

# Tampa General Hospital

## Community Health Needs Assessment

Fiscal Year 2013

September 9, 2013



Carnahan Group

Strategic Healthcare Consulting  
10 Years of Excellence

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## Introduction

### Tampa General Hospital at a Glance

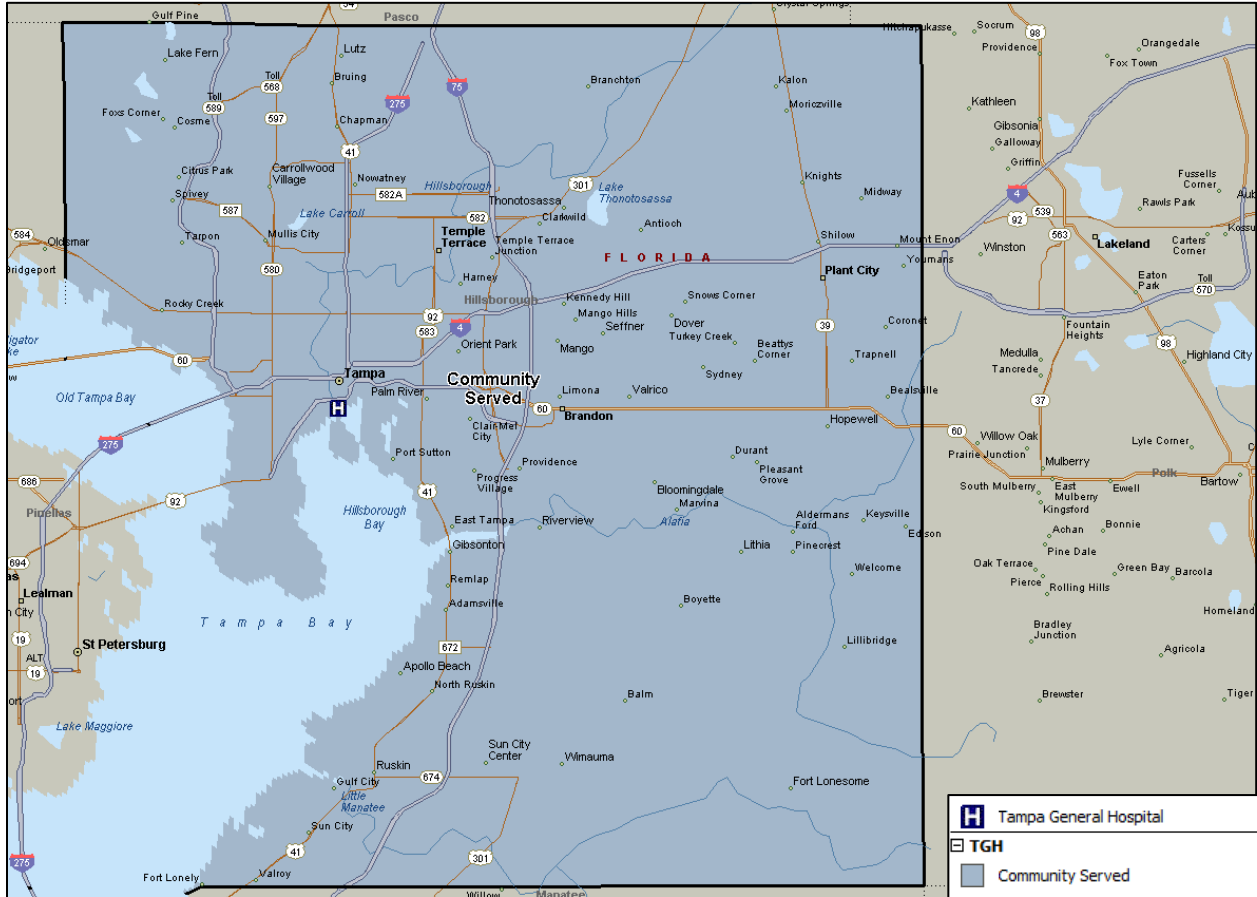
Tampa General Hospital (TGH) is located in Tampa, Florida which is within the limits of Hillsborough County in West Central Florida. One of the largest hospitals in Florida with 1,018 licensed beds, TGH employs 6,600 individuals and is one of the region's largest employers.

Through its longstanding relationship with University of South Florida Health's Morsani College of Medicine, TGH houses over 300 residents as the primary teaching affiliate for the program, providing experience in specialty training areas including internal medicine and neurosurgery.

Tampa General Hospital is the area's only Level I Trauma Center and is one of just four burn centers in Florida. In the 2012-2013 U.S. News and World Report's Best Hospital rankings, TGH was listed among the nation's top 50 hospitals in nine medical specialties.

## Community Overview

For the purpose of this report, Tampa General Hospital defined its service area as Hillsborough County. The map below represents the community served by TGH.



Source: TGH; Microsoft MapPoint 2013

## Purpose

### Community Health Needs Assessment Background

On September 20, 2012, Tampa General Hospital contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about the Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA is available to the public [place applicable information here i.e. on the web, translations]. Based on the findings of the CHNA, an implementation strategy for Tampa General Hospital that addresses the community health needs will be developed and adopted by the end of fiscal year 2013.

### Requirements

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
  - A description of the sources and dates of the data and the other information used in the assessment; and,
  - The analytical methods applied to identify community health needs.

- A description of information gaps that impacted TGH's ability to assess the health needs of the community served;
- The identification of all organizations with which TGH collaborated, if applicable, including their qualifications;
- A description of how TGH took into account input from persons who represented the broad interests of the community served by TGH, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by TGH; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

## CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by TGH, which included those with special knowledge of or expertise in public health;
- Identifying federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by TGH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by TGH; and,
- Consultation or input from other persons located in and/or serving TGH's community, such as:
  - Healthcare community advocates;
  - Nonprofit organizations;
  - Academic experts;
  - Local government officials;
  - Community-based organizations, including organizations focused on one or more health issues;
  - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.



The sources used for TGH's CHNA are provided in the Reference List and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews Hillsborough County public health officials, county commissioners, physicians and other community health leaders and focus groups with medically underserved community members.

## Health Profile

### Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by Tampa General Hospital. Commonly used data sources include Claritas, ONE BAY Healthy Communities, Florida Community Health Assessment Resource Tool Set (CHARTS) and the Florida Vital Statistics Annual Report. Hillsborough County is the community for TGH's CHNA.

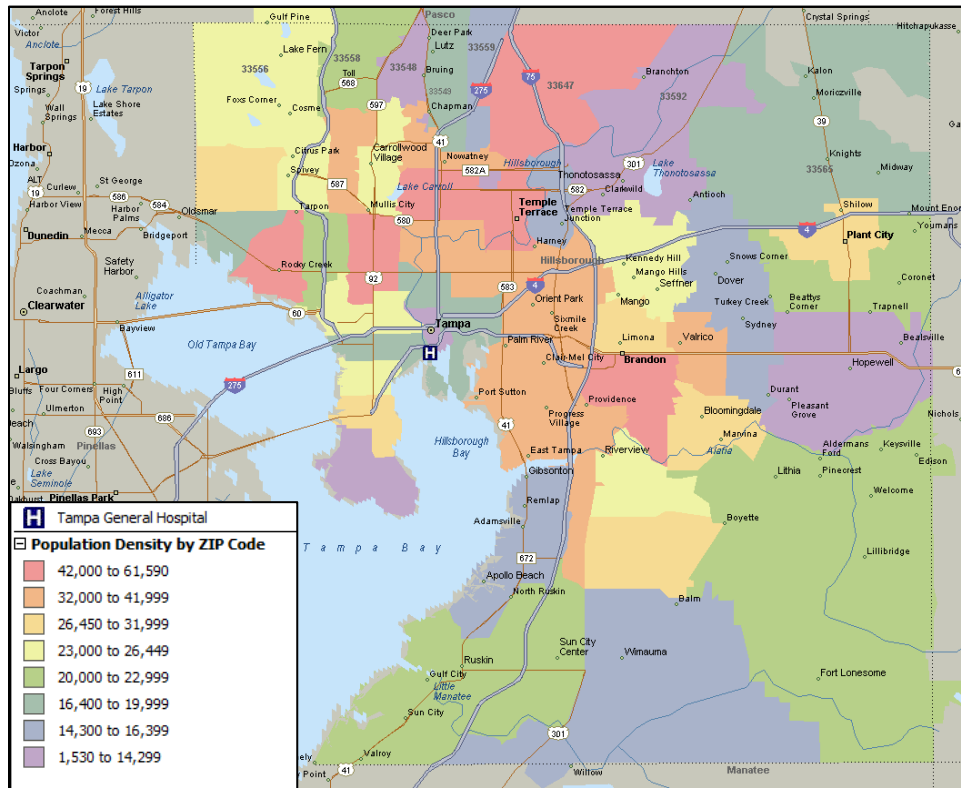
Demographic and health indicators for Hillsborough County are compared to Florida or the Healthy People 2020 (HP 2020) Goals. The HP 2020 Goals are science-based, ten-year national objectives for improving the health of all Americans. Additionally, quartile ratings from the Healthy Tampa Bay Community Dashboard, a data assessment tool published by ONE BAY Healthy Communities, were available for select indicators. Quartiles are created by splitting percentile data into quarters. For example, if an indicator is between the 25th and 50th percentiles, the indicator is more favorable than 25% of the other indicators but less favorable than the top 50%. Green, yellow and red icons indicate the top 50th percentile, the 25th to 50th percentiles and the lowest percentile, respectively, in comparison to other reporting regions (i.e. Florida counties).

	<b>Top 50th Percentile</b>
	<b>25th to 50th Percentiles</b>
	<b>Bottom 25th Percentile</b>

## Demographics

### Population in Hillsborough County

Figure 1 – Population Density by ZIP Code, 2012



Sources: Claritas 2012; Microsoft MapPoint 2013

### Population Change by Age and Gender

Slight population growth is expected for individuals aged 18-44 (3.2%). Moderate population growth is expected for individuals aged 0-17 (5.8%) and 45-64 (9.2%). The population of individuals aged 65 and older is expected to grow substantially (21.2%).

Table 1 – Population Change by Age and Gender, 2012-17

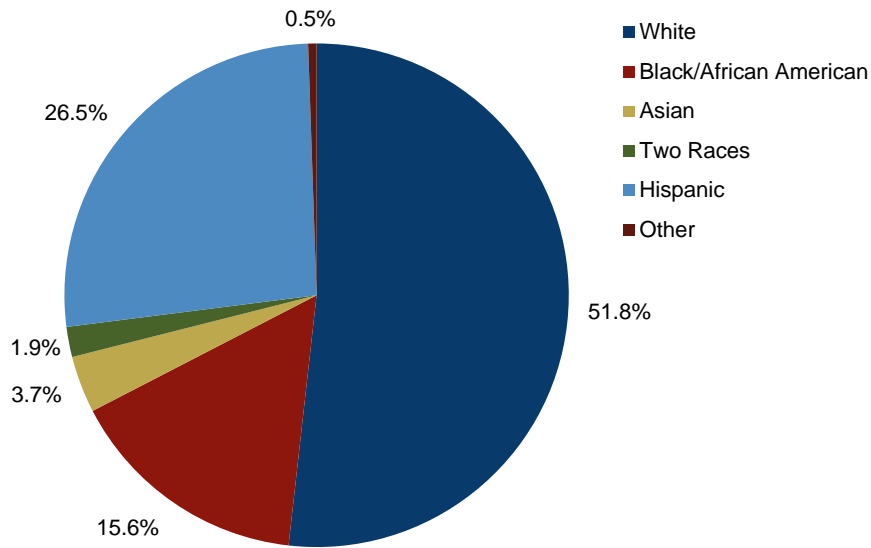
Age Group	2012			2017			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 17	158,935	151,104	310,039	168,145	159,836	327,981	5.8%	5.8%	5.8%
Age 18 through 44	244,849	252,447	497,296	254,012	259,405	513,417	3.7%	2.8%	3.2%
Age 45 through 64	165,253	175,755	341,008	180,798	191,604	372,402	9.4%	9.0%	9.2%
Age 65 and older	71,884	94,472	166,356	87,249	114,425	201,674	21.4%	21.1%	21.2%
<b>Total</b>	<b>640,921</b>	<b>673,778</b>	<b>1,314,699</b>	<b>690,204</b>	<b>725,270</b>	<b>1,415,474</b>	<b>7.7%</b>	<b>7.6%</b>	<b>7.7%</b>

Source: Claritas 2012

### Population by Race and Ethnicity

The most common race/ethnicity in the service area is white (51.8%), followed by Hispanic (26.5%), black/African American (15.6%), Asian (3.7%), individuals of two races (1.9%) and other (0.5%).

