



# South Florida Baptist Hospital

Community Health Needs  
Assessment – Final Report



June 7, 2013

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## Introduction

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South Florida Baptist Hospital, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between October 2012 and June 2013. South Florida Baptist Hospital is a 147-bed facility, located in Plant City, FL and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. South Florida Baptist Hospital collaborated with outside organizations in Hillsborough County during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process in some way:

- BayCare Health System
- St. Anthony's Hospital
- Mease Countryside Hospital
- Mease Dunedin Hospital
- Morton Plant Hospital
- Morton Plant North Bay Hospital
- Morton Plant North Bay Recovery Center
- St. Joseph's Hospital – Main
- St. Joseph's Hospital – North
- St. Joseph's Behavioral Health Center
- St. Joseph's Children's Hospital
- St. Joseph's Women's Hospital
- BayCare Alliant Hospital
- Suncoast Community Health Center – (FQHC)
- South Florida Baptist Hospital Emergency Center
- Hillsborough County Family & Aging, Social Service Division
- YMCA of Plant City
- Plant City Fire Rescue
- Catholic Charities Mobile Services
- HealthPoint Medical Group
- One Bay Healthy Communities
- Hillsborough County Health Department
- USF College of Public Health
- Hispanic Services Council
- San Jose Mission
- Tampa Family Health Centers

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by South Florida Baptist Hospital, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from South Florida Baptist Hospital and a project oversight committee, which included representatives from each of the 10 not-for-profit hospitals that comprise BayCare Health System to accomplish the assessment. BayCare Health System is a leading community-based health system in the Tampa Bay area. Composed of a network of 10 not-for-profit hospitals, outpatient facilities,

and services such as imaging, lab, behavioral health, and home health care, BayCare provides expert medical care throughout a patient's lifetime. With more than 200 locations throughout the Tampa Bay area, BayCare connects patients to a complete range of preventive, diagnostic, and treatment services for any healthcare need.

## Community Definition

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While community can be defined in many ways, for the purposes of this report, the South Florida Baptist Hospital community is defined as five zip code areas in Hillsborough County, Florida. (See Table 1 & Figure 1). The needs identified in this report pertain to the five zip code areas in Hillsborough County, Florida.

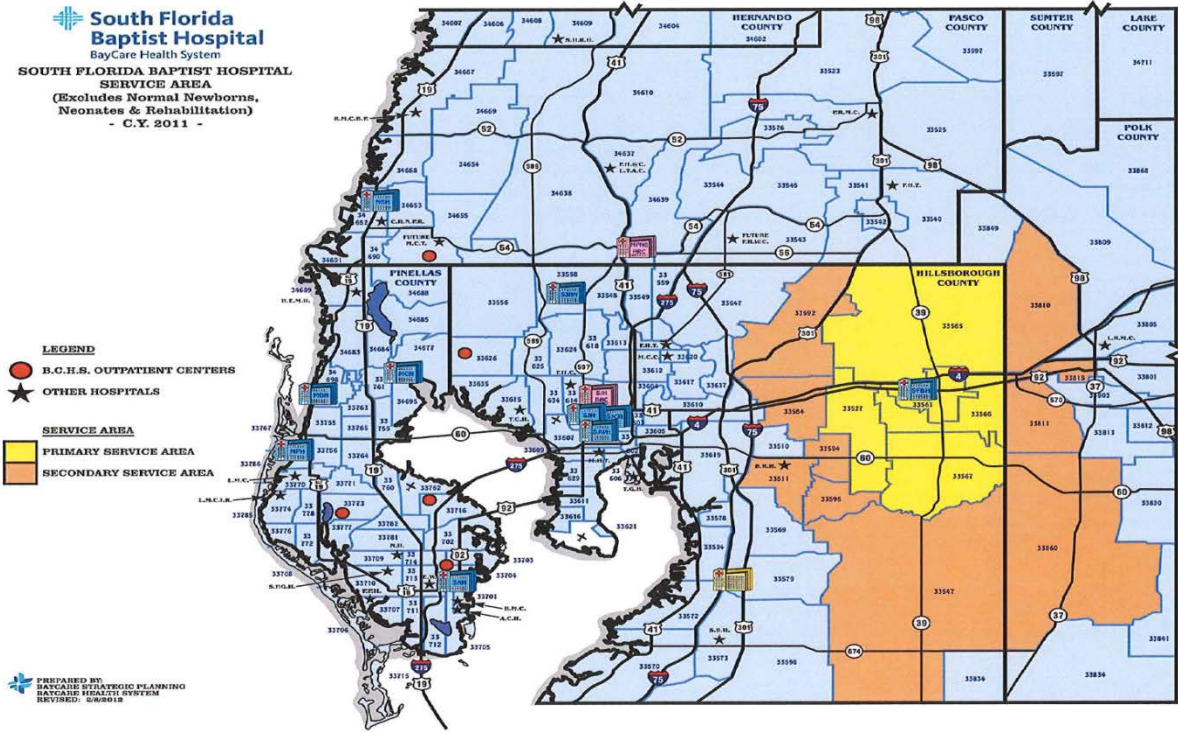
### South Florida Baptist Hospital Community Zip Codes

Table 1

Zip	Town	County
33527	Dover	Hillsborough
33563	Plant City	Hillsborough
33565	Plant City	Hillsborough
33566	Plant City	Hillsborough
33567	Plant City	Hillsborough

### South Florida Baptist Hospital Community Map

Figure 1



## Consultant Qualifications

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South Florida Baptist Hospital contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 20 years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health needs assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books<sup>1</sup> on the topic of community health and has presented at more than 50 state and national community health conferences.

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<sup>1</sup> A Guide for Assessing and Improving Health Status Apple Book:

[http://www.haponline.org/downloads/HAP\\_A\\_Guide\\_for\\_Assessing\\_and\\_Improving\\_Health\\_Status\\_Apple\\_Book\\_1\\_993.pdf](http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1_993.pdf) and

A Guide for Implementing Community Health Improvement Programs:

[http://www.haponline.org/downloads/HAP\\_A\\_Guide\\_for\\_Implementing\\_Community\\_Health\\_Improvement\\_Programs\\_Apple\\_2\\_Book\\_1997.pdf](http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf)

## Project Mission & Objectives

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The mission of the South Florida Baptist Hospital CHNA is to understand and plan for the current and future health needs of residents in in the Tampa Bay area, more specifically Pasco, Pinellas, and Hillsborough Counties. The goal of the process is to identify the health needs of the communities served by South Florida Baptist Hospital today, develop a deeper understanding of these needs, and identify community health priorities that advance BayCare Health System’s Mission and Vision as well as the vision of South Florida Baptist Hospital.

### **BayCare Health System Mission:**

*BayCare Health System will improve the health of all we serve through community-owned healthcare services that set the standard for high-quality compassionate care.*

### **BayCare Health System Vision:**

*BayCare will advance superior healthcare by providing an exceptional patient-centered experience.*

### **South Florida Baptist Hospital Vision:**

*South Florida Baptist Hospital will be the regional leader in medical excellence by improving the health of our community through accessible, compassionate, and family-focused healthcare services.*

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project oversight committee, which included:

- ❑ Assuring that community members, including under-represented residents and those with a broad-based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, persons with special knowledge of or expertise in public health, federal, tribal, regional, state, or local health, or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility, and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility are included in the needs assessment process through data collection and key stakeholder interviews.
- ❑ Obtaining statistically valid information on the health status and socio-economic/environmental factors related to health of residents in the community and supplementing the general population survey data that is currently available.



- Developing accurate comparisons to baseline health measures utilizing the most current validated data.
- Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA) for South Florida Baptist Hospital.

## Methodology

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Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of South Florida Baptist Hospital resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

### **Key data sources in the community health needs assessment included:**

- ❑ **Community Health Assessment Planning:** A series of meetings were facilitated by the consultants and the CHNA oversight committee consisting of leadership from South Florida Baptist Hospital and collaborating areas of BayCare Health System.
- ❑ **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the South Florida Baptist Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention (CDC), County Health Rankings, Thompson Reuters, Prevention Quality Indicators (PQI), Community Needs Score (CNS), U.S. Census, Healthy Tampa Bay, Annie E. Casey Foundation, The Substance Abuse and Mental Health Services Administration (SAMHSA), and other additional data sources (See appendix A for a complete secondary data profile).
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that have special knowledge and/or expertise in public and community health. Such persons were interviewed as part of the needs assessment planning process. A series of 11 interviews were completed with key stakeholders in the South Florida Baptist Hospital community between October and November 2012 (See Appendix B for a complete set of stakeholder responses).
- ❑ **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to assure that community members, including under-represented residents, were included in the needs assessment planning process via three focus groups conducted by Tripp Umbach in the South Florida Baptist Hospital community in April 2013. Focus group audiences were defined by the CHNA oversight committee utilizing secondary

data to identify health needs and deficits in targeted populations. Focus group audiences included:

- Residents for whom English is a second language
  - Undocumented and/or migrant working residents
  - Obstetric professionals serving families that are at risk of poor birth outcomes
- **Community Resource Inventory:** Tripp Umbach completed an environmental scan by collecting information from stakeholders, hospital leaders, secondary data, and internet research to identify the community resources that are operating in the community to meet the needs identified by the CHNA. There were 20 resources identified in May 2013 that meet the needs identified by stakeholders and secondary data in the South Florida Baptist Hospital community (See Appendix C for a complete list of community resources).
- **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and identifies top community health needs.

## Key Community Health Needs

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Tripp Umbach's independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by three community focus groups resulted in the prioritization of three key community health needs in the South Florida Baptist Hospital community. The following top community health needs were identified that are supported by secondary and/or primary data (presented in random order):

- 1) Improving access to affordable healthcare
- 2) Decreasing the prevalence of clinical health issues
- 3) Improving healthy behavior and environments

While there are identified health needs in the South Florida Baptist Hospital community service area, this study completed an environmental scan of the resources that are available in the county offering services that meet one or more of the needs detailed in this community health needs assessment. The resource inventory located over 20 such resources. (See Appendix C for a full copy of the Hillsborough County Community Resource Inventory).

A summary of the top needs in the South Florida Baptist Hospital community follows.

### **KEY COMMUNITY HEALTH NEED #1: IMPROVING ACCESS TO AFFORDABLE HEALTHCARE**

**Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents:**

- **Need for increased access to affordable healthcare through insurance**
- **Availability of affordable care for the under/uninsured**
- **Availability of healthcare providers and services**
- **Communication among healthcare providers and consumers**
- **Socio-economic barriers to accessing healthcare**

Access to health services is a national issue being addressed by Healthy People 2020, among other initiatives. Healthy People 2020 is a federal initiative setting national objectives that focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities along with other objectives on broader issues. According to Healthy People 2020, 10.3% of persons nationally were unable to obtain or

delayed needed medical care, dental care, or prescriptions in 2010. The goal is to reduce this percentage to 9% of persons nationally by the year 2020.<sup>2</sup>

The South Florida Baptist Hospital service area shows a higher CNS value (4.0) compared with the overall CNS value for the BayCare Health System (3.5) and Hillsborough County (3.7). Scores of 4.0, 3.5, and 3.7 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). In fact, South Florida Baptist has the second highest CNS score of all the service areas in the BayCare Health System. This informs us that the South Florida Baptist Hospital service area, the county in which it is located, and the overall BayCare Health System all have more barriers to healthcare access than the average.<sup>3</sup>

Key stakeholders and focus group participants agree that while there are medical resources and healthcare facilities in the community, access to healthcare resources can be limited by health insurance issues and the cost of healthcare for under/uninsured, the availability of providers, communication among providers and consumers, the level of integration of mental health services in medical health settings, and the prevalence of socio-economic barriers (i.e., lack of employment benefits, limited transportation, etc.).

Key stakeholders and focus group participants indicated that some of the implications of the limited access that residents may have to affordable healthcare include: residents that are not able to see a physician, not being diagnosed/treated, presenting to the emergency department with preventable and/or primary health issues, receiving delayed diagnostics, self-medicating, risk of arrest and deportation, more costly care in the emergency room, unable to afford medical bills, unhealthier with poorer health/mental health outcomes, need for ongoing medication management for residents with mental illness, not using a usual source of healthcare, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, children are translating for parents, children with dental issues and decay, expecting mothers who are showing up too late in their pregnancy to alter birth outcomes, and/or pre-term births that require hospital resources.

#### **Access to health insurance and healthcare for under/uninsured:**

- ✓ Secondary data representing the South Florida Baptist Hospital service area depicts insurance limitations, a decrease in adults that are insured, and resistance to seek oral health services as a result of the cost of care for the uninsured (the secondary data shows both local and national trends).

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<sup>2</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-6.1&anchor=610> (last updated: 3/28/2013).

<sup>3</sup> Source: 2012 Nielson Claritas; 2012 Thomson Reuters; Bureau of Labor Statistics (October 2012)

- According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 who had health (medical) insurance in the U.S. declined nearly 1.0% between 2001 and 2011, from 83.6% to 82.8%, and varied by race and ethnicity.
  - All 5 zip code areas in the South Florida Baptist Hospital service show CNS scores at or above the median for the scale (3.0) with four of those being above the average for the BayCare Health System (3.5), indicating greater than average socio-economic barriers to accessing healthcare. While residents are employed at a similar rate to the county and health system there is a lack of insurance with (33563 and 33567) zip code areas having higher rates of uninsured than Hillsborough County (20.5%) and the overall BayCare Health System service area (19.1%).
  - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Hillsborough County (from 76.8% to 73.2%).<sup>4</sup>
  - While the uninsured rate for two zip code areas (33567 and 33527) in the South Florida Baptist Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%), there is one zip code area (33563) with uninsured rates (26.4%) higher than the state (25%), which represents some of the highest uninsured rates in the BayCare Health System.<sup>5</sup>
  - According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed dental care in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.
  - In 2007, one in four Black residents in Hillsborough County (25.5%) reported not seeing a dentist in the past year due to cost.<sup>6</sup>
- ✓ According to key stakeholders and focus group participants residents may be under/uninsured due to under/unemployment, being unable to afford medical insurance premiums, co-pays, and deductibles, and Medicaid eligibility is limited due to employment and/or a lack of documentation for undocumented residents, including children that are not naturalized citizens. Additionally, when children are not eligible for Medicaid insurance, their parents may not be able to afford to take them to the pediatrician for routine well-child visits. Focus group participants discussed the fact that low-wage employers/migrant employers do not offer health insurance. Both key stakeholders and focus group participants believed that residents earning a low income do not make enough money to

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<sup>4</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>5</sup> Source: 2012 Nielson Claritas; 2012 Thomson Reuters; Bureau of Labor Statistics (October 2012)

<sup>6</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

afford private-pay health insurance. Key stakeholders and focus group participants believed that many residents cannot afford healthcare as a result of being under/uninsured. According to focus group participants, for-profit facilities in the community turn residents away and refuse to treat them if they do not have insurance/legal documentation.

### Availability of healthcare providers and services:

- ✓ Secondary data representing the service areas of the South Florida Baptist Hospital depicts evidence of a decrease in preventive care utilization.
  - ✓ Between 2007 and 2010, the percentage of women aged 40 and over who reported having a mammogram in the past year decreased in Hillsborough County (from 66% to 57.1%).<sup>7</sup> According to the National Cancer Institute, women age 40 and over should have mammograms every one to two years.<sup>8</sup>
  - Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a Pap smear in the previous year decreased in Hillsborough County from 64.4% to 56.6%.<sup>9</sup> It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years old with cytology (Pap smear) every three years or, for women ages 30 to 65 years old who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.<sup>10</sup>
  - Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Hillsborough County (from 21.6% to 18.2%).<sup>11</sup> It is important to note that the U.S. Preventive Services Task Force recommends screening for colorectal cancer (CRC) using fecal occult blood testing (every year), sigmoidoscopy (every five years), and/or colonoscopy (every 10 years), in adults, beginning at age 50 years and continuing until age 75 years.<sup>12</sup>
- ✓ While Key stakeholders and focus group participants believed there are medical resources in the community for uninsured residents (i.e., San Jose Mission free clinic, St. Joseph's Hospitals, South Florida Baptist Hospital, FQHC, etc.), they indicated that residents do not always have access to the health services they need (i.e., surgeries, specialty care, follow-up

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<sup>7</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>8</sup> National Cancer Institute: Retrieved from: <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms> (last updated 7/24/2012).

<sup>9</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>10</sup> U.S. Preventive Services Task Force. Retrieved from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm> (last updated 6/2012)

<sup>11</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>12</sup> U.S. Preventive Services Task Force. Retrieved from: [http://www.cdc.gov/cancer/colorectal/basic\\_info/screening/guidelines.htm#2](http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2) (last updated: 2/26/2013)

appointments/treatments, prescription medications, dental care for adults and children, residents are being diagnosed and cannot afford the treatment, long-term care, pediatric care for undocumented residents, nutritionist, medical care, rheumatology, endocrinology, mental health services, psychiatric care, etc.) due to a lack of documentation, limited hours of operation, ability to afford care, limited funding for high demand services, provider acceptance of Medicaid, and lack of legal transportation. This is often the case in areas where poverty is heavily concentrated. Often emergency medical care is the only access migrant workers and/or undocumented workers have to health care due to limited transportation without a drivers licence, limited afterhours care at free clinics in the area, and being turned away from for-profit medical facilities without documentation.

- ✓ Focus group participants discussed the barriers to healthcare caused by the shrinking number of providers, coupled with the demand for services (i.e., behavioral health and high-risk prenatal care). Focus group participants felt that their access to health services may be limited by the willingness of for-profit hospitals to provide health care to undocumented and uninsured residents coupled with the limitation of the specific health services that local non-profit hospitals do not offer (i.e., pediatrics, specialty care, etc.). Key stakeholders felt that a low number of mental health and substance abuse providers are sparsely located in the region due to limited funding and low reimbursement rates for mental health. Additionally, participants discussed the lack of awareness among consumers about navigating the services that are available to residents that may be undocumented and migratory. Focus group participants felt that there is an overwhelming demand for the services that are available in Hillsborough County due to Pinellas and Pasco not having these services available (NICU, high-risk Ob-Gyn services, etc.). With a denser population, there is a greater demand.

