pasco County saw a decrease in leisure-time physical activity (from 27.4% to 25.3%). Approximately one in four females do not participate in any leisure-time physical activities in Pasco County. Between 2008 and 2010, there was an increase in the number of high school students that did not have sufficient vigorous physical activity in Pasco County (from 37.5% to 39.2%).
- Between 2007 and 2010, the obesity rate rose in Pasco County almost 9%; whereas more than one in four females (26.3%) and almost one in four males (30%) in Pasco County are considered obese. 18-44 year olds and seniors 65+ are more likely to be obese in Pasco County. Between 2008 and 2010, the percentage of high school students who are obese increased in Pasco County (from 10% to 11.4%).
- Between 2007 and 2010, the percentage of adults who are overweight remained the same in Hillsborough County at 39.4%, while the rate increased in Pasco (from 35.5% to 38.5%).
- Pasco County has historically shown greater death rates due to motor vehicle collisions. Between 2009 and 2010, the death rate due to motor vehicle collisions in Pasco County saw a decrease (from 22.6 to 15.5 per 100,000). African American residents have a greater death rate (34.2 per 100,000 pop.) than any other ethnicity (>15.9 per 100,000 pop.) in the county. Additionally, men in Pasco County have a death rate that is two times as high as the women (20.8 to 10.3 per 100,000 pop.). Motorcycle fatalities increased in Pasco County from 8 to 15 between 2009 and 2010.
- ✓ Key stakeholders and focus group participants discussed the increasing rates of obesity, substance abuse, etc. 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 conditions (i.e., obesity, diabetes, cancer, pulmonary diseases, high cholesterol, etc.). Key stakeholders felt that a disproportionate number of residents that smoke in Pasco County are low-income. An increase in the number of chronic conditions diagnosed in a community can lead to a

¹² 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).

¹³ 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).

greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.

Behavioral Health:

- ✓ Secondary data representing the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center depicts evidence of higher provider ratios for mental health providers in Pasco County, and a need for mental health and substance abuse services.
- ✓ 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 Pasco County (from 15.7% to 20%), with men being more than two times more likely than women (27.3% and 13.4% respectively), and more than one in four residents that are 18-44 years old (30.3%) reporting heavy or binge drinking within the last 30 days. The service area for the Morton Plant North Bay Hospital has one zip code area showing above the Tampa Bay average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse. The service area for the Morton Plant North Bay Hospital has one zip code area showing above the Tampa Bay average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse.
- ✓ Between 2008 and 2010, the percentage of high school students who used marijuana one or more times during the previous 30 days increased in Pasco County (from 19.5% to 21.1%).
- ✓ Key stakeholders and focus group participants discussed substance abuse and specifically, prescription drug abuse and the related increased chronic illness costs. Addiction to prescription medication is on the rise due to what stakeholders referred to as “pill mills” or physician’s offices that write scripts for narcotic pain medications without weaning patients properly. Key stakeholders felt that untreated addiction can disrupt the stability of home life; cause newborns to be born addicted to substances due to the pregnant mother abusing addictive substances, and cause poor health outcomes due to lifestyle choices. Additionally, key stakeholders felt that an addiction to prescription medication can lead to other illegal drug use. Often, residents are getting addicted to prescription drugs due to attending a pain clinic in the area and not being weaned off of prescription pain medications properly. Stakeholders also felt that the lack of integration between behavioral health and medical health settings is a detriment to patients becoming addicted to narcotic prescription medications. Focus group participants felt that 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.

Residents are resisting seeking health services:

- ✓ Key stakeholders and focus group participants discussed the resistance of residents to seek primary, preventive, and behavioral health care due to drug abuse/addiction, cultural practices, 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. The result of residents resisting healthcare services is often 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 2020.¹⁴ 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.
 - 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

¹⁴ Source: U.S. Department of Health and Human Services: Healthy People 2020; Found at: (www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29)

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 North Bay Hospital and MPNB Recovery Center 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.

The Morton Plant North Bay Hospital and MPNB Recovery Center, 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. Collaboration and partnership are strong in the community. 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 these hospital service areas as they relate to access to affordable healthcare, the prevalence of clinical health issues, and behaviors and environments that impact health. While there are specific clinical health issues prevalent throughout the community; there is also a geographical stratification of need with a large portion of the healthcare resources being consumed by a subset of high need zip codes. At the same time, there is a contrasting zip code area with no need and still another with a moderate level of need. Strategic discussions among hospital leadership as well as community leadership will need to consider the inter-relationship of the diverse issues (clinical, behavioral, and environmental) facing the communities served by the Morton Plant North Bay Hospital and MPNB Recovery Center. 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. 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 the Morton Plant North Bay Hospital and MPNB Recovery Center to develop a secondary data process focused on three phases: collection, analysis, and evaluation. Tripp Umbach obtained information on the demographics, health status, socio-economic, and environmental factors related to health and needs of residents from the multi-community service area of the Morton Plant North Bay Hospital and MPNB Recovery Center. 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 Score (CNS).

Overall Study Area for the Morton Plant North Bay Hospital and MPNB Recovery Center

The community served by the Morton Plant North Bay Hospital is defined geographically as a five zip code-area in Pasco County in Florida which represent 75% of the hospital's inpatient volumes (See Table 2 & Figure 3):

Morton Plant North Bay Hospital: is a 154-bed acute care hospital, which serves as West Pasco County's only not-for-profit community hospital. The geographical community definition includes five populated zip code areas in Pasco County.

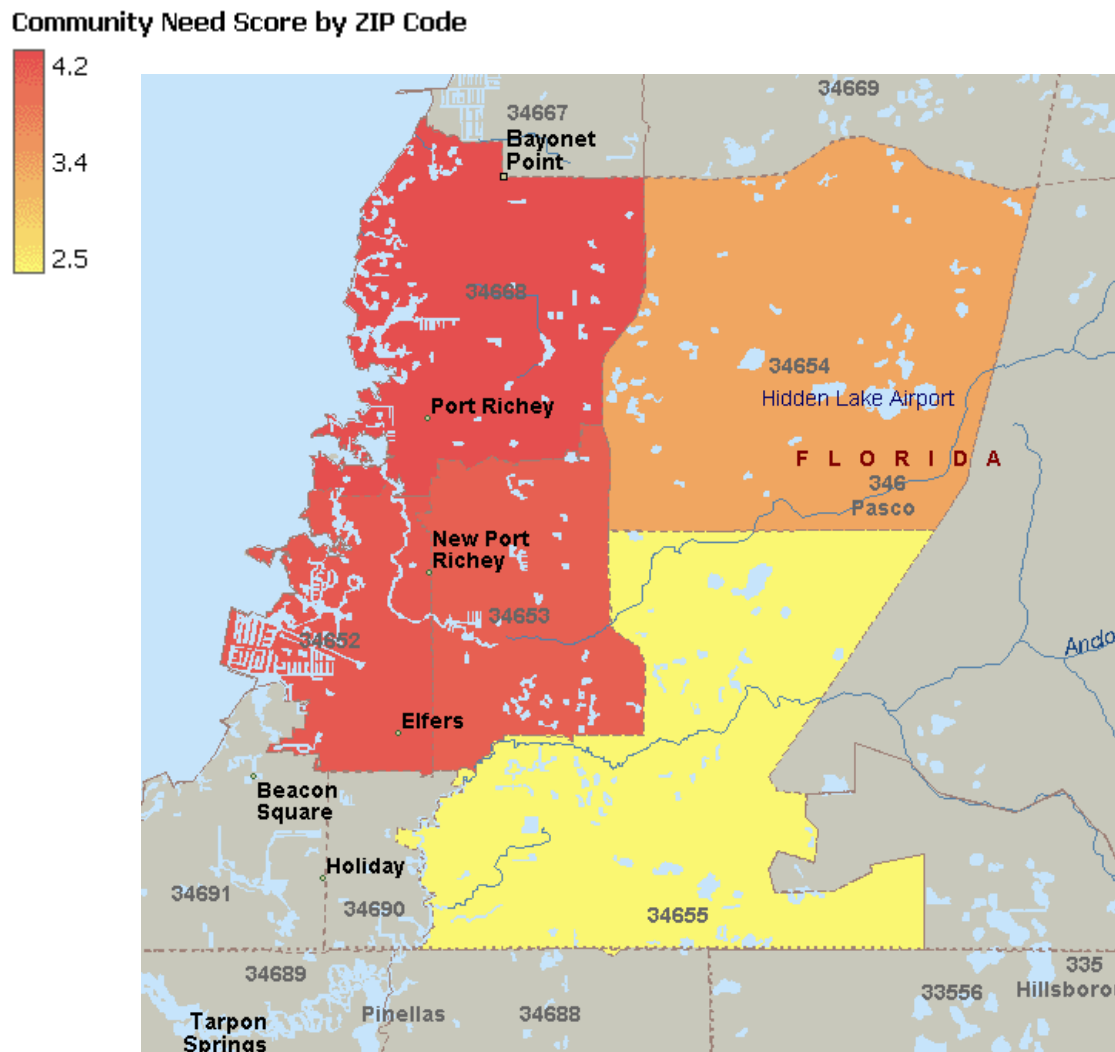
The community served by the Morton Plant North Bay Recovery Center is defined as a population-specific community of residents of Hillsborough and Pasco Counties with behavioral health needs: (See Figure 4):

Morton Plant North Bay Recovery Center: is a 72-bed, co-ed facility, which is the only freestanding psychiatric hospital in Pasco County and is a Baker Act-receiving facility. While the geographical community definition includes Hillsborough and Pasco counties; this study will focus on the population-specific community definition of the Recovery Center.

Table 2: Morton Plant North Bay Hospital and MPNB Recovery Center Community Zip Code Definition

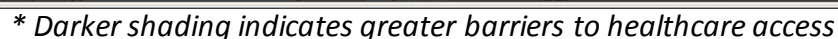
Zip	Town	County
34652	New Port Richey	Pasco
34653	New Port Richey	Pasco
34654	New Port Richey	Pasco
34655	New Port Richey	Pasco
34668	Port Richey	Pasco

Figure 3: Morton Plant North Bay Hospital Geographic Definition



* Darker shading indicates greater barriers to healthcare access

Community Need Score by ZIP Code



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.

32

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.

Morton Plant North Bay Hospital

- ✓ With an overall weighted score of 3.6, the Morton Plant North Bay Hospital service area shows a CNS score higher than the median for the scale (3.0) and the average for Pasco County (3.3) and the BayCare Health System Service Area (3.5), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- ✓ The lowest CNS score for the service area is 2.5 (there are no 1.0 scores) and the highest is 4.2 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- ✓ Four zip code areas (34668, 34652, 34653, 34654) show greater socio-economic barriers than the median (3.0) for the scale and three of those zip code areas show higher CNS scores than the average overall BayCare Health System service area (3.5) indicating more than average socio-economic barriers to accessing healthcare for a majority of the Morton Plant North Bay Hospital service area.
- ✓ With greater than average socio-economic barriers to accessing healthcare in the Morton Plant North Bay Hospital service area, it is important to understand the areas that have more barriers than the average for the county and the hospital service area. Three of the zip code areas (34668, 34652, 34653) show at or above average poverty rates in all measures of poverty when compared to poverty rates for Pasco County and the overall BayCare Health System service area.
- ✓ The unemployment rate for four zip code areas (34668, 34652, 34654, 34653) in the Morton Plant North Bay Hospital service area are higher than the rate for Pasco County (11.8%), Florida (8.5%), and the U.S. (7.9%), with the highest unemployment rate in 34668 (13.7%).
- ✓ While the uninsured rate for one of zip code areas (34653) in the Morton Plant North Bay Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and Pasco County (18%); there are two zip code areas

(34668 and 34652) with uninsured rates higher than the state (25%), which are some of the highest uninsured rates in the BayCare Health System.

- ✓ There are no zip code areas in the Morton Plant North Bay Hospital service area with a higher percentage of residents with limited English skills than the average for Pasco County (13%) or the overall BayCare Health System Service Area (17.6%).

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

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
34668	Port Richey	Pasco	4	4	4	5	4	4.2
34652	New Port Richey	Pasco	4	4	4	5	4	4.1
34653	New Port Richey	Pasco	4	4	4	5	4	4.0
34654	New Port Richey	Pasco	3	4	4	5	2	3.3
34655	New Port Richey	Pasco	2	2	4	4	2	2.5
Morton Plant North Bay Hospital Service Area*			3.2	3.5	3.6	4.6	3.2	3.6

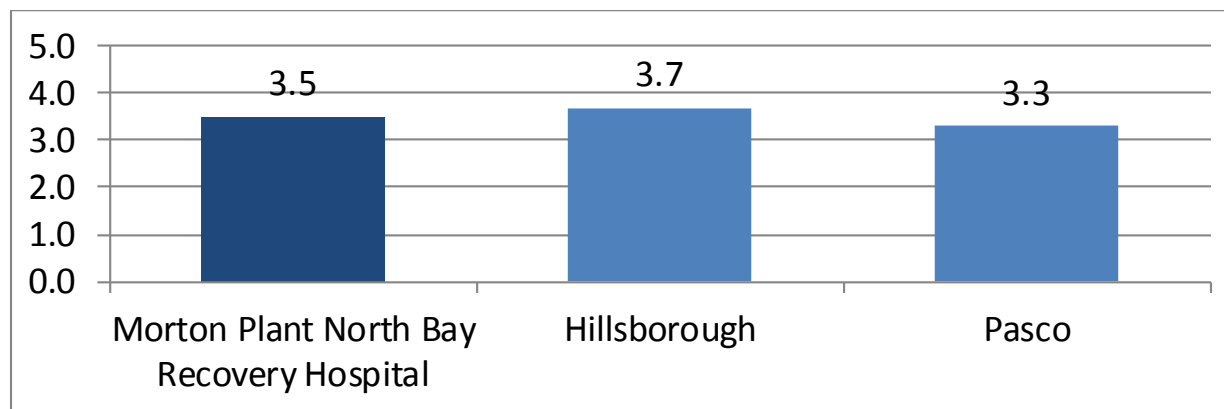
*Weighted Average

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

Morton Plant North Bay Recovery Center:

- With an overall weighted score of 3.5, the Morton Plant North Bay Recovery Center service area shows a CNS score higher than the median for the scale (3.0) and the average for Pasco County (3.3). However, the overall CNS score for Morton Plant North Bay Recovery Center is the same as the BayCare Health System Service Area (3.5) and lower than the average for Hillsborough County. An overall weighted CNS score of 3.5 indicates moderate socio-economic barriers to accessing healthcare for residents, which may also play a role in the access that residents have to behavioral health services.

Figure 5: Morton Plant North Bay Recovery Center CNS Scores



Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Prevention Quality Indicators Index (PQI)¹⁵

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.

This study did not examine adult PQI rates for the Morton Plant North Bay Recovery Center service area due to the lack of evidence that the 14 quality indicators have an impact on behavioral health services. Below are the PQI findings as they relate to Morton Plant North Bay Hospital:

Morton Plant North Bay Hospital:

- The Morton Plant North Bay Hospital service area shows higher hospital admission rates for 13 of the 14 PQI measures when compared with Pasco County and the state of Florida and 10 of the 14 when compared with the overall BayCare Health System service area; indicating areas of preventable conditions for the hospital service area. The Morton Plant North Bay Hospital service area shows only one PQI measure that is lower than the state (Perforated Appendix).

¹⁵ Tripp Umbach Independent Prevention Quality Indicator Analysis

- The Morton Plant North Bay Hospital service area shows similar hospitalization rates as Pasco County for many PQI measures. Specifically, for eight PQI measures, the hospital service area and Pasco County have higher hospitalization rates (Chronic Obstructive Pulmonary Disease, Adult Asthma, Diabetes Long-Term Complications, Uncontrolled Diabetes, Hypertension, Congestive Heart Failure, Angina Without Procedure, and Dehydration). For three measures (Bacterial Pneumonia, Urinary Tract Infection, and Perforated Appendix), both the hospital service area and the county show slightly lower hospitalization rates.
- Low Birth Weight shows the highest hospital admission rate of the PQI measures between the Morton Plant North Bay Hospital service area (4.79 per 1,000 pop.), Pasco County (3.36 per 1,000 pop.), the overall BayCare Health System service area (3.05 per 1,000 pop.), and Florida (3.19 per 1,000 pop.).
- The Morton Plant North Bay Hospital and MPNB Recovery Center service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Pasco County, and the overall BayCare Health System service area (with the exception of short-term complications).
 - Lower Extremity Amputation Rate Among Diabetic Patients
 - Diabetes Long-Term Complications
 - Diabetes Short-Term Complications
 - Uncontrolled Diabetes
- The Morton Plant North Bay Hospital service area shows the highest hospitalization rates for all measures of Chronic Lung Conditions.
 - Adult Asthma
 - Chronic Obstructive Pulmonary Disease
- The Morton Plant North Bay Hospital service area shows the highest hospitalization rates for all measures of Chronic Heart Conditions.
 - Hypertension Admission Rate
 - Congestive Heart Failure Admission Rate
 - Angina Without Procedure Admission Rate
- Other PQI measures in which the Morton Plant North Bay Hospital and MPNB Recovery Center service area shows a higher rate of preventable hospital admissions than the state are:
 - Urinary Tract Infection
 - Dehydration

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

Prevention Quality Indicators (PQI)	Morton Plant North Bay Hospital Service Area	BayCare Health System	Pasco	Florida
Low Birth Weight Rate (PQI 9)	4.79	3.05	3.36	3.19
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.93	1.67	1.69	1.61
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.36	1.11	1.13	1.09
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.21	1.02	1.06	0.94
Congestive Heart Failure Admission Rate (PQI 8)	2.39	2.15	2.34	2.23
Adult Asthma Admission Rate (PQI 15)	0.65	0.57	0.60	0.51
Hypertension Admission Rate (PQI 7)	0.57	0.47	0.53	0.44
Urinary Tract Infection Admission Rate (PQI 12)	0.98	0.47	0.51	0.87
Angina Without Procedure Admission Rate (PQI 13)	0.18	0.12	0.16	0.13
Uncontrolled Diabetes Admission Rate (PQI 14)	0.17	0.14	0.15	0.13
Dehydration Admission Rate (PQI 10)	0.29	1.11	1.18	0.26
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.36	0.38	0.35	0.34

Demographic Profile – Key Findings:¹⁶

Morton Plant North Bay Hospital:

- ✓ The demographics of the service area shows an aging, lower-income population with less educational attainment than the county, state, and nation.
- ✓ The Morton Plant North Bay Hospital service area consists of 160,820 people; this population is expected to grow by 4.6% by 2017. Pasco County is expected to grow at a more rapid rate (8.7%) than the hospital service area and Florida (5.1%).
- ✓ The Morton Plant North Bay Hospital service area shows higher rates of seniors (65+) than Pasco County, Florida, and the U.S., which is expected to grow by 2017. At the

¹⁶ Source: 2012 Nielson Claritas; 2012 Thomson Reuters

same time, the service area shows lower rates of young individuals (0 to 54 years of age) than the county, state, and nation, which is expected to shrink by 2017.

- ✓ The Morton Plant North Bay Hospital service area shows a lower average annual income (\$47,212) than Pasco County (\$52,074), Florida (\$62,685), and the U.S. (\$67,315). The service area shows higher rates of individuals with a high school degree or less (53.7%) than Pasco County (50.1%), Florida (45.1%), and the U.S. (43.6%).
- ✓ The Morton Plant North Bay Hospital service area (84.3%), Pasco County (78.2%), Florida (56.6%), and the U.S. (62.8%) all show a majority population of White, Non-Hispanic individuals. The Morton Plant North Bay Hospital service area shows a lower rate of Hispanic individuals (9.7%) than the county (12.8%), the state (23.4%), and nation (17%). Similarly, the service area shows a lower rate of Black, Non-Hispanic individuals (2.1%) than the county (4.6%), state (15.3%), and nation (12.3%).

Morton Plant North Bay Recovery Center:

- ✓ The demographic trend of the service area shows a population that is aging, less educated, lower income earning, and less diverse when compared to the state and national population trends.
- ✓ The Morton Plant North Bay Recovery Center service area consists of 832,636 people; this population is expected to increase by 7.1% by 2017.
- ✓ The projected increase in population for the Morton Plant North Bay Recovery Center service area (6.1%) is consistent with projections for the Counties and State. In fact, Hillsborough and Pasco Counties are expected to grow at a more rapid rate while Florida's projected growth is slightly slower when compared with Morton Plant North Bay Recovery Center service area.
- ✓ The Morton Plant North Bay Recovery Center service area shows a higher percentage of women than men, this is consistent with state and national trends.

County Health Rankings – Key Findings:¹⁷

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.

¹⁷ Source: 2012 County Health Rankings
University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

- ✓ Pasco County consistently shows worse county health rankings when compared to Hillsborough with the exception of sexual activity, where Pasco County ranks among the 10 best counties in the state.
- ✓ When compared to the counties in the state, Hillsborough County ranks moderately healthy at 31 of 67, with Pasco County ranking more unhealthy at 45 of 67 counties in Florida.
- ✓ Most of the county health rankings for Hillsborough and Pasco Counties are not extreme (i.e., most healthy or most unhealthy).
- ✓ Pasco County is among the 10 best counties in the state for sexual activity; whereas Hillsborough County ranks among the bottom 20 counties in the state on the same measure.
- ✓ Pasco County (61) ranks among the worst 10 counties in the state for employment.
- ✓ With 511 mental health providers in Hillsborough County, the provider ratio (2,414:1) is better than the state. With 59 mental health providers in Pasco County, the provider ratio (7,890:1) is much worse than the state of FL (3,372:1).

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.

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)¹⁸
 - ✓ Between 2008 and 2010, there was a decrease in the number of adults 18-64 years of age with health insurance in Hillsborough County (from 76.8% to 73.2%); whereas Pasco County saw an increase during the same period (from 71.7% to 74%).¹⁹
 - ✓ 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.
 - ✓ In 2007, almost one in four adult residents in Pasco County (23.2%) reported not seeing a dentist in the previous year due to cost. Almost one in four women (24.4%) and 30.9% of 18-44 year olds in Pasco County report not seeing a dentist in the past year due to cost.²⁰
- Between 2007 and 2010, the percentage of women aged 40 and over who reported having had a **mammogram** in the past year decreased in Pasco County (from 63.9% to 63.3%).²¹ According to the National Cancer Institute, women age 40 and over should have mammograms every one to two years.²²
- ✓ Between 2007 and 2010, the percentage of women aged 18 and over who had a **Pap smear** in the previous year decreased in Pasco County (from 66.2% to 55.3%).²³ 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.²⁴

¹⁸ 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)

¹⁹ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁰ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

²¹ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

²² National Cancer Institute: Retrieved from: <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms> (last updated 7/24/2012).

²³ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁴ U.S. Preventive Services Task Force. Retrieved from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspsscerv.htm> (last updated 6/2012)

- ✓ 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 Pasco County (from 26.4% to 26.2%).²⁵ 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.²⁶
- **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.²⁷
 - Between 2009 and 2010, the percentage of births in which the newborn weighed less than 5 pounds, 8 ounces remained unchanged at 8.4% in Pasco County.²⁸
 - This assessment shows that in 2010, three zip code areas (34652-12.6%, 34653-11.1%, and 34668-9.2%) had percentages of low birth weight babies higher than average for Pasco County (8.4%) 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 2011.²⁹
- Women 18+ are significantly more likely to visit the emergency room due to **urinary tract infections** than their male counterparts in Pasco County (193.0 and 29.2 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Pasco County (29.9 and 13.6 per 10,000 pop. respectively). There are three zip codes in the service area for the Morton Plant North Bay Hospital that show a higher than average Tampa Bay Area hospitalization rate (34653-30.7, 34652-28.7, and 34668-27.7 per 10,000 pop.) and four zip codes with higher than average ER visit rates (102.1 per 10,000 pop.) for urinary tract infections (34652-187.6, 34668-171.3, 34653-160.6, and 34654-117.7 per 10,000 pop.).³⁰

²⁵ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁶ 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)

²⁷ 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).

²⁸ Source: 2012 Kids Count; The Annie E. Casey Foundation

²⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁰ Source: Tampa Bay Partnership: Healthy Tampa Bay

- **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.³¹ 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.³²
 - Between 2007 and 2011, the average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease increased in Pasco County (from 31.6 to 37.3 per 10,000 pop.), with White, non-Hispanic residents in Pasco County having a rate that is twice as high as any other ethnicity.³³
 - Between 2009 and 2011, there were four zip code areas in the service areas for the Morton Plant North Bay Hospital that showed higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (34652-55.8, 34653-55.0, 34668-48.3, and 34654-38.8 per 10,000 pop.). There were four zip code areas in the service areas for the Morton Plant North Bay Hospital and MPNB Recovery Center that showed higher than the Tampa Bay area average (14.6 per 10,000 pop.) ER visit rates for COPD (34652-24.3, 34653-23.9, 34668-19.8, and 34654-16.4 per 10,000 pop.).³⁴
- Between 2007 and 2011, the emergency room visit rate due to **bacterial pneumonia** has increased steadily in Pasco County (from 13.0 to 13.5 per 10,000 pop.). There are two zip codes in the service area for the Morton Plant North Bay Hospital that show a rate higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (34653-28.7 and 34652-25.8 per 10,000 pop.) and four zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (34652-22.3, 34668-17.5, 34653-16.9, and 34654-14.1 per 10,000 pop.).³⁵
- Between 2007 and 2011, emergency room visits related to **congestive heart failure** have decreased in Pasco County (from 2.3 to 2.1 per 10,000 pop.). There are three zip codes in

³¹ 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).

³² 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).

³³ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁴ Ibid

³⁵ Ibid.

the service area for the Morton Plant North Bay Hospital that show a higher than the Tampa Bay average hospitalization rate (30.6 per 10,000 pop.) due to congestive heart failure (34654-38.7, 34668-36.0 and 34653-35.9 per 10,000 pop.) and one zip code with a higher than average ER visit rate (3.1 per 10,000 pop.) due to congestive heart failure (34653-4.0 per 10,000 pop.). In Pasco County, African American residents are hospitalized at a greater rate than residents of other ethnicities (54.2 per 10,000 pop. with the next highest rate being for White, non-Hispanic residents at 32.1 per 10,000 pop.).³⁶

- 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 per 100,000 pop. in 2010. The goal is to reduce this rate to 65.8 per 100,000 pop. nationally by the year 2020.³⁷
 - ✓ Between 2007 and 2010, the percentage of adults who have ever been diagnosed with diabetes increased in Pasco County (from 8.4 % to 8.5%). African American residents have higher rates across all measures of diabetes than residents of other ethnicities. As a result, African American residents have higher rates across all measures of diabetes.³⁸
 - ✓ There are four 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 (34668-31.6, 34652-30.0, 34654-27.0, and 34653-25.6 per 10,000 pop.); three above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (34654-12.8, 34652-9.5, and 34668-8.4 per 10,000 pop.); three above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (34668-19.4, 34652-17.8, and 34653-15.7 per 10,000 pop.); three above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes (34668-24.6, 34652-24.0, and 34653-21.3 per 10,000 pop.), and zip code-level data related to the ER visit rate due to uncontrolled diabetes (2.1 per 10,000 pop.) was not available the service areas for the Morton Plant North Bay Hospital.³⁹
- **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 five years old was 41.4 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to

³⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁷ 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).

³⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁹ Ibid

18.1 per 10,000 pop. nationally.⁴⁰ Additionally, the Emergency department visits for asthma among children less than five 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.⁴¹

- Between 2008 and 2010, the percentage of high school students with known asthma increased in Pasco County (from 18.7% to 20.7%).
- Between 2009 and 2011, children birth to four years old visit the emergency room due to asthma in Pasco County (76.5 per 10,000 pop.) less than the national benchmark. Between 2007 and 2011, the emergency department visits for asthma among children birth to 17 years old in Pasco County increased from 54.5 to 60.5 per 10,000 pop. Male children in Pasco County are more likely than female children under the age of 18 to visit the emergency room and be hospitalized due to pediatric asthma. African American children visit the emergency room due to asthma at a greater rate in Pasco County (131.4 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (57.1 per 10,000 pop.). Between 2009 and 2011, there were two zip code areas in the service area for the Morton Plant North Bay Hospital with higher than the Tampa Bay area average (93.3 per 10,000 pop.) emergency room visit rates for pediatric asthma (34652-122.7 and 34668-107.8 per 10,000 pop.).⁴²
- Between 2007 and 2011, the hospitalization rates for asthma among children birth to 17 years old in Pasco County increased slightly from 12.7 to 13.9 per 10,000 pop. Between 2009 and 2011, the hospitalization rate for asthma among children birth to four years old in Hillsborough County was 28.4 per 10,000 pop. African American children are hospitalized due to asthma at a greater rate in Pasco County (18.3 per 10,000 pop.) than any other ethnicity with white non-Hispanic children being the next highest rate (13.8 per 10,000 pop.). Between 2009 and 2011, there were two zip code areas in the service area for the Morton Plant North Bay Hospital with higher than the Tampa Bay area average (18.6 per 10,000 pop.) hospitalization rates for pediatric asthma (34668-24.0 and 34652-23.1 per 10,000 pop.).
- **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

⁴⁰ 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).

⁴¹ 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).

⁴² Source: Tampa Bay Partnership: Healthy Tampa Bay

adults five to 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.⁴³ Additionally, the age-adjusted emergency department visits for asthma among children and adults five to 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.⁴⁴

- Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased in Pasco County (from 7.2% to 10.2%). Women are almost three times more likely than their male counterparts to report having been told by a healthcare provider that they currently have asthma in Pasco County (16% and 3.8% respectively).
- Women are more likely to visit the emergency room than their male counterparts in Pasco County (45.1 and 18.8 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Pasco County (70.1 per 10,000 pop.) than any other ethnicity. Between 2007 and 2011, the emergency department visits for adult asthma among persons 18+ years old in Pasco County decreased from 33.4 to 32.2 per 10,000 pop. Between 2009 and 2011, there were four zip code areas in the service areas for the Morton Plant North Bay Hospital with higher than the Tampa Bay area average (35.5 per 10,000 pop.) emergency room visit rates for adult asthma (34652-58.4, 34653-52.7, 34668-51.8, and 34654-35.9 per 10,000 pop.).⁴⁵
- Between 2007 and 2011, the hospitalization rate for adult asthma in Pasco County increased slightly from 13.1 to 13.4 per 10,000 pop. Women are more likely to be hospitalized due to asthma than their male counterparts in Pasco County (19.8 and 6.5 per 10,000 pop. respectively). Between 2009 and 2011, there were three zip code areas in the service area for the Morton Plant North Bay Hospital with higher than the Tampa Bay area average (13.6 per 10,000 pop.) hospitalization rates for adult asthma (34652-20.2, 34653-19.8, and 34668-18.6 per 10,000 pop.).⁴⁶
- **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

⁴³ 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).

⁴⁴ 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).

⁴⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁶ Ibid

hypertension was 29.9% between 2005 and 2008. The goal is to reduce this percentage by the year 2020 to 26.9% nationally.⁴⁷

- Between 2007 and 2011, the annual age-adjusted emergency room visit rate for persons 18+ years old experiencing **dehydration** increased in Pasco County (from 7.8 to 9.6 per 10,000 pop.), with residents 85+ being the most likely to visit the emergency room due to dehydration (21.8 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 Pasco County (from 8.0 to 7.0 per 10,000 pop.), with residents 85+ being the most likely to be hospitalized due to dehydration (54.2 per 10,000 pop.). Between 2009 and 2011, there were three zip code areas in the service area for the Morton Plant North Bay Hospital with higher than the Tampa Bay area average (6.5 per 10,000 pop.) ER visit rates for dehydration (34652-14.7, 34653-12.9, and 34668-11.2 per 10,000 pop.) and three zip code areas in the service areas for the Morton Plant North Bay Hospital with higher than the Tampa Bay area average (6.5 per 10,000 pop.) hospitalization rate for dehydration (34654-8.5, 34668-8.2 and 34652-7.8 per 10,000 pop.).⁴⁸
- The death rate related to **stroke** 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.⁴⁹
 - While the death rate due to a stroke has decreased between 2008 and 2010 in Pasco County (from 28.3 to 26.4 per 100,000 pop.), women are at a slightly greater risk of death related to a stroke than their male counterparts in Pasco County (28.1 and 23.7 per 100,000 pop. respectively). In Pasco County, Hispanic residents are at a greater risk of stroke-related death (35 per 100,000 pop.).⁵⁰
- 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

⁴⁷ 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).

⁴⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁹ 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).

⁵⁰ Source: Tampa Bay Partnership: Healthy Tampa Bay

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.⁵¹

- While the death rate for coronary heart disease has decreased in Pasco County (119.2 to 105.3 per 100,000 pop.), African American residents have a greater death rate (151.0 per 100,000 pop.) than any other ethnicity in the county. Additionally, men in Pasco County have a death rate that is more than two times as high as the women (149.1 and 68.0 per 100,000 pop. respectively).
- African American residents in Pasco County tend to show worse outcomes for health with increased prevalence across many indicators (congestive heart failure, asthma, diabetes, heart disease, motor vehicle deaths, infant mortality, etc.). Similarly, Hispanic residents have poor health outcomes for stroke.
- **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.⁵²
- While the birth rate for this age group has decreased between 2008 and 2010 in Pasco County (from 40.3 to 29.7 per 1,000 births), African American and Hispanic residents display higher teen birth rates (44.9 and 34.4 per 1,000 live births respectively) than other ethnicities. (with the next highest rate being among White residents at 29.1 per 1,000 live births).⁵³
- **Infant mortality** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the infant (less than one 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.⁵⁴

⁵¹ 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).

⁵² 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).

⁵³ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁴ 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).

- Between 2008 and 2010, the infant mortality rate decreased in Pasco County (from 6.0 to 5.3 per 1,000 live births) and then increased again between 2009 and 2010 (from 5.3 to 6.2 per 1,000 live births). African Americans show an infant mortality rate that is almost two times any other ethnicity in Pasco County (18.2 to >9.3 per 1,000 live births).⁵⁵ Between 2009 and 2010, the infant mortality rate increased in Pasco County for White Infants (from 5.0 to 5.6 per 1,000 live births) and non-White infants (from 7.6 to 12.3 per 1,000 live births). The infant mortality rate among non-White infants is twice that of White infants.⁵⁶
- **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 45.5.⁵⁷
 - ✓ Between 2006 and 2010, the age-adjusted death rate for all cancers has decreased in Pasco County (from 179.5 to 169.3 per 100,000 pop.); Pasco County is still above the Healthy People 2020 goal. Men are more likely to die from cancer than women in Pasco County (204.7 and 140.0 per 100,000 pop. respectively).
 - ✓ Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pasco County (from 106.2 to 107.7 per 100,000 pop.) and the age-adjusted death rate between 2007 and 2010 (17.3 to 18.1 per 100,000 pop.).
 - ✓ While the age-adjusted death rate due to lung cancer has decreased between 2006 and 2010 (from 59.7 to 57.0), the rate remains above the national benchmark. Men are at a greater risk of death due to lung cancer than their female counterparts in Pasco County (67.1 and 48.8 per 100,000 pop. respectively).
 - ✓ Between 2005 and 2008, the cervical cancer incidence rate decreased in Pasco County (from 9.7 to 9.0 per 100,000 pop.).
 - ✓ Between 2006 and 2008, the age-adjusted incidence rate for oral cavity and pharynx cancer in Pasco County remained constant (13.2 per 100,000 pop.).
 - ✓ While the death rate for prostate cancer has decreased between 2007 and 2010 in Pasco County (from 16.5 to 13.5 per 100,000 pop.), African American residents have

⁵⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁶ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁵⁷ 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).

a greater death rate (41.2 per 100,000 pop.) than any other ethnicity in the County (>14.8 per 100,000 pop.).⁵⁸

- 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.⁵⁹
 - Between 2009 and 2010, there was a decrease in the age-adjusted death rate due to suicide in Pasco County (from 21.3 to 19.7). Pasco County shows a higher suicide rate than the nation. White residents are more than three times as likely to commit suicide (13.2 per 100,000 pop.) than any other racial group (African American residents are the next highest rate at 7.9 per 100,000 pop.).⁶⁰
- ✓ **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.⁶¹
 - Between 2007 and 2010, Pasco County saw a decrease in the number of residents that smoke (from 30.4% to 21.0%). Slightly more females report smoking cigarettes than men in Pasco County (22.7% and 19.1% respectively). Also, 45-64 year olds are more likely (31%) to report smoking in Pasco county than any other age group in any other county in the tri-county area. Also in Pasco County, Hispanic residents are more likely to report smoking than any other race.⁶²
- ✓ **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 2010.⁶³

⁵⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁹ 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).

⁶⁰ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶¹ 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).

⁶² Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶³ 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).

- 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year.⁶⁴
 - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011.⁶⁵
 - 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 Pasco County (from 15.7% to 20%) with men being more than two times more likely than women in Pasco County (27.3% and 13.4% respectively) and more than one in four residents that are 18-44 years old (30.3%) reporting heavy or binge drinking within the last 30 days.
 - The service area for the Morton Plant North Bay Hospital has one zip code area showing above the Tampa Bay average (24.0 per 10,000 pop.) emergency room visits due to **alcohol** abuse (34652-39.1 per 10,000 pop.).⁶⁶
 - Men are also more likely to be hospitalized due to acute or chronic alcohol abuse. Between 2007 and 2011, hospitalization rates due to acute or chronic alcohol abuse have increased consistently in Pasco County (from 5.9 to 7.9 per 10,000 pop.), with Pasco County showing the greatest increase in the tri-county study area. There are four zip code areas in the service area for the Morton Plant North Bay Hospital showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates (34652-13.1, 34654-10.3, 34653-9.5 and 34668-9.3 per 10,000 pop.).⁶⁷
 - Between 2008 and 2010, the percentage of high school students who used **marijuana** one or more times during the previous 30 days increased in Pasco County (from 19.5% to 21.1%).⁶⁸
- ✓ **Nutrition and weight status** are national issues being addressed by Healthy People 2020. According to Healthy People 2020:

⁶⁴ 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).

⁶⁵ 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).

⁶⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

- 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.⁶⁹
- 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.⁷⁰
- Approximately one in four females do not participate in any leisure-time **physical activities** in Pasco County. Between 2002 and 2007, Pasco County saw a decrease in leisure-time physical activity (from 27.4% to 25.3%).
- Between 2008 and 2010, there was an increase in the number of high school students that did not have sufficient vigorous physical activity in Pasco County (from 37.5% to 39.2%).
- Between 2007 and 2010, the **obesity** rate rose in Pasco County almost 9%; whereas more than one in four females (26.3%) and almost one in four males (30%) in Pasco County are considered obese. 18-44 year olds and seniors 65+ are more likely to be obese in Pasco County. Between 2008 and 2010, the percentage of high school students who are obese increased in Pasco County (from 10% to 11.4%).
- Between 2007 and 2010, the percentage of adults who are **overweight** increased in Pasco (from 35.5% to 38.5%). Conversely, women are less likely to be overweight than men in Pasco County (29.4% and 47.9% respectively).
- Pasco County has historically shown greater death rates due to **motor vehicle collisions**. Between 2009 and 2010, the death rate due to motor vehicle collisions in Pasco County saw a decrease (from 22.6 to 15.5 per 100,000). African American residents have a greater death rate (34.2 per 100,000 pop.) than any other ethnicity (>15.9 per 100,000 pop.) in the County. Additionally, men in Pasco County have a death rate that is two times as high as the women (20.8 to 10.3 per 100,000 pop.). Motorcycle fatalities increased in Pasco County from eight to 15 between 2009 and 2010.
- Between 2008 and 2010, Pasco County has shown consistently higher death rates for **unintentional injuries** (74.8 to 74.2 per 100,000 pop.) when compared to surrounding counties.

⁶⁹ 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).

⁷⁰ 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).

- Between 2009 and 2010, the number of motorcycle fatalities doubled in Pasco County (from eight to 15).⁷¹

2012 Kids Count – Key Findings:

- ✓ In 2010, Hillsborough County showed the highest rates of births to mothers that received early prenatal care (86.5%) when compared with Pasco County (80.4%) and Florida (79.3%).
- ✓ Hillsborough County, Pasco County, and Florida all show declines in the rates of births to women under 20 years old. The same trends are seen for unwed mothers under 20 years old in the region.
- ✓ Hillsborough County shows the highest rates of births to women under 20 and unwed women under 20 throughout the years 2006 to 2010.
- ✓ Hillsborough County showed the highest rates of low birth weight births in 2008 (9.3%), then showed a drastic decline in these births in 2009 (8.6%), and then a drastic increase for 2010 (9.1%), whereas Pasco County has seen little fluctuation during the same periods (8.2%, 8.4% and 8.4% respectively).
- ✓ Infant death rates are approximately twice as high for non-White populations; it is highest for non-White populations in Hillsborough County historically.
- ✓ Pasco County has seen an increase in infant deaths among non-white populations between 2008 and 2010 (from 5.5 to 12.3 per 1,000 live births) and among White populations between 2009 and 2010 (from 5.0 to 5.6 per 1,000 live births).
- ✓ Hillsborough County has seen a decline in infant deaths among white populations between 2006 and 2009 (from 6.2 to 5.5 where it remained constant) and among non-White populations between 2009 and 2010 (from 19.6 to 12.6).
- ✓ **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.⁷²
- ✓ The immunization rate for kindergarten students in Hillsborough County was steadily declining from 2006 to 2009, but in 2010 the immunization rate rose to 90.9% fully immunized (still the second worse compared with Pasco County, Pinellas County, and Florida).

⁷¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷² 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).

- ✓ All of the counties in the study area show rises in graduation rates from 2006-2010.
- ✓ Pasco and Hillsborough Counties show higher graduation rates than the state of Florida.

Substance Abuse and Mental Health Services Administration (SAMHSA) – Key Findings⁷³

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**

- ✓ Pasco County 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 Hillsborough County and Florida.
- ✓ Pasco County shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals in Hillsborough County or Florida.
- ✓ Pasco County shows low rates of individuals reporting alcohol dependence or needing but not receiving treatment for alcohol dependence; Hillsborough County and Florida both show higher rates for both of these concerns.
- ✓ Pasco County shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Hillsborough County and Florida.
- ✓ This is most likely related to the fact that Pasco County shows the lowest rates of individuals who perceive the great risks of smoking.
- ✓ Interestingly, Pasco County shows the lowest rates of individuals that perceive great risk associated with smoking marijuana while at the same time showing the lowest marijuana

⁷³ Source: SAMHSA

usage rate compared with Hillsborough County and Florida. Generally, these values are negatively correlated; it may tell us that there is simply little exposure and usage of marijuana in this county.

- ✓ Pasco County shows the highest rate of non-medical use of prescription pain relievers compared to Hillsborough County and Florida (4.43% of the population aged 12 and older).
- ✓ Individuals in Pasco County report needing but not receiving treatment for illicit drug dependence less than individuals in Hillsborough County or Florida.
- ✓ Individuals in Pasco County show the highest reported rates of serious thoughts of suicide compared with Hillsborough County and Florida.
- ✓ Hillsborough County shows lower rates of alcohol use in the past month, but higher rates of binge alcohol use in the past month as compared with Pasco County.
- ✓ Interestingly, Hillsborough County shows higher rates of individuals that perceive the risks associated with having five or more drinks per week than individuals in Pasco County.
- ✓ Hillsborough County shows higher rates of individuals with alcohol dependence than Pasco County and the state.
- ✓ This trend is also seen for rates individuals who report needing but not receiving treatment for alcohol dependence (more in Hillsborough County than Pasco County and the state).
- ✓ Hillsborough County shows the highest rate of individuals who perceive the risks associated with smoking; but on the other hand, shows the highest rate of individuals who smoke cigarettes compared with Pasco County and the state.
- ✓ Similar to the trends seen for smoking, Hillsborough County shows the highest rates of individuals who perceive the risks associated with marijuana use; however, the highest rate of marijuana use are found in Hillsborough County compared with Pasco County and the state.
- ✓ Hillsborough County shows the lowest rate of individuals who use illicit drugs other than marijuana compared with Pasco County and the state.
- ✓ Individuals in Hillsborough County report needing but not receiving treatment for illicit drug dependence more than individuals in Pasco County.
- ✓ Hillsborough County shows higher rates than the state and Pasco County for the following psychological health areas; any mental illness, a serious psychological distress, and at least one depressive episode in the past year.

Additional data and greater detail related to the secondary data analysis of the service areas for the Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center are available in Appendix A.

Key Stakeholder Interviews

The following qualitative data were gathered during individual interviews with 23 stakeholders of the area, as identified by an advisory committee of executive leadership. 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 executive leadership project team for each of the Morton Plant North Bay Hospital and MPNB Recovery Center.

Community:

Morton Plant North Bay Hospital service area

Data Collection:

The following qualitative data were gathered during individual interviews with 11 stakeholders of the Morton Plant North Bay Hospital service area, as identified by an advisory committee of executive leadership. Morton Plant North Bay Hospital is a 154-bed hospital 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 North Bay Hospital executive leadership project team.

Summary of Stakeholder Interviews:

What community do you represent professionally?

Of the 11 key stakeholder respondents representing residents in the communities served by Morton Plant North Bay Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Pasco County, West Pasco County, and Southwest Pasco County (in order of most mentioned).

Your position in the community?

Of the 11 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 North Bay Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- Chaplain for Morton Plant North Bay Hospital
- President/CEO of United Way of Pasco County
- Reverend of Metropolitan Ministries
- CEO of Premier Community Health Care Group
- Community Sales Director at Atria Bay Point Village
- CEO/Executive Director of the Good Samaritan Health Clinic
- Public Information Officer for the Pasco County Health Department
- Physician with the Pasco County Emergency Physicians

- Coalition Coordinator for the Pasco County Alliance for Substance Abuse Prevention
- Chairperson of the Pasco County Board of County Commissioners
- House Representative elected to the Florida State House of Representatives

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:

- Access to a healthy lifestyle.
- Residents that are encouraged to use available health services.
- People who take responsibility for their own health.
- A healthier population.
- Residents that understand the risks associated with obesity.
- Residents that see their primary care physicians regularly.
- Resident that do not abuse substances (i.e., alcohol, drugs, etc.)
- Low death rates resulting from substance abuse.

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

- Open access to healthcare and doctors when residents need it;
- Health services available at a price residents can afford;
- Increased prevention activities and promotion of healthy eating;
- Ability to be financially self-sufficient;
- Education;
- Community cohesion and support of the family connection;
- Healthy social activities; and
- Social services agencies to meet residents' needs.

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:

- Poor nutrition, particularly among seniors and children;
- Obesity is an issue among adults and children;
- Diabetes is seen in residents of all ages, particularly migrant workers;
- There is a lack of physical fitness in the community;
- Residents may be practicing unhealthy lifestyle choices (i.e., limited physical activity, smoking, etc.); and
- There is a need for prevention and outreach regarding the importance of healthy lifestyle choices (i.e., vaccinations for children, healthy nutrition, fitness, etc.).

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:

- While a mobile van circulates through the community, there is a large indigent and homeless population that do not have access to traditional health services;
- The lack of a reliable method of transportation can keep residents from accessing health services when they need them and/or follow-up care;
- Limited pediatric care locally;
- Many residents may not have the financial resources and/or adequate health insurance to access healthcare, which can lead to over-utilization of the emergency room for primary care;
- There is a need for mental health care, particularly for the under/uninsured;
- There is a need for more dental health services; and
- There is a need for an increase in the number of urgent care centers.

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: Homeless, low-income, Under/uninsured (e.g., low-income single residents that are Medicaid-ineligible), children and school students, general population, unemployed residents, migrant workers, families with children, age 41-55 years old, and age 16-30 years old.

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

- Quality public services in the community (i.e., schools, chamber of commerce, United Way, County Health Department, etc.).
- Community institutions and organizations are supportive of one another (i.e., county, city, local businesses, community-based organizations, non-profits, etc.).
- There are quality educational and training programs for residents.
- There are healthcare resources available for under/uninsured residents.
- There are local hospitals.
- Residents support the community through volunteerism and philanthropy.

- Morton Plant North Bay Hospital is the only non-profit hospital available to serve a high rate of uninsured residents in West Pasco County.
- Local hospitals offer prevention education in the community.
- Collaboration among community stakeholders increases the efficient use of resources.
- Local hospitals collaborate to provide services at the Good Samaritan Clinic.
- There is a mobile healthcare van that offers routine medical care (i.e., flu vaccinations).

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

- Lack of access to primary and preventive medical care:
 - Many residents cannot afford medical care, private-pay health insurance premiums, and/or deductibles. Often, 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.
 - Residents do not have access to dental care due to a lack of providers, insurance coverage, and/or inability to pay for uninsured dental care.
 - Under/uninsured residents do not have access to a consistent provider for medical, specialty care, dental, and mental health care.
 - Residents may not always be able to afford their prescription medications.
 - There is limited awareness about preventive practices (i.e., medical screenings, etc.).
 - Residents have limited coordination of care.
 - Residents are not always taking responsibility for their own health status by understanding their diagnoses and treatment options.
 - Residents are becoming addicted to pain medications when they have chronic pain, and are not being monitored and/or weaned properly. These residents may not receive treatment for their addiction until they come to the attention of the mental health and substance abuse providers in the community.
- Mental Health and substance abuse services:
 - Residents have limited access to mental health services due to limited health insurance coverage and limited providers.
 - Residents are not always able to secure substance abuse services due to homelessness and/or the inability to pay. There are not enough resources to meet the demand for substance abuse services in the community.
- Behavior that impacts health:
 - Residents are not always making choices (i.e., smoking, poor nutrition, and limited physical activity) that are healthy leading to chronic illnesses (i.e., adult and childhood diabetes, obesity, etc.).
 - A disproportionate number of residents that smoke in Pasco County are low income.
 - Chronic illnesses (i.e., diabetes, obesity, etc.) are not being managed properly by residents. Additionally, residents are not being referred to programs that would help manage chronic illnesses, which can often lead to readmission and/or exacerbated symptoms.
 - Residents may not be aware of healthy options.

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 11 stakeholders, one stakeholder was unsure. Of the 10 stakeholders that responded: two believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- Community health providers (medical, dental, and mental health providers);
- Community-based organizations;
- The Public Health Department;
- Local hospitals (non-profit and for-profit);
- Primary care physicians;
- Community coalitions;
- Government officials and policy makers; and
- Local schools.

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

Of the 11 responses, not one stakeholder responded that they believe there are adequate resources available in Morton Plant North Bay Hospital service area to address the aforementioned issues/problems. Nine stakeholders did not believe adequate resources were available and one stakeholder believed there were adequate human resources, but not enough financial resources. Several stakeholders offered the following recommendations:

- There is not enough funding.
- There is no central place for residents to seek resources or services in the community.
- More people are needed at the healthcare table collaborating and sharing funding.
- The necessary education is missing.
- The better healthcare organizations collaborate with each other, the less overlap in services.
- There are a lot of resources, but communication and transportation are an issue.
- The expansion of Medicaid to include those at 133% of the poverty level could help.

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:

- Children do not always have adequate daycare in the community. Need more daycare centers that are low-cost and offer multi-shift schedules for those who work the night shift.
- The homeless population has ongoing chronic needs including getting physicals for homeless youth.
- Residents self-medicate depression with illegal drugs and alcohol, including single moms.

- Physician shortage results in a need for more access to doctors. There is a shortage of PCPs in Pasco County because the community has trouble attracting and keeping them. There is also a shortage of dentists. There is also a great need for behavioral health care providers.
- An Islamic Mosque in Pasco County is open on Saturdays and offers free primary care to the community.

Any additional comments or questions?

- Need adequate testing and equipment for diabetes. People need to eat on a regular basis. People need more affordable housing.
- BayCare works with homeless shelter and this helps to prevent a lot of ER visits.
- Pasco County is very rural and the demographic continues to change. The area used to be 55+ year old residents, now more young families. As a result, issues are arising that the community did not have to deal with before.
- Pasco County Health Department is very interested in being involved in the BayCare action plan for this community health needs assessment.

Community:

BayCare Behavioral Health

Data Collection:

The following qualitative data were gathered during individual interviews with 12 stakeholders of the Morton Plant North Bay Recovery Center area, as identified by an advisory committee of executive leadership. Morton Plant North Bay Recovery Center is a 72-bed hospital 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 North Bay Recovery Center executive leadership project team.

The following qualitative data were gathered during individual interviews with 12 stakeholders of St. Joseph's Hospital Behavioral Health Center area as identified by an advisory committee of executive leadership. St. Joseph's Hospital Behavioral Health Center area is a 50 adult bed and 10 child/adolescent (pediatrics four years old and up) hospital 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 St. Joseph's Hospital Behavioral Health Center area executive leadership project team.

Summary of Stakeholder Interviews:

What community do you represent professionally?

Of the 12 key stakeholder respondents representing residents in the communities served by (Morton Plant North Bay Recovery Center/St. Joseph's Hospital Behavioral Health Center), the places stakeholders mentioned when asked what community they represent professionally are: Pinellas County, Pasco County, Tampa Bay, Hillsborough County, Polk County, seven counties on mid-western

coast of Florida, 15 counties throughout Florida, and professional association of behavioral health clinicians (in order of most mentioned).

Your position in the community?

Of the 12 respondents, there was a diverse representation of positions held in the community. Those positions represented included professionals: with special knowledge of or expertise in public health; departments and agencies with current data and other information relevant to the health needs of the community and representatives of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by (Morton Plant North Bay Recovery Center/St. Joseph's Hospital Behavioral Health Center). Specifically, the following professionals were represented among the stakeholders interviewed:

- Executive Director of Operation PAR
- Public Defender from the Pinellas/Pasco County Public Defender's Office
- Executive Director of PEMHS
- Clerk and Comptroller for Pasco County
- Chair of Mental Health and Substance Abuse Coalition in Pinellas County
- Detective from the Pinellas County Sheriff's Department
- Sergeant from the Pasco County Sheriff's Department
- CEO of Central Florida Behavioral Health Network
- Regional Director of the Department of Children and Families
- VP of Behavioral Health for BayCare Health System Behavioral Health
- Commissioner of Pinellas County
- Coalition Coordinator for the Pasco County Alliance for Substance Abuse Prevention

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 including access to healthcare and a community's ability to support and meet the needs of residents.

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

- Treatment available when needed (e.g., medical and behavioral health).
- A focus on the mind, body, and spirit connection for healthier living.
- A focus on prevention so that children and families have opportunity to develop healthy lifestyles.
- Interventions prior to crisis/hospitalization for mental illness.
- Residents that live well with their mental illness diagnosis.
- Low prevalence rates related to substance abuse (e.g., death, usage, etc.).

A community's ability to support and meet the needs of residents, including access to mental and medical health care was identified by nine 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 that a healthy community should have:

- Fewer stigmas associated with mental illness and more acceptances of residents with mental illness.
- Appropriate level of services for symptomology.
- Effective treatment and intervention methods available.
- Resources available to support community needs.
- Adequate funding for services.
- Support for people with mental health and substance abuse issues.
- Access to services when they begin having issues.
- Access to services and opportunities to help residents meet their full potential regardless of financial status.

What are some specific health need trends locally/regionally?

The three themes identified upon review of the specific health need trends identified most often by stakeholders are: access to healthcare, substance abuse, mental health services.

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

- Limited access to under/uninsured healthcare (i.e., medical and dental);
- Lack of access to treatment;
- Need for continuing care and follow-up services;
- Need for integration of mental and medical health care services;
- Limited employment option that provide health insurance benefits; and
- Emergency room being over utilized for primary care issues.

Substance abuse was identified by six stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to substance abuse:

- Substance abuse during pregnancy;
- The impact of substance abuse on physical health (i.e., dental issues and cardiovascular issues);
- Increase in prescription drug abuse;
- Prescription drug users that are cut off may turn to illegal substances; and
- The role of pain clinics in providing narcotic prescription medication.

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

- Limited funding for mental health services;
- Need for an increase in outpatient Behavioral health services for adults and teens;
- Police responsibility for Baker Act evaluations is not always the best option; and
- Increase in dual-diagnosed (substance abuse and mental illness diagnosis's) population.

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

Stakeholder identified the target populations they felt had a greater risk of having increased health needs. Stakeholders identified residents that are: in areas where poverty is high, indigent, seniors, un/underemployed, 19-35 years old, children with behavioral health issues, everyone, homeless, working parents without medical benefits, un/underinsured, single adults (in order of most mentioned).

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

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

- There are many organizations in the community striving to meet the need;
- Collaboration is strong among local organizations;
- Strong healthcare system in place;
- There are evidence-based practices being offered in the community;
- Providers in the community are motivated and patient-centered; and
- Transit system is working to address the transportation issues of the chronically impoverished communities.

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

The 12 stakeholders interviewed identified the following as the top health needs facing underserved residents in local/regional communities:

- Impact of substance abuse, particularly prescription medication:
 - Unstable home life.
 - Newborns born addicted to substances.
 - Poor health outcomes.
 - Prescription medication can lead to other illegal drug use. Often, residents are getting addicted to prescription drugs due to attending a pain clinic in the area and not being weaned off of prescription pain medications properly.
- Access to affordable care, including medical, dental, and mental health care:
 - Causing residents to rely on the emergency department for primary medical care.
 - There is a lack of services for indigent populations.
 - There are limited providers that offer sliding-scale dental care.
 - Residents with mental illness are not always getting their needs met due to the mental health resources that are available being overwhelmed by the demand. Also, police often have to initiate an involuntary commitment process known as the Bakers Act, and police are not always trained to manage patients with mental illness appropriately.
 - There is a lack of mental health funding due to the state of Florida being the second worst state in the U.S. in mental health per capita expenditures.
- There is a lack of coordination of care among medical and mental health care providers:

- Contributes to prescription drug addiction; while addiction is seen as a mental health issue, the prescribed addictive medication often comes from a medical doctor. If care is not being coordinated, the medical doctor may continue to prescribe addictive medications.
- Mental health needs are not always being met in medical settings effectively.
- After a child turns 18, they become ineligible for many mental health services and do not become eligible again for services until they are in a crisis.

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

Out of 12 stakeholders, five stakeholders believed an increase in funding was necessary and four mentioned the necessity of collaboration and usage of efficiencies. The parties stakeholders mentioned as best poised to address the identified health needs are:

- Major healthcare providers (e.g., local hospitals and emergency rooms)
- Inpatient side of BayCare
- Largo Medical Center
- Windmoor could begin treating medical as well as mental health issues
- PEMHS is good for short-term stays
- NAMI offers good support groups and could do more if they received state funding
- The crisis intervention training at the Sheriff's office is expanding, which will help to identify more people in need of mental health services
- FACT team visits people's homes to ensure mental health medication compliance
- County commissions, boards and agencies
- Public services (i.e., police, schools, etc.)
- Community-based organizations (i.e., non-profits, faith-based, etc.)
- Employers
- Government entities (i.e., Federal, State, County, and municipalities)

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

Of the 12 responses, there was not one stakeholder that felt there were adequate resources to meet the identified behavioral health needs. Several stakeholders offered the following recommendations:

- Specialists need to be identified to help indigent population access services.
- There is a lack of follow-up after discharge, which is a very serious problem related to case management.
- There are not adequate resources for those without healthcare insurance and those with mental health issues. There is a waiting list to get in the state mental hospital and many uninsured residents may not have the resources to maintain their medication; however, residents who are homeless and mentally ill that get arrested receive medication and not necessarily the treatment they need.
- There is a lack of funding.
- The greater issue is getting everyone to work together toward a common goal that is effective.

- Have to utilize resources as efficiently as possible prior to increasing funding the community needs to break down silos.
- Communication and transportation are an issue.

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:

- The aging population will present a significant need.
- The community must recognize that behavioral health issues are not just about changing behaviors. A whole network of support and services are needed to help change behaviors, and educate and support those who need help. We need to recognize that the whole person needs to be treated.
- In the areas of highest concentration of poverty, there seems to be a higher prevalence of violence, substance abuse, and mental illness. Synthetic drugs and marijuana are specifically targeted to youth and parents may not know about but youth do and know how to get it.
- Substance abusers die 10 to 20 years sooner than others because of all the medical issues that arise and there is a lack of residential treatment facilities and transitional programs for substance abuse in the community. Need to break the generational cycle of drug abuse and alcoholism among families. There are not enough foster homes to take care of the children of addicted parents.
- Need to address the needs of families with foster care children.
- There are increasing numbers of homeless families and the chronically hungry, which is a community-wide problem. Homeless youth need better access to healthcare (i.e., getting physicals for homeless youth). Hospitals could do a better job helping the homeless with their medical and psychological needs.
- The number of people being Baker Acted (involuntarily committed) is increasing which is being addressed in part by the Sheriff's office increase in crisis intervention training for police officers.
- As we move toward healthcare reform – those who are uninsured should get health benefits and this will help. But not sure how healthcare providers will react, as they have been used to keeping the uninsured out – healthcare reform will change the paradigm.
- Depression has an impact on overall well-being and can also lead to substance abuse.

Any additional comments or questions?

Six out of the 12 stakeholders interviewed chose to provide additional comments. Below are the additional comments made by those stakeholders:

- Operation PAR recognizes what services that do not provide and partner with community organizations that can provide this service to their clientele. BayCare sits on a lot of behavioral health and healthcare data.
- Need to give people hope.
- PEMHS and other local agencies are not part of BayCare Health System, so they are all competing with each other for funding dollars – some local providers could be put out of business.
- Need services to address the medical issues associated with behavioral health issues.

- It is difficult to submit behavioral health data through BayCare's reporting system. It does not seem as though BayCare wants to make any changes to their computer reporting system.
- There are mental health beds at each facility in the BayCare Health System.

Focus Groups with Community Residents

Tripp Umbach facilitated four focus groups with residents in the various Morton Plant North Bay Hospital and MPNB Recovery Center communities. More than 40 residents from these communities 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 two discussion groups conducted with target populations that were defined by Morton Plant North Bay Hospital and MPNB Recovery Center 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 North Bay Hospital and MPNB Recovery Center 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 North Bay Hospital and MPNB Recovery Center 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
- ✓ 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 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, to 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-eligible 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 more effectively. 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 individual's 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 health care 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 health care 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.

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 health care for both adults and children**
2. **Gaps in services to homeless residents**

ACCESS TO BEHAVIORAL HEALTH CARE FOR BOTH ADULTS AND CHILDREN:

Private behavioral health practitioners perceived that access to behavioral health care 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 health care 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 services 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., Dropbox 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 North Bay Hospital and MPNB Recovery Center
November, 2012-May, 2013

Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center Appendices



SECONDARY DATA

Secondary Data Profile

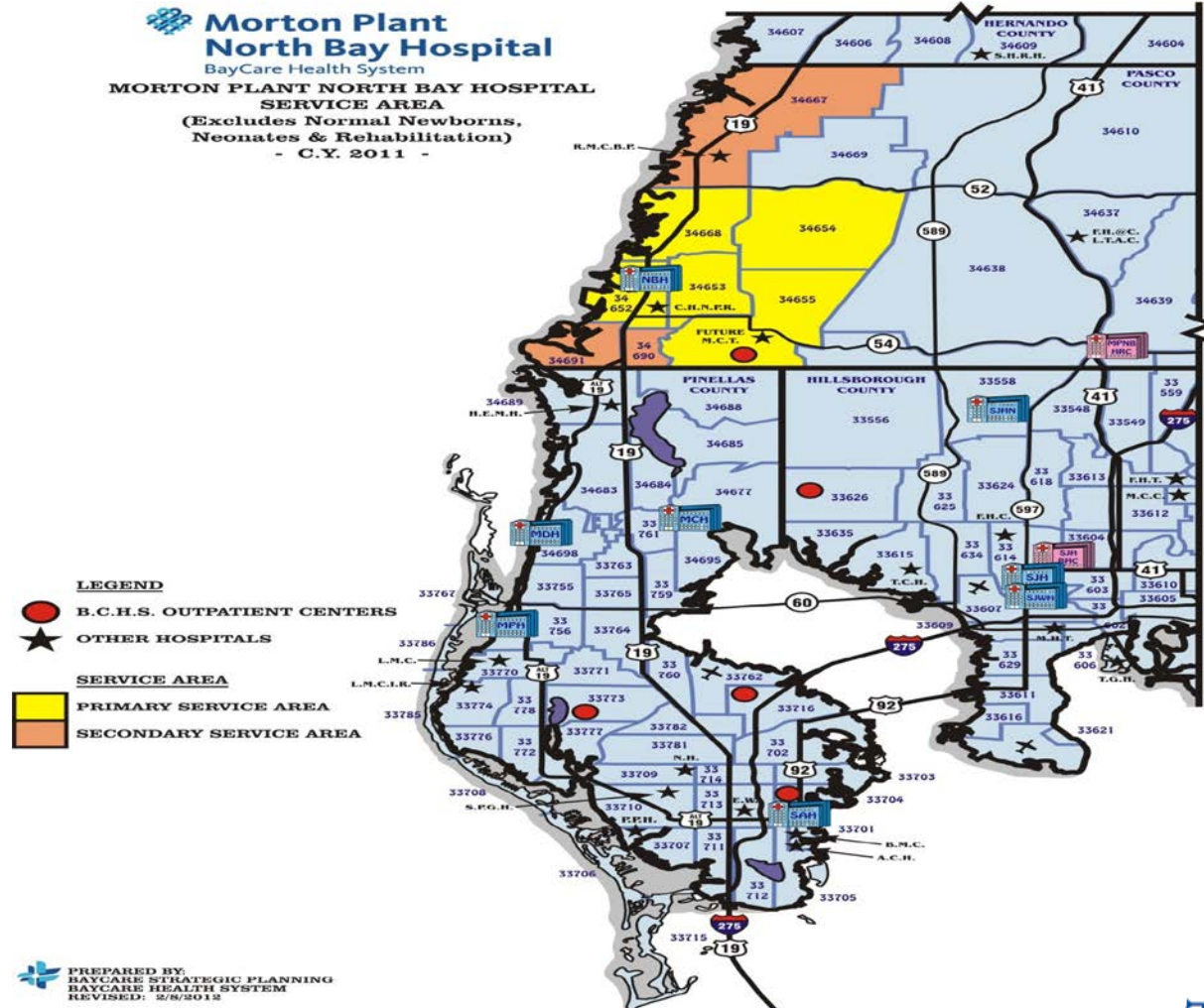


Morton Plant North Bay Hospital

- 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 North Bay Hospital Service Area - Map



Morton Plant North Bay Hospital Service Area – Populated Zip Code Areas



The communities located in the Morton Plant North Bay Hospital service area include five populated zip code areas in Pasco County.

Zip	Town	County
34652	New Port Richey	Pasco
34653	New Port Richey	Pasco
34654	New Port Richey	Pasco
34655	New Port Richey	Pasco
34668	Port Richey	Pasco

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.

Morton Plant North Bay 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.
- ❑ The Morton Plant North Bay Hospital service area shows a higher CNS value (3.6) compared with the overall CNS value for Pasco County (3.3) and the overall BayCare Health System Service Area (3.5), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- ❑ Four zip code areas (34668, 34652, 34653, 34654) show greater socio-economic barriers than the median (3.0) for the scale and three of those zip code areas show higher CNS scores than the average overall BayCare Health System service area (3.5) indicating more than average socio-economic barriers to accessing healthcare for a majority of the Morton Plant North Bay Hospital service area.
- ❑ We see some of the highest uninsured rates in the BayCare Health System in the Morton Plant North Bay Hospital service area. There are two zip code areas (34668 and 34652) with uninsured rates higher than the state (25%) at 27.6% and 25.9% respectively.
- ❑ The Morton Plant North Bay Hospital service area shows a higher hospital admission rates for 13 of the 14 PQI measures when compared with Pasco County and the state of Florida and 10 of the 14 when compared with the overall BayCare Health System service area; indicating areas of preventable conditions for the hospital service area. The Morton Plant North Bay Hospital service area shows the highest hospitalization rates for all measures of Chronic Lung Conditions, three of the four Diabetes measures, and all measures of Heart Conditions when compared to Pasco County, the overall BayCare Health System service area, and Florida. Low Birth Weight shows the highest hospital admission rate of the PQI measures indicating the greatest opportunity for impact in the hospital service area.

Morton Plant North Bay Hospital – Initial Reactions to Secondary Data

- ☐ The Morton Plant North Bay Hospital service area consists of 160,820 people; this population is expected to grow by 4.6% by 2017. Pasco County (8.7%) is expected to grow at a more rapid rate than the hospital service area and Florida (5.1%). The demographics of the service area shows an aging, lower-income population with less educational attainment than the county, state and nation.
- ☐ Pasco County consistently shows worse county health rankings when compared to Hillsborough and Pinellas Counties, including being among the worst ten counties (61) in the state for employment.
- ☐ African American residents in Pasco County tend to show worse outcomes for health with increased prevalence across many indicators (Congestive Heart Failure, Asthma, diabetes, Heart disease, Motor vehicle deaths, infant mortality, etc.).
- ☐ Some of the health issues that are prevalent and/or increased over the last five years in the Morton Plant North Bay Hospital service area are:
 - ☐ Asthma
 - ☐ Obesity
 - ☐ Alcohol-related hospitalization
 - ☐ Smoking
 - ☐ COPD
 - ☐ Motorcycle fatalities
 - ☐ Infant mortality
 - ☐ Non-medical use of prescription pain relievers
- ☐ Access to dental care
- ☐ The death rate due to unintentional injury

Community Need Score (CNS)



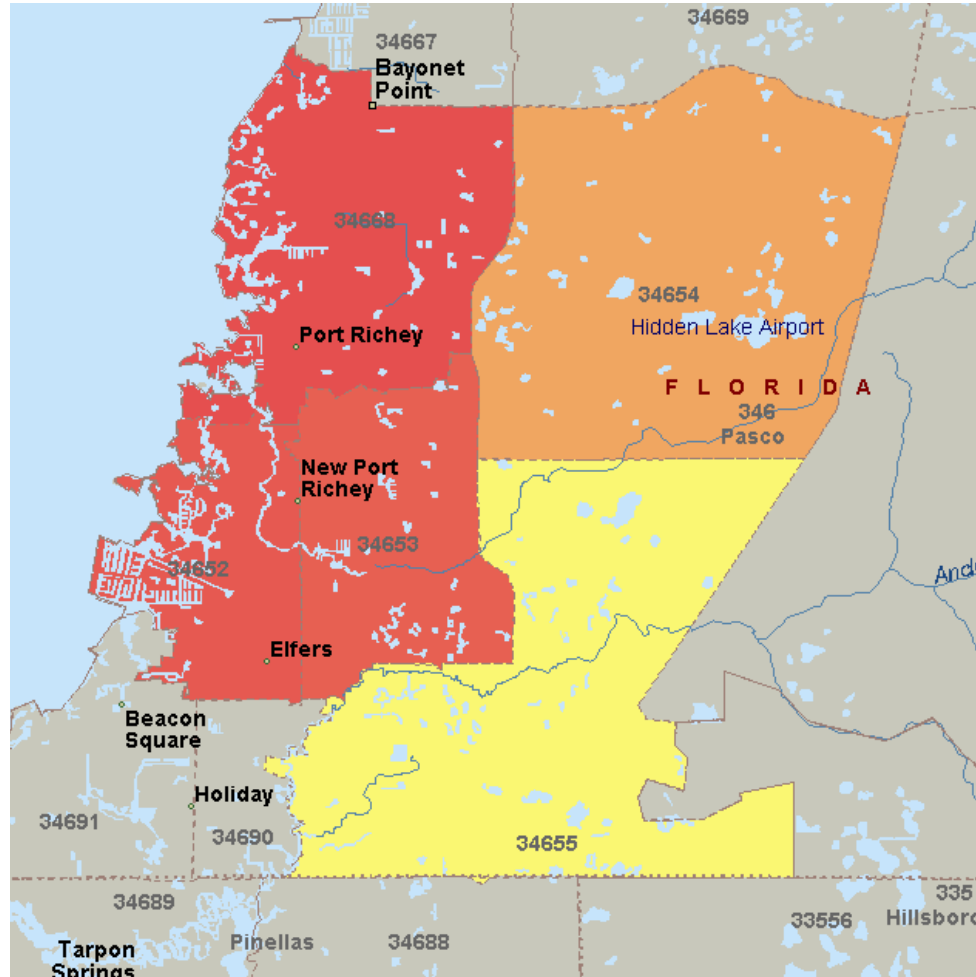
- The Morton Plant North Bay Hospital service area shows a higher CNS value (3.6) compared with the overall CNS value for Pasco County (3.3) and the overall BayCare Health System Service Area (3.5).
- The lowest CNS score for the service area is 2.5 (there are no 1.0 scores) and the highest is 4.2 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- Four zip code areas (34668, 34652, 34653, 34654) show greater socio-economic barriers than the median (3.0) for the scale and three of those zip code areas show higher CNS scores than the average overall BayCare Health System service area (3.5) indicating more than average socio-economic barriers to accessing healthcare for a majority of the Morton Plant North Bay Hospital service area.

Community Need Score (CNS)

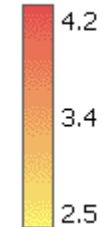


- With greater than average socio-economic barriers to accessing healthcare in the Morton Plant North Bay Hospital service area, it is important to understand the areas that have more barriers than the average for the county and the hospital service area.
 - Three of the zip code areas (34668, 34652, 34653) show at or above average poverty rates in all measures of poverty when compared to poverty rates for Pasco County and the overall BayCare Health System service area.
 - The unemployment rate for four zip code areas (34668, 34652, 34654, 34653) in the Morton Plant North Bay Hospital service area are higher than the rate for Pasco County (11.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 34668 (13.7%).
 - While the uninsured rate for one of zip code areas (34653) in the Morton Plant North Bay Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and Pasco County (18%); there are two zip code areas (34668 and 34652) with uninsured rates higher than the state (25%), which are some of the highest uninsured rates in the BayCare Health System.
 - There are no zip code areas in the Morton Plant North Bay Hospital service area with a higher percentage of residents with limited English skills than the average for Pasco County (13%) or the overall BayCare Health System Service Area (17.6%).

Community Need Score (CNS) Service Area Map



Community Need Score by ZIP Code



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

Data source: 2012 Nielson Claritas;
2012 Thomson Reuters

Community Need Scores



Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
34668	Port Richey	Pasco	4	4	4	5	4	4.2
34652	New Port Richey	Pasco	4	4	4	5	4	4.1
34653	New Port Richey	Pasco	4	4	4	5	4	4.0
34654	New Port Richey	Pasco	3	4	4	5	2	3.3
34655	New Port Richey	Pasco	2	2	4	4	2	2.5
Morton Plant North Bay Hospital Service Area*			3.2	3.5	3.6	4.6	3.2	3.6

** Weighted averages*

- The lowest CNS score for the service area is 2.5 (there are no 1.0 scores) and the highest is 4.2 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- Of the 5 residential zip code areas that are included in the Morton Plant North Bay Hospital service area, there are no zip code areas with severe barriers to accessing healthcare (4.5 to 5.0).
- Four zip code areas (34668, 34652, 34653, 34654) show greater socio-economic barriers than the median (3.0) for the scale and three of those zip code areas show higher CNS scores than the average overall BayCare Health System service area (3.5) indicating more than average socio-economic barriers to accessing healthcare for a majority of the Morton Plant North Bay Hospital service area.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Community Need Score – Detail

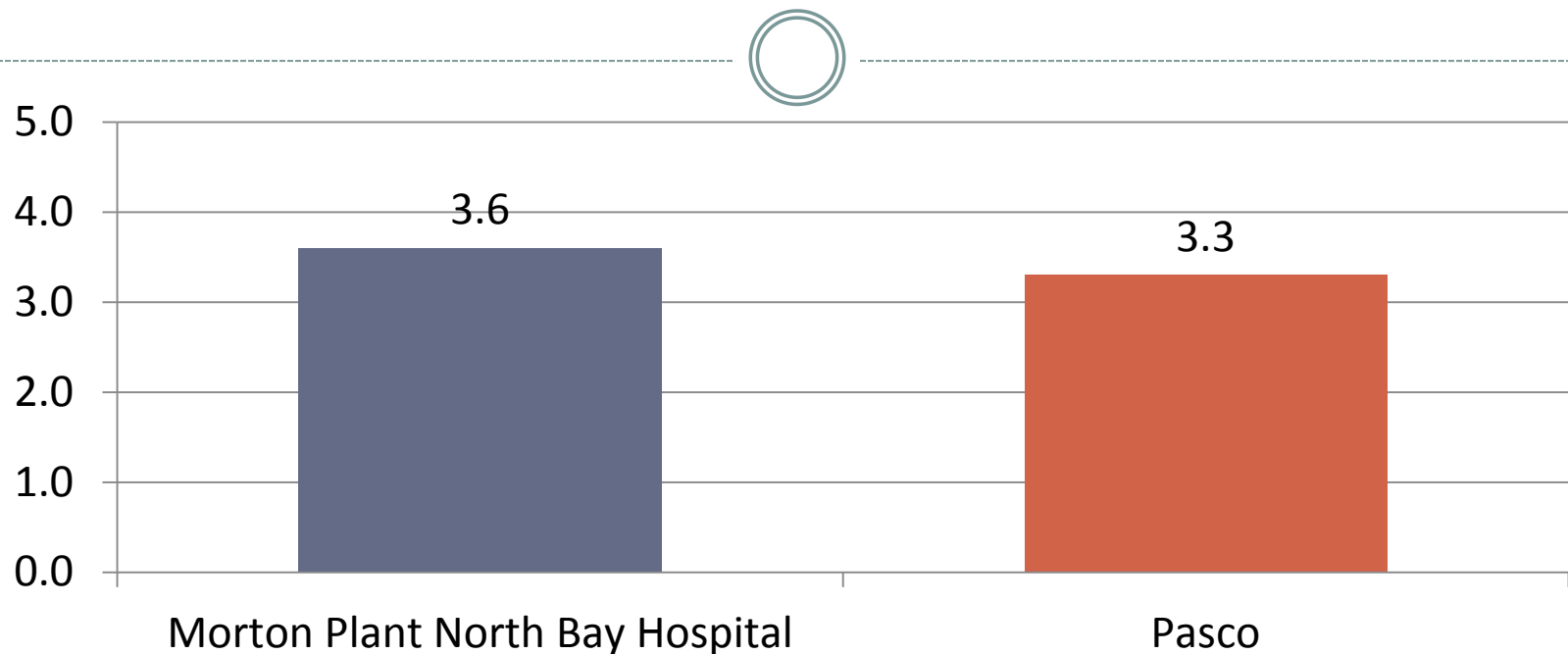


Zip Code	Total Pop.	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
34668	42,786	49.6%	26.6%	36.5%	18.0%	18.9%	10.8%	13.7%	27.6%	25.3%	4	4	4	5	4	4.2
34652	24,188	51.6%	25.7%	38.7%	16.5%	17.1%	10.7%	14.0%	25.9%	24.9%	4	4	4	5	4	4.1
34653	30,636	47.0%	18.2%	33.0%	16.7%	15.8%	11.5%	12.1%	23.9%	24.8%	4	4	4	5	4	4.0
34654	22,512	33.1%	13.5%	38.2%	16.6%	11.5%	7.3%	12.2%	17.8%	13.1%	3	4	4	5	2	3.3
34655	40,698	27.9%	8.9%	22.8%	9.1%	13.8%	9.7%	9.6%	12.0%	13.4%	2	2	4	4	2	2.5

- With greater than average socio-economic barriers to accessing healthcare in the Morton Plant North Bay Hospital service area it is important to understand the areas that have more barriers than the average for the county and the hospital service area.
 - Three of the zip code areas (34668, 34652, 34653) show at or above average poverty rates in all measures of poverty when compared to poverty rates for Pasco County and the overall BayCare Health System service area.
 - The unemployment rate for four zip code areas (34668, 34652, 34654, 34653) in the Morton Plant North Bay Hospital service area are higher than the rate for Pasco County (11.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 34668 (13.7%).
 - While the uninsured rate for one of zip code areas (34653) in the Morton Plant North Bay Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and Pasco County (18%); there are two zip code areas (34668 and 34652) with uninsured rates higher than the state (25%), which are some of the highest uninsured rates in the BayCare Health System.
 - There are no zip code areas in the Morton Plant North Bay Hospital service area with a higher percentage of residents with limited English than the average for Pasco County (13%) or the overall BayCare Health System Service Area (17.6%).

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

Community Need Scores – MPNBH and County Comparison



- The Morton Plant North Bay Hospital service area shows a higher CNS value (3.6) compared with the overall CNS value for Pasco County (3.3) and the overall BayCare Health System Service Area (3.5).
- A score of 3.6 and 3.3 are both above the average for the scale (3.0). This informs us that Morton Plant North Bay Hospital service area and the county in which it is located have more barriers to healthcare access than the average.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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)



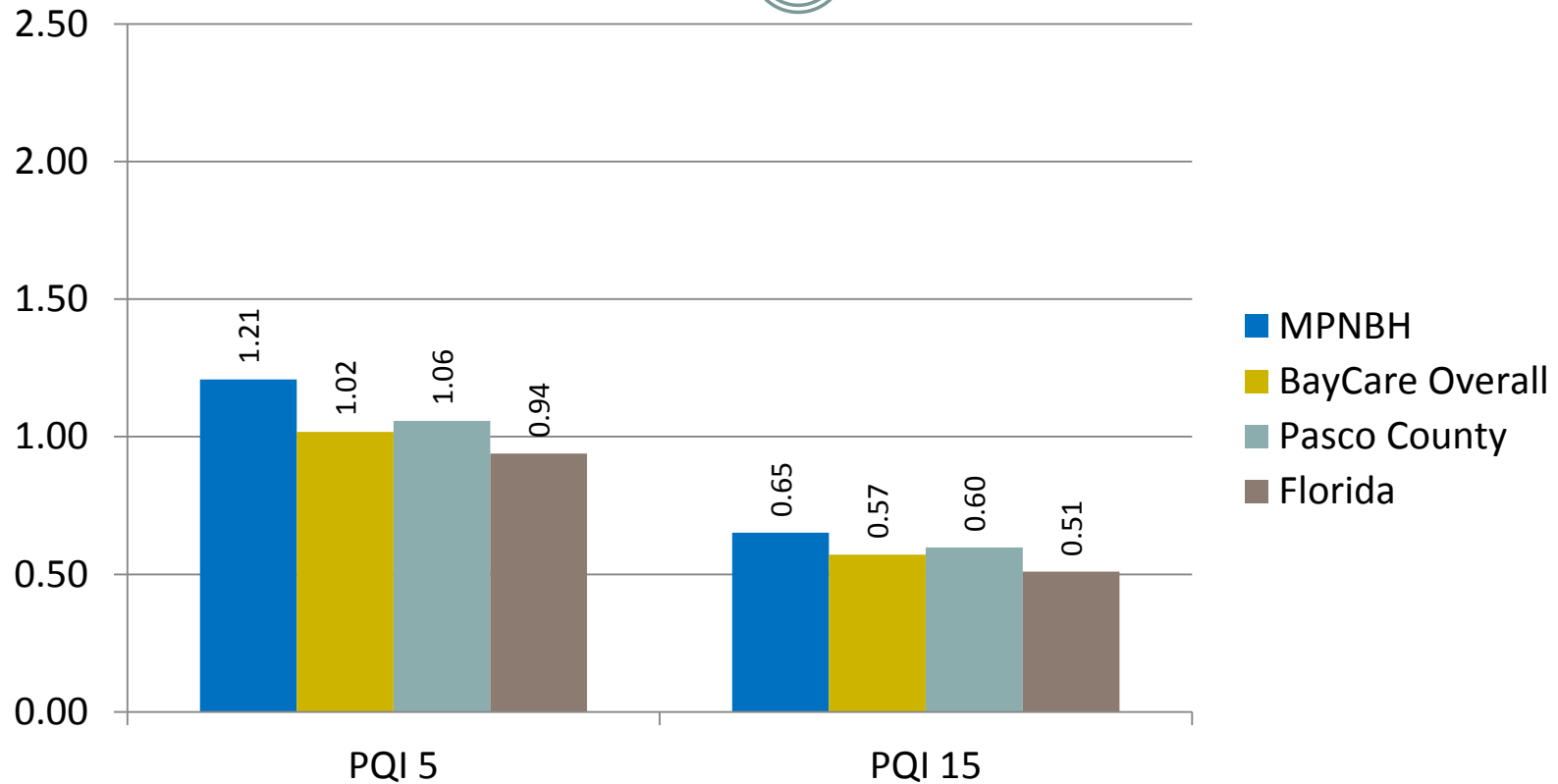
- ❑ The Morton Plant North Bay Hospital service area shows higher hospital admission rates for 13 of the 14 PQI measures when compared with Pasco County and the state of Florida and 10 of the 14 when compared with the overall BayCare Health System service area; indicating areas of preventable conditions for the hospital service area. The Morton Plant North Bay Hospital service area shows only one PQI measure that is lower than the state (Perforated Appendix).
- ❑ Low Birth Weight shows the highest hospital admission rate of the PQI measures between the Morton Plant North Bay Hospital service area (4.79 per 1,000 pop.), Pasco County (3.36 per 1,000 pop.), the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.); indicating the greatest opportunity for impact in the hospital service area.

Prevention Quality Indicators Index (PQI)



- ❑ The Morton Plant North Bay Hospital service area shows similar hospitalization rates as Pasco county for many PQI measures. Specifically, for eight PQI measures, the hospital service area and Pasco County have higher hospitalization rates (Chronic Obstructive Pulmonary Disease, Adult Asthma, Diabetes Long-Term Complications, Uncontrolled Diabetes, Hypertension, Congestive Heart Failure, Angina Without Procedure and Dehydration). For three measures (Bacterial Pneumonia, Urinary Tract Infection and Perforated Appendix), both the hospital service area and the county show slightly lower hospitalization rates.
- ❑ The Morton Plant North Bay Hospital service area shows higher hospitalization rates for all the PQI Diabetes measures when compared with the county and the state. The most notable difference being for Lower Extremity Amputation Rate Among Diabetic Patients (1.93 per 1,000 pop.) compared with Pasco County (1.69 per 1,000 pop.) and Florida (1.61 per 1,000 pop.).
- ❑ The Morton Plant North Bay Hospital service area shows the highest hospitalization rates for all measures of Chronic Lung Conditions, three of the four Diabetes measures, and all measures of Heart Conditions when compared to Pasco County, the overall BayCare Health System service area, and Florida.

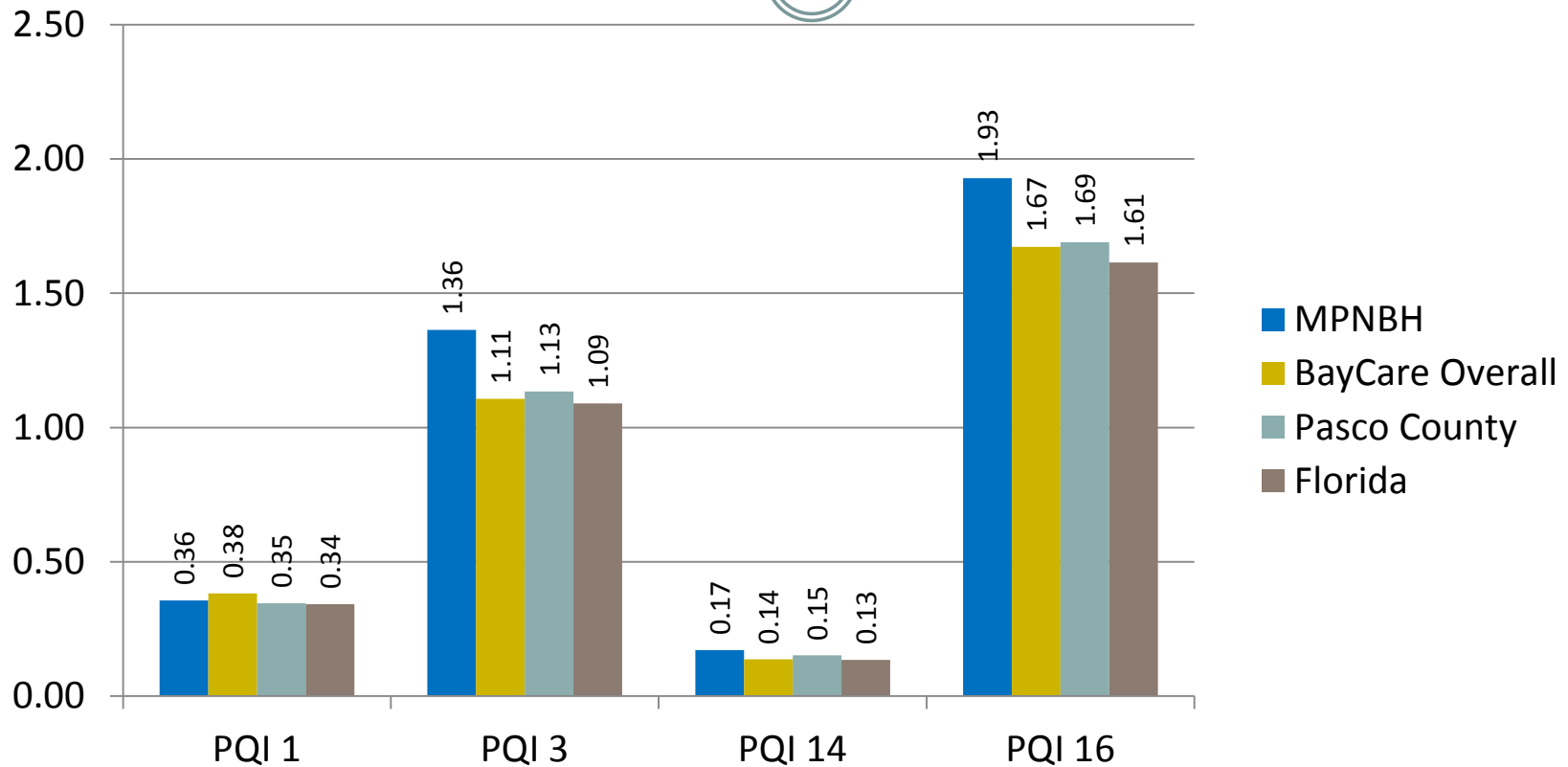
Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

PQI 15 Adult Asthma Admission Rate

Diabetes



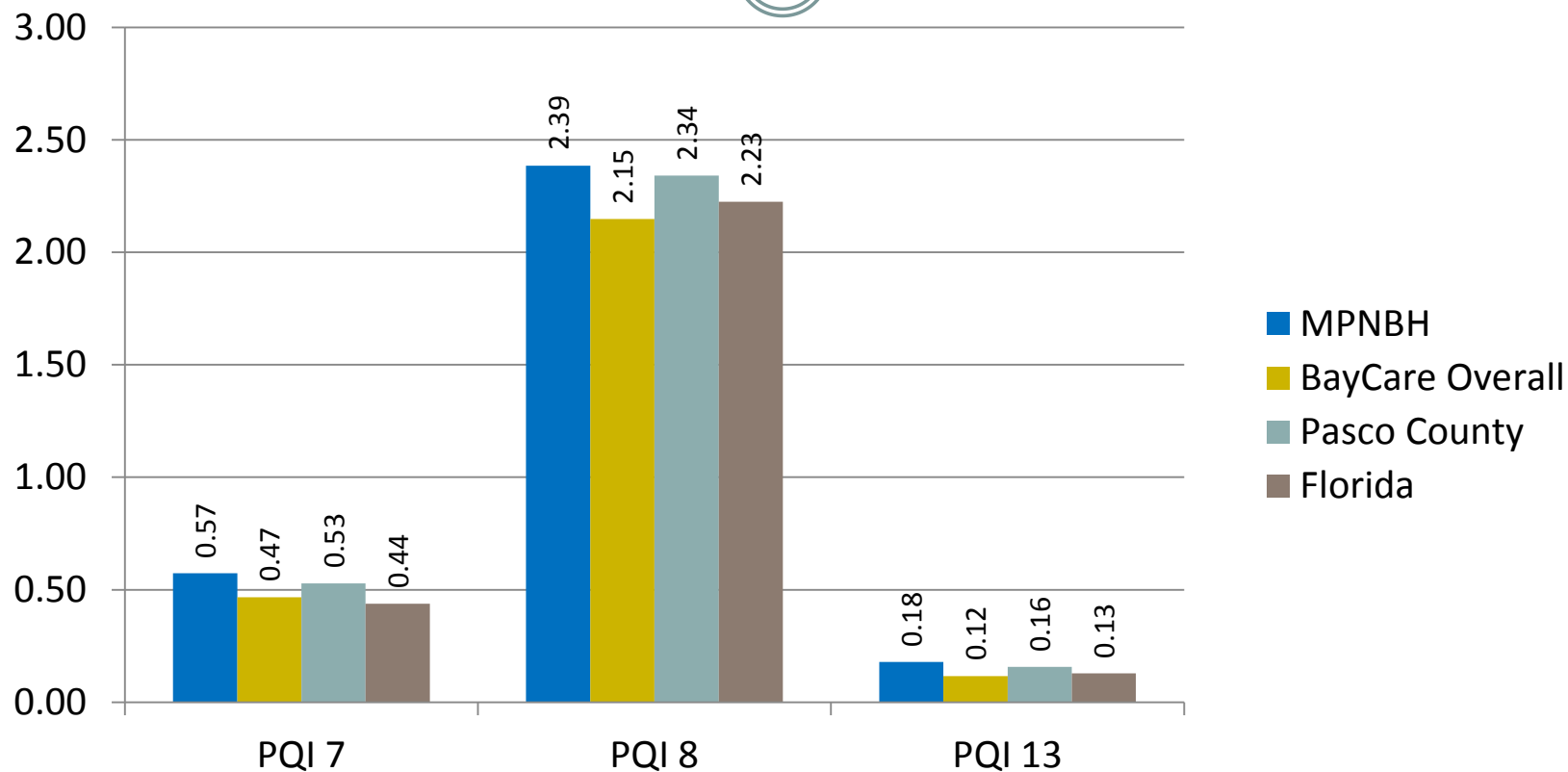
PQI 1 Diabetes Short-Term Complications Admission Rate

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

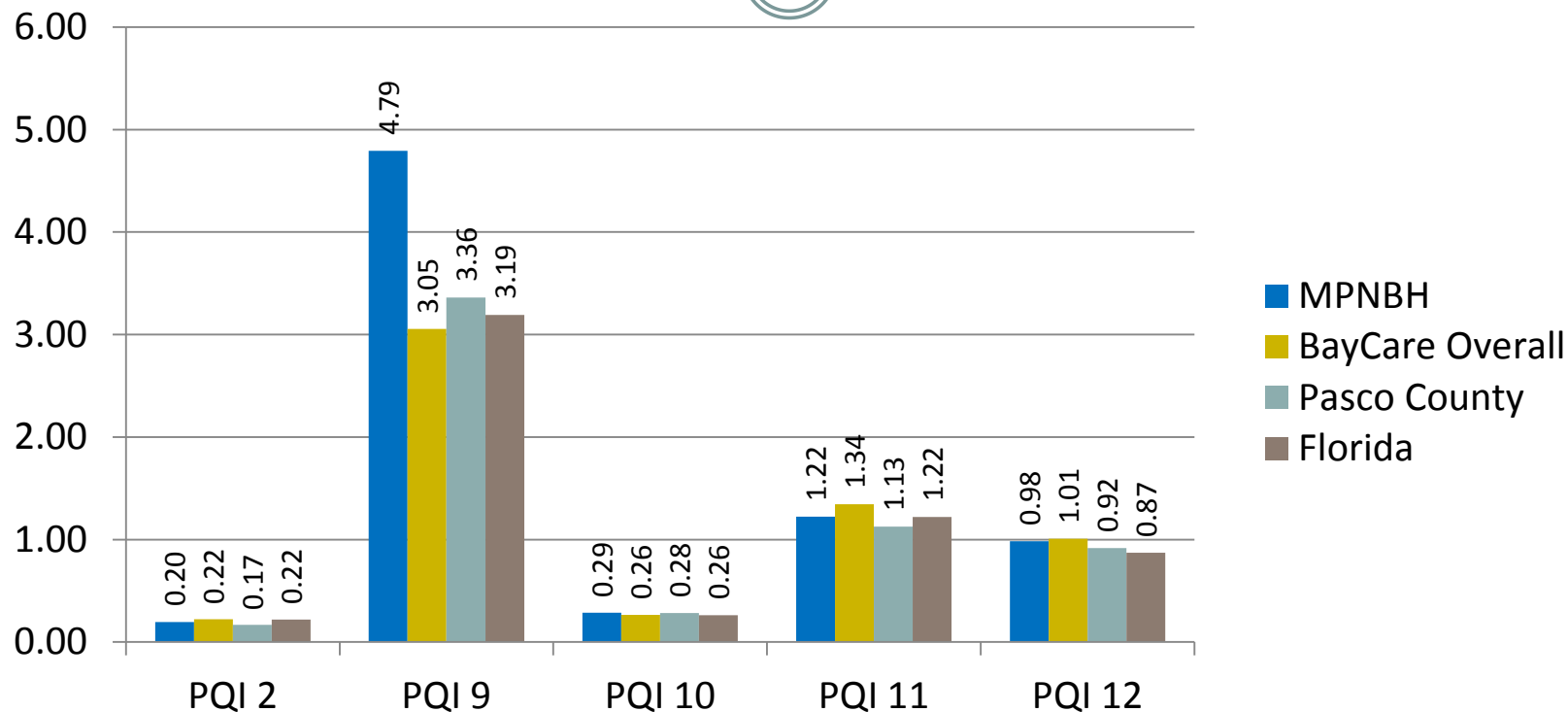


PQI 7 Hypertension Admission Rate

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)



Prevention Quality Indicators (PQI)	Morton Plant North Bay Hospital Service Area	Florida	Difference
Low Birth Weight Rate (PQI 9)	4.79	3.19	1.60
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.93	1.61	0.31
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.36	1.09	0.27
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.21	0.94	0.27
Congestive Heart Failure Admission Rate (PQI 8)	2.39	2.23	0.16
Adult Asthma Admission Rate (PQI 15)	0.65	0.51	0.14
Hypertension Admission Rate (PQI 7)	0.57	0.44	0.14
Urinary Tract Infection Admission Rate (PQI 12)	0.98	0.87	0.11
Angina Without Procedure Admission Rate (PQI 13)	0.18	0.13	0.05
Uncontrolled Diabetes Admission Rate (PQI 14)	0.17	0.13	0.04
Dehydration Admission Rate (PQI 10)	0.29	0.26	0.02
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.36	0.34	0.01
Bacterial Pneumonia Admission Rate (PQI 11)	1.22	1.22	0.00
Perforated Appendix Admission Rate (PQI 2)	0.20	0.22	-0.02

*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.

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



- ❑ The Morton Plant North Bay Hospital service area consists of 160,820 people; this population is expected to grow by 4.6% by 2017. Pasco County is expected to grow at a more rapid rate (8.7%) than the hospital service area and Florida (5.1%).
- ❑ The Morton Plant North Bay Hospital service area shows higher rates of seniors (65+) than Pasco County, Florida and the U.S., which is expected to grow by 2017. At the same time, the service area shows lower rates of young individuals (0 to 54 years of age) than the county, state, and nation, which is expected to shrink by 2017.
- ❑ The Morton Plant North Bay Hospital service area shows a lower average annual income (\$47,212) than Pasco County (\$52,074), Florida (\$62,685) and the U.S. (\$67,315). The service area shows higher rates of individuals with a high school degree or less (53.7%) than Pasco County (50.1%), Florida (45.1%) and the U.S. (43.6%).
- ❑ The Morton Plant North Bay Hospital service area (84.3%), Pasco County (78.2%), Florida (56.6%) and the U.S. (62.8%) all show a majority population of White, Non-Hispanic individuals. The Morton Plant North Bay Hospital service area shows a lower rate of Hispanic individuals (9.7%) than the county (12.8%) the state (23.4%) and nation (17%). Similarly, the service area shows a lower rate of Black, Non-Hispanic individuals (2.1%) than the county (4.6%), state (15.3%) and nation (12.3%).

