AdventHealth North Pinellas 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ

AdventHealth

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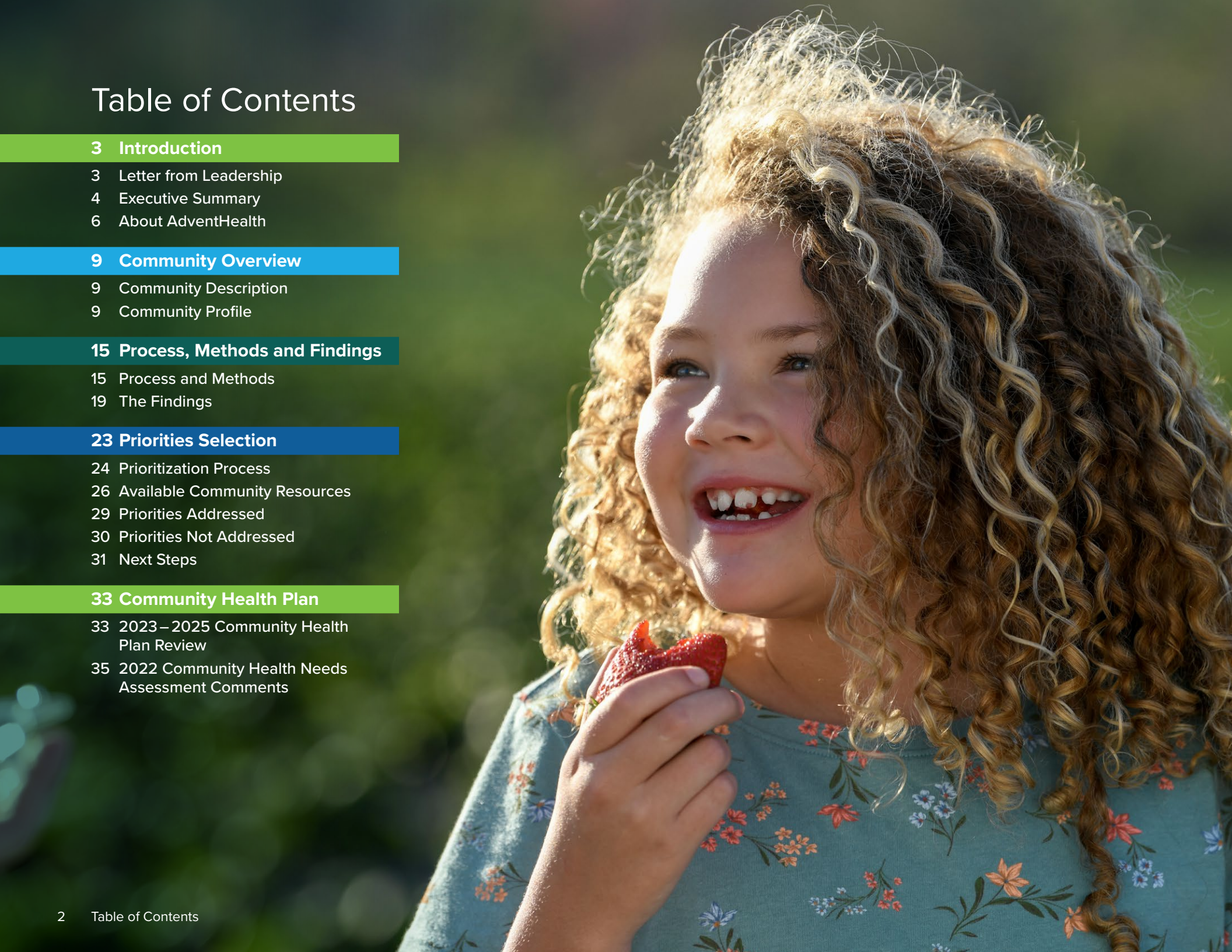

Letter from Leadership

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That obligation goes beyond our hospital walls and permeates into our communities. Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit. We want to help our communities get well and stay well.

Every three years, AdventHealth hospitals across the nation complete a Community Health Needs Assessment. During this assessment, we talk and work with community organizations, public health experts and people like you who understand our communities best. This in-depth look at the overall health of our communities and the barriers to care they experience helps AdventHealth better understand the unique needs in the various communities we serve.

We use this information to create strategic plans that address the issues that impact our communities most. At AdventHealth, we know that a healthy community is not a “one size fits all” proposition—everyone deserves a whole health approach that meets them where they are and supports their individual health journey.

This work would not be possible without the partnership of public health experts, community organizations and countless community members who helped inform this report. Through these ongoing partnerships and collaborative efforts, AdventHealth will continue to create opportunities for better health in all the communities we serve.

In His service,

Terry Shaw

Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit.

Executive Summary

Tarpon Springs Hospital Foundation, Inc. dba AdventHealth North Pinellas will be referred to in this document as AdventHealth North Pinellas or "The Hospital." AdventHealth North Pinellas in Tarpon Springs, Florida conducted a community health needs assessment from October 2024 to February 2025. 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 the assessment findings to develop and implement a 2026–2028 Community Health Plan based on the needs prioritized in the assessment process.

The All4HealthFL Collaborative

In order to ensure broad community input, AdventHealth North Pinellas took part in the All4HealthFL Collaborative, referred to as the Collaborative, to help guide the Hospital through the assessment process. The Collaborative included representation from AdventHealth, BayCare Health System, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health Medical Center, Orlando Health Bayfront Hospital, Tampa General Hospital and the Florida Department of Health. This included intentional representation from those serving low-income, minority and other underserved populations. The Collaborative met seven times in 2024–2025. They reviewed the primary and secondary data and helped to identify the top priority needs in the community.

See Prioritization Process for a list of Collaborative members.

Data

AdventHealth North Pinellas in collaboration with the Collaborative collected both primary and secondary data. The primary data included community surveys, stakeholder interviews, access audits and community focus groups. Secondary data included internal hospital utilization data (inpatient, outpatient and emergency department). This utilization data showed the top diagnoses for visits to the Hospital from 2024. In addition, publicly available data from state and nationally recognized sources were used. Primary and secondary data was compiled and analyzed to identify the top eight needs.

See Process, Methods and Findings for data sources.

Community Asset Inventory

The next step was to create a community asset inventory. This inventory was designed to help the Collaborative understand the existing community efforts being used to address the eight needs identified from the aggregate primary and secondary data. This inventory was also designed to prevent duplication of efforts.

See Available Community Resources for more.

Selection Criteria

The Collaborative participated in a prioritization process after a data review and facilitated discussion session. The identified needs were then ranked based on clearly defined criteria.

See Prioritization Process for more.

The following criteria were considered during the prioritization process:

A. Magnitude

What is the size of the problem?

B. Severity

What are the implications if this issue is not addressed?

C. Feasibility

How likely can the Hospital address this problem?

