

AdventHealth North Pinellas

2019 COMMUNITY HEALTH NEEDS ASSESSMENT



Tarpon Springs Hospital Foundation, Inc. dba AdventHealth North Pinellas
Approved by the Hospital Board on: November 8, 2019

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**Extending the Healing
Ministry of Christ**



AdventHealth

2019 Community Health Needs Assessment

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Acknowledgements

This report was prepared by Kimberly Williams and Tammy Monroe, with contributions from members of the AdventHealth North Pinellas Community Health Needs Assessment Committee representing health leaders in our community and AdventHealth North Pinellas leaders.

A special thanks to Florida Department of Health in Pinellas County, Community Health Action Team (CHAT) for their expertise and support in the collection and analysis of the data.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions made this report possible and lay the groundwork as we continue to fulfill our mission of *Extending the Healing Ministry of Christ*.

1. EXECUTIVE SUMMARY

Goals

Tarpon Springs Hospital Foundation, Inc. dba AdventHealth North Pinellas will be referred to in this document as AdventHealth North Pinellas or “The Hospital.” AdventHealth North Pinellas in Tarpon Springs, 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 North Pinellas’s prioritized issues

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth North Pinellas 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 North Pinellas collected both primary and secondary data. The primary data included stakeholder interviews and community surveys.

Secondary data sources included internal Hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth North Pinellas over the past year. In addition, AdventHealth North Pinellas 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 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 North Pinellas 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 10 issues to five 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 five priority issues identified to be addressed are::

1. Obesity
 - a. Goal 1: To increase access to nutrition education by supporting community organizations and other community stakeholders offering health education and resources
 - b. Goal 2: To implement strategies to support existing community initiatives aimed to address the problem of obesity in the Hospital's primary service areas
2. High Blood Pressure/High Cholesterol/Heart Disease
 - a. Goal 1: To increase access to health education, early intervention programs, and resources related to heart disease
 - b. Goal 2: To increase access to blood pressure management education by engaging community organizations and stakeholders
3. Suicide/Depression (Medicare Population)
 - a. Goal 1: To increase education and awareness related to suicide/depression by engaging community members, public schools, community organizations, and other community stakeholders
 - b. Goal 2: To increase community-level partnerships to enhance local efforts to address social determinants of health that impact suicide/depression
4. Tobacco Usage
 - a. Goal 1: To decrease tobacco use among adults and youth in the community
 - b. Goal 2: To increase access to smoking cessation classes for adults by partnering with community organizations
5. Alcohol Consumption
 - a. Goal 1: To increase access to early intervention and treatment programs for substance abuse treatment specifically for alcoholism by creating partnerships with community organizations and stakeholders
 - b. Goal 2: To increase education and awareness of substance abuse related to alcoholism by engaging community members, public schools, community organizations, and other community stakeholders

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

Approvals

On November 8, 2019 the AdventHealth North Pinellas 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 North Pinellas 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 NORTH PINELLAS

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 North Pinellas. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

AdventHealth North Pinellas 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 North Pinellas

AdventHealth North Pinellas, located in Tarpon Springs, is a 168-bed, full-service hospital specializing in cardiovascular medicine, emergency medicine, orthopedics, wound healing, sleep medicine, women's care, and general surgery including minimally invasive and robotic-assisted procedures. AdventHealth North Pinellas has been nationally recognized by the American Heart Association, the American Stroke Association, The Joint Commission, and The Leapfrog Group, for excellence in providing quality patient care. AdventHealth North Pinellas serves both the Pinellas and Pasco communities of West Central Florida. For more information, visit www.AdventHealthNorthPinellas.com.

3. CHOOSING THE COMMUNITY

AdventHealth North Pinellas defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes portions of Pinellas and Pasco counties and the zip codes 34652 – New Port Richey, 34683 – Palm Harbor, 34684 – Palm Harbor, 34689 – Tarpon Springs, 34690 – Holiday, 34691 – Holiday.

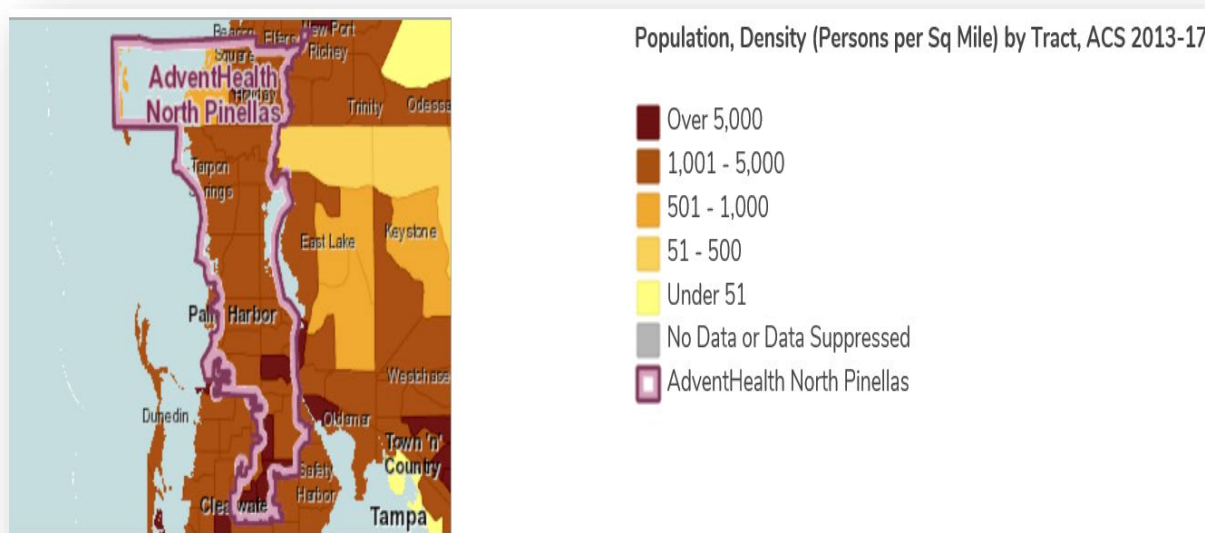
4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

In order to understand our community and the challenges faced, AdventHealth North Pinellas 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 160,079 people live in the 48 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 3,274.64 persons 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 North Pinellas	160,079	48	3,274.64
Pasco County, FL	498,136	747.65	666.27
Pinellas County, FL	949,842	273.84	3,468.59
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 North Pinellas’s patients come from.



Source: US Census Bureau, [Decennial Census](#). 2000 - 2010.

COMMUNITY DEMOGRAPHICS



Female 52.03%



Male 47.97%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	4.11%	12.02%	6.39%	9.99%	10.51%	13.81%	15.45%	27.71%

RACE	Caucasian	African-American	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Races
%	90.28%	3.63%	2.32%	0.22%	0.01%	1.24%	2.3%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	9.42%	90.58%

Source: US Census Bureau, [Decennial Census](#). 2000 - 2010.

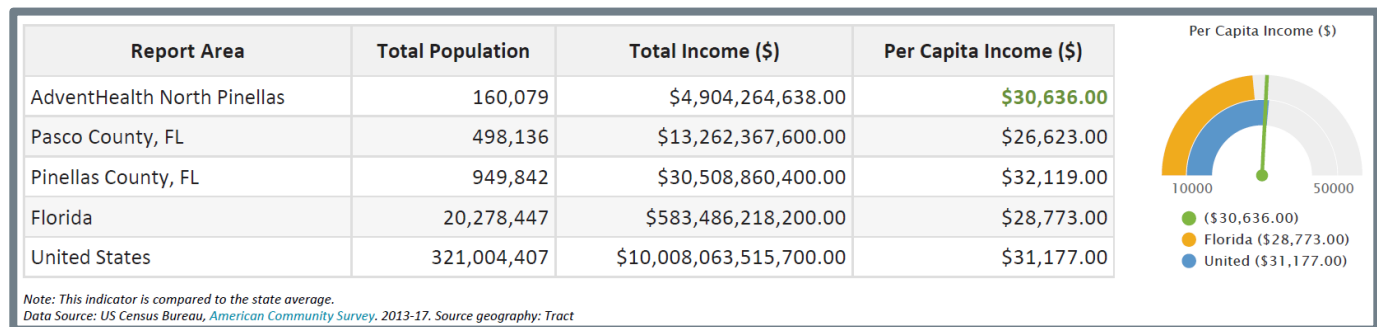
AdventHealth North Pinellas service areas averaged higher in percentages than the state of Florida averages in most of the following data indicators below, which indicates an area of highest need.

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH NORTH PINELLAS SERVICE AREA	FLORIDA AVERAGE
Poverty ¹	% Population in Poverty (Below 100% FPL)	11.7%	15.46%
Unemployment Rate ²	Unemployment Rate	6%	3.1%
Violent Crime ³	Violent Crime Rate (Per 100,000 Pop.)	482.2	444.7
Population with No High School Diploma ¹	% Population Age 25+ with No High School Diploma	8.5%	12.42%
Insurance ⁴	Uninsured Adults-% Without Medical Insurance	16.44%	18.44%
Insurance ⁴	Uninsured Children-% Without Medical Insurance	6.64%	6.58%
Food Insecurity Rate ⁵	Food Insecurity Rate	16.2%	16.2%
Population with Low Food Access ⁶	% Population with Low Food Access	20.24%	25.7%
Use of Public Transportation ¹	% Population Using Public Transit for Commute to Work (Age 16+)	0.64%	2%
Alcohol Consumption ⁷	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	19.8%	17.1%
Tobacco Usage ⁷	% Population Smoking Cigarettes (Age-Adjusted)	23%	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 North Pinellas primary service area is \$30,636. 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.