Population Trends

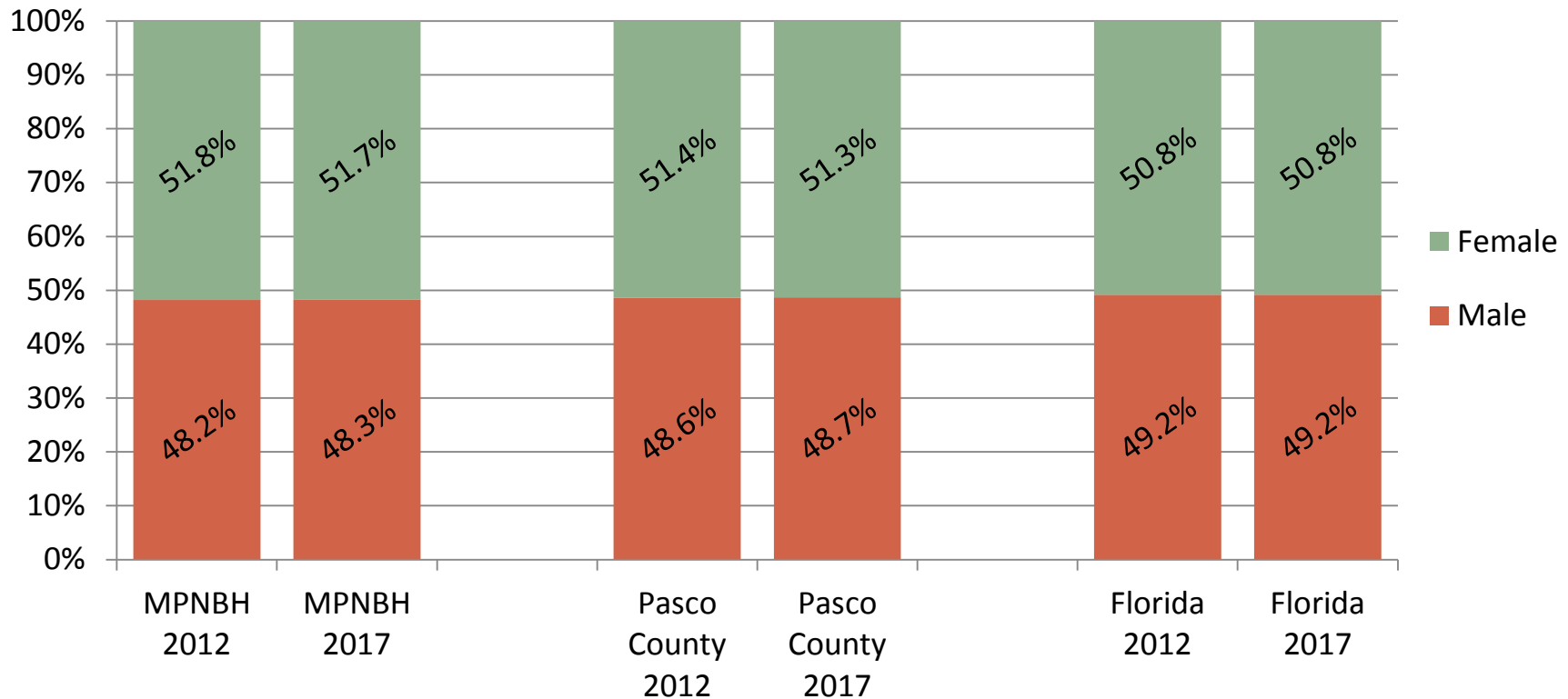


	Morton Plant North Bay Hospital Service Area	Pasco County	Florida
2012 Total Population	160,820	478,680	19,156,005
2017 Projected Population	168,243	520,174	20,139,758
# Change	7,423	41,494	983,753
% Change	4.6%	8.7%	5.1%

- The Morton Plant North Bay Hospital service area consists of 160,820 people; this population is expected to grow by 4.6% by 2017. Pasco County is expected to grow at a more rapid rate (8.7%) than the hospital service area and Florida (5.1%).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

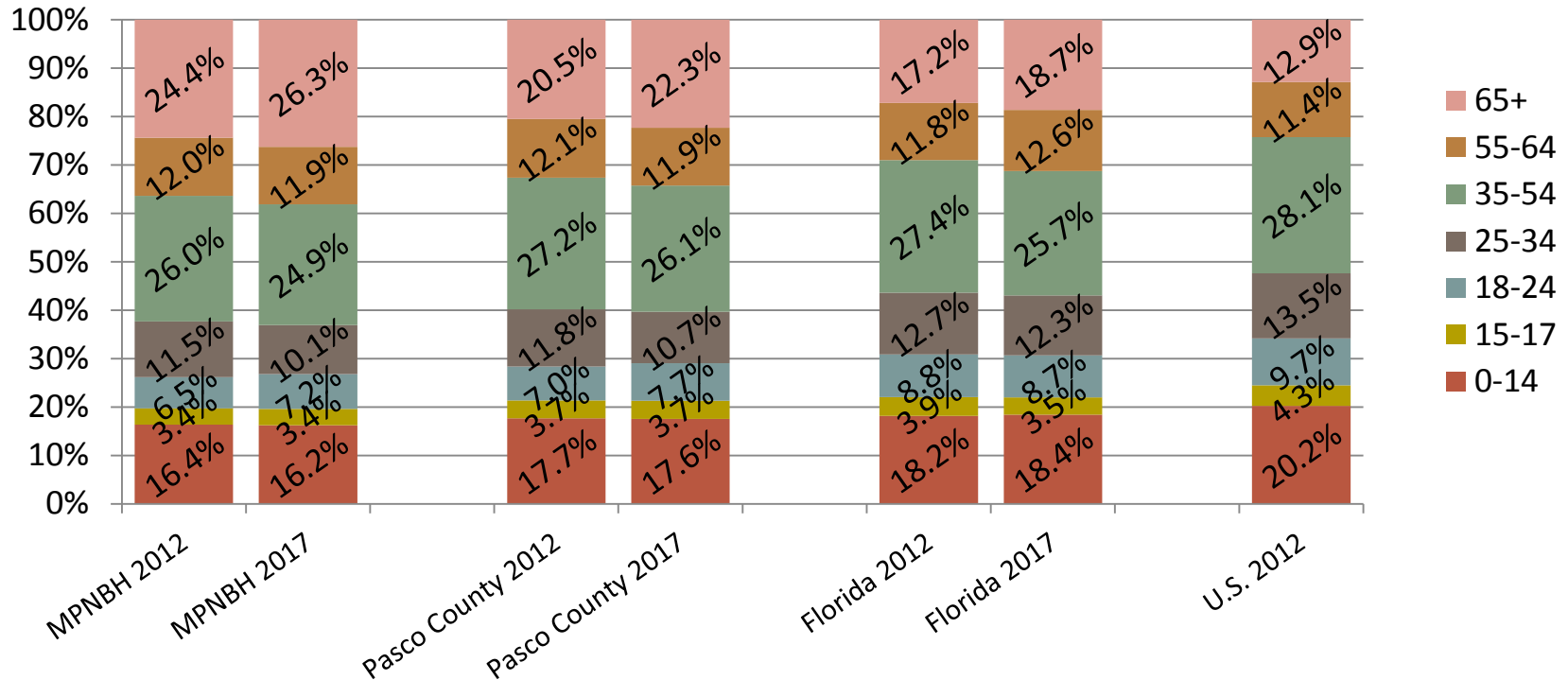
Gender



- The Morton Plant North Bay Hospital service area shows similar trends associated with the ratio of men to women as Pasco County, Florida, and the U.S., which shows a slightly higher percentage of women than men in 2012 and this rate is projected to remain the same through 2017.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

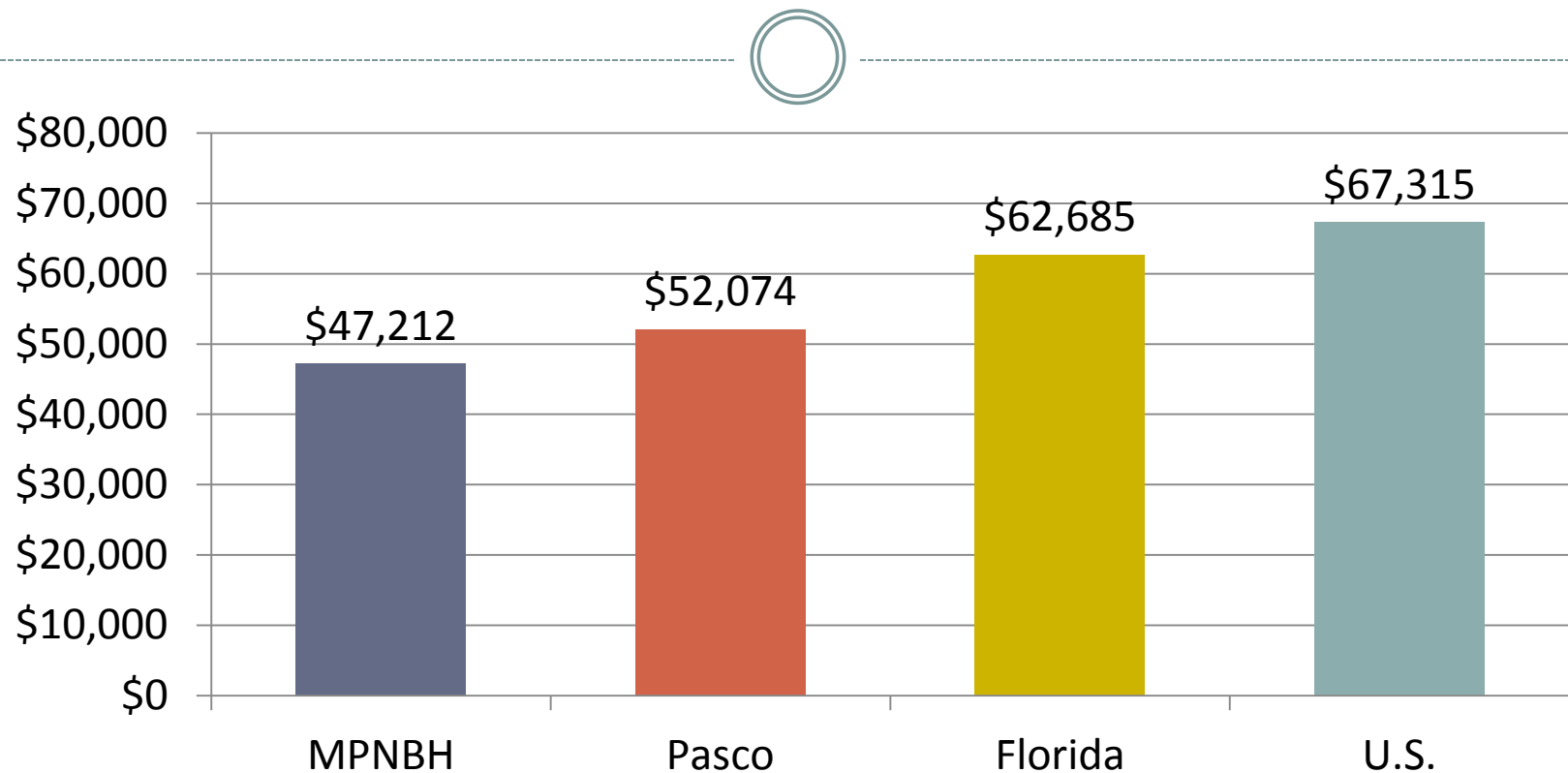
Age



- The Morton Plant North Bay Hospital service area shows higher rates of seniors (65+) than Pasco County, Florida and the U.S., which is expected to grow by 2017.
- At the same time, the service area shows lower rates of young individuals (0 to 54 years of age) than the county, state, and nation, which is expected to shrink by 2017.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

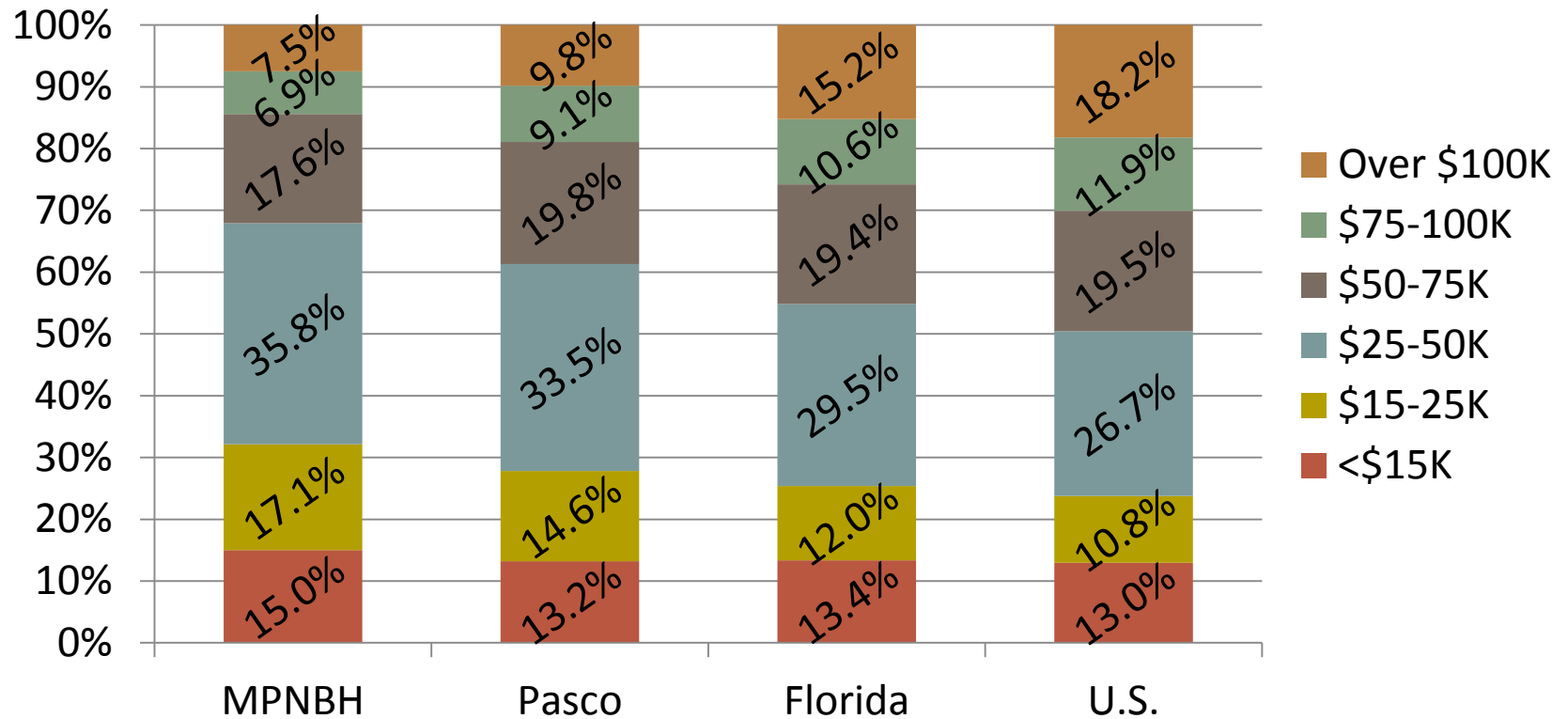
Average Household Income (2012)



- The Morton Plant North Bay Hospital service area shows a lower average annual income (\$47,212) than Pasco County (\$52,074), Florida (\$62,685) and the U.S. (\$67,315).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

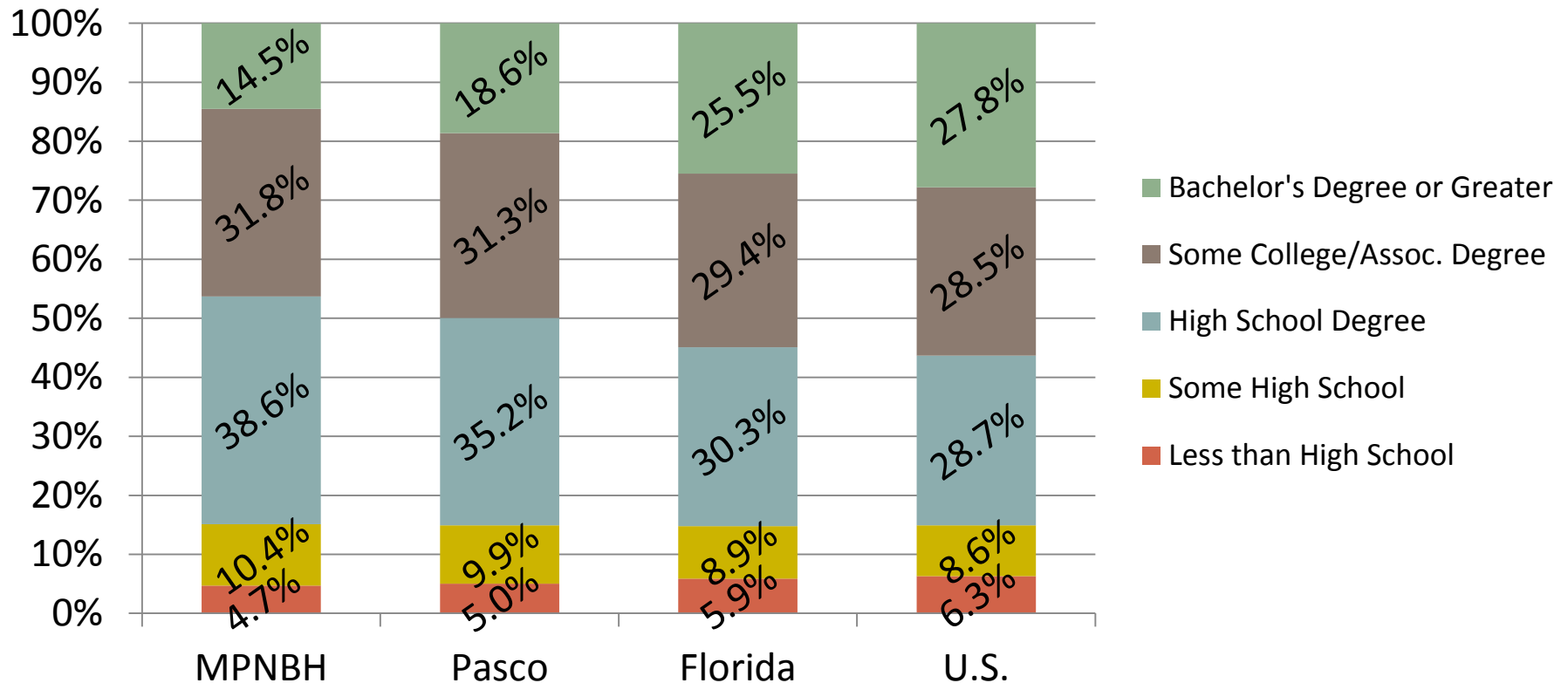
Household Income Detail (2012)



- A large percentage (32.1%) of the households in The Morton Plant North Bay Hospital service area make \$25,000 or less per year; this rate is much higher than the county (27.8%), state (25.4%) and national (23.8%) rates.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

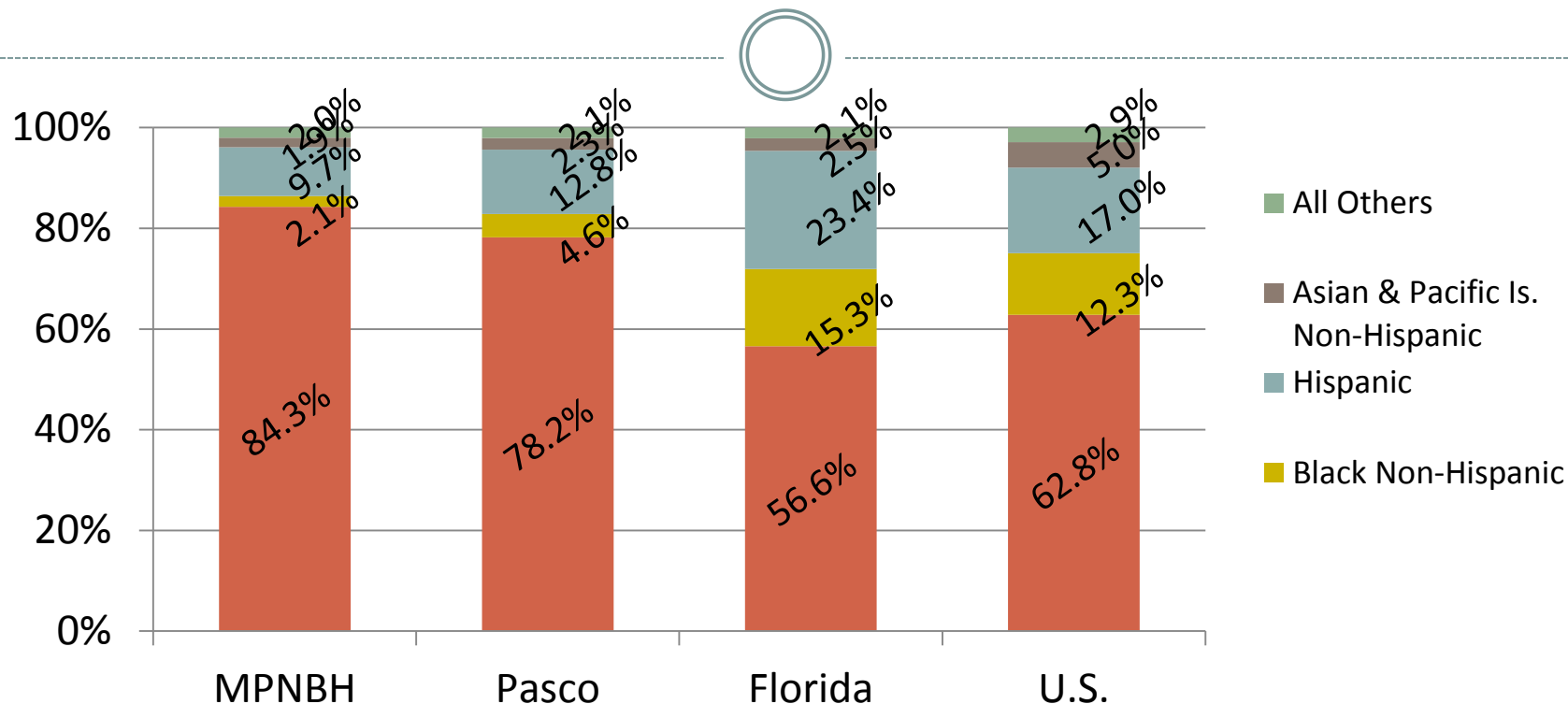
Education Level (2012)



- The Morton Plant North Bay Hospital service area shows higher rates of individuals with a high school degree or less (53.7%) than Pasco County (50.1%), Florida (45.1%) and the U.S. (43.6%).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Race/Ethnicity (2012)



- The Morton Plant North Bay Hospital service area (84.3%), Pasco County (78.2%), Florida (56.6%) and the U.S. (62.8%) all show a majority population of White, Non-Hispanic individuals.
- The Morton Plant North Bay Hospital service area shows a lower rate of Hispanic individuals (9.7%) than the county (12.8%) and a much lower rate than the state (23.4%) and nation (17%). Similarly, the service area shows a lower rate of Black, Non-Hispanic individuals (2.1%) than the county (4.6%), state (15.3%) and nation (12.3%).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Secondary Data Profile

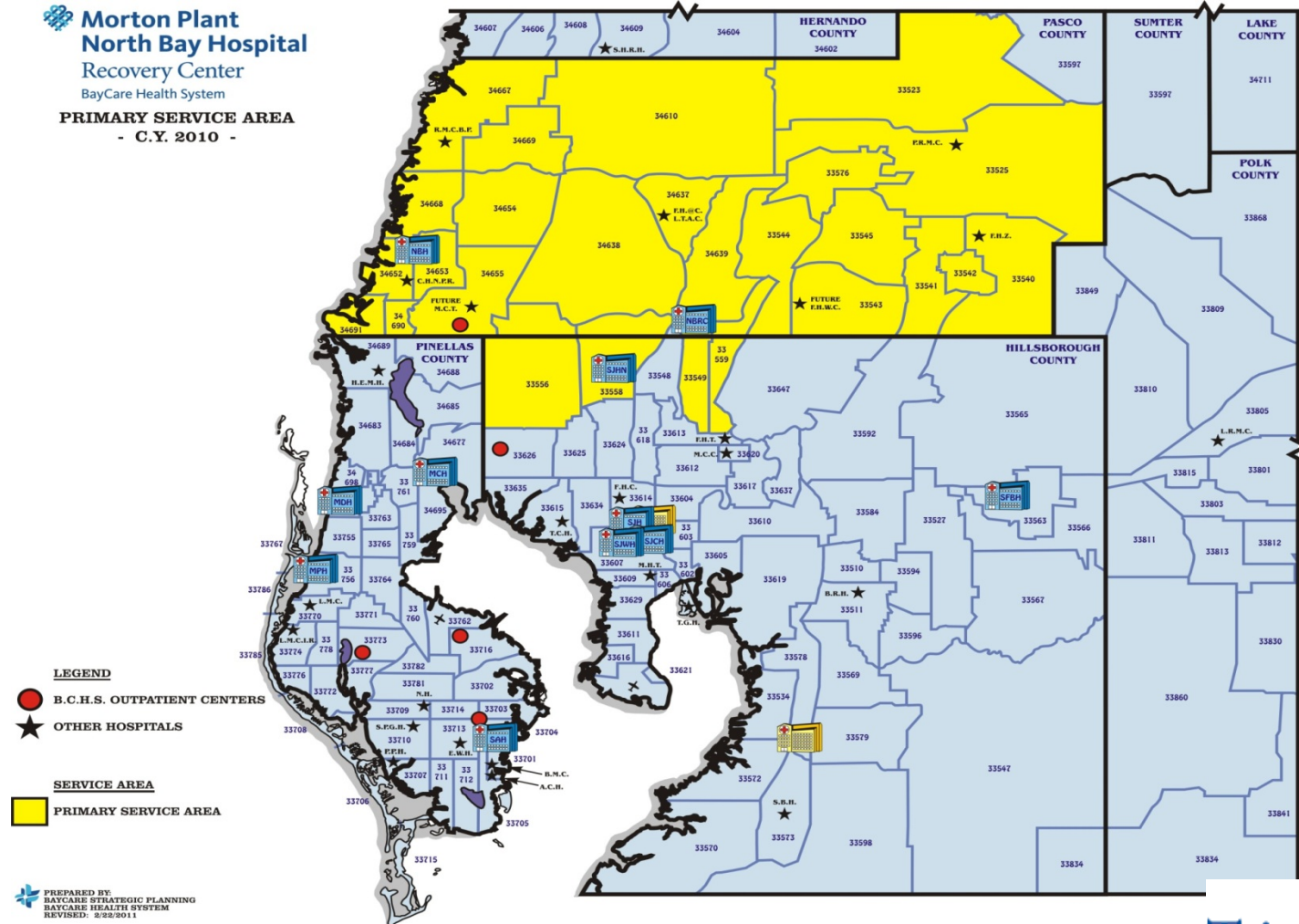


Morton Plant North Bay Recovery Center

- Regional Service Area - Map
- Regional 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 North Bay Recovery Center Regional Service Area - Map



Morton Plant North Bay Hospital Regional Service Area – Populated Zip Code Areas



The communities located in the Morton Plant North Bay Recovery Center regional service area include 35 populated zip code areas in Hernando, Hillsborough and Pasco counties.

Zip	Town	County	Zip	Town	County	Zip	Town	County
33523	Dade City	Pasco	33559	Lutz	Pasco	34638	Land O'Lakes	Pasco
33525	Dade City	Pasco	33576	San Antonio	Pasco	34639	Land O'Lakes	Pasco
33540	Zephyrhills	Pasco	33612	Tampa	Hillsborough	34652	New Port Richey	Pasco
33541	Zephyrhills	Pasco	33613	Tampa	Hillsborough	34653	New Port Richey	Pasco
33542	Zephyrhills	Pasco	33614	Tampa	Hillsborough	34654	New Port Richey	Pasco
33543	Wesley Chapel	Pasco	33618	Carrollwood	Hillsborough	34655	New Port Richey	Pasco
33544	Wesley Chapel	Pasco	33624	Carrollwood	Hillsborough	34667	Hudson	Pasco
33545	Wesley Chapel	Pasco	34606	Spring Hill	Hernando	34668	Port Richey	Pasco
33548	Lutz	Hillsborough	34608	Spring Hill	Hernando	34669	Hudson	Pasco
33549	Lutz	Hillsborough	34609	Brooksville	Hernando	34690	Holiday	Pasco
33556	Odessa	Hillsborough	34610	Spring Hill	Pasco	34691	Holiday	Pasco
33558	Lutz	Hillsborough	34637	Land O'Lakes	Pasco			

Overview of Secondary Data Methodology



Community Need Score (CNS)

- Catholic Health East (CHE) utilizes licensed data products from Thomson and Solucient, particularly the Claritas (now Nielsen) demographics. Catholic Health East, using the publically made methodology used by Catholic Healthcare West (CHW) to calculate the community need values, chose to calculate the values themselves, to provide the community need scores (CNS) to their partner facilities as a non-commercial product.
- Catholic Health East duplicates the methodology used by CHW as closely as it is done by CHW; using the same nine measures to generate the same five barrier scores using quintiles, and using them to calculate the CNS.
- The data may differ in the years and sources used or the rounding at certain stages in the calculations. CNS is the term used to differentiate itself from CNI due to these possible differences.
- All of this year's component demographics are based on the 2012 Nielsen demographics at the zip code level, with the exception of percent uninsured, which is from Truven Health Analytics' "Insurance Coverage Estimates" module.

Overview of Secondary Data Methodology



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

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

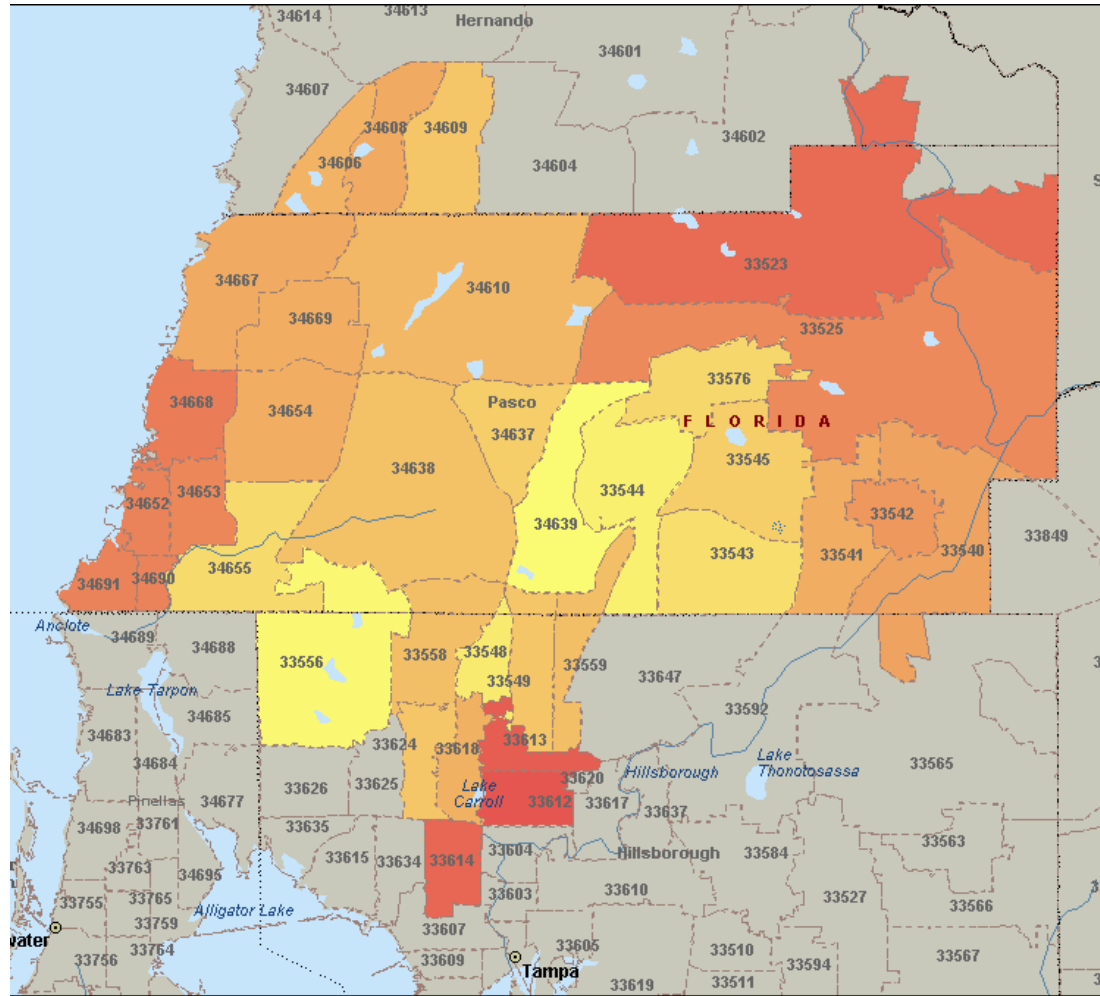
Overview of Secondary Data Methodology



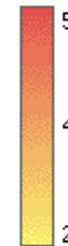
Community Need Score

- To determine the severity of barriers to healthcare access in a given community, the CNS gathers data about the community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc.
- Using this data we assign a score to each barrier condition. A score of 1.0 indicates a zip code area with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code area with the most socio-economic barriers (high need). The scores are then aggregated and averaged for a final CNS (each barrier receives equal weight in the average).
- A CNS above 3.0 will typically indicate a specific socio-economic factor impacting the community's access to care. At the same time, a CNS of 1.0 does not indicate the community requires no attention at all, which is why a larger community such as the study area community presents a unique challenge to hospital leadership.

Community Need Score (CNS) Overall Region Map



Community Need Score by ZIP Code



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

Data source: 2012 Nielson Claritas;
2012 Thomson Reuters

Community Need Scores

(Top 5 / Bottom 5 Analysis)



Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33612	Tampa	Hillsborough	4	5	5	5	5	4.9
33613	Tampa	Hillsborough	5	4	5	5	5	4.7
33614	Tampa	Hillsborough	4	4	5	5	5	4.6
33523	Dade City	Pasco	4	5	5	5	4	4.5
34668	Port Richey	Pasco	4	4	4	5	4	4.2
33543	Wesley Chapel	Pasco	1	1	5	3	2	2.5
33548	Lutz	Hillsborough	2	2	4	2	2	2.3
33544	Wesley Chapel	Pasco	1	1	5	3	2	2.2
33556	Odessa	Hillsborough	1	1	4	3	1	2.1
34639	Land O'Lakes	Pasco	1	1	4	2	2	2.0
Morton Plant North Bay Recovery Center Regional Service Area*			2.8	3.0	4.2	4.1	3.2	3.4

* Weighted averages

Community Need Score – Detail



CNS values 4.0 to 5.0; greatest 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
33612	43,696	51.4%	32.9%	47.5%	23.1%	64.4%	27.0%	17.3%	37.6%	49.1%	4	5	5	5	5	4.9
33613	32,617	48.4%	37.0%	56.5%	15.9%	56.5%	32.7%	14.7%	40.7%	58.7%	5	4	5	5	5	4.7
33614	46,589	51.9%	24.3%	42.2%	20.5%	77.4%	56.6%	12.2%	27.9%	51.9%	4	4	5	5	5	4.6
33523	18,788	46.2%	27.7%	48.9%	26.3%	37.0%	19.3%	12.1%	23.4%	23.9%	4	5	5	5	4	4.5
34668	42,786	49.6%	26.6%	36.5%	18.0%	18.9%	10.8%	13.7%	27.6%	25.3%	4	4	4	5	4	4.2
34652	24,188	51.6%	25.7%	38.7%	16.5%	17.1%	10.7%	14.0%	25.9%	24.9%	4	4	4	5	4	4.1
34691	21,674	46.9%	24.0%	47.3%	16.7%	17.9%	17.0%	17.0%	23.5%	20.1%	4	4	5	5	3	4.1
34690	13,213	48.0%	25.1%	43.4%	18.5%	17.9%	7.6%	10.6%	24.2%	24.5%	4	4	4	5	4	4.1
34653	30,636	47.0%	18.2%	33.0%	16.7%	15.8%	11.5%	12.1%	23.9%	24.8%	4	4	4	5	4	4.0

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

Community Need Score – Detail



CNS values 3.0 to 3.9; fewer 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
33525	18,678	42.0%	21.8%	42.1%	21.6%	24.7%	17.5%	13.1%	18.2%	20.9%	4	4	5	5	3	3.9
33542	20,839	45.5%	22.4%	25.1%	20.8%	13.6%	9.0%	14.3%	26.2%	19.0%	3	4	4	5	3	3.7
33540	8,790	42.4%	15.9%	21.5%	22.6%	14.5%	9.1%	10.9%	18.1%	15.0%	3	5	4	5	2	3.5
34608	32,316	36.2%	14.5%	39.7%	13.2%	24.7%	11.8%	13.4%	16.3%	19.5%	3	3	4	5	3	3.4
34667	32,009	38.0%	23.8%	36.1%	17.2%	9.2%	6.3%	12.8%	21.7%	16.7%	3	4	3	5	2	3.4
33541	20,572	41.1%	14.4%	19.0%	20.1%	12.7%	11.2%	13.9%	20.1%	12.8%	3	4	4	5	2	3.3
34654	22,512	33.1%	13.5%	38.2%	16.6%	11.5%	7.3%	12.2%	17.8%	13.1%	3	4	4	5	2	3.3
34669	13,175	34.5%	24.3%	26.5%	16.4%	11.5%	8.0%	15.6%	17.6%	13.5%	3	4	4	5	2	3.3
33618	25,566	26.9%	16.6%	39.3%	7.5%	33.4%	20.0%	8.2%	13.9%	36.1%	2	1	5	4	5	3.3
34606	26,285	31.7%	22.5%	39.6%	15.1%	17.0%	8.2%	18.4%	18.3%	16.8%	3	3	4	5	2	3.2
34610	13,712	38.2%	12.1%	37.5%	16.0%	13.9%	8.1%	14.5%	17.4%	11.5%	3	4	4	5	1	3.1
33559	16,162	19.1%	8.1%	17.2%	10.8%	39.8%	20.6%	10.3%	9.7%	27.8%	1	2	5	3	4	3.1
33558	22,004	32.3%	5.9%	19.4%	4.7%	30.1%	21.2%	7.4%	11.6%	32.9%	2	1	5	3	5	3.0
34638	21,433	20.5%	7.7%	8.5%	9.9%	35.8%	16.2%	10.8%	12.5%	18.5%	1	2	5	4	3	3.0

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

Community Need Score – Detail

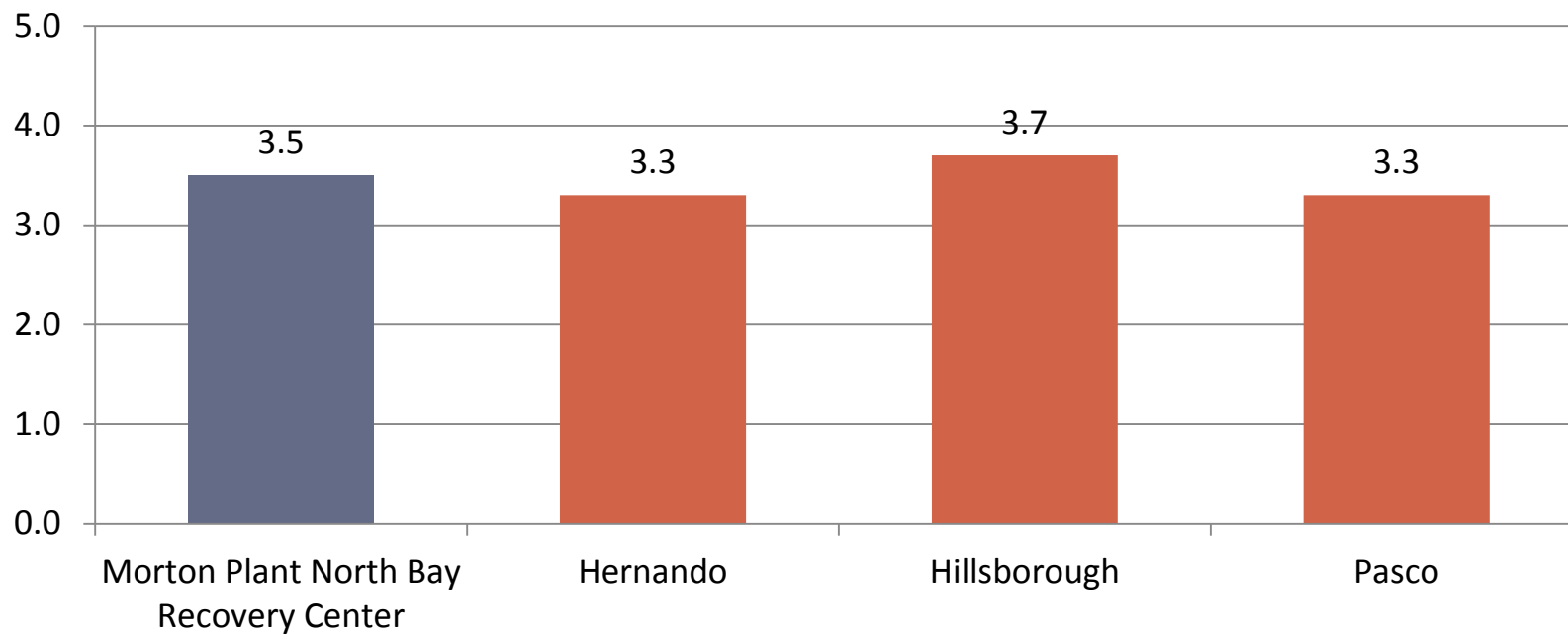


CNS values 2.0 to 3.0; fewer number of socio-economic barriers to healthcare access

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
33624	37,375	27.2%	10.6%	20.8%	7.6%	43.2%	25.7%	8.5%	10.3%	29.1%	2	1	5	3	4	2.9
33549	16,480	28.7%	11.1%	36.5%	9.2%	25.3%	13.5%	9.5%	14.6%	21.3%	2	2	4	4	3	2.9
34609	39,274	26.1%	10.2%	37.4%	14.0%	22.7%	12.9%	14.2%	10.3%	13.7%	2	3	4	4	2	2.9
33545	15,265	26.2%	9.3%	37.3%	7.2%	49.0%	24.8%	6.2%	9.4%	21.9%	2	1	5	2	4	2.8
34637	6,801	33.9%	6.0%	4.7%	10.4%	27.8%	13.8%	13.2%	15.9%	16.7%	1	2	4	5	2	2.8
33576	4,725	38.2%	13.0%	10.0%	8.1%	15.4%	13.5%	10.7%	15.1%	11.5%	2	2	4	5	1	2.6
34655	40,698	27.9%	8.9%	22.8%	9.1%	13.8%	9.7%	9.6%	12.0%	13.4%	2	2	4	4	2	2.5
33543	23,213	33.1%	4.3%	11.1%	7.4%	39.1%	21.2%	9.6%	8.4%	14.8%	1	1	5	3	2	2.5
33548	6,125	26.0%	8.5%	27.3%	8.0%	19.0%	10.2%	5.8%	11.0%	13.0%	2	2	4	2	2	2.3
33544	22,300	25.5%	6.3%	14.1%	6.6%	35.7%	19.0%	8.9%	6.7%	14.5%	1	1	5	3	2	2.2
33556	25,629	29.9%	5.6%	20.4%	4.9%	23.4%	15.1%	9.7%	8.5%	9.0%	1	1	4	3	1	2.1
34639	26,511	23.8%	3.5%	12.0%	7.6%	26.3%	15.0%	6.7%	7.3%	13.3%	1	1	4	2	2	2.0

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

Community Need Scores – MPNBRH and County Comparison



Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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 BayCare Health System regional 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.

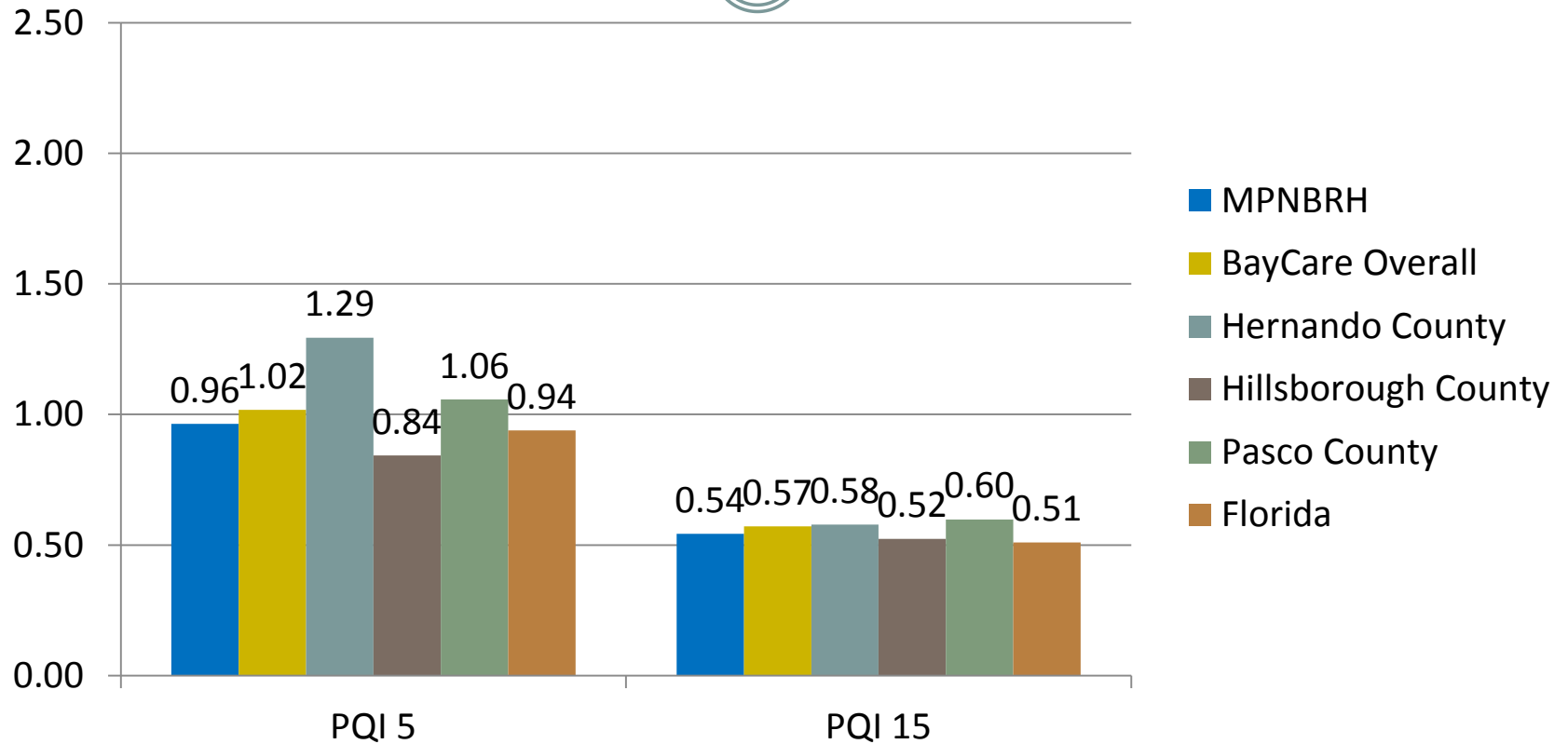
Overview of Secondary Data Methodology



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

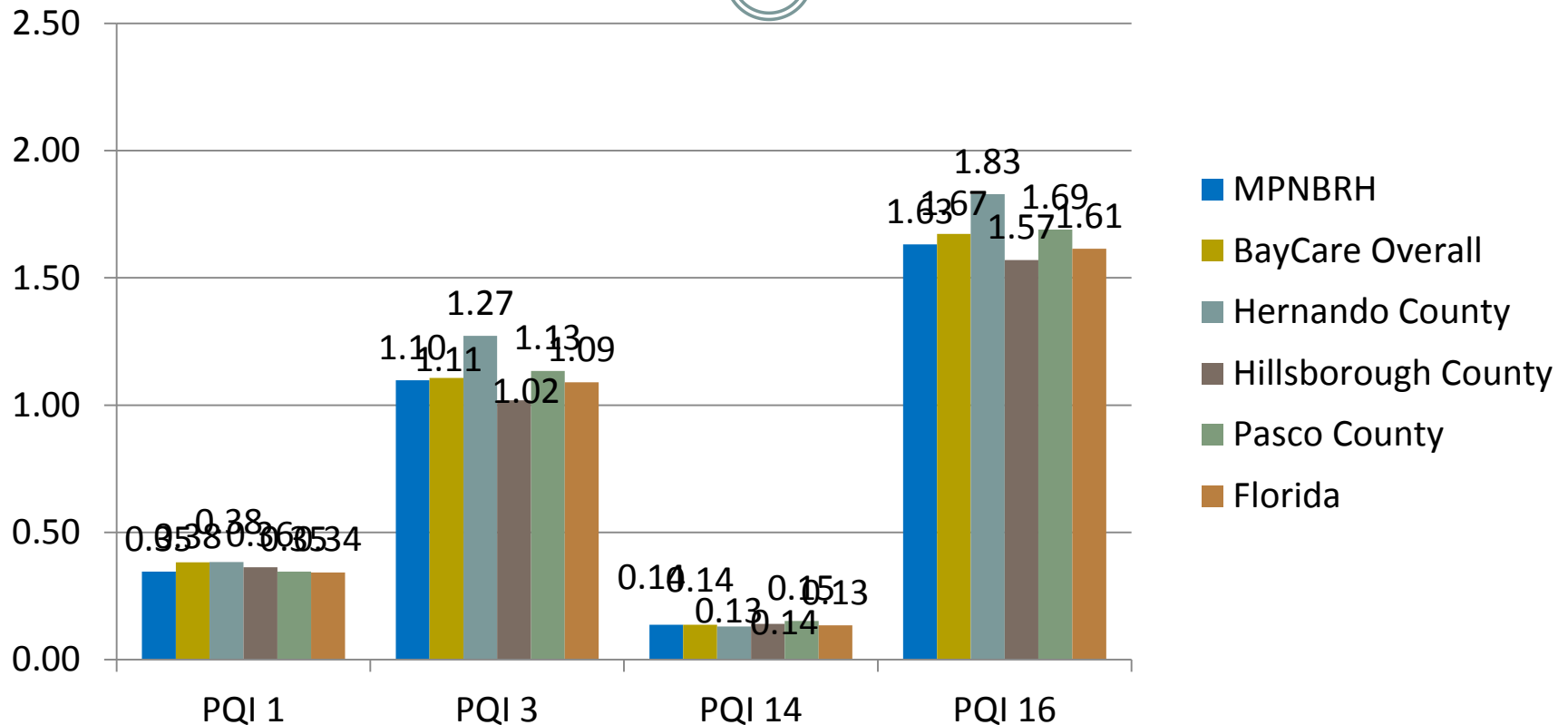
Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

PQI 15 Adult Asthma Admission Rate

Diabetes



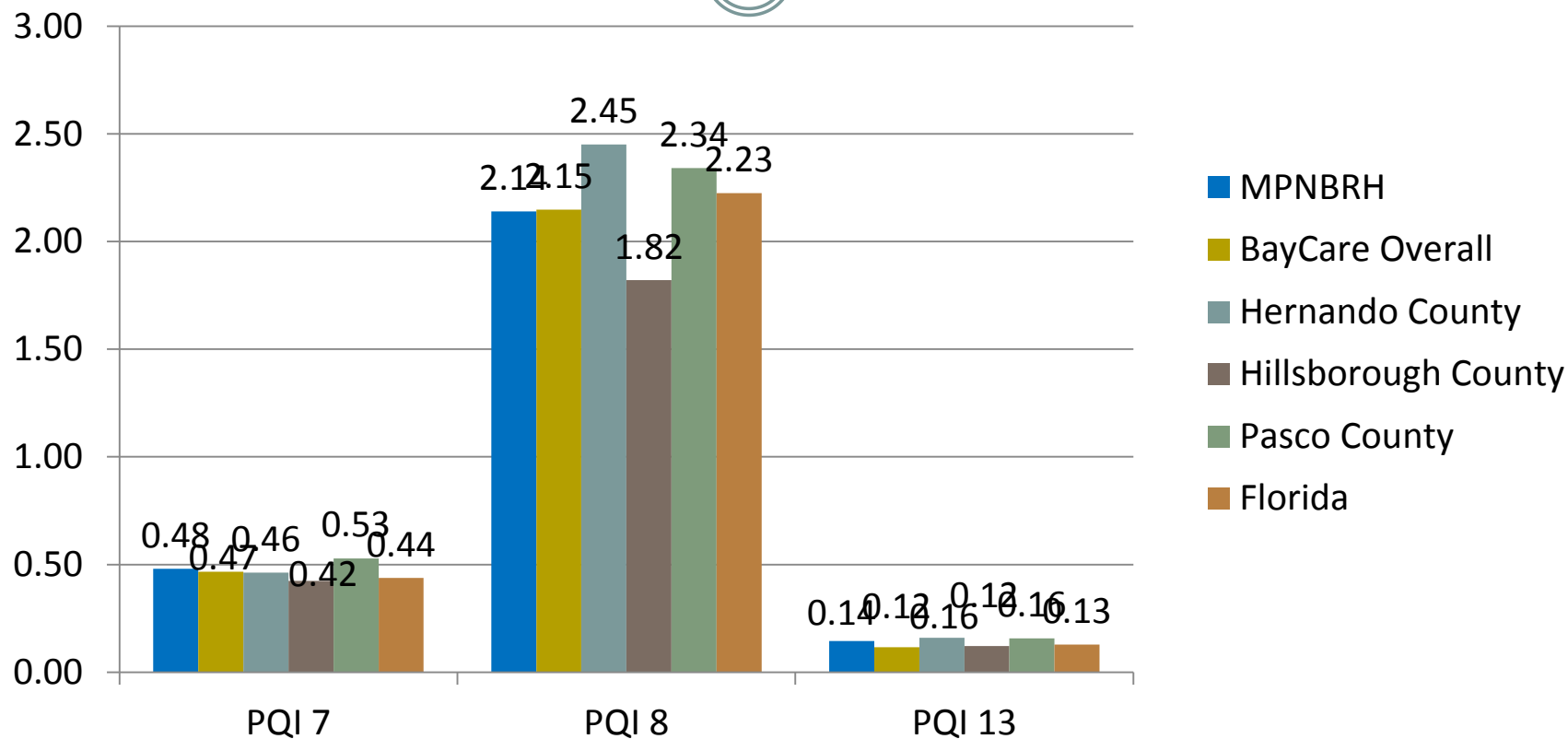
PQI 1 Diabetes Short-Term Complications Admission Rate

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

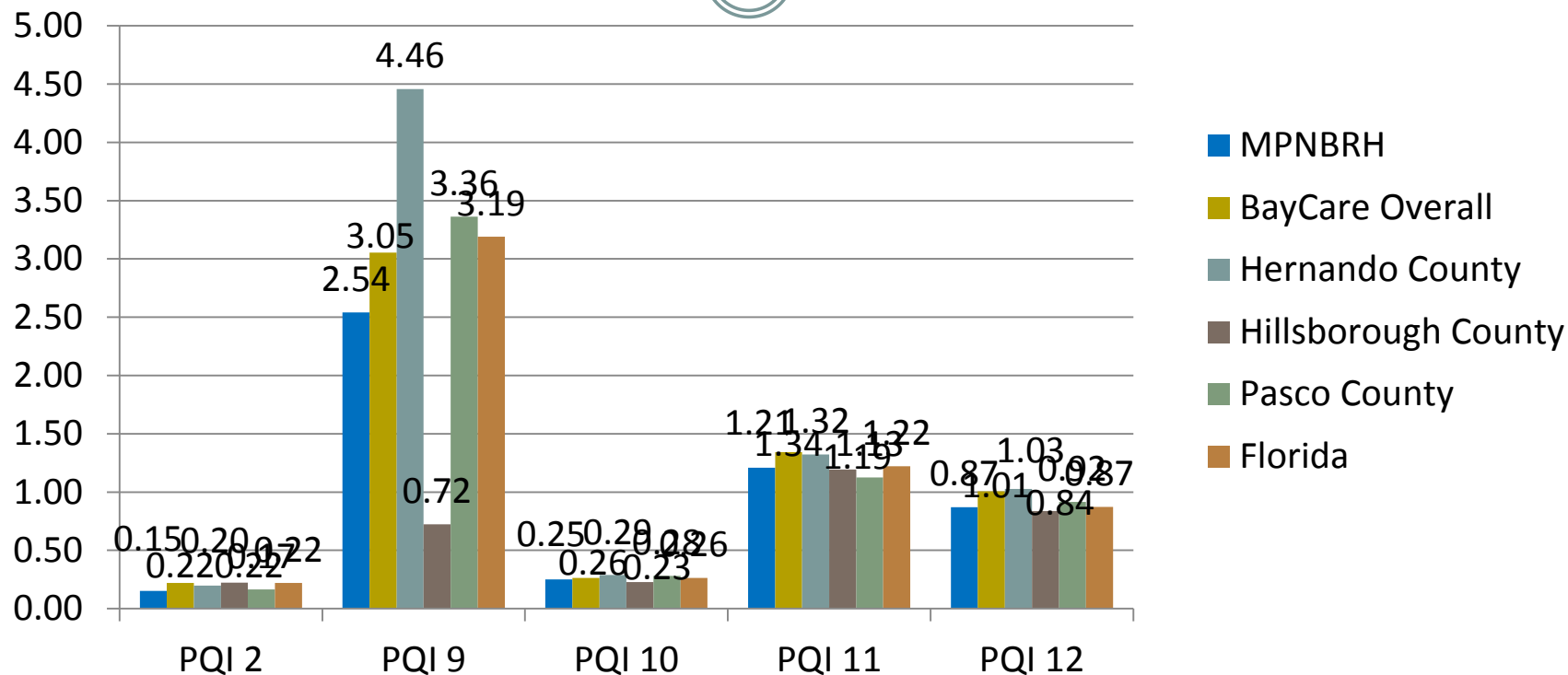


PQI 7 Hypertension Admission Rate

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)



Prevention Quality Indicators (PQI)	Morton Plant North Bay Recovery Center Regional Service Area	Florida	Difference
Hypertension Admission Rate (PQI 7)	0.48	0.44	0.04
Adult Asthma Admission Rate (PQI 15)	0.54	0.51	0.03
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	0.96	0.94	0.02
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.63	1.61	0.02
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.35	0.34	0.01
Angina Without Procedure Admission Rate (PQI 13)	0.14	0.13	0.01
Uncontrolled Diabetes Admission Rate (PQI 14)	0.14	0.13	0.01
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.10	1.09	0.01
Urinary Tract Infection Admission Rate (PQI 12)	0.87	0.87	0.00
Bacterial Pneumonia Admission Rate (PQI 11)	1.21	1.22	-0.01
Dehydration Admission Rate (PQI 10)	0.25	0.26	-0.01
Perforated Appendix Admission Rate (PQI 2)	0.15	0.22	-0.07
Congestive Heart Failure Admission Rate (PQI 8)	2.14	2.23	-0.09
Low Birth Weight Rate (PQI 9)	2.54	3.19	-0.65

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 Morton Plant Hospital regional service area, Pinellas County 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

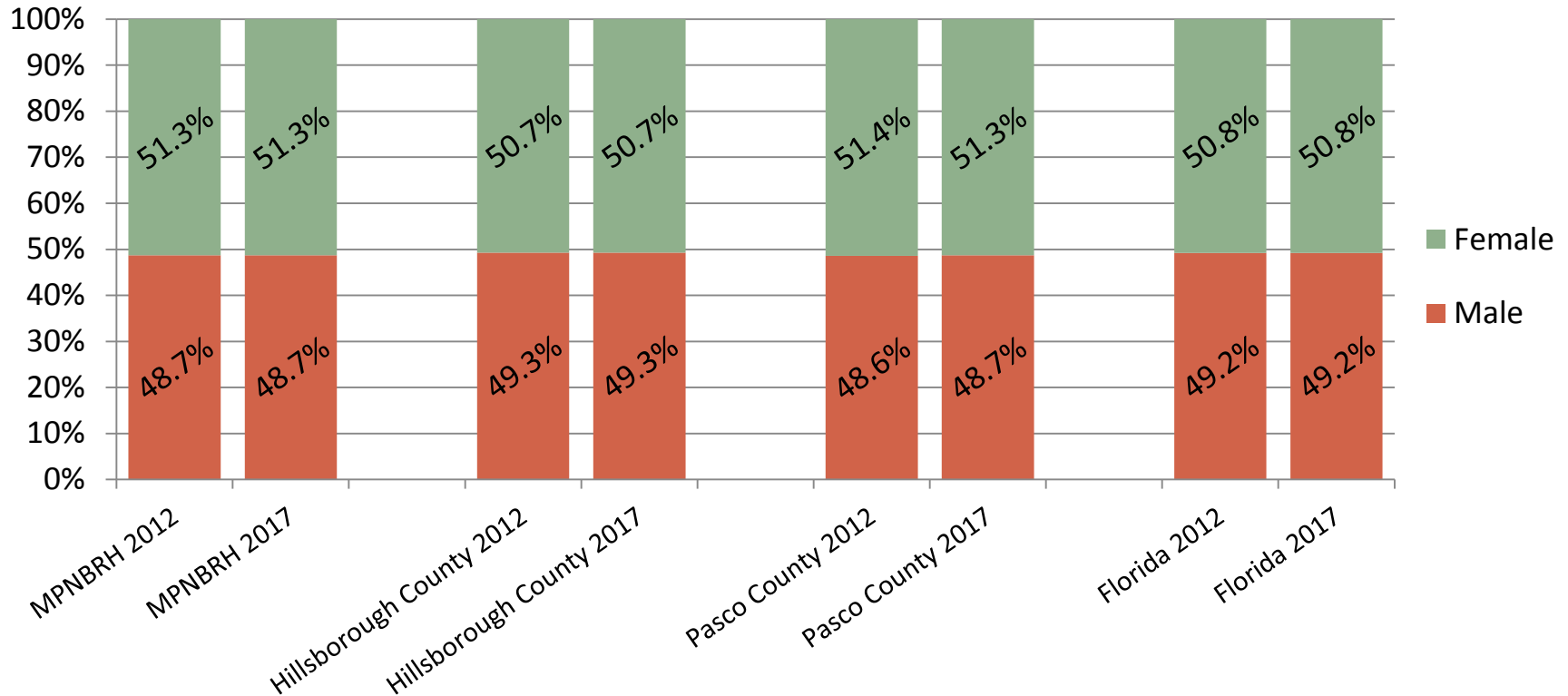
Population Trends



	Morton Plant North Bay Recovery Center Regional Service Area	Hillsborough County	Pasco County	Florida
2012 Total Population	832,636	1,267,995	478,680	19,156,005
2017 Projected Population	891,388	1,360,347	520,174	20,139,758
# Change	58,752	92,352	41,494	983,753
% Change	7.1%	7.3%	8.7%	5.1%

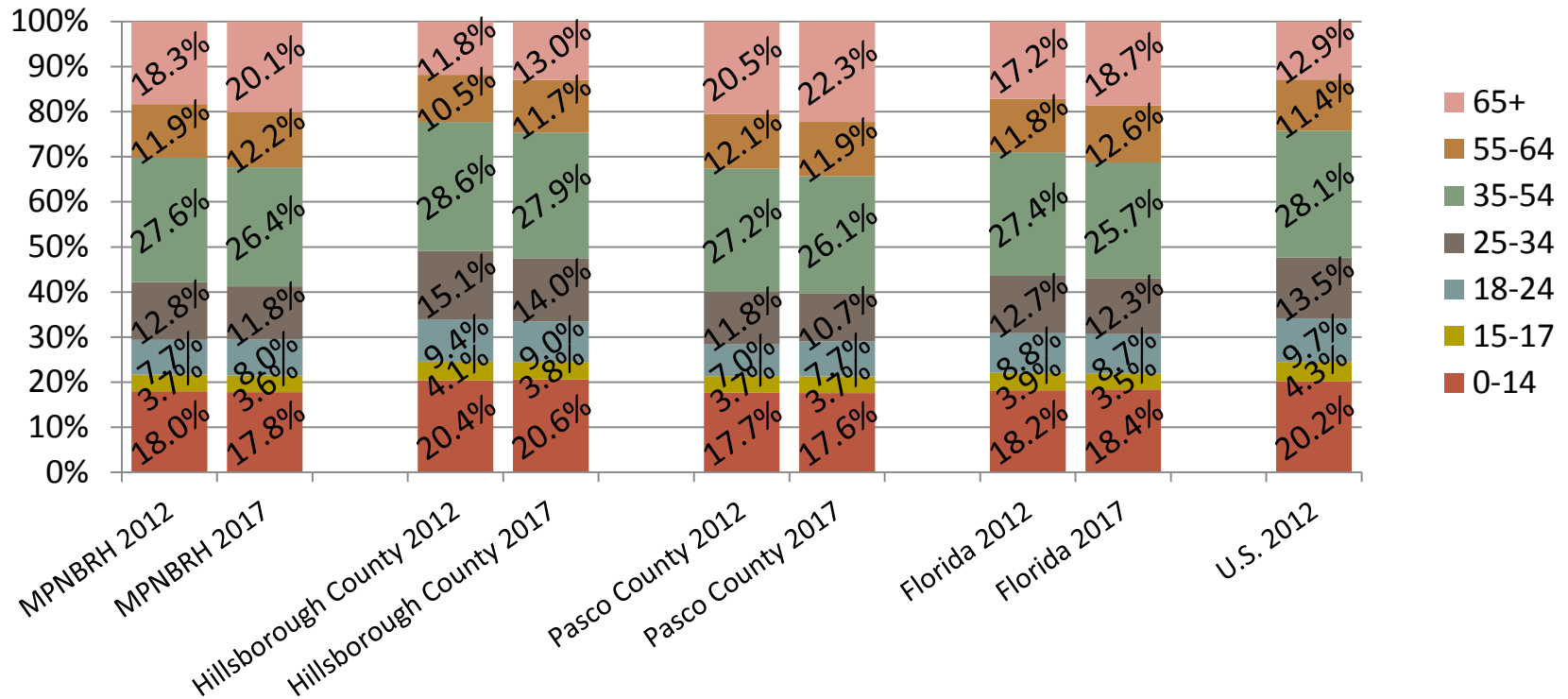
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Gender



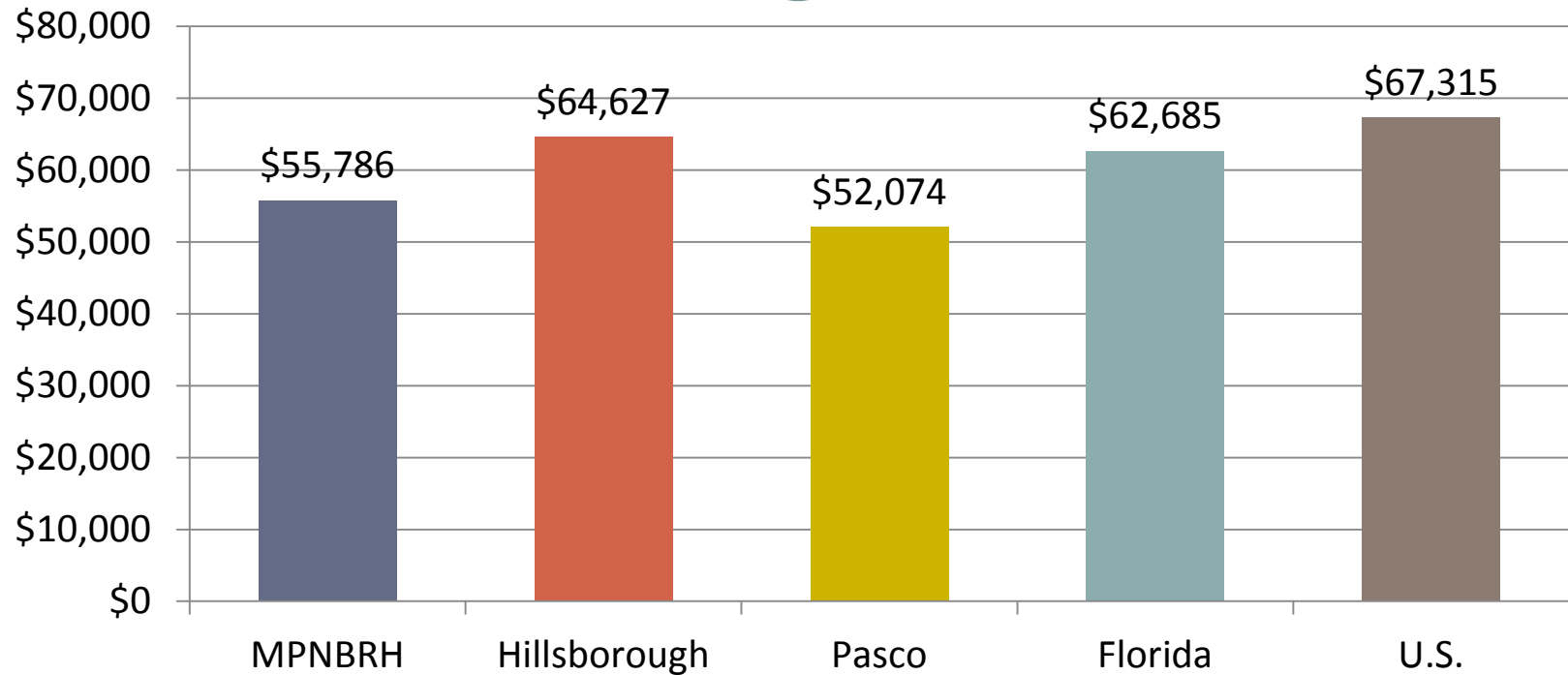
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Age



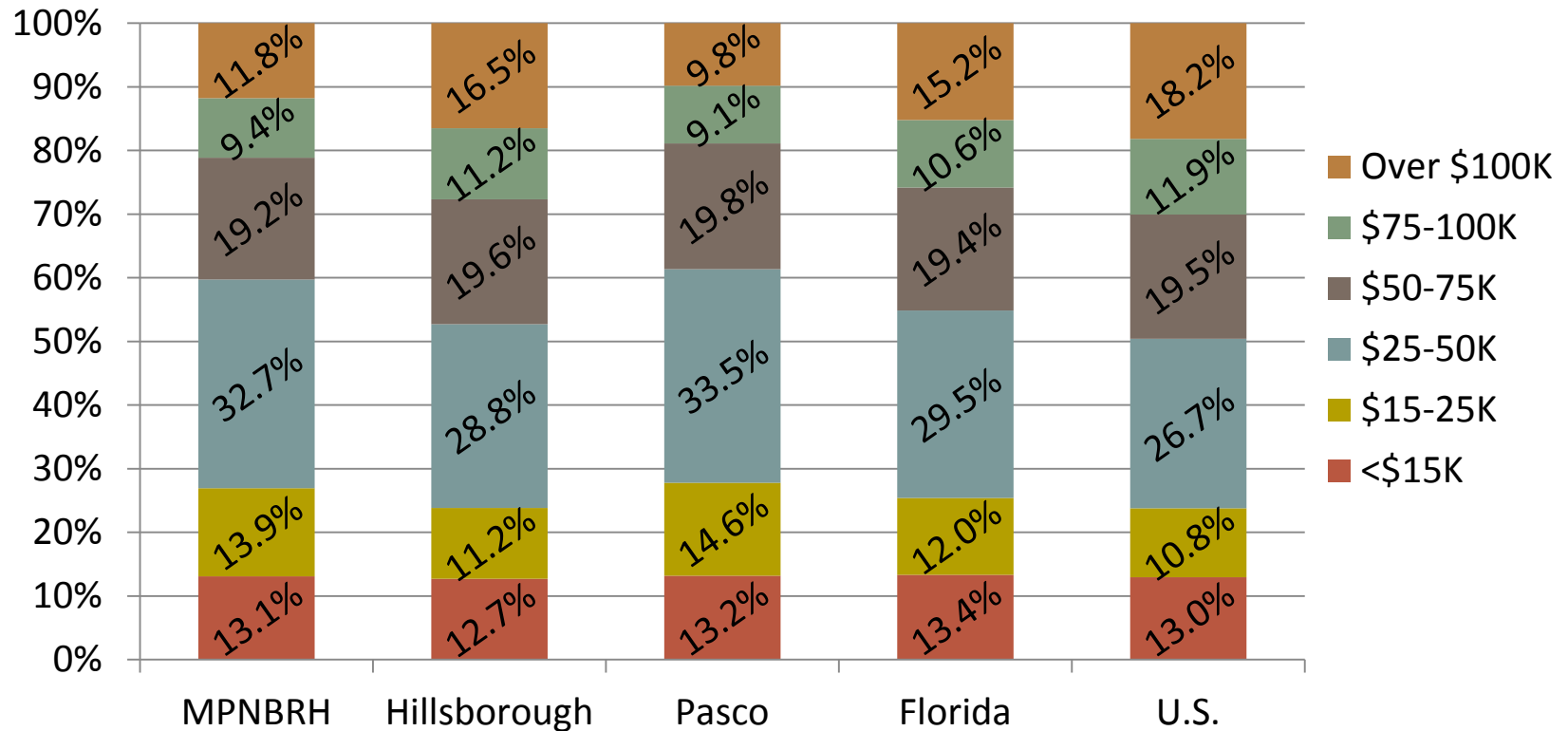
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Average Household Income (2012)



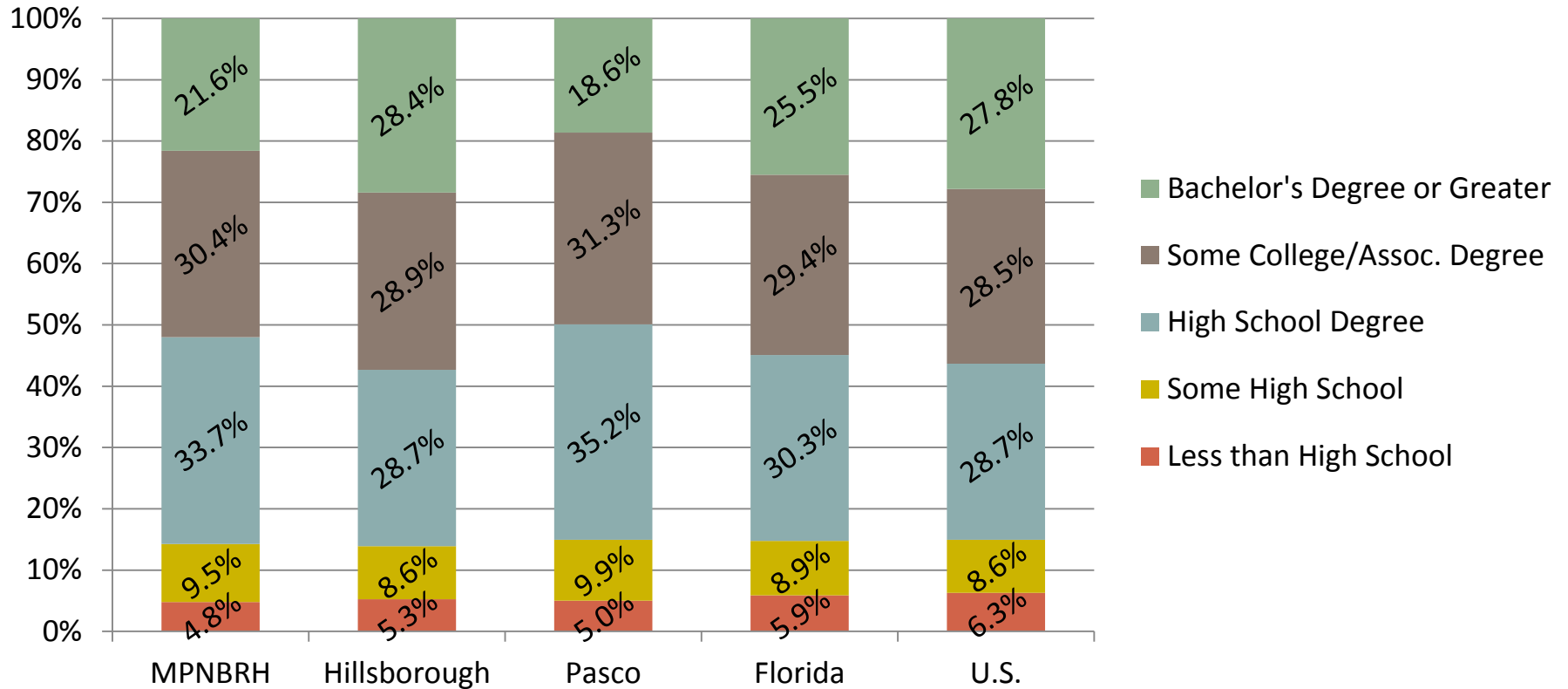
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Household Income Detail (2012)



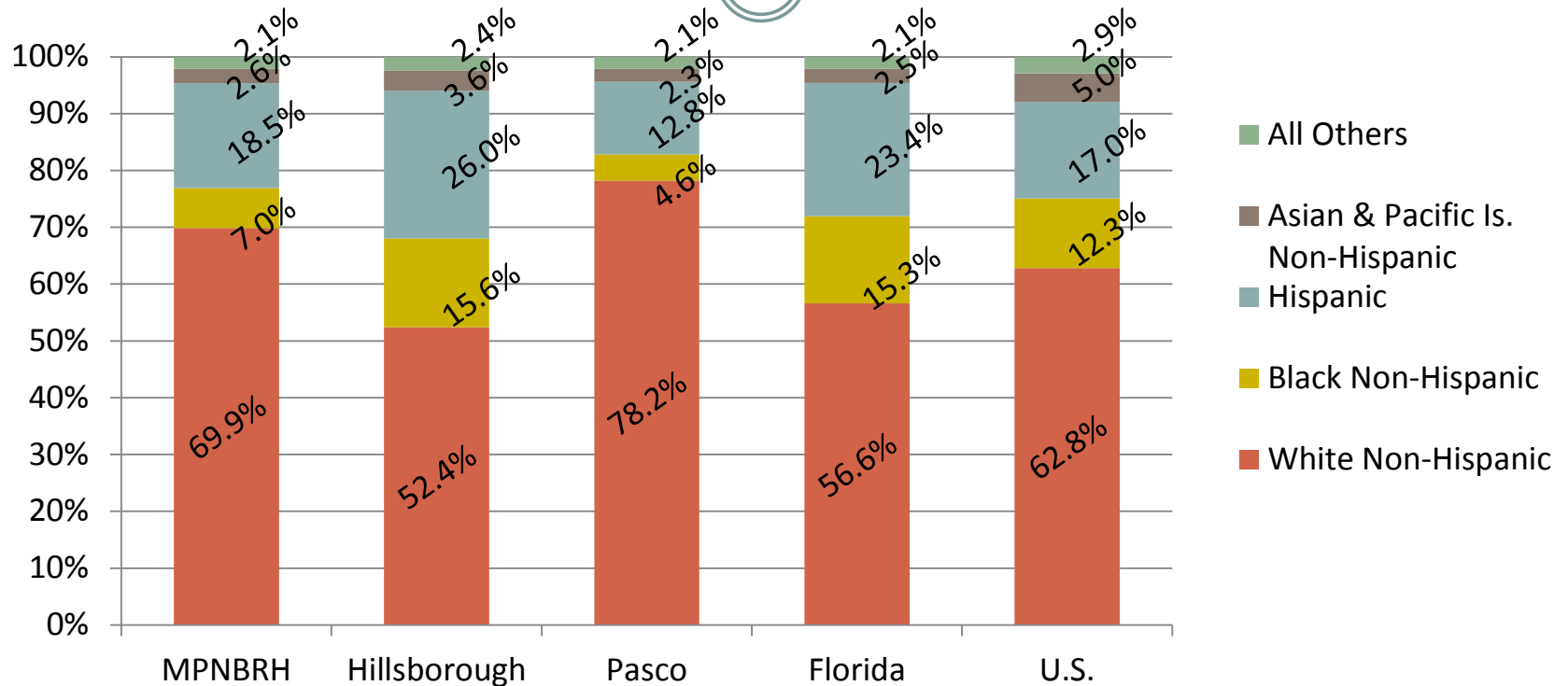
Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Education Level (2012)



Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Race/Ethnicity (2012)



Source: 2012 Nielson Claritas; 2012 Thomson Reuters

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 (6 measures)
 - Clinical care (5 measures)
 - Social and economic (7 measures)
 - Physical environment (4 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 Pasco County encompasses The Morton Plant North Bay Hospital service area , rankings for the three counties served by the BayCare Health System are shown below to provide perspective. Most of the county health rankings are not extreme (i.e., most healthy or most unhealthy).
- Pasco County consistently shows worse county health rankings when compared to Hillsborough and Pinellas Counties with the exception of sexual activity where Pasco County ranks among the ten best counties in the state.
- Pasco County (61) ranks among the worst ten counties in the state for employment.

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

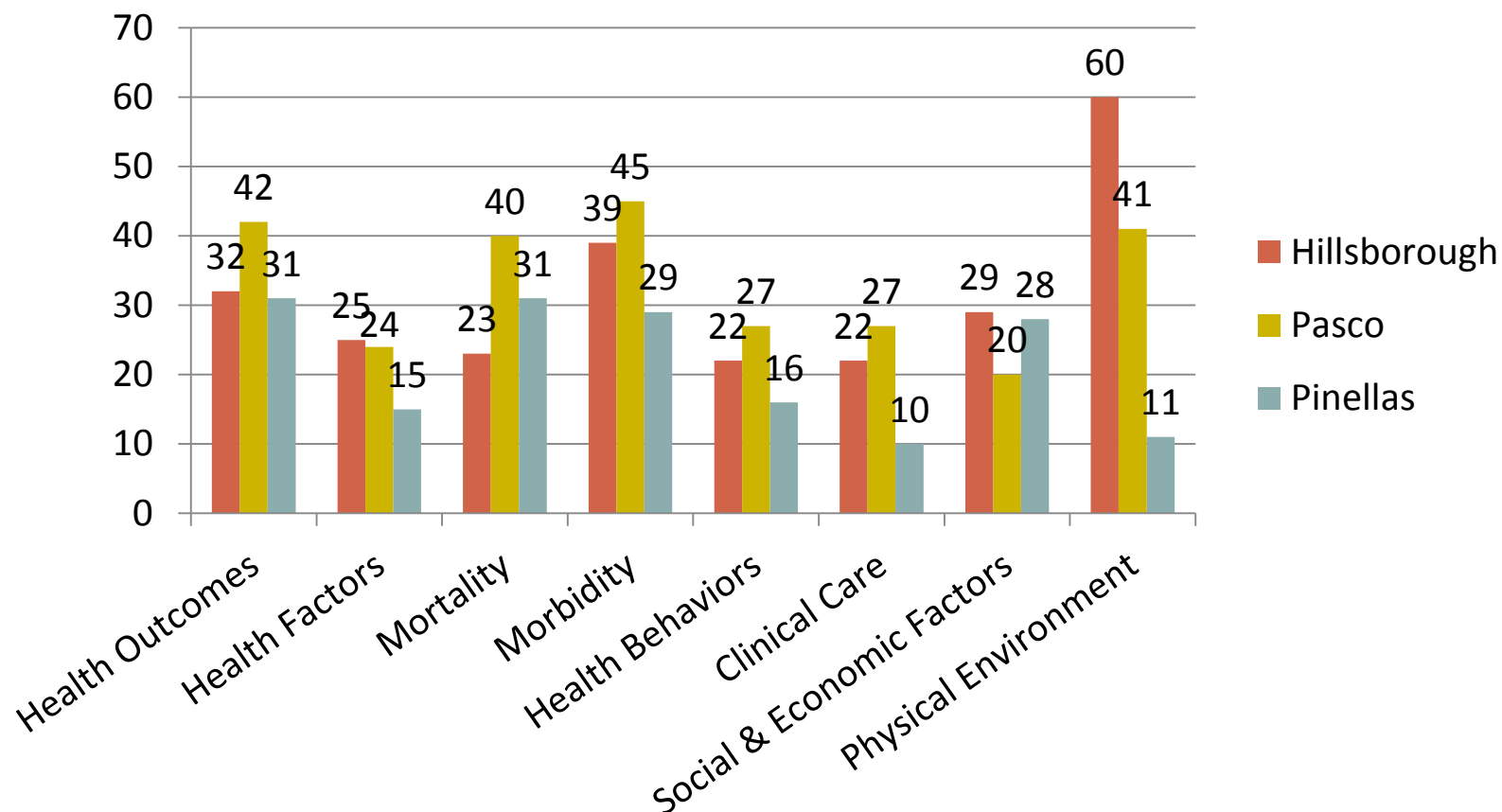
Blue text indicates a rank in the top 10 (good ranking).

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

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

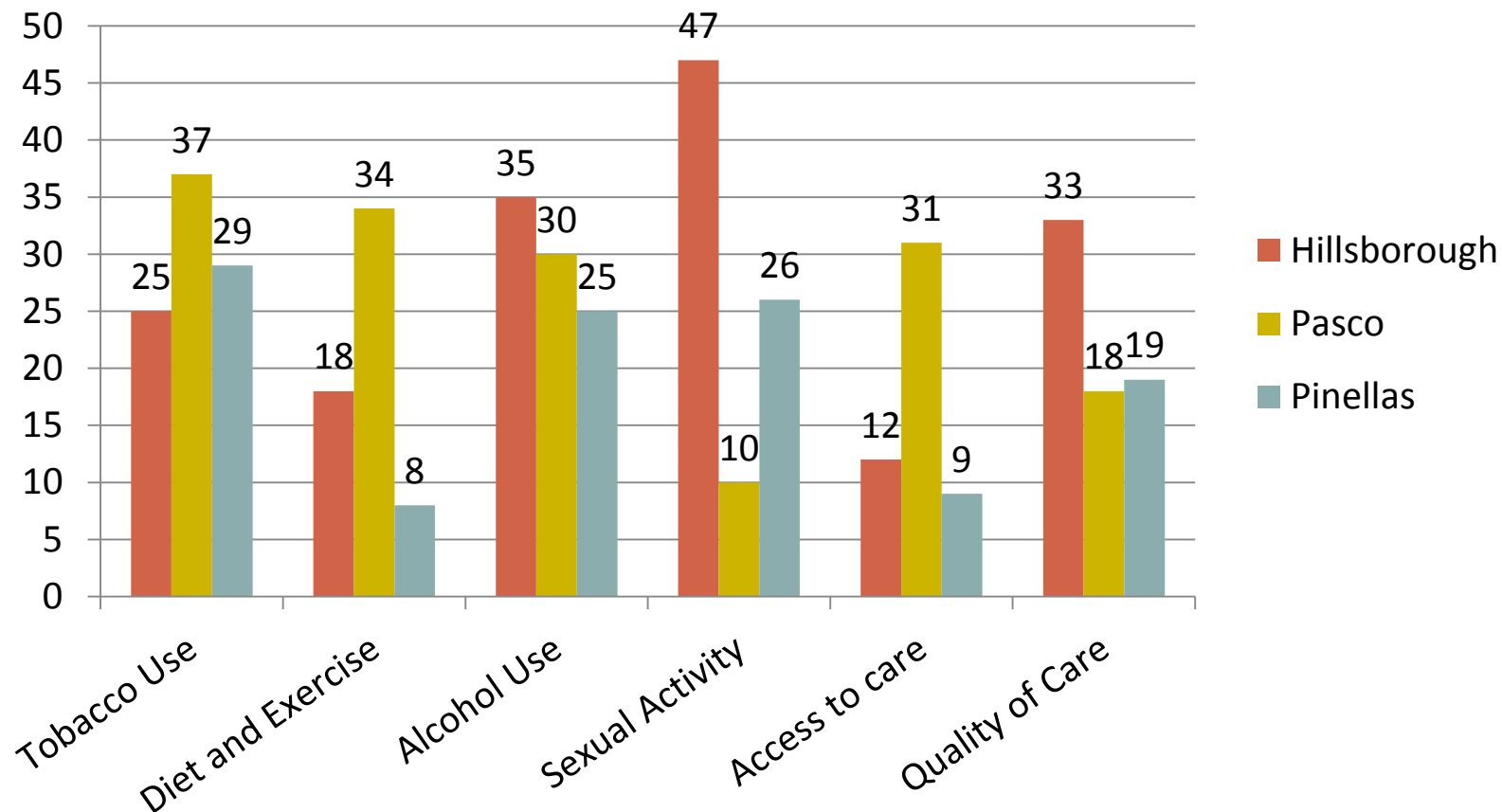
Blue text indicates a rank in the top 10 (good ranking).

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

County Health Rankings Data



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

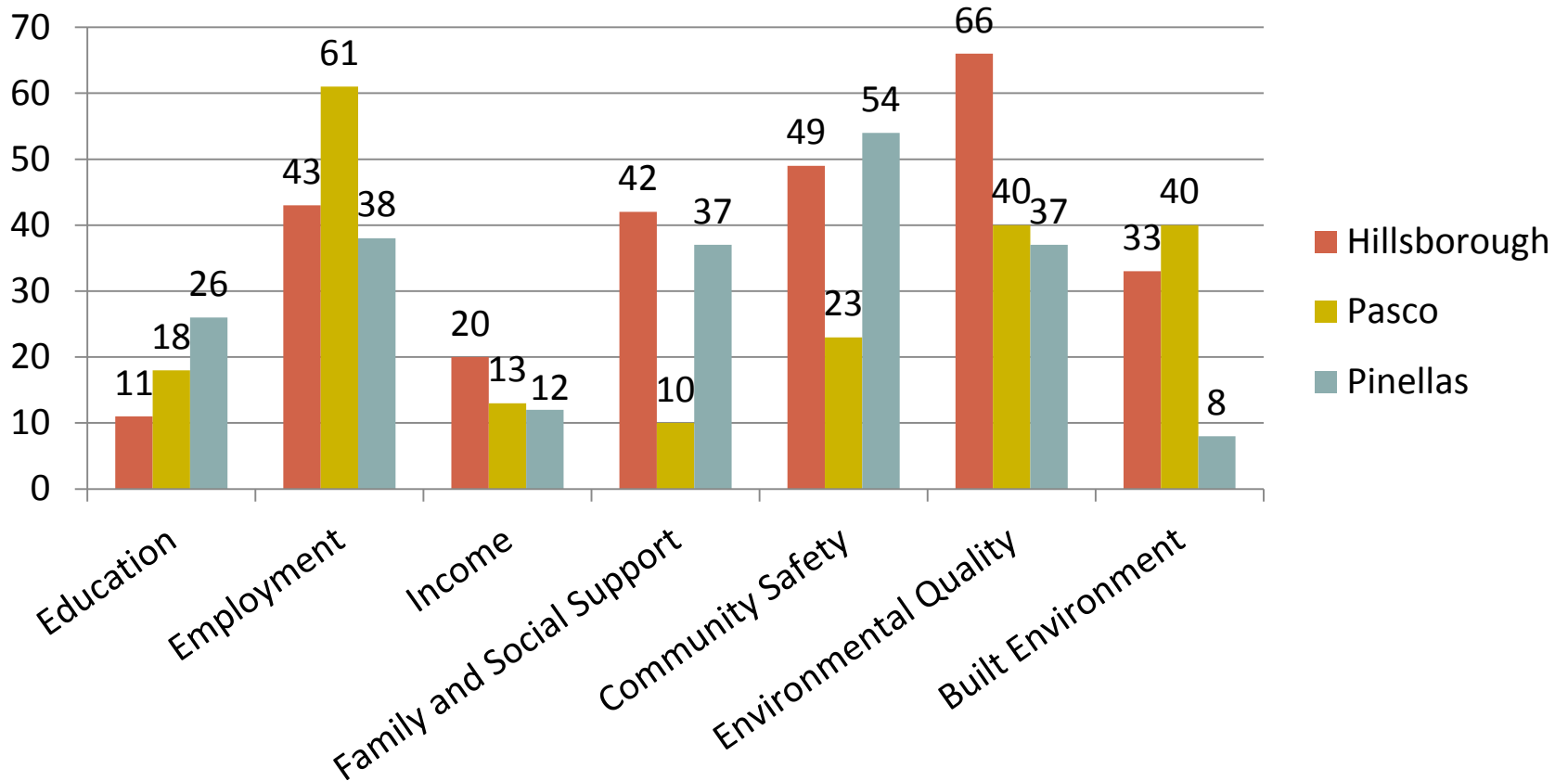
Blue text indicates a rank in the top 10 (good ranking).

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

Healthy Tampa Bay



- ❑ Between 2007 and 2010 the obesity rate rose in Pasco County almost 9%, with 18-44 year olds and seniors 65+ showing a higher likelihood of being obese and more than one in four females (30%) considered obese.
- ❑ Between 2007 and 2010, the percentage of adults who are overweight increased in Pasco County (from 35.5% to 38.5%).
- ❑ Between 2008 and 2010, there was an increase in the number of high school students that did not have sufficient vigorous physical activity in Pasco County (from 37.5% to 39.2%).
- ❑ Between 2008 and 2010, the percentage of high school students who are obese increased in Pasco County (from 10.0% to 11.4%).
- ❑ Approximately one in four females do not participate in any leisure-time physical activities in Pasco County. Between 2002 and 2007, Pasco County saw a decrease in leisure-time physical activity.
- ❑ Slightly more females report smoking cigarettes than men in Pasco County (22.7% to 19.1%). Between 2007 and 2010, Pasco County saw a decrease in residents smoking; 45-64 year olds are more likely to report smoking in Pasco county than any other age group (31%) in any other county in the tri-county area. Also in Pasco County, Hispanic residents are more likely to report smoking than any other ethnicity.

Healthy Tampa Bay



- ❑ 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 Pasco County (from 15.7% to 20%), with men being more than two times more likely than women in Pasco County (27.3% and 13.4% respectively) and more than one in four (30.3%) residents that are 18-44 years old reporting heavy or binge drinking with in the last 30 days.
- ❑ Between 2008 and 2010, the percentage of high school students who used marijuana one or more times during the previous 30 days increased in Pasco County (from 19.5% to 21.1%).
- ❑ Men are more likely to visit the emergency room as a result of acute or chronic alcohol abuse and to be hospitalized due to acute or chronic alcohol abuse than women in Pasco County. Between 2007 and 2011, hospitalization rates have increased consistently with Pasco County showing the greatest increase in the tri-county study area (from 5.9 to 7.9 per 10,000 pop.).
- ❑ From 2007 to 2010, the percentage of resident reporting having excellent, very good or good general health decreased in Pasco County (from 81.1% to 80.8%).
- ❑ In 2007, almost one in four adult residents in Pasco County (23.2%) reported not seeing a dentist in the previous year due to cost. Almost one in four women (24.4%) and 30.9% of 18-44 year olds in Pasco County report not seeing a dentist in the past year due to cost.

Healthy Tampa Bay



- ❑ Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased in Pasco County (from 7.2% to 10.2%). Women are almost 3 times more likely than their male counterparts to report having been told by a healthcare provider that they currently have asthma in Pasco County (16% and 3.8% respectively). Women are twice as likely to visit the emergency room than their male counterparts in Pasco County (45.1 and 18.8 per 10,000 pop. respectively).
- ❑ Children 0-4 years old visit the emergency room at a greater rate in Hillsborough County (132.2 per 10,000 pop.) than any other age group in Hillsborough or Pasco counties, with 0-4 year olds in Pasco County being the second most likely (76.5 per 10,000 pop.). Between 2008 and 2010, the percentage of high school students with known asthma increased in Pasco County (from 18.7% to 20.7%).
- ❑ African American residents of all ages visit the emergency room due to asthma at a greater rate in Pasco County (48.8 per 10,000 pop.) than any other ethnicity.
- ❑ Between 2007 and 2011, the emergency room visit rate due to bacterial pneumonia has increased steadily in Pasco County (from 13.0 to 13.5 per 10,000 pop.).

Healthy Tampa Bay



- ❑ Between 2007 and 2011, the average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease increased in Pasco County (from 31.6 to 37.3 per 10,000 pop.), with White, Non-Hispanic residents in Pasco County having a rate that is twice as high as any other ethnicity.
- ❑ Between 2007 and 2010, the percent of adults who have ever been diagnosed with diabetes increased in Pasco County (8.4 % to 8.5%). African American residents have higher rates across all measures of diabetes.
- ❑ Males are more likely than females in Pasco County to be hospitalized (3.4 and 2.5 per 10,000 pop. respectively) due to hepatitis; with White, Non-Hispanic residents showing a greater rate of hospitalizations (3.5 per 10,000 pop.) than other ethnicities.
- ❑ Women 18+ are more likely to visit the emergency room due to urinary tract infections than their male counter parts in Pasco County (193.0 and 29.2 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counter parts in Pasco County (29.9 and 13.6 per 10,000 pop. respectively).
- ❑ While the death rate for prostate cancer has decreased between 2007 and 2010 in Pasco County (from 16.5 to 13.5 per 100,000 pop.), African American residents have a greater death rates (41.2 per 100,000 pop.) than any other ethnicity in the County (>14.8 per 100,000 pop.).

Healthy Tampa Bay



- ❑ Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pasco County (from 106.2 to 107.7 per 100,000 pop.).
- ❑ While the death rate due to a stroke has decreased between 2008 and 2010 in Pasco County (from 28.3 to 26.4 per 100,000 pop.); women are at a slightly greater risk of death related to a stroke than their male counterparts in Pasco County (28.1 and 23.7 per 100,000 pop. respectively). In Pasco County, Hispanic residents are at a greater risk of stroke related death (35 per 100,000 pop.) than other ethnicities.
- ❑ While the death rate for Coronary Heart disease has decreased in Pasco County (from 119.2 to 105.3 per 100,000 pop.), African American residents have a greater death rate (151 per 100,000 pop.) than any other ethnicity in the county. Additionally, men in Pasco County have a death rate that is two times as high as women (149.1 and 68 per 100,000 pop. respectively).
- ❑ While the death rate for motor vehicle collisions has decreased in Pasco County (from 22.6 to 15.5 per 100,000 pop.) from 2008 to 2010, African American residents have a greater death rate (34.2 per 100,000 pop.) than any other ethnicity (>15.9 per 100,000 pop.) in the county. Additionally, men in Pasco County have a death rate that is two times as high as the women (20.8 and 10.3 per 100,000 pop. respectively). Motorcycle fatalities increased in Pasco County from 8 in 2009 to 15 in 2010.

Healthy Tampa Bay

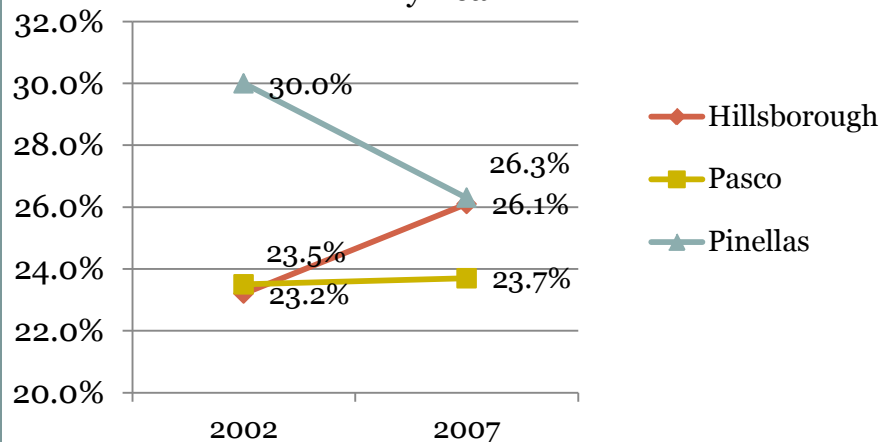


- ❑ Between 2008 and 2010, Pasco County has shown consistently higher death rates for unintentional injuries (from 74.8 to 74.2 per 100,000 pop.) when compared to Pinellas (from 56.9 to 58.1 per 100,000 pop.) and Hillsborough (from 50.7 to 52 per 100,000 pop.) counties.
- ❑ Between 2008 and 2010, the death rate due to suicide in Pasco County increased slightly in 2009 and decreased again in 2010. Men are much more likely than women (34.7 and 5.1 per 100,000 pop. respectively) and White residents are more likely when compared to other ethnicities (20.8 to >7.9 per 100,000 pop.) to die as a result of suicide.
- ❑ Between 2008 and 2010, the infant mortality rate decreased in Pasco County (from 6.0 to 5.3 per 1,000 live births) and then increased again between 2009 and 2010 (from 5.3 to 6.2 per 1,000 live births). African Americans show an infant mortality rate that is almost two times any other ethnicity in Pasco County (18.2 to >9.3 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 Pasco County (from 26.4% to 26.2%).
- ❑ Between 2007 and 2010, the percentage of women aged 40 and over who reported having had a mammogram in the past year decreased in Pasco County (from 63.9% to 63.3%).
- ❑ Between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Pasco County (from 66.2% to 55.3%).

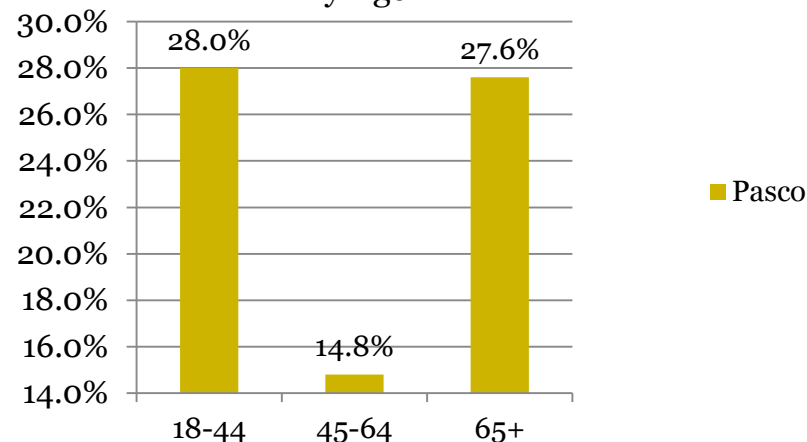
Healthy Tampa Bay Data – Adult Fruit and Vegetable Consumption

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

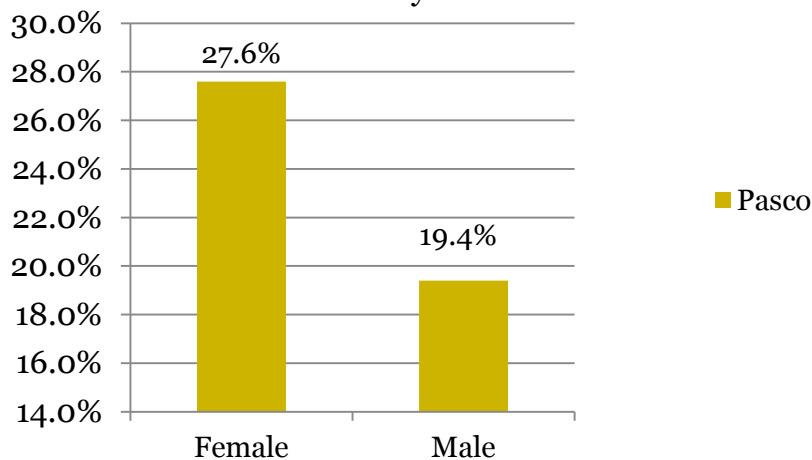
By Year



By Age

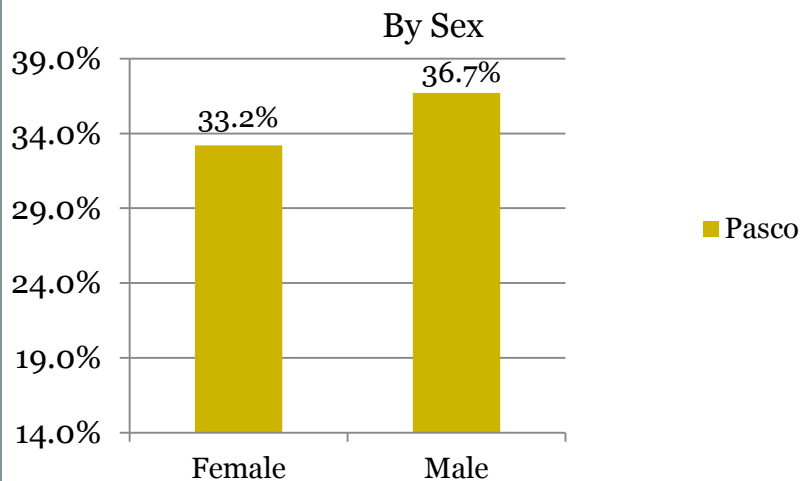
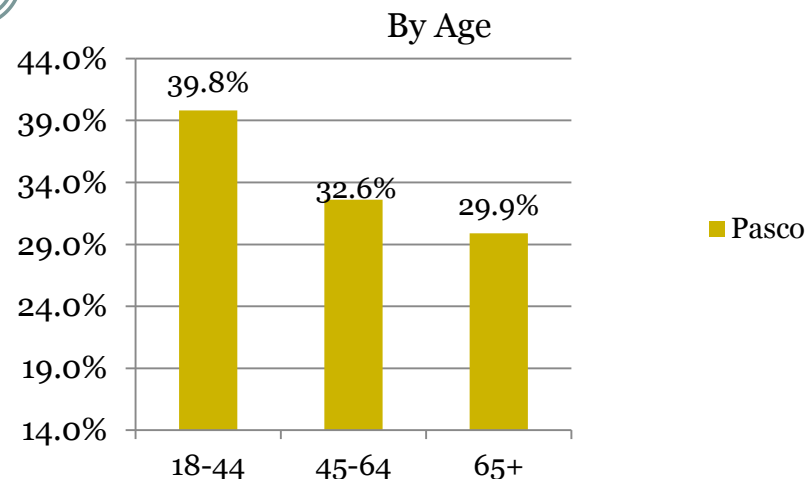
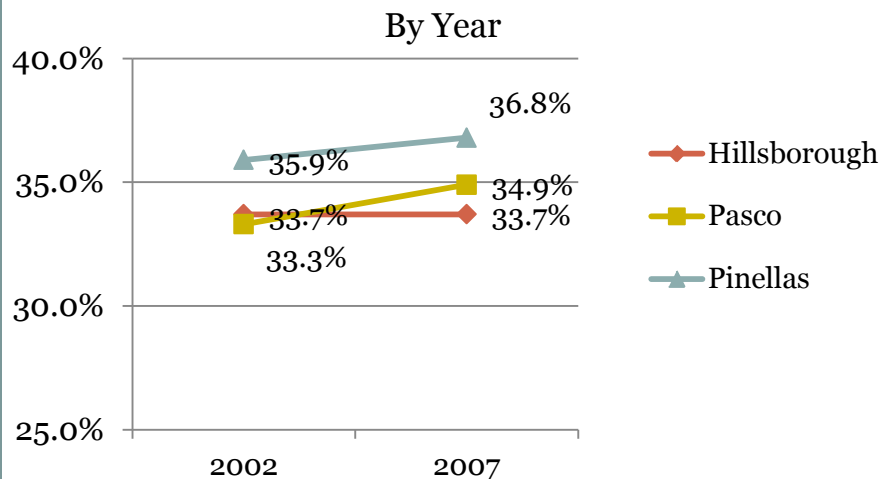


By Sex



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.*

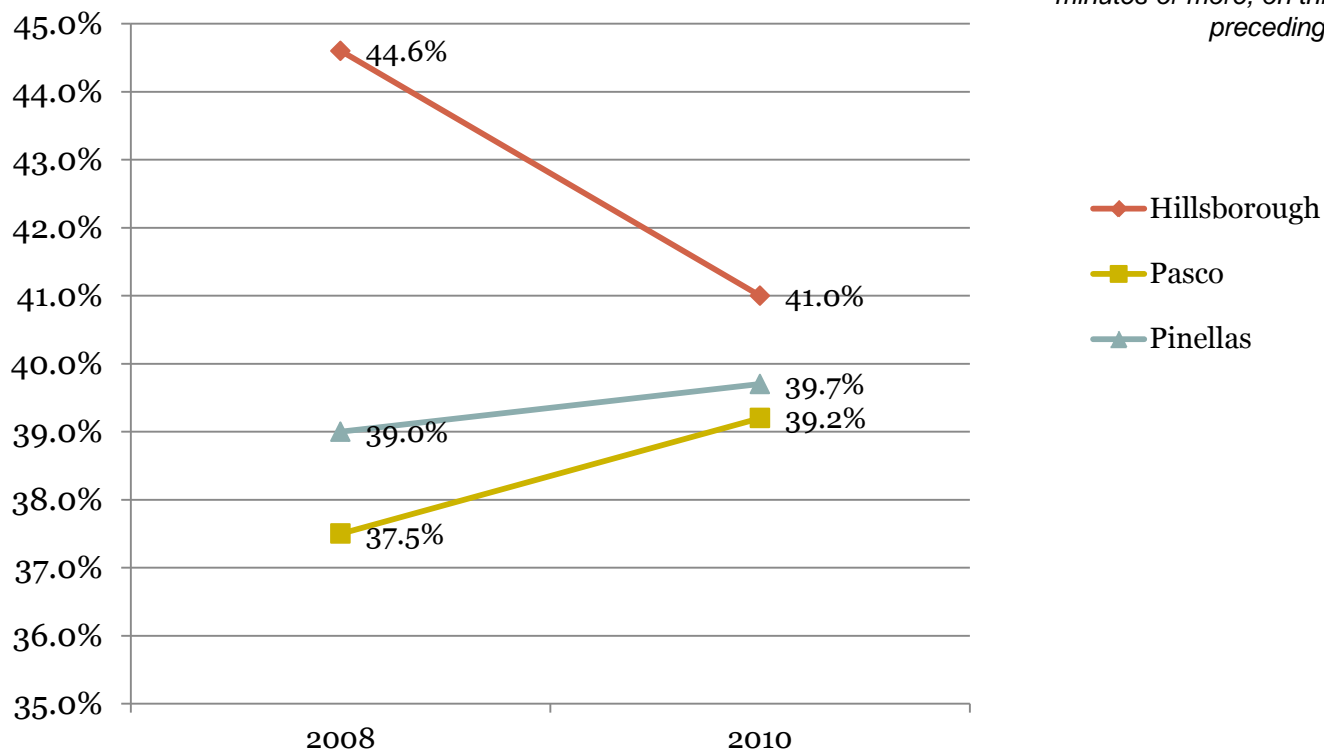


Healthy Tampa Bay Data – Teens without Sufficient Physical Activity



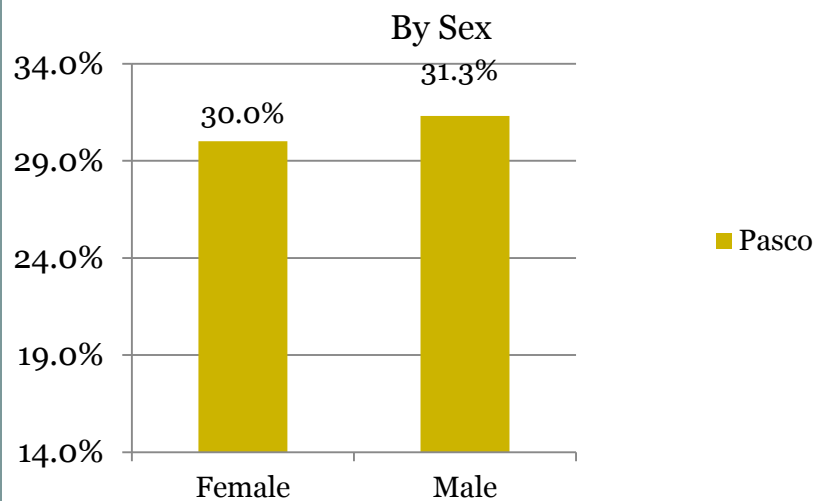
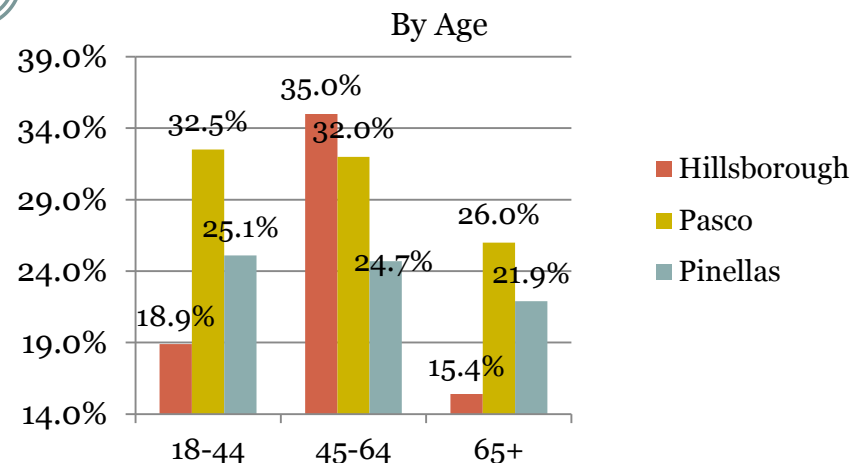
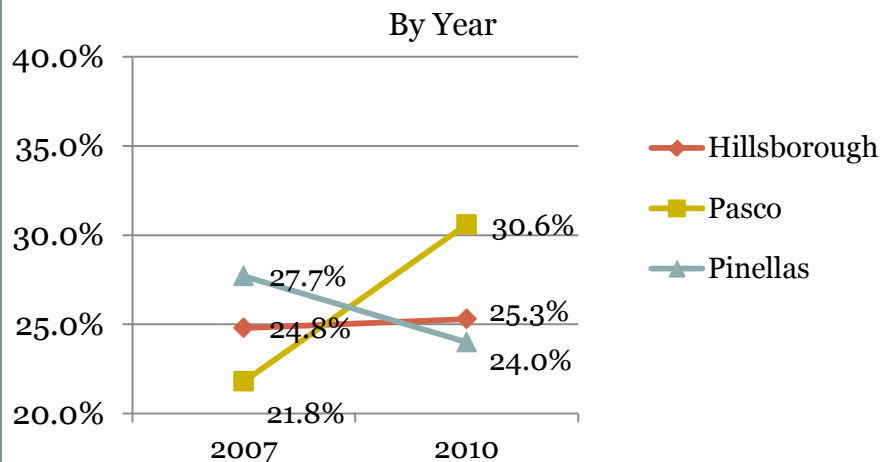
By Year

- 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.