Priorities to Be Addressed

The priorities to be addressed are:

- Mental Health
- Nutrition and Healthy Eating
- Health Care Access and Quality

See Priorities Addressed for more.

Approval

On September 17, 2025, the AdventHealth North Pinellas board approved the Community Health Needs Assessment findings, priority needs and final report. A link to the 2025 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2025.

Next Steps

AdventHealth North Pinellas will collaborate with their community partners to develop a measurable implementation strategy called the 2026-2028 Community Health Plan to address the priority needs. The plan will be completed, board approved and posted on the Hospital's website prior to May 15, 2026.

About AdventHealth

AdventHealth North Pinellas is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier — creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its team culture. Recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" several years in a row, this recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth. In 2024, the organization was named by Newsweek as one of the Greatest Workplaces for Diversity and a Most Trustworthy Company in America.

AdventHealth North Pinellas

AdventHealth North Pinellas, located in Tarpon Springs, is a 168-bed, full-service hospital specializing in cardiovascular medicine, emergency medicine, orthopedics, urology, wound healing, sleep medicine, women's care and general surgery including minimally invasive and robotic-assisted procedures. AdventHealth North Pinellas has been nationally recognized by the American Heart Association, the American Stroke Association, The Joint Commission and The Leapfrog Group, for excellence in providing quality patient care. AdventHealth North Pinellas serves both the Pinellas and Pasco communities of West Central Florida. For more information, visit AdventHealthNorthPinellas.com.

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Community Overview

Community Description

Located in Pinellas County, Florida, AdventHealth North Pinellas defines its community as Pinellas County. The Collaborative and community partners analyzed data at the county level.

According to the 2020 United States Census, the population in Pinellas County has grown 4.6% in the last ten years to 960,565 people. This is less than the amount of growth in the State of Florida at 14.6% since the last Census.[1]

Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention (CDC), unless indicated otherwise. Data are reported for Pinellas County, unless listed differently. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.

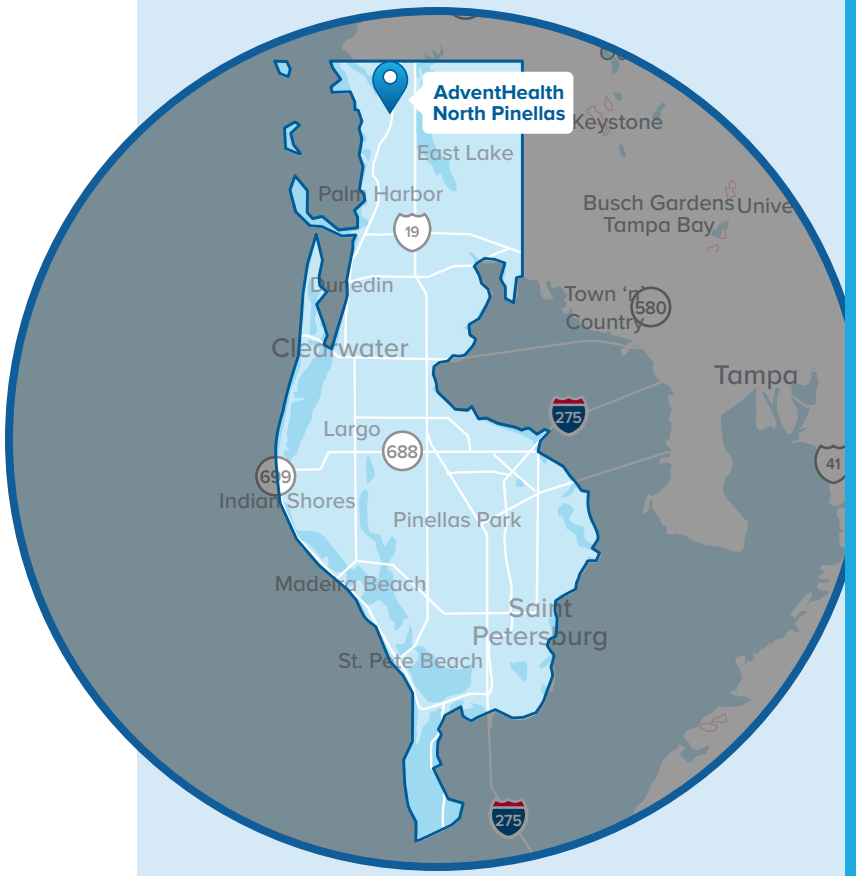
Community Profile

Age and Sex

The median age in the Hospital's community is 49.4, slightly higher than that of state which is 42.8 and the US, 39.2.[2]

Females are the majority, representing 51.7% of the population. Older adults, 65–74 are the largest demographic in the community at 14.1%.[3]

Children make up 15.6% of the total population in the community. Infants, those zero to five, are 4% of that number. The community birth rate is 7.7 births per 1,000

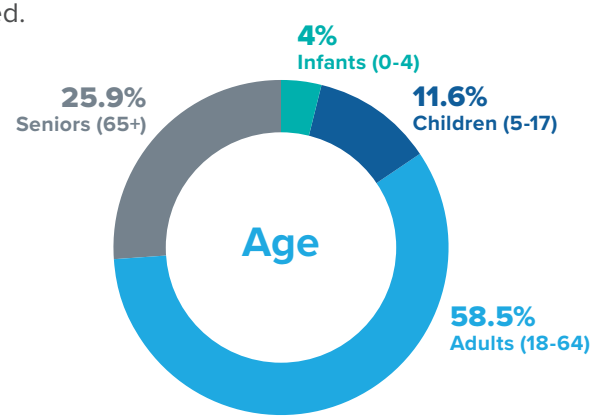


The population in Pinellas County has grown 4.6% in the last ten years to 960,565 people.

1 American Community Survey 2010 One-year Estimates | US Census Bureau; American Community Survey 2020 One-year Estimates | US Census Bureau
2 American Community Survey 2023 One-year Estimates | US Census Bureau
3 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

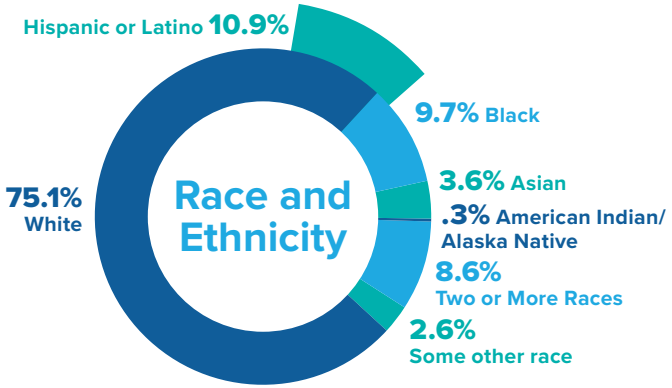
women.[4] This is lower than the U.S. average of 11, and lower than that of the state, 9.9. In the Hospital's community, 12.7% of children aged 0 – 5 and 13.9% of children under age 18 are living in poverty.