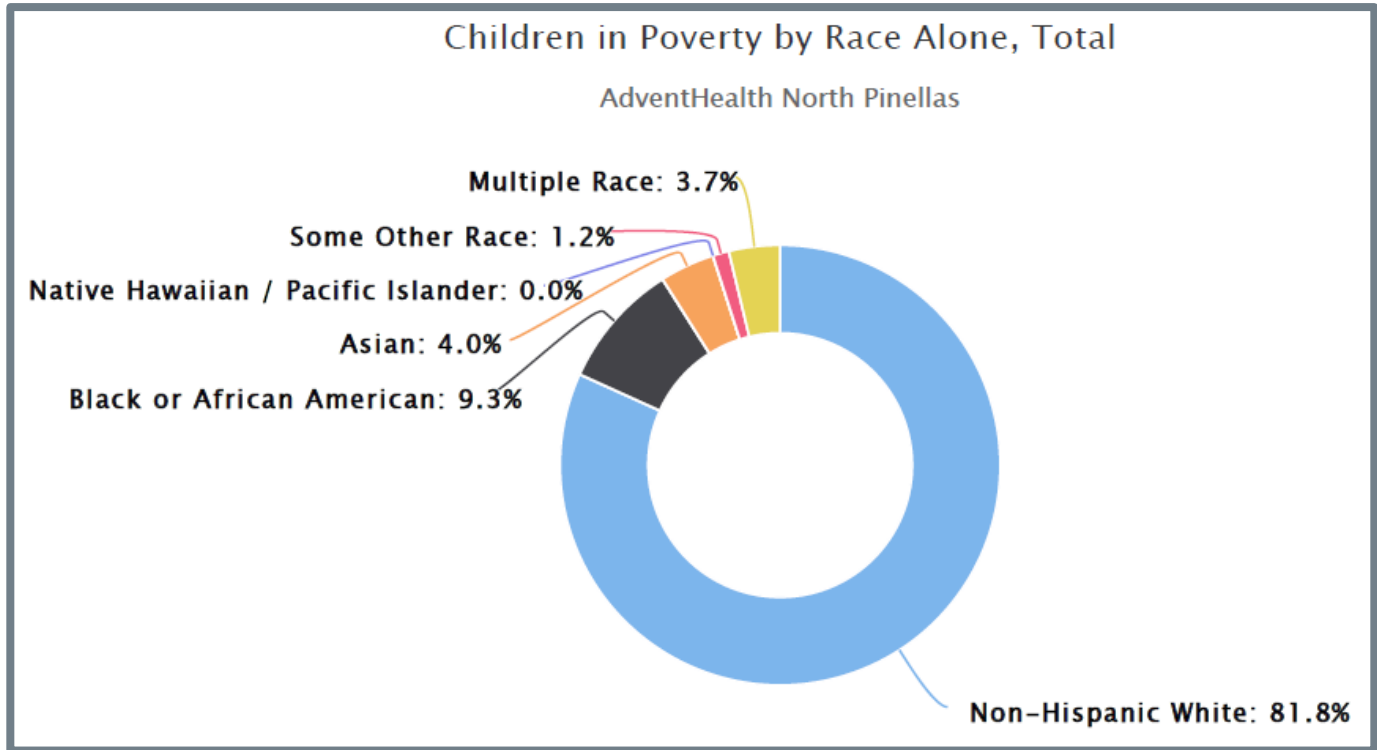
Per Capita Income by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Pasco County, FL	\$27,087.00	\$22,099.00	\$34,456.00	\$24,227.00	\$28,757.00	\$18,893.00	\$15,838.00
Pinellas County, FL	\$34,723.00	\$18,814.00	\$29,403.00	\$33,476.00	\$23,595.00	\$20,113.00	\$14,129.00
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 - 2017.

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

In the AdventHealth North Pinellas primary service area, 13.97% or 3,542 children aged 0-17, 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.



Source: US Census Bureau, [American Community Survey](#), 2013 - 2017.

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth North Pinellas 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 regularly throughout 2018-2019. Current CHNAC members include:

Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Christina Giron	Human Services Program Analyst	FL Department of Health, Pinellas County; Breast and Cervical Cancer Early Detection Program	Local department of health providing cancer screening services	x	x	x
David Archie	Director and Former Mayor of Tarpon Springs	Citizens Alliance for Progress	Educational support, youth development, emergency assistance	x	x	
Ulyee Choe	Director	Florida Department of Health in Pinellas County	Local department of health	x	x	x
Ron Haddad	Community Wellness	Community Partner	Community stakeholder			x
Ada Del-Torres	Director	The Shepherd Center	Provides compassion, basic support, and assistance to those in	x		x

			our community who need it most			
Lt. Zach Haisch	Director, Services for the Homeless	Pinellas Safe Harbor	An emergency homeless shelter and a jail-diversion program designed to be a safe haven for people who are homeless and require services to get back on their feet.	x	x	
Michael Raposa	Director, Pasco County Homeless Veterans	St. Vincent de Paul Society	Volunteer services, Food pantry, thrift store	x	x	
Milton Smith	Retired EMS, Pastor	Mt. Herman Missionary Baptist Church	Local church	x	x	
Curt Snare	Pastor	St. Timothy's Lutheran Church	Local church	x	x	
Nako Kellum	Pastor	Methodist Church	Local church	x	x	
Jacob Hollingsworth	Officer	Tarpon Springs Police Department	Criminal investigations, homeless outreach, victim services	x	x	
Sheena Thompson	Certified Tobacco Treatment Specialist	Gulfcoast North Area Health Education Center (AHEC)	Provide health education that improves the well- being of the communities we serve			x

Roaya Tyson	COO	Gracepoint	Immediately responding to all people seeking to improve their lives by delivering integrated mental health, substance abuse and medical care to promote health and wellness	x	X	
Tracy Stickney	Director	Salvation Army Tarpon Springs	Provides social services to residents of Tarpon Springs, Ozone, Crystal Beach, Palm Harbor, and Oldsmar.	x	x	
Darlene Parker	Administration	Shepherd's Center	Provides compassion, basic support, and assistance to those in our community who need it most		x	X
Paula Dang	Community Donations Coordinator	Metropolitan Ministries	We work with donors, volunteers, and community members to provide food, shelter, and services to the homeless or those in danger of becoming homeless.	x	x	x
Nosakhare Idehen	CHIP/CHA Coordinator	Florida Department of Health in Pinellas County	Local department of health	x	x	x

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment (CHNA).

Pinellas County public health representatives participated throughout the CHNA process. Our community survey process was mobilized by Florida Department of Health in Pinellas County with the expertise of their Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Coordinator, Nosakhare Idehen, MD, MHA. They led the Florida Department of Health in Pinellas County's Community Health Action Team (CHAT) efforts to work together to implement a joint CHNA and Community Health Plan. The key partners that worked together to guide the joint CHNA process include: AdventHealth West Florida Division, Moffitt Cancer Center, BayCare, and Johns Hopkins All Children's Hospital.

The Pinellas County CHAT works to determine the goals, strategies, and activities within the county's Community Health Improvement Plan (CHIP) through community engagement and collaborative participation. The CHAT is comprised of public health stakeholders in Pinellas County that formulate goals, strategies, and objectives to address community health assessment identified priority areas. Additionally, the CHAT creates an action plan that outlines how to achieve those objectives (<http://www.pinellaschat.com/index.html>).

Through our Pinellas County CHAT collaboration, we 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 interview/surveys, community focus groups, 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:

- **Ulyee Choe, DO**, Director, Florida Department of Health in Pinellas County
- **Nosakhare Idehen, MD, MHA**, Human Services Program Specialist, CHA/CHIP Coordinator, Community Health & Performance Management, Florida Department of Health in Pinellas County
- **Christopher Gallucci, MPH, CPH**, Health Services Manager, Planning & Partnerships, Community Health & Performance Management, Florida Department of Health in Pinellas County

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

- a. Community Surveys: The Pinellas County Community Health Action Team (CHAT) worked together to design 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 ensure barriers to participating were addressed. For example, local community centers encouraged participation 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 also 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 Pinellas County. Survey responses were regularly monitored to ensure that the participants were an accurate representation of the diverse community we serve. As gaps were identified in subsets of the population, efforts were made to reach out and ensure inclusion in the survey process.

- b. Stakeholder Interviews: Interviews were conducted by sending out a link via 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 and Emergency Department diagnoses by payer Hospital utilization data was provided by our AdventHealth North Pinellas finance department. Diagnoses were placed into general category descriptions and organized in Appendix C: Hospital Utilization & Emergency Room Data.

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

- b. The Engagement Network: The Engagement Network 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 Pinellas County Community Health Action Team (CHAT) collaboration 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 North Pinellas Community Health Needs Assessment is the product of a county-wide collaboration with the Pinellas County Community Health Action Team (CHAT).

