AdventHealth Connerton

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

University Community Hospital, Inc. dba AdventHealth Connerton

Approved by the Hospital Board on: November 21, 2019

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**Extending the Healing
Ministry of Christ**

AdventHealth

2019 Community Health Needs Assessment

Table of Contents

Acknowledgements

1. EXECUTIVE SUMMARY

Goals

University Community Hospital, Inc. dba AdventHealth Connerton will be referred to in this document as AdventHealth Connerton or "The Hospital." AdventHealth Connerton in Land O Lakes, Florida conducted a community health needs assessment in 2019. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Connerton's prioritized issues

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Connerton created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts, and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met three times in 2018-2019. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan to address the priority issues. *See Section 5 for a list of CHNAC members*.

Data

AdventHealth Connerton collected both primary and secondary data. The primary data included stakeholder interviews, community surveys and community focus groups.

Secondary data sources included internal Hospital utilization data. This utilization data showed the top reasons for visits to AdventHealth Connerton over the past year. In addition, the Hospital utilized publicly available data from state and nationally recognized data sources. *See Section 7 for a list of data sources.*

Primary and secondary data was then compiled and analyzed in order to identify the top 8-12 aggregate issues from the various sources of data.

Community Asset Inventory

The next step was a Community Asset Inventory. This inventory was designed to help AdventHealth Connerton and the CHNAC to:

- Understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data;

- Prevent duplication of efforts as appropriate. *See Section 9 for the Community Asset Inventory.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the CHNAC narrowed the list of 8-12 issues to three priority issues. The CHNAC used a priority selection tool that uses clearly defined criteria to select the top issues to address. *See Section 10 for the Priority Selection Report.*

The priority selection criteria included:
   A.   Relevance: How important is this issue?
   B.   Impact: What will we achieve by addressing this issue?
   C.   Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

The priority issues to be addressed included:

1. Heart Disease
   a. <u>Goal 1:</u> To increase access to health education, early intervention programs and resources related to heart disease
   b. <u>Goal 2:</u> To increase physical activity among adults and youth in the primary service area

2. Substance Abuse (Alcohol & Drug Abuse)
   a. <u>Goal 1:</u> Increasing knowledge and awareness about community resources
   b. <u>Goal 2:</u> To identify community partners addressing substance abuse or offering support groups/classes in the community

3. Tobacco Use
   a. <u>Goal 1:</u> To decrease tobacco use among adults and youth in the community
   b. <u>Goal 2:</u> To increase access to smoking cessation classes for adults by partnering with community organizations

See Section 11-12 for an explanation of priority issues which were chosen as well as those not chosen.

Approvals

On November 21, 2019 the AdventHealth Connerton Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website as well as https://www.adventhealth.com/community-health-needs-assessments prior to December 31, 2019.

Next Steps

The CHNAC will work with AdventHealth Connerton to develop a measurable 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

2. ABOUT: ADVENTHEALTH CONNERTON

Transition to AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Connerton. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

AdventHealth Connerton is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, Hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

About AdventHealth Connerton

AdventHealth Connerton in Land O Lakes, Florida is a Long-Term Acute Care that delivers meaningful long-term care by getting to know our patients and their families. AdventHealth Connerton is a 50-bed Hospital that provides a comprehensive range of services to treat patients whose medically complex conditions require a longer stay. With emphasis on providing specialized medical care includes: ventilator weaning, complex respiratory conditions, infectious disease, complex wound care, heart failure, medically complex conditions, neurological disorders, post-trauma care, renal disorders, bariatric care, and surgical complications. The 48,000 square foot, one-story facility features all private rooms, an operating room for minor inpatient procedures, a chapel, inner courtyard and dining area. The unique environment of a long-term acute-care Hospital means that our patients and their visitors will spend more time with us than at other Hospitals. For that reason, we have designed our Hospital to be a comfortable environment. Our specially trained staff are not only experts in providing advanced care, but also have friendly, compassionate personalities that help ease the stress that can be associated with long-term recovery or illness. AdventHealth Connerton is part of the AdventHealth network, and proud to bring expertise, experience and leadership to the region to deliver health care through the compassion and dedication of our people. To learn more about the Hospital's programs and services, visit AdventHealthConnerton.com.

3. CHOOSING THE COMMUNITY

AdventHealth Connerton defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes Pasco and Hillsborough Counties and the zip codes 33510–Brandon, 33511–Brandon, 33523-Dade City, 33525–Dade City, 33540–Zephyrhills, 33541–Zephyrhills, 33542–Zephyrhills, 33543–Wesley Chapel, 3354–Wesley Chapel, 33545–Wesley Chapel, 33548–Lutz, 33549–Lutz, 33556–Odessa, 33558–Lutz, 33559–Lutz, 33573-Sun City Center, 33576–San Antonio, 33578–Riverview, 33592–Thonotosassa, 33604–Tampa, 33605–Tampa, 33610–Tampa, 33612–Tampa, 33613–Tampa, 33614–Tampa, 33615–Tampa, 33617–Tampa, 33618–Tampa, 33619–Tampa, 33624–Tampa, 33625–Tampa, 33634–Tampa, 33637–Tampa, 33647–Tampa, 34601–Brooksville, 34602–Brooksville, 34604–Brooksville, 34606-Spring Hill, 34608-Spring Hill, 34609-Spring Hill, 34610-Spring Hill, 34613–Brooksville, 34637–Land O Lakes, 34638–Land O Lakes, 34639–Land O Lakes, 34652–New Port Richey, 34653–New Port Richey, 34654–New Port Richey, 34655–New Port Richey, 34667–Hudson, 34668–Port Richey, and 34669–Hudson.

4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

In order to understand our community and the challenges faced, AdventHealth Connerton looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. *Secondary report data can be found in Appendix B.*

A total of 1,347,505 people live in the 1,358 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 992.24persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
AdventHealth Connerton	1,347,505	1,358	992.24
Hernando County, FL	179,144	472.86	378.85
Hillsborough County, FL	1,351,087	1,020.31	1,324.19
Pasco County, FL	498,136	747.65	666.27
Florida	20,278,447	53,634.01	378.09
United States	321,004,407	3,532,315.66	90.88

The map below represents the service area where 75-80% of AdventHealth Connerton's patients come from.

Map Legend — Population Age 65+, Percent by Tract, ACS 2013-17 — Report Location, Adventist Health Service Areas

- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed

https://ahs.engagementnetwork.org/map-room/, 8/16/2019
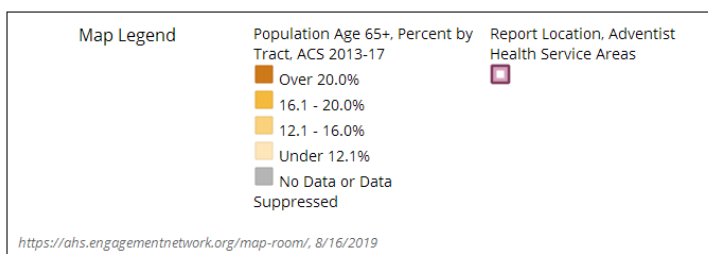
COMMUNITY DEMOGRAPHICS

Female 51.59%   **Male** 48.41%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	5.86%	15.83%	8.7%	13.21%	12.57%	13.64%	12.69%	17.5%

RACE	Caucasian	African-American	Asian	Native American / Alaska Native	Native Hawaiian /Pacific Islander	Other Race	Multiple Races
%	76.52%	13.65%	3.5%	0.36%	0.06%	2.84%	3.06%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	21.46%	78.54%

Source: US Census Bureau, Decennial Census. 2000 - 2010.

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH CONNERTON SERVICE AREA	Florida AVERAGE
Poverty[1]	% Population in Poverty (Below 100% FPL)	15.7%	15.46%
Unemployment Rate[2]	Unemployment Rate	6.3%	3.1%
Violent Crime[3]	Violent Crime Rate (Per 100,000 Pop.)	317.6	472.1
Population with No High School Diploma[1]	% Population Age 25+ with No High School Diploma	11.7%	12.82%
Insurance[4]	Uninsured Adults-% Without Medical Insurance	17.6%	18.44%
Insurance[4]	Uninsured Children-% Without Medical Insurance	5.62%	6.58%
Food Insecurity Rate[5]	Food Insecurity Rate	15.5%	16.2%
Population with Low Food Access[6]	% Population with Low Food Access	31.86%	25.7%
Use of Public Transportation[1]	% Population Using Public Transit for Commute to Work (Age 16+)	1.18%	2%
Alcohol Consumption[7]	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	19.8%	17.1%
Tobacco Usage[7]	% Population Smoking Cigarettes (Age-Adjusted)	22.4%	18.9%

[1] US Census Bureau, American Community Survey. 2013-17. [2] US Department of Labor, Bureau of Labor Statistics. 2019 - July. [3] Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2019.[4] US Census Bureau, Small Area Health Insurance Estimates. 2017. [5] Feeding America. 2017. [6] US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. [7] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12

Income - Per Capita Income

The per capita income for the AdventHealth Connerton primary service area is $26,644.00, which is lower than the state average of $28,773.00. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
AdventHealth Connerton	1,347,505	$35,902,319,624.00	**$26,644.00**
Hernando County, FL	179,144	$4,208,949,200.00	$23,494.00
Hillsborough County, FL	1,351,087	$40,271,080,400.00	$29,806.00
Pasco County, FL	498,136	$13,262,367,600.00	$26,623.00
Florida	20,278,447	$583,486,218,200.00	$28,773.00
United States	321,004,407	$10,008,063,515,700.00	$31,177.00

Per Capita Income ($)

● ($26,644.00)
● Florida ($28,773.00)
● United ($31,177.00)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Per Capita Income by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Hernando County, FL	$24,357.00	$17,765.00	$18,926.00	$19,759.00	$0.00	$13,837.00	$11,117.00
Hillsborough County, FL	$33,143.00	$20,217.00	$35,240.00	$26,283.00	$16,208.00	$17,042.00	$19,195.00
Pasco County, FL	$27,087.00	$22,099.00	$34,456.00	$24,227.00	$28,757.00	$18,893.00	$15,838.00
Florida	$31,765.00	$17,901.00	$31,415.00	$22,993.00	$23,509.00	$18,653.00	$17,231.00
United States	$34,221.00	$21,117.00	$36,158.00	$18,822.00	$22,685.00	$17,051.00	$17,948.00

Source: US Census Bureau, American Community Survey. 2013-17.

