



COMMUNITY HEALTH NEEDS ASSESSMENT

2019

BAYCARE HEALTH SYSTEM

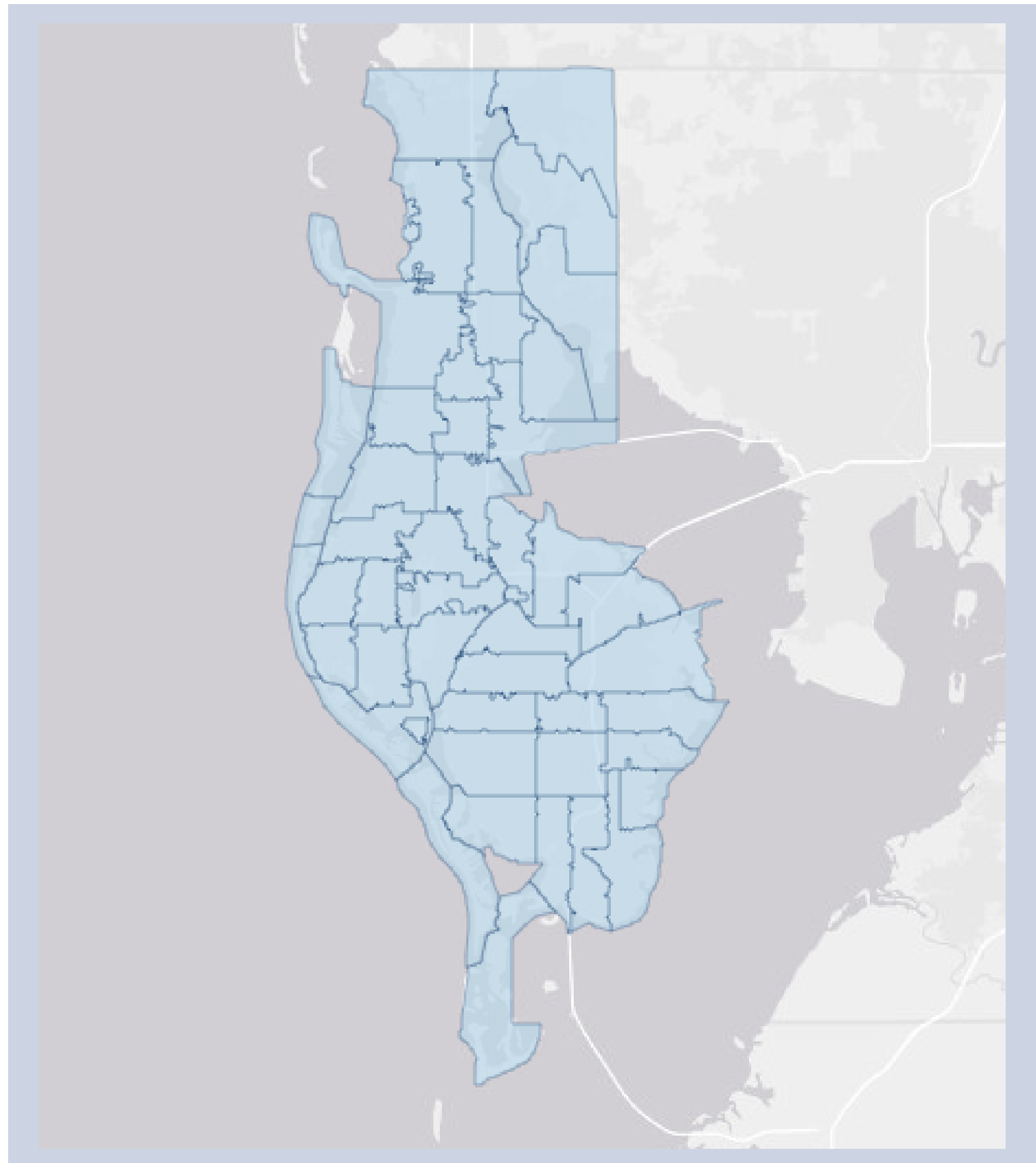
MORTON PLANT HOSPITAL
PINELLAS COUNTY

PURPOSE

Morton Plant Hospital is pleased to present the 2019 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs across the Morton Plant Hospital's service area, as federally required by the Affordable Care Act. BayCare Health System partnered with Conduent Healthy Communities Institute (HCI) to conduct the CHNA for each of the 15 hospital facilities across a four-county region.

The purpose of this CHNA is to offer a comprehensive understanding of the health needs in the Morton Plant Hospital's service area and guide the hospital's planning efforts to address those needs. Findings from this report will be used to identify and develop efforts to improve the health and quality of life of residents in the community.

PINELLAS COUNTY



SCOPE

This main portion of this report covers the population and geographic area for Morton Plant Hospital's primary service area (PSA) of Pinellas County. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Pinellas County (<http://www.pinellascounty.org/>) covers a geographic area of 608 square miles which includes a peninsula, bound by the Gulf of Mexico and Tampa Bay, and eleven barrier islands. As of the 2018 U.S. Census, Pinellas County has a population of 975,280.

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Acknowledgements

The development of the Morton Plant Hospital - Pinellas County CHNA report was a collective effort that included hospital leadership, community benefit leadership, the Florida Department of Health, other not-for-profit hospitals, community-serving organizations, and community members from the areas surrounding our hospital that share our commitment to improve health and quality of life. The 2019 CHNA planning effort was the first time that all of these entities worked together on the CHNA process to develop a single shared strategy to collect data that helped us identify, prioritize, and address community health needs. This was an integral step to ensuring we are able to understand the needs of our community and develop programs and services that will positively impact the health and well-being of those we serve.

Hospital Leadership

Lou Galdieri, RN, MHA
President, Morton Plant Hospital
SVP, Market Leader for North Pinellas/
West Pasco County Hospitals

BayCare Community Benefit Leadership and Team

Keri Eisenbeis, Vice President of Government and Community Relations
Lisa Bell, Community Benefit Manager
Chance Martinez-Colon, Community Outreach Coordinator-Pasco County
Julia C. Neely, Community Outreach Coordinator-Pinellas County
Vasthi Ciceron, Community Outreach Coordinator-Hillsborough County
Holly Vida, Manager of Operations-Polk County
Leah Millette, Community Benefit Coordinator
Colleen Mangan, Community Benefit Data Analyst
Rosely Marmolejos, Community Benefit Department Secretary

Collaborating Organizations

Advent Health (Florida Hospital)
Florida Department of Health in Pinellas County
Johns Hopkins All Children's Hospital
Moffitt Cancer Center

BayCare Health System commissioned Conduent Healthy Communities Institute (HCI) to support data collection, data analysis, and report preparation for its 2019 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health>. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Courtney Kaczmarzky, MPH – Public Health Consultant, Zack Flores – Project Coordinator, Caroline Cahill, MPH – Research Manager, and Liora Fiksel – Research Assistant.

Executive Summary

BayCare Health System is the largest health care system in the Tampa Bay area and West Central Florida region. BayCare's mission is to improve the health of all they serve through community owned health care services that set the standard for high-quality, compassionate care. The values of BayCare are trust, respect, responsibility, excellence, and dignity and reflect a responsibility to achieve health care excellence for their communities. Morton Plant Hospital is part of BayCare's network of 15 not-for-profit hospitals in the region. Morton Plant Hospital's 613-bed facility provides highly technical and specialized care to more than 50,000 patients annually and works in more than 50 specialty areas, including Heart and Vascular, Orthopedics, and Maternity.

Letter from the President

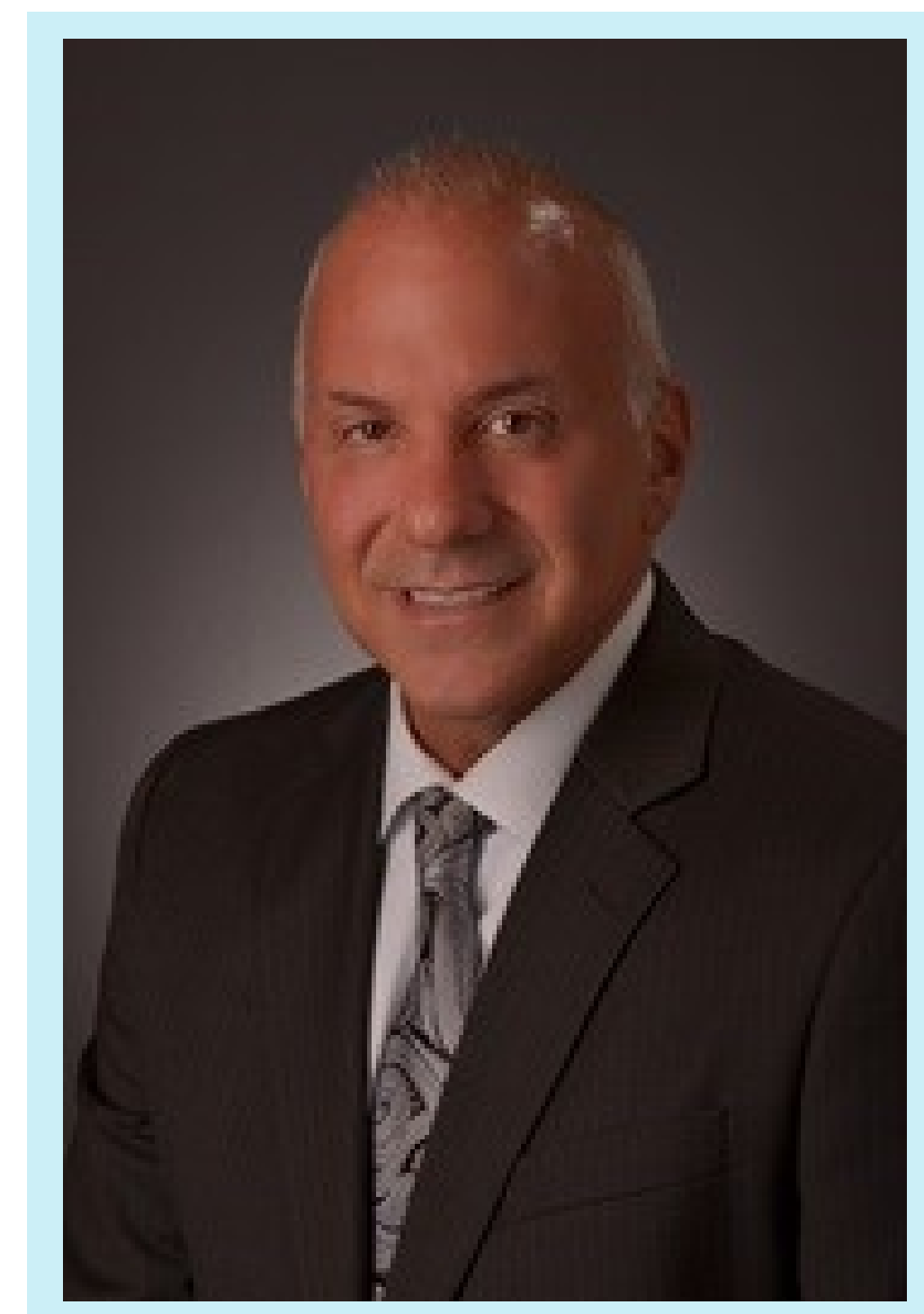
A Message from Lou Galdieri,
President of Morton Plant Hospital:

BayCare Health System is committed to improving the health of all communities we serve. Caring for those who need us most is a fundamental part of our mission.

In 2018, BayCare provided \$462 million in Community Benefit, including \$117 million in charity care, to assure high-quality, timely, and appropriate care to those who couldn't afford it. Every day, we are working hard to improve the health and well-being of our communities.

In 2019, Morton Plant Hospital worked together with the Florida Department of Health and other local not-for-profit hospital partners to conduct a Community Health Needs Assessment (CHNA). Together, our organizations developed a shared strategy to collect data that helped us identify, prioritize, and address emerging community health needs. Community needs were identified through available local, state, and national data, and most importantly, the assessment surveyed the voices of those we serve. We also engaged community leaders and key advocates through interviews, surveys, focus group listening sessions, and a video voice project. Morton Plant Hospital adopted an implementation plan to address those needs. The plan includes clinical services, education, and policy interventions that would span across the service area.

We encourage you to use this summary to gain a better understanding of our community's needs and to guide additional discussions with key decision-makers and leaders. To those who participated in our data collection efforts and prioritization exercise -- thank you for your invaluable contributions. We look forward to sharing the impact of the implementation plan and ongoing conversations with all stakeholders and residents of our communities.



Impact Since Last CHNA

Within the most recent three-year Community Health Needs Assessment (CHNA) cycle, substantial progress was made in addressing the health needs identified and prioritized during the 2016-2019 CHNA. Of the activities implemented, the most notable are detailed below.

Improve Access to Quality and Affordable Health Care

- **Expand access to affordable medications:** BayCare has developed and implemented a Medication Assistance Program (MAP). MAP is designed to assist patients and community members in finding available resources to help offset the cost of medication. To date, 3,309 patients and community members have received assistance with affordable medications that they might otherwise have to prioritize over other social or economic needs or go without.
- **Collaborate with community organizations to expand reach and impact of navigator initiatives:** Health Care Navigators have been available to connect any community member with resources related to any health need. Navigators facilitate enrollment in marketplace and county plans or connect community members to free or low cost services. Specifically, Navigators offered health insurance literacy information and addressed access requests including: Medication Assistance Program, provider appointments, financial concerns, and referrals to public assistance programs. Navigators provided assistance to over 10,400 individuals through their activities during the three-year cycle.

Address Mental Health and Substance Abuse

- **Remove unused prescription drugs from the home:** BayCare implemented a drug deactivation project designed to remove unused prescription drugs from the home to combat identified substance use/misuse needs. The Detera Drug Deactivation system is an easy way to safely and responsibly dispose of unused medications, lowering the risk of misuse, and preventing unnecessary damage to the environment. As a part of this project, thousands of Detera kits were purchased, made publicly available, and strategically deployed within the community.
- **Expand access to research on mental health and suicide:** BayCare completed a Suicide Health Services Research Project, designed to understand the underlying risk factors and causes for suicide in the Tampa Bay area. This research was the first step to defining strategies and best practices to address identified health needs related to behavioral health and suicide. The data results and analysis, produced by the University of South Florida, were publicly presented through community forums. These forums were held to give the community an opportunity to discuss the results of the research project and potential next steps. Data from the research training established a need for more Mental Health First Aid trainings in the area.

