



# Mease Countryside Hospital

Community Health Needs  
Assessment – Final Report



June 7, 2013

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## Introduction

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Mease Countryside 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 Countryside Hospital is a 300-bed facility, located in Safety Harbor, FL and is also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. Mease Countryside 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
- South Florida Baptist Hospital
- Mease Dunedin Hospital
- Morton Plant Hospital
- Morton Plant North Bay Hospital
- Morton Plant North Bay Recovery Center
- St. Joseph's Hospital – Main
- St. Joseph's Hospital – North
- St. Joseph's Behavioral Health Center
- St. Joseph's Children's Hospital
- St. Joseph's Women's Hospital
- BayCare Alliant Hospital
- Hospice of the Florida Suncoast
- Sunstar Paramedics
- Morton Plant Mease Foundation
- YMCA of the Suncoast
- MPM Primary Care
- Mayor of Safety Harbor
- Pinellas County Board of Commissioners
- 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
- Tampa Family Health Centers
- 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 Countryside 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 Countryside Hospital and a project oversight committee, which included representatives from each of the 10 not-for-profit hospitals that comprise BayCare Health System to accomplish the assessment. BayCare Health System is a leading community-based health system in the Tampa Bay area. Composed of a network of 10 not-for-profit hospitals, outpatient facilities, and

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

## Community Definition

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While community can be defined in many ways, for the purposes of this report, the Mease Countryside Hospital community is defined as 14 zip code areas primarily focused in Pinellas County, Florida. (See Table 1 & Figure 1 ). The needs identified in this report pertain to the 14 zip code areas primarily focused in Pinellas County, Florida.

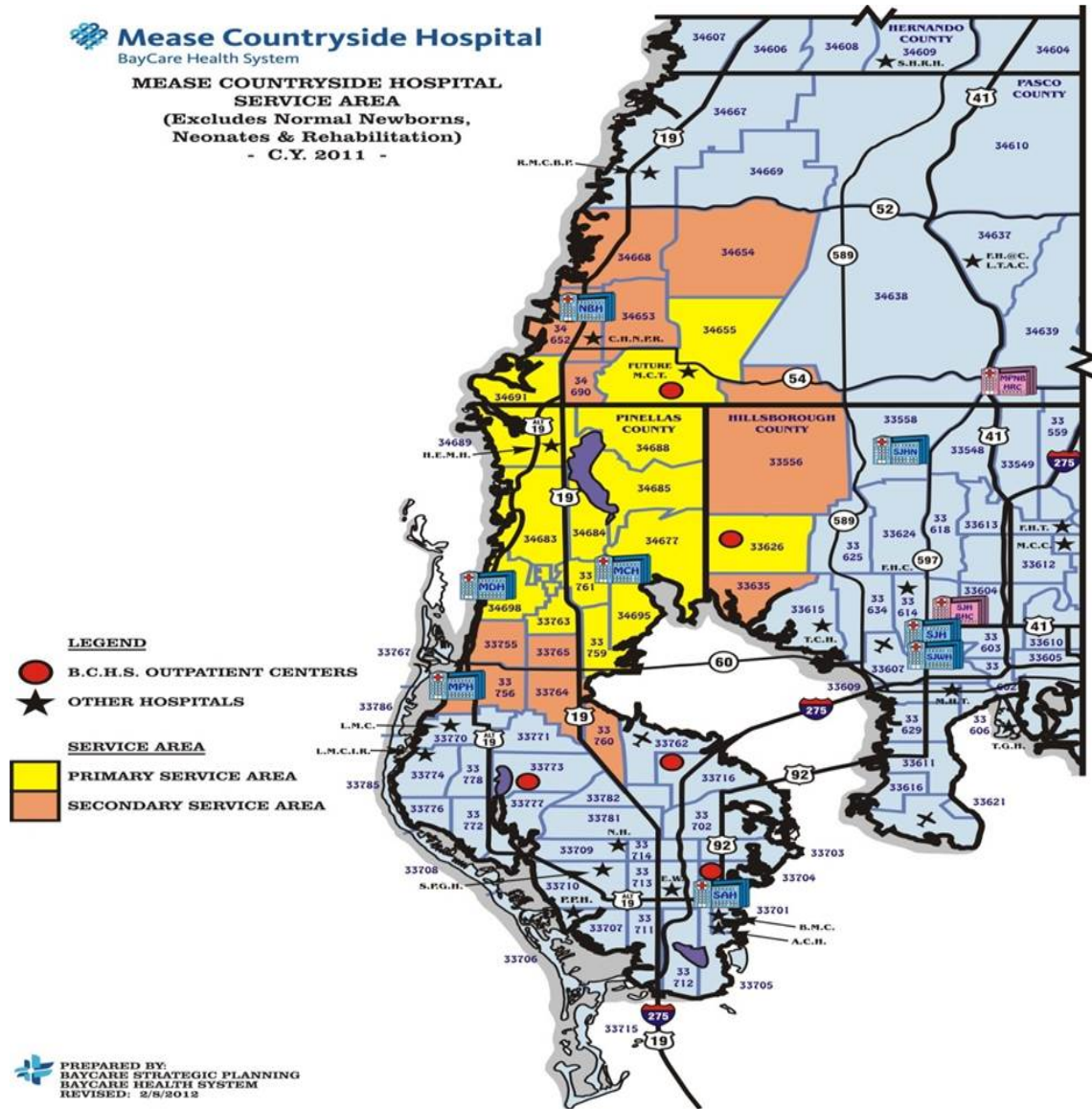
### Mease Countryside Hospital Community Zip Codes

Table 1

Zip	Town	County
33626	West Tampa	Hillsborough
33759	Clearwater	Pinellas
33761	Clearwater/Largo	Pinellas
33763	Clearwater	Pinellas
34655	New Port Richey	Pasco
34677	Oldsmar	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34685	Palm Harbor	Pinellas
34688	Tarpon Springs	Pinellas
34689	Tarpon Springs	Pinellas
34691	Holiday	Pasco
34695	Safety Harbor	Pinellas
34698	Dunedin	Pinellas

### Mease Countryside Hospital Community Map

Figure 1



## Consultant Qualifications

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

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

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

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

A Guide for Implementing Community Health Improvement Programs:

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

## Project Mission & Objectives

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The mission of the Mease Countryside Hospital CHNA is to understand and plan for the current and future health needs of residents 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 Countryside 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 broad-based racial, ethnic, cultural and linguistic backgrounds 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 and environmental factors related to the 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 Countryside Hospital.

## Methodology

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Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Mease Countryside 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 Countryside 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 analyses of health status and socio-economic environmental factors related to the health of residents of the Mease Countryside Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention (CDC), County Health Rankings, Thompson Reuters, Prevention Quality Indicators (PQI), Community Needs Score (CNS), U.S. Census, Healthy Tampa Bay, Annie E. Casey Foundation, The Substance Abuse and Mental Health Services Administration (SAMHSA), and other data sources (See Appendix A for a complete secondary data profile).
- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that have special knowledge and/or expertise in public and community health. Such persons were interviewed as part of the needs assessment planning process. A series of 11 interviews were completed with key stakeholders in the Mease Countryside 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 ensure 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 Countryside 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 wage that are Medicaid-eligible.
  - Residents for whom English is a second language.
  - Obstetric professionals serving families that are at risk of poor birth outcomes.
  - School nurses serving children and families in school settings
- **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 currently operating in the community to meet the needs identified by the CHNA. In May of 2013, there were more than 100 community resources documented that meet the needs identified by stakeholders, secondary data, and focus groups with community residents in the Mease Countryside Hospital community (See Appendix C for a complete list of community resources).
- **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and identifies top community health needs.

## Key Community Health Needs

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Tripp Umbach's independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by four community focus groups resulted in the prioritization of three key community health needs in the Mease Countryside 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 Countryside 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 Countryside 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.<sup>2</sup>

This assessment showed fewer socio-economic barriers to accessing healthcare in the Mease Countryside 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 2.8, the Mease Countryside Hospital service area shows a CNS score lower than the median for the scale (3.0), lower than Pinellas County (3.3), lower than the average for the BayCare Health System Service Area (3.5), and the lowest for the BayCare Health system, which indicates a less than average number of socio-economic barriers to accessing healthcare with the least amount of barriers for the health system itself. However, there are four zip code areas (Holiday-4.1, Clearwater-3.7, Tarpon Springs-3.4, and Dunedin-3.3) that have CNS scores above the scale median, indicating greater than average socio-economic barriers to accessing healthcare in these areas.<sup>3</sup>

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 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 (reused diabetic lances, not eating to preserve insulin, overuse of emergency inhalers, etc.), self-medicating, unable to afford medical bills, unhealthier with poorer health outcomes, not using a usual source of healthcare, not understanding/aware of their individual health statuses, experiencing higher preventable mortality rates, experiencing a negative impact on credit rating, children with dental issues and decay, children missing school when they and/or a sibling has a medical appointment, parents who may not fully understand their child's illnesses, expecting mothers who are showing up too late in their pregnancy to alter birth outcomes, and pre-term births that require hospital resources.

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

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

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

- ✓ Secondary data representing the Mease Countryside 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 (we see these trends nationally as well, in the secondary data).
  - 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%).<sup>4</sup>
  - While the uninsured rates for four of the zip code areas (34691, 33759, 34698, 33763) in the Mease Countryside Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%) and Pinellas County (17.9%); all zip code areas in the service area report lower uninsured rates than the state (25%).<sup>5</sup>
  - According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed dental care in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.
  - 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.<sup>6</sup>
- ✓ According to key stakeholders and focus group participants, many residents are under/uninsured due to the inability to afford private-pay insurances. 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 discussed the fact that some residents, including seniors, may not be able to afford prescription medications. Additionally, focus group participants believed that many residents cannot afford healthcare (i.e., preventive care, specialty care, diagnostics, follow-up

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

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

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

appointments/treatments, surgery, dental care, eye care, mental health care, equipment needed to manage/regulate chronic illnesses are not always affordable, such as diabetic lances, insulin, inhalers for asthma, etc.) as a result of being under/uninsured. Participants indicated that not seeking care often leads to residents being diagnosed and then unable to afford 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.

