South Florida Baptist Hospital

Community Health Needs Assessment – Final Report

June 7, 2013



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Introduction _

South Florida Baptist Hospital, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between October 2012 and June 2013. South Florida Baptist Hospital is a 147-bed facility, located in Plant City, FL and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. South Florida Baptist Hospital collaborated with outside organizations in Hillsborough County during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process in some way:

- BayCare Health System
- St. Anthony's Hospital
- Mease Countryside Hospital
- Mease Dunedin Hospital
- Morton Plant Hospital
- Morton Plant North Bay Hospital
- Morton Plant North Bay Recovery Center
- St. Joseph's Hospital Main
- □ St. Joseph's Hospital North
- St. Joseph's Behavioral Health Center
- St. Joseph's Children's Hospital
- St. Joseph's Women's Hospital
- BayCare Alliant Hospital

- Suncoast Community Health Center (FQHC)
- South Florida Baptist Hospital Emergency Center
- Hillsborough County Family & Aging, Social Service Division
- □ YMCA of Plant City
- Plant City Fire Rescue
- Catholic Charities Mobile Services
- HealthPoint Medical Group
- One Bay Healthy Communities
- Hillsborough County Health Department
- USF College of Public Health
- Hispanic Services Council
- San Jose Mission
- Tampa Family Health Centers

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

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

Community Definition

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

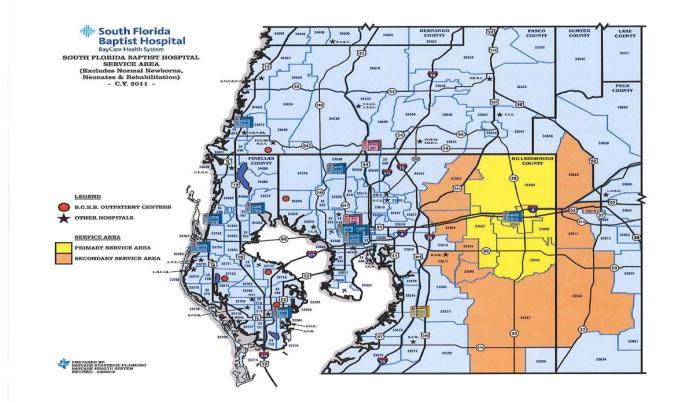
South Florida Baptist Hospital Community Zip Codes

Zip	Town	County
33527	Dover	Hillsborough
33563	Plant City	Hillsborough
33565	Plant City	Hillsborough
33566	Plant City	Hillsborough
33567	Plant City	Hillsborough

Table 1

South Florida Baptist Hospital Community Map

Figure 1



Consultant Qualifications

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

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books¹ on the topic of community health and has presented at more than 50 state and national community health conferences.

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

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 1 993.pdf and

Project Mission & Objectives

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

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.

South Florida Baptist Hospital Vision:

South Florida Baptist Hospital will be the regional leader in medical excellence by improving the health of our community through accessible, compassionate, and family-focused healthcare services.

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 a broad-based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, persons with special knowledge of or expertise in public health. federal, tribal, regional, state, or local health. or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility. and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility 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 socioeconomic/environmental factors related to health of residents in the community and supplementing the general population survey data that is currently available.

- Developing accurate comparisons to baseline health measures utilizing the most current validated data.
- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA) for South Florida Baptist Hospital.

Methodology_

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

Key data sources in the community health needs assessment included:

- □ **Community Health Assessment Planning:** A series of meetings were facilitated by the consultants and the CHNA oversight committee consisting of leadership from South Florida Baptist Hospital and collaborating areas of BayCare Health System.
- Secondary Data: The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the South Florida Baptist Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention (CDC), County Health Rankings, Thompson Reuters, 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 11 interviews were completed with key stakeholders in the South Florida Baptist Hospital community between October and November 2012 (See Appendix B for a complete set of stakeholder responses).
- Focus Groups with Community Residents: Tripp Umbach worked closely with the CHNA oversight committee to assure that community members, including under-represented residents, were included in the needs assessment planning process via three focus groups conducted by Tripp Umbach in the South Florida Baptist Hospital community in April 2013. Focus group audiences were defined by the CHNA oversight committee utilizing secondary

data to identify health needs and deficits in targeted populations. Focus group audiences included:

- Residents for whom English is a second language
- Undocumented and/or migrant working residents
- Obstetric professionals serving families that are at risk of poor birth outcomes
- 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 20 resources identified in May 2013 that meet the needs identified by stakeholders and secondary data in the South Florida Baptist Hospital community (See Appendix C for a complete list of community resources).
- □ Final Community Health Needs Assessment Report: A final report was developed that summarizes key findings from the assessment process and identifies top community health needs.

Key Community Health Needs

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

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

While there are identified health needs in the South Florida Baptist Hospital community service area, this study completed an environmental scan of the resources that are available in the county offering services that meet one or more of the needs detailed in this community health needs assessment. The resource inventory located over 20 such resources. (See Appendix C for a full copy of the Hillsborough County Community Resource Inventory).

A summary of the top needs in the South Florida Baptist Hospital community follows.

KEY COMMUNITY HEALTH NEED #1:

IMPROVING ACCESS TO AFFORDABLE HEALTHCARE

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

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

Access to health services is a national issue being addressed by Healthy People 2020, among other initiatives. Healthy People 2020 is a federal initiative setting national objectives that focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities along with other objectives on broader issues. According to Healthy People 2020, 10.3% of persons nationally were unable to obtain or

delayed needed medical care, dental care, or prescriptions in 2010. The goal is to reduce this percentage to 9% of persons nationally by the year 2020.²

The South Florida Baptist Hospital service area shows a higher CNS value (4.0) compared with the overall CNS value for the BayCare Health System (3.5) and Hillsborough County (3.7). Scores of 4.0, 3.5, and 3.7 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). In fact, South Florida Baptist has the second highest CNS score of all the service areas in the BayCare Health System. This informs us that the South Florida Baptist Hospital service area, the county in which it is located, and the overall BayCare Health System all have more barriers to healthcare access than the average.³

Key stakeholders and focus group participants agree that while there are medical resources and healthcare facilities in the community, access to healthcare resources can be limited by health insurance issues and the cost of healthcare for under/uninsured, the availability of providers, communication among providers and consumers, the level of integration of mental health services in medical health settings, and the prevalence of socio-economic barriers (i.e., lack of employment benefits, limited transportation, etc.).

Key stakeholders and focus group participants indicated that some of the implications of the limited access that residents may have to affordable healthcare include: residents that are not able to see a physician, not being diagnosed/treated, presenting to the emergency department with preventable and/or primary health issues, receiving delayed diagnostics, self-medicating, risk of arrest and deportation, more costly care in the emergency room, unable to afford medical bills, unhealthier with poorer health/mental health outcomes, need for ongoing medication management for residents with mental illness, not using a usual source of healthcare, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, children are translating for parents, children with dental issues and decay, expecting mothers who are showing up too late in their pregnancy to alter birth outcomes, and/or pre-term births that require hospital resources.

Access to health insurance and healthcare for under/uninsured:

Secondary data representing the South Florida Baptist Hospital service area depicts insurance limitations, a decrease in adults that are insured, and resistance to seek oral health services as a result of the cost of care for the uninsured (the secondary data shows both local and national trends).

² Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Service s&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)

- 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.
- All 5 zip code areas in the South Florida Baptist Hospital service show CNS scores at or above the median for the scale (3.0) with four of those being above the average for the BayCare Health System (3.5), indicating greater than average socio-economic barriers to accessing healthcare. While residents are employed at a similar rate to the county and health system there is a lack of insurance with (33563 and 33567) zip code areas having higher rates of uninsured than Hillsborough County (20.5%) and the overall BayCare Health System service area (19.1%).
- Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Hillsborough County (from 76.8% to 73.2%).⁴
- While the uninsured rate for two zip code areas (33567 and 33527) in the South Florida Baptist Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%), there is one zip code area (33563) with uninsured rates (26.4%) higher than the state (25%), which represents 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, one in four Black residents in Hillsborough County (25.5%) reported not seeing a dentist in the past year due to cost.⁶
- According to key stakeholders and focus group participants residents may be under/uninsured due to under/unemployment, being unable to afford medical insurance premiums, co-pays, and deductibles, and Medicaid eligibility is limited due to employment and/or a lack of documentation for undocumented residents, including children that are not naturalized citizens. Additionally, when children are not eligible for Medicaid insurance, their parents may not be able to afford to take them to the pediatrician for routine wellchild visits. Focus group participants discussed the fact that low-wage employers/migrant employers do not offer health insurance. Both key stakeholders and focus group participants believed that residents earning a low income do not make enough money to

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

afford private-pay health insurance. Key stakeholders and focus group participants believed that many residents cannot afford healthcare as a result of being under/uninsured. According to focus group participants, for-profit facilities in the community turn residents away and refuse to treat them if they do not have insurance/legal documentation.

Availability of healthcare providers and services:

- Secondary data representing the service areas of the South Florida Baptist Hospital depicts evidence of a decrease in preventive care utilization.
 - Between 2007 and 2010, the percentage of women aged 40 and over who reported having a mammogram in the past year decreased in Hillsborough County (from 66% to 57.1%).⁷ According to the National Cancer Institute, women age 40 and over should have mammograms every one to two years.⁸
 - Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Hillsborough County from 64.4% to 56.6%.9 It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years old with cytology (Pap smear) every three years or, for women ages 30 to 65 years old who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.¹⁰
 - Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Hillsborough County (from 21.6% to 18.2%).¹¹ It is important to note that the U.S. Preventive Services Task Force recommends screening for colorectal cancer (CRC) using fecal occult blood testing (every year), sigmoidoscopy (every five years), and/or colonoscopy (every 10 years), in adults, beginning at age 50 years and continuing until age 75 years.¹²
- ✓ While Key stakeholders and focus group participants believed there are medical resources in the community for uninsured residents (i.e., San Jose Mission free clinic, St. Joseph's Hospitals, South Florida Baptist Hospital, FQHC, etc.), they indicated that residents do not always have access to the health services they need (i.e., surgeries, specialty care, follow-up

⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁸ National Cancer Institute: Retrieved from: http://www.cancer.gov/cancertopics/factsheet/detection/mammograms (last updated 7/24/2012).

⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

¹⁰ U.S. Preventive Services Task Force. Retrieved from:

http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm(last updated 6/2012)

¹¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

¹² U.S. Preventive Services Task Force. Retrieved from:

http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2 (last updated: 2/26/2013)

appointments/treatments, prescription medications, dental care for adults and children, residents are being diagnosed and cannot afford the treatment, long-term care, pediatric care for undocumented residents, nutritionist, medical care, rheumatology, endocrinology, mental health services, psychiatric care, etc.) due to a lack of documentation, limited hours of operation, ability to afford care, limited funding for high demand services, provider acceptance of Medicaid, and lack of legal transporation. This is often the case in areas where poverty is heavily concentrated. Often emergency medical care is the only access migrant workers and/or undocumented workers have to health care due to limited transporation without a drivers licence, limited afterhours care at free clinics in the area, and being turned away from for-profit medical facilities without documentation.

✓ Focus group participants discussed the barriers to healthcare caused by the shrinking number of providers, coupled with the demand for services (i.e., behavioral health and high-risk prenatal care). Focus group participants felt that their access to health services may be limited by the willingness of for-profit hospitals to provide health care to undocumented and uninsured residents coupled with the limitation of the specific health services that local non-profit hospitals do not offer (i.e., pediatrics, specialty care, etc.). Key stakeholders felt that a low number of mental health and substance abuse providers are sparsely located in the region due to limited funding and low reimbursement rates for mental health. Additionally, participants discussed the lack of awareness among consumers about navigating the services that are available to residents that may be undocumented and migratory. Focus group participants felt that there is an overwhelming demand for the services available in Hillsborough County due to Pinellas and Pasco not having these services available (NICU, high-risk Ob-Gyn services, etc.). With a denser population, there is a greater demand.

Communication among healthcare providers and consumers:

- Communication is important among healthcare providers and consumers in the pursuit of a healthier population. Secondary data shows that limited English proficiency is a barrier experienced by some residents in four of the five zip code areas included in the hospital service area. Additionally, secondary data is not readily available to gauge the effectiveness of communication in the healthcare industry, though key stakeholders and resident focus groups indicate there may be a need to improve communication among providers and consumers.
 - There are three zip code areas (33563, 33567, and 33527) in the South Florida Baptist Hospital service area with a percentage of residents with limited English higher than the average for Hillsborough County (24.4%) and one additional zip code

area (33566) that is higher than the overall BayCare Health System Service Area (17.6%).¹³

- Key stakeholders felt that residents that have immigrated from another country may not always have the capacity to understand information provided to them due to having limited English proficiency, limited educational attainment, and limited literacy skills. The communication between providers and consumers may lead to misinformation, a limited understanding of individual health status, etc. and is often the result of language barriers, limited professionalism, and consumer engagement and persistance. Additionally, follow-up care instructions and information is not often passed on to the referring PCP and/or The San Jose Mission. Additionally, low-income residents often see a different provider each visit becuase providers have to focus most on regulatory paperwork leaving little time for patient interaction and causing limited continuity of care from one visit to the next.
 - Key stakeholders and focus group participants discussed that there is a need for translation services in primary and preventive health care settings. Key stakeholders and focus group participants believed that preventive programs are not always offered to residents for whom English is a second language in a way that they can understand (i.e., in the native language, etc.) and children are often translating complex medical conversations between providers and parents. The need for improved communication may lead to limited understanding about individual health statuses and preventive practices for English as Second Language (ESL) residents due to the inability to communicate. Residents for whom English is not their dominant language may feel threatened or fearful at appointments. Additionally, focus group participants felt that medical professionals do not always treat residents for whom English is not their primary language with dignity and respect; when coupled with a limited trust of healthcare, providers may lead residents to avoid seeking healthcare.

Socio-economic barriers to accessing healthcare:

- The demographic trends for the service area show a younger, less educated, lowerincome population with greater diversity than the county, state, and nation.
- Zip code areas 33567 and 33563 (also both in Plant City) and Wimauma (33598) show the highest rates of individuals 65 years old and older living in poverty (50.6% and 50.3% respectively). This is more than half of the senior population living in

¹³ Source: 2012 Nielson Claritas; 2012 Thomson Reuters

poverty. Other zip code areas in the South Florida Baptist Hospital service area show rates in the 30% range.¹⁴

- Two zip code areas in Plant City (33566 and 33563) show the highest unemployment rates for the South Florida Baptist Hospital service area (10.9% and 9.7% respectively). The unemployment rates in these two zip code areas are higher than the rate for Hillsborough County (10.3%), Florida (8.5%), and the U.S. (7.9%) with the highest unemployment rate in 33566 (10.9%).¹⁵
- ✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited transportation options and employment.
 - Key stakeholders felt that while there is a spectrum of quality healthcare facilities, professionals, and services in the area which provide healthcare options for residents. However, transportation is not always readily available to the most underserved residents, particularly when traveling outside the county. Additionally, undocumented residents may not be able to get to and from medical appointments due to the lack of a legal form of transportation. The location of services and transportation options make it difficult for residents that live in lower income communities to attend scheduled appointments.
 - Key stakeholders and focus group participants discussed the trend of under/unemployment, which leads to a lack of insurance benefits (i.e., low wage employment and employment for undocumented residents often does not offer health insurance as a benefit). Key stakeholders and focus group participants also noted that preventive health services (i.e., outreach to expecting mothers in communities without birthing centers, etc.) are often not available to communities with a lower socio-economic status.
 - Key stakeholders discussed the limited access that homeless residents have to mental health, substance abuse, and medical services they may need and the limited resources available in the community for this population.

¹⁴ Source: 2012 Nielson Claritas; 2012 Thomson Reuters

¹⁵ Ibid.

U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.¹⁶ Access to healthcare impacts: overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, life expectancy. This Healthy People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

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

¹⁶ Source: HealthyPeople.gov. Retrieved from:

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

patients and provide integrated services while practicing in the context of family and community. However, there has been a decrease in the number of medical students interested in working in primary care. To improve the nation's heath, it is important to increase and track the number of practicing PCPs.

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

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

 The prevalence of clinical indicators and areas of poorer health outcomes across clinical indicators that are correlated with race geographical location and socioeconomic 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 hospital service area:

- The South Florida Baptist Hospital service area shows higher PQI rates for 11 of the 14 PQI measures when compared with the state of Florida with the admission rate for 10 of those measures being higher than the county and overall BayCare Health System service area as well, indicating areas of preventable conditions for the region. The highest PQI difference is found in the admission rates for Chronic Obstructive Pulmonary Disease (COPD) between the South Florida Baptist Hospital service area (1.45 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.). this is the health condition that the South Florida Baptist Hospital service area shows the largest room for improvement in hospital admissions with all five zipcode areas showing higher than average hospitalization rates and four showing higher than average ER visit rates.¹⁷
- The South Florida Baptist Hospital service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Hillsborough County, and the overall BayCare Health System service area.

¹⁷ Tripp Umbach Independent Prevention Quality Indicator Analysis

- Lower Extremity Amputation Rate Among Diabetic Patients
- Diabetes Long-Term Complications
- Diabetes Short-Term Complications
- Uncontrolled diabetes
- The service area for South Florida Baptist Hospital also shows higher PQI values for the two lung conditions measured (COPD and Asthma) than the overall BayCare Health System service area and Florida.
- Other PQI measures in which the South Florida Baptist Hospital service area shows a higher rate of preventable hospital admissions than the state are:
 - Bacterial Pneumonia
 - Congestive Heart Failure (three of five zip codes displayed higher than average Hospitalization and ER rates)
 - Urinary Tract Infection (four of five zip codes displayed higher than average Hospitalization and ER rates)
 - Hypertension
 - Perforated Appendix
- The South Florida Baptist Hospital service area shows a majority of its population as White, Non-Hispanic. However, of the minorities in the South Florida Baptist Hospital service area, there are then a majority of Hispanic individuals (30.6% of the total population of the South Florida Baptist Hospital service area).
- The analysis of data collected for the CHNA process present nuances in the clinical health needs across the South Florida Baptist Hospital service area and Hillsborough County, which presents several challenges to hospital leadership. Supporting data values can be located in the secondary data section of this report:
 - African American residents in Hillsborough County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births, and pre-term births, etc.). Similarly, Hispanic residents have poor health outcomes for diabetes, pediatric asthma, and teen pregnancy.
 - The data collected in this assessment for the five zip code service area for South Florida Baptist Hospital shows a stratification of the zip code areas into high, moderate, and low levels of clinical health issues.

- The zip code with the lowest level of clinical health issues is 33527 (with the exception of a higher than average rate of hospitalizations due to COPD). This zip code area does not show up in the clinical health indicators in any substantial way. The CNS score for zip code 33527 is 3.9, which indicates a moderate level of barriers to accessing healthcare and is often positively correlated with a moderate level of clinical indicators in the BayCare Health System. This trend is not duplicated in this zip code area, which may indicate an insular factor.
- Zip code areas 33566 and 33565 all show average or above average CNS scores (3.0 to 3.9) for the service area, indicating moderate barriers to accessing healthcare. However, (with the exception of the low birth weight rate for 33565) the rates across clinical indicators are slightly above the average rates for the Tampa Bay Region and often not above the national benchmark where national data is available. While zip code 33565 shows the worst percentage of low birth weight in the service area, it is similar to the U.S. benchmark and not substantially higher than the average for Tampa Bay Region.
- The most substantial clinical health issues can be found in two zip code areas (33563 • and 33567), which is represented in the secondary data as having substantially higher than average rates across the majority of clinical health indicators and in most cases the highest rates for clinical measures this assessment analyzed at the zip code-level. Zip code area 33563 often has higher rates with the exception of Congestive Heart Failure ER visits, pre-term births and dehydration. Both of zip code areas (33563 and 33567) show the most severe clinical health rates that are often substantially higher than the Tampa Bay Region and higher than the most recently reported national benchmarks in this area; most notably for all measures of diabetes and COPD. Both zip code areas also have the highest CNS scores in the service area for South Florida Baptist Hospital (4.2 and 4.6), indicating 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 (i.e., urinary tract infections, COPD, bacterial pneumonia, CHF, adult asthma, diabetes, and pre-term births).
- There are several indicators in Hillsborough County and the service area for South Florida Baptist Hospital that are presented in county-level and zip code-level data gathered from Healthy Tampa Bay that have not yet or have only slightly surpassed the national benchmarks. However, there has been substantial increase in these indicators that, if left unchecked, could become community health needs (i.e., death rate due to strokes, non-medical use of prescription pain relievers, tobacco use,

prostate cancer, infant mortality among white infants, pre-term births, tuberculosis, etc.).

Key stakeholders and focus group participants also noted that the prevalence of chronic conditions in the community may be the result of poor lifestyle choices and require a great deal of medical resources. Key stakeholders and focus group participants noted that while mothers are receiving pre-natal care, the rate of infant mortality among African Americans is much higher than other ethnicities in the area. Key stakeholders and focus group participants both addressed the relationship between clinical indicators (i.e., cancer, diabetes, infant mortality, low birth weight, etc.) and the access residents have to healthcare, consumer behaviors, and the impact of the environment. Focus group participants discussed the health risks of working around pesticides as increased cancers and illnesses. Focus group participants discussed poor birth outcomes that often result from a lack of consistent prenatal care.

KEY COMMUNITY HEALTH NEED #3:

IMPROVING HEALTHY BEHAVIORS AND ENVIRONMENTS

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

- Awareness and education about healthy behaviors
- Presence of unhealthy behaviors
- Residents resisting seeking health services
- The health of a community largely depends on the health status of its residents. Key stakeholders and focus group participants believed that the lifestyles of some residents may have an impact on their individual health status and consequently, cause an increase in the consumption of healthcare resources. Specifically, key stakeholders and focus group participants discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, etc.) that can lead to chronic illnesses (i.e., cancer, obesity, diabetes, hypertension, strokes, etc.). An increase in the number of chronic conditions diagnosed in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.
- Key stakeholders and focus group participants believed that the outcomes of behaviors that negatively impact health include a lack of awareness, limited understanding and utilization of services, poorer health outcomes, undetected/untreated illnesses,

concentration of chronic conditions in lower-income communities, 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 (i.e., where there are not birthing centers, communities with a higher concentration of poverty, etc.). Key stakeholders believed that residents do not always have access to health education due to location and transportation. Outreach services are not always penetrating the communities that need the information most causing a lack of awareness about preventive practices. Focus group participants believed that residents may not have an accurate understanding about their health or health practices. However, key stakeholders and focus group participants believed that where prevention education programs exist in their communities, residents are not engaging in them due to limited awareness, and a fear of arrest and deportation (i.e., avoidance of formal health fairs due to police presence). Residents were not always aware of services available to them due to ineffective information dissemination, and isolation of communities with greatest needs (i.e., highest concentration of poverty, migrant workers, undocumented residents, 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.
- Key stakeholder believed that the agricultural industry introduces residents with varied cultures, priorities, and personal experiences to the community who may not always be aware of healthier options and/or practices available in the U.S. Additionally, there are providers in the area that may not always provide accurate information (i.e., benefits of breast feeding and the ideal weight gain during pregnancy). As a result, women are not always making the best choice for themselves and their babies.

Presence of unhealthy behaviors:

✓ When compared to the other counties in the state, Hillsborough County ranks moderately healthy at 31 of 67 counties in Florida. Hillsborough County shows two of the poorest rankings in the state; 60 for the physical environment and 66 for environmental quality (second worst in the state).

- ✓ 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.¹⁸
 - Between 2007 and 2010, Hillsborough County saw a decrease in the number of residents that smoke (from 22.1% to 19.7%). Slightly more females report smoking cigarettes than men in Hillsborough County (22.5% and 16.7% respectively). ¹⁹
 - Hillsborough County shows the second highest rate of any tobacco product use and the highest rate of cigarette use when compared with Florida.²⁰
- 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 2010.²¹
 - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year.²²
 - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011.²³
 - Between 2008 and 2010, 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 increased from 40.2% to 41.2%. Between 2007 and 2010, there was an increase in the number of teens who reported heavy or binge drinking during the previous 30-day period in Hillsborough County (from 20.1% to 22.4%).²⁴
- 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.²⁵
 - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.²⁶

¹⁸ 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).

¹⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁰ Source: SAMHSA

²¹ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=S A-14.4&anchor=260957 (last updated: 3/28/2013).

 $^{^{22}}$ Ibid.

 $^{^{23}}_{24}$ Ibid.

²⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁵ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition% 20and% 20Weight% 20St atus & objective=NWS-9&anchor=141 (last updated: 3/28/2013).

²⁶ Ibid.

- The rate of adults who eat fruits and vegetables in Hillsborough County has increased from 2002-2007 (23.2% to 26.1%). Men (18.8%) are much less likely to eat fruits and vegetables than women (33.1%) in Hillsborough County.²⁷
- Between 2007 and 2010 the obesity rate increased slightly in Hillsborough County from 24.8% to 25.3%, with more than one in four females (26.3%) and almost one in four males (24.2%) in Hillsborough County being considered obese. Also in Hillsborough County, African American residents are almost twice as likely to be obese (47.6% to >25.7%) and more than one in three residents that are 45-64 years old (35.0%) is obese. The obesity rate among teens increased (from 9.5% to 11.7%) between 2008 and 2010. Also between 2006 and 2010, the percentage of children aged 2-4 living in households with an income less than 200% of the federal poverty level who are obese increased in Hillsborough County (from 13.6% to 14.1%).
- Hillsborough County shows two of the poorest rankings; 60 for the physical environment and 66 for environmental quality (second worst in the state).²⁹ Often, the environment of a community plays an integral role in the access residents have to healthy options.
- Obesity is an health issue for adults and children that has a direct impact on the prevalence of chronic illness (i.e., diabetes, obesity, heart disease, etc.), requires a great deal of medical resources, and may be the result of poor lifestyle choices, lack of physical activity due to limited infrastructure, limited education, and limited access to healthy nutrition. Focus group participants felt that the prevalence of some chronic illness was related to cultural practices that center on alternative medications, limited physical activity (i.e., for children of migrant workers), eating habits, and/or traditions. Focus group participants believed that obesity rates are higher due to fast food restaurants that are cheap and more accessible than cooking healthy food at home, cultural dietary practices, and personal choices. While Plant City, FL offers locally grown fresh produce at affordable prices in farmers markets; focus group participants felt that residents do not always have access to healthy options (i.e., a grocery store, healthy produce, nutrition in public schools, etc.).
- ✓ Focus group participants discussed mothers that are not always practicing healthy behaviors (i.e., smoking and substance abuse among pregnant women is high with one baby a day being born addicted to a substance in some birthing facilities). Often expecting mothers have a limited awareness about preventive and healthy practices for their babies and there is a lack of educational resource utilization.

²⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁸ Ibid

²⁹ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

Chronic Environmental stressors:

Focus group participants discussed environmental stressors that impact the health of residents (i.e., domestic violence, migratory practices, lack of hygiene, stress and unlawful practices of migrant employers). Focus group participants believed that birth outcomes are influenced by chronic stressors such as drug addiction, domestic violence, poverty, and stress. Additionally, focus group participants indicated that some local employers of migrant workers will spray fields and require workers to work in those fields the same day prior to the required waiting period, which participants believed increased their risk of illnesses and chronic conditions.

Residents are resisting seeking health services:

- Key stakeholders and focus group participants discussed the resistance of residents to seek primary and preventive health care due to cultural practices, limitations of transportation, inability to afford services, and limited trust for professionals in the healthcare industry. Residents often prefer home remedies and advice from trusted members of the community to formal healthcare. According to key stakeholders and focus group participants, the result of residents resisting healthcare services is delayed diagnostics, increased preventable hospitalizations, greater consumption of medical resources, poorer treatment outcomes, and higher mortality rates. Focus group participants believed that expecting mothers may resist seeking consistent prenatal care due to drug abuse/addiction, cultural practices (i.e., they don't believe they need to), legal status, not worth the time and effort due to transportation barriers, and/or misbelieve that there is not a need if first appointment was positive. Often expecting mothers present for the initial prenatal visit to get authorization for public assistance benefits and then not again until giving birth.
- The U.S. Department of Health and Human Services has set the goal to promote health and reduce chronic disease risk through the consumption of healthier diets and achievement and maintenance of healthy body weights through Healthy People 2020.³⁰ The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

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

- Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that individuals have the knowledge and skills to make healthier choices and that 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. However, 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, particularly children's, food choices.
- Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

Conclusions and Recommended Next Steps

The community needs identified through the South Florida Baptist Hospital community health needs assessment process are not all related to the provision of traditional medical services provided by medical centers. However, the top needs identified in this assessment do "translate" into a wide variety of health-related issues that may ultimately require hospital services. For example, limited access to affordable health insurance leaves residents underinsured or uninsured, which can cause an increase in the use of emergency medical services for non-emergent issues and residents that resist seeking medical care until their symptoms become emergent due to the inability to pay for routine treatment and/or preventive care.

South Florida Baptist Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow this assessment. 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 consistent deficits in the South Florida Baptist Hospital community as it relates 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 small subset of high need zip codes. At the same time there are contrasting zip code areas with little to no need and still others with a moderate level of need. Strategic discussions among hospital leadership as well as community leadership will need to consider the interrelationship of the diverse issues (clinical, behavioral, and environmental) facing the South Florida Baptist Hospital community. It will be important to determine the cost, effectiveness, future impact and limitations of any best practices methods. Implementation plans will have to give top priority to those strategies that will have the greatest influence in more than one need area to effectively address the needs of residents. 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 South Florida Baptist Hospital to develop a secondary data process focused on three phases: collection, analysis, and evaluation. Tripp Umbach obtained information on the demographics, health status, and socio-economic and environmental factors related to health and needs of residents from the multi-community service area of the South Florida Baptist Hospital. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to demographic data, specific attention was focused on the development of a key community health index factor: Community Need Index (CNS).

South Florida Baptist Hospital Overall Study Area

The South Florida Baptist Hospital community is located in Plant City, FL, and is defined as a zip code geographic area based on 75% of the hospital's inpatient volumes. The South Florida Baptist Hospital community consists of five zip code areas (See Table 2 & Figure 2).

Zip	Town	County
33527	Dover	Hillsborough
33563	Plant City	Hillsborough
33565	Plant City	Hillsborough
33566	Plant City	Hillsborough
33567	Plant City	Hillsborough

Table 2: South Florida Baptist Hospital Community Zip Code Definition

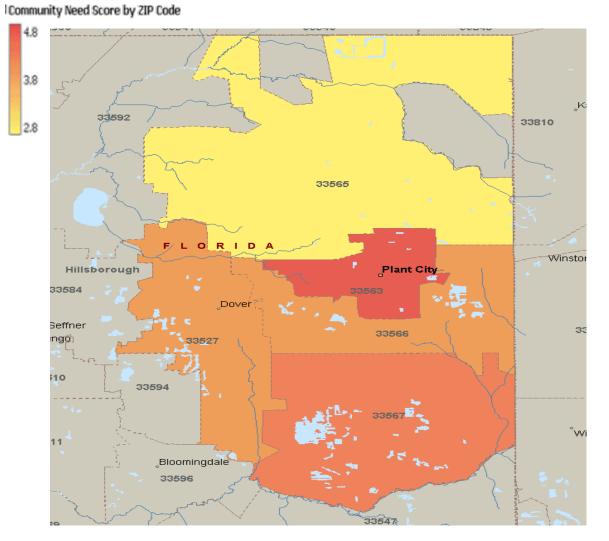


Figure 2: South Florida Baptist Hospital Community Geographic Definition

* Darker shading indicates greater barriers to healthcare access

Community Need Index (CNI)

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

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

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

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

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

- ✓ The South Florida Baptist Hospital service area shows a higher CNS value (4.0) compared with the overall CNS value for the BayCare Health System (3.5) and Hillsborough County (3.7). Scores of 4.0, 3.5 and 3.7 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). In fact, South Florida Baptist has the second highest CNS score of all the service areas in the BayCare Health System. This informs us that the South Florida Baptist Hospital service area, the county in which it is located, and the overall BayCare Health System all have more barriers to healthcare access than the average.
 - All five zip code areas in the South Florida Baptist Hospital service show CNS scores at or above the median for the scale (3.0) with four of those being above the average for the BayCare Health System (3.5), indicating greater than average socio-economic barriers to accessing healthcare. While residents are employed at a similar rate to the county and health system, there is a lack of insurance with (33563 and 33567) zip code areas having higher rates of uninsured than Hillsborough County (20.5%) and the overall BayCare Health System service area (19.1%).
 - Plant City (33563) shows the highest CNS for the South Florida Baptist Hospital service area with a score of 4.6 out of the highest for the scale of 5.0, indicating the area with the most significant barriers to healthcare access. This zip code area shows the highest rates of poverty for married families with children (21.3%), as well as single mothers with children (39.9%), individuals with no high school diploma (27.6%), minority individuals (54.2%), individuals with limited English (31.9%), uninsured individuals (26.4%), and individuals who rent (29.9%).
 - Two zip code areas in Plant City (33566 and 33563) show the highest unemployment rates for the South Florida Baptist Hospital service area (10.9% and 9.7% respectively). The unemployment rates in these two zip code areas are higher than the rate for Hillsborough County (10.3%), Florida (8.5%), and the U.S. (7.9%) with the highest unemployment rate in 33566 (10.9%).

- There are 3 zip code areas (33563, 33567, and 33527) in the South Florida Baptist Hospital service area with a percentage of residents with limited English higher than the average for Hillsborough County (24.4%) and one additional zip code area (33566) that is higher than the overall BayCare Health System Service Area (17.6%).
- Zip code areas 33567 and 33563 (also both in Plant City) and Wimauma (33598) show the highest rates of individuals 65 years old and older living in poverty (50.6% and 50.3% respectively). This is more than half of the senior population living in poverty. Other zip code areas in the South Florida Baptist Hospital service area show rates in the 30% range.
- While the uninsured rate for two zip code areas (33567 and 33527) in the South Florida Baptist Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%), there is one zip code area (33563) with uninsured rates (26.4%) higher than the state (25%), which represents some of the highest uninsured rates in the BayCare Health System.

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33563	Plant City	Hillsborough	4	5	5	5	5	4.6
33567	Plant City	Hillsborough	3	5	5	4	4	4.2
33527	Dover	Hillsborough	3	5	5	4	3	3.9
33566	Plant City	Hillsborough	2	4	5	5	4	3.9
33565	Plant City	Hillsborough	2	4	4	4	1	3.0
South Flo	orida Baptist Hospital	Service Area*	2.9	4.6	4.7	4.1	3.5	4.0

Table 3: South Florida Baptist Hospital Service Area CNS Indicators and CNS Scores

*Weighted Average

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

Prevention Quality Indicators Index (PQI)³¹

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.

³¹ Tripp Umbach Independent Prevention Quality Indicator Analysis

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.

- The South Florida Baptist Hospital service area shows higher PQI rates for 11 of the 14 PQI measures when compared with the state of Florida with the admission rate for 10 of those measures being higher than the county and overall BayCare Health System service area as well, indicating areas of preventable conditions for the region. The highest PQI difference is found in the admission rates for Chronic Obstructive Pulmonary Disease (COPD) between the South Florida Baptist Hospital service area (1.45 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.). This is the health condition that the South Florida Baptist Hospital service area shows the largest room for improvement in hospital admissions.
- The South Florida Baptist Hospital service area shows two PQI measures that are lower than the state (Angina Without Procedure and Low Birth Weight), indicating better prevention of these conditions in the South Florida Baptist Hospital service area compared to the state.
- The South Florida Baptist Hospital service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Hillsborough County, and the overall BayCare Health System service area.
 - Lower Extremity Amputation Rate Among Diabetic Patients
 - Diabetes Long-Term Complications
 - Diabetes Short-Term Complications
 - Uncontrolled diabetes
- Other PQI measures in which the South Florida Baptist Hospital service area shows a higher rate of preventable hospital admissions than the state are:
 - Bacterial Pneumonia
 - Congestive Heart Failure
 - Urinary Tract Infection
 - Hypertension
 - Perforated Appendix
 - Adult Asthma
- It is important to note that a value of 0.00 for the PQI measure of low birth weight does not necessarily indicate that there were no preventable hospital admissions due to low birth weight for the area defined as the South Florida Baptist Hospital service area, but rather that so few occurred that the value is not reported.

Table 4: South Florida Baptist Service Area PQI Rates Higher than the BayCare Health System Service Area

Prevention Quality Indicators (PQI)	South Florida Baptist Hospital Service Area	BayCare Health System	Hillsborough County	Florida
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.45	1.02	0.84	0.94
Bacterial Pneumonia Admission Rate (PQI 11)	1.57	1.34	1.19	1.22
Congestive Heart Failure Admission Rate (PQI 8)	2.54	2.15	1.82	2.23
Urinary Tract Infection Admission Rate (PQI 12)	1.15	1.01	0.84	0.87
Hypertension Admission Rate (PQI 7)	0.70	0.47	0.42	0.44
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.86	1.67	1.57	1.61
Perforated Appendix Admission Rate (PQI 2)	0.39	0.22	0.22	0.22
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.21	1.11	1.02	1.09
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.44	0.38	0.36	0.34
Adult Asthma Admission Rate (PQI 15)	0.55	0.57	0.52	0.51
Uncontrolled Diabetes Admission Rate (PQI 14)	0.16	0.14	0.14	0.13

Source: Florida Hospital Association Data – Calculations by Tripp Umbach

Demographic Profile – Key Findings:³²

- The demographic trends for the service area show a younger, less educated, lowerincome population with greater diversity than the county, state, and nation.
- The population in the South Florida Baptist Hospital service area is projected to rise at a rate of 6.1% by 2017.
- The South Florida Baptist Hospital service area shows higher rates of younger individuals
 (37.2% aged 0-24 years old in 2012) than Hillsborough County, the state, and the nation.
- The South Florida Baptist Hospital service area shows a lower average annual household income than the county, state, and nation (\$57,185).
- ✓ It is reported that 22.8% of the individuals in the South Florida Baptist Hospital service area have some high school education or less, indicating no high school diploma.

³² Source: 2012 Nielson Claritas; 2012 Thomson Reuters

The South Florida Baptist Hospital service area shows a majority of its population as White, Non-Hispanic. However, of the minorities in the South Florida Baptist Hospital service area, there are then a majority of Hispanic individuals (30.6% of the total population of the South Florida Baptist Hospital service area).

County Health Rankings – Key Findings:³³

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.

- ✓ When compared to the countiest in the state, Hillsborough County ranks moderately healthy at 31 of 67 counties in Florida.
- While the South Florida Baptist Hospital service area is contained within Hillsborough County, the rankings for the three counties in the BayCare Health System region were compared. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).
- ✓ Hillsborough County shows two of the poorest rankings; 60 for the physical environment and 66 for environmental quality (second worst in the state).
- Hillsborough County is within average rankings for all other measures considered in the County Health Rankings.

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

³³ Source: 2012 County Health Rankings, University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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).³⁴
 - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Hillsborough County (from 76.8% to 73.2%).³⁵
 - According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 years old 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, one in four Black residents in Hillsborough County (25.5%) reported not seeing a dentist in the past year due to cost.³⁶
- Between 2007 and 2010, the percentage of women aged 40 years old and over who reported having a mammogram in the past year decreased in Hillsborough County (from 66% to 57.1%).³⁷ According to the National Cancer Institute, women age 40 years old and over should have mammograms every one to two years.³⁸
- Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Hillsborough County from 64.4% to 56.6%.³⁹ 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

³⁴ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Service s&objective=AHS-1.1&anchor=11 (last updated: 3/28/2013)

³⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁶ Ibid.

³⁷ Ibid.

³⁸ National Cancer Institute: Retrieved from: http://www.cancer.gov/cancertopics/factsheet/detection/mammograms (last updated 7/24/2012).

³⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

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.⁴⁰

- Between 2007 and 2010, the percentage of respondents aged 50 years and over who reported having had a blood stool test within the past year decreased in Hillsborough County (from 21.6% to 18.2%).⁴¹ 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.⁴²
- 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.⁴³
 - Between 2009 and 2010, the percentage of births in which the newborn weighed less than 5 pounds, 8 ounces increased in Hillsborough County (from 8.6% to 9.1%). Interestingly, Hillsborough County decreased between 2008 and 2009 and then increased again from 2009 to 2010.⁴⁴
 - Hillsborough County shows lower PQI for low birth weight (0.72 per 1,000 pop.) in the region and South Florida Baptist Hospital service area shows lower admission rates for low birth weight (0.00 per 1,000 pop) than the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.).⁴⁵ This assessment shows that in 2010, one zip code area (33565-9.3%) had percentages of low birth weight babies higher than average for Hillsborough County (9.1%) 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 2011⁴⁶ Also, African American residents are

http://www.floridacharts.com/FLQuery/Birth/BirthRpt.aspx

⁴⁰ U.S. Preventive Services Task Force. Retrieved from:

http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm(last updated 6/2012)

⁴¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴² 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) ⁴³ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20C hild%20Health&objective=MICH-8.1&anchor=92105 (last updated: 3/28/2013).

⁴⁴ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁴⁵ Tripp Umbach Independent Prevention Quality Indicator Analysis

⁴⁶ Note: Every decennial census year, the U.S. Census Bureau alters census tract boundaries to coincide with the updated population figures. In the CHARTS vital statistics query systems, where census tract data is available, any year previous to 2011 will use 2000 census tract boundaries, and any data from 2011 onward will use the 2010 census tract boundaries. Data from like-numbered census tracts may not be comparable between the 2000 and 2010. tract boundaries. Source: CHARTS Vital Statistics Query Systems

more likely to give birth to a low birth weight baby (14.6%) than residents of other ethnicities in Hillsborough County with the next highest rate being among white residents (9.6%).⁴⁷

- ✓ Women 18+ are significantly more likely to visit the emergency room due to urinary tract infections than their male counterparts in Hillsborough County (146.5 and 24.3 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Hillsborough County (32.7 and 15.3 per 10,000 pop. respectively). There are four out of the five zip codes in the South Florida Baptist Hospital service area that show a higher than the average Tampa Bay Area hospitalization rate (22.5 per 10,000 pop.) for urinary tract infections (33566-31.8, 33563-31.2, 33567-26.6, and 33565-24.0 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 (33563-161.8, 33566-135.7, 33565-114.0, and 33567-112.0 per 10,000 pop.). African American residents visit the emergency room (140.1 per 10,000 pop.) and are hospitalized (30.5 per 10,000 pop.) for urinary tract infections of other ethnicities in Hillsborough County.⁴⁸
- 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.⁴⁹ 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.⁵⁰
 - Between 2007 and 2011, the annual age adjusted emergency department visit rate for COPD increased in Hillsborough County (from 10.1 to 12.8 per 10,000 pop.). Between 2009 and 2011, all five zip code areas in the South Florida Baptist Hospital service area showed higher emergency room visit rates for COPD than the Tampa Bay area average of 14.6 per 10,000 pop. (33563-31.9, 33567-26.3, 33566-19.8, 33565-18.8, and 33527-18.2). ⁵¹
 - Between 2007 and 2011, the hospitalization rate for COPD in Hillsborough County increased from 27.4 to 33.4 per 10,000 pop. Between 2009 and 2011, all five zip

⁴⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁸ Ibid.

⁴⁹ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36 & topic=Respiratory % 20 Diseases & objective e=RD-11 & anchor=244 (last updated: 3/28/2013).

⁵⁰ Ibid.

⁵¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

code areas in the South Florida Baptist Hospital service area showed higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (33563-67.0, 33567-51.5, 33527-47.9, 33565-41.5 and 33566-41.5 per 10,000 pop.).⁵²

- ✓ While Hillsborough County does not have the highest emergency room visit rate due to bacterial pneumonia; between 2007 and 2011, the rate has increased steadily (from 11.1 to 12.7 per 10,000 pop.). There are four zip codes in the South Florida Baptist Hospital service area that show a rate higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (33563-47.6, 33566-43.7, 33567-42.1, 33527-36.6, and 33565-29.1 per 10,000 pop.) and four zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (33563-25.2, 33566-19.1, 33565-15.4, and 33567-14.7 per 10,000 pop.). African American residents are the most likely to visit the emergency room (19.6 per 10,000 pop.) due to bacterial pneumonia than residents of other ethnicities in Hillsborough County (Asian-1.7, Hispanic or any race- 12.7, and White, non-Hispanic- 12.1 per 10,000 pop.).
- ✓ Between 2007 and 2011, emergency room visits related to congestive heart failure have increased slightly in Hillsborough County (from 2.1 to 2.9 per 10,000 pop.). There are three zip codes in the South Florida Baptist Hospital service area that show a higher than average for the Tampa Bay Area hospitalization rate (30.6 per 10,000 pop.) due to congestive heart failure (33563-46.1, 33567-36.1, and 33565-33.5 per 10,000 pop.) and three zip codes with higher than average ER visit rates (3.1 per 10,000 pop.) due to congestive heart failure (33567-6.5, 33563-6.4, and 33566-6.2 per 10,000 pop.). In Hillsborough County, African American residents visit the emergency room for congestive heart failure at three times the rate (7.5 per 10,000 pop.) as residents of other ethnicities and are hospitalized at almost twice the rate as residents of other ethnicities (56.8 per 10,000 pop.). ⁵⁴
- 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 2020.⁵⁵

⁵³ Ibid.

⁵² Ibid.

⁵⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁵ 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).

- While the percentage of adults who have been diagnosed with diabetes is not as high as the national rate, it did increase between 2007 and 2010 in Hillsborough County from 7.0% to 11.7%. African American and Hispanic residents are diagnosed with diabetes at similar rates (20.9% and 20.1% respectively) that are more than two times that of White residents (8.4%) in Hillsborough County. As a result, African American and Hispanic residents have higher rates across all measures of diabetes, including age-adjusted death rates (African American-41.3, Hispanic-29.9, and White 22.0 per 100,000 pop.). More recent data suggests that African American residents have experienced a decrease in 2011 in the age-adjusted death rate in Hillsborough County to 37.5 per 100,000 pop.⁵⁶
- There are three 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 (33563-42.7, 33567-24.4, and 33566-22.2 per 10,000 pop.); one above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (33563-9.0 per 10,000 pop.); two above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (33563-30.4 and 33567-14.0 per 10,000 pop.); three above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes (33563-43.0, 33566-25.8, and 33567-24.9 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 for most of the South Florida Baptist Hospital Service area though one zip code (33563-4.4 per 10,000 pop.) showed higher than average rates.⁵⁷
- **Pediatric asthma** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the hospitalization rate for asthma among children less than 5 years old was 41.4 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 18.1 per 10,000 pop. nationally. ⁵⁸ Additionally, the Emergency department visits for asthma among children less than 5 years old was 132.8 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 95.6 per 10,000 pop. nationally.⁵⁹
 - The emergency department visit rate for pediatric asthma has been second highest in Hillsborough County when compared to the surrounding counties. Between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Hillsborough County increased from 79.6 to 88.7 per 10,000 pop. Between

 ⁵⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay
 ⁵⁷ Ibid.

⁵⁸ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objectiv e=RD-2.1&anchor=234284 (last updated: 3/28/2013).

⁵⁹ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objectiv e=RD-3.1&anchor=235287 (last updated: 3/28/2013).

2009 and 2011, the emergency department visits for asthma among children 0-4 years old in Hillsborough County was 132.2 per 10,000 pop. African American children visit the emergency room due to asthma at a greater rate in Hillsborough County (172.8 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (96.8 per 10,000 pop.). Between 2009 and 2011, there was one zip code area in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (93.3 per 10,000 pop.) emergency room visit rates for pediatric asthma (33563-54.3 per 10,000 pop.).

- The hospitalization rate for pediatric asthma has also been second highest in Hillsborough County when compared to the surrounding counties. Between 2007 and 2011, the hospitalization rates for asthma among children 0-17 years old in Hillsborough County increased slightly from 17.3 to 17.8 per 10,000 pop. Between 2009 and 2011, the hospitalization rate for asthma among children 0-4 years old in Hillsborough County was 33.7 per 10,000 pop. African American children are hospitalized due to asthma at a greater rate in Hillsborough County (31.8 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (15.5 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 adults 5–64 years old was 11.1 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 8.6 per 10,000 pop. nationally.⁶¹ Additionally, the age adjusted emergency department visits for asthma among children and adults 5–64 years old was 57.0 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 49.7 per 10,000 pop. nationally.⁶²
 - The emergency department visit rate for adult asthma has historically been second highest in Hillsborough County when compared to the surrounding counties. Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased in Hillsborough County (from 6.9% to 8.6%). Women are slightly more likely to visit the emergency room for asthma than their male counterparts in Hillsborough County (51.0 and 44.0 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Hillsborough County (91.7 per 10,000 pop.) than any other ethnicity. Between 2007

⁶⁰ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶¹ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objectiv e=RD-2.2&anchor=234285 (last updated: 3/28/2013).

⁶² Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36 & topic=Respiratory % 20 Diseases & objective=RD-3.2 & anchor=235288 (last updated: 3/28/2013).

and 2011, the emergency department visits for adult asthma among persons 18+ years old in Hillsborough County increased from 43.3 to 47.9 per 10,000 pop. Between 2009 and 2011, there were two zip code areas in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (35.5 per 10,000 pop.) emergency room visit rates for adult asthma (33563-48.0 and 33566-39.0 per 10,000 pop.). ⁶³

- Between 2007 and 2011, the hospitalization rate for adult asthma in Hillsborough County has historically been the highest when compared to surrounding counties and increased slightly from 13.7 to 14.7 per 10,000 pop. African American residents are hospitalized due to asthma at a slightly greater rate in Hillsborough County (24.1 per 10,000 pop.) than any other ethnicity, with Hispanic residents being the next highest rate (18.3 per 10,000 pop.). Between 2009 and 2011, there was one zip code area in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (13.6 per 10,000 pop.) hospitalization rates for adult asthma (33563-15.3 per 10,000 pop.).
- ✓ Hypertension is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted percentage of adults 18+ years old with hypertension was 29.9% between 2005 and 2008. The goal is to reduce this percentage by the year 2020 to 26.9% nationally.⁶⁵
- Between 2007 and 2011, the annual age-adjusted emergency room visit rate for persons 18+ years old experiencing dehydration increased in Hillsborough County from 7.1 to 10.8 per 10,000 pop. with residents 85+ being the most likely to visit the emergency room due to dehydration (32.3 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 Hillsborough County from 7.9 to 6.8 per 10,000 pop., with residents 85+ years old being the most likely to be hospitalized due to dehydration (61.4 per 10,000 pop.). Between 2009 and 2011, there were two zip code areas in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (6.5 per 10,000 pop.) hospitalization rate for dehydration (33567-8.0 and 33566-7.7 per 10,000 pop.).
- 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

⁶³ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁴ Ibid.

⁶⁵ 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).

⁶⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 33.8 per 100,000 pop. nationally. $^{\rm 67}$

- The death rate due to a stroke has historically been highest in Hillsborough County and there was a decrease between 2008 and 2010 from 36.2 to 30.9 per 100,000 pop. Black residents are at a greater risk of stroke-related death (41.4 per 100,000 pop.) than any other ethnicity in the tri-county area (Hispanic-30.8 and White-29.0 per 100,000 pop.). Women are at a slightly greater risk of death related to a stroke than their male counterparts in Hillsborough County (31.3 and 30.0 per 100,000 pop. respectively).⁶⁸
- ✓ The death rate related to coronary heart disease is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 113.6 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 100.8 per 100,000 pop. nationally.⁶⁹
 - While the age-adjusted death rate due to coronary heart disease in Hillsborough County (108.3 per 100,000 pop.) was similar to the national rate in 2010, the death rate for men (150.3 per 100,000 pop.) and in Hillsborough County is greater than the national and county averages.
- African American residents in Hillsborough County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births, and pre-term births, etc.).
- Pre-term live births (less than 37 weeks gestation) are a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the percentage of total pre-term live births nationally was 12.0% in 2010. The goal is to reduce this rate by the year 2020 to 11.4% nationally.⁷⁰
 - While the percentage of pre-term births has decreased in Hillsborough County between 2009 and 2011 (from 13.4% to 13.1%), the rate is higher than the national average. Additionally, African American residents in Hillsborough County give birth to pre-term

⁶⁷ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart% 20Disease% 20and% 20Stro ke&objective=HDS-3&anchor=509 (last updated: 3/28/2013).

⁶⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁹ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart% 20Disease% 20and% 20Stro ke&objective=HDS-2&anchor=604 (last updated: 3/28/2013).

⁷⁰ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20C hild%20Health&objective=MICH-9.1&anchor=93911 (last updated: 3/28/2013).

babies more often (16.8%) than any other racial group.⁷¹ In 2010, there were two zip code areas in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (12.9%) pre-term births (33565-16.7% and 33567-15.0%).

- While the birth rate for females aged 15-19 years of age has decreased between 2008 and 2010 in Hillsborough County (48.8 to 39.2 per 1,000 live births), the rate has historically been higher when compared to surrounding counties. African American and Hispanic residents display teen birth rates (61.3 and 52.1 per 1,000 live births respectively) that are higher than the rates seen among other ethnicities in the county (less than 33.7 per 1,000 live births).⁷²
- Infant mortality is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the infant (less than 1 year) mortality rate nationally was 6.6 per 1,000 live births in 2008. The goal is to reduce this rate by the year 2020 to 6.0 per 1,000 live births nationally.⁷³
 - Between 2008 and 2010, the infant mortality rate increased between 2008 and 2009 from 8.0 to 9.5 per 1,000 live births and decreased again from 2009 to 2010 (from 9.5 to 7.4 per 1,000 live births).⁷⁴ African Americans show an infant mortality rate that is two times any other ethnicity in Hillsborough County (14.3 to >6.4 per 1,000 live births). Between 2009 and 2010, there was no change in the rate of infant mortality among White infants (5.5 per 1,000 live births), whereas there was a decrease among Non-White infants (from 19.6 to 12.6 per 1,000 live births). While there was a decrease in the rate of infant mortality among Non-White infants, the rate in 2010 was still more than double that of White infants.⁷⁵ In 2010, the infant mortality rate among African American infants born in Hillsborough County was two times that of the county rate (14.3 and 7.4 per 1,000 live births respectively).
- Cancer is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate overall for cancer nationally was 172.8 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 160.6 per 100,000 pop. nationally, breast cancer (22.1 per 100,000 pop.) goal of 20.6 per 100,000 pop., lung cancer (47.6 per 100,000 pop.) 2020 goal of 45.5.⁷⁶

⁷¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷² Ibid.

⁷³ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20C hild%20Health&objective=MICH-1.3&anchor=85899 (last updated: 3/28/2013).

⁷⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷⁵ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁷⁶ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=5&topic=Cancer&objective=C-1&anchor=318 (last updated: 3/28/2013).

- With an age-adjusted death rate for all cancers at 170.5 per 100,000 pop., Hillsborough County is above the Healthy People 2020 goal. However, African American residents in Hillsborough County show an age-adjusted death rate due to cancer (184.1 per 100,000 pop.) that is slightly higher than any other racial group in the county (white residents show the next highest rate at 169.2 per 100,000 pop.) and higher than the national rate. Men are more likely to die from cancer than women in Hillsborough County (207.7 and 141.9 per 100,000 pop. respectively).
- Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Hillsborough County (from 112.5 to 117.4 per 100,000 pop). Hillsborough County consistently shows higher death rates due to breast cancer when compared to surrounding counties. Black women show a higher death rate due to breast cancer than any other ethnicity in Hillsborough County (35.1 to >22.0 per 100,000 pop).
- With slight increase in the age-adjusted death rate from lung cancer of from 49.3 to 49.9 per 100,000 pop., Hillsborough County is near the Healthy People 2020 goal. Men are at a greater risk of death due to lung cancer than their female counterparts in Hillsborough County (65.9 to 37.0 per 100,000 pop.).
- Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Hillsborough County (from 8.3 to 8.8 per 100,000 pop.).
- Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Hillsborough County (from 13.6 to 13.9 per 100,000 pop.).
- While the death rate for prostate cancer has decreased between 2007 and 2010 in Hillsborough County (from 21.2 to 20.1 per 100,000 pop.), the incidence has increased (135.3 to 136.9 per 100,000 males), with African American residents having a greater death rate (42.3 per 100,000 pop.) than any other ethnicity in the County (the next highest rate being 21.4 per 100,000 pop.). ⁷⁷
- 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. ⁷⁸

⁷⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷⁸ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=28 & topic=Mental%20 Health%20 and %20 Mental%20 Disorders & objective=MHMD-1 & anchor=124 (last updated: 3/28/2013).

- Between 2009 and 2010, there was a decrease in the age-adjusted death rate due to suicide in Hillsborough County (from 14.8 to 11.9 per 100,000 pop.). Hillsborough County shows higher suicide rates 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 4.3 per 100,000 pop.).
- Tuberculosis is a national issue being addressed by Healthy People 2020. According to Healthy People 2020: There were 4.9 new cases per 100,000 pop. nationally in 2005. The goal is to reduce this rate by the year 2020 to 1.0 per 100,000 pop. nationally.⁸⁰
 - Hillsborough County shows an incidence rate twice that of any other county in the study area. Between 2009 and 2010, the tuberculosis incidence rate increased in Hillsborough County (6.9 to 7.2 per 100,000 pop.).⁸¹
- 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.
 - The immunization rate for kindergarten students in Hillsborough County has steadily declined since 2010 (90.9%) to only 89.7% of the kindergarteners being fully immunized in 2011. ⁸³
- ✓ 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.⁸⁴
 - Between 2007 and 2010, Hillsborough County saw a decrease in the number of residents that smoke (from 22.1% to 19.7%). Slightly more females report smoking cigarettes than men in Hillsborough County (22.5% and 16.7% respectively). ⁸⁵

⁸⁰ Source: HealthyPeople.gov. Retrieved from:

⁷⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectiou s%20Diseases&objective=IID-29&anchor=557 (last updated: 3/28/2013).

⁸¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁸² Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectiou s%20Diseases&objective=IID-10.5&anchor=564805 (last updated: 3/28/2013).

⁸³ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁸⁴ 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).

⁸⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

- Hillsborough County shows the second highest rate of any tobacco product use and the highest rate of cigarette use when compared with Florida.⁸⁶
- 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 2010.⁸⁷
 - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year.⁸⁸
 - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011.⁸⁹
 - Between 2008 and 2010, 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 increased from 40.2% to 41.2%. Between 2007 and 2010, there was an increase in the number of teens who reported heavy or binge drinking during the previous 30-day period in Hillsborough County (from 20.1% to 22.4%).⁹⁰
 - Men in Hillsborough County are twice as likely as women in Hillsborough County to visit the emergency room as a result of acute or chronic alcohol abuse (27.1 and 13.1 per 10,000 pop. respectively). The South Florida Baptist Hospital service area has no zip code areas with higher than average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse.⁹¹
 - Between 2007 and 2011, hospitalization rates related to alcohol have increased consistently in Hillsborough County (from 7.6 to 8.7 per 10,000 pop.) with no zip codes in the South Florida Baptist Hospital service area showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates. Men in Hillsborough County are also more likely to be hospitalized due to acute or chronic alcohol abuse (12.0 and 5.7 per 10,000 pop. respectively). ⁹²
 - Hillsborough County shows the same rate of non-medical use of prescription pain relievers compared to Florida (4.22% of the population aged 12 and older).⁹³

⁹² Ibid.

⁸⁶ Source: SAMHSA

⁸⁷ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=S A-14.4&anchor=260957 (last updated: 3/28/2013).

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹¹ Ibid.

⁹³ Source: SAMHSA

- Hillsborough County showed an increase between 2008 and 2010 in the percentage of high school students who used marijuana one or more times during the 30 days before the survey was administered (from 18.6% to 21.9%). ⁹⁴
- 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.⁹⁵
 - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.⁹⁶
 - The rate of adults who eat **fruits and vegetables** in Hillsborough County has increased from 2002 to 2007 (23.2% to 26.1%). Men (18.8%) are much less likely to eat fruits and vegetables than women (33.1%) in Hillsborough County.⁹⁷
 - Between 2007 and 2010 the obesity rate increased slightly in Hillsborough County from 24.8% to 25.3%, with more than one in four females (26.3%) and almost one in four males (24.2%) in Hillsborough County being considered obese. Also in Hillsborough County, African American residents are almost twice as likely to be obese (47.6% to >25.7%) and more than one in three residents that are 45 to 64 years old (35.0%) is obese. The obesity rate among teens increased (from 9.5% to 11.7%) between 2008 and 2010. Also between 2006 and 2010, the percentage of children aged 2 to 4 years old living in households with an income less than 200% of the federal poverty level who are obese increased in Hillsborough County (from 13.6% to 14.1%).⁹⁸
 - Between 2007 and 2010, the percentage of adults who are overweight remained the same in Hillsborough County from 39.4%. Women are less likely to be overweight than men in Hillsborough County (30.8% and 48.2% respectively).⁹⁹
 - Hillsborough County shows two of the poorest rankings; 60 for the physical environment and 66 for environmental quality (second worst in the state).¹⁰⁰

⁹⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁵ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition% 20and% 20Weight% 20St atus & objective=NWS-9&anchor=141 (last updated: 3/28/2013).