Impact Since Last CHNA

Expand access to behavioral health and substance abuse services: Morton Plant Hospital recently added a Behavioral Health Therapist to expand access to behavioral health and substance abuse services by assisting with education and linkage to community resources. The Behavioral Health Therapist acts as a liaison, meeting the patient in their time of need, providing education, providing therapeutic support, and assisting with navigating various avenues of Behavioral Health Services.

By providing Mental Health First Aid classes, Morton Plant Hospital focused on increasing community awareness to identify someone in mental health distress. Adult and pediatric classes were held across the community and offered to a combination of social service providers, community members, and faith leaders who have multiple touch points with individuals who live in the hospital's service area

Implement Diabetes Health Coach Model: BayCare has implemented and funded a Diabetes Health Coach Model to address high-risk populations through partnerships with the area's Federally Qualified Health Centers and Free Clinics. The Health Coaches worked to identify high-risk patients, provide education, and provide access to ongoing case management to assure compliance and positive health outcomes within the Morton Plant service area.

Expand screenings through Community Health and Faith Community Nursing: In collaboration with community organizations, Morton Plant Hospital worked to identify those most in need with risk factors for diabetes or cardiovascular diseases, providing education, screenings, and referrals. Morton Plant continues to enhance the efforts of the Community Health and Faith Community Nursing teams to reach targeted populations across the Morton Plant Hospital service area.

Expand children's obesity prevention programs: Through Morton Plant Hospital and the Children's Wellness and Safety team, a number of evidence-based nutrition and physical activity programs were offered to the community.

Diabetes and Cardiovascular Disease

Nutrition & Physical Activity

Community Feedback

Morton Plant Hospital's CHNA and Implementation Strategy were made available to the public via the website <https://baycare.org/about-us/community-health-needs>. In order to collect comments or feedback, a unique email was used: CHNAFeedback@baycare.org. No comments had been received on the preceding CHNA via the email at the time this report was written.

Methods

Data

Description

Analysis

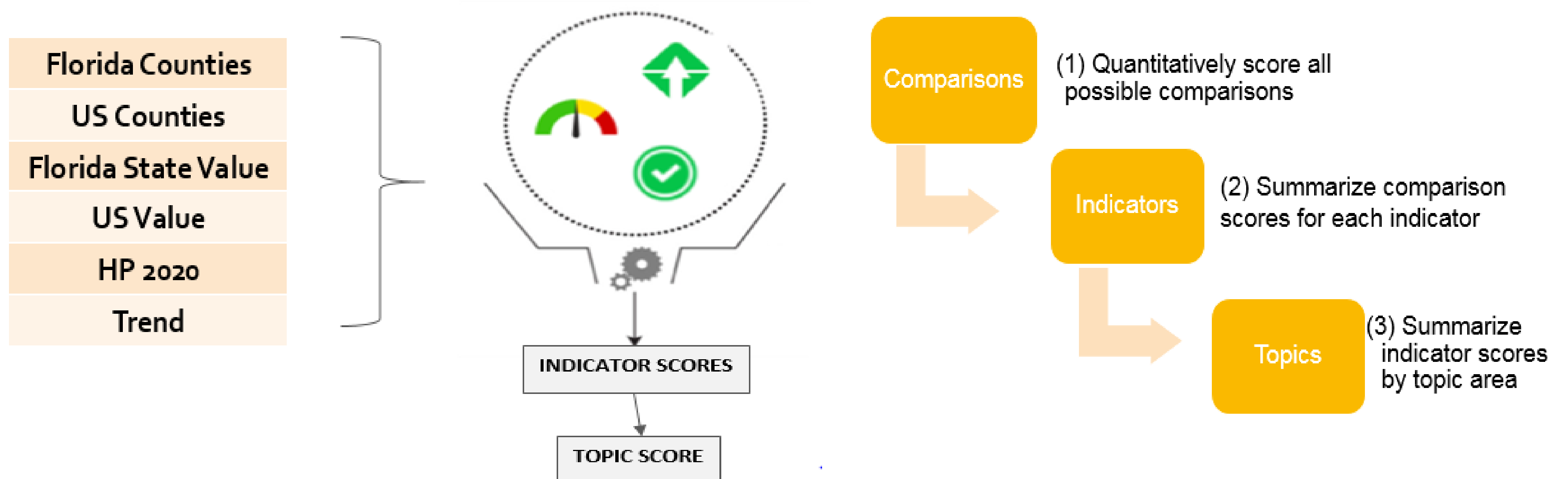


Data Scoring

Data was collected from 27 secondary data sources (see full source list below). 142 demographic, social, economic, and health indicators were available for Pinellas County.

- Each indicator is given a score at the county level, then compared to the Florida and U.S. values
- Indicators are rolled up into health and quality of life topic areas, then ranked
- See the Appendices Section for the full data scoring report and ranking

Data Scoring Process



DATA SOURCES*

1. Centers for Medicare & Medicaid Services
2. Florida Behavioral Risk Factor Surveillance System
3. Florida Department of Health, Bureau of Vital Statistics
4. County Health Rankings
5. University of Miami (FL) Medical School, Florida Cancer Data System
6. American Community Survey
7. Florida Department of Education
8. Florida Department of Health, Bureau of STD Prevention & Control
9. Florida Youth Substance Abuse Survey
10. Florida Department of Health, Bureau of TB & Refugee Health
11. U.S. Department of Agriculture - Food Environment Atlas
12. Florida Department of Health, Bureau of Immunization
13. Florida Department of Children and Families
14. Florida Youth Tobacco Survey
15. Florida Department of Health, Bureau of Epidemiology Administration
16. Florida Department of Juvenile Justice
17. U.S. Environmental Protection Agency
18. Florida Department of Law Enforcement
19. Feeding America
20. Institute for Health Metrics and Evaluation
21. Florida Department of Health, Bureau of HIV/AIDS
22. American Lung Association
23. National Center for Education Statistics
24. Florida Department of State
25. Centers for Disease Control and Prevention
26. Florida Agency for Health Care Administration
27. U.S. Bureau of Labor Statistics

* The secondary data was originally analyzed and scored in April 2019 using the available data at that time. Since the prioritization session, some of the state and national data sources have been updated. Where possible, the most recent data and data scores are reflected in this report -- as of September 2019.

Methods

Data

Description

Analysis



Community Survey

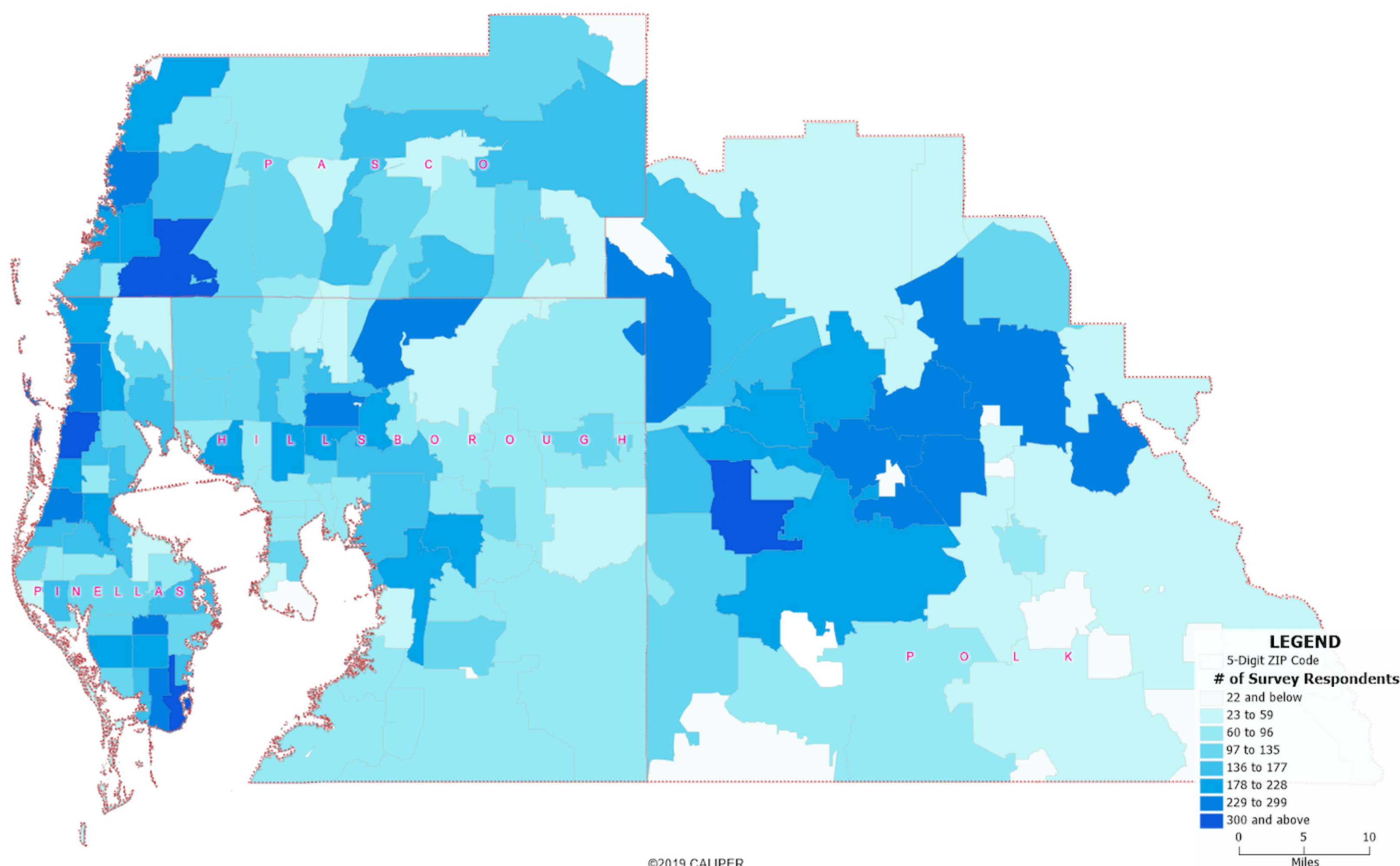
The Pinellas County Community Survey consisted of 71 health and well-being focused questions (see Appendices Section). 6,494 residents of Pinellas County completed a community survey. The survey was distributed as a web link and as a paper copy in English and Spanish.

Survey participation was comparable to the demographic profile of Pinellas County. Survey Respondents were:

- 70.8% Female
- 75.2% White
- 7.2% Hispanic or Latino
- 2.2% Spanish-Speaking

Significant community issues identified by Survey Respondents were:

- Mental Health
- Heart Disease & Stroke
- Being Overweight
- Aging Population
- Substance Abuse
- Distracted Driving



In total, 19,620 people responded to the community survey across Hillsborough County, Pasco County, Pinellas County, and Polk County. The responses to the questions for all four county surveys were combined using statistical processing software and sorted by respondents' county of residence. The map above shows where the highest concentration of survey respondents live according to their self-reported zip code. The community survey results in this report reflect the results of this data analysis for the residents of Pinellas County.

Methods

Data

Description

Analysis

Key Informants



Key Informant Interviews (KII's) were conducted in early 2019 and involved 55 community members, representing over 50 community organizations (listed below). KII's were conducted with individuals who have a fundamental understanding of public health and represent the broad interests of the community. A questionnaire (see Appendices Section) was distributed to individuals identified by the community collaborative as experts in their field with specific knowledge of community needs and vulnerable populations.

- Of the 55 Key Informant Interview participants, 56% worked for organizations providing services directly in Pinellas County
- Interview text was analyzed using the web-based qualitative data analysis tool, Dedoose*
- Excerpts were coded by relevant topic areas and key health themes
- The frequency with which a health topic was discussed was used to determine the most pressing health needs of the community, which included: Mental Health & Mental Disorders, Exercise, Nutrition & Weight, Access to Health Care, Diabetes, and Oral Health

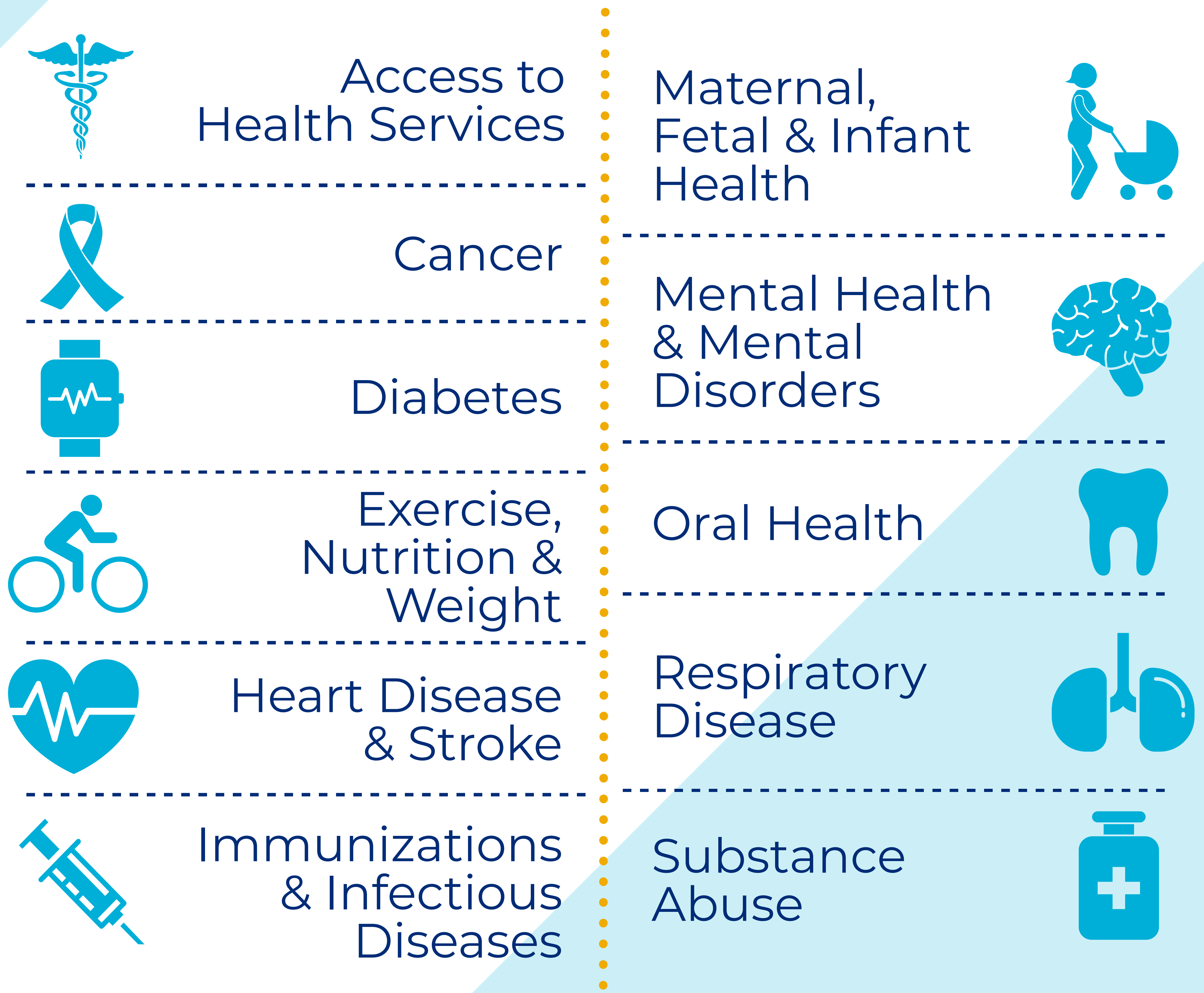
Advent Health Wesley Chapel
 Agency for Persons with Disabilities
 Alpha UMi Inc.
 Area Agency on Aging of Pasco-Pinellas
 Atria Senior Living
 Bay Area Legal Services
 CARES Florida
 Central Florida Behavioral Health Network, Inc.
 Citizens Alliance for Progress
 Clearwater Free Clinic
 Community Dental Clinic
 Drug Abuse Comprehensive Coordinating Office (DACCO)
 Florida Department of Health - Pinellas
 Early Learning Coalition of Pasco and Hernando Counties, Inc.
 Feeding America Tampa Bay
 Florida Department of Health – Hillsborough
 Florida Department of Health – Pasco
 Florida Trans Proud
 Florida Voices for Health
 Forward Pinellas
 Good Samaritan Health Clinic of Pasco, Inc.
 Gracepoint
 Gulf Coast Jewish Family and Community Services
 Hillsborough County Public Schools

