FISHERMEN'S HOSPITAL
MARATHON, FLORIDA

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION (JUNE 25, 2013)[1]

QHR | Consulting Services

---

[1] Response to Schedule H (Form 990) Part V B 2 and section 501(r)1

Dear Community Resident:

Fishermen's Hospital (Fishermen's) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how Fishermen's will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we at Fishermen's are meeting our obligations to efficiently deliver medical services.

Fishermen's will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You

Table of Contents

EXECUTIVE SUMMARY

Executive Summary

Fishermen's Hospital (the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures the Hospital identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital[2]. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

In addition to completing a CHNA, and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;

- Billing and collections; and

- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury[3].

Project Objectives

The Hospital partnered with Quorum Health Resources (QHR) for the following[4]:

- Complete a CHNA report, compliant with Treasury – IRS;

- Provide the Hospital with information required to complete the IRS – 990h schedule; and

- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

---

[2] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements… and
https://www.federalregister.gov/articles/2013/04/05/2013-07959/community-health-needs-assessments-for-charitable-hospitals
[3] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at
http://federalregister.gov/a/2012-15537
[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;

- Surplus funds used to improve patient care, expand facilities, train, etc.;

- Controlled by independent civic leaders; and

- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;

- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;

- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;

- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);

- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;

- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four);

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties[5]; and

---

[5] Section 6652

- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;

  o Sources of data and dates retrieved;

  o Analytical methods applied;

  o Information gaps impacting ability to assess the needs; and

  o Identification of with whom the Hospital collaborated.

- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:

  1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;

  2) Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and

  3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.

- Describe the process and criteria used in prioritizing health needs;

- Describe existing resources available to meet the community health needs; and

- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources to exist in their portion of the county[6].

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. Data sources include[7]:

---

[6] Response to Schedule H (Form 990) Part V B 1 i
[7] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Monroe County compared to all Florida counties	April 18, 2013	2002 to 2010
www.communityhealth.hhs.gov	Assessment of health needs of Monroe County compared to its national set of "peer counties"	April 18, 2013	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends, and socio-economic characteristics	April 16, 2013	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	April 17, 2013	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	April 17, 2013	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	April 18, 2013	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	April 18, 2013	2005
www.cdc.gov	To examine area trends for heart disease and stroke	April 17, 2013	2008 to 2010
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	April 16, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	April 18, 2013	2013

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	April 17,2013	2010 published 11/29/12

- In addition, we deployed a CHNA "Round 1" survey to our local expert advisors to gain local input as to local health needs and the needs of priority populations. Local expert advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations[8];

- We received community input from 15 local expert advisors. Survey responses started Monday, April 8, 2013 and ended with the last response on Monday, May 6, 2013; and

- Information analysis augmented by local opinions showed how Monroe County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what[9].

When the analysis was complete, we put the information and summary conclusions before our local group of experts[10], who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need; no new needs emerged from this exchange[11]. Consultation with 12 local experts occurred again via an internet-based survey (explained below) during the period beginning Monday, May 6, 2013 and ending Wednesday May 15, 2013.

With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method that relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as reasons provided for their judgments. The process encouraged experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority, community needs.

In the Hospital process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from

---

[8] Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
[9] Response to Schedule H (Form 990) Part V B 1 f
[10] Part response to Schedule H (Form 990) Part V B 3
[11] Response to Schedule H (Form 990) Part V B 1 e

the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

We dichotomized the rank order into two groups: high priority needs and low priority needs. The determination of the break point – high as opposed to low – was a qualitative interpretation by QHR and the Hospital executive team, where a reasonable break point in rank occurred, indicated by the amount of points each potential need received and the number of local experts allocating any points to the need. When presented to the Hospital executive team, the divided need rank order identified which needs the Hospital considered high responsibility to respond vs. low responsibility to respond. The result provided a matrix of needs and guided the Hospital in developing its implementation response[12].

The proposed regulations provide that, in order to assess the community it serves, a hospital facility must identify significant health needs of the community, prioritize them, and then identify potential measures and resources available to address them, such as programs, organizations, and facilities in the community[13]. The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves[14]. By definition, the high priority needs are deemed "significant" needs as defined by the regulations.

---

[12] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g
[13] Draft regulations page 30
[14] Draft regulations page 32

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[15]
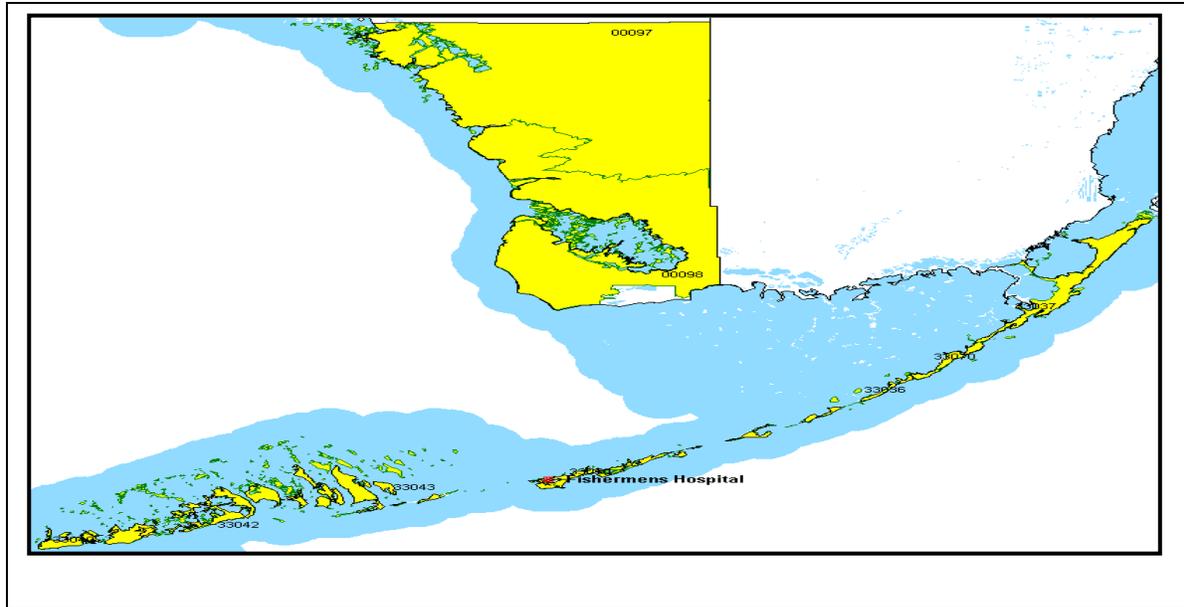
The Hospital, in conjunction with QHR, defines its service area as Monroe County in Florida, which includes the following ZIP codes:

00097 – Out Area	33037 – Key Largo	33043 – Big Pine Key
00098 – Out Area	33040 – Key West	33050– Marathon
33036 – Islamorada	33042– Summerland Key	33070 – Tavernier

In 2011, the Hospital received 73.3% of its patients from this area[16].