#### **Communication among healthcare providers and consumers:**

- ✓ Communication is important among healthcare providers and consumers in the pursuit of a healthier population. Secondary data shows that limited English proficiency is a barrier experienced by some residents in four of the five zip code areas included in the hospital service area. Additionally, secondary data is not readily available to gauge the effectiveness of communication in the healthcare industry, though key stakeholders and resident focus groups indicate there may be a need to improve communication among providers and consumers.
  - There are three zip code areas (33563, 33567, and 33527) in the South Florida Baptist Hospital service area with a percentage of residents with limited English higher than the average for Hillsborough County (24.4%) and one additional zip code



area (33566) that is higher than the overall BayCare Health System Service Area (17.6%).<sup>13</sup>

- ✓ Key stakeholders felt that residents that have immigrated from another country may not always have the capacity to understand information provided to them due to having limited English proficiency, limited educational attainment, and limited literacy skills. The communication between providers and consumers may lead to misinformation, a limited understanding of individual health status, etc. and is often the result of language barriers, limited professionalism, and consumer engagement and persistence. Additionally, follow-up care instructions and information is not often passed on to the referring PCP and/or The San Jose Mission. Additionally, low-income residents often see a different provider each visit because providers have to focus most on regulatory paperwork leaving little time for patient interaction and causing limited continuity of care from one visit to the next.
  - Key stakeholders and focus group participants discussed that there is a need for translation services in primary and preventive health care settings. Key stakeholders and focus group participants believed that preventive programs are not always offered to residents for whom English is a second language in a way that they can understand (i.e., in the native language, etc.) and children are often translating complex medical conversations between providers and parents. The need for improved communication may lead to limited understanding about individual health statuses and preventive practices for English as Second Language (ESL) residents due to the inability to communicate. Residents for whom English is not their dominant language may feel threatened or fearful at appointments. Additionally, focus group participants felt that medical professionals do not always treat residents for whom English is not their primary language with dignity and respect; when coupled with a limited trust of healthcare, providers may lead residents to avoid seeking healthcare.

#### **Socio-economic barriers to accessing healthcare:**

- The demographic trends for the service area show a younger, less educated, lower-income population with greater diversity than the county, state, and nation.
- Zip code areas 33567 and 33563 (also both in Plant City) and Wimauma (33598) show the highest rates of individuals 65 years old and older living in poverty (50.6% and 50.3% respectively). This is more than half of the senior population living in

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<sup>13</sup> Source: 2012 Nielson Claritas; 2012 Thomson Reuters

poverty. Other zip code areas in the South Florida Baptist Hospital service area show rates in the 30% range.<sup>14</sup>

- Two zip code areas in Plant City (33566 and 33563) show the highest unemployment rates for the South Florida Baptist Hospital service area (10.9% and 9.7% respectively). The unemployment rates in these two zip code areas are higher than the rate for Hillsborough County (10.3%), Florida (8.5%), and the U.S. (7.9%) with the highest unemployment rate in 33566 (10.9%).<sup>15</sup>
- ✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited transportation options and employment.
- Key stakeholders felt that while there is a spectrum of quality healthcare facilities, professionals, and services in the area which provide healthcare options for residents. However, transportation is not always readily available to the most underserved residents, particularly when traveling outside the county. Additionally, undocumented residents may not be able to get to and from medical appointments due to the lack of a legal form of transportation. The location of services and transportation options make it difficult for residents that live in lower income communities to attend scheduled appointments.
  - Key stakeholders and focus group participants discussed the trend of under/unemployment, which leads to a lack of insurance benefits (i.e., low wage employment and employment for undocumented residents often does not offer health insurance as a benefit). Key stakeholders and focus group participants also noted that preventive health services (i.e., outreach to expecting mothers in communities without birthing centers, etc.) are often not available to communities with a lower socio-economic status.
  - Key stakeholders discussed the limited access that homeless residents have to mental health, substance abuse, and medical services they may need and the limited resources available in the community for this population.

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<sup>14</sup> Source: 2012 Nielson Claritas; 2012 Thomson Reuters

<sup>15</sup> Ibid.

- ✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.<sup>16</sup> Access to healthcare impacts: overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, life expectancy. This Healthy People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.
  - Coverage: Lack of adequate coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to healthcare among the general population. Health insurance coverage helps patients get into the healthcare system. Uninsured people are: less likely to receive medical care, more likely to die early, and more likely to have a poor health status.
  - Services: Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Barriers to services include: lack of availability, high cost, and lack of insurance coverage. These barriers to accessing health services lead to: unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.
  - Timeliness: Timeliness is the healthcare system's ability to provide healthcare quickly after a need is recognized. Measures of timeliness include: Time spent waiting in doctors' offices and emergency departments (EDs) and time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care. Prolonged ED wait time decreases patient satisfaction, increases the number of patients who leave before being seen, and is associated with clinically significant delays in care. One cause for increased ED wait times is an increase in the number of patients going to EDs from less acutely ill patients. At the same time, there is a decrease in the total number of EDs in the United States.
  - Workforce: Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with

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<sup>16</sup> Source: HealthyPeople.gov. Retrieved from:  
[www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1) (last updated: 3/28/2013)

patients and provide integrated services while practicing in the context of family and community. However, there has been a decrease in the number of medical students interested in working in primary care. To improve the nation's health, it is important to increase and track the number of practicing PCPs.

## KEY COMMUNITY HEALTH NEED #2:

### DECREASING THE PREVALENCE OF CLINICAL HEALTH ISSUES

**Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents:**

- **The prevalence of clinical indicators and areas of poorer health outcomes across clinical indicators that are correlated with race geographical location and socio-economic status.**

The prevalence of clinical health issues is related to the access that residents have to health services, the environmental and behavioral factors that impact health, as well as the awareness and personal choices of consumers. The health of a community is largely related to the prevalence and severity of clinical health indicators among residents.

#### **Clinical health issues prevalent in the hospital service area:**

- ✓ The South Florida Baptist Hospital service area shows higher PQI rates for 11 of the 14 PQI measures when compared with the state of Florida with the admission rate for 10 of those measures being higher than the county and overall BayCare Health System service area as well, indicating areas of preventable conditions for the region. The highest PQI difference is found in the admission rates for Chronic Obstructive Pulmonary Disease (COPD) between the South Florida Baptist Hospital service area (1.45 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.). this is the health condition that the South Florida Baptist Hospital service area shows the largest room for improvement in hospital admissions with all five zipcode areas showing higher than average hospitalization rates and four showing higher than average ER visit rates.<sup>17</sup>
- ✓ The South Florida Baptist Hospital service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Hillsborough County, and the overall BayCare Health System service area.

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<sup>17</sup> Tripp Umbach Independent Prevention Quality Indicator Analysis

- Lower Extremity Amputation Rate Among Diabetic Patients
  - Diabetes Long-Term Complications
  - Diabetes Short-Term Complications
  - Uncontrolled diabetes
- ✓ The service area for South Florida Baptist Hospital also shows higher PQI values for the two lung conditions measured (COPD and Asthma) than the overall BayCare Health System service area and Florida.
- ✓ Other PQI measures in which the South Florida Baptist Hospital service area shows a higher rate of preventable hospital admissions than the state are:
- Bacterial Pneumonia
  - Congestive Heart Failure (three of five zip codes displayed higher than average Hospitalization and ER rates)
  - Urinary Tract Infection (four of five zip codes displayed higher than average Hospitalization and ER rates)
  - Hypertension
  - Perforated Appendix
- ✓ The South Florida Baptist Hospital service area shows a majority of its population as White, Non-Hispanic. However, of the minorities in the South Florida Baptist Hospital service area, there are then a majority of Hispanic individuals (30.6% of the total population of the South Florida Baptist Hospital service area).
- ✓ The analysis of data collected for the CHNA process present nuances in the clinical health needs across the South Florida Baptist Hospital service area and Hillsborough County, which presents several challenges to hospital leadership. Supporting data values can be located in the secondary data section of this report:
- African American residents in Hillsborough County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births, and pre-term births, etc.). Similarly, Hispanic residents have poor health outcomes for diabetes, pediatric asthma, and teen pregnancy.
  - The data collected in this assessment for the five zip code service area for South Florida Baptist Hospital shows a stratification of the zip code areas into high, moderate, and low levels of clinical health issues.

- The zip code with the lowest level of clinical health issues is 33527 (with the exception of a higher than average rate of hospitalizations due to COPD). This zip code area does not show up in the clinical health indicators in any substantial way. The CNS score for zip code 33527 is 3.9, which indicates a moderate level of barriers to accessing healthcare and is often positively correlated with a moderate level of clinical indicators in the BayCare Health System. This trend is not duplicated in this zip code area, which may indicate an insular factor.
- Zip code areas 33566 and 33565 all show average or above average CNS scores (3.0 to 3.9) for the service area, indicating moderate barriers to accessing healthcare. However, (with the exception of the low birth weight rate for 33565) the rates across clinical indicators are slightly above the average rates for the Tampa Bay Region and often not above the national benchmark where national data is available. While zip code 33565 shows the worst percentage of low birth weight in the service area, it is similar to the U.S. benchmark and not substantially higher than the average for Tampa Bay Region.
- The most substantial clinical health issues can be found in two zip code areas (33563 and 33567), which is represented in the secondary data as having substantially higher than average rates across the majority of clinical health indicators and in most cases the highest rates for clinical measures this assessment analyzed at the zip code-level. Zip code area 33563 often has higher rates with the exception of Congestive Heart Failure ER visits, pre-term births and dehydration. Both of zip code areas (33563 and 33567) show the most severe clinical health rates that are often substantially higher than the Tampa Bay Region and higher than the most recently reported national benchmarks in this area; most notably for all measures of diabetes and COPD. Both zip code areas also have the highest CNS scores in the service area for South Florida Baptist Hospital (4.2 and 4.6), indicating greater than average level of barriers to accessing healthcare. These zip code areas appear to consume a large percentage of healthcare resources based on the volume of clinical issues and level of severity (i.e., urinary tract infections, COPD, bacterial pneumonia, CHF, adult asthma, diabetes, and pre-term births).
- There are several indicators in Hillsborough County and the service area for South Florida Baptist Hospital that are presented in county-level and zip code-level data gathered from Healthy Tampa Bay that have not yet or have only slightly surpassed the national benchmarks. However, there has been substantial increase in these indicators that, if left unchecked, could become community health needs (i.e., death rate due to strokes, non-medical use of prescription pain relievers, tobacco use,

prostate cancer, infant mortality among white infants, pre-term births, tuberculosis, etc.).

- ✓ Key stakeholders and focus group participants also noted that the prevalence of chronic conditions in the community may be the result of poor lifestyle choices and require a great deal of medical resources. Key stakeholders and focus group participants noted that while mothers are receiving pre-natal care, the rate of infant mortality among African Americans is much higher than other ethnicities in the area. Key stakeholders and focus group participants both addressed the relationship between clinical indicators (i.e., cancer, diabetes, infant mortality, low birth weight, etc.) and the access residents have to healthcare, consumer behaviors, and the impact of the environment. Focus group participants discussed the health risks of working around pesticides as increased cancers and illnesses. Focus group participants discussed poor birth outcomes that often result from a lack of consistent prenatal care.

### **KEY COMMUNITY HEALTH NEED #3:**

#### **IMPROVING HEALTHY BEHAVIORS AND ENVIRONMENTS**

**Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents:**

- **Awareness and education about healthy behaviors**
  - **Presence of unhealthy behaviors**
  - **Residents resisting seeking health services**
- ✓ The health of a community largely depends on the health status of its residents. Key stakeholders and focus group participants believed that the lifestyles of some residents may have an impact on their individual health status and consequently, cause an increase in the consumption of healthcare resources. Specifically, key stakeholders and focus group participants discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, etc.) that can lead to chronic illnesses (i.e., cancer, obesity, diabetes, hypertension, strokes, etc.). An increase in the number of chronic conditions diagnosed in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.
  - ✓ Key stakeholders and focus group participants believed that the outcomes of behaviors that negatively impact health include a lack of awareness, limited understanding and utilization of services, poorer health outcomes, undetected/untreated illnesses,

concentration of chronic conditions in lower-income communities, and higher preventable mortality rates.

**Awareness and education about healthy behaviors:**

- ✓ Key stakeholders and focus group participants reported that residents may not always be aware of healthy choices due to cultural/generational norms, limited access to preventive healthcare, and limited prevention education and community outreach in some areas (i.e., where there are not birthing centers, communities with a higher concentration of poverty, etc.). Key stakeholders believed that residents do not always have access to health education due to location and transportation. Outreach services are not always penetrating the communities that need the information most causing a lack of awareness about preventive practices. Focus group participants believed that residents may not have an accurate understanding about their health or health practices. However, key stakeholders and focus group participants believed that where prevention education programs exist in their communities, residents are not engaging in them due to limited awareness, and a fear of arrest and deportation (i.e., avoidance of formal health fairs due to police presence). Residents were not always aware of services available to them due to ineffective information dissemination, and isolation of communities with greatest needs (i.e., highest concentration of poverty, migrant workers, undocumented residents, etc.). Key stakeholders and focus group participants indicated that the health and wellness of residents may be negatively impacted by a lack of effective information dissemination, education, and awareness about healthy behaviors.
- ✓ Key stakeholder believed that the agricultural industry introduces residents with varied cultures, priorities, and personal experiences to the community who may not always be aware of healthier options and/or practices available in the U.S. Additionally, there are providers in the area that may not always provide accurate information (i.e., benefits of breast feeding and the ideal weight gain during pregnancy). As a result, women are not always making the best choice for themselves and their babies.

**Presence of unhealthy behaviors:**

- ✓ When compared to the other counties in the state, Hillsborough County ranks moderately healthy at 31 of 67 counties in Florida. Hillsborough County shows two of the poorest rankings in the state; 60 for the physical environment and 66 for environmental quality (second worst in the state).



- ✓ Tobacco use is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 19.3% of adults 18+ years old reported cigarette smoking in 2010. The goal is to reduce this percentage by the year 2020 to 12.0% of persons nationally.<sup>18</sup>
  - Between 2007 and 2010, Hillsborough County saw a decrease in the number of residents that smoke (from 22.1% to 19.7%). Slightly more females report smoking cigarettes than men in Hillsborough County (22.5% and 16.7% respectively).<sup>19</sup>
  - Hillsborough County shows the second highest rate of any tobacco product use and the highest rate of cigarette use when compared with Florida.<sup>20</sup>
- ✓ Substance abuse is a national issue being addressed by Healthy People 2020. According to Healthy People 2020:
  - 8.4% of teens age 12-17 years reported binge drinking in 2010.<sup>21</sup>
  - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year.<sup>22</sup>
  - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011.<sup>23</sup>
  - Between 2008 and 2010, the percentage of high school students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey was administered increased from 40.2% to 41.2%. Between 2007 and 2010, there was an increase in the number of teens who reported heavy or binge drinking during the previous 30-day period in Hillsborough County (from 20.1% to 22.4%).<sup>24</sup>
- ✓ Nutrition and weight status are national issues being addressed by Healthy People 2020. According to Healthy People 2020:
  - 35.7% of persons 20+ years were obese in 2010. The goal is to reduce this percentage by the year 2020 to 30.5% of persons nationally.<sup>25</sup>
  - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.<sup>26</sup>

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<sup>18</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=41&topic=Tobacco%20Use&objective=TU-1.1&anchor=285350> (last updated: 3/28/2013).

<sup>19</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>20</sup> Source: SAMHSA

<sup>21</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-14.4&anchor=260957> (last updated: 3/28/2013).

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>25</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141> (last updated: 3/28/2013).

<sup>26</sup> Ibid.

- The rate of adults who eat fruits and vegetables in Hillsborough County has increased from 2002-2007 (23.2% to 26.1%). Men (18.8%) are much less likely to eat fruits and vegetables than women (33.1%) in Hillsborough County.<sup>27</sup>
  - Between 2007 and 2010 the obesity rate increased slightly in Hillsborough County from 24.8% to 25.3%, with more than one in four females (26.3%) and almost one in four males (24.2%) in Hillsborough County being considered obese. Also in Hillsborough County, African American residents are almost twice as likely to be obese (47.6% to >25.7%) and more than one in three residents that are 45-64 years old (35.0%) is obese. The obesity rate among teens increased (from 9.5% to 11.7%) between 2008 and 2010. Also between 2006 and 2010, the percentage of children aged 2-4 living in households with an income less than 200% of the federal poverty level who are obese increased in Hillsborough County (from 13.6% to 14.1%).<sup>28</sup>
  - Hillsborough County shows two of the poorest rankings; 60 for the physical environment and 66 for environmental quality (second worst in the state).<sup>29</sup> Often, the environment of a community plays an integral role in the access residents have to healthy options.
- ✓ Obesity is an health issue for adults and children that has a direct impact on the prevalence of chronic illness (i.e., diabetes, obesity, heart disease, etc.), requires a great deal of medical resources, and may be the result of poor lifestyle choices, lack of physical activity due to limited infrastructure, limited education, and limited access to healthy nutrition. Focus group participants felt that the prevalence of some chronic illness was related to cultural practices that center on alternative medications, limited physical activity (i.e., for children of migrant workers), eating habits, and/or traditions. Focus group participants believed that obesity rates are higher due to fast food restaurants that are cheap and more accessible than cooking healthy food at home, cultural dietary practices, and personal choices. While Plant City, FL offers locally grown fresh produce at affordable prices in farmers markets; focus group participants felt that residents do not always have access to healthy options (i.e., a grocery store, healthy produce, nutrition in public schools, etc.).
- ✓ Focus group participants discussed mothers that are not always practicing healthy behaviors (i.e., smoking and substance abuse among pregnant women is high with one baby a day being born addicted to a substance in some birthing facilities). Often expecting mothers have a limited awareness about preventive and healthy practices for their babies and there is a lack of educational resource utilization.

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<sup>27</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>28</sup> Ibid

<sup>29</sup> Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

### **Chronic Environmental stressors:**

- ✓ Focus group participants discussed environmental stressors that impact the health of residents (i.e., domestic violence, migratory practices, lack of hygiene, stress and unlawful practices of migrant employers). Focus group participants believed that birth outcomes are influenced by chronic stressors such as drug addiction, domestic violence, poverty, and stress. Additionally, focus group participants indicated that some local employers of migrant workers will spray fields and require workers to work in those fields the same day prior to the required waiting period, which participants believed increased their risk of illnesses and chronic conditions.