The Pinellas County CHAT convenes to guide the development of the Community Health Improvement Plan (CHIP) for Pinellas County. In Pinellas, the Community Health Improvement Plan (CHIP) is designed to address specific opportunities for improved health that have been identified by the community. The Florida Department of Health partners with many stakeholders to implement the CHIP and collaborates regularly to track progress.

In addition to the Department of Health, AdventHealth North Pinellas also partnered with surrounding health systems. This included Moffitt Cancer Center, BayCare, and Johns Hopkins All Children's Hospital. They provided leadership and guidance throughout survey development and implementation, as well as participating in the county-wide priority selection process.

Collaborators

- **Pinellas County CHAT**
- **Moffitt Cancer Center**
- **BayCare**
- **Johns Hopkins All Children's Hospital**

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 8-10 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 North Pinellas financial department provided admission data for inpatient and the Emergency Department including diagnosis, payer source and zip codes for 2018.

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

Top Priorities determined from Pinellas 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 determined from Secondary Data provided by The Engagement Network/ Secondary Needs Assessment Tool					
1	Unintentional Injury deaths	5	Suicide (Adults), Depression (Medicare Population); Depression (Medicare Population)	9	Asthma
2	Alcohol consumption	6	Uninsured Children	10	Tobacco Usage
3	High Blood Pressure, High Cholesterol, Heart Disease (Adult)	7	Poor Dental Health	11	Cancer
4	Obesity	8	Infant Mortality		

Top Priorities determined from Inpatient Hospital Utilization Data					
1	Sepsis, unspecified organism	5	Pneumonia, unspecified organism	9	Non-ST elevation (NSTEMI) myocardial infarction

2	Weakness	6	Hypertensive heart and chronic kidney disease with heart failure and stage 1-4 unspecified chronic kidney	10	Unspecified atrial fibrillation
3	Acute respiratory failure with hypoxia	7	Hypertensive heart disease with heart failure		
4	Chronic obstructive pulmonary disease w (acute)	8	Acute kidney failure, unspecified		

Top Priorities determined from Emergency Department Hospital Utilization Data					
1	Essential (primary) hypertension	5	Unspecified abdominal pain	9	Acute upper respiratory infection, unspecified
2	Chest pain, unspecified	6	Urinary tract infection, site not specified	10	Mixed hyperlipidemia
3	Encounter screen mammogram for malignant neoplasm of breast	7	Headache		
4	Low back pain	8	Hyperlipidemia, unspecified		

Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting, the top needs identified by the Pinellas County CHAT were reviewed along with identified needs specific to AdventHealth North Pinellas' primary service area. The CHNAC compared the overarching top 11 health needs of the County with the top 11 health needs specific to the communities nearest the hospital (in 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 five issues by voting anonymously (lists of needs were provided) and the results were then shared with the larger group. CHNAC members agreed on their top five priorities and the potential for pulling together community resources (assets) and partnerships to develop specific, measurable, attainable, relevant, and time-based goals to develop a collaborative community health plan.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Obesity	Underserved, minority, low-income populations, community focus	Adults age 20 and older	34683, 34684, 34689, 34690, 34691
2	High Blood Pressure/High Cholesterol/Heart Disease	Underserved, minority, low-income populations, community focus	Adults age 18 and older	34683, 34684, 34689, 34690, 34691
3	Suicide/Depression	Underserved, low-income populations	Adults age 18 and older	34683, 34684, 34689, 34690, 34691
4	Tobacco Usage	Underserved, minority, low-income populations, community focus	Adults age 18 and older	34684, 34689, 34690, 34691
5	Alcohol Consumption	Underserved, minority, low-income populations, community focus.	Adults aged 18 and older	34683, 34684, 34689, 34690, 34691
6	Unintentional Injury deaths	Underserved, low-income populations	All ages	34683, 34684, 34689, 34690, 34691
7	Asthma	Underserved, low-income, populations	Adults age 18 and older	34683, 34684, 34689, 34690, 34691

8	Uninsured Children			34683, 34684, 34689, 34690, 34691
9	Cancer	Underserved, minority, low-income populations	All ages	34683, 34684, 34689, 34691
10	Poor Dental Health	Underserved, minority, low-income populations, community focus.	Adults aged 18 and older	34683, 34684, 34689, 34690, 34691
11	Infant Mortality	Underserved, minority, low-income populations	Newborns (under age 1)	34691

10. COMMUNITY ASSET INVENTORY

In order to help AdventHealth North Pinellas'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 11 identified community health needs in the Hospital's primary service area. The inventory was designed to help the CHNAC narrow the 11 needs to the five priority issues. Appendix C includes the full Community Asset Inventory.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Obesity	Support groups, classes, Pinellas trail for exercise, community exercise equipment, DOH healthiest weight, school health	Food is Health program, Yoga classes, Morning Mile program, Creation Life training
High Blood Pressure, High Cholesterol, Heart Disease	Low sodium diet programs, exercise programs, Community Health Centers of Pinellas screenings, Tarpon Springs Health Department	Yoga classes, Cardiac rehab program, blood pressure screenings, heart healthy classes, MD Cardiology Lunch and Learns
Suicide, Depression (Medicare Population)	Hotlines (727-791-3131), mentor programs, PEMHS, Grace Point Wellness, Speak Up forum with NAMI bold gold initiative with faith leaders, Directions for Living Clearwater Center (crisis and mental health services), Hispanic Outreach Center (mental health counselors), ACTS Pinellas Residential Facility, Tarpon Suncoast Center, VA Tarpon services and suicide Hotline 800-273-8255.	Inpatient spiritual needs
Tobacco Usage	Reduce cost of quitting aides, apartment and condo free program, SWAT (students working against tobacco)	AHEC Smoking cessation classes

Alcohol Consumption	Dry Dock AA hotline/meetings, Windmoor Healthcare (mental health, chemical dependency), Operation PAR (detox)	
Unintentional Injury deaths	Florida Coalition Against Domestic Violence Florida Coalition Against Sexual Violence Fall Prevention Coalition WaterSmartFL.com The Haven of Religious Community Services (RCS) – North County Domestic Violence Center	
Asthma	Tampa Bay Asthma Coalition <ul style="list-style-type: none"> • Hosts asthma education classes/workshops • Volunteer team does home visits to assess the environment and reduce triggers 	
Uninsured Children	Florida Department of Health in Pinellas County <ul style="list-style-type: none"> - School Health Services Program (provides counseling, nutritional services, vision/hearing/scoliosis/growth and development screenings, etc.) Government Funded Health Insurance <ul style="list-style-type: none"> - Medicaid - CHIP 	
Cancer	Moffitt Cancer Center Florida Department of Health in Pinellas County <ul style="list-style-type: none"> - Breast and Cervical Cancer Early Detection Program - Prostate Cancer Screening 	
Poor Dental Health	Florida Department of Health in Pinellas County <ul style="list-style-type: none"> - Dental Services for Children - Accepts Medicaid - Also serve uninsured, low-income adults - School-Based Dental Sealants 	
Infant Mortality	Florida Healthy Babies Initiative in Pinellas County Tampa Bay Breastfeeding Task Force – Pinellas Chapter Juvenile Welfare Board Mom Care Medicaid PEPW (temporary Medicaid for pregnant women) Healthy Start Coalition of Pinellas County WIC & Nutrition Program	

11. PRIORITY SELECTION

Priority Selection using the Rating & Prioritizing Key Health Issues Worksheet

The top 11 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 <i>How important is the issue?</i>	IMPACTFUL <i>What will we achieve by addressing this issue?</i>	FEASIBLE <i>Can we adequately address this issue?</i>				
	<input type="radio"/> Size of problem (ex. % population) <input type="radio"/> Severity of problem (ex. Cost to treat, lives lost) <input type="radio"/> Urgency to solve problem; community concern <input type="radio"/> Linked to other important issues	<input type="radio"/> Availability of solutions/proven strategies <input type="radio"/> Builds on or enhances current work <input type="radio"/> Significant consequences of not addressing issue now	<input type="radio"/> Availability of resources (staff, community partners, time, money) to address issue <input type="radio"/> Political capacity/will <input type="radio"/> Community/social acceptability <input type="radio"/> Appropriate socio-culturally <input type="radio"/> Can identify easy, short-term wins				
Obesity	4	+	4	+	4	=	12
High Blood Pressure, High Cholesterol, Heart Disease	4	+	4	+	4	=	12
Suicide, Depression (felt it was needed for all populations)	4	+	4	+	4	=	12
Tobacco Usage	4	+	4	+	4	=	12
Alcohol Consumption	4	+	4	+	4	=	12

Unintentional Injury deaths	1	+	1	+	1	=	3
Asthma	1	+	1	+	1	=	3
Uninsured Children	2	+	1	+	1	=	4
Cancer	2	+	1	+	1	=	4
Poor Dental Health	2	+	1	+	1	=	4
Infant Mortality	2	+	1	+	1	=	4