---

[15] Responds to IRS Form 990 (h) Part V B 1 a

[16] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[17]

The 2012 population for Monroe County is estimated to be 73,376[18] and expected to decline at a rate of 2.5%. This is in contrast to the 3.9% national rate of growth and the Florida growth rate of 5.1%. Monroe County anticipates a population of 70,569 by 2017.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2012 median age for the service area is 46.5 years, which is older than the State median age (40.0 years), and the national median age (36.8 years). The 2012 Median Household Income for the area is $52,600, which is higher than the State median income of $45,391 and the national median income of $49,559. Median Household Wealth value also is above the National and the State values. The Median Home Values show the same pattern as Household Wealth. Monroe's unemployment rate as of December 2012 was 4.5%[19], which is better than the 7.9% statewide and the national civilian unemployment rates.

The portion of the population in the county over 65 is 16.7%, slightly below the State average. The portion of the population of women of childbearing age is 15.7%, below the State and national average of 20.1%. Seventy percent of the population is White non-Hispanic and 5.4% is Black non-Hispanic. The Hispanic population comprises 21.4% of the total.

Demographics Expert 2.7
2012 Demographic Snapshot
Area: Fishermen's, FL - Monroe County
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA			2012	2017	% Change
2000 Total Population	79,529	281,421,906	Total Male Population		38,757	37,597	-3.0%
2012 Total Population	72,376	313,095,504	Total Female Population		33,619	32,972	-1.9%
2017 Total Population	70,569	325,256,835	Females, Child Bearing Age (15-44)		11,384	10,086	-11.4%
% Change 2012 - 2017	-2.5%	3.9%					
Average Household Income	$72,308	$67,315					

POPULATION DISTRIBUTION

Age Distribution

Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total
0-14	9,314	12.9%	9,592	13.6%	20.2%
15-17	2,065	2.9%	1,676	2.4%	4.3%
18-24	4,792	6.6%	4,493	6.4%	9.7%
25-34	8,507	11.8%	7,690	10.9%	13.5%
35-54	22,976	31.7%	20,090	28.5%	28.1%
55-64	12,634	17.5%	13,561	19.2%	11.4%
65+	12,088	16.7%	13,467	19.1%	12.9%
Total	72,376	100.0%	70,569	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2012 Household Income	HH Count	% of Total	USA % of Total
<$15K	3,727	11.4%	13.0%
$15-25K	3,208	9.8%	10.8%
$25-50K	8,594	26.4%	26.7%
$50-75K	6,702	20.6%	19.5%
$75-100K	3,920	12.0%	11.9%
Over $100K	6,458	19.8%	18.2%
Total	32,609	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,998	3.6%	6.3%
Some High School	4,102	7.3%	8.6%
High School Degree	17,417	31.0%	28.7%
Some College/Assoc. Degree	18,099	32.2%	28.5%
Bachelor's Degree or Greater	14,589	26.0%	27.8%
Total	56,205	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

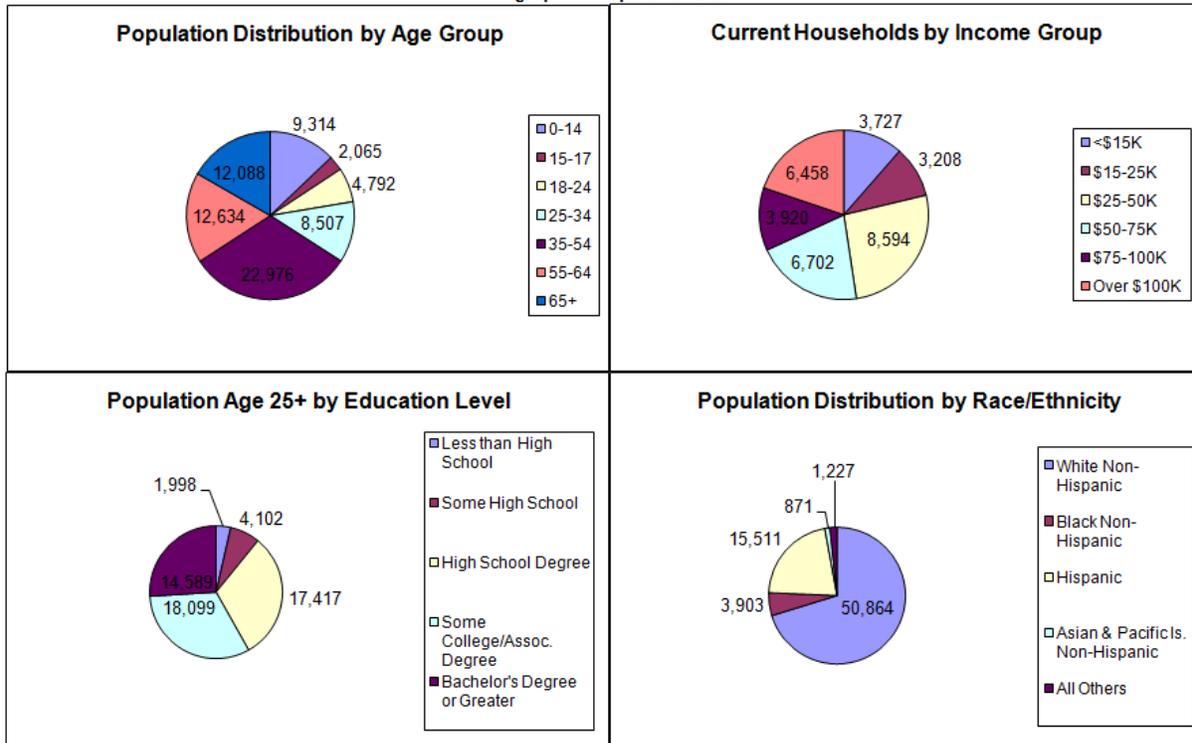| Race/Ethnicity	2012 Pop	% of Total	USA % of Total
White Non-Hispanic	50,864	70.3%	62.8%
Black Non-Hispanic	3,903	5.4%	12.3%
Hispanic	15,511	21.4%	17.0%
Asian & Pacific Is. Non-Hispanic	871	1.2%	5.0%
All Others	1,227	1.7%	2.9%
Total	72,376	100.0%	100.0%