Healthy Tampa Bay Data – Adults Who are Obese

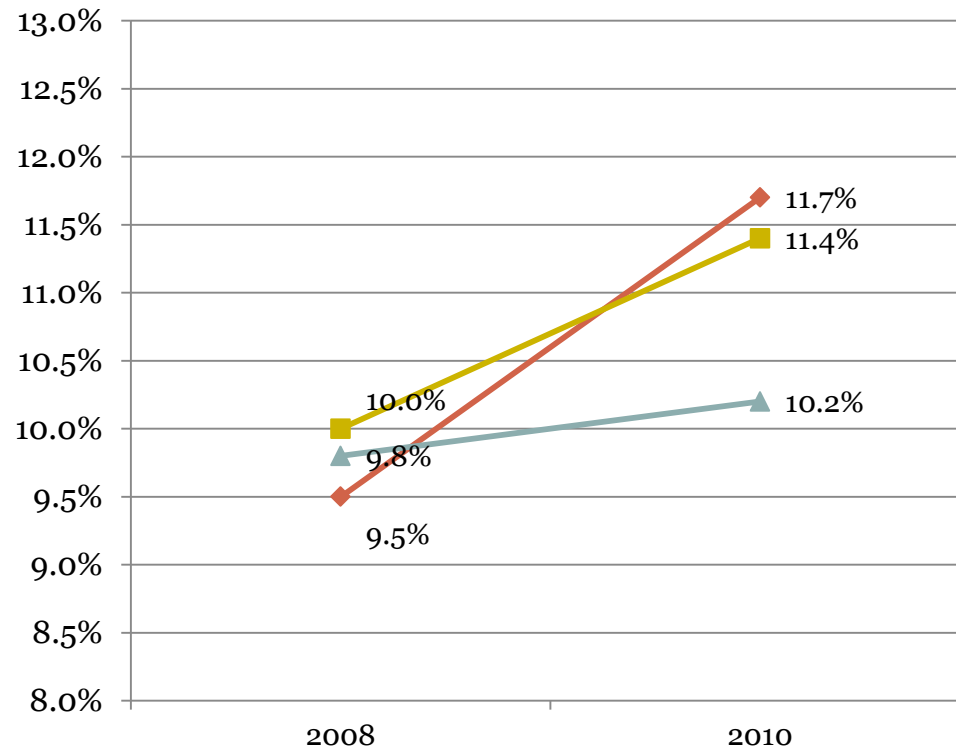
**percent of adults (aged 18 and up) who are obese according to BMI (BMI ≥ 30).*



Healthy Tampa Bay Data – Teens who are Obese



By Year



- shows the percentage of high school students who are obese (i.e., \geq 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. ($BMI = \text{Weight (Kg)} / [\text{Height (cm)}^2]$)

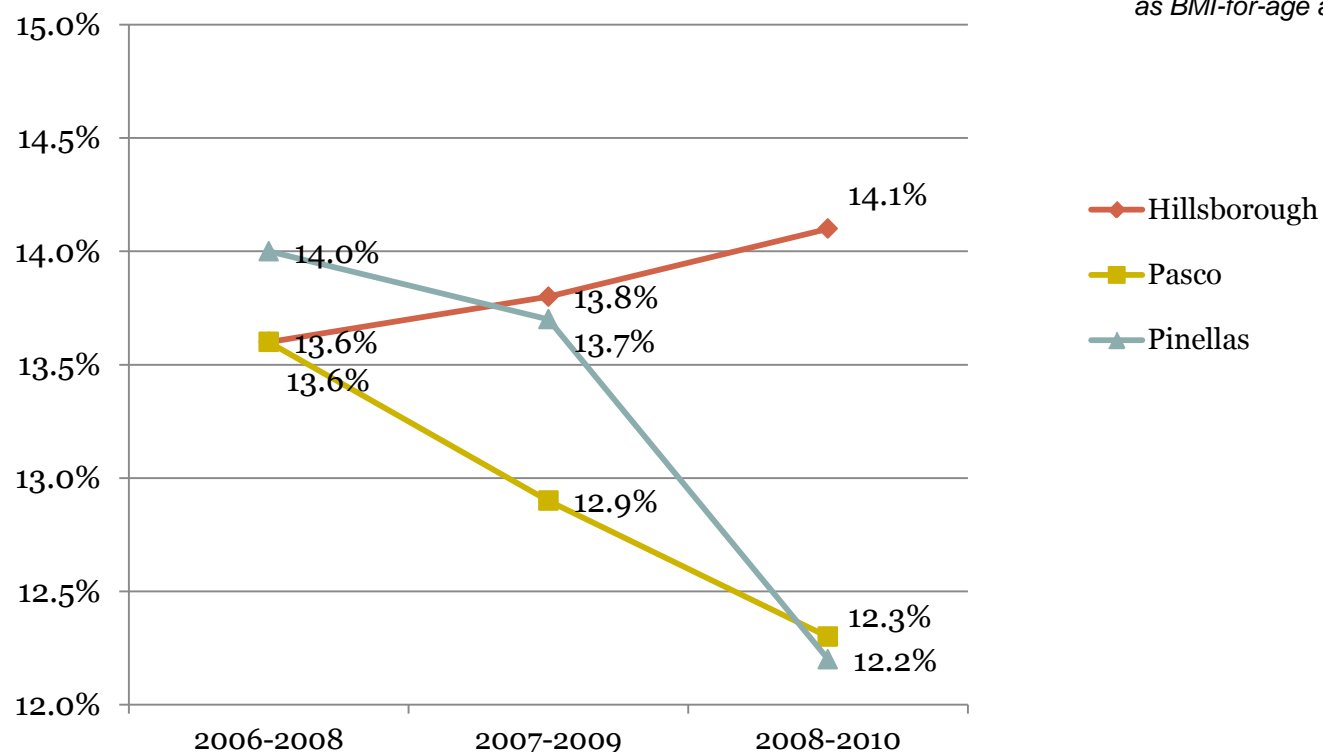
—◆— Hillsborough
—■— Pasco
—▲— Pinellas

Healthy Tampa Bay Data – Low-Income Preschool Obesity



By Year

- 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.

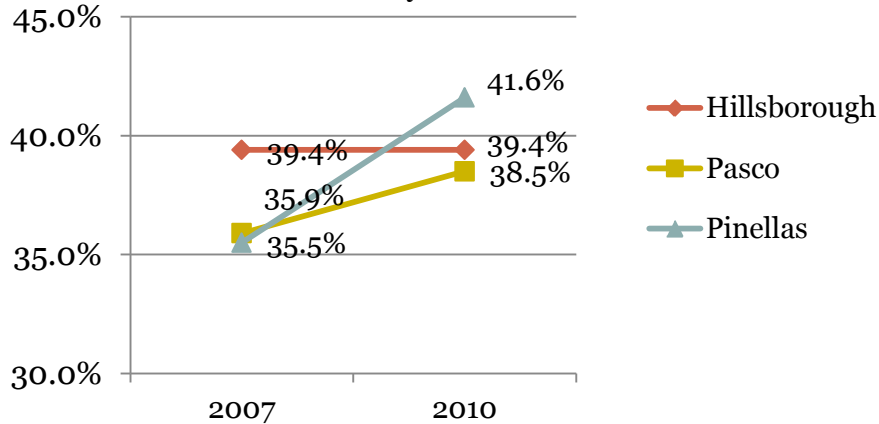


Healthy Tampa Bay Data – Adults Who are Overweight

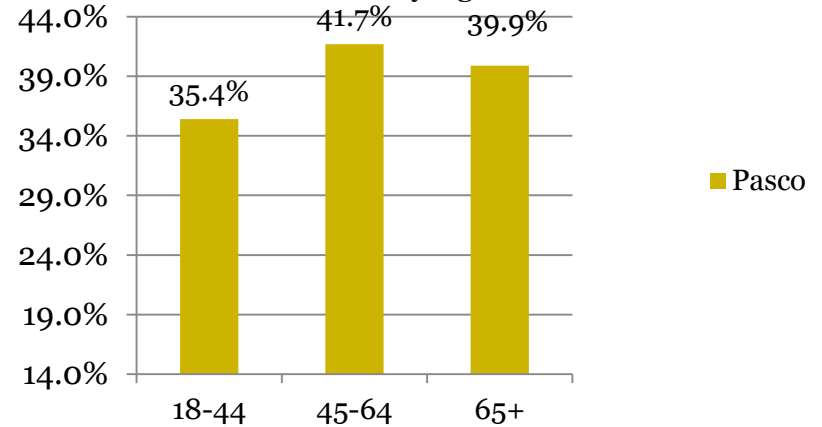
**percent of adults (aged 18 and up) who are overweight according to BMI (BMI between 25 and 29.9).*



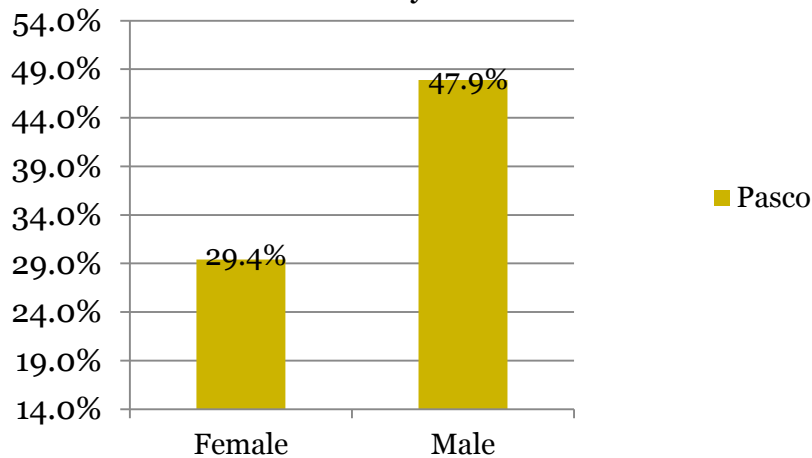
By Year



By Age



By Sex

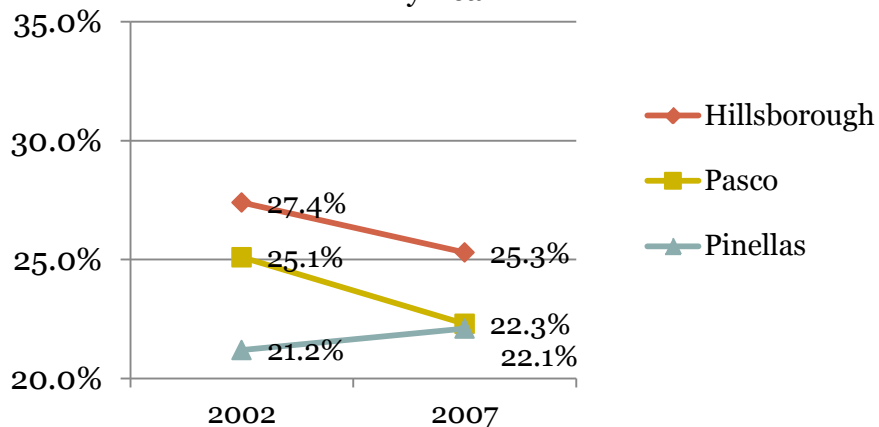


Healthy Tampa Bay Data – Adults Who are Sedentary

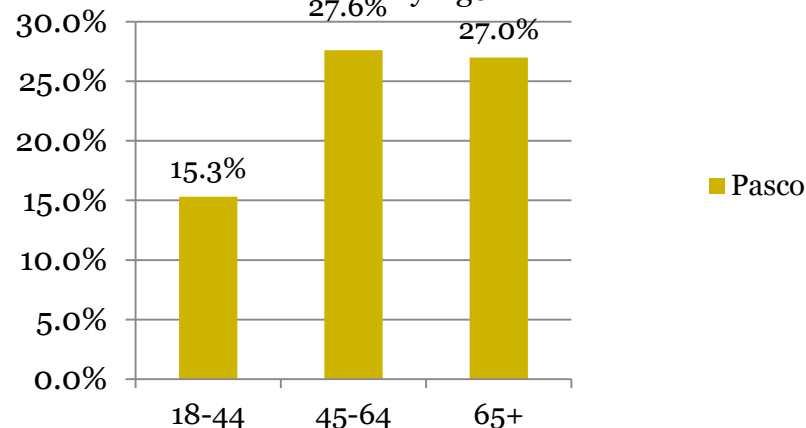
**percent of adults who do not participate in any leisure-time physical activities (physical activities or exercises other than their regular job).*



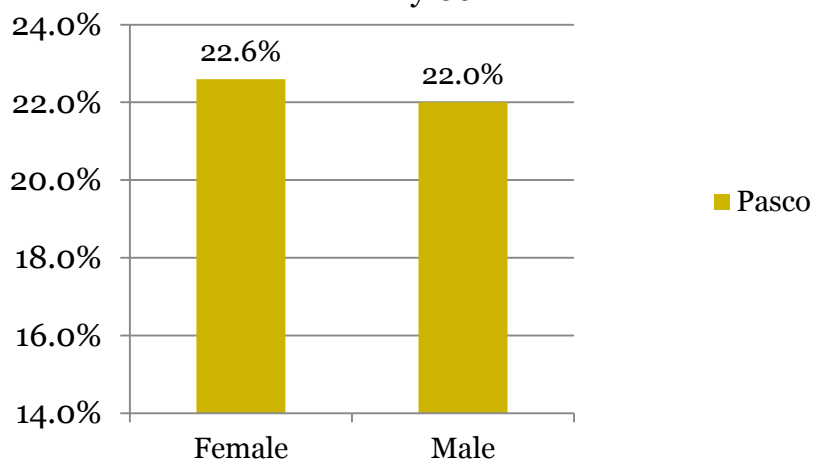
By Year



By Age

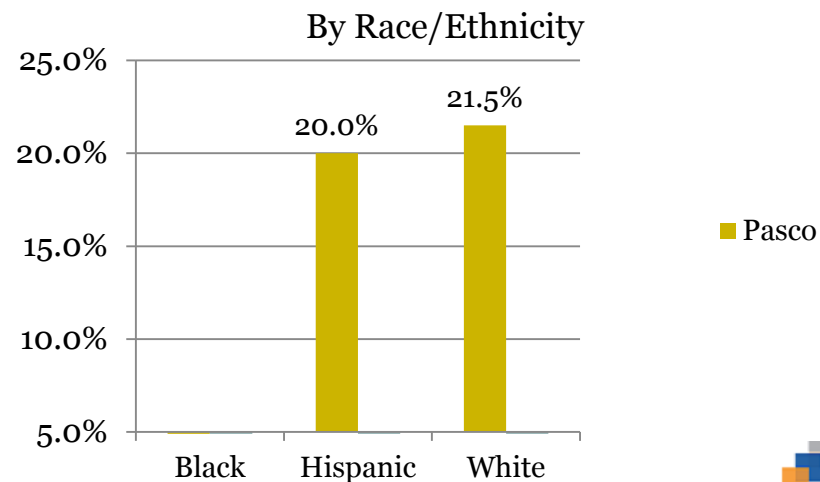
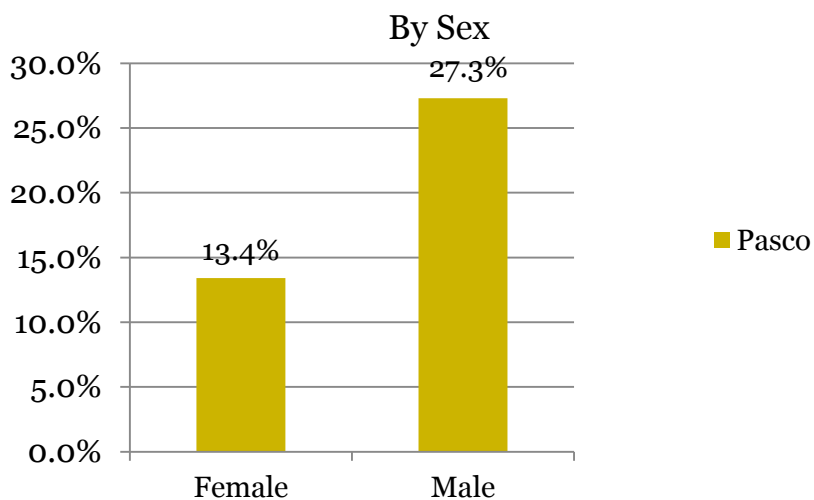
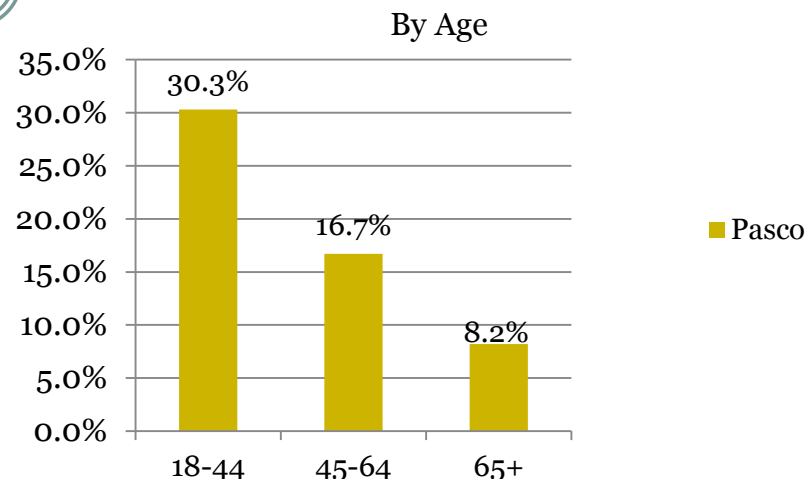
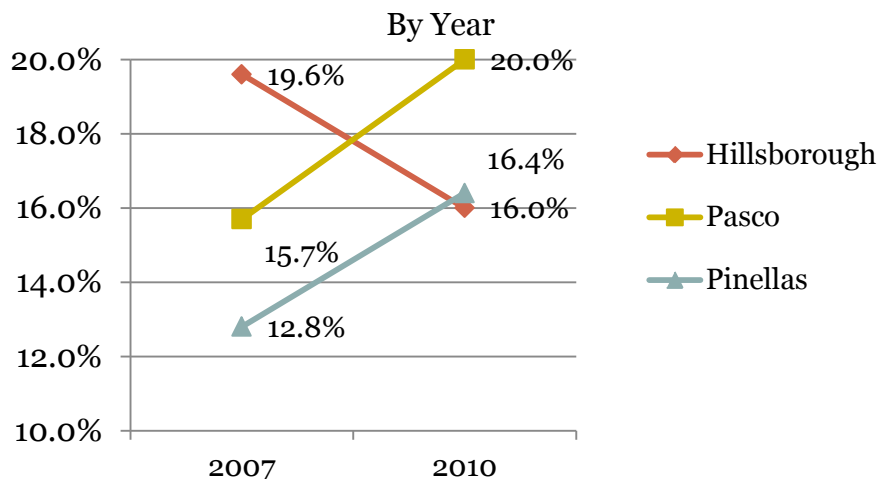


By Sex



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.*

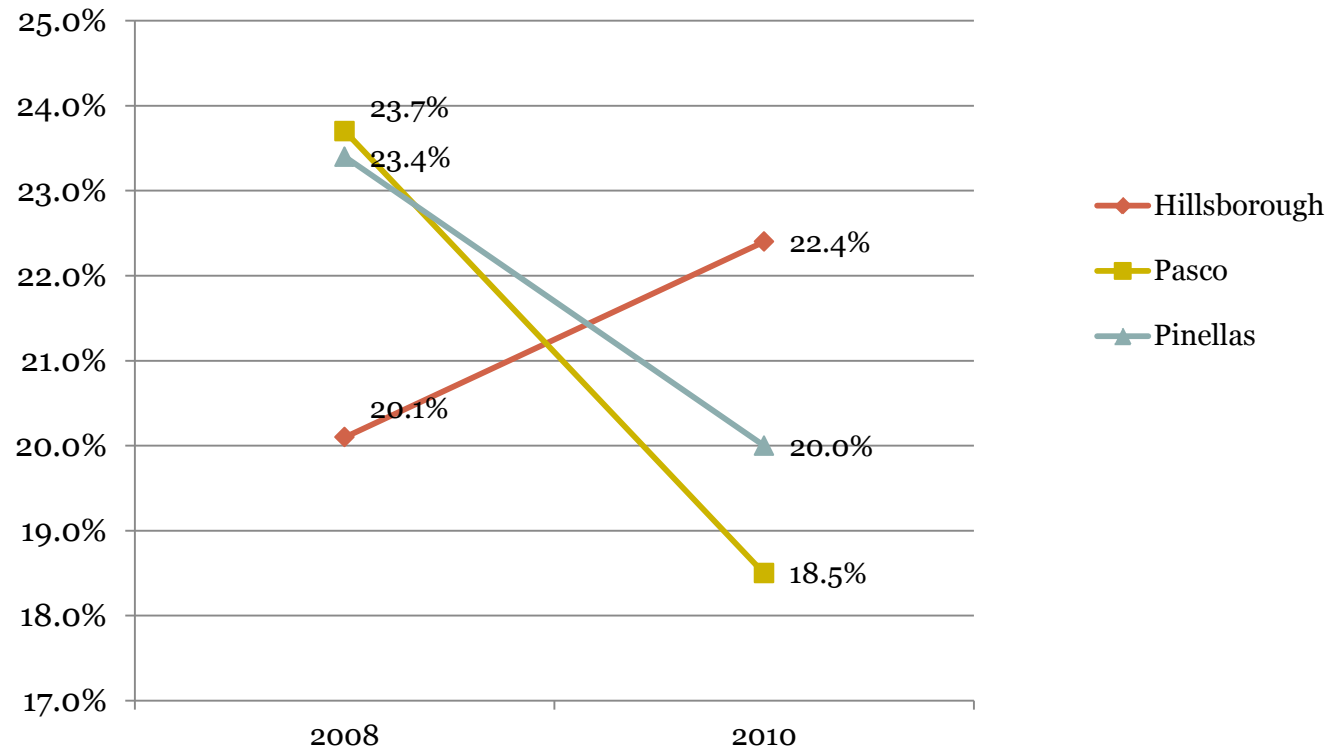


Healthy Tampa Bay Data – Teens who Binge Drink



By Year

- 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.

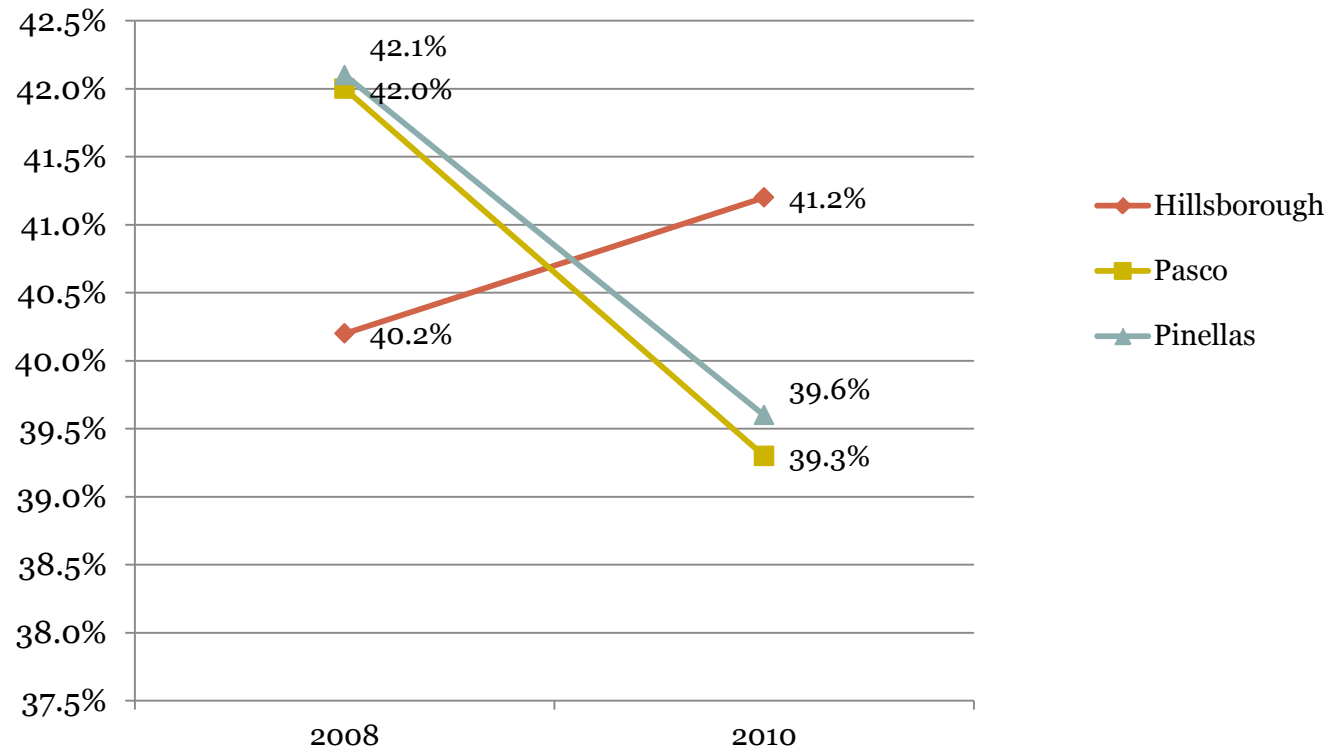


Healthy Tampa Bay Data – Teens who Use Alcohol



By Year

- 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.

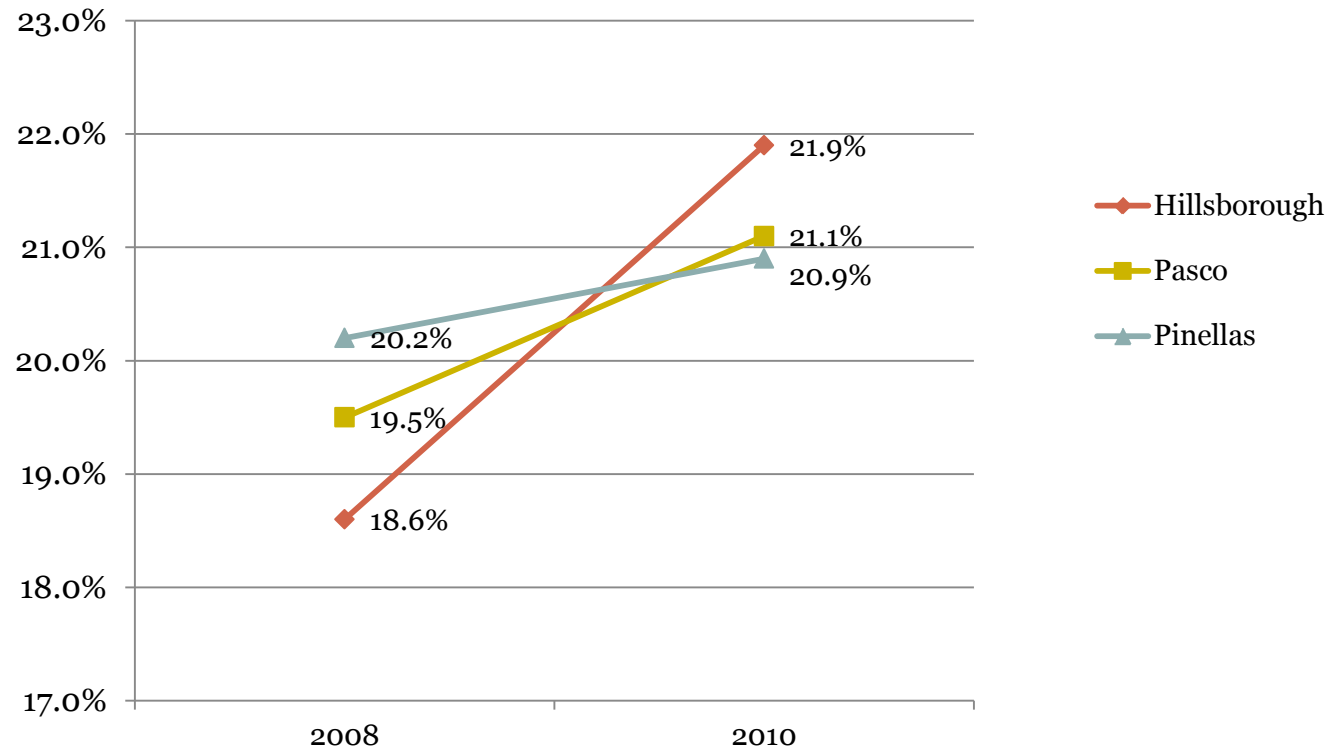


Healthy Tampa Bay Data – Teens who Use Marijuana



By Year

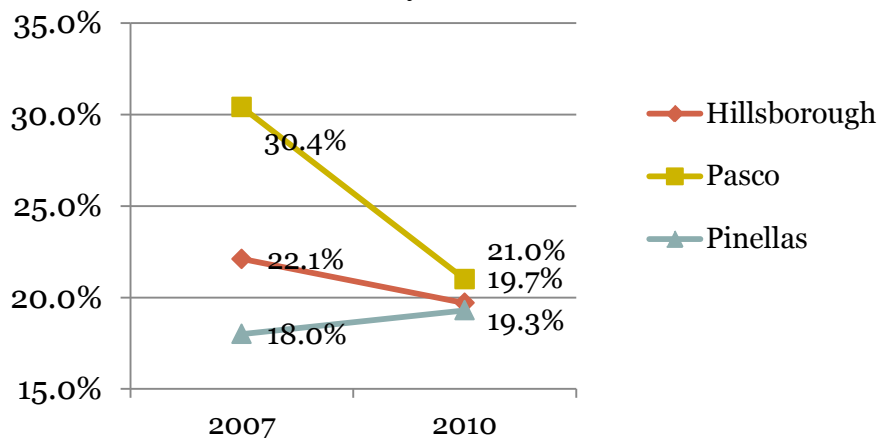
- shows the percentage of high school students who used marijuana one or more times during the 30 days before the survey was administered.



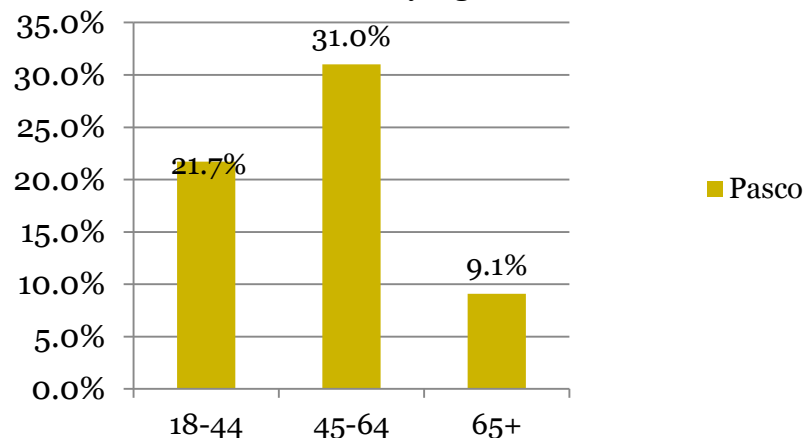
Healthy Tampa Bay Data – Adults Who Smoke

**percent of adults who
currently smoke cigarettes.*

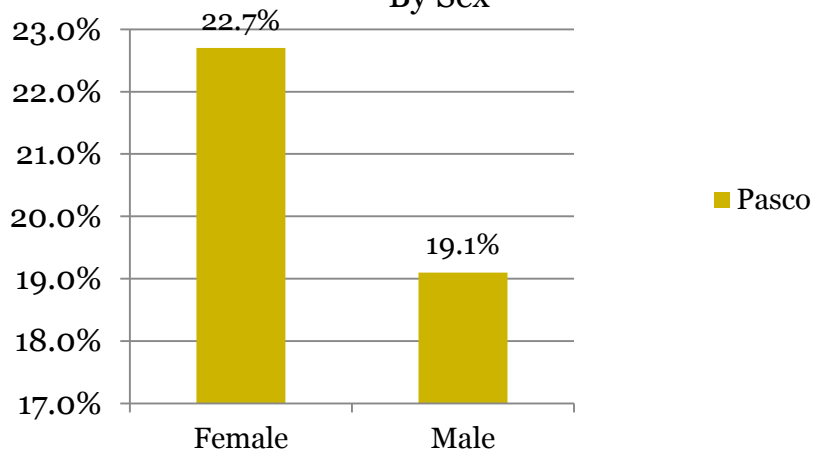
By Year



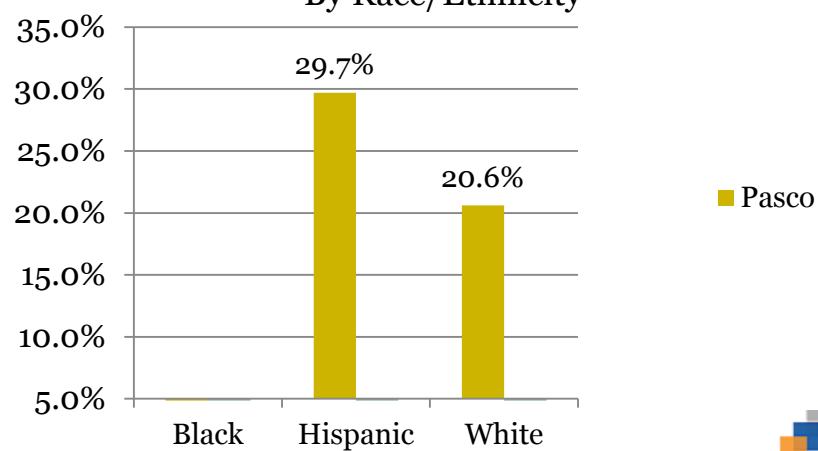
By Age



By Sex



By Race/Ethnicity

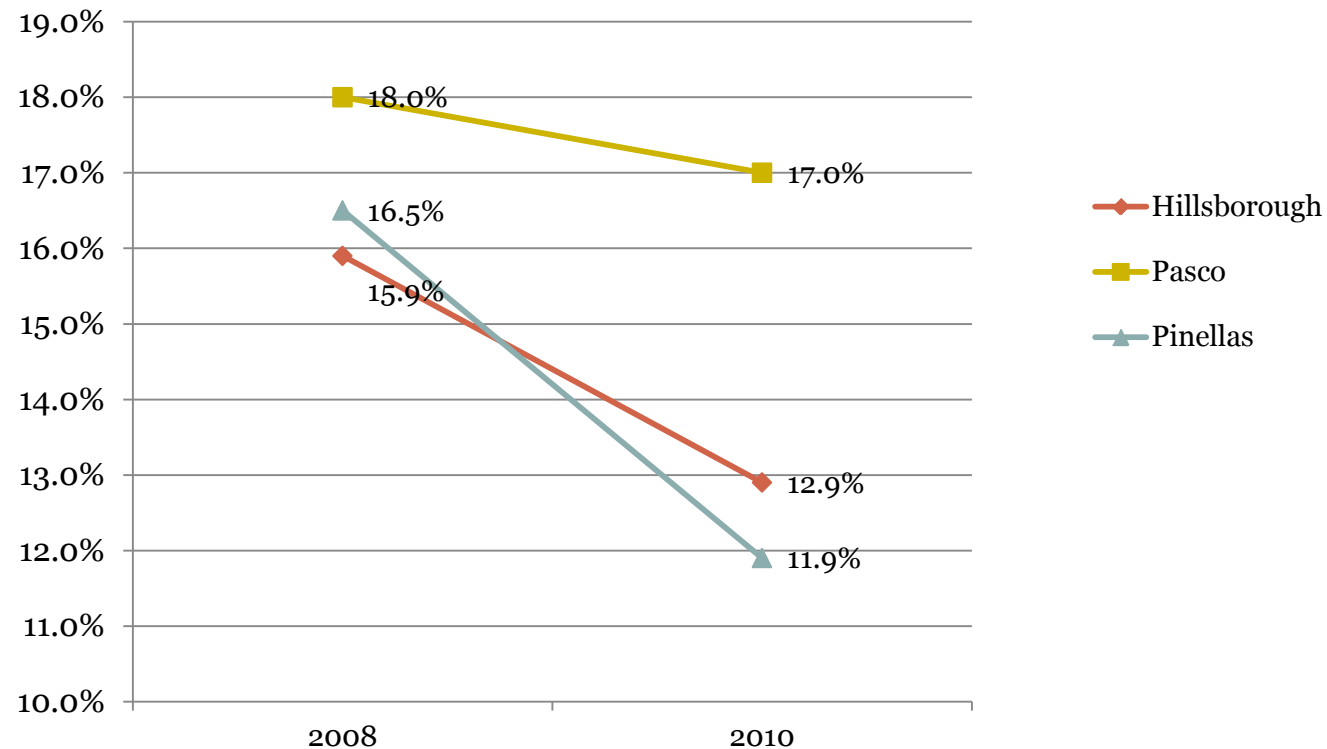


Healthy Tampa Bay Data – Teens who Smoke



By Year

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

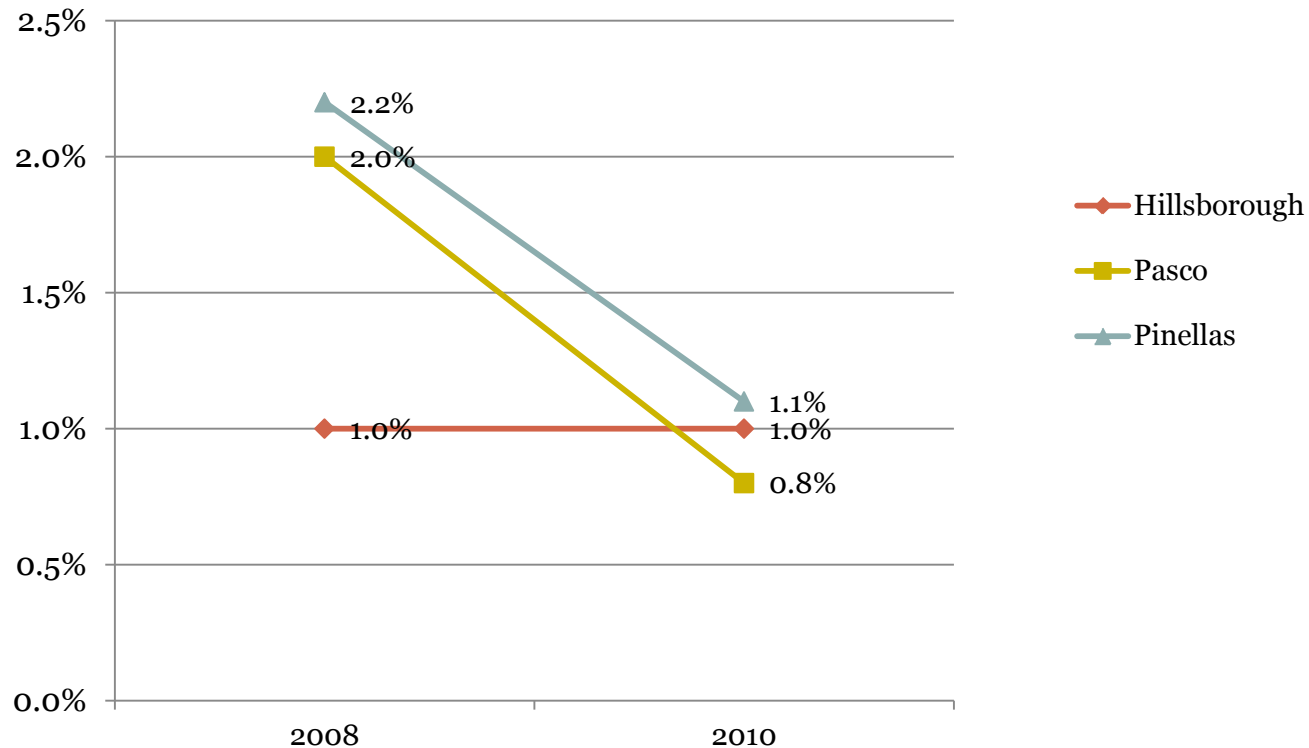


Healthy Tampa Bay Data – Teens who have Used Methamphetamines



By Year

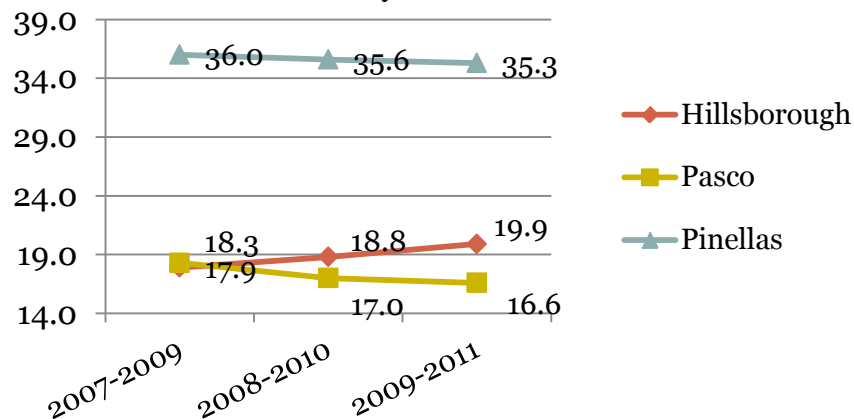
- shows the percentage of high school students who have used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life.



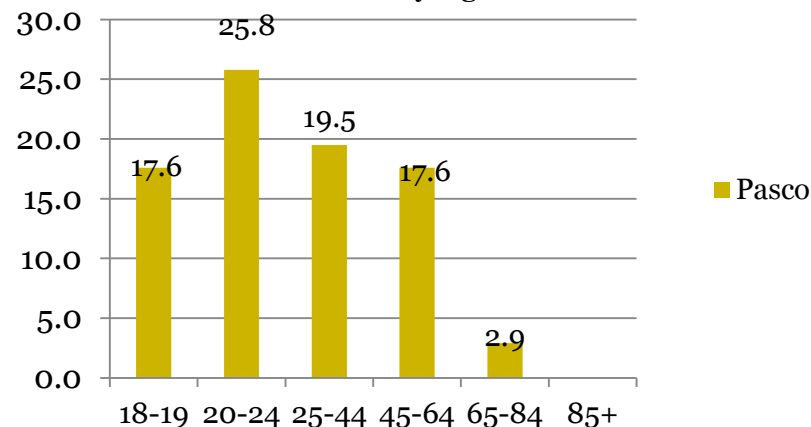
Healthy Tampa Bay Data – ER Rate due to Alcohol Abuse

*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.

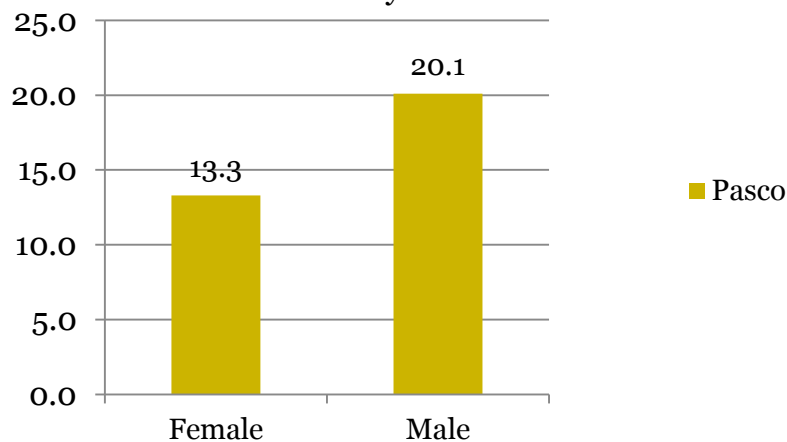
By Year



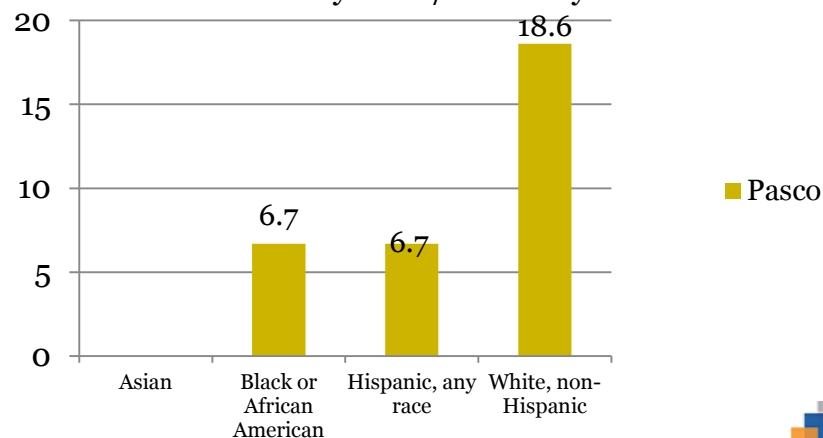
By Age



By Sex

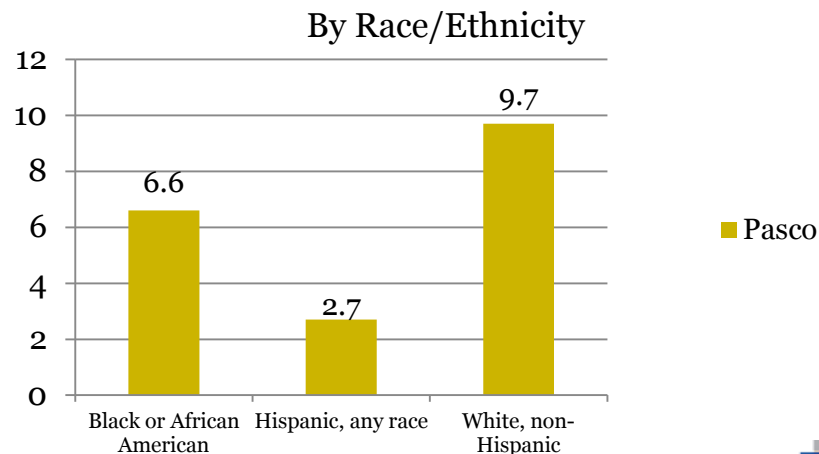
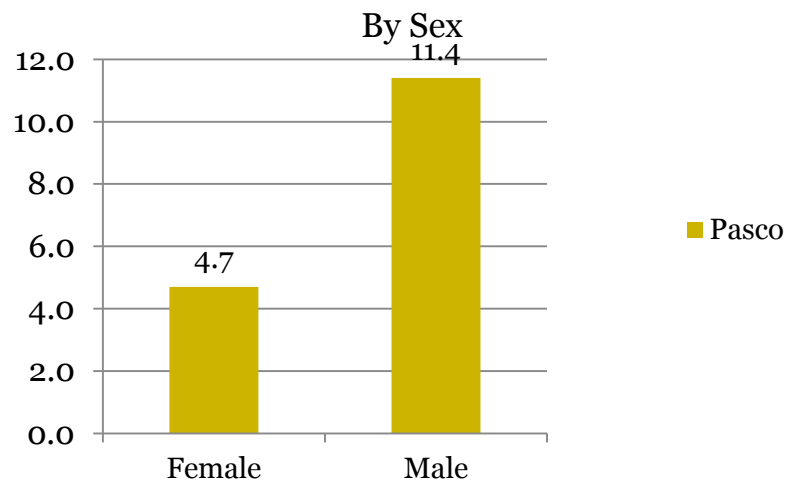
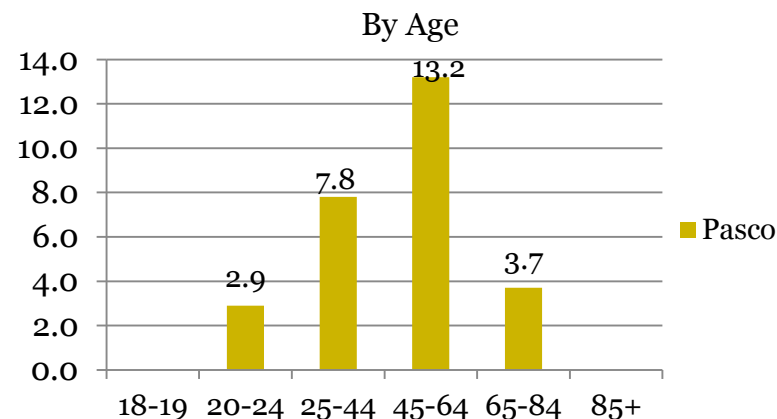
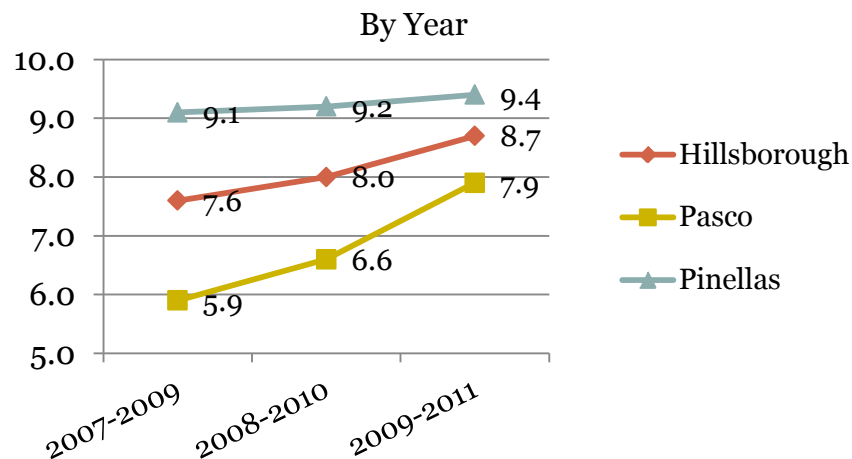


By Race/Ethnicity



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.*

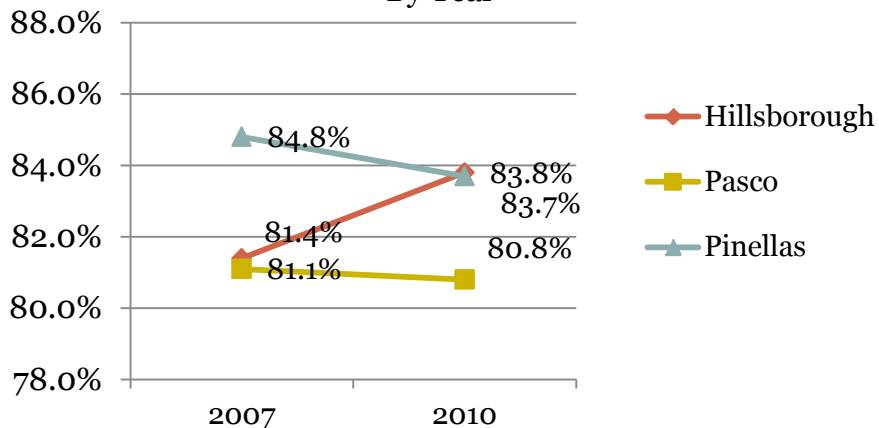


Healthy Tampa Bay Data – Self Reported General Health Assessment

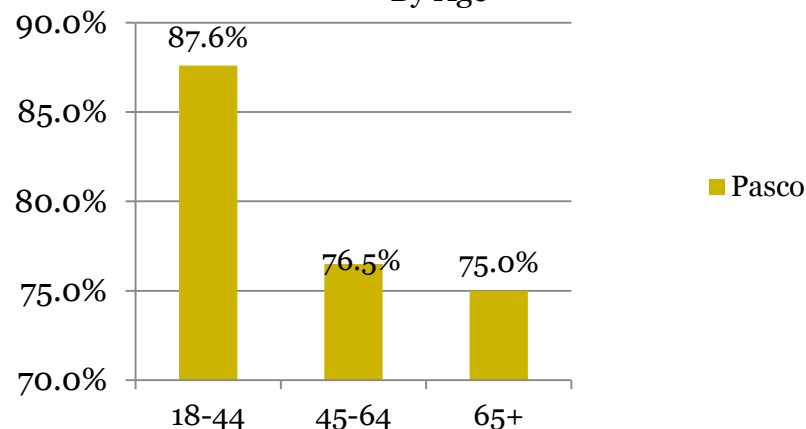
**shows the percentage of people answering excellent, very good, or good to: "how is your general health?"*



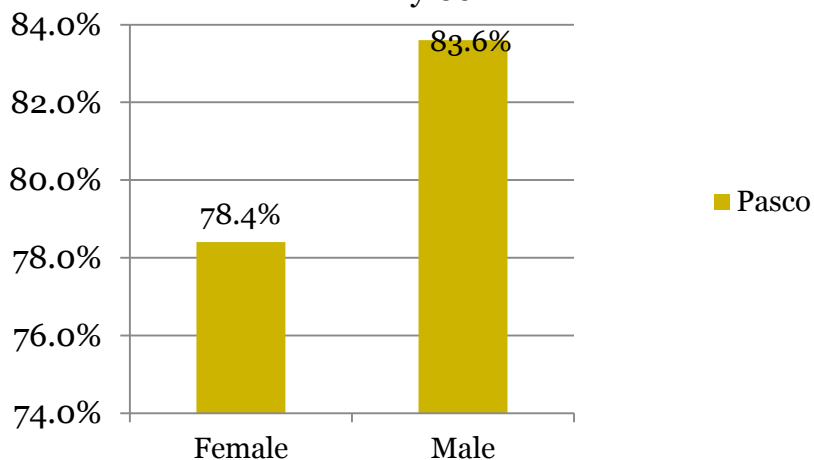
By Year



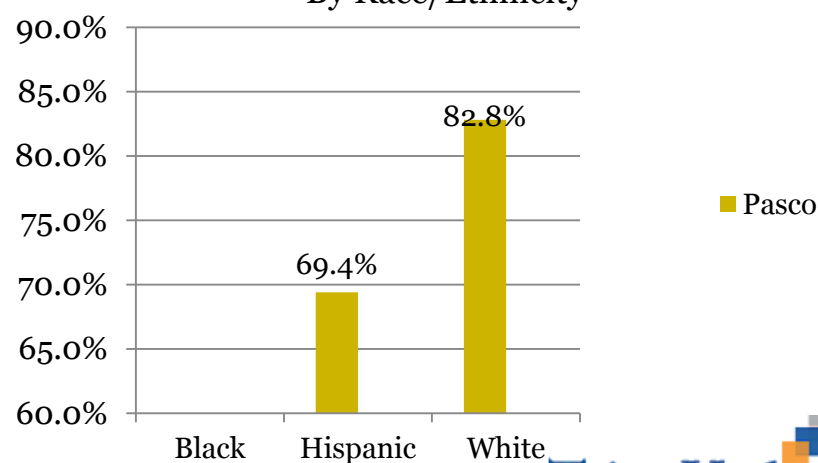
By Age



By Sex



By Race/Ethnicity

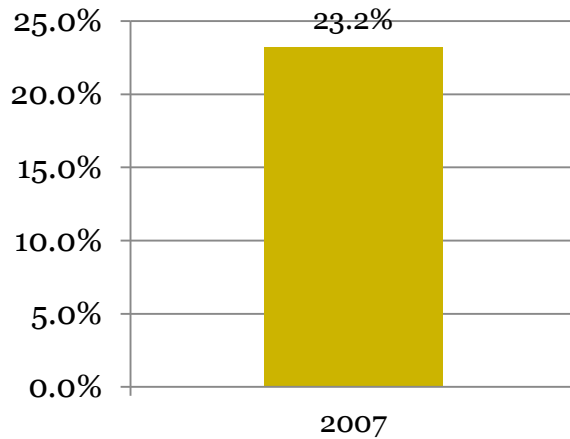


Healthy Tampa Bay Data – Adults Who Did Not Visit a Dentist Due To Cost

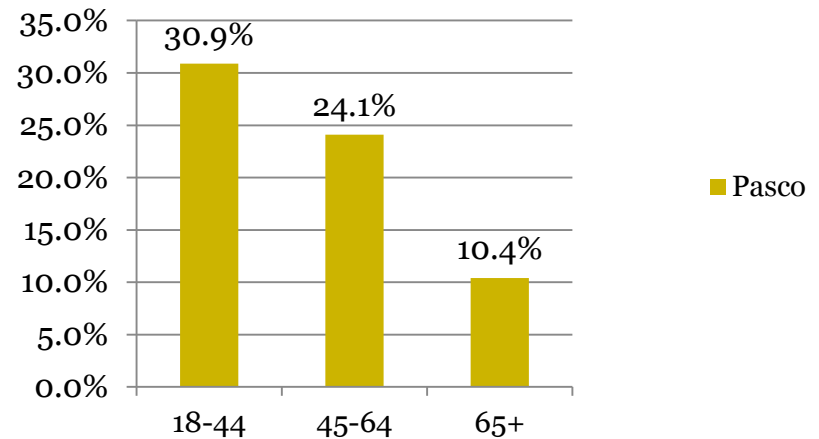
**percent of adults who could not see a
dentist in the past year due to cost.*



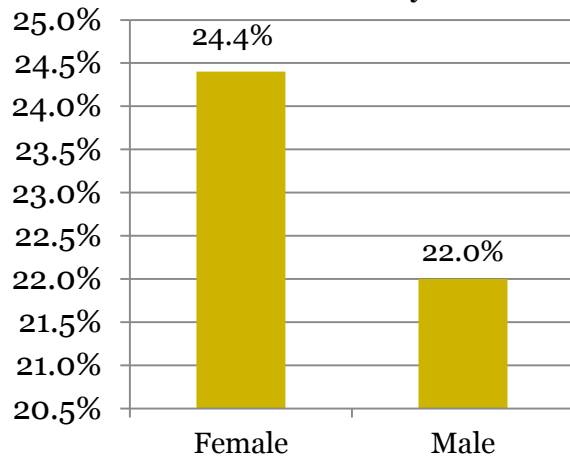
By Year



By Age



By Sex

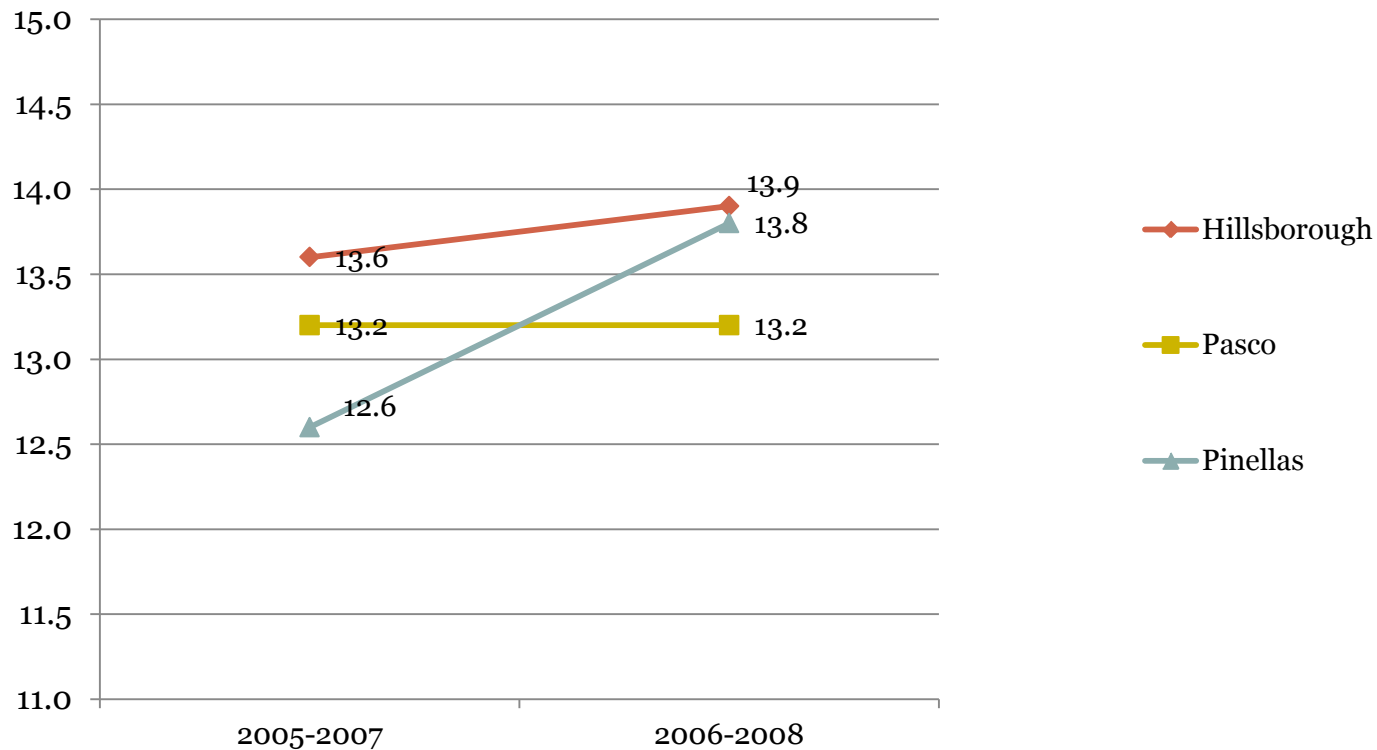


Healthy Tampa Bay Data – Oral Cavity and Pharynx Cancer Incidence Rate



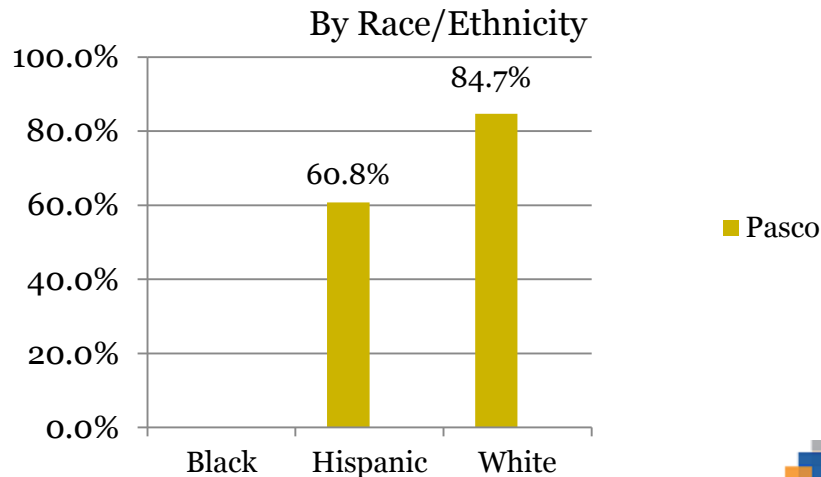
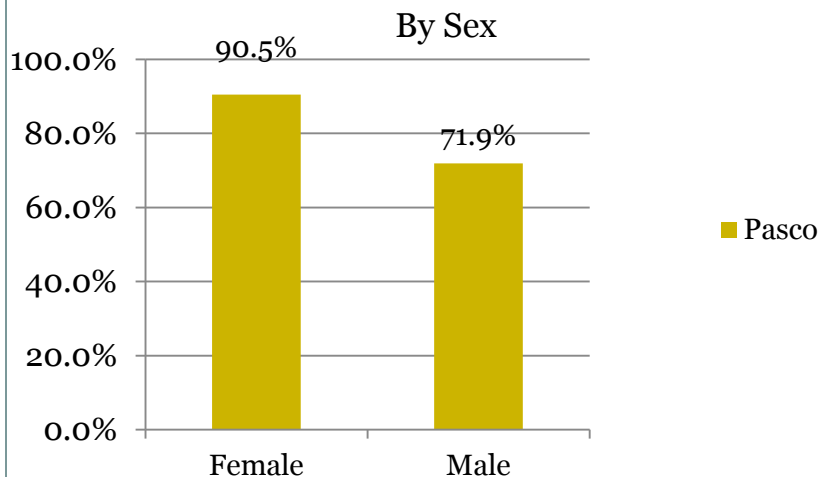
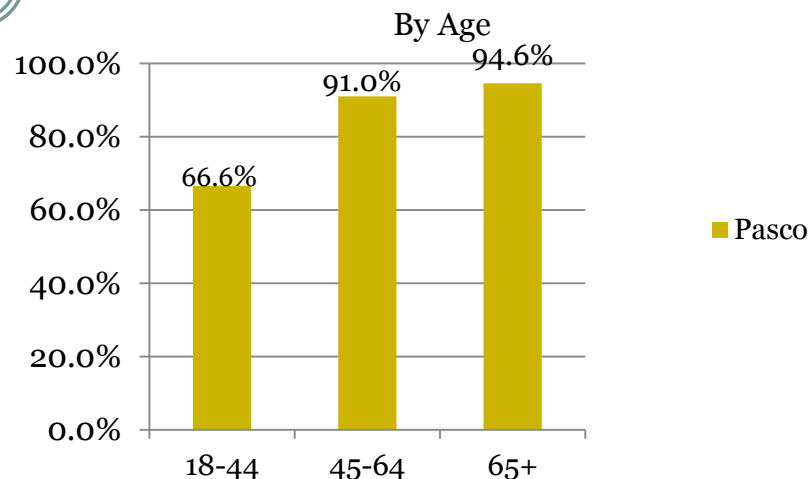
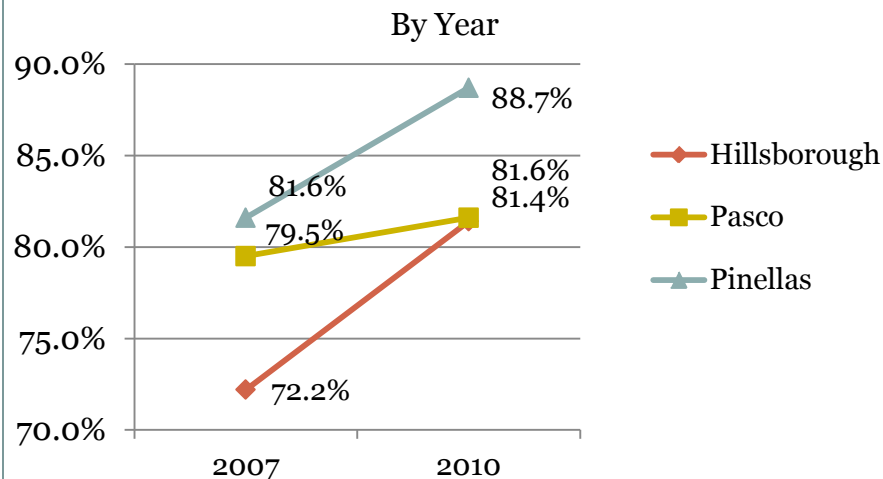
**shows the age-adjusted incidence rate for oral cavity
and pharynx cancer in cases per 100,000 population.*

By Year



Healthy Tampa Bay Data – Adults with an Unusual Source of Healthcare

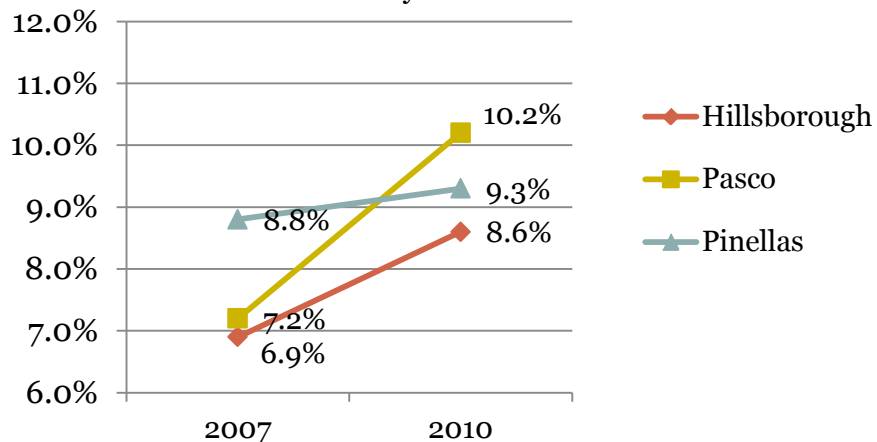
**percent of adults that report having one or more persons they think of as their personal doctor or health care provider.*



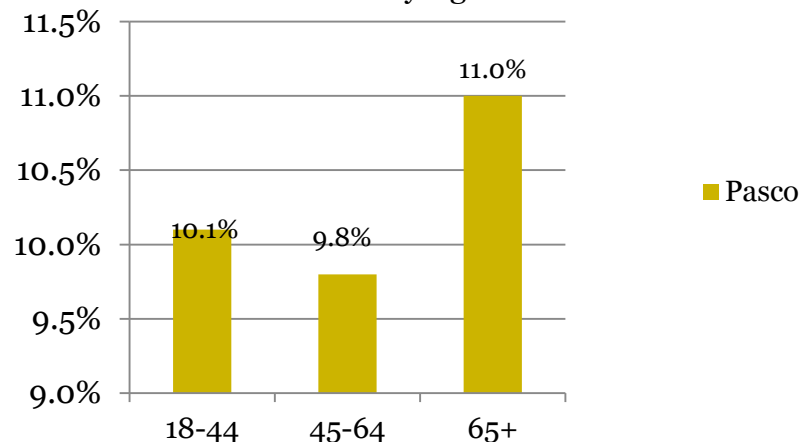
Healthy Tampa Bay Data – Adults with Asthma

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

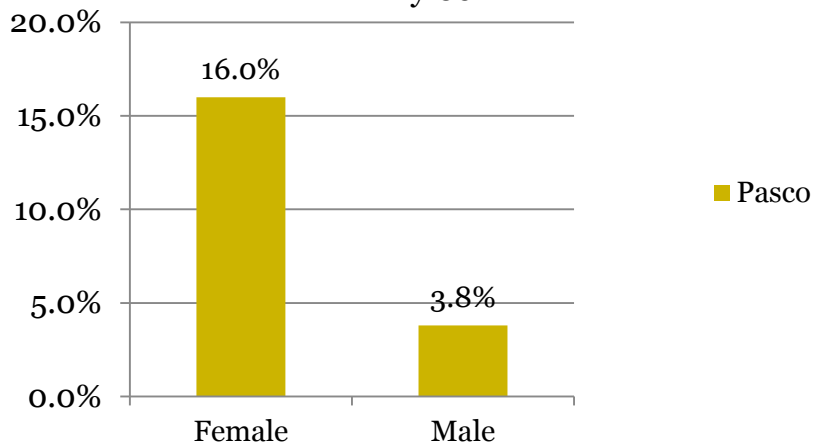
By Year



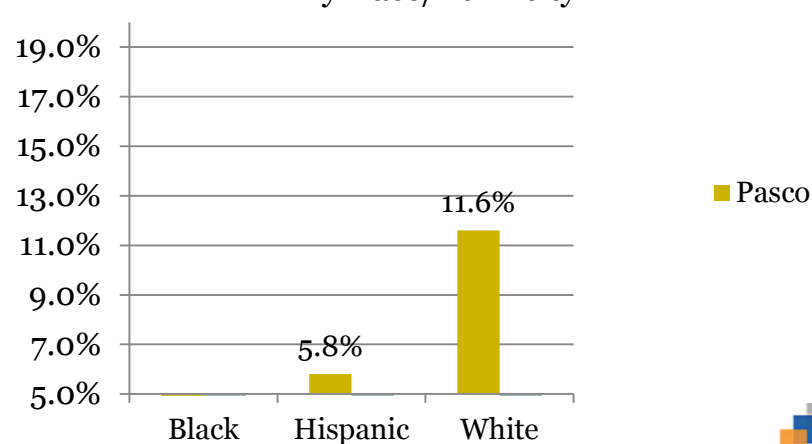
By Age



By Sex



By Race/Ethnicity

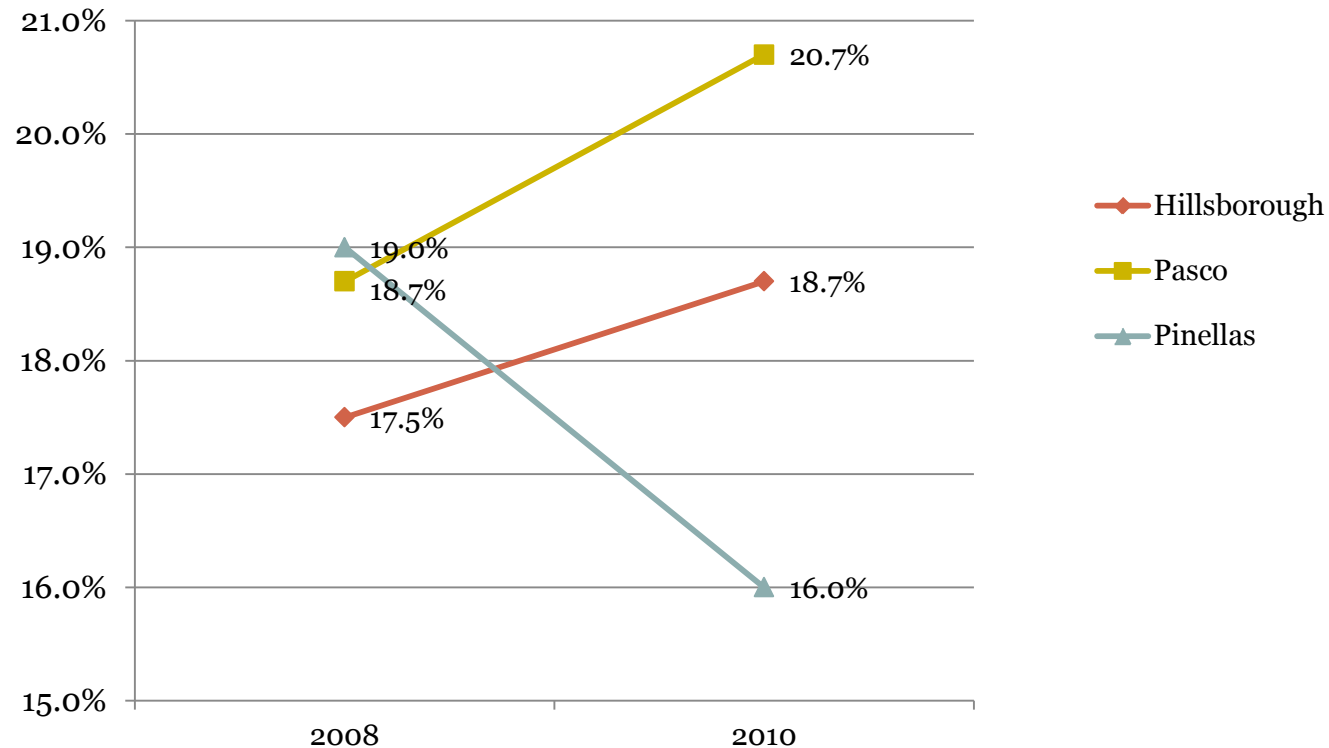


Healthy Tampa Bay Data – Teens with Asthma



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

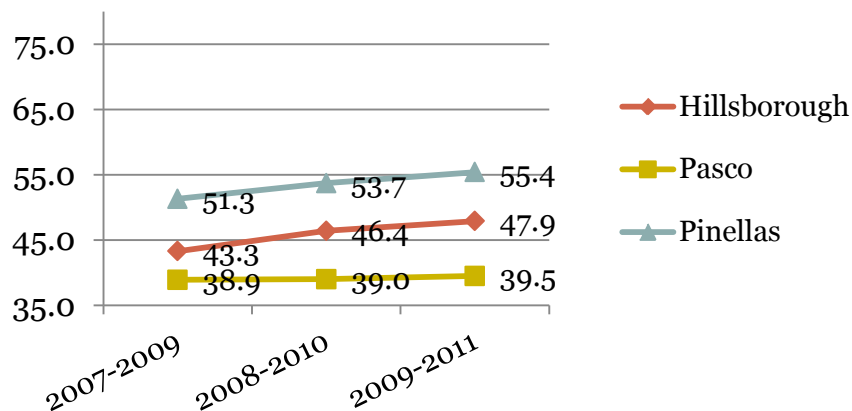
By Year



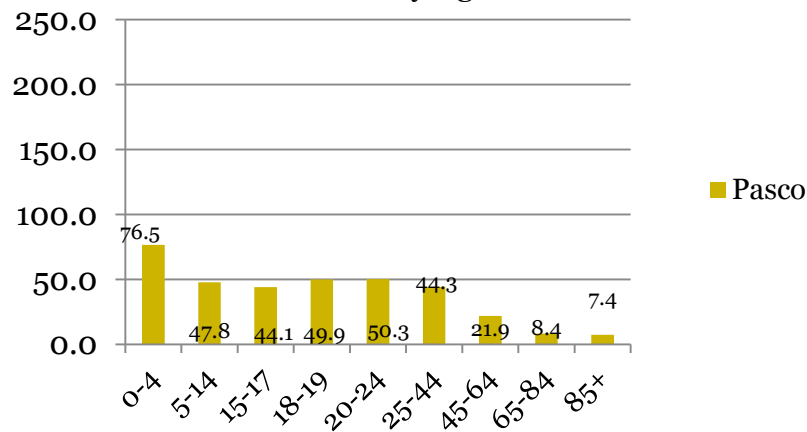
Healthy Tampa Bay Data – ER Rate due to Asthma

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

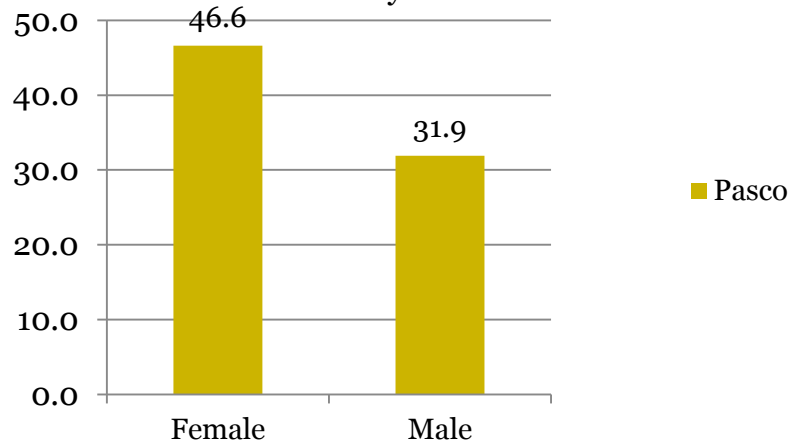
By Year



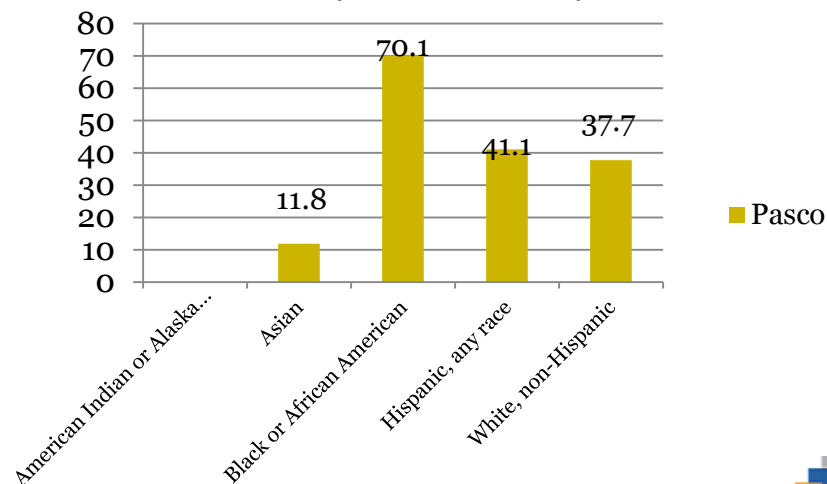
By Age



By Sex



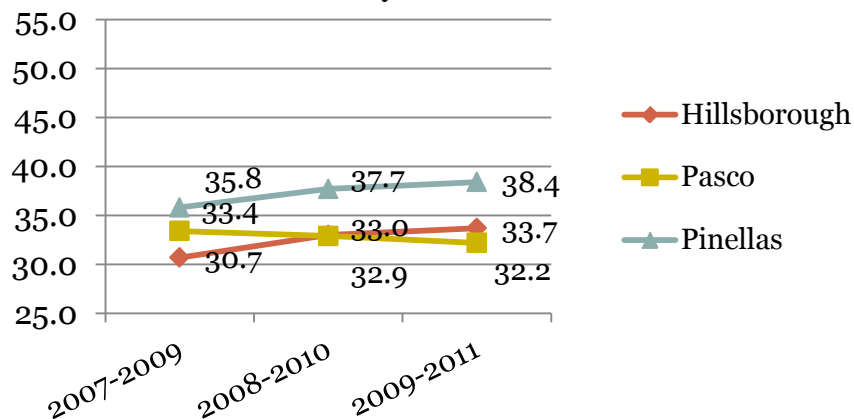
By Race/Ethnicity



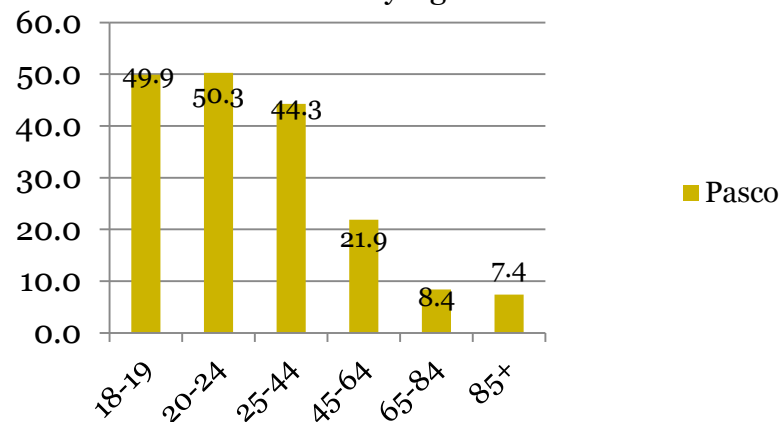
Healthy Tampa Bay Data – ER Rate due to Adult Asthma

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

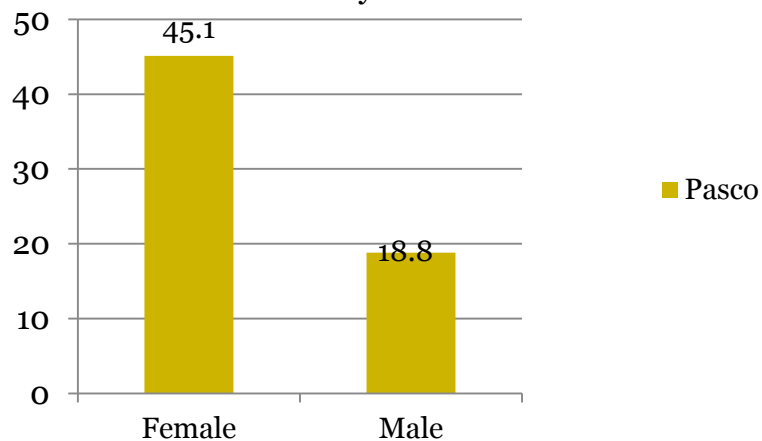
By Year



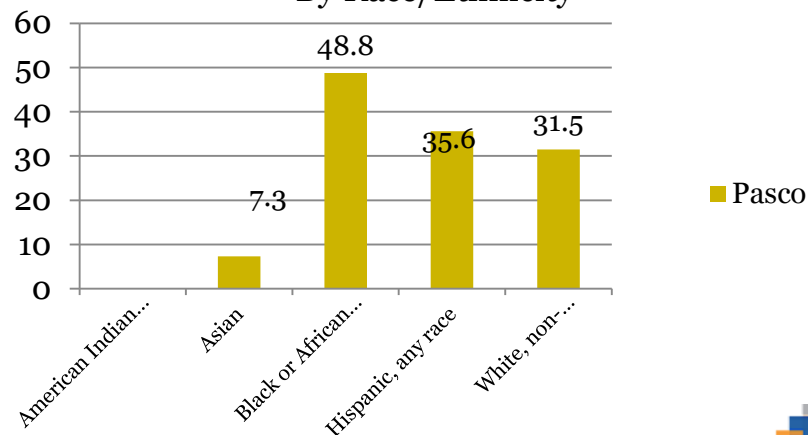
By Age



By Sex



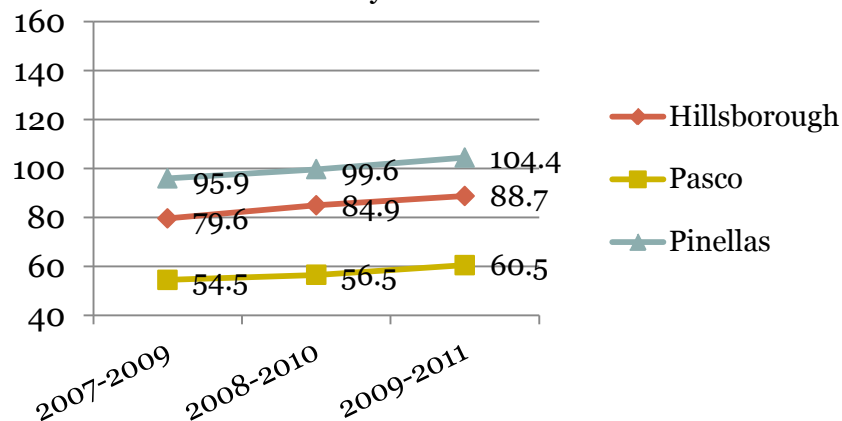
By Race/Ethnicity



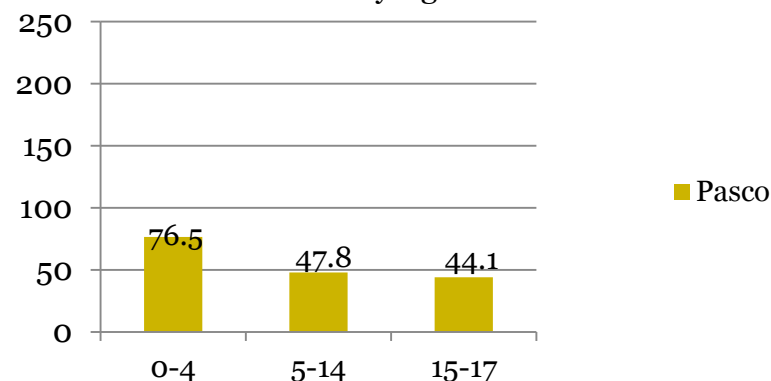
Healthy Tampa Bay Data – ER Rate due to Pediatric Asthma

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

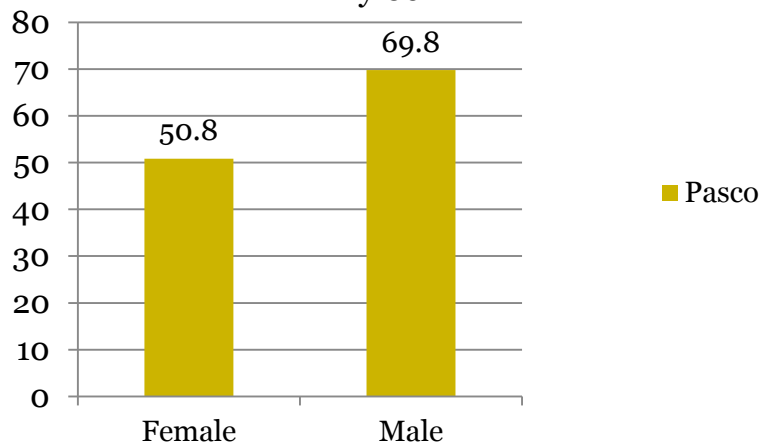
By Year



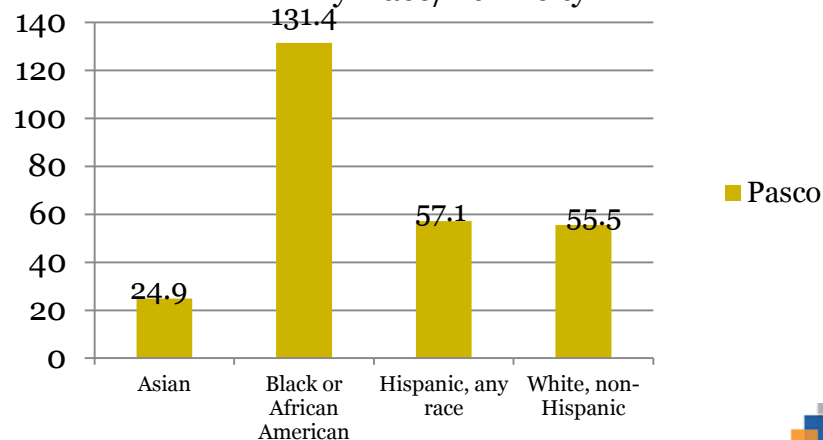
By Age



By Sex



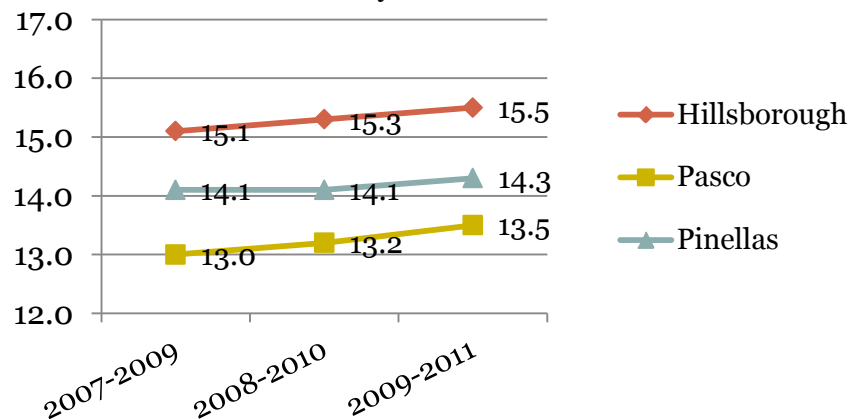
By Race/Ethnicity



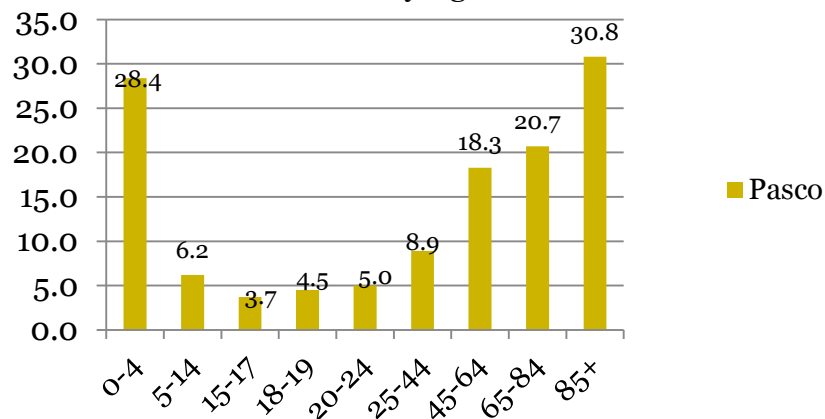
Healthy Tampa Bay Data – Hospitalization Rate due to Asthma

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

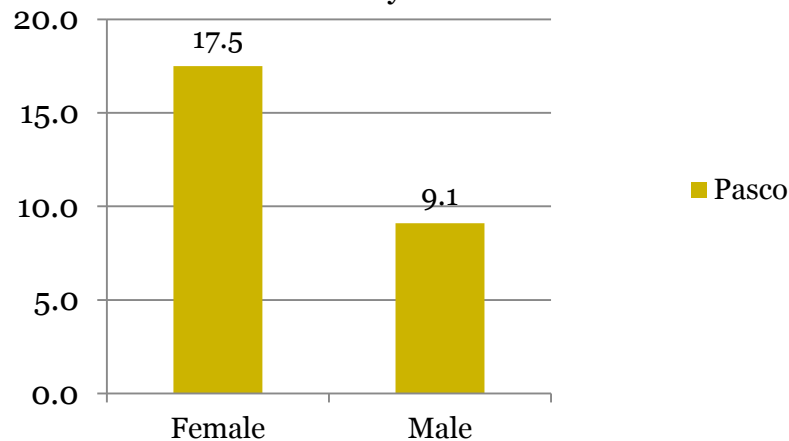
By Year



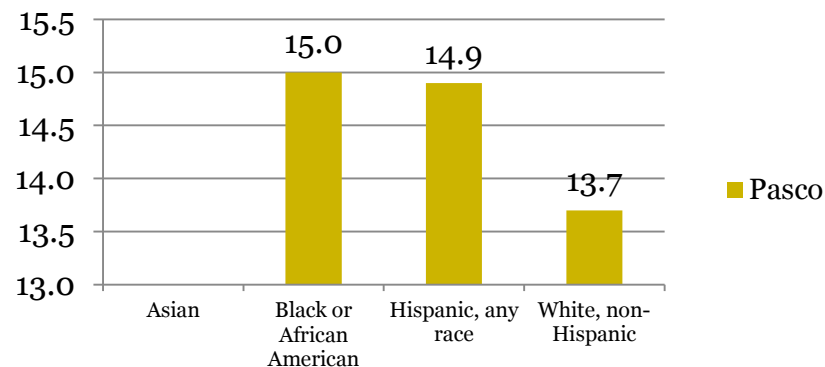
By Age



By Sex



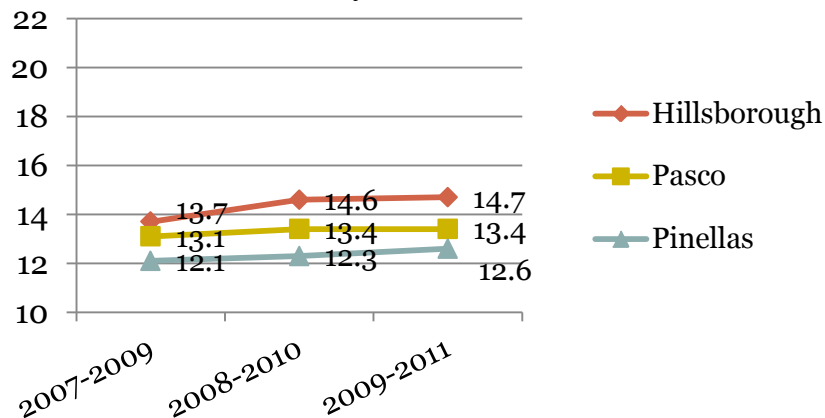
By Race/Ethnicity



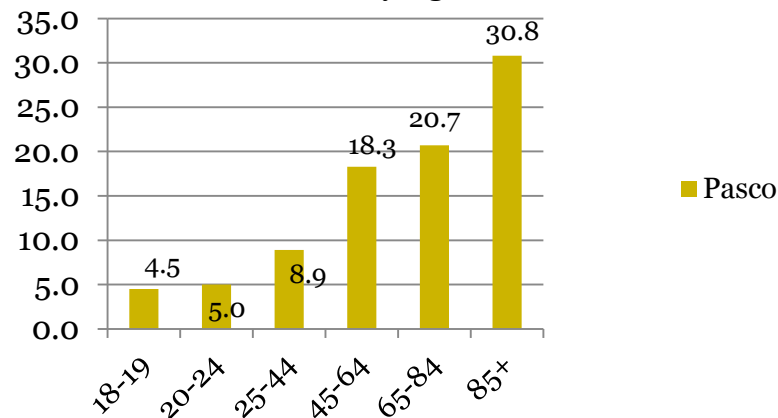
Healthy Tampa Bay Data – Hospitalization Rate due to Adult Asthma

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

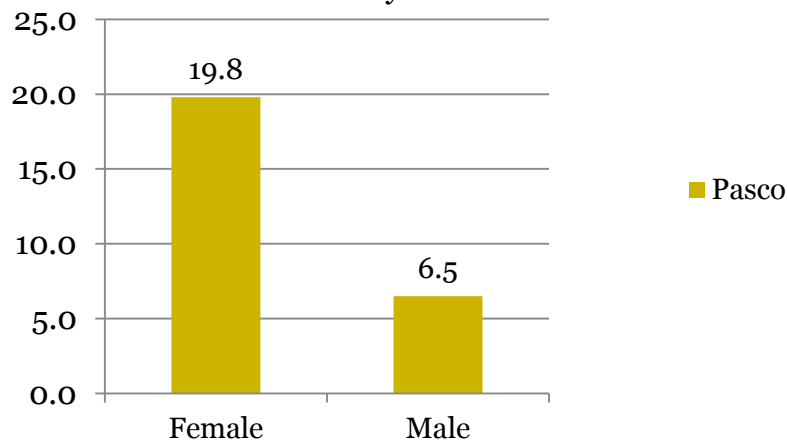
By Year



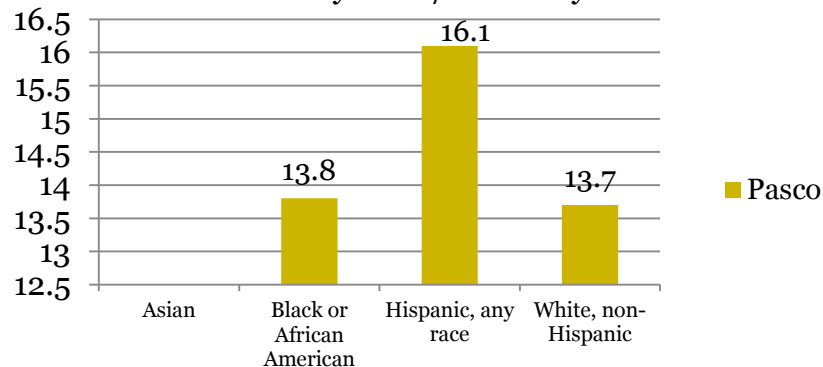
By Age



By Sex



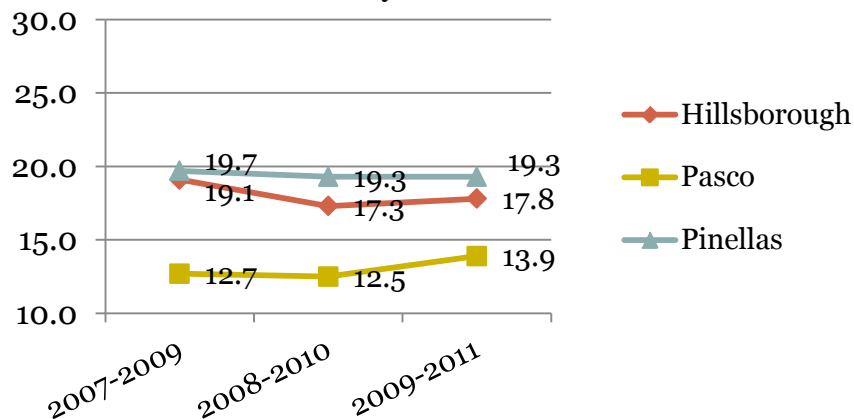
By Race/Ethnicity



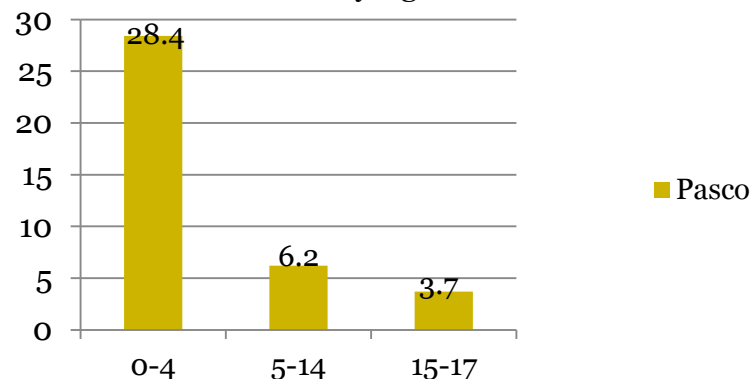
Healthy Tampa Bay Data – Hospitalization Rate due to Pediatric Asthma

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

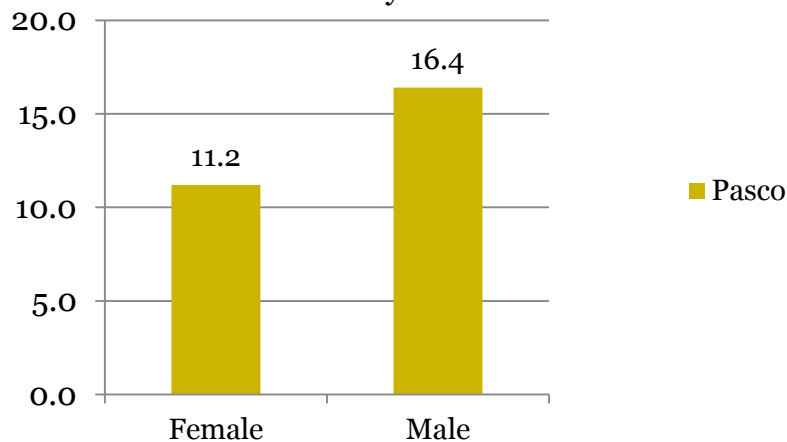
By Year



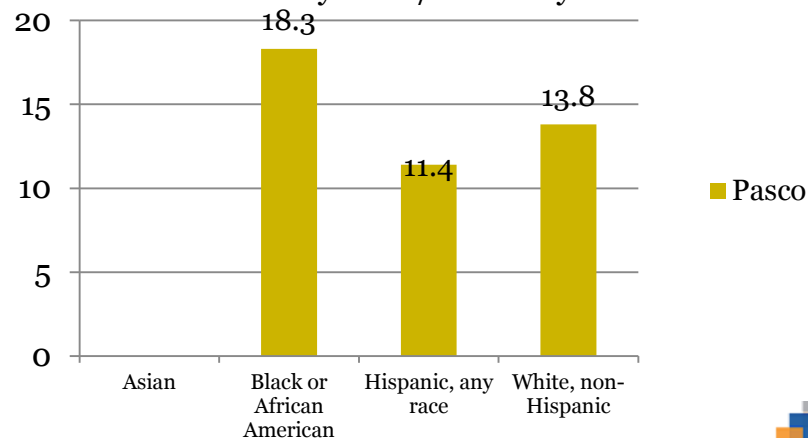
By Age



By Sex



By Race/Ethnicity

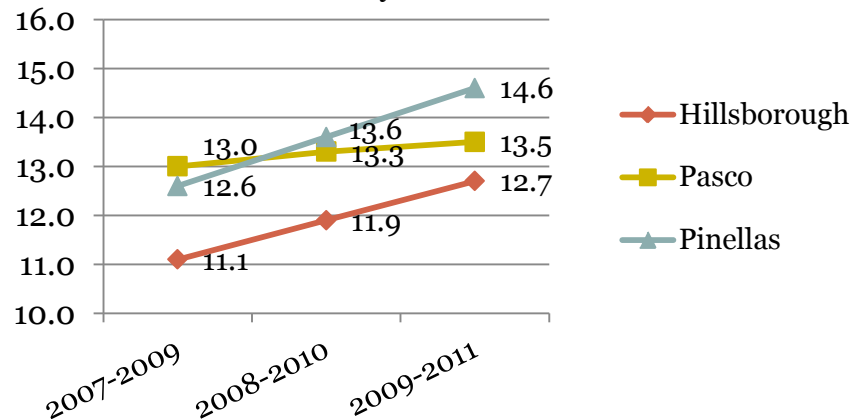


Healthy Tampa Bay Data – ER Rate due to Bacterial Pneumonia

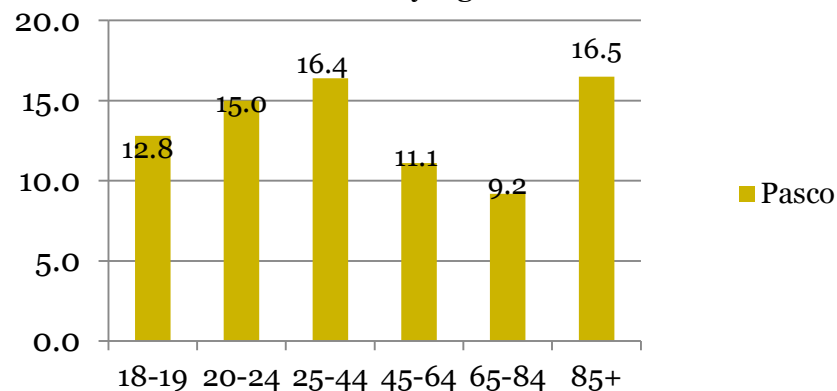
*shows the average annual age-adjusted emergency room visit rate due to bacterial pneumonia per 10,000 people ages 18 and older.