Households living with income below the Federal Poverty Level (FPL)

In the AdventHealth Connerton primary service area, 21.3% of children aged 0-17, or 61,082 children, are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Children in Poverty by Race Alone, Total
AdventHealth Connerton

Multiple Race: 7.8%
Some Other Race: 6.6%
Native Hawaiian / Pacific Islander: 0.3%
Asian: 2.1%
Native American / Alaska Native: 0.7%
Non-Hispanic White: 42.5%
Black or African American: 40.0%
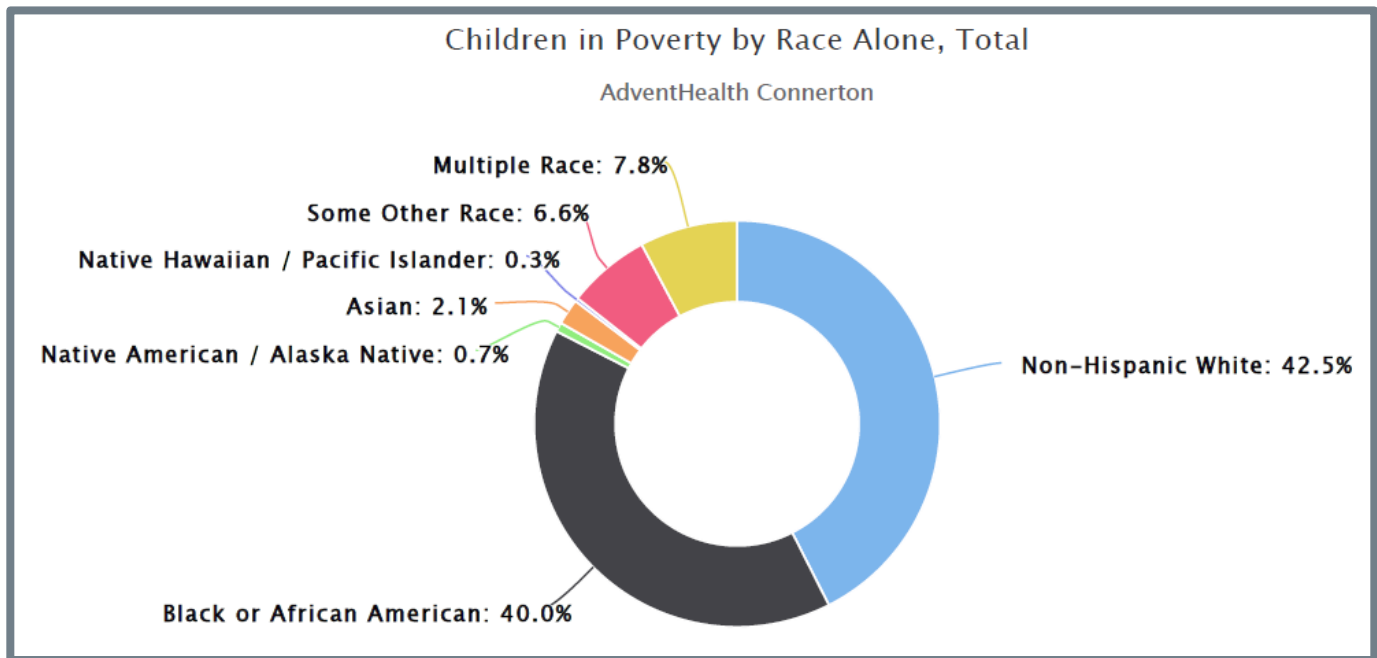
Source: US Census Bureau, American Community Survey. 2013-17.

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth Connerton conduct a comprehensive assessment of the community. The committee included representation from the Hospital, public health officials and the broad community as well as representation from low-income, minority and other underserved populations. The committee met quarterly throughout 2018-2019. Current CHNAC members include:

Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Norm Stein	Community Member	Community Member	Previous CEO in health care system with investment in community	x	x	x
Dr. Galo Alava	Community Member	St. Leo University	University contact in our community	x	x	x
Chief Reardon	Pasco County Division Fire Chief	Pasco County Fire Department	Service the Pasco community	x	x	x
Megan Carmichael	Department of Health – Program Manager	Department of Health	Service the Pasco community	x	x	x
Orton Varona	President	North Tampa Christian Academy	Local Christian private school in Pasco County			x
Sheena Thompson	Gulfcoast North Area Health Education Center – program manager	Gulfcoast North Area Health Education Center	Service the Pasco community with smoking cessation services	x	x	x

AdventHealth Connerton Members

The following AdventHealth Connerton team members provided leadership throughout the process:

- **Debi Martoccio**, Chief Operating Officer
- **Moses Brown**, Chaplain
- **Dawn Rhule**, Respiratory Services Manager
- **Carolyn Dix**, Lead Surgery Registered Nurse
- **Nicole Hecht,** Human Resources Manager
- **Kimberly Williams**, Director of Community Benefits; West Florida Division, Community Benefit Support

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment.

Pasco County Public Health

Pasco County public health representatives participated throughout the Community Health Needs Assessment process. Our community survey process was mobilized by Florida Department of Health in Pasco County with the expertise of their Organizational and Community Health Management Program Manager, Megan Carmichael who led the Pasco County Community Health Collaborative (PCCHC) efforts to work together to implement a joint Community Health Needs Assessment (CHNA) and Community Health Plan. The PCCHC focuses on the overall health of the community and strives to facilitate change through public participation. The key partners that worked to guide the joint CHNA process include AdventHealth West Florida Division, Moffitt Cancer Center, BayCare, Tampa General Hospital, Polk Vision LEAD and Lakeland Regional Health.

The PCCHC worked together to gather community input from public health experts and vulnerable populations by conducting a joint community health needs assessment, which included a county-wide community health survey, stakeholder interviews and a county-wide meeting to prioritize the significant health needs for our county.

The following public health representatives from the county department of health provided leadership throughout the process:

- **Michael J. Napier, M.S., Administrator**, Florida Department of Health in Pasco County
- **Megan Carmichael, MPH** Program Manager, Organizational and Community Health Management, Florida Department of Health in Pasco County

For more information on the PCCHC: http://pasco.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/collective-impact/index.html

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

a. Community Survey: Pasco County Community Health Collaborative (PCCHC) designed the 2019 Community Health Needs Survey and launched a county-wide effort to engage the community to participate in the survey. The survey asked questions, which aimed to better understand feedback from community members related to barriers to accessing care (including dental care, mental health care), challenges to accessing care for children's health (including care for special needs children), health behaviors and other social determinants of health.

Community surveys were completed on-line and in person in community settings. Local community organizations played a major role in engaging community members to participate in the survey. The on-line survey link was made accessible in a variety of ways to assure barriers to participating were addressed. For example, local community centers encouraged participating by providing access to a computer and/or iPad at community events for community members to access the on-line survey. In addition, paper copies of the survey were provided to community partners interested in providing the survey to clients on site. Community surveys were also made available at local clinics, community events, department of motor vehicle locations, and other community locations throughout Pasco County.

b. Stakeholder Interviews: Interviews were conducted by sending out a link by email to members of our Community Health Needs Assessment Committees (CHNACs) and completed on-line. As needed, reminders were sent out to CHNAC members to complete the on-line questionnaire.

Secondary Data

a. Hospital Utilization Data: Top 10 inpatient diagnoses by payer Hospital utilization data was provided by our AdventHealth Connerton finance department. Diagnoses were placed into general category descriptions and organized in Appendix C: Hospital Utilization Data.

CHNAC members reviewed Hospital utilization data along with primary and secondary data, as well as the previously determined Florida Department of Health in Pasco County priority areas to identify potential trends in the health of the community members residing in the Hospital primary service areas.

b. The Engagement Network: Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators and a hub network with 30+ partner organizations using CARES technology.

c. Partnership Secondary Data: In addition, secondary data was also collected in partnership with the Pasco County Community Health Collaborative in which data was sourced from the American Community Survey, Centers for Disease Control and Prevention, Conduent and Healthy Communities Institute (HCI).

DATA SOURCES:

a. US Census Bureau, Decennial Census, 2000-2010
b. US Census Bureau, American Community Survey, 2013-17
c. Feeding America, 2014
d. US Census Bureau, Small Area Health Insurance Estimates, 2016
e. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
f. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
g. US Department of Labor, Bureau of Labor Statistics, 2018 – August
h. Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-14
i. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
j. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015
k. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015
l. US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, April 2016
m. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, March 2018
n. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12
o. Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10
p. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015
q. State Cancer Profiles, 2011-15
r. State Cancer Profiles, 2009-13
s. Centers for Medicare and Medicaid Services, 2015
t. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
u. Centers for Disease Control and Prevention, National Vital Statistics System, 2012-16
v. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

8. COMMUNITY COLLABORATION

The AdventHealth Connerton Community Health Needs Assessment is the product of a county-wide collaborative process in collaboration with the Florida Department of Health in Pasco County's Community Health Collaborative (PCCHC).

The PCCHC is comprised of six board members who assisted with overcoming barriers and connecting coalitions with additional resources/partners when needed. The PCCHC is under the direction of the Department of Organizational Community Health, which focuses on the overall health of the community and strives to facilitate change through public participation.

Collaborators

- **Pasco County Community Health Collaborative** collectively worked together to provide resources to complete a county-wide Community Health Needs Assessment. This included the representation from the following organizations:
  - AdventHealth West Florida Division
  - Moffitt Cancer Center
  - BayCare
  - Tampa General Hospital
  - Polk Vision LEAD
  - Lakeland Regional Health

9. DATA SUMMARY

Primary and Secondary Data: High Level Findings

Once all primary and secondary data was collected, this was then analyzed and categorized into top priorities per source of data. These results are listed by source in the tables below.

Primary and secondary data was presented to the CHNAC. Each committee member received copies of the reports. The AdventHealth Connerton financial department provided admission data for inpatient and the Emergency Department including diagnosis, payer source and zip codes for 2018.

Top Priorities determined from Pasco County Community Health Needs Assessment (CHNA) Prioritization Meeting								
1	Mental Health & Mental Disorders	5	Immunization & Infectious Disease	9	Heart Disease & Stroke
2	Access to Health Services	6	Maternal, Fetal & Infant Health	10	Cancer
3	Substance Abuse	7	Oral Health	11	Respiratory Disease
4	Exercise, Nutrition, & Weight	8	Diabetes		

Top Priorities determined from Pasco County Community Surveys					
1	Drug Abuse	5	Being Overweight		
2	Alcohol Abuse	6	Domestic Violence/Rape/Sexual Assault		
3	Distracted Driving	7	Heart Disease/Stroke/High Blood Pressure		
4	Mental Health Problems (including suicide)				

Top Priorities for AdventHealth Connerton's Primary Service Area determined from Secondary Data provided by The Engagement Network/ Secondary Needs Assessment Tool								
1	Heart Disease, High Blood Pressure, Stroke, High Cholesterol	5	Cancer	9	Asthma
2	Physical Inactivity, Obesity, Overweight,	6	Alcohol Consumption	10	Population with Low Food Access
3	Diabetes	7	Tobacco Usage - Current Smokers		
4	Lack of Social or Emotional Support, Suicide, Depression	8	Poor Dental Health		

Top Priorities determined from Inpatient Hospital Utilization Data							
1	Weakness	5	Athscl heart disease of native coronary artery w/o ang pctrs (Atherosclerotic Coronary Artery Disease)	9	Tracheostomy status (Artificial Opening Status)
2	Hyperlipidemia, unspecified (abnormally elevated levels of any or all lipids or lipoproteins in blood)	6	Essential (primary) hypertension (blood pressure of 140/90 or higher)	10	Major depressive disorder, single episode, unspecified
3	Dysphagia, unspecified (difficulty swallowing)	7	Critical illness myopathy (disease of limb and respiratory muscles)		
4	Personal history of nicotine dependence	8	Anxiety disorder, unspecified		

Please note: AdventHealth Connerton does not have an Emergency Room Department onsite at this facility.

Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting, the top needs identified by Pasco County were reviewed along with identified needs specific to AdventHealth Connerton's primary service area. The CHNAC compared the overarching top health needs of the County with the top health needs specific to the communities nearest the Hospital (our primary service areas).

