



Mease Dunedin Hospital

Community Health Needs
Assessment – Final Report



June 7, 2013

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Introduction

Mease Dunedin 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. Mease Dunedin Hospital is a 143-bed facility, located in Dunedin, FL and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. Mease Dunedin Hospital collaborated with outside organizations in Pinellas 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
- South Florida Baptist 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
- City of Dunedin
- Dunedin Chamber of Commerce
- Committee on Aging/City of Dunedin
- MPM Faith Community Nursing
- Pinellas County Health Department
- One Bay Health Communities
- Universal Medicare/Medicaid
- Community Health Centers of Pinellas County
- Community Health Centers at Tarpon Springs
- Intercultural Affairs Institute
- BayCare Administration

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 Mease Dunedin 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 Mease Dunedin 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

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

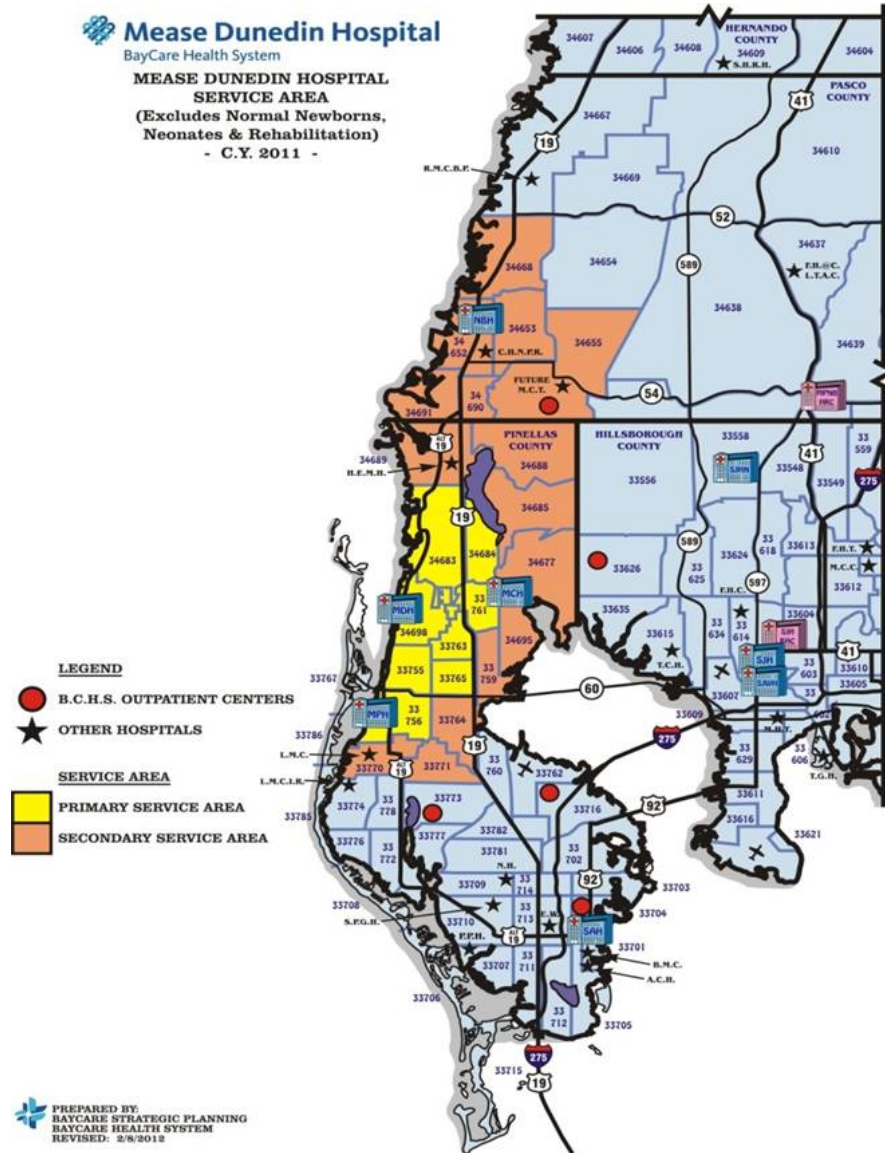
Mease Dunedin Hospital Community Zip Codes

Table 1

Zip	Town	County
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33761	Clearwater/Largo	Pinellas
33763	Clearwater	Pinellas
33765	Clearwater	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34698	Dunedin	Pinellas

Mease Dunedin Hospital Community Map

Figure 1



Consultant Qualifications

Mease Dunedin 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 books¹ on the topic of community health and has presented at more than 50 state and national community health conferences.

¹ 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.pdfand

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

Project Mission & Objectives

The mission of the Mease Dunedin 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 Mease Dunedin 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 Morton Plant Mease Healthcare.

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

Morton Plant Mease Healthcare Vision:

Morton Plant Mease Healthcare will be a nationally pre-eminent healthcare system offering innovative, accessible, and quality services in collaboration with physicians, team members, and the communities we serve.

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 Mease Dunedin Hospital.

Methodology

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Mease Dunedin 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 Mease Dunedin 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 Mease Dunedin Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, Thompson Reuters, Community Needs Score (CNS), U.S. Census, Healthy Tampa Bay, Annie E. Casey, 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 10 interviews were completed with key stakeholders in the Mease Dunedin 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 four focus groups conducted by Tripp Umbach in the Mease Dunedin 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 earning a low income that are Medicaid-ineligible
 - Residents for whom English is a second language

- Private behavioral health practitioners serving residents with behavioral health needs
 - Nursing home administrators serving senior residents
- **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 more than 100 community resources located in May 2013 that meet the needs identified by stakeholders secondary data and focus groups with community residents in the Mease Dunedin 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

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 four community focus groups resulted in the prioritization of three key community health needs in the Mease Dunedin 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 Mease Dunedin Hospital 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 100 such resources. (See Appendix C for a full copy of the Pinellas County Community Resource Inventory).

A summary of the top needs in the Mease Dunedin 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 focuses 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 by the year 2020 to 9% of persons nationally.²

This assessment showed more than average socio-economic barriers to accessing healthcare in the Mease Dunedin Hospital Service area based on the Community Needs Score (see the secondary data section for a full description of CNS). With an overall weighted score of 3.3, the Mease Dunedin Hospital Service Area shows a CNS score higher than the median for the scale (3.0) and lower than the average for the BayCare Health System Service Area (3.5), which indicates a greater than average number of socio-economic barriers to accessing healthcare with fewer barriers than the average for the health system itself. However, the services area is split with four zip code areas (33755, 33756, 33765, 34698) showing higher and four zip code areas (34684, 33763, 33761, 34683) showing lower socio-economic barriers than the median (3.0) for the scale.³

According to key stakeholders, there is a need for increased coordination of care and a less fragmented health system, particularly for the more at-risk and underserved populations that often do not get their medical needs met (i.e., specialty care, dental, medical, and mental health care) due to issues with affordability, access, and time. 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, and the prevalence of socio-economic barriers (i.e., lack of support from employers, limited transportation, etc.).

Key stakeholders and focus group participants indicated that some of the implications of the limited access 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, chronically ill patients' healthcare being mismanaged, self-medicating, unable to afford medical bills, unhealthier with poorer health/mental health outcomes, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, higher re-admit rates, inability to discharge a patient from the more expensive long term acute care facilities, reluctance to diagnose and treat additional issues, lower standard of care, experiencing a negative impact on credit rating, lengthy waits for behavioral health services (i.e., psychiatry, substance abuse treatment, etc), increased need for crisis stabilization/intervention, distress related to unmet

² 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).

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

mental health needs, exacerbated symptoms during a Baker Act commitment, mental health placements a great distance from home, and isolation from support networks.

Access to health insurance and healthcare for under/uninsured:

- ✓ Secondary data representing the Mease Dunedin Hospital services 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).
 - 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.
 - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%).⁴
 - While the uninsured rate for four zip code areas (33756, 33755, 34698, and 33763) in the Mease Dunedin Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and Pinellas County (17.9%), there are no zip code areas with uninsured rates higher than the state (25%).⁵
 - 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.
 - Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost.⁶
- ✓ According to key stakeholders and focus group participants, the number of uninsured residents has increased in recent years, which leads to limited healthcare access (i.e., medical, dental, and mental health). According to key stakeholders and focus group

⁴ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

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

⁶ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

participants, residents with a lower socio-economic status often cannot afford medical care and/or private-pay health insurance. There is a gap between the income level that would allow residents to purchase private-pay insurance and the Medicaid-eligible income level, leaving some residents under/uninsured. As a result, residents may 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.

- Both key stakeholders and focus group participants believed that many residents cannot afford healthcare (i.e., preventive care, specialty care, diagnostics, follow-up appointments/treatments, dental care, mental health care, co-pays at local free clinics, additional per diem rates for skilled nursing facilities not covered by health insurance, etc.) as a result of being under/uninsured and/or under/unemployed. Key stakeholders and focus group participants also discussed the fact that some residents may not be able to afford prescription medications, including seniors. Additionally, focus group participants indicated that not seeking ongoing care often leads to residents being diagnosed at preventive/screening programs in the community or in the emergency room when symptoms are emergent and then unable to afford or qualify for assistance to secure subsequent treatment/follow-up care.

Focus group participants discussed the lack of consumer controls in healthcare spending due to limited information being available about the cost of health services prior to receiving services, which may lead residents to resist seeking treatment or be unable to afford their medical bills. Additionally, focus group participants indicated that often services are provided based on the ability to pay and not necessarily based on medical need. Often the type of insurance (i.e., Medicare, Medicaid, and managed care) residents have governs the level and quality of medical care they receive.

- Key stakeholders and focus group participants addressed the population of residents that are employed/self-employed and earning an income just above Medicaid eligibility requirements. Both key stakeholders and focus group participants believed that residents earning a low income and/or those that are self-employed do not make enough money to afford private-pay health insurance. Key stakeholders and focus group participants discussed low-wage employers (i.e., service-related employers) that do not offer affordable health insurance plans with affordable co-pays and deductibles, which cause employees to opt out of health insurance benefits.

Additionally, focus group participants felt that Medicaid eligibility requirements are too low because they are based on gross income and not a true representation of the income residents are taking home. Focus group participants indicated that Medicaid/KidCare eligibility is also limited for residents that are undocumented, including children that are not naturalized citizens, as well as lengthy eligibility and reauthorization processes for Medicaid/KidCare.

Availability of healthcare providers and services:

- ✓ Secondary data representing the Mease Dunedin Hospital service area depicts evidence of an aging population, a decrease in preventive care utilization, higher provider ratios for mental health providers and a need for mental health and substance abuse services.
 - Between 2007 and 2010, the percentage of women aged 40 and over who reported having had a mammogram in the past year decreased in Pinellas County (from 63% to 61.5%).⁷ According to the National Cancer Institute, women aged 40 and older should have mammograms every one to two years.⁸ Similarly, between 2007 and 2010, the percentage of women aged 18 and older who had a Pap smear in the previous year decreased in Pinellas County from 63.2% to 52.4%.⁹ 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 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.¹⁰
 - Between 2007 and 2010, the percentage of respondents aged 50 and older who reported having had a blood stool test within the past year decreased in Pinellas County from 27.7% to 18.8%.¹¹ 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.¹²

⁷ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

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

⁹ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

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

¹¹ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

¹² U.S. Preventive Services Task Force. Retrieved from: http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2 (last updated: 2/26/2013)

- With 242 mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).¹³ Higher provider ratios often lead to lengthy wait times to secure services. Additionally, Florida ranks as the second worst state in the U.S. (excluding D.C.) in mental health per capita expenditures.¹⁴ Limited funding often restricts the length of time and quality of services provided in any industry, including mental health.
 - Individuals in Pinellas County show the highest reported rates of serious thoughts of suicide compared with Florida.¹⁵ Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.). While the age-adjusted death rate due to suicide has decreased between 2010 and 2011 (from 18.5 to 16.1 per 100,000 pop.); Pinellas County shows higher suicide rates than the nation.¹⁶
- ✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., transportation to medical appointments, adult daycare services for seniors, preventive healthcare and screenings, speech therapy, substance abuse, psychiatry, partial hospitalizations programs, intensive outpatient services, support groups for adolescents, discrete detoxification programs, and dental health care), due to the number and location of providers, provider willingness to accept Medicaid and/or managed Medicare insurance, lack of national benchmarks in the approval process that is governed by some insurance companies, and lack of sustainable funding for behavioral health programs.
- Key stakeholders and focus group participants discussed the reduction in Medicaid and managed Medicare plan reimbursements limiting the services that hospitals, skilled nursing facilities, mental health providers, and other organizations can provide to Medicaid-dependent residents and/or those on a managed Medicare insurance plan due to lower reimbursement rates and limited approvals for care that is non-vital. Focus group participants indicated that there are many specialty services that are not covered by insurances in a skilled nursing facility setting. Focus group participants also indicated that there are a limited number of providers in their communities that will accept Medicaid insurance, which causes lengthy waits for available appointments and longer travel times to available providers. Additionally, there are limited local behavioral health services that may require

¹³ Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

¹⁴ Mental Health Spending: State Agency totals. Governing. <http://www.governing.com/gov-data/health/mental-health-spending-by-state.html>

¹⁵ Source: SAMHSA

¹⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

lengthy travel times to sparse facilities and the isolation of residents that require hospitalization from support systems due to the location of facilities.

- Key stakeholders and focus group participants discussed the barriers to healthcare caused by the shrinking number of providers coupled with the demand for services. Key stakeholders and focus groups felt that a low number of mental health and substance abuse providers are sparsely located in the region. Funding for mental health services is consistently low, which often restricts the number of providers entering industry, decreases program stability, leads to an ever-changing provider landscape and maintains higher provider to population ratios, and leads to lengthier wait times for appointment. Additionally, skilled nursing facilities that offer specialized care (i.e., bedside kidney dialysis/ventilation services, etc.) are few in number due to the risk of complications and lengthy stay required coupled with reimbursement rates that are often low and these factors may lead patients to be placed a lengthy distance from home.
- Focus group participants felt that patients are kept safe under 24-hour watch during a commitment but not provided therapeutic treatment in many cases for the duration of a commitment at an inpatient mental health facility through the Baker Act. In addition, there are a limited number of step-down programs available. While focus group participants felt that patients are kept safe; there is a need to improve the services provided to behavioral health patients at many facilities during an inpatient mental health commitment.