⁹⁶ Source: HealthyPeople.gov. Retrieved from:

http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=P A-1&anchor=200 (last updated: 3/28/2013).

⁹⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁸ Ibid.

⁹⁹ Ibid.

2012 Kids Count – Key Findings:

- Hillsborough County shows the highest rates of births to mothers that received early prenatal care compared with the other counties in the overall service area and Florida.
- All of the counties included in the study area 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 and Pinellas counties showed the highest rates of low birth weight births in 2008, then showed a drastic decline in these births in 2009, and then a drastic increase for 2010, to be the counties with the highest rates of low birth weight births in the region.
- Hillsborough County shows the highest rates of births to mothers that received early prenatal care compared with the other counties in the overall service area and Florida.
- All of the counties included in the study area 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 and Pinellas counties showed the highest rates of low birth weight births in 2008, then showed a drastic decline in these births in 2009, and then a drastic increase for 2010, to be the counties with the highest rates of low birth weight births in the region.

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

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers regionspecific 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.

¹⁰⁰ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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

- **Circuit 6: Pasco and Pinellas counties**
- **Circuit 13: Hillsborough County**
- 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 the other counties in the overall service area (Pasco and Pinellas counties).
- 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 and Pinellas counties.
- Hillsborough County shows higher rates of individuals with alcohol dependence than the other counties in the overall service area 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 the other counties and the state).
- Interestingly, 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 the other counties in the overall service area 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 is found in Hillsborough County compared with the other counties in the overall service area and the state.
- Hillsborough County shows the lowest rate of individuals who use illicit drugs other than marijuana compared with Pasco/Pinellas counties and the state.
- Individuals in Hillsborough County report needing but not receiving treatment for illicit drug dependence more than individuals in Pasco/Pinellas counties.
- Hillsborough County shows higher rates than the state and Pasco/Pinellas counties 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 South Florida Baptist Hospital service area is available in Appendix A.

Key Stakeholder Interviews -

Data Collection:

The following qualitative data were gathered during individual interviews with 11 stakeholders of the South Florida Baptist Hospital area, as identified by an advisory committee of executive leadership. South Florida Baptist Hospital is a 147-bed facility and is 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 South Florida Baptist 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 South Florida Baptist Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Plant City, Hillsborough County, healthcare, South Shore community, and the eight-county Tampa Bay region (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 South Florida Baptist Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- CEO of the Suncoast Community Health Center
- Chief of Emergency Medical Services for Plant City
- Coordinator of San Jose Mission, Catholic Charities Medical Mobile Services
- Dean and Professor at University of South Florida College of Public Health
- Director of the Hillsborough County Health Department
- Executive Director of the YMCA of Plant City
- Medical Director of an Emergency Department
- Physician, with the HealthPoint Medical Group
- Project Manager of the One Bay Healthy Communities
- Regional Center Manager for Plant City Neighborhood Service Center
- VP of Behavioral Health Department of BayCare Health System

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

- Residents understand health information regarding obesity, smoking, fluoride, and basic general public health issues.
- Residents are able to manage medical conditions to keep them from becoming chronic and/or emergent.
- Residents are active and feel safe outside.
- Residents that are socially responsible.
- The desire to invest in wellness and prevention.
- Residents that take personal responsibility for their individual health status.
- Residents with mental illness would live healthy lives with their diagnosis.
- Residents who are healthy and inclined toward physical activity.
- Residents who feel well emotionally, spiritually, and physically.
- The community focuses on increasing life span.
- Residents work collectively to create healthy conditions.

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

- Residents have "medical homes" and access to services they need (i.e., dental care, primary care, preventive care, and health maintenance.
- Health services that can be accessed in a reasonable timeframe.
- Accessible emergency medical services.
- The opportunity for residents to be self-sufficient.
- Sidewalks, paths, and parks.
- Institutions that empower residents to take responsibility for their own health statuses.
- A healthy economy.
- Healthy social environment (i.e., activities for residents of all ages).
- Access to healthy food.

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 five 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:

- Chronic illness (i.e., diabetes, cancer, and obesity) is prevalent in the community.
- Residents may be practicing unhealthy lifestyle choices (i.e., lack of prenatal care, substance abuse).
- There is a large indigent population that does not get the preventive healthcare that they need.
- Obesity is the leading health indicator in the Tampa Bay area. It is an issue in adults and children that is causing heart disease, diabetes, and other chronic diseases to rise. In low-income communities where childhood obesity is an issue, it may be due to foods that are processed and have complex sugars being cheapest and more readily accessible than more nutritional foods. That, coupled with limited physical activity due to parents that work often times more than one job, and a lack of safety in the community keeping children indoors.

Barriers to accessing affordable healthcare 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:

- Residents may not always have access to the healthcare services they need (i.e., medical, dental, specialty care, rheumatology, endocrinology, and mental health services) due to a limited supply of providers, lack of insurance, limited number of providers that will accept Medicaid, and/or lack of transportation. This is often the case in areas where poverty is heavily concentrated.
- There is a need for pediatric dental care with oral disease higher than anticipated in preschools.
- There are a limited number of psychiatric providers in the community, causing a need for ongoing medication management for residents with mental illness.
- Many residents are using the emergency department for primary medical issues that are not emergent.
- There is limited outreach to pregnant women regarding prenatal care.
- The agricultural industry introduces residents with varied cultures, priorities, and personal experiences to the community. As a result, there are English as a second language issues, translation needs, a need for health education, and education about navigating the local healthcare system. Additionally, residents that are employed in the agricultural industry are not always legalized citizens and may avoid seeking traditional medical care due to a fear of being deported. With a low literacy level, residents may have difficulty filling out applications for health services and more services require you to have online access. This population often does not have access to computers, the Internet or transportation to access public computer facilities such as the public library.
- Behavioral healthcare could be better integrated into medical settings as Baby Boomers age.
- While mothers are receiving pre-natal care; the rate of infant mortality among African Americans is much higher than other ethnicities in the area.

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: Working poor/low-income, Children (with dental health needs or obese), migrant workers, residents

with behavioral health issues, African Americans (obese or pregnant), general population, Hispanic, Medicaid dependent, chronically ill (lupus, arthritic, or diabetic), seniors (50-60 yrs.), and indigent.

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:

- There are a great deal of reasources.
- There are mobile dental and medical clinics being offered in the community.
- Free clinics exsist and need human resources to fully meet the need.
- Collaboration and partnerships between community public and private insititutations.
- Community-based organizations (i.e., YMCA, County Health Department) focus on wellness and are driven to meet the needs of residents.
- Local hospitals are strong and well organized to offer a high standard of care.
- Local hospitals offer screenings and outreach.
- The local businesses and the Chamber of Commerce are stong in the community.
- Residents are strong.
- The community is connected to one another and there is cohesion allowing for effective communication.
- Increased hospital consolidation leads to more efficiencies and a better use of resources.
- One Bay Tampa works to engage every facet of the community and focus on the whole person and lifestyle.

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:
 - Residents do not have access to dental care, including pediatric, due to a lack of providers, insurance coverage, and/or inability to pay for uninsured dental care.
 - There are not enough medical providers that accept Medicaid.
 - Under/uninsured residents do not have access to a consistent provider for medical, preventive, specialty care (i.e., endocrinologist, rheumatologist, etc.), dental, and mental health 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.
 - Many undocumented residents for whom English is a second language are not seeking medical care in professional medical settings due to a lack of translation services,

education, documentation, knowledge about navigating medical systems in the U.S., and fear of being deported.

- Residents have limited access to primary care providers due to many providers not taking new patients. Often, there are lengthy waits for scheduled appointments at local medical facilities.
- Residents do not always have access to a medical facility that can meet the pediatric needs of the community (i.e., Plant City).
- Residents may not always be able to afford their prescription medications.
- Homelessness due to the warmer climate:
 - Homeless residents do not always have access to the mental health, substance abuse, and medical services they need. There are not a lot of resources available in the community to provide these services.
- Mental Health and substance abuse services:
 - Residents have limited access to mental health services due to limited health insurance coverage limited providers and inability to afford services.

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, four believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- Schools;
- Community-based organizations (i.e., Community Health Centers, YMCA, FQHCs, Healthy start Coalition of Hillsborough County);
- Employers;
- Hospitals and hospital policy makers;
- Government officials (local, state, and federal);
- Physicians;
- The largest provider in the community;
- Hospital Emergency Rooms;
- Any organization that deals with residents directly; and
- The Public Health Department.

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, four stakeholders responded that they believe there are adequate resources available in the South Florida Baptist Hospital service area to address the aforementioned issues/problems. Six stakeholders did not believe adequate resources were available and one stakeholder felt that there were adequate resources to prevent future problems, but maybe not adequate resources to resolve the current issues among adult residents. Several stakeholders offered the following recommendations:

• The community requires more primary care and mid-level care providers. And specialty care as appropriate. More people need access to these services.

- As funding diminishes, we see less and less points of access for services because programs are closing.
- Need to work better together to instruct and motivate residents to use the tools.
- Residents need to let the government know that this is something they need to fix (i.e., medication shortages and mental health funding).
- Patient Navigators do a lot of hand-holding and go a long way in empowering the patient. It has been proven that they are very effective in getting patients to do what they need to do when they need to do it.
- Connections to the resources that exist are key.
- We could make much more of a difference by better utilizing the resources we have more effectively. Dental care would require more and better effective preventive outreach and maintain/protect the teeth that are in good shape pre-k.

Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously?

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

- Malnutrition is a growing issue, as the food bank has been helping middle income families. There are children going without meals. Could get worse down the road if the economy does not improve.
- There has been a drastic increase in TB and Hepatitis C; there have even been cases of the plague. These diseases can lie dormant for long periods of time and re-emerge when conditions are ripe. Medication shortages may increase the chance of epidemics.
- There are some Hispanics that don't speak English. Bilingual physicians would be beneficial.
- Returning soldiers will be an emerging need for many communities which will impact our healthcare system and possibly have a ripple effect on all of us. Many young men and women will be returning with extremely traumatic injuries and will be in the system for the rest of their lives.
- There is a need for more comprehensive addiction services and an increase in sober living transitional environments instead of sending residents back to the community where they came from directly upon discharge.
- Pre-diabetic and the underserved are increasing in numbers and will increase the need for resources.
- The community needs better inner-city planning to make communities walkable and develop the infrastructure that supports physical activity.
- Energy drinks are unhealthy. There are high levels of cancer, strokes, heart disease.

Any additional comments or questions?

Three out of the 11 stakeholders interviewed chose to provide additional comments. Below are the additional comments made by those stakeholders:

- Are there any plans to release findings to participants and/or the public?
- Public announcements from medical professionals will go a long way to remind people to make better decisions.
- There are mental health beds located at St. Anthony's Hospital and Morton Plant Hospital also.

Focus Groups with Community Residents

Tripp Umbach facilitated 3 focus groups with residents in the South Florida Baptist Hospital community. More than 30 residents from the South Florida Baptist Hospital community participated in focus groups in April 2013, each providing direct input related to top community health needs of themselves, their families and communities.

INTRODUCTION:

The following qualitative data were gathered during three discussion groups conducted with target populations that were defined by South Florida Baptist Hospital leadership. Each group was conducted by Tripp Umbach consultants and participants were provided a \$20 gift card incentive. The discussion groups were conducted using a discussion guide previously created by Tripp Umbach and reviewed by South Florida Baptist Hospital leadership.

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

The focus group audiences were:

- Residents for whom English is a second language
 - Conducted at Hispanic Services Council (Tampa, FL) on April 11, 2013
- Undocumented and/or migrant working residents
 - Conducted at San Jose Mission (Dover, FL) on April 11, 2013
- ✓ Obstetric professionals serving families that are at risk of poor birth outcomes
 - Conducted at Tampa Family Health Centers (Tampa, FL) on April 5, 2012

RESIDENTS FOR WHOM ENGLISH IS A SECOND LANGUAGE FOCUS GROUP INPUT

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

PROBLEM IDENTIFICATION:

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

- 1. Access to primary and preventive healthcare
- 2. Information and education

ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE:

Residents for whom English is a second language perceived that access to primary and preventive healthcare in the Tampa Bay Area may be limited in the areas of availability, barriers to accessibility, documentation issues, language barriers, trust, staff and patient interaction, transportation, and limited local services.

Perceived Contributing Factors:

- Participants felt that residents for whom English is a second language often experience difficulties communicating with providers due to the language and cultural barriers.
- Residents for whom English is a second language may feel threatened when seeking medical services, which often leads to limited communication and may result in unmet needs.
- Residents that have worked hard and paid taxes are finding there are limited support and/or resources for them in the community to secure long-term care services, which often leads to lengthy waiting lists for facilities and/or services.
- Residents for whom English is a second language may not always be aware of what medical services are available to them in their communities.
- The Hispanic community has many barriers to accessing healthcare services.
- Legal status is often a barrier to accessing healthcare, but the issues are different for documented immigrants and undocumented residents. Undocumented residents may have entered the country illegally or they may have had a work visa that expired. There are varying degrees of avoidance related to the documentation residents may possess, as well as eligibility for insurances.
- The country of a resident for whom English is a second language has an impact on their access to care as a result of some communities being better served, less stigmatized, and/or marginalized.

- Many residents for whom English is a second language are not eligible for Medicaid health insurance and may not be able to afford private-pay health insurance. When residents carry private-pay health insurance, the co-pays and deductibles are often unaffordable.
- While it is unclear how, participants felt that the implementation of healthcare reform will impact many residents for whom English is a second language.
- Residents for whom English is a second language may require translation services at times when they are not provided in a medical setting. Often, the only translator available is a young child who is translating what may be intimate and complex medical conversations between their parent and physician.
- Often as a culture, Hispanics do not visit medical professionals frequently, or for preventive medicine. Instead, residents for whom English is a second language may wait until a medical need becomes an emergency to seek professional medical care.
- Prescription drugs and medical procedures are often costly and at times unaffordable in the United States.
- Residents are using home remedies due to a lack of access to care, limited trust of medical professionals, and/or cultural preferences.

Mitigating Resources:

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

- There are marketing companies that target the Hispanic community very effectively.
- Many residents are returning to their countries of origin for medical treatment due to cost.
- There are physicians in the community that are able to help residents navigate the resources and medical services in the most efficient and effective way.

Group Suggestions/Recommendations:

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

- *Improve access to medical care:* Participants believed that it is often difficult for community organizations to meet the needs of residents alone. Participants recommended that medical facilities such as BayCare Health System begin to partner with community organizations that have the infrastructure to reach residents in their own communities.
- Increase prevention screenings, education, and outreach services: Participants believed that
 many residents for whom English is a second language would benefit from education about the
 medical diagnosis they see in the community (i.e., diabetes, obesity, Alzheimer's etc.).
 Participants recommended faith community nursing and outreach in the church community
 through church members.

INFORMATION AND EDUCATION:

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

Perceived Contributing Factors:

- Participants felt that it can be difficult to reach out to the Hispanic community due to the fractured nature of the community. As a result, it is often difficult to craft one message and reach a large portion of the population, making outreach education efforts largely ineffective to date.
- Health fairs are ineffective in many Hispanic communities due to the fear of being arrested and deported. As a result, there are residents for whom English is a second language that will avoid police and public gatherings where police are present.
- To ensure residents for whom English is a second language understand they ways that healthcare reform will impact the community an educational campaign may be needed.
- Often, residents for whom English is a second language rely on the resources in their communities for information.
- Residents for whom English is a second language do not always understand medical, educational, and/or preventive information that is provided due to the language the information is personated in and/or the educational level of the communication.
- Often, children are translating for parents and may choose to leave out details, reword, or not have the vocabulary to translate complex concepts.
- The perception of outreach and other programs is that they will not help due to a lack of trust for outside providers among residents in the community.
- Participants were under the impression that disseminating information related to adult health may be difficult at local schools due to a lack of Hispanic representation among staff, the amount of focus devoted to teaching for end of grade testing.

Mitigating Resources:

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

- One of the common bonds between residents with different countries of origin is the parent language spoken.
- There are organizations working to educate the Hispanic community about healthcare, rights, disease management, and healthy options (i.e., La Raza, the Hispanic Outreach Council, etc.).
- There is funding available if someone takes the lead to secure it for outreach, education, and prevention.
- The political pull of Hispanic residents has increased significantly and continues to do so.

Group Suggestions/Recommendations:

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

- Increase effective communication regarding medical issues: Participants believed that there is limited outreach in the community that effectively reaches a large portion of the Hispanic community. Participants recommended partnering with marketing agencies that are capable of creating a simple message regarding healthy behaviors and dispersing that message effectively among the Hispanic community. One method of disseminating information in the community is to teach the children of residents because children are serving as the translators and educators in many homes where English is a second language.
- **Develop trust among residents in the community:** Participants believed that many residents do not receive the messages about healthcare due to a lack of trust. Participants recommended that institutions develop trusting relationships with communities by being present and engaged in those communities (i.e., Hispanic liaison in every school).

MIGRANT WORKING RESIDENTS FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are migrant workers in the BayCare Health System service area as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, Migrant working residents discussed two community health needs and concerns for migrant working residents in their community. These were:

- 1. Access to primary and preventive healthcare
- 2. Behaviors that impact the health of migrant workers and their families

ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE:

Migrant working residents perceived that access to primary and preventive healthcare in the Tampa Bay Area may be limited in the areas of availability, barriers to accessibility, documentation issues, language barriers, trust, staff and patient interaction, transportation and limited local services.

Perceived Contributing Factors:

- While there is a free clinic available to migrant working residents at the San Jose Mission, the hours of operation are limited to one day a week and the services that can be provided on site are limited due to the lack of volunteer medical staff (i.e., nurses, physicians, etc.).
- Many migrant working residents find it difficult to secure health services at traditional medical facilities due to the lack of a social security number and proper legal documentation when they are not in the United States legally.
- Many migrant working residents often avoid seeking traditional medical care until their condition becomes an emergency due to an inability to afford uninsured medical care and a fear of arrest and deportation causing them to seek medical care in the emergency room of a hospital. Often, emergency room medical care is billed at a higher rate, which participants are not always able to afford.
- Migrant working residents often do not have access to health insurance as a result of their legal status, which causes them to be ineligible for medical assistance (including children not born in the United States.
- Migrant working residents experience lengthy waits at the emergency room due to limited staffing at medical facilities, a lack of documentation and limited English speaking skills.
- Medical staff have referred participants to clinics that were not accepting new patients, at which time participants were denied services.
- While St. Joseph's Hospital meets the needs of participants, there are other local medical facilities that do not offer translation services and has refused treatment to participants. When

translation services are not available, participants often have to ask their young children to translate sometimes intimate and complex medical conversations.

- The follow-up care provided to participants is in their opinion inadequate. Participants were under the impression there is little communication between the referring physician and the clinic they are referred to and/or the clinic at San Jose's Mission.
- Participants feel that they are discriminated against as a result of their ethnicity, language needs and legal status.
- Many participants do not have a driver's license, which makes it difficult to get to and from medical facilities without breaking the law. Participants are pulled over and taken to jail when they drive without a license. The result is that participants only leave the Mission when they have to.
- Participants feel like they have to risk being arrested to secure services for their children due to the rural nature of the community and lack of local providers. It is not possible to get services, particularly for special needs children without driving to and from the appointments.
- While children that were not born in the United States and are without legal documentation have services at San Jose Mission, those not residing at the mission do not have access to affordable pediatric care. The closest pediatric clinic is a great distance away from their community, is always full with lengthy waits for appointments and many sick children.

Mitigating Resources:

Migrant working residents identified the following existing resources in their communities that they felt could improve the access to primary and preventive healthcare:

- There are medical resources available that do not require documentation to provide medical care including immunizations for children (i.e., the free clinic at San Jose Mission for its residents, the County Public Health Department, local federally qualified health centers, etc.).
- There are medical facilities that provide translation services to residents that speak a language other than English (i.e., St. Joseph's Hospitals, San Jose Mission Clinic, etc.).
- The medical care that is available in the United States and Florida in particular is much better than the medical care participants were receiving in the country of origin.
- Mental health services for children are efficient and helpful.

Group Suggestions/Recommendations:

Migrant working residents offered the following as possible solutions to help improve the access to primary and preventive healthcare in their communities.

Improve access to medical care: Participants believed that the clinic at San Jose Mission was
effective and they feel comfortable seeking health services there. Due to the limited number of
medically qualified volunteers, the services provided are limited and the hours of operation are
limited. Participants recommended that the types of services (i.e., pediatric care, preventive
care, etc.) and hours of operation be increased at the San Jose Mission Clinic. Additionally,

participants recommended increasing the number of free clinics that are available to migrant workers that do not reside at San Jose Mission so that residents can be treated quickly and efficiently.

- Increase prevention screenings, education and outreach services: Participants believed that
 many migrant working residents would benefit from education about the medical diagnosis they
 see in the community (i.e., cancer, diabetes, etc.). Participants would like to learn how to
 prevent, manage, and understand the chronic illnesses they are diagnosed with. Also,
 participants felt that preventive practices such as flu shots could be beneficial to the residents of
 the San Jose Mission.
- Increase effective communication regarding medical issues: Participants believed that there are limited communications between physicians and referral sources once they are discharged from the hospital. Participants recommended that hospital physicians inform the referral source through better communication. Also, participants felt that there are often language barriers that limit their understanding of their individual health status. Participants recommended that medical facilities, including pediatricians, employ interpreters and/or bi-lingual medical staff.

BEHAVIORS THAT IMPACT THE HEALTH OF MIGRANT WORKERS AND THEIR FAMILIES:

Migrant working residents perceived that the health of residents in their communities are limited by resident awareness, access to healthy options, individual choices, behavior and employer responsibility and accountability.

Perceived Contributing Factors:

- Participants felt that the chemicals that are used to spray produce (i.e., pesticides) are harmful. Often farmers will spray fields in the morning and have workers picking produce the same day, which is not a legal employer practice. Participants believed that the pesticides cause them to experience sore throats, eye, mouth, and skin irritation.
- Participants felt that land owners will clean the facilities and bring them up to code for inspections, while other times the bathrooms will have no toilet paper or hand soap.
 Participants felt this was an issue that may impact public health as a result of workers returning to the fields without being able to wash their hands to continue picking produce that is then sold.
- Participants have a rudimentary understanding of health issues and needs at times (i.e., often fungal infections of the skin due to long hours wearing gloves in a hot humid environment vs. skin irritation from pesticides).
- Participants believed that some of the more prevalent chronic illnesses among migrant workers are the risk of developing cancer, and prolonged exposure to chemicals in the fields.
- Migration is difficult for the children in migrant workers families. People tend to get sicker during migration due to the lack of cleanliness and hygiene.
- Participants feel that obesity is an issue in their community for adults and children due to a lack of time and access to healthy nutrition, children eating poor nutrition in schools and personal

choices to eat too much unhealthy sugary foods. While adults are getting physical activity in the fields; children of migrant working residents do not always have access to physical activities.

- Participants believed that diabetes is an issue for adults and children in the community due to the over consumption of sugar, fats and alcohol as well as there being a genetic predisposition to diabetes.
- Participants also felt that the stress of an agricultural migrant workers daily life has a negative impact on the health of the community.

Mitigating Resources:

Migrant working residents identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

• There are educational programs in the communities with the greatest needs that offer incentives to expecting mothers to attend classes.

Group Suggestions/Recommendations:

Migrant working residents offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

• **Residents should make healthy choices:** Participants believed that residents could make better choices that improved their health and the health of their families. Participants recommended that residents eat healthier (i.e., consume less fast food, sugar and alcohol). Participants also recommended that migrant working residents make their lunches at home to increase the healthy options they have access to during the work day.

PROFESSIONALS SERVING MOTHERS AT RISK OF POOR BIRTH OUTCOMES

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

PROBLEM IDENTIFICATION:

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

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

ACCESS TO PRENATAL CARE:

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

Perceived Contributing Factors:

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

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

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

Mitigating Resources:

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

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

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

Group Suggestions/Recommendations:

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

- Improve transportation for expecting mothers to medical care: Participants believed that the limitations of the public transportation system posed a significant barrier to pregnant women. Participants recommended that transportation be provided for medical care and delivery to the hospital for birthing. Any transportation method would also have to consider the safety of additional children. Participants believed that if mothers could get to and from their medical appointments they would be more likely to go.
- Provide in-home prenatal and after-care, education, and outreach services: Participants believed that many parents are not able to get to their medical appointment for a variety of reasons (transportation being only one). Participants recommended providing health services to expecting mothers in an easy-to-use format and in their homes to increase the effectiveness, practical application and success of the services, including immunization rates for children. There are programs in the community providing this service already with high success rates and positive outcomes.
- Increase funding for programs to address multiple needs: Participants gave the impression that funding was very specific for birth outcomes, which can limit the services programs are able to provide in the community. Participants recommended openly funding programs that are proven effective and/or based on best practices without restriction of purpose. Additionally, participants believed that Hillsborough and Pasco Counties required increased resources simply to meet the current demand.
- Increase the level of engagement of expecting mothers: Participants believed that mothers do not attend appointments because they do not see the value. Participants recommended increasing the level of engagement and enticement for women to want to return to the next prenatal visit. Make the visit worth crossing the barriers to get there.

BEHAVIORS THAT IMPACT THE HEALTH OF MOTHER AND BABY:

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

Perceived Contributing Factors:

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

Mitigating Resources:

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

• There are educational programs in the communities with the greatest needs that offer incentives to expecting mothers to attend classes.

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

Group Suggestions/Recommendations:

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

- Residents must be accountable for their own choices: Participants believed that residents could
 make better choices that improved their health and the health of their babies. In fact,
 participants believed that residents were solely responsible for the choices they made. While
 education and support are necessary, participants believed they would not be effective unless
 the residents made healthier choices for themselves and began utilizing programs and services.
- Increase the amount and effectiveness of outreach and education programs: Participants believed that there are programs in the community that are not being utilized and are not effectively penetrating the community. At the same time, participants indicated that there are not enough of the programs and education residents need locally (i.e., St. Anthony's Hospital could offer educational classes similar to those offered at Morton Plant Hospital). Participants believed that residents would be more successful in their efforts and choices related to the health of themselves and their babies if they understood their options, the effort required and the impact of their choices ahead of time (i.e., breastfeeding).
- Increase family planning education in the public schools: Participants believed that residents are not always aware of healthy choices. Participants recommended teaching family planning in the public schools as a required course.
- Provide correct information through provider education: Participants believed that providers are not always aware about the cultural, environmental, psycho-social factors that are at play for some of the patients they see. Participants recommended that providers be better educated through collaborations and partnerships to ensure the most accurate information is being offer to residents in the most effective way.

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APPENDIXA

Secondary Data Profile

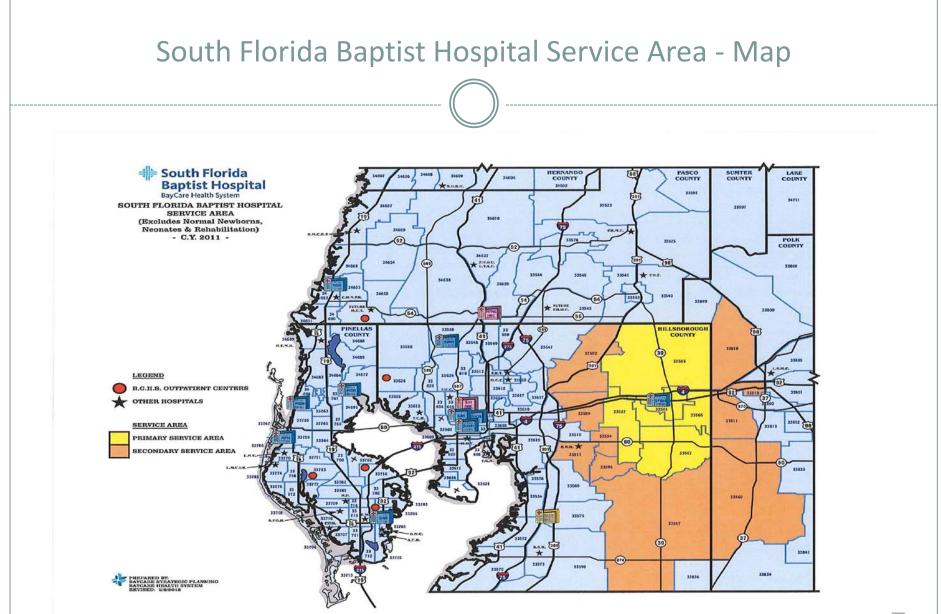
South Florida Baptist Hospital November, 2012-May, 2013

Secondary Data Profile



South Florida Baptist Hospital

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





South Florida Baptist Hospital Service Area – Populated Zip Code Areas

The communities located in the South Florida Baptist Hospital service area include five populated zip code areas in Hillsborough County.

Zip	Town	County
33527	Dover	Hillsborough
33563	Plant City	Hillsborough
33565	Plant City	Hillsborough
33566	Plant City	Hillsborough
33567	Plant City	Hillsborough



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.



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



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.



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.

South Florida Baptist Hospital – Initial Reactions to Secondary Data

- □ The South Florida Baptist Hospital service area shows a higher CNS value (4.0) compared with the overall CNS value for the BayCare Health System (3.5) and Hillsborough County (3.7). Scores of 4.0, 3.5 and 3.7 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). In fact South Florida Baptist has the second highest CNS score of all the service areas in the BayCare Health System. This informs us that the South Florida Baptist Hospital service area, the county in which it is located and the overall BayCare Health System all have more barriers to healthcare access than the average.
- All 5 zip code areas in the South Florida Baptist Hospital service show CNS scores at or above the median for the scale (3.0) with four of those being above the average for the BayCare Health System (3.5)), indicating greater than average socio-economic barriers to accessing healthcare. While residents are employed at a similar rate to the county and health system there is a lack of insurance with (33563 and 33567) zip code areas having higher rates of uninsured than Hillsborough County (20.5%) and the overall BayCare Health System service area (19.1%).
- □ There are 3 zip code areas (33563, 33567, and 33527) in the South Florida Baptist Hospital service area with a percentage of residents with limited English higher than the average for Hillsborough County (24.4%) and 1 additional zip code area (33566) that is higher than the overall BayCare Health System Service Area (17.6%).
- □ The population in the South Florida Baptist Hospital (SFBH) service area is projected to rise at a rate of 6.1% by 2017. The demographic trends for the service area show a younger, less educated, lower-income population with greater diversity than the county, state and nation.

South Florida Baptist Hospital – Initial Reactions to Secondary Data

- The South Florida Baptist Hospital service area shows higher PQI rates for 11 of the 14 PQI measures when compared with the state of Florida with the admission rate for 10 of those measure being higher than the county and overall BayCare Health System service are as well; indicating areas of preventable conditions for the region. The highest PQI difference is found in the admission rates for Chronic Obstructive Pulmonary Disease (COPD) between the South Florida Baptist Hospital service area (1.45 per 1,000 pop.) the overall BayCare Health System service area (1.02 per 1,000 pop.) and Florida (.94 per 1,000 pop.); this is the health condition that the South Florida Baptist Hospital service area shows the largest room for improvement in hospital admissions.
- African American residents in Hillsborough County tend to show worse outcomes for health with increased prevalence across many indicators (Cancer, Asthma, diabetes, stroke, bacterial pneumonia, influenza and pneumonia, congestive heart failure, urinary tract infections, low birth weight, teen births and preterm births, etc.). Similarly, Hispanic residents have poor health outcomes for diabetes, asthma and teen pregnancy.
- Some of the health issues that are prevalent and/or increased over the last five years in the South Florida Baptist Hospital service area are:
 - Breast Cancer
 - Tuberculosis
 - STD's Chlamydia and syphilis
 - Obesity
 - Alcohol-related hospitalization
 - Uninsured
 - Smoking
 - Diabetes
- Access to dental care is an issue for African American residents
- Preventive screenings have decreased

Community Need Score (CNS)



- Plant City (33563) shows the highest CNS for the South Florida Baptist Hospital service area with a score of 4.6 out of the highest for the scale of 5.0, indicating the area with the most significant barriers to healthcare access.
 - This zip code area shows the highest rates of poverty for married families with children (21.3%) as well as single mothers with children (39.9%), individuals with no high school diploma (27.6%), minority individuals (54.2%), individuals with limited English (31.9%), uninsured individuals (26.4%) and individuals who rent (29.9%).
- Two zip code areas in Plant City (33566 and 33563) show the highest unemployment rates for the South Florida Baptist Hospital service area (10.9% and 9.7% respectively). The unemployment rates in these two zip code areas are higher than both state and national rates.
 - The unemployment rate for the state of Florida is 8.5% and for the U.S. is 7.9%.

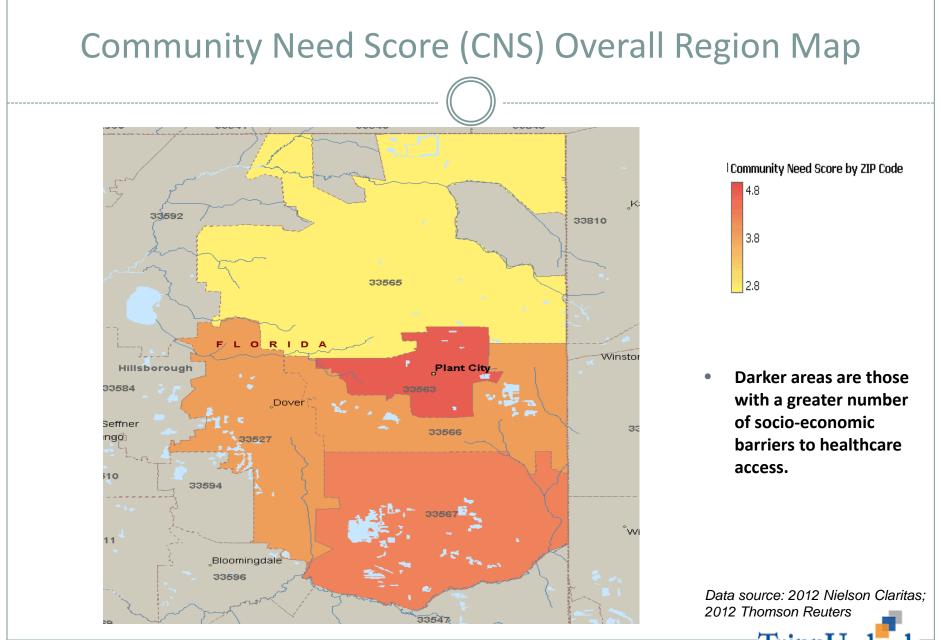


Community Need Score (CNS)



- Zip code areas 33567 and 33563 (also both in Plant City)Wimauma (33598) show the highest rates of individuals 65 years old and older living in poverty (50.6% and 50.3% respectively); this is more than half of the senior population living in poverty. Other zip code areas in the South Florida Baptist Hospital service area show rates in the 30% range.
- Zip code area 33565 in Plant City shows the lowest CNS value of 3.0; equal to the average for the scale. This tells us that there are no zip code areas in the South Florida Baptist Hospital service area that show fewer than the average number of barriers to healthcare access; all zip code areas in the defined region show more barriers to healthcare access.
- The CNS value for the South Florida Baptist Hospital service area is higher than the value seen for all of Hillsborough County (4.0 and 3.7 respectively); indicating that the defined region shows more barriers to healthcare access than the overall county.





Community Need Scores

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33563	Plant City	Hillsborough	4	5	5	5	5	4.6
33567	Plant City	Hillsborough	3	5	5	4	4	4.2
33527	Dover	Hillsborough	3	5	5	4	3	3.9
33566	Plant City	Hillsborough	2	4	5	5	4	3.9
33565	Plant City	Hillsborough	2	4	4	4	1	3.0
So	uth Florida Baptist Hospital Ser	2.9	4.6	4.7	4.1	3.5	4.0	

* Weighted averages

- The average score for the CNS scale is 3.0 (range of 1.0 to 5.0). The South Florida Baptist Hospital Service Area shows a higher than average overall region weighted score of 4.0 (greater than average number of socio-economic barriers).
- We can see that the CNS values for the South Florida Baptist Hospital Service Area are all equal to or greater than
 the median for the scale which in turn shows us that there are no 'low' CNS scores (i.e. no 1.0 values). This
 informs us that all of the zip code areas in the South Florida Baptist Hospital service area show average or more
 than average number of socio-economic barriers to healthcare access.



Community Need Score – Detail

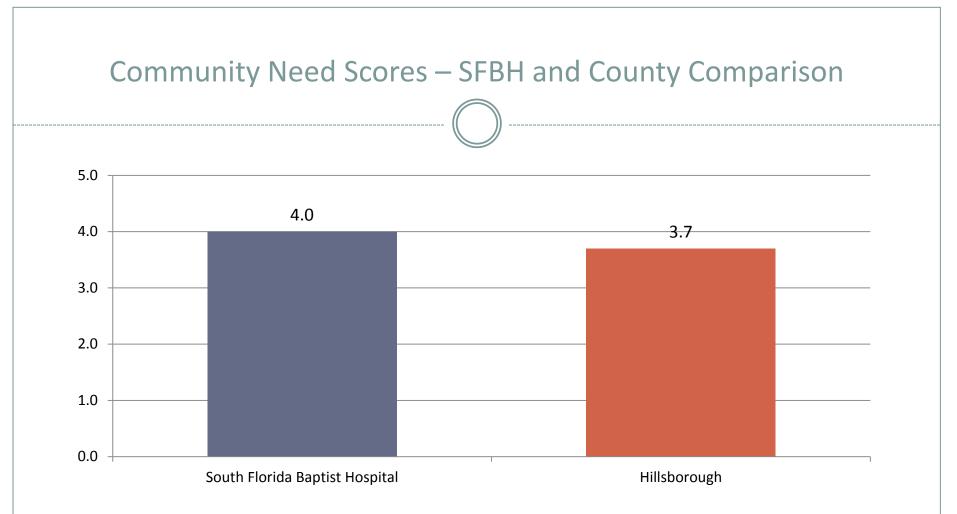
Zip Code	Total Pop.		M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %				Insur Rank	Hous Rank	CNS
33563	8 26,102	50.3%	21.3%	39.9%	27.6%	54.2%	31.9%	9.7%	26.4%	29.9%	4	5	5	5	5	4.6
33567	' 11,782	50.6%	12.5%	28.1%	25.8%	47.3%	28.1%	8.0%	22.1%	24.1%	3	5	5	4	4	4.2
33527	16.691	43.7%	17.7%	28.1%	23.4%	47.3%	28.2%	7.0%	19.6%	21.3%	3	5	5	4	3	3.9
	20,698											4	5	5	4	3.9
33565		37.1%		32.8%				7.2%		11.5%		4	4	4	1	3.0

• The CNS zip code summary provides the project partners with valuable background information to begin addressing the community needs.

- We can see that zip code area 33563 in Plant City, FL shows the highest rates for most of the measures.
 - More than 21% of married families with children are living in poverty in this zip code.
 - Almost 40% of single mothers with children are living in poverty; this is approximately two out of every five single mothers.
 - More than half of the population in zip code area 33563 is a minority.
- The CNS provides greater ability to diagnose community need as it explores zip code areas with significant barriers to healthcare access. The unemployment rate for Florida is only 8.5% and for the U.S. is only 7.9%; some of the zip codes in the South Florida Baptist Hospital service area show higher unemployment rates than both the state and the U.S. (33566 unemployment of 10.9%; 33563 unemployment of 9.7%).

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





- The South Florida Baptist Hospital service area shows a higher CNS value compared with the overall CNS value for Hillsborough County.
- A score of 4.0 is relatively high for the scale (the scale being from 1.0 to 5.0). This informs us that the South Florida Baptist Hospital service area has more barriers to healthcare access than what is seen for Hillsborough County overall.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters



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 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.



PQI Subgroups

- Chronic Lung Conditions
 - PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
 - O PQI 15 Adult Asthma Admission Rate

Diabetes

- O PQI 1 Diabetes Short-Term Complications Admission Rate
- O 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

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

• Other Conditions

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



Prevention Quality Indicators Index (PQI)



- The South Florida Baptist Hospital service area shows higher PQI rates for 11 of the 14 PQI measures when compared with the state of Florida; indicating areas of preventable conditions for the region.
 - The South Florida Baptist Hospital service area shows one PQI measure that is equal to the state rate (dehydration), indicating conditions that the South Florida Baptist Hospital service area prevents at an equivalent rate as the state.
- The South Florida Baptist Hospital service area shows two PQI measures that are lower than the state (Angina Without Procedure and Low Birth Weight), indicating better prevention of these conditions in the South Florida Baptist Hospital service area compared to the state.
- The highest PQI difference between the South Florida Baptist Hospital service area and Florida is for Chronic Obstructive Pulmonary Disease (COPD); this is the health condition that the South Florida Baptist Hospital service area shows the largest room for improvement in hospital admissions compared to the state of Florida.

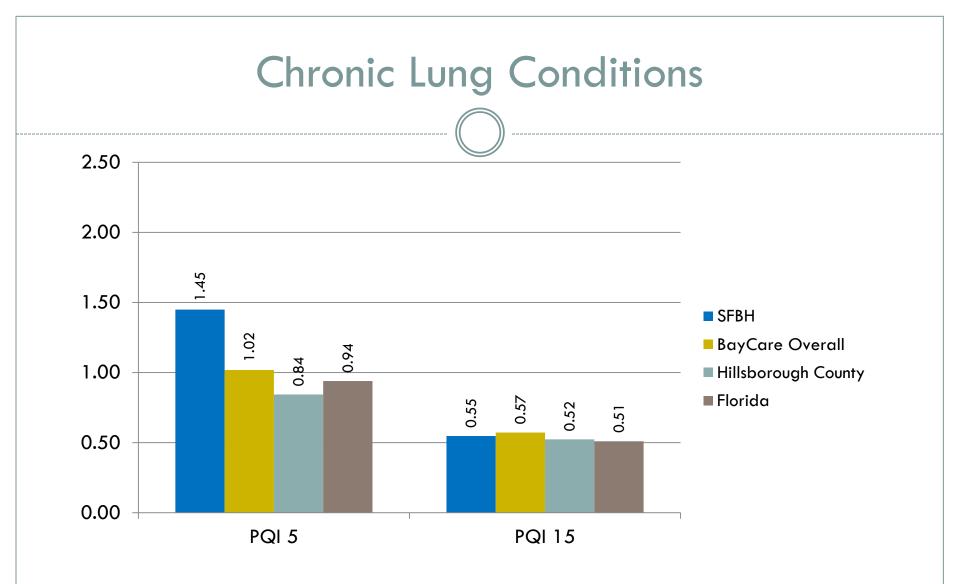


Prevention Quality Indicators Index (PQI)



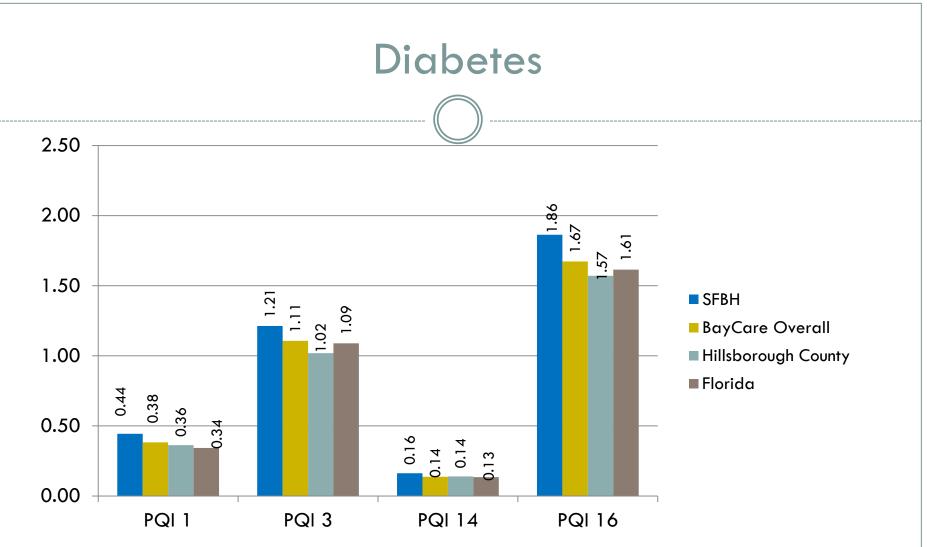
- Other PQI measures in which the South Florida Baptist Hospital service area shows a higher rate of preventable hospital admissions than the state are:
 - o Bacterial Pneumonia
 - o Congestive Heart Failure
 - o Urinary Tract Infection
 - o Hypertension
 - Lower Extremity Amputation Rate Among Diabetic Patients
 - Perforated Appendix
 - o Diabetes Long-Term Complications
 - Diabetes Short-Term Complications
 - Adult Asthma
 - Uncontrolled diabetes
- The South Florida Baptist Hospital service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Hillsborough County and the overall BayCare Health System service area.
- It is important to note that a value of 0.00 for the PQI measure of low birth weight does not necessarily indicate that there were no preventable hospital admissions due to low birth weight for the area defined as the South Florida Baptist Hospital service area, but rather that so few occurred that the value is not reported.





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

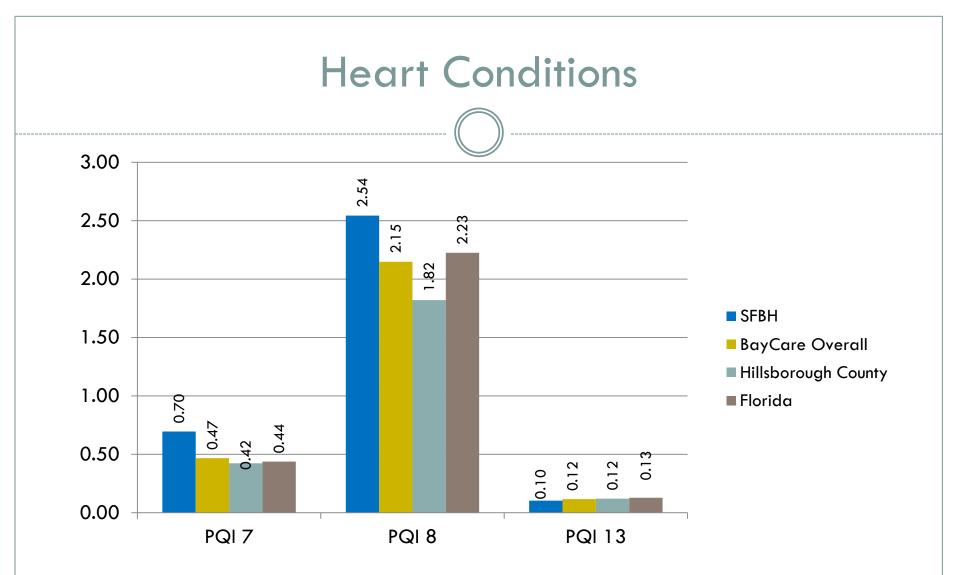




PQI 1 Diabetes Short-Term Complications Admission Rate

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



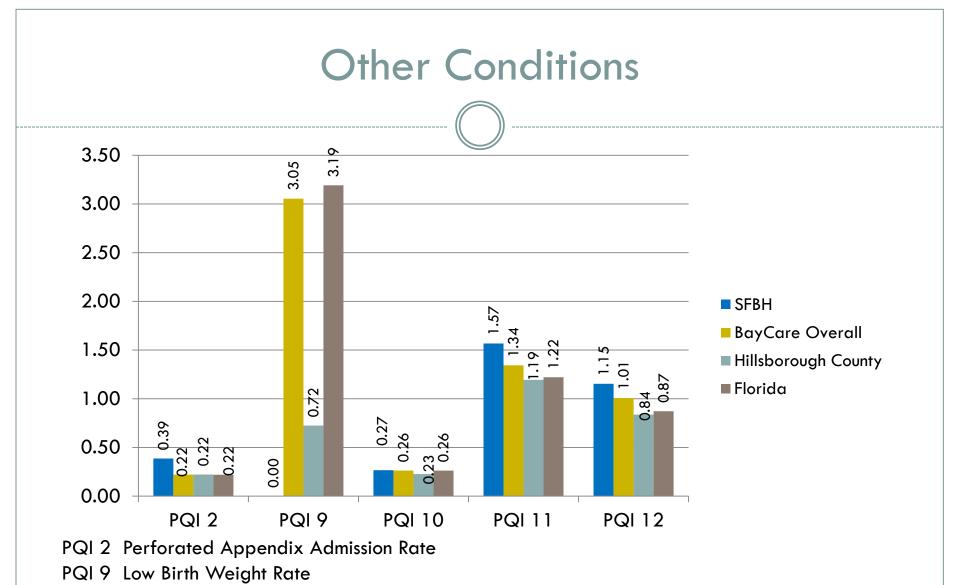


PQI 7 Hypertension Admission Rate

PQI 8 Congestive Heart Failure Admission Rate

PQI 13 Angina Without Procedure Admission Rate





- PQI 10 Dehydration Admission Rate
- PQI 11 Bacterial Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate

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Prevention Quality Indicators Index (PQI)

Hospital Service Area	Florida	Difference
1.45	0.94	0.51
1.57	1.22	0.35
2.54	2.23	0.32
1.15	0.87	0.28
0.70	0.44	0.26
1.86	1.61	0.25
0.39	0.22	0.17
1.21	1.09	0.12
0.44	0.34	0.10
0.55	0.51	0.04
0.16	0.13	0.03
0.27	0.26	0.00
0.10	0.13	-0.02
0.00	3.19	-3.19
	Area 1.45 1.57 2.54 1.15 0.70 1.86 0.39 1.21 0.44 0.55 0.16 0.27 0.10	Area1.450.941.571.222.542.231.150.870.700.441.861.610.390.221.211.090.440.340.550.510.160.130.270.260.100.13



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 population in the South Florida Baptist Hospital (SFBH) service area is projected to rise at a rate of 6.1% by 2017.
- The SFBH service area shows higher rates of younger individuals (37.2% aged 0-24 in 2012) than Hillsborough County, the state and the nation.
- The SFBH service area shows a lower average annual household income than the county, state, and nation (\$57,185).
- It is reported that 22.8% of the individuals in the SFBH service area have some high school education or less, indicating no high school diploma.
- The SFBH service area shows a majority of its population as White, Non-Hispanic. However, of the minorities in the SFBH service area, there are then a majority of Hispanic individuals (30.6% of the total population of the SFBH service area).



Population Trends

	South Florida Baptist Hospital Service Area	Hillsborough County	Florida
2012 Total Population	93,319	1,267,995	19,156,005
2017 Projected Population	98,975	1,360,347	20,139,758
# Change	5,656	92,352	983,753
% Change	6.1%	7.3%	5.1%

- The South Florida Baptist Hospital service area consists of more than 93,000 people; this population is expected to rise by 6.1% by 2017 to nearly 99,000 people.

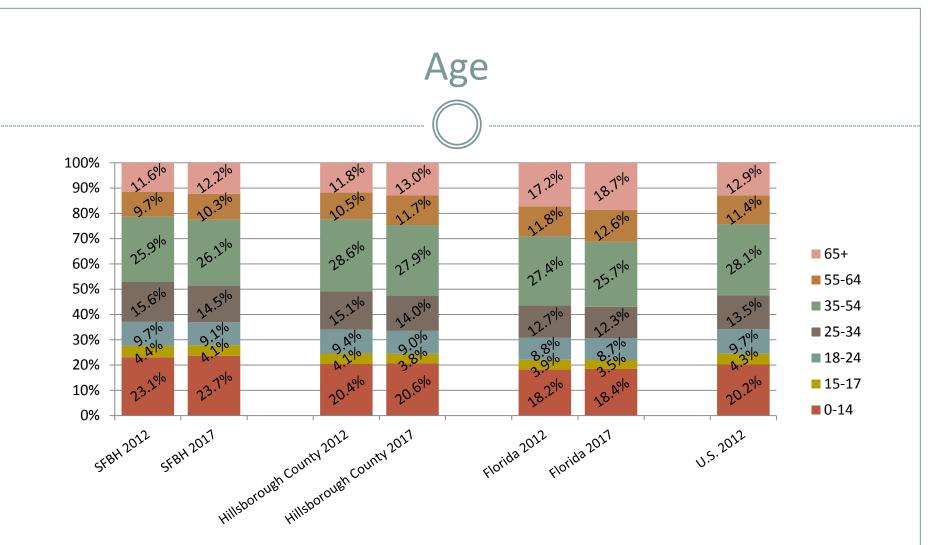
- The projected growth rate of the South Florida Baptist Hospital service area is larger than the projected growth for Florida as a whole, but less than is projected for Hillsborough County.





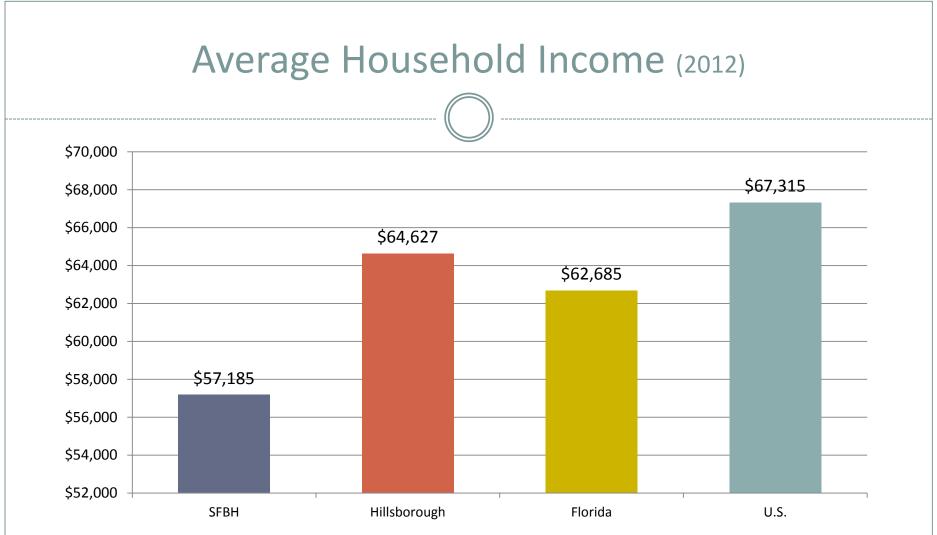
- Unlike county, state, and national trends, the South Florida Baptist Hospital (SFBH) service area shows a higher percentage of men than women in 2012 and this rate is projected to remain the same through 2017.





- The South Florida Baptist Hospital (SFBH) service area shows much higher rates of younger individuals (aged 0-24) than Hillsborough County, Florida and the U.S.
- At the same time, the SFBH service area shows lower rates of older individuals (aged 55 +) than the county, state and nation.



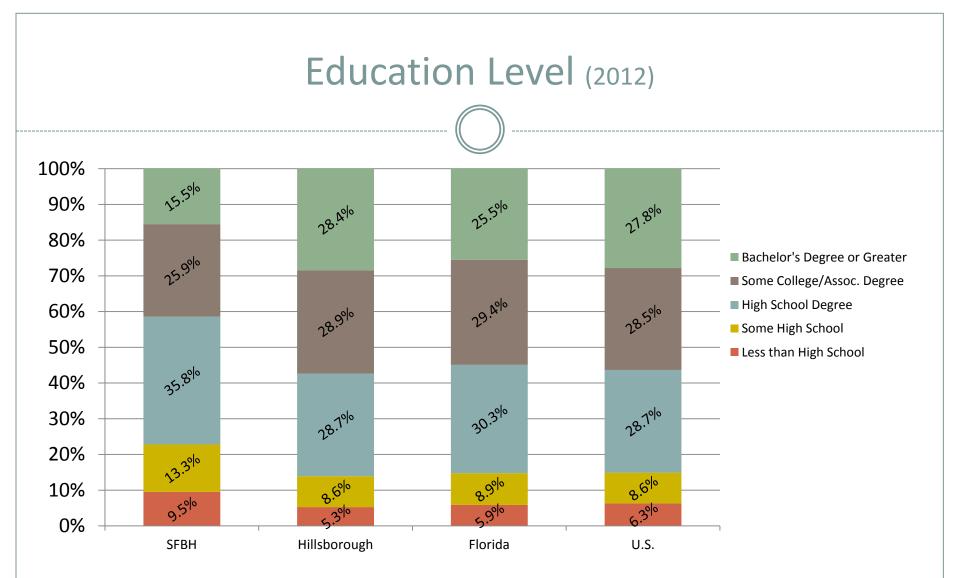


- The South Florida Baptist Hospital service area shows a substantially lower average annual household income compared with Hillsborough County, Florida, and the state (\$57,185 per household per year for the SFBH service area in 2012).
- Hillsborough County shows the highest average annual household income (\$64,627) for the overall service area; higher than the state of Florida but still lower than the national average.

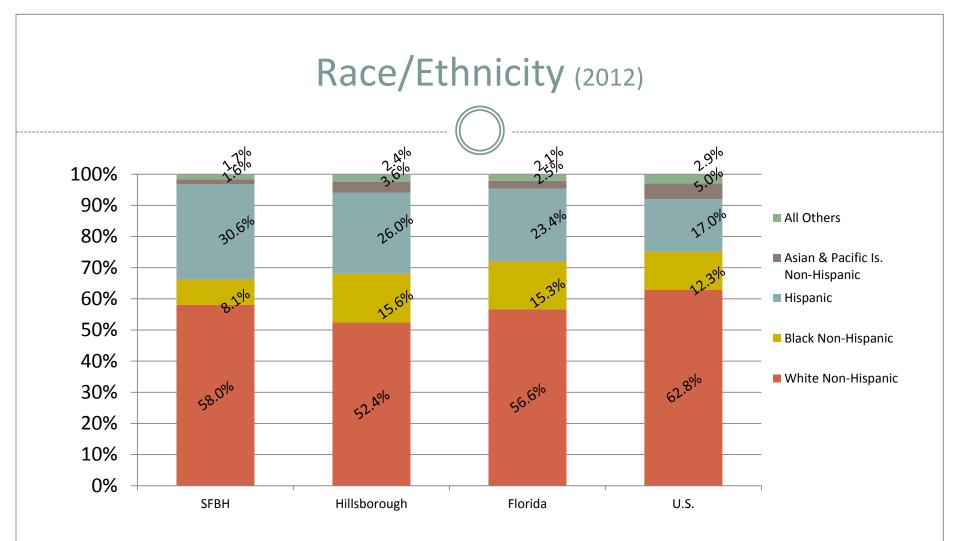




- A large percentage (29%) of the households in the South Florida Baptist Hospital service area make \$25,000 or less per year; this rate is much higher than the county, state and national rates (23.9%, 25.4%, and 23.8% respectively).



- The South Florida Baptist Hospital service area shows very high rates of individuals with less than a high school degree (9.5%, nearly double the rates seen for Hillsborough, Florida and the U.S.) and those with only some high school education (13.3%).



- The South Florida Baptist Hospital (SFBH) service area, Hillsborough County, Florida, and the U.S. all show a majority population of White, Non-Hispanic individuals.
- The SFBH service area shows a much higher rate of Hispanic individuals (30.6%) and a lower rate of Black, Non-Hispanic individuals (8.1%) than the county, state and nation.



County Health Rankings

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



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

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



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	



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



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	



<u>County Health Rankings</u> – 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 the South Florida Baptist Hospital service area is contained within Hillsborough County, the rankings for the three counties in the region are shown below. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).
- Hillsborough County shows two of the poorest rankings; 60 for the physical environment and 66 for environmental quality (second worst in the state).
- Hillsborough County is within average rankings for all other measures considered in the County Health Rankings.

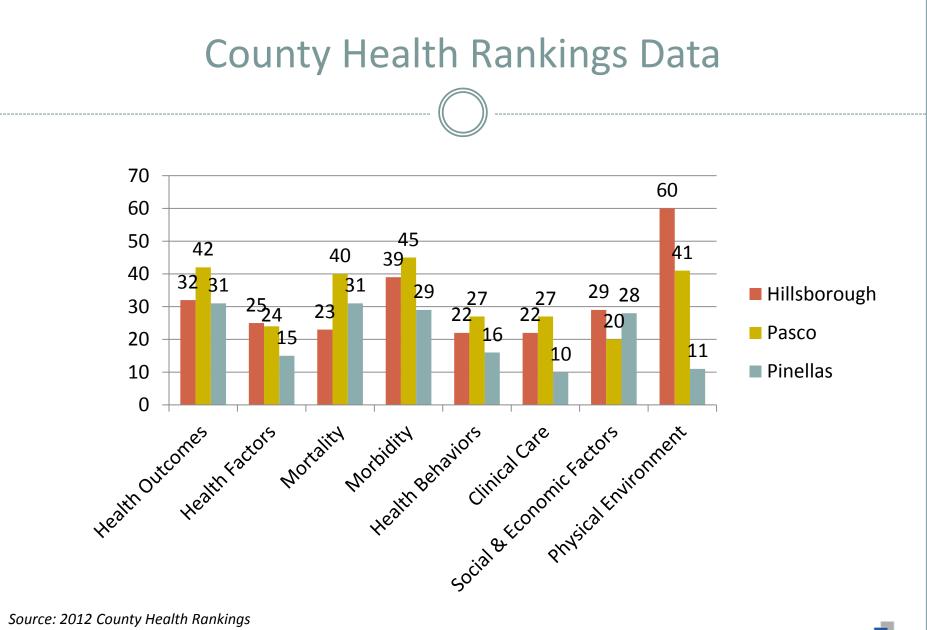


County Health Rankings Data

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).