© 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

---

[17] Responds to IRS Form 990 (h) Part V B 1 b
[18] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[19] http://research.stlouisfed.org/fred2/series/ FLMONR5URN; http://research.stlouisfed.org/fred2/series/FLUR; http://research.stlouisfed.org/fred2/series/UNRATE

2012 Demographic Snapshot Charts

Population Distribution by Age Group

9,314
2,065
4,792
12,088
12,634
8,507
22,976

- 0-14
- 15-17
- 18-24
- 25-34
- 35-54
- 55-64
- 65+

Current Households by Income Group

3,727
3,208
6,458
3,920
8,594
6,702

- <$15K
- $15-25K
- $25-50K
- $50-75K
- $75-100K
- Over $100K

Population Age 25+ by Education Level

1,998
4,102
14,589
18,099
17,417

- Less than High School
- Some High School
- High School Degree
- Some College/Assoc. Degree
- Bachelor's Degree or Greater

Population Distribution by Race/Ethnicity

1,227
871
15,511
3,903
50,864

- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Asian & Pacific Is. Non-Hispanic
- All Others

2012 Benchmarks
Area: Fishermen's, FL - Monroe County
Level of Geography: ZIP Code

Area	2012-2017 % Population Change	Median Age	Population 65+ % of Total Population	% Change 2012-2017	Females 15-44 % of Total Population	% Change 2012-2017	Median Household Income	Median Household Wealth	Median Home Value
USA	3.9%	36.8	12.9%	15.5%	20.1%	-0.9%	$49,559	$54,682	$167,021
Florida	5.1%	40.0	17.2%	14.2%	18.8%	-0.3%	$45,391	$61,346	$141,908
Selected Area	-2.5%	46.3	16.7%	11.4%	15.7%	-11.4%	$52,600	$65,922	$404,040

Demographics Expert 2.7
DEMO0003.SQP
© 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important, potentially adverse findings. Items with blue text are viewed as statistically important, potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation, or not considered either favorable or unfavorable in our use of the information.

Healthcare Demand and Utilization

Health Service Topic	Demand as % of National	% of Population Effected	Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle			**Heart**		
BMI: Morbid/Obese	97.5%	24.9%	Routine Screen: Cardiac Stress 2yr	104.9%	16.4%
Vigorous Exercise	100.8%	51.2%	Chronic High Cholesterol	114.4%	25.5%
Chronic Diabetes	102.9%	10.7%	Routine Cholesterol Screening	105.1%	53.5%
Healthy Eating Habits	104.7%	31.0%	Chronic High Blood Pressure	108.1%	28.4%
Very Unhealthy Eating Habits	103.3%	2.8%	Chronic Heart Disease	127.2%	10.6%
Behavior			**Routine Services**		
I Will Travel to Obtain Medical Care	93.3%	27.8%	FP/GP: 1+ Visit	100.3%	88.5%
I Follow Treatment Recommendations	98.9%	40.0%	Used Midlevel in last 6 Months	100.8%	42.1%
I am Responsible for My Health	98.2%	55.1%	OB/Gyn 1+ Visit	97.9%	43.3%
Pulmonary			Ambulatory Surgery last 12 Months	101.7%	19.5%
Chronic COPD	117.0%	4.9%	**Internet Usage**		
Tobacco Use: Cigarettes	96.0%	24.9%	Use Internet to Talk to MD	85.8%	12.5%
Chronic Allergies	94.8%	22.3%	Facebook Opinions	107.4%	11.1%
Cancer			Looked for Provider Rating	92.6%	13.3%
Mammography in Past Yr	108.6%	49.4%	**Misc**		
Cancer Screen: Colorectal 2 yr	105.3%	24.8%	Charitable Contrib: Hosp/Hosp Sys	109.7%	26.2%
Cancer Screen: Pap/Cerv Test 2 yr	93.9%	56.6%	Charitable Contrib: Other Health Org	112.1%	43.7%
Routine Screen: Prostate 2 yr	100.2%	31.9%	HSA/FSA: Employer Offers	102.5%	53.2%
Orthopedic			**Emergency Service**		
Chronic Lower Back Pain	100.9%	22.8%	Emergency Room Use	90.5%	32.2%
Chronic Osteoporosis	122.9%	11.9%	Urgent Care Use	99.8%	23.5%

Leading Causes of Death

Cause of Death			Rank among all counties in FL	Rate of Death per 100,000 age adjusted		
FL Rank	Monroe Co. Rank	Condition	(#1 rank = worst in state)	FL	Monroe Co.	Observation
2,9,11,14,22,26, 27,30,32,33,34, 35,37,42	1	Cancer	35 of 67	165.1	189.7	As expected
1	2	Heart Disease	50 of 67	154.4	180.6	Lower than expected
16,21,28	3	Accidents	10 of 67	42.9	74.7	Higher than expected
4	4	Stroke	46 of 67	31.3	38.2	Lower than expected
3	5	Lung	54 of 67	38.8	35.4	Lower than expected
13	6	Suicide	3 of 67	14.6	21.4	Higher than expected
7	7	Alzheimer's	28 of 67	15.6	21.1	As expected
17	8	Liver	3 of 67	10.5	20.0	Higher than expected
6	9	Diabetes	63 of 67	19.7	14.5	Lower than expected
10	10	Kidney	36 of 67	11.6	11.6	Lower than expected
24	10	Parkinson's	2 of 65	5.9	11.6	Higher than expected
23	12	Blood Poisoning	28 of 67	7.5	9.8	As expected
20	13	Flu - Pneumonia	55 of 67	9.3	9.0	Lower than expected
8	14	Hypertension	37 of 67	7.0	6.8	Lower than expected
29	15	Homicide	49 of 66	6.4	4.2	As expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique healthcare needs or issues that require special attention[20].

