

AdventHealth Wesley Chapel

2019 COMMUNITY HEALTH NEEDS ASSESSMENT



Pasco-Pinellas Hillsborough Community Health System, Inc. dba AdventHealth Wesley Chapel
Approved by the Hospital Board on: November 14, 2019
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**Extending the Healing
Ministry of Christ**



2019 Community Health Needs Assessment

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Acknowledgements

This report was prepared by Kimberly Williams and Barbara J. Morris, with contributions from members of the AdventHealth Wesley Chapel Community Health Needs Assessment Committee representing health leaders in our community and AdventHealth Wesley Chapel leaders.

A special thanks to Pasco County Community Health Collaborative (PCCHC) for their expertise and support in the collection and analysis of the data.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions made this report possible and lay the groundwork as we continue to fulfill our mission of *Extending the Healing Ministry of Christ*.

1. EXECUTIVE SUMMARY

Goals

Pasco-Pinellas Hillsborough Community Health System, Inc. dba AdventHealth Wesley Chapel will be referred to in this document as AdventHealth or “The Hospital.” AdventHealth in Wesley Chapel, FL conducted a community health needs assessment in 2019. The goals of the assessment were to:

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

Community Health Needs Assessment Committee

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

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

Data

AdventHealth Wesley Chapel collected both primary and secondary data. The primary data included stakeholder interviews and community surveys.

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

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

Community Asset Inventory

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

- Understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data.
- Prevent duplication of efforts as appropriate. *See Section 9 for the Community Asset Inventory.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the CHNAC narrowed the list of 10 issues to five priority issues.

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

The priority selection criteria included:

- A. Relevance: How important is this issue?
- B. Impact: What will we achieve by addressing this issue?
- C. Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

The priority issues to be addressed included:

1. Mental Health & Mental Disorders
 - a. Goal 1: To increase education and awareness related to mental health by engaging community members, public schools, community organizations and other community stakeholders
 - b. Goal 2: To increase community-level partnerships to enhance local efforts to address social determinants of health that impact mental health
2. Substance Abuse
 - a. Goal 1: To increase community-level partnerships to identify existing local efforts that aim to improve health behaviors related to substance abuse
 - b. Goal 2: To develop and implement new strategies with community organizations to prevent alcohol misuse, tobacco use and other substance abuse in youth and adults
3. Diabetes
 - a. Goal 1: To increase access to diabetes education by supporting community organizations and other community stakeholders offering health education and resources
 - b. Goal 2: To increase access to culturally appropriate nutritious food options in food desert or low income/low access areas
4. Heart Disease & Stroke
 - a. Goal 1: To increase access to health education, early intervention programs and resources related to heart disease
 - b. Goal 2: To decrease tobacco use in adults and youth community members

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

Approvals

On November 14, 2019 the AdventHealth Wesley Chapel Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website as well as <https://www.adventhealth.com/community-health-needs-assessments> prior to December 31, 2019.

Next Steps

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

2. ABOUT: ADVENTHEALTH WESLEY CHAPEL

Transition to AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Wesley Chapel. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

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

About AdventHealth Wesley Chapel

From state-of-the-art equipment to the most intricate building details, AdventHealth Wesley Chapel was designed from the ground up to maximize healing, patient care and wellness.

Since opening in October of 2012, AdventHealth Wesley Chapel has been recognized as a leader in patient satisfaction, quality and safety and was recently named for the second year in a row a Top 100 Hospital in Modern Healthcare Magazine by IBM Watson Health.

AdventHealth Wesley Chapel was also recently named one of America's 100 Best Hospitals for Patient Experience, Patient Safety and Obstetrics by the Women's Choice Award. The Women's Choice Award evaluates specific Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results along with primary research about women's healthcare preferences. The Hospital has five consecutive "A" grades in safety from the prestigious Leapfrog Group and has earned the recognition of Top General Hospital.

AdventHealth Wesley Chapel offers a full range of inpatient and outpatient health services, including surgery, imaging and rehabilitation services and emergency services for adults and children. We recently opened Inspiration Place; a comprehensive women's health center that incorporates female physician specialists, women's imaging, pelvic floor and female physical therapy, and a boutique spa.

In addition, in January 2018 the Hospital opened an offsite 24 bed, 24/7 emergency room in Central Pasco to better serve the emergency health needs of residents in west and central Pasco.

The Hospital features a 50,000 sq. ft. community Health & Wellness Center and a wide range of community offerings such as health and wellness presentations, screenings and events.

We continue to grow and expand services to meet the community's needs. This year, work started on a new medical office building that will bring more outpatient services and physicians to the community. The project also includes additional parking space for patients, visitors and staff.

AdventHealth Wesley Chapel continues to deliver the same unique brand of compassionate whole person care, with the same team of dedicated physicians and staff, and the same mission under a new name. To learn more about the Hospital's programs and services, visit [AdventHealthWesleyChapel.com](https://www.adventhealthwesleychapel.com).

3. CHOOSING THE COMMUNITY

AdventHealth Wesley Chapel defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes Hernando, Hillsborough, and Pasco counties and the zip codes 33523 – Dade City, 33525 – Dade City, 33541 – Zephyrhills, 33542 – Zephyrhills, 33543 – Wesley Chapel, 33544 – Wesley Chapel, 33545 – Wesley Chapel, 33549 – Lutz, 33559 – Lutz, 33576 – San Antonio, 33647 – Tampa, 34638 – Land O Lakes, 34639 – Land O Lakes

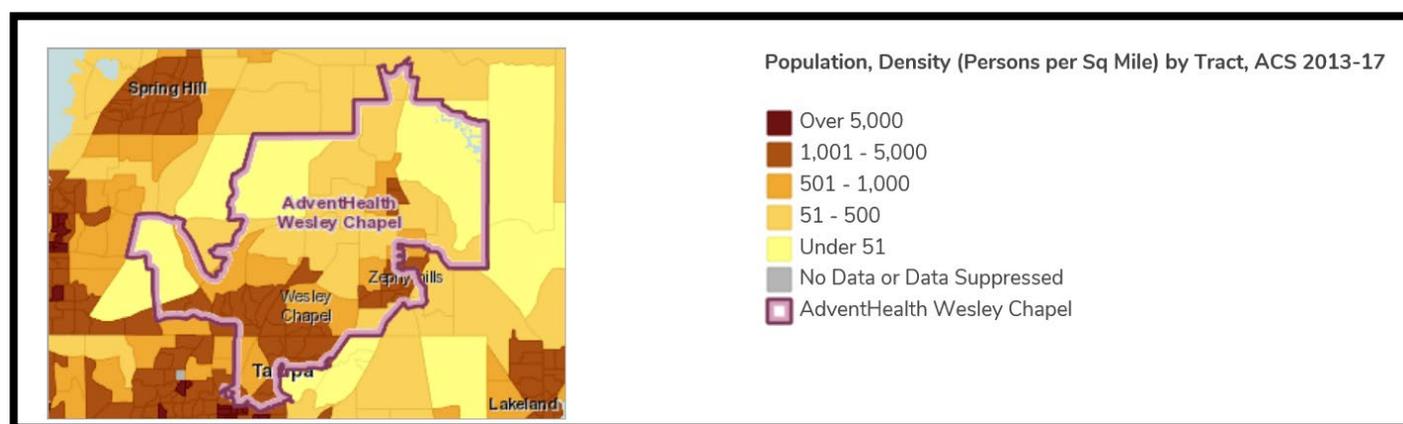
4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

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

A total of 288,127 people live in the 526 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 547.41 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
AdventHealth Wesley Chapel	288,127	526	547.41
Hernando County, FL	179,144	472.86	378.85
Hillsborough County, FL	1,351,087	1,020.31	1,324.19
Pasco County, FL	498,136	747.65	666.27
Florida	20,278,447	53,634.01	378.09
United States	321,004,407	3,532,315.66	90.88

The map below represents the service area where 75-80% of AdventHealth’s patients come from.



Source: US Census Bureau, [Decennial Census](#). 2000 - 2010.

COMMUNITY DEMOGRAPHICS



Female 51.55%



Male 48.45%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	5.97%	17.35%	8.37%	12.63%	13.57%	13.96%	11.53%	16.62%

RACE	Caucasian	African-American	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Races
%	78.24%	9.93%	6.35%	0.38%	0.07%	1.82%	3.2%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	17.89%	82.11%

Source: US Census Bureau, [Decennial Census](#). 2000 - 2010.

