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Introduction

St. Anthony's 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. St. Anthony's Hospital is a 395-bed facility, located in St. Petersburg, FL and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. St. Anthony's Hospital collaborated with outside organizations in Pinellas County during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process in some way:

- | | |
|---|--|
| <input type="checkbox"/> BayCare Health System | <input type="checkbox"/> BayCare Alliant Hospital |
| <input type="checkbox"/> South Florida Baptist Hospital | <input type="checkbox"/> St. Petersburg Free Clinic |
| <input type="checkbox"/> Mease Countryside Hospital | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Mease Dunedin Hospital | <input type="checkbox"/> Community Action Stops Abuse |
| <input type="checkbox"/> Morton Plant Hospital | <input type="checkbox"/> Catholic Charities |
| <input type="checkbox"/> Morton Plant North Bay Hospital | <input type="checkbox"/> Universal Medicare/Medicaid |
| <input type="checkbox"/> Morton Plant North Bay Recovery Center | <input type="checkbox"/> Pinellas County Health Department |
| <input type="checkbox"/> St. Joseph's Hospital – Main | <input type="checkbox"/> Community Health Centers of Pinellas County |
| <input type="checkbox"/> St. Joseph's Hospital – North | <input type="checkbox"/> One Bay Healthy Communities |
| <input type="checkbox"/> St. Joseph's Behavioral Health Center | <input type="checkbox"/> BayCare Administration |
| <input type="checkbox"/> St. Joseph's Children's Hospital | <input type="checkbox"/> Community Health Centers at Tarpon Springs |
| <input type="checkbox"/> St. Joseph's Women's Hospital | <input type="checkbox"/> St. Vincent de Paul |

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct a CHNA every three years. The CHNA process undertaken by St. Anthony's 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 St. Anthony's 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 St. Anthony's Hospital community is defined as 11 zip code areas in Pinellas County, Florida. (See Table 1 & Figure 1). The needs identified in this report pertain to the 11 zip code areas in Pinellas County, Florida.

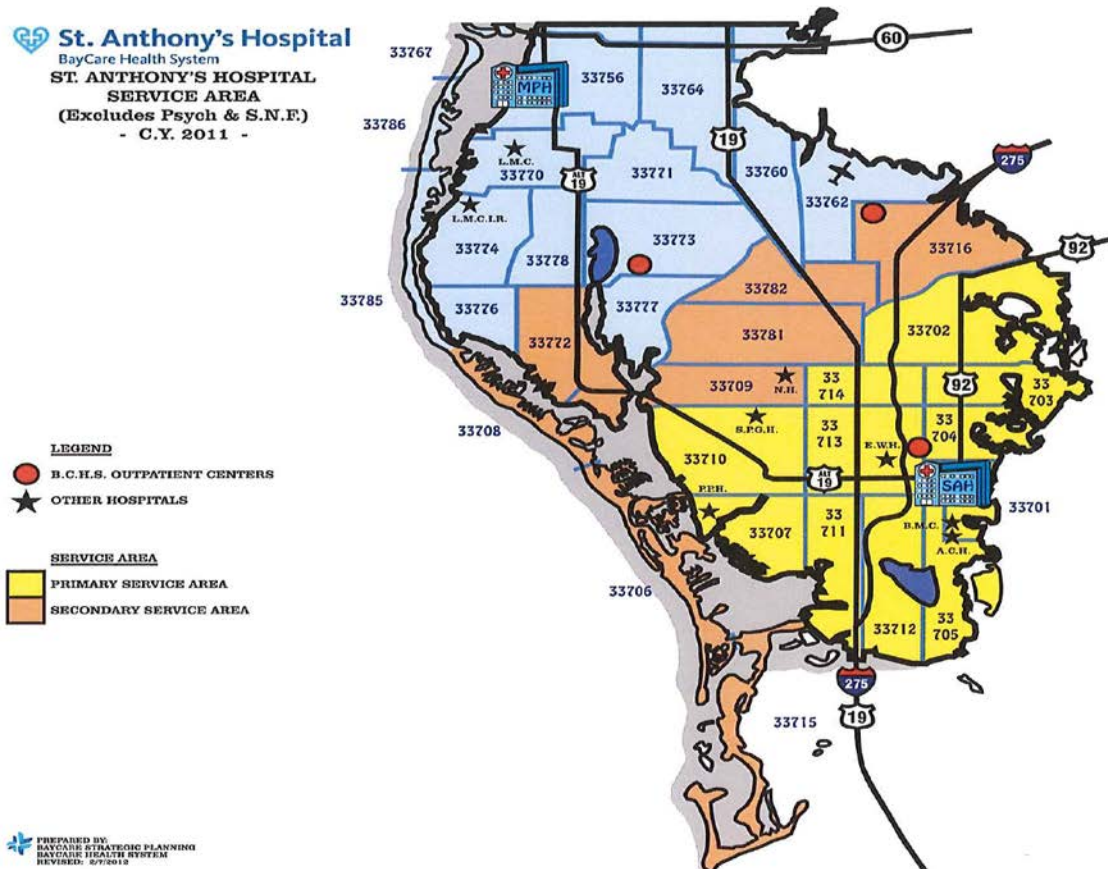
St. Anthony's Hospital Community Zip Codes

Table 1

Zip	Town	County
33701	St. Petersburg	Pinellas
33702	St. Petersburg	Pinellas
33703	St. Petersburg	Pinellas
33704	St. Petersburg	Pinellas
33705	St. Petersburg	Pinellas
33707	South Pasadena	Pinellas
33710	St. Petersburg	Pinellas
33711	St. Pete/Gulfport	Pinellas
33712	St. Petersburg	Pinellas
33713	St. Petersburg	Pinellas
33714	St. Petersburg	Pinellas

St. Anthony's Hospital Community Map

Figure 1



Consultant Qualifications

St. Anthony's 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.

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

A Guide for Implementing Community Health Improvement Programs:

http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf

Project Mission & Objectives

The mission of the St. Anthony's Hospital CHNA is to understand and plan for the current and future health needs of residents in the Tampa Bay area; more specifically Pasco, Pinellas, and Hillsborough Counties. The goal of the process is to identify the health needs of the communities served by St. Anthony's 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 St. Anthony's 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

St. Anthony's Hospital Vision:

St. Anthony's Hospital will advance superior healthcare by providing an exceptional patient-centered experience with a focus on spiritual well-being

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 are included in the needs assessment process through data collection and key stakeholder interviews.
- ❑ Obtaining statistically valid information on the health status and socio-economic/environmental factors related to health of residents in the community and supplementing the general population survey data that is currently available.

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

Methodology

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of St. Anthony's 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 St. Anthony's 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 St. Anthony's Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, Thompson Reuters, Community Needs Score (CNS), U.S. Census, Healthy Tampa Bay, Annie E. Casey, 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 nine interviews were completed with key stakeholders in the St. Anthony's Hospital community between October and November, 2012 (See appendix B for a complete set of stakeholder responses).
- ❑ **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to ensure that community members, including under-represented residents, were included in the needs assessment planning process via four focus groups conducted by Tripp Umbach in the St. Anthony's Hospital community in April, 2013. Focus group audiences were defined by the CHNA oversight committee utilizing secondary data to identify health needs and deficits in targeted populations. Focus group audiences included:
 - Residents earning a low income that are Medicaid-ineligible

- Private behavioral health practitioners serving residents with behavioral health needs
 - African American Residents
 - Professionals serving homeless residents
- ☐ **Community Resource Inventory:** Tripp Umbach completed an environmental scan by collecting information from stakeholders, hospital leaders, secondary data, and Internet research to identify the community resources that are operating in the community to meet the needs identified by the CHNA. There were more than 100 community resources located in May, 2013 that meet the needs identified by stakeholders secondary data and focus groups with community residents in the St. Anthony's 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 four community focus groups resulted in the prioritization of three key community health needs in the St. Anthony's 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 St. Anthony's Hospital service area; this study completed an environmental scan of the resources that are available in the county offering services that meet one or more of the needs detailed in this community health needs assessment. The resource inventory located over 100 such resources. (See Appendix C for a full copy of the Pinellas County Community Resource Inventory).

A summary of the top needs in the St. Anthony's 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 St. Anthony's Hospital service area shows a higher CNS value (3.6) compared with the overall CNS value for the BayCare Health System (3.5) and Pinellas County (3.3). Scores of 3.6, 3.5 and 3.3 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). The lowest CNS score for the service area is 2.5 (there are no 1.0 scores) and the highest is 4.5 (there are no scores higher than 4.5), which a greater than average number of socio-economic barriers to accessing healthcare. Furthermore, there are 7 zip code areas (33705, 33712, 33711, 33714, 33701, 33702, 33713) that have CNS scores that are above the overall average for the BayCare Health System service area (3.5), indicating greater than average socio-economic barriers to accessing healthcare.³

According to key stakeholders, there is a need for increased coordination of care for residents. Key stakeholders and focus group participants agree that while there are medical resources and healthcare facilities in the community; access to healthcare resources can be limited by health insurance issues and the cost of healthcare for under/uninsured, the availability of providers, communication among providers and consumers, the level of integration of mental health services in medical health settings and the prevalence of socio-economic barriers (i.e., lack of support from employers, limited transportation, etc.).

Key stakeholders and focus group participants indicated that some of the implications of the limited access that residents may have to affordable healthcare include: residents that are not able to see a physician, not being diagnosed/treated, presenting to the emergency department with preventable and/or primary health issues, receiving delayed diagnostics, chronically ill patients' healthcare being mismanaged, self-medicating, unable to afford medical bills, unhealthier with poorer health/mental health outcomes, not using a usual source of healthcare, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, experiencing a negative impact on credit rating, lengthy waits for behavioral health services (i.e., psychiatry, substance abuse treatment, etc), increased need for crisis stabilization/intervention, distress related to unmet mental health needs, exacerbated symptoms during a Baker Act commitment, mental health placements a great distance from home and isolation from support networks and when a resident falls through the cracks they may disappear for potentially long periods of time with sometimes fatal outcomes..

² Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-6.1&anchor=610> (last updated: 3/28/2013).

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

Access to health insurance and healthcare for under/uninsured:

- ✓ Secondary data representing the St. Anthony's Hospital services area depicts insurance limitations, a decrease in adults that are insured, and resistance to seek oral health services as a result of the cost of care for the uninsured (the secondary data shows both local and national trends).
 - According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 who had health (medical) insurance in the U.S. declined nearly 1.0% between 2001 and 2011, from 83.6% to 82.8%, and varied by race and ethnicity.
 - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%).⁴
 - The uninsured rates for four zip code areas (33712, 33711, 33713, and 33707) in the St. Anthony's Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%) and there are three additional zip code areas (33705, 33714 and 33701) with uninsured rates higher than the state (25%). We see some of the highest uninsured rates in the BayCare Health System in the St. Anthony's Hospital services area.⁵
 - According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed dental care in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.
 - Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost.⁶
- ✓ According to key stakeholders and focus group participants, the number of uninsured residents has increased in recent years, which leads to limited healthcare access. According to key stakeholders and focus group participants, residents with a lower socio-economic status often cannot afford medical care and/or private-pay health insurance. There is a gap between the income level that would allow residents to purchase private-pay insurance and the Medicaid-eligible income level, leaving some residents under/uninsured. As a result, residents may not seek medical care until an issue becomes an emergency and they

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

have to go to the emergency room due to the inability to pay for medical services elsewhere.

- Both key stakeholders and focus group participants discussed the fact that some residents may not be able to afford prescription medications (i.e., antibiotics and non-formularies for homeless residents). Additionally, focus group participants believed that many residents cannot afford healthcare (i.e., preventive care, specialty care, diagnostics, follow-up appointments/treatments, dental care, mental health care, etc.) as a result of being under/uninsured. Participants indicated that not seeking healthcare due to cost often leads to residents being diagnosed at community outreach programs or in the emergency room when symptoms are emergent and then unable to qualify for assistance and/or afford subsequent treatment/follow-up care. Focus group participants discussed the lack of consumer controls in healthcare spending due to limited information being available about the cost of health services prior to receiving services.
- Key stakeholders and focus group participants addressed the population of residents that are employed and earning an income just above Medicaid eligibility requirements. Both key stakeholders and focus group participants believed that residents earning a low income and/or those that are self-employed do not make enough money to afford private-pay health insurance. Focus group participants discussed the fact that low-wage employers that do not offer affordable health insurance plans with affordable co-pays and deductibles, which cause employees to opt out of health insurance benefits. Additionally, focus group participants felt that Medicaid eligibility requirements are too low because they are based on gross income, and not a true representation of the income that residents are taking home.

Availability of healthcare providers and services:

- ✓ Secondary data representing the St. Anthony's Hospital service area depicts evidence of a decrease in preventive care utilization, higher provider ratios for mental health providers, and a need for mental health and substance abuse services.
- Between 2007 and 2010, the percentage of women aged 40 and older who reported having had a mammogram in the past year decreased in Pinellas County from 63% to 61.5%.⁷ According to the National Cancer Institute, women aged 40 and older should have mammograms every one to two years.⁸ Similarly, between 2007 and 2010, the percentage of women aged 18 and older who had a Pap smear in the previous year

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).

decreased in Pinellas County from 63.2% to 52.4%.⁹ It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.¹⁰

- Between 2007 and 2010, the percentage of respondents aged 50 and older who reported having had a blood stool test within the past year decreased in Pinellas County from 27.7% to 18.8%.¹¹ It is important to note that the U.S. Preventive Services Task Force recommends screening for colorectal cancer (CRC) using fecal occult blood testing every year, sigmoidoscopy every five years, and/or colonoscopy every 10 years, in adults, beginning at age 50 years and continuing until age 75 years.¹²
 - With 242 mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).¹³ Higher provider ratios often lead to lengthy wait times to secure services. Additionally, Florida ranks the second worst state in the U.S. (excluding D.C.) in mental health per capita expenditures.¹⁴ Limited funding often restricts the length of time and quality of services provided in any industry, including mental health.
 - Individuals in Circuit 6 (Pasco and Pinellas counties) show the highest reported rates of serious thoughts of suicide compared with Florida.¹⁵ Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.). While the age-adjusted death rate due to suicide has decreased between 2010 and 2011 (from 18.5 to 16.1 per 100,000 pop.); Pinellas County shows higher suicide rates than the nation.¹⁶
- ✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., preventive healthcare, substance abuse,

⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

¹⁰ U.S. Preventive Services Task Force. Retrieved from:
<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm> (last updated 6/2012)

¹¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

¹² U.S. Preventive Services Task Force. Retrieved from:
http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2 (last updated: 2/26/2013)

¹³ Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

¹⁴ Mental Health Spending: State Agency totals. Governing. <http://www.governing.com/gov-data/health/mental-health-spending-by-state.html>

¹⁵ Source: SAMHSA

¹⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

psychiatry, partial hospitalizations programs, intensive outpatient services, support groups for adolescents, discrete detoxification programs, dental health care, high-risk pregnancy services, pediatric care for homeless children, FQHC services in places like Tarpon Springs.) due to the number and location of providers, provider willingness to accept Medicaid insurance, and lack of sustainable funding for the county mobile medical unit, preventive and behavioral health programs.

- Key stakeholders and focus group participants discussed the reduction in Medicaid and Medicare reimbursements limiting the services that hospitals, mental health providers, and other organizations can provide to Medicaid-dependent residents due to a lack of funding. Focus group participants indicated that there are a limited number of providers in their communities that will accept Medicaid insurance, which causes lengthy waits for available appointments and longer travel times to available providers. Focus group participants discussed the capitation on per-diem rates that disincentivize holistic treatment (i.e., a patient makes one trip to one clinic to address multiple healthcare issues in one day). As a result, homeless residents may not get their health needs met due to an inability to return to a clinic multiple times. Additionally, there are limited local behavioral health services that may require lengthy travel times and the isolation of residents that require hospitalization from support systems due to the location of facilities.
- Focus group participants discussed the barriers to healthcare caused by the shrinking number of providers, coupled with the demand for services. Focus groups felt that a low number of mental health and substance abuse providers are sparsely located in the region. Focus group participants indicated that the reason for fewer providers in the area relates to funding and payor source as they relate to the sustainability of services in multiple venues. Funding for mental health services is consistently low, which often restricts the number of providers entering an industry, decreases program stability, leads to an ever-changing provider landscape, and maintains higher provider to population ratios.
- Focus group participants felt that patients are kept safe under 24-hour watch during a commitment, but not provided therapeutic treatment in many cases for the duration of a commitment, at an inpatient mental health facility through the Baker Act. In addition, there are a limited number of step-down programs available. While focus group participants felt that patients are kept safe; there is a need to improve the services provided to behavioral health patients at many facilities during an inpatient mental health commitment.

- Additionally, participants discussed the lack of awareness among consumers, providers, and community-based organizations about eligibility regulations to qualify for the different types of assistance/funding streams that often have very specific qualifications. If a resident is diagnosed through a program that is unaware of the different types of specific qualifications for funding streams, they may become ineligible for treatment for chronic conditions like cancer, which often leaves residents unable to secure medical treatment or be unable to afford their medical bills. This is particularly the case among homeless residents, including homeless children.

Communication among healthcare providers and consumers:

- ✓ Communication is important among healthcare providers and consumers in the pursuit of a healthier population. While secondary data shows that limited English proficiency is a barrier experienced by some residents in the hospital service area; it may not be as substantial as other locations in Pinellas County. However, 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 four zip code areas (33714, 33702, 33713, and 33710) in the St. Anthony's Hospital service area with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and no zip code areas with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).¹⁷
- ✓ Focus group participants felt that the communication between providers and consumers may lead to misinformation, a limited understanding of individual health status, etc., and is often the result of limited cultural competency among professionals, limited professionalism, and consumer perception of the interaction.
 - Focus group participants indicated that low-income residents are often unaware of their own health status. Focus group participants felt that when health information is provided, residents may not always comprehend what is provided, and understanding is not often ensured. At the same time, focus group participants felt that the amount of time physicians spent with residents was not enough to provide an adequate understanding of medical directives. Additionally, participants in the African American focus group indicated that older generations may see physicians as

¹⁷ Source: 2012 Nielson Claritas; 2012 Thomson Reuters

an authority figure and, based on cultural values, not to be questioned. Low-income medical care often lacks consistency in providers from visit-to-visit, leading to limited continuity of care from one visit to the next, which may cause the lack of a trusting bond between low-income consumers and healthcare providers.

- Focus group participants believed that homeless children are not always being identified and/provided services due to legal limitations of treating children without parents present unless there is proof of emancipation (i.e., pregnancy). Focus group participants believed that pediatricians do not always have a solid understanding of the regulations or the chronic health needs surrounding homeless children to provide effective health services.
- Additionally, focus group participants felt that medical professionals do not always treat residents with dignity, compassion, and/or respect; when coupled with a limited trust of healthcare, providers may lead residents to avoid seeking healthcare. The low-income, African American and professionals serving homeless residents all discussed a perceived lack of professionalism and cultural competency in their interactions with medical professionals and a consequential lack of trust resulting in a general avoidance of the medical industry.
- There is often a lack of communication/follow-up between referral sources and behavioral health providers; particularly when the referral is from medical health to behavioral health due to schedules and a lack of integration with medical records between medical health and mental health industries. Additionally, residents that are committed to an inpatient mental health facility through the Baker Act often do not have access to their prescription medications due to the need to verify that medication with a physician. This is particularly the case when commitment takes place during weekend hours.

Socio-economic barriers to accessing healthcare:

- ✓ The demographic trends for the service area show a younger, less educated, lower-income population with greater diversity than the county, state, and nation.
- ✓ There are six zip code areas (33705, 33712, 33711, 33714, 33701, and 33707) that show above average poverty rates in all measures of poverty (65+, single mothers with children, married parents with children) when compared to poverty rates for Pinellas County and the overall BayCare Health System service area. It is important to understand the areas that

have more barriers to healthcare access than the average for the county and the hospital service area.¹⁸

- ✓ The unemployment rate for seven of the 11 zip code areas (33705, 33712, 33711, 33714, 33701, 33702, and 33713) in the St. Anthony's Hospital service area is higher than the rate for Pinellas County (8.8%), Florida (8.5%), and the U.S. (7.9%) with the highest unemployment rate in 33711 (12.3%).¹⁹
- ✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited transportation options and limited employment.
 - Focus group participants discussed the limitations of transportation and the location of providers on the access residents have to health services. Public transportation is difficult to use, with lengthy commute times (i.e., out-of-county referrals), limited accommodations, buses that travel out of the area are limited, schedules and routes are not always convenient and other transportation options can be too costly. Additionally, health services are sparse (i.e., mental health providers). 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., service-related employment often does not offer health insurance as a benefit). Additionally, key stakeholders and focus group participants discussed the limitations of public assistance. Specifically, when residents are gainfully employed, they often lose their health insurance coverage and any financial assistance they had, making it impossible to become self sufficient enough to afford private pay medical insurance, uninsured healthcare, etc. Key stakeholders and focus group participants also noted that preventive health services are often not available to communities with a lower socio-economic status.

- ✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.²⁰ 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

¹⁸ Source: 2012 Nielson Claritas; 2012 Thomson Reuters

¹⁹ Ibid.

²⁰ Source: HealthyPeople.gov. Retrieved from:
www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1 (last updated: 3/28/2013)

People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

- **Coverage:** Lack of adequate coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to healthcare among the general population. Health insurance coverage helps patients get into the healthcare system. Uninsured people are: less likely to receive medical care, more likely to die early, and more likely to have a poor health status.
- **Services:** Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Barriers to services include: lack of availability, high cost, and lack of insurance coverage. These barriers to accessing health services lead to: unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.
- **Timeliness:** Timeliness is the healthcare system's ability to provide healthcare quickly after a need is recognized. Measures of timeliness include: Time spent waiting in doctors' offices and emergency departments (EDs) and time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care. Prolonged ED wait time decreases patient satisfaction, increases the number of patients who leave before being seen, and is associated with clinically significant delays in care. One cause for increased ED wait times is an increase in the number of patients going to EDs from less acutely ill patients. At the same time, there is a decrease in the total number of EDs in the United States.
- **Workforce:** Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. However, there has been a decrease in the number of medical students interested in working in primary care. To improve the nation's health, it is important to increase and track the number of practicing PCPs.

KEY COMMUNITY HEALTH NEED #2:

DECREASING THE PREVALENCE OF CLINICAL HEALTH ISSUES

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

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

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

Clinical health issues prevalent in St. Anthony's Hospital service area:

- ✓ The St. Anthony's Hospital service area shows higher PQI rates for 13 of the 14 PQI measures when compared with the state of Florida. The highest PQI difference is found in the hospitalization rates for Low Birth Weight between the St. Anthony's Hospital service area (13.92 per 1,000 pop.), overall BayCare Health System service area (3.05 per 1,000 pop.), and Florida (3.19 per 1,000 pop.); this is the health condition that the St. Anthony's Hospital service area shows the largest room for improvement in hospital admissions.²¹
- ✓ The St. Anthony's Hospital service area shows much higher PQI rates for all of the Diabetes PQI measures than the state, Pinellas County, and the overall BayCare Health System service area.
- ✓ The St. Anthony's Hospital service area shows a lower rate of preventable COPD admissions than Pinellas County but a higher rate than the state and the Overall BayCare Health System service area.
- ✓ The St. Anthony's Hospital service area shows the highest PQI rate of Adult Asthma, Hypertension, and Bacterial Pneumonia compared with the state, Pinellas County, and the overall BayCare Health System service area.

²¹ Tripp Umbach Independent Prevention Quality Indicator Analysis

- ✓ The St. Anthony's Hospital service area shows a majority of its population as White, Non-Hispanic (64.8%); a rate similar to that seen for the country (62.8%). However, of the minorities in the St. Anthony's Hospital service area, there are nearly double the number of Black Non-Hispanic individuals (22.6% of the St. Anthony's Hospital total population) than that seen for Pinellas County (10.2%) and the country (12.3%).
- ✓ The analysis of data collected for the CHNA process present substantial clinical health issues in the majority of the St. Anthony's Hospital service area. The volume and severity of need is greater in the hospital service area than the rest of the county which presents hospital leadership with several challenges. Supporting data values can be located in the secondary data section of this report:
 - African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence rates across many indicators (i.e., cancer, asthma, diabetes, heart disease, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births and pre-term births, infant mortality, etc.).
 - There are several clinical indicators (i.e., bacterial pneumonia, urinary tract infection, dehydration, alcohol consumption, and asthma) that show higher than average rates in seven or more of the 11 zip code areas. While there are severe clinical health issues throughout the service area; this assessment shows a stratification of the frequency and severity of clinical health indicators across zip code areas that appear to be reflective of the socioeconomic indicators of the area. The areas with the highest CNS scores display a greater number of more severe clinical health issues. As CNS scores decrease in zip code areas we see a moderation of the number of clinical health issues with a decrease in the number of clinical health issues; however the rates of the clinical health issues that exist remain higher than the baseline measures for these zip codes. There are three zip code areas with the lowest level of clinical health issues coupled with the lowest CNS scores.
 - The zip codes with the lowest level of clinical health issues are: 33710 (with the exception of higher than average hospitalizations due to urinary tract infections and bacterial pneumonia and emergency room visits due to dehydration and alcohol consumption); 33704 (with the exception of higher than average hospitalizations and emergency room visits due to alcohol consumption) and 33703 (with the exception of higher than average hospitalizations and emergency room visits due to dehydration) These zip code areas are also among

the best CNS scores in the service area (from 2.5 to 2.9), indicating fewer than average barriers to accessing healthcare.

- The zip codes with a moderation in the number of clinical health issues where rates remain high are: 33702, 33713, and 33707. These zip code areas are represented in the secondary data as having greater than average rates on multiple clinical indicators (i.e., low birth weight, pre-term births, bacterial pneumonia, COPD, asthma, diabetes, urinary tract infection, dehydration, and alcohol consumption); however, the rates across clinical indicators are above the average rates for the Tampa Bay Region and the goals set by Healthy People 2020. Often though, the rates are not above the most recently reported national rate (with the exception of the rate of pre-term births). These zip code areas also have moderate CNS scores (from 3.3 to 3.6) indicating a moderate level of barriers to accessing healthcare. However, these zip code areas appear to consume a large amount of healthcare resources based on the volume of clinical issues and level of severity.
- The zip codes with the highest levels of clinical health issues are: 33705, 33712, 33711, 33714, and 33701. These five zip code areas are represented in the secondary data as having substantially higher than average rates across the majority of clinical health indicators. The five zip codes areas represent the top three highest rates for 20 of the 23 clinical measures this assessment analyzed at the zip code-level. They display the most severe clinical health rates that are often substantially higher than the Tampa Bay Region and the most recently reported national rates. These zip code areas also have the highest CNS scores (from 4.2 to 4.5) in the St. Anthony's Hospital service area, indicating a greater than average level of barriers to accessing healthcare. These zip code areas also appear to consume a large percentage of healthcare resources based on the volume of clinical issues and level of severity.
- There are several indicators in which Pinellas County and the St. Anthony's Hospital service area that are presented in county-level and zip code-level data gathered from Healthy Tampa Bay that have not yet or have only slightly surpassed the national benchmarks. However, there has been a substantial increase in these indicators that, if left unchecked, could become community health needs (i.e., death rate due to strokes, coronary heart disease, diabetes, infant mortality, cancer incidence/death rates, suicide rates, tuberculosis, etc.).

- ✓ Key stakeholders addressed the prevalence of chronic health indicators (i.e., diabetes, COPD, and hypertension). Key stakeholders also noted that African Americans represent a disproportionate rate of several clinical health diagnoses. Focus group participants discussed the higher rates of clinical health issues among African American residents. Focus group participants attributed the poorer health outcomes to chronic daily stressors related to housing, employment, child care, attempts to minimize the impact of racism, etc. Focus group participants felt that African American women in particular have many responsibilities and obligations, and they allow stress to wear their bodies down, which is seen as the reason for higher rates of low birth weight babies and infant mortality. Additionally, focus group participants did not believe that women always are provided or have access to information about preventive practices. Key stakeholders and focus group participants both addressed the relationship between clinical indicators (i.e., cancer, COPD, diabetes, infant mortality, low birth weight, etc.) and the access residents have to healthcare, consumer behaviors, and the impact of the environment on the prevalence of clinical indicators.

KEY COMMUNITY HEALTH NEED #3:

IMPROVING HEALTHY BEHAVIORS AND ENVIRONMENTS

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

- **Awareness and education about healthy behaviors**
 - **Presence of unhealthy behaviors**
 - **Chronic environmental stressors**
 - **Residents resisting seeking health services**
-
- ✓ The health of a community largely depends on the health status of its residents. Key stakeholders and focus group participants believed that the lifestyles of some residents may have an impact on their individual health status and consequently, cause an increase in the consumption of healthcare resources. Specifically, key stakeholders and focus group participants discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, substance abuse – including alcohol and prescription drugs, etc.) that can lead to chronic illnesses (i.e., cancer, obesity, diabetes, pulmonary diseases, poor birth outcomes, including low birth weight, pre-term births, hypertension, Hepatitis C, dental issues, etc.). An increase in the number of chronic conditions diagnosed in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.

- ✓ Key stakeholders and focus group participants believed that the outcomes of behaviors that negatively impact health include a lack of awareness, limited understanding and utilization of services, an increased risk of poor birth outcomes (i.e., low birth weight and pre-term births), poorer health outcomes for children, homeless residents, African American residents and residents requiring behavioral health services, undetected/untreated illnesses, children that develop poor nutritional habits, concentration of chronic conditions in lower-income communities and among homeless residents, perpetuated substance abuse, and higher preventable mortality rates.

Awareness and education about healthy behaviors:

- ✓ Key stakeholders and focus group participants reported that residents may not always be aware of healthy choices due to cultural/generational norms, limited access to preventive healthcare, and limited prevention education and community outreach in some areas. Key stakeholders believed that there is a need for increased community-based preventive programs (i.e., health education and screenings). However, both 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 being diagnosed with a chronic/terminal condition for which the treatment is inaccessible/unaffordable. 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, 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.

Presence of unhealthy behaviors:

- ✓ When compared to the other counties in the state, Pinellas County is ranked moderately healthy at 38 out of 67 Florida counties, with a median rank of 34 on a scale of 1 to 67 (1 being the healthiest county and 67 being the most unhealthy).²² However, a variety of data sources depict evidence of unhealthy behaviors in Pinellas County; particularly as they relate to immunization rates, smoking, alcohol consumption, non-medical use of prescription pain relievers, marijuana use, and binge drinking among teens.
 - Pinellas County shows the highest rates in every category of age and gender for emergency room visits due to acute or chronic alcohol abuse among residents that

²² Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

are 18 years old or older. Men in Pinellas County are almost twice as likely as women in Pinellas County to visit the emergency room as a result of acute or chronic alcohol abuse. St. Anthony's Hospital service area has nine zip code areas with higher than average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse (33701-86.6, 33714-48.3, 33707-40.1, 33705-33.2, 33710-33.0, 33713-32.3, 33712-27.9, 33711-25.2, and 33704-25.0 per 10,000 pop.).

- ✓ Between 2007 and 2011, hospitalization rates related to alcohol have increased consistently in Pinellas County (from 9.1 to 9.4 per 10,000 pop.) with five zip codes in the St. Anthony's Hospital service area showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates (33701-19.4, 33714-11.8, 33704-10.7, 33713-9.6, and 33707-9.4 per 10,000 pop.). Men in Pinellas County are also more likely to be hospitalized due to acute or chronic alcohol abuse.
- Pinellas County shows the highest rate of non-medical use of prescription pain relievers compared to Florida (4.43% of the population aged 12 and older).
- Pinellas County showed an increase between 2008 and 2009 in the percentage of high school students who used marijuana one or more times during the 30 days before the survey was administered (from 20.2% to 20.9%).
- ✓ 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.²³
 - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.²⁴
- The rate of adults who eat fruits and vegetables in Pinellas County has declined from 30% in 2002 to 26.3% in 2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.²⁵
- While Pinellas County saw a decrease in the obesity rate from 27.7% to 24% from 2007 to 2010, men are slightly more likely to be obese (27.5%), with one in five

²³ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141> (last updated: 3/28/2013).

²⁴ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=PA-1&anchor=200> (last updated: 3/28/2013).

²⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) are obese.²⁶

- Between 2007 and 2010, the percentage of adults who are overweight increased in Pinellas County from 35.5% to 41.6%. Women are less likely to be overweight than men in Pinellas County (33.9% and 49.8% respectively).²⁷
 - From the County Health Rankings database, Pinellas County ranks 54 out of 67 for community safety (67 being the unhealthiest ranking for Florida); worse than Hillsborough (49) and Pasco (23) counties.²⁸ Often, the level of safety in a community has an impact on the activity level of residents due to a resistance to recreate outside if crime is high, the built environment does not support outdoor activity, etc.
- ✓ Key stakeholders and focus group participants discussed the prevalence of chronic conditions (i.e., diabetes, cancer, COPD, adult and childhood obesity) due to lifestyle choices (i.e., lack of physical exercise, substance abuse, etc.). Focus group participants indicated that residents do not always have access to healthy options due to time constraints and limited access to healthy nutrition (i.e., public school menu, local grocery stores that do not carry healthy produce, chronic homelessness, lack of funding at homeless shelters, etc.). Focus group participants discussed the cost of healthy produce as it is related to the speed with which it expires and the size of a family, which together may cause fresh produce to be unaffordable for some residents. Residents requiring behavioral health services may not always have access to a detoxification facility that is as discrete as they would like and/or close enough to be convenient. Additionally, focus group participants believed that women may not always be aware of preventive practices that lead to healthier babies (i.e., stress reduction, etc.). Key stakeholders and focus group participants discussed substance abuse and specifically prescription drug abuse and the related increased chronic illness costs. Focus group participants discussed the prevalence of chronic illness among homeless residents as a result of substance abuse, lack of consistent healthcare, poor management of chronic illness and a lack of hygienic living environments.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

Chronic environmental stressors:

- ✓ Key stakeholders and focus group participants discussed the prevalence of chronic environmental stressors in the St. Anthony's Hospital Community. Specifically, key stakeholders and focus group participants discussed the unemployment rate in the area, the prevalence of low-wage employment and low eligibility requirements of public assistance, which lead residents to be incapable of attaining self sufficiency. Additionally, the African American focus group participants discussed the stressors faced by women and professional women in particular that have many responsibilities and obligations and they allow stress to wear the bodies down when coupled with the chronic daily stressors seen as an inextricable part of daily life (i.e., poor housing conditions, maintaining employment, child care, attempts to minimize the impact of racism, etc.) the result is believed to be the cause of higher rates of low birth weight babies and infant mortality. Homeless residents are faced with chronic environmental stressors such as, securing shelter, limited hygiene, theft of property including medications, drug addiction, stigma associated with homelessness, etc. Key stakeholders and focus group participants discussed the belief that there is a link between environmental stressors and the health of residents.

Residents are resisting seeking health services:

- ✓ Key stakeholders and focus group participants discussed the resistance of residents to seek primary, preventive, and behavioral healthcare due to drug abuse/addiction, cultural practices, misinformation about the need/importance, lack of incentive, limitations of transportation, inability to afford services, fear of diagnosis without access to follow-up treatment, lack of discretion in substance abuse treatment, and limited trust for professionals in the healthcare industry. Residents often prefer home remedies to formal healthcare. 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, and poorer health outcomes.

- ✓ The U.S. Department of Health and Human Services has set the goal to promote health and reduce chronic disease risk through the consumption of healthier diets and achievement and maintenance of healthy body weights through Healthy People 2020.²⁹ 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.

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

- Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that individuals have the knowledge and skills to make healthier choices and healthier options are available and affordable.
- Social factors thought to influence diet include knowledge and attitudes, skills, social support, societal and cultural norms, food and agricultural policies, food assistance programs, and economic price systems.
- Access to and availability of healthier foods can help people follow healthier diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home. Marketing also influences people's, particularly children's, food choices.
- Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

Conclusions and Recommended Next Steps

The community needs identified through the St. Anthony's 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.

St. Anthony's 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 St. Anthony's Hospital community as it relates to access to affordable healthcare, the prevalence of clinical health issues, and behaviors and environments that impact health. The vast majority of the St. Anthony's Hospital community is faced with a higher concentration of poverty, severe clinical conditions, and a large portion of the service area that is faced with higher than average socio-economic barriers to accessing healthcare. Strategic discussions among hospital leadership as well as community leadership will need to consider the inter-relationship of the chronic issues facing the St. Anthony's 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 St. Anthony's Hospital to develop a secondary data process focused on three phases: collection, analysis, and evaluation. Tripp Umbach obtained information on the demographics, health status, socio-economic, and environmental factors related to health and needs of residents from the multi-community service area of the St. Anthony's 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).

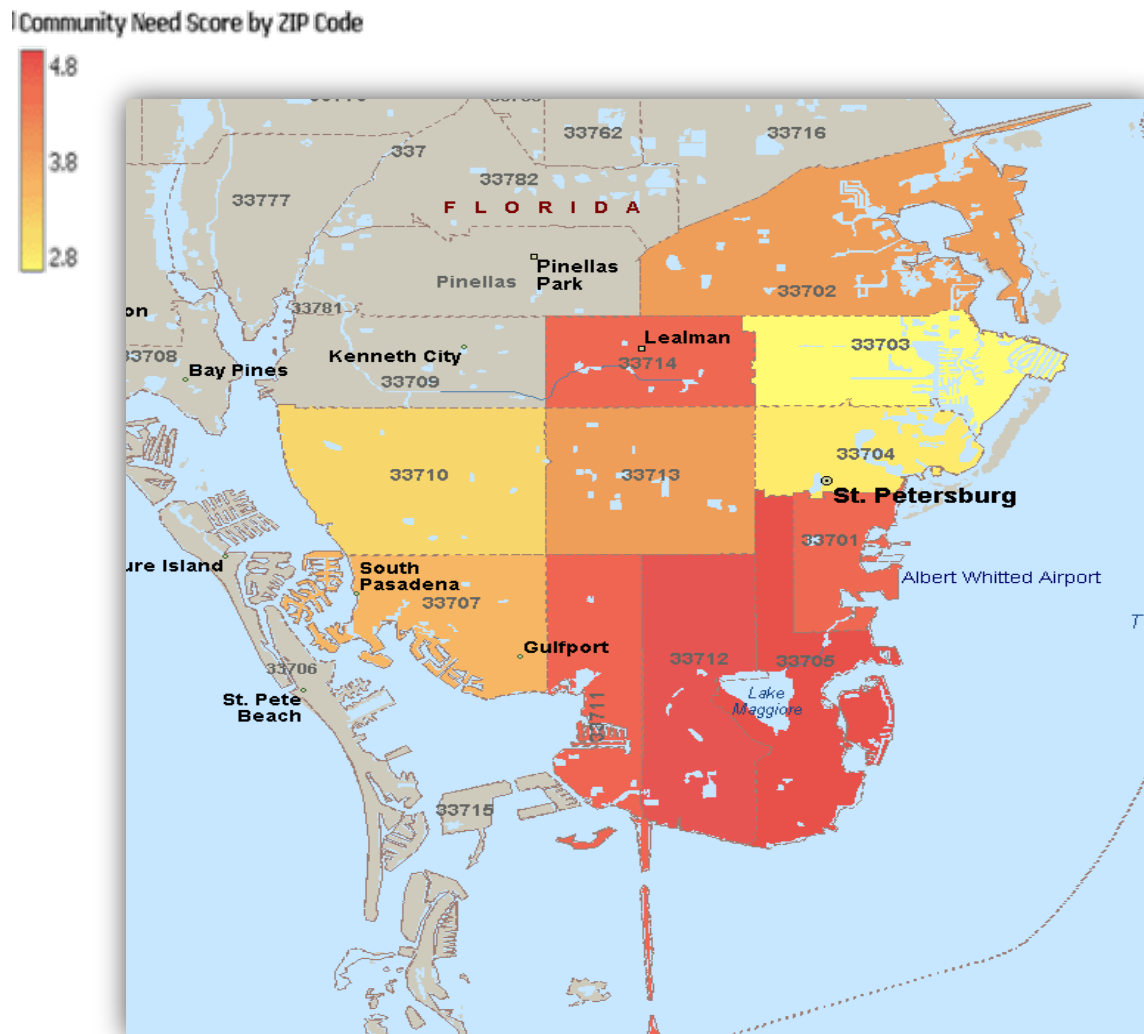
St. Anthony's Hospital Overall Study Area

The St. Anthony's Hospital community is located in St. Petersburg, FL, and is defined as a zip code geographic area based on 75% of the hospital's inpatient volumes. The St. Anthony's Hospital community consists of 11 zip code areas (see Table 2 & Figure 2).

Table 2: St. Anthony's Hospital Community Zip Code Definition

Zip	Town	County
33701	St. Petersburg	Pinellas
33702	St. Petersburg	Pinellas
33703	St. Petersburg	Pinellas
33704	St. Petersburg	Pinellas
33705	St. Petersburg	Pinellas
33707	South Pasadena	Pinellas
33710	St. Petersburg	Pinellas
33711	St. Petersburg/Gulfport	Pinellas
33712	St. Petersburg	Pinellas
33713	St. Petersburg	Pinellas
33714	St. Petersburg	Pinellas

Figure 2: St. Anthony's Hospital Community Geographic Definition



** Darker shading indicates greater barriers to healthcare access*

Community Need Index (CNI)

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

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

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

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

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

- ✓ The St. Anthony's Hospital service area shows a higher CNS value (3.6) compared with the overall CNS value for the BayCare Health System (3.5) and Pinellas County (3.3). Scores of 3.6, 3.5 and 3.3 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0), which indicates a greater than average number of socio-economic barriers to accessing healthcare.
- Eight of the 11 zip code areas in the St. Anthony's Hospital service area show CNS values equal to or greater than the median for the scale. The lowest CNS score for the service area is 2.5 (there are no 1.0 scores) and the highest is 4.5 (there are no scores higher than 4.5), which indicates moderate socio-economic barriers to accessing healthcare for residents.
- There are seven zip code areas (33705, 33712, 33711, 33714, 33701, 33702, 33713) that have CNS scores that are above the overall average for the BayCare Health System service area (3.5), indicating greater than average socio-economic barriers to accessing healthcare.
- There are six zip code areas (33705, 33712, 33711, 33714, 33701 and 33707) that show above average poverty rates in all measures of poverty (65 +, single mothers with children, married parents with children) when compared to poverty rates for Pinellas County and the overall BayCare Health System service area. It is important to understand the areas that have more barriers to healthcare access than the average for the county and the hospital service area.
- The unemployment rate for seven of the 11 zip code areas (33705, 33712, 33711, 33714, 33701, 33702, and 33713) in the St. Anthony's Hospital service area is higher than the rate for Pinellas County (8.8%), Florida (8.5%), and the U.S. (7.9%), with the highest unemployment rate in 33711 (12.3%).

- The uninsured rate for four zip code areas (33712, 33711, 33713, and 33707) in the St. Anthony's Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%) and there are three additional zip code areas (33705, 33714, and 33701) with uninsured rates higher than the state (25%). We see some of the highest uninsured rates in the BayCare Health System in the St. Anthony's Hospital services area.
- There are four zip code areas (33714, 33702, 33713, and 33710) in the St. Anthony's Hospital service area, with a percentage of residents with limited English higher than the average for Pinellas County (12.1%), and no zip code areas with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

Table 3: St. Anthony's Hospital Service Area CNS Indicators and CNS Scores

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33705	St. Petersburg	Pinellas	4	4	4	5	5	4.5
33712	St. Petersburg	Pinellas	4	4	4	5	5	4.4
33711	St. Pete/Gulfport	Pinellas	4	4	5	5	4	4.2
33714	St. Petersburg	Pinellas	3	4	4	5	5	4.2
33701	St. Petersburg	Pinellas	4	3	4	5	5	4.2
33702	St. Petersburg	Pinellas	3	3	4	4	4	3.6
33713	St. Petersburg	Pinellas	3	3	4	4	4	3.6
33707	South Pasadena	Pinellas	3	2	4	4	4	3.3
33710	St. Petersburg	Pinellas	2	2	4	4	3	2.9
33704	St. Petersburg	Pinellas	2	1	4	3	4	2.7
33703	St. Petersburg	Pinellas	2	2	4	3	2	2.5
St. Anthony's Hospital Service Area*			3.1	2.9	3.9	4.1	4.0	3.6

*Weighted Average

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

Prevention Quality Indicators Index (PQI)

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

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

- ✓ The St. Anthony's Hospital service area shows higher PQI rates for 13 of the 14 PQI measures when compared with the state of Florida. The highest PQI difference is found in the hospitalization rates for Low Birth Weight between the St. Anthony's Hospital service area (13.92 per 1,000 pop.), overall BayCare Health System service area (3.05 per 1,000 pop.), and Florida (3.19 per 1,000 pop.); this is the health condition that the St. Anthony's Hospital service area shows the largest room for improvement in hospital admissions.
- The St. Anthony's Hospital service area shows only one PQI measure that is lower than the state (Angina Without Procedure), indicating better prevention of this condition in the St. Anthony's Hospital service area compared to the state.
- The highest PQI difference between the St. Anthony's Hospital service area and Florida is for Low Birth Weight; this is the health condition that the St. Anthony's Hospital service area shows the largest room for improvement in hospital admissions compared to the state of Florida. The rate of low birth weight preventable hospital admissions is 3.19 for the state of Florida; for the St. Anthony's Hospital service area, the rate is 13.92. The rate of low birth weight preventable hospital admissions is more the four times higher in the St. Anthony's Hospital service area than Florida.
- The St. Anthony's Hospital service area shows much higher PQI rates for all of the Diabetes PQI measures than the state, Pinellas County, and the overall BayCare Health System service area.
- The St. Anthony's Hospital service area shows a lower rate of preventable COPD admissions than Pinellas County, but a higher rate than the state and the Overall BayCare Health System service area.
- The St. Anthony's Hospital service area shows the highest PQI rate of Adult Asthma, Hypertension, and Bacterial Pneumonia compared with the state, Pinellas County, and the overall BayCare Health System service area.
- The St. Anthony's Hospital service area shows a low PQI rate for Angina Without Procedure; however it is still higher than the rate seen for Pinellas County.

Table 4: St. Anthony's Hospital Service Area PQI Rates Higher than the BayCare Health System Service Area

Prevention Quality Indicators (PQI)	St. Anthony's Hospital Service Area	BayCare Health System	Pinellas County	Florida
Low Birth Weight Rate (PQI 9)	13.92	3.05	6.55	3.19
Bacterial Pneumonia Admission Rate (PQI 11)	1.81	1.34	1.65	1.22
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	2.05	1.67	1.77	1.61
Urinary Tract Infection Admission Rate (PQI 12)	1.16	1.01	1.26	0.87
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.34	1.11	1.18	1.09
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.15	1.02	1.19	0.94
Hypertension Admission Rate (PQI 7)	0.59	0.47	0.51	0.44
Adult Asthma Admission Rate (PQI 15)	0.65	0.57	0.63	0.51
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.48	0.38	0.43	0.34
Perforated Appendix Admission Rate (PQI 2)	0.33	0.22	0.25	0.22
Uncontrolled Diabetes Admission Rate (PQI 14)	0.19	0.14	0.13	0.13
Congestive Heart Failure Admission Rate (PQI 8)	2.28	2.15	2.35	2.23
Dehydration Admission Rate (PQI 10)	0.30	0.26	0.28	0.26

Source: Florida Hospital Association Data – Calculations by Tripp Umbach

Demographic Profile – Key Findings:

- ✓ The population in the St. Anthony's Hospital service area is projected to decline at a rate of 2.3% by 2017.
- ✓ The St. Anthony's Hospital service area shows the highest rates of middle-aged individuals (aged 35-54) compared to the other age categories and this rate is higher than that seen for Pinellas County, Florida, or the U.S.
- ✓ The St. Anthony's Hospital service area shows a lower average annual household income than the county, state, and nation (\$53,694).
- ✓ Individuals in the St. Anthony's Hospital service area pursue higher education at a lower rate than seen for across Pinellas County, Florida, or the U.S.

- ✓ The St. Anthony's Hospital service area shows a majority of its population as White, Non-Hispanic (64.8%); a rate similar to that seen for the country (62.8%). However, of the minorities in the St. Anthony's Hospital service area, there are nearly double the number of Black Non-Hispanic individuals (22.6% of the St. Anthony's Hospital total population) than that seen for Pinellas County (10.2%) and the country (12.3%).

County Health Rankings – Key Findings:

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

- ✓ While Pinellas County encompasses the St. Anthony's Hospital service area, rankings for the three counties served by the BayCare Health System are shown below to provide perspective. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).
- ✓ Pinellas County may be considered the "healthiest" county as it shows the most ranks in the top 10 (four of the 21 measures); clinical care, diet and exercise, access to care, and the built environment. The best rankings for the region are found in Pinellas County.
- ✓ With 242 Mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).³⁰
- ✓ Pinellas County (54) ranks worse than Hillsborough (49) and Pasco (23) Counties for community safety.

Disease Prevalence, Health Behaviors, and National Benchmarks

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

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

³⁰ Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

release of the *How Healthy is Tampa Bay?: An Assessment of Our Region's Health* report and includes over 100 indicators linked to real-time updates.

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

- ✓ The stated goal of Healthy People 2020 related to **health insurance** is to increase the proportion of persons with medical insurance (from 83.2% in 2008 to 100% by 2020)³¹
 - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%).³²
 - According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 who had health (medical) insurance in the U.S. declined nearly 1.0% between 2001 and 2011, from 83.6% to 82.8%, and varied by race and ethnicity.
- ✓ According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed **dental care** in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.
 - Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost.³³
- ✓ Between 2007 and 2010, the percentage of women aged 40 and over who reported having a **mammogram** in the past year decreased in Pinellas County (from 63% to 61.5%).³⁴ According to the National Cancer Institute, women age 40 and over should have mammograms every one to two years.³⁵

³¹ Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-1.1&anchor=11> (last updated: 3/28/2013)

³² Source: Tampa Bay Partnership: Healthy Tampa Bay

³³ Ibid.

³⁴ Ibid.

³⁵ National Cancer Institute: Retrieved from: <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms> (last updated 7/24/2012).

- ✓ Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a **Pap smear** in the previous year decreased in Pinellas County from 63.2% to 52.4%.³⁶ It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.³⁷
- ✓ Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Pinellas County (from 27.7% to 18.8%).³⁸ 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.³⁹
- ✓ **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.⁴⁰
 - The rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%).⁴¹ Pinellas County shows the highest PQI for low birth weight (6.55 per 1,000 pop.) in the region and St. Anthony's Hospital service area shows higher admission rates for low birth weight (4.11 per 1,000 pop) than the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.).⁴² This assessment shows that in 2010, six zip code areas (33711-16.6, 33705-15.9, 33712-13.7, 33707-11.3, 33702-11.2, and 33713-10.6) had percentages of low birth weight babies higher than average for Pinellas County (8.8%) and the entire Tampa Bay region (8.6%).
 - 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 2011⁴³

³⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁷ U.S. Preventive Services Task Force. Retrieved from:
<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm> (last updated 6/2012)

³⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁹ 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)

⁴⁰ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-8.1&anchor=92105> (last updated: 3/28/2013).

⁴¹ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁴² Tripp Umbach Independent Prevention Quality Indicator Analysis

⁴³ 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

(33711-11.1%, 33705-11.2%, 33712-15.0%, 33707-7.1%, 33702-10.8%, and 33713-10.6), with all zip code areas remaining higher than average except 33707 and zip code 33712 being the only area to experience an increase. Also, African Americans are disproportionately more likely (14.4%) to give birth to a baby with low birth weight than any other race in Pinellas County (Hispanic-6.3% and White-7.5%).⁴⁴

- ✓ Women 18+ are significantly more likely to visit the emergency room due to **urinary tract infections** than their male counterparts in Pinellas County (79.2 and 88.9 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Pinellas County (33.0 and 15.6 per 10,000 pop. respectively). There are nine zip codes in the St. Anthony's 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 (33712-39.2, 33705-34.6, 33714-33.8, 33707-33.2, 33711-32.8, 33701-32.1, 33713-31.2, 33710-30.7, and 33702-27.1 per 10,000 pop.) and six zip codes with higher than average ER visit rates (102.1 per 10,000 pop.) for urinary tract infections (33712-176.0, 33705-161.0, 33714-155.8, 33711-150.6, 33713-118.2, and 33701-117.4 per 10,000 pop.). African American residents visit the emergency room (199.7 per 10,000 pop.) and are hospitalized (40.2 per 10,000 pop.) for urinary tract infections at a rate that is almost two times the rate for residents of other ethnicities in Pinellas County.⁴⁵
- ✓ **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.⁴⁶ 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.⁴⁷
 - Between 2007 and 2011, the annual age-adjusted emergency department visit rate for COPD increased in Pinellas County (from 12.0 to 15.1 per 10,000 pop.). African American residents visit the emergency room due to COPD at a slightly greater rate

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

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

⁴⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁵ Ibid.

⁴⁶ Source: HealthyPeople.gov. Retrieved from:

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

⁴⁷ Source: HealthyPeople.gov. Retrieved from:

<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-12&anchor=245> (last updated: 3/28/2013).

- in Pinellas County (23.2 per 10,000 pop.) than any other ethnicity. Between 2009 and 2011, there were eight zip code areas in the St. Anthony's Hospital service area with higher emergency room visit rates for COPD than the Tampa Bay area average of 14.6 per 10,000 pop. (33701-39.7, 33714-32.1, 33705-23.5, 33712-20.9, 33713-19.6, and 33711-16.7 per 10,000 pop.).⁴⁸
- Between 2007 and 2011, the hospitalization rate for COPD in Pinellas County increased slightly from 28.4 to 30.0 per 10,000 pop. Between 2009 and 2011, there were five zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (33714-64.5, 33701-43.4, 33713-41.1, 33702-37.0, and 33707-35.2 per 10,000 pop.).⁴⁹
- ✓ Between 2007 and 2011, the emergency room visit rate due to **bacterial pneumonia** has increased steadily in Pinellas County (from 12.6 to 14.6 per 10,000 pop.). There are nine zip codes in the St. Anthony's 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 (33705-48.7, 33712-43.8, 33714-43.3, 33713-39.1, 33711-37.9, 33707-37.7, 33702-34.9, 33701-34.6, and 33710-34.5 per 10,000 pop.) and eight zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (33705-29.9, 33701-29.2, 33712-26.8, 33711-24.4, 33714-19.3, 33713-18.5, 33707-15.7, and 33702-15.5 per 10,000 pop.). African American residents are the most likely to visit the emergency room (29.8 per 10,000 pop.) due to bacterial pneumonia than residents of other ethnicities in Pinellas County (Asian-4.9, Hispanic or any race- 10.2 and White, non-Hispanic- 14.2 per 10,000 pop.).⁵⁰
- ✓ Between 2007 and 2011, emergency room visits related to **congestive heart failure** have increased in Pinellas County (from 2.0 to 3.1 per 10,000 pop.). There are three zip codes in the St. Anthony's 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 (33712-47.1, 33705-39.3, and 33711-37.0 per 10,000 pop.) and four zip codes with higher than average ER visit rates (3.1 per 10,000 pop.) due to congestive heart failure (33712-6.4, 33705-5.4, 33711-5.4, and 33701-4.3 per 10,000 pop.). In Pinellas County, African American residents visit the emergency room for congestive heart failure at three times the rate (9.2 per 10,000 pop. with the next highest rate being for White residents 3.1 per 10,000 pop.) as residents of other ethnicities and are hospitalized at twice the rate (54.4 per 10,000 pop., with the next highest rate being for White residents at 23.7 per 10,000 pop.) as residents of other ethnicities.⁵¹

⁴⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

- ✓ 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 2020.⁵²
 - 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 Pinellas County from 8.7% to 12.4%. African American residents are diagnosed with diabetes at a rate that is more than four times (66.3 per 10,000 pop.) residents of other ethnicities in Pinellas County (Hispanic-13.5 and White 18.6). As a result, African American residents have higher rates across all measures of diabetes, including age-adjusted death rates (38.9 per 100,000 pop., Hispanic-13.5, and White 18.6 per 100,000 pop.). More recent data suggests that African American residents have experienced an increase in 2011 in the age-adjusted death rate in Pinellas County to 57.5 per 100,000 pop.⁵³
 - There are seven zip codes that register higher than the Tampa Bay average hospitalization rates (21.5 per 10,000 pop.) for adults 18+ years old between 2009 and 2011 (33712-44.6, 33711-44.5, 33701-36.2, 33705-33.9, 33714-33.0, 33713-26.1, and 33702-22.9 per 10,000 pop.); four above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (33711-13.6, 33712-13.3, 33701-11.7, and 33714-10.6 per 10,000 pop.); seven above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (33712-25.2, 33711-23.1, 33705-22.0, 33714-18.8, 33701-18.1, 33713-14.9, and 33702-13.3 per 10,000 pop.); seven above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes (33701-55.5, 33712-47.6, 33711-44.9, 33705-40.1, 33713-29.3, 33714-24.0, and 33707-20.4 per 10,000 pop.), and four above the average (2.1 per 10,000 pop.) for ER visit rate due to uncontrolled diabetes (33701-7.9, 33705-5.1, 33712-4.8, and 33711-4.1 per 10,000 pop.).⁵⁴
- ✓ **Pediatric asthma** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the hospitalization rate for asthma among children less than five years old was 41.4 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 18.1 per 10,000 pop. nationally.⁵⁵ Additionally, the Emergency department visits for asthma

⁵² 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).

⁵³ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁴ Ibid.

⁵⁵ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-2.1&anchor=234284> (last updated: 3/28/2013).

among children less than five years old was 132.8 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 95.6 per 10,000 pop. nationally.⁵⁶

- The emergency department visit rate for pediatric asthma has been highest in Pinellas County when compared to the surrounding counties. Between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Pinellas County increased from 95.9 to 104.4 per 10,000 pop. Between 2009 and 2011, the emergency department visits for asthma among children 0-4 years old in Pinellas County was 155.8 per 10,000 pop. African American children visit the emergency room due to asthma at a greater rate in Pinellas County (303.9 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (67.5 per 10,000 pop.). Between 2009 and 2011, there were eight zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (93.3 per 10,000 pop.) emergency room visit rates for pediatric asthma (33711-343.2, 33705-310.2, 33712-282.7, 33701-237.4, 33714-132.3, 33707-122.6, 33713-115.4, and 33702-102.4 per 10,000 pop.).⁵⁷
- The hospitalization rate for pediatric asthma has also been highest in Pinellas County when compared to the surrounding counties. In between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Pinellas County increased from 95.9 to 104.4 per 10,000 pop. Between 2009 and 2011, the hospitalization rate for asthma among children 0-4 years old in Pinellas County was 34.7 per 10,000 pop. African American children are hospitalized due to asthma at a greater rate in Pinellas County (44.9 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (13.7 per 10,000 pop.). Between 2009 and 2011, there were eight zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (18.6 per 10,000 pop.) hospitalization rates for pediatric asthma (33711-60.8, 33712-48.8, 33705-45.9, 33701-40.7, 33702-23.1, 33714-23.0, 33713-22.8, and 33707-21.8 per 10,000 pop.).⁵⁸

- ✓ **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 five–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.⁵⁹ Additionally, the age-adjusted emergency department visits for asthma among children and adults five–64 years old was 57.0 per

⁵⁶ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-3.1&anchor=235287> (last updated: 3/28/2013).

⁵⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁸ Ibid

⁵⁹ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-2.2&anchor=234285> (last updated: 3/28/2013).

10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 49.7 per 10,000 pop. nationally.⁶⁰

- Between 2007 and 2010, the percentage of adults reporting having been diagnosed with asthma increased in Pinellas County (from 8.8% to 9.3%). Women are twice as likely to visit the emergency room for asthma than their male counterparts in Pinellas County (51.7 and 24.5 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity. The emergency department visit rate for adult asthma has been highest in Pinellas County when compared to the surrounding counties. Between 2007 and 2011, the emergency department visits for adult asthma among persons 18+ years old in Pinellas County increased from 35.8 to 38.4 per 10,000 pop. African American residents visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity, with Hispanic residents being the next highest rate (37.2 per 10,000 pop.). Between 2009 and 2011, there were seven zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (35.5 per 10,000 pop.) emergency room visit rates for adult asthma (33705-100.0, 33701-89.6, 33711-88.3, 33712-85.0, 33714-59.4, 33713-43.3, and 33707-36.5 per 10,000 pop.).⁶¹
- Between 2007 and 2011, the hospitalization rate for adult asthma in Pinellas County increased slightly from 12.1 to 12.6 per 10,000 pop. African American residents are hospitalized due to asthma at a greater rate in Pinellas County (30.6 per 10,000 pop.) than any other ethnicity, with Hispanic residents being the next highest rate (12.5 per 10,000 pop.). Between 2009 and 2011, there were six zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (13.6 per 10,000 pop.) hospitalization rates for adult asthma (33705-32.0, 33711-25.1, 33701-21.2, 33712-20.6, 33714-18.4, and 33702-14.2 per 10,000 pop.).⁶²

- ✓ **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.⁶³

⁶⁰ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-3.2&anchor=235288> (last updated: 3/28/2013).

⁶¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶² Ibid

⁶³ 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).

- ✓ Between 2007 and 2011, the annual age-adjusted emergency room visit rate for persons 18+ years old experiencing **dehydration** increased only slightly in Pinellas County from 10.4 to 10.8 per 10,000 pop. with residents 85+ being the most likely to visit the emergency room due to dehydration (30.6 per 10,000 pop.). Between 2009 and 2011, there were 10 zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (9.5 per 10,000 pop.) emergency room visit rates for dehydration (33713-17.2, 33712-17.1, 33714-16.6, 33701-16.3, 33710-13.1, 33707-12.3, 33703-12.2, 33711-12.1, 33702-11.3, and 33705-11.1 per 10,000 pop.). However, during the same period (2007 to 2011), the annual age-adjusted hospitalization rate for persons 18+ years old experiencing dehydration decreased in Pinellas County from 7.3 to 5.5 per 10,000 pop., with residents 85+ being the most likely to be hospitalized due to dehydration (50.3 per 10,000 pop.). Between 2009 and 2011, there were eight zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (6.5 per 10,000 pop.) hospitalization rates for dehydration (33701-10.7, 33705-9.7, 33714-9.3, 33711-9.1, 33712-9.1, 33707-7.9, 33703-7.5, and 33713-7.0 per 10,000 pop.).⁶⁴
- ✓ The death rate related to **strokes** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 39.1 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 33.8 per 100,000 pop. nationally.⁶⁵
 - The death rate due to a stroke has decreased between 2008 and 2010 in Pinellas County from 27.9 to 25.1 per 100,000 pop. Black residents are at a greater risk of stroke-related death (40.5 per 100,000 pop.) than any other ethnicity in the tri-county area (Hispanic-18.2 and White-23.9 per 100,000 pop.). Women are at a slightly greater risk of death related to a stroke than their male counterparts in Pinellas County (25.7 and 23.7 per 100,000 pop. respectively).⁶⁶
- ✓ 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.⁶⁷
 - While the age-adjusted death rate due to coronary heart disease in Pinellas County (105.0 per 100,000 pop.) was similar to the national rate in 2010, the death rate in

⁶⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁵ Source: HealthyPeople.gov. Retrieved from:

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

⁶⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁷ Source: HealthyPeople.gov. Retrieved from:

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

Pinellas County increased in 2011 to 111.5 per 100,000 pop. Additionally, the death rate for men (147.1 per 100,000 pop.) and African American residents (147.5 per 100,000 pop.) in Pinellas County is greater than the national and county averages.

- ✓ African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, heart disease, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births, and pre-term births, etc.).
 - Many forms of cancer in the tri-county area show a greater diagnosis rate among African American residents when compared to residents of other ethnicities. As a result, African American residents have higher rates across many measures of cancer.⁶⁸
- ✓ **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.⁶⁹
 - While the percentage of pre-term births has decreased in Pinellas County between 2009 and 2011 (from 13.1% to 12.7%), the rate is higher than the national average. Additionally, African American residents in Pinellas County give birth to pre-term babies more often (17%) than any other racial group.⁷⁰ In 2010, there were six zip code areas in the St. Anthony's Hospital service area with higher than the Tampa Bay area average (12.9%) pre-term births (33711-26.1%, 33712-19.7%, 33705-17.7%, 33702-15.6%, 33707-14.6% , and 33713-14.3%).
 - While the birth rate for females aged 15-19 years of age has decreased between 2008 and 2010 in Pinellas County (41.58 to 32.7 per 1,000 live births), African American (73.1 per 1,000 live births) residents display teen birth rates that are two times the rates seen among other ethnicities in the county (less than 36.1 per 1,000 live births).⁷¹
- ✓ **Infant mortality** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the infant (less than one year) mortality rate nationally was 6.6 per 1,000 live births in 2008. The goal is to reduce this rate by the year 2020 to 6.0 per 1,000 live births nationally.⁷²

⁶⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁹ Source: HealthyPeople.gov. Retrieved from:

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

⁷⁰ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷¹ Ibid.

⁷² Source: HealthyPeople.gov. Retrieved from:

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

- Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among White infants (from 5.4 to 6.6 per 1,000 live births), whereas there was a decrease among Non-White infants (from 17.1 to 14.5 per 1,000 live births). While there was a decrease in the rate of infant mortality among Non-White infants, the rate in 2010 was still more than double that of White infants.⁷³ The infant mortality rate decreased between 2008 and 2009 in Pinellas County from 9.3 to 8.3 per 1,000 live births and then increased again between 2009 and 2010 from 8.3 to 8.6 per 1,000 live births.⁷⁴ In 2011, the infant mortality rate among African American infants was two times that of the county rate (13.9 and 6.6 per 1,000 live births respectively).
- ✓ **Cancer** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate overall for cancer nationally was 172.8 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 160.6 per 100,000 pop. nationally, breast cancer (22.1 per 100,000 pop.) goal of 20.6 per 100,000 pop., lung cancer (47.6 per 100,000 pop.) 2020 goal of 45.5⁷⁵
 - With an age-adjusted death rate for all cancers at 167.9 per 100,000 pop.; Pinellas County is slightly above the Healthy People 2020 goal. However, African American residents in Pinellas County show an age-adjusted death rate due to cancer (202.8 per 100,000 pop.) that is higher than any other racial group in the county (white residents show the next highest rate at 162.8 per 100,000 pop.) and higher than the national rate.⁷⁶
 - Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pinellas County (from 120.1 to 123 per 100,000 pop) accompanied by a slight increase in the death rate from 20.7 to 20.9 per 100,000 pop. African American women show a higher death rate due to breast cancer than any other ethnicity in Pinellas County (27.1 per 100,000 pop.). More recent data shows the death rate increasing for African American females with breast cancer in 2011 (28.8 per 100,000 pop.).⁷⁷
 - With an age-adjusted death rate from lung cancer of 51.1 per 100,000 pop.; Pinellas County is near the Healthy People 2020 goal.
 - Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Pinellas County from 7.0 to 7.5 per 100,000 pop.⁷⁸

⁷³ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁷⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷⁵ 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).

⁷⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷⁷ Ibid.

⁷⁸ Ibid.

- Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Pinellas County from 12.6 to 13.8 per 100,000 pop.⁷⁹
- ✓ 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.⁸⁰
 - Individuals in Circuit 6 (Pasco and Pinellas counties) show the highest reported rates of serious thoughts of suicide compared with Florida.⁸¹ Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.). While the age-adjusted death rate due to suicide has decreased between 2010 and 2011 (from 18.5 to 16.1 per 100,000 pop.); Pinellas County shows higher suicide rates than the nation. White residents are more than three times as likely to commit suicide (18.4 per 100,000 pop.) than any other racial group (African American residents are the next highest rate at 5.0 per 100,000 pop.).⁸²
- ✓ **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.⁸³
 - While Pinellas County was close to the Healthy People 2020 goal, between 2009 and 2010, the tuberculosis incidence rate increased (from 1.9 to 3.6 per 100,000 pop.).⁸⁴
- ✓ **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.⁸⁵
 - The immunization rate for kindergarten students in Pinellas County has steadily declined since 2007 (93.4%) to only 89.3% of the kindergarteners being fully immunized in 2010, which has increased to 90.3% in 2011.⁸⁶

⁷⁹ Ibid.

⁸⁰ Source: HealthyPeople.gov. Retrieved from:

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

⁸¹ Source: SAMHSA

⁸² Source: Tampa Bay Partnership: Healthy Tampa Bay

⁸³ Source: HealthyPeople.gov. Retrieved from:

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

⁸⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁸⁵ Source: HealthyPeople.gov. Retrieved from:

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

⁸⁶ Source: 2012 Kids Count; The Annie E. Casey Foundation

- ✓ **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.⁸⁷
 - Between 2007 and 2010, Pinellas County saw an increase in the number of residents that smoke (from 18% to 19.3%). Slightly more females report smoking cigarettes than men in Pinellas County (22.1% and 16.2% respectively).⁸⁸
 - Circuit 6 (Pasco and Pinellas counties) shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida. This is may be related to the fact that Circuit 6 shows the lowest rates of individuals who perceive the greatest risks of smoking.⁸⁹
- ✓ **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 2010.⁹⁰
 - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year⁹¹
 - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011⁹²
 - Between 2007 and 2010, there was an increase in the number of adults who reported heavy or binge drinking during the previous 30-day period in Pinellas County (from 12.8% to 16.4%), with men being approximately three times more likely than women (25.5% and 8.2% respectively), and one in four residents that are 18-44 years old (25.6%) to reporting heavy or binge drinking within the last 30 days.⁹³

⁸⁷ 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).

⁸⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁸⁹ Source: SAMHSA

⁹⁰ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-14.4&anchor=260957> (last updated: 3/28/2013).

⁹¹ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-19.1&anchor=277340> (last updated: 3/28/2013).

⁹² Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-13.2&anchor=276952> (last updated: 3/28/2013).

⁹³ Source: Tampa Bay Partnership: Healthy Tampa Bay

- Circuit 6 (Pasco and Pinellas counties) shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.⁹⁴
 - Pinellas County shows the highest rates in every category of age and gender for emergency room visits due to acute or chronic **alcohol** abuse among residents that are 18+ years old. Men in Pinellas County are almost twice as likely as women in Pinellas County to visit the emergency room as a result of acute or chronic alcohol abuse. St. Anthony's Hospital service area has nine zip code areas with higher than average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse (33701-86.6, 33714-48.3, 33707-40.1, 33705-33.2, 33710-33.0, 33713-32.3, 33712-27.9, 33711-25.2, and 33704-25.0 per 10,000 pop.).⁹⁵
 - Between 2007 and 2011, hospitalization rates related to **alcohol** have increased consistently in Pinellas County (from 9.1 to 9.4 per 10,000 pop.), with five zip codes in the St. Anthony's Hospital service area showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates (33701-19.4, 33714-11.8, 33704-10.7, 33713-9.6, and 33707-9.4 per 10,000 pop.). Men in Pinellas County are also more likely to be hospitalized due to acute or chronic alcohol abuse.⁹⁶
 - Circuit 6 (Pasco and Pinellas counties) shows the highest rate of non-medical use of **prescription pain relievers** compared to Florida (4.43% of the population aged 12 and older).⁹⁷
 - Pinellas County showed an increase between 2008 and 2009 in the percentage of high school students who used **marijuana** one or more times during the 30 days before the survey was administered (from 20.2% to 20.9%).⁹⁸
- ✓ **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.⁹⁹

⁹⁴ Source: SAMHSA

⁹⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁶ Ibid.

⁹⁷ Source: SAMHSA

⁹⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁹ Source: HealthyPeople.gov. Retrieved from:

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

- 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.¹⁰⁰
- The rate of adults who eat **fruits and vegetables** in Pinellas County (30% to 26.3%) has declined from 2002-2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.¹⁰¹
- While Pinellas County saw a decrease in the **obesity** rate from 27.7% to 24% from 2007 to 2010, men are slightly more likely to be obese (27.5%) with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) is obese.¹⁰²
- Between 2007 and 2010, the percentage of adults who are **overweight** increased in Pinellas County from 35.5% to 41.6%. Women are less likely to be overweight than men in Pinellas County (33.9% and 49.8% respectively).¹⁰³
- Pinellas County (54 out of 67) ranks worse than Hillsborough (49) and Pasco (23) counties for **community safety**.¹⁰⁴

2012 Kids Count – Key Findings:

- ✓ While the rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%), the admission rate for low birth weight is much lower in the St. Anthony's hospital area than the county (according to PQI analysis).
- ✓ Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among White infants (from 5.4 to 6.6 per 1,000 live births), whereas there was a decrease among Non-White infants (from 17.1 to 14.5 per 1,000 live births). While there was a decrease in the rate of infant mortality among Non-White infants, the rate in 2010 was still more than double that of White infants.

¹⁰⁰ 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).

¹⁰¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

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

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

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

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

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

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

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

- ✓ Circuit 6 shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.
 - Circuit 6 shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals in Florida.
- ✓ Circuit 6 shows low rates of individuals reporting alcohol dependence or needing but not receiving treatment for alcohol dependence; Florida shows higher rates for both of these concerns.
- ✓ Circuit 6 shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida and the other circuit in the study area.
 - This may be related to the fact that Circuit 6 shows the lowest rates of individuals who perceive the great risks of smoking.
- ✓ Circuit 6 shows the lowest rates of individuals that perceive great risk associated with smoking marijuana, while at the same time showing the lowest marijuana usage rate compared with Florida. Generally, these values are negatively correlated; it may tell us that there is simply little exposure and usage of marijuana in this county.
- ✓ Circuit 6 shows the highest rate of non-medical use of prescription pain relievers compared to Florida (4.43% of the population aged 12 and older).

- ✓ Individuals in Circuit 6 report needing but not receiving treatment for illicit drug dependence less than individuals in Florida.
- ✓ Individuals in Circuit 6 shows the highest reported rates of serious thoughts of suicide compared with Florida.

Additional data and greater detail related to the secondary data analysis of the St. Anthony's Hospital service area is available in Appendix A.

Key Stakeholder Interviews

Data Collection:

The following qualitative data were gathered during individual interviews with nine stakeholders of the St. Anthony's Hospital area as identified by an advisory committee of executive leadership. St. Anthony's Hospital is a 395-bed hospital and also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions previously developed by Tripp Umbach and reviewed by the St. Anthony's Hospital executive leadership project team.

Summary of Stakeholder Interviews:

What community do you represent professionally?

Of the nine key stakeholder respondents representing residents in the communities served by St. Anthony's Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Pinellas County, South Pinellas County, Mid and Southern Pinellas County, Tampa Bay area, eight-county Tampa Bay region, and the homeless and working poor population (in order of most mentioned).

Your position in the community?

Of the nine 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 St. Anthony's Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- Faith Community Nurse
- Executive Director of a free clinic
- President/CEO of the YMCA of Greater St. Petersburg
- Substance Abuse Liaison and Advocate
- COO of Catholic Charities
- Concurrent Review Nurse
- Director Pinellas County Health Department
- Director of Business Development for Community Health Centers of Pinellas County
- Project Manager for the One Bay Healthy Communities Initiative

How would you describe a healthy community?

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

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

- Access to appropriate healthcare, dental care, and community health education for all residents.
- An emphasis on health equity.
- Opportunity for a healthy life accessible to all members.
- Access to healthcare services that focuses on both treatment and prevention for all members of the community.
- Equal access to healthcare at a reasonable price.
- Residents that maximize their own potential to be healthy.
- People that are healthy and an environment that supports healthy people.
- An emphasis on personal responsibility for individual healthcare and the capacity for residents to be actively involved in their own personal healthcare processes.
- Residents that are participating in prevention and well care.
- A population that is inclined toward physical activity.

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

- All systems in the community work together for citizens to get what they need to thrive, grow, and be empowered.
- An upfront investment of resources in health that ensures a strong future for the entire community.
- Senior services including transportation, mentor program, programs to help them get around and remind them to get to appointments and just checking in on them, activities to keep their lives more normal.
- Safety, access to healthy produce, education, housing, and recreational outlets.

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: Chronic illness and unhealthy behaviors.

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

- The obesity epidemic is a top priority.
- Significant number of patients with hypertension.
- An increase in diabetic patients and the need for health education regarding diabetes.
- African American adults in our community bear a disproportionate burden of the type two diabetes disease.
- African American teens in the St. Petersburg area are twice as likely to be overweight than their non-African American peers.
- Chronic Obstructive Pulmonary Disease.

Unhealthy behaviors was identified by five stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to unhealthy behaviors:

- Substance abuse
- Prescription drug abuse
- Drug and alcohol abuse
- Lack of follow-up care
- Increase in chronic disease due to lifestyle choices
- High rate of accidental deaths

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: Under/uninsured (e.g., Low-income residents that are Medicaid-ineligible), working poor, chronically ill (e.g., diabetic, obese, etc.), homeless, African American, children, seniors 50+, unemployed, non-English speaking, and general population.

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

- Collaboration;
- Healthcare organizations support community programs;
- There are evidence-based programs available to residents in the community;
- There are opportunities for outside physical/recreational activities;
- Multiple healthcare resources in Pinellas County (i.e., health department, hospitals, free clinic, etc.);
- Abundant information resources; and
- Hospital consolidation leading to increased efficiencies.

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

- Limited access to healthcare as it relates to:
 - Lack of adequate insurance
 - Under/unemployment, which leads to no insurance benefits (i.e., service-related employment)
 - Resident awareness about what is available
 - Lack of preventive healthcare for low-income and under/uninsured
- Unhealthy behaviors related to:
 - Chronic illness
 - Substance abuse
 - Limited awareness

- Chronic illness related to:
 - Obesity
 - Diabetes
 - Due to limited prevention screening and education
- Behavioral health as it relates to:
 - Depression
 - Suicide
 - Substance abuse
 - Limited services due to a lack of funding for 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 nine stakeholders, four stakeholders were either unsure or did not provide a valid response. Of the five stakeholders that responded: two believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- The Public Health Department, though there are limited funds
- Local commissions that address health issues in the community
- Community providers
- Government officials
- Hospitals and Hospital policy makers
- County municipalities
- Employers

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

Of the nine responses, four stakeholders responded that they believe there are adequate resources available in the St. Anthony's Hospital service area to address the aforementioned issues/problems. Two stakeholders did not believe adequate resources were available and three stakeholders were either unsure or did not provide a valid response. Several stakeholders offered the following recommendations:

- Private organizations must become invested to make the necessary impact
- Need more collaboration among local and county governments
- Connections to the resources that are available is key.

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

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

- Autism spectrum and behavioral diagnoses are becoming more prevalent.
- Childhood obesity is increasing.
- Chronic Disease Management for low-income populations: while resources may be available; there seems to be limited awareness and access to those resources for residents at a lower socio-economic level.

- Medical issues that will increase the need for resources are becoming more prevalent (e.g., pre-diabetes and the medically underserved population), which poses a threat to future resources.
- Urban communities need better inner-city planning to become more walkable and develop the infrastructure that will supports physical activity.
- Mental health: Tampa Bay area has a high rate of depression. There are severe mental health problems in the area and little capacity to address the issues that exist.
- Florida Medicaid: The state has cut funding significantly, causing residents to resist seeking medical care. People are much sicker than before when they enter the healthcare system and also don't get adequate follow-up care.
- After age 21, low-income residents have limited access to inpatient treatment and follow-up care.
- Pharmacy needs for uninsured patients: Prescription assistance is not always readily available.

Any additional comments or questions?

There were no additional comments or questions posed by stakeholders.

Focus Groups with Community Residents

Tripp Umbach facilitated four focus groups with residents in the St. Anthony's Hospital community. Approximately 44 residents from the St. Anthony's 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 four discussion groups conducted with target populations that were defined by St. Anthony's 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 St. Anthony's 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 St. Anthony's Hospital service area. Focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.), and therefore, is not factual and inherently subjective in nature.

The focus group audiences were:

- ✓ Residents earning a low income that are Medicaid-ineligible
 - Conducted at Community Health Centers at Tarpon Springs (Tarpon Springs, FL) on April 5, 2013
- ✓ Private behavioral health practitioners serving residents with behavioral health needs
 - Conducted at BayCare Administrative Building (Clearwater, FL) on April 4, 2012
- ✓ African American Residents
 - Conducted at St. Anthony's Hospital (St. Petersburg, FL) on April 11, 2012
- ✓ Professionals serving homeless residents
 - Conducted at St. Vincent de Paul (St. Petersburg, FL) on April 4, 2012

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

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

PROBLEM IDENTIFICATION:

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

1. Access to Healthcare
2. Behaviors that impact health
3. Impact of socio-economic status
4. Lack of Mental health services

ACCESS TO HEALTHCARE:

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

Perceived Contributing Factors:

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

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

Mitigating Resources:

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

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

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

Group Suggestions/Recommendations:

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

- **Inform patients of the costs associated with their care; testing, sliding-scale clinics, multiple doctor appointments, specialist costs:** Participants mentioned that they are billed after their care or testing and they were never informed of the additional fees. Participants also mentioned confusion with the fees associated with the sliding-scale clinics.
- **Tighten the lines of communication between patients and their providers:** Participants did not feel that residents in the area are given enough advance notice of insurance termination. Participants felt that this should be communicated to patients earlier and better. Also, patients felt that information that is provided by their doctors is sometimes inaccurate (i.e., specialist/referral lists). Having a clearer system to refer patients through would be beneficial for all parties.
- **Increase the number of health facilities:** Participants were concerned that there were not enough healthcare facilities (hospitals, doctor offices, etc.) in their area and that possibly, with more facilities, individuals in the community would attend to their health on a more regular and even preventive way.
- **Offer more affordable and accessible insurance coverage options:** Participants felt that the requirements for Medicaid are difficult to fit into (23- to 32-hour work week, tight income levels). Participants felt that expanding the Medicaid coverage options would help a large percentage of the individuals in need.
- **Offer more affordable medication options:** Participants felt that once an individual has been diagnosed with a chronic condition, their medications should be easier and cheaper to obtain. Offering programs through local pharmacies to reduce the costs of regular medications would be very helpful for many of the residents of the area.

BEHAVIORS THAT IMPACT HEALTH:

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

Perceived Contributing Factors:

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

Mitigating Resources:

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

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

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

Group Suggestions/Recommendations:

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

- **Educate children and adults of healthy life decisions:** Participants were concerned about smoking in their area. Participants mentioned that teaching children the negative impacts of smoking will aid in reducing the rates of smoking in the future. Participants also mentioned that adults hold misconceptions concerning the negative impacts of smoking and that these misconceptions need to be corrected, possibly through educational seminars throughout the community.
- **Offer more preventive healthcare facilities:** Participants mentioned that there is nowhere to go for eye care in their area. Participants felt that it would be helpful to have more facilities in their area that aid patients in screening and preventive care. Also, participants mentioned that it would be helpful to have more healthy behavior options (recreational centers, healthy food options, etc.).
- **Focus efforts more on preventive care:** Participants were under the impression that their healthcare happens more after a condition has become an issue. Participants felt that focusing efforts on screenings and testing for conditions such as diabetes could drastically reduce healthcare costs and residents' time and energy in trying to better their health.
- **Reduce exposure to unhealthy options:** Participants of the group felt that being around or having unhealthy options in their region is detrimental for the community's health. Participants thought that having restrictions on unhealthy behaviors (i.e., designated smoking areas) could help make their community healthier.

IMPACT OF SOCIO-ECONOMIC STATUS:

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

Perceived Contributing Factors:

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

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

Mitigating Resources:

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

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

Group Suggestions/Recommendations:

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

- ***Offer more services for the under/uninsured populations:*** Participants mentioned that finding and receiving care when an individual has limited coverage is difficult to impossible. Participants felt that providing more facilities for under/uninsured individuals would allow for a healthier community via more screening, preventive care, and necessary care.
- ***Expand Medicaid coverage:*** Participants felt that loosening the requirements necessary to qualify for Medicaid would aid many individuals that are currently under/uninsured to have coverage and therefore able to seek care.

MENTAL HEALTH:

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

Perceived Contributing Factors:

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

Mitigating Resources:

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

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

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

Group Suggestions/Recommendations:

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

- **Allocate more funds to mental health:** Participants felt that funding for mental health services in their area is lacking. Participants felt that increasing the funds available for mental health services in their area could improve the health of their community in various ways; helping the individuals with mental health concerns, getting treatment for those in need, and potentially making a safer community through these efforts.
- **Provide clear information concerning mental health resources:** Participants mentioned that a list is available of mental health providers, but that it is often inaccurate. Participants felt that an accurate list of providers could be helpful not only to residents in need of mental health services, but also helpful for families of those residents.

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

PRIVATE BEHAVIORAL HEALTH PRACTITIONERS SERVING INSURED RESIDENTS

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

PROBLEM IDENTIFICATION:

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

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

ACCESS TO BEHAVIORAL HEALTHCARE FOR BOTH ADULTS AND CHILDREN:

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

Perceived Contributing Factors:

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

are not available, leading to the need for crisis intervention and/or hospitalization between referral and intake due to a lack of access to the appropriate level of care and/or needed medication.

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

Mitigating Resources:

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

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

Group Suggestions/Recommendations:

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

- **Increase access to the appropriate level of behavioral health treatment:** Participants believed that there are gaps in the level and relevancy of services provided to adults and adolescents prior to crisis stabilization and/or arrest. Participants recommended that funding begin to focus on more preventive services like intensive outpatient treatment and partial hospitalization to provide a continuum of services, as well as less expensive treatment options to residents requiring behavioral health services and providers.
- **Increase the effectiveness of psychiatric services:** Participants believed that there are a limited number of psychiatrists in their communities, causing lengthy waits for initial medication referrals, and other medical professionals to begin writing prescriptions for psychotropic medications. Participants recommended that the number of trained professionals (i.e., psychiatrist) be increased in the community.

INFORMATION AND REFERRAL RESOURCES:

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

Perceived Contributing Factors:

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

Mitigating Resources:

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

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

Group Suggestions/Recommendations:

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

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

AFRICIAN AMERICAN RESIDENT FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting African American residents that are at risk of poorer health outcomes 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, African Americans discussed three community health needs and health concerns in their communities. The following concerns listed are in no particular order:

1. **Affording Healthcare Services**
2. **Cultural Inequalities (cultural differences)**
3. **Environmental Needs (housing needs and overall living expenses)**

AFFORDING HEALTHCARE SERVICES

Perceived Contributing Factors:

- There are underlying issues which cause focus group participants to have a decline in their health. Environmental factors such as unemployment, not being able to pay the bills, and the living expenses associated with raising a family cause stress, which leads to a decline in one's physical health.
- With health services and care being unaffordable and unobtainable for focus group participants, women must be advocates for themselves. It is reported that women need to be educated on many health topics, especially if they self-diagnose. It was important for group members when care is obtained; questions are posed to healthcare providers. This is especially important for older women who were raised not to question authority. Overall, it was important for African American women to keep open lines of communication with their healthcare providers and organization.
- Some focus group participants reported that citizens born outside of the United States do not have high stress levels compared to U.S.-born citizens. There is a perception that women have higher life/work expectations and professional working women are often more stressed. Women wear many hats (male and female roles), thus leading to high stress levels. Unfortunately, stress leads to many health issues and women who can't afford health services to eliminate or reduce the effects of stress have little to no options than to struggle with the pain and outcome.
- Families are struggling to maintain their employment status and many are unable to obtain adequate wages to provide for their families. A number of participants stated that health insurance was not available to them because they did not have the economic means to purchase coverage.

- Lack of health coverage is a significant problem for those in the community and high cost is one of the main reasons participants do not obtain healthcare services and/or have health insurance.
- Many low-paying employers do not provide insurance coverage to their employees. Participants felt the need for good health insurance coverage but without sufficient funds, health insurance coverage was unobtainable.
- Healthcare centers are available, but obtaining services can be difficult. There are health insurance restrictions that make obtaining care cumbersome.
- While some health services are available to those in the community, transportation is often an associated part of accessing available care. Transportation options (buses) are limited, and tend to be more costly if health services are being sought out of the area. With transportation funding cuts, buses operate on a limited schedule and within a limited neighboring section. Other forms of transportation such as taxis are too costly for those on a limited income.

Group Suggestions/Recommendations:

The following were provided as potential solutions from African American women to help improve the overall access to healthcare services in their communities.

- **Expanding services that are accessible and user-friendly:** Create health services that do not have “red tape” and administrative policies that often make seeking care difficult. Many in the community would be more likely to use health service screenings if care was quick and easy.
- **Disseminating health information:** Health clinics could provide information seminars or educational sessions more readily. Healthcare recipients are looking for more than flyers and information on a pamphlet for disease information and management. They seek personal interaction with healthcare providers who can discuss and field questions on different healthcare topics.
- **Expand health fairs:** Currently, health fairs are conducted in the community, however; coordinating efforts with other regional and local health organizations and healthcare providers’ offices could expand the current health fair to draw more attention and people to the event. In the African American community, selecting a central location for disseminating information is vital since health centers are not typically available in one certain neighborhood.
- **Collaborating with community organizations:** Community-based organizations should work with more community groups to effectively keep community residents well informed on health topics and community events. Organizations should share information about other community groups in order to keep communications open to the public. African American women reported that education, outreach, and advocacy are important in accessing healthcare services.

CULTURAL INEQUALITIES (CULTURAL DIFFERENCES)

Perceived Contributing Factors:

- Many healthcare professionals are often insensitive towards patients of different racial and ethnic backgrounds. There is a perception that healthcare professionals do not care for their patients and often treat patients quickly and without much compassion in order to quickly treat the next patient.
- Care received is often quick, hasty, and without empathy. Healthcare professionals speak in demeaning tones and manners and often do not allow patients to fully comprehend the diagnosis. There is a sense that quality treatment is often reserved for patients who are adequately insured and who are also well-educated.
- Physicians are not well-trained to interact with patients because they do not have the same cultural background. There is a perception that patients are treated differently based on their speaking mannerisms, and at times, their clothing attire. Focus group participants are sensitive to the care they receive from healthcare providers because they believe that healthcare providers would rather put a “Band-Aid” on the issue instead of eliminating the problem and/or addressing the root of the issue.

Group Suggestions/Recommendations:

The following were provided as potential solutions from African American women to help healthcare providers interact and better understand the needs of those in the community they serve.

- ***Cultural sensitivity training:*** Healthcare providers should be required to attend a cultural awareness program that assists them on how to interact appropriately with their patients. Some healthcare providers may not be aware of the poor treatment they provide and/or their demeanor when providing care to their patients.
- ***Patience:*** Reminding healthcare professionals that their patients are not educated in the healthcare field. Compassion, an open dialogue, and basic communications are needed for patients who seek to keep communication open and honest. Trust is important for focus group participants and they acknowledged that trust cannot be built within a small timeframe.

ENVIRONMENTAL NEEDS (HOUSING NEEDS AND OVERALL LIVING EXPENSES)

African Americans stated that environmental needs such as affordable housing and the overall living costs contributed to the decline of many healthy individuals in their communities.

Perceived Contributing Factors:

- African American women are often concerned about their ability to afford adequate housing, eating healthy, and maintaining a normal lifestyle. It is often very difficult to eat healthy on a

limited income. Fresh foods and healthy foods are frequently expensive and are not available at their local grocery stores. Many families must consider whether they should buy more food (unhealthy food options) or less food (healthy food options) for the same dollar amount. Most families prefer and would like to eat healthier; however, affordability plays a major role in that option.

- Some health facilities provide information on changing, living, and eating healthy. Having information and being educated on this front would support those seeking a healthy lifestyle change.
- Safe, clean, and affordable housing options for families is very limited in the region. The living conditions in many homes are deplorable, and many are poorly maintained by the government and/or landlords.
- The group believed there is a connection between living in a safe and clean environment (i.e., housing and environment) with the health of oneself. Living healthy to some group members is not purely the food you eat, but also the ability to live in an environment that supports being healthy.
- Some of the female participants expressed the need for more government assistance. The expense of living and raising a family is costly, and current government cuts will make the standard of living more difficult for families and single mothers to maintain.

Group Suggestions/Recommendations:

The following were provided as potential solutions from African American women to help improve the environmental needs in their communities.

- ***Information distribution and access:*** Hospitals can provide information to their patient population, thus, alleviating some of the costs that are associated with educating the population. Being well-informed and educated on healthy eating habits and maintaining these habits could reduce and eliminate the need for some prescription medication and its dependency.
- ***Creating a healthy environment:*** Having a clean and welcoming environment such as well-maintained sidewalks, available parks, and recreational space would provide individuals, families, and their children with an opportunity to exercise and interact with those in their communities (maintaining a healthy body and soul).
- ***Streamlining services and better organization collaboration:*** There are many government and social agencies that are available to help families, parents, and single people meet the standard of living set by the government. However, agencies and organizations could collaborate to eliminate duplication of services and to provide a better service experience for recipients. Many in the group sensed organizations are often fragmented and are often not well informed of other agencies and the services they provide. Eliminating duplicated services would funnel those wanted dollars into other needed or newly created programs.

PROFESSIONALS SERVING HOMELESS RESIDENTS

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are homeless in those counties where this population is concentrated in the BayCare Health System service area (i.e., Pinellas and Hillsborough), as well as ways to address the health concerns of this population. While Hillsborough County was discussed briefly, there were no professionals that attended the group from Hillsborough County.

PROBLEM IDENTIFICATION:

During the discussion group process, professionals serving homeless residents discussed three community health needs and concerns for homeless residents in their communities. These were:

1. Access to primary, preventive, dental, and mental health care
2. Behaviors that impact health
3. Gaps in services to homeless residents

ACCESS TO PRIMARY, PREVENTIVE, DENTAL, AND MENTAL HEALTH CARE:

Professionals serving homeless residents perceived that access to primary, preventive, dental, and mental health care in their communities may be limited in the areas of availability, barriers to accessibility, prevention, resource navigation, treatment after diagnosis, restrictive funding, consistent healthcare, trust, staff and patient interaction, training, and awareness.

Perceived Contributing Factors:

- Many homeless residents receive diagnoses and no treatment. Where and how homeless residents are diagnosed with a disease impacts their ability to secure treatment due to funding and Medicaid reimbursement regulations. If a homeless resident or service provider is unaware of how to navigate the resources that are available effectively, they may become ineligible for services at some point because they have accessed a different service, or received a diagnosis at an access point that cannot also help with treatment options, etc. Several examples were provided (i.e., A homeless woman was diagnosed with cancer at a health screening offered by a local church. Providers are not able to get her treatment covered by funding due to where she was diagnosed. If, instead, the church had set up a program with the Florida Breast and Cervical Cancer Early Detection Program, she would have qualified for a variety of treatment programs).
- If funding is not available to address specific needs, then providers are less likely to be able to address the need.
- Homeless children are not always being identified or served. (Public schools often see homeless children.)
- Many homeless residents have chronic health issues that have never been treated and/or managed on a consistent basis.

- Medical staff does not always have the proper training to effectively communicate and interact with homeless residents. Additionally, both health- and non-health-related providers often do not have a complete enough understanding of the culture of poverty and homelessness to effectively help homeless residents.
- Pediatricians often do not understand the multiple chronic needs of children being raised in homeless families.
- Often, medical providers will not take high-risk patients (i.e., homeless mothers and/or mothers addicted to a substance).
- There is a lack of focus on prevention, and there are limited preventive healthcare options for homeless residents.
- When homeless residents are receiving healthcare services, there are times the medications cannot be obtained due to limited assistance for the brand type and/or access to a non-competitive clinic with free medication options. This is often the case with antibiotics and non-formulary medications.
- County mobile medical facilities exist, however; the van is often unavailable due to limited funding or being broken down and in need of repairs. However, staff will provide services on-site if there is a traditional setting available. There are some communities that do not have access to medical care without the county mobile medical unit, due to limited medical resources (i.e., Tarpon Springs). There is supposed to be a 330(h) service operating in the town of Tarpon Springs that has been defunct for several years.
- There are liability risks associated with medical professionals offering medical care in non-traditional settings in the community (i.e., the library).
- The county mobile medical unit and the community health centers cannot provide services in the same areas.
- It is likely that funding will continue to decrease for health services to the homeless.
- There are not enough primary care doctors in the state and they are leaving due to the risk of lawsuits and cost of practice insurance.
- Reimbursement rates do not incentivize the provision of holistic healthcare. If a center provides mental health, dental health, and medical healthcare during the same day to one resident, the maximum they will be reimbursed is \$100. If the same center offered the aforementioned services on three separate days, they could be reimbursed up to \$300 or \$100 each day. However, homeless residents are not always able to return to the physician's office on a regular basis.
- The lack of dental health among homeless residents often causes medical health issues.
- Homeless residents with mental illness are often not getting the treatment they require (i.e., medications, therapy, etc.) due to a lack of services, limited service integration, and a lack of training among medical professionals.
- Homeless children cannot be treated by a pediatrician with the exception of pregnant girls and mothers, leaving many children without access to a doctor.
- Local hospitals are not as involved in homeless services as they once were.

Mitigating Resources:

Professionals serving homeless residents identified the following existing resources in their communities that they felt could improve the access to primary, preventive, dental, and mental health care:

- All Children's Hospital has identified homeless childrens' health needs as a community health need.
- Providers of services to the homeless collaborate well in Pinellas County.
- Service providers coax and encourage homeless residents to participate in their own healthcare.
- There are programs that help connect homeless residents to a medical home.
- There are literary resources and training available to help staff better understand the behaviors and needs of homeless residents (i.e., Bridges out of Poverty).
- BayCare has maintained a homeless diversion program in their emergency department.
- There are free services available in the community (i.e., health centers, mobile medical, health department, dental hygiene, etc.).