After discussions concluded about the similarities and differences of the health needs data, as well as other experiences with providing care and services to address these identified health needs, CHNAC members were then asked to select their top three issues by voting anonymously (lists of the needs were provided) and the results were then shared with the larger group.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Heart Disease (High Blood Pressure, Stroke, High Cholesterol)	*Underserved populations, community*	*Adults aged 18 and older*	*33610, 34608, 34606, 34655, 34609, 33612, 34653, 34668, 34667*
2	Substance Abuse (Alcohol & Drug Abuse)	*Underserved, minority, low-income populations, community focus*	*Adults aged 18 and older*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*
3	Tobacco Use	*Underserved, minority, low-income populations, community focus*	*Adults aged 18 and older*	*33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33525, 33541, 33542, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*
4	Lack of Social or Emotional Support, Suicide, Depression	*Underserved, low – income, populations*	*Medicare Population*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*
5	Poor Dental	*Underserved, minority, low-income populations, community focus*	*Adults aged 18 and older*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*
6	Population with Low Food Access	*Underserved, minority, low-income populations, community focus*	*Adults aged 18 and older*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*

7	Asthma	*Underserved, minority, low-income populations, community focus*	*Adults aged 18 and older*	*33584, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33647, 33542, 34653, 34668, 34691*
8	Physical Inactivity, Obesity, Overweight	*Underserved, minority, low-income populations, community focus*	*Adults aged 20 and older*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*
9	Diabetes	*Underserved, minority, low-income populations, community focus*	*Adults aged 20 and older*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*
10	Cancer	*Underserved, minority, low-income populations*	*All ages*	*33584, 33592, 33604, 33605, 33610, 33612, 33613, 33614, 33617, 33618, 33624, 33625, 33634, 33637, 33647, 33523, 33525, 33541, 33542, 33543, 33544, 33545, 33576, 34637, 34638, 34639, 34652, 34653, 34654, 34655, 34667, 34668, 34669, 34690, 34691*

10. COMMUNITY ASSET INVENTORY

In order to help AdventHealth Connerton's CHNAC determine the community health priorities where they could make a meaningful difference, the Hospital conducted a Community Asset Inventory related to the top 10 identified community health needs in the Hospital's primary service area. The inventory was designed to help the CHNAC narrow the 10 health needs to the three priority issues. The full Asset Inventory is below.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	**Current Community Programs**	**Current Hospital Programs**
Heart Disease, High Blood Pressure, Stroke, High Cholesterol	*American Heart Association*	*Food is Health – AdventHealth Internal Cardiologist RT Department CPT Dietary Assistance*
Substance Abuse (Alcohol & Drug Abuse)	*GNAHEC Education to staff Community boards (Lutz Laker) Partner with Pasco Schools Swat with Department of Health Pasco Fire & Rescue – Opioid referrals and medication; partner with Narcotics Anonymous; Purple Flag Program (number of cards distributed); need more Public Education; Scholarship/Explorers program (staff becoming expert educators) Education at San Antonio Detention Center Invite Pasco County Schools representative to CHNAC (chair of SHAC?) Re-connect with Eckerd College St. Leo to become a smoke-free campus (need to overcome internal obstacles)*	*Internal Resources Dr. Walker (Psych)*
Tobacco Use	*GNAHEC Education to staff Community boards (Lutz Laker) Partner with Pasco Schools Swat with Department of Health*	*Internal Resources*
Lack of Social or Emotional Support, Suicide, Depression	West Central FL Coalition for Mental Wellness – Stigma Reduce Camp *ACTS/DAACO Gracepoint Crisis Center of Tampa Bay Crisis Intervention Training*	
Poor Dental	*Hillsborough County Dental Research Clinic Tampa Family Health Centers*	

	Dental Clinic at Hillsborough Community College *Suncoast Community Health Center* *School Based Sealant Program*	
Population with Low Food Access	Feeding Tampa Bay Florida Department of Children and Families • Food Assistance Program (SNAP/EBT) Florida Department of Health • WIC & Nutrition Services Tampa Bay Network to End Hunger Meals on Wheels of Tampa Trinity Café Hillsborough County Agency on Aging Hillsborough County Aging Services Department	*Food is Health® Program*
Asthma	Tampa Bay Asthma Coalition • Hosts asthma education classes/workshops • Volunteer team does home visits to assess the environment and reduce triggers	
Physical Inactivity, Obesity, Overweight	Programs in Pasco County Parks and Recreation, YMCA Veggie Van, Feeding Tampa Bay, Healthier You-wellness program at Premier	*Food is Health® Program*
Diabetes	Tampa Bay Diabetes Collaborative, American Diabetes Association	*Food is Health® Program*
Cancer	Moffitt Cancer Center Florida Department of Health in Pasco County (Breast and Cervical Cancer Early Detection Program, Prostate Cancer Screening)	

11. PRIORITY SELECTION

Priority Selection using the Rating & Prioritizing Key Health Issues Worksheet

The top 10 issues identified from the CHNAC data review of household data, key informant survey responses, and the top inpatient and ED admissions data were reviewed and discussed again alongside the Community Asset Inventory to identify the top priorities.

The Rating & Prioritizing Key Health Issues Worksheet shown below was utilized throughout the discussion. The criteria were incorporated into a discussion format to guide the conversation and help the CHNAC to rate each priority.

1. Relevance: How important is this issue?
2. Impact: What will we achieve by addressing this issue?
3. Feasibility: Can we adequately address this issue?

RATING & PRIORITIZING KEY HEALTH ISSUES

Step 1: List Key Issues	Step 2: Rate Against Selection Criteria (1= lowest priority; 2= medium; 3= high; 4=highest)							Step 3: Total Rating
	RELEVANT *How important is the issue?* • Size of problem (ex. % population) • Severity of problem (ex. Cost to treat, lives lost) • Urgency to solve problem; community concern • Linked to other important issues		**IMPACTFUL** *What will we achieve by addressing this issue?* • Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now		**FEASIBLE** *Can we adequately address this issue?* • Availability of resources (staff, community partners, time, money) to address issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins			
Lack of Social or Emotional Support, Suicide, Depression	20	+	10	+	5		=	35
Poor Dental	15	+	10	+	5		=	30
Population with Low Food Access	15	+	10		5		=	30
Asthma	10	+	10	+	8		=	28
Heart Disease, High Blood Pressure, Stroke, High Cholesterol	20	+	20	+	15		=	55
Tobacco Use	15	+	15	+	15		=	45
Substance Abuse (Alcohol/ Substance Use)	20	+	20	+	15		=	55

Physical Inactivity, Obesity, Overweight	20	+	20	+	15	=	55
Diabetes	20	+	20	+	15	=	55
Cancer	20	+	20	+	15	=	55

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL ADDRESS

Relevance	Impact	Feasibility
Heart Disease (High Blood Pressure, Stroke, High Cholesterol)		
In the AdventHealth Connerton primary service area (PSA), the rate of death due to heart disease per 100,000 population is 160, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 30% and 45% of adults have high cholesterol. Additionally, 10% of the PSA has been diagnosed with diabetes and 29% of adults are obese with a body mass index (BMI) greater than 30. Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, diabetes, being overweight/obese and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease.	Food is Health – AdventHealth, Internal Cardiologist, RT Department, CPT, Dietary Assistance A failure to manage blood pressure and cholesterol, eat a healthy diet and incorporate physical activity daily increases the risk of developing heart disease.	The community has the ability to partner to maximize the resources available. American Heart Association
Substance (Alcohol & Drug Abuse)		
In the AdventHealth Connerton PSA, 20% of adults aged 18 and above drank excessively, which is higher than the state average of 17%. Substance abuse is the misuse and excessive abuse of alcohol and drugs. Drug overdoses killed more than 63,000 people in the U.S. in 2016. The abuse of prescription drugs has risen in recent years especially the abuse of opioid pain relievers. On average, 130 people die every day from an opioid overdose in the U.S. Underage drinking, or alcohol consumption by those under the age of 21, has been linked to death from alcohol poisoning, suicide, unintentional injury, and alcohol dependence later in life. In the U.S., excessive alcohol use was the cause of 1 in 10 deaths among adults between the ages of 20-64. In 2010, people under the age of 21 accounted for 189,000 ER visits for injuries and other conditions related to alcohol use.	Education to staff, Community boards (Lutz Laker), Swat with Department of Health, Opioid referrals and medication, Purple Flag Program (number of cards distributed), need more Public Education, Scholarship/Explorers program (staff becoming expert educators), Education at San Antonio Detention Center, St. Leo to become a smoke-free campus (need to overcome internal obstacles) Excessive use of alcohol can have immediate health effects, including unintentional injury, violence, alcohol poisoning, risky sexual behaviors and miscarriage among pregnant women. It can also have long-term health effects, including high blood pressure, heart disease, liver disease, dementia, depression and cancer.	The community has the ability to partner to maximize the resources available. AHEC, Lutz Laker Newspaper, Pasco County Schools, Florida Department of Health in Pasco County, Pasco Fire & Rescue, Narcotics Anonymous, San Antonio Detention Center, Eckerd College, St. Leo University
Tobacco Use		
In the AdventHealth Connerton PSA, 22% of adults aged 18 and above smoke	Education to staff, Community boards (Lutz Laker)	The community has the ability to partner to maximize the resources available.

cigarettes, which is higher than the state average of 19%. Since 1964, 20 million people in the U.S. have died from using tobacco. Over 30 million adults in the U.S. smoke cigarettes and over 50 million are exposed to secondhand smoke, which is just as a harmful as smoking. Secondhand smoke can still cause heart disease and lung cancer in nonsmokers and as well as asthma, sudden infant death syndrome (SIDS), and other respiratory infections in infants and children.	Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful reproductive effects.	AHEC, Lutz Laker Newspaper, Pasco County Schools, Florida Department of Health in Pasco County

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL NOT ADDRESS

Relevance	Impact	Feasibility
Lack of Social or Emotional Support, Suicide, Depression		
In the AdventHealth Connerton PSA, 21% of adults aged 18 and above lack social and emotional support. About 22% of the Medicare population in the PSA has depression, while the rate of death due to suicide is 16 (per 100,000). A lack of social and emotional support can contribute to the development of depression which affects an individual's ability to cope with daily stressors and lead a healthy life. In 2014, 43,000 people in the U.S. committed suicide.	Stigma Reduce Camp, Crisis Intervention Training	*West Central FL Coalition for Mental Wellness, ACTS, DAACO, Gracepoint, Crisis Center of Tampa Bay*
Poor Dental		
In the AdventHealth Connerton PSA, the rate of access to dentists is 45 per 100,000 population(in 2015), compared to the state rate of 56. Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge.	School Based Sealant Program	Hillsborough County Dental Research Clinic, Tampa Family Health Centers Dental Clinic at Hillsborough Community College, Suncoast Community Health Center
Population with Low Food Access		
In the AdventHealth Connerton PSA, 15% of the population is food insecure meaning they lack reliable access to nutritious and affordable food. Different factors can account for low food access including affordability, transportation options, and availability of grocery stores. Low food access has	Food Assistance Program (SNAP/EBT); WIC & Nutrition Services; Food is Health® Program People who have low food access face greater barriers to access affordable and healthy food, which can negatively affect health and wellness.	Feeding Tampa Bay; Florida Department of Children and Families; Florida Department of Health; Tampa Bay Network to End Hunger; Meals on Wheels of Tampa;

been linked to an increased risk for developing negative health outcomes.		

