

Shriners Hospitals for Children — Tampa 2019 Community Health Needs Assessment

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Shriners Hospitals for Children at a Glance

Shriners Hospitals for Children[®] is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate, family-centered environment. Our patients are our priority. We take the time to care, and to listen. At Shriners Hospitals for Children, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Hospitals for Children is to:

Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special health care needs within a compassionate, family-centered and collaborative care environment.

Provide for the education of physicians and other health care professionals.

Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

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.

About Shriners Hospitals for Children — Tampa

Shriners Hospitals for Children — Tampa (SHC-Tampa) is changing lives every day through innovative pediatric specialty care, research and outstanding medical education. The Tampa Shriners Hospital focuses on a wide range of pediatric orthopaedic conditions, including rare diseases and syndromes. All services are provided in a family-centered environment, regardless of the families' ability to pay. 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.

Inside Shriners Hospitals for Children each day, patients and families say thank you to the Shriners – those men in the red fezzes. Our model for care was imagined and established by the Shriners, the fraternal organization for which the health care system 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.

Recognized as leading philanthropy, Shriners Hospitals for Children has evolved into an international health care system recognized for its devotion to transforming the lives of children through care and research. It is a destination of choice for parents whose children have orthopaedic problems, burns, spinal cord injuries, cleft lip and palate, and other complex medical needs.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues.

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

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Hospitals for Children leadership.

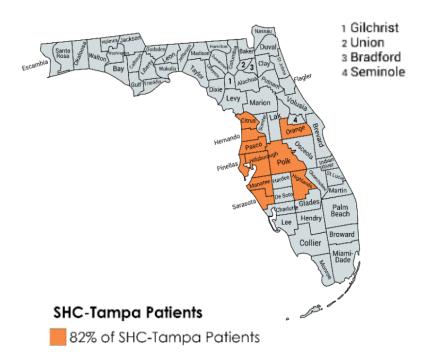
Shriners Hospitals for Children's Commitment to the Community

Shriners Hospitals for Children — Tampa, is committed to providing care within the scope of our mission without regard for the family's ability to pay. We work collaboratively with our community partners to assess community needs and develop new clinical and community benefit programs that enhance health and well-being of children in our community. SHC—Tampa like the other U.S. based hospitals in the Shriners Hospitals for Children health care system, reaffirms its commitment to excellence of care through the development of its Community Health Needs Assessment (CHNA). Based on the findings, we have developed an action plan to work alongside community stakeholders to address the health needs of the community.

Our Community

The service area for Shriners Hospitals for Children – Tampa covers the entire state of Florida as well as the southern counties of Georgia. In 2018, the majority of our patients (82%) came from Citrus, Hernando, Highlands, Hillsborough, Manatee, Orange, Pasco, Pinellas, Polk and Sarasota counties.

MAP OF FLORIDA COUNTIES



SHC-Tampa Overall Patient Distribution:



Social Determinants of Health Framework

This CHNA was conducted using a determinant of health framework recognizing that social and economic environment contributes substantially to population health. Research shows that that less than a third of our health is influenced by our genetics or biology. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and healthcare we receive.

Among modifiable factors that affect health, research shows that social and economic environments have the greatest impact. The County Health Rankings model, developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, estimates the proportion of health that modifiable factors contribute to, based on reviews of the scientific literature. It is estimated that social and economic factors account for 40% of our health, followed by health behaviors (30%), clinical care (20%), and the physical environment (10%). Many health disparities occur as a result of inequities in these determinants of health.

