Summary Report

2016 Community Health Needs Assessment

Morton Plant North Bay Service Area

Prepared for:
Morton Plant North Bay Hospital

By:
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About This Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of community residents. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. For Morton Plant North Bay Hospital and Morton Plant North Bay Hospital Recovery Center, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment, part of a broader, system-wide effort undertaken by BayCare Health System, was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources:

- Quantitative data input includes primary research (the PRC Community Health Survey, as well as supplemental convenience sample surveys) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

- Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by BayCare Health System and PRC.

Community Defined for This Assessment

This report focuses on findings in the primary service area of Morton Plant North Bay Hospital (referred to as the “MPNBH Service Area” or “MPNBH” in this report). This area, from which 75% of the hospital’s admissions are derived, includes the following residential ZIP Codes: 34652, 34653, 34654, 34655 and 34668.

Extended Area for Morton Plant North Bay Hospital Recovery Center

While Morton Plant North Bay Hospital Recovery Center (an inpatient behavioral health facility) uses the community definition above for its Community Health Needs Assessment planning, it serves a wider geographic area as well. Because of this, this report also shows data for the extended MPNBH Recovery Center area (also labeled “MPNBH Recovery Center” or “MPNBHRC”); this includes the following ZIP Codes
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The population sample achieved in the MPNBH Service Area consisted of 251 individuals age 18 and older. For statistical purposes, the maximum rate of error associated with a sample size of this size is ±5.7% at the 95 percent level of confidence. (The extended MPNBH Recovery Center service area includes 446 respondents, yielding a maximum error rate of ±4.6%.) All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random
sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the MPNBH Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2016 guidelines place the poverty threshold for a family of four at $24,300 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

**Supplemental Convenience Sample Survey**

To increase participation among vulnerable populations, BayCare also administered handout surveys at various sites throughout the area. Some of these data are presented in this report (in the “High-Need Areas” section) and these reflect findings from these handout surveys administered to residents living in service area and county ZIP Codes identified as high-need ZIP Codes. **Note that, as a “convenience sample,” this is a non-probability sample that is not necessarily representative of the targeted population and is limited in generalizability.**
Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Morton Plant North Bay Hospital and Morton Plant North Bay Hospital Recovery Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 21 community stakeholders in the MPNBH Service Area took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Public Health Representative</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other Health Provider</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Social Services Provider</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Community Leader</td>
<td>18</td>
<td>7</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- Alliance for Substance Abuse Prevention
- BayCare Health System
- Florida Department of Health
- Good Samaritan Health Clinic of Pasco, Inc.
- Morton Plant North Bay Hospital
- Pasco County Fire Rescue
- Pasco County Schools
- Pasco County Government
- United Way of Pasco County

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

**Minority/medically underserved populations represented:**

- African-American, at-risk adults, elderly, Hispanic, homeless, lack of transportation, low-income, mentally ill, substance abusers, undocumented, uninsured/underinsured, veterans, young adults

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.
NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data
A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center represent findings for Pasco County, as obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Florida Department of Public Health
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- Truven Health Analytics and Dignity Health
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data
State Risk Factor Data
Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.
Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2015 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — may not be represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.
IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals’ reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part V Section B Line 3a</strong></td>
<td></td>
</tr>
<tr>
<td>A definition of the community served by the hospital facility</td>
<td>5</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3b</strong></td>
<td></td>
</tr>
<tr>
<td>Demographics of the community</td>
<td>142</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3c</strong></td>
<td></td>
</tr>
<tr>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>138</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3d</strong></td>
<td></td>
</tr>
<tr>
<td>How data was obtained</td>
<td>5</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3e</strong></td>
<td></td>
</tr>
<tr>
<td>The significant health needs of the community</td>
<td>13</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3f</strong></td>
<td></td>
</tr>
<tr>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>Addressed Throughout</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3g</strong></td>
<td></td>
</tr>
<tr>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>15</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3h</strong></td>
<td></td>
</tr>
<tr>
<td>The process for consulting with persons representing the community’s interests</td>
<td>8</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3i</strong></td>
<td></td>
</tr>
<tr>
<td>Information gaps that limit the hospital facility’s ability to assess the community’s health needs</td>
<td>10</td>
</tr>
</tbody>
</table>
Summary of Findings
Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data*, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Barriers to Access</td>
</tr>
<tr>
<td>○ Cost of Prescriptions</td>
</tr>
<tr>
<td>○ Cost of Physician Visits</td>
</tr>
<tr>
<td>○ Appointment Availability</td>
</tr>
<tr>
<td>○ Finding a Physician</td>
</tr>
<tr>
<td>○ Lack of Transportation</td>
</tr>
<tr>
<td>○ Language/Cultural Differences (emerges as a need in the extended area served by MPNBH Recovery Center)</td>
</tr>
<tr>
<td>• Skipping/Stretching Prescriptions</td>
</tr>
<tr>
<td>• Difficulty Accessing Children’s Healthcare</td>
</tr>
<tr>
<td>• Primary Care Physician Ratio</td>
</tr>
<tr>
<td>• Routine Medical Care (Children)</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Cancer is a leading cause of death.</td>
</tr>
<tr>
<td>• Cancer Deaths</td>
</tr>
<tr>
<td>• Cancer Prevalence (Non Skin)</td>
</tr>
<tr>
<td>• Lung and Cervical Cancer Incidence</td>
</tr>
<tr>
<td>• Cervical Cancer Screening</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
</tr>
<tr>
<td>• Kidney Disease Prevalence</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Deaths</td>
</tr>
<tr>
<td>• Prevalence of Diabetes</td>
</tr>
<tr>
<td>• Prevalence of Borderline/Pre-Diabetes</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Cardiovascular disease is a leading cause of death.</td>
</tr>
<tr>
<td>• Heart Disease Prevalence</td>
</tr>
<tr>
<td>• High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>• High Blood Pressure Management</td>
</tr>
<tr>
<td>• High Blood Cholesterol Prevalence</td>
</tr>
<tr>
<td>• Overall Cardiovascular Risk</td>
</tr>
<tr>
<td><strong>Infant Health &amp; Family Planning</strong></td>
</tr>
<tr>
<td>• Prenatal Care</td>
</tr>
</tbody>
</table>

* Data considered include the population-based PRC Community Health Survey, indicators from public health and other existing data sets, as well as input from community stakeholders through the Online Key Informant Survey.
## Areas of Opportunity (continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Areas of Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td></td>
<td>o Including Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td></td>
<td>• Firearm-Related Deaths</td>
</tr>
<tr>
<td></td>
<td>• Firearm Storage/Safety</td>
</tr>
<tr>
<td></td>
<td>• “Fair/Poor” Neighborhood Safety</td>
</tr>
<tr>
<td></td>
<td>• Domestic Violence Experience</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>• Suicide Deaths</td>
</tr>
<tr>
<td></td>
<td>• Diagnosed Depression</td>
</tr>
<tr>
<td></td>
<td>• Stress <em>(emerges as a need in the extended area served by MPNBH Recovery Center)</em></td>
</tr>
<tr>
<td></td>
<td>• Mental Health ranked as the top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
<td>• Fruit/Vegetable Consumption</td>
</tr>
<tr>
<td></td>
<td>• Low Food Access</td>
</tr>
<tr>
<td></td>
<td>• Food Insecurity</td>
</tr>
<tr>
<td></td>
<td>• Prevalence of Overweight/Obesity</td>
</tr>
<tr>
<td></td>
<td>• Meeting Physical Activity Guidelines</td>
</tr>
<tr>
<td></td>
<td>• Access to Recreation/Fitness Facilities</td>
</tr>
<tr>
<td></td>
<td>• Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td>• Regular Dental Care (Adults and Children)</td>
</tr>
<tr>
<td></td>
<td>• Oral Health ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
<td>• Activity Limitations</td>
</tr>
<tr>
<td></td>
<td>• Arthritis Prevalence (Age 50+)</td>
</tr>
<tr>
<td></td>
<td>• Osteoporosis Prevalence (Age 50+)</td>
</tr>
<tr>
<td></td>
<td>• Sciatica/Back Pain Prevalence</td>
</tr>
<tr>
<td></td>
<td>• Deafness/Hearing Trouble</td>
</tr>
<tr>
<td></td>
<td>• Blindness/Trouble Seeing</td>
</tr>
<tr>
<td></td>
<td>• Caregiving</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
<td>• Chronic Lower Respiratory Disease (CLRD) Deaths</td>
</tr>
<tr>
<td></td>
<td>• Chronic Obstructive Pulmonary Disease (COPD) Prevalence</td>
</tr>
<tr>
<td></td>
<td>• Pneumonia Vaccination [Age 65+]</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>• Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td></td>
<td>• Drug-Induced Deaths</td>
</tr>
<tr>
<td></td>
<td>• Illicit Drug Use <em>(emerges as a need in the extended area served by MPNBH Recovery Center)</em></td>
</tr>
<tr>
<td></td>
<td>• Personally Impacted by Substance Abuse (Self or Other’s)</td>
</tr>
<tr>
<td></td>
<td>• Substance Abuse ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>• Cigarette Smoking Prevalence</td>
</tr>
<tr>
<td></td>
<td>• Environmental Tobacco Smoke Exposure at Home</td>
</tr>
<tr>
<td></td>
<td>o Including Among Households With Children</td>
</tr>
<tr>
<td></td>
<td>• Electronic Cigarette Use (“E-Cigarettes”)</td>
</tr>
<tr>
<td></td>
<td>• Cigar Smoking Prevalence</td>
</tr>
<tr>
<td></td>
<td>• Tobacco Use ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>
Prioritization of Health Needs, Representing Significant Health Needs

On August 19, 2016, Morton Plant North Bay Hospital convened a meeting of 30 hospital representatives and community stakeholders (representing a cross section of community-based agencies and organizations) to evaluate, discuss and prioritize health needs for the hospital’s service area, based on findings of this Community Health Needs Assessment (CHNA); see Appendix III for participating agencies/organizations. Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key areas of opportunity that represent the significant health needs identified from the primary and secondary research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to further comment and address any of the health needs discussed. Participants were then given an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

**Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:

- How many people are affected?
- How do we compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

**Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue. Specifically, participants were asked to consider:

- What is the likelihood of our organization having a positive impact on this health issue?
- This should reflect our ability to address this issue independently or in conjunction with potential community partners.

Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals’ ratings for each criterion were averaged for each tested health need, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Diabetes
2. Mental Health
3. Access to Healthcare Services
4. Heart Disease & Stroke
5. Substance Abuse
6. Tobacco Use
7. Nutrition, Physical Activity & Weight
8. Respiratory Diseases
9. Cancer
10. Infant Health & Family Planning
11. Injury & Violence
12. Oral Health
13. Potentially Disabling Conditions
14. Chronic Kidney Disease

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper-right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.
While the hospital likely will not implement strategies for all of these health needs, the results of this prioritization exercise will be used to inform the development of Morton Plant North Bay Hospital’s Implementation Plan to address the top health needs of the hospital’s service area in the coming years.

*Note: An evaluation of the work that Morton Plant North Bay Hospital has already implemented based on findings of the prior assessment can be found in Appendix I.*
Summary Data

Comparisons With Benchmark Data

The following tables provide an overview of indicators in the MPNBH Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

In the following charts, MPNBH Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for Pasco County as a whole. Tip: Indicator labels beginning with a “%” are taken from the population-based PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

The columns to the right of the service area column provide comparisons between local data and any available regional, state and national findings, and Healthy People 2020 targets. Symbols indicate whether the MPNBH Service Area compares favorably (●), unfavorably (●), or comparably (○) to these external data.

Note the following:

- Blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
- The “BayCare Area” is a regional benchmark. For survey-derived indicators, this is a composite of ZIP Codes served by BayCare Health System (see map); for secondary data indicators, it represents the combined whole of Hillsborough, Pasco, and Pinellas Counties.

![Map of BayCare Area Benchmark](image-url)
<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>[County] Linguistically Isolated Population (Percent)</td>
<td>2.2</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Similar" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>[County] Population in Poverty (Percent)</td>
<td>14.3</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Similar" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>[County] Population Below 200% FPL (Percent)</td>
<td>36.4</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>[County] Children Below 200% FPL (Percent)</td>
<td>41.5</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>[County] No High School Diploma (Age 25+, Percent)</td>
<td>12.5</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>[County] Unemployment Rate (Age 16+, Percent)</td>
<td>5.8</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>% Worry/Stress Over Rent/Mortgage in Past Year</td>
<td>38.6</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Similar" /> <img src="record.png" alt="Worse" /></td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as "[County]"), and ZIP Code-defined service area information for survey-derived indicators.