Seniors, those 65 and older, represent 25.9% of the total population in the community. In Pinellas County, 0.7% of seniors 65 and older are uninsured.



Race and Ethnicity

In the Hospital's community, 75.1% of the residents are White and 9.7% are Black. Residents who are of Asian descent represent 3.6% of the total population, while 0.3% are American Indian and Alaska Native, 0.1% are Native Hawaiian and Other Pacific Islander, 8.6% are two or more races and 2.6% identify as some other race. In the Hospital's community, 10.9% are of Hispanic or Latino ethnicity.[5]



4 WONDER Causes of Death - 2021 | CDC
5 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

Economic Stability

Income

The median household income in the Hospital's community is $70,293. This is below the median for both the state and the US. In Pinellas County, 11.4% of residents live in poverty, and 27.2% of residents live below 200% of the federal poverty level.[6]

Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.[7] When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more the 50%.

6 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau
7 Severe housing cost burden* | County Health Rankings & Roadmaps
8 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

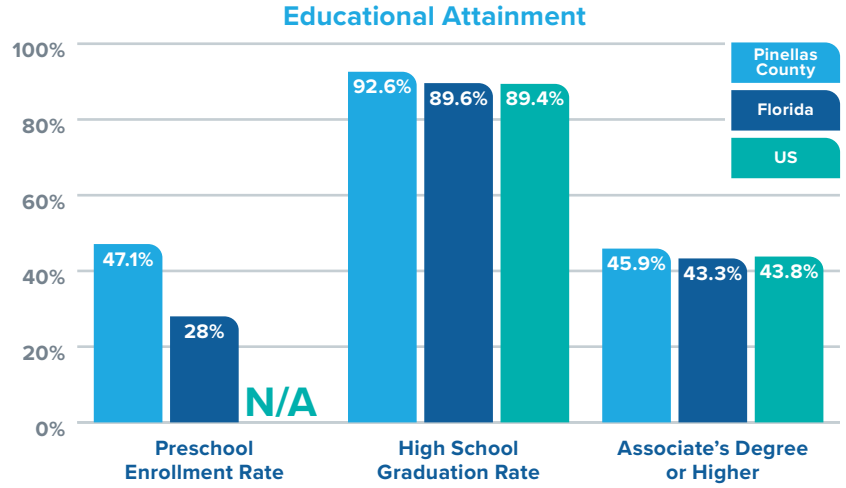
Education Access and Quality

Research shows that education can be a predictor of health outcomes, as well a path to address inequality in communities.[9] Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, 92.6% of the population graduated high school, which is higher than both the state, (89.6%) and national average (89.4%).[10] The rate of people with an associate's degree or higher is higher in the Hospital's PSA than in both the state and nation.

Early childhood education is uniquely important and can improve children's cognitive and social development. It helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.[11]

In the Hospital's community, 47.1% of four-year olds were enrolled in preschool.[12] Although higher than the state, 28%, there is still a large percentage of children in the community who may not be receiving these early foundational learnings.



9 The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)
10 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau
11 Early Childhood Education | US Department of Health and Human Services
12 Division of Public Statistics and Performance Management | Florida Department of Health. Florida Department of Education, 2023

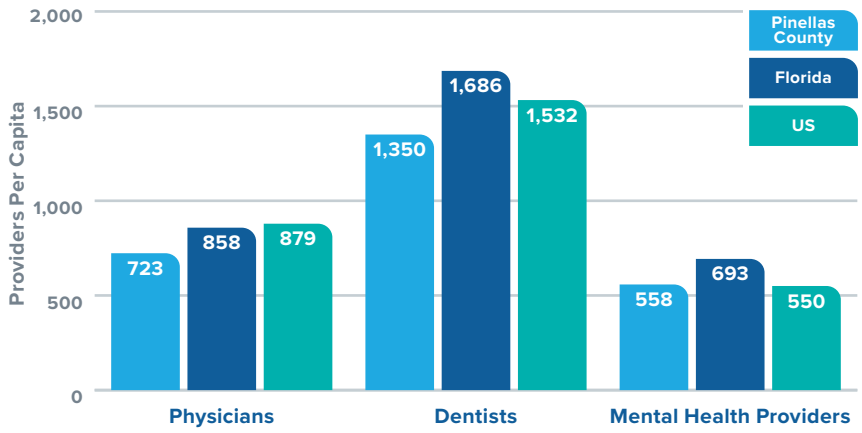
Health Care Access and Quality

In 2023, 16.4% of community members aged 19–64 were found to lack health insurance.[13] Without access to health insurance, these individuals may experience delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.[14]

Accessing health care requires more than just insurance. There must also be health care professionals available to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. Pinellas County has one primary care physician per 723 people, higher than the state average 1:858.

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospital's community, 76.8% of adults reported having a medical checkup in the past year.[15]

Available Health Care Providers

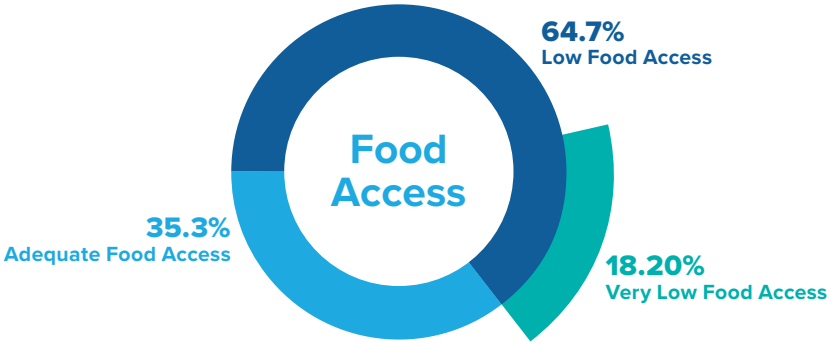


13 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau
14 Health Insurance and Access to Care | CDC
15 PLACES 2022 | CDC

Neighborhood and Built Environment

Increasingly, a community's neighborhoods and built environment are shown to impact health outcomes. If a neighborhood is considered to have low food access, which is defined as being more than ½ mile from the nearest supermarket in an urban area or ten miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than one mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.[16] In the Hospital's community, 64.7% of the community lives in a low food access area, while 18.2% live in a very low food access area.



