



FLORIDA HOSPITAL CARROLLWOOD

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2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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1. Executive Summary: The Community Health Needs Assessment Process

Goals

Florida Hospital Carrollwood (FHCW) conducted a Community Health Needs Assessment in 2016. 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
- Use Assessment findings to develop and implement a 2016-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues
- Publish this Community Health Needs Assessment

Methods for Engaging the Community in the Assessment

The 2016 Community Health Needs Assessment was built on input from people representing the broad community, as well as low-income, minority and medically underserved populations. This input was solicited throughout 2016, and was gathered and considered in multiple ways:

1. The Hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the hospital and community (*see Section 5*) with a special focus on underserved populations within the hospital community/service area. The Committee's role was to guide the Assessment process and select the priority issues for the hospital community. Those members of the Committee who serve members of minority, low-income and medically underserved populations are indicated in the listing. Specific Committee functions include:
 - a. Review of all primary and secondary data
 - b. Prioritization of key issues identified in the Assessment
 - c. Selection of Priority Issues to be addressed by the hospital
 - d. Assistance with the development of a Community Asset Inventory (*see Section 9*)
 - e. Participation in community stakeholder surveys
 - f. Development of the Community Health Plan (implementation strategies) to address the Priority Issues identified in the Assessment.
2. Community stakeholder interviews (*see Appendices A and B*)
3. Public Health input and expertise
 - a. Membership on the CHNAC
 - b. Reliance on Public Health input and expertise throughout the Assessment process (*see Section 6*)
 - c. Use of Public Health data (*see Section 7*)
4. Participation in other Community collaborations (*see Section 8*) representing a board cross-section of the community

Community Health Needs Assessment Committee (CHNAC)

In order to assure broad community input, FHCW created a Community Health Needs Assessment Committee (CHNAC) to help guide the hospital through the Assessment process. The Community Health Needs Assessment Committee included representation from the hospital, public health and the broad community, as well as low-income, minority and other underserved populations.

The CHNAC met five times in 2016. 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 (implementation strategies) to address the Priority Issues. *See Section 5 for a list of CHNAC members.*

Data

FHCW collected both primary and secondary data. The primary data included stakeholder interviews, community surveys, and internal hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to FHCW in 2015.

Much of the secondary data report was compiled from Community Commons/chna.org and Florida CHARTS Hillsborough County and Pasco County Health Status Reports. Overall, secondary data sources included publicly available state and nationally recognized data sources. *See Section 7 for a list of data sources.*

Asset Inventory

The next step was a Community Asset Inventory. This Inventory was designed to help FHCW and the Community Health Needs Assessment Committee (1) understand existing community efforts to address these particular issues and (2) prevent duplication of efforts as appropriate. *See Section 12 for the Asset Inventory.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the Community Health Needs Assessment Committee narrowed the list of 8-12 issues to four Priority Health and Health Behavior/Risk Factor categories (determinants of health).

Next, the Community Health Committee used a Decision Tree tool that uses clearly defined criteria to select the top Health and Health Behavior/Risk Factor Issues. *See Section 14 for the Decision Tree.*

The Decision Tree criteria included:

- A. How **acute** is the need? (based on data and community concern)
- B. What is the **trend**? Is the need getting worse?
- C. Does the hospital **provide services** that relate to the priority?
- D. Is someone else – or multiple groups – in the community **already working** on this issue?
- E. If the hospital were to address this issue, are there opportunities to **work with community partners**?

Priority Issues

The Priority Issues selected by the Community Health Needs Assessment Committee were:

1. Diabetes/High Blood Pressure/Cholesterol
2. Obesity/ Poor Nutrition/Access to Food
3. Lack of Exercise
4. Family Support

See Section 15 for an explanation of the issues chosen and not chosen – and the reasons why or why not.

Approvals

The Community Health Needs Assessment findings and selected Priority Issues were approved by the Florida Hospital Carrollwood Hospital Board in Fall 2016. The final Needs Assessment was posted on the hospital’s web site prior to December 31, 2016.

Next Steps

Next, the Community Health Needs Assessment Committee will work with FHCW to develop a measurable 2017-2019 Community Health Plan (implementation strategy) to address the priority issues. The Plan will be completed and posted on the hospital’s web site prior to May 15, 2017.

2. Hospital Description

Florida Hospital Carrollwood is a 120-bed acute care facility that specializes in providing comprehensive medical services to community residents in the northern Tampa Bay region. Awarded by the Florida Hospital Association for Leadership in Quality and Patient Safety in 2014 and 2015, the hospital is a member of the West Florida Region of Florida Hospital and Adventist Health System. Florida Hospital Carrollwood offers exceptional spine, orthopedic and bariatric surgical services, as well as Emergency, Cardiology, and Wound Healing services in an environment focused on Christian compassion and an inspired approach to healthcare. For more information, please visit www.fhcarrollwood.org.