- Key stakeholders and focus group participants addressed the population of residents that are 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 the inability of small businesses and many low-wage employers (i.e., employers in the service industry) to afford health insurance plans that offer employees affordable co-pays and deductibles, which cause employees to opt out of health insurance benefits. Additionally, focus group participants indicated that families may be paying for private health insurances which have higher co-pays and deductibles than is affordable, limiting the access some children have to health services.
- 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 Countryside Hospital service area depicts evidence of an aging population, a decrease in preventive care utilization, and higher provider ratios for mental health providers.
  - The Mease Countryside Hospital service area shows higher rates of seniors 65+ (21.2%) than Pinellas County (20.8%), Florida (17.2%) and the U.S. (12.9%).
  - 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%).<sup>7</sup> According to the National Cancer Institute, women aged 40 and older should have mammograms every one to two years.<sup>8</sup> 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%.<sup>9</sup> It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years 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.<sup>10</sup>
- 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%.<sup>11</sup> It is important to note that the U.S. Preventive Services Task Force recommends screening for colorectal cancer (CRC) using fecal occult blood testing every year, sigmoidoscopy every five years, and/or colonoscopy every 10 years, in adults, beginning at age 50 years and continuing until age 75 years.<sup>12</sup>
  - With 242 mental health providers in Pinellas County, the provider ratio (3,786:1) is comparable to the state of FL (3,372:1).<sup>13</sup> Higher provider ratios often lead to lengthy wait times to secure services. Additionally, Florida ranks the second worst state in the U.S. (excluding D.C.) in mental health per capita expenditures.<sup>14</sup> Limited funding often restricts the length of time and quality of services provided in any industry, including mental health.
- ✓ According to key stakeholders and focus group participants, residents do not always have access to the health services they need (i.e., preventive healthcare, Level 1 Trauma Center, neurosurgery, birthing services, behavioral health, and dental health care.), due to the number and location of providers, and provider willingness to accept Medicaid insurance.

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

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

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

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

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

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

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

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



- Key stakeholders and focus group participants discussed the reduction in Medicaid and Medicare reimbursements limiting the services that hospitals and other organizations can provide to Medicaid-dependent residents due to a lack of funding. Additionally, key stakeholders felt that the senior population is growing, while insurance reimbursements are shrinking, leading to limited resources for geriatric medical care. Focus group participants 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.
- Focus group participants discussed the barriers to healthcare caused by the shrinking number of providers coupled with the demand for services. Focus groups felt that a low number of mental health providers and high-risk birthing services are sparsely located in the region. Focus group participants indicated that the reason for fewer providers in the area relates to funding and payor source as they relate to the sustainability of services in multiple venues. Funding for mental health services is consistently low, which often restricts the number of providers entering an industry and maintains higher provider to population ratios. Similarly, high-risk pregnancies can require a significant amount of healthcare resources and are often paid for through Medicaid due to a low-income population being disproportionately represented among the total number of high-risk pregnancies.

#### **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 while limited English proficiency is not an issue throughout the service area; it is a barrier experienced by some residents in six of the 14 zip code areas included in the hospital service area. Additionally, secondary data is not readily available to gauge the effectiveness of communication in the healthcare industry; though key stakeholders and resident focus groups indicate there may be a need to improve communication among providers and consumers.
- There are four zip code areas (34691, 34689, 33761, and 34677) in the Mease Countryside Hospital service area with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and an additional two (33759 and 33626) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).<sup>15</sup>

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<sup>15</sup> Source: 2012 Nielsen Claritas; 2012 Thomson Reuters

- ✓ 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 of their children. Focus group participants felt that when health information is provided (i.e., how to manage/medicate their children with chronic health conditions) residents may not always comprehend what is provided and understanding is not often ensured. At times, parents do not always know how to administer medications to their children. Focus group participants felt that providers have to focus on regulatory paperwork, leaving little time for patient interaction.
  - Low-income medical care often lacks consistency in providers from visit-to-visit leading to limited continuity of care from one visit to the next, which may cause the lack of a trusting bond between low-income consumers and healthcare providers.
  - Residents that have a language other than English as their dominant language discussed that there is a need for translation services. This need leads to limited understanding 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.

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

- ✓ While there are fewer socio-economic barriers in the Mease Countryside Hospital service area, it is important to explore the areas that have more barriers than the average for the county and the hospital service area. Two of those zip code areas (34691 and 34698) show at or above average poverty rates in all measures of poverty (65+, single mothers with children, and married parents with children) when compared to poverty rates for Pinellas County and the overall BayCare Health System service area.<sup>16</sup>
- ✓ The unemployment rate for seven zip code areas (34691, 34689, 34698, 34655, 34683, 34677, 33761) in the Mease Countryside Hospital service area are higher than the rate for

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<sup>16</sup> Ibid.

Pinellas County (8.8%), Florida (8.5%) and the U.S. (7.9%) with the highest unemployment rate in 34691 (17.0%).<sup>17</sup>

- ✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited transportation options, legal status of residents, and the limited support that residents with a lower-socio-economic status may experience. Key stakeholders and focus group participants believed this was particularly the case in communities with a higher concentration of poverty.
  - 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) and limited accommodations for multiple accompanying children. Additionally, health services are sparse (i.e., birthing centers, mental health providers, etc.) and/or not available at all in Pinellas County (i.e., high-risk obstetrics, NICU, 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.
  - Key stakeholders and focus group participants discussed children of residents employed in the service industry not receiving ongoing medical and dental care due to parents not being able to take time off work and/or afford the loss of wages. Focus group participants felt that parents may not have family/friend support that can help parents manage the needs of multiple children (i.e., a child that requires transportation to and from a medical appointment may conflict with siblings arriving home on the bus after school).
- ✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.<sup>18</sup> Access to healthcare impacts: overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, life expectancy. This Healthy People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

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<sup>17</sup> Ibid.

<sup>18</sup> Source: [HealthyPeople.gov](http://HealthyPeople.gov). Retrieved from: [www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1) (last updated: 3/28/2013)

- **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.

## **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 and socio-economic status.**

The prevalence of clinical health issues is related to the access that residents have to health services as well as awareness, and the environments and behaviors that impact health. 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 Countryside Hospital service area:**

- ✓ Mease Countryside Hospital shows some of the better rates for preventable hospitalizations through the PQI scores in the BayCare Health System, with admission rates lower than the overall BayCare Health System service area on 11 of the 14 PQI measures. The Mease Countryside Hospital service area shows admission rates higher than the overall BayCare Health System service area for Bacterial Pneumonia (1.43 and 1.34 per 1,000 pop. respectively), Urinary Tract Infection (1.16 and 1.01 per 1,000 pop. respectively), and Congestive Heart Failure. Mease Countryside Hospital service area shows a greater admission rate for Congestive Heart Failure (2.40 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.).<sup>19</sup>
- ✓ The Mease Countryside Hospital service area shows higher rates of preventable hospitalizations than the state of Florida for: Bacterial Pneumonia, Urinary Tract Infection, Congestive Heart Failure, Adult Asthma, and COPD. Looking at the data another way, the Mease Countryside Hospital service area shows a higher PQI rate for only Congestive Heart Failure as compared with Pinellas County.
- ✓ The analysis of data collected for the CHNA process present nuances in the Mease Countryside 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:
  - While Mease Countryside Hospital does not show a significant representation of Black Non-Hispanic residents (3.4% of total pop.); 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.).

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<sup>19</sup> Tripp Umbach Independent Prevention Quality Indicator Analysis

- There are a subset of zip code areas (34691, 34698, 34689, and 33759) with more chronic clinical health issues that are often correlated with poorer socio-economic factors that are not represented by overall analysis and become muted by the higher level of affluence in the Mease Countryside Hospital service area. More specifically, zip code area 34691 shows the highest CNS score (4.1) indicating greater socio-economic barriers to healthcare and at the same time higher than average rates of alcohol abuse-related issues, urinary tract infections, adult asthma, low birth weight, pre-term births, bacterial pneumonia, all measures of diabetes, COPD, and dehydration. Zip code 34698 shows the fourth highest CNS score (3.3) and higher than average rates of urinary tract infections, low birth weight and alcohol abuse-related issues. Zip code 34689 shows the third highest CNS score (3.4) and higher than average rates of urinary tract infections and alcohol abuse related issues. Zip code 33759 shows the second highest CNS score (3.7) and higher than average rates of urinary tract infections, congestive heart failure, and alcohol abuse-related issues. With the exception of 34691, the zip codes that represent higher than average clinical health issues in the Mease Countryside Hospital services area are not substantially worse than the average for the Tampa Bay Area or the national benchmarks more often than not, which indicates that the clinical health issues that are present in the Mease Countryside Hospital service area are notable but not severe.
  - There are several indicators in which Pinellas County and the Mease Countryside 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. However, there has been substantial increase in these indicators that, if left unchecked could become community health needs (i.e., coronary heart disease, diabetes, infant mortality, cancer incidence/death rates, suicide rates, tuberculosis, etc.).
- ✓ While key stakeholders and 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. 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 illnesses (i.e., obesity, diabetes, cancer, pulmonary diseases, poor birth outcomes, including low birth weight, pre-term births, physical/mental limitations of infants, etc.). An increase in the number of chronic illness diagnosed in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.
  - ✓ Key stakeholders and focus group participants believed that the outcomes of behaviors that negatively impact health include a lack of awareness, limited understanding and utilization of services, an increased risk of poor birth outcomes (i.e., low birth weight, pre-term births, physical/mental limitations of infants), poorer health outcomes for children and mothers, undetected/untreated illnesses, children that develop poor nutritional habits, concentration of chronic conditions in lower-income communities, and higher preventable mortality rates.

**Awareness and education about healthy behaviors:**

- ✓ Key stakeholders and focus group participants reported that residents may not always be aware of healthy choices due to cultural/generational norms, limited access to preventive healthcare, and limited prevention education and community outreach in some areas. Focus group participants believed 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.). Residents were not always aware of services available to them or what the eligibility requirements for services are due to ineffective information dissemination, language barriers, and isolation of communities with greatest needs (i.e., newly immigrated, highest concentration of poverty,

etc.). Additionally, key stakeholders and focus group participants believed that parents are not always aware of behaviors that are healthy for their children. 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).<sup>20</sup> 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.<sup>21</sup>
  - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.<sup>22</sup>
- 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.<sup>23</sup>
- 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.<sup>24</sup>

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<sup>20</sup> Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

<sup>21</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141> (last updated: 3/28/2013).

<sup>22</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=PA-1&anchor=200> (last updated: 3/28/2013).

<sup>23</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>24</sup> 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).<sup>25</sup>
  - 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.<sup>26</sup> 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 prevalence of chronic conditions (i.e., diabetes, cancer, COPD, adult and childhood obesity) due to lifestyle choices (i.e., lack of physical exercise, substance abuse, etc.). Focus group participants indicated that residents do not always have access to healthy options due to time constraints or limited access to healthy nutrition (i.e., public school menu, local grocery stores, etc.). Additionally, focus group participants believed that expecting mothers are not always practicing healthy behaviors (i.e., smoking, substance abuse, and avoiding prenatal care) causing poorer birth outcomes (i.e., low birth weight, pre-term births, rates as high as one baby a day being born addicted to a substance in some birthing facilities, etc.).
- ✓ Key stakeholders and focus group participants discussed prescription drug abuse as an issue that has far reaching impacts (i.e., child welfare, birth outcomes, and residents of all ages, ethnicities, and income levels). Substance abuse also impacts the prison population and increases chronic illness costs. Additionally, both key stakeholders and focus group participants discussed infants that are being born addicted to substances, which impacts infant health and child development.

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

- ✓ Focus group participants discussed the resistance of residents to seek primary, preventive, and prenatal care due to drug abuse/addiction, cultural practices, misinformation about the need/importance, lack of incentive, limitations of transportation, fear of arrest and deportation, inability to afford services, fear of diagnosis without access to follow-up treatment, and limited trust for professionals in the healthcare industry. Residents often prefer home remedies to formal healthcare. Also, focus group participants indicated that

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<sup>25</sup> Ibid.