People who are food insecure, who have reduced quality or food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.[17] Feeding America estimates for 2022,[18] showed the food insecurity rate in the Hospital's community as 12.8%.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public

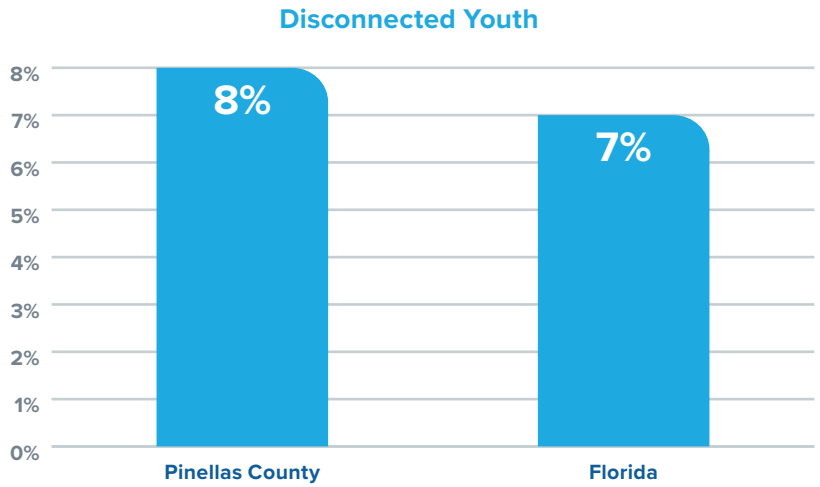
16 Heart Disease Risk Factors | CDC
17 Facts About Child Hunger | Feeding America
18 Map the Meal Gap 2022 | Feeding America

transportation can be essential to access health care, healthy food and steady employment. In the community, 6.7% of the households do not have an available vehicle.

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.[19] When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers, like language.

In the community, 8% of youth aged 16–19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time.[20]



Also, in the community 31.8% of seniors (age 65 and older) report living alone and 5.8% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

19 Social and Community Context - Healthy People 2030 | U.S. Department of Health and Human Services
20 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health outcomes in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so the Hospital could align its work with national efforts when addressing social determinants of health when possible. For the purposes of the CHNA, the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:

Economic Stability

Includes areas such as income, cost of living and housing stability.

Education Access and Quality

This framework focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.

Health Care Access and Quality

Covers topics such as access to health care, access to primary care and health insurance coverage.

Neighborhood and Built Environment

Includes quality of housing, access to transportation, food security and neighborhood crime and violence.

Social and Community Context

Focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

Process, Methods and Findings

Process and Methods

The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, the Hospital in partnership with the Collaborative, All4HealthFL, solicited input directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location. The Collaborative also collected publicly available and internal hospital utilization data for review.

The Hospital partnered with local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members, to form the All4HealthFL Collaborative to guide the assessment process. The Collaborative is a regional effort through which health systems and departments of health spanning multiple counties work to improve community health by leading outcome driven initiatives addressing the needs found in the assessment. The Collaborative includes representation from the Hospital, public health experts and the broad community, including AdventHealth, BayCare Health System, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health Medical Center, Orlando Health Bayfront Hospital, Tampa General Hospital and the Florida Department of Health. This included intentional representation from those serving low-income, minority and other underserved populations.

A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location.

During data review sessions, community members of the Collaborative provided insight on how health conditions and areas of need were impacting those they represented. The Collaborative used the data review and discussion sessions to understand the most important health needs and barriers to health the community was facing and to guide the selection of needs to be addressed in the 2025 CHNA.

Community Input

The Collaborative collected input directly from the community and from community stakeholders, including individuals working in organizations addressing the needs and interests of the community.

Input was collected through two different methods: the community health survey, the stakeholder interview and focus groups.

Community Health Survey

- The survey was provided in both English, Spanish, Haitian Creole, Russian and Vietnamese to anyone in the community and accessible through weblinks and QR codes.
- Links and QR codes were shared through targeted social media posts and with community partners, including public health organizations. Partners were provided links to the survey, with the request that it be sent to electronic mailing lists they maintained, and, when possible, shared on their own social media channels.
- Paper surveys were given to partners to place at their organizations with the goal of reaching those who might not have access otherwise and who experience barriers to responding electronically. Responses from paper surveys were recorded using survey weblinks.

Stakeholder Survey Stakeholder Interview

- Participants were asked to provide input on health, and barriers to health, that they saw in the community.
- Interviews were conducted with individuals working at community organizations, including public health organizations, that work to improve the health and well-being of the community.
- Efforts were focused on stakeholders who represent or serve underserved, underrepresented communities that are lower income, and are more likely to be impacted by the social determinants of health.

Focus Groups

- Six focus groups were held with community residents to gain input on health and barriers to health in the community.
- Focus groups aimed to understand the different health experiences for Black/African American, LGBTQ+, Hispanic/Latino, Children and Older Adults. Members or representatives of these communities were selected to participate in the focus group discussions.

Access Audits

- An access audit evaluates the accessibility and ease for community members to access services at various organizations in the community providing health care and social services. The process involves posing as a potential client or patient to evaluate the experience of accessing care and services.
- An access audit will evaluate key areas, including (but not limited to): ability to accept new patients, eligibility guidelines, wait times, referral capabilities, staff inquiry skills and language accommodations
- The full results can be found on the All4HealthFL website (all4healthfl.org)

Public and Community Health Experts Consulted

A total of 22 stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
Amanda Markiewicz	Hispanic Outreach Center	Education and Social Services	Hispanic
Beth Houghton	Juvenile Welfare Board	Education and Youth Services	Children
Michael Jalazo	People Empowering and Restoring Communities	Education and Employment Services	Ex-Offenders
Siomara Bridges	National Alliance for Mental Illness	Mental Health Services	Behavioral Health
Cheryl Stacks	City of St. Petersburg	Government	Pinellas County
Carmen Lake	Mt. Moriah AME Church	Spiritual Services	Pinellas County
Robin Saenger	Peace for Tarpon	Trauma Informed Education	Pinellas County
Jeannie Sharpio	Clearwater Free Clinic	Primary Healthcare	Uninsured
Tamara Black	FEAST Food Pantry	Food Insecurity	Low-Income
Matt Spence	Learning Independence for Tomorrow	Disability Services	People with Disabilities
Byron Green-Calisch	St. Pete Pride	Social Services	LGBTQ+
Dawn Handley	Speak Up for Mental Health	Social Services, Mental Health	Youth
Freddy Williams	Boys and Girls Club of Suncoast	Childcare	Youth
Jennifer Yeagley	St. Petersburg Free Clinic	Healthcare	Uninsured
Kanika Tomalin	Foundation for a Healthy St. Pete	Social Services	Minorities
Nikki Gaskin-Capehart	Pinellas County Urban League	Social Services	Minorities
Amy Perkins	Tarpon Springs Boys and Girls Club	Childcare	Youth
Mary Jo Plews	Healthy Start Coalition of Pinellas	Social Services	Youth
Mhariel Summers	Pinellas County Urban League	Social Services	Minorities
Tess Benham	Gulf Coast Jewish Family and Community Services	Social Services, Mental Health	Low-Income, Low Access
Priya Rajkumar	Metro Inclusive Health	Healthcare	Uninsured/Underinsured
Courtney Burt	American Heart Association	Health Education	Pinellas County

Secondary Data

To inform the assessment process, the Hospital collected existing health-related and demographic data about the community from public sources. This included data on health conditions, social determinants of health and health behaviors.