Asthma

In the AdventHealth Connerton PSA, 14% of adults aged 18 and above have asthma. Asthma is a chronic condition that occurs when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness and shortness of breath.	Host asthma education classes/workshops; Volunteer team does home visits to assess the environment and reduce triggers The inflammation causes coughing, wheezing, chest tightness, and shortness of breath.	Tampa Bay Asthma Coalition

Physical Inactivity, Obesity, Overweight

In the AdventHealth Connerton PSA, 29% of adults are obese (BMI greater than 30), which is higher than the state average of 27%. Additionally, 36% of adults in the PSA are considered overweight (BMI between 25 and 30). Obesity occurs when an individual's weight is higher than what is considered healthy. Obesity can be caused by behavioral and genetic factors. Other factors that contribute to obesity is the built environment, for example where you live and if you have access to healthy food and the ability to exercise outside. From 2015 – 2016, obesity affected about 93 million adults and 13 million children in the U.S.	Programs in Pasco County Parks and Recreation, YMCA Veggie Van, Feeding Tampa Bay, Healthier You-wellness program at Premier, Food is Health® Program Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers.	Pasco County Parks and Recreation, Metropolitan YMCA, Premier Healthcare

Diabetes

In the AdventHealth Connerton PSA, 10% of adults have been diagnosed with diabetes, which is higher than the state average of 9%. Diabetes is the seventh leading cause of death in the U.S. affecting 29 million people. More than 80 million people in the U.S. are pre-diabetic meaning they're at an increased risk of developing diabetes in the next few years.	Tampa Bay Diabetes Collaborative, American Diabetes Association, Food is Health® Program When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases.	Tampa Bay Diabetes Collaborative, American Diabetes Association

Cancer

In the AdventHealth Connerton PSA, the rate of death due to cancer is 166 per 100,000 population. Cancer is the second leading cause of death in the U.S. with over 100 types. Many are preventable and research advances in detection and treatment have greatly improved survival rates.	Moffitt Cancer Center, Florida Department of Health in Pasco County (Breast and Cervical Cancer Early Detection Program, Prostate Cancer Screening)	Moffitt Cancer Center, Florida Department of Health in Pasco County

12. PRIORITY ISSUES TO BE ADDRESSED

The following three issues **WILL BE** addressed for the following reasons below:

a. Magnitude and severity of the problem.
b. Community's capacity and willingness to act on the issue.
c. Ability to have a measurable impact on the issue.
d. Availability of Hospital and community resources.
e. Hospital's ability to contribute finances and resources to address the health concern.

Priority #1: Heart Disease
Description of the problem: Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, diabetes, being overweight/obese and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease. By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced.
In the AdventHealth Connerton primary service area (PSA), the rate of death due to heart disease per 100,000 population is 160, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 30% and 45% of adults have high cholesterol. Additionally, 10% of the PSA has been diagnosed with diabetes and 29% of adults are obese with a body mass index (BMI) greater than 30.

Priority #2: Substance Abuse (Alcohol & Drug Abuse)
Description of the problem: Substance abuse is the misuse and excessive abuse of alcohol and drugs. Drug overdoses killed more than 63,000 people in the U.S. in 2016. The abuse of prescription drugs has risen in recent years especially the abuse of opioid pain relievers. On average, 130 people die every day from an opioid overdose in the U.S. Excessive use of alcohol can have immediate health effects, including unintentional injury, violence, alcohol poisoning, risky sexual behaviors and miscarriage among pregnant women. It can also have long-term health effects, including high blood pressure, heart disease, liver disease, dementia, depression, and cancer. Underage drinking, or alcohol consumption by those under the age of 21, has been linked to death from alcohol poisoning, suicide, unintentional injury, and alcohol dependence later in life. In the U.S., excessive alcohol use was the cause of 1 in 10 deaths among adults between the ages of 20-64. In 2010, people under the age of 21 accounted for 189,000 ER visits for injuries and other conditions related to alcohol use. In the AdventHealth Connerton PSA, 20% of adults aged 18 and above drank excessively which is higher than the state average of 17%.

Priority #3: Tobacco Use
Description of the problem: Since 1964, 20 million people in the U.S. have died from using tobacco. Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful reproductive effects. More than 30 million adults in the U.S. smoke cigarettes and more than 50 million are exposed to secondhand smoke, which is just as a harmful as smoking. Secondhand smoke can still cause heart disease and lung cancer in nonsmokers and as well as asthma, sudden infant death syndrome (SIDS), and other respiratory infections in infants and children. In the AdventHealth Connerton PSA, 22% of adults aged 18 and above smoke cigarettes which is higher than the state average of 19%.

13. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

The following four issues **WILL NOT** be addressed for the following reasons below:

Potential challenges or barriers to addressing the need such as:

(1) The issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing multiple issues selected above by the Hospital CHNAC.

(2) CHNAC did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Priority #1: Lack of Social or Emotional Support, Suicide, Depression
Description of the problem: In the AdventHealth Connerton PSA, 21% of adults aged 18 and above lack social and emotional support. About 22% of the Medicare population in the PSA has depression, while the rate of death due to suicide is 16 per 100,000. A lack of social and emotional support can contribute to the development of depression, which affects an individual's ability to cope with daily stressors and lead a healthy life. In 2014, 43,000 people in the U.S. committed suicide.
Reason(s) priority was not selected: The CHNAC did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Priority #2: Poor Dental
Description of the problem: Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge. In the AdventHealth Connerton PSA, the access to dentists' rate is 45 per 100,000 (in 2015), as compared to the state rate of 56.
Reason(s) priority was not selected: The CHNAC did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Priority #3: Population with Low Food Access
Description of the problem: In the AdventHealth Connerton PSA, 15% of the population is food insecure meaning they lack reliable access to nutritious and affordable food. Different factors can account for low food access including affordability, transportation options and availability of grocery stores. Low food access has been linked to an increased risk for developing negative health outcomes.
Reason(s) priority was not selected: The CHNAC did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Priority #4: Asthma

Description of the problem: Asthma is a chronic condition that occurs when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness and shortness of breath. In the AdventHealth Connerton PSA, 14% of adults aged 18 and above have asthma.
Reason(s) priority was not selected: The CHNAC did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Priority #5: Physical Inactivity, Obesity, Overweight
Description of the problem: Obesity occurs when an individual's weight is higher than what is considered healthy. Obesity can be caused by behavioral and genetic factors. Other factors that contribute to obesity is the built environment, for example where you live and if you have access to healthy food and the ability to exercise outside. Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers. From 2015 – 2016, obesity affected about 93 million adults and 13 million children in the U.S. In the AdventHealth Connerton PSA, 29% of adults are obese (BMI greater than 30) which is higher than the state average of 27%. Additionally, 36% of adults in the PSA are considered overweight (BMI between 25 and 30).
Reason(s) priority was not selected: The issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing heart disease selected above by the Hospital CHNAC.

Priority #6: Diabetes
Description of the problem: Diabetes is the seventh leading cause of death in the U.S. affecting 29 million people. More than 80 million people in the U.S. are pre-diabetic meaning they're at an increased risk of developing diabetes in the next few years. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases. In the AdventHealth Connerton PSA, 10% of adults have been diagnosed with diabetes, which is higher than the state average of 9%.
Reason(s) priority was not selected: The issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing heart disease selected above by the Hospital CHNAC.

Priority #7: Cancer
Description of the problem: Cancer is the second leading cause of death in the U.S. with more than 100 types. Many are preventable and research advances in detection and treatment have greatly improved survival rates. In the AdventHealth Connerton PSA, the rate of death due to cancer is 166 per 100,000 population.
Reason(s) priority was not selected: The CHNAC did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

14. NEXT STEPS

The CHNAC will work with AdventHealth Connerton and other community partners to develop a measurable Community Health Plan for 2020-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2020.

15. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy 2016 on our Hospital website as well as AdventHealth.com prior to May 15, 2017 and have not received any written comments.

16. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN

AdventHealth Connerton conducts an annual evaluation of the progress made from the implementation strategies from the Community Health Plan. The evaluation is reported to the IRS in Form 990. The following is a summary of progress made on our most recently adopted plan.

Priority #1: Obesity

2016 Description of the Issue: In the Hospital's provider service area: 23.9% of the population in the Hospital's service area do not have leisure time physical activity; 36.2% of adults aged 18 and older self-report to be clinically overweight; and 29% of adults aged 20 and older self-report being clinically obese. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Cumulative Update: The Hospital partnered with the American Diabetes Association (ADA) to host the Morning Mile Program (before-school walking program). American Diabetes Association (ADA) in partnership with Fitzness International, LLC oversees the management of the Morning Mile (MM) program in SW Florida. The ADA implements and manages the program in schools on behalf of sponsors and adds a nutrition education component to increase its impact on school children. AdventHealth Connerton LTAC sponsored one school for the 2018-2019 school year – Pine View Elementary School. Approximately 44% of K-5 students participated in the Morning Mile program.

Priority #2: Respiratory Diseases (as related to Adult Smoking)

2016 Description of the Issue: 21.7% of adults aged 18 and older in the service area smoke some days or every day. Tobacco use is linked to leading causes of death including cancer and cardiovascular diseases.

Cumulative Update: The Hospital partnered with Gulfcoast North to host Area Health Education Council (AHEC) community smoking cessation classes at the Hospital. AHEC program conducts a 7-month follow-up with class participants and results in a statewide quit rate of 37% (2015 state statistics). AdventHealth Connerton offered free space for the tobacco cessation classes. Both the Hospital and AHEC advertised the classes to employees and the broader community.

Priority #3: Health Education

2016 Description of the Issue: Patterns of health statistics shown in the Community Commons data for the Florida Hospital Connerton-LTAC Community Health Needs Assessment (posted on this web site) indicate significant need for healthy lifestyle education in the community.

Cumulative Update: AdventHealth Connerton sponsored two programs for this priority issue, CREATION Health and Complete Health Improvement Program (CHIP).

- The CREATION Health (CH) program is a faith-based holistic (mental, physical and spiritual) wellness program with lifestyle seminars and training programs. It teaches eight universal principles of health (Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition) for living a healthier and happier life. This 8-week seminar provides the best practices of whole person living based on Biblical principles and supported by evidence-based science.

- The Complete Health Improvement Program (CHIP). CHIP is a lifestyle enrichment program designed to reduce disease risk factors through better health habits and appropriate lifestyle modifications. Program goals include: lower blood cholesterol, hypertension and blood sugar levels; and reduce excess weight and stress through improved dietary choices, enhanced daily exercise and increased support systems.

Priority #4 Family/Caregiver

2016 Description of the Issue: Programming and support for community first responders as well as employees and family members. This need was cited by the Community Health Needs Assessment Committee.

Cumulative Update: Hospital leadership team has been trained in Critical Incident Debriefing, and works with patients, families and employees. The Critical Incident Debriefing service was expanded to community caregivers and first responders. The Hospital also implemented a Caring for Caregivers program for patient families, community, first responders and staff. The Hospital has allocated $14,300 to the Caring for Caregivers Program Coordinator. The goals are to help LTAC families reduce their stress levels. Program components include screening for stressors, counseling and support, and an updated reporting system for families who have concerns about their loved ones. This program has created a roving comfort cart with healthy snacks and bottled water for staff and visitors; a Recharge Room that includes soft music, aromatherapy and relaxing activities; and Zumba classes. There was a 75% increase in rate of completion of activities implemented to reduce stress, 25% increase in engagement (healthy snacks program), and an 82% increase in families touched by program initiatives to assess and identify stressors.