<sup>26</sup> Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

expecting mothers attend their first prenatal visit and do not return because they do not feel as though they need to return, they secure verification of pregnancy for public assistance, or they may be using illegal substances and are trying to avoid detection. The result of residents resisting healthcare services is poorer birth outcomes, 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.<sup>27</sup> The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.
  - 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.

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<sup>27</sup> Source: U.S. Department of Health and Human Services: Healthy People 2020; Found at: ([www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=29))

## Conclusions and Recommended Next Steps

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The community needs identified through the Mease Countryside 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, which may in turn cause residents to resist seeking medical care until their symptoms become emergent due to the inability to pay for routine treatment and/or preventive care.

Mease Countryside 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. While the Mease Countryside Hospital service area collectively does not have significant deficits, there are pockets of health need in the community as they relate to access to affordable healthcare, the prevalence of clinical health issues, and behaviors and environments that impact health. The vast majority of the Mease Countryside Hospital service area is not faced with chronic health needs, but there is a small geographical area where there are multiple health needs. Strategic discussions among hospital leadership as well as community leadership will need to consider the inter-relationships between geography, socio-economic barriers, and racial barriers as they relate to the health needs in the Mease Countryside 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 those areas with multiple needs. 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 Countryside Hospital to develop a secondary data process focused on three phases: collection, analysis, and evaluation. Tripp Umbach obtained information on the demographics, health status, socio-economic, and environmental factors related to the health and needs of residents from the multi-community service area of the Mease Countryside 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 analysis of a key community health index factor: Community Need Index (CNS).

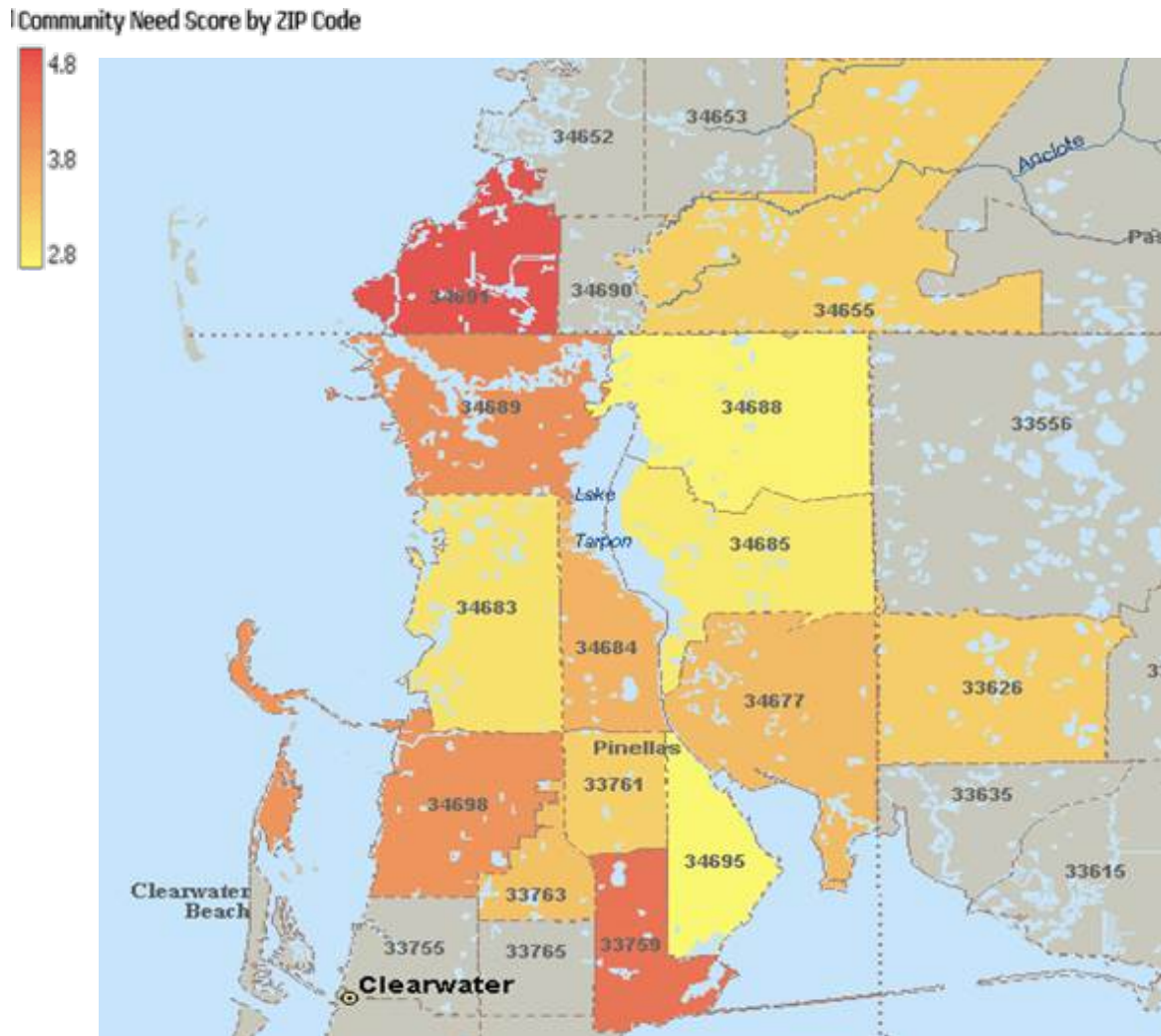
### Mease Countryside Hospital Overall Study Area

The Mease Countryside Hospital community is located in Safety Harbor, FL, and has defined their community as the zip code geographic area based on 75% of the hospital's inpatient discharges. The Mease Countryside Hospital community consists of 14 zip code areas (see Table 2 & Figure 2).

**Table 2: Mease Countryside Hospital Community Zip Code Definition**

Zip	Town	County
33626	West Tampa	Hillsborough
33759	Clearwater	Pinellas
33761	Clearwater/Largo	Pinellas
33763	Clearwater	Pinellas
34655	New Port Richey	Pasco
34677	Oldsmar	Pinellas
34683	Palm Harbor	Pinellas
34684	Palm Harbor	Pinellas
34685	Palm Harbor	Pinellas
34688	Tarpon Springs	Pinellas
34689	Tarpon Springs	Pinellas
34691	Holiday	Pasco
34695	Safety Harbor	Pinellas
34698	Dunedin	Pinellas

**Figure 2: Mease Countryside Hospital Community Geographic Definition**



### **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 an overall weighted score of 2.8, the Mease Countryside Hospital service area shows a CNS score lower than the median for the scale (3.0), lower than Pinellas County (3.3), lower than the average for the BayCare Health System Service Area (3.5), and the lowest for the BayCare Health system, which indicates a less than average number of socio-economic barriers to accessing healthcare with the least amount of barriers for the health system itself.

While there are fewer socio-economic barriers to accessing healthcare in the Mease Countryside Hospital service area, it is important to understand the areas that have more barriers than the average for the county and the hospital service area. There are four zip code areas (Holiday [34691] - 4.1, Clearwater [33759] - 3.7, Tarpon Springs [34689] - 3.4, and Dunedin [34698] - 3.3) that have CNS scores that are above the scale median, indicating greater than average socio-economic barriers to accessing healthcare.

- There are four zip code areas (34691, 34689, 33761, and 34677) in the Mease Countryside Hospital service area with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and an additional two (33759 and 33626) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).
- Two of those zip code areas (34691 and 34698) show at or above average poverty rates in all measures of poverty (65+, single mothers with children, and married parents with children) when compared to poverty rates for Pinellas County and the overall BayCare Health System service area.
- The unemployment rate for seven zip code areas (34691, 34689, 34698, 34655, 34683, 34677, and 33761) in the Mease Countryside 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 34691 (17.0%).

- While the uninsured rates for four zip code areas (34691, 33759, 34698, and 33763) in the Mease Countryside Hospital service area are higher than the average for the overall BayCare Health System service area (19.1%) and Pinellas County (17.9%); all zip code areas in the service area report lower uninsured rates than the state (25%).
- There are four zip code areas (34691, 34689, 33761, and 34677) in the Mease Countryside Hospital service area with a percentage of residents with limited English higher than the average for Pinellas County (12.1%) and an additional two zip code areas (33759 and 33626) with a percentage higher than the average for the overall BayCare Health System Service Area (17.6%).

**Table 3: Mease Countryside Hospital Service Area CNS Indicators and CNS Scores**

Zip	City	County	Inc Rank	Educ Rank	Cult Rank	Insur Rank	Hous Rank	CNS
34691	Holiday	Pasco	4	4	5	5	3	4.1
33759	Clearwater	Pinellas	3	3	5	3	5	3.7
34689	Tarpon Springs	Pinellas	3	2	4	5	3	3.4
34698	Dunedin	Pinellas	3	2	4	4	4	3.3
34684	Palm Harbor	Pinellas	2	2	4	3	4	2.9
34677	Oldsmar	Pinellas	2	1	4	3	4	2.8
33763	Clearwater	Pinellas	3	2	4	4	2	2.7
33626	West Tampa	Hillsborough	1	1	5	2	4	2.6
33761	Clearwater/Largo	Pinellas	2	2	4	4	2	2.5
34655	New Port Richey	Pasco	2	2	4	4	2	2.5
34683	Palm Harbor	Pinellas	2	1	4	4	2	2.3
34685	Palm Harbor	Pinellas	2	1	4	2	3	2.2
34688	Tarpon Springs	Pinellas	1	1	4	3	2	2.1
34695	Safety Harbor	Pinellas	2	1	4	2	2	2.0
<b>Mease Countryside Hospital Service Area*</b>			<b>2.2</b>	<b>1.8</b>	<b>3.8</b>	<b>3.3</b>	<b>3.0</b>	<b>2.8</b>

\*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 Countryside Hospital service area shows a much lower admission rate for Low Birth Weight (2.28 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 seven additional PQI measures (All four Diabetes measures, Angina Without Procedure, Perforated Appendix, Dehydration).
- ✓ Mease Countryside Hospital service area 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 11 of the 14 PQI measures with admission rates higher than the overall BayCare Health System service area for Bacterial Pneumonia (1.43 and 1.34 per 1,000 pop. respectively), Urinary Tract Infection (1.16 and 1.01 per 1,000 pop. respectively), and Congestive Heart Failure.
- ✓ Mease Countryside Hospital service area shows a greater admission rate for Congestive Heart Failure (2.40 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.).