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:

  o Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;

  o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and

  o Functional Status Preservation and Rehabilitation. Female Medicare beneficiaries age 65 and over, who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Blacks were worse than Whites and staying the same:

  o Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;

  o Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;

  o Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;

---

[20] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

- o Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

- o Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;

- o Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- o Timeliness – Adults who needed immediate care for an illness, injury, or condition in the last 12 months, who received care as soon as they wanted; emergency department visits where patients left without being seen; and

- o Access – People with a usual primary care provider; people with a specific source of ongoing care.

- Measures for which Asians were worse than Whites and getting better:

  - o Cancer – Adults age 50 and over who ever received colorectal cancer screening; and

  - o Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.

- Measures for which Asians were worse than Whites and staying the same:

  - o Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and

  - o Access – People with a usual primary care provider.

- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and staying the same:

  - o Heart Disease – Hospital patients with heart failure who received recommended hospital care;

  - o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;

  - o Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;

  - o Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;

- o Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home healthcare patients who were admitted to the hospital; and

- o Access – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and getting worse:

  - o Cancer – Adults age 50 and over who ever received colorectal cancer screening; and

  - o Patient safety – Adult surgery patients who received appropriate timing of antibiotics.

- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting better:

  - o Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;

  - o Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and

  - o Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:

  - o Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;

  - o Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;

  - o Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;

  - o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;

  - o Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;

- o Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;

- o Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

- o Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- o Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;

- o Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months and got care as soon as wanted;

- o Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and

- o Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting worse:

  - o Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our local expert advisors about unique needs of priority populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the local expert advisors are summarized as follows[21]:

- Affordable community health care treatment resources;

- Mental health and substance abuse issues;

- Significant portion of population is low income with limited access to care, many are children and Spanish speaking; and

---

[21] All comments and the analytical framework behind developing this summary appear in Appendix A.

- Lack of obstetric, pediatric and psychiatric care.

Statistical information about special populations follows:

Access to Care: Monroe County, FL

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)[1]	19,011
Medicare beneficiaries[2]	
Elderly (Age 65+)	9,629
Disabled	1,398
Medicaid beneficiaries[2]	7,836
Primary care physicians per 100,000 pop[2]	72.0
Dentists per 100,000 pop[2]	42.9
Community/Migrant Health Centers[3]	Yes
Health Professional Shortage Area[3]	No

nda No data available.

[1] *The Census Bureau. Small Area Health Insurance Estimates Program, 2006.*
[2] *HRSA. Area Resource File, 2008.*
[3] *HRSA. Geospatial Data Warehouse, 2009.*

Vulnerable Populations: Monroe County, FL

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	8,588
Are unemployed	1,883
Are severely work disabled	2,455
Have major depression	4,177
Are recent drug users (within past month)	4,437

nda No data available.

[1] *The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.*

Findings

Upon completion of the CHNA, QHR identified several issues within the Hospital community:

Conclusions from Public Input to Community Health Needs Assessment

15 area residents participated in a survey asking opinions about their perception of local healthcare needs. Responses were first obtained to the question: "What do you believe to be the most important health or medical issue confronting the residents of your County?"In summary, we received the following commentary regarding the more important health or medical issues

- Lack of health care insurance or the affordability of care; and

- Lack of access to mental health / substance abuse treatment resources

lack of access to specialists Responses were then obtained to the question: "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what?" In summary, we received the following commentary regarding the more important health or medical issues:

- Affordable community health care treatment resources;

- Mental health and substance abuse;

- Significant portion of population is low income with limited access to care, many are children and Spanish speaking; and

- Lack of obstetric, pediatric and psychiatric care.

In descending order of opinion, three topics were identified as being of "Major Concern" or "Most Important Issue to Resolve":

     1. Affordability – 80% listed as a major concern;

     2. Physician Need – 40% listed as a major concern; and

     3. Mental Health/Suicide – 40% listed as a major concern.

Summary of Observations from Monroe County Compared to All Other Florida Counties, in Terms of Community Health Needs

- In general, Monroe County residents are at about average health for State;

- In a health status classification termed "Health Outcomes," County ranks number 20 among the 67 ranked counties (best being #1). On the beneficial side of the ledger, low birth weight births among County mothers is 7.6%, a value below the state average but slightly above the national goals. Premature Death rate (death prior to age 75) in Monroe County is statistically above the state and national. Self-reported health status measures show County residents better performing than the state average, but above the national goal; and

- In another health status classification "Health Factors," Monroe County fares well, ranking 9th among the 67counties. Clinical care measures appear to have the greatest impact ranking 41 out of 67 in the State. Other conditions where improvement remains to achieving state average rates and then national goals include:

    o   Adult Smoking;

- o Excessive Drinking;

- o Uninsured;

- o High School Graduation;

- o Violent crime rate; and

- o Limited access to healthy food.

Summary of Observations from Monroe County Peer Comparisons

The federal government administers a process to allocate all counties into "peer" groups. County "peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Monroe County is compared to its national set of peer counties and compared to national rates make the following observations:

UNFAVORABLE – observations occurring at rates worse than national AND worse than among peers:

- BIRTHS TO WOMEN AGE 40-55; and

- UNINTENTIONAL INJURY.

SOMEWHAT A CONCERN – observations because occurrence is above national average BUT within peer group average:

- HISPANIC INFANT MORTALITY;

- BREAST CANCER;

- HOMICIDE;

- COLON CANCER;

- LUNG CANCER;

- SUICIDE;

- MOTOR VEHICLE INJURIES.

BETTER PERFORMANCE – better than peers and national rates OR Better than national rates and within range of peers:

- LOW BIRTH WEIGHT (<2500g);

- VERY LOW BIRTH WEIGHT (<1500g);

- PREMATURE BIRTHS (<37 WEEKS);

- BIRTHS TO WOMEN UNDER 18;

- BIRTHS TO UNMARRIED WOMEN;

- INFANT MORTALITY;

- WHITE non HISPANIC INFANT MORTALITY;

- NEONATAL INFANT MORTALITY;

- POST NEONATAL INFANT MORTALITY;

- CORONARY HEART DISEASE;

- HOMICIDE; and

- STROKE.

Conclusions from the Demographic Analysis Comparing Monroe County to National Averages

Monroe County in 2012 comprises 72,376 residents. During the next five years, it is expected to see a population decline of 2.5% to achieve 70,569 residents. This growth is significantly less than projected state (5.1%) and national (3.9%) growth. The population is older and has a higher median income than the state or national comparisons. 16.7% of the population is age 65 or older, a lower percentage than Florida at 17.2%; non-Hispanics constitute 78.6% of the population; Blacks comprise 5.4% of the population; Whites 70.3%. Females ages 14 to 44 comprise 15.7% of the population, lower than the percentage in FL (18.8%) or the nation (20.1%).