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL ADDRESS		
Relevance	Impact	Feasibility
1. Obesity		
<p>In the AdventHealth North Pinellas primary service area (PSA), 27.2% of adults are obese (BMI greater than 30), which is higher than the state average of 26.6%. Additionally, 36.2% of adults in the PSA are considered overweight (BMI between 25 and 30).</p> <p>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.</p>	<p>Support groups, classes, Pinellas trail for exercise, community exercise equipment, DOH healthiest weight, school health, Food is Health program, Yoga classes, Morning Mile program, Creation Life training</p> <p>Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers.</p>	<p>The community has numerous resources to address this issue.</p> <p>Florida Department of Health in Pinellas County</p>
2. High Blood Pressure, High Cholesterol, Heart Disease		
<p>In the AdventHealth North Pinellas primary service area (PSA), the rate of death due to heart disease per 100,000 population is 152, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 29% and 46% of adults have high cholesterol.</p> <p>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, being overweight/obese, and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease.</p>	<p>Low sodium diet programs, exercise programs, Community Health Centers of Pinellas screenings, Yoga classes, Cardiac rehab program, blood pressure screenings, heart healthy classes, MD Cardiology Lunch and Learns</p> <p>A failure to manage blood pressure and cholesterol, eat a healthy diet and incorporate physical activity daily increases the risk of developing heart disease.</p>	<p>The community has numerous resources to address this issue.</p> <p>Community Health Centers of Pinellas, Florida Department of Health in Pinellas County</p>
3. Suicide, Depression (Medicare Population)		

<p>In the AdventHealth North Pinellas PSA, 22% of the Medicare population has depression, which is slightly higher than the state average of 19%. Furthermore, the suicide rate is 18.33 (per 100,000 population) which is higher than the state average of 14.09 per 100,000.</p> <p>The burden of mental illness, such as depression and anxiety, in the United States is among the highest of all diseases. Mental disorders are among the most common causes of disability for adults, children, and adolescents while suicide is the 10th leading cause of death in the U.S.</p>	<p>Hotlines (727-791-3131), mentor programs, PEMHS, Grace Point Wellness, Speak Up forum with NAMI bold gold initiative with faith leaders, Directions for Living Clearwater Center (crisis and mental health services), Hispanic Outreach Center (mental health counselors), ACTS Pinellas Residential Facility, Tarpon Suncoast Center, VA Tarpon services and suicide Hotline 800-273-8255.</p> <p>When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide.</p>	<p>There are many resources to address this issues and community partners to coordinate services with.</p> <p>National Hotlines, Gracepoint, NAMI, Directions for Living Clearwater Center, Hispanic Outreach Center, ACTS, Tarpon Suncoast Center</p>
<p>4. Tobacco Usage</p>		
<p>In the AdventHealth North Pinellas PSA, 23% of adults aged 18 and above smoke cigarettes which is higher than the state average of 19%.</p> <p>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.</p>	<p>Reduce cost of quitting aides, apartment and condo free program, SWAT (students working against tobacco), AHEC Smoking cessation classes</p> <p>Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful reproductive effects.</p>	<p>The community has the ability to partner to maximize the resources available.</p> <p>Students Working Against Tobacco, AHEC</p>
<p>5. Alcohol Consumption</p>		
<p>In the AdventHealth North Pinellas PSA, 20% of adults aged 18 and above drank excessively, which is higher than the state average of 17%.</p> <p>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.</p>	<p>Dry Dock AA hotline/meetings, Windmoor Healthcare (mental health, chemical dependency), Operation PAR (detox)</p> <p>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.</p>	<p>The community has the ability to partner to maximize the resources available.</p> <p>Alcoholics Anonymous, Windmoor Healthcare, Operation PAR</p>

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL NOT ADDRESS

Relevance	Impact	Feasibility
1. Unintentional Injury deaths		
<p>In the AdventHealth North Pinellas PSA, the rate of death due to unintentional injury is 53.55 (per 100,000 population).</p> <p>Unintentional injuries were the 3rd leading cause of death in the U.S for 2017. This includes deaths due to falls, motor vehicle accidents, fires, drownings and poisoning.</p>	<p>Support groups and classes for victims and the broader community. Education and awareness campaigns.</p>	<p>Florida Coalition Against Domestic Violence, Florida Coalition Against Sexual Violence, Fall Prevention Coalition, WaterSmartFL.com, The Haven of Religious Community Services (RCS) – North County Domestic Violence Center</p>
2. Asthma		
<p>In the AdventHealth North Pinellas PSA, 14% of adults aged 18 and above have asthma.</p> <p>Asthma is a chronic condition when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness and shortness of breath.</p>	<p>Tampa Bay Asthma Coalition (Hosts asthma education classes/workshops, Volunteer team does home visits to assess the environment and reduce triggers)</p> <p>The inflammation causes coughing, wheezing, chest tightness, and shortness of breath.</p>	<p>Tampa Bay Asthma Coalition</p>
3. Uninsured Children		
<p>In the AdventHealth North Pinellas PSA, 7% of the population under the age of 19 did not have health insurance.</p> <p>In 2018, 4.3 million children in the U.S. did not have health insurance. The largest decrease in insurance status was seen among children from low-income families using public programs like children’s Medicaid or CHIP.</p>	<p>Florida Department of Health in Pinellas County has the School Health Services Program (provides counseling, nutritional services, vision/hearing/scoliosis/growth and development screenings, etc.) Government Funded Health Insurance (Medicaid and CHIP)</p> <p>Lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.</p>	<p>Florida Department of Health in Pinellas County</p>
4. Cancer		
<p>In the AdventHealth North Pinellas PSA, the rate of death due to cancer is 160 per 100,000 population.</p> <p>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.</p>	<p>Moffitt Cancer Center, Florida Department of Health in Pinellas County (Breast and Cervical Cancer Early Detection Program, Prostate Cancer Screening)</p>	<p>Moffitt Cancer Center, Florida Department of Health in Pinellas County</p>
5. Poor Dental Health		
<p>In the AdventHealth North Pinellas PSA, the access to dentists’ rate (per 100,000 pop.) is 58 (in 2015 year), as compared to the state rate of 56.</p> <p>Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth, and the surrounding craniofacial</p>	<p>Florida Department of Health in Pinellas County (Dental Services for Children, Accepts Medicaid, Also serve uninsured, low-income adults, School-Based Dental Sealants)</p>	<p>Florida Department of Health in Pinellas County</p>

<p>(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.</p>		
<p>6. Infant Mortality</p>		
<p>In the AdventHealth North Pinellas PSA, the infant mortality rate is 8 deaths per 1,000 births.</p> <p>Infant mortality is the death of an infant before their first birthday. In 2017, more than 22,000 infants died in the U.S. The causes of infant mortality include birth defects, maternal pregnancy complications, sudden infant death syndrome, preterm birth and injuries such as suffocation.</p>	<p>Florida Healthy Babies Initiative in Pinellas County, Tampa Bay Breastfeeding Task Force – Pinellas Chapter, Juvenile Welfare Board, Mom Care Medicaid, PEPW (temporary Medicaid for pregnant women), Healthy Start Coalition of Pinellas County WIC & Nutrition Program</p>	<p>Florida Healthy Babies Initiative in Pinellas County, Tampa Bay Breastfeeding Task Force – Pinellas Chapter, Juvenile Welfare Board, Healthy Start Coalition of Pinellas County</p>

12. PRIORITY ISSUES TO BE ADDRESSED

The following five 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: Obesity

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 North Pinellas primary service area (PSA), 27.2% of adults are obese (BMI greater than 30) which is higher than the state average of 26.6%. Additionally, 36% of adults in the PSA are considered overweight (BMI between 25 and 30).

Priority #2: High Blood Pressure, High Cholesterol, 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, 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 North Pinellas primary service area (PSA), the rate of death due to heart disease per 100,000 population is 152, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 29% and 46% of adults have high cholesterol.

Priority #3: Suicide, Depression (Medicare Population)

Description of the problem: The burden of mental illness, such as depression and anxiety, in the United States is among the highest of all diseases. Mental disorders are among the most common causes of disability for adults, children, and adolescents while suicide is the 10th leading cause of death in the U.S. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. In the AdventHealth North Pinellas PSA, 22% of the Medicare population has depression, which is slightly higher than the state average of 19%. Furthermore, the suicide rate is 18.33 (per 100,000 population) which is higher than the state average of 14.09 per 100,000.

Priority #4: Tobacco Usage

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 North Pinellas PSA, 23% of adults aged 18 and above smoke cigarettes, which is higher than the state average of 19%.

Priority #5: Alcohol Consumption

Description of the problem: 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 North Pinellas PSA, 20% of adults aged 18 and above drank excessively which is higher than the state average of 17%.

13. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

The following six 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's did not perceive the ability to have a measurable impact on the issue with the current resources available to the community and the hospital.

Priority #1: Unintentional Injury deaths

Description of the problem: Unintentional injuries were the 3rd leading cause of death in the U.S for 2017. This includes deaths due to falls, motor vehicle accidents, fires, drownings, and poisoning. In the AdventHealth North Pinellas PSA, the rate of death due to unintentional injury is 54 (per 100,000 population).

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 alcohol and tobacco use issues selected above by the hospital CHNAC.

Priority #2: Asthma

Description of the problem: Asthma is a chronic condition when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness, and shortness of breath. In the AdventHealth North Pinellas 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 #3: Uninsured Children

Description of the problem: In 2018, 4.3 million children in the U.S. did not have health insurance. The largest decrease in insurance status was seen among children from low-income families using public programs like children's Medicaid or CHIP. In the AdventHealth North Pinellas PSA, 7% of the population under the age of 19 did not have health insurance.