(Figure 1)

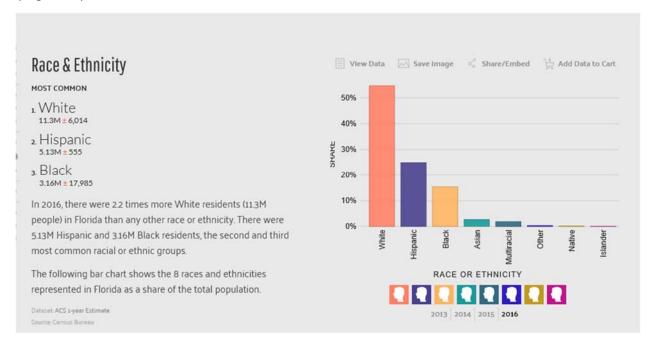
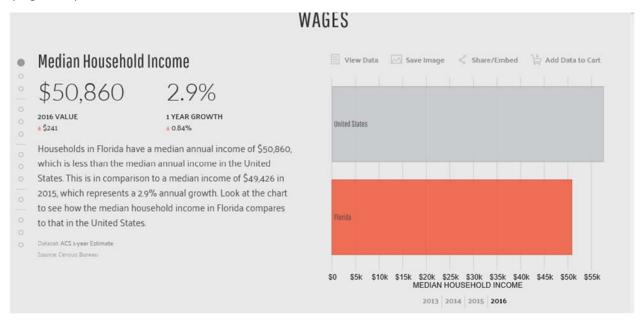


Figure 1 above helps to illustrate Race and Ethnicity distribution within the state of Florida. According to U.S. Census Bureau* data from 2018, within the Tampa area specifically, White residents makeup 60.2% of the area's population, about 3 times as much as the next closest group. Minorities comprise 39.8% of the pediatric population with the Market Area. This is consistent with the U.S. population as a whole.

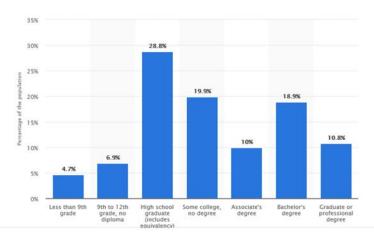
(Figure 2)



Median Household in Florida at \$50,860, this places the state at 40th out of 51 (all states including Washington DC), well below that U.S. average of over ~\$61,000.

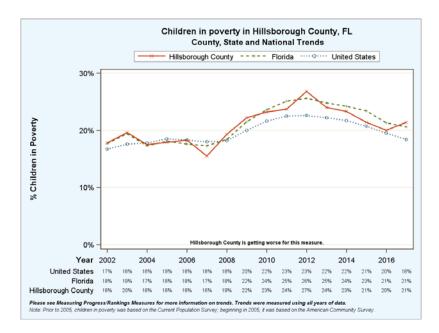
(Figure 3)





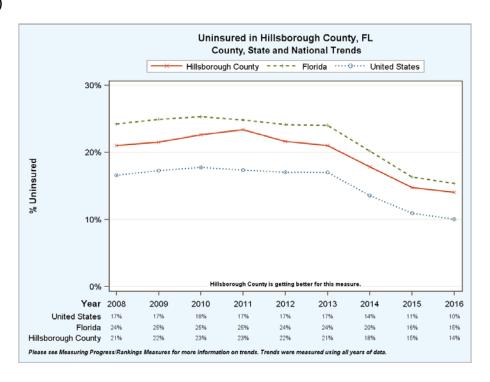
Educational attainment a social determinate of health that should be closely monitored as it contributes longevity, availability of resources to meet basic needs, higher health literacy, and access to less physically dangerous jobs. Levels of education are strongly correlated with both employment status, the ability to earn a livable wage, and many health outcomes. Shriners Hospitals for Children – Tampa is well placed within a community in which 42%* of the population has some college education or more, and 88% of the population has at least high school education or equivalency.

(Figure 4)



According to County Health Rankings, the proportion of children in poverty increased slightly in Hillsborough County between 2015 and 2016 to 21%, but was at its highest in 2012 at 27%*. When compared to the National average, Florida and more specifically Hillsborough County (where SHC-Tampa is located) remain above average. Poverty creates barriers for transportation, access to healthy foods, access to health services and choices that provide for a healthy lifestyle.

