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# University Community Hospital, Inc. d/b/a Florida Hospital Tampa Community Health Needs Assessment

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## Executive Summary

The community health needs assessment for University Community Hospital, Inc. d/b/a Florida Hospital Tampa began in April, 2013. Over the course of two months a rapid health needs assessment was conducted through various techniques and data collection methods through the support of the community and hospital.

The following diagram provides a visual model of how the assessment was performed. The inverted layered pyramid depicts the process from a macro perspective of understanding to the micro level of specific health priorities of greatest concern.

Diagram 1: Community Health Needs Assessment Model

Community

Secondary Data

Hospital Data

Primary Data

Health Priorities
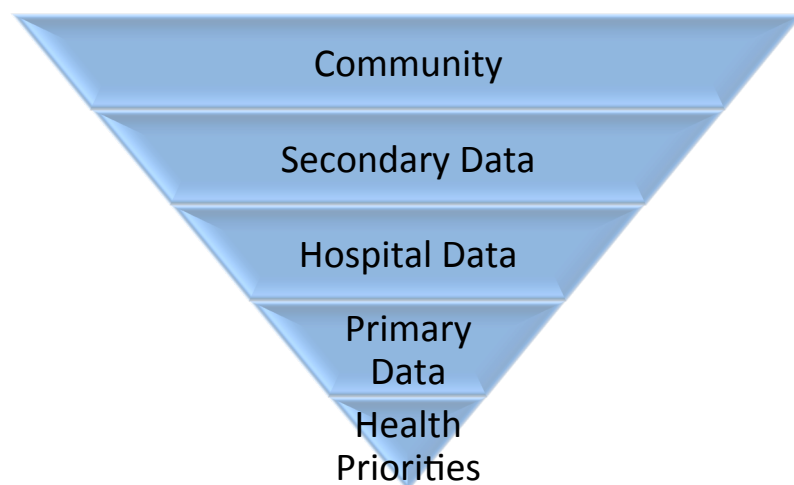
Florida Hospital Tampa (FHT), which holds as its mission, "extending the healing ministry of Christ" believes that compassionate care requires a listening ear and this community health needs assessment is a most helpful and timely way of hearing the community's voices. In addition, FHT, which has served the community for over 40 years, was purchased by Adventist Health System in September of 2010. Since the hospital leadership and brand are new in Tampa, it is especially important for this organization to know and understand the community they serve.

As such, the timing of this health needs assessment proved critical. Throughout the assessment, positive community relationships were developed and community partners were identified; FHT looks forward to continuing these relationships and is grateful to have the opportunity to begin our work with the community.

The assessment employed the use of qualitative and quantitative methods derived from public health and action anthropology. This mixed method and interdisciplinary approach proved to be very successful in beginning to understand the diverse community serviced by FHT.

Our assessment was guided by the socio-ecological model and several of the data collection instruments were developed from this model. Findings from the primary data (community interviews and surveys specifically gathered for this assessment) and from the secondary data (pre-existing regional health related data and prevalence data) guided the selection process for determining the top health needs of our community.

With input from our Community Health Needs Assessment Committee (CHNAC) we used a visual model to filter our top eleven health needs and discuss the feasibility of addressing these needs based on available resources and partners. Our Community Health Needs Assessment Committee represented the broad community including low-

income, minority and underserved populations. Later in this document, we will explain the process that the Committee used to narrow the list of needs from eleven to the following four health priorities for the community served by Florida Hospital Tampa.

The top four identified needs are lack of access to primary care, lack of education and awareness about health preventions and overall health conditions, lack of mental health services, and a high prevalence of obesity and diabetes. The next step in our community benefit process will be to develop and implement a Community Health Plan based on the Needs Assessment, and with input and guidance from the Hospital Health Resource Committee and Community Health Needs Assessment Committee.

## Hospital Description

The Florida Hospital Tampa (FHT) is one of six hospitals in the Florida Hospital Tampa Bay Network. It is part of Adventist Health System, the nation's largest Protestant health care system (45 hospitals) founded over 100 years ago.

FHT is a not-for-profit, 475-bed hospital facility that is home of the renowned Florida Hospital Pepin Heart Institute.  FHT has been first in offering many   service lines such as the first accredited Chest Pain Emergency Room, the first sleep center in Tampa, and the first women's facility to be named a center of excellence by the American Institute of Minimally Invasive Surgery. FHT offers an array of services: neuroscience, orthopedics, rehabilitation, pulmonology, imaging, cardiovascular medicine, surgery, women's services, breast cancer care, obstetrics, pediatrics, pelvic health, wound healing, diabetes and endocrinology, cancer care, sleep medicine, surgical weight loss and outpatient therapy. FHT also houses a free standing women's center dedicated to providing health to women during all stages of life.

## The Community

### Our Community

Our primary service area is nestled in Hillsborough County, which encompasses over 21 zip codes (see figure 1a). Approximately 13% of Hillsborough County residents live below the federal poverty level and approximately 65% of the population has a high school diploma or higher. The Community Health Needs Assessment was conducted in the seven zip codes surrounding the hospital which contribute to the majority (74% based on FHT internal data) of our patient visits: 33604, 33610, 33612, 33613, 33617, 33637, and 33647 (see Figure 1b). These areas were included based on proximity to the hospital and high volume of patient visits. Several of these are fundamentally underserved.

Figure 1a: Primary Service Area of Florida Hospital Tampa



Figure 1b: Immediate Primary Service Area



## The Demographic Profile of Our Community

Our immediate primary service area includes diverse micro-communities, such as the University Area Community (33612 and 33613 zip codes), Nuccio encompassing the 33610 and 33617 zip codes), Temple Terrace (including some of 33617) and New

Tampa (encompassing 33647). These micro communities vary in income, education, living conditions (see Table 1, and Graph1), and are ethnically and culturally diverse (see Graph 2). All zip codes except 33647 show income levels lower than Hillsborough County as a whole.

Table 1: Demographic Profile

| Zip Code | Population | Uninsured | Median Household Income | Per capita Income |
|---|---|---|---|---|
| **33604** | 38,290 | 14,445 | $34,568 | $16,924 |
| **33610** | 38,944 | 15,283 | $31,843 | $15,473 |
| **33612** | 46,643 | 18,756 | $31,192 | $17,315 |
| **33613** | 32,900 | 14,614 | $29,091 | $19,311 |
| **33617** | 43,557 | 4,199 | $38,502 | $21,780 |
| **33637** | 13,601 | 3,542 | $41,449 | $21,284 |
| **33647** | 55,335 | 7,612 | $69,801 | $34,427 |
| **Hillsborough County** | 1,229,389 | 273,869 | $48,636 | $25,321 |

As noted in the following graph, zip codes 33604, 33610, 33612 and 33613,have extremely high rates of uninsured compared to the rest of our service area and Hillsborough County as a whole.