### **Residents are resisting seeking health services:**

- ✓ Key stakeholders and focus group participants discussed the resistance of residents to seek primary and preventive health care due to cultural practices, limitations of transportation, inability to afford services, and limited trust for professionals in the healthcare industry. Residents often prefer home remedies and advice from trusted members of the community to formal healthcare. According to key stakeholders and focus group participants, the result of residents resisting healthcare services is delayed diagnostics, increased preventable hospitalizations, greater consumption of medical resources, poorer treatment outcomes, and higher mortality rates. Focus group participants believed that expecting mothers may resist seeking consistent prenatal care due to drug abuse/addiction, cultural practices (i.e., they don't believe they need to), legal status, not worth the time and effort due to transportation barriers, and/or misbelieve that there is not a need if first appointment was positive. Often expecting mothers present for the initial prenatal visit to get authorization for public assistance benefits and then not again until giving birth.

- ✓ The U.S. Department of Health and Human Services has set the goal to promote health and reduce chronic disease risk through the consumption of healthier diets and achievement and maintenance of healthy body weights through Healthy People 2020.<sup>30</sup> The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

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<sup>30</sup> Source: U.S. Department of Health and Human Services: Healthy People 2020; Found at: ([www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29))

- Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that individuals have the knowledge and skills to make healthier choices and that healthier options are available and affordable.
- Social factors thought to influence diet include knowledge and attitudes, skills, social support, societal and cultural norms, food and agricultural policies, food assistance programs, and economic price systems.
- Access to and availability of healthier foods can help people follow healthier diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet. However, these venues may be less available in low-income or rural neighborhoods. The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home. Marketing also influences people, particularly children's, food choices.
- Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

## Conclusions and Recommended Next Steps

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The community needs identified through the South Florida Baptist Hospital community health needs assessment process are not all related to the provision of traditional medical services provided by medical centers. However, the top needs identified in this assessment do “translate” into a wide variety of health-related issues that may ultimately require hospital services. For example, limited access to affordable health insurance leaves residents underinsured or uninsured, which can cause an increase in the use of emergency medical services for non-emergent issues and residents that resist seeking medical care until their symptoms become emergent due to the inability to pay for routine treatment and/or preventive care.

South Florida Baptist Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow this assessment. Collaboration and partnership are strong in the community. It is important to expand existing partnerships and build additional partnerships with multiple community organizations to develop strategies to address the top identified needs. There are consistent deficits in the South Florida Baptist Hospital community as it relates to access to affordable healthcare, the prevalence of clinical health issues, and behaviors and environments that impact health. While there are specific clinical health issues prevalent throughout the community, there is also a geographical stratification of need with a large portion of the healthcare resources being consumed by a small subset of high need zip codes. At the same time there are contrasting zip code areas with little to no need and still others with a moderate level of need. Strategic discussions among hospital leadership as well as community leadership will need to consider the interrelationship of the diverse issues (clinical, behavioral, and environmental) facing the South Florida Baptist Hospital community. It will be important to determine the cost, effectiveness, future impact and limitations of any best practices methods. Implementation plans will have to give top priority to those strategies that will have the greatest influence in more than one need area to effectively address the needs of residents. Tripp Umbach recommends the following actions be taken by the hospital sponsors in close partnership with community organizations over the next six to nine months.

### Recommended Action Steps:

- Work at the hospital level to translate the top identified community health issues into an individual hospital implementation plan.
- Present the CHNA results and subsequent Implementation plan to the hospital board for adoption and implementation.

- ❑ Make the community health needs assessment results widely available and encourage open commentary to community residents by placing it on the hospital website, the website for BayCare Health System, and making a hard copy of the full CHNA report available upon request in the lobby of the hospital.
  
- ❑ Within three years' time, conduct an updated community health needs assessment to evaluate community effectiveness on addressing top needs and to identify new community needs.

## Secondary Data

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Tripp Umbach worked collaboratively with South Florida Baptist Hospital to develop a secondary data process focused on three phases: collection, analysis, and evaluation. Tripp Umbach obtained information on the demographics, health status, and socio-economic and environmental factors related to health and needs of residents from the multi-community service area of the South Florida Baptist Hospital. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to demographic data, specific attention was focused on the development of a key community health index factor: Community Need Index (CNS).

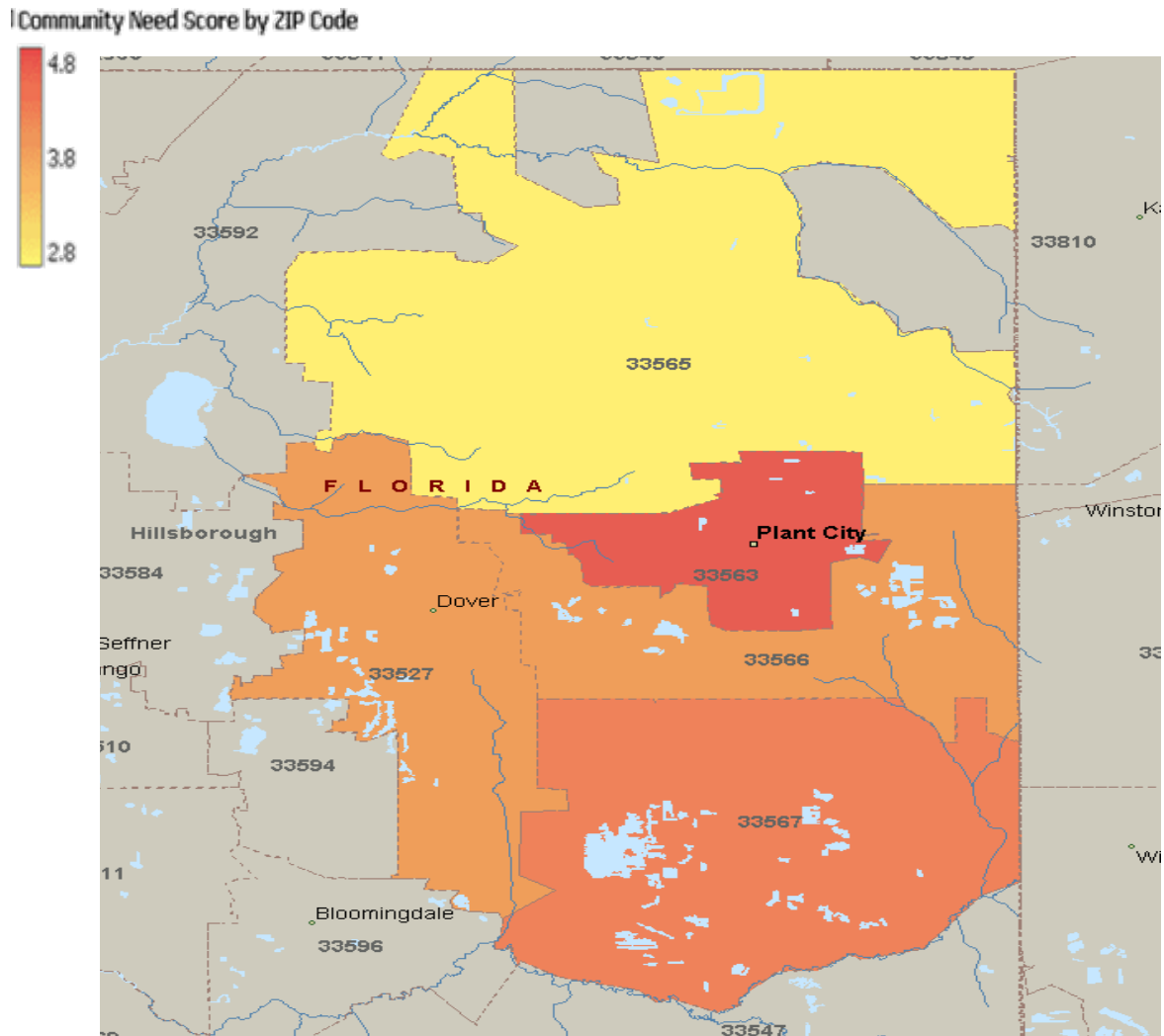
### South Florida Baptist Hospital Overall Study Area

The South Florida Baptist Hospital community is located in Plant City, FL, and is defined as a zip code geographic area based on 75% of the hospital's inpatient volumes. The South Florida Baptist Hospital community consists of five zip code areas (See Table 2 & Figure 2).

**Table 2: South Florida Baptist Hospital Community Zip Code Definition**

Zip	Town	County
33527	Dover	Hillsborough
33563	Plant City	Hillsborough
33565	Plant City	Hillsborough
33566	Plant City	Hillsborough
33567	Plant City	Hillsborough

**Figure 2: South Florida Baptist Hospital Community Geographic Definition**



*\* Darker shading indicates greater barriers to healthcare access*

### **Community Need Index (CNI)**

Catholic Health East (CHE) utilizes licensed data products from Thomson Reuters and Solucient, particularly the Claritas (now Nielsen) demographics. Catholic Health East, using the publically made methodology used by Catholic Healthcare West (CHW) to calculate the community need values, chose to calculate the values themselves and to provide the community need scores (CNS) to their partner facilities as a non-commercial product.

Catholic Health East duplicates the methodology used by CHW as closely as it is done by CHW, using the same nine measures to generate the same five barrier scores using quintiles and using them to calculate the CNS.



The data may differ in the years and sources used or the rounding at certain stages in the calculations. CNS is the term used to differentiate itself from CNI due to these possible differences.

All of this year's component demographics are based on the 2012 Nielsen demographics at the zip code level, with the exception of percent uninsured, which is from Truven Health Analytics' "Insurance Coverage Estimates" module.

The five prominent socio-economic barriers to community health quantified in CNS include: Income, Insurance, Education, Culture/Language, and Housing. CNS quantifies the five socio-economic barriers to community health utilizing a five-point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

- ✓ The South Florida Baptist Hospital service area shows a higher CNS value (4.0) compared with the overall CNS value for the BayCare Health System (3.5) and Hillsborough County (3.7). Scores of 4.0, 3.5 and 3.7 are all above the average for the scale (3.0; the scale being from 1.0 to 5.0). In fact, South Florida Baptist has the second highest CNS score of all the service areas in the BayCare Health System. This informs us that the South Florida Baptist Hospital service area, the county in which it is located, and the overall BayCare Health System all have more barriers to healthcare access than the average.
  - All five zip code areas in the South Florida Baptist Hospital service show CNS scores at or above the median for the scale (3.0) with four of those being above the average for the BayCare Health System (3.5), indicating greater than average socio-economic barriers to accessing healthcare. While residents are employed at a similar rate to the county and health system, there is a lack of insurance with (33563 and 33567) zip code areas having higher rates of uninsured than Hillsborough County (20.5%) and the overall BayCare Health System service area (19.1%).
  - Plant City (33563) shows the highest CNS for the South Florida Baptist Hospital service area with a score of 4.6 out of the highest for the scale of 5.0, indicating the area with the most significant barriers to healthcare access. This zip code area shows the highest rates of poverty for married families with children (21.3%), as well as single mothers with children (39.9%), individuals with no high school diploma (27.6%), minority individuals (54.2%), individuals with limited English (31.9%), uninsured individuals (26.4%), and individuals who rent (29.9%).
  - Two zip code areas in Plant City (33566 and 33563) show the highest unemployment rates for the South Florida Baptist Hospital service area (10.9% and 9.7% respectively). The unemployment rates in these two zip code areas are higher than the rate for Hillsborough County (10.3%), Florida (8.5%), and the U.S. (7.9%) with the highest unemployment rate in 33566 (10.9%).

- There are 3 zip code areas (33563, 33567, and 33527) in the South Florida Baptist Hospital service area with a percentage of residents with limited English higher than the average for Hillsborough County (24.4%) and one additional zip code area (33566) that is higher than the overall BayCare Health System Service Area (17.6%).
- Zip code areas 33567 and 33563 (also both in Plant City) and Wimauma (33598) show the highest rates of individuals 65 years old and older living in poverty (50.6% and 50.3% respectively). This is more than half of the senior population living in poverty. Other zip code areas in the South Florida Baptist Hospital service area show rates in the 30% range.
- While the uninsured rate for two zip code areas (33567 and 33527) in the South Florida Baptist Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%), there is one zip code area (33563) with uninsured rates (26.4%) higher than the state (25%), which represents some of the highest uninsured rates in the BayCare Health System.

**Table 3: South Florida Baptist Hospital Service Area CNS Indicators and CNS Scores**

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
<b>33563</b>	Plant City	Hillsborough	4	5	5	5	5	<b>4.6</b>
<b>33567</b>	Plant City	Hillsborough	3	5	5	4	4	<b>4.2</b>
<b>33527</b>	Dover	Hillsborough	3	5	5	4	3	<b>3.9</b>
<b>33566</b>	Plant City	Hillsborough	2	4	5	5	4	<b>3.9</b>
<b>33565</b>	Plant City	Hillsborough	2	4	4	4	1	<b>3.0</b>
<b>South Florida Baptist Hospital Service Area*</b>			<b>2.9</b>	<b>4.6</b>	<b>4.7</b>	<b>4.1</b>	<b>3.5</b>	<b>4.0</b>

\*Weighted Average

Source: 2012 Nielson Claritas. 2012 Thomson Reuters. Bureau of Labor Statistics (October 2012)

### Prevention Quality Indicators Index (PQI)<sup>31</sup>

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the BayCare Health System market and Florida. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health.

<sup>31</sup> Tripp Umbach Independent Prevention Quality Indicator Analysis

The quality indicator rates are derived from inpatient discharges by zip code using ICD diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

- ✓ The South Florida Baptist Hospital service area shows higher PQI rates for 11 of the 14 PQI measures when compared with the state of Florida with the admission rate for 10 of those measures being higher than the county and overall BayCare Health System service area as well, indicating areas of preventable conditions for the region. The highest PQI difference is found in the admission rates for Chronic Obstructive Pulmonary Disease (COPD) between the South Florida Baptist Hospital service area (1.45 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.). This is the health condition that the South Florida Baptist Hospital service area shows the largest room for improvement in hospital admissions.
- ✓ The South Florida Baptist Hospital service area shows two PQI measures that are lower than the state (Angina Without Procedure and Low Birth Weight), indicating better prevention of these conditions in the South Florida Baptist Hospital service area compared to the state.
- ✓ The South Florida Baptist Hospital service area shows higher PQI rates for all of the Diabetes PQI measures than the state, Hillsborough County, and the overall BayCare Health System service area.
  - Lower Extremity Amputation Rate Among Diabetic Patients
  - Diabetes Long-Term Complications
  - Diabetes Short-Term Complications
  - Uncontrolled diabetes
- ✓ Other PQI measures in which the South Florida Baptist Hospital service area shows a higher rate of preventable hospital admissions than the state are:
  - Bacterial Pneumonia
  - Congestive Heart Failure
  - Urinary Tract Infection
  - Hypertension
  - Perforated Appendix
  - Adult Asthma
- ✓ It is important to note that a value of 0.00 for the PQI measure of low birth weight does not necessarily indicate that there were no preventable hospital admissions due to low birth weight for the area defined as the South Florida Baptist Hospital service area, but rather that so few occurred that the value is not reported.

**Table 4: South Florida Baptist Service Area PQI Rates Higher than the BayCare Health System Service Area**

Prevention Quality Indicators (PQI)	South Florida Baptist Hospital Service Area	BayCare Health System	Hillsborough County	Florida
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.45	1.02	0.84	0.94
Bacterial Pneumonia Admission Rate (PQI 11)	1.57	1.34	1.19	1.22
Congestive Heart Failure Admission Rate (PQI 8)	2.54	2.15	1.82	2.23
Urinary Tract Infection Admission Rate (PQI 12)	1.15	1.01	0.84	0.87
Hypertension Admission Rate (PQI 7)	0.70	0.47	0.42	0.44
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.86	1.67	1.57	1.61
Perforated Appendix Admission Rate (PQI 2)	0.39	0.22	0.22	0.22
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.21	1.11	1.02	1.09
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.44	0.38	0.36	0.34
Adult Asthma Admission Rate (PQI 15)	0.55	0.57	0.52	0.51
Uncontrolled Diabetes Admission Rate (PQI 14)	0.16	0.14	0.14	0.13

Source: Florida Hospital Association Data – Calculations by Tripp Umbach

**Demographic Profile – Key Findings:**<sup>32</sup>

- ✓ The demographic trends for the service area show a younger, less educated, lower-income population with greater diversity than the county, state, and nation.
- ✓ The population in the South Florida Baptist Hospital service area is projected to rise at a rate of 6.1% by 2017.
- ✓ The South Florida Baptist Hospital service area shows higher rates of younger individuals (37.2% aged 0-24 years old in 2012) than Hillsborough County, the state, and the nation.
- ✓ The South Florida Baptist Hospital service area shows a lower average annual household income than the county, state, and nation (\$57,185).
- ✓ It is reported that 22.8% of the individuals in the South Florida Baptist Hospital service area have some high school education or less, indicating no high school diploma.

<sup>32</sup> Source: 2012 Nielson Claritas; 2012 Thomson Reuters

- ✓ The South Florida Baptist Hospital service area shows a majority of its population as White, Non-Hispanic. However, of the minorities in the South Florida Baptist Hospital service area, there are then a majority of Hispanic individuals (30.6% of the total population of the South Florida Baptist Hospital service area).

### **County Health Rankings – Key Findings:**<sup>33</sup>

Florida has 67 counties; therefore, the rank scale for Florida is 1 to 67 (1 being the healthiest county and 67 being the most unhealthy). The median rank is 34.

- ✓ When compared to the counties in the state, Hillsborough County ranks moderately healthy at 31 of 67 counties in Florida.
- ✓ While the South Florida Baptist Hospital service area is contained within Hillsborough County, the rankings for the three counties in the BayCare Health System region were compared. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).
- ✓ Hillsborough County shows two of the poorest rankings; 60 for the physical environment and 66 for environmental quality (second worst in the state).
- ✓ Hillsborough County is within average rankings for all other measures considered in the County Health Rankings.

### **Disease Prevalence, Health Behaviors, and National Benchmarks**

Data for disease prevalence and health behaviors were obtained from Healthy Tampa Bay and compared to national benchmarks set in Healthy People 2020.