University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

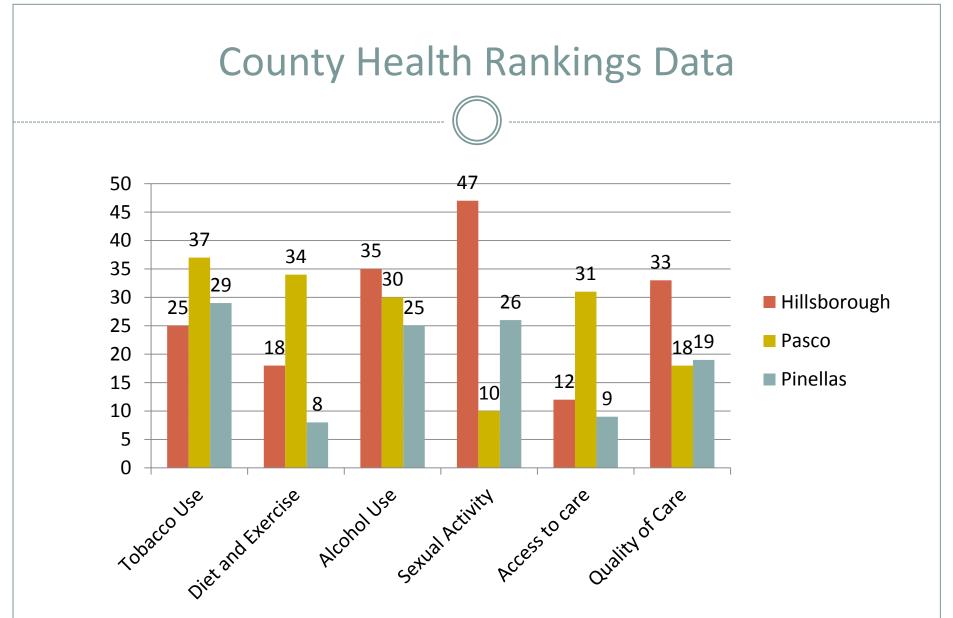


County Health Rankings Data

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).





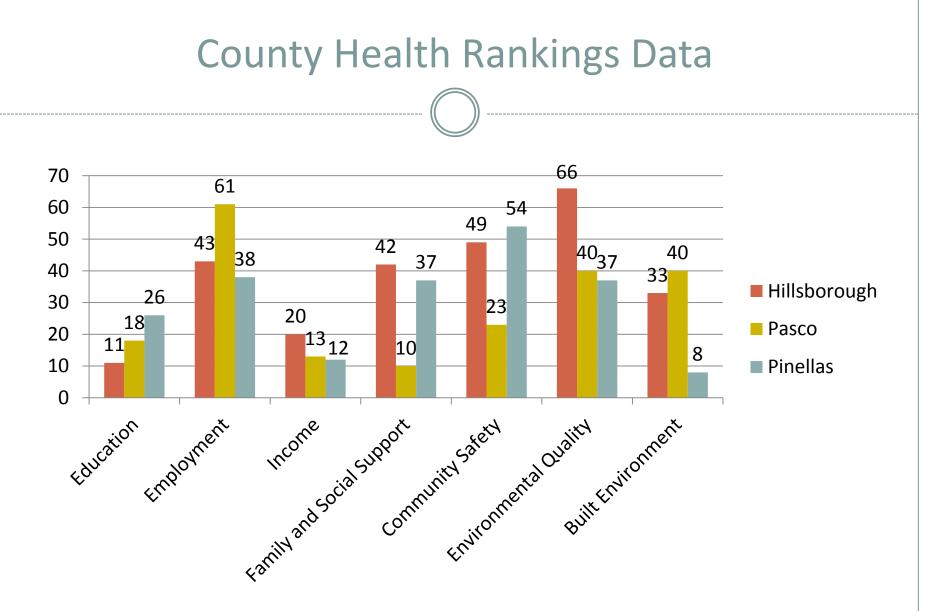


County Health Rankings Data

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

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









- More than one in four females (26.3%) and almost one in four males (24.2%) in Hillsborough County are considered obese. Between 2007 and 2010 the obesity rate increased slightly in Hillsborough County (<1%) with African American residents being almost twice as likely to be obese in Hillsborough County (47.6% to >25.7%).
- Women are less likely to be overweight than men in Hillsborough (30.8% to 48.2%) County.
- Between 2008 and 2010, the percentage of high school students who are obese increased in Hillsborough (9.5% to 11.7%) County.
- Between 2006 and 2010, the percentage of children aged 2-4 living in households with an income less than 200% of the federal poverty level who are obese increased in Hillsborough County (13.6% to 14.1%), approximately 2% more than Pinellas and Pasco counties, which have decreased during the same period.
- Between 2002 and 2007, Hillsborough county saw a decrease in leisuretime physical activity (27.4% to 25.3%). Approximately one in four females do not participate in any leisure-time physical activities in Hillsborough County. Females are slightly more likely to be sedentary than men in Hillsborough (27.4% to 23.0%) County.



- Slightly more females report smoking cigarettes than men in Hillsborough (22.5% to 16.7%) County.
- Between 2008 and 2010, the percentage of high school students who had five or more drinks of alcohol in a row at least one time during the previous 30 days increased in Hillsborough County (20.1% to 22.4%).
 Similarly, the percentage of high school students who had at least one drink of alcohol on at least one day during the previous 30 days increased in Hillsborough County (40.2% to 41.2%).
- Between 2008 and 2010, the percentage of high school students who used marijuana one or more times during the previous 30 days increased in Hillsborough (18.6% to 21.9%) County.
- Between 2007 and 2011, hospitalization rates due to acute or chronic alcohol abuse have increased consistently in Hillsborough (7.6 to 8.7 per 10,000 pop.) County.
- From 2007 to 2010, Hillsborough County saw an increase (81.4% to 83.8%) in the percentage of residents reporting having excellent, very good or good general health.
- In 2007, one in four Black residents in Hillsborough County (25.5%) reported not seeing a dentist in the past year due to cost.



- Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Hillsborough County (13.6 to 13.9 per 100,000 pop.)
- Between 2007 and 2010, the percentage of adults reporting having been diagnosed with asthma increased in Hillsborough County (6.9% to 8.6%) and 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 Hillsborough County (12.6% to 4.4%).
- Regarding Asthma, 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 County. Women are twice as likely to visit the emergency room than their male counterparts in Hillsborough County (44.9 to 21.8 per 10,000 pop.) African American residents of all ages visit the emergency room due to asthma at a greater rate in Hillsborough County (63.6 per 10,000 pop.) than any other ethnicity, with the next closest rate being Hispanic residents (41.5 per 10,000 pop.) in Hillsborough County. Between 2008 and 2010, the percentage of high school students with known asthma increased in Hillsborough County (17.5% to 18.7%).





- Between 2007 and 2011, the emergency room visit rate due to bacterial pneumonia has increased steadily in Hillsborough (11.1 to 12.7 per 10,000 pop.) County. African American residents are the most likely to visit the emergency room and be hospitalized due to bacterial pneumonia than residents of other ethnicities in the County.
- Between 2007 and 2011, emergency room visits related to congestive heart failure has increased in Hillsborough (2.1 to 2.9 per 10,000 pop.) County. African American residents visit the emergency room at three times the rate and are hospitalized at twice the rate for congestive heart failure as residents of other ethnicities.
- Between 2007 and 2011, the average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease increased in Hillsborough (27.4 to 33.4 per 10,000 pop.) County.
- Between 2007 and 2010, the percent of adults who have ever been diagnosed with diabetes increased in Hillsborough (7.0% to 11.7%) County with one in five African American (20.9%) and Hispanic (20.1%) residents being diagnosed with diabetes. As a result, African American and Hispanic residents have higher rates across all measures of diabetes.





- Women 18+ are significantly more likely to visit the emergency room due to urinary tract infections than their male counterparts in Hillsborough (146.5 to 24.3 per 10,000 pop.) County. Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Hillsborough (32.7 to 15.3 per 10,000 pop.) County. African American residents visit the emergency room and are hospitalized for urinary tract infections at a rate that is greater than residents of other ethnicities in Hillsborough County.
- Between 2007 and 2010, the percentage of adults who have had their blood cholesterol checked and have been told that it was high has increased in Hillsborough (35.8% to 38.9%) County.
- Between 2008 and 2010, There was a decrease in the number of adults 18-64 years of age with health insurance in Hillsborough (76.8% to 73.2%) County.
- Many forms of cancer in the tri-county area show a greater diagnosis rate among African American residents when compared to residents of other ethnicities.





- While the death rate for prostate cancer has decreased between 2007 and 2010 in Hillsborough (21.2 to 20.1 per 100,000 pop.) the incidence has increased (135.3 to 136.9 per 100,000 males) with African American residents having a greater death rate (42.3 per 100,000 pop.) than any other ethnicity in the County (>21.4 per 100,000 pop.).
- Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Hillsborough (112.5 to 117.4 per 100,000 pop) County. Hillsborough County consistently shows higher death rates due to breast cancer when compared to Pasco and Pinellas Counties. Black women show a higher death rate due to breast cancer than any other ethnicity in Hillsborough County (35.1 to >22.0 per 100,000 pop).
- Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Hillsborough (8.3 to 8.8 per 100,000 pop.) County.
- While the death rate due to a stroke has decreased between 2008 and 2010 in Hillsborough (36.2 to 30.9 per 100,000 pop) County; African American residents are at a greater risk of stroke-related death than any other ethnicity in the tri-county area. Women are at a slightly greater risk of death related to a stroke than their male counterparts in Hillsborough (31.3 to 30 per 100,000 pop.) County.





- Between 2009 and 2010, the tuberculosis incidence rate increased in Hillsborough (6.9 to 7.2 per 100,000 pop.) County. Hillsborough county shows an incidence rate twice that of any other county in the study area.
- While the death rate due to influenza and pneumonia have decreased between 2009 and 2010 in Hillsborough County (9.8 to 7.3 per 100,000 pop.); African American residents are at a greater risk of death related to influenza and pneumonia than any other ethnicity in the county.
- Men are at a greater risk of death due to lung cancer than their female counterparts in Hillsborough County (65.9 to 37.0 per 100,000 pop.).
- Between 2009 and 2010, the death rate due to motor vehicle collisions in Hillsborough County increased (11.5 to 13.4 per 100,000 pop.) with the death rate for men being more than twice that of women (19.4 to 7.7 per 100,000 pop.).
- Between 2009 and 2010, the number of bicyclists killed in traffic collisions in Hillsborough (six to 12)County doubled.





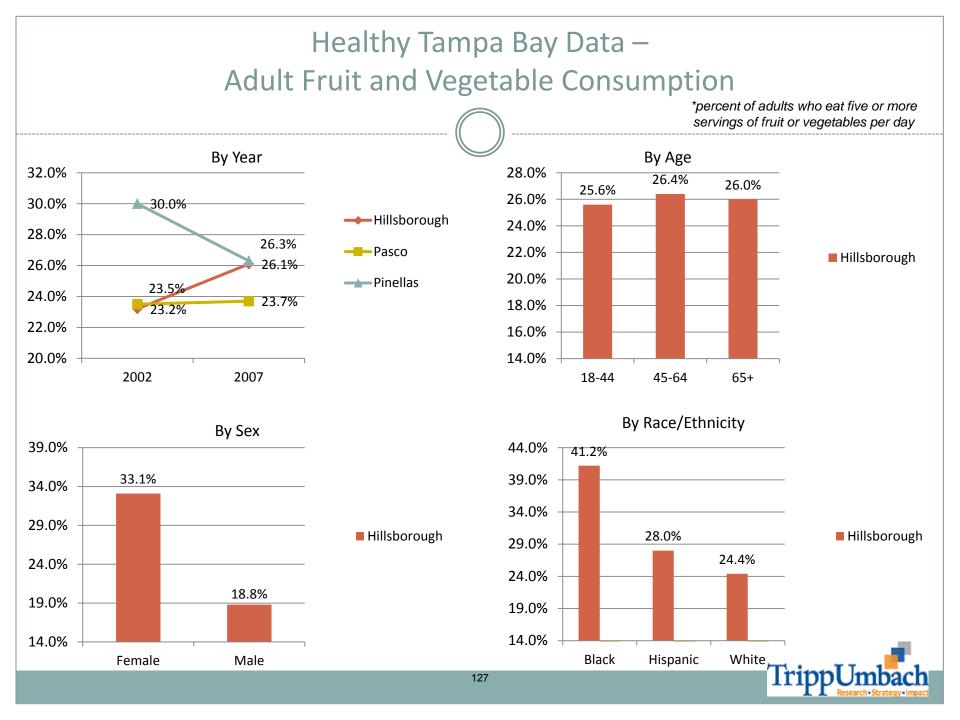
- Between 2009 and 2010, the percentage of births in which the newborn weighed less than 5 pounds, 8 ounces increased in Hillsborough (8.6% to 9.1%) County. Interestingly, Hillsborough County decreased between 2008 and 2009 and then increased again from 2009 to 2010. African American residents are more likely to give birth to a low birth weight baby (14.6% to >9.6%) than residents of other ethnicities.
- Between 2008 and 2010, the infant mortality rate increased between 2008 and 2009 from 8.0 to 9.5 per 1,000 live births and decreased again from 2009 to 2010 (9.5 to 7.4 per 1,000 live births). African American show an infant mortality rate that is two times any other ethnicity in Hillsborough County (14.3 to >6.4 per 1,000 live births).
- While the birth rate for females aged 15-19 years has decreased between 2008 and 2010 in Hillsborough County (48.8 to 39.2 per 1,000 live births); African American (61.3 per 1,000 live births) and Hispanic (52.1 per 1,000 live births) residents display higher teen birth rates than other ethnicities in the county (>33.7 per 1,000 live births).
- The incidence rate for STD's has historically been higher in Hillsborough County and has increased for Chlamydia and syphilis.





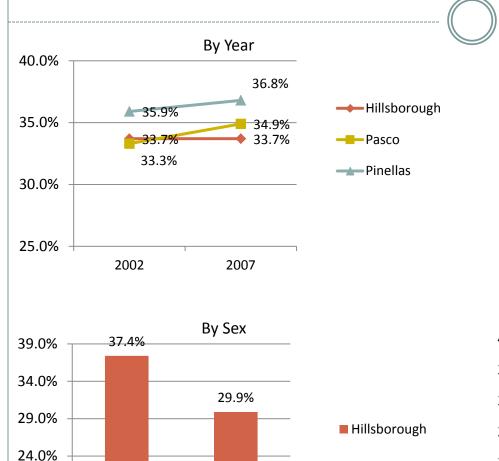
- Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Hillsborough (21.6% to 18.2%) County.
- Between 2007 and 2010, the percentage of women aged 40 and over who reported having had a mammogram in the past year decreased in Hillsborough (66% to 57.1%) County.
- Between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Hillsborough (64.4% to 56.6%) County.





Healthy Tampa Bay Data – Adults Engaging in Moderate Physical Activity *percent of adults who engage in moderate physical activity

128

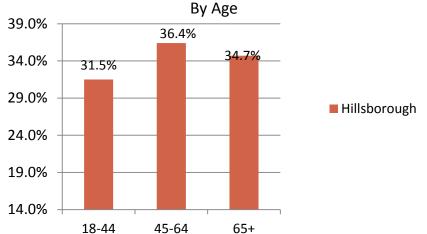


Male

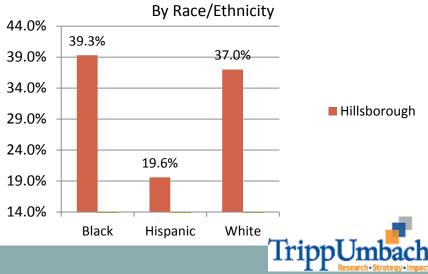
19.0%

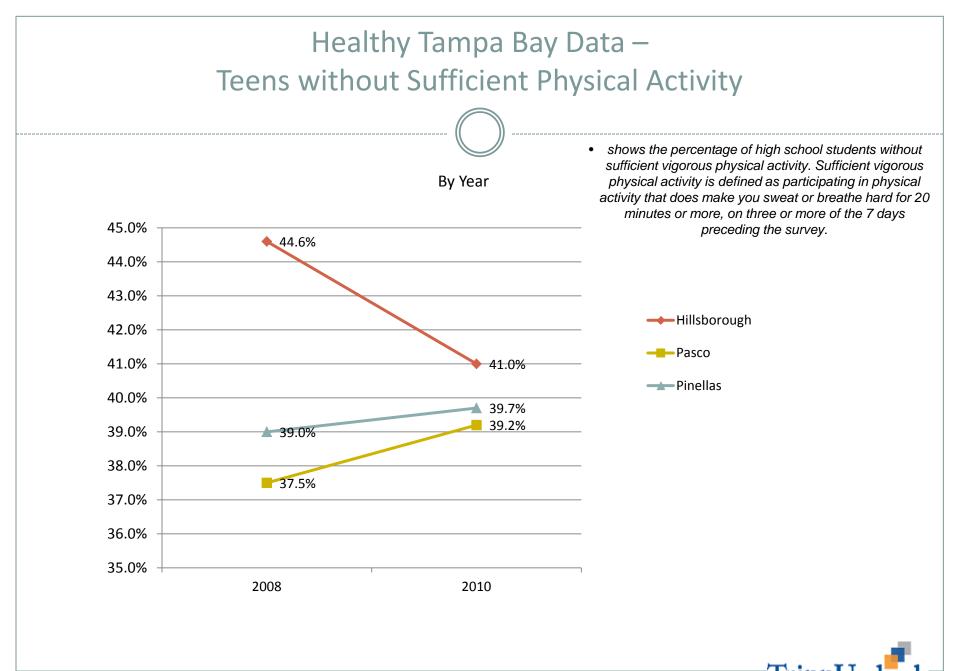
14.0%

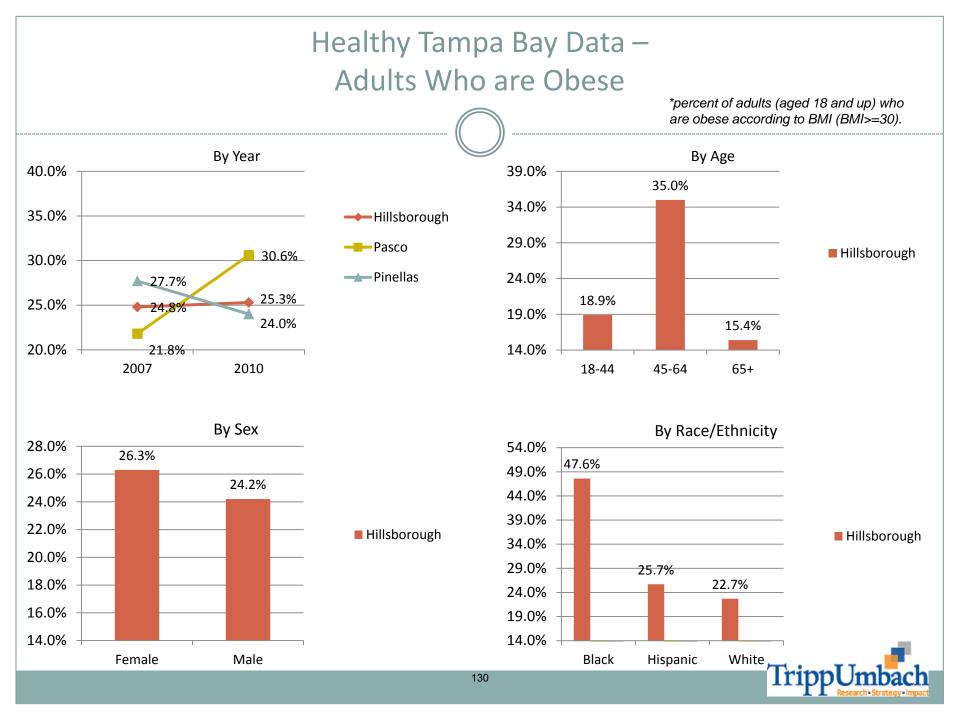
Female

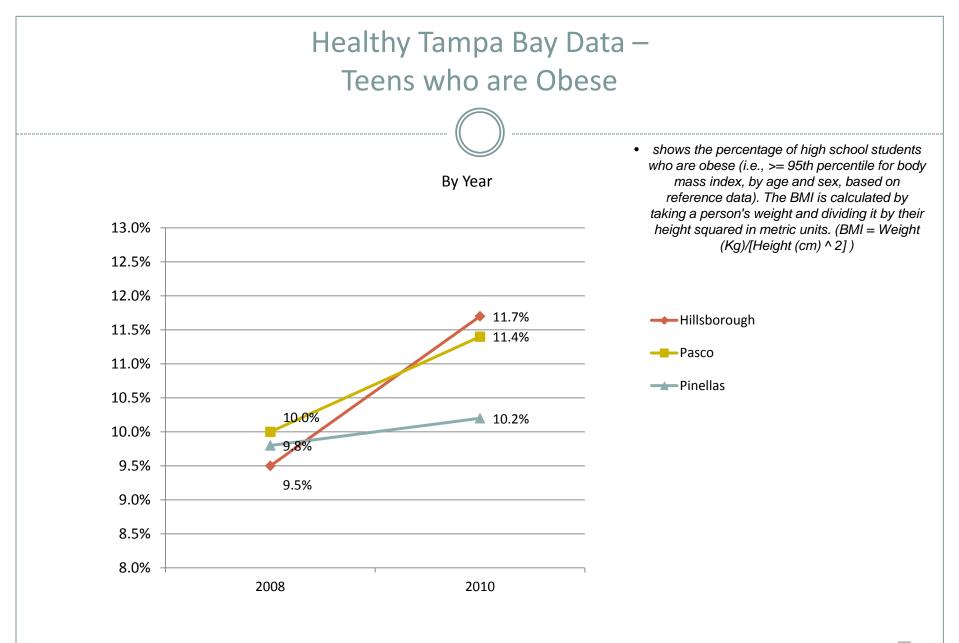


for at least 30 minutes on five or more days per week.

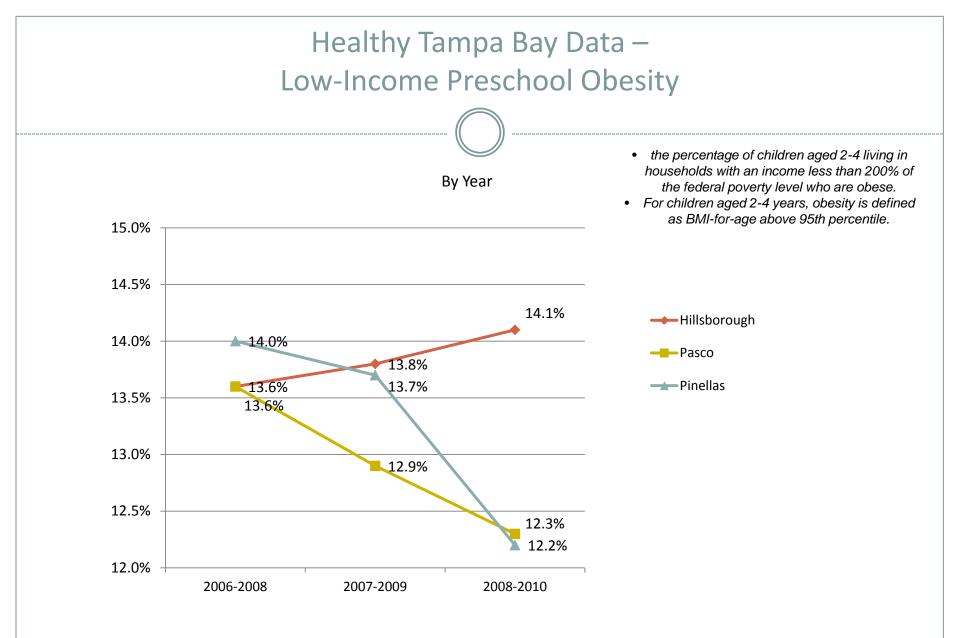






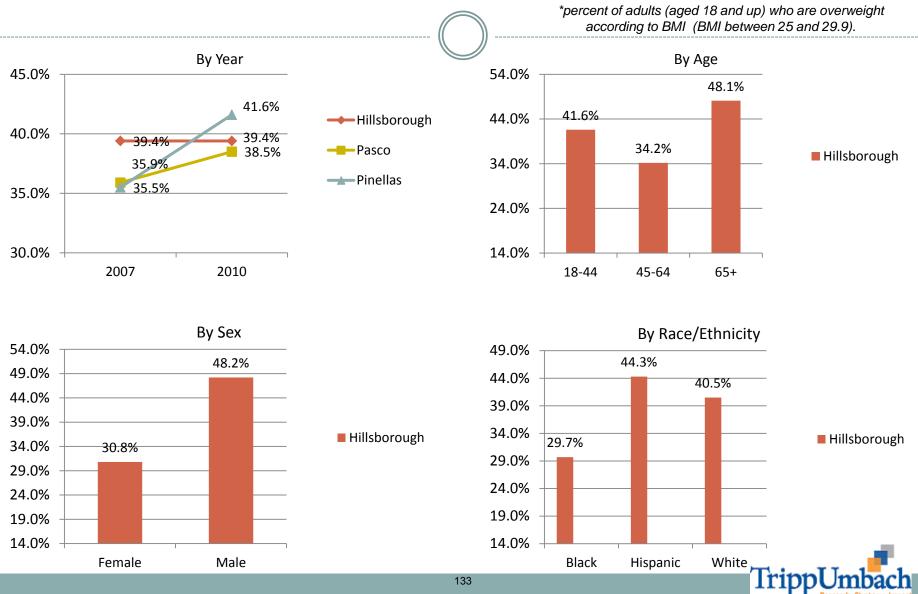




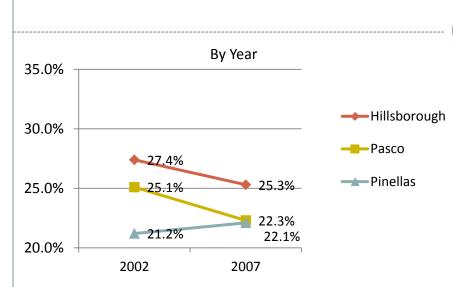




Healthy Tampa Bay Data – Adults Who are Overweight

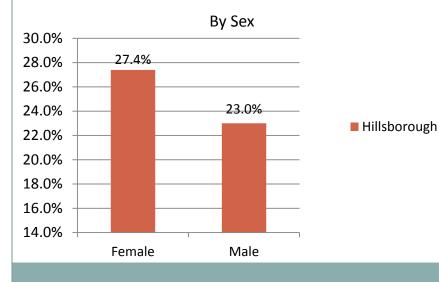


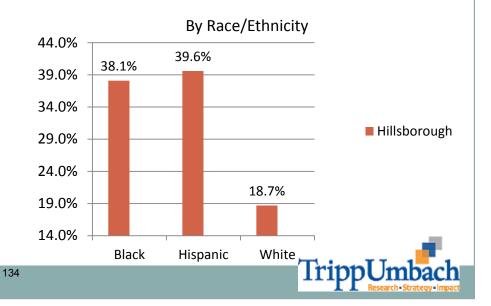
Healthy Tampa Bay Data – Adults Who are Sedentary



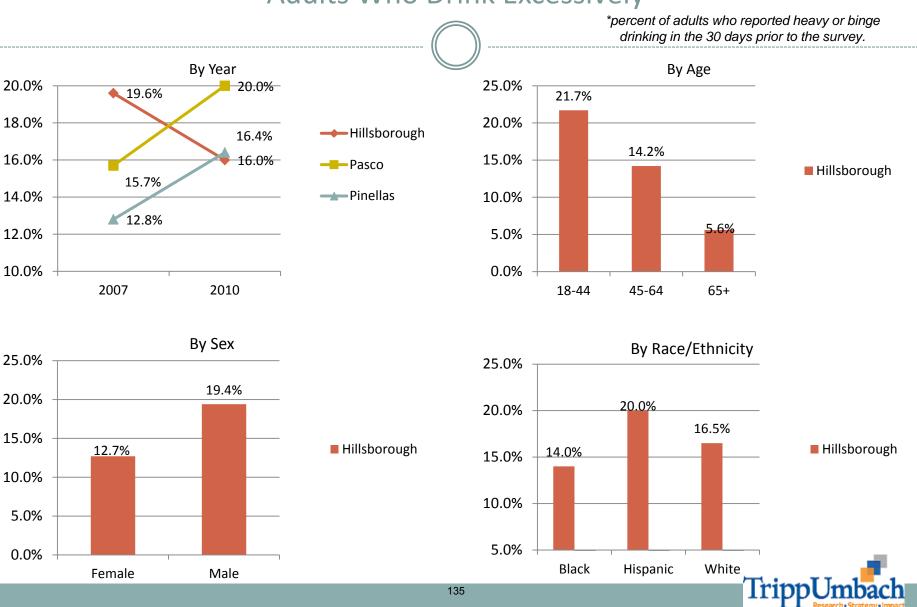
By Age 35.0% 31.3% 30.0% 25.4% 23.2% 25.0% 20.0% Hillsborough 15.0% 10.0% 5.0% 0.0% 18-44 45-64 65+

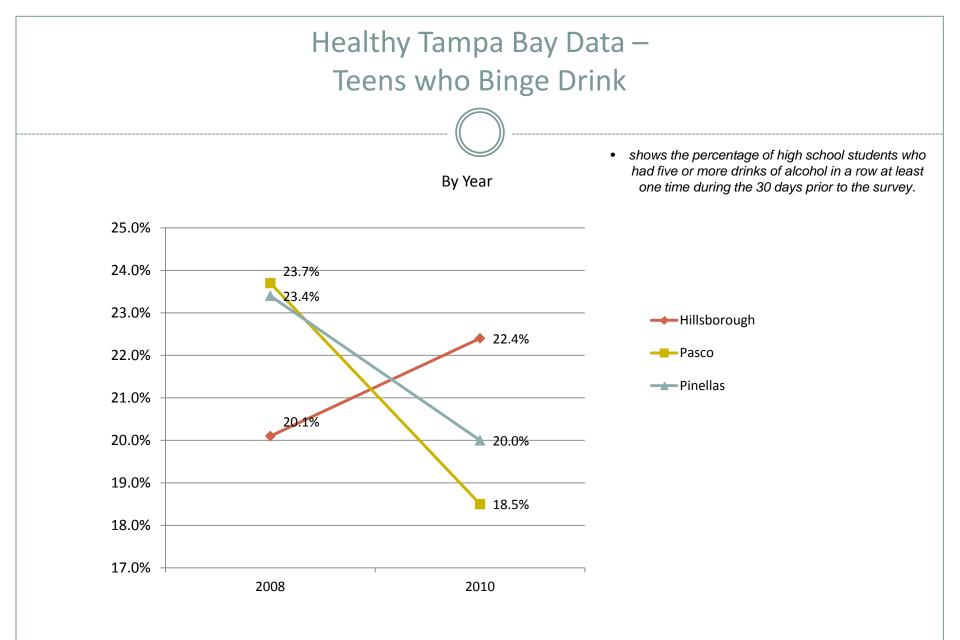
*percent of adults who do not participate in any leisure-time physical activities (physical activities or exercises other than their regular job).



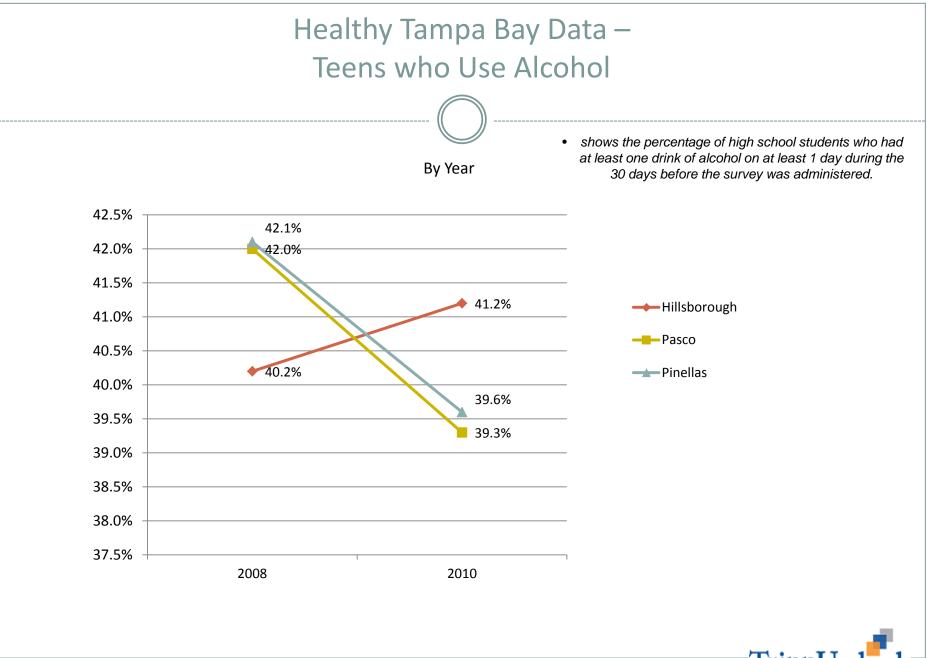


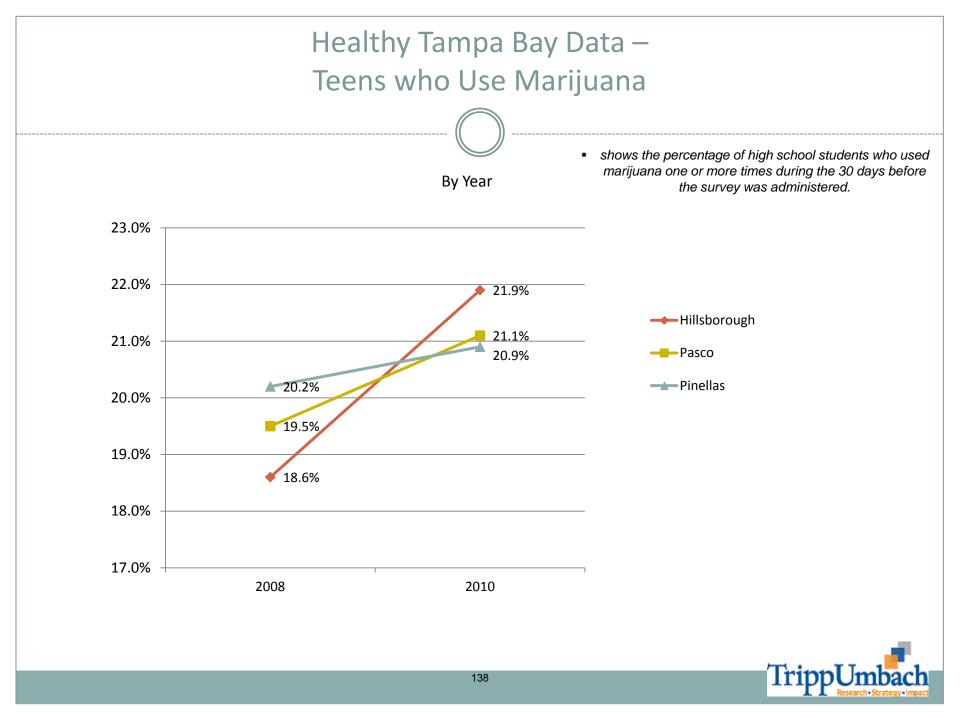
Healthy Tampa Bay Data – Adults Who Drink Excessively

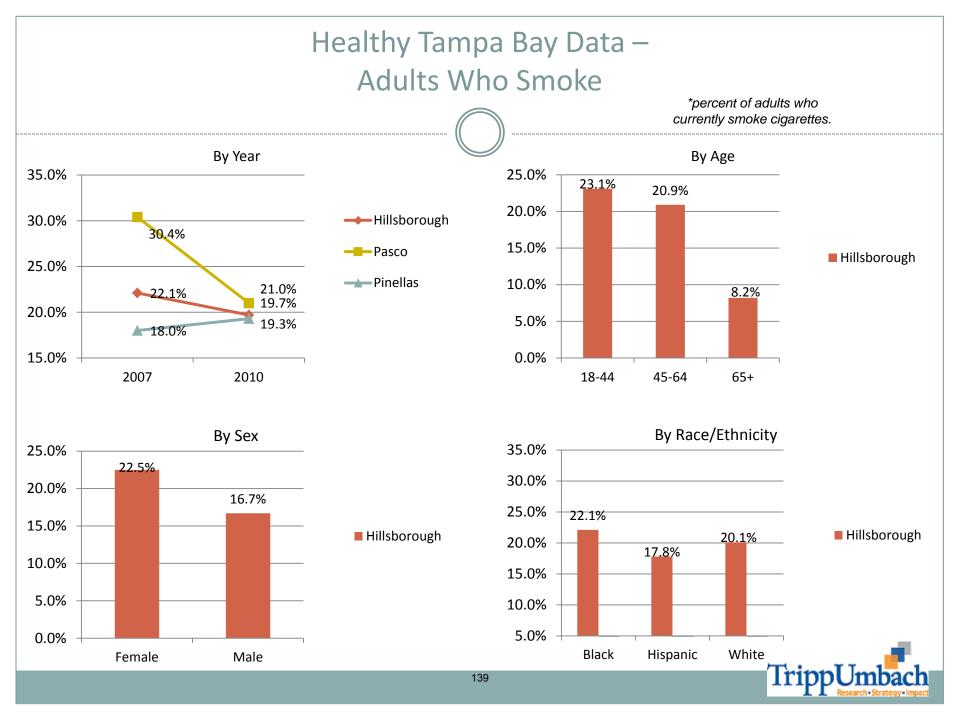


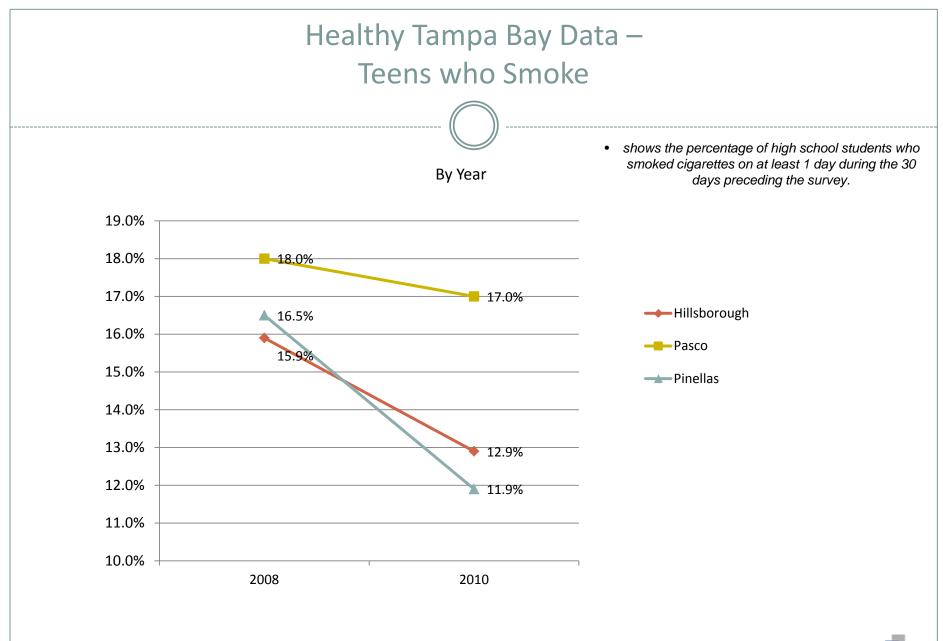


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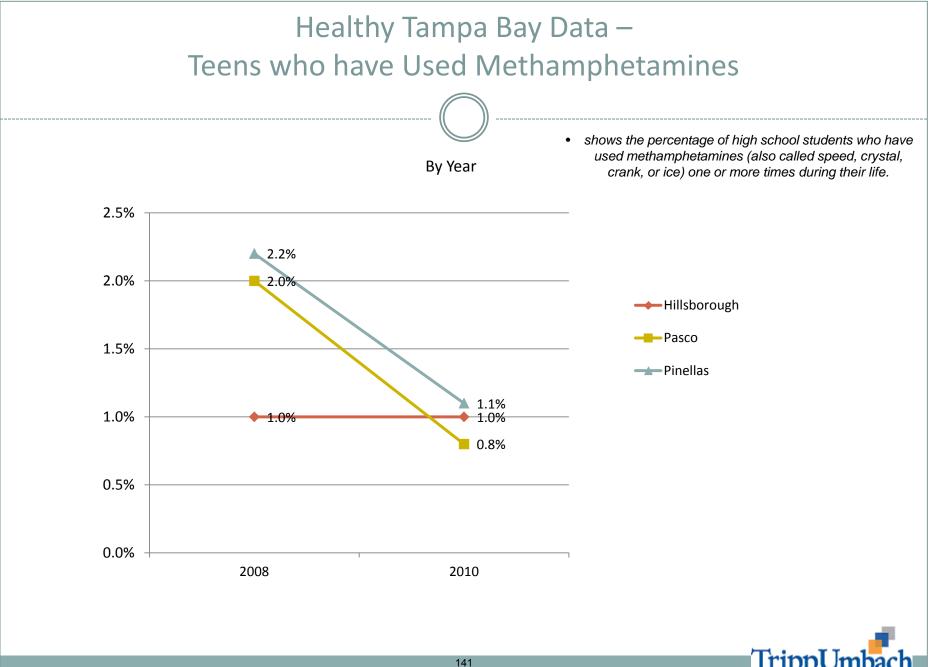




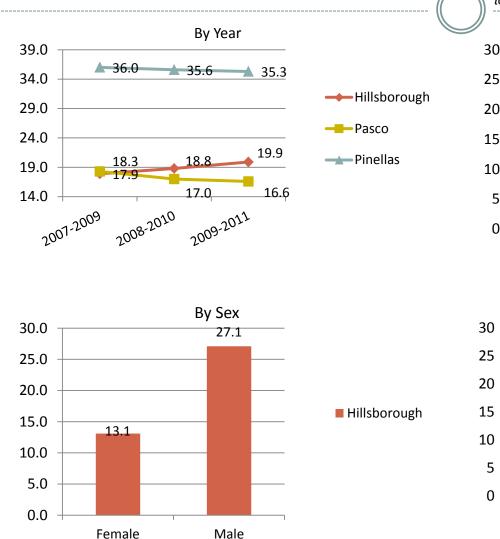




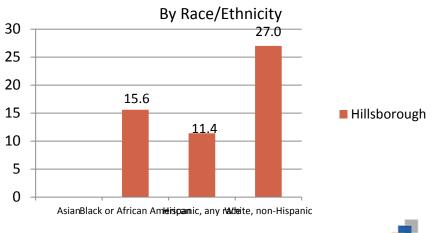




Healthy Tampa Bay Data – ER Rate due to Alcohol Abuse

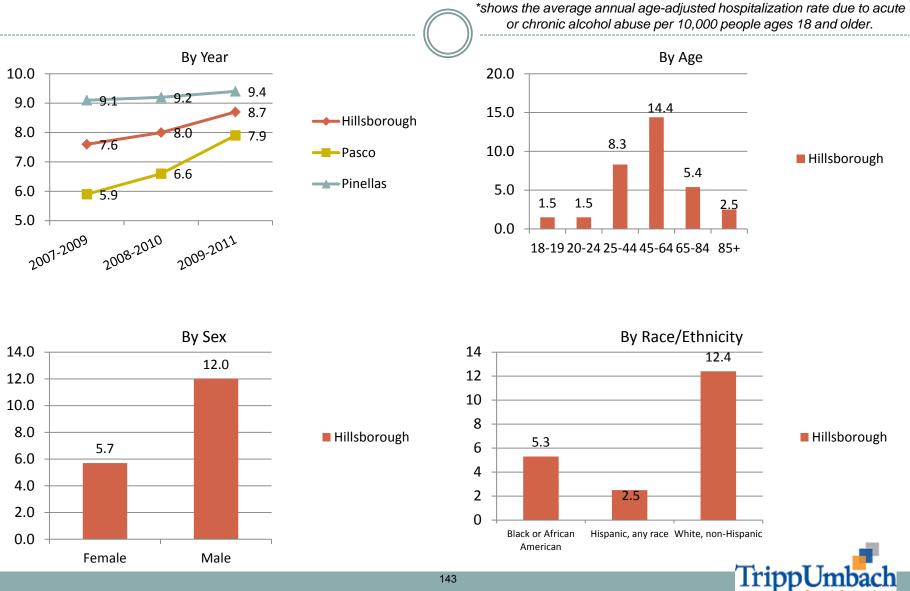


By Age 30.0 24.5 25.0 22.1 22.2 22.5 20.0 Hillsborough 15.0 10.0 4.7 5.0 2.5 0.0 18-19 20-24 25-44 45-64 65-84 85+

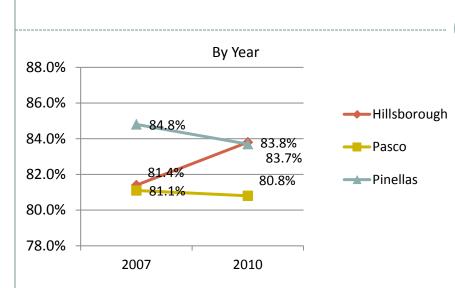


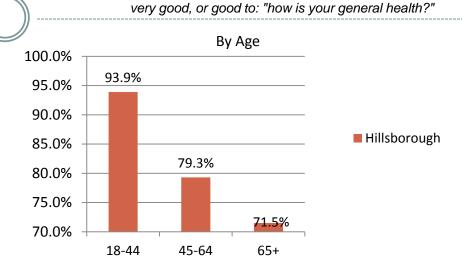
*shows the average annual age-adjusted emergency room visit rate due to acute or chronic alcohol abuse per 10,000 people ages 18 and older.

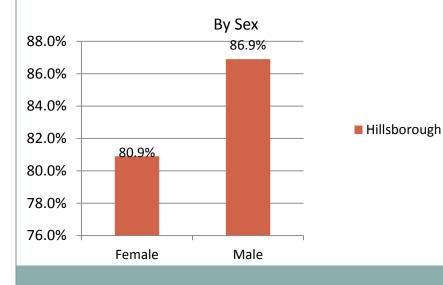
Healthy Tampa Bay Data – Hospitalization Rate due to Alcohol Abuse

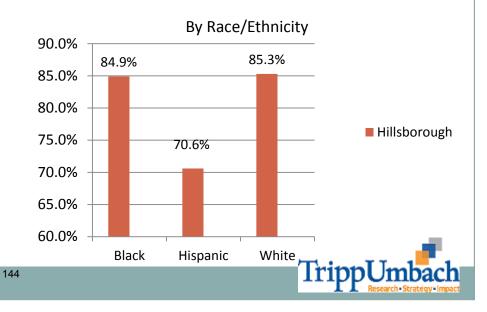


Healthy Tampa Bay Data – Self Reported General Health Assessment *shows the percentage of people answering excellent,

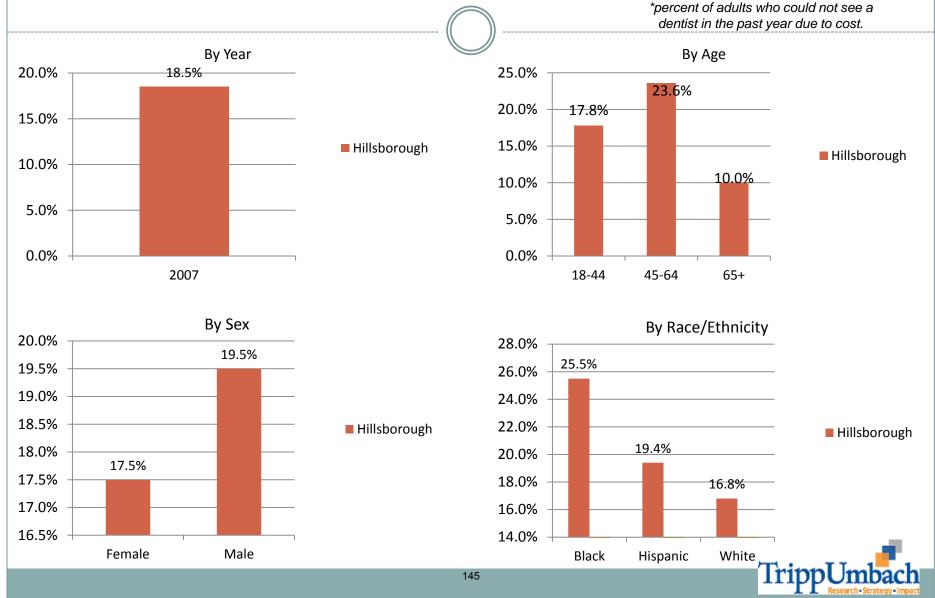


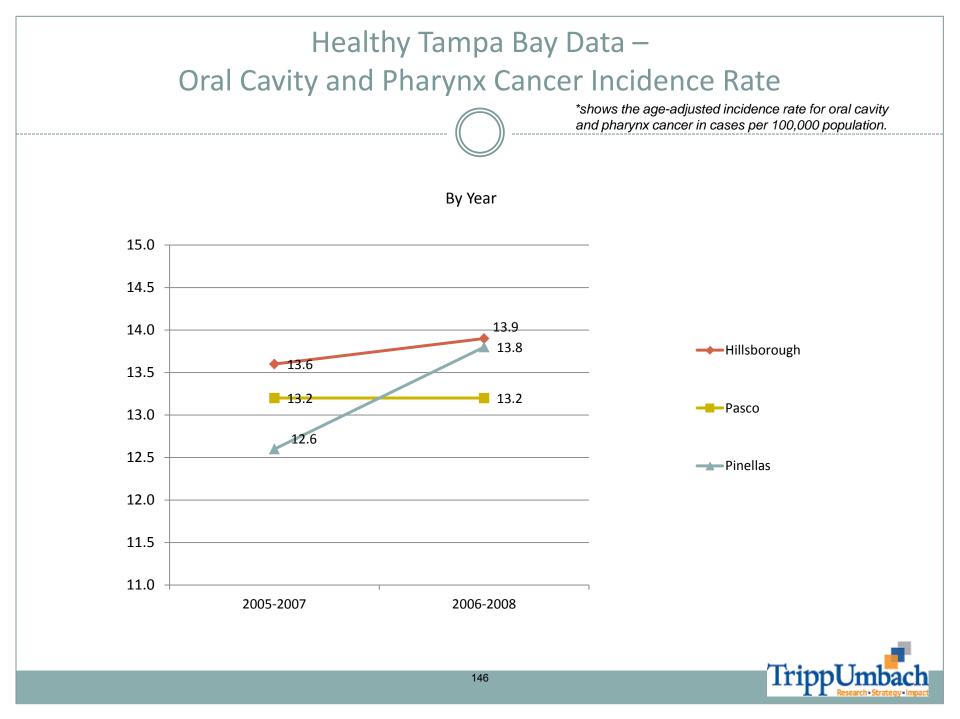




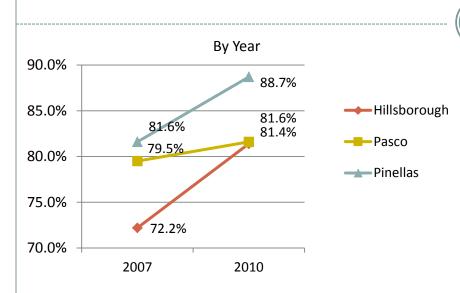


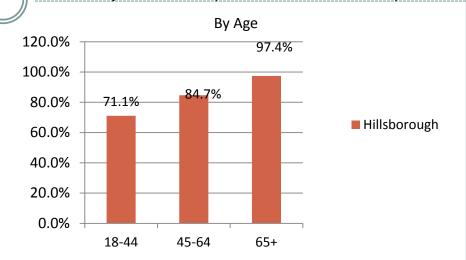
Healthy Tampa Bay Data – Adults Who Did Not Visit a Dentist Due To Cost



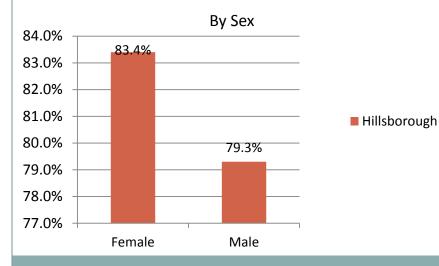


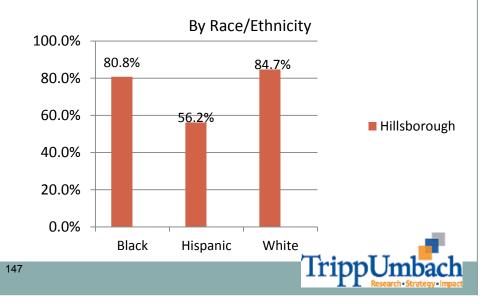
Healthy Tampa Bay Data – Adults with an Unusual Source of Healthcare





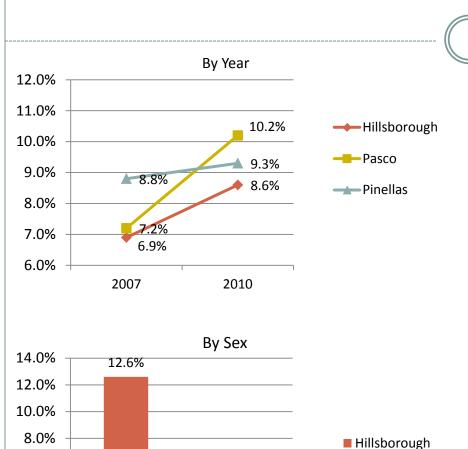
*percent of adults that report having one or more persons they think of as their personal doctor or health care provider.