Graph 1: Percent Population Uninsured
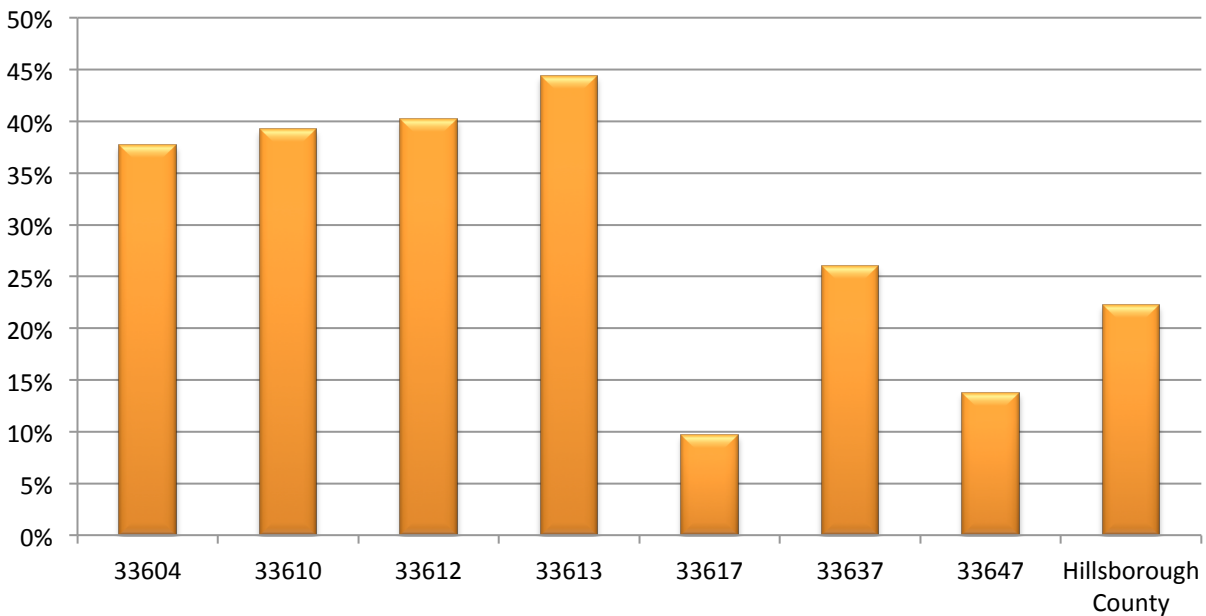
Graph 2: Race: Primary Service Zip Codes vs. Hillsborough County
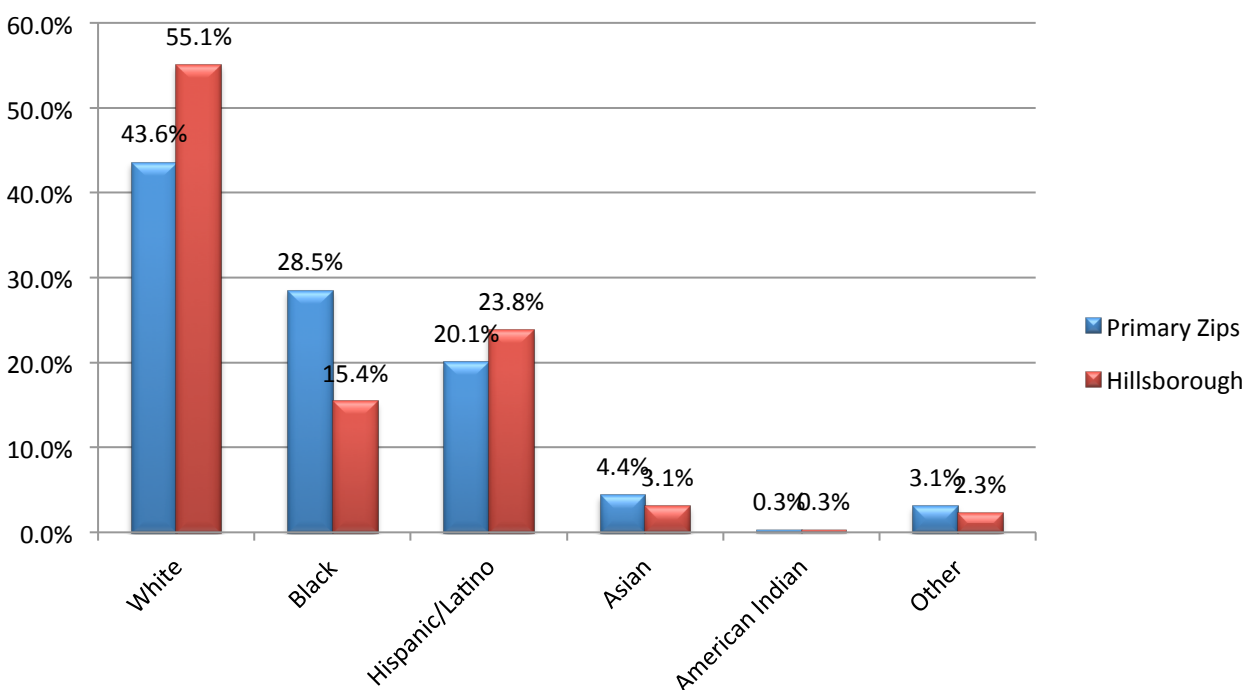


As depicted by Table 1 and Graph 1, five of the seven zip codes in our immediate primary service area host more uninsured, underserved and impoverished people compared to the rest of the county. This is correlated to a number of systemic, structural and behavioral factors that will be discussed further in this report.

Several organizations and key stakeholders in the communities described above are in the process of revival and capacity building. This ongoing transformation is occurring through a variety of mechanisms which are described in this document. This setting is a stage for FHT to join community partners to improve quality of life for members of our primary service area.

## Community Health Needs Data Collection Process

The Community Health Needs Assessment employs a mixed method approach, consisting of stakeholder/key informant interviews, nominal group process interviews, community member interviews, surveys and use of secondary data.

### The Socio-Ecological Model

The Socio-Ecological Model (SEM) is used as the framework for this community health needs assessment. This paradigm allows us to frame the immediate needs of the community and to describe how these needs are influenced by other, more distal factors. Further, this paradigm will be used in order to properly develop our community

health plan. The SEM posits that health behaviors and conditions are affected by numerous factors intertwined in a person's environment[1] (see Diagram 2).

Diagram 2: Socio-Ecological Model



## IRB Approval

The Florida Hospital Tampa (FHT) Institutional Review Board (IRB) is an ethics review board responsible for approving, monitoring and reviewing both biomedical and behavioral research on human subjects. The main priority is to protect them from physical or psychological harm. IRBs are monitored by the Office of Human Research Protections[2]. Since this assessment involved interviews and surveys with individuals from the community it was necessary to receive approval from the FHT Institutional Review Board. This was to ensure that research conducted was ethical and participants felt safe and comfortable when sharing experiences and information for the assessment (See Appendix A for letter of approval).

## Engaging Stakeholders and Community Leaders

Initially, stakeholders were identified through convenience sampling of agencies with a vested interest in the community. These included the Hillsborough County Health Department, local area clinics, the local WIC office, pastors from local congregations and key persons identified by hospital personnel.

After these initial stakeholder interviews, the social network theory was applied to identify other stakeholders and key informants in the community. The social network theory posits that all members in a community are interconnected through language, traditions, cultural norms and expectations[3]. This application was helpful when

identifying other community members and organizations from a variety of backgrounds and with a vested interest in elevating the health of the community.

The selected stakeholders and key leaders were eager to participate and share information on the health of their micro-communities. The 15-plus stakeholders who participated assisted in piecing together the larger mosaic composing our immediate primary service area (see Table 2). Additionally, many of the key informants included were directly tied to the underserved and impoverished communities. All had a deep commitment to improving the quality of life for the members of their community.  Key informant and stake holder interviews were conducted in person using a semi-structured interview guide (See Appendix B).

Table 2: List of Key Informants/Stakeholders

| Name of Informant | What community or group does the Stakeholder represent? |
|---|---|
| Pastor Gerly Germain | Pastor (Haitian community) |
| Pastor Russell Meyer | Director, Florida Council of Churches |
| Cindy Hardy | Florida Department of Health , Hillsborough County |
| Sergeant St. John | Hillsborough County Sheriff's office |
| Bonnie Lambert, Coleen Kremer(school psychologist), Brittany Kier Bayliss (social worker) | Hillsborough County Schools that lie within the primary service area of FHT Liaison for Hillsborough Schools partnership. These schools serve many low-income and minority students. |
| Kelly Bell | Free Clinic Services for uninsured patients |
| Parnell Dickinson | Local business owner |
| Deputy Tabor | Hillsborough County Sheriff's Department |
| Dan Jurman | University Area Community Development Center |
| Corie Spence | WIC supervisor. WIC provides food for low-income women and children of all backgrounds. |
| Ernestine Dickinson | Day care center owner |
| Collin Sullivan | Bridge Clinic. A USF student run free clinic |
| Beverly Ward | Volunteer America with Americorp |

## The Nominal Group Process Method

The Nominal Group Process (NGP) is a best practice method to assist in the development of a community survey instrument. A nominal group process leads to identification and ranking of the needs and/or issues of a community. Community needs can be disease, crime, lack of resources, etc. It is a structured variation of a small group discussion used to reach consensus. A nominal group process gathers information by asking individuals to respond to a question posed by a leader, and then asks the participants to prioritize the ideas or suggestions of all group members[4]. The process prevents the domination of the discussion by a single person, encourages all group members to participate, and results in a set of prioritized solutions or recommendations that represent the group's preferences. The NGP technique was used in the FHT CHNA to determine the items that would be included on our *Community Member Survey*.

## Surveys

This assessment utilized two distinct survey instruments. The first one was developed by the Congregational Health Network sub-committee and was administered to four partners within the hospital's congregational network (See Appendix C). The second survey, *Community Member Survey*, was based on the *Congregational Health Survey* but included fewer questions and slightly different answer options for "health conditions" and "personal risk factors". The findings of the NGP contributed to a broader range of questions informed by the more diverse community perspective regarding health conditions and personal risk factors (See Appendix D).

## Community Member Interviews

Community members who participated in the interviews were identified by our key informants, and all interviews were conducted in person, either in their homes or at their workplace. These thirteen interviews lasted about 20 minutes, and were guided by a semi-structured interview guide (See Appendix E) and often led to more informal conversations regarding the living conditions or quality of life in their community.

## Secondary Data Usage

Secondary data were reviewed to understand the larger issues plaguing our immediate primary service area. Federal regional and hospital data were included. More specifically, data were collected from BRFSS, Healthy People 2020, *MyOneBay*, and

FHT utilization data. Comparison of these data sources led to identification of health concerns and priorities within our immediate primary service area.

## Community Health Needs Assessment Committee (CHNAC)

This committee was founded June 25, 2013. The committee is composed of key informants and stakeholders who participated in the assessment directly and others who advised and guided the process.