Group Suggestions/Recommendations:

Professionals serving homeless residents offered the following as possible solutions to help improve the access to primary, preventive, dental, and mental health care in their communities.

- ***Improve access to medical care:*** Participants believed that the homeless residents could have increased access to preventive and specialty care if local hospitals would partner with organizations that serve homeless residents to provide a set number of services for free or at a reduced cost. Also, participants believed that funding needs to be increased for the staffing and maintenance of the mobile medical unit to ensure it is operational and able to provide services regularly.
- ***Increase preventive efforts:*** Participants believed that there is limited focus on the prevention of health issues among the homeless residents and more of a focus on reactive acute care. Participants believed that local medical facilities would save money if they shifted their focus to prevention and early detection efforts among homeless residents.
- ***Increase the identification and services to homeless children:*** Participants believed that the school setting was the best place for homeless children to be identified and served. Participants recommended school-based health clinics that would provide medical and dental services to all students and their families. Also, participants believed that legislative measures should be taken to allow a pediatrician to see, diagnose, and treat a homeless child when there is no parent/guardian available.
- ***Funding for services should be increased at the state level:*** Participants believed that there is a need for legislative lobbying for an increase in funding for behavioral health services, prevention services, and Medicaid-based services. Participants were under the impression that

hospitals have a lobbying presence at the state legislature, which could help make funding increases a reality. Also, participants recommended developing a fund for homeless residents to tap into when no other program could cover their health need. Participants felt that hospitals and insurance companies could join forces with foundations to develop this fund.

- **Increase the awareness of hospitals:** Participants believed that hospitals would become engaged in the healthcare issues of the homeless population if they were aware of the amount of money homeless residents cost the local hospitals through the use of the emergency room and unpaid medical bills. Participants recommended making local hospitals aware of the cost to engage their support in resolving some of the health needs of homeless residents.

BEHAVIORS THAT IMPACT HEALTH:

Professionals serving homeless residents 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:

- When funding is available to secure medical appointments and diagnostic tests for homeless residents, often providers have to then coax residents to schedule and attend appointments because homeless residents often lack trust in the medical industry, may be abusing substances illegally, experience discomfort around healthcare providers and/or in facilities that are not welcoming, individual circumstances (i.e., may be hiding from someone, etc.).
- The rate for prescription drug abuse in Pinellas County is high; making it difficult for hospice services to ensure a homeless resident is not in pain due to a typically high tolerance for narcotic compounds used in many pain medications.
- The behavior of homeless residents can be more destructive than other populations seen in the local hospitals, which can lead to reservations about all homeless people on hospital grounds.
- Homeless residents often make lifestyle choices (i.e., substance abuse, smoking, etc.) which may lead to chronic illnesses (i.e., Hepatitis C, dental health issues, etc.).
- Homeless residents often sell their medication or it is taken from them. It can be difficult for homeless residents to protect and hide medications.

Mitigating Resources:

Professionals serving homeless residents identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- Service providers and shelters are striving to address dietary concerns with education and consultation.
- Some programs offer healthcare coordinators that will attend the first medical appointments with residents.

Group Suggestions/Recommendations:

Professionals serving homeless residents offered the following as a possible solution to help improve the practice of healthy behavior in their communities:

- **Healthy behaviors could be incentivized:** Participants felt that homeless residents are more likely to choose to improve their healthy behaviors if they have an incentive to do so. Participants recommended making healthy behaviors more fun, supportive, and engaging.

GAPS IN SERVICES FOR HOMELESS RESIDENTS:

Professionals serving homeless residents perceived that services for homeless residents impacted the health status of homeless residents in the following ways: program availability, loss of homeless residents in the service industry, poor health outcomes, and chronic illnesses.

Perceived Contributing Factors:

- Funding drives program specifications and eligibility requirements. Often, the funding that is available is very specific to situations, individual circumstances, and access points; which restricts the access many homeless residents have to healthcare resources.
- Often, homeless residents are treated differently than other patients at medical facilities due to the stigma associated with strong body odor, misbehavior of past patients with similar circumstances, mental illness, etc. Local medical facilities are not welcoming to homeless residents, and often, call security when a homeless resident is on the premises.
- Collaborative efforts in Hillsborough County may not be as effective as it needs to be.
- While service providers strive to work together to meet the needs of homeless residents in Pinellas County, there are times when the communication and/or network among providers breaks down and needs are not met. At these times, homeless residents may fall through the cracks and disappear from the service industry for lengthy periods of time. Often, when homeless residents resurface in the service industry, it is through an acute episode that has had negative consequences (i.e., overdose, police arrest, death, etc.).

Mitigating Resources:

Professionals serving homeless residents identified the following existing resource in their communities that they felt mitigate the impact of gaps in services to homeless residents on consequential health status:

- Service providers in Pinellas County collaborate on a monthly basis to identify the most efficient use of available resources.

Group Suggestions/Recommendations:

Professionals serving homeless residents did not offer solutions to improve the impact of gaps in services to homeless residents on the consequential health status of homeless residents in their communities.

APPENDIX A

Secondary Data Profile

St. Anthony's Hospital
November, 2012-May, 2013

Secondary Data Profile



St. Anthony's 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)



St. Anthony's Hospital Service Area - Map

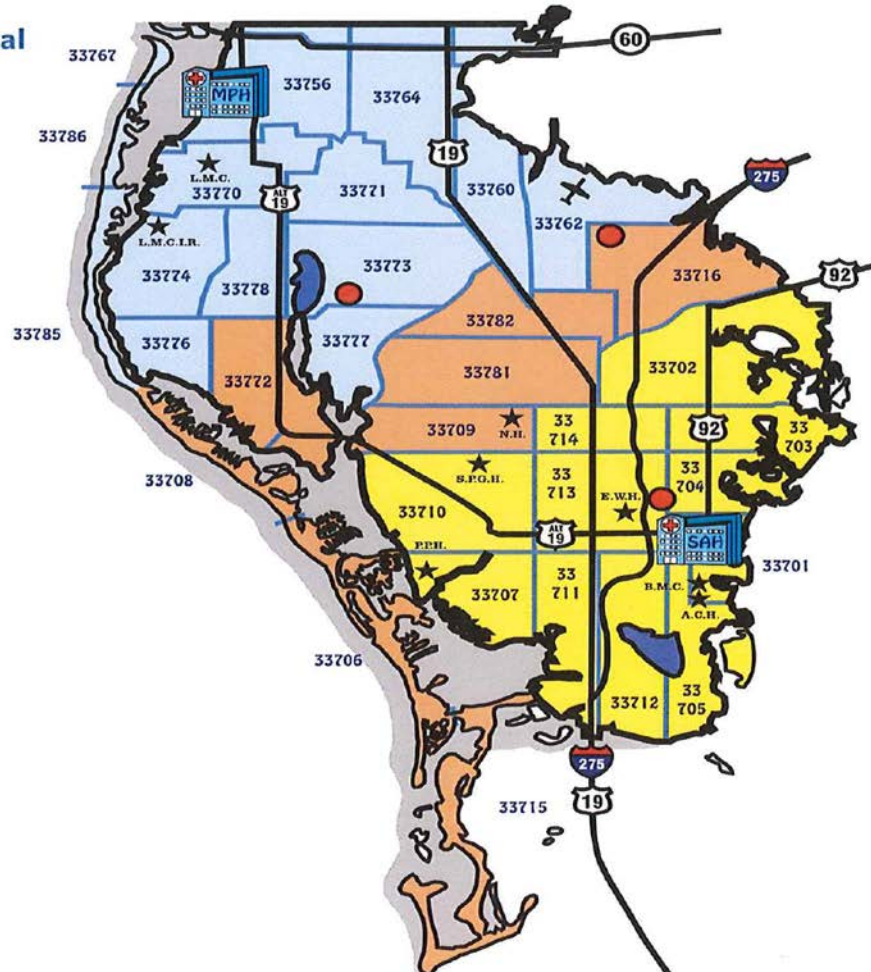
 **St. Anthony's Hospital**
BayCare Health System
ST. ANTHONY'S HOSPITAL
SERVICE AREA
(Excludes Psych & S.N.F.)
- C.Y. 2011 -

LEGEND

-  B.C.H.S. OUTPATIENT CENTERS
-  OTHER HOSPITALS

SERVICE AREA

-  PRIMARY SERVICE AREA
-  SECONDARY SERVICE AREA



PREPARED BY:
BAYCARE STRATEGIC PLANNING
BAYCARE HEALTH SYSTEM
REVISED: 8/7/2012

St. Anthony's Hospital Service Area – Populated Zip Code Areas



The communities located in the St. Anthony's Hospital service area include 11 populated zip code areas in Pinellas County.

Zip	Town	County
33701	St. Petersburg	Pinellas
33702	St. Petersburg	Pinellas
33703	St. Petersburg	Pinellas
33704	St. Petersburg	Pinellas
33705	St. Petersburg	Pinellas
33707	South Pasadena	Pinellas

Zip	Town	County
33710	St. Petersburg	Pinellas
33711	St. Pete/Gulfport	Pinellas
33712	St. Petersburg	Pinellas
33713	St. Petersburg	Pinellas
33714	St. Petersburg	Pinellas

Overview of Secondary Data Methodology



Community Need Score (CNS)

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

Overview of Secondary Data Methodology



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

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

Overview of Secondary Data Methodology



Community Need Score

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

St. Anthony's Hospital – Initial Reactions to Secondary Data

- The consultant team has identified the following data trends and their potential impact on the transition into the primary data collection of the Community Health Needs Assessment.
- The St. Anthony's Hospital service area shows a higher CNS value (3.6) compared with the overall CNS value for the BayCare Health System (3.5) and Pinellas County (3.3). Scores of 3.6, 3.5 and 3.3 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). This informs us that the St. Anthony's 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.
- There are 7 zip code areas (33705, 33712, 33711, 33714, 33701, 33702, 33713) that have CNS score that are above the overall average for the BayCare Health System service area (3.5), indicating greater than average socio-economic barriers to accessing healthcare.
- There are four zip code areas (33714, 33702, 33713 and 33710) in the St. Anthony's Hospital service area with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and no zip code areas with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).
- The St. Anthony's Hospital service area shows higher PQI rates for 13 of the 14 PQI measures when compared with the state of Florida. The highest PQI difference is found in the hospitalization rates for Low Birth Weight between the St. Anthony's Hospital service area (13.92 per 1,000 pop.), overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.); this is the health condition that the St. Anthony's Hospital service area shows the largest room for improvement in hospital admissions.

St. Anthony's Hospital – Initial Reactions to Secondary Data

- ☐ The population in the St. Anthony's Hospital (SAH) service area is projected to decline at a rate of 2.3% 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.
- ☐ African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence across many indicators (Cancer, Asthma, diabetes, heart disease, stroke, bacterial pneumonia, congestive heart failure, urinary tract infections, low birth weight, teen births and preterm births, etc.).
- ☐ Some of the health issues that are prevalent and/or increased over the last five years in the St. Anthony's Hospital service area are:
 - ☐ Cancer
 - ☐ Tuberculosis
 - ☐ Obesity
 - ☐ Alcohol-related hospitalization
 - ☐ Uninsured
 - ☐ Smoking
 - ☐ Non-medical use of prescription pain relievers
 - ☐ Diabetes
 - ☐ Low birth weight
- ☐ Access to dental care is an issue for women and African American residents
- ☐ Preventive screenings have decreased

Community Need Score (CNS)



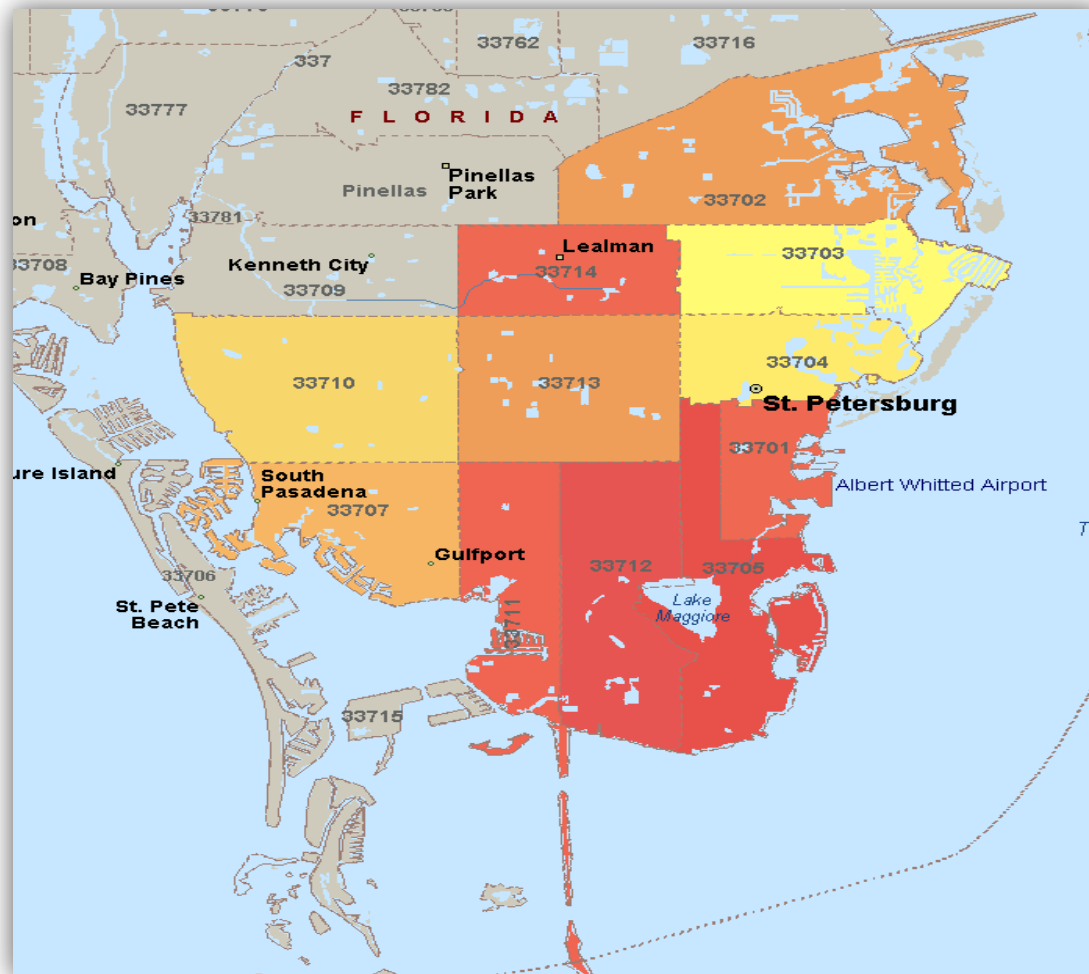
- Zip code area 33705 in St. Petersburg, FL shows the highest CNS for the St. Anthony's Hospital service area with a score of 4.5 out of the highest for the scale of 5.0, indicating the area with the most significant barriers to healthcare access.
 - This zip code area shows the highest rate of poverty for married families with children (30.5%).
- The majority of the zip code areas (seven of the 11) in the St. Anthony's Hospital service area show unemployment rates above the national rate of 7.9%.
 - Zip code areas 33711 and 33712 show the highest unemployment rates for the St. Anthony's Hospital service area at 12.3% and 12.2% respectively (this is approximately one in every eight individuals who is unemployed for this service area).

Community Need Score (CNS)



- Zip code area 33701 shows the highest rate of individuals 65 years old and older living in poverty (64.2%); this is more than half of the senior population living in poverty. Zip code areas 33705, 33712, and 33714 in the South Florida Baptist Hospital service area also show more than half of the senior population living in poverty.
- Zip code area 33703 shows the lowest CNS value of 2.5. This tells us that the zip code areas in the St. Anthony's Hospital service area show relatively average or more than average the number of barriers to healthcare access.
- The CNS value for the St. Anthony's Hospital service area is higher than the value seen for all of Pinellas (3.6 and 3.3 respectively); and both areas are higher than the average for scale (3.0) indicating more than average number of barriers to healthcare access for both defined regions.

Community Need Score (CNS) Overall Region Map



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

Data source: 2012 Nielson Claritas;
2012 Thomson Reuters

Community Need Scores



Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33705	St. Petersburg	Pinellas	4	4	4	5	5	4.5
33712	St. Petersburg	Pinellas	4	4	4	5	5	4.4
33711	St. Pete/Gulfport	Pinellas	4	4	5	5	4	4.2
33714	St. Petersburg	Pinellas	3	4	4	5	5	4.2
33701	St. Petersburg	Pinellas	4	3	4	5	5	4.2
33702	St. Petersburg	Pinellas	3	3	4	4	4	3.6
33713	St. Petersburg	Pinellas	3	3	4	4	4	3.6
33707	South Pasadena	Pinellas	3	2	4	4	4	3.3
33710	St. Petersburg	Pinellas	2	2	4	4	3	2.9
33704	St. Petersburg	Pinellas	2	1	4	3	4	2.7
33703	St. Petersburg	Pinellas	2	2	4	3	2	2.5
St. Anthony's Hospital Service Area*			3.1	2.9	3.9	4.1	4.0	3.6

* Weighted averages

- The average score for the CNS scale is 3.0 (range of 1.0 to 5.0). The St. Anthony's Hospital Service Area shows a higher than average overall region weighted score of 3.6 (greater than average number of socio-economic barriers).
- Eight of the 11 zip code areas in the St. Anthony's Hospital service area show CNS values equal to or greater than the median for the scale. There are no 'low' CNS scores (i.e., no 1.0 values).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Community Need Score – Detail



CNS values 4.0 to 5.0; greatest number of socio-economic barriers to healthcare access

Zip Code	Total Pop.	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33705	26,197	55.1%	30.5%	39.9%	18.9%	65.1%	6.2%	11.2%	27.7%	37.9%	4	4	4	5	5	4.5
33712	25,091	52.3%	28.2%	38.5%	19.7%	80.4%	5.8%	12.2%	24.8%	40.8%	4	4	4	5	5	4.4
33711	18,612	45.5%	28.1%	33.6%	17.7%	64.4%	8.2%	12.3%	24.1%	26.6%	4	4	5	5	4	4.2
33714	18,739	52.0%	16.9%	41.6%	20.5%	30.9%	14.0%	9.6%	28.1%	32.4%	3	4	4	5	5	4.2
33701	15,193	64.2%	25.1%	33.1%	11.5%	27.7%	8.8%	9.5%	36.2%	51.8%	4	3	4	5	5	4.2

- It is interesting to see that zip code area 33705 in St. Petersburg, FL shows the highest CNS value for the St. Anthony's Hospital service area, but zip code areas 33714 and 33701 (also in St. Petersburg) show some of the highest rates for most of the measures (this can be explained by weighting of the data).
- Zip code area 33714 shows the highest rates of individuals without a high school diploma (20.5%), individuals with limited English (14%) and single mothers living with children in poverty (41.6%).
- Zip code area 33701 shows the highest rates of individuals aged 65 and older living in poverty (64.2%), individuals who rent (51.8%) and uninsured individuals (36.2%, nearly one in every three people in this zip code area are uninsured).
- 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 8.5% and for the U.S. is 7.9%; seven of the eleven zip code areas in the St. Anthony's Hospital service area show higher unemployment rates than both the state and the U.S. (33711 shows the highest unemployment rate at 12.3%).

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

Community Need Score – Detail



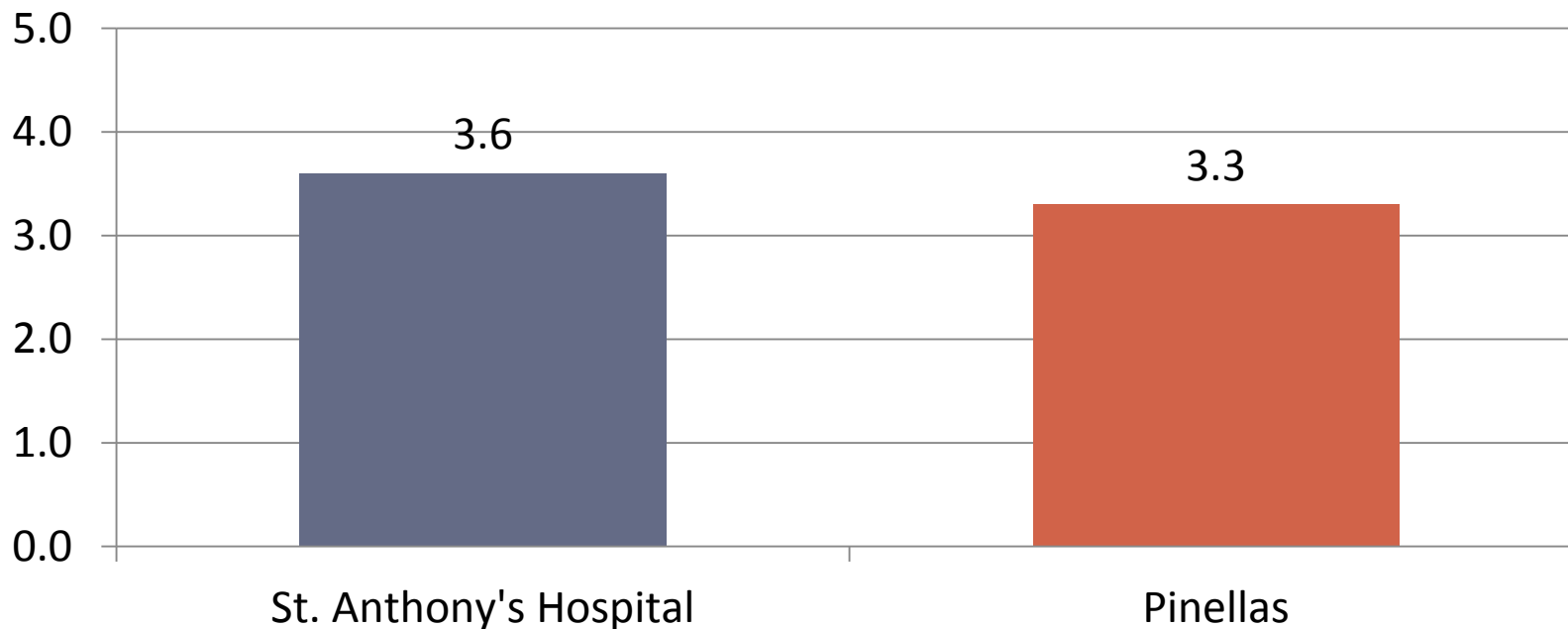
CNS values 2.0 to 4.0; fewer number of socio-economic barriers to healthcare access

Zip Code	Total Pop.	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	No HS Dip	Minor %	Lim Eng	Unemp %	Uninsu %	Rental %	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33702	29,058	48.0%	12.4%	24.2%	12.4%	21.0%	15.1%	10.5%	17.6%	28.5%	3	3	4	4	4	3.6
33713	29,161	46.8%	14.3%	26.2%	15.5%	33.6%	15.3%	9.9%	19.5%	24.6%	3	3	4	4	4	3.6
33707	24,352	41.7%	15.0%	32.7%	9.9%	16.4%	8.5%	7.1%	22.2%	21.5%	3	2	4	4	4	3.3
33710	32,520	41.5%	7.3%	16.8%	10.9%	19.9%	12.3%	7.5%	16.2%	19.7%	2	2	4	4	3	2.9
33704	16,000	36.7%	7.9%	24.0%	6.6%	13.1%	8.6%	7.8%	13.6%	29.0%	2	1	4	3	4	2.7
33703	23,383	37.3%	9.4%	20.2%	11.2%	14.0%	11.3%	6.8%	13.5%	16.6%	2	2	4	3	2	2.5

- Zip code area 33703 shows the lowest CNS value across the St. Anthony's Hospital service area at 2.5. The scale for the score is from 1.0 (few barriers to healthcare access) to 5.0 (many barriers to healthcare access). Therefore, we can deduce that the St. Anthony's Hospital service area has few areas that fall in the "few barriers" to healthcare access category, there are more zip code areas that show more than average to substantial barriers to healthcare access.
- Interestingly, zip code area 33704 shows the lowest rate of individuals with no high school diploma (6.6%) and the highest rate of individuals who rent (29%) among the zips showing CNS values between 2.0 and 4.0 in the St. Anthony's Hospital service area.

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

Community Need Scores – SAH and County Comparison



- The St. Anthony's Hospital service area shows a higher CNS value compared with the overall CNS value for Pinellas County.
- Scores of 3.6 and 3.3 are both above the average for the scale (3.0; the scale being from 1.0 to 5.0). This informs us that the St. Anthony's Hospital service area and the county in which it is located have more barriers to healthcare access than the average.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Overview of Secondary Data Methodology



Prevention Quality Indicators Index (PQI)

- The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the 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.

Overview of Secondary Data Methodology



PQI Subgroups

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

Prevention Quality Indicators Index (PQI)



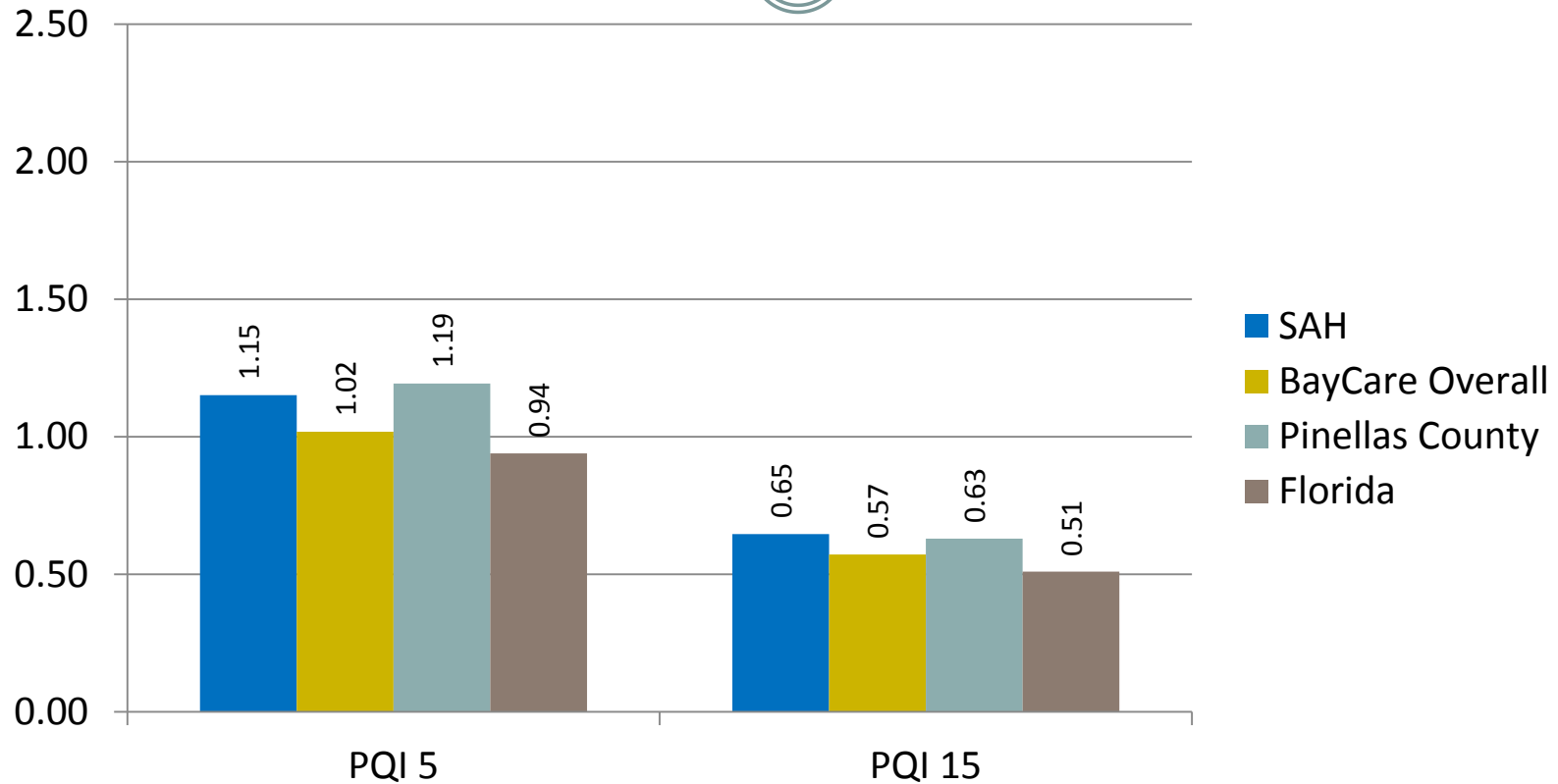
- ❑ The St. Anthony's Hospital service area shows higher PQI rates for 13 of the 14 PQI measures when compared with the state of Florida; indicating areas of preventable conditions for the region.
- ❑ The St. Anthony's Hospital service area shows only one PQI measure that is lower than the state (Angina Without Procedure), indicating better prevention of this conditions in the St. Anthony's Hospital service area compared to the state.
- ❑ The highest PQI difference between the St. Anthony's Hospital service area and Florida is for Low Birth Weight; this is the health condition that the St. Anthony's Hospital service area shows the largest room for improvement in hospital admissions compared to the state of Florida.
 - The rate of low birth weight preventable hospital admissions is 3.19 for the state of Florida; for the St. Anthony's Hospital service area, the rate is 13.92. The rate of low birth weight preventable hospital admissions is more the four times higher in the St. Anthony's Hospital service area than Florida.

Prevention Quality Indicators Index (PQI)



- ❑ The St. Anthony's Hospital service area shows much higher PQI rates for all of the Diabetes PQI measures than the state, Pinellas County, and the overall BayCare Health System service area.
- ❑ The St. Anthony's Hospital service area shows a lower rate of preventable COPD admissions than Pinellas County but a higher rate than the state and the Overall BayCare Health System service area.
- ❑ The St. Anthony's Hospital service area shows the highest PQI rate of Adult Asthma, Hypertension, and Bacterial Pneumonia compared with the state, Pinellas County and the overall BayCare Health System service area.
- ❑ The St. Anthony's Hospital service area shows a low PQI rate for Angina Without Procedure; however it is still higher than the rate seen for Pinellas County.

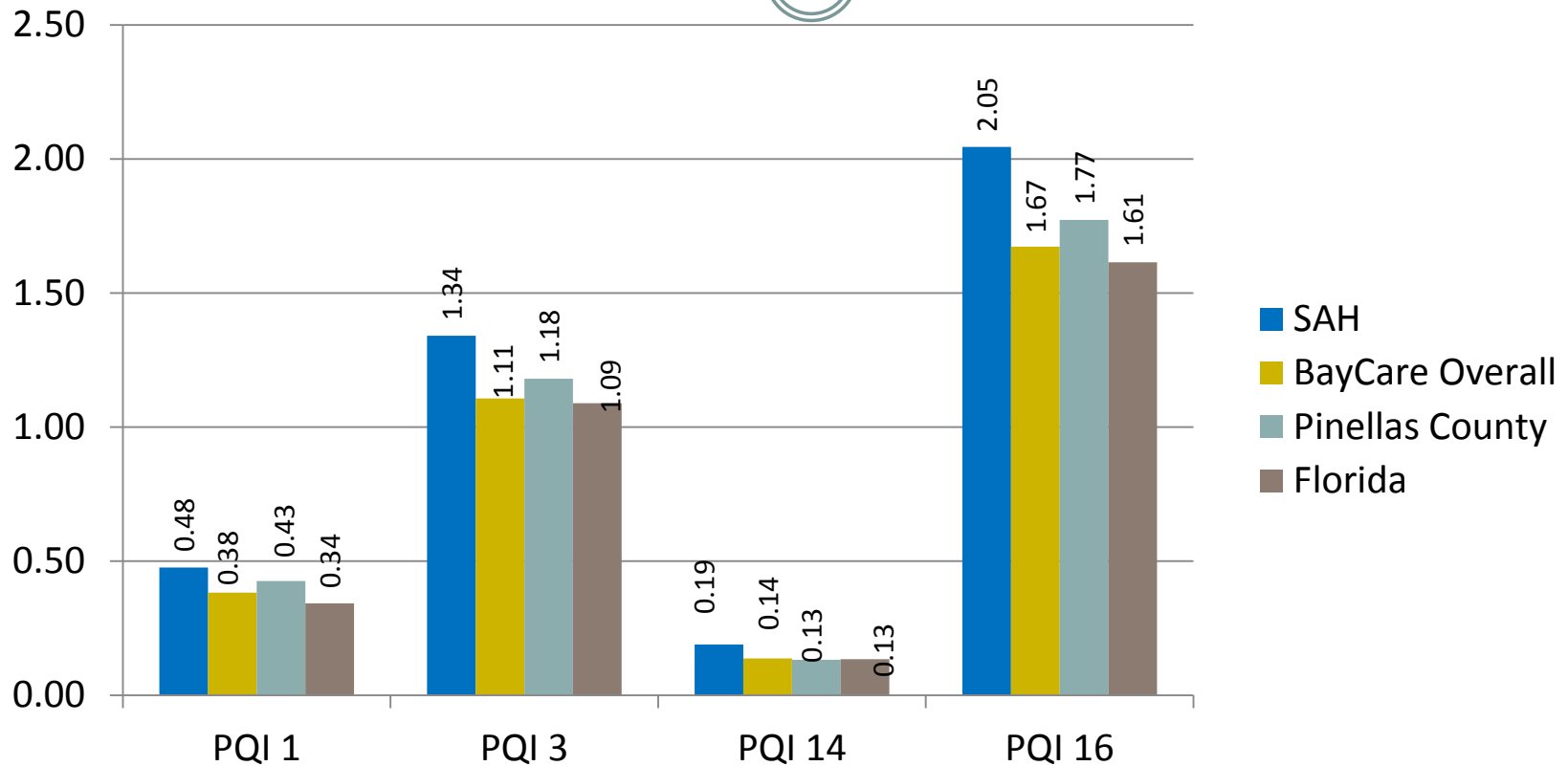
Chronic Lung Conditions



PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate

PQI 15 Adult Asthma Admission Rate

Diabetes



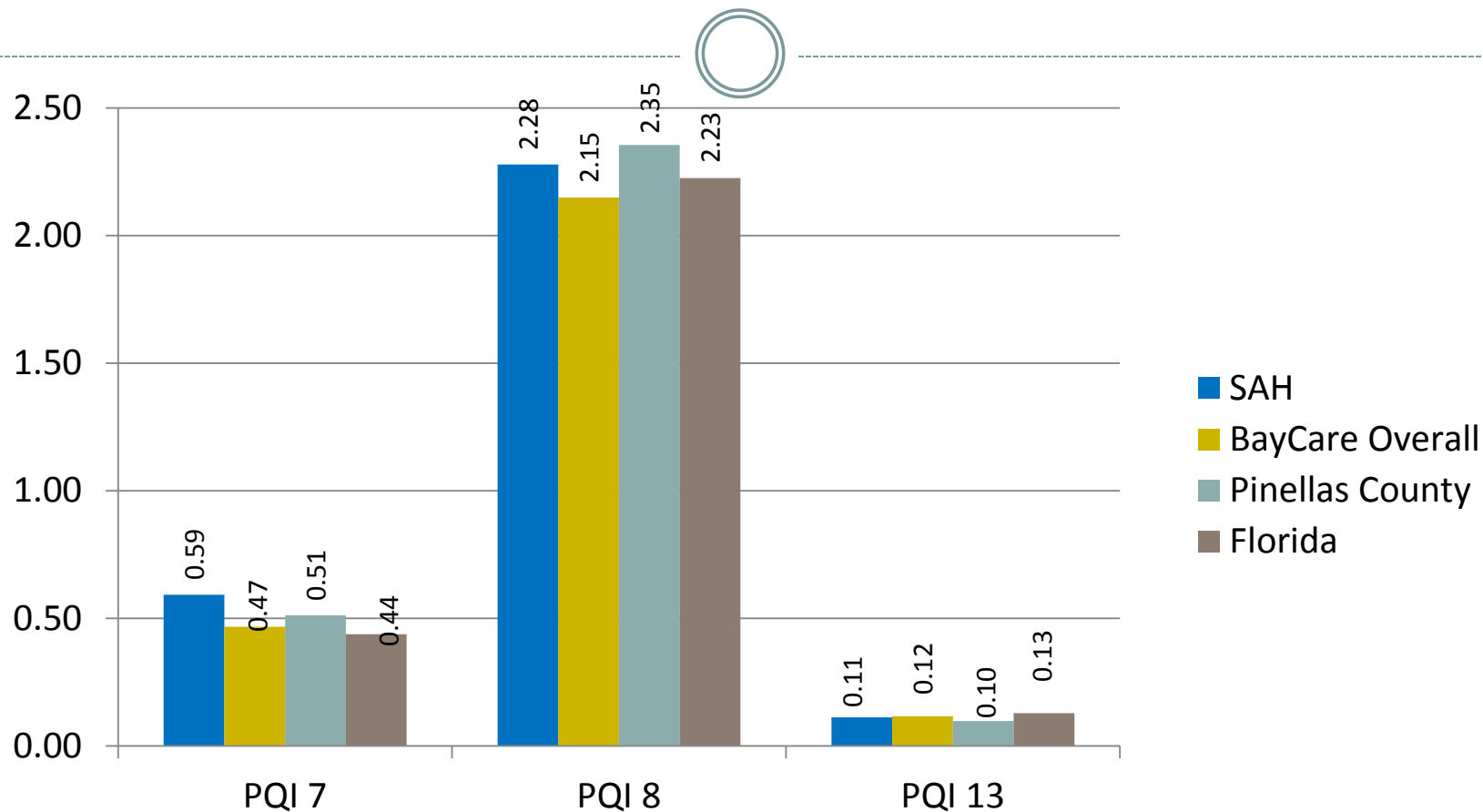
PQI 1 Diabetes Short-Term Complications Admission Rate

PQI 3 Diabetes Long-Term Complications Admission Rate

PQI 14 Uncontrolled Diabetes Admission Rate

PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients

Heart Conditions

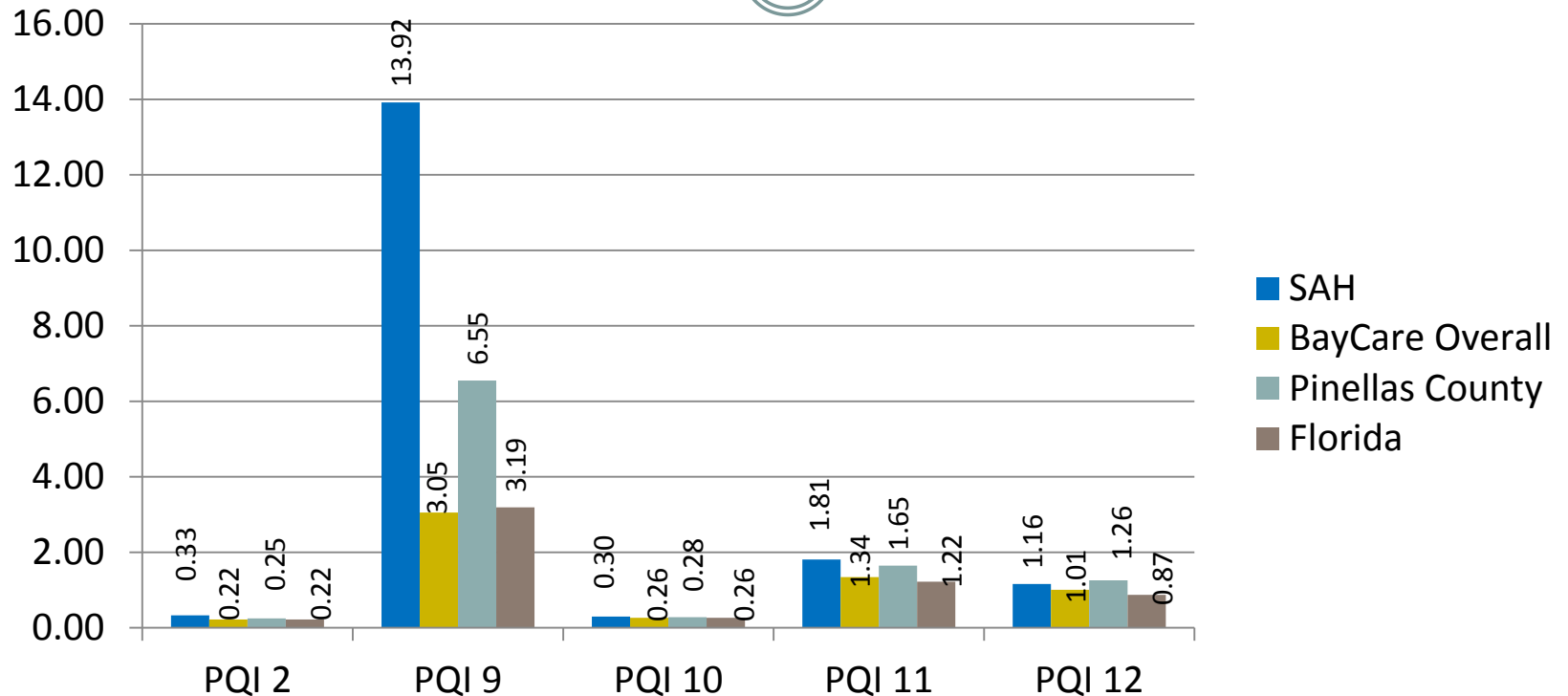


PQI 7 Hypertension Admission Rate

PQI 8 Congestive Heart Failure Admission Rate

PQI 13 Angina Without Procedure Admission Rate

Other Conditions



PQI 2 Perforated Appendix Admission Rate

PQI 9 Low Birth Weight Rate

PQI 10 Dehydration Admission Rate

PQI 11 Bacterial Pneumonia Admission Rate

PQI 12 Urinary Tract Infection Admission Rate

Prevention Quality Indicators Index (PQI)



Prevention Quality Indicators (PQI)	St. Anthony's Hospital Service Area	Florida	Difference
Low Birth Weight Rate (PQI 9)	13.92	3.19	10.73
Bacterial Pneumonia Admission Rate (PQI 11)	1.81	1.22	0.59
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	2.05	1.61	0.43
Urinary Tract Infection Admission Rate (PQI 12)	1.16	0.87	0.29
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.34	1.09	0.25
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.15	0.94	0.21
Hypertension Admission Rate (PQI 7)	0.59	0.44	0.15
Adult Asthma Admission Rate (PQI 15)	0.65	0.51	0.14
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.48	0.34	0.13
Perforated Appendix Admission Rate (PQI 2)	0.33	0.22	0.11
Uncontrolled Diabetes Admission Rate (PQI 14)	0.19	0.13	0.06
Congestive Heart Failure Admission Rate (PQI 8)	2.28	2.23	0.05
Dehydration Admission Rate (PQI 10)	0.30	0.26	0.03
Angina Without Procedure Admission Rate (PQI 13)	0.11	0.13	-0.02

Overview of Secondary Data Methodology



Demographics

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

Community Demographic Profile



- ❑ The population in the St. Anthony's Hospital service area is projected to decline at a rate of 2.3% by 2017.
- ❑ The St. Anthony's Hospital service area shows the highest rates of middle-aged individuals (aged 35-54) compared to the other age categories and this rate is higher than that seen for Pinellas County, Florida or the U.S.
- ❑ The St. Anthony's Hospital service area shows a lower average annual household income than the county, state, and nation (\$53,694).
- ❑ Individuals in the St. Anthony's Hospital service area pursue higher education at a lower rate than seen for across Pinellas County, Florida, or the U.S.
- ❑ The St. Anthony's Hospital service area shows a majority of its population as White, Non-Hispanic (64.8%); a rate similar to that seen for the country (62.8%). However, of the minorities in the St. Anthony's Hospital service area, there are nearly double the number of Black Non-Hispanic individuals (22.6% of the St. Anthony's Hospital total population) than that seen for Pinellas County (10.2%) and the country (12.3%).

Population Trends

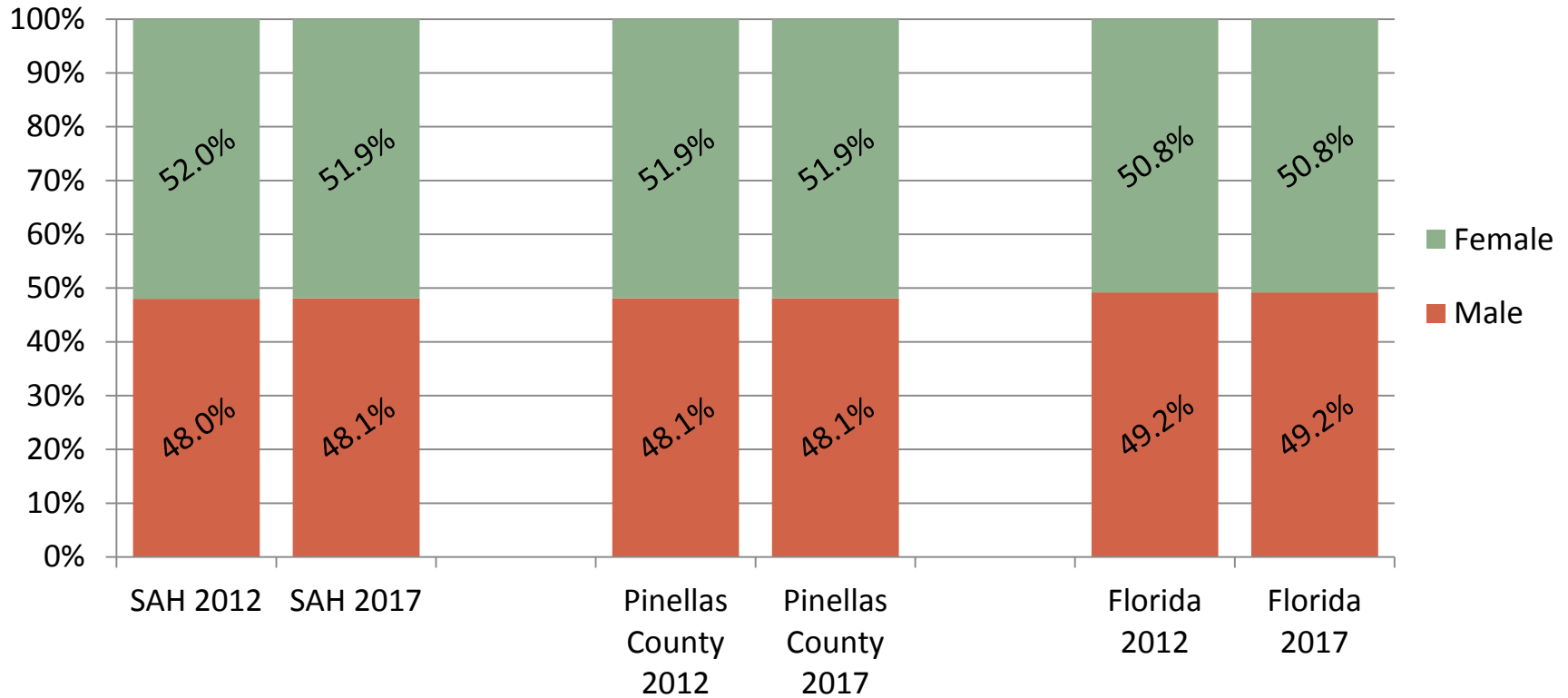


	St. Anthony's Hospital Service Area	Pinellas County	Florida
2012 Total Population	258,306	913,500	19,156,005
2017 Projected Population	252,478	906,179	20,139,758
# Change	-5,828	-7,321	983,753
% Change	-2.3%	-0.8%	5.1%

- The St. Anthony's Hospital service area consists of more than a quarter of a million people; this population is expected to decline by 2.3% by 2017.
- The projected decline for the St. Anthony's Hospital service area is consistent with projections for Pinellas County (projected decline in population at a rate of 0.8%). However, these trends are inconsistent with trends seen for the state of Florida (projected population growth of 5.1%).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

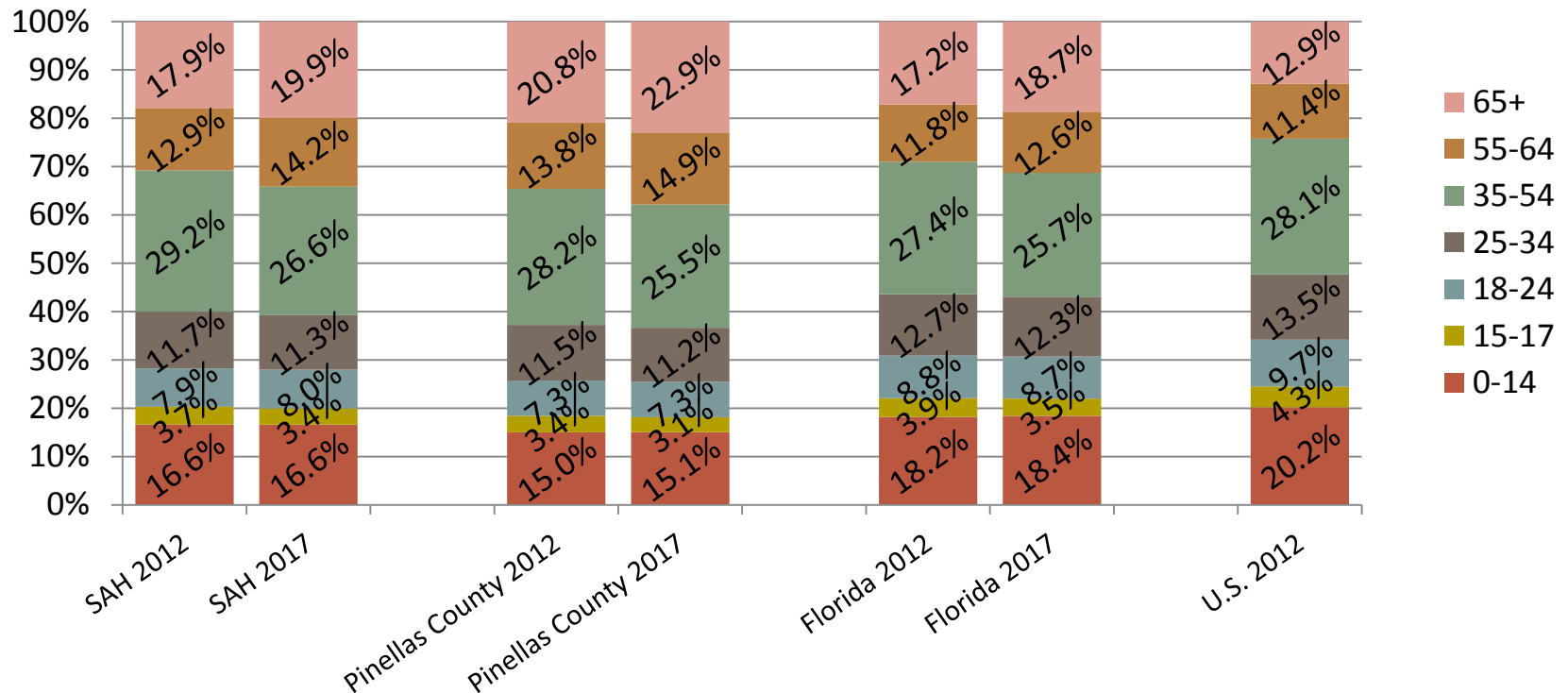
Gender



- The St. Anthony's Hospital (SAH) service area shows a higher percentage of women than men, this is consistent with state and national trends.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

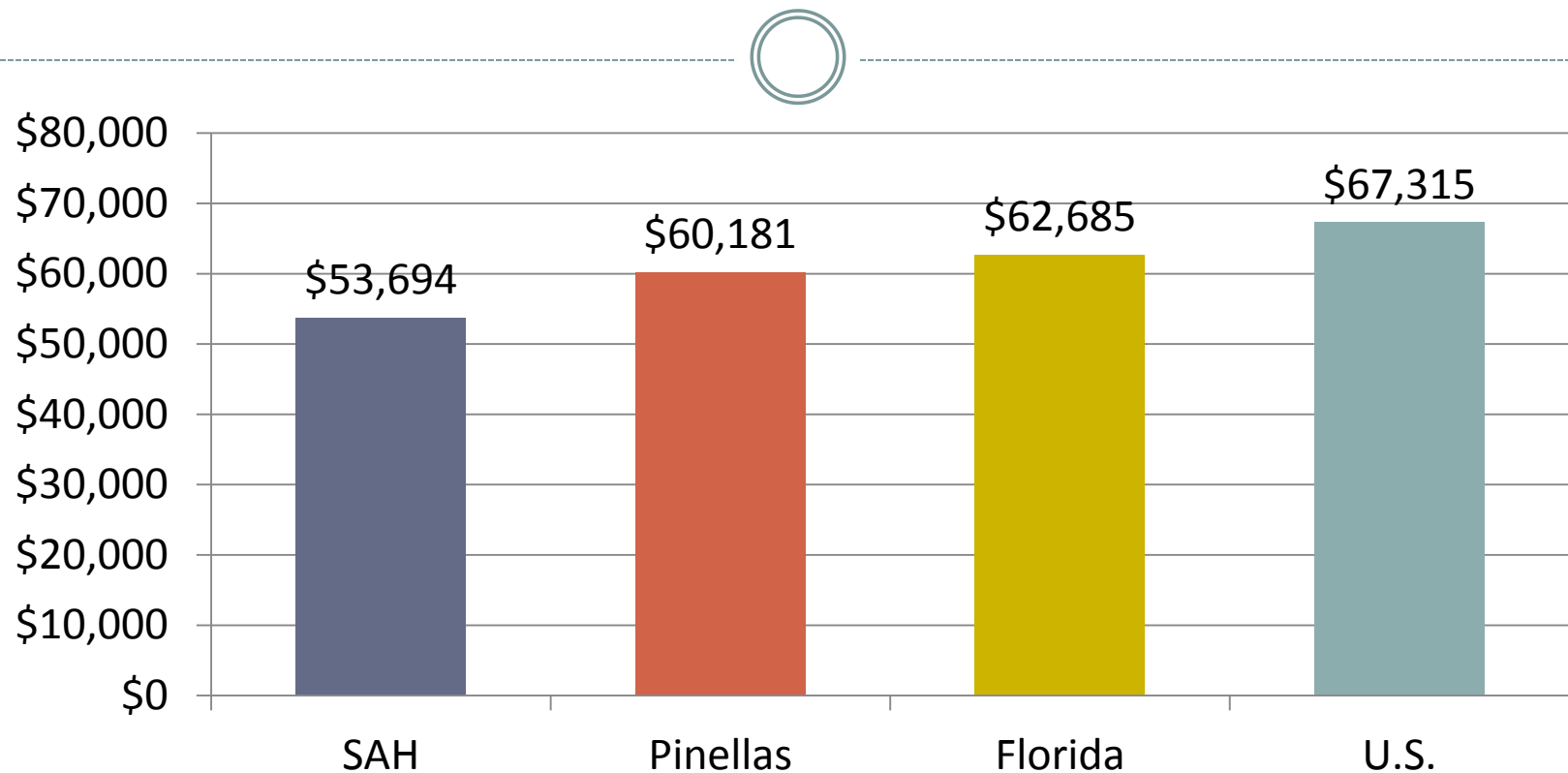
Age



- The St. Anthony's Hospital (SAH) service area shows much higher rates of middle-aged individuals (aged 35-54) than Pinellas County, Florida and the U.S.
- At the same time, the SAH service area shows lower rates of younger individuals (aged 0-14) than the state and nation.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

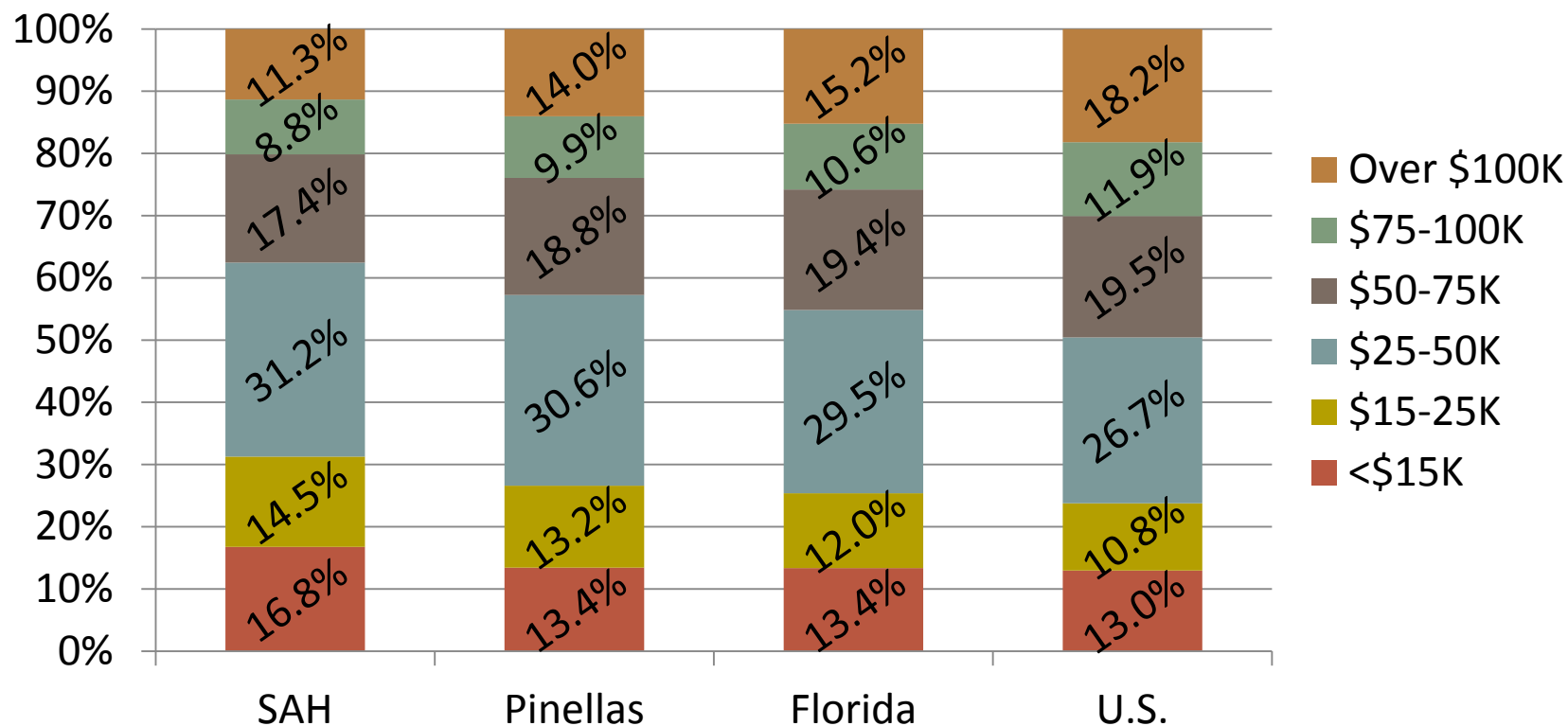
Average Household Income (2012)



- The St. Anthony's Hospital service area shows a lower average annual household income compared with Pinellas County, Florida and the country (\$53,694 per household per year for the SAH service area in 2012).
- Pinellas County and Florida both show lower average annual household income levels than the country indicating a county and state concern as well.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

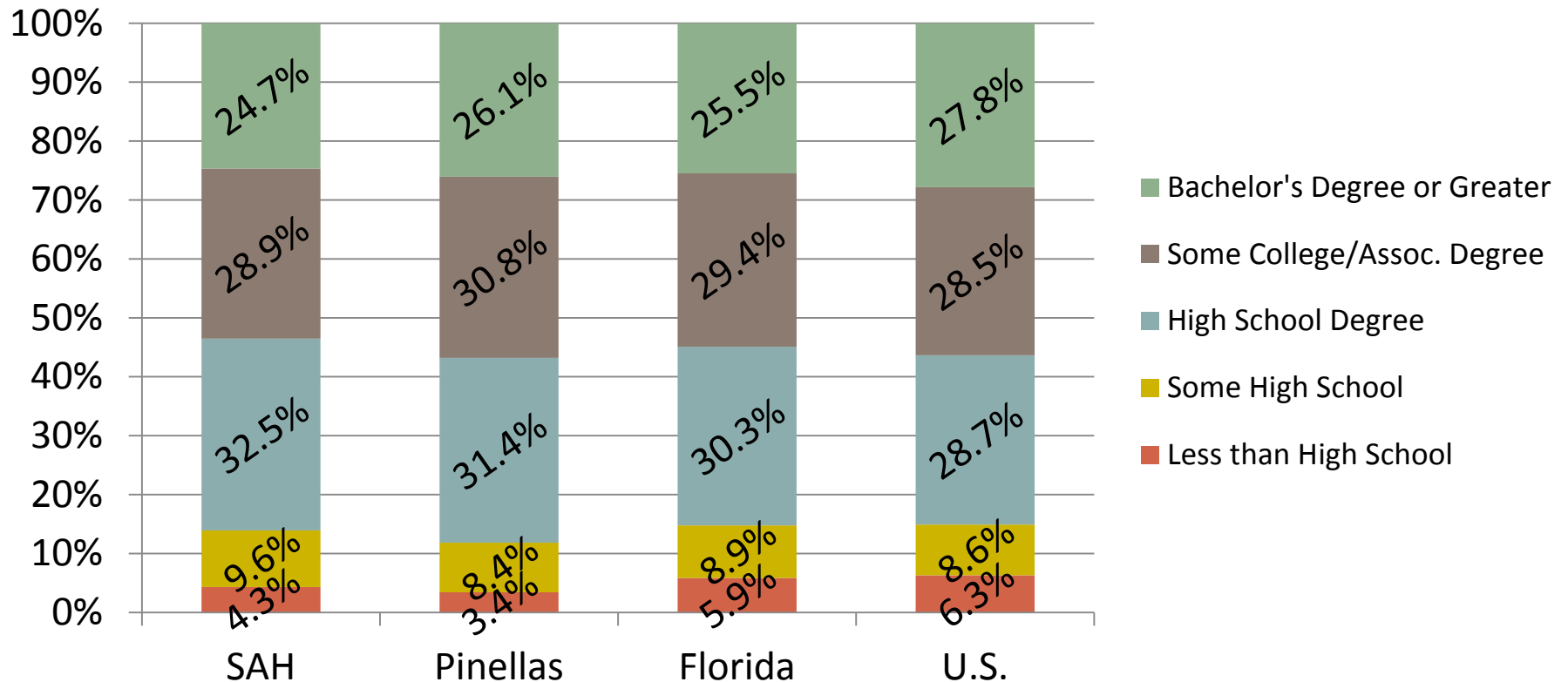
Household Income Detail (2012)



- The St. Anthony's Hospital service area shows the highest rate of households earning \$25,000 or less per year (31.3%); this rate is much higher than the county, state and national rates (23.9%, 25.4%, and 23.8% respectively).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

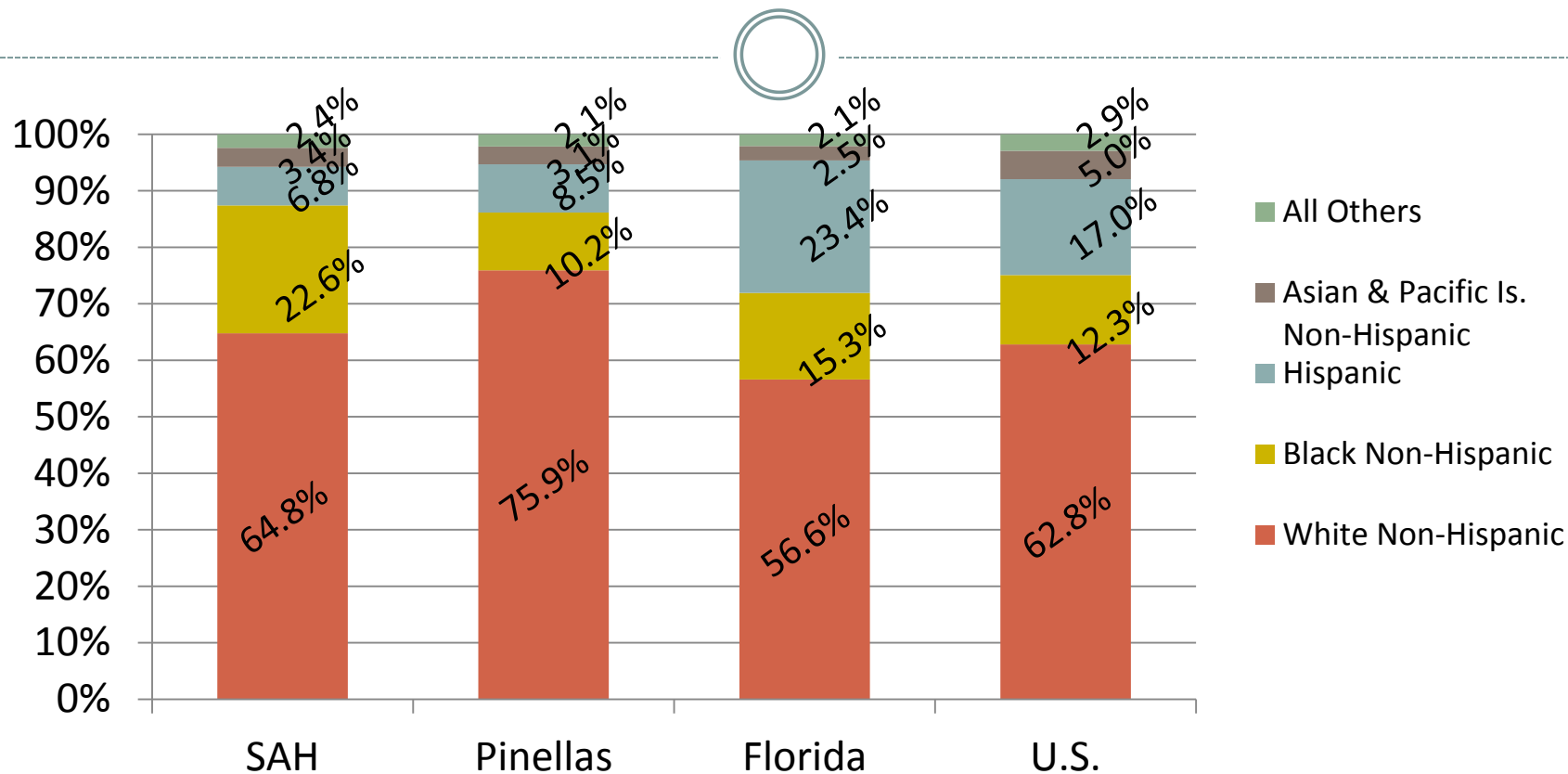
Education Level (2012)



- The St. Anthony's Hospital service area shows the lowest rate of individuals who have pursued education past a high school diploma (only 53.6%) as compared with the Pinellas County, Florida, and U.S. rates.

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Race/Ethnicity (2012)



- Pinellas County shows the least diversity (lowest rates of minority individuals) when compared with the St. Anthony's Hospital (SAH) service area, Florida and the U.S.
- After Pinellas County, the SAH service area shows limited diversity with only 35.2% of the population representing a minority population (it is 37.2% for the country).

Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Overview of Secondary Data Methodology



County Health Rankings

- Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.
- Counties in each of the 50 states are ranked according to summaries of the 37 health measures. Those having ranks such as 1 or 2 are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:
 - Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
 - Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (6 measures)
 - Clinical care (5 measures)
 - Social and economic (7 measures)
 - Physical environment (4 measures)

Overview of Secondary Data Methodology



County Health Rankings

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

Overview of Secondary Data Methodology



County Health Rankings – Health Outcomes

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

Overview of Secondary Data Methodology



County Health Rankings – Health Behavior

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

Overview of Secondary Data Methodology



County Health Rankings – Clinical Care

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

Overview of Secondary Data Methodology



County Health Rankings – Social and Economic Factors

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

Overview of Secondary Data Methodology



County Health Rankings – Physical Environment

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

County Health Rankings



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

County Health Rankings Data



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

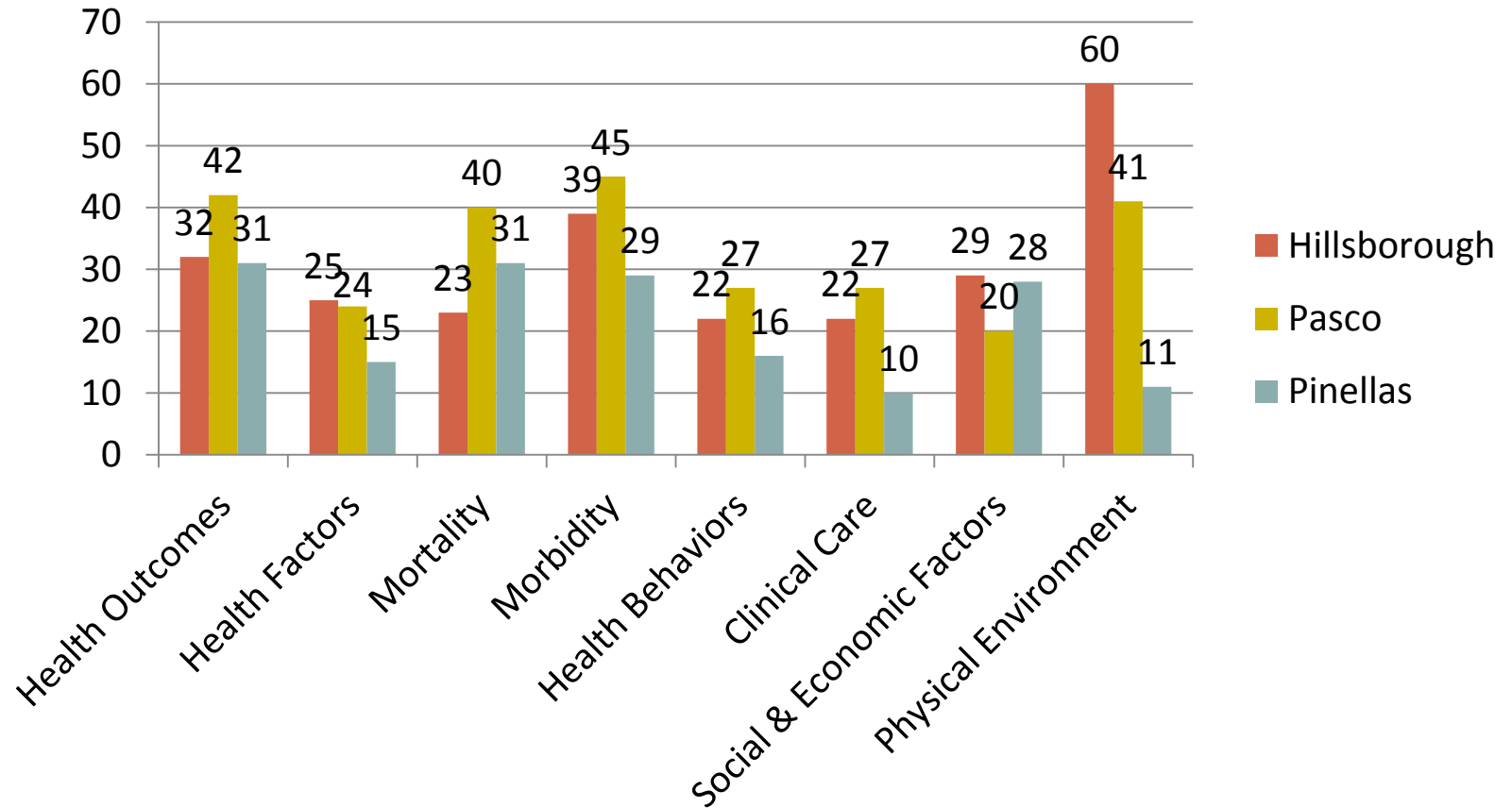
Blue text indicates a rank in the top 10 (good ranking).

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

Source: 2012 County Health Rankings

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

County Health Rankings Data



Source: 2012 County Health Rankings

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

County Health Rankings Data



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

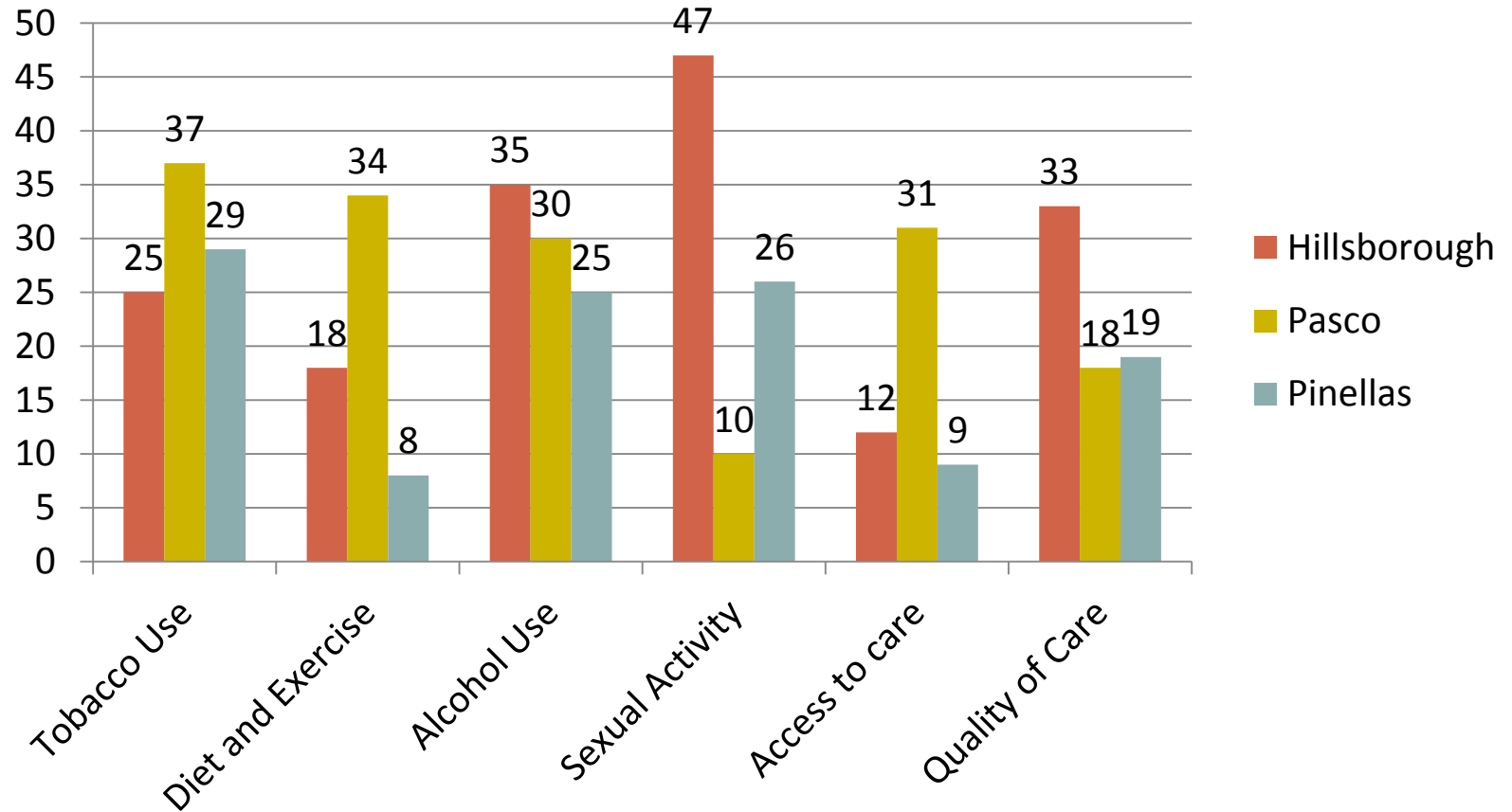
Blue text indicates a rank in the top 10 (good ranking).

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

Source: 2012 County Health Rankings

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

County Health Rankings Data



Source: 2012 County Health Rankings

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

County Health Rankings Data



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

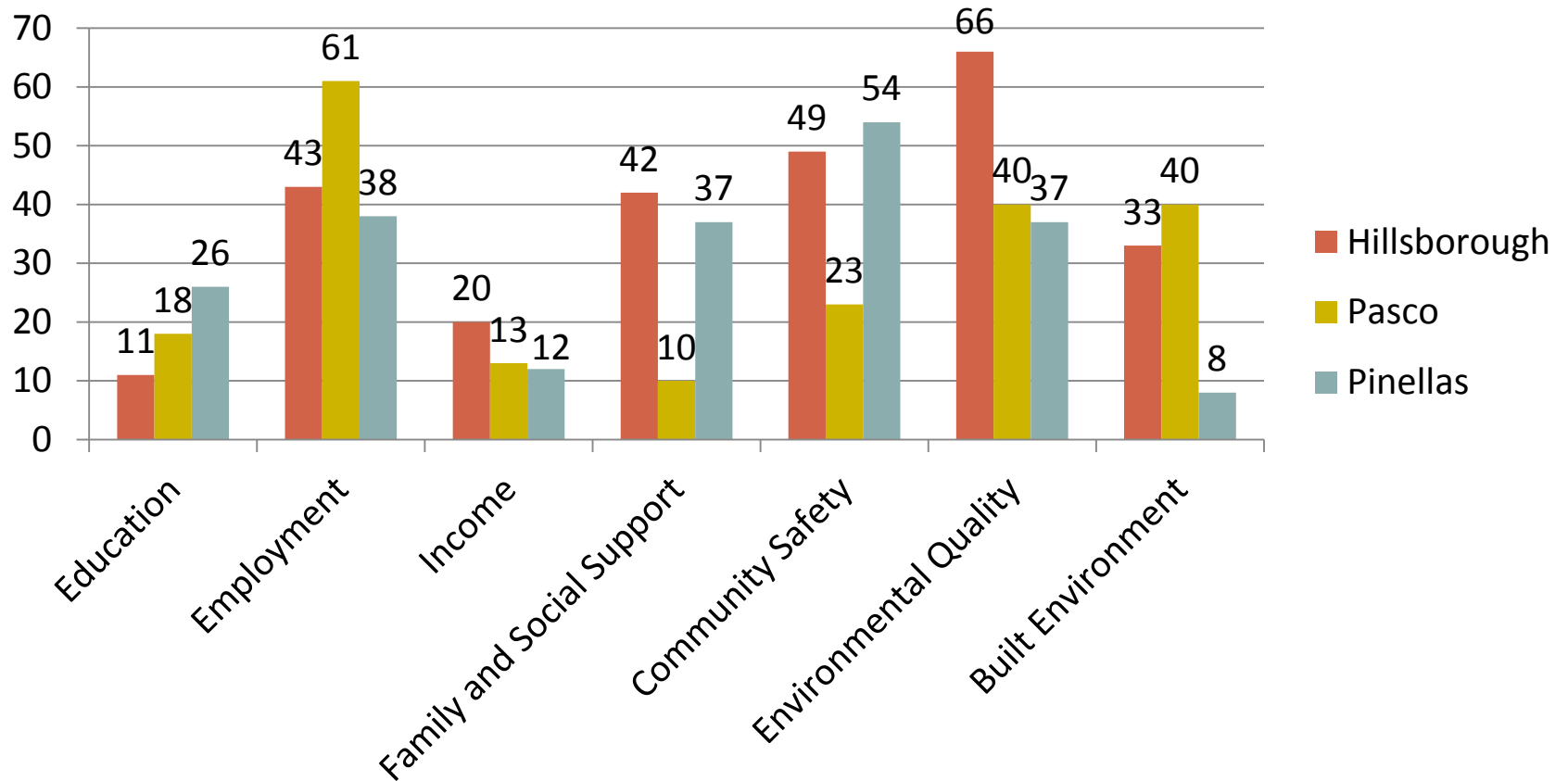
Blue text indicates a rank in the top 10 (good ranking).

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

Source: 2012 County Health Rankings

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

County Health Rankings Data



Source: 2012 County Health Rankings

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

Healthy Tampa Bay



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

Healthy Tampa Bay



- ❑ While Pinellas County saw a decrease in the obesity rate (from 27.7% to 24%), men are slightly more likely to be obese (27.5%) with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and 1 in 5 residents that are 65+ years old (21.9%) is obese.
- ❑ Between 2007 and 2010, the percentage of adult who are overweight increased in Pinellas County (35.5% to 41.6%). Women are less likely to be overweight than men in Pinellas (33.9% to 49.8%) County.
- ❑ Between 2007 and 2010, Pinellas County saw an increase in the number of residents that smoke (18% to 19.3%). Slightly more females report smoking cigarettes than men in Pinellas (22.1% to 16.2%) County.
- ❑ Between 2007 and 2010, there was an increase in the number of adults who reported heavy or binge drinking during the previous 30-day period in Pinellas (12.8% to 16.4%) County, with men being approximately three times more likely than women (25.5% to 8.2%) and one in four residents that are 18-44 years old (25.6%) to report heavy or binge drinking with in the last 30 days.

Healthy Tampa Bay



- ❑ Between 2007 and 2011, hospitalization rates related to alcohol have increased consistently in Pinellas County (9.1 to 9.4 per 10,000 pop.) . Pinellas County shows the highest rates in every category of age and gender for emergency room visits due to acute or chronic alcohol abuse among residents that are 18 years or older. Men in Pinellas County are almost twice as likely as women in Pinellas County to visit the emergency room as a result of acute or chronic alcohol abuse. Men are also more likely to be hospitalized due to acute or chronic alcohol abuse.
- ❑ Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) reported not seeing a dentist in the previous year due to cost
- ❑ Between 2006 and 2008, there was an increase the age-adjusted incidence rate for oral cavity and pharynx cancer in Pinellas County (12.6 to 13.8 per 100,000 pop.).
- ❑ Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased Pinellas County (8.8% to 9.3%). Women are twice as likely to visit the emergency room than their male counterparts in Pinellas County (51.7 to 24.5 per 10,000 pop.). African American residents of all ages visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity.

Healthy Tampa Bay



- ❑ Between 2007 and 2011, the emergency room visit rate due to bacterial pneumonia has increased steadily in Pinellas County (12.6 to 14.6 per 10,000 pop.). African American residents are the most likely to visit the emergency room (29.8 per 10,000 pop.) due to bacterial pneumonia than residents of other ethnicities in Pinellas County.
- ❑ Between 2007 and 2011, emergency room visits related to congestive heart failure has increased in Pinellas County (2.0 to 3.1 per 10,000 pop.) . In Pinellas County, African American residents visit the emergency room at three times the rate and are hospitalized at twice the rate for congestive heart failure as residents of other ethnicities.
- ❑ Between 2007 and 2010, the percent of adults who have ever been diagnosed with diabetes increased in Pinellas County (8.7% to 12.4%). African American residents are diagnosed with diabetes at a rate that is more than four times residents of other ethnicities in Pinellas County (66.3 per 10,000 pop.) . As a result, African American residents have higher rates across all measures of diabetes.
- ❑ Males are more likely than females in Pinellas County to visit the emergency room (.7 to .3 per 10,000 pop.) and to be hospitalized (3.6 to 2.5 per 10, 000 pop.) due to hepatitis; with white non-Hispanic residents showing a greater rate of hospitalizations (3.2 to >2.2 per 10,000 pop.).

Healthy Tampa Bay



- ❑ Women 18+ are significantly more likely to visit the emergency room due to urinary tract infections than their male counterparts in Pinellas (79.2 to 88.9 per 10,000 pop.) County. Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Pinellas (33 to 15.6 per 10,000 pop) County. African American residents visit the emergency room and are hospitalized for urinary tract infections at a rate that is almost two times residents of other ethnicities in Pinellas County.
- ❑ Between 2007 and 2010, the percentage of adults who have had their blood cholesterol checked and have been told that it was high has increased in Pinellas County (36.0% to 47.9%). Men in Pinellas County are almost 10% more likely to have high cholesterol (43.8% to 52.6%).
- ❑ Between 2008 and 2010, There was a decrease in the number of adults 18-64 years of age with health insurance in Pinellas (76% to 74%) 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. As a result, African American residents have higher rates across all measures of cancer.

Healthy Tampa Bay



- ❑ Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pinellas (120.1 to 123 per 100,000 pop) County. Black women show a higher death rate due to breast cancer than any other ethnicity in Pinellas County (27.1 per 100,000 pop.).
- ❑ Between 2006 and 2010, Pinellas county saw a steady increase in the age-adjusted death rate for breast cancer (120.1 to 123 per 100,000 pop) respectively. Black women show a higher death rate due to breast cancer than any other ethnicity in in Pinellas County (27.1 per 100,000 pop.) when compared to any other ethnicity.
- ❑ Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Pinellas (7.0 to 7.5 per 100,000 pop.) County.
- ❑ Between 2009 and 2010, the tuberculosis incidence rate increased in Pinellas (1.9 to 3.6 per 100,000 pop.) County.
- ❑ Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (17.5 to 18.5 per 100,000 pop.).

Healthy Tampa Bay

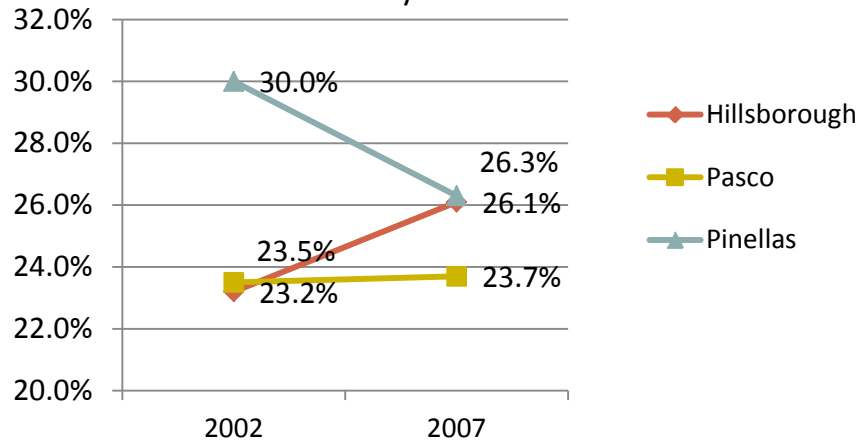


- ❑ Between 2009 and 2010, the percentage of births in which the newborn weighed less than 5 pounds, 8 ounces increased in Pinellas (8.0% to 9.1%) County. Interestingly, Pinellas County decreased between 2008 and 2009 and then increased again from 2009 to 2010. African American residents are twice as likely to give birth to a low birth weight baby (16.7%) than residents of other ethnicities.
- ❑ Between 2008 and 2010, the infant mortality rate decreased between 2008 and 2009 in Pinellas (9.3 to 8.3 per 1,000 live births) County and then increased again between 2009 and 2010 in Pinellas (8.3 to 8.6 per 1,000 live births) County.
- ❑ Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Pinellas (27.7% to 18.8%) County.

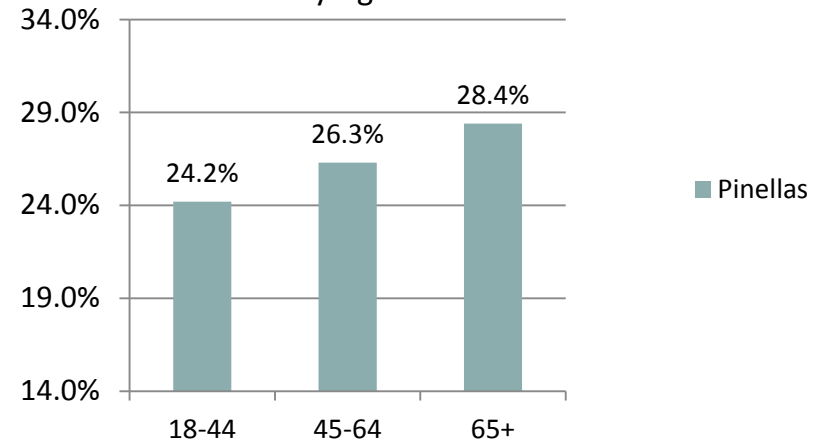
Healthy Tampa Bay Data – Adult Fruit and Vegetable Consumption

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

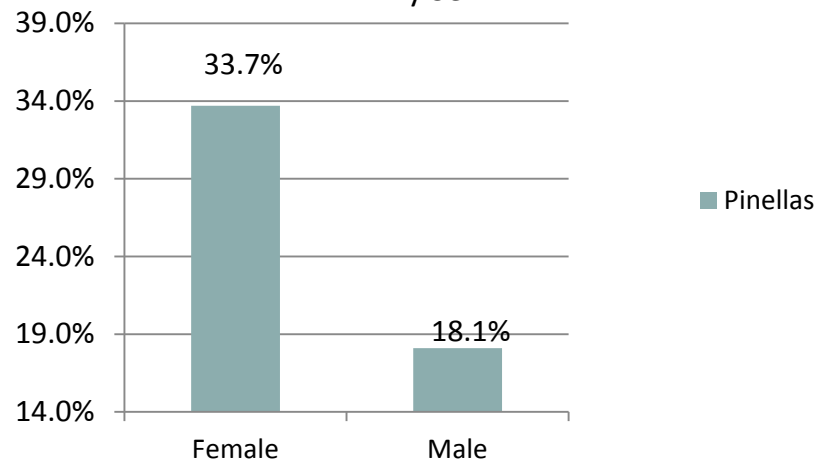
By Year



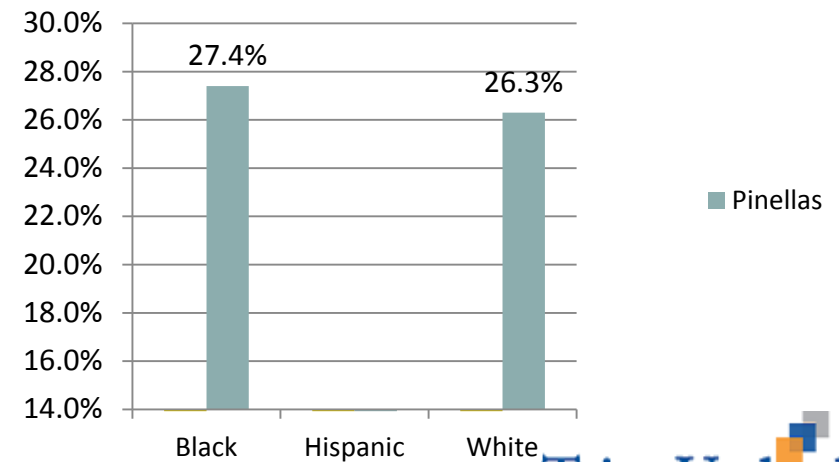
By Age



By Sex



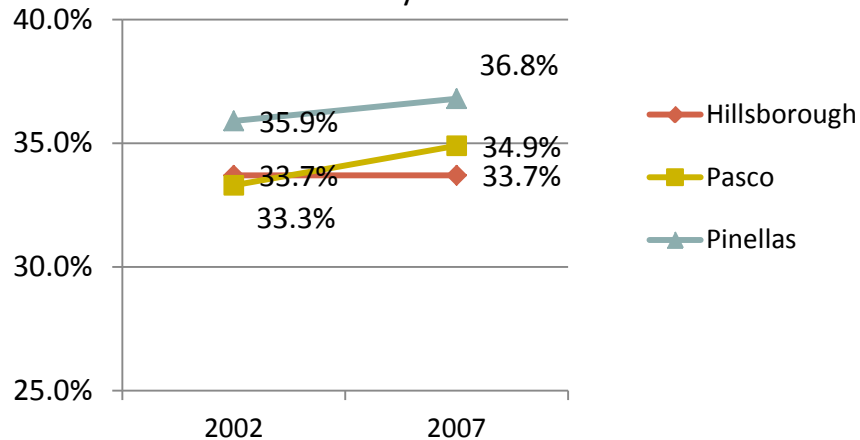
By Race/Ethnicity



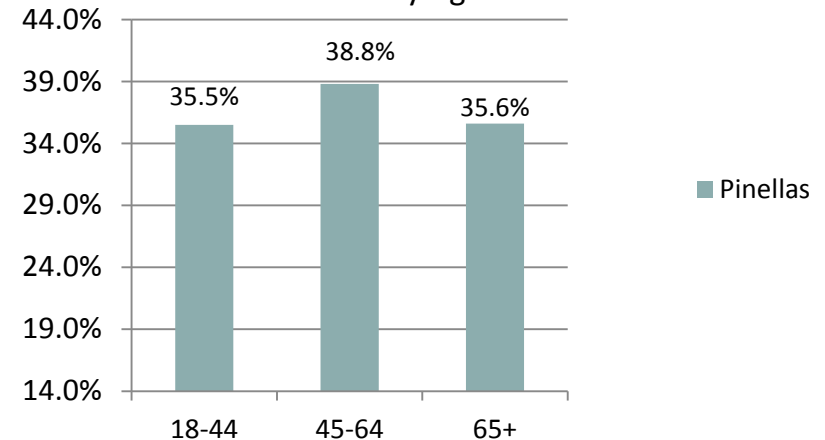
Healthy Tampa Bay Data – Adults Engaging in Moderate Physical Activity

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

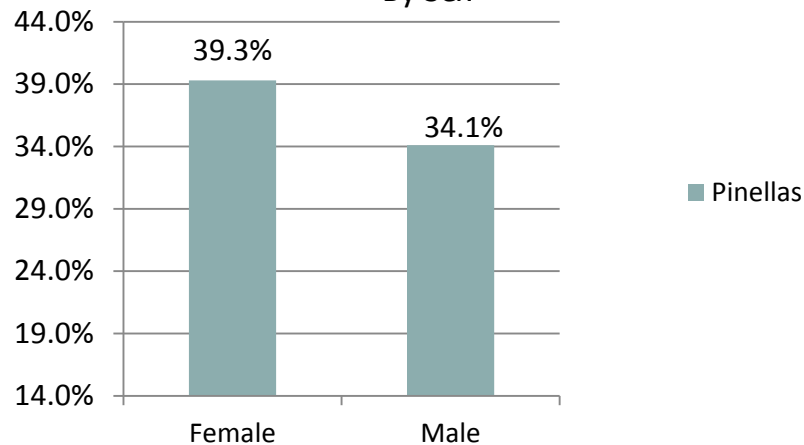
By Year



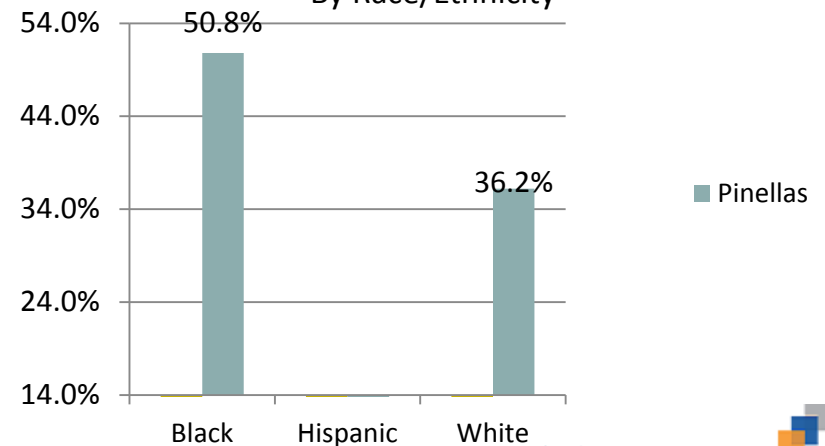
By Age



By Sex



By Race/Ethnicity

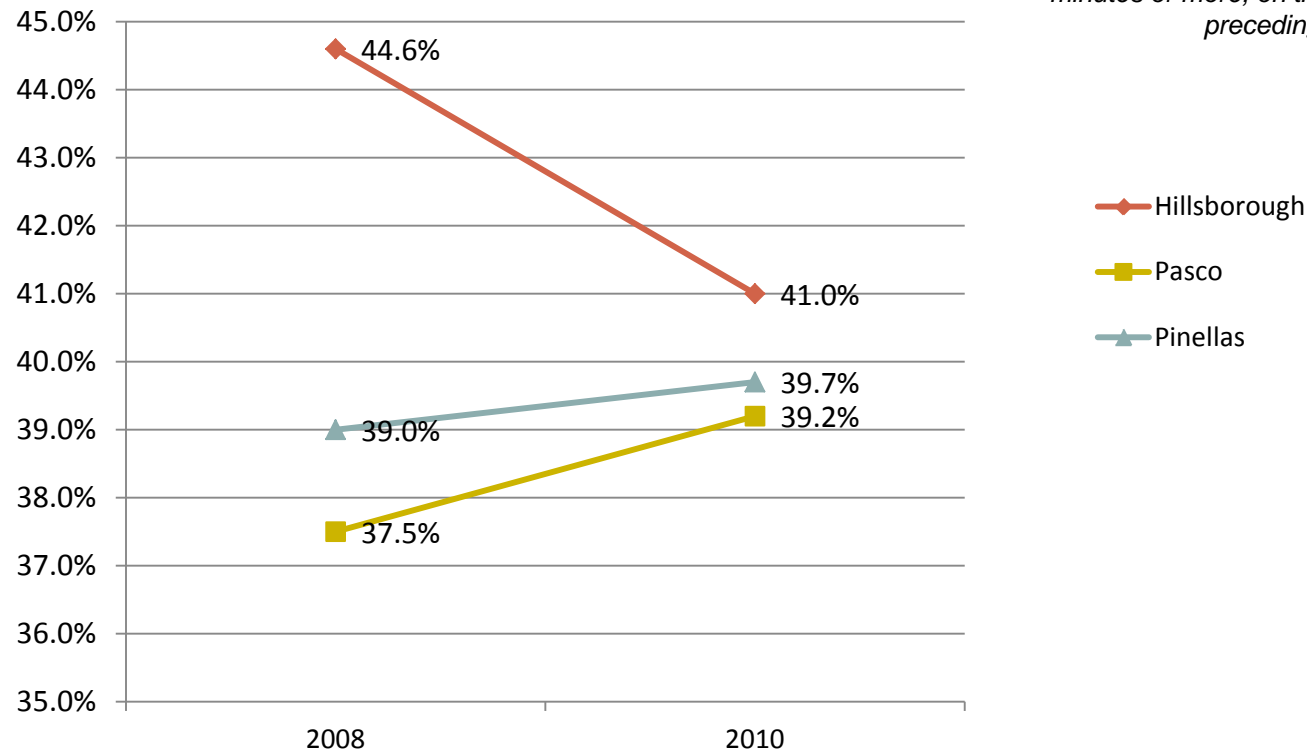


Healthy Tampa Bay Data – Teens without Sufficient Physical Activity



By Year

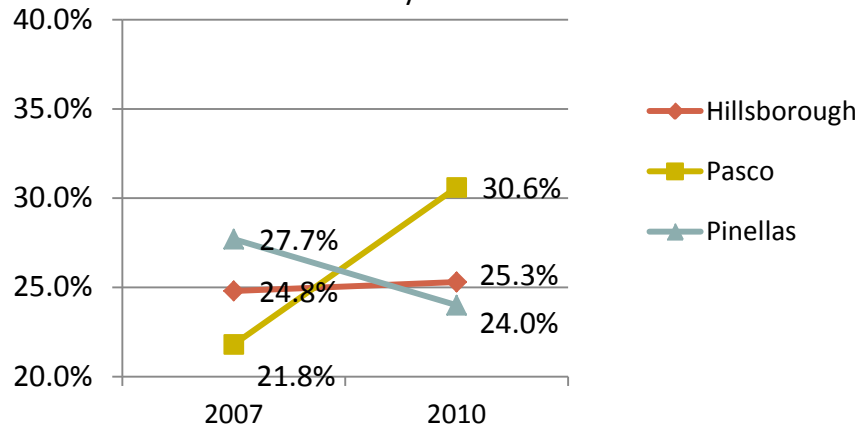
- shows the percentage of high school students without sufficient vigorous physical activity. Sufficient vigorous physical activity is defined as participating in physical activity that does make you sweat or breathe hard for 20 minutes or more, on three or more of the 7 days preceding the survey.