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH WESLEY CHAPEL SERVICE AREA	FLORIDA AVERAGE
Poverty ¹	% Population in Poverty (Below 100% FPL)	10.2%	15.46%
Unemployment Rate ²	Unemployment Rate	6.4%	3.1%
Violent Crime ³	Violent Crime Rate (Per 100,000 Pop.)	323.6	472.1
Population with No High School Diploma ¹	% Population Age 25+ with No High School Diploma	9.2%	12.42%
Insurance ⁴	Uninsured Adults-% Without Medical Insurance	17.92%	18.44%
Insurance ⁴	Uninsured Children-% Without Medical Insurance	5.65%	6.58%
Food Insecurity Rate ⁵	Food Insecurity Rate	15.2%	16.2%
Population with Low Food Access ⁶	% Population with Low Food Access	50.5%	25.7%
Use of Public Transportation ¹	% Population Using Public Transit for Commute to Work (Age 16+)	0.39%	2.00%
Alcohol Consumption ⁷	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	20.3%	17.1%
Tobacco Usage ⁷	% Population Smoking Cigarettes (Age-Adjusted)	25%	18.9%

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

Households with income below the Federal Poverty Level (FPL)

Poverty is considered a key driver of health status. Within the AdventHealth Wesley Chapel primary service area 10.2%, or 29,009.75 individuals, live in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Population in Poverty by Ethnicity Alone

Primary Service Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
AdventHealth Wesley Chapel	6,340.31	22,669.44	12.48%	9.7%
Hernando County, FL	4,278	21,044	19.81%	13.59%
Hillsborough County, FL	79,159	129,036	21.56%	13.4%
Pasco County, FL	12,330	54,127	17.93%	12.85%
Florida	981,013	2,089,959	19.84%	14.01%
United States	12,269,452	33,380,893	22.15%	12.96%

Population in Poverty Race Alone, Percent

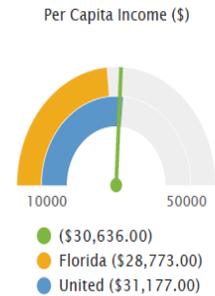
Primary Service Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
AdventHealth Wesley Chapel	9.77%	14.61%	8.6%	5.8%	12.83%	14.16%	13.74%
Hernando County, FL	13.47%	24.73%	4.55%	15.33%	16.67%	26%	19.14%
Hillsborough County, FL	13.08%	25.1%	15.79%	10.65%	23.53%	24.19%	16.83%
Pasco County, FL	13.34%	16.68%	15.33%	9.5%	13.61%	14.4%	18.25%
Florida	13.27%	24.83%	20.46%	12.63%	25.1%	21.92%	18.03%
United States	12.05%	25.19%	26.78%	11.93%	19.01%	23.85%	18.43%

Source: US Census Bureau, [Decennial Census](#). 2000 - 2010.

Income - Per Capita Income

The per capita income for the AdventHealth Wesley Chapel primary service area is \$30,636. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman and child in the specified area.

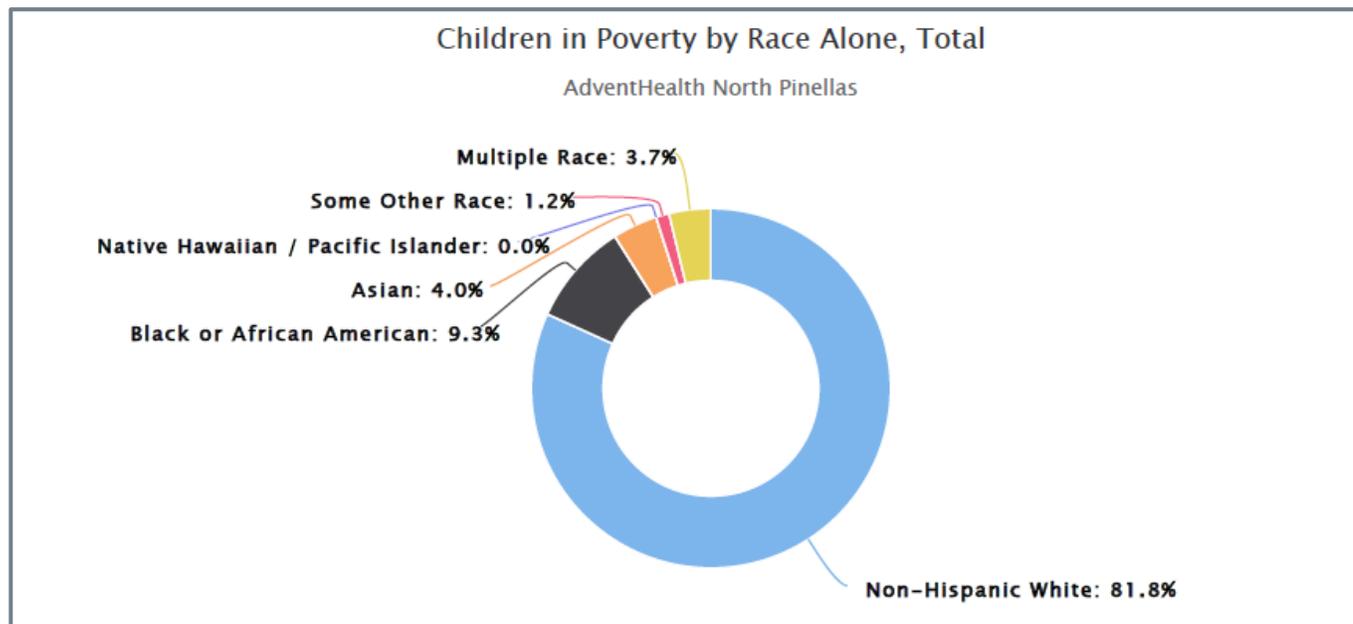
Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
AdventHealth North Pinellas	160,079	\$4,904,264,638.00	\$30,636.00
Pasco County, FL	498,136	\$13,262,367,600.00	\$26,623.00
Pinellas County, FL	949,842	\$30,508,860,400.00	\$32,119.00
Florida	20,278,447	\$583,486,218,200.00	\$28,773.00
United States	321,004,407	\$10,008,063,515,700.00	\$31,177.00



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

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

In the AdventHealth Wesley Chapel primary service area, 13.97% of, or 3,542, children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.



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

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

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

Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Lisa Kern	Supervisor of Student Health	Pasco County School District	RN Supervisor; oversees care provided to students in Pasco County schools	x	x	
Cheryl A. Pollock	Chief Development & Community Officer	Premier Community Health Care Group, Inc.	Medical Facility providing quality, affordable and accessible healthcare services throughout Pasco and Hernando Counties	x	x	x
Gabby Flores	Community Liaison	Healthy Start Coalition, Pasco County	Provides special programs and services for moms and babies.	x	x	x
Megen Carmichael	Health Education & Communication/Public Information Officer	Florida Department of Health	State health department	x	x	x
Mike Napier	Administrator	Florida Department of Health	State health department	x	x	x
Maria Pinzon	Executive Director	Hispanic Service Council	Community-based organization working to improve quality of life of all Hillsborough County residents by promoting academic success of children and youth, providing immigration legal services, supporting development of healthy communities and promoting leadership and engagement.	x	x	

Chrissie Parris	Alliance for Substance Abuse Prevention Coalition (ASAP)	Interim Coordinator	Coalition that coordinates community efforts to reduce countywide risk factors for addiction, thereby preventing and decreasing substance abuse in a comprehensive and long-term manner that primarily impacts the youth in the community	x	x	x
Melinda Rivera	Director of Foundation Services	Pioneer Medical Group	Medical Services provider for Pasco County residents	x	x	x
Ana Kashumba	Executive Director	Pioneer Medical Group	Medical Services provider for Pasco County residents	x	x	x

AdventHealth Wesley Chapel Members

The following AdventHealth Wesley Chapel Team members provided leadership throughout the process:

- Tyson Davis Interim CEO, CFO
- Dawn Hicks-Waldron, CNO
- Dr Barbara Morris, Director of Community Wellness
- Tanya Knepp, Director of Finance
- Allison Sutton, RN
- Kimberly Williams, Director of Community Benefit
- Rachelle Scarfone, Manager Case Management
- Amber Windsor-Hardy, Community Health Coordinator

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment process.

Pasco County Public Health

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

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

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

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

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

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

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

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

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

Secondary Data

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

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

- b. The Engagement Network: Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators, and a hub network with 30+ partner organizations using CARES technology.
- c. Partnership Secondary Data: In addition, secondary data was also collected in partnership with the Pasco County Community Health Collaborative in which data was sourced from the American Community Survey, Centers for Disease Control and Prevention, Conduent, and Healthy Communities Institute (HCI).

DATA SOURCES:

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

8. COMMUNITY COLLABORATION

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

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

Collaborators

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

9. DATA SUMMARY

Primary and Secondary Data: High Level Findings

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

Primary and secondary data was presented to the CHNAC. Each committee member received copies of the reports. The AdventHealth Wesley Chapel financial department provided admission data for inpatient and the Emergency Department including diagnosis, payer source and zip codes for 2018.