(Figure 5)



Figures 4 and 5 source: County Health Rankings and Roadmaps. 2019. County Health Rankings, Hillsborough, FL. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

According to County Health Rankings*, Hillsborough County's uninsured rate is higher than that across the U.S at 21%. Additionally, the Florida similarly shows a higher rate than the national average at 24%, a 7% higher than the national average of 17%. This data helps to understand Shriners Hospitals for Children – Tampa patient payor mix.

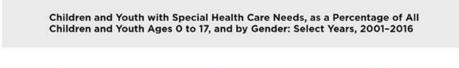
SHC-Tampa Payor Mix 100% -90% -70% ■ Medicaid Managed Care 60% 52% ■ Managed Care/Commercial 50% ■ Uninsured/Charity 40% 34% ■ Medicaid 30% 20% 12% 10% 2%

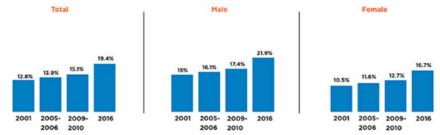
SHC-Tampa's Patient Payor Mix:

At SHC-Tampa, Uninsured/Charity care makes up 14% of the overall patient population. Of this group, the majority of patients are domestic (Children living in the U.S.) around 86%. The other 14% are international children brought to SHC-Tampa for care. Shriners Hospitals for Children – Tampa has also stood by its mission to care for kids regardless of the families ability to pay.

Trends for children and youth with special health care needs

Since 2001, the proportion of children and youth reported to have special health care needs has been steadily rising. From 2001 to 2016, the percentage of children and youth with special health care needs has increased from 13 to 19 percent.

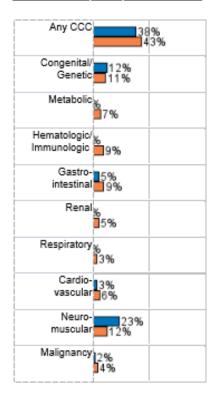




Source: Data for 2001–2010: Child Trends' original analyses of data using U.S. Department of Health and Human Services, National Center for Health Statistics. (2002–2011). National Survey of Children with Special Health Cent. Meedy, 2002, 2005–2006. and 2009–2010 (Datasets). Retrieved from https://www.cio.gov/nchi/slatis/schan.hm. Data for 2010/5. Child Trends' original analyses of data using U.S. Department of Health and Human Services, Maternal and Child Health Bureau. (2017). 2016 National Survey of Children's Health [Dataset]. Retrieved from https://www.census.gov/noorams-surveys/nch/hbml.

childtrends.org

Complex Chronic Conditions (CCCs)



The Chart to the left illustrates the distribution of Complex Chronic Conditions within orthopedic patients at SHC-Tampa and at similar children's hospitals. The blue bars are SHC-Tampa patients, the orange bars are other children's hospitals. The point of this chart is not to compare institutions but to illustrate the level of care needed to treat children with Special Health Care needs. Many of the children treated at Shriners Hospitals for Children – Tampa are children with special health care needs (CSHCN). For example, 23% of orthopedic patients seen at SHC-Tampa also suffer from a chronic neuromuscular condition.

* Note: SHC-Tampa is an Orthopedic Specialty Hospital; as such, other children's hospitals have higher distribution of Complex Chronic Conditions based on the wider range of their services

Source: Children's Hospital Association and Shriners Hospitals for Children — Tampa

Process and Methods

The primary data collection process included surveys of pediatricians throughout the State of Florida, as well as parents/legal guardians of patients in the Outpatient Clinic, Outpatient Surgery Unit and Inpatient Unit. The survey began on January 2, 2019 and concluded on March 1, 2019.

The purpose of the survey was to understand the needs of our patients and the concerns they have in obtaining healthcare for their children. In addition, we wanted to identify the concerns pediatricians have in providing the care.

