2015 Community Health Needs Assessment

Shriners Hospitals for Children® — Tampa

Prepared by: Shriners Hospitals for Children - Tampa Assessment Advisory Committee
Mission and Vision

Mission

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.\textsuperscript{1}
- Provide for the education of physicians and other healthcare professionals.\textsuperscript{1}
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.\textsuperscript{1}

***This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin or ability of a patient or family to pay.\textsuperscript{1}

Vision

- Become the best at transforming children’s lives by providing exceptional healthcare through innovative research in a patient and family-centered environment.\textsuperscript{1}

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Our Commitment to the Community

The intent of the CHNA was to gain insight into the social determinants of the Hillsborough County, FL community and identify the immediate and future health needs of its population through the analysis of data collected from multiple primary and secondary data sources. SHC – Tampa engaged local non-profit organizations, community stakeholders, and residents through the use of surveys, key informant interviews, and focus group discussions to learn their top healthcare concerns. Additional community health needs (CHNs) were identified during the secondary data collection process utilizing resources such as the U.S. Census Bureau, the Centers for Medicare and Medicaid, American Community Survey, U.S. Department of Health and Human Services and Health Resources and Services Administration.
The top community health needs identified were prioritized based on how the issue fit into our scope of service, and the availability of hospital programs, systems, staff and support services to adequately address the issue. An action plan was developed to articulate specific goals and describes the action steps and resources needed to accomplish them.

Introduction: Overview of Shriners Hospitals for Children

Each day inside Shriners Hospitals for Children, patients and families say thank you to the Shriners – the men in the red fezzes. Our model for care was imagined and established by the Shriners, the fraternal organization for which the hospital is named. Determined to give all children access to specialized pediatric care, the Shriners opened their first hospital in 1922. Polio was reaching epidemic proportions and only families of means had ready access to doctors, leaving thousands of children at risk without health care.

Shriners Hospitals for Children opened as a place where children suffering from the crippling effects of polio, clubfoot and other orthopaedic conditions could receive life-changing medical care. Recognized as one of the world’s greatest philanthropies, Shriners Hospitals for Children has evolved into an international system of 22 hospitals recognized for devotion to transforming the lives of children through expert care and research. It is a destination of choice for parents whose children have orthopaedic conditions, burns, spinal cord injuries, cleft lip and palate and other complex surgical needs.

The hospital accepts many types of insurance, including Medicaid. However, there are no barriers to care as we accept all patients regardless of the families’ ability to pay.

About Shriners Hospitals for Children — Tampa

Shriners Hospitals for Children — Tampa is changing lives every day through innovative pediatric specialty care, focusing on a wide range of orthopaedic conditions, including rare diseases and syndromes. When you visit Shriners Hospitals for Children — Tampa you might see your neighbors and might also meet families visiting from across Florida and south Georgia, as well as from other countries. All services are provided in a family-centered environment. We are located on the campus of the University of South Florida. The close proximity allows us to
share resources. Some of our physicians hold teaching appointments at the Morsani College of Medicine.

The hospital opened in 1985. For the past 30 years, we have been bringing “Love to the Rescue” to more than 50,000 children with orthopaedic conditions. Our world-renowned specialty care, innovative research and outstanding teaching programs have transformed patients back into kids.⁴
Process, Methods, and Key Findings

Primary Data Collection

The primary data collection was provided by Healthy Hillsborough, in conjunction with Collaborative Labs St. Petersburg College, a group of organizations that came together to discuss the health issues and the strategies needed to overcome the identified issues. Recognizing the group’s importance in changing health dynamics throughout the county, SHC — Tampa now has representation on the Healthy Hillsborough Collaborative Steering Committee and actively participated in group discussions. Their data collection process included engaging members of the community through the use of:

A. Surveys
B. Key informant interviews
C. Focus group discussions

A. Surveys

A survey was created, an adaption from NACCHO (National Association of County & City Health Officials) and expanded as appropriate, with hard copies administered by interns and selected agencies with results entered via special links to Survey Monkey. The survey began November 17, 2015 and ended February 8, 2016. A total of 3,435 usable responses were obtained. The most significant health problems, outlined in Table 1, were identified by responding Hillsborough County residents. Additional takeaways from survey collection included the following:

- 2/3 of the respondents see their own health as “Healthy” or “Very Healthy”, but 7% admit they are “Unhealthy”
- 1 in 6 do not have a regular medical provider
- 1 in 6 say they needed medical care in the last year but did not get it
  - 1 in 3 of those without a medical provider did not get the needed care
- 1 in 10 do not have health insurance
- The most risky behaviors are drug abuse, alcohol abuse, and poor eating habits
- Top factors that affect quality of life are low crime/safe neighborhoods, good jobs/healthy economy, good schools, and good place to raise children
Table 1: Community Survey Results (Health Concerns)

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Most Important</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being overweight</td>
<td>21.3%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Cancers</td>
<td>19.0%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Aging problems</td>
<td>11.3%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>7.0%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5.9%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>6.1%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Motor vehicle crash injuries</td>
<td>5.6%</td>
<td>18.3%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>3.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Child abuse / neglect</td>
<td>5.5%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>2.7%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>1.9%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Dental problems</td>
<td>2.1%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Sexually transmitted disease (STD)</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Firearm-related injuries</td>
<td>1.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Rape / sexual assault</td>
<td>0.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Respiratory / lung disease</td>
<td>0.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Homicide</td>
<td>0.5%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

B. Key Informant Interviews

Thirty-one key informant interviews were conducted both in person and over the phone. The selection of respondents symbolized the broad interests of our identified community, Hillsborough County, FL. Likewise, the participants derived from the local public health sector and local provider groups. Additional stakeholders from Hillsborough County were also represented during these interviews.

The following community weaknesses were identified by participants during the interviews:

- Inadequate public transportation systems, especially in rural areas
- Lack of patient-centered care/thinking
- Lack of collaboration among healthcare providers
- Limited availability of resources for immigrants and undocumented people
- Underutilization of smaller, community-friendly agencies
- Lack of interagency collaboration
The following Public Health Issues were identified during the interviews:

- Obesity
- Healthy diets/availability of healthy foods
- Food deserts
- Chronic disease, i.e. diabetes, high blood pressure
- Smoking
- Mental health issues
  - Substance abuse (heroin, opiates, alcohol)
  - Depression (early diagnosis and treatment)
- Availability of health care to unfunded people
- Availability of health care to undocumented people
- Shortage of primary care physicians accepting Medicaid or volunteering at free clinics
- Difficulty obtaining dental care, especially pediatric dental care
- Poverty
- Violent crime
- Cancer
- Ethnic, racial, and socio-economic disparities

C. Focus Group Discussions
Focus Group Findings

- Strengths of the Tampa area were identified as the quality of the weather, parks and recreation facilities, hospitals, and police and fire departments; the University of South Florida; and the presence of federally qualified healthcare centers (FQHC).
- Panelists generally had positive opinions about their communities.
- Negative comments by panelists were about increasing crime rates, drugs, and not feeling safe in their neighborhoods.
- Major community health issues identified were obesity, access to health care, diabetes, and access to dental care.
- Other healthcare concerns included:
  - Access barriers to healthy foods, especially in low income neighborhoods
  - Inadequate education regarding disease screening and prevention; good nutrition, especially among young people, and available healthcare resources
  - Access barriers to mental health resources
  - Healthcare disparities, especially among Blacks and Hispanics
- Additional barriers to obtaining healthcare were identified as:
  - Inadequate public transportation
  - Lack of insurance

The top 10 health issues identified from the focus group discussions are listed in Table 2. A full list of the organizations that participated in the focus groups (Exhibit 1) is located in the Exhibits section of this report.