Table 3. Community Health Needs Assessment Committee Members
(See Committee Member Attachment for more detail)

| CHNAC Members | Community | FHT |
|---|---|---|
| Ethan Bird | | X |
| Ashley Gallentine | | X |
| Deputy David Tabor | X | |
| Deputy Willie Edom | X | |
| Parnell Dickinson | X | |
| Ernestine Dickinson | X | |
| Anthony Wagener Smith | X | |
| Alan Schneider | | X |
| Kathy Miller | | X |
| Mary Whillock | X | |
| Tammy Long | | X |

| | | |
|---|---|---|
| Mary Ostien | | X |
| Dr. Peter Bath | | X |
| Collin Sullivan | X | |
| Dr. Sandy Swearingen | | X |
| Jim Gaton | | X |
| Brad Cassell | X | |
| Dr. Kay Perrin | X | |
| Dan Jurman | X | |
| Nzuzi Gosin | X | |
| Jan Baskin | | X |
| Jan Shirley | | X |

## Public Health Representation

Dr. Kay Perrin, a public health professor at the University of South Florida, sits on the CHNAC and advised in the development of *Congregational Survey* instrument used. Cindy Hardy, Asst. Community Health Nursing Director, a representative from the Hillsborough County Health Department was interviewed as a key informant and stakeholder. Ethan Bird, the Wellness Director, and Ashley Gallentine, the Community Health Needs Assessment Coordinator, both hold Masters of Public Health degrees and relied on public health methods and theory during the health needs assessment process.

## Preliminary Findings

The community health needs assessment revealed an array of preliminary findings. The following findings will be summarized and illustrated using an inverted pyramid in Diagram1.This pyramid represents the larger picture of health issues occurring in the area and then a narrowing to the specific concerns of our immediate primary service area.

*Secondary Data*

Much of the secondary data was collected from the *Healthy Communities,* a regional health resource assessment website, *BRFSS* (Behavioral Risk Factor Surveillance System), *Healthy People 2020*, which established national health

objectives, and the *Hillsborough County Community Health Profile.* The graph below represents comparisons between the U.S. and the state of Florida.
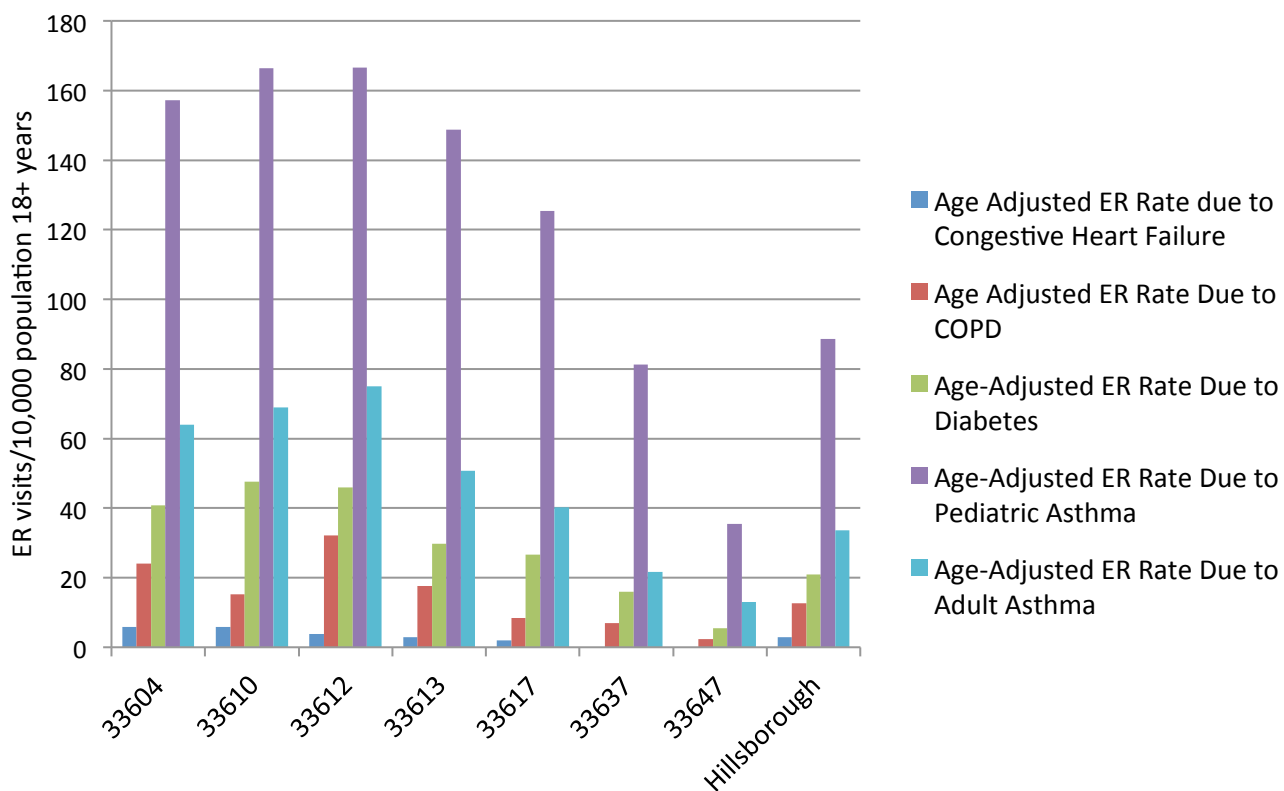
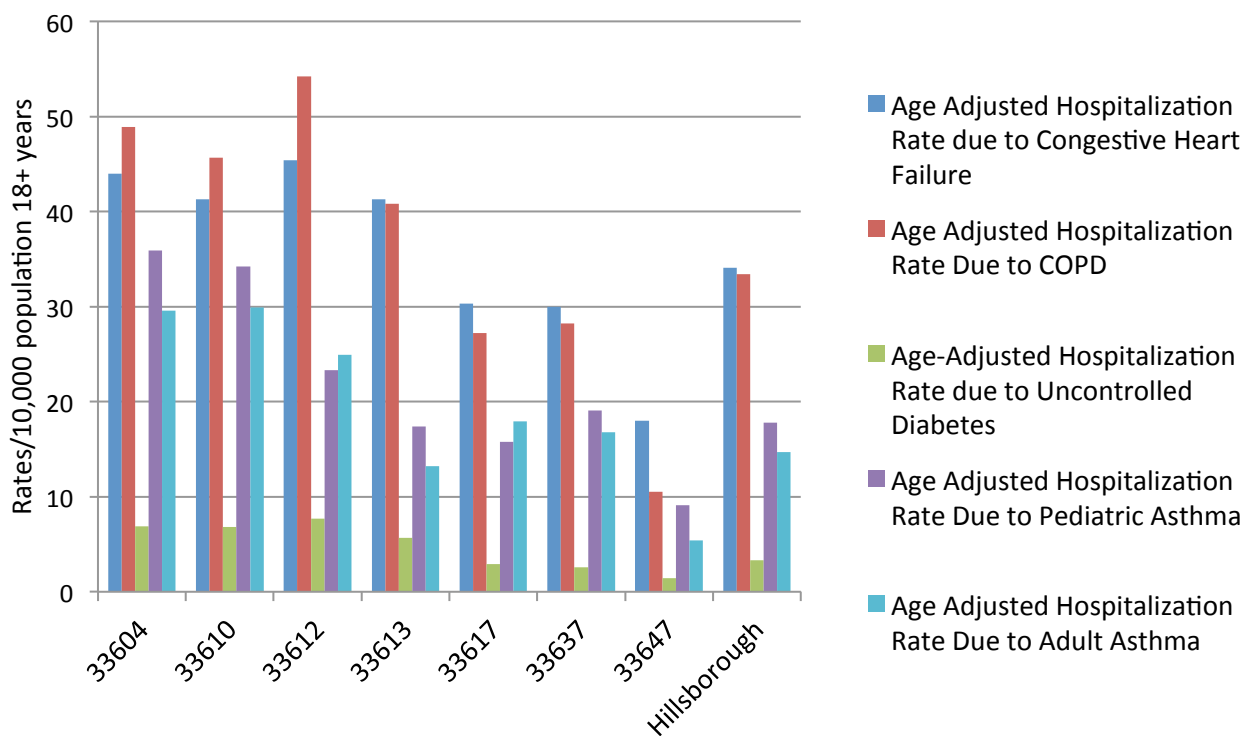Graph 3: Comparisons of Health Indicators 2012
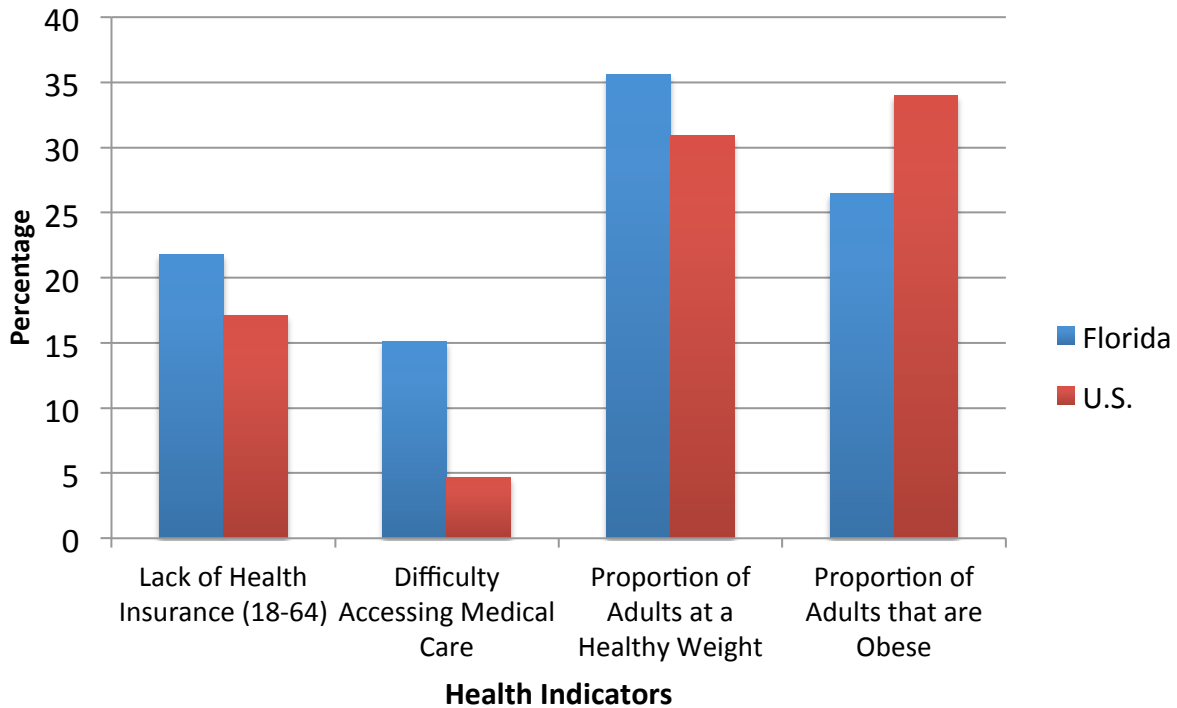