Healthy Planet, Healthy People
 Healthy Start Coalition of Hillsborough County, Inc.
 Hillsborough Area Regional Transit (HART)
 Hillsborough County Sheriff's Office
 Homeless Leadership Board
 Johns Hopkins All Children's Hospital
 Pasco County Board of County Commission
 Pasco County Fire Rescue (EMS)
 Pasco County Housing Authority
 Pasco Kids First
 Premier Community Healthcare Group
 Project LINK, Inc
 REACHUP, Inc.
 Rice
 St Petersburg Free Clinic
 Tampa General Hospital
 Tarpon Springs Rotary Club
 Tarpon Springs Shepherd Center
 Thrive by Five Pinellas
 University of Florida's Institute of Food and Agricultural Sciences (UF/IFAS) - Family Nutrition Program
 UF/IFAS - Hillsborough County Extension
 UF/IFAS - Pasco County Extension
 United Way of Pasco County
 University Area CDC
 YMCA of Greater St. Petersburg

*Dedoose Version 6.0.24, web application for managing, analyzing, and presenting qualitative and mixed method research data (2015). Los Angeles, CA: SocioCultural Research Consultants, LLC (www.dedoose.com).

Data Synthesis

All forms of data have their own strengths and limitations. Each data source was evaluated based on these strengths and limitations during data synthesis and should be kept in mind when reviewing this report. Within each health topic there is a varying scope and depth of quantitative data indicators and qualitative findings. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, Key Informant experts, and Community Survey Respondents as possible. In order to gain a comprehensive understanding of the significant health needs for the Pinellas County service area, the findings from all three data sets were compared and studied simultaneously. The secondary data scores, interviews, and the survey were treated as three separate sources of data and considered equally important in understanding the health issues of the community. The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Eleven health issues were identified as significant health needs across all three data sources and were used for further prioritization.



Prioritization Process

On July 23, 2019, participants from collaborating organizations as well as other community members came together to prioritize the significant health issues in their community. In order to better target community issues regarding the most pressing health needs in Pinellas County, a half-day session was held to prioritize significant health topics. Session participants were asked to consider the following prioritization criteria to determine from the list of eleven health topics which topics were most important:

Scope and Severity of the Health Issue

Organizational Ability to Make an Impact

Number of people impacted by the issue

Alignment with strengths and mission

High risk or rate of morbidity and mortality

Opportunity for collaborative partnership

The community, including vulnerable groups, perceive the issue to be high need

Existing resources and programs to address the issue

Over 140 individuals* attended the Pinellas County Prioritization Session, representing a broad cross section of experts and organization leaders with an extensive knowledge of the health needs in the community. In addition to health care providers and local government agencies, including the health department, many organizations were present that deliver services to and represent members of medically under-served, low-income, and minority populations.

Local Industry

Creative Contractors, Inc.
Hill Ward Henderson
Onyx Strategic Consulting, LLC
Operations by Design
ProVise Management Group, LLC
Sweet Eden by Sheron

Government

City of Largo
City of Pinellas Park
City of St. Petersburg
Department of Health - Pinellas County
Department of Health - Hillsborough County
Florida House of Representatives
Kenneth City
Pinellas Board of County Commissioners
Pinellas County EMS
Pinellas County Human Services
Pinellas County School Board
St. Petersburg Housing Authority

Community Based Organizations and Collaboratives

211 Tampa Bay Cares
Allegany Franciscan Ministries
Citizens Commission on Human Rights of Florida
Community Veterans Engagement Board
Daystar Life Center, Inc.
Feeding Tampa Bay
Florida Dream Center
Foundation for a Healthy St. Petersburg
Health Council of West Central Florida
Homeless Leadership Board
Lighthouse of Pinellas for the Blind and Visually Impaired
Mount Zion Human Services Inc.
NAACP
National Alliance on Mental Illness
Phoenix House Florida
Ready for Life
Tarpon Springs Rotary Club
Tobacco Free Florida
United Way
YMCA of the Suncoast

Health Care Delivery

Advent Health
Bay Pines VA Healthcare System
BayCare Health System
Bon Secours
Central Florida Behavioral Health Network, Inc.
Clearwater Free Clinic
Community Dental Clinic, Inc.
Community Health Centers of Pinellas, Inc.
Johns Hopkins All Children's Hospital
Moffitt Cancer Center
Morton Plant Mease Health Care
Northside Hospital HCA
St. Petersburg Free Clinic
St. Anthony's Hospital
Suncoast Center, Inc.
Tampa General Hospital

Health Plans

Humana

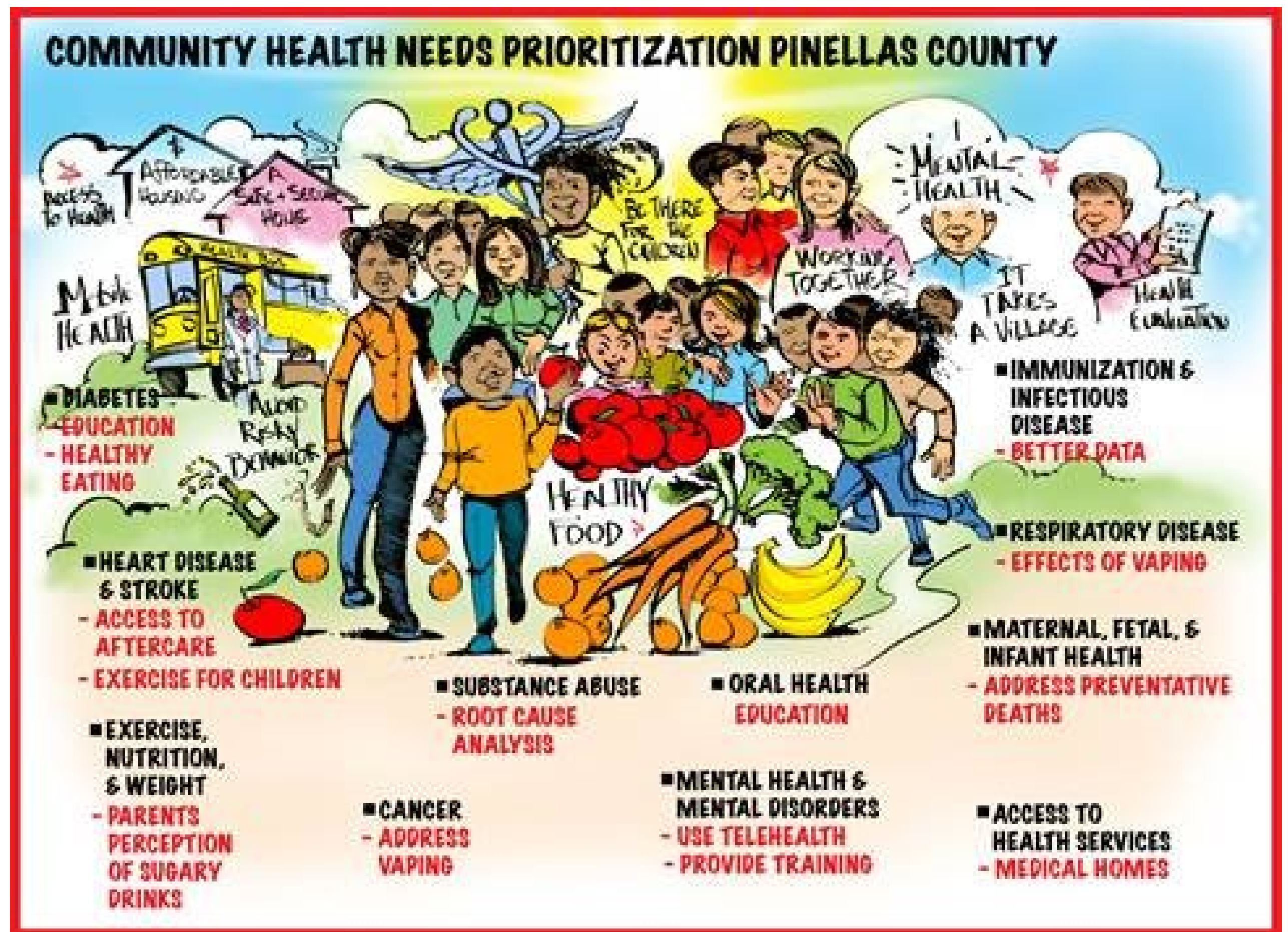
Higher Education

St. Petersburg College
The University of Tampa
University of South Florida

* The full list of attendees is included as an attachment in the Appendices Section at the end of this report.

Prioritization Process

The Prioritization Session included a data presentation highlighting primary and secondary data findings for the eleven significant health issues and focus groups to further discuss relevant demographic and health outcomes data. Finally, a group ranking process was conducted to determine the most pressing health needs. During the activities, a community artist was present to capture a visual representation of the discussion (right).



Jonathon Massie, Business Illustrator

Participants ranked each of the health categories individually using the dual criteria of scope and severity and ability to impact. Criteria scores were then combined to generate an overall ranking of health needs. After further consideration, it was decided to combine the categories of Mental Health & Mental Disorders and Substance Abuse into the singular category of Behavioral Health. Thus, the final three top health priorities for Pinellas County are:



Behavioral Health

Access to Health Services



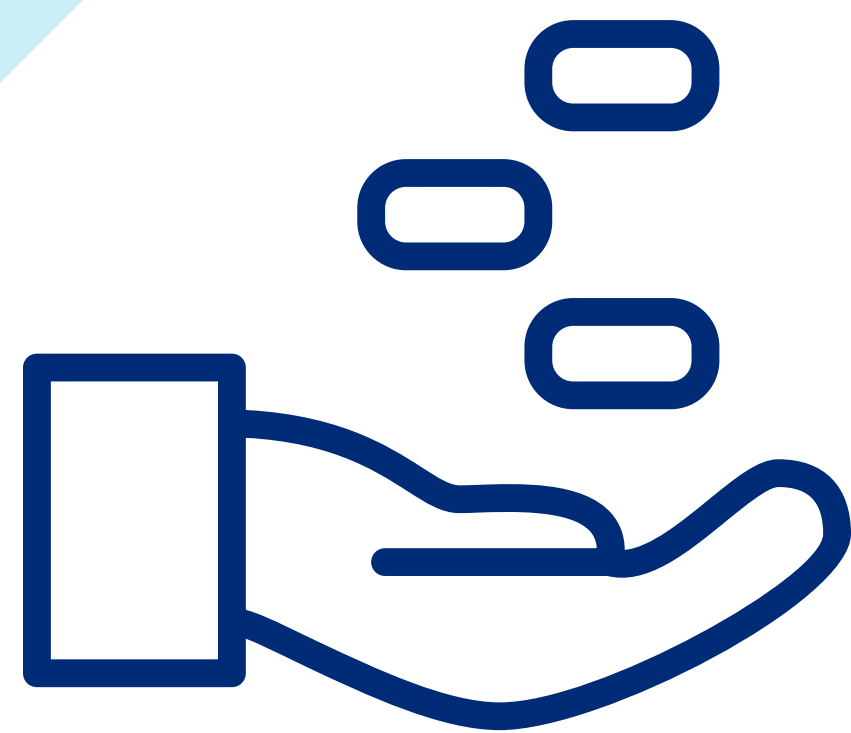
Exercise, Nutrition & Weight

The three health topics will be broken down in further detail below in order to understand how findings in the primary and secondary data led to each issue becoming a high priority need area. The health topics are presented in the order they were ranked during the Prioritization Session.

Demographics

The following data points illustrate the composition of the Pinellas County community, which informed the assessment of need. The data sources used in this section come from the American Community Survey* unless otherwise noted.