Figure 2 – Race Composition, 2012



Source: Claritas 2012

### Population Change by Race and Ethnicity

Minority and other race populations are expected to grow faster than the white population. Substantial growth is expected for the Asian (20.6%), Hispanic (17.5%), individuals of two races (15.0%) and black/African American (10.7%) populations. The population of other race individuals is expected to grow moderately (5.3%), while marginal growth is expected for the white population (0.5%).

Table 2 – Population Change by Race and Ethnicity, 2012-17

Race & Ethnicity	Population 2012	Population 2017	Percent Change
White	680,695	684,316	0.5%
Black/African American	205,441	227,486	10.7%
Asian	47,998	57,877	20.6%
Two Races	25,450	29,266	15.0%
Hispanic	348,067	409,107	17.5%
Other	7,048	7,422	5.3%

Source: Claritas 2012

### Population Change in Select Age Groups

Moderate population growth over the next five years is expected for children 0-17 years old (5.8%). The population of women at childbearing age is expected to grow slightly (2.8%). By 2017, substantial population growth is expected for individuals 65 years and older (21.2%).

Table 3 – Population Change for Special Populations, 2012-17

Age Group	Population 2012	Population 2017	Percent Change
Children 0–17	310,039	327,981	5.8%
Women 15–44	278,295	285,983	2.8%
Individuals 65 and Older	166,356	201,674	21.2%

Source: Claritas 2012

## Socioeconomic

### Socioeconomic Characteristics

According to the 2011 annual average unemployment rates reported by the U.S. Bureau of Labor Statistics, Hillsborough County's unemployment rate (10.5%) is equal to Florida's.

According to the U.S. Census 2010 American Community Survey (ACS), Hillsborough County has a slightly higher median household income (\$47,677) than Florida (\$46,077). Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2010, the poverty threshold for a family of four was \$22,314. The ACS estimates indicate that 14.2% of Hillsborough County residents and 15.0% of Florida residents are living below poverty level. Children in Hillsborough County are slightly less likely to be living below poverty level (19.9%) compared to all children in Florida (21.3%).

Table 4 – Socioeconomic Indicators

	Hillsborough County	Florida
Unemployment Rate <sup>1</sup>	10.5%	<b>10.5%</b>
Median Household Income <sup>2</sup>	\$47,677	<b>\$46,077</b>
Individuals Below Poverty Level <sup>2</sup>	14.2%	<b>15.0%</b>
Children Below Poverty Level <sup>2</sup>	19.9%	<b>21.3%</b>

<sup>1</sup>Source: Bureau of Labor Statistics, 2011 annual average

<sup>2</sup>Source: Census - American Community Survey, 2008–2010 estimates

## Education

### Educational Attainment

The ACS publishes estimates of the highest level of education completed for residents 25 years and older. The ACS 2008-2010 estimates indicate that the percentages of individuals 25 years and older with less than a high school degree in Hillsborough County and in Florida are similar (14.2% and 14.5%, respectively). In Hillsborough County and Florida, approximately 85% of residents have either a high school degree or equivalent or a bachelor's degree.

Table 5 – Highest Level of Education Completed by Persons 25 Years and Older, 2008-10

	Hillsborough County	Florida
Less than a High School Degree	14.2%	14.6%
High School Degree	57.0%	59.7%
Bachelor's Degree	28.8%	25.7%

Source: Census - American Community Survey, 2008–2010 estimates

### Reading and Math Proficiency

Fourth and eighth grade math and reading proficiencies are all slightly lower in Hillsborough County compared to Florida and fall between the 25th and 50th percentiles (see Table 6).

Table 6 – Reading and Math Proficiency among 4th and 8th Graders, 2011

	Hillsborough County	Quartile Rating	Florida
4th Grade Math Proficiency	71%	—	74%
4th Grade Reading Proficiency	70%	—	71%
8th Grade Math Proficiency	65%	—	68%
8th Grade Reading Proficiency	52%	—	55%

Sources: ONE BAY Healthy Communities; FL Dept. of Education

## Social Environment

### Crime Rates

Domestic violence and homicide rates are slightly lower in Hillsborough County than in Florida, while the aggravated assault, forced sex offense and robbery rates are substantially lower in Hillsborough County compared to Florida (see Table 7).

Table 7 – Domestic Violence and Violent Crime Rates, 2011

	Hillsborough County	Florida
Domestic Violence	610.6	<b>589.8</b>
Homicide	5.2	<b>6.3</b>
Aggravated Assault	236.3	<b>325.9</b>
Forced Sex Offense	35.6	<b>52.2</b>
Robbery	96.0	<b>135.3</b>

Source: Florida CHARTS

Rates are per 100,000 population



## Built Environment

A community’s built environment refers to structures influenced and created by humans. This includes infrastructure, buildings, parks, restaurants, grocery stores, recreational facilities and other structures that affect how people interact and the health status of the community. Business and shopping amenities such as farmers markets and fast food restaurant density are factors that contribute to the community’s health.

According to the USDA Food Environment Atlas, there are nine recreational facilities per 100,000 residents in Hillsborough County. There are substantially more fast food restaurants (61.0 per 100,000 population) compared to farmers markets (1.0 per 100,000 population) and grocery stores (23.0 per 100,000 population). Farmers market and fast food restaurant densities rank between the 25th and 50th percentiles, while grocery store density is above the 50th percentile.

Table 8 – Select Built Environment Characteristics

	Hillsborough County	Quartile Rating
Recreational Facility Rate, <sup>1</sup> 2009	9.0	N/A
Farmers Market Density, <sup>2</sup> 2011	1.0	—
Fast Food Restaurant Density, <sup>2</sup> 2009	61.0	—
Grocery Store Density, <sup>2</sup> 2009	23.0	▲

<sup>1</sup>Source: USDA Food Environment Atlas

<sup>2</sup>Source: ONE BAY Healthy Communities

Rates are per 100,000 population

## Environmental Health

### Environmental Health Indicators

Ozone is a colorless gas present in the air we breathe. Even at low levels, ozone can cause adverse health effects such as shortness of breath, coughing, scratchy throat and lung damage.<sup>1</sup> The annual ozone air quality grade is based on the annual number of high ozone days. The scale is from 1-5, where 1 is the best and 5 is the worst. The reported values from 2008-2010 indicate Hillsborough County received the worst score (5).

Particle pollution, or particulate matter, refers to the mixture of solid particles and liquid droplets found in the air. Some of these particles come from direct sources such as construction sites, smokestacks, unpaved roads and fields, while others are produced through chemical reactions. These solid and liquid particles can cause health problems by getting deep into the lungs and bloodstream.<sup>2</sup> The annual particle pollution and daily particle pollution scales are the same as ozone air quality scale. Hillsborough County received the most favorable score (1) for annual particle pollution.

Table 9 – Ozone Air Quality and Particle Pollution, 2008-2010

	Hillsborough County	Quartile Rating
Annual Ozone Air Quality	5	▼
Annual Particle Pollution	1	▲

Source: ONE BAY Healthy Communities

<sup>1</sup> U.S. Environmental Protection Agency. (2008). *Air Quality Guide*. Retrieved from website: <http://www.epa.gov/airnow/agguide.pdf>

<sup>2</sup> U.S. Environmental Protection Agency. (2012). *Particulate Matter (PM): Basic Information*. Retrieved from website: <http://www.epa.gov/pm/basic.html>

## Health Outcomes and Risk Factors

### Mortality Indicators

In Hillsborough County, life expectancy is slightly lower (75.1 years) compared to Florida (79.8 years). According to Florida CHARTS, the age-adjusted death rate is higher in Hillsborough County (723.0 per 100,000 population) than in Florida (677.9 per 100,000 population).

Years of potential life lost (YPLL) measure the impact of mortality before age 75. Because these deaths occur before the natural time, societal contributions by individuals are lost. Therefore, this statistic is important for understanding the social and economic impacts of various causes of death. It does not, however, address cost, preventability or morbidity of specific causes of death.<sup>3</sup> In Hillsborough County, the YPLL rate is slightly lower (7,199.1 per 100,000 population) than in Florida (7,312.1 per 100,000 population).

Table 10 – Mortality Indicators

	Hillsborough County	Florida
Life Expectancy at Birth (years), 2009	75.1 <sup>1</sup>	<b>79.8</b> <sup>2</sup>
Age-Adjusted Death Rate <sup>3</sup> , 2011	723.0	<b>677.9</b>
YPLL Rate <sup>3</sup> , 2009-2011	7,199.1	<b>7,312.1</b>

<sup>1</sup>Source: Institute for Health Metrics and Evaluation

<sup>2</sup>Source: Florida Vital Statistics Report

<sup>3</sup>Source: Florida CHARTS

Rates are per 100,000 population

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<sup>3</sup> Gardner, J.W., & Sanborn, J.S. (1990). Years of Potential Life Lost (YPLL) – What Does it Measure? Journal of Epidemiology, 1, 322-329.

### Leading Causes of Death

According to Florida CHARTS, heart disease is the leading cause of death in Hillsborough County, while it ranks second in Florida. Cancer is the leading cause of death in Florida, while it ranks second in Hillsborough. The third, fourth and fifth leading causes of death in Hillsborough County and in Florida are unintentional injuries, chronic lower respiratory disease (CLRD) and stroke, respectively. Alzheimer's disease ranks sixth in Hillsborough County and seventh in Florida. In Hillsborough County, diabetes is the seventh leading cause of death, while it ranks sixth in Florida. Suicide and kidney disease are the eighth and ninth leading causes of death, respectively, in Hillsborough County and Florida. Pneumonia/influenza ranks 10th in Hillsborough County, while chronic liver disease and cirrhosis ranks 10th in Florida.

Table 11 – Leading Causes of Death, 2011

	Hillsborough County	Florida
Heart Disease	167.5	<b>153.0</b>
Cancer	161.5	<b>159.9</b>
Unintentional Injuries	49.0	<b>40.2</b>
CLRD	36.9	<b>38.6</b>
Stroke	31.4	<b>31.5</b>
Alzheimer's Disease	25.7	<b>16.1</b>
Diabetes	24.4	<b>19.6</b>
Suicide	12.6	<b>13.5</b>
Kidney Disease	10.6	<b>11.6</b>
Pneumonia/Influenza	9.5	<b>9.2</b>
Chronic Liver Disease and Cirrhosis	9.0	<b>10.8</b>

Source: Florida CHARTS

Rates are per 100,000 population

## Heart Disease

The following table includes various heart disease indicators. For three of the five indicators, the data for Hillsborough County are compared to the HP 2020 goals. All three Hillsborough County indicators are higher and less favorable than the HP 2020 goals.

Emergency room and hospitalization rates due to congestive heart failure (CHF) in Hillsborough County rank in the top 50th percentile with rates of 2.9 per 10,000 adults and 34.1 per 10,000 adults, respectively.

