AdventHealth Dade City

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Florida Hospital Dade City, Inc. dba AdventHealth Dade City

Approved by the Hospital Board on: December 11, 2019

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**Extending the Healing
Ministry of Christ**

Advent Health

2019 Community Health Needs Assessment

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Acknowledgements

1. EXECUTIVE SUMMARY

Goals
Florida Hospital Dade City, Inc. dba AdventHealth Dade City will be referred to in this document as AdventHealth Dade City or "The Hospital." AdventHealth Dade City in Dade City, Florida and AdventHealth Zephyrhills in Zephyrhills, Florida completed their Community Health Needs Assessment together as a collaboration. Both Hospitals share the same defined community and conducted the process together.

The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Dade City's prioritized issues

Community Health Needs Assessment Committee
In order to ensure broad community input, AdventHealth Dade City created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met three times in 2018-2019. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan to address the priority issues. *See Section 5 for a list of CHNAC members.*

Data
AdventHealth Dade City collected both primary and secondary data. The primary data included stakeholder interviews and community surveys.

Secondary data sources included internal Hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Dade City over the past year. In addition, we utilized publicly available data from state and nationally recognized data sources. *See Section 7 for a list of data sources.*

Primary and secondary data was then compiled and analyzed in order to identify the top 8-12 aggregate issues from the various sources of data.

Community Asset Inventory
The next step was a Community Asset Inventory. This inventory was designed to help AdventHealth Dade City and the CHNAC to:

- Understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data

- Prevent duplication of efforts as appropriate. *See Section 9 for the Community Asset Inventory.*

Selection Criteria

Using the data findings and the Asset Inventory, the CHNAC narrowed the list of 8-12 issues to five priority issues.

The CHNAC used a priority selection tool that uses clearly defined criteria to select the top issues to address. *See Section 10 for the Priority Selection Report.*

The priority selection criteria included:
   A. Relevance: How important is this issue?
   B. Impact: What will we achieve by addressing this issue?
   C. Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

The priority issues to be addressed included:

1. Dental Health
    a. <u>Goal 1:</u> To implement strategies to support community efforts to improve access to primary care and dental care providers
    b. <u>Goal 2:</u> To increase partnerships with local community organizations with resources to offer community members assistance with gaining health insurance coverage

2. Heart Disease
    a. <u>Goal 1:</u> To increase access to health education, early intervention programs and resources related to heart disease
    b. <u>Goal 2:</u> To increase access to blood pressure management education by engaging community organizations and stakeholders

3. Low Food Access (Social Determinant of Health)
    a. <u>Goal 1:</u> To increase access to culturally appropriate nutritious food options in food desert or low income/low access areas by implementing the Food is Health program. The Food is Health Program is a community program for people who do not have the means or transportation to add fresh vegetables and fruits to their diet
    b. <u>Goal 2:</u> To implement strategies to support existing community initiatives aimed to address the problem of low food access in the Hospital's primary service areas

4. Mental Health/Suicide/Depression
    a. <u>Goal 1:</u> To increase education and awareness related to mental health/suicide/depression by engaging community members, public schools, community organizations and other community stakeholders
    b. <u>Goal 2:</u> To increase community-level partnerships to enhance local efforts to address social determinants of health that impact mental health/suicide/depression

5. Obesity/Overweight
    a. <u>Goal 1:</u> To increase access to diabetes education by supporting community organizations and other community stakeholders offering health education and resources
    b. <u>Goal 2:</u> To implement strategies to support exiting community initiatives aimed to address the problem of obesity in the Hospital's primary service areas

See Section 11-12 for an explanation of priority issues which were chosen as well as those not chosen.

Approvals

On December 11, 2019, the AdventHealth Dade City and AdventHealth Zephyrhills Board approved the Community Health Needs Assessment findings, priority issues and final report. Since both Hospitals share the same defined community and conducted the process together, this joint CHNA report was produced for both Hospital facilities.

A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website a well as https://www.adventhealth.com/community-health-needs-assessments prior to December 31, 2019.

Next Steps

The CHNAC will work with AdventHealth Dade City to develop a measurable 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

2. ABOUT: ADVENTHEALTH DADE CITY

Transition to AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Dade City.

AdventHealth Dade City is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, Hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

About Dade City

AdventHealth Dade City, located in Dade City, Florida is a 120-bed community Hospital and is a member of the faith-based AdventHealth system, providing a connected system of care in 10 states with 50 Hospitals and hundreds of care sites. Since 1973, the Hospital has provided exceptional care and award-winning service evidenced by the Hospital's Accredited Bariatric Program, Accredited Chest Pain Center and the area's only Accredited Atrial Fibrillation designation. With a mission to extend the healing ministry of Christ, the Hospital is focused on delivering whole person care through skilled and compassionate caregivers who provide individualized care for body, mind and spirit. The Hospital offers a wide variety of services to include, but not limited to, heart care, orthopedics, surgical care, bariatrics, women's services, robotics, a 24/7 emergency room with online scheduling, rehabilitation and a transitional care unit. To learn more about the Hospital's programs and services, visit www.AdventHealthDadeCity.com.

3. CHOOSING THE COMMUNITY

AdventHealth Dade City defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes Pasco, Hernando, and Hillsborough Counties and the zip codes 33523–Dade City, 33525–Dade City, 33540–Zephyrhills, 33541–Zephyrhills, 33542–Zephyrhills.

4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

In order to understand our community and the challenges faced, AdventHealth Dade City looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. *Secondary report data can be found in Appendix B.*

A total of 93,227 people live in the 395 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 235.6 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
AdventHealth Dade City	93,227	48,763	52.31%
Hernando County, FL	179,144	96,410	53.82%
Hillsborough County, FL	1,351,087	857,355	63.46%
Pasco County, FL	498,136	284,911	57.2%
Florida	20,278,447	12,239,976	60.36%
United States	321,004,407	199,670,739	62.2%

The map below represents the service area where 75-80% of Dade City's patients come from.
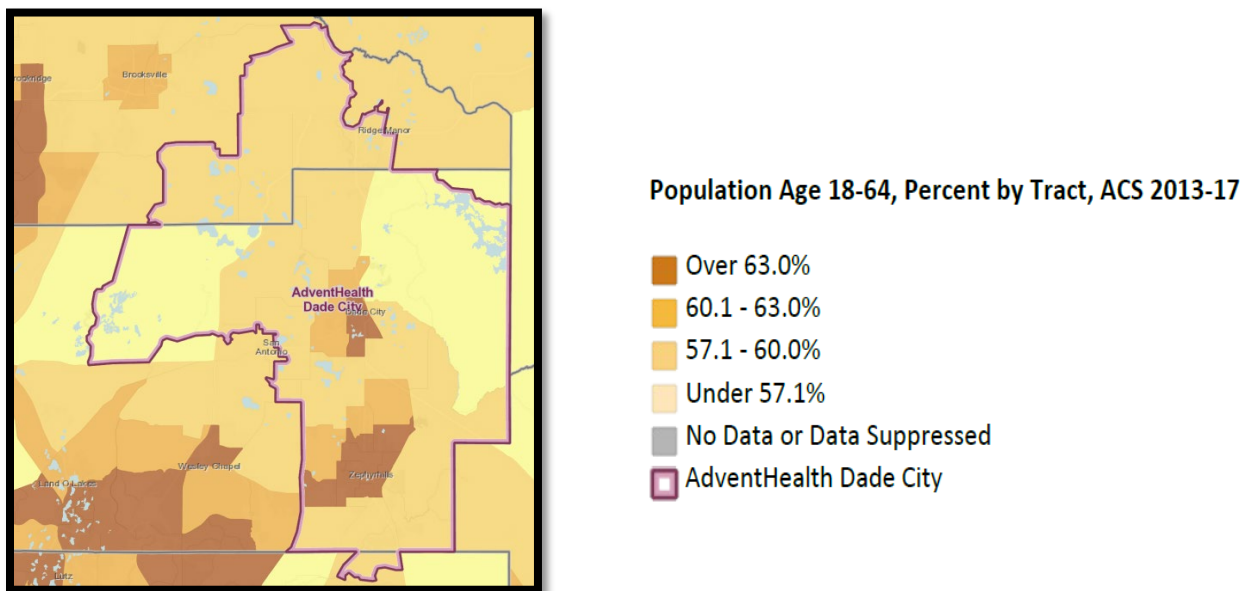
Source: US Census Bureau, Decennial Census. 2000-2010.

COMMUNITY DEMOGRAPHICS

Female 51.97%   **Male** 48.03%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	4.22%	12.86%	7.29%	9.92%	9.01%	12.23%	13.84%	30.61%

RACE	Caucasian	African-American	Asian	Native American / Alaska Native	Native Hawaiian /Pacific Islander	Other Race	Multiple Races
%	89.17%	5.75%	1.51%	0.37%	0.03%	1.34%	1.83%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	13.42%	86.58%

Source: US Census Bureau, Decennial Census. 2000 - 2010.

DATA INDICATOR	DESCRIPTION	DADE CITY SERVICE AREA	FLORIDA AVERAGE
Poverty[1]	% Population in Poverty (Below 100% FPL)	17.5%	15.46%
Unemployment Rate[2]	Unemployment Rate	6.8%	3.5%
Violent Crime[3]	Violent Crime Rate (Per 100,000 Pop.)	295.2	472.1
Population with No High School Diploma[1]	% Population Age 25+ with No High School Diploma	16.1%	12.42%
Insurance[4]	Uninsured Adults-% Without Medical Insurance	18.11%	18.44%
Insurance[4]	Uninsured Children-% Without Medical Insurance	5.74%	6.58%
Food Insecurity Rate[5]	Food Insecurity Rate	15.2%	16.2%
Population with Low Food Access[6]	% Population with Low Food Access	25.95%	25.7%
Use of Public Transportation[1]	% Population Using Public Transit for Commute to Work (Age 16+)	0.45%	2%
Alcohol Consumption[7]	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	20.7%	17.1%
Tobacco Usage[7]	% Population Smoking Cigarettes (Age-Adjusted)	27%	18.9%

[1] US Census Bureau, American Community Survey. 2013-17. [2] US Department of Labor, Bureau of Labor Statistics. 2019 - July. [3] Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2019.[4] US Census Bureau, Small Area Health Insurance Estimates. 2017. [5] Feeding America. 2017. [6] US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. [7] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Income - Per Capita Income

The per capita income for the AdventHealth Dade City primary service area is $23,751. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
AdventHealth Dade City	93,227	$2,214,199,358.00	**$23,751.00**
Hernando County, FL	179,144	$4,208,949,200.00	$23,494.00
Hillsborough County, FL	1,351,087	$40,271,080,400.00	$29,806.00
Pasco County, FL	498,136	$13,262,367,600.00	$26,623.00
Florida	20,278,447	$583,486,218,200.00	$28,773.00
United States	321,004,407	$10,008,063,515,700.00	$31,177.00

Per Capita Income ($)

- ($23,751.00)
- Florida ($28,773.00)
- United ($31,177.00)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Per Capita Income by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Hernando County, FL	$24,357.00	$17,765.00	$18,926.00	$19,759.00	$0.00	$13,837.00	$11,117.00
Hillsborough County, FL	$33,143.00	$20,217.00	$35,240.00	$26,283.00	$16,208.00	$17,042.00	$19,195.00
Pasco County, FL	$27,087.00	$22,099.00	$34,456.00	$24,227.00	$28,757.00	$18,893.00	$15,838.00
Florida	$31,765.00	$17,901.00	$31,415.00	$22,993.00	$23,509.00	$18,653.00	$17,231.00
United States	$34,221.00	$21,117.00	$36,158.00	$18,822.00	$22,685.00	$17,051.00	$17,948.00

Source: US Census Bureau, American Community Survey, 2013 - 2017.