Shriners Hospitals for Children, through its mission to provide healthcare without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay, aims to remove barriers to obtaining healthcare, and improve the quality of life for our patients.

Key Findings

Surveys were given to 75 pediatricians throughout the State of Florida. Sixteen surveys (21%) were returned.

Fifty-six percent (56%) of pediatricians said their patients had difficulties or delays getting the services they needed. The top three reasons for these difficulties/delays include:

Cost of care was too high	67%
No insurance	73%
Provider did not accept the child's insurance	53%

The top four diagnoses for which pediatricians referred patients to Shriners Hospitals for Children – Tampa include:

Congenital deformities of the hands/feet	88%
Scoliosis	81%
Limb length discrepancies	69%
Hip dysplasia, fractures, spasticity/contractures	
due to cerebral palsy	44%

Over 600 surveys were given to parents in the outpatient clinic, outpatient surgery, and inpatient unit. Fifty-seven surveys (approximately 10%) were returned.

Eighty six percent (86%) of parents stated they had no difficulty obtaining necessary services at Shriners Hospitals for Children. Of the 14% who did have difficulty, the main

reasons were difficulty getting an appointment and/or waiting lists to receive care from specific providers.

Thirty-nine percent (39%) of respondents said their main reason for choosing Shriners Hospitals for Children was our excellent reputation. Twenty-two percent (22%) said Shriners Hospitals for Children was their preferred provider.

Both pediatricians and parents were asked to list their concerns about pediatric healthcare today. Pediatricians had a host of concerns, including lack of insurance, transportation issues, cost of care, limited available resources, and lack of behavior health services. Interestingly, the parents either did not respond to the question or stated they had no concerns.

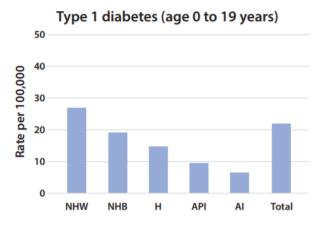
When asked what additional services they would like Shriners Hospitals for Children to provide, 50% of pediatricians responded psychiatric/behavioral health services.

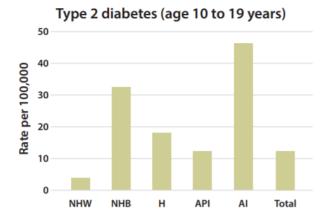
Secondary Data Analysis

Regardless of the circumstances, all children should have equal access to healthcare. However, due to factors such as social determinates of health: i.e. poverty, food and housing insecurity, and language and geographic barriers, children's healthcare needs are often left unmet. As a result, children's health outcomes suffer. In order to face these needs, it is necessary to look beyond the doctor's office and work collectively to identify areas of unmet need and proactively implement strategies to address them.

Over the last 15 years, the U.S. has seen unmet healthcare needs shift from acute care issues to chronic health conditions. It is estimated that 25% of children and adolescents in the United States are affected by chronic health conditions. Additionally, 7.5% of children have unmet healthcare needs. Some top conditions include Digestive Health (including diabetes and obesity), Autism and Developmental Disabilities, and Mental Health issues.

According to the Center for Disease Control & Prevention (CDC), digestive health tops the list of health concerns. New reports indicate that a third of U.S. children are overweight or obese. The extra weight increases the chance for heart disease, diabetes, stroke, osteoarthritis, and many cancers. As stated by the researchers in the National Diabetes Statistics Report (2017), the overall incidence of diabetes is now 1.93 cases per 1,000 with this number growing among children and adolescents every year. Additionally, diabetes remains the seventh leading cause of death in the United States. As indicated by the tables below, the rate of diabetes per 100,000 children varies significantly based on race, ethnicity, and the type of diabetes.





NHW = non-Hispanic whites, NHB = non-Hispanic blacks, H = Hispanics, API = Asians/Pacific Islands, AI = American Indians.