The coronary heart disease death rate in Hillsborough County (108.3 per 100,000 population) falls between the 25th and 50th percentiles and is slightly higher than the HP 2020 goal (100.8 per 100,000 population).

In Hillsborough County, the percentage of adults with high blood pressure (30.6%) is higher than the HP 2020 goal (26.9%), but ranks in the top 50th percentile. The percentage of adults in Hillsborough County with high cholesterol (38.9%) is substantially higher than the HP 2020 goal (13.5%) and ranks between the 25th and 50th percentiles.

Table 12 – Select Heart Disease Indicators

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Emergency Room Rate Due to CHF, 2009–2011*	2.9	▲	N/A
Hospitalization Rate Due to CHF, 2009–2011*	34.1	▲	N/A
Coronary Heart Disease Death Rate, 2010^	108.3	—	100.8
High Blood Pressure, 2010	30.6%	▲	26.9%
High Cholesterol, 2010	38.9%	—	13.5%

Source: ONE BAY Healthy Communities

\*Rates are per 10,000 adults

^Rates are per 100,000 population

## Cancer

Overall, cancer incidence and death rates are slightly higher in Hillsborough County than the Florida rates and HP 2020 goals. Incidence rates refer to the number of new cases that occurred during a specified time period. Most Hillsborough County rates fall between the 25th and 50th percentiles. With respect to cancer screenings, Hillsborough County received the most favorable ratings in two of three indicators.

According to Florida CHARTS, age-adjusted breast, prostate and cervical cancer incidence rates are similar to Florida's rates (see Table 13). The breast and prostate cancer incidence rates rank between the 25th and 50th percentiles and the cervical cancer incidence rate is above the 50th percentile.

Table 13 – Age-Adjusted Breast, Prostate and Cervical Cancer Incidence Rates, 2006-08

	Hillsborough County	Quartile Rating	Florida
Breast Cancer <sup>1</sup>	117.4	—	112.6
Prostate Cancer <sup>2</sup>	136.9	—	133.2
Cervical Cancer <sup>1</sup>	8.8	▲	9.0

Source: Florida CHARTS

<sup>1</sup>Rates are per 100,000 females

<sup>2</sup>Rates are per 100,000 males

Age-adjusted death rates due to breast, colorectal and lung cancer in Hillsborough County are slightly higher than the HP 2020 goals (see Table 14). Breast, colorectal and prostate cancer death rates rank between the 25th and 50th percentiles, while the lung cancer death rate ranks above the 50th percentile.

Table 14 – Age-Adjusted Death Rates Due to Breast, Colorectal, Lung and Prostate Cancer, 2008-10

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Breast Cancer <sup>1</sup>	23.7	—	20.6
Colorectal Cancer <sup>2</sup>	16.2	—	14.5
Lung Cancer <sup>2</sup>	49.9	▲	45.5
Prostate Cancer <sup>3</sup>	20.1	—	21.2

Source: ONE BAY Healthy Communities

<sup>1</sup>Rates are per 100,000 females

<sup>2</sup>Rates are per 100,000 population

<sup>3</sup>Rates are per 100,000 males

Colon cancer screening reflects the percentage of individuals aged 50 and older who have had a blood stool test within the past year. Pap test history refers to the percentage of women aged 18 and older who have had a Pap smear in the past year. Hillsborough County received ratings above the 50th percentile in colon cancer screening (18.2%) and Pap test history (56.6%). Mammogram history reflects the percentage of women aged 40 and older who have had a mammogram in the past year. In 2010, 57.1% of women aged 40 and older in Hillsborough County had a mammogram, which ranks between the 25th and 50th percentiles.

Table 15 – Cancer Screenings, 2010

	Hillsborough County	Quartile Rating
Colon Cancer Screening	18.2%	▲
Mammogram History	57.1%	—
Pap Test History	56.6%	▲

Source: ONE BAY Healthy Communities

## Diabetes

The percentages of adults who reported being told by a doctor they have diabetes are similar in Hillsborough County and Florida. In Hillsborough County, 11.7% of adults were diagnosed with diabetes compared to 10.4% in Florida. This indicator ranks between the 25th and 50th percentiles.

Table 16 – Diagnosed Diabetes in Adults, 2010

	Hillsborough County	Quartile Rating	Florida
Adults with Diagnosed Diabetes	11.7%	—	10.4%

Sources: ONE BAY Healthy Communities; Florida CHARTS

Adverse events and complications due to diabetes can result in emergency room visits and hospitalizations. These events may reflect the quality of primary care and indicate a lack of preventative behaviors or poor disease management. The majority of these rates fall between the 25th and 50th percentiles, representing a moderate health concern due to the controllable nature of diabetes.

Emergency room rates due to general diabetes (21.0 per 10,000 adults), long-term and short-term complications of diabetes (7.3 per 10,000 adults and 0.3 per 10,000 adults, respectively) and uncontrolled diabetes (2.4 per 10,000 adults) rank between the 25th and 50th percentiles in Hillsborough County.

Table 17 – Emergency Room Rates Due to Diabetes, 2009-11

	Hillsborough County	Quartile Rating
Diabetes	21.0	—
Long-term Complications of Diabetes	7.3	▲
Short-term Complications of Diabetes	0.3	▲
Uncontrolled Diabetes	2.4	—

Source: ONE BAY Healthy Communities  
 Rates are per 10,000 adults

In Hillsborough County, hospitalization rates due to long-term and short-term complications of diabetes (13.8 per 10,000 adults and 6.6 per 10,000 adults, respectively) rank above the 50th percentile. Hospitalization rates due to total diabetes (24.4 per 10,000 adults) and uncontrolled diabetes (3.3 per 10,000 adults) fall between the 25th and 50th percentiles.

Table 18 – Hospitalization Rates Due to Diabetes, 2009-11

	Hillsborough County	Quartile Rating
Diabetes	24.4	—
Long-term Complications of Diabetes	13.8	—
Short-term Complications of Diabetes	6.6	—
Uncontrolled Diabetes	3.3	—

Source: ONE BAY Healthy Communities  
 Rates are per 10,000 adults



## Respiratory Diseases

Asthma is a condition involving inflammation and narrowing of the respiratory passages. Individuals suffering from asthma can manage the disease through long-term and short-term medication strategies. Chronic obstructive pulmonary disorder (COPD) refers to conditions resulting in the blockage of air passages and breathing problems. These conditions are caused by smoking, air pollutants, genetic factors and respiratory infections. Emergency room rates and hospitalizations reflect poor disease management and care.

The emergency rate due to COPD in Hillsborough County (12.8 per 10,000 adults) is above the 50th percentile. Emergency room rates for adult asthma (33.7 per 10,000 adults), total asthma (47.9 per 10,000 adults) and pediatric asthma (88.7 per 10,000 population under 18 years) are between the 25th and 50th percentiles.

Table 19 – Emergency Room Rates Due to Respiratory Diseases, 2009-11

	Hillsborough County	Quartile Rating
Adult Asthma <sup>1</sup>	33.7	—
Asthma <sup>2</sup>	47.9	—
Chronic Obstructive Pulmonary Disorder <sup>1</sup>	12.8	▲
Pediatric Asthma <sup>3</sup>	88.7	—

Source: ONE BAY Healthy Communities

<sup>1</sup>Rates are per 10,000 adults

<sup>2</sup>Rates are per 10,000 population

<sup>3</sup>Rates are per 10,000 population under 18 years

In Hillsborough County, the hospitalization rate due to COPD (33.4 per 10,000 adults) is above the 50th percentile. Hospitalization rates due to total asthma (15.5 per 10,000 adults) and pediatric asthma (17.8 per 10,000 population under 18 years) rank between the 25th and 50th percentiles. The hospitalization rate of adult asthma (14.7 per 10,000 adults) in Hillsborough County falls below the lowest percentile.

Table 20 – Hospitalization Rates Due to Respiratory Diseases, 2009-11

	Hillsborough County	Quartile Rating
Adult Asthma <sup>1</sup>	14.7	▼
Asthma <sup>2</sup>	15.5	—
Chronic Obstructive Pulmonary Disorder <sup>1</sup>	33.4	▲
Pediatric Asthma <sup>3</sup>	17.8	—

Source: ONE BAY Healthy Communities

<sup>1</sup>Rates are per 10,000 adults

<sup>2</sup>Rates are per 10,000 population

<sup>3</sup>Rates are per 10,000 population under 18 years

### Communicable Diseases

Tuberculosis (TB) is a bacterial infection primarily affecting the lungs. The bacteria are spread person to person through the cough or sneeze of an infected individual. The majority of exposed individuals are able to ward off infection, thus prolonged exposure is usually required for the disease to develop. Because TB is highly contagious and easily transmitted, it is critical that incidence rates remain low.

The tuberculosis incidence rate in Hillsborough County (7.2 per 100,000 population) is substantially higher than the HP 2020 goal (1.0 per 100,000 population) and received the worst quartile rating.

Table 21 – Tuberculosis Incidence Rates, 2010

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Tuberculosis Incidence Rate	7.2	▼	1.0

Source: ONE BAY Healthy Communities

Rates are per 100,000 population

Hepatitis is a condition caused by a viral or non-viral infection resulting in liver inflammation. Influenza is a highly contagious viral infection most prevalent in the winter. Symptoms of influenza include fever, headache, cough, congestion, body aches and sore throat. Bacterial pneumonia causes inflammation in the lungs and manifests through a variety of symptoms ranging from chest pain, fever, chills, coughing and shortness of breath. As the immune system fights influenza, the body becomes susceptible to pneumonia. Whether acting alone or together, influenza and pneumonia can be fatal, particularly in populations with compromised immune systems such as children and the elderly.

In Hillsborough County, emergency room rates due to bacterial pneumonia (12.7 per 10,000 adults), hepatitis (0.8 per 10,000 adults) and immunization-preventable pneumonia and influenza (9.4 per 10,000 adults) are all above the 50th percentile.

Table 22 – Emergency Room Rates for Select Communicable Diseases, 2009-11

	Hillsborough County	Quartile Rating
Bacterial Pneumonia	12.7	▲
Hepatitis	0.8	▲
Immunization-Preventable Pneumonia and Influenza	9.4	▲

Source: ONE BAY Healthy Communities  
 Rates are per 10,000 adults

The hospitalization rate due to bacterial pneumonia in Hillsborough County (28.8 per 10,000 adults) is above the 50th percentile. The hospitalization rate due to hepatitis (2.8 per 10,000 adults) ranks between the 25th and 50th percentiles, while the hospitalization rate due to immunization-preventable pneumonia and influenza (1.9 per 10,000 adults) received the worst quartile rating.

Table 23 – Hospitalization Rates for Select Communicable Diseases, 2009-11

	Hillsborough County	Quartile Rating
Bacterial Pneumonia	28.8	▲
Hepatitis	2.8	▬
Immunization-Preventable Pneumonia and Influenza	1.9	▼

Source: ONE BAY Healthy Communities  
 Rates are per 10,000 adults

In the table below, influenza and pneumonia vaccinations reflect the percentage of adults aged 65 and older who have received the vaccine in the year preceding the data collection. In Hillsborough County, 63.3% of adults aged 65 and older received an influenza vaccine, which ranks between the 25th and 50th percentiles. The percentage of adults aged 65 and older who received a pneumonia vaccine (68.6%) is above the 50th percentile. Despite the quartile ratings, the percentages of influenza and pneumonia vaccinations are substantially lower than the HP 2020 goals (90.0%).

In 2011, 89.7% of enrolled kindergartners in Hillsborough County had received the required immunizations, which ranks below the lowest percentile.