Households living with income below the Federal Poverty Level (FPL)

In the AdventHealth Dade City primary service area, 30.53% or 4,733 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Children in Poverty by Race Alone, Total
AdventHealth Dade City

Multiple Race: 9.3%
Some Other Race: 7.0%
Native American / Alaska Native: 0.0%
Asian: 0.0%
Native Hawaiian / Pacific Islander: 0.0%
Black or African American: 18.2%
Non-Hispanic White: 65.5%
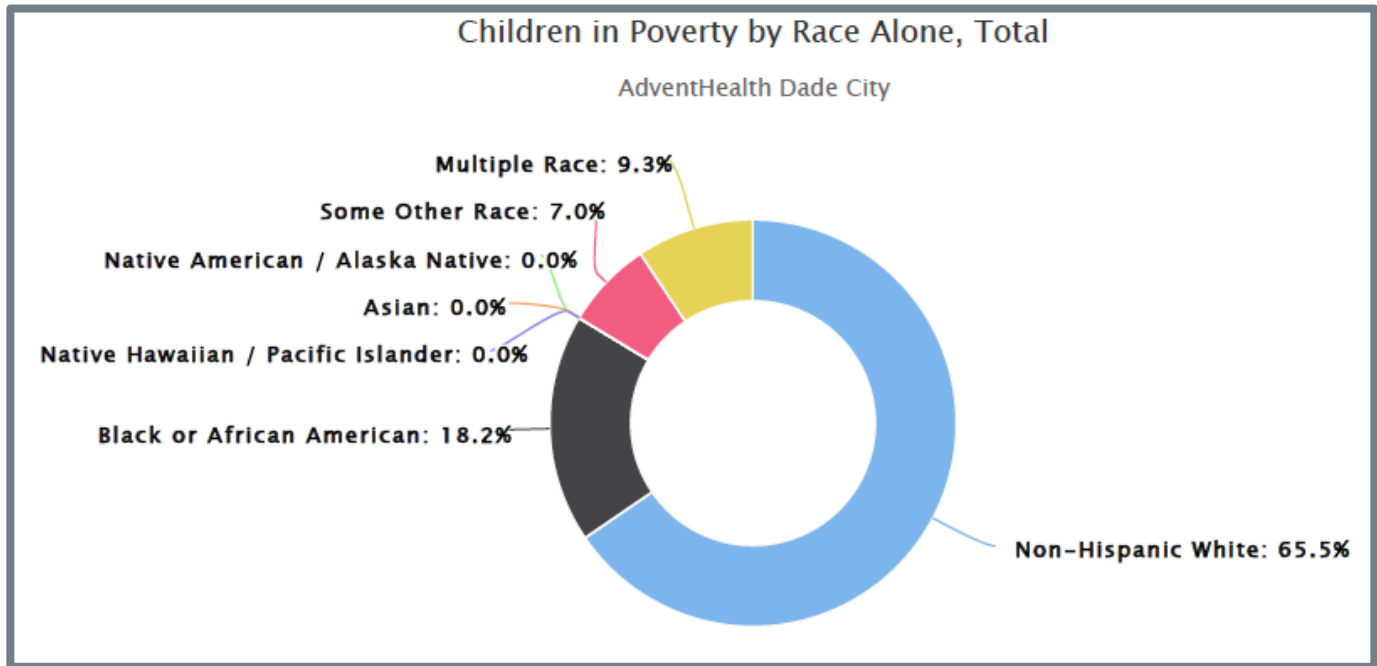
Source: US Census Bureau, American Community Survey, 2013 - 2017.

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth Dade City conduct a comprehensive assessment of the community. The committee included representation from the Hospital, public health officials and the broad community as well as representation from low-income, minority and other underserved populations. The committee met quarterly throughout 2018-2019. Current CHNAC members include:

Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Norm Stein	Community Member	Community Member	Previous CEO in healthcare system with investment in community	x	x	x
Dr. Galo Alava	Community Member	St. Leo University	University contact in our community	x	x	x
Chief Reardon	Pasco County Division Fire Chief	Pasco County Fire Department	Service the Pasco community	x	x	x
Megan Carmichael	Department of Health – Program Manager	Department of Health	Local department of health providing service to the Pasco community	x	x	x
Sheena Thompson	Gulfcoast North Area Health Education Center – program manager	Gulfcoast North Area Health Education Center	Service the Pasco community with smoking cessation services	x	x	x

AdventHealth Dade City Members

The following AdventHealth Dade City team members provided leadership throughout the process:

- **Debi Martoccio**, COO
- **Moses Brown**, Chaplain
- **Dawn Rhule**, Respiratory Services Manager
- **Carolyn Dix**, Lead Surgery RN
- **Kimberly Williams**, Director of Community Benefits

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment.

Pasco County Public Health

Pasco County public health representatives participated throughout the Community Health Needs Assessment process. Our community survey process was mobilized by Florida Department of Health in Pasco County with the expertise of their Organizational and Community Health Management Program Manager, Megan Carmichael who led the Pasco County Community Health Collaborative (PCCHC) efforts to work together to implement a joint Community Health Needs Assessment (CHNA) and Community Health Plan. The PCCHC focuses on the overall health of the community and strives to facilitate change through public participation. The key partners that worked to guide the joint CHNA process include AdventHealth West Florida Division, Moffitt Cancer Center, BayCare, Tampa General Hospital, Polk Vision LEAD and Lakeland Regional Health.

Through our Pasco County Community Health Collaborative, we implemented a collaborative effort to gather community input from public health experts and vulnerable populations by conducting a joint community health needs assessment, which included a county wide community health survey, stakeholder interviews, community focus groups and a county-wide meeting to prioritize the significant health needs for our county.

The following public health representatives from the county department of health provided leadership throughout the process:

- **Michael J. Napier, M.S., Administrator**, Florida Department of Health in Pasco County
- **Megan Carmichael, MPH** Program Manager, Organizational and Community Health Management, Florida Department of Health in Pasco County

For more information on the PCCHC: http://pasco.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/collective-impact/index.html

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

a. <u>Community Survey:</u> Pasco County Community Health Collaborative (PCCHC) worked together to design the 2019 Community Health Needs Survey and launched a county-wide effort to engage the community to participate in the survey. The survey asked questions that aimed to better understand feedback from community members related to barriers to accessing care (including dental care, mental health care), challenges to accessing care for children's health (including care for special needs children), health behaviors, and other social determinants of health.

   Community surveys were completed on-line and in person in community settings. Local community organizations played a major role in engaging community members to participate in the survey. The on-line survey link was made accessible in a variety of ways to ensure barriers to participating were addressed. For example, local community centers encouraged participation by providing access to a computer and/or iPad at community events for community members to access the on-line survey. In addition, paper copies of the survey were also provided to community partners interested in providing the survey to clients on site. Community surveys were also made available at local clinics, community events, department of motor vehicle locations and other community locations throughout Pasco County.

b. <u>Stakeholder Interviews:</u> Interviews were conducted by sending out a link by email to members of our Community Health Needs Assessment Committees (CHNACs) and completed on-line. As needed, reminders were sent out to CHNAC members to complete the on-line questionnaire.

Secondary Data

a. <u>Hospital Utilization Data:</u> Top 10 inpatient and Emergency Department diagnoses by payer Hospital utilization data was provided by our AdventHealth Dade City finance department. Diagnoses were placed into general category descriptions and organized in Appendix C: Hospital Utilization & Emergency Room Data.

   CHNAC members reviewed Hospital utilization data along with primary and secondary data, as well as the previously determined Florida Department of Health in Pasco County priority areas to identify potential trends in the health of the community members residing in the Hospital primary service areas.

b. <u>The Engagement Network:</u> Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators, and a hub network with 30+ partner organizations using CARES technology.

c. <u>Partnership Secondary Data:</u> In addition, secondary data was also collected in partnership with the Pasco County Community Health Collaborative in which data was sourced from the American Community Survey, Centers for Disease Control and Prevention, Conduent and Healthy Communities Institute (HCI).

DATA SOURCES:

a. US Census Bureau, Decennial Census, 2000-2010
b. US Census Bureau, American Community Survey, 2013-17
c. Feeding America, 2014
d. US Census Bureau, Small Area Health Insurance Estimates, 2016
e. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
f. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
g. US Department of Labor, Bureau of Labor Statistics, 2018 – August
h. Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-14
i. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
j. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015
k. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015
l. US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, April 2016
m. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, March 2018
n. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12
o. Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10
p. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015
q. State Cancer Profiles, 2011-15
r. State Cancer Profiles, 2009-13
s. Centers for Medicare and Medicaid Services, 2015
t. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
u. Centers for Disease Control and Prevention, National Vital Statistics System, 2012-16
v. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

8. COMMUNITY COLLABORATION

The AdventHealth Dade City Community Health Needs Assessment is the product of a county-wide collaborative process in collaboration with the Florida Department of Health in Pasco County's Community Health Collaborative (PCCHC).

The PCCHC is comprised of six board members who assist with overcoming barriers and connecting coalitions with additional resources/partners when needed. The PCCHC is under the direction of the Department of Organizational Community Health, which focuses on the overall health of the community and strives to facilitate change through public participation.

Collaborators

- **Pasco County Community Health Collaborative** worked together to provide resources to complete a county-wide Community Health Needs Assessment. This collaborative includes:
    - AdventHealth West Florida Division
    - Moffitt Cancer Center
    - BayCare
    - Tampa General Hospital
    - Polk Vision LEAD
    - Lakeland Regional Health.

9. DATA SUMMARY

Primary and Secondary Data: High Level Findings

Primary and secondary data was collected then analyzed and categorized into top 8-10 priorities per source of data. These results are listed by source in the tables below.

Primary and secondary data was presented to the CHNAC. Each committee member received copies of the reports. AdventHealth Dade City financial department provided admission data for inpatient and the Emergency Department including diagnosis, payer source and zip codes for 2019. AdventHealth Dade City was recently acquired in 2019 and therefore 2018 admissions and Emergency Room data are unavailable.