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

Top Priorities determined from Pasco County Community Surveys					
1	Drug Abuse	5	Being Overweight	9	
2	Alcohol Abuse	6	Domestic Violence/Rape/Sexual Assault	10	
3	Distracted Driving	7	Heart Disease/Stroke/High Blood Pressure		
4	Mental Health Problems (including suicide)	8			

Top Priorities for AdventHealth Wesley Chapel's Primary Service Ares determined from Secondary Data provided by The Engagement Network/ Secondary Needs Assessment Tool					
1	Alcohol Use, Tobacco Use	5	Suicide, Depression	9	High Teen Births
2	Physical Inactivity, Obesity/Overweight	6	Poor Dental Health	10	High Unemployment Rates
3	Diabetes	7	Low Food Access	11	Cancer Mortality
4	High Blood Pressure, High Cholesterol, Stroke, and Heart Disease	8	Unintentional Injury		

Top Priorities determined from Inpatient Hospital Utilization Data

1	Sepsis (life – threatening infection)	5	Respiratory failure w/hypoxia (absence of enough oxygen in tissues)	9	Urinary Tract Infection
2	Live Born Infant (had a baby)	6	Heart Disease, Heart Failure, Atrial Fibrillation (Irregular, rapid heartbeat), and Heart Attack	10	Hypertensive Heart and Chronic Kidney Disease
3	Osteoarthritis	7	Pneumonia		
4	Hydronephrosis (excess fluid in Kidney), Kidney Failure	8	Chronic Obstructive Pulmonary Disease (COPD)		

Top Priorities determined from Emergency Department Hospital Utilization Data

1	Stomach Pain	5	Nausea and Vomiting	9	Fever
2	Chest Pain	6	Headache	10	Sore Throat
3	Upper Respiratory Infection	7	Head Injury		
4	Urinary Tract Infection	8	Back Pain		

Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting, the results of the Pasco County top 11 health needs were reviewed, and the committee was then provided with the top 11 health priorities specific to AdventHealth Wesley Chapel's primary service area. The committee discussed in an open forum as they compared the overarching top 11 health needs of the County CHNA with the top 10 health needs specific to the communities nearest the Hospital (our primary service areas).

After discussions concluded about the similarities and differences of the health needs data, as well as other experiences with providing care and services to address these identified health needs, committee members were then asked to select their top five issues by voting anonymously (lists of the needs were provided) and the results were then shared with the larger group.

To identify specific ethnic, age, and geographic areas of focus, poverty was identified and considered as a key driver of health status. Specifically, within the Wesley Chapel primary service area, 10.2% or 29,009.75 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Mental Health (Suicide, Depression)	Low income, minority, and other underserved populations.	Adults aged 18 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
2	Substance Abuse (Alcohol Use, Tobacco Use, and other Substances)	Low income, minority, and other underserved populations.	Adults aged 18 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
3	Diabetes	Low income, minority, and other underserved populations.	Adults aged 20 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
4	High Blood Pressure, High Cholesterol, Stroke, and Heart Disease	Low income, minority, and other underserved populations.	Adults age 18 or older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
5	Respiratory Disease	Low income, minority, and other underserved populations.	Adults aged 18 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
6	Unintentional Injury	Low income, minority, and other underserved populations.	Adults age 18 to 64 without health insurance coverage	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
7	Exercise, Nutrition & Weight (Physical Inactivity, Obesity/Overweight), Low Food Access	Low income, minority, and other underserved populations.	Adults age 18 or older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
8	Cancer Mortality	Low income, minority, and other underserved populations.	Adults aged 20 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
9	Oral Health (Poor Dental Health)	Low income, minority, and other underserved populations.	Adults aged 18 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
10	Maternal, Fetal & Infant Health (High Teen Births)	Low income, minority, and other underserved populations.	Adults aged 18 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639
11	High Unemployment Rates	Low income, minority, and other underserved populations.	Adults aged 18 and older	33523, 33525, 33541, 33542, 33543, 33544, 33545, 33549, 33559, 33576, 33647, 34638, 34639

10. COMMUNITY ASSET INVENTORY

In order to help AdventHealth Wesley Chapel's CHNAC determine the community health priorities where they could make a meaningful difference, the Hospital conducted a Community Asset Inventory related to the top identified community health needs. The inventory was designed to help the CHNAC narrow the top 11 needs to the three to four priority issues.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Mental Health (Suicide, Depression)	A BayCare-led four county Mental Health Initiative in development with community partners, North Tampa Behavioral, Premier behavioral health, ASAP, New substance abuse disorder program at Premier, 211 United Way Pasco, BayCare Behavioral Health (West Pasco) Churches- recovery groups, BH partnerships,	Mental Health First Aid, Creation Life, Case Managers, Tele Psych
Substance Abuse (Alcohol Use, Tobacco Use, and other Substances)	Alliance for Substance Abuse Prevention Coalition (ASAP)	Substance Abuse Task Force, Mental Health First Aid, Care 360 Navigators
Diabetes	Tampa Bay Diabetes Collaborative, American Diabetes Association	Well on Your Way including Diabetes Education, Food is Health (FiH)
High Blood Pressure, High Cholesterol, Stroke, and Heart Disease	American Heart Association, PMG Hospital Discharge Programs, PMG Free Clinics and PMG Lily Pharmacy Clinic Partnership, Pioneer Medical Group, Florida Department of Health in Pasco, Premier Clinic (FQHC)	Cardiac Rehabilitation, TCC, Care 360 Program, Women's Health and Wellness Day
Respiratory Disease	Pasco County UFIFAS Extension programs, P.E/Health Ed in Pasco Schools, DEEP classes at Premier, Health Coach at Premier, Access to affordable care chronic disease management at Premier, St. Andre Free Clinic, AHEC tobacco cessation	TCC, Respiratory Rehabilitation
Unintentional Injury	Injury Prevention, Florida Department of Health in Pasco County, Pasco County Florida Accident Prevention Manual, Florida Suncoast SAFE KIDS Coalition, Ounce of Prevention of Florida (Childhood Injuries), Drowning Prevention, Florida Department of Health, Florida Coalition to Prevent Gun	Sports and Rehab Care, Injury prevention Medical Group

	Violence, Gun Violence Prevention – Equity Florida	
Exercise, Nutrition & Weight (Physical Inactivity, Obesity/Overweight), Low Food Access	Programs in Pasco County Parks and Recreation, YMCA Veggie Van, Feeding Tampa Bay, Healthier You-wellness program at Premier,	Wellness Center Programs, Well on Your Way, Vitality, Pink, Kids Shape, and Morning Mile, Food is Health (FiH) Program
Cancer Mortality	Moffitt Cancer Center	PINK & Vitality Program, Breast Care Navigator, Inspiration Place,
Oral Health	Florida Department of Health in Pasco County	
Maternal, Fetal and Infant Health (High Teen Births)	Healthy Start Coalition	Breast feeding classes
High Unemployment Rates	CareerSource Pasco Hernando Employment Agency, Workforce & Employment Agency, Pasco County Community Development, Connections Job Development Program, Florida Career Center (Unemployment Office) in New Port Richey	Student – Clinical Experience, Continuing Medical Education, Clinical Pastoral Education (CPE)

11. PRIORITY SELECTION

Priority Selection using the Rating & Prioritizing Key Health Issues Worksheet

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

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

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

RATING & PRIORITIZING KEY HEALTH ISSUES								
Step 1: List Key Issues	Step 2: Rate Against Selection Criteria (1= lowest priority; 2= medium; 3= high; 4=highest)						Step 3: Total Rating	
	RELEVANT <i>How important is the issue?</i>		IMPACTFUL <i>What will we achieve by addressing this issue?</i>		FEASIBLE <i>Can we adequately address this issue?</i>			
	<ul style="list-style-type: none"> • Size of problem (ex. % population) • Severity of problem (ex. Cost to treat, lives lost) • Urgency to solve problem; community concern • Linked to other important issues 		<ul style="list-style-type: none"> • Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now 		<ul style="list-style-type: none"> • Availability of resources (staff, community partners, time, money) to address issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins 			
Mental Health (Suicide, Depression)	4	+	4	+	2	=	10	
Substance Abuse (Alcohol Use, Tobacco Use, and other Substances)	5	+	4	+	2	=	11	
Diabetes	4	+	3	+	3	=	10	
High Blood Pressure, High Cholesterol, Stroke, and Heart Disease	4	+	3	+	3	=	10	

Respiratory Disease	3	+	3		3	=	9
Unintentional Injury	4	+	3	+	1	=	8
Exercise, Nutrition & Weight (Physical Inactivity, Obesity/Overweight), Low Food Access	2	+	2	+	3	=	7
Cancer Mortality	3		1		1		5
Oral Health	3	+	1	+	1	=	5
Maternal, Fetal and Infant Health (High Teen Births)	3	+	2	+	1	=	6
High Unemployment Rates	3		1		1		5

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL ADDRESS		
Relevance	Impact	Feasibility
1. Mental Health (Suicide, Depression)		
<p>In the AdventHealth Wesley Chapel primary service area (PSA), 22.1% of Medicare population report depression, 17.0% suicide deaths per 100,000 population.</p> <p>Our Medicare population is experiencing a higher percentage of depression than the state average (18.9%).</p>	<p>Mental Health First Aid Training for community members, families, and others who care for the Medicare population.</p> <p>211 Hotline – Crisis Center of Tampa Bay, mentor programs, PEMHS, Grace Point Wellness, Speak Up forum with NAMI bold gold initiative with faith leaders, Directions for Living Clearwater Center (crisis and mental health services), Hispanic Outreach Center (mental health counselors), Substance Abuse Taskforce.</p>	<p>There are many resources to address this issues and community partners to coordinate services with.</p>
2. Substance Abuse (Alcohol Use, Tobacco Use, and other Substances)		
<p>In the AdventHealth Wesley Chapel primary service area (PSA), 20.3% of population in PSA Drink excessively; 25.8% of the PSA population currently smoke tobacco.</p>	<p>Excessive use of alcohol can have immediate health effects, including unintentional injury, violence, alcohol poisoning, risky sexual behaviors, and miscarriage among pregnant women. It can also have long-term health effects, including high blood pressure, heart</p>	<p>The community has numerous resources to address this issue.</p> <p>The community has the ability to partner to maximize the resources available.</p>