Table 24 – Vaccinations and Required Immunizations

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Influenza Vaccinations*	63.3%	—	90.0%
Pneumonia Vaccinations*	68.6%	▲	90.0%
Kindergartners with Required Immunizations^	89.7%	▼	N/A

Source: ONE BAY Healthy Communities

\*2010

^2011

## Sexually Transmitted Infections

Sexually transmitted infections (STIs) are spread person to person through direct sexual contact. These infections are very common and may or may not produce symptoms. Reported rates of common STIs are reported below.

In Hillsborough County, rates of reported AIDS (16.8 per 100,000 population) and HIV (28.1 per 100,000 population) are similar to Florida's rates (18.9 per 100,000 population and 29.5 per 100,000 population, respectively). Chlamydia and gonorrhea rates in Hillsborough County (566.5 per 100,000 population and 170.9 per 100,000 population, respectively) are substantially higher than in Florida (396.0 per 100,000 population and 107.6 per 100,000 population, respectively). The infectious syphilis rate in Hillsborough County (9.3 per 100,000 population) is slightly higher than in Florida (6.2 per 100,000 population).

Table 25 – Reported Sexually Transmitted Infections, 2009-11

	Hillsborough County	Florida
AIDS	16.8	<b>18.9</b>
HIV	28.1	<b>29.5</b>
Chlamydia	566.5	<b>396.0</b>
Gonorrhea	170.9	<b>107.6</b>
Infectious Syphilis	9.3	<b>6.2</b>

Source: Florida CHARTS

Rates are per 100,000 population

## Oral Health

Oral health involves the practice of keeping the mouth free of infection, pain and other adverse conditions. Poor oral health has been linked to some major chronic diseases such as heart disease and diabetes.<sup>4</sup> Thus, maintaining proper oral health and hygiene is a critical component to overall health.

The percentage of adults in Hillsborough County who did not visit a dentist due to cost (18.5%) is similar to Florida’s (19.2%) and above the 50th percentile. Fluoridated water is available for 88.9% of the Hillsborough County population. This indicator is above the 50th percentile and the HP 2020 goal (79.6%). Adults in Hillsborough County are slightly less likely to have had their teeth cleaned in the past year (55.7%) compared to Florida (60.9%). Hillsborough County adults are as likely as all adults in Florida to visit the dentist (63.8% vs. 64.7%).

Table 26 – Oral Health Characteristics in Adults

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Did Not Visit a Dentist Due to Cost*	18.5%	▲	19.2%	N/A
Had Their Teeth Cleaned in the Past Year^	55.7%	N/A	60.9%	N/A
Visited a Dentist in the Past Year^	63.8%	N/A	64.7%	N/A
Population with Fluoridated Water^	88.9%	▲	N/A	79.6%

Sources: ONE BAY Healthy Communities; Florida CHARTS

\*2007

^2010

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<sup>4</sup> American Dental Hygienists Association. (2012). *Oral Health-Total Health: Know the Connection*. Retrieved from website: [http://www.adha.org/media/facts/total\\_health.htm](http://www.adha.org/media/facts/total_health.htm)

## Health Behaviors

The percentage of adults in Hillsborough County who consume at least five servings of fruits and vegetables a day (26.1%) is similar to Florida’s (26.2%) and above the 50th percentile.

In Hillsborough County, 19.7% of adults reported currently smoking. This indicator received the most favorable quartile rating but is substantially higher than the HP 2020 goal (12.0%).

Excessive drinking (heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion) was reported by 16.0% of Hillsborough County adults, which is between the 25th and 50th percentiles but substantially lower than the HP 2020 goal (25.3%).

Table 27 – Healthy Eating, Excessive Drinking and Smoking in Adults

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Fruit and Vegetable Consumption*	26.1%	▲	26.2%	N/A
Excessive Drinking^	16.0%	—	N/A	25.3%
Smoking^	19.7%	▲	N/A	12.0%

Sources: Florida CHARTS; ONE BAY Healthy Communities

\*2007

^2010

## Alcohol Abuse

Emergency room and hospitalization rates in Hillsborough County (19.9 per 10,000 adults and 8.7 per 10,000 adults, respectively) fall between the 25th and 50th percentile.

Table 28 – Alcohol Abuse Rates, 2009-11

	Hillsborough County	Quartile Rating
Emergency Room Rate	19.9	—
Hospitalization Rate	8.7	—

Source: ONE BAY Healthy Communities

Rates are per 10,000 adults

Unhealthy behaviors in the teen population are problematic because they are likely to carry over into adulthood. The longer the duration of an unhealthy behavior such as alcohol, substance or tobacco use, the higher the likelihood of developing an adverse health condition.

Of the selected unhealthy behaviors in Hillsborough County teens, methamphetamine use (1.0%) received the most favorable quartile rating. Methamphetamine use, reflective of Hillsborough County high school students who have ever used methamphetamines in their lifetime, is similar in all Florida teens (1.3%).

The percentage of Hillsborough County teens who smoked cigarettes at least once during the 30 days preceding the survey (12.9%) received the most favorable quartile rating and is lower than the HP 2020 goal (16.0%).

Binge drinking is defined as five or more drinks of alcohol in a row at least one time during the 30 days prior to the survey. In Hillsborough County, teen binge drinking (22.4%) is slightly higher than in Florida (19.6%) and ranks between the 25th and 50th percentiles.

Alcohol use reflects the percentage of high school students who had at least one drink of alcohol on at least one day during the 30 days preceding the survey. The percentage of teens that used alcohol in Hillsborough County (41.2%) is slightly higher than in Florida (38.0%) and falls between the 25th and 50th percentiles.

Marijuana use is defined as use on one or more occasions in the 30 days preceding the survey. In Hillsborough County, marijuana use among teens (21.9%) is slightly higher than in Florida (18.6%) and received the worst quartile rating.

Table 29 – Unhealthy Behaviors among Teens, 2010

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Binge Drinking	22.4%	—	19.6%	N/A
Methamphetamine Use	1.0%	▲	1.3%	N/A
Smoking	12.9%	▲	N/A	16.0%
Alcohol Use	41.2%	—	38.0%	N/A
Marijuana Use	21.9%	▼	18.6%	N/A

Sources: Florida CHARTS; ONE BAY Healthy Communities; FL Dept. of Children and Families



### Health Risk Factors

Obesity is defined as having a body mass index (BMI) greater than or equal to 30. In Hillsborough County, 25.3% of adults reported a BMI $\geq$ 30. This indicator received the most favorable quartile rating and is lower than the HP 2020 goal (30.6%).

Adults who do not participate in any leisure-time physical activities or exercise other than their regular job are considered sedentary. The percentage of sedentary adults in Hillsborough County (25.3%) received the most favorable quartile rating and is below the HP 2020 goal (32.6%).

Overweight is defined as a BMI between 25 and 29.9. In Hillsborough County, 39.4% of adults reported a BMI between 25 and 29.9, which is above the 50th percentile and the percentage for all Florida adults (37.8%).

The percentage of adults who engage in moderate physical activity for at least 30 minutes on five or more days per week in Hillsborough County (33.7%) is below the lowest percentile, but similar to Florida (34.6%).

Table 30 – Select Health Risk Factors in Adults

	Hillsborough County	Quartile Rating	Florida	Healthy People 2020 Goal
Obesity*	25.3%	▲	N/A	30.6%
Overweight*	39.4%	▼	37.8%	N/A
Sedentary Lifestyle^	25.3%	▲	N/A	32.6%
Moderate Physical Activity^	33.7%	▼	34.6%	N/A

Sources: Florida CHARTS; ONE BAY Healthy Communities

\*2010

^2007

Teen obesity reflects the percentage of high school students with a BMI at or above the 95th percentile. This indicator received the most favorable quartile rating and is similar in Hillsborough County (11.7%) and Florida (11.4%).

Low-income preschool obesity reflects children 2-4 years old who have a BMI-for-age above the 95th percentile and live in a household with an income less than 200% of the federal poverty level. In Hillsborough County, low-income preschool obesity (14.1%) is between the 25th and 50th percentiles.

Sufficient physical activity is defined as physical activity that makes you sweat or breathe hard for 20 minutes or more. The percentage of teens without sufficient physical activity in Hillsborough County (41.0%) is similar to Florida’s (39.1%) but received the worst quartile rating.

Table 31 – Select Health Risk Factors among Low-Income Preschool Children and Teens

	Hillsborough County	Quartile Rating	Florida
Low-income Preschool Obesity*	14.1%	—	N/A
Teens Who Are Obese^	11.7%	▲	11.4%
Teens Without Sufficient Physical Activity^	41.0%	▼	39.1%

Sources: Florida CHARTS; ONE BAY Healthy Communities

\*2008-2010

^2010

## Maternal and Child Health

The birth rate (13.7 per 1,000 population) in Hillsborough County is slightly higher than the Florida birth rate (11.4 per 1,000 population).

In Hillsborough County, teen births occur at a higher rate (16.6 per 1,000 population) compared to Florida (14.2 per 1,000 population).

Infant mortality is higher in Hillsborough County (8.6 per 1,000 live births) than in Florida (6.4 per 1,000 live births) and ranks between the 25th and 50th percentiles.

Table 32 – Birth Rates and Infant Mortality Rates, 2011

	Hillsborough County	Quartile Rating	Florida
Birth Rate	13.3	N/A	11.4
Teen Birth Rate	16.6	N/A	14.2
Infant Mortality Rate	8.6	—	6.4

Source: Florida CHARTS

Birth rates are per 1,000 population; Infant mortality rate is per 1,000 live births

Low birthweight is defined as less than 2,500 grams. The percentage of low birthweight in Hillsborough County (9.1%) ranks between the 25th and 50th percentiles and is slightly higher than the HP 2020 goal (7.8%).

Preterm births are those that occurred at less than 37 weeks of completed gestation. In Hillsborough County, the percentage of preterm births ranks between the 25th and 50th percentiles and is slightly higher than the HP 2020 goal (11.4%).

In Hillsborough County, 86.5% of mothers began prenatal care in the first trimester. This indicator is above the 50th percentile and the HP 2020 goal (77.9%).

Table 33 – Select Maternal and Child Health Indicators, 2010

	Hillsborough County	Quartile Rating	Healthy People 2020 Goal
Low Birthweight	9.1%	—	7.8%
Preterm Births	13.1%	—	11.4%
Mothers Who Received Early Prenatal Care	86.5%	▲	77.9%

Source: ONE BAY Healthy Communities

## Access to Care

Health insurance coverage (both public and private) is similar in Hillsborough County and Florida. There are also similar percentages of uninsured individuals in Hillsborough County and Florida.

Table 34 – Health Insurance Coverage, 2008-10

	Hillsborough County	Florida
Health Insurance Coverage	80.7%	<b>79.1%</b>
Private Insurance	62.8%	<b>61.1%</b>
Public Coverage	27.0%	<b>30.6%</b>
No Health Insurance Coverage	19.3%	<b>20.9%</b>
No Health Insurance Coverage (Children)	12.1%	<b>15.0%</b>

Source: Census - American Community Survey

## Market Research Data

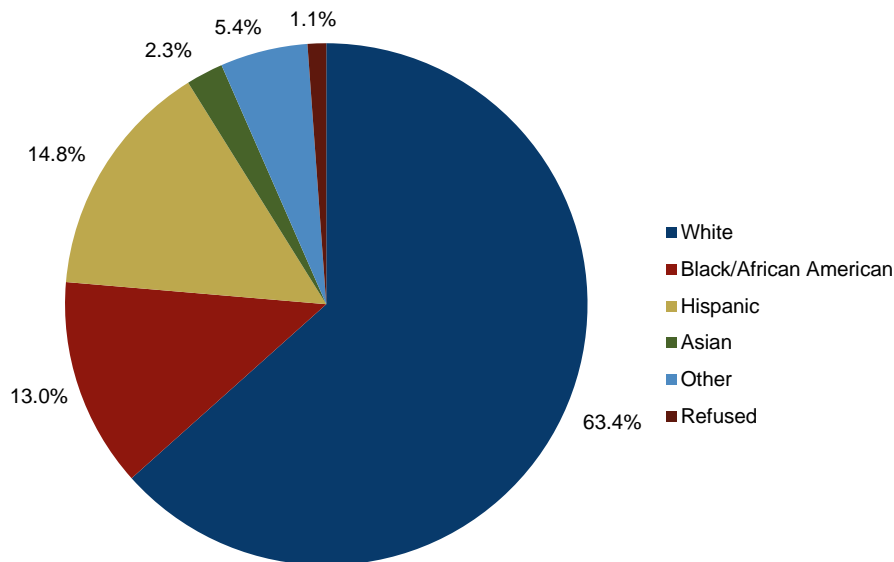
### Survey Methodology

Between July and December 2011, National Research Corporation sampled 610 households in the Tampa General Hospital service area utilizing a pre-tested, internet-based questionnaire. Respondents received internet invitations to complete the survey beginning the first of each month with returns completed by the 22nd. The respondent was the primary healthcare decision-maker of the household. The survey consisted of questions on demographics (i.e. gender, race, age, household income, etc.) and other healthcare variables such as preventive behaviors, chronic conditions, healthcare utilization and access to care. For the purpose of this assessment, we will focus on those variables that relate to personal health.