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: Cancer

Description of the problem: 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. In the AdventHealth North Pinellas PSA, the rate of death due to cancer is 160 per 100,000 population.

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 obesity, alcohol, and tobacco use issues selected above by the hospital CHNAC.

Priority #5: Poor Dental Health

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 North Pinellas PSA, the access to dentists' rate (per 100,000 pop.) is 58 (in 2015 year), 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#6: Infant Mortality

Description of the problem: Infant mortality is the death of an infant before their first birthday. In 2017, more than 22,000 infants died in the U.S. The causes of infant mortality include birth defects, maternal pregnancy complications, sudden infant death syndrome, preterm birth, and injuries such as suffocation. In the AdventHealth North Pinellas PSA, the infant mortality rate is 8 deaths per 1,000 births.

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 North Pinellas 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](https://www.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 North Pinellas 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: Diabetes

2016 Description of the Issue: In the Hospital's primary service area (PSA), 8.9% of adults aged 20 and older have been diagnosed by a physician as diabetic. 9.4 % in Pasco County, 8.4% in Pinellas County, and the state average is 8.89%. Diabetes is a prevalent health problem in the USA and may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. While there are resources in the community and at the Hospital, this Community Health Needs Assessment Committee believes there is an opportunity to impact this prevalence in the community.

Cumulative Update: The Hospital addressed this priority issue with the Food is Health® program and the Morning Mile program.

- The Hospital partnered with local community organizations to address the nutritional needs of those in communities designated as food deserts or low income/low access with the Food is Health Program (FiH) (formally known as Food is Medicine). This is accomplished by increasing health and lifestyle educational opportunities, biometric screenings, and access to healthy produce and dry goods. In 2019, AdventHealth North Pinellas partnered with the UF/IFAS Extension Pinellas County for an Adults Cooking Matters class at Citizens Alliance for Progress in Tarpon Springs, a site located within hospital's provider service area. The produce for the class was provided by Renardo Family Produce, a local produce stand in Tarpon Springs.
- 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 Fitness 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 North Pinellas sponsored two schools for the 2018-2019 school year – Gulf Trace Elementary School and Anclote Elementary School. About 14% of the student population participated in the Morning Mile program. The goal was exceeded for the number of total miles completed by students (75 miles, expected 60 miles).

Priority #2: Heart Disease

2016 Description of the Issue: The service area death rate due to coronary heart disease per 100,000 population is 160.66. Pasco County has a rate of 163.5; the Pinellas County rate is 157.1; and the state rate is 156.1. 7.5% of adults aged 18 and older have been diagnosed by a physician with coronary heart disease or angina in the service area; the state average is only 5.6%. Heart disease is also related to high blood pressure, high cholesterol, and heart attacks. In the service area, 29.11% of adults aged 18 and older have been diagnosed by a physician with high blood pressure or hypertension. The county rates are 29.2% in Pasco County and 29% in Pinellas County; the state average is 28.3%. 47.59% of the service area's adult population has been diagnosed with High Cholesterol: 48.94% in Pasco County and 45.44 % in Pinellas County; the state average is 41.90%. Of the Hospital's Self-Pay/Medicaid ED patients and for the general ED population, Chest Pain was one of the top 10 diagnoses in 2015. Sub Endo Infarction and Atrial Fibrillation were 2 of the top 10 in-patient diagnosis in 2015 for the total patient population. Therefore, heart disease remains a key health problem in the Hospital's community.

Cumulative Update: AdventHealth North Pinellas offered free blood pressure screenings at a variety of community events (onsite at the hospital and at off-site events throughout the community). The Hospital also offered free “Healthy Happenings” events and “Health Talks” to those uninsured and Seniors with high blood pressure living in low income/low access communities throughout Pinellas and Pasco Counties, specifically in zip code areas 34652, 34683, 34684, 34689, 34690, 34691. The free events and talks aim to provide free heart disease education to lower disease risk.

Priority #3: Asthma

2016 Description of the Issue: 15.5% of the community population has been diagnosed with asthma. This indicator is relevant because is often exacerbated by poor environmental conditions. In 2015, at the Hospital, respiratory disease-related diagnoses accounted for four of the top 10 reasons for inpatient admissions for Medicaid and Self-Pay patients.

Cumulative Update: The Hospital offered two programs to address this issue, CREATION Health and the Complete Health Improvement Program.

- AdventHealth North Pinellas sponsored the CREATION Health (CH) program, which 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, & 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 Hospital sponsored 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 Access to Care

2016 Description of the Issue: In Pinellas County, 25.44% of adults aged 18-64 are uninsured. In Pasco County, the rate is 25%, and the state rate is 28.78%. A lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contribute to poor health status. 20.6% of adults aged 18 and older self-report that they do not have a personal doctor or health care provider. Access to regular primary care can prevent major health issues and non-urgent emergency department (ED) visits. Urinary Tract Infections, Upper Respiratory Infections and Acute Pharyngitis (sore throat) were three of the top 10 ED diagnoses for Medicaid and Self Pay patients in 2015. These are preventable Hospital visits that could be handled of a lower level of care.

Cumulative Update: The Hospital has two initiatives to address this issue, a partnership with CanAide and Operation Sunshine.

- AdventHealth North Pinellas hired CanAide to develop a tracking system for referrals which was developed and implemented in July 2016. AdventHealth employees screen and submits patient’s applications for Pinellas County health coverage and follows-up with them after their transition from the hospital. Success rate is approximately 25-30% of uninsured/underinsured patients that are referred and qualify to our vendor.
- To reduce the burden of access to other health services, the Hospital implemented, “Operation Sunshine” which includes the “Sun Spotter” truck mobile sun safety skin cancer screening and education program with on-site skin cancer exams for schools, businesses, and community organizations in Pinellas County. The overall goal of the program is to provide free melanoma screenings to the general population.

Priority #5: Obesity

2016 Description of the Issue: 37.8% of adults in the Hospital's service area have a Body Mass Index (BMI) between 25 and 30 (overweight), and 27.7% of adults aged 20 and older self-report that they have a BMI greater than 30.0% (obese) in the service area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Cumulative Update: The Hospital sponsored two programs to increase health and lifestyle education regarding healthy choices, appropriate rest, healthy environments, activity, trust, interpersonal relationships, outlook, and nutrition. The two programs are: Complete Health Improvement Program (CHIP) and CREATION Health.

- CREATION Health (CH) Based on eight principles—Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook, and Nutrition— is a faith-based, 8-session, wellness plan completed with lifestyle seminars and training programs for those who want to live healthier and happier lives. These seminars were hosted in two local faith congregations identified by existing professional relationships with the Chaplain at AHNP.
- The Hospital sponsored 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.

APPENDIX A: PRIMARY DATA SURVEY & PRIMARY DATA RESULTS

Pinellas 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 Pinellas County (727) 524-4410.



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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 shots 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 every 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 three 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 three 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

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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

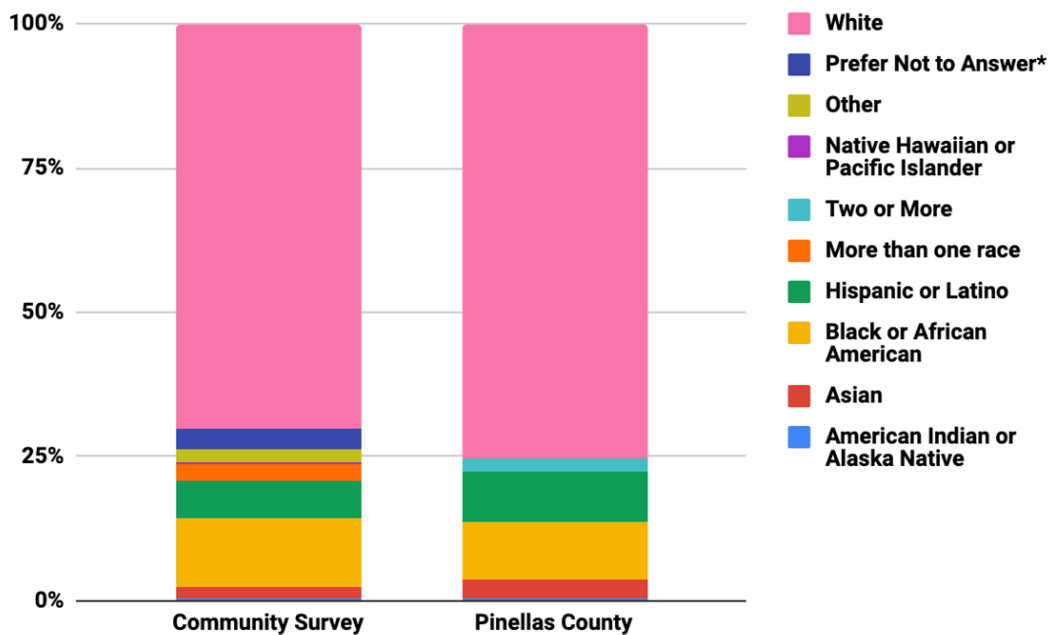
Community surveys were completed in collaboration with our Pinellas County Community Health Action Team (CHAT) collaboration efforts. Surveys were administered in paper format as well as online. Surveys were offered in both English and Spanish languages.