Median Household Income: \$48,968



30.1%

People 25+ with a Bachelor's Degree or Higher



13.7%
People Living Below the Poverty Level

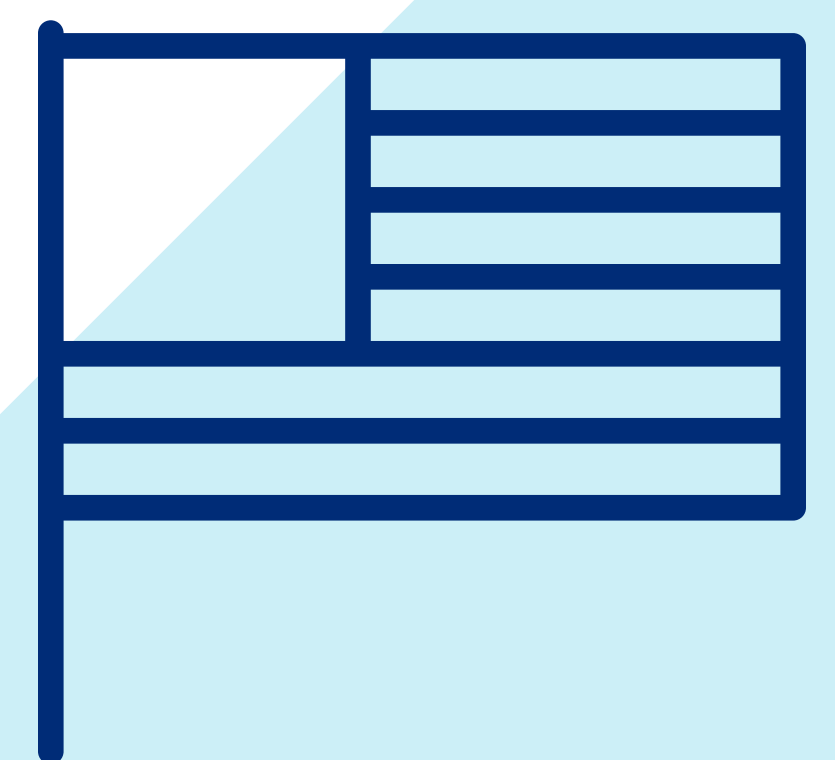


3.2%
of the Civilian Labor Force is Unemployed**



Median Household Gross Rent: \$1,007

11%
Veteran Population



83.2%
Adults with Health Insurance



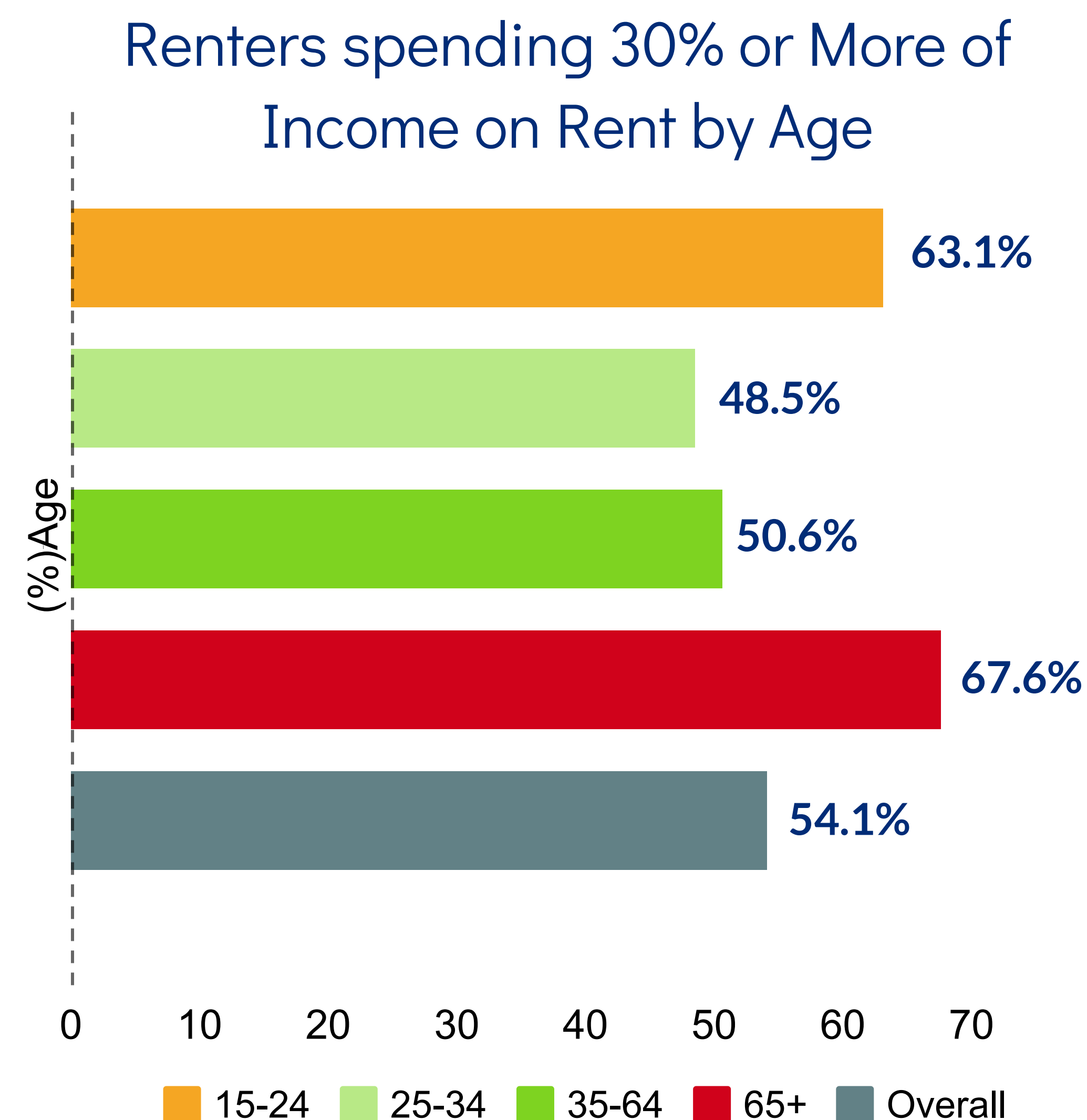
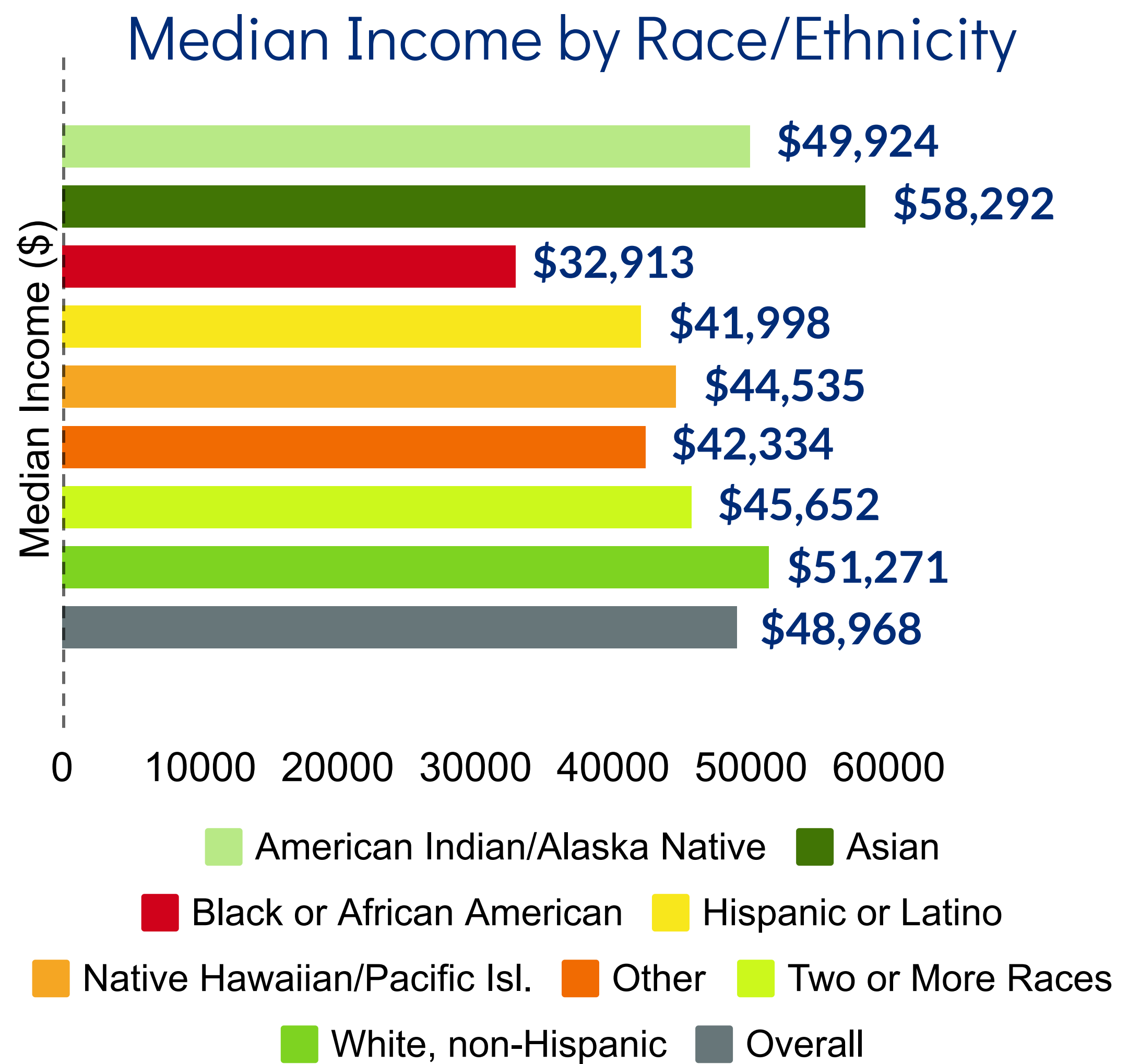
Mean Travel Time to Work: 24.4 minutes

* American Community Survey, 2017
** U.S. Bureau of Labor Statistics, 2019



Investigating Disparities

Demographics were further broken down by race/ethnicity, gender, and age to identify groups of individuals that may be impacted greater by factors such as financial burden, education attainment, and transportation. These social determinants of health impact one's ability to attain overall health. In Pinellas County, Black or African Americans have the lowest median income (\$32,913) when compared to other race/ethnic groups. Hispanic or Latino residents have the next lowest median income (\$41,998). Both groups' incomes are well below the overall median income in the community.

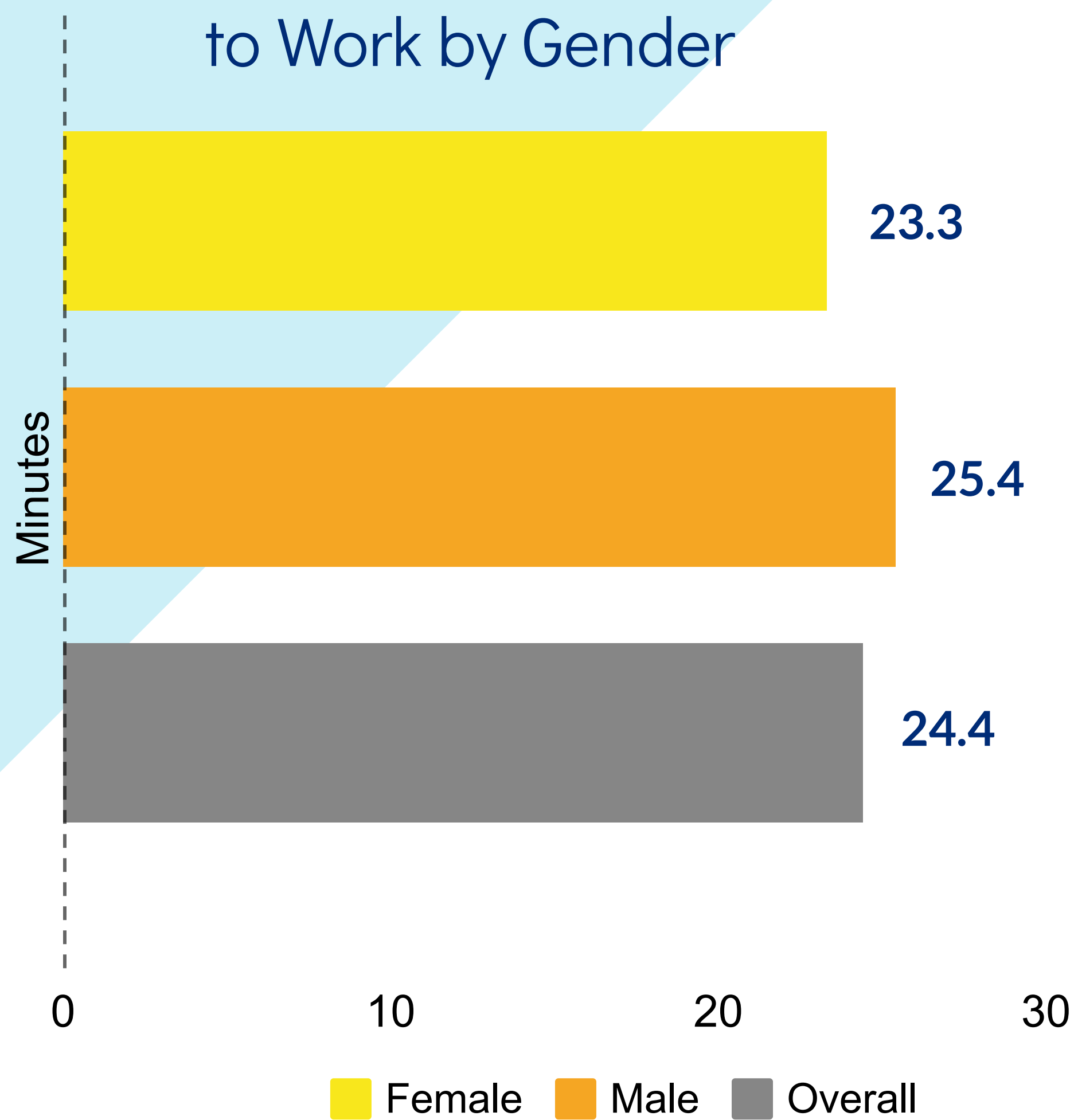


Spending a high proportion of monthly income on rent can create financial hardship. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical care. Community members who are over 65 or between the ages of 15 and 24 are at the highest risk of financial burden due to rent when compared to other age groups. Overall, about half of the community is spending 30% or more of their income on rent. Pinellas residents under the age of 24 are also the most likely to live below the poverty level when compared to other age groups.