Healthy Tampa Bay Data – Adults with Asthma *percent of adults who have been told by a healthcare

12.0%



4.4%

Male

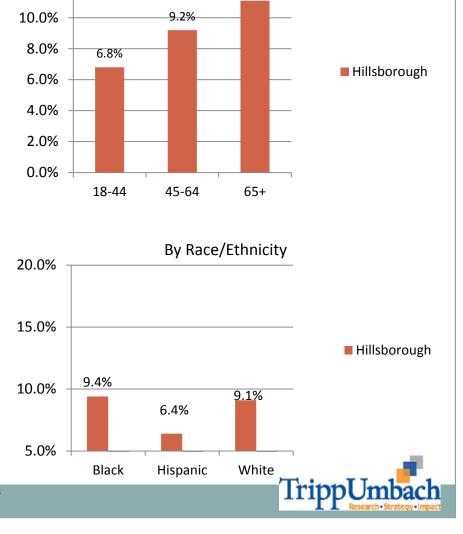
6.0%

4.0%

2.0%

0.0%

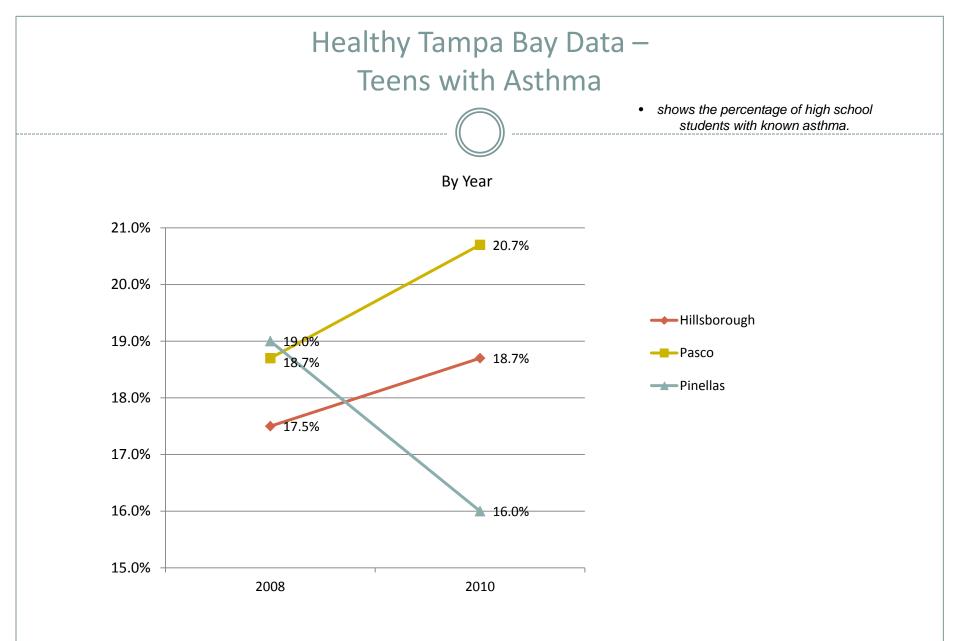
Female



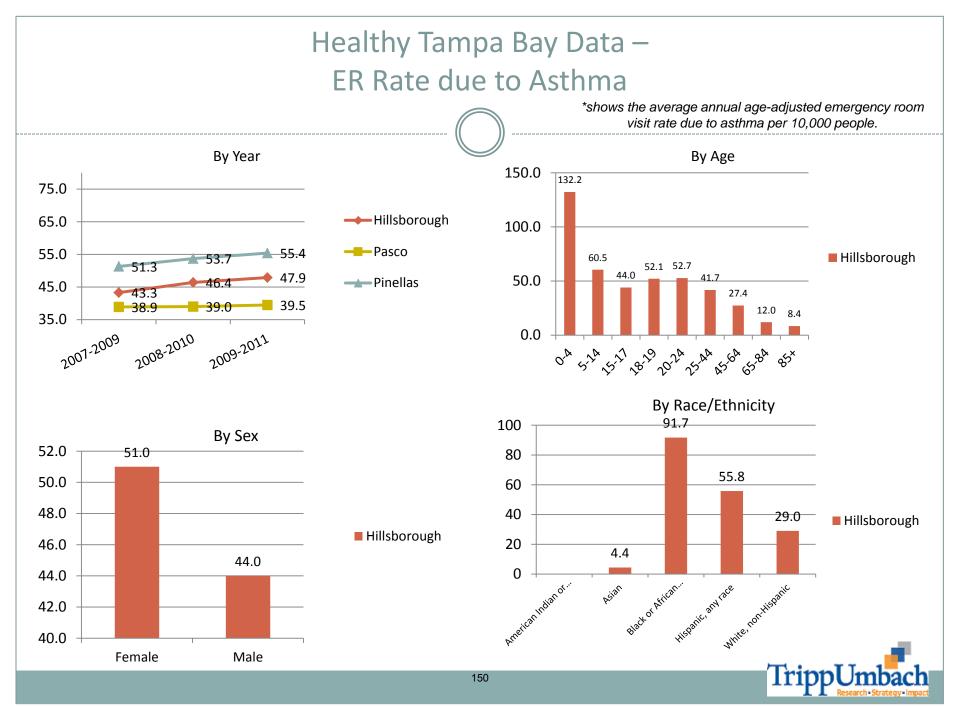
provider that they currently have asthma

By Age 1.1%

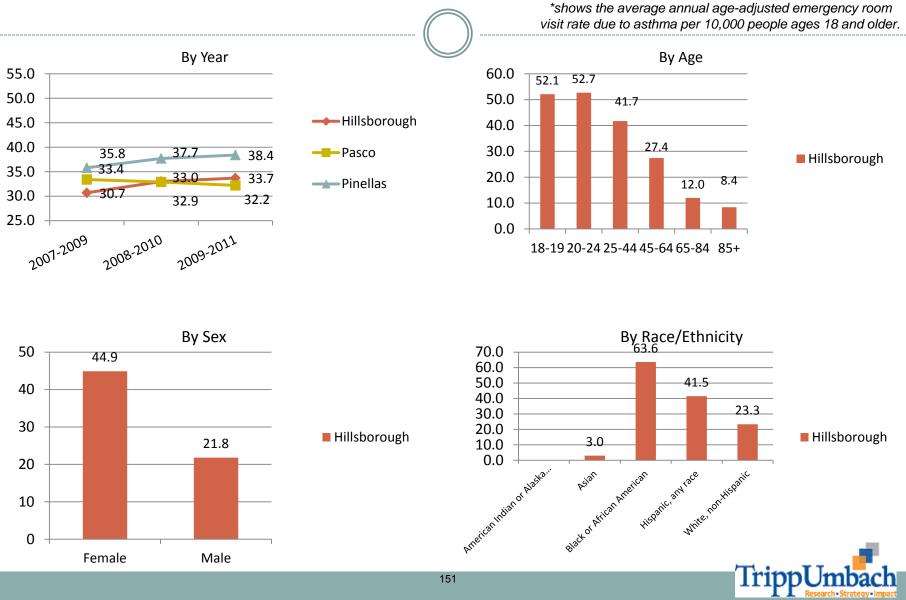
148



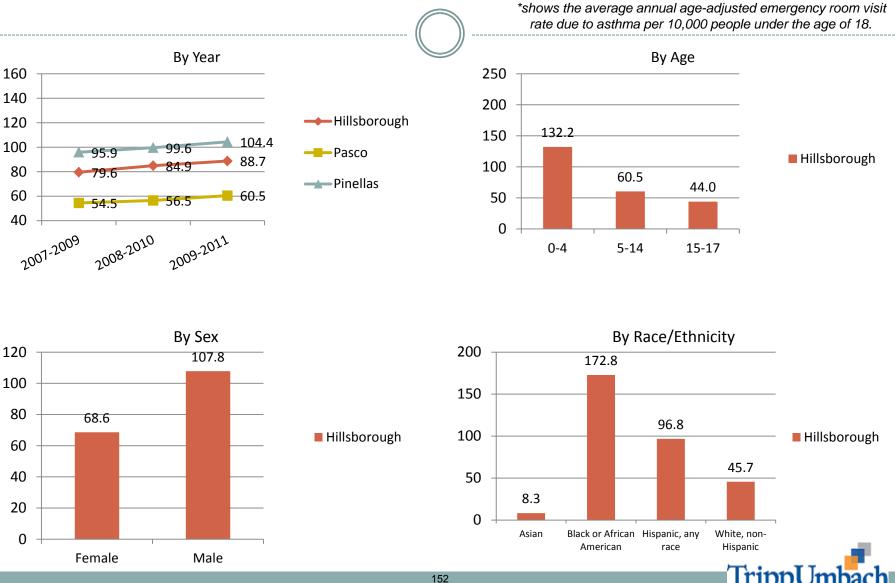
TrippUmbach



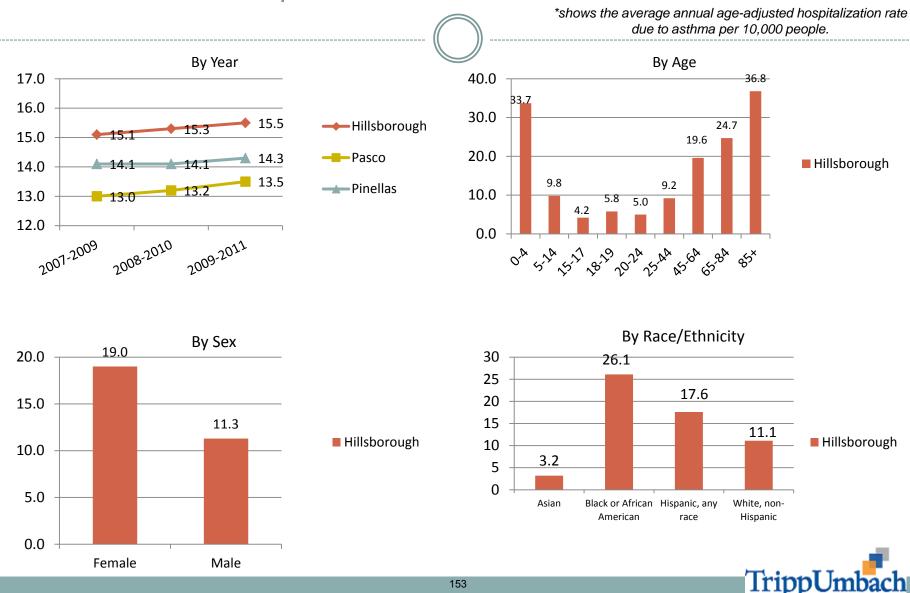
Healthy Tampa Bay Data – ER Rate due to Adult Asthma



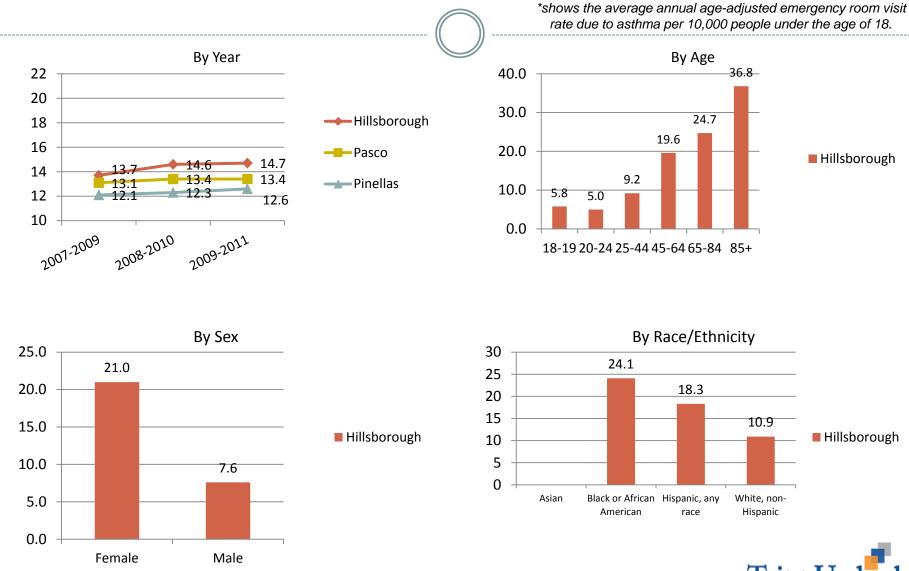
Healthy Tampa Bay Data – ER Rate due to Pediatric Asthma



Healthy Tampa Bay Data – Hospitalization Rate due to Asthma

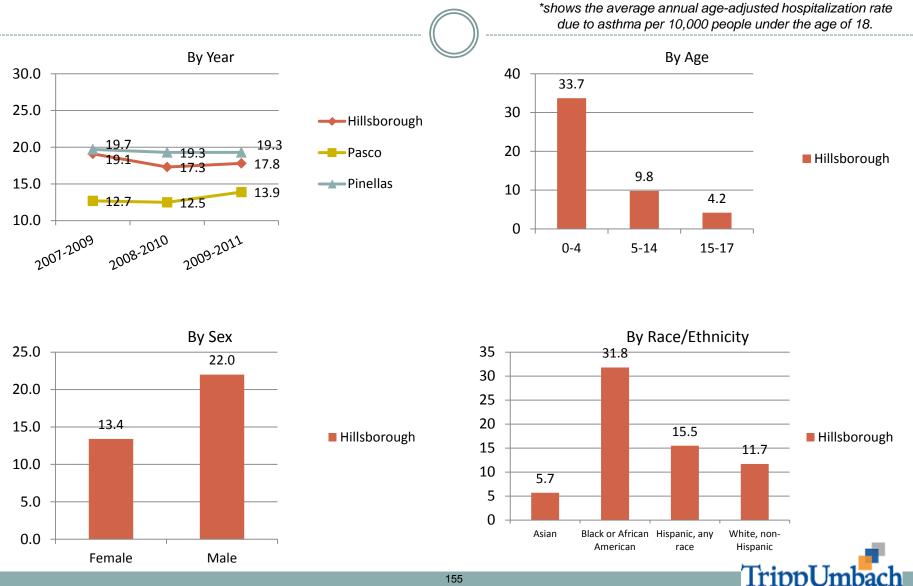


Healthy Tampa Bay Data – Hospitalization Rate due to Adult Asthma

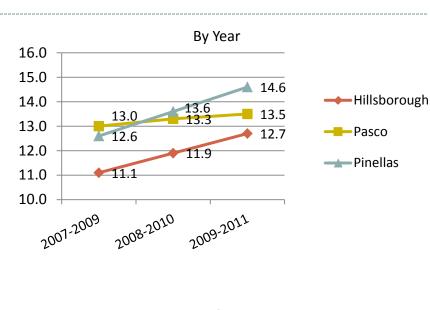


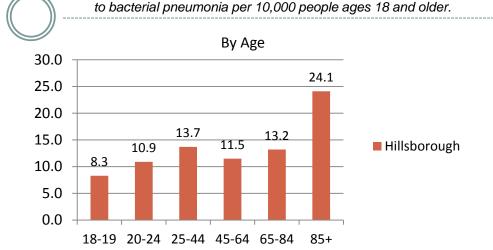
154

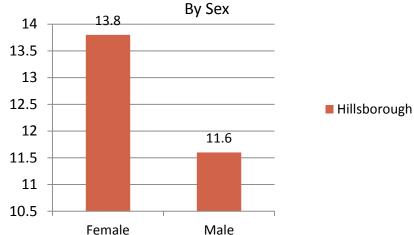
Healthy Tampa Bay Data – Hospitalization Rate due to Pediatric Asthma

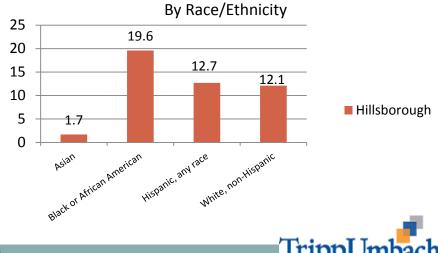


Healthy Tampa Bay Data – ER Rate due to Bacterial Pneumonia *shows the average annual age-adjusted emergency room visit rate due

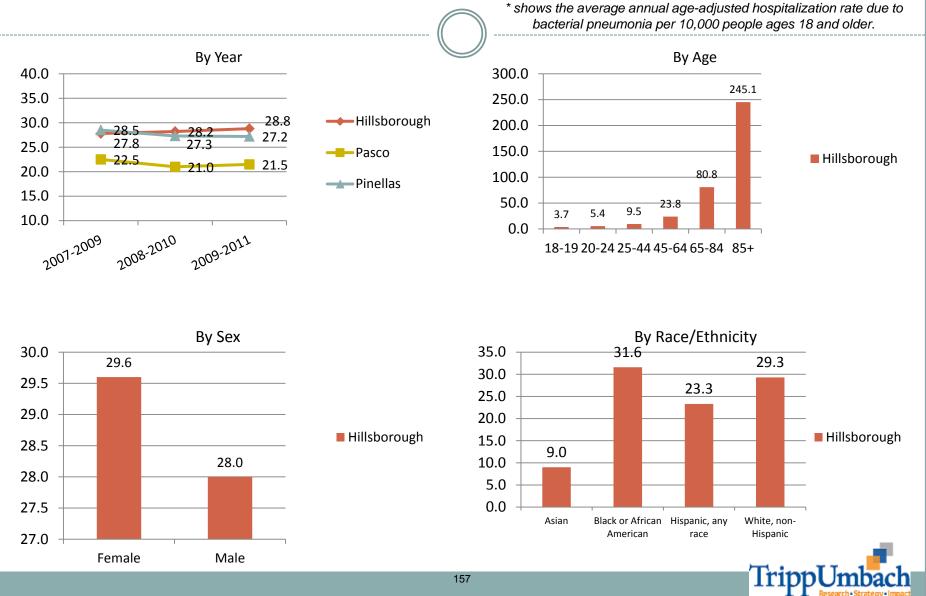






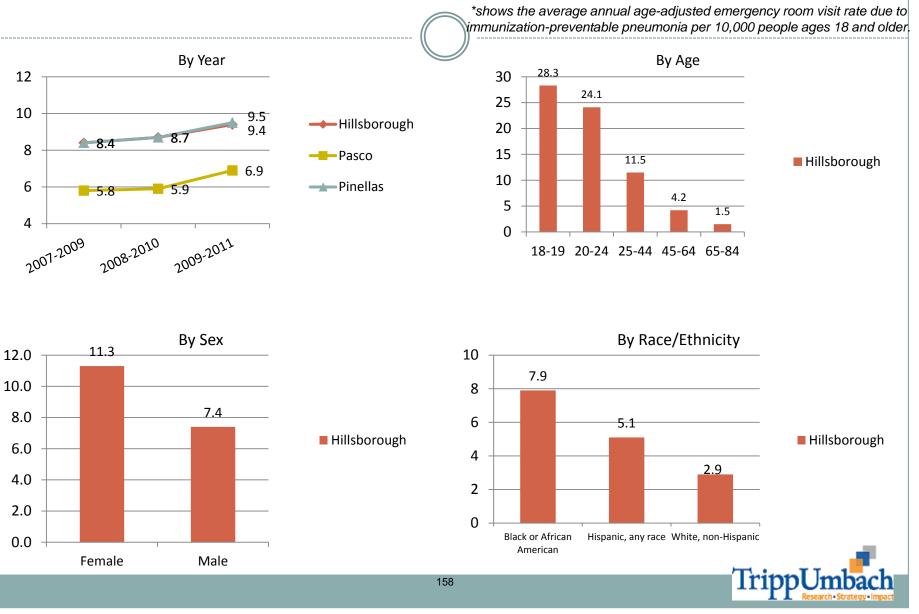


Healthy Tampa Bay Data – Hospitalization Rate due to Bacterial Pneumonia



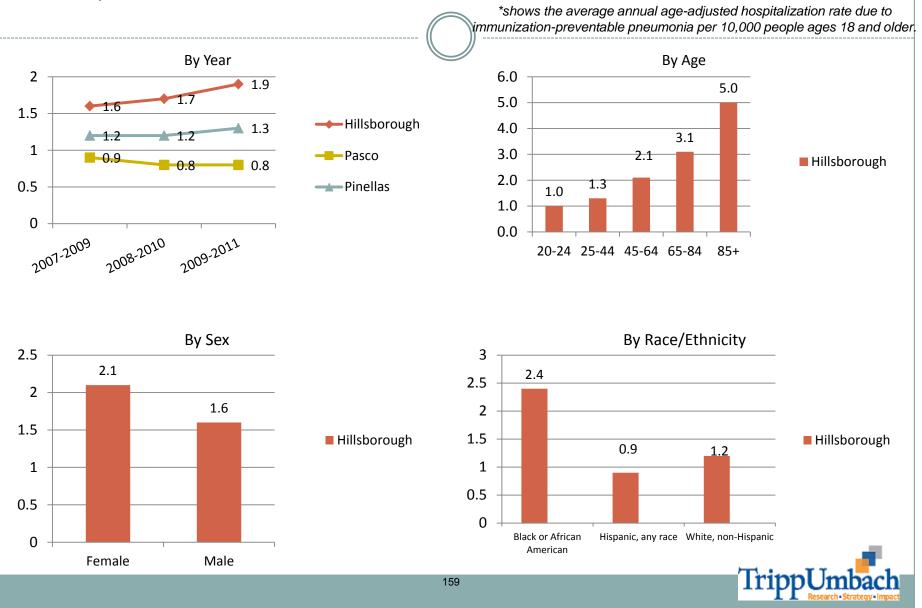
Healthy Tampa Bay Data –

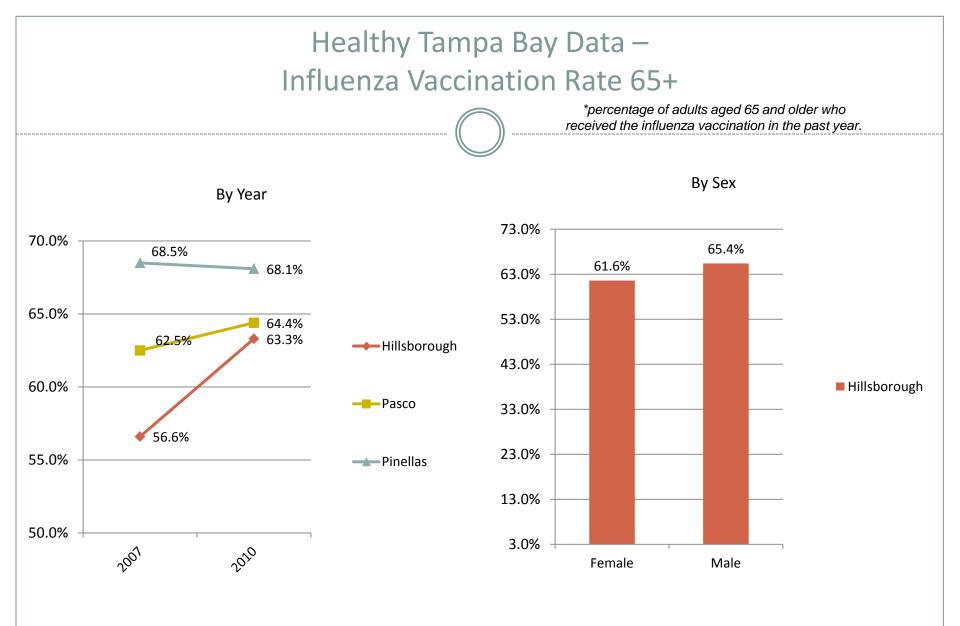
ER Rate due to Immunization-Preventable Pneumonia and Influenza



Healthy Tampa Bay Data –

Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza

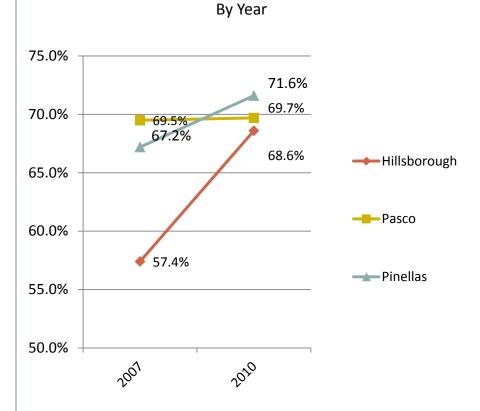


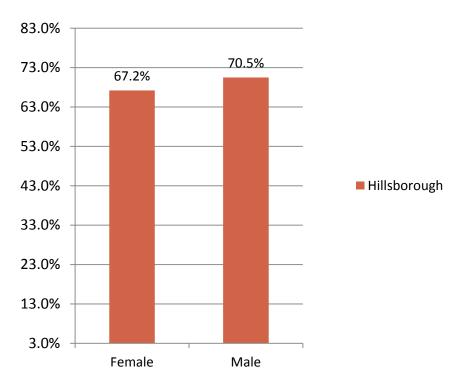




Healthy Tampa Bay Data – Pneumonia Vaccination Rate 65+

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

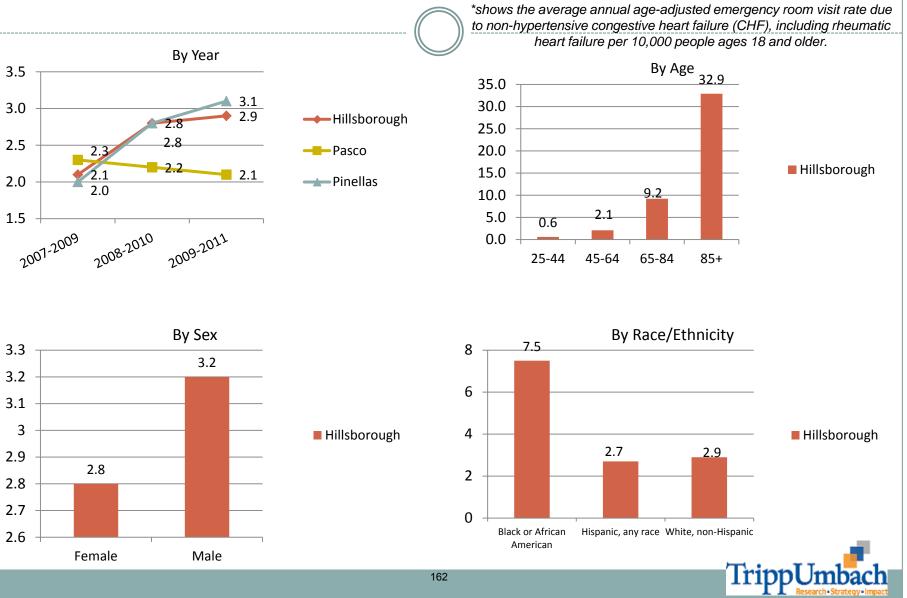




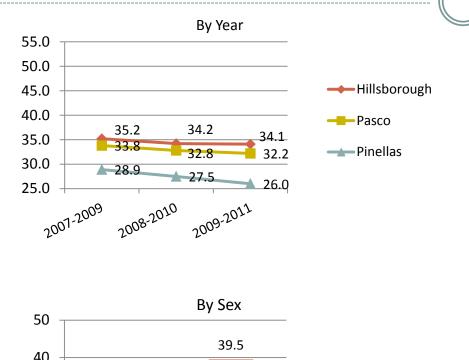




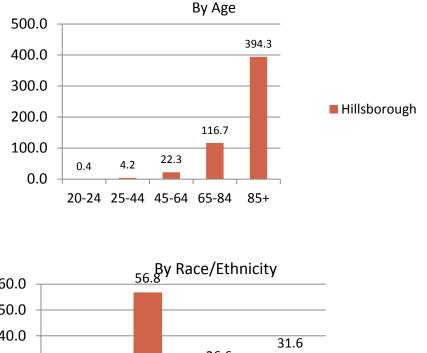
Healthy Tampa Bay Data – ER Rate due to Congestive Heart Failure

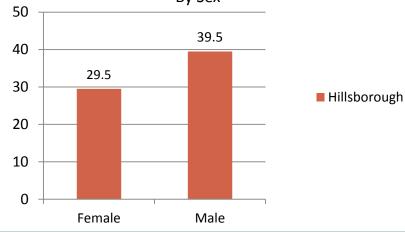


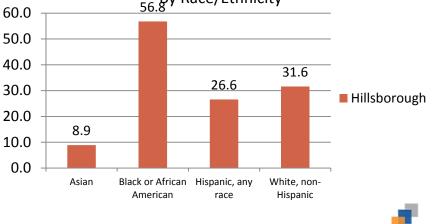
Healthy Tampa Bay Data – Hospitalization Rate due to Congestive Heart Failure



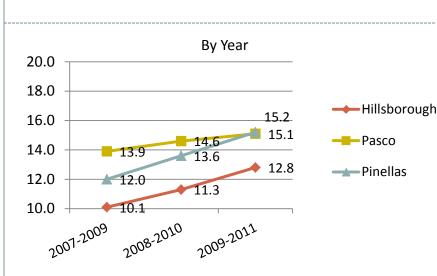
*shows the average annual age-adjusted hospitalization rate due to nonhypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.



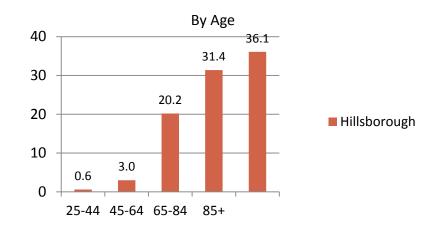


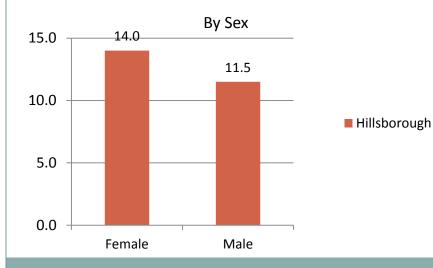


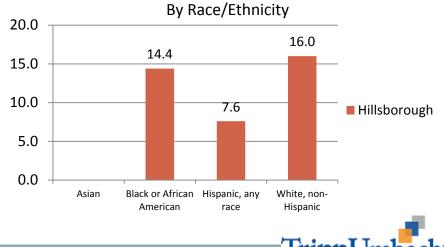
Healthy Tampa Bay Data – ER Rate due to COPD



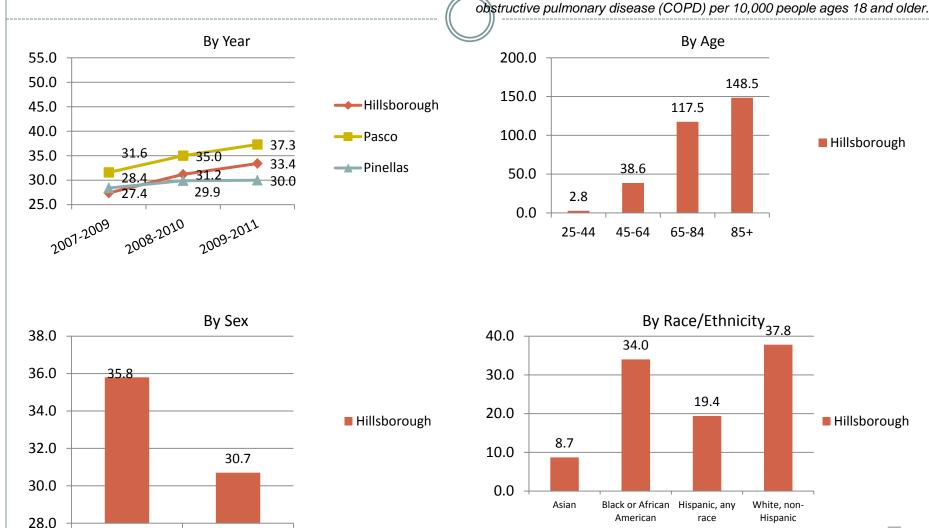
*shows the average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.





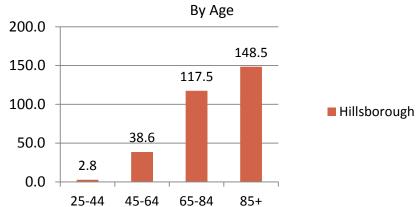


Healthy Tampa Bay Data – Hospitalization Rate due to COPD shows the average annual age-adjusted hospitalization rate due to chronic



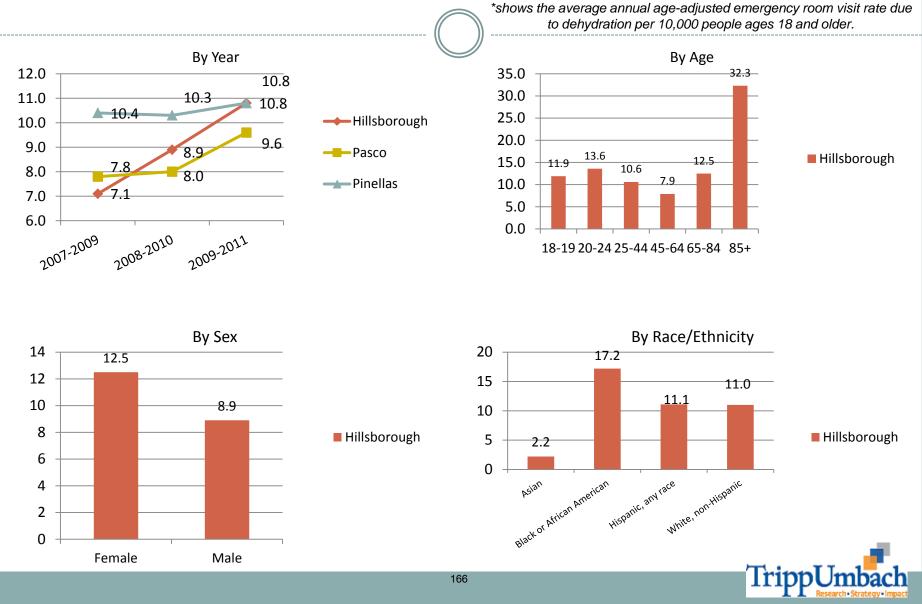
Female

Male

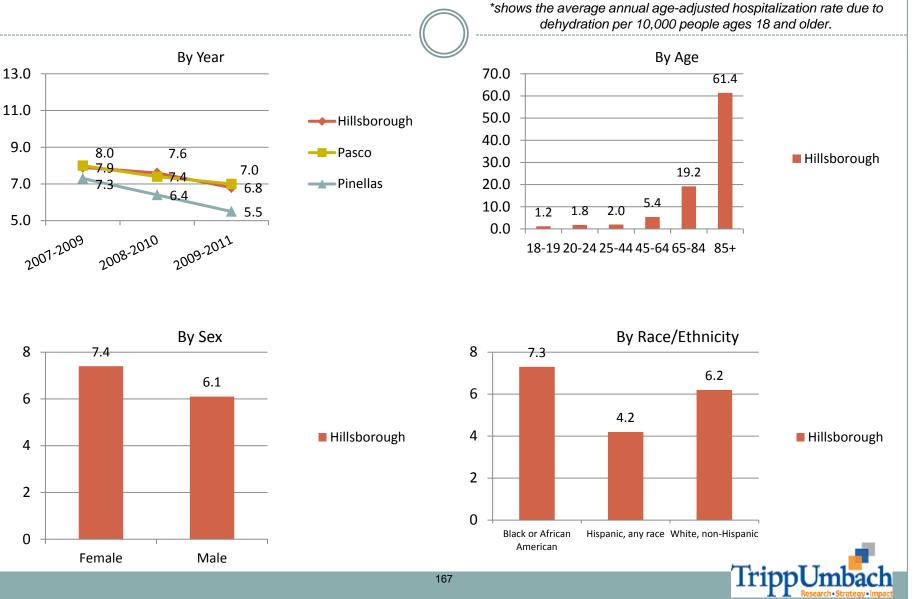


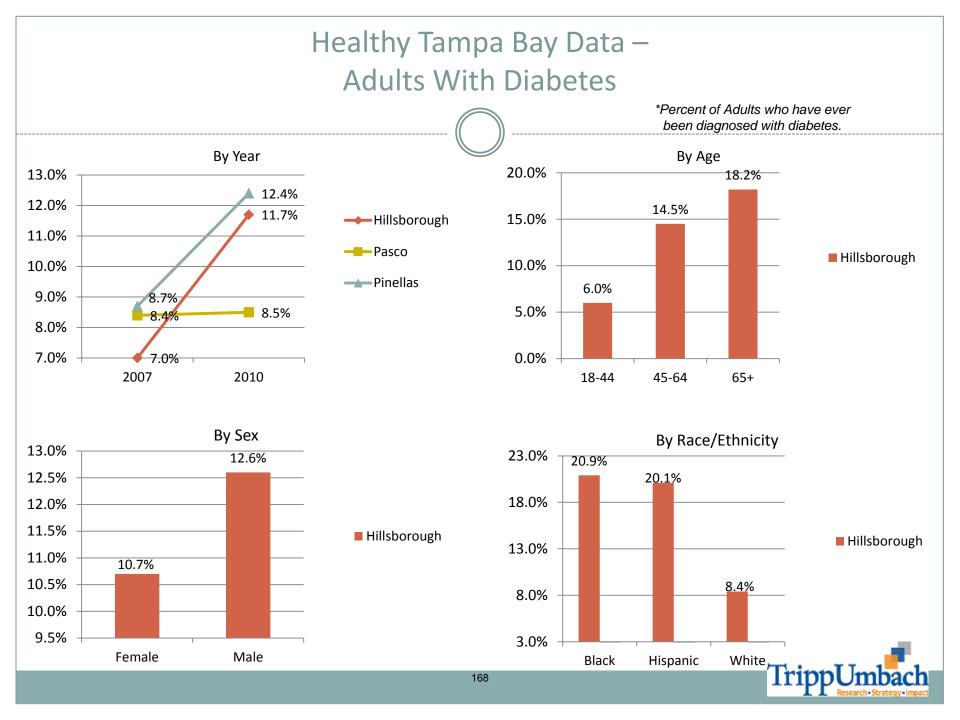
By Race/Ethnicity_{37.8} 34.0 19.4 Hillsborough Hispanic, any Black or African White, non-American race Hispanic

Healthy Tampa Bay Data – ER Rate due to Dehydration

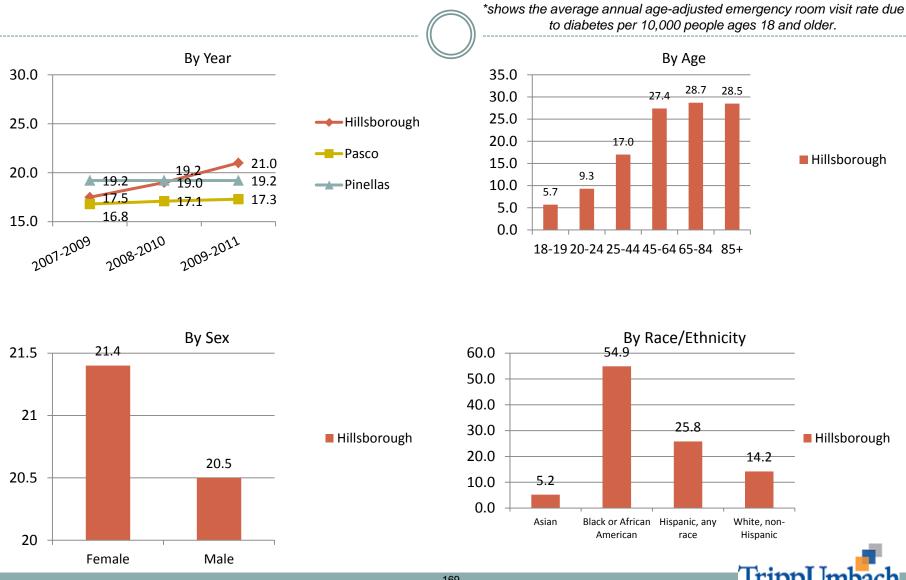


Healthy Tampa Bay Data – Hospitalization Rate due to Dehydration

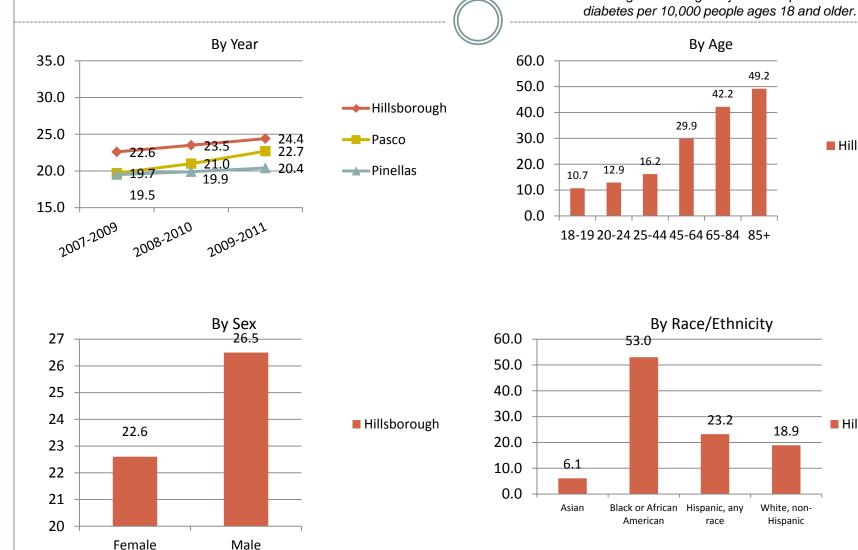




Healthy Tampa Bay Data – ER Rate due to Diabetes



Healthy Tampa Bay Data – Hospitalization Rate due to Diabetes * shows the average annual age-adjusted hospitalization rate due to



Hillsborough

18.9

White, non-

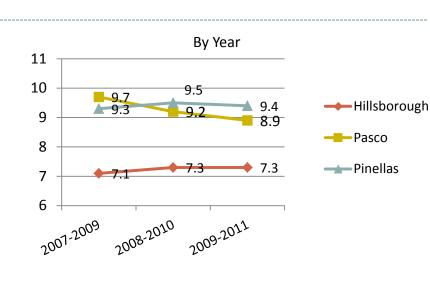
Hispanic

Hillsborough

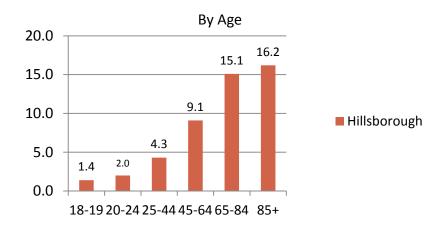
49.2

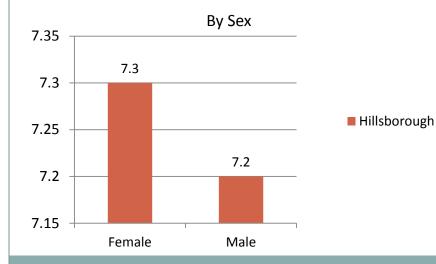
170

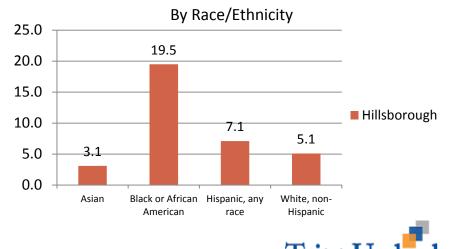
Healthy Tampa Bay Data – ER Rate due to Long-Term Complications of Diabetes



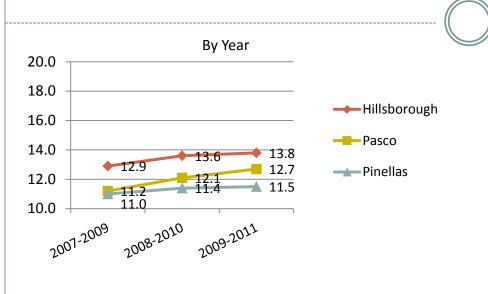
*shows the average annual age-adjusted emergency room visit rate due to long-term complications of diabetes per 10,000 people ages 18 and older. Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage.

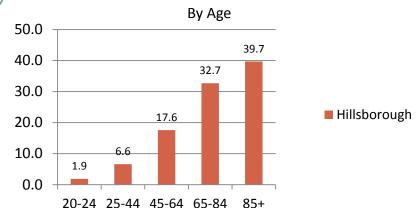




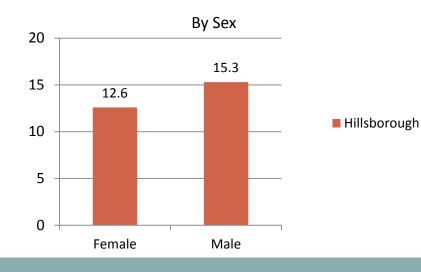


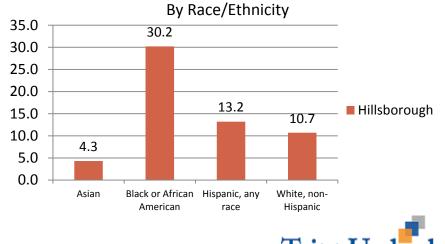
Healthy Tampa Bay Data – Hospitalization Rate due to Long-Term Complications of Diabetes



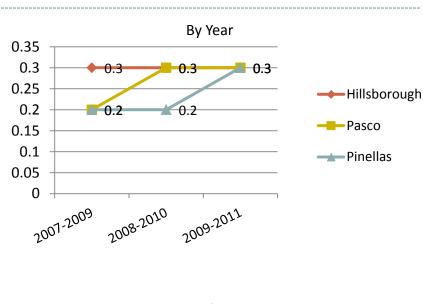


*shows the average annual age-adjusted hospitalization rate due to longterm complications of diabetes per 10,000 people ages 18 and older.

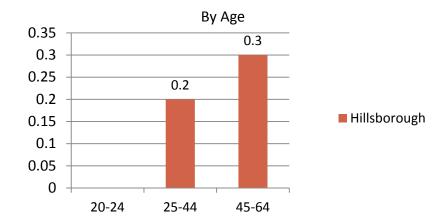


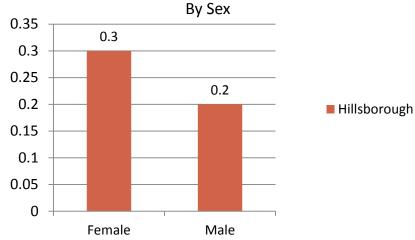


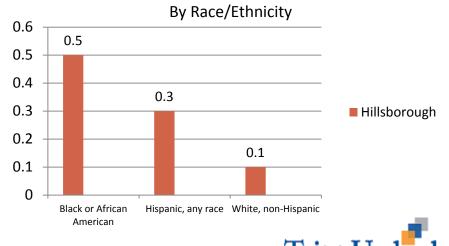
Healthy Tampa Bay Data – ER Rate due to Short-Term Complications of Diabetes



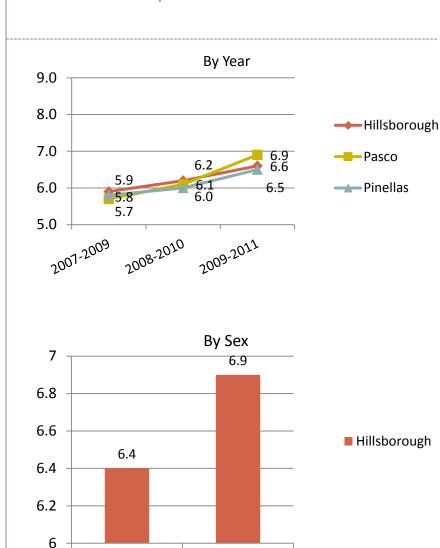
*shows the average annual age-adjusted emergency room visit rate due to short-term complications of diabetes per 10,000 people ages 18 and older. Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma.







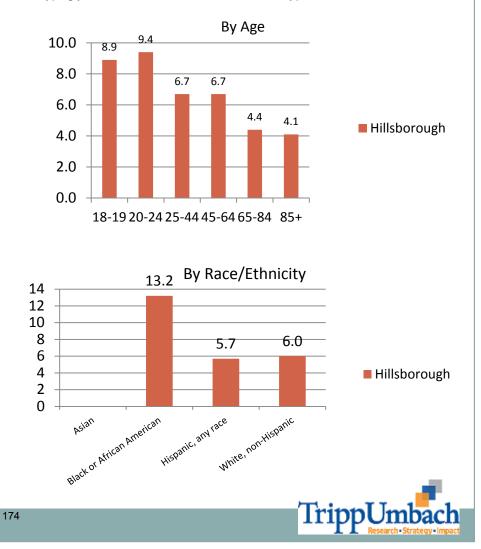
Healthy Tampa Bay Data – Hospitalization Rate due to Short-Term Complications of Diabetes



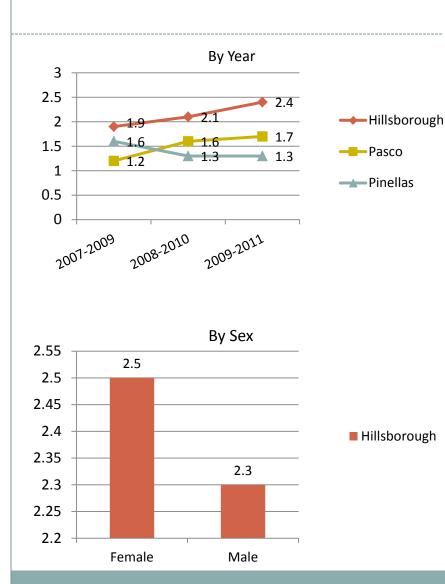
Male

Female

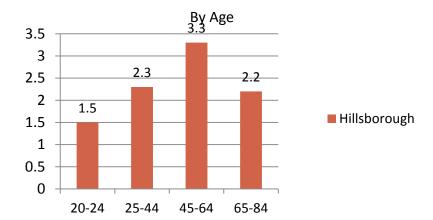
*shows the average annual age-adjusted hospitalization rate due to shortterm complications of diabetes per 10,000 people ages 18 and older. Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma.

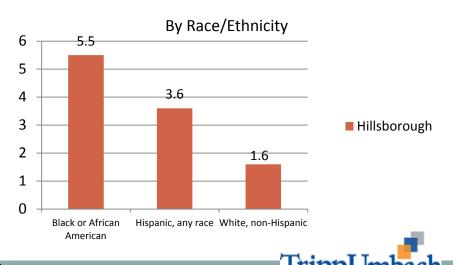


Healthy Tampa Bay Data – ER Rate due to Uncontrolled Diabetes

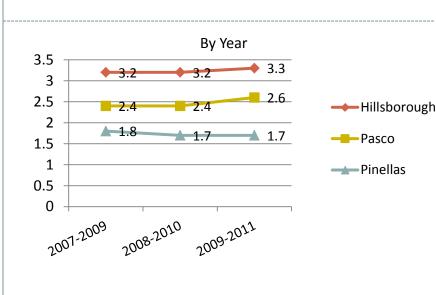


*shows the average annual age-adjusted emergency room visit rate due to uncontrolled diabetes per 10,000 people ages 18 and older. Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment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

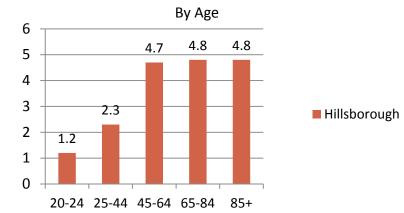


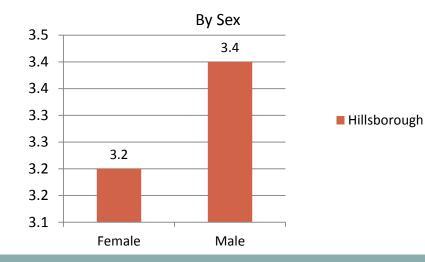


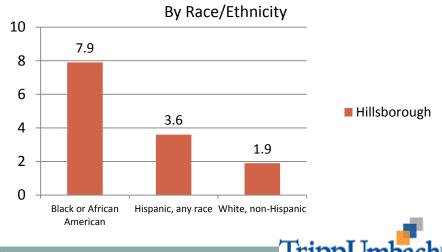
Healthy Tampa Bay Data – Hospitalization Rate due to Uncontrolled Diabetes



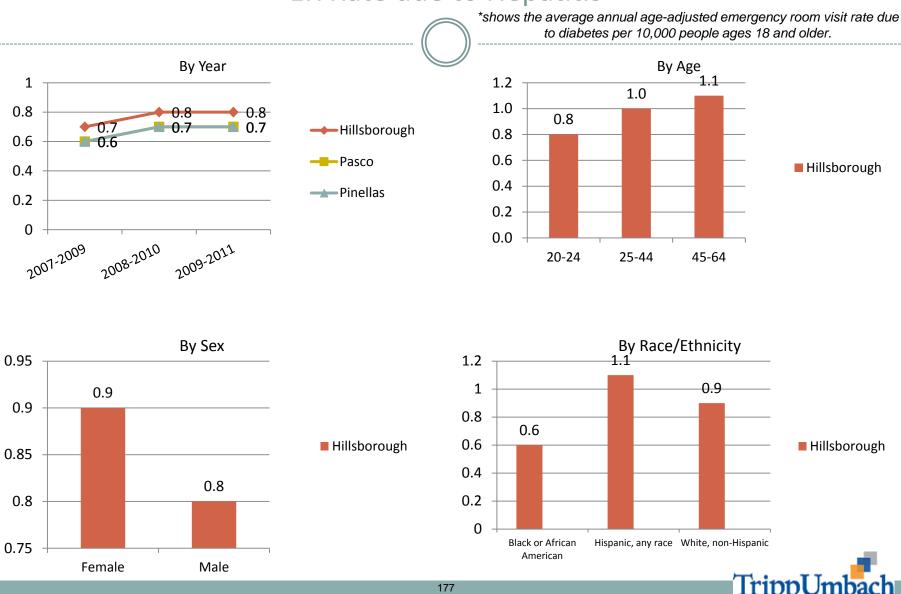
*shows the average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 10,000 people ages 18 and older. Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine.



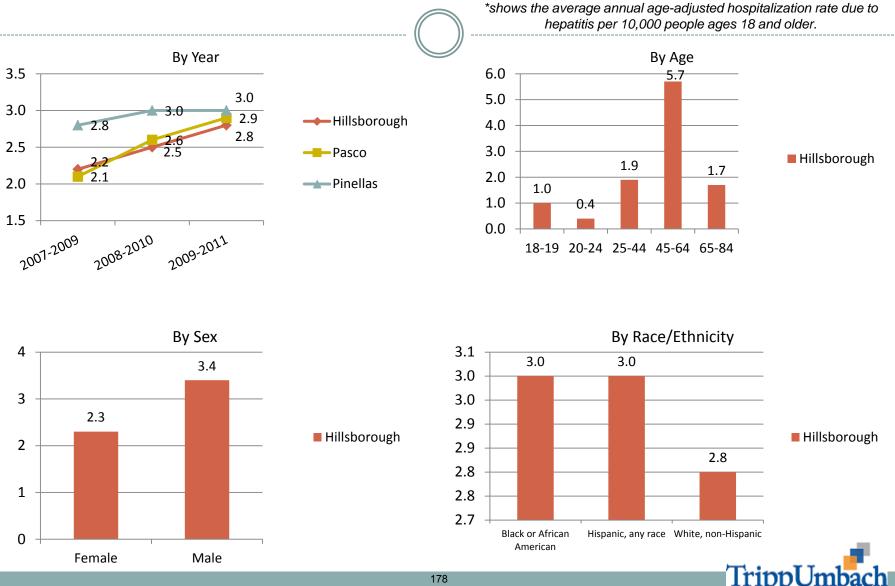




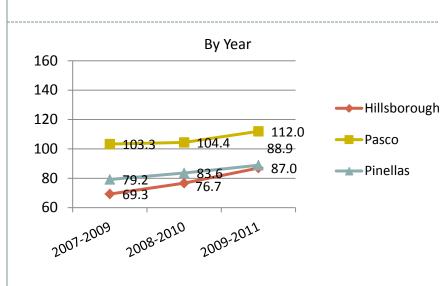
Healthy Tampa Bay Data – ER Rate due to Hepatitis



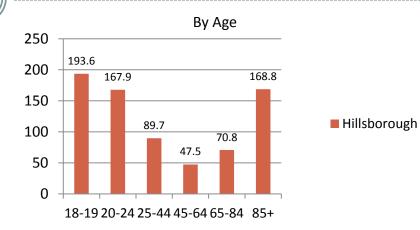
Healthy Tampa Bay Data – Hospitalization Rate due to Hepatitis

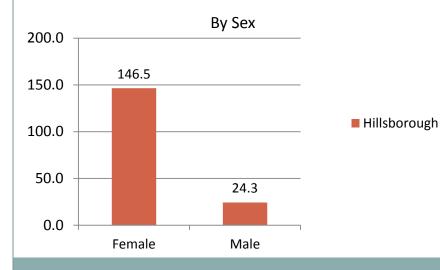


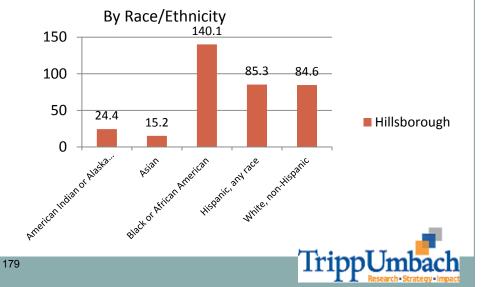
Healthy Tampa Bay Data – ER Rate due to Urinary Tract Infections



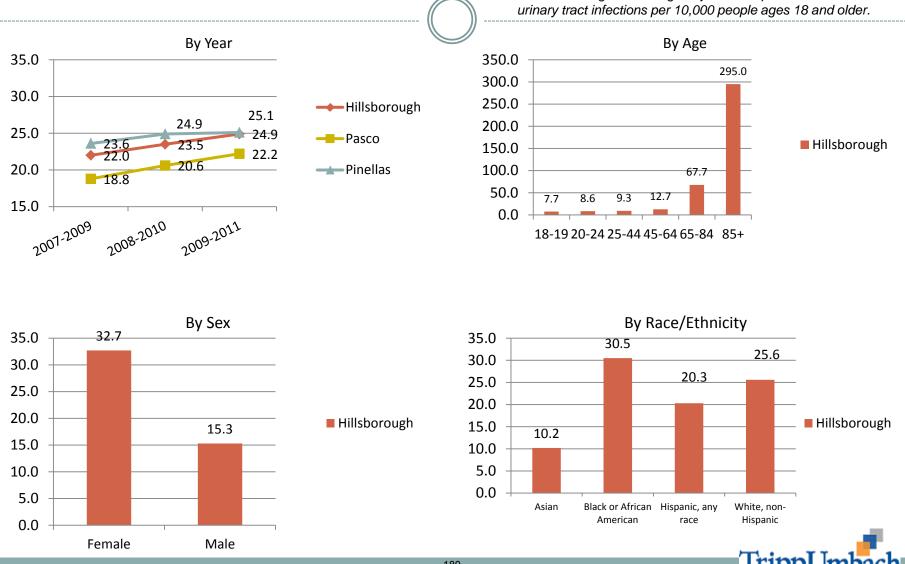
*shows the average annual age-adjusted emergency room visit rate due to urinary tract infections per 10,000 people ages 18 and older.