HealthyTampaBay.com is a web-based source of population data and community health information. This site is provided by ONE BAY: Healthy Communities, an initiative focused on uniting the eight-county Tampa Bay region around a culture of health. This site follows the release of the *How Healthy is Tampa Bay?: An Assessment of Our Region's Health* report and includes over 100 indicators linked to real-time updates.

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and

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<sup>33</sup> Source: 2012 County Health Rankings, University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

- ✓ The stated goal of Healthy People 2020 related to **health insurance** is to increase the proportion of persons with medical insurance (from 83.2% in 2008 to 100% by 2020).<sup>34</sup>
  - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Hillsborough County (from 76.8% to 73.2%).<sup>35</sup>
  - According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 years old who had health (medical) insurance in the U.S. declined nearly 1.0% between 2001 and 2011, from 83.6% to 82.8%, and varied by race and ethnicity.
- ✓ According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed **dental care** in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.
  - In 2007, one in four Black residents in Hillsborough County (25.5%) reported not seeing a dentist in the past year due to cost.<sup>36</sup>
- ✓ Between 2007 and 2010, the percentage of women aged 40 years old and over who reported having a **mammogram** in the past year decreased in Hillsborough County (from 66% to 57.1%).<sup>37</sup> According to the National Cancer Institute, women age 40 years old and over should have mammograms every one to two years.<sup>38</sup>
- ✓ Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a **Pap smear** in the previous year decreased in Hillsborough County from 64.4% to 56.6%.<sup>39</sup> It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years

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<sup>34</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-1.1&anchor=11> (last updated: 3/28/2013)

<sup>35</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> National Cancer Institute: Retrieved from: <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms> (last updated 7/24/2012).

<sup>39</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.<sup>40</sup>

- ✓ Between 2007 and 2010, the percentage of respondents aged 50 years and over who reported having had a blood stool test within the past year decreased in Hillsborough County (from 21.6% to 18.2%).<sup>41</sup> It is important to note that the U.S. Preventive Services Task Force recommends **screening for colorectal cancer** (CRC) using fecal occult blood testing (every year), sigmoidoscopy (every five years), and/or colonoscopy (every 10 years), in adults, beginning at age 50 years and continuing until age 75 years.<sup>42</sup>
- ✓ **Low birth weight** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 8.1% of babies born in the U.S. in 2010 were considered having a low birth weight. The goal is to reduce this percentage by the year 2020 to 7.8% of live births nationally.<sup>43</sup>
  - Between 2009 and 2010, the percentage of births in which the newborn weighed less than 5 pounds, 8 ounces increased in Hillsborough County (from 8.6% to 9.1%). Interestingly, Hillsborough County decreased between 2008 and 2009 and then increased again from 2009 to 2010.<sup>44</sup>
  - Hillsborough County shows lower PQI for low birth weight (0.72 per 1,000 pop.) in the region and South Florida Baptist Hospital service area shows lower admission rates for low birth weight (0.00 per 1,000 pop) than the overall BayCare Health System service area (3.05 per 1,000 pop.) and Florida (3.19 per 1,000 pop.).<sup>45</sup> This assessment shows that in 2010, one zip code area (33565-9.3%) had percentages of low birth weight babies higher than average for Hillsborough County (9.1%) and the entire Tampa Bay region (8.6%). However, more recent data published on the Healthy Tampa Bay website shows a decrease from 2010 to 2011, which suggests those percentages may be lower as of 2011<sup>46</sup> Also, African American residents are

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<sup>40</sup> U.S. Preventive Services Task Force. Retrieved from:  
<http://www.uspreventiveservicestaskforce.org/uspstf/uspsscerv.htm> (last updated 6/2012)

<sup>41</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>42</sup> U.S. Preventive Services Task Force. Retrieved from:  
[http://www.cdc.gov/cancer/colorectal/basic\\_info/screening/guidelines.htm#2](http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2) (last updated: 2/26/2013)

<sup>43</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-8.1&anchor=92105> (last updated: 3/28/2013).

<sup>44</sup> Source: 2012 Kids Count; The Annie E. Casey Foundation

<sup>45</sup> Tripp Umbach Independent Prevention Quality Indicator Analysis

<sup>46</sup> Note: Every decennial census year, the U.S. Census Bureau alters census tract boundaries to coincide with the updated population figures. In the CHARTS vital statistics query systems, where census tract data is available, any year previous to 2011 will use 2000 census tract boundaries, and any data from 2011 onward will use the 2010 census tract boundaries. Data from like-numbered census tracts may not be comparable between the 2000 and 2010 tract boundaries. Source: Source: CHARTS Vital Statistics Query Systems  
<http://www.floridacharts.com/FLQuery/Birth/BirthRpt.aspx>



more likely to give birth to a low birth weight baby (14.6%) than residents of other ethnicities in Hillsborough County with the next highest rate being among white residents (9.6%).<sup>47</sup>

- ✓ Women 18+ are significantly more likely to visit the emergency room due to **urinary tract infections** than their male counterparts in Hillsborough County (146.5 and 24.3 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Hillsborough County (32.7 and 15.3 per 10,000 pop. respectively). There are four out of the five zip codes in the South Florida Baptist Hospital service area that show a higher than the average Tampa Bay Area hospitalization rate (22.5 per 10,000 pop.) for urinary tract infections (33566-31.8, 33563-31.2, 33567-26.6, and 33565-24.0 per 10,000 pop.) and four zip codes with higher than average ER visit rates (102.1 per 10,000 pop.) for urinary tract infections (33563-161.8, 33566-135.7, 33565-114.0, and 33567-112.0 per 10,000 pop.). African American residents visit the emergency room (140.1 per 10,000 pop.) and are hospitalized (30.5 per 10,000 pop.) for urinary tract infections at a rate that is higher than the rate for residents of other ethnicities in Hillsborough County.<sup>48</sup>
- ✓ **Chronic obstructive pulmonary disease** (COPD) is a national issue being addressed by Healthy People 2020. According to Healthy People 2020: The age adjusted hospitalization rate for COPD among persons 45+ years old was 56.0 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 50.1 per 10,000 pop. nationally.<sup>49</sup> Additionally, the age adjusted emergency department visits for COPD among persons 45+ years old was 81.7 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 57.3 per 10,000 pop. nationally.<sup>50</sup>
  - Between 2007 and 2011, the annual age adjusted emergency department visit rate for COPD increased in Hillsborough County (from 10.1 to 12.8 per 10,000 pop.). Between 2009 and 2011, all five zip code areas in the South Florida Baptist Hospital service area showed higher emergency room visit rates for COPD than the Tampa Bay area average of 14.6 per 10,000 pop. (33563-31.9, 33567-26.3, 33566-19.8, 33565-18.8, and 33527-18.2).<sup>51</sup>
  - Between 2007 and 2011, the hospitalization rate for COPD in Hillsborough County increased from 27.4 to 33.4 per 10,000 pop. Between 2009 and 2011, all five zip

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<sup>47</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>48</sup> Ibid.

<sup>49</sup> Source: HealthyPeople.gov. Retrieved from:

<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-11&anchor=244> (last updated: 3/28/2013).

<sup>50</sup> Ibid.

<sup>51</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay



code areas in the South Florida Baptist Hospital service area showed higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (33563-67.0, 33567-51.5, 33527-47.9, 33565-41.5 and 33566-41.5 per 10,000 pop.).<sup>52</sup>

- ✓ While Hillsborough County does not have the highest emergency room visit rate due to **bacterial pneumonia**; between 2007 and 2011, the rate has increased steadily (from 11.1 to 12.7 per 10,000 pop.). There are four zip codes in the South Florida Baptist Hospital service area that show a rate higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (33563-47.6, 33566-43.7, 33567-42.1, 33527-36.6, and 33565-29.1 per 10,000 pop.) and four zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (33563-25.2, 33566-19.1, 33565-15.4, and 33567-14.7 per 10,000 pop.). African American residents are the most likely to visit the emergency room (19.6 per 10,000 pop.) due to bacterial pneumonia than residents of other ethnicities in Hillsborough County (Asian-1.7, Hispanic or any race- 12.7, and White, non-Hispanic- 12.1 per 10,000 pop.).<sup>53</sup>
- ✓ Between 2007 and 2011, emergency room visits related to **congestive heart failure** have increased slightly in Hillsborough County (from 2.1 to 2.9 per 10,000 pop.). There are three zip codes in the South Florida Baptist Hospital service area that show a higher than average for the Tampa Bay Area hospitalization rate (30.6 per 10,000 pop.) due to congestive heart failure (33563-46.1, 33567-36.1, and 33565-33.5 per 10,000 pop.) and three zip codes with higher than average ER visit rates (3.1 per 10,000 pop.) due to congestive heart failure (33567-6.5, 33563-6.4, and 33566-6.2 per 10,000 pop.). In Hillsborough County, African American residents visit the emergency room for congestive heart failure at three times the rate (7.5 per 10,000 pop. with the next highest rate being for White, non-Hispanic residents 2.9 per 10,000 pop.) as residents of other ethnicities and are hospitalized at almost twice the rate as residents of other ethnicities (56.8 per 10,000 pop. with the next highest rate being for White, non-Hispanic residents at 31.6 per 10,000 pop.).<sup>54</sup>
- ✓ The death rate related to **diabetes** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 70.7 per 100,000 pop. in 2010. The goal is to reduce this rate to 65.8 per 100,000 pop. nationally by the year 2020.<sup>55</sup>

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<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>55</sup> Source: HealthyPeople.gov. Retrieved from:

<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=8&topic=Diabetes&objective=D-3&anchor=346> (last updated: 3/28/2013).

- While the percentage of adults who have been diagnosed with diabetes is not as high as the national rate, it did increase between 2007 and 2010 in Hillsborough County from 7.0% to 11.7%. African American and Hispanic residents are diagnosed with diabetes at similar rates (20.9% and 20.1% respectively) that are more than two times that of White residents (8.4%) in Hillsborough County. As a result, African American and Hispanic residents have higher rates across all measures of diabetes, including age-adjusted death rates (African American-41.3, Hispanic-29.9, and White 22.0 per 100,000 pop.). More recent data suggests that African American residents have experienced a decrease in 2011 in the age-adjusted death rate in Hillsborough County to 37.5 per 100,000 pop.<sup>56</sup>
  - There are three zip codes that register higher than the Tampa Bay average hospitalization rates (21.5 per 10,000 pop.) for adults 18+ years old between 2009 and 2011 (33563-42.7, 33567-24.4, and 33566-22.2 per 10,000 pop.); one above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (33563-9.0 per 10,000 pop.); two above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (33563-30.4 and 33567-14.0 per 10,000 pop.); three above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes (33563-43.0, 33566-25.8, and 33567-24.9 per 10,000 pop.), and zip code level data related to the ER visit rate due to uncontrolled diabetes (2.1 per 10,000 pop.) was not available for most of the South Florida Baptist Hospital Service area though one zip code (33563-4.4 per 10,000 pop.) showed higher than average rates.<sup>57</sup>
- ✓ **Pediatric asthma** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the hospitalization rate for asthma among children less than 5 years old was 41.4 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 18.1 per 10,000 pop. nationally.<sup>58</sup> Additionally, the Emergency department visits for asthma among children less than 5 years old was 132.8 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 95.6 per 10,000 pop. nationally.<sup>59</sup>
- The emergency department visit rate for pediatric asthma has been second highest in Hillsborough County when compared to the surrounding counties. Between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Hillsborough County increased from 79.6 to 88.7 per 10,000 pop. Between

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<sup>56</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>57</sup> Ibid.

<sup>58</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-2.1&anchor=234284> (last updated: 3/28/2013).

<sup>59</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-3.1&anchor=235287> (last updated: 3/28/2013).

2009 and 2011, the emergency department visits for asthma among children 0-4 years old in Hillsborough County was 132.2 per 10,000 pop. African American children visit the emergency room due to asthma at a greater rate in Hillsborough County (172.8 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (96.8 per 10,000 pop.). Between 2009 and 2011, there was one zip code area in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (93.3 per 10,000 pop.) emergency room visit rates for pediatric asthma (33563-54.3 per 10,000 pop.).<sup>60</sup>

- The hospitalization rate for pediatric asthma has also been second highest in Hillsborough County when compared to the surrounding counties. Between 2007 and 2011, the hospitalization rates for asthma among children 0-17 years old in Hillsborough County increased slightly from 17.3 to 17.8 per 10,000 pop. Between 2009 and 2011, the hospitalization rate for asthma among children 0-4 years old in Hillsborough County was 33.7 per 10,000 pop. African American children are hospitalized due to asthma at a greater rate in Hillsborough County (31.8 per 10,000 pop.) than any other ethnicity, with Hispanic children being the next highest rate (15.5 per 10,000 pop.).
- ✓ **Adult asthma** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age adjusted hospitalization rate for asthma among children and adults 5–64 years old was 11.1 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 8.6 per 10,000 pop. nationally.<sup>61</sup> Additionally, the age adjusted emergency department visits for asthma among children and adults 5–64 years old was 57.0 per 10,000 pop. in 2007. The goal is to reduce this rate by the year 2020 to 49.7 per 10,000 pop. nationally.<sup>62</sup>
  - The emergency department visit rate for adult asthma has historically been second highest in Hillsborough County when compared to the surrounding counties. Between 2007 and 2010, the percent of adults reporting having been diagnosed with asthma increased in Hillsborough County (from 6.9% to 8.6%). Women are slightly more likely to visit the emergency room for asthma than their male counterparts in Hillsborough County (51.0 and 44.0 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Hillsborough County (91.7 per 10,000 pop.) than any other ethnicity. Between 2007

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<sup>60</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>61</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-2.2&anchor=234285> (last updated: 3/28/2013).

<sup>62</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-3.2&anchor=235288> (last updated: 3/28/2013).

and 2011, the emergency department visits for adult asthma among persons 18+ years old in Hillsborough County increased from 43.3 to 47.9 per 10,000 pop. Between 2009 and 2011, there were two zip code areas in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (35.5 per 10,000 pop.) emergency room visit rates for adult asthma (33563-48.0 and 33566-39.0 per 10,000 pop.).<sup>63</sup>

- Between 2007 and 2011, the hospitalization rate for adult asthma in Hillsborough County has historically been the highest when compared to surrounding counties and increased slightly from 13.7 to 14.7 per 10,000 pop. African American residents are hospitalized due to asthma at a slightly greater rate in Hillsborough County (24.1 per 10,000 pop.) than any other ethnicity, with Hispanic residents being the next highest rate (18.3 per 10,000 pop.). Between 2009 and 2011, there was one zip code area in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (13.6 per 10,000 pop.) hospitalization rates for adult asthma (33563-15.3 per 10,000 pop.).<sup>64</sup>
- ✓ **Hypertension** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted percentage of adults 18+ years old with hypertension was 29.9% between 2005 and 2008. The goal is to reduce this percentage by the year 2020 to 26.9% nationally.<sup>65</sup>
- ✓ Between 2007 and 2011, the annual age-adjusted emergency room visit rate for persons 18+ years old experiencing **dehydration** increased in Hillsborough County from 7.1 to 10.8 per 10,000 pop. with residents 85+ being the most likely to visit the emergency room due to dehydration (32.3 per 10,000 pop.). However, during the same period (2007 to 2011), the annual age-adjusted hospitalization rate for persons 18+ years old experiencing dehydration decreased in Hillsborough County from 7.9 to 6.8 per 10,000 pop., with residents 85+ years old being the most likely to be hospitalized due to dehydration (61.4 per 10,000 pop.). Between 2009 and 2011, there were two zip code areas in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (6.5 per 10,000 pop.) hospitalization rate for dehydration (33567-8.0 and 33566-7.7 per 10,000 pop.).<sup>66</sup>
- ✓ The death rate related to **stroke** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 39.1 per

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<sup>63</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>64</sup> Ibid.

<sup>65</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-5.1&anchor=513961> (last updated: 3/28/2013).

<sup>66</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 33.8 per 100,000 pop. nationally.<sup>67</sup>

- The death rate due to a stroke has historically been highest in Hillsborough County and there was a decrease between 2008 and 2010 from 36.2 to 30.9 per 100,000 pop. Black residents are at a greater risk of stroke-related death (41.4 per 100,000 pop.) than any other ethnicity in the tri-county area (Hispanic-30.8 and White-29.0 per 100,000 pop.). Women are at a slightly greater risk of death related to a stroke than their male counterparts in Hillsborough County (31.3 and 30.0 per 100,000 pop. respectively).<sup>68</sup>
- ✓ The death rate related to **coronary heart disease** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 113.6 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 100.8 per 100,000 pop. nationally.<sup>69</sup>
  - While the age-adjusted death rate due to coronary heart disease in Hillsborough County (108.3 per 100,000 pop.) was similar to the national rate in 2010, the death rate for men (150.3 per 100,000 pop.) and in Hillsborough County is greater than the national and county averages.
- ✓ African American residents in Hillsborough County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births, and pre-term births, etc.).
- ✓ **Pre-term live births** (less than 37 weeks gestation) are a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the percentage of total pre-term live births nationally was 12.0% in 2010. The goal is to reduce this rate by the year 2020 to 11.4% nationally.<sup>70</sup>
  - While the percentage of pre-term births has decreased in Hillsborough County between 2009 and 2011 (from 13.4% to 13.1%), the rate is higher than the national average. Additionally, African American residents in Hillsborough County give birth to pre-term

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<sup>67</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-3&anchor=509> (last updated: 3/28/2013).

<sup>68</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>69</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-2&anchor=604> (last updated: 3/28/2013).

<sup>70</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-9.1&anchor=93911> (last updated: 3/28/2013).

babies more often (16.8%) than any other racial group.<sup>71</sup> In 2010, there were two zip code areas in the South Florida Baptist Hospital service area with higher than the Tampa Bay area average (12.9%) pre-term births (33565-16.7% and 33567-15.0%).