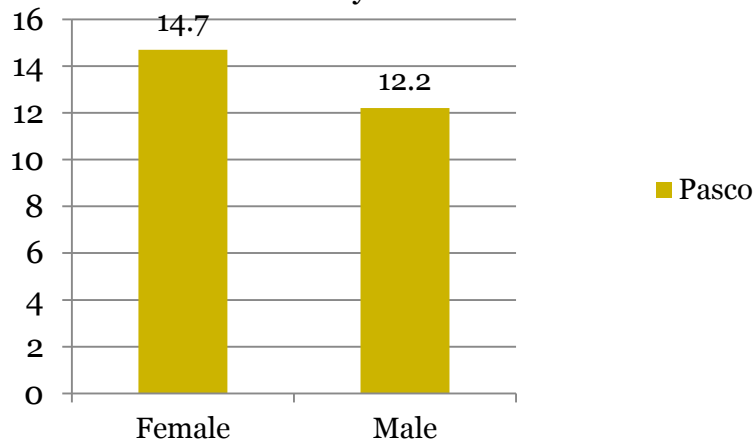
By Year



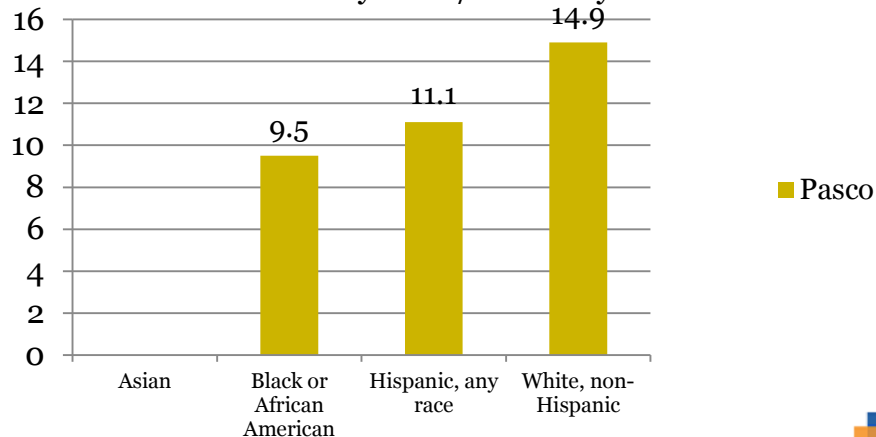
By Age



By Sex



By Race/Ethnicity



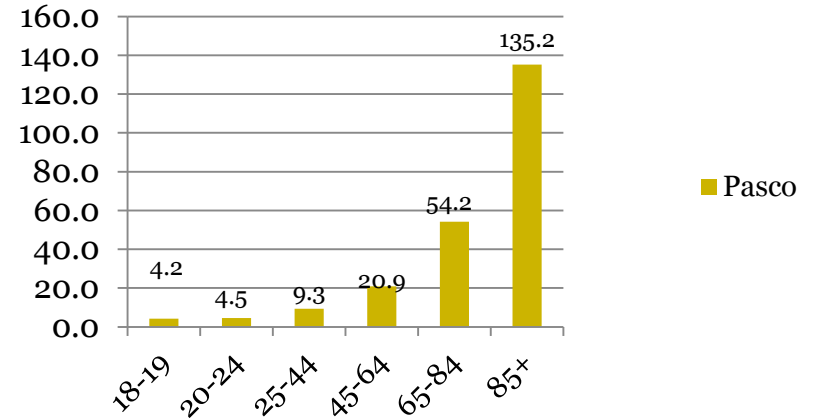
Healthy Tampa Bay Data – Hospitalization Rate due to Bacterial Pneumonia

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

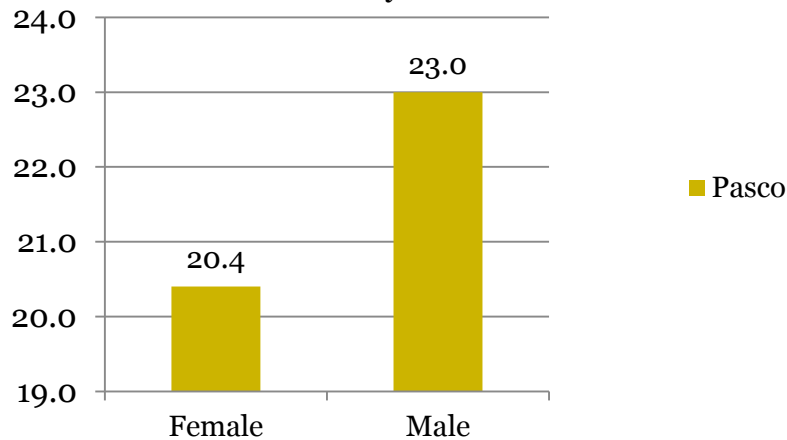
By Year



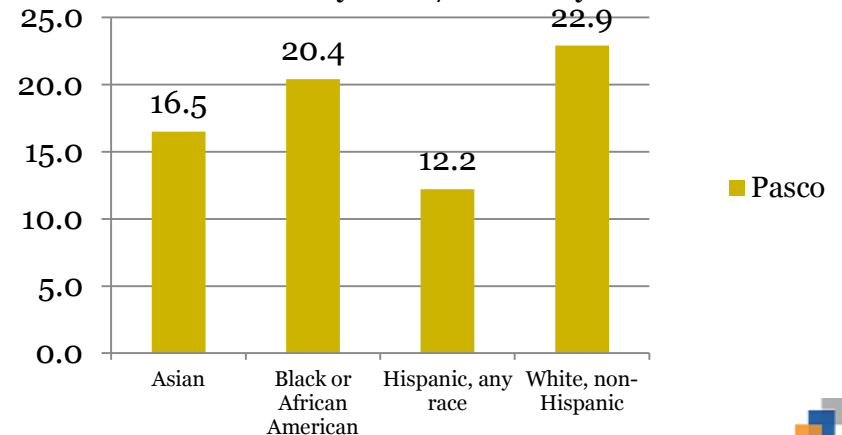
By Age



By Sex



By Race/Ethnicity

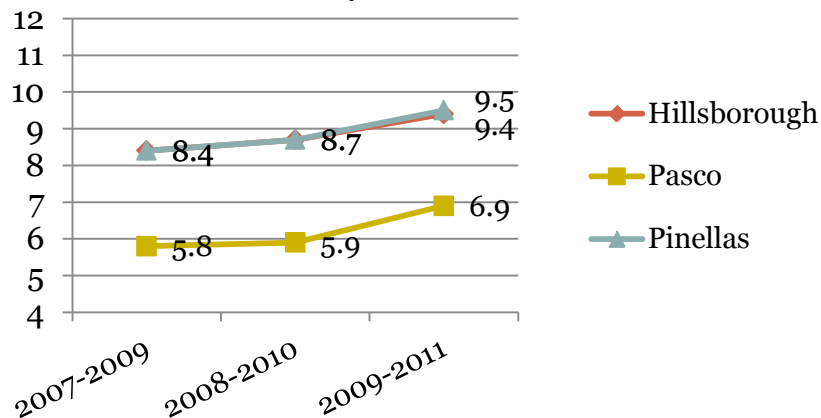


Healthy Tampa Bay Data – ER Rate due to Immunization-Preventable Pneumonia and Influenza

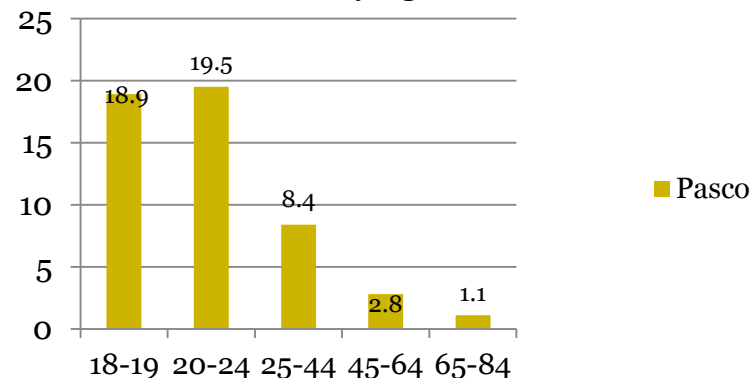
**shows the average annual age-adjusted emergency room visit rate due to immunization-preventable pneumonia per 10,000 people ages 18 and older*



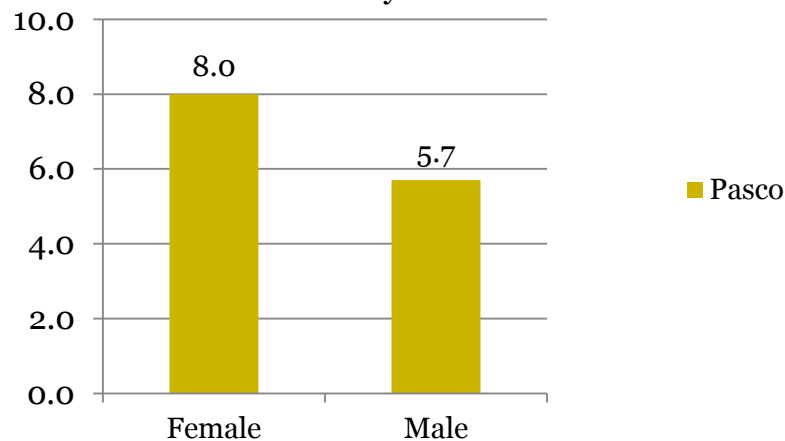
By Year



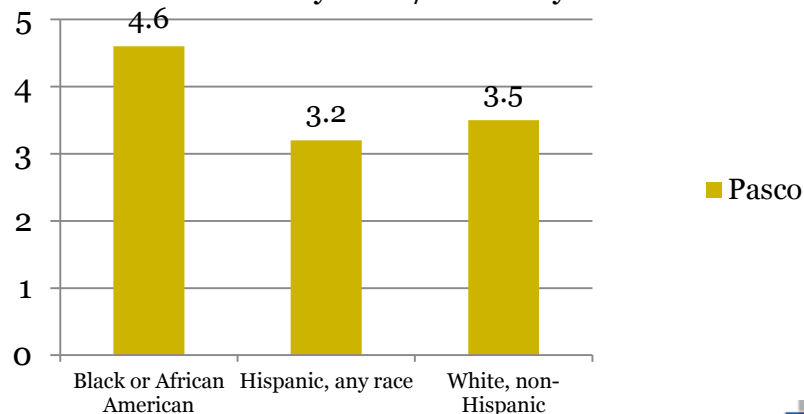
By Age



By Sex



By Race/Ethnicity

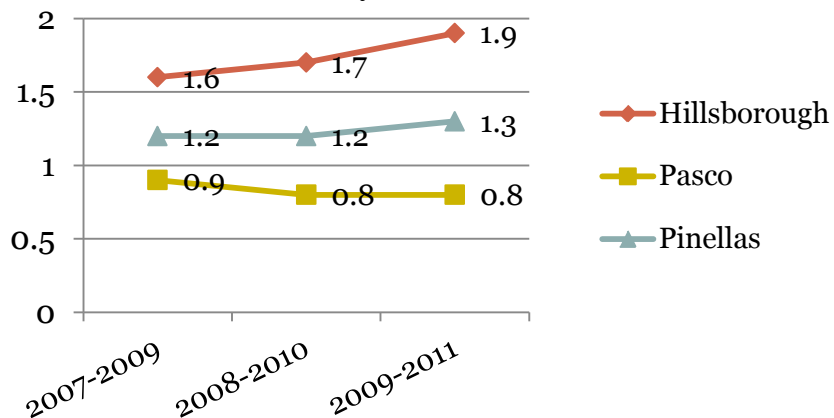


Healthy Tampa Bay Data – Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza

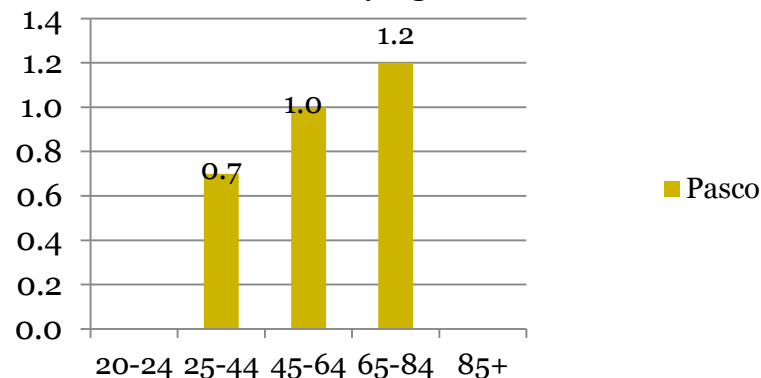
**shows the average annual age-adjusted hospitalization rate due to immunization-preventable pneumonia per 10,000 people ages 18 and older*



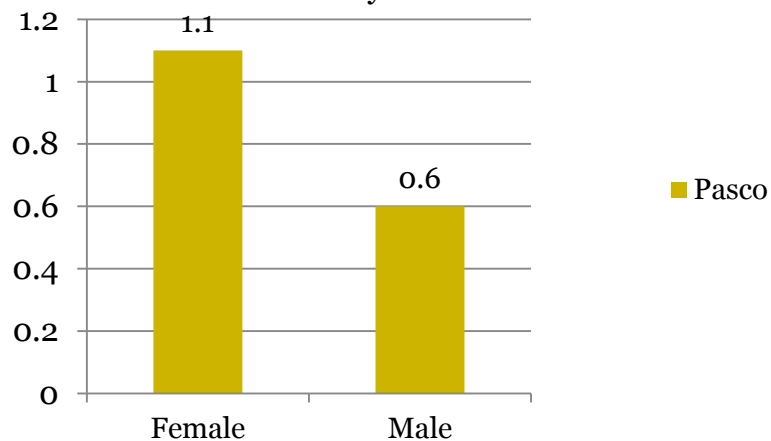
By Year



By Age



By Sex

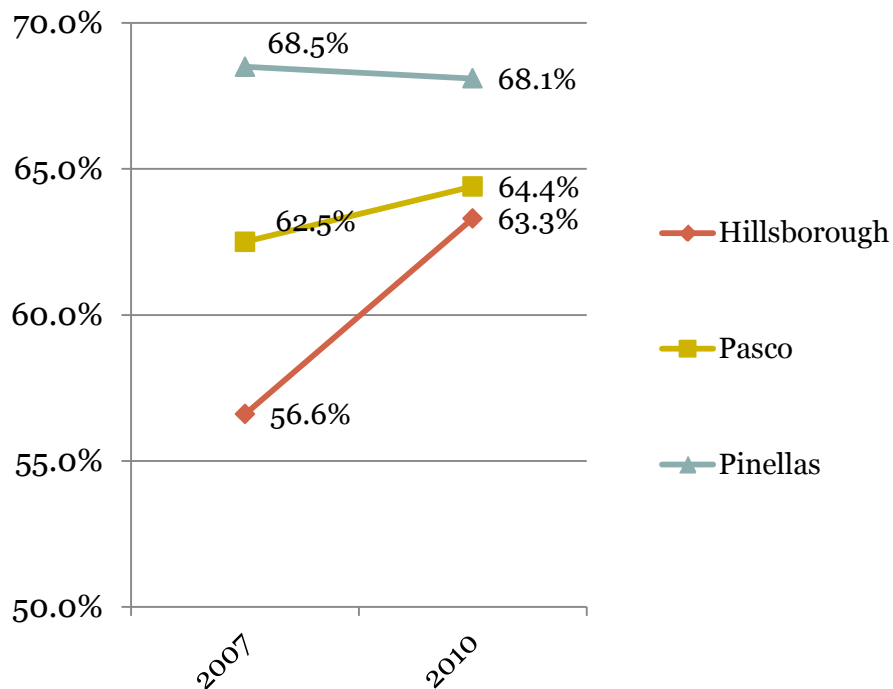


Healthy Tampa Bay Data – Influenza Vaccination Rate 65+

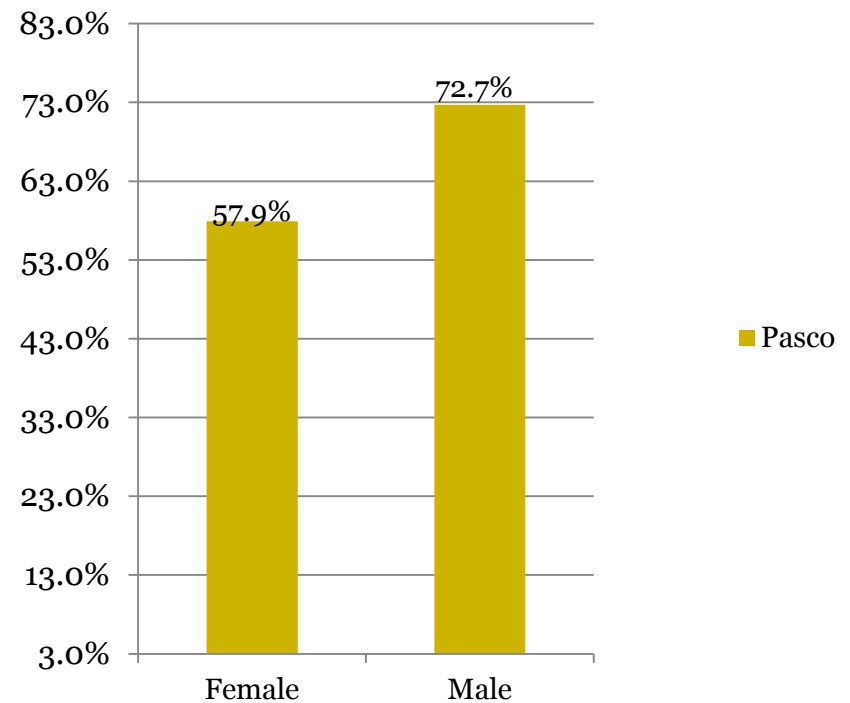
**percentage of adults aged 65 and older who
received the influenza vaccination in the past year.*



By Year



By Sex

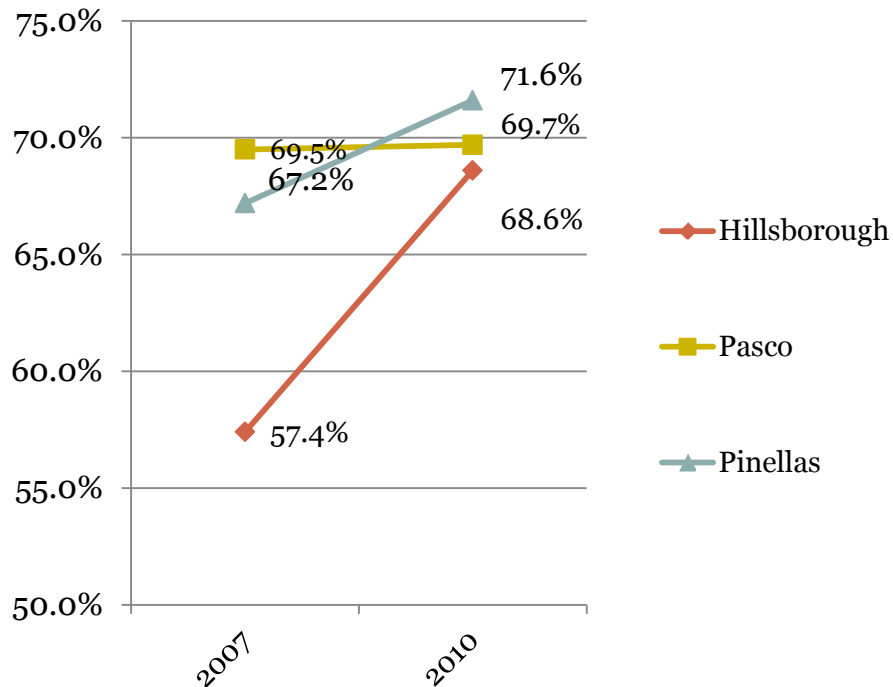


Healthy Tampa Bay Data – Pneumonia Vaccination Rate 65+

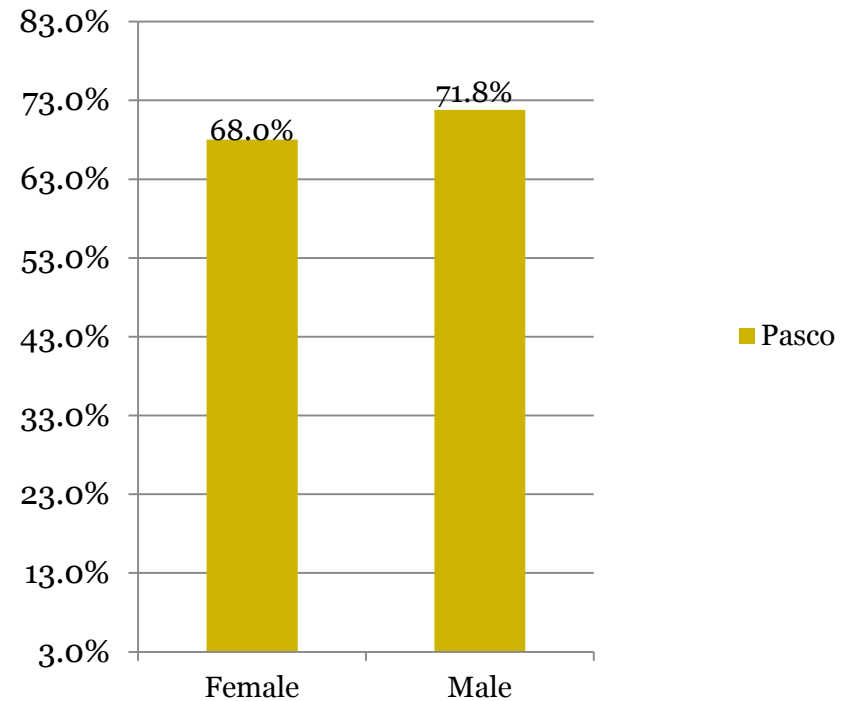
**shows the percentage of adults aged 65 years and older who have ever received a pneumococcal (pneumonia) vaccine.*



By Year



By Sex

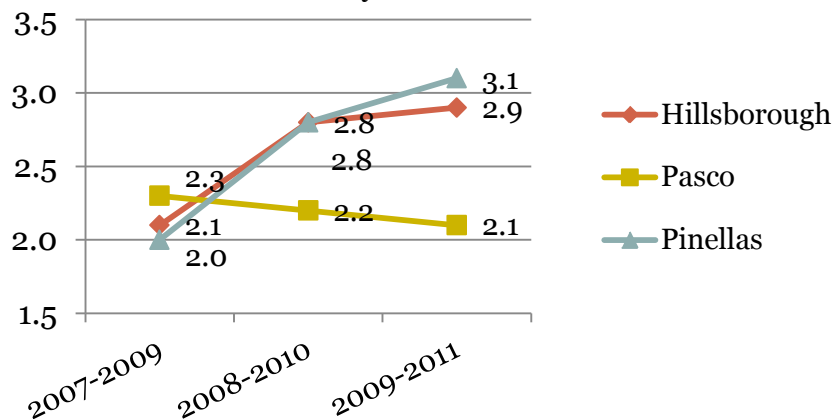


Healthy Tampa Bay Data – ER Rate due to Congestive Heart Failure

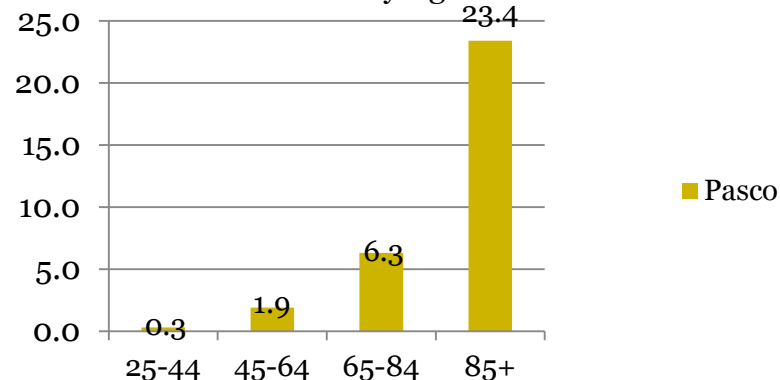


**shows the average annual age-adjusted emergency room visit rate due to non-hypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.*

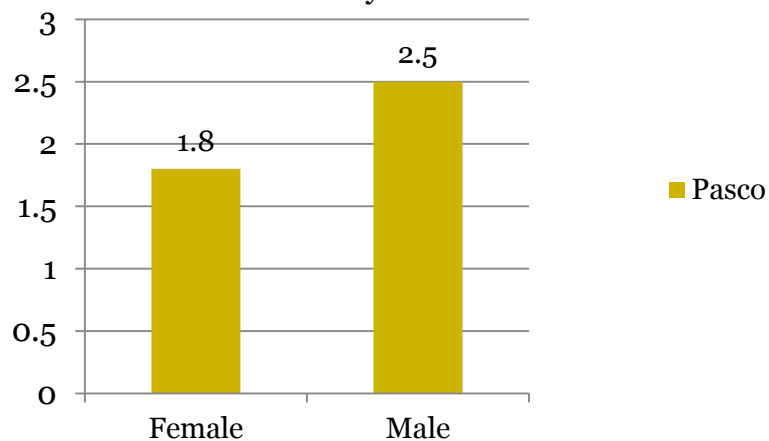
By Year



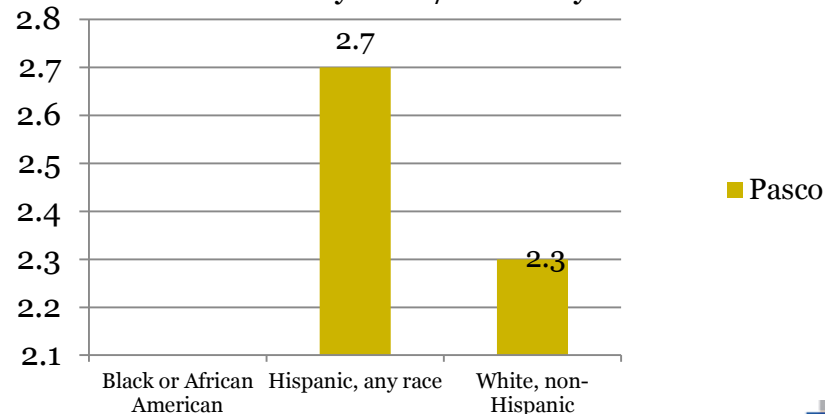
By Age



By Sex



By Race/Ethnicity

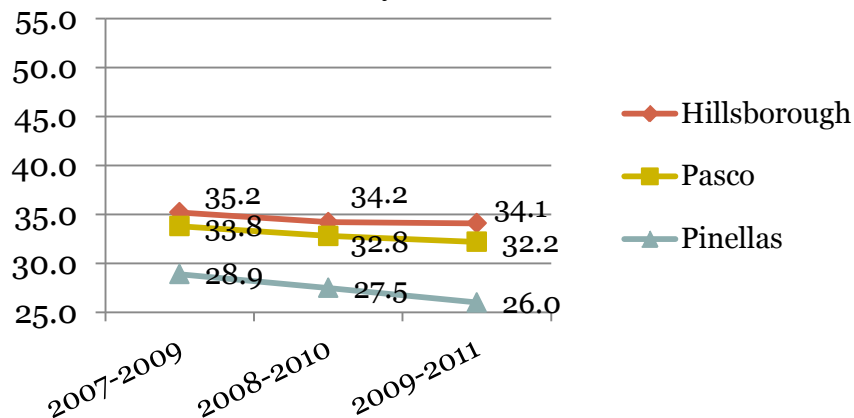


Healthy Tampa Bay Data – Hospitalization Rate due to Congestive Heart Failure

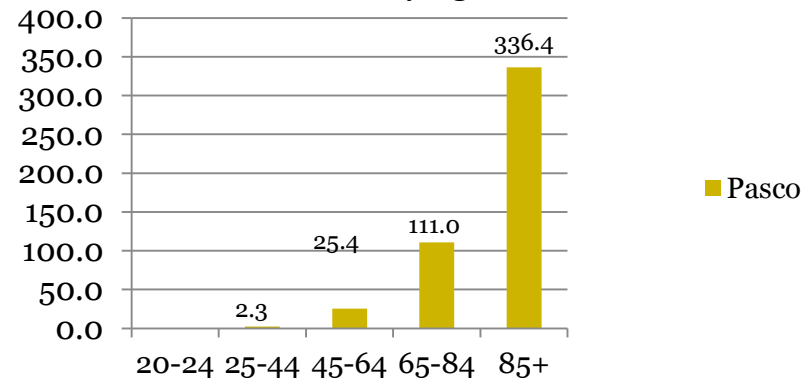


**shows the average annual age-adjusted hospitalization rate due to non-hypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.*

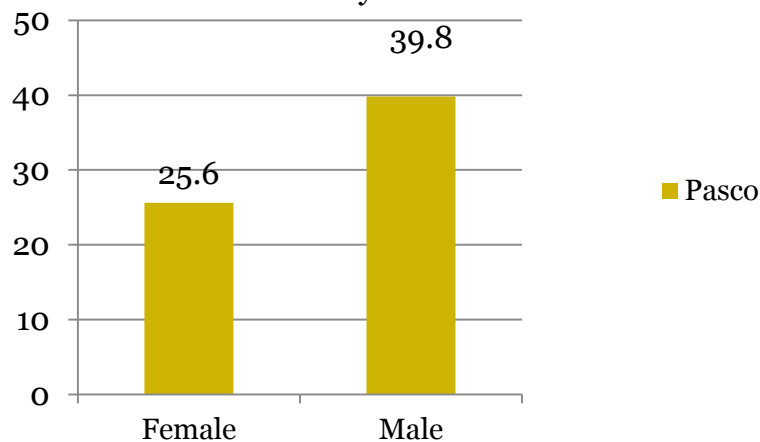
By Year



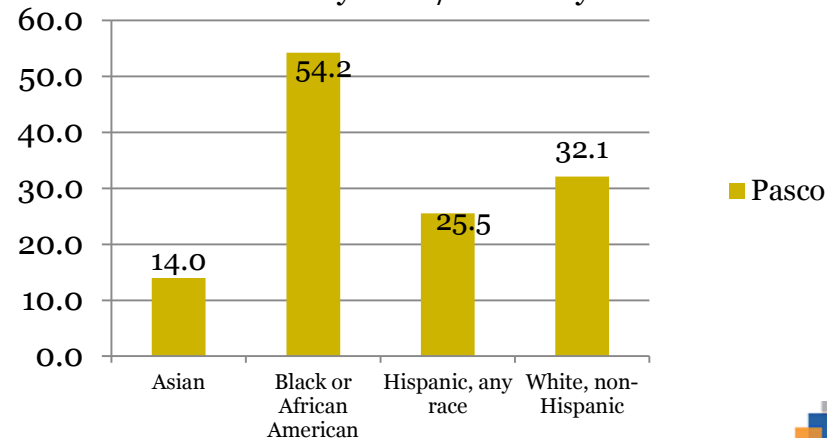
By Age



By Sex



By Race/Ethnicity

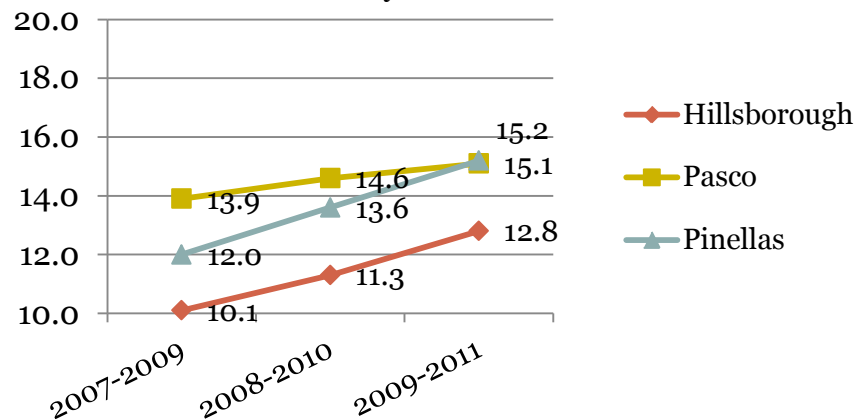


Healthy Tampa Bay Data – ER Rate due to COPD

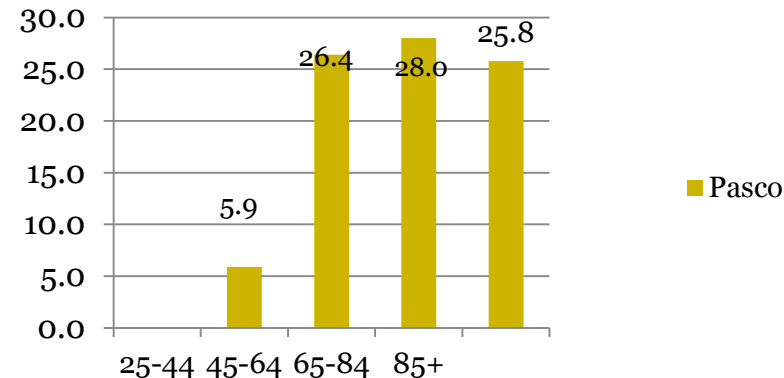


**shows the average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.*

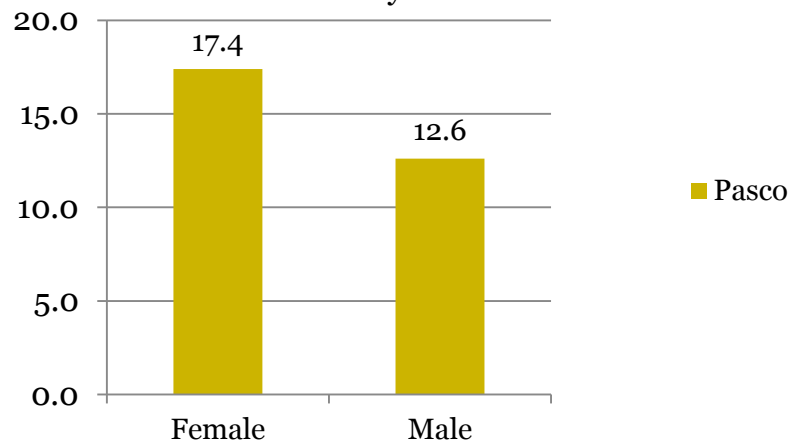
By Year



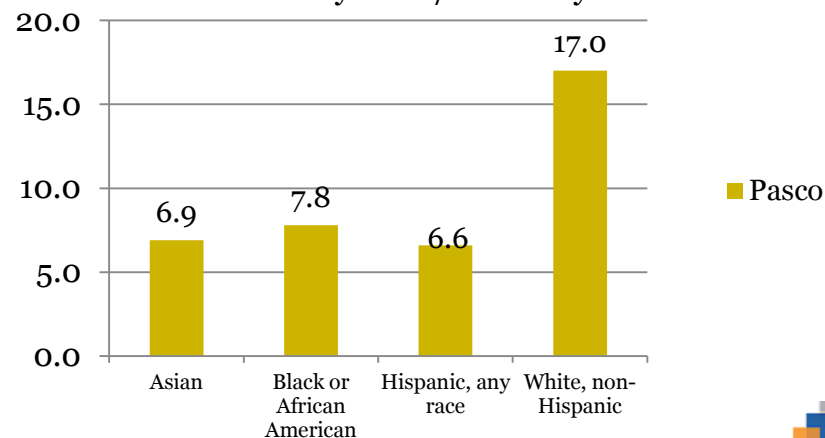
By Age



By Sex



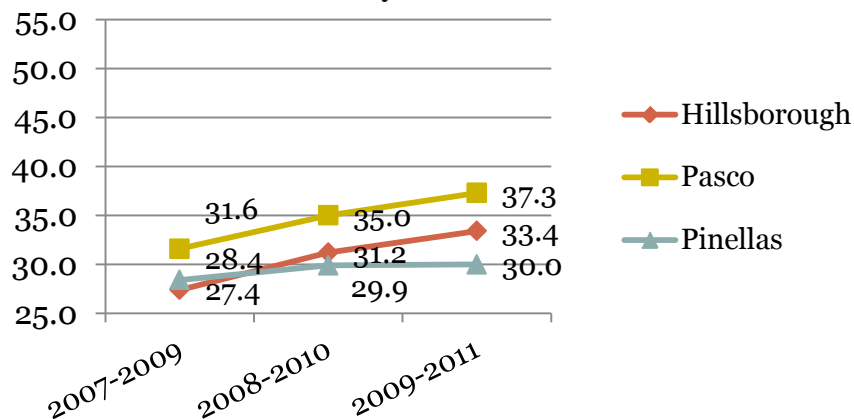
By Race/Ethnicity



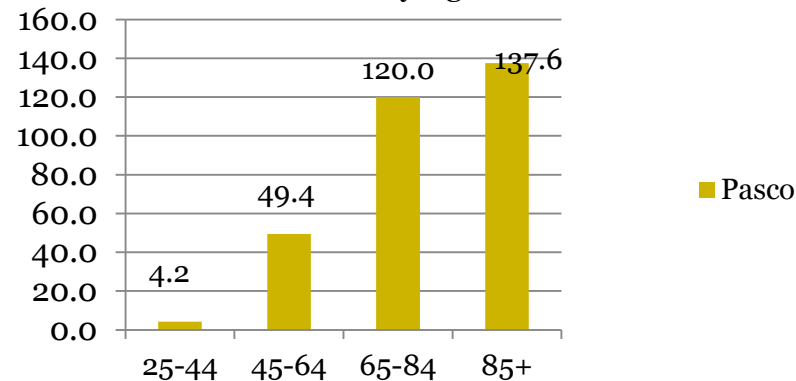
Healthy Tampa Bay Data – Hospitalization Rate due to COPD

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

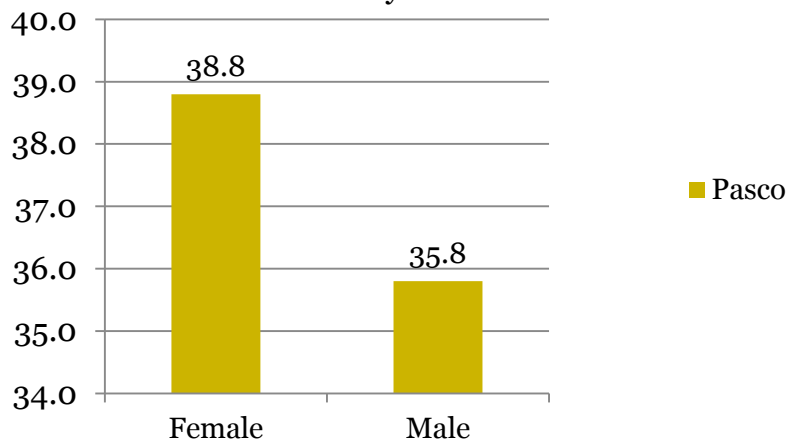
By Year



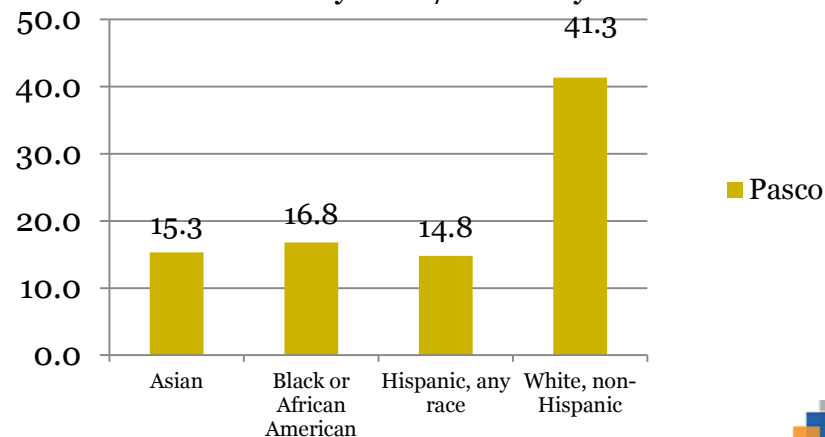
By Age



By Sex

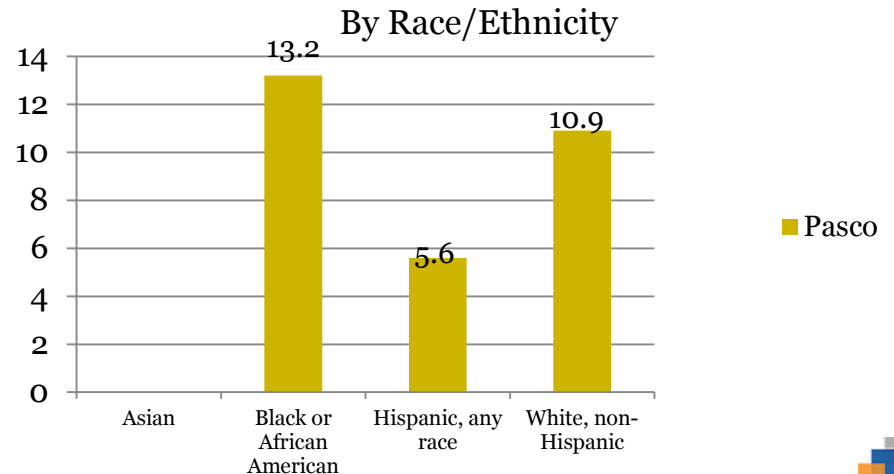
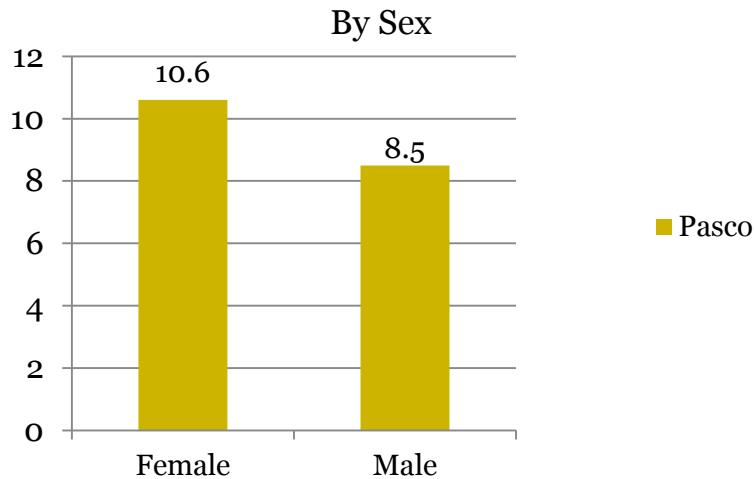
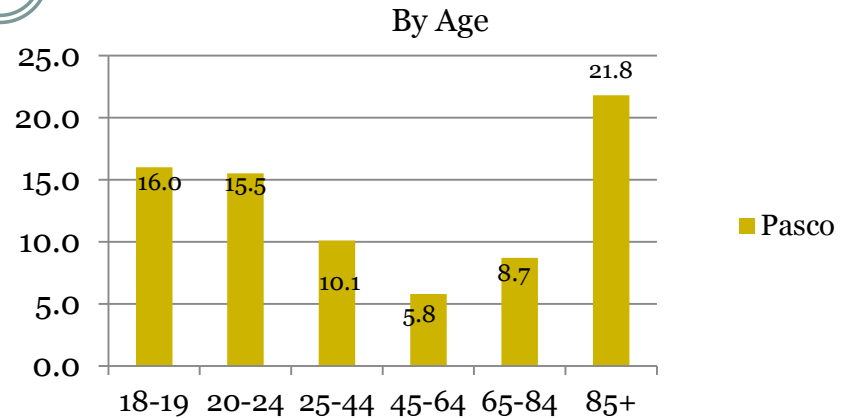
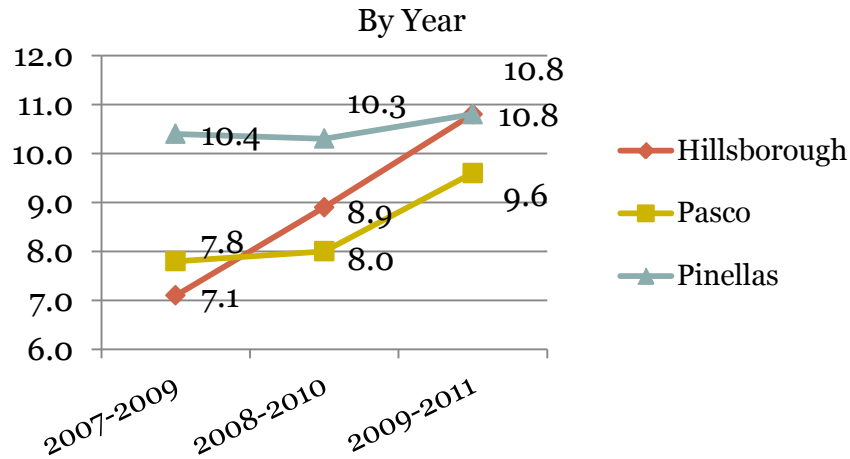


By Race/Ethnicity



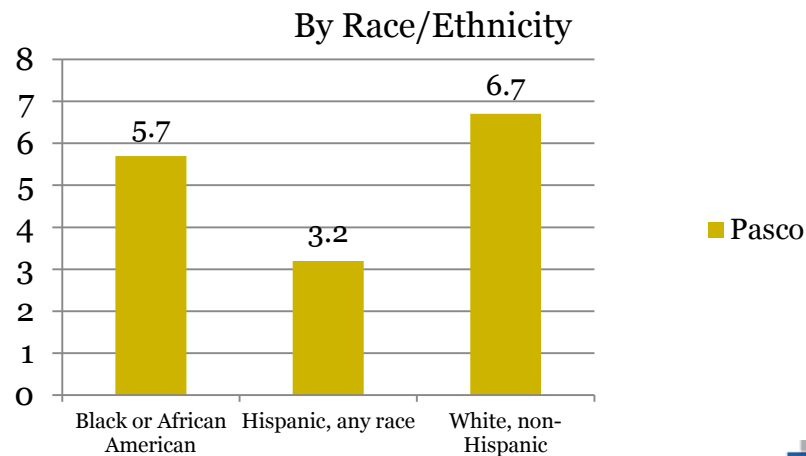
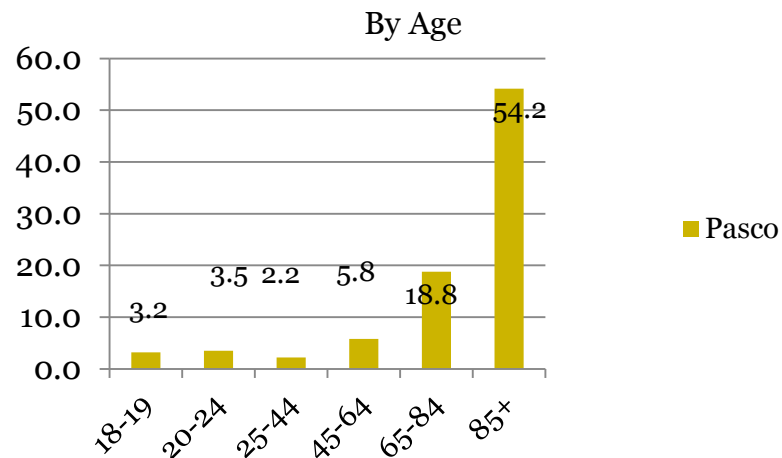
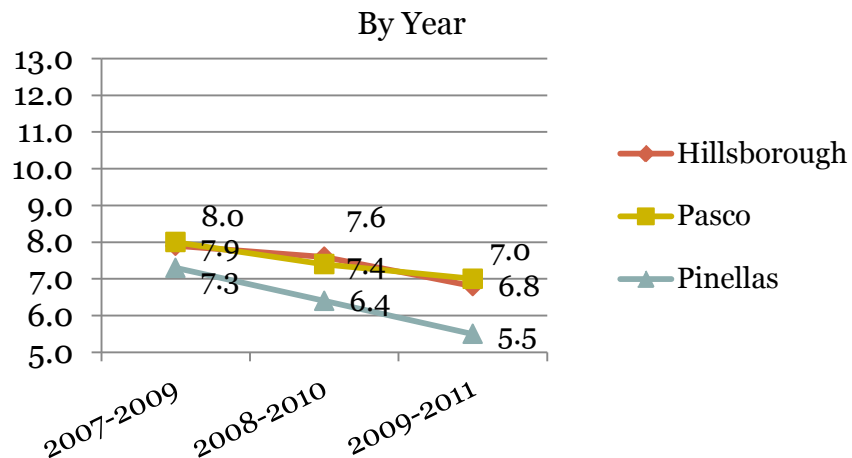
Healthy Tampa Bay Data – ER Rate due to Dehydration

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



Healthy Tampa Bay Data – Hospitalization Rate due to Dehydration

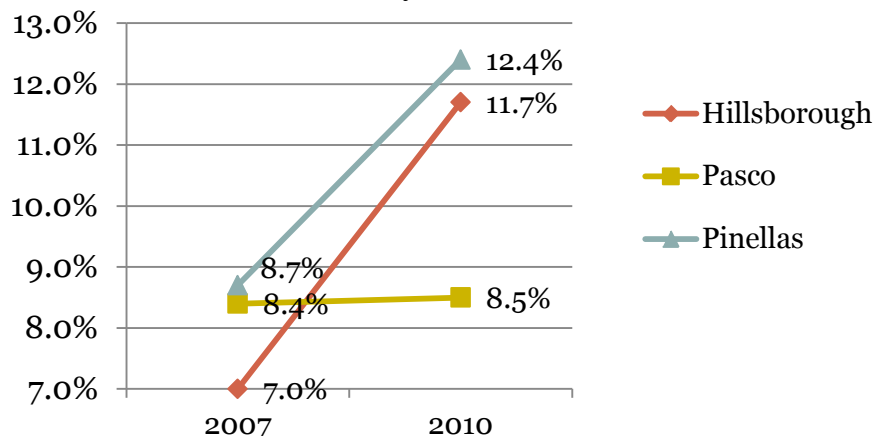
**shows the average annual age-adjusted hospitalization rate due to dehydration per 10,000 people ages 18 and older.*



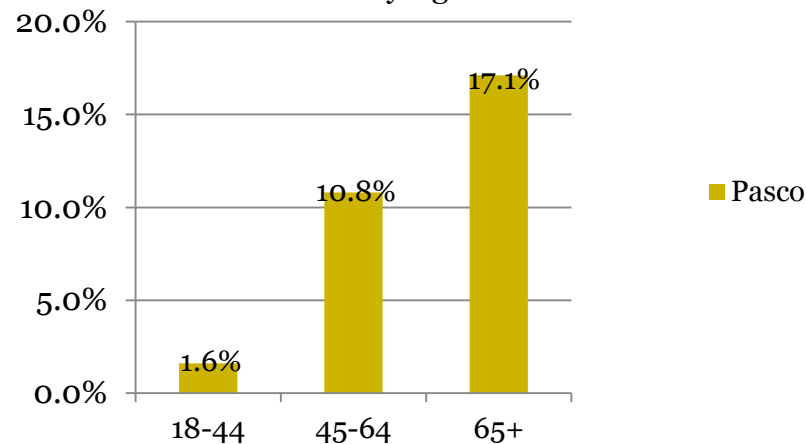
Healthy Tampa Bay Data – Adults With Diabetes

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

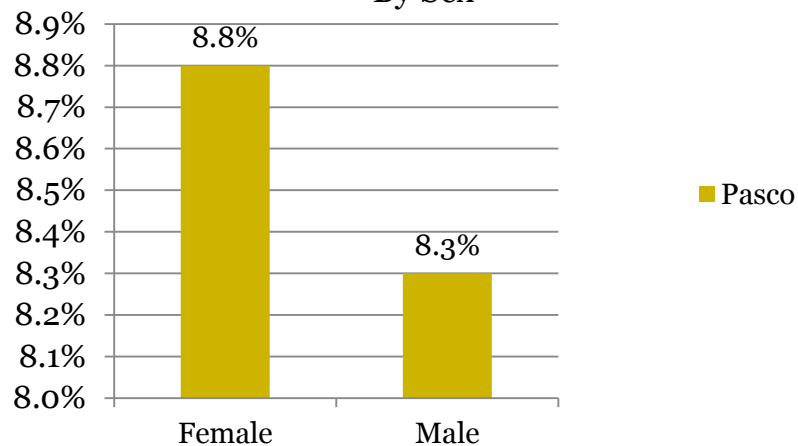
By Year



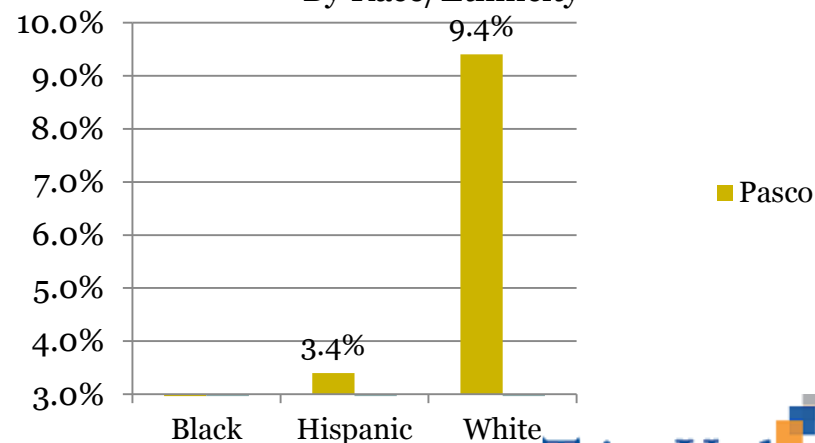
By Age



By Sex



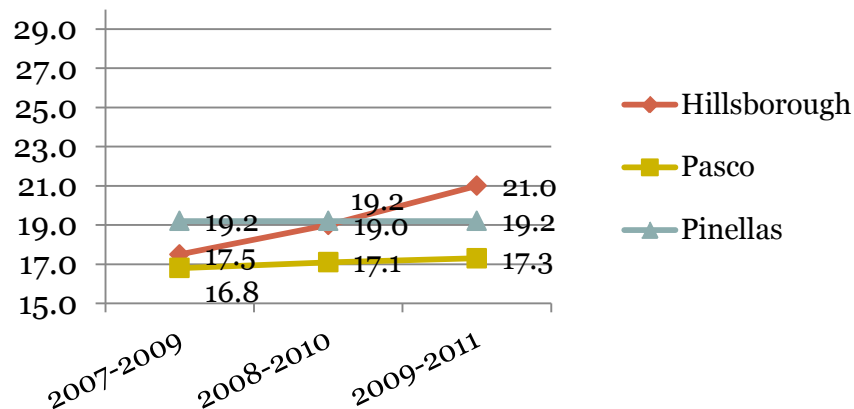
By Race/Ethnicity



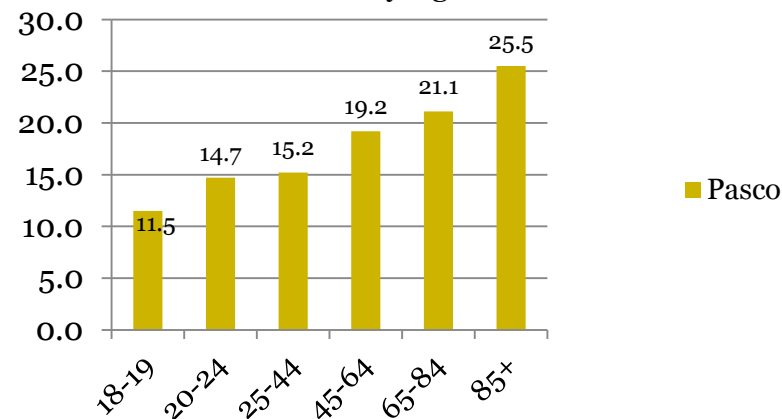
Healthy Tampa Bay Data – ER Rate due to Diabetes

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

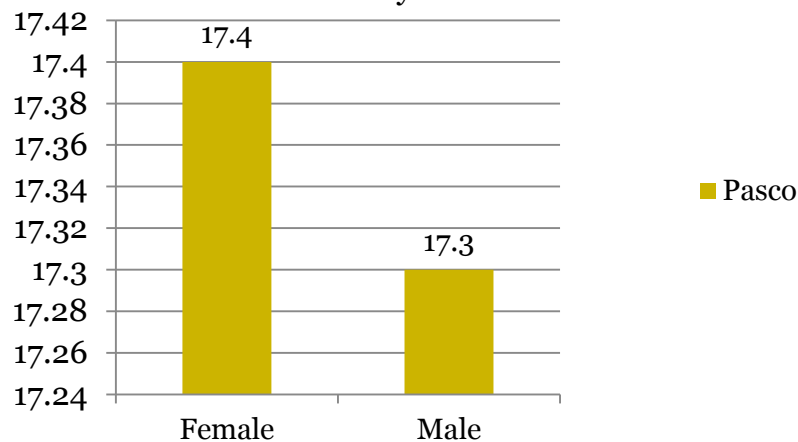
By Year



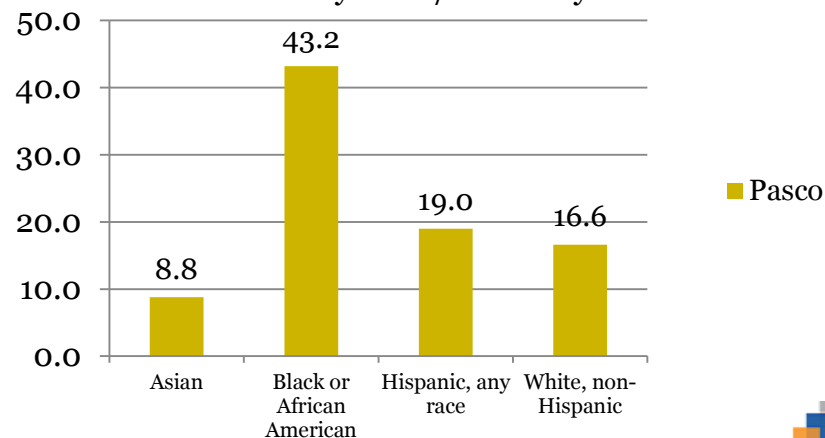
By Age



By Sex



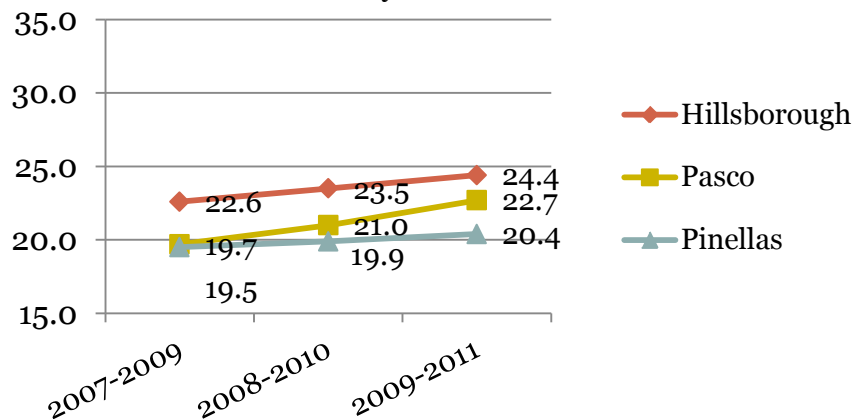
By Race/Ethnicity



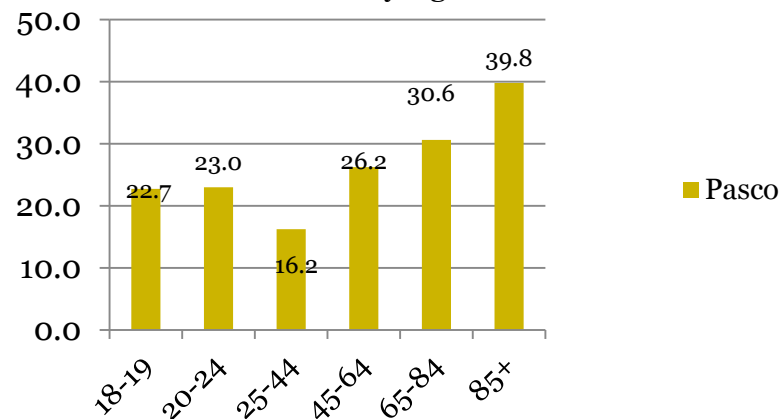
Healthy Tampa Bay Data – Hospitalization Rate due to Diabetes

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

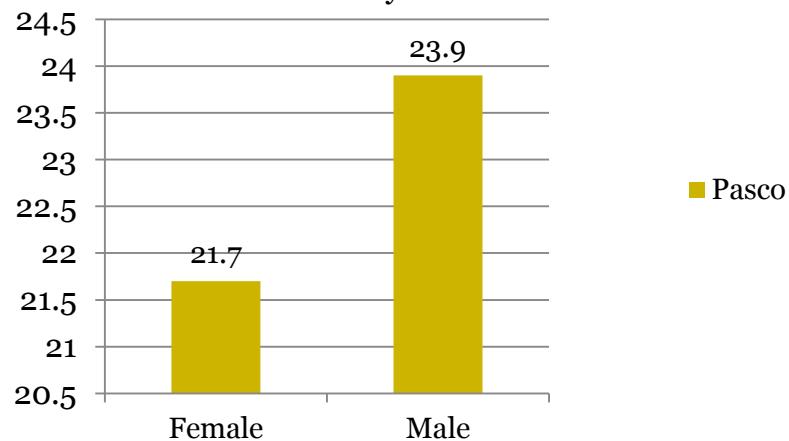
By Year



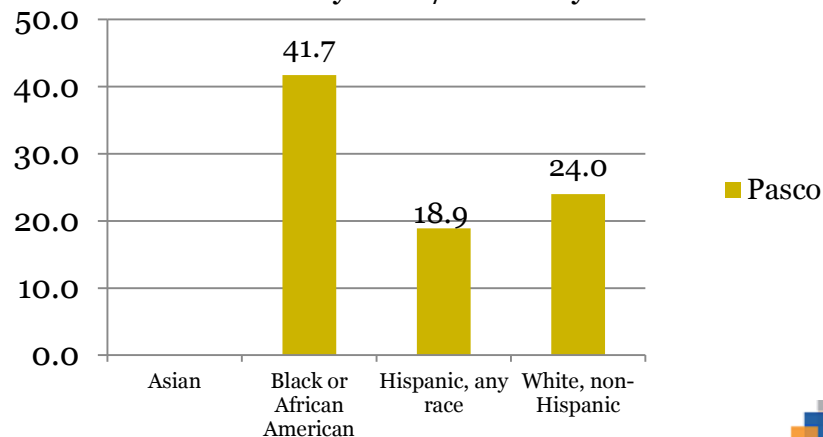
By Age



By Sex



By Race/Ethnicity

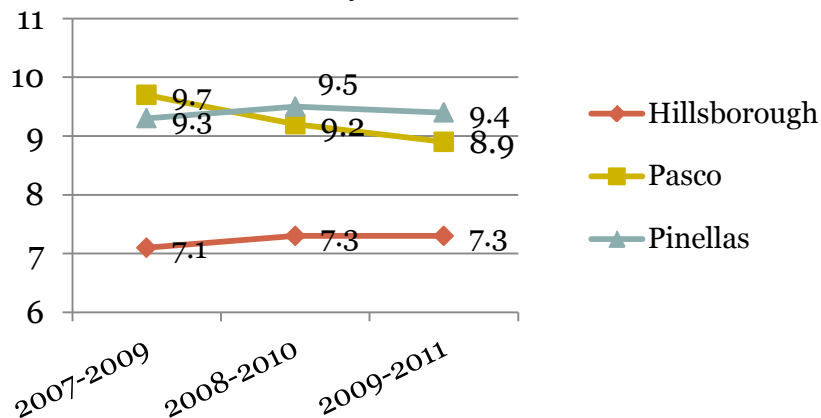


Healthy Tampa Bay Data – ER Rate due to Long-Term Complications of Diabetes

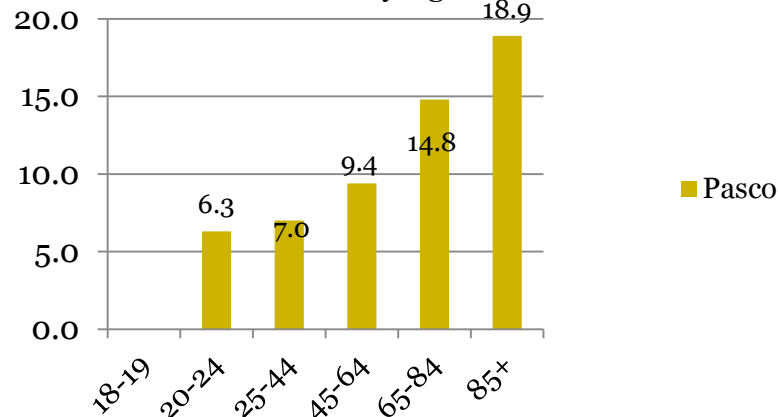


**shows the average annual age-adjusted emergency room visit rate due to long-term complications of diabetes per 10,000 people ages 18 and older. Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage.*

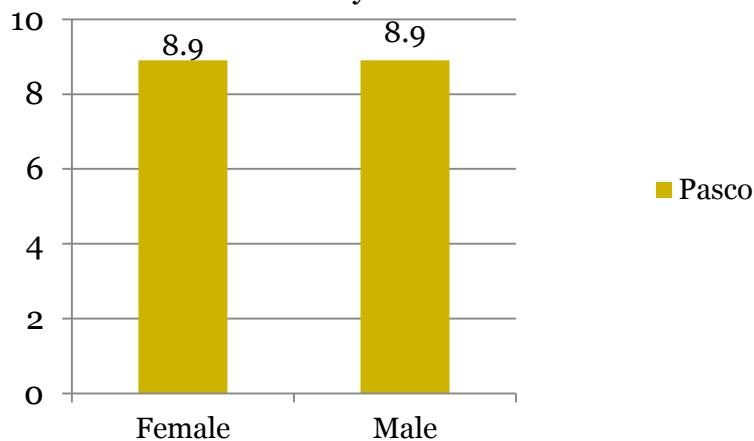
By Year



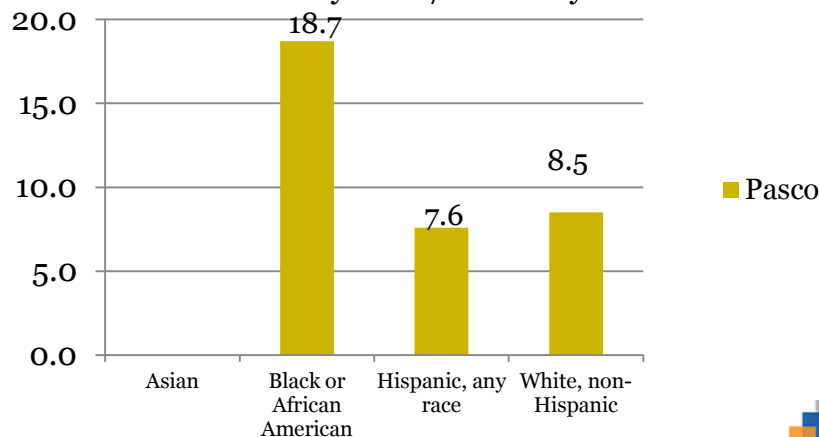
By Age



By Sex

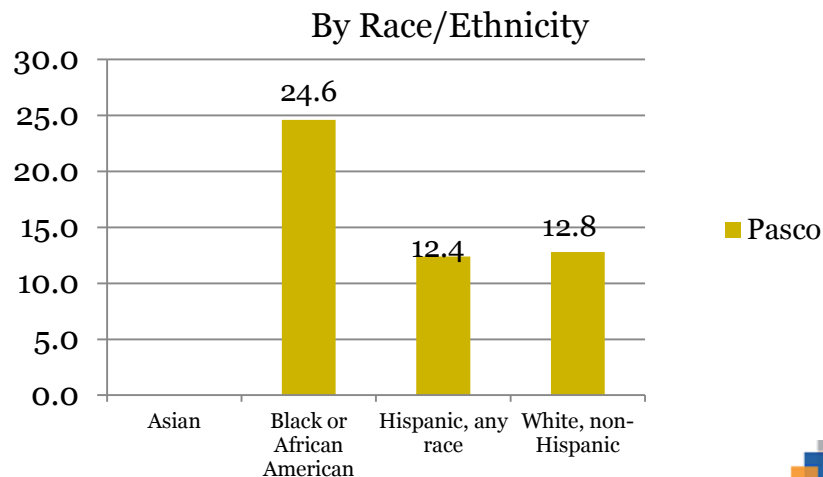
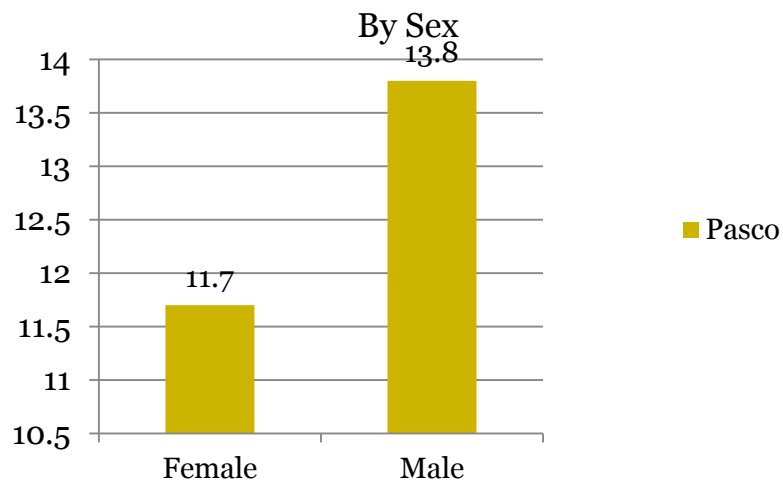
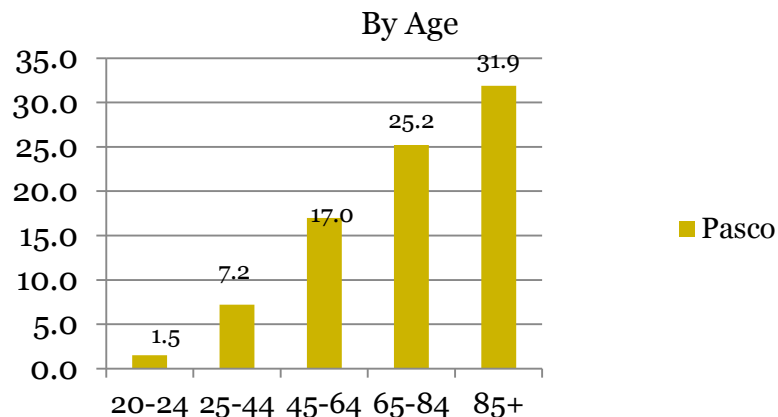
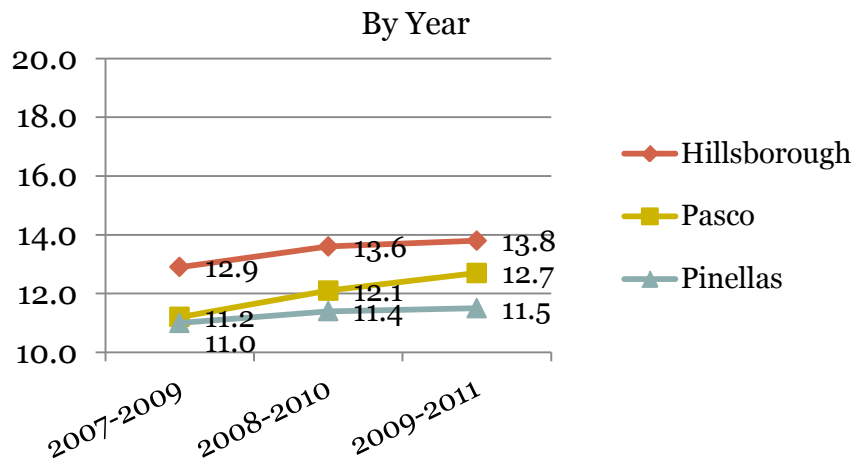


By Race/Ethnicity



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.*

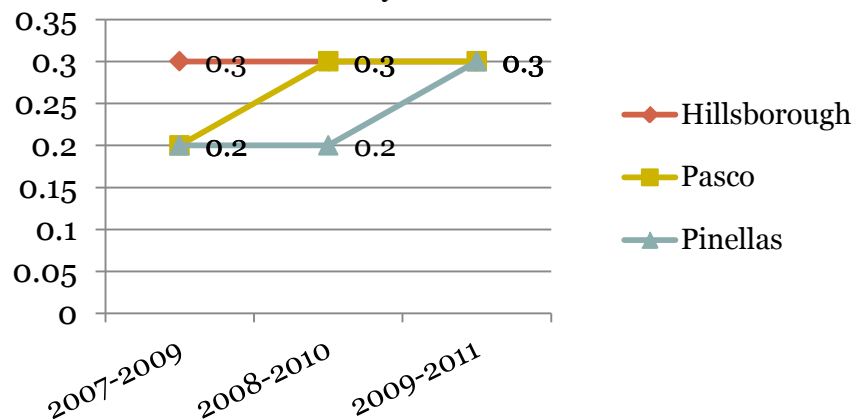


Healthy Tampa Bay Data – ER Rate due to Short-Term Complications of Diabetes

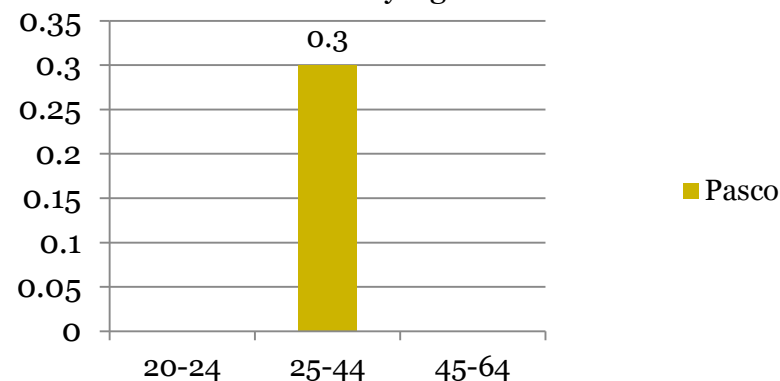


**shows the average annual age-adjusted emergency room visit rate due to short-term complications of diabetes per 10,000 people ages 18 and older. Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma.*

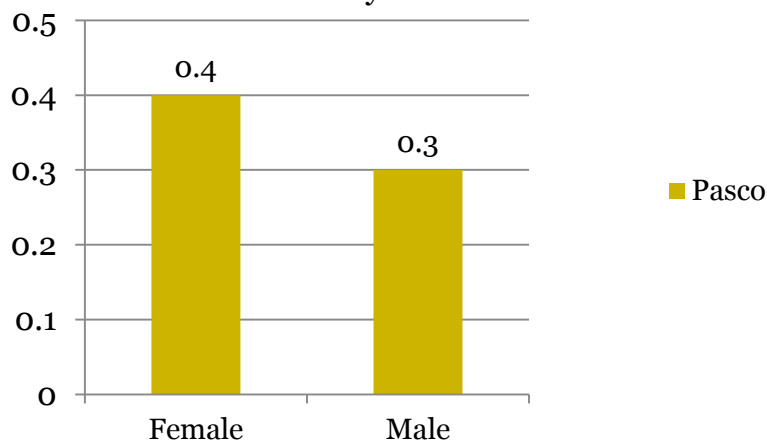
By Year



By Age



By Sex



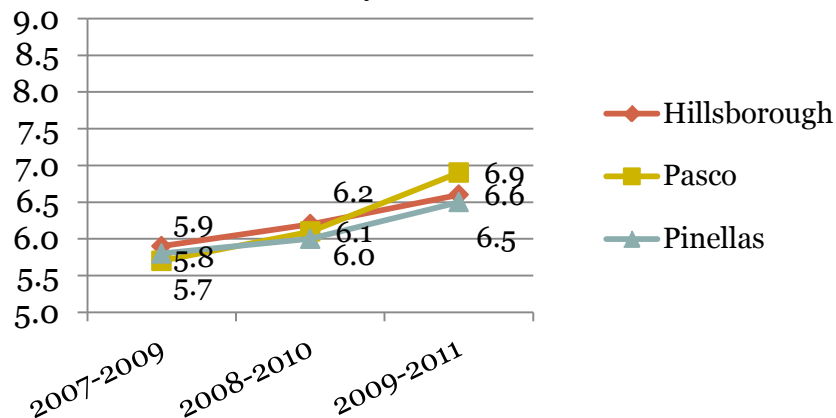
Healthy Tampa Bay Data – Hospitalization Rate due to Short-Term Complications of Diabetes



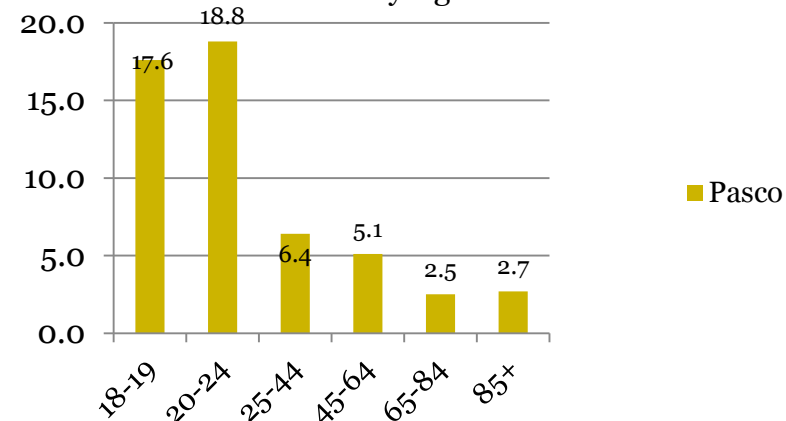
*shows the average annual age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 people ages 18 and older.

Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma.

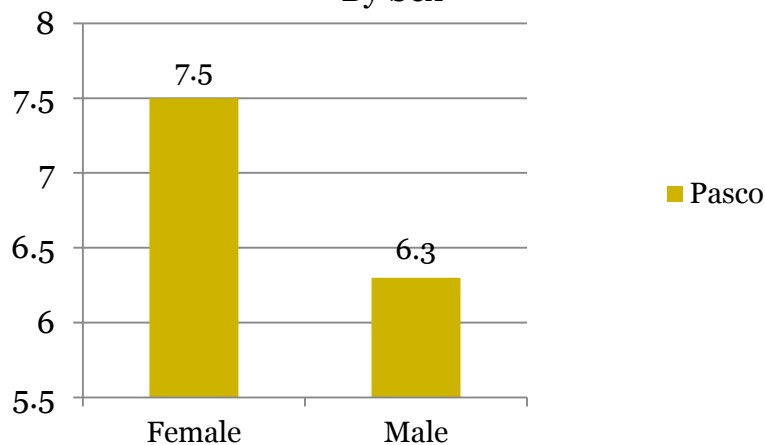
By Year



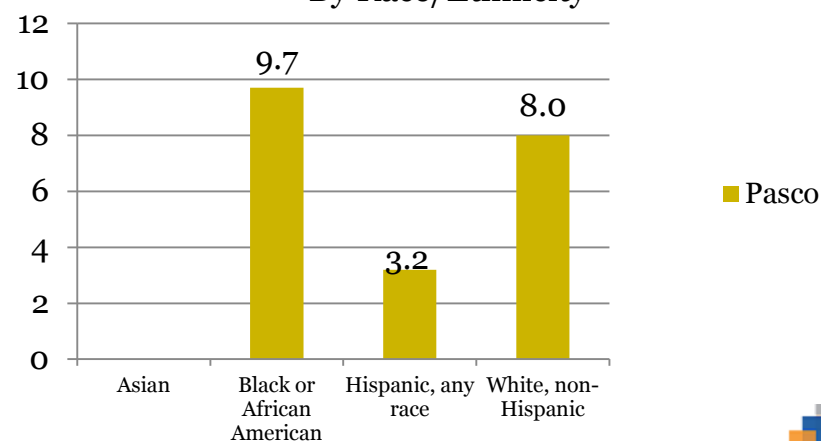
By Age



By Sex



By Race/Ethnicity



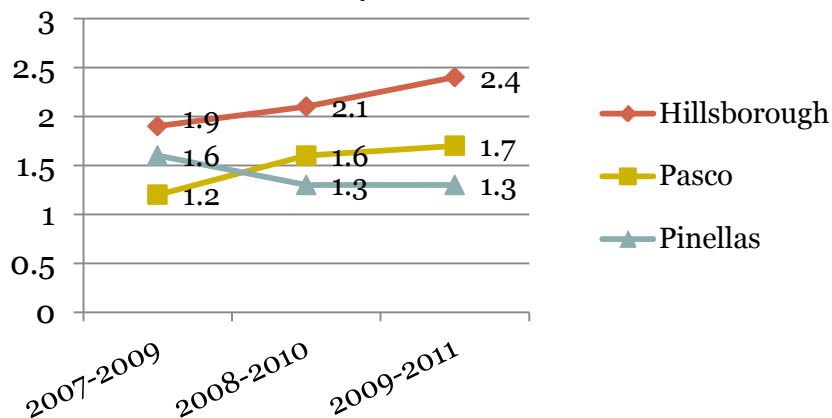
Healthy Tampa Bay Data – ER Rate due to Uncontrolled Diabetes



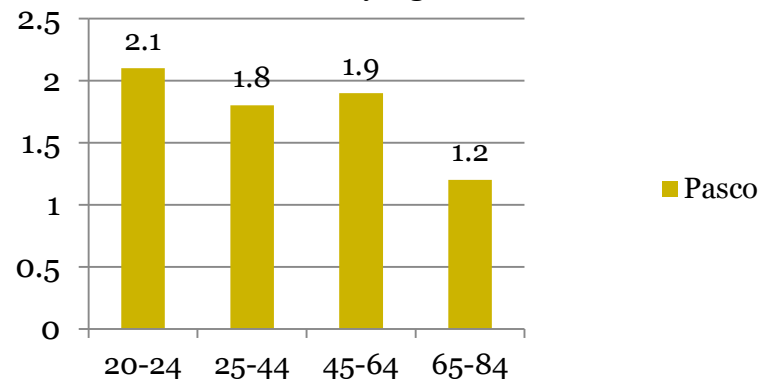
*shows the average annual age-adjusted emergency room visit rate due to uncontrolled diabetes per 10,000 people ages 18 and older.

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.

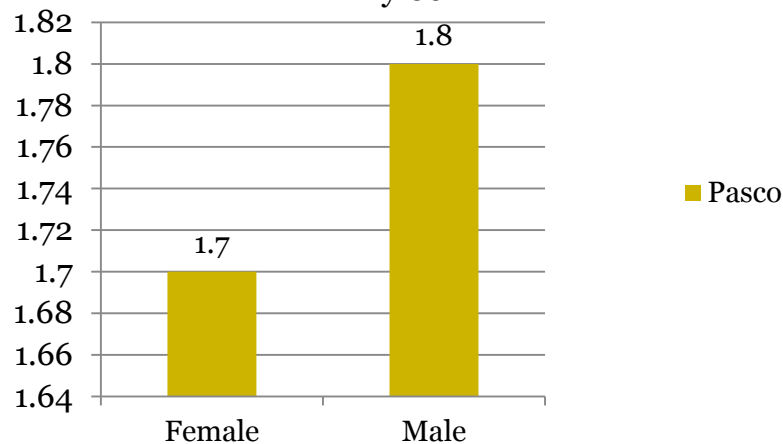
By Year



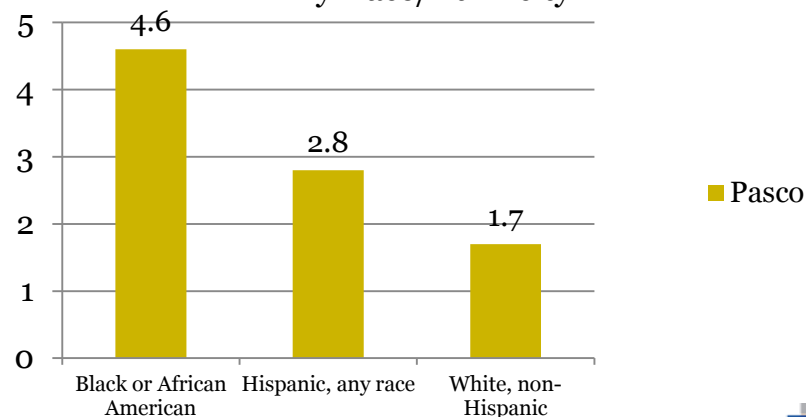
By Age



By Sex



By Race/Ethnicity



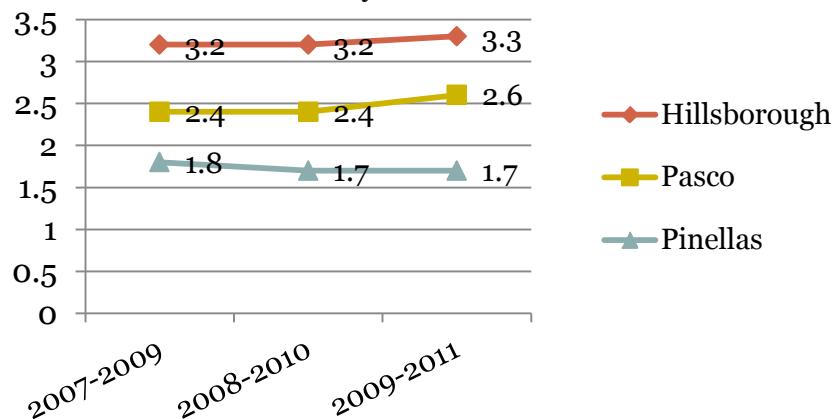
Healthy Tampa Bay Data – Hospitalization Rate due to Uncontrolled Diabetes

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

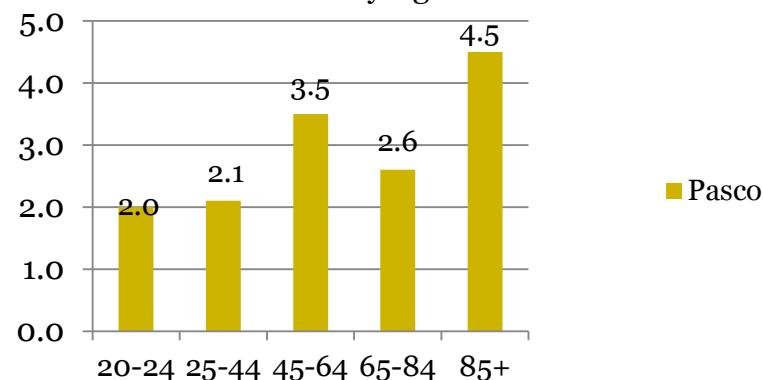
Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine.



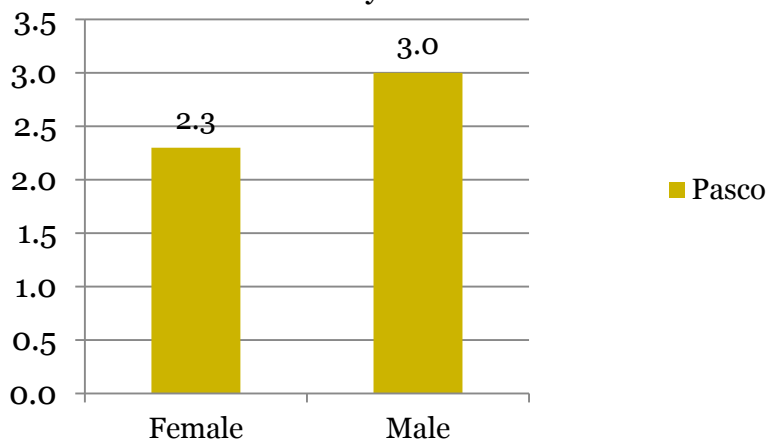
By Year



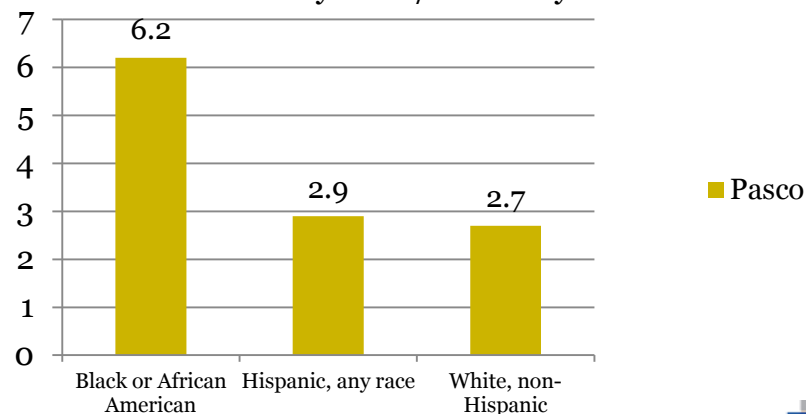
By Age



By Sex



By Race/Ethnicity

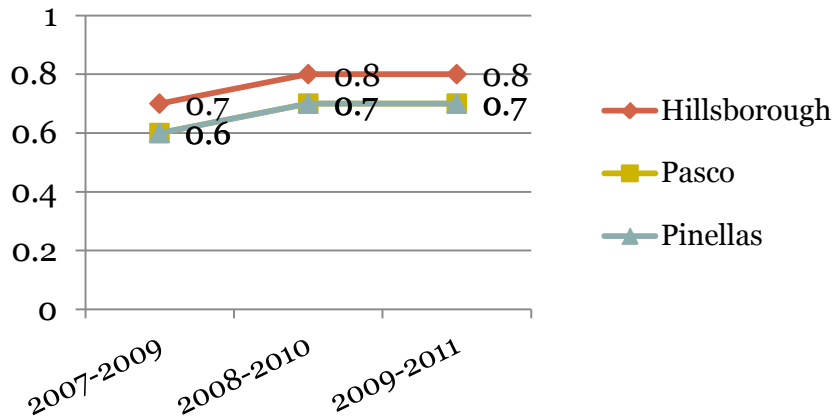


Healthy Tampa Bay Data – ER Rate due to Hepatitis

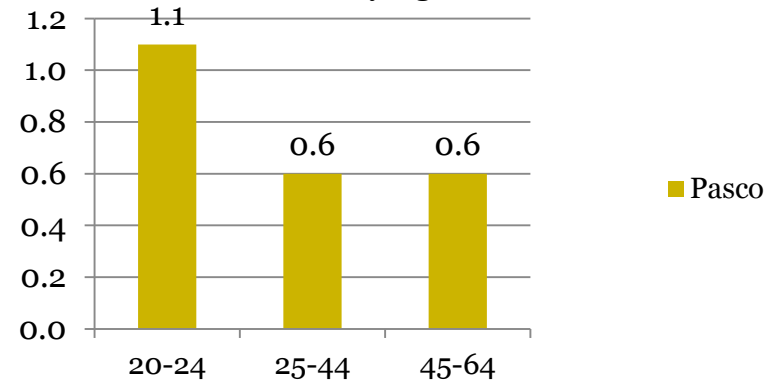
**shows the average annual age-adjusted emergency room visit rate due to diabetes per 10,000 people ages 18 and older.*



By Year



By Age

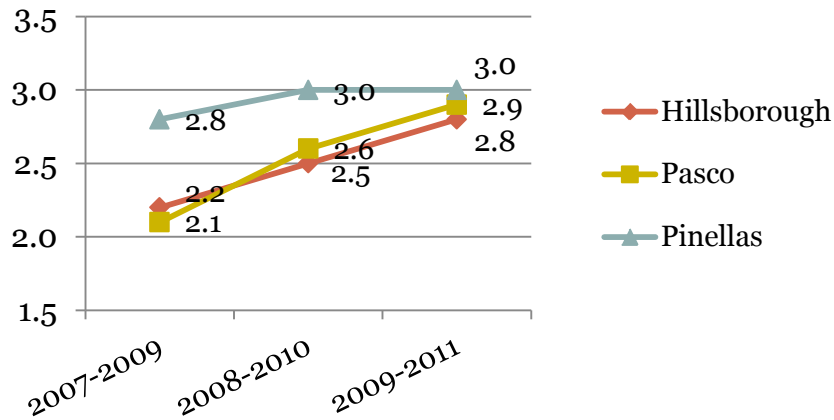


Healthy Tampa Bay Data – Hospitalization Rate due to Hepatitis

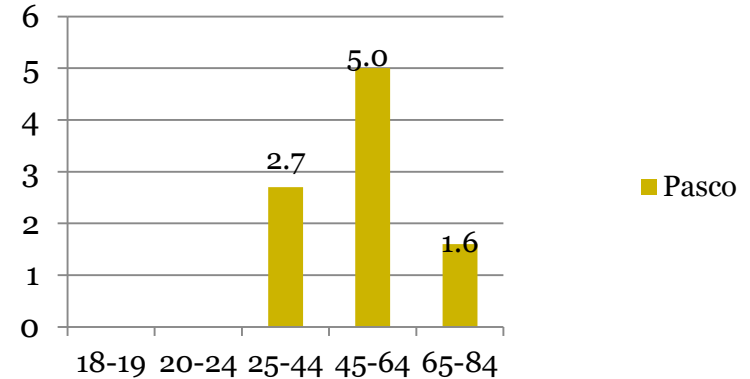
**shows the average annual age-adjusted hospitalization rate due to hepatitis per 10,000 people ages 18 and older.*



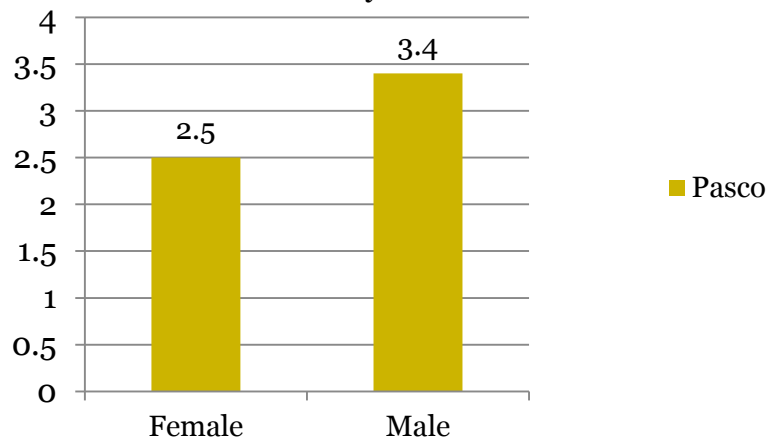
By Year



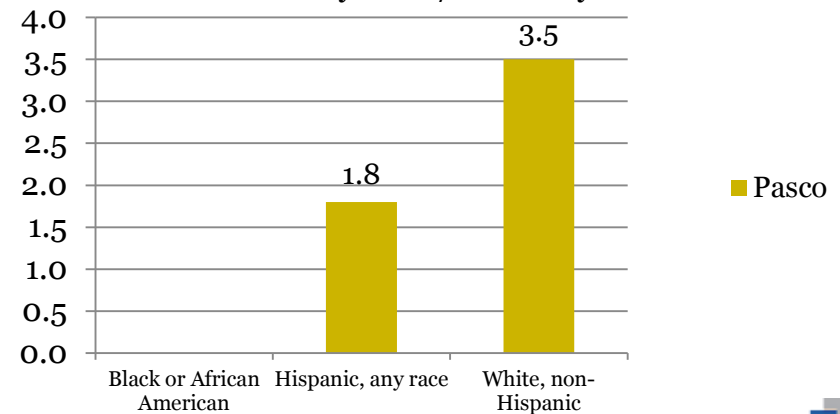
By Age



By Sex



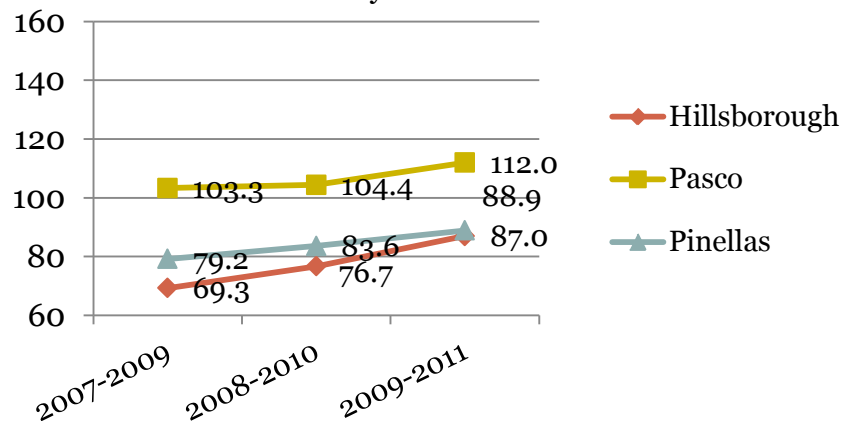
By Race/Ethnicity



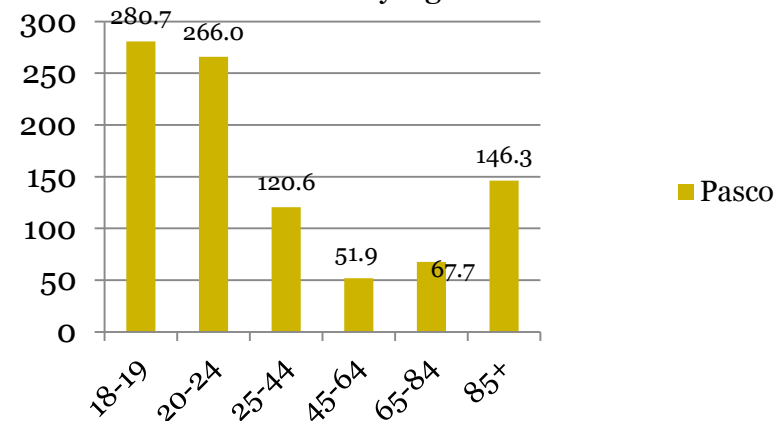
Healthy Tampa Bay Data – ER Rate due to Urinary Tract Infections

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

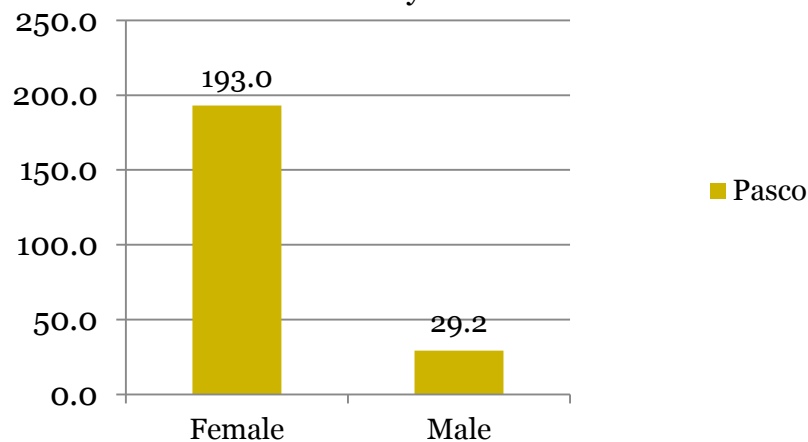
By Year



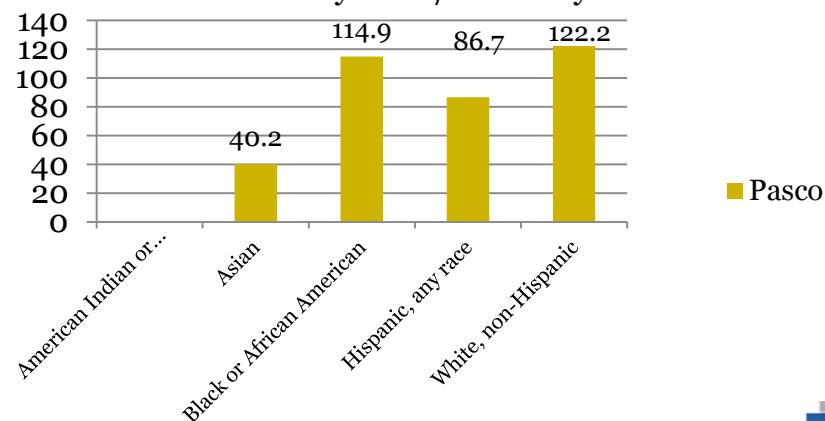
By Age



By Sex



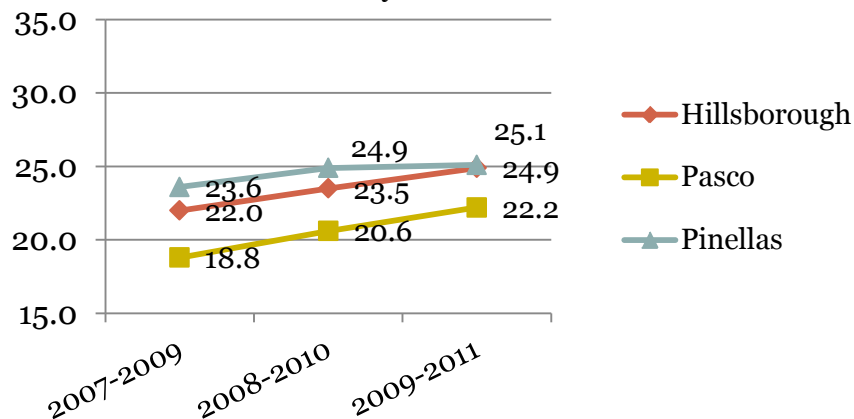
By Race/Ethnicity



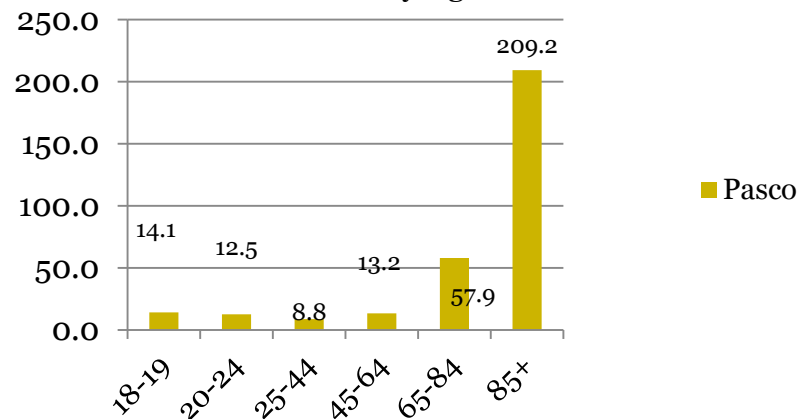
Healthy Tampa Bay Data – Hospitalization Rate due to Urinary Tract Infections