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 eight 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 is one zip code area (33761) in the Mease Dunedin Hospital service area with a higher percentage of residents with limited English skills than the average for Pinellas County (12.1%) and an additional three (33756, 33765, 33761) with a

percentage higher than the average for the overall BayCare Health System Service Area (17.6%).¹⁷

- Focus group participants felt that 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 perception of the interaction.
 - Focus group participants indicated that low-income residents are often unaware of their own health status or the health status. Focus group participants felt that when health information is provided to residents, they may not always comprehend what is provided and their understanding is not often ensured.
 - Key stakeholders and residents that have a language other than English as their dominant language discussed that there is a need for translation services in primary and preventive healthcare 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., culturally sensitive, in their native language, etc.). The need for improved communication may lead to limited understanding about their health for English as a Second Language (ESL) residents due to the inability to communicate. 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.
 - There is often a lack of communication/follow-up between referral sources and behavioral health providers; particularly when the referral is from medical health to behavioral health due to schedules and a lack of integration with medical records between medical health and mental health industries. Additionally, residents that are committed to an inpatient mental health facility through the Baker Act often do not have access to their prescription medications due to the need to verify that medication with a physician. This is particularly the case when commitment takes place during weekend hours.

¹⁷ Source: 2012 Nielson Claritas; 2012 Thomson Reuters

Socio-economic barriers to accessing healthcare:

- The demographic trends for the service area show an aging, lower earning population that is more diverse than the county with similar education patterns to the county, state, and nation.
- Two of the zip code areas (33755, 33756) show at or above average poverty rates in all measures of poverty when compared to poverty rates for Pinellas County and the overall BayCare Health System service area.¹⁸
- The unemployment rate for four zip code areas (34698, 34683, 33756, 33761) in the Mease Dunedin Hospital service area are higher than the rate for Pinellas County (8.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 34698 (10.4%).¹⁹
- ✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited transportation options and legal status of residents. Key stakeholders and focus group participants believed this was particularly the case in communities with a higher concentration of poverty. Key stakeholders discussed poverty as an indicator of poor overall health due to economic barriers that exist in areas of highly concentrated poverty. Key stakeholders indicated that there are five areas in Pinellas County that have been identified as having the greatest concentrations of poverty and poorest outcomes, including health.
 - Focus group participants discussed the limitations of transportation and the location of providers on the access residents have to health services. Public transportation is difficult to use, with lengthy commute times (i.e., out-of-county referrals). Additionally, health services are at times sparse (i.e., mental health providers, etc.). Often the location of services and transportation options make it difficult for residents that live in lower income communities and/or require specialty services to attend scheduled appointments.
 - Focus group participants felt that undocumented residents may not have access to for-profit providers due to a lack of documentation and insurance coverage.

¹⁸ Source: 2012 Nielsen Claritas; 2012 Thomson Reuters

¹⁹ Ibid.

- ✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.²⁰ 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, and 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 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.

²⁰ Source: HealthyPeople.gov. Retrieved from:
www.healthypeople.gov/2020/topics/objectives/2020/overview.aspx?topicId=1 (last updated: 3/28/2013)

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 Mease Dunedin Hospital service area:

- ✓ Mease Dunedin Hospital shows some of the better PQI scores in the BayCare Health System with admission rates lower than the overall BayCare Health System service area on eight of the 14 PQI measures with admission rates higher than the overall BayCare Health System service area for Bacterial Pneumonia (1.69 to 1.34 per 1,000 pop.) and Diabetes Long-Term Complications (1.12 to 1.11 per 1,000 pop.), Urinary Tract Infection (1.35 to 1.01 per 1,000 pop.), Congestive Heart Failure Admission Rate, and Chronic Obstructive Pulmonary Disease.²¹
- ✓ Mease Dunedin Hospital service area shows a greater admission rate for Congestive Heart Failure (2.64 per 1,000 pop.) than Pinellas County (2.35 per 1,000 pop.), the overall BayCare Health System service area (2.15 per 1,000 pop.), and Florida (2.23 per 1,000 pop.). We see the same pattern for COPD with Mease Dunedin Hospital service area showing greater admission rates (1.25 per 1,000 pop.) than Pinellas County (1.19 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.).²²
- ✓ The analysis of data collected for the CHNA process present nuances in the Mease Dunedin Hospital service area and Pinellas County, which presents several challenges to hospital leadership. Supporting data values can be located in the secondary data section of this report:

²¹ Tripp Umbach Independent Prevention Quality Indicator Analysis

²² Ibid.

- African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence rates across many indicators (i.e., cancer, asthma, diabetes, heart disease, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births and pre-term births, infant mortality, etc.).
- The eight zip code service area of Mease Dunedin Hospital shows a stratification of the zip code areas into high, moderate, and low levels of clinical health issues.

The zip codes with the lowest level of clinical health issues are: 34684 (with the exception of alcohol consumption); 33763, and 34683 (with the exception of pre-term births). These zip code areas are among the best CNS scores (from 2.3 to 2.9), indicating fewer than average barriers to accessing healthcare. With the exception of 34683 showing the highest percentage of pre-term births in the services area, these three zip code areas are not represented in the secondary data in any substantial way.

The zip codes with a moderate level of clinical health issues are: 33765, 33761, and 34698. These zip code areas are represented in the secondary data as having greater than average rates on multiple clinical indicators (i.e., congestive heart failure, pediatric asthma, alcohol consumption, and low birth weight). However, (with the exception of the low birth weight rate for 33765) 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 33765 shows the worst percentage of low birth weight and highest rate of hospitalizations for pediatric asthma in the service area, both rates are similar to the U.S. benchmark and are not substantially higher than the average for the Tampa Bay region. These zip code areas also have moderate CNS scores (from 2.5 to 3.7) indicating a moderate level of barriers to accessing healthcare.

The zip codes with the highest levels of clinical health issues are 33755 and 33756. These two zip code areas are represented in the secondary data as having substantially higher than average rates across multiple clinical health indicators. These zip code areas also have the highest CNS scores (both 4.4) in the Mease Dunedin Hospital service area, indicating a 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. Both zip codes show above average rates for urinary tract

infection, COPD, congestive heart failure, adult asthma, diabetes long-term complications, ER visits due to diabetes, ER visits due to pediatric asthma, and alcohol consumption. Zip code 33755 shows higher than average rates for diabetes hospitalization, diabetes short-term and pre-term births whereas zip code 33756 shows higher than average rates for bacterial pneumonia and hypertension.

- There are several indicators in which Pinellas County and the Mease Dunedin Hospital service area 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 set by Healthy People 20/20. 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, coronary heart disease, diabetes, infant mortality, cancer incidence/death rates, suicide rates, tuberculosis, etc.).
- ✓ Key stakeholders addressed poverty as an indicator of poor overall health due to economic barriers that exist in areas of highly concentrated poverty. Stakeholders indicated that there are five areas in Pinellas County that have been identified as having the greatest concentrations of poverty and poorest outcomes, including health. Key stakeholders also noted the rising rates of cancer in the area. While focus group participants did not address clinical indicators at length, both primary data sources addressed the relationship between clinical indicators (i.e., cancer, COPD, diabetes, etc.) and the access residents have to healthcare, consumer behaviors, and the impact of the environment on the prevalence of clinical indicators.

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.
 - ✓ 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 outcomes for residents, including those requiring behavioral health services, undetected/untreated illnesses, children that develop poor nutritional habits, concentration of chronic conditions in lower-income communities, perpetuated substance abuse, 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.

Key stakeholders and focus group participants believed that there is a lack of preventive programs in lower-income communities and there is a need for increased preventive programs and screenings. However, key stakeholders also indicated that where prevention education programs exist in their communities, residents are not engaging in them due to lack of motivation, limited awareness, fear of public events due to legal status, limitations of cultural competence, and barriers in comprehension (i.e., language, level of education, literacy, etc.). Key stakeholder believed that the lack of preventive healthcare (i.e., health education and screening) can lead to illnesses becoming chronic.

Key stakeholders and focus group participants believed that residents are not always aware of services available to them and/or the patients they treat or what the eligibility requirements for services are due to ineffective information dissemination, information clearing houses that are not up-to-date, language barriers, and isolation of communities with greatest needs (i.e., newly immigrated, highest concentration of poverty, etc.). Focus group participants indicated that seniors are often being talked into switching the type of insurance without a clear understanding of their options and the outcomes, a trend that is leaving seniors unaware that they are underinsured until they need the insurance coverage. 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.

Presence of unhealthy behaviors:

- ✓ When compared to the other counties in the state, Pinellas County is moderately healthy, ranking 38 out of 67 Florida counties, with a median rank of 34 on a scale of 1 to 67 (1 being the healthiest county and 67 being the most unhealthy).²³ However, a variety of data sources depict evidence of unhealthy behaviors in Pinellas County, particularly as they relate to immunization rates, smoking, alcohol consumption, non-medical use of prescription pain relievers, marijuana use, and binge drinking among teens.
- ✓ 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.²⁴
 - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.²⁵
- The rate of adults who eat fruits and vegetables in Pinellas County has declined from 30% in 2002 to 26.3% in 2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.²⁶
- While Pinellas County saw a decrease in the obesity rate from 27.7% to 24% from 2007 to 2010, men are slightly more likely to be obese (27.5%), with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) are obese.²⁷

²³ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

²⁴ 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).

²⁵ 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).

²⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

²⁷ Ibid.

- Between 2007 and 2010, the percentage of adults who are overweight increased in Pinellas County (from 35.5% to 41.6%). Women are less likely to be overweight than men in Pinellas County (33.9% and 49.8% respectively).²⁸
- ✓ From the County Health Rankings database, we see that Pinellas County ranks 54 out of 67 for community safety (67 being the unhealthiest ranking for Florida); worse than Hillsborough (49) and Pasco (23) counties.²⁹ Often the level of safety in a community has an impact on the activity level of residents due to a resistance to recreate outside if crime is high, the built environment does not support outdoor activity, etc.
- ✓ Key stakeholders and focus group participants discussed the increasing rates of obesity, substance abuse, etc. Specifically, key stakeholders and focus group participants discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, substance abuse – including alcohol and prescription drugs, etc.) that can lead to chronic conditions (i.e., obesity, diabetes, cancer, pulmonary diseases, high cholesterol, 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 indicated that residents do not always have access to healthy options due to time constraints, transportation, and limited access to healthy nutrition (i.e., public school menu, local grocery stores, etc.). Additionally, residents requiring long-term care at nursing facilities may have limited access to specialty services and services that are not vital due to insurance approval, the willingness of the physician to prescribe services the insurance company does not want to pay for, the family's ability to pay for costs that are not covered by health insurance, and the capacity of the nursing facility to provide an unfunded service. Residents requiring behavioral health services may not always have access to a detoxification facility that is as discrete as they would like and/or close enough to be convenient.

Residents are resisting seeking health services:

- ✓ Key stakeholders and focus group participants discussed the resistance of residents to seek primary, preventive, and behavioral health care due to drug abuse/addiction, cultural practices, misinformation about the need/importance, fear of arrest and deportation, inability to afford services, fear of diagnosis without access to follow-up treatment, lack of discretion in substance abuse treatment and limited trust for professionals in the healthcare

²⁸ Ibid.

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

industry. Residents often prefer home remedies to formal healthcare. Key stakeholders also discussed the increased costs associated with late stage diagnosis of many chronic conditions versus earlier detection. The result of residents resisting healthcare services is often delayed diagnostics, increased preventable hospitalizations, greater consumption of medical resources, and poorer health outcomes.

✓ 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 2020.³⁰ 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.

- 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 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. 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's, 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.

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

Conclusions and Recommended Next Steps

The community needs identified through the Mease Dunedin 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.

Mease Dunedin 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 geographical pockets that display consistent deficits in the Mease Dunedin Hospital community as it relates to access to affordable healthcare, the prevalence of clinical health issues, and behaviors and environments that impact health. There is a stratification of need with a large portion of the healthcare resources being consumed by a small subset of high need zip codes, while 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 Mease Dunedin 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 in the areas with more substantial clinical health issues. 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

Tripp Umbach worked collaboratively with Mease Dunedin 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 Mease Dunedin 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).

Mease Dunedin Hospital Overall Study Area

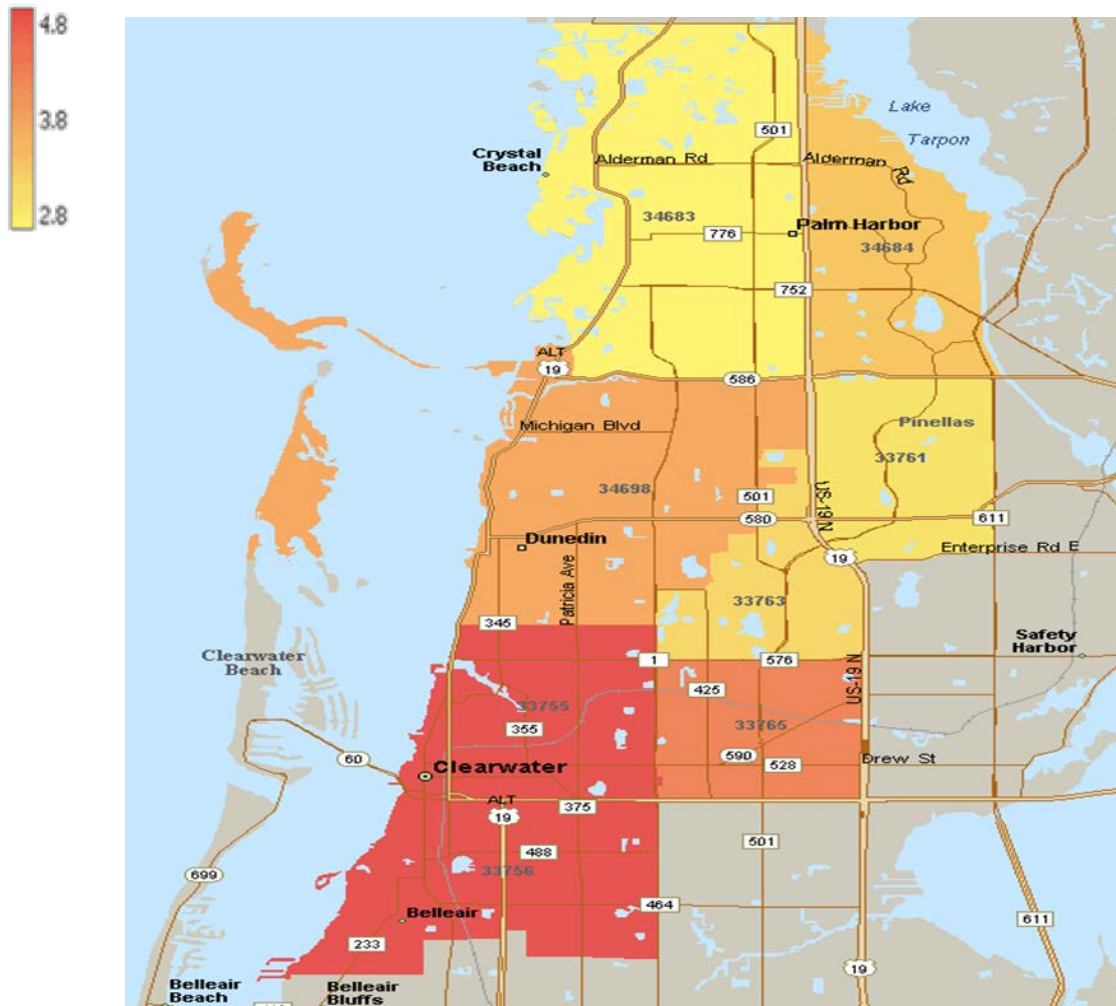
The Mease Dunedin Hospital community is located in Dunedin, FL, and is defined as a zip code geographic area based on 75% of the hospital's inpatient volumes. The Mease Dunedin Hospital community consists of eight zip code areas (see Table 2 & Figure 2).