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>20.9</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>30.6</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
<tr>
<td>% Caregiver to a Friend/Family Member</td>
<td>34.8</td>
<td><img src="record.png" alt="Better" /> <img src="record.png" alt="Better" /> <img src="record.png" alt="Worse" /></td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as "[County]"), and ZIP Code-defined service area information for survey-derived indicators.
<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>15.8</td>
<td>11.5 vs. FL 22.8 vs. US 10.1 vs. HP2020 0.0</td>
</tr>
<tr>
<td>% [Insured 18-64] Have Coverage Through ACA</td>
<td>11.6</td>
<td>9.3 vs. FL 10.8 vs. HP2020</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>49.9</td>
<td>45.6 vs. FL 35.0 vs. HP2020</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>16.8</td>
<td>16.9 vs. FL 14.4 vs. HP2020</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>21.1</td>
<td>19.5 vs. FL 9.5 vs. HP2020</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>19.2</td>
<td>17.9 vs. FL 11.5 vs. HP2020</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>22.5</td>
<td>20.9 vs. FL 15.4 vs. HP2020</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>18.2</td>
<td>16.8 vs. FL 8.7 vs. HP2020</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>12.8</td>
<td>10.8 vs. FL 5.0 vs. HP2020</td>
</tr>
<tr>
<td>% Language/Culture Prevented Care in Past Year</td>
<td>2.6</td>
<td>5.8 vs. FL 1.7 vs. HP2020</td>
</tr>
<tr>
<td>% Low Health Literacy</td>
<td>22.2</td>
<td>24.6 vs. FL 23.3 vs. HP2020</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>16.4</td>
<td>18.4 vs. FL 10.2 vs. HP2020</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>14.3</td>
<td>11.1 vs. FL 3.9 vs. HP2020</td>
</tr>
<tr>
<td>[County] Primary Care Doctors per 100,000</td>
<td>56.1</td>
<td>77.3 vs. FL 70.3 vs. HP2020</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>80.4</td>
<td>71.4 vs. FL 74.0 vs. HP2020</td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>MPNBH Service Area vs. Benchmarks</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>72.2</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>77.0</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>11.5</td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>12.8</td>
</tr>
<tr>
<td>% Have Completed Advance Directive Documents</td>
<td>46.9</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>MPNBH Service Area vs. Benchmarks</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>42.2</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>16.7</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>33.1</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
<table>
<thead>
<tr>
<th>Cancer</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Cancer (Age-Adjusted Death Rate per 100,000)</td>
<td>174.9</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>[County] Prostate Cancer Incidence per 100,000</td>
<td>119.8</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>[County] Female Breast Cancer Incidence per 100,000</td>
<td>112.9</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>[County] Lung Cancer Incidence per 100,000</td>
<td>77.3</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>[County] Colorectal Cancer Incidence per 100,000</td>
<td>41.9</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>[County] Cervical Cancer Incidence per 100,000</td>
<td>9.6</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>10.9</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>11.3</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>79.8</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>65.7</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>75.6</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>46.5</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>74.5</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>[County] Kidney Disease (Age-Adjusted Death Rate per 100,000)</td>
<td>12.1</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Dementias, Including Alzheimer’s Disease

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>[County] Alzheimer’s Disease (Age-Adjusted Death Rate per 100,000)</td>
<td>16.4</td>
</tr>
<tr>
<td>% [Age 45+] Increasing Confusion/Memory Loss in Past Yr</td>
<td>17.4</td>
</tr>
</tbody>
</table>

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### Diabetes

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>[County] Diabetes Mellitus (Age-Adjusted Death Rate per 100,000)</td>
<td>23.8</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>18.9</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>11.6</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>57.9</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
### Family Planning

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Teen Births per 1,000 (Age 15-19)</td>
<td>34.8</td>
<td>![sun] ![cloud] ![sun]</td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>16.8</td>
<td>![cloud] ![sun] ![cloud]</td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Diseases of the Heart (Age-Adjusted Death Rate per 100,000)</td>
<td>156.7</td>
<td>![cloud] ![sun] ![cloud] ![cloud]</td>
</tr>
<tr>
<td>[County] Stroke (Age-Adjusted Death Rate per 100,000)</td>
<td>37.6</td>
<td>![cloud] ![cloud] ![sun] ![cloud]</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>15.0</td>
<td>![cloud] ![cloud] ![sun]</td>
</tr>
<tr>
<td>% Heart Attack</td>
<td>9.5</td>
<td>![cloud] ![sun] ![cloud]</td>
</tr>
<tr>
<td>% Angina/Coronary Heart Disease</td>
<td>10.3</td>
<td>![cloud] ![sun] ![cloud]</td>
</tr>
<tr>
<td>% Congestive Heart Failure</td>
<td>5.3</td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Stroke</td>
<td>5.2</td>
<td>![cloud] ![cloud] ![cloud]</td>
</tr>
</tbody>
</table>
### Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks vs. BayCare Area vs. FL vs. US vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>94.0</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Similar" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>56.6</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Similar" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /></td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>80.5</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Similar" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /></td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>89.1</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Similar" /> <img src="image" alt="Worse" /> <img src="image" alt="Worse" /></td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>46.8</td>
<td><img src="image" alt="Worse" /> <img src="image" alt="Better" /> <img src="image" alt="Similar" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /></td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>88.9</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /></td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>88.5</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /></td>
</tr>
</tbody>
</table>

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### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks vs. BayCare Area vs. FL vs. US vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] HIV/AIDS (Age-Adjusted Death Rate per 100,000)</td>
<td>1.8</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /></td>
</tr>
<tr>
<td>[County] HIV Prevalence per 100,000</td>
<td>171.0</td>
<td><img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /></td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>27.2</td>
<td><img src="image" alt="Worse" /> <img src="image" alt="Worse" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /> <img src="image" alt="Better" /></td>
</tr>
</tbody>
</table>

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## Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Metric</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>50.8</td>
<td>☁️ ☁️ ☁️ ☁️ vs. BayCare Area</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>42.0</td>
<td>☁️ ☁️ ☁️ ☁️ vs. FL</td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>65.4</td>
<td>☁️ ☁️ ☁️ ☁️ vs. US</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>46.3</td>
<td>☁️ ☁️ ☁️ ☁️ vs. HP2020</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

## Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Metric</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Unintentional Injury</td>
<td>53.4</td>
<td>☁️ ☁️ ☁️ ☁️ vs. BayCare Area</td>
</tr>
<tr>
<td>[County] Motor Vehicle Crashes</td>
<td>13.8</td>
<td>☁️ ☁️ ☁️ ☁️ vs. FL</td>
</tr>
<tr>
<td>% [Age 45+] Fell in the Past Year</td>
<td>31.3</td>
<td>☁️ ☁️ ☁️ ☁️ vs. US</td>
</tr>
<tr>
<td>[County] Firearm-Related Deaths</td>
<td>12.2</td>
<td>☁️ ☁️ ☁️ ☁️ vs. HP2020</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>33.6</td>
<td>☁️ ☁️ ☁️ ☁️ vs. BayCare Area</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>35.6</td>
<td>☁️ ☁️ ☁️ ☁️ vs. FL</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>31.9</td>
<td>☁️ ☁️ ☁️ ☁️ vs. US</td>
</tr>
<tr>
<td>[County] Homicide (Age-Adjusted Death Rate per 100,000)</td>
<td>4.3</td>
<td>☁️ ☁️ ☁️ ☁️ vs. BayCare Area</td>
</tr>
</tbody>
</table>
### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Violent Crime per 100,000</td>
<td>325.4</td>
<td>[County] BayCare vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>3.2</td>
<td>🔆 🔆 🔆</td>
</tr>
<tr>
<td>% Perceive Neighborhood as “Slightly/Not At All Safe”</td>
<td>21.6</td>
<td>🔆 🔆 🔆</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>21.0</td>
<td>🔆 🔆 🔆</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] No Prenatal Care in First Trimester (Percent)</td>
<td>26.4</td>
<td>🔆 🔆 🔆 🔆</td>
</tr>
<tr>
<td>[County] Low Birthweight Births (Percent)</td>
<td>8.3</td>
<td>🔆 🔆 🔆 🔆</td>
</tr>
<tr>
<td>[County] Infant Death Rate per 1,000 Live Births</td>
<td>6.0</td>
<td>🔆 🔆 🔆 🔆</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>16.3</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>21.5</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>35.2</td>
</tr>
<tr>
<td>[County] Suicide (Age-Adjusted Death Rate per 100,000)</td>
<td>18.8</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>30.3</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>86.3</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>18.3</td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>6.1</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>16.0</td>
</tr>
<tr>
<td>% Average &lt;7 Hours of Sleep per Night</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>20.5</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>24.9</td>
</tr>
</tbody>
</table>
Table: MPNBH Service Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Nutrition, Physical Activity &amp; Weight</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[County] Population With Low Food Access (Percent)</td>
<td>38.1</td>
<td>28.3</td>
</tr>
<tr>
<td>% Food Insecure</td>
<td>32.5</td>
<td></td>
</tr>
<tr>
<td>% 7+ Sugar-Sweetened Drinks in Past Week</td>
<td>33.9</td>
<td>23.7</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>27.2</td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>70.7</td>
<td>66.5</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>33.9</td>
<td>34.3</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>29.1</td>
<td>25.0</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>37.1</td>
<td>30.8</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>57.2</td>
<td>45.8</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>57.0</td>
<td>62.9</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>24.1</td>
<td>27.5</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>15.5</td>
<td>21.7</td>
</tr>
<tr>
<td>[County] Recreation/Fitness Facilities per 100,000</td>
<td>7.1</td>
<td>11.3</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>36.0</td>
<td>34.3</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
### Oral Health

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>53.7</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>75.9</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>62.8</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Respiratory Diseases

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>[County] CLRD (Age-Adjusted Death Rate per 100,000)</td>
<td>56.3</td>
</tr>
<tr>
<td>[County] Pneumonia/Influenza (Age-Adjusted Death Rate per 100,000)</td>
<td>7.4</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>16.0</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>13.8</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks vs. BayCare Area vs. FL Area vs. US vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Gonorrhea Incidence per 100,000</td>
<td>42.7</td>
</tr>
<tr>
<td>[County] Chlamydia Incidence per 100,000</td>
<td>231.3</td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td>14.5</td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td>30.0</td>
</tr>
</tbody>
</table>

*Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County”), and ZIP Code-defined service area information for survey-derived indicators.*

### Substance Abuse

<table>
<thead>
<tr>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks vs. BayCare Area vs. FL Area vs. US vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Cirrhosis/Liver Disease (Age-Adjusted Death Rate per 100,000)</td>
<td>16.2</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>58.7</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>24.6</td>
</tr>
<tr>
<td>% Life Negatively Affected by Substance Abuse</td>
<td>42.4</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>5.0</td>
</tr>
<tr>
<td>[County] Drug-Induced Deaths (Age-Adjusted Death Rate per 100,000)</td>
<td>24.3</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>3.2</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>5.3</td>
</tr>
</tbody>
</table>

*Note: The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County”), and ZIP Code-defined service area information for survey-derived indicators.*
### Tobacco Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>20.2</td>
<td>vs. BayCare Area 16.1 vs. FL 17.7 vs. US 14.0 vs. HP2020 12.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>18.1</td>
<td></td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>35.1</td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>% Currently Use Electronic Cigarettes</td>
<td>7.3</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Vision

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Service Area</th>
<th>MPNBH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>14.2</td>
<td>vs. BayCare Area 9.3 vs. FL 6.0 vs. US 7.3 vs. HP2020</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>70.4</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Service Area data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

*For a summary of the extended MPNBH Recovery Center area, as compared to benchmark data, see Appendix II.*
Summary of Key Informant Concerns

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem” or “no problem at all.” The following chart summarizes their responses; these findings are also outlined throughout this report, along with the qualitative input describing reasons for their concerns.

Key Informants: Relative Position of Health Topics as Problems in the Community
Data Charts & Key Informant Input

The following sections present data from multiple sources, including the random sample PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey. Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.
General Health Status

Overall Health Status

Self-Reported Health Status

The initial inquiry of the (random sample, population-based) PRC Community Health Survey asked respondents the following: “Would you say that in general your health is: excellent, very good, good, fair or poor?”

The following charts further detail “fair/poor” overall health responses in the MPNBH Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, and income [based on poverty status]).
Experience “Fair” or “Poor” Overall Health
(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>13.8%</td>
<td>23.0%</td>
<td>40.0%</td>
<td>41.0%</td>
<td>43.0%</td>
<td>20.9%</td>
<td>23.0%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>23.0%</td>
<td>29.4%</td>
<td>23.0%</td>
<td>23.0%</td>
<td>29.4%</td>
<td>20.9%</td>
<td>23.0%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health
An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

Healthy People 2020 (www.healthypeople.gov)
“Are you limited in any way in any activities because of physical, mental or emotional problems?”

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 128]  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (MPNBH Service Area, 2016)

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 128]  

Notes:  
- Asked of all respondents.  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

Healthy People 2020 (www.healthypeople.gov)
Self-Reported Mental Health Status

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status
(MPNBH Service Area, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: Asked of all respondents.

Excellent: 24.0%
Very Good: 36.7%
Good: 23.0%
Fair: 10.1%
Poor: 6.2%

Experience “Fair” or “Poor” Mental Health
(MPNBH Service Area, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: Asked of all respondents.
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Men
Women
18 to 44
45 to 64
65+
Low Income
Mid/High Income
MPNBH
MPNBH Recovery Center
BayCare Area
US

0%
20%
40%
60%
80%
100%
**Depression**

**Diagnosed Depression:** “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

**Have Been Diagnosed With a Depressive Disorder**

![Graph showing percentages of diagnosed depression across different regions.]

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

**Symptoms of Chronic Depression:** “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

**Have Experienced Symptoms of Chronic Depression**

![Graph showing percentages of chronic depression across different regions.]

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if they felt okay sometimes.
Have Experienced Symptoms of Chronic Depression
(MPNBH Service Area, 2016)

Suicide
The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population.
(Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.)
Mental Health Treatment

“Have you ever sought help from a professional for a mental or emotional problem?”

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

### Mental Health Treatment

```
<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Sought Help for a Mental or Emotional Problem</td>
<td>30.3%</td>
<td>30.7%</td>
<td>30.2%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Currently Taking Medication/Receiving Mental Health Treatment</td>
<td>18.3%</td>
<td>17.6%</td>
<td>15.6%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>
```

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]

Notes: Reflects the total sample of respondents.