Investigating Disparities

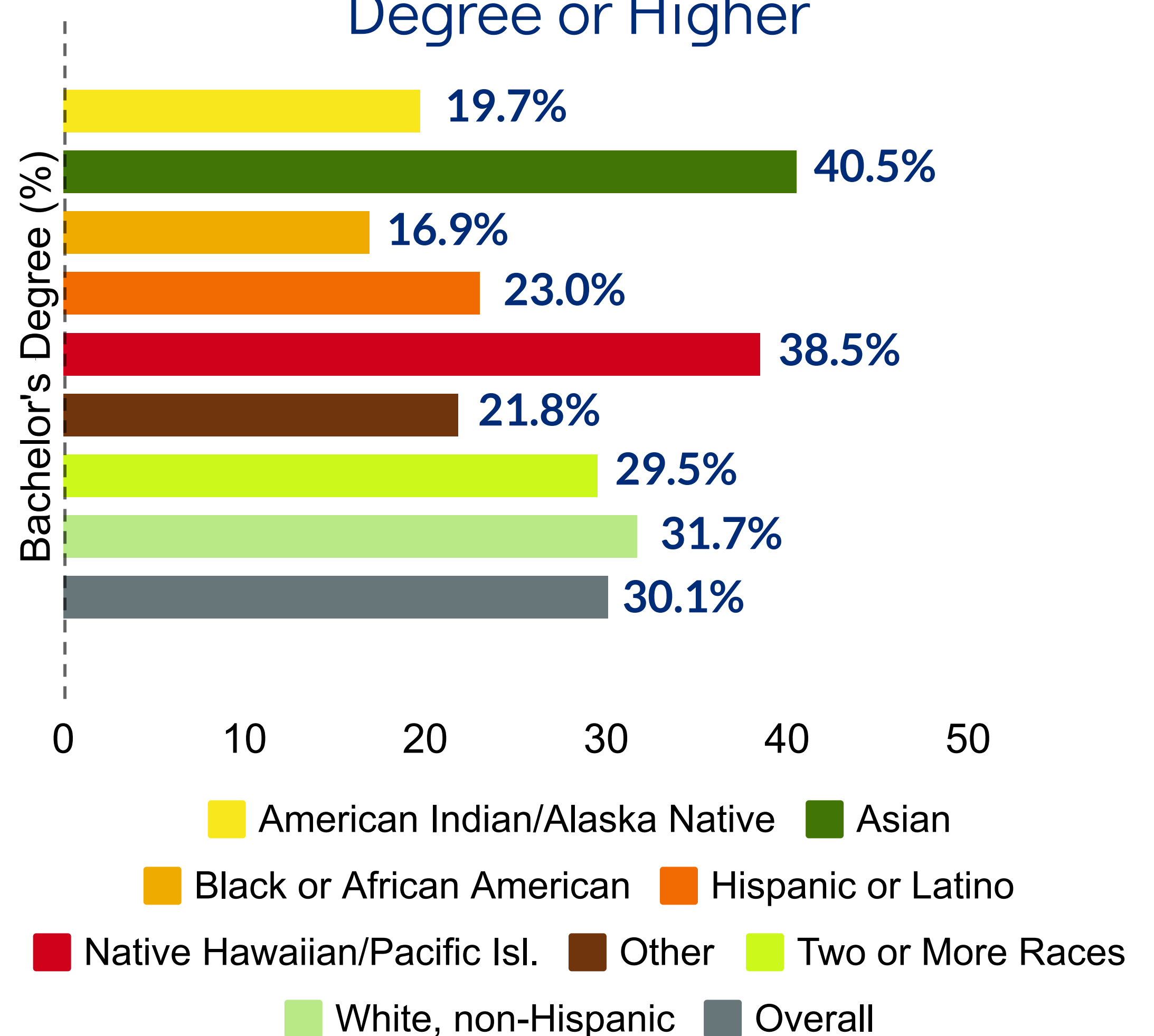
Mean Travel Time to Work by Gender



Lengthy commutes cut into workers' free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment. Travel time to work is steadily increasing over time for the overall population in Pinellas County (workers over the age of 16). Commute times for the male population are higher than the female population.

Higher educational attainment is linked to overall lifetime earnings. Educational attainment is by far the most important social characteristic for predicting earnings. In Pinellas County, Black or African Americans are the least likely group to hold a bachelor's degree (16.9%) followed closely behind by the American Indian or Alaska Native population (19.7%).

People 25+ with a Bachelor's Degree or Higher



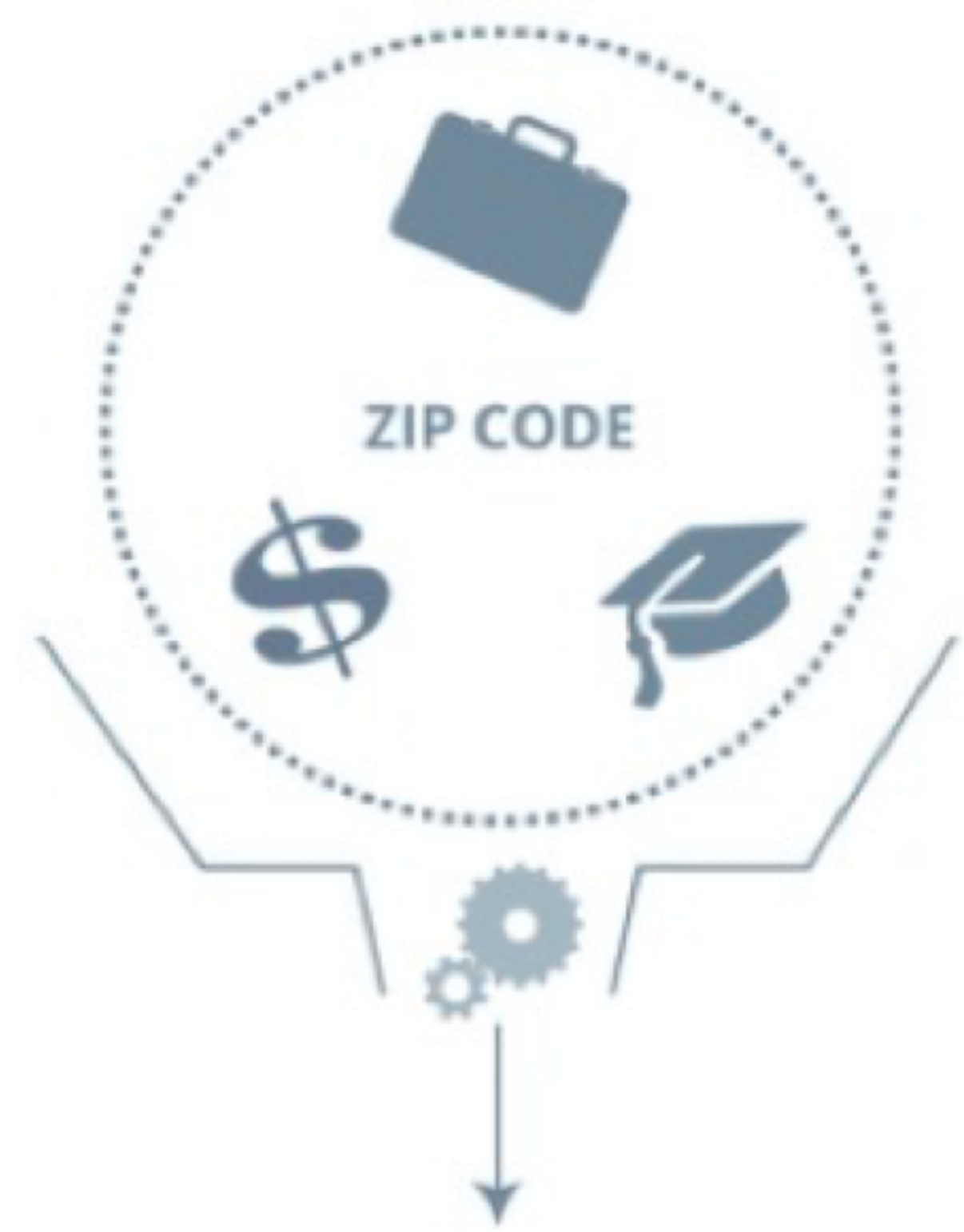
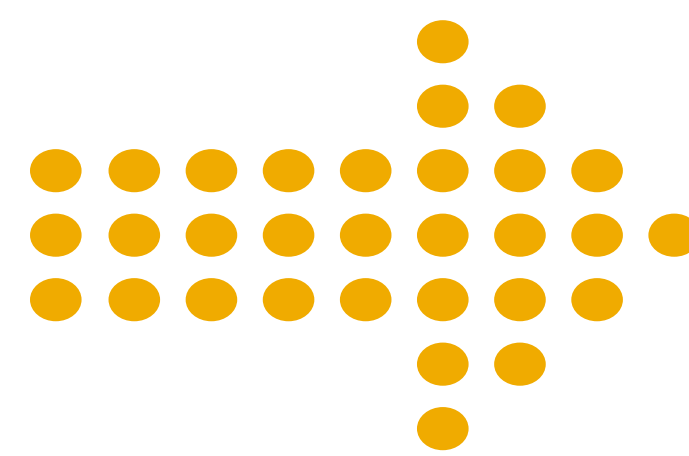
Additional disparity data related to health topics are highlighted throughout the report and designated with the magnifying glass symbol.



SocioNeeds Index

This HCI SocioNeeds Index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The indicators are standardized and averaged to create one composite index value for each zip code. Zip codes with higher values are estimated to have higher socioeconomic need, which is correlated with poorer health. The darker the color of region, the higher the need. The index value is ranked from 0-100 with 100 being the highest level of need. The index value (IV) helps identify specific zip codes that may benefit from additional support and targeted services in implementation planning.

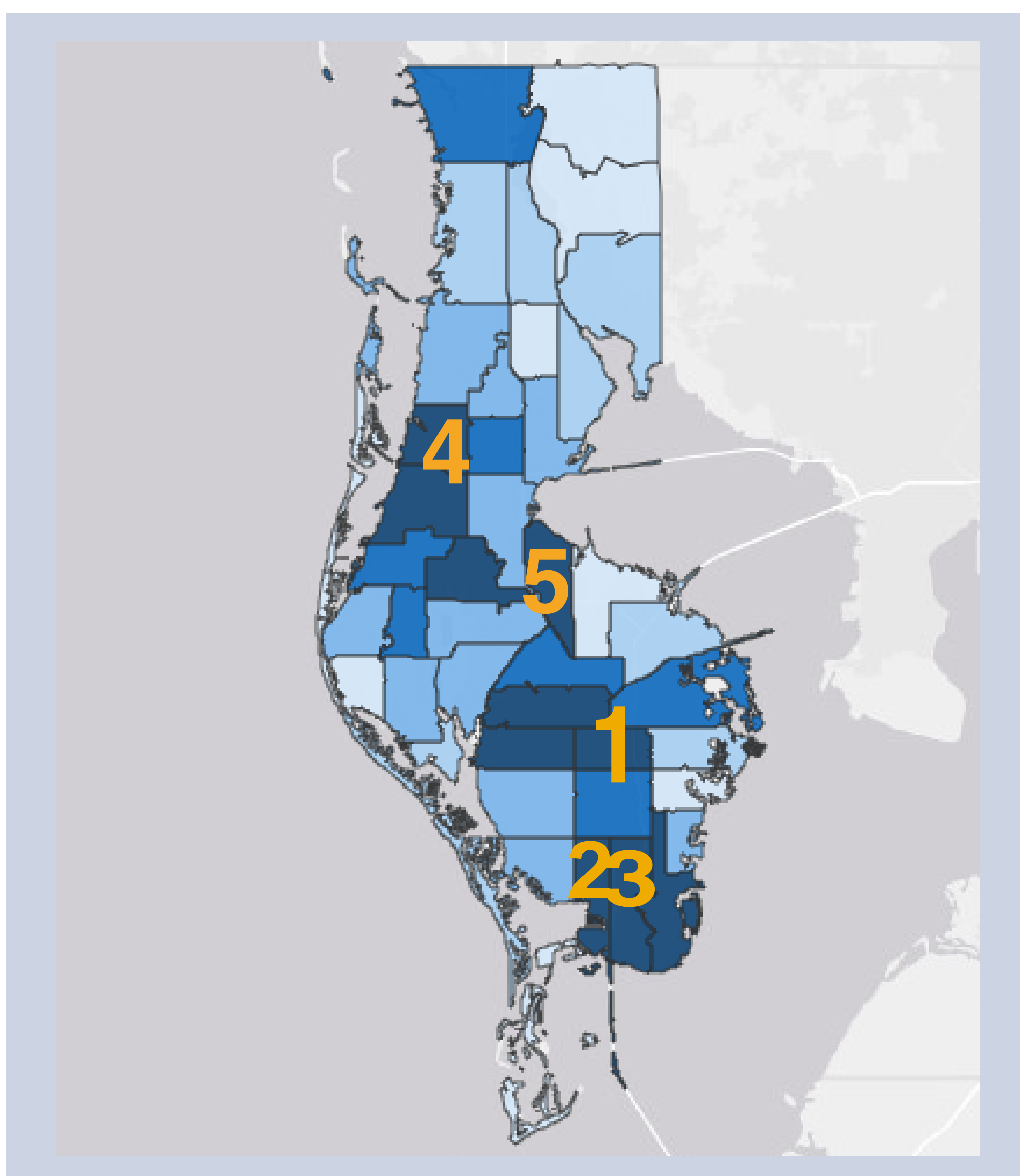
- Poverty
- Economy
- Education
- Language
- Income
- Occupation



Index Value

There are 46 zip codes in Pinellas County. Of those, 10 are considered high need and indicated in dark blue. The zip codes with the highest IV scores are listed below and labeled on the county map (left).