Table 2: Top Health Issues (Focus Group Results)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>43.6%</td>
</tr>
<tr>
<td>Access to care/insurance/transportation</td>
<td>33.3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>23.1%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>17.9%</td>
</tr>
<tr>
<td>Places to exercise/parks</td>
<td>15.4%</td>
</tr>
<tr>
<td>Heart disease/high blood pressure</td>
<td>12.8%</td>
</tr>
<tr>
<td>Mental health</td>
<td>10.3%</td>
</tr>
<tr>
<td>Cancer</td>
<td>10.3%</td>
</tr>
<tr>
<td>Emergency services</td>
<td>10.3%</td>
</tr>
<tr>
<td>Neighborhood safety</td>
<td>10.3%</td>
</tr>
</tbody>
</table>
Executive Summary: Primary Data Collection

The significant highlights from the focus group collaborative discussions are depicted below. This real-time data was provided by an analytical team at Collaborative Labs—St. Petersburg College, who also led the discussions and prioritization process that identified the top health concerns and forces of change that are currently perceived as negatively affecting the communities illustrated in Hillsborough County.

Top 10 Health Strategies to Address Issues (in priority order):

1. Encourage Healthy Behaviors
2. Address the Determinants of Health (which include environmental, social, physical, behavioral determinants)
3. Invest in Early Screening and Access to Care for Mental Health and Substance Use
4. Improve Health Collaboration (across the Health Care Spectrum)
5. Address Racial / Ethnic Health Disparities
6. Address the High Rate of Obesity
7. Protect and Expand Access to Needed Services
8. Address Diet-related Diseases (including chronic disease, mental health, and dental decay)
9. Improve Access to Healthcare
10. Improve Education and Health Literacy

Key Forces of Change (in priority order):

1. Political Climate / Policy Consequences (including the politics of health, the changing political environment, the legal forces that impact healthcare resources, need to educate legislators, the impacts from unintended consequences of policy changes)
2. Affordability of Healthcare (including access to reasonably priced dental care)
3. Holistic Health / Social Determinates
4. Coordination and Collaboration (including among social services provided by public, private, and non-profit agencies, within community/neighborhoods)
5. Population Changes (including but not limited to increase in the aging population)
6. Access to and Information about Healthcare (including how to help newly insured navigate the healthcare system, lack of functional and reliable transportation, access issues)
7. Medicaid Expansion
Top Health Issues Identified By Each Team

1. Comprehensive Health will include Primary Health and Behavioral Health
2. Investment in early screening for MH and Substance Use to avoid OD's and Suicides
3. Healthy Behaviors (smoking, healthy eating, alcohol use, exercise etc.)
4. Prenatal and infant health
5. High rate of obesity - risk for multiple chronic diseases
6. Alcohol, substance abuse and mental health
7. Mental health and substance use, stigma and access to care
8. Infant mortality as a health indicator for the county
9. Need for health collaboration, combining efforts, getting everyone on the same page
10. Need for walkability, bike ability, built environment, infrastructure, re-urbanization
11. Racial/ethnic health disparities
12. Curative vs preventative care
13. Education and health literacy
14. Mental Health access/affordability
15. Environmental factors/issues (brownfields, quality housing, air quality, safety, lack of built environment, food deserts)
16. Access to healthcare
17. Protect and expand access to needed services (transportation, social services, Hillsborough Health Care Plan, the Children's Board etc.)
18. Social isolation and lack of social engagement and community connectedness opportunities
19. Determinants of health which include environmental, social, physical, behavioral determinants
20. Built environment i.e. free parks & green space, sidewalks, green spaces between and connecting communities and people to community assets, creating a safe place for pedestrians and bicyclists; are these built environments safe and inviting for families to be outside and active
21. Increased coordination and integration across health care spectrum
22. Diet-related diseases, including chronic disease, mental health, and dental decay
Secondary Data Collection

For the purposes of this report, secondary data was collected from the following with regards to Hillsborough County and the state of Florida:

- DOH/Florida Charts
- CDC/Community Health Status Indicators
- US Census, American Community Surveys
- Nielsen/Claritas

It is important to remember that current population demographics and changes in demographic composition over time play a major role in determining the types of health and social services needed by communities.