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

Prevention Quality Indicators (PQI)	Mease Countryside Hospital Service Area	BayCare Health System	Pinellas County	Florida
Congestive Heart Failure Admission Rate (PQI 8)	2.40	2.15	2.35	2.23
Urinary Tract Infection Admission Rate (PQI 12)	1.16	1.01	1.26	0.87
Bacterial Pneumonia Admission Rate (PQI 11)	1.43	1.34	1.65	1.22

Source: Florida Hospital Association Data – Calculations by Tripp Umbach

### **Demographic Profile – Key Findings:**

- ✓ The Mease Countryside Hospital service area population is expected to rise by 2.9% by 2017. While the growth rate for the Mease Countryside Hospital service area is smaller than that projected for Florida (5.1%), any growth is significant considering the population for Pinellas County is expected to decline by 0.8% during the same period.
- ✓ Unlike county, state, and national trends, the Mease Countryside 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 Countryside 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 (18 to 54 years of age) than the county, state, and nation.
- ✓ Mease Countryside Hospital service area shows a higher average annual income (\$69,523) than Pinellas County (\$60,181), Florida (\$62,685), and the U.S. (\$67,315), with higher rates of individuals with some college/Assoc. Degree and Bachelor's Degree or greater (61.8%) than Pinellas County (56.9%), Florida (54.9%), and the U.S. (56.3%).
- ✓ The Mease Countryside Hospital service area (83.1%), Pinellas County (75.9%), Florida (56.6%), and the U.S. (62.8%) show a majority population of White, Non-Hispanic individuals and much lower rates of Hispanic individuals (8.7%) and Black, Non-Hispanic individuals (3.4%) than the county (8.5% and 10.2%), state (23.4% and 15.3%), and nation (17% and 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 unhealthiest). The median rank is 34.

- ✓ While Pinellas County encompasses the Mease Countryside Hospital service area, rankings for the three counties served by the BayCare Health System are shown below for comparison purposes. 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).<sup>28</sup>
- ✓ 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.

### 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.<sup>29</sup>
  - 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%.<sup>30</sup>
  - 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 almost 1.0%

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<sup>28</sup> Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

<sup>29</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-1.1&anchor=11> (last updated: 3/28/2013)

<sup>30</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

between 2001 and 2011, from 83.6% to 82.8%; the decline 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. One of the stated goals of Healthy People 2020 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.<sup>31</sup>
- ✓ 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%.<sup>32</sup> According to the National Cancer Institute, women age 40 and older should have mammograms every one to two years.<sup>33</sup>
- ✓ Similarly, between 2007 and 2010, the percentage of women aged 18 and over who had a **Pap smear** in the previous year decreased in Pinellas County from 63.2% to 52.4%.<sup>34</sup> It is important to note that the U.S. Preventive Services Task Force recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.<sup>35</sup>
- ✓ Between 2007 and 2010, the percentage of respondents aged 50 and over who reported having had a blood stool test within the past year decreased in Pinellas County from 27.7% to 18.8%.<sup>36</sup> It is important to note that the U.S. Preventive Services Task Force recommends **screening for colorectal cancer** (CRC) using fecal occult blood testing (every year), sigmoidoscopy (every five years), and/or colonoscopy (every 10 years), in adults, beginning at age 50 years and continuing until age 75 years.<sup>37</sup>

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<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> National Cancer Institute: Retrieved from: <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms> (last updated 7/24/2012).

<sup>34</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>35</sup> U.S. Preventive Services Task Force. Retrieved from:

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

<sup>36</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>37</sup> U.S. Preventive Services Task Force. Retrieved from:

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

- ✓ 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 area in the Mease Countryside Hospital service area that shows a higher than the average Tampa Bay Area hospitalization rate (25.1 per 10,000 pop.) for bacterial pneumonia (34691-26.7 per 10,000 pop.) and two zip codes with higher than average ER visit rates (13.5 per 10,000 pop.) for bacterial pneumonia (34689-17.3 and 34691-20.1 per 10,000 pop.). African American residents are the most likely to visit the emergency room due to bacterial pneumonia (29.8 per 10,000 pop.) than residents of other ethnicities in Pinellas County (Asian-4.9, Hispanic- 10.2 and White, non-Hispanic- 14.2 per 10,000 pop.).<sup>38</sup>
- ✓ 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 two zip codes in the Mease Countryside 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 (33759-31.6 and 34698-25.3 per 10,000 pop.) and two zip codes with higher than average ER visit rates (102.1 per 10,000 pop.) for urinary tract infections (34691-151.2 and 34689-111.0 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 the rate for residents of other ethnicities in Pinellas County.<sup>39</sup>
- ✓ 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 Countryside Hospital service area that show a higher than average ER visit rates due to congestive heart failure for the Tampa Bay Area (3.1 per 10,000 pop.) (34677-4.7, 33761-4.3 and 33759-4.1 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.<sup>40</sup>
- ✓ 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 for stroke nationally

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<sup>38</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

was 39.1 per 100,000 pop. in 2010. The goal is to reduce this rate to 33.8 per 100,000 pop. nationally by the year 2020.<sup>41</sup>

- While the death rate due to 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).<sup>42</sup>
- ✓ The death rate related to **coronary heart disease** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020: The age-adjusted death rate for coronary heart disease nationally was 113.6 per 100,000 pop. in 2010. The goal is to reduce this rate to 100.8 per 100,000 pop. nationally by the year 2020.<sup>43</sup>
- While the age-adjusted death rate due to coronary heart disease in Pinellas County was similar to the national rate in 2010 (105.0 per 100,000 pop.); 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.
- ✓ **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 determined to be low birth weight. The goal is to reduce this percentage to 7.8% of live births nationally by the year 2020.<sup>44</sup>
- While the rate of low birth weight births has been increasing in Pinellas County between 2009 and 2010 (from 8.0% to 9.1%)<sup>45</sup>; the hospital admission rate for low birth weight is much lower in the Mease Countryside Hospital service area (2.28 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.).<sup>46</sup> This assessment shows that in 2010, three zip code areas (34691-10.3%, 34698-10.3% and 34683-9.3%) had percentages of low birth weight babies higher than average for

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<sup>41</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-3&anchor=509> (last updated: 3/28/2013).

<sup>42</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>43</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=21&topic=Heart%20Disease%20and%20Stroke&objective=HDS-2&anchor=604> (last updated: 3/28/2013).

<sup>44</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-8.1&anchor=92105> (last updated: 3/28/2013).

<sup>45</sup> Source: 2012 Kids Count; The Annie E. Casey Foundation

<sup>46</sup> Tripp Umbach Independent Prevention Quality Indicator Analysis

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 2011<sup>47</sup> (34691-8.1%, 34698-5.5%, and 34683-4.7%) with zip code 34691 remaining high. 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%).<sup>48</sup>

- ✓ Mease Countryside Hospital service area shows below average PQI admission rates when compared to Pinellas County, the overall BayCare Health System service area and Florida for seven additional PQI measures (All four Diabetes measures, Angina Without Procedure, Perforated Appendix, and Dehydration).<sup>49</sup>
- ✓ 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.).<sup>50</sup>
  - 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.
- ✓ **Pre-term live births** (< 37 week 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 to 11.4% nationally by the year 2020.<sup>51</sup>
  - 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.<sup>52</sup> In 2010, there were four zip code areas in the Mease Countryside Hospital service area with higher than the

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<sup>47</sup> Note: Every decennial census year, the U.S. Census Bureau alters census tract boundaries to coincide with the updated population figures. In the CHARTS vital statistics query systems, where census tract data is available, any year previous to 2011 will use 2000 census tract boundaries, and any data from 2011 onward will use the 2010 census tract boundaries. Data from like-numbered census tracts may not be comparable between the 2000 and 2010 tract boundaries. Source: CHARTS Vital Statistics Query Systems

<http://www.floridacharts.com/FLQuery/Birth/BirthRpt.aspx>

<sup>48</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>49</sup> Tripp Umbach Independent Prevention Quality Indicator Analysis

<sup>50</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>51</sup> Source: HealthyPeople.gov. Retrieved from:

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

<sup>52</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay



- Tampa Bay area average (12.9%) pre-term births (34683-16.7%, 34685-16.0%, 34691-14.7% 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 residents (73.1 per 1,000 live births) display teen birth rates that are two times the rates seen among other ethnicities in the county (>36.1 per 1,000 live births).<sup>53</sup>
- ✓ **Infant mortality** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the infant (<1 year) mortality rate nationally was 6.6 per 1,000 live births in 2008. The goal is to reduce this rate by the year 2020 to 6.0 per 1,000 live births nationally.<sup>54</sup>
- 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.<sup>55</sup> 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).<sup>56</sup> 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).
- ✓ The death rate related to **diabetes** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate nationally was 70.7 per 100,000 pop. in 2010. The goal is to reduce this rate to 65.8 per 100,000 pop. nationally by the year 2020.<sup>57</sup>
- 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

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<sup>53</sup> Ibid.

<sup>54</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-1.3&anchor=85899> (last updated: 3/28/2013).

<sup>55</sup> Source: 2012 Kids Count; The Annie E. Casey Foundation

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

<sup>57</sup> Source: HealthyPeople.gov. Retrieved from:

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



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 the age-adjusted death rate in Pinellas County to 57.5 per 100,000 pop in 2011.<sup>58</sup>

- Additionally, the Mease Countryside Hospital service area shows similar hospitalization rates to the state for any of the PQI diabetes measures. However, there are two zip codes that register higher than the Tampa Bay average (21.5 per 10,000 pop.) hospitalization rates for adults 18 years old and older between 2009 and 2011 (34691-28.6 and 33759-27.4 per 10,000 pop.); also above the average (6.7 per 10,000 pop.) for short-term complications of diabetes (10.4 and 11.5 per 10,000 pop. respectively); also above the average (11.8 per 10,000 pop.) for long-term complications of diabetes (15.3 and 13.0 per 10,000 pop. respectively); above the average (19.0 per 10,000 pop.) for ER visit rate due to diabetes for 34691 (21.3 per 10,000 pop.); and ER visit rate due to uncontrolled diabetes for 34691 (2.4 per 10,000 pop.).<sup>59</sup>
- ✓ **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 to 160.6 per 100,000 pop. nationally by the year 2020, breast cancer (22.1 per 100,000 pop. in 2010) goal of 20.6 per 100,000 pop., lung cancer (47.6 per 100,000 pop. in 2010) goal of 45.5.<sup>60</sup>
- 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.<sup>61</sup>
  - 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 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

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<sup>58</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>59</sup> Ibid.