Note: American Indian (AI) youth who participated in the SEARCH study are not representative of all AI youth in the United States. Thus, these rates cannot be generalized to all AI youth nationwide.

Even more prevalent is the growth of Autism. According to the CDC 1 in 59 children have been identified with autism spectrum disorder (ASD)*. ASD is 4.5 times more prevalent in boys than in girls. This has grown significantly from the year 2000 at 1 in 150 children. One of the issues with ASD is that it commonly co-occurs with other developmental, psychiatric, neurologic, chromosomal, and genetic diagnoses. The co-occurrence of one or more non-ASD developmental diagnoses is 83%. The co-occurrence of one or more psychiatric diagnoses is 10%. The cost per year to treat these children medically in the U.S. is between \$11.5 and \$60.9 billion dollars. On average, medical expenditures for children and adolescents with ASD were 4.1–6.2 times greater than for those without ASD. It should also be noted that in addition to medical costs, intensive behavioral interventions for children with ASD can cost anywhere from \$40,000 to \$60,000 per child per year.

It is estimated that 17.1 million children in the United States have had a psychiatric disorder (Child Mind Institute, 2015 Report). Half of all psychiatric illness occurs before the age of 14 and 75% by the age of 24.

Age of onset of types of disorders in children





of onset

ADHD and

Behavior

Disorders

Age 13
median age
of onset
Mood
Disorders



The CDC reports the following mental health statistics, collected from a variety of data sources. Between the years 2005-2011 children ages 3-17 years were identified as having diagnosis of:

- Attention-deficit/hyperactivity disorder (ADHD) (6.8%)
- Behavioral or conduct problems (3.5%)
- Anxiety (3.0%)
- Depression (2.1%)
- Autism spectrum disorder (1.1%)
- Tourette syndrome (0.2%) (among children aged 6–17 years)

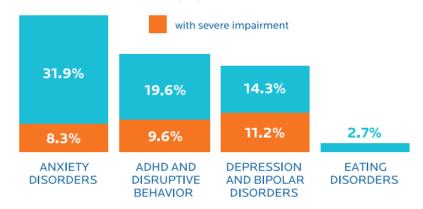
Additionally, 4.2-4.7% of Adolescents aged 12-17 were identified as having an illicit drug or alcohol disorder.

Suicide is the 3rd leading cause of death among youth (ages 10-24). Youth, in particular, continue to be at-risk. In 2013, Florida's children and youth represented (flgov.com):

- 4,752 Emergency Department visits for suicide attempts
- 1,909 hospitalizations for suicide attempts
- 246 suicide deaths (280 deaths in 2014)

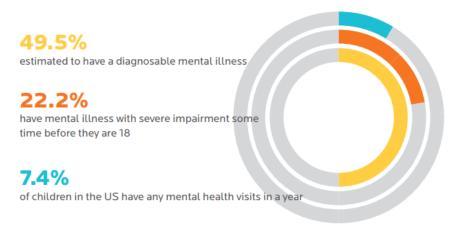
One child/youth dies by suicide every 32 hours

What are the most common psychiatric disorders in childhood?



Furthermore, based on the National Research Council and Institute of Medicine report (Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities, 2009) that gathered findings from previous studies, it is estimated that 13 –20% of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year. According to the Child Mind Institute, it is estimated that 40% of youth with diagnosable ADHD, 60% of youth with depression, and 80% of youth with anxiety disorder are left untreated.

The gap between the need and the number of kids receiving help:



Sources*

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Key Finding Prioritization

Access Variables	SHC-Tampa Community need	SHC-Tampa Strategic Plan	SHC-Tampa Resources Available	Community Impact (High - Low)
High cost	Yes	Yes	Yes	High
Lack of insurance	Yes	Yes	Yes	High
Availability of mental health resources	Yes	No	No	High

Based on the results above, and given our mission and the resources we have available, SHC—Tampa has chosen to focus its 2019 CHNA Action Plan on access to unmet healthcare needs related to the following topics:

- High cost of care
- Lack of insurance

SHC — Tampa recognizes that there are other identified unmet needs within the identified community 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.