Table 2: Mease Dunedin Hospital Community Zip Code Definition

Zip	Town	County
33755	Clearwater	Pinellas
33756	Clearwater	Pinellas
33761	Clearwater/Largo	Pinellas
33763	Clearwater	Pinellas
33765	Clearwater	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34698	Dunedin	Pinellas

Figure 2: Mease Dunedin Hospital Community Geographic Definition

Community Need Score by ZIP Code



** 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 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.

- ✓ With eight residential zip codes, there is a range of CNS values for the Mease Dunedin Hospital service area. The lowest CNS score for the service area is 2.3 (there are no 1.0 scores) and the highest is 4.4 (there are no scores between 4.5 and 5.0), which indicates moderate socio-economic barriers to accessing healthcare for residents. While there are fewer socio-economic barriers in the Mease Dunedin Hospital service area, it will be important to understand those areas that have more barriers than the average for the county and the hospital service area.
 - There are only three zip code areas, each in Clearwater (33755, 33756, 33765), that have CNS scores that are above the scale median (3.0) and the average for the overall BayCare Health System (3.5), indicating fewer than average socio-economic barriers to accessing healthcare. The services area is split with four zip code areas (33755, 33756, 33765, 34698) showing higher and four zip code areas (34684, 33763, 33761, 34683) showing lower socio-economic barriers than the median (3.0) for the scale.
 - There is one zip code area (33761) in the Mease Dunedin Hospital service area with a higher percentage of residents with limited English skills than the average for Pinellas County (12.1%) and an additional three (33756, 33765, 33761) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).
 - Two of the zip code areas (33755, 33756) show at or above average poverty rates in all measures of poverty when compared to poverty rates for Pinellas County and the overall BayCare Health System service area.
 - The unemployment rate for four zip code areas (34698, 34683, 33756, 33761) in the Mease Dunedin Hospital service area are higher than the rate for Pinellas County (8.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 34698 (10.4%).

- While the uninsured rate for four zip code areas (33756, 33755, 34698, and 33763) in the Mease Dunedin Hospital service area is higher than the average for the overall BayCare Health System service area (19.1%) and Pinellas County (17.9%), there are no zip code areas with uninsured rates higher than the state (25%).
- There is one zip code area (33761) in the Mease Dunedin Hospital service area with a higher percentage of residents with limited English skills than the average for Pinellas County (12.1%) and an additional three (33756, 33765, 33761) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

Table 3: Mease Dunedin Hospital Service Area CNS Indicators and CNS Scores

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
33755	Clearwater	Pinellas	4	4	5	4	5	4.4
33756	Clearwater	Pinellas	4	4	5	5	5	4.4
33765	Clearwater	Pinellas	3	3	5	4	5	3.7
34698	Dunedin	Pinellas	3	2	4	4	4	3.3
34684	Palm Harbor	Pinellas	2	2	4	3	4	2.9
33763	Clearwater	Pinellas	3	2	4	4	2	2.7
33761	Clearwater/Largo	Pinellas	2	2	4	4	2	2.5
34683	Palm Harbor	Pinellas	2	1	4	4	2	2.3
Mease Dunedin Hospital Service Area*			2.8	2.5	3.9	3.7	3.7	3.3

*Weighted Average

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

Prevention Quality Indicators Index (PQI)

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.

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.

- ✓ Mease Dunedin Hospital shows some of the better PQI scores in the BayCare Health System with admission rates lower than the overall BayCare Health System service area on eight of the 14 PQI measures with admission rates higher than the overall BayCare Health System service area for Bacterial Pneumonia (1.69 to 1.34 per 1,000 pop.) and Diabetes Long-Term Complications (1.12 to 1.11 per 1,000 pop.), Urinary Tract Infection

(1.35 to 1.01 per 1,000 pop.), Congestive Heart Failure Admission Rate, and Chronic Obstructive Pulmonary Disease.

- ✓ The Mease Dunedin Hospital service area shows a much lower admission rate for Low Birth Weight (2.26 per 1,000 pop.) than Pinellas County (6.55 per 1,000 pop.), the overall BayCare Health System service area (3.5 per 1,000 pop.), and Florida (3.19 per 1,000 pop.) and below average PQI admission rates when compared to Pinellas County, the overall BayCare Health System service area, and Florida for three additional PQI measures (Uncontrolled Diabetes, Angina Without Procedure, Perforated Appendix).
- ✓ The Mease Dunedin Hospital service area shows a greater admission rate for Congestive Heart Failure (2.64 per 1,000 pop.) than Pinellas County (2.35 per 1,000 pop.), the overall BayCare Health System service area (2.15 per 1,000 pop.), and Florida (2.23 per 1,000 pop.). We see the same pattern for COPD with Mease Dunedin Hospital service area showing greater admission rates (1.25 per 1,000 pop.) than Pinellas County (1.19 per 1,000 pop.), the overall BayCare Health System service area (1.02 per 1,000 pop.), and Florida (.94 per 1,000 pop.).

Table 4: Mease Dunedin Hospital Service Area PQI Rates Higher than the BayCare Health System Service Area

Prevention Quality Indicators (PQI)	Mease Dunedin Hospital Service Area	BayCare Health System	Pinellas County	Florida
Urinary Tract Infection Admission Rate (PQI 12)	1.35	1.01	1.26	0.87
Bacterial Pneumonia Admission Rate (PQI 11)	1.69	1.34	1.65	1.22
Congestive Heart Failure Admission Rate (PQI 8)	2.64	2.15	2.35	2.23
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	1.25	1.02	1.19	0.94
Adult Asthma Admission Rate (PQI 15)	0.57	0.57	0.63	0.51
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.38	0.38	0.43	0.34
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.12	1.11	1.18	1.09
Hypertension Admission Rate (PQI 7)	0.45	0.47	0.51	0.44
Lower Extremity Amputation Rate Among Diabetic Patients (PQI 16)	1.63	1.67	1.77	1.61

Demographic Profile – Key Findings:

- ✓ The projected decline for the Mease Dunedin Hospital service area (-0.6%) is consistent with projections for Pinellas County (-0.8%). However, these trends are inconsistent with trends seen for the state of Florida (projected population growth of 5.1%).
- ✓ Unlike county, state, and national trends, the Mease Dunedin Hospital service area shows a slightly higher percentage of women than men in 2012 and this rate is projected to remain the same through 2017.
- ✓ The Mease Dunedin Hospital service area shows higher rates of seniors (65+) than Pinellas County, Florida, and the U.S. At the same time, the service area shows lower rates of young individuals (0 to 54 years of age) than the county, state, and nation.
- ✓ The Mease Dunedin Hospital service area shows a lower average annual income (\$59,845) than Pinellas County (\$60,181), Florida (\$62,685), and the U.S. (\$67,315). The Mease Dunedin Hospital service area shows similar rates of individuals with some college, Associate's Degree and Bachelor's Degree, or Greater (57.4%) than Pinellas County (56.9%), Florida (54.9%), and the U.S. (56.3%).
- ✓ The Mease Dunedin Hospital service area (78.6%), Pinellas County (75.9%), Florida (56.6%), and the U.S. (62.8%) all show a majority population of White, Non-Hispanic individuals. The service area shows a slightly higher rate of Hispanic individuals (10.6%) than the county (8.5%), which is lower than the state (23.4%), and nation (17%). Similarly, the service area shows a lower rate of Black, Non-Hispanic individuals (6.8%) than the county (10.2%), state (15.3%), and nation (12.3%).

County Health Rankings – Key Findings:

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.

- ✓ While Pinellas County encompasses the Mease Dunedin Hospital service area, rankings for the three counties served by the BayCare Health System are shown below to provide perspective. Most of the rankings for the three counties were not extreme (i.e., most healthy or most unhealthy).

- ✓ Pinellas County may be considered the “healthiest” county as it shows the most ranks in the top 10 (four of the 21 measures); clinical care, diet and exercise, access to care, and the built environment. The best rankings for the region are found in Pinellas County.
- ✓ With 242 Mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).³¹
- ✓ Pinellas County (54) ranks worse than Hillsborough (49) and Pasco (23) counties for community safety.

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 our 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 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).³²
 - Between 2008 and 2010, there was a decline in the number of adults 18-64 years of age with health insurance in Pinellas County (from 76% to 74%).³³

³¹ Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

³² 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)

³³ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

- 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 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.
 - Females (23.3%) in Pinellas County are more than two times as likely to report not seeing a dentist in the previous year due to cost than their male counterparts (10.5%) and one in five Black residents (22.4%) report not seeing a dentist in the previous year due to cost.³⁴
- ✓ Between 2007 and 2010, the percentage of women aged 40 and over who reported having had a **mammogram** in the past year decreased in Pinellas County (from 63% to 61.5%).³⁵ According to the National Cancer Institute, women age 40 and older should have mammograms every one to two years.³⁶
- ✓ Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a **Pap smear** in the previous year decreased in Pinellas County (from 63.2% to 52.4%).³⁷ 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 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.³⁸
- ✓ 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 Pinellas County (from 27.7% to 18.8%).³⁹ 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.⁴⁰

³⁴ Ibid.

³⁵ Ibid.

³⁶ National Cancer Institute: Retrieved from: <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms> (last updated 7/24/2012).

³⁷ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

³⁸ U.S. Preventive Services Task Force. Retrieved from:

<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm> (last updated 6/2012)

³⁹ Source: Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁰ U.S. Preventive Services Task Force. Retrieved from:

http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm#2 (last updated: 2/26/2013)

- ✓ **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.⁴¹
 - The rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%).⁴² Pinellas County shows the highest PQI for low birth weight (6.55 per 1,000 pop.) in the region and Mease Dunedin Hospital service area shows higher admission rates for low birth weight (4.11 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.).⁴³ This assessment shows that in 2010, four zip code areas (34698-10.3%, 33755-10.1%, 34683-9.3%, and 33765-9.0%) had percentages of low birth weight babies higher than average for Pinellas County (8.8%) 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 2011⁴⁴ (34698-5.5%, 33755-7.7%, 34683-4.7%, and 33765-7.9%). Also, African Americans are disproportionately more likely (14.4%) to give birth to a baby with low birth weight than any other race in Pinellas County (Hispanic-6.3% and White-7.5%).⁴⁵

- ✓ Women 18+ are significantly more likely to visit the emergency room due to **urinary tract infections** than their male counterparts in Pinellas County (79.2 and 88.9 per 10,000 pop. respectively). Similarly, women are twice as likely to be hospitalized due to urinary tract infections than their male counterparts in Pinellas County (33.0 and 15.6 per 10,000 pop. respectively). There are three zip codes in the Mease Dunedin 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 (33756-28.7, 33755-27.1, and 34698-25.3 per 10,000 pop.). African American residents visit the emergency room (199.7 per 10,000 pop.) and are hospitalized (40.2 per 10,000 pop.) for urinary tract infections at a rate that is almost two times residents of other ethnicities in Pinellas County.⁴⁶

⁴¹ 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).

⁴² Source: 2012 Kids Count; The Annie E. Casey Foundation

⁴³ Tripp Umbach Independent Prevention Quality Indicator Analysis

⁴⁴ 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>

⁴⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁴⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

- ✓ **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.⁴⁷ 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.⁴⁸
 - Between 2007 and 2011, the annual age adjusted emergency department visit rate for COPD increased in Pinellas County (from 12.0 to 15.1 per 10,000 pop.). African American residents visit the emergency room due to COPD at a slightly greater rate in Pinellas County (23.2 per 10,000 pop.) than any other ethnicity. Between 2009 and 2011 there were three zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (14.6 per 10,000 pop.) emergency room visit rates for COPD (33756-23.6, 33755-21.0 and 33765-16.3 per 10,000 pop.).⁴⁹
 - Between 2007 and 2011 the hospitalization rate for COPD in Pinellas County increased slightly from 28.4 to 30.0 per 10,000 pop. Between 2009 and 2011 there were two zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (32.7 per 10,000 pop.) hospitalization rates for COPD (33756-45.6 and 33755-42.5 per 10,000 pop.).⁵⁰
- ✓ Between 2007 and 2011, the emergency room visit rate due to **bacterial pneumonia** has increased steadily in Pinellas County (from 12.6 to 14.6 per 10,000 pop.). There is one zip code in the Mease Dunedin Hospital service area that shows a higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (33756-27.5 per 10,000 pop.) and two zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (33756-16.2 and 33755-14.9 per 10,000 pop.). African American residents are the most likely to visit the emergency room (29.8 per 10,000 pop.) due to bacterial pneumonia than residents of other ethnicities in Pinellas County (Asian-4.9, Hispanic or any race- 10.2 and White, non-Hispanic- 14.2 per 10,000 pop.).⁵¹

⁴⁷ 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).

⁴⁸ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=36&topic=Respiratory%20Diseases&objective=RD-12&anchor=245> (last updated: 3/28/2013).

⁴⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁵⁰ Ibid.

⁵¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

- ✓ Between 2007 and 2011, emergency room visits related to **congestive heart failure** have increased in Pinellas County (from 2.0 to 3.1 per 10,000 pop.). There are three zip codes in the Mease Dunedin 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 (33755-33.4, 33765-31.9, and 33756-31.8 per 10,000 pop.) and four zip codes with higher than average ER visit rates (3.1 per 10,000 pop.) due to congestive heart failure (33756-5.5, 33755-4.7, 33765-4.7, and 33761-4.3 per 10,000 pop.). In Pinellas County, African American residents visit the emergency room for congestive heart failure at three times the rate (9.2 per 10,000 pop. with the next highest rate being for White residents 3.1 per 10,000 pop.) as residents of other ethnicities and are hospitalized at twice the rate (54.4 per 10,000 pop.), with the next highest rate being for White residents at 23.7 per 10,000 pop.) as residents of other ethnicities.⁵²

- ✓ 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 by the year 2020 to 65.8 per 100,000 pop. nationally.⁵³
 - While the percent of adults who have ever been diagnosed with diabetes is not as high as the national rate, it did increase between 2007 and 2010 in Pinellas County (from 8.7% to 12.4%). African American residents are diagnosed with diabetes (66.3 per 10,000 pop.) at a rate that is more than four times residents of other ethnicities in Pinellas County (Hispanic-13.5 and White 18.6). As a result, African American residents have higher rates across all measures of diabetes, including age-adjusted death rates (38.9 per 100,000 pop.) (Hispanic-13.5 and White 18.6 per 100,000 pop.). More recent data suggests that African American residents have experienced an increase in 2011 in the age-adjusted death rate in Pinellas County to 57.5 per 100,000 pop.⁵⁴
 - There is one zip code that registers higher than the Tampa Bay average hospitalization rates (21.5 per 10,000 pop.) for adults 18+ years old between 2009 and 2011 (33755-35.5 per 10,000 pop.); one above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (33755-13.3 per 10,000 pop.); two above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (33755-17.4 and 33756-15.4 per 10,000 pop.); two above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes for (33755-33.3 and 33756-26.4 per 10,000 pop.), and zip code level data related to the ER visit or the hospitalization rate due to

⁵² *ibid.*

⁵³ 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).

⁵⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

uncontrolled diabetes was not available for the Mease Dunedin Hospital Service area.⁵⁵

- ✓ **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.⁵⁶ 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.⁵⁷
 - The emergency department visit rate for pediatric asthma has been highest in Pinellas County when compared to the surrounding counties. Between 2007 and 2011 the emergency department visits for asthma among children 0-17 years old in Pinellas County increased from 95.9 to 104.4 per 10,000 pop. Between 2009 and 2011, the emergency department visits for asthma among children 0-4 years old in Pinellas County was 155.8 per 10,000 pop. African American children visit the emergency room due to asthma at a greater rate in Pinellas County (303.9 per 10,000 pop.) than any other ethnicity with Hispanic children being the next highest rate (67.5 per 10,000 pop.). Between 2009 and 2011 there were two zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (93.3 per 10,000 pop.) emergency room visit rates for pediatric asthma (33755-121.4 and 33756-101.7 per 10,000 pop.).⁵⁸
 - The hospitalization rate for pediatric asthma has also been highest in Pinellas County when compared to the surrounding counties. In between 2007 and 2011, the emergency department visits for asthma among children 0-17 years old in Pinellas County increased from 95.9 to 104.4 per 10,000 pop. Between 2009 and 2011, the hospitalization rate for asthma among children 0-4 years old in Pinellas County was 34.7 per 10,000 pop. African American children are hospitalized due to asthma at a greater rate in Pinellas County (44.9 per 10,000 pop.) than any other ethnicity with Hispanic children being the next highest rate (13.7 per 10,000 pop.). Between 2009 and 2011, there were four zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (18.6 per 10,000 pop.)

⁵⁵Ibid.

⁵⁶ 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).

⁵⁷ 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).

⁵⁸ Source: Tampa Bay Partnership: Healthy Tampa Bay

hospitalization rates for pediatric asthma (33765-21.9 and 33761-21.3 per 10,000 pop.).⁵⁹

- ✓ **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.⁶⁰ 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.⁶¹
 - Between 2007 and 2010, the percentage of adults reporting having been diagnosed with asthma increased in Pinellas County (from 8.8% to 9.3%). Women are twice as likely to visit the emergency room than their male counterparts in Pinellas County (51.7 and 24.5 per 10,000 pop. respectively). African American residents of all ages visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity. The emergency department visit rate for adult asthma has been highest in Pinellas County when compared to the surrounding counties. Between 2007 and 2011 the emergency department visits for adult asthma among persons 18+ years old in Pinellas County increased from 35.8 to 38.4 per 10,000 pop. African American residents visit the emergency room due to asthma at a greater rate in Pinellas County (105.7 per 10,000 pop.) than any other ethnicity with Hispanic residents being the next highest rate (37.2 per 10,000 pop.). Between 2009 and 2011, there were two zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (35.5 per 10,000 pop.) emergency room visit rates for adult asthma (33756-47.2 and 33755-46.7 per 10,000 pop.).⁶²
 - Between 2007 and 2011, the hospitalization rate for adult asthma in Pinellas County increased slightly from 12.1 to 12.6 per 10,000 pop. African American residents are hospitalized due to asthma at a greater rate in Pinellas County (30.6 per 10,000 pop.) than any other ethnicity with Hispanic residents being the next highest rate (12.5 per 10,000 pop.). Between 2009 and 2011 there were three zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area

⁵⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁰ 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).

⁶¹ 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).

⁶² Source: Tampa Bay Partnership: Healthy Tampa Bay

average (13.6 per 10,000 pop.) hospitalization rates for adult asthma (33763-21.8, 33756-17.1, and 33755-16.9 per 10,000 pop.).⁶³

- ✓ **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.⁶⁴
- ✓ Between 2007 and 2011, the annual age adjusted emergency room visit rate for persons 18+ years old experiencing **dehydration** increased only slightly in Pinellas County from 10.4 to 10.8 per 10,000 pop. with residents 85+ being the most likely to visit the emergency room due to dehydration (30.6 per 10,000 pop.). Between 2009 and 2011, there was one zip code area in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (9.5 per 10,000 pop.) emergency room visit rates for dehydration (33756-12.6 per 10,000 pop.).⁶⁵
- ✓ The death rate related to **strokes** 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 100,000 pop. in 2010. The goal is to reduce this rate by the year 2020 to 33.8 per 100,000 pop. nationally.⁶⁶
 - While the death rate due to a stroke has decreased between 2008 and 2010 in Pinellas County (27.9 to 25.1 per 100,000 pop.), Black residents are at a greater risk of stroke-related death (40.5 per 100,000 pop.) than any other ethnicity in the tri-county area (Hispanic-18.2 and White-23.9 per 100,000 pop.). Women are at a slightly greater risk of death related to a stroke than their male counterparts in Pinellas County (25.7 and 23.7 per 100,000 pop. respectively).⁶⁷
- ✓ 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

⁶³ Ibid.

⁶⁴ 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).

⁶⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁶⁶ 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).

⁶⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

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.⁶⁸

- While the age-adjusted death rate due to coronary heart disease in Pinellas County (105.0 per 100,000 pop.) was similar to the national rate in 2010, the death rate in Pinellas County increased in 2011 to 111.5 per 100,000 pop. Additionally, the death rate for men (147.1 per 100,000 pop.) and African American residents (147.5 per 100,000 pop.) in Pinellas County is greater than the national and county averages.
- ✓ African American residents in Pinellas County tend to show worse outcomes for health with increased prevalence across many indicators (i.e., cancer, asthma, diabetes, heart disease, stroke, congestive heart failure, bacterial pneumonia, urinary tract infections, low birth weight, teen births and pre-term births, etc.).
- Many forms of cancer in the tri-county area show a greater diagnosis rate among African American residents when compared to residents of other ethnicities. As a result, African American residents have higher rates across many measures of cancer.⁶⁹
- ✓ **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.⁷⁰
- While the percentage of pre-term births has decreased in Pinellas County between 2009 and 2011 (from 13.1% to 12.7%), the rate is higher than the national average. Additionally, African American residents in Pinellas County give birth to pre-term babies more often (17%) than any other racial group.⁷¹ In 2010, there were three zip code areas in the Mease Dunedin Hospital service area with higher than the Tampa Bay area average (12.9%) pre-term births (34683-16.7%, 33755-14.9% and 34698-13.9%)
 - While the birth rate for females aged 15-19 years of age has decreased between 2008 and 2010 in Pinellas County (41.58 to 32.7 per 1,000 live births), African American (73.1 per 1,000 live births) residents display teen birth rates that are two

⁶⁸ 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).

⁶⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷⁰ 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).

⁷¹ Source: Tampa Bay Partnership: Healthy Tampa Bay

times the rates seen among other ethnicities in the county (less than 36.1 per 1,000 live births).⁷²

- ✓ **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.⁷³
 - Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among White infants (from 5.4 to 6.6 per 1,000 live births), whereas there was a decrease among Non-White infants (from 17.1 to 14.5 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.⁷⁴ The infant mortality rate decreased between 2008 and 2009 in Pinellas County (from 9.3 to 8.3 per 1,000 live births) and then increased again between 2009 and 2010 (from 8.3 to 8.6 per 1,000 live births).⁷⁵ In 2011, the Infant mortality rate among African American infants was two times that of the county rate (13.9 and 6.6 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 45.5⁷⁶
 - With an age-adjusted death rate for all cancers at 167.9 per 100,000 pop., Pinellas County is slightly above the Healthy People 2020 goal. However, African American residents in Pinellas county show an age-adjusted death rate due to cancer (202.8 per 100,000 pop.) that is higher than any other racial group in the county (White residents show the next highest rate at 162.8 per 100,000 pop.) and higher than the national rate.⁷⁷
 - Between 2005 and 2008, there was an increase in the incidence rate for breast cancer in Pinellas County (from 120.1 to 123 per 100,000 pop) accompanied by a slight increase in the death rate (from 20.7 to 20.9 per 100,000 pop.). African

⁷² Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷³ 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).

⁷⁴ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁷⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁷⁶ 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).

⁷⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

American women show a higher death rate due to breast cancer than any other ethnicity in Pinellas County (27.1 per 100,000 pop.). More recent data shows the death rate increasing for African American females with breast cancer in 2011 (28.8 per 100,000 pop.).⁷⁸

- With an age-adjusted death rate from lung cancer of 51.1 per 100,000 pop., Pinellas County is near the Healthy People 2020 goal.
 - Between 2005 and 2008, the cervical cancer incidence rate increased slightly in Pinellas County (from 7.0 to 7.5 per 100,000 pop.).⁷⁹
 - Between 2006 and 2008, there was an increase in the age-adjusted incidence rate for oral cavity and pharynx cancer in Pinellas County (from 12.6 to 13.8 per 100,000 pop.).⁸⁰
- ✓ 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.⁸¹
- Individuals in Pinellas County show the highest reported rates of serious thoughts of suicide compared with Florida.⁸² Between 2008 and 2010, there was a slight increase in the death rate due to suicide in Pinellas County (from 17.5 to 18.5 per 100,000 pop.). While the age-adjusted death rate due to suicide has decreased between 2010 and 2011 (from 18.5 to 16.1 per 100,000 pop.), Pinellas County shows higher suicide rates than the nation. White residents are more than three times as likely to commit suicide (18.4 per 100,000 pop.) than any other racial group (African American residents are the next highest rate at 5.0 per 100,000 pop.).⁸³
- ✓ **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.⁸⁴
- While Pinellas County was close to the Healthy People 2020 goal, between 2009 and 2010, the tuberculosis incidence rate increased (from 1.9 to 3.6 per 100,000 pop.).⁸⁵

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ 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).

⁸² Source: SAMHSA

⁸³ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁸⁴ 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).

⁸⁵ Source: Tampa Bay Partnership: Healthy Tampa Bay

- ✓ **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 years.⁸⁶
 - The immunization rate for kindergarten students in Pinellas County has steadily declined since 2007 (93.4%) to only 89.3% of the kindergarteners being fully immunized in 2010, which has increased to 90.3% in 2011.⁸⁷

- ✓ **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.⁸⁸
 - Between 2007 and 2010, Pinellas County saw an increase in the number of residents that smoke (from 18% to 19.3%). Slightly more females report smoking cigarettes than men in Pinellas County (22.1% and 16.2% respectively).⁸⁹
 - Pinellas County shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida. This is may be related to the fact that Pinellas county shows the lowest rates of individuals who perceive the greatest risks of smoking.⁹⁰

- ✓ **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 2010.⁹¹
 - 4.3% of persons 12+ years old nationally reported non-medical use of prescription pain relievers in the previous year.⁹²
 - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011.⁹³

⁸⁶ 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).

⁸⁷ Source: 2012 Kids Count; The Annie E. Casey Foundation

⁸⁸ 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).

⁸⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁰ Source: SAMHSA

⁹¹ 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).

⁹² Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-19.1&anchor=277340> (last updated: 3/28/2013).

⁹³ Source: HealthyPeople.gov. Retrieved from:
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-13.2&anchor=276952> (last updated: 3/28/2013).

- Between 2007 and 2010, there was an increase in the number of adults who reported heavy or binge drinking during the previous 30-day period in Pinellas County (from 12.8% to 16.4%), with men being approximately three times more likely than women (25.5% and 8.2% respectively), and one in four residents that are 18-44 years old (25.6%) to report heavy or binge drinking within the last 30 days.⁹⁴
 - Pinellas County shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.⁹⁵
 - Pinellas County shows the highest rates in every category of age and gender for emergency room visits due to acute or chronic **alcohol** abuse among residents that are 18 years or older. Men in Pinellas County are almost twice as likely as women in Pinellas County to visit the emergency room as a result of acute or chronic alcohol abuse. Mease Dunedin Hospital service area has five zip code areas with higher than average (24.0 per 10,000 pop.) emergency room visits due to alcohol abuse (33756-75.7, 33755-42.2, 33765-41.4, 34698-38.2, and 33761-25.5 per 10,000 pop.).⁹⁶
 - Between 2007 and 2011, hospitalization rates related to **alcohol** have increased consistently in Pinellas County (from 9.1 to 9.4 per 10,000 pop.) with five zip codes in the Mease Dunedin Hospital service area showing above the Tampa Bay average (8.5 per 10,000 pop.) hospitalization rates (33756- 13.0, 34684-11.6, 33765-10.8, 34698-10.0, and 33755-9.8 per 10,000 pop.). Men in Pinellas County are also more likely to be hospitalized due to acute or chronic alcohol abuse.⁹⁷
 - Pinellas County shows the highest rate of non-medical use of **prescription pain relievers** compared to Florida (4.43% of the population aged 12 and older).⁹⁸
 - Pinellas County showed an increase between 2008 and 2009 in the percentage of high school students who used **marijuana** one or more times during the 30 days before the survey was administered (from 20.2% to 20.9%).⁹⁹
- ✓ **Nutrition and weight status** are national issues being addressed by Healthy People 2020. According to Healthy People 2020:

⁹⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁵ Source: SAMHSA

⁹⁶ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁷ Source: Tampa Bay Partnership: Healthy Tampa Bay

⁹⁸ Source: SAMHSA

⁹⁹ Source: Tampa Bay Partnership: Healthy Tampa Bay

- 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.¹⁰⁰
- 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.¹⁰¹
- The rate of adults who eat **fruits and vegetables** in Pinellas County (30% to 26.3%) has declined from 2002-2007. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.¹⁰²
- While Pinellas County saw a decrease in the **obesity** rate from 27.7% to 24% from 2007 to 2010, men are slightly more likely to be obese (27.5%) with one in five women being obese (20.8%). Also in Pinellas County, one in four residents that are 18 to 44 years old (25.1%) and one in five residents that are 65+ years old (21.9%) is obese.¹⁰³
- Between 2007 and 2010, the percentage of adults who are **overweight** increased in Pinellas County (from 35.5% to 41.6%). Women are less likely to be overweight than men in Pinellas County (33.9% and 49.8% respectively).¹⁰⁴
- Pinellas County (54 out of 67) ranks worse than Hillsborough (49) and Pasco (23) counties for **community safety**.¹⁰⁵

2012 Kids Count – Key Findings:

- ✓ While the rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%), the admission rate for low birth weight is much lower in the Mease Dunedin Hospital area than the county (according to PQI analysis).
- ✓ Infant mortality has been historically higher in Pinellas County than Florida. Between 2009 and 2010, there was an increase in the rate of infant mortality among White infants (from 5.4 to 6.6 per 1,000 live births), whereas there was a decrease among Non-White infants

¹⁰⁰ 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).