Priority #5: Transportation

2016 Description of the Issue: Some family members of patients come from long distances in Florida or from out-of-state. They may not have rental cars, and the nearest lodging is 13 miles away.

Cumulative Update: The Hospital provides family transportation to LTAC families without automobiles. AdventHealth Connerton is also working with the Pasco Economic Development Commission to find lodging solutions (for families) that are closer to the Hospital. AdventHealth Connerton provided more than 90 free shuttle runs and provides $38,000 to cover costs associated with the shuttle.

APPENDIX A:
PRIMARY DATA SURVEY
& PRIMARY DATA RESULTS

Pasco County 2019 Community Health Needs Survey

Our local not-for-profit Hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community. The survey will be available until April 21, 2019. Thank you!

You must be 18 years of age or older to complete this survey. COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have questions, please contact the Florida Department of Health in Pasco County at 727-861-5250.

2019 COMMUNITY HEALTH NEEDS SURVEY

Our local not-for-profit hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community. Thank you!

You must be 18 years of age or older to complete this survey.

COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have any questions, please contact please contact the Florida Department of Health in Pasco County at 727-861-5250.

Demographic Information

1. In which county do you live? Please choose one:

- ☐ Hillsborough
- ☐ Pasco
- ☐ Pinellas
- ☐ Polk
- ☐ Sarasota
- ☐ Other

2. In which ZIP code do you live? Please write in: _____

3. What is your age? Please choose only one:

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

4. Are you of Hispanic or Latino origin or descent? Please choose one?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino
- ☐ Prefer not to answer

5. Which race best describes you? Please choose only one?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ More than one race
- ☐ Other
- ☐ Prefer not to answer

6. Do you identify your gender as:

- ☐ Male
- ☐ Female
- ☐ Transgender: Male to Female
- ☐ Transgender: Female to Male
- ☐ Other/Gender non-conforming

7. Which of the following best describes your sexual orientation? Please choose only one:

- ☐ Heterosexual
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other

8. What language do you MAINLY speak at home? Please check only one:

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Haitian Creole
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other

9. How well do you speak English? Please choose only one:

- ☐ Very well
- ☐ Well
- ☐ Not Well
- ☐ Not at all

10. What is the highest level of school that you have completed? Please choose only one:

- ☐ Less than high school
- ☐ Some high school, but no diploma
- ☐ High school diploma (GED)
- ☐ Some college, no degree
- ☐ 2-year college degree
- ☐ 4-year college degree
- ☐ Graduate-level degree or higher
- ☐ None of the above

11. How much total combined money did all people living in your home earn last year? Please choose only one:

- ☐ $0 to $9,999
- ☐ $10,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $124, 999
- ☐ $125,000 to $149,999
- ☐ $150,000 to $174, 999
- ☐ $175,000 to $199,999
- ☐ $200,000 and up
- ☐ Prefer not to answer

12. Which of the following categories best describes your employment status? Please choose only one:

☐ Employed, working full-time
☐ Student
☐ Employed, working part-time
☐ Retired
☐ Not employed, looking for work
☐ Disabled, not able to work
☐ Not employed, NOT looking for work

13. What transportation do you most often to go places? Please choose only one:

☐ I drive my own car
☐ Someone drives me
☐ I take the bus
☐ I walk
☐ I ride a bicycle
☐ I take a taxi cab
☐ I ride a motorcycle or scooter
☐ I take an Uber/Lyft
☐ Some other way

14. Are you:

☐ A veteran
☐ In Active Duty
☐ National Guard/Reserve
☐ None of these- **SKIP TO QUESTION 16**

15. If veteran, active duty or national guard/reserve, are you receiving care at the VA?

☐ Yes
☐ No

16. How do you pay for most of your health care? Please choose only one:

☐ I pay cash/I don't have insurance
☐ TRICARE
☐ Medicare or Medicare HMO
☐ Indian Health Services
☐ Medicaid or Medicaid HMO
☐ Commercial health insurance (HMO, PPO)
☐ Veteran's Administration
☐ Some other way

17. Including yourself, how many people currently live in your home? Please choose only one:

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 or more

18. Are you a caregiver to an adult family member who cannot care for themselves in your home?

☐ Yes
☐ No

19. Including yourself, how many people 65 years or older currently live in your home? Please choose only one:

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

20. How many CHILDREN (under age 18) currently live in your home? Please choose only one:

- ☐ None- **SKIP to Q32**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

If you selected 'None', skip the Children's Health section and go to Question 32

Children's Health

21. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care you needed?

- ☐ Yes
- ☐ No- **SKIP TO QUESTION 23**

22. What is the MAIN reason they didn't get the medical care they needed? Please choose only one:

- ☐ Can't afford it/Costs too much
- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance
- ☐ Other

25. Was there a time in the PAST 12 MONTHS when children in your home needed mental health care but did NOT get the care you needed?

- ☐ Yes
- ☐ No- **SKIP TO QUESTION 27**

26. What is the MAIN reason they didn't get the mental health care they needed? Please choose only one:

- ☐ Can't afford it/Costs too much
- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance

☐ Other

27. I feel safe walking in the neighborhood.

    ☐ Yes- **SKIP TO QUESTION 29**
    ☐ No

28. If you answered "no", CHECK ALL reasons you do not feel safe walking:

    ☐ Traffic
    ☐ No sidewalks
    ☐ Poor condition of roads or sidewalks
    ☐ Dogs not on a leash
    ☐ Stopped by police
    ☐ Violent crime or theft

29. Check all the health issues children in your home have faced. CHECK ALL THAT APPLY:

    ☐ My children have not faced any health issues
    ☐ Allergies
    ☐ Asthma
    ☐ Bullying
    ☐ Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports)
    ☐ Behavioral Health/Mental Health
    ☐ Children overweight
    ☐ Children underweight
    ☐ Birth-related (such as low birthweight, prematurity, prenatal, and others)
    ☐ Dental Problems (such as cavities, root canals, extractions, surgery, and others)
    ☐ Autism
    ☐ Child abuse/child neglect
    ☐ Diabetes/Pre-diabetes/High Blood sugar
    ☐ Using drugs or alcohol
    ☐ Using tobacco, e-cigarettes, or vaping
    ☐ Teen pregnancy
    ☐ Sexually transmitted disease
    ☐ Other (please specify)

30. Check all the special needs children in your home have faced. CHECK ALL THAT APPLY:

    ☐ My children do not have any special needs
    ☐ Attention deficit/hyperactivity disorder (AD/HD)
    ☐ Autism/pervasive development disorder (PDD)a
    ☐ Blindness/visual impairment
    ☐ Cerebral palsy
    ☐ Child who uses a wheelchair or walker
    ☐ Deaf/hearing loss
    ☐ Developmental delay (dd0
    ☐ Down syndrome
    ☐ Emotional disturbance
    ☐ Epilepsy/seizure disorder
    ☐ Intellectual disability (formerly mental retardation)
    ☐ Learning disabilities/differences

- ☐ Speech and language impairments
- ☐ Spina bifida
- ☐ Traumatic brain injury
- ☐ Other (please specify)

31. Do any children in your home:

	Yes	No	Not Sure
Know how to swim			
Wear a bike/skate helmet			
Children under age 8 use a car/booster seat			
Wear a seatbelt at all times			
Have access to pool where you live			
Receive all shoots to prevent disease			
Have a history of being bullied (including social media)			
Receiving gun safety education			
Use sunscreen			
Eat at least 3 servings of fruits and vegetables everyday			
Exercise at least 60 minutes every day			
Get 8 hours or more sleep every night			
Eat fast food every week			
Drink sugary-sweetened sodas, energy drinks, or sports drinks ever day			
Eat junk food every day			
Stay home from school 5 or more days a year because of health issues			
Need regular access to a school nurse			
Attend a public or charter school			

Community Health

These next questions are about your view or opinion of the community in which you live.

32. Overall how would you rate the health of the community in which you live? Please choose only one:

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy

☐ Very healthy
☐ Not sure

33. Please read the list of risky behaviors listed below. Which three do you believe are the most harmful to the overall health of your community?

- Alcohol abuse
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting "shots" to prevent disease
- Not hearing helmets
- Not using seat belts/not using child safety
- Tobacco use/e-cigarettes/vaping
- Unsafe sex including not using birth control
- Distracted driving (texting, eating, talking on the phone)
- Not locking up guns
- Not seeing a doctor while you are pregnant

In order, select which <u>three</u> behaviors you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

34. Read the list of health problems and think about your community. Which do you believe are most important to address to improve the health of your community?

• Aging Problems (for example: difficulty getting around, dementia, arthritis)
• Cancers
• Child Abuse / Neglect
• Clean Environment / Air and Water Quality
• Dental Problems
• Diabetes / High Blood Sugar
• Domestic Violence / Rape / Sexual Assault
• Gun-Related Injuries
• Being Overweight
• Mental Health Problems Including Suicide
• Heart Disease / Stroke / High Blood Pressure
• HIV/AIDS / Sexually Transmitted Diseases (STDs)
• Homicide
• Infectious Diseases Like Hepatitis and TB
• Motor Vehicle Crash Injuries
• Infant Death
• Respiratory / Lung Disease
• Teenage Pregnancy
• Tobacco Use / E-cigarettes / Vaping

In order, select which <u>three</u> health problems you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

35. Please read the list of factors below. Which do you believe are most important to improve the quality of life in a community?

• Good Place to Raise Children
• Low Crime / Safe Neighborhoods
• Good Schools
• Access to Health Care
• Parks and Recreation
• Clean Environment / Air and Water Quality
• Low-Cost Housing
• Arts and Cultural Events
• Low-Cost Health Insurance
• Tolerance / Embracing Diversity
• Good Jobs and Healthy Economy
• Strong Family Life
• Access to Low-Cost, Healthy Food
• Healthy Behaviors and Lifestyles
• Sidewalks / Walking Safety
• Public Transportation
• Low Rates of Adult Death and Disease
• Low Rates of Infant Death
• Religious or Spiritual Values
• Disaster Preparedness
• Emergency Medical Services
• Access to Good Health Information

In order, select which three factors you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

36. Below are some statements about your local community. Please tell us how much you agree or disagree with each of the following statements:

	Agree	Disagree	Not sure
Drug abuse is a problem in my community.			
I have no problem getting the health care services I need			
We have great parks and recreational facilities			
Public transportation is easy to get to if I need it			
There are plenty of jobs available for those who want them			

Crime in my areas is a serious problem			
Air pollution is a problem in my community			
I feel safe in my own neighborhood			
There are affordable places to live in my neighborhood			
The quality of healthcare is good in my neighborhood			
There are good sidewalks for walking safely			
I am able to get healthy food easily			

Community Health

37. Below are some statements about your connections with the people in your life. Please tell us how much you agree or disagree with each of the following statements:

	Agree	Disagree	Not sure
I am happy with my friendships and relationships			
I have enough people I can ask for help at any time			
My relationships are as satisfying as I would want them to be			

38. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?
- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.

39. In the past 12 months, I worried about whether our food would run out before we got money to buy more. Please choose only one:
- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

40. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. Please choose only one:
- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

41. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?
- ☐ Yes
- ☐ No

42. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive-through:

_____

43. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?
- ☐ Yes
- ☐ No

44. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?
- ☐ Yes
- ☐ No

45. In the past 12 months, has your utility company shut off your service for not paying your bills?
- ☐ Yes
- ☐ No

46. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it?
- ☐ Yes
- ☐ No

Personal Health
These next questions are about your personal health and your opinions about getting health care in your community.