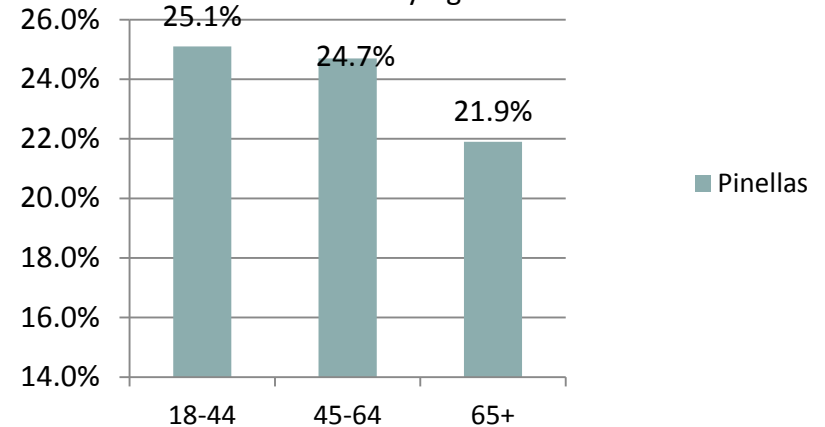
Healthy Tampa Bay Data – Adults Who are Obese

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

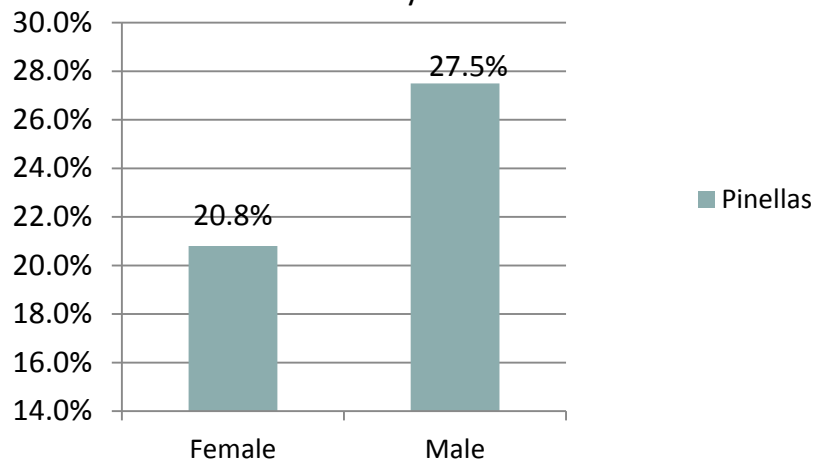
By Year



By Age



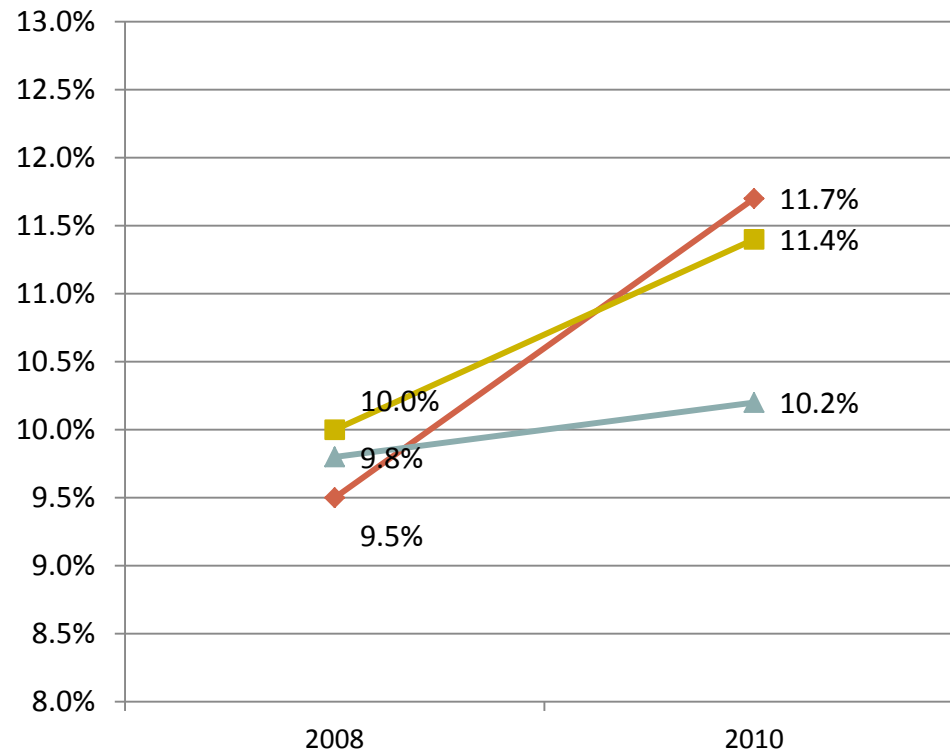
By Sex



Healthy Tampa Bay Data – Teens who are Obese



By Year



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

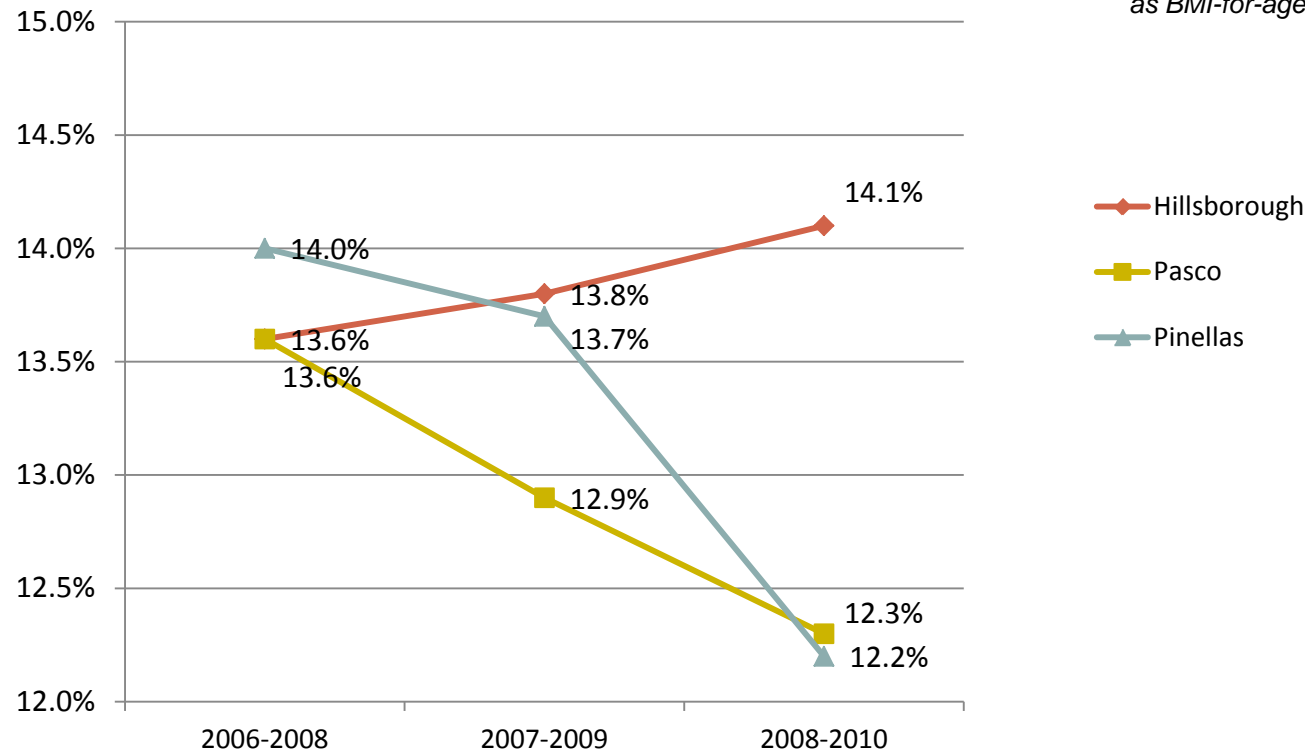
—◆— Hillsborough
—■— Pasco
—▲— Pinellas

Healthy Tampa Bay Data – Low-Income Preschool Obesity



By Year

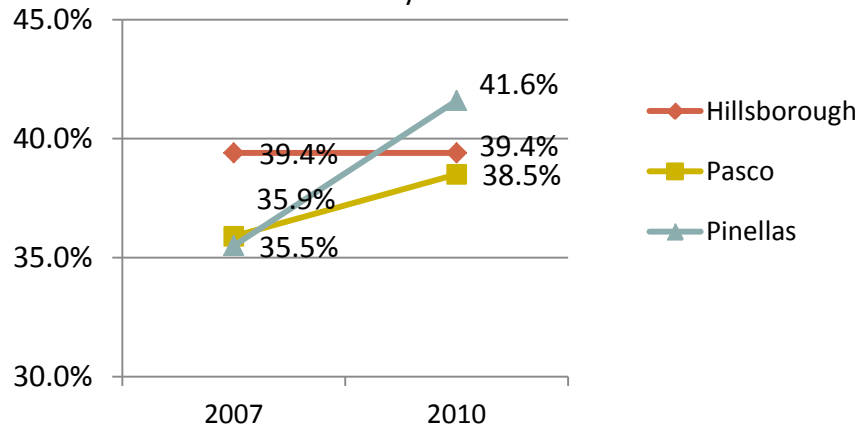
- the percentage of children aged 2-4 living in households with an income less than 200% of the federal poverty level who are obese.
- For children aged 2-4 years, obesity is defined as BMI-for-age above 95th percentile.



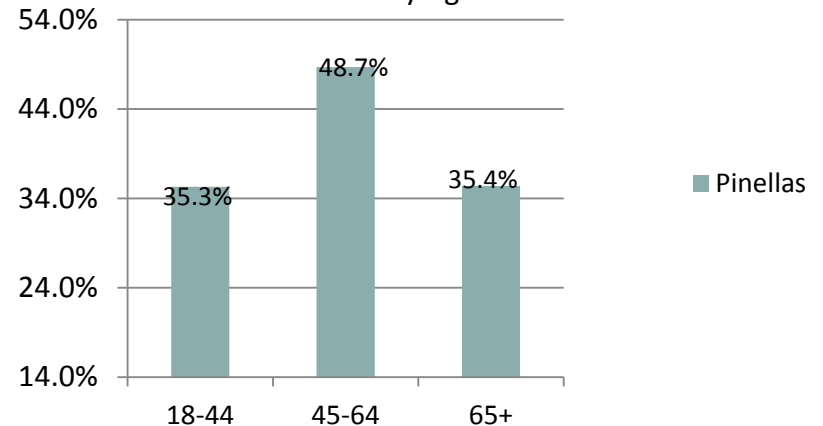
Healthy Tampa Bay Data – Adults Who are Overweight

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

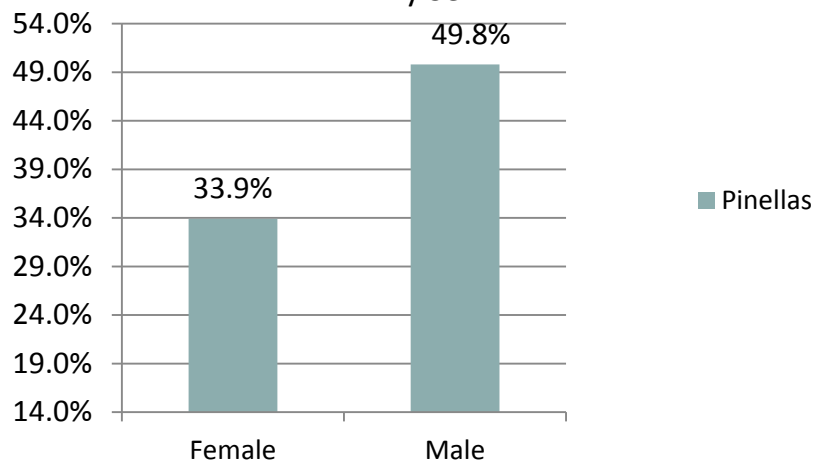
By Year



By Age



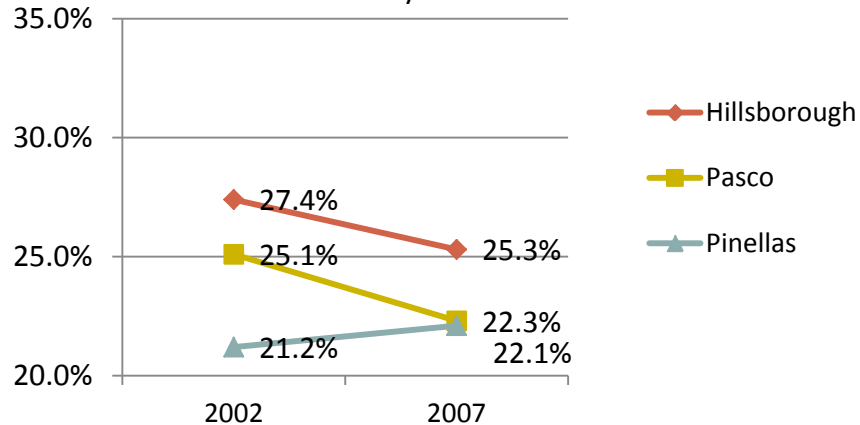
By Sex



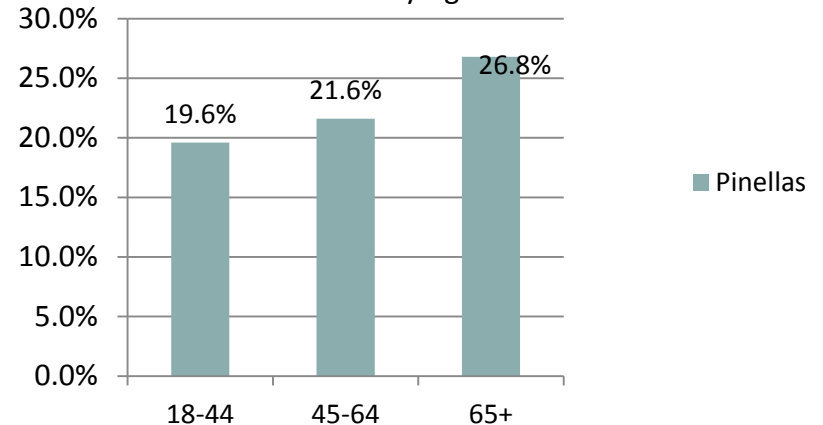
Healthy Tampa Bay Data – Adults Who are Sedentary

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

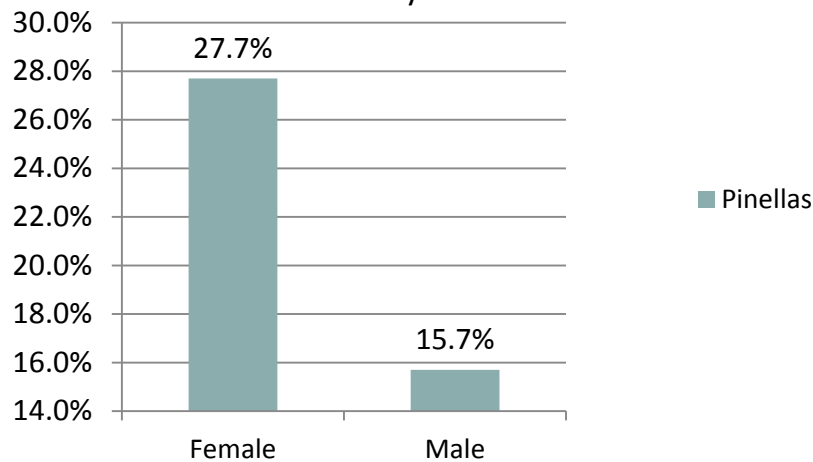
By Year



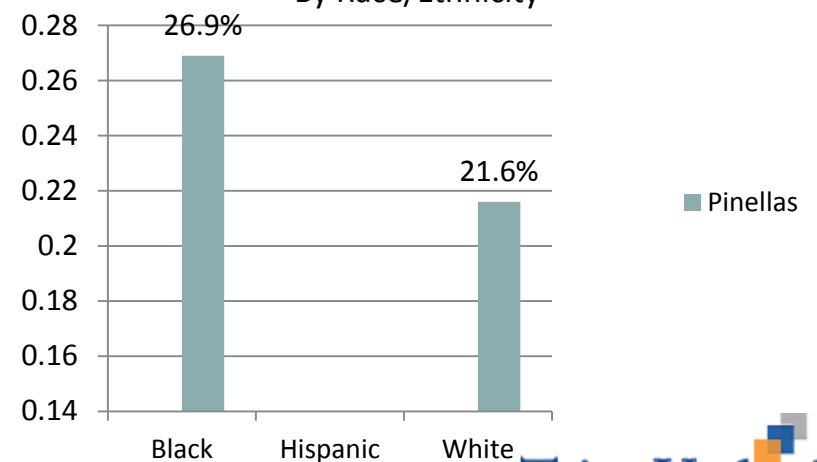
By Age



By Sex

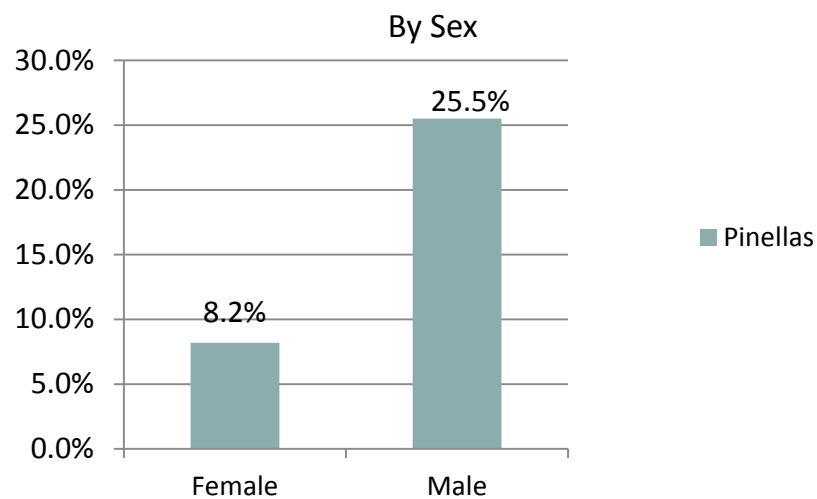
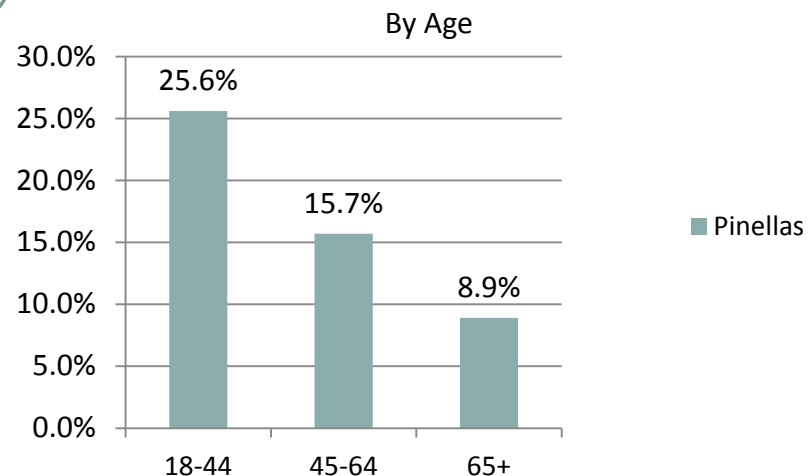
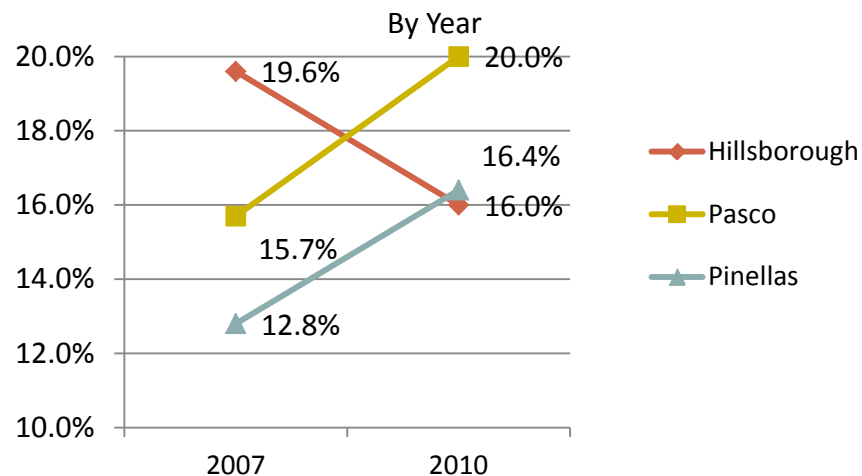


By Race/Ethnicity



Healthy Tampa Bay Data – Adults Who Drink Excessively

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

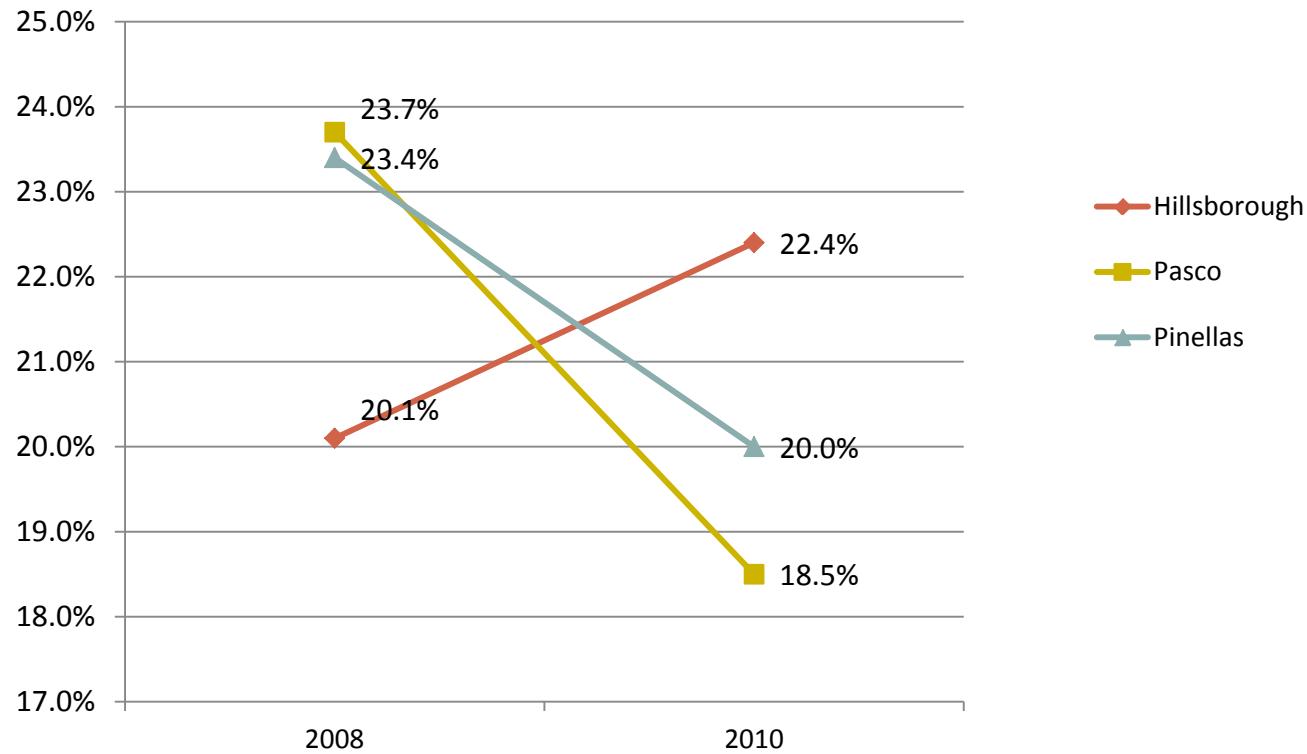


Healthy Tampa Bay Data – Teens who Binge Drink



By Year

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

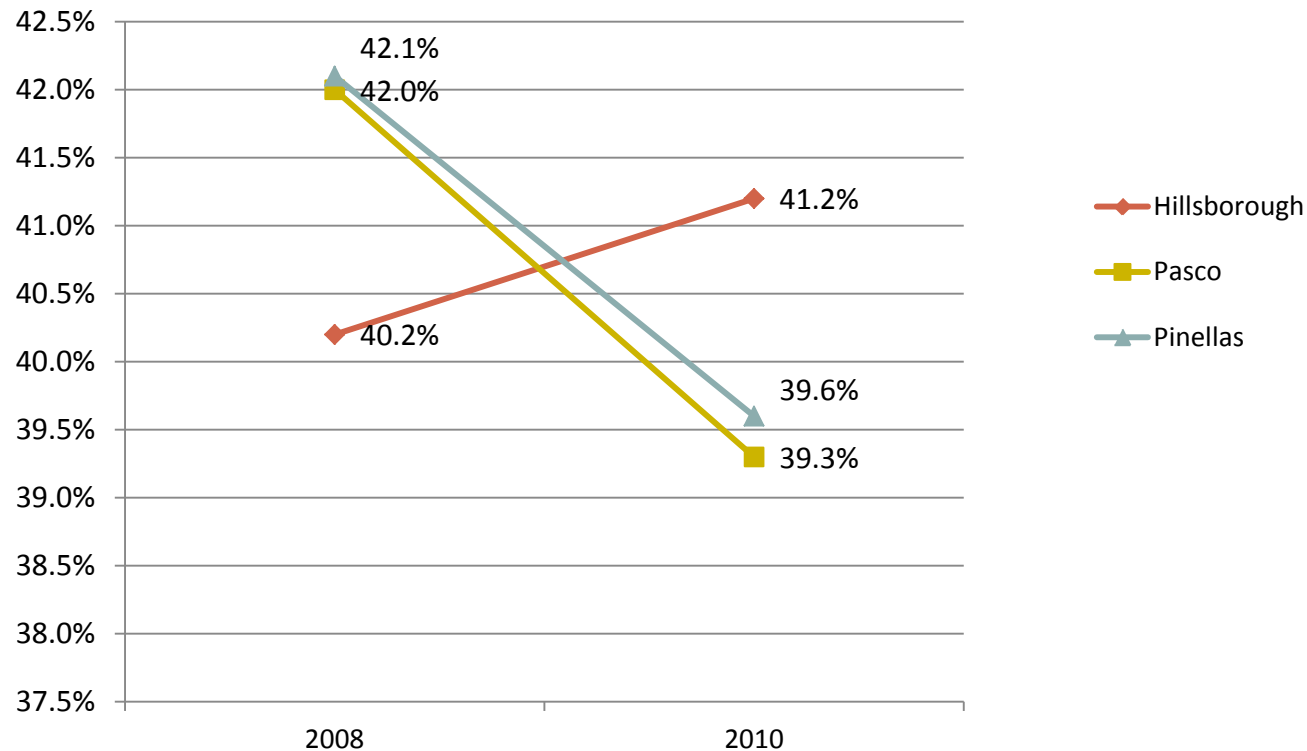


Healthy Tampa Bay Data – Teens who Use Alcohol



By Year

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

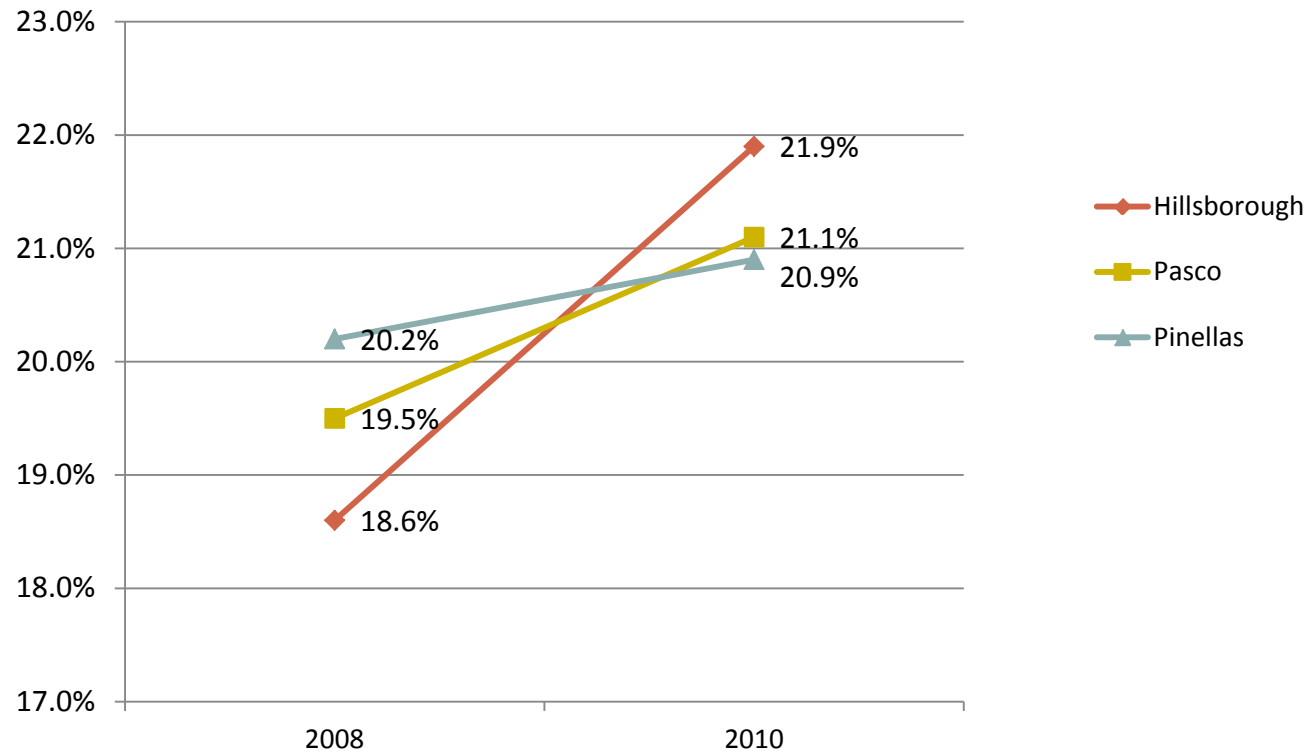


Healthy Tampa Bay Data – Teens who Use Marijuana



By Year

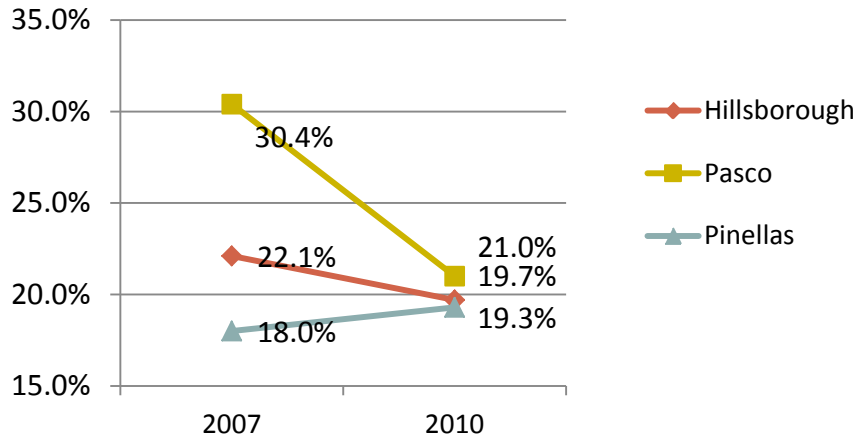
- shows the percentage of high school students who used marijuana one or more times during the 30 days before the survey was administered.



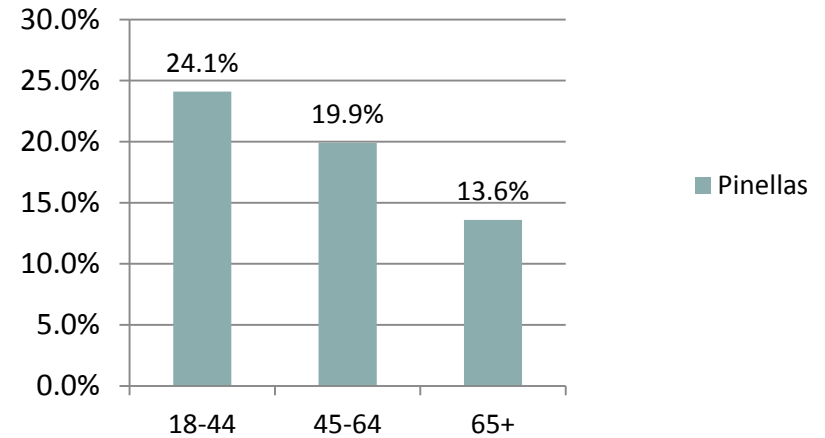
Healthy Tampa Bay Data – Adults Who Smoke

**percent of adults who
currently smoke cigarettes.*

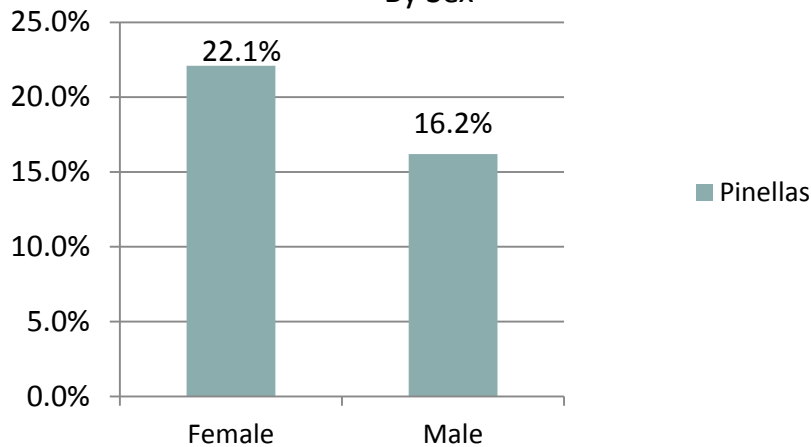
By Year



By Age



By Sex

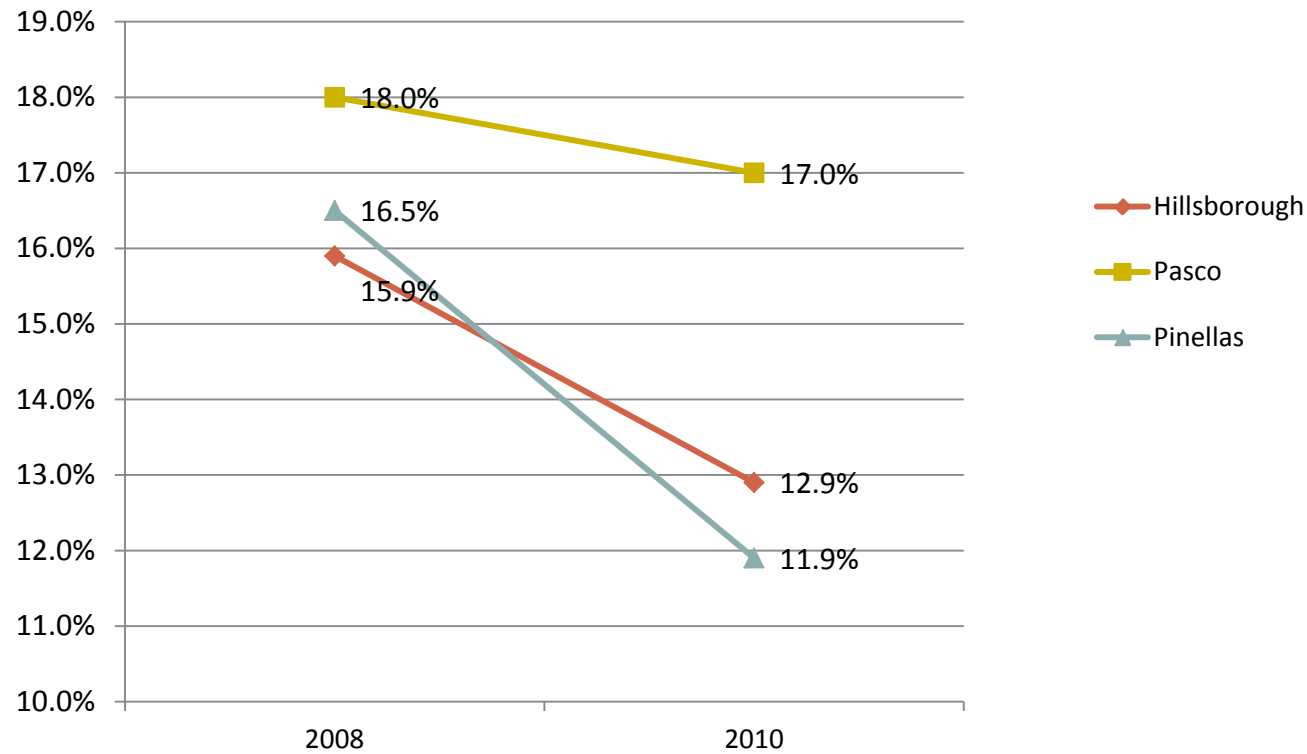


Healthy Tampa Bay Data – Teens who Smoke



By Year

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

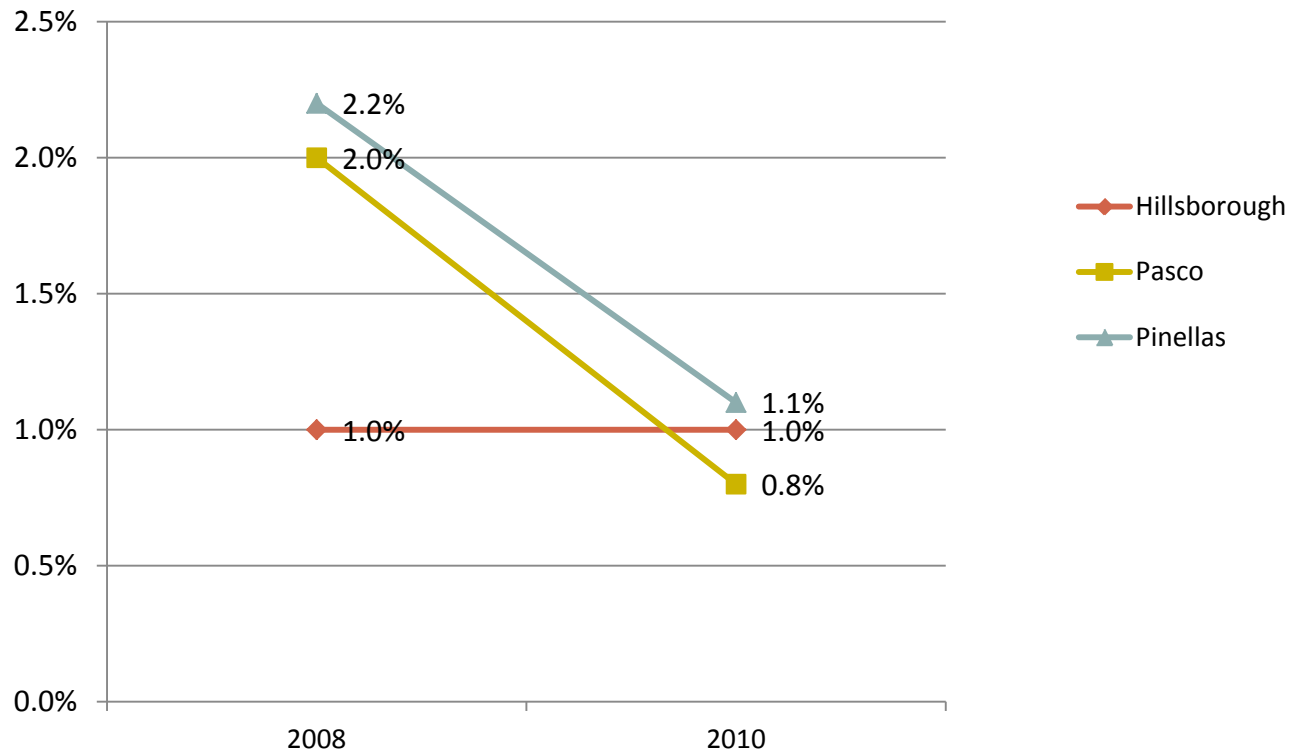


Healthy Tampa Bay Data – Teens who have Used Methamphetamines



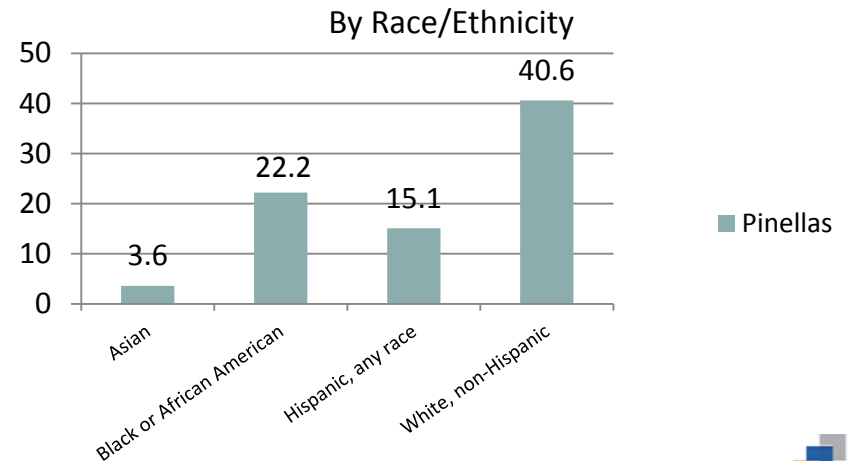
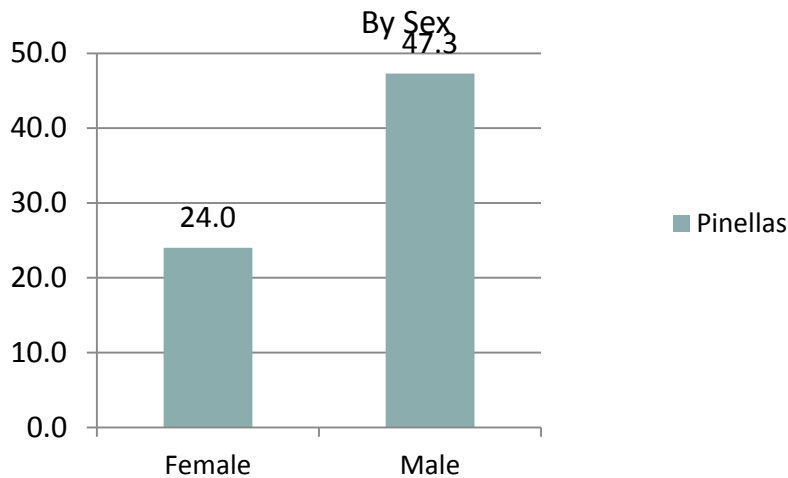
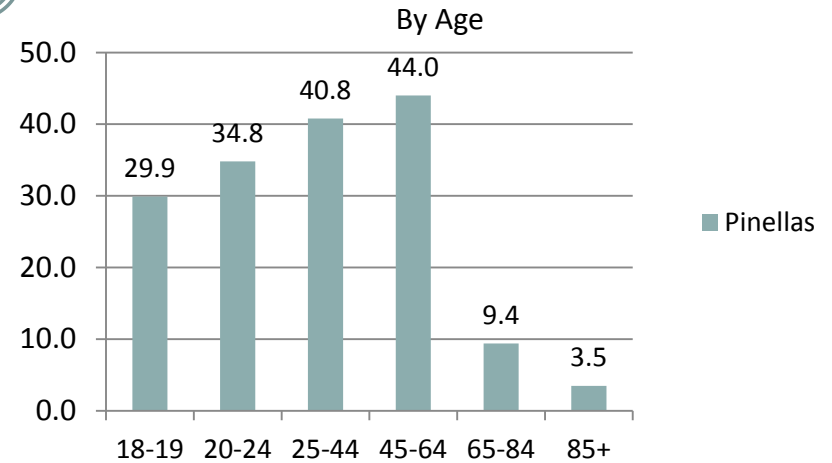
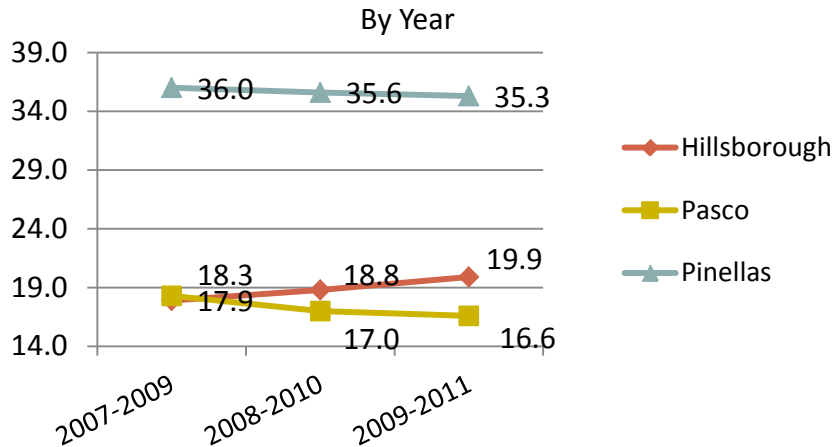
By Year

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



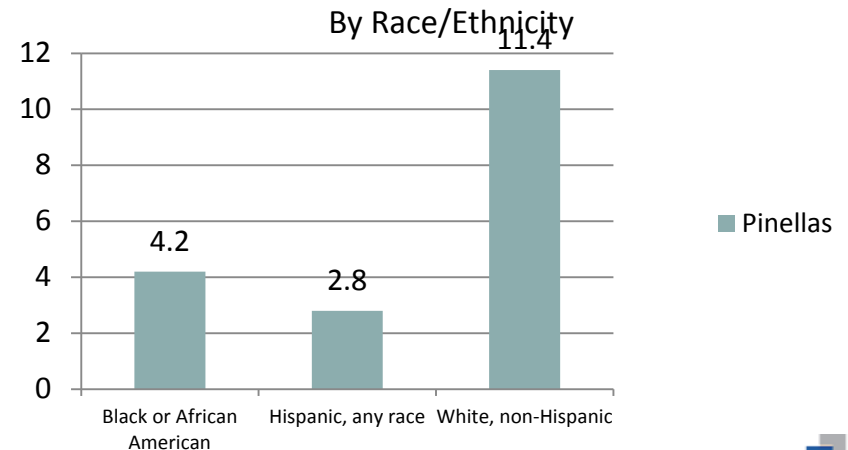
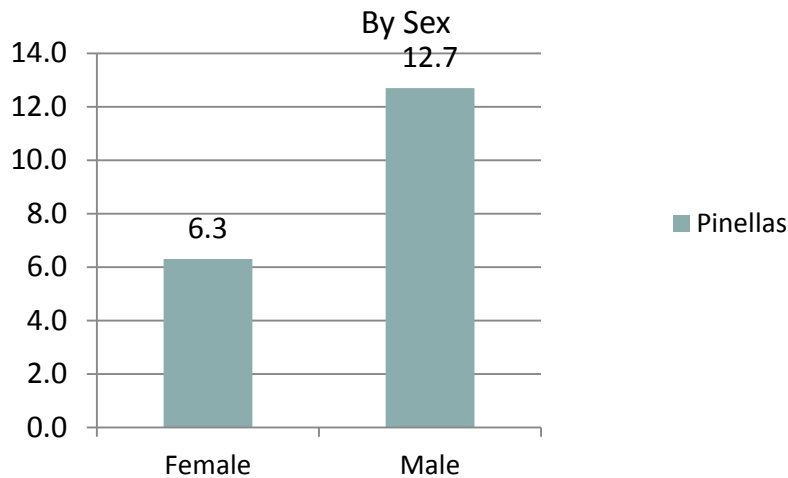
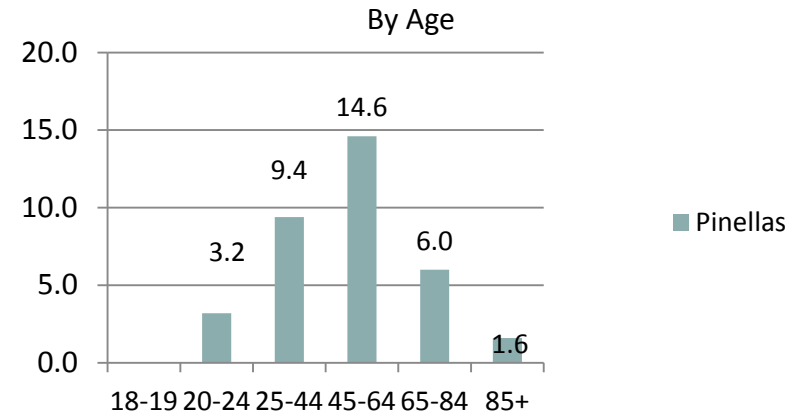
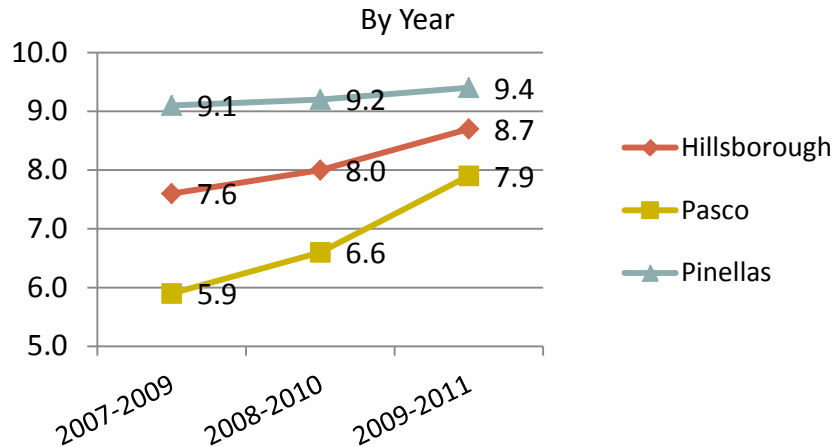
Healthy Tampa Bay Data – ER Rate due to Alcohol Abuse

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



Healthy Tampa Bay Data – Hospitalization Rate due to Alcohol Abuse

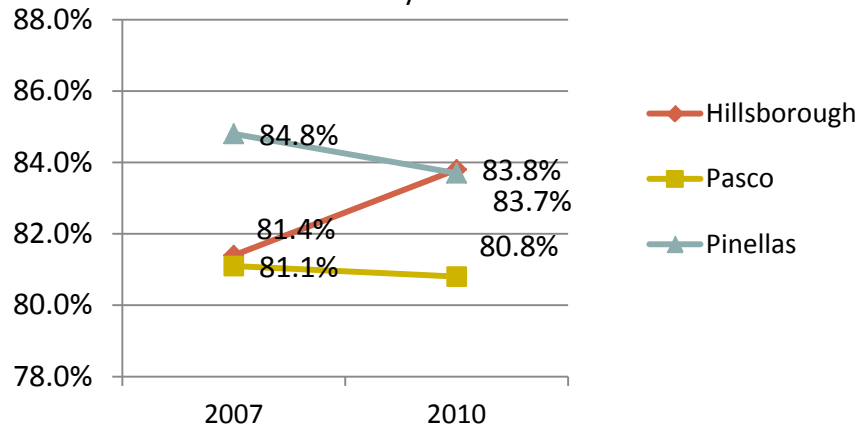
*shows the average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 people ages 18 and older.



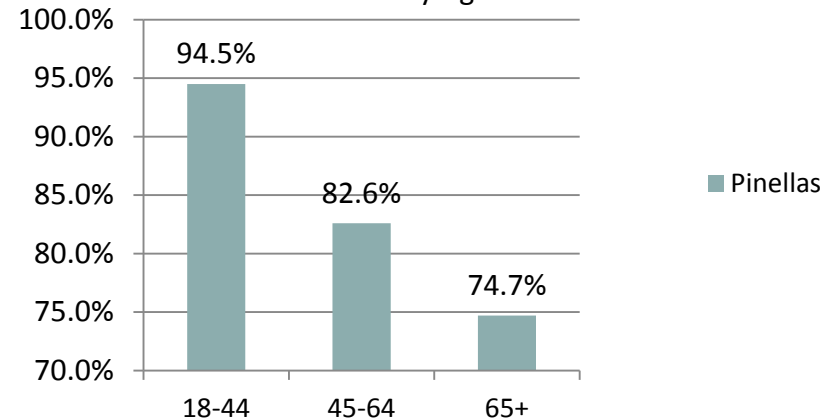
Healthy Tampa Bay Data – Self Reported General Health Assessment

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

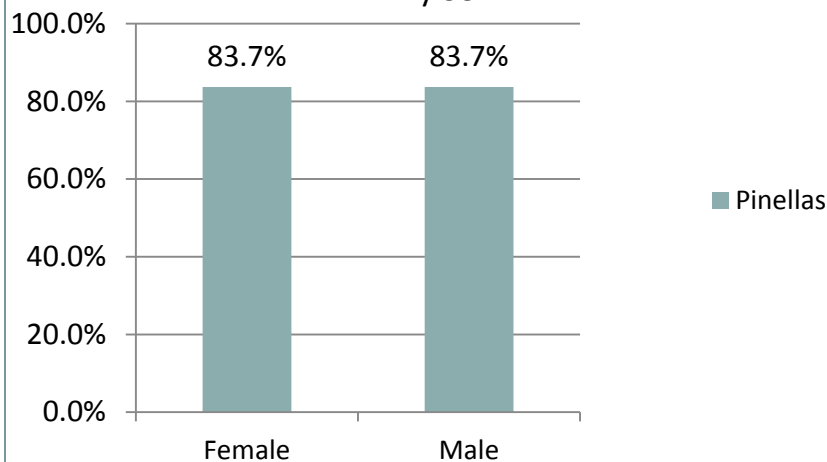
By Year



By Age

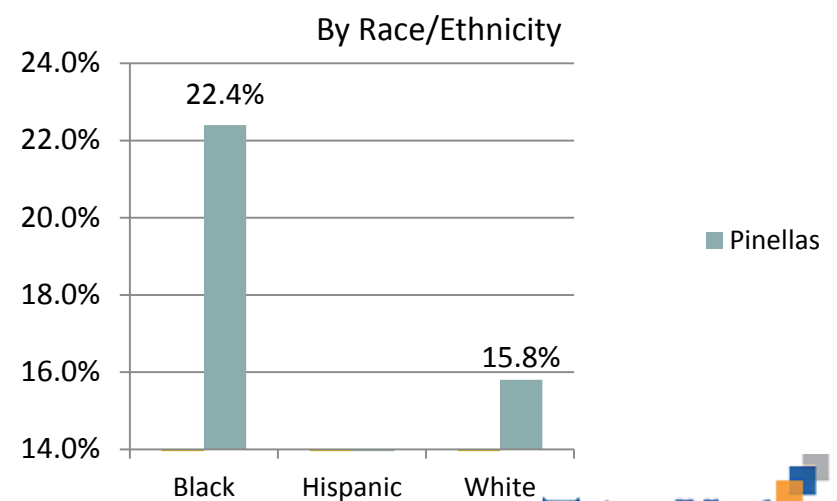
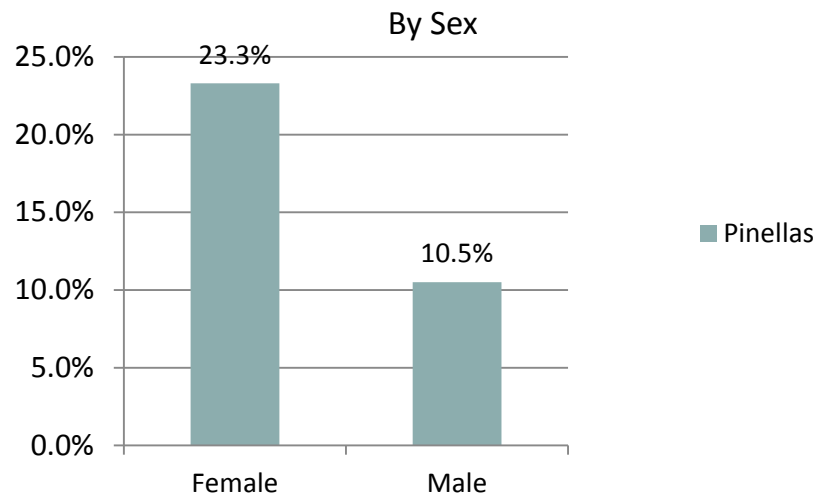
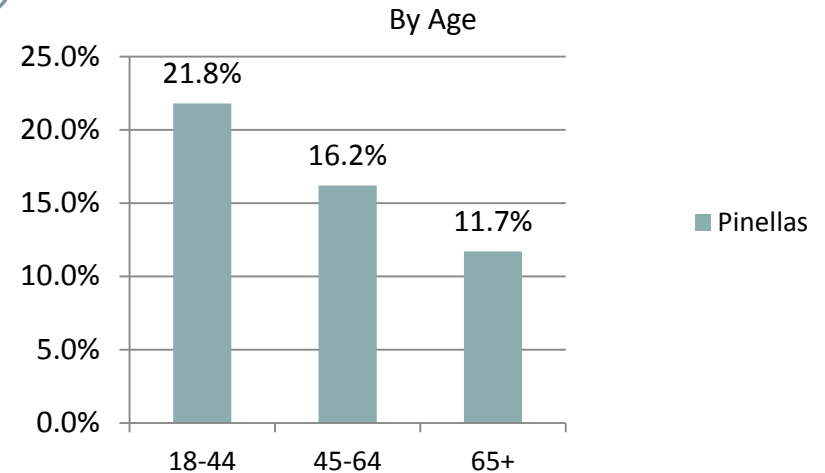
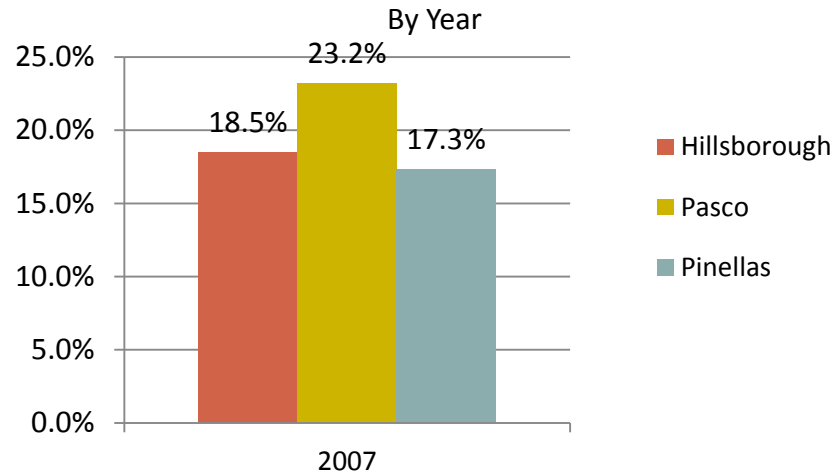


By Sex



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

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

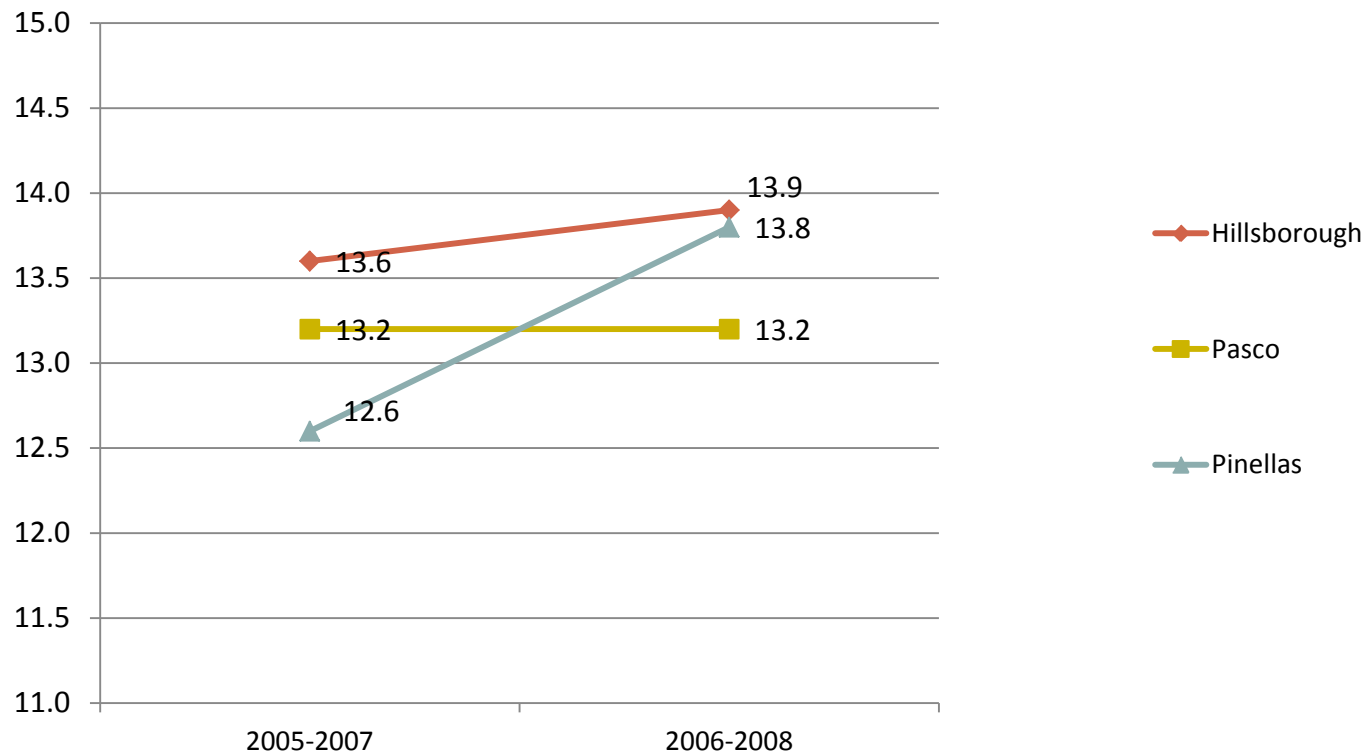


Healthy Tampa Bay Data – Oral Cavity and Pharynx Cancer Incidence Rate



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

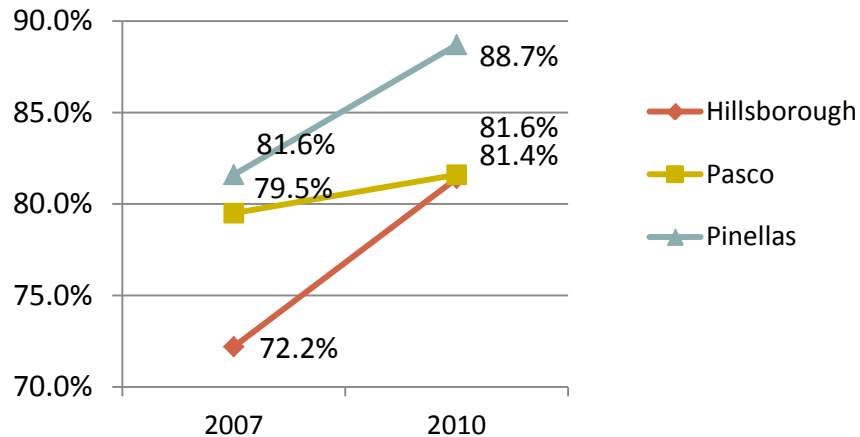
By Year



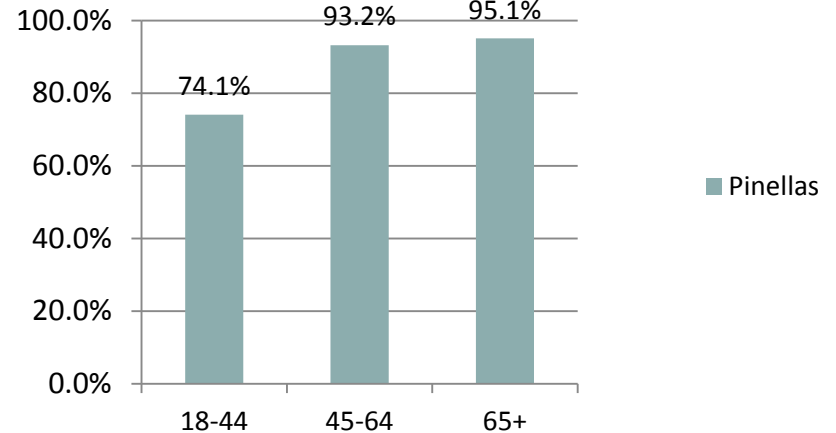
Healthy Tampa Bay Data – Adults with an Unusual Source of Health Care

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

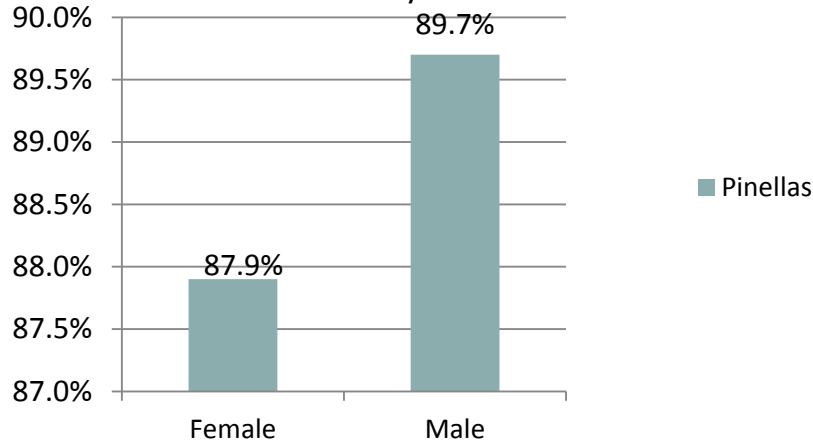
By Year



By Age



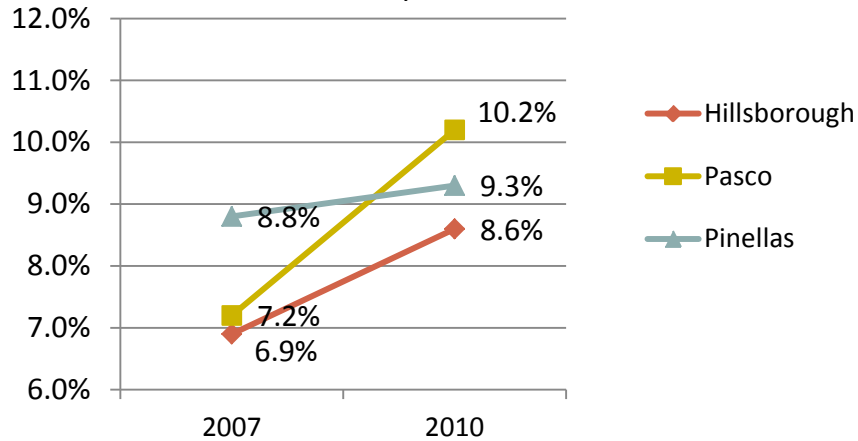
By Sex



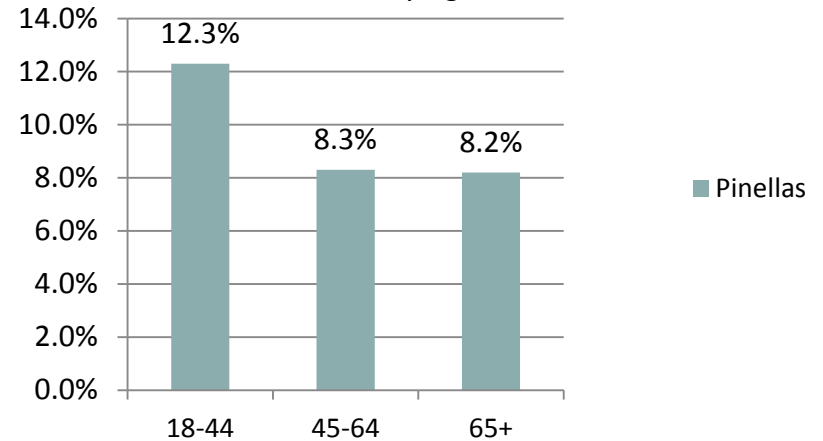
Healthy Tampa Bay Data – Adults with Asthma

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

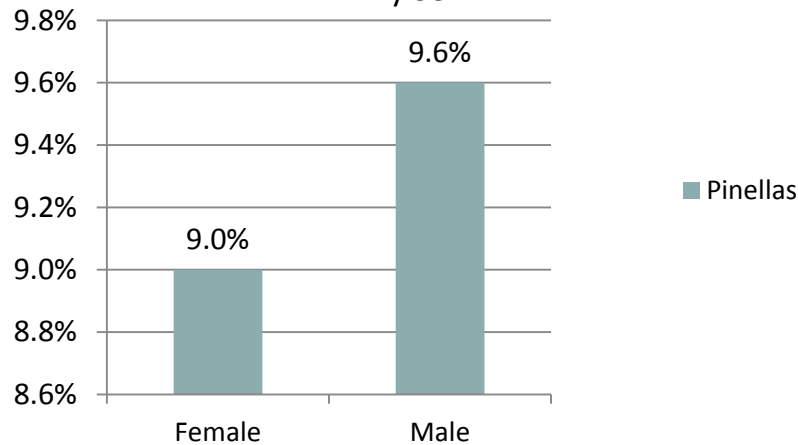
By Year



By Age



By Sex

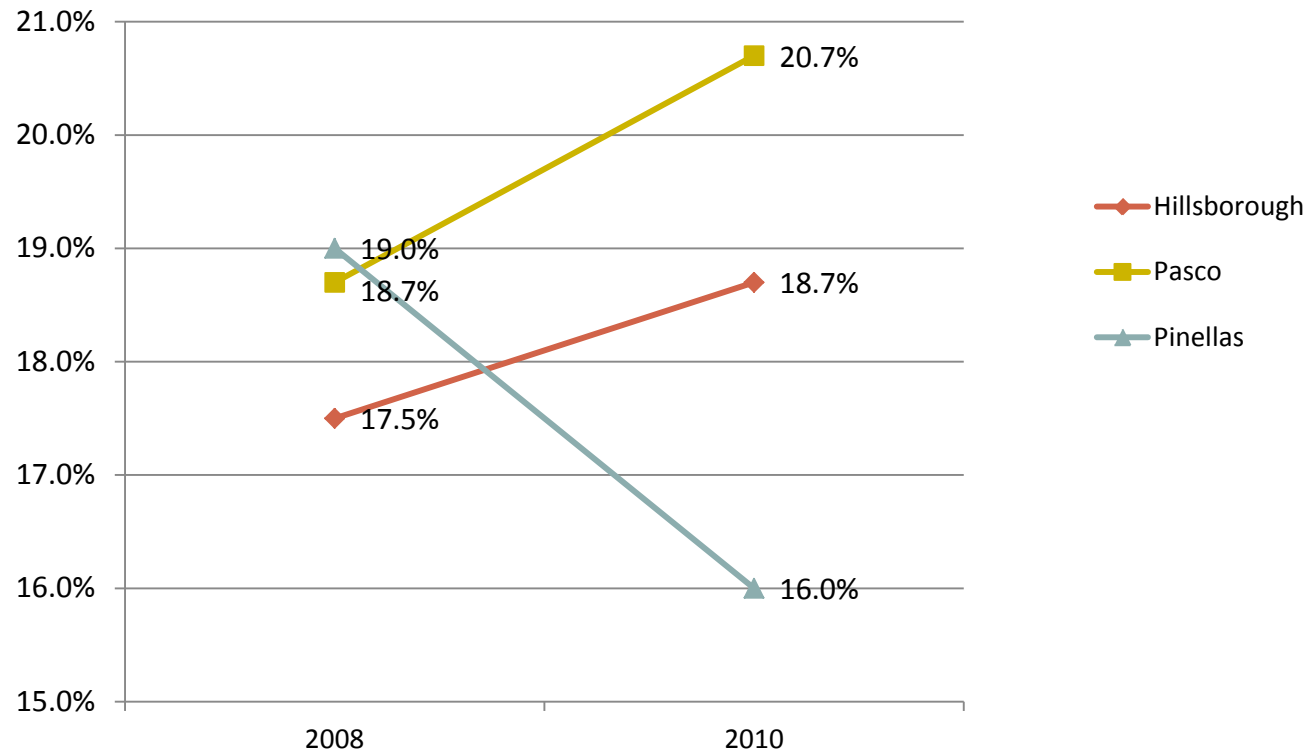


Healthy Tampa Bay Data – Teens with Asthma



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

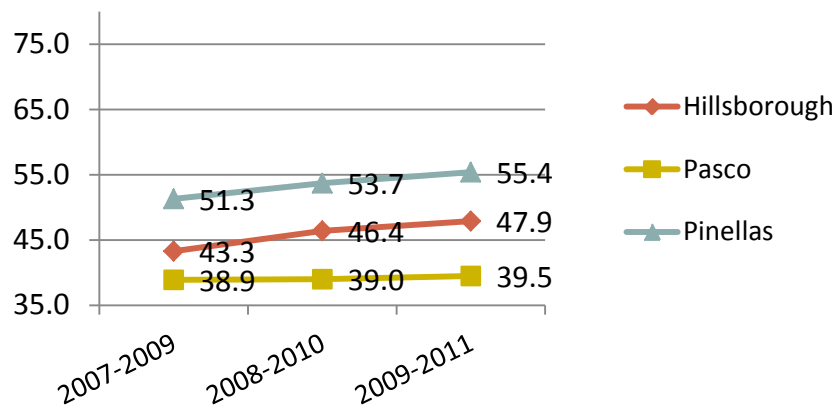
By Year



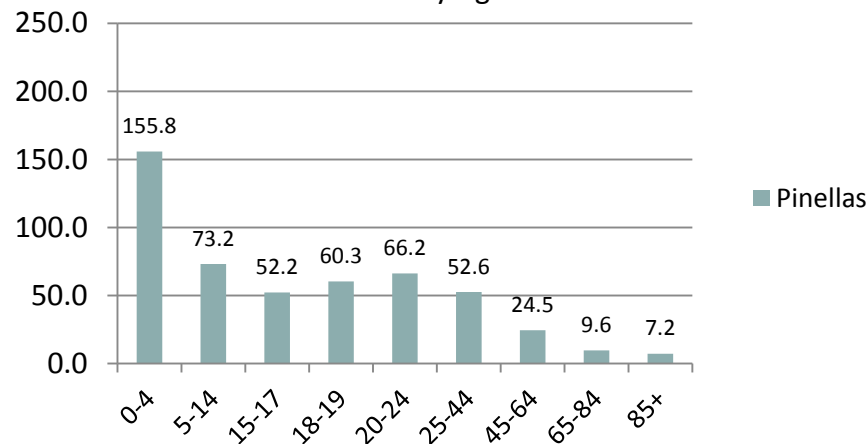
Healthy Tampa Bay Data – ER Rate due to Asthma

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

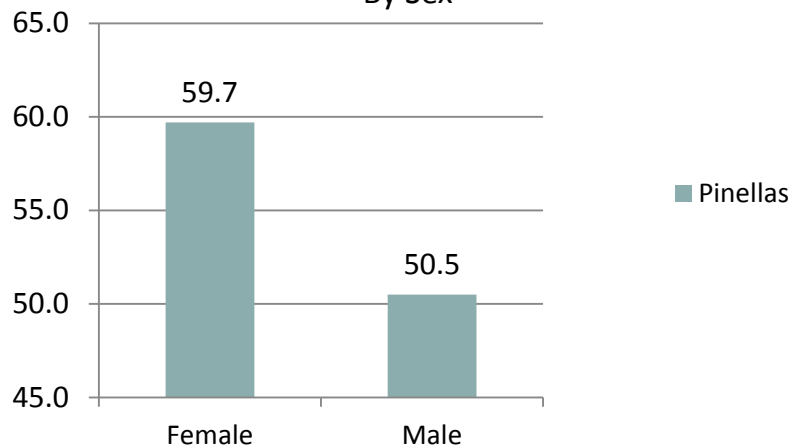
By Year



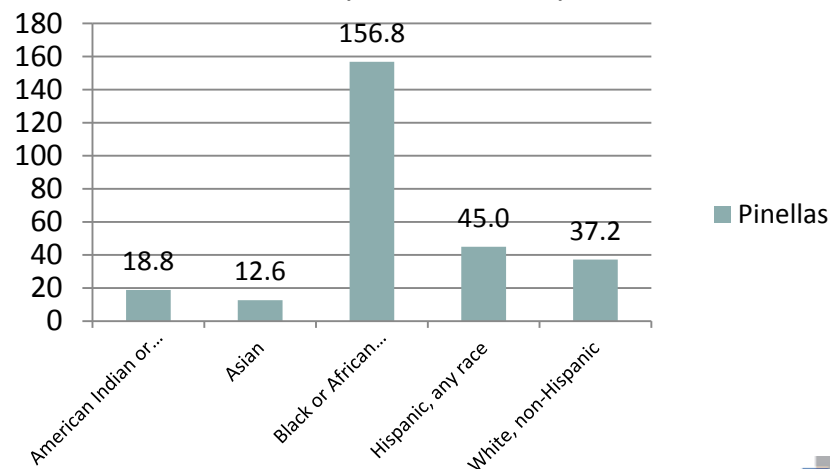
By Age



By Sex

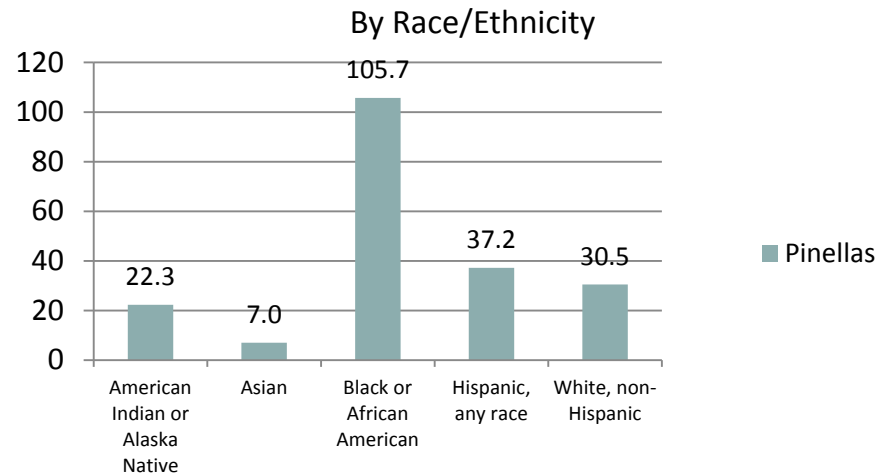
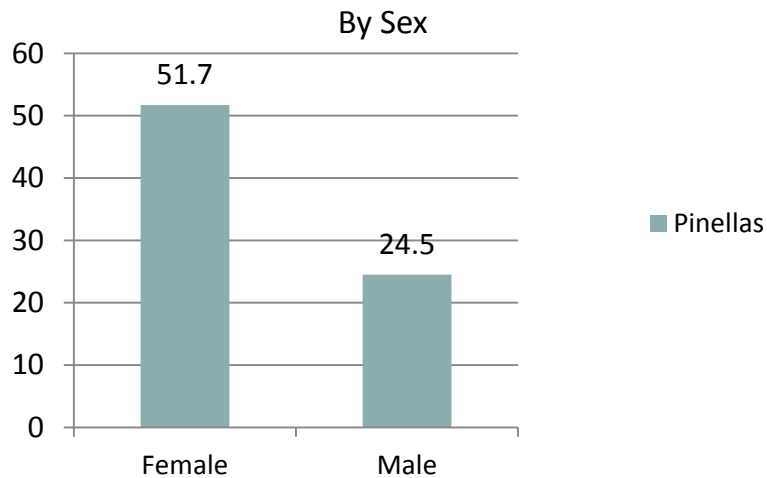
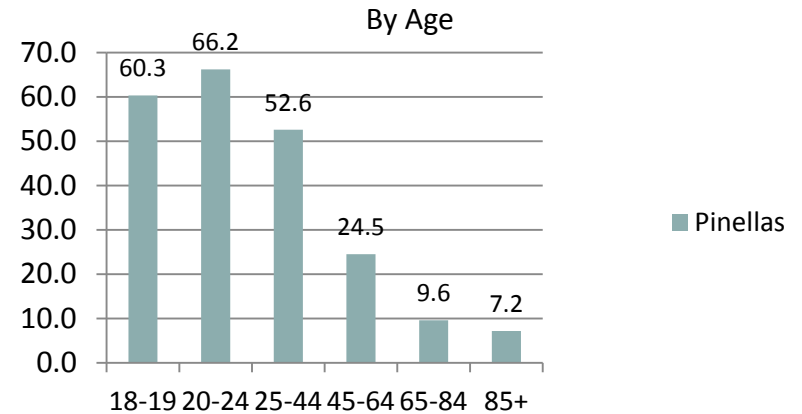
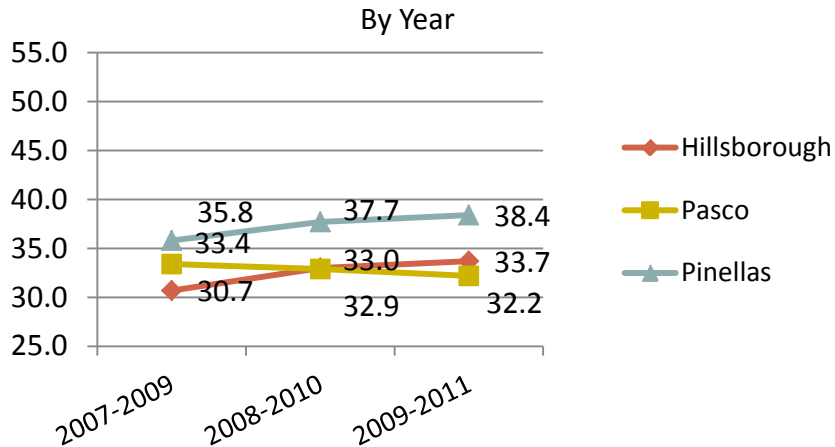


By Race/Ethnicity



Healthy Tampa Bay Data – ER Rate due to Adult Asthma

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

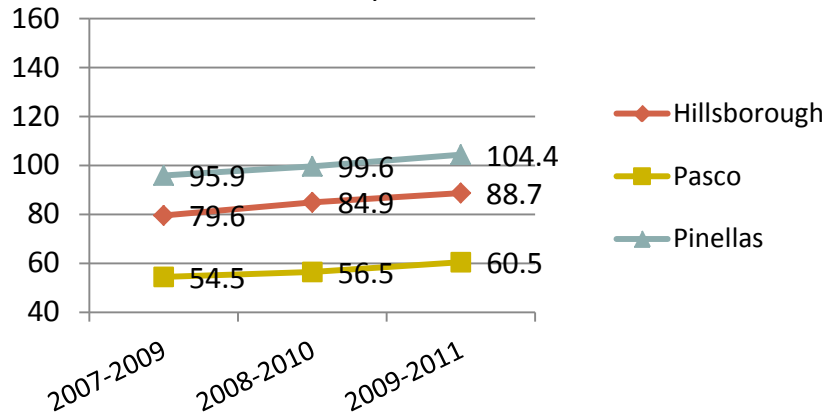


Healthy Tampa Bay Data – ER Rate due to Pediatric Asthma

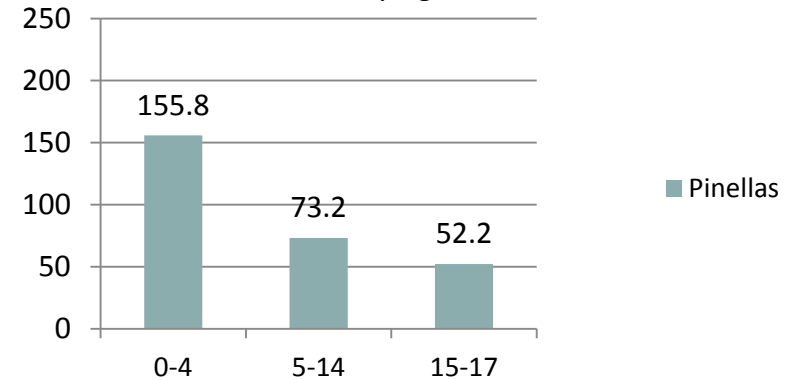
**shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 people under the age of 18.*



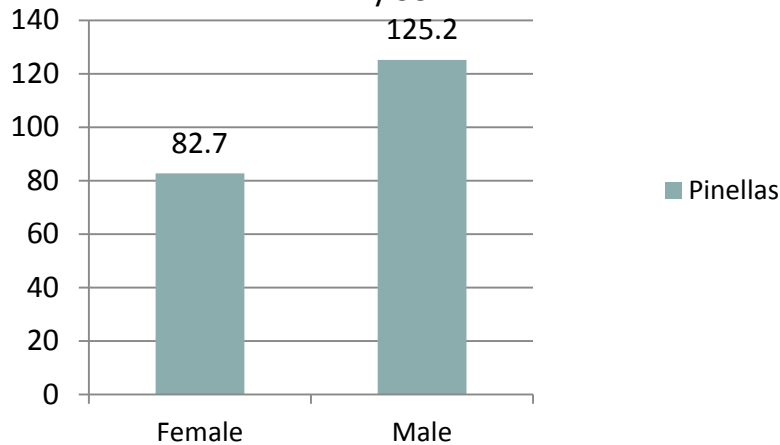
By Year



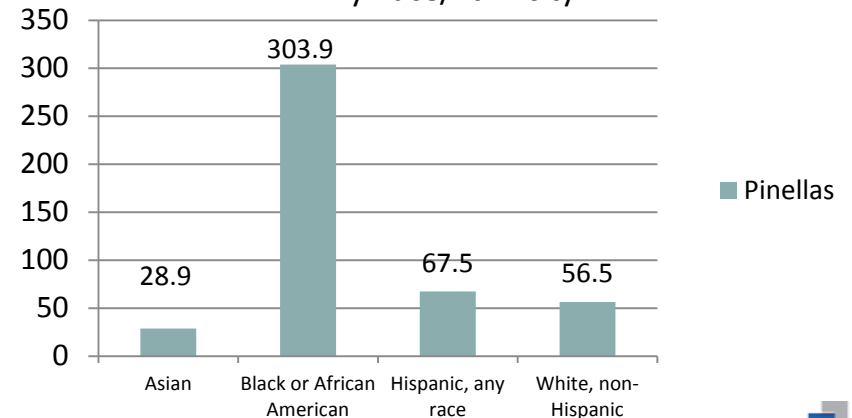
By Age



By Sex

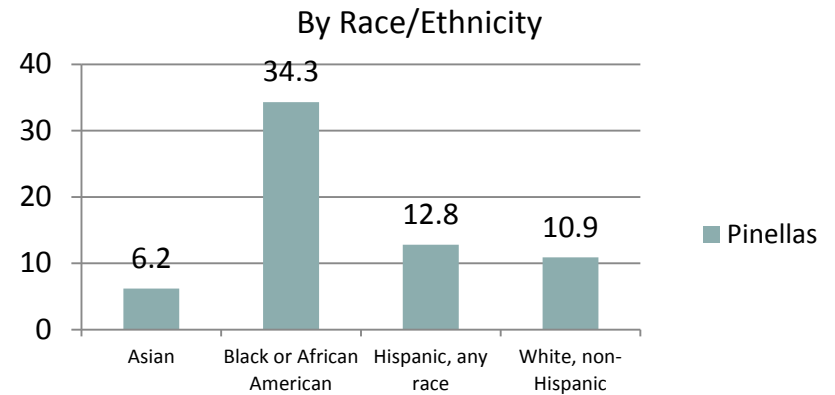
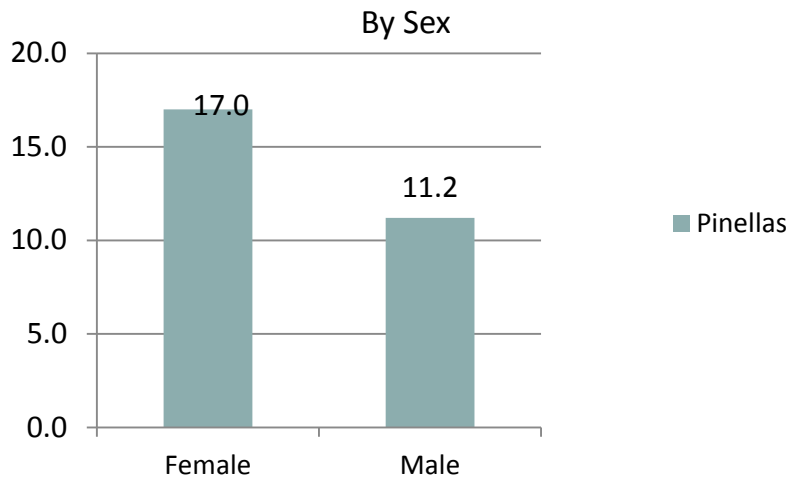
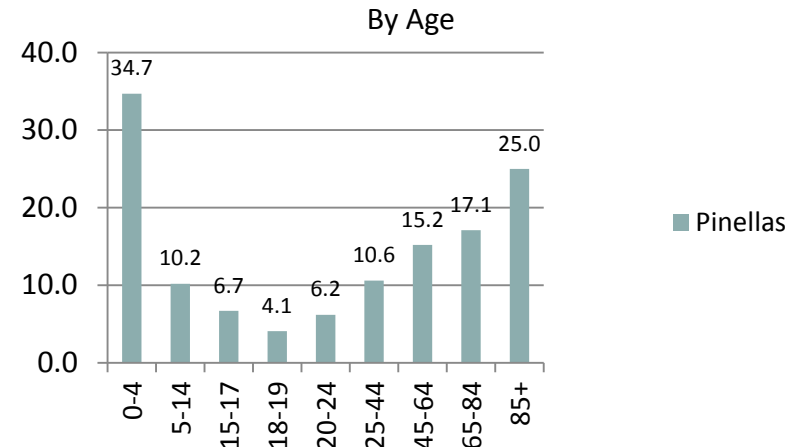
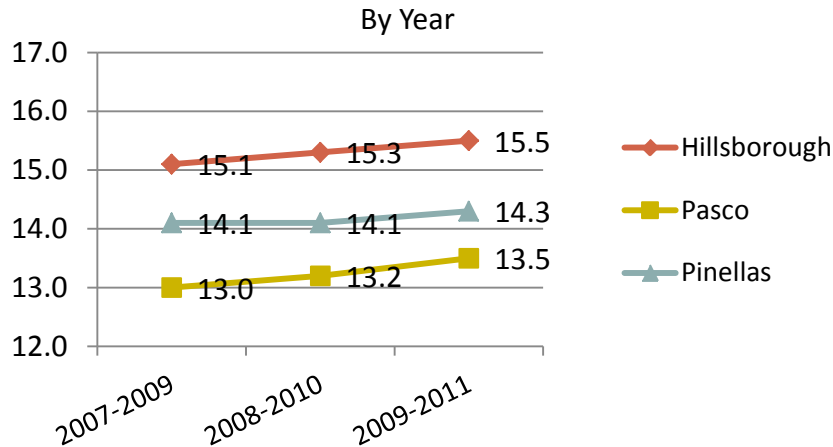


By Race/Ethnicity



Healthy Tampa Bay Data – Hospitalization Rate due to Asthma

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

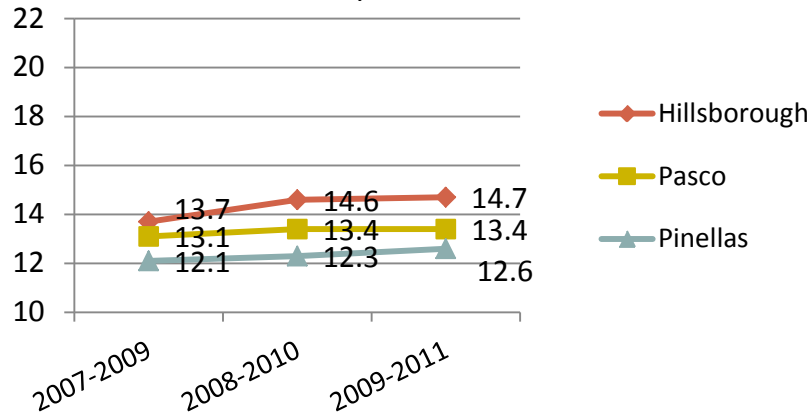


Healthy Tampa Bay Data – Hospitalization Rate due to Adult Asthma

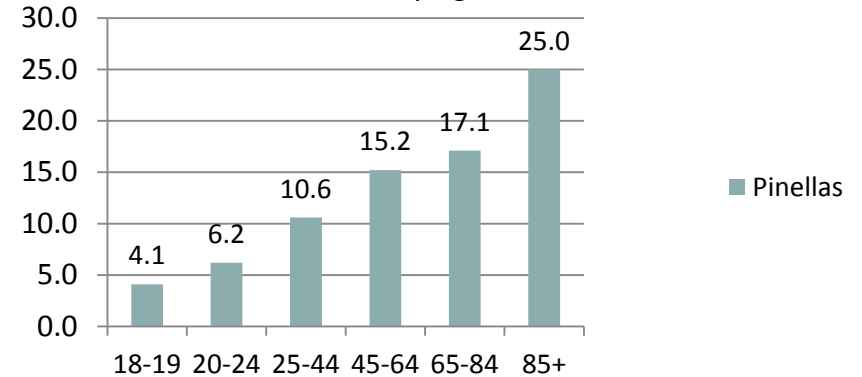
**shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 people under the age of 18.*