<p>Underage drinking, or alcohol consumption by those under the age of 21, has been linked to death from alcohol poisoning, suicide, unintentional injury, and alcohol dependence later in life. In the U.S., excessive alcohol use was the cause of 1 in 10 deaths among adults between the ages of 20-64. In 2010, people under the age of 21 accounted for 189,000 ER visits for injuries and other conditions related to alcohol use.</p> <p>Since 1964, 20 million people in the U.S. have died from using tobacco. Over 30 million adults in the U.S. smoke cigarettes and over 50 million are exposed to secondhand smoke, which is just as harmful as smoking.</p>	<p>disease, liver disease, dementia, depression, and cancer.</p> <p>Reduce cost of quitting aides, apartment and condo free program, SWAT (students working against tobacco), AHEC Smoking cessation classes</p> <p>Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful reproductive effects.</p> <p>The community has the ability to partner to maximize the resources available.</p>	<p>Community Health Centers of Pinellas, Florida Department of Health in Pinellas County</p> <p>Dry Dock AA hotline/meetings, Windmoor Healthcare (mental health, chemical dependency), Operation PAR (detox), Students Working Against Tobacco, Area Health Education Centers, and Pasco County Public Schools.</p>
<p>3. Diabetes</p>		
<p>In the AdventHealth Wesley Chapel primary service area, a total of 39,201 households are food insecure, which represents an estimated 29% of the total population and the population under age 18 that experienced food insecurity at some point during in 2017 but are ineligible for State or Federal nutrition assistance.</p> <p>Food insecurity increases risks for obesity. Obesity/Overweight increases the chances of developing type 2 diabetes, high blood pressure, heart disease, and stroke.</p>	<p>Diabetes is a prevalent problem in the United States and obesity is the leading risk factor for type 2 diabetes.</p> <p>An estimated 38.2% of adults aged 18 and older in the AdventHealth Wesley Chapel primary service area self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight).</p> <p>Additionally, 10.5% have been diagnosed with diabetes which is greater than the state average of 9.22%. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.</p>	<p>The community has the ability to partner to maximize the resources available.</p> <p>Feeding Tampa Bay, Food is Health, Florida Department of Health in Pasco, YMCA, local churches, and American Diabetes Association.</p>
<p>4. High Blood Pressure, High Cholesterol, Stroke and Heart Disease</p>		
<p>In the AdventHealth Wesley Chapel PSA, 16,255 (7.6%) of population have heart disease, 47.07% have high cholesterol, 29.45% have hypertension.</p> <p>Percentage of adults in PSA population with heart disease is higher than the state average (5.6%)</p>	<p>Low sodium diet programs, exercise programs, Community Health Centers of Pinellas screenings, Yoga classes, Cardiac rehab program, blood pressure screenings, heart healthy classes, MD Cardiology Lunch and Learns</p> <p>A failure to manage blood pressure and cholesterol, eat a healthy diet and incorporate physical activity daily increases the risk of developing heart disease.</p>	<p>The community has the ability to partner to maximize the resources available.</p> <p>American Heart Association, Pepin Heart Institute, Florida Department of Health in Pasco County, AdventHealth Wesley Chapel Cardiac Rehab Teams, Tobacco Free FL, AHEC smoking cessation programs</p>
<p>5. Respiratory Diseases</p>		
<p>In the AdventHealth Wesley Chapel PSA, 25% of the population in our PSA smoke, 15.7% have asthma and 53 of 100,000 die from lung disease.</p>	<p>Asthma prevalence is higher than the state average (12.5%)</p> <p>Secondhand smoke can still cause heart disease and lung cancer in nonsmokers and as well as asthma, sudden infant death syndrome (SIDS), and other respiratory infections in infants and children.</p>	<p>The community has the ability to partner to maximize the resources available.</p> <p>AHEC Tobacco Cessation Classes offered to the community</p> <p>Respiratory Rehab Teams at AdventHealth</p>

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL NOT ADDRESS

Relevance	Impact	Feasibility
1. Unintentional Injury		
In the AdventHealth Wesley Chapel primary service areas the age – adjusted rate of death due to unintentional injury (accident) per 100,000 population is 55.1, which is higher than the state rate of 44.4.	Accidents are the leading cause of death in the United States.	Injury Prevention, Florida Department of Health in Pasco County, Pasco County Florida Accident Prevention Manual, Florida Suncoast SAFE KIDS Coalition, Ounce of Prevention of Florida (Childhood Injuries), Drowning Prevention, Florida Department of Health, Florida Coalition to Prevent Gun Violence, Gun Violence Prevention – Equity Florida
2. Exercise, Nutrition & Weight (Physical Inactivity, Obesity/Overweight), Low Food Access		
In the AdventHealth Wesley Chapel primary service area, approximately 57,264 or 25.8% of adults aged 20 and older self-report no leisure time for activity which may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Furthermore, 38.2% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight), which is slightly higher than the state percentages.	Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues	This issue can be impacted through our work with partnerships with community organizations that focus on diabetes prevention and heart disease & stroke. Pasco County School system, Pasco County Parks and Recreation
3. Cancer Mortality		
In the AdventHealth primary service areas, the cancer incidence rate (new cases) for lung, prostate, cervical, and colon and rectum cancers are higher than the state rate. Furthermore, the rate of death due to malignant neoplasm (cancer) per 100,000 population is 168.8, which is higher than the state rate of 152.9.	Cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.	Moffitt Cancer Center, American Cancer Society, Florida Department in Pasco County, National Cancer Institute (NCI)
4. Oral Health (Poor Dental Health)		
In the AdventHealth primary service area, the rate of qualified dentists per 100,000 population is 38 and is lower than the state rate.	The rate of qualified dentist in the primary service area may have a negative effect on access to dental care.	Local dental association, West Pasco Dental Association, American Dental Association, Dental Oral program at Florida Department of Health in Pasco
5. Maternal, Fetal & Infant Health (High Teen Births)		
In the AdventHealth Wesley Chapel primary service areas, deaths to infants less than one year of age per 1,000 births is 6.7 (7.0 is the state rate). Furthermore, the rate of total births to women age of 15 - 19 per 1,000 (for the female population age 15 - 19) is 36.85, which is higher than the state rate of 36.1.	High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. High teen births are relevant, because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.	Florida Department of Health in Pasco, WIC programs, Healthy Start, Pasco County School Health Advisory Council, Care 360 Navigators (AdventHealth)

6. High Unemployment Rates

The unemployment rate in the AdventHealth Wesley Chapel PSA is 6.3% compared to state average of 3.8%

17.53% of adults in the Hospital PSA lack health insurance which is slightly less than state average of 18.44%

High unemployment rates have an adverse effect on health including increase in mortality experience and reduction in psychological wellbeing. Lack of employment increases likelihood of being un/underinsured.

Chamber of Commerce

12. PRIORITY ISSUES TO BE ADDRESSED

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

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

Priority #1: Mental Health (Suicide, Depression)

Description of the problem: The burden of mental illness in the United States is among the highest of all diseases. Moreover, mental disorders are among the most common causes of disability for adults, children and adolescents. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34. In the AdventHealth Wesley Chapel primary service area (PSA), 22% of the PSA Medicare population is experiencing depression, which is at a higher percentage of depression than the state average (18.9%). Illnesses such as, heart attack, heart disease (coronary artery disease), stroke, diabetes, and cancer can lead to depression.

Priority #2: Substance Abuse (Alcohol Use, Tobacco Use, and other Substances)

Description of the problem: Tobacco use can lead to tobacco/nicotine dependence and serious health problems. Quitting smoking greatly reduces the risk of developing smoking-related diseases such as lung disease. Twenty-Five percent of the adults (age 18+) population in the AdventHealth Wesley Chapel primary service area (PSA) are current cigarette smokers (tobacco usage). An estimated 20.3% of adults (18+ and older) self-reported heavy alcohol consumption in the AdventHealth Wesley Chapel primary service area (PSA). Heavy alcohol consumption is defined as more than two drinks per day on average for men and one drink per day on average for women. Excessive drinking behavior patterns are determinants of future health and may be the cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Priority #3: Diabetes

Description of the problem: Diabetes is a prevalent problem in the United States and obesity is the leading risk factor for type 2 diabetes. An estimated 38.2% of adults aged 18 and older in the AdventHealth Wesley Chapel primary service area self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). Additionally, 10.5% have been diagnosed with diabetes, which is greater than the state average of 9.22%. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. In the AdventHealth Wesley Chapel primary service area, a total of 39,201 households are food insecure, which represents an estimated 29% of the total population and the population under age 18 that experienced food insecurity at some point during in 2017 but are ineligible for State or Federal nutrition assistance. Food insecurity increases risks for obesity. Obesity/Overweight increases the chances of developing type 2 diabetes, high blood pressure, heart disease and stroke.