The aggregate results are shown below.

A total of 6,494 Pinellas County residents participated in the collaborative Community Health Needs Assessment (CHNA) survey. Approximately 71% of community residents who participated in the survey were female and roughly 29% were male. Graph 1. (see below) shows community residents participation in the survey by race/ethnicity relative to the population in Pinellas County, Florida. The Community Survey sample is relatively similar in race/ethnicity to Pinellas County population.



- **6,494 Total Respondents** from Pinellas County
- **70.84% Female**
- **75.18% White**
- **7.19% Hispanic or Latino**
- **2.17% Speak Spanish at Home**

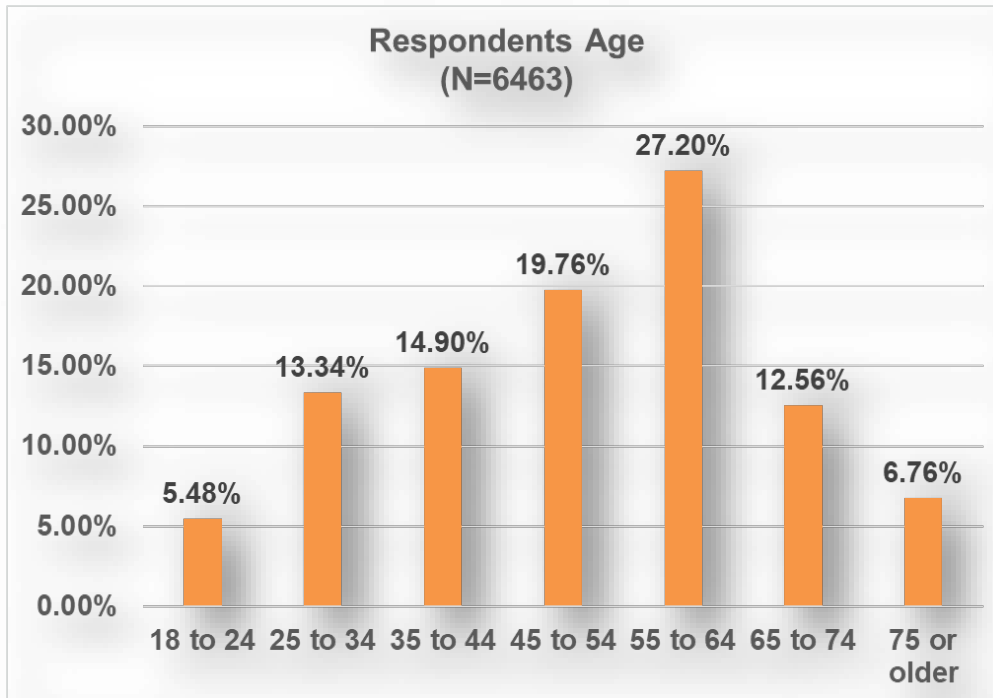


Graph 1. CHNA survey participation by race/ethnicity in Pinellas County, Florida.

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COMMUNITY HEALTH SURVEY RESULTS CONTINUED

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.

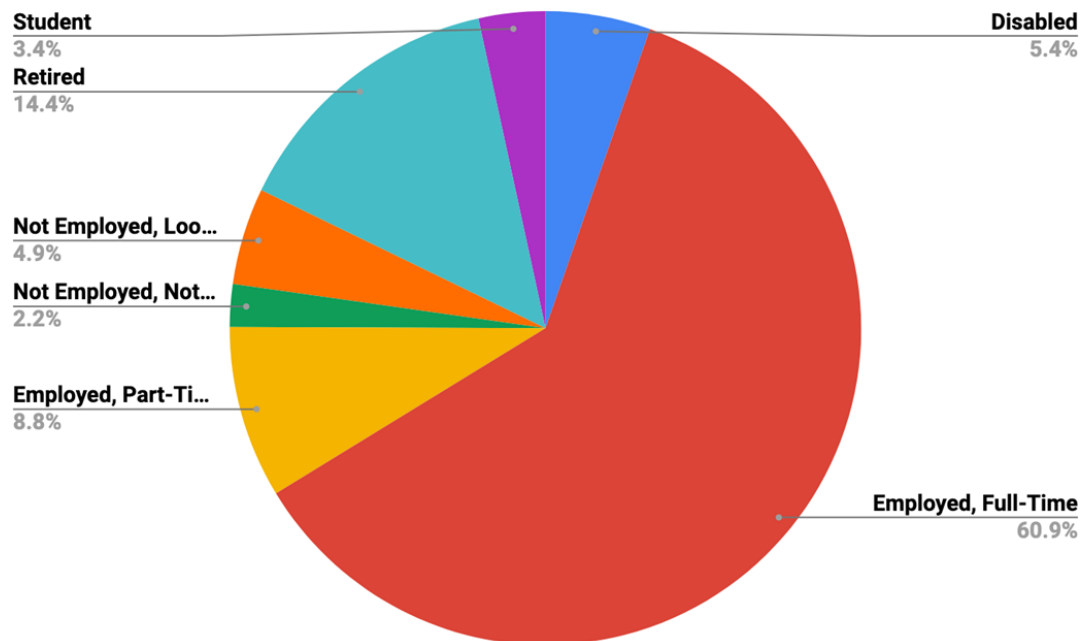


Graph 2. CHNA survey participation by age in Pinellas County, Florida.

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HOUSEHOLD ANNUAL INCOME

Nearly 60% of survey respondents are employed full-time. Among those employed full-time, the largest share of respondents report annual incomes between \$25,000 - \$49,999. The median income is \$48,968. These numbers fall short of \$59,928—the annual income needed for a family to live very modestly in Pinellas 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 Pinellas County Community Health Action Team (CHAT) collaboration 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	10.49%
TRICARE	1.30%
Medicare or Medicare HMO	14.06%
Indian Health Services	0.10%
Medicaid or Medicaid HMO	3.89%
Commercial health insurance (HMO, PPO)	59.44%
Veteran's Administration	1.52%
Some other way	9.21%

EMPLOYMENT STATUS

Employed, working full-time	62.46%
Student	3.53%
Employed, working part-time	8.90%
Retired	12.82%
Not employed, looking for work	4.96%
Disabled, not able to work	5.14%

COMMUNITY HEALTH SURVEY QUESTION	SURVEY RESULTS	
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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) Socioneds index). Highest need zip codes are: 33714, 33711, 33712, 33755, and 33760.	
Languages Spoken at Home	English 95.42%	Arabic 0.16% Chinese 0.07% French 0.07% German 0.05% Haitian Creole 0.08% Russian 0.05% Spanish 2.13% Vietnamese 0.28% Other 1.69%
Including yourself, how many people currently live in your home? Please choose only one:	1 23.19% 2 39.07% 3 17.91%	4 12.45% 5 4.57% 6 or more 2.80%
How many CHILDREN (under age 18) currently live in your home? Please choose only one:	None 71.97% 1 13.32% 2 10.02%	3 3.38% 4 0.88% 5 0.25% 6 or more 0.18%
Are you a caregiver to an adult family member who cannot care for themselves in your home?	Yes 6.70%	No 93.30%
Gender	Male 26.24% Female 72.99%	Transgender: Male to Female 0.10% Transgender: Female to Male 0.13% Other/Gender non-Conforming 0.54%
Highest Education Level	Less than high school 1.38% Some high school, but no diploma 2.87% High school diploma (GED) 12.35%	Some college, no degree 20.13% 2 – Year College Degree 17.53% 4 – Year College Degree 24.69% Graduate - Level Degree or Higher 20.46% None of the above 0.59%
Age	18 to 24 5.74% 25 to 34 13.78% 35 to 44 15.44% 45 to 54 20.17%	55 to 64 27.32% 65 to 74 11.59% 75 or older 5.97%
Ethnicity	Yes, Hispanic or Latino 7.17% No, not Hispanic or Latino 88.30%	Prefer not to answer 4.53%
Race	American Indian or Alaska Native 0.66% Asian 1.87% Black or African American 13.04% Native Hawaiian or Pacific Islander 0.20%	White 74.90% More than one race 3.15% Other 2.32% Prefer Not to Answer 3.86%
How much total combined money did all people living in your home earn last year? Please choose only one:	\$0 to \$9,999 8.72% \$10,000 to \$24,999 10.35% \$25,000 to \$49,999 19.27% \$50,000 to \$74,999 15.17% Prefer not to answer 11.57%	\$75,000 to \$99,999 11.99% \$100,000 to \$124,999 8.17% \$125,000 to \$149,999 5.05% \$150,000 to \$174,999 3.75% \$175,000 to \$199,999 1.77% \$200,000 and up 4.19%

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 5.73% Sometimes true 18.47%	Never true 75.80%
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 4.99% Sometimes true 16.29%	Never true 78.72%
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 14.15%	No 85.85%
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 10.81%	No 89.19%
In the past 12 months has your utility company shut off your service for not paying your bills? (Please choose only one)	Yes 6.43%	No 93.57%
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 18.35%	No 81.65%
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 49.06% I had transportation problems 2.41% I don't have a doctor 3.77%	I don't know where to go 1.15% I had trouble getting an appointment 8.49% I don't have health insurance 15.93% Other 19.18%
I feel safe in my own neighborhood.	Yes 88.90%	No 11.10%
If you answered "no", CHECK ALL reasons you do not feel safe walking:	Traffic 36.52% No sidewalks 32.02% Poor condition of roads or sidewalks 31.46%	Dogs not on a leash 33.15% Stopped by police 12.36% Violent Crime or theft 64.04%
I am happy with my friendships and relationships	Agree 88.4% Disagree 8.11% Not Sure 3.5%	
I have enough people I can ask for help at any time	Agree 79.93% Disagree 15.36% Not Sure 4.71%	
My relationships are as satisfying as I would want them to be	Agree 77.56% Disagree 17% Not Sure 5.44%	

STAKEHOLDER INTERVIEW QUESTIONS

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 the Pinellas County CHAT collaboration 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.