Overall population demographics within Hillsborough County, pertaining to Population Trends, Household Characteristics, Unemployment, and Poverty are found in the following tables (Tables 3 - 5 and Charts 1 and 2):

### Table 3: Hillsborough County Population Trends

<table>
<thead>
<tr>
<th>Group</th>
<th>2015</th>
<th>2020</th>
<th>Percent Change</th>
<th>Annual Rate of Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,317,131</td>
<td>1,406,352</td>
<td>6.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Male</td>
<td>643,323</td>
<td>687,251</td>
<td>6.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Female</td>
<td>673,808</td>
<td>719,101</td>
<td>6.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>970,220</td>
<td>1,015,321</td>
<td>4.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>White</td>
<td>679,965</td>
<td>694,740</td>
<td>2.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Black</td>
<td>205,973</td>
<td>221,089</td>
<td>7.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other</td>
<td>84,282</td>
<td>99,492</td>
<td>18.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>346,911</td>
<td>391,031</td>
<td>12.7%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

*Source: Nielsen/Claritas and Legacy Consulting Group analysis.*
### Table 4: Hillsborough County Population Trends

<table>
<thead>
<tr>
<th>Group</th>
<th>2015</th>
<th>2020</th>
<th>Percent Change</th>
<th>Annual Rate of Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,317,131</td>
<td>1,406,352</td>
<td>6.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>0-14</td>
<td>250,718</td>
<td>259,418</td>
<td>3.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>15-44</td>
<td>546,135</td>
<td>564,975</td>
<td>3.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>45-64</td>
<td>344,624</td>
<td>367,182</td>
<td>6.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>65+</td>
<td>175,654</td>
<td>214,777</td>
<td>22.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Females 15-44</td>
<td>274,898</td>
<td>283,066</td>
<td>3.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Females 15-19</td>
<td>43,273</td>
<td>46,043</td>
<td>6.4%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

*Source: Nielsen/Claritas and Legacy Consulting Group analysis.*

### Table 5: Household Characteristics

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Hillsborough</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Households</td>
<td>64.3%</td>
<td>65.2%</td>
</tr>
<tr>
<td>With own children under 18</td>
<td>29.7%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Husband-wife families</td>
<td>44.2%</td>
<td>46.6%</td>
</tr>
<tr>
<td>With own children under 18</td>
<td>18.8%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Male householder, no wife</td>
<td>5.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Female householder, no husband</td>
<td>14.8%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Non-family households</td>
<td>35.7%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Householder living alone</td>
<td>27.1%</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

*Source: U.S. Census 2010.*
Chart 1: Unemployment


Chart 2: Poverty Status 2010-2014
(% corresponding federal poverty level)

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.
Additional takeaways from secondary data collection as they relate to the overall population are as follows:

- Obesity, STDs, and teen births are higher in Hillsborough County than in the state
- Infant mortality rates are higher in Hillsborough County than in the state
- Death from all causes is higher in Hillsborough County than in the state
- Heart disease and cancer are the leading causes of death in the county
- Health disparities exist in Hillsborough County in all health status categories
- Hillsborough County’s population is expected to grow by 7% over next five years, adding 89,000 people.
  - Hispanic population expected to grow by 13% (44,000 people)
  - Seniors (65+) expected to account for 44% of growth (39,000 people)

### Population under Age 18

This indicator reports the percentage of population under age 18 in the designated geographic area. It is relevant because of the unique health needs of this population which should be considered separately from other age groups.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Population Age 0-17</th>
<th>Percent Population Age 0-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough County, FL</td>
<td>1,279,668</td>
<td>299,526</td>
<td>23.41%</td>
</tr>
<tr>
<td>Florida</td>
<td>19,361,792</td>
<td>4,020,977</td>
<td>20.77%</td>
</tr>
<tr>
<td>United States</td>
<td>314,107,072</td>
<td>73,777,656</td>
<td>23.49%</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau, American Community Survey. 2010-2014. Source geography: Tract
Families with Children