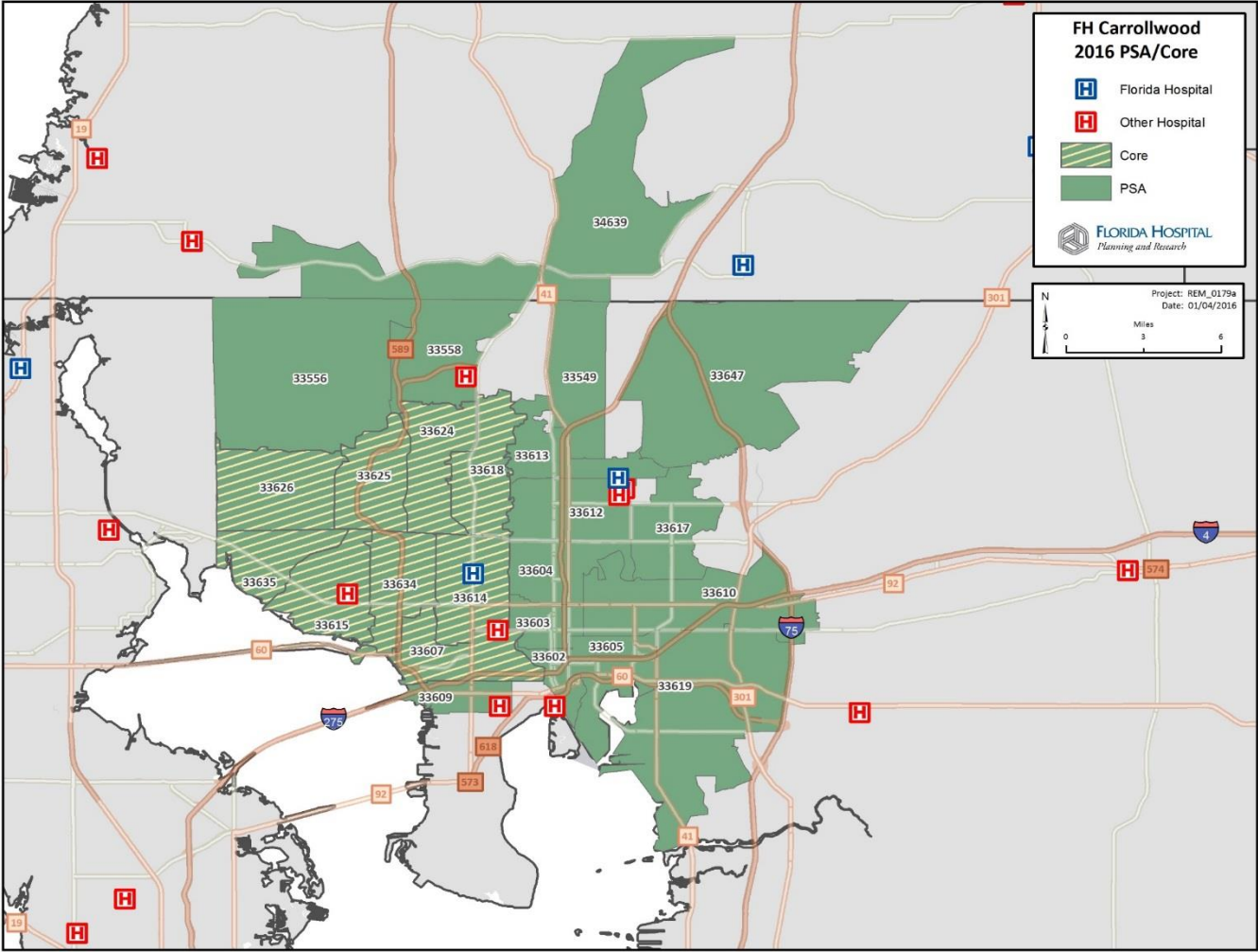
Florida Hospital Carrollwood is part of Adventist Health System (AHS), which has 44 hospitals in 10 states. AHS is a national leader in quality, safety and patient satisfaction. Although separated in geography, our facilities are united by the common values of Christian mission, community wellness, quality and service excellence, high ethical standards, compassion and cultural diversity. Our facilities practice the tradition of whole-person care in all that we do.

3. Choosing the Community

FHCW defined its “community” as its Primary Service Area (PSA) from which 75-80% of its patients come.

Zip Codes in Florida Hospital Carrollwood’s Primary Service Area

33511	33549	33556	33558	33573	33594	33603	33604	33605
33607	33610	33612	33613	33614	33615	33617	33618	33619
33624	33625	33626	33634	33635	33647	34639		



4. Community Description & Demographics

FHCW's Primary Service Area (as defined above) is located within Hillsborough County and Pasco County.

Demographics: Hillsborough County

Hillsborough County is an ethnically diverse county that is home to an estimated 1.35 million people. Hillsborough's county seat is the City of Tampa; the county area is largely urban with some incorporated cities and a substantial rural area.

Hillsborough County is very diverse. Residents are 75% White, 17.7% Black, 27.0% Hispanic, and 4.1% Asian. The Asian population is mostly concentrated within the City of Tampa.

Hillsborough County residents are, on average, younger than those in Pasco County. 13.4% of Hillsborough residents are 65 or older. Another 23.1% are under age 18. Overall, 51.3% of residents are female.

Of the population aged 25 or older, 87.1% of residents have at least a high school education and 29.8% of people have Bachelor's degrees or higher. The median household income is \$50,122. 16.8% of people have incomes below the poverty level.

The source for the demographics of Hillsborough County is the US Census Quick Facts retrieved 6/29/16 from: <http://www.census.gov/quickfacts/table/PST045215/12057>.

Demographics: Pasco County

Pasco County is located in west central Florida, directly north of Hillsborough County. It is considered a rural county but has larger cities on its west side. Dade City is the county seat; the largest city is New Port Richey.

As of July 1, 2015 Pasco County was estimated to have had 497,909 residents. 89.1% of the Pasco County population is White, 5.8% is Black, 14% is Hispanic, and 2.5% is Asian.

22.7% of residents are ages 65 or older; another 20.4% are under age 18. Overall, residents are 51.5% female and 48.5% are male. Pasco County has large numbers of winter residents, or "snowbirds." 87.5% of Pasco residents have at least a high school diploma, but just 21.1% have a Bachelor's degree or higher. The median household income is \$44,518. 14.7% of residents of Pasco County residents have incomes below the Federal Poverty Level.

The source for the demographics of Pasco County is the US Census Quick Facts retrieved 6/29/16 from: <http://www.census.gov/quickfacts/table/PST045215/12101>.



Demographics: Florida Hospital Carrollwood Primary Service Area (PSA)

A total of 724,918 people live in Florida Hospital Carrollwood’s PSA (parts of Hillsborough and Pasco Counties). The racial breakdown is 68.82% White, 20.84% Black, 3.28% Asian, 0.71% Native Hawaiian/Pacific Islander, .080% Some Other Race, and 2.77% Multiple Races.

23.18% of the population are under the age of 18; 11.6% are 65 and older; and 65.22% are between 18-64 years of age. Overall, 51.36% of residents are female.

Of the population aged 25 or older, 14.6% of residents do not have a high school diploma or equivalent. 19.7% people live in households with incomes below the Federal Poverty Level.

The source for these demographics is the Florida Hospital Carrollwood Secondary Data report which is published on the hospital’s website along with the CHNA.

Florida Hospital Carrollwood Hospital Patients in 2015

Florida Hospital Carrollwood’s patient data shows an older population:

Description	Statistics
Discharges	4,845
Avg. Patient Age	65
Medicare Patients	65.08%
Medicaid Patients	11.00%
Self-Pay Patients	7.72%
Race	92.3% Caucasian, 4.79% African American, 0.00% Multicultural, 0.29% Asian, 2.62% Other
Gender Distribution	46.67% male, and 53.33% female
Avg. Length of Stay:	4 days
Capacity:	37.66%

5. Community Health Needs Assessment Committee (CHNAC)

A Community Health Needs Assessment Committee was formed to help the Hospital conduct a comprehensive assessment of the community. The Committee included representation from the broad community, public health, and low-income, minority and other underserved populations. The Committee met regularly throughout 2016. Below is a roster of the Committee members.