The most current publicly available data for the assessment was compiled and sourced from government and public health organizations including:

- US Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- Florida Department of Health

Hospital utilization data for uninsured or self-pay patients who visited the Hospital for emergency department, inpatient or outpatient services in 2024 was also used in the assessment. The top ten diagnosis codes were provided by the AdventHealth Information Technology team.

The Findings

To identify the top needs, the Collaborative analyzed the data collected across all sources. At the conclusion of the data analysis, there were eight needs that rose to the top. These needs were identified as being the most prevalent in the community and frequently mentioned among community members and stakeholders. The topics and definitions are pulled directly from the US Department of Health and Human Services Healthy People 2030.[21]

The significant needs identified in the assessment process included:

Cancer

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or not cancerous (benign).

Heart Disease and Stroke

According to the American Heart Association, heart disease is the leading cause of death in the US and stroke is the fifth leading cause of death. The reduction of cases in these chronic conditions can potentially be lowered by focusing on maintaining a healthy blood pressure and reducing high cholesterol. Additionally, making healthy lifestyle choices, such as consuming a heart-healthy diet, refraining from smoking and limiting alcohol intake may also help in reducing the chances of developing heart disease and stroke. Equipping people with this knowledge, and time sensitive, life-saving techniques, such as CPR, may help save lives from these conditions.

21 Healthy People 2030 | US Department of Health and Human Services

Oral Conditions

Delaying dental care can cause serious oral health problems and lead to other health issues throughout the body. People may delay care or not get care due to high costs, lack of insurance or access to services, and fear and anxiety. Some racial/ethnic and socioeconomic groups have worse oral health because of the social determinants of health—conditions in the places where people are born, live, learn, work and play. Medicaid programs are not required to provide dental benefits to adult enrollees, so dental coverage varies widely from state to state.

Mental Health

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Nutrition and Healthy Eating

In the United States many people lack access to healthy foods and the information needed to make healthier food choices that ultimately impact their health. Food security exists when all people have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences at all times. A lack of food security has been linked to negative health outcomes in children and adults, as well as potentially causing trouble for children in schools. Additionally, convenience and cost also contribute to the choice of an unhealthy diet. Healthy People 2030 aims to increase access and awareness around healthy food choices and their link to reducing risk for chronic conditions.

Economic Stability

According to the 2023 U.S. Census data, just over 10% of the population lives in poverty. With the current economic rise in the cost of living, many people are unable to afford their basic needs such as housing, food and health care. Without the ability to pay for these basic needs, individuals and families are at greater risk for poor health outcomes and quality of life.

Health Care Access and Quality

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Access to health care is the timely use of personal health services to achieve the best possible health outcomes.

Neighborhood and Built Environment

Where people live directly impacts their physical and mental health. Individuals living in areas with high crime rates, poor environmental conditions and unsafe paths of travel, are disadvantaged to the lack of healthy lifestyle opportunities compared to those living in safe neighborhoods. Racial/ethnic minorities and people with low incomes are more likely to live in neighborhoods with these conditions.

Priorities Selection

The Collaborative, through data review and discussion, prioritized the health needs of the community to a list of three. Community partners on the Collaborative represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community. During the spring of 2025, the Collaborative met to review and discuss the collected data and select the top community needs.

Members of the Collaborative included:

Community Members

- Amanda Markiewicz, CEO, Hispanic Outreach Center
- Annette Evans, Community Dental Clinic
- Anthony Degina, Clearwater Free Clinic
- Beth Houghton, Juvenile Welfare Board
- Beth Menchen, Suncoast Center
- Dawn Handley, President, Speak Up for Mental Health
- Demi Gilbert, Gulfcoast North Area Health Education Center
- Edward Kucher, Chief Regulatory Officer, Evara Health
- Elodie Dorso, CEO, Evara Health
- Jennifer Yeagley, CEO, St. Petersburg Free Clinic
- Joanne Reich, Community Engagement Advocate, Juvenile Welfare Board
- Karen Davis Pritchett, Empath Health
- Kathleen Beckman, Pinellas County Homeless Continuum
- Kieran Gabel, YMCA St. Pete
- Mary Jo Plews, CEO, Healthy Start Coalition Pinellas
- Nate Taylor, Director of Community initiatives, Metro Inclusive Health
- Nikki Gaskin-Capehart, CEO, Pinellas County Urban League
- Shannon Krukonis, Board Member, Peace4Tarpon
- Theresa White, Executive Director, Community Dental Clinic

Community partners on the Collaborative represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community.

- Will Atkinson, Executive Director, Recovery Epicenter
- Elisa DeGregorio, Health Care Administrator, Pinellas County Human Services
- Kelci Tarascio, Community Outreach Coordinator, BayCare
- Krista Cunningham, BayCare
- Lisa Bell, Community Benefit Director, BayCare
- Mary Hignight, Community Benefit Specialist, Orlando Health
- Megan Mapes, Community Outreach Coordinator, BayCare
- Sara Osborne, Sr. Director of Community Benefit, Orlando Health
- Thomas Agrusti, Community Outreach Coordinator, BayCare

AdventHealth Team Members

- Macye Grazanowski, CNO, AdventHealth North Pinellas
- Adrian Murray, Chaplain, AdventHealth North Pinellas
- Anna Alvarez, Transition Care Director, AdventHealth North Pinellas
- Stephanie Hanson, Director of Quality Improvement, AdventHealth North Pinellas
- Dean Whaley, Director of Strategic Partnerships, AdventHealth
- Lauren Phillips-Koen, Community Health Coordinator, AdventHealth

Public Health Experts

- Jennifer Gray, Executive Community Health Director of Nursing, Florida Department of Health
- Mia Fournier, Florida Department of Health
- Kaila Yeager, Florida Department of Health

Prioritization Process

To identify the top needs, the Collaborative participated in a prioritization session. During the session, the data behind each need was reviewed, followed by a discussion of the need, the impact it had on the community and the resources available to address it. The Collaborative members then ranked the needs via an online survey.

The Collaborative (n=98) were asked to select the three needs they thought the Hospital should address in the community.

The following criteria were considered during the prioritization process:

A. Magnitude

What is the size of the problem?

B. Severity

What are the implications if this issue is not addressed?

C. Feasibility

How likely can the Hospital address this problem?

The following needs rose to the top during the Collaborative's discussion and prioritization session. The needs were ranked using the modified Hanlon method where they are scored on a scale from 1 to 5 based on magnitude, severity and feasibility. The lower the overall score, the more pressing the health need is to address.