Depicted in Graph 3, the lack of health insurance and difficulty accessing healthcare are notable in our immediate primary service area (see Graph 1).

The following graphs, Graph 4 and Graph 5, depict health indicators most common in our primary service area. Graph 4 shows the health conditions with highest prevalence in the ER. Graph 5 displays the most common reasons for hospitalization.

## Graph 4: Indicator Comparison for Age-Adjusted ER Rates 2012



Legend:
- Age Adjusted ER Rate due to Congestive Heart Failure
- Age Adjusted ER Rate Due to COPD
- Age-Adjusted ER Rate Due to Diabetes
- Age-Adjusted ER Rate Due to Pediatric Asthma
- Age-Adjusted ER Rate Due to Adult Asthma

Y-axis: ER visits/10,000 population 18+ years
X-axis: 33604, 33610, 33612, 33613, 33617, 33637, 33647, Hillsborough

## Graph 5: Indicator Comparison for Age-Adjusted Hospitalization Admissions 2012



Legend:
- Age Adjusted Hospitalization Rate due to Congestive Heart Failure
- Age Adjusted Hospitalization Rate Due to COPD
- Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes
- Age Adjusted Hospitalization Rate Due to Pediatric Asthma
- Age Adjusted Hospitalization Rate Due to Adult Asthma

Y-axis: Rates/10,000 population 18+ years
X-axis: 33604, 33610, 33612, 33613, 33617, 33637, 33647, Hillsborough
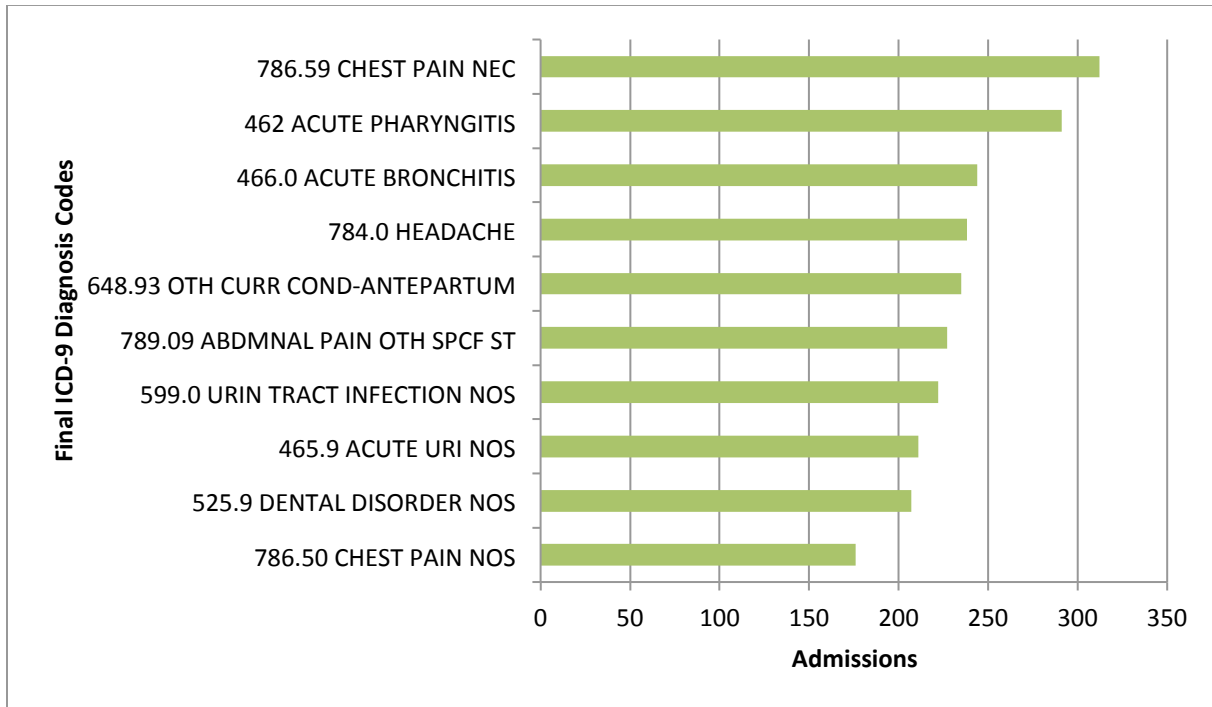
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## Hospital Data

The following graphs display the final diagnoses for ER visits and hospitalizations from January to September of 2013.

Graph 6: Top Diagnoses for All ER Visits in the Immediate PSA 2013
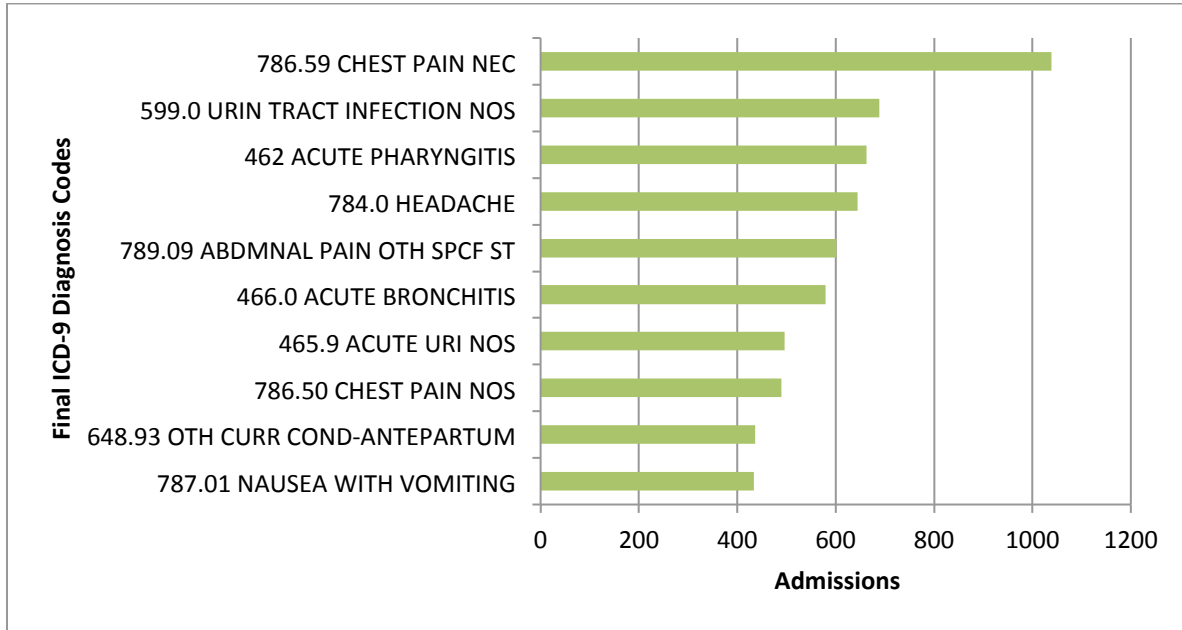


Graph 7: Top Diagnoses for ER Visits, Medicaid and Self Pay Only 2013

As stated previously the hospital data identify health concerns similar to the secondary data, for example, respiratory and chest related diseases. Of note, the Hospital data records a significant volume of several conditions seen in the ER which could be better cared for in a primary care setting.

## *Primary Data*

The primary data included key informants interviews; community member interviews, congregational survey data and community survey data (see Table 4, for totals). The interviews were hand coded to identify emerging themes and were informed by the Socio-Ecological Model (Figure 2). The surveys were entered in *Microsoft Excel v 2010* and descriptive statistics were performed in order to analyze the survey data.