According to the most recent American Community Survey estimates, 32.01% of all occupied households in the report area are family households with one or more children under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Households</th>
<th>Total Family Households</th>
<th>Families with Children (Under Age 18)</th>
<th>Families with Children (Under Age 18) Percent of Total Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough County, FL</td>
<td>477,472</td>
<td>303,249</td>
<td>152,852</td>
<td>32.01%</td>
</tr>
<tr>
<td>Florida</td>
<td>7,217,508</td>
<td>4,650,162</td>
<td>2,019,121</td>
<td>27.98%</td>
</tr>
<tr>
<td>United States</td>
<td>116,211,088</td>
<td>76,958,064</td>
<td>37,554,348</td>
<td>32.32%</td>
</tr>
</tbody>
</table>
Households with Children (Age 0-17), Percent by Tract, ACS 2010-14

- Over 35.0%
- 31.6 - 35.0%
- 28.1 - 31.5%
- Under 28.1%
- No Data or Data Suppressed
- Report Area

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Family Households with Children by Race Alone, Percent

Report prepared by Community Commons, March 25, 2016.
Vulnerable Populations Footprint Map

Two key social determinants, economic stability and education, were identified as having a significant impact on health outcomes. The map tool (see below) displays geographical areas in which there are high concentrations of people living in poverty and people not having a high school diploma, populations felt to be most vulnerable to poor health outcomes.

*Data is from the US Census Bureau 2008-12 American Community Survey.

The orange-colored areas are communities where the percentage of population living at-or-below 100% of the Federal Poverty Level (FPL) exceeds the set threshold. Poverty thresholds vary by family size and composition. More information on how the Census Bureau determines poverty can be found by visiting the Census Bureau website.

The purple-colored areas are communities where the percentage of the population with no high school diploma exceeds the set threshold. Educational attainment is determined for all non-institutionalized persons age 25 and older.
Map prepared by Community Commons, March 25, 2016.
Community Health Needs Prioritization Process

The primary and secondary data identified several community health needs (CHN) affecting Hillsborough County. SHC — Tampa utilized the below table to prioritize the needs that were identified according to community need, SHC-Tampa Strategic Plan, SHC Available Resources and the level of priority.

<table>
<thead>
<tr>
<th>Hillsborough Community Need</th>
<th>SHC Strategic Plan</th>
<th>SHC Resources Available</th>
<th>Impact Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Obesity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Healthy Diet</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Healthy Lifestyles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Weight Loss</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Diabetes Prevention</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Exercise</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Community Resources</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resources/Services</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Education</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Access Barriers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unfunded people</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Undocumented People</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Based on the results above, and given our mission and the resources we have available, SHC—Tampa has chosen to focus its 2016 CHNA Action Plan on unmet community education needs that relate to the following topics:

- Obesity
- Healthy diets
- Healthy lifestyles
- Weight loss
- Diabetes prevention
- Exercise
- Community resources
SHC — Tampa recognizes that there are other identified unmet needs within the Hillsborough County population; however, due to the specialty nature of Shriners Hospitals for Children (its mission, vision and values), its staffing and available resources, SHC — Tampa is unable to care for these immediate needs. SHC-Tampa is integrally connected with many resources in the community to refer patients and families should patients require attritional assistance. Our Care Management department works closely with county and local health departments, Child Protective Services, institutions and agencies to help families find the assistance they need.