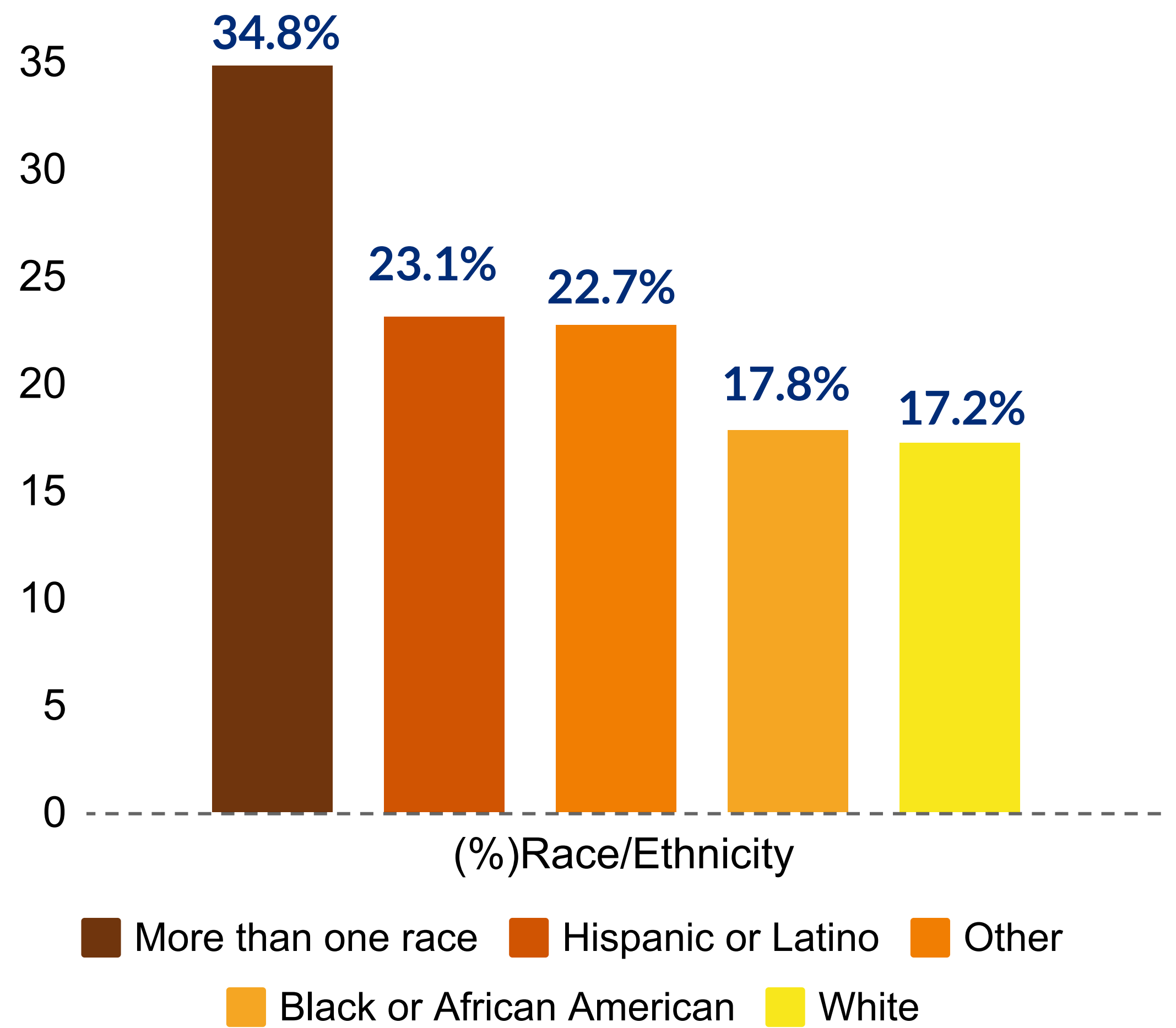
1. Zip Code 33714: 89.1 IV
2. Zip Code 33711: 79.5 IV
3. Zip Code 33712: 77.8 IV
4. Zip Code 33755: 72.2 IV
5. Zip Code 33760: 72.0 IV



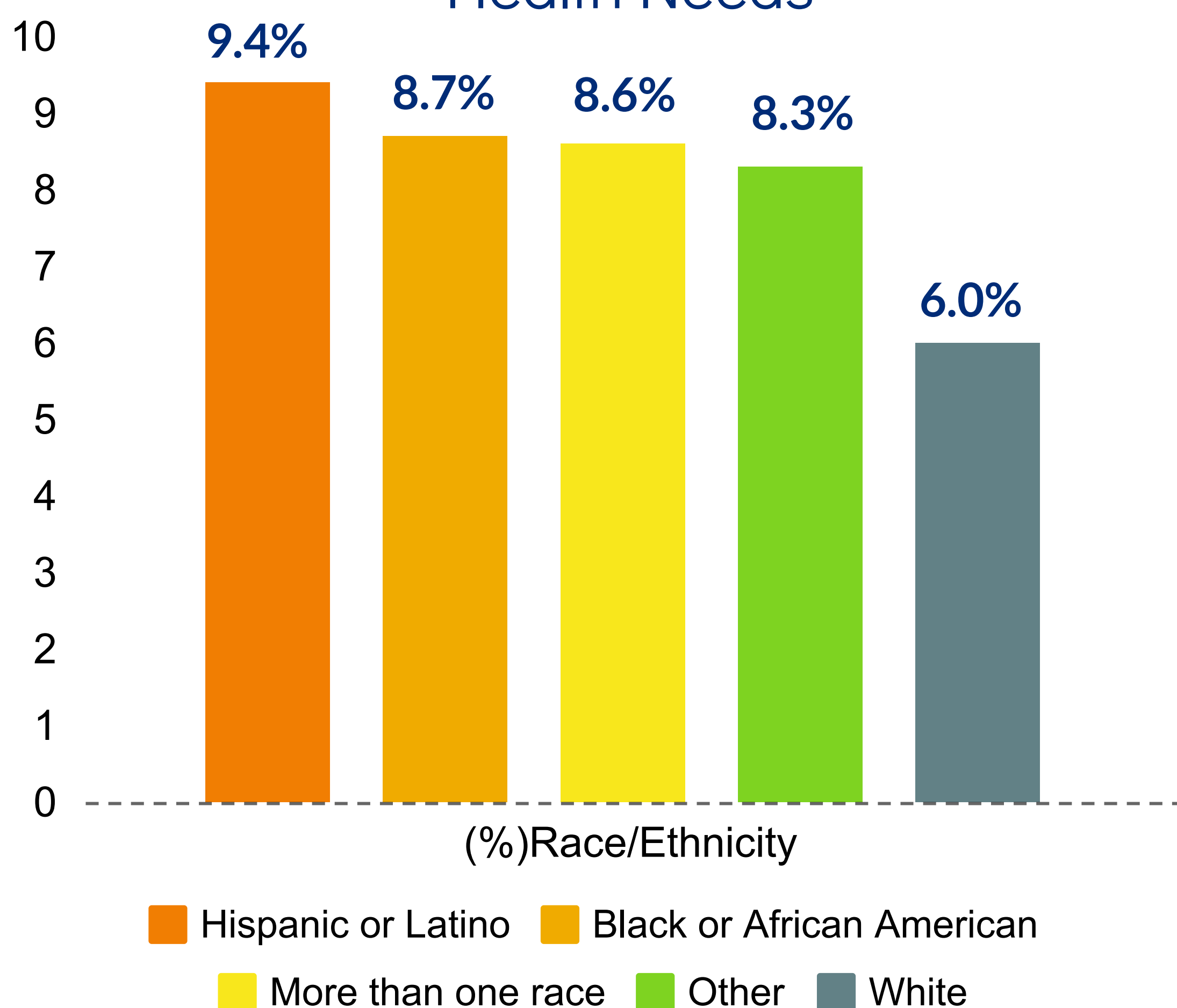
Opportunities for Impact

When possible, data from the Community Survey was also analyzed by demographic factors to help identify vulnerable groups that may have higher health needs than others in Pinellas County. This data was used to support the prioritization process and provides additional community context to consider alongside the secondary data. Opportunities for impact appear in the subsequent sections with a flashlight symbol, when a group in the survey reported a higher percentage of need or of a health issue compared to other groups*. It is important to note that not all differences have been included in this report, as the report focuses primarily on the prioritized health topics.

Adults Who Have Unmet Health Needs



Children Who Have Unmet Health Needs



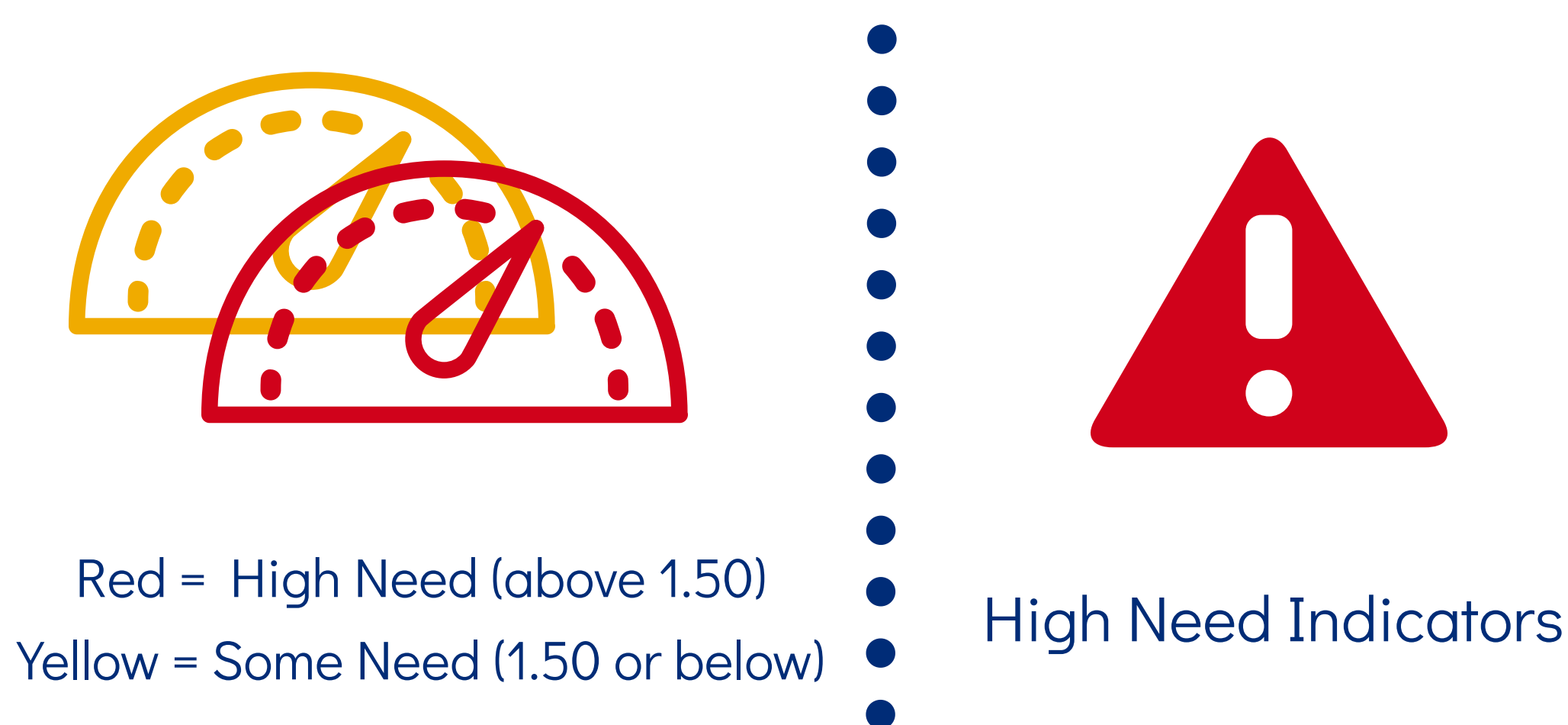
Survey Respondents were asked whether they had received the medical care that they needed in the past 12 months. The adult survey population across race/ethnic groups showed similar levels of need (see above), with the exception of respondents who identified as 'more than one race' and reported higher unmet needs than other groups (34.8%).

Hispanic/Latino respondents reported that their children had unmet health needs in the past 12 months, slightly more than other groups (see left). White respondents reported that their children had the lowest unmet health needs (6.0%).

* Differences noted may not be statistically significant.

Prioritized Health Needs

The findings for each of the eleven significant health needs are summarized in the following sections and include the key findings from each data source. The overall health topic scores from the secondary data scoring and high scoring indicators are included for each health need. When the gauge and warning symbol are shown, this represents data from the secondary data scoring.



The findings from the Community Survey and the Key Informant Interviews are indicated by the group and individual symbols, respectively.



1 Behavioral Health

Mental Health was the second highest ranked health topic in the data scoring and had an overall high score, indicating a high need topic. Mental Health and Substance Abuse were also the top issues from both the Community Survey and the Key Informant Interviews.

2 Access to Health Services

Access to Health Services had an overall lower data score. However, some of the health insurance coverage data indicators were higher scoring and required further examination. Access to Health Services was identified as a top need in the Key Informant Interview analysis. Prioritization participants identified the issue as essential to impacting health in the community.

3 Exercise, Nutrition & Weight

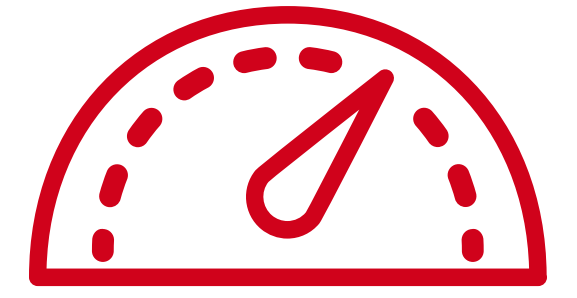
Exercise, Nutrition & Weight had an overall lower data score, although multiple indicators were high scoring and elevated the issue as a top need. Exercise, Nutrition & Weight was identified as a top need in the Community Survey and Key Informant Interviews.

1

Behavioral Health - Mental Health



2.22



Community Feedback

Community participants identified Mental Health & Mental Disorders as one of the top health concerns in Pinellas County.

Participants indicated that mental health care services and resources are disproportionate to the need in the community. A portion of Survey Respondents needed mental health services, but did not get the care that they needed. The top reason they gave for not getting the services that they needed was cost.

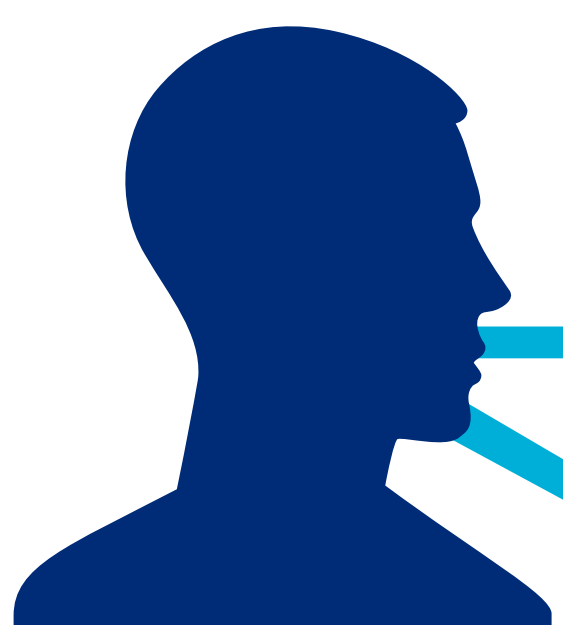
Key Informants noted that mental health issues in the community must be addressed as part of overall health.