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

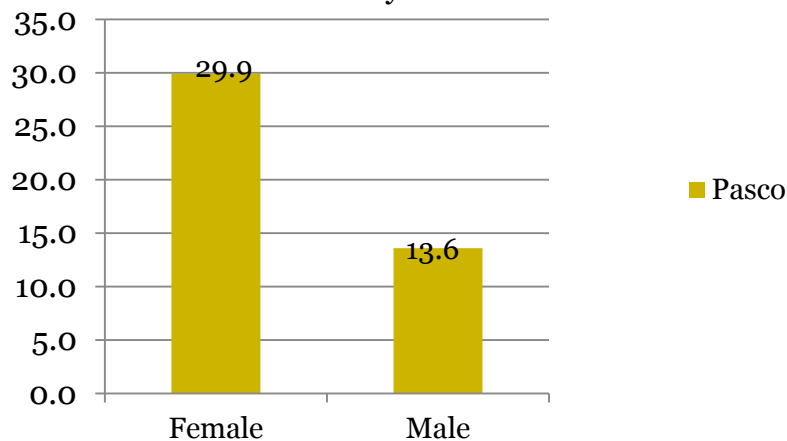
By Year



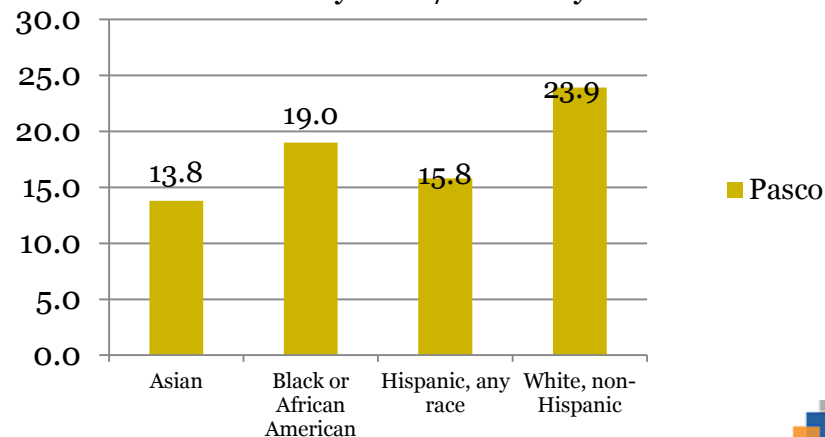
By Age



By Sex



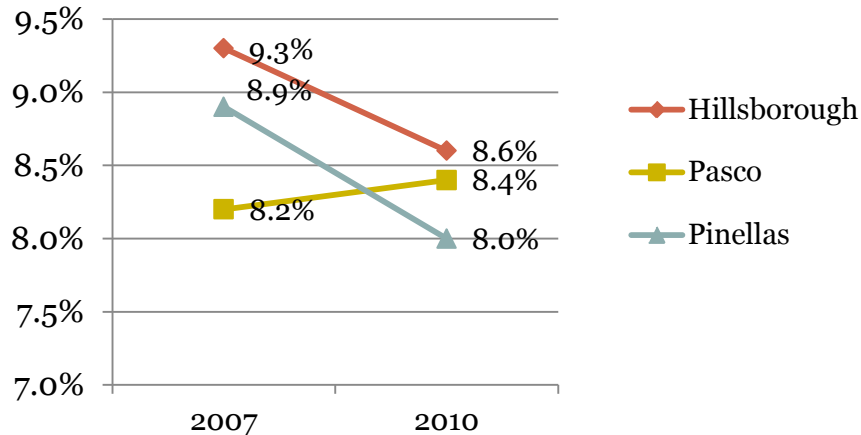
By Race/Ethnicity



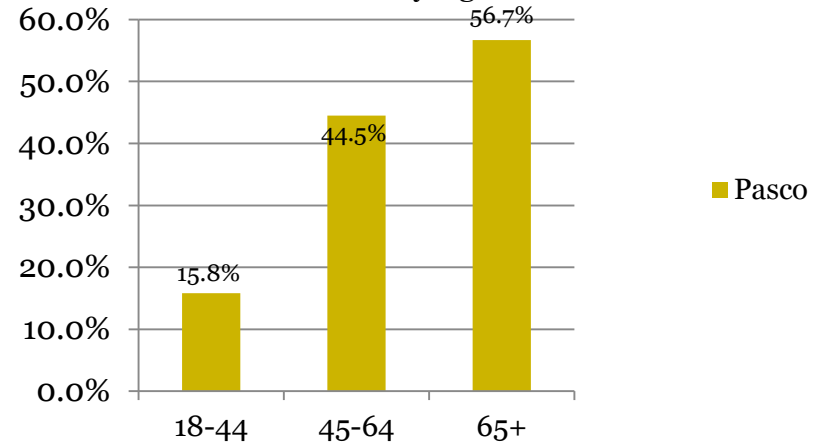
Healthy Tampa Bay Data – High Blood Pressure Prevalence

**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)*

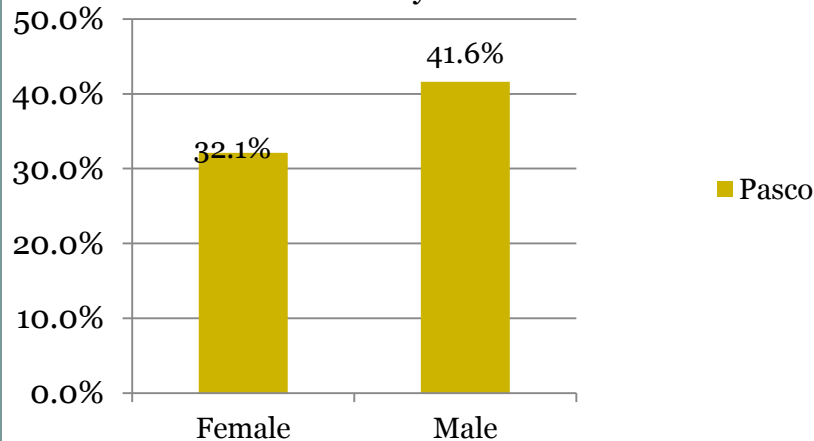
By Year



By Age



By Sex

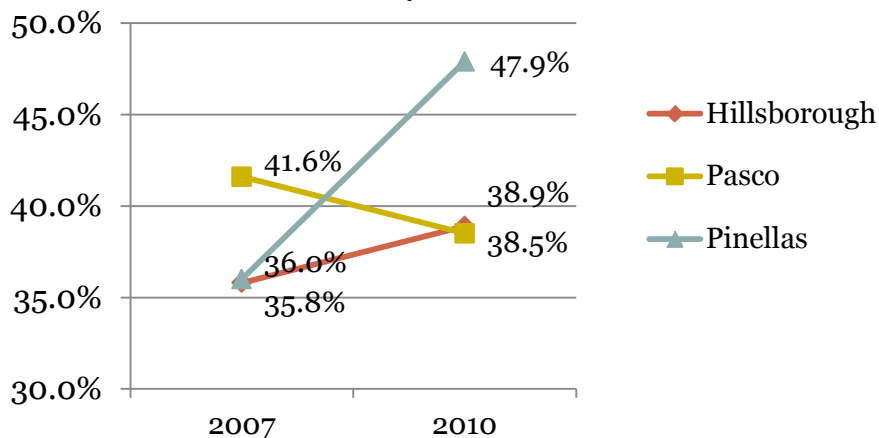


Healthy Tampa Bay Data – High Cholesterol Prevalence

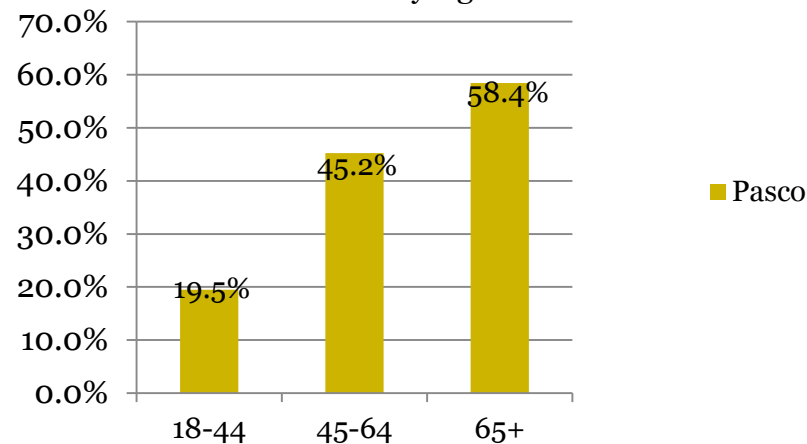
**Percentage of Adults who have had their blood cholesterol checked and have been told that it was high.*



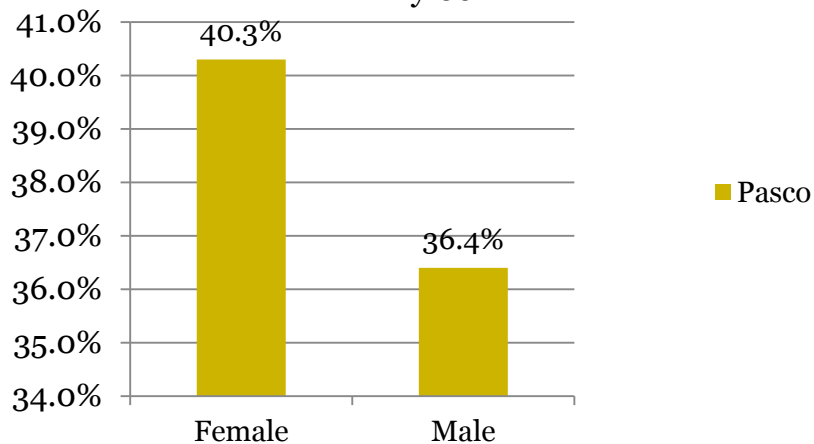
By Year



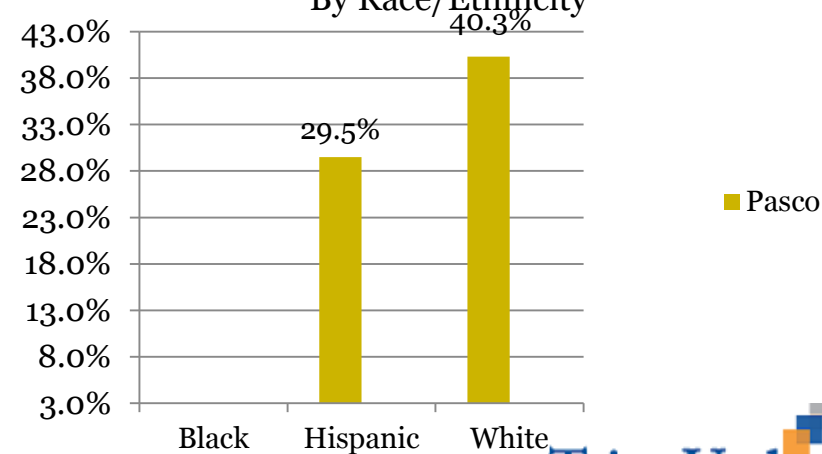
By Age



By Sex



By Race/Ethnicity

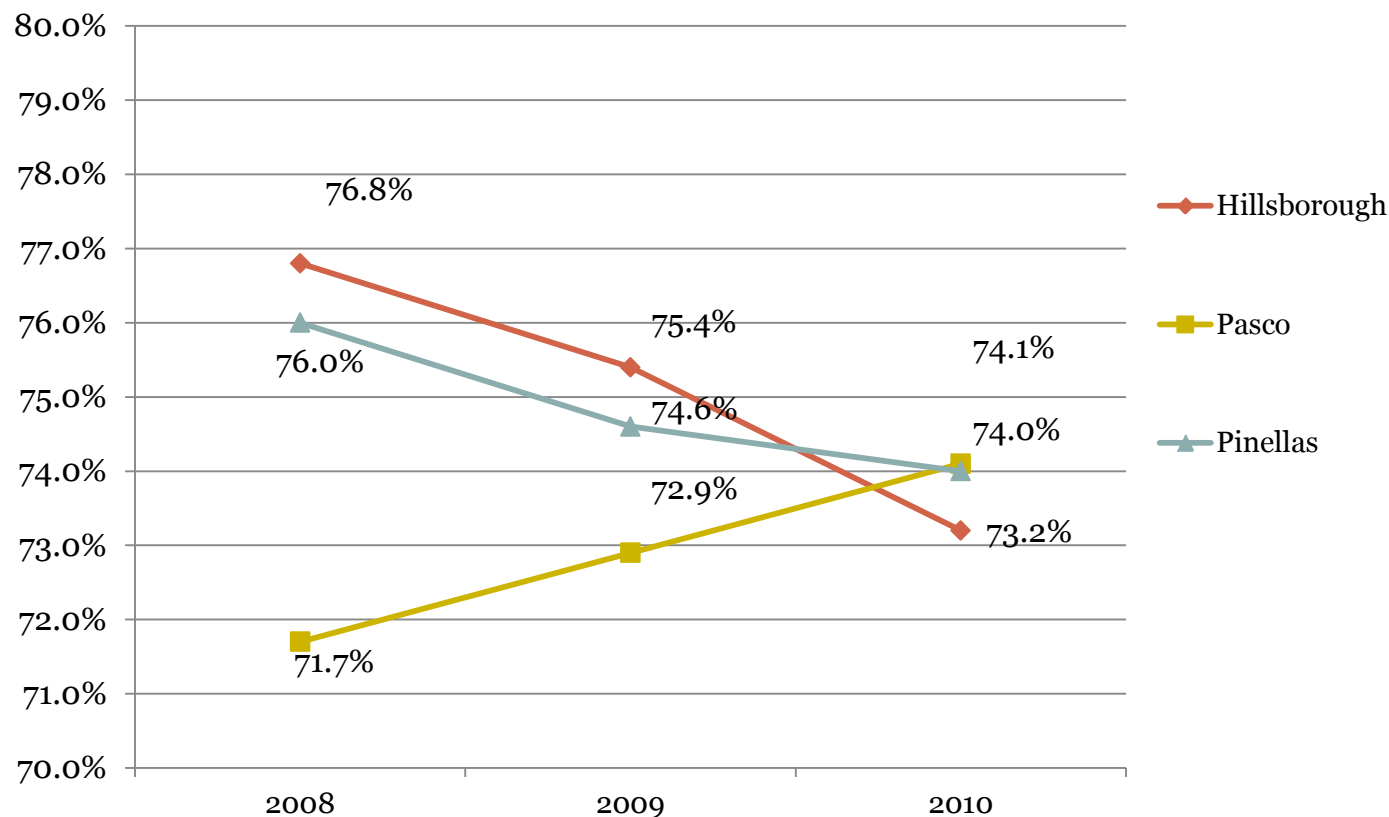


Healthy Tampa Bay Data – Adults with Health Insurance



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

By Year

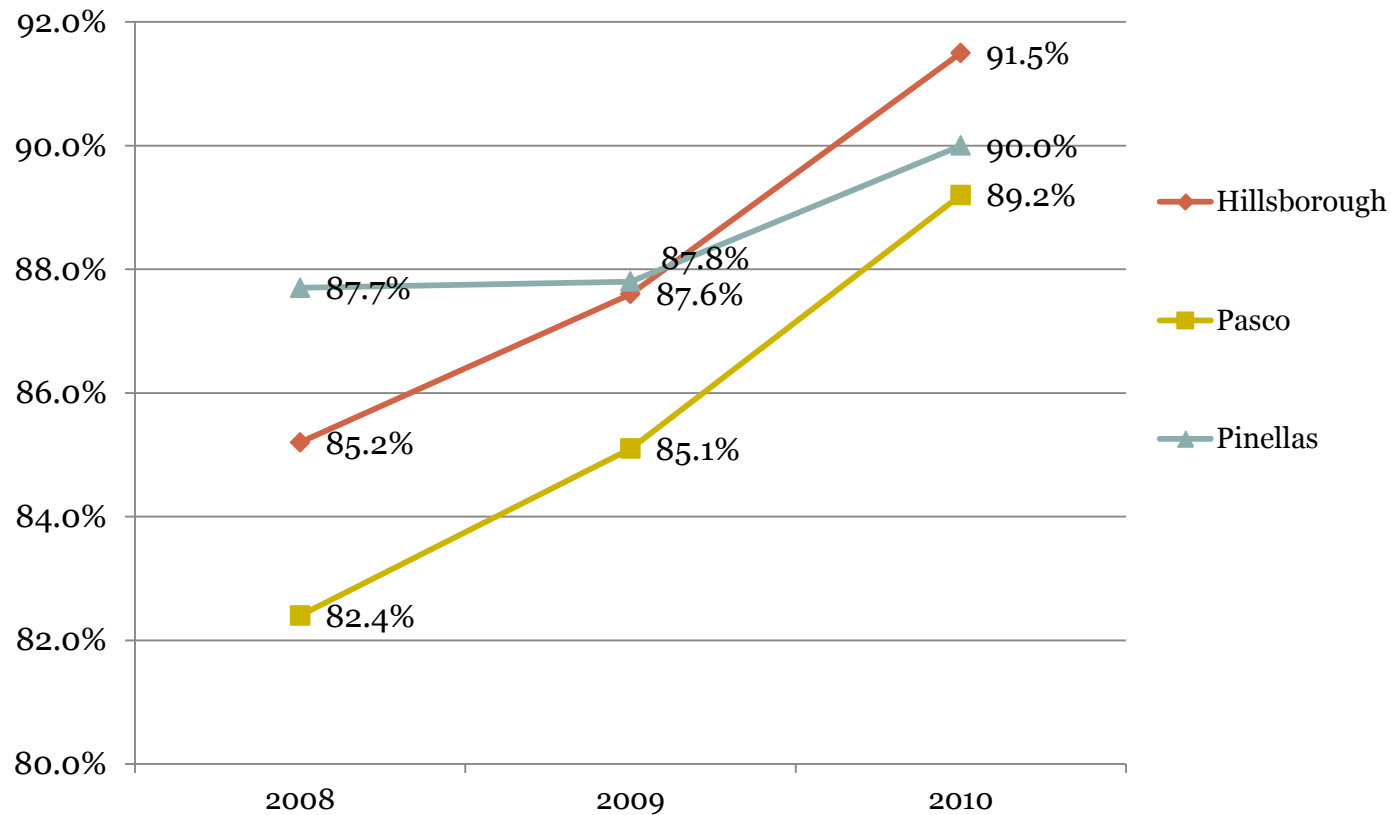


Healthy Tampa Bay Data – Children with Health Insurance

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



By Year

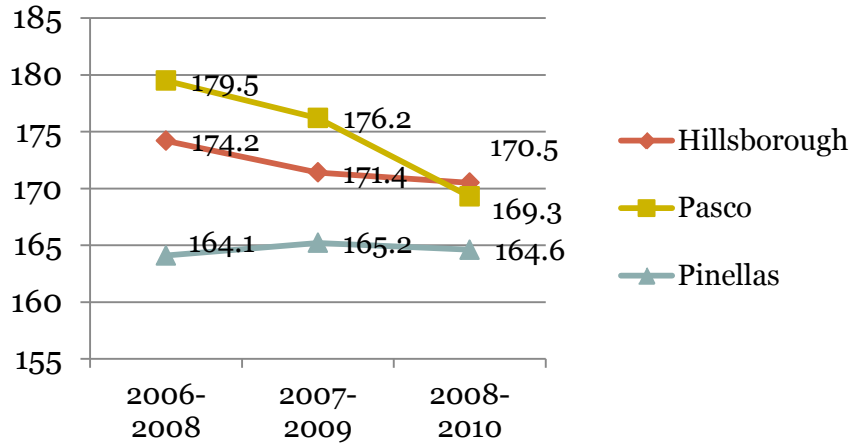


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Cancer

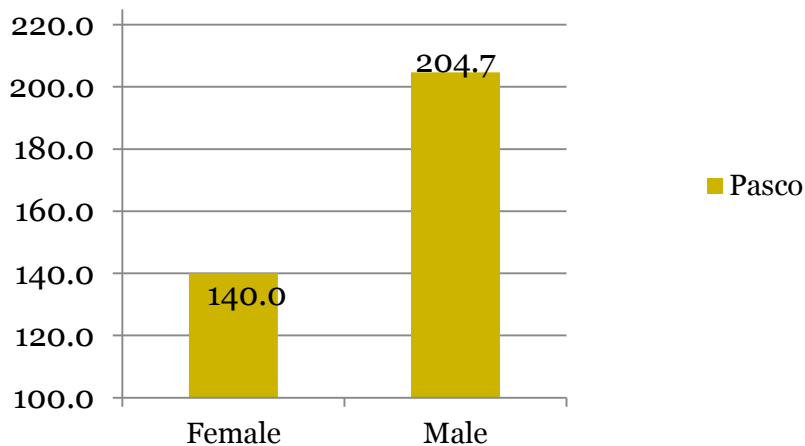
**age-adjusted death rate per 100,000
population due to cancer.*



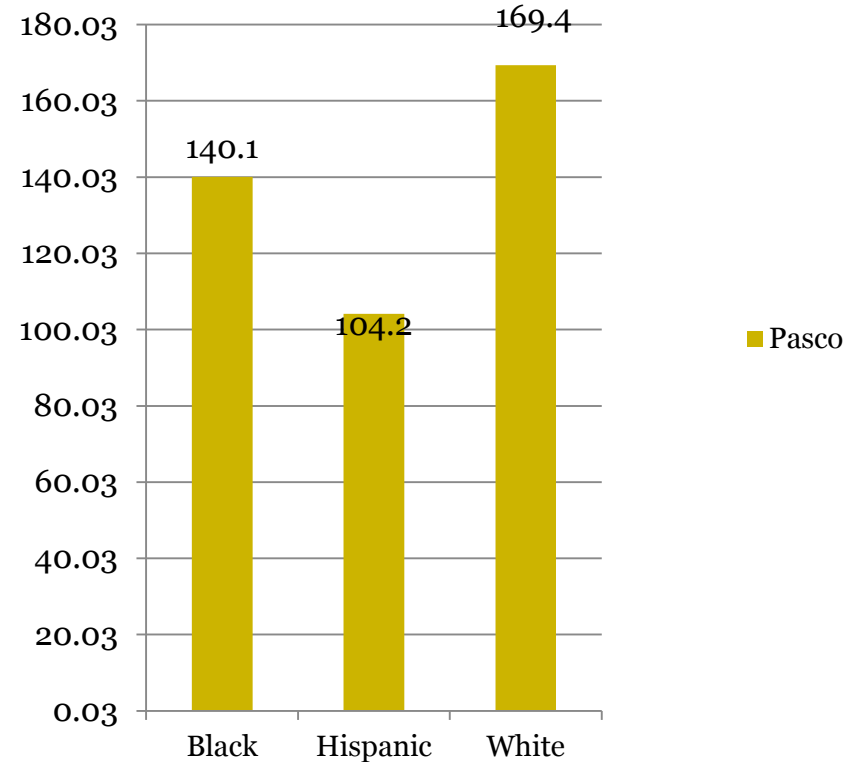
By Year



By Sex



By Race/Ethnicity

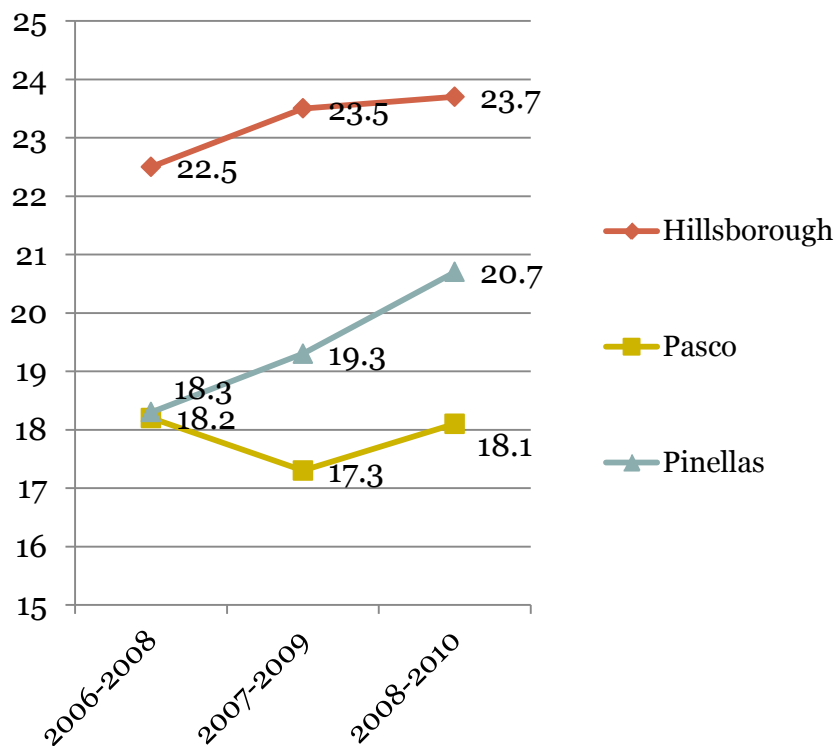


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Breast Cancer

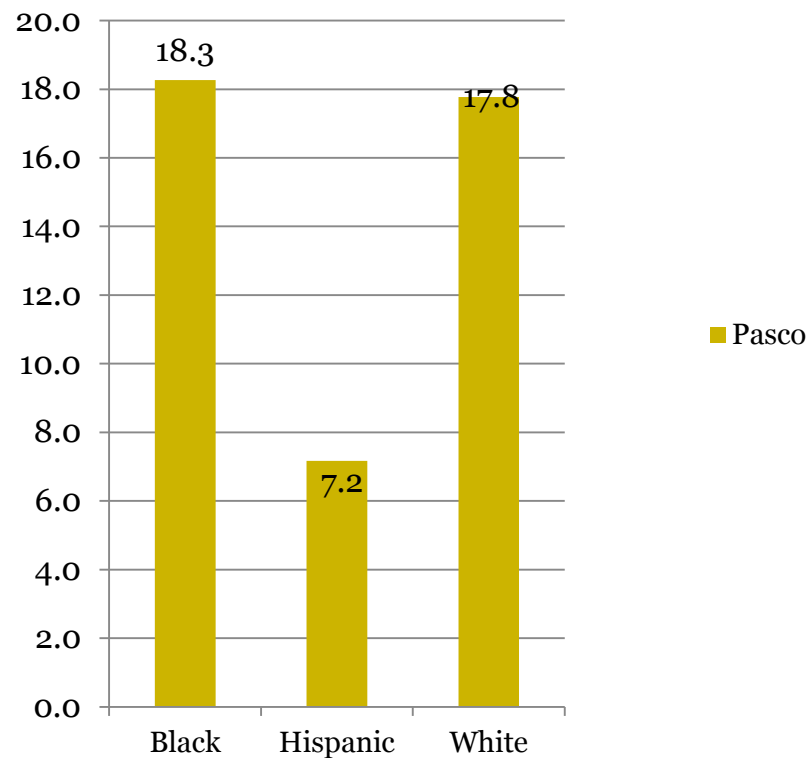
**age-adjusted death rate per 100,000
females due to breast cancer.*



By Year



By Race/Ethnicity

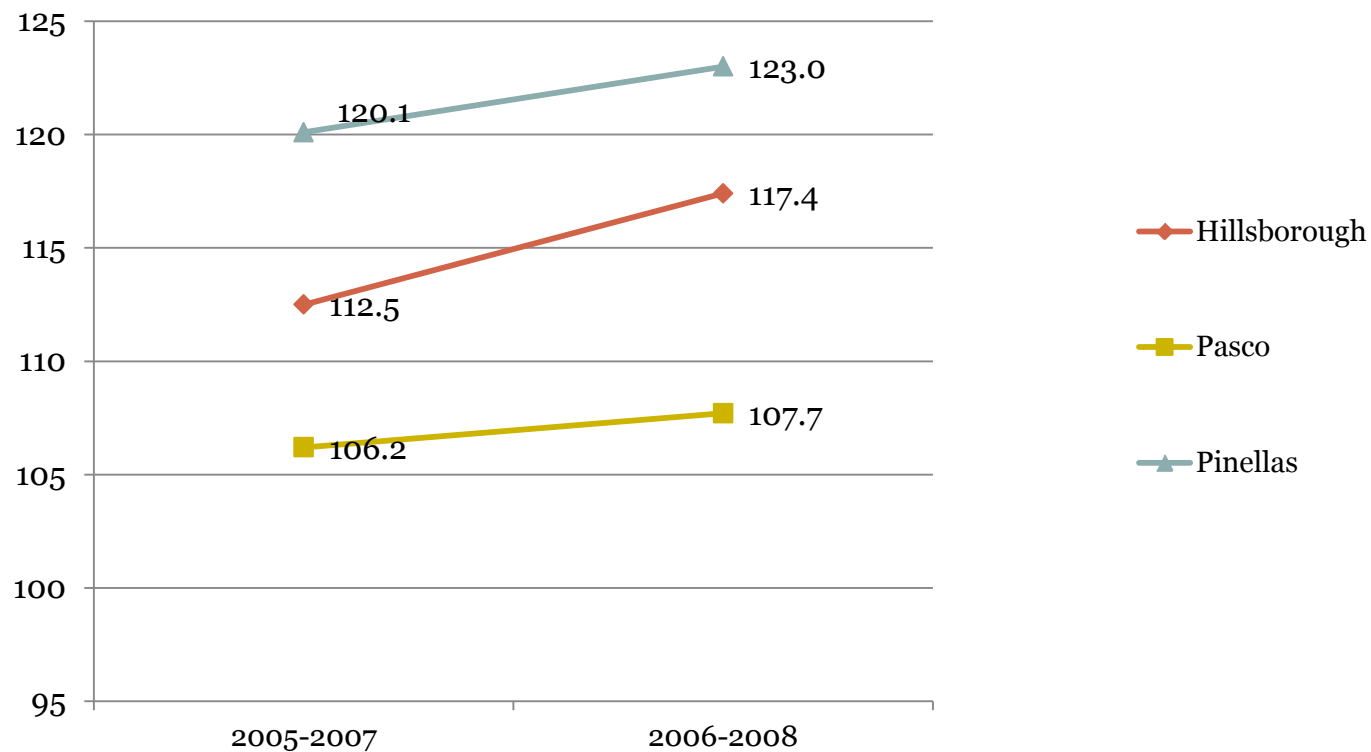


Healthy Tampa Bay Data – Breast Cancer Incidence Rate



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

By Year

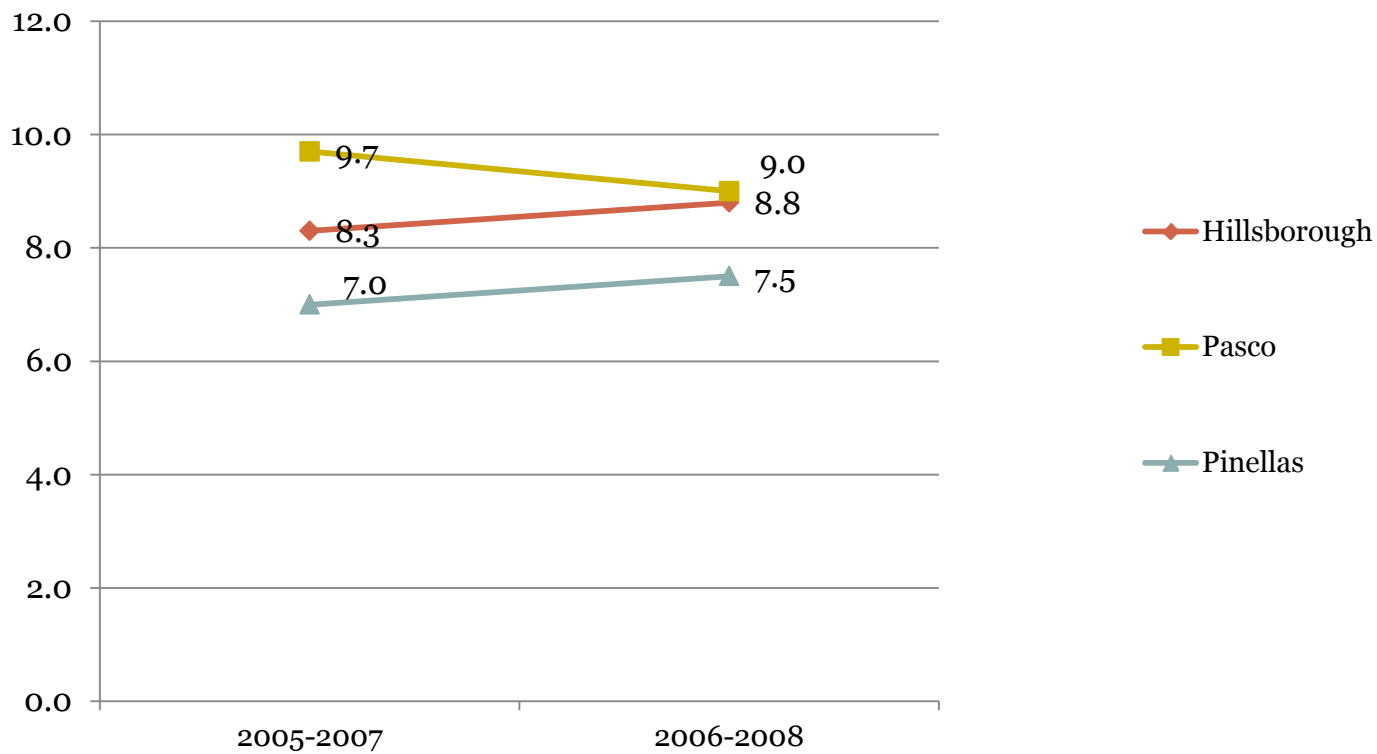


Healthy Tampa Bay Data – Cervical Cancer Incidence Rate



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

By Year

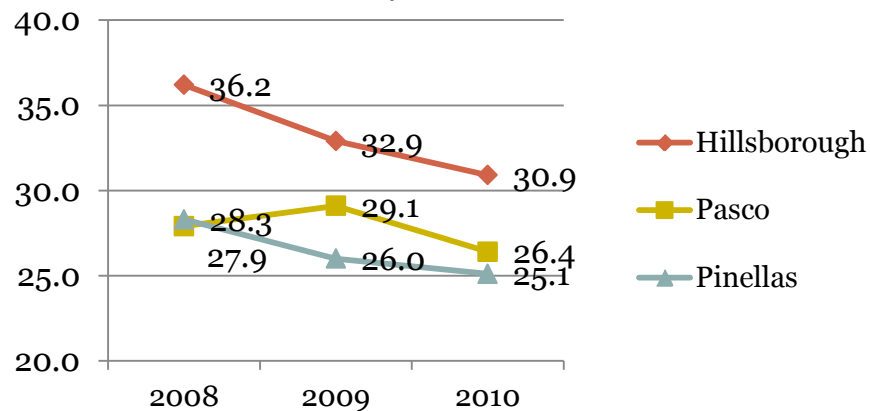


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

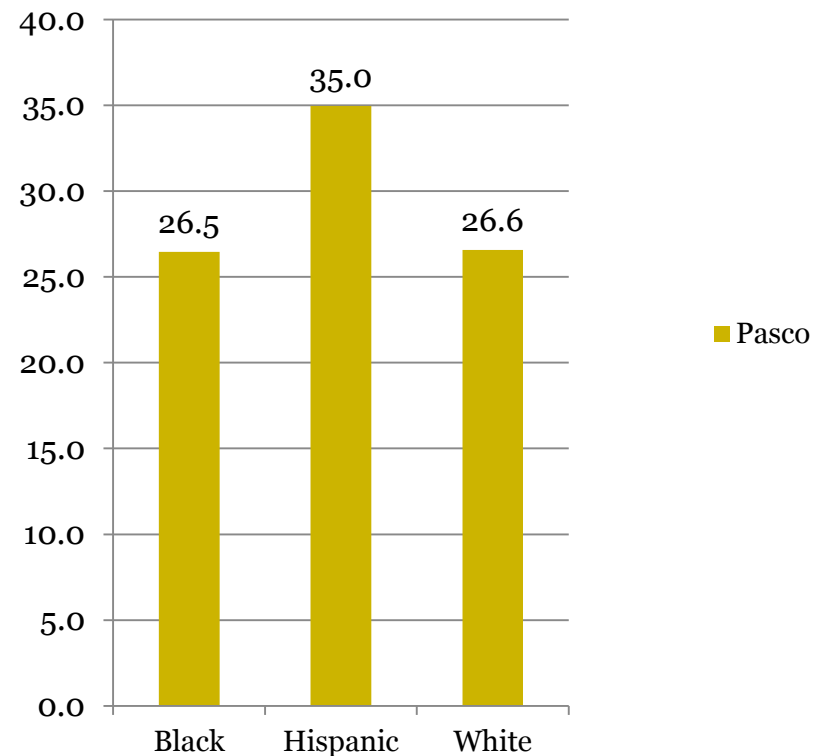
**age-adjusted death rate per 100,000 population
due to cerebrovascular disease (stroke)*



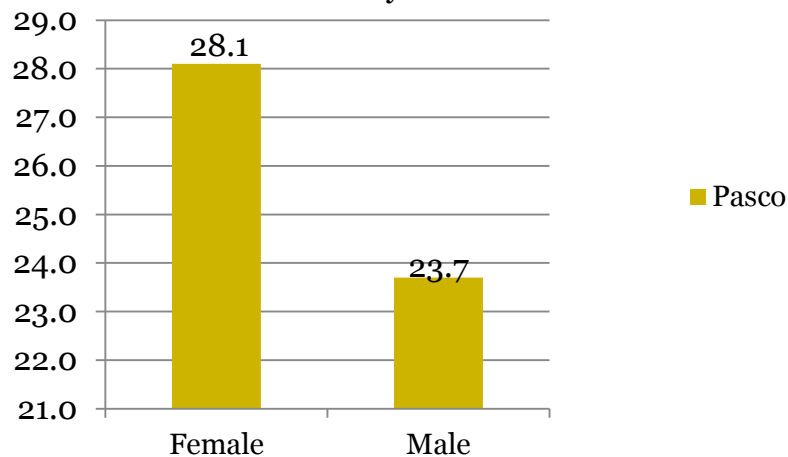
By Year



By Race/Ethnicity

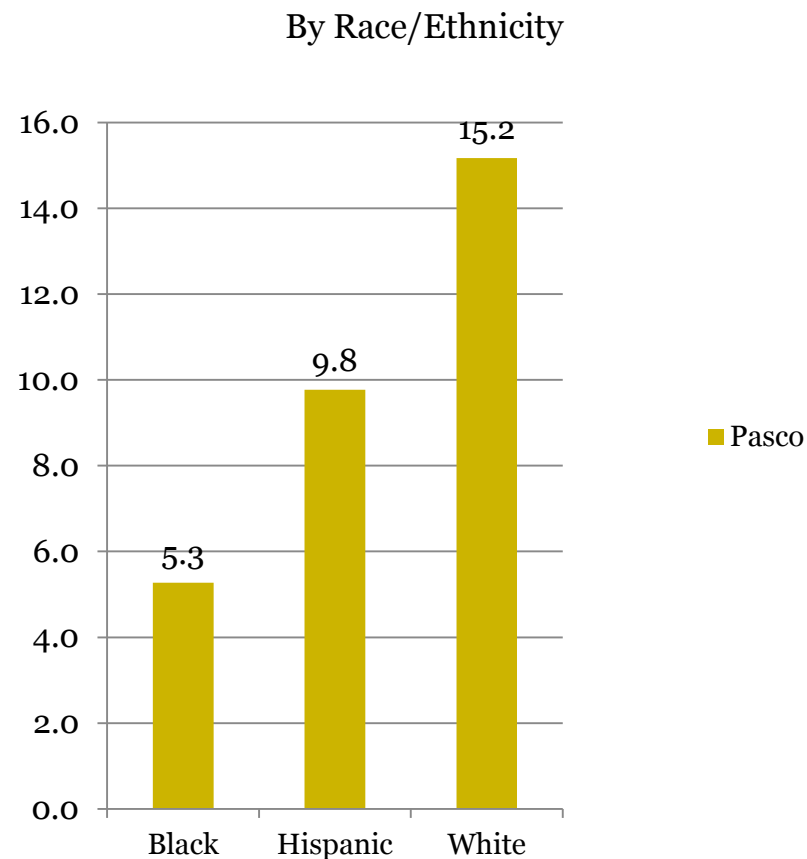
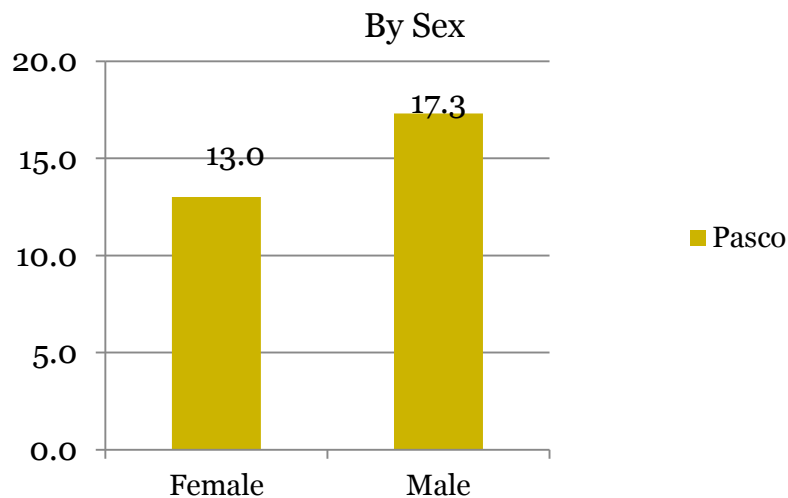
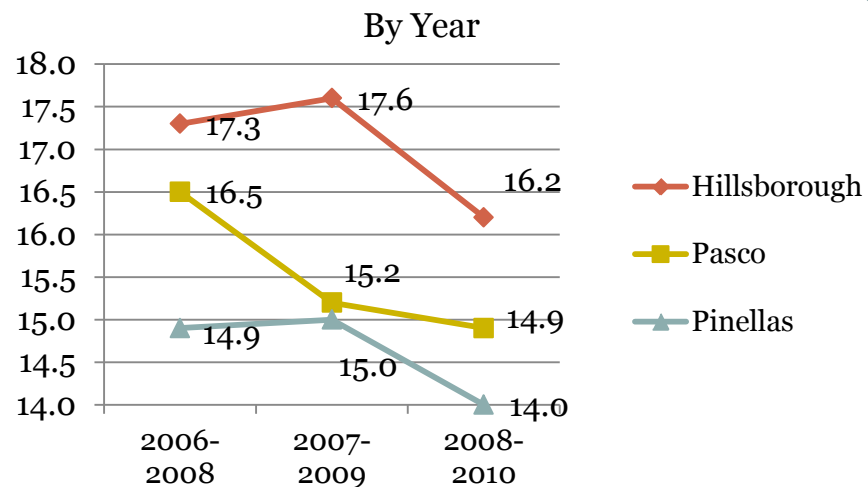


By Sex



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

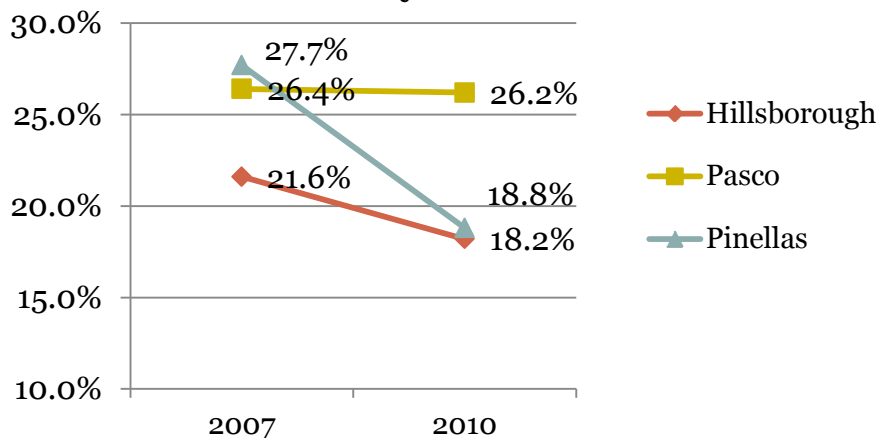
**age-adjusted death rate per 100,000
population due to colorectal cancer.*



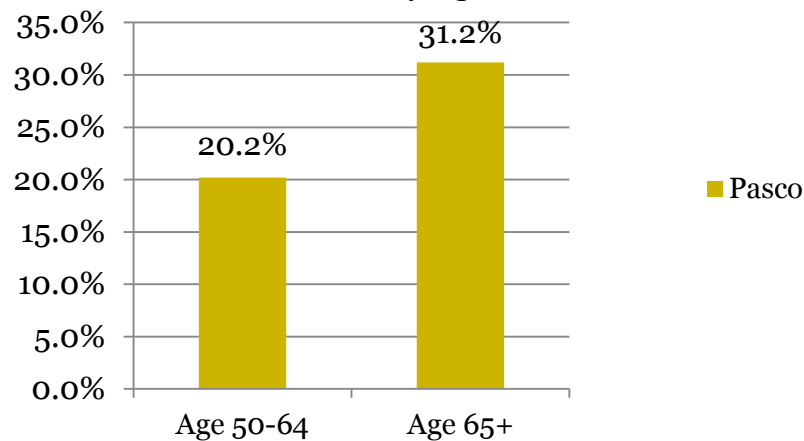
Healthy Tampa Bay Data – Colon Cancer Screening

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

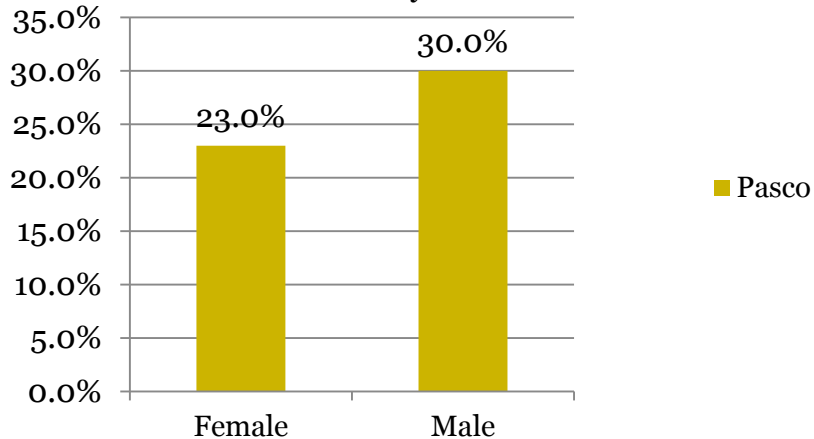
By Year



By Age



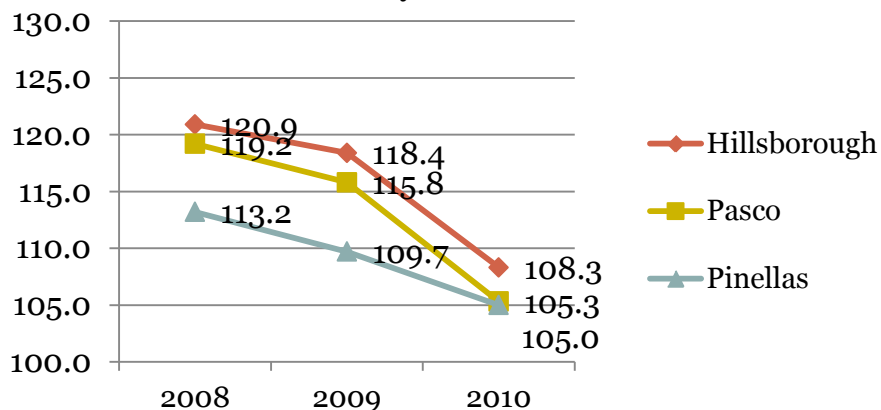
By Sex



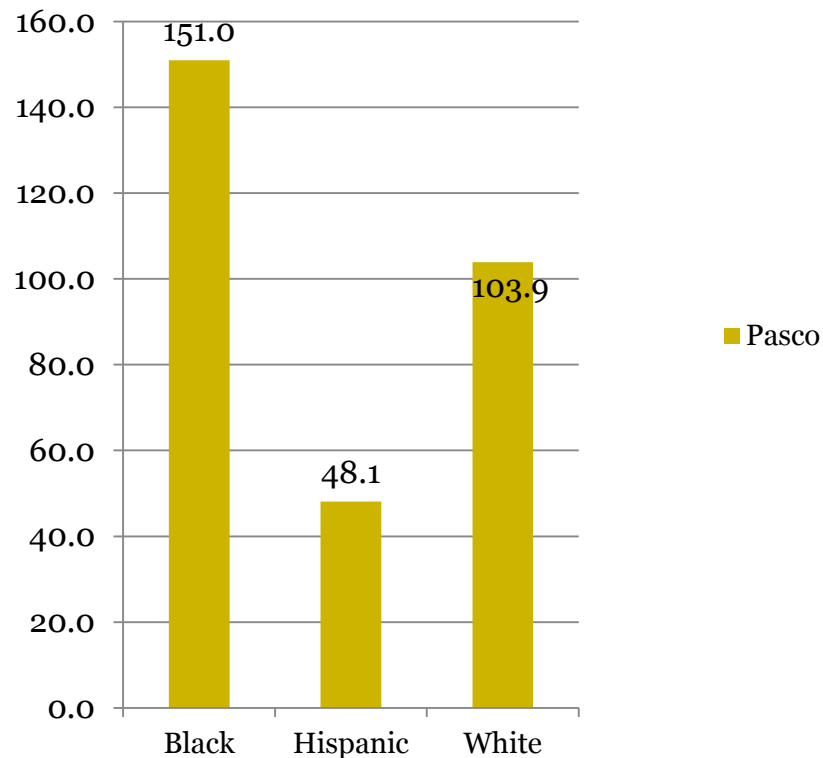
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Coronary Heart Disease

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

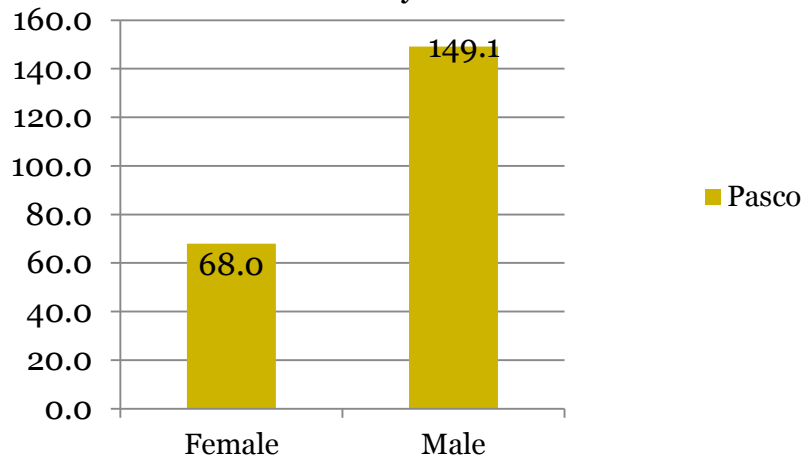
By Year



By Race/Ethnicity



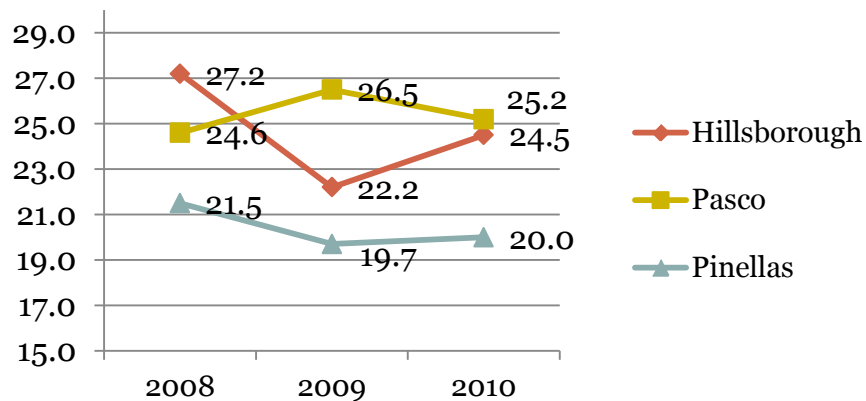
By Sex



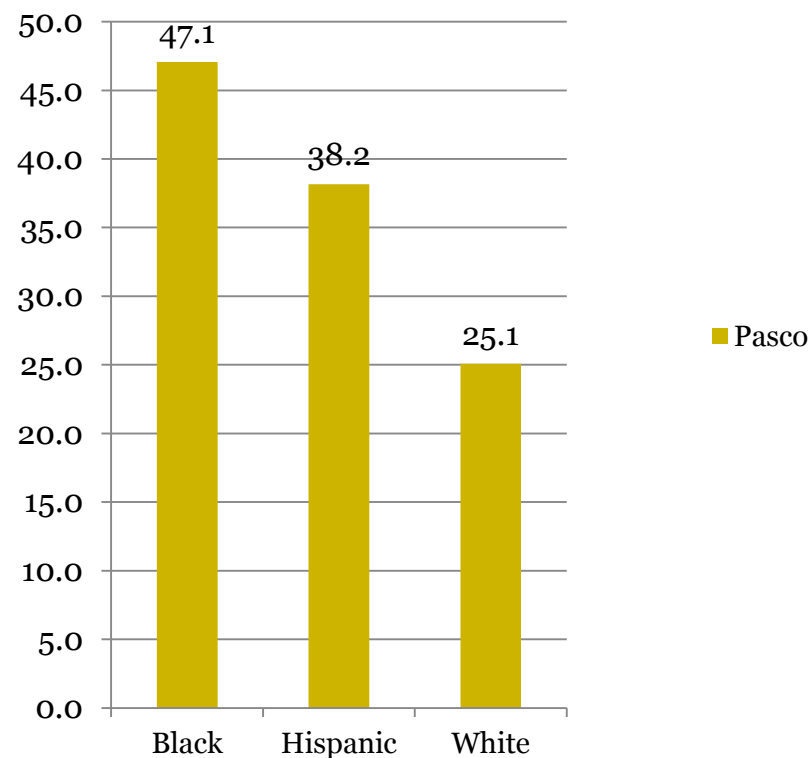
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Diabetes

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

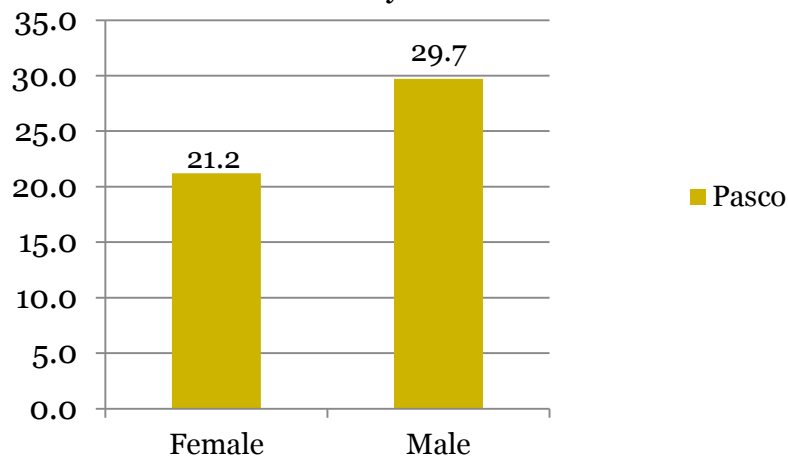
By Year



By Race/Ethnicity



By Sex

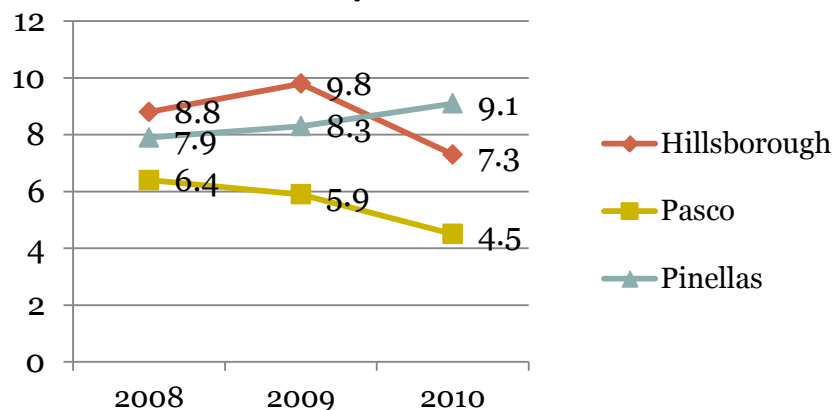


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Influenza and Pneumonia

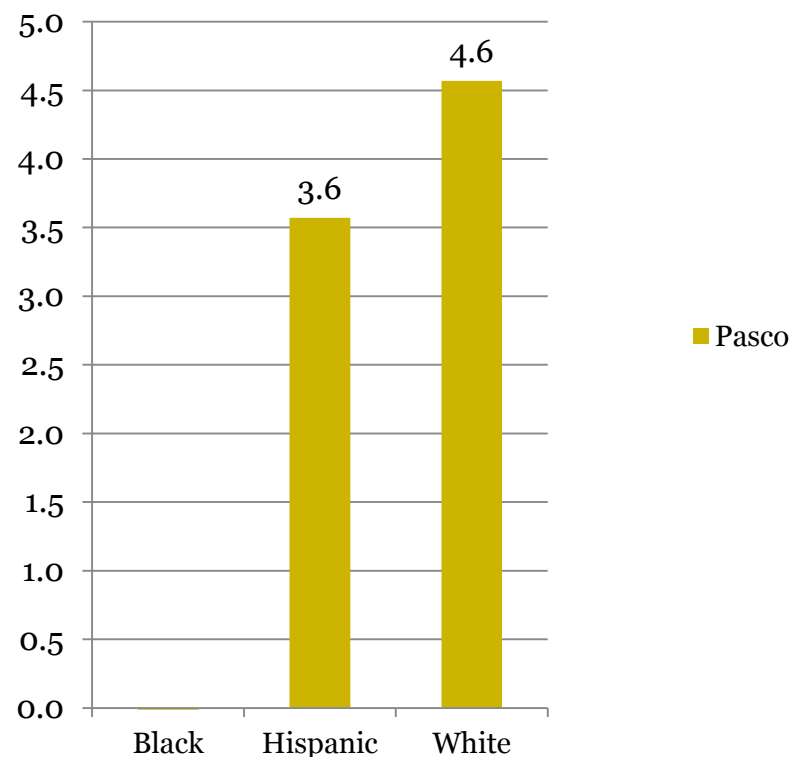
**age-adjusted death rate per 100,000
population due to influenza and pneumonia*



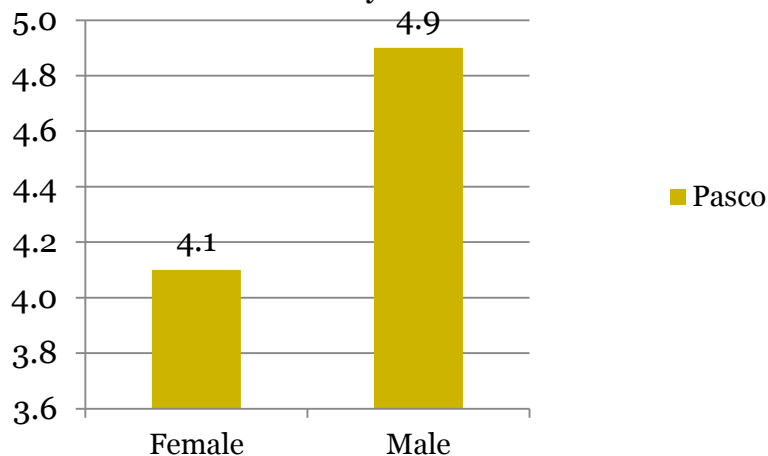
By Year



By Race/Ethnicity

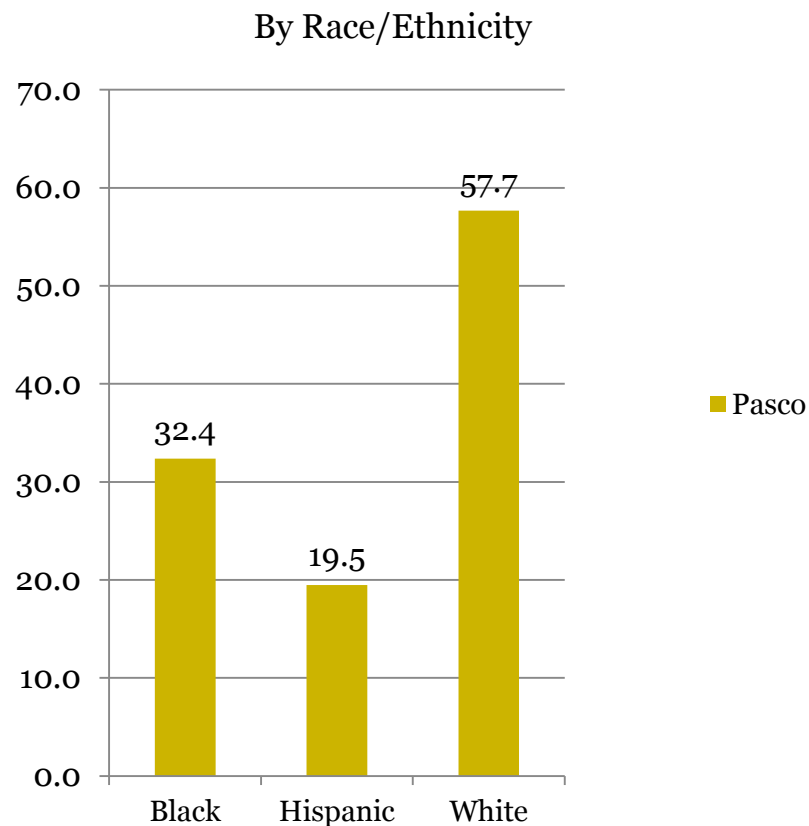
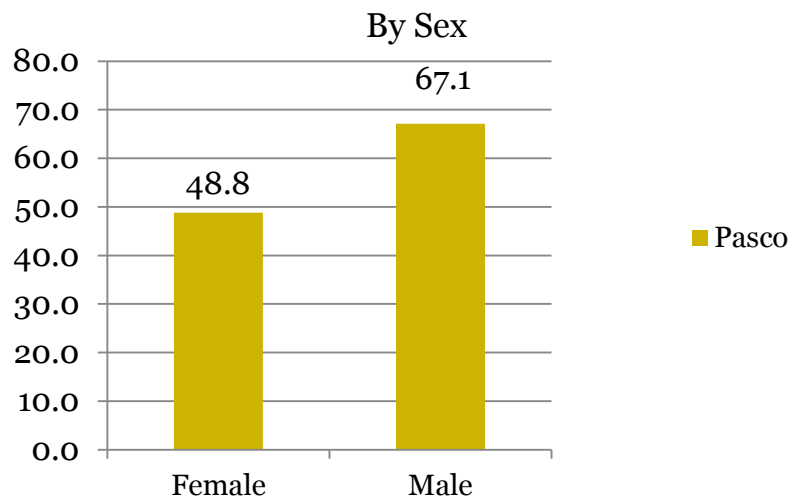
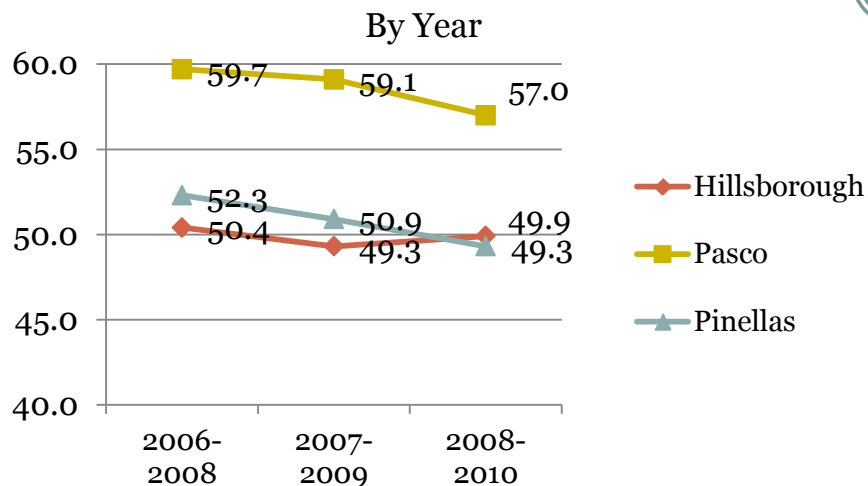


By Sex



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

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

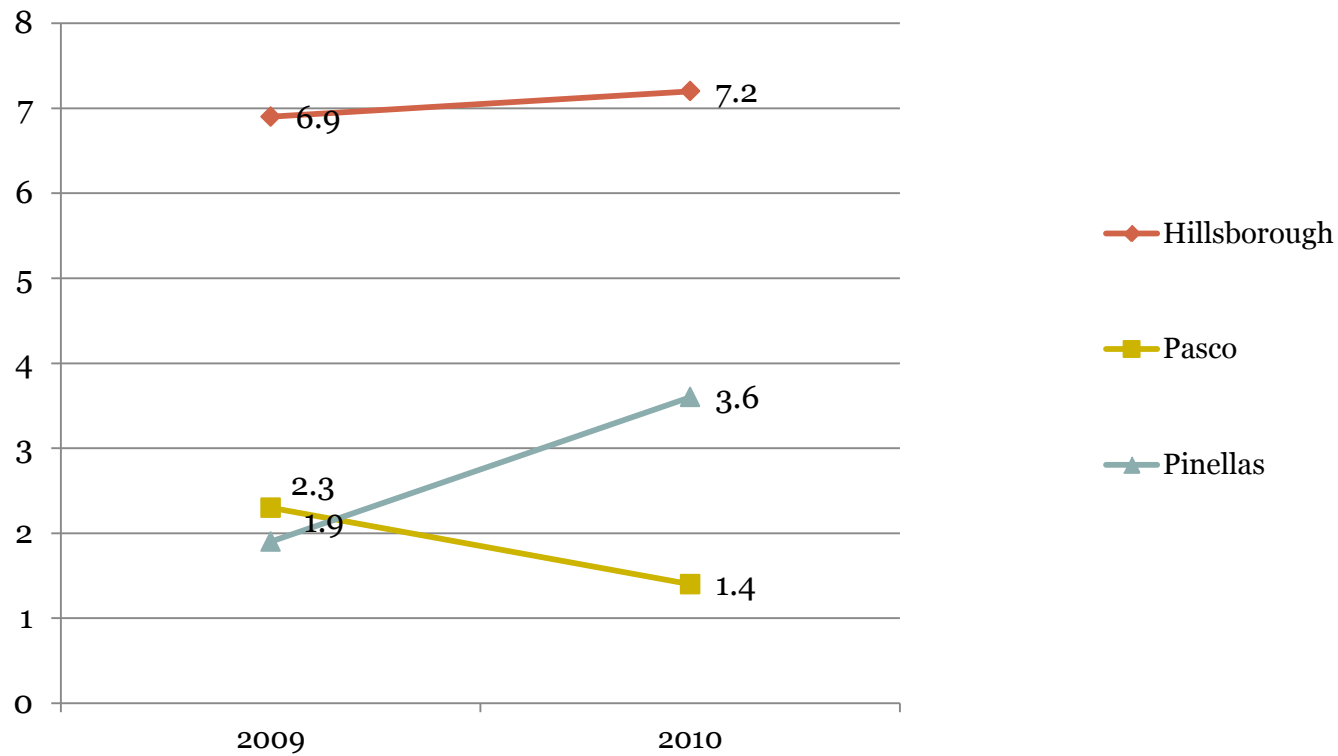


Healthy Tampa Bay Data – Tuberculosis Incidence Rate



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

By Year

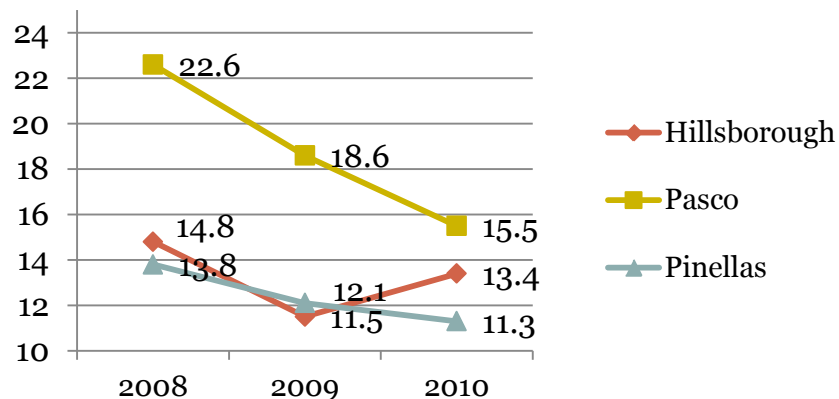


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Motor Vehicle Collisions

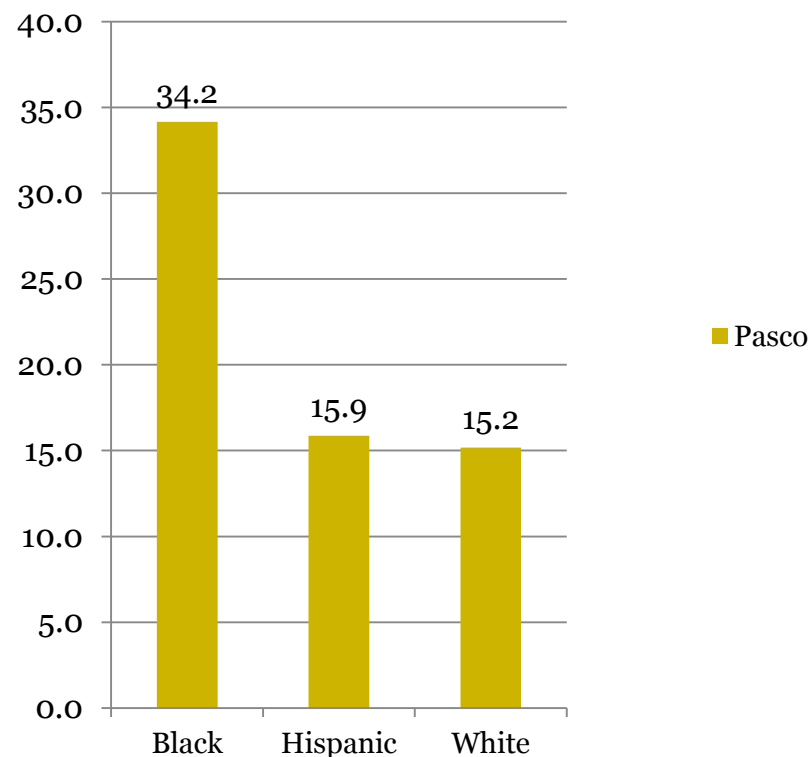
**age-adjusted death rate per 100,000
population due to motor vehicle collisions*



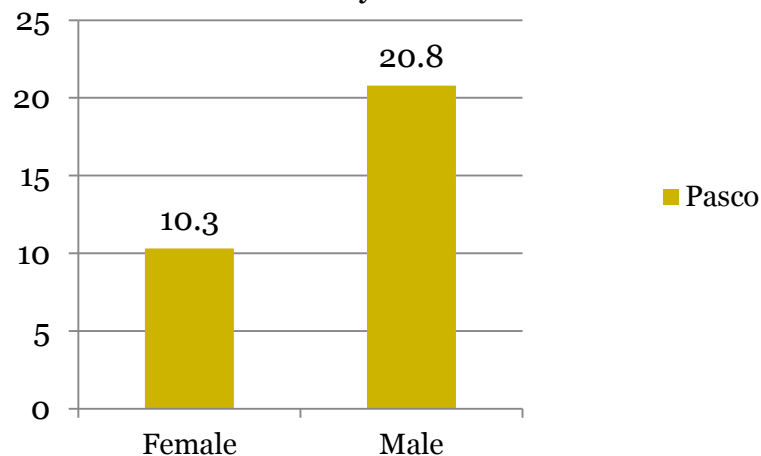
By Year



By Race/Ethnicity



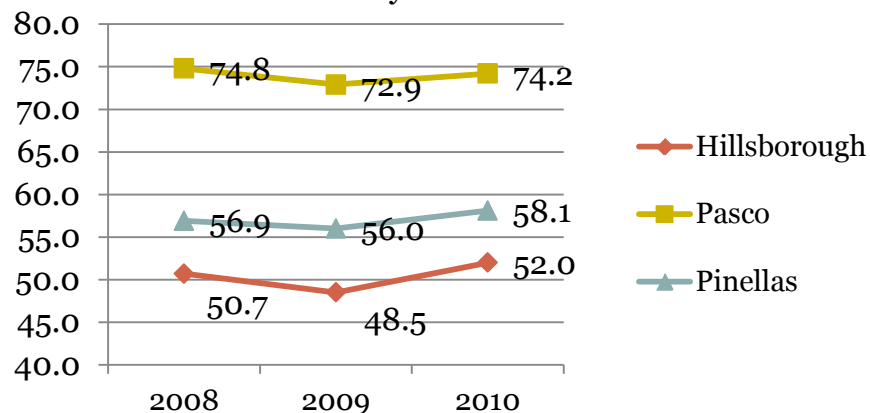
By Sex



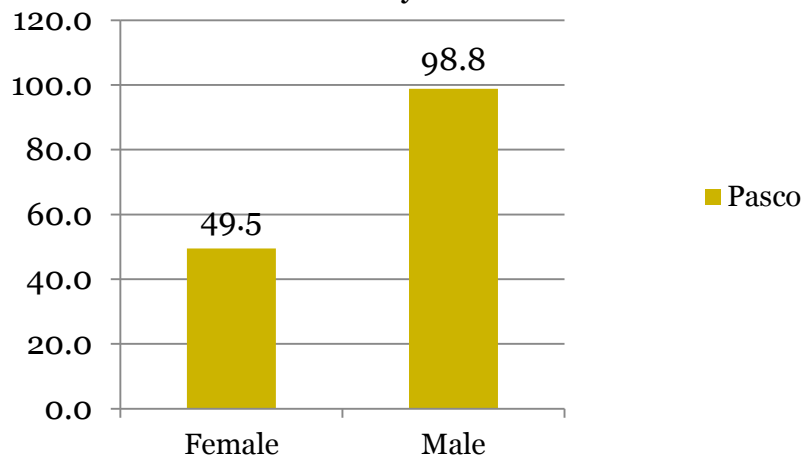
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Unintentional Injuries

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

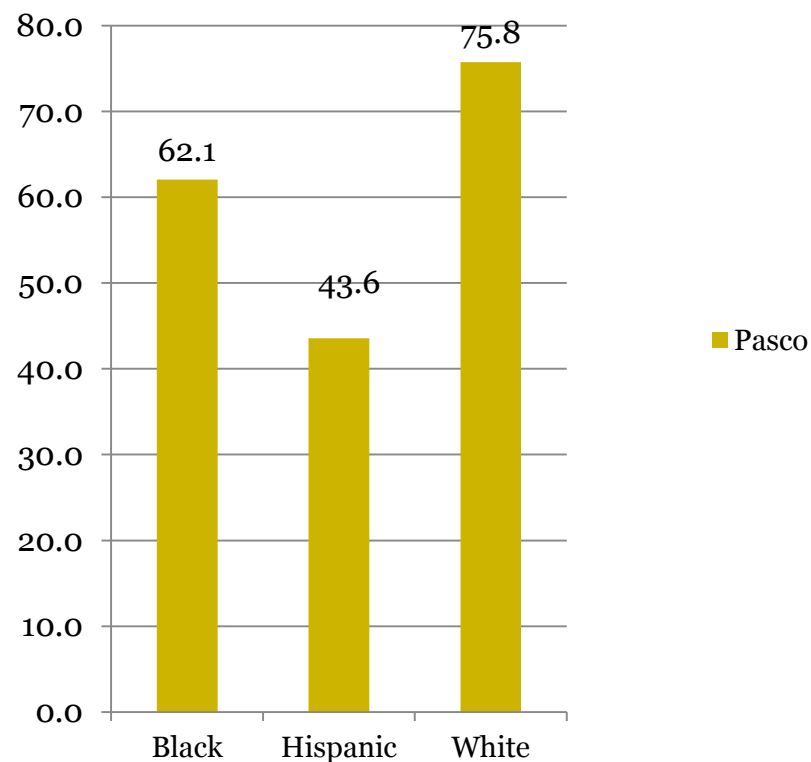
By Year



By Sex



By Race/Ethnicity

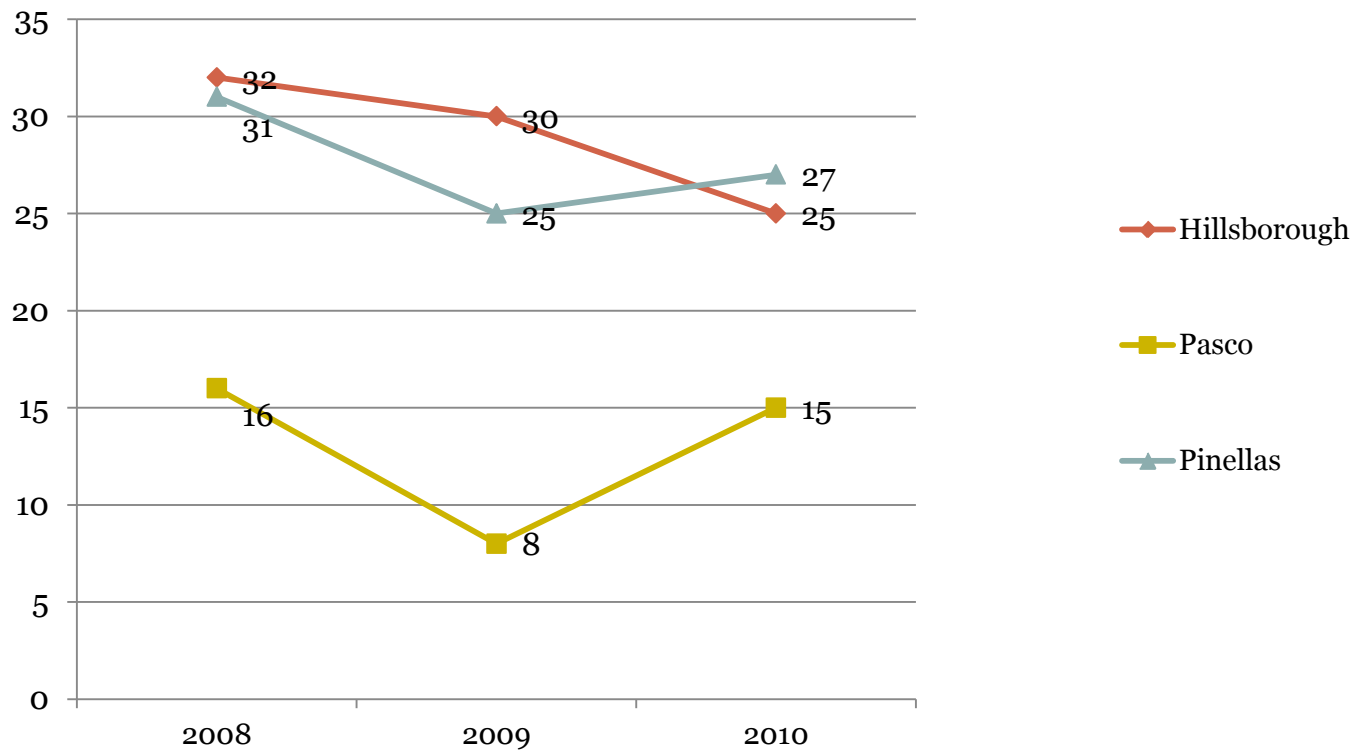


Healthy Tampa Bay Data – Motorcycle Fatalities



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

By Year

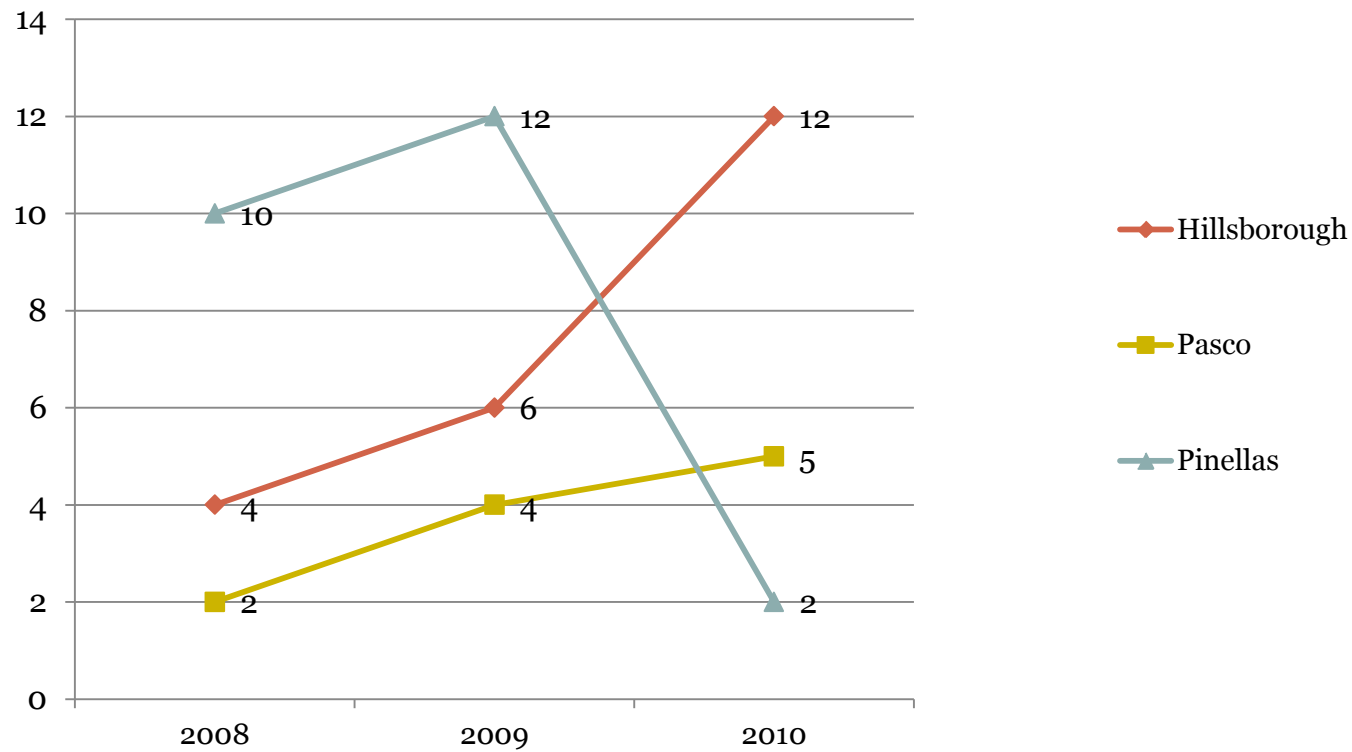


Healthy Tampa Bay Data – Bicyclist Fatalities



**the number of bicyclists killed in traffic collisions*

By Year

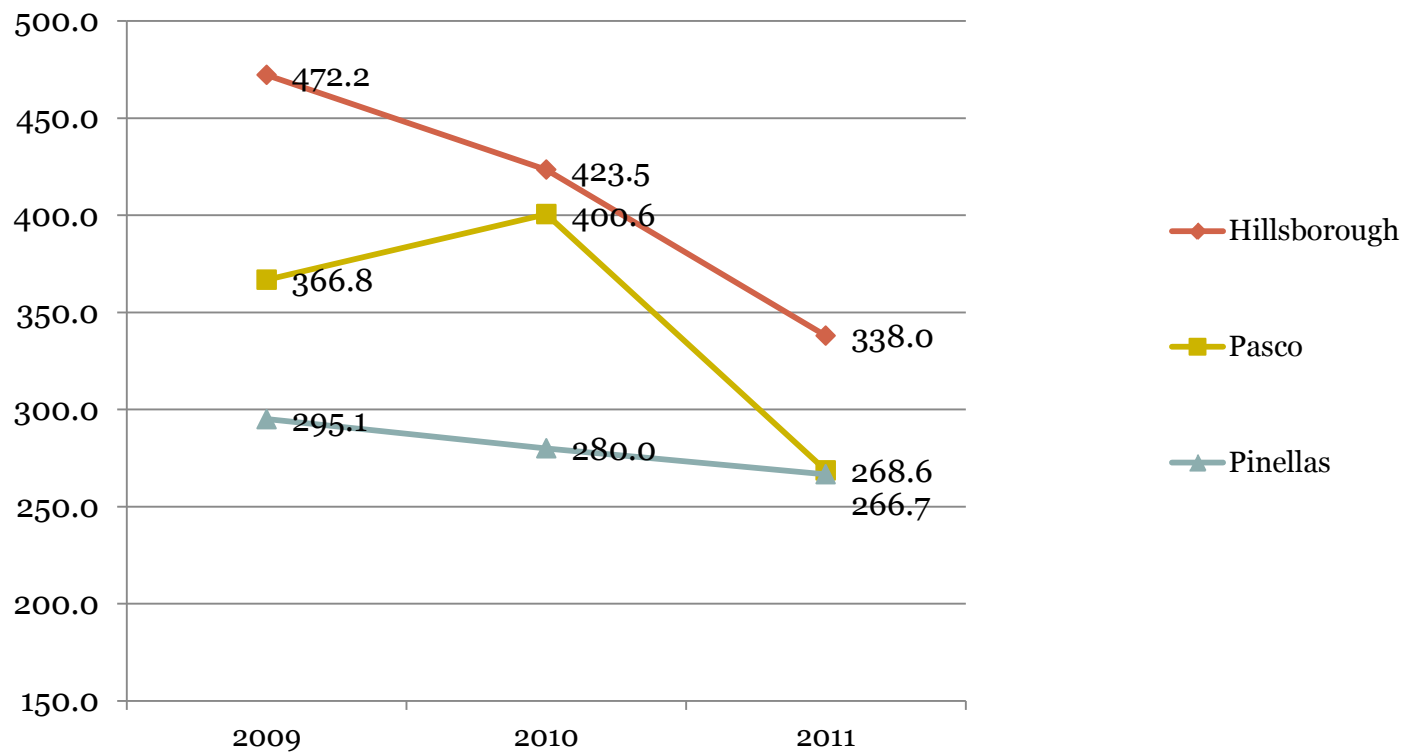


Healthy Tampa Bay Data – Driving Under the Influence Rate



- 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

By Year

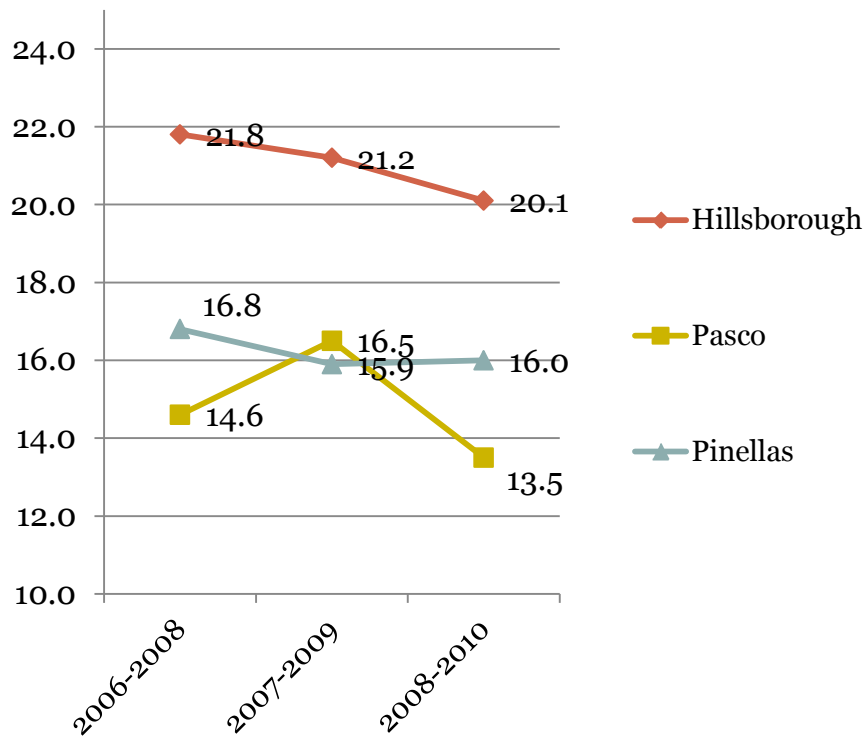


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Prostate Cancer

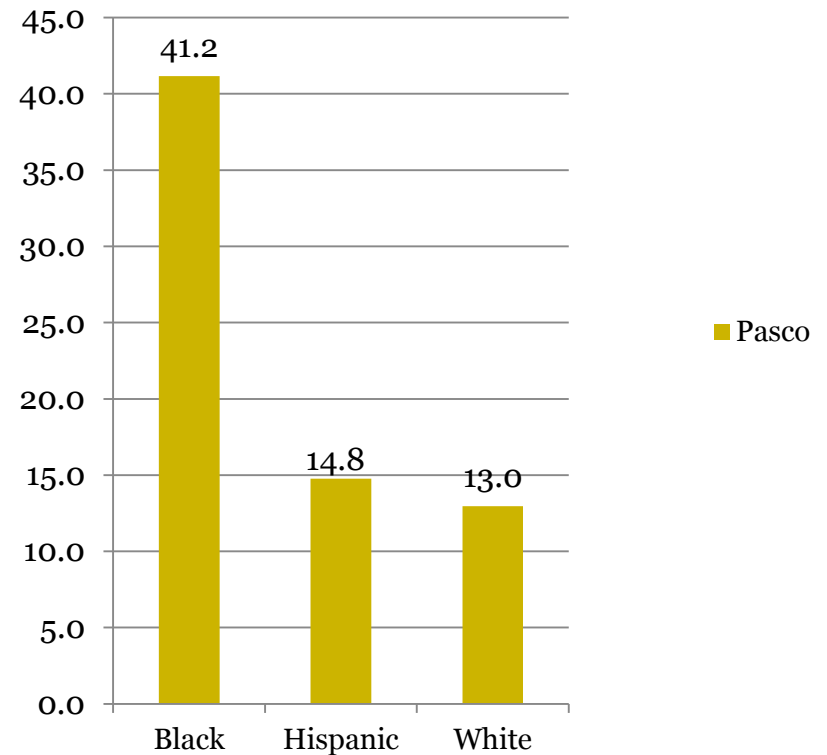
**age-adjusted death rate per 100,000
males due to prostate cancer.*



By Year



By Race/Ethnicity

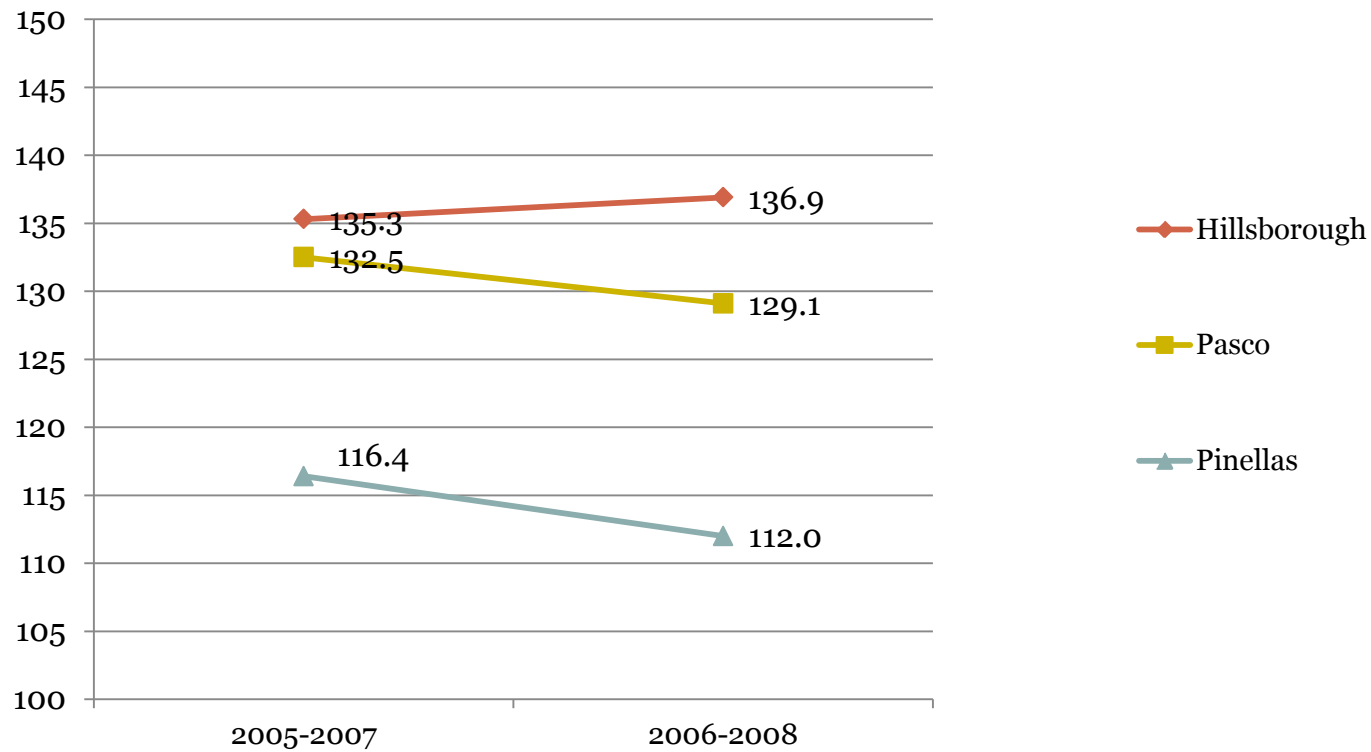


Healthy Tampa Bay Data – Prostate Cancer Incidence Rate



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

By Year

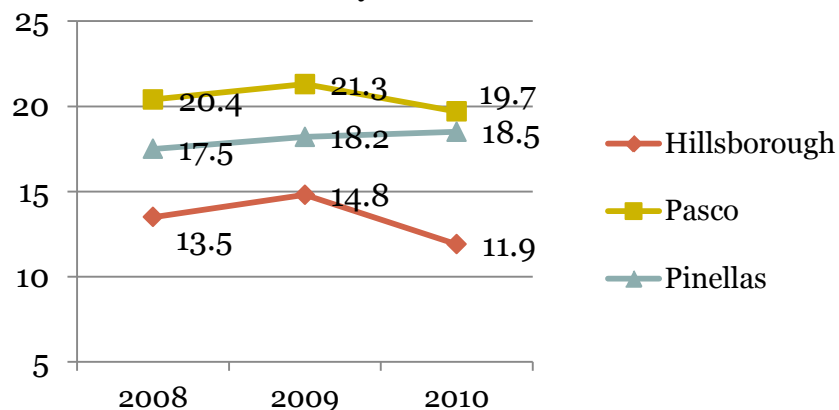


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Suicide

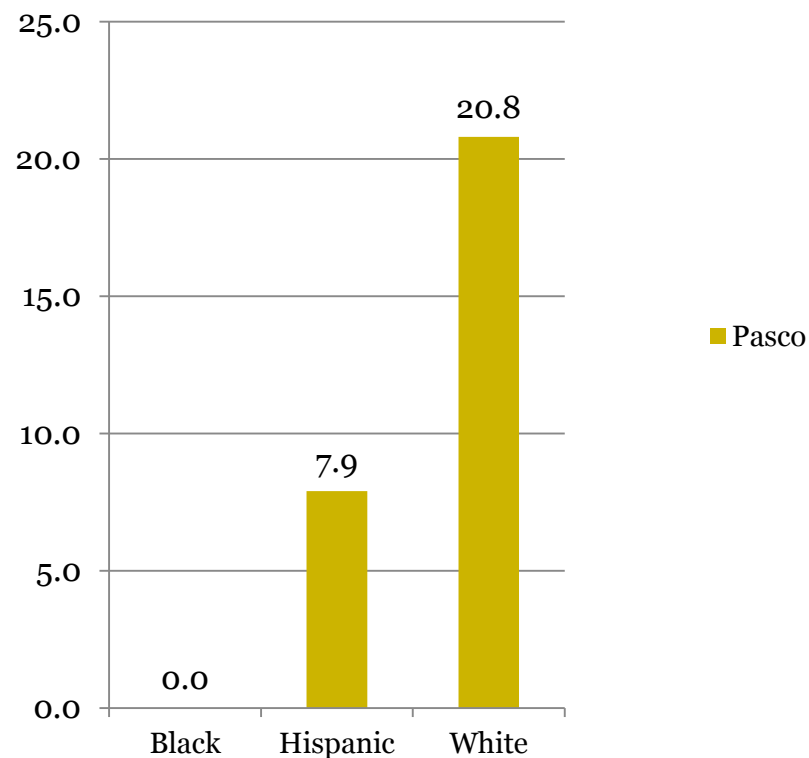
**age-adjusted death rate per 100,000
population due to suicide*



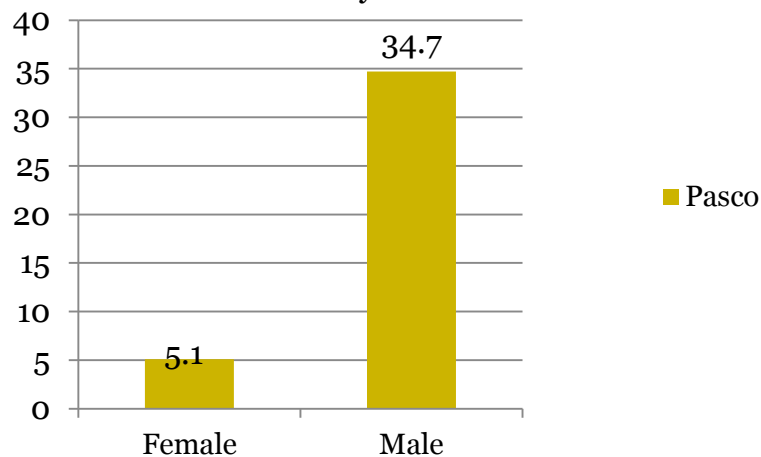
By Year



By Race/Ethnicity



By Sex

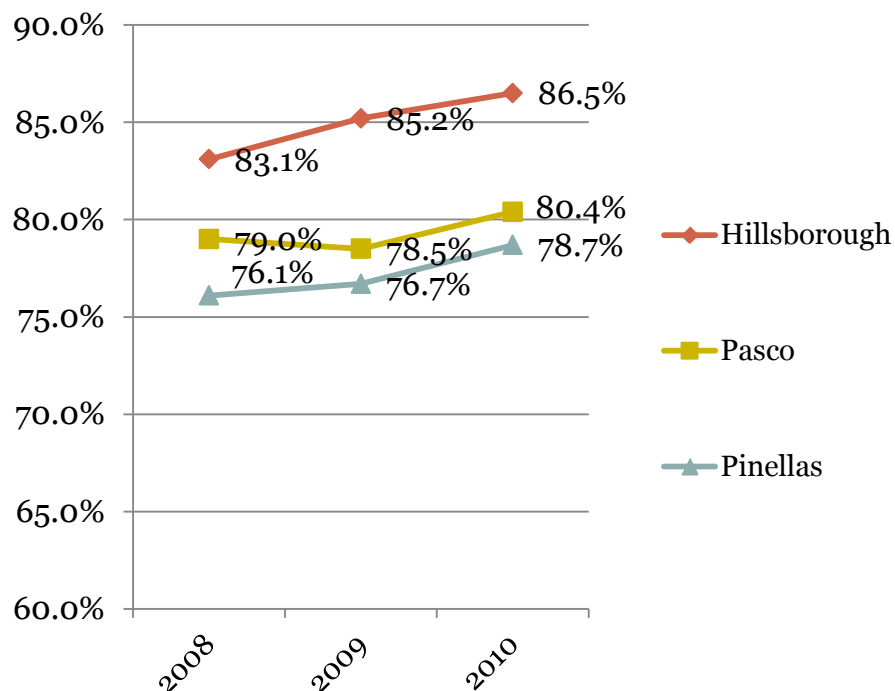


Healthy Tampa Bay Data – Mothers who Received Early Prenatal Care

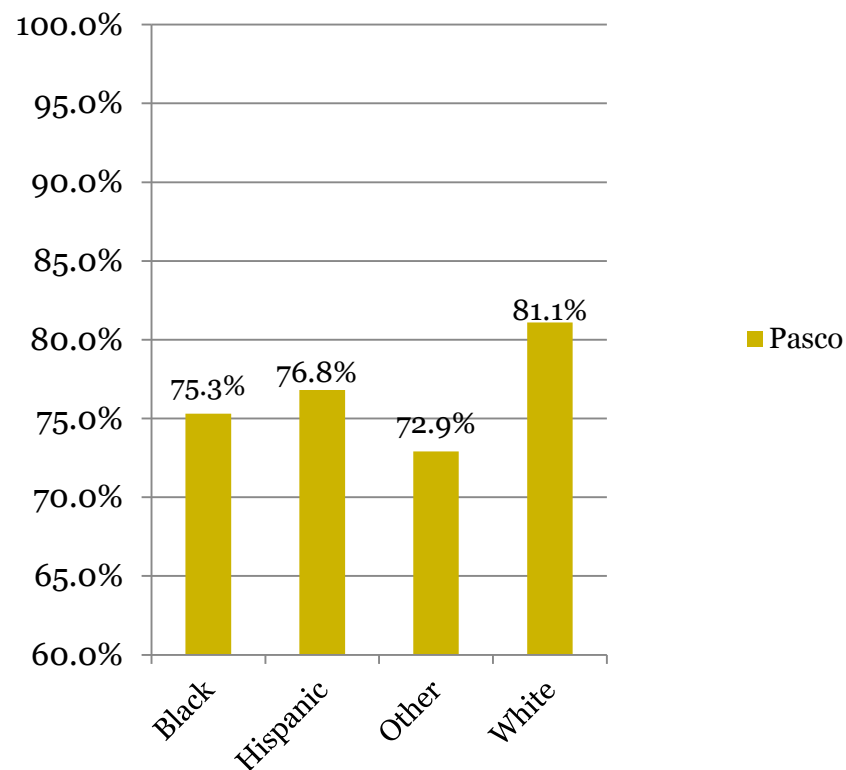
**shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.*



By Year



By Race/Ethnicity

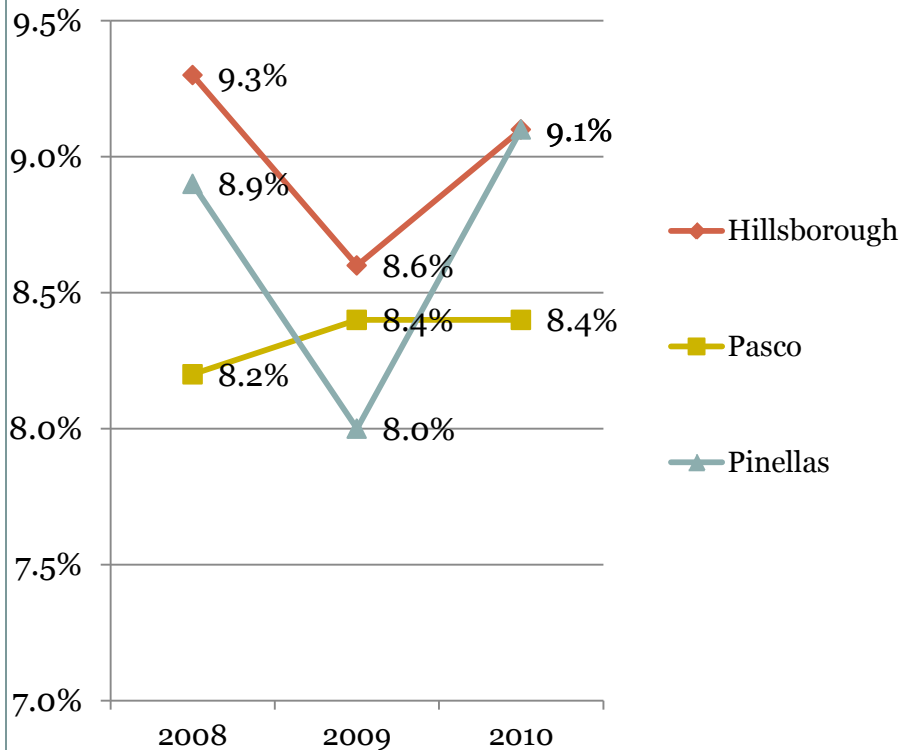


Healthy Tampa Bay Data – Babies with Low Birth Weight

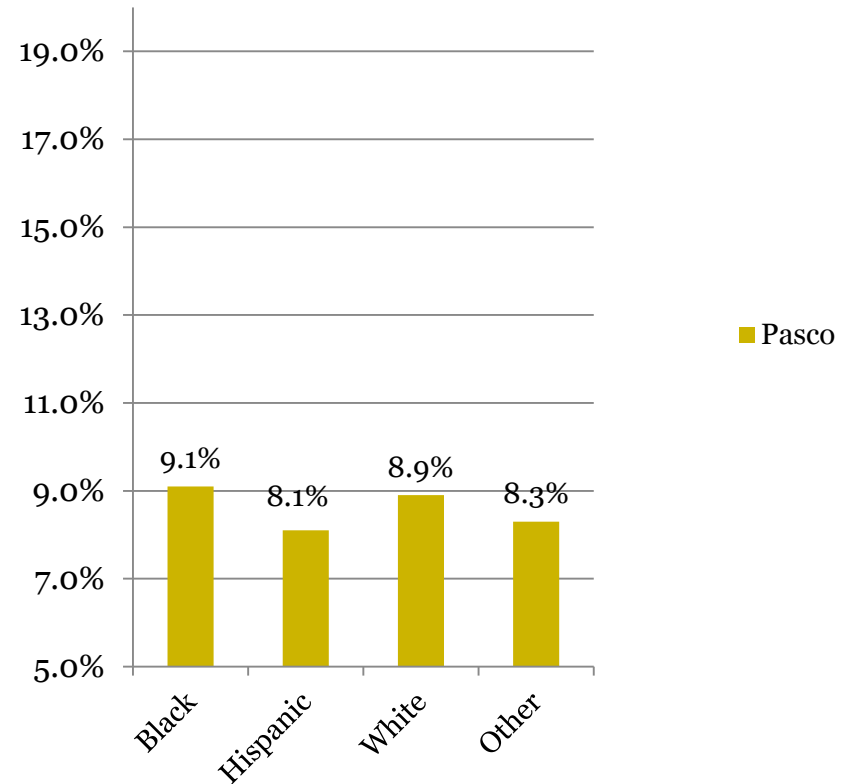
**percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).*