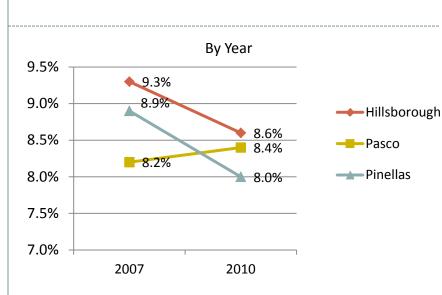




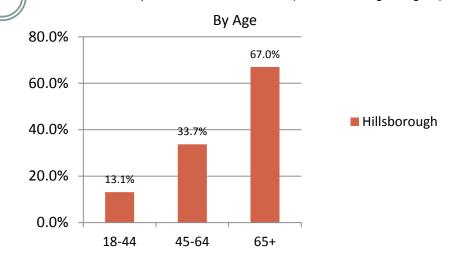
Healthy Tampa Bay Data – Hospitalization Rate due to Urinary Tract Infections *shows the average annual age-adjusted hospitalization rate due to



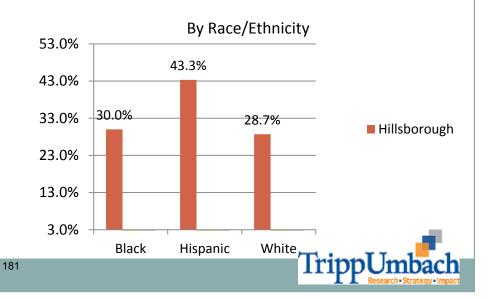
Healthy Tampa Bay Data – High Blood Pressure Prevalence *Percentage of Adults who have been told they have high blood

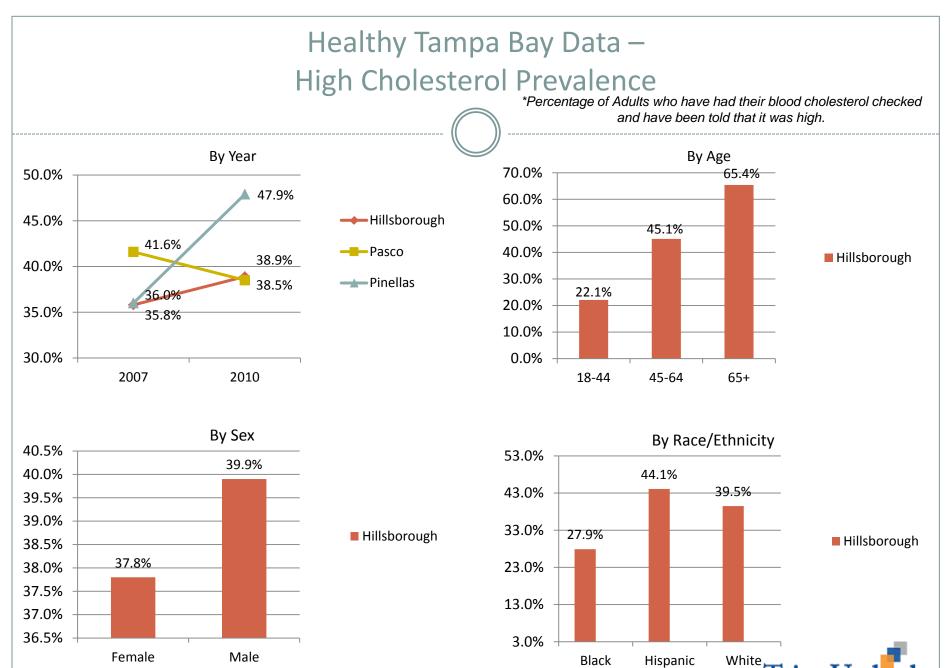


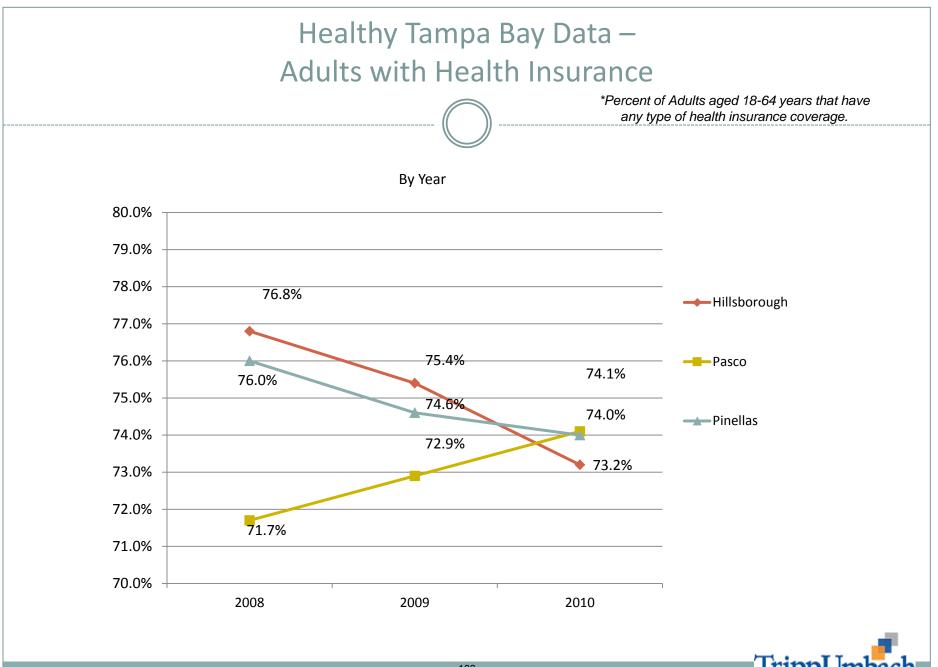
By Sex 31.7% 31.5% 31.0% 30.5% 30.0% 29.6% 29.5% 29.0% 29.0% Eemale Male

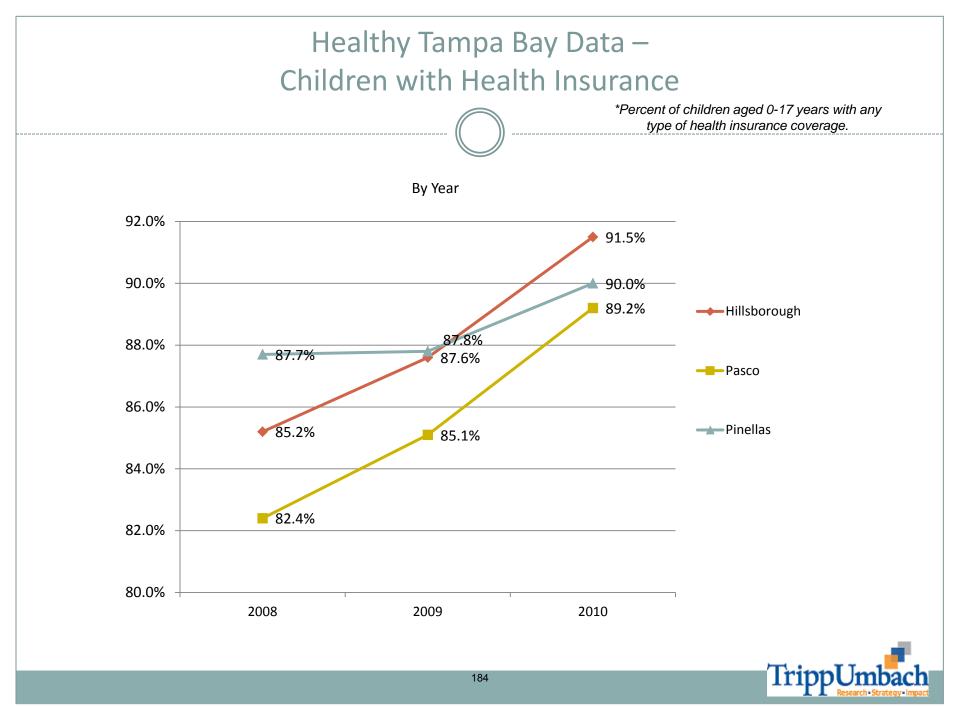


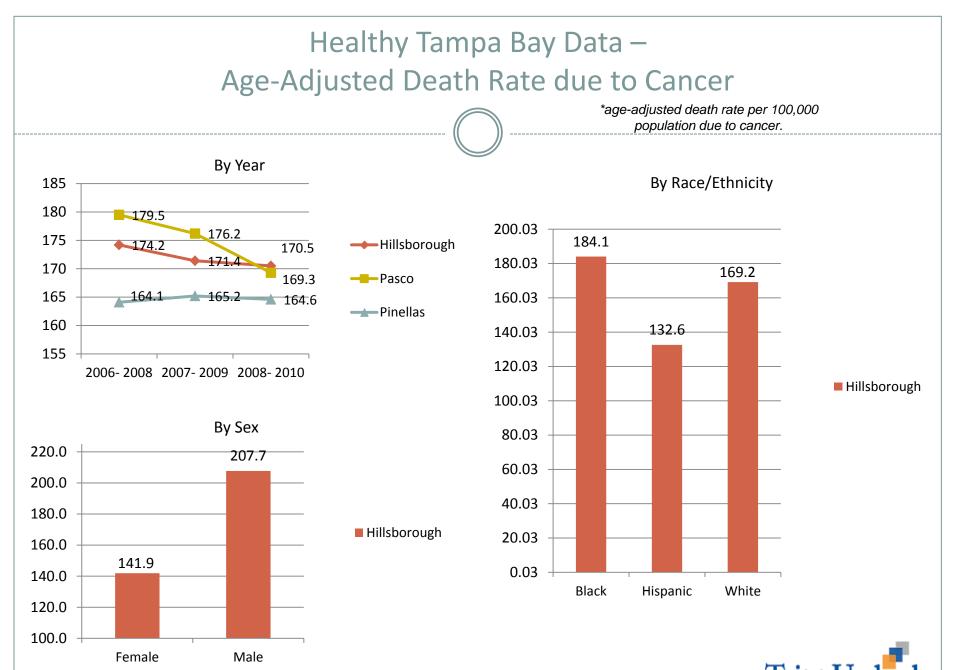
pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher)

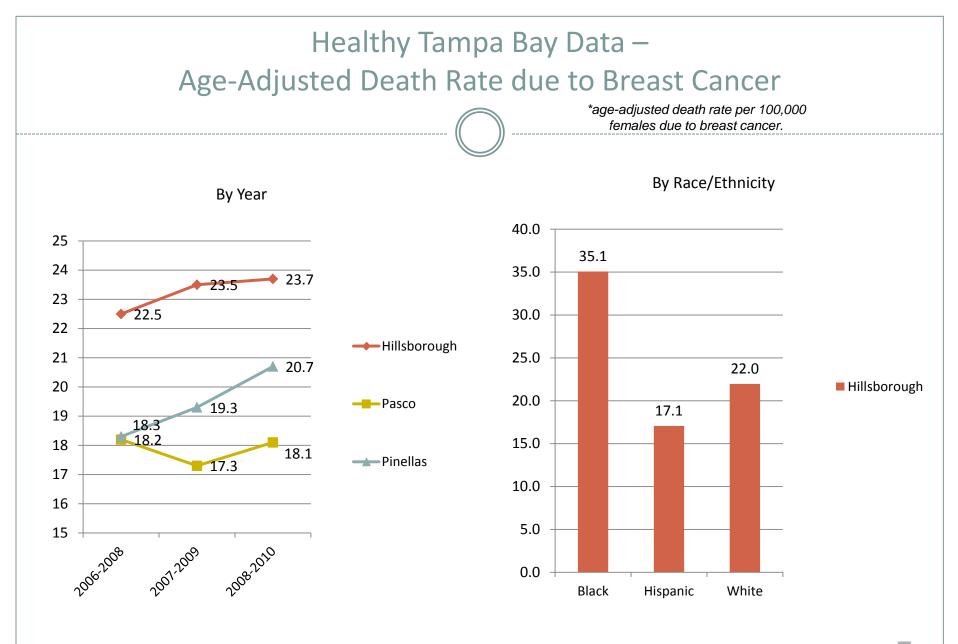




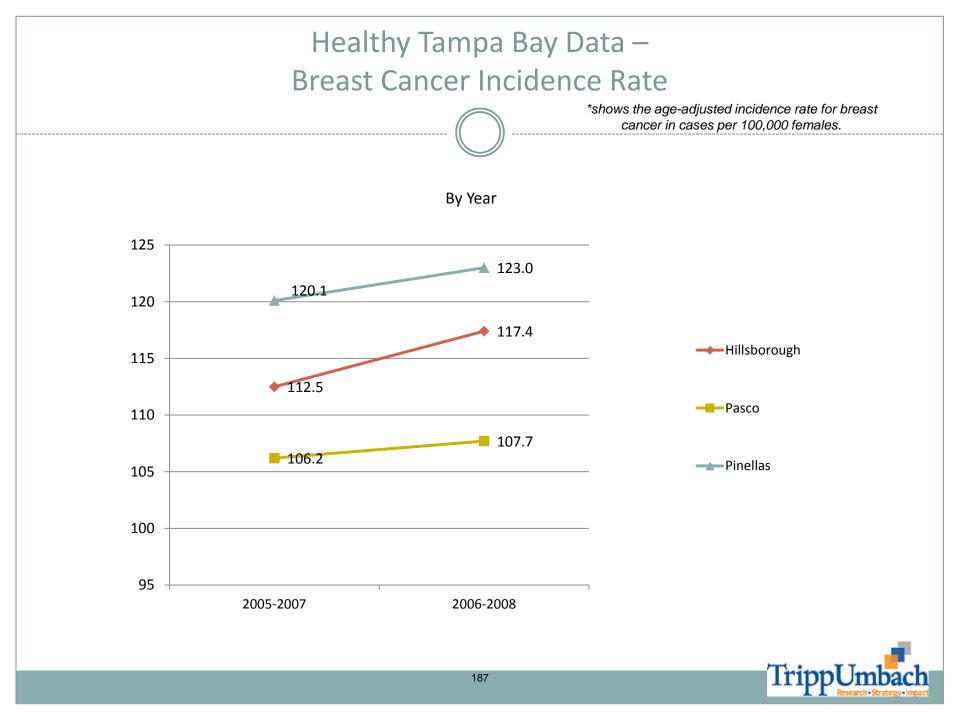


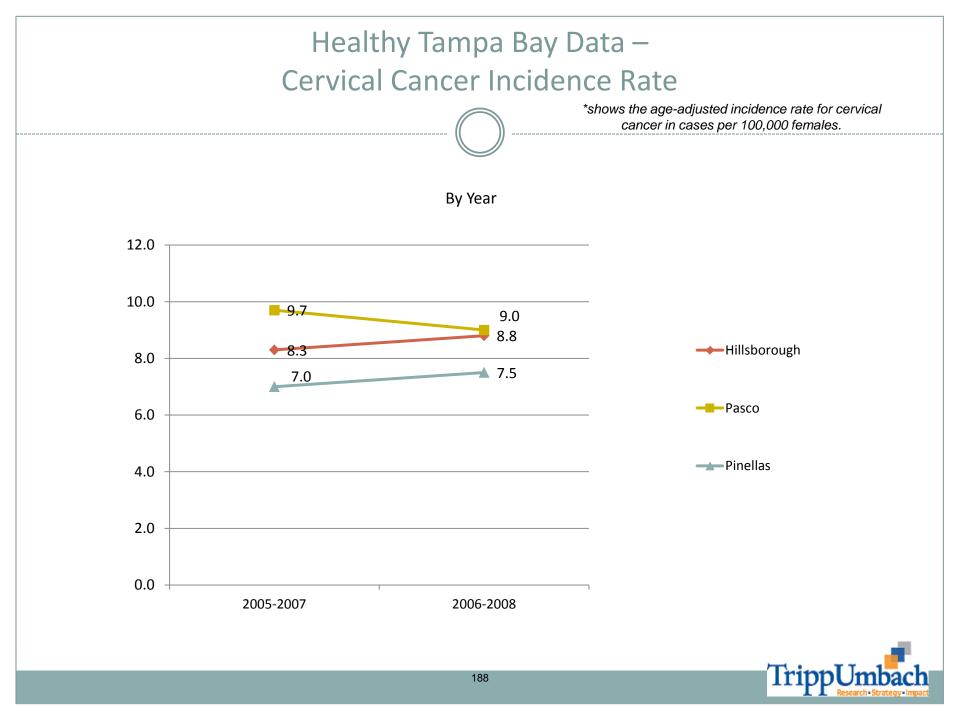


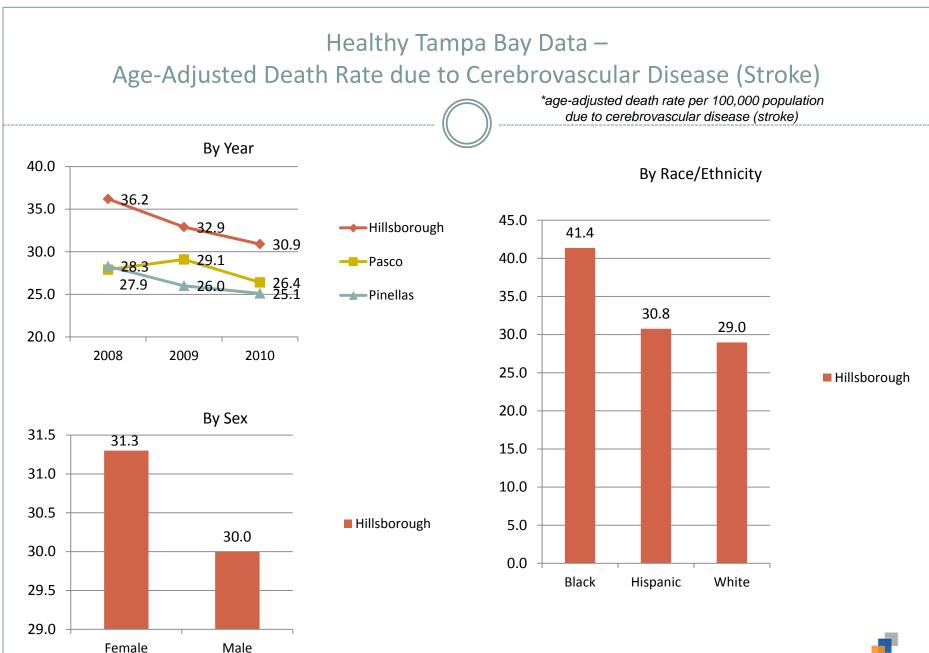




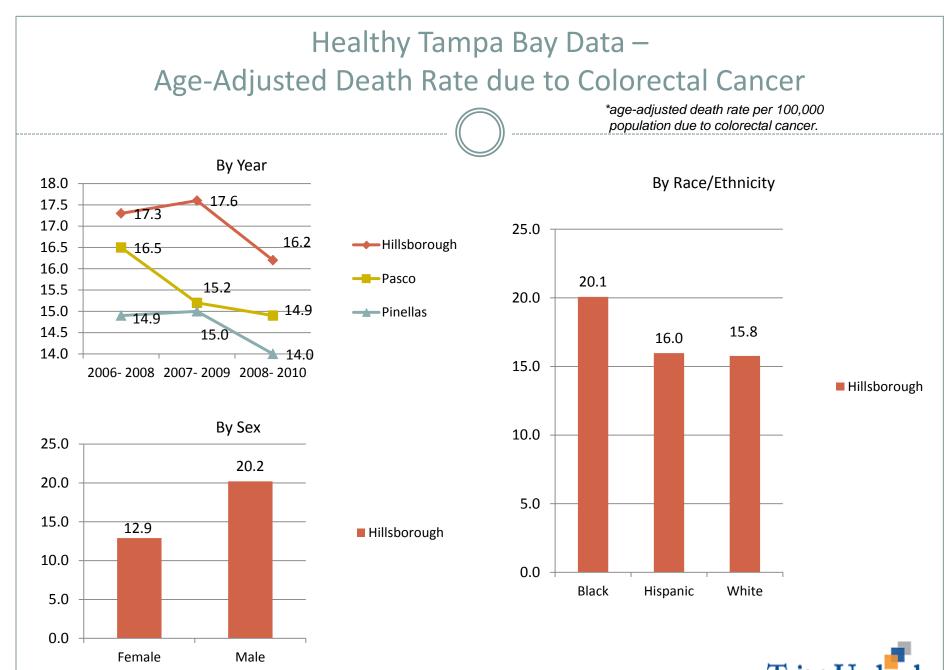








Male



Healthy Tampa Bay Data – Colon Cancer Screening *percentage of respondents aged 50 and over who

19.0%

18.8%

18.6%

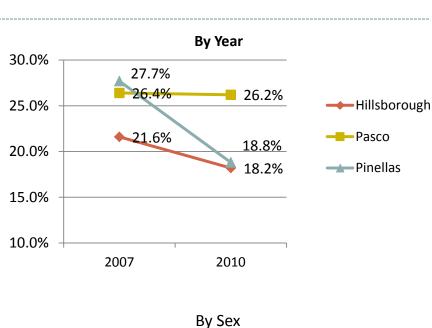
18.4%

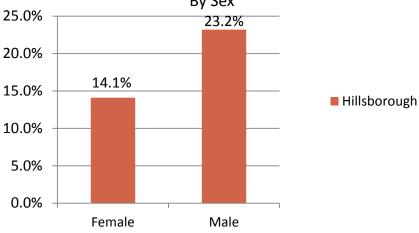
18.2%

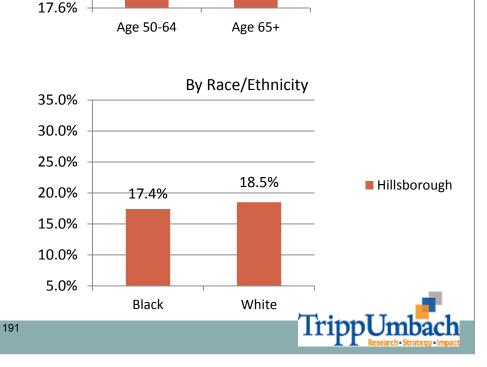
18.0%

17.8%

18.0%





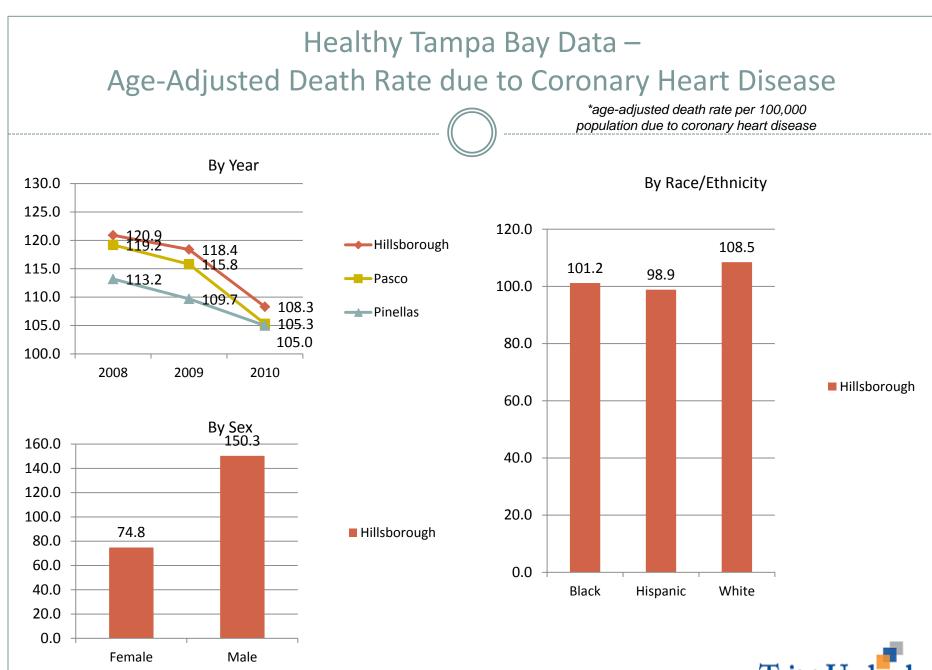


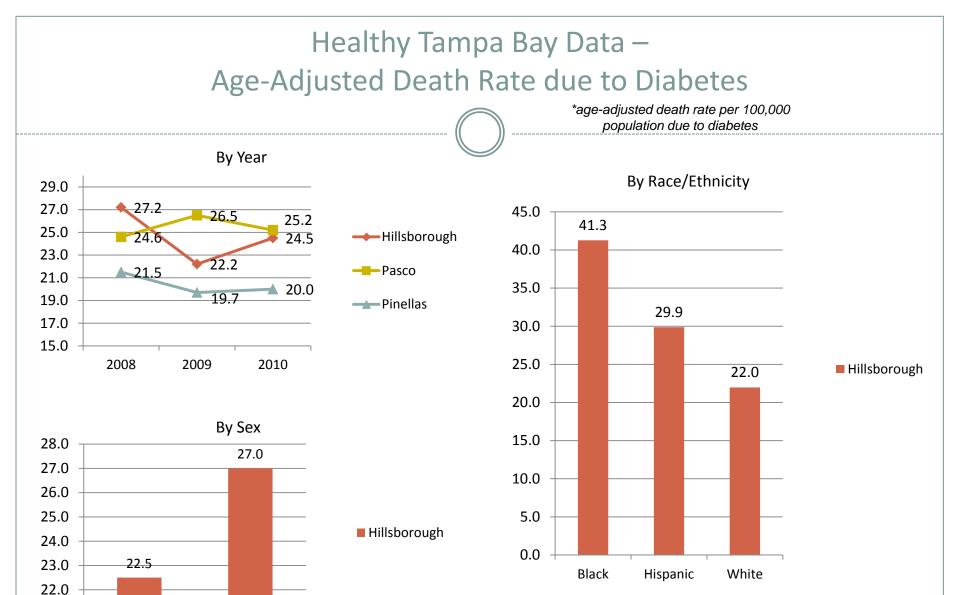
have had a blood stool test within the past year.

Hillsborough

By Age

18.8%



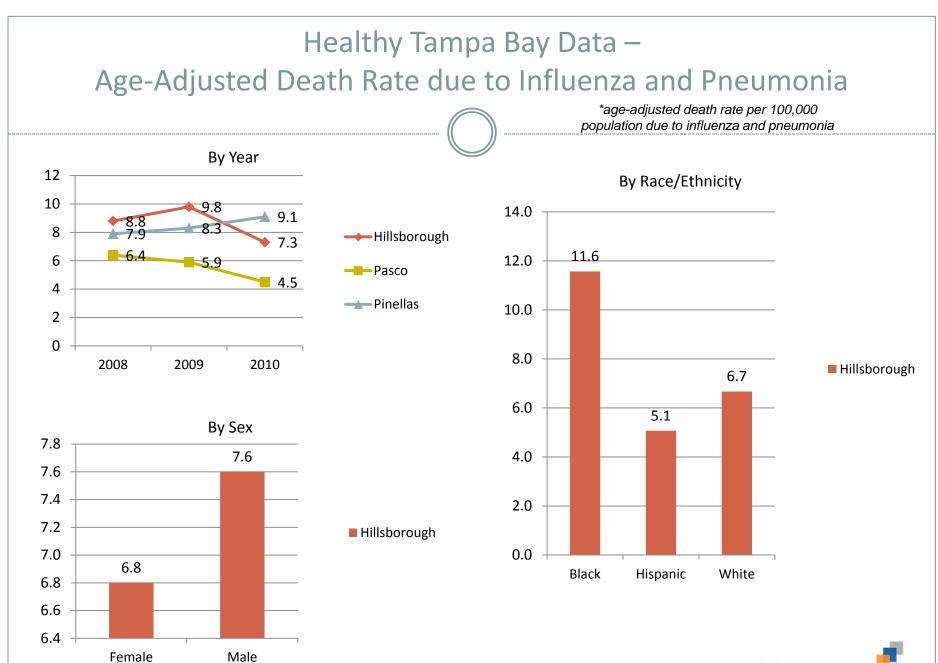


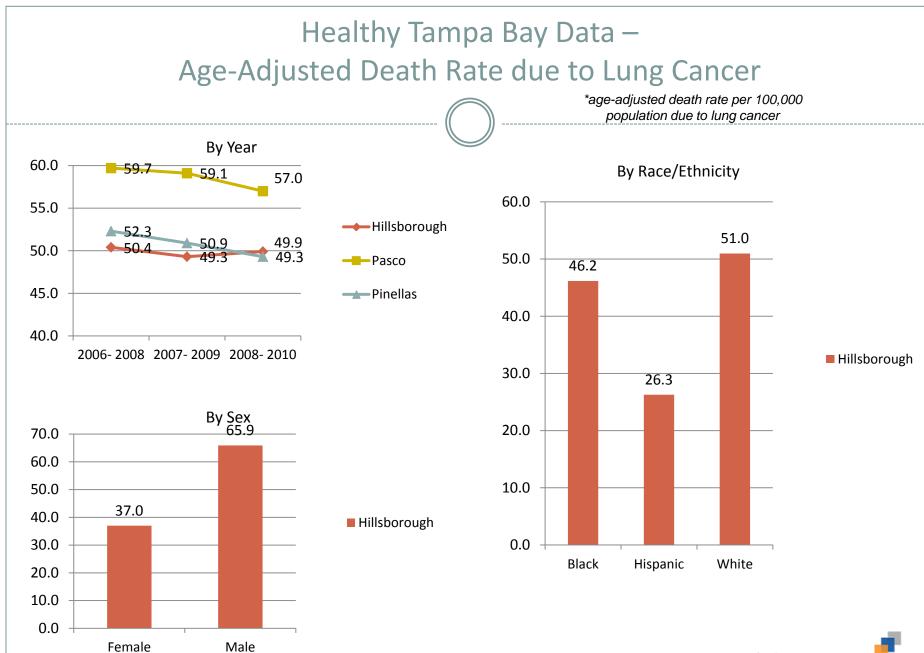
TrippUmbach

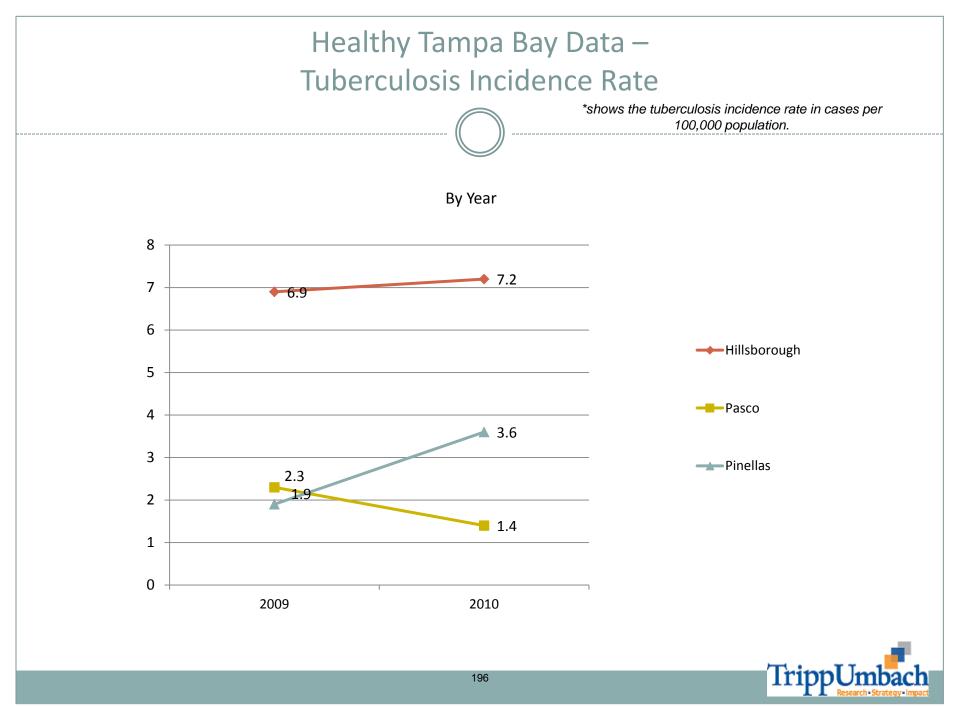
21.0 20.0

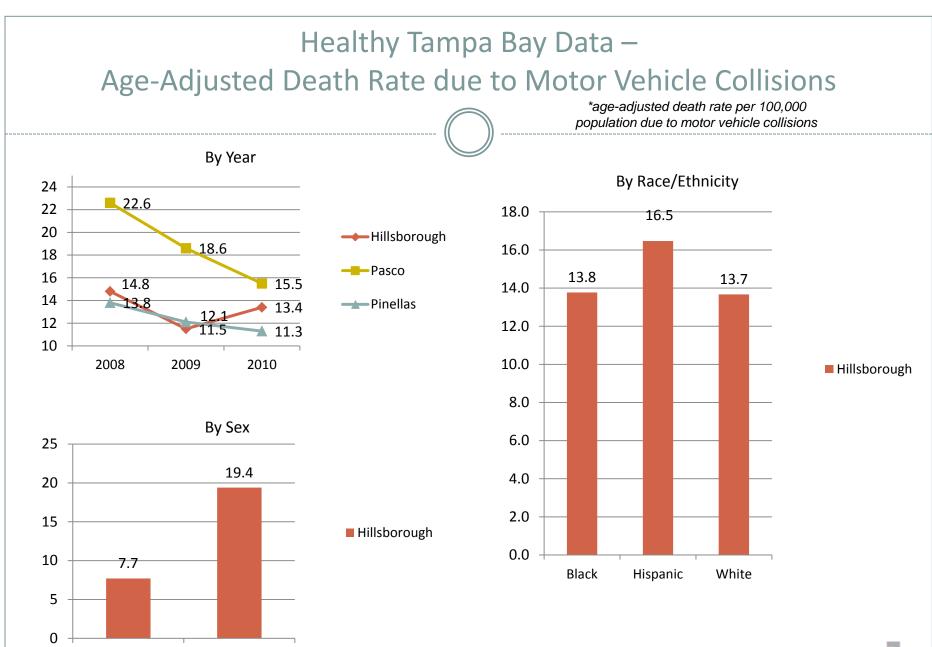
Female

Male





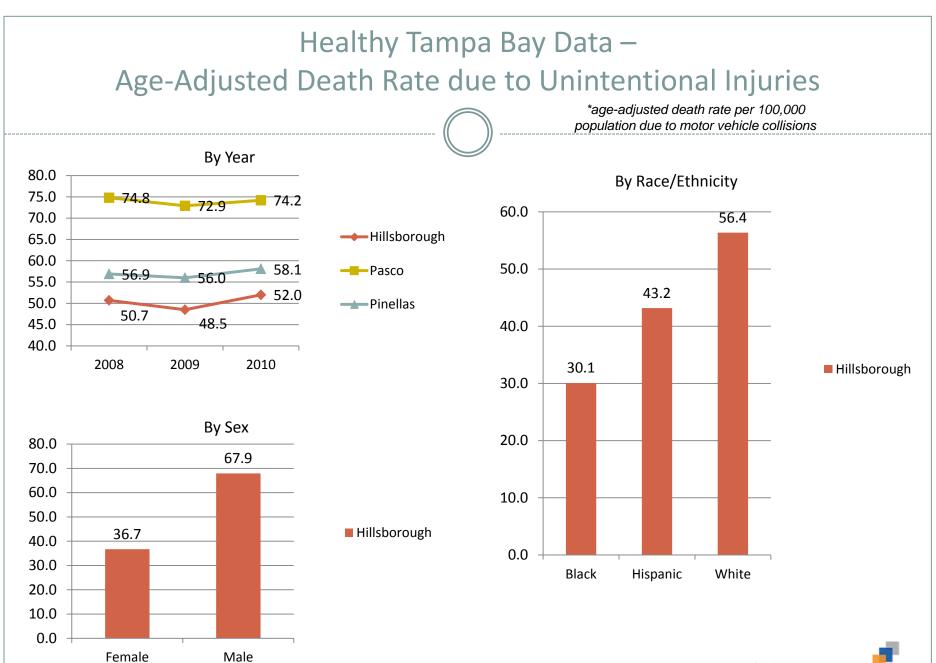




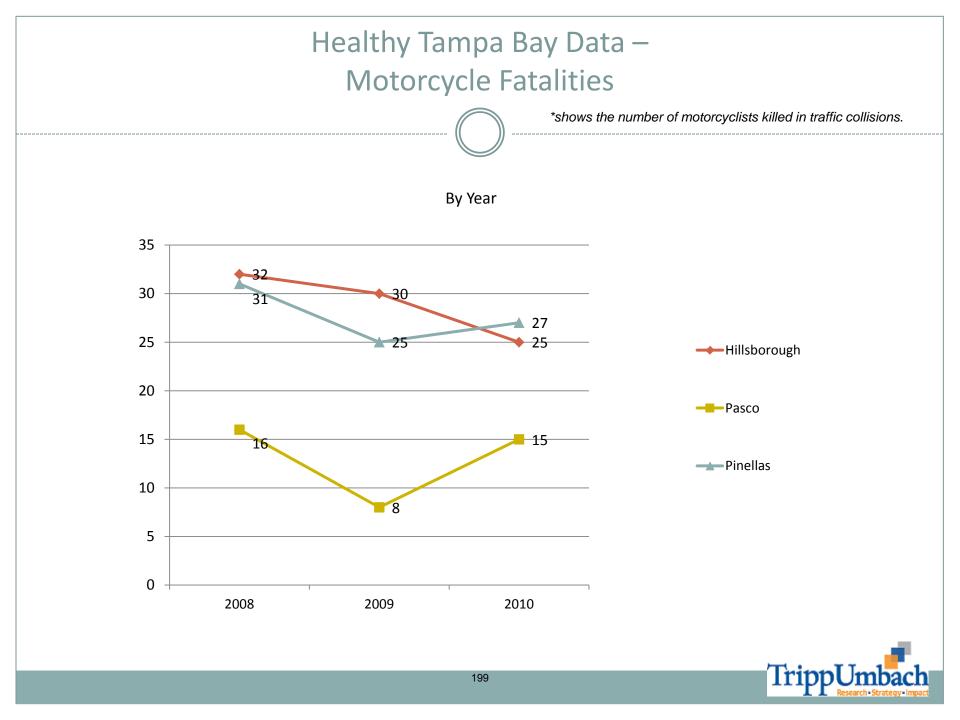
TrippUmba

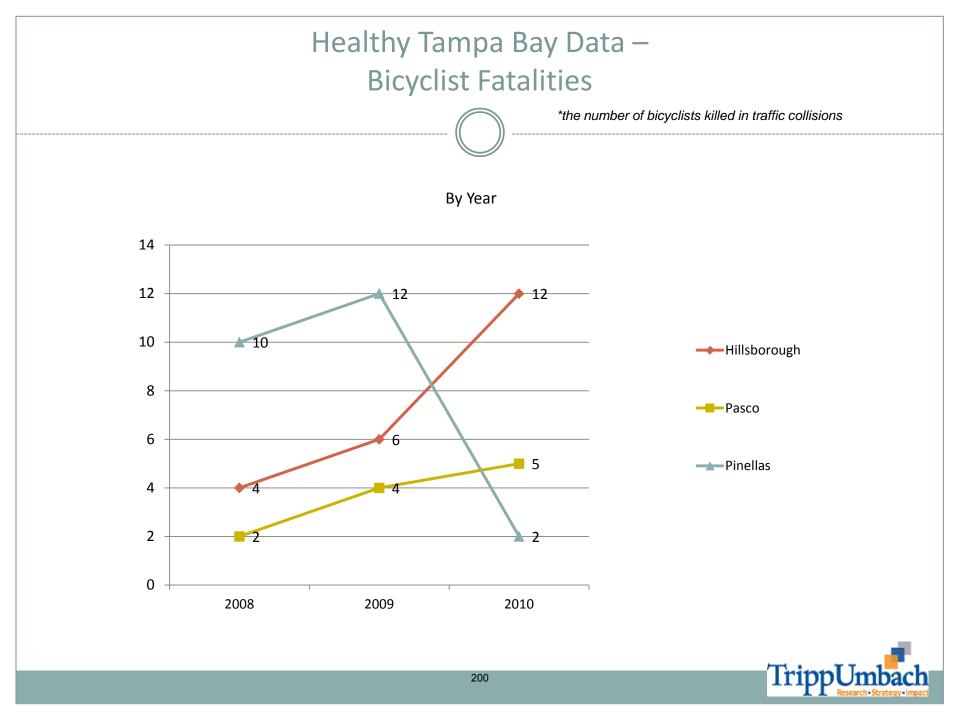
Female

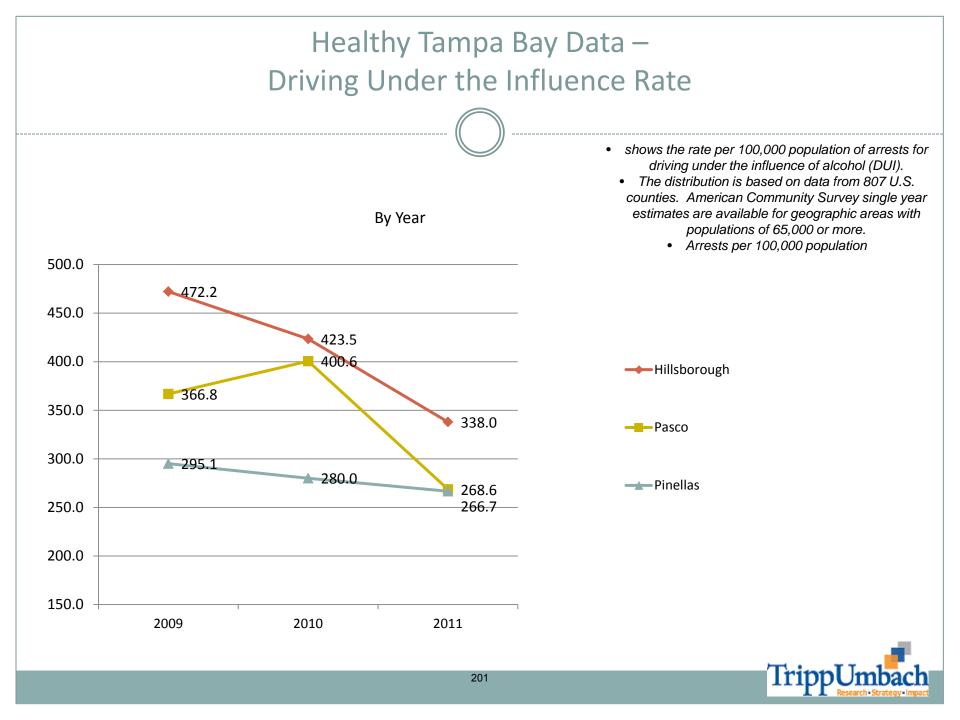
Male

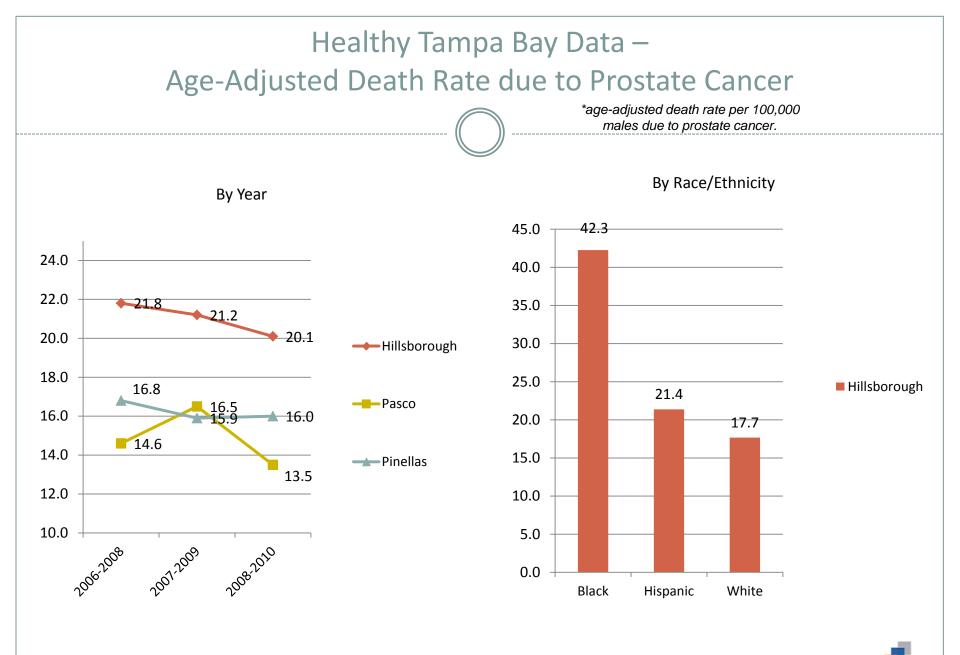


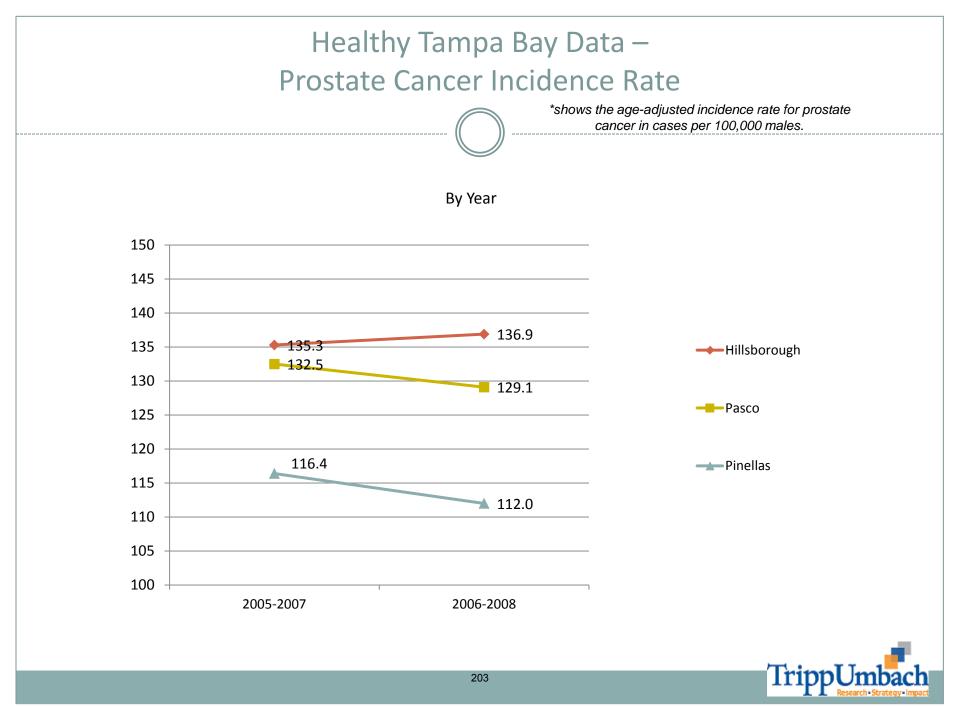
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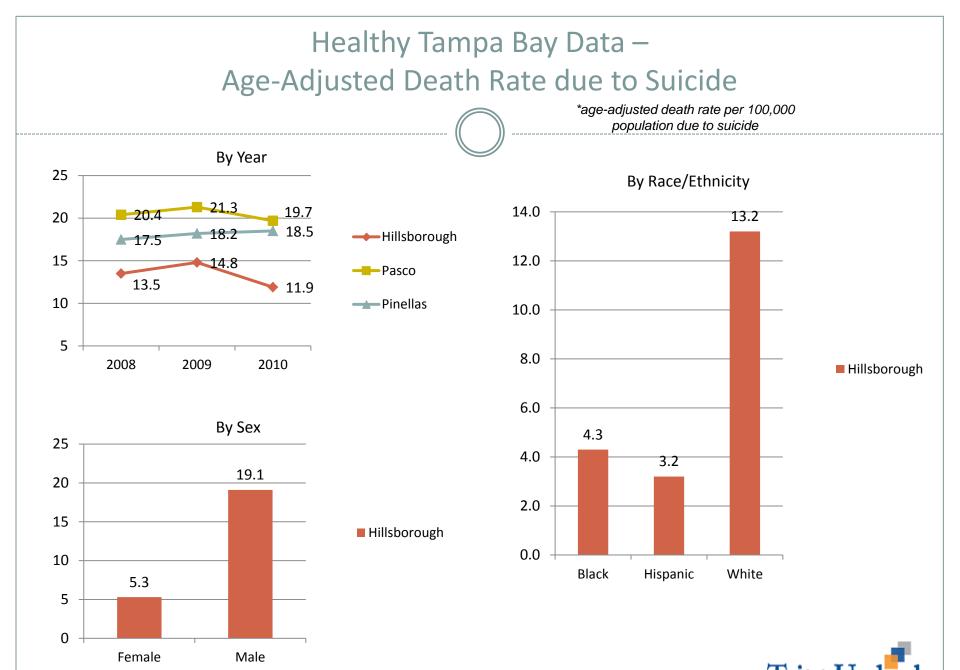