Top Priorities determined from the Pasco County Community Health Needs Assessment (CHNA) Prioritization Meeting					
1	Mental Health & Mental Disorders	5	Immunization & Infectious Disease	9	Heart Disease & Stroke
2	Access to Health Services	6	Maternal, Fetal & Infant Health	10	Cancer
3	Substance Abuse	7	Oral Health	11	Respiratory Disease
4	Exercise, Nutrition, & Weight	8	Diabetes		

Top Priorities determined from Pasco County Community Surveys					
1	Drug Abuse	5	Being Overweight		
2	Alcohol Abuse	6	Domestic Violence/Rape/Sexual Assault		
3	Distracted Driving	7	Heart Disease/Stroke/High Blood Pressure		
4	Mental Health Problems (including suicide)				

Top Priorities for AdventHealth Dade City Primary Service Ares determined from Secondary Data provided by The Engagement Network/ Secondary Needs Assessment Tool					
1	Obesity/Overweight/Diabetes	5	Low Food Access	9	Transportation
2	Mental Health, Suicide (General population) and Depression (Senior Population)	6	Asthma		
3	Heart Disease, High Cholesterol, Stroke	7	Poor Dental Health		
4	Cervix, Colon and Rectum Cancer	8	Poverty/Livable wage		

Top Priorities determined from Inpatient Hospital Utilization Data					
1	Essential (primary) hypertension	5	Atherosclerotic heart disease of native coronary artery without angina pectoris	9	Chronic obstructive pulmonary disease, unspecified
2	Hyperlipidemia, unspecified	6	Personal history of nicotine dependence	10	Type 2 diabetes mellitus with hyperglycemia
3	Essential (primary) hypertension	7	Gastro-esophageal reflux disease without esophagitis		
4	Acute kidney failure, unspecified	8	Morbid (severe) obesity due to excess calories		

Top Priorities determined from Emergency Department Hospital Utilization Data					
1	Essential (primary) hypertension	5	Chest pain, unspecified	9	Headache
2	Type 2 diabetes mellitus without complications	6	Cough	10	Fever, unspecified
3	Atherosclerotic heart disease of native coronary artery without angina pectoris	7	Acute pharyngitis, unspecified		
4	Hyperlipidemia, unspecified	8	Vomiting, unspecified		

Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting, the top needs identified by Pasco County were reviewed along with identified needs specific to AdventHealth Dade City's primary service area. The CHNAC compared the overarching top health needs specific to the communities nearest the Hospital (in our primary service areas).

After discussions concluded about the similarities and differences of the health needs data, as well as other experiences with providing care and services to address these identified health needs, CHNAC members were then asked to select their top five issues by voting anonymously (lists of the needs were provided) and the results were then shared with the larger group. CHNAC members agreed on their top five priorities and the potential for pulling together community resources and partnerships to develop specific, measurable, attainable, relevant, and time-based goals to develop a collaborative community health plan.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Heart Disease, High Cholesterol, Stroke	Underserved populations, community focus	Adults aged 18 and older	33540, 33541, 33542 33523, 33525
2	Low Food Access (Social Determinant of Health)	Underserved, minority, low-income populations, community focus	Adults aged 18 and older	33540, 33541, 33542, 33523, 33525
3	Mental Health/Suicide/Depression	Underserved, low – income, populations	All ages	33540, 33541, 33542, 33523, 33525
4	Poor Dental Health	Underserved, minority, low-income populations, community focus	Adults aged 18 and older	33540, 33541, 33542, 33523, 33525
5	Obesity/Overweight	Underserved, minority, low-income populations, community focus	Adults aged 20 and older	33540, 33541, 33542, 33523, 33525
6	Cervix, Colon and Rectum Cancer	Underserved, minority, low-income populations	All ages	33540, 33541, 33542, 33523, 33525
7	Asthma	Underserved, minority, low-income populations, community focus	Adults aged 18 and older	33540, 33541, 33542, 33523, 33525
8	Poverty/Livable Wage (Social Determinant of Health)	Underserved, minority, low-	All ages	33540, 33541, 33542, 33523, 33525

		income populations		
9	Transportation (Social Determinant of Health)	Underserved, minority, low-income populations, community focus	Employed individuals aged 16 and older	33540, 33541, 33542, 33523, 33525

10. COMMUNITY ASSET INVENTORY

In order to help AdventHealth Dade City's CHNAC determine the community health priorities where they could make a meaningful difference, the Hospital conducted a Community Asset Inventory related to the top nine identified community health needs in the Hospital's primary service area. The inventory was designed to help the CHNAC narrow the nine health needs to the five priority issues. Please see the table below showing the results of the Community Asset Inventory.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	**Current Community Programs**	**Current Hospital Programs**
Mental Health/Suicide/Depression	North Tampa Behavioral, Premier behavioral health, ASAP, New substance abuse disorder program @ Premier, 211 United Way Pasco, Baycare Behavioral Health (West Pasco) Churches- recovery groups, BH partnerships, Central FL behavioral health network	Inpatient behavioral health services

Substance abuse task force at AdventHealth Wesley Chapel |
| Heart Disease, High Cholesterol, Stroke | Pasco County UFIFAS Extension programs, P.E/health Ed in Pasco Schools, DEEP classes at Premier, Health Coach at Premier, Access to affordable care chronic disease management at Premier, St. Andre Free Clinic, Healthier You- wellness program at Premier, AHEC tobacco cessation | CHIP (Complete Health Improvement Program)

KidsShape (in collaboration with Premier)

Inpatient and outpatient cardiac related services (Cath lab, ED, cardiac rehab, surgical services) |
| Low Food Access (Social Determinant of Health) | Samaritan Project, Thomas Promise, Pasco Schools Food bus, East Pasco Meals on Wheels, YMCA Veggie Van, Feeding Tampa Bay, Church Food Pantry, Stallings Building Community Garden, Elderly nutrition at UFIFAS Extension, Pasco Gardens/School Gardens, fund community outreach programs | Food is Health® at AdventHealth Wellness Center |
| Poor Dental Health | CHC Dental Program/mobile dental clinic (Premier), Smile Faith (West Pasco), Good Samaritan Clinic (West Pasco), More Health (oral health ed in schools), DOH (education and kids dental) fund uncompensated care | Emergency Department |

Obesity/Overweight/Diabetes	Pasco County UFIFAS Extension, PE/Health Education in Pasco Schools, AHEC tobacco cessation, DEEP classes @ Premier, Health Coach @ Premier, Healthier You- wellness groups by Premier in community	Diabetes Management Program at AdventHealth Dade City and AdventHealth Zephyrhills CREATION Classes Community Education Classes at AdventHealth Dade City and AdventHealth Zephyrhills AdventHealth Wellness Center, walking trail, community garden KidsShape (in partnership with Premier)
Cervix, Colon and Rectum Cancer	Moffitt Cancer Center Florida Department of Health in Pasco County (Breast and Cervical Cancer Early Detection Program, Prostate Cancer Screening)	
Transportation (Social Determinant of Health)	Pasco County Public Transportation	
Poverty/Livable Wage (Social Determinant of Health)	CareerSource Pasco Hernando Employment Agency, Workforce & Employment Agency, Pasco County Community Development, Connections Job Development Program, Florida Career Center (Unemployment Office) in New Port Richey	
Asthma	Tampa Bay Asthma Coalition - Hosts asthma education classes/workshops - Volunteer team does home visits to assess the environment and reduce triggers	

11. PRIORITY SELECTION

Priority Selection using the Rating & Prioritizing Key Health Issues Worksheet

The top issues identified from the CHNAC data review of household data, key informant survey responses, and the top inpatient and ED admissions data were reviewed and discussed again alongside the Community Asset Inventory to identify the top priorities.

The Rating & Prioritizing Key Health Issues Worksheet shown below was utilized to throughout the discussion. The criteria were incorporated into a discussion format to guide the conversation and help the CHNAC to rate each priority.

1. Relevance: How important is this issue?
2. Impact: What will we achieve by addressing this issue?
3. Feasibility: Can we adequately address this issue?

RATING & PRIORITIZING KEY HEALTH ISSUES

Step 1: List Key Issues	Step 2: Rate Against Selection Criteria (1= lowest priority; 2= medium; 3= high; 4=highest)							Step 3: Total Rating	
	RELEVANT *How important is the issue?*		**IMPACTFUL** *What will we achieve by addressing this issue?*		**FEASIBLE** *Can we adequately address this issue?*				
	• Size of problem (ex. % population) • Severity of problem (ex. Cost to treat, lives lost) • Urgency to solve problem; community concern • Linked to other important issues		• Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now		• Availability of resources (staff, community partners, time, money) to address issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins				
Obesity/Overweight/ Diabetes	4	+	3	+	2		=	9	
Mental Health/Suicide (general population)/ Depression (Senior population)	4	+	3	+	2		=	9	
Low Food Access	4	+	4	+	3		=	11	
Poor Dental Health	4	+	3	+	4		=	11	
Heart Disease, High Cholesterol, Stroke	4	+	3	+	4		=	11	
Transportation	4	+	2	+	1		=	7	
Cervix, Colon and Rectum Cancer	4	+	2	+	1		=	7	
Poverty/Livable Wage	4	+	2	+	1		=	7	

| Asthma | 3 | + | 1 | + | 1 | = | 5 |

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL ADDRESS

Relevance	Impact	Feasibility
Dental Health		
In the AdventHealth Dade City PSA, the access to dentists' rate (per 100,000 pop.) is 33 (in 2015 year), as compared to the state rate of 56. Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge.	CHC Dental Program/mobile dental clinic (Premier), Smile Faith (West Pasco), Good Samaritan Clinic (West Pasco), More Health (oral health ed in schools), DOH (education and kids dental),	The community has the ability to partner to maximize the resources available. Premier Healthcare, More Health, Florida Department of Health in Pasco County
Heart Disease		
In the AdventHealth Dade City PSA, the rate of death due to heart disease per 100,000 population is 156, which is higher than the state rate of 150. Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease.	Pasco County UFIFAS Extension programs, P.E/health Ed in Pasco Schools, DEEP classes at Premier, Health Coach at Premier, Access to affordable care chronic disease management at Premier, St. Andre Free Clinic, Healthier You- wellness program at Premier, AHEC tobacco cessation, CHIP (Complete Health Improvement Program), KidsShape (in collaboration with Premier), Inpatient and outpatient cardiac related services (Cath lab, ED, cardiac rehab, surgical services) A failure to manage blood pressure and cholesterol, eat a healthy diet and incorporate physical activity daily increases the risk of developing heart disease.	The community has numerous resources to address this issue. Premier Healthcare, UF/IFAS Extension in Pasco County, Pasco County Schools, St. Andre Free Clinic, Gulfcoast South Area Health Education Center (AHEC)
Low Food Access (Social Determinant of Health)		
In the AdventHealth Dade City PSA, 26% of the population has low food access. Low food access is defined as living more than half a mile from the nearest supermarket, supercenter, or large grocery store. The ability to easily access and afford food greatly	Samaritan Project, Thomas Promise, Pasco Schools Food bus, East Pasco Meals on Wheels, YMCA Veggie Van, Feeding Tampa Bay, Church Food Pantry, Stallings Building Community Garden, Elderly nutrition at UFIFAS Extension, Pasco Gardens/School Gardens, fund community outreach programs	The community has the ability to partner to maximize the resources available. Pasco County Schools, Meals on Wheels, Tampa Metropolitan YMCA, Feeding Tampa Bay, UF/IFAS Extension in Pasco County

influences diet and overall health. People who have low food access face greater barriers to access affordable and healthy food, which can negatively affect health and wellness.		