Name	Entity/Agency Representative	Title	The Stakeholder Represents:			
			Minority	Low-Income	Public Health	Other Medically Under-served
Rosy Baily	In Season Pro, LLC – agricultural business and workforce	Consultant-Policy, system, Environment				x
Peter Bath	Florida Hospital West Region – liaison to faith community	Regional VP, Mission and Ministry				x
Stephanie Brown-Gilmore	Tampa Housing Authority – low-income and subsidized housing	Director, Program and Property Services	x	x		x
Brad Cassell	Tampa 1 st Seventh-day Adventist Church – faith community	Lead Pastor		x		x
Kelsey Christian	Florida Department of Health – public health services	Health Educator-Consultant	x	x	x	x
Gene Earley	Hillsborough County – Hillsborough (indigent) Health Plan for very low-income residents	Health Care Services Director	x	x		x
Leslene Gordon, PhD, RD, LD/N	Florida Department of Health – public health services	Community Health Director	x	x	x	x
Carrie Hepburn	Tampa Bay Healthcare Collaborative – business and community “healthy community” collaborative representing the broad community and medically underserved	Executive Director	x	x		
Jacki Hunter	UF/IFAS Hillsborough County Extension Services – develops educational programs based on issues determined by urban and commercial customers/citizens, e.g. nutrition, gardening, etc.	Nutrition Education Coordinator/EFNEP	x	x		x
Dean Jessup	Hillsborough County – (indigent) Health Plan for very low-income residents	Manager	x	x		x
James Johnson	Carrollwood Seventh-day Adventist Church – faith community	Pastor				x
Teresa Kelly	Health Council of West Central FL - Established by FL Statute. Private non-profit agency; Board is appointed by County Commission to represent health care consumers, providers and purchasers. Serves Hardee,	Executive Director			x	

			The Stakeholder Represents:			
Name	Entity/Agency Representative	Title	Minority	Low-Income	Public Health	Other Medically Under-served
	Hillsborough, Polk, Highlands & Manatee Counties.					
Ed Kucher	Tampa Family Health Centers, Inc. – federally qualified health center. Accepts Medicaid, sees uninsured patients on a sliding scale.	Chief Operating Officer	x	x		x
Allison Nguyen	Florida Department of Health – public health services	Community Engagement Coordinator	x	x	x	x
CJ Patel, MD	Internal Medicine physician	Physician				x
Sharad Patel, MD	Carrollwood Surgical Associates	Physician				x
Caitlyn Peacock	Tampa Bay Network to End Hunger – community agency working to end hunger in Tampa Bay by through collaborative solutions that eliminate barriers, increase access, and expand the amount of nutritious food available	Executive Director	x	x		x
Marva Saulsby	Bethesda Ministries, CDC, Inc. – not-for-profit community development organization. Works to improve the economic, educational and social status of disadvantaged residents including those of Hispanic origin.	Administrator	x	x		x
Carla Sparks	Hillsborough County Public Schools – public school system	Supervisor				x
Tara Spiller, MS, RDN, LD/N	Florida Department of Health – public health services	Public Health Nutrition Consultant	x	x	x	
Jennifer Webb	Office of Community Engagement & Partnerships at Univ. of South FL. Works on initiatives that strengthen and sustain healthy communities, promote social justice, and help improve the quality of life for all.	Director, Community Partners				x
Erica Williams	Tampa Family Health Centers, Inc. – federally qualified health center. Accepts Medicaid, sees uninsured patients on a sliding scale.	Director, Practice Operations	x	x		x
Roy Williams	College Hill Mennonite Church – faith community	Pastor	x	x		x
Maxine Woodside	Bethesda Ministries CDC, Inc. – not-for-profit community development organization. Works to improve the economic, educational and social status of disadvantaged residents including those of Hispanic origin.	Executive Director	x	x		x
Tina Young	PROJECT-Link - Assistance, support, information and advocacy for low-income children and their families	Executive Director	x	x		x

6. Public Health

Public Health was represented in the CHNA process through representative involvement on the Community Health Needs Assessment Committee (above).

Leslene Gordon, PhD, RD, LD, is the Community Health Director for Florida Department of Health-Hillsborough (headquartered in Tampa). Responsibilities include leadership of the agency's Breast and Cervical Cancer Program, Sterilization Program, Health Promotion and Education, Lead Poisoning Prevention Program, Office of Health Equity, School Health, Epidemiology, Family Planning and School Based Sealant Program. Her work in public health has included completing community health assessments for two local county health departments over the last 15 years, and participating as a site reviewer for the Public Health Accreditation Board. Dr. Gordon holds an affiliate faculty position at the University of South Florida (USF) College of Public Health and sits on a number of community and institutional boards and committees. Dr. Gordon is a gubernatorial appointee to the State Diabetes Advisory Council.

Allison Nguyen, MPH, CHES, is the Community Engagement Coordinator in the Office of Health Equity at the Florida Department of Health-Hillsborough. Allison leads DOH-Hillsborough's Health in All Policies initiative and works closely with colleagues and local government agencies on projects and education related to this initiative. She plays a vital role in public health assessment processes and community engagement initiatives related to hunger, food access, community violence, breastfeeding and active living. Previously, she assisted with community health improvement plans and identifying health disparity priority areas in North Carolina and New York. She serves on the Board of Trustees for the Society of Public Health Education.

Teresa Kelly has worked for the Health Council of West Central Florida (HCWCF) for 18 years and currently serves as Executive Director. The HCWCF serves a five-county area in Tampa Bay and was created by Florida Statute in 1983 to address issues of access, quality and affordability at the local level. She has over 30 years of experience in developing and conducting needs assessments, comprehensive health plans, community and public health system assessments, program design and evaluations in both urban and rural areas. Her expertise includes behavioral health, HIV/AIDS, public policy, vulnerable populations and the built environment. She is a graduate of the University of South Florida.