47. Overall, how would you rate YOUR OWN PERSONAL health? Please choose only one:
- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy
- ☐ Not sure

48. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?
- ☐ Yes
- ☐ No- **SKIP TO QUESTION 50**

49. What is the MAIN reason you didn't get the medical care you needed? Please choose only one:
- ☐ Can't afford it/Costs too much

- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance
- ☐ Other

50. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? Please choose only one:
- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

51. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?
- ☐ Yes
- ☐ No- **SKIP TO QUESTION 53**

52. What is the MAIN reason you didn't get the mental health care you needed? Please choose only one:
- ☐ Can't afford it/Costs too much
- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance
- ☐ Other

53. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?
- ☐ Yes
- ☐ No- **SKIP TO QUESTION 55**

54. What is the MAIN reason you didn't get the dental care you needed? Please choose only one:
- ☐ Can't afford it/Costs too much
- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance
- ☐ Other

55. In the past 12 months, have you gone to a hospital emergency room (ER) about your own health?
- ☐ Yes
- ☐ No, I have not gone to a hospital ER in the past 12 months

If 'NO', skip to question 58

56. Please enter the number of times you have gone to a hospital emergency room (ER) about your own health in the past 12 months: _____

57. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? Please choose only one:
- ☐ After hours/Weekend
- ☐ I don't have a doctor/clinic
- ☐ Long wait for an appointment with my regular doctor
- ☐ Cost
- ☐ Emergency/Life-threatening
- ☐ I don't have insurance
- ☐ Other

58. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? CHECK ALL THAT APPLY:
- ☐ Cancer
- ☐ Depression
- ☐ Diabetes
- ☐ HIV/AIDS
- ☐ Heart disease
- ☐ High blood pressure/High cholesterol
- ☐ Obesity
- ☐ Stroke
- ☐ None of these

59. How often do you smoke? Please choose only one:
- ☐ I do not smoke cigarettes
- ☐ I smoke about one pack per day
- ☐ I smoke less than one pack per day
- ☐ I smoke more than one pack per day

60. How often do you vape or use e-cigarettes? Please choose one:
- ☐ I do not vape or smoke e-cigarettes
- ☐ I vape or smoke e-cigarettes everyday
- ☐ I vape or smoke e-cigarettes on some days

The final questions are about events that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them. For these questions, please think back to the time BEFORE you were 18 years of age.

61. Did you live with anyone who was depressed, mentally ill, or suicidal?
- ☐ Yes
- ☐ No

62. Did you live with anyone who was a problem drinker or alcoholic?
- ☐ Yes

□ No

63. Did you live with anyone who used illegal street drugs or who abused prescription medications?
   □ Yes
   □ No

64. Did you live with anyone who served time or was sentenced to serve time in a prison, jail or other correctional facility?
   □ Yes
   □ No

65.Were your parents separated or divorced?
   □ Yes
   □ No

66. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?
   □ Never
   □ Once
   □ More than once

67. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?
   □ Never
   □ Once
   □ More than once

68. How often did a parent or adult in your home swear at you, insult you, or put you down?
   □ Never
   □ Once
   □ More than once

69. How often did an adult or anyone at least 5 years older than you touch you sexually?
   □ Never
   □ Once
   □ More than once

70. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
   □ Never
   □ Once
   □ More than once

71. How often did an adult or anyone at least 5 years older than you force you to have sex?
   □ Never
   □ Once
   □ More than once

If you would like help with or would like to talk about these issues, please call the National Hotline for Child Abuse at 1-800-4-A-CHILD (1-800-422-4453).

That concludes our survey. Thank you for participating!
Your feedback is important.

COMMUNITY SURVEY RESULTS

Community surveys were completed in collaboration with our Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership. Surveys were administered in paper format as well as online. Surveys were offered in both English and Spanish languages.

The aggregate results are shown below.

A total of 3,038 Pasco County residents participated in the collaborative Community Health Needs Assessment (CHNA) survey. Approximately 80% of community residents who participated in the survey were female and roughly 20% were male. Graph 1. (see below) shows community residents participation in the survey by race/ethnicity relative to the population in Pasco County, Florida. The Community Survey sample is relatively similar in race/ethnicity to Pasco County population.

Graph 2. shows the age ranges of survey participants. Nearly half of the respondents were between the ages of 45 to 64 years of age.

- **3,038 Total Respondents** from Pasco
- **78.9% Female**
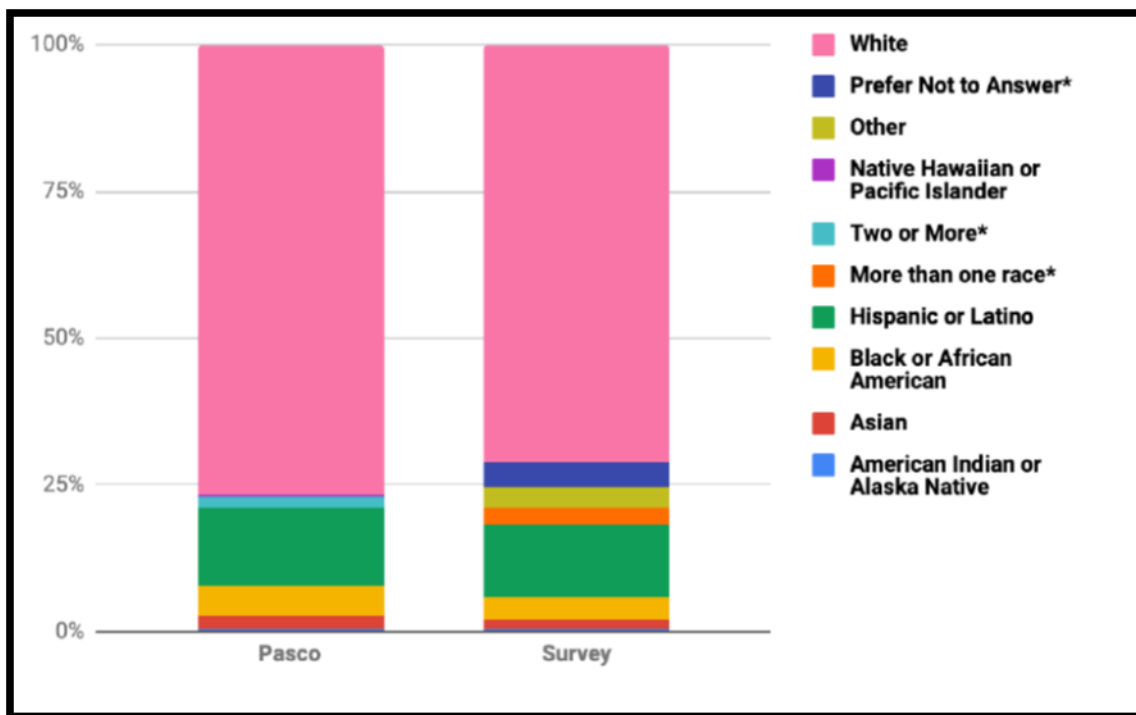
Graph 1. CHNA survey participation by race/ethnicity in Pasco County, Florida.
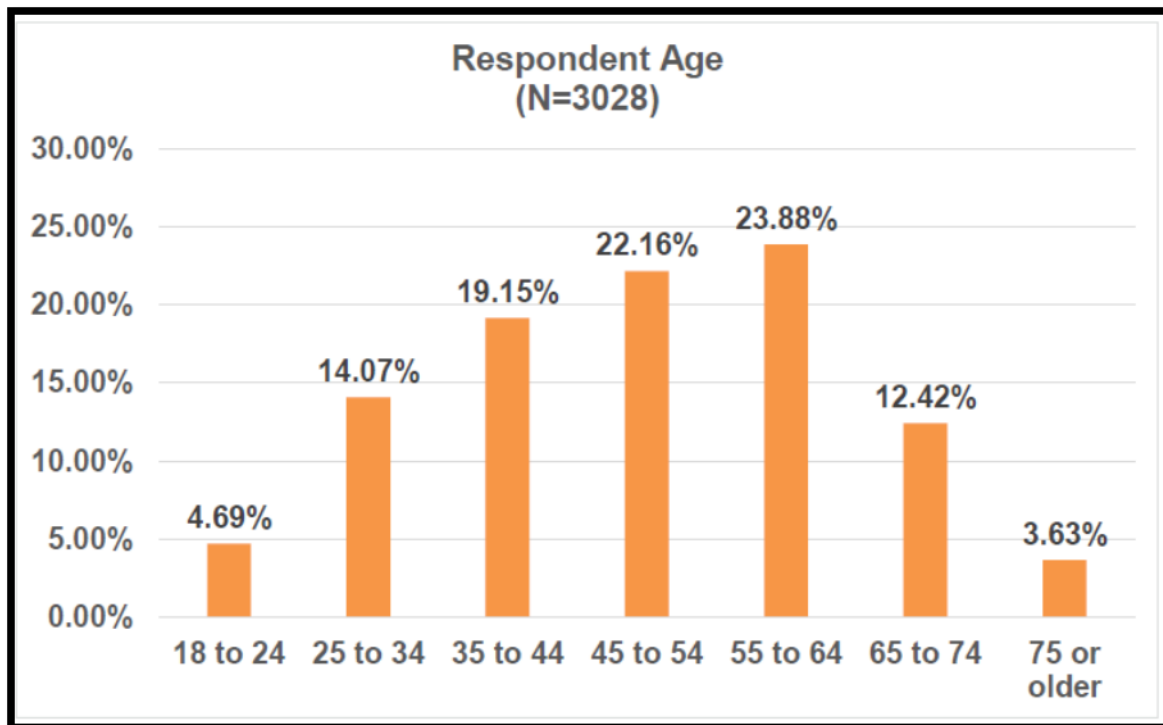
Graph 2. CHNA survey participation by age in Pasco County, Florida.

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HOUSEHOLD ANNUAL INCOME

Nearly 62%of survey respondents are employed full-time. Among those employed full-time, the largest share of respondent's report annual incomes between $25,000 -$49,999. The median income is $48,289. These numbers fall short of$58,560-theannual income needed for a family to live very modestly in Pasco County.
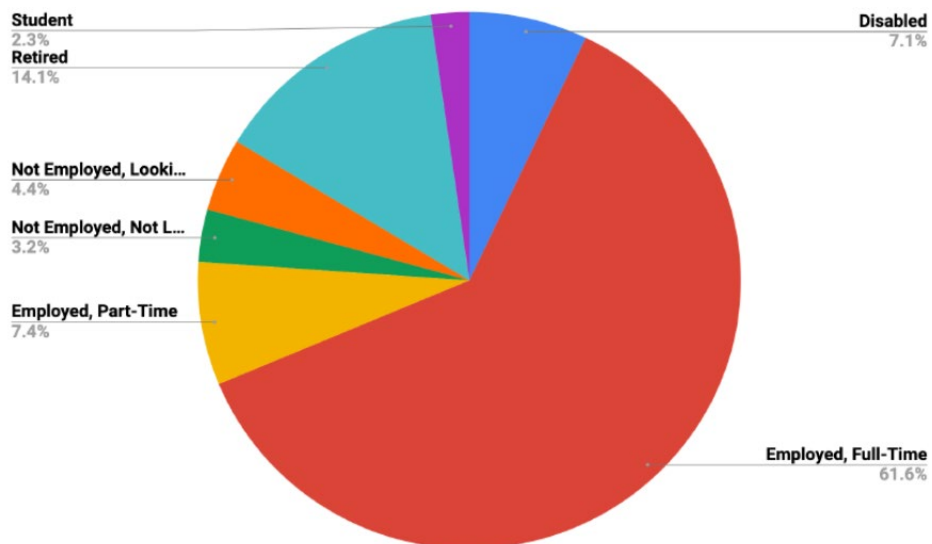
The tables below provide additional demographics and survey results about survey participants in the CHNA survey. CHNA survey results were useful in helping the Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership better understand our communities and identify priority areas of need to address in our Community Health Plans.