Priority #4: High Blood Pressure, High Cholesterol, Stroke and Heart Disease

Description of the problem: Heart disease and stroke are largely preventable, yet they remain leading causes of death, disability, and health care spending in the United States. In the AdventHealth Wesley Chapel primary service area, 16,255, or 7.6% of adults aged 18 and older have been told by a doctor that they have coronary heart disease or angina. Additionally, 47.07% have high cholesterol, and 29.45% have high blood pressure. High blood pressure and high cholesterol are risk factors of heart disease and stroke.

Priority #5: Respiratory Disease

Description of the problem: Tobacco use can lead to tobacco/nicotine dependence and serious health problems. Quitting smoking greatly reduces the risk of developing smoking-related diseases such as lung disease. Asthma is a respiratory disease that is often exacerbated by poor environmental conditions such as seasonal patterns, cigarette smoke, etc.). Twenty-Five percent of the adults (age 18+) population in the AdventHealth Wesley Chapel primary service area (PSA) are current cigarette smokers (tobacco usage), 15.7% of adults have asthma and 53% of the PSA population (per 100,000) die from lung disease.

13. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

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

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

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

1. Unintentional Injury

Accidents are the leading cause of death in the United States. In the AdventHealth Wesley Chapel primary service areas the age-adjusted rate of death due to unintentional injury (accident) per 100,000 population is 55.1, which is higher than the state rate of 44.4.

2. Exercise, Nutrition & Weight (Physical Inactivity, Obesity/Overweight)

In the AdventHealth Wesley Chapel primary service area, approximately 57,264 or 25.8% of adults aged 20 and older self-report no leisure time for activity, which may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. In the AdventHealth Wesley Chapel primary service area, a total of 39,201 households are food insecure, which represents an estimated 29% of the total population that experienced food insecurity at some point during in 2017 but are ineligible for State or Federal nutrition assistance. Food insecurity increases risks for obesity. Furthermore, 38.2% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight), which is slightly higher than the state percentages. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

3. Cancer Mortality

Cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. In the AdventHealth primary service areas, the cancer incidence rate (new cases) for lung, prostate, cervical, and colon and rectum cancers are higher than the state rate. Furthermore, the rate of death due to malignant neoplasm (cancer) per 100,000 population is 168.8, which is higher than the state rate of 152.9.

4. Oral Health (Poor Dental Health)

In the AdventHealth primary service area, the rate of qualified dentists per 100,000 population is 38 and is lower than the state rate. This has a negative effect on access to dental care.

5. Maternal, Fetal & Infant Health (High Teen Births)

In the AdventHealth Wesley Chapel primary service areas, deaths to infants less than one year of age per 1,000 births is 6.7 (7.0 is the state rate). This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Furthermore, the rate of total births to women age of 15-19 per 1,000 (for the female population age 15 - 19) is 36.85, which is higher than the state rate of 36.1. This indicator is relevant because, in many cases, teen parents require unique social, economic and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

6. High Unemployment Rates

In the AdventHealth Wesley Chapel primary service areas, unemployment rates are 6.3% compared to state average of 3.8%. This is a contributing factor to uninsured rates as well as poverty. Unemployment may negatively impact psychological wellbeing of community members as well.

14. NEXT STEPS

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

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

A link to the Community Health Plan will be posted on [AdventHealth.com](https://www.adventhealth.com) prior to May 15, 2020.

15. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy (2016) on our Hospital website as well as AdventHealth.com prior to May 15, 2017 and have not received any written comments.

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

AdventHealth Wesley Chapel conducts an annual evaluation of the progress made from the implementation strategies from the Community Health Plan. The evaluation is reported to the IRS in Form 990. The following is a summary of progress made on our most recently adopted plan.

Priority #1: Heart Disease (AMI)

2016 Description of the Issue: Within the Hospital's service area, the rate of death due to coronary heart disease per 100,000 population is 166.13 compared to the state rate of 156.1. In addition, 7.5% of adults aged 18 and older have been diagnosed with heart disease as compared to the state rate of 5.6%. Heart disease is the leading cause of death in the United States and related to high blood pressure, heart attacks and high cholesterol. There is opportunity to extend the current Hospital programs/offerings to impact Acute Myocardial Infarction (AMI) (heart attacks), Congestive Heart Failure (CHF), High Blood Pressure, and High Cholesterol.

Cumulative Update: The goal of this intervention is to reduce preventable AMI 30-day readmissions. Out of the seven total targeted AMI patients, none of them were readmitted in 30 days. Medicaid and uninsured patients specifically (five participated in the program and zero were readmitted). Additionally, five of those five were connected to a primary care physician (PCP) for follow up care (one was connected to the TCC and four were connected to Premier Community Healthcare (Federally Qualified Health Center (FQHC)).

Priority #2: Diabetes

2016 Description of the Issue: In Pasco County, 9.6% of the adults aged 20 or older have been diagnosed with diabetes. The state average is 8.89%. The Hospital has services to address diabetes.

Cumulative Update: The Diabetes Self-Management Education (DSME) class is a 4-week series. Each class is 2.5 hours. Classes cover topics including nutrition, medication, exercise, glucose monitoring, complications, stress management, foot care and general diabetes management. A total of 96 people participated. A total of 120 DSME classes were provided to the community.

Priority #3: High Blood Pressure

2016 Description of the Issue: Within the Hospital's service area, the rate of death due to coronary heart disease per 100,000 population is 166.13 compared to the state rate of 156.1. In addition, 7.5% of adults aged 18 and older have been diagnosed with heart disease as compared to the state rate of 5.6%. Heart disease is the leading cause of death in the United States and related to high blood pressure, heart attacks, and high cholesterol. There is opportunity to extend the current Hospital programs/offerings to impact Acute Myocardial Infarction (AMI) (heart attacks), Congestive Heart Failure (CHF), High Blood Pressure, and High Cholesterol.

Cumulative Update: CREATION Health (CH) is a faith-based wellness program for those who want to live healthier and happier lives and share this unique whole person health philosophy. CH is a four-week series that promotes whole person health and wellness through eight key principles – Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition. Classes are provided for free to community members in the Hospital's wellness center.

APPENDIX A: PRIMARY DATA SURVEY & PRIMARY DATA RESULTS

Pasco County 2019 Community Health Needs Survey

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

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

2019 COMMUNITY HEALTH NEEDS SURVEY



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



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

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

Demographic Information

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

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

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

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

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

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

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

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

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

6. Do you identify your gender as:

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

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

- Heterosexual

- Gay or lesbian
- Bisexual
- Other

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

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

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

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

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

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

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

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

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

- Employed, working full-time
- Student

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

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

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

14. Are you:

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

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

- Yes
- No

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

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

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

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

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

- Yes
- No

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

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

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

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

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

Children's Health

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

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

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

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

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

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

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

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

27. I feel safe walking in the neighborhood.

Yes- **SKIP TO QUESTION 29**

No

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

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

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

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

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

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

- Traumatic brain injury
- Other (please specify)

31. Do any children in your home:

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

Community Health

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

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

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy
- Not sure

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

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

In order, select which three behaviors you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

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

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

In order, select which three health problems you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

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

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

In order, select which three factors you think are:

1- Most Harmful _____

2- Second Most Harmful _____

3- Third Most Harmful _____

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

	Agree	Disagree	Not sure
Drug abuse is a problem in my community.			
I have no problem getting the health care services I need			
We have great parks and recreational facilities			
Public transportation is easy to get to if I need it			
There are plenty of jobs available for those who want them			
Crime in my areas is a serious problem			

Air pollution is a problem in my community			
I feel safe in my own neighborhood			
There are affordable places to live in my neighborhood			
The quality of healthcare is good in my neighborhood			
There are good sidewalks for walking safely			
I am able to get healthy food easily			

Community Health

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

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

38. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

- Not at all
- Several days
- More than half the days
- Nearly every day

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

39. In the past 12 months, I worried about whether our food would run out before we got money to buy more. Please choose only one:

- Often true
- Sometimes true
- Never true

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

- Often true
- Sometimes true
- Never true

41. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

- Yes
- No

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

43. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?

- Yes
- No

44. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?

- Yes
- No

45. In the past 12 months, has your utility company shut off your service for not paying your bills?

- Yes
- No

46. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it?