¹⁰¹ 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).

¹⁰² Source: Tampa Bay Partnership: Healthy Tampa Bay

¹⁰³ Ibid.

¹⁰⁴ Source: Tampa Bay Partnership: Healthy Tampa Bay

¹⁰⁵ Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

(from 17.1 to 14.5 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.

- ✓ The immunization rate for kindergarten students in Pinellas County has steadily declined since 2007 (93.4%) to only 89.3% of the kindergarteners being fully immunized in 2010.

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.

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

- ☐ **Circuit 6: Pasco and Pinellas Counties**
- ☐ **Circuit 13: Hillsborough County**

- ✓ Pinellas County shows the highest rates of alcohol use in the past month, but the lowest rates of binge alcohol use in the past month as compared with Florida.
 - Pinellas County shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals in Florida.
- ✓ Pinellas County shows low rates of individuals reporting alcohol dependence or needing but not receiving treatment for alcohol dependence. Florida shows higher rates for both of these concerns.
- ✓ Pinellas County shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida.
 - This may be related to the fact that Pinellas County shows the lowest rates of individuals who perceive the great risks of smoking.
- ✓ Pinellas County shows the lowest rates of individuals that perceive great risk associated with smoking marijuana, while at the same time showing the lowest marijuana usage rate

compared with Florida. Generally, these values are negatively correlated. It may tell us that there is simply little exposure and usage of marijuana in this county.

- ✓ Pinellas County shows the highest rate of non-medical use of prescription pain relievers compared to Florida (4.43% of the population aged 12 and older).
- ✓ Individuals in Pinellas County report needing but not receiving treatment for illicit drug dependence less than individuals in Florida.
- ✓ Individuals in Pinellas county shows the highest reported rates of serious thoughts of suicide compared with Florida.

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

Key Stakeholder Interviews

Data Collection:

The following qualitative data were gathered during individual interviews with 10 stakeholders of the Mease Dunedin Hospital area, as identified by an advisory committee of executive leadership. Mease Dunedin Hospital is a 143-bed hospital and 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 Mease Dunedin Hospital executive leadership project team.

Summary of Stakeholder Interviews:

What community do you represent professionally?

Of the 10 key stakeholder respondents representing residents in the communities served by the Mease Dunedin Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Pinellas County, City of Dunedin, Tampa Bay, eight-county Tampa Bay region, Faith Community Nursing Program, and federally qualified health center (in order of most mentioned).

Your position in the community?

Of the 10 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 Mease Dunedin Hospital. Specifically, the following professionals were represented among the stakeholders interviewed:

- City Manager of the City of Dunedin
- Former Board Chair for Morton Plant Hospital
- President of the Dunedin Chamber of Commerce
- Former Mayor and Former Chair of the Florida Committee on Aging
- Manager of MPM Faith Community Nursing
- Mayor of the City of Dunedin
- Director of the Pinellas County Health Department
- Project Manager of the One Bay Healthy Communities
- Concurrent Review Nurse for Universal Medicare/Medicaid
- Director of Business Development for the Community Health Centers of Pinellas County

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.

A community's ability to support and meet the needs of residents including access to healthcare was identified by all 10 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:

- Access to healthcare for individuals and families regardless of socio-economic status (i.e., emergency medical care, primary healthcare).
- Healthcare system that encourages those that are healthy to maintain, and helps the ill as well.
- Access to nutritious food.
- Opportunities for recreation and outdoor activities for all residents, including children and seniors.
- Access to quality resources to care for the body, mind, and spirit.
- Quality of life for residents.
- The ability to maximize the potential of residents.
- The environment supports healthy people.
- Accessible parks.
- Safety.
- Education.
- Housing.
- Senior services are readily available.

Resident wellness was identified by five 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 using exercise opportunities.
- People are healthy.
- A population that is inclined toward physical activity.
- An emphasis on personal responsibility for individual health statuses.
- Residents that are taking advantage of preventive services.

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: Access to affordable healthcare and chronic illness.

Access to affordable healthcare was identified by eight stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to residents' access to affordable healthcare:

- There is a large Hispanic population with language translation needs.
- There is a need for increased coordination of care and a less fragmented health system, particularly for the more at-risk and underserved populations that often do not get their medical needs met (i.e., specialty care, dental, medical, and mental healthcare) due to issues with affordability, access, and time.
- There is an increase in the number of residents that are under/uninsured, which decreases access to healthcare.
- Residents are not always able to afford prescription medication.

Chronic illness was identified by five stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to chronic illness:

- Obesity rates are high which has an impact on the prevalence of high-cholesterol, diabetes, etc.
- Cancer rates are increasing.
- Chronic disease often results from poor lifestyle choices (i.e., substance abuse, limited exercise, etc.).
- Poverty is an indicator of poor overall health due to economic barriers that exist in areas of highly concentrated poverty. There are five areas in Pinellas County that have been identified as having the greatest concentrations of poverty and poorest outcomes, including health.
- Residents are not eating nutritiously due to being rushed throughout the day.

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: Seniors; seniors on a fixed income; Youth; Single parents; Minorities; Hispanic; Homeless; Under/uninsured; Working ; living in the areas of highest concentration of poverty; African Americans; General Population; Chronically ill, and with English as a second language.

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

- Opportunities for outdoor exercise, recreation, and activities;
- There are community-based organizations (i.e., Neighborly Care Network);
- There are many resources available in the community;
- Residents are supportive and volunteer;
- There is a great deal of information that is shared freely;
- Increased collaborations;
- There are healthcare resources that provide care regardless of ability to pay (i.e., Community Health Centers);
- There are good hospitals and physicians;
- There are emergency medical services located in the community;
- Transportation is available in Southern Pinellas County; and
- Hospital consolidations are leading to more efficient use of resources.

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

- Limited access to healthcare as it relates to:
 - Lack of adequate insurance for health services (i.e., medical, dental, and mental health).

- Residents with a lower socio-economic status often cannot afford medical care and/or private-pay health insurance. There is a gap between the income level that would allow residents to purchase private-pay insurance and the Medicaid-eligible income level, leaving residents under/uninsured.
- Under/unemployment, which leads to no insurance benefits (i.e., service-related employment often does not offer health insurance as a benefit).
- Resident awareness about what is available.
- There is a growing Hispanic community that requires translation services when seeking healthcare.
- Residents may not always be able to afford their prescription medications.
- Seniors do not always have access to the services they need (i.e., transportation to medical appointments and adult daycare services).
- Often, by the time residents seek medical care for chronic illnesses the level of care is costly.
- Chronic illness related to:
 - Lack of preventive healthcare (i.e., health education and screening) can lead to illnesses becoming chronic.
 - Some residents are not utilizing preventive care or screening services that are available.
 - Preventive programs are not always offered to residents for whom English is a second language in a way that they can understand (i.e., culturally sensitive, in their native language, etc.)
 - Obese and pre/diabetic residents are not always receiving the preventive care and screening that they need to manage these issues.

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 10 stakeholders, five stakeholders were either unsure or did not provide a valid response. Of the five stakeholders that responded the parties stakeholders felt are best poised to address the identified health needs are:

- Faith-based organizations;
- Government officials (County, City, and Municipal);
- Hospitals and Hospital policy makers;
- Any organization that deals with residents directly; and
- Employers.

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

Of the 10 responses, five stakeholders responded that they believe there are adequate resources available in the Mease Dunedin's Hospital service area to address the aforementioned issues/problems. One stakeholder did not believe adequate resources were available and three stakeholders were either unsure or did not provide a valid response. One stakeholder felt there are enough human and natural resources, but never enough financial resources. Several stakeholders offered the following recommendations:

- It is difficult to find services; the community needs a central clearing house similar to the 211 system.
- Residents are very involved, and there are hospitals so that the community could work together to create what is needed but there is never enough money.
- Need more collaboration among local and county governments.
- Connections to the resources that exist are key. The message is out there, but it is not being received or implemented.

Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible)

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

- Nutritional counseling resources need to be more readily available.
- The shift of many residents from middle-class to lower socio-economic class is leaving residents that had resources in the past without resources like medical insurance for the first time.
- Children need to get moving and eating better, but the parents may need to oversee it and be the role models.
- Mental illness and stress-related issues require that we identify effective ways to reach out to people.
- Pre-diabetic and the underserved are growing in numbers and will increase the need for resources.
- The community needs better planning to make communities walkable and develop an infrastructure that supports physical activity.
- A welfare patient that requires a transfer to higher level of care may be very difficult to get accepted into hospital systems. While pediatric patients have access; once they hit age 21, services are essentially cut off.
- Number of women giving birth to babies with addiction issues. Abusing prescription drugs and narcotics.

Any additional comments or questions?

Two out of the 10 stakeholders interviewed chose to provide additional comments. Below are the additional comments made by those stakeholders:

- Mease Dunedin staff and physicians – great people, blessed to have this facility available, they reach out to the community and stay active, for a smaller community, very lucky to have them, fortunate.
- Cost of healthcare is an issue throughout the nation as well, as obesity increases healthcare costs exponentially. It is important to strike a balance between what residents can afford and what the hospital can afford to ensure the health of residents specifically as it relates to prevention.

Focus Groups with Community Residents

Tripp Umbach facilitated four focus groups with residents in the Mease Dunedin Hospital community. Approximately 36 residents from the Mease Dunedin 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 four discussion groups conducted with target populations that were defined by Mease Dunedin 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 Mease Dunedin 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 Mease Dunedin 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 earning a low income that are Medicaid-ineligible
 - Conducted at Community Health Centers at Tarpon Springs (Tarpon Springs, FL) on April 5, 2013
- ✓ Residents for whom English is a second language
 - Conducted at Intercultural Affairs Institute (Clearwater, FL) on April 3, 2013
- ✓ Private behavioral health practitioners serving residents with behavioral health needs
 - Conducted at BayCare Administrative Building (Clearwater, FL) on April 4, 2012
- ✓ Nursing home administrators serving senior residents
 - Conducted at Mease Dunedin Hospital (Dunedin, FL) on April 4, 2012

LOW-INCOME MEDICAID-INELIGIBLE RESIDENTS (PASCO AND PINELLAS COUNTIES)

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are low-income and Medicaid-ineligible in those counties where this population is concentrated in the BayCare Health System service area (i.e., Pasco and Pinellas), as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, low-income and Medicaid-ineligible residents discussed four community health needs and concerns in their communities. These were:

1. **Access to Healthcare**
2. **Behaviors that impact health**
3. **Impact of socio-economic status**
4. **Lack of Mental health services**

ACCESS TO HEALTHCARE:

The low-income Medicaid-ineligible residents perceived that access to healthcare in their communities is limited in the areas of availability, communication, cost, dental care, insurance coverage, specialists, and transportation.

Perceived Contributing Factors:

- Participants of the focus group felt that the availability of specialty care in their area is limited due to the high cost of appointments. Participants mentioned that as a result of not seeking specialty care, residents are choosing to not see their doctors and are not being diagnosed or treated.
- Participants mentioned that residents in their area are not always able to afford physician appointments to fill necessary prescription medications that are required on an ongoing basis to treat chronic illnesses (i.e., diabetes, COPD, tooth extraction, etc.). Residents are getting sicker and/or administering treatment to themselves (i.e., tooth extraction).
- Participants felt that care for the uninsured in the area is simply not affordable, there are limited options for the under/uninsured; medications, diagnostic testing, treatments, doctor visits, etc. are inaccessible.
- Participants of the group identified the specific concern of testing being unaffordable, even at sliding-scale fee clinics. It was mentioned that testing is a separate fee than co-payments, and that having both costs can sometimes be too much for individuals and/or families. Participants mentioned that it was their understanding that residents are not always informed of the costs of the testing and are billed for the procedures after, at which time they are not able to pay. Participants mentioned that this is more the case for in-home testing. The impact of the high costs and miscommunications is that residents choose not to seek care if they are unaware of how much it will cost them.

- Residents felt that there is a lack of insurance coverage for individuals who do not qualify for Medicaid and those that cannot afford private-pay insurance.
- Participants were under the impression that private-pay insurance can cost as much as \$800 per month. On the other hand, participants feel that Medicaid is calculated based on an individual's gross income (before taxes are taken out) and thus, individuals don't end up having enough to cover healthcare costs after taxes are taken out.
- One participant mentioned and others agreed that residents in the area are forced to choose the care that they receive based on cost; an individual may have enough money to see their doctor, but not enough money to fill the prescriptions for the treatment of their care, and follow-up visits or specialist doctor visits are extremely difficult to hold. Participants identified the direct impact that this has on the health of individuals in the area as being individuals not seeking necessary care and treatment and thus become unhealthier.
- Another participant mentioned that they are sometimes torn between paying for private insurance coverage or just the fines associated with no insurance coverage.
- Many of the participants felt that even residents with Medicaid coverage have difficulties finding doctors that will accept their insurance. Participants were under the impression that some doctors request two forms of Medicaid, and those specialists rarely, to never, take individuals with Medicaid coverage.
- A handful of individuals in the focus group expressed a concern over poor communication between healthcare providers, insurance coverage organizations, and patients.
- Specifically, residents felt that professionals do not always communicate with under/uninsured residents adequately (Medicaid determination, diagnosis, fees, referrals, resources, etc.).
- Participants specifically spoke of Medicaid termination and that if this occurs, they are under the impression that communication back with the covered individual is lacking. One participant spoke specifically of her Medicaid coverage being cancelled, she not being informed and needing to go to a local hospital ER for her chronic illness medications (diabetes and lung issues).