By Year



By Race/Ethnicity

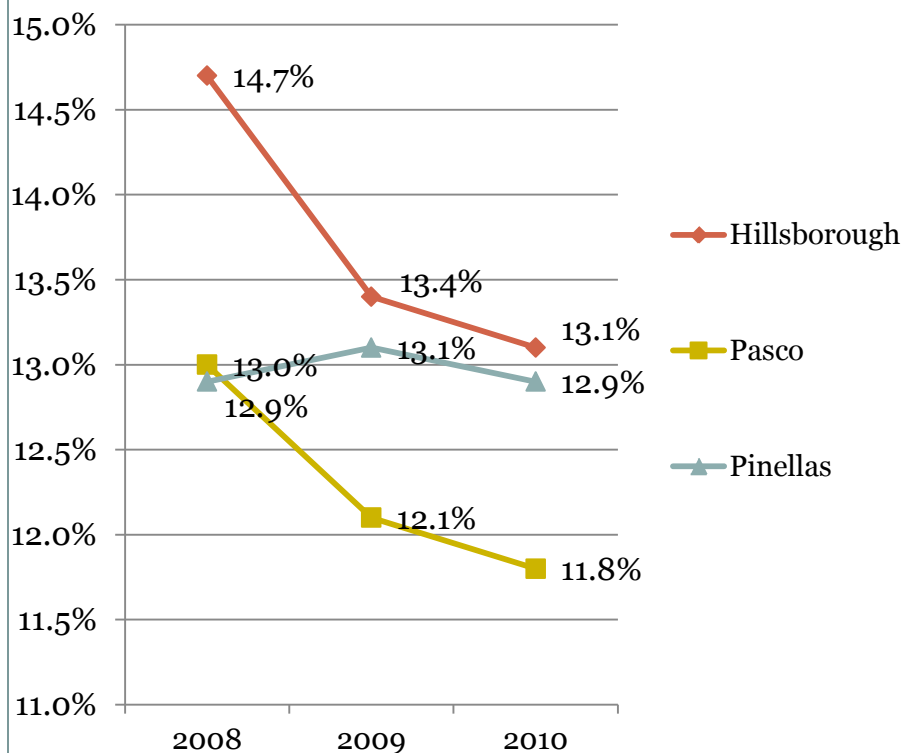


Healthy Tampa Bay Data – Preterm Births

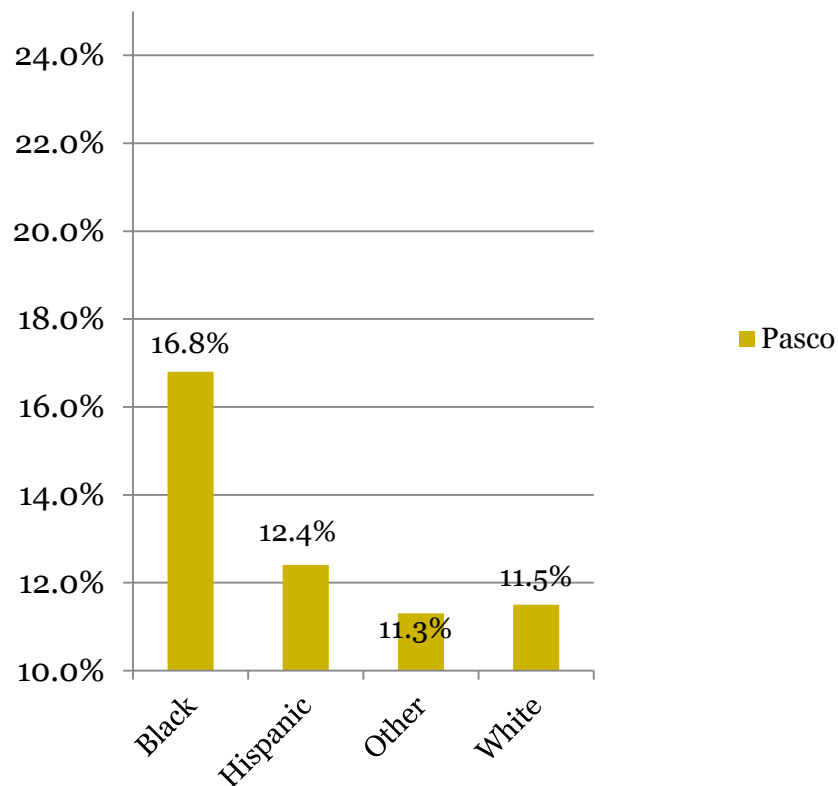
**shows the percentage of births with less than 37 weeks of completed gestation.*



By Year



By Race/Ethnicity

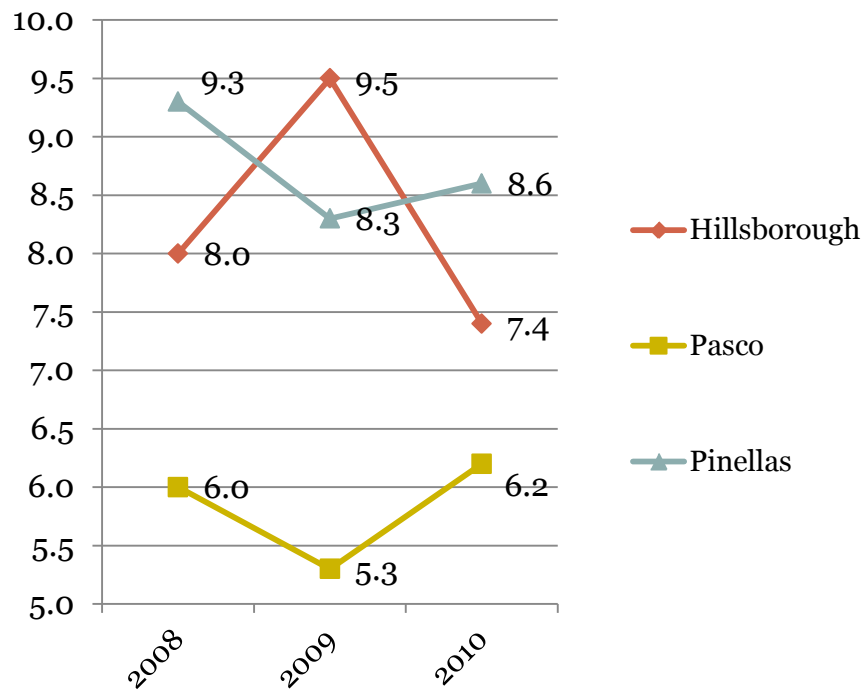


Healthy Tampa Bay Data – Infant Mortality Rate

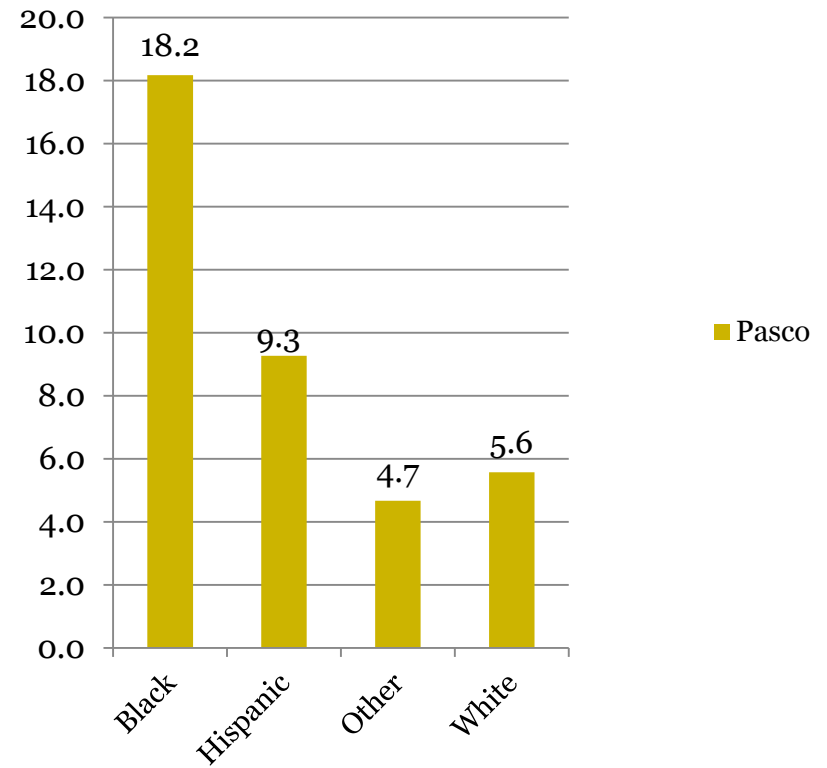
**mortality rate in deaths per 1,000 live births
for infants within their first year of life.*



By Year



By Race/Ethnicity

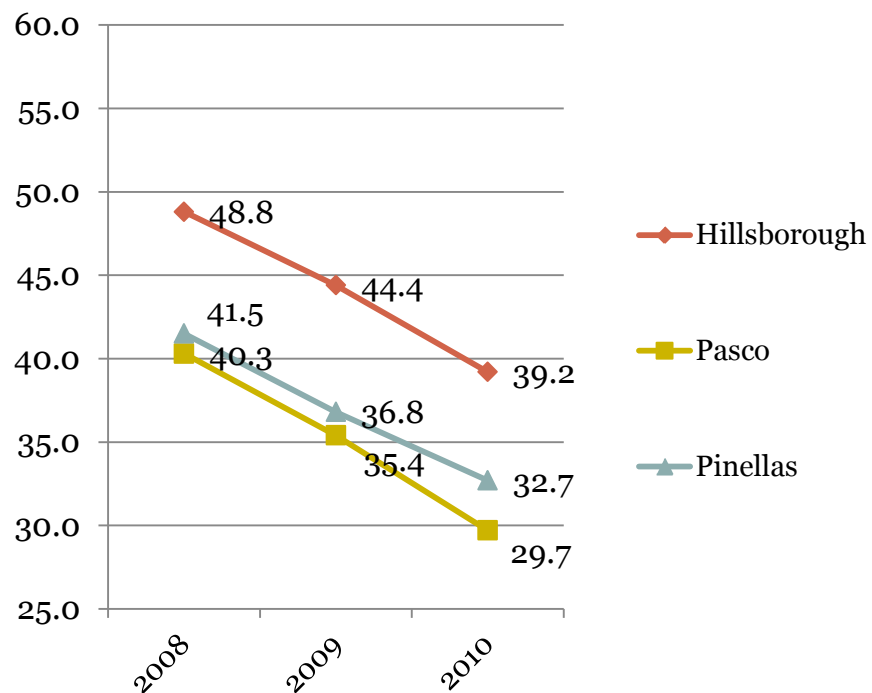


Healthy Tampa Bay Data – Teen Birth Rate

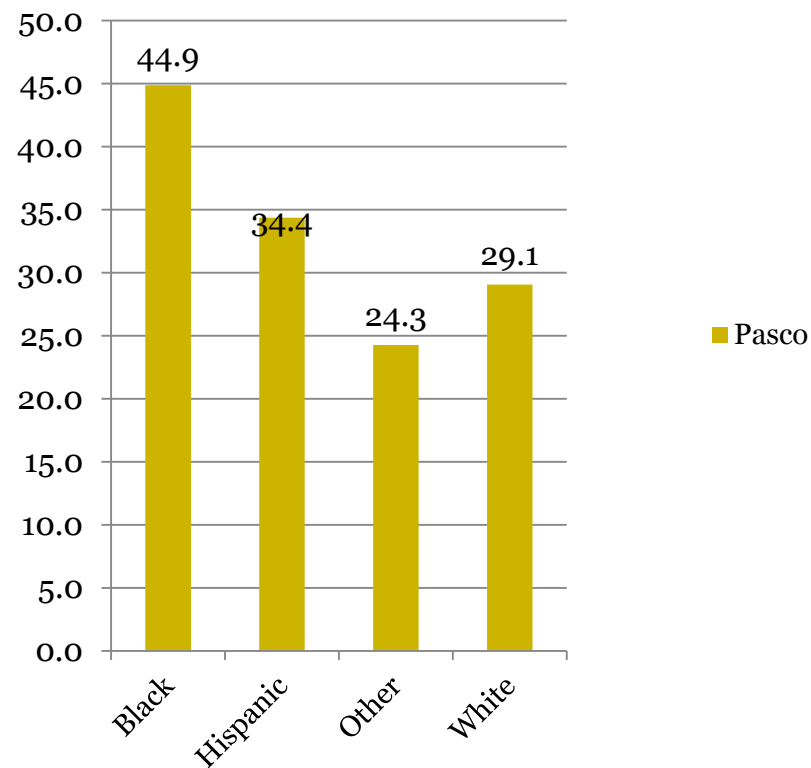


**shows the birth rate in live births per 1,000
females aged 15-19 years.*

By Year



By Race/Ethnicity

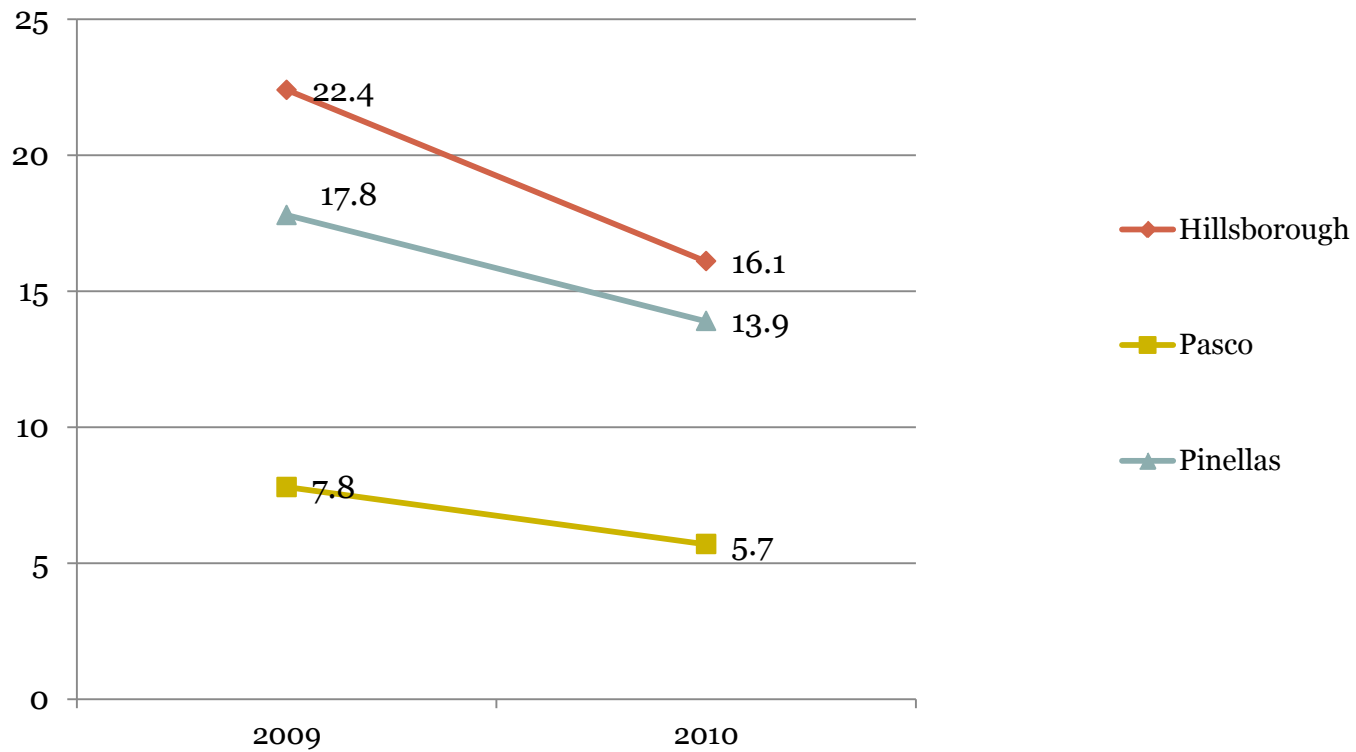


Healthy Tampa Bay Data – AIDS Incidence Rate



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

By Year

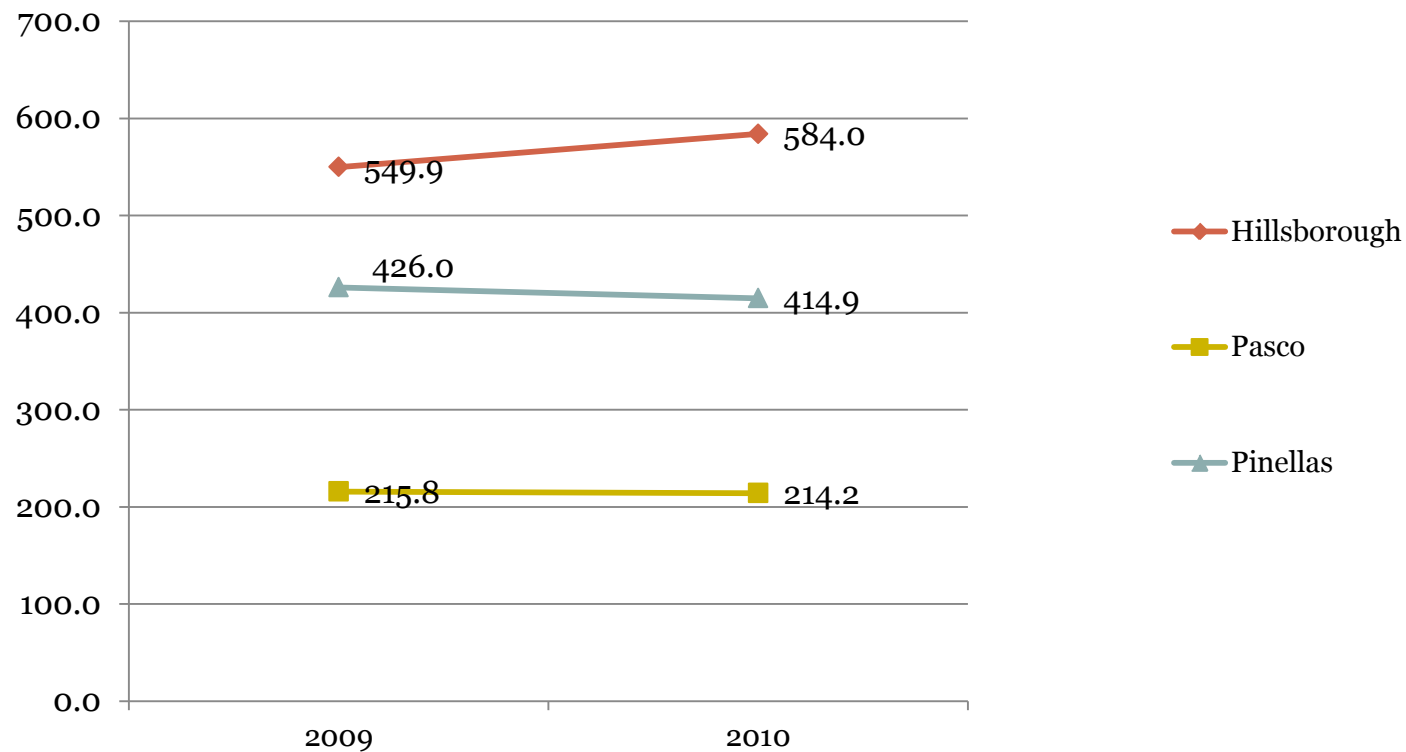


Healthy Tampa Bay Data – Chlamydia Incidence Rate



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

By Year

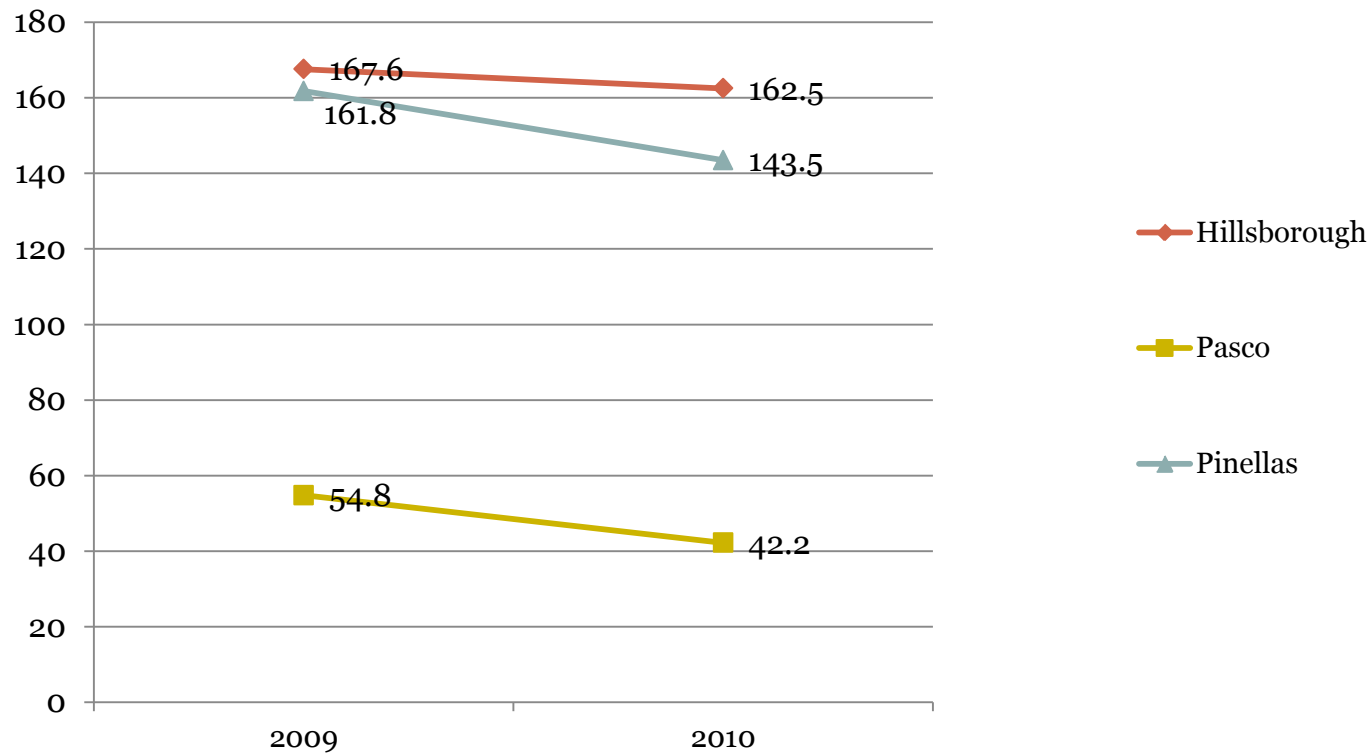


Healthy Tampa Bay Data – Gonorrhea Incidence Rate



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

By Year

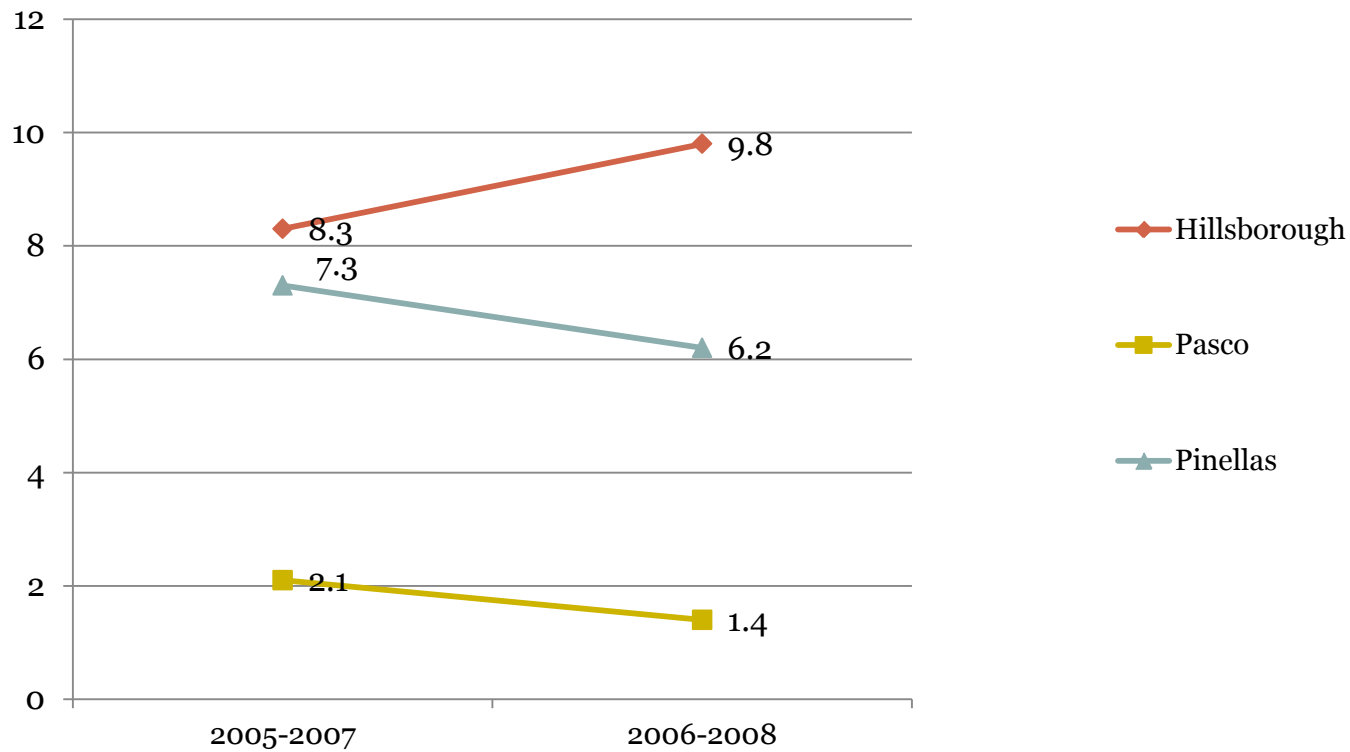


Healthy Tampa Bay Data – Syphilis Incidence Rate



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

By Year

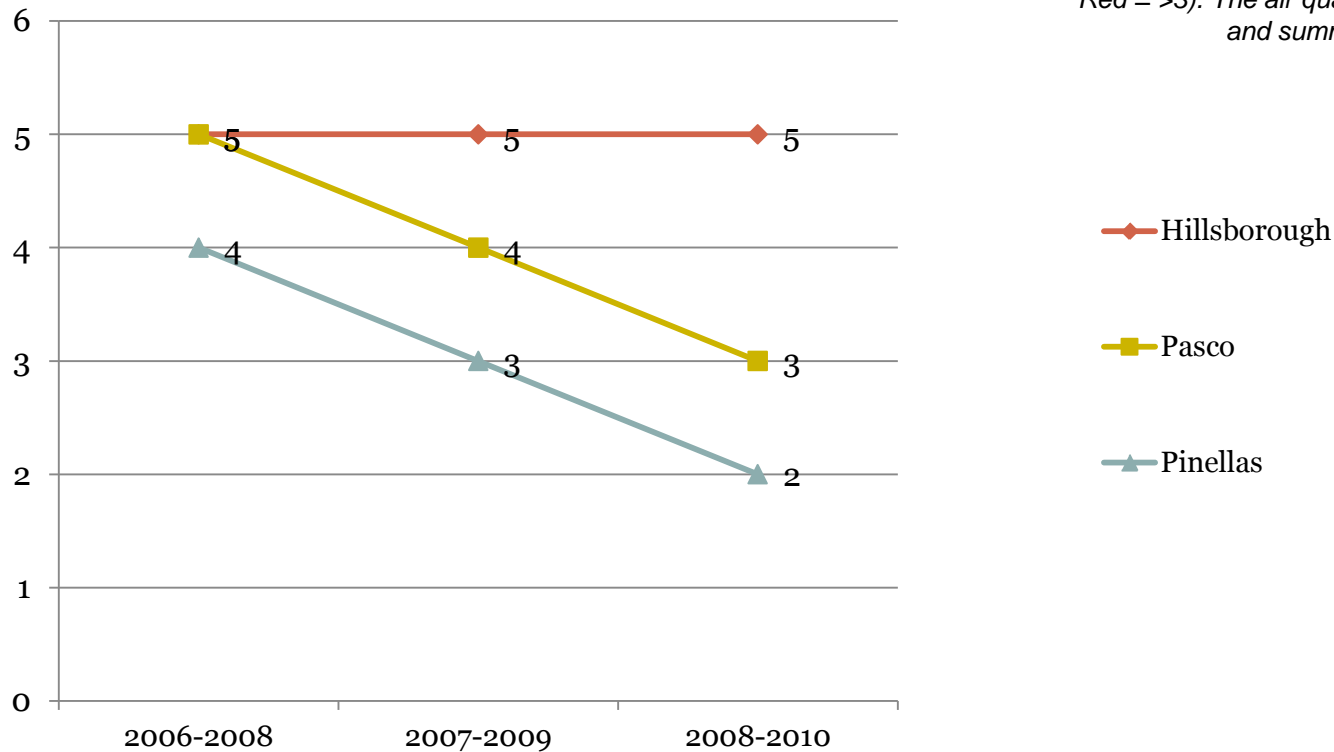


Healthy Tampa Bay Data – Annual Ozone Air Quality



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.

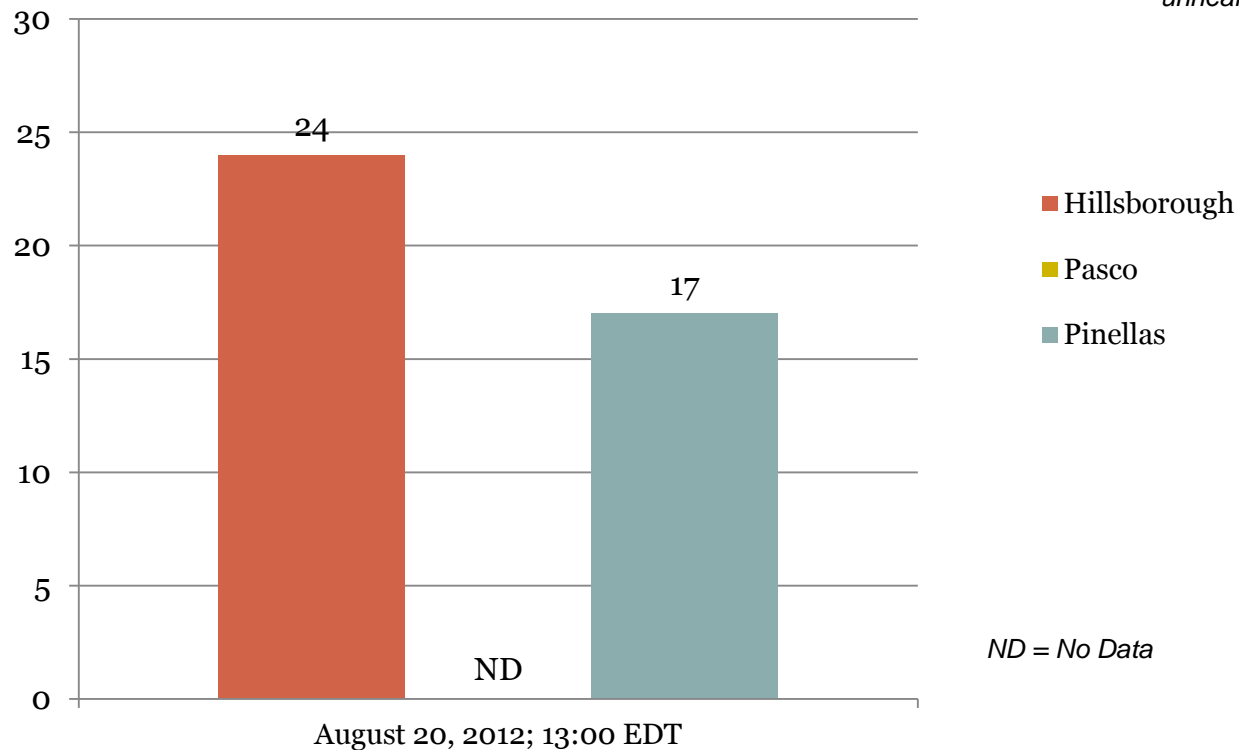
By Year



Healthy Tampa Bay Data – Daily Ozone Air Quality



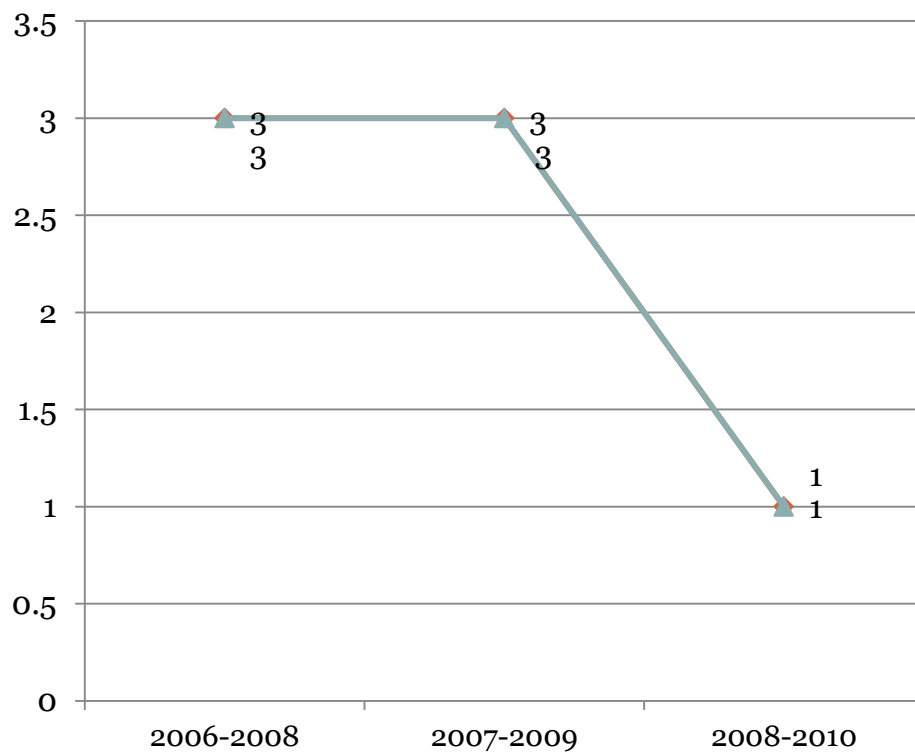
**shows today's level of ozone pollution
The distribution is based on AIRNow's rating system.
Green values (0-50) represent good air quality days.
Yellow values (51-100) represent moderate air quality.
Red values represent conditions that are unhealthy to
sensitive groups (101-150), unhealthy (151-200),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



Healthy Tampa Bay Data – Annual Particle Pollution



By Year



- 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

— Hillsborough

— Pasco

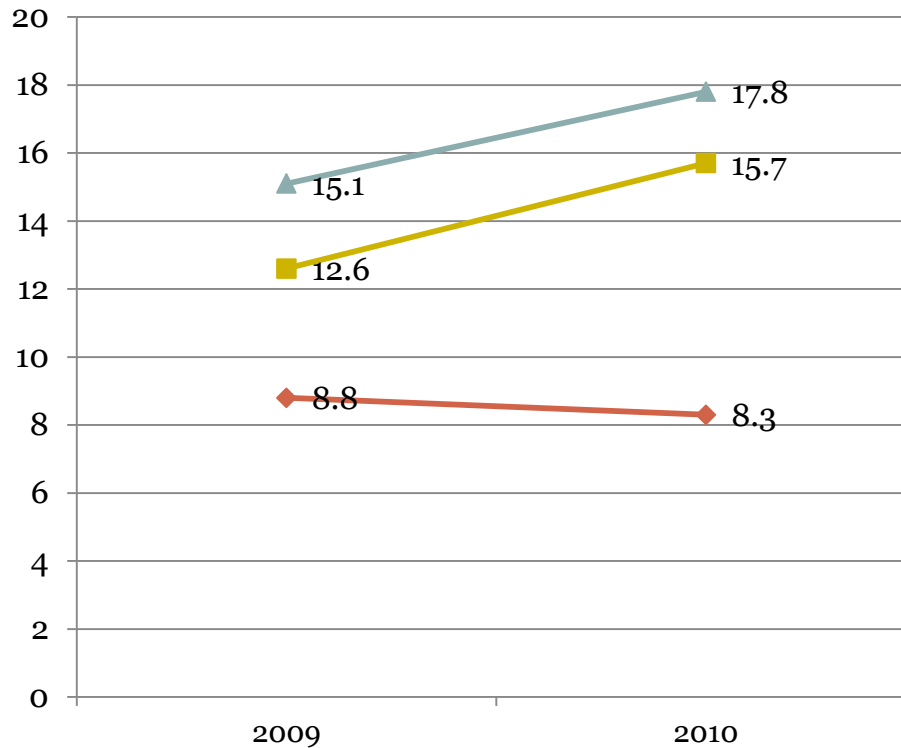
— Pinellas

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

By Year



—◆— Hillsborough

—■— Pasco

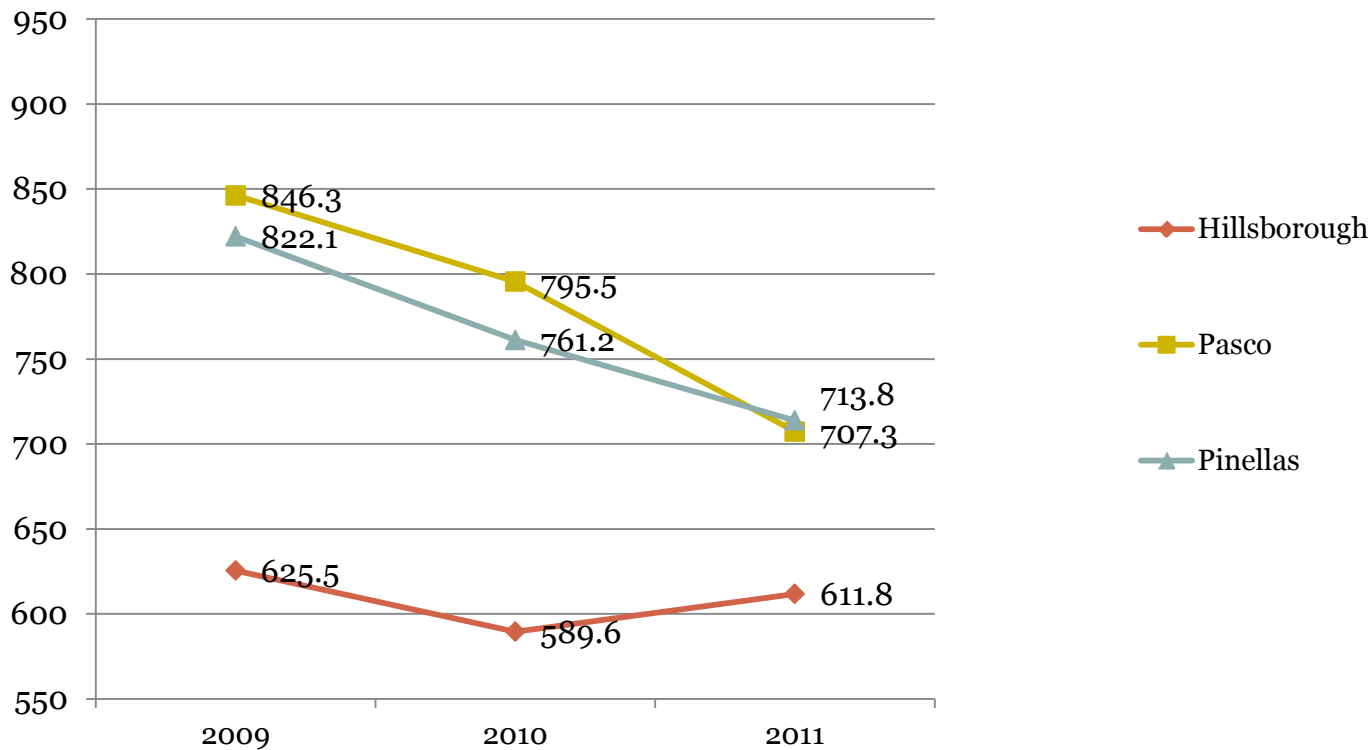
—▲— Pinellas

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

By Year

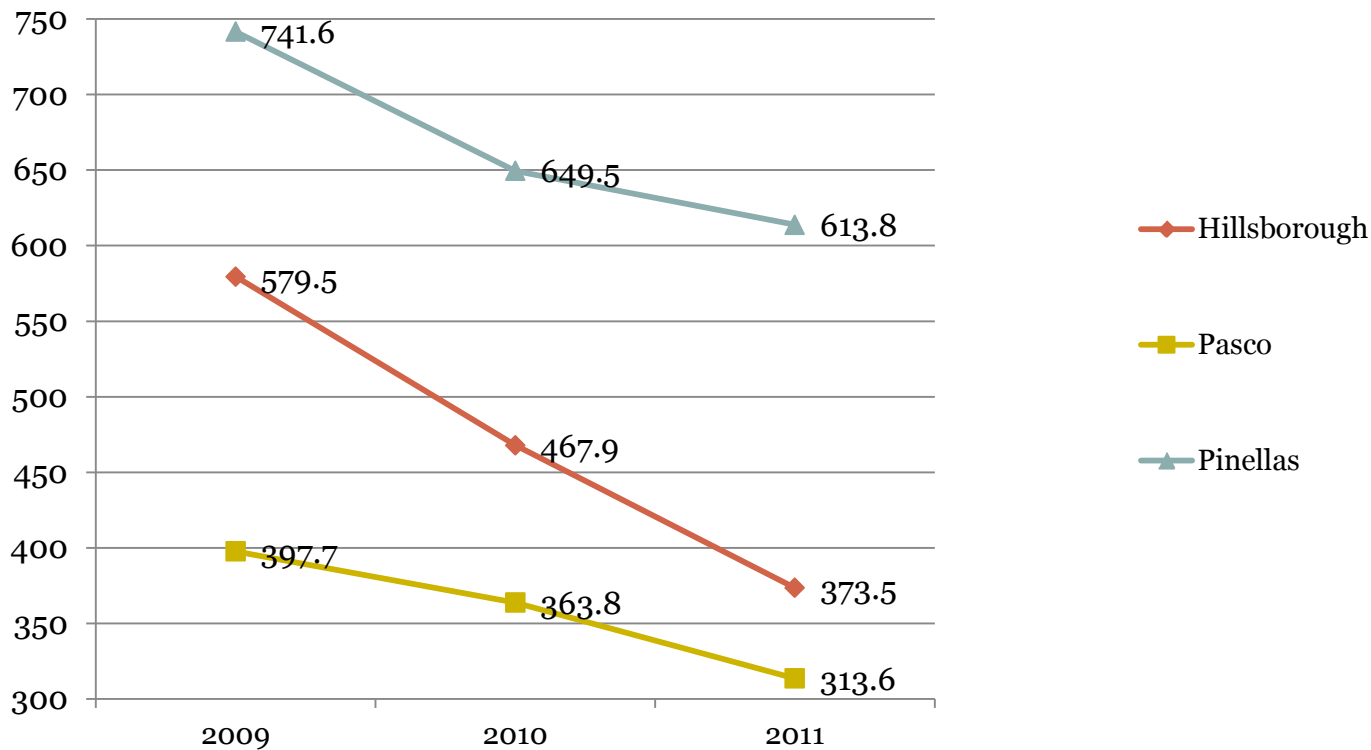


Healthy Tampa Bay Data – Violent Crime Rate



- 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

By Year

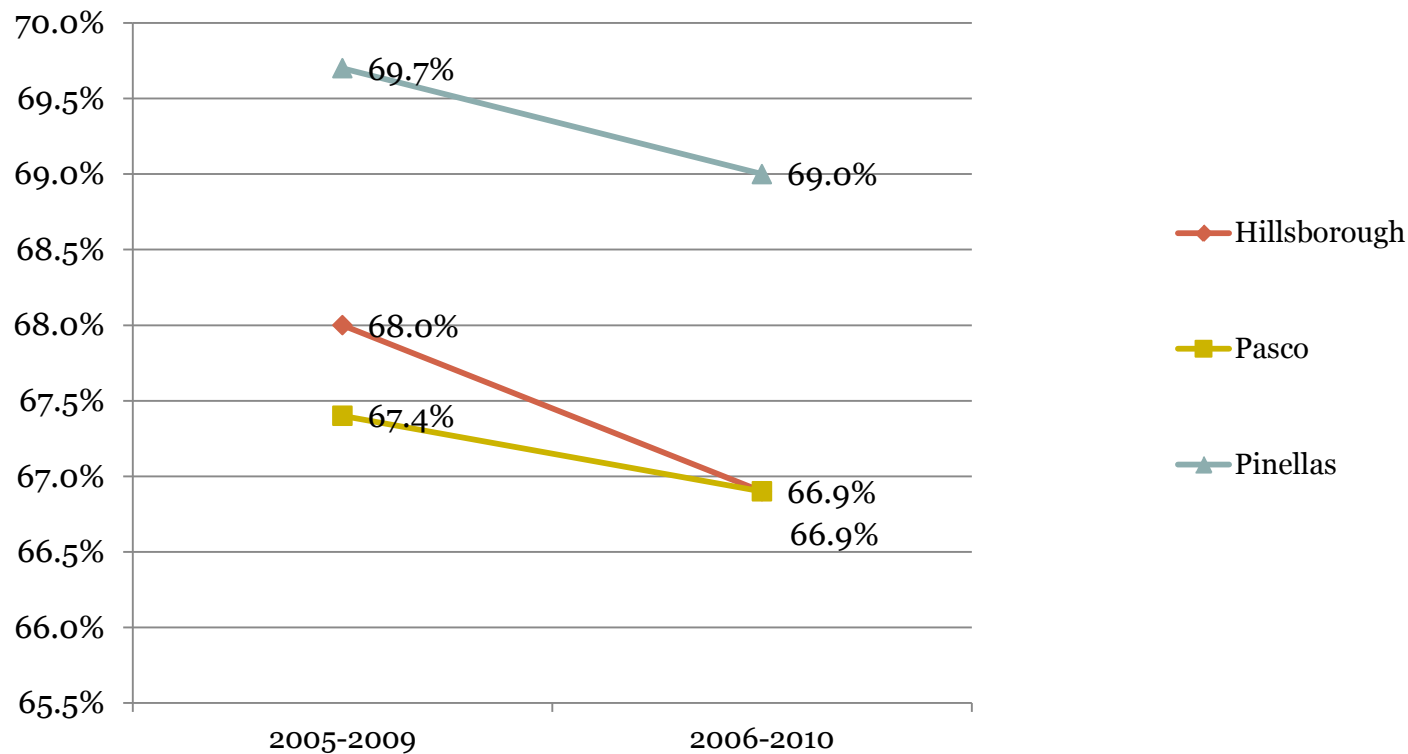


Healthy Tampa Bay Data – People Living 200% Above the Poverty Level



- 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.

By Year

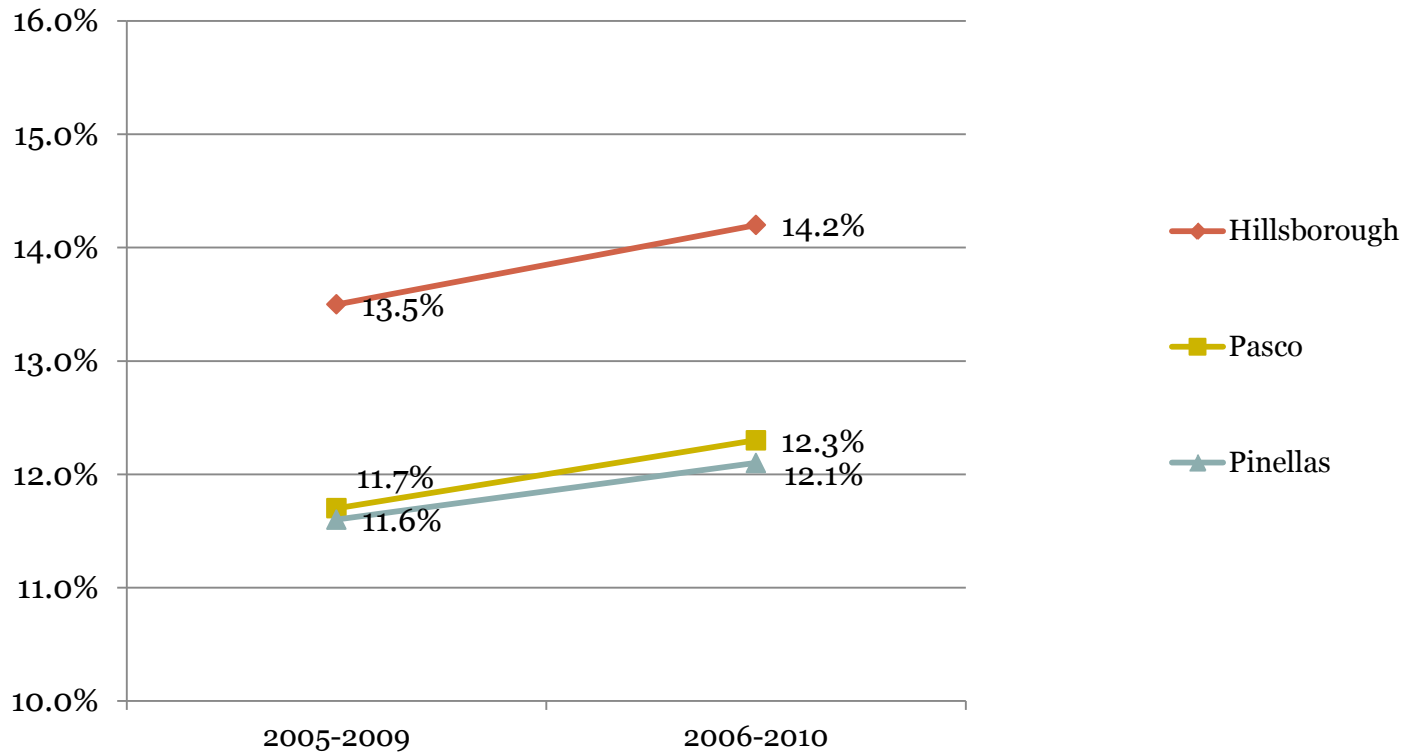


Healthy Tampa Bay Data – People Living Below the Poverty Level



- 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.

By Year

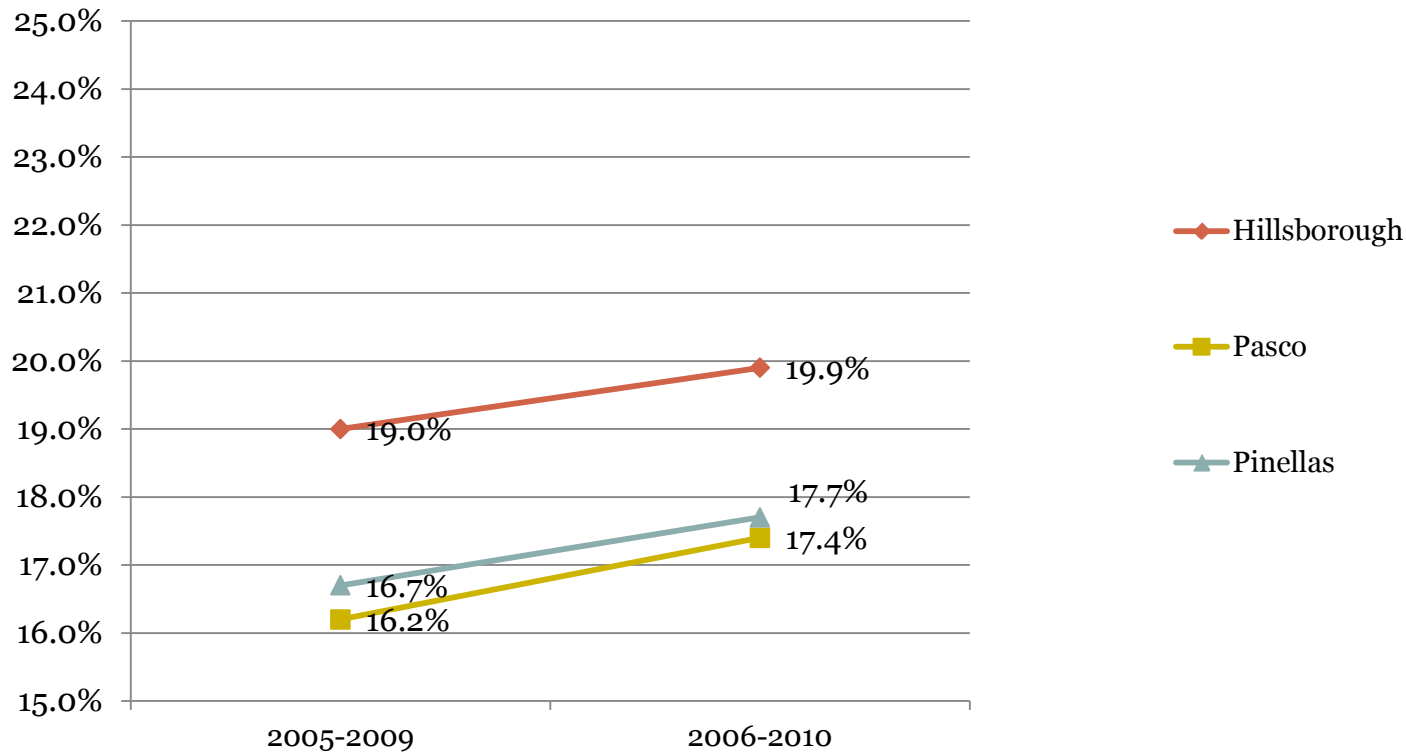


Healthy Tampa Bay Data – Children Living Below the Poverty Level



- 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.

By Year

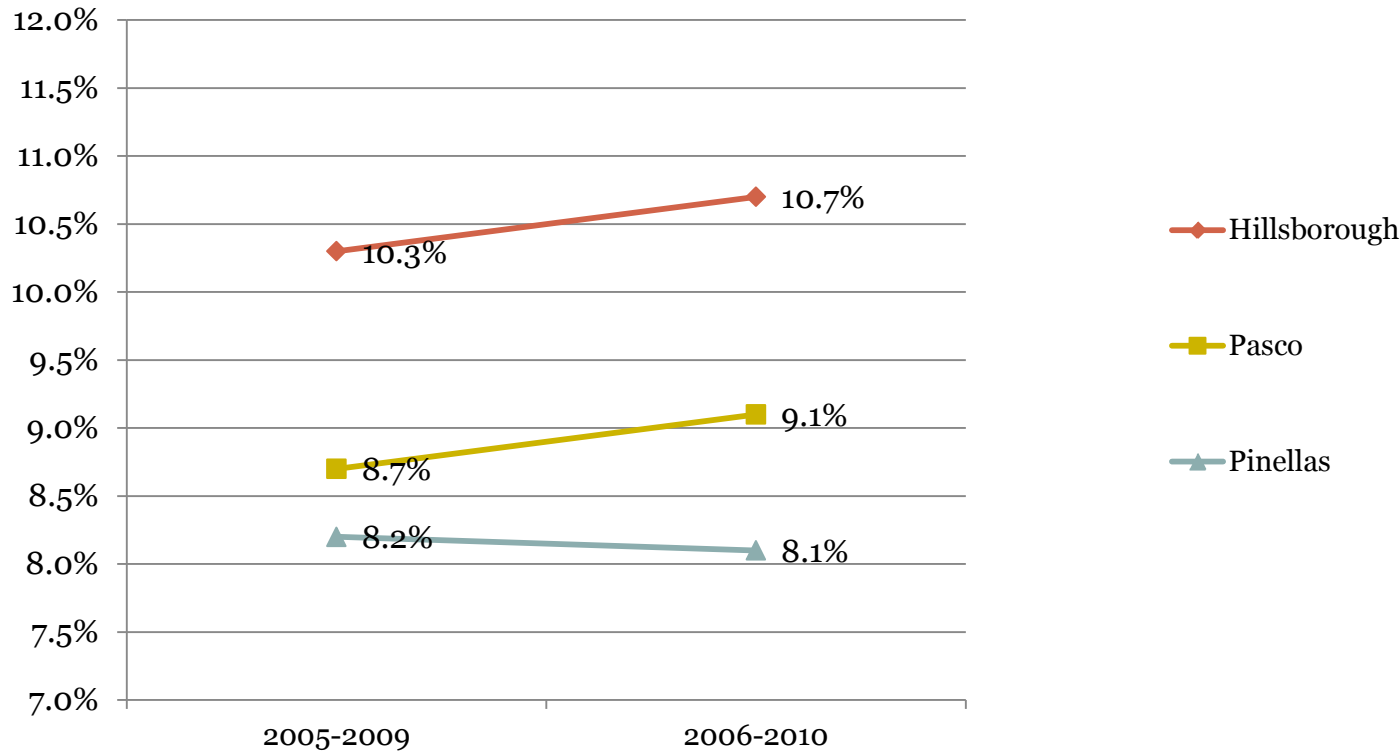


Healthy Tampa Bay Data – Families Living Below the Poverty Level



- 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.

By Year

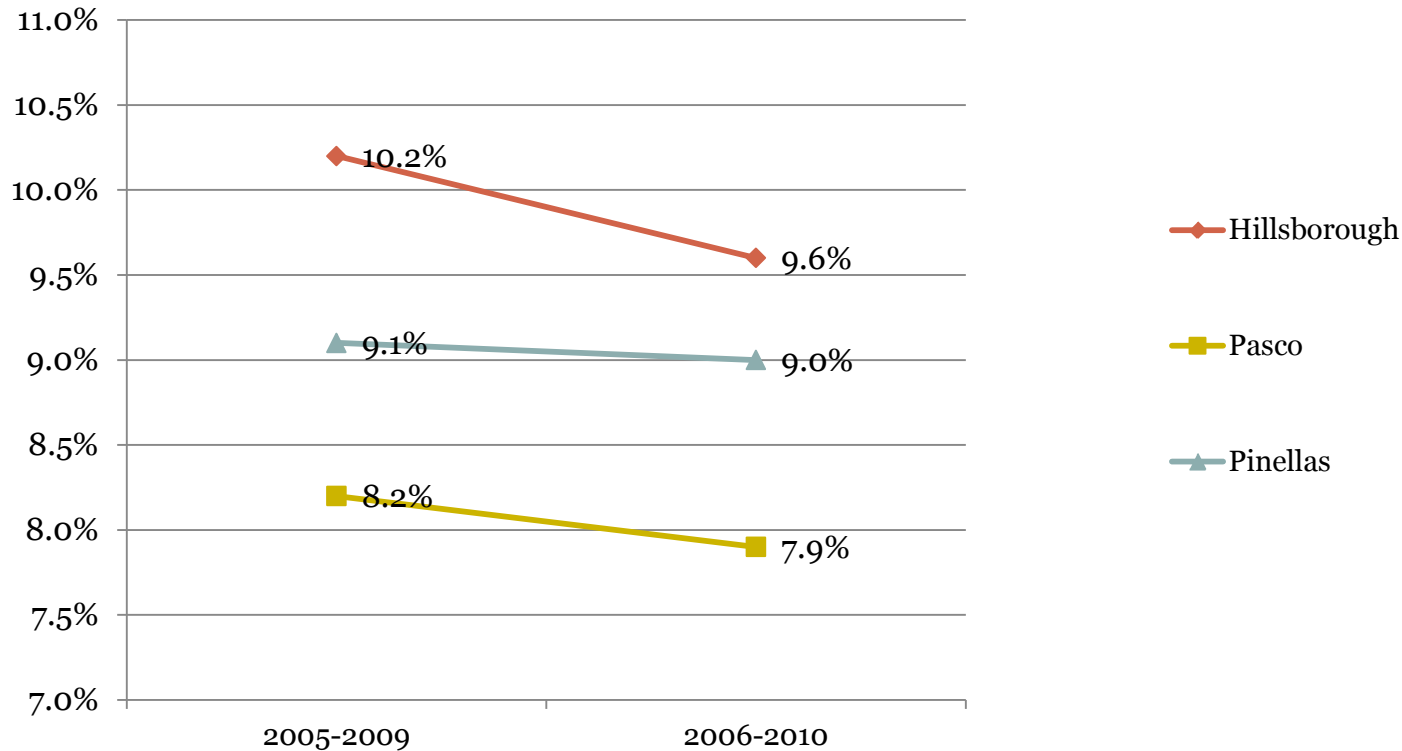


Healthy Tampa Bay Data – People 65+ Living Below the Poverty Level



- 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.

By Year

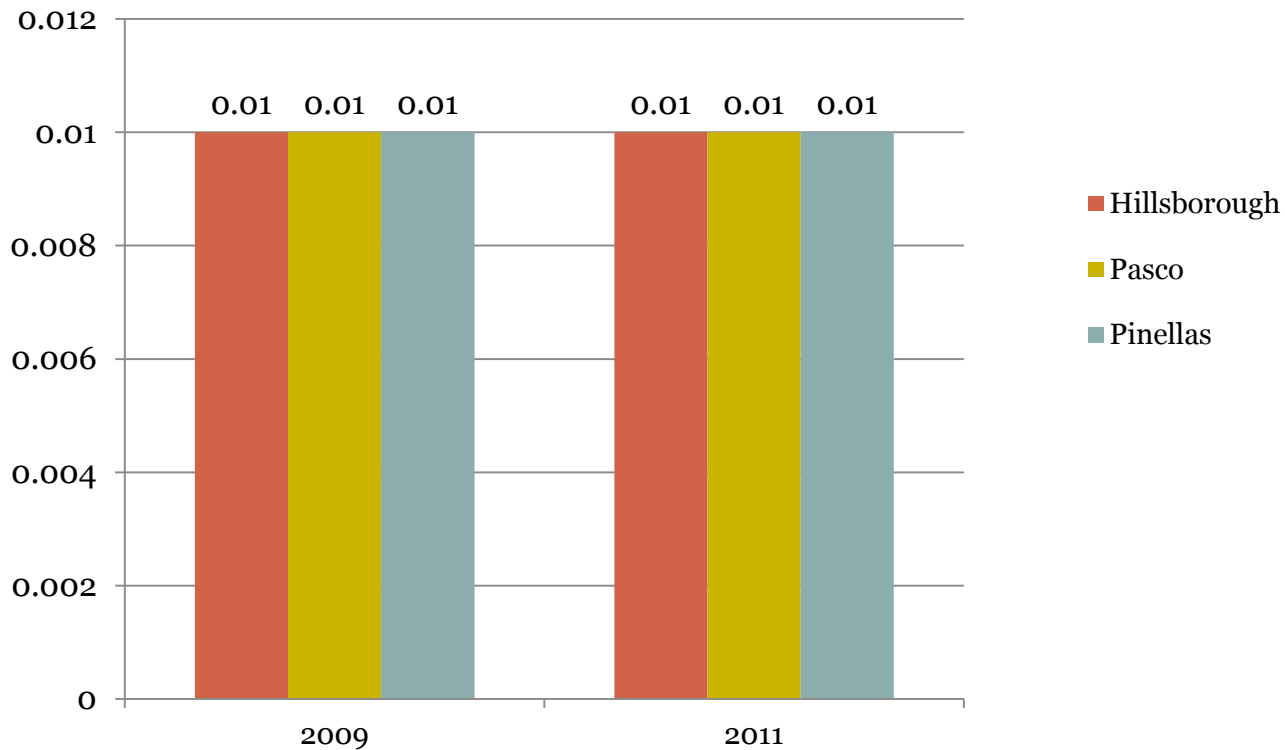


Healthy Tampa Bay Data – Farmers Market Density



- 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

By Year

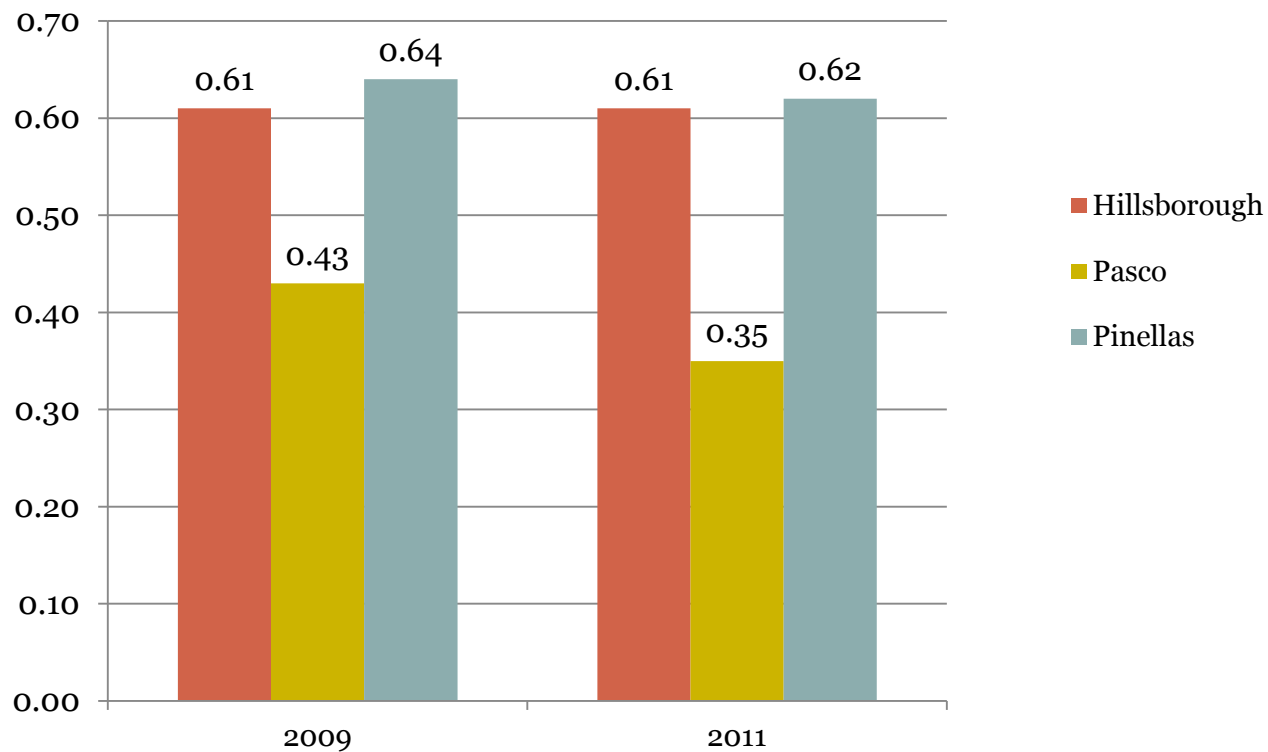


Healthy Tampa Bay Data – Fast Food Restaurant Density



- 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

By Year

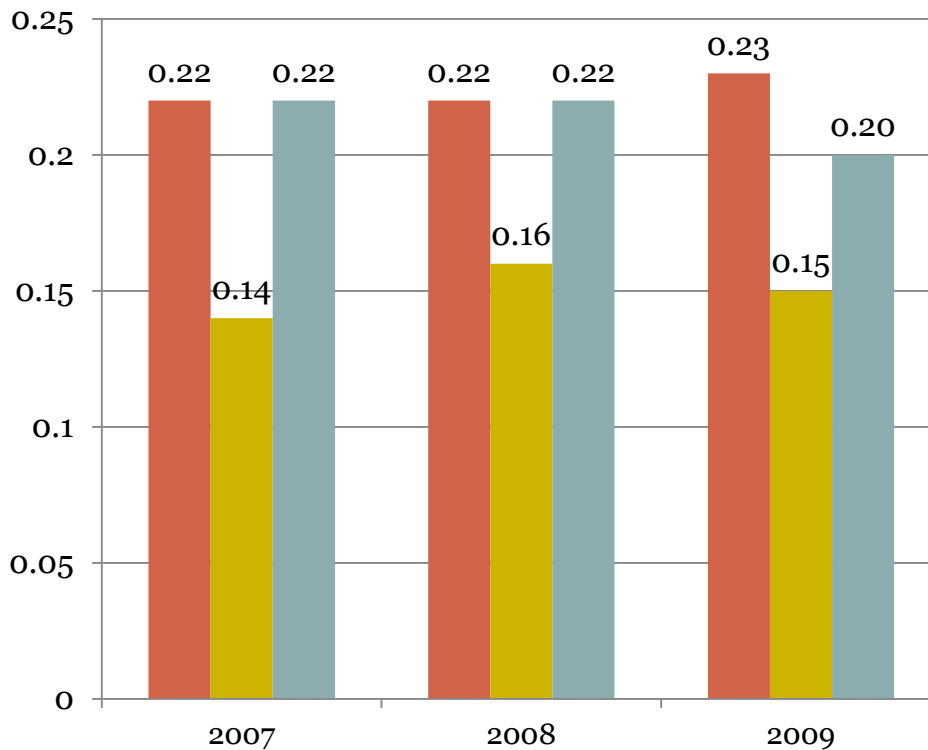


Healthy Tampa Bay Data – Grocery Store Density



- 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

By Year



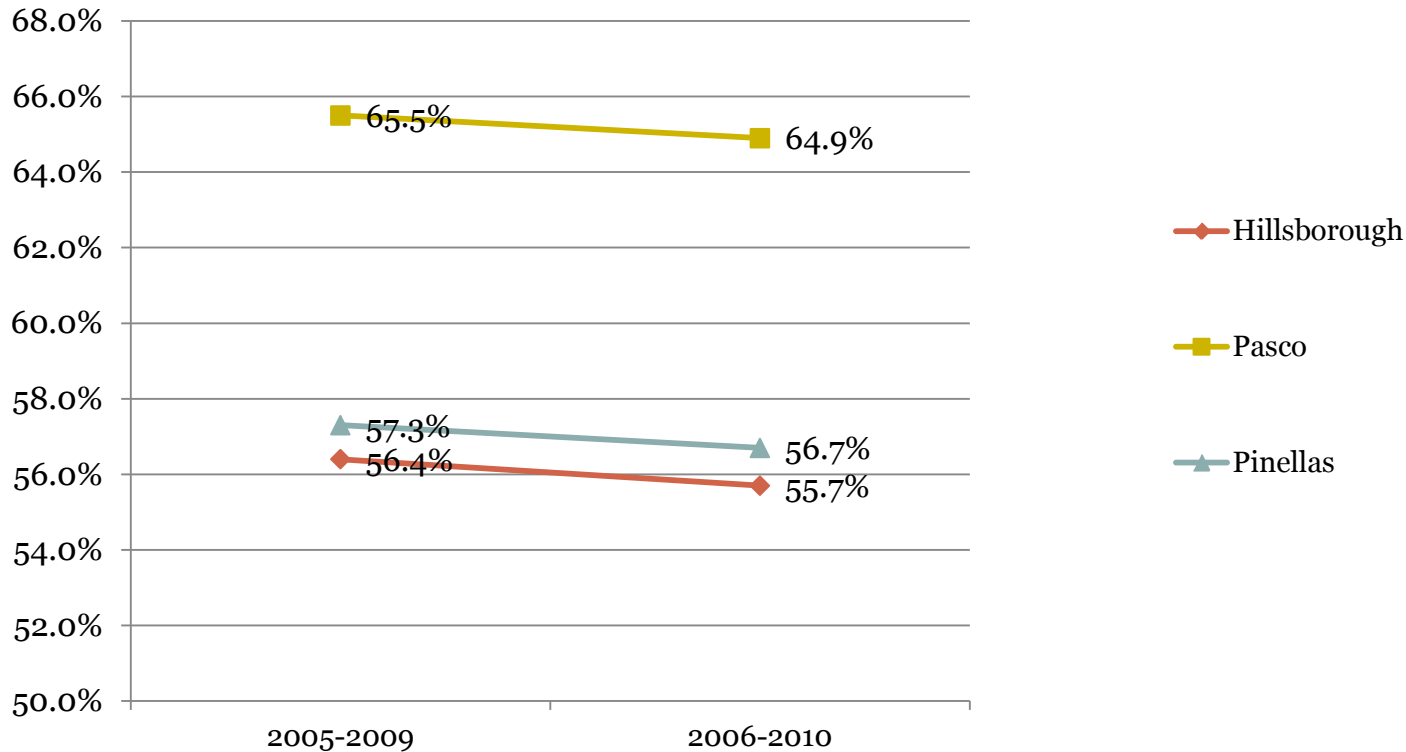
■ Hillsborough
■ Pasco
■ Pinellas

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.

By Year

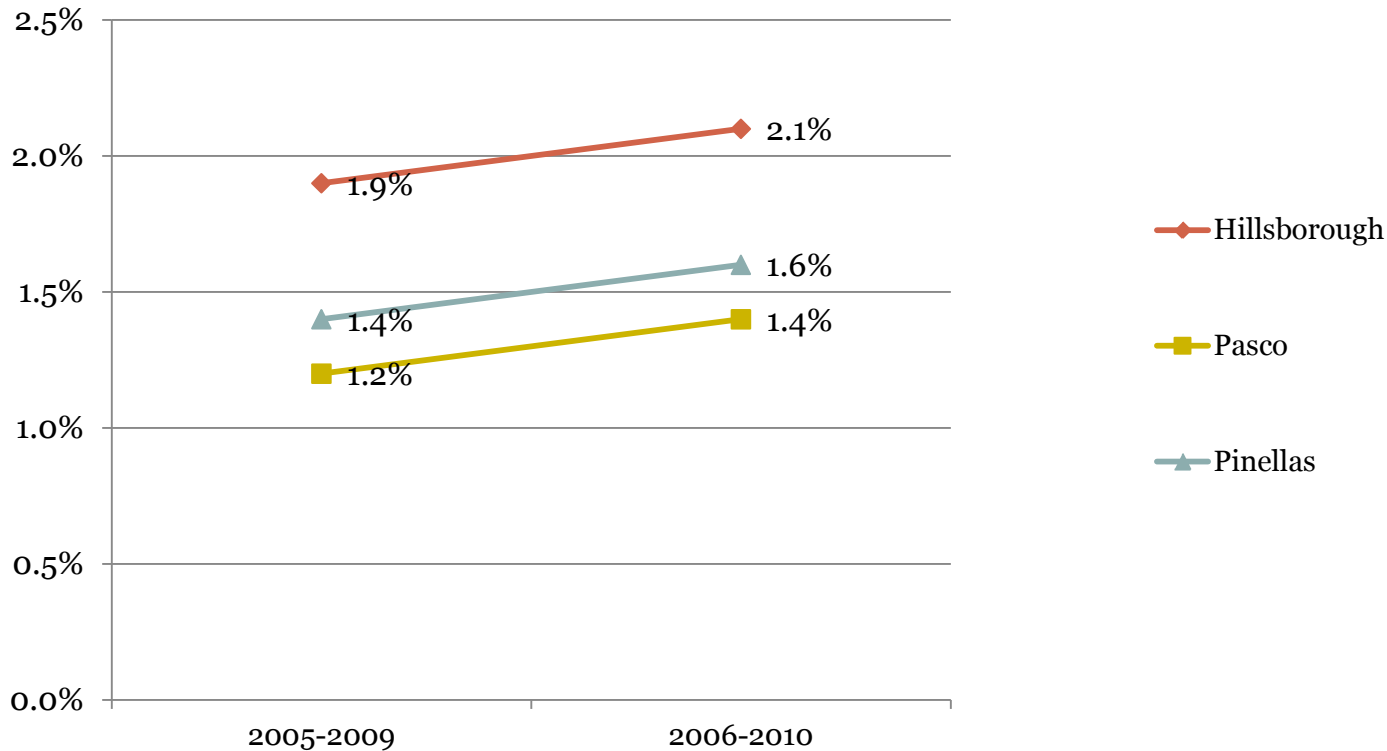


Healthy Tampa Bay Data – Households with Public Assistance



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

By Year

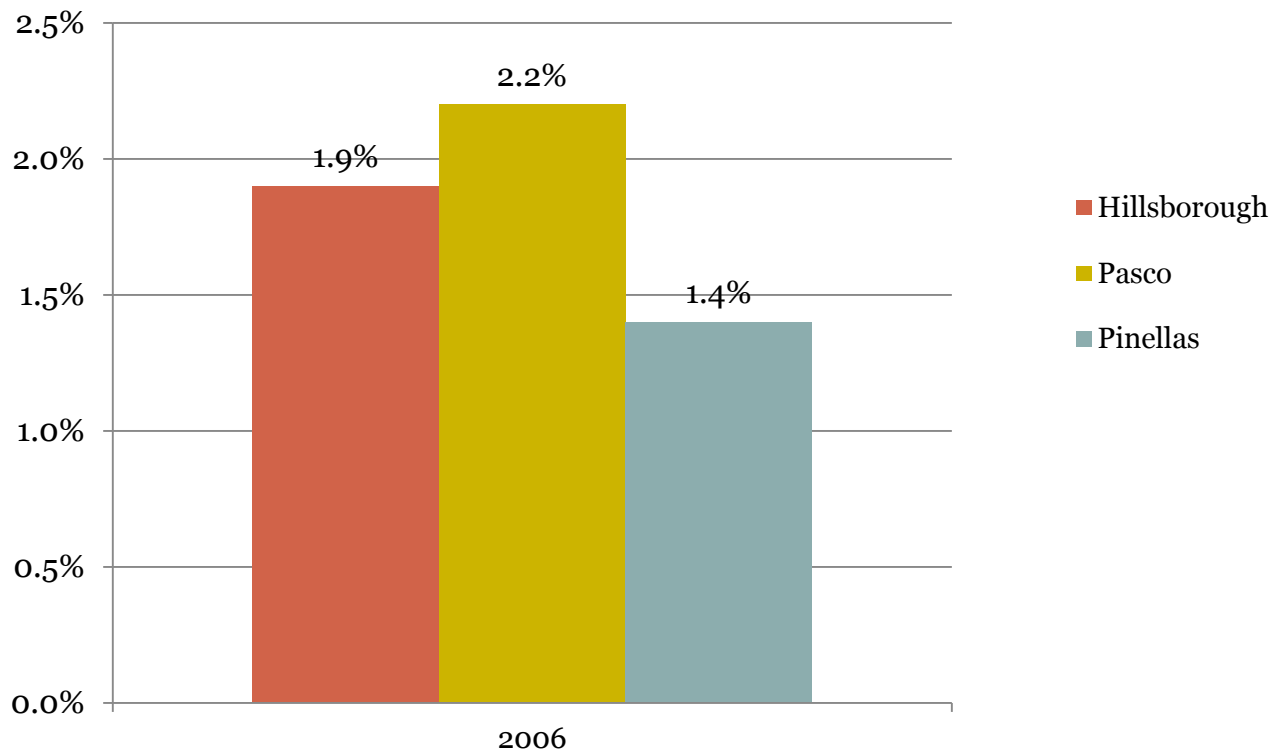


Healthy Tampa Bay Data – Households Without a Car and > 1 Mile from a Grocery Store



- *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*

By Year

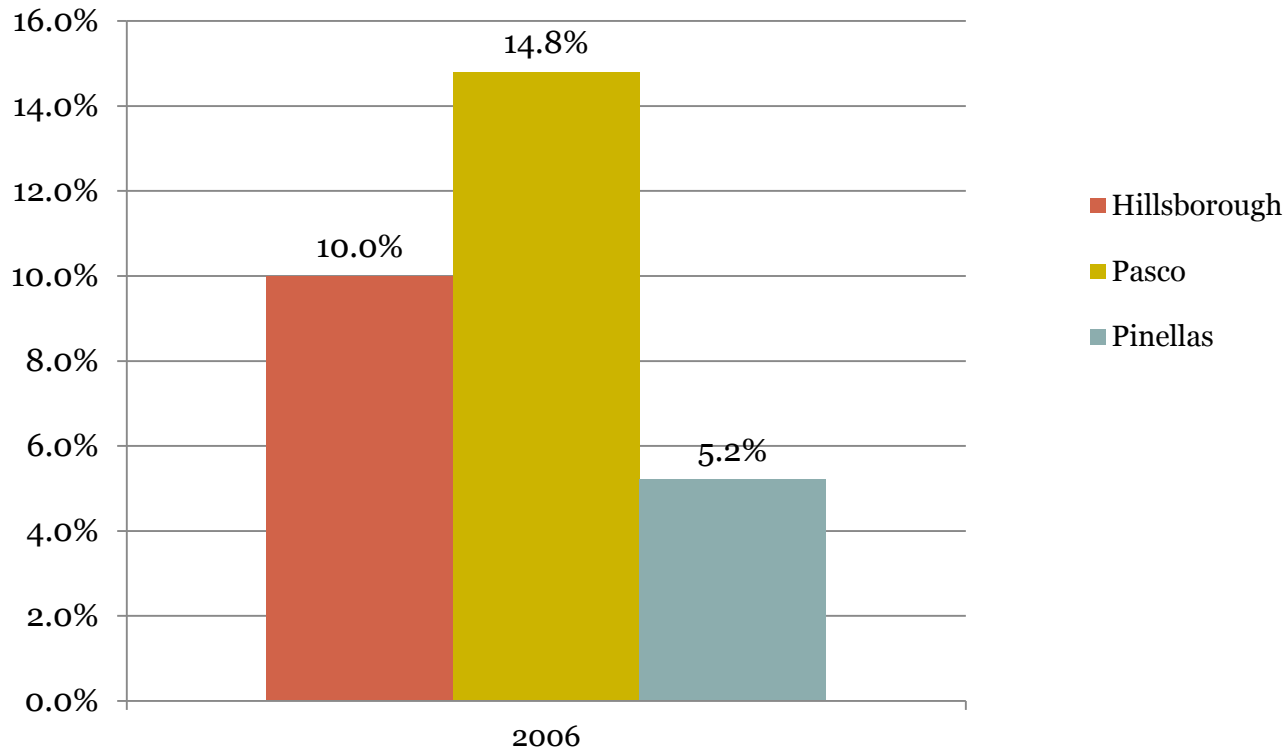


Healthy Tampa Bay Data – Low-Income and > 1 Mile from a Grocery Store



- *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*

By Year

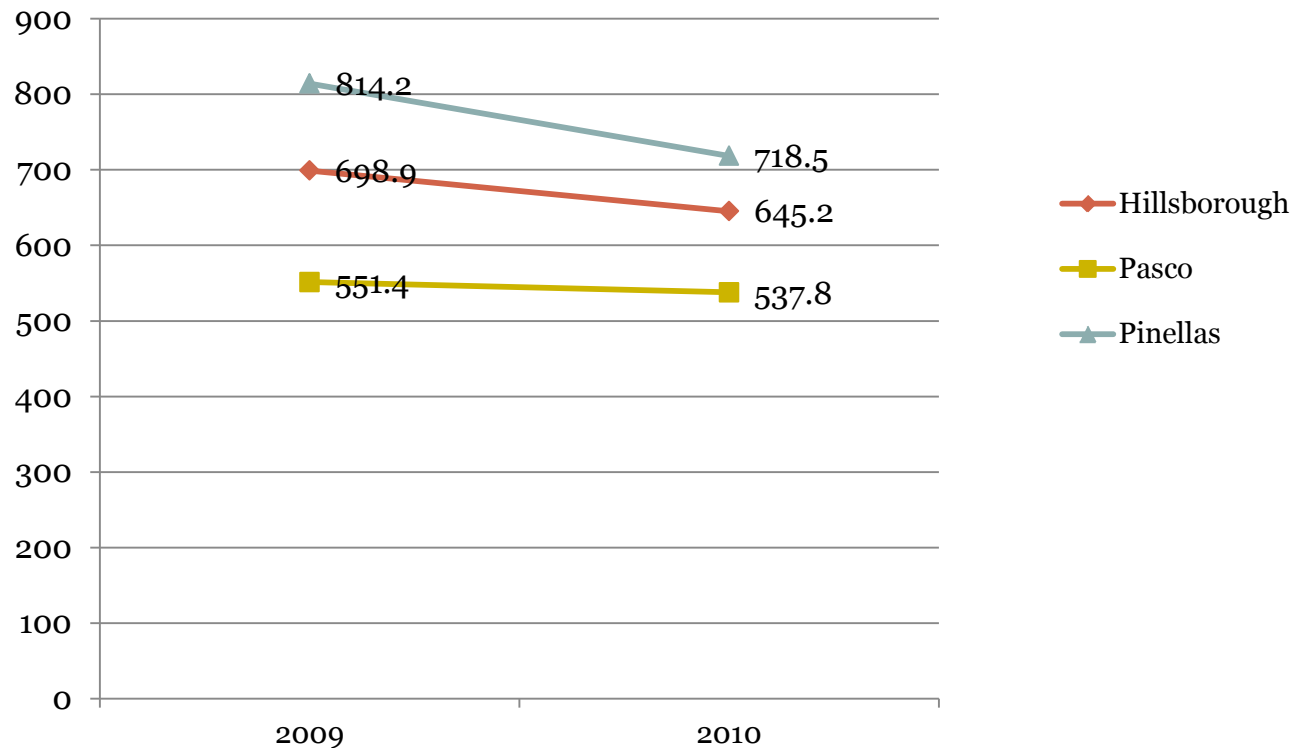


Healthy Tampa Bay Data – Juvenile Justice Referral Rate

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



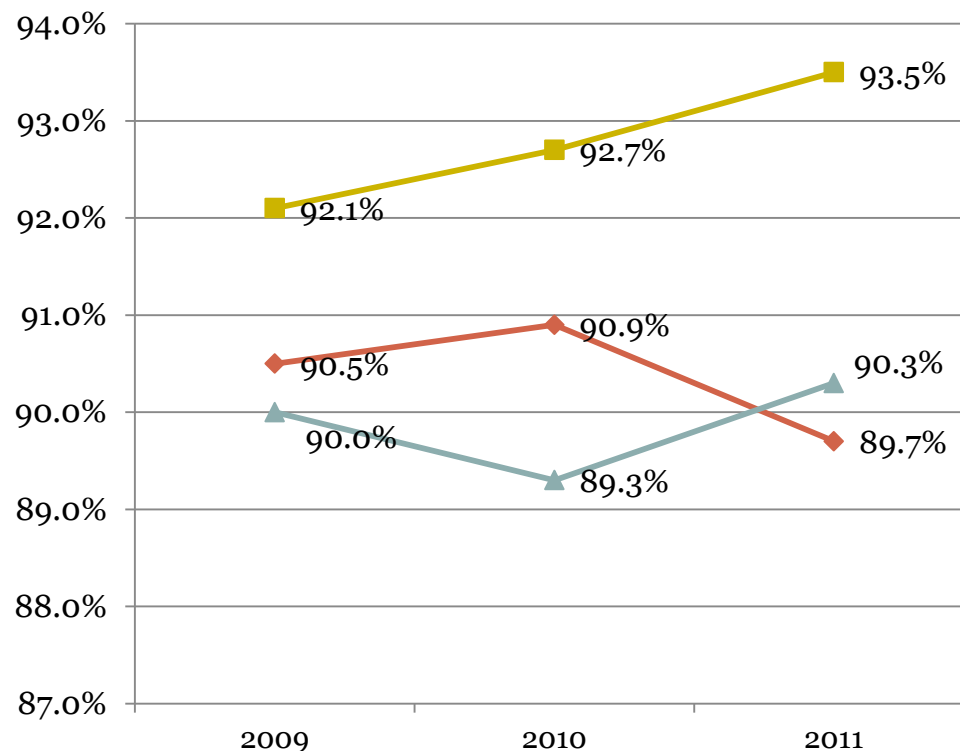
By Year



Healthy Tampa Bay Data – Kindergartners with Required Immunizations



By Year



- 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.

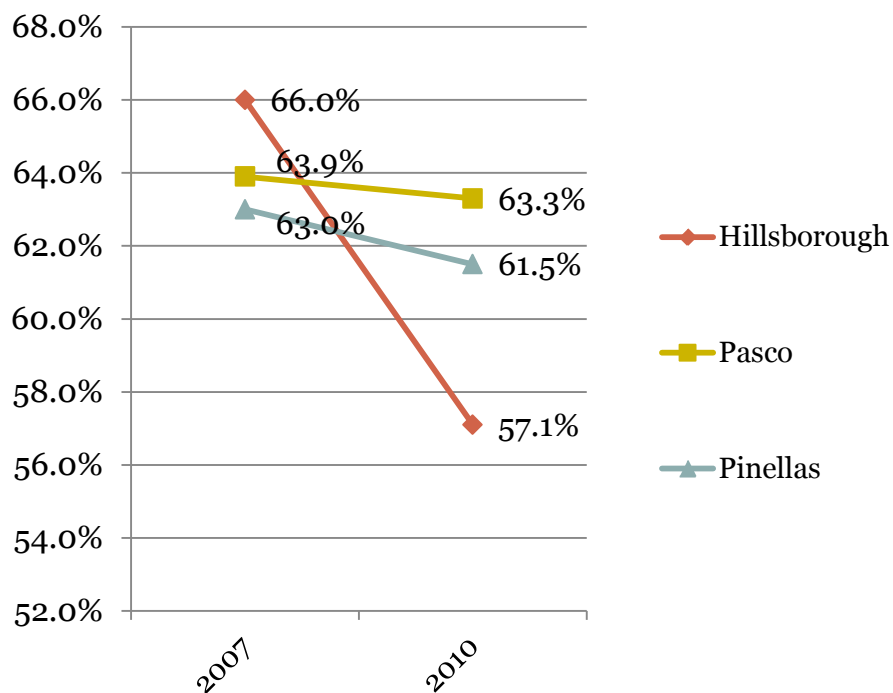
—◆— Hillsborough
—■— Pasco
—▲— Pinellas

Healthy Tampa Bay Data – Mammogram History

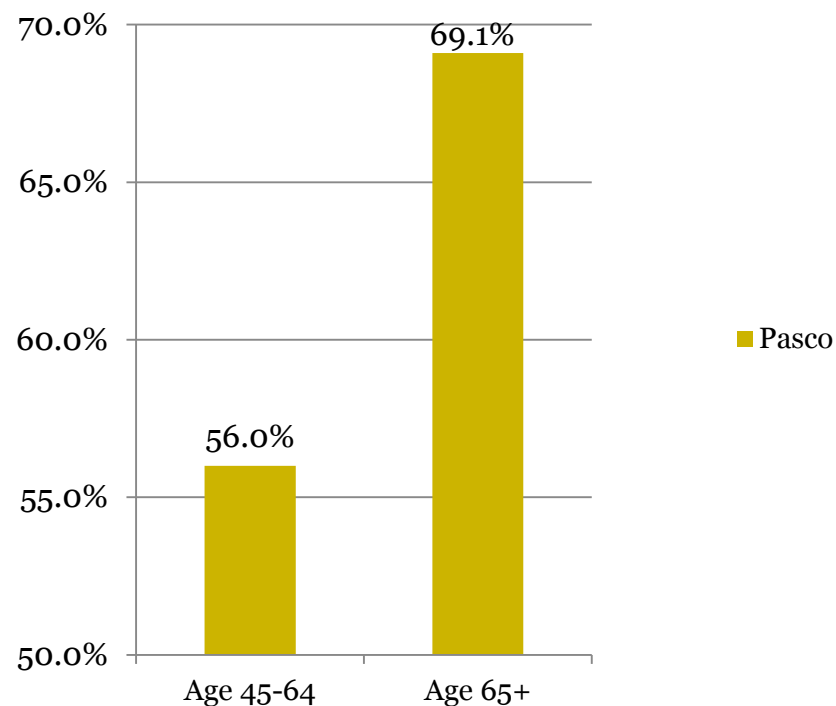
**percentage of women aged 40 and over who
have had a mammogram in the past year.*



By Year



By Age

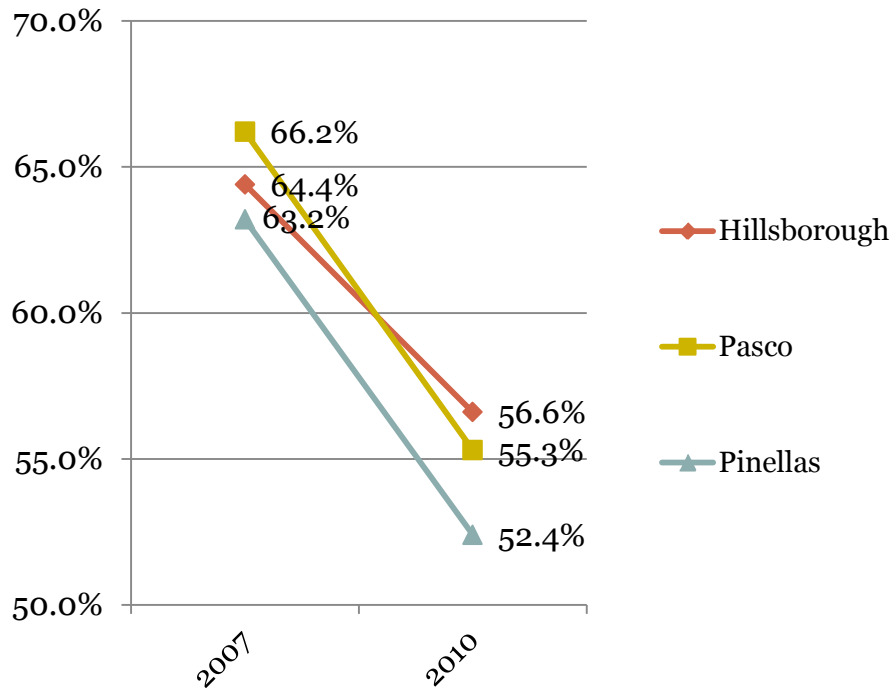


Healthy Tampa Bay Data – Pap Test History

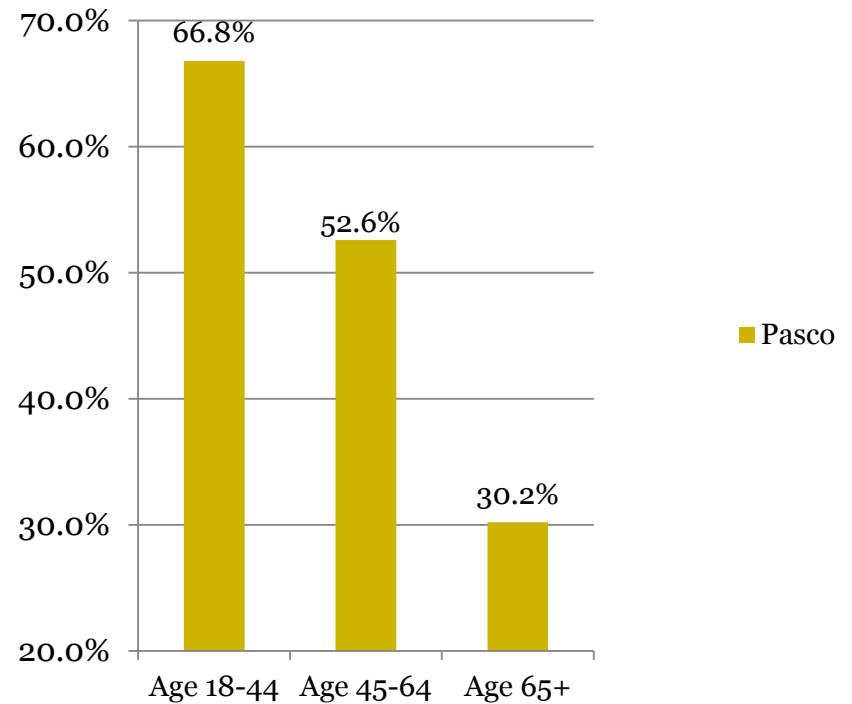
**percentage of women aged 18 and over who
have had a Pap smear in the past year.*



By Year



By Age

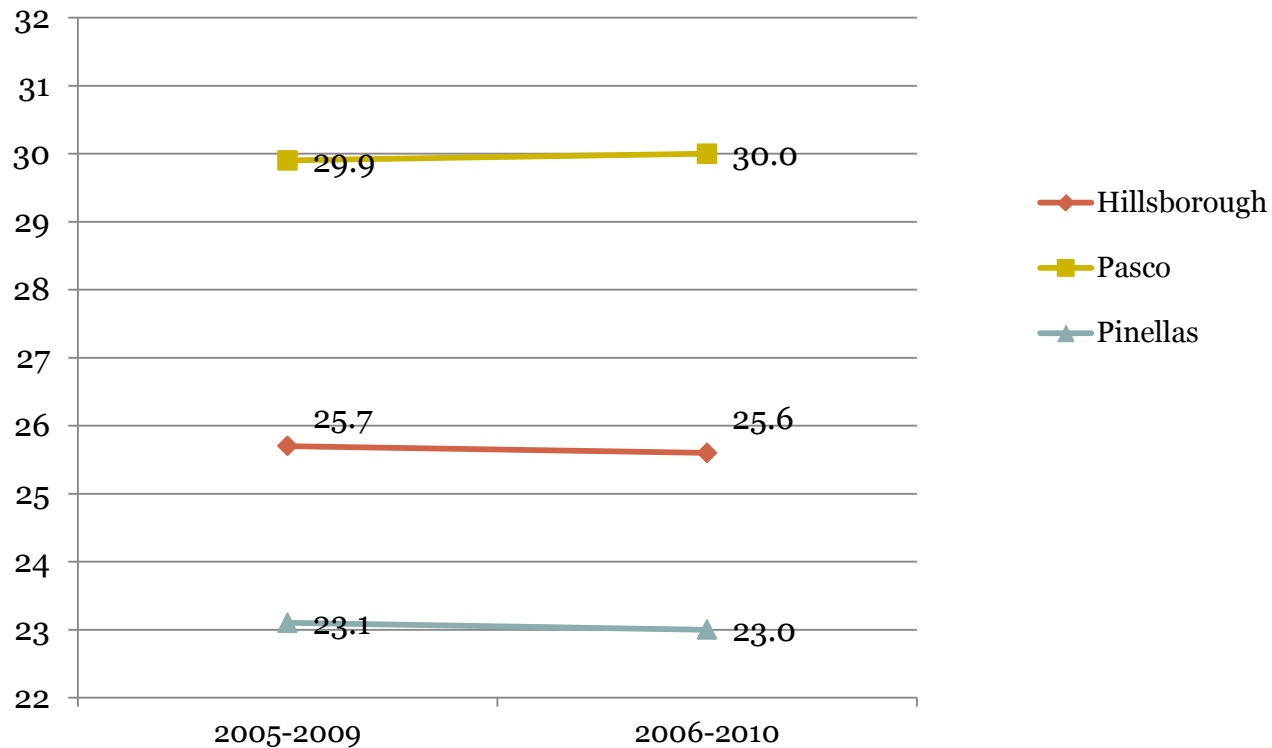


Healthy Tampa Bay Data – Mean Travel Time to Work



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

By Year

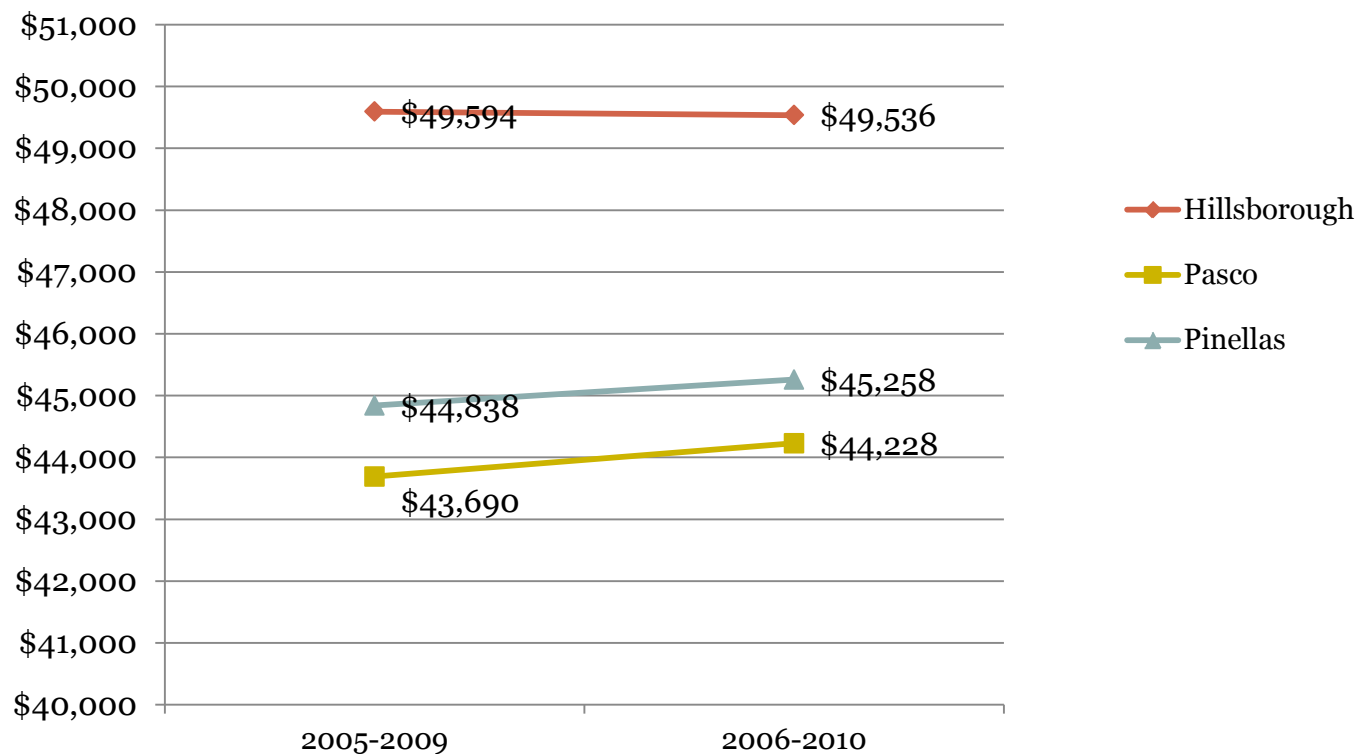


Healthy Tampa Bay Data – Median Household Income



By Year

- *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.*

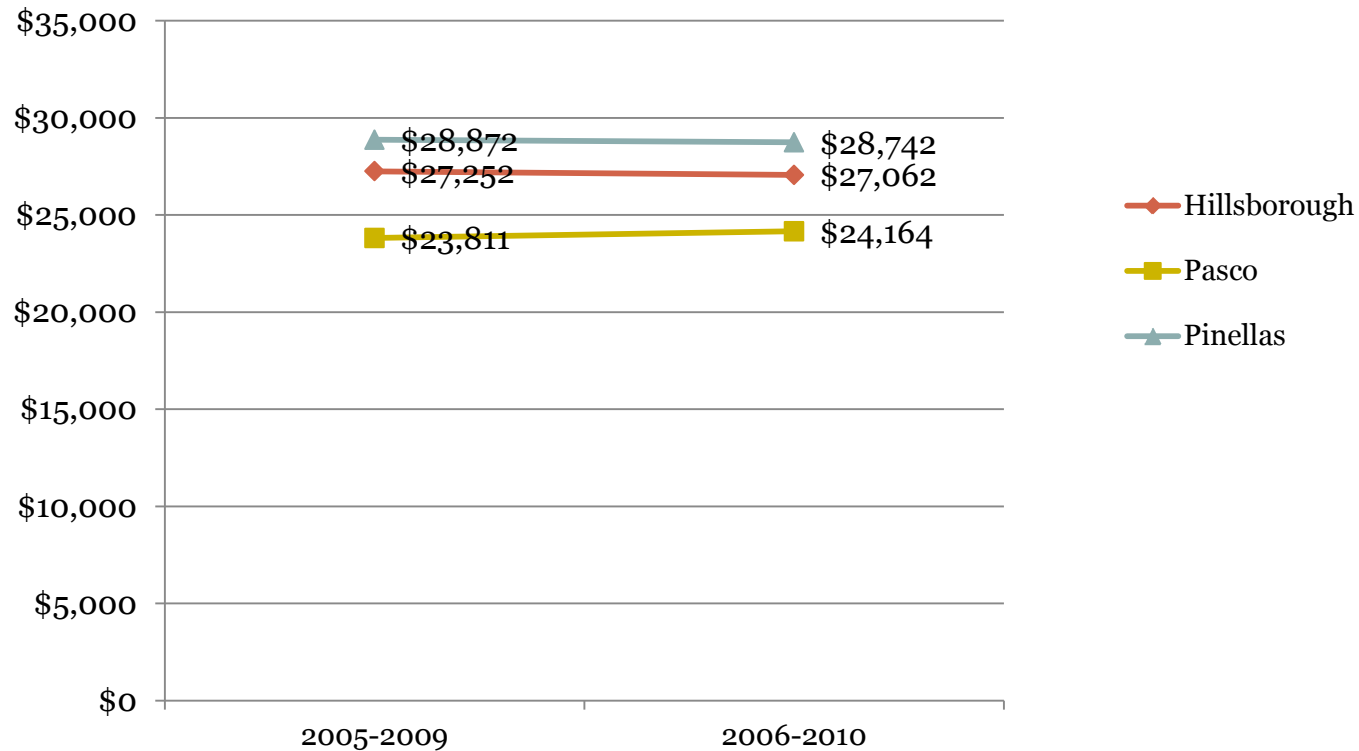


Healthy Tampa Bay Data – Per Capita Income



By Year

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

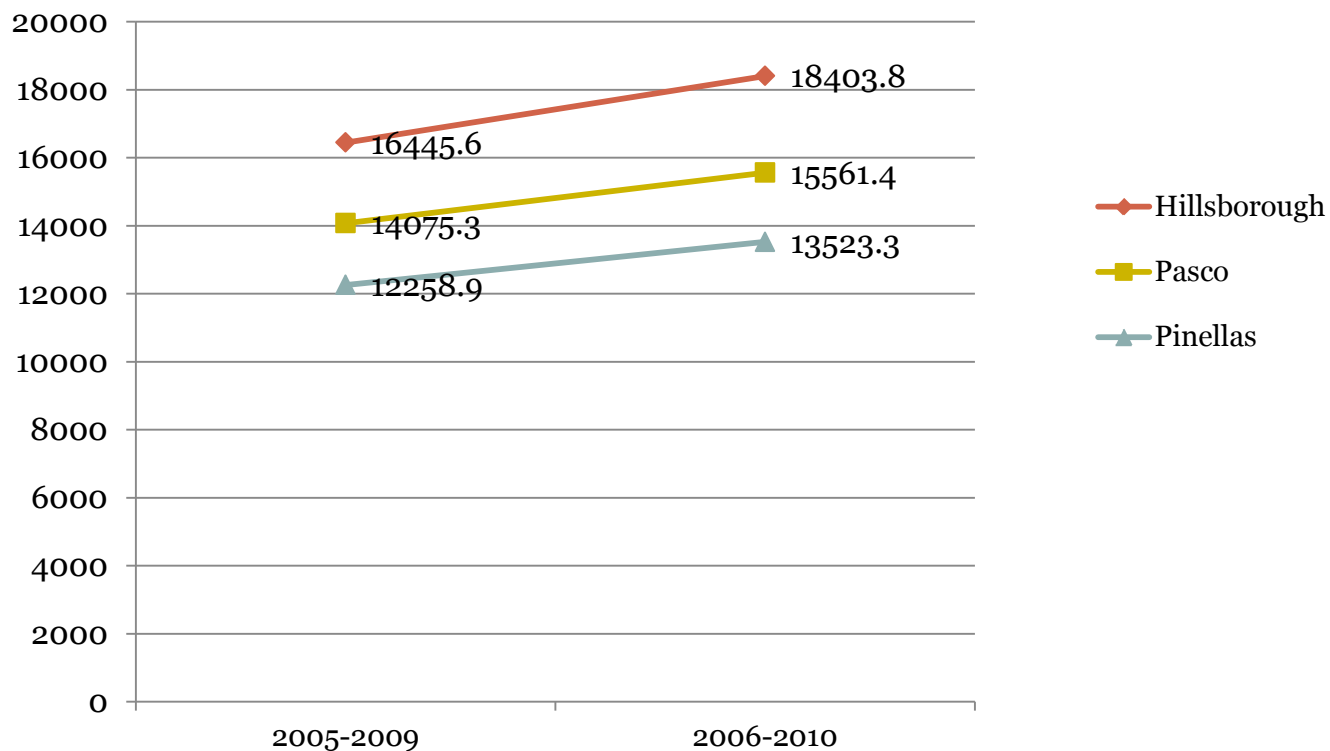


Healthy Tampa Bay Data – Median Monthly Medicaid Enrollment



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

By Year

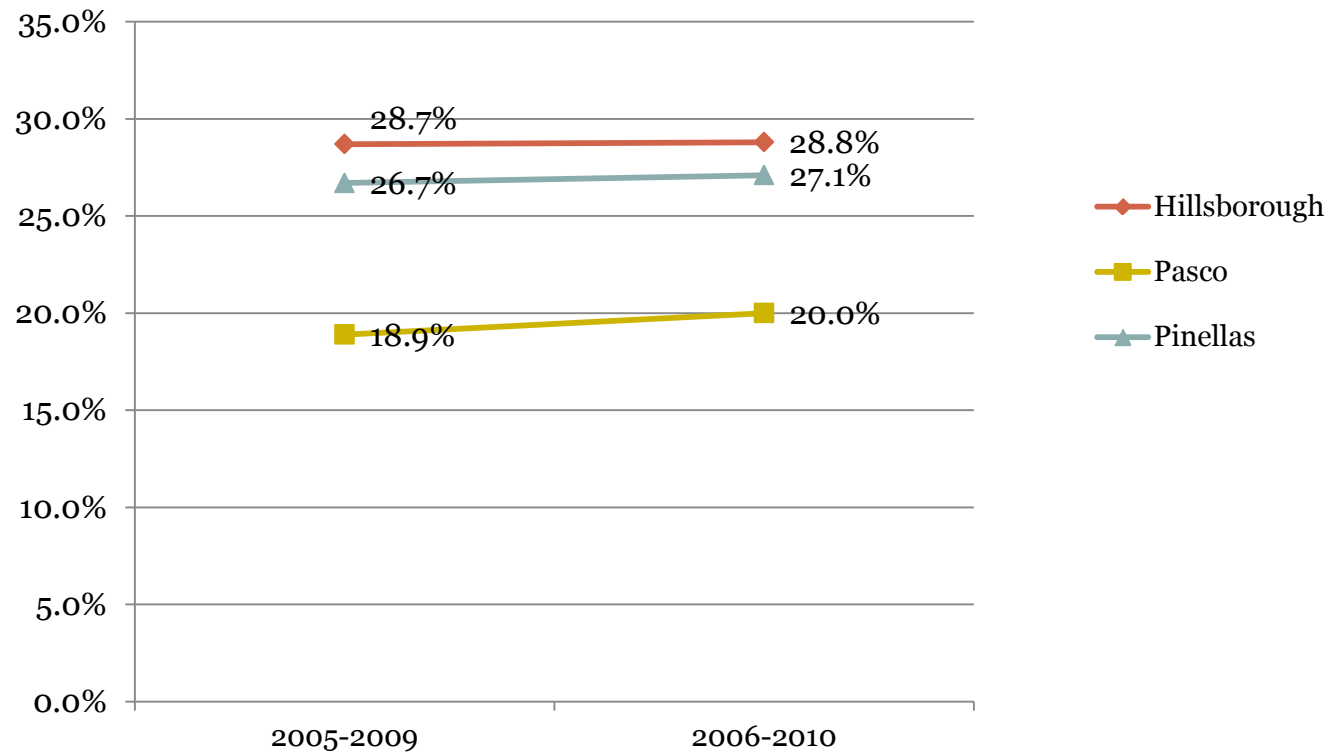


Healthy Tampa Bay Data – People 25+ with a Bachelor's Degree or Higher



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

By Year

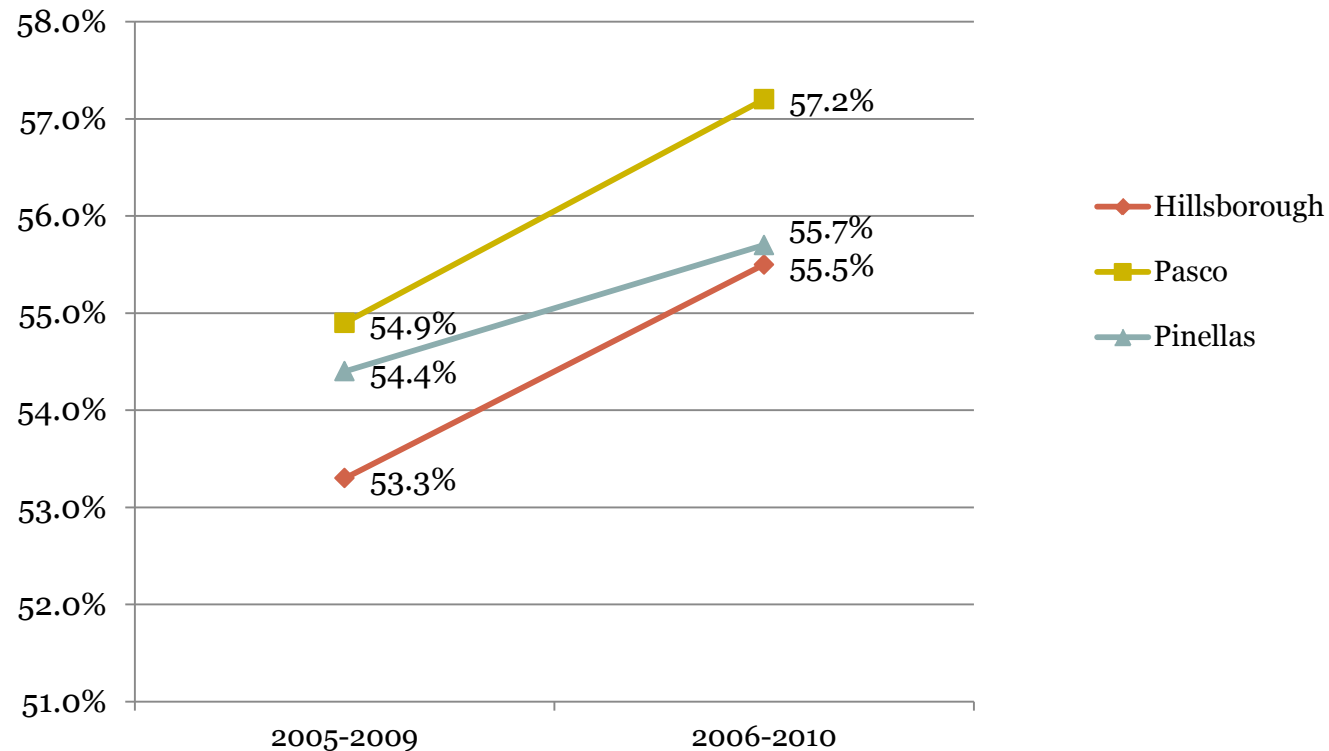


Healthy Tampa Bay Data – Renters Spending 30% or More of Household Income on Rent



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

By Year

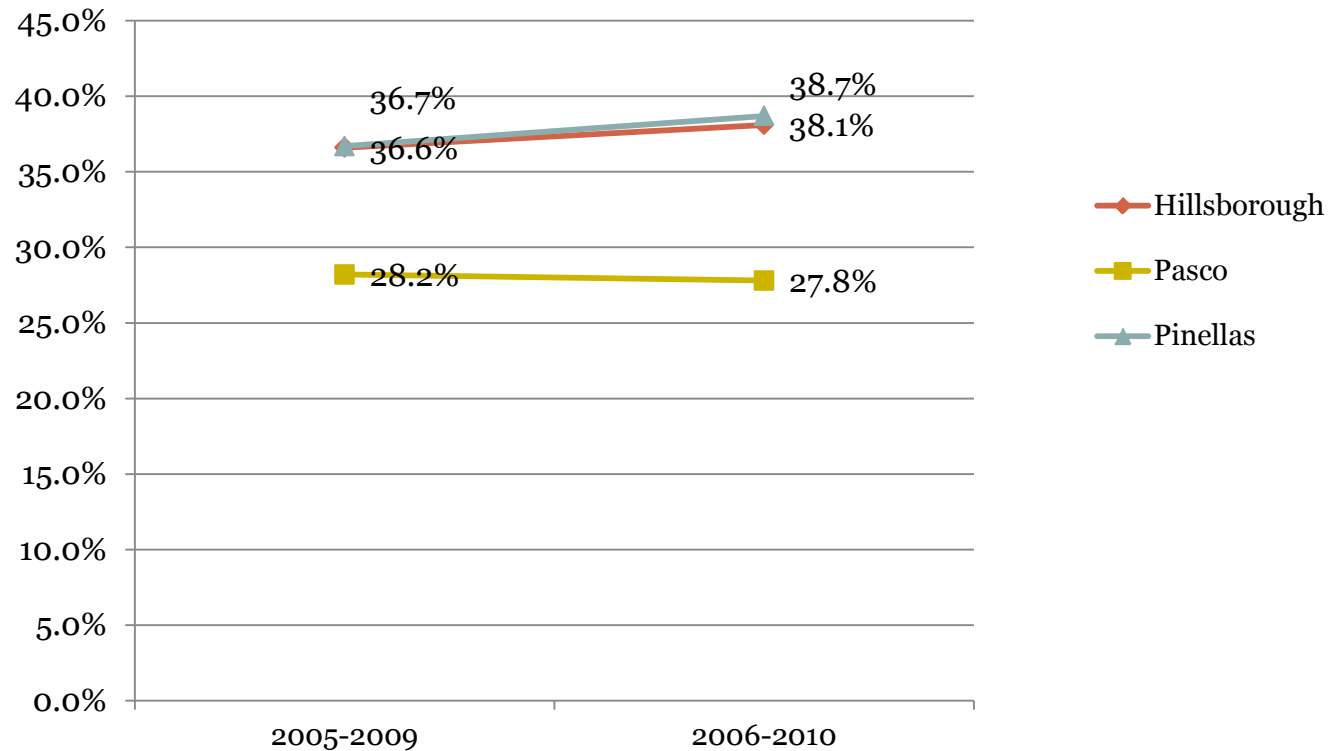


Healthy Tampa Bay Data – Single-Parent Households



By Year

- 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.