Table 4: Total Data Counts

| Method | Number |
|---|---|
| Community Survey & Congregational Surveys | 51 & 170 |
| NGP | 2 groups (9) & (20) |
| Key Informant/Stake holders Interviews | 12 (individual) 1 Group (3 people) |
| Community Member Interviews | 6 individual (UA) 3 Individual (Nuccio) |
| Total Sample | 274 |

Figure 2: Map of Surveyed Community & Identified Resources and Partners
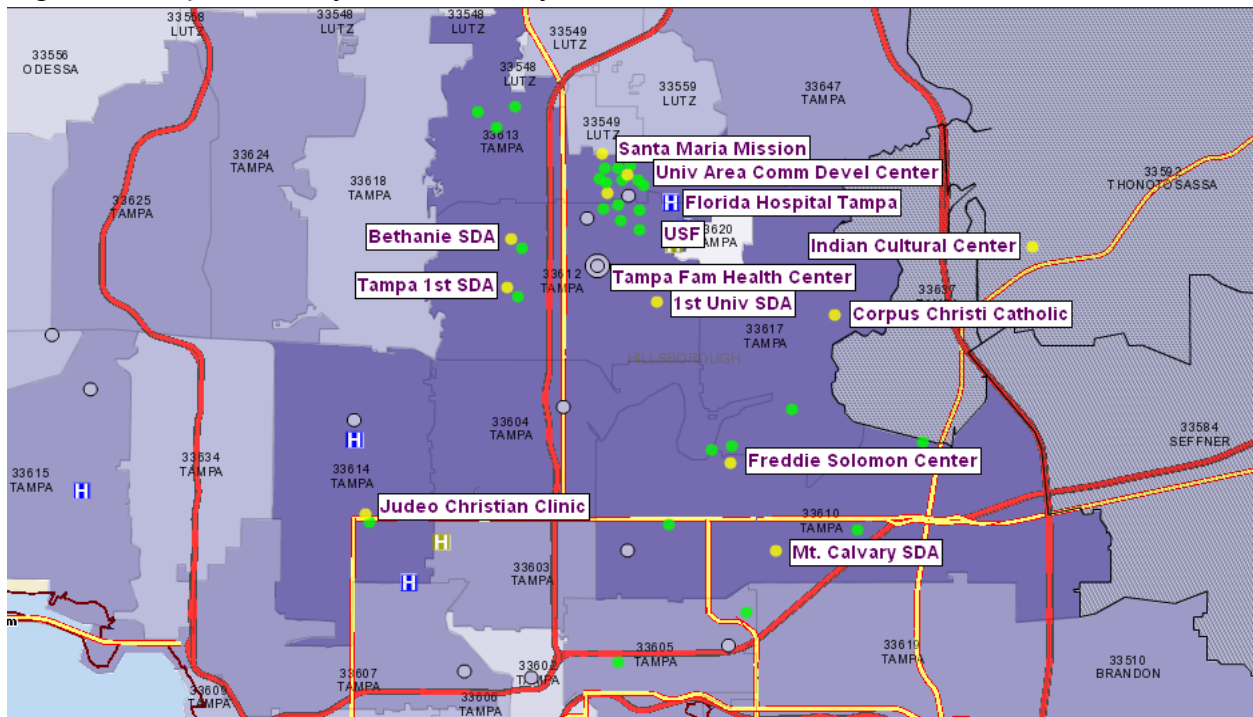


The preceding map represents the areas where interviews or surveys occurred, indicated by the green dots; the community partners and resources identified in the assessment are indicated by the yellow dots.

Table 5 contains stakeholder/key informant interview data, including dates, locations and major issues expressed by the key informants (n=15).

Table 5: Key Informant/Stakeholder Log

| Date | Group or Individual Interview | Location | Name of Informant | What community or group does the Stakeholder represent? | Key Health Issues Identified | Hospital Comments |
|---|---|---|---|---|---|---|
| 5/21/2013 | Individual | Bethanie Church | Pastor Gerly Germain | Pastor (Haitian community) | Chronic disease, diet and exercise, HIV, TB | Conducted in person interview; also discussed potential partnership opportunities |
| 5/7/2013 | Individual | FHT | Pastor Russell Meyer | Florida Council Churches | Mental health issues among the homeless | |
| 5/8/2013 | Individual | Hillsborough County DOH | Cindy Hardy | Hillsborough County Health Department | Provided an overall narrative of this community and the health status of Hillsborough County. | |
| 6/13/2013 | Individual | Hillsborough County Sheriffs Dept | Sergeant St. John | Hillsborough County Sheriff's office | Lack of youth and adolescent programming and after school mentoring, dental and eye care and STDs | |
| 5/15/2013 | Group | Franklin Middle School Boys Prep and | Bonnie Lambert, Coleen Kremer(school psychologist), Brittany Kier Bayliss (social | Hillsborough County Schools that lie within the primary service area of FHT *Liaison for Hillsborough Schools partnership* | Mental health services for children, pediatric asthma (which is correlated to stress and anxiety) | Conducted in person group interview and also discussed potential hospital |
| 5/20/2013 | Individual | Judeo Christian Center | Kelly Bell | Free Clinic Services | Lack of secondary services | In person interview at clinic, had a long conversation regarding the community issues. Toured the clinic after. |
| 5/22/2013 | Individual | Pepin Heart Hospital | Parnell Dickinson | Local business owner | Lack of afterhours clinics for parents, lack of screenings and testing for kids, lack of access to care | |
| 6/5/2013 | Individual | FHT | Deputy Tabor | Hillsborough County Sheriff's Department, District 1. | Substance abuse, poverty, deplorable living conditions | |
| 6/10/2013 | Individual | UADCD | Dan Jurman | University Area Community Development Center | Type 1 violence, culturally competent primary care, poverty, deplorable living conditions, teen pregnancy, mental health | |
| 6/5/2013 | Individual | WIC | Corie Spence | WIC supervisor | Lack of nutritional programming for parents | |
| 6/11/2013 | Individual | Children's Discovery Center | Ernestine Dickinson | Day care center owner | Lack of education/programming for parents on proper child nutrition, | |
| 6/6/2013 | Individual | Oxford Exchange | Collin Sullivan | Bridge Clinic | Lack of communication among health services | |
| 6/7/2013 | Individual | Apartment Complex | Beverly Ward | Volunteer America | Woman using ER as primary care, have no insurance, she signs them up | |

Table 6: Main Themes and Frequency from Qualitative Data

| Domain | Theme | Frequency | Representative Quote |
|---|---|---|---|
| **Health Issues** | Mental Health | 17 | *"poor mental health is the root problem, this needs to be fixed first", "there are no supportive services for people once they get out [referrring to children being Baker enacted]", "mental health conditions are so common around here and for so many different reasons, we need more services", "* |
| | Alcoholism | 10 | |
| | Asthma (Pediatric | 27 | *"we have too many kids coming in here with asthma and the parents have no idea how to admisiter the medication"* |
| | Child Malnutrition | 20 | |
| | Child Health | 35 | *"there is no where to get their school shots", "the kids are the ones who suffer the most, especially outside of school when they are* |
| | Diabetes | 9 | |
| | STDs/HIV | 22 | *"kids are just giving to each other, they are so angry"* |
| | Drug Use | 12 | *"I can't go a day with out seeing someone get high on something", "they [users] would rather get high than buy food"* |
| **Barriers to Care** | Transportation | 10 | *"need more bus passes"* |
| | Lack of referrals to specialty services | 17 | *"we do not have the ability to provide referrals to specialists, we need more specialty care"* |
| | Lack of community clinics with after hours | 19 | *"how [am] I supposed to get their [the kids] shots when the offices are closed"* |
| | Lack of insurance | | *"the system is against you, I just need someone to show me how to sign up for it, that's all"* |
| | Lack of primary care | 21 | *"too many of my clients are using the ER as a primary physician"* |
| **Negative Environmental/ Structural Issues** | Lack of safe spaces/ programming for kids | 37 | *"The kids need safe places to go play and learn and grow", "these babies are running around in the streets, and no one is even looking for them", "they want the structure, they want the discipline, they are practically screaming for it"* |
| | NO community capacity (33612 & 33613) | 5 | *" there is no sense of community", "people don't care about each other in this neighborhood"* |
| | Lack of Education & Awareness | 18 | *"People don't know what they don't know", "these parents need to be educated on how to properly administer meds",* |
| **Positive Environmental/ Structural Issues** | Strong presence of Officers | 7 | |
| | Multi-generational community (33610, 33617) | 4 | |

Table 6 depicts the main domains that emerged during the qualitative analysis. Also noted are themes which emerged under each domain with frequency count and some representative quotes.