Action Plan

2016 Action Plan

Shriners Hospitals for Children — Tampa chose 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

Goal	Objective	Strategy	Timeframe
improvement educational healt	#1: Increase knowledge and awareness of health risks due to obesity, and the benefits of healthy eating	Create a "Healthy Living" web page	July 2016 – 2018
		Increase collaboration with community partners on programs and policies to improve the health of children in our community i.e. Healthy Hillsborough Collaborative	July 2016 – Ongoing
		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.	July 2016 – Ongoing
	#2: Provide education on ways to improve health through diet and exercise	*Building Strong Bones* presentations to schools touring SHC-Tampa	July 2016 – July 2018
		Quarterly newsletter for parents "Growing Up Healthy"	July 2016 – Ongoing
		Host childhood obesity lectures with the help of Healthy Hillsborough Collaborative and participating members	July 2016 – Ongoing
	Provide a Wellness Corner, which provides research-based handouts to aid families in fostering healthy lifestyle and dietary changes.	July 2016 – Ongoing	

Shriners Hospitals for Children — **Tampa**Community Health Needs Assessment – Action Plan 2016

2016 Action Plan Results

Shriners Hospitals for Children – Tampa provided health improvement educational materials, focusing on diet and nutrition, to increase knowledge and awareness of health risks due to obesity, and the benefits of healthy eating. In addition, we collaborated with community partners (Healthy Hillsborough Collaborative) on programs and policies to improve the health of children in our community. Educational materials included recipes and meal suggestions for parents, and games and activities for children.

Written Comments on 2016 Community Health Needs Assessment

Shriners Hospitals for Children Community Health Needs Assessment and implementation was made widely available to the public on Shriners Hospitals for Children website at https://www.shrinershospitalsforchildren.org/shc/chna

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.

2019 Action Plan

Shriners Hospitals for Children – Tampa will transition from a hospital to an outpatient clinic in 2019.

In September of 2016, SHC-Tampa received official designation as a Muscular Dystrophy Association (MDA) Care Center. Children with severe forms of muscular dystrophy require the expert care of multiple specialists. While SHC-Tampa has treated children with muscular dystrophies for 30 years, these children had to receive pulmonary, cardiac and rehabilitative services at other hospitals, clinics or physician offices. As of site designation, Muscular Dystrophy patients now see the orthopedic surgeon, neurologist, pulmonologist, cardiologist and physiatrist all together, with coordination from a dedicated case manager, nurse practitioner and dietitian at the SHC-Tampa facility.

Regardless of the transition to an outpatient clinic, Shriners Hospitals for Children – Tampa shall continue to be a Muscular Dystrophy Association designated clinic site. Our ability to provide the multi-disciplinary care that is necessary to treat children with muscular diseases will immediately elevate the level of care that they receive

Shriners Hospitals for Children – Tampa will continue providing infusion therapy to children with osteogenesis imperfecta. The Tampa Shriners Hospital has been caring for children with osteogenesis imperfecta since the hospital opened. We have been offering bisphosphonates therapy for more than 20 years. Over the past year, we have expanded our multidisciplinary team. We are working every day to find ways to improve our care of these children.

Goal	Objective	Strategy	Timeframe
	Provide multispecialty care to children with muscular diseases	Continue to be an MDA designated clinic site.	Ongoing

Shriners Hospitals for Children — Tampa Community Health Needs Assessment – Action Plan 2019

Conclusion

2019 Community Health Needs Assessment Report Available Online or in Print

The 2019 Community Health Needs Assessment is available at: https://www.shrinershospitalsforchildren.org/tampa/about-us

03 / 25 / 2019

Date adopted by authorized body of hospital