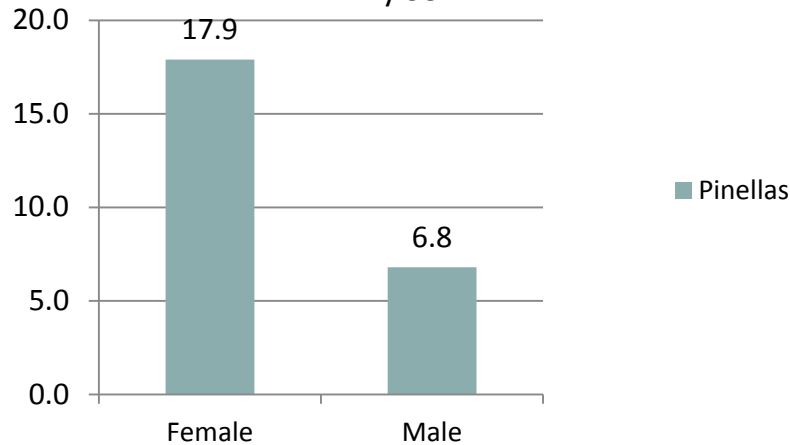
By Year



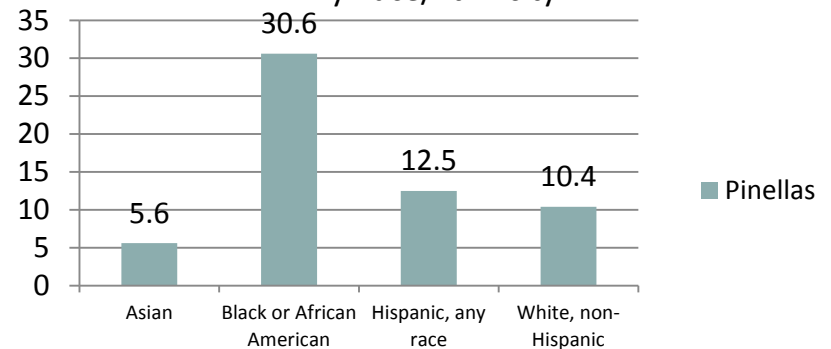
By Age



By Sex

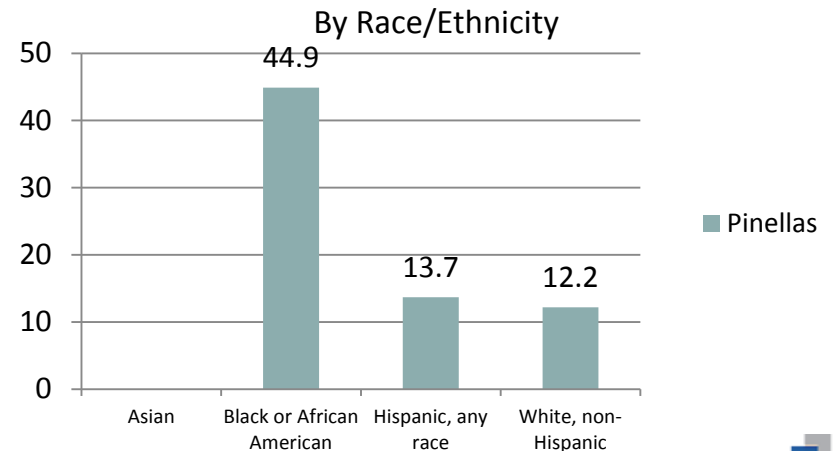
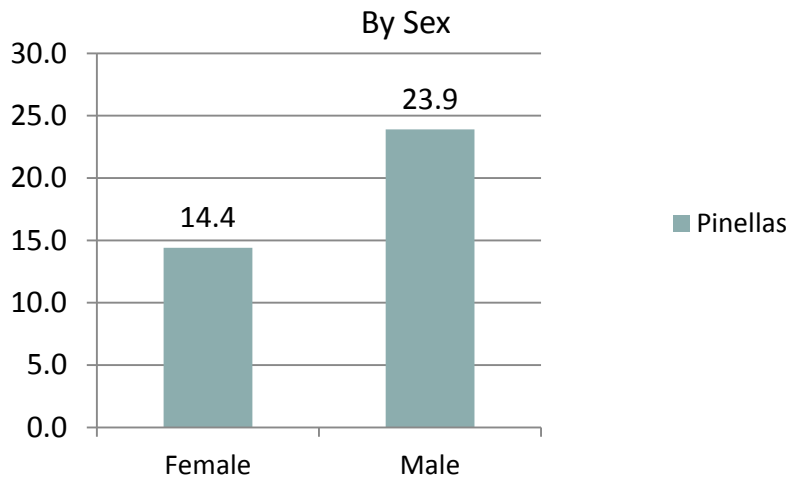
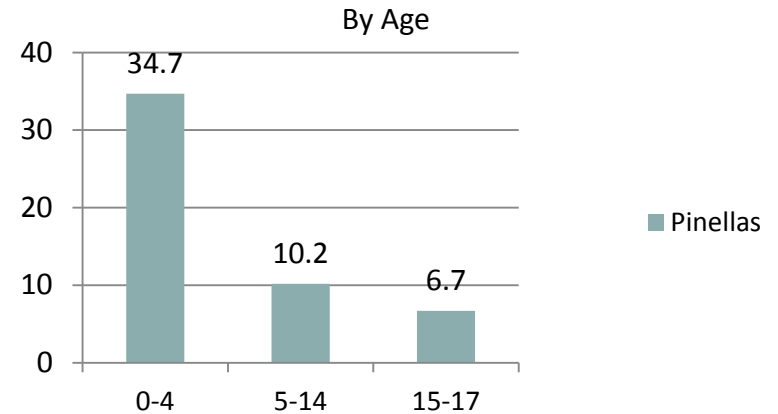
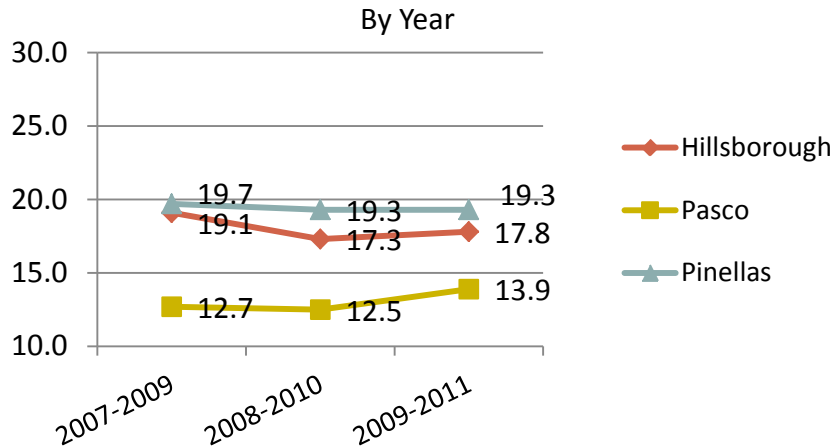


By Race/Ethnicity



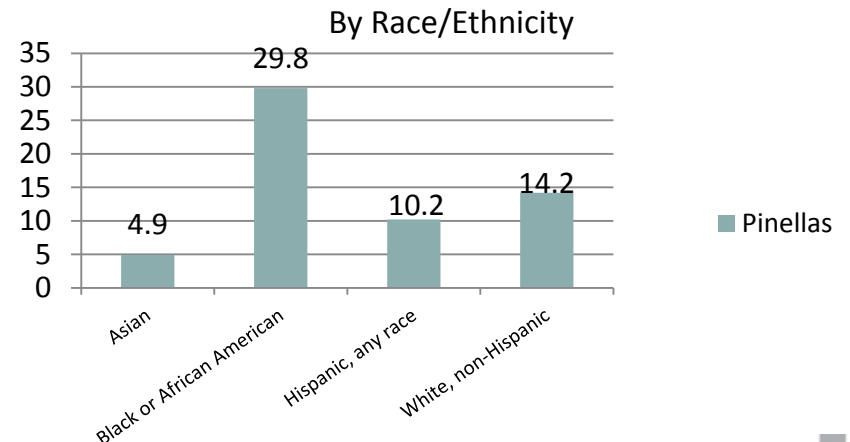
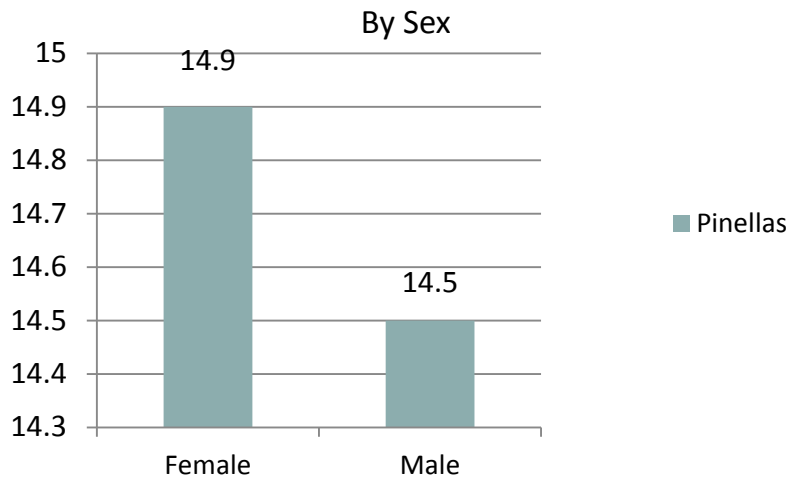
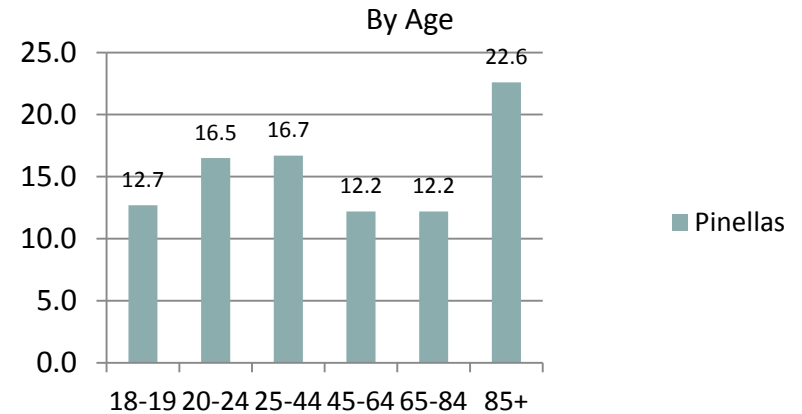
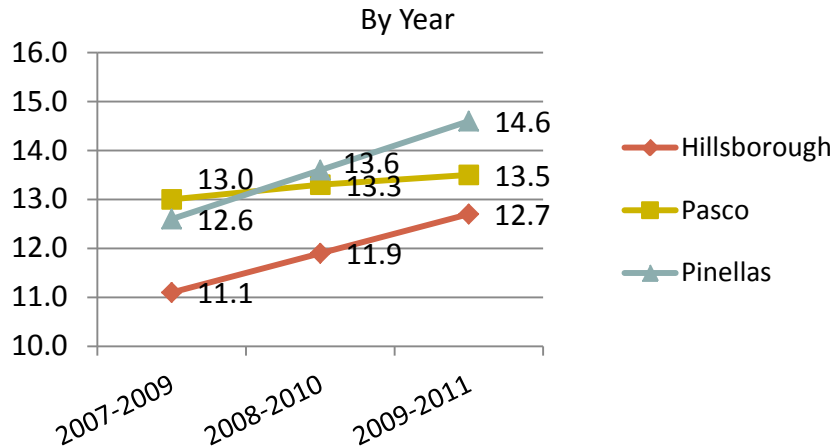
Healthy Tampa Bay Data – Hospitalization Rate due to Pediatric Asthma

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



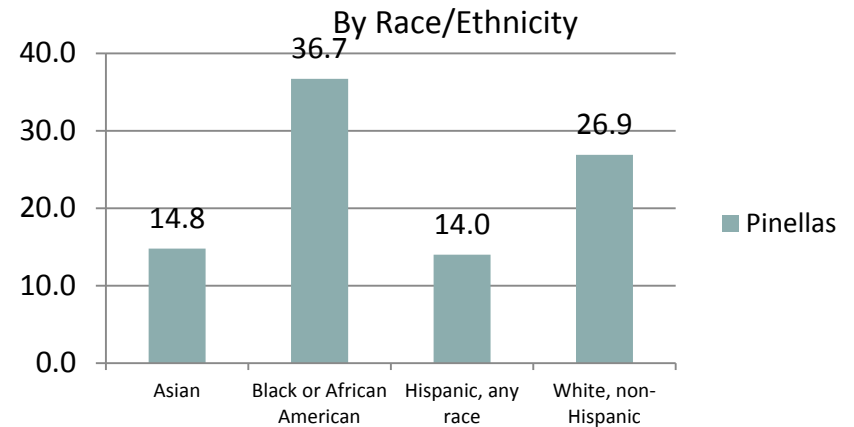
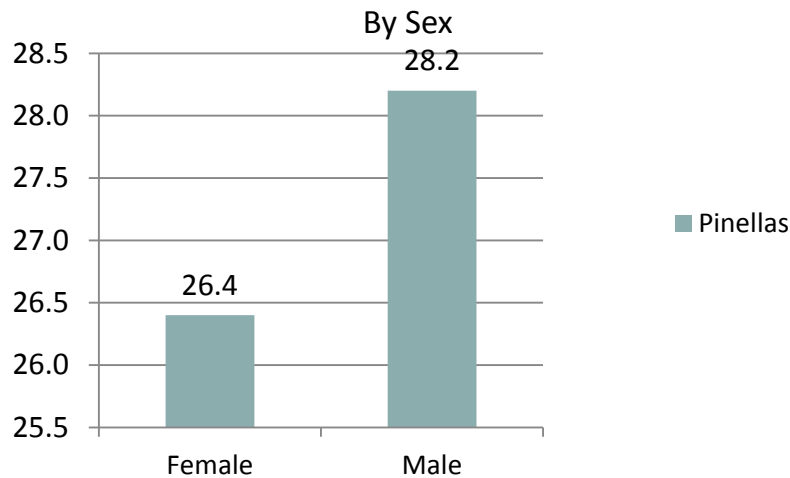
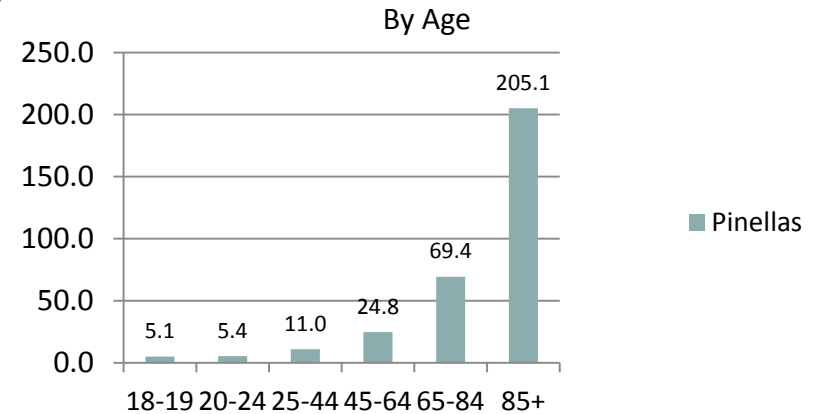
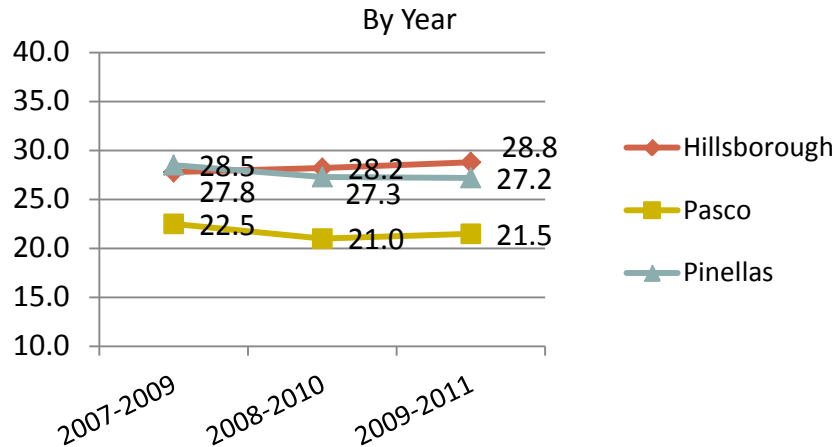
Healthy Tampa Bay Data – ER Rate due to Bacterial Pneumonia

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



Healthy Tampa Bay Data – Hospitalization Rate due to Bacterial Pneumonia

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



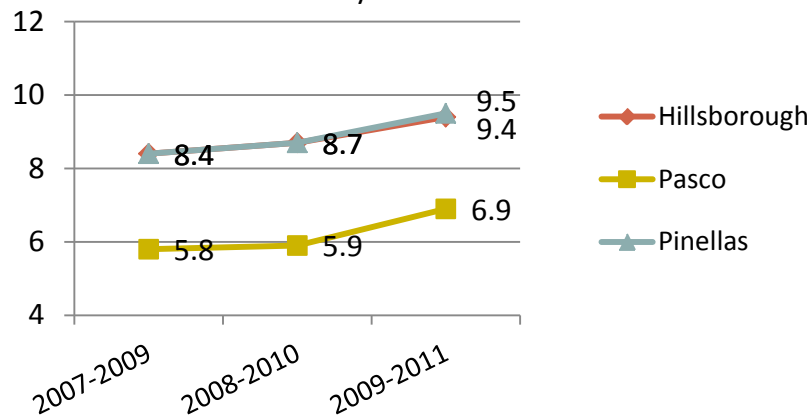
Healthy Tampa Bay Data –

ER Rate due to Immunization-Preventable Pneumonia and Influenza

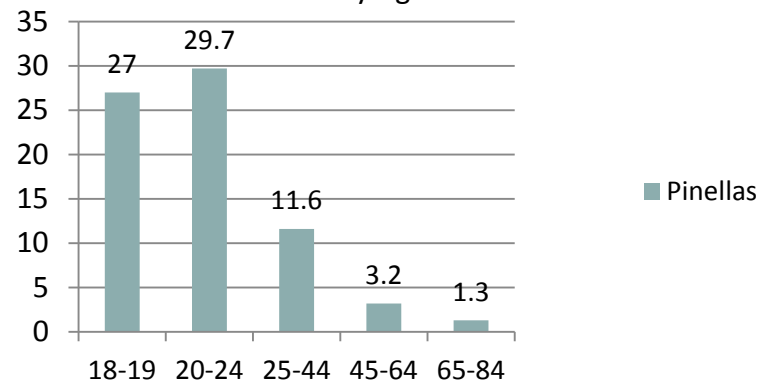
**shows the average annual age-adjusted emergency room visit rate due to immunization-preventable pneumonia per 10,000 people ages 18 and older*



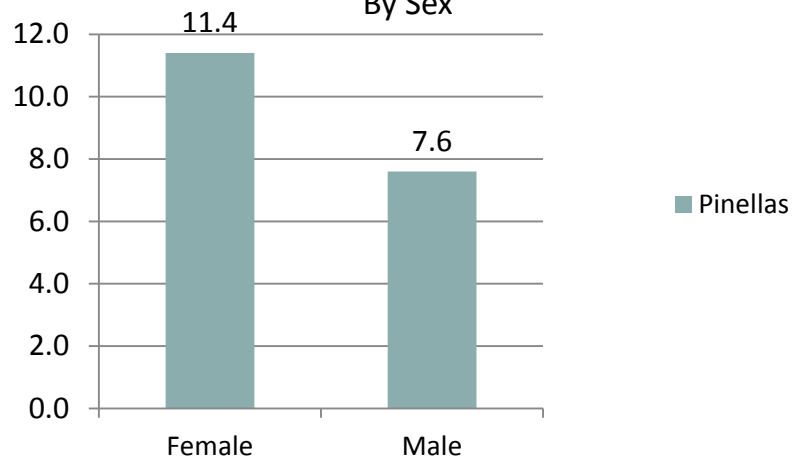
By Year



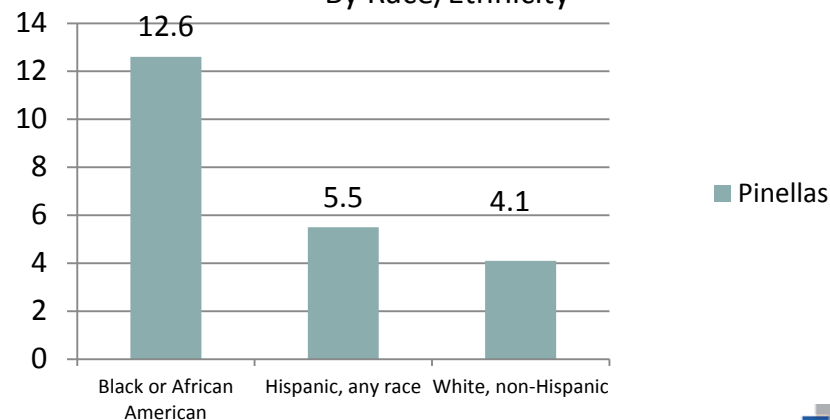
By Age



By Sex

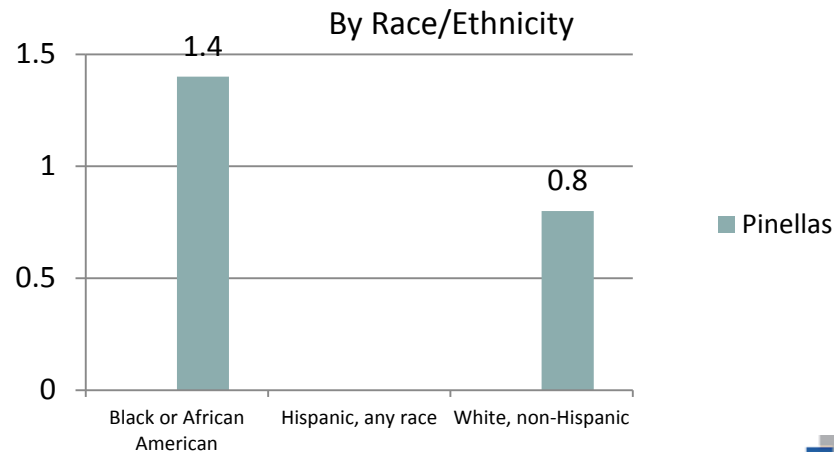
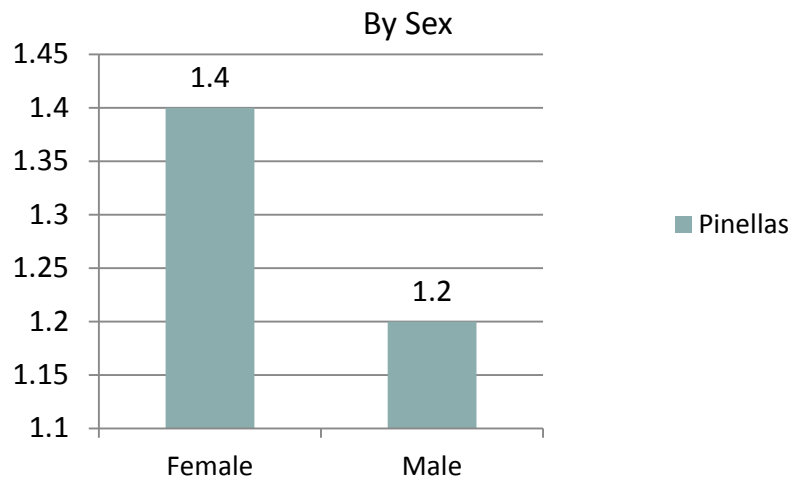
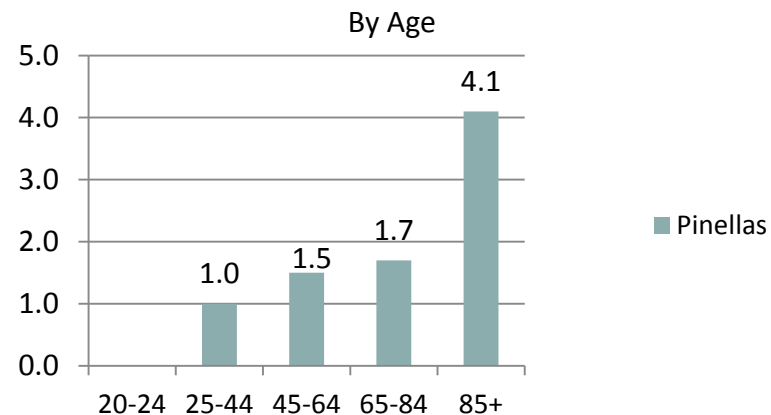
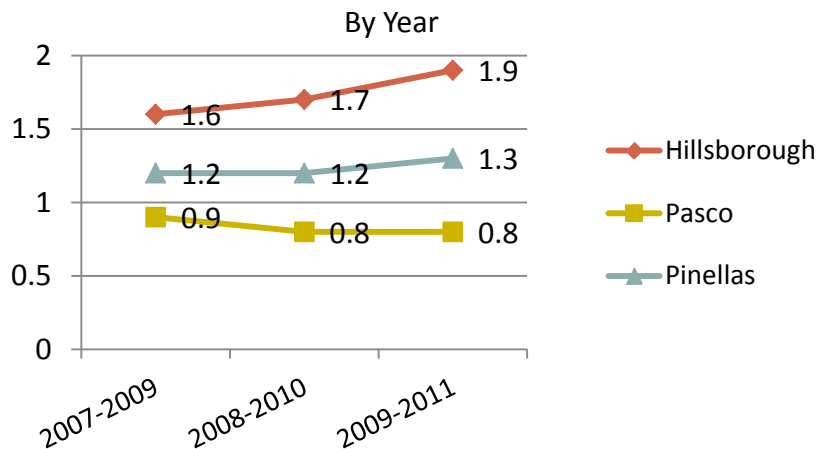


By Race/Ethnicity



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

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

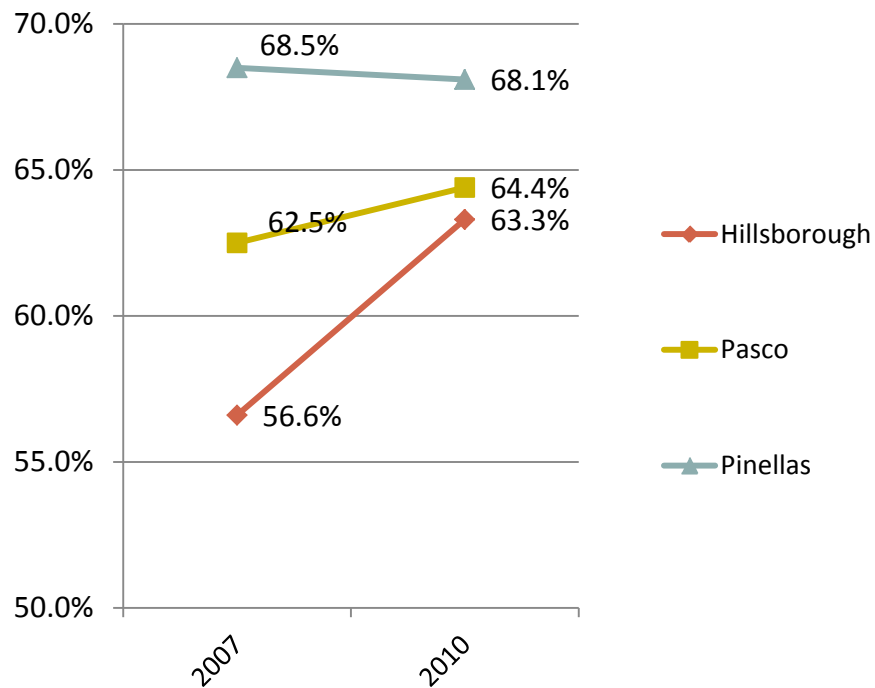


Healthy Tampa Bay Data – Influenza Vaccination Rate 65+

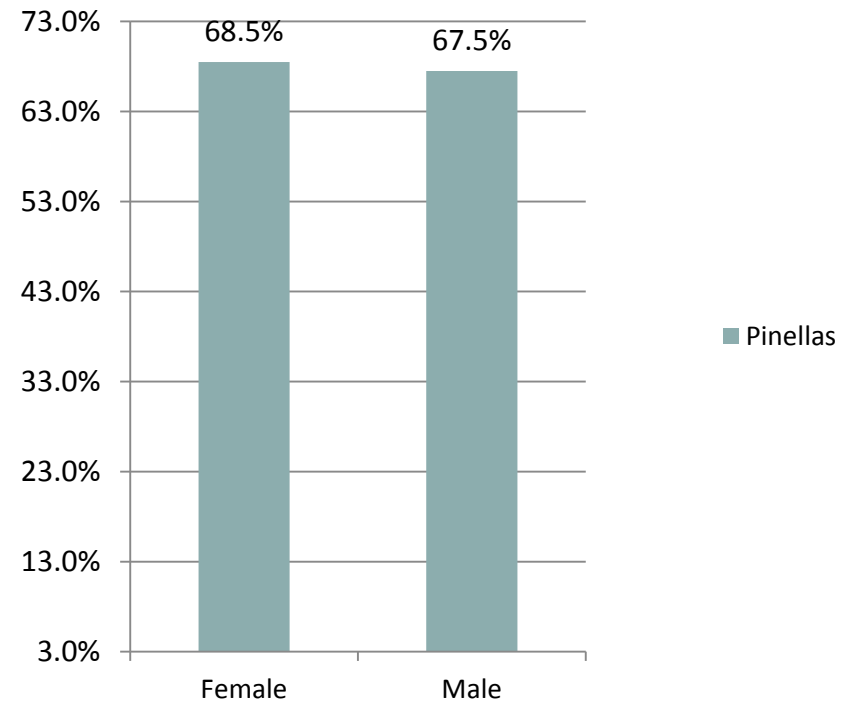
**percentage of adults aged 65 and older who
received the influenza vaccination in the past year.*



By Year



By Sex

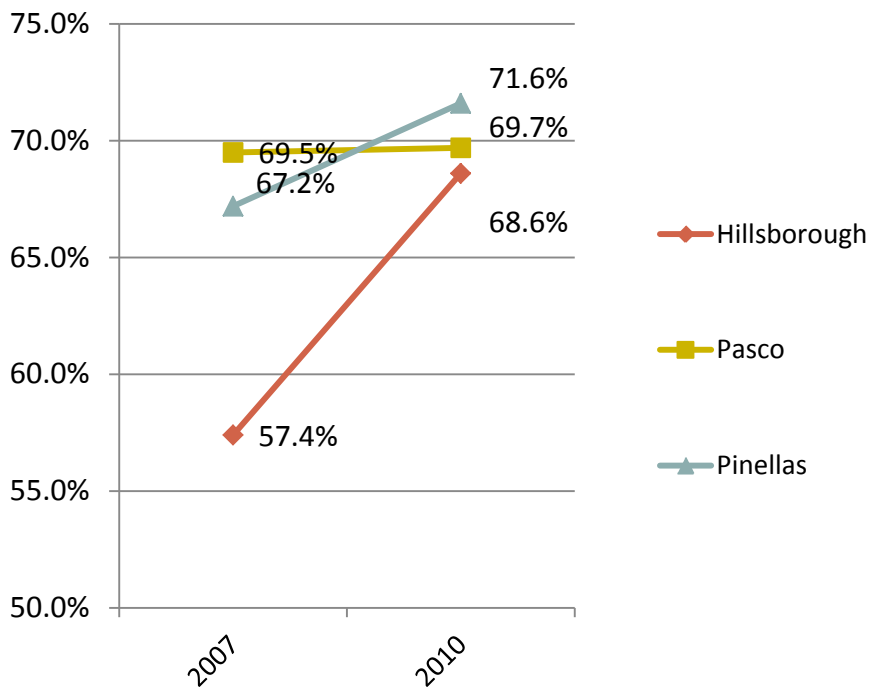


Healthy Tampa Bay Data – Pneumonia Vaccination Rate 65+

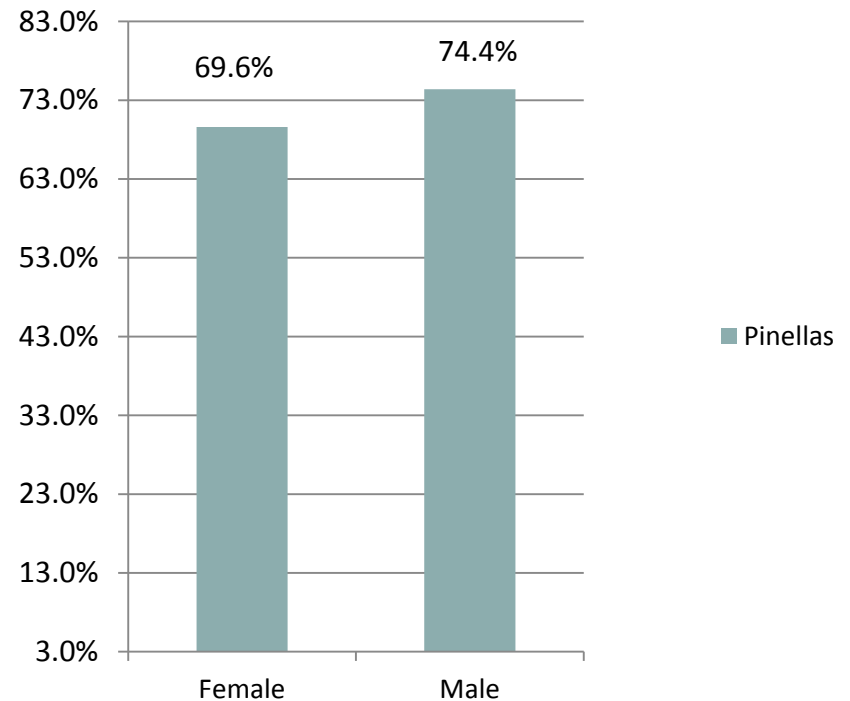
**shows the percentage of adults aged 65 years and older who have ever received a pneumococcal (pneumonia) vaccine.*



By Year



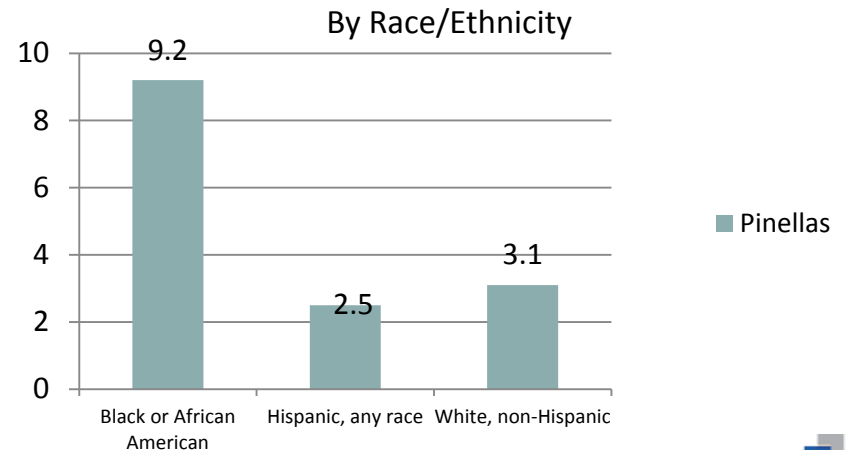
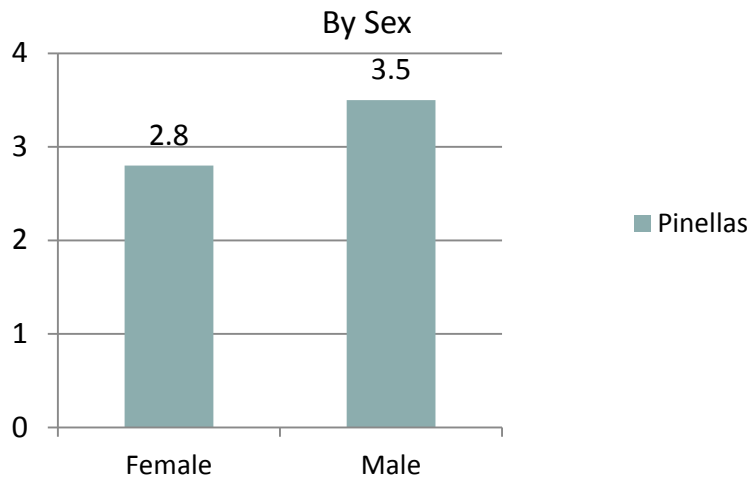
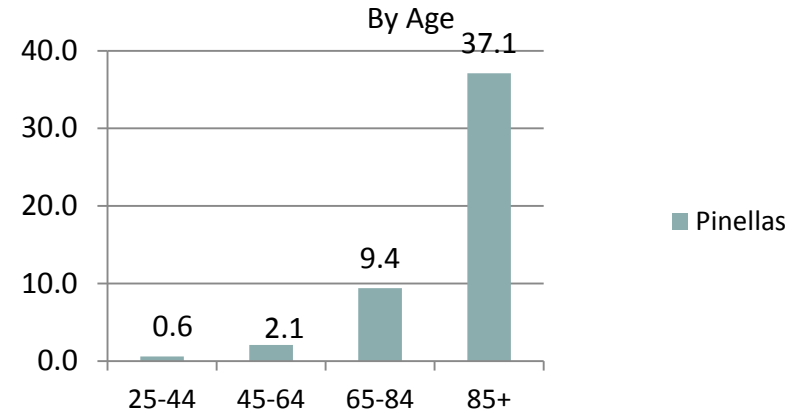
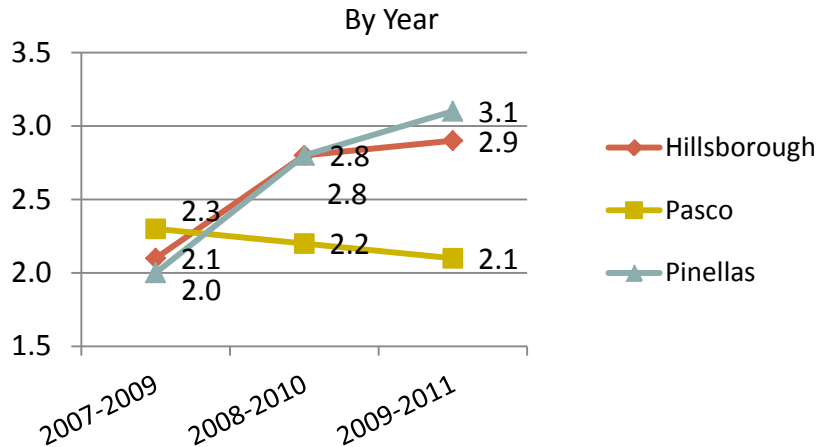
By Sex



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



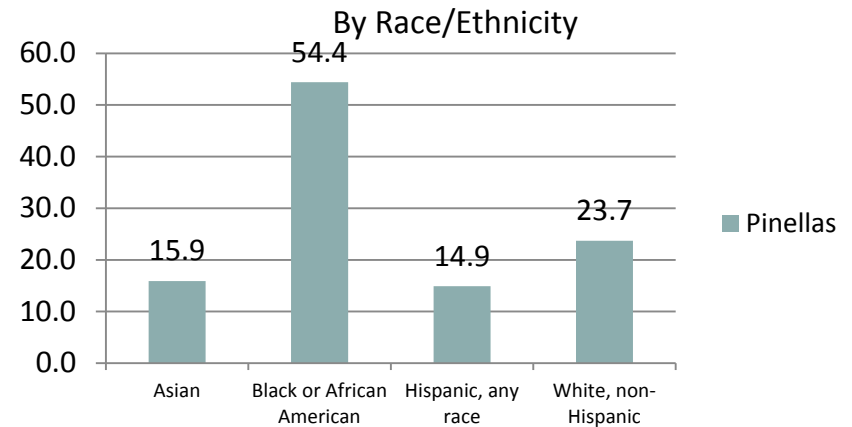
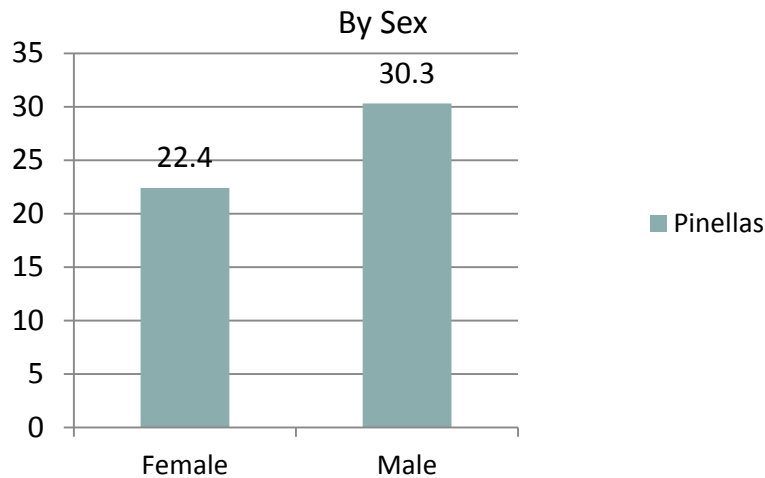
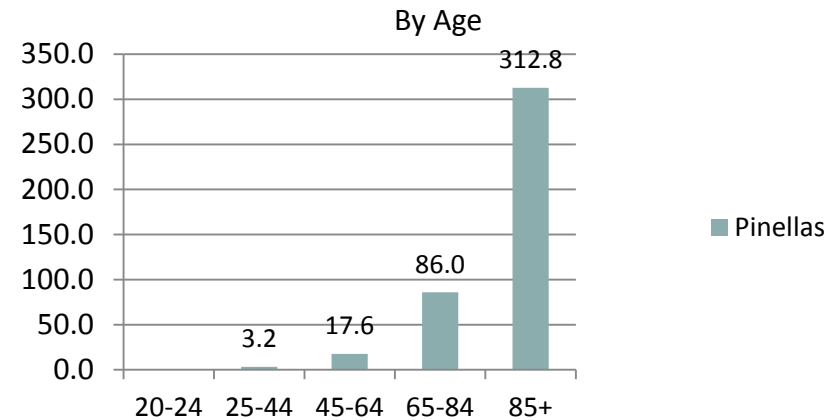
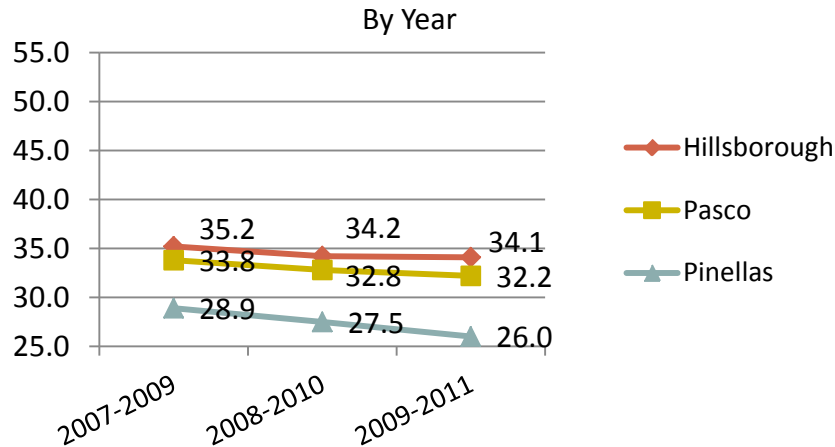
**shows the average annual age-adjusted emergency room visit rate due to non-hypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.*



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



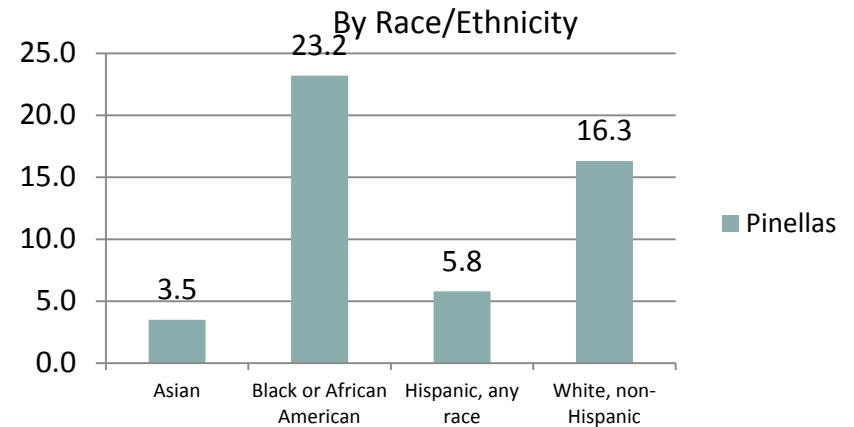
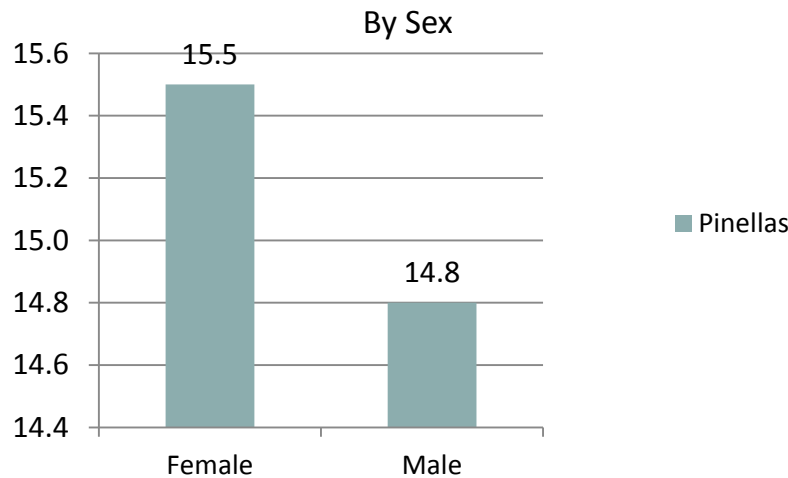
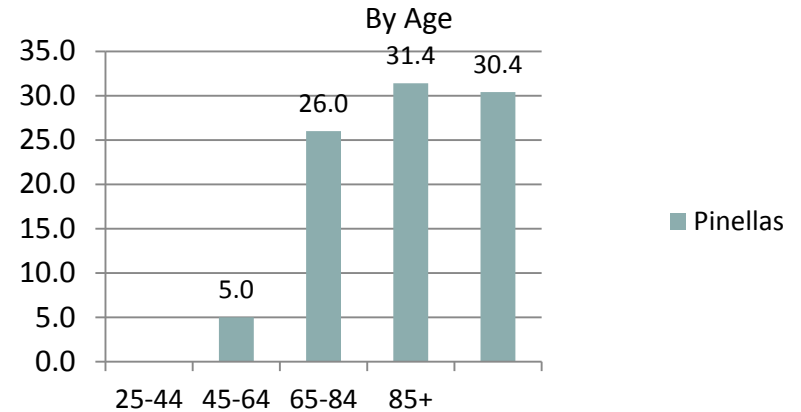
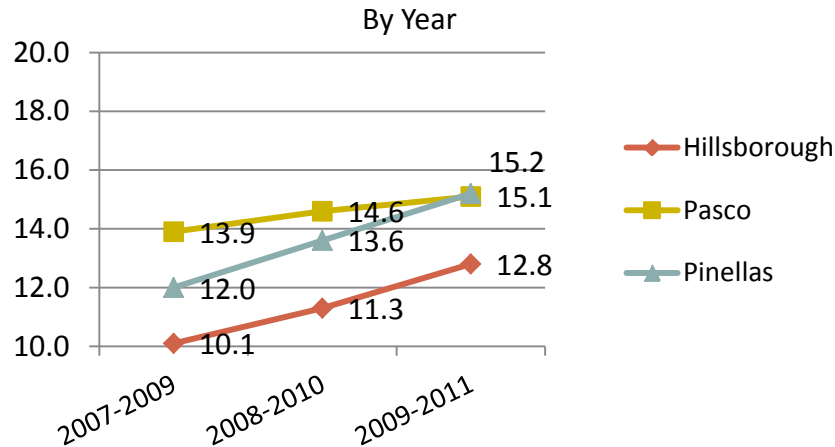
**shows the average annual age-adjusted hospitalization rate due to non-hypertensive congestive heart failure (CHF), including rheumatic heart failure per 10,000 people ages 18 and older.*



Healthy Tampa Bay Data – ER Rate due to COPD

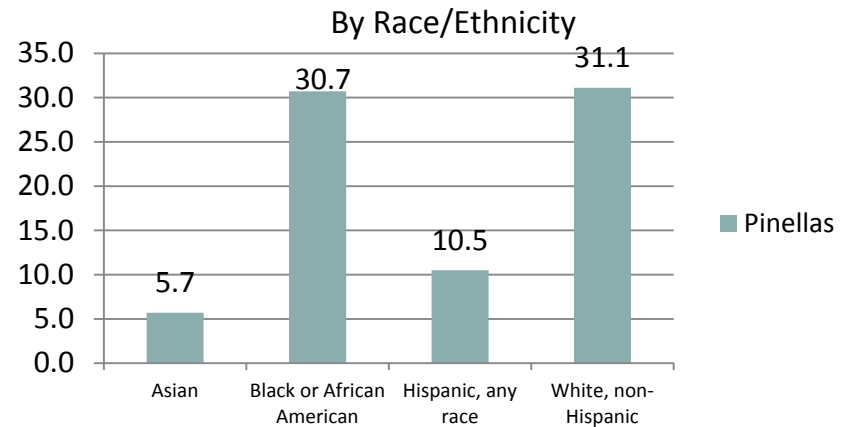
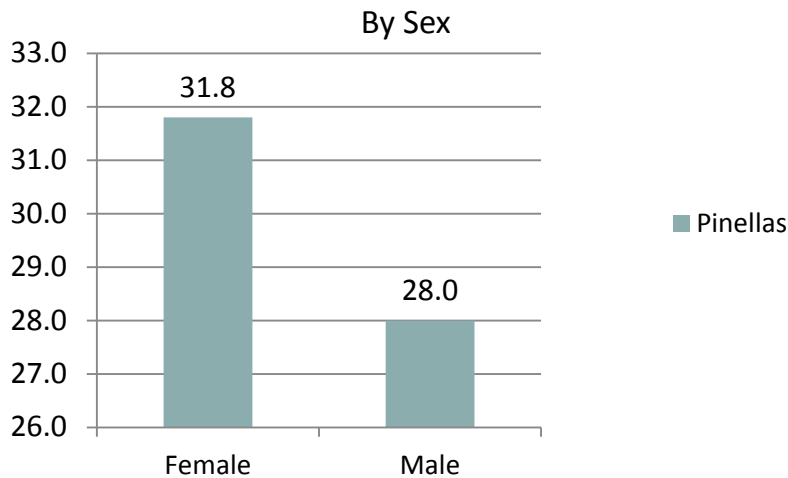
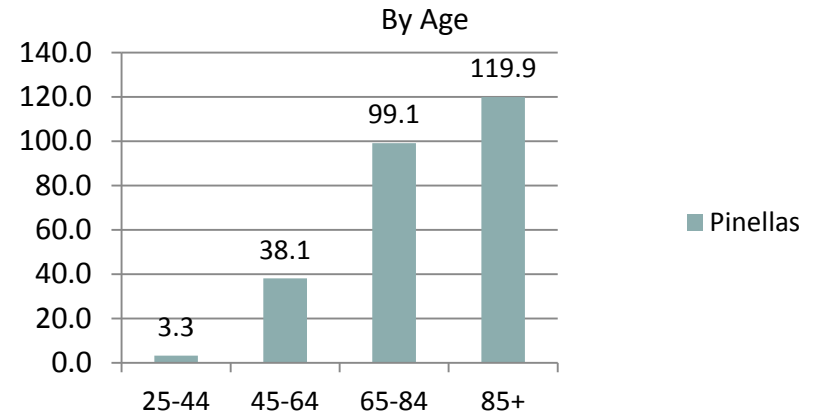
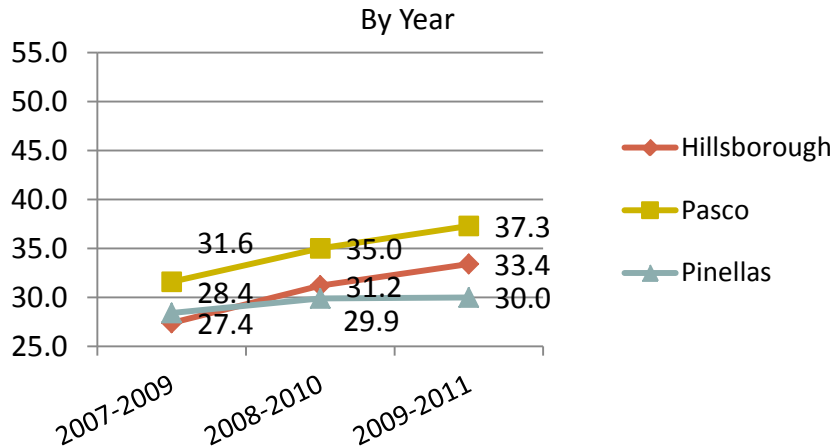


**shows the average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.*



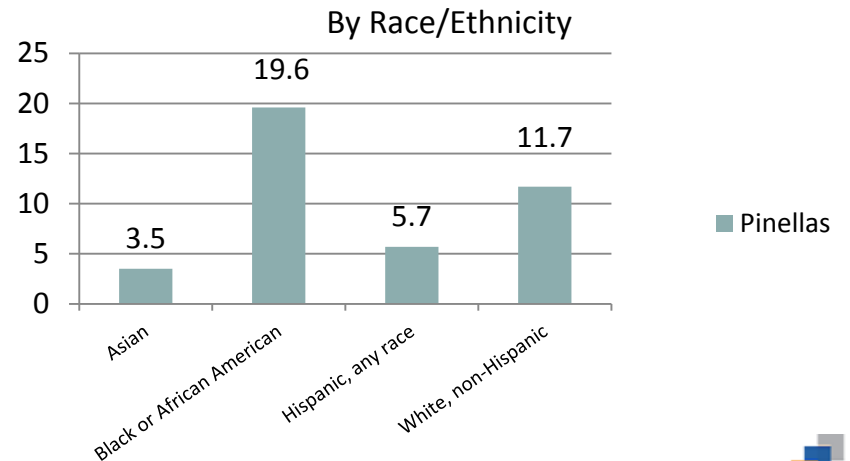
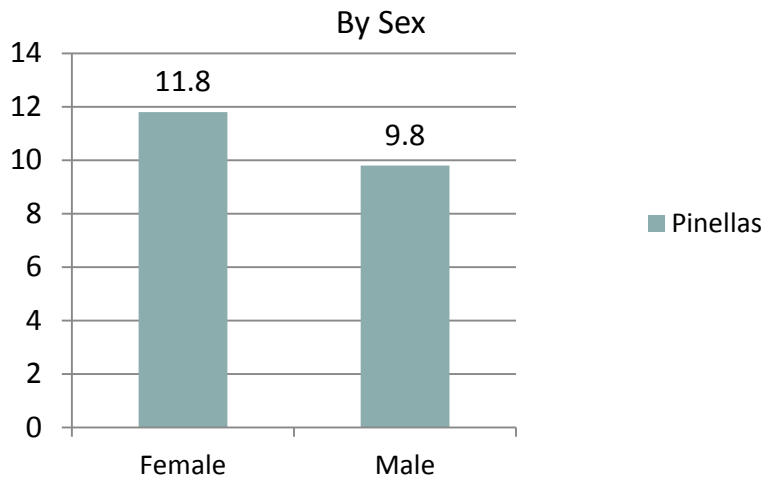
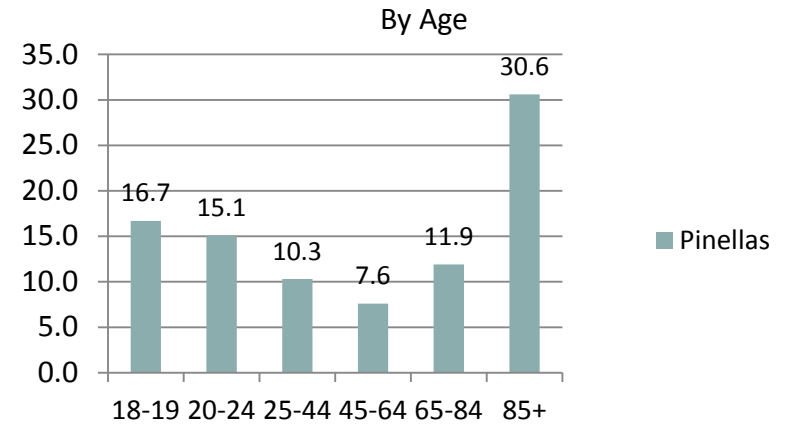
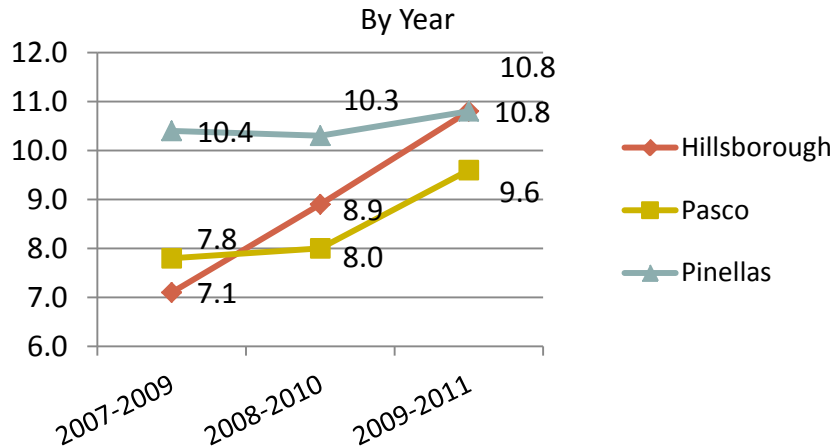
Healthy Tampa Bay Data – Hospitalization Rate due to COPD

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



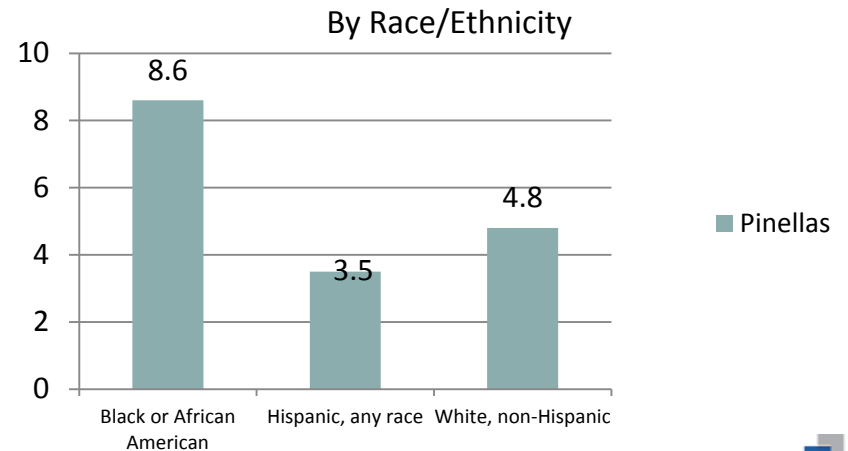
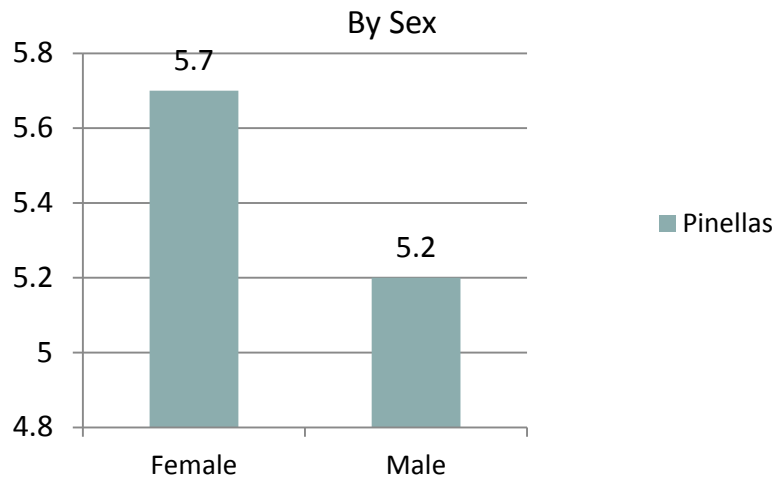
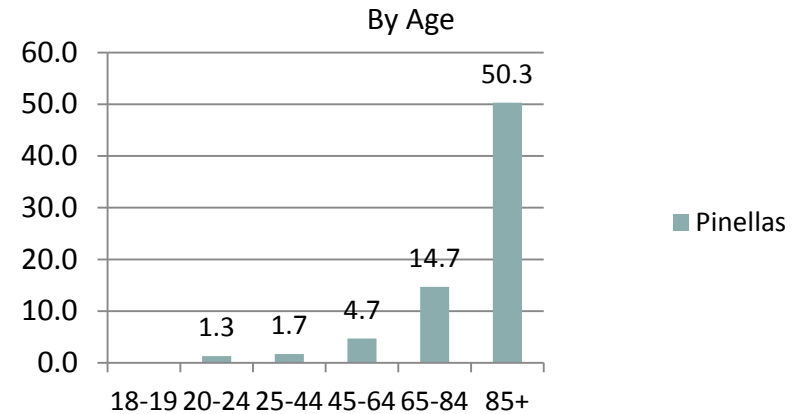
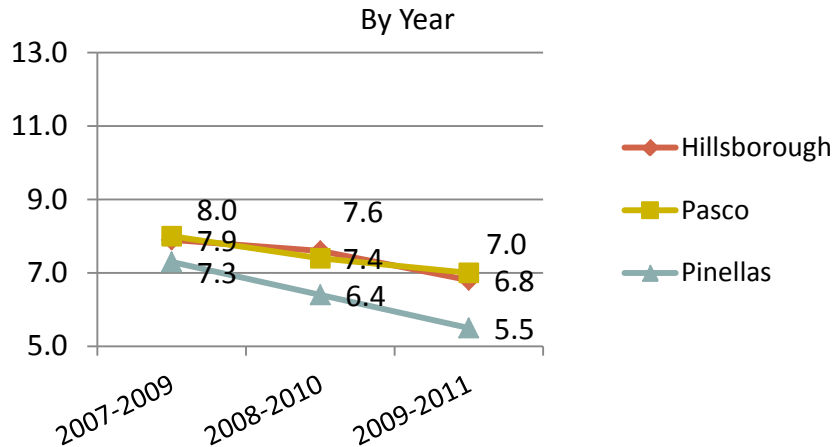
Healthy Tampa Bay Data – ER Rate due to Dehydration

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



Healthy Tampa Bay Data – Hospitalization Rate due to Dehydration

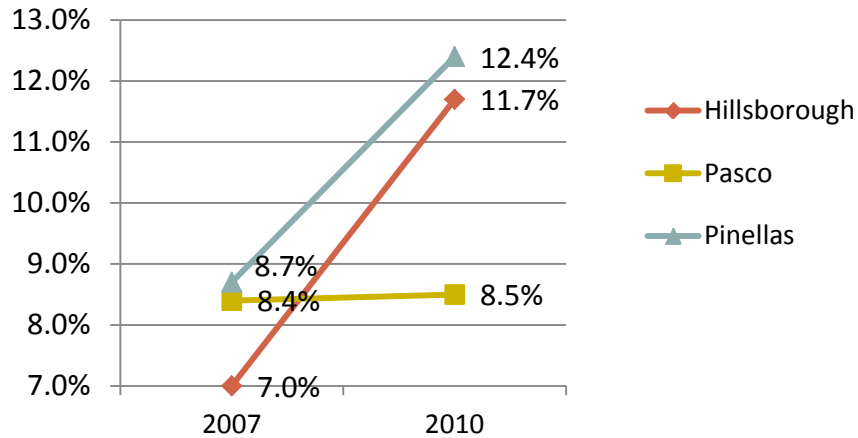
**shows the average annual age-adjusted hospitalization rate due to dehydration per 10,000 people ages 18 and older.*



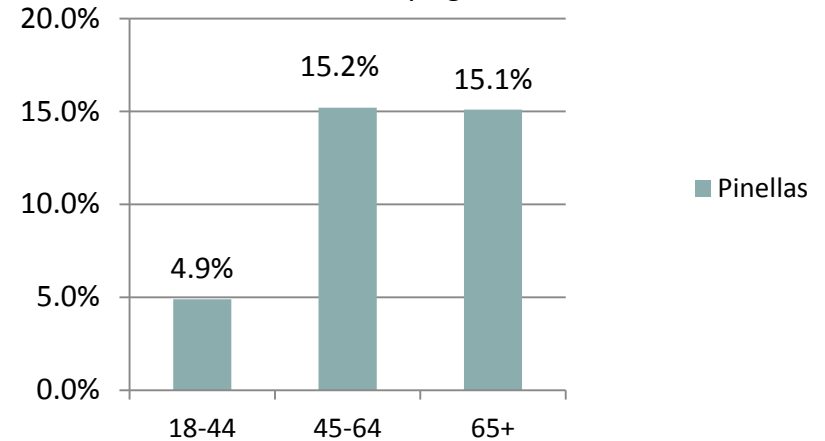
Healthy Tampa Bay Data – Adults With Diabetes

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

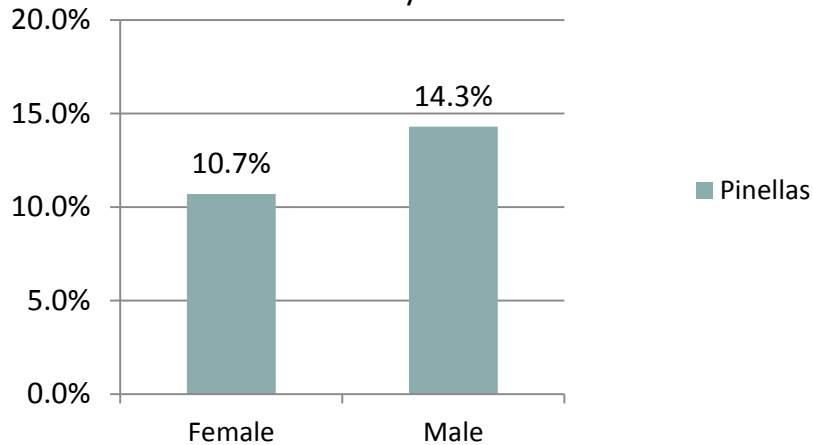
By Year



By Age

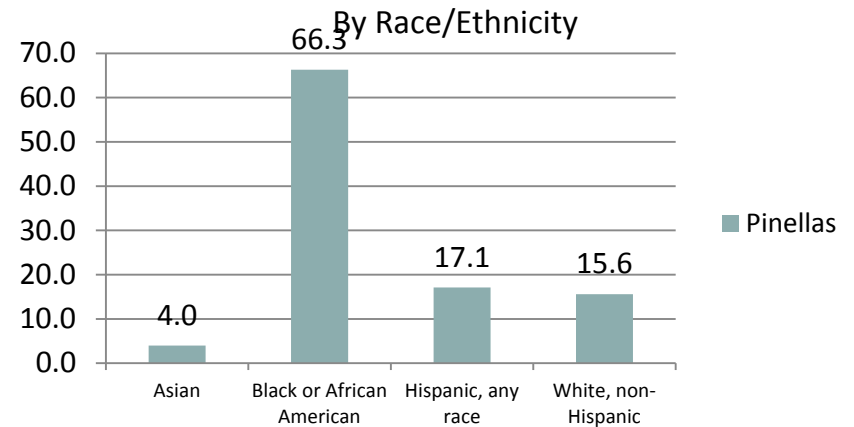
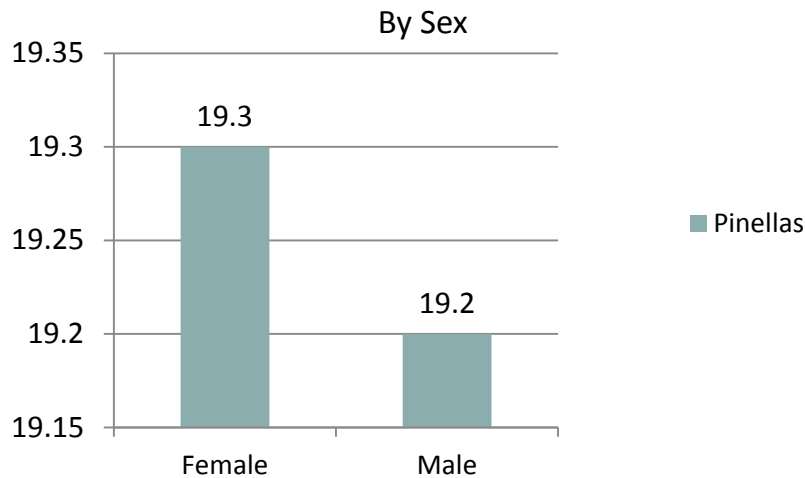
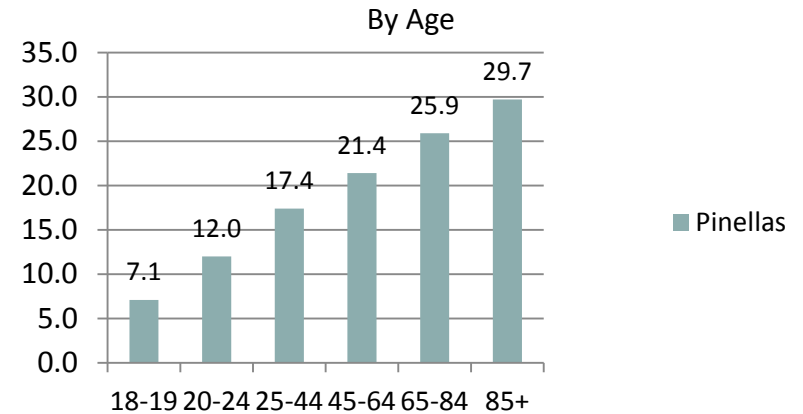
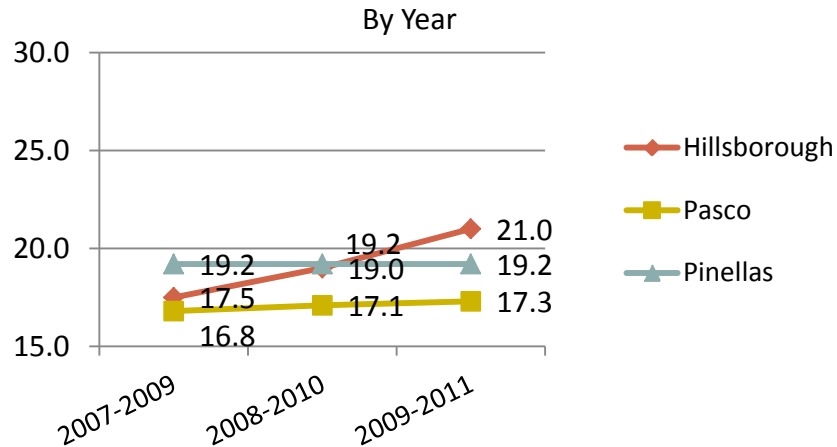


By Sex



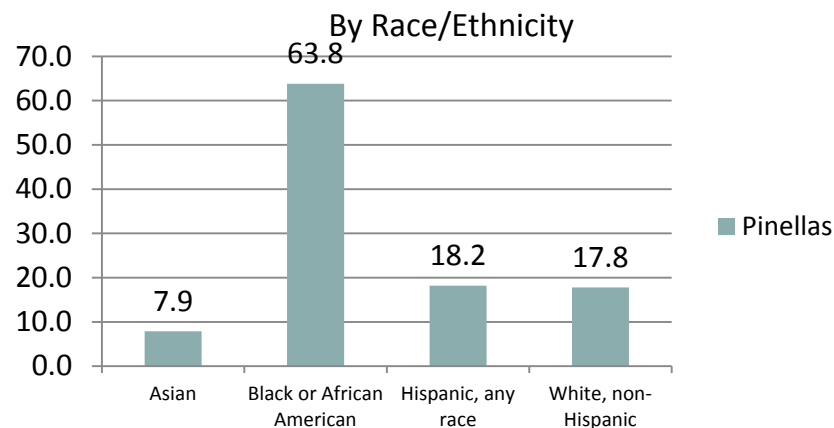
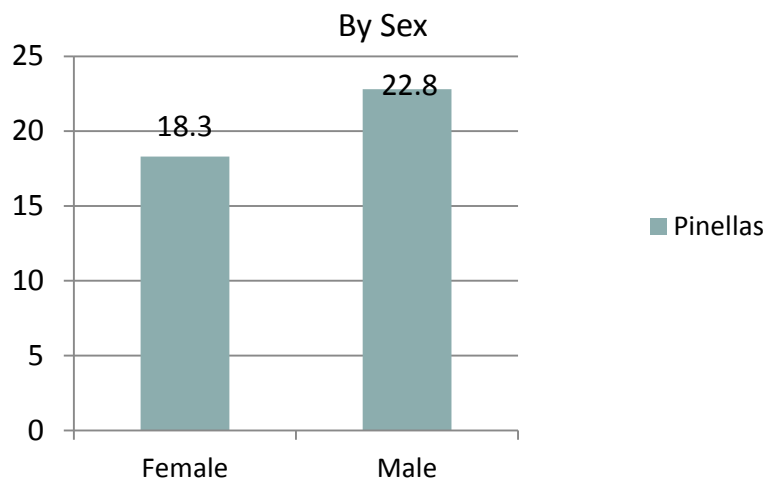
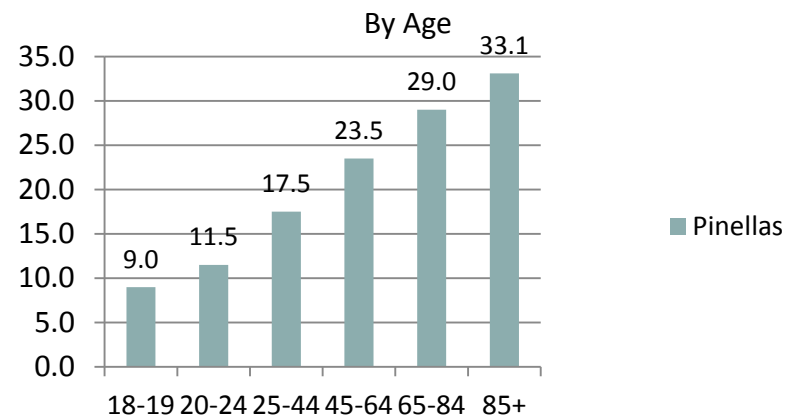
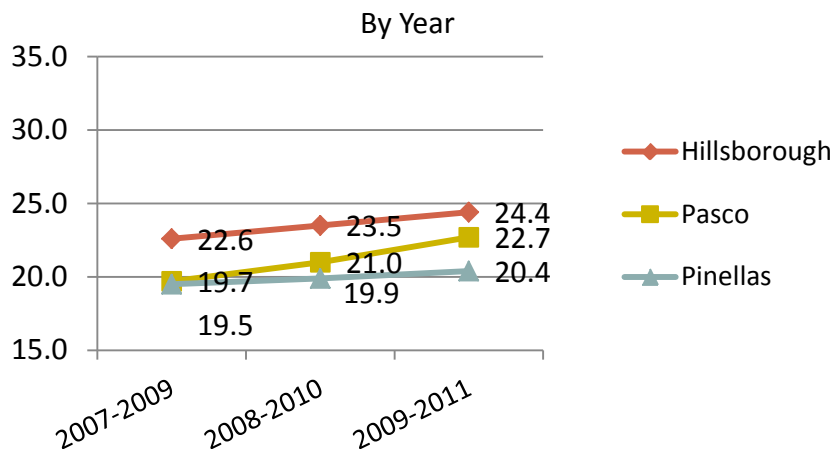
Healthy Tampa Bay Data – ER Rate due to Diabetes

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



Healthy Tampa Bay Data – Hospitalization Rate due to Diabetes

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

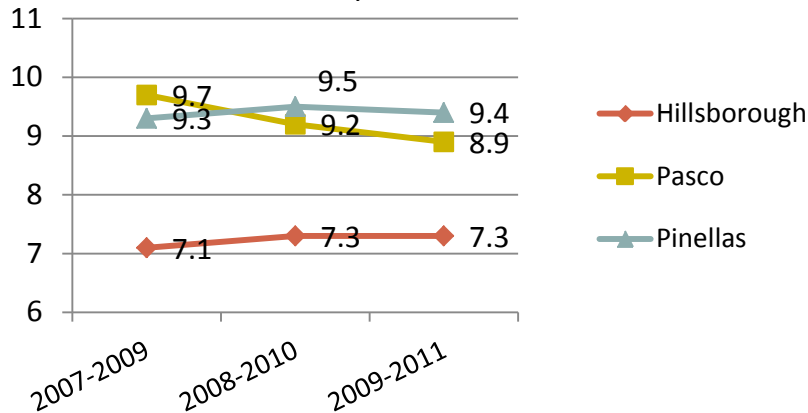


Healthy Tampa Bay Data – ER Rate due to Long-Term Complications of Diabetes

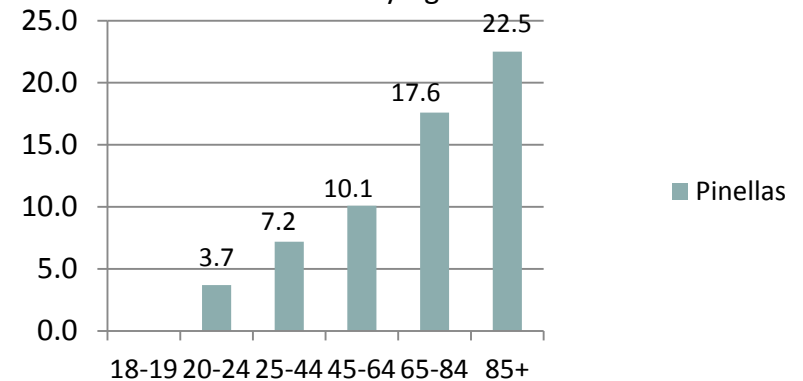


**shows the average annual age-adjusted emergency room visit rate due to long-term complications of diabetes per 10,000 people ages 18 and older. Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage.*

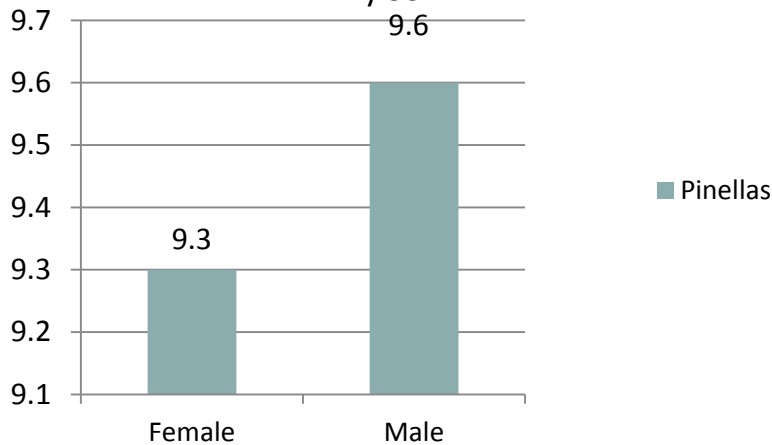
By Year



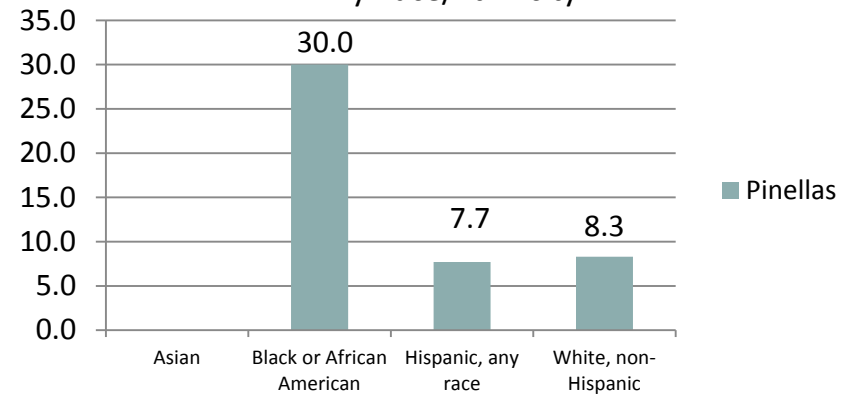
By Age



By Sex

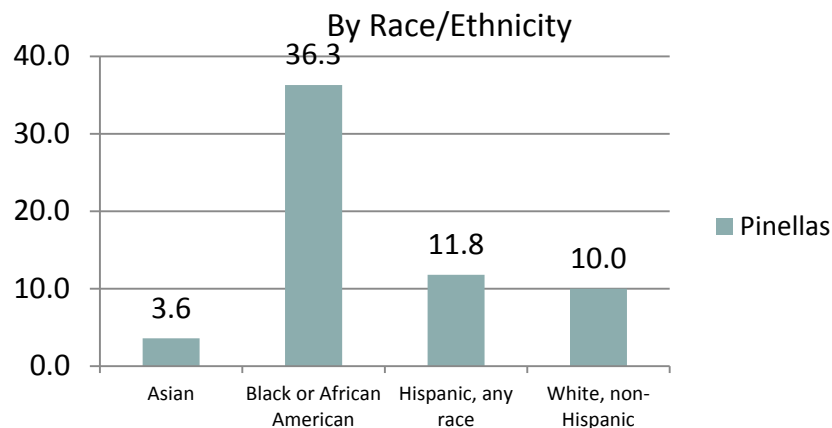
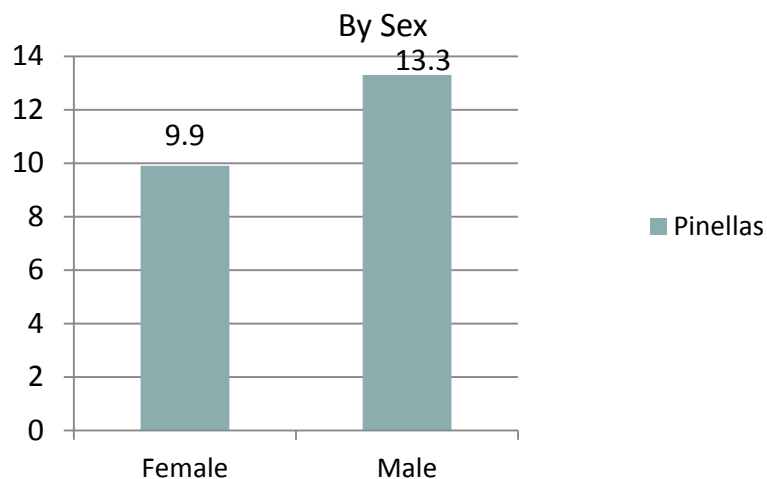
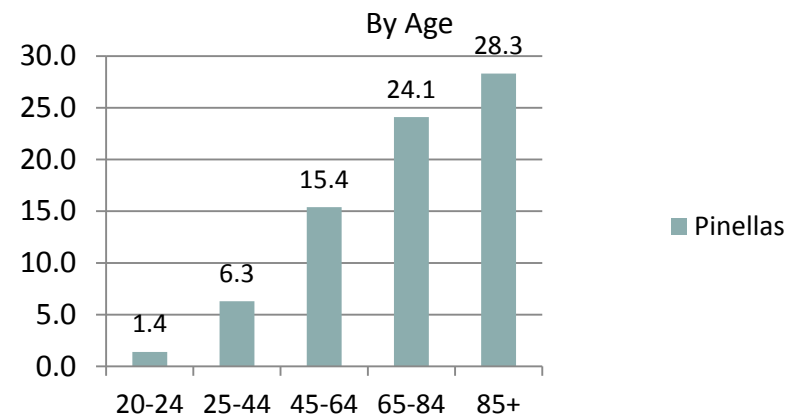
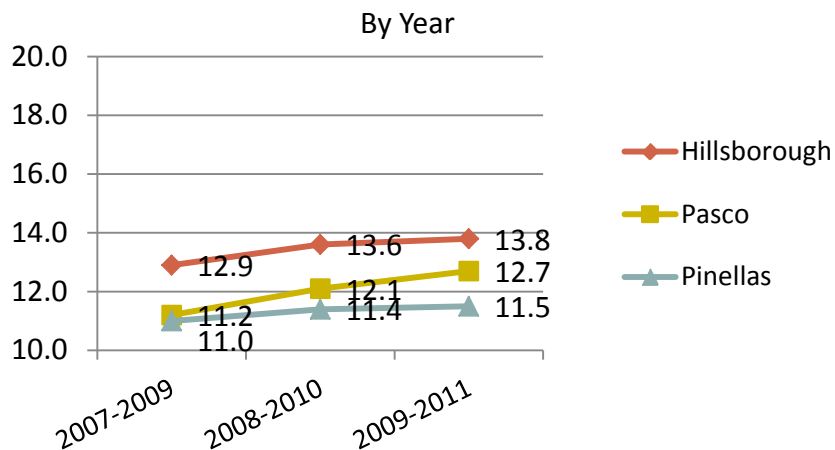


By Race/Ethnicity



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

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

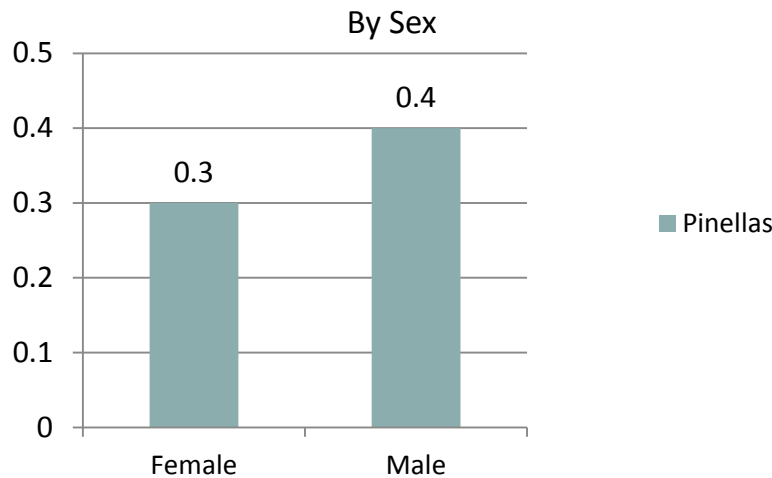
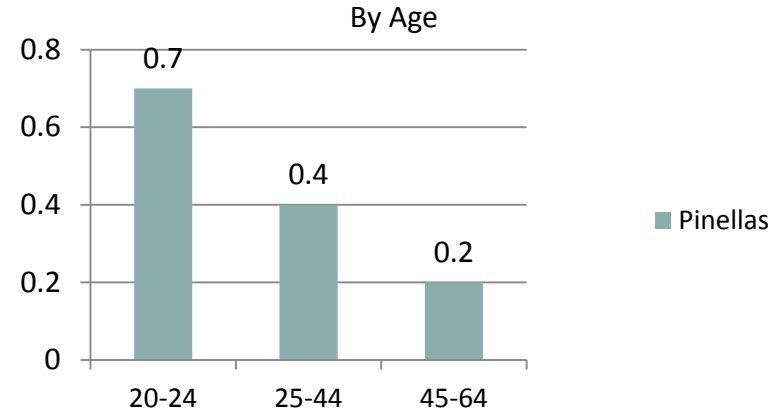
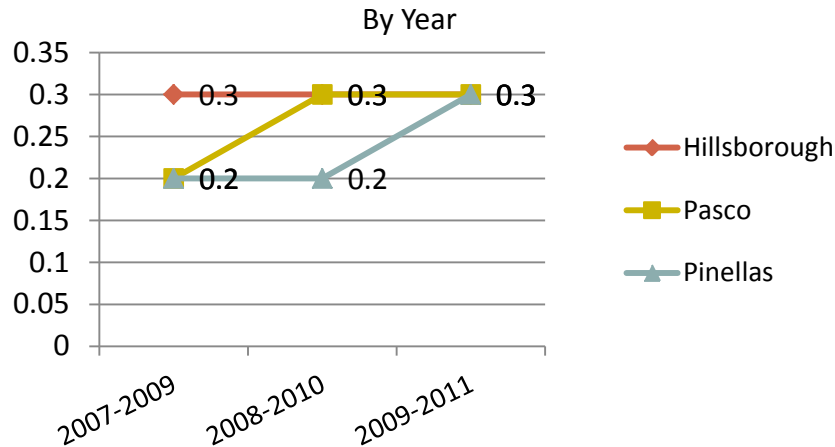


Healthy Tampa Bay Data –

ER Rate due to Short-Term Complications of Diabetes



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

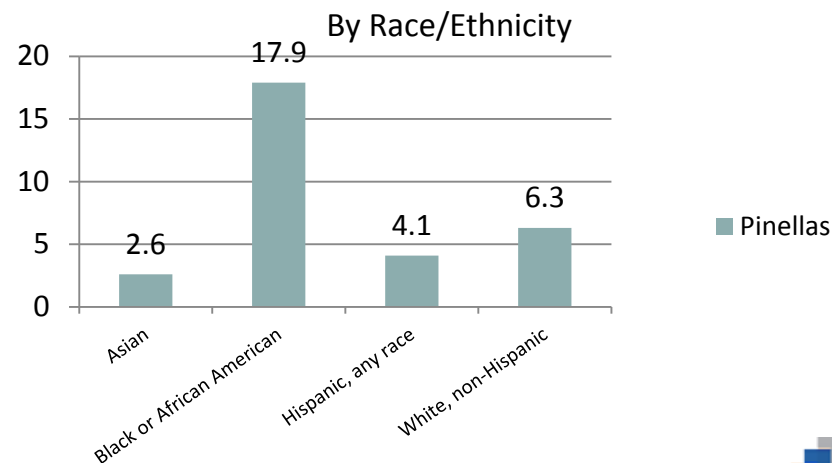
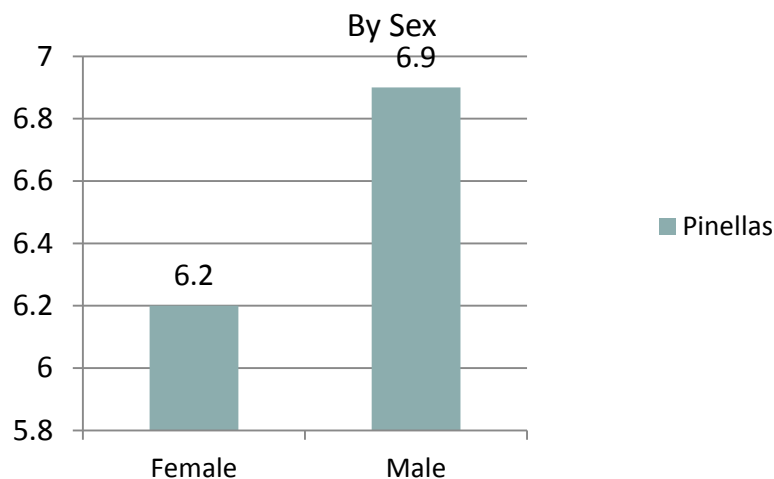
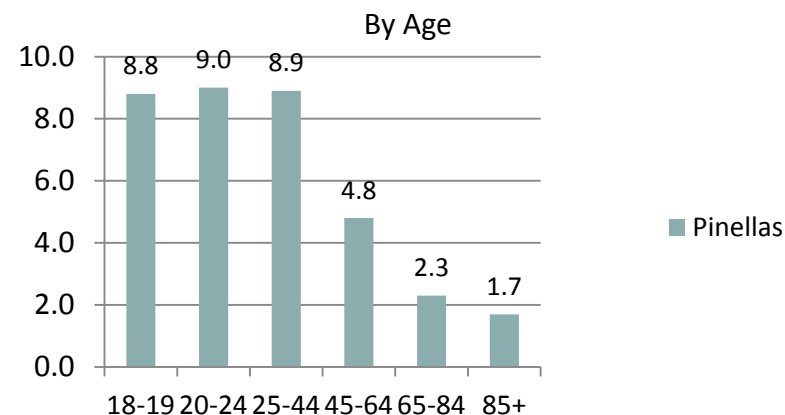
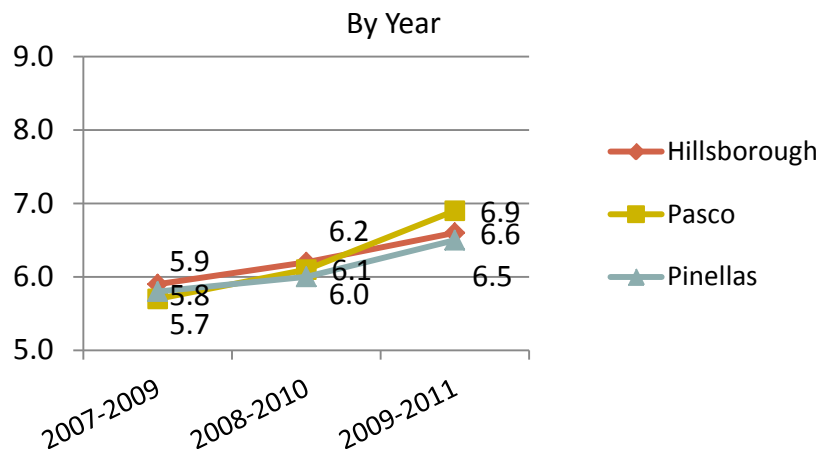


Healthy Tampa Bay Data – Hospitalization Rate due to Short-Term Complications of Diabetes



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

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

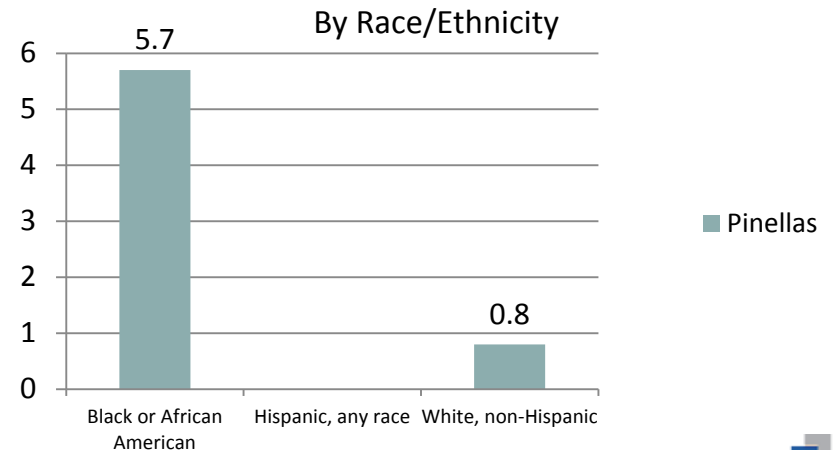
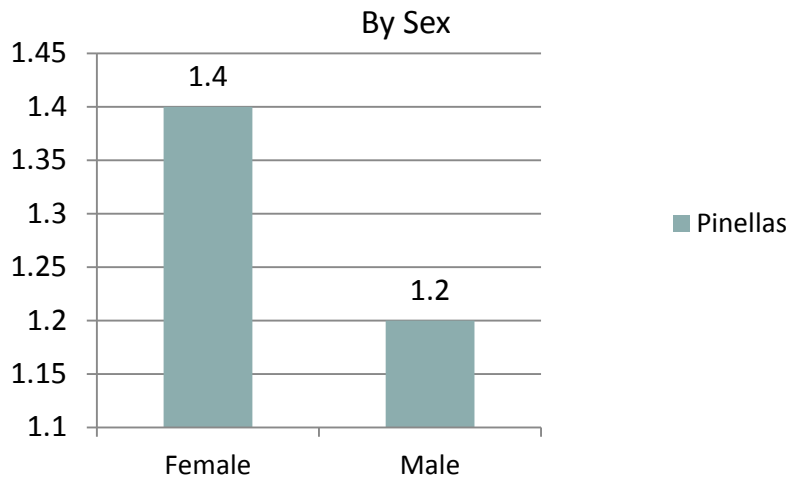
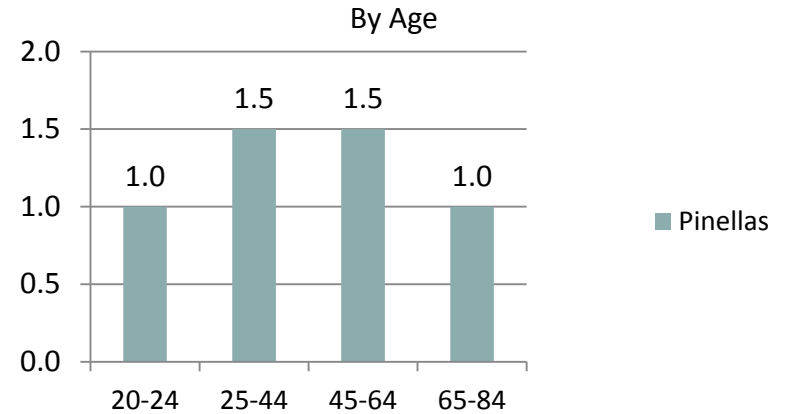
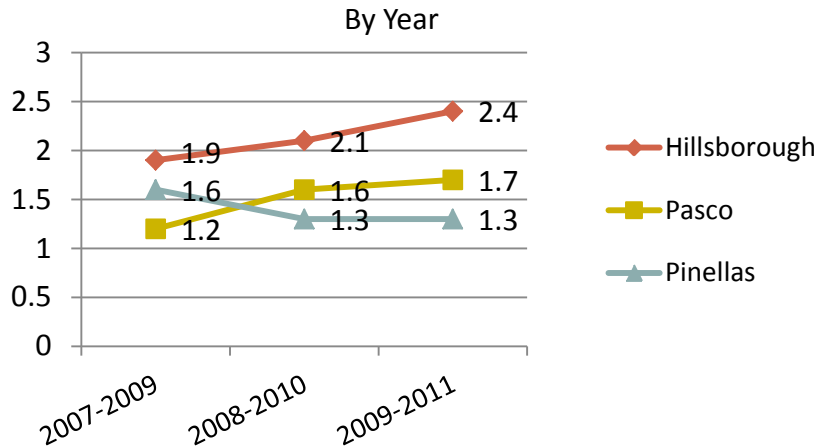


Healthy Tampa Bay Data – ER Rate due to Uncontrolled Diabetes



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

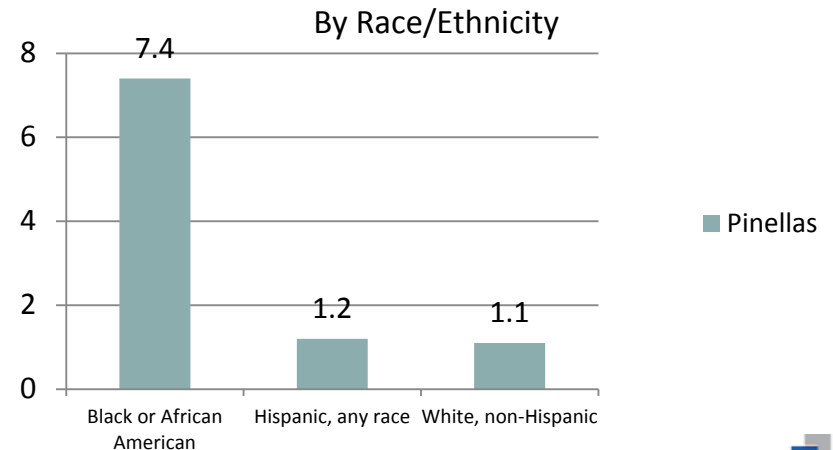
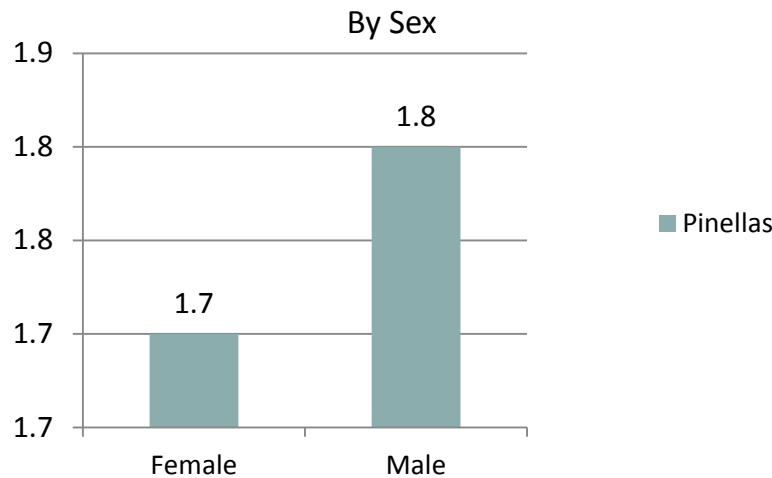
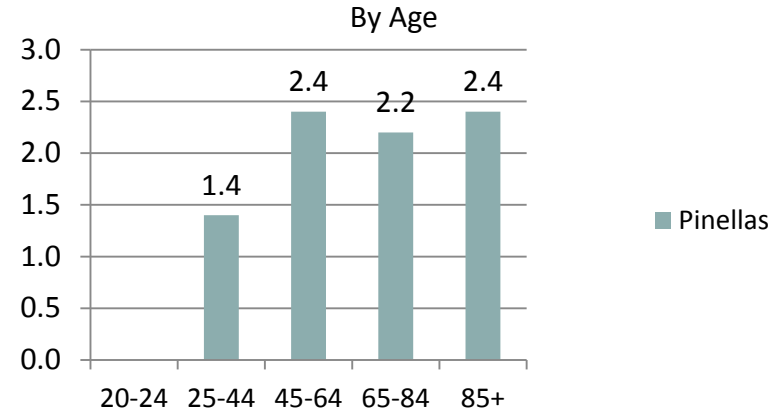
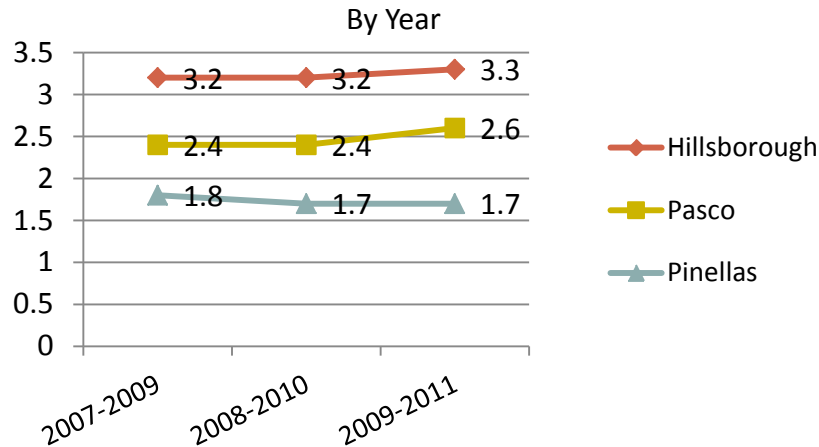
Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine.