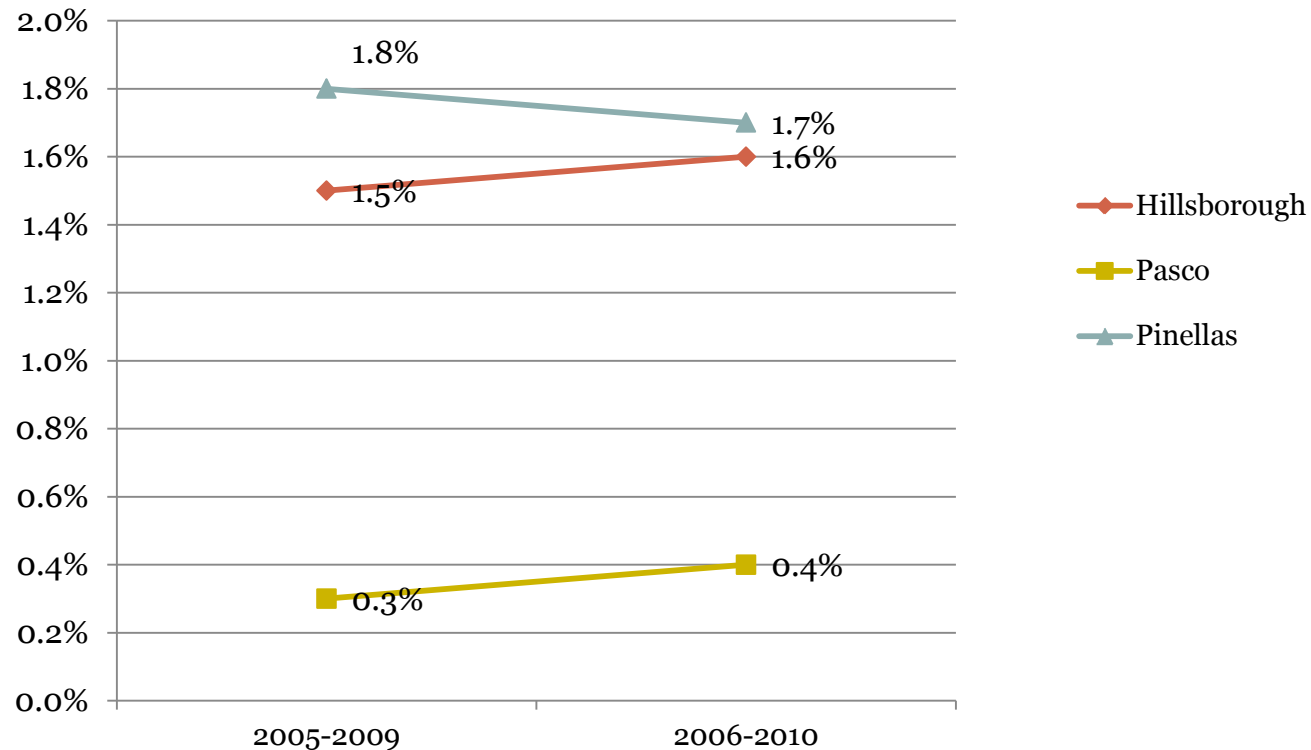


Healthy Tampa Bay Data – Workers Commuting by Public Transportation



By Year

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

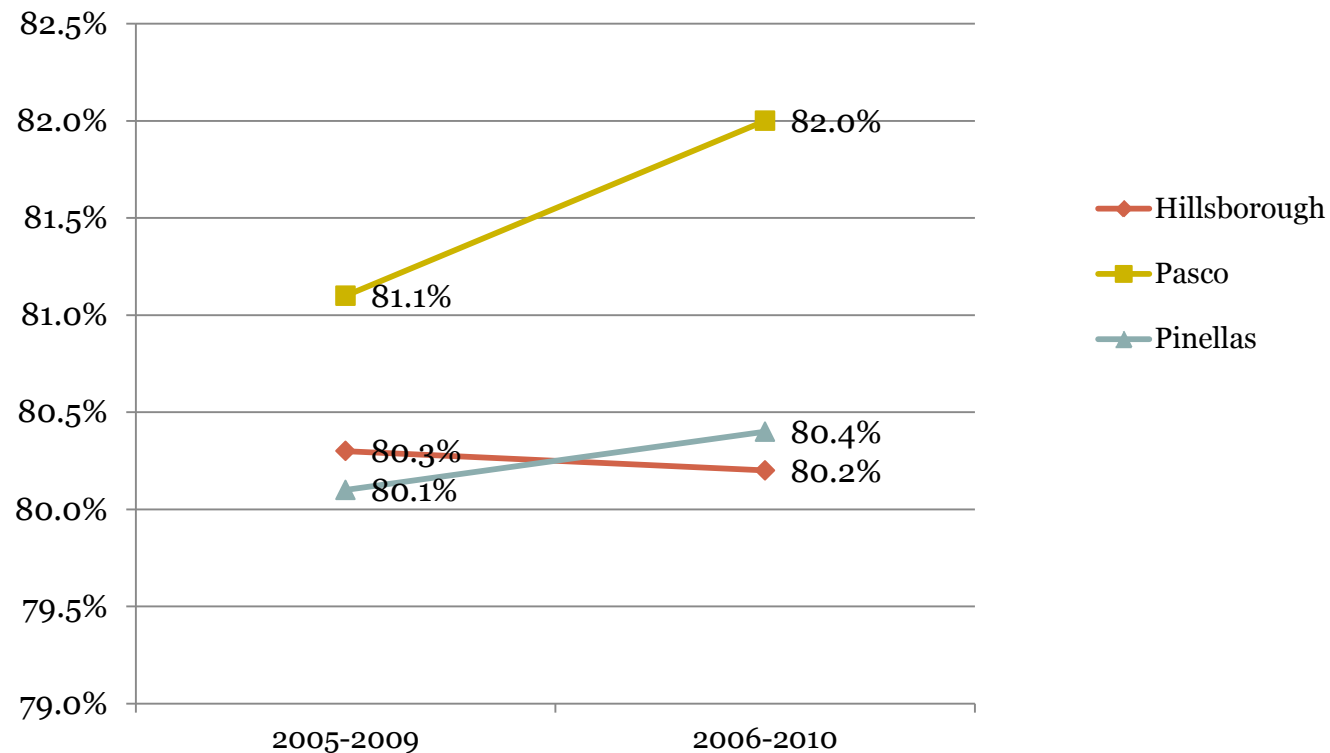


Healthy Tampa Bay Data – Workers who Drive Alone to Work



By Year

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

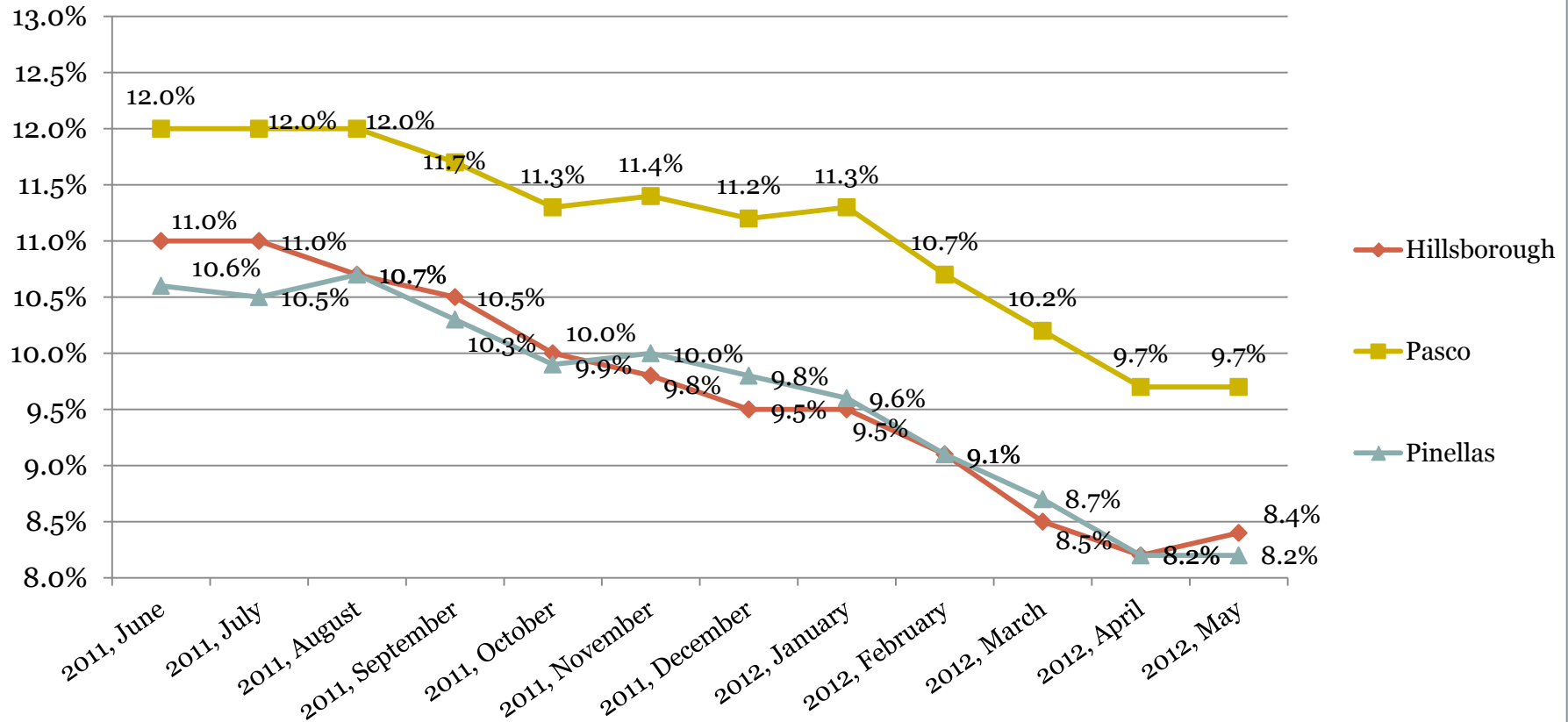


Healthy Tampa Bay Data – Unemployed Workers in Civilian Labor Force



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

By Year

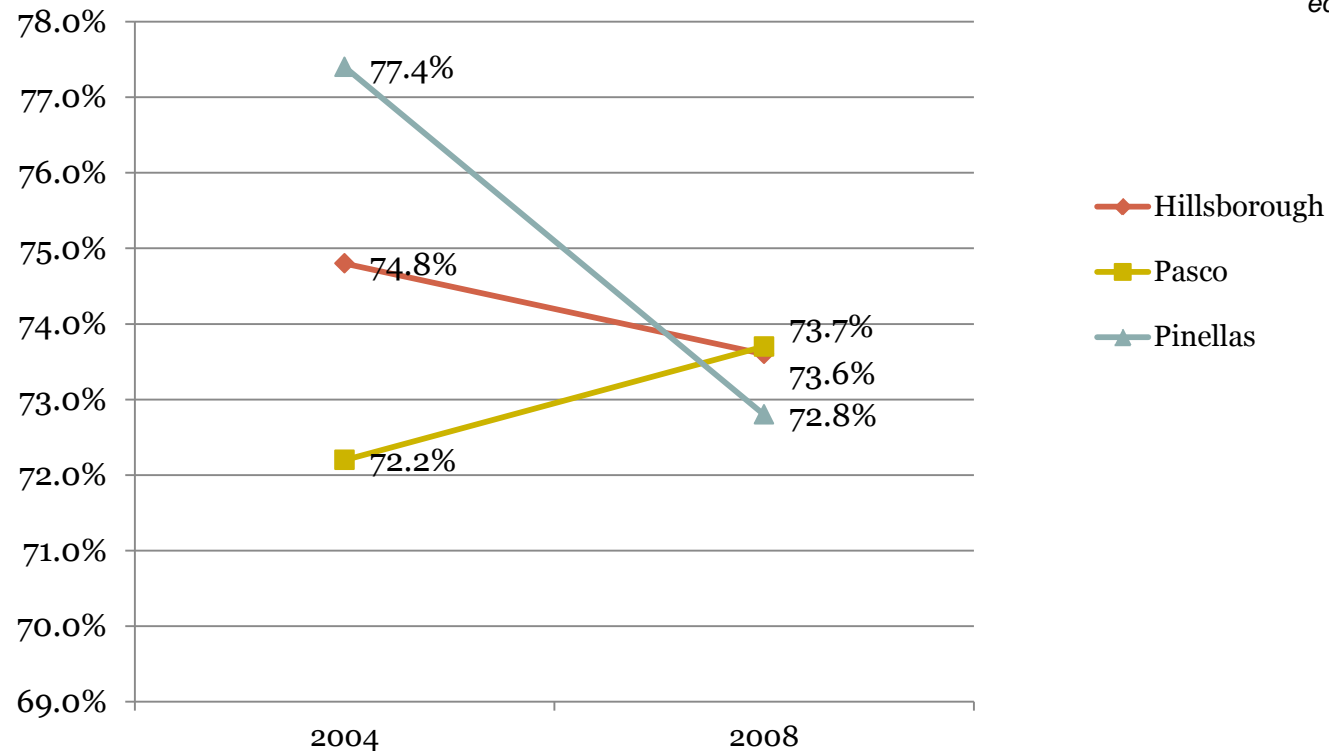


Healthy Tampa Bay Data – Voter Turnout



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.

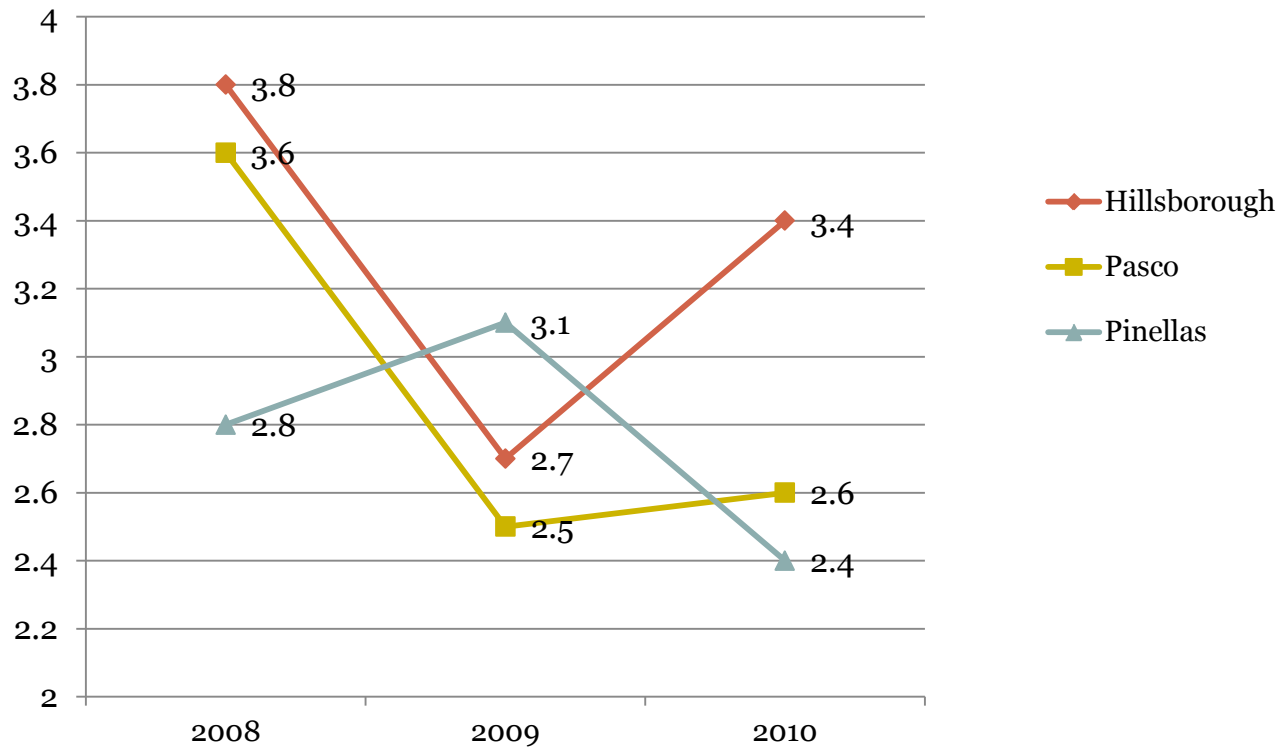


Healthy Tampa Bay Data – Pedestrian Death Rate



By Year

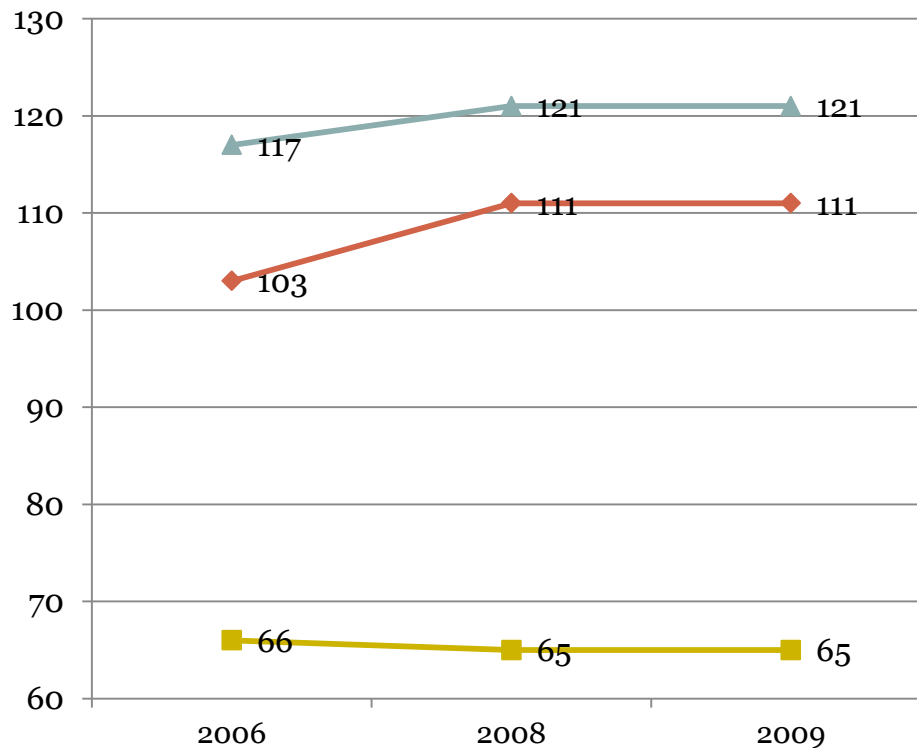
- shows the number of pedestrians killed in traffic collisions per 100,000 population.



Healthy Tampa Bay Data – Primary Care Provider Rate



By Year



- 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.

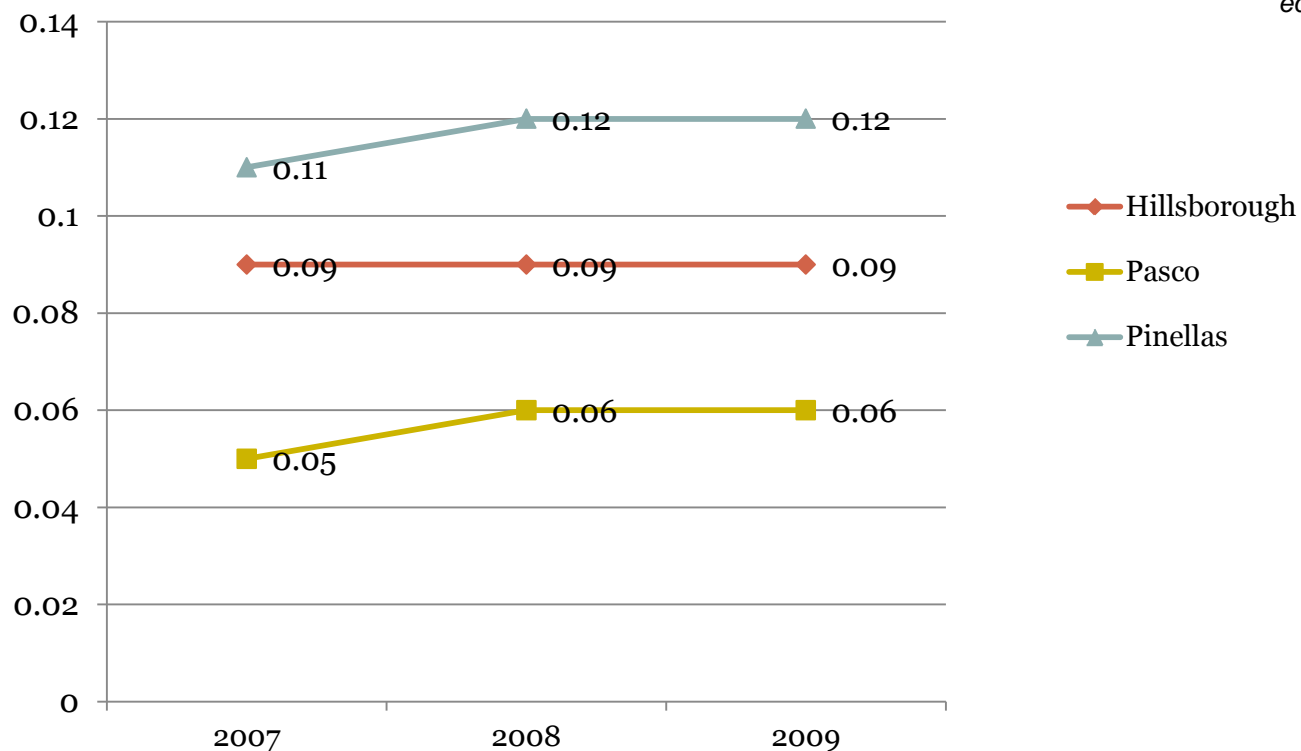
◆ Hillsborough
■ Pasco
▲ Pinellas

Healthy Tampa Bay Data – Recreation and Fitness Facilities



By Year

- 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.

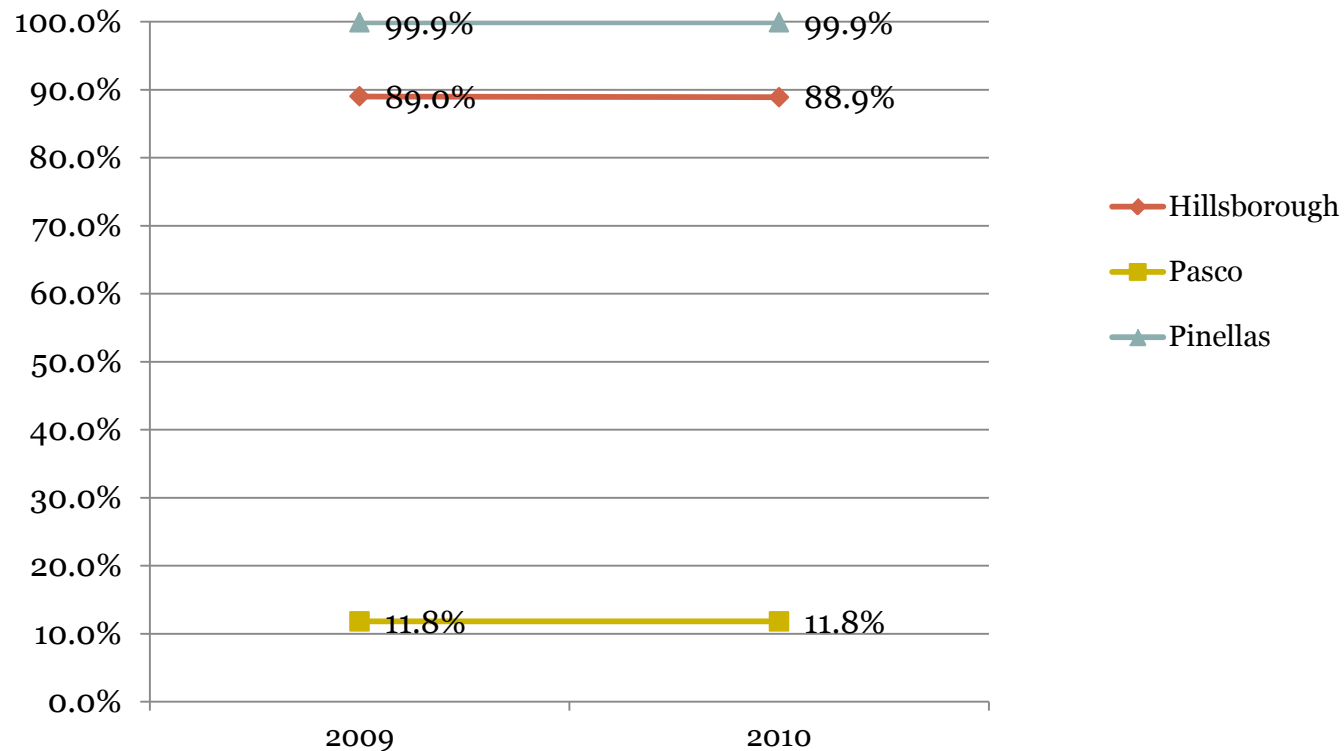


Healthy Tampa Bay Data – Population with Fluoridated Water



By Year

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

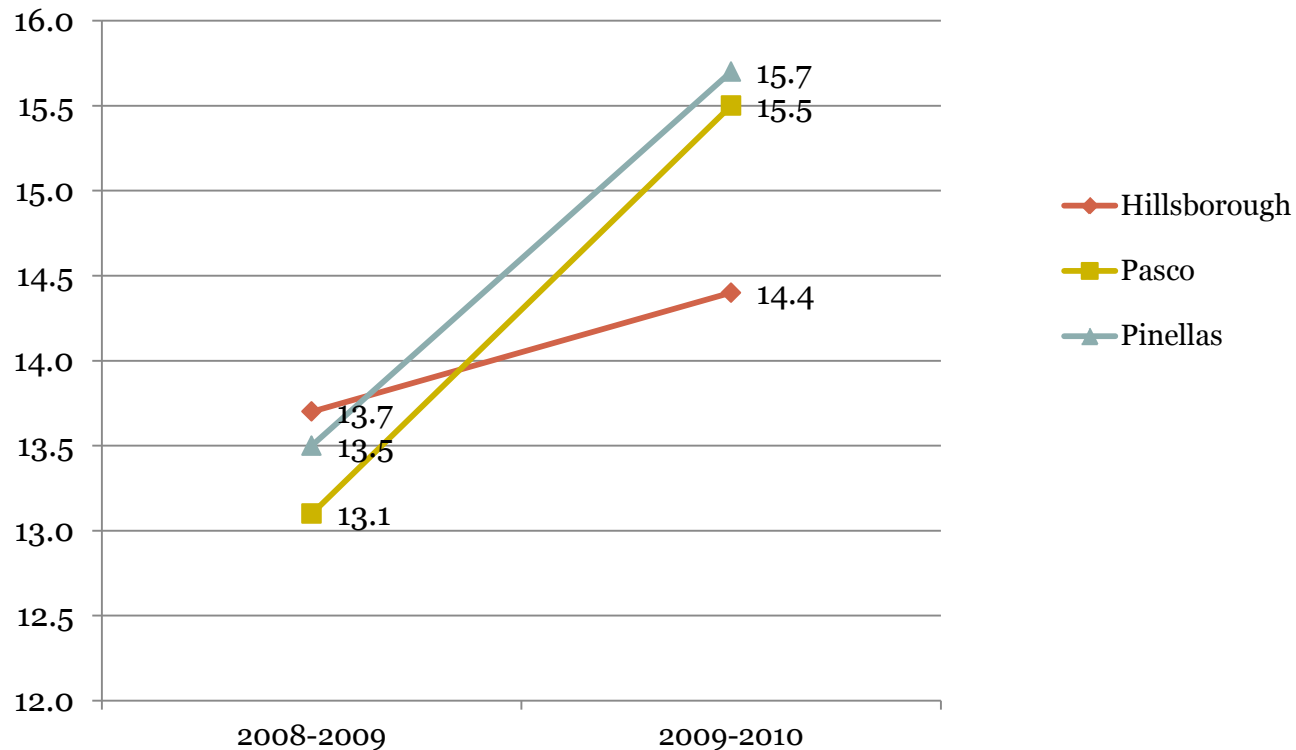


Healthy Tampa Bay Data – Student-to-Teacher Ratio



By Year

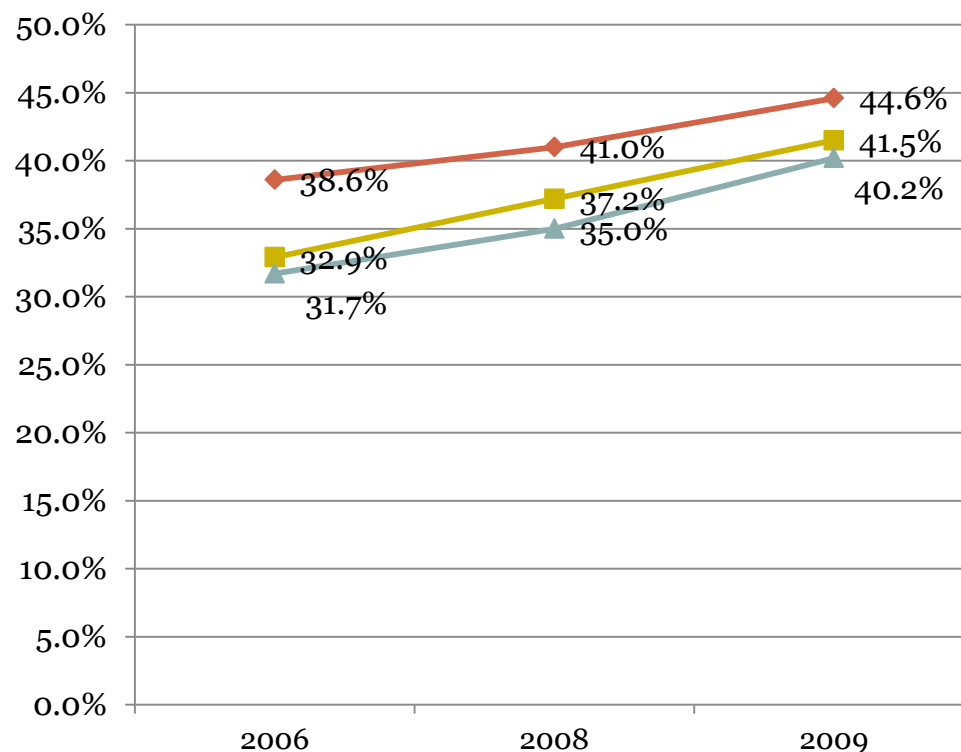
- shows the average number of public school students per teacher in the county. It does not measure class size.



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



By Year



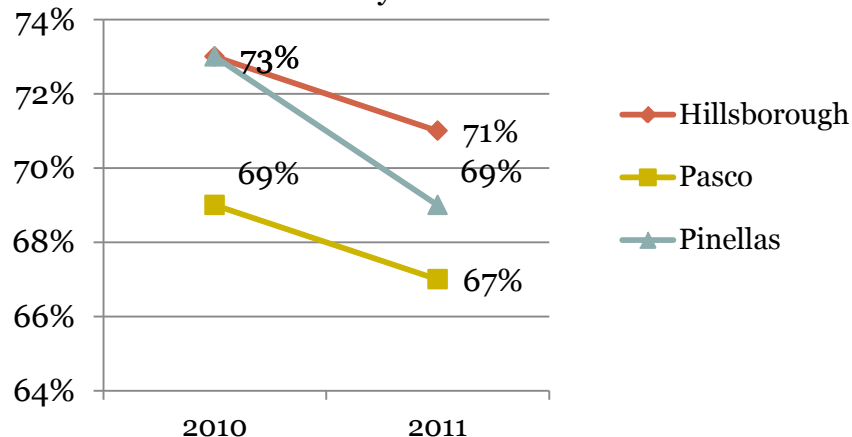
- shows the percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.
- The regional value is compared to the median value of 3,130 U.S. counties and county equivalents.

—◆— Hillsborough
—■— Pasco
—▲— Pinellas

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

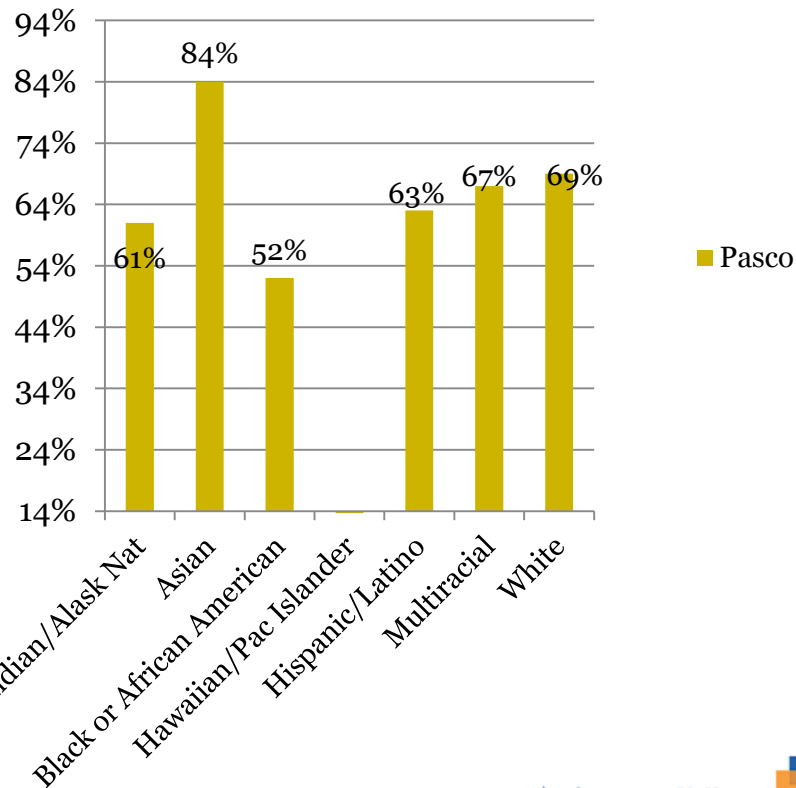


By Year

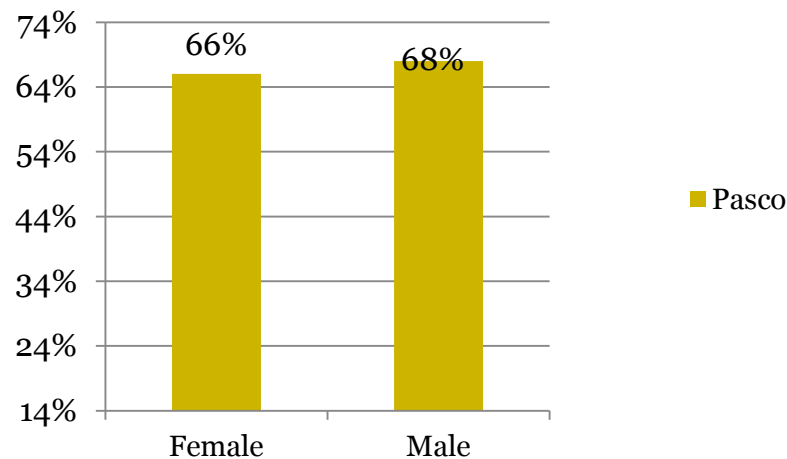


**Percent of 4th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*

By Race/Ethnicity



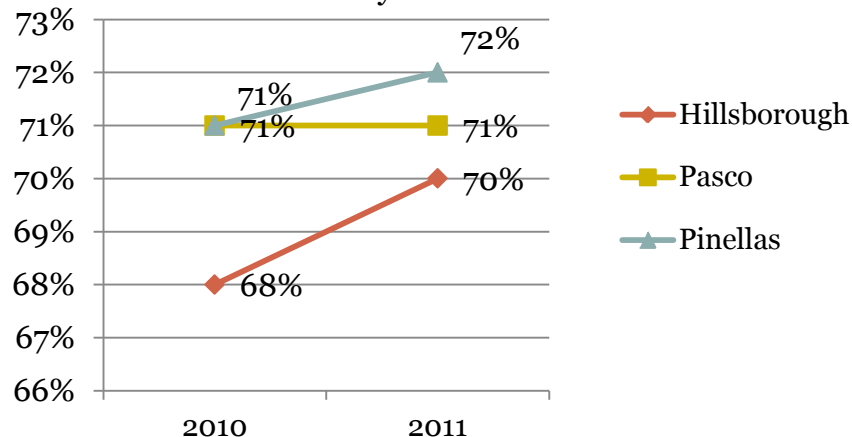
By Sex



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

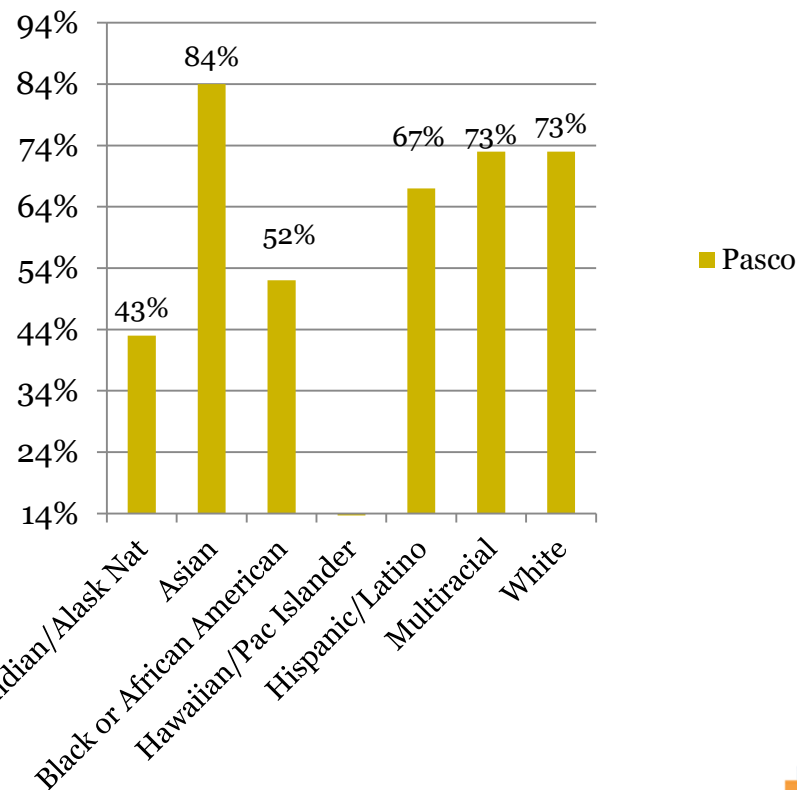


By Year

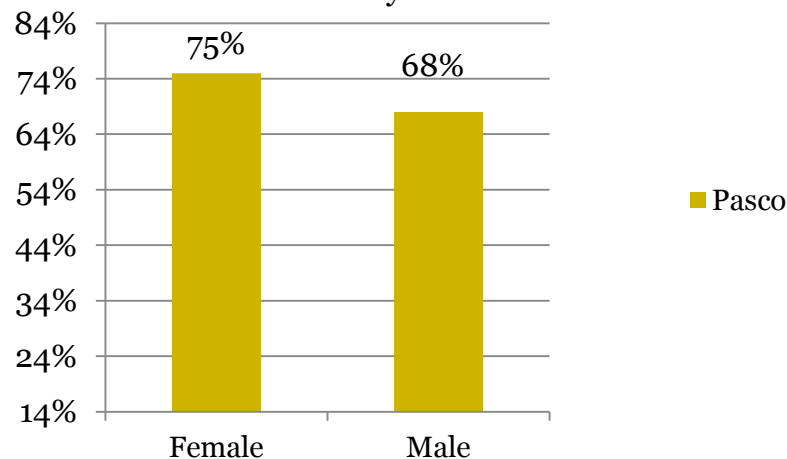


**Percent of 4th grade students scoring at or above their grade level in reading as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*

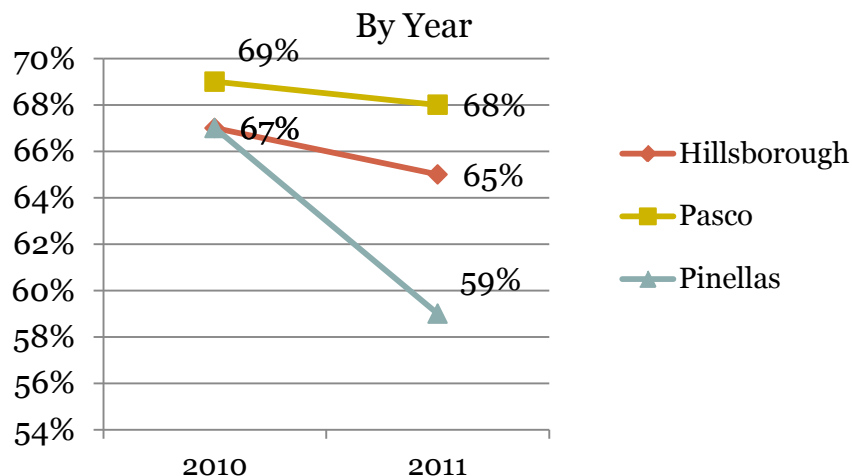
By Race/Ethnicity



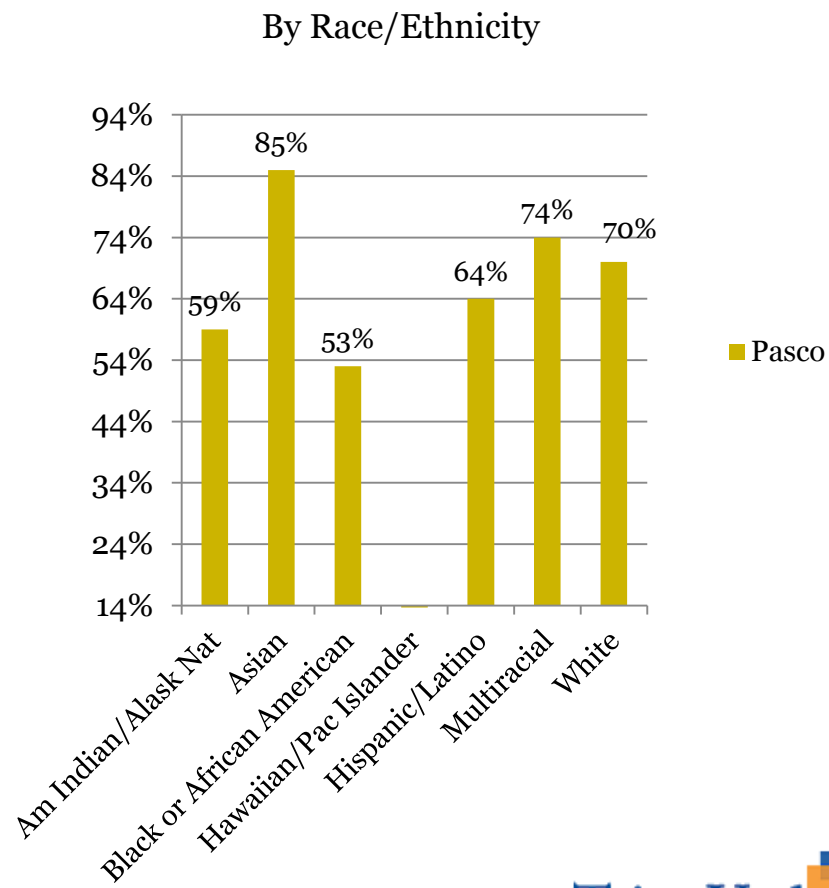
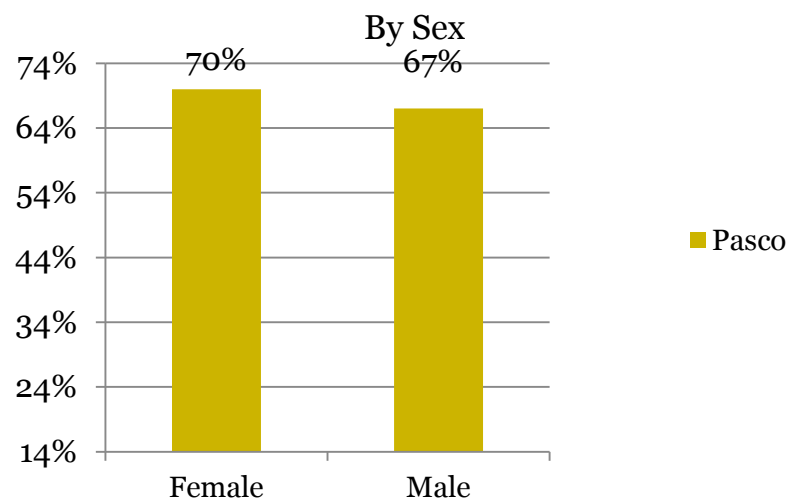
By Sex



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



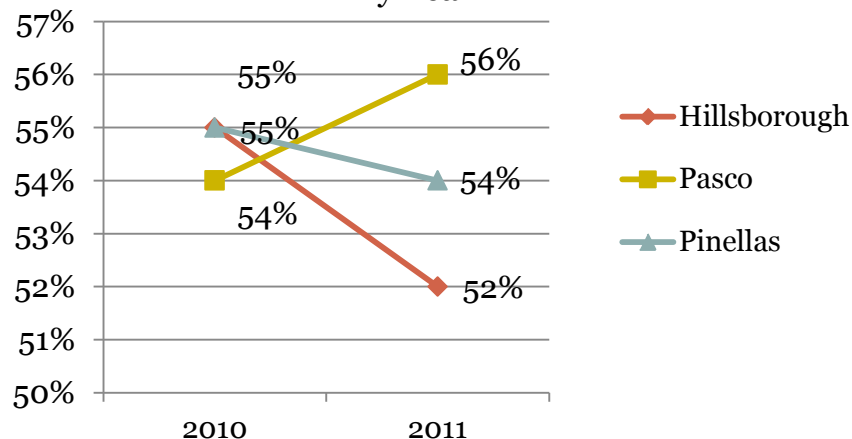
**Percent of 8th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*



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

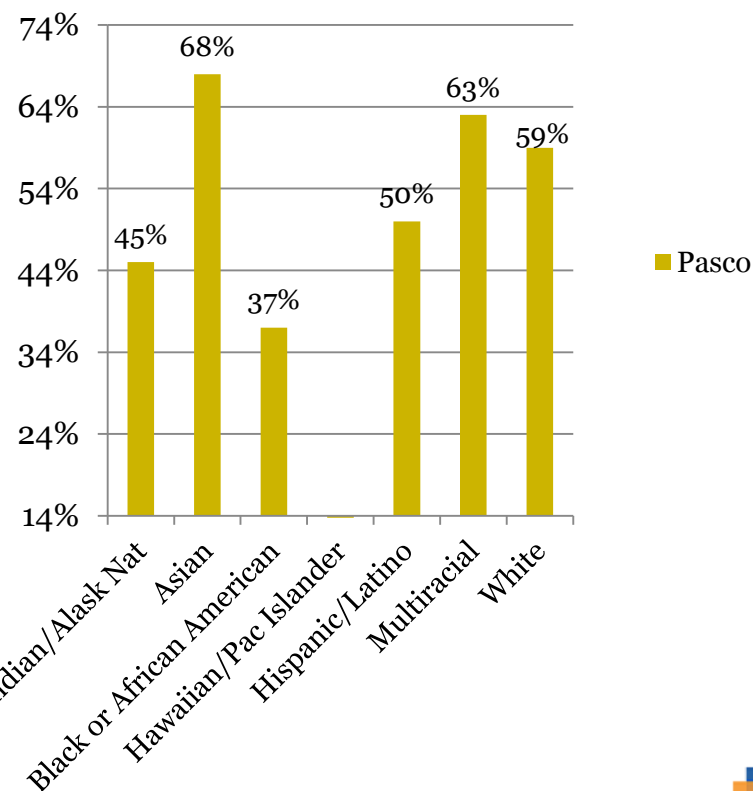


By Year

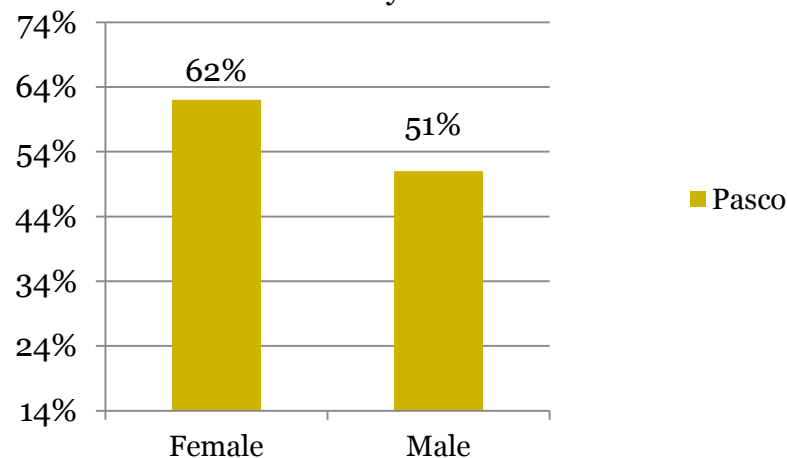


**Percent of 8th grade students scoring at or above their grade level in reading as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*

By Race/Ethnicity

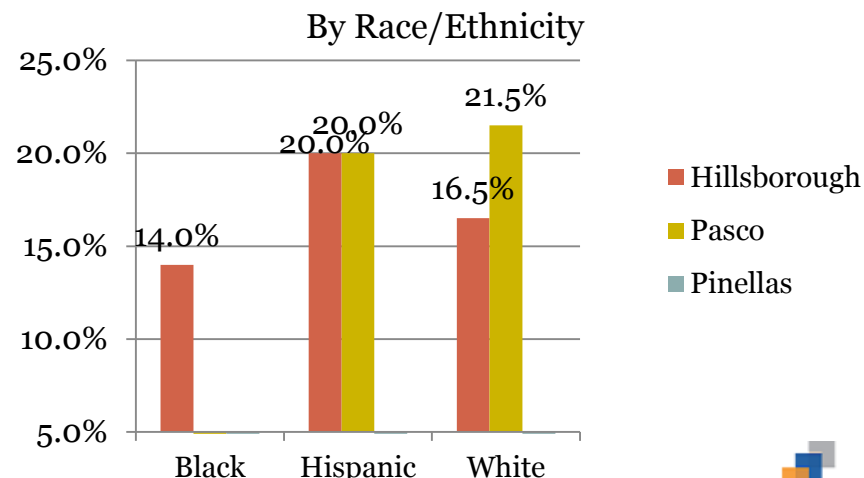
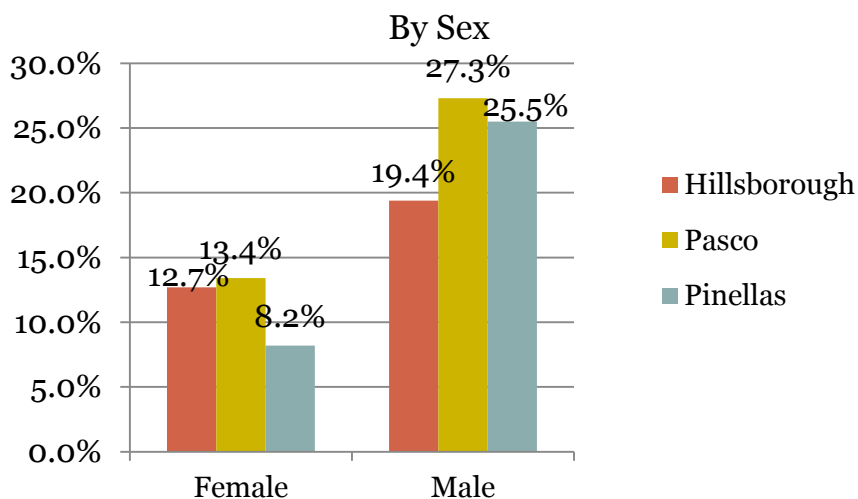
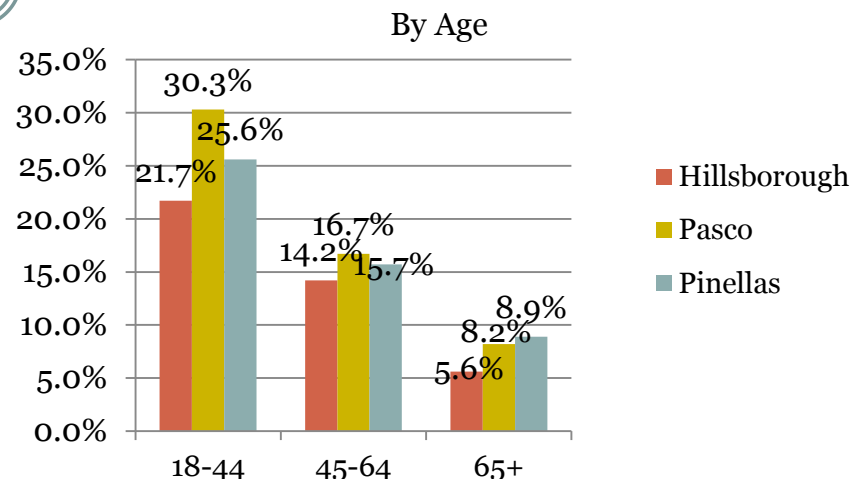
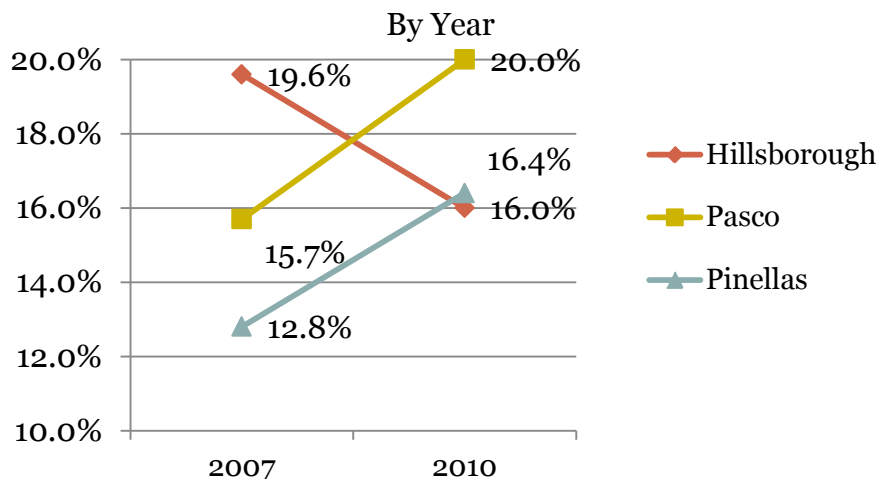


By Sex



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.*

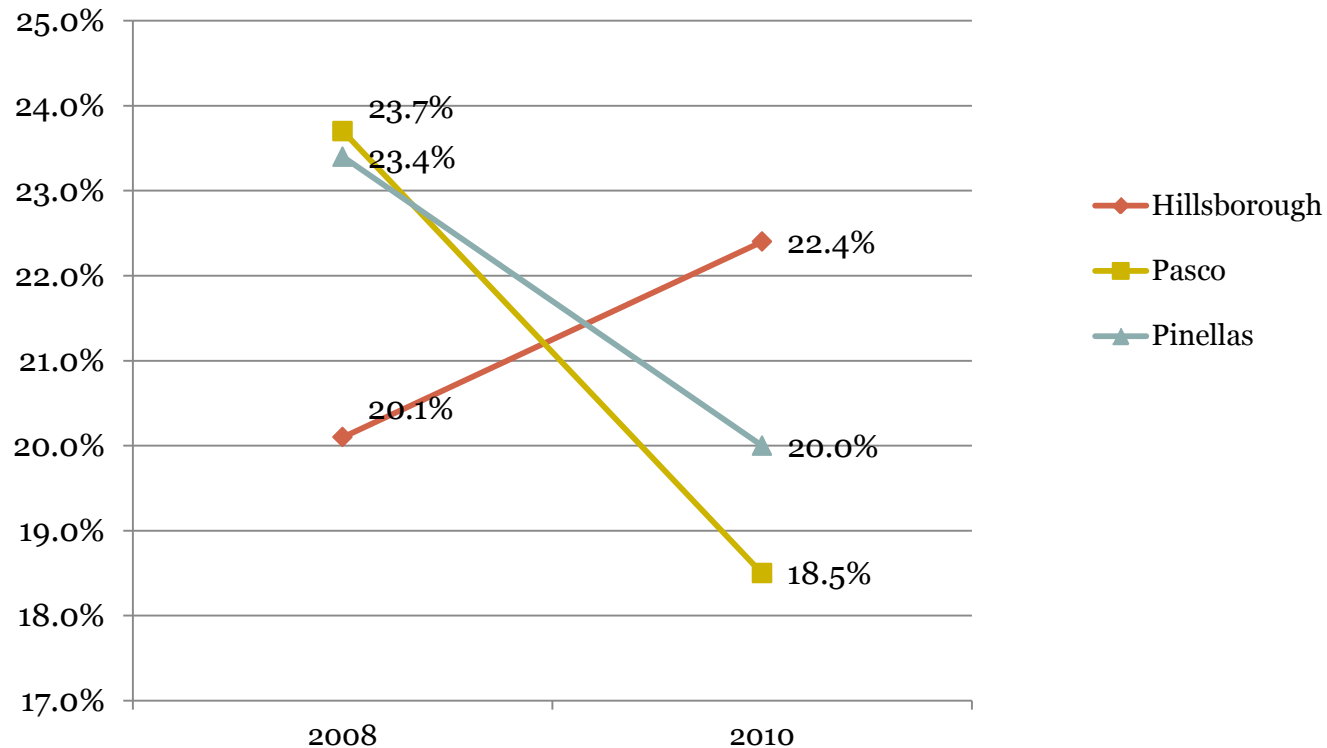


Healthy Tampa Bay Data – Teens who Binge Drink



By Year

- 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.

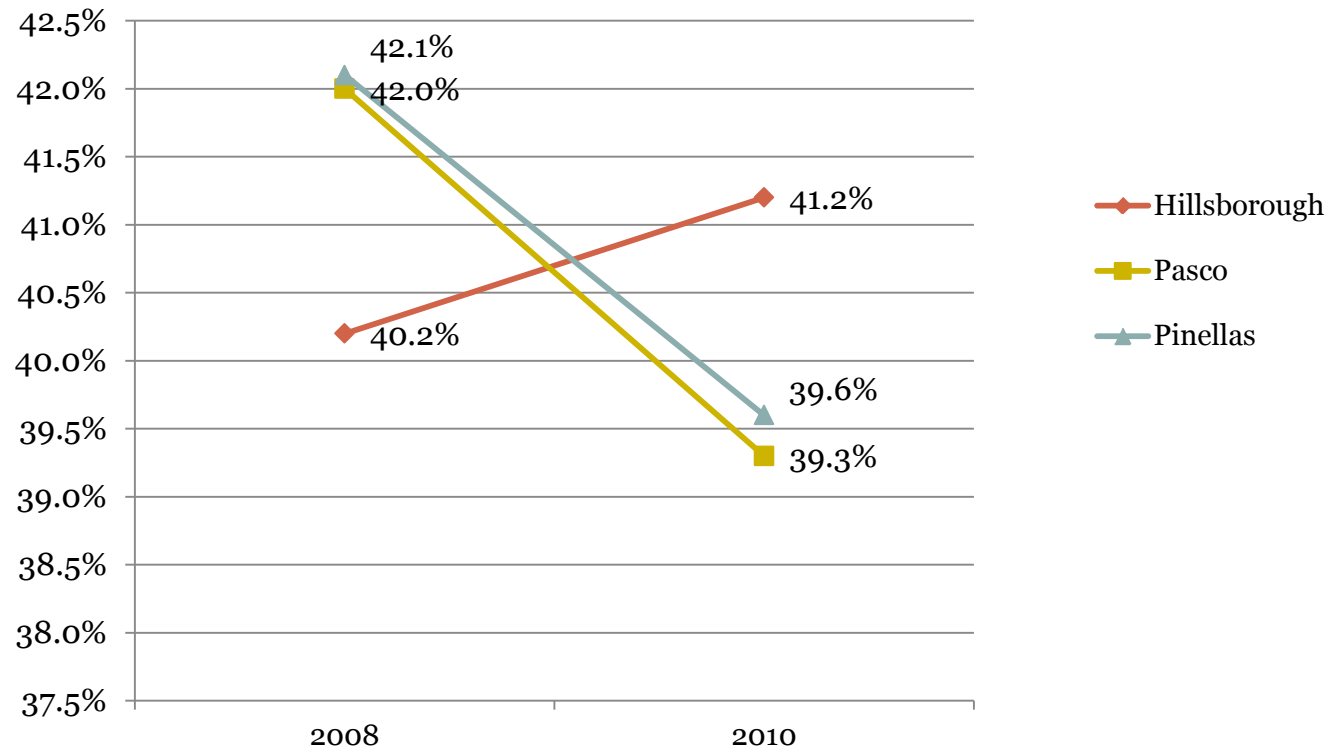


Healthy Tampa Bay Data – Teens who Use Alcohol



By Year

- 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.

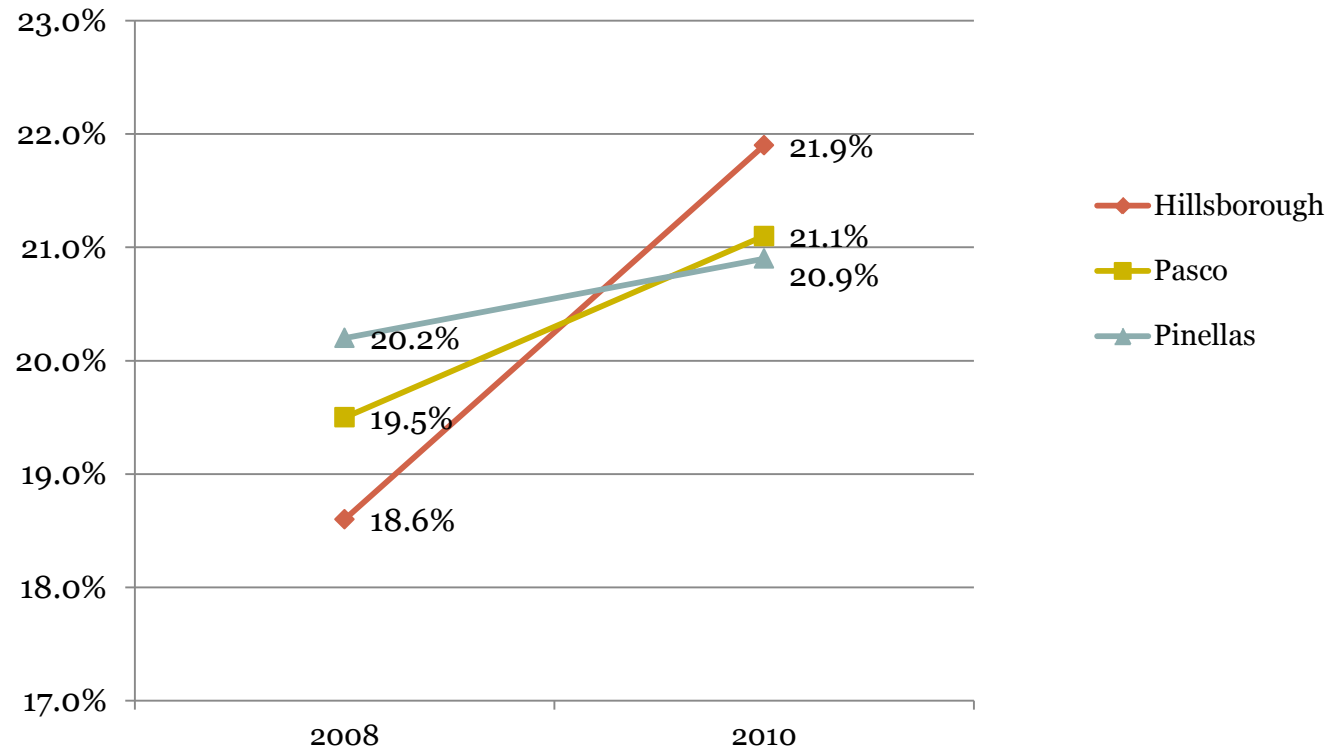


Healthy Tampa Bay Data – Teens who Use Marijuana



By Year

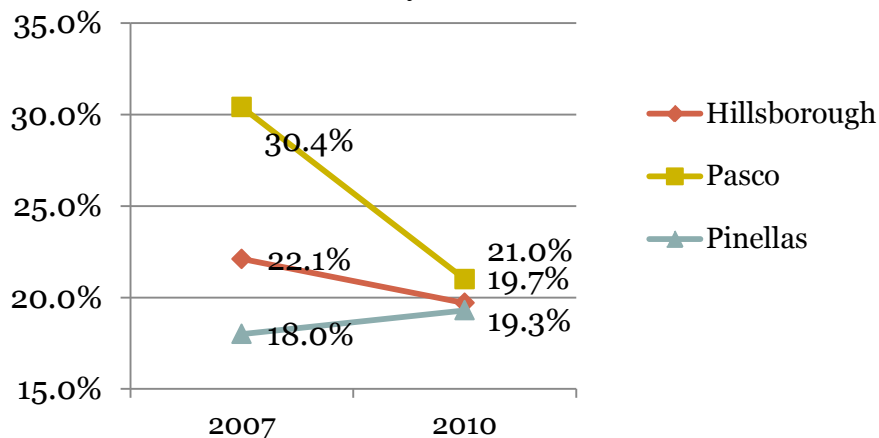
- shows the percentage of high school students who used marijuana one or more times during the 30 days before the survey was administered.



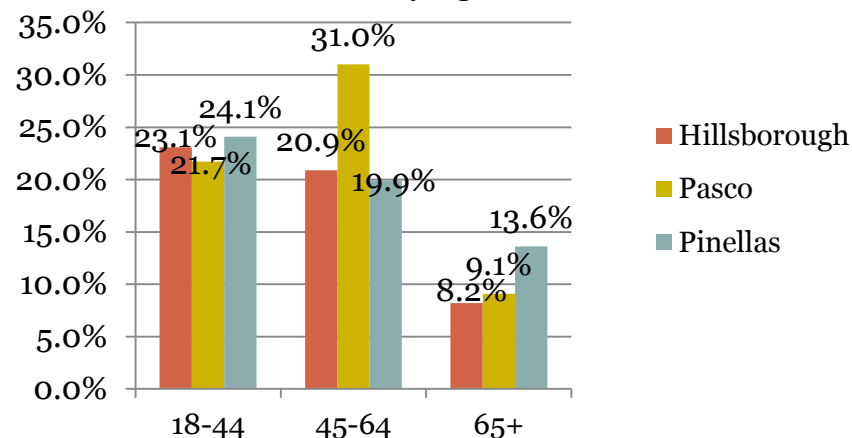
Healthy Tampa Bay Data – Adults Who Smoke

**percent of adults who
currently smoke cigarettes.*

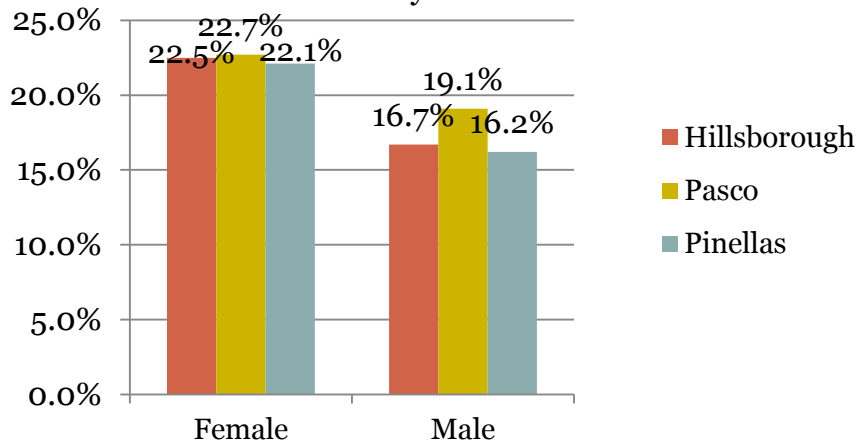
By Year



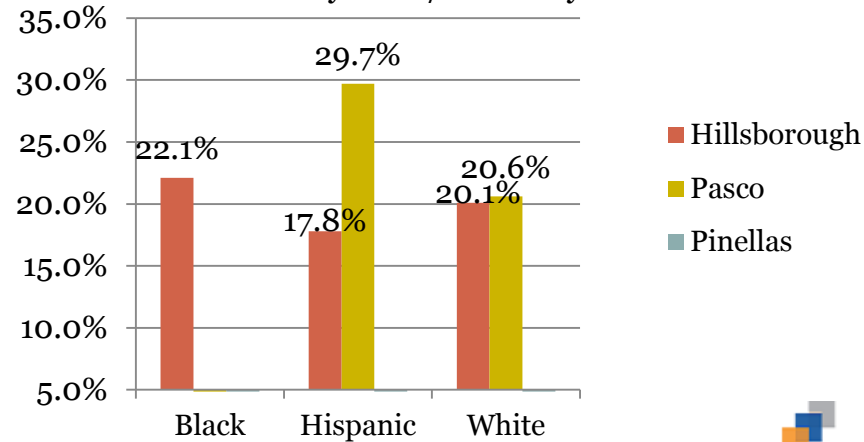
By Age



By Sex



By Race/Ethnicity

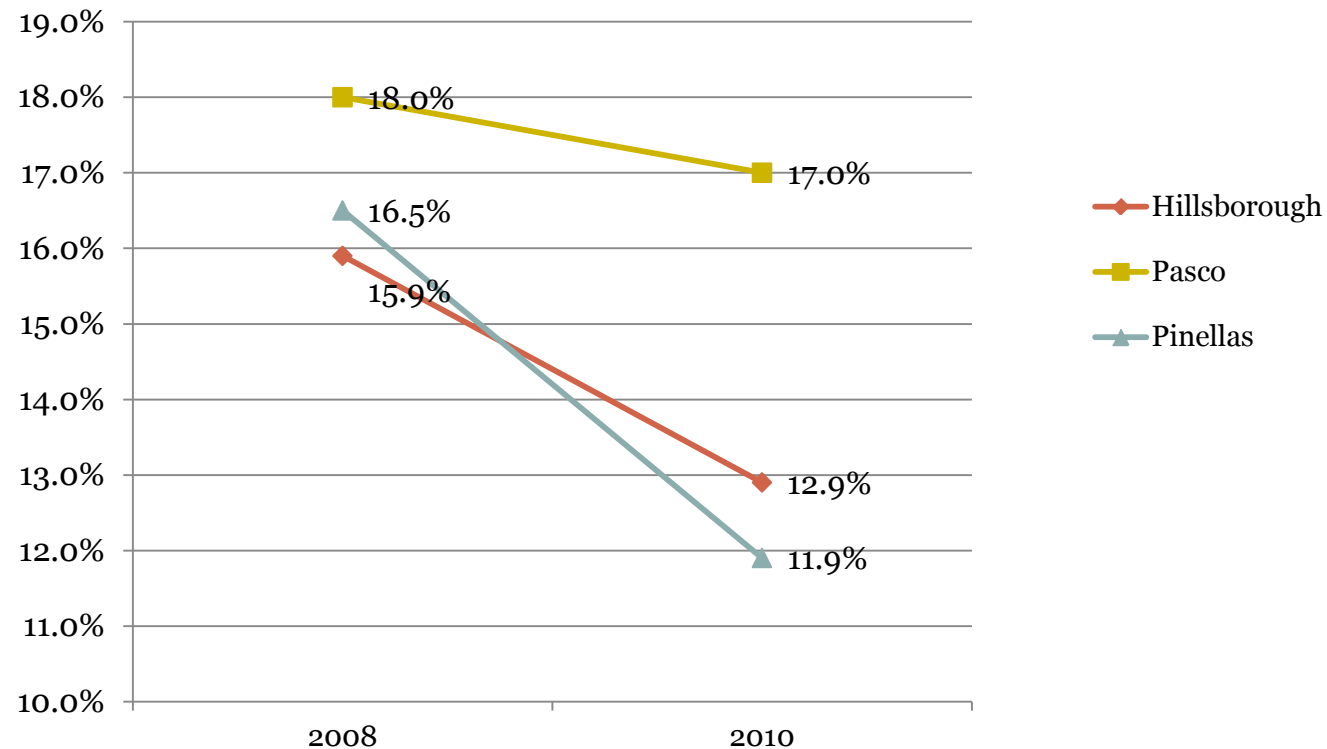


Healthy Tampa Bay Data – Teens who Smoke



By Year

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

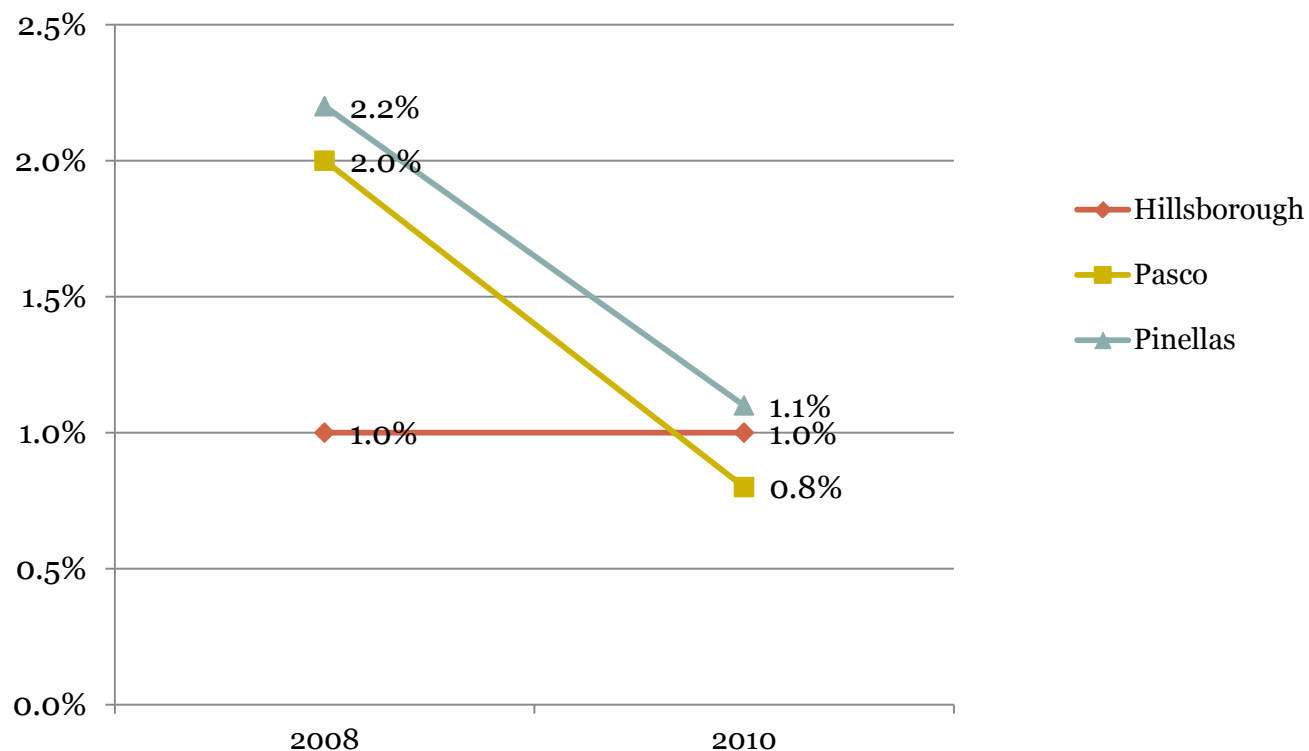


Healthy Tampa Bay Data – Teens who have Used Methamphetamines



By Year

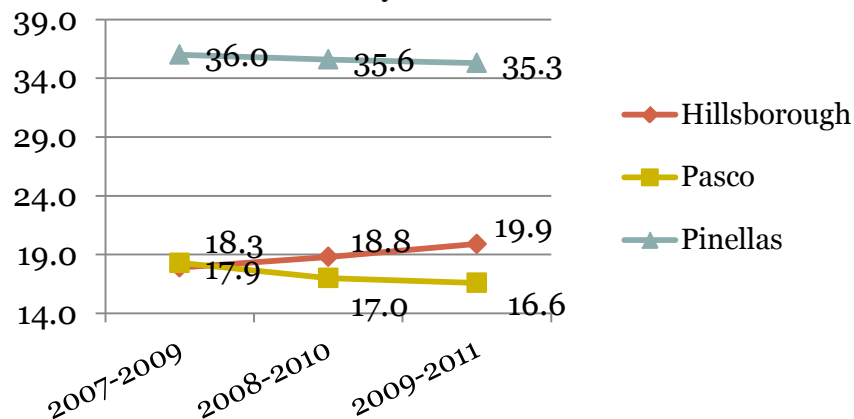
- shows the percentage of high school students who have used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life.



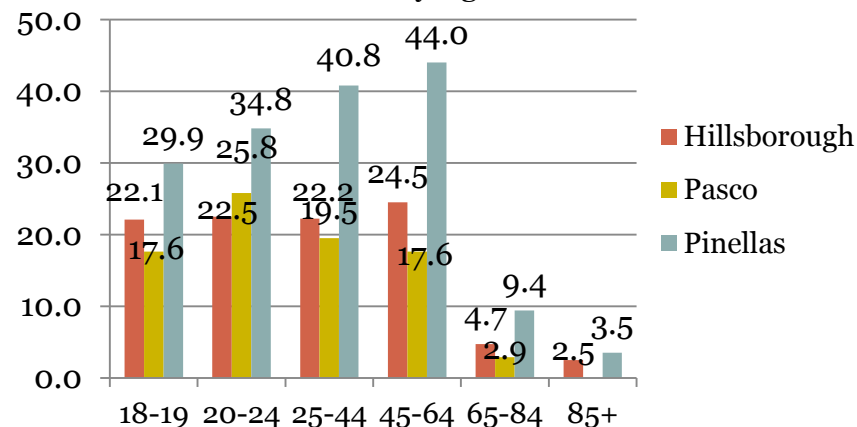
Healthy Tampa Bay Data – ER Rate due to Alcohol Abuse

*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.

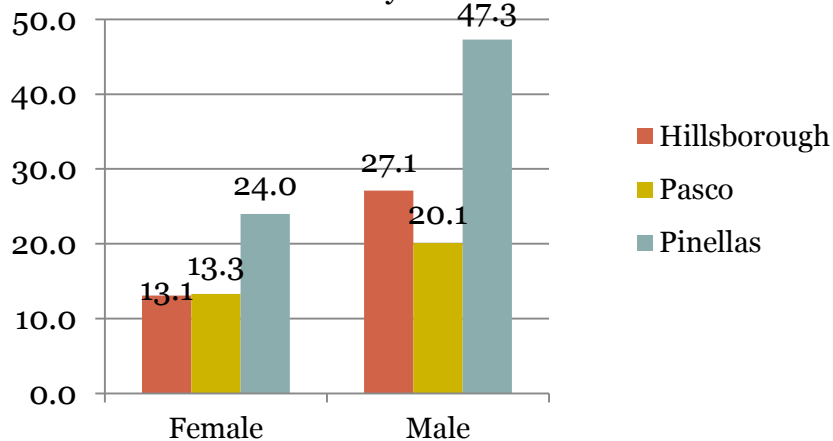
By Year



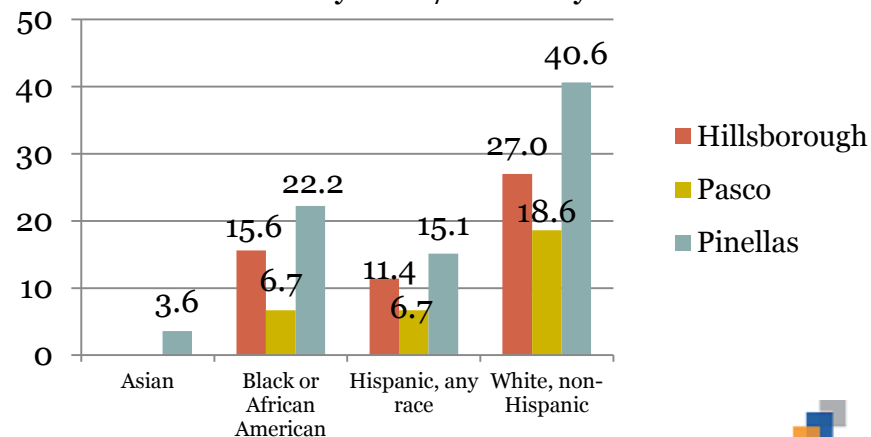
By Age



By Sex

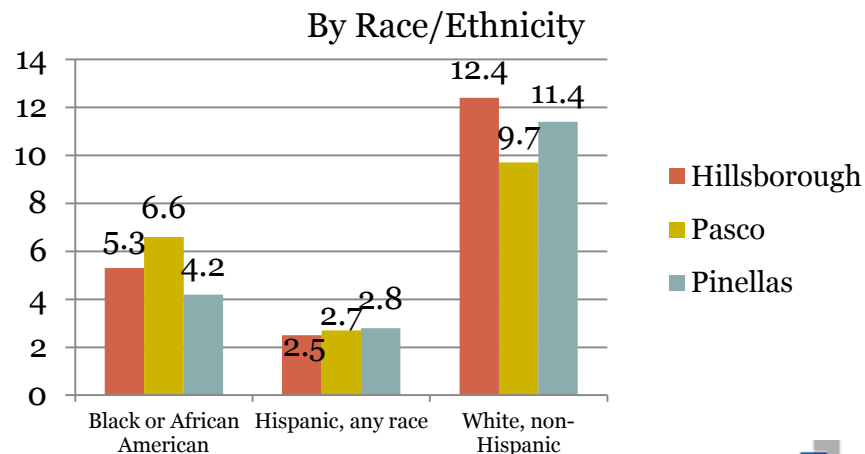
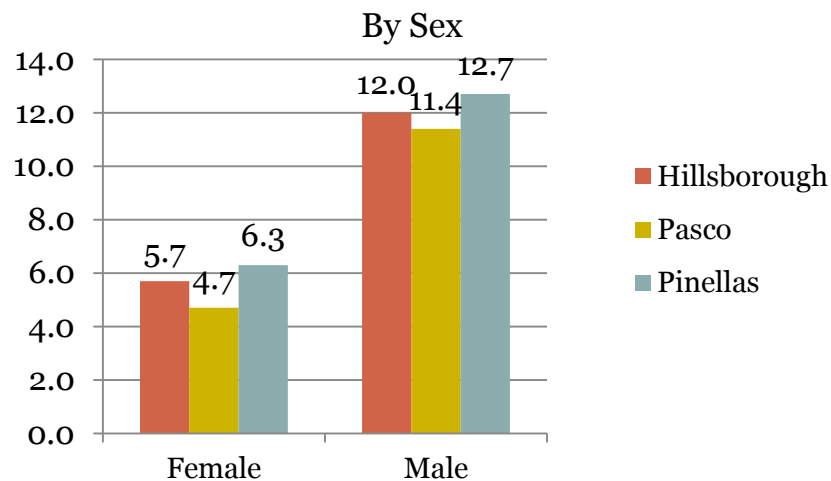
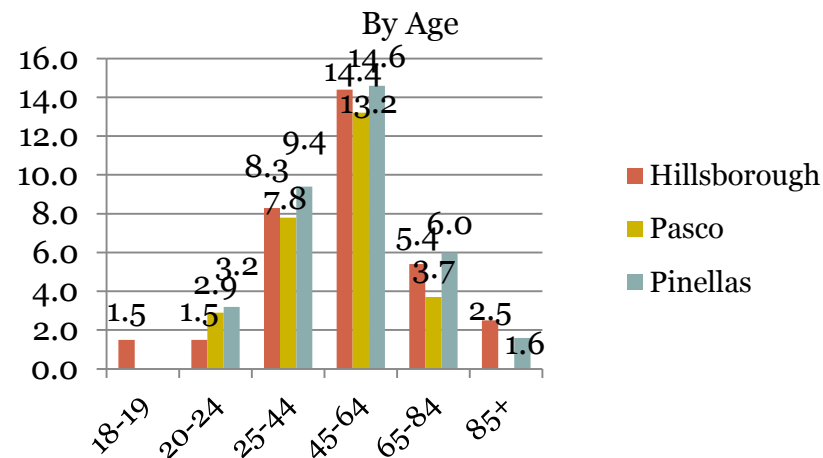
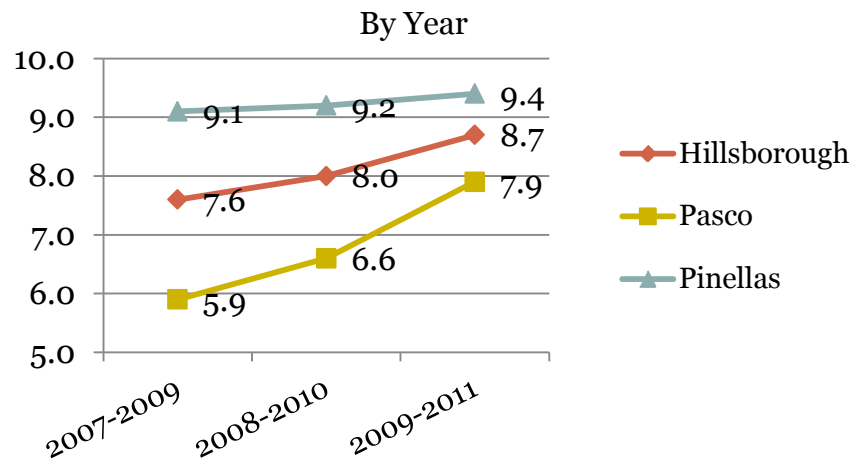


By Race/Ethnicity



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.

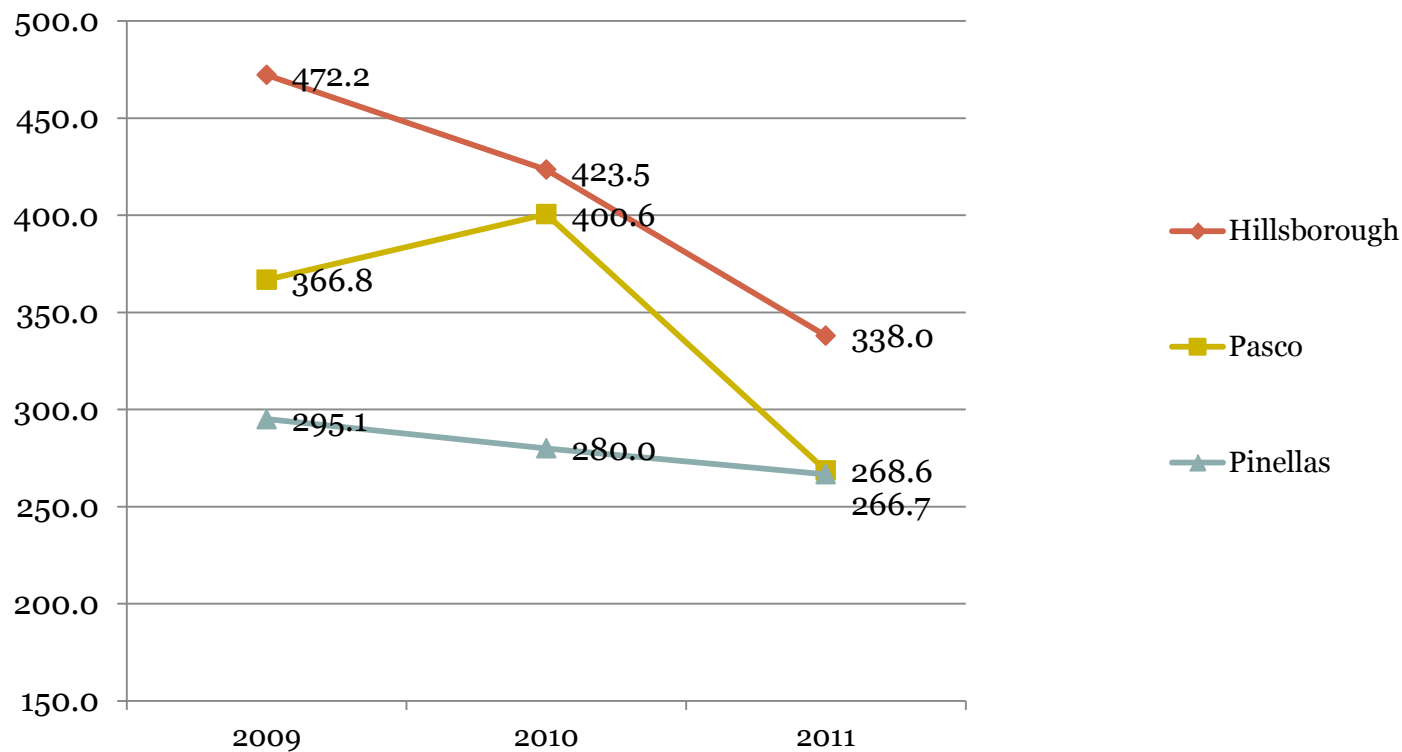


Healthy Tampa Bay Data – Driving Under the Influence Rate



- 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

By Year

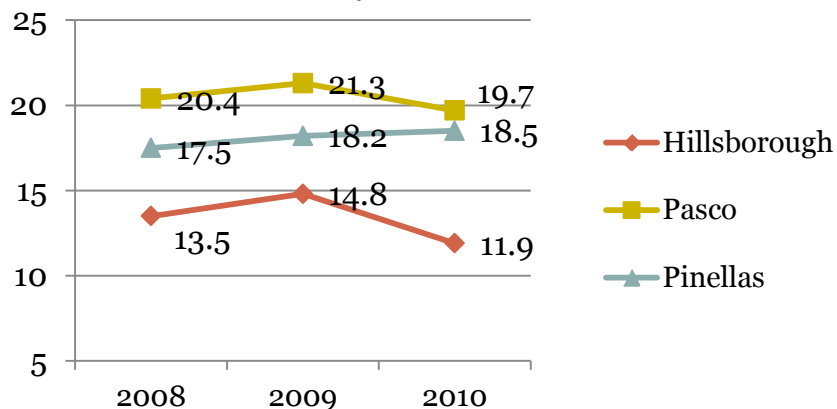


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Suicide

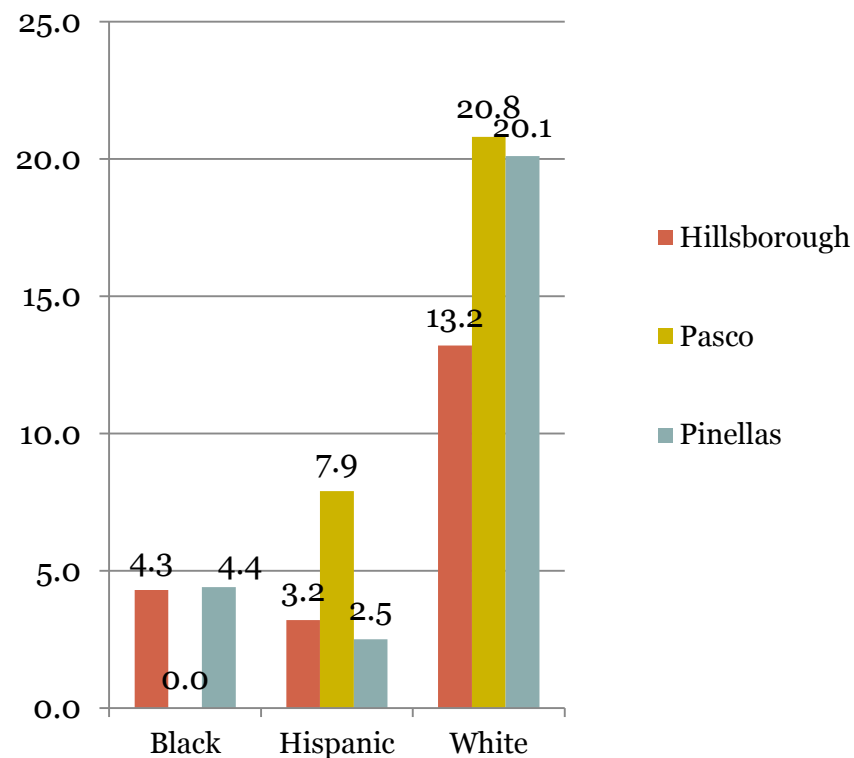
**age-adjusted death rate per 100,000
population due to suicide*



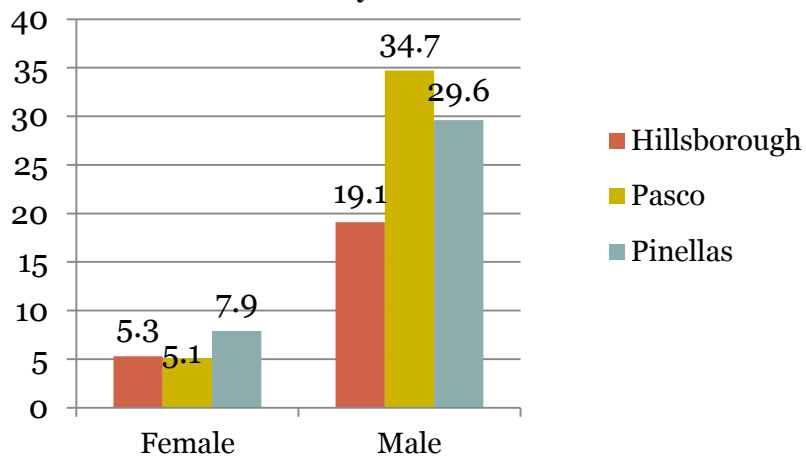
By Year



By Race/Ethnicity



By Sex



Kids Count

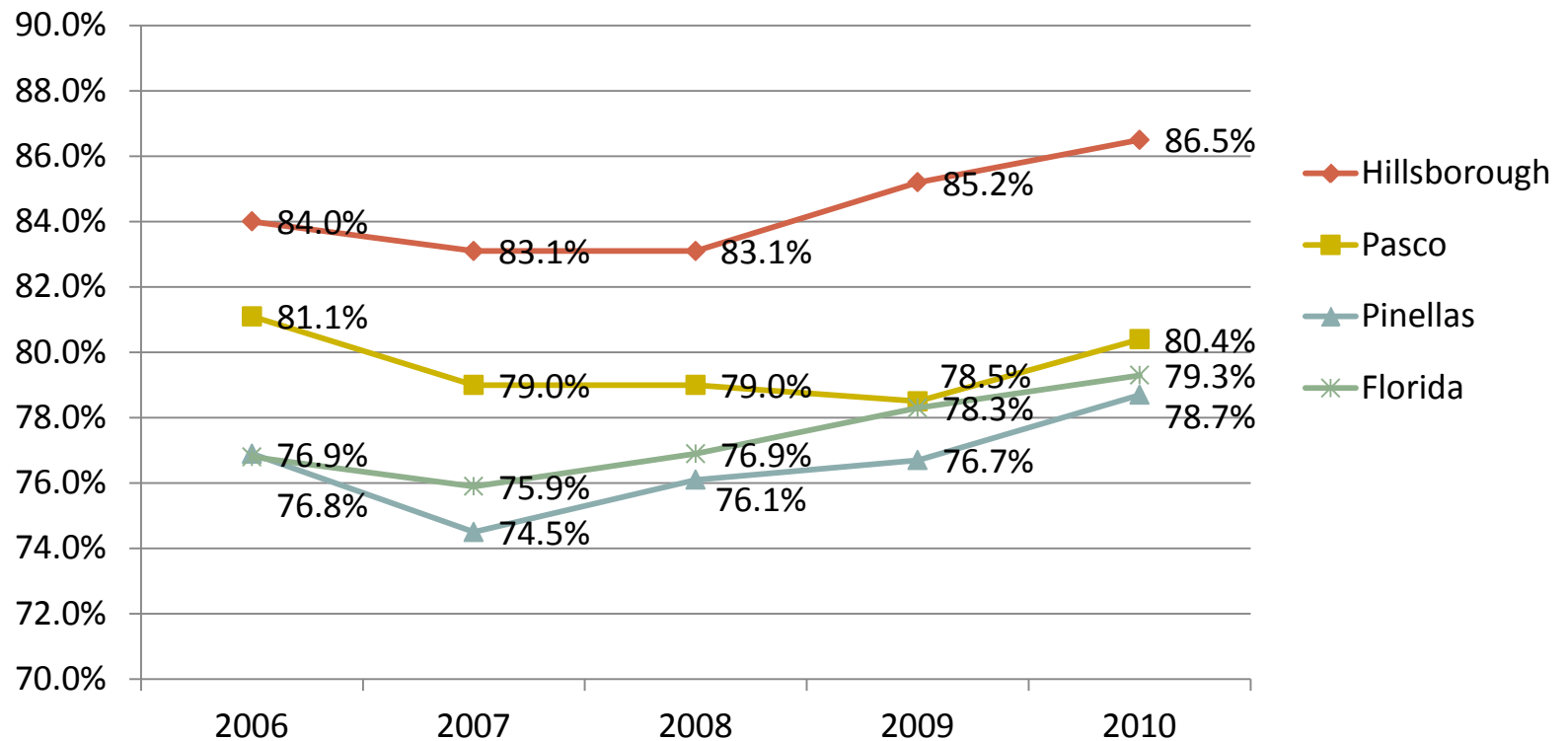


- Between 2009 and 2010, the infant mortality rate increased in Pasco County for White Infants (from 5.0 to 5.6 per 1,000 live births) and Non-White infants (from 7.6 to 12.3 per 1,000 live births). The infant mortality rate among Non-White infants is twice that of White infants.