**Childhood Obesity – Facts and Figures**

- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.
- In 2012, more than one third of children and adolescents were overweight or obese.
- Childhood obesity has both immediate and long-term effects on health and well-being.
- Children and adolescents who are obese are likely to be obese as adults.
- Overweight and obesity are associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gallbladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin’s lymphoma.
- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure.
- Obese adolescents are more likely to have pre-diabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.
- Obesity prevalence among children whose adult head of household completed college was approximately half that of those whose adult head of household did not complete high school (9% vs 19% among girls; 11% vs 21% among boys) in 1999-2010.
- Among non-Hispanic white children, the lowest prevalence of obesity was observed among those whose adult head of household completed college; however, this was not the case for non-Hispanic black children.
- Childhood obesity among preschoolers is more prevalent among those from lower-income families.
Conclusion

Childhood obesity is a serious problem in the United States. Studies have shown that children and adolescents who are obese are likely to be obese as adults, placing them at higher risk for chronic diseases such as cardiovascular disease, bone and joint diseases, and lung diseases. Choosing a healthy lifestyle is the first step in battling obesity. However, long term success requires the support of families, schools, child care settings, medical care providers, government agencies, food and beverage industries, and entertainment industries; communities working together to:

- improve access to healthy affordable food
- make neighborhoods safe for walking, biking, or play
- increase numbers of parks, recreation and community centers

A key factor in choosing a healthy lifestyle is education about its benefits and understanding the risks associated with poor choices. Shriners Hospitals for Children – Tampa recognizes the importance of community education in combating childhood obesity and has developed an action and implementation plan to address this need in Hillsborough County.
Review of 2012 CHNA

The 2012 Community Health Needs Assessment (CHNA) for Shriners Hospitals for Children - Tampa identified the need to improve access to Physical and Occupational Therapy for special needs children in our community. Since that time we have created a proposal to expand Outpatient Rehabilitation services at our facility. The project was approved in the spring of 2015, and we immediately began implementation. The plan included hiring a Physical Medicine & Rehabilitation physician, as well as additional physical and occupational therapists. With successful recruitment of these positions and the addition of state-of-the-art equipment, we are poised to offer more rehabilitation services to more children in our community.
## 2016 Strategic Action Plan Strategies

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsible Personnel</th>
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<tbody>
<tr>
<td>Provide health improvement educational materials/programs, focusing on diet and nutrition, for Hillsborough County residents</td>
<td>#1: Increase knowledge and awareness of health risks due to obesity, and the benefits of healthy eating</td>
<td>Create a “Healthy Living” web page</td>
<td>July 2016 – 2018</td>
<td>Tampa Assessment Advisory Committee</td>
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<td>Increase collaboration with community partners on programs and policies to improve the health of children in our community i.e. Healthy Hillsborough Collaborative</td>
<td>July 2016 – Ongoing</td>
<td>Tampa Assessment Advisory Committee</td>
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<td>Promote healthy eating habits among patients, their families and hospital employees through meals that strive to be compliant with the USDA 2015-2020 Dietary Guidelines.</td>
<td>July 2016 – Ongoing</td>
<td>Tampa Assessment Advisory Committee</td>
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<td>#2: Provide education on ways to improve health through diet and exercise</td>
<td>“Building Strong Bones” presentations to schools touring SHC-Tampa</td>
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<td>July 2016 – July 2018</td>
<td>Tampa Assessment Advisory Committee</td>
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<td>Quarterly newsletter for parents “Growing Up Healthy”</td>
<td></td>
<td>July 2016 – Ongoing</td>
<td>Tampa Assessment Advisory Committee</td>
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<td>Host childhood obesity lectures with the help of Healthy Hillsborough Collaborative and participating members</td>
<td></td>
<td>July 2016 – Ongoing</td>
<td>Tampa Assessment Advisory Committee</td>
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<td>Provide a Wellness Corner, which provides research-based handouts to aid families in fostering healthy lifestyle and dietary changes.</td>
<td></td>
<td>July 2016 – Ongoing</td>
<td>Tampa Assessment Advisory Committee</td>
</tr>
</tbody>
</table>
References

5. Florida Department of Health Bureau of Vital Statistics
8. U.S. Census 2010
10. U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates
11. US Census Bureau, American Community Survey. 2010-2014
12. US Census Bureau 2008-12 American Community Survey