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.

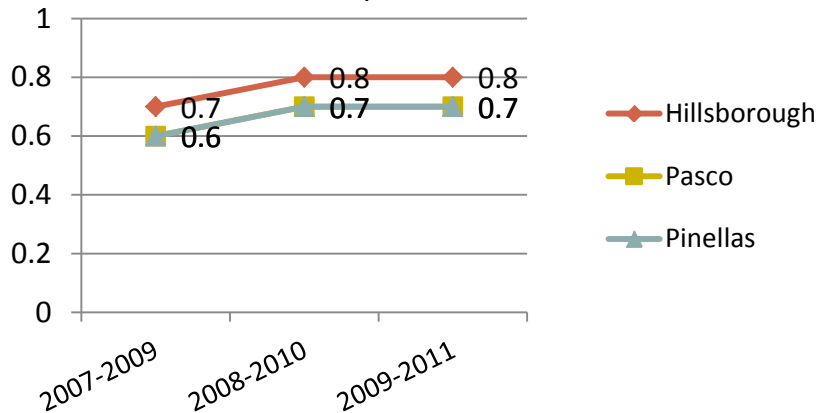


Healthy Tampa Bay Data – ER Rate due to Hepatitis

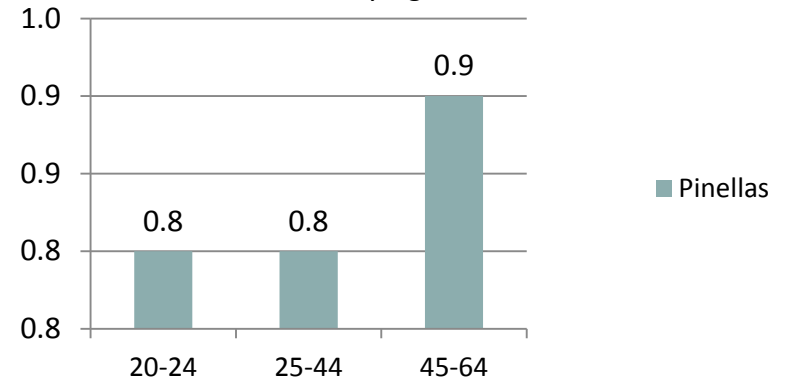
**shows the average annual age-adjusted emergency room visit rate due to diabetes per 10,000 people ages 18 and older.*



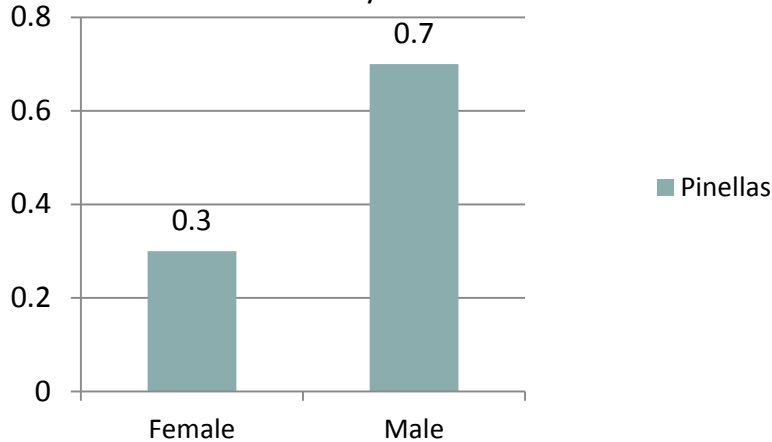
By Year



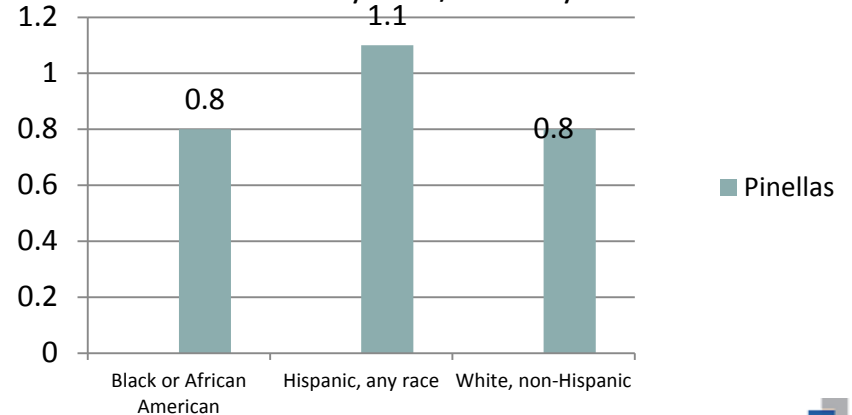
By Age



By Sex

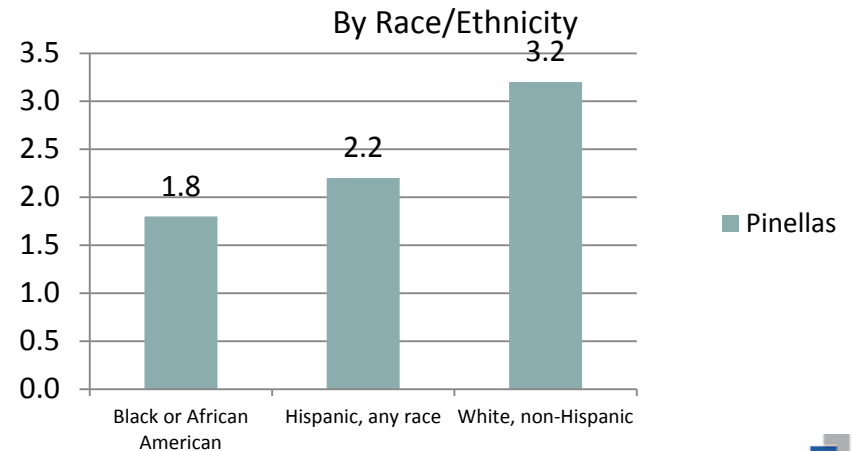
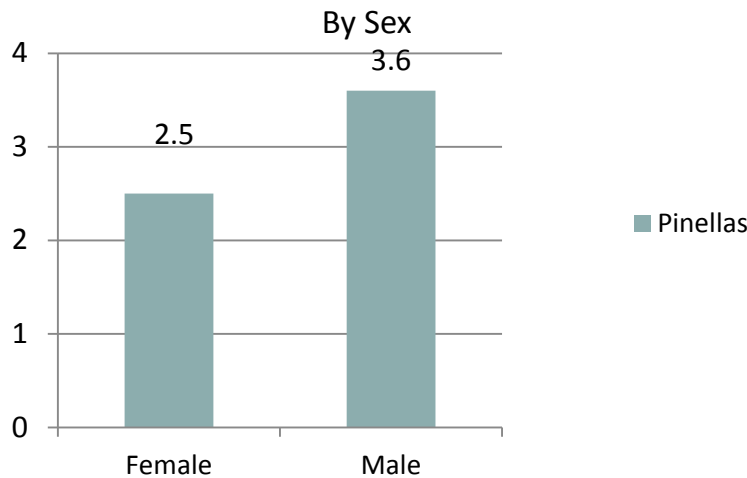
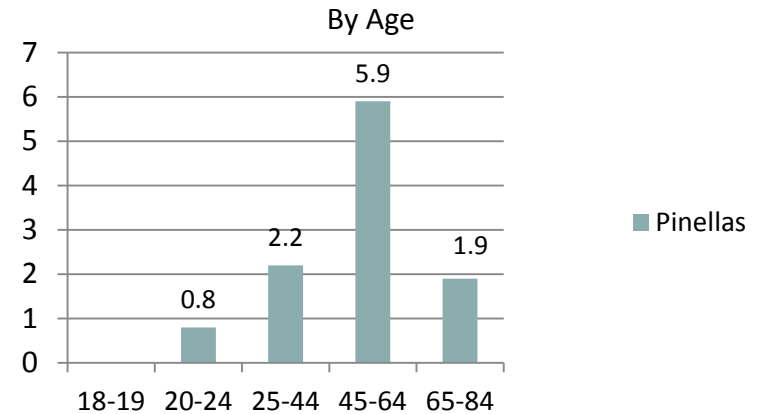
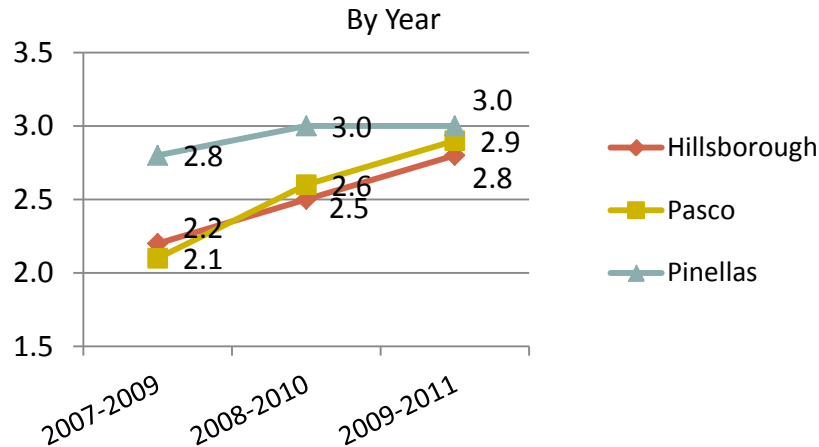


By Race/Ethnicity



Healthy Tampa Bay Data – Hospitalization Rate due to Hepatitis

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

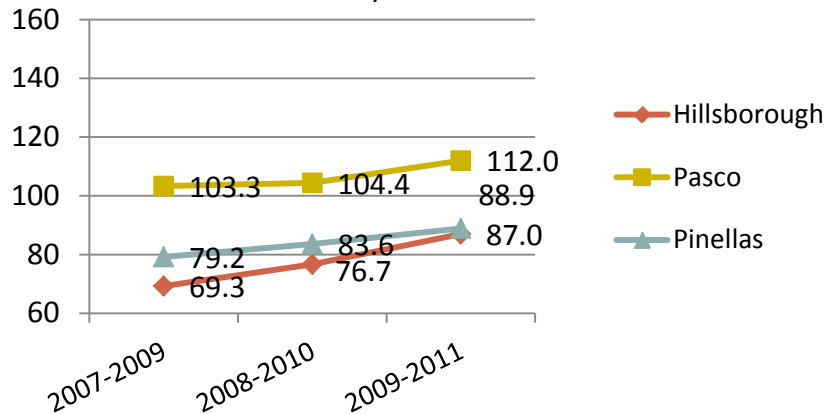


Healthy Tampa Bay Data – ER Rate due to Urinary Tract Infections

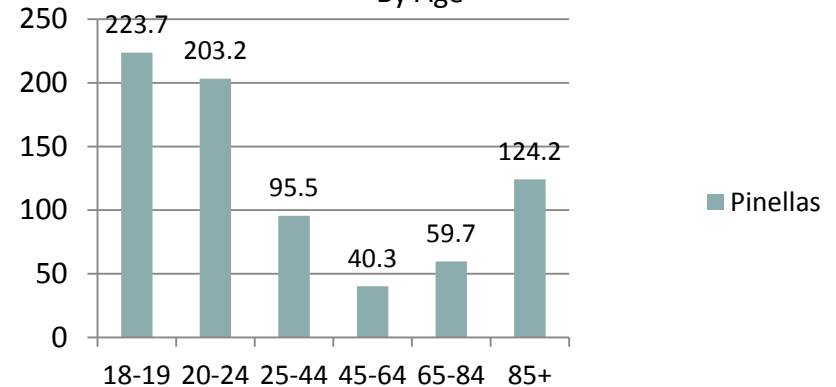
*shows the average annual age-adjusted emergency room visit rate due to urinary tract infections per 10,000 people ages 18 and older.



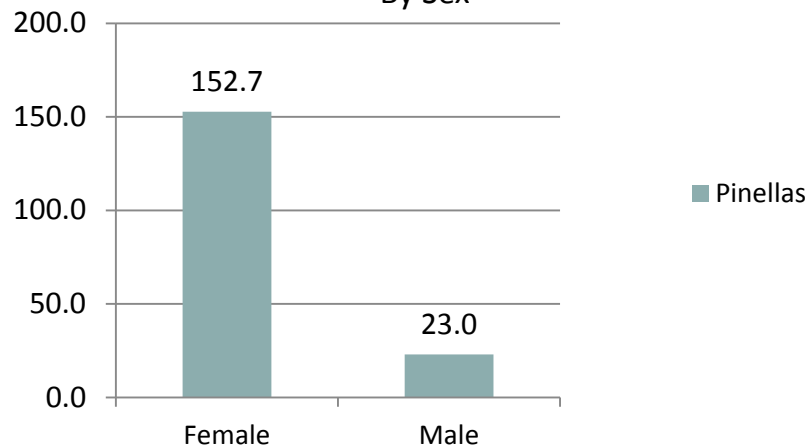
By Year



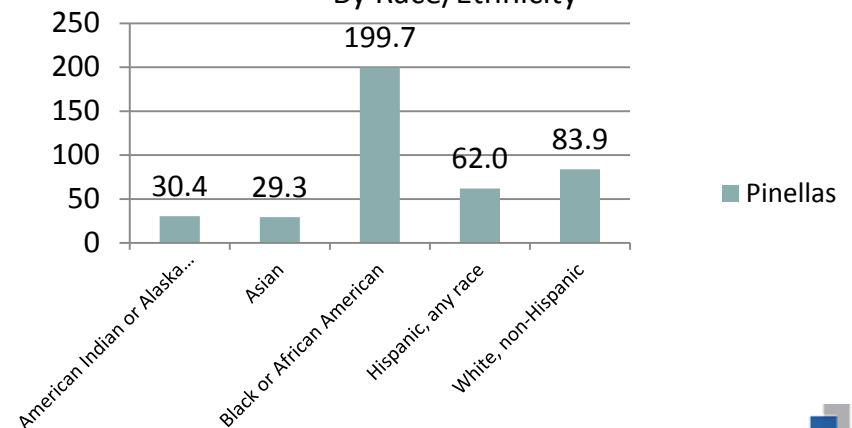
By Age



By Sex

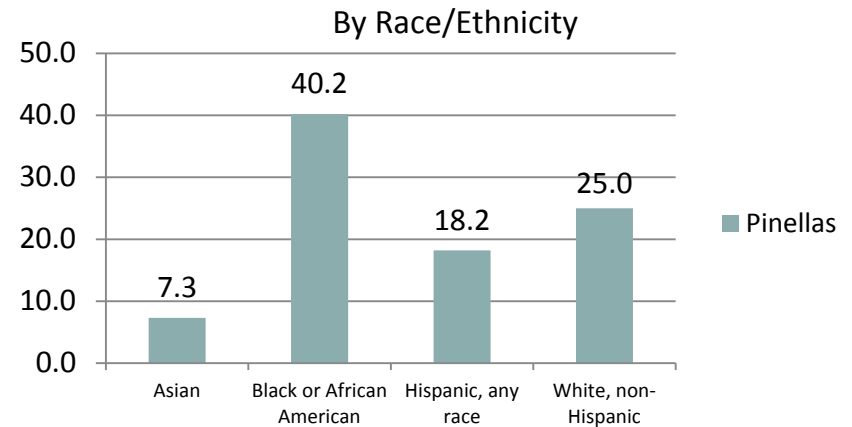
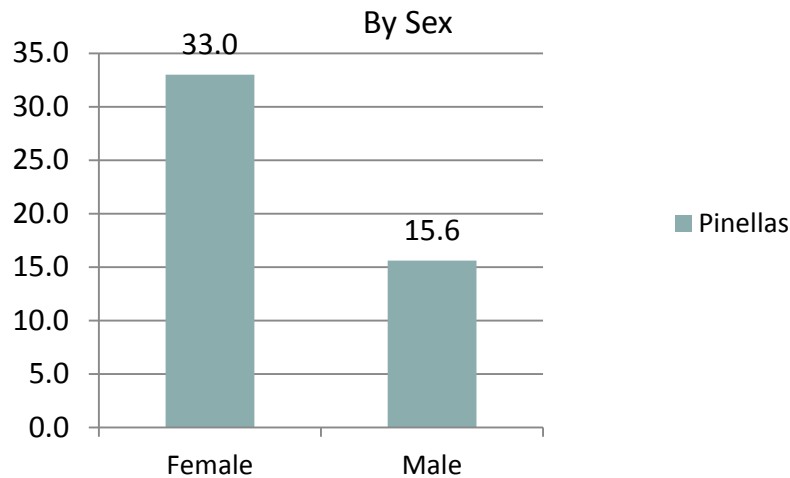
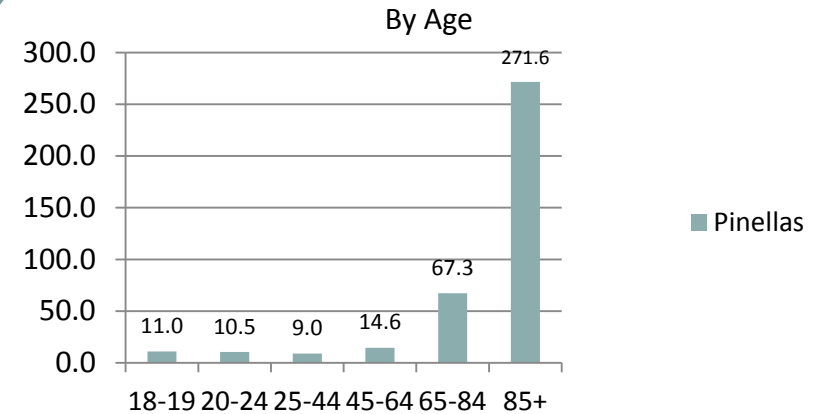
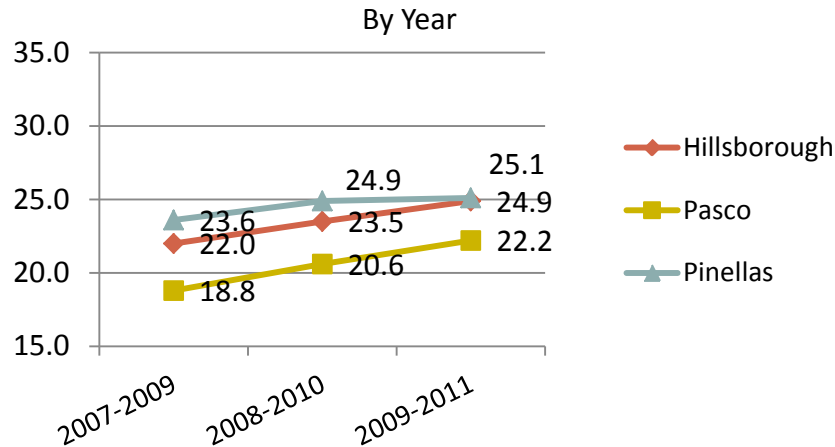


By Race/Ethnicity



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

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

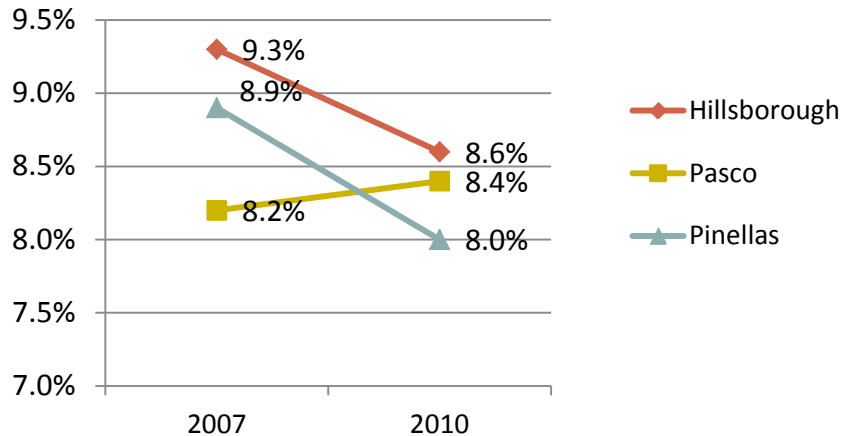


Healthy Tampa Bay Data – High Blood Pressure Prevalence

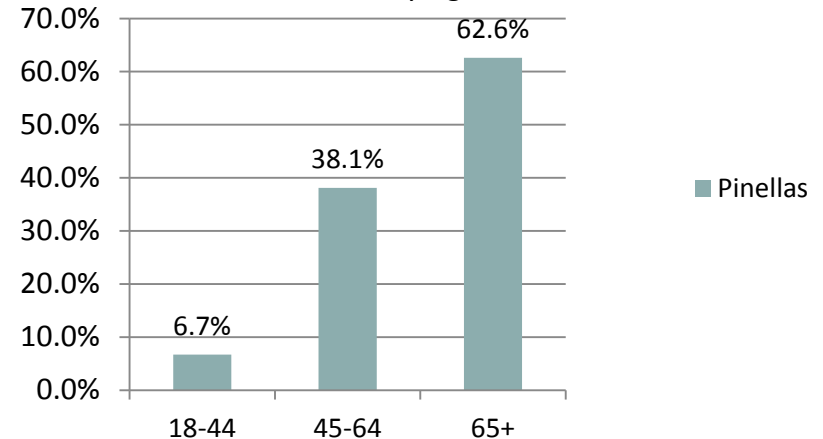
**Percentage of Adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher)*



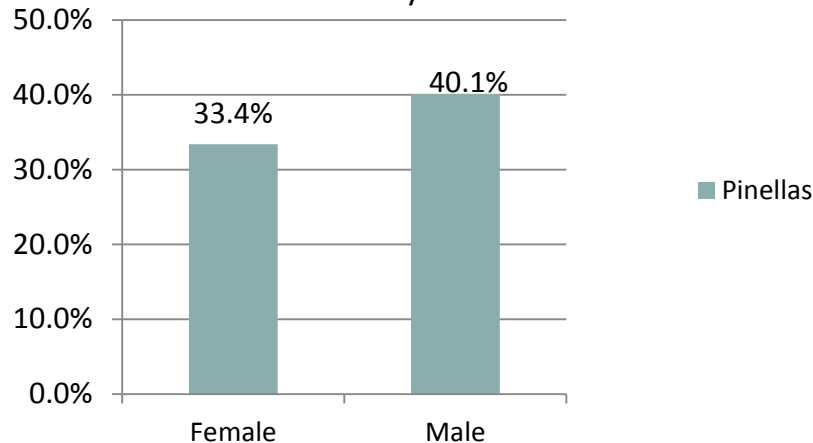
By Year



By Age



By Sex

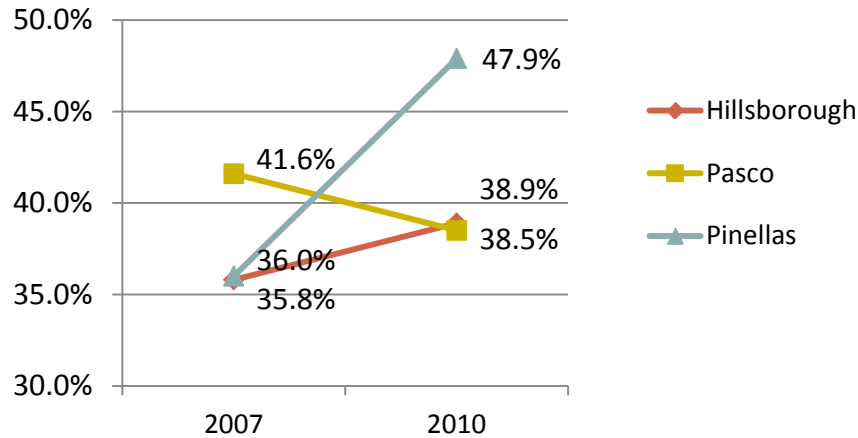


Healthy Tampa Bay Data – High Cholesterol Prevalence

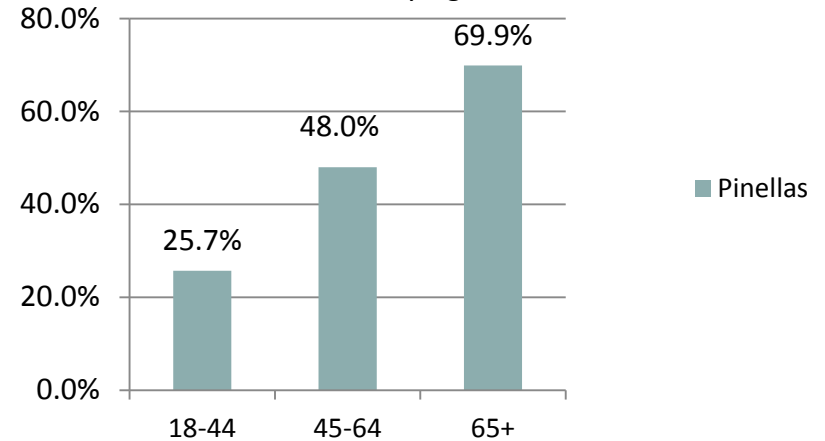
**Percentage of Adults who have had their blood cholesterol checked
and have been told that it was high.*



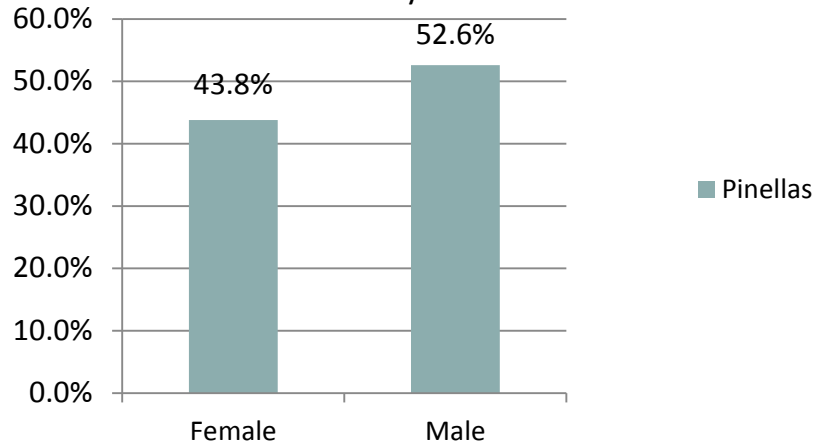
By Year



By Age



By Sex

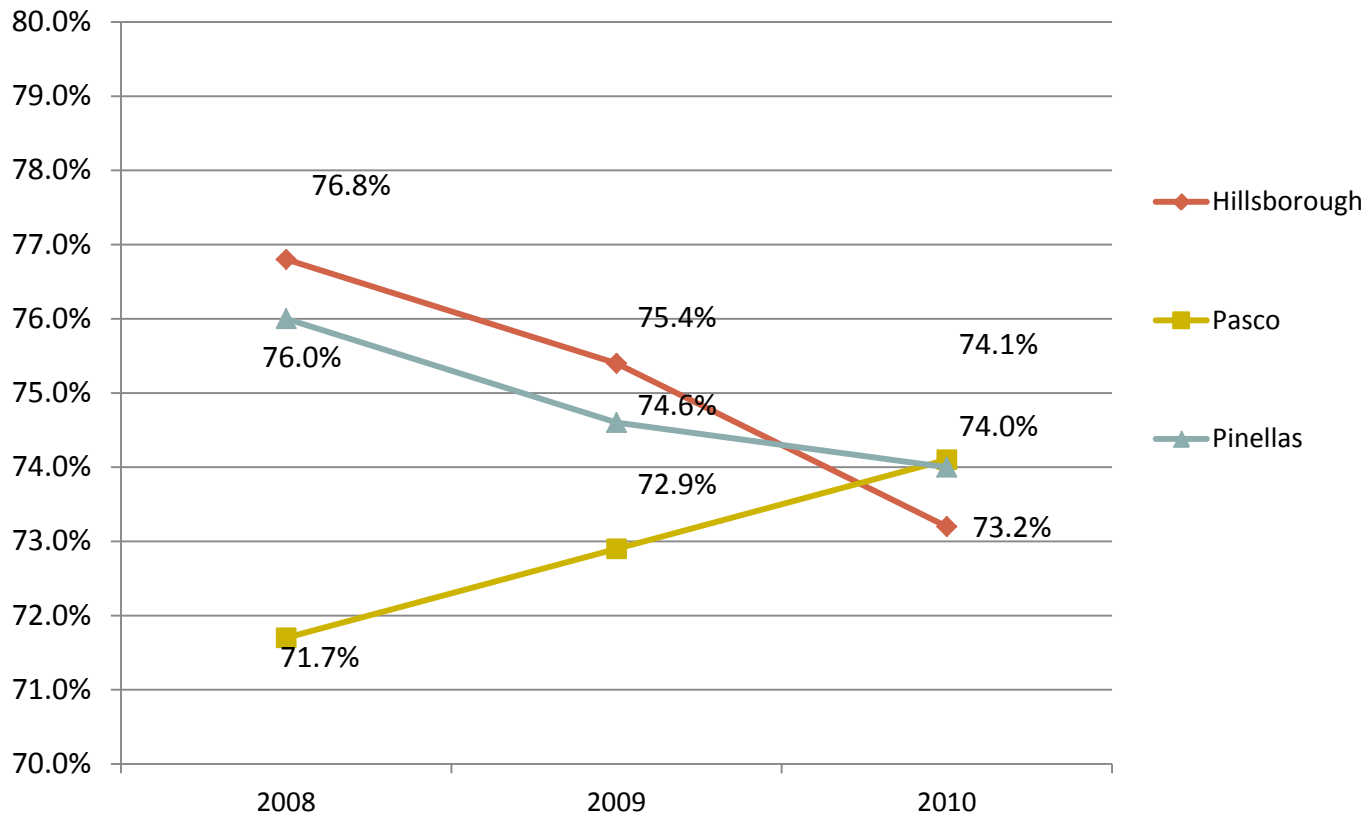


Healthy Tampa Bay Data – Adults with Health Insurance



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

By Year

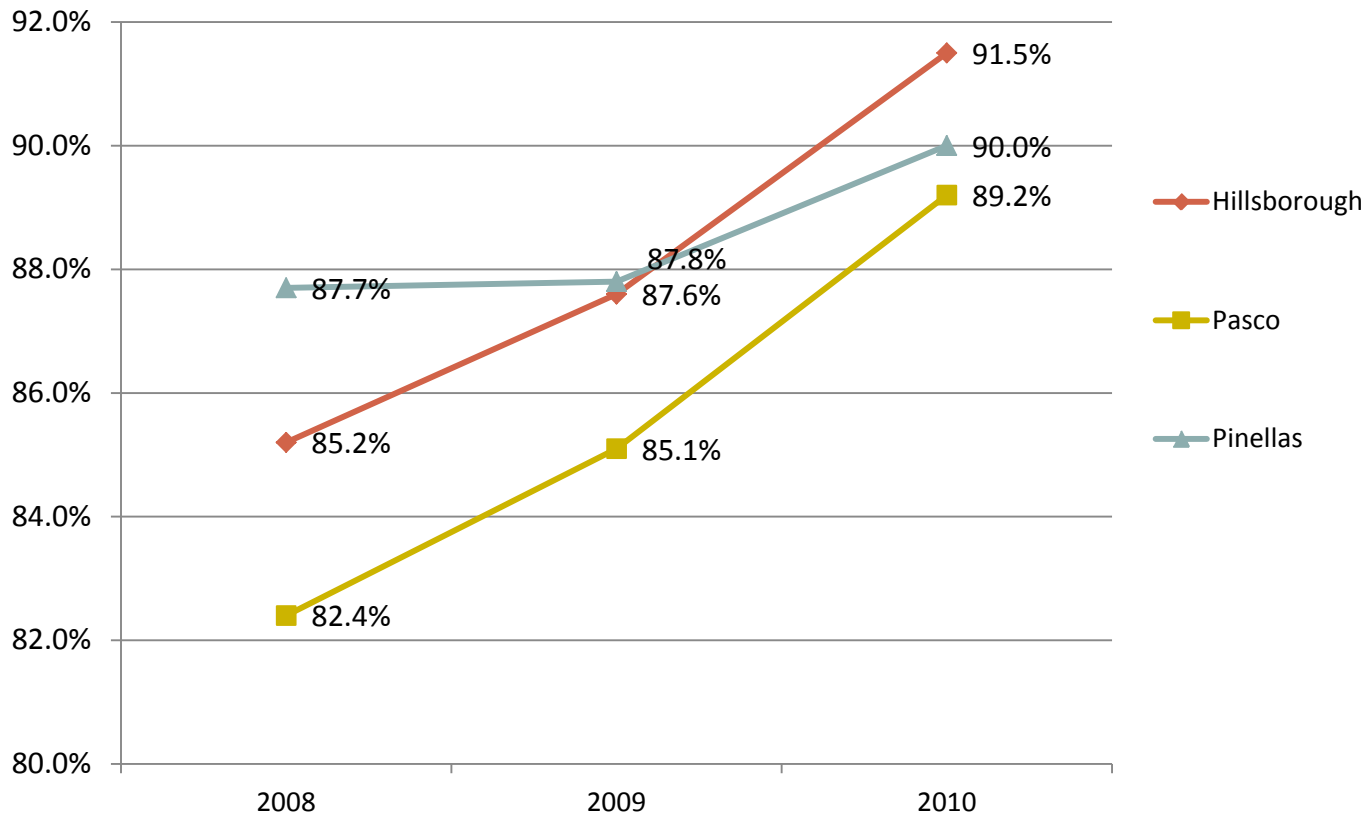


Healthy Tampa Bay Data – Children with Health Insurance



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

By Year

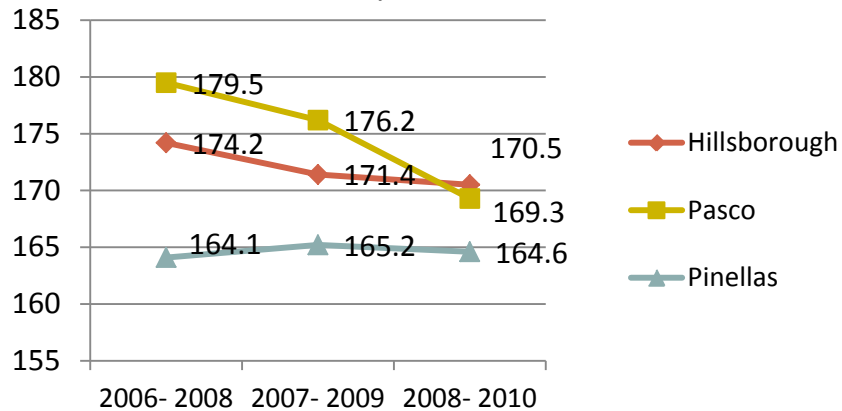


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Cancer

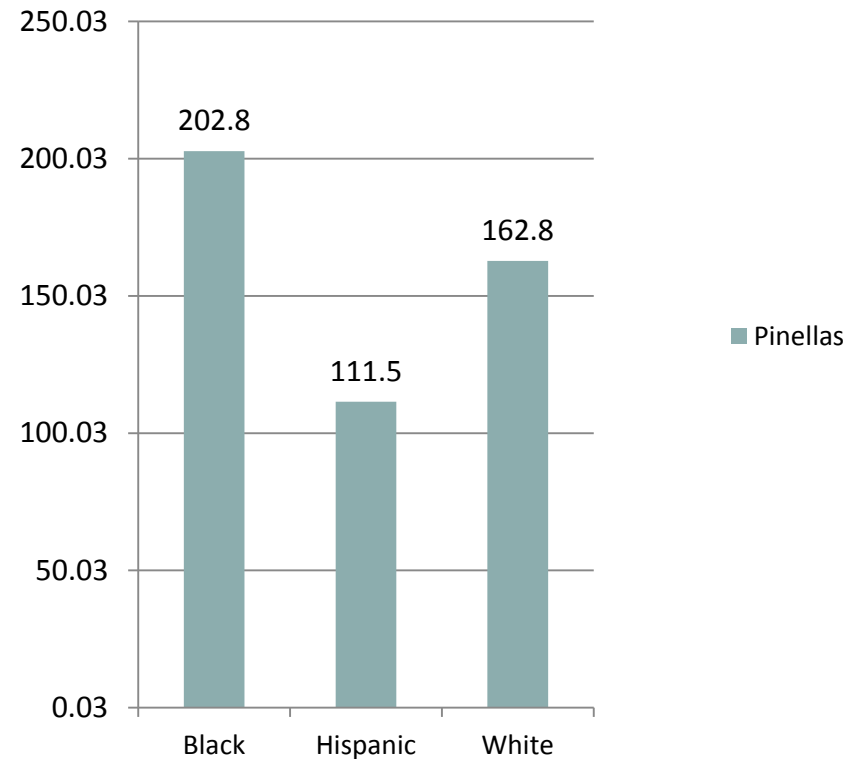
**age-adjusted death rate per 100,000
population due to cancer.*



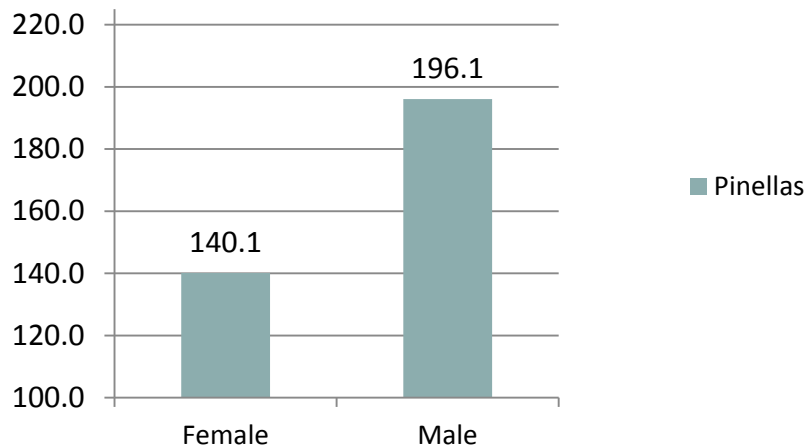
By Year



By Race/Ethnicity



By Sex

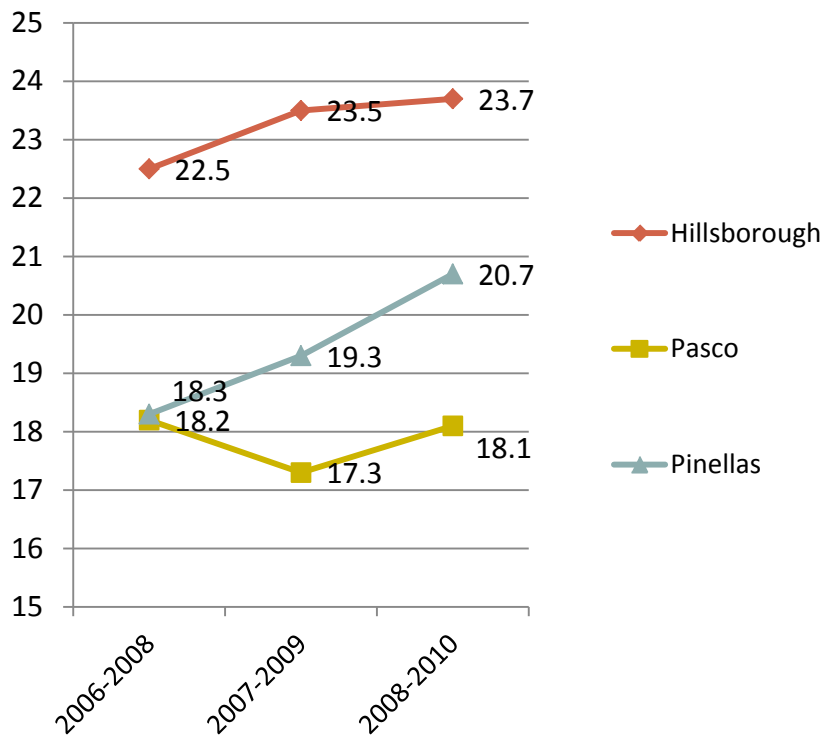


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Breast Cancer

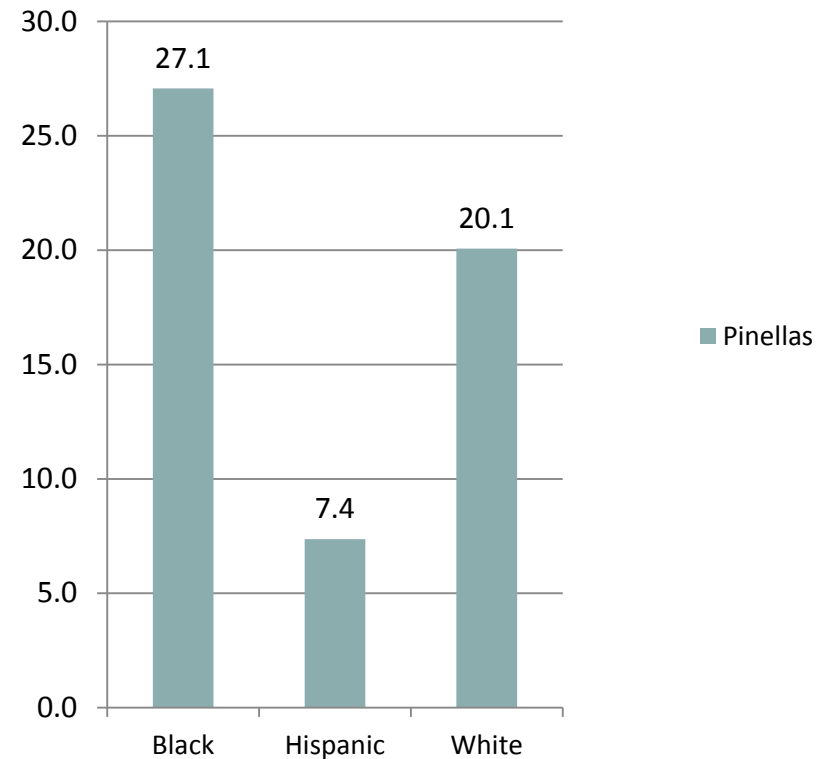
**age-adjusted death rate per 100,000
females due to breast cancer.*



By Year



By Race/Ethnicity

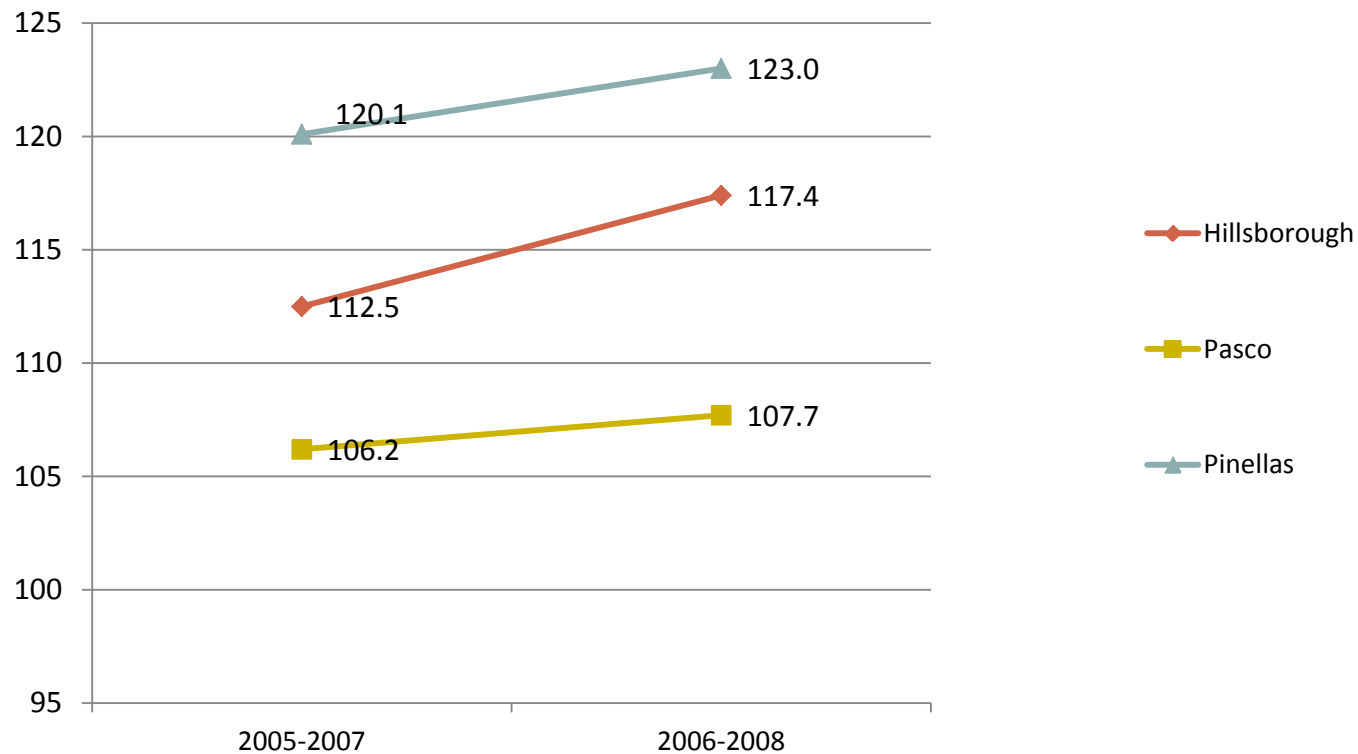


Healthy Tampa Bay Data – Breast Cancer Incidence Rate



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

By Year

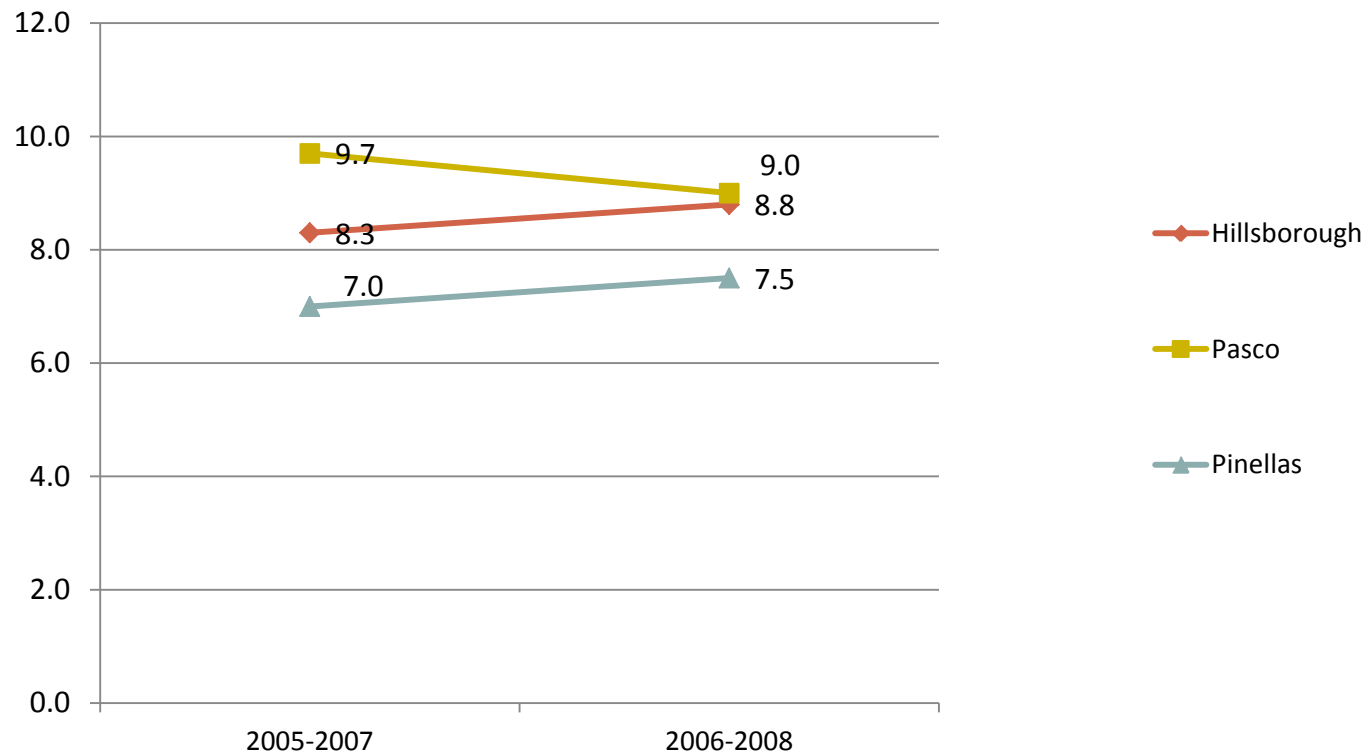


Healthy Tampa Bay Data – Cervical Cancer Incidence Rate



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

By Year

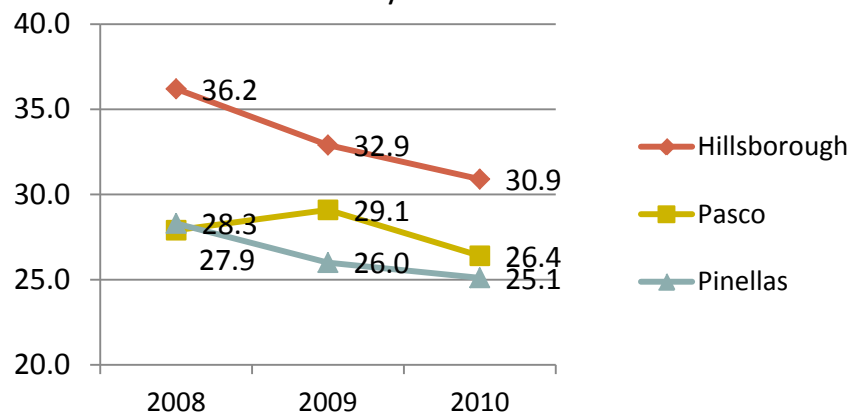


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

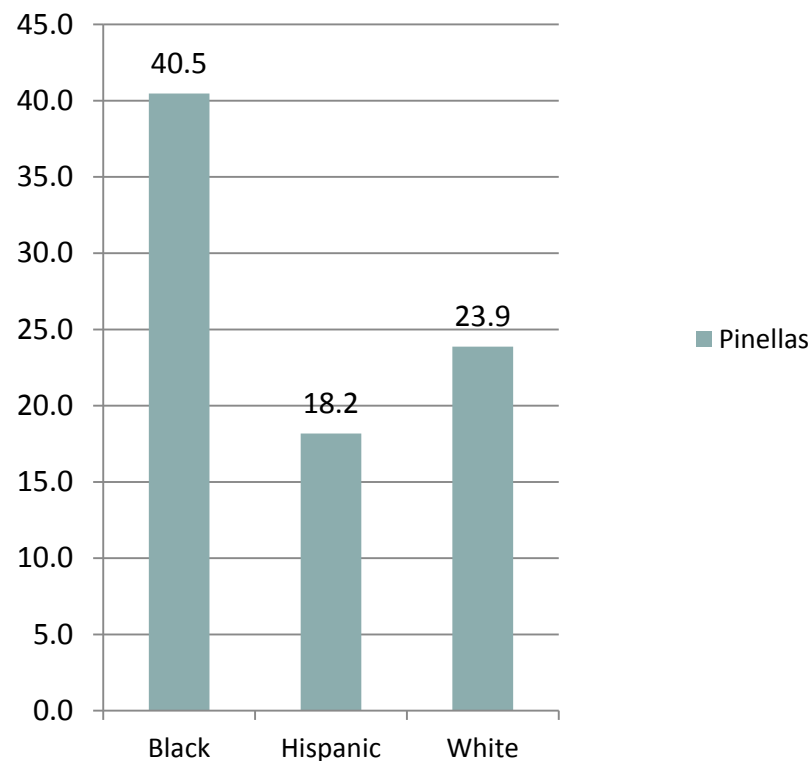
**age-adjusted death rate per 100,000 population
due to cerebrovascular disease (stroke)*



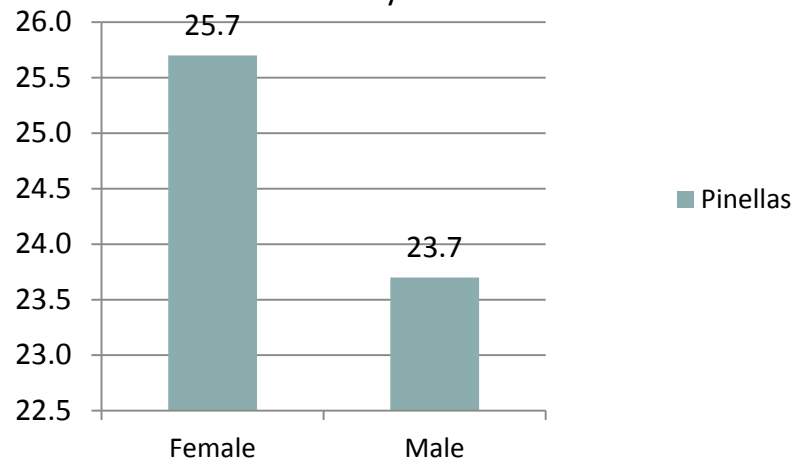
By Year



By Race/Ethnicity

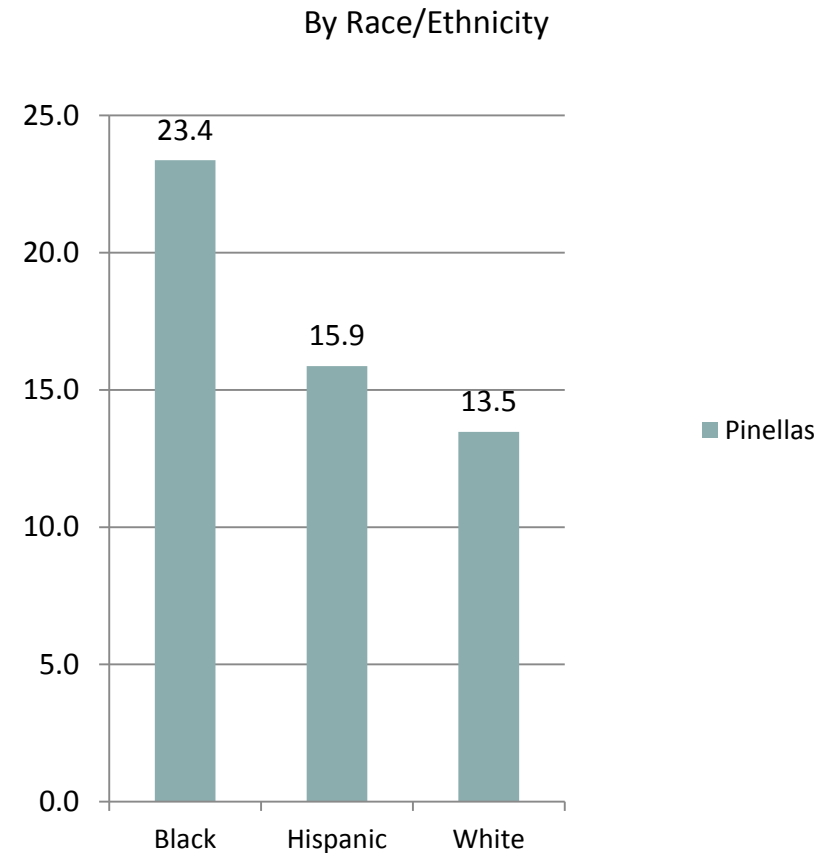
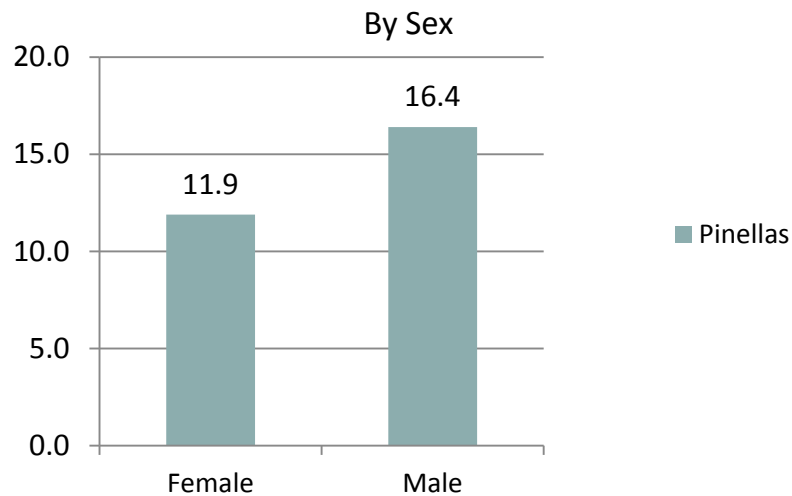
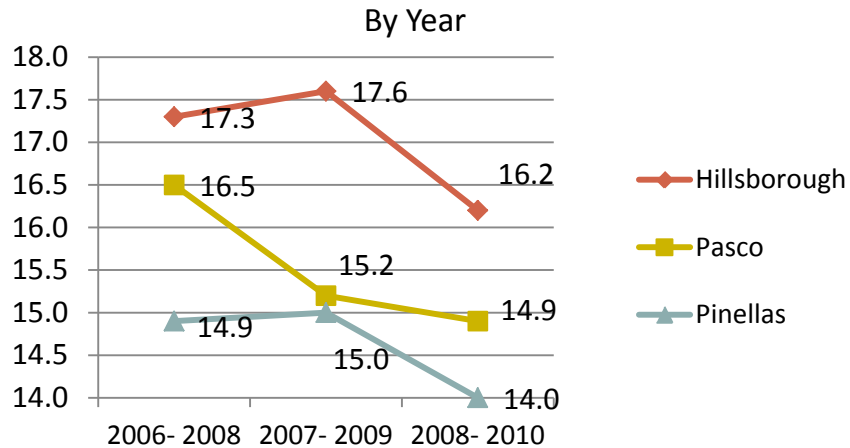


By Sex



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

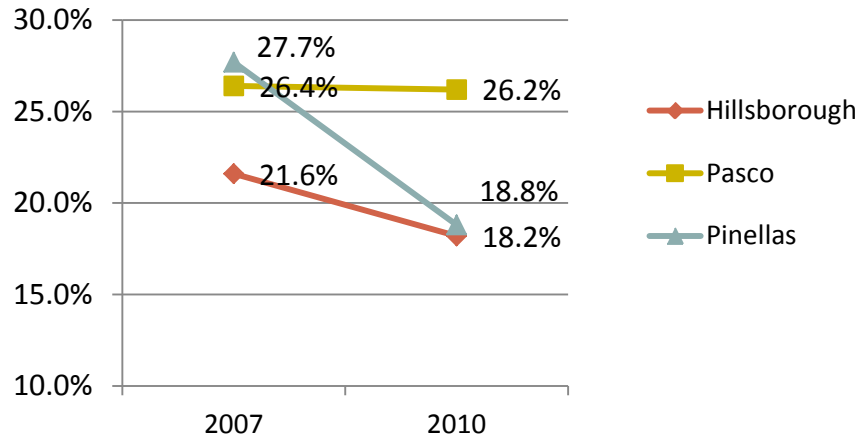
**age-adjusted death rate per 100,000
population due to colorectal cancer.*



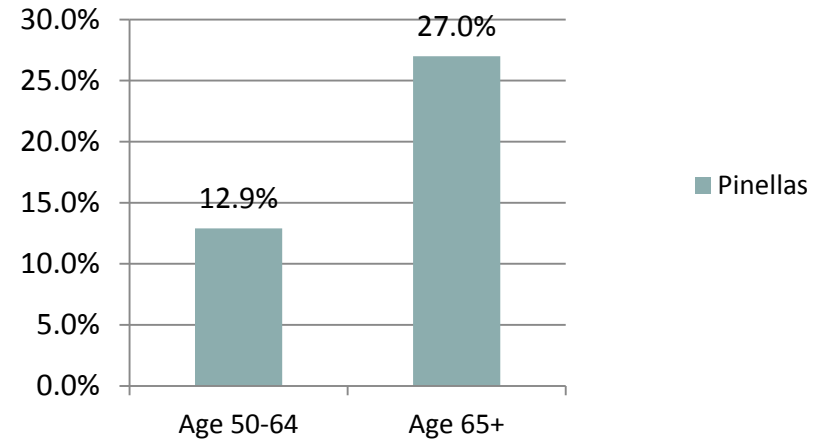
Healthy Tampa Bay Data – Colon Cancer Screening

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

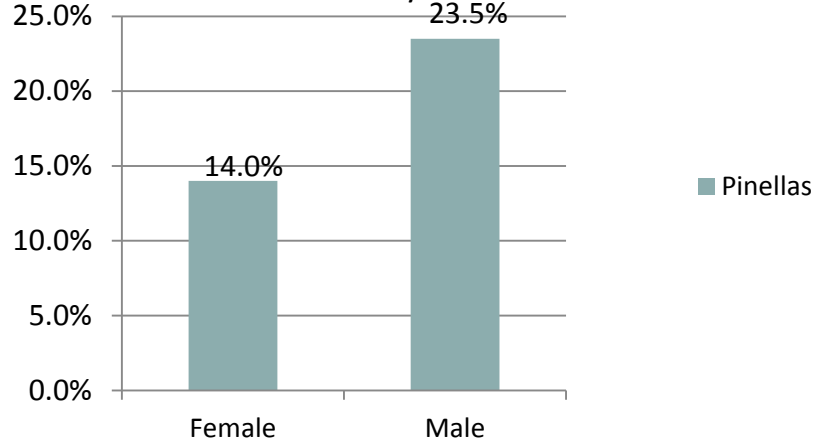
By Year



By Age



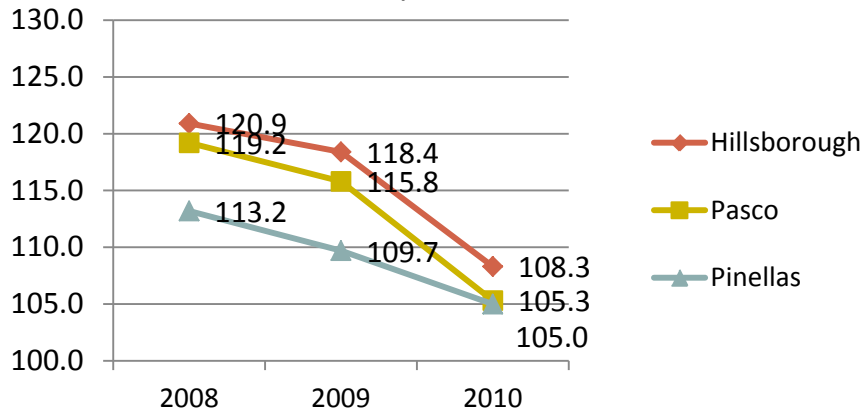
By Sex



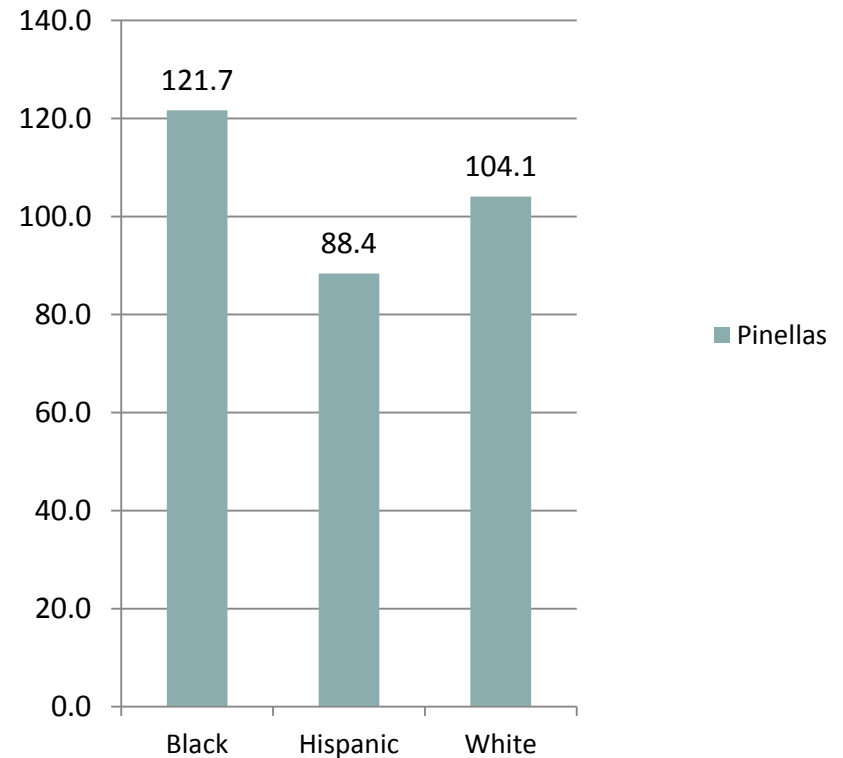
Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Coronary Heart Disease

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

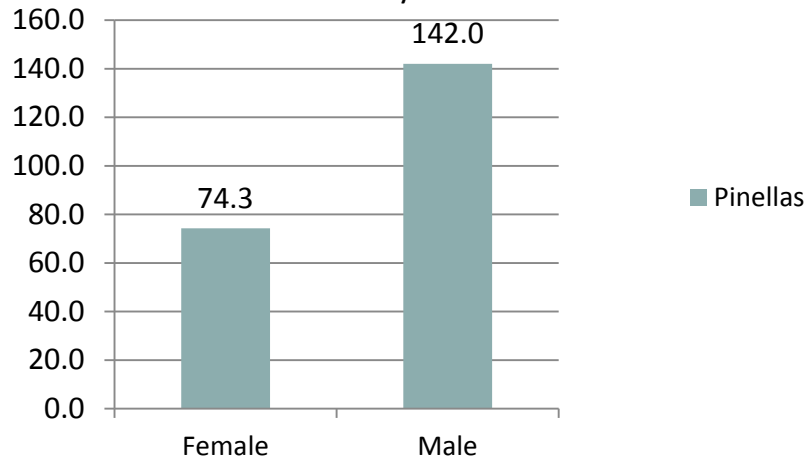
By Year



By Race/Ethnicity



By Sex

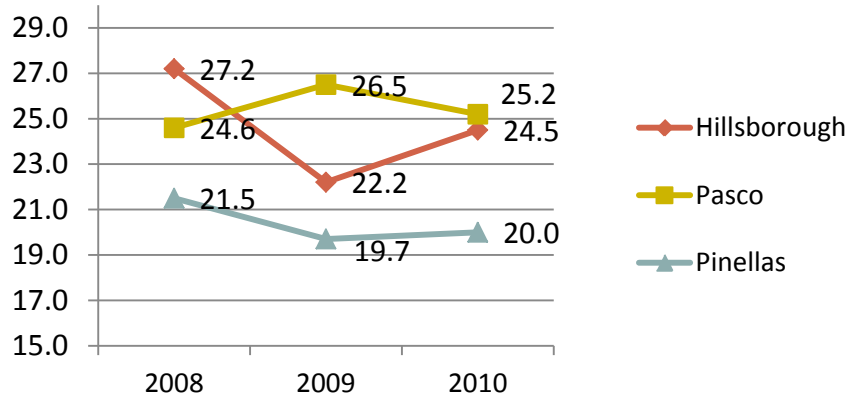


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Diabetes

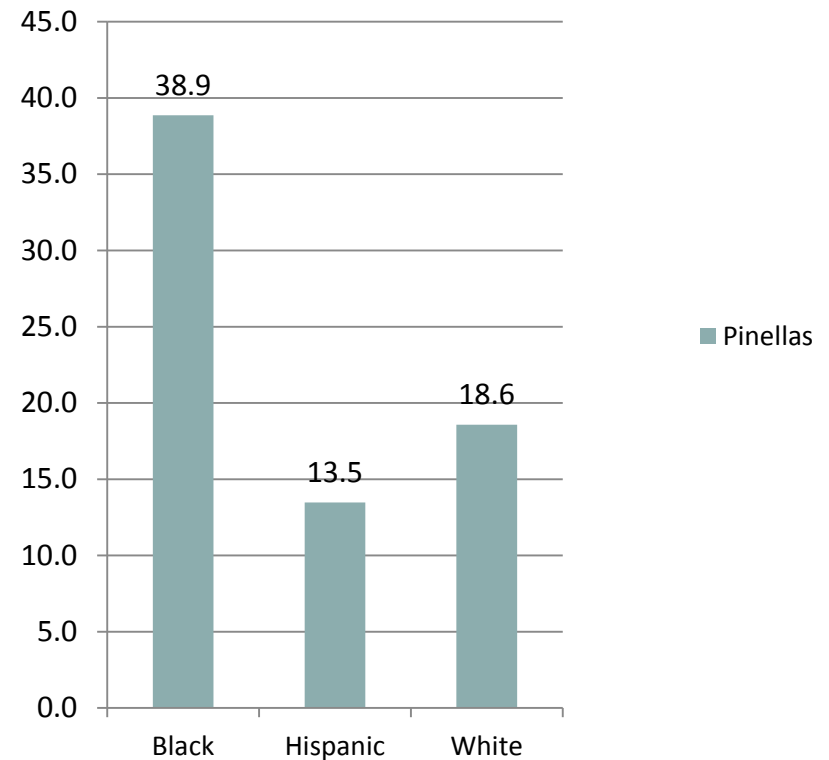
**age-adjusted death rate per 100,000
population due to diabetes*



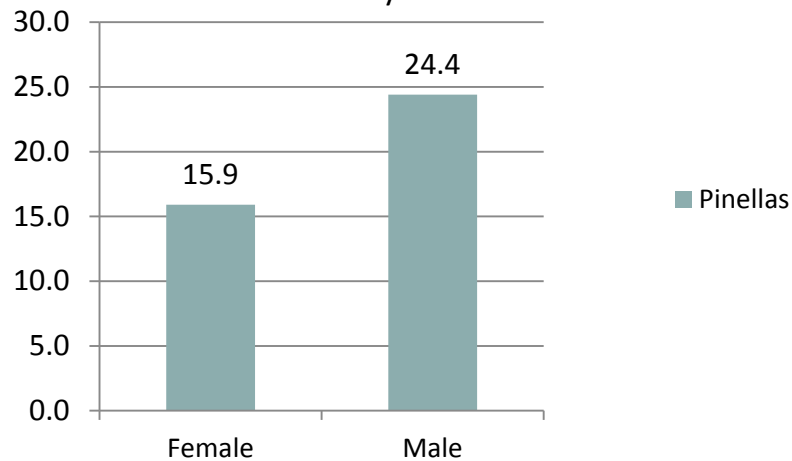
By Year



By Race/Ethnicity



By Sex

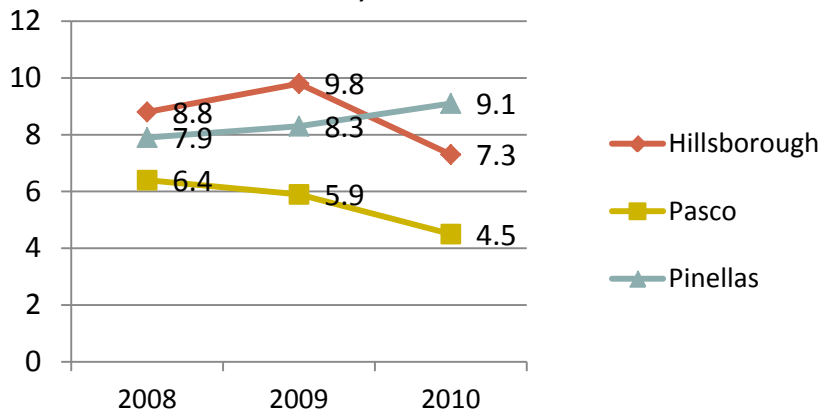


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Influenza and Pneumonia

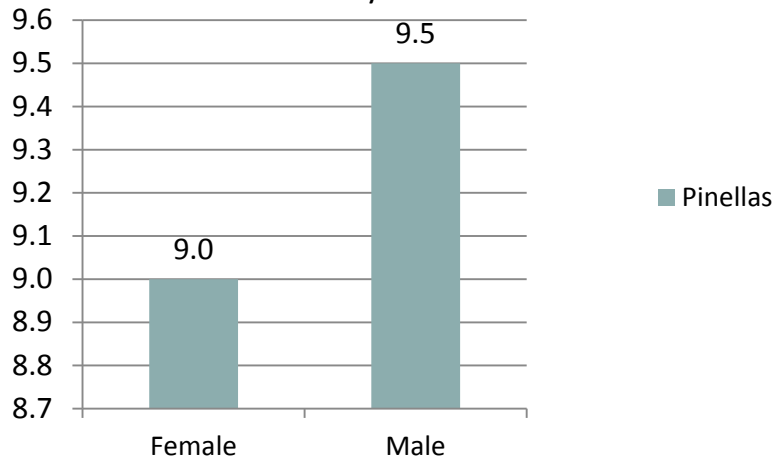
**age-adjusted death rate per 100,000
population due to influenza and pneumonia*



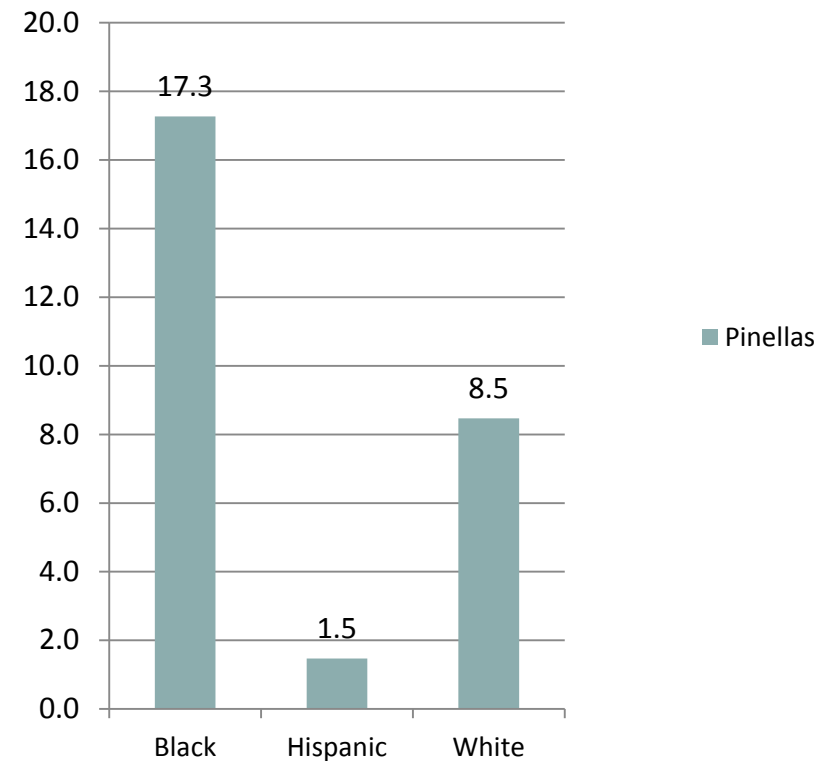
By Year



By Sex

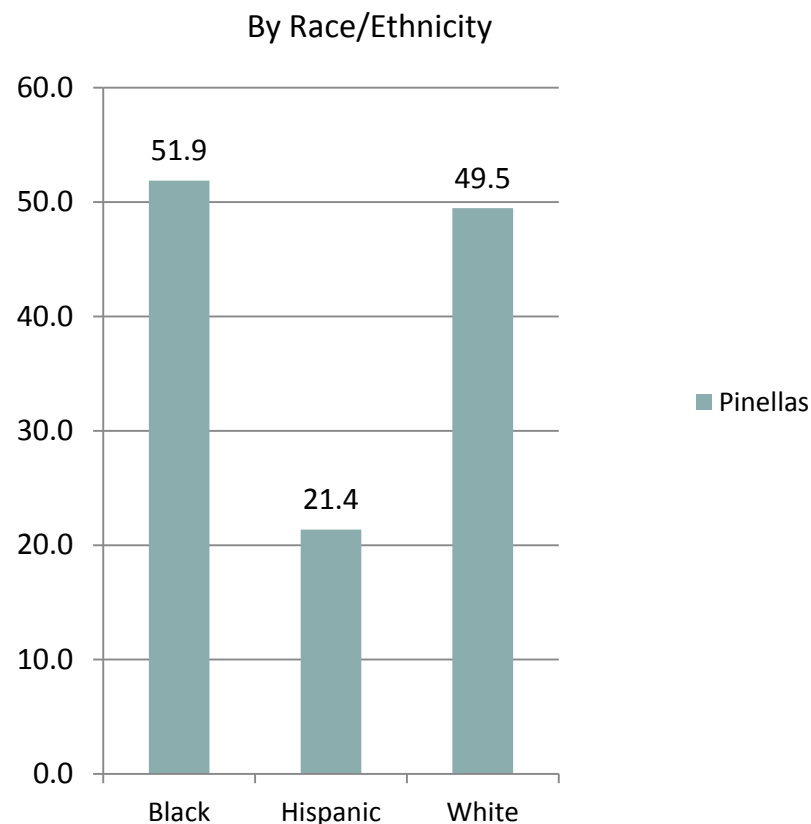
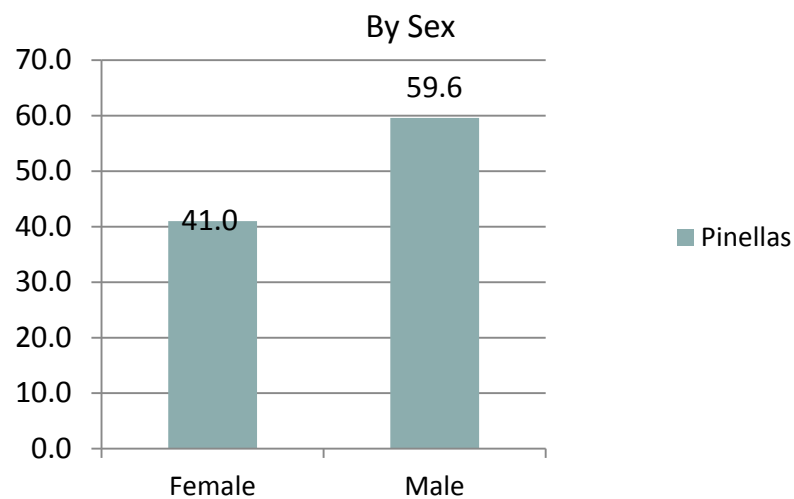
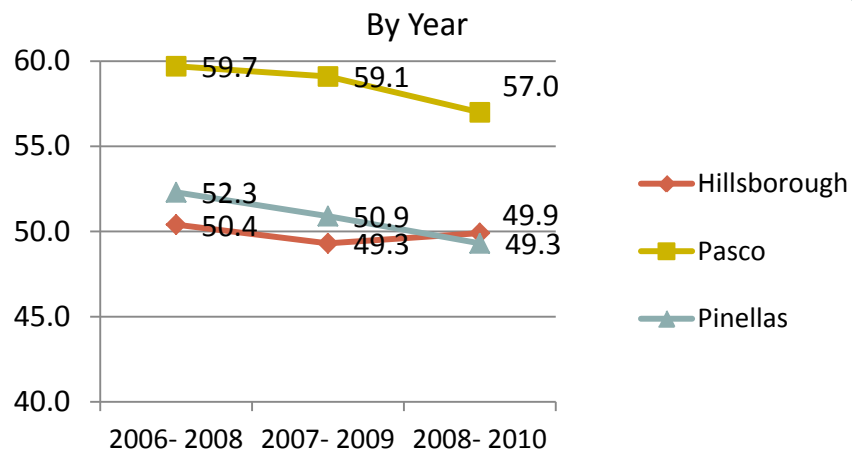


By Race/Ethnicity



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

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

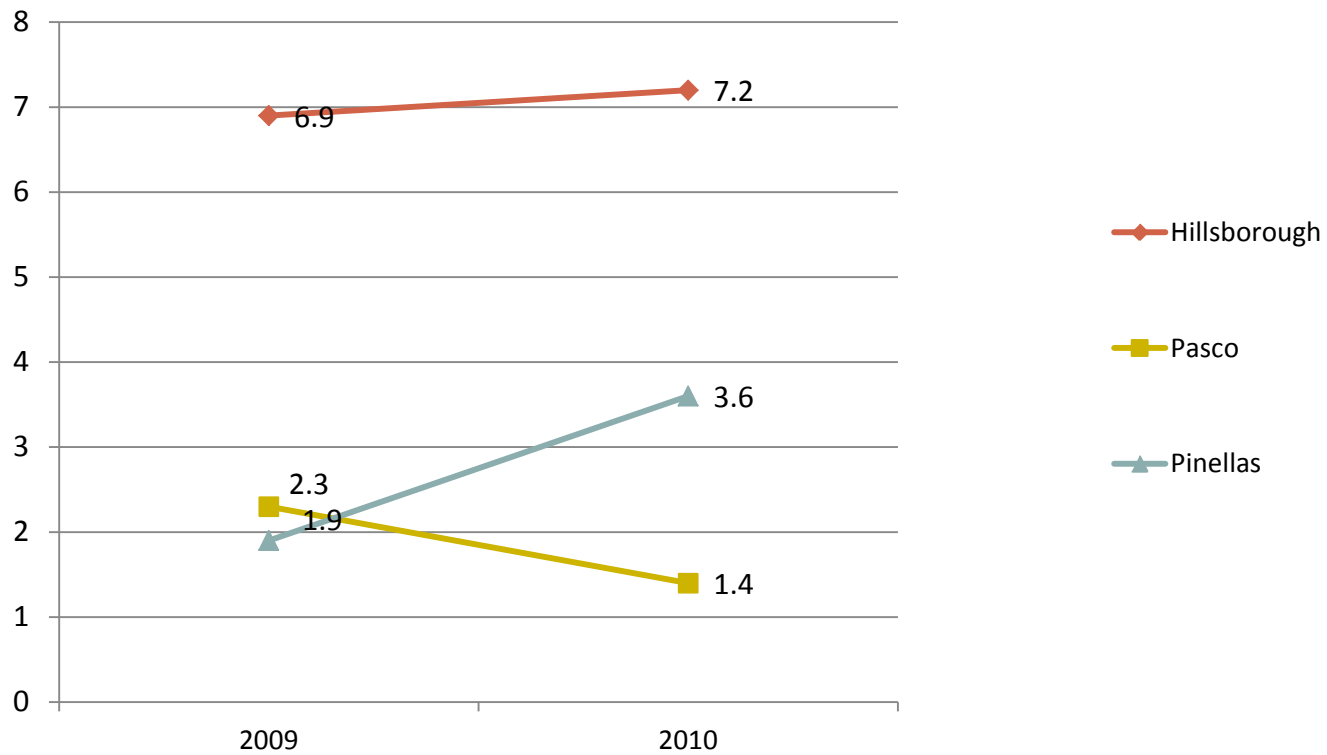


Healthy Tampa Bay Data – Tuberculosis Incidence Rate



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

By Year

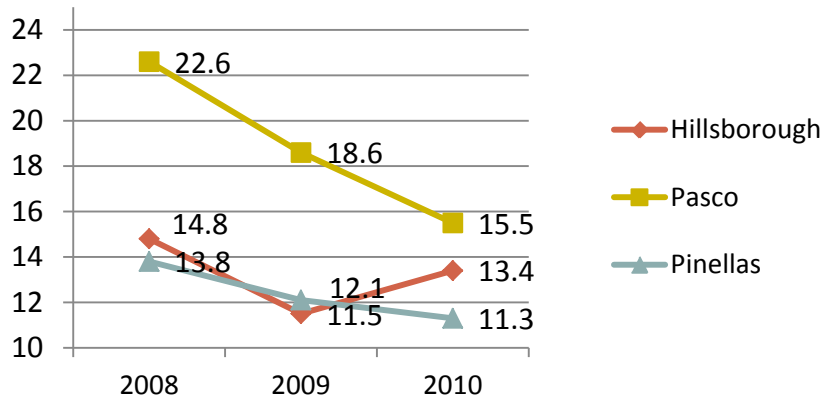


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Motor Vehicle Collisions

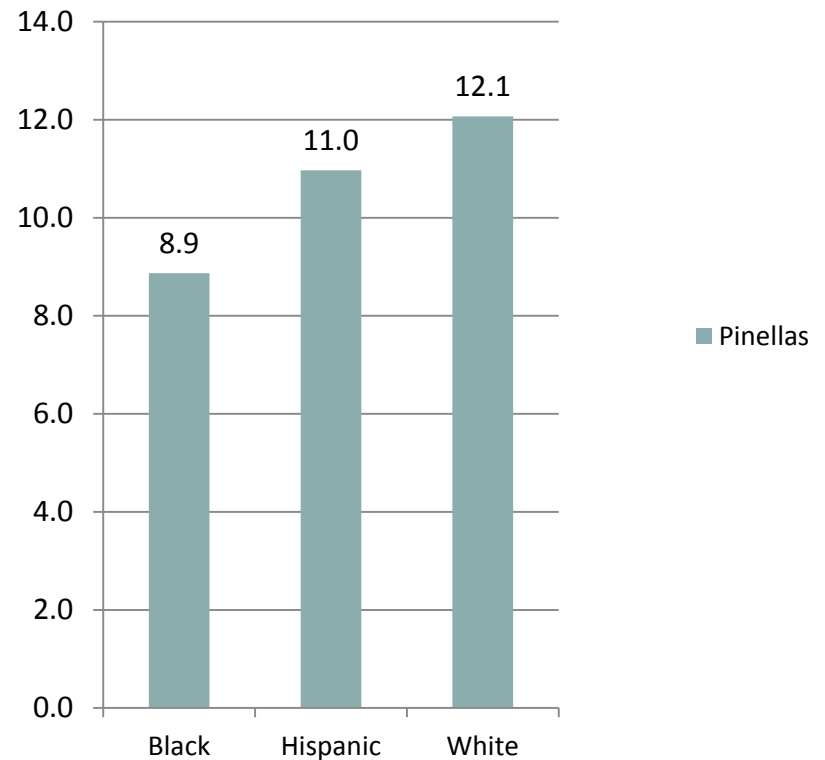
**age-adjusted death rate per 100,000
population due to motor vehicle collisions*



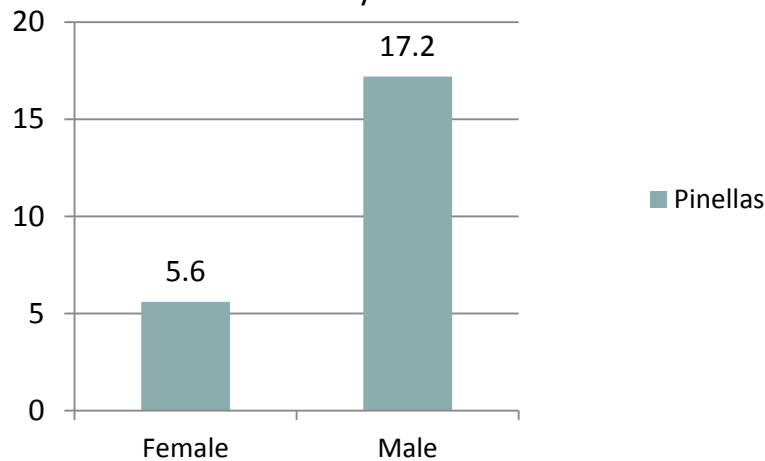
By Year



By Race/Ethnicity



By Sex

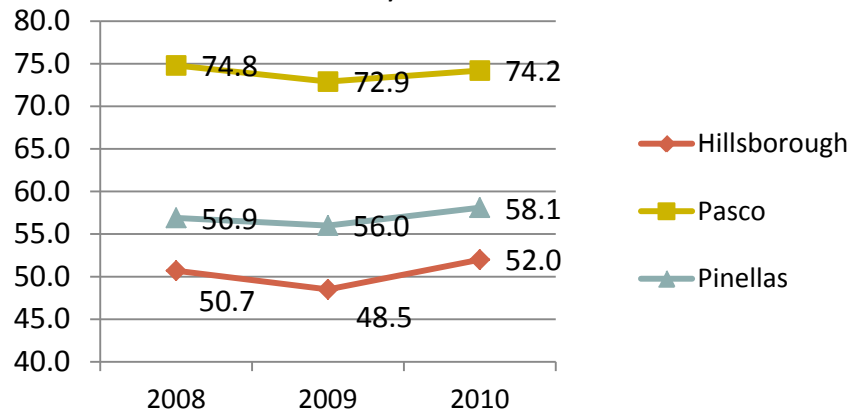


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Unintentional Injuries

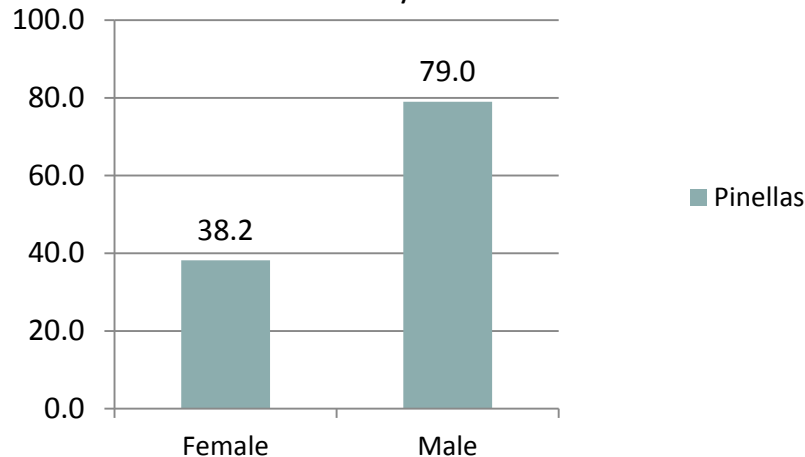
**age-adjusted death rate per 100,000
population due to motor vehicle collisions*