Kids Count Data



Births Receiving Early Prenatal Care (Percent)

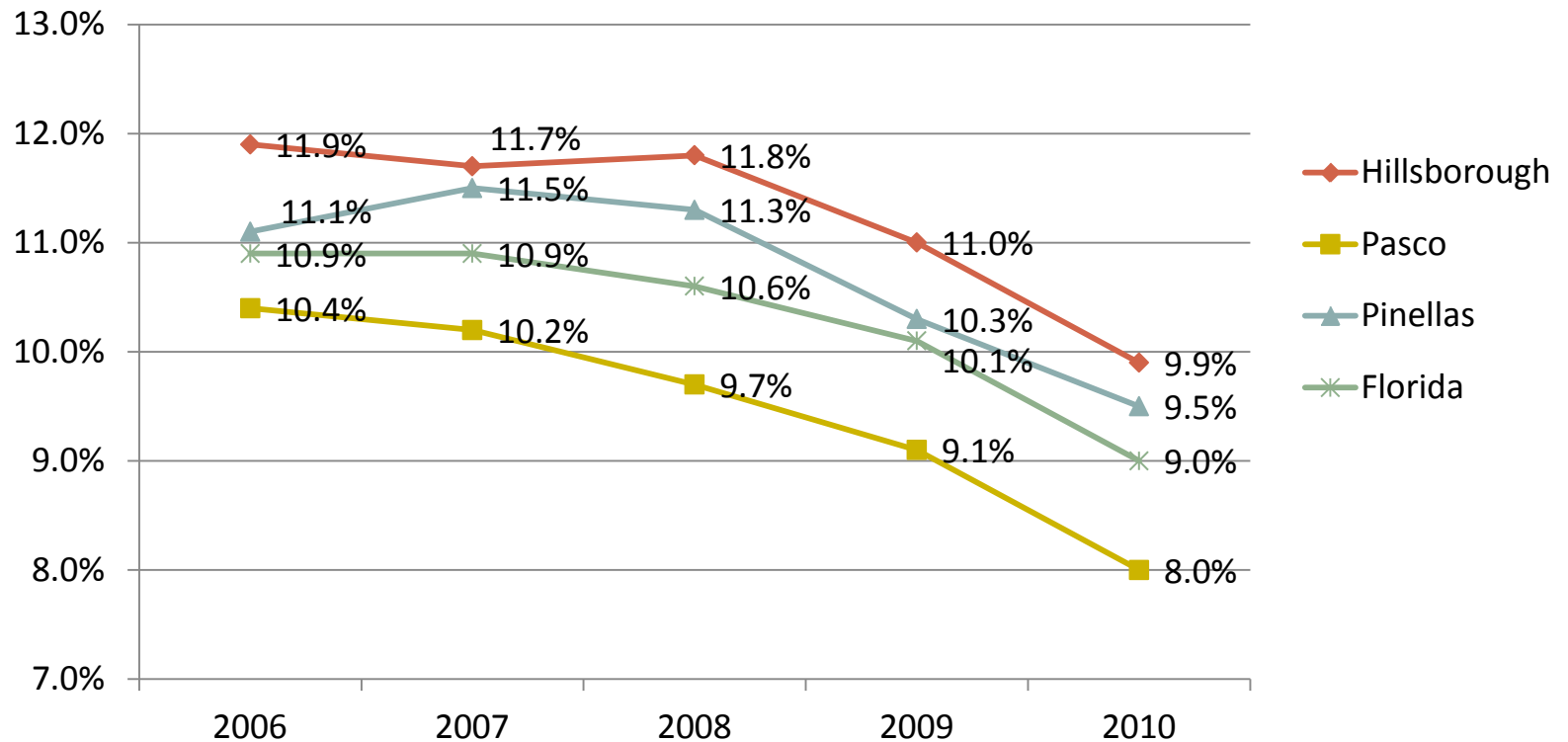


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Births to Mothers Under Age 20 (Percent)

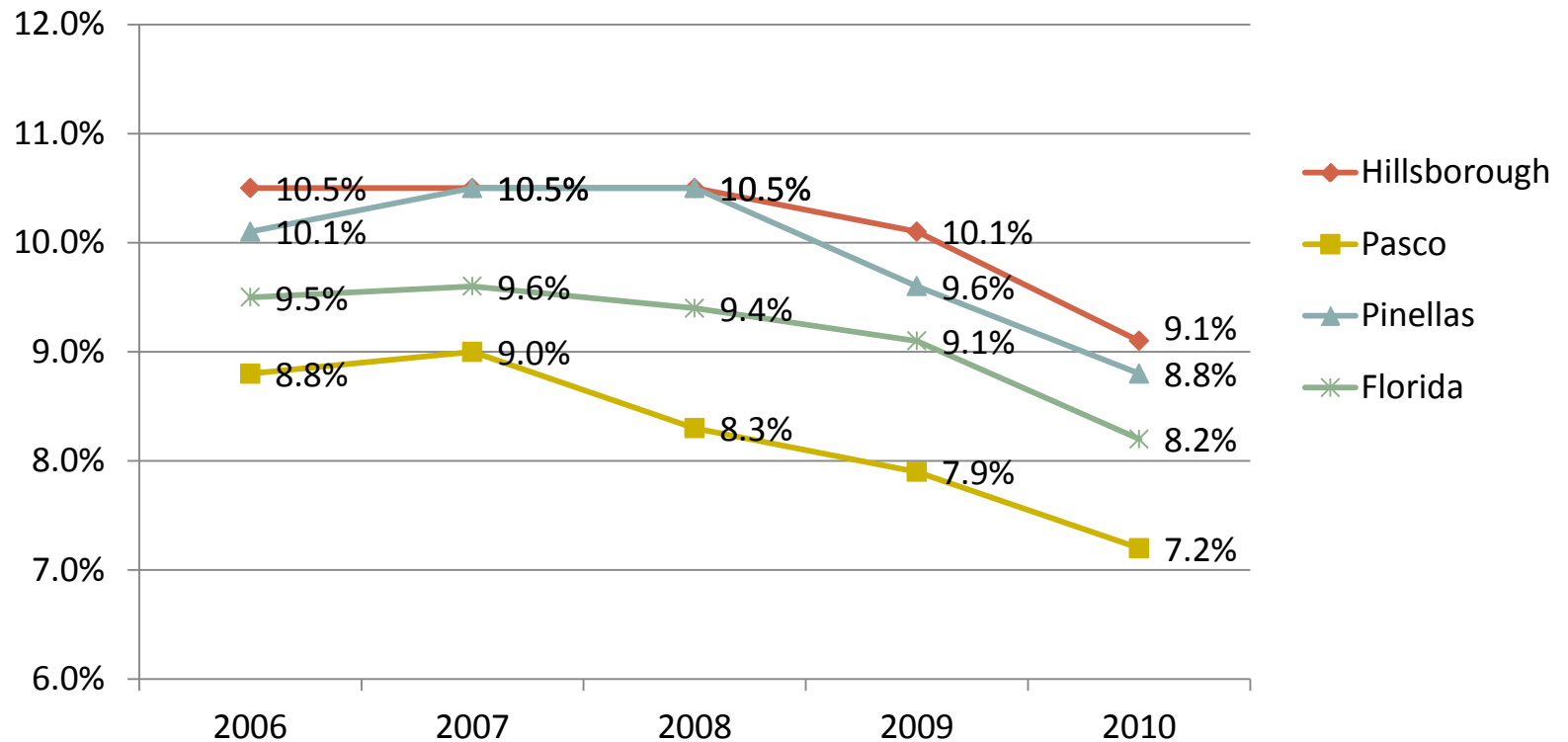


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Births to Unwed Mothers Under Age 20 (Percent)

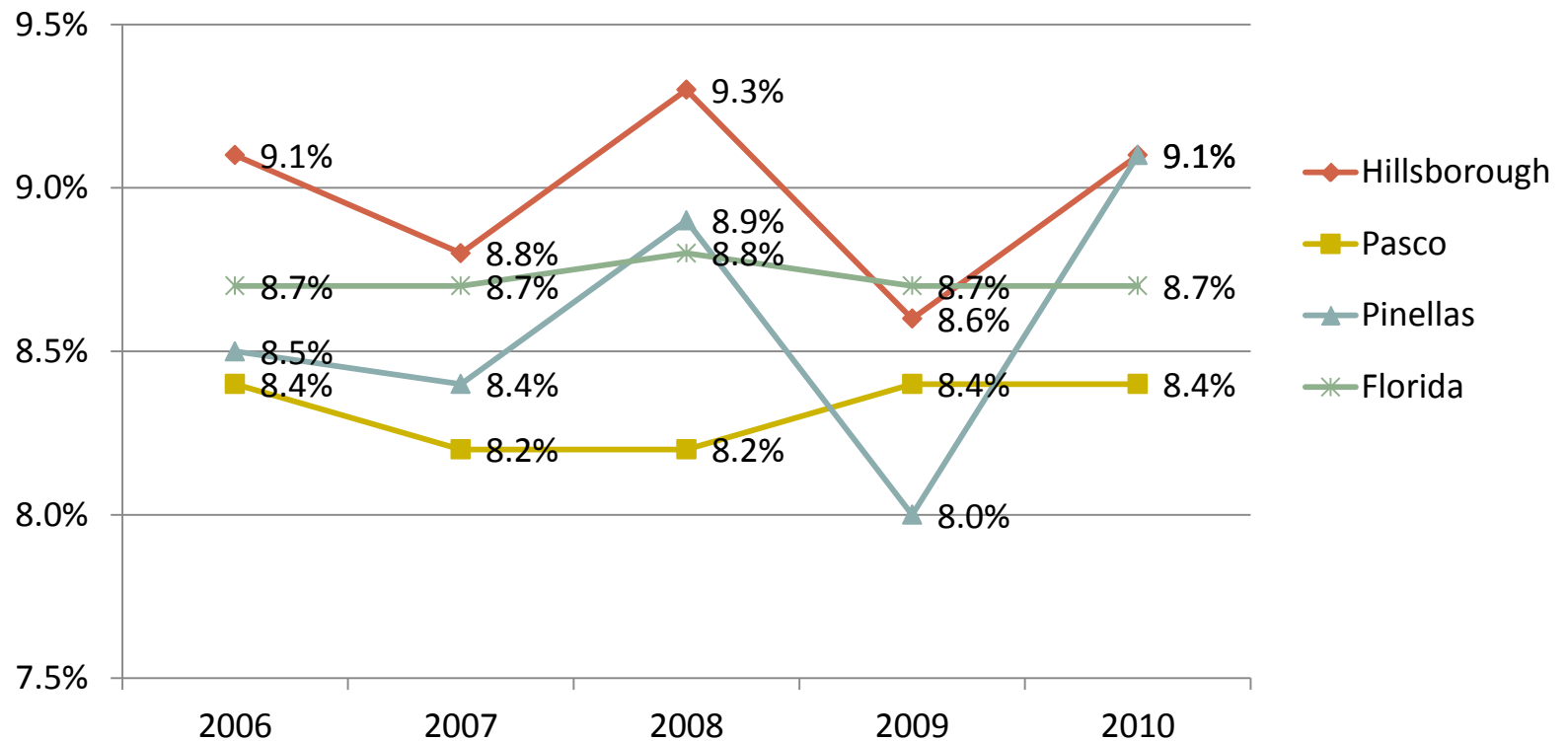


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Low Birth Weight Births (Percent)

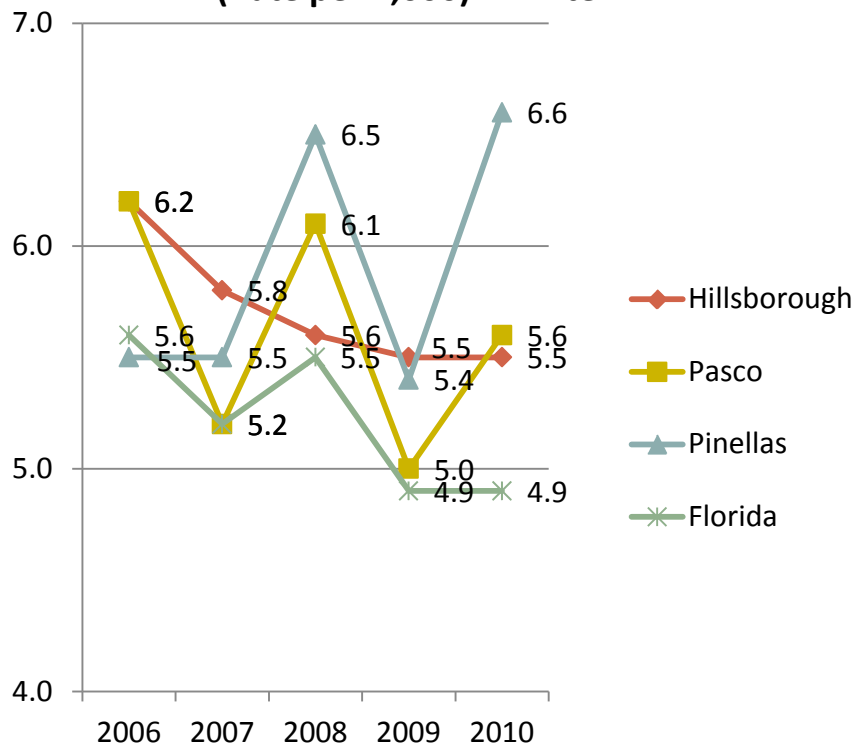


Source: 2012 Kids Count; The Annie E. Casey Foundation

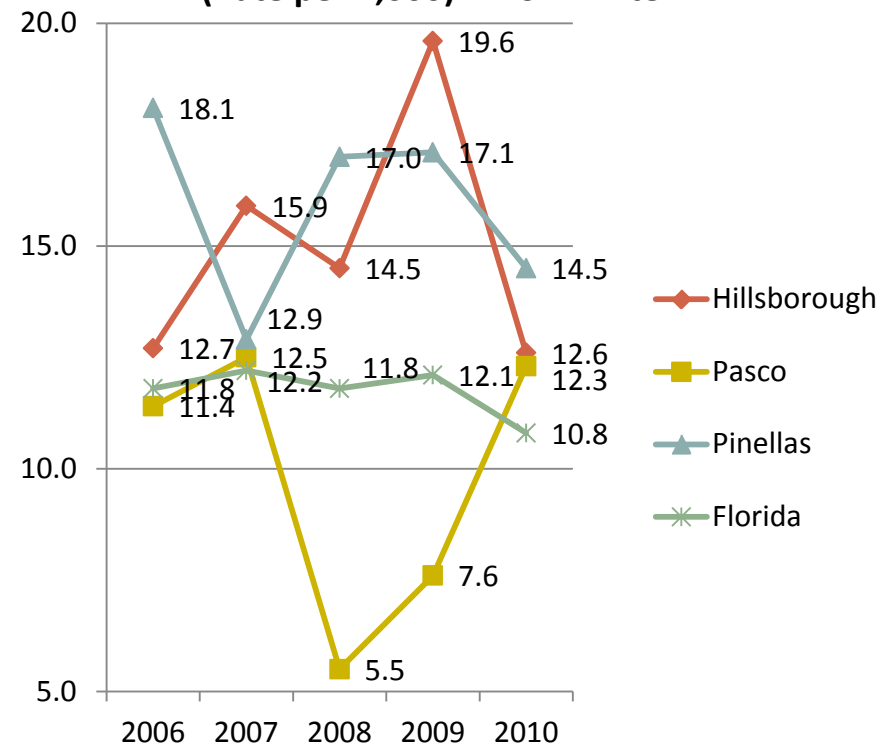
Kids Count Data



**Infant Deaths by Race
(Rate per 1,000) - White**



**Infant Deaths by Race
(Rate per 1,000) – Non-white**

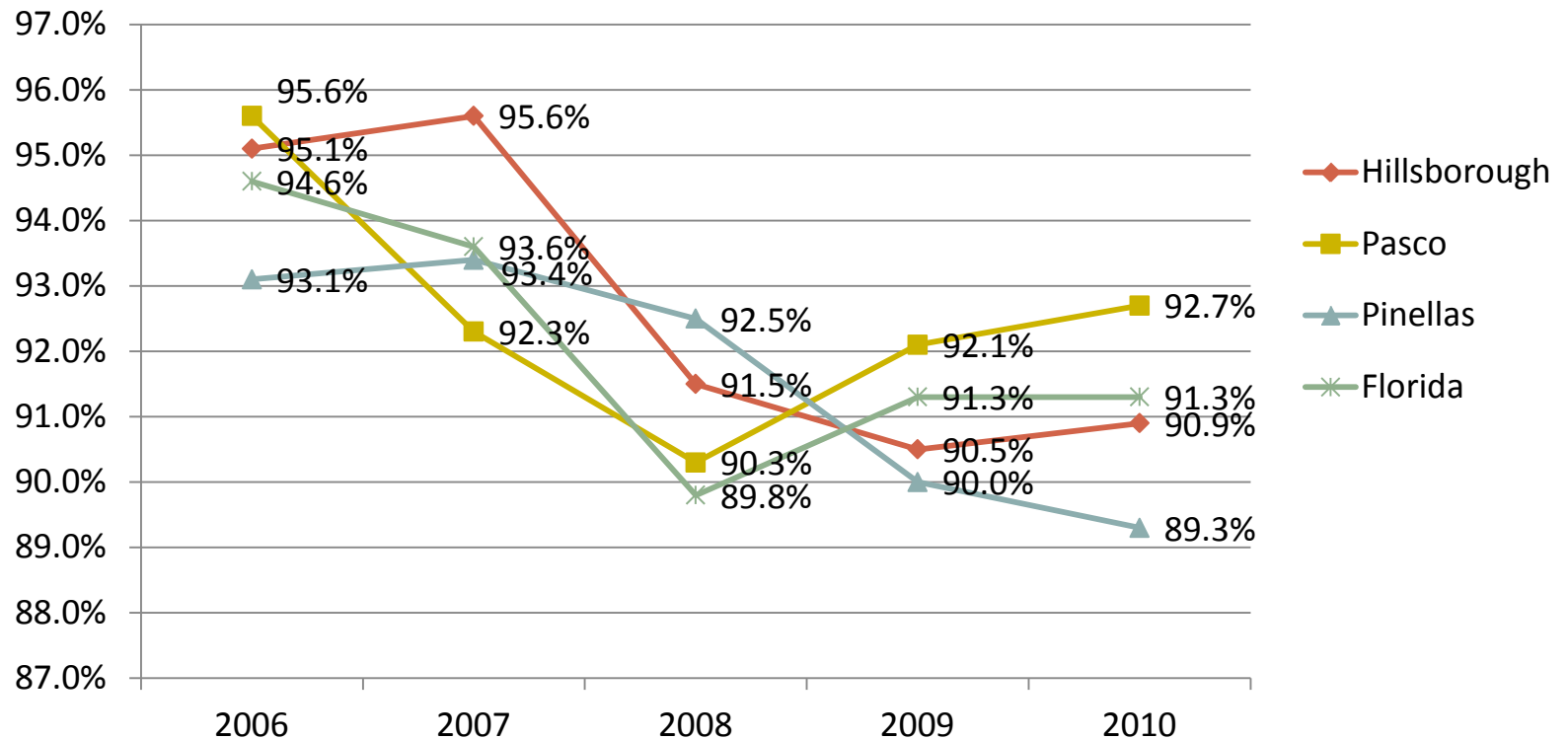


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Immunization Levels in Kindergarten (Percent)

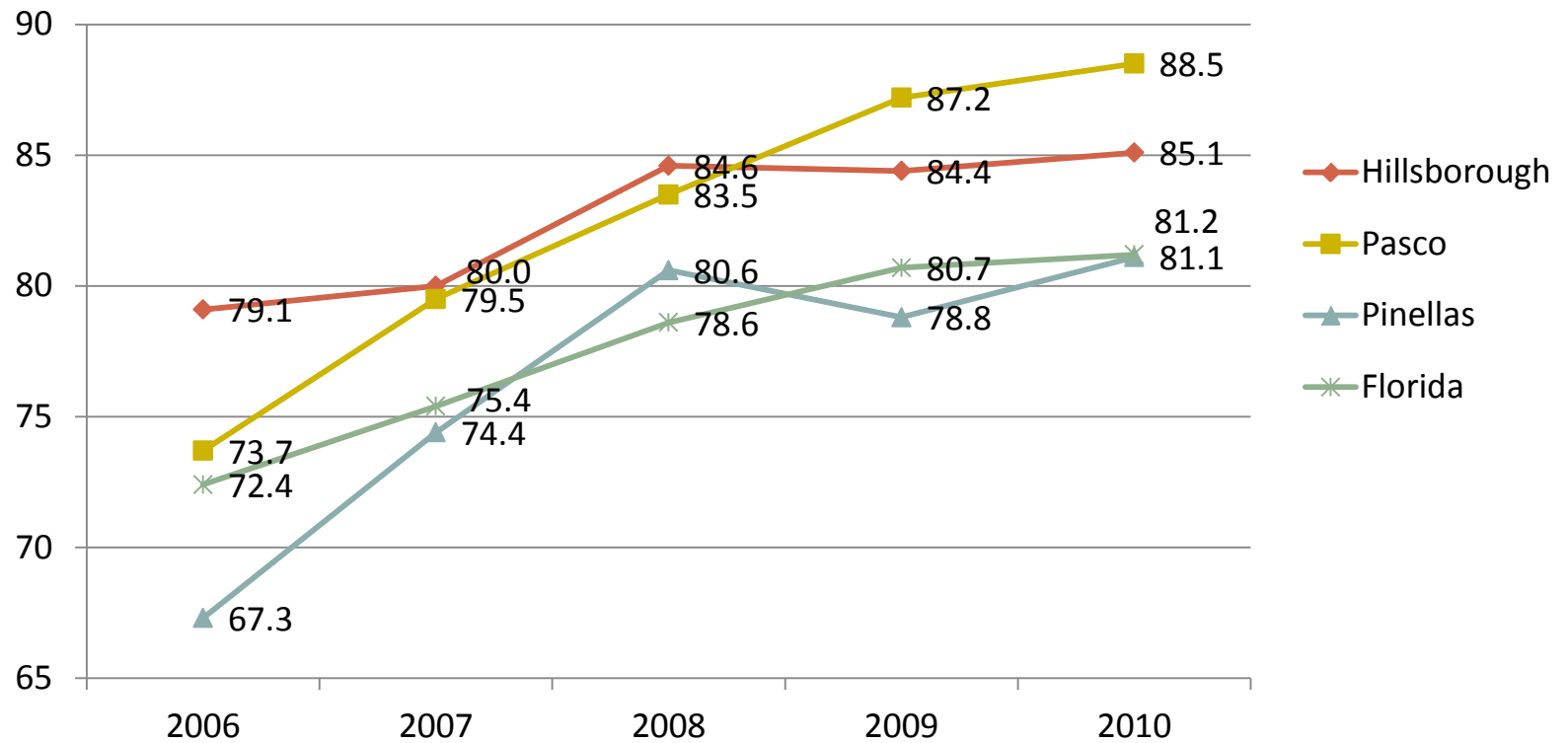


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Graduation Rate (Rate per 100)



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

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)



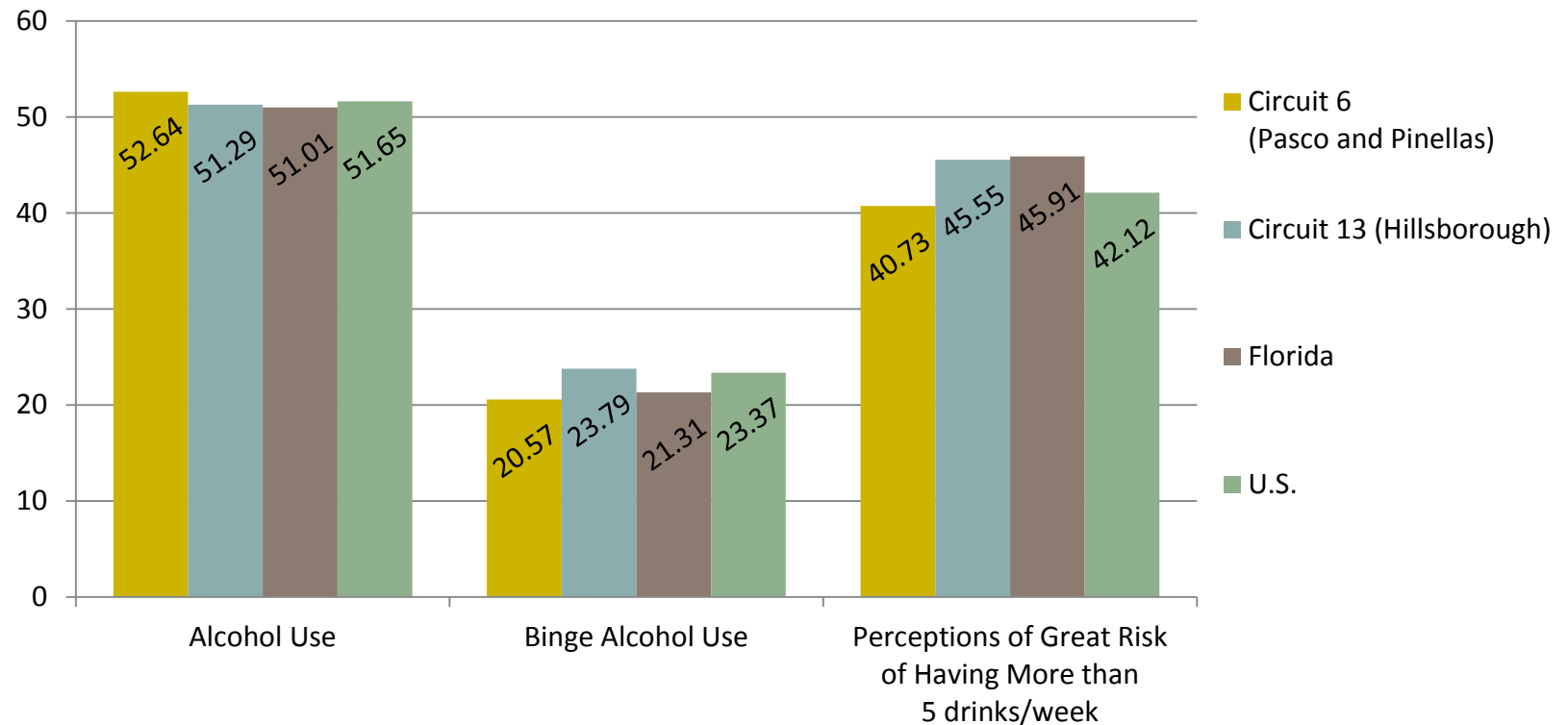
- Pasco County shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.
 - Pasco County shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals in Florida.
- Pasco County 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.
- Pasco County shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida.
 - This is most likely related to the fact that Pasco County shows the lowest rates of individuals who perceive the great risks of smoking.

Alcohol/Drug Use Data (SAMHSA)



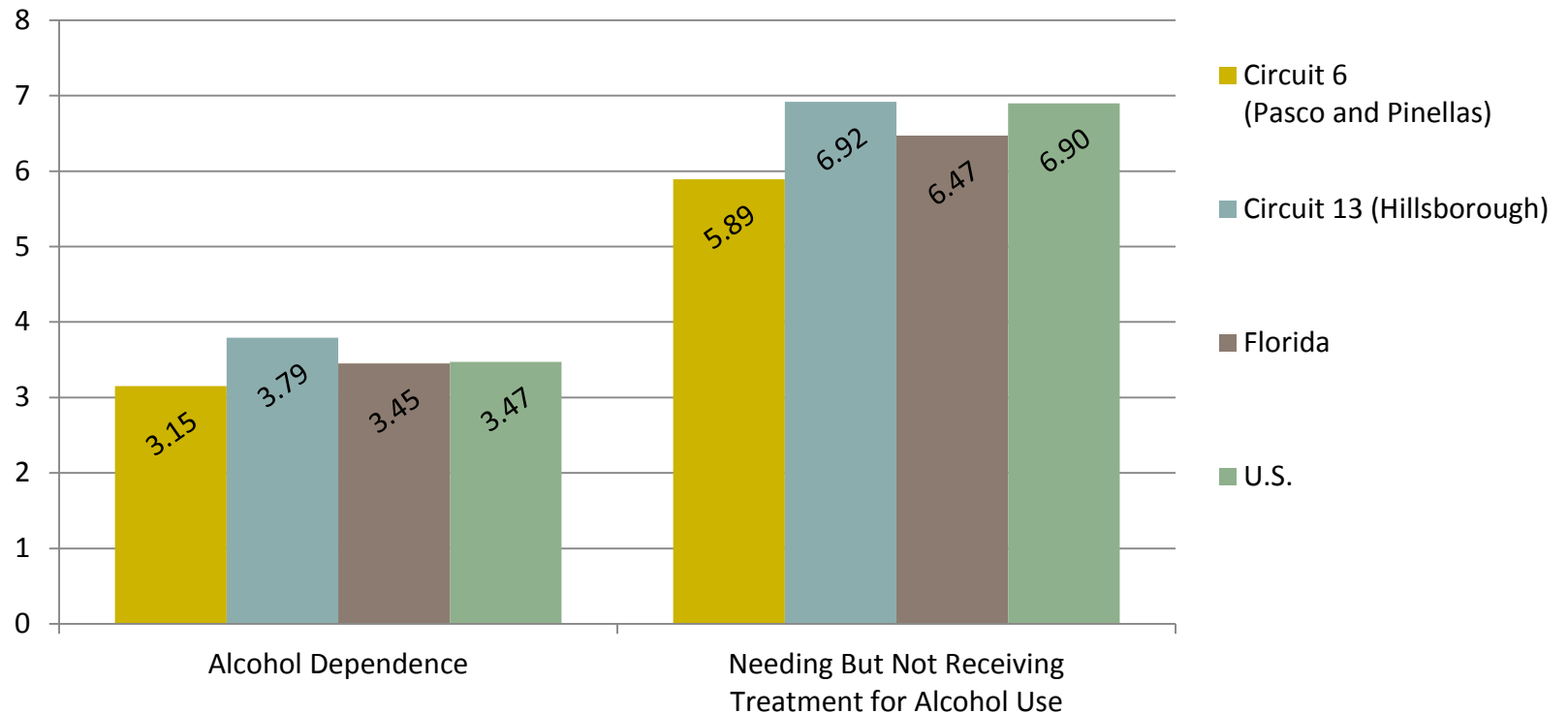
- Interestingly, Pasco County shows the lowest rates of individuals that perceive great risk associated with smoking marijuana, while at the same time showing the lowest marijuana usage rate compared to Florida. Generally these values are negatively correlated; it may tell us that there is simply little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

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



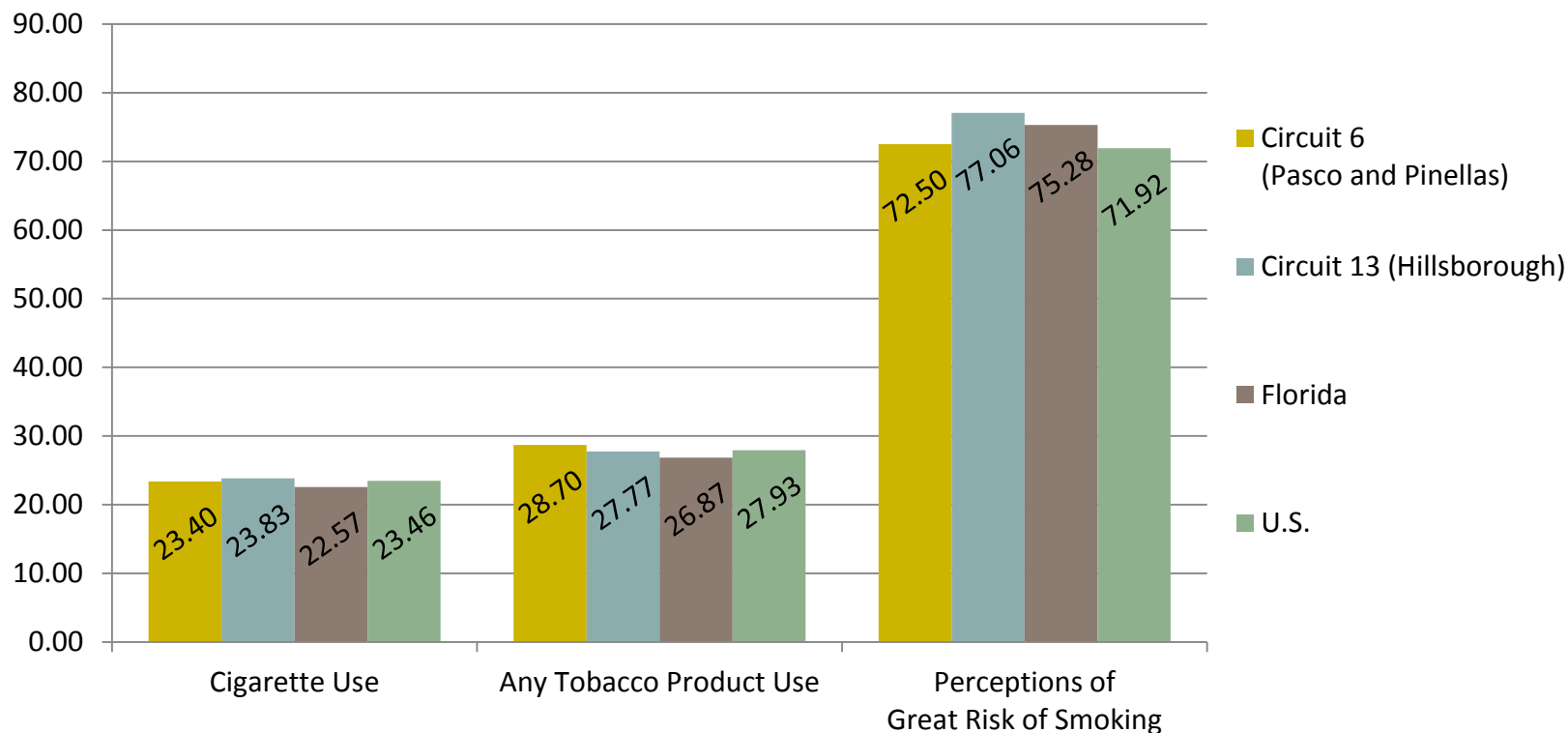
Source: SAMHSA

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



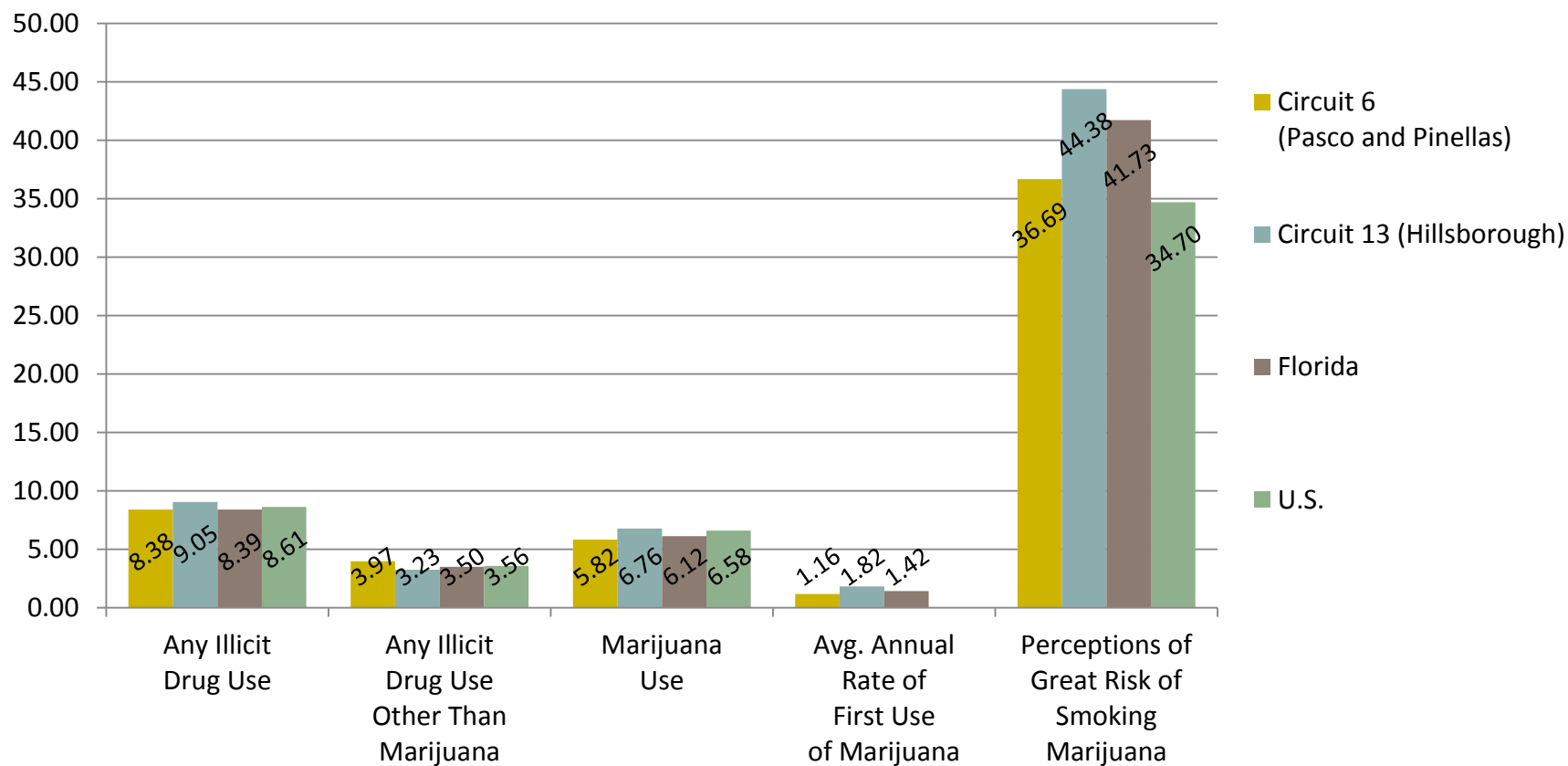
Source: SAMHSA

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



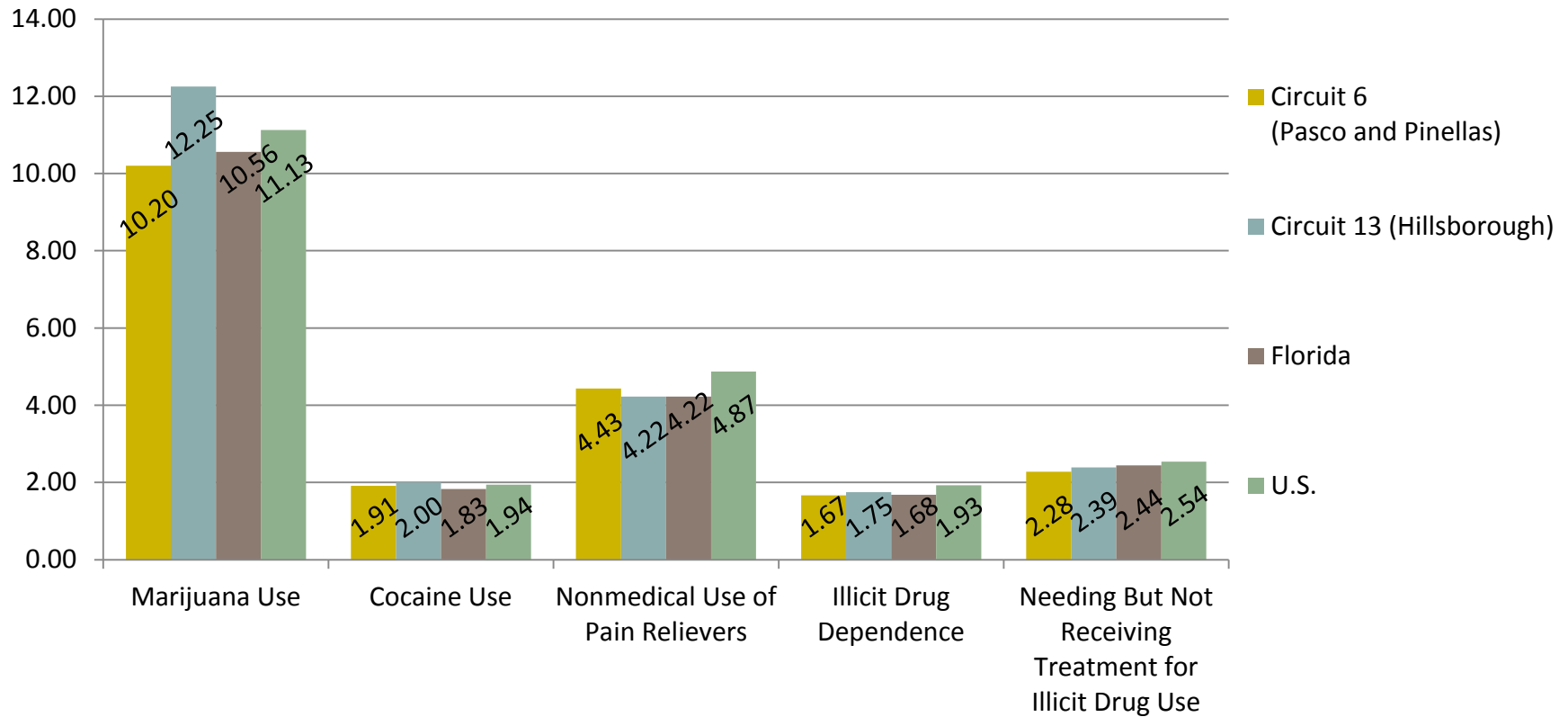
Source: SAMHSA

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



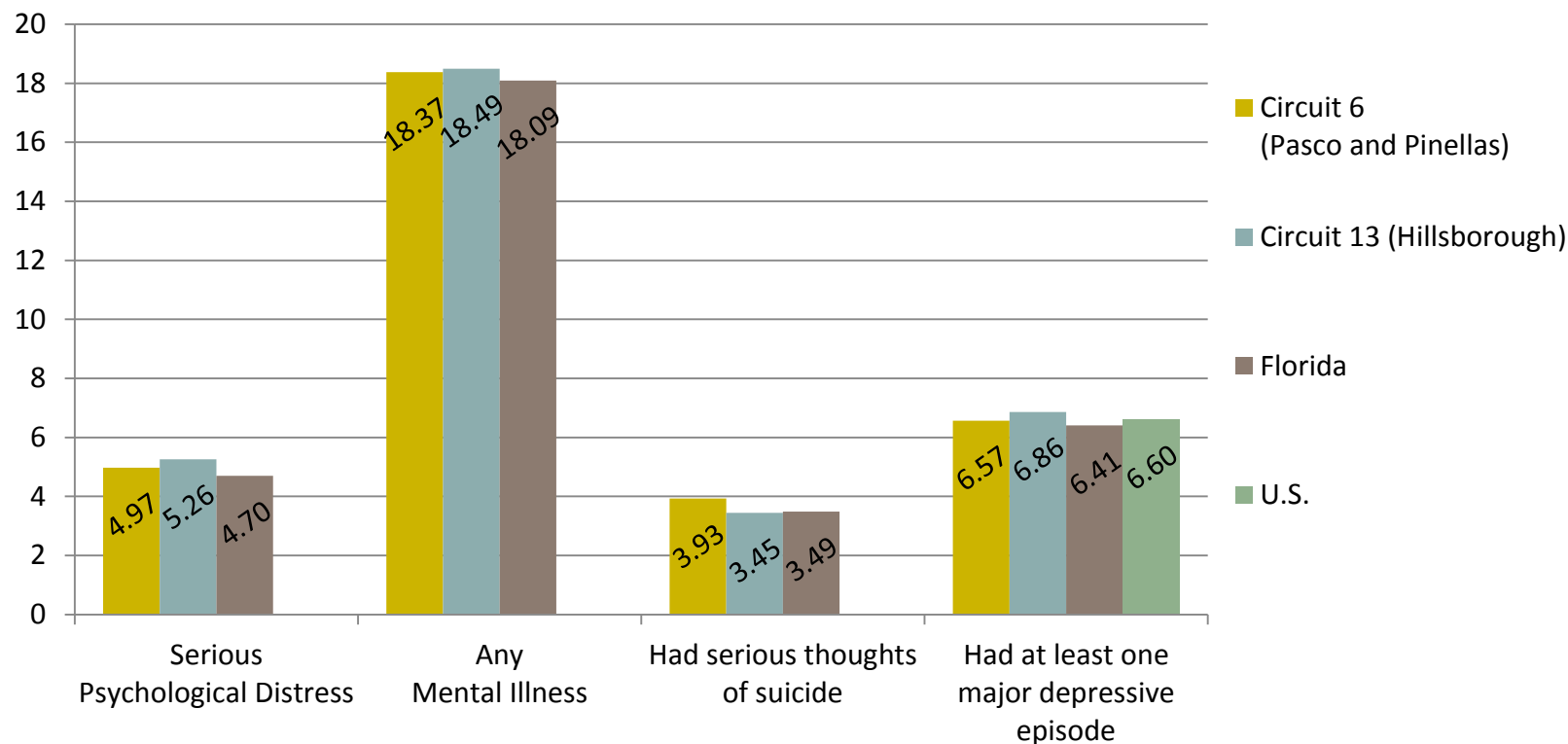
Source: SAMHSA

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



Source: SAMHSA

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



Source: SAMHSA

Morton Plant North Bay 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 | • Pre-term births |
| • Hospitalization Rate due to Uncontrolled Diabetes | • ER Rate due to Uncontrolled Diabetes |
| • Hospitalization Rate due to Bacterial Pneumonia | • ER Rate due to Bacterial Pneumonia |
| • Hospitalization Rate due to Dehydration | • ER Rate due to Dehydration |
| • Hospitalization Rate due to Diabetes | • ER Rate due to Diabetes |
| • Hospitalization Rate due to Asthma | • ER Rate due to Asthma |
| • Hospitalization Rate due to Adult Asthma | • ER Rate due to Adult Asthma |
| • Hospitalization Rate due to Pediatric Asthma | • ER Rate due to Pediatric Asthma |
| • Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza | • ER Rate due to Immunization-Preventable Pneumonia and Influenza |
| • Hospitalization Rate due to COPD | • ER Rate due to COPD |
| • Hospitalization Rate due to Congestive Heart Failure | • ER Rate due to Congestive Heart Failure |
| • Hospitalization Rate due to Urinary Tract Infections | • ER Rate due to Urinary Tract Infections |
| • Hospitalization Rate due to Alcohol Abuse | • ER Rate due to Alcohol Abuse |
| • Hospitalization Rate due to Hepatitis | • ER Rate due to Hepatitis |
| • Hospitalization Rate due to Short-Term Complications of Diabetes | • 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 North Bay 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 Responses

Morton Plant North Bay Hospital and MPNB Recovery Center
October-November, 2012

Morton Plant North Bay Hospital Key Stakeholder Response Set:

1. How would you describe a healthy community?

1. A healthy community is one where there is open access to healthcare and doctors, and patients' pay based on their financial ability to pay. And public and service providers communicate with each other.
2. Everyone has access to the healthcare they need, as well as a chance for an education and a healthy lifestyle. Life should have lots of challenges.
3. One that is financially self-sufficient. Currently, 75-90% of local students get free or reduced-cost lunches – data shows that if this % is over 51%, the community is not sustainable.
4. Everyone has access to healthcare and residents are encouraged to use the available health services.
5. People who take responsibility for their own health and have resources available to educate them.
6. One that has accessible and affordable healthcare.
7. More collaboration among community organizations. The population will be healthier and understand that there are health risks associated with obesity. More prevention activities and promotion of healthy eating.
8. Residents are involved in more healthy activities and healthy lifestyles, do not drink alcohol, and go to their PCPs regularly.
9. Has a low substance abuse rates, low number of deaths from substance abuse, low usage rates for drugs and alcohol. Strong community ties and a strengthening of family and community connection.
10. Residents healthy financially, educationally, socially, and our social service needs being met with agencies to meet these needs. Pasco County is healthy and has social service agencies.
11. One that allows every resident to have access to not only primary care, but affordable primary care. If everyone had affordable access to primary care, the trickle-down effect would be great.

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

1. Transportation to and from healthcare and doctors. A lot of children with healthcare needs that the local hospitals are not equipped to address. Many elderly, adults, and children do not eat properly on a daily basis.
2. Many local residents have no healthcare insurance and no good means to access care – in part because they do not have the money. As a result, many health issues persist until person is forced to go to ER. Many residents do not follow up on treatment because they do not have transportation. There is a lack of adequate mental health care services for those who do not have insurance and cannot afford treatment.
3. There is a large unmet need for dental care and services. The closest dental clinic is one-hour away. Helping Hands organization holds a health clinic once a week and a medical van travels through Pasco.
4. Obesity is seen in children. Diabetes is seen in all ages and in migrant workers. Homelessness in the community, particularly among adults.
5. People using ER as their doctor. Need more urgent care centers.
6. Diabetes - #1 reason for inpatient hospital visits.
7. Obesity, nutrition, and fitness.
8. Many residents in Pasco County smoke and they are starting at younger and younger ages.
9. Obesity, domestic violence, physical, and emotional abuse. Need more resources and information about resources for low-income individuals and for transportation issues on outskirts of the community.
10. Significant indigent population that is served by the Good Samaritan clinic. Morton Plant North Bay Provides services quality (HCA's are larger than BayCare) Which puts people first- Significant elder population with senior needs. With larger healthcare issues. Not underserved. Basic healthcare (medical/dental) needs/services (there is a homeless population (a medical van will attend to the needs of the homeless) Do not have access to healthcare due to psychosocial situation

11. Access to and affordability of healthcare. Also, education. Meaning reaching out to individuals and/or groups to stress the importance of healthy lifestyle choices (nutrition, exercise, vaccinations, etc.) and preventive healthcare so they don't find themselves in the Emergency Room. Pasco County has a large homeless population. We need to find them, reach out to them, and get them the help they need.

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

1. High number of indigent and homeless – particular, elderly homeless in SW Pasco County.
2. Low- to moderate-income residents, unemployed (no local jobs available).
3. Working poor – it is an issue of class not race. And among the uninsured.
4. Children, adults, migrant workers, homeless population.
5. Homeless population. Underinsured and uninsured.
6. In Pasco, those aged 41 to 55 years.
7. Across the population. School students.
8. 16 – 30 years.
9. Low-income. Families and children.
10. Homeless (small population). Everyone
11. Those that are homeless, those that don't have access to primary care, or health insurance. Could be anyone from a single mom to a person that has not hit age 65 and does not have healthcare through their employer to children to even men. Single people have the most difficulty qualifying for Medicaid.

4. 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.

1. Good schools. Good county and city support. Good commitment from local business community. Chamber of Commerce. Rotary. United Way. Leadership in the community is mainly providers, but they are not really in a position to influence lawmakers, nor can they commit the needed time and resources – need more influence at a higher level.
2. Community groups make referrals between themselves. Strong county health department. Mental health consortium groups. A good base of support, but need more financial and other resources.
3. St. Pete's College has a \$9 million grant in Pinellas for students to be certified in computer skills – these new skilled workers could benefit the Pasco Economic Development Council. Pasco used to be a retirement community, but now it is mainly working poor.
4. Not-for-profits in the area. Moffitt Cancer Institute – sees uninsured patients. Pasco County Health Department. Local hospitals.
5. Incredible number of volunteers and lots of philanthropic activity. Community Service Council. Rotary. Veterans of Foreign Wars. Kiwanis organization. As many financial grants go away, these local organizations have stepped in.
6. In West Pasco County – Morton Plant North Bay Hospital (only non-profit to serve 29% of uninsured Pasco resident), Cares Senior Clinic, Community healthcare center that serves Medicaid and Medicare patients.
7. Local hospitals offer great services related to prevention.
8. Premier, Pasco County Health Dept., and local PCPs.
9. Strong networking by key stakeholders helps to build better resources and communication with community. Breaking down silos is happening on a professional level, but community communications still has a ways to go.
10. Comes together and works together with residents that are connected and reach out to one another. More people are getting involved and the community is caring with different organizations that serve people and strive to meet the needs of residents. Pockets of people and organizations striving to

meet the medical needs of the community. Each hospital in the county provides a great deal of charity care. North Bay and two HCA's that work together at the Good Samaritan clinic.

11. We have great coalitions. We also have an enormous amount of volunteers; people that want to help. The Homeless Coalitions is working very diligently to get federal dollars so that they can expand the services provided to the homeless population. County Commissioner's Office, and our Public Defender, brought a mobile health care unit to Pasco County which offers Flu vaccinations (and others) and primary care. It is staffed with a full-time nurse and the driver is also an EMT. It travels throughout the county into areas where people don't have access to healthcare. And, into homeless camps and communities that are less fortunate where those people don't have any availability of healthcare.

We have a couple Community Health Centers that provide healthcare. I'd like to see our Community Health Centers expanded so that people can walk, ride a bicycle, or take a bus and receive affordable primary care. Also, expand PCAN (Primary Care Access Network).

5. 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.

1. Education related to diabetes and health literacy – a bigger issue than even smoking.
2. Lack of access to healthcare. Lack of affordable prescription drugs. Lower-income individuals do not fully understand the financial and health risks of smoking.
3. Dental, substance abuse, and mental health. Many families go to the ER for primary care. 25% of homeless children never graduate from high school – this is a long-term problem.
4. Residents do not make follow-up medical appointments. Many residents only come for when they are not feeling well – most time do not come for preventive care. Difficult for the uninsured and underinsured to get the specialty care they need.
5. Lack of education is a huge issue – if individuals have knowledge many of the health and social issues go away. Lack of access to healthcare services in a cost effective manner. PCPs need to better manage the overall care and treatment of their patients so as to coordinate the care and treatment a patient may be receiving from multiple physicians. Patients need to learn how to better advocate for their healthcare and treatment.
6. Mental health, dental health, diabetes, cardio issues. There is a lack of mental and dental health services for the indigent population.
7. Access to healthcare. Chronic diseases.
8. Access to PCPs.
9. Stopping the cycle of substance abuse and improving how it is handled by healthcare providers, pain care management and law enforcement. Currently, everyone is overloaded. Family health is worst in the state of FL – most children removed from their home are related to child abuse and substance abuse.
10. Basic healthcare needs – Physical due to the lack of money – Loss of limbs, cancer, heart problems but basic healthcare needs. Dental – due to the lack of money. Seniors in assisted living and nursing home care that may not have access to the funds required to meet the financial burden. Family members may have to pick up the slack. If they can't then elders may end up on Medicare and family resources dwindle to nothing upon their passing. Nursing homes are only paid for by Medicare for 21 days after family must pay. The hospitals have to absorb the costs when patients are in this position. Administration at these facility can change frequently. Causing a lag in service administration and effectiveness
11. Access to dental care is a big issue. Many people have no dental insurance and/or can't afford dental care. Poor oral health/hygiene can lead to other health problems and the Emergency Room. I see people with their teeth rotting away.

B. Vaccinations. There are many people that don't have insurance or the money to pay for vaccinations. We need to get as many people as possible; flu vaccinations and any other needed/required vaccinations. This can also reduce the amount of people that need the Emergency Room. Also, we need to educate people on where they can get vaccinations and that it is important for health.

6. 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. Does not think there is a structure in place currently to address these issues. However, the United Way does a good job. But the United Way needs more resources. The faith community does make a good effort at getting information out to the community through presentations to various community organizations related to good health practices.
2. Smoking – county health department or community services. Access to healthcare – improve public relations campaign and improve information through 211 help line so that it is up to date.
3. Premier Healthcare helps to address dental issues in Dade County. BayCare and Directions help to address mental health issues. BayCare helps to address substance abuse issues.
4. Premiere can help to educate residents and get the primary care. Don't know how or where people get specialty care because it is not easy to organize a specialty team for free care and funding is very limited. Used to see funding for the healthcare of the indigent and poor – but not anymore.
5. PCPs should be the main coordinator of a patient's care. However, PCPs cannot or do not currently do this.
6. Morton Plant North Bay has wonderful mental health services. Good Samaritan Health Clinic handles dental care. There is one dentist in the community that offers a free day of dental care per week - residents line up around the block to get in.
7. Addressing access to care - Coalitions in the community, Pasco County Health Dept – it is a collaborative effort. Addressing chronic disease – collaboration within the local business community to get involved in coalition.
8. FL Medicaid program – having coverage does not mean access to healthcare and doctors.
9. BayCare and other community hospitals, Medical Center of Trinity, law enforcement. Healthcare community in general.
10. Government plays a large role in healthcare and how it's being paid for. Impacts the safety of the country. Federal level policy has to address the healthcare needs because it has become so costly that local can't sustain. Canada is not the solution.
11. Hospitals. The medical community. They can always do more than what they are doing.

Schools working in conjunction with the medical community to make certain that services are available and accessible to families at little or no cost.

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

1. No. Does not think there is a structure in place currently to address the issues.
2. Yes there are good human resources and good people to help but there are not enough financial resources.
3. No, there is not enough funding. Also there is no central place for resources or services in the community. There is a small medical clinic, but more can be done.
4. No, there is much less now. Need more people at the healthcare table collaborating and sharing funding dollars. There are few coalitions in the community but PATH is good one.

5. No – currently a huge education piece is missing. But Pasco County Health Department is good source to talk to for those who are uninsured, underinsured, those with HIV/AIDS, etc.
6. No.
7. The better healthcare organizations collaborate with each other the less overlap in services. The Pasco County Health Dept is trying to be the glue to the collaborative effort together. The health dept has a lot of resources to work with on the prevention of chronic disease.
8. No.
9. No, there are a lot of resources but communication and transportation are an issue. Currently, they are working on data mapping. She thinks the general perception is that there are not enough resources.
10. No, not healthcare (see above) Seniors – we do the best that we can, but the need will always be there.
11. No. The number one thing we need to do is accept the offer from the Federal Government and expand Medicaid to include those at 133% of the poverty level; which, the State of Florida is refusing to do. This will allow a lot more people to be eligible for services. I respectfully disagree with the Governor. Under Obama Care, we should expand Medicaid.

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

1. Children who do not have adequate daycare in the community. Need more daycare centers that are low-cost and offer multi-shift schedules for those who work the night shift. Homeless population has endless needs.
2. Synthetic drugs, spice, prescription drugs.
3. People treating depression with illegal drugs and alcohol. Particularly sees it with single moms.
4. There is a shortage of PCPs in Pasco County because the community has trouble attracting and keeping them. In 2011, there was one PCP for every 1,551 residents. The average in FL is one PCP for every 983 residents. There is also a shortage of dentists. There was one dentist for every 3,610 residents. The average in FL is one dentist for every 1,193 residents. There is also a great need for behavioral health care givers.
5. Due to lack of health education, diabetes and obesity are at epidemic levels at all age groups. Obesity, exercise, and healthy living are on the back burner until health education is made a priority.
6. An Islamic Mosque in Pasco County is open on Saturdays and offers free primary care to the community.
7. Substance abuse. Mental health issues.
8. Physician shortage. Great need for preventive healthcare. Need more community clinics. Need more access to doctors.
9. Serving the homeless. Getting physicals for homeless youth.
10. NO
11. NO

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

1. His vision is to develop resources, programs, and facilities to address present and emerging issues. He hopes that the addition of outpatient clinics and universal healthcare insurance coverage will help. The homeless need low-income housing. He believes there are resources available, but organizations and individuals need to find the courage to make a change – there are models of change that can be duplicated from other communities.

2. A community where everyone, regardless of financial status, is engaged and pursuing an active lifestyle and addressing healthcare issues. And there is help for those who need it.
3. Metropolitan Ministries has a 10-year plan for transitioning homeless residents to self-sufficiency. Currently, there are no transitional beds for families in the community. It takes six to 12 months to transition a family to self-sufficiency. Metropolitan Ministries is trying to build a 20-bed transitional facility, but it will take 1 ½ years. Regular shelters only buy time. Would like to have plan fully implemented but need funding and need to partner with BayCare.
4. People will have lots of healthcare coverage. But there is currently a shortage of doctors and dentists. There is an opportunity for a healthier community but not really sure the resources are there is support it.
5. She would like to see more education in local schools on nutrition and healthy living. Need more positive, interactive, family-focused health fairs and activities. Focus should be on health clinics, not on medical clinics – “be well, stay well.” She would like to see more holistic approaches to medicine rather than first giving a pill. Need incentive programs to stay well – if you participate in an interactive community activity you get a credit for another activity.
6. She hopes that universal healthcare will help fill the great need for medical and dental care for those who cannot afford care.
7. Pasco County ranks 34 out of 67 according to Robert Wood Johnson health data indicators. They would like to see the County ranked in top 10 in the nation.
8. Healthcare situation will worsen in five to 10 years.
9. Should be much improved because the efforts are starting to work. Key stakeholders mobilization is starting to work. And infrastructure is being put in place.
10. People are talking about how they can streamline things. I am optimistic cautiously but believe things will continue to rise in cost.
11. If the State of Florida would accept the Federal Government’s offer and expand the Medicaid program, we would see more people getting services they need. We could create more community health centers with easier access to primary care. With these things in place, we will see a drop in the healthcare costs to taxpayers, a drop in Emergency Room visits and a much healthier community.

10. Any additional comments or questions?

1. Need adequate testing and equipment for diabetes. People need to eat on a regular basis. People need more affordable housing.
3. BayCare works with homeless shelter and this helps to prevent a lot of ER visits.
6. Pasco County is very rural and the demographic continues to change. The area used to be 55+ year old residents, now more young families. As a result, issues are arising that the community did not have to deal with before.
7. Pasco County Health Department is very interested in being involved in the BayCare action plan for this community health needs assessment.

BayCare Behavioral Health Key Stakeholder Response Set:

1. How would you describe a healthy community for residents with behavioral health and substance abuse issues?

1. A community where there is less stigma for those with behavioral health and substance abuse issues – we are all in this together. Almost all families have behavioral health issues and substance abuse issues. Want to see those with issues as whole members of the community.

2. Availability of healthcare treatment for those who need it. Affordable housing. Jobs. Good healthcare.
3. The right service for the right time.
4. One where individuals respond to treatment, obey the laws, and live within the rules.
5. One that has primary prevention focus so that children and families have opportunity to develop healthy lives and interventions when that does not occur.
6. One where there are resources available to support community needs. More focus on the mind, body, spirit connection for healthier living. The state of FL receives more funding dollars.
7. One with adequate resources. Community needs a detox facility for those who are Marchman Acted.
8. One with support for people with mental health and substance abuse issues. And one that provides meaningful activities and meaningful healthcare.
9. A community where people have access to services when they begin having issues. Receive effective services immediately prior to de-escalation to arrests, emergency and those services are integrated with other systems including medical care. It is less costly to intervene in MH prior to hospitalization (which can be costly).
10. Healthy community for MH would live well with their Dx and not use emergency services as the entry point in MH system.
11. Broad view – all citizens have access to services and opportunities to help them meet their full potential (healthcare, education, basic infrastructure- transportation, senior/youth activities regardless of financial status.
12. Has a low substance abuse rates, low number of deaths from substance abuse, low usage rates for drugs and alcohol. Strong community ties and a strengthening of family and community connection.

2. What are some specific health need trends locally/regionally impacting the health of residents with behavioral health and substance abuse issues?

1. Use of substances during pregnancy. The physical health issues associated with substance abuse are substantial – these physical issues include: diabetes, cardiovascular problems, dental issues. There needs to be more sliding-scale payments, particularly for dental treatment.
2. Lack of access to treatment. No stable housing supply. Lack of jobs. No physician and dental care for those who need it.
3. Lack of services for the indigent. Lack of access for single adults. Need for affordable housing. Need for specialty services for the elderly.
4. Those with health issues need a continuation of treatment in order to get well.
5. Huge increase in number of people with prescription drug issues. This directly affects the local ERs and child welfare. The loss of local jobs means the loss of healthcare benefits. The ER is the only healthcare provider that has to serve those with no health insurance – there is no obligation to refer the patient. Also, FL is epicenter of prescription drug problem in U.S. and pain clinics are part of the problem because they distribute drugs.

6. The stress level in peoples' lives is high, as a result, there is an increase in the number of Baker Acts, suicides and attempted suicides, and abuse of prescription drugs, specifically oxycodone. The police force must currently deal with the overflow of individuals who need mental health services but end up in jail. There are no outpatient mental health services for teens or adults and many times they are Baker Acted. The police evaluate individuals for Baker Act.
7. Need more medical and behavioral health resources in the community. Medical health resources need to be able to initiate Baker Act for someone in need, not law enforcement. Currently, law enforcement initiates. Law enforcement is working to curb the "pill mills" and curtail illegal drug manufacturing and use.
8. Prescription drug misuse. Lack of funding for behavioral health services. Lack of coordination between behavioral health and medical care services. Issues are across all funding streams.
9. Prescription drug addictions Benzo, opiates, etc. BayCare is working to address with police in Pasco County to outreach and prevent addiction. Residents that are weaning from scripts will able and shift to other drugs (i.e., heroin, meth, etc.) Professionals need to be aware of the symptoms of all substance abuse of different types including illegal substances. So intervention and quick services can happen.
10. Growing in MH and becoming more acute (Both medical MH) as they are interrelated Co-occurring illnesses are increasing (dually- Dx pop is growing). Baby-boomers aging will increase the demand for MH services provided in place with medical services.
11. However, within five areas of the community where poverty is most concentrated, there is a lack of access to healthcare. Where fresh food/produce is costly and not readily available. The overall county is doing well, but there are pocket that have very negative outcomes.
12. Obesity, domestic violence, physical and emotional abuse. Need more resources and information about resources for low-income individuals and for transportation issues on outskirts of the community.

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

1. Across all socio-economic and age boundaries – the problems are much broader now than they used to be.
2. Indigent population in general.
3. Single adults. Indigent population. Elderly.
4. Homeless. Unemployed. Underemployed. Those with economic challenges.
5. Those who have lost their jobs. Those with no access to healthcare. Working families with no medical benefits.
6. Families, kids, teens, and adults need resources.
7. Those aged 19-35 years are greatly affected by drugs.
8. It is impacting all ages, particularly children with behavioral health issues.
9. Drug use (prescriptions) people that have the money through insurance and those with chronic pain issues have fallen into addiction of script drugs (tends to be more affluent) is also in the poorer segments but script addiction.

Mental illness- pop. That has not yet gained a record (18-25 yr. olds). There are many systems in place for children, but when the transition to adulthood (18) those services disappear and often do not reappear until emergency situation (hospitalization and/or arrest).

10. Aging seniors.

Children- Mental health and physical health needs (obesity increasing childhood diabetes).

11. Five targeted area with concentration of poverty (African Americans and Hispanic residents tend to be represented more often in lower social economic stratus's.

12. Low-income. Families and children.

4. In order to improve the health of communities and the residents with behavioral health and substance abuse issues, 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.

1. A lot of organizations in Pinellas County that deal with behavioral health issues such as domestic violence, but it is difficult for individuals to negotiate this span of care. Coordinating all of these resources is difficult. Only 10% of those who need mental health services actually get them.

2. Resident facilities that provide 24 hour/7 days a week care – for \$800 month per person they receive housing, supervision, food, and some therapy. The Jail Diversion Program. The Chronic Inebriate Program which offers five days of medical detox followed by 90 days of community-based health services.

3. Juvenile Welfare Board – family support for those with behavioral issues. Community services for children and families.

4. BayCare Health System. Directions. Celebrate Recovery program – works with those in jail.

5. Local organizations work well together. Great things have been done in the community. The Juvenile Welfare Board, funded through property taxes, helps kids with behavioral health and other issues (~ \$50 million in funding). Debra Alexander at one BayCare hospital is the Baker Act coordinator and does a great job and is helping BayCare restore their community image.

6. NAMI – National Alliance of Mental Illness. BayCare.

7. Strong community bonds with Medical Center of Trinity and NAMI – National Alliance of Mental Illness. Pasco Consortium meets monthly with community partners.

8. Providers are trying to work together. Technology is working better. It is important for community providers and organizations to work with the community residents and include them in the solution – have residents take some/more responsibility for what is happening in their community.

9. There is a strong healthcare system in place and a good amount of collaboration among providers and work together to remove barriers. There are providers that offer evidenced-based services and doing the research of effectiveness of tx option (there are forward-looking providers in the area).

10. Good community providers that are motivated and driven to meet the needs of the patient population.

11. ACA-should help with the access to healthcare. Need to ensure folks understand ACA.

Greater collaboration among entities and working together. PSCA Public transit system is developing services for North Pinellas County- made adjustments to the routes to serve the geographical region that has the greatest concentration of poverty area.

12. Strong networking by key stakeholders helps to build better resources and communication with community. Breaking down silos is happening on a professional level, but community communications still has a ways to go.

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

1. Would like for there to be a move toward giving individuals just the amount of care that they need in a facility and then moving them to less expensive home care. Funding for services is always an issue. Individuals and families with children who have severe behavioral health issues have trouble finding a safe, affordable place to live. Even with healthcare reform, some individuals may still fall through the cracks. Hopefully state funding will fill the gaps.
2. Resident treatment. Dental care and treatment.
3. Huge increase in prescription drug abuse. Co-occurring disorders are increasing – mental health and substance abuse. Homelessness. Overall, there is a need for coordination of ER services in the community.
4. Nutrition – many choose alcohol and drugs over food. Basic needs of many are not being met – people need to improve their living situations and learn to become productive citizens.
5. Community agencies are lacking funding dollars for services. Those with behavioral health issues also usually have medical issues – one or the other gets treated, but not both issues – a more integrated healthcare system is needed. Affordable Healthcare Act will go through but does not know how this will be applied.
6. Poor diet due to limited budgets. Stress levels are high. A lot of red tape and waiting. There is a lack of resources and funding. Mental illness coupled with medical issues. If an individual gets a job they then make too much money to get free prescription drugs that they need.
7. Need more affordable healthcare, mental health, and counseling services for the community, particularly the large homeless population. Community needs more transportation options.
8. Housing. Access to adequate primary healthcare. Integration of primary healthcare with other services such as psychiatry. Transportation.
9. Penetration into the community that requires services (there are service centers in those communities. But it is difficult to reach out to communities that do not seek help. Outreach needs improved for residents that have not had something bad happen (arrests, etc.) Need to identify where groups of at-risk folks congregate because addressing at the jail is too late. (maybe at six, school kids can be identified and churches to get services into the community). Resources to support evidenced-based practices (FL is 49/50/51st) for per capita expenditures on mental health services. Increasing the resources to MH residents and tx can impact the quantity and quality of services available.
10. Not enough services that meet both MH and medical health needs (There are too many silos) need to link providers (practitioners, medical health providers, etc.). (Provided list of names of providers). No quality control and ability to rank the quality of providers and of the

good providers, there is no way to meet the growing demand. There is also not enough funding to increase those resources.

11. Physical access to physicians and clinics.

12. Stopping the cycle of substance abuse and improving how it is handled by healthcare.

providers, pain care management, and law enforcement. Currently, everyone is overloaded.

Family health is worst in the state of FL – most children removed from their home are related to child abuse and substance abuse.

6. 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. There are organizations in the community that would like to see things stay the same, but this is not possible. Some organizations are still trying to decide whether or not to do electronic health records. BayCare has recognized that healthcare services do not need to be replicated at every facility – she thinks the same line of thought can be followed for behavioral health.

2. Major healthcare providers.

3. There are county committees in Pinellas that work with local hospitals. Health and Rehab Board. Health and Human Services Board.

4. Coordinated effort is needed among community organizations and agencies – it takes a village.

5. Inpatient side of BayCare. Largo Medical Center. A free-standing for-profit hospital called Windmoor which takes elderly and youth with mental issues but not if they have medical issues. PEMHS is good for short-term stays – patients are in and out very quickly.

6. Need to start with funding. FL is ranked last in nation for funding dollars received.

7. BayCare is best at providing needed services. NAMI offers good support groups, but they do not get funding from the state for the free services that they offer. The crisis intervention training at the Sheriff's office is expanding which will help to identify more people in need of mental health services – this will in turn increase the need for mental health resources in the community, and get people the help they need and keep them out of the legal system. Also, FACT team visits people's homes with mental health issues to make sure they are taking their medication.

8. The community and providers need to work together. Monthly coalition meetings help to address issues within the community.

9. MI at-risk- School systems (but have a lot on their plate already) Faith-based, employers – Who is responsible is unclear, but these are best poised to identify symptoms but may not have the resources to be accountable for MI.

Resources for MI services (insurance, Co. Federal Gov., state go, counties) Medicaid and Medicare. Will largely depend on the healthcare exchanges that are put into place in each state. Funding need to be increased and a federal infusion of \$ could help a great deal.

10. Funding is decreasing and the most appropriate funding sources is the body that funds medical care because the two are synonymous.

Criteria needs to be established to determine efficacy and a community-based standard of excellence needs to be determined.

Silos – biggest provider needs to take a leadership role (often is linked to performance outcomes and dollars paid) as funding continues to dry up patients will seek care in Hospital ERs, making the community hospitals the drivers.

11. County commissioners and collaborative – county agencies.

Public education system has to focus on improving outcomes and targeting those residents that are at the highest risk and resources on the schools in the highest poverty areas to change the drop-out rates.

12. BayCare and other community hospitals, Medical Center of Trinity, law enforcement. Healthcare community in general.

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

1. Many community services function in silos and do not interact with each.

2. No.

3. Not adequate resources for indigent population. Specialists need to be identified to help indigent population access services.

4. No.

5. No. There is a lack of follow-up after discharge. This is a very serious problem and is related to case management, prescriptions, etc.

6. No. There is a vicious circle for those who are homeless and have mental health issues. There is a waiting list to get in the state mental hospital. So those who are homeless and get arrested will get medication but not the treatment they need. Some believe that prisons are the largest psychiatric facilities.

7. There are not adequate resources for those without healthcare insurance and those with mental health issues. Those with mental health issues many time relapse because they have no health insurance to cover the cost of medication refills before their next doctor's appointment.

8. No, in part due to lack of funding.

9. No. infusion of federal \$, private insurance needs to be increased. There are only estimates out there that identifies the demand of the underserved but estimates are 11-12% of pop need MH services and are not receiving it but funding is the issue. Managing the efficiencies of the departments is important as well for any monies that are offered. In FL residential tax is the primary method of tax in FL. It is costly and not always effective.

10. Not enough funding. Recommends increasing government relations to focus the attention of FL on the needs and importance of funding for MH services (51st in funding in U.S. and PR)

11. No- but that is not the number one problem. The biggest issue is getting everyone to work together toward a common goal that is effective. Have to utilize resources as efficiently as possible prior to increasing funding need to break down silos. Might need more funding, but should use what we have access to first.

12. No, there are a lot of resources but communication and transportation are an issue. Currently they are working on data mapping. She thinks the general perception is that there are not enough resources.

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

1. Aging population will present a significant need. Recognize that behavioral health issues are not just about changing behaviors. Substance abusers die 10 to 20 years sooner than other because of all the medical issues that arise. Recognize that the whole person needs to be treated. And a whole network of support and services are needed to help change behaviors, and educate and support those who need help with abuse.
2. Health and behavioral issues related to children. There are increasing numbers of homeless families and the chronically hungry.
3. Serving families with foster care children. Prescription drug abuse, but it already exists.
4. Need to break the cycle of drug abuse and alcoholism among families – it is a generational problem.
5. Homelessness – is a community-wide problem. The hospitals need to do a better job at helping the homeless with their medical and psychological needs. Homeless usually go to PEMHS for care – BayCare did not follow through on funding with PEMHS to provide mental health services. In addition, there is a lack of residential treatment facilities for substance abuse in the community.
6. Prescription drugs, specifically oxycodone. Pinellas County is the capital for oxycodone – more pills are prescribed and dispensed in FL than in any other state. And there are not enough foster homes to take care of the children of addicted parents.
7. The number of people being Baker Acted is increasing which is being addressed in part by the Sheriff's office increase in crisis intervention training for police officers.
8. As we move toward healthcare reform – those who are uninsured should get health benefits and this will help. But not sure how healthcare providers will react, as they have been used to keeping the uninsured out – healthcare reform will change the paradigm.
9. Effects that depression has on overall healthcare. It can also lead to substance abuse. The prevalence is on the rise maybe because is being identified and Dx better, but it has an effect on all systems.
10. More comprehensive addiction services and an increase in sober living transitional environments instead of sending back to community where came from directly upon D/C
11. In the areas of highest concentration of poverty, violence SA and MH. Synthetic drugs and Marijuana are specifically targeted to youth... (i.e. Scooby snack among the candy bars) parents may not know about but youth do and know how to get it.
12. Serving the homeless. Getting physicals for homeless youth.

9. Please describe your vision of what the health status locally/regionally should be in within five to 10 years?

1. Hopes that the majority of individuals who need help can get it through a system of care that is fully integrated. She believes that true collaboration and true partnerships are needed to create a truly integrated system – not just a warm handoff. True collaboration involves primary care, specialists, community organizations working together.

2. Need for more mobile healthcare and dental care as opposed to care in a fixed building.
3. Need more continuity in healthcare through doctor / patient follow-up, computerized records, etc.
4. Do not know yet what Obama Care is going to accomplish or how it will affect employers and employees.
5. Hopes that it looks quite different than it looks now – need more integrated behavioral health and medical care services. She would like to see more partnerships in the community.
6. She would like to see law enforcement and community agencies work together to help individuals find appropriate services. Also, she would like to see more wrap around services and more layers of services, so that crises can be diverted. “Can judge a society by the way it treats its’ aged and young.”
7. Would like to see two more Baker Act/ Marchman Act facilities located at opposite ends of the community, and more free mental health services offered at NAMI and BayCare. There is currently no Marchman Act facility in the community.
8. A healthy community where preventive care is easily accessible especially among those with behavioral health issues. Would like to see behavioral health issues identified and treated early.
9. A more agile healthcare system that is able to reach out into communities that is more integrated and cost-effective services that are less intrusive, evidence-based, and paired with other service industries including healthcare, more people being served more effectively.
10. More community-based services develop and the mortality rate reduced. An increase in education about the disease entities and a commitment to health and wellness.
11. Adequate access and a good model of serving the public through traditional and non-traditional means. Also that programs have been implemented that has a positive impact on the issues discussed graduation rates, high blood pressure, etc. plan implemented and seeing results.
12. Should be much improved because the efforts are starting to work. Key stakeholders mobilization is starting to work. And infrastructure is being put in place.

10. Any additional comments or questions?

1. Operation PAR recognizes what services that do not provide and partner with community organizations that can provide this service to their clientele. BayCare sits on a lot of behavioral health and healthcare data.
4. Need to give people hope!
5. PEMHS and other local agencies are not part of BayCare Health System so they are all competing with each other for funding dollars – some local providers could be put out of business.
6. Need services to address the medical issues associated with behavioral health issues.
8. It is difficult to submit behavioral health data through BayCare’s reporting system. It does not seem as though BayCare wants to make any changes to their computer reporting system.
9. There are MH Beds at each facility (58 beds at Morton Plant and St. Antony)

APPENDIX C

Community Resource Inventory

Morton Plant North Bay Hospital and MPNB Recovery Center
May, 2013

Tripp Umbach completed an inventory of community resources available in the Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center 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 North Bay Hospital and Morton Plant North Bay Recovery Center community (34652, 34653, 34654, 34655, 34668) more than 50 community resources were identified with the capacity to meet the three community health needs identified in the Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center 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 North Bay Hospital and Morton Plant North Bay Recovery Center community found that there is at least one and often multiple resources available to meet each identified community health need. The following table meets CHNA community inventory requirements set forth by the IRS. (See Table)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MORTON PLANT NORTH BAY HOSPITAL AND MORTON PLANT NORTH BAY RECOVERY CENTER CHNA

Organization/Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Health Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	IR Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives	
211 / FIRST CALL FOR HELP	Pasco	Dr. Nelson Ying Center 1940 Traylor Boulevard Orlando, FL 32804 211 - Call 2-1-1 from service area (407) 839-4357 - Alternative Number		All	More Information	No restrictions	Offers 24-hour telephone information about health and human services in Geauga County. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.	*	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
ACE OPPORTUNITIES	Pasco	6009-1 High Street New Port Richey, FL 34654 (727) 776-5336 Main	34654	More Information	Women with drug or alcohol dependency.	Alcohol Abuse Education/Prevention, Alcohol Dependency Support Groups, Central Intake/Assessment for Substance Abuse, Comprehensive Outpatient Substance Abuse Treatment, Drug Dependency Support Groups, Residential Substance Abuse Treatment Facilities, Sober Living Homes for Recovering Alcoholics, Sober Living Homes for Recovering Drug Abusers, Substance Abuse Counseling, Substance Abuse Intervention Programs	*	x						x		x											*	x	x			x			x		
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough, Pasco, Pinellas	3575 Old Keystone Road Tarpon Springs FL 34689 727-942-4181	34689	More Information	Adults 18 & up with a co-occurring disorder (substance abuse and mental health)	This is a residential program for male and female adults with mental health and substance abuse disorders that require a high quality program designed and professionally staffed to meet the needs of individuals and their families.	*	x						x		x	x			*							x	*	x				x				
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough, Pasco, Pinellas	4403 W Martin Luther King Jr Blvd Tampa FL 33614 813-879-1649	33614	More Information	Veterans and homeless.	Provides mental health and residential services for veterans and homeless individuals.	*	x						x		x	x			*							x	*	x				x				
AMERICAN CANCER SOCIETY	Pasco	21754 State Road 54 Suite 101 Osprey Cove Professional Center Lutz, FL 33549 (800) 940-1969 Toll Free for Citrus, Hernando, & (352) 637-5577 Local Citrus Co. Number (800) 227-9954 Transportation (800) 227-2345 National-24-7 (813) 949-0291 Local Pasco County Number	33549	More Information	Targets cancer patients and their families	Provides support and information for cancer patients. Also, provides assistance with prescriptions to cancer patients and transportation to medical appointments for cancer... Also, has a Gift Closet with cancer supplies, wigs, etc.	*	x	x					x		x				*					x		*		x	x						x	
AREA AGENCY ON AGING OF PASCO-PINELLAS	Pinellas and Pasco	12417 Clock Tower Parkway Suite # 201 Hudson, FL 34667 (800) 963-5337 Referral through the Senior Helpline - 1-800-96-ELDER (727) 217-8111 Senior Helpline Out of area inquiries, call local number (727) 570-9696 Administrative	34667	More Information	Seniors and adults with mental illness.	Provides access to services for seniors and adults with mental illness.	*	x	x	x	x			x	x	x	x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x	
AREA AGENCY ON AGING OF PASCO-PINELLAS	Pinellas and Pasco	9887 4th Street North, Suite 100, St. Petersburg, FL 33702 Phone: (727) 570-9696 Senior Helpline: (727) 217-8111 Pinellas County: (727) 217-8111 Pasco County: 1-800-861-8111	33702	More Information	Seniors and adults with mental illness.	Provides access to services for seniors and adults with mental illness.	*	x	x	x	x			x	x	x	x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x	
AREA AGENCY ON AGING OF PASCO-PINELLAS - SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE)	All	9549 Koger Blvd., Gadsden Building, Suite 100 Saint Petersburg, FL 33702 (800) 963-5337		All	More Information	Persons age 60 and over or those on Medicare.	Long Term Care Insurance Information/Counseling, Medicare Information/Counseling, Medicare Part D Low Income Subsidy Applications, Medicare Prescription Drug Plan Enrollment, Prescription Drug Patient Assistance Programs. English, Spanish	*	x		x			x		x	x	x		*							*									x	
BAYCARE ALLIANT HOSPITAL	Pinellas and Pasco	601 Main Street Dunedin, FL 34698 Administration: (727) 734-6748	34698	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x	
BAYCARE BEHAVIORAL HEALTH INC	Pasco	14527 7th Street Dade City, FL 33523 (352) 521-1474 Main (727) 841-4120 Service/Intake	33523	More Information	No Restrictions	Offers health education, information and referral, mental health and substance abuse services.	*	x					x		x	x											*		x	x		x			x		
BAYCARE BEHAVIORAL HEALTH INC	Pasco	7809 Massachusetts Avenue New Port Richey, FL 34653 (727) 841-4120 Service/Intake	34653	More Information	No Restrictions	Offers health education, information and referral, mental health and substance abuse services.	*	x					x		x	x											*		x	x	x				x		
BAYCARE BEHAVIORAL HEALTH INC	Pasco	8002 King Heile Boulevard New Port Richey, FL 34653 (727) 841-4430 Service/Intake	34653	More Information	No Restrictions	Offers health education, information and referral, mental health and substance abuse services.	*	x					x		x	x											*		x	x	x				x		
BAYCARE LIFE MANAGEMENT	Pasco	8002 King Heile Blvd. New Port Richey FL 34653 United States 727-841-4430 X 3009	34653	More Information	No Restrictions	Provides mental health services.	*	x					x		x												*		x								
BOY SCOUTS OF AMERICA	Hillsborough, Pasco, Polk	Gulf Ridge Council 13228 N Central Ave Tampa, FL 33612 813-872-2691	33612	More Information	Male youth	Provides education, activities and programs for male youth.	*							x						*							x	*	x	x				x			
BOY SCOUTS OF AMERICA	West Pasco, Pinellas	West Central Florida Council 11046 Johnson Blvd Seminole, FL 33772 727-393-3800	33772	More Information	Male youth	Provides education, activities and programs for male youth.	*							x						*							x	*	x	x				x			
BOYS AND GIRLS CLUB	Pasco	Lewis Abraham Lacochee Unit Dade City FL, 33523 Telephone: 352.583.9356	33523	More Information	Youth	Provides education, activities and programs for youth.	*							x						*							x	*	x	x							
BOYS AND GIRLS CLUB	Pasco	Boys & Girls Club Youth Center Port Richey FL, 34668 Telephone: 727.842.5673	34688	More Information	Youth	Provides education, activities and programs for youth.	*							x						*							x	*	x	x				x			
CALVARY CHAPEL - HELPING HANDS MINISTRY	Pasco, Pinellas	6825 Trouble Creek New Port Richey, FL 34653 (727) 376-7733 Main	34653	More Information	Targets Northern Pinellas, Pasco and Southern Hernando county areas	Provides substance abuse counseling, food pantry and clothing.	*							x		x											*	x	x				x				
CARES 58	North Pinellas, Pasco	2525 Seven Springs Blvd., New Port Richey, FL 34655 727-376-7152	34655	More Information	Seniors	Department of Elder Affairs preadmission screening program for nursing facility or alternative placement	*	x						x	x	x	x	x	*	x	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x	
CARES CLAUDE PEPPER SENIOR CENTER	Pasco	Contact: Lee Fenton 6640 Van Buren Street, New Port Richey, FL 34653 Phone: 727-844-3077 Fax: 727-849-6124	34653	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs.	*	x						x	x	x	x	x	*	x	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x	
CARES CRESCENT ENRICHMENT CENTER	Pasco	13906 Fifth Street Dade City, FL 33525	33525	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs.	*	x						x	x	x	x	x	*	x	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x	

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	Eligible 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	
CARES ELDERS MULTIPURPOSE SENIOR CENTER	Pasco	Contact: Kay Fusselman PO Box 948 (Barker Dr & Grey Ave), Effers, FL 34690 Phone: 727-847-1290 Fax: 727-848-0921	34690	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs.	*	x					x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
CARES HUDSON BAYONET POINT ENRICHMENT CENTER	Pasco	Contact: Pat Babinetz 12417 Clock Tower Parkway, Hudson, FL 34667 Phone: 727-863-6868 Fax: 727-869-7057 Email: pbabinetz@CaresFL.com	34667	More Information	Seniors	Offers adult day services, senior health clinic, home health care, and wellness programs. This center is also a Dining Site for seniors of West Pasco	*	x					x	x	x	x	x	x	*	x	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x
DEAF AND HARD OF HEARING SERVICES OF FLORIDA, INC.	Pasco	8610 Galen Wilson Blvd., Suite B-100, Port Richey, FL 34668 866-685-9477 toll-free 727-853-1010 V 727-853-1014 TTY	34668	More Information	Seniors	Fosters the development, improvement and growth of services for deaf, hard of hearing and late deafened people in Florida.	*		x				x				x										*		x					x	
DEPARTMENT OF CHILDREN AND FAMILIES - PASCO AND PINELLAS COUNTIES	Pasco	9550 US 19 North Suite 201-A Port Richey, FL 34668 (866) 762-2237	34668	More Information	Eligible residents of Pasco County	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	Pasco, 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	
DIRECTIONS FOR LIVING	Pasco	West Pasco Center (Behind Community Hospital) (Outpatient Counseling & Psychiatric Services, All Ages) 5642 Meadowlane Street New Port Richey, Florida 34652 Phone: (727) 847-4465	34652	More Information	No Restrictions	Offers mental health, information and referral, and case management services. Provides outpatient substance abuse treatment, drug abuse education/prevention, and substance abuse counseling.	*	x					x		x	x	x	x	*					x		*	x	x	x	x	x	x	x	x	
ELDER HELPLINE	Pasco	800-861-8111 or 727-217-8111	All	More Information	Seniors	Accesses a qualified Information and Referral specialist who can provide information about services available for elders and their caregivers within the local community .	*						x				x										*	x	x						x
FLORIDA DEPARTMENT OF ELDER AFFAIRS	All	4040 Esplanade Way Tallahassee, Florida 32399 Phone: (850) 414-2000	32399	More Information	Seniors	The primary state agency administering human services programs to benefit Florida's elders.	*						x				x										*	x	x						x
GIRL SCOUTS OF AMERICA	Hillsborough, Pasco, Pinellas, Polk	Leadership Center 4610 Eisenhower Blvd., Tampa, FL 33634 Phone/Fax: (813) 281-4475 800-881-4475	33634	More Information	Female youth	Provides education, activities and programs for female youth.	*						x						*							x	*	x	x			x			
GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC.	Pasco	5334 Aspen Street, New Port Richey, FL 34652 (727) 848-7789 Main (727) 848-7890 Fax mflahy@goodsamclinic.org	34652	More Information	Low-income, medically uninsured residents of Pasco	Provides non-emergent adult primary care. Dental is available for extractions and fillings only.	*	x				x	x	x					*						x		*	*	x	x					x
JUVENILE DIABETES RESEARCH FOUNDATION	Hillsborough, Pasco, Pinellas	9600 Koger Boulevard, St. Petersburg, FL 33702 727-344-2873 or 800-533-2873	33702	More Information	No Restrictions	Provides information and education on Diabetes	*						x						*		x						*	*	x						
MID FLORIDA COMMUNITY SERVICES - EAST PASCO COUNTY	Pasco	14446 7th Street Dade City, FL 33523 (855) 643-3567 Main (855) 643-3567 Service/Intake - LIHEAP	33523	More Information	Seniors and their caregivers	Services include but are not limited to: Telephone reassurance; Congregate meals; Home delivered meals; Transportation; Homemaker service; Respite Care; Emergency Energy Assistance; Retired Senior and Volunteer Program.	*	x	x								x									*	*	x	x						
NARCOTICS ANONYMOUS - RECOVERY COAST	Pasco	Online/ Telephone Resource Hudson, FL 34667 (727) 842-2433	34667	More Information	No restrictions	NA is a fellowship of recovering addicts who meet regularly to help each other stay clean by sharing their experience, strength, and hope.	*								x				*							x	*				x				
NATIONAL ACCESSIBLE TRAVELERS DATABASE	All	2401 E. Henry Avenue Tampa, FL 33610 (800) 778-4838 Helpline/Hotline	33610	More Information	No Restrictions	This database of transit systems is supplemented with information on accessible taxi services. The transportation database website allows the user to highlight the state and city they plan to visit, and view all transportation services available to them. The user is also able to view the travel agencies specializing in travel arrangements for persons with disabilities.	*	x																											
OPERATION PAR, INC.	Pasco	7720 Washington Street Suite 102 Port Richey, FL 34668 (888) 727-6398 Service/Intake	34668	More Information	No Restrictions	Provider of substance abuse treatment, prevention, education, research and training in West Central Florida. Direct services include residential treatment, day treatment, prevention, intervention, case management, outpatient treatment, methadone maintenance, and medical detoxification.	*	x						x	x												*	x	x			x			
PASCO COUNTY ALLIANCE FOR SUBSTANCE ABUSE PREVENTION	Pasco	8002 King Helle Boulevard New Port Richey, FL 34653 (727) 597-2284 Main	34653	More Information	No Restrictions	Offers drug abuse prevention education.	*							x													*	*	x			x			
PASCO COUNTY ELDERLY NUTRITION	Pasco	8600 Galen Wilson Blvd., Port Richey, FL 34668 (727) 834-3287	34668	More Information	Individuals age 60+, frail and homebound. Income is not a factor in determining eligibility.	Provides nutritious meals to eligible individuals. Transportation available to some dining sites.	*	x	x					x			x		*		x	x	x			x	*	*	x						
PASCO COUNTY ELDERLY NUTRITION - MEALS ON WHEELS	Pasco	Contact: Gabriel D. Papadopoulos, M.B.A. 8600 Galen Wilson Blvd., Port Richey, FL 34668 Phone: 727-834-3340 Email: gpapadopoulos@pascocountyfl.net	34668	More Information	Individuals meeting eligibility requirements	Provides nutritious meals to eligible individuals.	*										x		*		x	x	x			x	*	*	x						
PASCO COUNTY ELDERLY NUTRITION - SOUTHGATE DINING SITE	Pasco	Joseph McLaughlin - Contact Person Southgate Apartments 5352 Charlotte Ave., New Port Richey, FL 34652 Phone: (727) 834-3279 Email: kCeccoffglio@pascocountyfl.net	34652	More Information	Individuals meeting eligibility requirements	Provides nutritious meals to eligible individuals. Transportation available to some dining sites.	*										x		*		x	x	x			x	*	*	x						
PASCO COUNTY ELDERLY NUTRITION - SUMMER LAKE DINING SITE AT SUNSET BAY CLUB APARTMENTS	Pasco	Karen Ceccoffglio - Contact Person 4331 Fiji Dr., New Port Richey, FL 34653 Phone: (727) 816-9757 Email: kCeccoffglio@pascocountyfl.net	34653	More Information	Individuals meeting eligibility requirements	Provides nutritious meals to eligible individuals. Transportation available to some dining sites.	*										x		*		x	x	x			x	*	*	x						
PASCO COUNTY HEALTH DEPARTMENT	Pasco	13941 15th Street Dade City, FL 33525 (352) 521-1450	33525	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	5640 Main Street Suite 100 New Port Richey, FL 34652 (727) 841-4425	34652	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	4135 Land O'Lakes Boulevard Land O Lakes, FL 34639 (813) 558-5173	34639	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	11611 Denton Avenue Hudson, FL 34667 (727) 861-5661	34667	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	*	x	x	x	x	x	x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	4717 Airport Road Zephyrhills, FL 33542 (813) 780-0740	33542	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	*	x	x	x	x	x	x	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	Density	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
PASCO COUNTY HEALTH DEPARTMENT	Pasco	10841 Little Road, New Port Richey, FL 34654 (727) 861-5250 Main (727) 862-4230 Fax	34654	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x			x	x	x	x		x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PASCO COUNTY HEALTH DEPARTMENT	Pasco	2435 U.S. Hwy 19, Suite 105, Holiday, FL 34690 (727) 943-5505	34690	More Information	Pasco County residents meeting eligibility criteria	Offers primary care, personal health and related medical services .	*	x	x			x	x	x	x		x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PASCO COUNTY HUMAN SERVICES DIVISION	Pasco	8620 Galen Wilson Boulevard, Port Richey FL 34668-5973 727-834-3297	34668	More Information	Residents of Pasco County	Provides access to primary, preventive, dental, mental and specialty care.	*	x				x	x	x	x		x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PASCO COUNTY LIBRARY SYSTEM	Pasco	14215 Fourth Street Dade City, FL 33523 (352) 567-3576 Main	33523	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	5347 8th Street Zephyrhills, FL 33542 (813) 780-0064	33542	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	34043 State Road 54 Wesley Chapel, FL 33543 (813) 788-6375	33543	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	2818 Collier Parkway Land O Lakes, FL 34639 (813) 929-1214	34639	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	8012 Library Road Hudson, FL 34667 (727) 861-3040	34667	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	9701 Little Road New Port Richey, FL 34654 (727) 861-3049	34654	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	5740 Mong Road Holiday, FL 34690 (727) 834-3204	34690	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY LIBRARY SYSTEM	Pasco	4649 Mile Stretch Drive Holiday, FL 34690 (727) 834-3331	34690	More Information	No Restrictions	Provides access to information and technology.	*						x							*	x	x	x	x	x	x	*	x	x	x					x	
PASCO COUNTY PUBLIC TRANSPORTATION	Pasco	8620 Galen Wilson Boulevard Port Richey, FL 34668 Ph: (727) 834-3322	34668	More Information	No Restrictions	Pasco County Public Transportation is also available to some of the dining sites. Please see congregate dining locations for the dining site near you. Nutrition education and nutrition counseling are available to all enrollees in the OAA home delivered meals or congregate programs. These services are provided at no cost and are aimed to benefit the enrollee.	*	x	x				x							*		x	x	x	x		*		x							
PASCO-HERNANDO COMMUNITY COLLEGE	All	10230 Ridge Road, New Port Richey, FL 34654 (727) 816-3281 Main (727) 816-3478 Fax email: coss@phcc.edu	34654	More Information	No Restrictions	Offers preventative dental care. There is a \$25.00 fee for cleanings.	*	x						x	x					*					x		*									
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	37920 Medical Arts Court Zephyrhills, FL 33541 (727) 645-4185 Service/Intake	33541	More Information	No Restrictions	Primary, preventive, dental and pediatric care, nutrition and lifestyle education, smoking cessation, Diabetes management.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	37944 Pasco Avenue Suite A Dade City, FL 33525	33525	More Information	No Restrictions	Provides mental health care for adults. Also provides: general health care for women of all ages. Services include, baby care education and counseling, pregnancy testing and family planning, OB/GYN, certified nurses and midwife services.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	37944 Church Avenue Dade City, FL 33525 (352) 518-2000 Service/Intake	33525	More Information	No Restrictions	Primary, preventive, dental and pediatric care, nutrition and lifestyle education, smoking cessation, Diabetes management.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PREMIER COMMUNITY HEALTHCARE GROUP	Pasco	2114 Seven Springs Blvd., Trinity, FL 34655 Phone: (727) 645-4185 or (352) 518-2000: Option 5	34566	More Information	No Restrictions	Primary, preventive and pediatric care, nutrition and lifestyle education, smoking cessation, Diabetes management.	*	x	x	x	x	x	x	x	x	x	x	x	x	*	x	x	x	x	x	x	*	x	x	x	x	x	x	x	x	x
PUBLIC DEFENDER SIXTH JUDICIAL COURT - MOBILE MEDICAL UNIT	Pasco	7530 Little Road New Port Richey, FL 34654 (727) 847-8100 Service/Intake Pasco County Office lpaterno@pascocountyfl.net	34654	More Information	Pasco residents who have no insurance or are homeless.	Case/Care Management, Community Clinics, Dental Care Referrals, Dental Screening, Diabetes Screening, Disease/Disability Information, Disease/Disability Information for Diabetes, Flu Vaccines, General Medical Care, General Mental Health Information/Education, General Physical Examinations, HIV Testing, Homeless Advocacy Groups, Medicaid Applications, Medication Information/Management, Mobile Health Care, Mobile Health Care for Homeless Veterans, Mobile Health Care for Low Income, Personal Care, Personal Health Care Advocate Services, Physician Referral Services, Prescription Drug Patient Assistance Programs, Prescription Drugs for Specific Health Conditions, Psychiatric Medication Services, Public Clinics, Sexually Transmitted Disease Screening, Skin Screening, Smoking Cessation, Specialized Information and Referral, Tuberculosis Control, Tuberculosis Screening	*	x				x	x	x	x		x	x	*				x			*		x	x							
PUBLIC DEFENDER SIXTH JUDICIAL COURT - MOBILE MEDICAL UNIT	Pasco	38053 Live Oak Avenue Dade City, FL 33523 (727) 847-8100 Service/Intake	33523	More Information	Pasco residents who have no insurance or are homeless.	Case/Care Management, Community Clinics, Dental Care Referrals, Dental Screening, Diabetes Screening, Disease/Disability Information, Disease/Disability Information for Diabetes, Flu Vaccines, General Medical Care, General Mental Health Information/Education, General Physical Examinations, HIV Testing, Homeless Advocacy Groups, Medicaid Applications, Medication Information/Management, Mobile Health Care, Mobile Health Care for Homeless Veterans, Mobile Health Care for Low Income, Personal Care, Personal Health Care Advocate Services, Physician Referral Services, Prescription Drug Patient Assistance Programs, Prescription Drugs for Specific Health Conditions, Psychiatric Medication Services, Public Clinics, Sexually Transmitted Disease Screening, Skin Screening, Smoking Cessation, Specialized Information and Referral, Tuberculosis Control, Tuberculosis Screening	*	x				x	x	x	x		x	x	*				x			*		x	x							
SILVERCENSUS	All	1-888-221-3735	All	More Information	Seniors	Provides a database of providers and services available to seniors.	*					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	Pasco	8661 Citizens Drive Suite 100, New Port Richey, FL 34654 (800) 772-1213 Main	34654	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling. English, Spanish.	*		x									x									*		x							
SOCIAL SECURITY ADMINISTRATION	Pasco	8661 Citizens Drive Suite 100, New Port Richey, FL 34654 (800) 772-1213 Main (800) 325-0778 TTY	34654	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling	*		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
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																	

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
TRIDENT BEHAVIORAL HEALTHCARE, INC.	Pasco	6133 Us Highway 19 New Port Richey, FL 34652 (727) 842-6900 Main (727) 842-6902 Fax	34652	More Information	No Restrictions	Provides mental health care and substance abuse counseling. Sliding fee scale is available.	*	x					x		x	x											*		x	x		x		x
TRUELIFE CENTER HARVEST FOOD PANTRY	Pasco	4909 Allen Road Zephyrhills, FL 33541 (813) 788-5433	33541	More Information	No restrictions	Provides Addiction Recovery/Spiritual Counseling and food bank.	*	x						x				*							x	*	*	x	x		x			
UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY - ST. PETERSBURG	All	9200 113th Street North, Seminole, FL 33772 email: mmentiz@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 dental clinic at the Gainesville location. Clients must arrive before 7 a.m. to enter a lottery for a same day appointment. The fee is \$145 without Medicaid.	*							x				*				x												
WHEELCHAIR TRANSPORT SERVICE, INC.	Pasco, Pinellas	7381 114th Avenue North Suite # 401b Largo, FL 33773 (727) 587-7775 Administrative (727) 586-2811 Service/Intake: Pasco and Pinellas	33773	More Information	No Restrictions	Provides medical transportation. Accepts Medicaid.	*		x																									
YMCA	Pasco	37301 Chapel Hill Loop Zephyrhills, FL 33542 (813) 780-9622	33542	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*						x					*			x	x			x	*	x	x			x			
YMCA	Pasco	8411 Photonics Dr, New Port Richey, FL 34655 Phone: 727-375-9622	34655	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*						x					*			x	x			x	*	*	x	x			x		
YOUTH AND FAMILY ALTERNATIVES, INC. - WEST PASCO COUNTY	Pasco	7524 Platte Road New Port Richey, FL 34653 (727) 835-4166 Main	34653	More Information	Youth 8-17	Provides Adolescent/Youth Counseling for Substance Abusers, Alcohol Abuse Education/Prevention for Youth, Drug Abuse Education/Prevention, Substance Abuse Counseling for Youth	*	x					x	x	x			*								*	*	x		x				x