- While the birth rate for females aged 15-19 years of age has decreased between 2008 and 2010 in Hillsborough County (48.8 to 39.2 per 1,000 live births), the rate has historically been higher when compared to surrounding counties. African American and Hispanic residents display teen birth rates (61.3 and 52.1 per 1,000 live births respectively) that are higher than the rates seen among other ethnicities in the county (less than 33.7 per 1,000 live births).<sup>72</sup>
- ✓ **Infant mortality** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the infant (less than 1 year) mortality rate nationally was 6.6 per 1,000 live births in 2008. The goal is to reduce this rate by the year 2020 to 6.0 per 1,000 live births nationally.<sup>73</sup>
- Between 2008 and 2010, the infant mortality rate increased between 2008 and 2009 from 8.0 to 9.5 per 1,000 live births and decreased again from 2009 to 2010 (from 9.5 to 7.4 per 1,000 live births).<sup>74</sup> African Americans show an infant mortality rate that is two times any other ethnicity in Hillsborough County (14.3 to >6.4 per 1,000 live births). Between 2009 and 2010, there was no change in the rate of infant mortality among White infants (5.5 per 1,000 live births), whereas there was a decrease among Non-White infants (from 19.6 to 12.6 per 1,000 live births). While there was a decrease in the rate of infant mortality among Non-White infants, the rate in 2010 was still more than double that of White infants.<sup>75</sup> In 2010, the infant mortality rate among African American infants born in Hillsborough County was two times that of the county rate (14.3 and 7.4 per 1,000 live births respectively).
- ✓ **Cancer** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate overall for cancer nationally was 172.8 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 160.6 per 100,000 pop. nationally, breast cancer (22.1 per 100,000 pop.) goal of 20.6 per 100,000 pop., lung cancer (47.6 per 100,000 pop.) 2020 goal of 45.5.<sup>76</sup>

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<sup>71</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>72</sup> Ibid.

<sup>73</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-1.3&anchor=85899> (last updated: 3/28/2013).

<sup>74</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>75</sup> Source: 2012 Kids Count; The Annie E. Casey Foundation

<sup>76</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=5&topic=Cancer&objective=C-1&anchor=318> (last updated: 3/28/2013).



- With an age-adjusted death rate for all cancers at 170.5 per 100,000 pop., Hillsborough County is above the Healthy People 2020 goal. However, African American residents in Hillsborough County show an age-adjusted death rate due to cancer (184.1 per 100,000 pop.) that is slightly higher than any other racial group in the county (white residents show the next highest rate at 169.2 per 100,000 pop.) and higher than the national rate. Men are more likely to die from cancer than women in Hillsborough County (207.7 and 141.9 per 100,000 pop. respectively).
  - Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Hillsborough County (from 112.5 to 117.4 per 100,000 pop). Hillsborough County consistently shows higher death rates due to breast cancer when compared to surrounding counties. Black women show a higher death rate due to breast cancer than any other ethnicity in Hillsborough County (35.1 to >22.0 per 100,000 pop).
  - With slight increase in the age-adjusted death rate from lung cancer of from 49.3 to 49.9 per 100,000 pop., Hillsborough County is near the Healthy People 2020 goal. Men are at a greater risk of death due to lung cancer than their female counterparts in Hillsborough County (65.9 to 37.0 per 100,000 pop.).
  - Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Hillsborough County (from 8.3 to 8.8 per 100,000 pop.).
  - Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Hillsborough County (from 13.6 to 13.9 per 100,000 pop.).
  - While the death rate for prostate cancer has decreased between 2007 and 2010 in Hillsborough County (from 21.2 to 20.1 per 100,000 pop.), the incidence has increased (135.3 to 136.9 per 100,000 males), with African American residents having a greater death rate (42.3 per 100,000 pop.) than any other ethnicity in the County (the next highest rate being 21.4 per 100,000 pop.).<sup>77</sup>
- ✓ The **suicide** rate is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate due to suicide nationally was 12.1 per 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 10.2 per 100,000 pop. nationally.<sup>78</sup>

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<sup>77</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>78</sup> Source: HealthyPeople.gov. Retrieved from:

<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=28&topic=Mental%20Health%20and%20Mental%20Disorders&objective=MHMD-1&anchor=124> (last updated: 3/28/2013).

- Between 2009 and 2010, there was a decrease in the age-adjusted death rate due to suicide in Hillsborough County (from 14.8 to 11.9 per 100,000 pop.). Hillsborough County shows higher suicide rates than the nation. White residents are more than three times as likely to commit suicide (13.2 per 100,000 pop.) than any other racial group (African American residents are the next highest rate at 4.3 per 100,000 pop.).<sup>79</sup>
- ✓ **Tuberculosis** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020: There were 4.9 new cases per 100,000 pop. nationally in 2005. The goal is to reduce this rate by the year 2020 to 1.0 per 100,000 pop. nationally.<sup>80</sup>
  - Hillsborough County shows an incidence rate twice that of any other county in the study area. Between 2009 and 2010, the tuberculosis incidence rate increased in Hillsborough County (6.9 to 7.2 per 100,000 pop.).<sup>81</sup>
- ✓ **Immunization** rates are a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 95% of children in kindergarten nationwide had the required vaccinations for the 2007-2008 school year.<sup>82</sup>
  - The immunization rate for kindergarten students in Hillsborough County has steadily declined since 2010 (90.9%) to only 89.7% of the kindergarteners being fully immunized in 2011.<sup>83</sup>
- ✓ **Tobacco** use is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 19.3% of adults 18+ years old reported cigarette smoking in 2010. The goal is to reduce this percentage by the year 2020 to 12.0% of persons nationally.<sup>84</sup>
  - Between 2007 and 2010, Hillsborough County saw a decrease in the number of residents that smoke (from 22.1% to 19.7%). Slightly more females report smoking cigarettes than men in Hillsborough County (22.5% and 16.7% respectively).<sup>85</sup>

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<sup>79</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>80</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectious%20Diseases&objective=IID-29&anchor=557> (last updated: 3/28/2013).

<sup>81</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>82</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectious%20Diseases&objective=IID-10.5&anchor=564805> (last updated: 3/28/2013).

<sup>83</sup> Source: 2012 Kids Count; The Annie E. Casey Foundation

<sup>84</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=41&topic=Tobacco%20Use&objective=TU-1.1&anchor=285350> (last updated: 3/28/2013).

<sup>85</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay



- Hillsborough County shows the second highest rate of any tobacco product use and the highest rate of cigarette use when compared with Florida.<sup>86</sup>
- ✓ **Substance abuse** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020:
  - 8.4% of teens age 12-17 years reported binge drinking in 2010.<sup>87</sup>
  - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year.<sup>88</sup>
  - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011.<sup>89</sup>
- Between 2008 and 2010, the percentage of high school students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey was administered increased from 40.2% to 41.2%. Between 2007 and 2010, there was an increase in the number of teens who reported heavy or binge drinking during the previous 30-day period in Hillsborough County (from 20.1% to 22.4%).<sup>90</sup>
- Men in Hillsborough County are twice as likely as women in Hillsborough County to visit the emergency room as a result of acute or chronic **alcohol** abuse (27.1 and 13.1 per 10,000 pop. respectively). The South Florida Baptist Hospital service area has no zip code areas with higher than average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse.<sup>91</sup>
- Between 2007 and 2011, hospitalization rates related to **alcohol** have increased consistently in Hillsborough County (from 7.6 to 8.7 per 10,000 pop.) with no zip codes in the South Florida Baptist Hospital service area showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates. Men in Hillsborough County are also more likely to be hospitalized due to acute or chronic alcohol abuse (12.0 and 5.7 per 10,000 pop. respectively).<sup>92</sup>
- Hillsborough County shows the same rate of non-medical use of **prescription pain relievers** compared to Florida (4.22% of the population aged 12 and older).<sup>93</sup>

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<sup>86</sup> Source: SAMHSA

<sup>87</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-14.4&anchor=260957> (last updated: 3/28/2013).

<sup>88</sup> Ibid.

<sup>89</sup> Ibid.

<sup>90</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>91</sup> Ibid.

<sup>92</sup> Ibid.

<sup>93</sup> Source: SAMHSA

- Hillsborough County showed an increase between 2008 and 2010 in the percentage of high school students who used **marijuana** one or more times during the 30 days before the survey was administered (from 18.6% to 21.9%).<sup>94</sup>
- ✓ **Nutrition and weight status** are national issues being addressed by Healthy People 2020. According to Healthy People 2020:
  - 35.7% of persons 20+ years were obese in 2010. The goal is to reduce this percentage by the year 2020 to 30.5% of persons nationally.<sup>95</sup>
  - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.<sup>96</sup>
- The rate of adults who eat **fruits and vegetables** in Hillsborough County has increased from 2002 to 2007 (23.2% to 26.1%). Men (18.8%) are much less likely to eat fruits and vegetables than women (33.1%) in Hillsborough County.<sup>97</sup>
- Between 2007 and 2010 the **obesity** rate increased slightly in Hillsborough County from 24.8% to 25.3%, with more than one in four females (26.3%) and almost one in four males (24.2%) in Hillsborough County being considered obese. Also in Hillsborough County, African American residents are almost twice as likely to be obese (47.6% to >25.7%) and more than one in three residents that are 45 to 64 years old (35.0%) is obese. The obesity rate among teens increased (from 9.5% to 11.7%) between 2008 and 2010. Also between 2006 and 2010, the percentage of children aged 2 to 4 years old living in households with an income less than 200% of the federal poverty level who are obese increased in Hillsborough County (from 13.6% to 14.1%).<sup>98</sup>
- Between 2007 and 2010, the percentage of adults who are **overweight** remained the same in Hillsborough County from 39.4%. Women are less likely to be overweight than men in Hillsborough County (30.8% and 48.2% respectively).<sup>99</sup>
- Hillsborough County shows two of the poorest rankings; 60 for the **physical environment** and 66 for **environmental quality** (second worst in the state).<sup>100</sup>

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<sup>94</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>95</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141> (last updated: 3/28/2013).

<sup>96</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=PA-1&anchor=200> (last updated: 3/28/2013).

<sup>97</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>98</sup> Ibid.

<sup>99</sup> Ibid.

### **2012 Kids Count – Key Findings:**

- ✓ Hillsborough County shows the highest rates of births to mothers that received early prenatal care compared with the other counties in the overall service area and Florida.
- ✓ All of the counties included in the study area show declines in the rates of births to women under 20 years old. The same trends are seen for unwed mothers under 20 years old in the region.
- ✓ Hillsborough County shows the highest rates of births to women under 20 and unwed women under 20 throughout the years 2006 to 2010.
- ✓ Hillsborough and Pinellas counties showed the highest rates of low birth weight births in 2008, then showed a drastic decline in these births in 2009, and then a drastic increase for 2010, to be the counties with the highest rates of low birth weight births in the region.
- ✓ Hillsborough County shows the highest rates of births to mothers that received early prenatal care compared with the other counties in the overall service area and Florida.
- ✓ All of the counties included in the study area show declines in the rates of births to women under 20 years old. The same trends are seen for unwed mothers under 20 years old in the region.
- ✓ Hillsborough County shows the highest rates of births to women under 20 and unwed women under 20 throughout the years 2006 to 2010.
- ✓ Hillsborough and Pinellas counties showed the highest rates of low birth weight births in 2008, then showed a drastic decline in these births in 2009, and then a drastic increase for 2010, to be the counties with the highest rates of low birth weight births in the region.

### **Substance Abuse and Mental Health Services Administration (SAMHSA) – Key Findings**

The Substance Abuse and Mental Health Services Administration (SAMHSA) gathers region-specific data from the entire United States in relation to substance use (alcohol and illicit drugs) and mental health.

Every state is parceled into regions defined by SAMHSA. The regions are defined in the '2008-2010 National Survey on Drug Use and Health Substate Region Definitions'.

Data concerning alcohol use, illicit drug use, and psychological distress for the various regions of the study area are shown here.

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<sup>100</sup> Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

For the BayCare Health System service area, the regions are defined as follows:

- Circuit 6: Pasco and Pinellas counties**
- Circuit 13: Hillsborough County**

- ✓ Hillsborough County shows lower rates of alcohol use in the past month, but higher rates of binge alcohol use in the past month as compared with the other counties in the overall service area (Pasco and Pinellas counties).
- ✓ Interestingly, Hillsborough County shows higher rates of individuals that perceive the risks associated with having five or more drinks per week than individuals in Pasco and Pinellas counties.
- ✓ Hillsborough County shows higher rates of individuals with alcohol dependence than the other counties in the overall service area and the state.
- ✓ This trend is also seen for rates individuals who report needing but not receiving treatment for alcohol dependence (more in Hillsborough County than the other counties and the state).
- ✓ Interestingly, Hillsborough County shows the highest rate of individuals who perceive the risks associated with smoking; but on the other hand, shows the highest rate of individuals who smoke cigarettes compared with the other counties in the overall service area and the state.
- ✓ Similar to the trends seen for smoking, Hillsborough County shows the highest rates of individuals who perceive the risks associated with marijuana use; however, the highest rate of marijuana use is found in Hillsborough County compared with the other counties in the overall service area and the state.
- ✓ Hillsborough County shows the lowest rate of individuals who use illicit drugs other than marijuana compared with Pasco/Pinellas counties and the state.
- ✓ Individuals in Hillsborough County report needing but not receiving treatment for illicit drug dependence more than individuals in Pasco/Pinellas counties.
- ✓ Hillsborough County shows higher rates than the state and Pasco/Pinellas counties for the following psychological health areas: any mental illness, a serious psychological distress, and at least one depressive episode in the past year.

Additional data and greater detail related to the secondary data analysis of the South Florida Baptist Hospital service area is available in Appendix A.

## Key Stakeholder Interviews

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### **Data Collection:**

The following qualitative data were gathered during individual interviews with 11 stakeholders of the South Florida Baptist Hospital area, as identified by an advisory committee of executive leadership. South Florida Baptist Hospital is a 147-bed facility and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions previously developed by Tripp Umbach and reviewed by the South Florida Baptist Hospital executive leadership project team.

### **Summary of Stakeholder Interviews:**

#### **What community do you represent professionally?**

Of the 11 key stakeholder respondents representing residents in the communities served by South Florida Baptist Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Plant City, Hillsborough County, healthcare, South Shore community, and the eight-county Tampa Bay region (in order of most mentioned).

#### **Your position in the community?**

Of the 11 respondents, there was a diverse representation of positions held in the community. Those positions represented included: professionals with special knowledge of or expertise in public health; departments and agencies with current data and other information relevant to the health needs of the community and representatives of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by South Florida Baptist Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- CEO of the Suncoast Community Health Center
- Chief of Emergency Medical Services for Plant City
- Coordinator of San Jose Mission, Catholic Charities Medical Mobile Services
- Dean and Professor at University of South Florida College of Public Health
- Director of the Hillsborough County Health Department
- Executive Director of the YMCA of Plant City
- Medical Director of an Emergency Department
- Physician, with the HealthPoint Medical Group
- Project Manager of the One Bay Healthy Communities
- Regional Center Manager for Plant City Neighborhood Service Center
- VP of Behavioral Health Department of BayCare Health System

## How would you describe a healthy community?

The two themes identified upon review of the stakeholders' collective definitions of a "healthy community" are: resident wellness and a community's ability to support and meet the needs of residents, including access to healthcare.

**Resident wellness** was identified by eight stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to residents' wellness that a healthy community should have:

- Residents understand health information regarding obesity, smoking, fluoride, and basic general public health issues.
- Residents are able to manage medical conditions to keep them from becoming chronic and/or emergent.
- Residents are active and feel safe outside.
- Residents that are socially responsible.
- The desire to invest in wellness and prevention.
- Residents that take personal responsibility for their individual health status.
- Residents with mental illness would live healthy lives with their diagnosis.
- Residents who are healthy and inclined toward physical activity.
- Residents who feel well emotionally, spiritually, and physically.
- The community focuses on increasing life span.
- Residents work collectively to create healthy conditions.

**A community's ability to support and meet the needs of residents, including access to healthcare** was identified by seven stakeholders as significant to the definition of a healthy community. Specifically, stakeholders mentioned the following elements relating to the community's ability to support and meet the needs of residents and access to healthcare that a healthy community should have:

- Residents have "medical homes" and access to services they need (i.e., dental care, primary care, preventive care, and health maintenance).
- Health services that can be accessed in a reasonable timeframe.
- Accessible emergency medical services.
- The opportunity for residents to be self-sufficient.
- Sidewalks, paths, and parks.
- Institutions that empower residents to take responsibility for their own health statuses.
- A healthy economy.
- Healthy social environment (i.e., activities for residents of all ages).
- Access to healthy food.

## What are some specific health need trends locally/regionally?

The two themes identified upon review of the specific health need trends identified most often by stakeholders are: Unhealthy behaviors that can increase chronic illness and disease and barriers to accessing affordable healthcare.

**Unhealthy behaviors that can increase chronic illness and disease** were identified by five stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to unhealthy behaviors that can increase chronic illness and disease:

- Chronic illness (i.e., diabetes, cancer, and obesity) is prevalent in the community.
- Residents may be practicing unhealthy lifestyle choices (i.e., lack of prenatal care, substance abuse).
- There is a large indigent population that does not get the preventive healthcare that they need.
- Obesity is the leading health indicator in the Tampa Bay area. It is an issue in adults and children that is causing heart disease, diabetes, and other chronic diseases to rise. In low-income communities where childhood obesity is an issue, it may be due to foods that are processed and have complex sugars being cheapest and more readily accessible than more nutritional foods. That, coupled with limited physical activity due to parents that work often times more than one job, and a lack of safety in the community keeping children indoors.

**Barriers to accessing affordable healthcare** were identified by seven stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to unhealthy behaviors that can increase chronic illness and disease:

- Residents may not always have access to the healthcare services they need (i.e., medical, dental, specialty care, rheumatology, endocrinology, and mental health services) due to a limited supply of providers, lack of insurance, limited number of providers that will accept Medicaid, and/or lack of transportation. This is often the case in areas where poverty is heavily concentrated.
- There is a need for pediatric dental care with oral disease higher than anticipated in preschools.
- There are a limited number of psychiatric providers in the community, causing a need for ongoing medication management for residents with mental illness.
- Many residents are using the emergency department for primary medical issues that are not emergent.
- There is limited outreach to pregnant women regarding prenatal care.
- The agricultural industry introduces residents with varied cultures, priorities, and personal experiences to the community. As a result, there are English as a second language issues, translation needs, a need for health education, and education about navigating the local healthcare system. Additionally, residents that are employed in the agricultural industry are not always legalized citizens and may avoid seeking traditional medical care due to a fear of being deported. With a low literacy level, residents may have difficulty filling out applications for health services and more services require you to have online access. This population often does not have access to computers, the Internet or transportation to access public computer facilities such as the public library.
- Behavioral healthcare could be better integrated into medical settings as Baby Boomers age.
- While mothers are receiving pre-natal care; the rate of infant mortality among African Americans is much higher than other ethnicities in the area.