### Unable to Get Mental Health Services When Needed in the Past Year

(MPNBH Service Area, 2016)

```
<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”</td>
<td>7.1%</td>
<td>5.2%</td>
<td>13.9%</td>
<td>6.5%</td>
<td>0.0%</td>
<td>16.2%</td>
<td>1.2%</td>
<td>6.1%</td>
<td>4.6%</td>
<td>6.0%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>
```

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

Notes: Asked of all respondents.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of Mental Health as a problem in the community:

**Perceptions of Mental Health as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

**Challenges**

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

**Access to Care/Services**

- Lack of places for treatment and follow up support after discharge. – Community Leader
- Significant lack of access to care in Pasco County. – Community Leader
- Limited access to professional interventions, homelessness, limited group homes with licensed mental health providers. – Community Leader
- Not enough facilities. – Community Leader
- Lack of access or non-compliance to or with mental healthcare. Large percentage of population with mental healthcare needs. High need for substance abuse programs for a medically needy population. – Physician

**Affordable Care/Services**

- Lack of care if not insured or underinsured. – Community Leader
- Access to affordable mental health care for uninsured/underinsured people. Additional challenges include the stigma associated with mental health conditions which often prevent people from accessing care or prevent families from getting care. – Social Services Provider
- There are no options for mental health services for those that do not have insurance or means to pay privately. Our homeless population would be cut in half if there were options available for medications, case managers. – Social Services Provider

**Denial/Stigma**

- Stigma, lack of insurance access to best practice providers. – Physician
- Stigma. Many people with mental illness face stigma from Pasco residents, making talking about health and seeking help difficult. Comorbidities. Many people with mental health issues have substance use disorders. Some are veterans. Some are homeless. – Other Health Provider

**Access to Providers**

- Not enough providers. – Public Health Representative
- The waiting list for visits with a mental health provider can be up to two months long. – Other Health Provider

**Poverty**

- No coverage for our indigent population and follow up resources. – Other Health Provider
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

Leading Causes of Death
(Pasco County, 2014)

- Heart Disease: 22.4%
- Cancer: 23.2%
- CLRD: 8.1%
- Stroke: 5.9%
- Unintentional Injuries: 5.3%
- Diabetes Mellitus: 3.3%
- Other Conditions: 31.8%

**Sources:**
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.
- Notes:
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the county with other localities (in this case, the state and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 targets.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the county. (For infant mortality data, see Birth Outcomes & Risks in the Births section of this report.)
# Age-Adjusted Death Rates for Selected Causes

(2012-2014 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>Florida</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>174.9</td>
<td>163.4</td>
<td>155.9</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>156.7</td>
<td>158.9</td>
<td>151.4</td>
<td>169.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>56.3</td>
<td>44.2</td>
<td>38.8</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>53.4</td>
<td>46.9</td>
<td>40.1</td>
<td>39.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>37.6</td>
<td>31.1</td>
<td>31.4</td>
<td>36.5</td>
<td>34.8</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>24.3</td>
<td>18.0</td>
<td>13.7</td>
<td>14.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>23.8</td>
<td>21.6</td>
<td>19.2</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>18.8</td>
<td>15.6</td>
<td>14.0</td>
<td>12.7</td>
<td>10.2</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>16.4</td>
<td>18.2</td>
<td>17</td>
<td>24.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>16.2</td>
<td>12.8</td>
<td>11.0</td>
<td>10.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>13.8</td>
<td>12.0</td>
<td>12.0</td>
<td>10.6</td>
<td>12.4</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>12.2</td>
<td>11.0</td>
<td>11.9</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>12.1</td>
<td>10.1</td>
<td>10.8</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>7.4</td>
<td>9.9</td>
<td>9.2</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>4.3</td>
<td>5.1</td>
<td>6.3</td>
<td>5.2</td>
<td>5.5</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1.8</td>
<td>3.8</td>
<td>4.4</td>
<td>2.1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

**Note:**
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- "The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths."
Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:
- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:
- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

**Heart Disease: Age-Adjusted Mortality**

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)

- Pasco County: 156.7
- BayCare Area: 158.9
- FL: 151.4
- US: 169.1

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

**Stroke: Age-Adjusted Mortality**

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower

- Pasco County: 37.6
- BayCare Area: 31.1
- FL: 31.4
- US: 36.5

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Prevalence of Heart Disease & Stroke

“Has a doctor, nurse or other health professional ever told you that you had: A Heart Attack, Also Called a Myocardial Infarction; or Angina or Coronary Heart Disease?” (Heart disease prevalence below is a calculated prevalence that includes those responding affirmatively to either.)

“Has a doctor, nurse or other health professional ever told you that you had a stroke?”

### Prevalence of Heart Disease

- **MPNBH:** 15.0%
- **MPNBH Recovery Center:** 10.7%
- **BayCare Area:** 8.9%
- **US:** 6.9%

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

### Prevalence of Stroke

- **MPNBH:** 5.2%
- **MPNBH Recovery Center:** 6.2%
- **BayCare Area:** 4.6%
- **FL:** 3.4%
- **US:** 2.6%

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Cardiovascular Risk Factors

**About Cardiovascular Risk**

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

**High Blood Pressure & Cholesterol Prevalence**

“Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

![Prevalence of High Blood Pressure](image)
### About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.
Total Cardiovascular Risk

The following chart reflects the percentage of adults in the MPNBH Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also Nutrition, Physical Activity & Weight and Tobacco Use in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors
(MPNBH Service Area, 2016)

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants’ perceptions of the severity of Heart Disease & Stroke as a problem in the community:

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2016)

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population
*With our aging population, this is a vital problem in Pasco. Prevention is key.* – Social Services Provider
*Age of population.* – Community Leader

Prevalence/Incidence
*Highly prevalent but limited prevention efforts. We have great resources to treat and minimal efforts at impactful prevention.* – Physician

Contributors
*Poor health literacy in our community and poor access to heart-healthy, nutritious foods patients can’t afford.* – Other Health Provider
Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the area.

Cancer: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

<table>
<thead>
<tr>
<th>Location</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco County</td>
<td>174.9</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>163.4</td>
</tr>
<tr>
<td>FL</td>
<td>155.9</td>
</tr>
<tr>
<td>US</td>
<td>163.6</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

### Age-Adjusted Cancer Death Rates by Site
(2012-2014 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>Florida</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>174.9</td>
<td>163.4</td>
<td>155.9</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>54.7</td>
<td>48.6</td>
<td>42.7</td>
<td>43.4</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>21.4</td>
<td>20.4</td>
<td>19.9</td>
<td>20.9</td>
<td>20.7</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>15.0</td>
<td>13.6</td>
<td>13.6</td>
<td>14.6</td>
<td>14.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>13.2</td>
<td>15.7</td>
<td>17.2</td>
<td>19.2</td>
<td>21.8</td>
</tr>
</tbody>
</table>

Sources:

### Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They are usually expressed as cases per 100,000 population per year. Here, these rates are also age-adjusted.

### Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)

<table>
<thead>
<tr>
<th></th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>119.8</td>
<td>118.8</td>
<td>115.5</td>
<td>123.0</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>112.9</td>
<td>119.5</td>
<td>115.2</td>
<td>77.3</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>71.2</td>
<td>64.6</td>
<td>63.7</td>
<td>41.9</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>41.9</td>
<td>40.7</td>
<td>39.2</td>
<td>41.9</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>9.6</td>
<td>9.3</td>
<td>8.9</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Sources:
- State Cancer Profiles.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
Cancer Risk

**About Cancer Risk**
Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings
The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Breast Cancer Screening: “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated below among women age 50 to 74 indicating screening within the past 2 years.)

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th></th>
<th>79.8%</th>
<th>77.4%</th>
<th>78.3%</th>
<th>78.5%</th>
<th>80.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPNBH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPNBH Recovery Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BayCare Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2016 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50-74.
Cervical Cancer Screenings

**About Screening for Cervical Cancer**

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated below among women age 21 to 65 indicating screening within the past 3 years.)

**Have Had a Pap Smear in the Past Three Years**
*(Among Women Age 21-65)*

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPNBH</td>
<td>65.7%</td>
</tr>
<tr>
<td>MPNBH Recovery</td>
<td>65.3%</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>69.4%</td>
</tr>
<tr>
<td>FL</td>
<td>79.5%</td>
</tr>
<tr>
<td>US</td>
<td>83.8%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 93.0% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21 to 65.
Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening: “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?” and “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?” (Calculated below among both genders age 50 to 75 indicating fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
Key Informant Input: Cancer

The following chart outlines key informants’ perceptions of the severity of Cancer as a problem in the community:

**Perceptions of Cancer as a Problem in the Community**
(Key Informants, 2016)

- Major Problem: 27.8%
- Moderate Problem: 50.0%
- Minor Problem: 11.1%
- No Problem At All: 11.1%

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**
- Prevalence and mortality. – Physician
- Everyone you know has been effected in some way with a loved one who has passed from cancer. – Social Services Provider

**Affordable Care/Services**
- High health care costs. People do not do preventative screening. – Community Leader

**Support**
- Funding and lack of support groups in the area. The other MPM hospitals have a CAPS counselor available to patients and families. MPNBH does not currently provide this service. – Other Health Provider
Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality is also illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also *Immunization & Infectious Disease*.

---

**CLRD: Age-Adjusted Mortality**

(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

---

**Pneumonia/Influenza: Age-Adjusted Mortality**

(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Prevalence of Respiratory Diseases

COPD

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
Asthma

**Adults:** “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated below as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma [“current asthma”]).

**Children:** “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated below as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma [“current asthma”]).

### Adult Asthma: Current Prevalence

<table>
<thead>
<tr>
<th>Source</th>
<th>2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
</tr>
<tr>
<td>Notes</td>
<td>Asked of all respondents.</td>
</tr>
<tr>
<td></td>
<td>Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.</td>
</tr>
</tbody>
</table>

### Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th>Source</th>
<th>2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
</tr>
<tr>
<td>Notes</td>
<td>Asked of all respondents with children 0 to 17 in the household.</td>
</tr>
<tr>
<td></td>
<td>Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.</td>
</tr>
</tbody>
</table>
Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of Respiratory Disease as a problem in the community:

**Perceptions of Respiratory Diseases as a Problem in the Community**

(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>35.3%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>29.4%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>23.5%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Tobacco Use**

- Smoking, E-cigs. – Community Leader
- High prevalence of smoking, patients and their household members. – Other Health Provider
- Combination of smoking and allergies in the air. – Community Leader

**Prevalence/Incidence**

- Large percentage of population with respiratory problems. Many with poor access to care, high percentage of tobacco use.
- High percentage of medical noncompliance. – Physician

**Health Education**

- Lack of education on disease process, COPD, smokers. – Other Health Provider
# Injury & Violence

## About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- [Healthy People 2020](www.healthypeople.gov)
Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

![Leading Causes of Accidental Death](Pasco County, 2012-2014)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>29.5%</td>
</tr>
<tr>
<td>Poisoning/Noxious Substances</td>
<td>33.5%</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>23.2%</td>
</tr>
<tr>
<td>Suffocation</td>
<td>4.3%</td>
</tr>
<tr>
<td>Drowning</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

![Unintentional Injuries: Age-Adjusted Mortality](2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

<table>
<thead>
<tr>
<th>Location</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco County</td>
<td>53.4</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>46.9</td>
</tr>
<tr>
<td>FL</td>
<td>40.1</td>
</tr>
<tr>
<td>US</td>
<td>39.7</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.


Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Age-Adjusted Deaths for Selected Injury-Related Causes

The following chart outlines age-adjusted mortality rates for drug-induced deaths and motor vehicle crash deaths.

### Select Injury Death Rates
**(By Cause of Death; Annual Average Deaths per 100,000 Population)**

- **Drug-Induced Deaths**
  - Pasco County: 24.3
  - BayCare Area: 18.0
  - FL: 13.7
  - US: 14.6
  - HP2020 Goal = 11.3 or Lower

- **Motor Vehicle Accidents**
  - Pasco County: 13.8
  - BayCare Area: 12.0
  - FL: 12.0
  - US: 10.6
  - HP2020 Goal = 12.4 or Lower

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Drug-induced deaths include both intentional and unintentional drug overdoses.

**Intentional Injury (Violence)**

**Homicide**

Age-adjusted mortality attributed to homicide is shown below.

### Homicide: Age-Adjusted Mortality
**(2012-2014 Annual Average Deaths per 100,000 Population)**

- Pasco County: 4.3
- BayCare Area: 5.1
- FL: 6.3
- US: 5.2
- Healthy People 2020 Target = 5.5 or Lower

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

### Violent Crime Experience:

“Have you been the victim of a violent crime in your area in the past 5 years?”

### Victim of a Violent Crime in the Past Five Years

(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4.2%</td>
<td>7.4%</td>
<td>3.3%</td>
<td>6.4%</td>
<td>1.8%</td>
<td>3.2%</td>
<td>4.0%</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2.3%</td>
<td>3.3%</td>
<td>0.0%</td>
<td>6.4%</td>
<td>1.6%</td>
<td>3.7%</td>
<td>4.0%</td>
<td>2.3%</td>
<td></td>
</tr>
</tbody>
</table>
Intimate Partner Violence: “The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

**Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner**

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50] 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Neighborhood Safety

“How safe from crime do you consider your neighborhood to be? Would you say: extremely safe, quite safe, slightly safe, or not at all safe?”

**Perceive Own Neighborhood as “Slightly” or “Not At All” Safe**

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49] 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Perceive Own Neighborhood as “Slightly” or “Not At All” Safe
(MPNBH Service Area, 2016)

Key Informant Input: Injury & Violence
The following chart outlines key informants’ perceptions of the severity of Injury & Violence as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2016)

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Drug Abuse
We have an epidemic of prescription drug abuse in our community. Alcohol abuse, unemployment rate is substantially high when compared to other counties. – Other Health Provider

Suicide
We have a very high suicide rate. – Physician
Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:
- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

![Bar chart showing diabetes mortality rates per 100,000 population for Pasco County, BayCare Area, FL, and US. Healthy People 2020 Target = 20.5 or Lower (Adjusted).]

Diabetes: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Prevalence of Diabetes

“Have you ever been told by a doctor that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

Prevalence of Diabetes

<table>
<thead>
<tr>
<th>Source</th>
<th>2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>Asked of all respondents.</td>
</tr>
</tbody>
</table>

Another 11.6% of adults report that they have been diagnosed with “pre-diabetes” or “borderline” diabetes. (vs. 5.7% nationwide)

Prevalence of Diabetes

(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th>Source</th>
<th>2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>Asked of all respondents.</td>
</tr>
<tr>
<td>Notes</td>
<td>Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.</td>
</tr>
<tr>
<td>Notes</td>
<td>Excludes gestational diabetes (occurring only during pregnancy).</td>
</tr>
</tbody>
</table>
Diabetes Testing

“Have you had a test for high blood sugar or diabetes within the past three years?”

<p>| Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics) |</p>
<table>
<thead>
<tr>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.9%</td>
<td>46.6%</td>
<td>49.9%</td>
<td>55.1%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

The following chart outlines key informants’ perceptions of the severity of Diabetes as a problem in the community:

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.9%</td>
<td>17.6%</td>
<td>23.5%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Challenges

Among those rating diabetes as a “major problem,” the biggest challenges for people with diabetes are seen as:

Disease Management

- It is one of the largest diagnosis in our community. Prevention is key. Testing is key. The test strips are very expensive. – Social Services Provider
- Many patients in our community have diabetes and do not adhere to diet and medication regimen. Many of these patients are uninsured and unable to afford their medications. – Other Health Provider
Health Education

Understanding and managing the disease condition once someone is appropriately diagnosed. Additionally, knowledge and will to change behavior to prevent the disease. – Social Services Provider

Aging Population

Age of population, obesity. – Community Leader

Diet/Exercise

Diet control and access to medication. – Community Leader
Alzheimer’s Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Age-adjusted Alzheimer’s disease mortality is outlined below.