Tara Spiller is a dietitian with the Florida Department of Health-Hillsborough. She works with the Community Health Division and serves as the Public Health Nutrition Consultant and Chronic Disease Coordinator for Health Promotion and Education. She also works with county and community partners to assure assessment of community health needs and development of strategies and action plans to address identified needs for improving the community's health and wellness. Her job duties include helping to coordinate chronic disease prevention programs in the community. In that role, she serves on community committees and workgroups to address health and wellness issues. Mrs. Spiller has worked in public health for over 13 years, including time working as a dietitian for the WIC program and in chronic disease prevention.

Kelsey Christian, a Certified Health Education Specialist with the Florida Department of Health-Hillsborough, works with the Community Health Division and serves as the Health Educator Consultant for

Health Promotion and Education. She has her master's degree in Public Health with a concentration in Public Health Education. In her role, she coordinates the development and implementation of health promotion education programs, including the Diabetes Prevention Program and Diabetes Self-Management Education. She also advocates health promotion and public health education through participation in workshops, advisory boards, and health care projects. Mrs. Christian has worked in public health for over a year and has experience with design, implementation, and evaluation of programs, as well as, health improvement strategies and program design.

7. Primary & Secondary Data Sources

Primary, Secondary and Hospital Utilization data were used in this Needs Assessment.

Primary Data

- a. Community Health Needs Assessment Committee
- b. Stakeholder Surveys (*see Appendix A for a copy of the survey, See Appendix B for the aggregated survey results*).
- c. Hospital Utilization Data (Top 10 In-patient and Emergency Department diagnoses by zip code by payer source)

Secondary Data

- a. Cardiac Arrest Registry to Enhance Survival (CARES), 2011-2012
- b. Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
- c. Centers for Disease Control & Prevention (CDC), National Center for Chronic Disease Prevention & Health Promotion, 2012
- d. Centers for Disease Control & Prevention (CDC), National Vital Statistics System
- e. Centers for Disease Control (CDC), Wide-Ranging Online Data for Epidemiologic Research, 2006-2010
- f. Dartmouth Atlas of Health Care, Clinical Practice, 2012
- g. Dartmouth College Institute for Health Policy
- h. Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports with additional analysis by the National Archive of Criminal Justice Data
- i. Florida CHARTS – Hillsborough County Health Status Report
- j. Florida CHARTS- Pasco County Health Status Report
- k. Healthy People 2020
- l. National Institutes of Health (NIH); National Cancer Institute (NCI); Surveillance, Epidemiology and End Results Program; State Cancer Profiles; 2007-2011
- m. University of Wisconsin Population Health Institute, County Health Rankings, 2015
- n. US Census Bureau, American Community Survey (ACS), 2009-2013
- o. US Census Bureau, Quick Facts, 2016
- p. US Census Bureau, Small Area Health Insurance Estimates, 2013
- q. US Dept. of Agriculture (USDA), Economic Research Service, USDA Food Access Research Atlas, 2010

- r. US Dept. of Health & Human Services (HHS), Center for Medicare & Medicaid Services (CMS), Provider of Services File, Sept. 2015
- s. US Dept. of Health & Human Services (HHS), Health Indicators Warehouse
- t. US Dept. of Health & Human Services (HHS), Health Resources & Services Administration (HRSA), Area Health Resource File, 2013
- u. US Dept. of Labor (DOL), Bureau of Labor Statistics, Sept. 2015

8. Other Community Collaborations

Healthy Hillsborough was formed in October, 2015 as a collaboration between the Florida Department of Health-Hillsborough, Florida Hospital Carrollwood, Florida Hospital Tampa, Moffitt Cancer Center, St. Joseph's Hospitals and South Florida Baptist Hospital, Shriners's Hospital for Children-Tampa, Suncoast Community Health Centers, Tampa Family Health Centers and Tampa General Hospital. Healthy Hillsborough was established to complete a comprehensive Community Health Needs Assessment (CHNA) and to identify opportunities to potentially collaborate to improve the health of the community.

The key findings from Healthy Hillsborough's 2013 county-wide community health needs assessment were utilized to identify key areas of focus. The Healthy Hillsborough Steering Committee considered detail from the assessment findings and the stakeholder feedback to designate the following three areas of focus for potential collaboration across the county for the next five years:

- Obesity
- Mental Health / Substance Abuse
- Access to Care (to specifically focus on transportation, screenings / prevention, health literacy)

Tampa Bay Network to End Hunger is a Tampa Bay-wide organization focused on food insecurity. Its established Hunger Map provides detailed information about food systems and environments, enabling multi-layered collaborations that change upon need and focus among the communities involved.

9. Asset Inventory

The following Asset Inventory includes the top health priorities for the Florida Hospital Carrollwood community, and shows the services related to these areas of concern both in the community and at Florida Hospital Carrollwood. An Asset Inventory can help prevent the duplication of services and was therefore important to the Community Health Needs Assessment Committee and FHCW staff in determining the hospital's top health priorities.

Top 8-12 Areas of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Diabetes/High Blood Pressure/High Cholesterol	<p>American Diabetes Association provides health education programs</p> <p>BayCare (health system) offers educational programs</p> <p>Complete Health Improvement Program (CHIP)</p> <p>Florida Community Health Workers Association provides chronic disease management education</p> <p>Florida Diabetic Association provides seminars</p> <p>Health Service Advisory Group, Inc.</p> <p>Hillsborough County Department of Health (DOH) provides free Diabetes and Diabetes Prevention Education</p> <p>Hispanic Services Council sponsors education programs</p> <p>St. Joseph's Faith Community Nursing Program provides health education classes in congregations</p> <p>Tampa Family Health Centers</p> <p>Tampa General Hospital offers education programs</p> <p>University of Florida Extension Services Family and Nutrition (FNP) and Family Nutrition Education (FNEP) Programs provide diabetes-related education</p> <p>YMCA Livestrong provides diabetes prevention education to Seniors</p> <p>YMCA of Tampa Bay - Diabetes Prevention, Corporate Wellness</p>	<p>Food Is Medicine</p>

Top 8-12 Areas of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Lack of Health Insurance/Affordable Care/Access to Health Care	<p>Amerigroup</p> <p>Calvary Clinic</p> <p>Catholic Charities</p> <p>College Hill Mennonite Church</p> <p>Covering Tampa Bay</p> <p>Crisis Center of Tampa Bay</p> <p>Franciscan Foundation</p> <p>Goodwill</p> <p>Health Council Patient Assistance Program</p> <p>Hillsborough Area Regional Transit</p> <p>Hillsborough County DOH Dental Program</p> <p>Hillsborough County Healthcare Foundation</p> <p>Islamic Health Clinic</p> <p>Judeo-Christian Coalition</p> <p>Life Care Network</p> <p>Metropolitan Ministries</p> <p>SRA International-Affordable Healthcare Act</p> <p>Suncoast Health Center</p> <p>Tampa Bay Oral Health Collaborative Program</p> <p>Tampa Family Health Centers</p> <p>United Way</p> <p>University of South Florida – Bridge Clinic</p>	<p>Medicaid enrollment</p> <p>Referral to Marketplace Navigators</p>