### Survey Demographics

The most common race among the survey respondents was white (63.4%), followed by Hispanic (14.8%), black/African American (13.0%), other (5.4%) and Asian (2.3%).

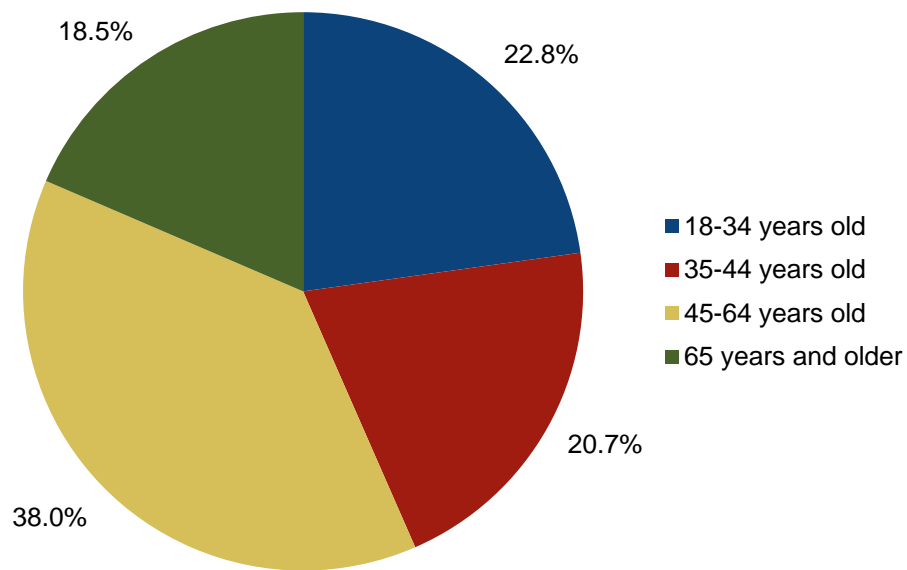
Figure 3 – Survey Respondent Race Composition



Source: National Research Corporation

The most common age range among survey participants was 45-64 (38.0%), followed by 18-34 (22.8%), 35-44 (20.7%) and 65 and older (18.5%).

Figure 4 – Survey Respondent Age Distribution



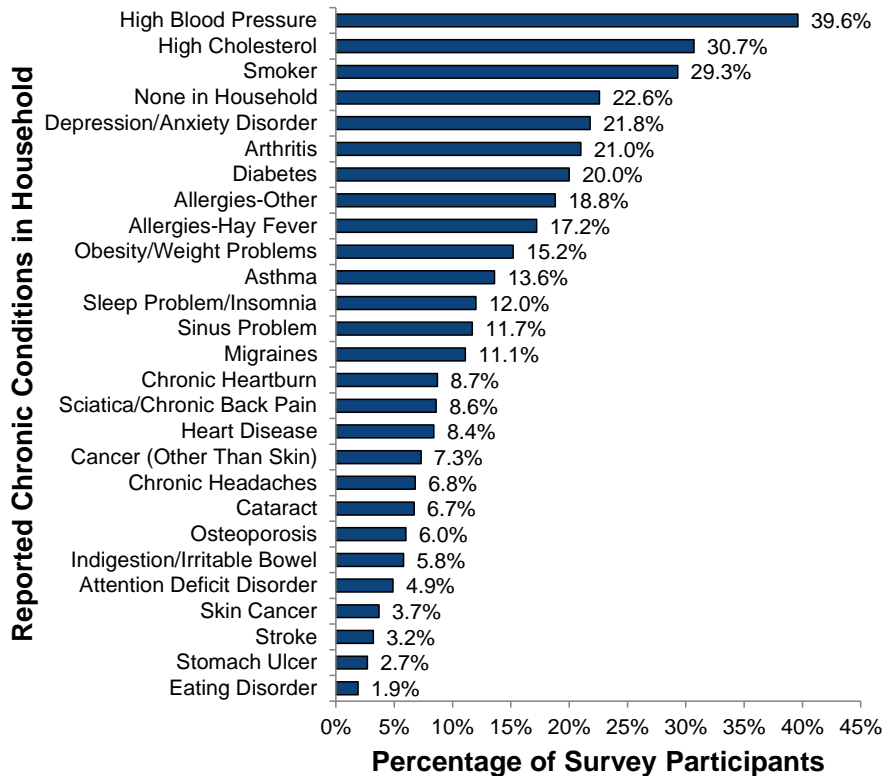
Source: National Research Corporation

## Chronic Conditions

Question - Has any household member been diagnosed as having any of the following health problems?

More than one-third (39.6%) of survey respondents reported high blood pressure in at least one household member. High cholesterol was reported by 30.7% of respondents and smoking by 29.3% of respondents. No chronic conditions were reported by 22.6% of participants. Approximately one in five respondents reported depression or anxiety disorders (21.8%), arthritis (21.0%) or diabetes (20.0%).

Figure 5 – Reported Chronic Conditions



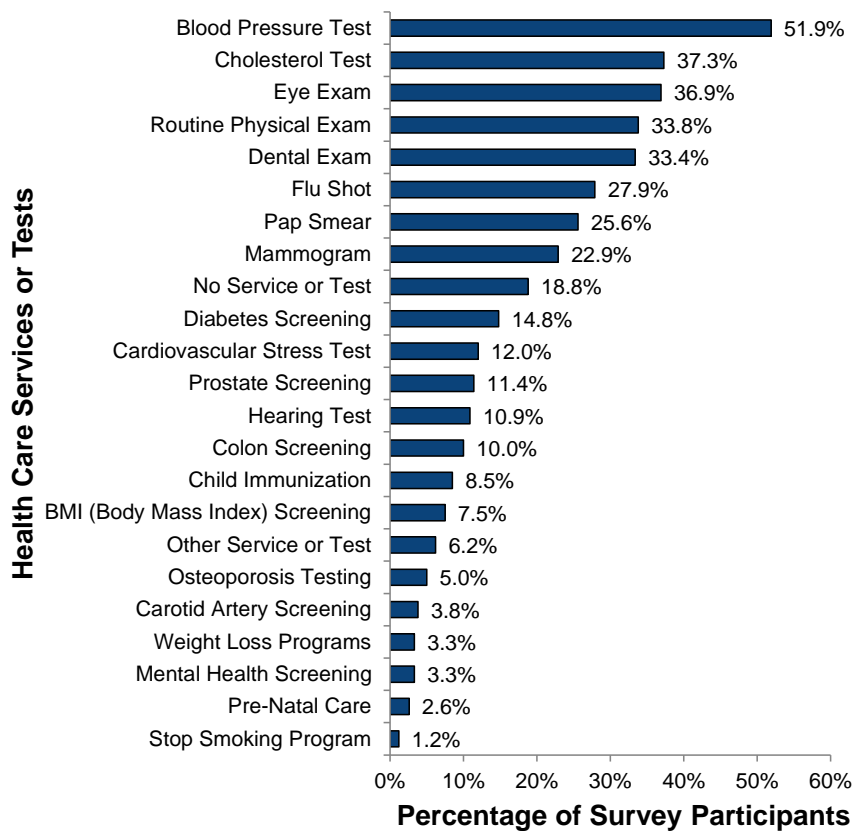
Source: National Research Corporation

## Preventive Health Behaviors

Question - Has any household member used or had any of the following healthcare services or tests in the last 12 months?

The most common preventive behavior among survey respondents is blood pressure testing (51.9%), followed by cholesterol testing (37.3%), eye exams (36.9%), routine physical exams (33.8%) and dental exams (33.4%).

Figure 6 – Reported Healthcare Service Utilization



Source: National Research Corporation



## Community Input

The interview and focus group data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is meant to gather input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health. It is meant to provide depth and richness to the quantitative data collected.

### Interview Methodology

Twenty interviews were conducted in-person when possible and via phone when necessary, based on the availability of the interviewee. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What assets or resources in the community are not being used to their full capacity?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What changes or trends in the community do you expect over the next five years?
- What other information can be provided about the community that has not already been discussed?

## Community Leader Interview Summary

The most commonly discussed health concerns among interviewees were cardiovascular disease, diabetes, dental health, mental health and overweight/obesity.

High cholesterol, hypertension, stroke and general heart disease were the topics discussed in relation to cardiovascular disease. African Americans, Hispanics and American Indians are the populations mentioned as those most affected by cardiovascular health concerns. The lack of physical activity was the most frequently discussed behavioral factor contributing to cardiovascular disease. Access was discussed in relation to lack of physical activity; while the climate is conducive to developing an outdoor exercise regimen, the built environment creates a barrier for many individuals to be active. Sidewalks are inconsistent, lighting is poor in some areas and there are limited safe options for bicyclists.

Dental health was the most frequently discussed concern, particularly as it relates to access and affordability. Many interviewees expressed that dental care is not covered by the majority of insurance plans, and the dental care available to the underinsured and uninsured is not preventive and mainly involves extractions. One individual stated that there is a large volume of dentists in the community, but they are difficult to access. A few dental resources in the community mentioned by interviewees include the Suncoast Mobile Dental Coach, a mobile full-service dental clinic serving the county, Tampa Family Health Centers and MORE HEALTH's school dental education program.

Diabetes was mentioned in multiple interviews, particularly in relation to support systems in the community and eye health. While support exists in the community, most often provided by nurses conducting group courses, it was expressed that diabetic support and education would be best utilized in venues that most community members frequent. Some of these venues included supermarkets, churches, malls and schools. One interviewee discussed the importance of vision screenings for diabetics, as co-occurring eye conditions often go untreated due to a lack of screening.

Mental health and the lack of specialists to address the needs of low-income populations were commonly discussed, particularly among physicians and health department interviewees. There are a very limited number of mental health specialists who provide services to those without insurance or with Medicare or Medicaid, and because of this the wait list is often too long for those with more emergent problems. A suggestion to help reduce the burden and increase access is to integrate behavioral health into acute care. The hope is that this will address developing mental health

conditions on the front end, as well as include a behavioral health component in medical home model clinics who take Medicare and Medicaid. Behavioral health support in schools and increased screening and treatment of behavioral conditions including ADHD in children was also expressed as a growing need in the county.

Overweight and obesity were discussed independently and in conjunction with chronic illnesses including diabetes and cardiovascular disease. Many people expressed that a poor diet was the most concerning of all risk factors contributing to this chronic illness. A lack of awareness about healthy dietary habits and inconsistencies in access to grocery stores and other produce resources (including farmer's markets) were the main barriers discussed. Children were the most commonly mentioned population affected by the obesity epidemic, particularly relating to the food served in schools. However, those who discussed school food options felt that Hillsborough County has made efforts to improve the types of food served.