- Yes
- No

Personal Health

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

47. Overall, how would you rate YOUR OWN PERSONAL health? Please choose only one:

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy
- Not sure

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

- Yes
- No- **SKIP TO QUESTION 50**

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

- Can't afford it/Costs too much
- I had transportation problems

- I don't have a doctor
- I don't know where to go
- I had trouble getting an appointment
- I don't have health insurance
- Other

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No- **SKIP TO QUESTION 53**

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

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

53. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

- Yes
- No- **SKIP TO QUESTION 55**

54. What is the MAIN reason you didn't get the dental care you needed? Please choose only one:

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

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

- Yes
- No, I have not gone to a hospital ER in the past 12 months

If 'NO', skip to question 58

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

57. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? Please choose only one:

- After hours/Weekend
- I don't have a doctor/clinic
- Long wait for an appointment with my regular doctor
- Cost
- Emergency/Life-threatening
- I don't have insurance
- Other

58. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? CHECK ALL THAT APPLY:

- Cancer
- Depression
- Diabetes
- HIV/AIDS
- Heart disease
- High blood pressure/High cholesterol
- Obesity
- Stroke
- None of these

59. How often do you smoke? Please choose only one:

- I do not smoke cigarettes
- I smoke about one pack per day
- I smoke less than one pack per day
- I smoke more than one pack per day

60. How often do you vape or use e-cigarettes? Please choose one:

- I do not vape or smoke e-cigarettes
- I vape or smoke e-cigarettes everyday
- I vape or smoke e-cigarettes on some days

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

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

- Yes
- No

62. Did you live with anyone who was a problem drinker or alcoholic?

- Yes
- No

63. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- Yes
- No

64. Did you live with anyone who served time or was sentenced to serve time in a prison, jail or other correctional facility?

- Yes
- No

65. Were your parents separated or divorced?

- Yes
- No

66. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?

- Never
- Once
- More than once

67. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?

- Never
- Once
- More than once

68. How often did a parent or adult in your home swear at you, insult you, or put you down?

- Never
- Once
- More than once

69. How often did an adult or anyone at least 5 years older than you touch you sexually?

- Never
- Once
- More than once

70. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?

- Never
- Once
- More than once

71. How often did an adult or anyone at least 5 years older than you force you to have sex?

- Never
- Once
- More than once

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

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

COMMUNITY SURVEY RESULTS

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

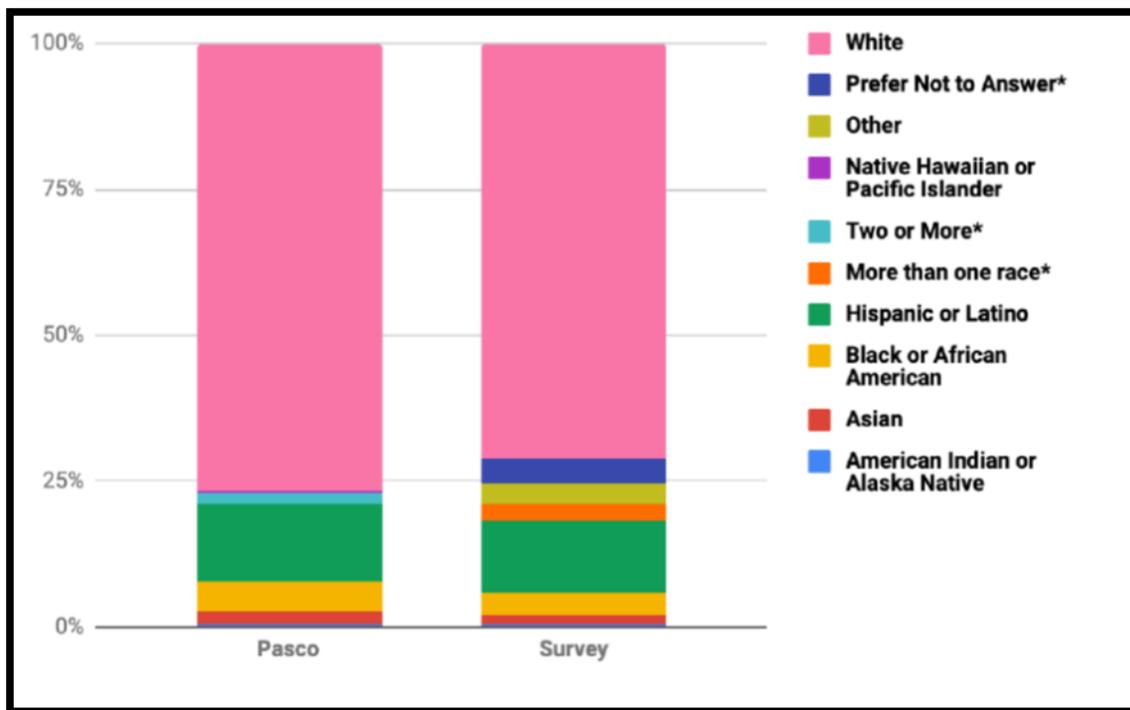
The aggregate results are shown below.

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

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

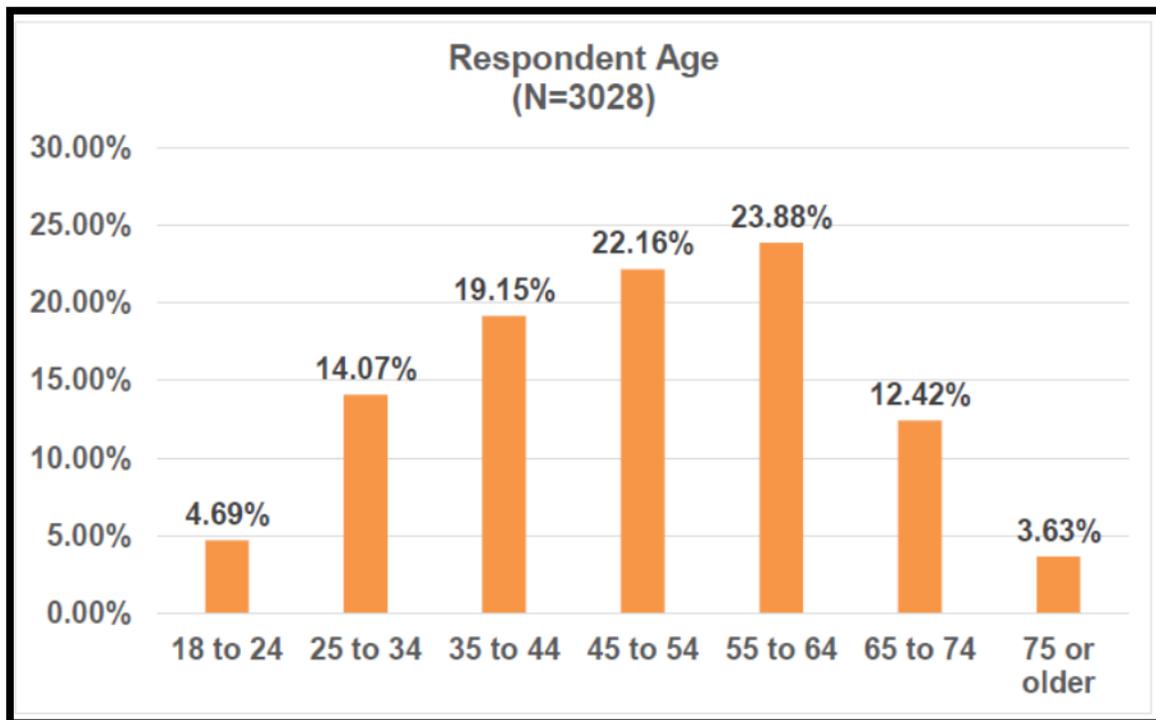


- **3,038 Total Respondents from Pasco**
- **78.9% Female**



Graph 1. CHNA survey participation by race/ethnicity in Pasco County, Florida.

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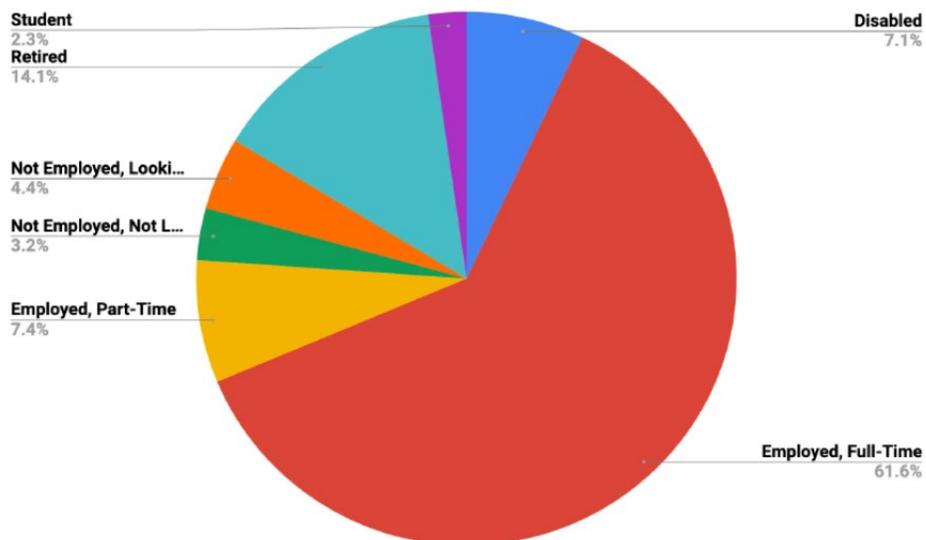


Graph 2. CHNA survey participation by age in Pasco County, Florida.