HEALTH INSURANCE STATUS

How do you pay for most of your health care?	
I pay cash / I don't have insurance	11.15%
TRICARE	1.71%
Medicare or Medicare HMO	15.10%
Indian Health Services	0.17%
Medicaid or Medicaid HMO	5.42%
Commercial health insurance (HMO, PPO)	59.59%
Veteran's Administration	1.29%
Some other way	5.56%

EMPLOYMENT STATUS

Employed, working full–time	61.33%
Student	2.23%
Employed, working part–time	7.51%
Retired	14.26%
Not employed, looking for work	4.46%
Disabled, not able to work	7.06%

COMMUNITY HEALTH SURVEY QUESTION	SURVEY RESULTS	
Demographic Questions		
Zip Code	The community survey was administered in Pasco County, with emphasis on highest needs zip codes (as defined by the Healthy Communities Institute (HCI) Socioneeds index). Highest need zip codes are: 33542, 34668, 34960, 34691, 34667.	
Languages Spoken at Home	English 93.58%	Arabic 0.27% Chinese 0.07% French 0.07% German 0.03% Haitian Creole 0.20% Russian 0.10% Spanish 4.64% Vietnamese 0.10% Other 0.92%
Including yourself, how many people currently live in your home? Please choose only one:	1 16.38% 2 35.30% 3 19.76%	4 17.18% 5 6.52% 6 or more 4.88%
How many CHILDREN (under age 18) currently live in your home? Please choose only one:	None 62.98% 1 16.31% 2 13.73% 3 4.53%	4 1.60% 5 0.45% 6 or more 0.38%
Are you a caregiver to an adult family member who cannot care for themselves in your home?	Yes 7.96%	No 92.04%
Gender	Male 20.16% Female 79.39%	Transgender: Male to Female 0.14% Transgender: Female to Male 0.10% Other/Gender non-Conforming 0.21%
Highest Education Level	Less than high school 1.47% Some high school, but no diploma 3.22% High school diploma (GED) 15.02%	Some college, no degree 22.10% 2 – Year College Degree 17.52% 4 – Year College Degree 21.83% Graduate - Level Degree or Higher 18.44% None of the above 0.41%
Age	18 to 24 4.62% 25 to 34 13.85% 35 to 44 19.15% 45 to 54 22.22%	55 to 64 24.00% 65 to 74 12.44% 75 or older 3.73%
Ethnicity	Yes, Hispanic or Latino 13.80% No, not Hispanic or Latino 81.85%	Prefer not to answer 4.35%
Race	White 81.35% Black or African American 4.33% Asian 1.51% American Indian or Alaska Native 0.72%	More than one race 3.09% Other 3.91% Prefer Not to Answer 4.98%

Social Determinant Questions		
In the past 12 months, I worried about whether our food would run out before we got money to buy more.	Often true 8.47% Sometimes true 21.49%	Never true 70.04%
In the past 12 months, the food that we bought just did not last, and we did not have money to get more.	Often true 7.59% Sometimes true 18.09%	Never true 74.31%
In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?	Yes 16.81%	No 83.19%
Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? (Please choose only one)	Yes 9.72%	No 90.28%
In the past 12 months has your utility company shut off your service for not paying your bills? (Please choose only one)	Yes 5.89%	No 94.11%
Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed? (Please choose only one)	Yes 23.05%	No 76.95%
What is the MAIN reason you didn't get the medical care you needed? (Please choose only one)	Can't afford it / Costs too much 52.92% I had transportation problems 1.77% I don't have a doctor 3.89%	I don't know where to go 3.19% I had trouble getting an appointment 11.68% I don't have health insurance 10.27% Other 16.28%
I feel safe in my own neighborhood.	Yes 83.29%	No 16.71%
If you answered "no", CHECK ALL reasons you do not feel safe walking:	Traffic 37.65% No sidewalks 53.53% Poor condition of roads or sidewalks 44.12%	Dogs not on a leash 40.59% Stopped by police 11.18% Violent Crime or theft 67.06%
I am happy with my friendships and relationships	Agree 88.11% Disagree 8.59% Not Sure 3.29%	
I have enough people I can ask for help at any time	Agree 78.04% Disagree 18.38% Not Sure 3.58%	
My relationships are as satisfying as I would want them to be	Agree 77.67% Disagree 17.06% Not Sure 5.27%	

Targeted interviews with community stakeholders were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. A total of 15 interviews were completed in June through July 2019.

Stakeholders were identified by Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership and contacted by email an electronic link with the interview questions shown below. Stakeholders represented leaders and/or representatives of organizations that serve low – income, minority, and other underserved populations.

STAKEHOLDER INTERVIEW QUESTIONS

Community Health Needs Assessment - Key Informant Questionnaire

* 1. Please enter your name and organization.

Name

Organization

* 2. Please SELECT ALL the counties in which you and/or your organization provide services or programs.

☐ Hillsborough County

☐ Pasco County

☐ Pinellas County

☐ Polk County

☐ Other (please specify)

* 3. Could you tell us a little about yourself, your background, and your organization? If applicable, please share the following in your response: *What is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?*

* 4. We would like your perspective on the major health needs/issues in the community. Please share the following in your response: *What are the top priority health issues that your organization is dealing with? What do you think are the factors that are contributing to these health issues?*

5. If your organization provides services or programs in multiple counties in the region, are there geographic differences in the health needs or issues each community faces?

* 6. Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives? Please consider the following in your response:*Are there specific challenges that impact low-income, under-served/uninsured persons experience? Are there specific challenges that impact different racial or ethnic groups in the community? Are there specific challenges that impact different groups based on age or gender in the community?*

* 7. What barriers or challenges might prevent someone in the community from accessing health care or social services? *(Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)*

* 8. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? *(if including specific organizations in response, please include name and type of program)*

* 9. What services or programs do you feel could potentially have the greatest impact on the needs that you've identified?

* 10. Is there anything additional that should be considered for assessing the needs of the community?

You have completed the interview questions! Please send any comments or questions to Courtney Kaczmarsky by email at courtney.kaczmarsky@conduent.com.
Thank you very much for your time and cooperation. Have a great day!

STAKEHOLDER SURVEY RESULTS

The following top health needs emerged from the stakeholder interviews below:

1. Exercise, Nutrition, and Weight
2. Mental Health & Mental Disorders
3. Substance Abuse
4. Oral Health
5. Access to Health Services

Some key quotes from Pasco County Stakeholders are provided below:

Health Topics	
Access Quotes	"I think lack of access to basic health care is a huge issue in Pasco County communities. Public transportation is not sufficient enough to provide support to families living in rural communities, where there are no health care providers." Low income, elderly, and disabled communities have the most challenges with access. Access to care and other primary care services are the factors that prevent optimum health. We serve the low income, under-served/uninsured persons and access to healthcare is a challenge. The rural population is hard to reach. There aren't many doctors in some areas of the county.
Exercise, Nutrition & Weight Quotes	"..seeing a lot of people who are overweight but lack the support and resources to make and serious changes, we need to figure out how to get people to garden to increase their fruit and vegetable consumption. Get people to cook more at home." Smoking, obesity and mental health illness should be the top priority. UF Extension brings the knowledge and resources of the university to local communities; it is the partnership between the university and local county governments to improve the lives of Florida citizens. Seeing a lot of people who are overweight but lack the support and resources to seriously make changes, how to get people to garden to increase their fruit and vegetable consumption, getting people to cook more at home. More garden programs. We offer them in some parts of the county but not everywhere. Support groups and more cooking classes would also be helpful.
Mental Health & Mental Disorders Quotes	"We are seeing behavior problems in young children. Child abuse and neglect are the main factors contributing to these issues."
Oral Health Quotes	"There is a lack of dental providers (dentists, specialists, pediatric dentists) and insurance providers. Cost, fear and transportation are barriers for those trying to access dental/oral care. "

APPENDIX B:
SECONDARY DATA REPORT

AdventHealth Connerton
Needs Assessment Report - Quick Facts

Location
AdventHealth Connerton (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	1,347,505	**20,278,447**
	Population Age 65+	235,823	**3,926,889**
	Percent Population Age 65+	17.5%	**19.36%**
Population Age 0-18	Total Population	1,347,505	**20,278,447**
	Population Age 0-17	292,204	**4,111,582**
	Percent Population Age 0-17	21.68%	**20.28%**
Population Age 18-64	Total Population	1,347,505	**20,278,447**
	Population Age 18-64	819,478	**12,239,976**
	Percent Population Age 18-64	60.81%	**60.36%**
Total Population	Total Population	1,347,505	**20,278,447**
	Total Land Area (Square Miles)	1,358	**53,634.01**
	Population Density (Per Square Mile)	992.24	**378.09**
Change in Total Population	Total Population, 2000 Census	996,606	**15,982,378**
	Total Population, 2010 Census	1,250,235	**18,801,310**
	Total Population Change, 2000-2010	253,628	**2,818,932**
	Percent Population Change, 2000-2010	25.45%	**17.64%**
Female Population	Total Population	1,347,505	**20,278,447**
	Female Population	695,130	**10,364,086**
	Percent Female Population	51.59%	**51.11%**

Hispanic Population	Total Population	1,347,505	**20,278,447**
	Non-Hispanic Population	1,058,287	**15,263,432**
	Percent Population Non-Hispanic	78.54%	**75.27%**
	Hispanic or Latino Population	289,218	**5,015,015**
	Percent Population Hispanic or Latino	21.46%	**24.73%**
Male Population	Total Population	1,347,505	**20,278,447**
	Male Population	652,375	**9,914,361**
	Percent Male Population	48.41%	**48.89%**

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	1,300,749	**19,536,492**
	Violent Crimes	4,131	**92,236**
	Violent Crime Rate (Per 100,000 Pop.)	317.6	**472.1**
Population with No High School Diploma	Total Population Age 25+	938,119	**14,396,066**
	Population Age 25+ with No High School Diploma	107,855	**1,787,348**
	Percent Population Age 25+ with No High School Diploma	11.5%	**12.42%**
Poverty - Population Below 100% FPL	Total Population	1,331,090.77	**19,858,469**
	Population in Poverty	209,616.28	**3,070,972**
	Percent Population in Poverty	15.7%	**15.46%**
Insurance - Uninsured Adults	Total Population Age 18 - 64	816,509	**12,071,750**
	Population with Medical Insurance	672,835	**9,845,200**
	Percent Population with Medical Insurance	82.4%	**81.56%**
	Population Without Medical Insurance	143,674	**2,226,550**
	Percent Population Without Medical Insurance	17.6%	**18.44%**
Insurance - Uninsured Children	Total Population Under Age 19	308,781	**4,291,510**
	Population with Medical Insurance	291,426	**4,009,046**
	Percent Population with Medical Insurance	94.4%	**93.42%**
	Population Without Medical Insurance	17,354	**282,464**