Mitigating Resources:

Low-income Medicaid-eligible residents in Pasco and Pinellas Counties identified the following existing resources in their communities that they felt could improve the access to care:

- Medicaid coverage for children – Participants felt that children have adequate healthcare coverage in their area.
- Medicare coverage is widely accepted.
- Unemployment – This might be an option for some, but is not nearly enough to cover healthcare costs.
- Sliding-scale clinics – Participants mentioned this as a resource, but fees can be confusing.
- Good Samaritan Clinics (one specifically mentioned in Pasco County) – May offer free care, but only serves patients that are residents of that county.
- Referral/specialist list from primary care doctor – but information is often times, inaccurate or outdated.

- 2-1-1 phone service offers information over the phone.
- Internet searches.
- Health department offers sliding-scale fee services (preventive care, medical care).
- The Harbor offers behavioral health services.
- Participants of the group mentioned that some physicians, when pressed, refer patients directly to a specialist which saves patients the hassle of having to find a specialist that is available and taking their insurance.

Group Suggestions/Recommendations:

Participants of the focus group offered the following as possible solutions to help improve the access to healthcare in their communities.

- **Inform patients of the costs associated with their care; testing, sliding-scale clinics, multiple doctor appointments, specialist costs:** Participants mentioned that they are billed after their care or testing and they were never informed of the additional fees. Participants also mentioned confusion with the fees associated with the sliding-scale clinics.
- **Tighten the lines of communication between patients and their providers:** Participants did not feel that residents in the area are given enough advance notice of insurance termination. Participants felt that this should be communicated to patients earlier and better. Also, patients felt that information that is provided by their doctors is sometimes inaccurate (i.e., specialist/referral lists). Having a clearer system to refer patients through would be beneficial for all parties.
- **Increase the number of health facilities:** Participants were concerned that there were not enough healthcare facilities (hospitals, doctor offices, etc.) in their area and that possibly, with more facilities, individuals in the community would attend to their health on a more regular and even preventive way.
- **Offer more affordable and accessible insurance coverage options:** Participants felt that the requirements for Medicaid are difficult to fit into (23- to 32-hour work week, tight income levels). Participants felt that expanding the Medicaid coverage options would help a large percentage of the individuals in need.
- **Offer more affordable medication options:** Participants felt that once an individual has been diagnosed with a chronic condition, their medications should be easier and cheaper to obtain. Offering programs through local pharmacies to reduce the costs of regular medications would be very helpful for many of the residents of the area.

BEHAVIORS THAT IMPACT HEALTH:

Low-income Medicaid-ineligible residents in Pasco and Pinellas Counties felt that healthy behaviors in their communities are limited by resident awareness, access to healthy options, individual choices, and availability of knowledge of preventive screening services.

Perceived Contributing Factors:

- The first concern mentioned by participants of the group in relation to behaviors impacting health was poor health decisions by residents (smoking, substance abuse, etc.). Participants mentioned that such unhealthy behaviors affect not only the individual, but also the larger community.
- Participants felt that chronic conditions are correlated with poor lifestyle choices (i.e., smoking and cancer).
- Participants felt that some preventive care measures, specifically eye care, are difficult (or even impossible) to find in their area.
- Participants were aware of the beneficial aspects of preventive care; reducing time and costs of health concerns down the line.
- Participants were concerned about the high costs of preventive healthcare in their area.
- Participants mentioned that a negative impact of high costs for preventive care is that residents are then not seeking preventive care measures.
- Participants felt that a major reason why preventive healthcare is not pursued in their area is due to lack of facilities that offer preventive care services.
- Participants of the group felt that due to poor lifestyle choices, as well as high costs of and limited access to preventive care, residents are not seeking care, which then leads to higher rates of chronic health conditions such as diabetes and cancer.
- Participants felt that many serious health conditions are found “too late” in their area due to lack of preventive care services.
- A few participants mentioned difficulty in seeing a dentist for regular checkups and that sometimes dental concerns escalated to the point of extracting teeth on their own.

Mitigating Resources:

Participants of the focus group (Low-income Medicaid-ineligible residents in Pasco and Pinellas Counties) identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- Participants mentioned that the Health Department offers checkups for residents, but that it is on a sliding-scale fee schedule and that sometimes residents are unable to pay.
- One participant mentioned that female preventive care (i.e., mammograms) can be covered by the government.
- Medicaid covers children for everything.
- The Harbor in Port Richey is an organization that assists residents with substance abuse difficulties.

- Phone services (2-1-1 or 4-1-1) give residents information of resources in the area (shelters, clinics, etc.).
- Participants mentioned that Internet searching is a good avenue to find resources in their area.
- A list from a community center was also mentioned as a resource for residents in the area.

Group Suggestions/Recommendations:

Low-income Medicaid-ineligible residents offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- **Educate children and adults of healthy life decisions:** Participants were concerned about smoking in their area. Participants mentioned that teaching children the negative impacts of smoking will aid in reducing the rates of smoking in the future. Participants also mentioned that adults hold misconceptions concerning the negative impacts of smoking and that these misconceptions need to be corrected, possibly through educational seminars, throughout the community.
- **Offer more preventive healthcare facilities:** Participants mentioned that there is nowhere to go for eye care in their area. Participants felt that it would be helpful to have more facilities in their area that aid patients in screening and preventive care. Also, participants mentioned that it would be helpful to have more healthy behavior options (recreational centers, healthy food options, etc.).
- **Focus efforts more on preventive care:** Participants were under the impression that their healthcare happens more after a condition has become an issue. Participants felt that focusing efforts on screenings and testing for conditions such as diabetes could drastically reduce healthcare costs and residents' time and energy in trying to better their health.
- **Reduce exposure to unhealthy options:** Participants of the group felt that being around or having unhealthy options in their region is detrimental for the community's health. Participants thought that having restrictions on unhealthy behaviors (i.e., designated smoking areas) could help make their community healthier.

IMPACT OF SOCIO-ECONOMIC STATUS:

Participants of the focus group (Low-income Medicaid-ineligible residents of Pasco or Pinellas Counties) perceived that an individual's socio-economic status (i.e., income, employment, etc.) was a large factor in their access to healthcare in their area.

Perceived Contributing Factors:

- Participants were under the impression that getting a medical appointment is much more difficult for an individual who is under/uninsured, because medical providers that accept under/uninsured residents are limited.

- Participants mentioned that many jobs in the area are sales-based, and are therefore dependent on commission. With the economy on the rocks, residents' incomes are being negatively impacted.
- Participants of the group mentioned that unemployment is a problem in the area and that job openings are scarce.
- Participants felt that employers in the area avoid offering health insurance plans to employees by hiring multiple part-time employees instead of paying for one full-time employee with health benefits.
- Participants expressed concern over underemployment in the area due to residents working part-time jobs.
- As mentioned previously, participants felt that the income requirements for assistance do not seem fair and they felt that assistance is determined by gross income levels of residents, not taking into consideration life expenses.
- Participants also mentioned that for many residents, minimum wage is the norm.

Mitigating Resources:

Participants of the group identified the following existing resources in their communities that they felt mitigate the impact of socio-economic status on residents' health, they included:

- Medicaid.
- The select few healthcare providers that accept under/uninsured patients.

Group Suggestions/Recommendations:

Participants of the focus group (Low-income Medicaid-ineligible residents of Pasco or Pinellas Counties) offered the following solutions to improve the impact of socio-economic status on health.

- ***Offer more services for the under/uninsured populations:*** Participants mentioned that finding and receiving care when an individual has limited coverage is difficult to impossible. Participants felt that providing more facilities for under/uninsured individuals would allow for a healthier community via more screening, preventive care, and necessary care.
- ***Expand Medicaid coverage:*** Participants felt that loosening the requirements necessary to qualify for Medicaid would aid many individuals that are currently under/uninsured to have coverage and therefore able to seek care.

MENTAL HEALTH:

Participants of the group touched on the fact that the availability of mental health services is a concern for their community.

Perceived Contributing Factors:

- Participants felt that mental health is an expansive concern that is actually a global concern.
- Participants were under the impression that a large contributor to inadequate mental health services in their area and in the United States is limited funding from the government.
- Participants mentioned specific concerns for mental health services for children and that these are not provided through normal government health coverage.
- One area of concern that participants mentioned was a perception of limited behavioral health services in their immediate area and that the closest services require some form of transportation to access.

Mitigating Resources:

Low-income Medicaid-ineligible residents of Pasco or Pinellas Counties were aware of a handful of resources in their area that could assist in providing information concerning mental health services, and few that actually provide mental health services in their area.

- A community clinic list of providers; but participants were under the impression that the list was often times inaccurate.
- One participant did mention a facility on Belcher that is a mental health facility, but this is very far away.
- The Good Samaritan Clinic.

Participants were under the impression that mental health care is better provided for in Pasco than Pinellas County.

Group Suggestions/Recommendations:

Participants of the group offered the following solutions to improve the availability of mental healthcare services in their area:

- **Allocate more funds to mental health:** Participants felt that funding for mental health services in their area is lacking. Participants felt that increasing the funds available for mental health services in their area could improve the health of their community in various ways; helping the individuals with mental health concerns, getting treatment for those in need, and potentially making a safer community through these efforts.
- **Provide clear information concerning mental health resources:** Participants mentioned that a list is available of mental health providers but that it is often inaccurate. Participants felt that an accurate list of providers could be helpful not only to residents in need of mental health services, but also helpful for families of those residents.

- **Healthcare providers to be more understanding when mental health referrals are warranted:** Participants felt that it is sometimes difficult to get a referral from a doctor for a mental health concern. Participants mentioned that not having to pressure their doctor for a referral many times would be helpful in order to more readily seek mental health care.

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 Pasco and Pinellas Counties, 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 from Pasco and Pinellas Counties discussed three community health needs and concerns for residents in their community. These were:

1. **Access to primary, preventive, dental, and mental health care**
2. **Behaviors that impact health**
3. **Information and education**

ACCESS TO PRIMARY, PREVENTIVE, DENTAL, AND MENTAL HEALTH CARE:

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 access to information, lack of documentation, and the cost of medical services.

Perceived Contributing Factors:

- Participants felt that residents were not always aware of eligibility requirements to qualify for healthcare services including proof of income, residency, and legal documentation.
- Residents may not be seeking health services due to the hours of operation interfering with childcare or employment.
- Residents for whom English is a second language do not always have the documentation required for medical services.
- Residents may not always be able to afford the cost of under/uninsured medical care (i.e., surgeries, nutritionists, prescription medication, and other medical services). At times, residents may receive a necessary procedure and then receive a bill later. If residents are not able to pay medical bills, they may be sent to a debt collection agency depending on the hospital where care was received and be able to participate in a monthly payment plan.
- Residents are not always following through with medical treatments and needed services due to medical billing and their inability to pay medical bills. Residents do not seem to be aware of financial assistance programs and/or if they qualify for such assistance.
- Many residents for whom English is a second language agree that communication with medical professionals can be improved. Often, language is a barrier due to English not being residents' main language and limited access to translation services, resulting in ineffective communication.

- Access to affordable insurances is not readily available. Part-time employers typically do not offer health insurance; and those who are self-employed lack the discretionary income to afford the cost of insurance.
- Residents do not always qualify for Medicaid insurance due to self-employment, underemployment, or a lack of legal documentation.
- While there are some free clinics that offer referrals to specialists, residents are required to see the primary care physician to secure referral services, which requires multiple co-pays.
- Health insurance can be difficult to secure for children that were born outside of the U.S. and are not natural-born citizens due to the eligibility requirements for KidCare and Medicaid related to children.
- There is a general lack of trust between residents for whom English is a second language and medical providers. The general impression is that consumers expect that providers are going to be dishonest and are not to be trusted.
- Residents are not always able to attend follow-up and/or referral appointment due to lengthy commutes, the distance between providers, and limited public transportation.

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, preventive, dental, and mental health care:

- Certain local medical providers (i.e., Morton Plant hospital) work with residents to set up payment plans that are affordable.
- Cost of services at some community clinics are free and/or on a sliding-scale.
- Participants felt that specialty care may be available on an emergency basis.
- Those who have children born in the U.S. have no issues acquiring Florida KidCare or Medicaid for their child

Group Suggestions/Recommendations:

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

- **Reduce barriers to accessing care:** Participants felt that there are barriers to accessing healthcare for residents for whom English is a second language. Participants recommended that having a medical advocate that guides residents through the medical processes at hospitals, medical facilities in the community, and other medical resources (i.e., public assistance). This person would preferably be the same person at all times to avoid miscommunication. The person would also have information about services and provide guidance to the resident on how best to seek medical attention.

- **Increase access to affordable care:** Participants believed that medical care is not always affordable. Participants recommended that insurance costs (i.e., premiums, co-pays, and deductibles) be based on the income of residents.
- **Increase consumer controls:** Participants felt that residents could make more informed decisions if they knew the cost comparison between uninsured medical services and insurance premiums, co-pays, etc. The cost comparison would provide details on the cost of insurance versus the cost of deductibles and co-payments, as well as include what medical services are covered under the insurance plan.

BEHAVIORS THAT IMPACT HEALTH

Residents for whom English is a second language perceived that healthy behavior in their communities are limited by resident awareness, access to healthy options, and individual choices.

Perceived Contributing Factors:

- Many residents use home remedies to address medical concerns due to a general distrust of the formal medical industry, resistance to seek medical treatment, and/or a lack of access to healthcare.
- Participants felt that the interaction between medical professionals and residents for whom English is a second language is often condescending, and not as informative as residents may require, in understanding their individual health statuses.
- Residents are not always practicing healthy behaviors due to a lack of awareness, limited access to healthy options, time constraints (i.e., limited time to eat healthy due to hours spent working), and individual choices.
- Participants were under the impression that public schools are leading children to prefer poor nutrition over healthy nutritional options due to providing unhealthy foods during school hours.
- Residents are not always aware of the causes of and/or how to prevent chronic illnesses (i.e., diabetes).

Mitigating Resources:

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

- The intercultural center offers flyers to residents about resources and holds community health fair.

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 awareness about healthy behaviors:** Participants felt that residents are not always aware of healthier options (i.e., nutrition). Participants recommended that physicians could provide additional information on nutrition and insight on how to maintain a healthy diet. Participant also recommended that the community begin to offer healthy cooking classes to teach residents how to practically apply healthy eating habits in the kitchen. Additionally, participants recommended that education about health behaviors be offered at local festivals and community events.
- **Increase the trust of community providers:** Participants believed that residents avoid seeking medical care in more traditional healthcare settings due to a lack of trust. Participants recommended that health providers establish a presence and a bond with residents in a community to build trusting relationships.