Alzheimer’s Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Confusion & Memory Loss

Adults Age 45 and Older: “During the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse?”

Experienced Increasing Confusion/Memory Loss in Past Year
(Among Respondents Age 45 and Older)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents age 45 and older.

Key Informant Input: Dementias, Including Alzheimer’s Disease

The following chart outlines key informants’ perceptions of the severity of Dementias, Including Alzheimer’s Disease as a problem in the community:

Perceptions of Dementia/Alzheimer’s Disease as a Problem in the Community
(Key Informants, 2016)

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

- With the growing number of elderly in the community, it appears that there are more cases of Dementia or Alzheimer disease. – Community Leader
- Age of population. – Community Leader
- We have an aging population and limited access to best practices. – Physician
Prevalence/Incidence

Many patients who come to hospital with dementia, Alzheimer’s live alone with family out of the area. Patients, families cannot afford private duty care at home or the cost of ALF. Only one local nursing home in our area has a secure dementia wing. – Other Health Provider

Impact on Families/Caregivers

No support for the caregivers, eight-month waiting list for care. – Other Health Provider
Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.

Kidney Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)


Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Prevalence of Kidney Disease

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

<table>
<thead>
<tr>
<th>MPNBH Recovery Center</th>
<th>MPNBH</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3%</td>
<td>6.6%</td>
<td>6.0%</td>
<td>3.8%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Chronic Kidney Disease

The following chart outlines key informants’ perceptions of the severity of Chronic Kidney Disease as a problem in the community:

Perceptions of Chronic Kidney Disease as a Problem in the Community

(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.6%</td>
<td>47.1%</td>
<td>17.6%</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Based on the number of people I have known in the community on Dialysis, I would say that chronic kidney disease is a major problem. – Community Leader

Dialysis. – Other Health Provider

Affordable Care/Services

New dialysis patients without insurance coverage. – Other Health Provider
Potentially Disabling Conditions

**About Arthritis, Osteoporosis & Chronic Back Conditions**

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

**Arthritis, Osteoporosis, & Chronic Back Conditions**

“Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?” (Reported below among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?” (Reported below among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?” (Reported below among all adults age 18+.)

See also Activity Limitations in the General Health Status section of this report.
Prevalence of Potentially Disabling Conditions

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The following chart outlines key informants’ perceptions of the severity of Arthritis, Osteoporosis & Chronic Back Conditions as a problem in the community:

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2016)

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

We have a lot of indigent population who do not have access to care. Transportation, clinics, PCP and specialist. – Other Health Provider

Many patients present with back pain and do not have access to reputable pain management care. – Other Health Provider

Aging Population

Age of the population, pain management/back injury-workers comp, lawsuits. – Community Leader

Pain Management

Lack of non-addictive pain approaches. – Physician
Vision & Hearing Impairment

Vision Trouble

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

“Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing, even when wearing glasses?”

“Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing?”
Prevalence of Blindness/Deafness

<table>
<thead>
<tr>
<th>Blinding/Trouble Seeing Even With Glasses</th>
<th>Deafness/Trouble Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPNBH</td>
<td>MPNBH Recovery Center</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>US</td>
</tr>
<tr>
<td>14.2%</td>
<td>16.8%</td>
</tr>
<tr>
<td>12.2%</td>
<td>9.3%</td>
</tr>
<tr>
<td>9.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>16.8%</td>
<td>14.4%</td>
</tr>
<tr>
<td>11.2%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

FL = 6.0%

Key Informant Input: Vision & Hearing

The following chart outlines key informants’ perceptions of the severity of Vision & Hearing as a problem in the community:

Perceptions of Hearing and Vision as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.3%</td>
<td>26.7%</td>
<td>46.7%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

Hearing conditions are major issues because of the cost barrier to managing hearing loss. Hearing aids are very expensive and not accessible to low/moderate income people who need such accommodation to stay employed and communicate. – Social Services Provider

Aging Population

Age of population. – Community Leader
Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

Healthy People 2020 (www.healthypeople.gov)

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants’ perceptions of the severity of Immunization & Infectious Diseases as a problem in the community:

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>13.3%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>40.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>26.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

“There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist®. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?”

“A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?”

Chart columns below show these findings among those age 65+. Percentages for “high-risk” adults age 18-64 in the MPNBH Service Area are also shown; here, “high-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 PRC</td>
<td>50.8%</td>
<td>46.2%</td>
<td>50.9%</td>
<td>53.1%</td>
<td>58.9%</td>
</tr>
<tr>
<td>2015 PRC National Health Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.
Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated</td>
<td>65.4%</td>
<td>72.0%</td>
<td>73.5%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)
HIV/AIDS Deaths

The following chart outlines age-adjusted mortality rates for the area in comparison with state and national rates.

**HIV/AIDS: Age-Adjusted Mortality**
(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>1.8</td>
<td>3.8</td>
<td>4.4</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

**HIV Prevalence**
(Prevalence Rate of HIV per 100,000 Population, 2013)

<table>
<thead>
<tr>
<th></th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>171.0</td>
<td>454.0</td>
<td>606.1</td>
<td>353.2</td>
</tr>
</tbody>
</table>


Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionally affects minority populations and may also indicate the prevalence of unsafe sex practices.
HIV Testing
“Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?” (Reported below only among adults age 18 to 44.)

Tested for HIV in the Past Year
(Among Adults Age 18-44)

| Sources: | 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167] | 2016 PRC National Health Survey, Professional Research Consultants, Inc. |
| Notes: | Reflects respondents age 18 to 44. |

Key Informant Input: HIV/AIDS
The following chart outlines key informants’ perceptions of the severity of HIV/AIDS as a problem in the community:

Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.5%</td>
<td>43.8%</td>
<td>37.5%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- Asymptomatic nature of STDs. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- Gender disparities. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- Age disparities. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- Lag time between infection and complications. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia don’t know it since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outline local incidence for these STDs.
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)


Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Safe Sexual Practices
Sexual Partners

“During the past 12 months, with how many people have you had sexual intercourse?”

“Was a condom used the last time you had sexual intercourse?”

Each of these is reported below only among adults who are unmarried and between the ages of 18 and 64.

Sexual Risk
(Unmarried Adults Age 18-64)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 97-98]

Notes: Reflects unmarried respondents under the age of 65.
Key Informant Input: Sexually Transmitted Diseases
The following chart outlines key informants’ perceptions of the severity of Sexually Transmitted Diseases as a problem in the community:

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>17.6%</td>
<td>47.1%</td>
<td>23.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Health Education
• Education. – Community Leader

Prevalence/Incidence
• Reported that we still see a high volume in our Emergency Room. – Other Health Provider
Births

**About Infant & Child Health**

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

**Prenatal Care**

Early and continuous prenatal care is the best assurance of infant health. Receipt of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart.

**Lack of Prenatal Care in the First Trimester**

(Percentage of Live Births, 2007-2010)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
<th>Healthy People 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco County</td>
<td>26.4%</td>
<td>22.1% or Lower</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>22.8%</td>
<td></td>
</tr>
<tr>
<td>FL</td>
<td>27.7%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>17.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

**Note:**
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.
Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described below.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower

Sources:

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 Target = 6.0 or Lower

Key Informant Input: Infant & Child Health

The following chart outlines key informants’ perceptions of the severity of Infant & Child Health as a problem in the community:

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2016)

Sources:  
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

Notes:  
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Sources:  
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services
- There are no Pediatric Emergent or Critical Care facilities. – Community Leader

Access to Providers
- Limited pediatrician, many Medicaid families. – Community Leader
Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

<table>
<thead>
<tr>
<th></th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate</td>
<td>34.8</td>
<td>38.9</td>
<td>36.1</td>
<td>36.6</td>
</tr>
</tbody>
</table>


Notes: This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Family Planning

The following chart outlines key informants’ perceptions of the severity of Family Planning as a problem in the community:

**Perceptions of Family Planning as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>17.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>41.2%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>29.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Health Education**

*Limited education and access to birth control. – Community Leader*
Modifiable Health Risks

Actual Causes Of Death

### About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

### Factors Contributing to Premature Deaths in the United States

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle/Behaviors</td>
<td>40%</td>
</tr>
<tr>
<td>Genetics</td>
<td>30%</td>
</tr>
<tr>
<td>Social Circumstances</td>
<td>15%</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>5%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>10%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>18%</td>
</tr>
<tr>
<td>Diet/Inactivity</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>3%</td>
</tr>
<tr>
<td>Toxic Agents</td>
<td>2%</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>2%</td>
</tr>
<tr>
<td>Firearms</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual Behavior</td>
<td>1%</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>1%</td>
</tr>
</tbody>
</table>

Sources:  
Nutrition, Physical Activity & Weight

Nutrition

**About Healthful Diet & Healthy Weight**

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. 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.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

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.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful 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.

- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for adults at the respondent level. The proportion reporting having 5 or more servings per day is shown below.

---

*Consume Five or More Servings of Fruits/Vegetables Per Day*

(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.8%</td>
<td>23.0%</td>
<td>25.6%</td>
<td>16.8%</td>
<td>19.3%</td>
<td>14.4%</td>
<td>21.3%</td>
<td>20.5%</td>
<td>21.9%</td>
<td>26.8%</td>
<td>27.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
Access to Fresh Produce

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**

(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>23.8%</td>
<td>25.8%</td>
<td>30.1%</td>
<td>35.3%</td>
<td>12.6%</td>
<td>46.9%</td>
<td>14.5%</td>
<td>24.9%</td>
<td>31.9%</td>
<td>28.5%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. The chart for this indicator below is based on US Department of Agriculture data.

**Population With Low Food Access**

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

<table>
<thead>
<tr>
<th></th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>38.1%</td>
<td>28.3%</td>
<td>26.9%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one’s line of work.

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”
No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.
Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.”

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

![Meets Physical Activity Recommendations](image)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
Children’s Physical Activity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

![Chart showing physical activity levels among children aged 2-17.](chart)

**Child Is Physically Active for One or More Hours per Day**

(Among Children Age 2-17)

- MPNBH: 36.0%
- MPNBH Recovery Center: 35.2%
- BayCare Area: 34.3%
- US: 47.9%

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
Weight Status

**About Overweight & Obesity**

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.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \[ \text{BMI} = \frac{\text{weight (pounds)}}{\text{height squared (inches²)}} \times 703. \]

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight, not Obese</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Adult Weight Status

“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight or Obese)
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th>Area</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>70.7%</td>
<td>69.4%</td>
<td>66.5%</td>
<td>62.2%</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

<table>
<thead>
<tr>
<th>Area</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>33.9%</td>
<td>36.9%</td>
<td>34.3%</td>
<td>26.2%</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; MPNBH Service Area, 2016)
Healthy People 2020 Target = 30.5% or Lower

Key Informant Input: Nutrition, Physical Activity & Weight
The following chart outlines key informants’ perceptions of the severity of Nutrition, Physical Activity & Weight as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

Notes: Based on reported heights and weights, asked of all respondents. Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Lifestyle
Motivation to be healthier. – Public Health Representative
Low income and sedentary lifestyle. – Other Health Provider

Nutrition
Pasco County has significant disparities and health inequities. Some areas have an abundance of healthy food options, and other food deserts. Some areas have an abundance of safe parks, and some areas have few sidewalks and parks; others have parks. – Other Health Provider
People in this community eat too much and eat unhealthy foods and don’t get enough exercise. No motivation to change their lifestyle. – Community Leader

Obesity

Obesity is an epidemic. – Physician
Obesity and lack of resources to support students and families. – Community Leader

Contributors

Education, encouragement, financial limits. Junk food is cheaper than healthy. – Community Leader

Affordable Food

Low socioeconomic population, they can’t afford to buy good food. – Other Health Provider
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The chart below outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Drug-Induced Deaths. Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing’s syndrome). A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. These deaths may also be either intentional (e.g., suicide) or unintentional (accidental). The chart below outlines local age-adjusted mortality for drug-induced deaths.
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Drug-Induced Deaths: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Sources:
- Objective SA-12

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Alcohol Use

**Excessive Drinkers.** Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

> “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

> “On the day(s) when you drank, about how many drinks did you have on the average?”

> “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

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![Excessive Drinkers](image)

**Excessive Drinkers**  
(MPNBH Service Area, 2016)  
**Healthy People 2020 Target = 25.4% or Lower**

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**Sources:**  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.  

**Notes:**  
- Asked of all respondents.  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.  
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
Drinking & Driving. As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

“During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”

Illicit Drug Use

“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”
Alcohol & Drug Treatment

“Have you ever sought professional help for an alcohol or drug-related problem?”

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 PRC Community Health Survey, PRC</td>
<td>5.3%</td>
</tr>
<tr>
<td>2015 PRC National Health Survey, PRC</td>
<td>4.9%</td>
</tr>
<tr>
<td>Notes: Asked of all respondents.</td>
<td></td>
</tr>
</tbody>
</table>

**Personal Impact of Substance Abuse**

“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

### Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 PRC Community Health Survey, PRC</td>
<td>42.4%</td>
</tr>
<tr>
<td>2015 PRC National Health Survey, PRC</td>
<td>42.3%</td>
</tr>
<tr>
<td>Notes: Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.</td>
<td></td>
</tr>
</tbody>
</table>
Key Informant Input: Substance Abuse

The following chart outlines key informants’ perceptions of the severity of Substance Abuse as a problem in the community:

### Perceptions of Substance Abuse as a Problem in the Community

*(Key Informants, 2016)*

<table>
<thead>
<tr>
<th>Problem Severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>78.9%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>15.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

**Access to Care/Services**

- Not enough facilities. – Community Leader
- Lack of resources for the indigent population. – Other Health Provider
- Many of these patients do not have funding for residential substance abuse treatment. The wait list for a state funded bed is extremely lengthy. – Other Health Provider
- Lack of funding and lack of knowledge on how to screen, refer and treat. – Physician

**Insurance Issues**

- Insurance regulated inpatient care. – Community Leader
- Many people do not have insurance. Many people do not have a way to access their treatment options, lack of transportation. Many people have other priorities, lack of job, lack of consistent housing. Stigma and the fear of children being taken away. – Other Health Provider

**Affordable Care/Services**

- Cost of care for uninsured and underinsured. Knowledge about resources. Accessible resources for low income and uninsured people. – Social Services Provider

**Denial/Stigma**

- People don't want to believe that it is a problem. – Community Leader

**Prevalence/Incidence**

- As mentioned in mental health question, high amount of substance abuse per population. High number of uninsured and noncompliant patients. – Physician

**Contributors**

- Unemployment, homelessness, limited resources. – Community Leader
Most Problematic Substances

Key informants (who rated this as a “major problem”) identified alcohol and prescription medications as the most problematic substances abused in the community (both on first mention, and in a total of three mentions).