**Which target populations locally/regionally do you believe have such health needs?**

Stakeholders identified the target populations they felt had a greater risk of having increased health needs. Stakeholders identified (in order of most mentioned) residents that are: Working poor/low-income, Children (with dental health needs or obese), migrant workers, residents

with behavioral health issues, African Americans (obese or pregnant), general population, Hispanic, Medicaid dependent, chronically ill (lupus, arthritic, or diabetic), seniors (50-60 yrs.), and indigent.

**In order to improve the health of communities, please talk about some of the strengths/resources that communities locally/regionally have to build upon. List strengths/resources that can be built on and describe how those strengths/resources could be used.**

The 11 stakeholders interviewed identified the following strengths/resources and their benefits:

- There are a great deal of reasources.
- There are mobile dental and medical clinics being offered in the community.
- Free clinics exist and need human resources to fully meet the need.
- Collaboration and partnerships between community public and private insititutions.
- Community-based organizations (i.e., YMCA, County Health Department) focus on wellness and are driven to meet the needs of residents.
- Local hospitals are strong and well organized to offer a high standard of care.
- Local hospitals offer screenings and outreach.
- The local businesses and the Chamber of Commerce are stong in the community.
- Residents are strong.
- The community is connected to one another and there is cohesion allowing for effective communication.
- Increased hospital consolidation leads to more efficiencies and a better use of resources.
- One Bay Tampa works to engage every facet of the community and focus on the whole person and lifestyle.

**In your opinion, what do you think are the two most pressing health needs facing residents in local/regional communities you serve, especially the underserved? Please explain why.**

The 11 stakeholders interviewed identified the following as the top health needs facing underserved residents in local/regional communities:

- Lack of access to primary and preventive medical care:
  - Residents do not have access to dental care, including pediatric, due to a lack of providers, insurance coverage, and/or inability to pay for uninsured dental care.
  - There are not enough medical providers that accept Medicaid.
  - Under/uninsured residents do not have access to a consistent provider for medical, preventive, specialty care (i.e., endocrinologist, rheumatologist, etc.), dental, and mental health care.
  - Many residents cannot afford medical care, private-pay health insurance premiums, and/or deductibles. Often, residents will not seek medical care until an issue becomes an emergency and they have to go to the emergency room due to the inability to pay for medical services elsewhere.
  - Many undocumented residents for whom English is a second language are not seeking medical care in professional medical settings due to a lack of translation services,



- education, documentation, knowledge about navigating medical systems in the U.S., and fear of being deported.
- Residents have limited access to primary care providers due to many providers not taking new patients. Often, there are lengthy waits for scheduled appointments at local medical facilities.
- Residents do not always have access to a medical facility that can meet the pediatric needs of the community (i.e., Plant City).
- Residents may not always be able to afford their prescription medications.
- Homelessness due to the warmer climate:
  - Homeless residents do not always have access to the mental health, substance abuse, and medical services they need. There are not a lot of resources available in the community to provide these services.
- Mental Health and substance abuse services:
  - Residents have limited access to mental health services due to limited health insurance coverage limited providers and inability to afford services.

**In response to the issues that were identified, who do you think is best able to address these issues/problems? How do you think they could address these issues/problems?**

Out of 11 stakeholders, four believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- Schools;
- Community-based organizations (i.e., Community Health Centers, YMCA, FQHCs, Healthy start Coalition of Hillsborough County);
- Employers;
- Hospitals and hospital policy makers;
- Government officials (local, state, and federal);
- Physicians;
- The largest provider in the community;
- Hospital Emergency Rooms;
- Any organization that deals with residents directly; and
- The Public Health Department.

**Do you believe there are adequate local/regional resources available to address these issues/problems? If no, what are your recommendations?**

Of the 11 responses, four stakeholders responded that they believe there are adequate resources available in the South Florida Baptist Hospital service area to address the aforementioned issues/problems. Six stakeholders did not believe adequate resources were available and one stakeholder felt that there were adequate resources to prevent future problems, but maybe not adequate resources to resolve the current issues among adult residents. Several stakeholders offered the following recommendations:

- The community requires more primary care and mid-level care providers. And specialty care as appropriate. More people need access to these services.

- As funding diminishes, we see less and less points of access for services because programs are closing.
- Need to work better together to instruct and motivate residents to use the tools.
- Residents need to let the government know that this is something they need to fix (i.e., medication shortages and mental health funding).
- Patient Navigators do a lot of hand-holding and go a long way in empowering the patient. It has been proven that they are very effective in getting patients to do what they need to do when they need to do it.
- Connections to the resources that exist are key.
- We could make much more of a difference by better utilizing the resources we have more effectively. Dental care would require more and better effective preventive outreach and maintain/protect the teeth that are in good shape pre-k.

**Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously?**

Stakeholders identified the following emerging health needs among underserved populations in the communities they serve:

- Malnutrition is a growing issue, as the food bank has been helping middle income families. There are children going without meals. Could get worse down the road if the economy does not improve.
- There has been a drastic increase in TB and Hepatitis C; there have even been cases of the plague. These diseases can lie dormant for long periods of time and re-emerge when conditions are ripe. Medication shortages may increase the chance of epidemics.
- There are some Hispanics that don't speak English. Bilingual physicians would be beneficial.
- Returning soldiers will be an emerging need for many communities which will impact our healthcare system and possibly have a ripple effect on all of us. Many young men and women will be returning with extremely traumatic injuries and will be in the system for the rest of their lives.
- There is a need for more comprehensive addiction services and an increase in sober living transitional environments instead of sending residents back to the community where they came from directly upon discharge.
- Pre-diabetic and the underserved are increasing in numbers and will increase the need for resources.
- The community needs better inner-city planning to make communities walkable and develop the infrastructure that supports physical activity.
- Energy drinks are unhealthy. There are high levels of cancer, strokes, heart disease.

**Any additional comments or questions?**

Three out of the 11 stakeholders interviewed chose to provide additional comments. Below are the additional comments made by those stakeholders:

- Are there any plans to release findings to participants and/or the public?
- Public announcements from medical professionals will go a long way to remind people to make better decisions.
- There are mental health beds located at St. Anthony's Hospital and Morton Plant Hospital also.

## Focus Groups with Community Residents

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Tripp Umbach facilitated 3 focus groups with residents in the South Florida Baptist Hospital community. More than 30 residents from the South Florida Baptist Hospital community participated in focus groups in April 2013, each providing direct input related to top community health needs of themselves, their families and communities.

### INTRODUCTION:

The following qualitative data were gathered during three discussion groups conducted with target populations that were defined by South Florida Baptist Hospital leadership. Each group was conducted by Tripp Umbach consultants and participants were provided a \$20 gift card incentive. The discussion groups were conducted using a discussion guide previously created by Tripp Umbach and reviewed by South Florida Baptist Hospital leadership.

The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion. It was explained to participants that there are no wrong answers, just different experiences and points of view. This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said. Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. The focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the South Florida Baptist Hospital service area. Focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.), and therefore, is not factual and inherently subjective in nature.

### The focus group audiences were:

- ✓ Residents for whom English is a second language
  - Conducted at Hispanic Services Council (Tampa, FL) on April 11, 2013
- ✓ Undocumented and/or migrant working residents
  - Conducted at San Jose Mission (Dover, FL) on April 11, 2013
- ✓ Obstetric professionals serving families that are at risk of poor birth outcomes
  - Conducted at Tampa Family Health Centers (Tampa, FL) on April 5, 2012

## RESIDENTS FOR WHOM ENGLISH IS A SECOND LANGUAGE FOCUS GROUP

### INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting residents for whom English is a second language in Hillsborough County, as well as ways to address the health concerns of this population.

#### PROBLEM IDENTIFICATION:

During the discussion group process, residents for whom English is a second language discussed two community health needs and concerns for residents for whom English is a second language in their community. These were:

1. **Access to primary and preventive healthcare**
2. **Information and education**

#### ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE:

Residents for whom English is a second language perceived that access to primary and preventive healthcare in the Tampa Bay Area may be limited in the areas of availability, barriers to accessibility, documentation issues, language barriers, trust, staff and patient interaction, transportation, and limited local services.

#### ***Perceived Contributing Factors:***

- Participants felt that residents for whom English is a second language often experience difficulties communicating with providers due to the language and cultural barriers.
- Residents for whom English is a second language may feel threatened when seeking medical services, which often leads to limited communication and may result in unmet needs.
- Residents that have worked hard and paid taxes are finding there are limited support and/or resources for them in the community to secure long-term care services, which often leads to lengthy waiting lists for facilities and/or services.
- Residents for whom English is a second language may not always be aware of what medical services are available to them in their communities.
- The Hispanic community has many barriers to accessing healthcare services.
- Legal status is often a barrier to accessing healthcare, but the issues are different for documented immigrants and undocumented residents. Undocumented residents may have entered the country illegally or they may have had a work visa that expired. There are varying degrees of avoidance related to the documentation residents may possess, as well as eligibility for insurances.
- The country of a resident for whom English is a second language has an impact on their access to care as a result of some communities being better served, less stigmatized, and/or marginalized.

- Many residents for whom English is a second language are not eligible for Medicaid health insurance and may not be able to afford private-pay health insurance. When residents carry private-pay health insurance, the co-pays and deductibles are often unaffordable.
- While it is unclear how, participants felt that the implementation of healthcare reform will impact many residents for whom English is a second language.
- Residents for whom English is a second language may require translation services at times when they are not provided in a medical setting. Often, the only translator available is a young child who is translating what may be intimate and complex medical conversations between their parent and physician.
- Often as a culture, Hispanics do not visit medical professionals frequently, or for preventive medicine. Instead, residents for whom English is a second language may wait until a medical need becomes an emergency to seek professional medical care.
- Prescription drugs and medical procedures are often costly and at times unaffordable in the United States.
- Residents are using home remedies due to a lack of access to care, limited trust of medical professionals, and/or cultural preferences.

#### ***Mitigating Resources:***

Residents for whom English is a second language identified the following existing resources in their communities that they felt could improve the access to primary and preventive healthcare:

- There are marketing companies that target the Hispanic community very effectively.
- Many residents are returning to their countries of origin for medical treatment due to cost.
- There are physicians in the community that are able to help residents navigate the resources and medical services in the most efficient and effective way.

#### ***Group Suggestions/Recommendations:***

Residents for whom English is a second language offered the following as possible solutions to help improve the access to primary and preventive healthcare in their communities.

- ***Improve access to medical care:*** Participants believed that it is often difficult for community organizations to meet the needs of residents alone. Participants recommended that medical facilities such as BayCare Health System begin to partner with community organizations that have the infrastructure to reach residents in their own communities.
- ***Increase prevention screenings, education, and outreach services:*** Participants believed that many residents for whom English is a second language would benefit from education about the medical diagnosis they see in the community (i.e., diabetes, obesity, Alzheimer's etc.). Participants recommended faith community nursing and outreach in the church community through church members.

## INFORMATION AND EDUCATION:

Residents for whom English is a second language perceived that the information and education of residents is limited by resident awareness, trust, engagement, limited messaging, and a fractured community.

### ***Perceived Contributing Factors:***

- Participants felt that it can be difficult to reach out to the Hispanic community due to the fractured nature of the community. As a result, it is often difficult to craft one message and reach a large portion of the population, making outreach education efforts largely ineffective to date.
- Health fairs are ineffective in many Hispanic communities due to the fear of being arrested and deported. As a result, there are residents for whom English is a second language that will avoid police and public gatherings where police are present.
- To ensure residents for whom English is a second language understand they ways that healthcare reform will impact the community an educational campaign may be needed.
- Often, residents for whom English is a second language rely on the resources in their communities for information.
- Residents for whom English is a second language do not always understand medical, educational, and/or preventive information that is provided due to the language the information is personated in and/or the educational level of the communication.
- Often, children are translating for parents and may choose to leave out details, reword, or not have the vocabulary to translate complex concepts.
- The perception of outreach and other programs is that they will not help due to a lack of trust for outside providers among residents in the community.
- Participants were under the impression that disseminating information related to adult health may be difficult at local schools due to a lack of Hispanic representation among staff, the amount of focus devoted to teaching for end of grade testing.

### ***Mitigating Resources:***

Residents for whom English is a second language identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- One of the common bonds between residents with different countries of origin is the parent language spoken.
- There are organizations working to educate the Hispanic community about healthcare, rights, disease management, and healthy options (i.e., La Raza, the Hispanic Outreach Council, etc.).
- There is funding available if someone takes the lead to secure it for outreach, education, and prevention.
- The political pull of Hispanic residents has increased significantly and continues to do so.

**Group Suggestions/Recommendations:**

Residents for whom English is a second language offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- **Increase effective communication regarding medical issues:** Participants believed that there is limited outreach in the community that effectively reaches a large portion of the Hispanic community. Participants recommended partnering with marketing agencies that are capable of creating a simple message regarding healthy behaviors and dispersing that message effectively among the Hispanic community. One method of disseminating information in the community is to teach the children of residents because children are serving as the translators and educators in many homes where English is a second language.
- **Develop trust among residents in the community:** Participants believed that many residents do not receive the messages about healthcare due to a lack of trust. Participants recommended that institutions develop trusting relationships with communities by being present and engaged in those communities (i.e., Hispanic liaison in every school).

## MIGRANT WORKING RESIDENTS FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are migrant workers in the BayCare Health System service area as well as ways to address the health concerns of this population.

### PROBLEM IDENTIFICATION:

During the discussion group process, Migrant working residents discussed two community health needs and concerns for migrant working residents in their community. These were:

1. **Access to primary and preventive healthcare**
2. **Behaviors that impact the health of migrant workers and their families**

### ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE:

Migrant working residents perceived that access to primary and preventive healthcare in the Tampa Bay Area may be limited in the areas of availability, barriers to accessibility, documentation issues, language barriers, trust, staff and patient interaction, transportation and limited local services.

#### **Perceived Contributing Factors:**

- While there is a free clinic available to migrant working residents at the San Jose Mission, the hours of operation are limited to one day a week and the services that can be provided on site are limited due to the lack of volunteer medical staff (i.e., nurses, physicians, etc.).
- Many migrant working residents find it difficult to secure health services at traditional medical facilities due to the lack of a social security number and proper legal documentation when they are not in the United States legally.
- Many migrant working residents often avoid seeking traditional medical care until their condition becomes an emergency due to an inability to afford uninsured medical care and a fear of arrest and deportation causing them to seek medical care in the emergency room of a hospital. Often, emergency room medical care is billed at a higher rate, which participants are not always able to afford.
- Migrant working residents often do not have access to health insurance as a result of their legal status, which causes them to be ineligible for medical assistance (including children not born in the United States).
- Migrant working residents experience lengthy waits at the emergency room due to limited staffing at medical facilities, a lack of documentation and limited English speaking skills.
- Medical staff have referred participants to clinics that were not accepting new patients, at which time participants were denied services.
- While St. Joseph's Hospital meets the needs of participants, there are other local medical facilities that do not offer translation services and has refused treatment to participants. When



translation services are not available, participants often have to ask their young children to translate sometimes intimate and complex medical conversations.

- The follow-up care provided to participants is in their opinion inadequate. Participants were under the impression there is little communication between the referring physician and the clinic they are referred to and/or the clinic at San Jose's Mission.
- Participants feel that they are discriminated against as a result of their ethnicity, language needs and legal status.
- Many participants do not have a driver's license, which makes it difficult to get to and from medical facilities without breaking the law. Participants are pulled over and taken to jail when they drive without a license. The result is that participants only leave the Mission when they have to.
- Participants feel like they have to risk being arrested to secure services for their children due to the rural nature of the community and lack of local providers. It is not possible to get services, particularly for special needs children without driving to and from the appointments.
- While children that were not born in the United States and are without legal documentation have services at San Jose Mission, those not residing at the mission do not have access to affordable pediatric care. The closest pediatric clinic is a great distance away from their community, is always full with lengthy waits for appointments and many sick children.

#### ***Mitigating Resources:***

Migrant working residents identified the following existing resources in their communities that they felt could improve the access to primary and preventive healthcare:

- There are medical resources available that do not require documentation to provide medical care including immunizations for children (i.e., the free clinic at San Jose Mission for its residents, the County Public Health Department, local federally qualified health centers, etc.).
- There are medical facilities that provide translation services to residents that speak a language other than English (i.e., St. Joseph's Hospitals, San Jose Mission Clinic, etc.).
- The medical care that is available in the United States and Florida in particular is much better than the medical care participants were receiving in the country of origin.
- Mental health services for children are efficient and helpful.

#### ***Group Suggestions/Recommendations:***

Migrant working residents offered the following as possible solutions to help improve the access to primary and preventive healthcare in their communities.

- ***Improve access to medical care:*** Participants believed that the clinic at San Jose Mission was effective and they feel comfortable seeking health services there. Due to the limited number of medically qualified volunteers, the services provided are limited and the hours of operation are limited. Participants recommended that the types of services (i.e., pediatric care, preventive care, etc.) and hours of operation be increased at the San Jose Mission Clinic. Additionally,

participants recommended increasing the number of free clinics that are available to migrant workers that do not reside at San Jose Mission so that residents can be treated quickly and efficiently.

- **Increase prevention screenings, education and outreach services:** Participants believed that many migrant working residents would benefit from education about the medical diagnosis they see in the community (i.e., cancer, diabetes, etc.). Participants would like to learn how to prevent, manage, and understand the chronic illnesses they are diagnosed with. Also, participants felt that preventive practices such as flu shots could be beneficial to the residents of the San Jose Mission.
- **Increase effective communication regarding medical issues:** Participants believed that there are limited communications between physicians and referral sources once they are discharged from the hospital. Participants recommended that hospital physicians inform the referral source through better communication. Also, participants felt that there are often language barriers that limit their understanding of their individual health status. Participants recommended that medical facilities, including pediatricians, employ interpreters and/or bi-lingual medical staff.