<sup>60</sup> Source: HealthyPeople.gov. Retrieved from:

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

<sup>61</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

- death rate increasing for African American females with breast cancer in 2011 (28.8 per 100,000 pop.).<sup>62</sup>
- 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.<sup>63</sup>
  - 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.<sup>64</sup>
- ✓ The **suicide** rate is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, the age-adjusted death rate due to suicide nationally was 12.1 per 100,000 pop. in 2010. The goal is to reduce this rate to 10.2 per 100,000 pop. nationally by the year 2020.<sup>65</sup>
- Individuals in Circuit 6 (Pasco and Pinellas counties) show the highest reported rates of serious thoughts of suicide compared with Florida.<sup>66</sup> 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.).<sup>67</sup>
- ✓ **Tuberculosis** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, there were 4.9 new cases per 100,000 pop. nationally in 2005. The goal is to reduce this rate to 1.0 per 100,000 pop. nationally by the year 2020.<sup>68</sup>
- 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.<sup>69</sup>

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<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

<sup>65</sup> Source: HealthyPeople.gov. Retrieved from:

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

<sup>66</sup> Source: SAMHSA

<sup>67</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>68</sup> Source: HealthyPeople.gov. Retrieved from:

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

<sup>69</sup> 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 year.<sup>70</sup>
  - The immunization rate for kindergarten students in Pinellas County has steadily declined from 93.4% in 2007 to only 89.3% of the kindergarteners being fully immunized in 2010; this rate has recently has increased to 90.3% in 2011.<sup>71</sup>
  
- ✓ **Tobacco** use is a national issue being addressed by Healthy People 2020. According to Healthy People 2020, 19.3% of adults 18 years old and older reported cigarette smoking in 2010. The goal is to reduce this percentage to 12.0% of persons nationally by the year 2020.<sup>72</sup>
  - 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 males in Pinellas County (22.1% and 16.2% respectively).<sup>73</sup>
  - Circuit 6 (Pasco and Pinellas counties) 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 a great risk associated with smoking.<sup>74</sup>
  
- ✓ **Substance abuse** is a national issue being addressed by Healthy People 2020. According to Healthy People 2020:
  - 8.4% of teens age 12-17 years reported binge drinking in 2010<sup>75</sup>
  - 4.3% of persons 12 years old and older nationally reported non-medical use of prescription pain relievers in the previous year<sup>76</sup>
  - 7.4% of adolescents 12-17 years old nationally reported using marijuana in the previous 30 days in 2011<sup>77</sup>

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<sup>70</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=23&topic=Immunization%20and%20Infectious%20Diseases&objective=IID-10.5&anchor=564805> (last updated: 3/28/2013).

<sup>71</sup> Source: 2012 Kids Count; The Annie E. Casey Foundation

<sup>72</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=41&topic=Tobacco%20Use&objective=TU-1.1&anchor=285350> (last updated: 3/28/2013).

<sup>73</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>74</sup> Source: SAMHSA

<sup>75</sup> Source: HealthyPeople.gov. Retrieved from:  
<http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=40&topic=Substance%20Abuse&objective=SA-14.4&anchor=260957> (last updated: 3/28/2013).

<sup>76</sup> 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).

<sup>77</sup> 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.<sup>78</sup>
- Circuit 6 (Pasco and Pinellas counties) 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.<sup>79</sup>
- Mease Countryside Hospital service area has eight zip code areas (34689-53.8, 33759-38.2, 34698-38.2, 34691-27.1, 33761-25.2, 34688-25.4, 34695-25.4, and 34677-24.6 per 10,000 pop.) with higher than average (24.0 per 10,000 pop.) Emergency Room visits due to **alcohol** abuse.
- 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 four zip codes in the Mease Countryside Hospital service area (34684-11.6, 34698-10.0, 34695-9.5, and 34688-9.3 per 10,000 pop.) showing above average (8.5 per 10,000 pop.) hospitalization rates. 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. Men are also more likely to be hospitalized due to acute or chronic alcohol abuse.<sup>80</sup>
- Circuit 6 (Pasco and Pinellas counties) shows the highest rate of non-medical use of **prescription pain relievers** compared to Florida (4.43% of the population aged 12 and older).<sup>81</sup>
- 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%).<sup>82</sup>

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<sup>78</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>79</sup> Source: SAMHSA

<sup>80</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

<sup>81</sup> Source: SAMHSA

<sup>82</sup> Source: Tampa Bay Partnership: Healthy Tampa Bay

- ✓ Nutrition and weight status are national issues being addressed by Healthy People 2020. According to Healthy People 2020:
  - 35.7% of persons 20+ years were obese in 2010. The goal is to reduce this percentage by the year 2020 to 30.5% of persons nationally.<sup>83</sup>
  - 31.6% of adults 18+ years old nationally are not engaging in any leisure-time physical activity in 2011.<sup>84</sup>
- The rate of adults who eat **fruits and vegetables** in Pinellas County has declined from 2002 to 2007 from 30% to 26.3%. Men (18.1%) are much less likely to eat fruits and vegetables than women (33.7%) in Pinellas County.<sup>85</sup>
- 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.<sup>86</sup>
- 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).<sup>87</sup>
- 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.<sup>88</sup>

### **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 Countryside Hospital service area than the county (according to PQI analysis).

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<sup>83</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=29&topic=Nutrition%20and%20Weight%20Status&objective=NWS-9&anchor=141> (last updated: 3/28/2013).

<sup>84</sup> Source: HealthyPeople.gov. Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=33&topic=Physical%20Activity&objective=PA-1&anchor=200> (last updated: 3/28/2013).

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

<sup>86</sup> Ibid.

<sup>87</sup> Ibid.

<sup>88</sup> Source: 2012 County Health Rankings. University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

- ✓ 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.
- ✓ The immunization rate for kindergarten students in Pinellas County has steadily declined from 93.4% in 2007 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**

- ✓ Circuit 6 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.
  - Circuit 6 shows the lowest rate of individuals that perceive the risks associated with having five or more drinks per week compared with individuals in Florida.
- ✓ Circuit 6 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.
- ✓ Circuit 6 shows the highest rate of any tobacco product use and the second highest rate of cigarette use when compared with Florida and the other circuit in the study area.
  - This may be related to the fact that Circuit 6 shows the lowest rates of individuals who perceive the great risks of smoking.

- ✓ Circuit 6 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 area.
- ✓ Circuit 6 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 Circuit 6 report needing but not receiving treatment for illicit drug dependence less than individuals in Florida.
- ✓ Individuals in Circuit 6 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 Countryside Hospital service area is available in Appendix A.

## Key Stakeholder Interviews

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### **Data Collection:**

The following qualitative data were gathered during individual interviews with 11 key stakeholders of the Mease Countryside Hospital area, as identified by an advisory committee of executive leadership. Mease Countryside Hospital is a 300-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 Countryside Hospital executive leadership project team.

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

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

Of the 11 key stakeholder respondents representing residents in the communities served by Mease Countryside Hospital, the places stakeholders mentioned when asked what community they represent professionally are: Pinellas County, Tampa Bay, Eight-county Tampa Bay region, North Pinellas County, City of Safety Harbor, Suncoast Hospice, and Morton Plant Mease Foundation (in order of most mentioned).

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

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

- President/CEO of Suncoast Hospice
- COO of Sunstar Paramedics
- Volunteer for the Morton Plant Mease Foundation
- Executive Director of the North Pinellas Branch – YMCA of the Suncoast
- Leader of Hospitalist Group
- Mayor of Safety Harbor, FL
- Board of County Commissioners
- Director, Pinellas County Health Department
- Project Manager of the One Bay Healthy Communities
- Concurrent Review Nurse
- Director of Business Development, 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.

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

- Residents who are healthy and inclined toward physical activity.
- Low rate of chronic illness (e.g., diabetes, obesity, etc.).
- Residents that are not sick.
- A focus on the connection between body and mind.
- Residents that take personal responsibility for their individual health status.

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

- Residents that are supportive of one another with reciprocity between residents and community institutions.
- Capacity to help residents maximize their potential.
- Access to affordable healthcare for everyone.
- Wellness, prevention, and health education programs that engage residents effectively.
- Medical services needed by residents (i.e., Level 1 and 2 trauma centers and neurosurgery).
- Efficient emergency medical transportation response timing.
- Residents whose medical needs are being met.
- Senior services (i.e., home care, follow-up, etc.).
- Healthy physical environment (i.e., walkable, parks, safety, etc.).
- Healthy social environment (i.e., activities for residents of all ages).
- Access to healthy food.

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

The three themes identified upon review of the specific health need trends identified most often by stakeholders are: Access to affordable healthcare, chronic illness, and senior services.

**Access to affordable healthcare** was identified by seven 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 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 due to issues with affordability, access, and time.
- Residents do not always have access to the health services they need (i.e., Level 1 trauma center, neurosurgery, behavioral health, and dental health care.)
- Many residents are seeking medical care at the emergency room or the free clinic due to limited employment and income.
- Healthcare is not a priority for population with the greatest number of socio-economic barriers (i.e., low-income families, homeless residents, etc.).
- There is an increase in the number of residents that are under/uninsured, which decreases access to healthcare.

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

- There is a large Hispanic population with chronic disease needs.
- Diabetes management is needed.
- Cancer rates are increasing.
- Obesity rates are high which has an impact on the prevalence of high-cholesterol, diabetes, etc.
- The hospital could increase outreach efforts.
- Chronic disease often results from poor lifestyle choices (i.e., substance abuse).
- 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.

**Senior services** were identified by five stakeholders as a local or regional health trend. Specifically, stakeholders mentioned the following health need trends that relate to the need for senior services:

- Pinellas County is an aging population and is a large senior population that the community needs to have resources to care for.
- Seniors tend to be readmitted to the ER and nursing facilities more often than other residents due to a lack of support services (i.e., help with daily tasks like shopping, transportation, etc.).
- There is not enough funding for support services for seniors.
- The PACE program needs to be expanded to more fully meet the needs of the community.
- Seniors need more comprehensive coordination of care to ensure follow-up appointments are made and behavioral health needs are being met.
- The need for senior services leads to higher readmittance rates for older residents.

**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 50+, general population, residing in areas where the concentration of poverty is high, young, under/uninsured, low-income, young couples with children, African American, Medicaid-dependent, homeless, chronically ill, for whom English is a second language, Hispanic, pregnant, children that are obese.

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

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

- Collaboration and partnerships;
- Excellent system of healthcare and many physicians;
- There is a free clinic in Clearwater, FL;
- There is community pride and cohesion;
- The response rate of first responders is better than average;
- The community offers residents a good quality of life;
- There is a wealth of data resources and information;
- There are six community health centers;
- The climate allows residents the opportunity for outside recreation often;
- Parks and recreation are available to most residents in all areas; and
- Transportation is available in Southern Pinellas County, and they are working to improve it in Northern Pinellas County.

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

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

- Limited access to primary and preventive medical care:
  - The reduction in Medicaid and Medicare reimbursements limits the services that hospitals and other organizations can provide to residents due to a lack of funding.
  - The senior population is growing, while insurance reimbursements are shrinking, leading to limited resources for geriatric medical care.

- Many residents are under/uninsured due to the inability to afford private-pay insurances. As a result, residents will not seek medical care until an issue becomes an emergency, and they have to go to the emergency room due to the inability to pay for medical services elsewhere.
- Small businesses are not able to afford health plans that offer employees affordable co-pays and deductibles, which cause employees to opt out of health insurance benefits.
- Some residents are employed with an income just above eligibility requirements for government-funded health insurance, and yet, do not make enough money to afford private-pay health insurance. At the same time, many low-wage employers do not offer health insurance benefits (i.e., employers in the service industry).
- There is a need for coordination of care.
- Some children of residents employed in the service industry are not receiving ongoing medical and dental care due to parents not being able to afford to take time off work and/or the loss of wages.
- Some residents, including seniors, may not be able to afford prescription medications.
- Behavior that impact health:
  - Prescription drug abuse is an issue that impacts child welfare and residents of all ages, ethnicities, and income levels. Substance abuse also impacts the prison population and increases chronic illness costs. Additionally, infants are being born addicted to substances, which impacts infant health and child development.
  - Chronic illnesses are prevalent (i.e., diabetes, cancer, adult and childhood obesity) due to lifestyle choices (i.e., lack of physical exercise, etc.).