The following areas were identified comparing the county to national averages. Metrics impacting more than 25% of the population and that are statistically significantly different from the national average:

- Obtained a Pap/Cervix test in last 2 years – 6.1% below average impacting 56.6% of the population (undesirable);

- Routine cholesterol screening- 5.1% above average impacting 53.5%% of the population (desirable);

- Obtained a mammography in past year- 8.6% above average impacting 49.4% of the population (desirable);

- Used the emergency room- 9.5% below average impacting 32.2% of the population (desirable);

- Chronic high blood pressure- 8.1% above average impacting 28.4% of the population (undesirable); and

- Chronic high cholesterol- 14.4% above average impacting 25.5% of the population (undesirable).

The following areas were identified comparing the county to national averages. Metrics impacting less than 25% of the population and that are statistically significantly different from the national average:

- Obtained a colorectal screening test in the last two years – 5.3% above average impacting 24.8% of the population (desirable);

- Chronic Allergies – 5.2% below average impacting 22.3% of the population (desirable);

- Chronic Osteoporosis – 22.9% above average impacting 11.9% of the population (undesirable);

- Chronic heart disease – 27.2% above average impacting 10.6% of the population (undesirable); and

- Chronic Obstructive Pulmonary Disease COPD – 17% above average impacting 4.9% of the population (undesirable).

Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Monroe County found:

- Palliative Care programs (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do exist in the county; and

- A Hospice does exist in the county.

Ranking the causes of death in County finds the leading causes to be the following (in descending order of occurrence):

- Cancer – 189.7 per 100,000 – County ranks #35 out of 67 (#1 rank = worst), higher than Florida average;

- Heart Disease – 180.6 per 100,000 – County ranks #50 out of 67 in FL, above FL average;

- Accidents – 74.7 per 100,000 – significantly higher than expected, County ranks #10 out of 67, above FL average;

- Stroke – 38.2 per 100,000– County ranks #46 out of 67, above FL average;

- Lung – 35.4 per 100,000 – County ranks #54 out of 67, below FL average;

- Suicide – 21.4 per 100,000 – significantly higher than expected, County ranks #3 out of 67, above FL average;

- Alzheimer's- 21.1 per 100,000 – County ranks #28 out of 67, above FL average;

- Liver – 20.0 per 100,000 – significantly higher than expected, County ranks #3 out of 67, double FL average;

- Diabetes – 14.5 per 100,000 – County ranks #63 out of 67, below FL average; and

- Parkinson's- 11.6 per 100,000 – significantly higher than expected, County ranks #2 out of 67, more than double FL average.

Life expectancy for Monroe males in 1989 was 71.8 years, improving in 2009 to 76.4 years.

Life expectancy for County females in 1989 was 79.8 years, improving in 2009 to 81.8 years.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND
IMPLEMENTATION PLAN

Significant Health Needs

We used the priority ranking of area health needs by the local expert advisors to organize the search for locally available resources as well as the response to the needs by Fishermen's Hospital[22]. The following list includes:

- Identifies the rank order of each identified Significant Need;

- Presents the factors considered in developing the ranking;

- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;

- Identifies The Hospital's current efforts responding to the need;

- Establishes the Implementation Plan programs and resources The Hospital will devote to attempt to achieve improvements;

- Documents the Leading Indicators The Hospital will use to measure progress;

- Presents the Lagging Indicators The Hospital believes the Leading Indicators will influence in a positive fashion; and

- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Fishermen's Hospital is the major hospital in the service area. Fishermen's Hospital is a 25 bed, critical access hospital located in Marathon, FL. The next closest facilities are outside the hospital's service area and include:

- Baptist-Mariners Hospital – 25 bed critical access hospital in Tavernier, FL; 43 miles from Marathon (60 minutes);

- Lower Keys Medical Center – 167 bed community hospital in Key West, FL; 43 miles from Marathon (60 minutes);

- Baptist-Homestead Hospital – 142 bed community hospital in Homestead, FL; 80 miles from Marathon (100 minutes);

- Baptist-Kendall Main Campus – 680 bed tertiary hospital in Miami, FL; 101 miles from Marathon (120 minutes);

- HCA Kendall Regional – 412 bed tertiary hospital in Kendall, FL; 103 miles from Marathon (120 minutes);

---

[22] Response to IRS Form 990 h Part V B 1 c

- Miami Children's Hospital – 289 tertiary, pediatric hospital in Miami, FL; 107 miles from Marathon (125 minutes);

- Mercy Hospital – 473 bed tertiary hospital in Coral Gables, FL; 110 miles from Marathon (145 minutes); and

- Jackson South – 230 bed community hospital in Miami, FL; 115 miles from Marathon (135 minutes).

All data items analyzed to determine significant needs are "Lagging Indicators", measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the Hospital's Implementation Plan utilizes "Leading Indicators". Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

Significant Needs

1. Affordability – 83% survey participants consider cost a barrier to care access; 47% cost of medicine a concern; 20% financial problem accessing mental health service; 40% cite issues for uninsured.

> *Problem Statement: Efforts need to be devoted to achieve enhanced availability of affordable medical and wellness services.*

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533, provides free and low cost screenings twice a year. Once a year is in collaboration with the University of Miami, as well as community education on monthly or seasonal basis;

- Fishermen's Hospital recently opened Convenient Care Clinic with expanded hours, which provides a lower cost alternative to the emergency room. They also work with local pharmacies to provide free prescriptions when needed;

- Fishermen's Hospital provides clinic space to Community Health of South Florida, a Federally Qualified Health Center (FQHC), for $1 per year and quality management several days per month to The Rural Health Network of the Florida Keys, an FQHC. The FQHCs provide Family Practice, OB/GYN, Pediatric and Dental services to the community at a substantially lowered cost;

- The Hospital collaborates with Area Health Education Council to provide smoking cessation, breast exams, dental and health education services; and

- The Hospital works with community groups, such as Zonta, every year to provide free mammography screening to uninsured women.

FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES[23]:

- Continue to provide the services and programs listed above;

- Expanding their discount program for radiology services. The Hospital also plans to extend this program to the lab. The discount can be greater than 60%;

- Continue to educate financial counselors/healthcare navigators to better assist patients accessing Medicaid and other funded programs;

- Continue to work closely with the Florida Hospital Association to lobby for expanded insurance coverage;

- Participate in the essential community provider list and contract with the health insurance exchange marketplace to provide more affordable insurance options; and

- Cooperate with Intercouncil Agency to provide a pamphlet that lists low cost health resources in the community.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is to increase awareness and access to lower cost healthcare services options in the community.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- The number of attendees:
  - 2012 # Health Screening Participants = 250; and
  - 2012 # Monthly Lunch and Learns= 180.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- 2013 Health Outcomes and Factors (Monroe County) – Percent Uninsured = 29%.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Community Health of South Florida (FQHC), 2855 Overseas Highway, Marathon, FL 33050, 305-743-4000
Rural Health Network of the Florida Keys (FQHC), P.O. Box 500370, Marathon, FL 33050, 305-292-6477
Monroe County AHEC, 5800 Overseas Hwy., Marathon, FL 33050, 305-743-7111

---

[23] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 6. a. and 6. b.

2. Alcohol Abuse – It is indicated that 25% of the population drinks excessively which is significantly greater than the state average and over 3 times the national benchmark.

Problem Statement: Alcohol and substance abuse resources need to increase.

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533, provides medical screening and detox for patients presenting in the emergency room in crisis.

FISHERMEN'S HOSPITAL DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- Public health and health organizations, such as the Guidance/Care Center, Inc. have programmatic responses to address this need, allowing Fishermen's Hospital resources to be devoted to address other needs;

- Responding to Alcohol Abuse is most effectively executed by direct patient physician interactions rather than application of institutional services; and

- Area physicians respond to this need.

ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS:

- Through active support of local physicians and community organizations that address this issue, will allow them strengthen and hopefully expand their programs and efforts.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- None

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- 2013 Health Outcomes and Factors (Monroe County) – Excessive Drinking = 25%

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Guidance/Care Center Inc., 3000 41st Street, Marathon, FL 33050, 305-434-7660
AA Florida Keys, District 11, P.O. Box 4332, Key West, FL, 33041, www.aafloridakeys.org

3. Mental Health/Suicide – Suicide is the #6 cause of death and significantly higher than expected, 75% of survey respondents reported mental health concerns as a high priority issue.

Problem Statement: Mental health and suicide prevention resources need to increase.

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533, provides emergency room service for medical crisis; and

- The Hospital also medically clears patients to be admitted to Guidance/Care Center Services.

FISHERMEN'S HOSPITAL DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- Public health and health organizations, such as the Guidance/Care Center, Inc. have programmatic responses to address this need, allowing Fishermen's Hospital resources to be devoted to address other needs; and

- Fishermen's Hospital has no psychiatrist or mental health professionals on its active staff and the cost of recruitment and establishment of such professionals is beyond the financial resources of a critical access hospital.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is to support community providers in providing ongoing mental health services to the community.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- None.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- Monroe County – 2012 Suicide Death Rate per 100,000 = 21.4.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Guidance/Care Center Inc. – 3000 41st Street, Marathon, FL 33050, 305-434-7660

4. Cancer – #1 cause of death but as expected; BREAST, COLON & LUNG CANCER unfavorable to national average but within peer average; higher utilization of mammography and screening than national.

> *Problem Statement: The incident rate for cancer should be lowered and utilization of diagnostic screening services should increase.*

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743- 5533, has radiologic and diagnostic technology to help identify cancer at an earlier stage and treat cancer and advertises locally to

enhance colon and breast cancer awareness. This includes digital mammography, sentinel node and stereotactic biopsy;

- The Hospital provides community education sessions related to cancer multiple times per year with a large focus on breast cancer during the month of October;

- The Hospital works with the community groups, such as Zonta, every year to provide free mammography screening to uninsured women;

- The Hospital holds cancer screenings for Breast, Prostate, Skin and Colon Cancer; and

- The Hospital assists the "Relay for Life" and Harry Norris Foundation Fund with annual fundraising efforts.

FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue services and programs listed above;

- Continue to expand breast care services with the addition of breast MRI;

- Provide a schedule of educational seminars to patients and interested residents;

- Recruit a General Surgeon with laparoscopic colonoscopy skills; and

- Partner with Mt. Sinai Medical Center and others to provide part-time pulmonologist services.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is early detection of disease resulting from screenings and public/patient education. Early detection will lead to earlier intervention and better clinical outcome. It is not an unreasonable result of this implementation plan to observe an increase in disease as a result of increased awareness, but this should lead to lower death rates.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- Volume of colonoscopy and mammography exams should increase from 2012 volumes:
  o 2012 screening colonoscopy exams = 500; and
  o 2012 screening mammography exams = 1500.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- Monroe County – 2012 Cancer Death Rate per 100,000 = 189.7.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
American Cancer Society, 1010 Kennedy Dr., Key West, FL 33040, 305-292-2333
Cancer Foundation of the Florida Keys, P.O. Box 5813, Key West, FL 33040, 305-294-7300
Harry Norris Foundation Fund, P.O. Box 501203   ,Marathon, FL 33050, no phone number available
Zonta Club, P.O. Box 500972, Marathon, FL, 33050, 305-390-0567

5. Accidents- # 3 cause of death, significantly higher; leading cause of death 15 to 24 year olds; MOTOR VEHICLE DEATHS are double the national goal; UNINTENTIONAL INJURY above national average and peers.

Problem Statement: The number of deaths by accident should be reduced.

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533, provides ER and trauma services through the Trauma Center Network and utilizes their protocols;

- The Hospital has a helicopter pad on the campus for such emergencies;

- The Hospital provides TNCC certified nurse education for hospital staff and others; and

- The Hospital participates in community disaster planning.