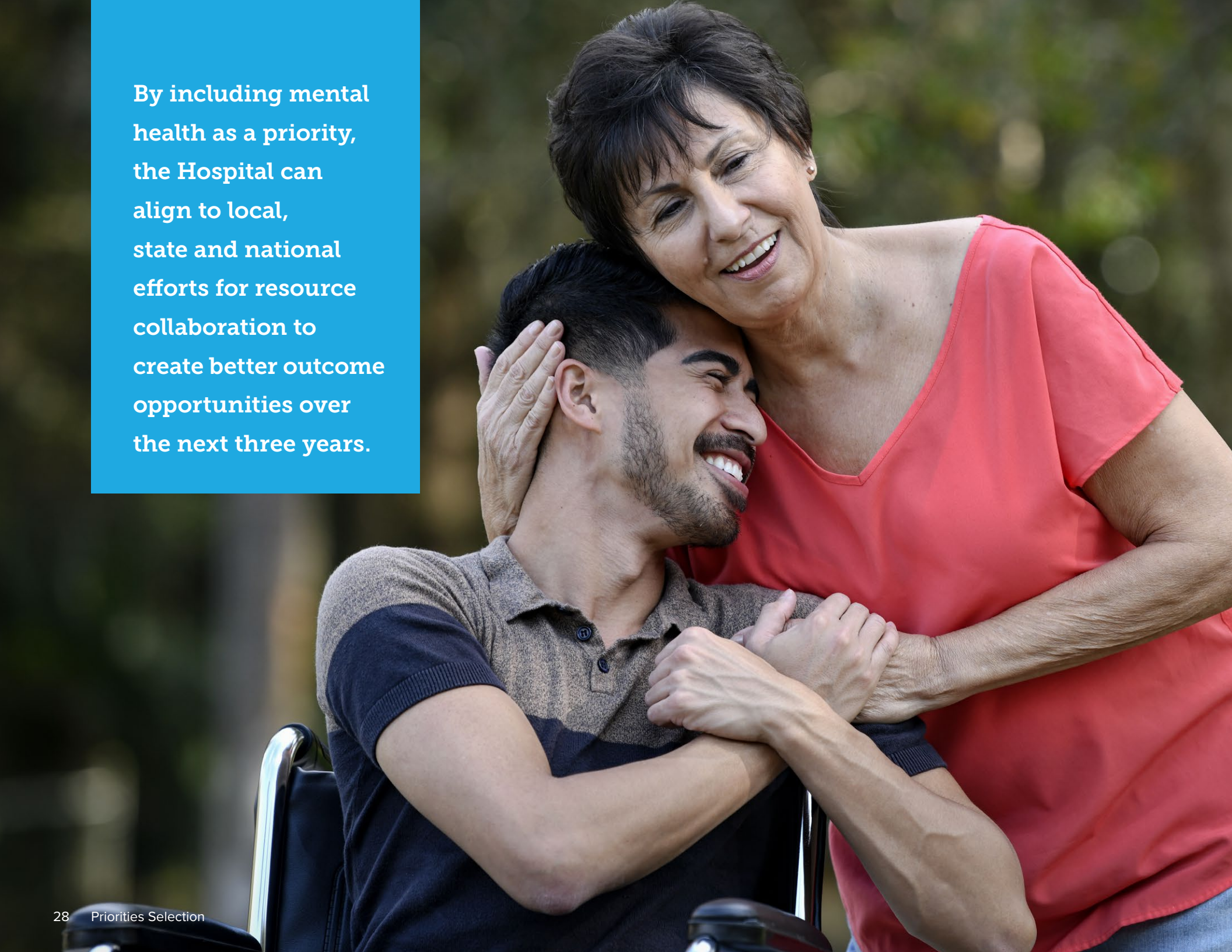
Top Identified Needs	Score	Rank
Health Care Access and Quality	7.8	1
Mental Health	7.998	2
Nutrition and Healthy Eating	11.247	3
Economic Stability	13.435	4
Oral Conditions	16.556	5
Neighborhood and Built Environment	16.670	6
Heart Disease and Stroke	16.674	7
Cancer	19.336	8

Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the Collaborative chose which priorities to address.

Top Needs	Current Community Programs		Current Hospital Programs
Cancer	• American Cancer Society • Tampa Bay Community Cancer Network • The Breast and Cervical Cancer Early Detection Program (BCCEDP) at the Florida Department of Health in Pinellas County	• The LYN Fund—Financial Assistance for Women Battling Cancer Pinellas and Pasco	• Mobile Mammography • Screenings and Early Detection
Heart Disease and Stroke	• American Heart Association Programs—Hands-Only CPR Life's Essential 8, You're the Cure, Well-Being Works Better • Gulfcoast North Area Health Education Center Tobacco Cessation Classes	• Johns Hopkins All Children's Hospital Heart Institute • Neighborly Nutrition Counseling—Adults Over Age 60	• Community Hands Only CPR Demonstrations • Early Heart Attack Care and AED Education • Free Community Blood Pressure Screenings
Oral Conditions	• Bayside Clinic—Dental for Unhoused Residents • Community Dental Clinic—Low-Income, Underinsured Patients	• Department of Health Dental Services • Evara Health—Dental Clinic • St. Petersburg Free Clinic	None
Mental Health	• 988/National Suicide and Crisis Lifeline • Area Health Education Centers (AHEC) • Clearwater Free Clinic • Evara Health • National Alliance on Mental Illness (NAMI)—Free Peer-Led Mental Health Support Groups and Education	• Peace4Tarpon • Tarpon Springs Shepherd Center Free Mental Health Counseling • Telehealth Services • VA Healthcare/Mental Health for Veterans • Zero Suicide Alliance Pinellas	• AdventHealth sponsored Mental Health First Aid Classes • Gracepoint Medical Group Collaboration Program for Behavioral Health Visits
Nutrition and Healthy Eating	• Feeding Tampa Bay Nutrition Education • Hope Villages of America Feeding Program • Meals on Wheels of Pinellas • Neighborly Senior Care Network • Sanderlin Center Food Pantry from RCS Pinellas	• St. Petersburg Free Clinic Food Pantry • St. Timothy Feeding/Meal Program • Tarpon Springs Shepherd Center—Food Distribution and Hot Meals • UF/IFAS Extension Nutrition Education	• AdventHealth Food is Health® • Bariatric Support Groups • Healthy Happenings—Chair Yoga

Top Needs	Current Community Programs		Current Hospital Programs
Economic Stability	• 211 Tampa Bay Cares • Boys and Girls Club Tarpon Springs • CareerSource Pinellas — Tarpon Springs Center • Early Learning Coalition of Pinellas County • Head Start Pinellas	• Pinellas County Housing Authority • Pinellas County Jobs Corps Center • Pinellas County, Re-Entry Resources — Job Training and Adult Education • Pinellas County Urban League	None
Health Care Access and Quality	• Bayside Clinic — Primary Care for Unhoused Residents • Clearwater Free Clinic • Department of Health Clinical Services and Blue Card for Uninsured • Evara Health (Local FQHC)	• Health Care Ministries • Mobile Health Clinic • Rides to Doctor's Office and Hospital Appointments • St. Petersburg Free Clinic • Telehealth Services • Tarpon Springs Shepherd Center HOPE Center	• AdventHealth's Care 360 Program to Refer Patients into Health Care and Social Services at Discharge • Support Groups for Chronic Diseases
Neighborhood and Built Environment	• Department of Health — Discounted Bus Passes • Neighborly Senior Care Network • Pinellas County Urban League Housing Services and Development	• Pinellas Trail • Pinellas Transit	None



By including mental health as a priority, the Hospital can align to local, state and national efforts for resource collaboration to create better outcome opportunities over the next three years.