Graph 8: Top Health Conditions from the Congregational Surveys (n=170)
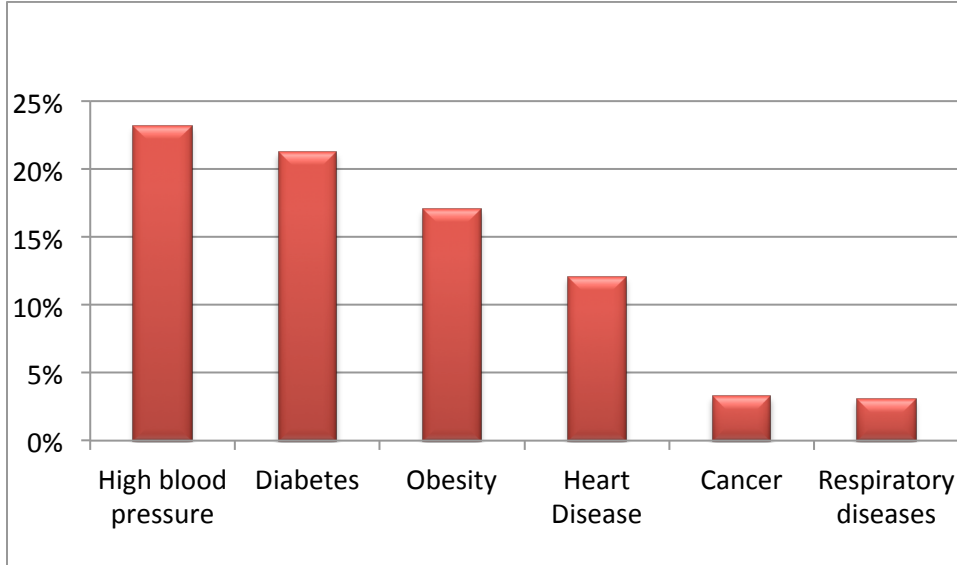


Graph 9: Top Health Conditions Reported on the Community Member Survey (n=51)
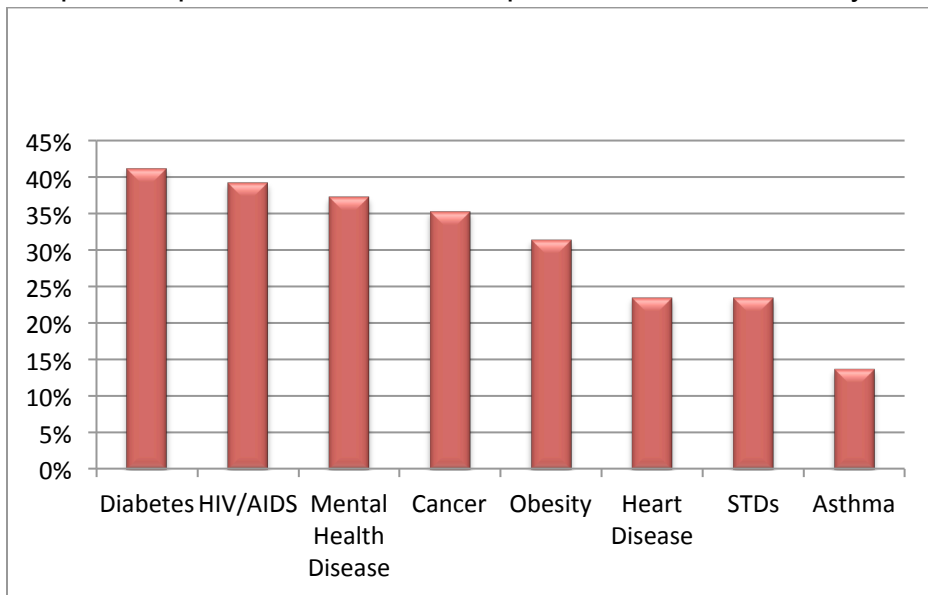
Graph 10  shows the most common health conditions as reported by the *Congregational Health Survey*, and Graph 11 displays the top health conditions as reported on the *Community Member Survey*. There are some similarities, however, during the assessment the survey tool was changed to reflect the findings from the nominal group process, as discussed previously. This is important to note since the community survey is representative of additional concerns the community has regarding health conditions.

Graph 10: Aggregated Responses for Quality of Life and Perceived Health Statuses
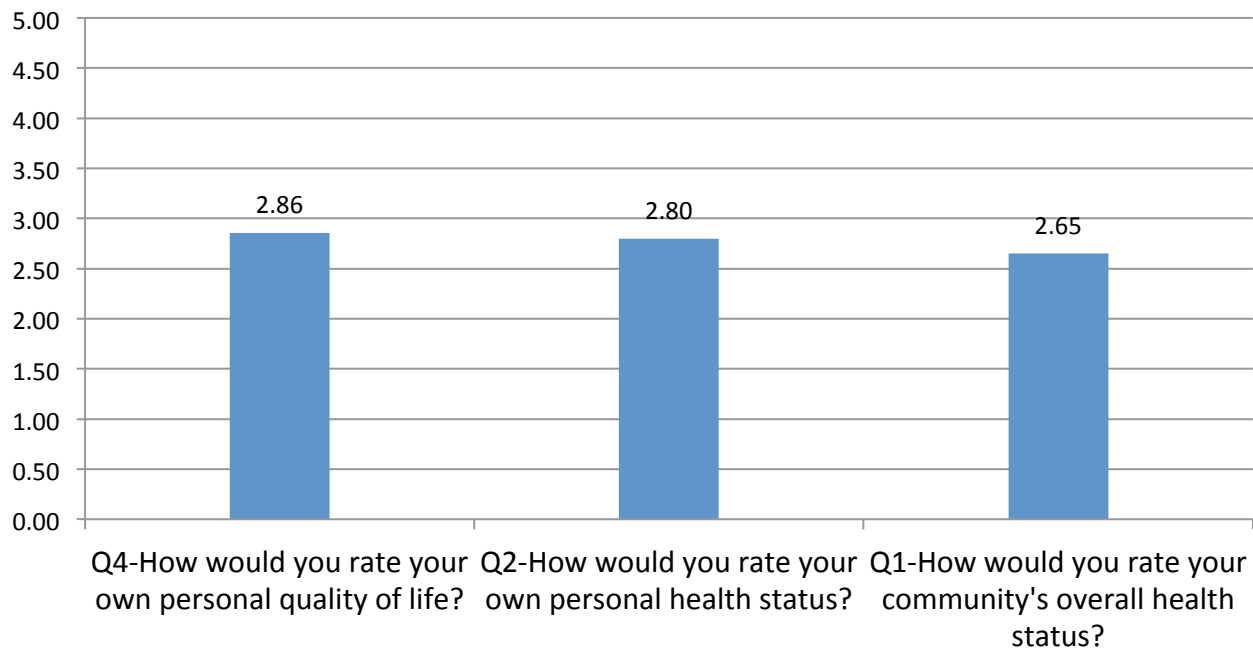


Graph 12 shows the responses from three questions asked on both the congregational survey and the community survey. These responses were combined and analyzed to provide an overall depiction of how the member rated; their quality of life, their own health status and their community's overall health status. These were interesting and disheartening findings since the average response rated below "good". [Scale: 1=poor, 2=fair, 3=good, 4-very good, 5=excellent]. According to the Hillsborough County Community Profile, 42% perceived health status as "fair" or "poor" among those with no high school diploma.

*Overall High Level Findings*

Table 7: Health Priorities

| List the top 8-10 health priorities determined by Primary (local) Data collected from local community /multi-hospital health assessments, interviews, surveys, etc. | | | |
|---|---|---|---|
| 1 | Obesity | 6 | Child Malnutrition |
| 2 | Pediatric Asthma | 7 | Transportation |
| 3 | Mental Health | 8 | STDs |
| 4 | Maternal & Child Health | 9 | Lack of Primary Care |
| 5 | Diabetes | 10 | Lack of Education and Awareness |
| List the 8-10 health priorities determined by Secondary Data from AHS, Health Department and other publicly available sources. | | | |
| 1 | Rate of Uninsured | 6 | Teen Pregnancy |
| 2 | Poverty/Impoverished | 7 | Cancer |
| 3 | Pediatric Asthma | 8 | Diabetes |
| 4 | Heart Disease | 9 | Child Abuse |
| 5 | Obesity | 10 | Substance abuse |
| List the 8-10 health priorities determined by internal Hospital Data | | | |
| 1 | Respiratory Related Diseases | 6 | Septicemia |
| 2 | Chest Pain (Anxiety and Stress Related) | 7 | Cardiovascular Related Diseases |
| 3 | Urinary Tract Infection | 8 | Musculoskeletal Diseases |
| 4 | Abdominal Related Health Issues | | |
| 5 | Headaches | | |

## Health Priority Selection Process

The prevalence-ranked health priorities listed in the three categories above (see Table 7) were compared and aggregated based on similarity of health condition. Since many of the priorities overlapped across the different types of data (Primary, Secondary and Hospital data) these priorities were easily compiled and aggregated. This process was conducted by the Director of Wellness, Ethan Bird, and the Community Health Needs Assessment Coordinator, Ashley Gallentine, and resulted in 11 health priorities listed in Table 8, but not in order of prevalence.

Table 8: Aggregated Health Priorities

| Mental Health | Maternal and Child Health | Teen Pregnancy |
|---|---|---|
| Lack of Education & Awareness | Lack of Access to Primary Care | Respiratory Related Diseases |
| Obesity | Diabetes | Heart Disease |
| Pediatric Asthma | Rate of Uninsured | |

The Community Health Needs Assessment Committee (CHNAC), in a September meeting, narrowed down these 11 health priorities to four health priorities based upon how the committee perceived these conditions could be addressed by partnering with the hospital. The selection process was guided by a discussion among CHNAC members through the use of a visual model which depicts how these health concerns could be addressed through the use of community partners and necessary resources (see Figure 3).