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HOUSEHOLD ANNUAL INCOME

Nearly 62% of survey respondents are employed full-time. Among those employed full-time, the largest share of respondents report annual incomes between \$25,000 - \$49,999. The median income is \$48,289. These numbers fall short of \$58,560—the annual income needed for a family to live very modestly in Pasco County.



COMMUNITY HEALTH SURVEY RESULTS CONTINUED

The tables below provide additional demographics and survey results about survey participants in the CHNA survey. CHNA survey results were useful in helping the Florida Department of Health in Pasco County Community Health Collaborative (PCCHC) partnership better understand our communities and identify priority areas of need to address in our Community Health Plans.

HEALTH INSURANCE STATUS

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

EMPLOYMENT STATUS

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

COMMUNITY HEALTH SURVEY RESULTS CONTINUED

COMMUNITY HEALTH SURVEY QUESTION	SURVEY RESULTS			
Demographic Questions				
Zip Code	The community survey was administered in Pasco County, with emphasis on highest needs zip codes (as defined by the Healthy Communities Institute (HCI) Socionneeds index). Highest need zip codes are: 33542, 34668, 34960, 34691, 34667.			
Languages Spoken at Home	English 93.58%	Arabic 0.27%	Chinese 0.07%	French 0.07%
		German 0.03%	Haitian Creole 0.20%	Russian 0.10%
		Spanish 4.64%	Vietnamese 0.10%	Other 0.92%
Including yourself, how many people currently live in your home? Please choose only one:	1 16.38%	2 35.30%	3 19.76%	4 17.18%
				5 6.52%
				6 or more 4.88%
How many CHILDREN (under age 18) currently live in your home? Please choose only one:	None 62.98%	1 16.31%	2 13.73%	3 4.53%
				4 1.60%
				5 0.45%
				6 or more 0.38%
Are you a caregiver to an adult family member who cannot care for themselves in your home?	Yes 7.96%	No 92.04%		
Gender	Male 20.16%	Female 79.39%	Transgender: Male to Female 0.14%	Transgender: Female to Male 0.10%
			Other/Gender non-Conforming 0.21%	
Highest Education Level	Less than high school 1.47%	Some high school, but no diploma 3.22%	High school diploma (GED) 15.02%	Some college, no degree 22.10%
				2 – Year College Degree 17.52%
				4 – Year College Degree 21.83%
				Graduate - Level Degree or Higher 18.44%
				None of the above 0.41%
Age	18 to 24 4.62%	25 to 34 13.85%	35 to 44 19.15%	45 to 54 22.22%
			55 to 64 24.00%	65 to 74 12.44%
			75 or older 3.73%	
Ethnicity	Yes, Hispanic or Latino 13.80%	No, not Hispanic or Latino 81.85%	Prefer not to answer 4.35%	
Race	White 81.35%	Black or African American 4.33%	Asian 1.51%	American Indian or Alaska Native 0.72%
			More than one race 3.09%	Other 3.91%
			Prefer Not to Answer 4.98%	
In the past 12 months, I worried about whether our food would run out before we got money to buy more.	Often true 8.47%	Sometimes true 21.49%	Never true 70.04%	

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

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

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

STAKEHOLDER INTERVIEW QUESTIONS

Community Health Needs Assessment - Key Informant Questionnaire

*** 1. Please enter your name and organization.**

Name

Organization

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

Hillsborough County

Pasco County

Pinellas County

Polk County

Other (please specify)

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

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

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

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

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

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

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

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

You have completed the interview questions! Please send any comments or questions to Courtney Kaczmarzsky by email at courtney.kaczmarzsky@conduent.com.

Thank you very much for your time and cooperation. Have a great day!

STAKEHOLDER SURVEY RESULTS

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

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

Some key quotes from Pasco County Stakeholders are provided below:

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

APPENDIX B: SECONDARY DATA REPORT

AdventHealth Wesley Chapel Needs Assessment Report - Quick Facts

Location

AdventHealth Wesley Chapel (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	288,128	20,278,447
	Population Age 65+	47,896	3,926,889
	Percent Population Age 65+	16.62%	19.36%
Population Age 0-18	Total Population	288,128	20,278,447
	Population Age 0-17	67,187	4,111,582
	Percent Population Age 0-17	23.32%	20.28%
Population Age 18-64	Total Population	288,128	20,278,447
	Population Age 18-64	173,045	12,239,976
	Percent Population Age 18-64	60.06%	60.36%
Total Population	Total Population	288,127	20,278,447
	Total Land Area (Square Miles)	526	53,634.01
	Population Density (Per Square Mile)	547.41	378.09
Change in Total Population	Total Population, 2000 Census	142,479	15,982,378
	Total Population, 2010 Census	254,414	18,801,310
	Total Population Change, 2000-2010	111,935	2,818,932
	Percent Population Change, 2000-2010	78.56%	17.64%
Female Population	Total Population	288,128	20,278,447
	Female Population	148,519	10,364,086
	Percent Female Population	51.55%	51.11%
Hispanic Population	Total Population	288,127	20,278,447

	Non-Hispanic Population	236,588	15,263,432
	Percent Population Non-Hispanic	82.11%	75.27%
	Hispanic or Latino Population	51,538	5,015,015
	Percent Population Hispanic or Latino	17.89%	24.73%
Male Population	Total Population	288,128	20,278,447
	Male Population	139,609	9,914,361
	Percent Male Population	48.45%	48.89%

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	868,658	19,536,492
	Violent Crimes	2,811	92,236
	Violent Crime Rate (Per 100,000 Pop.)	323.6	472.1
Population with No High School Diploma	Total Population Age 25+	196,826	14,396,066
	Population Age 25+ with No High School Diploma	18,187	1,787,348
	Percent Population Age 25+ with No High School Diploma	9.2%	12.42%
Poverty - Population Below 100% FPL	Total Population	284,423.04	19,858,469
	Population in Poverty	29,009.75	3,070,972
	Percent Population in Poverty	10.2%	15.46%
Insurance - Uninsured Adults	Total Population Age 18 - 64	162,479	12,071,750
	Population with Medical Insurance	133,360	9,845,200
	Percent Population with Medical Insurance	82.1%	81.56%
	Population Without Medical Insurance	29,118	2,226,550
	Percent Population Without Medical Insurance	17.92%	18.44%
Insurance - Uninsured Children	Total Population Under Age 19	61,352	4,291,510
	Population with Medical Insurance	57,884	4,009,046
	Percent Population with Medical Insurance	94.3%	93.42%
	Population Without Medical Insurance	3,468	282,464
	Percent Population Without Medical Insurance	5.65%	6.58%

Income - Per Capita Income	Total Population	288,128	20,278,447
	Total Income (\$)	\$9,087,538,701.00	\$583,486,218,200.00
	Per Capita Income (\$)	\$31,540.00	\$28,773.00
Unemployment Rate	Labor Force	122,949	10,365,951
	Number Employed	115,085	10,047,379
	Number Unemployed	7,864	318,572
	Unemployment Rate	6.4%	3.1%
Lack of Social or Emotional Support	Total Population Age 18+	197,449	14,682,954
	Estimated Population Without Adequate Social / Emotional Support	42,171	3,127,469
	Crude Percentage	21.4%	21.3%
	Age-Adjusted Percentage	20.8%	21.2%
Teen Births	Female Population Age 15 - 19	7,739	597,095
	Births to Mothers Age 15 - 19	285	21,555
	Teen Birth Rate (Per 1,000 Population)	36.85	36.1
Food Insecurity Rate	Total Population	257,303	19,893,297
	Food Insecure Population, Total	39,201	3,227,600
	Food Insecurity Rate	15.2%	16.2%
Poverty - Children Below 100% FPL	Total Population	284,423	19,858,469
	Population Under Age 18	66,154	4,044,879
	Population Under Age 18 in Poverty	7,753	901,772
	Percent Population Under Age 18 in Poverty	11.72%	22.29%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	131,033	8,907,171
	Population Using Public Transit for Commute to Work	509	180,231
	Percent Population Using Public Transit for Commute to Work	0.39%	2%
Population with Low Food Access	Total Population	254,413	18,801,310
	Population with Low Food Access	128,480	4,831,135
	Percent Population with Low Food Access	50.5%	25.7%