<table>
<thead>
<tr>
<th>Problematic Substances</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>54.5%</td>
<td>36.4%</td>
<td>0.0%</td>
<td>10</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>45.5%</td>
<td>27.3%</td>
<td>10.0%</td>
<td>9</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>0.0%</td>
<td>0.0%</td>
<td>40.0%</td>
<td>4</td>
</tr>
<tr>
<td>Synthetic Drugs (e.g. Bath Salts, K2/Spice)</td>
<td>0.0%</td>
<td>18.2%</td>
<td>10.0%</td>
<td>3</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.0%</td>
<td>9.1%</td>
<td>20.0%</td>
<td>3</td>
</tr>
<tr>
<td>Over-The-Counter Medications</td>
<td>0.0%</td>
<td>9.1%</td>
<td>10.0%</td>
<td>2</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>0.0%</td>
<td>0.0%</td>
<td>10.0%</td>
<td>1</td>
</tr>
</tbody>
</table>
Tobacco Use

**About Tobacco Use**

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

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**Cigarette Smoking**

“Do you now smoke cigarettes every day, some days, or not at all?”

**Current Smokers**

- **Healthy People 2020 Target = 12.0% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.2%</td>
<td>20.5%</td>
<td>16.1%</td>
<td>17.7%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
Current Smokers
(MPNBH Service Area, 2016)
Healthy People 2020 Target = 12.0% or Lower

Sources:  2016 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 181]

Notes:  
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Secondhand Smoke
“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents.

Member of Household Smokes at Home

Sources:  2016 PRC Community Health Survey, Professional Research Consultants, Inc.  [Items 58, 184]

Notes:  
- Asked of all respondents.
- “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
E-Cigarette Use
“The next question is about electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic cigarette?”

Other Tobacco Use
“Do you now smoke cigars every day, some days, or not at all?”
“What do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?”
Key Informant Input: Tobacco Use

The following chart outlines key informants’ perceptions of the severity of Tobacco Use as a problem in the community:

### Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>66.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**
- We have a large number of smokers in Pasco County. Impact on overall health of county. – Community Leader
- Pasco smoking rates are some of highest in state. – Public Health Representative
- Everybody you look when driving someone has their hand out the window with a cigarette in it. – Community Leader
- High percentage of tobacco use, poor access to health care, medical noncompliance. – Physician
- The culture of tobacco use in Pasco County is strong. The county still has about the second highest of the state average of women smoking while pregnant. Many areas in Pasco are over saturated with advertisements for tobacco on store fronts. – Other Health Provider
- High prevalence of smoking. – Other Health Provider
- Smoking seems to be on the rise among young people, and many older individuals still smoke despite inherent health risks. Smoking cuts peoples’ lives short and places a major drain. – Community Leader

**Comorbidities**
- Most of our respiratory patient has tobacco use as a co-morbidity. – Other Health Provider

**Lifestyle**
- Lifestyle, education. – Community Leader
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for healthcare entirely on your own?”

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPNBH</td>
<td>15.8%</td>
</tr>
<tr>
<td>MPNBH Recovery Center</td>
<td>10.8%</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>11.5%</td>
</tr>
<tr>
<td>FL</td>
<td>22.8%</td>
</tr>
<tr>
<td>US</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [item 190]
- Behavioral Risk Factor Surveillance System Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; MPNBH Service Area, 2016)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.9%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.9%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>13.8%</td>
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<td></td>
</tr>
<tr>
<td>27.8%</td>
<td></td>
<td>4.7%</td>
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<td></td>
</tr>
<tr>
<td>15.8%</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

100%
80%
60%
40%
20%
0%

Men | Women | 18 to 44 | 45 to 64 | Low Income | Mid/High Income | MPNBH |
Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

“Was there a time in the past 12 months when…”

- … you needed medical care, but had difficulty finding a doctor?“
- … you had difficulty getting an appointment to see a doctor?“
- … you needed to see a doctor, but could not because of the cost?“
- … a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?“
- … you were not able to see a doctor because the office hours were not convenient?“
- … you needed a prescription medicine, but did not get it because you could not afford it?“
- … you were not able to see a doctor due to language or cultural differences?”

Percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year
The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

[Graph showing percentages for different groups and regions]

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (MPNBH Service Area, 2016)**

[Bar chart showing percentages for different groups]

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes:
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

### Key Informant Input: Access to Healthcare Services

The following chart outlines key informants’ perceptions of the severity of **Access to Healthcare Services** as a problem in the community:

**Perceptions of Access to Healthcare Services as a Problem in the Community**

(Key Informants, 2016)

- Major Problem: 52.6%
- Moderate Problem: 31.6%
- Minor Problem: 5.3%
- No Problem At All: 10.5%

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Access to Care/Services**

There are many challenges regarding health care access. Many people still fall in the access gap due to the lack of expanded Medicaid in Florida. Additionally, we have spotty at best, integrated health care services throughout the area. – Other Health Provider
This community do not have access to health care services such as clinics, transportation and Medicaid doctors. – Other Health Provider

Grossly inadequate patient care space at hospitals. If an Emergency Department with 28 beds is holding 25 patients, that hospital has rendered their Emergency Department ineffective. – Community Leader

There are a number of people in our community who inappropriately access basic care through hospital Emergency Rooms. They do not access FQHC, free clinics, urgent care or other alternatives. – Social Services Provider

There is not enough primary care availability. Patients claim that they attempt to see their PCP but are advised that it could be weeks before they can get an appointment. They are advised to call 911 if they need immediate help. So they all call 911. – Community Leader

There is not enough funding for services for adults and children with mental health and substance abuse disorders, especially those who are uninsured or under insured. – Other Health Provider

Insurance Issues

Many without health insurance. Those with health insurance often relate difficulties setting up any kind of follow up in a timely manner. High levels of noncompliance in patients who have insurance and primary doctors. – Physician

Many in Pasco County do not have health insurance and do not qualify for Medicaid or are pending Medicaid. These patients cannot afford to pay privately. Many physicians are not accepting Medicaid, and the free clinics are very limited in service. – Other Health Provider

Transportation

There are options such as Good Samaritan Clinic, care free Sr. Health Clinic and the Mobil Medical Bus are all free to those that qualify. But transportation to get to these facilities is a challenge since buses in Pasco are not the easiest. – Social Services Provider

Coordination of Care

Lack of coordination of current services. – Public Health Representative

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health care as the most difficult to access in the community (both in terms of first response and in total mention based on three responses).

### Medical Care Difficult to Access Locally as Identified by Key Informants

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Most Difficult to Access</th>
<th>Second-Most Difficult to Access</th>
<th>Third-Most Difficult to Access</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Care</td>
<td>30.0%</td>
<td>50.0%</td>
<td>10.0%</td>
<td>9</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>20.0%</td>
<td>10.0%</td>
<td>20.0%</td>
<td>5</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>20.0%</td>
<td>10.0%</td>
<td>10.0%</td>
<td>4</td>
</tr>
<tr>
<td>Dental Care</td>
<td>10.0%</td>
<td>0.0%</td>
<td>30.0%</td>
<td>4</td>
</tr>
<tr>
<td>Primary Care</td>
<td>0.0%</td>
<td>20.0%</td>
<td>20.0%</td>
<td>4</td>
</tr>
<tr>
<td>Critical Care and Pediatric Emergent</td>
<td>10.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>10.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Elder Care</td>
<td>0.0%</td>
<td>10.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>10.0%</td>
<td>1</td>
</tr>
</tbody>
</table>
Health Literacy

To measure respondents’ ability to understand health-related information, respondents were asked the following questions:

“How often is health information written in a way that is easy for you to understand? Would you say: always, nearly always, sometimes, seldom, or never?”

“How often do you need to have someone help you read health information? Would you say: always, nearly always, sometimes, seldom, or never?”

“How often is health information spoken in a way that is easy for you to understand? Would you say: always, nearly always, sometimes, seldom, or never?”

“In general, how confident are you in your ability to fill out health forms yourself? Would you say: extremely confident, somewhat confident, or not at all confident?”

Low health literacy is defined here as those respondents who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Low Health Literacy
(MPNBH Service Area, 2016)

<table>
<thead>
<tr>
<th>Low Health Literacy</th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.7%</td>
<td>20.0%</td>
<td>30.8%</td>
<td>17.7%</td>
<td>19.6%</td>
<td>29.9%</td>
<td>17.7%</td>
<td>22.2%</td>
<td>21.9%</td>
<td>24.6%</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.
Primary Care Services

About Primary Care

Improving health care 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. 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. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).

“Is there a particular place that you usually go to if you are sick or need advice about your health?”

“What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor’s office, a hospital emergency room, military or other VA healthcare, or some other place?”

The following chart illustrates the proportion of MPNBH Service Area population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.
Utilization of Primary Care Services

**Adults:** “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

**Children:** “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

### Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (%)</td>
<td>72.2%</td>
<td>71.8%</td>
<td>70.2%</td>
<td>73.0%</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (%)</td>
<td>77.0%</td>
<td>75.5%</td>
<td>78.1%</td>
<td>89.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Emergency Room Utilization

“In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.” (Responses below reflect the percentage with two or more visits in the past year.)

Have Used a Hospital Emergency Room More Than Once in the Past Year

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.
- Healthy People 2020 (www.healthypeople.gov)
Dental Care

“About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Have Visited a Dentist or Dental Clinic Within the Past Year
(MPNBH Service Area, 2016)
Healthy People 2020 Target = 49.0% or Higher

<table>
<thead>
<tr>
<th>Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 44</th>
<th>45 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56.6%</td>
<td>51.2%</td>
<td>40.7%</td>
<td>55.3%</td>
<td>63.5%</td>
<td>39.8%</td>
<td>62.7%</td>
<td>53.7%</td>
<td>54.3%</td>
<td>55.5%</td>
<td>61.9%</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  

Notes:  
- Asked of all respondents.
- Household income was used as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes below 200% of the federal poverty level, and “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Dental Insurance

“Do you currently have any health insurance coverage that pays for at least part of your dental care?”

Have Insurance Coverage That Pays All or Part of Dental Care Costs

<table>
<thead>
<tr>
<th>Group</th>
<th>MPNBH</th>
<th>MPNBH Recovery Center</th>
<th>BayCare Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62.8%</td>
<td>61.5%</td>
<td>63.8%</td>
<td>66.5%</td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Key Informant Input: Oral Health

The following chart outlines key informants’ perceptions of the severity of Oral Health as a problem in the community:

**Perceptions of Oral Health as a Problem in the Community**
(Key Informants, 2016)

- **Major Problem:** 61.1%
- **Moderate Problem:** 22.2%
- **Minor Problem:** 11.1%
- **No Problem At All:** 5.6%

*Top Concerns*

Among those rating this issue as a “major problem,” reasons related to the following:

**Affordable Care/Services**
- High percentage of population without dental insurance or ability to pay for dental visits. – Physician
- Not enough available services for the indigent. They are poor and can’t afford to pay privately. They have no options. Mental and dental services are lacking in our community. Oral health is a major issue in our county. – Social Services Provider
- Limited access for those without insurance. – Community Leader
- No insurance coverage for dental services. – Other Health Provider
- Affordable. A well-utilized preventative care is difficult for people with limited incomes. Additionally, people who do have insurance often find that it doesn’t cover much. – Social Services Provider

**Access to Care/Services**
- Adult dental services are nonexistent. – Public Health Representative

**Prevalence/Incidence**
- There are a large number of the patients in the hospital that have no teeth, false teeth or rotting teeth. – Community Leader

**Lack of Services for Medicaid Patients**
- Lack of providers that take Medicaid. – Community Leader

**Poverty**
- No dentist for our indigent population. – Other Health Provider
Vision Care

“When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.” (Responses in the following chart represent those with an eye exam within the past 2 years.)

See also Vision & Hearing in the Death, Disease & Chronic Conditions section of this report.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

<table>
<thead>
<tr>
<th>Area</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPNBH</td>
<td>70.4%</td>
</tr>
<tr>
<td>MPNBH Recovery Center</td>
<td>69.1%</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>65.1%</td>
</tr>
<tr>
<td>US</td>
<td>59.3%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes: Asked of all respondents.
Local Resources

Perceptions of Local Healthcare Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair or poor?” (Combined “fair/poor” responses are outlined in the following chart.)

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
<td>12.8%</td>
</tr>
<tr>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td>20.3%</td>
</tr>
<tr>
<td>Asked of all respondents.</td>
<td></td>
</tr>
</tbody>
</table>

Source: 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Perceive Local Healthcare Services as “Fair/Poor”

![Bar Chart]

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPNBH</td>
<td>12.8%</td>
</tr>
<tr>
<td>MPNBH Recovery Center</td>
<td>20.3%</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>16.7%</td>
</tr>
<tr>
<td>US</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Key Informants’ Perceptions of Resources Available to Address the Significant Health Needs

The following represents potential measures and resources (such as programs, organizations, and facilities in the community) noted by key informants as available to address the significant health needs identified in this report. This list reflects only input from participants in the Online Key Informant Survey and therefore is not to be considered to be exhaustive or necessarily an all-inclusive list of available resources. This section only outlines those resources mentioned in conducting the Online Key Informant Survey as part of preparing this Community Health Needs Assessment.