Mental Health/Suicide/Depression

In the AdventHealth Dade City PSA, the rate of death due to self-harm (suicide) is 19 per 100,000 population. Also, about 22% of the Medicare-fee-for-service PSA population are depressed, which is higher than the state average of 19%. The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability for adults, children and adolescents. Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34.	North Tampa Behavioral, Premier behavioral health, ASAP, New substance abuse disorder program @ Premier, 211 United Way Pasco, Baycare Behavioral Health (West Pasco), Churches- recovery groups, BH partnerships, Central FL behavioral health network, Inpatient behavioral health services, Substance abuse task force at AdventHealth Wesley Chapel When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide.	The community has the ability to partner to maximize the resources available. Premier Healthcare, Pasco Alliance for Substance Addiction Prevention (ASAP), United Way Pasco, Central FL Behavioral Health Network

Obesity/Overweight

In the AdventHealth Dade City PSA, 32% of adults are obese (BMI greater than 30) while 39% of adults in the PSA are considered overweight (BMI between 25 and 30). Obesity occurs when an individual's weight is higher than what is considered healthy. Obesity can be caused by behavioral and genetic factors. Other factors that contribute to obesity is the built environment, for example where you live and if you have access to healthy food and the ability to exercise outside. From 2015–2016, obesity affected about 93 million adults and 13 million children in the U.S.	Pasco County UFIFAS Extension, PE/Health Education in Pasco Schools, AHEC tobacco cessation, DEEP classes @ Premier, Health Coach @ Premier, Healthier You- wellness groups by Premier in community, Diabetes Management Program at AdventHealth Dade City and AdventHealth Zephyrhills, CREATION Classes, Community Education Classes at AdventHealth Dade City and AdventHealth Zephyrhills, AdventHealth Wellness Center, walking trail, community garden, KidsShape (in partnership with Premier) Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers.	The community has numerous resources to address this issue. UF/IFAS Extension in Pasco County, Pasco County Schools, Gulfcoast South Area Health Education Center (AHEC), Premier Healthcare

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL NOT ADDRESS

Relevance	Impact	Feasibility
Asthma		
In the AdventHealth Dade City PSA, 16% of adults aged 18 and above have asthma. Asthma is a chronic condition when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness, and shortness of breath.	Host asthma education classes/workshops; Volunteer team does home visits to assess the environment and reduce triggers The inflammation causes coughing, wheezing, chest tightness and shortness of breath.	Tampa Bay Asthma Coalition
Poverty/Livable Wage (Social Determinant of Health)		
In the AdventHealth Dade City PSA, 18% of the community is below 100% of the federal poverty level ($25,750 for a family of 4 in 2019). One of the greatest public health challenges is addressing poverty. Poverty increases the likelihood of an individual developing poor health. In reverse, poor health can also trap an individual in poverty. For example, those living in poverty may face competing priorities between paying for basic needs such as housing and food or paying for medical care.	CareerSource Pasco Hernando Employment Agency, Workforce & Employment Agency, Pasco County Community Development, Connections Job Development Program, Florida Career Center (Unemployment Office) in New Port Richey	CareerSource Pasco Hernando
Transportation (Social Determinant of Health)		
In the AdventHealth Dade City PSA, less than 1% of the population uses public transportation as their primary means to commute to work. A poor transportation system prevents those who do not own a car or have reliable transportation from accessing healthcare.	Pasco County Public Transportation Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use.	Pasco County Public Transportation
Cervix, Colon and Rectum Cancer		
In the AdventHealth Dade City PSA, the rate of death due to cancer is 171 per 100,000 population. Cancer is the second leading cause of death in the U.S. with more than 100 types. Many are preventable and research advances in detection and treatment have greatly improved survival rates.	Moffitt Cancer Center, Florida Department of Health in Pasco County (Breast and Cervical Cancer Early Detection Program, Prostate Cancer Screening)	Moffitt Cancer Center, Florida Department of Health in Pasco County

12. PRIORITY ISSUES TO BE ADDRESSED

The following five issues will be addressed based on the preceding points of consideration:

    a.   Magnitude and severity of the problem.
    b.   Community's capacity and willingness to act on the issue.
    c.   Ability to have a measurable impact on the issue.
    d.   Availability of Hospital and community resources.
    e.   Hospital's ability to contribute finances and resources to address the health concern.

Priority #1: Dental Health
Description of the problem: Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge. In the AdventHealth Dade City PSA, the access to dentists rate is 33 per 100,000 population (in 2015), as compared to the state rate of 56.

Priority #2: Heart Disease
Description of the problem: Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease. By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced. In the AdventHealth Dade City PSA, the rate of death due to heart disease per 100,000 population is 156, which is higher than the state rate of 150.

Priority #3: Low Food Access (Social Determinant of Health)
Description of the problem: Low food access is defined as living more than half a mile from the nearest supermarket, supercenter, or large grocery store. The ability to easily access and afford food greatly influences diet and overall health. People who have low food access face greater barriers to access affordable and healthy food, which can negatively affect health and wellness. In the AdventHealth Dade City PSA, 26% of the population has low food access.

Priority #4: Mental Health/Suicide/Depression
Description of the problem: The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability for adults, children and adolescents. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide. Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34. In the AdventHealth Dade City PSA, the rate of death due to self-harm (suicide) is 19 per 100,000 population. Also, about 22% of the Medicare-fee-for-service PSA population are depressed, which is higher than the state average of 19%.

Priority #5: Obesity/Overweight
Description of the problem: Obesity occurs when an individual's weight is higher than what is considered healthy. Obesity can be caused by behavioral and genetic factors. Other factors that contribute to obesity is the built environment, for example where you live and if you have access to healthy food and the ability to exercise outside. Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers. From 2015–2016, obesity affected about 93 million adults and 13 million children in the U.S. In the AdventHealth Dade City PSA, 32% of adults are obese (BMI greater than 30), while 39% of adults in the PSA are considered overweight (BMI between 25 and 30).

13. PRIORITY ISSUES THAT <u>WILL NOT</u> BE ADDRESSED

After review and discussion, the CHNAC agreed that the below issues would not be addressed due to the following:

(1) The CHNAC felt that the issue/concern should not be addressed as an individual problem but can be indirectly impacted positively by first addressing multiple issues selected above by the Hospital CHNAC.

(2) The CHNAC did not perceive the ability to have a measurable impact on the issue with the current resources available to the community and the Hospital.

1. Asthma
Asthma is a chronic condition when the airways in the lungs are always inflamed. The inflammation causes coughing, wheezing, chest tightness, and shortness of breath. In the AdventHealth Dade City PSA, 16% of adults aged 18 and above have asthma.

2. Poverty/Livable Wage (Social Determinant of Health)
One of the greatest public health challenges is addressing poverty. Poverty increases the likelihood of an individual developing poor health. In reverse, poor health can also trap an individual in poverty. For example, those living in poverty may face competing priorities between paying for basic needs such as housing and food or paying for medical care. In the AdventHealth Dade City PSA, 18% of the community is below 100% of the federal poverty level ($25,750 for a family of four in 2019).

3. Transportation (Social Determinant of Health)
A poor transportation system prevents those who do not own a car or have reliable transportation from accessing health care. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. In the AdventHealth Dade City PSA, less than 1% of the population uses public transportation as their primary means to commute to work. While the CHNAC agreed that this is an important barrier, the Hospital felt better equipped to address the issue of access through focusing on increasing access to healthy food, dental care, and preventative screenings.

4. Cervix, Colon and Rectum Cancer
Cancer is the second leading cause of death in the U.S. with over 100 types. Many are preventable and research advances in detection and treatment have greatly improved survival rates. In the AdventHealth Dade City PSA, the rate of death due to cancer is 171 per 100,000 population.

14. NEXT STEPS

The CHNAC will work with AdventHealth Dade City and other community partners to develop a measurable Community Health Plan for 2020-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on www.AdventHealth.com prior to May 15, 2020.

15. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

AdventHealth Dade City was recently acquired in 2019 and therefore did not conduct a community health needs assessment or create a community health plan. The Hospital is conducting a community health needs assessment for the first time this year (2019).

16. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN

AdventHealth Dade City was recently acquired in 2019 and therefore did not conduct a previous annual evaluation of the progress made from the implementation strategies from the Community Health Plan. Additionally, the evaluation has not been reported to the IRS in Form 990 since AdventHealth had not yet acquired the Hospital.

APPENDIX A:
PRIMARY DATA SURVEY
& PRIMARY DATA RESULTS

Pasco County 2019 Community Health Needs Survey

Our local not-for-profit Hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community. The survey will be available until April 21, 2019. Thank you!

You must be 18 years of age or older to complete this survey. COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have questions, please contact the Florida Department of Health in Pasco County at (727) 861–5250.

2019 COMMUNITY HEALTH NEEDS SURVEY
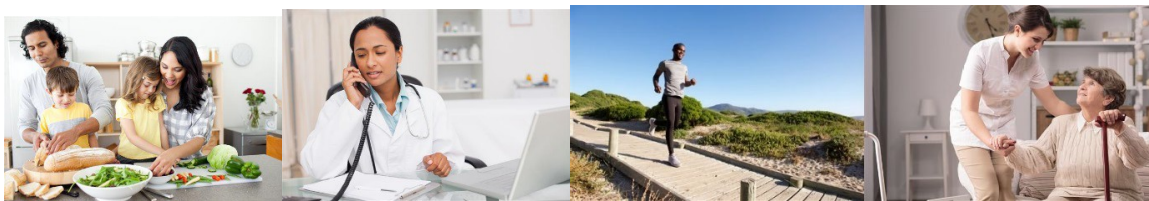
Our local not-for-profit hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community. Thank you!

You must be 18 years of age or older to complete this survey.

COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have any questions, please contact the Florida Department of Health in Pasco County at (727) 861–5250.