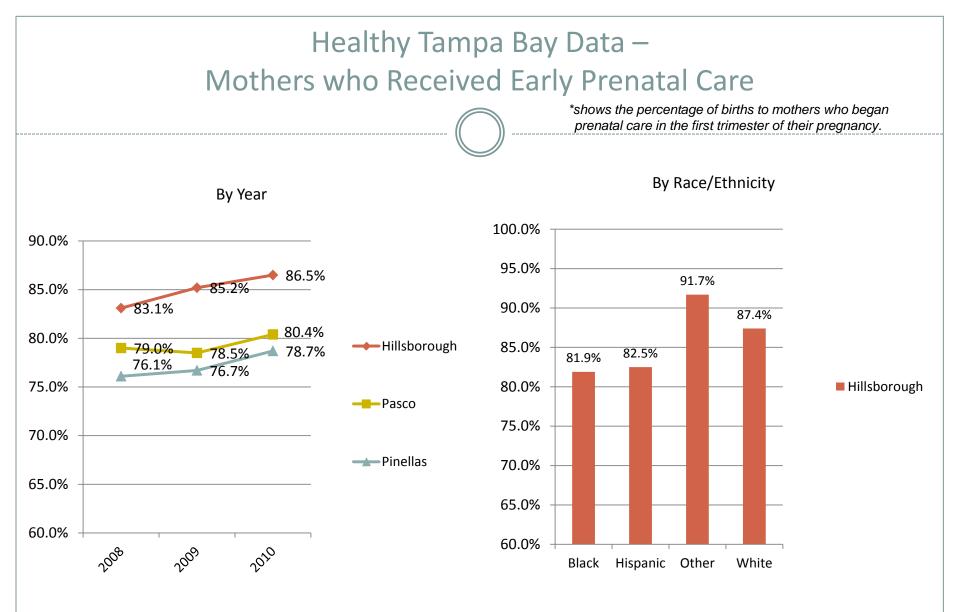




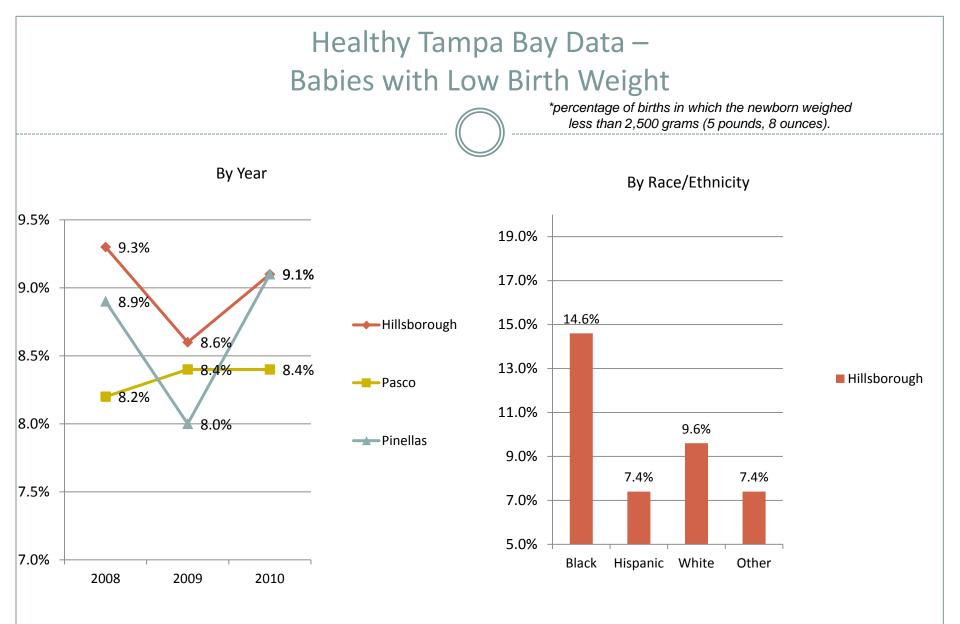




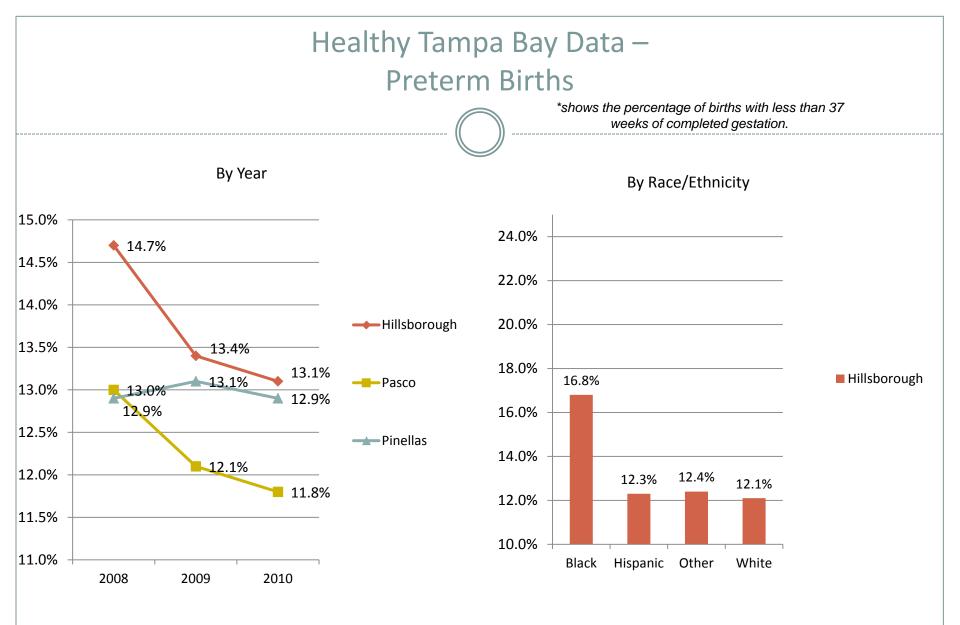




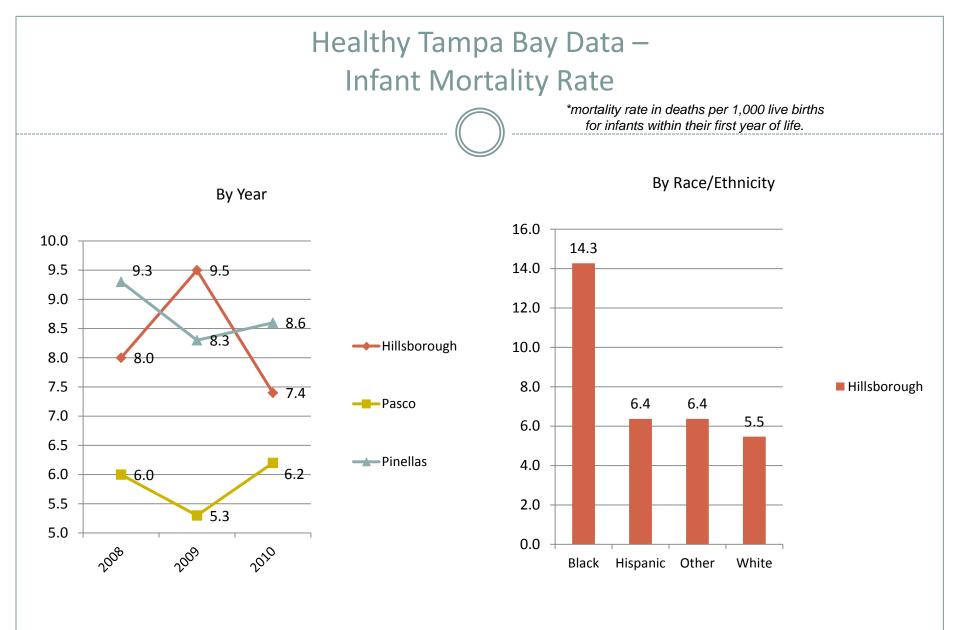




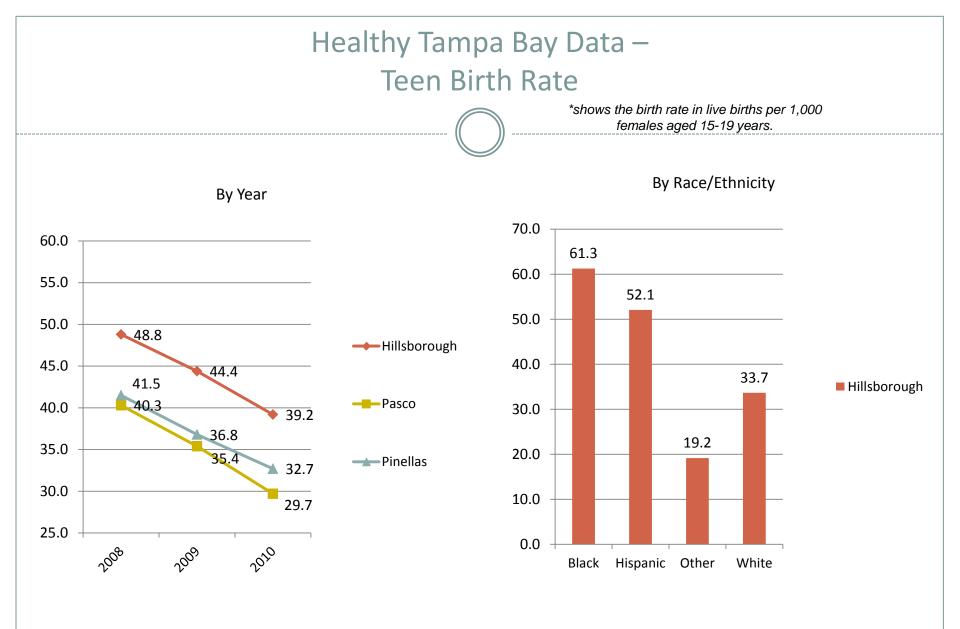




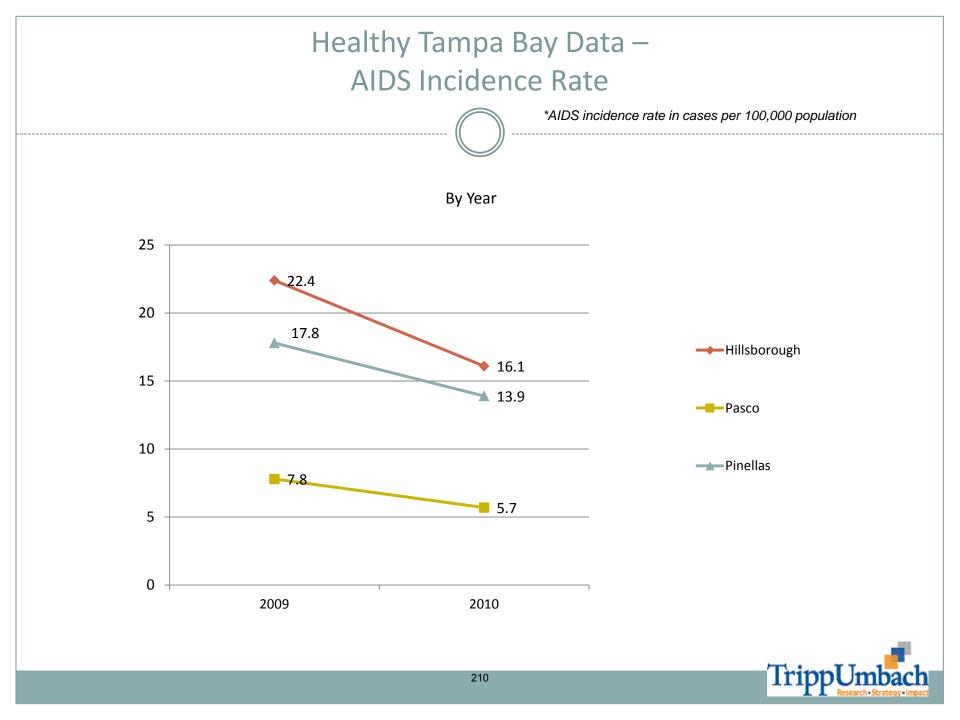


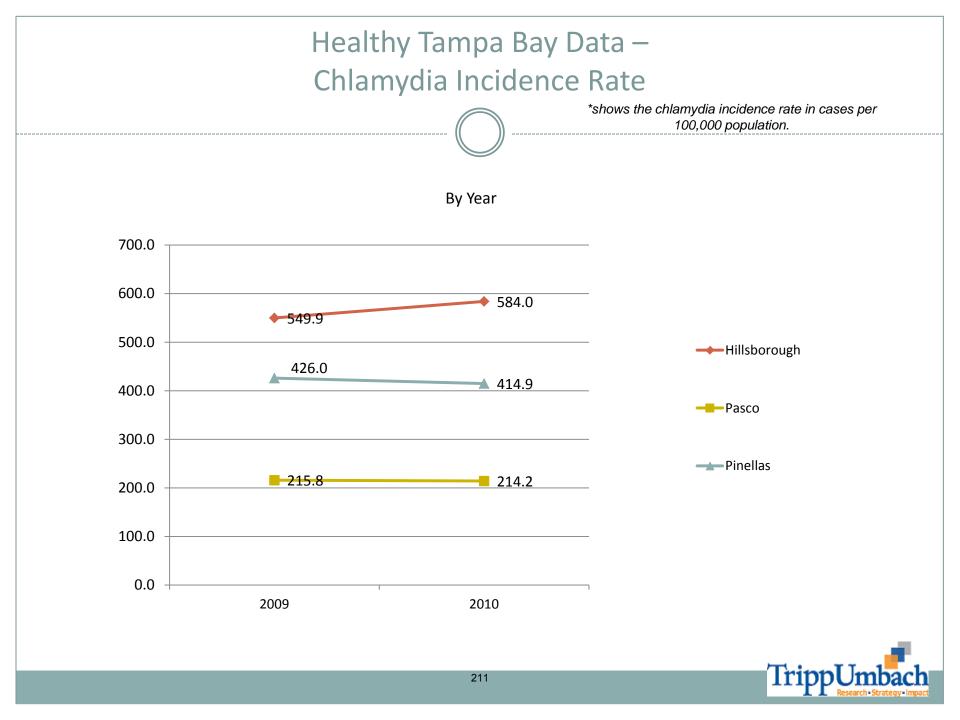


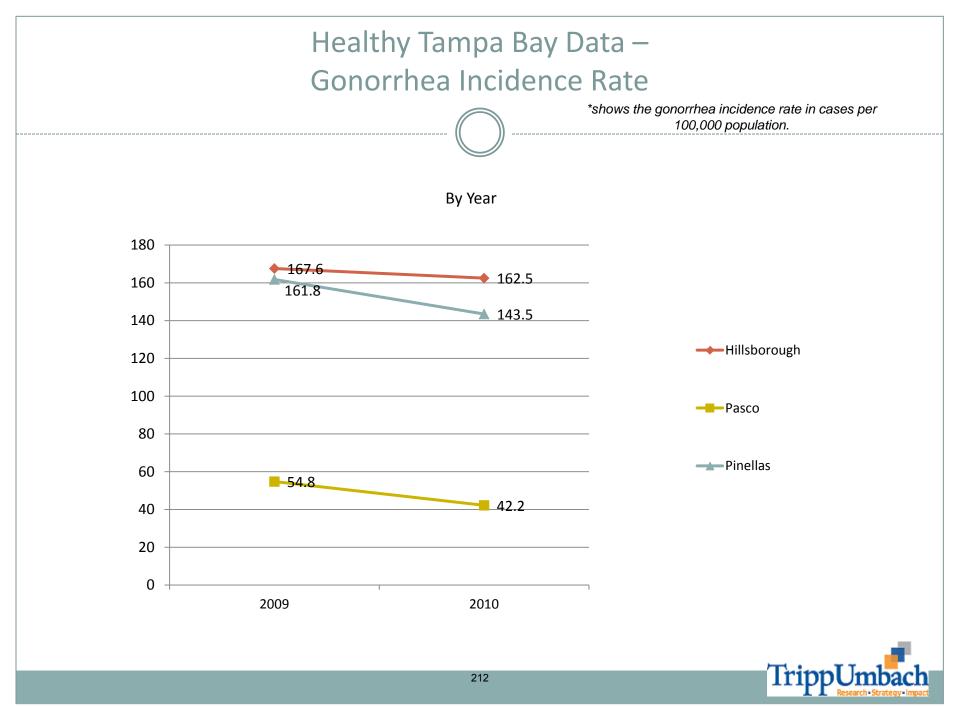


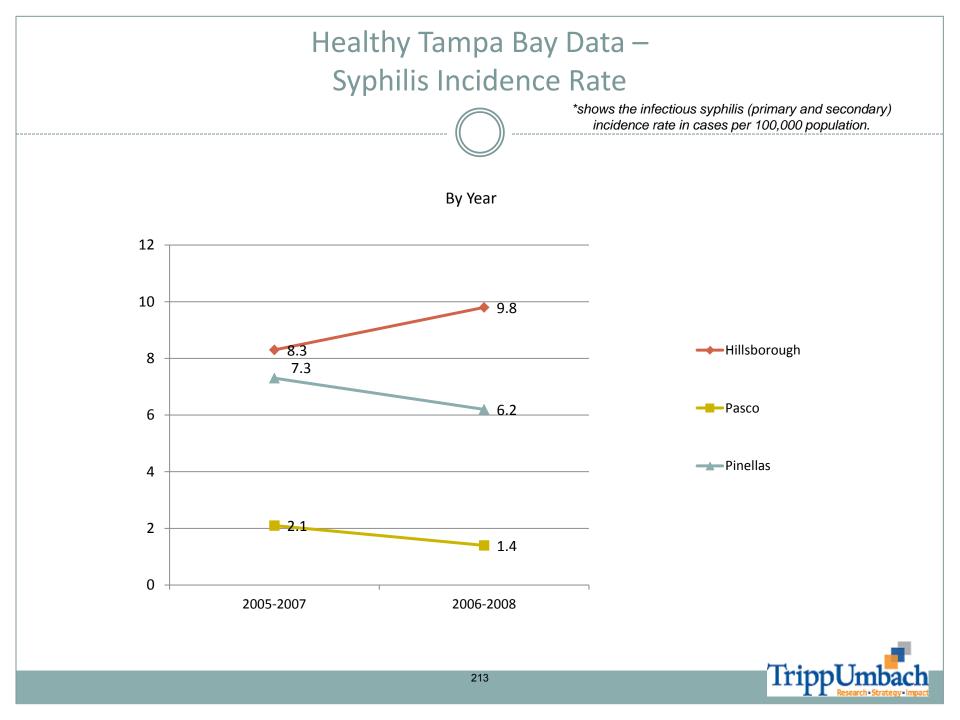


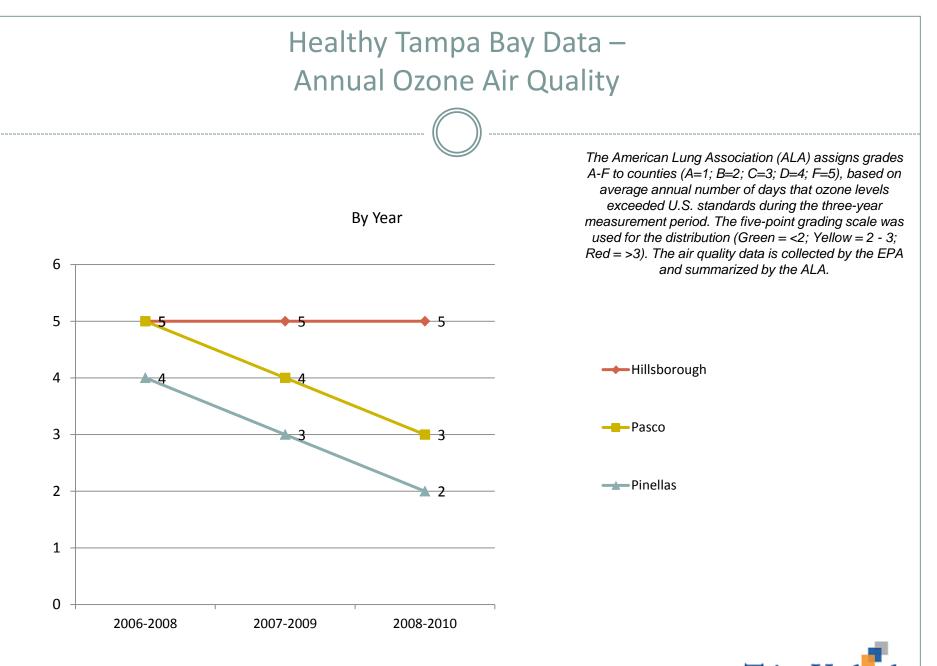




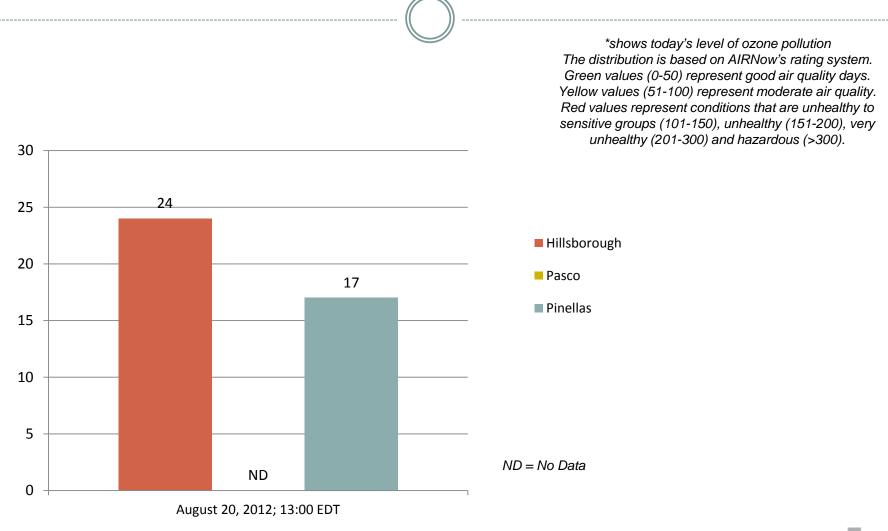






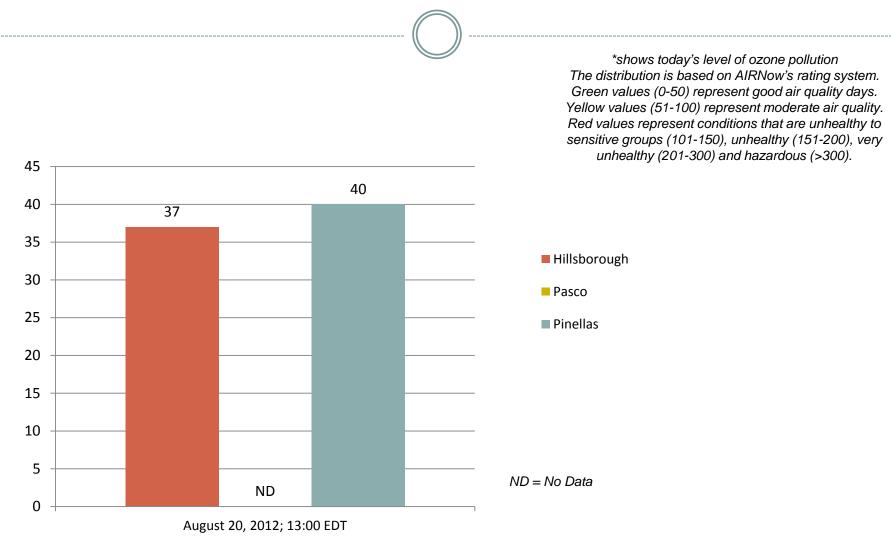


Healthy Tampa Bay Data – Daily Ozone Air Quality

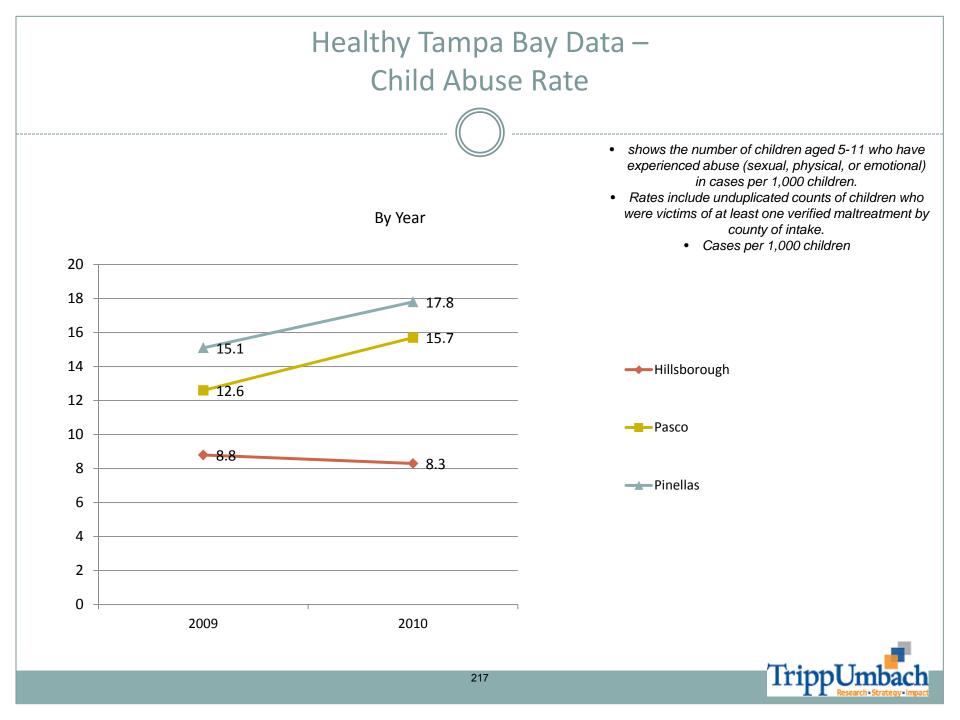


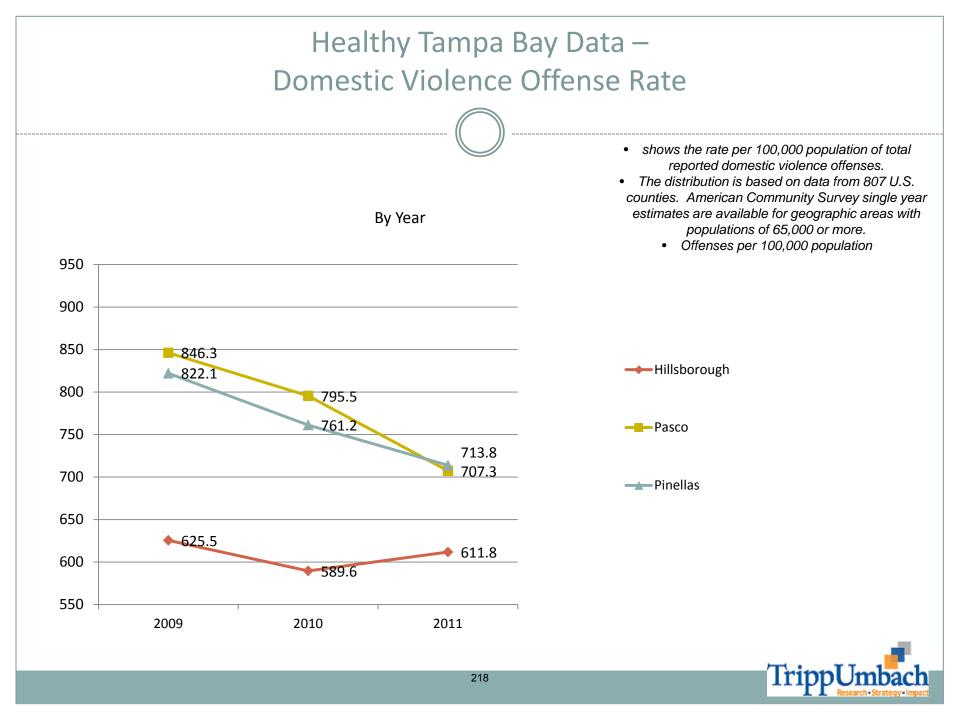


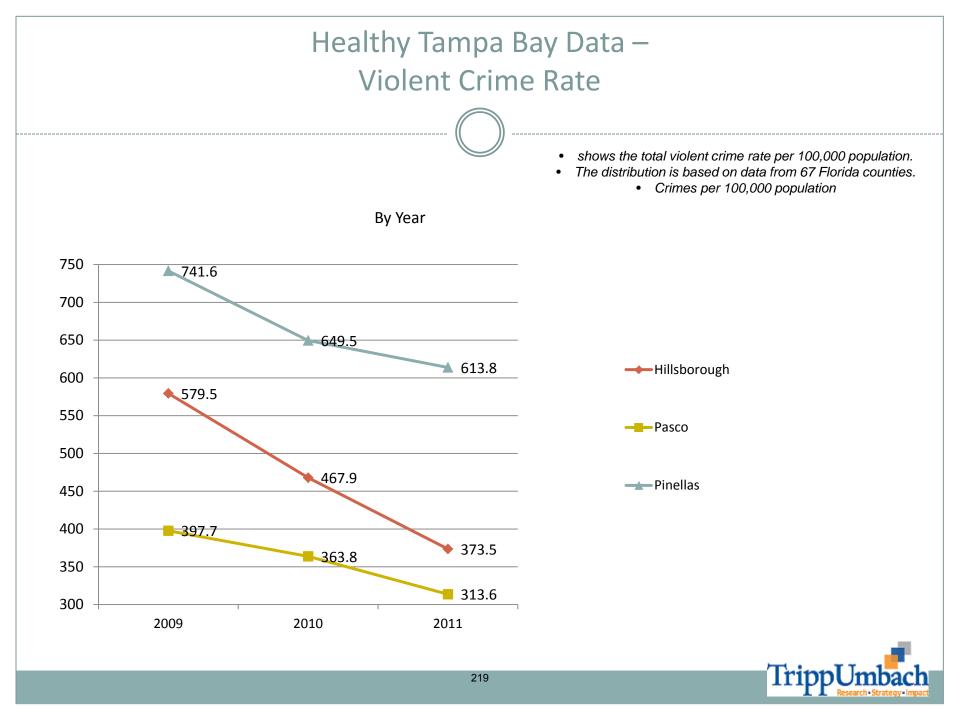
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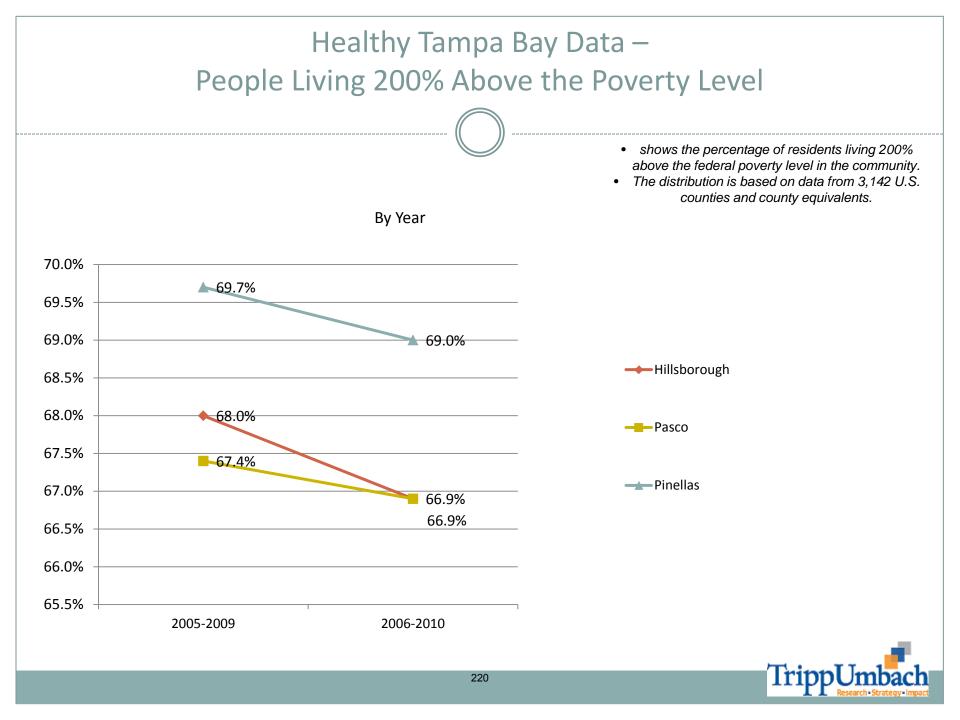


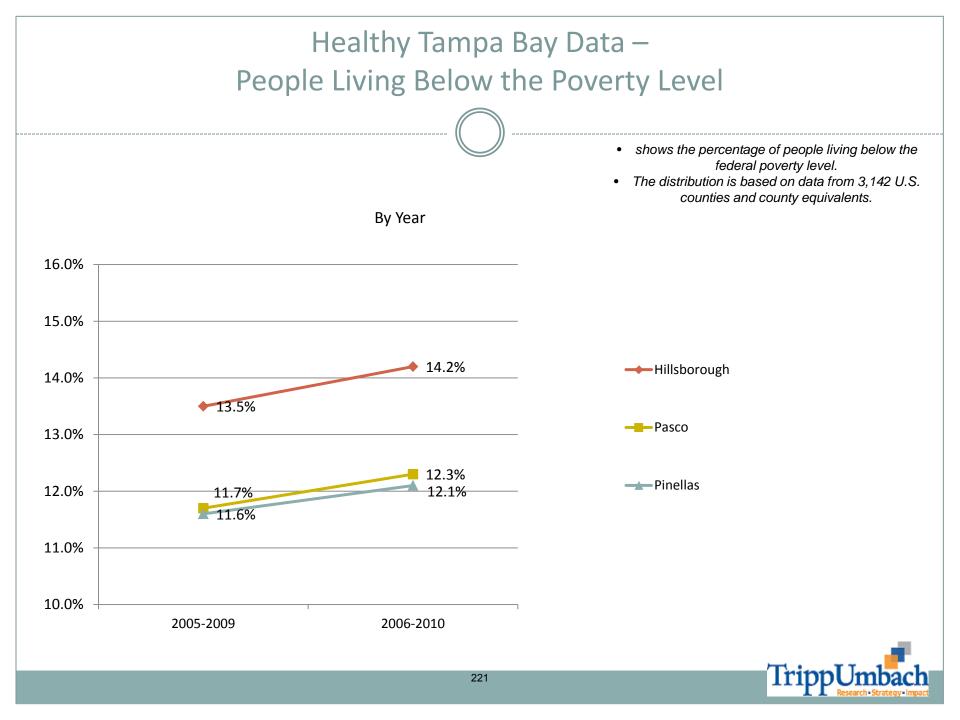
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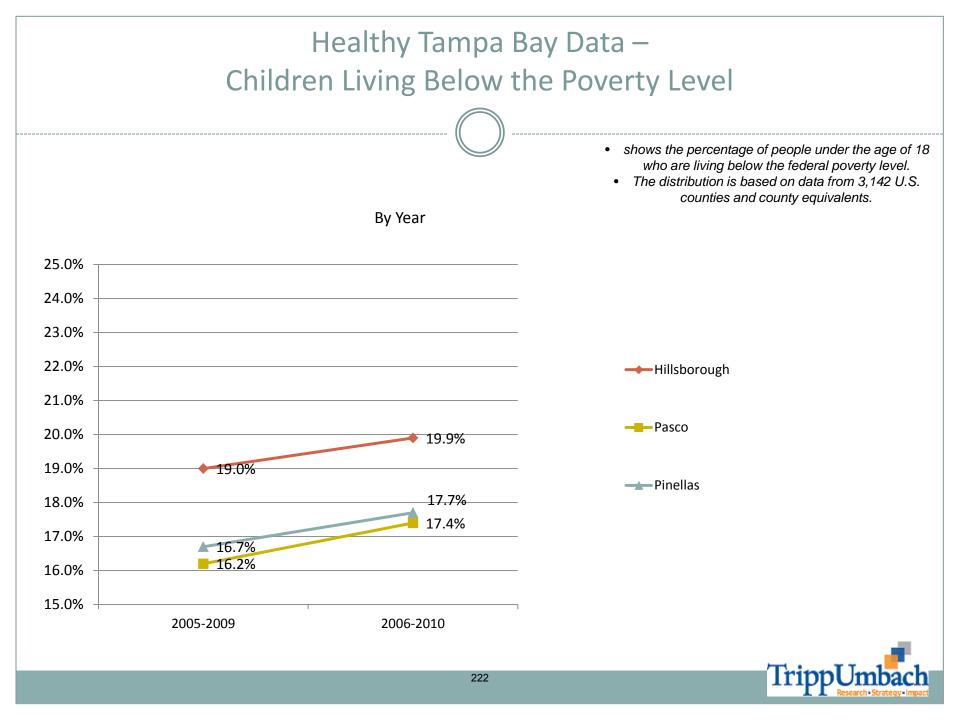


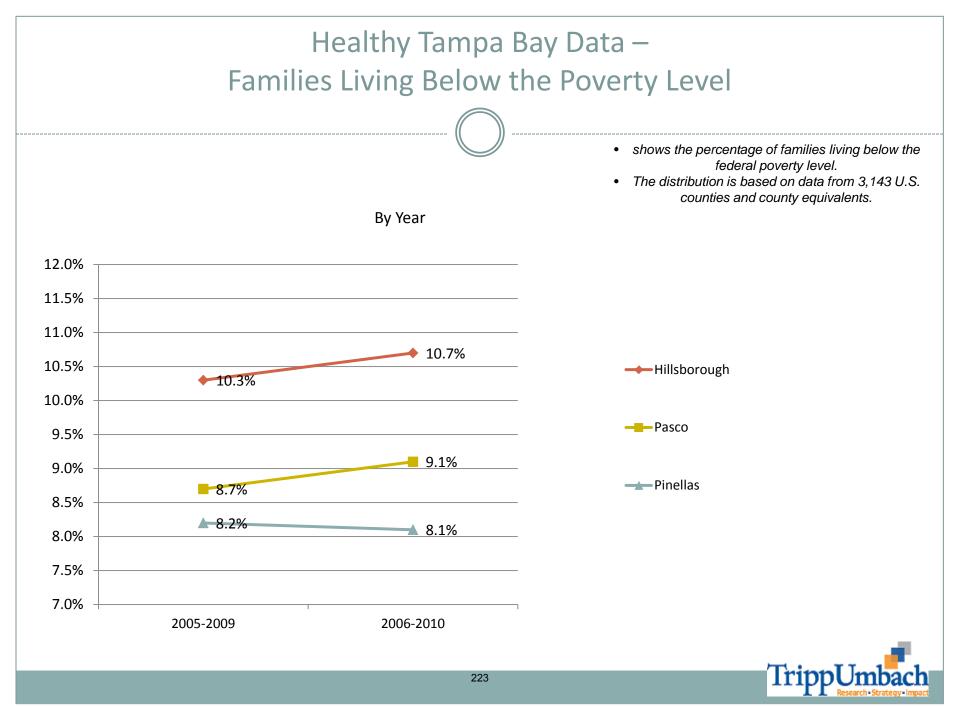


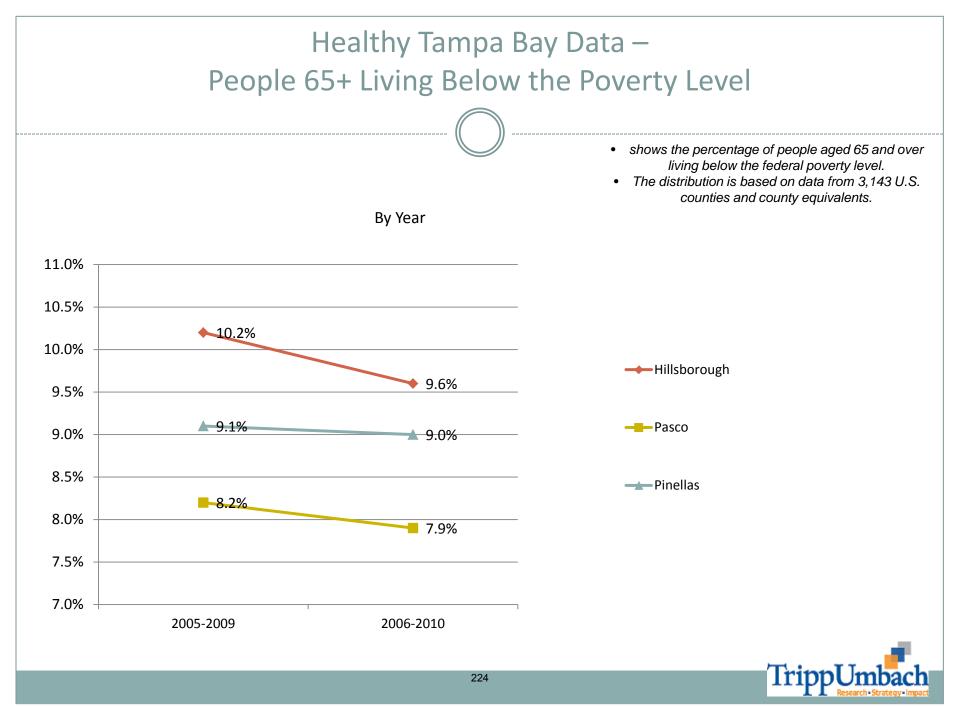


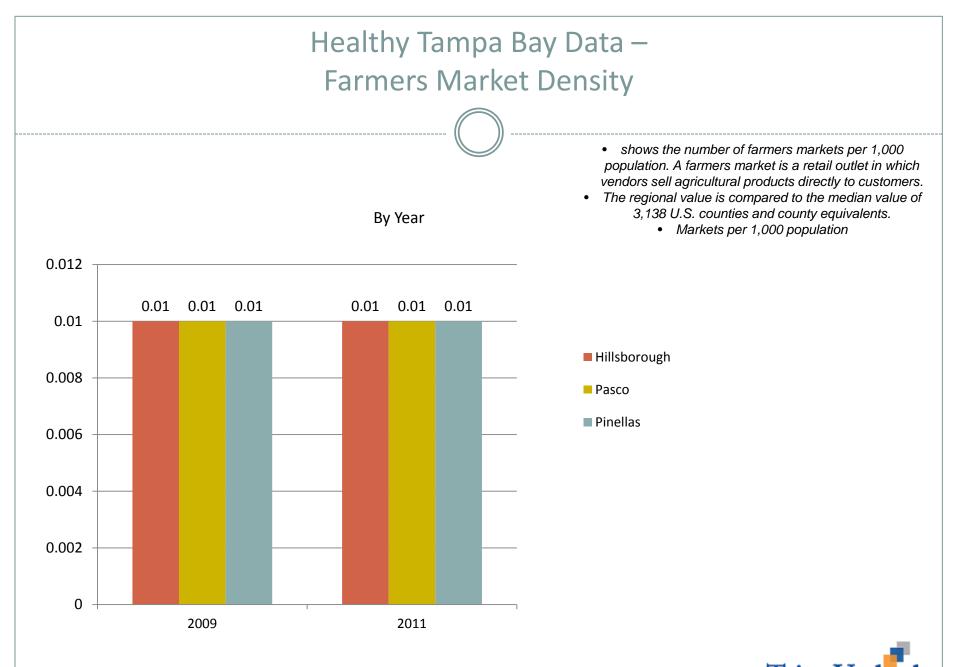




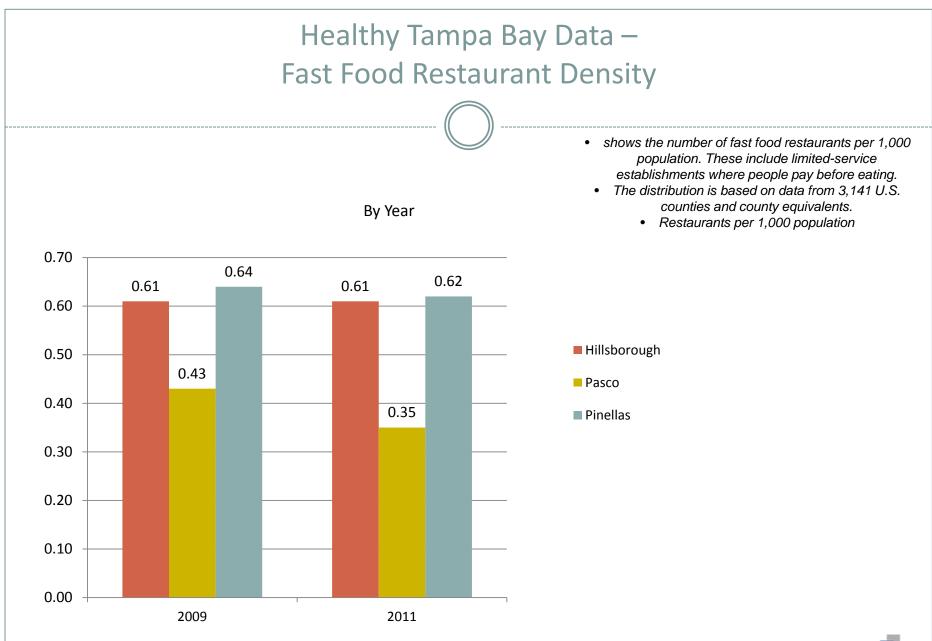




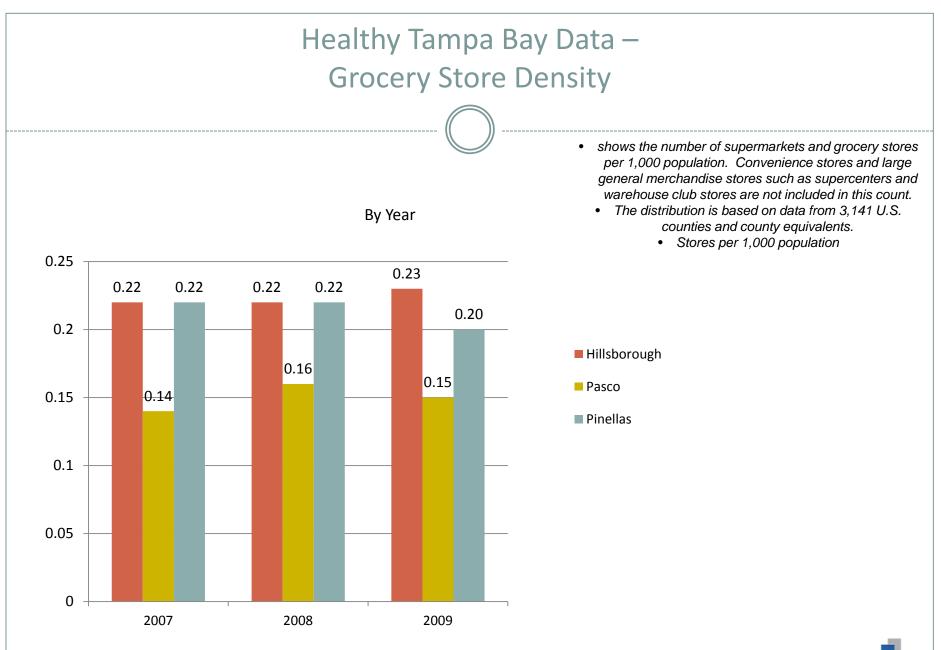




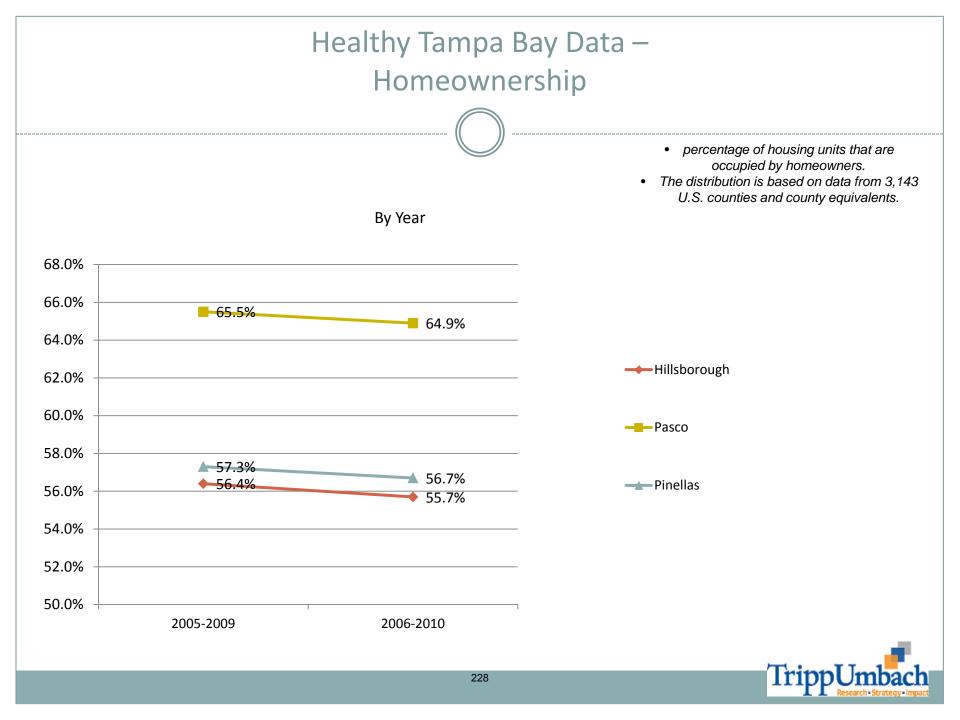


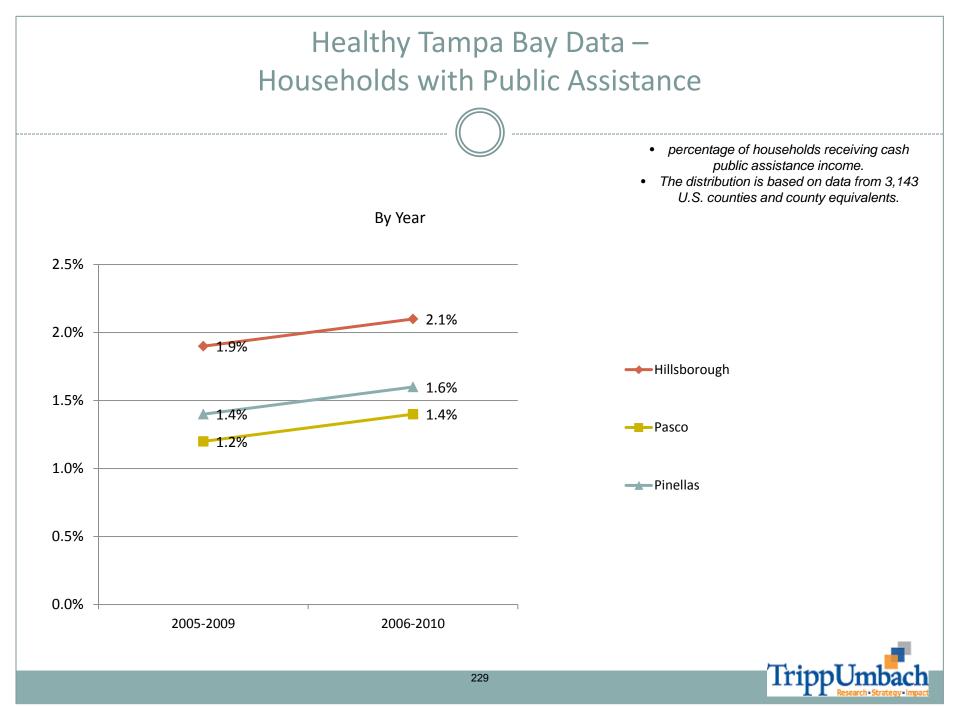


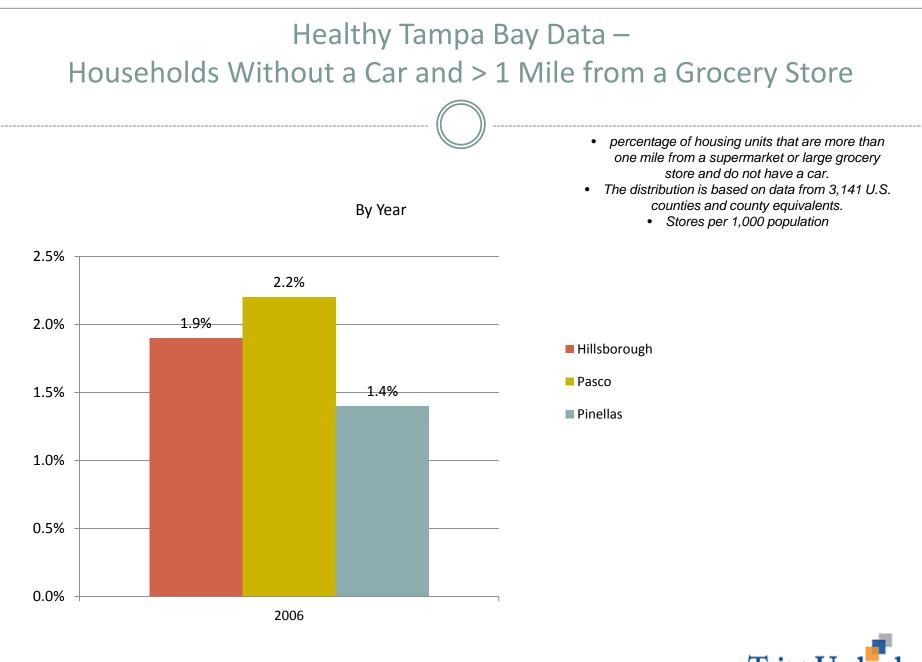


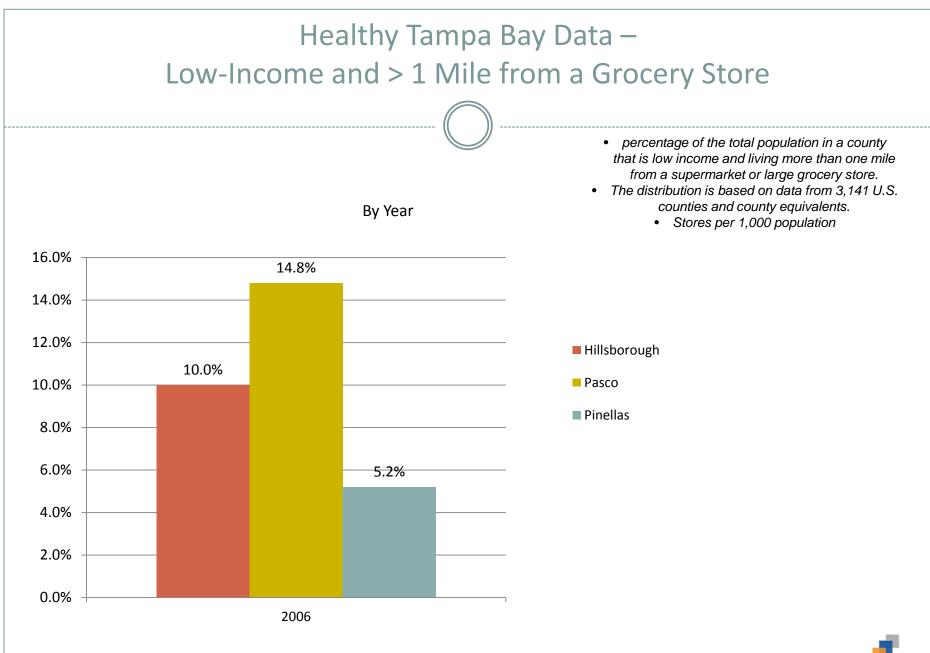






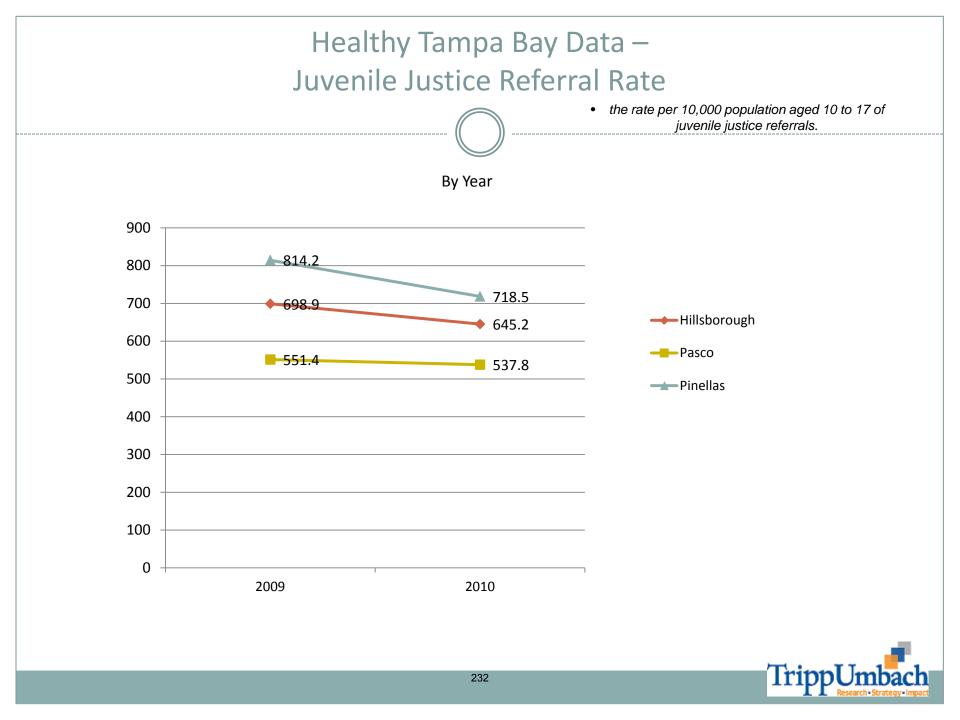


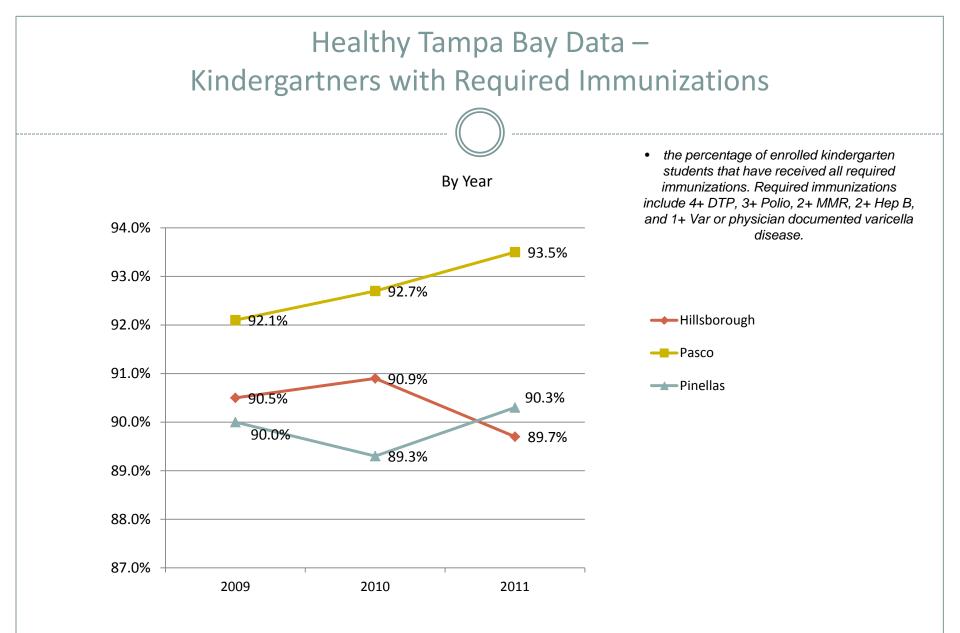




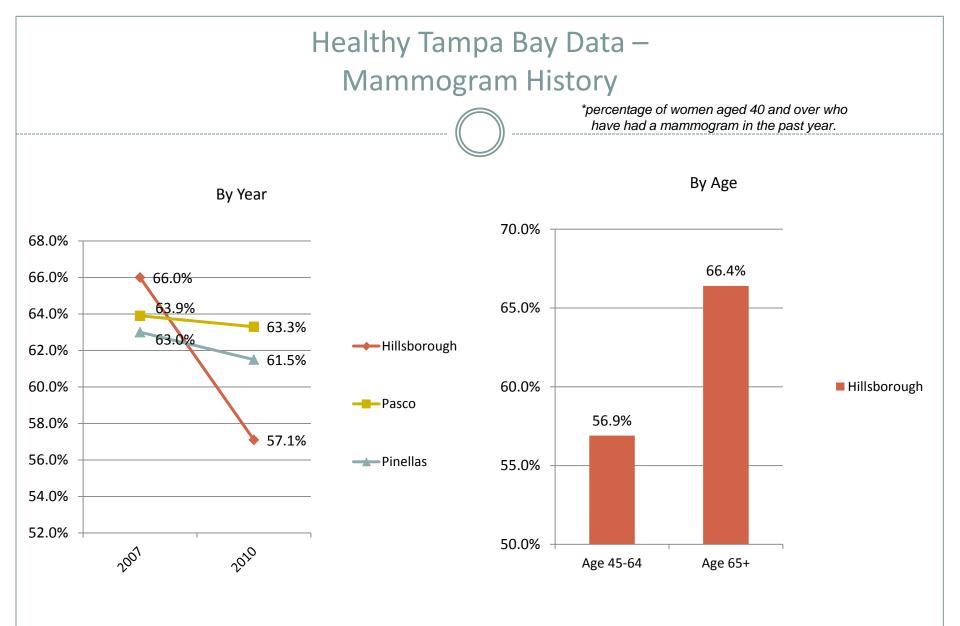
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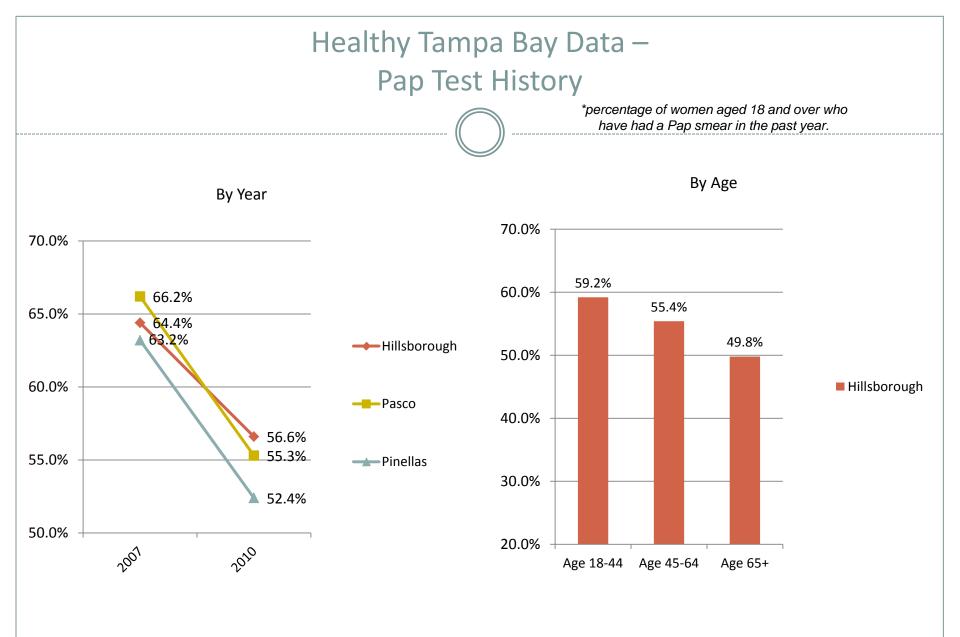