### Access to Healthcare Services

- ACCESS
- BayCare
- BayCare Behavioral Health
- CARES
- Community Health Collaborative
- Congressman Bilirakis
- Farmworkers Self-Help, Inc.
- Good Samaritan Clinic
- Health Department
- Healthy Kids
- Metropolitan Ministries
- Mobile Medical Bus
- NAMI
- Oasis Free Clinic
- Pasco County Alliance for Substance Abuse Prevention
- Pasco County Mobile Medical Unit
- Premier Clinic
- Premier Healthcare

### Dementias, Including Alzheimer’s Disease

- Alzheimer's Association
- Alzheimer's Family Organization
- Byrd Center
- CARES
- Morton Plant Mease Hospital
- Peggy’s Placements
- Red Apple Daycare
- St. Anthony’s Hospital

### Diabetes

- American Diabetes Association
- BayCare Education Seminars
- BayCare Faith Community Nursing Initiatives
- Community Education
- Free Clinics
- Good Samaritan Clinic
- None
- Oasis Free Clinic
- Online Resources
- Premier Healthcare
- Support Groups
- YMCA

### Arthritis, Osteoporosis & Chronic Back Conditions

- BayCare Wellness
- CARES
- Good Samaritan Clinic

### Cancer

- American Cancer Society
- Doctor's Office

### Chronic Kidney Disease

- Dialysis Centers

### Heart Disease & Stroke

- American Heart Association
- BayCare
- Doctor's Office
- Florida Hospital
- Good Samaritan Clinic
- HCA

### Hearing & Vision

- Deaf and Hard of Hearing Services of Florida
- Doctor's Office
- Lighthouse
- Sertoma Speech and Hearing Foundation
- Vocational Rehabilitation Programs
North Bay
Regional Medical Center Heart Institute
Specialists
Support Groups
Tampa General Hospital

Infant & Child Health
Pediatric Friendly Facilities

Injury & Violence
ASAP
BayCare
Calvary Worship Center
Community Health Activation Team
Inpatient Stabilization Unit
Metropolitan Ministries

Mental Health
ASAP
Baker Act Facilities
BayCare
BayCare Behavioral Health
BayCare ISU
BayCare Mental Health the Harbors
BayCare Recovery Center
CMHC
Congressman Bilirakis
Doctor's Office
Good Samaritan Clinic
HCA
Inpatient Stabilization Unit
Medical Center of Trinity-Behavioral Health
NAMI
North Tampa Behavioral Health
Pasco County Alliance for Substance Abuse Prevention
Premier Healthcare
School System
Suicide Hotline
Support Groups
The Harbor/BayCare

Nutrition, Physical Activity & Weight
American Cancer Society
BayCare Behavioral Health
Calvary Worship Center
Florida Hospital
Health Department
Metropolitan Ministries

Oral Health
Doctor's Office
Free Clinics
Good Samaritan Clinic
Good Samaritan Dental Clinic
Health Department
Hillsborough Community College
Mobile Dental Bus
Premier Clinic
School System
Smile Faith Foundation
University of South Florida

Respiratory Diseases
CARES
Good Samaritan Clinic
Inpatient Nurse Navigator Programs
Mobile Integrated Health
Premier Clinic
Tobacco Free Florida

Sexually Transmitted Diseases
Health Department
Hospitals

Substance Abuse
ACTS
BayCare
BayCare Behavioral Health
BayCare ISU
BAYS
Fairwinds Treatment Center
Good Samaritan Clinic
Inpatient Stabilization Unit
Novus Medical Center
Operation PAR
Pasco County Alliance for Substance Abuse Prevention
Pasco Sheriff's Office
Premier Clinic
SAP
STEPS to Recovery Program

Parks and Recreation Department
Pasco Health Department
Staywell
Weight Loss Center
Wellness Programs
YMCA
TN24 - Addiction Recovery and Housing Program
  Turning Point
  Youth and Family Alternatives

**Tobacco Use**

AHEC
CARES
Good Samaritan Clinic
Gulfcoast North Area Health Education
Health Department

Healthy Start
Pasco County Schools
Pasco Health Department
Premier Clinic
Quit Programs
School System
SWAT
Tobacco Free Florida
Tobacco Free Partnership of Pasco County
Community Characteristics

As part of the broader system-wide assessment, a variety of existing population data for the region’s counties was consulted. Because the MPNBH Service Area is predominantly within Pasco County, the following data outline population characteristics for the county derived from census data. For comparison, the “BayCare Area” benchmark in these charts includes the entirety of Hillsborough, Pasco and Pinellas Counties.

This section also highlights areas within the community identified as “high-need,” including the results in these areas derived from supplemental handout surveys.
Population Characteristics

Land Area, Population Size & Density
Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco County</td>
<td>472,745</td>
<td>747.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>632.25</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>2,677,443</td>
<td>2,041.76</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,311.34</td>
</tr>
<tr>
<td>Florida</td>
<td>19,361,792</td>
<td>53,630.83</td>
</tr>
<tr>
<td></td>
<td></td>
<td>361.02</td>
</tr>
<tr>
<td>United States</td>
<td>314,107,083</td>
<td>3,531,932.26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>88.93</td>
</tr>
</tbody>
</table>


Age
It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

Total Population by Age Groups, Percent
(2010-2014)

Race & Ethnicity
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Pasco County</th>
<th>BayCare Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83.1%</td>
<td>76.7%</td>
<td>76.2%</td>
<td>73.8%</td>
</tr>
<tr>
<td>Black</td>
<td>4.8%</td>
<td>6.2%</td>
<td>5.4%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>2.5%</td>
<td>2.7%</td>
<td>2.3%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2010-2014)

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco County</td>
<td>14.3%</td>
<td>36.4%</td>
</tr>
<tr>
<td>BayCare Area</td>
<td>15.7%</td>
<td>36.1%</td>
</tr>
<tr>
<td>FL</td>
<td>16.7%</td>
<td>38.1%</td>
</tr>
<tr>
<td>US</td>
<td>15.6%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Education

Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2010-2014)

<table>
<thead>
<tr>
<th>12.5%</th>
<th>12.0%</th>
<th>13.6%</th>
<th>13.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco County</td>
<td>BayCare Area</td>
<td>FL</td>
<td>US</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
High-Need Communities

ZIP Codes Identified as High Need

High-need areas in the MPNBH Service Area were identified using the Community Health Needs Index (CNI). The CNI score was developed by Dignity Health (formerly known as Catholic Healthcare West [CHW]) and Truven Health Analytics. This index aggregates five socioeconomic indicators that contribute to health disparity: income, culture, education, insurance, and housing. Each ZIP Code is assigned a score of 1 (low need) to 5 (high need) for each of the five indicators which are averaged to yield the CNI score for that area. The scores are then compared to the index, which is based on national need, and separated into groups ranging from highest need to lowest need.

Research indicates a strong correlation between high CNI scores and hospital admission rates. Residents who live in areas with the highest need were twice as likely to experience preventable hospitalization for manageable conditions (i.e. ear infections, pneumonia...).
ZIP Code–specific CNI scores are outlined in the following table (note that none of the MPNBH ZIP Codes falls in the “highest” or either of the lowest two categories).

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>CNI Score</th>
<th>Population</th>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>34668</td>
<td>4</td>
<td>41543</td>
<td>Port Richey</td>
<td>Pasco</td>
<td>Florida</td>
</tr>
<tr>
<td>34652</td>
<td>3.8</td>
<td>23321</td>
<td>New Port Richey</td>
<td>Pasco</td>
<td>Florida</td>
</tr>
<tr>
<td>34653</td>
<td>3.6</td>
<td>29785</td>
<td>New Port Richey</td>
<td>Pasco</td>
<td>Florida</td>
</tr>
<tr>
<td>34654</td>
<td>3</td>
<td>22965</td>
<td>New Port Richey</td>
<td>Pasco</td>
<td>Florida</td>
</tr>
<tr>
<td>34655</td>
<td>2.6</td>
<td>40626</td>
<td>New Port Richey</td>
<td>Pasco</td>
<td>Florida</td>
</tr>
</tbody>
</table>

The following ZIP Codes do not have a CNI Score assigned (e.g., PO Boxes): 34656, 34673, 34680.
Input From High-Need Communities (Convenience Sample Survey)

To increase participation among vulnerable populations, BayCare administered handout surveys at various sites throughout Pasco County. The data presented in this section reflect findings from these surveys administered among residents who live in ZIP Codes identified as high-need ZIP Codes (those with a CNI score of 3.4 or higher, as described above) within the MPNBH Service Area (representing 42 respondents) and within the county (representing 60 respondents).

The following charts represent findings from these handout surveys among residents of high-need areas; it is important to note that, as a “convenience sample,” this is a non-probability sample that is not necessarily representative of the targeted population and is limited with regard to generalizability. [In contrast, survey data presented in previous sections of this report are from the scientific, random-sample population survey that is representative and generalizable.]

Perceptions of Health

Overall how would you rate the health of the community where you live? very unhealthy; unhealthy; somewhat unhealthy; healthy; very healthy

How would you rate your own personal health? very unhealthy; unhealthy; somewhat unhealthy; healthy; very healthy

In the last year, would you say your overall health has: gotten better; stayed about the same; gotten worse?

In general, how would you rate your overall mental and emotional health? excellent; very good; good; fair; poor

In the last year, would you say your emotional and mental health has: gotten better; stayed about the same; gotten worse?

Perceptions of Health
(Convenience Samples, High-Need ZIP Codes)

---

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
Access to Healthcare

How do you pay for most of your health care? Please choose only one: I pay cash/don’t have insurance; Medicare (or Medicare HMO); Medicaid (or Medicaid HMO); commercial health insurance (private insurance, HMO, PPO); Veteran’s Administration; TRICARE; Indian Health Services; some other way

Was there a time in the PAST 12 MONTHS when you needed medical care but did not get the care you needed? yes; no

Uninsured (Convenience Samples, High-Need ZIP Codes)

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>Pasco County</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.5%</td>
<td>34.5%</td>
<td></td>
</tr>
</tbody>
</table>

Needed But Did Not Get Medical Care at Some Point in the Past Year (Convenience Samples, High-Need ZIP Codes)

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>Pasco County</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.5%</td>
<td>42.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement: strongly agree; somewhat agree; neither agree nor disagree; somewhat disagree; strongly disagree

- The quality of health care in my neighborhood is good.
- I have no problem getting the health care services I need.

“Strongly” or “Somewhat” Agree That My Community/Neighborhood Has:
(Convenience Samples, High-Need ZIP Codes)

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>Pasco County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Healthcare</td>
<td>61.5%</td>
<td>61.8%</td>
</tr>
<tr>
<td>Good Access to Healthcare</td>
<td>66.6%</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.

“Most Important” Health Issues

In the handout surveys, respondents were presented with a list of 21 health issues and were asked to identify which they feel is the most important, second-most important and third-most important in their own community. The following chart illustrates the health issues receiving the top responses as #1, #2 and #3 choices in each area.

“Most Important” Health Problems in My Community
(Convenience Samples, High-Need ZIP Codes)

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>Pasco County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>#1 (tie)</td>
<td>#1</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>#1 (tie)</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>#2 (tie)</td>
<td>#2</td>
</tr>
<tr>
<td>Aging</td>
<td>#2 (tie)</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>#3</td>
<td>#3</td>
</tr>
</tbody>
</table>

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
Risky Behaviors

“Most Important” Risky Behaviors that Impact Community Health

In the handout surveys, respondents were presented with a list of 11 behaviors and were asked to identify which they feel is the most important, second-most important and third-most important in having an impact on overall community health. The following chart illustrates the behaviors receiving the top responses as #1, #2 and #3 choices in each area.

<table>
<thead>
<tr>
<th></th>
<th>MPNBH</th>
<th>Pasco County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Abuse</td>
<td>#1</td>
<td>#1</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>#2</td>
<td>#2</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>#3</td>
<td>#3</td>
</tr>
</tbody>
</table>

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.

How often do you smoke? I do not smoke cigarettes; I smoke less than one pack per day; I smoke about one pack per day; I smoke more than one pack per day

Currently Smoke Cigarettes
(Convenience Samples, High-Need ZIP Codes)

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
Community Problems

Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement: strongly agree; somewhat agree; neither agree nor disagree; somewhat disagree; strongly disagree

- Drug abuse is a problem in my community.
- Crime in my area is a serious problem.
- Air pollution is a problem in my community.

“Strongly” or “Somewhat” Agree That the Following Are Problems Where I Live
(Convenience Samples, High-Need ZIP Codes)

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
“Most Important” Issue to Address to Improve Quality of Life

In the handout surveys, respondents were presented with a list of 19 factors and were asked to identify which they feel is the most important, second-most important and third-most important to address in their own community to improve quality of life. The following chart illustrates the factors receiving the top responses as #1, #2 and #3 choices in each area.

### “Most Important” Factors to Improve Quality of Life in My Community
(Convenience Samples, High-Need ZIP Codes)

| Source: 2016 Convenience Sample Survey, BayCare |
| Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes. |

<table>
<thead>
<tr>
<th>Factor</th>
<th>MPNBH</th>
<th>Pasco County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime/Safety</td>
<td>#1</td>
<td>#1</td>
</tr>
<tr>
<td>Good Schools</td>
<td>#2</td>
<td>#2</td>
</tr>
<tr>
<td>Strong Family Life</td>
<td>#3 (tie)</td>
<td></td>
</tr>
<tr>
<td>Affordable Health Insurance</td>
<td>#3 (tie)</td>
<td></td>
</tr>
<tr>
<td>Jobs/Economy</td>
<td></td>
<td>#3</td>
</tr>
</tbody>
</table>
Community Attributes

Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement: strongly agree; somewhat agree; neither agree nor disagree; somewhat disagree; strongly disagree

- We have great parks and recreational facilities.
- Public transportation is readily available to me if I need it.
- There are plenty of jobs available for those who want them.
- I feel safe in my own neighborhood.
- There are affordable places to live in my neighborhood.
- There are good sidewalks for walking safely.
- I am able to get healthy food easily.