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Access to Dentists	Total Population, 2015	274,070	20,271,272
	Dentists, 2015	105	11,304
	Dentists, Rate per 100,000 Pop.	38.3	55.8
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population Age 50+	78,309	5,497,252
	Estimated Population Ever Screened for Colon Cancer	51,558	3,628,186
	Crude Percentage	65.8%	66%
	Age-Adjusted Percentage	59%	61.5%
Cancer Screening - Mammogram	Total Medicare Enrollees	21,042	1,861,794
	Female Medicare Enrollees Age 67-69	1,881	161,850
	Female Medicare Enrollees with Mammogram in Past 2 Years	1,256	109,429
	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	66.8%	67.6%
Cancer Screening - Pap Test	Female Population Age 18+	173,231	11,566,352
	Estimated Number with Regular Pap Test	132,958	8,894,525
	Crude Percentage	76.8%	76.9%
	Age-Adjusted Percentage	80.5%	78.8%
Facilities Designated as Health Professional Shortage Areas	Primary Care Facilities	1	138
	Mental Health Care Facilities	2	125
	Dental Health Care Facilities	2	127
	Total HPSA Facility Designations	5	390
Lack of Prenatal Care	Total Births	11,957.83	906,594
	Mothers Starting Prenatal Care in First Semester	8,541.45	603,986
	Mothers with Late or No Prenatal Care	2,847.35	250,800
	Prenatal Care Not Reported	569.04	51,808
	Percentage Mothers with Late or No Prenatal Care	23.8%	27.7%
Federally Qualified Health Centers	Total Population	56,511	18,801,310
	Number of Federally Qualified Health Centers	4	406
	Rate of Federally Qualified Health Centers per 100,000 Population	7.08	2.16

Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	215,947	14,671,272
	Total Adults Without Any Regular Doctor	44,948	3,638,104
	Percent Adults Without Any Regular Doctor	20.8%	24.80%
Preventable Hospital Events	Total Medicare Part A Enrollees	17,088	1,506,764
	Ambulatory Care Sensitive Condition Hospital Discharges	11,249	80,828
	Ambulatory Care Sensitive Condition Discharge Rate	65.8	53.6

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	197,449	14,682,954
	Estimated Adults Drinking Excessively	38,265	2,334,590
	Estimated Adults Drinking Excessively (Crude Percentage)	19.4%	15.9%
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	20.3%	17.1%
Physical Inactivity	Total Population Age 20+	210,059	15,678,149
	Population with no Leisure Time Physical Activity	57,264	3,874,964
	Percent Population with no Leisure Time Physical Activity	25.8%	23.6%
Tobacco Usage - Current Smokers	Total Population Age 18+	197,448.91	14,682,954
	Total Adults Regularly Smoking Cigarettes	47,405.69	2,642,932
	Percent Population Smoking Cigarettes (Crude)	24%	18%
	Percent Population Smoking Cigarettes (Age-Adjusted)	25%	18.9%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
Mortality - Lung Disease	Total Population	268,789	19,929,487
	Average Annual Deaths, 2007-2011	219	11,363
	Crude Death Rate (Per 100,000 Pop.)	81.63	57.02
	Age-Adjusted Death Rate (Per 100,000 Pop.)	53.02	38.55
Mortality - Unintentional Injury	Total Population	268,789	19,929,487
	Average Annual Deaths, 2010-2014	166	10,015

	Crude Death Rate (Per 100,000 Pop.)	61.64	50.25
	Age-Adjusted Death Rate (Per 100,000 Pop.)	55.12	44.43
Mortality - Heart Disease	Total Population	268,789	19,929,487
	Average Annual Deaths, 2010-2014	629	44,078
	Crude Death Rate (Per 100,000 Pop.)	234.14	221.17
	Age-Adjusted Death Rate (Per 100,000 Pop.)	158.05	149.9
High Blood Pressure (Adult)	Total Population (Age 18+)	197,448	14,682,954
	Total Adults with High Blood Pressure	58,146	4,155,276
	Percent Adults with High Blood Pressure	29.45%	28.3%
Cancer Incidence - Lung	Estimated Total Population	38,573	2,771,859
	New Cases (Annual Average)	284	16,548
	Cancer Incidence Rate (Per 100,000 Pop.)	73.9	59.7
Mortality - Premature Death	Total Population	254,413	56,417,393
	Total Premature Death, 2014-2016	1,210	256,433
	Total Years of Potential Life Lost, 2014-2016 Average	20,038	4,112,576
	Years of Potential Life Lost, Rate per 100,000 Population	7,876	7,290
Cancer Incidence - Prostate	Estimated Total Population (Male)	18,320	1,300,513
	New Cases (Annual Average)	182	12,667
	Cancer Incidence Rate (Per 100,000 Pop.)	99.3	97.4
Cancer Incidence - Breast	Estimated Total Population (Female)	18,234	1,330,172
	New Cases (Annual Average)	210	15,430
	Cancer Incidence Rate (Per 100,000 Pop.)	115.4	116
Cancer Incidence - Cervix	Estimated Total Population (Female)	14,429	1,048,314
	New Cases (Annual Average)	15	933
	Cancer Incidence Rate (Per 100,000 Pop.)	10.4	8.9
Cancer Incidence - Colon and Rectum	Estimated Total Population	36,530	2,653,116
	New Cases (Annual Average)	145	9,790
	Cancer Incidence Rate (Per 100,000 Pop.)	39.9	36.9
Obesity	Total Population Age 20+	210,253	16,687,277

	Adults with BMI > 30.0 (Obese)	62,575	4,162,381
	Percent Adults with BMI > 30.0 (Obese)	30.2%	26.6%
Overweight	Survey Population (Adults Age 18+)	203,469	14,014,811
	Total Adults Overweight	77,752	5,146,693
	Percent Adults Overweight	38.2%	36.7%
Diabetes (Adult)	Total Population Age 20+	210,444	15,705,775
	Population with Diagnosed Diabetes	26,714	1,715,434
	Population with Diagnosed Diabetes, Age-Adjusted Rate	10.5%	9.22%
Poor General Health	Total Population Age 18+	197,449	14,682,954
	Estimated Population with Poor or Fair Health	38,443	2,525,468
	Crude Percentage	19.5%	17.2%
	Age-Adjusted Percentage	18.3%	15.9%
Mortality - Suicide	Total Population	268,789	19,929,487
	Average Annual Deaths, 2010-2014	50	3,063
	Crude Death Rate (Per 100,000 Pop.)	18.53	15.37
	Age-Adjusted Death Rate (Per 100,000 Pop.)	17.04	14.09
Mortality - Homicide	Total Population	268,789	19,929,487
	Average Annual Deaths, 2010-2014	11	1,202
	Crude Death Rate (Per 100,000 Pop.)	4.27	6.03
	Age-Adjusted Death Rate (Per 100,000 Pop.)	4.61	6.39
Mortality - Cancer	Total Population	268,789	19,929,487
	Average Annual Deaths, 2010-2014	663	43,286
	Crude Death Rate (Per 100,000 Pop.)	246.56	217.19
	Age-Adjusted Death Rate (Per 100,000 Pop.)	168.77	152.86
Mortality - Stroke	Total Population	268,789	19,929,487
	Average Annual Deaths, 2010-2014	150	10,042
	Crude Death Rate (Per 100,000 Pop.)	55.77	50.39
	Age-Adjusted Death Rate (Per 100,000 Pop.)	36.54	33.87
High Cholesterol	Survey Population (Adults Age 18+)	176,027	11,691,020

(Adult)	Total Adults with High Cholesterol	82,863	4,898,256
	Percent Adults with High Cholesterol	47.07%	41.90%
Heart Disease (Adult)	Survey Population (Adults Age 18+)	214,331	14,681,551
	Total Adults with Heart Disease	16,255	822,348
	Percent Adults with Heart Disease	7.6%	5.6%
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	26,498	2,222,669
	Beneficiaries with Depression	5,849	420,851
	Percent with Depression	22.1%	18.9%
Poor Dental Health	Total Population (Age 18+)	194,589	14,682,954
	Total Adults with Poor Dental Health	45,380	2,635,605
	Percent Adults with Poor Dental Health	23.3%	18%
Infant Mortality	Total Births	15,106	1,133,160
	Total Infant Deaths	101	7,932
	Infant Mortality Rate (Per 1,000 Births)	6.7	7
Low Birth Weight	Total Live Births	162,708	1,585,346
	Low Weight Births (Under 2500g)	14,308	137,925
	Low Weight Births, Percent of Total	8.79%	8.7%
Asthma Prevalence	Survey Population (Adults Age 18+)	215,748	14,756,311
	Total Adults with Asthma	33,861	1,841,437
	Percent Adults with Asthma	15.7%	12.5%

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

APPENDIX C: HOSPITAL UTILIZATION & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth Wesley Chapel in 2018.

Emergency Department

1. Stomach Pain
2. Chest Pain
3. Upper Respiratory Infection
4. Urinary Tract Infection
5. Nausea and Vomiting
6. Headache
7. Head Injury
8. Back Pain
9. Fever
10. Sore Throat

Inpatient Admissions

1. Sepsis (life – threatening infection)
2. Live Born Infant (had a baby)
3. Osteoarthritis
4. Hydronephrosis (excess fluid in Kidney), Kidney Failure
5. Respiratory failure w/hypoxia (absence of enough oxygen in tissues)
6. Heart Disease, Heart Failure, Atrial Fibrillation (Irregular, rapid heartbeat), and Heart Attack
7. Pneumonia
8. Chronic Obstructive Pulmonary Disease (COPD)
9. Urinary Tract Infection
10. Hypertensive Heart and Chronic Kidney Disease