Priorities Addressed

The priorities to be addressed include:

Mental Health

Mental health, including behavioral health and substance misuse, were identified as top health needs from the secondary data, community survey and focus groups. In the survey, 62.8% of respondents ranked mental health as the most pressing health issue, and 33.6% of survey respondents reported being diagnosed with depression or anxiety. Focus group participants cited a need for increased affordable mental health programming and services. Secondary data showed an increased trend in the percentage of middle school (30%) and high-school (47.6%) students who reported using any alcohol or illicit drugs in their lifetime.[22] Drug overdose deaths have increased since the last prioritization cycle at a rate of 49.5 per 100,000 people in Pinellas County in 2023.[23] Adverse Childhood Experiences (ACEs) are potentially traumatic events occurring before the age of 18 that may include topics such as violence, abuse, substance use in the home, or safety issues in the home.[24] According to the CDC, people with higher ACE scores have significantly increased risk for mental health issues, physical health and decreased life opportunities such as education and career. In the survey, 20.3% of Pinellas County residents reported an ACE score of 4 or more. By including mental health as a priority, the Hospital can align to local, state and national efforts for resource collaboration to create better outcome opportunities over the next three years.[25]

22 FL Health CHARTS—Florida Youth Substance Abuse Survey | Florida Department of Health
23 FL Health CHARTS—Substance Use Dashboard—Overdoses | Florida Department of Health
24 About Adverse Childhood Experiences (ACEs)—Outcomes | CDC
25 American Community Survey Data | US Census Bureau

Nutrition and Healthy Eating

In Pinellas County, 31.9% of adults are obese, which is slightly lower than the state at 32.4%. Additionally, the food insecurity rate in Pinellas County is 12.8% according to Feeding America's 2022 data.[26] According to Feeding America, food insecurity is when people cannot access the food they need to live healthy and good quality lives. Twenty-Seven percent (27%) of Pinellas County residents surveyed reported themselves as food insecure and 77.2% stated that they do not eat at least three servings of fruits and vegetables every day. An unhealthy diet can lead to lifelong chronic and costly illnesses, thereby choosing this as a priority, the Hospital can work alongside other community organizations to address this issue.

Health Care Access and Quality

Access to quality health care was ranked number one in the prioritization session amongst the other identified health needs affecting Pinellas County. In the survey, 17.6% of respondents reported they were unable to get medical care when they needed it in the past 12 months. Top barriers noted in focus groups and on the survey include lack of providers, cost of care and inconvenient office hours/ inability to take time off work for an appointment. The rate of primary care providers in Pinellas County is 1:723 which is lower than that of the state at 1:858. Pinellas County has a rate of dental providers at 1:1350 compared to Florida at 1:1686. Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. The percentage of adults ages 19-64 that do not have health insurance coverage in Pinellas County is 16.4%, lower than the state of Florida at 17.5%. Focusing on access to care will help align local efforts and resources to create targeted strategies to improve access for Pinellas County residents.[27]

26 Map the Meal Gap 2022 | Feeding America
27 FL Health CHARTS—Medical Doctors (MD, Physicians)—Ten Year Report | Florida Department of Health

Priorities Not Addressed

The priorities not to be addressed include:

Cancer

Cancer is the leading cause of death in Pinellas County, and the death rate in Pinellas County due to cancer is 136.6 per 100,000 population. However, the collaborative did not choose it as a priority to address and chose to address issues that could prevent cancer rates or potentially increase early detection, screenings and medical care through access to care. By addressing these other priorities, the Hospital decided it can have a larger impact on overall health outcomes including cancer rates.

Heart Disease and Stroke

Heart disease and stroke as a topic on its own did not come through as one of the top three issues to be addressed. In Pinellas County, it is the second leading cause of death, and 35.1% of survey respondents were told by a medical provider that they have hypertension and/or heart disease. The Collaborative decided that addressing factors that affect heart disease, such as access to care and nutrition and healthy eating, would be a more effective strategy to help prevent heart disease and stroke and decrease risks of complications for those who already have these diagnoses. For this reason, the Hospital did not select it as a priority to address directly.

Oral Conditions

Throughout the assessment, access to care was identified as a major issue, but specifically access to dental care was noted as a common concern among participants. In the survey, 21.2% of survey respondents reported that they needed dental care and did not receive it within the past 12 months. Pinellas County has a rate of dental providers at 1:1350 compared to Florida at 1:1686. While the Collaborative agreed that dental care is an important issue to address, they felt that prioritizing access to care as a whole, and including oral conditions into this category, was the best method instead of selecting dental care as its own priority area.