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, limited messaging, and disconnection within the community.

Perceived Contributing Factors:

- Participants felt that the current outreach efforts are not as effective as they could be in penetrating the community due to residents relying on a variety of information portals and resources (i.e., radio, T.V., newspaper, etc.).
- Participants were largely unaware of services, eligibility requirements for programs and services, etc.
- Participants believed that available programs and services are not being publicized effectively for maximum exposure among residents for whom English is a second language.
- Residents that are new to the area and from another country may not always know what programs and services should be available to them in the United States. The same residents are often isolated, and do not always know where to find information and/or what information should be available.

Mitigating Resources:

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

- There are community organizations that post information about available programs and services (i.e., the Intercultural Institute).
- There are educational services available at community organizations and local medical facilities.

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 residents for whom English is a second language. Participants recommended that informational material could be more readily available and distributed through the community through multiple outlets including information being sent home with children, radio ads, T.V. spots on popular Latin and English channels, informational tables at events (i.e., farmers markets, dances, festivals) to ensure maximum exposure.

PRIVATE BEHAVIORAL HEALTH PRACTITIONERS SERVING INSURED RESIDENTS

The purpose of this discussion group was to identify community health needs and concerns affecting residents that are insured, but have behavioral health needs in the BayCare Health System service area (i.e., Pinellas, Hillsborough and Pasco County), as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, Private behavioral health practitioners discussed two community health needs and concerns for homeless residents in their communities. These were:

1. **Access to behavioral healthcare for both adults and children**
2. **Gaps in services to homeless residents**

ACCESS TO BEHAVIORAL HEALTHCARE FOR BOTH ADULTS AND CHILDREN:

Private behavioral health practitioners perceived that access to behavioral healthcare in their communities may be limited for both adults and adolescents in the areas of availability, barriers to accessibility, appropriate levels of care, resource navigation, increased demand, and the distance between facilities/resources.

Perceived Contributing Factors:

- Participants believed that there are a limited number of substance abuse treatment programs for both adults and adolescents.
- Participants believed there were not enough support groups for adolescents (i.e., self-help, peer-support, 12-step, substance abuse/abstinence issues, behavioral health issues, GLTB issues, etc.). As a result, adolescents are being referred to adult narcotics anonymous and alcoholics anonymous groups.
- Participants felt that they are seeing an increase in depression among adolescents.
- Participants have seen an increase in the level of substance abuse among their patients, particularly prescription medication (i.e., hydrocodone, Xanax, Ritalin, etc.). Participants felt that the increase is due to the ease of access (i.e., pain clinics, parent's medicine cabinet, etc.) and an increased awareness of the effects of different types of medications. Many substitute therapies are also addictive.
- Adult residents that are addicted to a substance and require a more intensive treatment level than outpatient treatment offers (i.e., one visit per week) are difficult to refer due to the limited number of programs available and their concern about discretion.
- Partial hospitalization, intensive outpatient programs and psychiatric services that are in the community are inadequate to meet the demand for these types of services; with a limited number of partial hospitalization beds and no intensive outpatient services participants were aware of. As a result, there are lengthy waiting lists to secure services and/or services are not

available leading to the need for crisis intervention and/or hospitalization between referral and intake due to a lack of access to the appropriate level of care and/or needed medication.

- When appropriate treatment and referral resources are not available for residents, they experience distress (i.e., parents of children/adolescents needing more intense behavioral healthcare and/or substance abuse services)
- Baker Act facilities and/or crisis stabilization units serve primarily as a holding area to keep patients safe. Residents are not receiving therapeutic treatment while committed. Due to funding, there are no step-down programs residents can be enrolled in upon discharge from crisis stabilization units. Due to liability issues, the prescribing physician must be consulted to validate all prescription medications resulting in a period of up to 72 hours when residents may not have access to their medications (i.e., psychotropic and medical medications). One result of limited access to medications can be the exacerbation of symptoms (i.e., psychological, medical, etc.). There are not many options for Baker Act facilities, which can lead residents to be avoidant of crisis stabilization if they have a negative experience.
- When an intensive outpatient program or partial hospitalization resource is identified for adolescents/adults, it is often located a great distance from their community, limiting treatment options like exposure therapy, family counseling, visitation, etc.
- Often, it can be difficult to secure help for residents with behavioral health diagnoses before they have escalated to a point of losing control and are arrested or require commitment to an institution in accordance with the Baker Act. Participants felt that the reason for this is that there are greater resources devoted to the penal system and psychiatric institutions, and less resources devoted to preventive services (i.e., intensive outpatient and partial hospitalization), causing a gap in services that could prevent escalation.

Mitigating Resources:

Private behavioral health practitioners identified the following existing resources in their communities that they felt could improve the access to behavioral healthcare:

- Self-harm (i.e., cutting) has decreased among adolescent girls treated by participants in recent years.
- While inadequate to meet the demand, there are some resources in the community for adolescents (i.e., Turning Pointe, Operation PAR, The Harbor, Metropolitan Charities, etc.).
- Where psychiatrists are available, there are several very good resources.
- More intensive psychiatric service will be possible (i.e., more than 15 minutes if needed).
- There are facilities for Baker Act commitments (i.e., PEMHS for adolescents and St. Anthony's Hospital for adults).
- There are ways to digitally communicate with referring physicians that is HIPAA-compliant (i.e., Dropbox and secured email).

Group Suggestions/Recommendations:

Private behavioral health practitioners offered the following as possible solutions to help improve the access to behavioral healthcare in their communities.

- **Increase access to the appropriate level of behavioral health treatment:** Participants believed that there are gaps in the level and relevancy of services provided to adults and adolescents prior to crisis stabilization and/or arrest. Participants recommended that funding begin to focus on more preventive services like intensive outpatient treatment and partial hospitalization to provide a continuum of services, as well as less expensive treatment options to residents requiring behavioral health services and providers.
- **Increase the effectiveness of psychiatric services:** Participants believed that there are a limited number of psychiatrists in their communities, causing lengthy waits for initial medication referrals, and other medical professionals to begin writing prescriptions for psychotropic medications. Participants recommended that the number of trained professionals (i.e., psychiatrist) be increased in the community.

INFORMATION AND REFERRAL RESOURCES:

Private behavioral health practitioners perceived that improved access to information and referral resources in their communities are limited by integration between medical and behavioral health providers, up-to-date referral information/resources and the connectivity among behavioral health providers.

Perceived Contributing Factors:

- There is limited integration with the medical industry. Specifically, if a physician refers a resident, it can be difficult, and often not possible, to follow-up with the referring physician with any questions and/or updates.
- There is limited information about what resources exist in the community. Where information is available it is often out-of-date, disorganized, and not user-friendly.
- The behavioral health service landscape changes so often that it can be difficult to stay abreast of program closures and openings enough to be aware of where to refer residents.
- Private practitioners are often disconnected from the informal non-profit information networks due to proximity and limited time to attend meetings.
- The limitations of the referral network can cause residents to have unmet behavioral health needs due to the gaps in services, limited communication, and limited discretion inherent in behavioral health programs.

Mitigating Resources:

Private behavioral health practitioners identified the following existing resource in their communities that they felt could improve access to information and referral resources:

- There are resources available that may not be as accurate as necessary (i.e., 2-1-1 by phone and Internet searches on the computer).

Group Suggestions/Recommendations:

Private behavioral health practitioners offered the following as possible solutions to help improve access to information and referral resources in their communities:

- **Increase connectivity and integration with medical practices:** Participants felt that there is a lack of communication among behavioral health resources, which can lead residents to experience unmet needs. Specifically, practitioners are not able to follow-up with referring physicians with questions and/or updates due to the schedules of both parties. Participants felt that if behavioral health were more integrated with medical health, communication would be less of an issue. If practitioners could share medical records in an EMR environment that was HIPAA-compliant, it would reduce some of the communication issues and increase continuity of care.
- **Increase connectivity with other practitioners:** Participants felt that private practitioners are often disconnected from one another and the non-profit behavioral health industry. Participants recommended a virtual environment/venue through which behavioral health practitioners could communicate about resources, diagnosis, etc.

NURSING HOME ADMINISTRATORS SERVING SENIOR RESIDENTS

The purpose of this discussion group was to identify the community health needs and concerns affecting senior residents that require services in a nursing home and/or long-term acute care setting, as well as ways to address the health concerns of this population.

PROBLEM IDENTIFICATION:

During the discussion group process, Nursing home administrators discussed two community health needs and concerns for senior residents in their communities. These were:

1. **Access to patient-centered and necessary care**
2. **Consumer education**

ACCESS TO PATIENT-CENTERED AND NECESSARY CARE:

Nursing home administrators perceived that access to patient-centered care that is necessary is limited due to insurance restrictions, physician support, facility budget, and insurance reimbursement rates.

Perceived Contributing Factors:

- The type of health insurance (i.e., Medicare, Medicaid, or managed care) and insurance provider a patient carries largely governs the location of facility, length of stay, and types of services a patient is provided.
- Medicaid health insurance plans offer a low reimbursement rate when compared to Medicare. However, Managed care plans offer the lowest reimbursement rates at Skilled Nursing Facilities due to a competitive contract bidding process. The lower the reimbursement rates of a patient's insurance carrier, the greater the risk that a facility will lose money during their stay. Facilities have to manage this risk, which may result in patient's being placed in facilities that are a greater distance from their community than desired, shorter stay based on physician orders, and limited services that are not vital (i.e., speech therapy).
- Managed care plans often offer cheaper premiums, higher co-pays, lower Skilled Nursing Facility reimbursement rates, and shorter coverage periods for admissions. Patients and their families are billed the difference when services are not covered. If the bills are not paid, the facility either bears the cost or has to discharge the patient.
- There is a lack of accountability among insurance providers.
- Nursing homes are required to meet the medical needs of patients they admit regardless of ability to pay and/or access to treatment modality. Patients that require ongoing/indefinite and/or highly specialized treatments (respiratory machines, bedside dialysis, Chemo-therapy, radiation, etc.) are considered higher risk, due to the risks that there could be serious and/or fatal complications resulting in investigations and lawsuits, or the service could be costly to the facility if extended past the approved reimbursement period. Nursing facilities have limited the

number of high-risk patients they admit to remain sustainable. For these reasons, there are a limited number of placements for high-risk patients, often requiring placements in other states.

- Patients that are dependent on respiratory ventilation services have difficulty finding a facility. It becomes even more difficult as the age of the patient decreases. The result is that patients are left for extended periods in costly long-term acute care facilities or hospital settings due to an inability to locate a place that will admit them.
- Participants indicated that there are some physicians at Skilled Nursing Facilities that prescribe care based on what the insurance plan will cover and less based on what the patient needs, which can lead to the patient returning to the hospital.
- Participants gave the impression that when they advocate for a patient; they risk losing their insurance contracts, their facilities are avoided, and future patients may be referred to other facilities.
- Medicaid and managed care are not based on benchmarking and neither type of insurance is held to a standard of care. As a result, Skilled Nursing Facility patients with these types of insurances are denied higher quality care by their insurance providers.
- The reimbursement rates of Medicaid and managed care insurances are often inadequate and create a disincentive for nursing facilities to provide accurate diagnosis and effective medical treatments. Additionally, there is no incentive for facilities to provide five-star care.
- Patients are in poorer health with an increase in chronic illnesses today when compared to previous years.
- The services of many professionals and specialists are not covered in-house by Medicaid reimbursement, which covers the cost of certified nursing assistants and licensed nurses only.

Mitigating Resources:

Nursing home administrators identified the following existing resources in their communities that they felt could improve the access to primary, preventive, dental, and mental health care:

- There are public medical facilities (i.e., skilled nursing facilities, nursing homes, long-term acute care facilities, etc.) that provide care regardless of ability to pay if the patient is admitted.
- There are physicians in the community that manage a patient's care with a focus on wellness.
- There are some privately owned and operated skilled nursing facilities that are beginning to specialize in high-risk treatments (i.e., respiratory therapy and weaning patients from ventilation machines) to establish themselves as industry leaders.
- Some medical facilities have effective contractors that are able to negotiate more realistic reimbursement rates.

Group Suggestions/Recommendations:

Nursing home administrators offered the following as possible solutions to help improve the access necessary services in their communities.

- **Increase the level of accountability:** Participants believed that Medicaid and managed care plans would benefit from a benchmarking structure similar to that of Medicare.
- **Maintain the integrity of all physicians and providers:** Participants were under the impression that physicians develop a reputation that medical facilities can depend on when accepting patient referrals. If a physician is known for a lack of integrity, then they will have a tough time placing patients and patients will avoid them. Similarly, if a medical facility develops a poor reputation then physicians do not place patient within that facility.
- **Skilled nursing facilities can begin to specialize their services:** Participants believed that skilled nursing facilities might be able to establish themselves as leaders in a treatment modality that is considered valuable to insurance companies in order to shift contract negotiations in the favor of facilities.
- **Facilities should be able to be licensed for specialty services:** Participants believed that a Skilled Nursing Facility is capable and willing to provide a high-risk specialty service should be able to be licensed and then reimbursed at a higher rate when they take on higher-risk patients.

CONSUMER EDUCATION:

Nursing home administrators perceived that seniors are often unaware of the options available to them related to insurances, medical treatment, and supplemental insurances.

Perceived Contributing Factors:

- Senior residents often have insurance plans that have higher co-pays and less coverage than Medicare because they are not clear about their options. There are tactics being used by some providers to get seniors to opt out of their Medicare coverage for a managed care plan that include making the resident think they are signing a sign-in sheet, offering free dinners, and gym memberships. The information being provided to seniors is not always complete and can be confusing, leading residents to make choices they do not understand or even be unaware that they have opted out of Medicare.
- Seniors often are under the impression that they are enrolling in a Part D program only and they may be opting out of Medicare coverage.
- When senior residents do not have an advocate (i.e., relative, spouse, etc.) that is local, they may be easier to talk into a medical insurance plan that they do not fully understand. There were examples of patients who themselves or their families were unaware of the parameters and restrictions of their insurance plan until being admitted to a medical facility.

- Patients and their families can have expectations that do not match the reality of what particular medical facilities can provide due to a lack of understanding about medical insurance benefits, required co-pays, regulations, and physician orders.
- There are local insurance providers that facilities have chosen not to work with and patients are not aware of these choices when they enroll in insurances.
- When an insurance provider is discontinued, patients are not always aware of what their options are for insurance coverage.
- Patient and consumer education is largely driven by insurance companies, and there is not a lot of accountability to the consumer once they are enrolled in a plan.
- Consumers are not always aware of the risks of certain types of treatment and many consumers believe that they need to file a lawsuit when there are medical complications. As a result, many facilities are less likely to admit patients that are medically fragile, because they are not protected from the cost of fighting a lawsuit if one is filed.