Demographic Information

1. In which county do you live? Please choose one:

- ☐ Pasco
- ☐ Hillsborough
- ☐ Pinellas
- ☐ Polk
- ☐ Sarasota
- ☐ Other

2. In which ZIP code do you live? Please write in: _____

3. What is your age? Please choose only one:

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

4. Are you of Hispanic or Latino origin or descent? Please choose one?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino
- ☐ Prefer not to answer

5. Which race best describes you? Please choose only one?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ More than one race
- ☐ Other
- ☐ Prefer not to answer

6. Do you identify your gender as:

- ☐ Male
- ☐ Female
- ☐ Transgender: Male to Female
- ☐ Transgender: Female to Male
- ☐ Other/Gender non-conforming

7. Which of the following best describes your sexual orientation? Please choose only one:

- ☐ Heterosexual

- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other

8. What language do you MAINLY speak at home? Please check only one:

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Haitian Creole
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other

9. How well do you speak English? Please choose only one:

- ☐ Very well
- ☐ Well
- ☐ Not Well
- ☐ Not at all

10. What is the highest level of school that you have completed? Please choose only one:

- ☐ Less than high school
- ☐ Some high school, but no diploma
- ☐ High school diploma (GED)
- ☐ Some college, no degree
- ☐ 2-year college degree
- ☐ 4-year college degree
- ☐ Graduate-level degree or higher
- ☐ None of the above

11. How much total combined money did all people living in your home earn last year? Please choose only one:

- ☐ $0 to $9,999
- ☐ $10,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $124, 999
- ☐ $125,000 to $149,999
- ☐ $150,000 to $174, 999
- ☐ $175,000 to $199,999
- ☐ $200,000 and up
- ☐ Prefer not to answer

12. Which of the following categories best describes your employment status? Please choose only one:

- ☐ Employed, working full-time
- ☐ Student

- ☐ Employed, working part-time
- ☐ Retired
- ☐ Not employed, looking for work
- ☐ Disabled, not able to work
- ☐ Not employed, NOT looking for work

13. What transportation do you most often to go places? Please choose only one:

- ☐ I drive my own car
- ☐ Someone drives me
- ☐ I take the bus
- ☐ I walk
- ☐ I ride a bicycle
- ☐ I take a taxi cab
- ☐ I ride a motorcycle or scooter
- ☐ I take an Uber/Lyft
- ☐ Some other way

14. Are you:

- ☐ A veteran
- ☐ In Active Duty
- ☐ National Guard/Reserve
- ☐ None of these- **SKIP TO QUESTION 16**

15. If veteran, active duty or national guard/reserve, are you receiving care at the VA?

- ☐ Yes
- ☐ No

16. How do you pay for most of your health care? Please choose only one:

- ☐ I pay cash/I don't have insurance
- ☐ TRICARE
- ☐ Medicare or Medicare HMO
- ☐ Indian Health Services
- ☐ Medicaid or Medicaid HMO
- ☐ Commercial health insurance (HMO, PPO)
- ☐ Veteran's Administration
- ☐ Some other way

17. Including yourself, how many people currently live in your home? Please choose only one:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

18. Are you a caregiver to an adult family member who cannot care for themselves in your home?

- ☐ Yes
- ☐ No

19. Including yourself, how many people 65 years or older currently live in your home? Please choose only one:

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

20. How many CHILDREN (under age 18) currently live in your home? Please choose only one:

- ☐ None- **SKIP to Q32**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

If you selected 'None', skip the Children's Health section and go to Question 32

Children's Health

21. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care you needed?

- ☐ Yes
- ☐ No- **SKIP TO QUESTION 23**

22. What is the MAIN reason they didn't get the medical care they needed? Please choose only one:

- ☐ Can't afford it/Costs too much
- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance
- ☐ Other

25. Was there a time in the PAST 12 MONTHS when children in your home needed mental health care but did NOT get the care you needed?

- ☐ Yes
- ☐ No- **SKIP TO QUESTION 27**

26. What is the MAIN reason they didn't get the mental health care they needed? Please choose only one:

- ☐ Can't afford it/Costs too much
- ☐ I had transportation problems
- ☐ I don't have a doctor
- ☐ I don't know where to go
- ☐ I had trouble getting an appointment
- ☐ I don't have health insurance

☐ Other

27. I feel safe walking in the neighborhood.

☐ Yes- **SKIP TO QUESTION 29**
☐ No

28. If you answered "no", CHECK ALL reasons you do not feel safe walking:

☐ Traffic
☐ No sidewalks
☐ Poor condition of roads or sidewalks
☐ Dogs not on a leash
☐ Stopped by police
☐ Violent crime or theft

29. Check all the health issues children in your home have faced. CHECK ALL THAT APPLY:

☐ My children have not faced any health issues
☐ Allergies
☐ Asthma
☐ Bullying
☐ Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports)
☐ Behavioral Health/Mental Health
☐ Children overweight
☐ Children underweight
☐ Birth-related (such as low birthweight, prematurity, prenatal, and others)
☐ Dental Problems (such as cavities, root canals, extractions, surgery, and others)
☐ Autism
☐ Child abuse/child neglect
☐ Diabetes/Pre-diabetes/High Blood sugar
☐ Using drugs or alcohol
☐ Using tobacco, e-cigarettes, or vaping
☐ Teen pregnancy
☐ Sexually transmitted disease
☐ Other (please specify)

30. Check all the special needs children in your home have faced. CHECK ALL THAT APPLY:

☐ My children do not have any special needs
☐ Attention deficit/hyperactivity disorder (AD/HD)
☐ Autism/pervasive development disorder (PDD)a
☐ Blindness/visual impairment
☐ Cerebral palsy
☐ Child who uses a wheelchair or walker
☐ Deaf/hearing loss
☐ Developmental delay (dd0
☐ Down syndrome
☐ Emotional disturbance
☐ Epilepsy/seizure disorder
☐ Intellectual disability (formerly mental retardation)

- ☐ Learning disabilities/differences
- ☐ Speech and language impairments
- ☐ Spina bifida
- ☐ Traumatic brain injury
- ☐ Other (please specify)

31. Do any children in your home:

	Yes	No	Not Sure
Know how to swim			
Wear a bike/skate helmet			
Children under age 8 use a car/booster seat			
Wear a seatbelt at all times			
Have access to pool where you live			
Receive all shoots to prevent disease			
Have a history of being bullied (including social media)			
Receiving gun safety education			
Use sunscreen			
Eat at least 3 servings of fruits and vegetables everyday			
Exercise at least 60 minutes every day			
Get 8 hours or more sleep every night			
Eat fast food every week			
Drink sugary-sweetened sodas, energy drinks, or sports drinks ever day			
Eat junk food every day			
Stay home from school 5 or more days a year because of health issues			
Need regular access to a school nurse			
Attend a public or charter school			

Community Health

These next questions are about your view or opinion of the community in which you live.

32. Overall how would you rate the health of the community in which you live? Please choose only one:

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy

☐ Healthy
☐ Very healthy
☐ Not sure

33. Please read the list of risky behaviors listed below. Which three do you believe are the most harmful to the overall health of your community?

- Alcohol abuse
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting "shots" to prevent disease
- Not hearing helmets
- Not using seat belts/not using child safety
- Tobacco use/e-cigarettes/vaping
- Unsafe sex including not using birth control
- Distracted driving (texting, eating, talking on the phone)
- Not locking up guns
- Not seeing a doctor while you are pregnant

In order, select which <u>three</u> behaviors you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

34. Read the list of health problems and think about your community. Which do you believe are most important to address to improve the health of your community?

• Aging Problems (for example: difficulty getting around, dementia, arthritis)
• Cancers
• Child Abuse / Neglect
• Clean Environment / Air and Water Quality
• Dental Problems
• Diabetes / High Blood Sugar
• Domestic Violence / Rape / Sexual Assault
• Gun-Related Injuries
• Being Overweight
• Mental Health Problems Including Suicide
• Heart Disease / Stroke / High Blood Pressure
• HIV/AIDS / Sexually Transmitted Diseases (STDs)
• Homicide
• Infectious Diseases Like Hepatitis and TB
• Motor Vehicle Crash Injuries
• Infant Death
• Respiratory / Lung Disease
• Teenage Pregnancy
• Tobacco Use / E-cigarettes / Vaping

In order, select which <u>three</u> health problems you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

35. Please read the list of factors below. Which do you believe are most important to improve the quality of life in a community?

• Good Place to Raise Children
• Low Crime / Safe Neighborhoods
• Good Schools
• Access to Health Care
• Parks and Recreation
• Clean Environment / Air and Water Quality
• Low-Cost Housing
• Arts and Cultural Events
• Low-Cost Health Insurance
• Tolerance / Embracing Diversity
• Good Jobs and Healthy Economy
• Strong Family Life
• Access to Low-Cost, Healthy Food
• Healthy Behaviors and Lifestyles
• Sidewalks / Walking Safety
• Public Transportation
• Low Rates of Adult Death and Disease
• Low Rates of Infant Death
• Religious or Spiritual Values
• Disaster Preparedness
• Emergency Medical Services
• Access to Good Health Information

In order, select which <u>three</u> factors you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

36. Below are some statements about your local community. Please tell us how much you agree or disagree with each of the following statements:

	Agree	Disagree	Not sure
Drug abuse is a problem in my community.			
I have no problem getting the health care services I need			
We have great parks and recreational facilities			
Public transportation is easy to get to if I need it			

There are plenty of jobs available for those who want them			
Crime in my areas is a serious problem			
Air pollution is a problem in my community			
I feel safe in my own neighborhood			
There are affordable places to live in my neighborhood			
The quality of healthcare is good in my neighborhood			
There are good sidewalks for walking safely			
I am able to get healthy food easily			

Community Health

37. Below are some statements about your connections with the people in your life. Please tell us how much you agree or disagree with each of the following statements:

	Agree	Disagree	Not sure
I am happy with my friendships and relationships			
I have enough people I can ask for help at any time			
My relationships are as satisfying as I would want them to be			

38. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?
- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.

39. In the past 12 months, I worried about whether our food would run out before we got money to buy more. Please choose only one:
- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

40. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. Please choose only one:

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

41. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?
- ☐ Yes
- ☐ No

42. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive-through:

_____

43. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?
- ☐ Yes
- ☐ No

44. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?
- ☐ Yes
- ☐ No

45. In the past 12 months, has your utility company shut off your service for not paying your bills?
- ☐ Yes
- ☐ No

46. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it?
- ☐ Yes
- ☐ No

Personal Health
These next questions are about your personal health and your opinions about getting health care in your community.

47. Overall, how would you rate YOUR OWN PERSONAL health? Please choose only one:
- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy
- ☐ Not sure

48. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?
- ☐ Yes

☐ No- **SKIP TO QUESTION 50**

49. What is the MAIN reason you didn't get the medical care you needed? Please choose only one:
   ☐ Can't afford it/Costs too much
   ☐ I had transportation problems
   ☐ I don't have a doctor
   ☐ I don't know where to go
   ☐ I had trouble getting an appointment
   ☐ I don't have health insurance
   ☐ Other

50. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? Please choose only one:
   ☐ Excellent
   ☐ Very good
   ☐ Good
   ☐ Fair
   ☐ Poor

51. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?
   ☐ Yes
   ☐ No- **SKIP TO QUESTION 53**

52. What is the MAIN reason you didn't get the mental health care you needed? Please choose only one:
   ☐ Can't afford it/Costs too much
   ☐ I had transportation problems
   ☐ I don't have a doctor
   ☐ I don't know where to go
   ☐ I had trouble getting an appointment
   ☐ I don't have health insurance
   ☐ Other

53. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?
   ☐ Yes
   ☐ No- **SKIP TO QUESTION 55**

54. What is the MAIN reason you didn't get the dental care you needed? Please choose only one:
   ☐ Can't afford it/Costs too much
   ☐ I had transportation problems
   ☐ I don't have a doctor
   ☐ I don't know where to go
   ☐ I had trouble getting an appointment
   ☐ I don't have health insurance
   ☐ Other

55. In the past 12 months, have you gone to a hospital emergency room (ER) about your own health?

☐ Yes
☐ No, I have not gone to a hospital ER in the past 12 months
If 'NO', skip to question 58

56. Please enter the number of times you have gone to a hospital emergency room (ER) about your own health in the past 12 months: _____

57. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? Please choose only one:
☐ After hours/Weekend
☐ I don't have a doctor/clinic
☐ Long wait for an appointment with my regular doctor
☐ Cost
☐ Emergency/Life-threatening
☐ I don't have insurance
☐ Other

58. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? CHECK ALL THAT APPLY:
☐ Cancer
☐ Depression
☐ Diabetes
☐ HIV/AIDS
☐ Heart disease
☐ High blood pressure/High cholesterol
☐ Obesity
☐ Stroke
☐ None of these

59. How often do you smoke? Please choose only one:
☐ I do not smoke cigarettes
☐ I smoke about one pack per day
☐ I smoke less than one pack per day
☐ I smoke more than one pack per day

60. How often do you vape or use e-cigarettes? Please choose one:
☐ I do not vape or smoke e-cigarettes
☐ I vape or smoke e-cigarettes everyday
☐ I vape or smoke e-cigarettes on some days

The final questions are about events that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them. For these questions, please think back to the time BEFORE you were 18 years of age.