Top 8-12 Areas of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Low-Income Families/Poverty	APHA/Reach Up, Inc. Black Nurses Association/Hispanic Health Community Catholic Charities Community Development Center Feeding Tampa Bay Florida community Health Workers Association Hispanic Services Council Metropolitan Ministries Project-LINK Spirit of Truth Ministries Tampa Bay Network to End Hunger Tampa Hillsborough Homeless Initiative Tampa Housing Authority UF/FNEP United Way - Suncoast	Food Is Medicine
Mental Health Disorders	Bay Care Crisis Center of Tampa Bay Drug Abuse Comprehensive Coordinating Office Early Childhood Council Gracepoint Hillsborough County Anti-Drug Alliance Hillsborough County Healthcare Plan National Alliance on Mental Illness support groups, peer-to-peer and family education Safe & Sound Hillsborough Success 4 Kids and Families	

Top 8-12 Areas of Focus defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Low-Income Families/Poverty (cont.)	College Hill Mennonite Church Hillsborough County Healthy Living (2017) Hillsborough County Social Services	
Lack of Exercise	City of Tampa Parks & Recreation College Hill Mennonite Church Girls on the Run (University of South Florida) Hillsborough County DOH: Get Into Fitness Today Hillsborough County Parks & Recreation Humana Vitality University of Florida Institute of Food and Agricultural Sciences YMCA of Tampa Bay	Food Is Medicine
Obesity	American Diabetes Association American Heart Association City of Tampa Parks & Recreation Complete Health Improvement Program Florida Dietetic Association Food Is Medicine Hillsborough County DOH: Get Into Fitness Today Hillsborough County Parks & Recreation Hillsborough County Public Schools School Nurses Association YMCA Livestrong YMCA of Tampa Bay	Food Is Medicine
Poor Nutrition/Access to Healthy Food/Grocery Stores	Tampa Bay Network to End Hunger Florida Department of Health-Hillsborough DOH – Hillsborough Program Feeding Tampa Bay Metropolitan Ministries Catholic Charities Lighthouse Aging Department Hillsborough County Trinity Café TBNEH Healthy Corner Stores Initiative YMCA Veggie Van Hillsborough County Healthy Living (2017) UF/FNEP Complete Health Improvement Program (CHIP)	Food Is Medicine
Heart Disease	American Heart Association	CHIP

10. Data Summary & Priority Selection

The Community Health Needs Assessment Committee for Florida Hospital Carrollwood reviewed the data from each of the data primary and secondary sources described above. They aggregated the findings into a high-level list (see Section 11) that reflected all data sources.

The Committee then looked at the acuity of each issue, determined who in the community was working on the issue (based on the Asset Inventory), and discussed the “fit” with hospital services. Based on those criteria, they narrowed the list to the Florida Hospital Carrollwood community’s top needs. Those needs would be addressed in the FHCW Community Health Plan (Implementation Strategies) also posted on this website.

11. Preliminary Data – High Level Findings regarding Top Health Issues

Note: The health priorities for all sources are ranked in random, not priority, order.

List the 8-10 health priorities determined by Primary Data from Community Interviews (Stakeholder interviews)			
1	High blood pressure	10	Obesity
2	High cholesterol	11	Heart disease
3	Diabetes	12	Aging population
4	Poor nutrition	13	Low income families/poverty
5	Lack of grocery stores	14	Low education levels/literacy
6	Lack of exercise	15	Inadequate transportation
7	Lack of health insurance/affordable care	16	Teen pregnancy rates/low birth-weight babies
8	Mental health	17	Family/religious support systems

List the 8-10 health priorities determined by Primary Data from Hospital Utilization data (Emergency Department (ED) & In-patient (IP) by top to conditions by zip code)			
1	ACUTE PANCREATITIS (IP)	6	HEADACHE (ED)
2	ASTHMA NOS W 9AC) EXAC (IP)	7	ABDOMINAL PAIN OH (ED)
3	ATRIAL FIBRILLATION (IP)	8	ACUTE PHARYNGITIS (ED)
4	CALCULUS OF KIDNEY (IP)	9	ACUTE URI NOS (ED)
5	CALCULUS OF URETER (IP)	10	NECK SPRAIN (ED)

List the 8-10 health priorities determined by Primary Data from Hospital Utilization data (ED & IP by top to conditions by zip code, by Self-Pay/Medicaid Payer Source)			
1	PNEUMONIA, ORGANISM NOS (IP)	6	URIN TRACT INFECTION NOS (ED)
2	OBS CHR BRONC W(AC) EXAC (IP)	7	SPRAIN OF NECK (ED)
3	LUMBAR DISC DISPLACEMENT (IP)	8	NAUSEA WITH VOMITING (ED)
4	DVRTCLI COLON W/O HMRHG (IP)	9	HEADACHE (ED)
5	CHOLELTH W AC CHOLECYST (IP)	10	FEVER NOS (ED)

PSA health priorities determined by Florida Hospital Carrollwood's Secondary Data Report (posted on the FHCW website with the CHNA reports.			
1	Poverty	12	Infant mortality
2	Uninsured under the age of 19	13	Lung cancer
3	Breast cancer incidence	14	Prostate cancer
4	Heart disease mortality	15	Lack of prenatal care
5	Depression	16	Preventable hospital events
6	Lack of social or emotional support	17	Heavy alcohol consumption
7	Population without high school diploma	18	Physical inactivity (adult)
8	Use of public transportation for commute to work	19	Breast cancer incidence
9	Breast cancer screenings	20	Cervical cancer incidence
10	Cervical cancer screenings	21	Colon and rectum cancer incidence
11	Access to dentists	22	Low birth weight

Health priorities determined by Secondary Data collected from Florida CHARTS Pasco County Health Status Summary			
1	Adults who are current smokers	6	Reportable and infectious diseases
2	High blood Pressure- adults	7	Adults who are over weight
3	Lung cancer age-adjusted death rate	8	Adults who are obese
4	Cervical cancer screening - adults	9	Access to dentists
5	Asthma age-adjusted hospitalization rate	10	Heart Disease and stroke