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 Kaczmarzsky by email at courtney.kaczmarzsky@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. Mental Health and Mental Disorders
2. Exercise, Nutrition, and Weight
3. Access to Healthcare
4. Diabetes
5. Oral Health

Some key quotes from Pinellas County Stakeholders are provided below:

Health Topics	
Mental Health and Mental Disorders	<p>Lack of mental health services is probably the top health issue in the community.</p> <p>Mental health issues and dental care are both in short supply compared to the community need.</p>
Exercise, Nutrition, and Weight	<p>The correlation between food insecurity and self-perception of poor health raises concern about affordable access to high nutritional food for the most vulnerable members of the south St. Pete communities.</p> <p>People who cannot afford to maintain good oral care, can succumb to poor eating practices (all soft or pureed foods) and malnutrition (not eating at all).</p> <p>Many of our lower income communities lack access to healthy foods, which is also a systemic problem in terms of health care prevention and longevity.</p> <p>The correlation between food insecurity and self-perception of poor health raises concern about affordable access to high nutritional food for the most vulnerable members of the south St. Pete communities.</p> <p>People who cannot afford to maintain good oral care, can succumb to poor eating practices (all soft or pureed foods) and malnutrition (not eating at all).</p>
Access to Healthcare	<p>"Lack of services lead to a diminished quality of life for the individuals."</p> <p>Over the last six months we have refocused our efforts toward free or affordable urgent dental care. Even with insurance, treatment for broken teeth, abscesses, gum inflammation, and other dental diseases can cost from \$70 to over \$500 and can make low income families to choose between relief and food, rent, transportation and more. Unfortunately, lack of affordable options will force many people choose to live with the pain, infection and possibility of greater health issues. "</p> <p>""Homeless and low-income individuals continue to have limited access to healthcare.""</p> <p>""Lack of Mental Health Services is probably the top health issue in the community.""</p> <p>"The primary barrier to obtaining health care services in this vulnerable community is the out-of-pocket cost of care. For people without health insurance, this takes the form of impeding preventive services along with curative services.</p> <p>There is a lack of dental care accessibility and mental health providers servicing the community of need. Targeted programming to address these needs may include coordination</p>

	<p>with mental health provider training institutions in the immediate metropolitan area to establish regular outreach clinics located in the south St. Pete communities.</p> <p>Lack of transportation is a big issue. There is on-demand, door-to-door transit for people who qualify (transportation disadvantaged), but the demand is much greater than the funding, which results in missed pickups and appointments. Many of our lower income communities lack access to healthy foods, which is also a systemic problem in terms of health care prevention and longevity</p>
Diabetes	<p>Heart disease, stroke, diabetes and other lifestyle related diseases affect all communities in the greater St. Petersburg area.</p> <p>“Current research links dental conditions to heart disease, diabetes, systemic infection, arthritis and more including life threatening sepsis.”</p> <p>Obesity, diabetes are two health issues that are tied to how people use transportation.</p>
Heart Disease & Strokes	<p>"Heart disease, stroke, diabetes and other lifestyle related diseases affect all communities in the greater St. Petersburg area."</p> <p>"Current research links dental conditions to heart disease, diabetes, systemic infection, arthritis and more including life threatening sepsis."</p>
Cancer	<p>"Health disparities remain present. African American communities have higher rates of chronic disease and cancers with a lower life expectancy."</p> <p>African American communities have higher rates of chronic disease and cancers with a lower life expectancy.</p>

APPENDIX B: SECONDARY DATA REPORT

AdventHealth North Pinellas Needs Assessment Report - Quick Facts

Location

AdventHealth North Pinellas (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	160,079	20,278,447
	Population Age 65+	44,356	3,926,889
	Percent Population Age 65+	27.71%	19.36%
Population Age 0-18	Total Population	160,079	20,278,447
	Population Age 0-17	25,829	4,111,582
	Percent Population Age 0-17	16.14%	20.28%
Population Age 18-64	Total Population	160,079	20,278,447
	Population Age 18-64	89,894	12,239,976
	Percent Population Age 18-64	56.16%	60.36%
Total Population	Total Population	160,079	20,278,447
	Total Land Area (Square Miles)	48	53,634.01
	Population Density (Per Square Mile)	3,274.64	378.09
Change in Total Population	Total Population, 2000 Census	151,010	15,982,378
	Total Population, 2010 Census	153,517	18,801,310
	Total Population Change, 2000-2010	2,507	2,818,932
	Percent Population Change, 2000-2010	1.66%	17.64%
Female Population	Total Population	160,079	20,278,447
	Female Population	83,283	10,364,086
	Percent Female Population	52.03%	51.11%
Hispanic Population	Total Population	160,079	20,278,447

	Non-Hispanic Population	145,007	15,263,432
	Percent Population Non-Hispanic	90.58%	75.27%
	Hispanic or Latino Population	15,071	5,015,015
	Percent Population Hispanic or Latino	9.42%	24.73%
Male Population	Total Population	160,079	20,278,447
	Male Population	76,796	9,914,361
	Percent Male Population	47.97%	48.89%

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	156,374	19,536,492
	Violent Crimes	754	92,236
	Violent Crime Rate (Per 100,000 Pop.)	482.2	472.1
Population with No High School Diploma	Total Population Age 25+	124,023	14,396,066
	Population Age 25+ with No High School Diploma	10,528	1,787,348
	Percent Population Age 25+ with No High School Diploma	8.5%	12.42%
Poverty - Population Below 100% FPL	Total Population	158,643.39	19,858,469
	Population in Poverty	18,490.48	3,070,972
	Percent Population in Poverty	11.7%	15.46%
Insurance - Uninsured Adults	Total Population Age 18 - 64	94,794	12,071,750
	Population with Medical Insurance	79,212	9,845,200
	Percent Population with Medical Insurance	83.6%	81.56%
	Population Without Medical Insurance	15,583	2,226,550
	Percent Population Without Medical Insurance	16.44%	18.44%
Insurance - Uninsured Children	Total Population Under Age 19	29,712	4,291,510
	Population with Medical Insurance	27,740	4,009,046
	Percent Population with Medical Insurance	93.4%	93.42%
	Population Without Medical Insurance	1,972	282,464
	Percent Population Without Medical Insurance	6.64%	6.58%

Income - Per Capita Income	Total Population	160,079	20,278,447
	Total Income (\$)	\$4,904,264,638.00	\$583,486,218,200.00
	Per Capita Income (\$)	\$30,636.00	\$28,773.00
Unemployment Rate	Labor Force	77,462	10,365,951
	Number Employed	72,832	10,047,379
	Number Unemployed	4,629	318,572
	Unemployment Rate	6%	3.1%
Lack of Social or Emotional Support	Total Population Age 18+	124,705	14,682,954
	Estimated Population Without Adequate Social / Emotional Support	24,702	3,127,469
	Crude Percentage	19.8%	21.3%
	Age-Adjusted Percentage	19.5%	21.2%
Teen Births	Female Population Age 15 - 19	4,185	597,095
	Births to Mothers Age 15 - 19	148	21,555
	Teen Birth Rate (Per 1,000 Population)	35.41	36.1
Food Insecurity Rate	Total Population	154,226	19,893,297
	Food Insecure Population, Total	25,023	3,227,600
	Food Insecurity Rate	16.2%	16.2%
Poverty - Children Below 100% FPL	Total Population	158,643	19,858,469
	Population Under Age 18	25,367	4,044,879
	Population Under Age 18 in Poverty	3,542	901,772
	Percent Population Under Age 18 in Poverty	13.97%	22.29%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	68,487	8,907,171
	Population Using Public Transit for Commute to Work	437	180,231
	Percent Population Using Public Transit for Commute to Work	0.64%	2%
Population with Low Food Access	Total Population	153,516	18,801,310
	Population with Low Food Access	31,065	4,831,135
	Percent Population with Low Food Access	20.24%	25.7%