61. Did you live with anyone who was depressed, mentally ill, or suicidal?
☐ Yes

☐　No

62. Did you live with anyone who was a problem drinker or alcoholic?
- ☐　Yes
- ☐　No

63. Did you live with anyone who used illegal street drugs or who abused prescription medications?
- ☐　Yes
- ☐　No

64. Did you live with anyone who served time or was sentenced to serve time in a prison, jail or other correctional facility?
- ☐　Yes
- ☐　No

65. Were your parents separated or divorced?
- ☐　Yes
- ☐　No

66. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?
- ☐　Never
- ☐　Once
- ☐　More than once

67. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?
- ☐　Never
- ☐　Once
- ☐　More than once

68. How often did a parent or adult in your home swear at you, insult you, or put you down?
- ☐　Never
- ☐　Once
- ☐　More than once

69. How often did an adult or anyone at least 5 years older than you touch you sexually?
- ☐　Never
- ☐　Once
- ☐　More than once

70. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
- ☐　Never
- ☐　Once
- ☐　More than once

71. How often did an adult or anyone at least 5 years older than you force you to have sex?
- ☐　Never
- ☐　Once
- ☐　More than once

If you would like help with or would like to talk about these issues, please call the National Hotline for Child Abuse at 1-800-4-A-CHILD (1-800-422-4453).

That concludes our survey. Thank you for participating!
Your feedback is important.

Community surveys were completed in collaboration with our Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership. Surveys were administered in paper format as well as online. Surveys were offered in both English and Spanish languages.

The aggregate results are shown below.

Survey Results – Respondent Demographics

A total of 3,038 Pasco County residents participated in the collaborative Community Health Needs Assessment (CHNA) survey. Approximately 80% of community residents who participated in the survey were female and about 20% were male. Graph 1. (see below) shows community residents participation in the survey by race/ethnicity relative to the population in Pasco County, Florida. The Community Survey sample is relatively similar in race/ethnicity to Pasco County population.

Graph 2. shows the age ranges of survey participants. Nearly half of the respondents were between the ages of 45 to 64 years of age.

- **3,038 Total Respondents** from Pasco
- **78.9% Female**
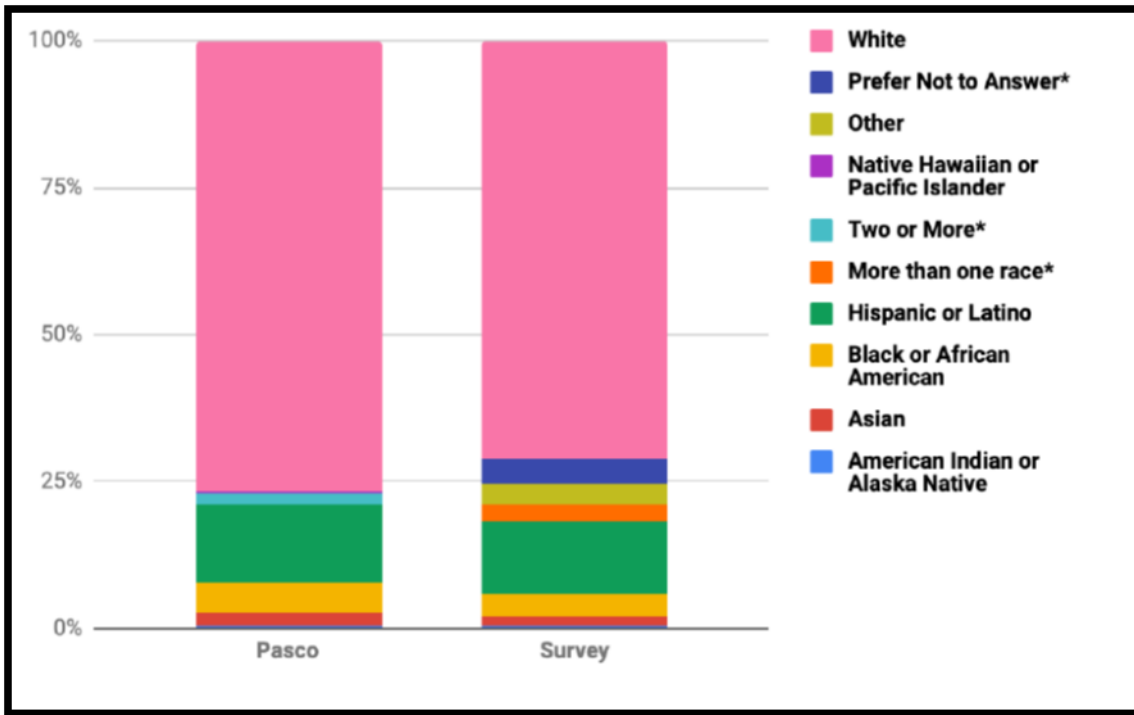
Graph 1. CHNA survey participation by race/ethnicity in Pasco County, Florida.

Healthy Communities Institute – All Rights Reserved – Private & Confidential – American Community Survey, 2017
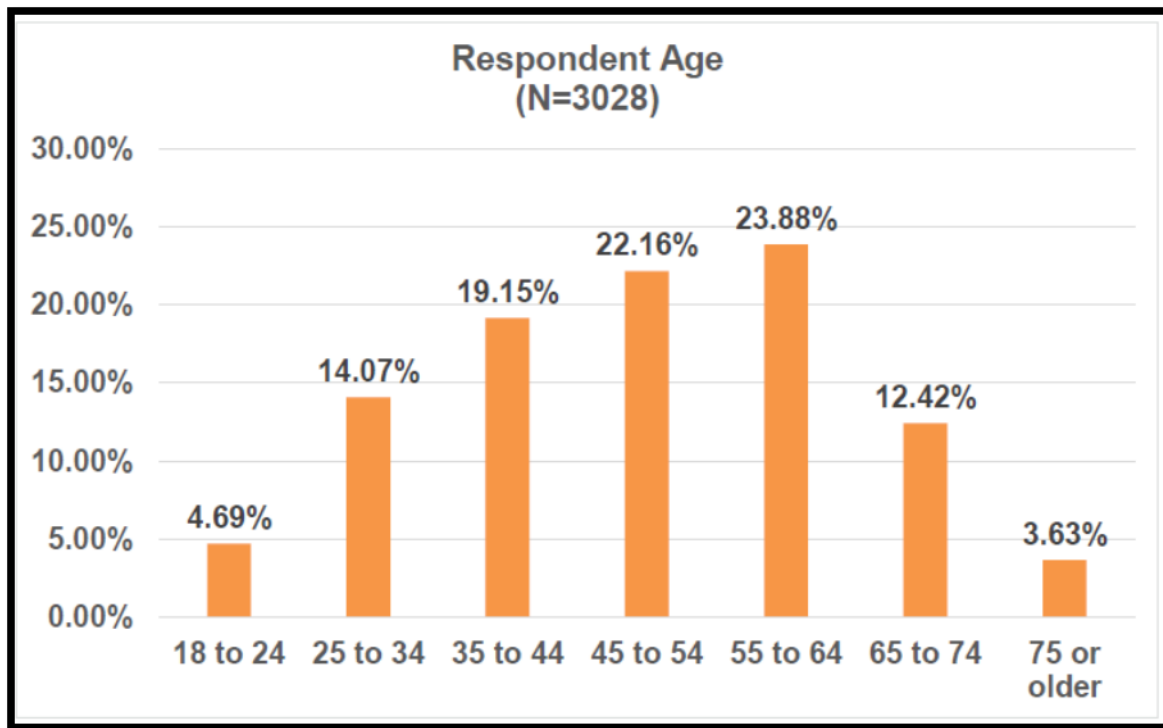
Graph 2. CHNA survey participation by age in Pasco County, Florida.

Healthy Communities Institute – All Rights Reserved – Private & Confidential

HOUSEHOLD ANNUAL INCOME

Nearly 62%of survey respondents are employed full-time. Among those employed full-time, the largest share of respondent's report annual incomes between $25,000 -$49,999. The median income is $48,289. These numbers fall short of$58,560-theannual income needed for a family to live very modestly in Pasco County.
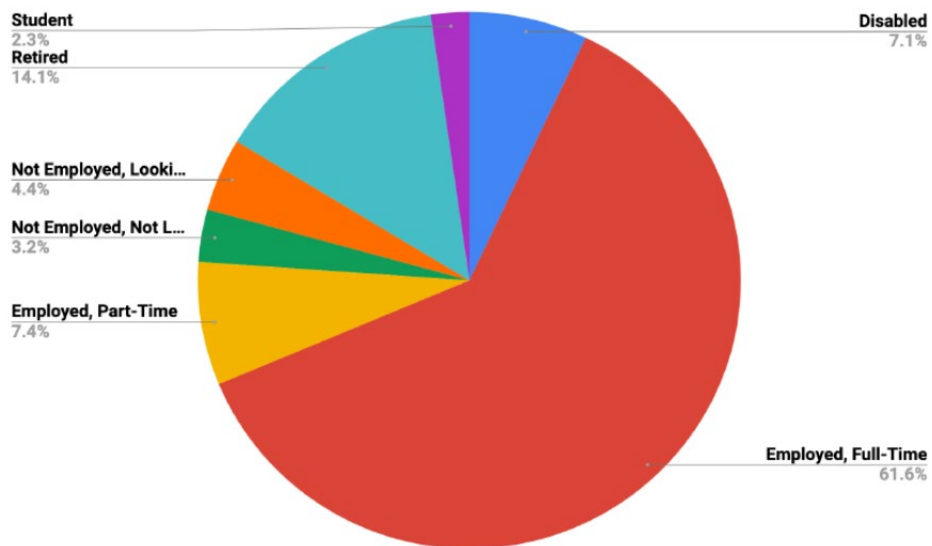
The tables below provide additional demographics and survey results about survey participants in the CHNA survey. CHNA survey results were useful in helping the Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership better understand our communities and identify priority areas of need to address in our Community Health Plans.