Mental Health and Mental Disorders received an overall high topic score indicating that this is a high need health issue in Pinellas County.



Warning Indicators

- Depression: Medicare Population
- Alzheimer's Disease or Dementia: Medicare
- Age-Adjusted Death Rate Due to Suicide



"Lack of mental health services is probably the top health issue in the community." - Key Informant

"Mental health issues and dental care are both in short supply compared to the community need." - Key Informant

1.60



Substance Abuse received an overall topic score that indicates some areas of need. This health topic included multiple secondary data indicators that are high need and elevated the topic as a high priority.

Warning Indicators



- Death Rate Due to Drug Poisoning
- Adults who Smoke
- Teens who Use Marijuana: High School Students
- Teens who have Used Methamphetamines
- Teens who Use Alcohol

Prescription drug misuse among survey participants was two and a half percent (N=139). Survey Respondents who are 'more than one race' reported misuse more than other race/ethnic groups.

Respondents with higher reports of misuse fell into the age group of 55-64 (N=48).

1

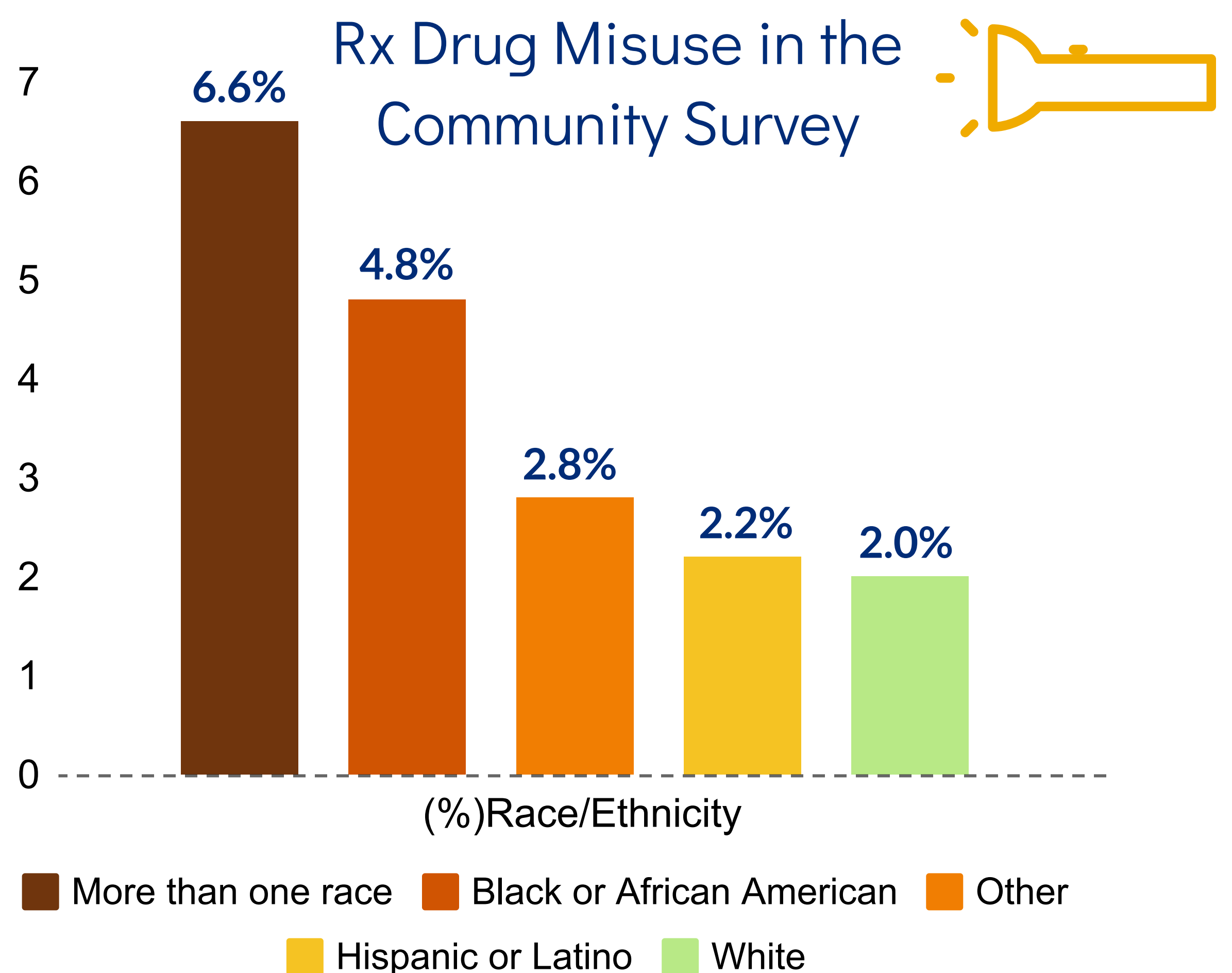
Behavioral Health - Substance Abuse



Community Feedback

Substance Abuse was the health behavior that Survey Respondents were the most concerned about in their community. Over half of Survey Respondents believe that drug abuse is an issue in their community. Of those Survey Respondents that reported misusing a prescription drug in the past 12-months, the majority (over 80%) self-identified as White, non-Hispanic.

Community feedback included recommendations for focusing efforts related to substance use on preventing teen substance use and unintentional injuries.



COMMUNITY HEALTH NEEDS

Prioritized Health Needs

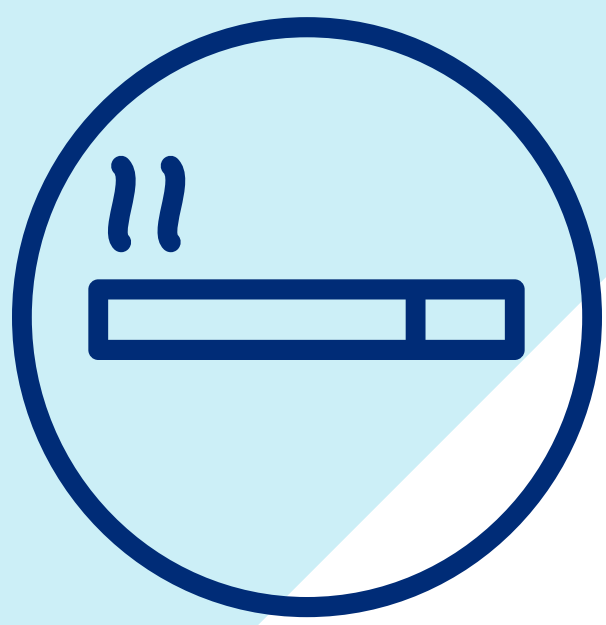
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Behavioral Health



Pinellas County Community Survey Respondents



13.8%
are smokers

4.4%
reported
vaping E-
Cigarettes



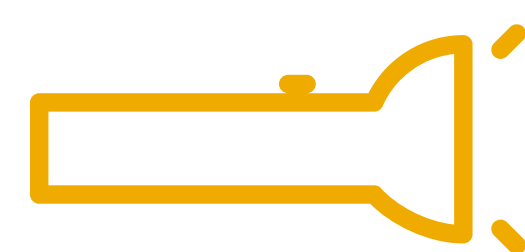
13.2%
needed mental
health services but
did not get the care
that they needed

32.2%
said that the main
reason they did not
get the mental
health services that
they needed was due
to cost

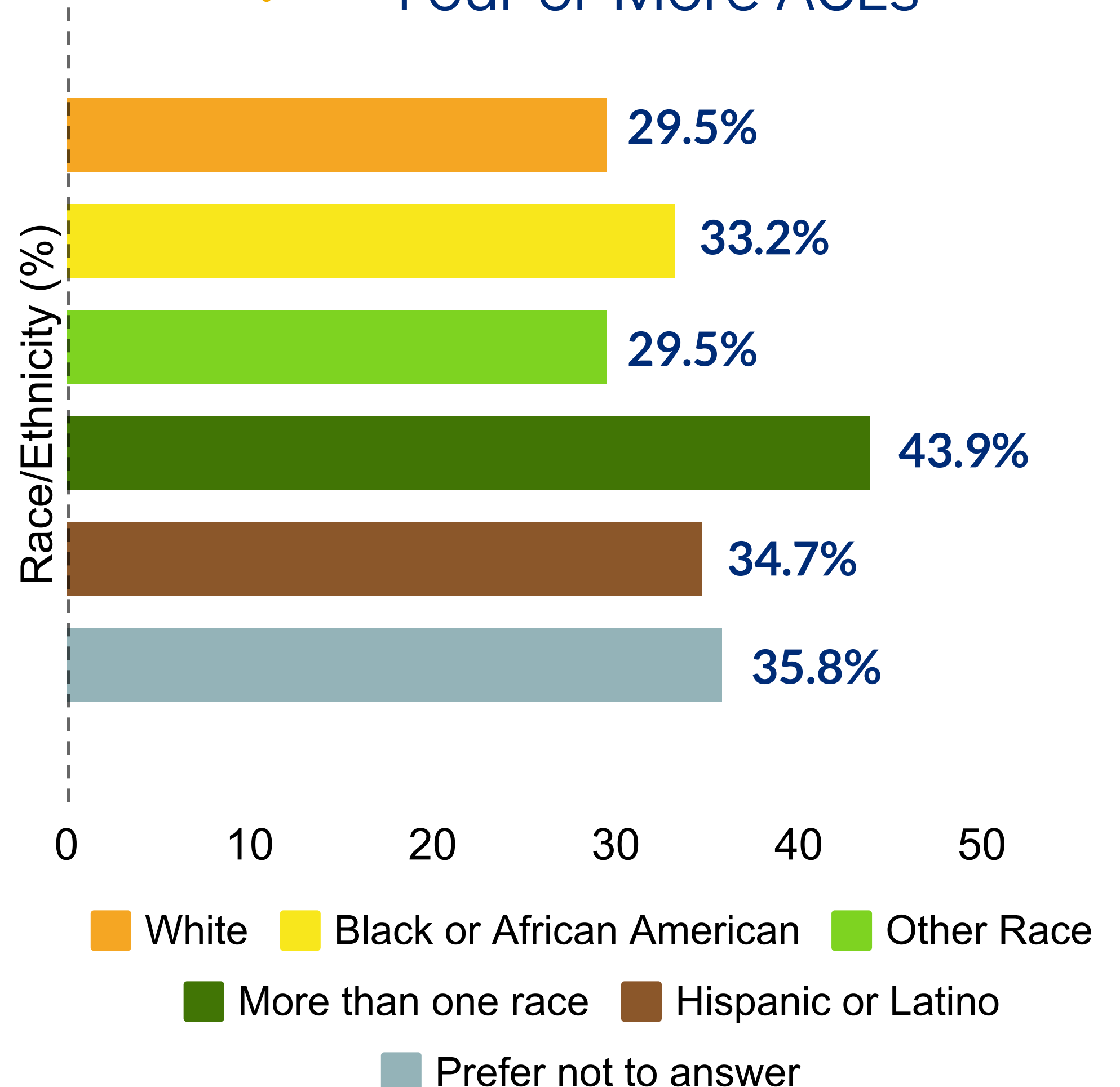


The Centers for Disease Control and Prevention (CDC) outlines Adverse Childhood Experiences (ACEs) as the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. Adverse Childhood Experiences have been linked to behavioral health outcomes: risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes.

30.6%
of Survey Respondents
reported four or more ACEs



Survey Respondents with Four or More ACEs



COMMUNITY HEALTH NEEDS Prioritized Health Needs

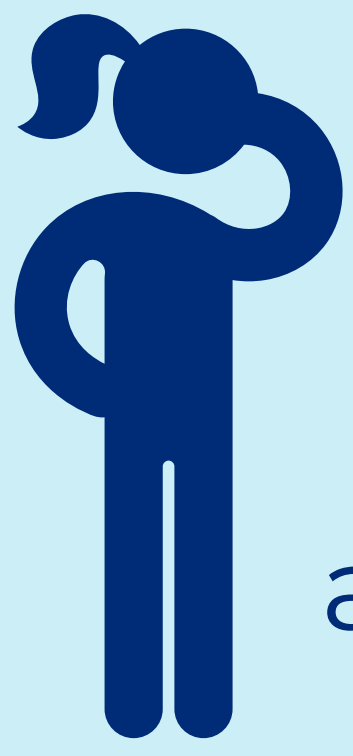
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Behavioral Health



Pinellas County High Need Data Indicators



Depression in the Medicare Population is **21.9 %**

Alzheimer's, Dementia, and Depression among the Medicare Population is higher in Pinellas County than in the State and US, and is increasing over time

Death rate due to suicide (age adjusted) is higher in Pinellas County than in the State and US, and is increasing over time

16.9 deaths per 100k population

Source: Florida Department of Health, Bureau of Vital Statistics, 2017

14.1 % of the Medicare Population has Alzheimer's or Dementia



Source: Centers for Medicare & Medicaid Services, 2017

20.3 % 

of Adults currently smoke cigarettes and cigarette use is increasing

Florida Value = 15.5%

Source: Florida Behavioral Risk Factor Surveillance System, 2016



1.2% of Teens have used methamphetamines

Florida Value = 0.8%

Source: Florida Youth Substance Abuse Survey, 2016

Teen substance is higher in Pinellas County than in Florida :

22.1 % of High School Students use marijuana

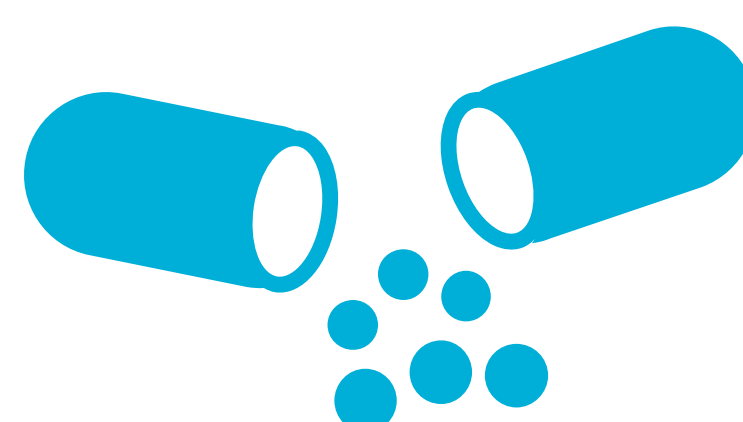
Florida Value = 17.0%

29.5% of Teens use alcohol

Florida Value = 25.5%

Source: Florida Youth Substance Abuse Survey, 2016

24.3 deaths per 100k population due to **Drug Poisoning**



Florida Value = 21.1
US Value = 19.3

Source: County Health Rankings, 2015-2017

0.87



Access to Health Services received a lower overall topic score indicating fewer areas of need within the analysis of the secondary data sources. The health topic included three indicators that are high need and potentially key to improving access in the community.