Figure 3: Community Health Plan Model for Selection Process



This visual aid guided the discussion as the committee addressed each of the 11 health priorities. This allowed for an open dialogue about the likelihood of addressing each health priority. By filtering the priorities through the above model we were able to discuss the feasibility for addressing these needs based on the available resources and partners. Once each priority was conferred upon, an iCLicker system was used. This electronic polling system allows  respondents to anonymously choose an item using an electronic remote. Results are immediately available and visible. The top four priorities

that were selected were: "Mental Health", "Diabetes", "Lack of Access to Primary Care", and "Lack of Education and Awareness".

## Asset Inventory

Based on the top four selected health priorities, Appendix F depicts  an asset inventory that  reports on both hospital and community resources

## Discussion

In summary, our main findings were interpreted using the Socio-Ecological Model (see Figure 2). The main domains and findings were reduced to health conditions and barriers to care. These were then narrowed down to four main health priorities decided and agreed upon by the CHNAC using the Community Health Plan Model (see Figure 3) as a guiding framework. Guided by these four priorities and a comprehensive list of hospital and community resources we are equipped to move into the Community Health Plan phase.

## Future Directions

Developing the community plan will require continued community engagement and relationship building with our community partners. The best approach for elevating the health of our community depends on effective collaboration between Florida Hospital Tampa with other community organizations. The sustainable strategy for a community health plan is one of alignment and mutual support and referral.  Figure 4 portrays the relationship of Florida Hospital Tampa with community partners with the purpose of addressing systemic health issues and elevating the health of our community.

<u>Figure 4: Elevating Health</u>
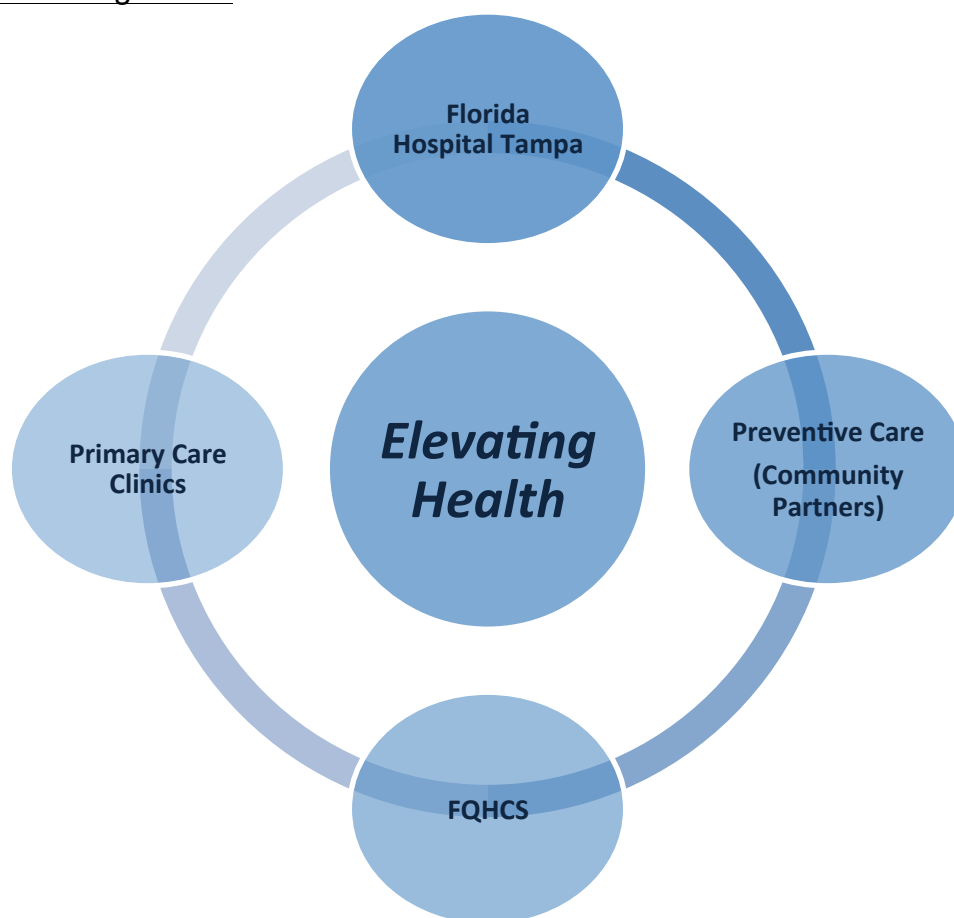


## Data Resources

http://www.hillscountyhealth.org/pdf/HCHD_2010-2011_Community_Health_Profile_Report.pdf. *Retrieved 5/2013.*

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# Appendix A: IRB Letter of Approval

**FLORIDA HOSPITAL
PEPIN HEART INSTITUTE**

*Dr. Kiran C. Patel Research Institute*
*The skill to heal. The spirit to care.®*

May 20, 2013

Ethan Bird, MPH, CWWPM
Director, Wellness Program
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, FL 33613

RE:  Expedited Initial Review: **IRB #: 2013-015-463146-1**
      Approval Status: **Approved**
      Effective Date: 05/20/13

      Protocol Title: **"Community Health Needs Assessment"**

Dear Mr. Bird,

The Florida Hospital Tampa Bay Division Institutional Review Board (IRB) acknowledges receipt of the Initial Review for the **Community Health Needs Assessment** research protocol. The IRB has reviewed and approved by Expedited Review, the following:

- Initial Application dated 05/02/13
- Informed Consent Form: v. 1, 4/30/13 (phase 1 and 3b) (UPDATED: 05/2/2013)
- Informed Consent Form: v. 1, 4/30/13, NGP Consent Form (Phase 2) (UPDATED: 05/3/2013)
- Questionnaire/Survey - Phase 1 Interview Guide (UPDATED: 05/9/2013)
- Questionnaire/Survey - Phase 3a-Survey (UPDATED: 05/9/2013)
- Questionnaire/Survey - Phase 3b - Community Member Interview Guide (UPDATED: 05/9/2013)
- Protocol: FHT CHNA, V. 01 (UPDATED: 05/9/2013)
- CV/Resume - Ethan Bird (UPDATED: 05/6/2013)
- CV/Resume - Ashley Gallentine (UPDATED: 05/6/2013)

## Expedited Review Eligibility – 45 CFR 46.110

An IRB may use the expedited review procedure to review either or both of the following:

1. Some or all of the research appearing on the list and found by the reviewer(s) to involve no more than minimal risk.

   The Secretary, HHS, has established, and published as a Notice in the FEDERAL REGISTER, a list of categories of research that may be reviewed by the IRB through an expedited review procedure.

2. Minor changes in previously approved research during the period (of one year or less) for which approval is authorized.

- 1 -

# Appendix B: Stakeholder Semi-Structured Interview Guide

**Key Informant/Stakeholder Interview Guide:**

Thank you for taking the time to speak with me today. I would like to talk to you about your perceptions of this community's overall health status and access to services. As I mentioned earlier I am conducting a community health needs assessment along with Ethan Bird. The purpose of this community health needs assessment is to help Florida Hospital Tampa fulfill its mission of elevating healthcare and to meet the requirements for non-profits. Every three years the hospital must conduct a health needs assessment of the community it services and develop a plan to meet these health needs. I am interested in all your thoughts regarding disease prevalence, gaps in services, overall access to health care, and areas that need improvement. I would like to audiotape this interview- please note it will be kept confidential and is anonymous, and at any time we can turn-off the recorder. Also you do not have to answer any questions you do not feel comfortable with. Is this alright? Do you have any questions before we begin?

What is your background and roles in this community?

What health issues do you think are most important in the community you represent?

Do you believe there are environmental contributors that negatively or positively affect the health status in this community?

> Please list them.

Are there sectors of the community you believe are underserved?

> How would you define "underserved"?

> What services are missing?

What community groups are effective in serving those underserved sectors?

> Are there representatives of those groups who would be interested in sharing their thoughts / experiences?

Could you refer us to individuals in the community whom we could talk with about community health issues?

How well do you think the hospital communicates best with the community? (ie flyers, website, etc.)


Is there anything else you would like to tell me that we did not discuss?


Thank you so much for your time.