Mitigating Resources:

Nursing home administrators identified the following existing resources in their communities that they felt could improve the practice of healthy behavior:

- Several resources offer information and answer questions about Medicare if the senior participates (i.e., AARP).
- Certain types of insurances can be changed by medical facilities at anytime if the consumer chooses.

Group Suggestions/Recommendations:

Nursing home administrators offered the following as a possible solution to help improve the practice of healthy behavior in their communities:

- ***Offer consumer education campaigns:*** Participants believed that information about Medicare is not being as heavily publicized as managed care plans are being publicized by insurance providers. Participants recommended that the government launch an ongoing non-bias public education campaign to inform seniors of the benefits of Medicare and various types of insurance options.

APPENDIX A

Secondary Data Profile

Mease Dunedin Hospital
November, 2012-May, 2013

APPENDIX B

Key Stakeholder Interview Response Set

Mease Dunedin Hospital
October-November, 2012

1. What community do you represent professionally?

1. City of Dunedin
2. Pinellas County
3. Pinellas County, City of Dunedin
4. City of Dunedin and Pinellas County
5. I am the manager of the Faith Community Nursing program.
6. City of Dunedin (37,000 people)
7. Pinellas County
8. Tampa Bay Region (eight counties)
9. Tampa Bay
10. Federally qualified health center. Represent and serve uninsured, underinsured, underserved. Pinellas County is service area. Target uninsured.

2. Could you please briefly elaborate on how your job position interfaces with community health?

1. City Mgr. in charge of public health and safety, healthcare is very close to these topics, also oversees his employees and good healthcare/wellness/preventive plans
2. Interact with senior management dealing with strategic interactions of the hospital. Did not have anything to do with patient/individual interaction.
3. Chamber doesn't necessarily have a lot of impact, but do have a vested interest in what goes on with the hospital. Hospital is located in downtown, have had events at hospital, have had hospital leadership on their Board; hospital = economic driver for community; hospital in directory
4. On Dunedin Committee on Aging, past President of Area agency on aging, Neighborly Care Network... Still interact with all agencies
5. I oversee 95 RN's who volunteer their time and talents as healthcare professionals to their individual church's (faith communities). It is my job to educate, equip, and encourage these nurses to bring health and wellness resources to their churches and surrounding communities.
6. Close relationship with administrator of the hospital and a close working relationship that might be able to benefit one another. Work together on property, zoning and programming, and consumer issues. The hospital meets employment and healthcare needs of residents.
7. Maintains county health data, administers county health programs, works closely with indigent and the buy-back health programs, supervised by health department.
8. Only paid staff person for the OneBay initiative. Collects data and attends community health meetings with partners and coalitions.
9. RN concurrent reviewer, position is that any patient, interface with healthcare facilities and point of entry into acute care, follow patient throughout hospitalization
10. Sit on advisory councils in city. Homeless leadership council, Hispanic health council. Participate in decision-making in health needs for residents. Engage key stakeholders. Enhance relationships working with specialists and referral for patients. 2011 served nearly 35,000 patients, 30% of population. Includes insured and uninsured. Interface with BayCare and hospitals in delivery of care for shared patients.

3. How would you describe a healthy community?

1. Good access to emergency care, strong physician community, access to healthcare, nutritious food, exercise opportunities.
2. We are lucky to have a community with an involved healthcare system (i.e. BayCare). Also have ample opportunities for recreation and outdoor activities.
3. Healthcare options for individuals and families, healthcare system that helps those in need (the weakest ones in community) and support the healthy members.
4. Provides recreation and health facilities for children and seniors.
5. A healthy community is a place where everyone (regardless of race or economics) has access to quality resources in order to care for their body, mind, and spirit.
6. A community that provides outlets for residents of all ages to participate in physical activity. Seeking feedback from residents about their needs and health statuses. Quality of life.
7. The places where people live maximizes their potential to be healthy. Healthcare is accessible to all. People are healthy and the environment supports healthy people. There are social determinants of health also safety, access to healthy produce, education, and housing; healthy and prevent illness and disease. Easily accessible.
8. Vibrant, safe, walkable, with accessible parks and healthy foods. There is a population that is inclined toward physical activity. There is a healthy economy.
9. Having access to healthcare at a reasonable price. Seniors – Where there are resources once they are home – transportation, mentor program, programs to help them get around and remind them to get to appointments and just checking in on them, activities to keep their lives more normal.
10. Everyone has equal access to healthcare. Community as a whole is emphasizing personal responsibility for their own healthcare and being active in their healthcare. Taking advantage of prevention and well care. A healthy community does not have billboards that advertise wait times in Emergency Rooms.

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

1. Increasing number of individuals with diabetes, return of childhood diseases due to some parents having a fear of vaccinating their child, high elderly population.
2. Large Hispanic community – language barrier, need to do a better job attending to their needs.
3. Make up of elementary school children coming into the area are from lower socio-economic demographic, child health needs, minorities.
4. Transportation for seniors, and daycare for senior citizens, need for additional facilities
5. Help with getting connected with physicians when there is no ability to pay. Help with getting prescriptions filled. Help with getting necessary vaccines for all ages.
6. Health costs are out of control, created a health clinic for employees the beginning of the year. Trying to cut costs to the city for employees and improve health of residents for free preventive care. Residents are eating poorly and poor nutrition due to being rushed throughout the day (people are not eating right and not taking care of their bodies with exercise). Senior community is in need of care center through out the day. Trying to ensure people have respite to continue working.

7. Cancer has become the number four killer chronic disease. The uninsured has increased significantly over the last two years. Survey showed top needs in the county are D/A substance abuse, chronic disease, and behavioral health. Chronic disease due to lifestyles, accidental deaths. Pinellas County is small and densely populated, violence is high and suicide rates are high. Pinellas County is an aging county. Poverty is an indicator of poor overall health due to the economic barriers that exist in areas of highly concentrated poverty (five zones have been identified of highest concentration of poverty in the county)
8. Lack of health insurance causes a lack of access to healthcare. Obesity is an issue that causes high-cholesterol, diabetes, etc. Substance abuse particularly with prescription drugs.
9. Acute care setting – huge gap in services, in hospital – good planning with social worker but once discharged, there’s nothing to continue to motivate them to continue to o to physician’s appointment.
10. Specialty care is a huge access issue for the underserved, uninsured, underinsured, working poor. Behavioral healthcare and its integration with primary care. Access to dental care (preventive, surgical, and treatment). Even those with health insurance do not have a dental component.

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

1. Youth, single parents, elderly on fixed incomes
2. Elderly population, Hispanic
3. Elderly, minority, children
4. Senior citizen community
5. Seniors on fixed incomes, single-parent homes.
6. Seniors being cared for in a home environment; Healthcare consumers; Working residents
7. Uninsured; Residents in areas of the highest concentration of poverty
8. African Americans (Obesity and infant mortality); General population; 50-60 year olds that have retired
9. Patients in the 75+ range, Medicaid and welfare population
10. Chronically ill, homeless and non-English speaking. Subset of patients that go for behavioral health treatment because it is required in order to receive medications, but they do not seek medical care.

6. 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. Numerous opportunities for outdoor activities and recreation
2. Not sure how to answer
3. Exercise and recreation = many options
4. Neighborly Care Network: Expand services

5. As listed above in question #6 and the Morton Plant Hospital Social Services department assembled a 99-page document listing many of the resources they routinely use.
6. Residents that volunteers; Location; Parks and Recreation ratio is greater and activities are abundant
7. Rich in resources with info sharing
8. Increased collaborations recently formed that share information across geographies and that movement is gaining momentum
9. (social services question)
10. Community health centers. Six locations in community. Looking at expanding. Provide care regardless of ability to pay. Really begin to change people's health outcomes. We have the capacity. Working with hospitals. They refer uninsured patients with no medical home to our health center. If we could expand to include insured patients with no medical home. Currently, not very good for insured with no medical home.

Strength #2:

1. Good hospitals and physicians base
2. Not sure how to answer
3. No answer
4. Mease: expand adult daycare services
5. No response
6. Small city and with a hospital with ED
7. Transportation is available in Southern Pinellas
8. Hospital consolidation increasing which leads to efficiencies and allows issues to be better identified and addressed.
9. (social services question)
10. Hospitals have access to specialists, more so than community health centers. Our patients don't see a specialist unless they end up in the hospital. If we could get our patients seen by specialists, it could go a long way to prevent hospital stays. How that could be better optimized?

- 7. 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.**

Community Issue #1:

1. Lack of medical insurance
2. Aging population
3. No answer
4. Transportation for seniors – are some organizations (some free, some charge)
5. access to a primary care physician despite the ability to pay
6. Outreach- communication, education and preventive services and health screening to all residents regardless of age, income level, employment status
7. Service industry in the area are lower paying jobs with out insurance benefits
8. Obesity/pre-diabetic and diabetic – stems largely from the lack of education and prevention.

9. (social services question)
10. Community as a whole, awareness that medical is not just treatment but also prevention. There is a mindset that you only need to go to the doctor when you are sick. As a result the community is sicker and heavier. And by the time they do see a doctor they are so sick that it is detrimental to them and costly to the community.

Community Issue #2:

1. Increasing need for bilingual healthcare providers, especially with preventive programs
 2. Growing Hispanic community
 3. No answer
 4. Adult daycare services: model at hospital is good, but it's small; maybe hospital should have separate facility specifically for this service
 5. Paying for prescriptions.
 6. Meet preventive needs of residents that fall in the gap between eligible for MA and private-pay insurance, including dental care for under and uninsured.
 7. There is limited collaboration among counties. Substance abuse was the number one issue recognized in the health survey across Pinellas County with prescription drug use and overdosing. There are not enough resources for mental health and substance abuse services. The services that do exist are stigmatized, have waiting lists and are apart from primary medical facilities.
 8. 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.
 9. (social services question)
 10. Community messaging and branding. Difficult time educating the community and getting them to appreciate the message being given about immunizations. Billboards saying that you can text the ER to find out wait times is sending the wrong message. Healthy foods are not as available as other choices.
- 8. 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. Unsure
 2. No specific organizations come to mind.
 3. Faith-based organizations may be able to step up and help with elderly support (have Meals on Wheels, need more programs to help);
 4. No response
 5. Our county government and area hospitals need to coordinate their services better. There needs to be clearing house of all the various human services that are offered to people AND the people need to be informed about them. It seems no matter how poor people are they still have TVs and phones, maybe they could be informed better through those medias.
 6. City and Hospital could work together to offer more prevention efforts and outreach; Parks and recreation can make physical activity more fun
 7. n/a

8. 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.
9. Social services question
10. Pinellas has 28-32 municipalities and it is not easy to get anything done locally to change laws. Engage local officials on what we value as health care. Hospitals can put pressure on those advertising ER wait times, letting them know that is the wrong message to send. It's the for profit hospitals that pay for the billboards.

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

1. There are some resources but in general, due to a lack of education and poor nutrition, some issues (obesity, diabetes) are now more prevalent.
2. The hospital addresses community issues as needed.
3. Possibly... some resources available (senior center)
4. n/a
5. There probably is, it is just so hard finding the services. Need a central clearing house....similar to the 211 system but even bigger and better.
6. We have residents are very involved, parks ratios, hospitals we could work together to create what is needed but there is never enough money.
7. No. Need more collaboration among local and county governments.
8. 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.
9. Social services question
10. Yes

10. Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible):

1. Obesity. Need more general wellness programs, has not penetrated enough, nutritional counseling resources need to be more readily available.
2. No.
3. Uninsured and underinsured- very scary place for people to end up especially if they are used to having insurance; shift from middle class to lower socio-economic class
4. Not familiar
5. Obesity is worsening in both the old and young. The children need to get moving and eating better but the parents have to oversee it and be the role models.
6. Mental illness and stress-related issues that there have to be ways to reach out to people.
7. n/a

8. Pre-diabetic and the underserved are larger numbers and will increase the need for resources. Also need better inner-city planning to make communities walkable and developing the infrastructure that supports physical activity.
9. Florida Medicaid – state has cut back significantly, so people are now much sicker than before when they enter the healthcare system and also don't get adequate follow up care; welfare patient- need to transfer to higher level of care, very difficult to get them accepted into hospital systems; pediatric patients have access but once they hit 21, services are essentially cut off
10. Number of women giving birth to babies with addiction issues. Abusing prescription drugs and narcotics. Pharmacy needs for uninsured patients. Prescription assistance applications. Reduces who they provide it too. Currently, it is only available to patients on the County's indigent health plan. County Commissioner's wanted to take fluoride out of in the water. They did and it will cause dental issues. Maybe the new administration can get that turned around.

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

1. Uncertain, will depend; trends in recent years have not been positive; probably going to get worse.
2. Hard to predict.
3. Would like to see it get better, not sure if it can or will get better
4. Expect for things to improve, needs to be more emphasis on preventive medicine so that issues are tackled before they become a large problem.
5. Everyone can have access to quality healthcare no matter their ability to pay.
6. Would like to see a community that is more active. One that is more inquisitive about health-related activities. More educated residents about their health. More energized to embrace healthcare, preventive efforts. Increased access to healthcare and wellness programs.
7. There will be health insurance for all and improved health outcomes. Healthcare will become more preventive and less reactive.
8. That this region will become nationally known for its commitment to become healthier
9. Sees status declining; employers used to pay a large chunk of health insurance. This now falls on the shoulders of the average worker (paying high deductibles) and they now tend to ignore health problems until things are too severe.
10. Total paradigm shift from how the residents think about health. People don't realize what is available. Families don't know about resources that county offers or that they may be eligible for medical insurance.

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

No- IIIIIII

Yes-

#7: Health and Human Services Denise Grossbeck has indicators with broader areas.

1. Economic Impact on Poverty; Community health indicators report (any county in country); BRFSS stat's health dept website infant mortality, health and prevention data. public

Would you be willing to get us a copy or tell us how to access these documents?

13. Any additional comments or questions?

1. Mease Dunedin staff and physicians – great people, blessed to have this facility available, they reach out to the community and stay active, for a smaller community, very lucky to have them, fortunate
2. Cost of healthcare is an issue throughout the nation as well as obesity increases healthcare costs exponentially. It is important to strike a balance between what residents can afford and what the hospital can afford to ensure the health of residents specifically as it relates to prevention.

APPENDIX C

Community Resource Inventory

Mease Dunedin Hospital
May, 2013