HEALTH INSURANCE STATUS

How do you pay for most of your health care?	
I pay cash / I don't have insurance	11.15%
TRICARE	1.71%
Medicare or Medicare HMO	15.10%
Indian Health Services	0.17%
Medicaid or Medicaid HMO	5.42%
Commercial health insurance (HMO, PPO)	59.59%
Veteran's Administration	1.29%
Some other way	5.56%

EMPLOYMENT STATUS

Employed, working full–time	61.33%
Student	2.23%
Employed, working part–time	7.51%
Retired	14.26%
Not employed, looking for work	4.46%
Disabled, not able to work	7.06%

COMMUNITY HEALTH SURVEY QUESTION	SURVEY RESULTS	
Demographic Questions		
Zip Code	The community survey was administered in Pasco County, with emphasis on highest needs zip codes (as defined by the Healthy Communities Institute (HCI) Socioneeds index). Highest need zip codes are: 33542, 34668, 34960, 34691, 34667.	
Languages Spoken at Home	English 93.58%	Arabic 0.27% Chinese 0.07% French 0.07% German 0.03% Haitian Creole 0.20% Russian 0.10% Spanish 4.64% Vietnamese 0.10% Other 0.92%
Including yourself, how many people currently live in your home? Please choose only one:	1 16.38% 2 35.30% 3 19.76%	4 17.18% 5 6.52% 6 or more 4.88%
How many CHILDREN (under age 18) currently live in your home? Please choose only one:	None 62.98% 1 16.31% 2 13.73% 3 4.53%	4 1.60% 5 0.45% 6 or more 0.38%
Are you a caregiver to an adult family member who cannot care for themselves in your home?	Yes 7.96%	No 92.04%
Gender	Male 20.16% Female 79.39%	Transgender: Male to Female 0.14% Transgender: Female to Male 0.10% Other/Gender non-Conforming 0.21%
Highest Education Level	Less than high school 1.47% Some high school, but no diploma 3.22% High school diploma (GED) 15.02%	Some college, no degree 22.10% 2 – Year College Degree 17.52% 4 – Year College Degree 21.83% Graduate - Level Degree or Higher 18.44% None of the above 0.41%
Age	18 to 24 4.62% 25 to 34 13.85% 35 to 44 19.15% 45 to 54 22.22%	55 to 64 24.00% 65 to 74 12.44% 75 or older 3.73%
Ethnicity	Yes, Hispanic or Latino 13.80% No, not Hispanic or Latino 81.85%	Prefer not to answer 4.35%
Race	White 81.35% Black or African American 4.33% Asian 1.51% American Indian or Alaska Native 0.72%	More than one race 3.09% Other 3.91% Prefer Not to Answer 4.98%

Social Determinant Questions		
In the past 12 months, I worried about whether our food would run out before we got money to buy more.	Often true 8.47% Sometimes true 21.49%	Never true 70.04%
In the past 12 months, the food that we bought just did not last, and we did not have money to get more.	Often true 7.59% Sometimes true 18.09%	Never true 74.31%
In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?	Yes 16.81%	No 83.19%
Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? (Please choose only one)	Yes 9.72%	No 90.28%
In the past 12 months has your utility company shut off your service for not paying your bills? (Please choose only one)	Yes 5.89%	No 94.11%
Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed? (Please choose only one)	Yes 23.05%	No 76.95%
What is the MAIN reason you didn't get the medical care you needed? (Please choose only one)	Can't afford it / Costs too much 52.92% I had transportation problems 1.77% I don't have a doctor 3.89%	I don't know where to go 3.19% I had trouble getting an appointment 11.68% I don't have health insurance 10.27% Other 16.28%
I feel safe in my own neighborhood.	Yes 83.29%	No 16.71%
If you answered "no", CHECK ALL reasons you do not feel safe walking:	Traffic 37.65% No sidewalks 53.53% Poor condition of roads or sidewalks 44.12%	Dogs not on a leash 40.59% Stopped by police 11.18% Violent Crime or theft 67.06%
I am happy with my friendships and relationships	Agree 88.11% Disagree 8.59% Not Sure 3.29%	
I have enough people I can ask for help at any time	Agree 78.04% Disagree 18.38% Not Sure 3.58%	
My relationships are as satisfying as I would want them to be	Agree 77.67% Disagree 17.06% Not Sure 5.27%	

Targeted interviews with community stakeholders were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. A total of 15 interviews were completed in June through July 2019.

Stakeholders were identified by Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership and contacted by email an electronic link with the interview questions shown below. Stakeholders represented leaders and/or representatives of organizations that serve low – income, minority, and other underserved populations.

STAKEHOLDER INTERVIEW QUESTIONS

Community Health Needs Assessment - Key Informant Questionnaire

* 1. Please enter your name and organization.

Name

Organization

* 2. Please SELECT ALL the counties in which you and/or your organization provide services or programs.

☐ Hillsborough County

☐ Pasco County

☐ Pinellas County

☐ Polk County

☐ Other (please specify)

* 3. Could you tell us a little about yourself, your background, and your organization? If applicable, please share the following in your response: *What is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?*

* 4. We would like your perspective on the major health needs/issues in the community. Please share the following in your response: *What are the top priority health issues that your organization is dealing with? What do you think are the factors that are contributing to these health issues?*

5. If your organization provides services or programs in multiple counties in the region, are there geographic differences in the health needs or issues each community faces?

* 6. **Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives?** Please consider the following in your response:*Are there specific challenges that impact low-income, under-served/uninsured persons experience? Are there specific challenges that impact different racial or ethnic groups in the community? Are there specific challenges that impact different groups based on age or gender in the community?*

* 7. **What barriers or challenges might prevent someone in the community from accessing health care or social services?** *(Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)*

* 8. **Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?** *(if including specific organizations in response, please include name and type of program)*

* 9. **What services or programs do you feel could potentially have the greatest impact on the needs that you've identified?**

* 10. **Is there anything additional that should be considered for assessing the needs of the community?**

You have completed the interview questions! Please send any comments or questions to Courtney Kaczmarsky by email at courtney.kaczmarsky@conduent.com.
Thank you very much for your time and cooperation. Have a great day!

STAKEHOLDER SURVEY RESULTS

The following top health needs emerged from the stakeholder interviews below:

1. Exercise, Nutrition, and Weight
2. Mental Health & Mental Disorders
3. Substance Abuse
4. Oral Health
5. Access to Health Services

Some key quotes from Pasco County Stakeholders are provided below:

Health Topics	
Access Quotes	"I think lack of access to basic health care is a huge issue in Pasco County communities. Public transportation is not sufficient enough to provide support to families living in rural communities, where there are no health care providers." Low income, elderly, and disabled communities have the most challenges with access. Access to care and other primary care services are the factors that prevent optimum health. We serve the low income, under-served/uninsured persons and access to healthcare is a challenge. The rural population is hard to reach. There aren't many doctors in some areas of the county.
Exercise, Nutrition & Weight Quotes	"..seeing a lot of people who are overweight but lack the support and resources to make and serious changes, we need to figure out how to get people to garden to increase their fruit and vegetable consumption. Get people to cook more at home." Smoking, obesity and mental health illness should be the top priority. UF Extension brings the knowledge and resources of the university to local communities; it is the partnership between the university and local county governments to improve the lives of Florida citizens. Seeing a lot of people who are overweight but lack the support and resources to seriously make changes, how to get people to garden to increase their fruit and vegetable consumption, getting people to cook more at home. More garden programs. We offer them in some parts of the county but not everywhere. Support groups and more cooking classes would also be helpful.
Mental Health & Mental Disorders Quotes	"We are seeing behavior problems in young children. Child abuse and neglect are the main factors contributing to these issues."
Oral Health Quotes	"There is a lack of dental providers (dentists, specialists, pediatric dentists) and insurance providers. Cost, fear and transportation are barriers for those trying to access dental/oral care."

APPENDIX B:
SECONDARY DATA REPORT

AdventHealth Dade City
Needs Assessment Report - Quick Facts

Location
AdventHealth Dade City (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	93,227	20,278,447
	Population Age 65+	28,538	3,926,889
	Percent Population Age 65+	30.61%	**19.36%**
Population Age 0-18	Total Population	93,227	20,278,447
	Population Age 0-17	15,926	4,111,582
	Percent Population Age 0-17	17.08%	**20.28%**
Population Age 18-64	Total Population	93,227	20,278,447
	Population Age 18-64	48,763	12,239,976
	Percent Population Age 18-64	52.31%	**60.36%**
Total Population	Total Population	93,227	20,278,447
	Total Land Area (Square Miles)	395	53,634.01
	Population Density (Per Square Mile)	235.6	**378.09**
Change in Total Population	Total Population, 2000 Census	79,362	15,982,378
	Total Population, 2010 Census	93,433	18,801,310
	Total Population Change, 2000-2010	14,071	2,818,932
	Percent Population Change, 2000-2010	17.73%	**17.64%**
Female Population	Total Population	93,227	20,278,447
	Female Population	48,455	10,364,086
	Percent Female Population	51.97%	**51.11%**
Hispanic Population	Total Population	93,227	20,278,447

	Non-Hispanic Population	80,719	**15,263,432**
	Percent Population Non-Hispanic	86.58%	**75.27%**
	Hispanic or Latino Population	12,507	**5,015,015**
	Percent Population Hispanic or Latino	13.42%	**24.73%**
Male Population	Total Population	93,227	**20,278,447**
	Male Population	44,773	**9,914,361**
	Percent Male Population	**48.03%**	**48.89%**

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	95,533	**19,536,492**
	Violent Crimes	282	**92,236**
	Violent Crime Rate (Per 100,000 Pop.)	**295.2**	**472.1**
Population with No High School Diploma	Total Population Age 25+	70,504	**14,396,066**
	Population Age 25+ with No High School Diploma	11,323	**1,787,348**
	Percent Population Age 25+ with No High School Diploma	**16.1%**	**12.42%**
Poverty - Population Below 100% FPL	Total Population	90,870.39	**19,858,469**
	Population in Poverty	15,937.99	**3,070,972**
	Percent Population in Poverty	**17.5%**	**15.46%**
Insurance - Uninsured Adults	Total Population Age 18 - 64	57,317	**12,071,750**
	Population with Medical Insurance	46,935	**9,845,200**
	Percent Population with Medical Insurance	81.9%	**81.56%**
	Population Without Medical Insurance	10,382	**2,226,550**
	Percent Population Without Medical Insurance	**18.11%**	**18.44%**
Insurance - Uninsured Children	Total Population Under Age 19	21,460	**4,291,510**
	Population with Medical Insurance	20,229	**4,009,046**
	Percent Population with Medical Insurance	94.3%	**93.42%**
	Population Without Medical Insurance	1,232	**282,464**
	Percent Population Without Medical Insurance	**5.74%**	**6.58%**