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

Out of 11 stakeholders, one stakeholder did not provide a valid response. Of the 10 stakeholders that responded: three believed collaboration and partnerships would be required. The parties stakeholders felt are best poised to address the identified health needs are:

- The medical community;
- Insurance companies;
- Government officials (local, county, state, and federal);
- The Public Health Department, though there are limited funds;
- Hospitals;
- Any organization that deals directly with residents; 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 11 responses, six stakeholders responded that they believe there are adequate resources available in the Mease Countryside Hospital service area to address the aforementioned issues/problems. Three stakeholders did not believe adequate resources were available and two stakeholders were either unsure or did not provide a valid response. Several stakeholders offered the following recommendations:

- I would like to see more availability of services for mental health issues.
- We need to advocate for public policy changes that may be needed; such as, increasing funding for PACE to allow the program to accept more patients.
- The community could use more funding.
- State government wants to cut back programming and more responsibility goes to county government. The county has programs but they are getting cut due to reduced reimbursement rates from the state.
- Collaboration could minimize duplication and maximize efficiencies.
- Those that need funding need to be connected to the resources.

**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:

- Access to specialty services like surgical services is an issue due to lack of available providers in the area and limited insurance coverage.
- We have pockets of low-income areas and Hispanic communities with language barriers. As those pockets grow, we need to make sure they have access to healthy options because they are not mobile and they fear establishments and/or public gatherings due to their citizenship status.
- Kids are getting a hold of prescription drugs at home.
- People are living longer and tend to be at greater risk for chronic illnesses the older they are.
- Mental illness and substance abuse impact the prison population.
- The increase in chronic illnesses will translate into greater healthcare costs in the future and the need for more resources.
- Not all residents have access to healthy nutrition

**Any additional comments or questions?**

There were no additional comments or questions posed by stakeholders.

## Focus Groups with Community Residents

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Tripp Umbach facilitated four focus groups with residents in the Mease Countryside Hospital community. Approximately 30 residents from the Mease Countryside 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 Countryside Hospital executive leadership project team. Mease Countryside Hospital is a 300-bed hospital and also one of a network of 10 not-for-profit hospitals throughout the Tampa Bay area. 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 Countryside Hospital executive leadership project team.

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 Countryside 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
- ✓ Obstetric professionals serving families that are at risk of poor birth outcomes
  - Conducted at Tampa Family Health Centers (Tampa, FL) on April 5, 2012
- ✓ School nurses serving children and families in school settings
  - Conducted at St. Joseph's Hospital (Tampa, FL) on April 10, 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-ineligible 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 individuals' 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 healthcare 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 healthcare**
2. **Behaviors that impact health**
3. **Information and education**

### ACCESS TO PRIMARY, PREVENTIVE, DENTAL, AND MENTAL HEALTHCARE:

Residents for whom English is a second language perceived that access to primary and preventive healthcare in the Tampa Bay Area may be limited in the areas of 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.
- Resident may not be seeking health services due to the hours of operation interfering with child care 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 healthcare:

- 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.

## PROFESSIONALS SERVING MOTHERS AT RISK OF POOR BIRTH OUTCOMES

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

### PROBLEM IDENTIFICATION:

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

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

### ACCESS TO PRENATAL CARE:

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

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

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

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

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

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

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

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

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

**Group Suggestions/Recommendations:**

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

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

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

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

### **Perceived Contributing Factors:**

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

### **Mitigating Resources:**

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

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

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

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

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



## SCHOOL NURSES FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting school-aged children and their families in the BayCare Health System Service area (i.e., Pasco, Pinellas, and Hillsborough Counties), as well as ways to address the health concerns for this population.

### PROBLEM IDENTIFICATION:

During the discussion group process, school nurses discussed three community health needs and concerns for school-aged children and their families in their communities. These were:

1. **Access to primary, preventive, dental, and mental health care services**
2. **Disease management and education**
3. **Communication**

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

School nurses perceived that access to primary, preventive, dental, and mental health care in the Tampa Bay Area may be limited in the areas of the cost of medical services, transportation, trust, lack of support, communication with medical professionals, and availability of affordable healthcare.

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

- Participants indicated that children of low-income under/uninsured families often secure primary care services through the emergency room due to limited healthcare services, lack of support, limited transportation options, distance between providers and communities, and significant barriers to accessing primary and preventive healthcare experienced by those with the greatest financial need.
- Dental care is not readily available for some children due to a lack of dental insurance and limited providers that will accept Medicaid dental insurance. According to school nurses, there are a large percentage of students in the school districts who do not have dental insurance because employers do not offer this benefit and/or families cannot afford the premiums. As a result, school nurses often see children with poor dental maintenance and suffer from dental decay.
- Families may not always be able to afford health insurance premiums, co-pays, and/or deductibles. When a family has health insurance for the children (i.e., Medicaid, KidCare, or private-pay insurance); often, the out-of-pocket expenses of many health services (i.e., co-pays, deductibles, cost of medications, shared cost, etc.) may be unaffordable, leaving many children without access to affordable healthcare.
- Parents with a low income often do not place the highest priority on health insurance coverage and preventive services when food, shelter, etc. are competing needs. While KidCare is available to children that do not qualify for Medicaid, there is a significant amount of paperwork required for approval that may need to be filled out more than once if it becomes lost in the system. The

application process is lengthy and requires children to have no medical coverage to qualify, leaving children without health insurance for up to three months. There is a monthly premium payment associated with KidCare. If parents miss a payment, they are required to restart the application process.

- Many parents that are employed on an hourly basis may not be able to take their children to medical appointments due to the inability to lose a day's wages and/or a lack of support from their employers in securing the time off work. This is an issue due to the amount of time required to attend a medical appointment, particularly as it relates to public transportation.
- Parents often keep other children home from school if a sibling has a medical appointment due to the amount of time required to attend a medical appointment, which may overlap with the end of the school day.
- Families new to the area do not typically have the support system they need, and often, school nurses are the first healthcare providers they interact with. Trust with school nurses is needed in order for care to be obtained. Trust from parents is the first initial segue for children to receive healthcare services.
- Pediatric behavioral health is another growing health need among the student population (i.e., anxiety issues, mood disorders, compulsive behaviors, etc.). Students are not always able to obtain the behavioral health services they require (i.e., counseling, psychiatry, psychotropic medications, crisis intervention services, etc.) due to a lack of health insurance coverage, limited availability of services in the community (therapy, psychiatry, and crisis stabilization), long waiting periods to secure appointments, and no community support. Additionally, the role of guidance counselors has changed to test and college preparation, class selection, etc., causing some children not to receive the one-on-one services they may need.
- Asthma and diabetes are the biggest health concerns school nurses see among the student population. Often, these chronic diseases are not being managed properly among children due to a lack of parental understanding of disease management and/or limited resources to afford the correct equipment and supplies. Many children are not aware of how to manage their asthma with the daily suppressant, which often leads to an over-use of inhalers that are prescribed for emergency use during asthma attacks. There are children who do not have enough lances for testing their sugar because parents cannot afford to buy enough, leading children to use lances multiple times. Participants indicated that many parents may not understand the seriousness and risks associated with the chronic illnesses their children may have.
- Nurses are responsible for a number of students throughout the day in multiple schools due to limited staffing resulting in the delegation of non-medical care and services to non-medical staff (i.e., sick care, daily medication administration, etc.).
- Parents can be passive and non-responsive to free health services provided for their children on-site at school that may address a common health concern (i.e., vision screening and free eye glasses).
- Childhood immunizations in Hillsborough and Pinellas Counties can be difficult to secure due to transportation in Pinellas County and services being limited to one provider in Hillsborough County.

**Mitigating Resources:**

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

- School programs to address oral care are available to students.
- School nurses try to partner with community organizations to provide “gap funding” and/or health services for those children that otherwise would not have access (i.e., Free eye exams and glasses, foundation funding to cover additional healthcare costs like co-pays, etc.).
- KidCare, a state-run health coverage program for children is available for all kids in the state of Florida through the age of 18 years.
- There are large coordinated efforts with school nurses to provide care to children in the area.
- While many of the appointments are missed, some schools offer medical/clinical services in an on-site clinic.
- School nurses are focused on keeping students healthy and hope that they can also educate those in need. The group agreed that school nurses play several roles in the community: provider, advocate, protector, educators, and case managers. School nurses are instrumental in providing care for many children in the school districts. Many children would not receive primary care without their interface.
- Pasco County schools provide immunization clinics through their health department while parents are registering children for school.
- Counties all have resources for homeless children and they are admitted into schools immediately.

**Group Suggestions/Recommendations:**

School nurses offered the following as possible solutions to help improve the access to primary, preventive, dental, and mental health care in their communities.

- Collaborate with medical professionals in schools to meet the health needs of children: Participants believed that parents are not always able to make and keep medical appointments at medical facilities for a variety of reasons. Participants recommended that medical facilities collaborate with schools to provide primary, preventive, dental, and mental health services on-site at the schools. Additionally, participants felt that they are often disconnected from medical providers in the community. Participants recommended that medical providers communicate with school nurses more often regarding individual students and treatment options that can be provided in a school setting.
- **Increase access to health services for children:** Participants believed that it is often difficult for parents to secure the health services children need for a variety of reasons. Participants recommended that local social service agencies and school districts collaborate to keep each other informed about community services and programs that will benefit children. Additionally, participants recommended that medical facilities, schools, and community organizations could ensure that parents are informed about and apply for health insurance for their children.

- **Parents actively participate in ensuring the health of their children:** Participants indicated that parents are not able to be as actively involved in the health of their children as they may need and/or want to be for a variety of reasons. Participants recommended that parents could take a more active role at times in advocating for the health of their child. Participants recommended that parents become advocates for their children's health in the community, at the pediatrician's office, and at school.

## COMMUNICATION, INFORMATION, AND EDUCATION:

School nurses perceived that communication, information, and education with families of school-aged children are limited by parental awareness, comprehension, willingness to advocate, misconceptions, engagements, and fractured service delivery system.

### **Perceived Contributing Factors:**

- School nurses reported that some parents needing health insurance coverage for their children are unaware of the qualifications and/or application process. This is often the case among families with member(s) who become employed, and the children are removed from Medicaid. Parents are not always aware that children are eligible for KidCare once they become ineligible for Medicaid.
- The inability to understand and comprehend English plays a major role in the type of care children receive. Parents for whom English is a second language may not always understand the directives of a pediatrician and/or many of the school forms that are required to provide services to children at the school. As a result, necessary forms are not returned, children are not getting proper administration of their medications, and are unable to participate in needed programs offered at the school.
- Pediatricians do not adequately educate, inform, and/or ensure an understanding among parents about how to use and administer medication to their children (i.e., nebulizer), and parents typically feel helpless without adequate training and information, which often leads to improper medication administration. Additionally, parents may have misconceptions about the effects of the medications their child is prescribed (i.e., "steroids" in asthma medication), which may lead to the decision not to administer necessary medications at all.
- Coordinated efforts to collect forms and distribute information from administrative departments and school nurses can place a significant drain on school resources when parents are unresponsive to the requests of the schools.
- Community organizations and social service organizations work in silos due to funding structures and targeted funding resulting in gaps in available services and at times unmet needs.