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Access to Dentists	Total Population, 2015	160,294	20,271,272
	Dentists, 2015	94	11,304
	Dentists, Rate per 100,000 Pop.	58.4	55.8
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population Age 50+	53,704	5,497,252
	Estimated Population Ever Screened for Colon Cancer	35,651	3,628,186
	Crude Percentage	66.4%	66%
	Age-Adjusted Percentage	61.8%	61.5%
Cancer Screening - Mammogram	Total Medicare Enrollees	14,714	1,861,794
	Female Medicare Enrollees Age 67-69	1,231	161,850
	Female Medicare Enrollees with Mammogram in Past 2 Years	821	109,429
	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	66.7%	67.6%
Cancer Screening - Pap Test	Female Population Age 18+	108,831	11,566,352
	Estimated Number with Regular Pap Test	82,448	8,894,525
	Crude Percentage	75.8%	76.9%
	Age-Adjusted Percentage	78.9%	78.8%
Facilities Designated as Health Professional Shortage Areas	Primary Care Facilities		
	Mental Health Care Facilities		
	Dental Health Care Facilities		
	Total HPSA Facility Designations		
Lack of Prenatal Care	Total Births	6,172.31	906,594
	Mothers Starting Prenatal Care in First Semester	4,224.28	603,986
	Mothers with Late or No Prenatal Care	1,806.53	250,800
	Prenatal Care Not Reported	141.51	51,808
	Percentage Mothers with Late or No Prenatal Care	29.3%	27.7%
Federally Qualified Health Centers	Total Population	26,132	18,801,310
	Number of Federally Qualified Health Centers	1	406
	Rate of Federally Qualified Health Centers per 100,000 Population	3.83	2.16

Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	114,565	14,671,272
	Total Adults Without Any Regular Doctor	25,159	3,638,104
	Percent Adults Without Any Regular Doctor	22%	24.80%
Preventable Hospital Events	Total Medicare Part A Enrollees	12,099	1,506,764
	Ambulatory Care Sensitive Condition Hospital Discharges	6,915	80,828
	Ambulatory Care Sensitive Condition Discharge Rate	57.2	53.6

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	124,705	14,682,954
	Estimated Adults Drinking Excessively	22,217	2,334,590
	Estimated Adults Drinking Excessively (Crude Percentage)	17.8%	15.9%
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	19.8%	17.1%
Physical Inactivity	Total Population Age 20+	128,961	15,678,149
	Population with no Leisure Time Physical Activity	31,392	3,874,964
	Percent Population with no Leisure Time Physical Activity	22.7%	23.6%
Tobacco Usage - Current Smokers	Total Population Age 18+	124,704.97	14,682,954
	Total Adults Regularly Smoking Cigarettes	26,522.32	2,642,932
	Percent Population Smoking Cigarettes (Crude)	21.3%	18%
	Percent Population Smoking Cigarettes (Age-Adjusted)	23%	18.9%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
Mortality - Lung Disease	Total Population	158,282	19,929,487
	Average Annual Deaths, 2007-2011	120	11,363
	Crude Death Rate (Per 100,000 Pop.)	76.09	57.02
	Age-Adjusted Death Rate (Per 100,000 Pop.)	42.84	38.55
Mortality - Unintentional Injury	Total Population	158,282	19,929,487
	Average Annual Deaths, 2010-2014	106	10,015

	Crude Death Rate (Per 100,000 Pop.)	66.81	50.25
	Age-Adjusted Death Rate (Per 100,000 Pop.)	53.55	44.43
Mortality - Heart Disease	Total Population	158,282	19,929,487
	Average Annual Deaths, 2010-2014	435	44,078
	Crude Death Rate (Per 100,000 Pop.)	274.56	221.17
	Age-Adjusted Death Rate (Per 100,000 Pop.)	152	149.9
High Blood Pressure (Adult)	Total Population (Age 18+)	124,704	14,682,954
	Total Adults with High Blood Pressure	36,218	4,155,276
	Percent Adults with High Blood Pressure	29.04%	28.3%
Cancer Incidence - Lung	Estimated Total Population	25,835	2,771,859
	New Cases (Annual Average)	178	16,548
	Cancer Incidence Rate (Per 100,000 Pop.)	69.2	59.7
Mortality - Premature Death	Total Population	153,516	56,417,393
	Total Premature Death, 2014-2016	748	256,433
	Total Years of Potential Life Lost, 2014-2016 Average	11,810	4,112,576
	Years of Potential Life Lost, Rate per 100,000 Population	7,693	7,290
Cancer Incidence - Prostate	Estimated Total Population (Male)	11,970	1,300,513
	New Cases (Annual Average)	105	12,667
	Cancer Incidence Rate (Per 100,000 Pop.)	87.9	97.4
Cancer Incidence - Breast	Estimated Total Population (Female)	12,082	1,330,172
	New Cases (Annual Average)	147	15,430
	Cancer Incidence Rate (Per 100,000 Pop.)	122	116
Cancer Incidence - Cervix	Estimated Total Population (Female)	8,873	1,048,314
	New Cases (Annual Average)	7	933
	Cancer Incidence Rate (Per 100,000 Pop.)	8.6	8.9
Cancer Incidence - Colon and Rectum	Estimated Total Population	24,801	2,653,116
	New Cases (Annual Average)	92	9,790
	Cancer Incidence Rate (Per 100,000 Pop.)	37.2	36.9
Obesity	Total Population Age 20+	128,762	15,687,277

	Adults with BMI > 30.0 (Obese)	35,228	4,162,381
	Percent Adults with BMI > 30.0 (Obese)	27.2%	26.6%
Overweight	Survey Population (Adults Age 18+)	109,412	14,014,811
	Total Adults Overweight	39,592	5,146,693
	Percent Adults Overweight	36.2%	36.7%
Diabetes (Adult)	Total Population Age 20+	129,307	15,705,775
	Population with Diagnosed Diabetes	14,906	1,715,434
	Population with Diagnosed Diabetes, Age-Adjusted Rate	9%	9.22%
Poor General Health	Total Population Age 18+	124,705	14,682,954
	Estimated Population with Poor or Fair Health	21,372	2,525,468
	Crude Percentage	17.1%	17.2%
	Age-Adjusted Percentage	15%	15.9%
Mortality - Suicide	Total Population	158,282	19,929,487
	Average Annual Deaths, 2010-2014	33	3,063
	Crude Death Rate (Per 100,000 Pop.)	20.76	15.37
	Age-Adjusted Death Rate (Per 100,000 Pop.)	18.33	14.09
Mortality - Homicide	Total Population	158,282	19,929,487
	Average Annual Deaths, 2010-2014	7	1,202
	Crude Death Rate (Per 100,000 Pop.)	4.58	6.03
	Age-Adjusted Death Rate (Per 100,000 Pop.)	5.02	6.39
Mortality - Cancer	Total Population	158,282	19,929,487
	Average Annual Deaths, 2010-2014	426	43,286
	Crude Death Rate (Per 100,000 Pop.)	268.96	217.19
	Age-Adjusted Death Rate (Per 100,000 Pop.)	160.61	152.86
Mortality - Stroke	Total Population	158,282	19,929,487
	Average Annual Deaths, 2010-2014	84	10,042
	Crude Death Rate (Per 100,000 Pop.)	53.29	50.39
	Age-Adjusted Death Rate (Per 100,000 Pop.)	29.42	33.87
High Cholesterol	Survey Population (Adults Age 18+)	90,672	11,691,020

(Adult)	Total Adults with High Cholesterol	42,053	4,898,256
	Percent Adults with High Cholesterol	46.38%	41.90%
Heart Disease (Adult)	Survey Population (Adults Age 18+)	114,361	14,681,551
	Total Adults with Heart Disease	7,390	822,348
	Percent Adults with Heart Disease	6.5%	5.6%
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	18,080	2,222,669
	Beneficiaries with Depression	3,972	420,851
	Percent with Depression	22%	18.9%
Poor Dental Health	Total Population (Age 18+)	124,229	14,682,954
	Total Adults with Poor Dental Health	25,668	2,635,605
	Percent Adults with Poor Dental Health	20.7%	18%
Infant Mortality	Total Births	7,704	1,133,160
	Total Infant Deaths	60	7,932
	Infant Mortality Rate (Per 1,000 Births)	7.8	7
Low Birth Weight	Total Live Births	98,525	1,585,346
	Low Weight Births (Under 2500g)	8,370	137,925
	Low Weight Births, Percent of Total	8.5%	8.7%
Asthma Prevalence	Survey Population (Adults Age 18+)	114,556	14,756,311
	Total Adults with Asthma	16,678	1,841,437
	Percent Adults with Asthma	14.6%	12.5%

<https://ahs.engagementnetwork.org>, 1/9/2019

APPENDIX C: HOSPITAL UTILIZATION & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth North Pinellas in 2018.

Emergency Department

1. Sepsis, unspecified organism
2. Weakness
3. Acute respiratory failure with hypoxia
4. Chronic obstructive pulmonary disease w (acute) exacerbation
5. Pneumonia, unspecified organism
6. Hypertensive heart and chronic kidney disease with heart failure and stage 1-4 unspecified chronic kidney
7. Hypertensive heart disease with heart failure
8. Acute kidney failure, unspecified
9. Non-ST elevation (NSTEMI) myocardial infarction
10. Unspecified atrial fibrillation

Inpatient Admissions

1. Essential (primary) hypertension
2. Chest pain, unspecified
3. Encounter screen mammogram for malignant neoplasm of breast
4. Low back pain
5. Unspecified abdominal pain
6. Urinary tract infection, site not specified
7. Headache
8. Hyperlipidemia, unspecified
9. Acute upper respiratory infection, unspecified
10. Mixed hyperlipidemia