One of the most valuable resources available to low-income individuals in the community is the Hillsborough County Health Care Plan (HCHCP). This plan is a healthcare trust fund supported by a half-cent sales tax which provides insurance for those adults who are eligible to participate. Almost all interviewees discussed the HCHCP and its importance in the community, stating that the vast network of providers participating in the plan allows a broad range of community members access to healthcare. Other resources providing primary care, cancer and chronic illness screening and other types of healthcare services include the Judeo-Christian Clinic, Redlands Christian Migrant Association, Suncoast Community Health Centers, Tampa Family Health Centers and various nurse and doctor associations that go into neighborhoods to provide screenings and education. Moffitt Cancer Center is also a valuable community resource, providing both women's and men's comprehensive cancer checkups, skin cancer and pap tests, in addition to connecting individuals living with cancer to support resources like the American Cancer Society. The wealth of academic institutions in the area also enhances the healthcare landscape of Hillsborough County. One example of this is the medical school at University of South Florida, which houses the Bridge Clinic, a student-run free clinic providing services ranging from medical to social work. The K-12 school district is also heavily supported in the community, with various healthcare organizations providing free immunizations and vision screenings. However, it should be noted that while immunization rates among children were not frequently discussed in interviews and focus groups, public health experts interviewed expressed that the decrease in children receiving required immunizations has corresponded with a rise in pertussis rates. Interviewees expressed that the reasoning behind this is

due to a distrust of vaccinations and perceived potential side effects, as well as perceived limited access to immunization resources among low-income populations.

The faith community was mentioned by multiple interviewees as having a strong presence in the community, particularly through healthcare ministries in predominantly African American churches like First Baptist and College Hill. Health resources, including screenings and education, are often provided on a regular basis through the healthcare ministries, while other outreach activities are done throughout the community. One outreach program is Pastors on Patrol, which works to promote screening and increase knowledge about HIV/AIDS in the community. Additionally, the Allegany Franciscan Ministries fund health initiatives like REACHUP, Inc. which provides maternal and child health services and support. The Tampa Bay Partnership Regional Research and Education Foundation, which conducts research in the Tampa Bay region, focuses on enhancing the health and quality of life of community residents.

### Focus Groups

Focus groups were conducted to allow participants to provide information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved. Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group. The requested information included:

- Gender
- Age
- ZIP Code
- Ethnicity
- Race
- Education Level
- Employment Status
- Household Income
- Health Insurance Status

Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature. All

participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback.

A focus group session required approximately two hours to complete and followed this agenda:

- Session Opening – 15 Minutes
  - Introductions
  - Explanation of the purpose of the focus group
  - Overview of the rules governing the session
- Nominal Group Technique was utilized to identify priority health needs in the community. The Nominal Group Technique process is as follows:
  - Participants are instructed to separately write on a piece of paper their top 3 perceived health concerns within the community
  - Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted
  - Participants instruct the facilitator on which like items, if any, they would like to combine
  - Participants are instructed to separately rank the items most important (3) to least important (1)
  - Each member calls out round robin style their 3's, then 2's and so on until all ranked items have been exhausted and recorded
  - The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on
- After this process has been completed, a discussion is facilitated about the results of the process. Examples of these questions include:
  - Was there anything that surprised you?
  - Why do you feel these are the top health concerns?
  - How do you feel these needs could be addressed in the community?
- Session Conclusion – 15 minutes
  - Summary of findings
  - Closing discussion
  - Distribution of incentives for participation

## Data Analysis

The collected qualitative data was analyzed using Dedoose software utilizing a thematic approach. These themes and the resulting analysis, combined with quantitative data, served as the foundation of the CHNA, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.

## Summary

Four focus groups were conducted at Tampa General Hospital's Community Health Education Center over a two-week time span in January 2013. Focus groups consisted of 34 adult community members ranging from ages 20 to 72. Focus group participants' education levels ranged from high school graduate to graduate school or higher, with the majority being unemployed or retired. The majority of participants were uninsured, and seven participants reported having Medicaid or Medicare; only two participants had private insurance. Target populations that best represent the landscape of Hillsborough County were recruited through a cold call process; African American, 65 and over, Hispanic and parents of school-aged children were included.

## African American Focus Group

The most common health concerns expressed by focus group participants were dental health, age related issues and nutrition. All individuals mentioned the lack of dental care accessibility in the county. The cost of dental care was the main concern of accessibility; dental insurance is expensive, and the copays with many insurance policies are costly. Some community clinics like Tampa Family Health Center offer dental care services, but they are limited and often do not include referrals if extensive work is needed. One focus group member expressed a need for dental care, stating that they had not been to a dentist for over ten years. The work needed on their teeth was too expensive so it is being left untreated, and because it has been left untreated they are experiencing discomfort and other physical symptoms.

When discussing age-related issues, individuals discussed the general distrust of the older population in relation to medical professionals. A suggestion to combat this was for family members, if available, to assist the aged when receiving medical care so that they were better able to understand the information being relayed. Additionally, enhancing long-term senior care and the rise in senior STI rates were discussed. Focus group participants mentioned that this age group is not

adequately educated on the consequences of unprotected sex, and that an emphasis in areas of the community with higher concentrations of seniors would be beneficial.

Nutrition education in the community was agreed upon as a topic of importance among African Americans in the community, particularly in those in lower SES populations. One individual discussed that many people, including those receiving financial assistance in the form of food stamps, are unaware of how to eat healthy on a budget, and often do not know where to access produce and other healthy food items. A resource mentioned in the Sulphur Springs area is The Harvest Garden Education Center, sponsored in part by various entities including the YMCA and Blue Cross Blue Shield. This initiative seeks to educate those in the neighborhood about healthy eating habits, and will be introducing an urban fresh market.

The topic most discussed in the focus group was prevention, particularly as it relates to health education and outreach. Focus group members felt that concentrating on preventive measures would be a cost-effective upstream approach to combating many of the illnesses those in the community are faced with. Some individuals felt the best way to reach African American community members was through the church, along with community centers and senior centers as these are utilized by many individuals in this demographic. Male-focused outreach and regular doctor appointments for routine physicals were suggested as ways to encourage more men to be screened for prostate cancer. The central idea surrounding all suggestions was that they should be done in the communities where people most at risk live, making preventive services easier to access, both physically and financially. Participants stated that using preventive services is expensive, with or without insurance, and this is the main barrier to accessing them. Colonoscopies, mammograms and blood tests for cardiovascular issues and diabetes were among the services deemed most expensive. Enhancing free and reduced-cost screenings in the community, in addition to expanding marketing efforts to educate people about the available affordable services, were some suggestions mentioned to increase preventive service and general healthcare service utilization among the African American population in Hillsborough County.

### **Sixty-five and Older Focus Group**

Mental health was the most prevalent illness-specific point of discussion among the 65 and older focus group participants, particularly in relation to lack of resources. All participants stated that they only knew of one crisis center in the community where people could go if they needed immediate assistance. The population most in need was young people; stressors in the modern age were

discussed by participants as being the most common reason cited as to why this age group needs to be targeted.

The conversation mostly centered on insurance and accessing care as an older individual. Some younger participants in the group expressed a need for resources to assist those enrolling for Medicare; information is difficult to understand and assistance is often hard to find or access. For example, one participant stated that the information packet was not friendly to the layperson, while another felt that the hotline available was always busy and they could not get through. Participants felt that having in-person information sessions would be the most effective way to learn about Medicare.

Another access issue discussed involved medication. One participant discussed their experience reaching a cap on medication assistance; this individual did not know they had reached a cap. The pharmaceutical company providing the medication was able to assist in the matter, but multiple participants felt that the physicians should be educating patients on the front end about affordable medication options and Medicare caps on prescriptions.

Preventive services were also discussed at length in this focus group, relating to the need for older individuals to be screened for breast and colon cancer as well as other illnesses. However, the monetary and emotional cost of utilizing preventive services was a concern of many individuals. Multiple participants stated that one fear in being screened is that the test will show that the individual is ill. When this happens, people are unsure of where to go and how they will afford treatment, and physician referrals do not always make this a smooth process. Individuals often leave these appointments unsure of the next step in the process of treating their illness; as a result, many do nothing. One participant stated that they would rather let their condition go undiscovered than not be able to afford treatment.

### **Hispanic Focus Group**

Healthcare access, health education, prevention and illness support groups were the most frequently discussed topics. Participants discussed lack of healthcare access particularly for those between the ages of 20-65; it was stated that there are a multitude of resources in the community for young children and older individuals, but that finding affordable services is difficult for those in between. Much of this was due to a lack of affordable insurance options for people in this age range. Another contributing factor to the lack of access is knowledge about existing resources; Tampa Family



Medical Center was mentioned as a resource providing medical home model free and sliding scale care. Even if community members are aware that resources exist, they do not always know details that would encourage them to receive care. These details include walk-in availability, insurance policies and whether or not free or sliding scale options are offered. The main suggestion given by participants was to increase community outreach education, especially in those populations most at need, about the locations, affordability and insurance options of services at these facilities.

Another issue discussed related to access was insurance. Many people are unaware of what services are covered under Medicaid and Medicare, and often physicians will only cover certain services; some will not cover any at all. Participants discussed the confusion and frustration they feel when trying to find a doctor in the area because there is no readily available public resource to access for finding out which physicians take certain types of insurance, Medicare and Medicaid, or if they are accepting new patients.

Focus group participants felt health education, particularly about screenings and other types of preventive measures, would be beneficial in the community. Individuals discussed the benefits of educating people about various screenings like mammograms and colonoscopies. Participants feel that understanding the reasons why these are needed, particularly for those with family histories, would increase the likelihood that they would be screened. Additionally, emphasis was given to patient education prior to routine examinations and upon diagnoses. One individual stated that it is not beneficial for a patient when they are given medication but not given in-depth information about the medication, including its potential side effects. Some participants suggested workshops, and acknowledged that they have seen advertisements in the newspaper and other media outlets for education seminars through TGH, but felt that either the times were not good (many were during the day) or that they were only offered in English. Preventive health education suggestions included school-based nutrition for children and intergenerational health education for seniors and their family members.

Support for those dealing with various illnesses like cancer, diabetes and cardiovascular disease was an important issue for many focus group members. One concern among all participants was that there are not options for Spanish-speaking individuals, and that those who cannot speak English miss out on these opportunities. Suggestions made by participants to improve patient support include continuing education for physicians and other healthcare professionals in cultural competency and health education and enhancing multilingual support group options.

## Parent Focus Group

Healthcare access and affordability was the most commonly discussed topic in the parent focus group. Cost of insurance was a main topic of discussion, and many individuals expressed that it is difficult to afford insurance on top of regular expenses. This creates a barrier to accessing healthcare services when it is needed for both low-income and middle class individuals because of the fear that add to the large expense already being spent on insurance. One individual expressed that while she makes a good living, her insurance policy was so expensive that she had to cancel it and put her children on government sponsored insurance, while she went without coverage. Medication affordability was also mentioned; while there are more affordable generic medications available, there is a lack of awareness about this in the general public.

Another component to access that was discussed was transportation. The mass transit system is considered unreliable, some focus group members felt that mobile health services would be the best way to increase utilization of preventive healthcare and education. Mobile healthcare services would also help to mitigate transportation issues. Health fairs and outreach in neighborhoods, apartment complexes and faith-based organizations were also suggested as ways to reach populations that have transportation difficulties. Bringing farmers markets into these venues in collaboration with those conducting health fairs was also mentioned as a way to improve access to fresh fruits and vegetables in low-income populations.