Income – Per Capita Income	Total Population	93,227	20,278,447
	Total Income ($)	$2,214,199,358.00	$583,486,218,200.00
	Per Capita Income ($)	**$23,751.00**	**$28,773.00**
Unemployment Rate	Labor Force	42,118	10,365,951
	Number Employed	39,271	10,047,379
	Number Unemployed	2,847	318,572
	Unemployment Rate	**6.8%**	**3.1%**
Lack of Social or Emotional Support	Total Population Age 18+	73,355	14,682,954
	Estimated Population Without Adequate Social / Emotional Support	15,802	3,127,469
	Crude Percentage	21.5%	21.3%
	Age-Adjusted Percentage	**20.9%**	**21.2%**
Teen Births	Female Population Age 15 - 19	2,689	597,095
	Births to Mothers Age 15 - 19	93	21,555
	Teen Birth Rate (Per 1,000 Population)	**34.55**	**36.1**
Food Insecurity Rate	Total Population	94,072	19,893,297
	Food Insecure Population, Total	14,262	3,227,600
	Food Insecurity Rate	**15.2%**	**16.2%**
Poverty – Children Below 100% FPL	Total Population	90,870	19,858,469
	Population Under Age 18	15,506	4,044,879
	Population Under Age 18 in Poverty	4,733	901,772
	Percent Population Under Age 18 in Poverty	**30.53%**	**22.29%**

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	32,523	8,907,171
	Population Using Public Transit for Commute to Work	146	180,231
	Percent Population Using Public Transit for Commute to Work	**0.45%**	**2%**
Population with Low Food Access	Total Population	93,432	18,801,310
	Population with Low Food Access	24,241	4,831,135
	Percent Population with Low Food Access	**25.95%**	**25.7%**

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Access to Dentists	Total Population, 2015	99,658	**20,271,272**
	Dentists, 2015	33	**11,304**
	Dentists, Rate per 100,000 Pop.	**33.3**	55.8
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population Age 50+	31,937	**5,497,252**
	Estimated Population Ever Screened for Colon Cancer	21,199	**3,628,186**
	Crude Percentage	66.4%	**66%**
	Age-Adjusted Percentage	**58.8%**	61.5%
Cancer Screening - Mammogram	Total Medicare Enrollees	8,571	**1,861,794**
	Female Medicare Enrollees Age 67-69	759	**161,850**
	Female Medicare Enrollees with Mammogram in Past 2 Years	517	**109,429**
	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	**68.1%**	67.6%
Cancer Screening - Pap Test	Female Population Age 18+	67,109	**11,566,352**
	Estimated Number with Regular Pap Test	50,973	**8,894,525**
	Crude Percentage	76%	**76.9%**
	Age-Adjusted Percentage	**80.7%**	78.8%
Facilities Designated as Health Professional Shortage Areas	Primary Care Facilities	1	**138**
	Mental Health Care Facilities	2	**125**
	Dental Health Care Facilities	2	**127**
	Total HPSA Facility Designations	5	**390**
Lack of Prenatal Care	Total Births	4,047.69	**906,594**
	Mothers Starting Prenatal Care in First Semester	2,870.54	**603,986**
	Mothers with Late or No Prenatal Care	1,041.54	**250,800**
	Prenatal Care Not Reported	135.62	**51,808**
	Percentage Mothers with Late or No Prenatal Care	**25.7%**	27.7%
Federally Qualified Health Centers	Total Population	65,263	**18,801,310**
	Number of Federally Qualified Health Centers	5	**406**
	Rate of Federally Qualified Health Centers per 100,000 Population	**7.66**	2.16

Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	83,066	**14,671,272**
	Total Adults Without Any Regular Doctor	15,060	**3,638,104**
	Percent Adults Without Any Regular Doctor	**18.1%**	**24.80%**
Preventable Hospital Events	Total Medicare Part A Enrollees	6,891	**1,506,764**
	Ambulatory Care Sensitive Condition Hospital Discharges	4,506	**80,828**
	Ambulatory Care Sensitive Condition Discharge Rate	**65.4**	**53.6**

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	73,355	**14,682,954**
	Estimated Adults Drinking Excessively	14,160	**2,334,590**
	Estimated Adults Drinking Excessively (Crude Percentage)	19.3%	**15.9%**
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	**20.7%**	**17.1%**
Physical Inactivity	Total Population Age 20+	77,376	**15,678,149**
	Population with no Leisure Time Physical Activity	22,655	**3,874,964**
	Percent Population with no Leisure Time Physical Activity	**27.4%**	**23.6%**
Tobacco Usage – Current Smokers	Total Population Age 18+	73,354.71	**14,682,954**
	Total Adults Regularly Smoking Cigarettes	18,685.28	**2,642,932**
	Percent Population Smoking Cigarettes (Crude)	25.5%	**18%**
	Percent Population Smoking Cigarettes (Age-Adjusted)	**27%**	**18.9%**

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
Mortality – Lung Disease	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2007-2011	95	**11,363**
	Crude Death Rate (Per 100,000 Pop.)	96.58	**57.02**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**56.55**	**38.55**
Mortality – Unintentional Injury	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2010-2014	67	**10,015**

	Crude Death Rate (Per 100,000 Pop.)	67.98	**50.25**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**58.67**	**44.43**
Mortality - Heart Disease	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2010-2014	254	**44,078**
	Crude Death Rate (Per 100,000 Pop.)	259.6	**221.17**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**155.87**	**149.9**
High Blood Pressure (Adult)	Total Population (Age 18+)	73,354	**14,682,954**
	Total Adults with High Blood Pressure	21,588	**4,155,276**
	Percent Adults with High Blood Pressure	**29.43%**	**28.3%**
Cancer Incidence - Lung	Estimated Total Population	15,651	**2,771,859**
	New Cases (Annual Average)	118	**16,548**
	Cancer Incidence Rate (Per 100,000 Pop.)	**75.5**	**59.7**
Mortality - Premature Death	Total Population	93,433	**56,417,393**
	Total Premature Death, 2014-2016	483	**256,433**
	Total Years of Potential Life Lost,2014-2016 Average	7,737	**4,112,576**
	Years of Potential Life Lost, Rate per 100,000 Population	**8,281**	**7,290**
Cancer Incidence - Prostate	Estimated Total Population (Male)	7,419	**1,300,513**
	New Cases (Annual Average)	70	**12,667**
	Cancer Incidence Rate (Per 100,000 Pop.)	**94.6**	**97.4**
Cancer Incidence - Breast	Estimated Total Population (Female)	7,137	**1,330,172**
	New Cases (Annual Average)	81	**15,430**
	Cancer Incidence Rate (Per 100,000 Pop.)	**113.6**	**116**
	Estimated Total Population (Female)	5,395	**1,048,314**
Cancer Incidence - Cervix	New Cases (Annual Average)	5	**933**
	Cancer Incidence Rate (Per 100,000 Pop.)	**10.4**	**8.9**
Cancer Incidence - Colon and Rectum	Estimated Total Population	14,651	**2,653,116**
	New Cases (Annual Average)	57	**9,790**
	Cancer Incidence Rate (Per 100,000 Pop.)	**39.4**	**36.9**
Obesity	Total Population Age 20+	77,486	**15,687,277**

	Adults with BMI > 30.0 (Obese)	24,142	**4,162,381**
	Percent Adults with BMI > 30.0 (Obese)	**31.8%**	**26.6%**
Overweight	Survey Population (Adults Age 18+)	78,363	**14,014,811**
	Total Adults Overweight	30,571	**5,146,693**
	Percent Adults Overweight	**39%**	**36.7%**
Diabetes (Adult)	Total Population Age 20+	77,489	**15,705,775**
	Population with Diagnosed Diabetes	10,555	**1,715,434**
	Population with Diagnosed Diabetes, Age-Adjusted Rate	**10.7%**	**9.22%**
Poor General Health	Total Population Age 18+	73,355	**14,682,954**
	Estimated Population with Poor or Fair Health	15,162	**2,525,468**
	Crude Percentage	20.7%	**17.2%**
	Age-Adjusted Percentage	**19.2%**	**15.9%**
Mortality - Suicide	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2010-2014	20	**3,063**
	Crude Death Rate (Per 100,000 Pop.)	20.26	**15.37**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**18.54**	**14.09**
Mortality - Homicide	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2010-2014	4	**1,202**
	Crude Death Rate (Per 100,000 Pop.)	3.76	**6.03**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**4.24**	**6.39**
Mortality - Cancer	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2010-2014	271	**43,286**
	Crude Death Rate (Per 100,000 Pop.)	277.11	**217.19**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**171.49**	**152.86**
Mortality - Stroke	Total Population	97,871	**19,929,487**
	Average Annual Deaths, 2010-2014	62	**10,042**
	Crude Death Rate (Per 100,000 Pop.)	63.65	**50.39**
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**37.34**	**33.87**
High Cholesterol	Survey Population (Adults Age 18+)	67,203	**11,691,020**

(Adult)	Total Adults with High Cholesterol	32,590	**4,898,256**
	Percent Adults with High Cholesterol	**48.49%**	**41.90%**
Heart Disease (Adult)	Survey Population (Adults Age 18+)	82,391	**14,681,551**
	Total Adults with Heart Disease	7,091	**822,348**
	Percent Adults with Heart Disease	**8.6%**	**5.6%**
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	10,754	**2,222,669**
	Beneficiaries with Depression	2,386	**420,851**
	Percent with Depression	**22.2%**	**18.9%**
Poor Dental Health	Total Population (Age 18+)	72,425	**14,682,954**
	Total Adults with Poor Dental Health	18,533	**2,635,605**
	Percent Adults with Poor Dental Health	**25.6%**	**18%**
Infant Mortality	Total Births	5,160	**1,133,160**
	Total Infant Deaths	31	**7,932**
	Infant Mortality Rate (Per 1,000 Births)	**6**	**7**
Low Birth Weight	Total Live Births	162,708	**1,585,346**
	Low Weight Births (Under 2500g)	14,308	**137,925**
	Low Weight Births, Percent of Total	**8.79%**	**8.7%**
Asthma Prevalence	Survey Population (Adults Age 18+)	83,061	**14,756,311**
	Total Adults with Asthma	13,278	**1,841,437**
	Percent Adults with Asthma	**16%**	**12.5%**

https://ahs.engagementnetwork.org, 1/9/2019

APPENDIX C:
HOSPITAL UTILIZATION
INPATIENT DATA & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth Dade City in 2019.

Please note: AdventHealth Dade City was acquired in 2019 and therefore 2018 data unavailable.

Emergency Department Admissions
1. Essential (primary) hypertension
2. Type 2 diabetes mellitus without complications
3. Atherosclerotic heart disease of native coronary artery without angina pectoris
4. Hyperlipidemia, unspecified
5. Chest pain, unspecified
6. Cough
7. Acute pharyngitis, unspecified
8. Vomiting, unspecified
9. Headache
10. Fever, unspecified

Inpatient Admissions
1. Essential (primary) hypertension
2. Hyperlipidemia, unspecified
3. Essential (primary) hypertension
4. Acute kidney failure, unspecified
5. Atherosclerotic heart disease of native coronary artery without angina pectoris
6. Personal history of nicotine dependence
7. Gastro-esophageal reflux disease without esophagitis
8. Morbid (severe) obesity due to excess calories
9. Chronic obstructive pulmonary disease, unspecified
10. Type 2 diabetes mellitus with hyperglycemia