Health priorities determined by Secondary Data collected from Florida CHARTS Hillsborough County Health Status Summary			
1	Lower than state average median income	6	Asthma age-adjusted hospitalization rate
2	Population over 25 without high school diploma or equiv.	7	Infectious diseases
3	Adults who are overweight	8	Repeat births to mothers 15-19
4	Prostate cancer incidence	9	Neonatal death rate
5	Cervical Cancer incidence	10	Kindergarten children fully immunized

Health priorities determined by Secondary Data collected from other local Community Collaborations (Tampa Bay Network to End Hunger)			
1	Food Deserts	6	Family Support/Education on Healthy/Nutritious Foods
2	Missed Meals	7	
3	Lack of Access to Grocery Stores/Healthy Corner Stores	8	
4	Emergency Meals	9	
5	Lack of Transportation	10	

List the top 8-10 health priorities determined by Secondary Data collected from other local Community Collaborations (Healthy Hillsborough Community Health Needs assessment)			
1	Encourage health behaviors	6	Obesity
2	Address social, behavioral, environmental determinants of health	7	Access to services
3	Early screening and access to care for mental health and substance abuse	8	Diet-related diseases
4	Improve collaboration in health care	9	Access to health care
5	Racial /ethnic health disparities	10	Health education/literacy

12. Aggregated Service Area Priorities based on the Issues listed above

Florida Hospital Carrollwood staff aggregated the above priorities into the following list. The Community Health Needs Assessment Committee reviewed the list to determine its accuracy, and then prioritized FHCW’s top community priorities.

<i>Primary Data</i> Top 8-10 aggregated health priorities determined by the Community Health Needs Assessment Committee	
1.	Diabetes
2.	High Blood Pressure
3.	High Cholesterol
4.	Poor Nutrition
5.	Obesity
6.	Lack of Exercise
7.	Lack of Access to Food/Grocery Stores
8.	Mental Health Care
9.	Low-income/poverty; Health Education; Literacy
10.	Family Support

13. Priority Selection

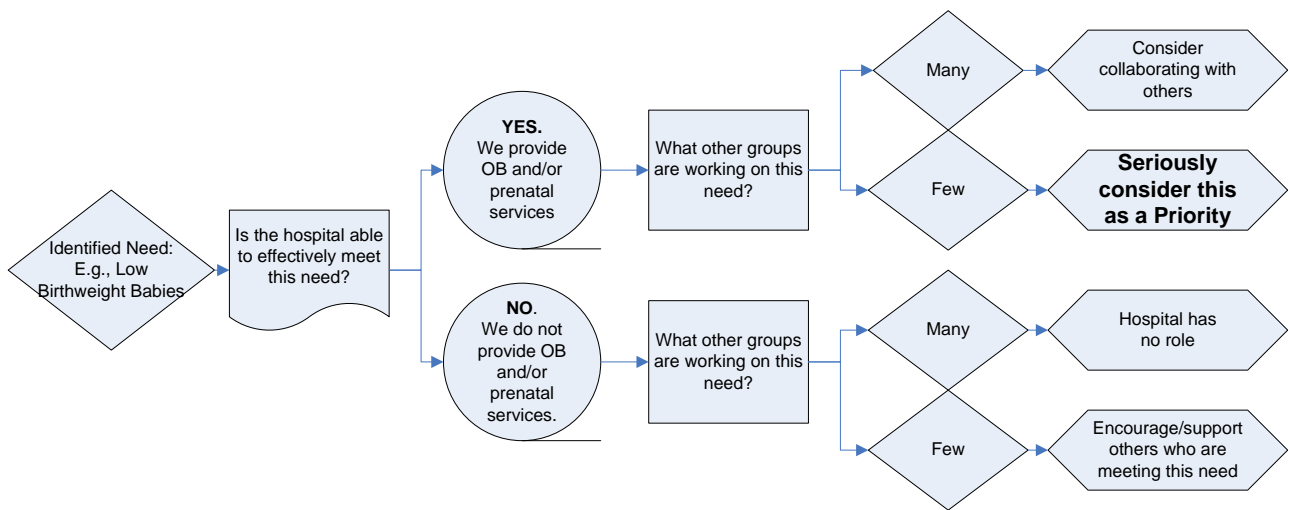
As noted in the DATA SUMMARY section above, the primary and secondary data, along with the ASSET INVENTORY, were used to narrow down the top areas of significant community health need for the FHCW service area. This discussion and decisions took place at the FHCW Community Health Needs Assessment Committee in July, 2016.

The Committee used a “decision tree” format to prioritize the top needs down that FHCW will address in its Community Health Plan.

14. Decision Tree for Priority Setting

The Community Health Needs Assessment Committee used the decision tree to narrow down the aggregated priorities (above) into four priority areas. The decision tree Criteria for inclusion included:

1. How acute is the identified issue in the region?
2. How acute is the identified issue in the primary service area, the immediate area around FHCW, and the over-65 population?
3. Are other community resources/organizations already addressing the need? Can FHCW effectively influence the issue?
 - a. Does FHCW offer related services?
 - b. Does FHCW have the ability to influence the issue through the implementation/expansion of programs, services, and other actions?



15. Key Issues to be Addressed or not Addressed in the Community Health Plan: Issue Ratings Sheet

(High, Medium, Low)							
Health Issue	Acuity Level in PSA	Acuity Level in Pasco County	Acuity Level in Hillsborough County	Addressed by other Community Groups?	FHCW Capacity to Impact?	Issue Selected Yes or No	Rationale Yes or No
Diabetes/High Blood Pressure & High Cholesterol	H	H	M	Y	Y	Y	High Blood Pressure & High Cholesterol are related to Diabetes and Obesity.
Obesity/Poor Nutrition/Lack of Access to Healthy Food – Grocery Stores.	H	M	H	Y	Y	Y	Obesity is related to diabetes, poor nutrition, and access to healthy food. These health indicators may indicate an unhealthy lifestyle and put individuals at risk for further health issues.
Lack of Exercise	H	M	M	Y	Y	Y	Current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as obesity.
Family Support	H	N/A	N/A	Y	Y	Y	Current environmental factors, such as a sub-standard housing, multi-generational families under one roof, un-or underemployment, and lack of consistent access to food and healthy food may put individuals at risk for further health issues.
Mental Health	Y	M	H	Y	N	N	Hospital does not provide mental health services. Hospital makes referrals to other local agencies that do.
Low-Income/ Poverty	H	M	H	Y	N	N	Hospital does not have the ability to directly impact. Other collaborations are working on these issues.
Education/ Literacy	H	M	H	Y	N	N	Hospital does not have the ability to directly impact. Other collaborations are working on these issues.