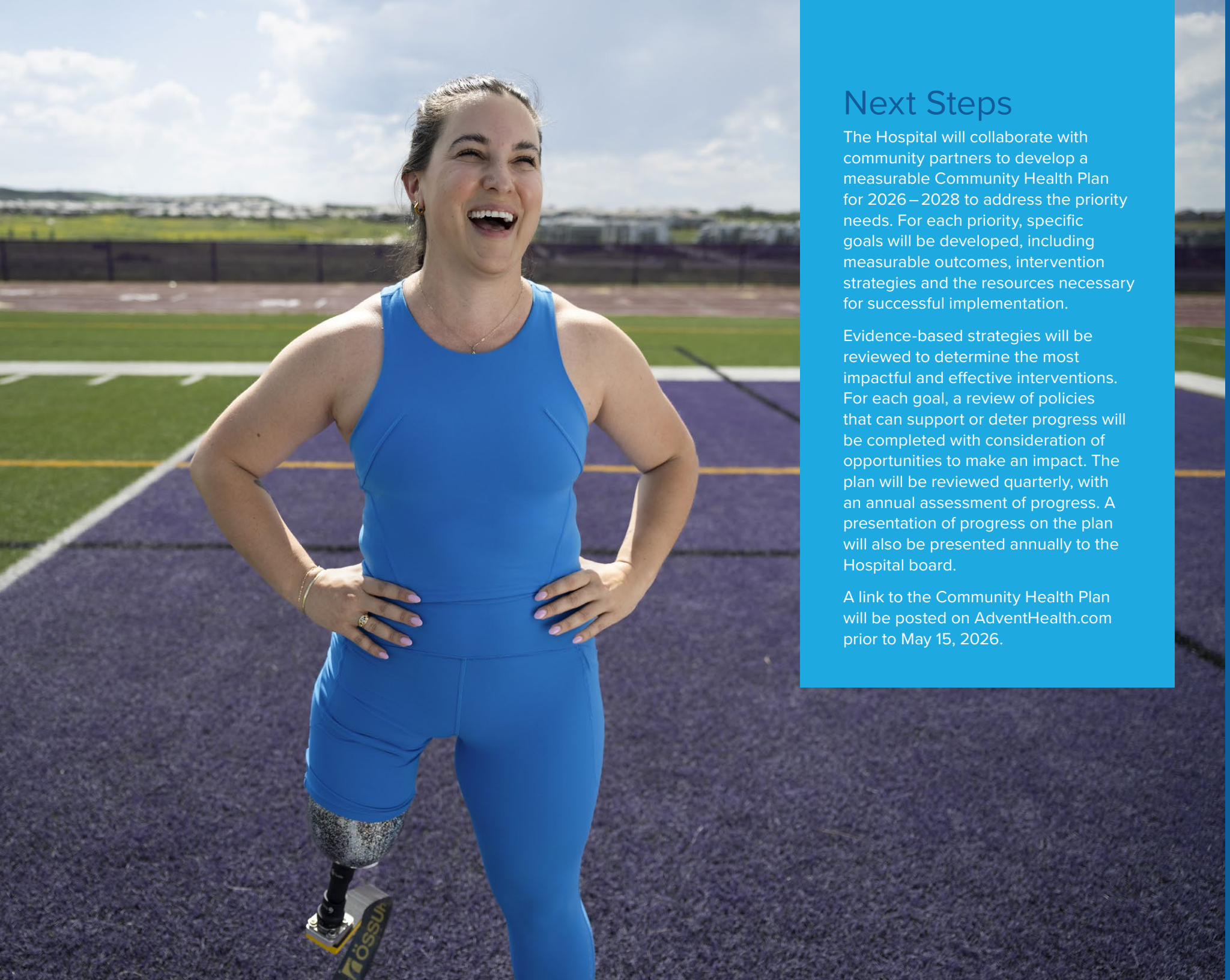
Economic Stability

In the Hospital's community, 33.3% of residents are housing cost-burdened, or paying over 30% of their income to housing costs. In Pinellas County, 11.4% of residents are living below the federal poverty level and 34% fall into the ALICE (Asset Limited, Income Constrained, Employed) Household category. ALICE households are those earning above the federal poverty level but still struggling to afford necessities for optimal quality of life. The exceeding cost of living in the community is significant, however, the Hospital did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.[28]

Neighborhood and Built Environment

Pinellas County is the seventh most populous county in the state and the second smallest county in land mass making it the most densely populated county in the state. Due to this, focus group participants reported issues with lack of sufficient resources and increased cost of living as being a significant issue. In Pinellas County, 27.6% of survey respondents said there are not good sidewalks to safely walk in their neighborhood, and 6.7% of households do not own a vehicle. This can make transportation and accessing resources difficult. Poor access to transportation significantly limits access to health and health care, and while this is an issue, the Hospital felt addressing other needs were more feasible.

28 Meet ALICE | UnitedForALICE



Next Steps

The Hospital will collaborate with community partners to develop a measurable Community Health Plan for 2026–2028 to address the priority needs. 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 annually to the Hospital board.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2026.

Community Health Plan

2023 – 2025 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.

Priority 1: Access to Health and Social Services

In the 2022 CHNA, the Hospital addressed access to health and social services as a priority. Thirty-six percent (36%) of community survey respondents ranked Access to Health Care as a pressing quality of life issue. Focus group participants cited barriers such as transportation, cost of care and prescriptions, lack of providers who speak their language, trust issues with the health care system and inconvenient appointment times. Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. The percentage of adults (aged 18-64) without health insurance in Pinellas County is 18.7%. Pinellas is in the worst 25% of all counties in the nation.

Since adopting the plan, the Hospital participated in a division wide program, AdventHealth Food is Health®, that provides series-based nutrition education and culturally appropriate, nutritious foods to participants in low income/low access areas in the hospital's community. The program involves collaborations from a variety of community partners, including subject matter experts providing education, mobile produce vendors and sites in the community where classes are held. The West Florida Division distributed 95,242 pounds of produce to 2,064 participants

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually.

and their families. The Hospital also collaborated with the American Heart Association to provide hands only CPR demonstrations for free to members of the community. Throughout the division, hands only CPR demonstrations have been provided for 7,254 participants.

Priority 2: Behavioral Health — Mental Health and Substance Misuse

In the 2022 CHNA, the Hospital addressed behavioral health (mental health and substance misuse) as a priority. According to community survey respondents, 32% have been diagnosed with a depressive disorder or anxiety disorder. Forty-one percent (41%) of the community and public health experts surveyed ranked mental health as the most pressing issue in Pinellas County. Substance use emerged as a top concern, reflected in both primary and secondary data sources. Illegal drug use/abuse of prescription medications/ alcohol abuse were ranked as important health issues to address by 30% of survey respondents. One of the most concerning trends is with drug overdose deaths, which have increased significantly over the past few years, currently at a rate of 32.5 (per 100,000 population). Pinellas County also sees a higher percentage of adults who currently smoke with 19.7% of adults in Pinellas County compared to 14.8% for the state of Florida.

The Hospital focused its efforts on increasing education and building community level networks for mental health support. As part of this effort, the Hospital partnered with Safe and Sound Hillsborough to provide free Mental Health First Aid Classes to community members. This was a division-wide initiative, and the West Florida Division has supported 21 classes for 307 participants. Additionally, 91.4% of participants shared that after attending the class, they felt confident to utilize their new skills in reducing the stigma of mental health by discussing the topic with someone struggling and connecting them to further resources. The Hospital provided several different sponsorships supporting 213 community members with needed mental health services through Alliance for Healthy Communities and The Shepherd Center

2022 Community Health Needs Assessment Comments

We posted a link to the most recently-conducted CHNA and the most recently adopted implementation strategy, 2023–2025 Community Health Plan, on our hospital website as well as on AdventHealth.com prior to May 15, 2023 and have not received any written comments.

AdventHealth

Tarpon Springs Hospital Foundation, Inc. dba AdventHealth North Pinellas

CHNA Approved by the Hospital board on: September 17, 2025

For questions or comments, please contact
WFD.CommunityBenefits@AdventHealth.com

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