"Strongly" or "Somewhat" Agree
That My Community/Neighborhood Has:
(Convenience Samples, High-Need ZIP Codes)

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
Prevalence of Chronic Conditions

Have you ever been told by a doctor or other medical provider that you had any of the following health issues? cancer; depression; diabetes; heart disease; high blood pressure/hypertension; obesity; stroke

Prevalence of Conditions
(Convenience Samples, High-Need ZIP Codes)

Sources: 2016 Convenience Sample Survey, BayCare
Notes: Data are derived from handout surveys administered at various locations in high-need ZIP Codes.
Appendices
Appendix I: Evaluation of Past Work

Morton Plant North Bay Hospital & the Morton Plant North Bay Recovery Center


Prepared in May 2016

Based on its most recent community health needs assessment (CHNA), Morton Plant North Bay Hospital (MPNBH) and the Morton Plant North Bay Recovery Center (MPNB Recovery Center) are committed to addressing the following significant community needs:

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

KEY HIGHLIGHTS / ACCOMPLISHMENTS:
Progress was made to address each of the key health needs as prioritized within the 2013 Community Health Needs Assessment. Efforts were specifically dedicated to the following action step categories during Cycle-1 (2014-2016) with highlighted activities as noted below:

Improve access to and coordination of mental health services.

- BayCare has added and is actively recruiting psychiatrists in an effort to expand access and service in Pasco County.
- Mental health services are now co-located with primary care in Pasco County.
- Service capacity for children with mental health needs was increased through the expansion of Statewide Inpatient Psychiatry Program (SIPP) beds to 24 which expanded access to Intermediate Care Programming at the MPNB Recovery Center.
- An additional mid-level provider was added to the MPNBH Recovery Center to expand detoxification services in Pasco County.
- The Pathways program was created to provide education and navigation services during crisis. This program was made possible via the Morton Plant Mease Foundation.

Continue advocacy outreach efforts to expand access.

- Navigators are in place across BayCare to facilitate enrollment in marketplace plans. Outreach activities continue (by navigators) to encourage enrollment in health insurance plans across various community locations. Team members are also available to interview uninsured patients in the hospitals and assist insured patients needing assistance for copays/deductibles (by phone or by appointment). The number of people served continues to increase.
- In an effort to support clinics for the under-served, partnerships were established with Premier Community Health, a federally qualified health center (FQHC), as well as the Good Samaritan Health Clinic of Pasco, Inc., CARES Senior Clinic and Oasis Health and Wellness.
Continue to implement the Medical Home Model through BayCare Medical Group (BMG) and the hospital division.

- Implementation of the Medical Home Model through BayCare Medical Group (BMG) continues in an effort to enhance access to care and overall care coordination.

Enhance cancer prevention and treatment initiatives.

- Community outreach efforts continue across the health system to encourage the community to understand risk factors and to promote early detection of various types of cancer.
- BayCare sites have signed the "80% by 2018" pledge with the American Cancer Society to promote appropriate colorectal cancer screening in 80% of age-appropriate community members by 2018.
- The Morton Plant North Bay campus remains tobacco-free (and maintains the incentives offered to team members for not smoking). Various smoking cessation programs are offered throughout BayCare.
- Collaborative efforts continue across BayCare to provide mammography services to the under-served.

Improve care coordination and outcomes for heart failure (CHF) patients.

- Efforts to provide consistent care to treat heart failure across BayCare are ongoing.
- Efforts are underway to provide consistent patient education materials as well as to develop clinical scorecards and evidence-based measure order sets across locations.
- Various initiatives are underway to decrease readmissions across BayCare including daily inpatient rounds; post-discharge phone calls; utilization of faith community nurses; increased referrals to palliative care; establishment of heart failure support groups and nurse practitioner-led transitions of care programs. Sites continue to monitor, analyze and report CHF readmission & length of stay (LOS) metrics.
- Funding for Cardiac and Pulmonary Rehabilitation at Morton Plant North Bay Hospital was approved during the 2014-2016 CHNA cycle; service offerings are slated to begin in Fall 2016.
- Funding for a chronic disease management clinic at Morton Plant North Bay Hospital was approved and began development during the 2014-2016 CHNA cycle.

Enhance stroke prevention and recognition initiatives.

- Hospitals are making significant progress to increase the percentage of patients appropriately receiving thrombolytic therapy (for eligible patients).
- The first meeting of the newly formed "BayCare Stroke Collaborative" took place on 8/15/2015 with defined goals to identify best practices; standardize education and increase BayCare's community presence.
- In August 2015, a system-wide neuro-focused Facebook campaign took place which included the online stroke risk assessment; warning signs of a stroke; and the importance of a primary stroke center.
- A consumer-focused marketing tactics to promote stroke awareness across the system launched in May 2016.
Evaluate and align services offered to patients with diabetes to improve health outcomes for diabetic patients.

- Collaborative relationships with the YMCA are in place to refer patients diagnosed with pre-diabetes and to possibly help the YMCA with pre-diabetes nutrition classes.
- The outpatient diabetes management collaborative continues to work together to standardize outpatient education and services across BayCare.
- In building on a BayCare-wide initiative in 2014 to implement a diabetic ketoacidosis protocol, a ‘Hyperglycemia Power Plan’ is integrated within the Electronic Health Record. This will provide for a single standard of care for patients with hyperglycemia across BayCare.

Improve care coordination and support initiatives to reduce readmissions.

- All hospitals continue to strive to reduce readmissions (specific efforts are underway to decrease readmissions from heart failure, diabetes, COPD and other pulmonary diseases).
- Morton Plant North Bay Hospital launched the Mobile Integrated Health (MIH) Program in collaboration with MedFleet, a Pasco County-based, private ambulance service. This program coordinates in-home care for patients 90 days post discharge.
- The “Transitions of Care” pharmacy service launched at Morton Plant North Bay Hospital. This program utilizes pharmacists to place calls to patients following hospital discharge to assist with medication safety; to increase patient medication/disease state understanding and to encourage follow-up and continuity of care post-discharge. The Morton Plant North Bay Hospital program is successfully contributing to a reduction in readmissions for those patients who participated.
- Medication assistance was provided to 353 patients from January 2014 - March 2016 through the BayCare Indigent Drug Reimbursement Program across Morton Plant Mease hospitals. The value of pharmaceuticals provided for free to patients/hospital bills credited for this time period was $996,685.87. Additional medication assistance was provided through the Morton Plant Mease Foundation.
- Morton Plant North Bay Hospital and the MPNB Recovery Center continue to facilitate and/or directly provide transportation to patients who are not able to afford it post-discharge. These services were expanded in Pasco County during the 2014-2016 CHNA cycle.

Increase access to (and coordination of) educational services and preventive/wellness care.

- BayCare continues to offer a variety of outreach educational events and screenings to increase awareness about important health issues and to improve the health of the community.
- Faith Community Nurses continue to contribute far-reaching positive impact on the communities served by Morton Plant North Bay Hospital. The Faith Community Nursing program continues to expand across Morton Plant North Bay Hospital.
Continue to offer education and assistance with end of life care and directives through chaplains, mission team, Faith Community Nurses, Palliative care and Hospice.

- The Morton Plant Mease Palliative Care Program transitioned from a contracted service with Suncoast Hospice to a hospital employed physician model. The program continues to increase capacity with the addition of a new physician and a mid-level practitioner.

ITEMS NOT ADDRESSED
Morton Plant North Bay Hospital and the MPNB Recovery Center continues to drive and support activities to address the 3 key priority health needs as identified in the 2013 Community Health Needs Assessment. As referenced in the 2013 CHNA, obstetrics was identified as a priority health need that was not addressed with specific actions within the Cycle-1 CHNA Implementation Plan for Morton Plant North Bay Hospital. While hospital leaders are interested in this issue, and are interested in further evaluating the barriers that female residents experience when seeking obstetric health services, neither the Morton Plant North Bay Hospital nor the MPNB Recovery Center currently has the expertise, resources, and/or provider base to provide this service. Patients seen in the emergency room with health concerns related to obstetrics are transferred to local providers in the hospital service area. Because the primary needs within the community have dictated that financial and human resources of Morton Plant North Bay Hospital are utilized for diagnostic and therapeutic medical and surgical care and that the financial and human resources of the MPNB Recovery Center be used for behavioral health diagnostic and therapeutic care, hospital leaders have determined that obstetric health services could be better met by existing providers (i.e., Medical Center of Trinity and Mease Countryside Hospital), allowing available resources to remain focused on the existing and planned health services. However, the need as identified has increased awareness and may be further evaluated.

*Excerpt extracted directly from Tripp Umbach’s 2013 CHNA as prepared for Morton Plant North Bay Hospital and the MPNB Recovery Center

LESSONS LEARNED
Based on the lessons learned from the Cycle-1 period, Morton Plant North Bay Hospital and the MPNB Recovery Center are committed to integrating the following improvements to the Cycle-2 (2017-2019) efforts:

- **Narrow the focus**: Focus actions and work activity on a select number of key priorities. Mobilize the energy of the organization to target efforts to address these important health issues and provide regular communication on progress to key stakeholders.
- **Enhance outcome measures**: Ensure that the majority (if not all) key objectives have measureable and quantifiable indicators to evaluate the effectiveness of the related actions.
- **Enhance collaborative partnerships**: Extend continuous efforts to reach out to community organizations (and within BayCare Health System) to identify opportunities to collaborate to improve the health of the community.

COLLABORATIVE EFFORTS
As highlighted above, Morton Plant North Bay Hospital and the MPNB Recovery Center are committed to engaging with community partners to improve the health of the community. During the next cycle, Morton Plant
North Bay Hospital and the MPNB Recovery Center will continue to enhance these relationships to address community health needs.

In an effort to provide oversight and direction of the 2014-2016 CHNA and implementation plan, Morton Plant Mease Health Care created a Community Health Needs (CHN) Board Committee. This committee, comprised of community stakeholders, hospital board members and hospital leadership was instrumental in developing community partnerships as well as ensuring accountability for the implementation strategy. During a recent committee evaluation one member noted, “I hope we continue to explore ways to expand the reach of services and support within those challenged neighborhoods through collaboration and expanded support. This Committee plays an important role.” The CHN Committee also helped to identify opportunities for enhanced collaboration within the community. Another CHN Committee member observed that “community resources are in silos and a need exists to develop an infrastructure to ensure that resources are pulled into a single entity driving toward the same goals.”

In addition to collaborating with other external community providers and organizations, Morton Plant North Bay Hospital and the MPNB Recovery Center continue to collaborate with other BayCare hospitals to combine efforts and to adopt best practices to improve the health of the community. In January 2016, BayCare Health System established a Community Benefit Council (on which Morton Plant Mease leadership actively participates) to develop, monitor, and validate BayCare’s Community Benefit activity to ensure that all BayCare entities are meeting the health care needs of the community.

COMMUNITY FEEDBACK
Morton Plant North Bay Hospital and the MPNB Recovery Center made the CHNA document publicly available in 2013 through the hospital and BayCare websites. Neither Morton Plant North Bay Hospital nor the MPNB Recovery Center received any feedback related to the CHNA or 990 documents.
Appendix II: Summary Data for the Extended MPNBH Recovery Center Area

The following tables summarize findings for the extended area served by Morton Plant North Bay Hospital Recovery Center (“MPNBH Recovery Center”), including the following ZIP Codes: 34652, 34653, 34654, 34655, 34668, 34656, 34673, 34680, 33523, 33525, 33540, 33541, 33542, 33543, 33544, 33545, 33548, 33549, 33556, 33558, 33559, 33576, 33604, 33610, 33612, 33613, 33624, 33647, 34601, 34604, 34606, 34608, 34609, 34610, 34637, 34638, 34639, 34667, 34669, 34689, 34690, and 34691.

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. FL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>[County] Linguistically Isolated Population (Percent)</td>
<td>2.2</td>
<td>![sun] 4.0 ![sun] 6.6 ![sun] 4.7</td>
</tr>
<tr>
<td>[County] Population in Poverty (Percent)</td>
<td>14.3</td>
<td>![cloud] 15.7 ![sun] 16.7 ![sun] 15.6</td>
</tr>
<tr>
<td>[County] Population Below 200% FPL (Percent)</td>
<td>36.4</td>
<td>![cloud] 36.1 ![sun] 38.1 ![cloud] 34.5</td>
</tr>
<tr>
<td>[County] Children Below 200% FPL (Percent)</td>
<td>41.5</td>
<td>![sun] 45.9 ![sun] 49.2 ![sun] 44.2</td>
</tr>
<tr>
<td>[County] No High School Diploma (Age 25+, Percent)</td>
<td>12.5</td>
<td>![cloud] 12.0 ![sun] 13.6 ![sun] 13.7</td>
</tr>
<tr>
<td>[County] Unemployment Rate (Age 16+, Percent)</td>
<td>5.8</td>
<td>![cloud] 5.4 ![cloud] 5.4 ![cloud] 5.3</td>
</tr>
<tr>
<td>% Worry/Stress Over Rent/Mortgage in Past Year</td>
<td>33.8</td>
<td>![sun] 34.8 ![cloud] 31.6</td>
</tr>
</tbody>
</table>

Note: The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
## Community Health Needs Assessment – Morton Plant North Bay Hospital

### Overall Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>24.8</td>
<td>20.3 vs. BayCare Area 19.3 vs. FL 18.3 vs. US</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>31.7</td>
<td>29.6 vs. BayCare Area 22.4 vs. FL 20.0 vs. US</td>
</tr>
<tr>
<td>% Caregiver to a Friend/Family Member</td>
<td>28.0</td>
<td>25.4 vs. BayCare Area 20.9 vs. FL</td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Access to Health Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>10.8</td>
<td>11.5 vs. BayCare Area 22.8 vs. FL 10.1 vs. US 0.0 vs. HP2020</td>
</tr>
<tr>
<td>% [Insured 18-64] Have Coverage Through ACA</td>
<td>10.0</td>
<td>9.3 vs. BayCare Area 10.8 vs. FL</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>48.5</td>
<td>45.6 vs. BayCare Area 36.0 vs. FL</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>16.4</td>
<td>16.9 vs. BayCare Area 14.4 vs. FL</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>20.8</td>
<td>19.5 vs. BayCare Area 9.5 vs. FL</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>19.6</td>
<td>17.9 vs. BayCare Area 11.5 vs. FL</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>17.9</td>
<td>20.9 vs. BayCare Area 15.4 vs. FL</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>16.0</td>
<td>16.8 vs. BayCare Area 8.7 vs. FL</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>12.7</td>
<td>10.8 vs. BayCare Area 5.0 vs. FL</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment – Morton Plant North Bay Hospital