16. Next Steps

After identifying the priority issues for Florida Hospital Carrollwood, the Community Health Needs Assessment Committee will develop a Community Health Plan (implementation strategies) to address the top priorities defined in the Needs Assessment.

17. 2013 CHNA and CHP Public Comments

Florida Hospital Carrollwood did not receive any written comments from the public regarding the 2013 Needs Assessment nor the 2013 Community Health Plan.

18. Evaluation of the Strategies Undertaken in the 2013 Community Health Plan

The Hospital conducts an annual Evaluation of the progress made on its Community Health Plan (Implementation Strategies). The Evaluation is reported to the IRS in the hospital's Form 990. The following narrative is a copy of the 2015 Community Health Plan Evaluation as noted in Form 990, Schedule H, Part V, Section B, Line 11.

Florida Hospital Carrollwood (FHCW) is part of the West Florida Region of Florida Hospital, which includes nine hospital facilities. This is the third year of Florida Hospital Carrollwood's 2013 Implementation Strategy. All strategies are on target; two efforts have had particular success - access to health care and diabetes education/access to healthy food.

Priority Issue: Lack of Primary Care/Access to Primary Care

2013 Description of the Issue: Mirroring the decrease in primary care physicians across the country, this issue is compounded by a lack of their participation in caring for the un- and underinsured in this community. This issue also includes lack of transportation needed for access. FHCW, its community partners and the Congregational Health Network have the ability to create a new paradigm for primary care delivery. Interventions include:

- Provide in-hospital services to at least 80 patients from the Judeo Christian Coalition Clinic;
- Engage up to 15 physicians to donate care to the Judeo Christian Coalition Clinic;
- Increase the availability of specialty services (at FHCW) for Judeo Christian Coalition Clinic patients;
- Expand the Congregational Health Network (clinics) from zero to two;
- Implement CREATION Health programs (choice, rest, environment, activity, trust, interpersonal relationships, outlook and nutrition) at five congregations; and
- Provide transportation for uninsured adults to the Judeo Christian Coalition Clinic.

2015 Update: The State of Florida has not expanded Medicaid, so the numbers of uninsured people remain high. Florida Hospital Carrollwood has recruited additional primary care and specialty physicians and enrolled 30 in Florida's Sovereign Immunity program so that they can now provide free care through the Judeo-Christian Network (JCN) free clinic located in the Carrollwood service area. FHCW also provided in-

hospital services to JCN patients (while this is included in our Charity Care numbers for 2015, our goal is to provide the "proper level of care at the proper time" for JCN patients - instead of on an emergency basis only). With our community partners, we successfully advocated for free door-to-door transportation for JCN patients who do not have automobiles or access to public transportation. Further expansion of the Congregational Health network is a key priority for the next three years.

Priority Issue: Diabetes/Food Programs

2013 Description of the Issue: If not treated, poor nutrition can lead to chronic disease for those faced with lack of access to care. FHCW and Congregational Health Network have the ability to address and collaborate on this issue. Interventions include:

- Create food programs in targeted communities for un- and underinsured residents in zip code 33607 (very low-income);
- Provide diabetes education programs to align with food programs in zip code 33607 (very low-income); and
- Support American Diabetes Association 5K Walk.

2015 Update: Florida Hospital Carrollwood recognized that people with diabetes may not have access to fresh, healthy food or to nutrition education. We began our Food is Medicine (FIM) program in a defined food desert in zip code 33607. FIM's goal is to change food-related behaviors through access to appropriate food and nutrition education. Participants enroll in the program and are screened for blood sugar, blood pressure and BMI. They attend free health education classes, complete their first and last day behavior checklists, and receive a free \$10 produce voucher at the end of class every week. The voucher is redeemed at a food produce truck that is brought to the site each week.

We started with three classes in two locations; the program has grown to 16 locations in seven targeted food deserts. The produce truck was donated. Over two dozen community partners are part of FIM, including hospitals outside the Florida Hospital System. FIM has become a key strategy for the Florida Hospital West Region; the program will be expanded to the Division's eight other facilities over the next year.

Priority Issues: Lack of Education on Health Resources; High Cholesterol/Hypertension; and Asthma/Respiratory Issues

2013 Description of the Lack of Education Issue: Education about and how to access resources is not reaching those who need it the most.

2015 Update: FHCW and Congregational Health Network are collaborating and providing health education on community health and social service resources for underserved populations. Screenings and education are being provided to minority communities in the service area.

2013 Description of High/Cholesterol/Hypertension/Asthma/Respiratory Diseases: If not treated, these conditions will lead to chronic disease for those faced with lack of access to care and perpetuate usage of the ED.

2015 Update: FHCW and Congregational Health Network are collaborating and providing health education on community health and social service resources related to respiratory conditions and high/cholesterol/hypertension. The Congregational Health Network now has five member congregations who work with FHCW on health education, especially through health screenings and the CREATION Health (lifestyle and wellness) program. Education on community and health resources and chronic diseases prevention and management are also part of this effort.

Priorities Considered but Not Selected

Mental Health: FHCW does not provide mental health services. Other community agencies provide these services; there are opportunities for referrals to them. FHCW is working with the Judeo Christian Coalition to create a mental health access network.

Poverty/ Unemployment: This is not a core ability of hospitals. The University Area Community Development Corporation (UACDC) is working to rejuvenate very low-income areas of the Tampa area and is supported by Florida Hospital Carrollwood and Tampa. The UACDC is a member of the Florida Hospital Tampa/Carrollwood Community Health Needs Assessment Committee. The One Bay collaboration and Tampa Bay Workforce Alliance are working on issues of unemployment.

Uninsured: FHCW and the Congregational Health Network will continue to support the area's free clinics and Federally Qualified Health Centers. The University of South Florida has received federal funding for Health Navigators to help Tampa residents enroll in insurance offered on the Federal Insurance Marketplace. This will help increase the coverage level of our community.