	Percent Population Without Medical Insurance	**5.62%**	6.58%
Income - Per Capita Income	Total Population	1,347,505	**20,278,447**
	Total Income ($)	$35,902,319,624.00	**$583,486,218,200.00**
	Per Capita Income ($)	**$26,644.00**	**$28,773.00**
Unemployment Rate	Labor Force	627,473	**10,365,951**
	Number Employed	588,242	**10,047,379**
	Number Unemployed	39,231	**318,572**
	Unemployment Rate	**6.3%**	3.1%
Lack of Social or Emotional Support	Total Population Age 18+	962,092	**14,682,954**
	Estimated Population Without Adequate Social / Emotional Support	207,669	**3,127,469**
	Crude Percentage	21.6%	**21.3%**
	Age-Adjusted Percentage	**21.4%**	21.2%
Teen Births	Female Population Age 15 - 19	40,113	**597,095**
	Births to Mothers Age 15 - 19	1,554	**21,555**
	Teen Birth Rate (Per 1,000 Population)	**38.73**	36.1
Food Insecurity Rate	Total Population	1,269,020	**19,893,297**
	Food Insecure Population, Total	196,505	**3,227,600**
	Food Insecurity Rate	**15.5%**	16.2%
Poverty - Children Below 100% FPL	Total Population	1,331,090	**19,858,469**
	Population Under Age 18	286,822	**4,044,879**
	Population Under Age 18 in Poverty	61,082	**901,772**
	Percent Population Under Age 18 in Poverty	**21.3%**	22.29%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	591,843	**8,907,171**
	Population Using Public Transit for Commute to Work	6,995	**180,231**
	Percent Population Using Public Transit for Commute to Work	**1.18%**	**2%**
Population with Low Food Access	Total Population	1,250,234	**18,801,310**
	Population with Low Food Access	398,295	**4,831,135**
	Percent Population with Low Food Access	**31.86%**	**25.7%**

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Access to Dentists	Total Population, 2015	1,350,607	**20,271,272**
	Dentists, 2015	603	**11,304**
	Dentists, Rate per 100,000 Pop.	**44.6**	**55.8**
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population Age 50+	355,511	**5,497,252**
	Estimated Population Ever Screened for Colon Cancer	229,340	**3,628,186**
	Crude Percentage	64.5%	**66%**
	Age-Adjusted Percentage	**59%**	**61.5%**
Cancer Screening - Mammogram	Total Medicare Enrollees	99,482	**1,861,794**
	Female Medicare Enrollees Age 67-69	8,772	**161,850**
	Female Medicare Enrollees with Mammogram in Past 2 Years	5,786	**109,429**
	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	**66%**	**67.6%**
Cancer Screening - Pap Test	Female Population Age 18+	805,449	**11,566,352**
	Estimated Number with Regular Pap Test	620,480	**8,894,525**
	Crude Percentage	77%	**76.9%**
	Age-Adjusted Percentage	**79.5%**	**78.8%**
Facilities Designated as Health Professional Shortage Areas	Primary Care Facilities	3	**138**
	Mental Health Care Facilities	4	**125**
	Dental Health Care Facilities	5	**127**

	Total HPSA Facility Designations	12	**390**
Lack of Prenatal Care	Total Births	61,611.92	**906,594**
	Mothers Starting Prenatal Care in First Semester	44,991.58	**603,986**
	Mothers with Late or No Prenatal Care	12,864.19	**250,800**
	Prenatal Care Not Reported	3,756.15	**51,808**
	Percentage Mothers with Late or No Prenatal Care	**20.9%**	**27.7%**
Federally Qualified Health Centers	Total Population	486,312	**18,801,310**
	Number of Federally Qualified Health Centers	21	**406**
	Rate of Federally Qualified Health Centers per 100,000 Population	**4.32**	**2.16**
Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	1,006,252	**14,671,272**
	Total Adults Without Any Regular Doctor	224,162	**3,638,104**
	Percent Adults Without Any Regular Doctor	**22.3%**	**24.80%**
Preventable Hospital Events	Total Medicare Part A Enrollees	81,075	**1,506,764**
	Ambulatory Care Sensitive Condition Hospital Discharges	50,622	**80,828**
	Ambulatory Care Sensitive Condition Discharge Rate	**62.4**	**53.6**

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	962,092	**14,682,954**
	Estimated Adults Drinking Excessively	180,499	**2,334,590**
	Estimated Adults Drinking Excessively (Crude Percentage)	18.8%	**15.9%**
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	**19.8%**	**17.1%**
Physical Inactivity	Total Population Age 20+	1,026,438	**15,678,149**
	Population with no Leisure Time Physical Activity	260,538	**3,874,964**
	Percent Population with no Leisure Time Physical Activity	**24.3%**	**23.6%**
Tobacco Usage – Current Smokers	Total Population Age 18+	962,092.39	**14,682,954**
	Total Adults Regularly Smoking Cigarettes	208,313.61	**2,642,932**
	Percent Population Smoking Cigarettes (Crude)	21.7%	**18%**
	Percent Population Smoking Cigarettes (Age-Adjusted)	**22.4%**	**18.9%**

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
Mortality – Lung Disease	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2007-2011	931	**11,363**
	Crude Death Rate (Per 100,000 Pop.)	70.19	**57.02**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**49.28**	**38.55**
Mortality – Unintentional Injury	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2010-2014	780	**10,015**
	Crude Death Rate (Per 100,000 Pop.)	58.8	**50.25**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**53.08**	**44.43**
Mortality – Heart Disease	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2010-2014	2,859	**44,078**
	Crude Death Rate (Per 100,000 Pop.)	215.66	**221.17**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**159.56**	**149.9**
High Blood Pressure (Adult)	Total Population (Age 18+)	962,092	**14,682,954**
	Total Adults with High Blood Pressure	287,445	**4,155,276**
	Percent Adults with High Blood Pressure	**29.88%**	**28.3%**
Cancer Incidence – Lung	Estimated Total Population	175,654	**2,771,859**
	New Cases (Annual Average)	1,236	**16,548**
	Cancer Incidence Rate (Per 100,000 Pop.)	**70.4**	**59.7**
Mortality – Premature Death	Total Population	1,250,234	**56,417,393**
	Total Premature Death, 2014-2016	5,516	**256,433**
	Total Years of Potential Life Lost,2014-2016 Average	95,179	**4,112,576**
	Years of Potential Life Lost, Rate per 100,000 Population	**7,613**	**7,290**
Cancer Incidence – Prostate	Estimated Total Population (Male)	83,441	**1,300,513**
	New Cases (Annual Average)	855	**12,667**
	Cancer Incidence Rate (Per 100,000 Pop.)	**102.6**	**97.4**
Cancer Incidence –	Estimated Total Population (Female)	85,601	**1,330,172**

Breast	New Cases (Annual Average)	999	**15,430**
	Cancer Incidence Rate (Per 100,000 Pop.)	**116.7**	**116**
	Estimated Total Population (Female)	70,314	**1,048,314**
Cancer Incidence - Cervix	New Cases (Annual Average)	72	**933**
	Cancer Incidence Rate (Per 100,000 Pop.)	**10.3**	**8.9**
Cancer Incidence - Colon and Rectum	Estimated Total Population	168,478	**2,653,116**
	New Cases (Annual Average)	666	**9,790**
	Cancer Incidence Rate (Per 100,000 Pop.)	**39.5**	**36.9**
Obesity	Total Population Age 20+	1,026,676	**15,687,277**
	Adults with BMI > 30.0 (Obese)	290,992	**4,162,381**
	Percent Adults with BMI > 30.0 (Obese)	**28.5%**	**26.6%**
Overweight	Survey Population (Adults Age 18+)	956,712	**14,014,811**
	Total Adults Overweight	344,960	**5,146,693**
	Percent Adults Overweight	**36.1%**	**36.7%**
Diabetes (Adult)	Total Population Age 20+	1,028,455	**15,705,775**
	Population with Diagnosed Diabetes	124,187	**1,715,434**
	Population with Diagnosed Diabetes, Age-Adjusted Rate	**10.4%**	**9.22%**
Poor General Health	Total Population Age 18+	962,092	**14,682,954**
	Estimated Population with Poor or Fair Health	182,697	**2,525,468**
	Crude Percentage	19%	**17.2%**
	Age-Adjusted Percentage	**18%**	**15.9%**
Mortality - Suicide	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2010-2014	221	**3,063**
	Crude Death Rate (Per 100,000 Pop.)	16.66	**15.37**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**15.64**	**14.09**
Mortality - Homicide	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2010-2014	63	**1,202**
	Crude Death Rate (Per 100,000 Pop.)	4.72	**6.03**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**4.96**	**6.39**

Mortality - Cancer	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2010-2014	2,974	**43,286**
	Crude Death Rate (Per 100,000 Pop.)	224.3	**217.19**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**165.94**	**152.86**
Mortality - Stroke	Total Population	1,325,832	**19,929,487**
	Average Annual Deaths, 2010-2014	650	**10,042**
	Crude Death Rate (Per 100,000 Pop.)	48.99	**50.39**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**35.35**	**33.87**
High Cholesterol (Adult)	Survey Population (Adults Age 18+)	847,953	**11,691,020**
	Total Adults with High Cholesterol	378,847	**4,898,256**
	Percent Adults with High Cholesterol	**44.68%**	**41.90%**
Heart Disease (Adult)	Survey Population (Adults Age 18+)	1,002,463	**14,681,551**
	Total Adults with Heart Disease	64,405	**822,348**
	Percent Adults with Heart Disease	**6.4%**	**5.6%**
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	124,116	**2,222,669**
	Beneficiaries with Depression	27,101	**420,851**
	Percent with Depression	**21.8%**	**18.9%**
Poor Dental Health	Total Population (Age 18+)	946,687	**14,682,954**
	Total Adults with Poor Dental Health	204,421	**2,635,605**
	Percent Adults with Poor Dental Health	**21.6%**	**18%**
Infant Mortality	Total Births	77,325	**1,133,160**
	Total Infant Deaths	568	**7,932**
	Infant Mortality Rate (Per 1,000 Births)	**7.3**	**7**
Low Birth Weight	Total Live Births	162,708	**1,585,346**
	Low Weight Births (Under 2500g)	14,308	**137,925**
	Low Weight Births, Percent of Total	**8.79%**	**8.7%**
Asthma Prevalence	Survey Population (Adults Age 18+)	1,006,433	**14,756,311**
	Total Adults with Asthma	143,509	**1,841,437**
	Percent Adults with Asthma	**14.3%**	**12.5%**

APPENDIX C:
HOSPITAL UTILIZATION DATA

Below are the top 10 diagnoses for AdventHealth Connerton in 2018.

Please note: AdventHealth Connerton does not have an Emergency Room Department onsite at this facility.

Inpatient Admissions
1. Weakness
2. Hyperlipidemia, unspecified (abnormally elevated levels of any or all lipids or lipoproteins in blood)
3. Dysphagia, unspecified (difficulty swallowing)
4. Personal history of nicotine dependence
5. Athscl heart disease of native coronary artery w/o ang pctrs (Atherosclerotic Coronary Artery Disease)
6. Essential (primary) hypertension (blood pressure of 140/90 or higher)
7. Critical illness myopathy (disease of limb and respiratory muscles)
8. Anxiety disorder, unspecified
9. Tracheostomy status (Artificial Opening Status)
10. Major depressive disorder, single episode, unspecified