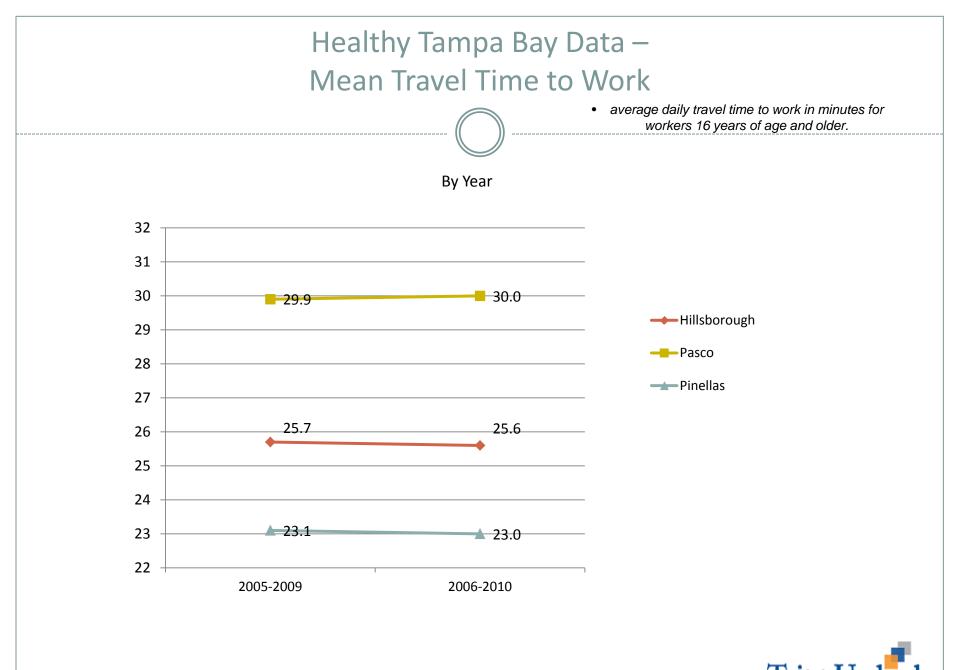


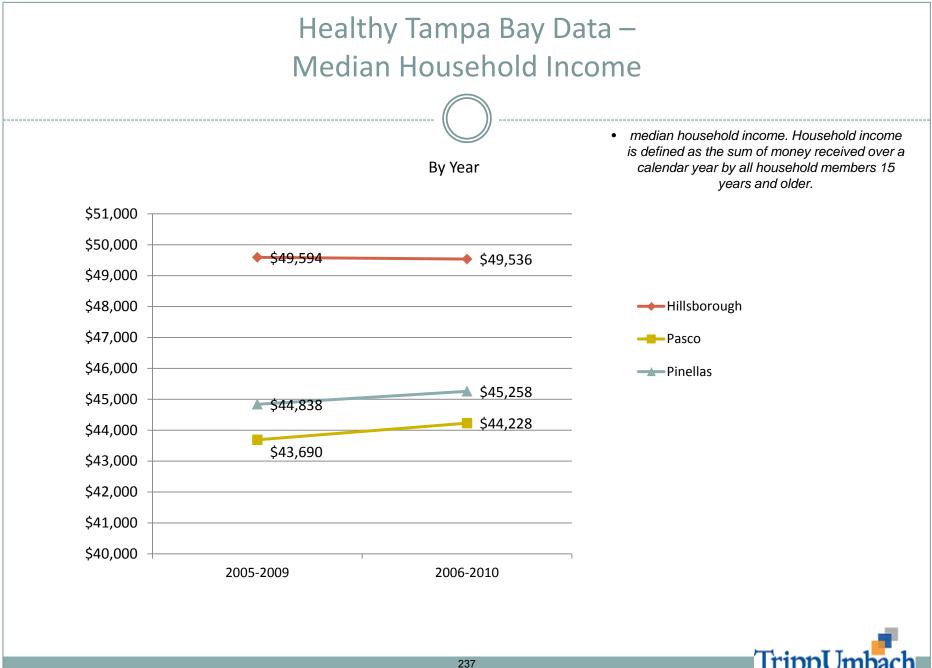


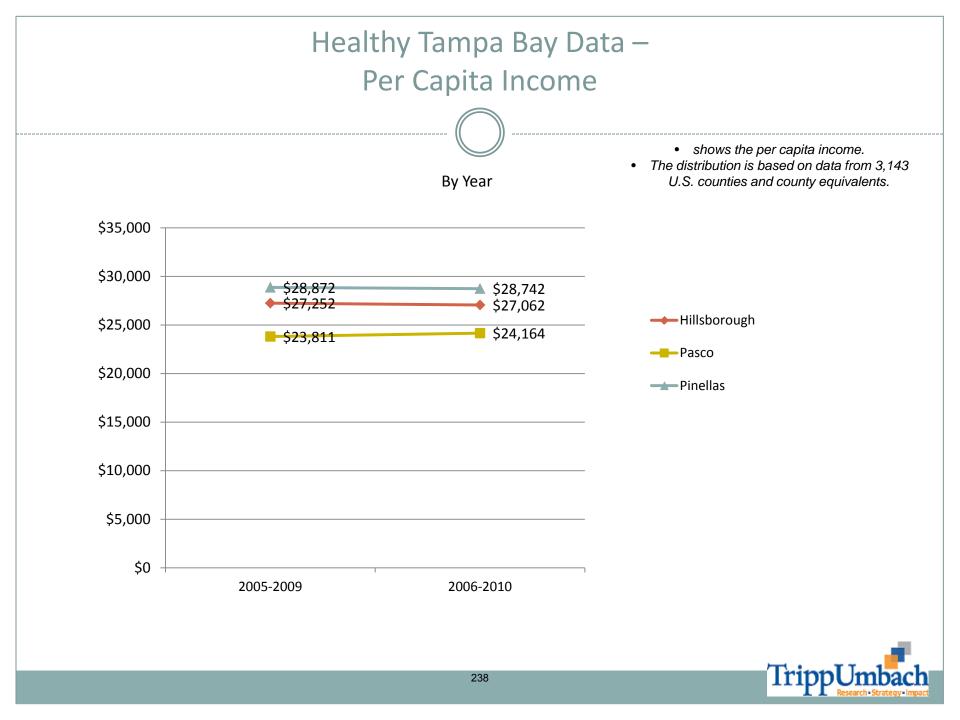


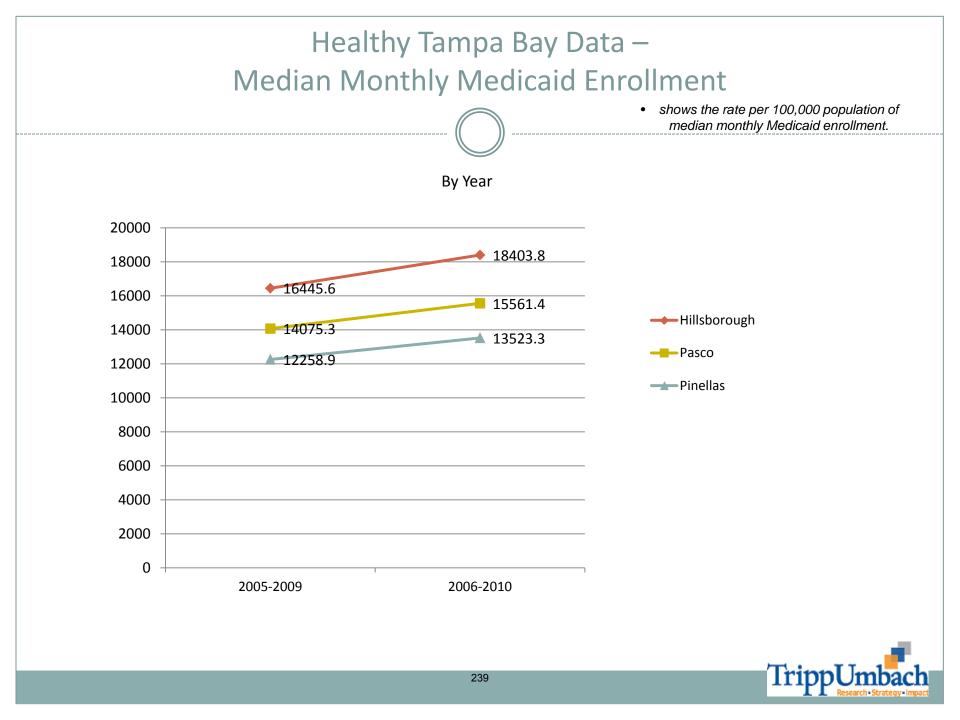


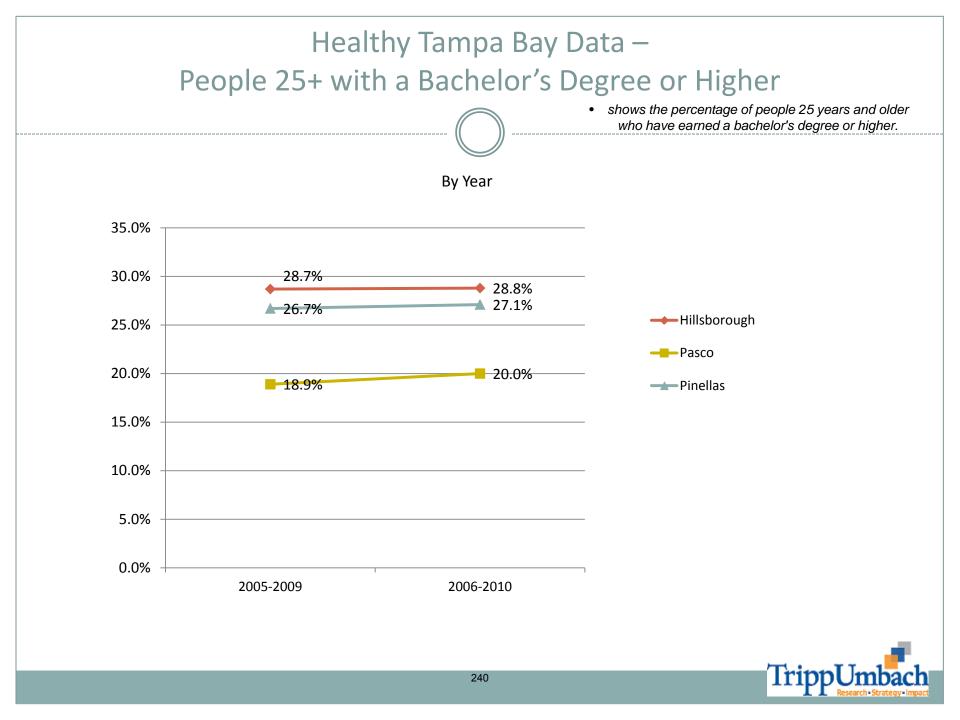


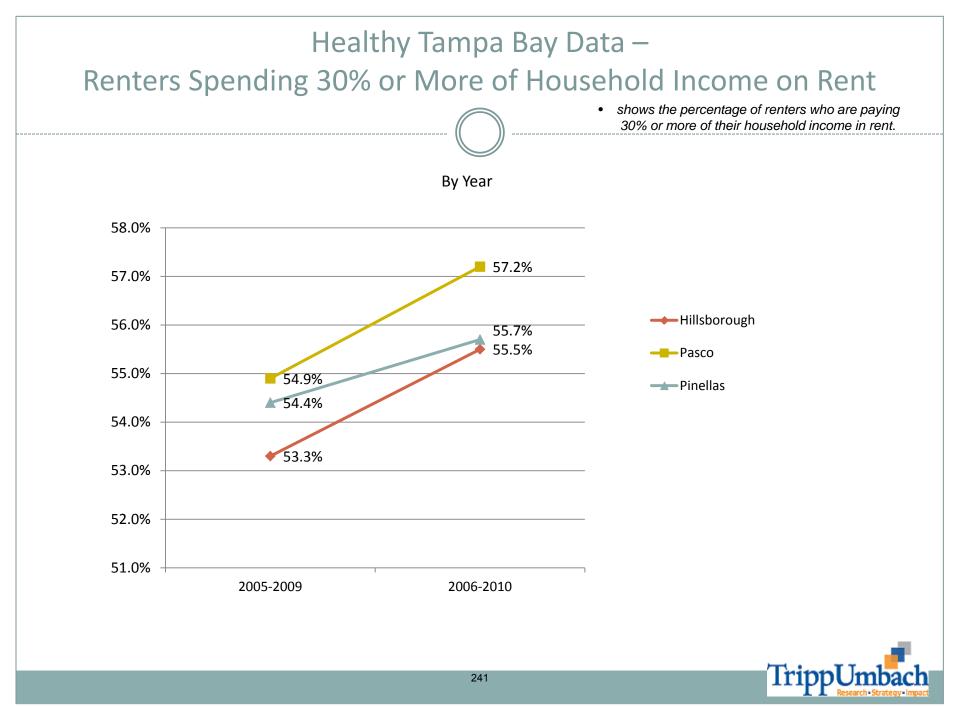


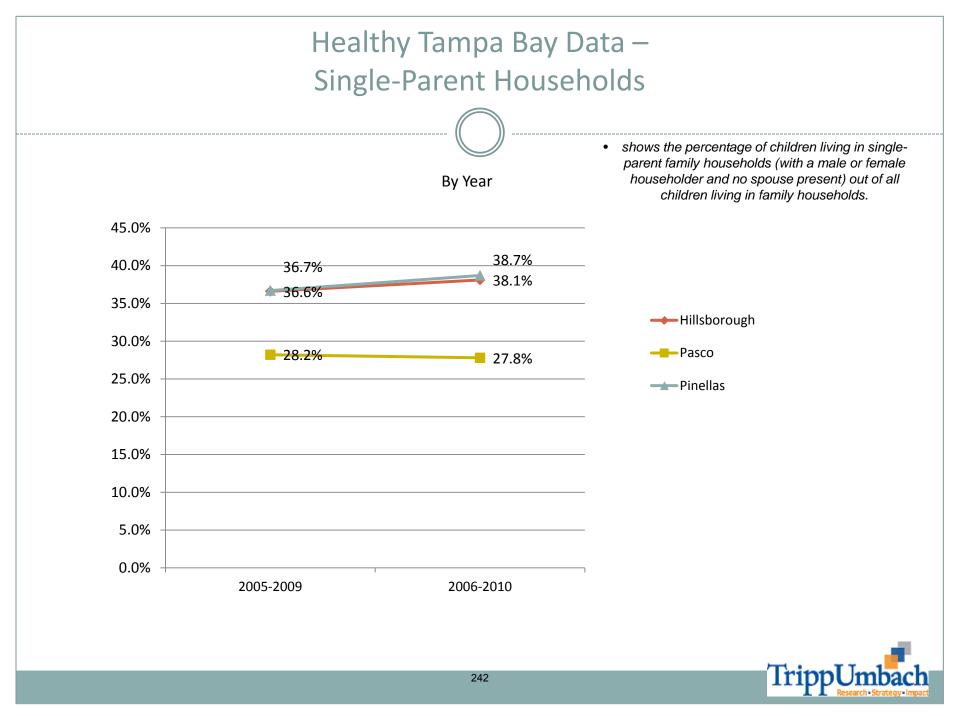


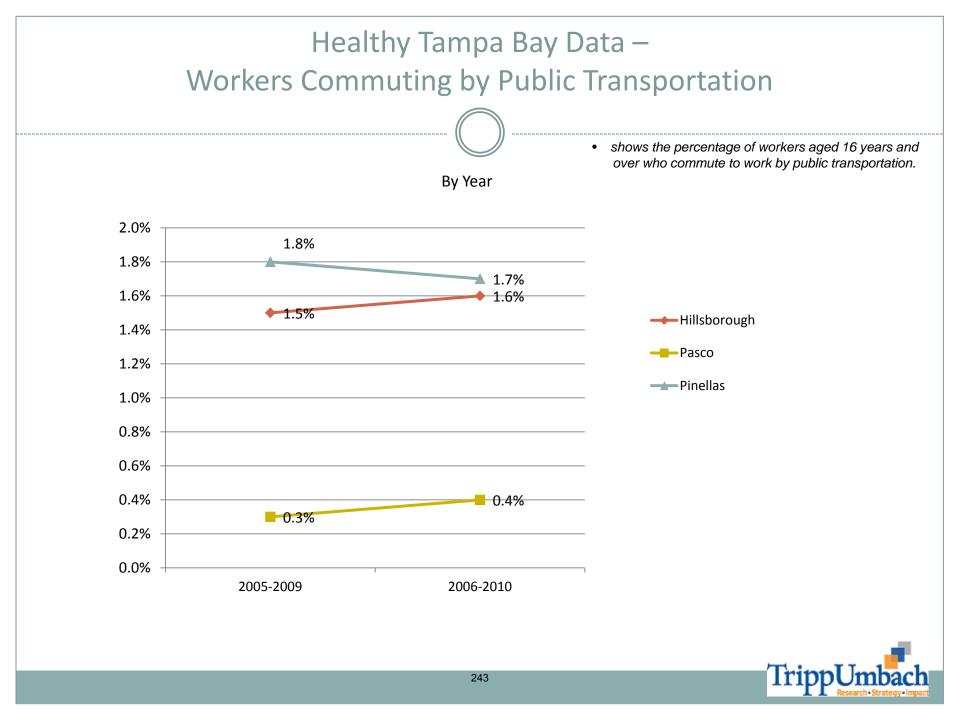


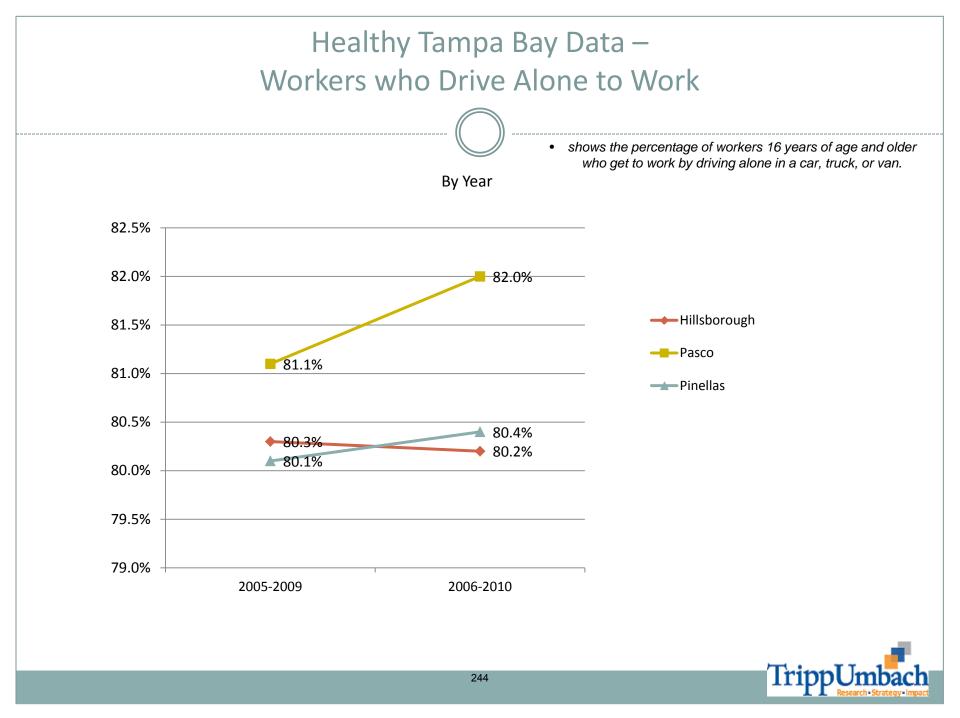


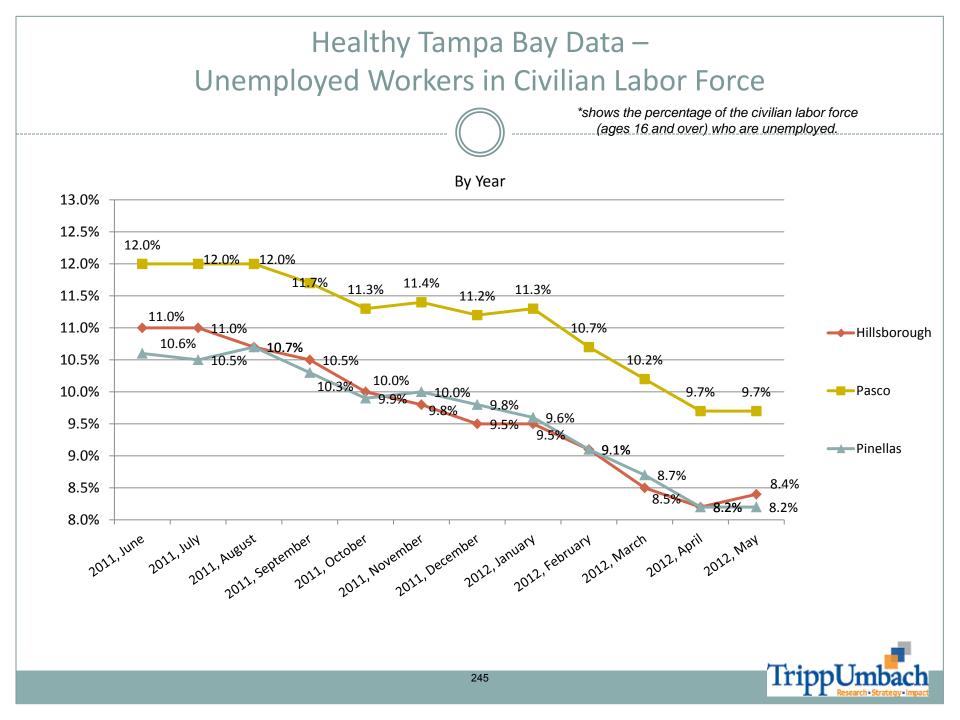


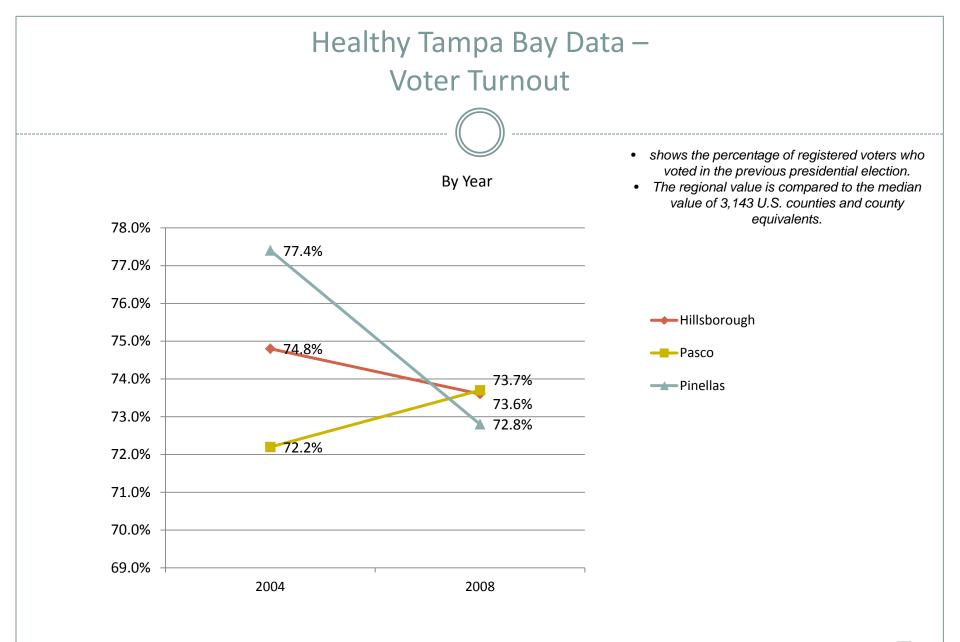




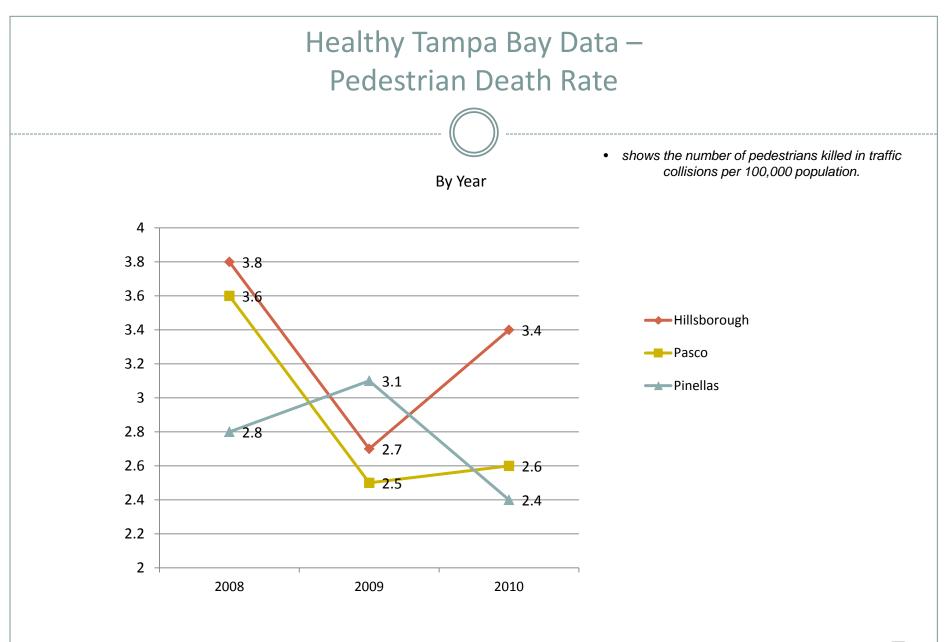




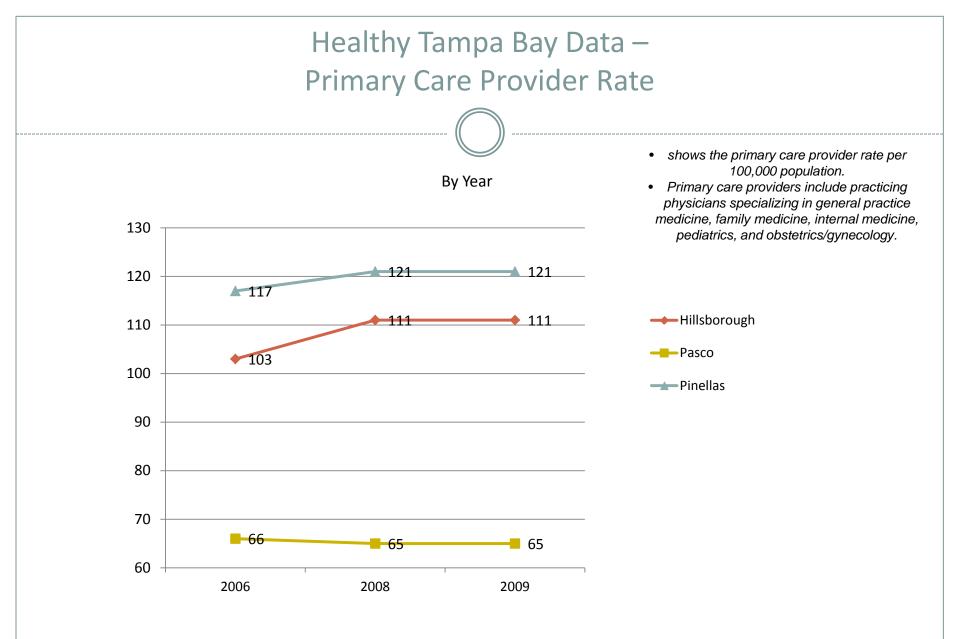




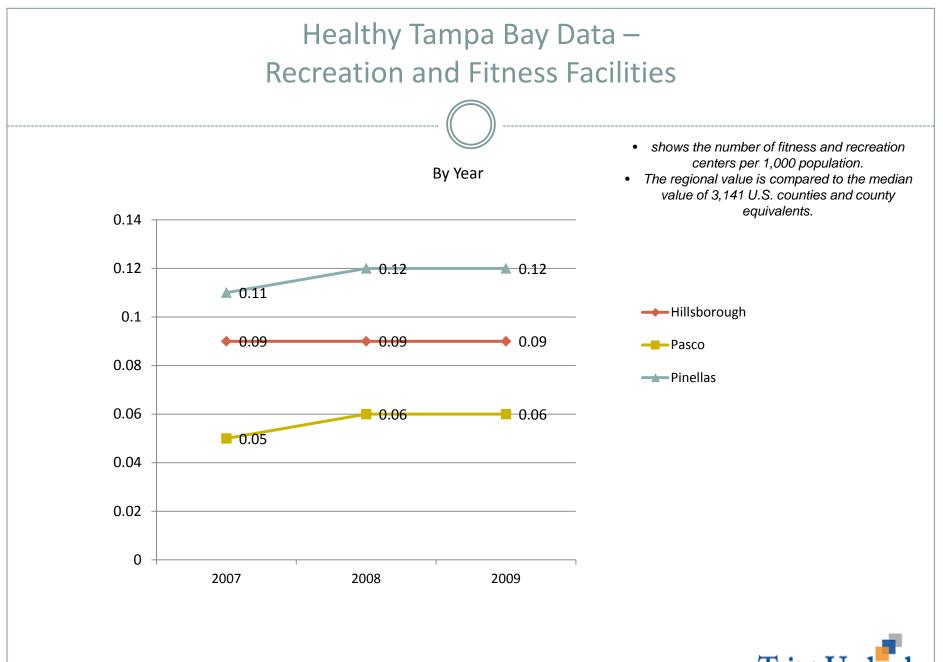


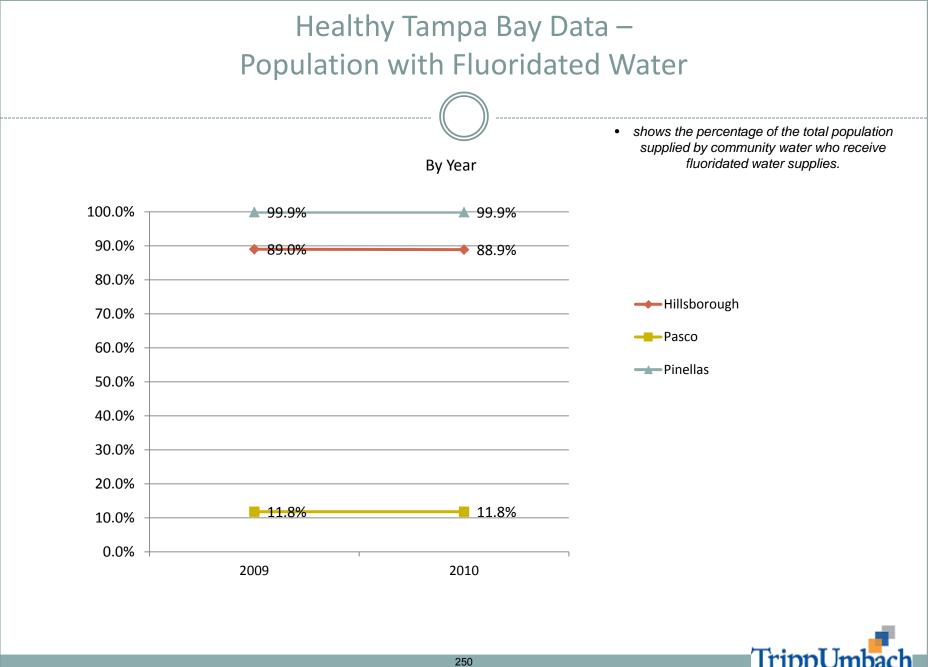


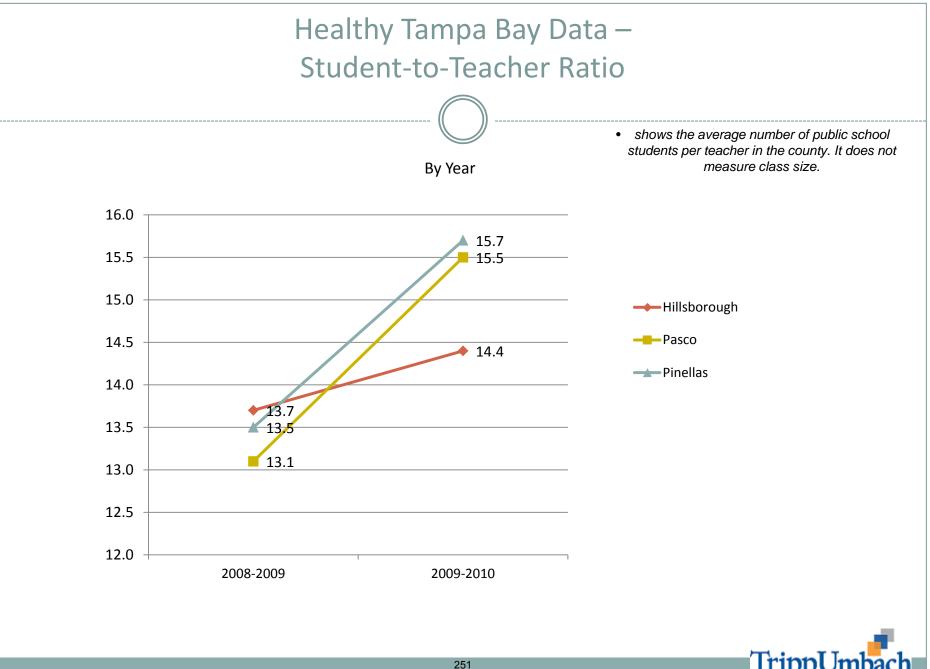


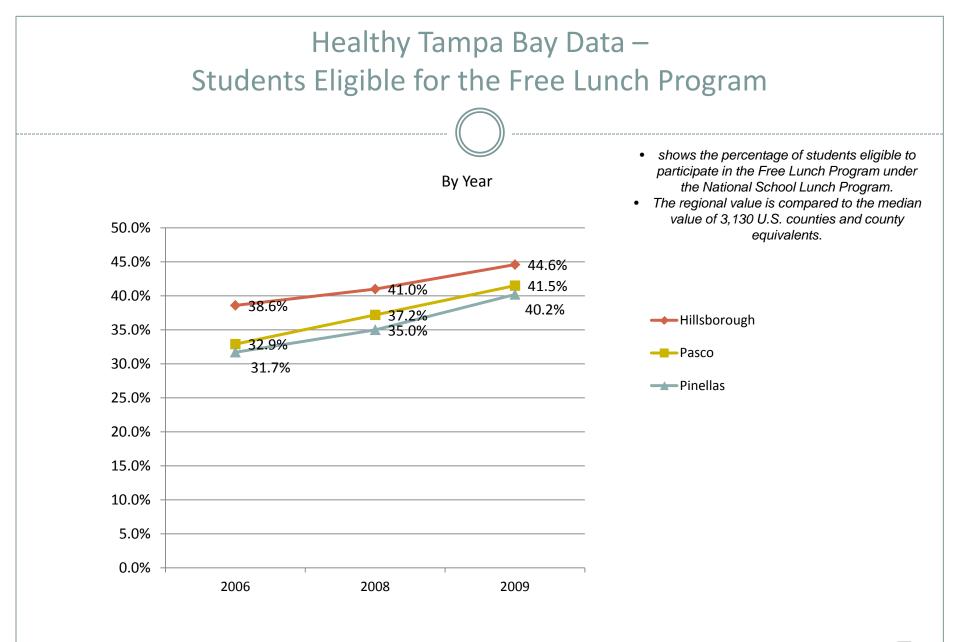






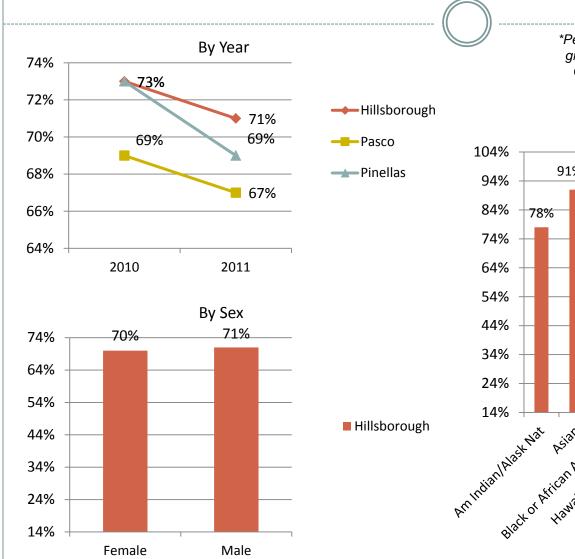




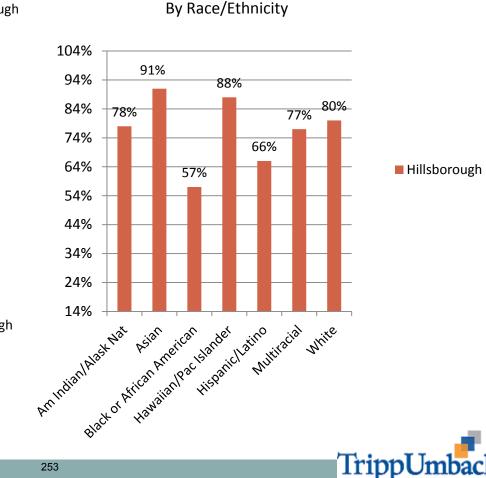




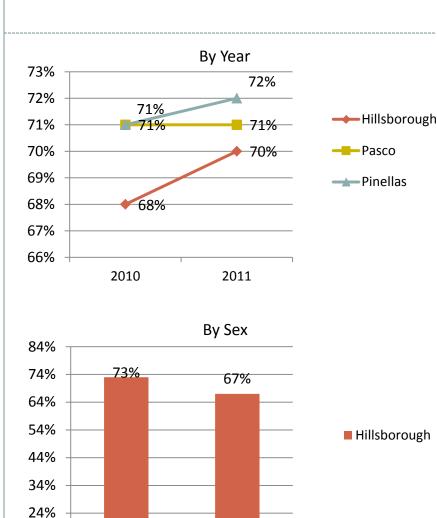
Healthy Tampa Bay Data – 4th Grade Students Proficient in Math



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



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

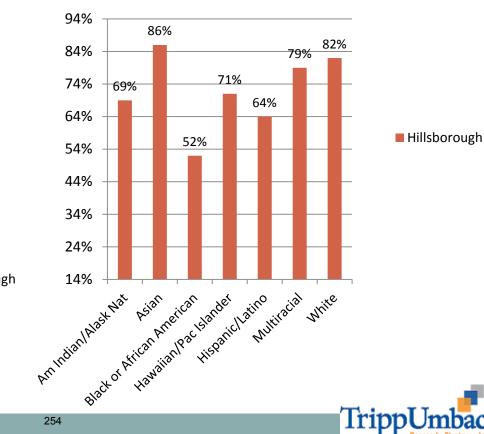


Male

14%

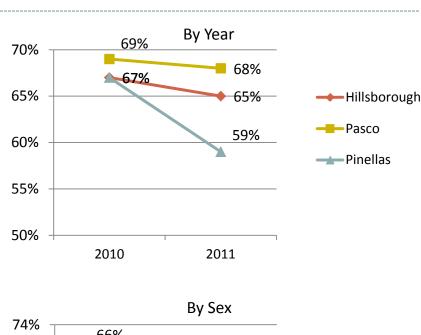
Female

*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).



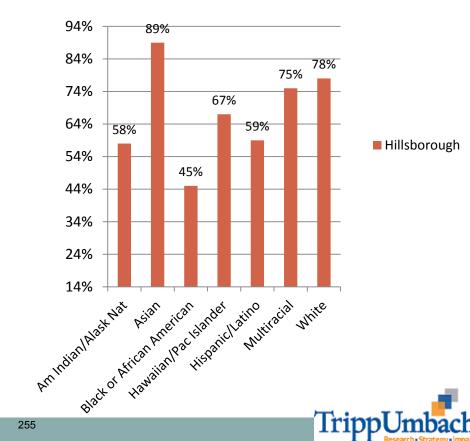
By Race/Ethnicity

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



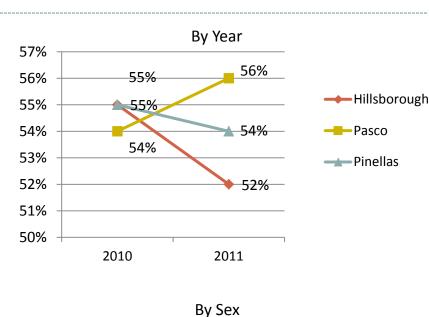
66% 64% 64% 54% 44% 34% 24% 14% Female Male *Percent of 8th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).

By Race/Ethnicity



Hillsborough

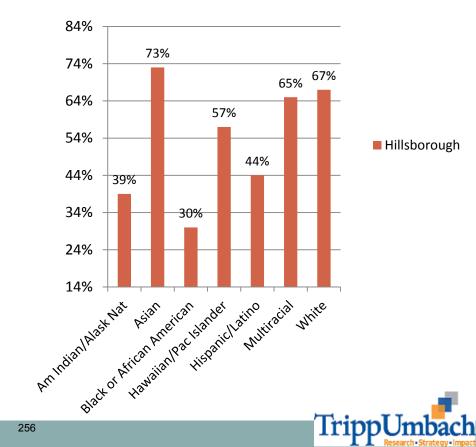
Healthy Tampa Bay Data – 8th Grade Students Proficient in Reading



64% 55% 54% 49% 44% Hillsborough 34% 24% 14% Female Male

*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).





Kids Count



- Hillsborough County shows the highest rates of births to mothers that received early prenatal care compared with the other counties in the overall service area and Florida.
- All of the counties included in the study area 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 and Pinellas counties showed the highest rates of low birth weight births in 2008, then showed a drastic decline in these births in 2009, and then a drastic increase for 2010, to be the counties with the highest rates of low birth weight births in the region.



Kids Count

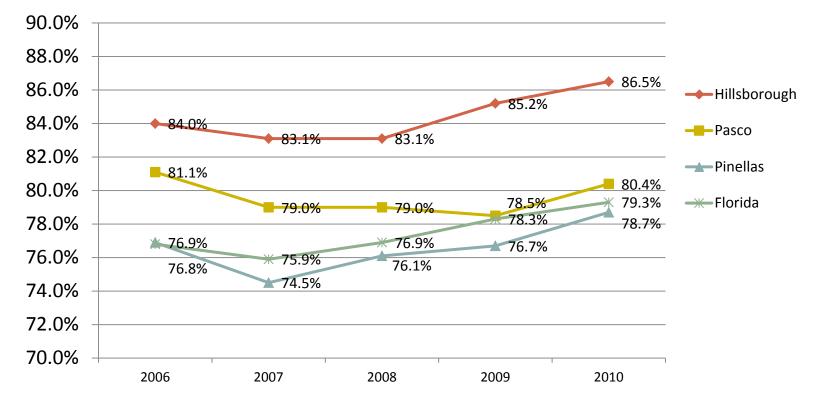


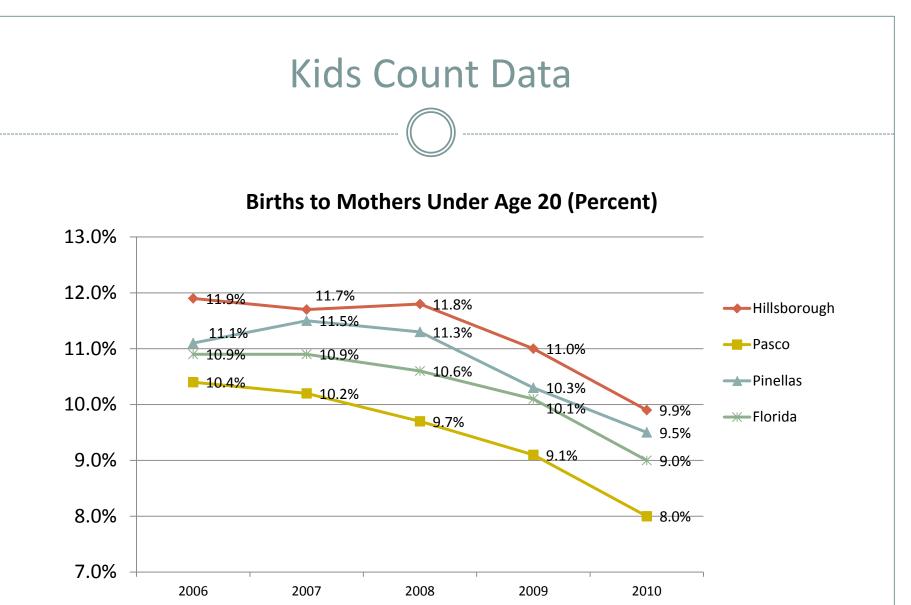
- Infant Death rates are higher for non-white populations; it is highest for nonwhite populations in Pinellas County for 2010 and Hillsborough County historically.
- The immunization rate for kindergarten students in Hillsborough County was steadily declining from 2006 to 2009, but in 2010 the immunization rate rose to 90.9% fully immunized (still the second worse compared with Pasco County, Pinellas County and Florida)
- 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.

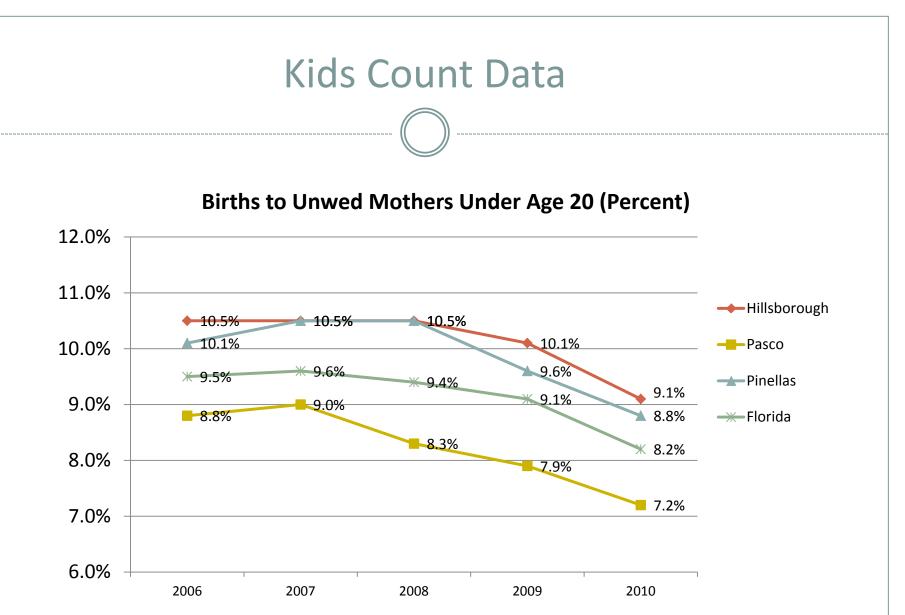


Kids Count Data

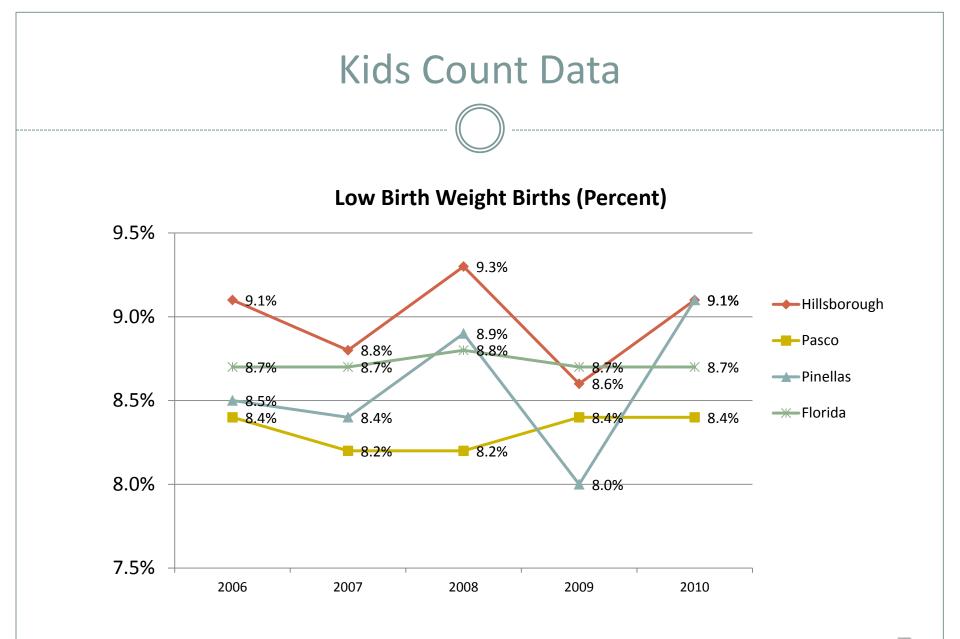
Births Receiving Early Prenatal Care (Percent)



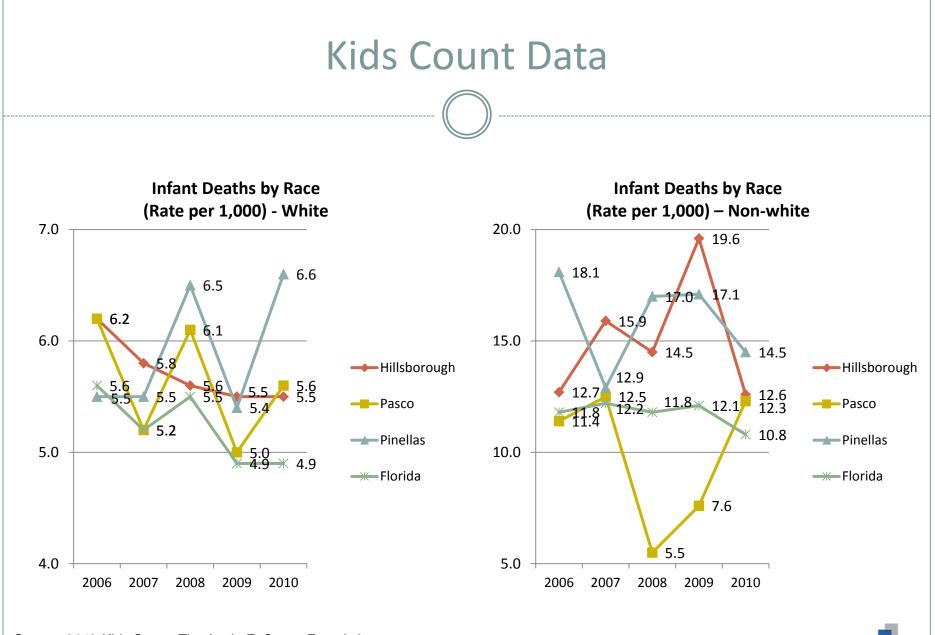






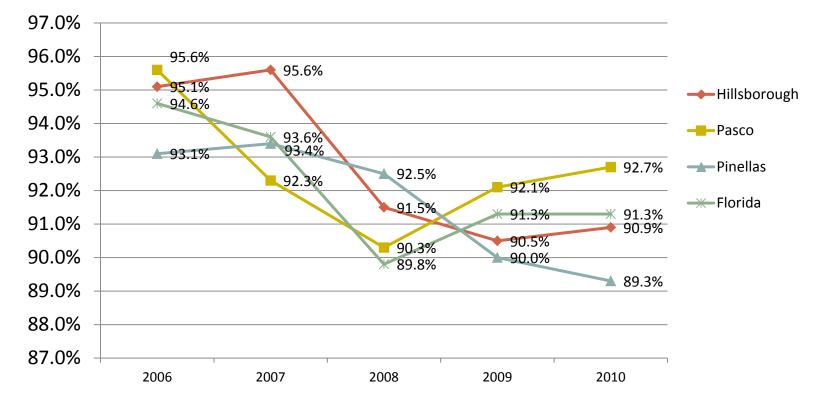


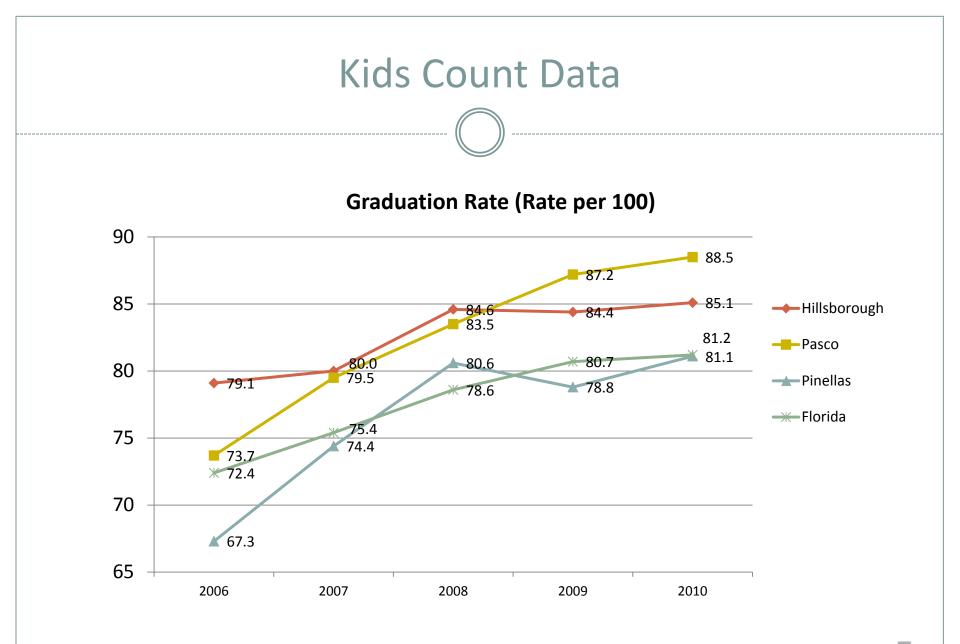




Kids Count Data

Immunization Levels in Kindergarten (Percent)







Overview of Secondary Data Methodology

Substance Abuse and Mental Health Services Administration (SAMHSA)

- The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers regionspecific 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, 2002, 2003, and 2004.



Alcohol/Drug Use Data (SAMHSA)



- 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 the other counties in the overall service area (Pasco and Pinellas counties).
 - 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 and Pinellas counties.
- Hillsborough County shows higher rates of individuals with alcohol dependence than the other counties in the overall service area 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 the other counties and the state).
- Interestingly, 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 the other counties in the overall service area and the state.

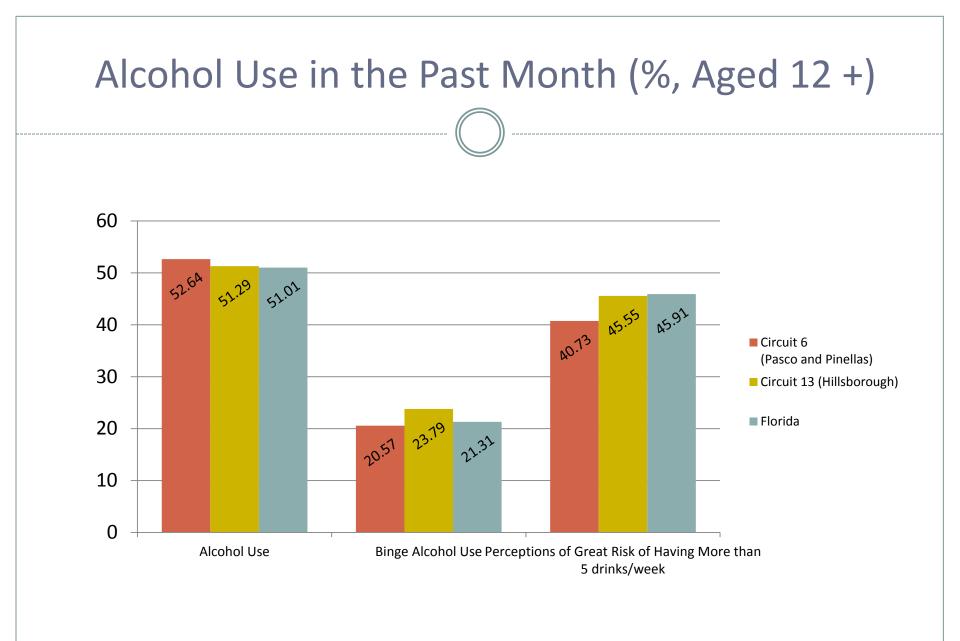


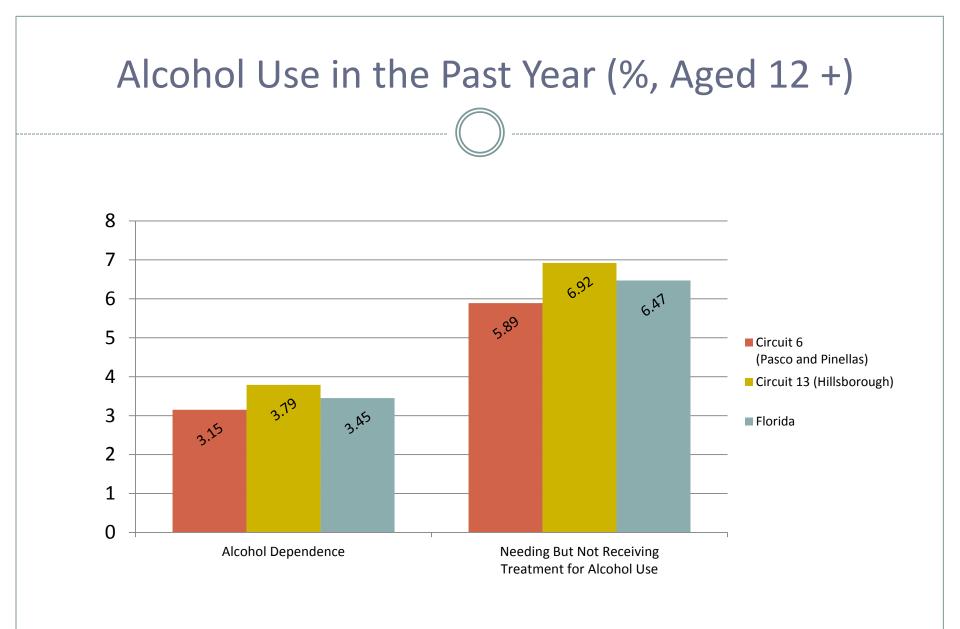
Alcohol/Drug Use Data (SAMHSA)



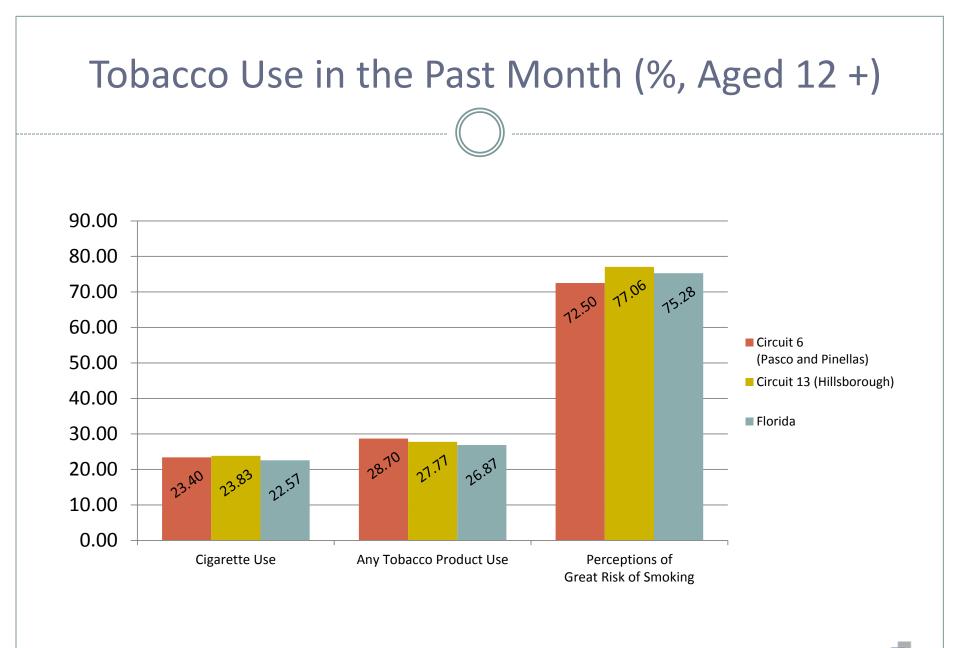
- Similar to the trends seen for smoking, Hillsborough County shows the highest rates of individuals who perceive the risks associated with marijuana use; however, the highest rate of marijuana use if found in Hillsborough County compared with the other counties in the overall service area and the state.
- Hillsborough County shows the lowest rate of individuals who use illicit drugs other than marijuana compared with Pasco/Pinellas counties and the state.
- Individuals in Hillsborough County report needing but not receiving treatment for illicit drug dependence more than individuals in Pasco/Pinellas counties.
- Hillsborough County shows higher rates than the state and Pasco/Pinellas counties for the following psychological health areas; any mental illness, a serious psychological distress, and at least one depressive episode in the past year.



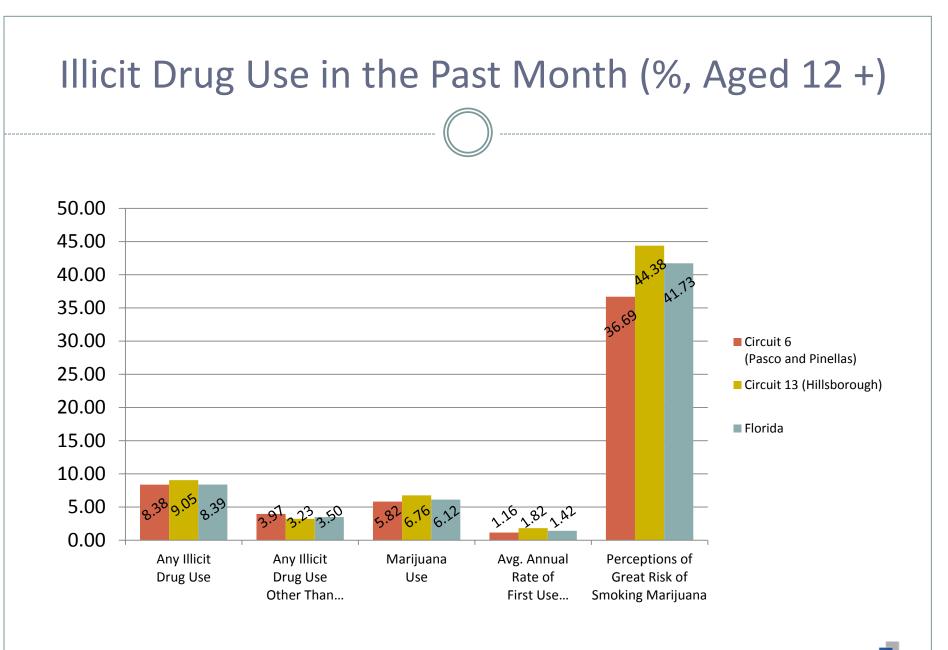


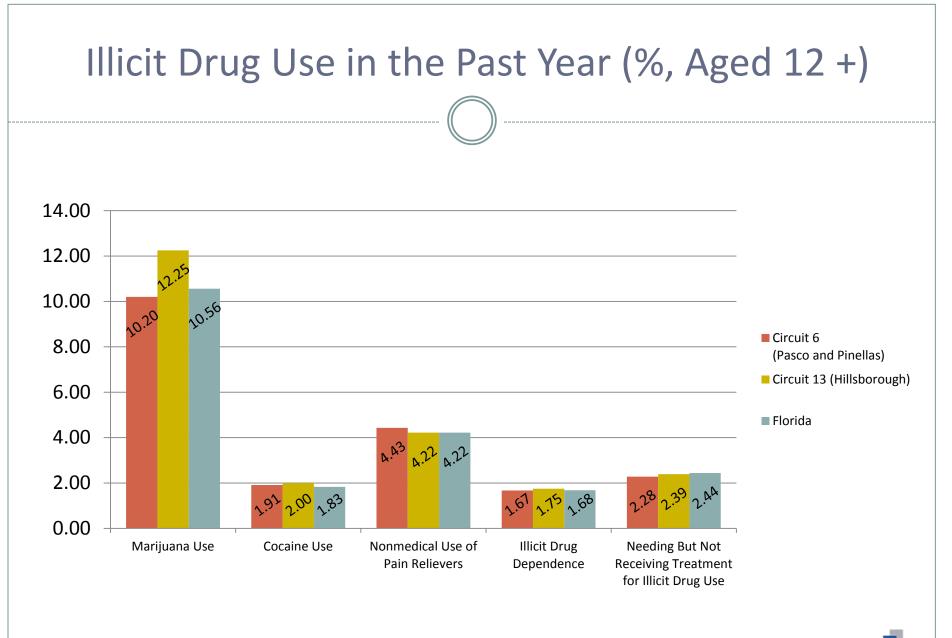


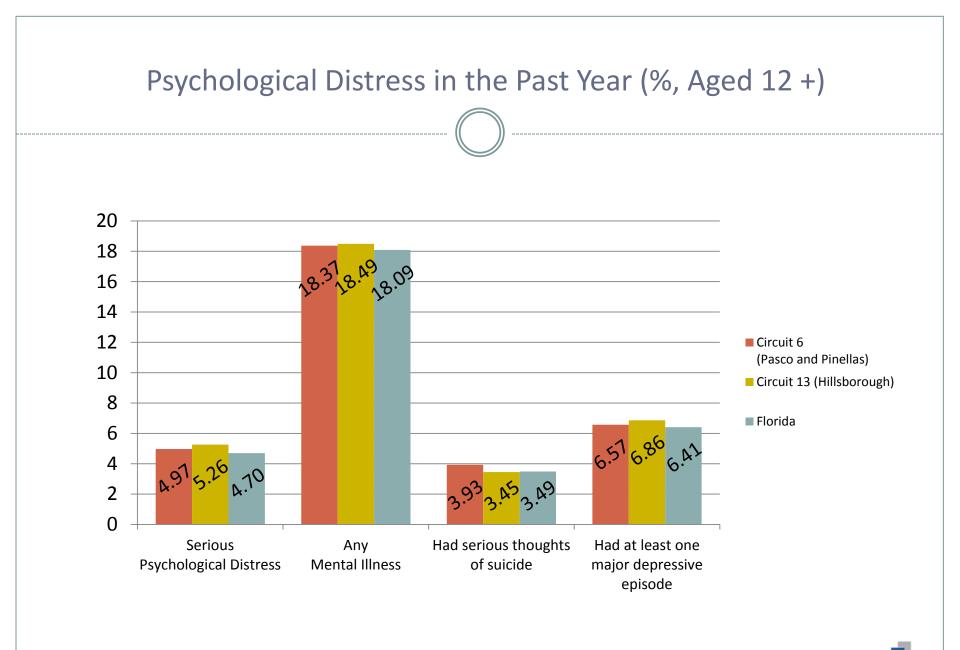




Source: SAMHSA







Source: SAMHSA

South Florida Baptist Hospital

Healthy Tampa Bay Indicator Data Tables

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

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

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

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

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

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

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

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

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

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			

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

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): 33542, 33545, 33548, 33558, 33559, 33563, 33576, 33578, 33579, 33596, 33620, 33715, 33762, 33767, 33785, 33786, 33812, 33849, 34637, 34638, 34688

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

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

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

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	41	33837	32.2
3	33801	53.3	42	33625	31.9
4	33853	51.0	43	33540	30.8
5	33705	48.7	45	33810	30.5
6	33563	47.6	43	33843	30.3
7	33839	45.8	47	33603	30.4
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

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

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

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): 33545, 33548, 33559, 33576, 33620, 33621, 33767, 33785, 33786, 33839, 33849, 34637, 34685, 34688

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			

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

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

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

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

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

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			

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

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): 33576, 33620, 33621, 33786, 33849, 34637, 34688

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			

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

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

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

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

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

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

Hospitalization R	ate 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

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

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			

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

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

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

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

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

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

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

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

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

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

Ranking	Place	Indicator	Ranking	Place	Indicator
		Value			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			

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

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

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			

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

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

Ranking	Place	Indicator	Ranking	Place	Indicator
		Value			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			

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

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

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

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

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

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			

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

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

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

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

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): 33540, 33576, 33620, 33621, 33786, 33839, 33849

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			

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

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

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			

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

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

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			

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

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

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

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

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

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			

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

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

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

Tripp Umbach

APPENDIX **B**

Key Stakeholder Interview Response Set

South Florida Baptist Hospital October-November, 2012

1. How would you describe a healthy community?

- Multifaceted. A healthy community has a population that understands and/or has access to health information regarding obesity, smoking, fluoride, basic general public issues that are understood but not adhered to. Once that is in place, the population has a 'health home'. Many ha1ve a medical home but have never seen a dentist. Dental issues transcend into over health of an individual. For kids, not having access to a dentist is the number one reason they miss school. The ER is the wrong place for dental care.
- 2. From an ER perspective. People have ability to access primary care thru a doctor's office or clinic. They have a place to go for preventive and maintenance care. Manage medical conditions to stop them from becoming chronic or requiring emergency medical care. They can get the care they need in a reasonable timeframe. A community with resources that wants to invest in health and wellness for the whole community.
- 3. Where people have the ability to sustain themselves independently or have access to services that will put them on a path to be independent. Has access to health care.
- 4. A healthy community is an active community. It's safe to be outside. There are sidewalks and paths. Is socially responsible. People in the community care about the rest of the people of the community.
- 5. A healthy community is well cared for at all levels. Has a good emergency interface and strong relations with primary care providers for preventative health and routine diagnostics. ERs are overwhelmed with patients that don't really belong there. The ER was not designed to provide primary care.
- 6. One that has access to health services, in a reasonable manner. Access to health education services and advice. Reasonable access to care, information and education. Everyone needs to take responsibility for themselves. As an organization we ensure access and education and give them tools to take responsibility.
- 7. Patients that want to take care of themselves and participate in care. Will do better if they participate in care eat right exercise etc.
- 8. Healthy community for MH would live well with their Dx and not use emergency services as the entry point in MH system.
- 9. Vibrant, safe, walkable, with accessible parks and healthy foods. There is a population that is inclided toward physical activity. There is a healthy economy.
- 10. Perception is reality so those that live in the community have to feel well overall (emotionally, physically, spiritually). The environment supports promotes healthy behaviors (access to fruits and veggies, walking, biking). Community focuses on prevetion and maintaining wellness and increasing lifespan.
- 11. One that's thriving, a productive community health and wealth do seem to go hand-in-hand, so one that lives a good quality of life, works collectively to create healthy conditions.

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

1. Dental care is critical. There is a significant need for pediatric dental care. For poor people, dental care is almost nonexistent. Behavioral health is also critical. A lot of the time the underlying issue for a patient seeking medical help is a behavioral health discussion (substance abuse, depression, alcoholism).

- 2. There are not enough clinics and primary care providers that accept Medicaid. Psychiatric care availability is minimal as is management of psychiatric issues.
- 3. We have a high unemployment rate. There are a lot of people with a low education level. There are not a lot of jobs available for people that are not well educated and little skills training.
- 4. Diabetes, cancer, obesity.
- 5. We have a large indigent population that does not get the preventive care they need. Indigent pregnant women are not getting prenatal care. An aggressive inoculation program. We are on the front lines responding to these people. Some of which have horrific medical histories and bad oral hygiene. There are a lot of ER visits for non-emergency care. Lack of outreach for prenatal care for indigent pregnant women.
- Access. As an agricultural worker community. Many come from other countries such as, Central America. Their capacity to access services is limited by language, lack of education, lack of documentation, lack of knowledge on how to navigate the system, inability to provide documents.
- 7. Missing specialty care. Endocrinologists, Rheumatologists.
- 8. Growing in MH and becoming more acute (Both medical MH) as they are interrelated; Cooccuring illnesses are increasing (dually- Dx pop is growing); Baby-boomers aging will increase the demand for MH services provided in place with medical services
- 9. Lack of health insurance causes a lack of access to health care. Obesity is an issue that causes high-cholesterol, diabetes, etc. Substance abuse particularly with prescription drugs.
- 10. Infant mortality-is a focus of the county (particularly the AA infant mortality rate is over 3x higher). Not so sure about the cause. There is Medicaid coverage, and pre-natal care rates are high. Seems to be related to lack of overall health of mothers and stressors. Low birthweight tends to be related to infant mortality. Technology often can save babies that would not have been born due to (obesity, smoking, D/A) then once born they enter the home environments and risks such as bed sharing (SIDS) because there are bed for the infant in the home. Children being left alone. Exsistence of Social supports. Dental services/care- preventive services and ongoing dental health-limited access to dental services oral diseases in pre-schools are higher than typically anticipated. Oral health is a gap in the community among low-income and working poor but there are middle class families that do not have dental coverage and even when residents have coverage the co pays and deductible uninsured dental care can be unaffordable. Seek care in ER but there's not real resolution in the emergency room. Time to go to the dentists to get care. Location of dental practices tend to not be in the areas of greatest needs and transportation is an issue to get to and from the providers. Trends are not changing a lot. There are focuses. Childhood obesity- in minority communities.- Dietary choices that include processed foods with complex sugars can be easier to get access to and cheaper. That coupled with being less active. Time is limited due to working to make ends meet. Living in unsafe environments keep children in doors.
- 11. If you go to the One Bay Tampa website, you will see them all, the leading one is obesity. This needs to be tackled, ripe for primary prevention, prenatally, early education, etc.

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

- 1. Behavioral health with primary care is across the spectrum. Dental care is a pediatric need. We need to get dental health under control at young age. We set up dental outreach with BayCare a few years ago. We put fluoride in the water in Plant City. We're making progress but we have quite a ways to go.
- Medicaid enrollees have limited access to care. Many doctor's that accept Medicaid are not taking new patients. The working poor. The make too much money to be eligible for government assistance but they don't make enough to afford insurance and/or their employers do not provide insurance.
- 3. Low income.
- 4. The general population. We have a large Hispanic population, 30%. Our membership base is 24% Hispanic.
- 5. Indigent people and migrant workers.
- 6. Diabetic patients, arthritic and Lupus patients.
- 7. Migrant workers, agricultural workers from Central/South America. Depending on country they come from, the ability to access healthcare and follow instructions and take care of themselves varies. The have a low literacy level and difficulty filling out applications for health services. More and more services require you to have online access. They have little or no access to computers, let alone the internet. They don't have access to public transportation and they don't have any personal transportation. So, free access to computers and the internet at libraries does not help these people.
- 8. Aging seniors; Children- Mental health and physical health needs (obesity increasing childhood diabetes)
- 9. African Americans (Obesity and infant mortality); General population; 50-60 year olds that have retired
- 10. Working poor; African American families (pre-conceptual health status); Those with out dental coverage; Lower-socioeconomic stratus; Higher consentration of poverty
- 11. It affects everyone, but the younger population, we need to have a primary, preventive focus on them. Need better walking trails, more fresh fruits, etc., all across the community.

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. Strength #1

- 1. We have plenty of resources. We need to talk about how to deploy them. We need awareness and access across the board. Many clinics in the area operate mobile dental and medical.
- 2. We already have free clinics. The infrastructure is there. We need to help them get more providers so they can see more patients.
- 3. We have grant programs such as the Hillsborough Health Care plan. And many other organizations that we partner with and refer people to. We have an Advisory Board where we meet with other organizations to discuss community needs and what services are available to meet those needs. It also serves as a conduit to get information out into the community.
- 4. YMCA. We serve 7000 members. 35k pop. With our programs and services we can expand and get word out to people. Working with corporations to sponsor programs and bring health screening and exercise opportunities to their employees. City helps raise funds to put us here.

Expand facilities to accommodate more people. Component is physical activity. If too crowded people will not come. Don't know if other gyms work with people as we do. Care about wellness.

- 5. The area is well funded as far as hospitals. They are well managed and well maintained. Patients get a high standard of care. The foundation and potential for outreach is there. We need more community education, more public service announcements especially relating to preventative care and maintenance. Particularly during cold and flu season. Hospitals could do more
- 6. Relative to my organization, the network that I have established over 12 years of operation. I have collaborative agreements and working relationships with hospitals and other social service providers in the area. Because of these relationships I can call upon them to tap into resources to care for my patients. I may not be able to provide the service directly but I can refer to someone who can. And I return the favor. It's an extremely effective system. I am always looking for ways to expand and strengthen these relationships and create new ones. Networking is a living organism. You have to change and grow with it.
- Good primary and specialty care. Hospital helps a lot doing sessions and screenings for cancer. Will make complete if we get those two specialists (Endocrinologists, Rheumatologists). Urology department is overwhelmed.
- 8. Good community providers that are motivated and driven to meet the needs of the patient population
- 9. Increased collaborations recently formed that share information across geographies and that movement is gaining momentum
- 10. Political support for healthcare is strong (sales tax 20yrs ago) that generate funding for the indigent healthcare program. Plant City passed for chlorinating local water supplies, etc.in the last 10 years collaboration has taken place among providers.
- 11. The Health Department their focus is on making people healthy, they want people to be healthy.

Strength #2

- 1. Relationship with community hospitals. We can increase awareness.
- 2. Hospital outreach is very good. There are lots of community programs. We can always do more.
- 3. Plant City has a very strong Chamber of Commerce. Business community is strength for Plant City. Not sure how that could be built upon.
- 4. Hospital. Do good job communicating information. Diabetes seminars, lunch and learn, participation in community events, Wellness on Wheels. We've started talking about partnerships. We have wellness and physical activity programs. We'd like to partner with them to get more awareness about nutrition to children and adults. We do not have access to a nutritionist to talk to our members about proper food choices. We can make recommendations regarding healthy foods but we cannot prescribe foods. We can offer a program that helps families with choosing healthy items at the grocery store. Work with schools to educate children on nutrition. We can talk to children but it's the parents that put the food on the table.

- 5. The service providers in our community are passionate about their work, including the Department of Health. I have yet to deal with anyone that is not looking to make someone else's day better.
- 6. Being predominantly agricultural and construction, the community is inherently strong because it tends to be a young one. There are more opportunities to educate young people and you can have a strong impact on their health knowledge about our system, and their own wellness.
- 7. Very easy to get attention of community. Everyone knows everyone else.
- 8. None
- 9. Hospital consolidation increasing which leads to effeciencies and allows issues to be better identified and addressed.
- 10. There is a strong network of healthcare providers and resources. There is a wealth of resources in the healthcare industry. We are making progress toward a healthier community.
- 11. One Bay Tampa Economic development based. They want to have successful people, they engage each other, employers, worksites, families, etc. Focus on the whole lifestyle.