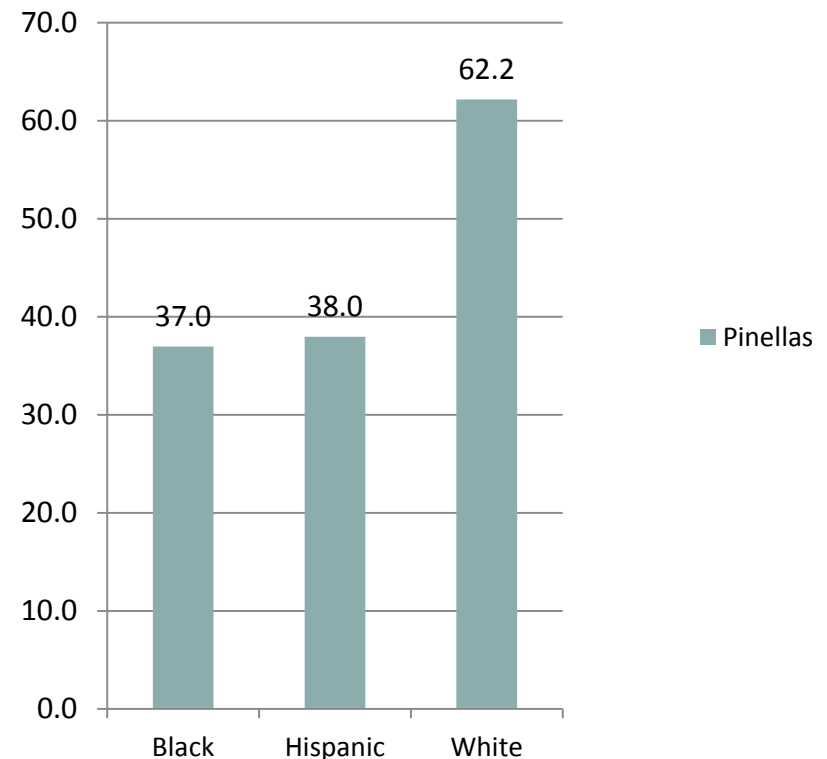
By Year



By Sex



By Race/Ethnicity

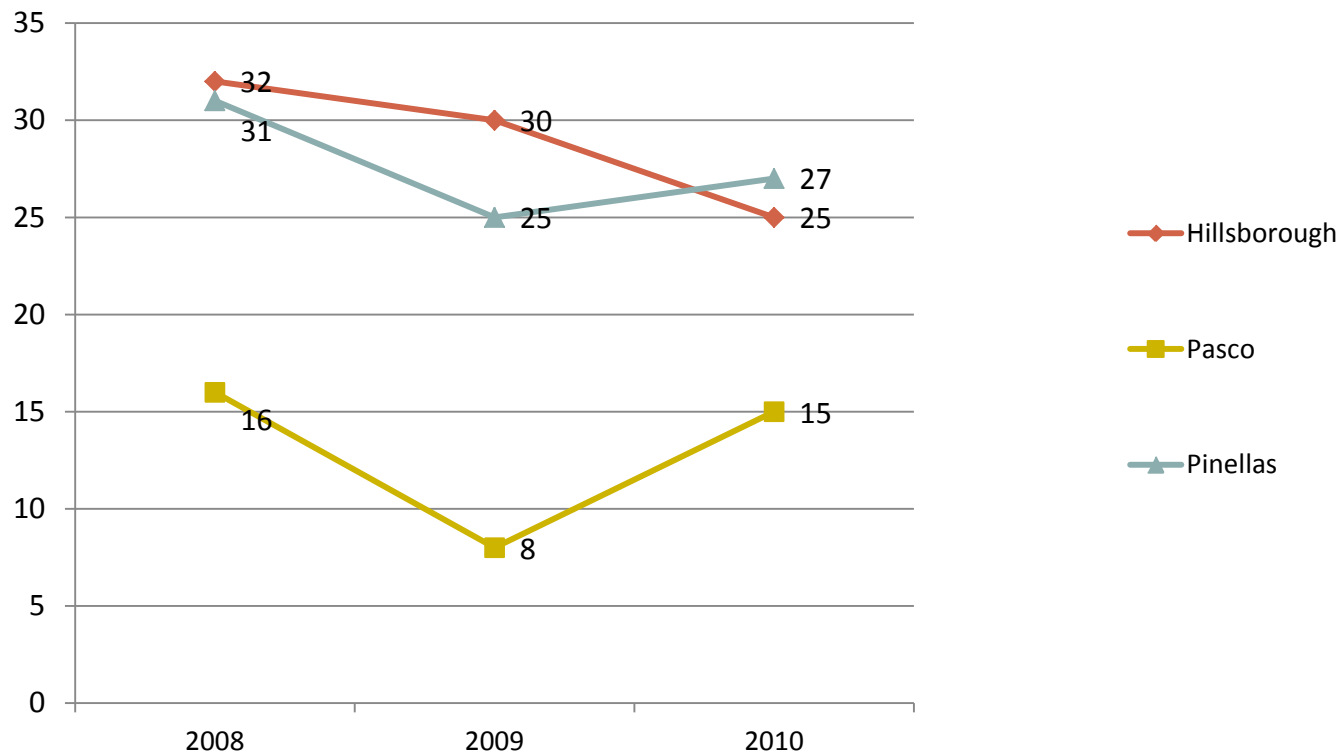


Healthy Tampa Bay Data – Motorcycle Fatalities



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

By Year

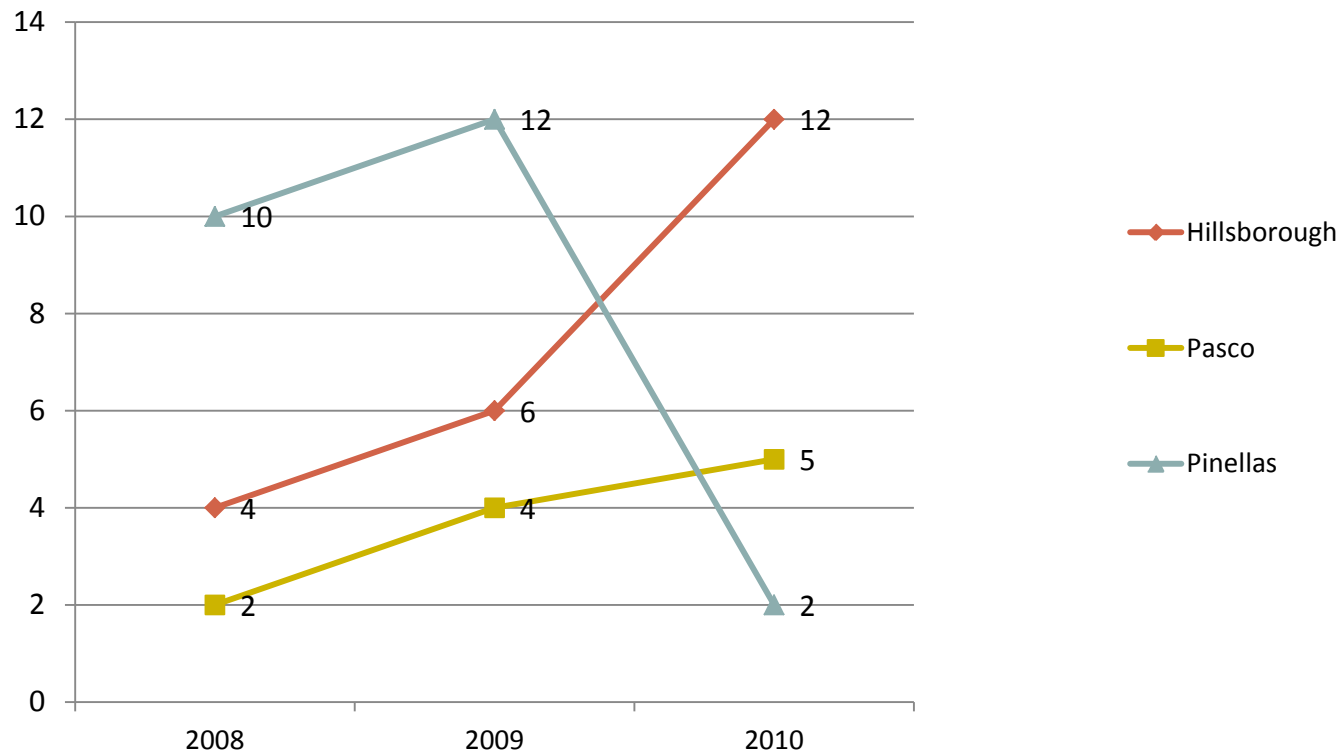


Healthy Tampa Bay Data – Bicyclist Fatalities



**the number of bicyclists killed in traffic collisions*

By Year

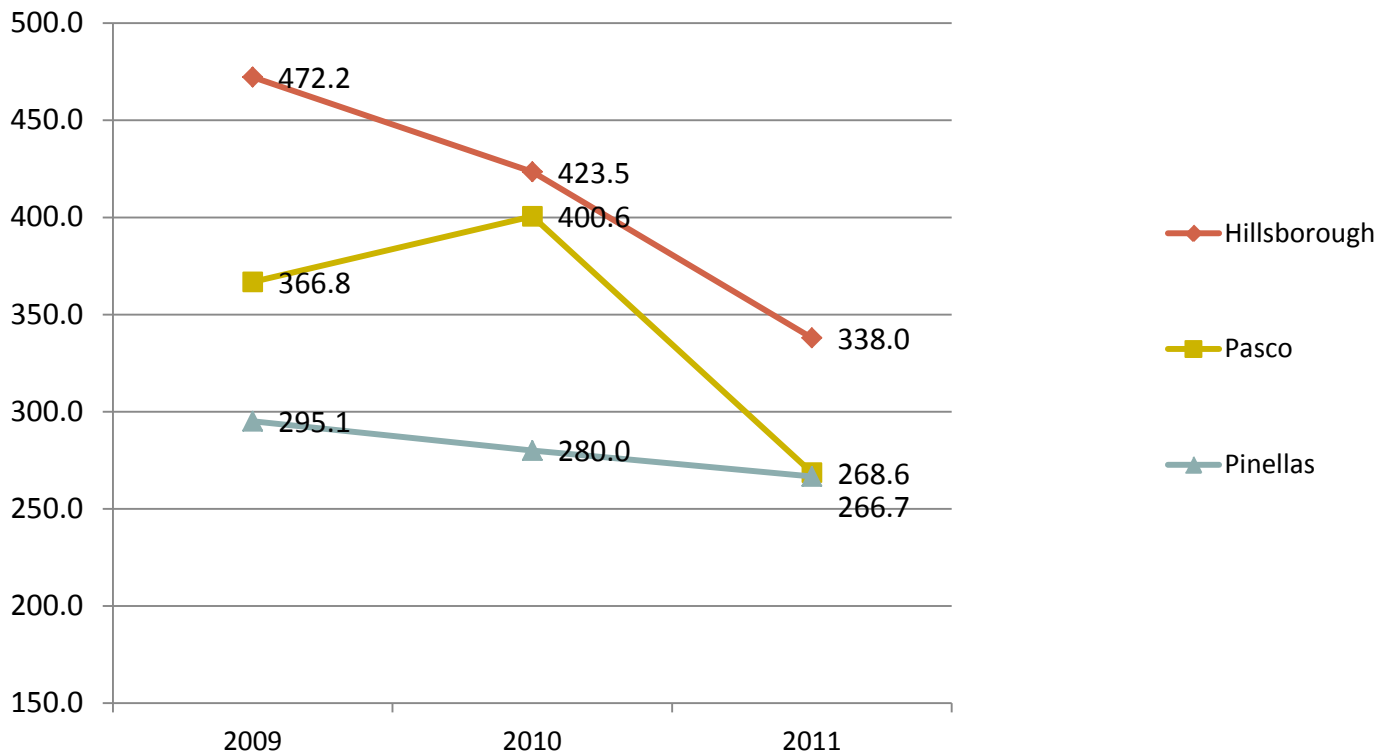


Healthy Tampa Bay Data – Driving Under the Influence Rate



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

By Year

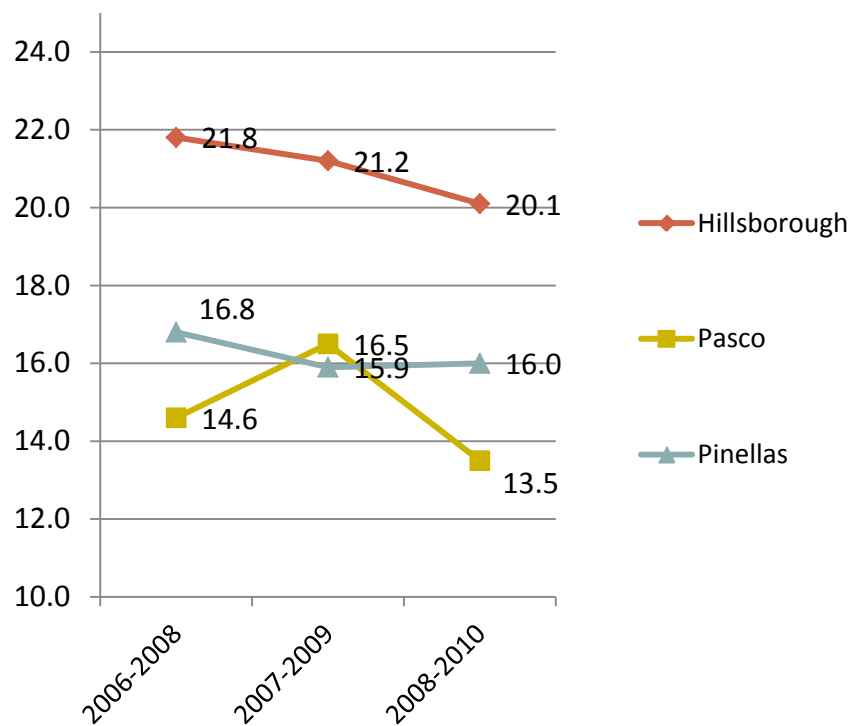


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Prostate Cancer

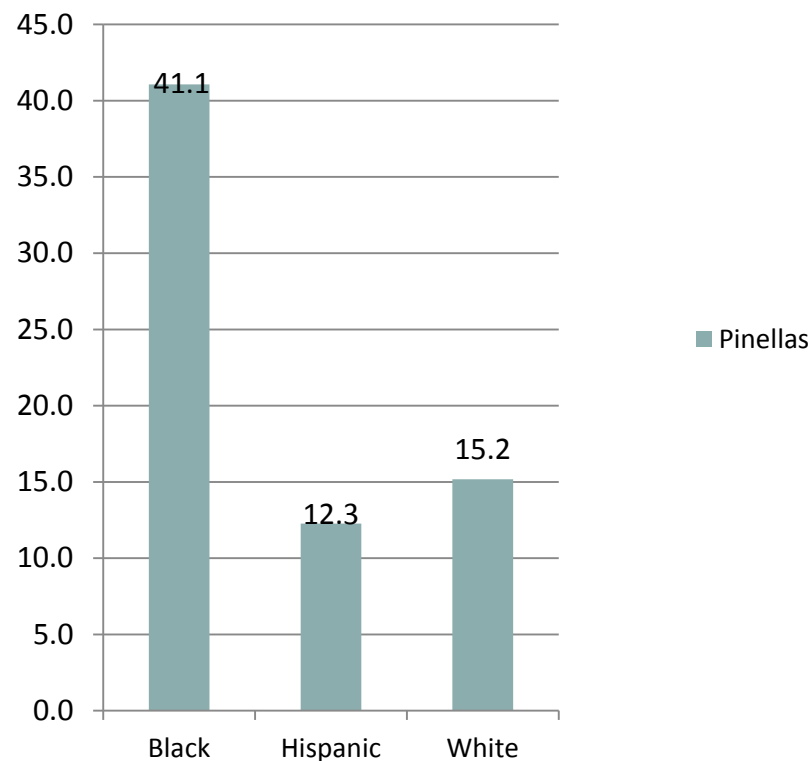
**age-adjusted death rate per 100,000
males due to prostate cancer.*



By Year



By Race/Ethnicity

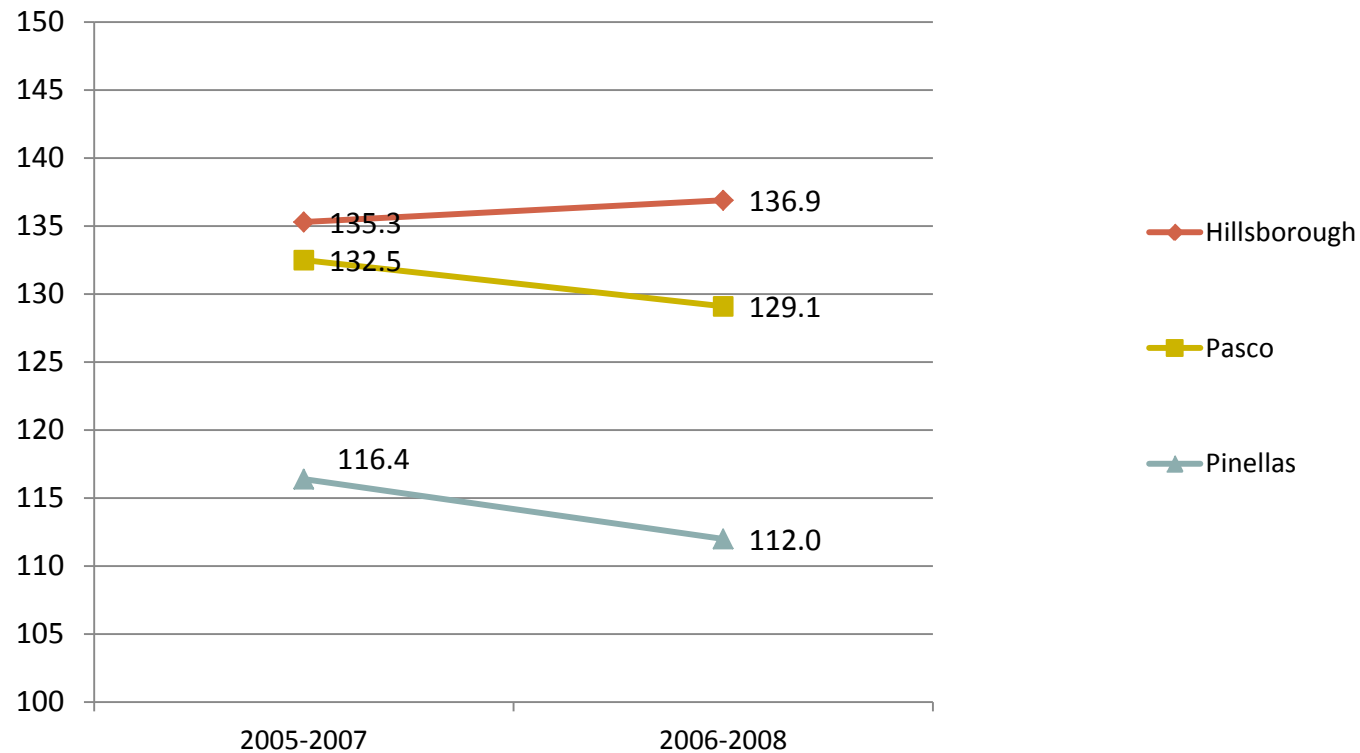


Healthy Tampa Bay Data – Prostate Cancer Incidence Rate



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

By Year

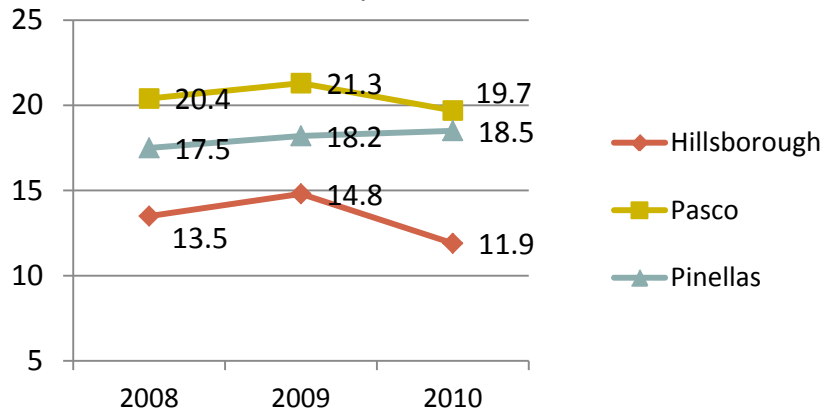


Healthy Tampa Bay Data – Age-Adjusted Death Rate due to Suicide

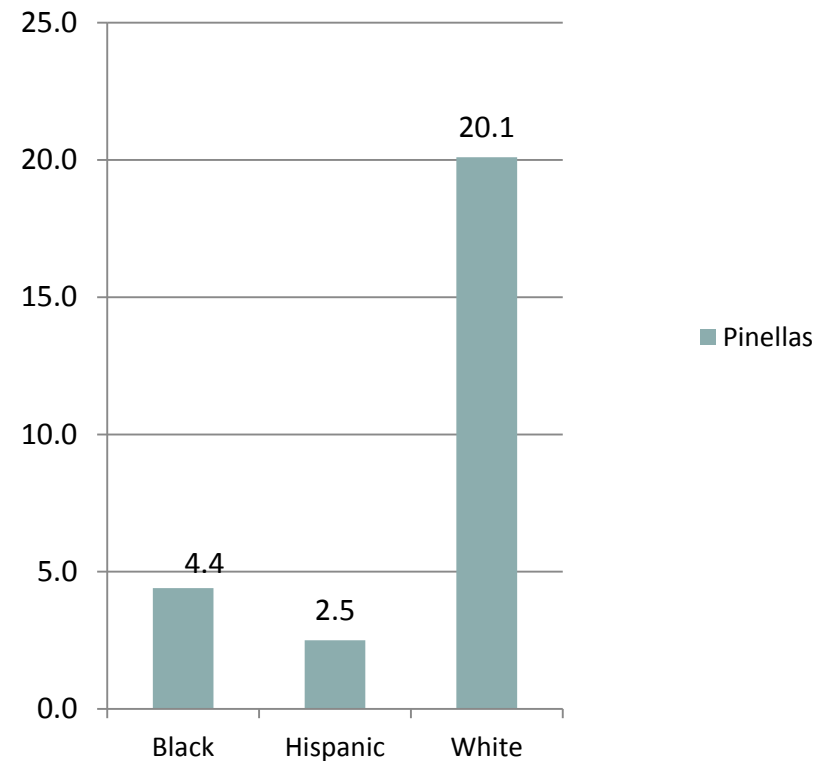
**age-adjusted death rate per 100,000
population due to suicide*



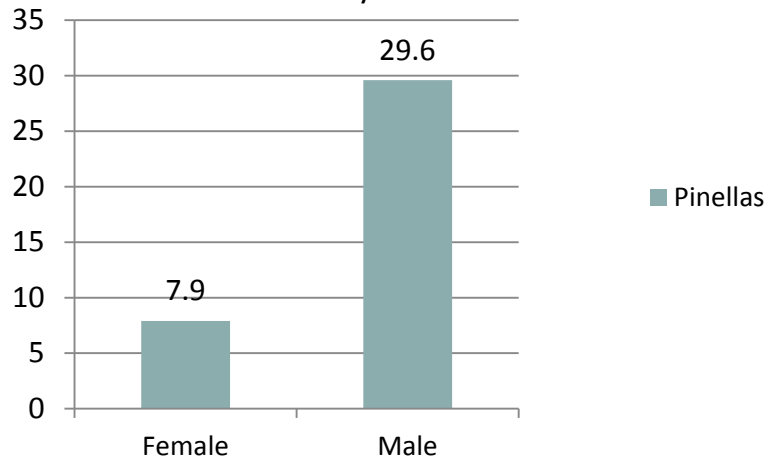
By Year



By Race/Ethnicity



By Sex

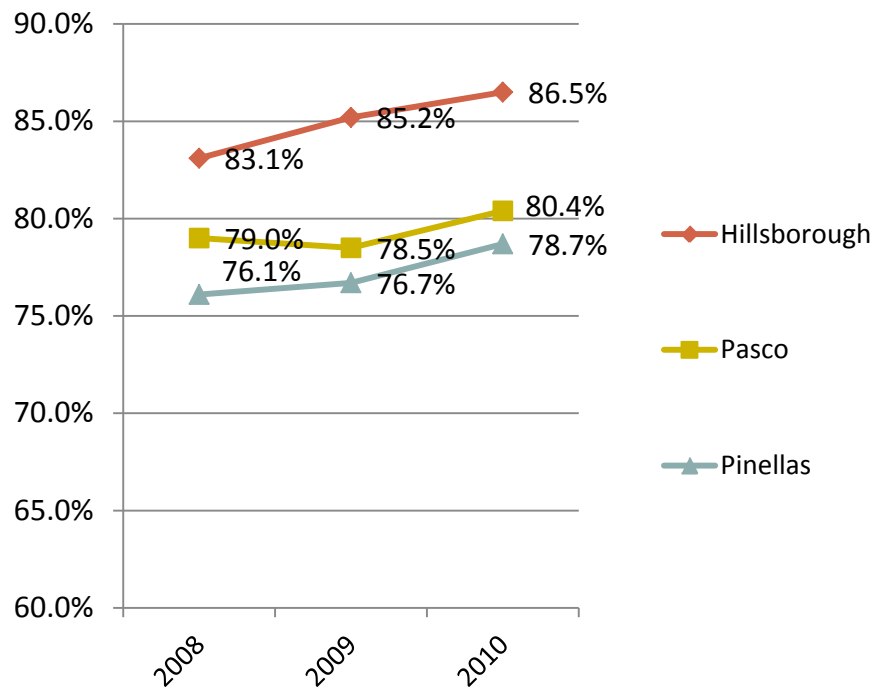


Healthy Tampa Bay Data – Mothers who Received Early Prenatal Care

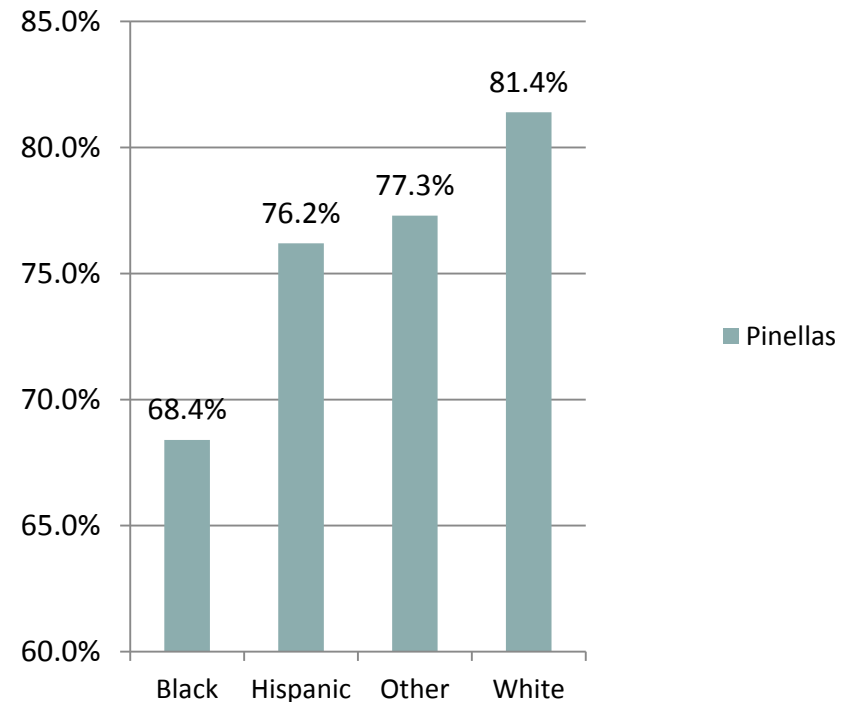
**shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.*



By Year



By Race/Ethnicity

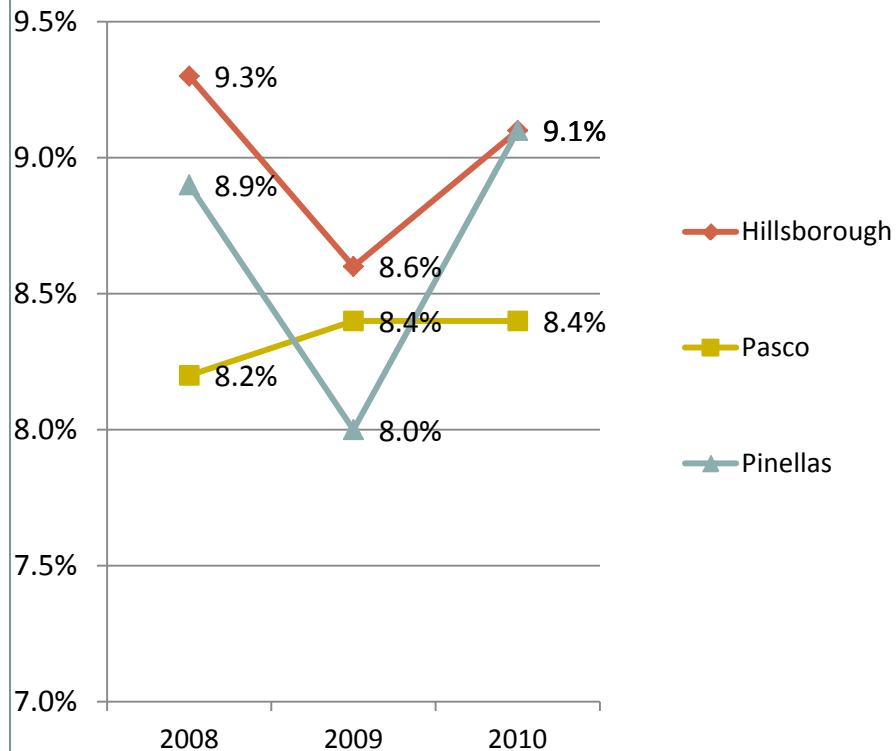


Healthy Tampa Bay Data – Babies with Low Birth Weight

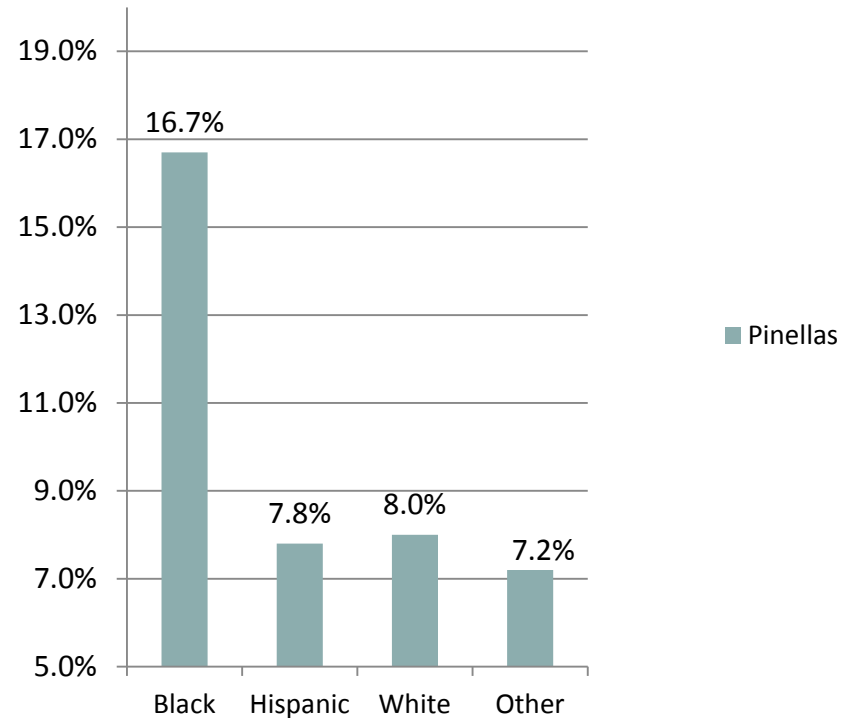
**percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).*



By Year



By Race/Ethnicity

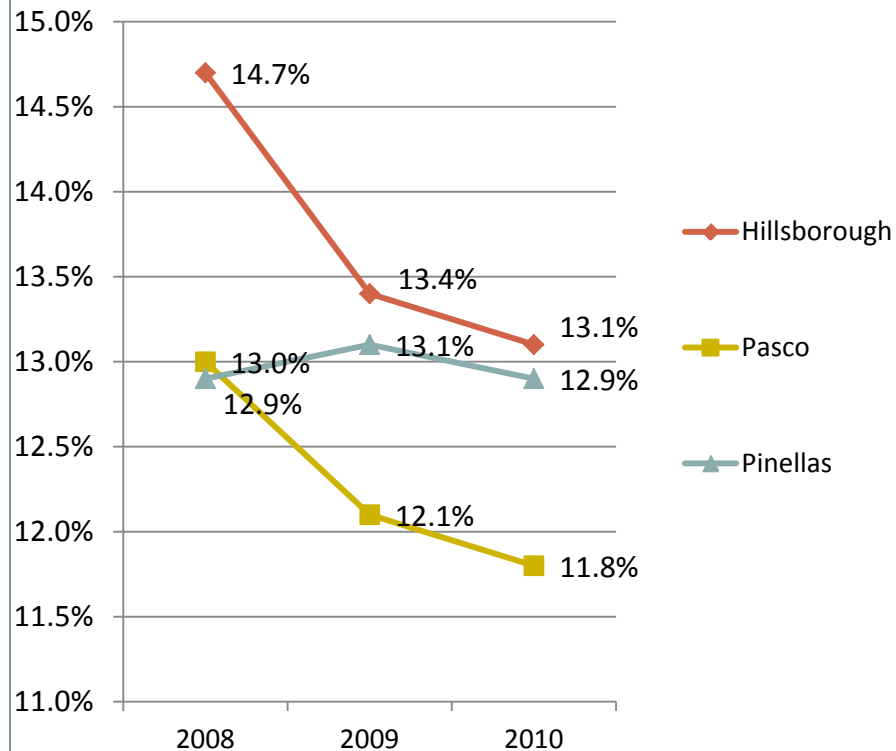


Healthy Tampa Bay Data – Preterm Births

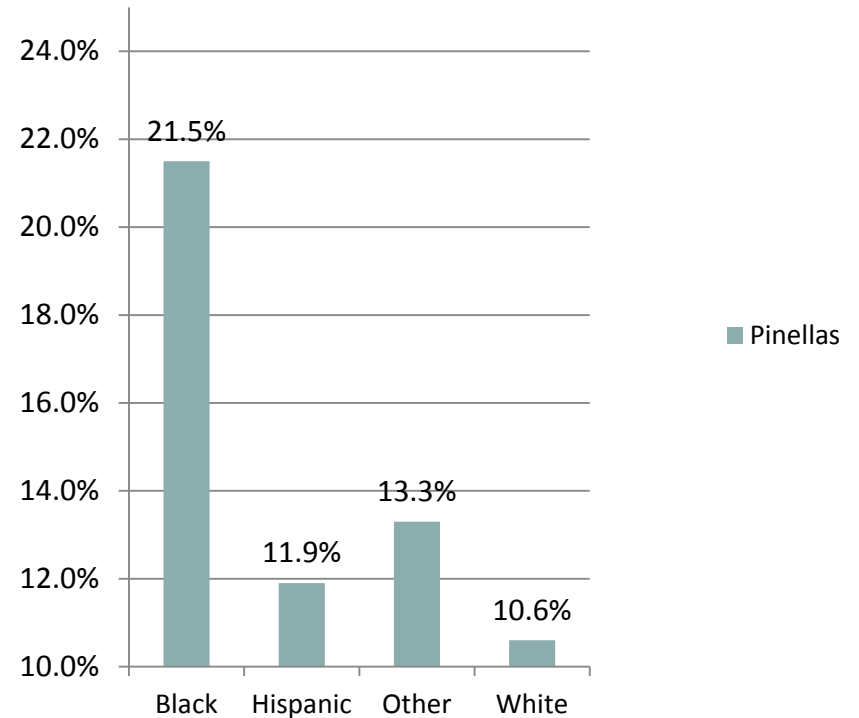
**shows the percentage of births with less than 37 weeks of completed gestation.*



By Year



By Race/Ethnicity

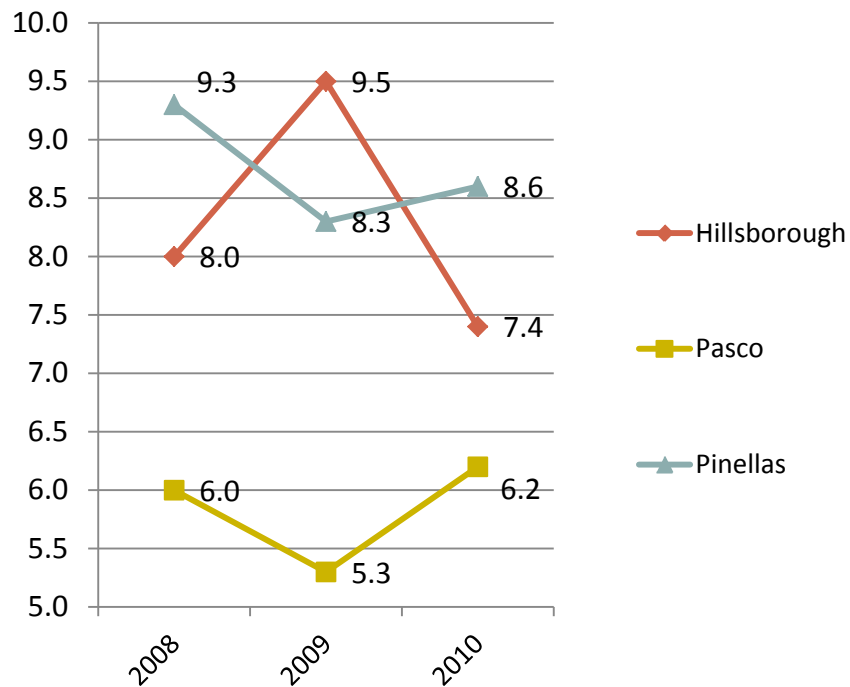


Healthy Tampa Bay Data – Infant Mortality Rate

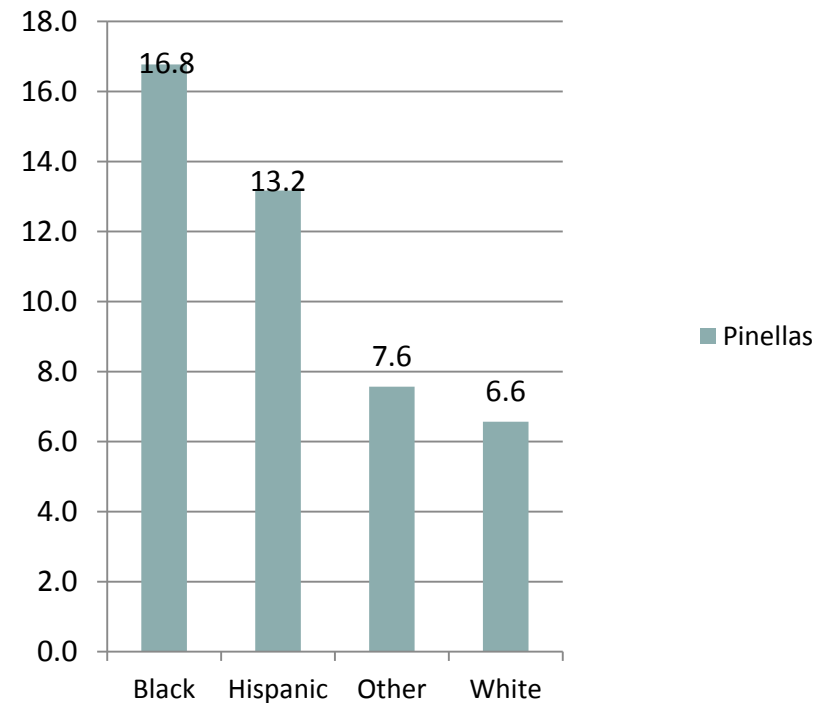


**mortality rate in deaths per 1,000 live births
for infants within their first year of life.*

By Year



By Race/Ethnicity

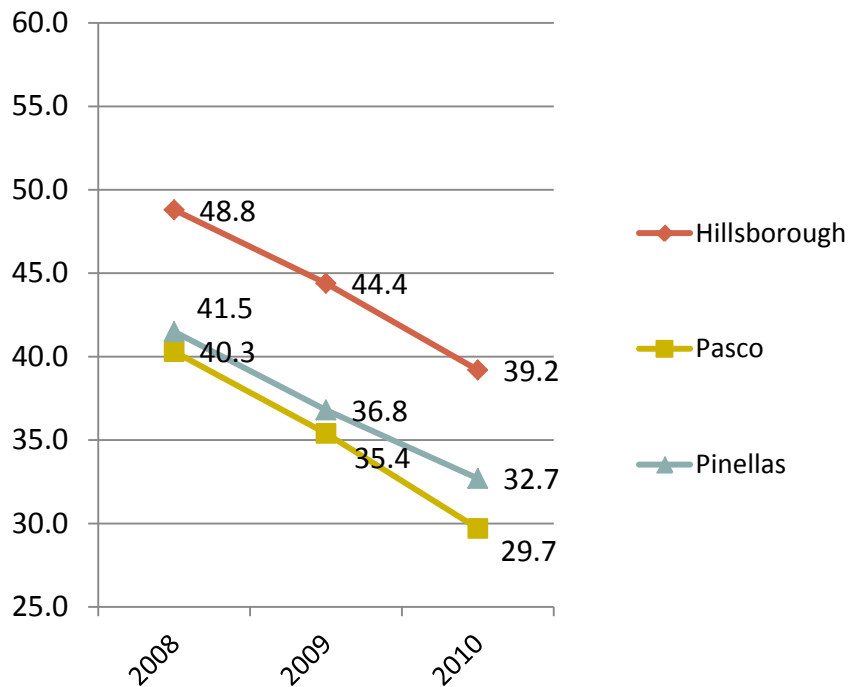


Healthy Tampa Bay Data – Teen Birth Rate

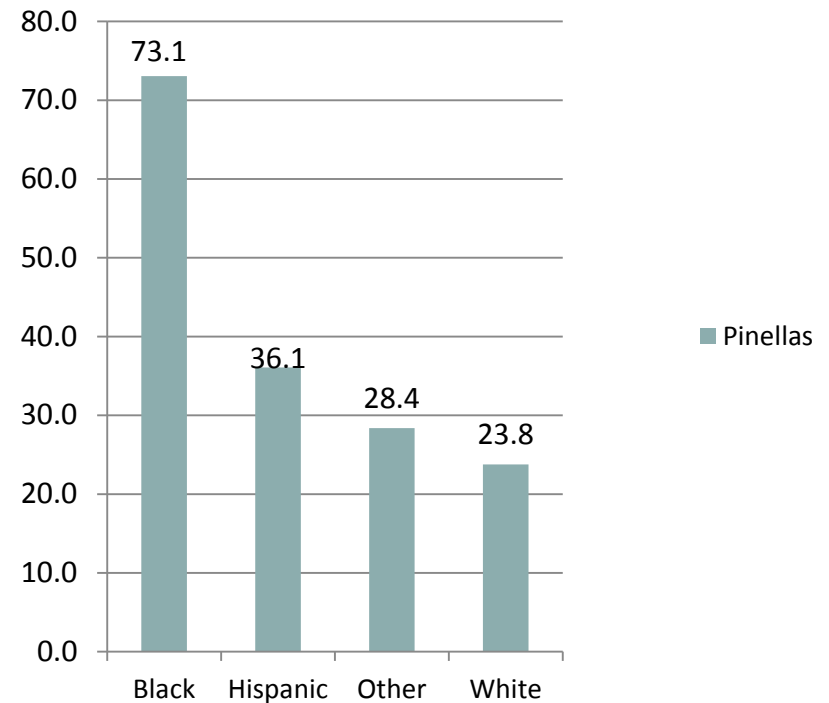


**shows the birth rate in live births per 1,000
females aged 15-19 years.*

By Year



By Race/Ethnicity

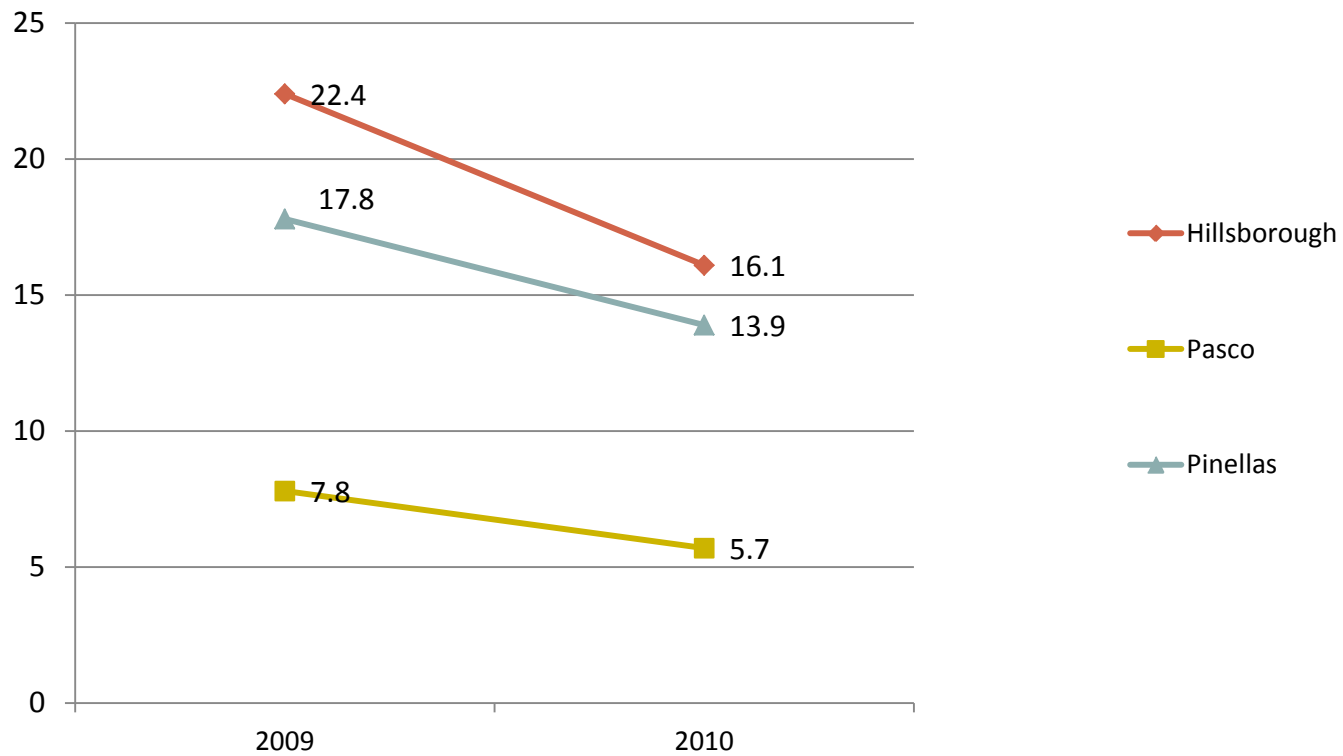


Healthy Tampa Bay Data – AIDS Incidence Rate



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

By Year

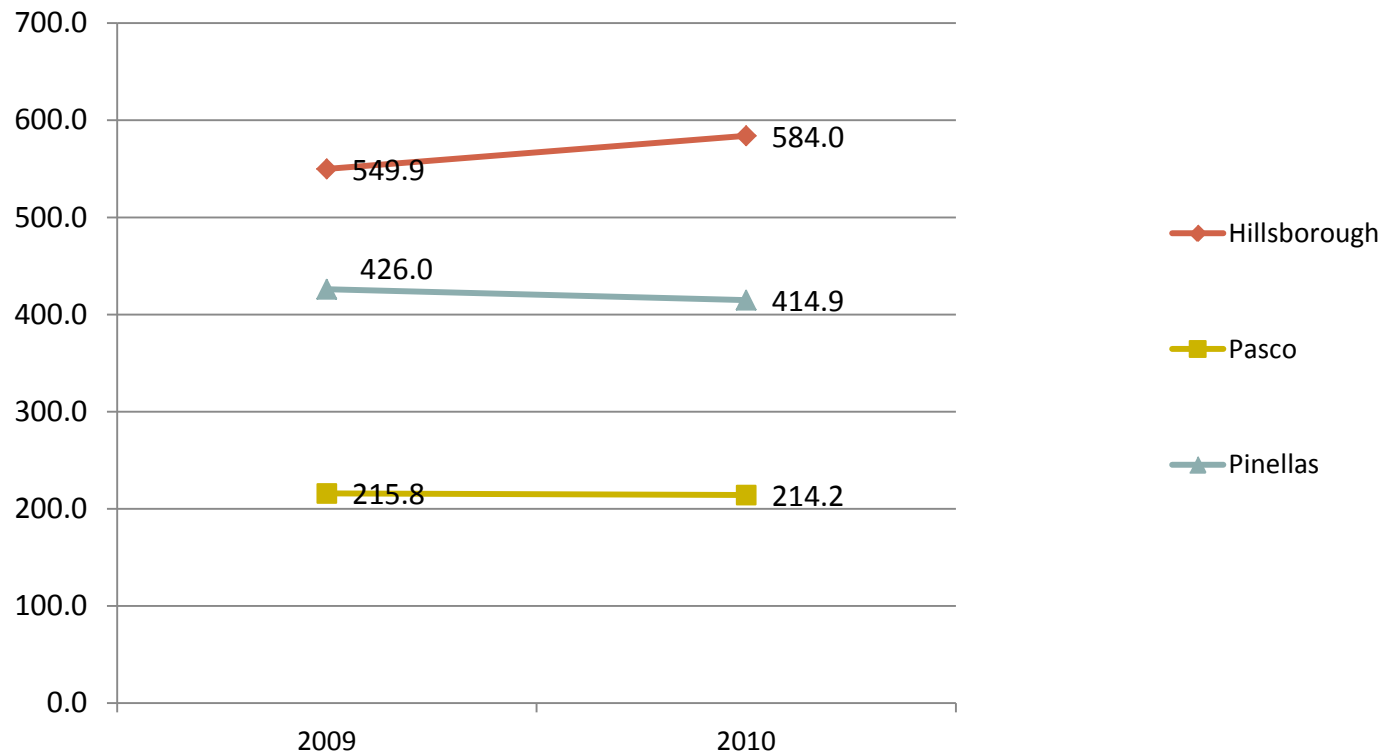


Healthy Tampa Bay Data – Chlamydia Incidence Rate



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

By Year

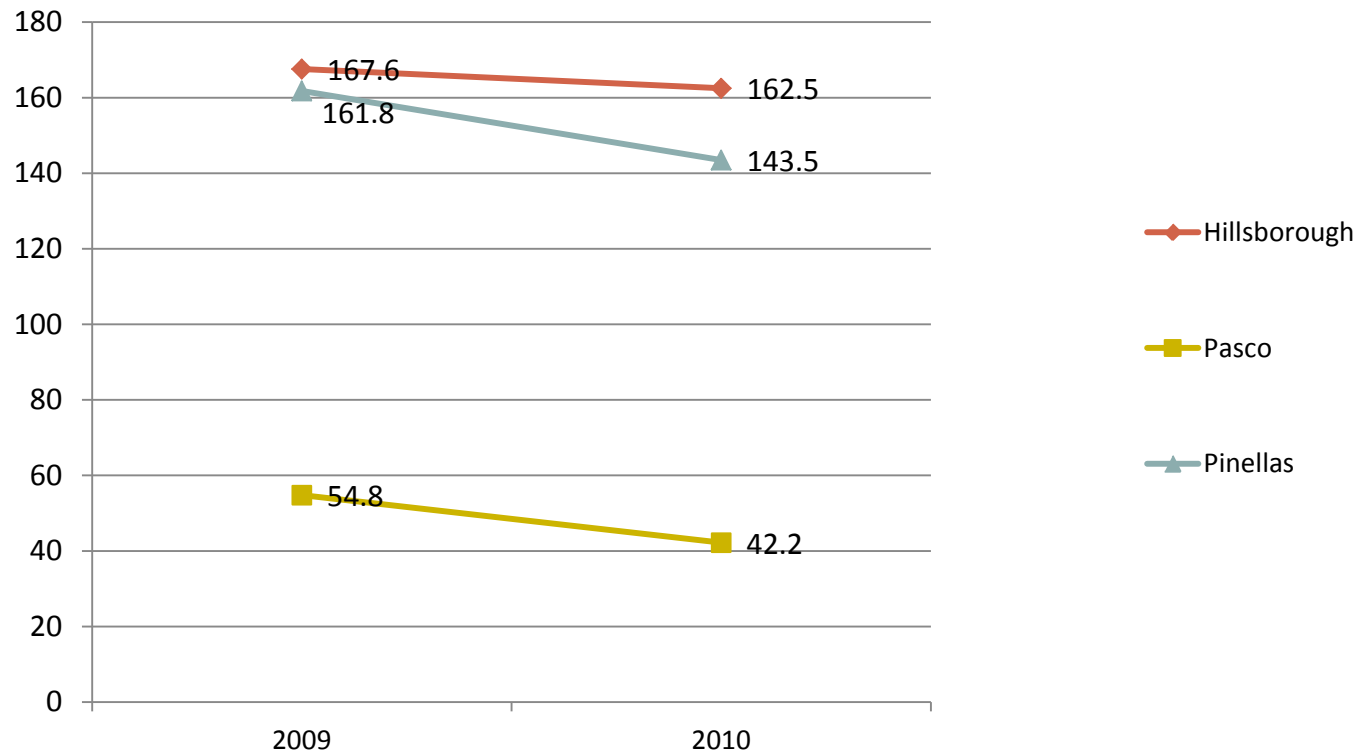


Healthy Tampa Bay Data – Gonorrhea Incidence Rate



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

By Year

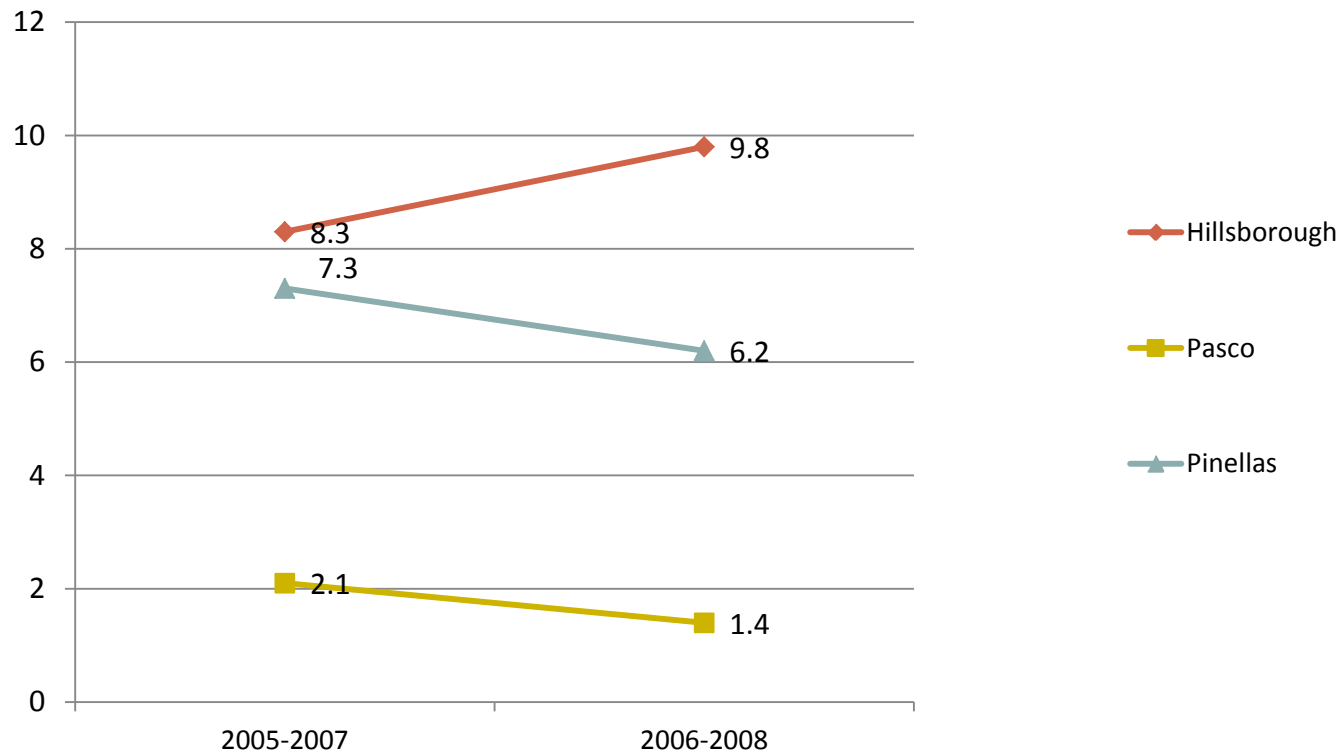


Healthy Tampa Bay Data – Syphilis Incidence Rate



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

By Year

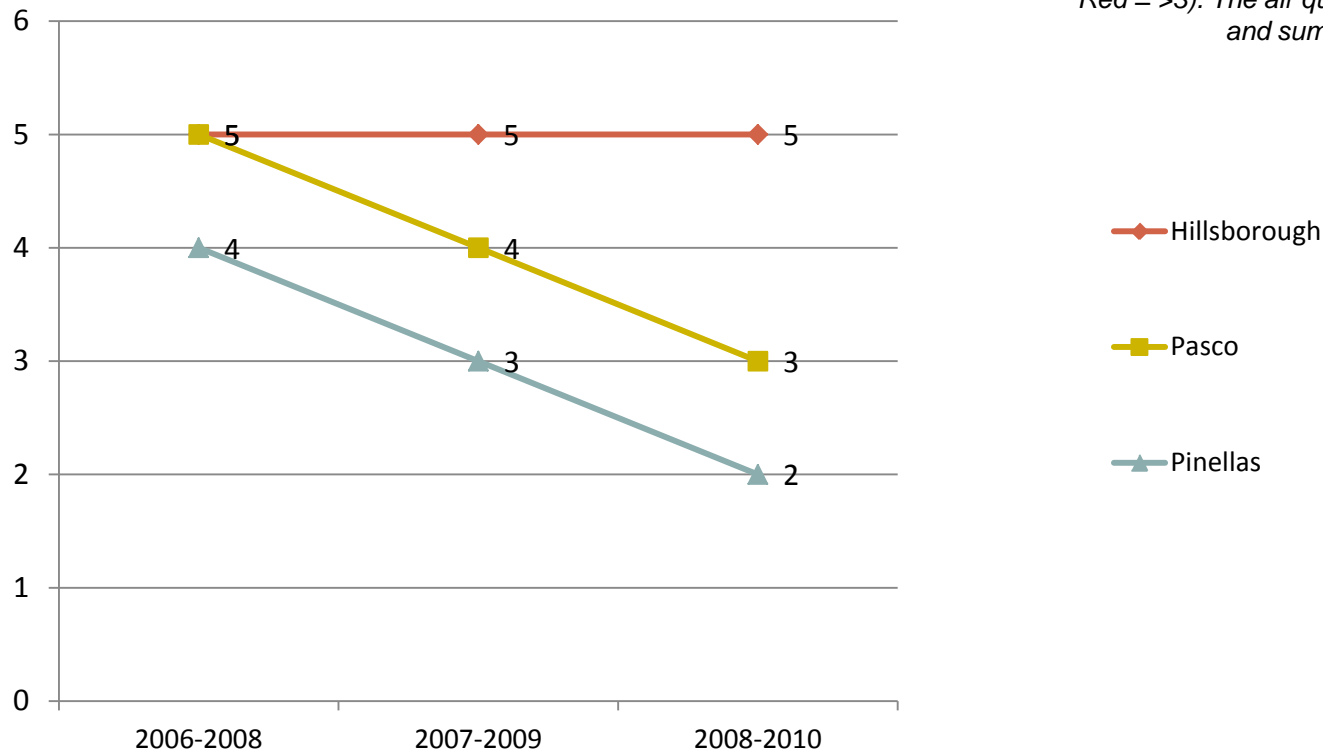


Healthy Tampa Bay Data – Annual Ozone Air Quality



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

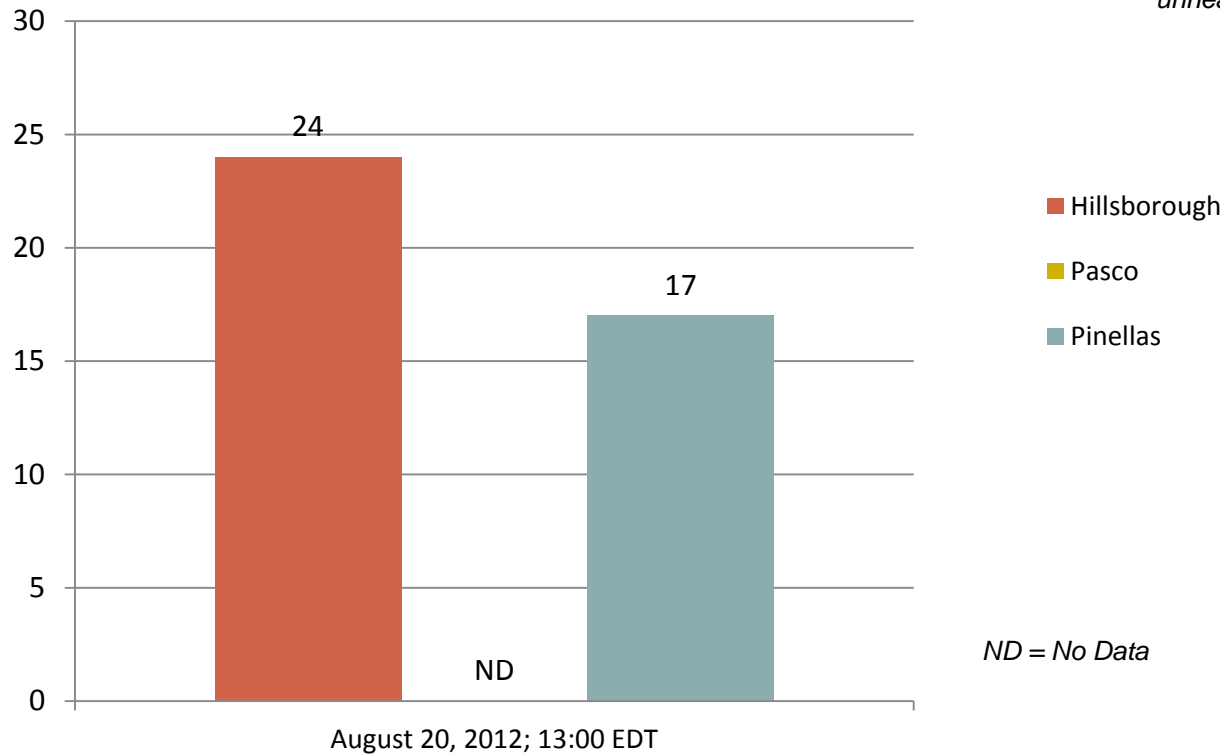
By Year



Healthy Tampa Bay Data – Daily Ozone Air Quality



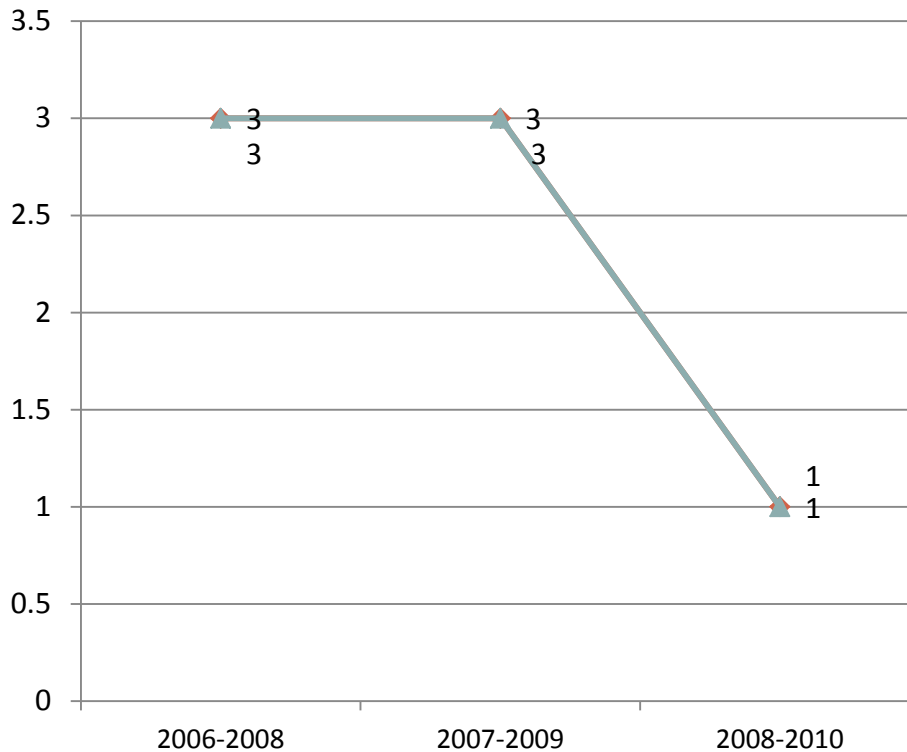
**shows today's level of ozone pollution
The distribution is based on AIRNow's rating system.
Green values (0-50) represent good air quality days.
Yellow values (51-100) represent moderate air quality.
Red values represent conditions that are unhealthy to
sensitive groups (101-150), unhealthy (151-200),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



Healthy Tampa Bay Data – Annual Particle Pollution



By Year



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

— Hillsborough

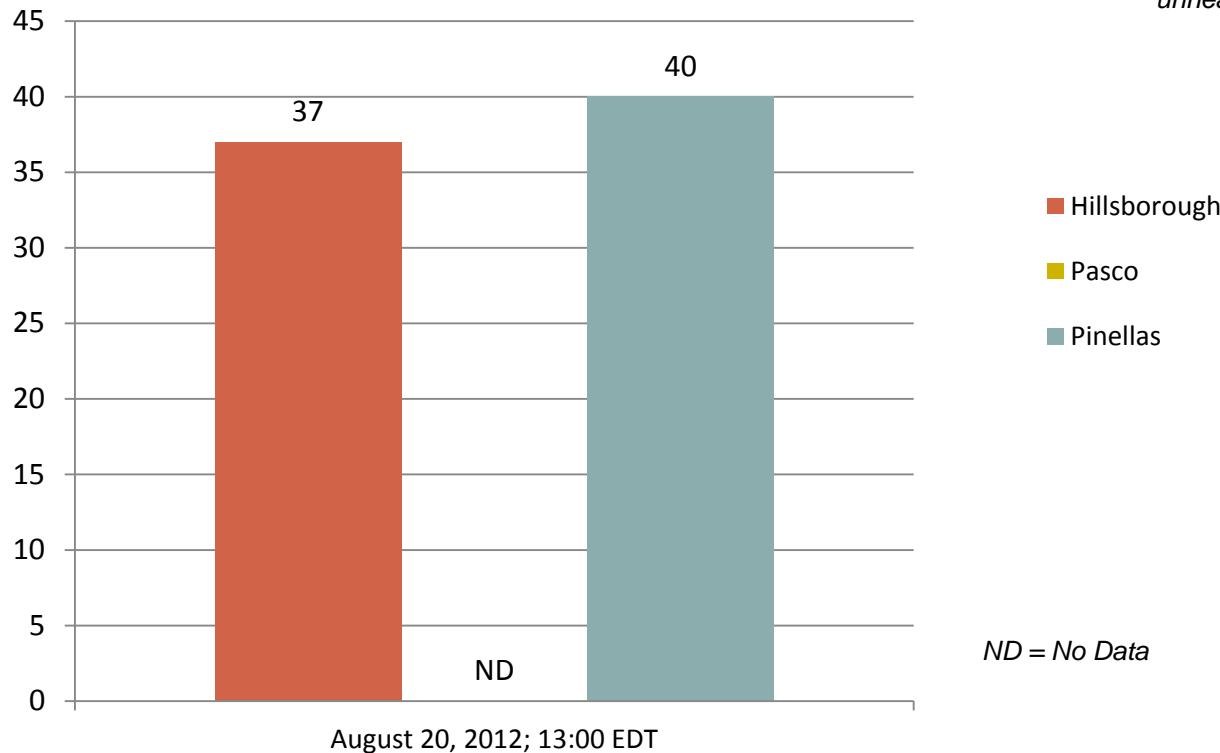
— Pasco

— Pinellas

Healthy Tampa Bay Data – Daily Particle Pollution



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

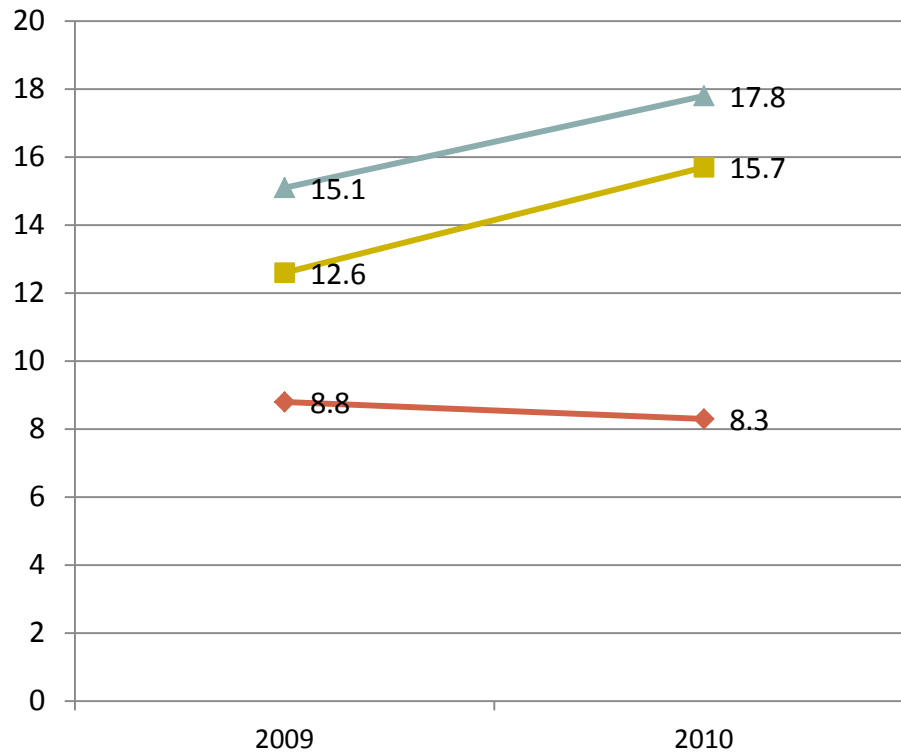


Healthy Tampa Bay Data – Child Abuse Rate



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

By Year



—◆— Hillsborough

—■— Pasco

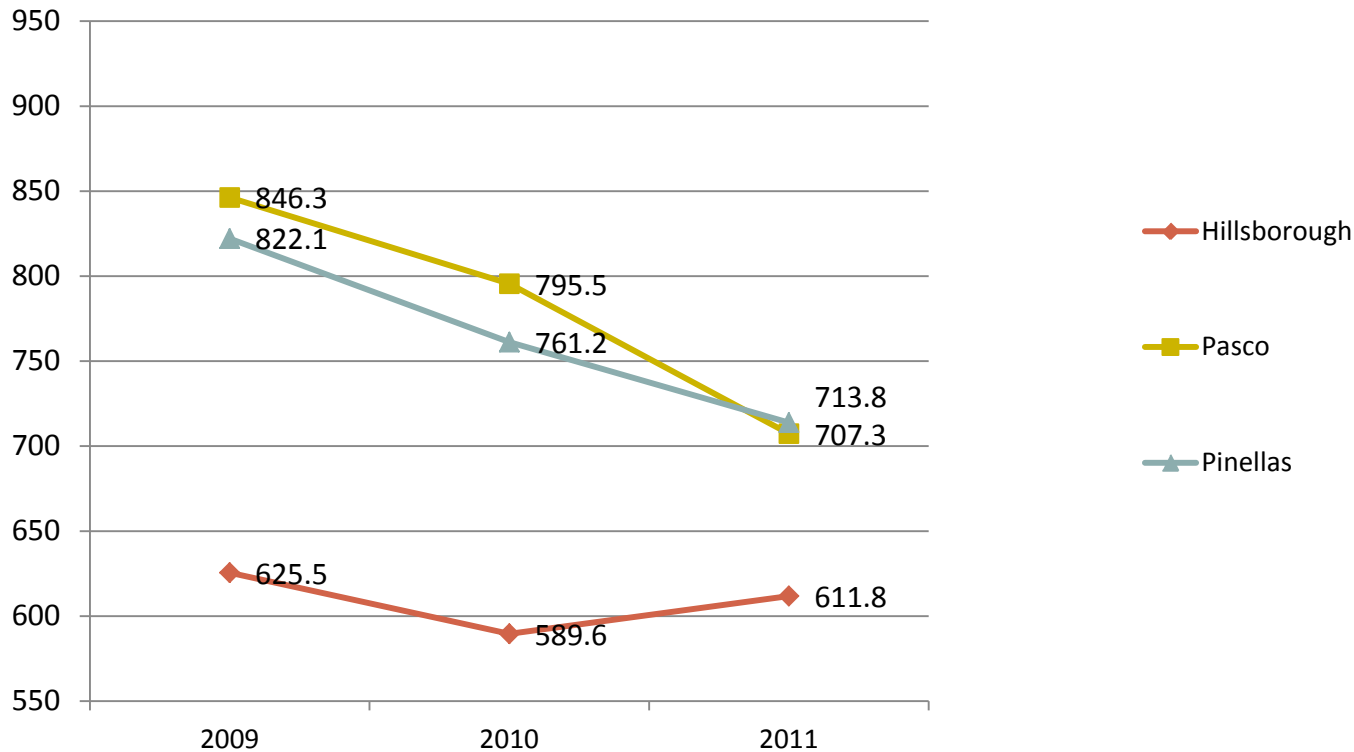
—▲— Pinellas

Healthy Tampa Bay Data – Domestic Violence Offense Rate



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

By Year

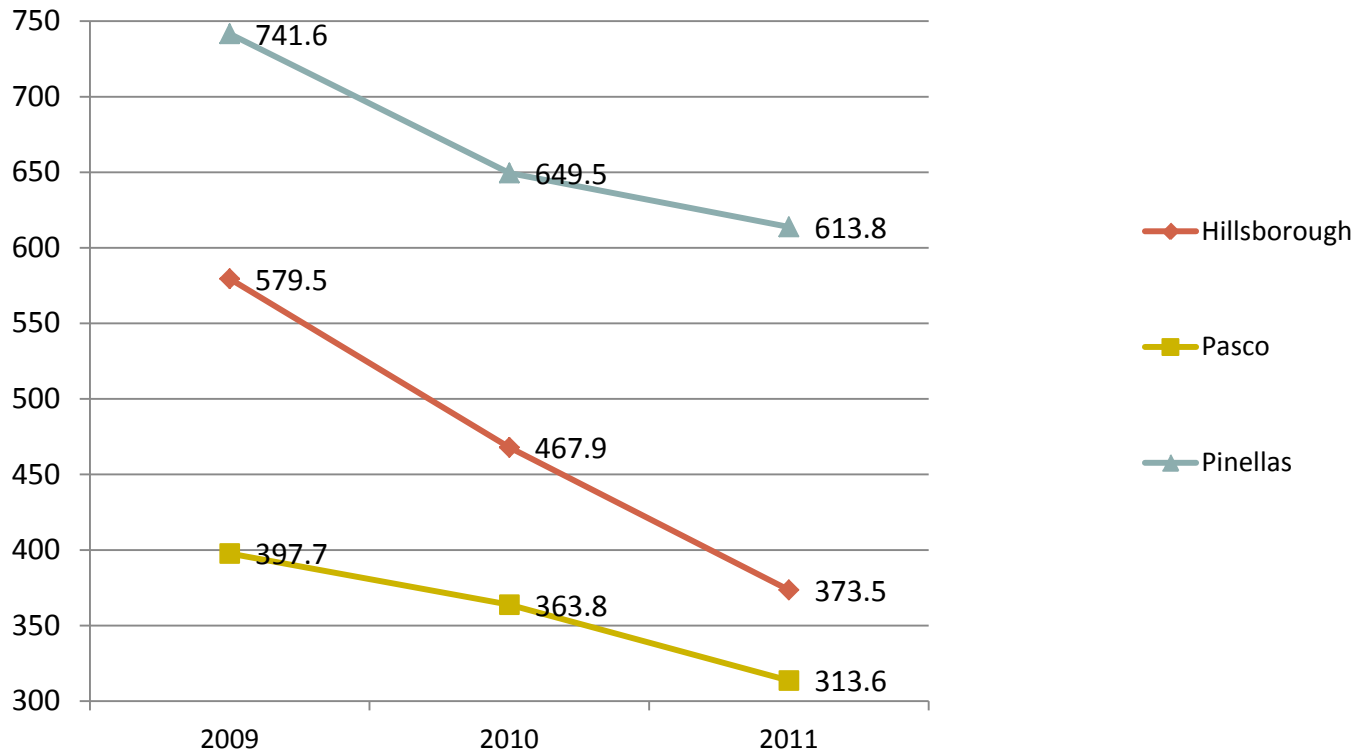


Healthy Tampa Bay Data – Violent Crime Rate



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

By Year

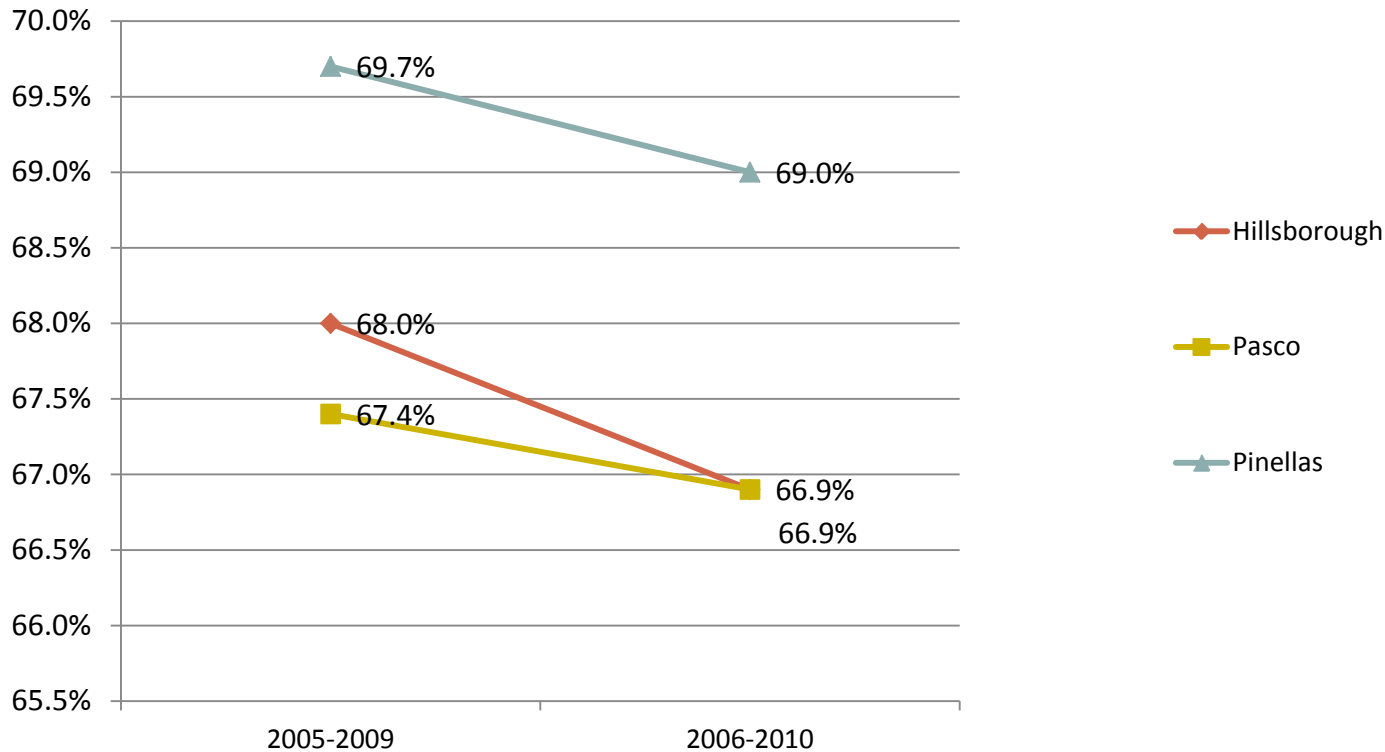


Healthy Tampa Bay Data – People Living 200% Above the Poverty Level



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

By Year

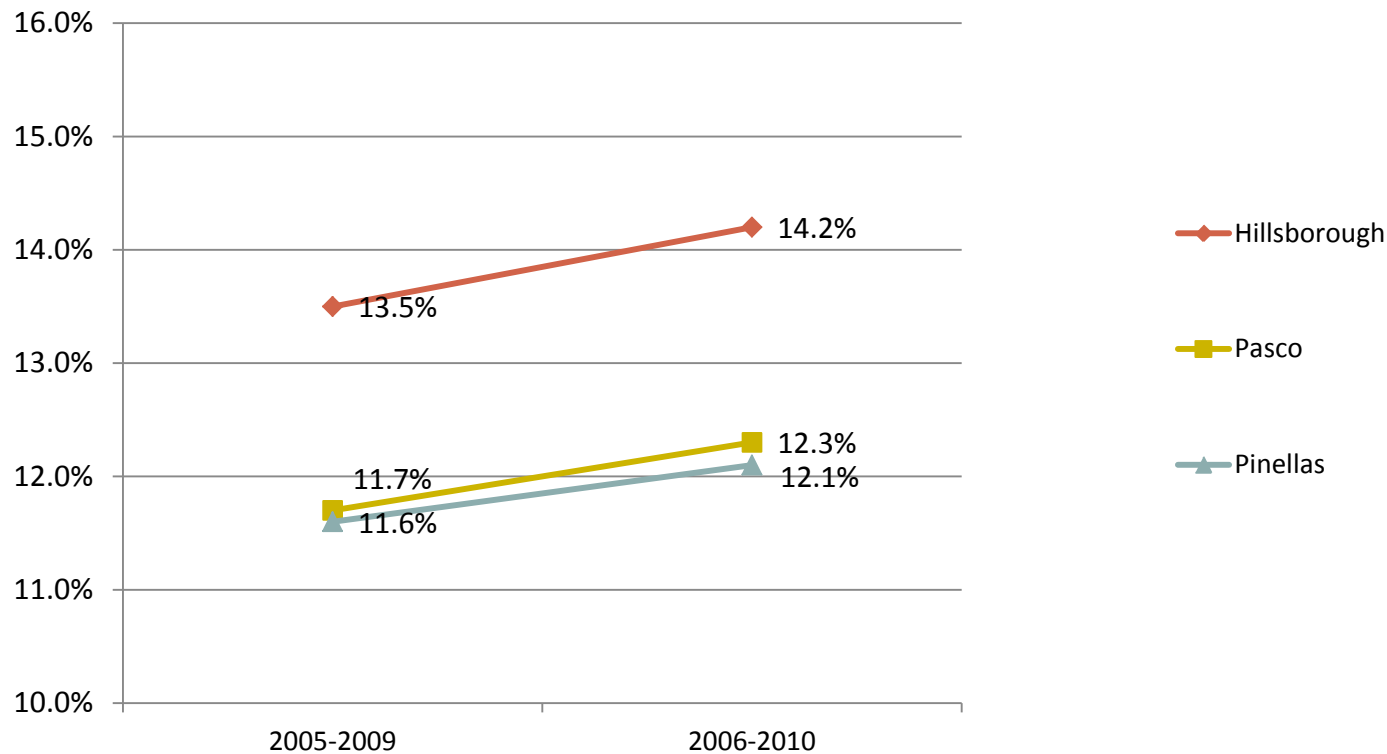


Healthy Tampa Bay Data – People Living Below the Poverty Level



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

By Year

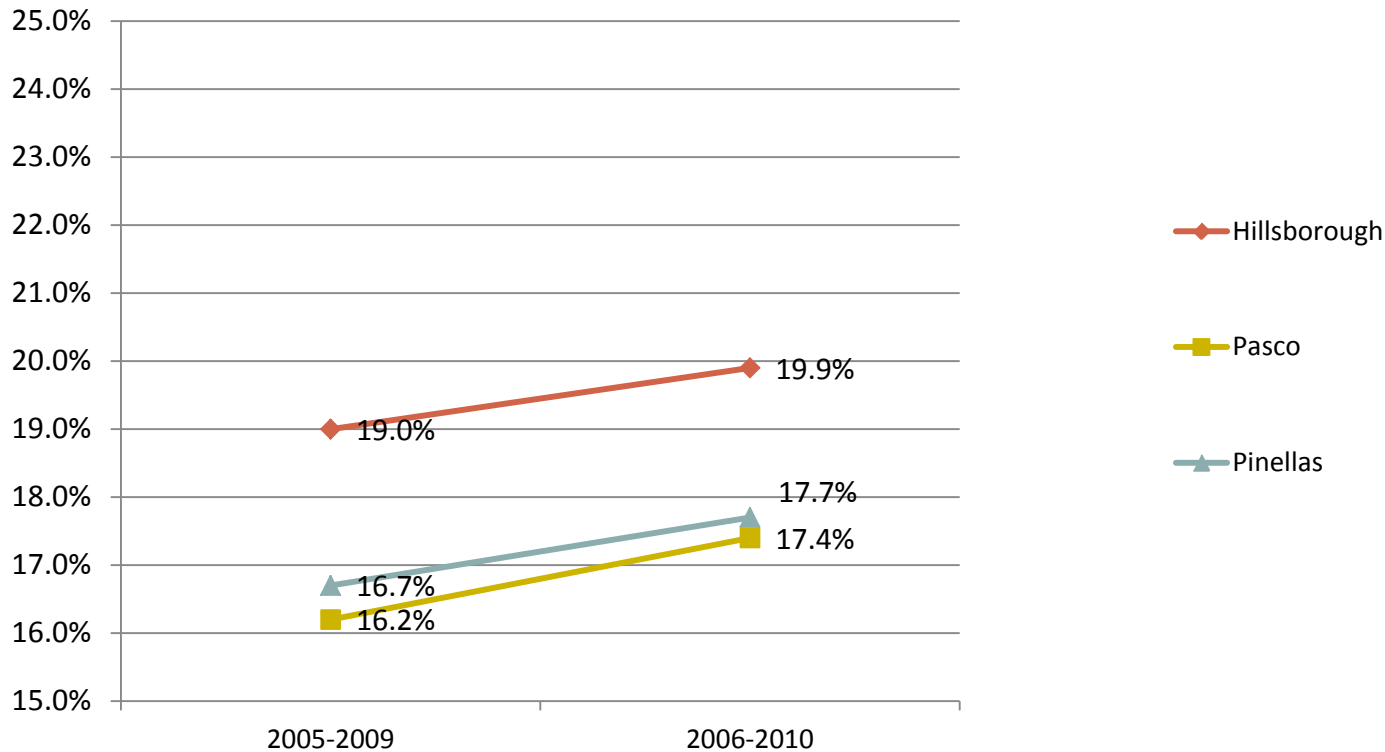


Healthy Tampa Bay Data – Children Living Below the Poverty Level



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

By Year

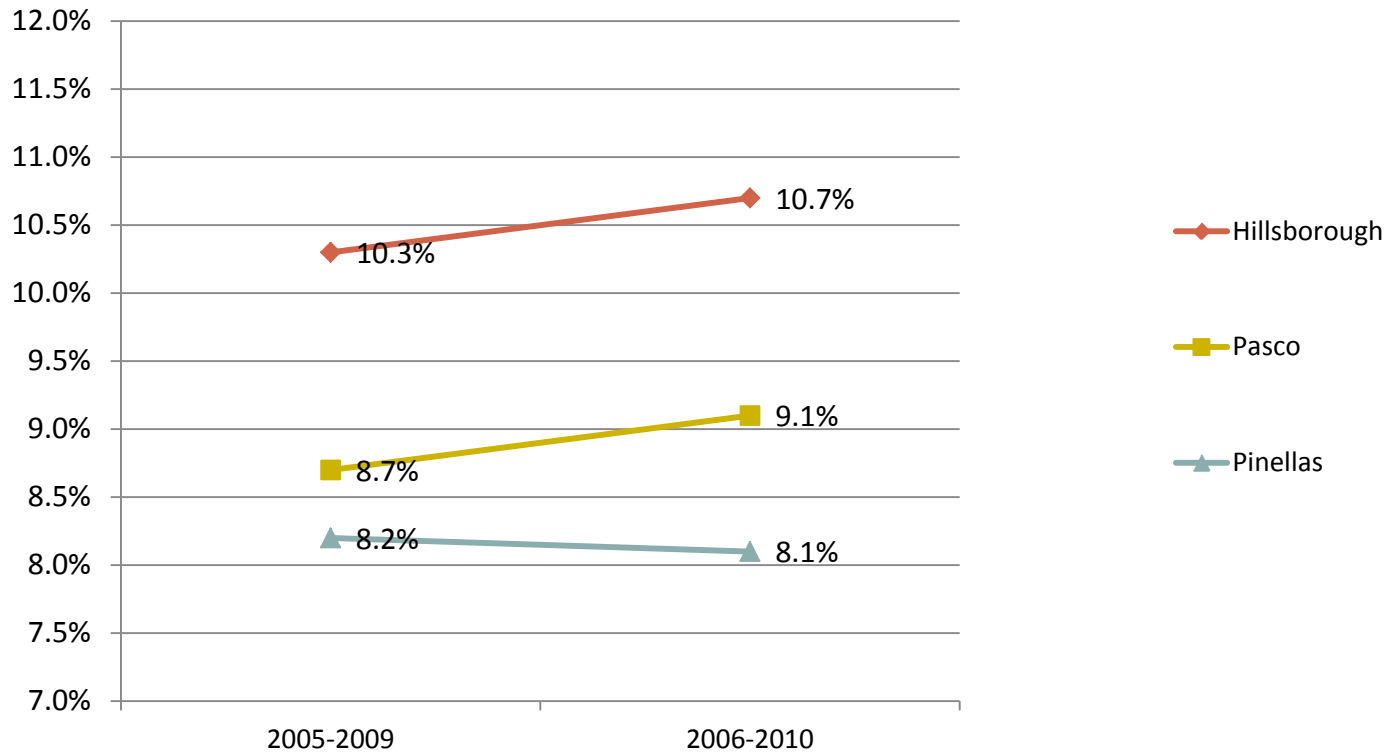


Healthy Tampa Bay Data – Families Living Below the Poverty Level



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

By Year

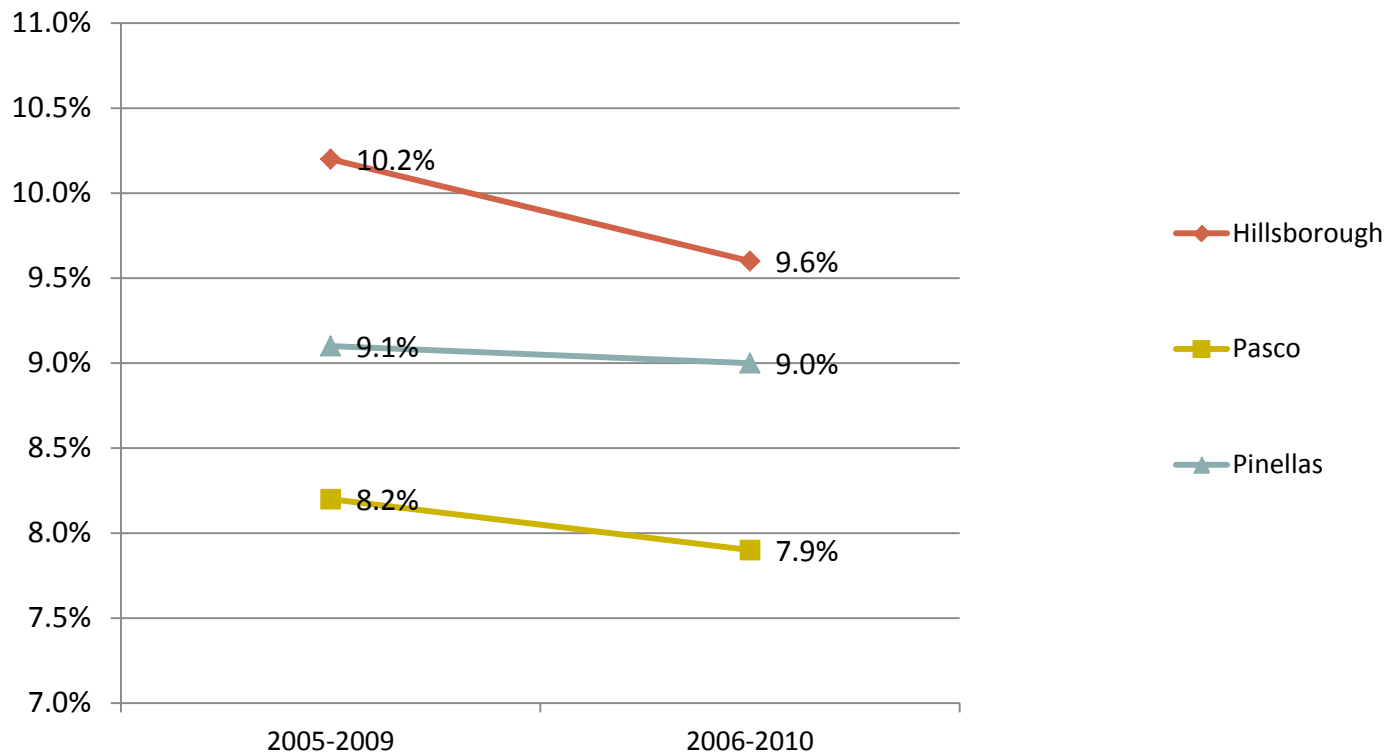


Healthy Tampa Bay Data – People 65+ Living Below the Poverty Level



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

By Year

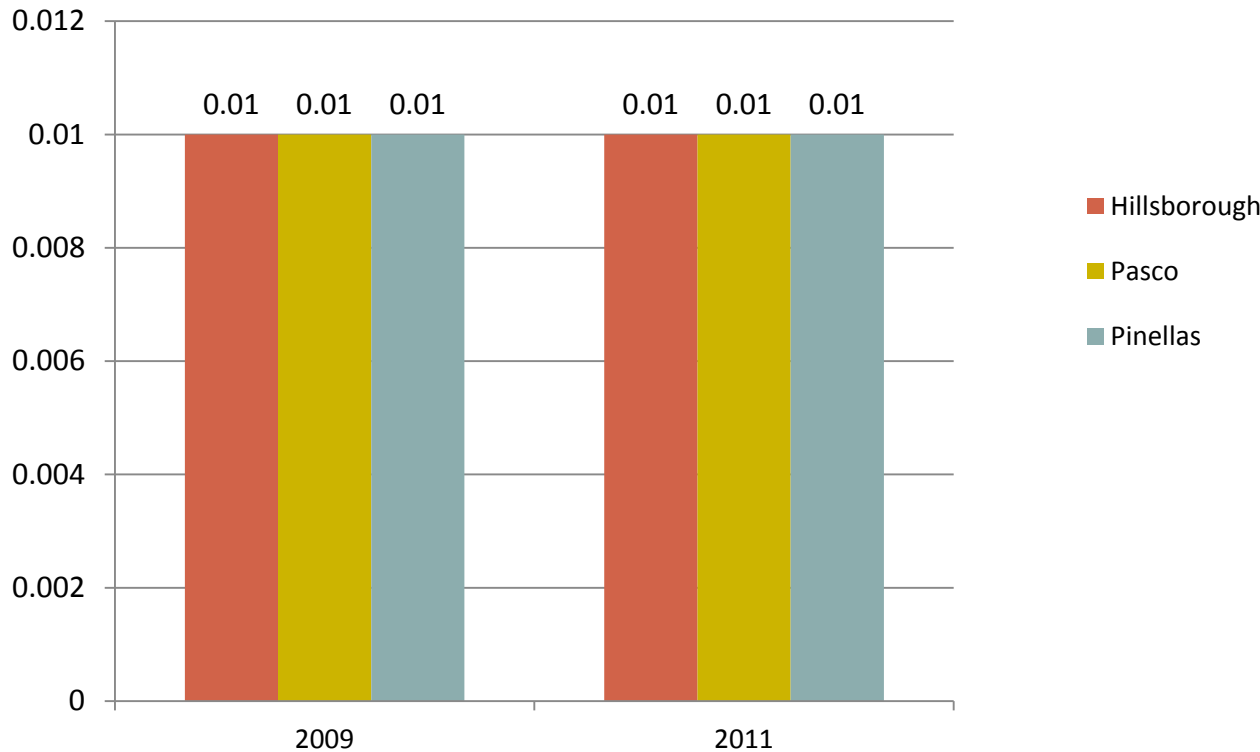


Healthy Tampa Bay Data – Farmers Market Density



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

By Year

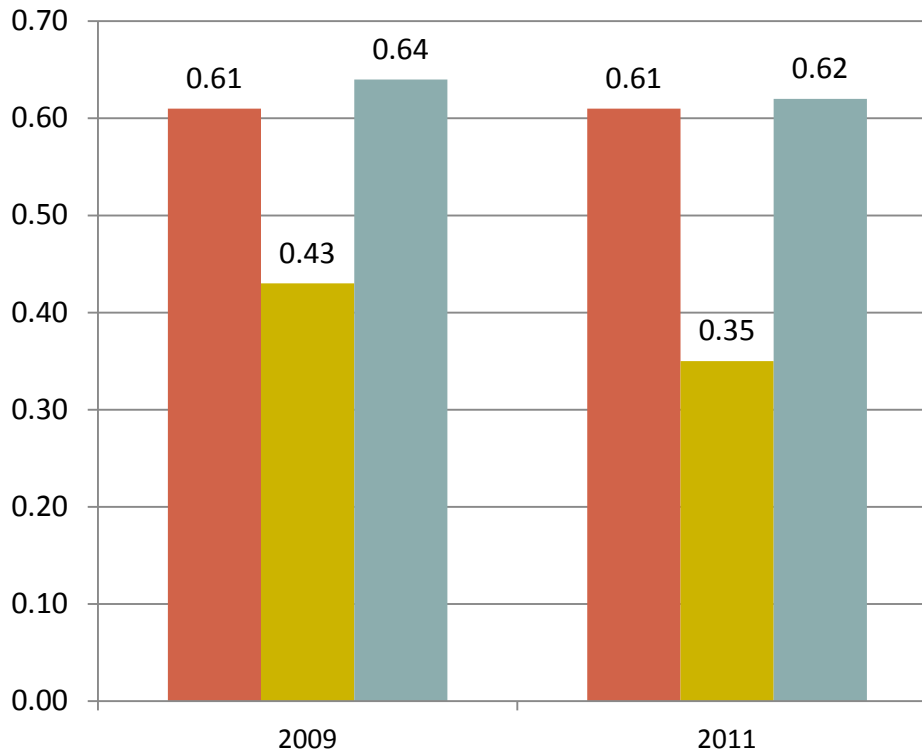


Healthy Tampa Bay Data – Fast Food Restaurant Density



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

By Year



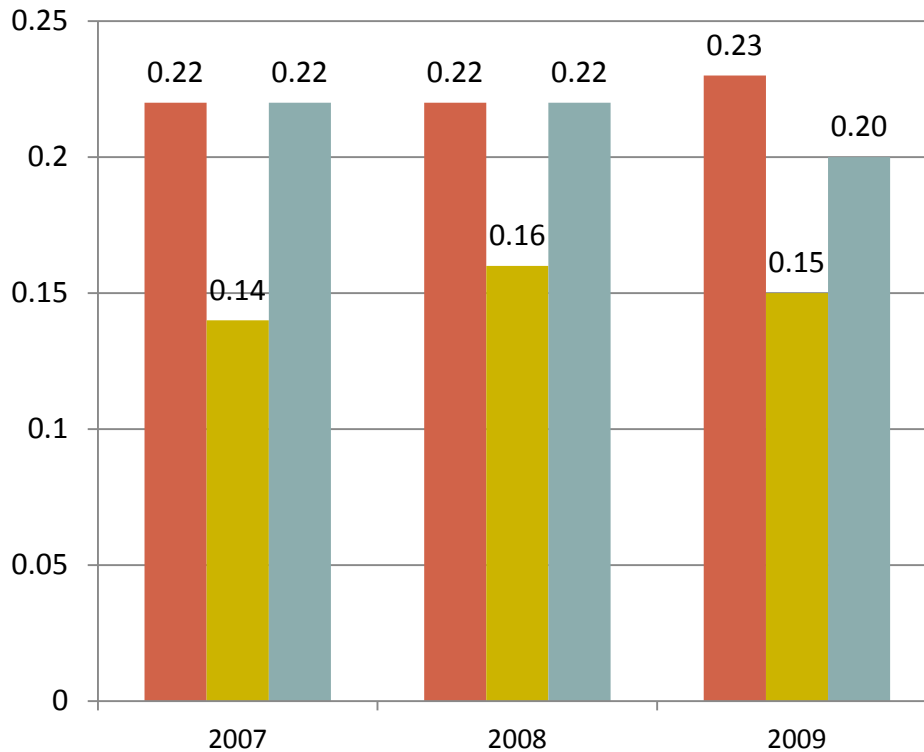
■ Hillsborough
■ Pasco
■ Pinellas

Healthy Tampa Bay Data – Grocery Store Density



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

By Year



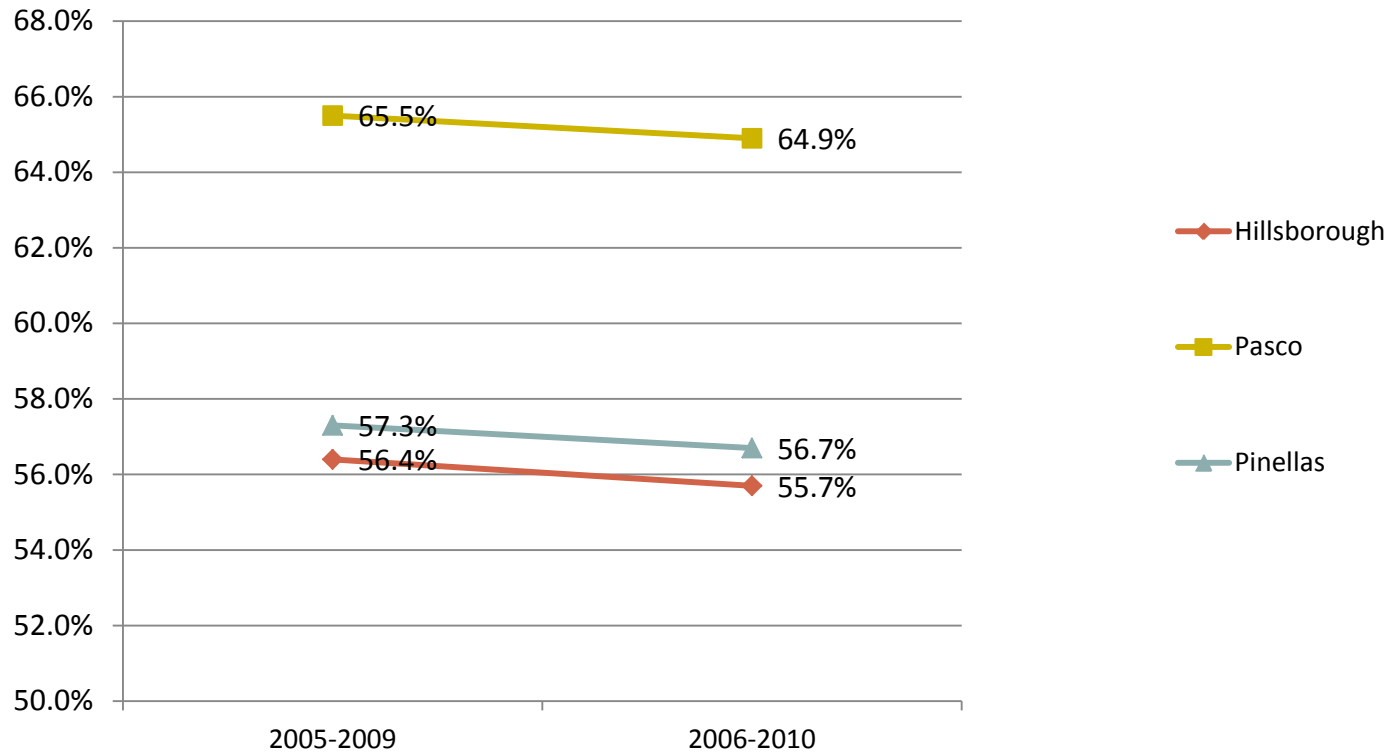
■ Hillsborough
■ Pasco
■ Pinellas

Healthy Tampa Bay Data – Homeownership



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

By Year

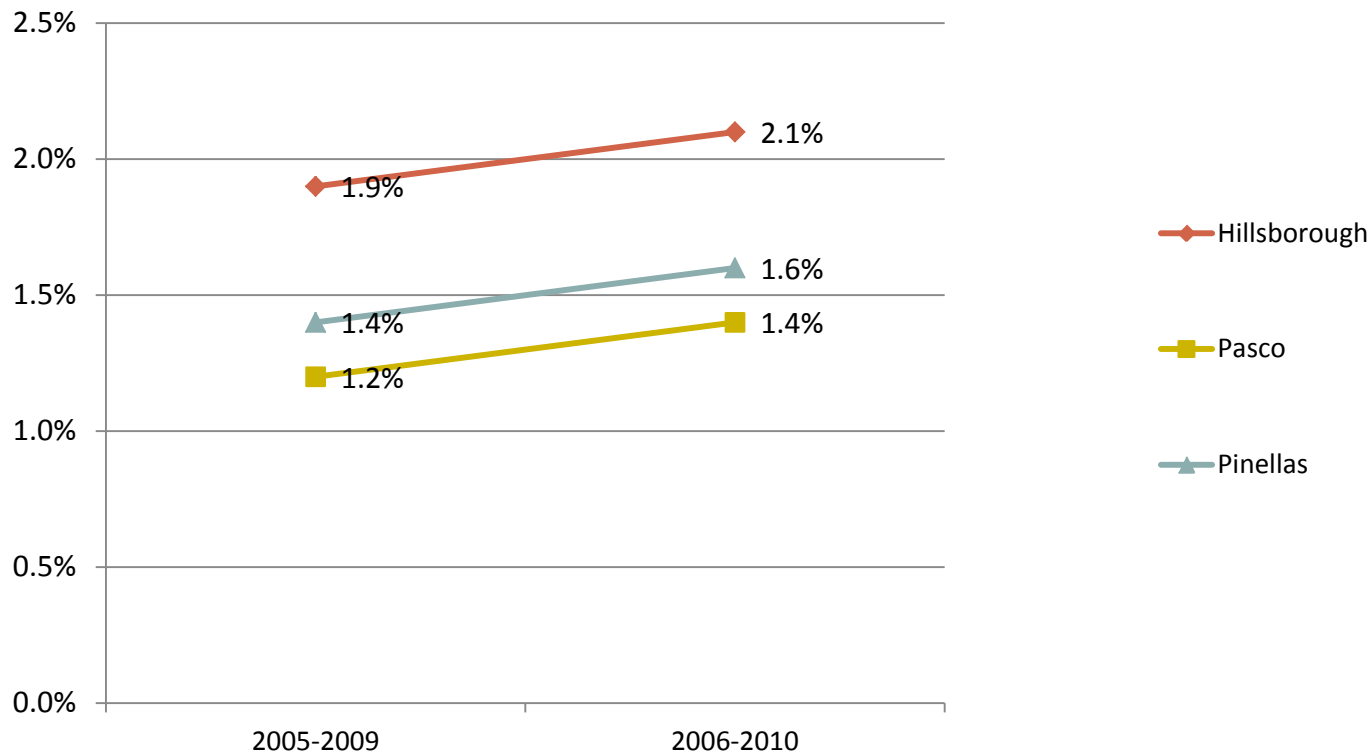


Healthy Tampa Bay Data – Households with Public Assistance



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

By Year

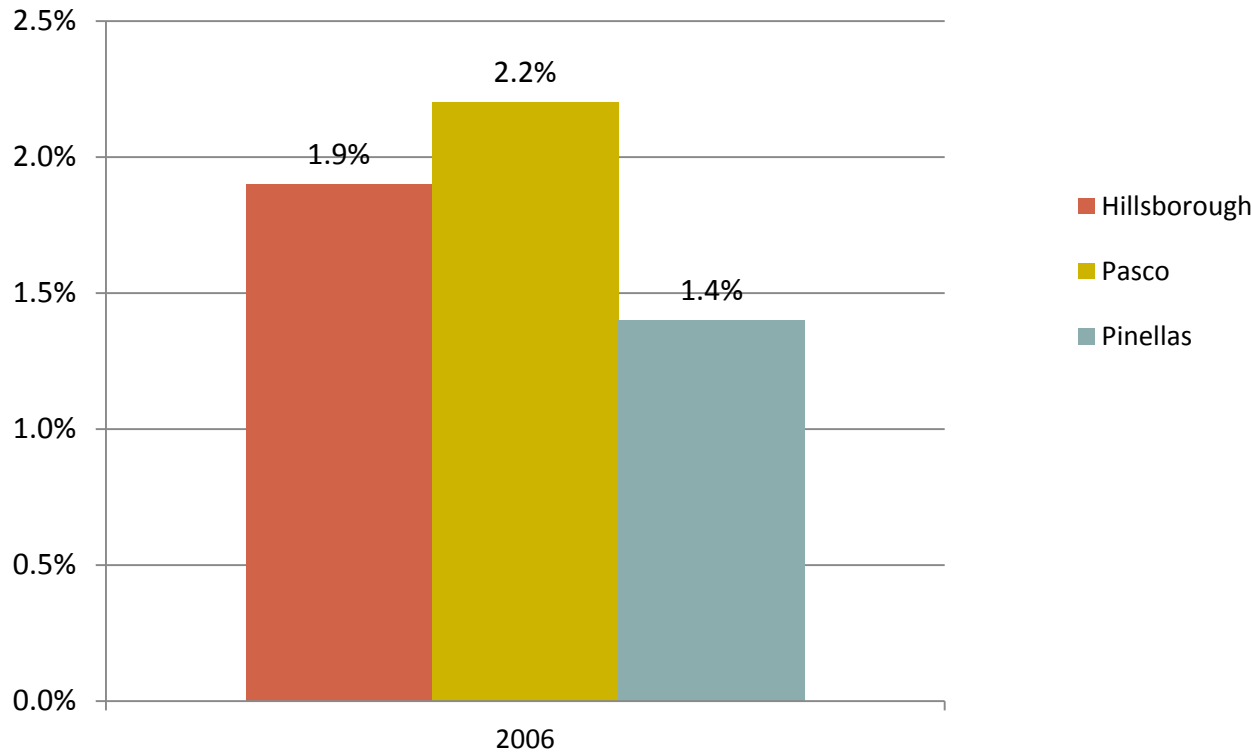


Healthy Tampa Bay Data – Households Without a Car and > 1 Mile from a Grocery Store