Acknowledgements

- Allison Barlow, Collaborative Labs, St. Petersburg College
- Dr. Leslene Gordon, Florida Department of Health - Hillsborough County
- Healthy Hillsborough Collaborative
- Florida Department of Health
- Centers for Disease Control and Prevention
- United States Census
- The Nielsen Company
- Legacy Consulting Group
Exhibits

Exhibit 1: Healthy Hillsborough Collaborative Steering Committee Organization List:

- BayCare Health System
- Florida Hospital (Carrollwood, Tampa)
- Hillsborough County Department of Health
- Moffitt Cancer Center
- Shriners Hospitals for Children — Tampa
- Suncoast Community Health Centers
- Tampa Family Health Centers
- Tampa General

Exhibit 2: Healthy Hillsborough Collaborative Focus Group Participants List:

- American Cancer Society
- American Heart Association
- American Heart Association HFFI
- American Heart Association/Safe Routes to School CUTR USF
- Amerigroup
- BayCare Health System
- BayCare-St. Joseph's Hospitals and South Florida Baptist Hospital
- BGW Associates, LLC
- BLUE MOON 211 INC.
- Board of County Commissioners
- BOCC Head Start/Early Head Start
- Carnahan Group
- Catholic Charities Mobile Medical Clinic
- CBHC
- Children's Board of Hillsborough County
- CORPORATION TO DEVELOP COMMUNITIES (CDC)
- Crisis Center of Tampa Bay
• DACCO
• DOH - Hillsborough County
• DOH-Pinellas
• Embracing Love
• Erin Sclar
• FCN
• FDOH
• FDOH WIC & Nutrition
• Federation of Families Healthy Minds Hillsborough, Inc.
• Five-L-R LLC
• FL Department of Health in Hillsborough County
• Florida Blue
• Florida CHAIN
• Florida Council of Churches
• Florida Department of Health
• Florida Department of Health - Hillsborough County
• Florida Hospital
• Florida Hospital Carrollwood
• Florida Hospital Tampa
• Food Is Medicine
• Foundation for a Healthy St. Petersburg
• Gracepoint
• Healthy Start Coalition of Hillsborough County
• Hillsborough County
• Hillsborough County Anti-Drug Alliance, Inc.
• Hillsborough County Department of Aging Services
• Hillsborough County Fire Rescue
• Hillsborough County Healthcare Services
• Hillsborough County Mosquito Control
• Hillsborough County MPO
• Hillsborough County Office of Neighborhood Relations
• Hillsborough County Public Schools
• Hillsborough County Sheriff's Office
- Hillsborough County Social Services Department
- Hispanic Services Council
- Humana, Inc.
- League of Women Voters of Hillsborough County
- Legacy Consulting Group
- Meals On Wheels of Tampa
- Metro Wellness and Community Centers
- Metropolitan Ministries
- Moffitt Cancer Center
- Molina Healthcare
- MORE HEALTH, Inc.
- National Black Nurses Tampa bay Association, Inc.
- Northside Behavioral Health, Inc.
- Porter Companion Care
- Project LINK, Inc.
- REACHUP, Inc.
- Rotary Club of Tampa Westchase
- Safe & Sound Hillsborough
- Salvation Army
- Seminole Tribe Of Florida- Tampa Health
- Shriners Hospitals for Children-Tampa
- South Florida Baptist Hospital
- Special Olympics Florida
- Springfield College
- SRA International
- St. Joseph's Hospital
- Suncoast Community Health Centers, Inc.
- Tampa Bay Healthcare Collaborative
- Tampa Family Health Centers
- Tampa General Hospital
- Tampa Hillsborough Homeless Initiative
- Tampa YMCA
- The Family Healthcare Foundation
• The Planning Commission
• UFH COPH, FLDOH Office of Health Equity
• University Area Community Center
• University of South Florida
• University of South Florida College of Public Health
• University of South Florida, Department of Integrative Biology
• University of Tampa
• Urban Strategies
• USF Health, Division of General Internal Medicine
• WellCare Health Plans
• YMCA
• YMCA Early Head Start