Warning Indicators



Health Indicators of concern include:

- Adults with a Usual Source of Health Care
- Children with Health Insurance
- Persons with Health Insurance

2

Access to Health Services



Community Feedback

Key Informants and Survey Respondents identified Access to Health Services as a top health issue in Pinellas County, describing the following barriers to accessing services:

- Limited Health Literacy and Navigation Assistance
- Cost of Health Care Services
- Transportation Challenges

The Key Informant Interviews highlighted economic inequality related to health services in Pinellas County. Residents without adequate health insurance and limited economic resources are less likely to be reliably connected to the health care system.



"Lack of services lead to a diminished quality of life for the individuals." - Key Informant

"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." - Key Informant

COMMUNITY HEALTH NEEDS

Prioritized Health Needs

2

Access to Health Services



Pinellas County Community Survey Respondents



23.5%

had accessed care in the ER in the past 12 months



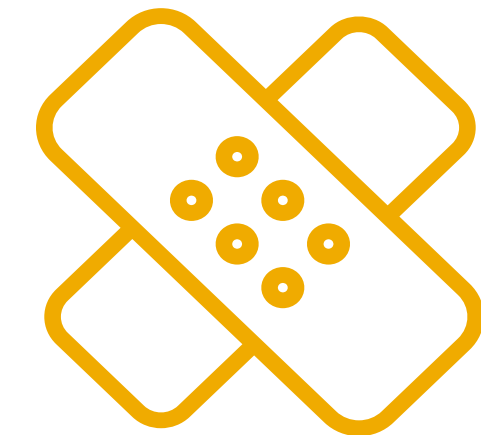
Of the Survey Respondents that utilized the ER, only

33.7%

had an emergency or life-threatening situation

18.4%

reported needing medical care in the past 12 months but didn't receive it



7.1%

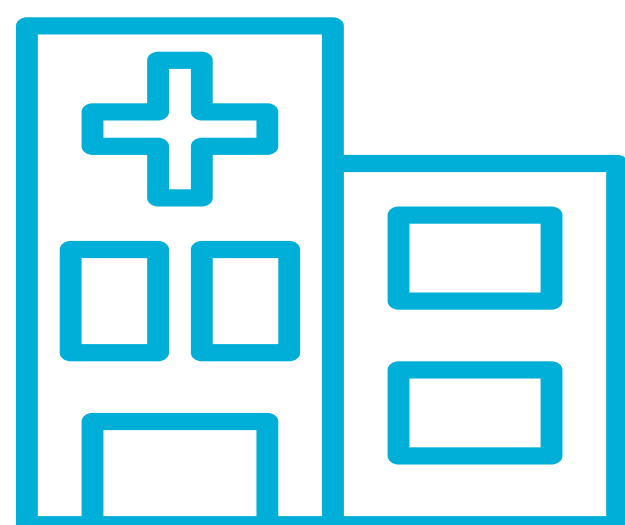
of those with children in the home reported having children who needed medical care in the past 12 months but didn't receive it



Pinellas County High Need Data Indicators

73.7%

of Adults have a usual source of health care



Florida Value = 72%

Source: Florida Behavioral Risk Factor Surveillance System, 2016

93.8%

of Children have health insurance



Florida Value = 92.7%

Source: American Community Survey, 2017

83.2% of Adults in Pinellas County have health insurance compared to only:

75.6% of **26-34 year old's** and **72.2%** of the **Hispanic/Latino** population



Source: American Community Survey, 2017

3

Exercise, Nutrition & Weight



1.32



Exercise, Nutrition & Weight received a lower overall topic score indicating fewer areas of need within the analysis of the secondary data sources. This health topic included multiple secondary data indicators that are higher need and elevated the topic as a high priority. The data analysis identified prevention opportunities and the potential to impact health more broadly in the community.

Community Feedback

Community Survey Respondents identified 'being overweight' as the third most important health issue in the community. Key Informants also identified the predominant barriers to improving this issue as limited access to local affordable healthy foods and transportation challenges to other food sources. Obesity, specifically obesity among children, was a key concern.

Warning Indicators



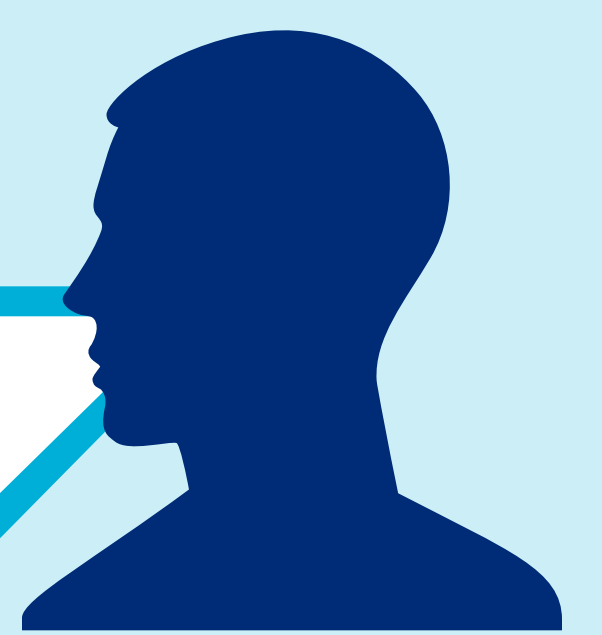
- Fast Food Restaurant Density
- Teens without Sufficient Physical Activity
- Teens who are Obese: High School Students
- SNAP Certified Stores
- Farmers Market Density

"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."

– Key Informant

"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." – Key Informant

"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)." - Key Informant



3

Exercise, Nutrition
& Weight



Pinellas County Community Survey Respondents

For those who have **children** in the home:

30.2%

worried about whether their food would run out before they got money to buy more, in the past 12 months

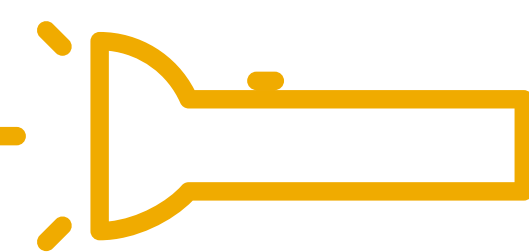
25.2%

reported that food they bought did not last, and they did not have money to get more, in the past 12 months

16.1%

reported that someone in their home received emergency food from a food bank in the past 12 months

24.0%

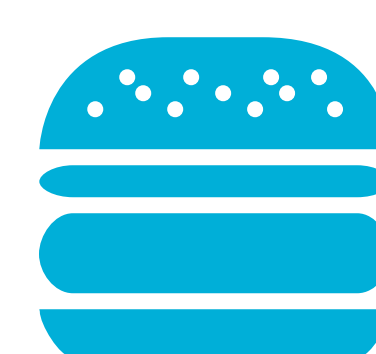


reported some level of food insecurity, compared to:

- **38.8%** of 'more than one race'
- **35.3%** of 'other' race
- **33.8%** of Hispanic/Latino

58.9%

eat fast food between 1 and 5 times per week



Pinellas County High Need Data Indicators



81.7%

of Teens do not get sufficient physical activity



13.0%

of High School Students are obese and this is increasing over time

Florida Value = 80.6%

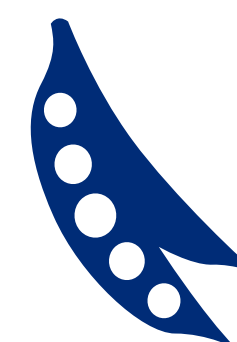
Source: Florida Department of Health, Bureau of Epidemiology, 2016

Florida Value = 13.3%

Pinellas County has 613 **fast food restaurants** (0.65 restaurants per 1,000 people)

Some **healthy food sources** are limited in Pinellas County:

- 194 **grocery stores** (0.21 per 1,000 people)
- 13 **farmers markets** (0.01 per 1,000 people)
- 812 **SNAP certified stores** (0.8 per 1,000 people)



Source: U.S. Department of Agriculture - Food Environment Atlas, 2014/2016

COMMUNITY HEALTH NEEDS

Non-Prioritized Health Needs

Following the rigorous community prioritization process, the following health topics were not selected as primary focus areas for Pinellas County over the next three years. Any current programming and additional efforts outside of the CHNA process to address these health issues will not be impacted by this decision. Future initiatives related to the prioritized health needs will likely have positive impact on the non-prioritized health needs as many health indicators overlap across health topic areas.

4 Heart Disease & Stroke



Warning Indicators:

- Stroke: Medicare Population
- Atrial Fibrillation: Medicare Population
- Ischemic Heart Disease: Medicare Population
- High Blood Pressure Prevalence

Secondary Data
Topic Score: **1.68**

Heart Disease and Stroke came through as a top community health issue in the survey, but was also raised in context of nutrition and obesity. Some community participants felt that there are not enough prevention efforts in the community.

5 Diabetes



Warning Indicators:

- There were no high need indicators for Diabetes

Secondary Data
Topic Score: **1.02**

Diabetes was not specifically identified as a top health concern by Survey Respondents, though the related topics of obesity and access to health services were top issues. Community members were concerned about the limited prevention efforts and programs in the community.

6 Maternal, Fetal & Infant Health



Warning Indicators:

- Babies with Low Birth Weight

Secondary Data
Topic Score: **1.24**

Issues related to Maternal, Fetal & Infant Health did not come up as top areas of concern in the community feedback. There was some discussion of the topic during the prioritization session, but it was not identified as a top health issue.

7 Immunizations & Infectious Diseases



Warning Indicators:

- Gonorrhea Incidence Rate
- Syphilis Incidence Rate
- Tuberculosis Incidence Rate

Immunizations and Infectious Diseases did not come up as a top issue through community feedback. There was some discussion during prioritization which identified the opportunity for improving education about immunizations/shots and sexually transmitted infections, although ultimately it was not selected as a top health issue.

Secondary Data

Topic Score: **1.64**

8 Cancer



Warning Indicators:

- Cancer: Medicare Population
- Melanoma Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate

Key Informant participants shared concerns there may be health disparities related to chronic disease and cancer that impacts the African American community in Pinellas County. Overall, Cancer was not a top health issue identified through community feedback and prioritization.

Secondary Data

Topic Score: **1.53**

9 Oral Health



Warning Indicators:

- Oral Cavity and Pharynx Cancer Incidence Rate

About a quarter of adult Community Survey Respondents reported that they did not receive the dental care they needed in the past 12 months, in addition to just over one-tenth of children. Community participants shared that cost was the primary barrier to accessing dental services for even those who have dental insurance. There were also concerns raised regarding increasing dental issues among the aging population. Oral health can be addressed to some extent while addressing Access to Health Services.

Secondary Data

Topic Score: **1.25**

10 Respiratory Disease



Warning Indicators:

- Asthma: Medicare Population
- Tuberculosis Incidence Rate
- COPD: Medicare Population

Respiratory Disease was not a concern identified in the community feedback, nor was it ranked as a top issue during prioritization. A few Key Informant participants raised concerns about increasing rates of asthma in the younger and older populations due to environmental and built environment factors such as mold in older buildings.

Secondary Data

Topic Score: **1.44**

Detailed Methodology and Data Scoring Tables

A detailed overview of the Conduent HCI data scoring methodology and all of the results from the secondary data analysis are included in an interactive Excel workbook.

Community Survey Tool

The Pinellas County Community Survey tool consisted of 71 health and well-being focused questions. Surveys were available in English and Spanish and could be completed online or via paper copy. The paper copy survey tools are available in PDF format.

Key Informant Questionnaire

Key Informant Interviews were conducted via an online questionnaire consisting of eight open-ended questions. 55 Key Informants identified by community partners responded to the questionnaire and represented input from over 50 community serving organizations across the region. The Key Informant questionnaire is available in PDF format.

Prioritization Session Attendee List

Over 140 individuals attended the Pinellas County Prioritization Session. In addition to representatives from local organizations and industry, community members were also in attendance. Community members have been noted in the attendee list and their names have been removed in an effort to maintain their privacy.

Community Resources

Increased collaboration and broader regional involvement during the 2019 CHNA process established stronger relationships across health care delivery organizations, health departments, and community serving organizations (see lists in the Acknowledgments and Prioritization sections). There are existing resources that organizations are currently using and available widely in the community:

211 Tampa Bay Cares

<http://211tampabay.org/>

Florida Health Department

<http://hillsborough.floridahealth.gov/>

<http://pasco.floridahealth.gov/>

<http://pinellas.floridahealth.gov/>

<http://polk.floridahealth.gov/>

County Government

<https://www.hillsboroughcounty.org/en>

<https://www.pascocountyfl.net/>

<https://www.pinellascounty.org/>

<https://www.polk-county.net/>

BayCare Health Education and Literacy

<https://baycare.org/events>

<https://baycare.org/health-library>

In addition, selecting a web-based Community Resource Referral Platforms (CRRP) emerged as a potential opportunity to comprehensively identify resources and dynamically connect community members to resources at their time of need. There are free and publicly available CRRPs being considered that have customizable options for integrative use internally at organizations. BayCare is exploring CRRP options to best serve the needs of their service areas and community partners. A CRRP site would allow BayCare and community partners to search for the most up-to-date services and geographically convenient programs for individuals and populations to address the prioritized health needs. Local, State and National resources that can be sourced through CRRP sites include, but are not limited to:

- Behavioral Health: counseling services, group programs, substance abuse treatment, emergency services, telehealth options
- Access to Health Services: health education and navigation, insurance information, transportation to appointments, payment assistance, alternative medicine, in-home support
- Exercise, Nutrition, & Weight: fitness and recreation, nutrition education, community gardens, government food benefits