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

By Year

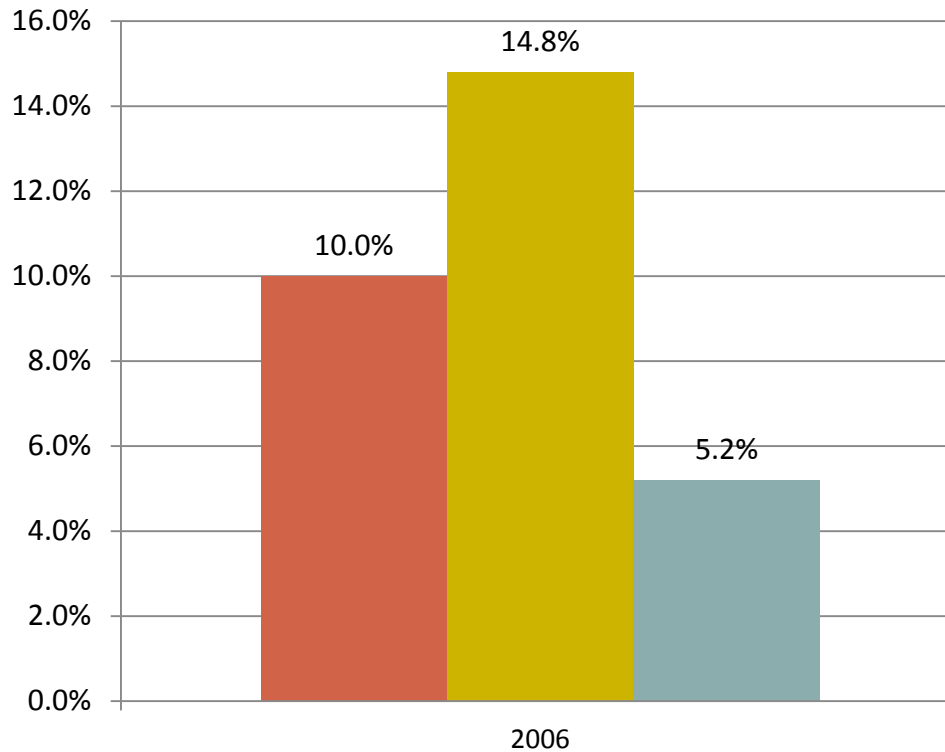


Healthy Tampa Bay Data – Low-Income and > 1 Mile from a Grocery Store



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

By Year

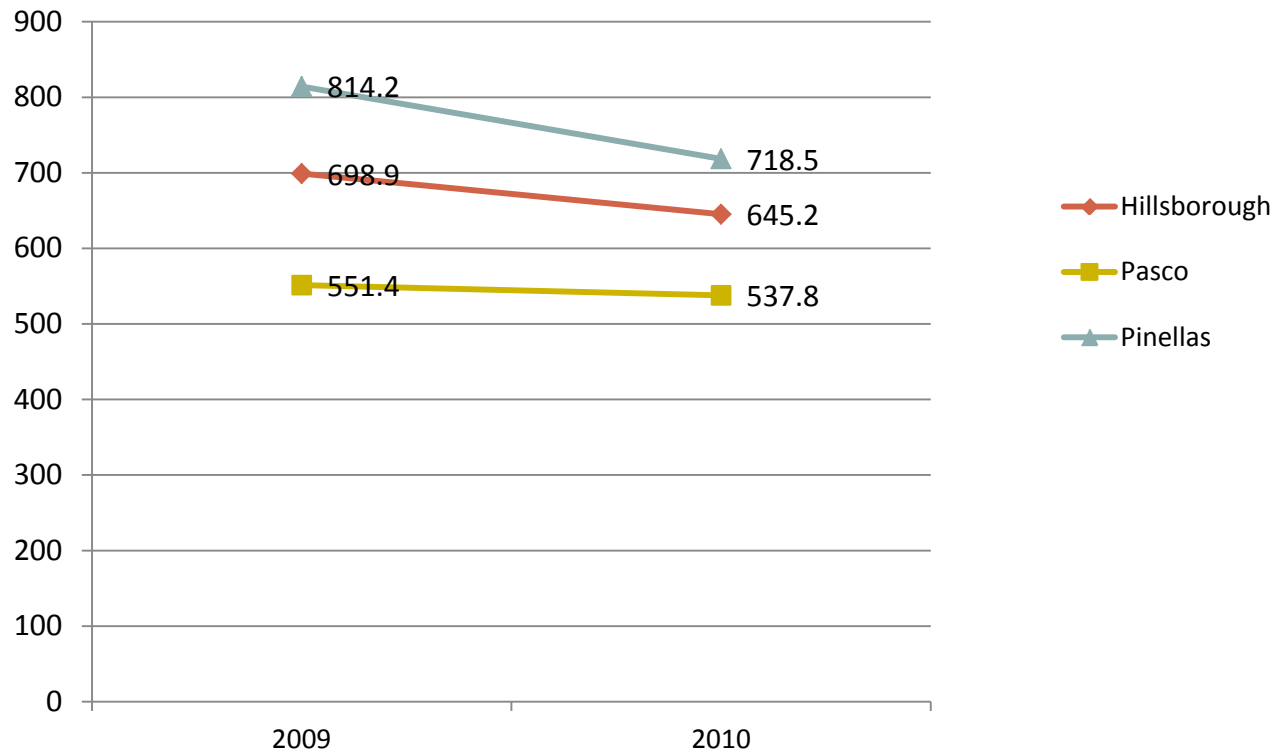


Healthy Tampa Bay Data – Juvenile Justice Referral Rate



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

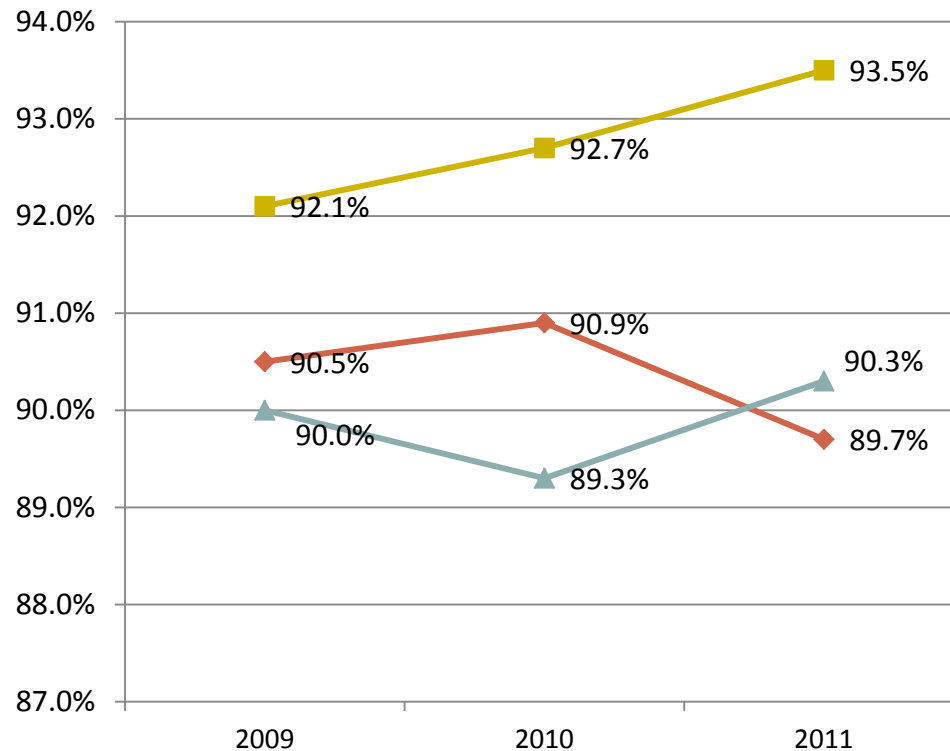
By Year



Healthy Tampa Bay Data – Kindergartners with Required Immunizations



By Year



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

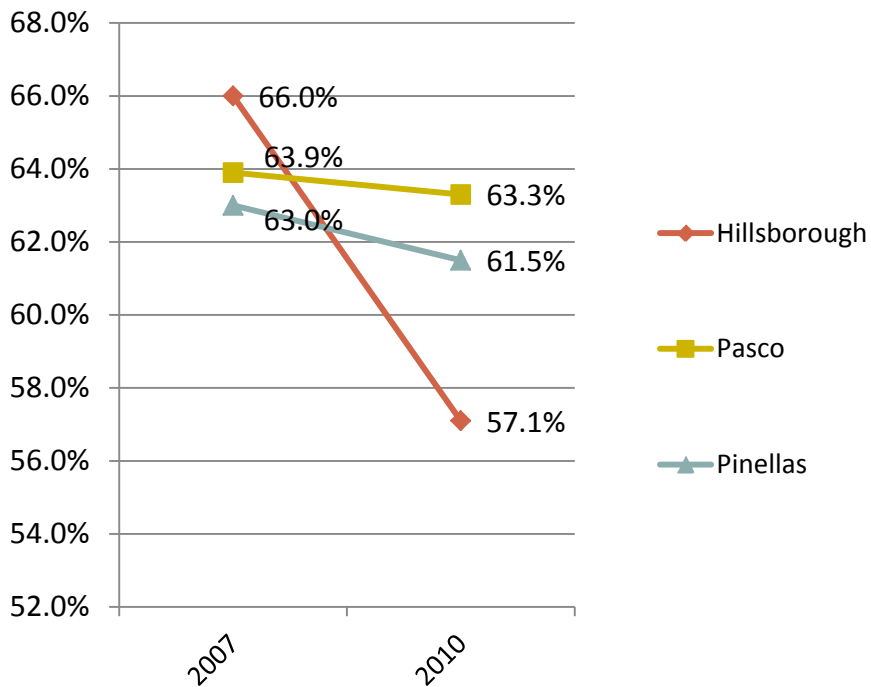
—◆— Hillsborough
—■— Pasco
—▲— Pinellas

Healthy Tampa Bay Data – Mammogram History

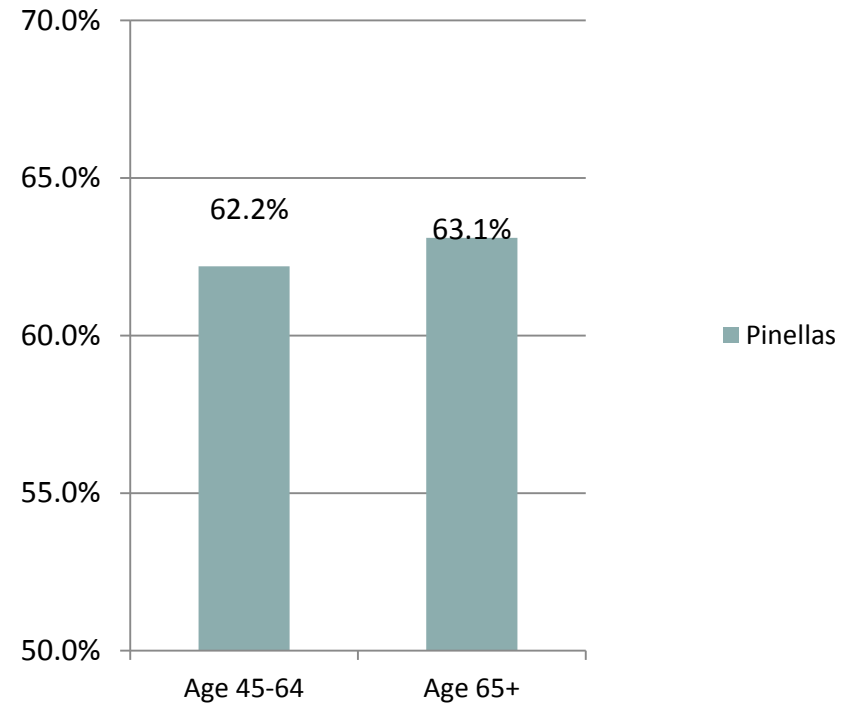
**percentage of women aged 40 and over who
have had a mammogram in the past year.*



By Year



By Age

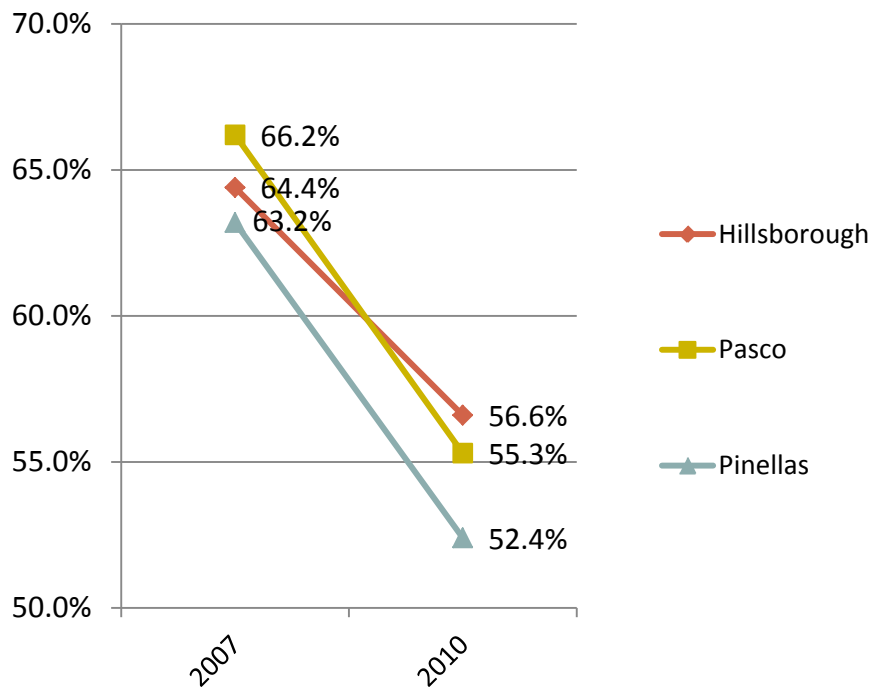


Healthy Tampa Bay Data – Pap Test History

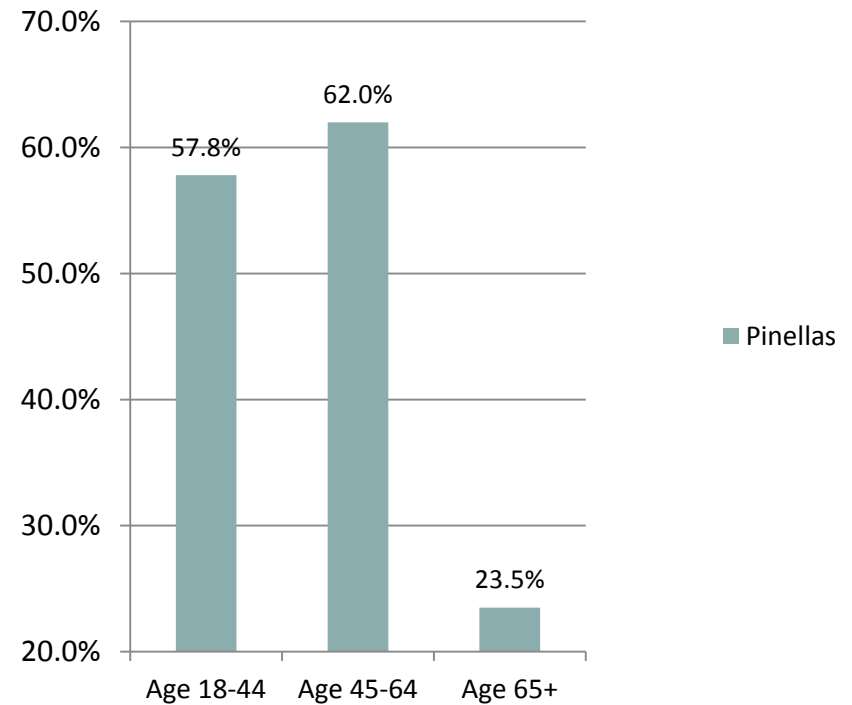


**percentage of women aged 18 and over who
have had a Pap smear in the past year.*

By Year



By Age

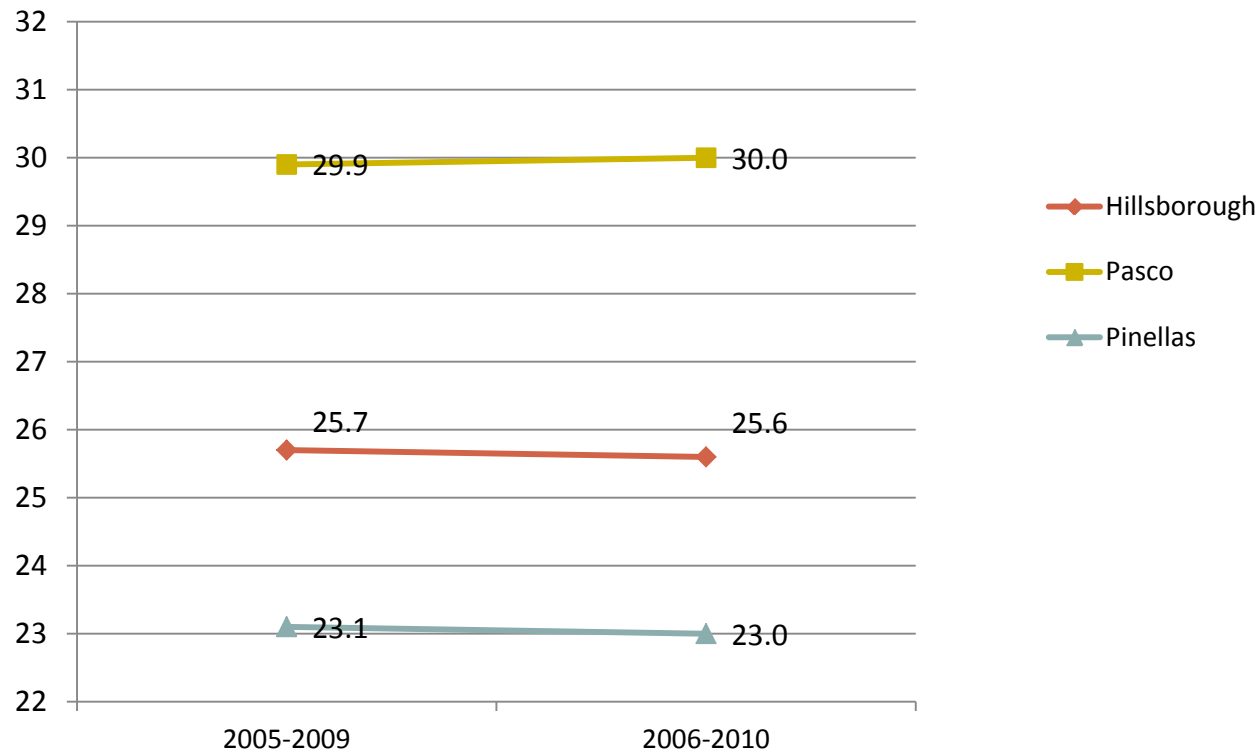


Healthy Tampa Bay Data – Mean Travel Time to Work



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

By Year

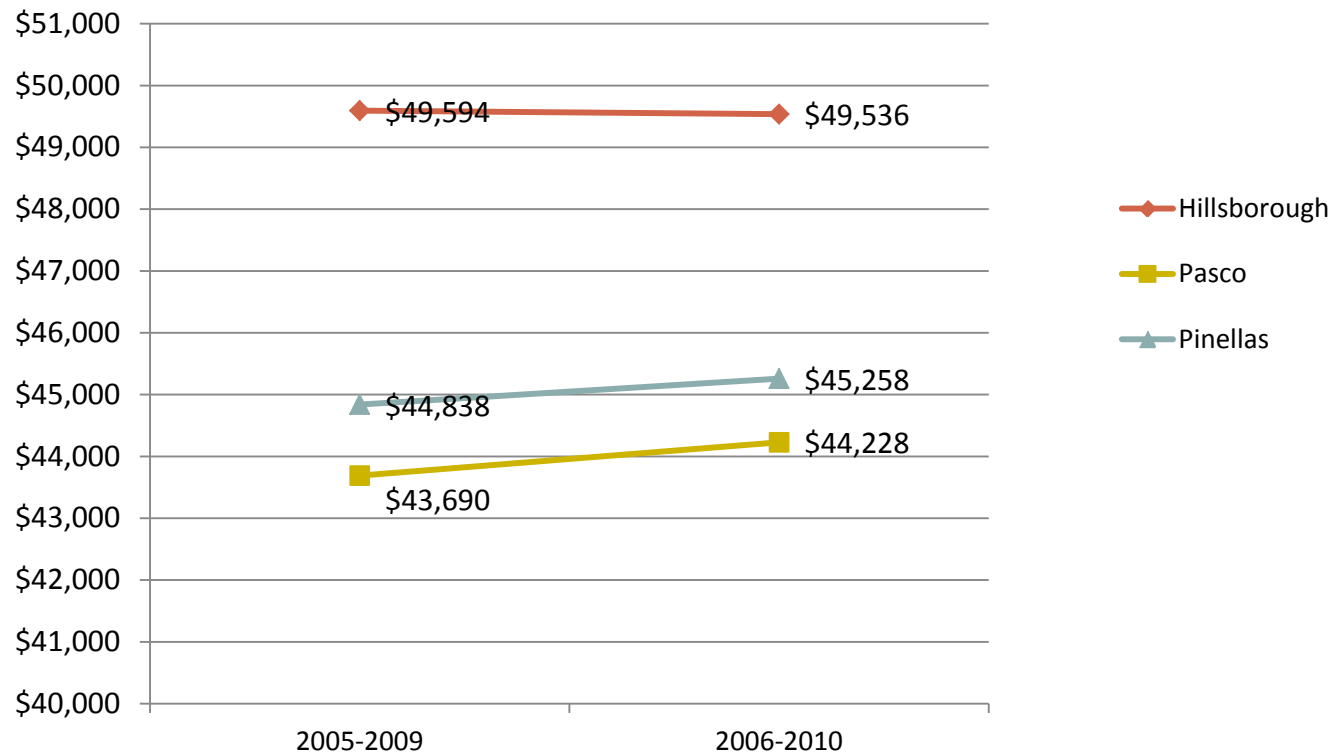


Healthy Tampa Bay Data – Median Household Income



By Year

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

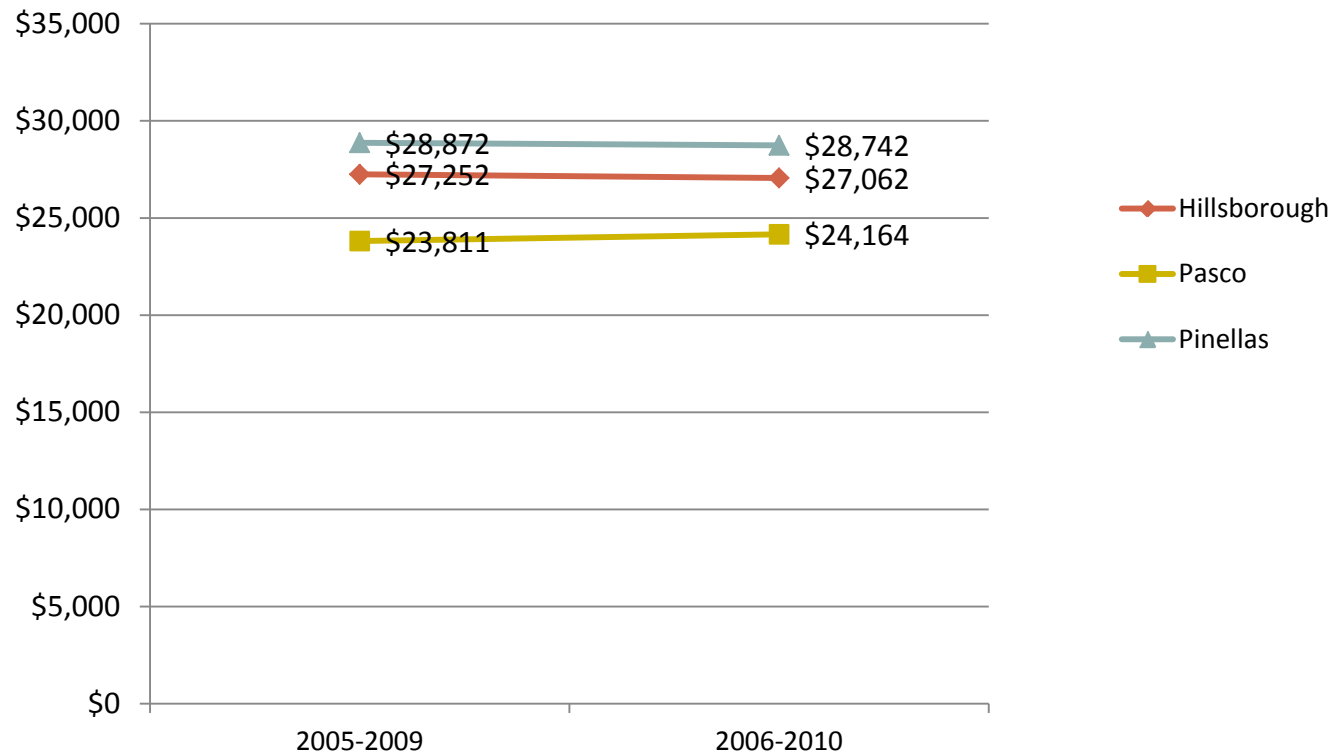


Healthy Tampa Bay Data – Per Capita Income



By Year

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

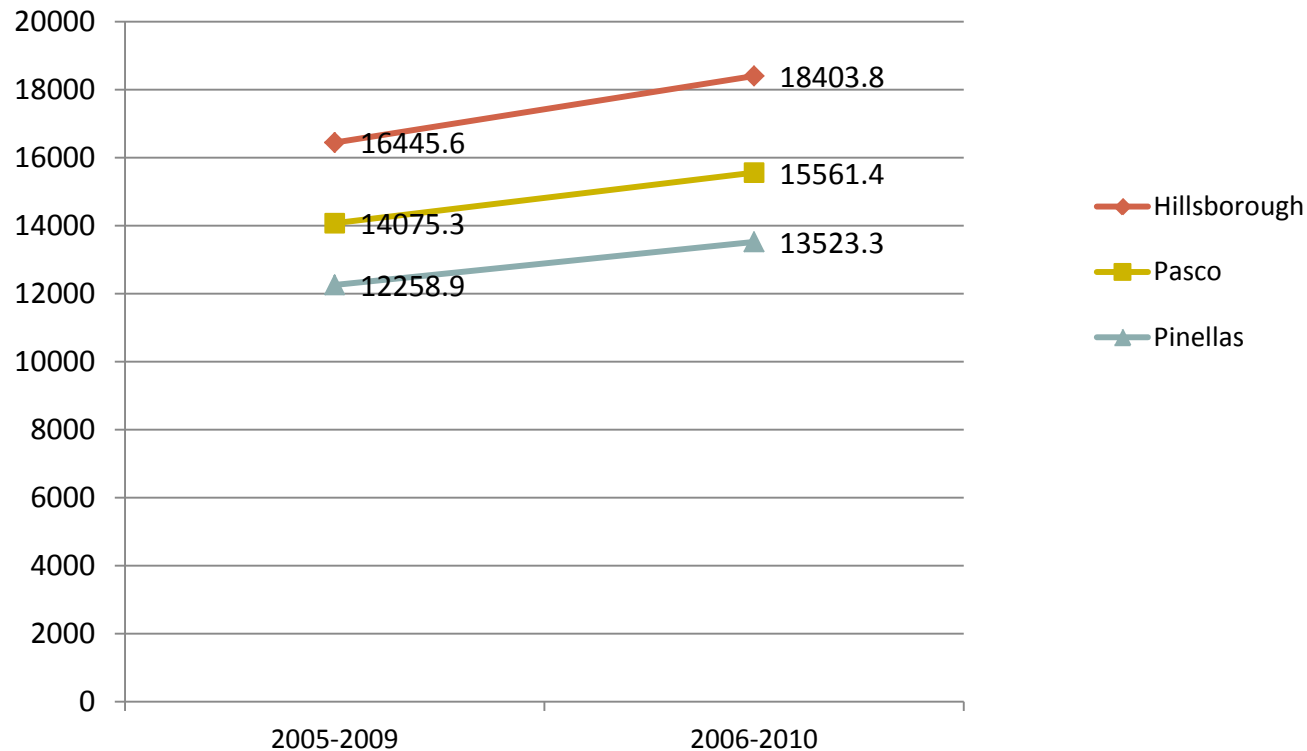


Healthy Tampa Bay Data – Median Monthly Medicaid Enrollment



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

By Year

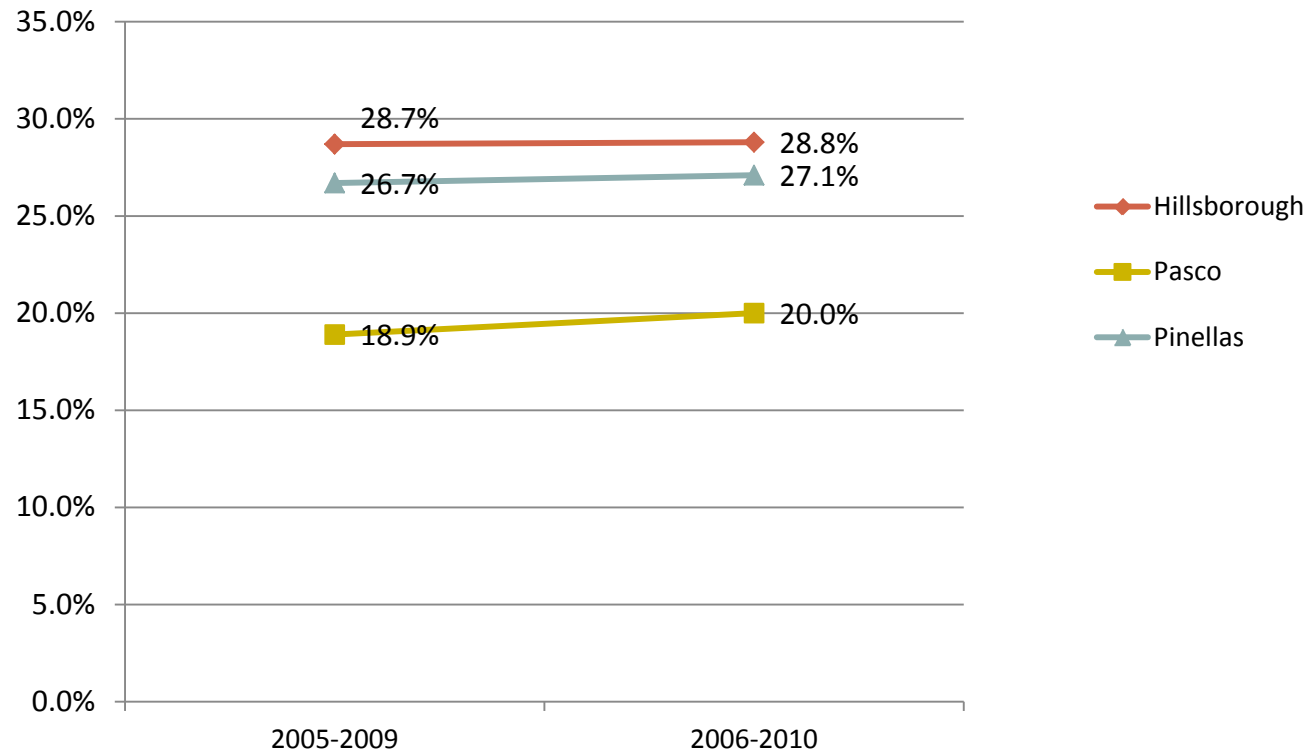


Healthy Tampa Bay Data – People 25+ with a Bachelor's Degree or Higher



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

By Year

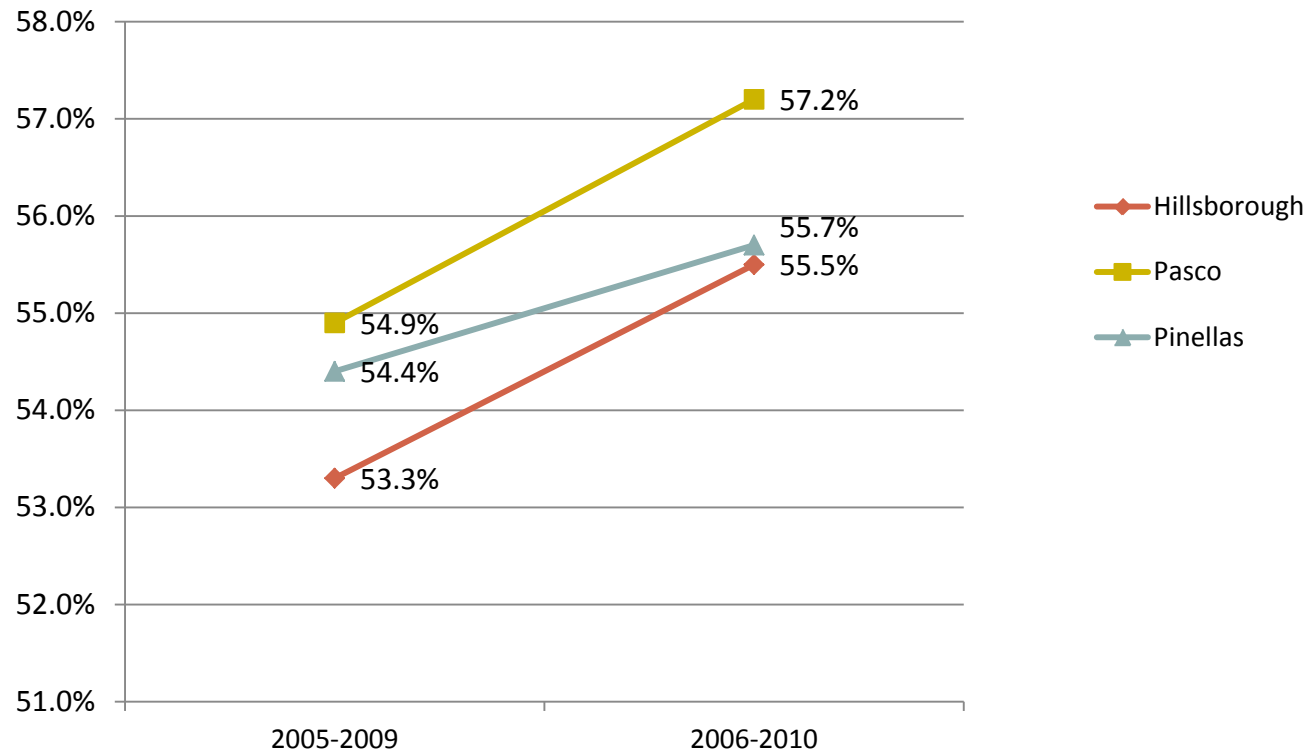


Healthy Tampa Bay Data – Renters Spending 30% or More of Household Income on Rent



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

By Year

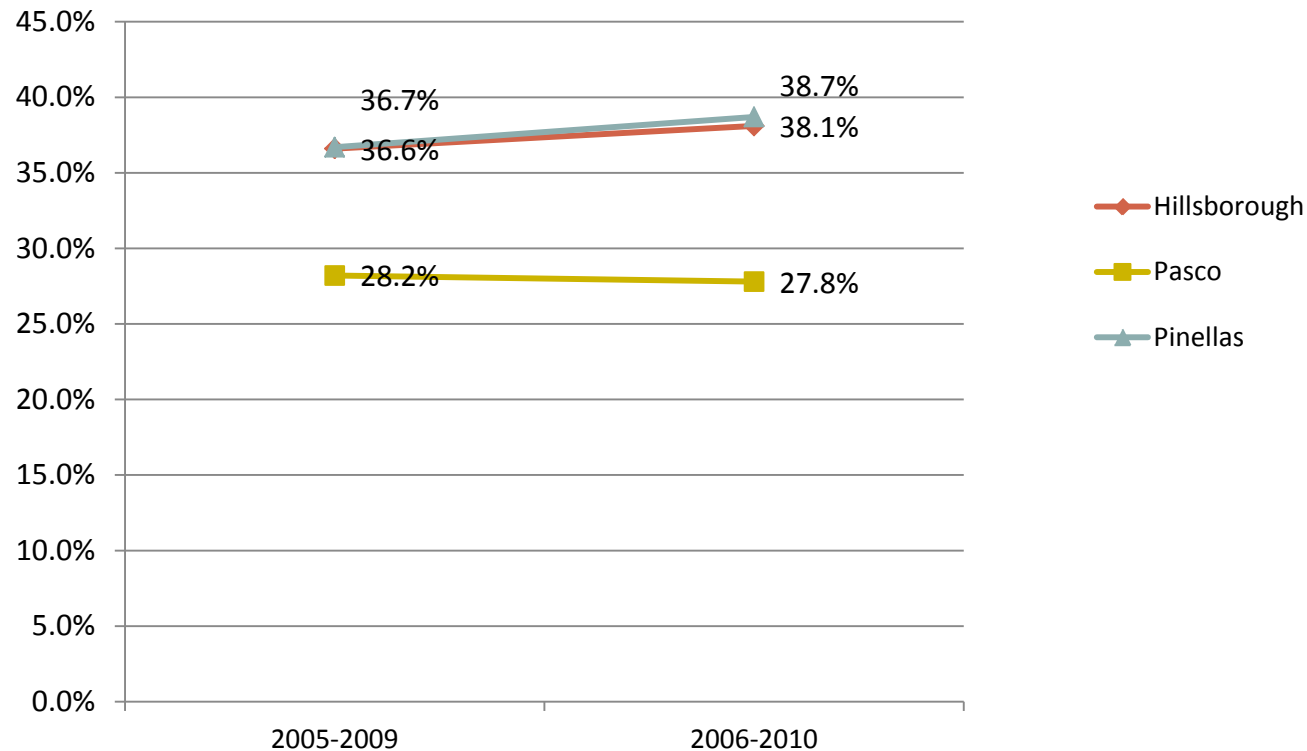


Healthy Tampa Bay Data – Single-Parent Households



By Year

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

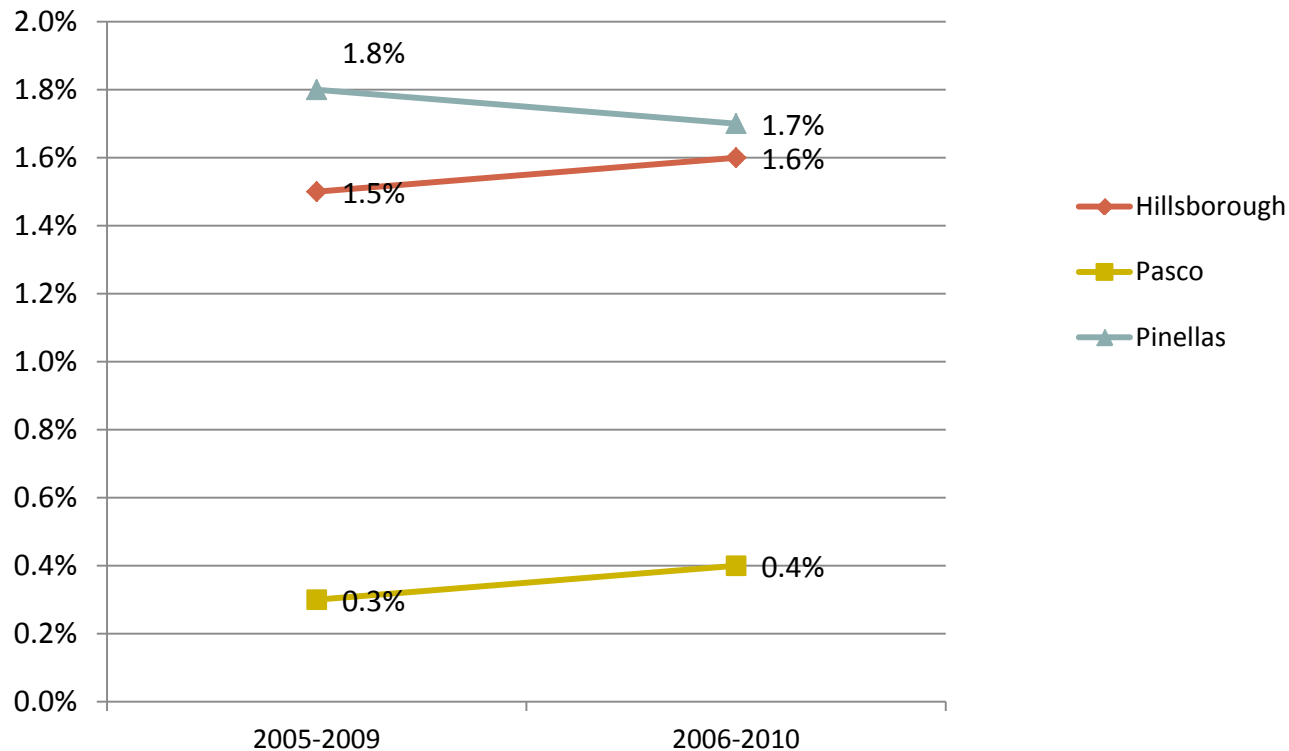


Healthy Tampa Bay Data – Workers Commuting by Public Transportation



By Year

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

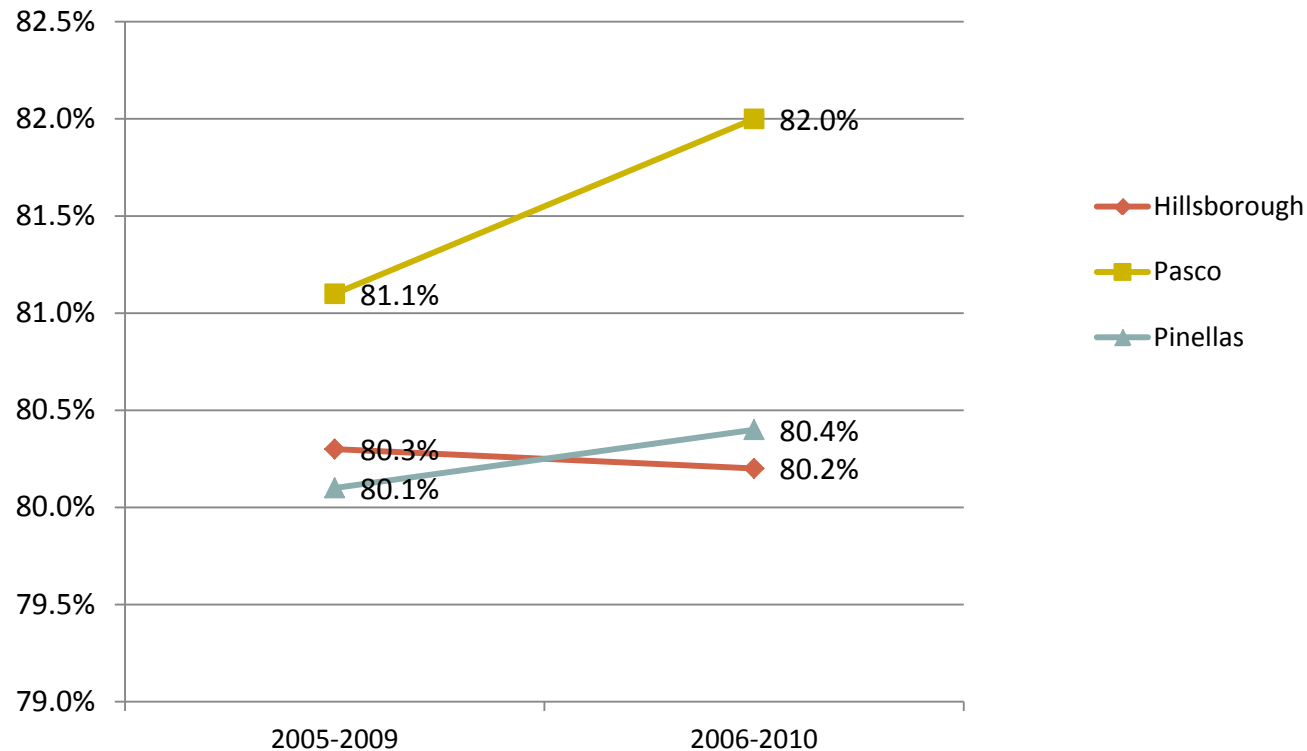


Healthy Tampa Bay Data – Workers who Drive Alone to Work



By Year

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

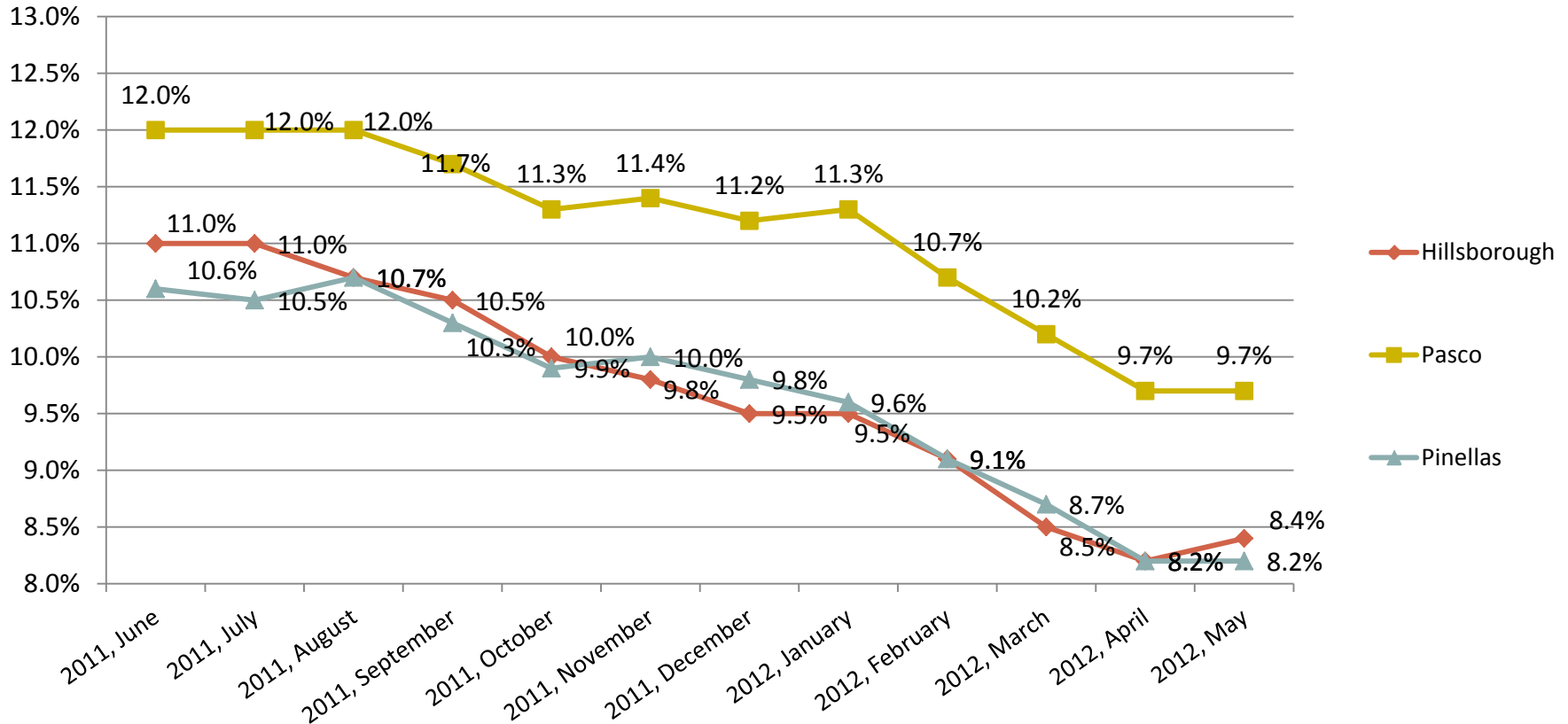


Healthy Tampa Bay Data – Unemployed Workers in Civilian Labor Force



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

By Year

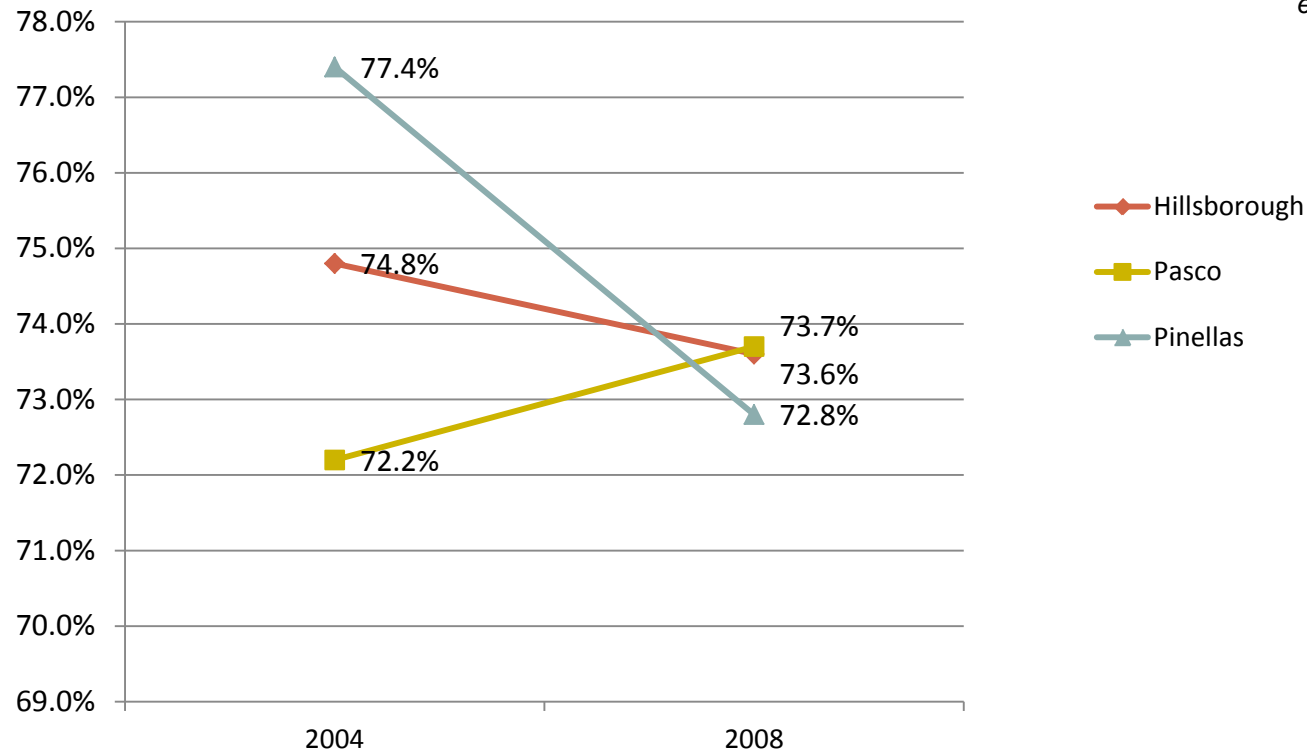


Healthy Tampa Bay Data – Voter Turnout



By Year

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

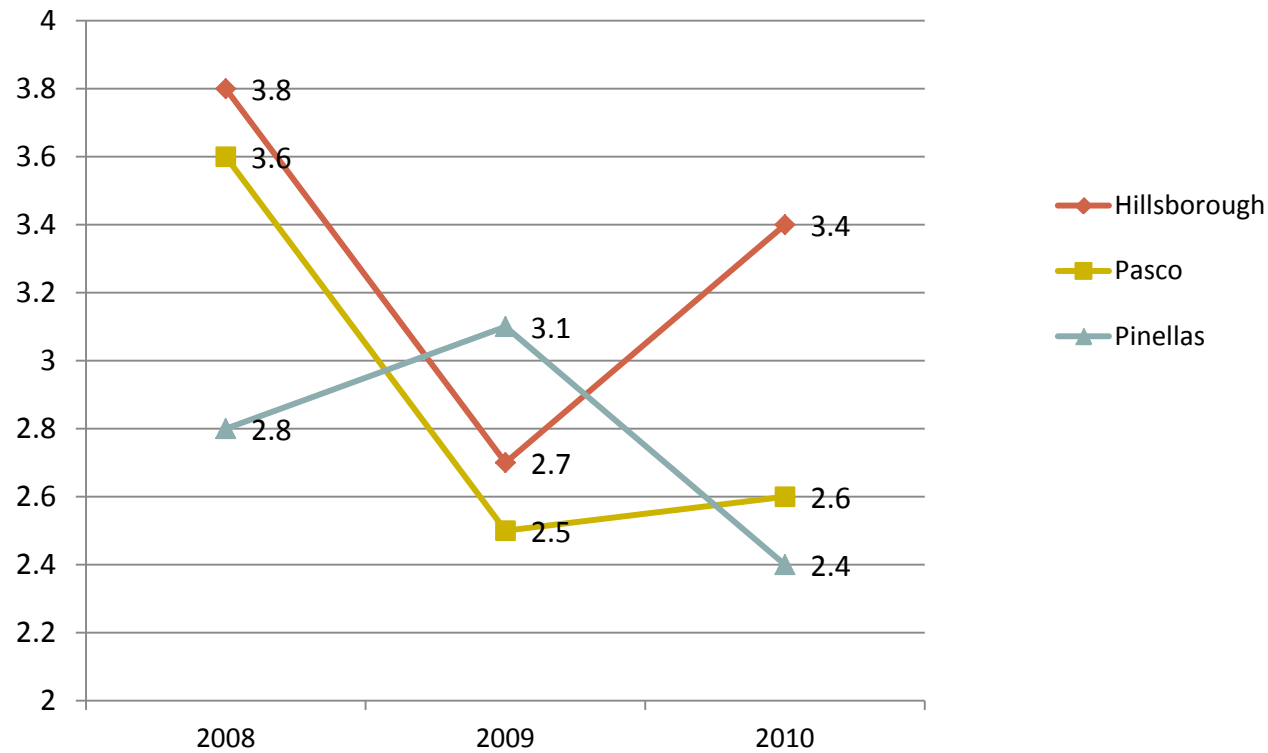


Healthy Tampa Bay Data – Pedestrian Death Rate



By Year

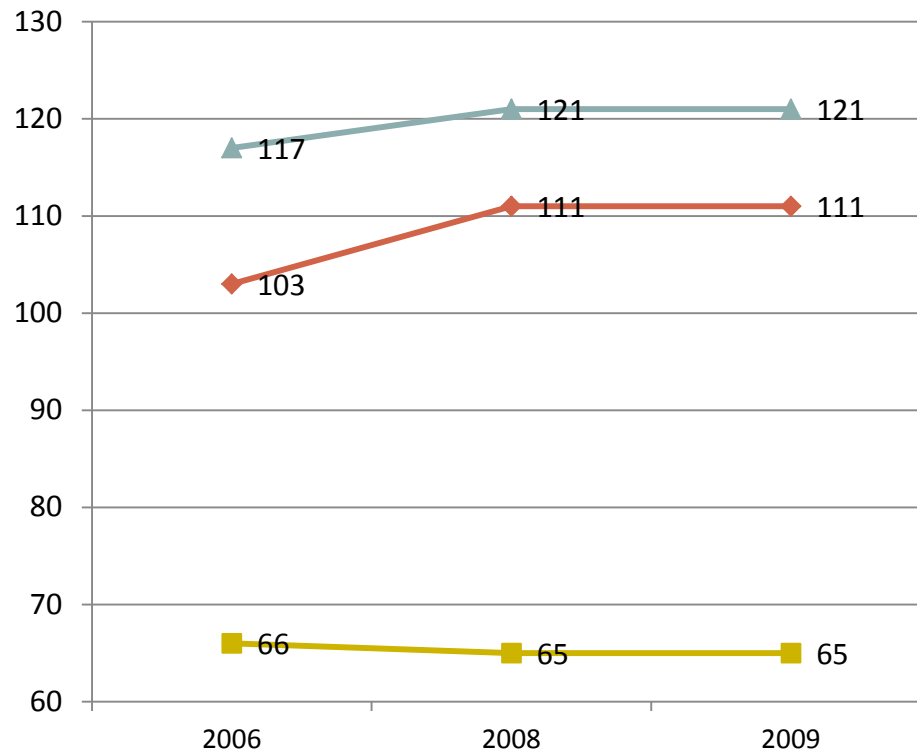
- shows the number of pedestrians killed in traffic collisions per 100,000 population.



Healthy Tampa Bay Data – Primary Care Provider Rate



By Year



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

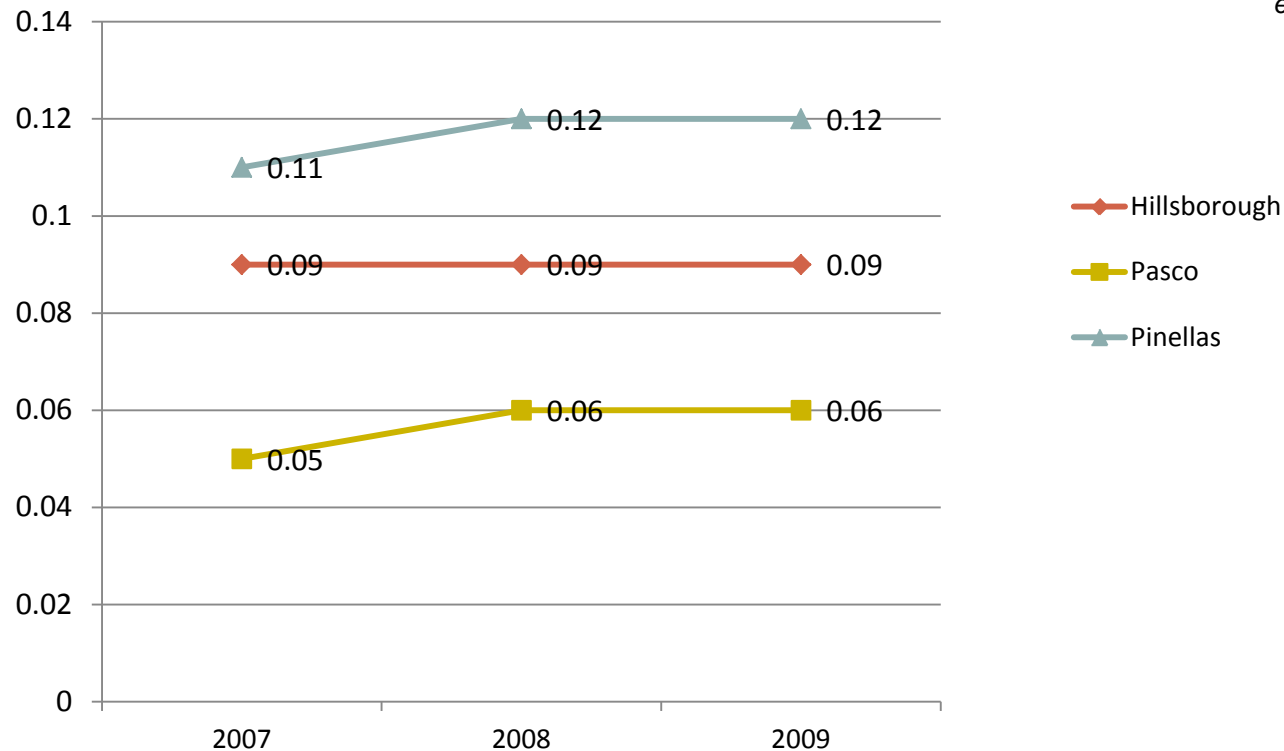
◆ Hillsborough
■ Pasco
▲ Pinellas

Healthy Tampa Bay Data – Recreation and Fitness Facilities



By Year

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

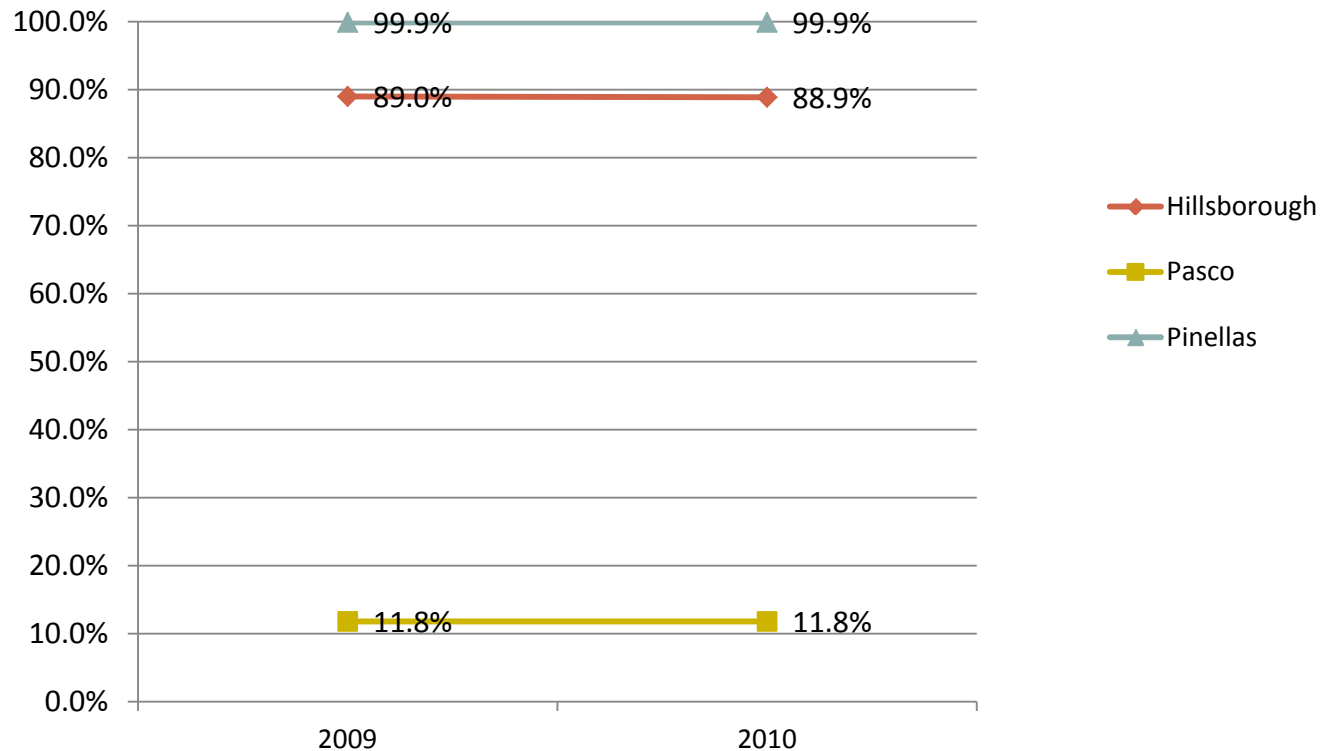


Healthy Tampa Bay Data – Population with Fluoridated Water



By Year

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

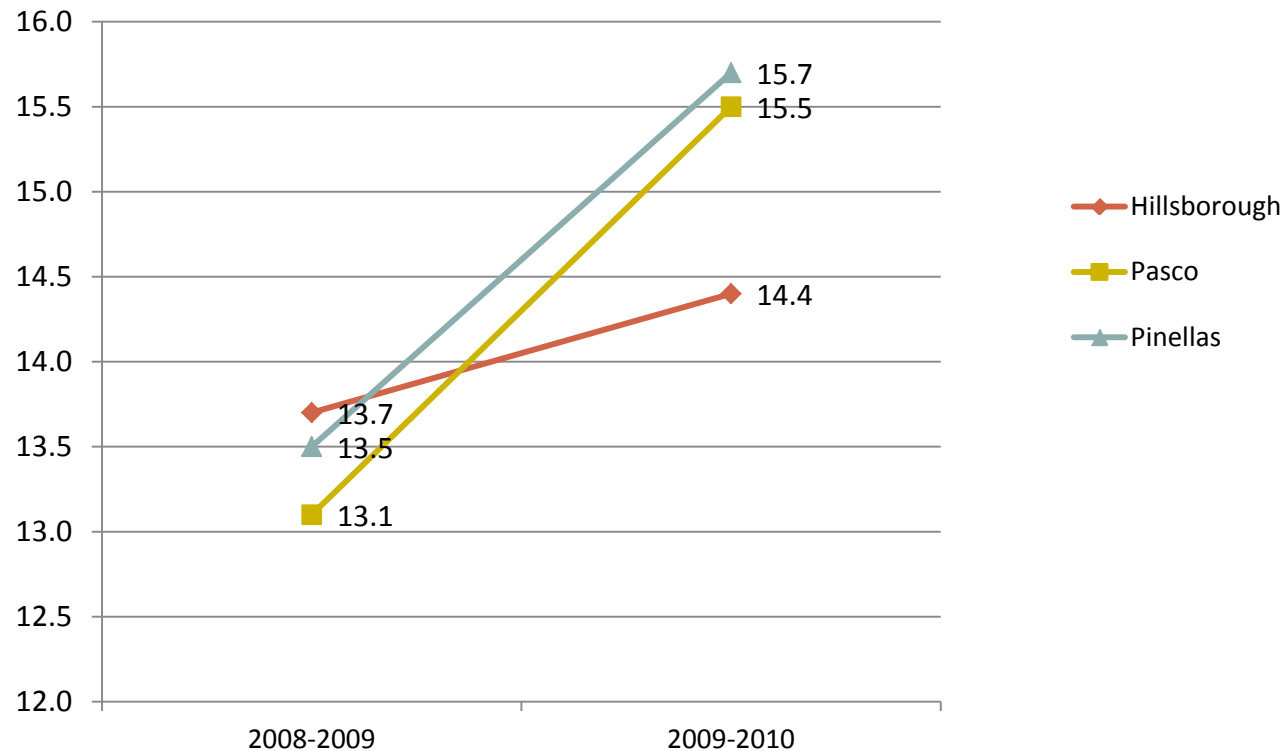


Healthy Tampa Bay Data – Student-to-Teacher Ratio



By Year

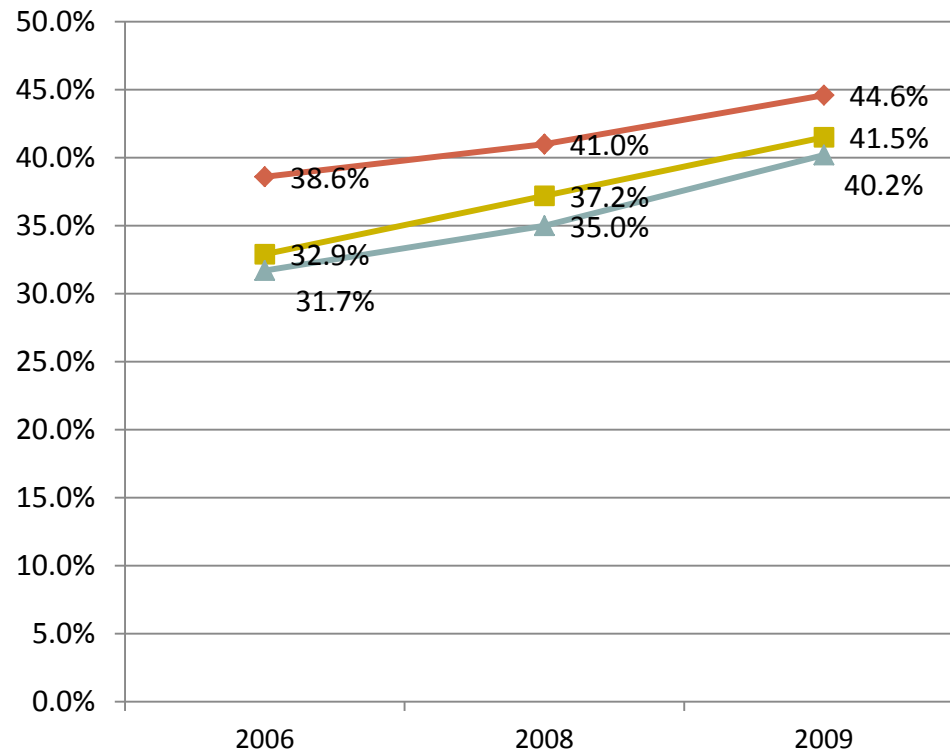
- shows the average number of public school students per teacher in the county. It does not measure class size.



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



By Year



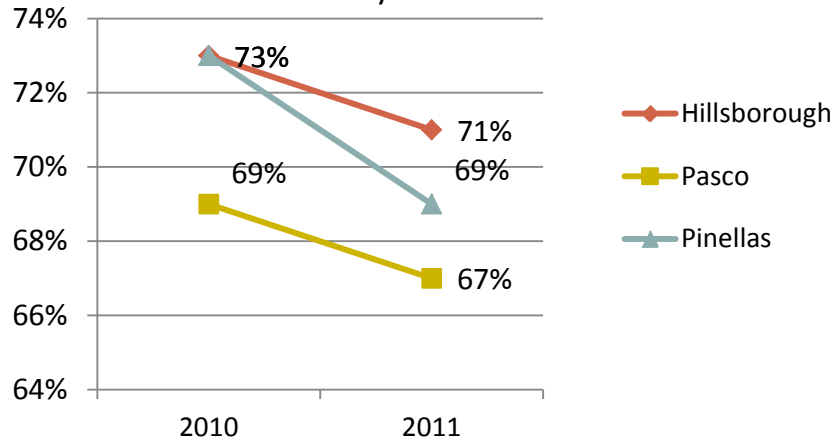
- shows the percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.
- The regional value is compared to the median value of 3,130 U.S. counties and county equivalents.

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

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

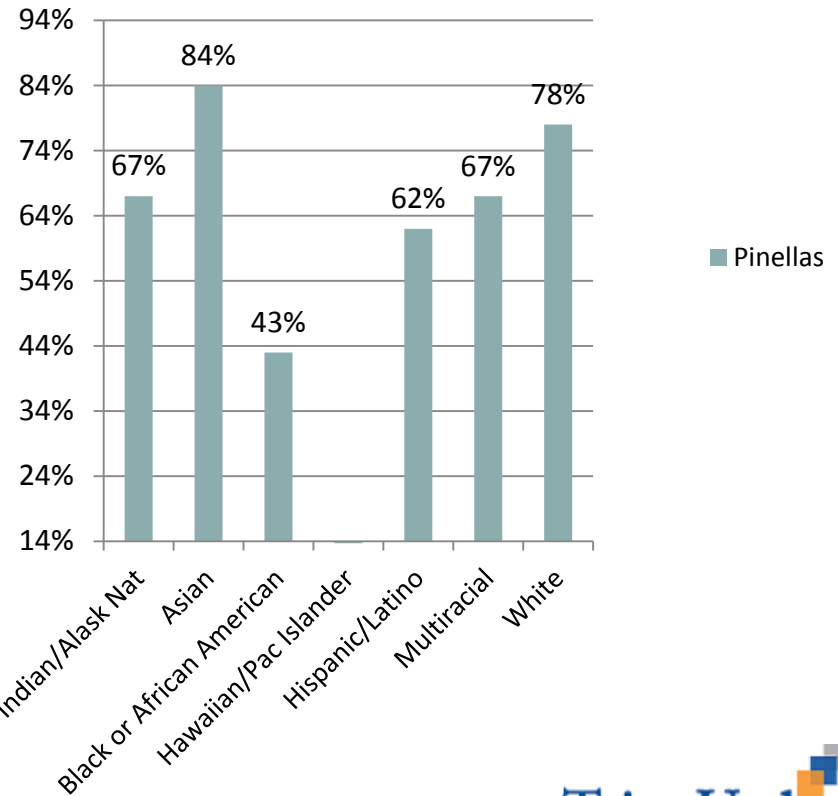


By Year

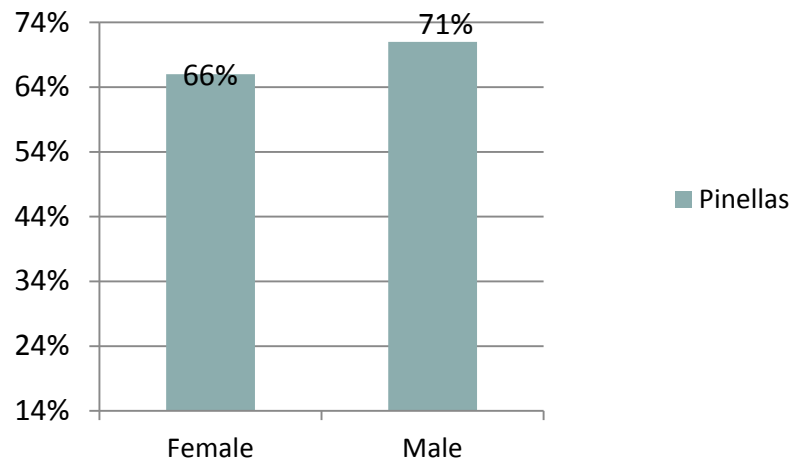


**Percent of 4th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*

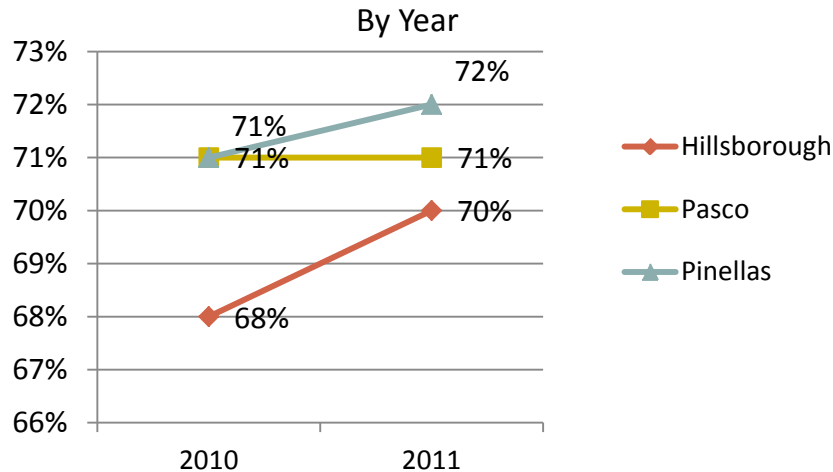
By Race/Ethnicity



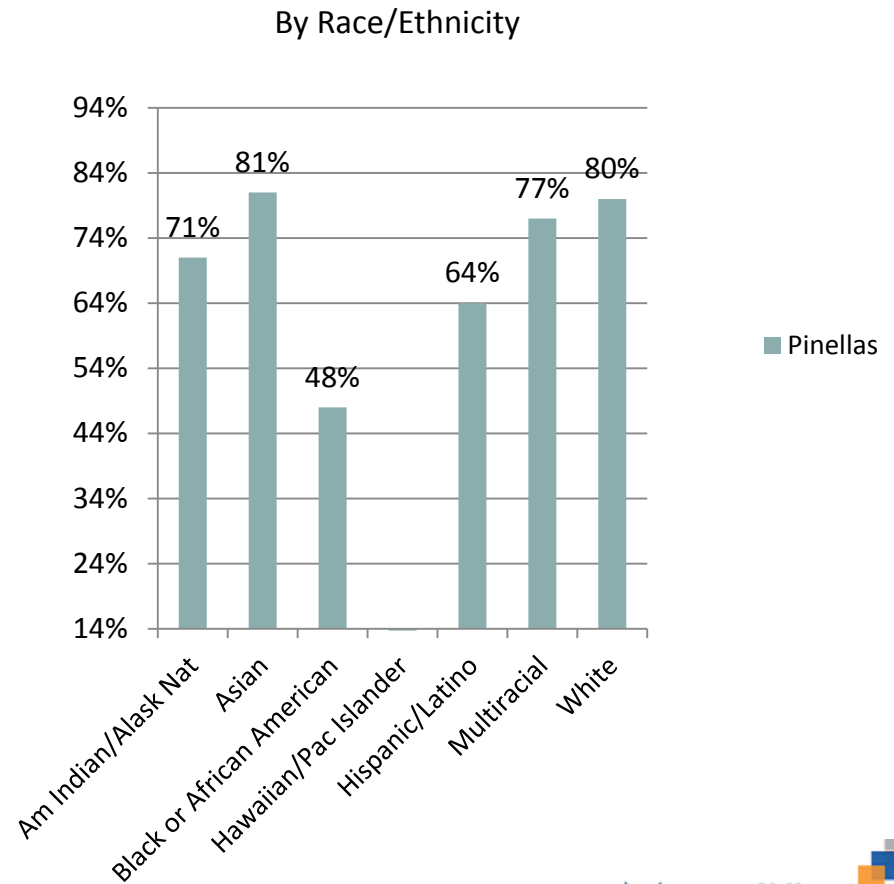
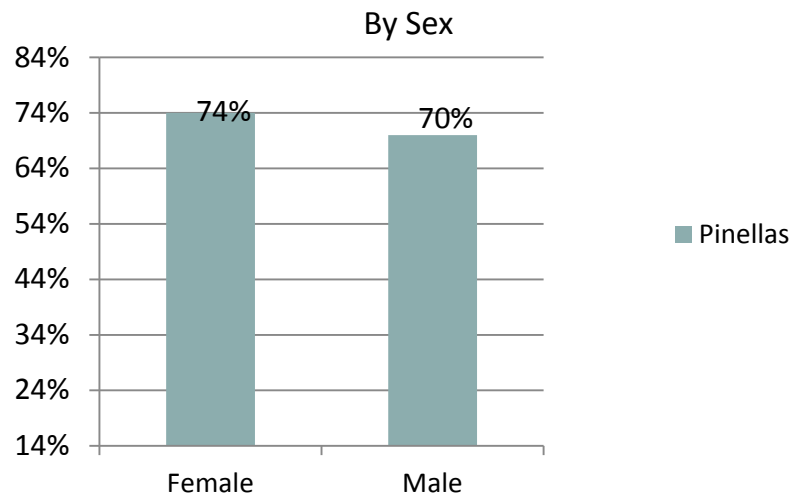
By Sex



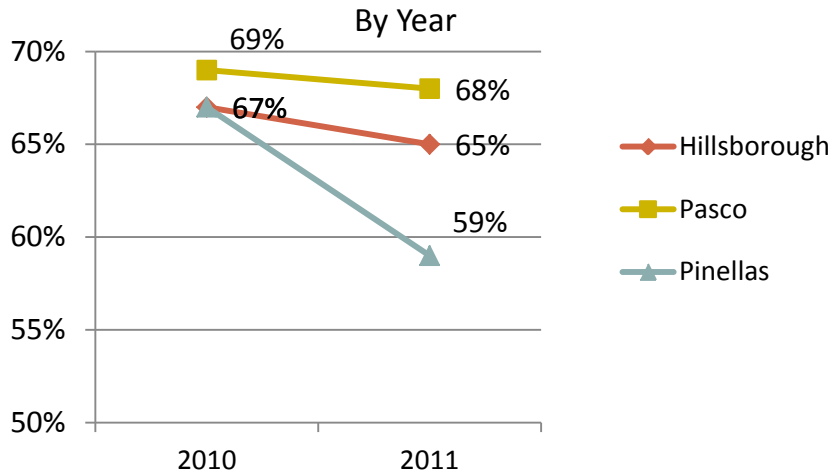
Healthy Tampa Bay Data – 4th Grade Students Proficient in Reading



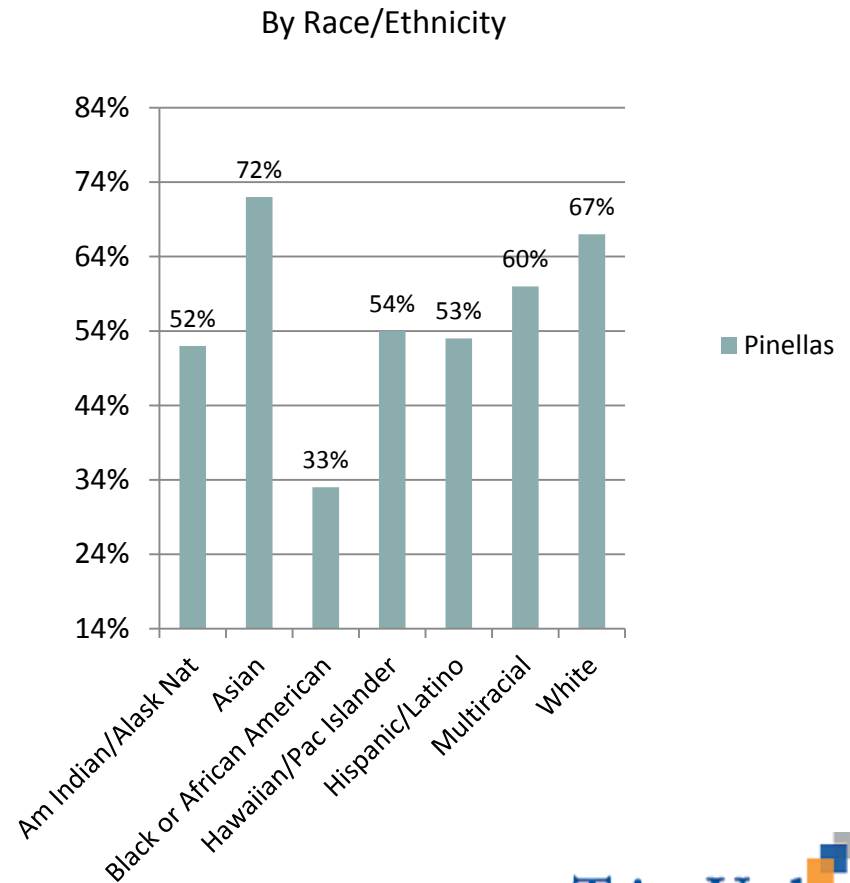
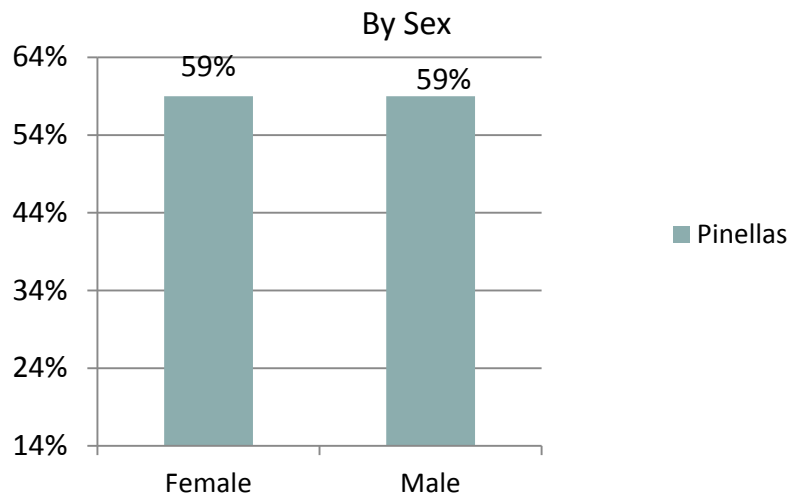
**Percent of 4th grade students scoring at or above their grade level in reading as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*



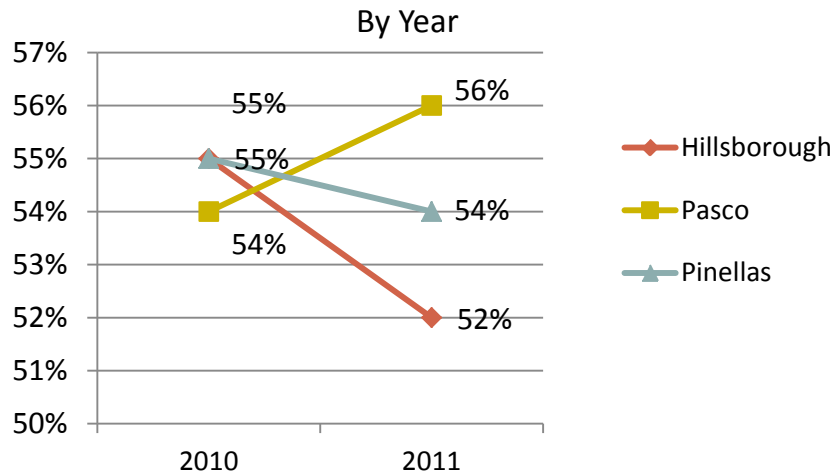
Healthy Tampa Bay Data – 8th Grade Students Proficient in Math



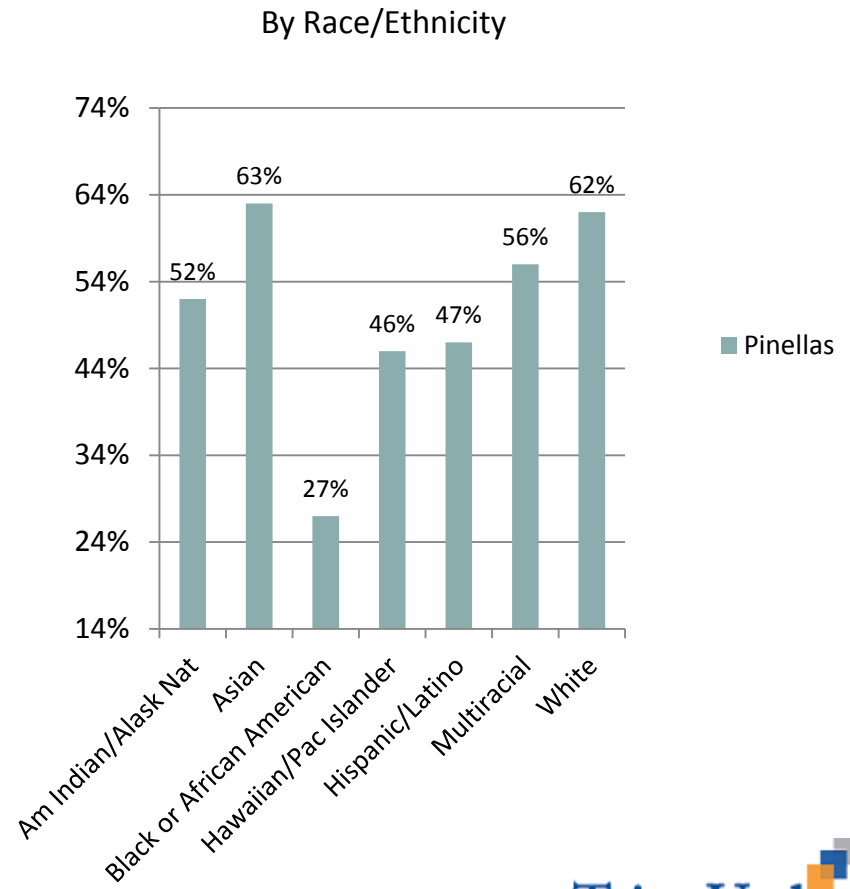
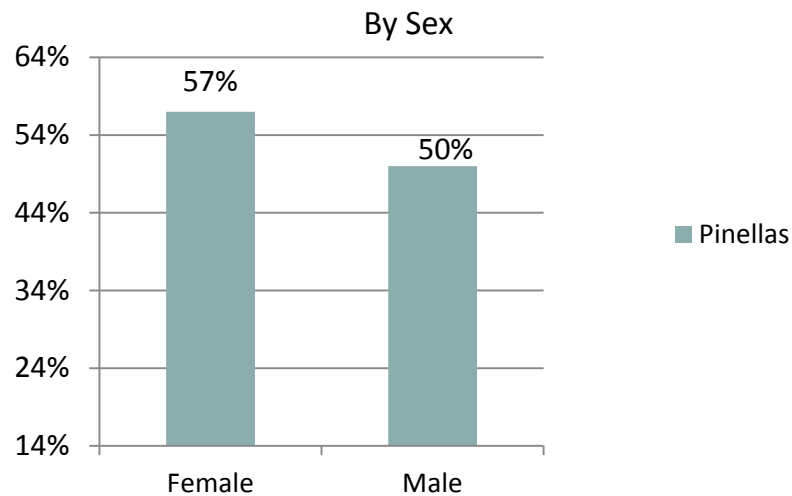
**Percent of 8th grade students scoring at or above their grade level in mathematics as measured by Florida's Comprehensive Assessment Test 2.0 (FCAT 2.0).*



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



**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

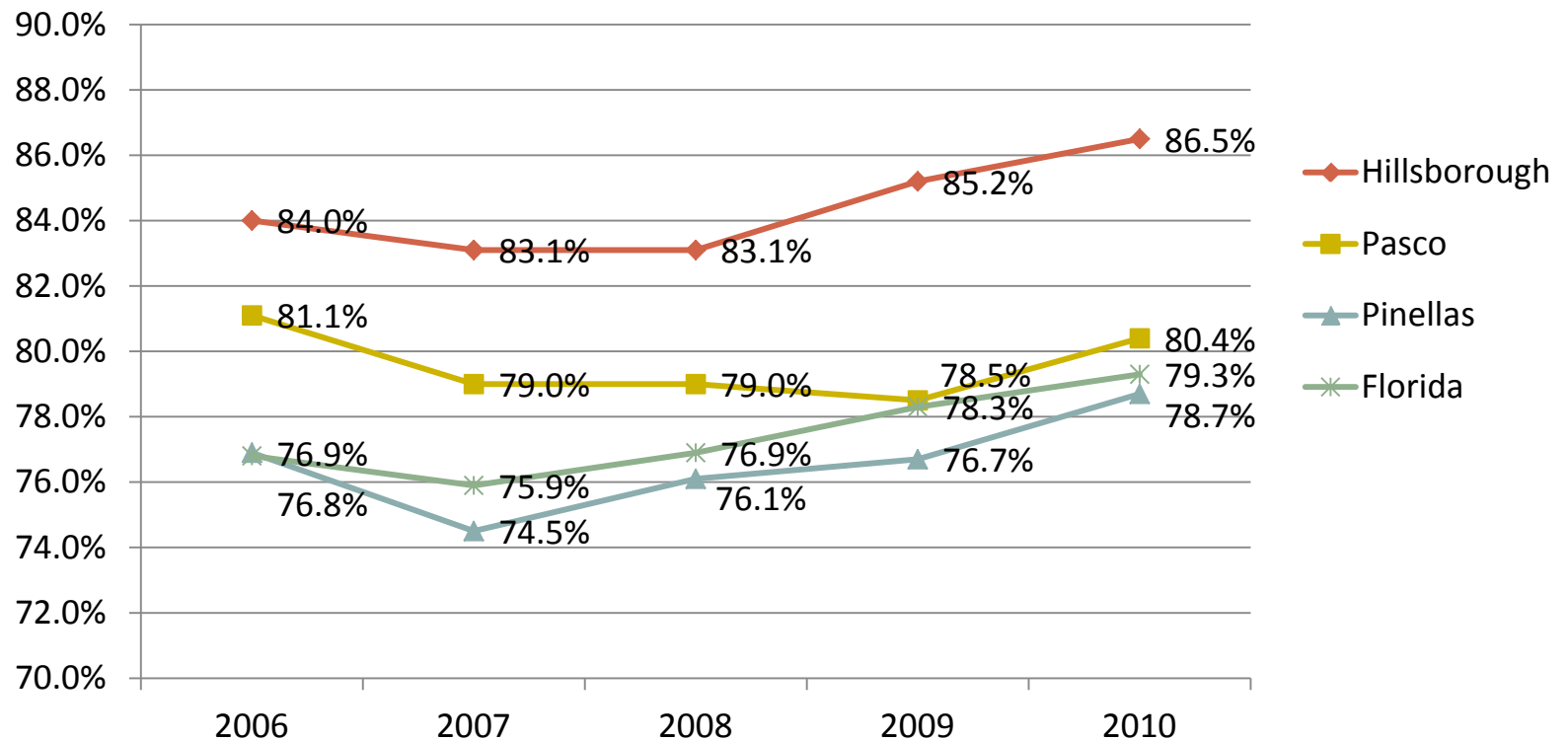


- The rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (8.0% to 9.1%).
- Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among white infants (5.4 to 6.6 per 1,000 live births) whereas there was a decrease among Non-white infants (17.1 to 14.5 per 1,000 live births). While there was a decrease in the rate of infant mortality among Non-white infants the rate in 2010 was still more than double that of white infants.
- The immunization rate for kindergarten students in Pinellas County has steadily declined since 2007 (93.4%) to only 89.3% of the kindergarteners being fully immunized in 2010.