## BEHAVIORS THAT IMPACT THE HEALTH OF MIGRANT WORKERS AND THEIR FAMILIES:

Migrant working residents perceived that the health of residents in their communities are limited by resident awareness, access to healthy options, individual choices, behavior and employer responsibility and accountability.

### **Perceived Contributing Factors:**

- Participants felt that the chemicals that are used to spray produce (i.e., pesticides) are harmful. Often farmers will spray fields in the morning and have workers picking produce the same day, which is not a legal employer practice. Participants believed that the pesticides cause them to experience sore throats, eye, mouth, and skin irritation.
- Participants felt that land owners will clean the facilities and bring them up to code for inspections, while other times the bathrooms will have no toilet paper or hand soap. Participants felt this was an issue that may impact public health as a result of workers returning to the fields without being able to wash their hands to continue picking produce that is then sold.
- Participants have a rudimentary understanding of health issues and needs at times (i.e., often fungal infections of the skin due to long hours wearing gloves in a hot humid environment vs. skin irritation from pesticides).
- Participants believed that some of the more prevalent chronic illnesses among migrant workers are the risk of developing cancer, and prolonged exposure to chemicals in the fields.
- Migration is difficult for the children in migrant workers families. People tend to get sicker during migration due to the lack of cleanliness and hygiene.
- Participants feel that obesity is an issue in their community for adults and children due to a lack of time and access to healthy nutrition, children eating poor nutrition in schools and personal

choices to eat too much unhealthy sugary foods. While adults are getting physical activity in the fields; children of migrant working residents do not always have access to physical activities.

- Participants believed that diabetes is an issue for adults and children in the community due to the over consumption of sugar, fats and alcohol as well as there being a genetic predisposition to diabetes.
- Participants also felt that the stress of an agricultural migrant workers daily life has a negative impact on the health of the community.

#### **Mitigating Resources:**

Migrant working residents identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- There are educational programs in the communities with the greatest needs that offer incentives to expecting mothers to attend classes.

#### **Group Suggestions/Recommendations:**

Migrant working residents offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- **Residents should make healthy choices:** Participants believed that residents could make better choices that improved their health and the health of their families. Participants recommended that residents eat healthier (i.e., consume less fast food, sugar and alcohol). Participants also recommended that migrant working residents make their lunches at home to increase the healthy options they have access to during the work day.

## PROFESSIONALS SERVING MOTHERS AT RISK OF POOR BIRTH OUTCOMES

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are at risk of experiencing poor birth outcomes such as, infant mortality, pre-term births and low birth weight in the BayCare Health System service area, as well as ways to address the health concerns of this population. There was professional representation from Hillsborough, Pasco, and Pinellas Counties.

### PROBLEM IDENTIFICATION:

During the discussion group process, professionals serving mothers at risk of poor birth outcomes discussed two community health needs and concerns for mothers at risk of poor birth outcomes in their communities. These were:

1. **Access to prenatal care**
2. **Behaviors that impact the health of mothers and babies**

### ACCESS TO PRENATAL CARE:

Professionals serving mothers at risk of poor birth outcomes perceived that access to prenatal care in their communities may be limited in the areas of availability, barriers to accessibility, resource navigation, trust, staff and patient interaction, transportation, and consumer choice.

### ***Perceived Contributing Factors:***

- Women that are abusing substances while pregnant are considered high-risk pregnancies that require a referral. Often, when local facilities refer a woman for high-risk prenatal care the referral is unsuccessful, in that the mother does not show up at the referral facility.
- Transportation is a barrier to women seeking prenatal healthcare from Hillsborough, Pasco, and Pinellas Counties. The public transportation system is not convenient due to the lengthy travel times required to travel short distances (i.e., an hour and a half to travel five miles), lack of provisions for other children, etc. Facilities that provide obstetric services are situated a great distance from one another and specialty services are even more dispersed. There are times that a woman may have to take eight hours to travel to and from a medical appointment. This is particularly the case for women from Pasco County. Additionally, public transportation does not have provisions for single parents with multiple children. The women that are at the greatest risk of experiencing poor birth outcomes tend to also have the greatest transportation needs.
- The general consensus among participants was that Pasco County appears to be the worst served county for residents seeking birthing services due to the rural nature of the area, the distance between birthing facilities, poor public transportation. There are two hospitals with birthing centers on the east side of the county that are expected to close, leaving a void for birthing services in that area. Additionally, public transportation is poor and it is currently difficult to get pregnant women to the hospital without using emergency medical

transportation. It will be increasingly difficult when the distance between birthing facilities is increased. Participants were under the impression that up to 500 referrals from a local hospital within five miles of the federally qualified health clinic have not shown up to the clinic for the referred services.

- Hillsborough County also has limited resources to meet an overwhelming level of need.
- There is not a neonatal intensive care unit in Pasco or Pinellas County, requiring mothers with substance abuse issues to be referred to Hillsborough County.
- Specialty services for expecting mothers are not always available locally to residents without insurance coverage and they are often referred to Tampa General Hospital.
- Services have been shrinking and programs closing that address the issues for high-risk pregnancies due to funding limitations.
- There is limited access to dental care in all three counties.
- Some residents do not believe that a prenatal visit is worth attending. From the patient's perspective, the doctor just checks their weight, takes their blood pressure, and they see a different provider every time. For these women, spending the day to attend an appointment, they are not seeing the benefit of their investments. Providers do not have enough time to engage the patient more due to regulatory paperwork and the volume of patients that need to be seen. Pasco County sees similar attendance rates with less wait times.
- Low-risk pregnancies may not return for prenatal care because they feel like there is no need.
- Immunization rates are poor in Pasco County due to the decrease to one clinic that offers the service free of charge. Parents may not be able to afford to immunize their children.
- Behavioral health services are not always available due to the lack of reimbursement to providers.
- Preventive services may not be as readily available in the community.
- In Hillsborough County, there is one nutritionist to meet the need of residents in 11 Family health centers throughout the county.
- Premature babies often require a great deal of hospital resources.

### ***Mitigating Resources:***

Professionals serving mothers at risk of poor birth outcomes identified the following existing resources in their communities that they felt could improve the access to prenatal care:

- Some of the county health departments provide dental care.
- There are programs in every county that offer care and routine health services to mothers and children in their homes (i.e., Healthy Start).
- There are programs for mothers enrolling in Medicaid at the public assistance office that provide encouragement and support to attend prenatal care in every county (i.e., MomCare).
- Tampa General Hospital provides services to high-risk pregnant mothers.
- There are emergency medical transportation options if a woman goes into labor and cannot get to the hospital.

- There are facilities in Pasco County that have maximized efficiency to the point that an appointment take less than an hour from the time the patient walks through the door.
- The programmatic infrastructure is already in place to reach women at risk of poor birth outcomes (Risk screening, family health clinics, Healthy Start, etc.).

### **Group Suggestions/Recommendations:**

Professionals serving mothers at risk of poor birth outcomes offered the following as possible solutions to help improve the access to prenatal care in their communities.

- **Improve transportation for expecting mothers to medical care:** Participants believed that the limitations of the public transportation system posed a significant barrier to pregnant women. Participants recommended that transportation be provided for medical care and delivery to the hospital for birthing. Any transportation method would also have to consider the safety of additional children. Participants believed that if mothers could get to and from their medical appointments they would be more likely to go.
- **Provide in-home prenatal and after-care, education, and outreach services:** Participants believed that many parents are not able to get to their medical appointment for a variety of reasons (transportation being only one). Participants recommended providing health services to expecting mothers in an easy-to-use format and in their homes to increase the effectiveness, practical application and success of the services, including immunization rates for children. There are programs in the community providing this service already with high success rates and positive outcomes.
- **Increase funding for programs to address multiple needs:** Participants gave the impression that funding was very specific for birth outcomes, which can limit the services programs are able to provide in the community. Participants recommended openly funding programs that are proven effective and/or based on best practices without restriction of purpose. Additionally, participants believed that Hillsborough and Pasco Counties required increased resources simply to meet the current demand.
- **Increase the level of engagement of expecting mothers:** Participants believed that mothers do not attend appointments because they do not see the value. Participants recommended increasing the level of engagement and enticement for women to want to return to the next prenatal visit. Make the visit worth crossing the barriers to get there.

### **BEHAVIORS THAT IMPACT THE HEALTH OF MOTHER AND BABY:**

Professionals serving mothers at risk of poor birth outcomes perceived that healthy behaviors in their communities are limited by resident awareness, access to healthy options, individual choices, behavior, and personal responsibility.

**Perceived Contributing Factors:**

- Some women are seeking prenatal care early to validate their pregnancy for the purposes of securing benefits (i.e., WIC, public assistance, Medicaid, etc.). Once the pregnancy is validated, the same women may not return for prenatal care until very late in their pregnancy (i.e., third trimester), when there is very little that can be done to improve the birth outcomes for mother or baby.
- Women may be avoiding prenatal care due to substance abuse/addiction, legal status, and/or limited awareness about the need for early prenatal care. If a woman does not have a trusting bond with a provider prior to becoming pregnant she may fear the outcome for her and her child if she seeks prenatal care prior to giving birth. For example, a woman that is using substances may fear that her baby will be taken from her due to her drug abuse while pregnant and as a result avoid care causing health problems for her and her baby.
- There may be additional stressors in the home (i.e., domestic violence, poverty, etc.) that impact the health of mother and baby.
- Women may be practicing behaviors (i.e., substance abuse, prescription drug abuse, smoking, avoiding prenatal care, etc.) that impact the outcomes of the birth and health of their babies (i.e., low birth weight, pre-term birth, born addicted to a substance, physical/mental development, etc.), which may increase the mortality rate of children within the first year of life. In some birthing facilities, as many as one baby a day is born addicted to a substance. Smoking among pregnant women is high across the State.
- Residents are not always aware of healthy options and/or choices for themselves and their children. While there are programs and services offered in the communities, women often do not use what is currently available. Also, when funding is decreased for a community program, the education and outreach services suffer the most due to the crucial nature of the other services provided. Many women refer to the generational and cultural practices of their families, which may not include prenatal care and or healthy behaviors for mother and baby.
- It can be difficult for residents to change behaviors and may require a lengthy process and support.
- The outreach services that are currently available in the community are not always effectively reaching the populations that need the information the most.
- Obesity is an issue among pregnant women due to misinformation in the community about the need for weight gain and an increased access to cheaper foods that are higher in carbohydrates and fat content.
- WIC often provides misinformation regarding the benefits of breast feeding vs. formula.

**Mitigating Resources:**

Professionals serving mothers at risk of poor birth outcomes identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- There are educational programs in the communities with the greatest needs that offer incentives to expecting mothers to attend classes.

- Word-of-mouth marketing is the most effect in many communities.
- There are programs that work directly with mothers that have a substance abuse history providing the tools, resources and incentives necessary to become self-sufficient.
- USF has a diabetes center for education and management.

**Group Suggestions/Recommendations:**

Professionals serving mothers at risk of poor birth outcomes offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- **Residents must be accountable for their own choices:** Participants believed that residents could make better choices that improved their health and the health of their babies. In fact, participants believed that residents were solely responsible for the choices they made. While education and support are necessary, participants believed they would not be effective unless the residents made healthier choices for themselves and began utilizing programs and services.
- **Increase the amount and effectiveness of outreach and education programs:** Participants believed that there are programs in the community that are not being utilized and are not effectively penetrating the community. At the same time, participants indicated that there are not enough of the programs and education residents need locally (i.e., St. Anthony's Hospital could offer educational classes similar to those offered at Morton Plant Hospital). Participants believed that residents would be more successful in their efforts and choices related to the health of themselves and their babies if they understood their options, the effort required and the impact of their choices ahead of time (i.e., breastfeeding).
- **Increase family planning education in the public schools:** Participants believed that residents are not always aware of healthy choices. Participants recommended teaching family planning in the public schools as a required course.
- **Provide correct information through provider education:** Participants believed that providers are not always aware about the cultural, environmental, psycho-social factors that are at play for some of the patients they see. Participants recommended that providers be better educated through collaborations and partnerships to ensure the most accurate information is being offer to residents in the most effective way.



# APPENDIX A

## Secondary Data Profile

South Florida Baptist Hospital  
November, 2012-May, 2013

# APPENDIX B

## Key Stakeholder Interview Response Set

South Florida Baptist Hospital  
October-November, 2012

**1. How would you describe a healthy community?**

1. Multifaceted. A healthy community has a population that understands and/or has access to health information regarding obesity, smoking, fluoride, basic general public issues that are understood but not adhered to. Once that is in place, the population has a 'health home'. Many have a medical home but have never seen a dentist. Dental issues transcend into overall health of an individual. For kids, not having access to a dentist is the number one reason they miss school. The ER is the wrong place for dental care.
2. From an ER perspective. People have ability to access primary care thru a doctor's office or clinic. They have a place to go for preventive and maintenance care. Manage medical conditions to stop them from becoming chronic or requiring emergency medical care. They can get the care they need in a reasonable timeframe. A community with resources that wants to invest in health and wellness for the whole community.
3. Where people have the ability to sustain themselves independently or have access to services that will put them on a path to be independent. Has access to health care.
4. A healthy community is an active community. It's safe to be outside. There are sidewalks and paths. Is socially responsible. People in the community care about the rest of the people of the community.
5. A healthy community is well cared for at all levels. Has a good emergency interface and strong relations with primary care providers for preventative health and routine diagnostics. ERs are overwhelmed with patients that don't really belong there. The ER was not designed to provide primary care.
6. One that has access to health services, in a reasonable manner. Access to health education services and advice. Reasonable access to care, information and education. Everyone needs to take responsibility for themselves. As an organization we ensure access and education and give them tools to take responsibility.
7. Patients that want to take care of themselves and participate in care. Will do better if they participate in care eat right exercise etc.
8. Healthy community for MH would live well with their Dx and not use emergency services as the entry point in MH system.
9. Vibrant, safe, walkable, with accessible parks and healthy foods. There is a population that is included toward physical activity. There is a healthy economy.
10. Perception is reality so those that live in the community have to feel well overall (emotionally, physically, spiritually). The environment supports promotes healthy behaviors (access to fruits and veggies, walking, biking). Community focuses on prevention and maintaining wellness and increasing lifespan.
11. One that's thriving, a productive community – health and wealth do seem to go hand-in-hand, so one that lives a good quality of life, works collectively to create healthy conditions.

**2. What are some specific health need trends locally/regionally?**

1. Dental care is critical. There is a significant need for pediatric dental care. For poor people, dental care is almost nonexistent. Behavioral health is also critical. A lot of the time the underlying issue for a patient seeking medical help is a behavioral health discussion (substance abuse, depression, alcoholism).

2. There are not enough clinics and primary care providers that accept Medicaid. Psychiatric care availability is minimal as is management of psychiatric issues.
3. We have a high unemployment rate. There are a lot of people with a low education level. There are not a lot of jobs available for people that are not well educated and little skills training.
4. Diabetes, cancer, obesity.
5. We have a large indigent population that does not get the preventive care they need. Indigent pregnant women are not getting prenatal care. An aggressive inoculation program. We are on the front lines responding to these people. Some of which have horrific medical histories and bad oral hygiene. There are a lot of ER visits for non-emergency care. Lack of outreach for prenatal care for indigent pregnant women.
6. Access. As an agricultural worker community. Many come from other countries such as, Central America. Their capacity to access services is limited by language, lack of education, lack of documentation, lack of knowledge on how to navigate the system, inability to provide documents.
7. Missing specialty care. Endocrinologists, Rheumatologists.
8. Growing in MH and becoming more acute (Both medical MH) as they are interrelated; Co-occurring illnesses are increasing (dually- Dx pop is growing); Baby-boomers aging will increase the demand for MH services provided in place with medical services
9. Lack of health insurance causes a lack of access to health care. Obesity is an issue that causes high-cholesterol, diabetes, etc. Substance abuse particularly with prescription drugs.
10. Infant mortality-is a focus of the county (particularly the AA infant mortality rate is over 3x higher). Not so sure about the cause. There is Medicaid coverage, and pre-natal care rates are high. Seems to be related to lack of overall health of mothers and stressors. Low birthweight tends to be related to infant mortality. Technology often can save babies that would not have been born due to (obesity, smoking, D/A) then once born they enter the home environments and risks such as bed sharing (SIDS) because there are bed for the infant in the home. Children being left alone. Existence of Social supports. Dental services/care- preventive services and ongoing dental health- limited access to dental services oral diseases in pre-schools are higher than typically anticipated. Oral health is a gap in the community among low-income and working poor but there are middle class families that do not have dental coverage and even when residents have coverage the co pays and deductible uninsured dental care can be unaffordable. Seek care in ER but there's not real resolution in the emergency room. Time to go to the dentists to get care. Location of dental practices tend to not be in the areas of greatest needs and transportation is an issue to get to and from the providers. Trends are not changing a lot. There are focuses. Childhood obesity- in minority communities.- Dietary choices that include processed foods with complex sugars can be easier to get access to and cheaper. That coupled with being less active. Time is limited due to working to make ends meet. Living in unsafe environments keep children in doors.
11. If you go to the One Bay Tampa website, you will see them all, the leading one is obesity. This needs to be tackled, ripe for primary prevention, prenatally, early education, etc.

**3. Which target populations locally/regionally do you believe have such health needs?**

1. Behavioral health with primary care is across the spectrum. Dental care is a pediatric need. We need to get dental health under control at young age. We set up dental outreach with BayCare a few years ago. We put fluoride in the water in Plant City. We're making progress but we have quite a ways to go.
2. Medicaid enrollees have limited access to care. Many doctor's that accept Medicaid are not taking new patients. The working poor. They make too much money to be eligible for government assistance but they don't make enough to afford insurance and/or their employers do not provide insurance.
3. Low income.
4. The general population. We have a large Hispanic population, 30%. Our membership base is 24% Hispanic.
5. Indigent people and migrant workers.
6. Diabetic patients, arthritic and Lupus patients.
7. Migrant workers, agricultural workers from Central/South America. Depending on country they come from, the ability to access healthcare and follow instructions and take care of themselves varies. They have a low literacy level and difficulty filling out applications for health services. More and more services require you to have online access. They have little or no access to computers, let alone the internet. They don't have access to public transportation and they don't have any personal transportation. So, free access to computers and the internet at libraries does not help these people.
8. Aging seniors; Children- Mental health and physical health needs (obesity increasing childhood diabetes)
9. African Americans (Obesity and infant mortality); General population; 50-60 year olds that have retired
10. Working poor; African American families (pre-conceptual health status); Those with out dental coverage; Lower-socioeconomic stratus; Higher concentration of poverty
11. It affects everyone, but the younger population, we need to have a primary, preventive focus on them. Need better walking trails, more fresh fruits, etc., all across the community.