### **Mitigating Resources:**

School nurses identified the following existing resources in their communities that they felt could improve the communication, information, and education:

- School nurses network very closely with parents and build relationships, provide information, and educate parents about the health needs, disease management, the effects/administration of medications, and resources available for their child(ren).
- There are coordinated efforts from administrative departments and school nurses to collect forms and distribute information related to children's health.
- Parents who are more competent will be able to use online health resources and utilize their pediatricians' offices for information on their children's conditions, but parents who are inept in their ability to understand and manage their child's condition need support from the school and other outside resources.

**Group Suggestions/Recommendations:**

School nurses offered the following as possible solutions to help improve the communication, information, and education in their communities.

- **Provide information to parents and ensure understanding:** Participants believed that parents do not always receive and understand information about the risks, medications, and treatment of their children's illnesses. Participants recommended that pediatricians provide information in a way that parents can receive it (i.e., using their primary language, using verbiage that is consistent with parents' vocabularies, and level of comprehension, etc.). Participants then recommended that pediatricians verify that parents understand what has been communicated by requesting a demonstration of understanding. Finally, participants recommended that pediatricians repeat a consistent message at each contact with the family. Participants felt that it is important to educate children early on regarding how to manage their ailments (asthma or diabetes). Parents, teachers, and school nurses can continue to reinforce the same message so children are more cognitive and alert on how to management symptoms on their own.
- **Provide information and educational materials in a way parents can understand:** Participants believed that informational materials and educational pamphlets are not always provided in a variety of languages, particularly those languages most prevalent in the area. Participants recommended that information be available in multiple languages in order to assist those whose primary language is not English.
- **Increase awareness about services and programs that are available in the community:** Participants believed that parents are not always aware of the programs and services that exist in the community. Participants recommended that parents could be assisted and information provided to them about local resources, services, and programs available for their children on an ongoing basis. Also, participants recommended that the school districts work and collaborate with agencies that may run health education seminars and sessions for educational information and materials on disease management and control.

# APPENDIX A

## Secondary Data Profile

Mease Countryside Hospital  
November, 2012-May, 2013

# APPENDIX B

## Key Stakeholder Interview Response Set

Mease Countryside Hospital  
October-November, 2012

**1. What community do you represent professionally?**

1. Suncoast Hospice and its family of programs. We accept many types of insurance, including Medicaid. A majority of our patients are elderly but, we serve anyone needing end of life care. This includes babies that are either stillborn or not expected to live very long after birth.
2. We are the sole provider of ambulance services in Pinellas County Florida. Under our contract with the Pinellas County, we are required to transport patients on every call we go out on, regardless of ability to pay.
3. I'm a volunteer. I've very involved in the Morton Plant Mease Foundation.
4. The whole community. four counties.
5. North Pinellas County. I interface a lot with Primary Care physicians in the area.
6. The city of Safety Harbor, FL
7. Pinellas County
8. Pinellas County
9. Tampa Bay Region (eight counties)
10. Tampa Bay
11. Federally qualified health center. Represent and serve uninsured, underinsured, underserved. Pinellas County is service area. Target uninsured.

**2. Please elaborate on how your job position interfaces with community health?**

1. To be sure our organization fulfills its social mission that ensures people in our community will die well. Often, people die alone, without enough medication, without any support. We want to change the way people die. We want to make sure that people know they can plan their death and they don't have to do it alone.
2. Community involvement. I help other organizations in the community to provide medical services for homeless people and those that can't afford health insurance by providing funding sources. The whole point is to keep medical conditions from getting extreme and requiring Emergency Room visits. Also, to keep people from using the Emergency Room for primary care.
3. We promote three areas: Wellness, Reducing Risk, and Reclaiming Health. We provide activities and education for the community to live a healthy lifestyle. We have a partnership with Livestrong.
4. We are emergency responds to all of Pinellas County. We deal with the 911 aspect of community health.
5. I reach out to Primary Care physicians on the front lines of the community health environment. I am in close touch with most of them. I am part of the patient's health care team.
6. One facet of the responsibility to provide quality of life for residents (health care) meet health needs. Have an emergency room close by, children's health needs are able to be met. Citizens span in age and need. Hospital is next door to a privately owned mobile home park which keeps property values up. The property that Mease Country side owns has been rezoned and the hospital could expand if needed (mayor hopes that the hospital would expand and contract with University med school and do some teaching and/or research. More densely populated county in FL. Medical malpractice attorney. The hospital has vastly improved over time and



drastic improved. Mease Countryside expanded ER four or five years ago. I personally use the ER.

7. Indigent healthcare and funding a portion of Medicaid based on State mandate. Board works to keep costs down and meet the needs of indigent population. Based on Board Charter and State requirements.
8. Maintains county health data, administers county health programs, Works closely with indigent and the buyback health programs Supervised by health department.
9. Only paid staff person for the OneBay initiative Collects data and attends community health meetings with partners and coalitions.
10. RN concurrent reviewer, position is that any patient , interface with healthcare facilities and point of entry into acute care, follow patient throughout hospitalization
11. 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. I agree with the World Health Organization's definition of a healthy community. We need to continually create and improve our physical and social environments. We need to mutually support each other and develop our own maximum potential. Community health is not a status, it's a process. We need to want it and seek to improve it for ourselves and others. Everyone needs to join in and support their own piece of it.
2. Everyone would be able to get affordable healthcare including preventive care and wellness care.
3. A healthy community would have access to care. A healthy community would have a Level 1 or 2 Trauma Center and Neurosurgeon located in the county.
4. Wants Florida to weigh less. Obesity direct correlates with Diabetes. 79,000 are at risk for Diabetes. Also, a healthy community provides for a healthy body and mind.
5. Good balance between available care and the health needs of the community. Thriving and sustainable physician practices. Everything that supports a healthy community.
6. Health of your community: Walkable, connected with parks and lots of activities for seniors adults and children, healthier than the norm. (don't have a pool but provide everything else (many activities) with gyms and pools available in Mayors of North County has reciprocal agreement that keeps resident from having to pay non-resident fees to participate in activities (response time in the city is at 3.5 min for EMT County is seven minutes, so standard is high.
7. Affordable basic healthcare is available to all residents which includes community outreach and education. It is a community where everyone is aware of how to be
8. 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.

9. Vibrant, safe, walkable, with accessible parks and healthy foods. There is a population that is inclined toward physical activity. There is a healthy economy.
10. 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.
11. 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. Many elderly people wind up in nursing care facilities or back in the hospital earlier than necessary. If they had more support at home with things like shopping, transportation, and monitoring medications, they could stay home and be independent longer. These are services that no one wants to pay for. Being in a social group would make the elderly less susceptible to depression and isolation. Medicare pays for the last six months of life. We do have the PACE program, but the state limits the number of people that can participate. PACE needs to be expanded to meet the needs of the community. There are also behavioral health issues related to dealing with dying or the death of a loved one. There needs to be more coordinated care; each service provider needs to know the full story. The healthcare system is somewhat fragmented and people are lost in the cracks.
2. Diabetes management. Obesity. Large Hispanic population. Affordable healthcare. Large elderly population. Cancer. Prescription drug abuse by young people; including pregnant woman giving birth to babies with addictions.
3. Ensuring that we have level 1 or 2 trauma center (have level 2). Neurosurgery services are kept in county.
4. Diabetes, Obesity. Healthy living for all. Assistance for seniors. The senior population is only getting larger, what is our community ready to do to serve these folks.
5. I think the community is pretty well served in this area. In fact, we may even be over endowed in some aspects. We have more than enough physicians.
6. Would like to see the expansion of the Hospital continue Medical arts center growth and continued growth in general to meet the needs of residents to serve the general population. Mease Countryside serves Clearwater, Oldsmar, pine harbor, west chase area. Serves much of North Pinellas County. The hospital is trying (developed a children's unit) Cancer outpatient facility at Mease Countryside, Outpatient orthopedic care, colonoscopy (not heart institute) Mayor met with Dieticians from the hospital to discuss get moving a program the first lady instituted to reduce childhood obesity. Hospital does not interact with the community and is one of the largest employers in the city every third Friday on Main st. festival 3rd Friday (Hospital has never set up a wellness table and there is little community outreach. The mayor would like to see outreach more from Mease Countryside but does see outreach from St. Anthony's is a good model (triathlon sponsored annually with wellness staff on site) (BayFront provides outreach and community education at fairs/festivals and other BayCare facilities do a good job. Mease Countryside has done

little outreach, but nutritionist came out yesterday and may be improving this effort. Mayor has reached out and been involved as much as the hospital would engage the local government.