(ask if they have any recommendations of other community representatives of centers that may be interested in participating)

# Appendix C: Congregational Health Survey

## Community Health Needs Survey

*You are being asked to complete this survey as a member of the community that the [Church Name] serves. We would like to know your thoughts about the health of this community. By answering this survey you are agreeing to be a part of our assessment. Please complete both sides. Your answers are anonymous and will only be used for the purpose of this community assessment. Thank you for your time* ☺

_____

Which of the following describe how you would define your quality of life?
- o Affordable, safe living
- o Happiness
- o Good health
- o Financial stability
- o Comfortable Living
- o Quality Food
- o Quality and affordable health care
- o Other(s) _____

Which **three** conditions do you believe are the most common in your community?
- o HIV/AIDS
- o Cancer
- o Heart Disease
- o Mental Health Disease
- o STDs
- o Diabetes
- o Obesity
- o Asthma
- o Diabetes
- o Other(s) _____

Which **three personal risk factors** do you believe are the most common in your community?
- o Smoking
- o Poor nutrition
- o Overwork / lack of rest
- o Lack of physical activity
- o Lack of immunization
- o Stress/Worrying
- o Lack of Screening/Testing
- o Poor Dental care
- o Other(s) _____

What do you think are the **three best ways** [Church Name] should share information (community activities, health information, etc.)
- o Local Newspaper
- o Radio Ads
- o TV
- o Hospital Website
- o Active Advertising
- o Flyers
- o Groups in your community churches or schools)
- o Billboards
- o Other(s) _____

| | Poor | Fair | Good | Very Good | Excellent | Don't know |
|---|---|---|---|---|---|---|
| How would you rate the health status of this community? | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| How would you rate your health status? | | | | | | |
| How would you rate your quality of life (mental/social/environmental)? | | | | | | |

Who or what organization in our community does a good job of promoting health?
_____
_____

Please complete the following information about yourself:

- Age_____
- Male / Female
- Home zip code_____

Please specify your Race/Ethnicity

- White
- Black or African American
- Hispanic
- Asian
- Middle Eastern
- Native Hawaiian or Pacific Islander
- American Indian, Alaska Native
- Other: [specify]_____

What is your total household income?

- Less than $10,000
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $69,999
- $70,000 to $79,999

Are you currently...?

- Employed for wages
- Self-employed

o Out of work and looking for work
o Out of work but not currently looking for work
o A homemaker
o A student
o Retired
o Unable to work

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### Community Health Needs Survey

*You are being asked to complete this survey as a member of the community that the Florida Hospital Tampa serves. We would like to know your thoughts about the health of this community. By answering this survey you are agreeing to be a part of our assessment. Please complete both sides. Your answers are anonymous and will only be used for the purpose of this community assessment. Thank you for your time* ☺

_____

Which of the following describe how you would define your quality of life?
- Affordable, safe living
- Happiness
- Good health
- Financial stability
- Comfortable Living
- Quality Food
- Quality and affordable health care
- Other(s) _____

Which **three** conditions do you believe are the most common in your community?
- HIV/AIDS
- Cancer
- Heart Disease
- Mental Health Disease
- STDs
- Diabetes
- Obesity
- Asthma
- Diabetes
- Other(s) _____

Which **three personal risk factors** do you believe are the most common in your community?
- Smoking
- Poor nutrition
- Overwork / lack of rest
- Lack of physical activity
- Lack of immunization
- Stress/Worrying
- Lack of Screening/Testing
- Poor Dental care
- Other(s) _____
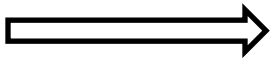
What do you think are the **three best ways** the hospital should share information (community activities, health information, etc.)
- Local Newspaper
- Radio Ads
- TV
- Hospital Website
- Active Advertising
- Flyers around the hospital
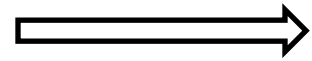- Groups in your community churches or schools)
- Billboards
- Other(s) _____

| | Poor | Fair | Good | Very Good | Excellent | Don't know |
|---|---|---|---|---|---|---|
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| How would you rate the health status of this community? | | | | | | |
| How would you rate your health status? | | | | | | |
| How would you rate your quality of life (mental/social/environmental)? | | | | | | |

**Just a few more questions about yourself on the back…….**

Who or what organization in our community does a good job of promoting health?
_____
_____

Please complete the following information about yourself:

- Age_____
- Male / Female
- Home zip code_____

Please specify your Race/Ethnicity

- White
- Black or African American
- Hispanic
- Asian
- Middle Eastern
- Native Hawaiian or Pacific Islander
- American Indian, Alaska Native
- Other: [specify]_____

What is your total household income?

- Less than $10,000
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $69,999
- $70,000 to $79,999

Are you currently...?

- o Employed for wage
- o Self-employed
- o Out of work and looking for work
- o Out of work but not currently looking for work
- o A homemaker
- o A student
- o Retired
- o Unable to work

**The Florida Hospital Tampa THANKS YOU!!** ☺

# Appendix E: Community Member Interview Guide

**Community Member Interview Guide:**

Thank you for taking the time to speak with me today. I would like to talk to you about your perceptions of this community's overall health status and access to services. As I mentioned earlier I am conducting a community health needs assessment along with Ethan Bird. The purpose of this community health needs assessment is to help Florida Hospital Tampa fulfill its mission of elevating healthcare and to meet the requirements for non-profits. Every three years the hospital must conduct a health needs assessment of the community it services and develop a plan to meet these health needs. I am interested in all your thoughts regarding disease prevalence, gaps in services, overall access to health care, and areas that need improvement. I would like to audiotape this interview- please note it will be kept confidential and is anonymous, and at any time we can turn-off the recorder. Also you do not have to answer any questions you do not feel comfortable with. Is this alright? Do you have any questions before we begin?

What do you feel your health status is?

      How would you describe that?

Do you believe there are environmental contributors that negatively or positively affect your health status?

      Please list them.

What services in the community do you use?

      How well do they meet your needs?

      How often do you visit these places?

      Do you wish you had more options?

Do you feel there are any barriers stopping you from getting the health services you want?

How well do you think the hospital communicates with the community and what ways are the best forms of communication? (website, email, flyers, radio announcements?)

Is there anything else you would like to tell me that we did not discuss?

Thank you so much for your time.

**Adventist** HEALTH SYSTEM

*Hospital Name: Florida Hospital Tampa*

*Community Health Needs Coordinator: Ashley Gallentine*

*Year: 2013*

| Area of Focus defined by Primary/Secondary Data & CHNAC | Current Community Programs | Current Hospital Programs | Potential Projects *(optional but helpful for guiding the HHNAC and CHNAC)* |
|---|---|---|---|
| Access to free/affordable care- Low penetration of free primary care services | ✓ FQHCs providing sliding-scale primary care, pharmacy and dental services<br>✓ Indian Physicians Association<br>✓ TFHC navigator (posted in ED)<br>✓ 211communcation with community<br>✓ Bridge Clinic at USF<br>✓ Lee Davis Center (free clinic)<br>✓ Judeo-Christian coalition<br>✓ Suncoast Community Health Center<br>✓ Congregational Health Network (CHN)<br>✓ Red Crescent Clinic<br>✓ Southwest Dental<br>✓ Metropolitan Ministries<br>✓ Goodwill<br>✓ United Way<br>✓ Islamic Health Clinic<br>✓ Hillsborough County Dental Association Coalition<br>✓ Health Council Patient Assistance Program | ✓ Help with conversion to Medicaid<br>✓ Case management referrals to medical home<br>✓ Volunteers to assist in primary care clinics in the community<br>✓ Physicians taking secondary referrals as pro-bono cases | ✓ Work with FQHC to better coordinate referrals for primary care<br>✓ Work with community partners to develop a better system for secondary care<br>✓ Develop enrollment outreach program for potential Medicaid patients<br>✓ Mobile clinics at CHN sites and community centers<br>✓ Provide a primary care model in Nuccio Community (at FSC Center or Mt Calvary)<br>✓ Screenings/immunizations at community sites<br>✓ Provide physicals for back to school and athletic programming<br>✓ Work with FQHC on ER Diversion |

| High prevalence of diabetes and uncontrolled diabetes in primary service area of Tampa (Primary & Secondary data) | ✓ Congregational Health Network (CHN)<br>✓ 7 Federally Qualified Health Clinics provide sliding scale primary and specialty care.<br>✓ FQHCs provide Diabetes Education<br>✓ County Health Department provides free diabetes education<br>✓ YMCA provides free mini-diabetes programming<br>✓ American Diabetes Association outreach and educational materials<br>✓ Health Department diabetes education program<br>✓ Family Justice Center | ✓ DEI provides scholarships for diabetes self-management courses.<br>✓ DEI provides free transportation<br>✓ Free screenings for glucose<br>✓ Diabetes Education program<br>✓ Health Screenings<br>✓ Medical Weight Loss Programs | ✓ Work with community partners to develop a better system for secondary care<br>✓ Develop enrollment outreach program for potential Medicaid patients<br>✓ Develop educational programming to implement within CHN by partnering with Dietician and diabetic supply company<br>✓ Hold grocery store tours as part of educational programming<br>✓ Community Screenings<br>✓ Workshops and classes in community centers and churches to increase diabetes awareness and education<br><br>✓ Screenings & education programs in Hispanic neighborhoods<br>✓ Take hospital diabetes program out into the community<br>✓ Conduct screenings<br>✓ Blood glucose monitoring program |
|---|---|---|---|
| Obesity (Primary data) | ✓ Health Department<br>✓ SDA churches<br>✓ | ✓ Medical weight loss program<br>✓ Screenings (?) | ✓ Arrange transportation for education and screenings<br>✓ Improve marketing for current successful congregation-based weight loss programs<br>✓ Provide scholarships for medical weight loss in DEI<br>✓ Congregations sponsor community physical fitness challenges |
| Lack of education and Awareness | ✓ CREATION health<br>✓ Congregational Life classes | ✓ Hillsborough County School Partnership<br>✓ Congregational Health Network | ✓ Training Community Health Workers in UACDC centers of FSC<br>✓ Workshops and Educational Programming in our partnering school locations<br>✓ Incorporating educational services and programming into the Congregational Health Network |