Appendix A

The following Survey tool was utilized to survey the Community Health Needs Assessment Committee and Community Stakeholders. The aggregated results of the survey are found in Appendix B.

Primary Data Collection

Sample Questions for Stakeholder Interviews, Focus Groups or Surveys

1. How would you rate the following?

	Excellent	Good	Fair	Poor	Very Poor
Overall community health status					
Your personal health status					
Community understanding of health risks					
Your own understanding of health risks					
Community quality of life					
Your own quality of life					

2. What do you see as the greatest **health problems/conditions** in our community? (*circle 3*)

- | | |
|-----------------------------------|--|
| Cancer | Mental Health disorders |
| Heart disease | Immunizations – children |
| High blood pressure / cholesterol | Immunizations – adults |
| Respiratory disease – adults | Teen pregnancy rates / low birth-weight babies |
| Asthma – children | |
| Diabetes | Other (describe) |

3. Which health **behaviors/risk factors** are the most common in our community? (*circle 3*)

- | | |
|-------------------|--|
| Obesity | Substance abuse – alcohol |
| Lack of exercise | Substance abuse – drugs |
| Smoking | Lack of family / religious support systems |
| Poor nutrition | Risky sexual behaviors |
| Seatbelt use | Aging population |
| Firearms in homes | Other (describe) |

4. Which **community conditions** most impact the health of people in our community? (*circle 3*)

- | | |
|-------------------------------|---|
| Unemployment | Lack of grocery stores / access to healthy food |
| Low-income families / poverty | Lack of health insurance / affordable care |
| Crime / violence | Access to dental care |
| Homelessness | Air & water quality |
| Low education levels/literacy | Other (describe) |
| Inadequate transportation | |

5. Who in our community promotes good health?

6. What are one or two things that they do that are effective?

7. If you were in charge of promoting good health, what would you do first?

8. Who else should we talk to?

Appendix B

Stakeholder Survey Results

The Stakeholder Interview findings below note the respondents' role in the community; how they represented public health and/or low-income, minority, elderly and other underserved populations; their county of residence or business; and, their perception of the three greatest health needs in the FHCW service area.

Date	Name	Agency or Affiliation	Who does Stakeholder represent? (check all that apply)			Minority Low-Income Public Health		
			Minority	Low-Income	Public Health	Top 3 Health Conditions	Top 3 Health Behaviors	Top 3 Community Conditions
6/7/2016	JH	IFAS/EFNEP	X	X	X	Heart Disease, High Blood Pressure/Cholesterol Diabetes	Obesity, Poor Nutrition, Aging Population	Low-Income Families/Poverty, Low Education Levels/Literacy, Lack of Grocery Stores/Access to Health Food
6/7/2016	KC	Hillsborough DOH	x	x	x	High Blood Pressure/Cholesterol Diabetes, Mental Health Disorders	Obesity, Lack of Exercise, Poor Nutrition	Low-Income Families/Poverty, Lack of Grocery Stores/Access to Health Food, Lack of Health Insurance/Affordable Care
6/6/2016	AN	Hillsborough DOH	x	x	x	Asthma-Children, Diabetes, Teen Pregnancy Rates/Low Birth-Weight Babies	Lack of Exercise, Poor Nutrition, Lack of Family/Religious Support Systems	Inadequate Transportation, Lack of Grocery Stores/Access to Healthy Food, Lack of Health Insurance/Affordable Care
6/1/2016	CS	Hillsborough Public School System	x	x		High Blood Pressure/Cholesterol, Diabetes, Mental Health Disorders	Obesity, Lack of Exercise, Substance Abuse-Drugs	Low Education Levels/Literacy, Lack of Grocery Stores/Access to Health Food, Lack of Health Insurance/Affordable Care

Date	Name	Agency or Affiliation	Who does Stakeholder represent? (check all that apply)			Minority Low-Income Public Health		
			Minority	Low-Income	Public Health	Top 3 Health Conditions	Top 3 Health Behaviors	Top 3 Community Conditions
6/8/2016	CH	Hillsborough Healthcare Collaborative	x	x		Heart Disease, High Blood Pressure/Cholesterol, Mental Health Disorders	Lack of Exercise, Poor Nutrition, Aging Population	Inadequate Transportation, Lack of Health Insurance/Affordable Care, Access to Dental Care
6/13/2016	BC	Clergy	x	x		Cancer, High Blood Pressure/Cholesterol, Mental Health Disorders	Obesity, Poor Nutrition, Substance Abuse-Drugs	Homelessness, Lack of Grocery Stores/Access to Healthy Food, Access to Dental Care
6/7/2016	CP	Tampa Bay Network to End hunger	x	x		Cancer, Diabetes, Mental Health Disorders	Obesity, Smoking, Aging Pop.	Low-Income Families/Poverty, Homelessness, Inadequate Transportation
6/13/2016	EW	Tampa Family Health Centers	x	x		Heart Disease, High Blood Pressure/Cholesterol, Diabetes	Obesity, Poor Nutrition, Lack of Exercise	Low-Income Families/Poverty, Inadequate Transportation, Lack of Grocery Stores/Access to Healthy Food
6/13/2016	N/A					High Blood Pressure/Cholesterol, Diabetes, Mental Health Disorders	Obesity, Poor Nutrition, Substance Abuse-Drugs	Low-Income Families/Poverty, Inadequate Transportation, Access to Dental Care

Date	Name	Agency or Affiliation	Who does Stakeholder represent? (check all that apply)			Minority Low-Income Public Health		
			Minority	Low-Income	Public Health	Top 3 Health Conditions	Top 3 Health Behaviors	Top 3 Community Conditions
6/13/2016	N/A					Heart Disease, Diabetes, Mental Health Disorders	Obesity, Poor Nutrition, Lack of Family/Religious Support Systems	Low-Income Families/Poverty, Inadequate Transportation, Lack of Grocery Stores, Access to Healthy Food
6/13/2016	N/A					Heart Disease, Respiratory Disease-Adults, Diabetes	Poor Nutrition, Substance Abuse-Drugs, Risky Sexual Behavior	Unemployment, Low-Income Families/Poverty, Lack of Grocery Stores/Access to Healthy Food
6/13/2016	N/A					Heart Disease, High Blood Pressure/Cholesterol, Mental Health Disorders	Obesity, Lack of Exercise, Lack of Family/Religious Support Systems	Low-Income Families/Poverty, Lack of Grocery Stores/Access to Health Food, Access to Dental Care