Kids Count Data



Births Receiving Early Prenatal Care (Percent)

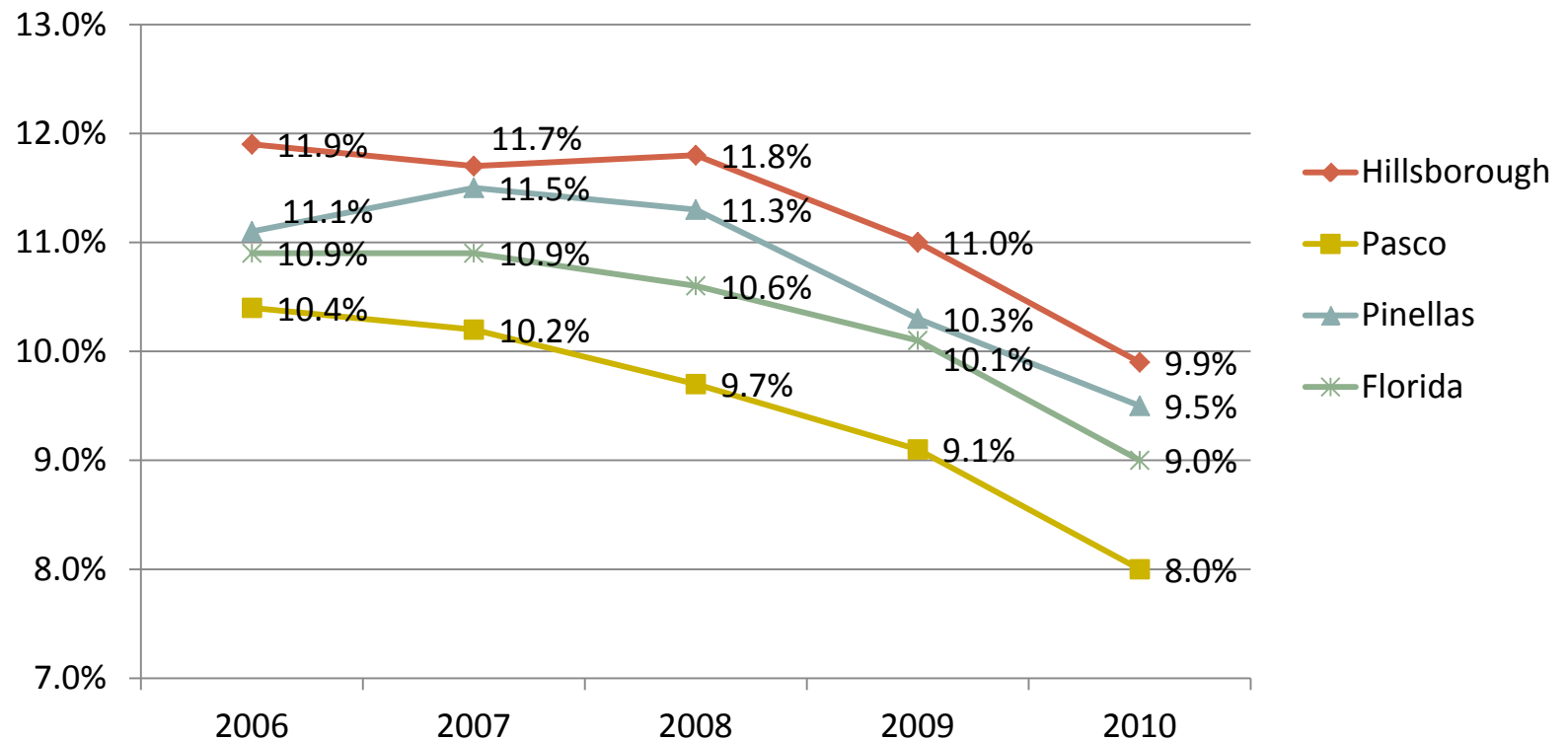


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Births to Mothers Under Age 20 (Percent)

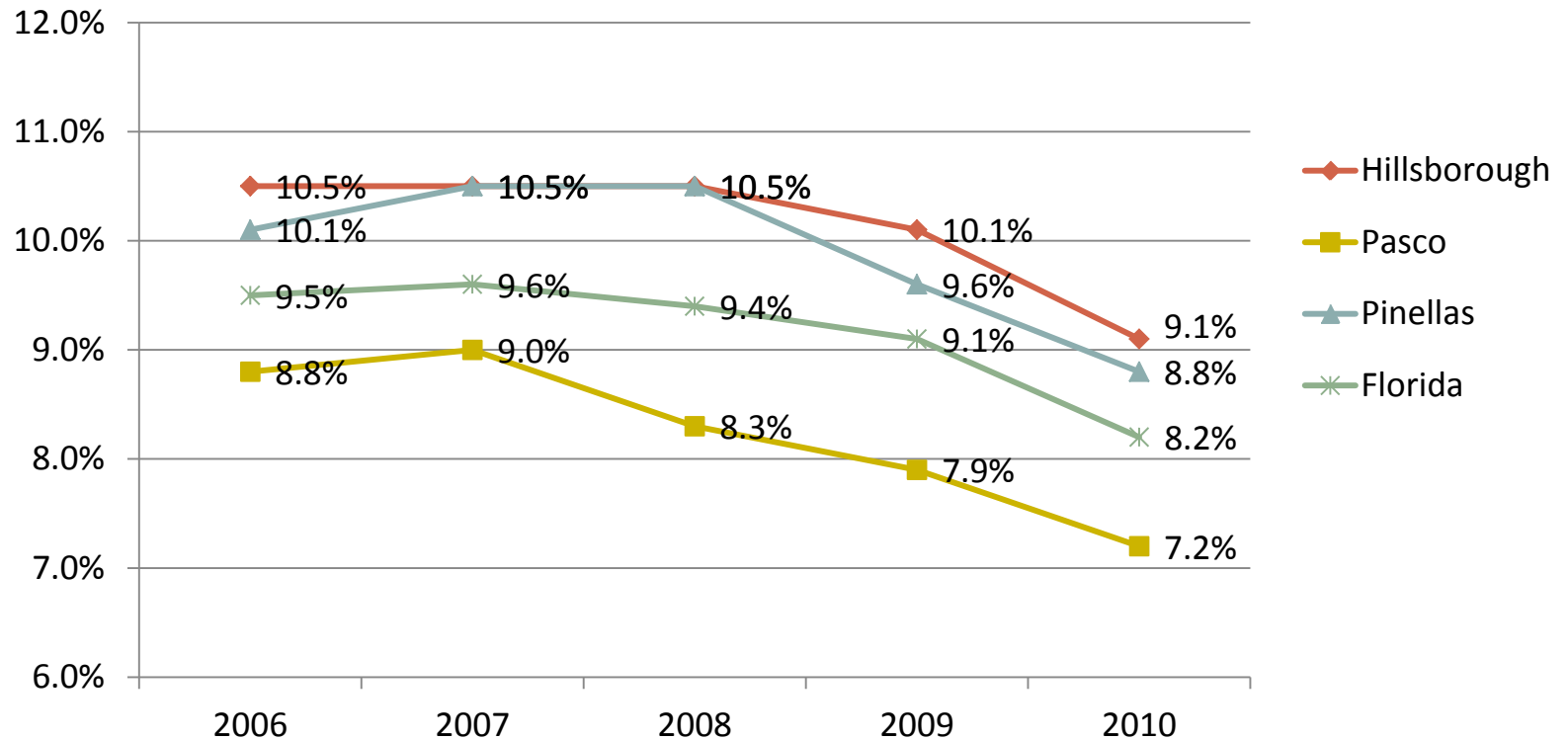


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Births to Unwed Mothers Under Age 20 (Percent)

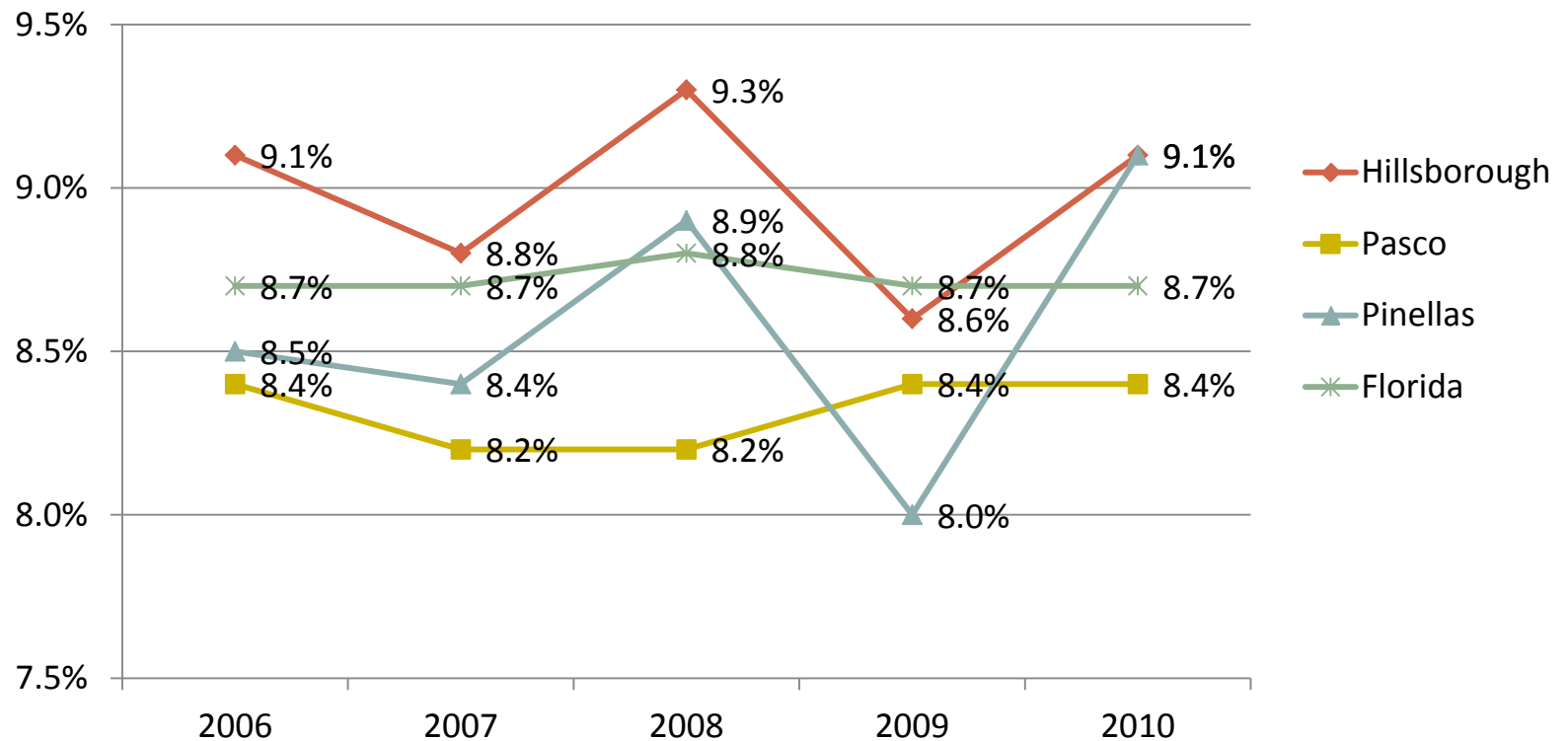


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Low Birth Weight Births (Percent)

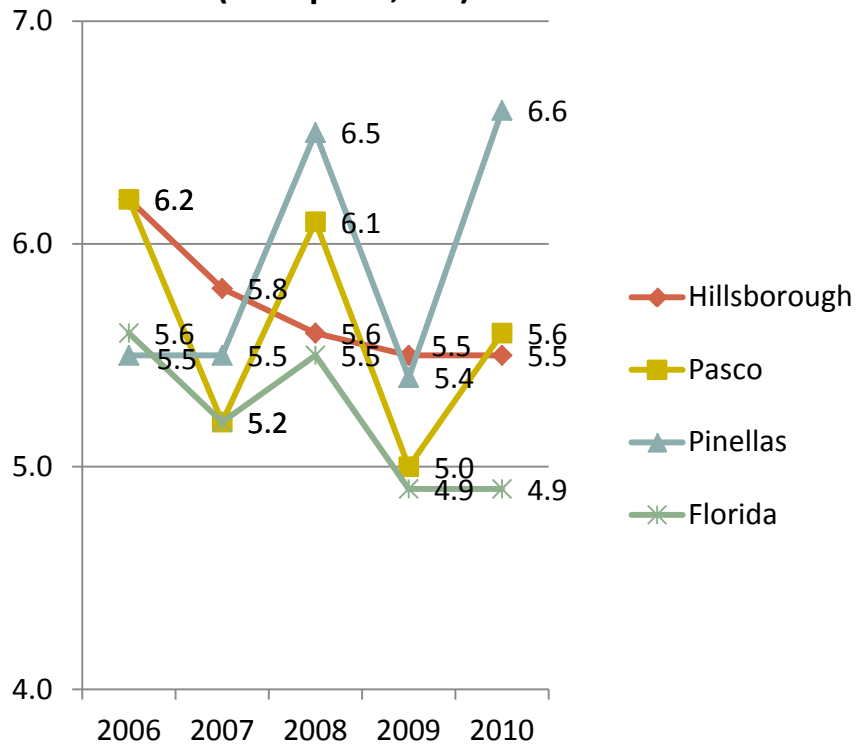


Source: 2012 Kids Count; The Annie E. Casey Foundation

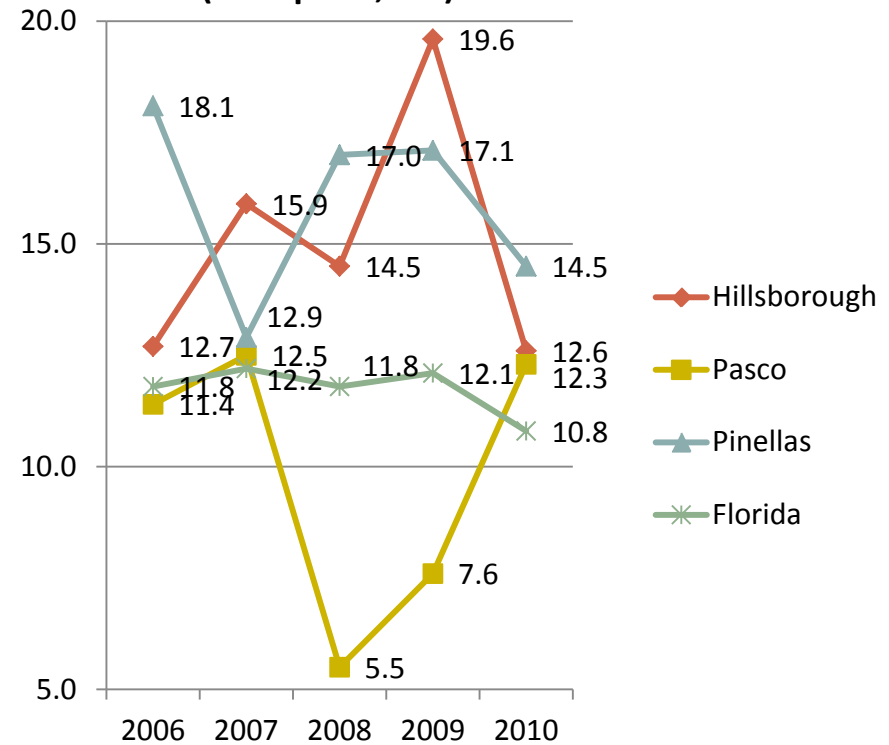
Kids Count Data



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



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

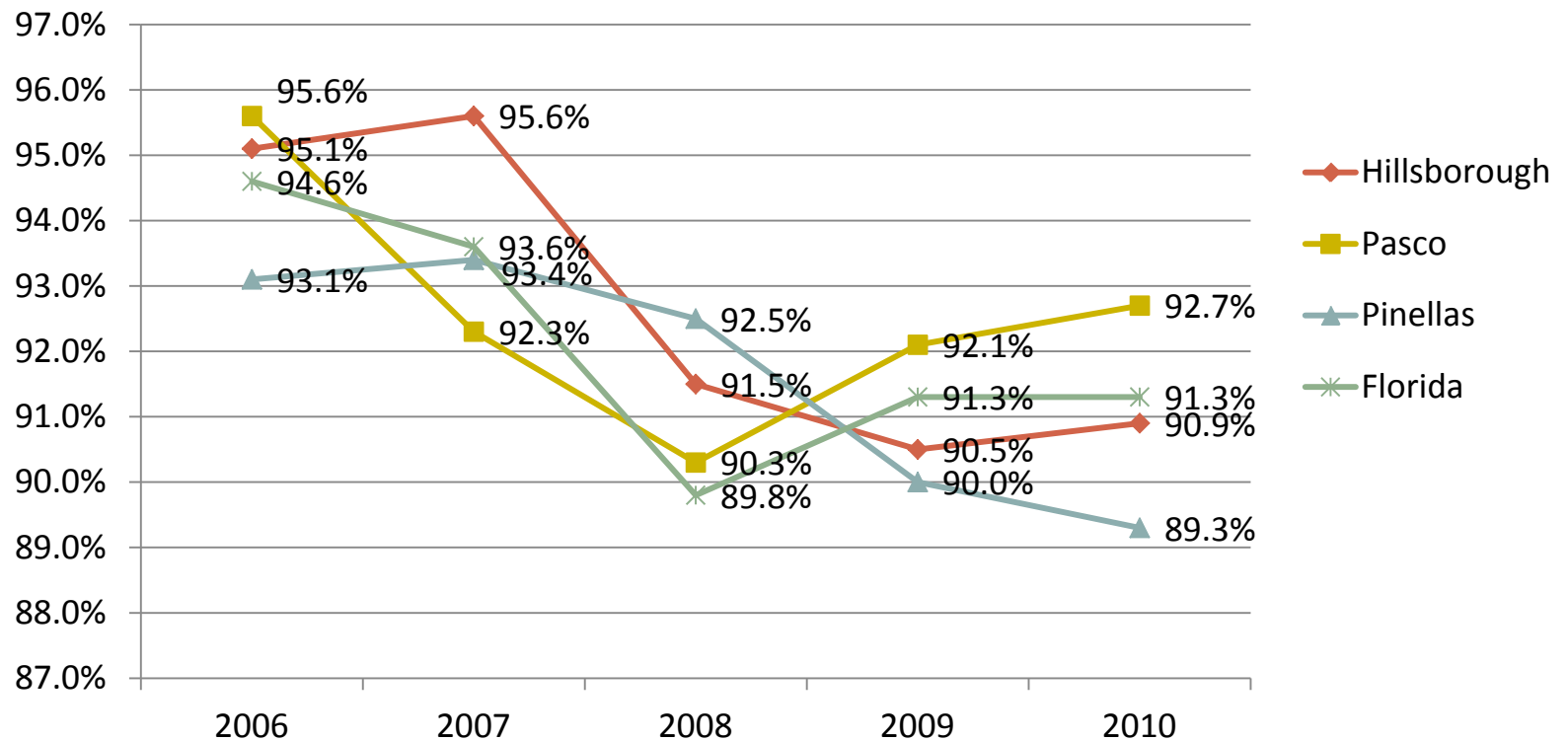


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Immunization Levels in Kindergarten (Percent)

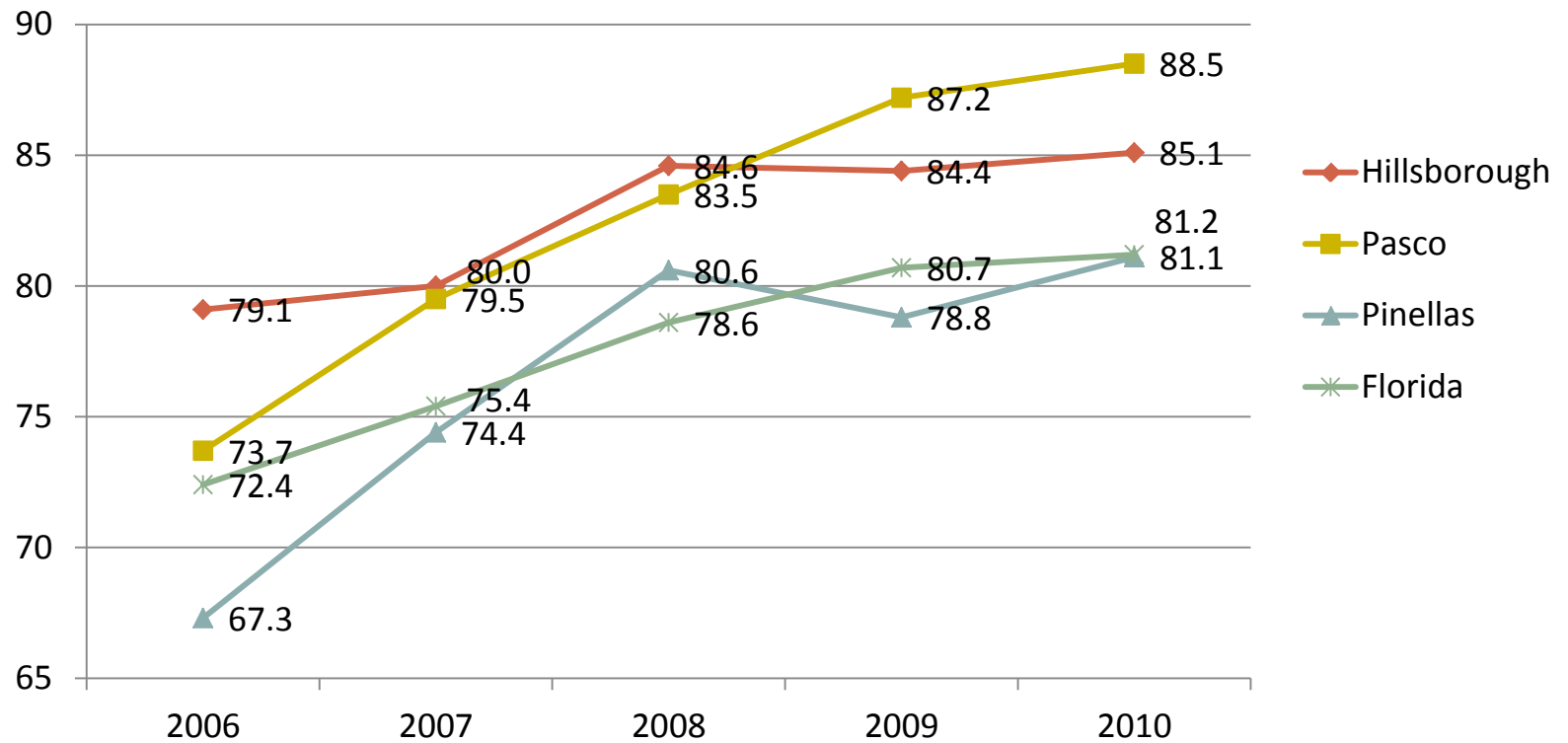


Source: 2012 Kids Count; The Annie E. Casey Foundation

Kids Count Data



Graduation Rate (Rate per 100)



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

Overview of Secondary Data Methodology



Substance Abuse and Mental Health Services Administration (SAMHSA)

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

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

Alcohol/Drug Use Data (SAMHSA)



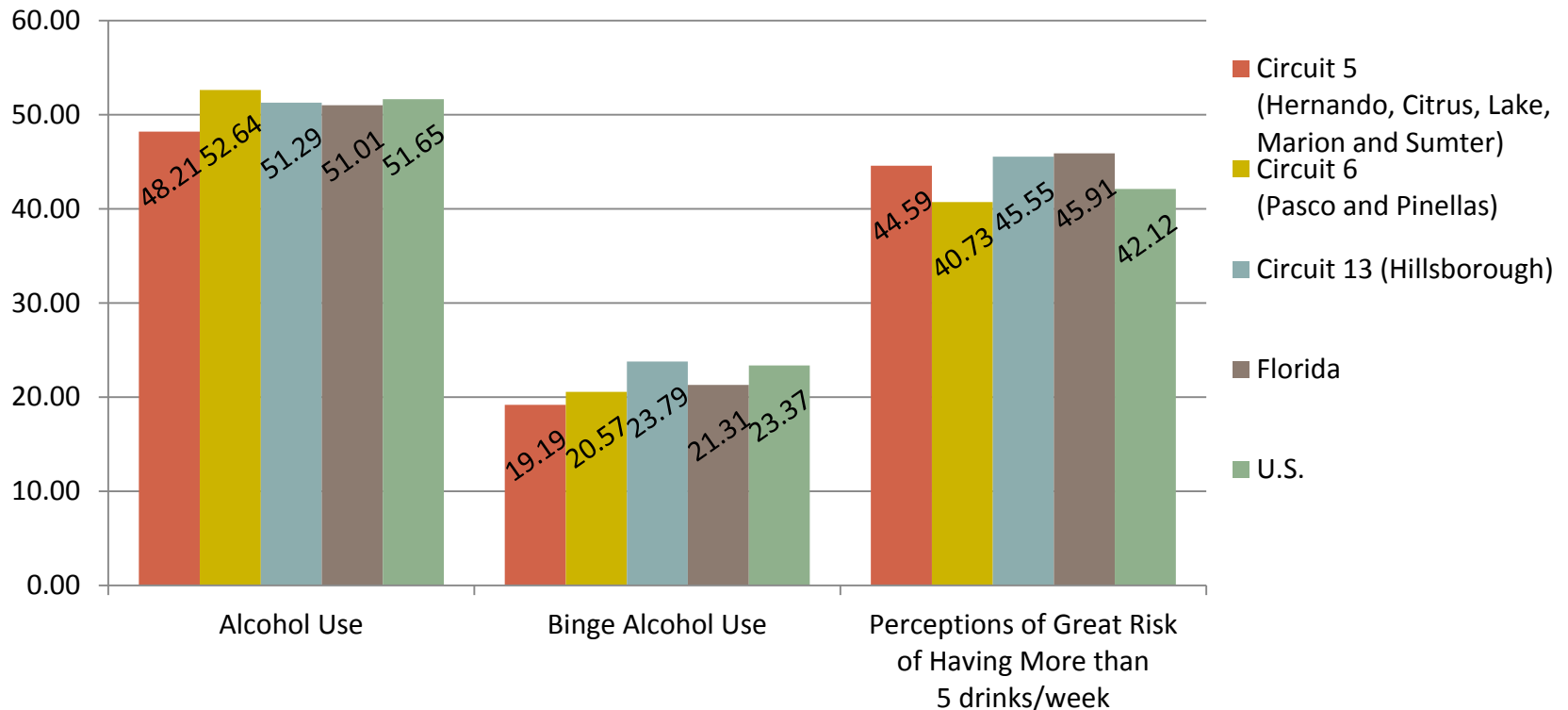
- Circuit 6 shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.
 - Circuit 6 shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals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

Alcohol/Drug Use Data (SAMHSA)



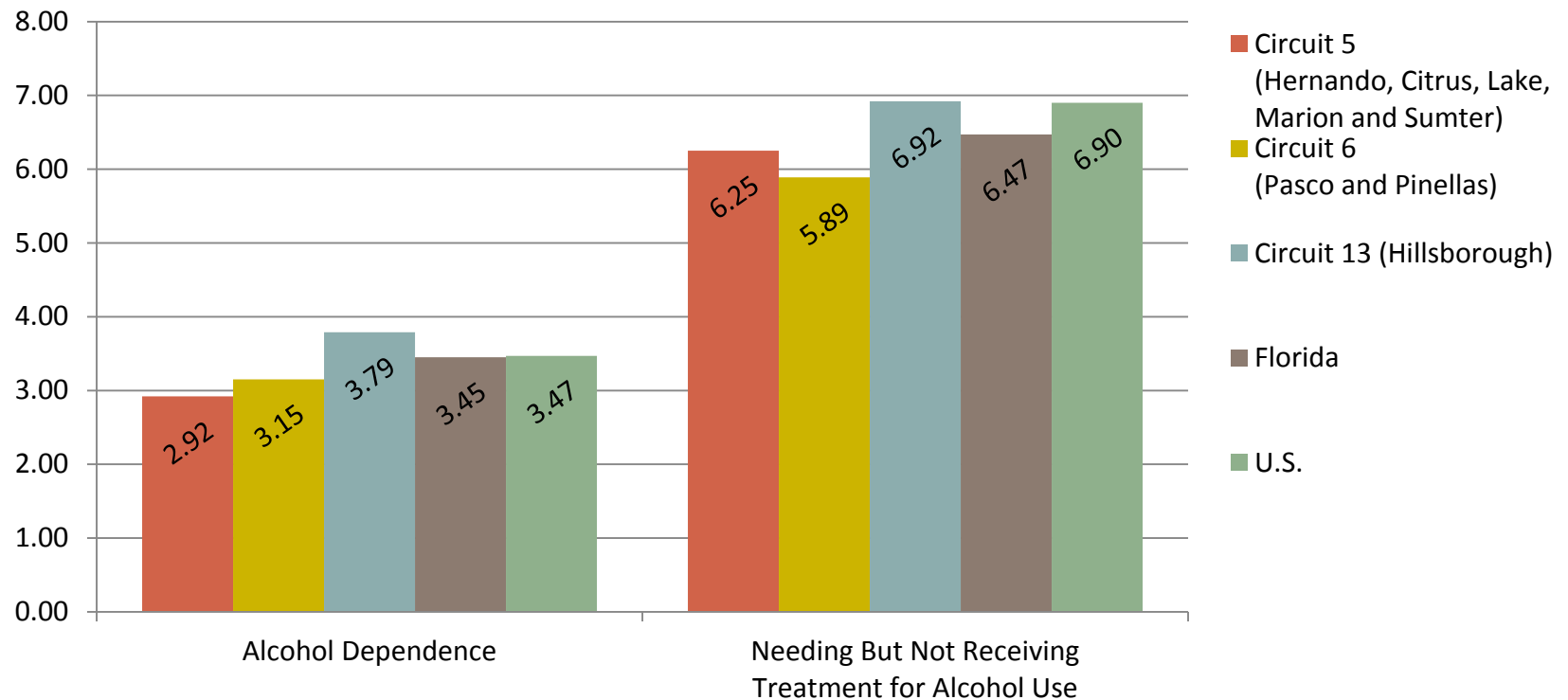
- Interestingly, Circuit 6 shows the lowest rates of individuals that perceive great risk associated with smoking marijuana while at the same time showing the lowest marijuana usage rate compared with Florida. Generally these values are negatively correlated; it may tell us that there is simply little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

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



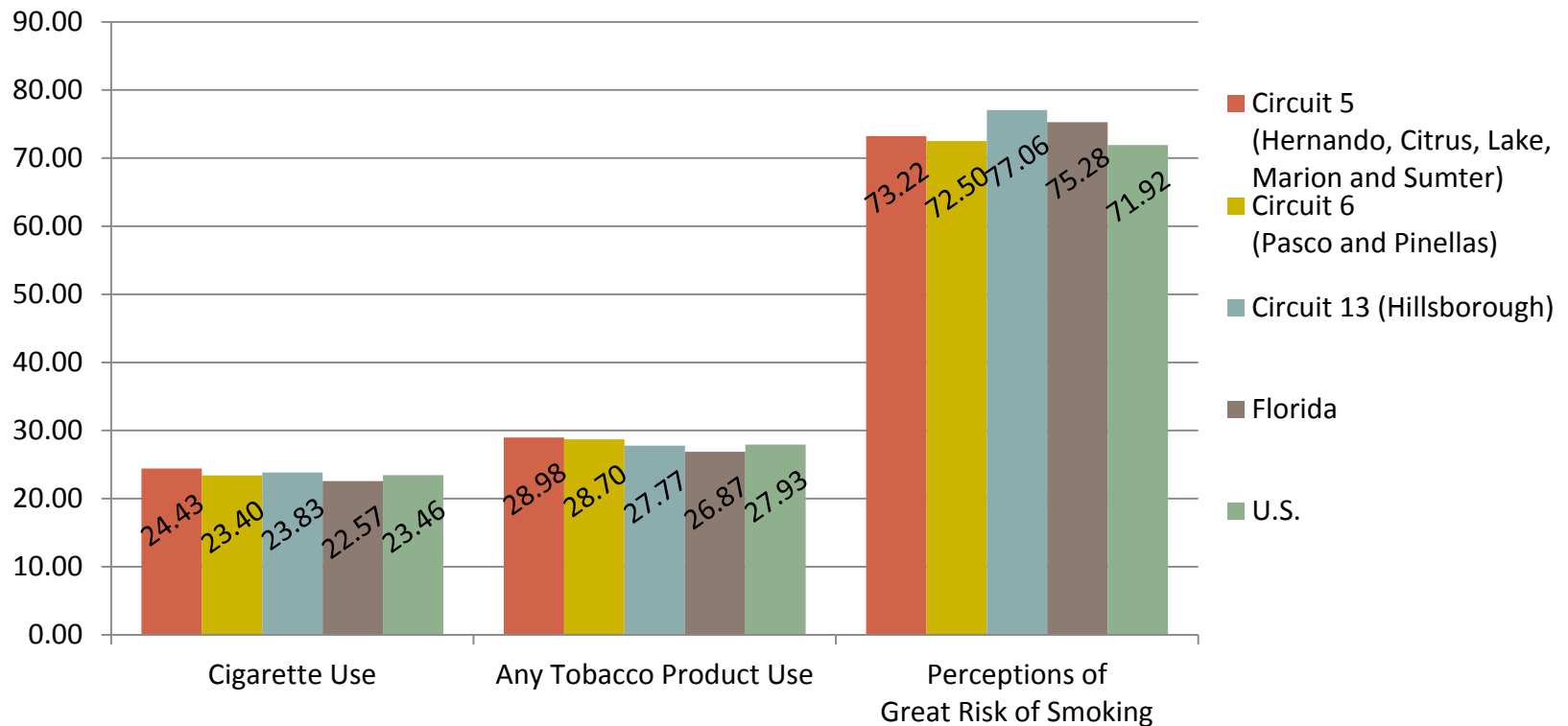
Source: SAMHSA

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



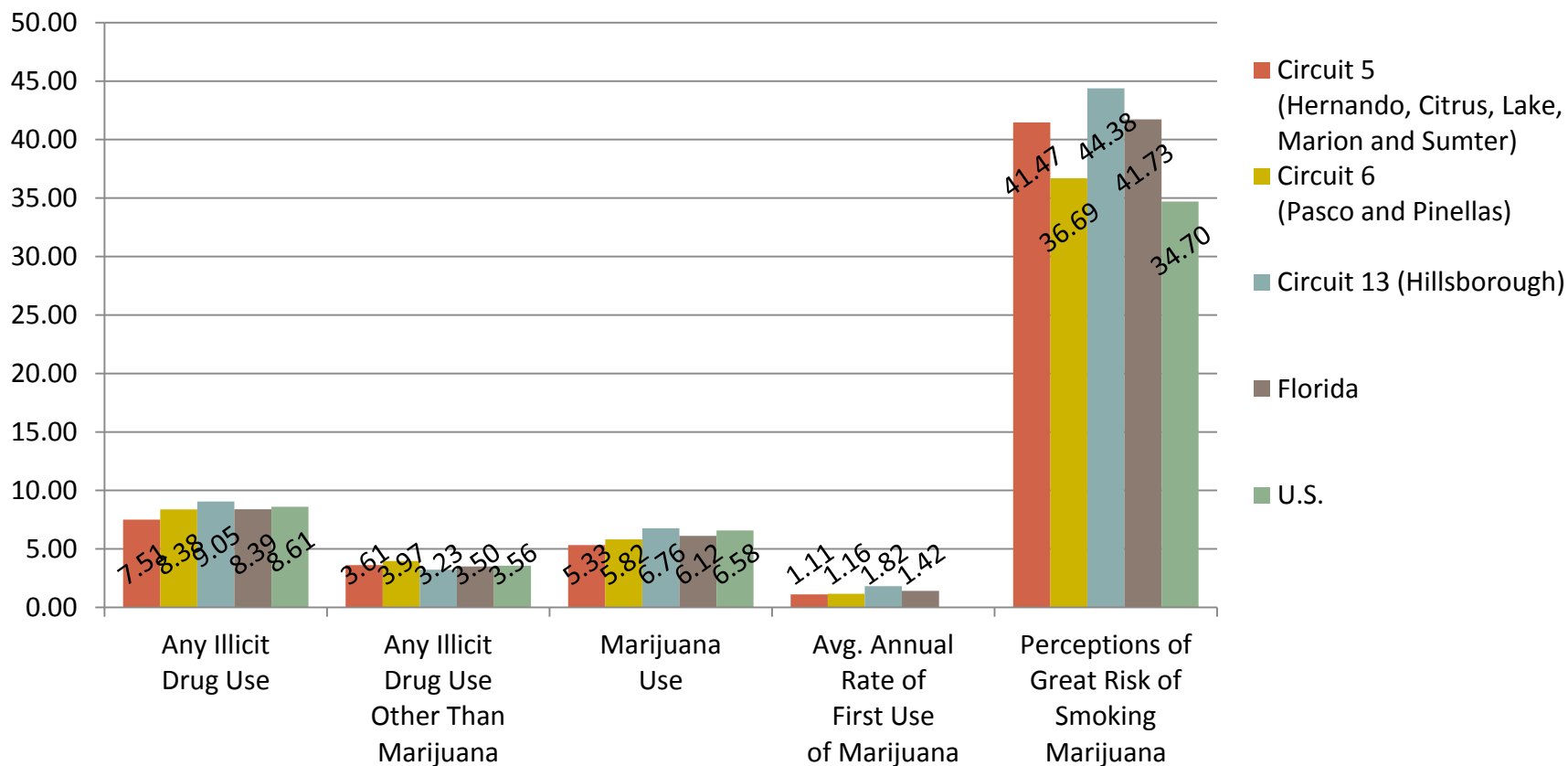
Source: SAMHSA

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



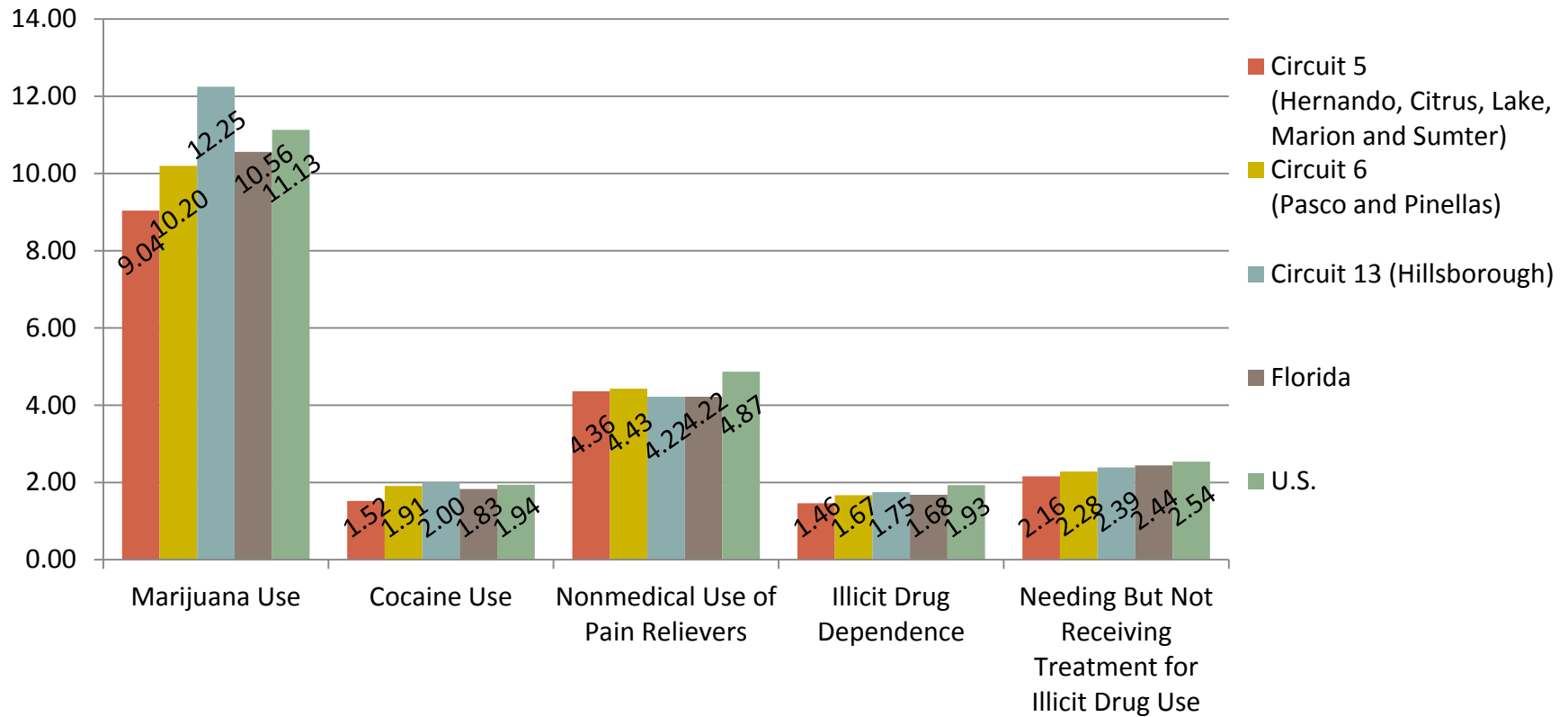
Source: SAMHSA

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



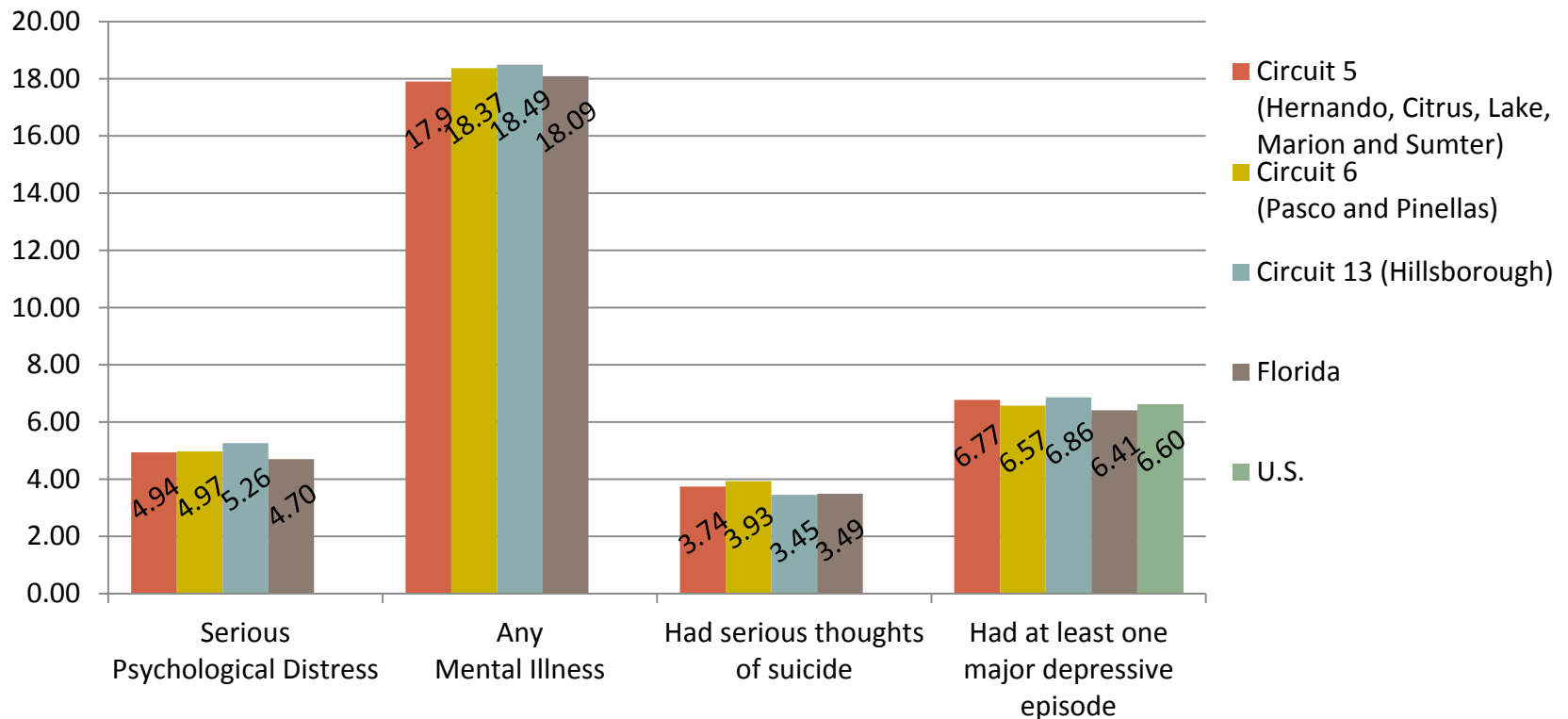
Source: SAMHSA

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



Source: SAMHSA

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



Source: SAMHSA

St. Anthony's Hospital

Healthy Tampa Bay Indicator Data Tables

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

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

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza (2009-2011);

Overall Average = 1.3

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

Ranking	Place	Indicator Value	Ranking	Place	Indicator Value
1	33815	68.0	29	33756	26.4
2	33605	59.0	30	33566	25.8
3	33701	55.5	31	33830	25.1
4	33805	53.8	32	34690	25.1
5	33610	47.6	33	33567	24.9
6	33712	47.6	34	33781	24.9
7	33607	46.8	35	34668	24.6
8	33612	46.0	36	33714	24.0
9	33711	44.9	37	34652	24.0
10	33801	44.2	38	33598	23.8
11	33563	43.0	39	33592	23.6
12	33603	41.9	40	33541	22.8
13	33839	41.2	41	33860	22.3
14	33604	40.8	42	33778	22.2
15	33705	40.1	43	34610	22.2
16	33602	35.1	44	33709	22.0
17	33619	33.8	45	33616	21.5
18	33755	33.3	46	33810	21.5
19	33542	32.4	47	33771	21.4
20	33880	31.5	48	34653	21.3
21	33613	29.7	49	34691	21.3
22	33713	29.3	50	33534	20.7
23	33770	29.2	51	33707	20.4
24	33614	29.0	52	33615	20.3
25	33760	28.6	53	33765	18.9
26	33525	28.5	54	33702	18.8
27	33540	27.4	55	33803	18.7
28	33617	26.6			

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

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

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

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

St. Anthony's Hospital

ER Rate due to Immunization-Preventable Pneumonia and Influenza (2009-2011);

Overall Average = 9.1

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

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

APPENDIX B

Key Stakeholder Interview Response Set

St. Anthony's Hospital
October-November, 2012

1. How would you describe a healthy community?

1. All systems in community work together for citizens to get what they need – basics to survive and tools to thrive and grow and be empowered; also, addresses economic, political, physical issues – all of these work together. Education = key to this.
2. Access to appropriate healthcare, dental care and community health education.
3. A healthy community is an informed community that places health equity and equal opportunity for participation above all else. The opportunity for a healthy life must be accessible for all members. This upfront investment of resources ensures a strong future for our entire community.
4. Community where people find a meaningful existence in terms of jobs and culture and have access to things that enrich their lives.
5. A healthy community would be a community where there is access to healthcare services that focuses on both treatment and prevention for all members of the community;
6. Having access to healthcare at a reasonable price. Healthy community of senior citizens? Where there are resources once they are home – transportation, mentor program, programs to help them get around and remind them to get to appointments and just checking in on them, activities to keep their lives more normal.
7. The places where people live maximizes their potential to be healthy. Healthcare is accessible to all. People are healthy and the environment supports healthy people. There are social determinants of health also safety, access to healthy produce, education, and housing.
8. Everyone has equal access to healthcare. Community as a whole is emphasizing personal responsibility for their own healthcare and being active in their healthcare. Taking advantage of prevention and well care. A healthy community does not have billboards that advertise wait times in Emergency Rooms.
9. Vibrant, safe, walkable, with accessible parks and healthy foods. There is a population that is inclined toward physical activity. There is a healthy economy.

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

1. Obesity, hypertension, diabetes.
2. Many more diabetic patients, significant number of patients with hypertension.
3. Certainly, the overweight/obesity epidemic is our top priority. We have been strategically developing evidence-based programs in partnership with our national association and local partners to address chronic disease prevention, particularly those with obesity as an indicator. Our Y has also been working tirelessly to end health disparities, specifically with the African American population and low- to moderate-income families. African American adults in our community are three times more likely to die from health complications related to type 2 diabetes and bear a disproportionate burden of the disease. African American teens in the St. Petersburg area are twice as likely to be overweight than their peers. In Pinellas county, the African American population is more than double the state average. In two of the neighborhoods our Y serves, African Americans account for over 80% of the population.
4. COPD, substance abuse.
5. Lack of capacity for dental care, education of treatment of diabetes and high blood pressure, mental illness, wound care, and substance abuse.
6. Acute care setting – huge gap in services, in hospital – good planning with social worker but once discharged, there's nothing to continue to motivate them to continue to go to physician's appointment.

7. Cancer has become the number four killer chronic disease. The uninsured has increased significantly over the last two years. Survey showed top needs in the county are D/A substance abuse, chronic disease, and behavioral health. Chronic disease due to lifestyles, accidental deaths. Pinellas county is small and densely populated, violence is high and suicide rates are high. Pinellas county is an aging county. Poverty is an indicator of poor overall health due to the economic barriers that exist in areas of highly concentrated poverty (five zones have been identified of highest concentration of poverty in the county).
8. Specialty care is a huge access issue for the underserved, uninsured, underinsured, working poor. Behavioral healthcare and its integration with primary care. Access to dental care (preventive, surgical, and treatment). Even those with health insurance do not have a dental component.
9. Lack of health insurance causes a lack of access to healthcare. Obesity is an issue that causes high-cholesterol, diabetes, etc. Substance abuse particularly with prescription drugs.

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

1. Underinsured or no insurance at all.
2. Those who fall through the cracks – no Medicaid, Medicare, not poor enough to qualify for county health plan, middle-class falling.
3. Children, seniors, African Americans, those with pre-diabetes, those recently diagnosed with cancer, hypertensive patients, adults with a BMI greater than 25. Currently 65.2% of the population of Pinellas County is considered overweight with 36% qualifying as obese.
4. Chronically unemployed, many people who exist on the margins, some kind of social services, but healthcare is difficult to access.
5. The working poor and the homeless and anyone without health insurance.
6. Patients in the 75+ range, Medicaid and welfare population.
7. Uninsured; Residents in areas of the highest concentration of poverty.
8. Chronically ill, homeless and non-English speaking. Subset of patients that go for behavioral health treatment because it is required in order to receive meds but they do not seek medical care.
9. African Americans (Obesity and infant mortality); General population; 50-60 year olds that have retired.

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. Strong collaborations between all organizations
2. Free clinic doing a lot of good, meeting significant amount of primary healthcare needs
3. Current evidence-based programming can and should be leveraged among partnering organizations to prevent further proliferation of preventable chronic disease. The YMCA's Diabetes Prevention Program is one example of available programming that is currently available. It is only through strategic partnerships that this program can reach its fullest impact potential.
4. Health Dept needs to expand its services
5. Multiple access to healthcare throughout Pinellas County. This avoids the transportation issue.
6. Social Services question.
7. Rich in resources with info sharing.

8. Community health centers. Six locations in community. Looking at expanding. Provide care regardless of ability to pay. Really begin to change people's health outcomes. We have the capacity. Working with hospitals. They refer uninsured patients with no medical home to our health center. If we could expand to include insured patients with no medical home. Currently, not very good for insured with no medical home.
9. Increased collaborations recently formed that share information across geographies and that movement is gaining momentum.

Strength #2:

1. BayCare supporting outside organizations such as Faith Community Nursing.
2. Wonderful park system with many outdoor opportunities, walking/running/biking + great YMCA creating more outreach.
3. Access to fitness facilities and outdoor recreation. YMCA membership & programming is offered on a sliding-scale based on qualifying income. The City of St. Petersburg's Parks and Recreation department offers free access to outdoor fitness equipment, playgrounds, pools, trails, and blue ways. Both of these resources are available in the City of St. Petersburg proper, through strategic partnering we believe that same services can and should be available throughout the rest of Pinellas county, especially in the smaller cities and towns that may lack the resources on their own.
4. No answer.
5. Collaborations.
6. Social Services question.
7. Transportation is available in Southern Pinellas.
8. Hospitals have access to specialists, more so than community health centers. Our patients don't see a specialist unless they end up in the hospital. If we could get our patients seen by specialists, it could go a long way to prevent hospital stays. How could that be better optimized?
9. Hospital consolidation increasing which leads to efficiencies and allows issues to be better identified and addressed.

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

Community Issue #1:

1. Limited finances - huge homeless population, behavioral health population.
2. Access to specialty medical care (physicians and diagnostics/outpatient).
3. Overweight/Obesity. Again 65.2% of the population in our county is overweight with 36% being obese. It is critical that we curb the epidemic or we will continue to see a rise in the number of persons developing chronic conditions.
4. Affordable housing
5. Need for follow-up care. People are released from the ER or hospital that have no insurance and there is little to no follow-up.
6. Social services question.
7. Service industry in the area – are lower paying jobs with out insurance benefits.
8. Community as a whole, awareness that medical is not just treatment but also prevention. There is a mindset that you only need to go to the doctor when you are sick. As a result, the community is sicker and heavier. And by the time they do see a doctor they are so sick that it is detrimental to them and costly to the community.
9. Obesity/pre-diabetic and diabetic – stems largely from the lack of education and prevention.

Community Issue #2:

1. Individuals not having the correct information about what services are out there. This is also because a lack of trust.
2. Lack of coverage for dental care.
3. Preventive Healthcare. It's vital to ensuring early diagnosis and treatment of certain health conditions prior to them becoming chronic. Many of the LMI population does not have access to preventive care/diagnostic testing.
4. Unemployment - at least 9% in the area, many who want to work but are unable to find work.
5. The underserved have generally had no preventive care and they are high risk.
6. Social services question.
7. There is limited collaboration among counties. Substance abuse was the number one issue recognized in the health survey across Pinellas County, with prescription drug use and overdosing. There are not enough resources for mental health and substance abuse services. The services that do exist are stigmatized, have waiting lists and are apart from primary medical facilities.
8. Community messaging and branding. Difficult time educating the community and getting them to appreciate the message being given about immunizations. Billboards saying that you can text the ER to find out wait times is sending the wrong message. Healthy foods are not as available as other choices.
9. Behavioral health – depression impacts a person's 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.

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. Public Health Dept. and some of the organizations mentioned previously are doing their best with the funds they have; also NAACP health commission is new to the area and are doing their best to address health issues in the community.
2. Unsure.
3. There is no one organization that can solve our communities health crisis. It is imperative that private, public, and non-profit entities partner to form a collaborative team to address our community's growing health needs. It is my belief that our strengths can be combined for optimal success and the highest level of achievable impact to be realized.
4. No answer.
5. Collaboration of Community providers, Government Officials, and Hospital policymakers.
6. Social services question.
7. n/a.
8. Pinellas has 28-32 municipalities, and it is not easy to get anything done locally to change laws. Engage local officials on what we value as healthcare. Hospitals can put pressure on those advertising ER wait times, letting them know that is the wrong message to send. It's the for profit hospitals that pay for the billboards.
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.

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

1. See above.
2. Unsure.
3. Yes, however, private organizations must become invested now in order to make the necessary impact.
4. No answer.
5. Lack of capacity for respite beds and for preventive care.
6. Social services question.
7. No. Need more collaboration among local and county governments.
8. Yes.
9. Connections to the resources that exist is key. Need a movement to educate the masses 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.

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. Childhood obesity – just starting to see the effects and this is going to increase; autism spectrum/behavioral issues becoming more prevalent.
2. Most prevalent ones touched upon.
3. Chronic Disease Management for LMI populations. The resources, for the most part, are available. Most don't know where to turn. We believe, again, that private health organizations and employers must be both informed and become willing to partner/refer to/support the non-profits taking the lead in addressing these needs.
4. Mental health is an issue - Tampa/St. Pete - one of the highest rates of depression in the nation.
5. More severe mental health problems and little capacity to assist.
6. Florida Medicaid - state has cut back significantly, so people are now much sicker than before when they enter the healthcare system and also don't get adequate follow-up care; welfare patient - need to transfer to higher level of care, very difficult to get them accepted into hospital systems; pediatric patients have access but once they hit 21, services are essentially cut off.
7. No answer.
8. Number of women giving birth to babies with addiction issues. Abusing prescription drugs and narcotics. Pharmacy needs for uninsured patients. Prescription assistance applications. Reduces who they provide it too. Currently, it is only available to patients on the County's indigent health plan. County Commissioner's wanted to take fluoride out of in the water. They did and it will cause dental issues. Maybe the new administration can get that turned around.
9. Pre-diabetic and the underserved are larger numbers and will increase the need for resources. Also need better inner-city planning to make communities walkable and developing the infrastructure that supports physical activity.

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

1. Does not see it improving; No one knows what is going to happen with the impact of healthcare reform/ going to need to go through growing pains to get to a better place.

2. Sees status will probably get worse because she doesn't see increasing funding sources from county or local government; BayFront medical center is being merged into a for-profit medical center and she sees this as a risk.
3. The YMCA of Greater St. Petersburg believes that the Healthy People 2020 objectives give a clear and reasonable blueprint for a successful tomorrow.
4. Healthcare access will improve under the President's plan for low-income individuals
5. Greater access to preventive healthcare, effective collaborations that treat body, mind, and spirit.
6. Sees status declining; employers used to pay a large chunk of health insurance. This now falls on the shoulders of the average worker (paying high deductibles) and they now tend to ignore health problems until things are too severe.
7. There will be health insurance for all and improved health outcomes. Healthcare will become more preventive and less reactive.
8. Total paradigm shift from how the residents think about health. People don't realize what is available. Families don't know about resources that county offers or that they may be eligible for medical insurance.
9. That this region will become nationally known for its commitment to become healthier

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. Has stats on number of individuals served during screenings.
2. No
3. Yes
4. No
5. No
6. No, not allowed to release data
7. No
8. Economic Impact on Poverty; Community health indicators report (any county in country); BRFSS stat's health dept website infant mortality, health and prevention data. Public
9. No

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

1. Yes
2. n/a
3. Yes
4. n/a
5. n/a
6. n/a
7. n/a
8. n/a
9. n/a

11. Any additional comments or questions?

APPENDIX C

Community Resource Inventory

St. Anthony's Hospital
May, 2013

Tripp Umbach completed an inventory of community resources available in the St. Anthony's Hospital service area using resources identified by internet research and United Way's 211 First Call for Help community resource database. Using the zip codes which define the St. Anthony's Hospital community (33701, 33702, 33703, 33704, 33705, 33707, 33710, 33711, 33712, 33713, 33714) more than 100 community resources were identified with the capacity to meet the three community health needs identified in the St. Anthony's Hospital CHNA. (Please refer to the Community Health Needs Assessment Report to review the detailed community needs.)

An inventory of the resources in the St. Anthony's Hospital community found that there is at least one and often multiple resources available to meet each identified community health need. The following table meets CHNA community inventory requirements set forth in IRS Notice 2011-52. (See Table)

INVENTORY OF COMMUNITY RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ST. ANTHONY'S HOSPITAL CHNA

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives	
211 / FIRST CALL FOR HELP	Pinellas	14155 58th St N, Suite 211, Clearwater, FL 33760	All	More Information	No restrictions	Offers 24-hour telephone information about health and human services. Specializes in referrals to senior programs, alcohol and drug addiction services, homeless shelters and food programs. Serves as the County's after-hours day care referral line. Provides printed directories for seniors, youth and others, and maintains a comprehensive database of health and human services.	*	X	X	X	X	X	X	X	X	X	X	X	X	*	X	X	X	X	X	X	X	*	X	X	X	X	X	X	X	X	X
ADULT INTENSIVE OUTPATIENT CHEMICAL DEPENDENCY SERVICES	Pinellas	300 Pinellas Street MS #137, Clearwater, FL 33756 (727) 841-4430	33756	More Information	Adults with substance abuse related issues	Chemical Dependency Intensive Outpatient Program (CD-IOP). Group therapy model and is offered three days a week, three hours per day. A confidential assessment will be provided to develop an individualized treatment plan. Services include group therapy and educational services that cover a wide range of treatment issues. Accepts Medicare, Medicare HMO and Medicaid HMO. Insurance may pay for all	*	X		X				X		X	X		X								*			X		X	X				
ADULT INTENSIVE OUTPATIENT CHEMICAL DEPENDENCY SERVICES	Pinellas	1106 Druid St. South, #201, Clearwater, FL 33756 (727) 584-6266	33756	More Information	Adults with substance abuse related issues	Chemical Dependency Intensive Outpatient Program (CD-IOP). Group therapy model and is offered three days a week, three hours per day. A confidential assessment will be provided to develop an individualized treatment plan. Services include group therapy and educational services that cover a wide range of treatment issues. Accepts Medicare, Medicare HMO and Medicaid HMO. Insurance may pay for all	*	X		X				X		X	X		X								*			X		X	X				

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
ADULT INTENSIVE OUTPATIENT CHEMICAL DEPENDENCY SERVICES	Pinellas	500 Dr. Martin Luther King Street N, Suite 202, Saint Petersburg, FL 33702 (727) 820-7747	33702	More Information	Adults with substance abuse related issues	Chemical Dependency Intensive Outpatient Program (CD-IOP). Group therapy model and is offered three days a week, three hours per day. A confidential assessment will be provided to develop an individualized treatment plan. Services include group therapy and educational services that cover a wide range of treatment issues. Accepts Medicare, Medicare HMO and Medicaid HMO. Insurance may pay for all	*	X		X				X		X	X		X									*		X		X	X			
ADULT PARTIAL HOSPITALIZATION PROGRAM FOR MENTAL HEALTH & CO-OCCURRING	Pinellas	500 Dr. Martin Luther King Street N, Suite 202, Saint Petersburg, FL 33702 (727) 820-7747	33702	More Information	Adults	The Partial Hospitalization Program (MH-PHP) and Intensive Outpatient Program (MH- IOP)are designed for adults who need a more intensive level of treatment than individual therapy can provide. Services include group therapy and educational services that cover a wide range of treatment issues. A confidential assessment will be provided to develop an individualized treatment plan. This treatment is based on a group	*	X		X				X		X	X		X									*		X		X	X			
ADULT PARTIAL HOSPITALIZATION PROGRAM FOR MENTAL HEALTH & CO-OCCURRING	Pinellas	1100 Clearwater- Largo Road, Clearwater, FL 33770 (877) 692-2922	33770	More Information	Adults	The Partial Hospitalization Program (MH-PHP) and Intensive Outpatient Program (MH- IOP)are designed for adults who need a more intensive level of treatment than individual therapy can provide. Services include group therapy and educational services that cover a wide range of treatment issues. A confidential assessment will be provided to develop an individualized treatment plan. This treatment is based on a group	*	X		X				X		X	X		X									*		X		X	X			

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives		
ADULT PARTIAL HOSPITALIZATION PROGRAM FOR MENTAL HEALTH & CO-OCCURRING	Pinellas	Harbor Multi- Purpose Center- Clearwater 300 Pinellas Street MS #137, Clearwater, FL 33756 (727) 584-6266	33756	More Information	Adults	The Partial Hospitalization Program (MH-PHP) and Intensive Outpatient Program (MH- IOP)are designed for adults who need a more intensive level of treatment than individual therapy can provide. Services include group therapy and educational services that cover a wide range of treatment issues. A confidential assessment will be provided to develop an individualized treatment plan. This treatment is based on a group	*	X		X				X		X	X		X								*		X		X	X						
ALL CHILDREN'S HOSPITAL COMMUNITY EDUCATION	Pinellas	801 6th Street South, Saint Petersburg, FL 33701 (727) 767-4188	33701	More Information	No Restrictions	Provides educational programs on child health, child safety, and child advocacy issues through a speakers bureau, lecture series, workshops and classes. Topics include parenting skills, child development, self- esteem, childhood injury prevention (Safe Kids), smoking cessation, weight reduction for children, and baby sitting training classes. The parent education classes do not satisfy court- mandated requirements.														*		X	X	X	X			*		X		X	X					
AMERICAN LUNG ASSOCIATEION OF FLORIDA	Pinellas	Gulfcoast Area 8950 Dr. M L King St. N, Suite 205, Saint Petersburg, FL 33702 (727) 347-6133	33702	More Information	No Restrictions	The American Lung Association is the oldest voluntary health organization in the United States, with a National Office and constituent and affiliate associations around the country. Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms, with special emphasis on asthma, tobacco control and environmental health.	*							X			X		X	*	X		X	X	X	X		*		X		X	X					

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
AREA AGENCY ON AGING OF PASCO- PINELLAS	Pinellas and Pasco	9887 4th Street North, Suite 100, St. Petersburg, FL 33702 Phone: (727) 570- 9696 Senior Helpline: (727) 217-8111 Pinellas County: 727-217-8111 Pasco County: 1- 800-861-8111	33702	More Information	Seniors and adults with mental illness.	Provides access to services for seniors and adults with mental illness.	*	X	X	X	X			X	X	X	X	X	X	*	X	X	X	X	X	X	*	X	X	X	X	X	X	X	X	X
AREA AGENCY ON AGING OF PASCO- PINELLAS - SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE)	All	9549 Koger Blvd., Gadsden Building, Suite 100 Saint Petersburg, FL 33702 (800) 963-5337	All	More Information	Persons age 60 and over or those on Medicare.	Long Term Care Insurance Information/Counseling, Medicare Information/Counseling, Medicare Part D Low Income Subsidy Applications, Medicare Prescription Drug Plan Enrollment, Prescription Drug Patient Assistance Programs. English, Spanish	*	X			X		X				X	X	X								*								X	
BAYCARE ALLIANT HOSPITAL	Pinellas and Pasco	601 Main Street Dunedin, FL 34698 Administration: (727) 734-6748	34698	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	X		X		X	X	X		X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X		X		
BETHLEHEM CENTER	Pinellas	Contact: Bill Galloway 10895 Hamlin Boulevard, Largo, FL 33774 Phone: 727-596- 9394 Fax: 727-596- 6877	33774	More Information																																
CARE LIFT - MEASE HOSPITALS	Pinellas	601 Main Street, Dunedin, FL 34698 (727) 734-6107	34698	More Information	Patients of Mease hospitals	Provides free transportation for patients to and from Mease hospitals, Doctors' office, etc. Service is for ambulatory patients. Limited service area. Riders must be physically able to get in and out of the van without assistance and live within defined boundaries .	*		X								X																			

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CATHOLIC CHARITIES, DIOCESE OF ST PETERSBURG, INC.	Pinellas	1213 16th Street North St Petersburg, FL 33705 (352) 686-9897 Respite Care (727) 893-1313 Administrative (800) 242-9012 Toll Free - Spring Hill Office (813) 707-7376 Service-Intake - Mobile Medical at San Jose Mission (727) 893-1307 Fax email: slopez@ccdosp.org	33705	More Information		Adoption and Foster/Kinship Care Support Groups, Caregiver Counseling, Caregiver Training, Caregiver/Care Receiver Support Groups, Family Support Centers/Outreach, Specialized Information and Referral for Caregivers, Adult Respite Care, Adult Respite Care for Alzheimer's Disease and Dementia, Adult Respite Care for Caregivers, Activities of Daily Living Assessment, Case/Care Management	*	X	X	X	X	X	X	X	X	X	X	X	X	*	X	X	X	X	X	X	*	X	X	X	X	X	X	X	X	X
CITIZENS ALLIANCE FOR PROGRESS	Pinellas	401 E. Martin Luther King, Jr. Drive, Tarpon Springs, FL 34689 Phone: 727-934-5881	34689	More Information	Residents of Tarpon Springs	Benefits Screening, Boys/Girls Clubs, Family Support Centers/Outreach, Neighborhood Multipurpose Centers, Parenting Skills Classes, Support Groups, Youth Enrichment Programs	*	X		X				X		X		X		*				X	X		*		X	X	X		X	X		X
CITY OF CLEARWATER	Pinellas	Ross Norton Recreation and Aquatic Complex & Extreme Sports Park 1426 S. Martin Luther King Jr. Ave. Clearwater, FL 33756 (727) 462-6025	33756	More Information	General public; residents and non-residents. For all ages.	Provides recreation and physical activity.																					*						X			
CITY OF CLEARWATER	Pinellas	Aging Well Center 1501 North Belcher Road, Clearwater, FL 33765 (727) 724-3070 Service/Intake	33765	More Information	Seniors	Services: AARP Tax Aide Programs, Adult Literacy Programs, Art Therapy for Older Adults, Arts and Crafts Clubs for Older Adults, Computer and Related Technology Classes for Older Adults, Exercise Classes/Groups for Older Adults, Fall Prevention Programs, Lifelong Learning Programs, Medicare Information/Counseling, Physical Activity and Fitness Education/Promotion for Older Adults, Public Internet Access Sites for	*	X						X		X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X	X	X	X	X

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CLEARWATER FREE CLINIC	Pinellas	707 N Fort Harrison Avenue, Clearwater, FL 33755 (727) 447-3041 Main (727) 442-0320 Fax	33755	More Information	Pinellas County adult residents meeting eligibility criteria	Adult primary care, wellness and prevention services, lab services, pharmacy services, case and disease management, nutrition and education, referrals to specialists, cancer screenings, dental referrals for relief of pain.	*	X					X	X	X	X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X	X	X	X	
COMMUNITY HEALTH CENTERS AT BAYFRONT	Pinellas	700 6th Street South, St. Petersburg, FL 33701-4815 Phone: (727) 824-8181 Fax: (727) 893-6435	33701	More Information	No Restrictions	Family Practice, Podiatry, Behavioral Health & Substance Abuse	*	X					X	X		X	X	X		*	X	X	X	X	X	X	*		X	X	X	X		X	X	
COMMUNITY HEALTH CENTERS AT CLEARWATER	Pinellas	707 Druid Road East, Clearwater, FL 33756 Phone: (727) 461-1439	33756	More Information	No Restrictions	Family Practice, Pediatrics, Sports Medicine, Gynecological/ Women Services, Registered Dietician	*	X					X	X		X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X		X	X	
COMMUNITY HEALTH CENTERS AT LARGO	Pinellas	12420 130th Avenue North, Largo, FL 33774 Phone: (727) 587-7729	33774	More Information	No Restrictions	Family Practice	*	X					X	X		X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X		X	X	
COMMUNITY HEALTH CENTERS AT TARPON SPRINGS	Pinellas	247 South Huey Ave, Tarpon Springs, FL 34689 Phone: (727) 944-3828	34689	More Information	No Restrictions	Family Practice, Pediatrics	*	X					X	X		X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X		X	X	
COMMUNITY HEALTH CENTERS OF PINELLAS	Pinellas	CEO: Pat Mabe CMO: Julie Cheek, MD Finance Director: Daniel Kennedy Pharmacy Director: Tayanna Richardson Key Contact: Joseph A. Santini 1344 22nd Street South, St. Petersburg, FL 33712 Phone: (727) 824-8100 Fax: (727) 895-3724	33712	More Information		Administrative Location	*	X		X						X											*		X	X					X	
COMMUNITY HEALTH CENTERS OF PINELLAS	Pinellas	Johnnie Ruth Clarke Health Center 1344 22nd Street South, St. Petersburg, FL 33712 Phone: (727) 821-6701	33712	More information	No Restrictions	Family Practice, Pediatrics, Midwifery, OB/GYN, X-Ray, Ultrasound, Pharmacy (All Sites), Prescription Assistance Program (All Sites), Registered Dietician, Dental	*	X					X	X	X	X	X	X	X	*	X	X	X	X	X	X	*		X	X	X	X		X	X	

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COUNSELING OUTREACH PREVENTION & EDUCATION (COPE)	Pinellas	1735 Martin Luther King St. South, Saint Petersburg, FL 33705 (727) 502-0188	33705	More Information	Individuals within the transgender community seeking help for substance abuse or HIV risk factors.	Provides targeted outreach, pretreatment and HIV prevention interventions, and outpatient substance abuse services. Treatment approaches include motivational enhancement therapy, cognitive behavioral therapy, and transgender HIV prevention. Posted classes will also be offered to those individuals who are HIV positive. Spanish speaking counselor available for Spanish ONLY speaking	*	X		X				X		X	X		X	*					X		X	*		X						
DAYSTAR LIFE CENTER	Pinellas	226 6th Street South Saint Petersburg, FL 33701-4116 (727) 825-0442		More Information	Anyone in need of services. Eligibility is based on needs assessment of individual and family.	Benefits Screening, Bus Fare, Prescription Expense Assistance	*	X	X	X									X									*			X					X
DEPARTMENT OF CHILDREN AND FAMILIES - PASCO AND PINELLAS COUNTIES	Pasco and Pinellas	11351 Ulmerton Road, Largo, FL 33778 (866) 762-2237 ACCESS Program	33778	More Information	Eligible residents of Pasco and Pinellas Counties	Food Stamps/SNAP Applications, Medicaid Applications, Medicaid Buy In Programs, Medicare Savings Programs	*	X	X	X									X									*			X					X
DEPARTMENT OF CHILDREN AND FAMILIES - PASCO AND PINELLAS COUNTIES	Pinellas	525 Mirror Lake Drive Suite # 201, St Petersburg, FL 33701 (866) 762-2237	33701	More Information	Eligible residents of Pinellas County	Food Stamps/SNAP Applications, Medicaid Applications, Medicaid Buy In Programs, Medicare Savings Programs	*	X	X	X									X									*			X					X
DIRECTIONS FOR LIVING	Pinellas	1437 South Belcher Road, Clearwater, FL 33764 (727) 524-4464	33764	More Information	Adults	Mental health services, assessment, counseling, substance abuse treatment.	*	X						X		X	X		X	*					X		*		X		X	X				X
DR. WILLIAM E. HALE ACTIVITY CENTER	Pinellas	Contact: Gregg Svendgard 330 Douglas Avenue, Dunedin, FL 34698 Phone: 727-298- 3299 Fax: 727-298- 3510	34698	More Information	Seniors 50+	Provides programs and activities for Seniors.	*											X										*		X				X		
ENOCH DAVIS CENTER	Pinellas	Contact: Helen Byrd 111 18th Avenue South, St. Petersburg, FL 33705 Phone: 727-893- 7134 Fax: 727-893- 7288	33705	More Information	No Restrictions	Provides programs and activities for the community, and information on available social services. This center is also provides a nutritious meal program provided by the Neighborhood Care Network.	*							X														*		X	X					

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GREATER PINELLAS TRANSPORTATION MANAGEMENT SERVICES	Pinellas	13825 Icot Boulevard Suite # 613 Clearwater, FL 33760 (727) 545-2100 Main (727) 544-0171 Fax	33760	More Information	Medicaid recipients with no means of transportation available, including family or friends	General Paratransit/Community Ride Programs for Medicaid Recipients, Medical Appointments Transportation for Medicaid Recipients	*		X																											
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES	Pinellas	14041 Icot Blvd, Clearwater, FL 33760 (727) 479-1800	33760	More Information	No Restrictions	Provides mental health services including substance abuse. Part of Florida BRITE pilot research study. Sliding Scale; Most insurance; Medicaid; self pay. Need picture ID, insurance information and proof of income.	*	X						X		X	X	X	X									*	X	X		X	X			X
GULFPORT SENIOR CENTER	Pinellas	5501 27th Avenue South, Gulfport, FL 33707 Phone: 727-893- 2237	33707	More Information	Seniors	Offers a wide range of programs and services – health related, social, nutritional, educational, recreational, transportation, outreach and referral services.	*							X				X		*		X			X			*		X	X			X		
LARGO COMMUNITY CENTER	Pinellas	Contact: Warren Ankerberg 65 4th Street NW, Largo, FL 33770 Phone: 727-518- 3131 Fax: 727-518- 3145 Email: wankerbe@largo. com	33770	More Information	No Restrictions	Provides programs and activities for community	*							X						*		X	X	X				*		X				X		
LOUISE GRAHAM REGENERATION CENTER	Pinellas	2301 3rd Avenue South St. Petersburg, FL 33712 (727) 327-9444	33712	More Information	Adult individuals with developmental disabilities	Provides employment, skills training and transportation services to developmentally disabled adults.	*		X					X																						
MEASE COUNTRYSIDE HOSPITAL	Pinellas and Hillsborough	3231 McMullen Booth Rd. Safety Harbor, FL 34695 (727) 725-6111	34695	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	X		X		X	X	X		X	X	X	X	*	X	X	X	X	X	X	X	*		X	X	X	X	X		X
MEASE DUNEDIN HOSPITAL	Pinellas	601 Main Street Dunedin, FL 34698 (727) 733-1111	34698	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	X		X		X	X	X		X	X	X	X	*	X	X	X	X	X	X	X	*		X	X	X	X	X		X
METRO WELLNESS AND COMMUNITY CENTERS	Pinellas	3251 3rd Ave North, Ste 125, Saint Petersburg, FL 33713-7610 (727) 321-3854	33713	More Information	Targets LGBT and HIV+ individuals	Provides mental health services including substance abuse, access to social services	*	*						X		X				*						X	X	*		X	X			X		X
MORTON PLANT HOSPITAL	Pinellas	300 Pinellas Street Clearwater, FL 33756 (727) 462-7000	33756	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	X		X		X	X	X		X	X	X	X	*	X	X	X	X	X	X	X	*		X	X	X	X		X	

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

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

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PINELLAS COUNTY HEALTH AND HUMAN SERVICES	Pinellas	647 1st Avenue North, St Petersburg, FL 33701 (727) 582-7781 Service/Intake email: humansvs@pinell ascounty.org	33701	More Information	Pinellas County residents meeting eligibility criteria	Dental Care for Low Income (relief of pain). Case Management, Limited rent, utilities, mortgage payments & food, Linkage to medical care, Vocational and employment readiness training, Assistance in applying for Social Security and SSI benefits, Referrals & information, operates 2 Mobile Medical Units, including one for the uninsured and one for the homeless, Government Subsidized Prescription Drug Benefits,	*	X					X	X	X				X	*					X		*		X	X						
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	205 Martin Luther King Street North, St Petersburg, FL 33701 (727) 824-6900 Main (727) 820-4285 Fax email: PinCHD52Info@d oh.state.fl.us	33701	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	X					X	X						*					X		*		X	X						X
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	310 North Myrtle Avenue, Clearwater, FL 33755 email: PinCHD52Info@d oh.state.fl.us (727) 469-5800 Main	33755	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	X					X	X						*					X		*		X	X						X
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	12420 130th Avenue North, Largo, FL 33774 email: PinCHD52Info@d oh.state.fl.us (727) 588-4040 Main (727) 588-4010 Fax	33774	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	X					X	X						*					X		*		X	X						X
PINELLAS COUNTY HEALTH DEPARTMENT	Pinellas	301 South Disston Avenue, Tarpon Springs, FL 34689 email: PinCHD52Info@d oh.state.fl.us (727) 942-5457 Main (727) 942-5467 Fax	34689	More Information	Pinellas County residents meeting eligibility criteria	General Health Education Programs, Home/Community Care Financing Programs, Specialized Medical Tests, Community Clinics, Community Clinics for People Without Health Insurance	*	X					X	X						*					X		*		X	X						X

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

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
SOCIAL SECURITY ADMINISTRATION	Pinellas	30 DR MLK ST S, St Petersburg, FL 33713 (800) 772-1213 Service/Intake (800) 325-0778 TTY	33713	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling	*											X										*			X					
SOCIAL SECURITY ADMINISTRATION	Pinellas	11435 U. S. Highway 19 Port Richey, FL 34668 (800) 772-1213 www.ssa.gov	34668	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling. English, Spanish, Creole.	*											X										*			X					
SOCIAL SECURITY ADMINISTRATION	Pinellas	10200 49th Street N. Clearwater, FL 33762 (800) 772-1213 www.ssa.gov	33762	More Information	Seniors	Medicare Enrollment, Medicare Information/Counseling. English, Spanish.	*											X										*			X					
ST PETERSBURG FREE CLINIC	Pinellas	863 3rd Avenue North, St Petersburg, FL 33701 (727) 821-1200 Main (727) 821-9263 Fax email: stpetersburgfreec linic@yahoo.com	33701	More Information	Pinellas County meeting eligibility criteria	Electric Service Payment Assistance, Gas Service Payment Assistance, Mortgage Payment Assistance, Prescription Expense Assistance, Water Service Payment Assistance, Commodity Supplemental Food Program, Food Pantries, Community Clinics, Occasional Medical Equipment/Supplies	*	X					X	X						*					X			*		X	X				X	
ST. ANTHONY'S HOSPITAL	Pinellas	620 10th St. N. St. Petersburg, 33705	33705	More Information	No Restrictions	Provides primary, preventive and specialty care.	*	X		X		X	X	X		X	X	X	X	*	X	X	X	X	X	X	X	*		X	X	X	X		X	
ST. PETERSBURG DREAM CENTER	Pinellas	1360 16th St. S. Saint Petersburg, FL 33705 (727) 520-1909	33705	More Information	Anyone facing financial hardships in the South St. Petersburg area focusing on Midtown area.	Benefits Screening, Local Transit Fare, Ongoing Emergency Food Assistance	*	X	X				X	X														*		X						
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	1001 16th Street S. Saint Petersburg, FL 33705 (727) 388-1220	33705	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X											*				X					

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	3820 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X												*			X					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	3822 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X												*			X					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	4010 Central Avenue St. Petersburg, FL 33711 (727) 388-1220	33771	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X												*			X					

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	4024 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X												*			X					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	4050 Central Avenue Saint Petersburg, FL 33711 (727) 388-1220	33711	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X												*			X					
SUNCOAST CENTER - FAMILY AND INDIVIDUAL COUNSELING	Pinellas	Sunshine Center 330 Fifth Street North Saint Petersburg, FL 33701 (727) 388-1220	33701	More Information	Services for children and families needing support.	Suncoast Center offers a wide range of services for children and families needing support. We offer flexible in-home counseling and support services for children and families. Family-focused and goal-oriented. Family education and support services. Resources for families. Services for children and families to address barriers to the child's educational, social and developmental success. Services for infants, preschool-age, school-age, adolescents	*	X						X		X												*			X					

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SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	2188 58th Street N. Clearwater, FL 33760 (727) 388-1220	33760	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	2960 Roosevelt Blvd. Clearwater, FL 33760 (727) 388-1220	33760	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Enoch Davis Center 1111 18th Avenue S. Saint Petersburg, FL 33712 (727) 388-1220	33712	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	James B. Sanderlin Center 2335 22nd Avenue S. Saint Petersburg, FL 33712 (727) 388-1220	33712	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CUNICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Mattie Williams NFC 1003 Dr. MLK Jr. St. N. Safety Harbor, FL 34695 (727) 388-1220	34695	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	928 22nd Avenue S. Saint Petersburg, FL 33705 (727) 388-1220	33705	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	940 22nd Avenue S. Saint Petersburg, FL 33705 (727) 388-1220	33705	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Citizens Alliance for Progress 401 East MLK Jr. Drive Tarpon Springs, FL 34689 (727) 388-1220	34689	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CUNICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Greater Ridgecrest Area Youth Development (GRAYDI) Largo, FL 33774 (727) 388-1220	33774	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	High Point Community Family Center 5812 150th Avenue N. Clearwater, FL 33760 (727) 388-1220	33760	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Lealman Asian NFC 4255 56th Avenue N., Saint Petersburg, FL 33714 (727) 388-1220	33714	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			
SUNCOAST CENTER - SUBSTANCE ABUSE COUNSELING	Pinellas	Starkey Lakes 8559 Ulmerton Road Largo, FL 33773- 1866 (727) 388-1220	33773	More Information	Any individual with substance abuse issues.	Suncoast Center provides substance abuse treatment and educational services to all ages. Services may include screening, assessment, individual and family counseling, educational groups and psychiatric services. Education and outreach on the use and misuse of medications, alcohol or other substances. Interpreters available.	*	X		X				X		X												*			X		X			

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
SUNCOAST COMMUNITY HEALTH CENTER	Hillsborough	502 North Mobley Street, Plant City, FL 33563 P.O. Box 2096 Phone: (813) 341- 7450 Fax: (813) 341- 7461	33563	More information	Pediatric	Provides Pediatrics, Laboratory, Translation, Transportation, Outreach.	*	X	X	X			X	X			X			*					X		X	*		X				X	X	
SUNCOAST HOSPICE	Hillsborough, Pasco, Pinellas	5771 Roosevelt Blvd., Clearwater, FL 33760 (727) 586-4432	33760	More Information	No Restrictions	Provides dignified palliative care to the dying people of the community; to assure the long-term mental and physical health and general well being of survivors; to enhance the care of all dying people in the community by education and example; and to serve as a symbolic reminder to the community that death is a part of life for all.	*	X		X		X	X	X			X	X	X	*	X	X	X	X	X	X	*		X	X	X	X	X	X	X	
SUNSHINE CENTER	Pinellas	Contact: Ethel Haskins 330 5th Street, St. Petersburg, FL 33701 Phone: 727-893- 7101 Fax: 727-892- 5464	33701	More Information	Seniors	Provides programming and activities for senior citizens. Including health education, legal services, and access to social services.	*	X	X					X				X		*					X		*		X	X			X	X	X	
THE CENTRE OF PALM HARBOR	Pinellas	1500 16th Street, Palm Harbor, FL 34683 Phone: 727-771- 6000 Email: rickburton@phrec .org	34683	More Information	No Restrictions	Provides programs and activities for the community.	*							X													*		X				X			
THE SENIOR CARE GUIDE - FLORIDA	All	503-246-8604 or 1-888-711-7184	All	More Information	Seniors	Internet based searchable directory of senior services available in Florida. The Senior Care Guide is a free public service of Care Service Options, Inc.	*	X	X	X	X				X	X		X	X																	
TOMLINSON ADULT EDUCATION	Pinellas	296 Mirror Lake Drive North, St Petersburg, FL 33701 (727) 893-2723 Main (727) 552-2449 Fax vanderwoude@p csh.org	33701	More information	Adults	Adult Basic Education, Adult Literacy Programs, Computer and Related Technology Classes, English as a Second Language, GED Instruction	*			X																										

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TRANSPORTATION MANAGEMENT SERVICES (TMS)	Pinellas	13825 Icot Blvd #613 Clearwater, FL 33760 (727) 545-2100	33760	More Information	Individuals with a valid Medicaid number and have no other means of transportation available, including family or friends.	Provides medical transportation.	*		X																												
TURLEY FAMILY CARE CENTER - MEDICAL HOME SITE	Pinellas	807 North Myrtle Avenue Clearwater, FL 33755-4254 (727) 464-8400	33755	More Information	Eligible residents of Pinellas County	Primary care for adults (18-64), Wellness & prevention services, Lab services, Pharmacy services, Case & disease management, Nutrition & education, Referrals to specialists, Cancer screenings, Dental referral assistance is available for EXTRACTION ONLY for "relief of pain".	*	X				X	X	X		X				*		X	X	X	X	X	X	*		X	X				X		
UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY - ST. PETERSBURG	All	9200 113th Street North, Seminole, FL 33772 email: mnemitz@dental. ufl.edu (727) 394-6064 Main (727) 394-6098 Fax	33772	More Information	No Restrictions	Appointments only - no walk-ins. The cost of screening is \$110.00 and this fee covers exams, x- rays, medical history and chart. Emergency Extraction Service Fee is \$145.00; must be there at 6:45 a.m. and persons are selected by lottery method (may or may not receive services). All other dental work will be approximately one half of the normal cost of private practice. The Dental School (Student Oral Surgery Clinic) also has an adult emergency	*								X					*				X													
UNO FEDERATION COMMUNITY SERVICES	Pinellas	300 S. Duncan Ave. Suite 135B Clearwater, FL 33755 (727) 230-1622	33755	More Information	Hispanics, other minorities, and underserved citizens	Provides the following to the Hispanic, other minorities, and underserved citizens: advocacy; coordination of neighborhood programs; establish community leadership; enhance government and neighborhood communication; providing information to the community; educate and promote self- reliance; voter registration; sponsors arts and festivals; and liaison.	*	X		X				X													*		X								
WESTCARE	Pinellas	1735 Dr. Martin Luther King Jr. St. St. Petersburg, FL 33705 (727) 579-9016	33705	More Information	Targets individuals in need	Provides health and human services to those in need.	*	X		X				X		X				*		X	X	X	X	X	X	*	X	X	X		X				

Organization/ Provider	Counties Served	Contact Information	Zip Code	Internet Information	Population Served	Services Provided	ACCESS TO HEALTHCARE	Under/Uninsured Healthcare/Insurance Issues	Transportation	English as a Second Language Issues	Documentation Issues	Provider Issues	ER Use for Preventable Health Issues	Resident Awareness	Dental	Mental Health/ Substance Abuse	Care Coordination	Senior Care	Prescription Medication Assistance	CLINICAL HEALTH ISSUES	Chronic Obstructive Pulmonary Disease	Diabetes	Hypertension	Obesity	Preventive Healthcare	Cancer	African American Poor Health Outcomes	BEHAVIORS THAT IMPACT HEALTH	Resistance to Seeking Treatment	Awareness of Healthy Options	Choices of Consumers	Smoking	Substance Abuse	Lack of Physical Activity	Immunization Rates	Consumer Comprehension of Medical Directives
WILLA CARSON HEALTH AND WELLNESS CENTER	Pinellas	1108 N. Martin Luther King Ave. Clearwater, FL 33755 (727) 467-9411	33755	More Information	Uninsured working poor and low-income adults and children in Pinellas County.	The following services are provided: blood pressure, TB, cholesterol and diabetic screening; lead screening; physicals; first aid for colds, flu, stomach disorders, urinary tract infections, headaches, earaches, cuts and bruises (non- emergency); preliminary diagnostic aid & advice resulting in referrals to a medical health institution or practitioner; educational programs & materials. For smoking cessation and weight loss acupuncture treatments	*	X		X			X	X						*		X	X	X	X	X		*		X	X				X	