7. More people are under employed and have to seek medical care at the ER and free clinic. This pop. has grown significantly over the last few years. Homelessness has increased as the population has declined. The face of homelessness has shifted to that of families and working poor people Health care is not able to be a priority to these pops.
8. 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
9. 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.
10. 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 a physician's appointment.
11. Specialty care is a huge access issue for the underserved, uninsured, under insured, 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. The elderly, mainly. The behavioral health issues affect younger people, as well.
2. Hispanic and elderly. Young people. Pregnant women.
3. Residents of the entire county.
4. Obesity in our youth population is growing; seniors need more services to be covered by their health insurance; Lower income residents have a whole other set of challenges including access to healthy foods and transportation.
5. I think that the health needs are managed very well. We have a big supply of healthcare, generally speaking.
6. Young families with children; Seniors
7. Five areas of significant poverty (two are predominantly African American) (three are non-African American) see economic impact of poverty.
8. Uninsured; Residents in areas of the highest concentration of poverty
9. African Americans (Obesity and infant mortality); General population; 50-60 year olds that have retired
10. Patients in the 75+ range, Medicaid and welfare population
11. Chronically ill, homeless and non-English speaking. Subset of patients that go for behavioral health treatment because it is required in order to receive meds 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. I would say that our organization is a community strength. We just celebrated our 35th year anniversary. We have contracts and relationships with every nursing home in the area. We have partnerships with all the disease organizations and offer education and outreach to the community. We also have many other partnerships that help us serve the community. We do anything we can to collaborate with our partners to improve the health of the community. We spent many years building these relationships. We are interwoven into the community. The community would be surprised should our organization cease to exist. Healthcare Reform is changing things for all of us. We may need to go back to our partners and redesign programs to continue providing needed services.
2. We have lots of community organizations that are trying to help. The Homeless Emergency Project. Clearwater Free Clinic. They are providing medical and behavioral health services. However, they are limited by funding issues. We need to continue to fund these organizations so they can continue to offer and expand on those services.
3. Excellent healthcare community. 14 hospitals in Pinellas County. We are a fairly healthy community. Access to care is readily available. We are a little bit of exception to the rule. Making sure that the resources we have available today, will continue to be available in the future. Make sure residents to have to travel to Tampa (which is 20 miles away) for specialty services.
4. There are a lot of resources in our community. Morton Plant Mease/BayCare. Clearwater Free Clinic. YMCAs. They all provide outreach into the community. We have a lot of key players. What we don't have is coordination. For example, Morton Plant has Diabetes Prevention programs. The YMCA has Diabetes Prevention Programs where we educate pre-diabetics. We need to ask how we can support each other and collaborate to improve the health of the community. We could refer people to hospitals/doctors and doctors/hospitals could remember to mention our Diabetes Prevention program when they tell their patients that they are pre-diabetic. Some insurance companies cover it.
5. We have a great network of physicians. Allowing them to continue to thrive and be supported from a hospital perspective would continue to improve the health of the community.
6. Community Pride; connectivity; good quality of life, location on the bay and centrally located. First responders timing is good; safety; hospital local
7. Blessed with many non-profit in the community that are working better together and pooling resources and facility sharing.
8. Rich in resources with info sharing
9. Increased collaborations recently formed that share information across geographies and that movement is gaining momentum
10. (social services question)
11. 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. We do have a good health system, transportation, physicians. And, lots of resources in the community. We need to decide who the right players are, and bring everyone together to collaborate and improve the health of the community.
2. Our Sheriff, along with other community leaders, is working diligently to shut down 'Pill Mills' and reduce the availability of prescription drugs on the streets. In doing so, we can, hopefully, see a reduction in young people becoming addicted and/or dying from drug overdose. Also, a reduction in babies being born with drug addictions.
3. Our community is fairly stable with regards to healthcare insurance and payment. Our reimbursement is significantly higher in Pinellas County than in other places we do business.
4. Our climate. We have year round access to healthy living. The County Health Department struggles with implementing programs because city officials are doing their own thing. It becomes a territorial thing where city officials want to use programs they've put together verses those put together by the Health Department. We all need to work together, not against each other.
5. We have a great network of hospitals. Physicians and hospitals supporting each other will continue to improve the health of the community.
6. Parks, Activities provided to residents of all ages; trails
7. Change in governmental response to social services that is focused on working together. So collaboration is taking place more than before.
8. Transportation is available in Southern Pinellas
9. Hospital consolidation increasing which leads to efficiencies and allows issues to be better identified and addressed.
10. (social services question)
11. 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 could that be better optimized?

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

**Community Issue #1**

1. The health care environment is changing and there is an uncertainty with managed care. On the hospice side we already have reductions in Medicare payments. Physicians are also facing huge cuts. The challenge is how are we going to continue providing services and improving those services with less money.
2. Diabetes is a major issue for our Hispanic population. They need access to affordable medications. Obesity is affecting all different populations. Breast Cancer is an issue for many women in our area. They need access to mammograms and treatment if necessary. Our Foundation helps with that.

3. We have a large homeless population due to our climate. Funding to keep shelters open and maintained is important to this community.
4. Obesity – 60% of people are obese. We have lots of kids that are obese, also. Contributing factors are video games, unsafe neighborhoods keeping kids inside, both parents are working and/or not at home. Obesity is a serious issue that can lead to many other health problems.
5. We often see patients that are uninsured because, they can't afford it.
6. Primary care/urgent care for indigent- people will put off attending to health needs and can get exasperated by waiting, requiring more expensive tax at ER for residents that do not have health insurance. May work and be in the eligibility gap between. Medicare-eligible and private-pay health insurance employment
7. Children's access to healthcare and dental care to maintain health, wellness and school attendance as well as to ensure that parents are able to not take off work. Seniors access to medications that they need due to the gap between cost and Medicaid coverage
8. Service industry in the area are lower paying jobs with out insurance benefits
9. Obesity/pre-diabetic and diabetic-stems largely from the lack of education and prevention.
10. (social services question)
11. 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. The people are coming to us later and later into their illness for many reasons; fear of hospice, economics. One third die within seven days of coming to us and even in the ambulance on their way to us. Medicaid only covers six months, sometimes longer, of care. It breaks my heart that they even have to move at that time. The public tells us how much we make a difference with their experience of our end of life care. Younger people, even with insurance, don't get the care they need because they either can't afford co-pays or are afraid to take off from work for appointments.
2. Affordable healthcare. There are many people that can't afford it. Employers are not offering insurance or it is too expensive for the employee to participate. We have a large percentage of people working in the Service Industry. These employees cannot afford or are not offered health insurance. Also, for the working poor.
3. Can't think of another one.
4. Senior Health – we have an increasing Senior population with the Baby Boomers aging. We need to make sure we are providing enough services to keep them both physically and mentally healthy; keep their minds and bodies active. We offer Senior exercise programs. This population has more time 'on their hands' to engage in activities like exercise classes.
5. Did not list a second community issue.
6. Affordable healthcare for under/uninsured to meet medical needs prior to emergency situation developing.
7. Transportation is a barrier for northern half of the county. Due to limited services.
8. 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.

9. Behavioral health- depression impacts a persons health and may increase risk for drug use. There is a larger vet population and higher senior rates in the community all of which tend to have higher rates of depression and suicide.
10. (social services question)
11. 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. The medical community can take the lead on having these conversations but, it needs to be a collaborative effort of all providers, community leaders, community organizations to figure out how we can solve these problems. I'm sure that we'll need to try different models but we need to be creative and continue to move forward to make it right.
2. Insurance companies and state legislators.
3. Our County government and/or public health department.
4. We need the Big Players in community to work together. We can ask each other what do we offer, who do we serve, can we work together to make our community health. If people are healthy, it costs less.
5. I think the Healthcare Reform is going to help people access affordable healthcare insurance.
6. Hospital writes off a tremendous amount of debt every year so they are trying, local non-profits, physicians to provide well care at local clinics, county, Outreach from the hospital in collaboration with county or other CBO NGOs.
7. Children: Juvenile welfare board with taxing district-\$ has never been funneled toward healthcare and could help even if taxes have to be raised.  
Seniors: Neighborly senior services and AAA: need more resources to meet the needs/funding is not adequate currently. Programs and procedures are there, just limited \$. Transportation in north: Transit system would need to be expanded but the funding is capped and being spent efficiently but the funding is not at the level required to provide the level of services
8. n/a
9. Any organization that deals directly with these populations (i.e., federally qualified clinics, YMCAs, free clinics, etc.); Behavioral health – Employers need to provide better coverage to employees and better educate employees; Hospitals can make diabetics more aware of the resources that are available to them.
10. Social services question
11. 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 healthcare. 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 are your recommendations?**

1. I would like to see more availability of services for mental health issues. I realize there have been budget cuts but, we need to see where we can make it up in other ways. We need a different acute and post-acute care delivery model that will serve the community better. We need to advocate for public policy changes that may be needed. Such as, increasing funding for PACE to allow them to accept more patients. Keep patients socialized. Have physicians and/or nurses on staff at adult day care centers. That way they can intervene before the patient's condition gets too serious and requires an expensive and/or lengthy hospital stay.
2. Yes. But, we could always use more funding.
3. Today? Yes. But, not a couple years ago.
4. Yes. I probably don't know about all of them. We need to coordinate the services we offer.
5. Yes.
6. State government (Gov) wants to cut back programming and more responsibility goes to county Gov. County has programs but they are getting cut due to reduced reimbursement rates from the state. It is going to come down to a community issue and public health with on resident having the flu others get it and the need has to be met. Prioritizing resources. (criminal gets free lawyer but citizens can't get health needs met.
7. No and taxes would need to be raised but the economy will not allow it and it is not feasible and not supported but collaboration could fill the deficits if they put a little more on the table each. Increased patient services and collaboration to efficiently provide services.
8. No. Need more collaboration among local and county governments.
9. Connections to the resources that exist is key. Need a movement to educate the masses however, which would require marketing and branding dollars. The message is out there but it is not being received or implemented. Reaching children in the schools is a longer term solution whereas shorter term don't know.
10. Social services question
11. 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. No.
2. No.
3. No. I'm not a good gauge for that. I'm obligated to transport everyone under my contract with the County.
4. We have pockets of low income areas and Hispanic communities with language barriers. As those pockets grow, we need to make sure they have access to healthy options. They are not mobile and some are in a 'food desert'. Some of this population is scared to reach out to community organizations and authorities for help because of their citizenship status. They may be more comfortable with places like the Y. We could bring families in and educate them about healthy choices, foods, portion control. Prescription drug addiction is affecting every population; from low-income to affluent. Kids are getting a hold of prescription drugs at home. Kids are also using things like paint thinner and synthetic marijuana.



5. ENT care access. There is also limited or no access to some specialty surgical services. Either, the patient is not insured for the procedure or we don't have that particular specialist in our area.
6. People living longer (cancer increase and cardiac issues/strokes/heart attack).
7. Mental health impact the prison population as well as substance abuse. Which increases the costs for the penal system due to limited MH/SA tax. Impacts the cost of public safety reducing resources for healthcare—Many organizations striving to meet the need but funding is inadequate to meet the needs leading to residents acting out and being arrested. Need increased funding for the implementation of effective comprehensive programming.
8. n/a
9. 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.
10. 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 patients— 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.
11. 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 to 10 years?**

1. Physical, emotional, and spiritual needs are met in a coordinated and comprehensive manner, especially for those challenged by illness. Where members strive for the World Health Organization's definition of a healthy community. Where they understand what it is and ask how it relates to them and how do they become a part of community health. Where members engage each other to participate in and improve the health of the community.
2. Everyone would have affordable healthcare. Our community would continue to attract and keep educated qualified healthcare workers.
3. We continue to have good healthcare available for residents. Other than that, I'm not really sure.
4. For everyone to weigh less
5. I think there will be continued improvement of quality care at the hospital level.
6. Expansion of the hospital, increased preventive health (increased outreach in public health education) reduction of obesity, more heart healthy. Exercise clinics that are more user-friendly and attractive for residents... Hospital could develop an exercise facility for people that need to keep moving and diet center (keep people healthier to reduce costs and increase quality of life) More prevention and wellness maintenance instead of reactive medicine. Reduction of disease and increase in healthy lifestyles. Physical activity and exercise

7. That everyone has access to affordable basic healthcare. (prevention and intervention including MH and SA tax)
8. There will be health insurance for all and improved health outcomes. Healthcare will become more preventive and less reactive.
9. That this region will become nationally known for its commitment to become healthier
10. 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.
11. 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?**

1. Will ask around and forward to me.
2. No.
3. I've provided patient surveys and satisfaction data to Mease Countryside. Find out what could be helpful and let him know. He will share.
4. We have Diabetes and weight loss stats on people that participate in our Diabetes Prevention Program. This program is nationwide so we have data from all over the country. If this is something that will help, let me know.
5. No.
6. Staff and employees claimshistory.
7. Operation PAR probably has data and research
8. No
9. No
10. No, not allowed to release data
11. 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

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

1. No.
2. No.
3. No.
4. No.
5. No.
6. City supports the hospital and would like to see continued growth and increased outreach.
7. No.
8. No
9. No
10. No
11. No

# APPENDIX C

## Community Resource Inventory

Mease Countryside Hospital  
May, 2013