**4. In order to improve the health of communities, please talk about some of the strengths / resources that communities locally/regionally have to build upon. List strengths / resources that can be built on and describe how those strengths / resources could be used.**

**Strength #1**

1. We have plenty of resources. We need to talk about how to deploy them. We need awareness and access across the board. Many clinics in the area operate mobile dental and medical.
2. We already have free clinics. The infrastructure is there. We need to help them get more providers so they can see more patients.
3. We have grant programs such as the Hillsborough Health Care plan. And many other organizations that we partner with and refer people to. We have an Advisory Board where we meet with other organizations to discuss community needs and what services are available to meet those needs. It also serves as a conduit to get information out into the community.
4. YMCA. We serve 7000 members. 35k pop. With our programs and services we can expand and get word out to people. Working with corporations to sponsor programs and bring health screening and exercise opportunities to their employees. City helps raise funds to put us here.

Expand facilities to accommodate more people. Component is physical activity. If too crowded people will not come. Don't know if other gyms work with people as we do. Care about wellness.

5. The area is well funded as far as hospitals. They are well managed and well maintained. Patients get a high standard of care. The foundation and potential for outreach is there. We need more community education, more public service announcements especially relating to preventative care and maintenance. Particularly during cold and flu season. Hospitals could do more
6. Relative to my organization, the network that I have established over 12 years of operation. I have collaborative agreements and working relationships with hospitals and other social service providers in the area. Because of these relationships I can call upon them to tap into resources to care for my patients. I may not be able to provide the service directly but I can refer to someone who can. And I return the favor. It's an extremely effective system. I am always looking for ways to expand and strengthen these relationships and create new ones. Networking is a living organism. You have to change and grow with it.
7. Good primary and specialty care. Hospital helps a lot doing sessions and screenings for cancer. Will make complete if we get those two specialists (Endocrinologists, Rheumatologists). Urology department is overwhelmed.
8. Good community providers that are motivated and driven to meet the needs of the patient population
9. Increased collaborations recently formed that share information across geographies and that movement is gaining momentum
10. Political support for healthcare is strong (sales tax 20yrs ago) that generate funding for the indigent healthcare program. Plant City passed for chlorinating local water supplies, etc. in the last 10 years collaboration has taken place among providers.
11. The Health Department – their focus is on making people healthy, they want people to be healthy.

#### **Strength #2**

1. Relationship with community hospitals. We can increase awareness.
2. Hospital outreach is very good. There are lots of community programs. We can always do more.
3. Plant City has a very strong Chamber of Commerce. Business community is strength for Plant City. Not sure how that could be built upon.
4. Hospital. Do good job communicating information. Diabetes seminars, lunch and learn, participation in community events, Wellness on Wheels. We've started talking about partnerships. We have wellness and physical activity programs. We'd like to partner with them to get more awareness about nutrition to children and adults. We do not have access to a nutritionist to talk to our members about proper food choices. We can make recommendations regarding healthy foods but we cannot prescribe foods. We can offer a program that helps families with choosing healthy items at the grocery store. Work with schools to educate children on nutrition. We can talk to children but it's the parents that put the food on the table.

5. The service providers in our community are passionate about their work, including the Department of Health. I have yet to deal with anyone that is not looking to make someone else's day better.
6. Being predominantly agricultural and construction, the community is inherently strong because it tends to be a young one. There are more opportunities to educate young people and you can have a strong impact on their health knowledge about our system, and their own wellness.
7. Very easy to get attention of community. Everyone knows everyone else.
8. None
9. Hospital consolidation increasing which leads to efficiencies and allows issues to be better identified and addressed.
10. There is a strong network of healthcare providers and resources. There is a wealth of resources in the healthcare industry. We are making progress toward a healthier community.
11. One Bay Tampa – Economic development based. They want to have successful people, they engage each other, employers, worksites, families, etc. Focus on the whole lifestyle.

**5. In your opinion, what do you think are the 2 most pressing health needs facing residents in local/regional communities you serve, especially the underserved? Please explain why.**

**Community Issue #1**

1. Pediatric dental care. Access by the Medicaid community is nonexistent. A lot of work needs to be done with parents to make sure they understand the importance of dental care and good oral hygiene.
2. No access or very poor access to primary care. Most primary care providers are not accepting new patients. People miss an entire day of work by sitting in the doctor's office all day.
3. Education and Employment. General labor jobs are being automated and there are not many jobs available to people with little education and skills training.
4. Obesity. Cheaper to eat unhealthy foods. Processed foods are high in sodium and carbohydrates. Fast paced lifestyles. Both parents working.
5. Large under or uninsured population. Lack of preventive care. Medical issues escalate more than they need to be because of lack of routine and preventive care.
6. Access to primary care when it is needed and in a proper way so non critical needs are addressed appropriately and avoid potential crises. In other words, an uninsured population seeks services in the Emergency Room for a non-emergency. There needs to be an entry level process for the uninsured. Or those with insurance but copays/deductibles are high. Blue color family. Working poor. Avoid requiring documentation unless it is critical.
7. We have good primary care and easy access. Some offices are not open in afternoons.
8. Not enough services that meet both MH and medical health needs (There are too many silos) need to link providers (practitioners, medical health providers, etc.). (Provided list of names of providers).
9. Obesity/pre-diabetic and diabetic-stems largely from the lack of education and prevention.
10. n/a
11. Obesity

## Community Issue #2

1. Access for poor people to behavioral health care. They can't afford it.
2. There is limited specialty care in Plant City; especially for Pediatrics. People need to drive 30-45 minutes to get care. Maybe we could have specialists come to Plant City and work out of our hospital to see patients for a day or so.
3. We have a large homeless population. It is hard to measure this type of population. We don't have a lot of resources for the homeless population.
4. Diabetes is a growing epidemic in this county. Children are overweight at younger ages. And this lifestyle follows them into adulthood making them unhealthy adults.
5. Prescription medications are unaffordable and hard to get. Patients are skipping doses because the medications are expensive. Elderly people have to choose food over medications. Responsibility falls on the FDA and Federal Government because of the pressure they put on pharmaceutical companies. This raises prices on medications and makes them unaffordable. The FDA is hamstringing smaller pharmaceutical companies and forcing recalls. When we could not get seizure medications there was nothing we could do for patients but take them to the ER. US pharmaceutical companies are greedy. A bottle of nitroglycerin in New Zealand is \$9. That same bottle is \$300 in the US. This protocol needs to be adjusted. My staff undergoes constant training because of the rotating shortage of medications. There is a greater potential of medication errors because we have to use what we can get. We've got a budget on what we can spend on prescription drugs. If I have to pay more for one medication, it means I can't get another medication.
6. Education. There is a test available to test someone's health literacy. This applies to both English and non-English speaking individuals. The education of 'blue collar' individuals tends to be at or below high school level. They are not able to (or have difficulty) filling out forms, following instructions, making appointments. They are not empowered to ask questions and most times don't comprehend responses. They don't ask health professionals to stop and explain something. Part of the responsibility lands on the doctors for using language and terminology over the patient's head. All of these issues are amplified for non-English speaking people.
7. None.
8. No quality control and ability to rank the quality of providers and of the good providers that is not way to meet the growing demand. There is also not enough funding to increase those resources.
9. Behavioral health- depression impacts a persons health and may increase risk for drug use. There is a larger vet population and higher senior rates in the community all of which tend to have higher rates of depression and suicide.
10. n/a
11. Our transit system – meaning, for healthcare, but also, just not having to drive for work would contribute less toxins in the air, etc. We need a regional transit system. There is a link between this and obesity, healthcare, getting to a job that offers benefits, etc.



**6. In response to the issues that were identified, who do you think is best able to address these issues/problems? How do you think they could address these issues/problems?**

1. Different from community to community. Schools can assist with oral health education. Community health centers can help educate and provide awareness to adults/parents. Hospitals are some of the largest employers and have avenues for outreach and awareness to their employees.
2. A lot needs to happen on the government level. Making primary care more agreeable to Medical School students would increase the number of available providers.
3. I think we need to put together coalitions to collaborate and find some common ground. To look at what we can do together to resolve these issues.
4. The best way to address these issues is thru a collaborative effort on behalf of everyone in the community. The Y has what we call 521. We try to get children to increase fruits/vegetables to 5 servings a day, decrease video games/internet usage to 2 hours per day and increase their physical activity to 1 hour a day.
5. The red tape has to be removed at the federal level. I've met with Congressmen to help work on the problem. This is a matter of national concern. Homeland Security should be involved. If we were to have an outbreak, we would not be able to treat everyone.
6. Pieces have to start with the healthcare professionals themselves. They need to get educated about health literacy. Not everyone understands their jargon. Areas of our school systems could use attention. Many high school graduates can barely fill out a job application, let alone a health form. They have health classes in high school but are not taught how to fill out a health history form. Some are clueless about managing a budget or the interest on credit cards. These things are not being taught at school or at home.
7. Have more availability in the afternoon or evenings for primary care patients.
8. Funding is decreasing and the most appropriate funding sources is the body that funds medical care because the two are synonymous; Criteria needs to be established to determine efficacy and a community based standard of excellence needs to be determined; Silos- biggest provider needs to take a leadership role (often is linked to performance outcomes and dollars paid) as funding continues to dry up patients will seek care in Hospital ERs making the community hospitals the drivers.
9. Any organization that deals directly with these population (i.e., federally qualified clinics, YMCAs, free clinics, etc.); Behavioral health-Employers need to provide better coverage to employees and better educate employees; Hospitals can make diabetics more aware of the resources that are available to them.
10. Infant mortality- Healthystart coalition of Hillsborough County is working to address and are the body receiving funding from the state. Dental-Hillsborough County Health department in cooperation with the oral health coalition by developing partnerships and using resources effectively to meet the needs. Childhood obesity- Hillsborough County Health department in partnership with child serving institutions like school systems, faith based programs and CBO like the YMCA.
11. BayCare, and most hospitals are members of the councils, people coming together, how do they contribute to communities' solutions, etc.

**7. Do you believe there are adequate local/regional resources available to address these issues / problems? If no, what are your recommendations?**

1. Yes. Get word out.
2. No. I recommend getting more primary care and mid-level care providers. And specialty care as appropriate. More people need access to these services.

3. The County has resources. The critical point is access. As funding diminishes, we see less and less points of access for services. Some of the smaller nonprofits have had to scale back and are no longer offered in our county. The networking program that brings social service providers from across the county together on a regular basis is no longer functioning. It is hard to maintain when there is not a designated person to maintain it.
  4. Yes. Our community has a lot of great parts and is maintained well. We have the tools. We need to learn to work better together to instruct and motivate folks to use the tools.
  5. No. I recommend more public awareness. There is little coverage on medication shortages. People need to let the government know that this is something they need to fix. That could help. I have to throw away expired medications. It is a felony to distribute expired medications. Other states allow you to send back the expired medications to the pharmaceutical company to have it recertified. We are trying to change the law in Florida. This is both a state and national crisis.
  6. Yes
  7. No. Statistics and research prove otherwise. Patient Navigators are worth their weight in gold. They don't need any formal training. They just need to be good communicators. Being of the same ethnic or cultural background can be helpful in some situations. They do a lot of hand holding and go a long way in empowering the patient. They stay on top of the patient making sure appointments are made and kept, forms are completed in a timely manner, make sure they know who to call and when to call them. It has been proven that they are very effective in getting patients to do what they need to do when they need to do it. Also, patients learn these things and pass them on to friends and family and the next generation, causing a ripple effect. This needs to be a service that is available and affordable for anyone and everyone that needs it.
  8. Not enough funding. Recommends increasing govmt relations to focus FL's attention on the needs and importance of funding for MH services (51st in funding in US and PR)
  9. Connections to the resources that exist is key. Need a movement to educate the masses however, which would require marketing and branding dollars. The message is out there but it is not being received or implemented. Reaching children in the schools is a longer term solution whereas shorter term don't know.
  10. Yes there are resources to do more than is currently being done. The initial problem is not lack of resources. We could make much more of a difference by better utilizing the resources we have more effectively. Dental- more and better effective preventive outreach and maintain/protect the teeth that are in good shape pre-k. Takes coordination and collaboration. There are not enough resources to fix already formed issues. Infant mortality- yes, is more of an outreach behavioral change issue than others and we can do that. Childhood obesity – the needle is moving for current and coming generation.
  11. Yes – county health office, business community, Healthy Together Tampa, universities, etc. working together.
8. **Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible)**
1. We are seeing more and more obesity in clinics. This is the next public health discussion that the public will have to deal with. Obesity can cause Diabetes which can cause a lot of other health issues.
  2. No.
  3. No.

4. Malnutrition. Our food bank has been helping middle income families. Limited on how much they can give out. Kids going without meals. Could get worse down the road if families can't put food on the table.
5. There has been a drastic increase in TB and Hepatitis C; there have even been cases of the plague. These diseases can lie dormant for long periods of time and reemerge when conditions are ripe. Medication shortages may increase the chance of epidemics.
6. No. There are some Hispanics that don't speak English. Bi lingual physicians would be beneficial.
7. No. Issues have been same for last 20 years. Things have not changed a great deal with the population I work with. Returning soldiers will be an emerging need for many communities which will impact our healthcare system and possibly have a ripple effect on all of us. Many young men and women will be returning with extremely traumatic injuries and will be in the system for the rest of their lives.
8. More comprehensive addiction services and an increase in sober living transitional environments instead of sending back to community where came from directly upon D/C
9. Pre-diabetic and the underserved are larger numbers and will increase the need for resources. Also need better innercity planning to make communities walkable and developing the infrastructure that supports physical activity.
10. Holding the line with tobacco-as long as we can keep the trends in a decrease of use direction we'll be ok. Energy drinks but nothing significant enough to emerge "so to speak" . There are high levels of cancer, strokes, heart disease. Technology is helping manage the chronic illnesses we see.
11. Yes – families and kids are stressed, mental health is an issue, alcohol and drugs to deal with the pain, kids are abused, frightened, scared, hungry. Need to focus on how we deal with families, homelessness, etc. Bill Nelson's wife, works on the Hunger Coalition with Hillsboro schools.

**9. Please describe your vision of what the health status locally/regionally should be in within 5-10 years?**

1. I would like to see our time, attention and talent focused on making children as healthy as possible. They will strengthen the community as they grow. I would also, like to see a new Pediatric center in Brandon. It will have to provide access to all care children need; doctors, dentist, behavioral health. We need to make sure kids have access and are aware of it.
2. Should be places available for people to have chronic medical issues managed. Prevention and wellness programs to help people stay healthy and out of the doctor's office. People should be able to see their primary care provider in a timely fashion. People should not have to use the ER for primary care.
3. Like to see unemployment rate decrease. Would like our organization to exist more to case manage people that are on a path to independence rather than only deal with them in a crisis situation. With opportunity and gainful employment, people will have needs from time to time but will not be in constant crisis.

4. Get out and get more people involved in programs. Get the entire community behind wellness. We can change people's mindset, help them make healthy choices for themselves, and all of these diseases will start trending down.
5. Ideal would be: EMS working more closely with doctors. We'd be proactive instead of reactive. We'd interface with community to prevent emergency care as much as possible. We'd emphasize prevention. Everyone would have access to a consistent level of medical care. People would develop relationships with their primary care provider; get to know them and their medical history. Catching medical issues early can make them easier to treat. Empower them to make good, healthy choices. Make sure they have the medication they need. Nutrition is often overlooked. Bad food choices can lead to devastation illnesses down the line. People need access to healthy food choices. Lots of education. Wellness checks. The society at large is ignorant of their medical condition. Even the best of us can do better.
6. My diabetic patients would be under control. They would be participating in their care. Continuing to exercise making healthy choices.
7. All people will have access to adequate primary care and adequate treatment for their medical condition(s). Providers will practice clinical medicine (what is best for the patient) and not legal medicine (how much do they have to do to not get sued). Physicians order lots of tests and procedures. Not all of them will necessarily make a difference in how they treat the patient. But they all cost money. A program will pay for it but is there an absolute need for the patient to have that test or procedure. We need to ask that question and at the same time maintain the best quality of care that we can provide. We won't know if it will work unless we implement it. I am not suggesting socialized medicine.
8. More community based services develop and the mortality rate reduced. An increase in education about the disease entities and a commitment to health and wellness.
9. That this region will become nationally known for its commitment to become healthier
10. On the upslope to continued improvement. There are many indicators that can slide in a negative direction. The data can take 5 years to indicate change. If we continue to work to improve health we will continue to move the needle in a positive direction.
11. Solve some of the longstanding health care issues, then move towards the next steps. So insurance for all first, then prevention, then care, collection of data, etc.

**10. Do you have any existing data resources (such as reports, survey data, etc.) that you think would be beneficial to use in our research?**

1. No.
2. No.
3. No.
4. No. might Tampa Metro Area YMCA. Will let me know.
5. I have response data. I don't think it is really useful. I'm not seeing any trends. The Nemesis database is public and collects data from all emergency responders across the country.
6. USF did a small survey, interviewing people leaving the clinic, asking what they would have done if they could not get the care they needed here. 51% said they would have gone to an

Emergency Room. We are trying to get USF to expand on the survey. We also did a small study in conjunction with St. Joe's. Please contact me for access.

7. Can have anything available. How her patients are doing, what insurances they use. Let me know what would be beneficial.
8. No
9. No
10. No
11. Yes

**11. Any additional comments or questions?**

1. No.
2. No
3. No.
4. Are there any plans to release findings to participants and/or the public?
5. Public announcements from medical professionals will go a long way to remind people to make better decisions.
6. No.
7. No.
8. There are MH beds at each facility (58 beds at Morton Plant and St. Antony)
9. No
10. No
11. One Bay website – [www.myonebay.com](http://www.myonebay.com)

# APPENDIX C

## Community Resource Inventory

South Florida Baptist Hospital  
May, 2013