5. In your opinion, what do you think are the 2 most pressing health needs facing residents in local/regional communities you serve, especially the underserved? Please explain why. Community Issue #1

- 1. Pediatric dental care. Access by the Medicaid community is nonexistent. A lot of work needs to be done with parents to make sure they understand the importance of dental care and good oral hygiene.
- 2. No access or very poor access to primary care. Most primary care providers are not accepting new patients. People miss an entire day of work by sitting in the doctor's office all day.
- 3. Education and Employment. General labor jobs are being automated and there are not many jobs available to people with little education and skills training.
- 4. Obesity. Cheaper to eat unhealthy foods. Processed foods are high in sodium and carbohydrates. Fast paced lifestyles. Both parents working.
- 5. Large under or uninsured population. Lack of preventive care. Medical issues escalate more than they need to be because of lack of routine and preventive care.
- 6. Access to primary care when it is needed and in a proper way so non critical needs are addressed appropriately and avoid potential crises. In other words, an uninsured population seeks services in the Emergency Room for a non-emergency. There needs to be an entry level process for the uninsured. Or those with insurance but copays/deductibles are high. Blue color family. Working poor. Avoid requiring documentation unless it is critical.
- 7. We have good primary care and easy access. Some offices are not open in afternoons.
- 8. 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).
- 9. Obesity/pre-diabetic and diabetic-stems largely from the lack of education and prevention.
- 10. n/a
- 11. Obesity

Community Issue #2

- 1. Access for poor people to behavioral health care. They can't afford it.
- There is limited specialty care in Plant City; especially for Pediatrics. People need to drive 30-45 minutes to get care. Maybe we could have specialists come to Plant City and work out of our hospital to see patients for a day or so.
- 3. We have a large homeless population. It is hard to measure this type of population. We don't have a lot of resources for the homeless population.
- 4. Diabetes is a growing epidemic in this county. Children are overweight at younger ages. And this lifestyle follows them into adulthood making them unhealthy adults.
- 5. Prescription medications are unaffordable and hard to get. Patients are skipping doses because the medications are expensive. Elderly people have to choose food over medications. Responsibility falls on the FDA and Federal Government because of the pressure they put on pharmaceutical companies. This raises prices on medications and makes them unaffordable. The FDA is hamstringing smaller pharmaceutical companies and forcing recalls. When we could not get seizure medications there was nothing we could do for patients but take them to the ER. US pharmaceutical companies are greedy. A bottle of nitroglycerin in New Zealand is \$9. That same bottle is \$300 in the US. This protocol needs to be adjusted. My staff undergoes constant training because of the rotating shortage of medications. There is a greater potential of medication errors because we have to use what we can get. We've got a budget on what we can spend on prescription drugs. If I have to pay more for one medication, it means I can't get another medication.
- 6. Education. There is a test available to test someone's health literacy. This applies to both English and non-English speaking individuals. The education of 'blue collar' individuals tends to be at or below high school level. They are not able to (or have difficulty) filling out forms, following instructions, making appointments. They are not empowered to ask questions and most times don't comprehend responses. They don't ask health professionals to stop and explain something. Part of the responsibility lands on the doctors for using language and terminology over the patient's head. All of these issues are amplified for non-English speaking people.
- 7. None.
- 8. No quality control and ability to rank the quality of providers and of the good providers thater is not way to meet the growing demand. There is also not enough funding to increase those resources.
- 9. Behavioral health- depression impacts a persons health and may increase risk for drug use. There is a larger vet population and higher senior rates in the community all of which tend to have higher rates of depression and suicide.
- 10. n/a
- 11. Our transit system meaning, for healthcare, but also, just not having to drive for work would contribute less toxins in the air, etc. We need a regional transit system. There is a link between this and obesity, healthcare, getting to a job that offers benefits, etc.

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. Different from community to community. Schools can assist with oral health education. Community health centers can help educate and provide awareness to adults/parents. Hospitals are some of the largest employers and have avenues for outreach and awareness to their employees.
- 2. A lot needs to happen on the government level. Making primary care more agreeable to Medical School students would increase the number of available providers.
- 3. I think we need to put together coalitions to collaborate and find some common ground. To look at what we can do together to resolve these issues.
- 4. The best way to address these issues is thru a collaborative effort on behalf of everyone in the community. The Y has what we call 521. We try to get children to increase fruits/vegetables to 5 servings a day, decrease video games/internet usage to 2 hours per day and increase their physical activity to 1 hour a day.
- 5. The red tape has to be removed at the federal level. I've met with Congressmen to help work on the problem. This is a matter of national concern. Homeland Security should be involved. If we were to have an outbreak, we would not be able to treat everyone.
- 6. Pieces have to start with the healthcare professionals themselves. They need to get educated about health literacy. Not everyone understands their jargon. Areas of our school systems could use attention. Many high school graduates can barely fill out a job application, let alone a health form. They have health classes in high school but are not taught how to fill out a health history form. Some are clueless about managing a budget or the interest on credit cards. These things are not being taught at school or at home.
- 7. Have more availability in the afternoon or evenings for primary care patients.
- 8. 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.
- 9. Any organization that deals directly with these population (i.e., federally qualified clinics, YMCAs, free clinics, etc.); Behavioral health-Employers need to provide better coverage to employees and better educate employees; Hospitals can make diabetics more aware of the resources that are available to them.
- 10. Infant mortality- Healthy start coalition of Hillsborough County is working to address and are the body receiving funding from the state. Dental-Hillsborough County Health department in cooperation with the oral health coalition by developing partnerships and using resources effectively to meet the needs. Childhood obesity- Hillsborough County Health department in partnership with child serving institutions like school systems, faith based programs and CBO like the YMCA.
- 11. BayCare, and most hospitals are members of the councils, people coming together, how do they contribute to communities' solutions, etc.
- 7. Do you believe there are adequate local/regional resources available to address these issues / problems? If no, what are your recommendations?
 - 1. Yes. Get word out.
 - 2. No. I recommend getting more primary care and mid-level care providers. And specialty care as appropriate. More people need access to these services.

- 3. The County has resources. The critical point is access. As funding diminishes, we see less and less points of access for services. Some of the smaller nonprofits have had to scale back and are no longer offered in our county. The networking program that brings social service providers from across the county together on a regular basis is no longer functioning. It is hard to maintain when there is not a designated person to maintain it.
- 4. Yes. Our community has a lot of great parts and is maintained well. We have the tools. We need to learn to work better together to instruct and motivate folks to use the tools.
- 5. No. I recommend more public awareness. There is little coverage on medication shortages. People need to let the government know that this is something they need to fix. Thant could help. I have to throw away expired medications. It is a felony to distribute expired medications. Other states allow you to send back the expired medications to the pharmaceutical company to have it recertified. We are trying to change the law in Florida. This is both and state and national crisis.
- 6. Yes
- 7. No. Statistics and research prove otherwise. Patient Navigators are worth their weight in gold. They don't need any formal training. They just need to be good communicators. Being of the same ethnic or cultural background can be helpful in some situations. They do a lot of hand holding and go a long way in empowering the patient. They stay on top of the patient making sure appointments are made and kept, forms are completed in a timely manner, make sure they know who to call and when to call them. It has been proven that they are very effective in getting patients to do what they need to do when they need to do it. Also, patients learn these things and pass them on to friends and family and the next generation, causing a ripple effect. This needs to be a service that is available and affordable for anyone and everyone that needs it.
- 8. Not enough funding. Recommends increasing govmt relations to focus FL's attention on the needs and importance of funding for MH services (51st in funding in US and PR)
- 9. Connections to the resources that exist is key. Need a movement to educate the messes however, which would require marketing and branding dollars. The message is out there but it is not being received or implemented. Reaching children in the schools is a longer term solution whereas shorter term don't know.
- 10. Yes there are resources to do more than is currently being done. The initial problem is not lack of resources. We could make much more of a difference by better utilizing the resources we have more effectively. Dental-more and better effective preventive outreach and maintain/protect the teeth that are in good shape pre-k. Takes coordination and collaboration. There are not enough resources to fix already formed issues. Infant mortality- yes, is more of an out reach behavioral change issue than others and we can do that. Childhood obesity the needle is moving for current and coming generation.
- 11. Yes county health office, business community, Healthy Together Tampa, universities, etc. working together.

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. We are seeing more and more obesity in clinics. This is the next public health discussion that the public will have to deal with. Obesity can cause Diabetes which can cause a lot of other health issues.
- 2. No.
- 3. No.

- 4. Malnutrition. Our food bank has been helping middle income families. Limited on how much they can give out. Kids going without meals. Could get worse down the road if families can't put food on the table.
- 5. There has been a drastic increase in TB and Hepatitis C; there have even been cases of the plague. These diseases can lie dormant for long periods of time and reemerge when conditions are ripe. Medication shortages may increase the chance of epidemics.
- 6. No. There are some Hispanics that don't speak English. Bi lingual physicians would be beneficial.
- 7. No. Issues have been same for last 20 years. Things have not changed a great deal with the population I work with. Returning soldiers will be an emerging need for many communities which will impact our healthcare system and possibly have a ripple effect on all of us. Many young men and women will be returning with extremely traumatic injuries and will be in the system for the rest of their lives.
- 8. 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
- 9. Pre-diabetic and the underserved are larger numbers and will increase the need for resources. Also need better innercity planning to make communities walkable and developing the infrastructure that supports physical activity.
- 10. Holding the line with tobacco-as long as we can keep the trends in a decrease of use direction we'll be ok. Energy drinks but nothing significant enough to emerge "so to speak". There are high levels of cancer, strokes, heart disease. Technology is helping manage the chronic illnesses we see.
- 11. Yes families and kids are stressed, mental health is an issue, alcohol and drugs to deal with the pain, kids are abused, frightened, scared, hungry. Need to focus on how we deal with families, homelessness, etc. Bill Nelson's wife, works on the Hunger Coalition with Hillsboro schools.

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

- I would like to see our time, attention and talent focused on making children as healthy as possible. They will strengthen the community as they grow. I would also, like to see a new Pediatric center in Brandon. It will have to provide access to all care children need; doctors, dentist, behavioral health. We need to make sure kids have access and are aware of it.
- 2. Should be places available for people to have chronic medical issues managed. Prevention and wellness programs to help people stay healthy and out of the doctor's office. People should be able to see their primary care provider in a timely fashion. People should not have to use the ER for primary care.
- 3. Like to see unemployment rate decrease. Would like our organization to exist more to case manage people that are on a path to independence rather than only deal with them in a crisis situation. With opportunity and gainful employment, people will have needs from time to time but will not be in constant crisis.

- 4. Get out and get more people involved in programs. Get the entire community behind wellness. We can change people's mindset, help them make healthy choices for themselves, and all of these diseases will start trending down.
- 5. Ideal would be: EMS working more closely with doctors. We'd be proactive instead of reactive. We'd interface with community to prevent emergency care as much as possible. We'd emphasize prevention. Everyone would have access to a consistent level of medical care. People would develop relationships with their primary care provider; get to know them and their medical history. Catching medical issues early can make them easier to treat. Empower them to make good, healthy choices. Make sure they have the medication they need. Nutrition is often overlooked. Bad food choices can lead to devastation illnesses down the line. People need access to healthy food choices. Lots of education. Wellness checks. The society at large is ignorant of their medical condition. Even the best of us can do better.
- 6. My diabetic patients would be under control. They would be participating in their care. Continuing to exercise making healthy choices.
- 7. All people will have access to adequate primary care and adequate treatment for their medical condition(s). Providers will practice clinical medicine (what is best for the patient) and not legal medicine (how much do they have to do to not get sued). Physicians order lots of tests and procedures. Not all of them will necessarily make a difference in how they treat the patient. But they all cost money. A program will pay for it but is there an absolute need for the patient to have that test or procedure. We need to ask that question and at the same time maintain the best quality of care that we can provide. We won't know if it will work unless we implement it. I am not suggesting socialized medicine.
- 8. 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.
- 9. That this region will become nationally known for its commitment to become healthier
- 10. On the upslope to continued improvement. There are many indicators that can slide in a negative direction. The data can take 5 years to indicate change. If we continue to work to improve helth we will continue to move the needle in a positive direction.
- 11. Solve some of the longstanding health care issues, then move towards the next steps. So insurance for all first, then prevention, then care, collection of data, etc.

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

- 1. No.
- 2. No.
- 3. No.
- 4. No. might Tampa Metro Area YMCA. Will let me know.
- 5. I have response data. I don't think it is really useful. I'm not seeing any trends. The Nemsis database is public and collects data from all emergency responders across the country.
- 6. USF did a small survey, interviewing people leaving the clinic, asking what they would have done if they could not get the care they needed here. 51% said they would have gone to an

Emergency Room. We are trying to get USF to expand on the survey. We also did a small study in conjunction with St. Joe's. Please contact me for access.

- 7. Can have anything available. How her patients are doing, what insurances they use. Let me know what would be beneficial.
- 8. No
- 9. No
- 10. No
- 11. Yes

11. Any additional comments or questions?

- 1. No.
- 2. No
- 3. No.
- 4. Are there any plans to release findings to participants and/or the public?
- 5. Public announcements from medical professionals will go a long way to remind people to make better decisions.
- 6. No.
- 7. No.
- 8. There are MH beds at each facility (58 beds at Morton Plant and St. Antony)
- 9. No
- 10. No
- 11. One Bay website www.myonebay.com

Tripp Umbach

APPENDIX C

Community Resource Inventory

South Florida Baptist Hospital May, 2013

		the South Florida Baptist Hospital service area using reso he South Florida Baptist Hospital CHNA. (Please refer to t				 First Call for Help community resource database. Using the zip codes which define the the detailed community needs.) 	Sout	h Florid	a Bapt	ist Hosp	ital com	munity	33527,	33563,	33565,	33566	5 and 3	3567) r	nore th	an 25 co	ommuni	ty resou	ces were	identifie
An inventory of the resources in the South Florida Baptis	t Hospital commu	nity found that there is at least one and often multiple res	ources avail	able to meet each identi	fied community healt	h need. The following table meets CHNA community inventory requirements set forth by DRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE SOUTH FLORIDA BAPTIST HOSP	the I	RS. (Se CHNA	e Table	2)														
Drganization/Provider	Counties Served	Contact Information		Internet Information			ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	fransportation English as a Second Language Issues	Documentation Issues	ER Use for Preventable Health Issues	kesident Awareness Dental	Care Coordination	Senior Care Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diab etes Hypertension	Obesity Preventive Healthcare	Cancer	African American Poor Health Outcomes BEHAVIORS THAT IMP ACT HEALTH	king	awareness of Healthy Options Choices of Consumers	Smoking Substance Abuse	Lack of Physical Activity Immunization Rates
11 / FIRST CALL FOR HELP	Hillsborough	One Crisis Center Plaza Tampa, FL 33613	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	Ì							v , <u>u</u>	Ŭ			Ŭ	Ŭ				2, 0, .	
		211 - Call 2-1-1 from service area (813) 234-1234 - Alternative Number				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	xx	x 1	x :	кх	x	xx	*	x	x x	xx	x	x *	* x	x x	xx	x x
GENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)		11300 Tran Folson Read Thonotoasia FL 33592 813-367-2324	33592	More Information	Adolescents throughout the state of Fiorida	The ACTS Youth Residential Program is a lexensed, structured rehabilitation orienteed facility which provides addecents with a acts, structured environment in which supervision and services are provided 24 hours a day, seven days a week by trained professional staff. The program corrently maintains too licenses issued by the Department of Children and Families (DCF); a 20- bed Residential Level II (in accordance with FAC SED-30), and a Child Caring License(in accordance with FAC SED-14) for those addecessins in the Stafe's castrols, in a therapeatic environment conductor to the delivery of services, the program provides each client with a minimum of 10 weekly counseling hours which includes individual, group, and family conselling. In additional to counseling, other services that may be provided in accordance with the client's treatment plan include sibutance Abuse Education, Live Silis Tanining, Non-verbal Therapies, replayment, Health and Medical, and Mental Health Issues. Psychiatric services are also provided to those clients that are disponded with a mental health disorder. Zuctational services are provided by ACTS Alternative, which is staffed and equipped by the School District of Hillsborugh County. Ancillary services may be performed or referred based on the individual needs. The length of stay in the program can vary from 4 months to more than 1 year based on the client's achievement of established treatment goals. The average length of stay, however, is 5-6 months.	*	x				x	×		*					x ¥	* x	x	x	
GENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough	6005 North Nebraska Avenue Tampa FL 33604 813-237-4907	33604	<u>More Information</u>	Dually diagnosed homeless individuals who meet the statutory requirement for ALF admission and have successfully completed a long-tem treatment program for their addiction	The Asstated Living Facility provides clean, safe, permanent housing to dually diagnosed homeless adults who meet that statutory requirements for admission to an assisted living facility, and have successfully completed a long-term treatment program for their addiction(s). The primary intent is to consider those persons with an extended period of solvier who have not been able to function in a less restrictive environment, i.e. supported housing.	*	x				x	: x		*					x ¥	* x	x	x	
GENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough	3107 N. SOTh St. Trampa FL 33610 813-367-2324	33610	More Information	Individuals with mental health or substance abuse issues and forensic issues (legal, court issues) Referrals come from the Public Defenders office or from a privat attorney or homeless persons meeting the program criteria	LSS has two programs. One is the Forensi/C/crimial Justice System/316 program, which consists of Individual who have followy licery and severe and periostant metral lilense. These people are clients of DCF. They may have co-occurring disorder and/or other disabilities. Referrais come from the Public Defenders office or from a private atomney. There are 3 Forensic Specialist that work in this area. The second program is Supportive Housing, of which there are several kinds. Housing for people with HV/AIDS-4 houses 1) Housing for forensic clients 2) Housing for Individual with biotance and buochematin Hamilton Moorder 3 J Carticated Site housing program. Each individual in these housing programs receives support services from our case manages. Independent Living or Permanent Housing Porgram Housing Program or homeless persons meeting the program rise of transitional Housing Program or homeless. ACTS has houses and apartments at confidential locations. This program supports the final phase of transition to independent living.	*	x				x	×		*					x ¥	* x	x	x	
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough	4612 N. 56th Street Tampa, Florida 33610 813-246-4899	33610	More Information	No Restrictions	Provides mental health and substance abuse treatment. Assessment and Access Center for anyone seeking substance abuse treatment. Also, Marchman Act Services.	*	x				x	x		*					x *	* x	x	x	
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough	2214 East Henry Avenue Tampa FL 33610 813-246-4899	33610	More Information	Voluntary or involuntary adults who are actively using drugs and/or alcohol	This is a secure, medically supervised substance abuse receiving facility providing inpatient assessment, deconditation, stabilization, and short-tem (5 7 day) treatment and referral services for adults who are actively using drugs and/or alcohol. This program operates 24 hours a day, 7 days a week and accepts voluntary or windmict detems. Involutancy clients are admitted via law enforcement, physicians certificate, civil* or criminal court order. Marchman Act Receiving Facility.	*	x				x	x		*					x *	* x	x	x	
GENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	Hillsborough	8620 North Dixon Avenue Tampa FL 33604 888-988-2287	33604	More Information	Youth	This is a secure, medically supervised substance abuse receiving facility providing inpatient assessment, detoxification, stabilization, short-tem (3-5 dayl) transment and referral services for addescents ages 12-17 years old who are actively using drugs and /or alcohol. This program operates 24 hours a day. 7 days a week and accepts voluntary or involuntarily isadmitted dients. involuntary diens must meet ¹ Marchima Act criteria and can be admitted dients/ guardian, law enforcement, physicians certificate or court order.	*	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	
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC (ACTS)	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	
ALL PEOPLE'S LIFE CENTER	Hillsborough	6105 East Sligh Avenue Tampa FL 33617 813-744-5978	33617	More Information	No Restrictions	Provides community-based recreational activities to persons with all types of disabilities. Services include in-school therapeutic recreation programs, after-school recreation programs and Camp Sparks (summer day camp programs), along with various special events such as dances and subschool therapeutice.	*				:	ĸ			*					× *	k	x		x
ALL PERSONS ROTARY PARK	Hillsborough	800 Parsons Avenue Brandon FL 33511	33511	More Information	No Restrictions	monthly teen outings. Provides fitness opportunities.	*				:	ĸ			*					× *	k	x		x
AREA AGENCY ON AGING OF PASCO-PINELLAS - SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE)	All	813-975-2160 9549 Koger Blvd., Gadsden Building, Suite 100 Saint Petersburg, FL 33702	All	More Information	Persons age 60 and over or those on	Long Term Care Insurance Information/Counseling, Medicare Information/Counseling, Medicare Part D Low Income Subsidy Applications, Medicare Prescription Drug Plan Enrollment,	*	x		x	x		x	x x						*	k			
BAYCARE BEHAVIORAL HEALTH INC	Hillsborough	(800) 963-5337 2727 W. Dr. Martin Luther King Blvd Suite 640	33607	More Information	Medicare. No Restrictions	Prescription Drug Patient Assistance Programs. English, Spanish Offers health education, information and referral, mental health and substance abuse services.										-			++					++

Organization/Provider	Counties Served	Contact Information	Zin Code	Internet Information	Population Served	Sandras Provided	ICCESS TO HEALTH CARE	Inder/Uninsured Healthcare/Insurance ssues	ransportation nglish as a Second Language Issues	ocumentation Issues	R Use for Preventable Health Issues	testuerit. Awar erre so bental	Aental Health/Substance Abuse are Coordination	enior Care rescription Medication Assistance	LINICAL HEALTH ISSUES	thronic Obstructive Pulmonary Disease blabetes	lypertension	reventive He althcare	drican American Poor Health Outcomes		esistance to Seeking Treatment wareness of Healthy Options	choices of Consumers moking	ubstance Abuse	ack Or Fritysker Accounty Mmunization Rates	onsumer Comprehension of Medical birectives
BAYCARE LIFE MANAGEMENT	Hillsborough	4726 North Habana Avenue Tampa FL	33614	More Information	No Restrictions	Provides mental health services.	*	3 2	<u> </u>				~ 0	<u> </u>	0			2 2 2	, .		~ <	0 0	<u> </u>		50
		33614 813-872-7582					*	x			-	۲	×							*	×		x		
BAYCARE LIFE MANAGEMENT	Hillsborough	10909 W. Linebaugh Avenue Tampa FL	33626	More Information	No Restrictions	Provides mental health services.																			
		33626					*	x			:	۲.	x							*	×		x		
BOY SCOUTS OF AMERCIA	Hillsborough, Pasco,	813-873-9591 Gulf Ridge Council	33612	More Information	Male youth	Provides education, activities and programs for male youth.				++			_						_						
	Polk	13228 N Central Ave Tampa, FL, 33612					*				:	¢			*				x	*	x x		1	1	
BOYS AND GIRLS CLUB	Hillsborough	813-872-2691 Dover Unit	33527	More Information	Youth	Provides education, activities and programs for youth.															_			++	_
	Thisborough	Dover FL, 33527 Telephone: 813.757.3837	33327	More mornadon	- Cutin	riordes calculor, activites and programs for youri.	*				:	۲			*				×	*	x x			¢ i	
BOYS AND GIRLS CLUB	Hillsborough	West Plant City Club	33563	More Information	Youth	Provides education, activities and programs for youth.																			
		Plant City FL, 33563 Telephone: 813.875.5771					*				:	۲			*				x	*	x x		1	٤ -	
		A unit of: Boys & Girls Clubs of Tampa Bay http://www.bgctampafl.org																							
BOYS AND GIRLS CLUB	Hillsborough	Riverview Boys & Girls Club RIVERVIEW FL, 33578	33578	More Information	Youth	Provides education, activities and programs for youth.	*				:				*				x	*	x x		,	x	
BOYS AND GIRLS CLUB	Hillsborough	Telephone: 813.443.0629 George M. Steinbrenner Family West Tampa Unit	33607	More Information	Youth	Provides education, activities and programs for youth.							_	_		_					_			++	_
	-	Tampa FL, 33607 Telephone: 813.876.2336					*				:	۲.			*				x	*	x x		1	1	
BOYS AND GIRLS CLUB	Hillsborough	George W. Jenkins Town N Country Boys & Girls Club TAMPA FL 33634	33634	More Information	Youth	Provides education, activities and programs for youth.	*								*				×	*	x x				
BOYS AND GIRLS CLUB	Hillsborough	Telephone: 813.554.5004 Nick Capitano Boys & Girls Club	33602	More Information	Youth	Provides education, activities and programs for youth.				++		-		_		_								4	
	miscorougn	Tampa FL, 33602 Telephone: 813.221.6738	33002	more mornation	louin	riordes calculor, activites and programs for youri.	*				:	¢			*				x	*	x x		1	1	
BOYS AND GIRLS CLUB	Hillsborough	Joe & Anne Garcia Salesian Youth Center	33602	More Information	Youth	Provides education, activities and programs for youth.	*								*					*					
		Tampa FL, 33602 Telephone: 813.229.1322					-				:	'			Τ.				x	-	xx		3	·	
BOYS AND GIRLS CLUB	Hillsborough	Wilbert Davis Belmont Heights Unit Tampa FL, 33605	33605	More Information	Youth	Provides education, activities and programs for youth.	*				:	۲			*				x	*	x x				
BOYS AND GIRLS CLUB	Hillsborough	Telephone: 813.248.9233 Bill Carey Brandon Unit	33510	More Information	Youth	Provides education, activities and programs for youth.							_		-			+ +						++	
		Brandon FL, 33510 Telephone: 813.875.5771					•				:	۲			Ť				x	Ť	××		3	1	
BOYS AND GIRLS CLUB	Hillsborough	Zonta Unit Tampa FL, 33604	33604	More Information	Youth	Provides education, activities and programs for youth.	*								*				x	*	x x		, I.,	x	
BOYS AND GIRLS CLUB	Hillsborough	Telephone: 813.935.7569 Sulphur Springs Branch	33604	More Information	Youth	Provides education, activities and programs for youth.				+				_		_					_			+++	_
		Tampa FL, 33604 Telephone: 813.875.5771					*				:	۲.			*				x	*	x x		1	¢ .	
BOYS AND GIRLS CLUB	Hillsborough	David & Casey Shear North Tampa Unit Tampa FL, 33604	33604	More Information	Youth	Provides education, activities and programs for youth.	*								*				×	*	x x				
		Telephone: 813.932.3283										•							*		* *			<u> </u>	
BOYS AND GIRLS CLUB	Hillsborough	Garry & Mavis Smith Salesian Boys & Girls Club Tampa FL, 33610	33610	More Information	Youth	Provides education, activities and programs for youth.	*				:	۰			*				x	*	x x				
CAMELOT COMMUNITY CARE	Hillsborough	Telephone: 813.630.2254 Tampa Teen Center	33603	More Information		Provides mental health, case management and support services to children and families. Accepts	*	x					x		*			+ +		*	x x			++	
CAMELOT COMMUNITY CARE	Hillsborough	4206 North Nebraska Avenue, Tampa, FL 33603 Tampa Independent Living Office	33605	More Information	families Targets children and	Medicaid. Provides mental health, case management and support services to children and families. Accepts		^		+		•	^	_				+ +	^		_			++	_
	-	401 East Palm Avenue, Tampa, FL 33605 Business: (813) 314-2070			families	Medicaid.	*	x			:	¢	x		*				x	*	x x				
CAMELOT COMMUNITY CARE	Hillsborough	Tampa Office 1412 Tech Boulevard, Tampa, FL 33619	33619	More Information	Targets children and families	Provides mental health, case management and support services to children and families. Accepts Medicaid.	*	x					x		*				x	*	x x				
CAMELOT COMMUNITY CARE	Hillsborough	Business: (813) 635-9765 Tampa Adoptions/Case Management Office	33634	More Information	Targets children and	Provides mental health, case management and support services to children and families. Accepts	-								*	_								+++	
CATHOLIC CHARITIES, DIOCESE OF ST PETERSBURG, INC.	-	5520 West Idlewild, Building C, Tampa, FL 33634 3204 San Diego Lane 3204 San Diego Lane	33527		families	Medicaid.	•	x			:	(×		•				×	*	××			4	
	Hillsborough	3.04 sin Ungo Line 3.04 sin Ungo Line Dover FL 33527 813-707-7416	12061	More Information	No restrictions	Adoption and Foster/Kinship Care Support Groups, Caregiver Counselling, Caregiver Training Caregiver/Care Review Support Groups, Family Support Cherers/Ostrates/Specialized Information and Referral for Caregivers, Adult Resplet Care, Adult Resplet Care for Altheriner's Disease and Demental, Adult Resplet Care for Caregivers, Atchitest O Jaily Uning Assessment, Case/Care Management for Older Adults, Gentarict Assessment, Specialized Information and Referral for Older Adults, Meeli Heatting Care, Mobile Heath Care for Low Income. Specialized Medical Tests, Specialized Medical Tests for Low Income Community, Shetter, Community Shetters for Adults With Disabilities, Low Income/Subdized Private Rental Housing for Older Adults, Health Related Temporary Housing for AIDS/HIV, Low Income/Subdized Private Rental Housing for AIDS/HIV, Tanatitonal Housing/Shetter for AIDS/HIV, Transitional Housing/Shetter for Migrants, Cittaenship Assistance, Immigrant/Relagee Employment Program. Specialized Information and Reference Term Grantson Housing, Adoption Found Counseling and Support, Adoption Foundation Services, Immigrant Neeflag, Sastiance, Immigrant Visa Application Films, Assistance, Internigrant Development Englishment Program. Specialized Information and Reference Term Grantson Adoptive Home Studies, Parent Counseling, Parent Sagnor Groups, Parent Bis, Sastiance, Internigrant Causabiling, Preadoptive Home Studies, Parent Counseling, Parent Sagnor Groups, Parent Resistance, Internignant Resetta, Sastiance, Internignant Causabileng, Preadoptive Forster Care, Pregnancy Counseling, Teen Expectant/New Parent Asistance, Jubiaten Rabus Resetta	*	x	x x	x	x :	¢ x	x x	x x	*	x x	: x :	(x)	x x	*	x x	x x	x	τx	x

Organization/Provider CATHOLIC CHARITIES, DIOCESE OF ST PETERSBURG, INC.	Counties Served Hillsborough	Contact information 504 North Palm Drive Fland: City FL 33553 800-242-9012	Zip Code 33563	Internet Information More Information	Population Served No restrictions	Services Provided Adoption and Foster/Kinhip Care Support Groups, Caregiver Counseling, Caregiver Training Caregiver/Care Review Support Groups, Family Support Centers/Outreach, Specialized Information and Referral for Caregivers, AduR Respite Care, AduR Respite Care for Albeimer's Disease and Deremits, AduR Respite Care for Caregivers, Advised D alby Uning Assessment, Case/Care Management for Older AduIts, Gerlaritr's Assessment, Specialized Information and Referral for Older AduIts, Moeil Healt Care for Caregivers, Advised D alby Medical Tests, Specialized Medical Tests for Low Income Community, Shetters, Community, Shetters for Adults With Disabilities, Low Income/Subsidized Private Remain Housing for Older AduIts, Health Related Temporary Housing for AIDS/HIV, Low Income/Subadized Private Renth Housing for AIDS/HIV, Tanastitonal Housing/Bahet for AIDS/HIV, Transitional Housing Shetter for Migrants, Chizenship Assistance, Lomingrant Lephymour Program, Spectra, Myton Adormation File AduIts Anghonin Information, Adoption Housing, Studies, Privert Cannelling, Shetter for Migrant, Chizenship Assistance, Centers, Counselling and Support, Adoption Fordamization Service, Immigration Housing, Adoption Information, Adoption Housing, Studies, Privert Cannelling, Parent Support Groups, Parenting Skills Cases, Postabortion Studies, Parent Cannelling, Parent Support Groups, Parenting Skills Cases, Postabortion Studies, Substance Abuse Assessment	* ACCESS TO HEALTHCARE	x Under/Uninsured Healthcare/Insurance Issues	Tangortation	x brightnas a second Language Issues x bocumentation Issues	x Provider tsues x BB Use for Preventable Health Issues	x Resident Awareness x Dental	x Mental Health/Substance Abuse	x care cordination x Senior Care	K Prescription Medication Assistance CLINICAL HEALTH ISSUES	× dhronic Obstructive Pulmon ary Disease	x Diabetes x Hvuertension	x Obesity	x Preventive Healthcare x Cancer	x African American Poor Health Outcomes	K BEHAVIORS THAT IMPACT HEALTH X Resistance to Seeking Treatment	x Awareness of Healthy Options	x Lonces of Lonces x Smoking	x Substance Abuse x I.ack of Physical Activity	x Immuniation fates x Consumer Comprehension of Medical Directives
CATHOLIC CHARITIES, DIOCESE OF ST PETERSBURG, INC.	Hillsborough	2021 E Buch Boulevard Tampa, fit. 33612	33612	More information	No restrictions	Adoption and Fotory Kinnking Care Support Groups, Caregiver Conveiling, Caregiver Tamining, Compringer Care Research Support Concepts, Family Support, Centery(Outsneck), Spotialized Information and Referral for Caregivers, Adult Bespite Care, Adult Regite Care for Alzhimmer's Disesse and Demental, Adult Regite Care for Caregivers, Adult Bespite Care, Adult Regite Care for Alzhimmer's Disesse and Demental, Adult Regite Care for Caregivers, Adult Bespite Care, Marie Regite Care Care/Care Management for Older Adults, Gerfaritr's Assessment, Specialized Information and Referral for Older Adults, Moei Henster for Adults With Disabilities, Low Income/Subsidied Private Remail Housing for Older Adults, Health Related Temporary Nousing for AIDS/HIV, Low Income/Subsidied Private Rental Housing for AIDS/HIV, Tamatitonal Housing/Shelter for AIDS/HIV, Transitional Housing/Shelter for Mignation Services, Immigrant Benefits Assistance, Immigrant Legalazion/Registry, Immigration/Naturalization Services, Immigrant Benefits Assistance, Immigrant Legalazion/Registry, Immigration/Naturalization Services, Immigrant Benefits Assistance, Inmigrant Legalazion/Registry, Immigration/Naturalization Services, Immigrant Benefits Assistance, Inmigrant Causelling and Support, Adoption Sinalador/Necement, Adoption Information, Adoption Home Courselling, Pranophilon Service Care, Pregnancy Courselling, Teen Expectant/New Parent Assistance, Substance Abuse Assessment	*	x	x	x x	x x	x x	x	x x	x *	x	x x	(x	x x	x	* x	x	k x	x x	x x
CHADD	Hillsborough	Po Box 3244 Brandon FL 33509 (813) 966-3414	33509	More Information	Individuals with AD/HE and/or coexisting disorders	CHADD works to improve the lives of families and individuals affected by AD/HD through information and support. CHADD supports, educates, informs and advocates on behalf of individuals with AD/HD and/or coexisting disorders.	*					x	x								* x	x			
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE	Hillsborough	Brandon Adult & Adolescent intervention Services 1463 Oakfield Dr. Suite 113 Brandon, Fl 33511 (813) 413-0055	33511	More Information	No Restrictions	Provides services to promote a drug free community including counseling, detox and education for all age levels. Accepts Medicaid.	*	x				x	x	x x	x *				x	x	* x	x	ĸx	x x	x
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE	Hillsborough	Administration 4422 E. Columbus Dr. Tampa, FL 33605 (813) 384-4000	33605	More Information	No Restrictions	Provides services to promote a drug free community including counseling, detox and education for all age levels. Accepts Medicaid.	*	x				x	x	x x	x *				x	x	* x	x	k x	x x	x
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE	Hillsborough	DACCO Cafe 4422 E. Columbus Dr. Tampa, FL 33605 (813) 384-4040	33605	More Information	No Restrictions	Provides services to promote a drug free community including counseling, detox and education for all age levels. Accepts Medicaid.	*	x				x	x	x x	× *				x	x	* x	x	ĸx	x x	x
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE	Hillsborough	Main Campus & Assessment & Referral 422 E. Columbus Dr. Tampa, FL 33605 (R13) 984-1818	33605	More Information	No Restrictions	Provides services to promote a drug free community including counseling, detox and education for all age levels. Accepts Medicaid.	*	x				x	x	x x	x *				x	x	* x	x	ĸ x	x x	x
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE	Hillsborough	Outpatient Services 4422 E. Columbus Dr. Tampa, FL 33605 (813) 984-1818	33605	More Information	No Restrictions	Provides services to promote a drug free community including counseling, detox and education for all age levels. Accepts Medicaid.	*	x				x	x	x x	x *				x	x	* x	x	ĸx	x x	x
DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE	Hillsborough	Womens Center/Child Care Services 4422 E. Columbus Dr. Tampa, FL 33605 (B13) 384-4000	33605	More Information	No Restrictions	Provides services to promote a drug free community including counseling, detox and education for all age levels. Accepts Medicaid.	*	x				x	x	x x	x *				x	x	* x	x	ĸ x	x x	x
ELDER HELPLINE	Hillsborough	800-336-2226 or 813-740-3888	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	κ		x
FAMILIES OF KIDS WITH MOOD AND ANXIETY DISORDERS, INC (FRMAD)	Hillsborough	1435 Maximilian Orixe Wesley Chaple FL 33543 813-907-1398		More Information	Families and caregivers of children with mood, anxiety, or related disorders or those in the community that support children's mental health	Provides support services for families with children with mood and anxiety related disorders. Also provides education and awareness to the community.	•					x	x								* x	x			
FAMILY CENTER OF TEMPLE TERRACE	Hillsborough	10930 North 56Th Street Tampa FL 33617 813-989-8261	33617	More Information	No Restrictions	Provides substance abuse treatment.	*					x	x								*			x	
FEEDING AMERICA TAMPA BAY	Hillsborough, Pinellas	4702 Transport Dr., Bldg .6, Tampa, FL 33605 813-254-5940	33605	More Information	Seniors	Provides access to nutrition.	*					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 :	ĸ		x
GIRL SCOUTS OF AMERICA	Hillsborough, Pasco Pinellas, Polk	Prione: (a50) 514-2000 (eadership Center 4610 Eisenhower Blvd, Tampa, FL 33634 Phone/Fax: (813) 281-4875 800-881-4475	33634	More Information	Female youth	Provides education, activities and programs for female youth.	*					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 bssues	Transportation	Documentation Issues	Provider Issues ER Use for Preventable Health Issues Resident Awarenese	Dental	Care Coordination		CLINICA L HEALTH ISSUES Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension Obesity	Pre ve nti ve Healthcare Can cer	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	mmunization Rates Consumer Comprehension of Medical
HEALTHY FAMILIES HILLSBOROUGH SITE 5	Hillsborough	3108 West Azeele Street Tampa FL	33527, 33563,	More Information	Families who are pregnant or have a	Services include: To promote awareness of child development, positive parenting techniques, and the importance of baby spacing. Families are linked to a medical home and other necessary family	y y										_						-	
		33609 813-673-4646 X 1131	33566, 33584, 33609, 33610, 33611, 33616, 33621, 33629,		new baby residing in Hillsborough County	supports available in the community.	*	x			x				*				x	*	x x			
HILLSBOROUGH COUNTY ATHELTIC SERVCIES	Hillsborough	3104 South Kings Avenue Brandon FL 33511 813-744-5595	33511	More Information	No Restrictions	Provides fitness opportunities.	*				x									*	x		×	
HILLSBOROUGH COUNTY DEPARTMENT OF CHILDREN'S SERVCIES	Hillsborough	3130 Clay Mangum Lane Tampa FL 33618 813-264-3807	33618	More Information	Children diagnosed as SED	Provides mental health services to children	*	x			x	:	x											
HILLSBOROUGH COUNTY DEPARTMENT OF FAMILY AND AGING SERVICES	Hillsborough	601 E. Kennedy Blvd., County Center, 25th Floor, Tampa, FL 33602	33602	More Information	Residents of Hillsborough County	Provides initial assessment and eligibility determination for county residents. Provides access to primary adult & pediatric, preventive, specialty and dental 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
HILLSBOROUGH COUNTY HEALTH DEPARTMENT	Hillsborough	P: 813-272-5040 1105 East Kennedy Boulevard, Tampa, FL 33602	33602	More Information	Residents of Hillsborough County	Provides access to primary, preventive, dental, mental and speciality care. Also, provides access to health education. nutrition. health insurance and medications.	*	x	x	(x	x x x	x	(x	x x	* ×	x	x x	x x	x		x x	x x	x x	x x
HILLSBOROUGH COUNTY PARKS, RECREATION AND CONSERVATION DEPARTMENT (PRC)	Hillsborough	10119 Windhorst Road Tampa FL 33619 813-633-3500	33619	More Information	No Restrictions	to nearm education, nutrition, nearth insurance and medications. Provides recreation and fitness opportunities. Locations throughout Hillsborough County									*				x	*	x		x	
HILLSBOROUGH COUNTY PUBLIC LIBRARY COOPERATIVE	Hillsborough	813-635-3500 Bruton Memorial 302 McLendon St., Plant City 33563-3212	33563	More Information	No Restrictions	Provides access to information and technology.	*				×				* x	x	x x	x	x	*	x x	x		x
HILLSBOROUGH COUNTY PUBLIC LIBRARY COOPERATIVE	Hillsborough	Upper Tampa Bay Regional 11211 Countryway Blvd., Tampa 33626-2624	33626	More Information	No Restrictions	Provides access to information and technology.	*				x				* x	x	x x	x	x		x x			x
HILLSBOROUGH COUNTY PUBLIC SCHOOLS	Hillsborough	3218 San Jose Mission Drive Dover FL 33527 813-757-9548	33527	More Information	Adults	Provides adult education programs.	*		:	κ	x													
JUVENILE DIABETES RESEARCH FOUNDATION	Hillsborough, Pasco Pinellas	9600 Koger Boulvard, St. Petersburg, FL 33702 727-344-2873 or 800-533-2873	33702	More Information	No Restrictions	Provides information and education on Diabetes	*				×				*	x				*	x			
LIFE CARE OF BARANDON	Hillsborough	122 N. Moon Ave. Brandon, FL 33510 (813) 654-0491	33510	More Information	Targets women, couples and families	Provides: Pregnancy Tests, Counseling and Information related to pregnancy options, Medical referrals for OB/GWV, 5 conograms, Family Physicians and Pediatricians, Adoption services, referrals and counseling, Post-abortion counseling, Community Resources, Support Groups, and Childbirth / Parenting Classes. All services are free.	*	x	:	¢	х	:	¢		*				x	*	x x			x
LIFECARE SOUTHSHORE	Hillsborough	LifeCare SouthShore 310 1st Street NE Ruskin, FL 33570 Call (813) 658-0491 or (813) 938-0024	33570	More Information	Targets women, couples and families	Constant Strategies and Strategie	*	x	:	(x	:	(*				x	*	x x			x
MEASE COUNTRYSIDE HOSPITAL	Pinellas and Hillsborough	3231 McMullen Booth Rd. Safety Harbor, FL 34695 (727) 725-6111	34695	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	x	:	(x x x	:	(x	x x	* x	x	x x	x x	x	*	x	x x	x	x
MENTAL HEALTH CARE, INC	Hillsborough	Jontilly Place 1402 Jontilly Place, Brandon, FL 33511 (813) 571-9811	33511	More Information	Adults	Housing, case management, and supportive services for those with a mental health diagnosis.	*	x	:		x	:	(x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Brewer's Bridgeway Apts. 1001 W. Alexander Street, Plant City, FL 33563 (813) 707-7329	33563	More Information	Adults	Housing, case management, and supportive services for those with a mental health diagnosis.	*	x	:	٢	х	:	٢	x x	*				×	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Adult Community Services 2313 Violet Street Tampa, FL 33603 813-707-7077	33603	More Information	Adults	Provides mental health services.	*	x	:	¢	x	:	¢	x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Matthew's Corner Apts 4540 N. Armenia Ave, Tampa, FL 33603	33603	More Information	Adults	Housing, case management, and supportive services for those with a mental health diagnosis.	*	x	:	ι .	x	:	٢	x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	(813) 356-1521 Hunter Oaks Apts 8314 N. Rome Ave, Tampa, FL 33604 (813) 631-4049	33604	More Information	Adults	Housing, case management, and supportive services for those with a mental health diagnosis.	*	x	:	κ	x	:	د	x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	2212 E. Henry Street, Suites A & B, Tampa, FL 33610 813-272-2958	33610	More Information	Adults	Provides mental health services for those who are experiencing acute psychiatric emergencies. Site of Adult Central Intake and Crisis Stabilization Unit. Also, operates Mobile Crisis Response Team for Individuals aged 3 and older.	*	x	:	ι	x	:	κ	x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	2214 E. Henry St., Tampa, FL 33610 813.246.4899	33610	More Information	Adults	Provides substance abuse treatment and mental health services for adults.	*	x	:	ι .	x	:	(x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Grace Manor Apts 8314 N. Hubert Ave , Tampa, FL 33614	33614	More Information	Adults	Housing, case management, and supportive services for those with a mental health diagnosis.	*	x	:	(x		(x x	*				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	(813) 885-1946 Hillborough County Criminal Registration Unit 1800 Orient Road, Tampa, FL 33619 (813) 597-8755	33619	More information	Adults	The Looking Ahead program is a unique ex-offender re-entry program for persons with mental lines and co-occurring disorders. Case Managers from Mental Health Care, Inc. and Northkide Mental Health are colocated in the Crimian Registration unit with the Hilbscough County Sherff's Department. Elipibility criteria includes: must be 18 year of age or older, must be required to registrat at the CRU, must have a severe or persistent mental lines. Must be light and the second	*	x		ς	x		٤	x x	*				x	*	x x		x	

Organization/Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTH CARE	Under/Uninsured Health care/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 CUNICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes Hypertension	Obe sity 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
MENTAL HEALTH CARE, INC	Hillsborough	The Panos Center 1403 W. Reynolds Street, Plant City, FL 33563 813.707.7044	33563	More Information	Adults and children	Adult & Children Outpatient Services provides individual, group, and family therapy to children and their families in an office setting. Therapy focuses on crisis stabilization, enhancing quality of life, dealing with file's chilanges and alleviating troubing symptoms. Psychiatric evaluation, monitoring and medical management are provided as needed.	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Seminole Heights Campus Administrative Offices 5707 North 22nd Street, Tampa, FL 33610 813.272.2244	33610	More Information	Adults, children and families	Adult & Children Outpatient Services provides individual, group, and family therapy to children and their families in an office setting. Therapy focuses on crisis stabilization, enhancing quality of life, dealing with first challenges and leakating troubling symptoms. Psychiatic realuation, monitoring and medical maragement are provided as needed. Site of Mendez Elementary & Middle School providing mential health therapy & support services.	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Family & School Support Team School Program 4210 Bay Villa Ave, Tampa, FL 33611 (813) 272-2888	33611	More Information	Children from birth to 5th grade	Family support, community and school based services.	*	x	x		x	x	×	× *				×	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	2213 E. Henry Street, Tampa, FL 33610 813-272-2882	33610	More Information	Children under 18	Provides mental health services for those who are experiencing acute psychiatric emergencies. Site of Children's Central Intake and Crisis Stabilization Unit.	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Safe Place 2015 N. Central Ave, Tampa, FL 33602 (813) 272-2168	33602	More Information	Homeless	Provides mental health, substance abuse, case management, and nursing services.	*	x	x		x	x	x	x *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	(813) 272-2168 Homeless Shop 6220 N. Nebraska Ave Tampa, FL 33604 813-272-2311	33604	More Information	Homeless	Provides aggressive street outreach, assessment, case management, housing assistance, and referral to primary care, mental health and substance abuse treatment, and other social services.	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	The Hope Program 6220 North Nebraska Ave. , Tampa, FL 33604 Phone: 813-272-2311	33604	More Information	Homeless	Provides case management, basic living skills training, employment services and stipend for childcare if needed.	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	ACTS Transitional Housing Program 4403 W. Dr. Martin Luther King Blvd Tampa, FL 33614 Phone: 879–1649	33614	More Information	Homeless	Provides mental health services	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	301 Palmer Street, Plant City FL 33563 813.707.7077	33563	More Information	No Restrictions	Provides mental health services.	*	x	x		x	x	x	× *				x	*	x x		x	
MENTAL HEALTH CARE, INC	Hillsborough	Graham Home 2400 E. Henry, Tampa, FL 33610 (813) 239-8184	33610	More Information	Seniors	Housing, case management, and supportive services for those with a mental health diagnosis.	*	x	x		x	x		x *				x	*	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														
NEW BEGINNINGS OF TAMPA	Hillsborough	1402 East Chilkoot Avenue Tampa FL 33612 813-971-6961	33612	More Information	Homeless and transient individuals	Provides support services and information on available mental, primary, preventive and substance abuse treatment.	*	x			x	x		*				x	*	x x	x		x
NORTHSIDE MENTAL HEALTH CENTER	Hillsborough	12512 foruer B Downs Boulevard, Tampa, FL 33612-9209 813-977-8700	33548, 33549, 33556, 33555, 33612, 33612, 33613, 33617, 33618, 33622, 33624, 33622, 33624, 33622, 33624, 33644, 33624, 33644, 33	More Information	Eligibility varies by program	Targeted case management provides, advocacy, psychiatric and wraparound services for individuals from the age of 50 21 years. KMR02YE ASSISTACE PROGRAMS (EQP) Provides assessments, brief assessment, and referrals for employees and their families, consultation to supervisors. Provides psychotherapy to clinktern in the foster care system who have been viciniti of abuse. Short Term Residential Treatment Program provides residential, social, and vocational rehabilitation and ace management services. Provides in home metal health services including family therapy, family reunification counseling, and crisis intervention to families involved in the child welfare systems. Provides in-home metal health services including family therapy, family reunification counseling, and crisis intervention to families involved in the child welfare systems. TAMP frogram provides mental health and support services for families monip from welfare to management. Clinical case management provides, advocacy, psychiatric and wraparound services for individuals from the age of 10 to 18 years.	*	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: cossg@phcc.edu	34654	More Information	No Restrictions	Offers preventative dental care. There is a \$25.00 fee for cleanings.	*	x			x	x		*			x						
PREGNANCY CARE CENTER OF PLANT CITY	Hillsborough	304 North Collins Street Plant City FL 33563	33563	More Information	Women	Provides services to promote healthy pregnancies. All services are free and strictly confidential.	*	x			x	x							*	x x			
REDLANDS CHRISTIAN MIGRANT ASSOCIATION	Hillsborough	238 San Jose Mission Dr. Dover FL 33527 (813) 707-7002 2103 Symmode Road, Apt #92, Blant City, EL 23562	33527	More Information	seasonal workers	Provides childcare and adult education opportunities for the migrant farm worker, rural, and low income communities of Florida.			x		x									x x	_		
		3102 Sammonds Road, Apt.#82 Plant City FL 33563 (813) 707-7014			seasonal workers	Provides childcare and adult education opportunities for the migrant farm worker, rural, and low income communities of Florida.			x		x								*	x x	x		
REDLANDS CHRISTIAN MIGRANT ASSOCIATION	Hillsborough	508 Lakewood Ave. Plant City FL 33563 (813) 707-7465	33563	More Information	seasonal workers	Provides childcare and adult education opportunities for the migrant farm worker, rural, and low income communities of Florida.			x		x									x x	_		
REDLANDS CHRISTIAN MIGRANT ASSOCIATION	Hillsborough	1402 W. Knights Griffin Road Plant City FL 33565 (813) 707-7011 2701 DeMontmillan Rd. Plant City FL 33565	33565	More Information More Information	seasonal workers	Provides childcare and adult education opportunities for the migrant farm worker, rural, and low income communities of Florida. Provides childcare and adult education opportunities for the migrant farm worker, rural, and low			x		x									x x			
SILVERCENSUS	All	(813) 707-7000 1-888-221-3735	All	More Information	seasonal workers Seniors	Provides childcare and adult education opportunities for the migrant farm worker, rural, and low income communities of Florida. Provides a database of providers and services available to seniors.	*		x		x								*	x x	x		
SILVERCENSUS	All	1-888-221-3735 8125 US Hwy 19, New Port Richey, FL 34652 (727) 807-7958 Main or (800) 396-7683 Toll Free	34652	More Information	Targets individuals in financial need		*				x		×		-								+

Organization/Provider	Custies Second		Tin Code		Deculation Second		CCESS TO HEALTH CARE	nder/Uninsured Health care/Insurance sues	ransportation	nglish as a Second Language Issues ocumentation ksues		R Use for Preventable Health Issues esident Awareness	ental Iental Health/Substance Abuse	are Coordination enior Care	rescription Medication Assistance UNICAL HEALTH ISSUES	hronic Obstructive Pulmonary Disease	iabetes voerten sion	besity reventive Healthcare	ancer	frican American Poor Health Outcomes BHAVIORS THAT IMPACT HEALTH	esistance to Seeking Treatment wareness of Healthy Options	hoices of Consumers moking	ubstance Abuse ack of Physical Activity	mmunization Rates	onsumer Comprehension of Medical irectives
SOUTH FLORIDA BAPTIST HOSPITAL	Hillsborough	Contact Information 301 N. Alexander St.	33563	Internet Information	No Restrictions	Provides primary, preventive, pediatric, mental and specialty care.		<u> </u>	e		ē	<u> </u>	<u> </u>	0 3			<u> </u>	0 6	3	2 0 4	~ ~	2 2	2 2	= 6	30
		Plant City, FL 33563 (813) 757-1200					•	x	x	x	×	x x	x x	x x	×	۴ ×	x x	x x	x	× *	x x	x x	x x	x	×
SUNCOAST COMMUNITY HEALTH CENTER	Hillsborough	14254 Martin Luther King Blvd, Dover, FL 33527 P.O. Box 40	33527	More Information	No Restrictions	Family Practice, Internal Medicine, OB/Gyn, Pediatrics, Lab, X-ray, Pharmacy, Dental, Transportation, Outreach, Translation	*	×	x	x		x x	x	x	x *	•		x		*	x			x	
SUNCOAST COMMUNITY HEALTH CENTER	Hillsborough	Phone: (813) 349-7700 508 North Maryland Avenue, Plant City, FL 33563 P.O. Box 2096	33563	More Information	No Restrictions	Family Practice, Internal Medicine, OB/Gyn, Lab, Dental, Transportation, Outreach, Translation	*	x	x	x		x x	x	x	x *	•		x		*	x			x	
SUNCOAST COMMUNITY HEALTH CENTER	Hillsborough	Phone: (813) 349-7600 502 North Mobley Street, Plant City, FL 33563 P.O. Box 2096 Phone: (813) 341-7450 Fax: (813) 341-7461	33563	More Information	Pediatric	Provides Pediatrics, Laboratory, Translation, Transportation, Outreach.	*	x	x	x		x x		x	*	•		x		× *	x			x	x
SUNCOAST COMMUNITY HEALTH CENTER	Hillsborough	rdax: (a):3) 341-7401 502 North Mobley Street, Plant City, FL 33563 P.O. Box 2096 Phone: (813) 341-7450 Fax: (813) 341-7461	33563	More Information	Pediatric	Provides Pediatrics, Laboratory, Translation, Transportation, Outreach.	*	x	x	x		x x		x	*			x		x *	x			x	x
SUNCOAST HOSPICE	Hillsborough, Pasco Pinellas	5771 Roosevelt Blvd., Clearwater, FL 33760 (727) 586-4432	33760	More Information	No Restrictions	Provides dignified paliative 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
THE CARTER-JENKINS CENTER	Hillsborough	325 West Fletcher Avenue Tampa FL 33612 (813) 908-8686	33612	More Information	No Restrictions	The Center offers specially designed study groups, seminars, and courses covering a full range of mental health issues affecting children, adolescents, adults, couples and families through our Community Education and Professional Education Programs.	*					×	x												
THE CENTRE FOR WOMEN	Hillsborough	The Centre for Girls 105 West Sligh Avenue Tampa, Florida 33604 813-231-3404	33604	More Information	Female youth age 10- 18	A community center for grips only, providing educational activities, support, guidance and services. It is the had for information and assistance for parents and members of the community who are interested in girls' issues and how to support grins as they move through addrescence. To erroril, parents can grick up enrollment packets during business hours and task arour of the site. Enrollment forms must be completed before a girl is allowed to participate. Services are free.	*					x			*					× *	x x				
THE CENTRE FOR WOMEN	Hillsborough	Senior Home Improvement Program (SHIP) 5023 North Florida Avenue Tampa, Florida 33603 813-232-3200	33603	More Information	Senior (60+ and home owner) residents of Hillsborough County	Emergency Home repairs & major yard clean up for home owners over the age of 60 with low income. The Senior Home Improvement Program (SHIP) provides carpentry, weatherization, minor plumbing repairs, wheelchair ramps and walker steps, roof repairs and replacement, water heater replacements. Services are free.	*							x											
THE CENTRE FOR WOMEN	Hillsborough	The Centre's Main Office 305 South Hyde Park Avenue Tampa, Florida 33606 813-251-8437	33606	More Information	Women and families residing in Hillsborough County	Project Recovery provides outpatient substance abuse treatment to women and their families. Confidential assessment, individual and group counseling. Groups for mothers and pregnant women. Assistance with child care, transportation. Sliding scale, no one is denied treatment for inability to pay at time of service. Most insurance accepted. LOHO accredited. Assessment of employment needs, skills, interests; assistance with employment plan; assistance with job leads and placement, a variety of free or low cost employment preparation workshops (please sec our weske for monthy cleardard)including personal skills needed for employment, improving coping skills, financial workshops, anger management and self-esteem; and referrals to other employment resources.	*	x		x		x	x		4	•				× *	x x		x		
THE CENTRE FOR WOMEN	Hillsborough	Family Services 407 North Parsons Avenue, Suite 104A Brandon, Fioria 33510 813-571-1684	33510	More Information	Women and families residing in Tampa and Brandon	Outpatient counseling for families, children, individuals and couples. Typical issues addressed are relationships, children's difficult behaviors, depression, situational problems and aniety. Services offered: Confidential Assessments; Counseling that Address: Depression, Aniety, Work Related Issues, Personal Relationships, Parent/Child Issues and Poor Academic Performance; Employee Assistance Porgrams. Workshops such as Anger Management and Parenting are also offered. Offers Silding Fee scale, Insurance EAPs.	s 1 *	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										
TRIANGLE RESOLUTIONS, LLC	Hillsborough	10037 Water Works Lane Riverview FL	33578	More Information	No Restrictions	Provides mental health and substance abuse services. \$125 per hour. Separate fees for half day or full day long session. Accepts most insurance. Financial assistance available- call for more	*	x				x	x							*	x x		x		
UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY - ST. PETERSBURG	All	33578 9200 1131h Street North, Seminole, FL 33772 email: mnemitz@dental.uft.edu (727) 394-604 Main (727) 394-6098 Fax	33772	More Information	No Restrictions	Information. 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 645.3 m. and genosa are sekceted 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 (Studer Oral Surger) (cinic) also has an adult emergency dental clinic at the Gaineville location. Clients must arrive before 7 a.m. to enter a lottery for a same day appointment. The fee is \$145 who divedlexial.	*						x		*			x							
WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.	Hillsborough, Polk	5905 Breckenridge Pkwy ., Suite F Tampa, FL 33610-4239 813-740-3888	33610	More Information	Seniors	Provides access to information on programs and services available to seniors.	*					x		x						*	x	x			x
YMCA	Hillsborough	1507 YMCA Place, Plant City, FL 33563 Phone: 813-757-6677	33563	More Information	No Restrictions	Provides programs and activates that promote health and wellness for the community.	*					x			4	•	x	x		x *	x x		×		
умса	Hillsborough	7910 Willie Black Drive Tampa, FL 33625 Phone: 813-238-7320	33625	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			*	•	x	x		× *	x x		x		
үмса	Hillsborough	8950 W Waters Ave Tampa, FL 33615	33615	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			*	•	x	x		× *	x x		x	:	
YMCA	Hillsborough	Phone: 813-249-8510 4411 5 Himes Ave Tampa, FL 33611 Phone: 813-839-0210	33611	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			*	•	x	x		× *	x x		x		
үмса	Hillsborough	Phone: 813-839-0210 104 S Franklin St Tampa, FL 33602 Phone: 813-229-1305	33602	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			*	•	x	x		× *	x x		x		
ҮМСА	Hillsborough	Phone: 613-224-9622	33602	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			*	•	x	x		× *	x x		×		
үмса	Hillsborough	Phone: 813-224-9522 3414 Culbreath Rd Valrico, FL 33596 Phone: 813-684-1371	33596	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			*	•	x	x		× *	x x		x		
УМСА	Hillsborough	9840 Balm Riverview Rd Riverview, FL 33569 Phone: 813-677-8400	33569	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x			4	•	x	x		× *	x x		x		

Organization/Provider	Counties Serveo	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Juder/Uninsured Healthcare/Insurance ssues	ransportation	English as a Second Language Issues Documentation Issues	2 rovider Issues	ER Use for Preventable Health Issues Resident Awareness	Dental Mental Health/Substance Abuse	Care Coordination	emor care Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease Diabetes	1ypertension	Joesny Preventive Healthcare	Cancer Metam Amortions Developments	African American Poor Health Outcomes 3EHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options Choices of Consumers	smoking substance Abuse	ack of Physical Activity	mmunization Rates Consume r Comprehension of Medical	Directives
YMCA	Hillsborough	1507 YMCA Place Plant City, FL 33563	33563			Provides programs and activities that promote health and wellness for the community.	*					x				*	x		x		× *	×	x		x		
YMCA	Hillsborough	Phone: 813-757-6677 4029 Northdale Blvd Tampa, FL 33624 Phone: 813-962-3220	33624	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x				*	x		x	1	× *	×	x		x		
УМСА	Hillsborough	16221 Compton Dr Tampa, FL 33647	33647	More Information	No Restrictions	Provides programs and activities that promote health and wellness for the community.	*					x				*	x		x	,	× *	×	x		x		