Mental health in children, particularly as it relates to behavioral concerns including ADHD, was also a main topic of discussion. Education about ADD and ADHD in the general public as well as in schools was a need multiple focus group members mentioned, as it would bring awareness and reduce stigma. Nutrition education was also suggested as a way to improve the mental health of children; targeting low-income populations was emphasized. Healthy eating habits were also cited as a contributor to poor general health in children of low-income populations, and focus group members felt that parents are the gatekeepers into behavior change. Other suggestions to improve eating habits in children is bringing in healthier meal options in school federal lunch programs, as well as a nutrition component in food supplement enrollment education from trained social workers.

Sexual health was also a topic of importance among focus group members, particularly relating to general sex education in the African American population. The teen pregnancy rate in this population is felt to partially be caused by young women being afraid to ask men to wear protection, and young men not being educated about the benefits of wearing protection. One suggestion mentioned to

increase the use of condoms to prevent teen pregnancy and STIs was self-empowerment as a component to sex education curriculum, as this would encourage respect among sexual partners for both the partner as well as themselves. Additionally, an increase in awareness and reduction in stigma about HIV screenings was discussed, as it was stated that many people do not utilize screening services because they are afraid they will be told they are HIV positive and that it is not considered socially acceptable in young adults.

## Health Needs Prioritization

### Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify those health needs perceived by the community as important, and consequently to assess the comprehensiveness of TGH's strategies in addressing these needs. For the purpose of identifying health needs for TGH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. With this in mind, a modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture all health needs from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability. While many health needs were included in the primary and secondary data, only the needs receiving a "high" or "medium" ranking were selected as priorities to be addressed by Tampa General.

An exhaustive list of health needs was compiled based on the health profile, interviews and focus group data. From this list of health concerns, larger categories were created. For example, conditions such as high cholesterol and hypertension are included in the cardiovascular disease category. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable.

The eight health priorities on this list include asthma, cancer, cardiovascular disease, communicable disease, diabetes, healthcare access and affordability, mental health and overweight/obesity. For the sake of continuity, the health priorities are ordered alphabetically. For information regarding percentiles, refer to page 9.

### Asthma

- Emergency room rates due to total asthma, adult asthma and pediatric asthma are all between the 25th and 50th percentiles.
- The hospitalization rate due to adult asthma falls below the 25th percentile.
- Hospitalization rates due to total asthma and pediatric asthma are between the 25th and 50th percentiles.

## Cancer

- Cancer is the second leading cause of death in Hillsborough County, and the mortality rate is higher than the state rate.
- Breast, colorectal and lung cancer mortality rates are all higher in Hillsborough County than in the Healthy People 2020 Goals.
- Focus group members discussed cancer as a community health concern, primarily in the context of support services.

## Cardiovascular Disease

Included in the cardiovascular disease category are heart disease mortality, high cholesterol and smoking as it contributes to an increased risk for cardiovascular disease.

- Heart disease is the leading cause of death in Hillsborough County, with a mortality rate higher than Florida's.
- Hillsborough County's coronary heart disease death rate is higher than the Healthy People 2020 Goal and ranks between the 25th and 50th percentiles.
- The percentage of adults in Hillsborough County who reported high cholesterol is nearly three times the Healthy People 2020 Goal and ranks between the 25th and 50th percentiles.
- The percentage of Hillsborough County adults who reported smoking is substantially higher than the Healthy People 2020 Goal.
- Interviewees commonly discussed high cholesterol, hypertension, stroke and general heart disease.
- When discussing behavioral factors contributing to cardiovascular disease, interviewees discussed the lack of physical activity in community members most frequently
- Focus group members discussed cardiovascular disease as a community health concern, primarily in the context of social support services and preventive service affordability.

## Communicable Disease

Included in the communicable disease category are tuberculosis, influenza, pneumonia and immunization rates.

- The tuberculosis incidence rate in Hillsborough County is more than seven times the Healthy People 2020 Goal and ranks below the 25th percentile.

- Reported rates of chlamydia, gonorrhea and infectious syphilis in Hillsborough County are substantially higher than the rates in Florida.
- The hospitalization rate for immunization-preventable pneumonia and influenza in Hillsborough County ranks below the 25th percentile.
- In Hillsborough County, the percentage of adults aged 65 and older who received influenza vaccinations is substantially lower than the Healthy People 2020 Goal and ranks between the 25th and 50th percentiles.
- The percentage of kindergartners with required immunizations in Hillsborough County ranks below the 25th percentile.
- Members of the African American focus group discussed a rise in STI rates among older adults.
- Interviewees discussed decreased rates of immunizations among children, citing distrust of vaccinations and perceived side effects and perceived limited access to immunization resources for low-income populations.

## Diabetes

- Diabetes is the seventh leading cause of death in Hillsborough County, with a mortality rate substantially higher than Florida's.
- The percentage of adults with diagnosed diabetes in Hillsborough County is higher than Florida's and ranks between the 25th and 50th percentiles.
- Emergency room rates due to general diabetes and uncontrolled diabetes in Hillsborough County rank between the 25th and 50th percentiles.
- Hospitalization rates due to general diabetes, long-term complications, short-term complications and uncontrolled diabetes in Hillsborough County rank between the 25th and 50th percentiles.
- Multiple interviewees discussed diabetes as a health concern, particularly in relation to social support services and eye health.
- Focus group members discussed diabetes as a community health concern, primarily in the context of support services.

## Healthcare Access and Affordability

- Interviewees discussed a lack of preventive dental services for the uninsured and underinsured.

- Lack of access to dental care services, primarily due to cost, was commonly discussed in the African American focus group.
- Barriers discussed by focus group members included issues with insurance, accessing care and navigating the healthcare system.
- Individuals in the 65 and older focus group expressed a need for resources that offer more affordable medications as well as insurance education opportunities focusing on enrollment, copays and deductibles, and services coverage, particularly under Medicare.
- Education about and access to preventive services and screenings were common themes in all focus groups.

### Mental Health

- Multiple interviewees discussed a lack of specialists available to address the mental health needs of low-income populations.
- Support and treatment services for children with mental health conditions were also discussed by interviewees.
- Among participants in the 65 and older focus group, mental health was discussed most frequently, particularly in relation to a lack of resources.

### Obesity/Overweight

According to the World Health Organization, obesity (BMI $\geq$ 30) and overweight (BMI=25-29.9) refer to abnormal or excessive fat accumulation. Data related to nutrition and physical activity is also included in this category.

- The percentage of adults who reported being overweight in Hillsborough County is higher than Florida's percentage and ranks below the 25th percentile.
- Adults in Hillsborough County are less likely to report moderate physical activity compared to all Florida adults.
- The percentage of teens without sufficient physical activity in Hillsborough County is higher than that of all teens in Florida and ranks below the lowest percentile.
- Interviewees discussed overweight/obesity as a consequence of poor dietary habits and as a risk factor for cardiovascular disease and diabetes. The population felt to be most affected by overweight/obesity was children.
- African American focus group members discussed a need for nutrition education, particularly among individuals of lower SES.

## Community Resources

The following is an overview of programs in the community that work to address the priority health needs identified. An extensive search of existing organizations in the community was conducted, and while the majority of the programs discussed are either sponsored or provided by Tampa General Hospital, a brief summary of relevant community programming is provided.

### Asthma

The Tampa General Community Health Education Center (CHEC) has two programs addressing asthma. Emergency Department and Tampa General Medical Group physicians are trained to identify asthma-related issues and concerns. The Tampa Bay Asthma Coalition is a collaborative focused on enhancing the quality of life of those with asthma through education and outreach. It should be noted that there were minimal resources identified to meet the needs of those living with asthma in Hillsborough County.

### Cancer

CHEC has multiple programs addressing cancer and related concerns. These programs address prostate cancer, HPV, liver cancer and healthy eating while living with chronic conditions. In addition to this programming, Tampa General Hospital is also involved with local screening and health education events including Men's Health Forum, which is done in partnership with Moffitt Cancer Center. The hospital provides various screenings and health education resources during this event. The Tampa General Medical Group emphasizes educating women ages 50-74 and those at high risk about the importance of breast cancer screening through in-office counsel and mail reminders.

Moffitt Cancer Center, a National Cancer Institute Comprehensive Cancer Center, also provides resources focusing on the prevention and treatment of cancer. Additionally, other healthcare providers, clinics and Federally Qualified Health Centers (FQHCs) including Tampa Family Health Centers, Suncoast Community Health Centers and American Cancer Society offer screening and support services to both the general and low-income populations in the community.



## **Cardiovascular Disease**

Nine programs address cardiovascular disease or risk factors including smoking, physical inactivity, nutrition and obesity. Cardiovascular illnesses addressed include hypertension, heart attack and stroke. The Community Health Education Center also provides blood pressure screenings in the community, places of employment and at their South Tampa location. The hospital also supports More Health, Inc., a nonprofit health education organization with a focus on child and adolescent health. More Health, Inc. promotes healthy lifestyle habits in schools and throughout the community. Topics focused on in schools include dental health, nutrition and physical activity.

The American Heart Association provides awareness and support services to the community. The local FQHCs provide prevention, screening and treatment options for low-income community members. The YMCA promotes the reduction of cardiovascular disease risk factors including poor eating habits and physical inactivity. Through a network of organizations and individuals headed by the YMCA working to improve the health of children and adolescents in the community, Creating a Healthier Sulphur Springs for Kids promote building a healthier Sulphur Springs neighborhood.

## **Communicable Disease**

The CHEC has four programs to address communicable disease. Programming topics include sexually transmitted infections and childhood immunization. The hospital conducts a Back to School Immunization Event, which ensures children receive immunizations required to start school. Tampa General Hospital Infectious Disease Services in the hospital oversees a hand hygiene program which emphasizes the importance of hand-washing in keeping down hospital acquired infection rates among patients. Additionally, the CHEC and More Health, Inc. provide sexual health programming for both parents and adults.

The Hillsborough County Health Department provides immunization, STD and tuberculosis (TB) services in the community. These services include screenings, HIV/AIDS and STD counseling and preventive therapies for those exposed to infectious TB cases. The AIDS Drug Assistance Program (ADAP), housed within the health department, provides financial assistance for those unable to afford HIV prescription medications. The AIDS Institute promotes social change through its research, advocacy and education. The West Central Florida Ryan White Care Council evaluates HIV/AIDS services in the greater Tampa Bay area to ensure they are effectively working to improve the quality of life of those living with HIV/AIDS and those around them.

## Diabetes

There are nine programs conducted by TGH to address diabetes and related concerns. The hospital provides a nationally recognized diabetes self-management program in addition to programming addressing nutrition, physical activity and other lifestyle factors contributing to the development of diabetes. The CHEC also provides health education and screening events including glucose testing. The hospital also employs diabetic educators through both its medical group and the main medical center.

The YMCA provides a one-year diabetes prevention program to those with pre-diabetes. The program focuses on nutrition, physical activity and behavior modification to help individuals reduce their body weight and develop a physical activity routine. The University of South Florida also has a diabetes center providing education and clinical care for adults, teens and children diagnosed with diabetes.

## Healthcare Access and Affordability

Through a collaboration with West Coast Area Agency on Aging, TGH works to provide Medicare education and information to those already enrolled and individuals prior to enrollment. This programs seeks to inform individuals about the choices available within Medicare and which might be best for them. Some medical group physicians provide a resource directory to patients to educate them about services available in the community. Additionally, the TGH health system is expanding its family medical centers to areas throughout the community, with new locations opening in Riverview and Sun City.

Hillsborough County Aging Services provides support services for those sixty and older who are functionally impaired. These resources include case management services that work to identify a plan to address concerns in addition to providing ongoing support while following the plan. The Department of Elder Affairs administers the SHINE (Serving Health Insurance Needs of Elders) program in Hillsborough County, which provides informational support for those seeking health insurance counseling. SHINE provides presentations at various sites throughout the community multiple times a month.