<table>
<thead>
<tr>
<th>Access to Health Services (continued)</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Language/Culture Prevented Care in Past Year</td>
<td>9.0</td>
<td>BayCare Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. FL</td>
</tr>
<tr>
<td>% Low Health Literacy</td>
<td>21.9</td>
<td>5.8</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24.6</td>
</tr>
<tr>
<td>% Difficulty Getting Child’s Healthcare in Past Year</td>
<td>6.3</td>
<td>11.1</td>
</tr>
<tr>
<td>[County] Primary Care Doctors per 100,000</td>
<td>56.1</td>
<td>77.3</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>72.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>71.4</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>66.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>66.2</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>83.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>83.3</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>71.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>70.2</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>75.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>78.1</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>8.2</td>
<td>9.9</td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>20.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.7</td>
</tr>
<tr>
<td>[County] Live in a Health Professional Shortage Area (Percent)</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>60.5</td>
</tr>
<tr>
<td>% Have Completed Advance Directive Documents</td>
<td>47.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>42.1</td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

<table>
<thead>
<tr>
<th>better</th>
<th>similar</th>
<th>worse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Professional Research Consultants, Inc.
### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>38.9</td>
<td>38.2 vs. 32.0</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>11.2</td>
<td>11.7 vs. 8.7 vs. 5.3</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>31.5</td>
<td>27.0 vs. 19.4</td>
</tr>
</tbody>
</table>

#### Note:
The MPNBH Recovery Center data represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Cancer (Age-Adjusted Death Rate per 100,000)</td>
<td>174.9</td>
<td>163.4 vs. 155.9 vs. 163.6 vs. 161.4</td>
</tr>
<tr>
<td>[County] Prostate Cancer Incidence per 100,000</td>
<td>119.8</td>
<td>118.8 vs. 118.9 vs. 131.7</td>
</tr>
<tr>
<td>[County] Female Breast Cancer Incidence per 100,000</td>
<td>112.9</td>
<td>119.5 vs. 115.2 vs. 123.0</td>
</tr>
<tr>
<td>[County] Lung Cancer Incidence per 100,000</td>
<td>77.3</td>
<td>71.2 vs. 64.6 vs. 63.7</td>
</tr>
<tr>
<td>[County] Colorectal Cancer Incidence per 100,000</td>
<td>41.9</td>
<td>40.7 vs. 39.2 vs. 41.9</td>
</tr>
<tr>
<td>[County] Cervical Cancer Incidence per 100,000</td>
<td>9.6</td>
<td>9.3 vs. 8.9 vs. 7.7</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>13.4</td>
<td>11.7 vs. 8.9 vs. 7.7</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>9.6</td>
<td>9.7 vs. 7.2 vs. 7.7</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>77.4</td>
<td>78.3 vs. 78.5 vs. 80.3 vs. 81.1</td>
</tr>
</tbody>
</table>
### Cancer (continued)

<table>
<thead>
<tr>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>65.3</td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>78.2</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>46.6</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>78.7</td>
</tr>
</tbody>
</table>

Note: The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>[County] Kidney Disease (Age-Adjusted Death Rate per 100,000)</td>
<td>12.1</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Note: The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

### Dementias, Including Alzheimer’s Disease

<table>
<thead>
<tr>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area</td>
</tr>
<tr>
<td>[County] Alzheimer’s Disease (Age-Adjusted Death Rate per 100,000)</td>
<td>16.4</td>
</tr>
<tr>
<td>% [Age 45+] Increasing Confusion/Memory Loss in Past Yr</td>
<td>11.9</td>
</tr>
</tbody>
</table>
### Diabetes

<table>
<thead>
<tr>
<th>[County] Diabetes Mellitus (Age-Adjusted Death Rate per 100,000)</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
<th>vs. BayCare Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.8</td>
<td></td>
<td></td>
<td>21.6</td>
<td>19.2</td>
<td>21.1</td>
<td>20.5</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>17.0</td>
<td></td>
<td>16.3</td>
<td>11.2</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>11.0</td>
<td></td>
<td>11.4</td>
<td></td>
<td>5.7</td>
<td></td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>46.6</td>
<td></td>
<td>49.9</td>
<td></td>
<td>55.1</td>
<td></td>
</tr>
</tbody>
</table>

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### Family Planning

<table>
<thead>
<tr>
<th>[County] Teen Births per 1,000 (Age 15-19)</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
<th>vs. BayCare Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.8</td>
<td></td>
<td></td>
<td>38.9</td>
<td>36.1</td>
<td>36.6</td>
<td></td>
</tr>
</tbody>
</table>

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### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>% Deafness/Trouble Hearing</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
<th>vs. BayCare Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.4</td>
<td></td>
<td></td>
<td>11.2</td>
<td></td>
<td>8.6</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
<table>
<thead>
<tr>
<th>Heart Disease &amp; Stroke</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Diseases of the Heart (Age-Adjusted Death Rate per 100,000)</td>
<td>156.7</td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>[County] Stroke (Age-Adjusted Death Rate per 100,000)</td>
<td>37.6</td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>10.7</td>
<td>31.1 31.4 36.5 34.8</td>
</tr>
<tr>
<td>% Heart Attack</td>
<td>6.8</td>
<td>5.6 5.3 4.0</td>
</tr>
<tr>
<td>% Angina/Coronary Heart Disease</td>
<td>6.7</td>
<td>5.6 5.4 5.2</td>
</tr>
<tr>
<td>% Stroke</td>
<td>6.2</td>
<td>4.6 3.4 2.6</td>
</tr>
<tr>
<td>% Congestive Heart Failure</td>
<td>2.7</td>
<td>3.6</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>88.9</td>
<td>89.4 93.6 92.6</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>51.3</td>
<td>45.3 34.6 36.5 26.9</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>92.5</td>
<td>92.7 92.5</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>81.9</td>
<td>83.7 79.5 87.4 82.1</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>42.9</td>
<td>40.6 33.5 13.5</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>77.7</td>
<td>82.0 84.2</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>89.8</td>
<td>87.8 83.0</td>
</tr>
</tbody>
</table>

Note: The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as "[County]"), and ZIP Code-defined service area information for survey-derived indicators.
### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] HIV/AIDS (Age-Adjusted Death Rate per 100,000)</td>
<td>1.8</td>
<td><img src="image" alt="better" /> <img src="image" alt="better" /> <img src="image" alt="better" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>[County] HIV Prevalence per 100,000</td>
<td>171.0</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>34.5</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>46.2</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>42.5</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>72.0</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>37.2</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /> <img src="image" alt="better" /></td>
</tr>
</tbody>
</table>

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### Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Unintentional Injury (Age-Adjusted Death Rate per 100,000)</td>
<td>53.4</td>
<td><img src="image" alt="better" /> <img src="image" alt="better" /> <img src="image" alt="better" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>[County] Motor Vehicle Crashes (Age-Adjusted Death Rate per 100,000)</td>
<td>13.8</td>
<td><img src="image" alt="better" /> <img src="image" alt="better" /> <img src="image" alt="better" /> <img src="image" alt="better" /></td>
</tr>
<tr>
<td>% [Age 45+] Fell in the Past Year</td>
<td>31.4</td>
<td><img src="image" alt="better" /> <img src="image" alt="similar" /> <img src="image" alt="worse" /></td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
## Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Firearm-Related Deaths (Age-Adjusted Death Rate per 100,000)</td>
<td>12.2</td>
<td>vs. BayCare Area: ⬇️</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>31.4</td>
<td>⬇️</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>33.5</td>
<td>⬇️</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>33.7</td>
<td>⬇️</td>
</tr>
<tr>
<td>[County] Homicide (Age-Adjusted Death Rate per 100,000)</td>
<td>4.3</td>
<td>⬇️</td>
</tr>
<tr>
<td>[County] Violent Crime per 100,000</td>
<td>325.4</td>
<td>⬇️</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>3.7</td>
<td>⬇️</td>
</tr>
<tr>
<td>% Perceive Neighborhood as “Slightly/Not At All Safe”</td>
<td>19.1</td>
<td>⬇️</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>15.8</td>
<td>⬇️</td>
</tr>
</tbody>
</table>

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## Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] No Prenatal Care in First Trimester (Percent)</td>
<td>26.4</td>
<td>vs. BayCare Area: ⬇️</td>
</tr>
<tr>
<td>[County] Low Birthweight Births (Percent)</td>
<td>8.3</td>
<td>⬇️</td>
</tr>
<tr>
<td>[County] Infant Death Rate per 1,000 Live Births</td>
<td>6.0</td>
<td>⬇️</td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.
## Community Health Needs Assessment – Morton Plant North Bay Hospital

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% &quot;Fair/Poor&quot; Mental Health</strong></td>
<td>13.6</td>
</tr>
<tr>
<td><strong>% Diagnosed Depression</strong></td>
<td>20.3</td>
</tr>
<tr>
<td><strong>% Symptoms of Chronic Depression (2+ Years)</strong></td>
<td>27.6</td>
</tr>
<tr>
<td><strong>[County] Suicide (Age-Adjusted Death Rate per 100,000)</strong></td>
<td>18.8</td>
</tr>
<tr>
<td><strong>% Have Ever Sought Help for Mental Health</strong></td>
<td>30.7</td>
</tr>
<tr>
<td><strong>% [Those With Diagnosed Depression] Seeking Help</strong></td>
<td>74.8</td>
</tr>
<tr>
<td><strong>% Taking Rx/Receiving Mental Health Trtmt</strong></td>
<td>17.6</td>
</tr>
<tr>
<td><strong>% Unable to Get Mental Health Svcs in Past Yr</strong></td>
<td>4.6</td>
</tr>
<tr>
<td><strong>% Typical Day Is &quot;Extremely/Very&quot; Stressful</strong></td>
<td>17.7</td>
</tr>
<tr>
<td><strong>% Average &lt;7 Hours of Sleep per Night</strong></td>
<td>38.9</td>
</tr>
</tbody>
</table>

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### Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Eat 5+ Servings of Fruit or Vegetables per Day</strong></td>
<td>21.9</td>
</tr>
<tr>
<td><strong>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</strong></td>
<td>31.0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Nutrition, Physical Activity &amp; Weight (continued)</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Population With Low Food Access (Percent)</td>
<td>38.1</td>
<td>28.3 vs. Florida</td>
</tr>
<tr>
<td>% Food Insecure</td>
<td>31.3</td>
<td>32.5 worse vs. Florida</td>
</tr>
<tr>
<td>% 7+ Sugar-Sweetened Drinks in Past Week</td>
<td>24.2</td>
<td>23.7 vs. Florida</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>28.0</td>
<td>30.5 worse vs. Florida</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>69.4</td>
<td>66.5 better vs. Florida</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>36.9</td>
<td>34.3 better vs. Florida</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>27.0</td>
<td>25.0 worse vs. Florida</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>32.2</td>
<td>30.8 worse vs. Florida</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>49.1</td>
<td>45.8 better vs. Florida</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>65.4</td>
<td>62.9 better vs. Florida</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>29.1</td>
<td>27.5 worse vs. Florida</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>21.1</td>
<td>21.7 worse vs. Florida</td>
</tr>
<tr>
<td>[County] Recreation/Fitness Facilities per 100,000</td>
<td>7.1</td>
<td>11.3 worse vs. Florida</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>35.2</td>
<td>34.3 worse vs. Florida</td>
</tr>
</tbody>
</table>

*Note: The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as "[County]"), and ZIP Code-defined service area information for survey-derived indicators.
<table>
<thead>
<tr>
<th>Oral Health</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>54.3</td>
<td>55.5 61.9 67.2 49.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>78.1</td>
<td></td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>61.5</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The MPNBH Recovery Center data (blue column) represent county-level data for indicators derived from secondary data sources (marked as “[County]”), and ZIP Code-defined service area information for survey-derived indicators.

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>[County] CLRD (Age-Adjusted Death Rate per 100,000)</td>
<td>56.3</td>
<td>44.2 38.8 41.4</td>
</tr>
<tr>
<td>[County] Pneumonia/Influenza (Age-Adjusted Death Rate per 100,000)</td>
<td>7.4</td>
<td>9.9 9.2 15.1</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>13.4</td>
<td>11.6 7.6 9.5</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>7.8</td>
<td>9.2 8.0 9.5</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>9.2</td>
<td>10.4 6.5</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Gonorrhea Incidence per 100,000</td>
<td>42.7</td>
<td><img src="image" alt="comparison" /> vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>[County] Chlamydia Incidence per 100,000</td>
<td>231.3</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td>5.7</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td>37.9</td>
<td><img src="image" alt="comparison" /></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[County] Cirrhosis/Liver Disease (Age-Adjusted Death Rate per 100,000)</td>
<td>16.2</td>
<td><img src="image" alt="comparison" /> vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>56.2</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>25.0</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% Life Negatively Affected by Substance Abuse</td>
<td>38.7</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>3.4</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>[County] Drug-Induced Deaths (Age-Adjusted Death Rate per 100,000)</td>
<td>24.3</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>5.7</td>
<td><img src="image" alt="comparison" /></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>4.9</td>
<td><img src="image" alt="comparison" /></td>
</tr>
</tbody>
</table>

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## Tobacco Use

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>20.5</td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>16.1</td>
<td>17.7</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>15.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.0</td>
<td></td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>10.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>14.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16.8</td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>% Currently Use Electronic Cigarettes</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td></td>
</tr>
</tbody>
</table>

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## Vision

<table>
<thead>
<tr>
<th>Vision</th>
<th>MPNBH Recovery Center</th>
<th>MPNBH Recovery Center vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>12.2</td>
<td>vs. BayCare Area vs. FL vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>69.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65.1</td>
<td></td>
</tr>
</tbody>
</table>

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Appendix III: Agencies/Organizations Giving Input to Health Need Prioritization

The following agencies/organizations reviewed the assessment findings and participated in the hospital’s prioritization exercise:

- BayCare Health System
- BayCare Medical Group
- Pasco County Health Department
- Florida Representative
- Good Samaritan Health Clinic
- Legislative Assistant
- Midflorida Board
- Morton Plant North Bay Hospital
- Morton Plant North Bay Recovery Center
- New Port Richey Recreation Center
- Premier Health Care