## Mental Health

Tampa General Hospital has a 22-bed acute behavioral health unit. This unit addresses needs identified as those requiring immediate care; included in this category are bipolar disorder, schizophrenia and anxiety disorders. Mental Health Care, Inc. provides comprehensive behavioral health services through resources including but not limited to crisis centers, a child guidance center

and various outpatient and inpatient programs. Mental Health Care, Inc. also provides homeless assistance for those living with a mental illness. DACCO is one of Florida's largest community-based providers of behavioral health services. These services address substance abuse and mental health issues through both outpatient and inpatient services.

## CHNA Implementation Strategy

### Requirements

The Patient Protection and Affordable Care Act requires not-for-profit hospital organizations to develop an Implementation Strategy to address the priority health needs identified in the CHNA. As required by the Treasury Department (“Treasury”) and the Internal Revenue Service (IRS), this Implementation Strategy includes the following:

- A description of how the hospital facility plans to meet the health needs identified;
- Internal or external resources identified as either existing or potential partners to address a health need; and,
- The anticipated impact of programming or resources on each health need.

### Implementation Strategy Development

Tampa General Hospital intends to work towards meeting all significant health needs identified; these needs are listed below:

- Asthma
- Cancer
- Cardiovascular disease
- Communicable disease
- Diabetes
- Healthcare access and affordability
- Mental health
- Overweight/Obesity

The Implementation Strategy was designed following a thorough review of clinical and public health resources for “best practices.” These practices address priority health needs identified in the CHNA, and support Tampa General Hospital’s contribution to community health program planning and implementation while keeping in mind the hospital’s capacity to do so. The goals and corresponding action plans within the Implementation Strategy acknowledge the diverse nature of community stakeholders while aligning Tampa General Hospital’s goals and action plans with local, state and national benchmarks and input where applicable. Some of these benchmarks include the 2012–2015 Florida State Health Improvement Plan and Healthy People 2020. The goals developed identify the impact Tampa General Hospital anticipates its efforts having on the community, whether independently or through collaborations with other service providers. Tampa General Hospital plans to track its progress towards meeting the Implementation Strategy goals over the three-year duration

between the current CHNA and the next required CHNA through process and outcome evaluation measures identified in the Implementation Strategy chart. It should be noted that Tampa General Hospital currently provides over fifty educational outreach programs throughout the year, in addition to corporate screenings, health fairs and community health screenings.

The following charts illustrate the key components of the strategies Tampa General Hospital will employ in addressing the priority health needs identified.

### Implementation Plan

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Asthma	ED patients presenting with asthma who do not have an established medical home	Assess capacity to implement asthma-related ED admission reduction programming	Investigate program options and collaborate with ED physicians to develop strategic plan		Emergency Department physicians	2015
Asthma	Community members diagnosed with asthma and family members	Increase the health and well-being of those living with asthma and their family members	Provide a support group for those living with asthma and their families		TGH Community Health Education Center	2015
Asthma	Community members at high risk for developing asthma	Increase knowledge of risk factor avoidance and reduction strategies among community members at high risk for asthma	Provide asthma workshop twice a month in the community		TGH Community Health Education Center, Respiratory Department	2014

<b>Community Health Need</b>	<b>Target Population</b>	<b>Goal</b>	<b>Action Plan</b>	<b>Existing Partners</b>	<b>Potential Partners</b>	<b>Time Frame</b>
Asthma	Tampa General Medical Group (TGMG) primary care patients with diagnosed asthma	Promote use of evidence-based guidelines to manage asthma	Increase the percentage of adults with asthma who received written asthma management plans from their healthcare provider		TGMG healthcare providers	2015
Asthma	Hillsborough County School children	Assess feasibility of implementing asthma curriculum in Hillsborough County Schools	Evaluate Open Airways for Schools Asthma Education curriculum for school children	More Health, Inc.		2014
Asthma	Community members	Increase the number of community members who receive education about their asthma condition	Continue to provide health education and outreach pertaining to asthma management in the community	TGH Community Health Education Center		Ongoing
Cancer	Community members and employees aged 40 to 75	Increase colorectal cancer screening rates among older adults	Offer FIT colorectal cancer screenings at various locations		TGMG, Men's Health Forum, United Community Church College	2013

Community Health Need	Target Population	Goal	Action Plan	Existing Partners	Potential Partners	Time Frame
Cancer	Female TGMG patients aged 50 to 74	Increase the percentage of women who receive a breast cancer screening based on the most recent guidelines by 2%	Maintain office mailings and physician efforts to educate women in the recommended age group to receive mammograms		TGMG	2016
Cancer	Community members	Promote cancer prevention, outreach and screening awareness and education among community members	Continue to provide health education and screening outreach pertaining to risk factors and various types of cancer in the community	TGH Community Health Education Center		Ongoing
Cardiovascular Disease	Community members	Increase the proportion of adults who have had their blood pressure measured within the last two years and can state whether their blood pressure was normal or high	Increase community outreach efforts that include screenings with subsequent referral when necessary		USF	Ongoing

<b>Community Health Need</b>	<b>Target Population</b>	<b>Goal</b>	<b>Action Plan</b>	<b>Existing Partners</b>	<b>Potential Partners</b>	<b>Time Frame</b>
Cardiovascular Disease	Community members	Promote cardiovascular disease prevention, outreach and screening awareness and education among community members	Continue to provide health education and outreach pertaining to nutrition, physical activity and healthy lifestyle habits in the community	TGH Community Health Education Center		Ongoing
Communicable Disease	TGH hospital staff members	Increase compliance with hand hygiene among hospital staff members	Maintain hospital-wide hand hygiene campaign		Tampa General Infection Control	2013
Communicable Disease	Community members	Increase the number of community members who are vaccinated annually against seasonal influenza	Organize annual flu shot drive in various locations throughout the community		Hillsborough County Health Department	2013
Communicable Disease	Community members	Promote communicable disease prevention, outreach and screening awareness and education among community members	Continue to provide health education and screening outreach pertaining to communicable disease including flu and sexually transmitted infections in the community			Ongoing



<b>Community Health Need</b>	<b>Target Population</b>	<b>Goal</b>	<b>Action Plan</b>	<b>Existing Partners</b>	<b>Potential Partners</b>	<b>Time Frame</b>
Diabetes	TGH hospital staff, TGMG patients and community members	Increase prevention behaviors in persons at high risk for diabetes with prediabetes	Implement the National Diabetes Prevention Program among prediabetic employees, TGMG patients and community members		TGMG and TGH staff	2014
Diabetes	TGMG patients with diagnosed diabetes	Increase the proportion of TGMG patients with diagnosed diabetes who receive formal diabetes education	Enhance physician efforts to encourage diabetic patients to utilize the hospital's Diabetes Self-Management Education Program		TGH Community Health Education Center, TGMG providers	Ongoing
Diabetes	At-risk community members	Increase the proportion of at-risk adults who have had a glucose screening	Maintain community outreach efforts that include glucose screenings		USF, community health fair partners, community employee wellness partners	Ongoing
Diabetes	Community members	Promote diabetes prevention, outreach and screening awareness and education among community members	Maintain educational and screening outreach in the community		TGH Community Education Center	Ongoing

<b>Community Health Need</b>	<b>Target Population</b>	<b>Goal</b>	<b>Action Plan</b>	<b>Existing Partners</b>	<b>Potential Partners</b>	<b>Time Frame</b>
Healthcare Access and Availability	Community members	Increase knowledge of eligibility requirements for Affordable Care Act health insurance exchange and Medicaid expansion	Establish intervention to educate community members about insurance eligibility under the Affordable Care Act		TGH Community Health Education Center, Health Care for Florida Now	2013
Healthcare Access and Availability	Community members	Increase access to primary care for community members	Establish new medical home locations throughout Hillsborough County			2014
Healthcare Access and Availability	Community members aged 60 and over	Increase knowledge of Medicare options in adults aged 60 and over	Establish community outreach program during National Medicare Education Week		West Coast Area on Aging	2013
Mental Health	Community members	Provide the community with ongoing education and consultations on topics related to mental health	Maintain community consultations and education on topics pertaining to stress, depression, mental wellbeing and memory loss		TGH Community Health Education Center	Ongoing

<b>Community Health Need</b>	<b>Target Population</b>	<b>Goal</b>	<b>Action Plan</b>	<b>Existing Partners</b>	<b>Potential Partners</b>	<b>Time Frame</b>
Overweight/ Obesity	Adult community members and TGH employees	Increase the proportion of adults who are at a healthy weight	Maintain offering evidence-based health education classes targeting nutrition and physical activity		TGH Community Health Education Center, TGH Dieticians, TGH Bariatric Center	Ongoing
Overweight/ Obesity	Community members	Increase the proportion of community members who are at a healthy weight	Sponsor the implementation of Find the Fun, a web-based program designed to provide physical activity and nutrition information specific to the local area			2014
Overweight/ Obesity	Community school-aged children (5-18)	Prevent inappropriate weight gain in children and adolescents	Enhance community-based program efforts focused on healthy eating habits and physical activity	More Health, Inc., YMCA		Ongoing
Overweight/ Obesity	Community members	Promote overweight/obesity prevention, outreach and screening awareness and education among community members	Maintain educational outreach in the community		TGH Health Education Center	Ongoing

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## Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For nearly 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs, Ph.Ds., and others with medical and clinical backgrounds;
- Degrees that include Masters of Business Administration, Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration; and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA) and the National Association of Certified Valuation Analysts (NACVA).

## Appendix B: Community Leader Interviewees

Interviewee	Title/Organization	Area(s) Represented
Adwale Troutman	Executive Director, Public Health Practice and Leadership, Florida Covering Kids and Families	Public Health Expert
Anne Maynard	Program Director, USF Area Health Education Center	Public Health Expert
Carlos Mercado	STD Program Manager, Hillsborough County Health Department	Public Health Expert
Chloe Cooney	Founder, Corporation to Develop Communities of Tampa, Inc.	African American Community Representative
Donna Peterson	Dean, College of Public Health, University of South Florida	Public Health Expert
Douglas Holt	Director, Hillsborough County Health Department	Public Health Expert
Joyce Thomas	Physician, TGH Family Care Center	Hospital Staff
Leslie "Les" Miller, Jr.	County Commissioner, District 3, Hillsborough County	Government Official
Margaret Ewen	Senior Human Resources Manager, Immunizations/Refugee	Public Health Expert
Margarita Cancio	Physician, Infectious Disease Associates of Tampa Bay	Hospital Staff
Sally Houston	Chief Medical Officer, Tampa General Hospital	Hospital Administration
Deborah Austin	Communication and Community Outreach Director, Central Hillsborough Healthy Start Project, REACHUP, Inc.	Medically Underserved Community Organization Representative
Luis Lopez	Past President, Hispanic Alliance of Tampa Bay; Director, Moffit Cancer Center Hispanic Advisory Board	Hispanic Community Representative
Amy Petrila	Director of Programs and Outreach, Children's Board of Hillsborough County	Community Health Organization Representative
Maureen Chiodini	Associate Vice President of Membership and Programs, Tampa Metropolitan Area YMCA	Community Health Organization Representative
Maria Russ	Supervisor, School Health Services, Hillsborough County Public Schools	Public Health Expert

Name	Title and Organization	Area(s) Represented
Mary Lynn Ulrey	CEO, DACCO	Community Health Organization Representative
Mindy Murphy	CEO, The Spring of Tampa Bay	Community Health Organization Representative
Bradley Herremans	CEO, Suncoast Community Health Centers, Inc.	Medically Underserved Community Organization Representative
Ven Thomas	Director, Family and Aging Services, Hillsborough County	Government Official
Gene Early	Division Director, Health Care Services, Hillsborough County	Government Official