FISHERMEN'S HOSPITAL DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- The Hospital is already providing the highest level of intervention given the resources and scope of a critical access hospital and will continue to provide and develop supportive trauma services as necessary;

- The Trauma Network is far better organized and equipped to provide trauma care and services; and

- There are other providers, such as the Coast Guard and Sheriff's Dept., in the community providing safety education services.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is to support others in reducing the death rate from accidents.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- None.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- Monroe County – 2012 Accident Death Rate per 100,000 = 74.7; and

- Monroe County – Unintentional Injury CDC Death Rate = 51.9.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Monroe County Trauma Star, Key West, Fl, 305-289-6004
Lifenet (Air Methods), 5900 College Rd., Key West, FL 33040, 305-294-5531
Ryder Trauma Center, 1800 NW 10th Avenue, Miami, FL 33136, 305-585-1178
HCA Kendall Regional Medical Center, 11750 SW 40 Street, Miami, FL 33175, 305-223-3000
Coast Guard Auxiliary District 7, Division 13, Key West, FL 800-470-5566
Monroe County Sheriff Department, 3103 Overseas Hwy., Marathon, FL 33050, 305-289-2430

6. High Blood Pressure – 8.1% higher indication for chronic high blood pressure than national average; hypertension is the 14th cause of death and below FL average.

> *Problem Statement: More residents need blood pressure awareness including condition management, education and treatment.*

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533, has seven-day-a-week cardiology coverage through an employed cardiology group. In addition, the hospital has full diagnostic services including stress testing, nuclear medicine, cardiac echo, ultrasound and most recently trans-esophageal echo;

- The Hospital provides community education sessions related to high blood pressure and heart disease multiple times per year through their Lunch and Learn program as well as provide free blood pressure screenings at community events;

- All patients are assessed for smoking and tobacco use and referred to free and low cost services; and

- The Hospital participates in the STEMI alert program and has a transfer agreement with the Mount Sinai Heart Center for immediate transfer as necessary.

FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue services and programs listed above;

- Investigate upgrading CT to include cardiac diagnostics; and

- Continue to build current cardiac services as appropriate.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is early detection of disease resulting from screenings and public/patient education. Early detection will lead to earlier intervention and better clinical outcomes. It is not an unreasonable result of this implementation plan to observe an increase in disease as a result of increased awareness, but this should lead to lower death rates.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- Total number of blood pressure screenings = 400; and

- Number of cardiology visits to employed group = 799 (Aug 2012 - May 2013).

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- Monroe County – 2012 Hypertension Death Rate per 100,000 = 6.8.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
American Heart Association, 4000 Hollywood Blvd., Hollywood, FL 33021

7. Palliative Care and Hospice – One palliative care and hospice program in County.

Problem Statement: Palliative care and hospice services should expand.

Fishermen's Hospitals services available to respond to this need include:

- Fishermen's Hospital, Marathon, FL 33050, 305-743.5533, works collaboratively with VNA Hospice of Florida Keys to provide both palliative care and hospice services to all members of the community. This includes hospital-based hospice when required.

FISHERMEN'S HOSPITAL DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- There currently exists a full program in the community open to all residents regardless of ability to pay.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN

- The focus of the implementation plan is to provide hospice and palliative care services to most every resident that requires it.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- None.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT

- VNA Hospice is providing service to all residents = yes.

> **Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**
>
> VHA/Hospice of the Florida Keys, 1319 William Street, Key West, FL 33040, 305-294-8812

8. Physician Need – Physician to population below FL average but well above national goal indicating a need for additional physicians; not considered a shortage area; 40% of survey respondents report access to specialists an issue.

> *Problem Statement: Evaluate what actions are appropriate to enhance local resident's ability to access physician service.*

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-7435533, employs 1 primary care physician and 3 nurse practitioners. There 5 additional primary care physicians in the community and 1 nurse practitioner; and

- The Hospital completes and implements a Medical Staff Development Plan every few years.

FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue services and programs listed above;

- Try to recruit a full-time internal medicine physician and part-time neurologist, pulmonologist, and gynecologist;

- Support FQHC in recruitment of a pediatrician;

- Develop succession plan for General Surgeon; and

- Update Medical Staff Development Plan.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is to improve access to primary care physicians and certain specialists.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- Number of primary care physicians in hospital service area = 6; and

- Number of specialties offered in hospital service area = 10.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- 2013 Health Outcomes and Factors (Monroe County) Primary Care Physician to Population Ratio = 1,307:1.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Community Health of South Florida (FQHC), 2855 Overseas Highway, Marathon, FL 33050, 305-743-4000
Rural Health Network of the Florida Keys, P.O. Box 500370, Marathon, FL 33050, 305-292-6477
Monroe County Health Department, 3333 Overseas Hwy., Marathon, FL, 33050 305-289-2708

9. Smoking and Tobacco Use – Rate above FL average and national goal; below average 25% of population.

> *Problem Statement: The number of local residents who smoke or otherwise use tobacco products needs to decline.*

FISHERMEN'S HOSPITAL'S SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533 works collaboratively with Monroe County AHEC to provide space in-house for smoking cessation and nicotine replacement;

- All patients are assessed for smoking and tobacco use and referred to local resources in applicable;

- The Hospital is a smoke free campus; and

- Lunch and Learn program covers smoking and tobacco use in conjunction with heart disease and hypertension topics.

FISHERMEN'S HOSPITAL DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- Public health and health organizations, such as Monroe County Health Department and Monroe County AHEC have programmatic responses to address this need, allowing Fishermen's Hospital resources to be devoted to address other needs;

- Responding to Smoking and Tobacco Abuse is most effectively executed by direct patient physician interactions rather than application of institutional services; and

- Area physicians respond to this need.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is to support local agencies who are already effectively addressing this issue.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- None.

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- 2013 Health Outcomes and Factors (Monroe County) – Adult Smoking = 22%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Monroe County Health Department, 3333 Overseas Hwy., Marathon, FL, 33050 305-289-270
Monroe County AHEC, 5800 Overseas Hwy., Marathon, FL 33050, 305-743-7111

10. Coronary Heart Disease – #2 cause of death, below average; favorable to national and peer average; no stress test 16.4% of population; CHRONIC is 27% above average 10.6% of population; 2007 to 2009 trend at national average, significantly high among Blacks.

> *Problem Statement: Increase the use of preventative measures and diagnostic screening services to lower the incidence rate of heart disease.*

FISHERMEN'S HOSPITALS SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Fishermen's Hospital, Marathon, FL 33050, 305-743-5533, has seven-day-a-week cardiology coverage through an employed cardiology group. In addition, the hospital has full diagnostic services including stress testing, nuclear medicine, cardiac echo, ultrasound and most recently trans-esophageal echo;

- The Hospital provides community education sessions related to high blood pressure and heart disease multiple times per year through their Lunch and Learn program as well as provide free blood pressure screenings at community events;

- All patients are assessed for smoking and tobacco use and referred to free and low cost services; and

- The Hospital participates in the STEMI alert program and has a transfer agreement with the Mount Sinai Heart Center for immediate transfer as necessary.

FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue services and programs listed above;

- Investigate upgrading CT to include cardiac diagnostics; and

- Continue to build current cardiac services as appropriate.

ANTICIPATED RESULTS FROM FISHERMEN'S HOSPITAL IMPLEMENTATION PLAN:

- The focus of the implementation plan is early detection of disease resulting from screenings and public/patient education. Early detection will lead to earlier intervention and better clinical outcomes. It is not an unreasonable result of this implementation plan to observe an increase in disease as a result of increased awareness, but this should lead to lower death rates.

LEADING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO MEASURE PROGRESS:

- Total number of blood pressure screenings = 400; and

- Number of cardiology visits to employed group = 799 (Aug 2012 - May 2013).

LAGGING INDICATOR FISHERMEN'S HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT:

- Monroe County – 2012 Heart Disease Death Rate per 100,000 = 180.6.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
American Heart Association, 4000 Hollywood Blvd., Hollywood, FL 33021
Mount Sinai Heart Center, 4300 Alton Road, Miami Beach, FL 33140, 305-674-2121
Monroe County AHEC, 5800 Overseas Hwy., Marathon, FL, 33050 305-743-7111

Other Identified Needs

11. Long Term Care Services

12. Compliance Behavior

13. Dental

14. Healthy Food

15. Stroke

16. Obesity

17. Chronic COPD and Lung Disease

18. Low Back Pain

19. Sexually Transmitted Diseased

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Monroe County Health Department, 3333 Overseas Hwy., Marathon, FL 33050, 305-288-2708
Aids Help, 3333 Overseas Hwy., Marathon, FL 33050, 305-289-0055

20. Diabetes

21. Chronic Osteoporosis

22. Alzheimer's

23. Maternal/Infant Health

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Community Health of South Florida, 2855 Overseas Hwy., Marathon, FL 33050, 305-743-4000

24. Preventable Hospitalization

25. High Cholesterol

26. Kidney

27. Life Expectancy/Premature Death

28. Physical Environment

29. Flu

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Monroe County Health Department, 3333 Overseas Hwy., Marathon, FL 33050, 305-288-2708

Overall Community Need Statement and Priority Ranking Score

<u>Significant Needs Where Hospital Has Implementation Responsibility</u>

1. Affordability;

3. Cancer;

6. High Blood Pressure;

8. Physician Need; and

10. Coronary Heart Disease.

<u>Significant Needs Where Hospital Did Not Develop Implementation Plan</u>

2. Alcohol Abuse;

4. Mental Health/Suicide;

5. Accidents;

7. Palliative Care and Hospice; and

9. Smoking/Tobacco Use.

<u>Other Needs Where Hospital Developed Implementation Plan</u>

- None.

<u>Other Identified Needs Where Hospital Did Not Develop Implementation Plan</u>

11. Long Term Care Services;

12. Compliance Behavior;

13. Dental;

14. Healthy Food;

15. Stroke;

16. Obesity;

17. Chronic COPD and Lung Disease;

18. Low Back Pain;

19. Sexually Transmitted Diseases;

20. Diabetes;

21. Chronic Osteoporosis;

22. Alzheimer's;

23. Maternal/Infant Health;

24. Preventable Hospitalization;

25. High Cholesterol;

26. Kidney;

27. Life Expectancy/Premature Death;

28. Physical Environment; and

29. Flu.

APPENDICES

Appendix A – Local Expert Advisor Opinion About Significant Needs

A total of 15 local expert advisors participated in an online survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question was open-ended. "What do you believe to be the most important health or medical issue confronting the residents of your County?" Answers were placed in a "Word Cloud" format for analysis and generated the following image:

Word Clouds are analytical tools, which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article word (i.e., "a," "the," etc.), non-contextual verbs (i.e., "is," "are," etc.) and similar words used when writing sentences are suppressed by this application.

Specific verbatim comments received were as follows:

- The distance to critical medical care and trauma care. When my parishioners need major surgery they most often travel to Miami. This makes it difficult for family members to visit and/or care for them. I would like to be able to give them spiritual care but the distance makes it too expensive and time consuming for me to visit them.

- I believe that our children's and elderly residents are facing a shortage of health specialists, such as pediatricians, diabetes, oncologists and cardiologists. This situation drives them to outsource in the Miami metropolitan area, located 2 and a half hours away.   We have

emergencies that kids are taking to the hospital and are attended by the general emergency doctor because the actual specialist for that matter is going to be in town only in a couple of days. This also forces the hospital to transfer the patient to Miami area, occurring in major expenses for that family.

- The lack of medical specialists in our community, i.e. an endocrinologist, ophthalmologist, Cardiac surgeon.

- The most important health/mental health issue facing children and youth in Monroe County is the lack of Medicaid providers. The impact is that children and youth often forgo medical/mental health services, or families are forced to travel to the mainland for services, or indigent children/youth are put on long waiting lists to access services. Our organization's specialized population consists of numerous youth with mental health needs where running away is a frequent issue. When the child is found, establishing an appointment six weeks or several months away is pointless as they will likely not be in shelter care when the appointment time arrives. Quicker turn-around times are necessary to protect the health and safety of the child/youth.

- Access to free or low cost mental health services

- Excessive drinking and tobacco use.

- For a small community, 10,000 to 12,000 residences, we have a disproportionate number of people in need who depend solely on this hospital. Fortunately Fishermen's Hospital has always extended its services to meet this need. However, because of cost, trying to keep up with modern technology and equipment to serve all the community can be a struggle.

- Cost of care. Whether it be the doctor's office or the hospital, health care is very expensive. Most people don't have any insurance or can't afford to get it. People need to be educated as to what's available health care wise to them and how to access it. I believe too many people use the emergency room as their primary care and thus don't follow up with a local physician.

- Lowering the cost of routine and preventative medical care and making it available to community members at a reasonable cost.

- I would have to say in the Marathon area it would be there is not an OBGYN for the Middle Keys. We (DAS) have to make special arrangements for our pregnant participants in our shelter when they get here and it's a hardship for 99%. Not only is the transportation an issue getting back and forth from the mainland or Key West but to have an accessible OBGYN would be wonderful for our clients. Also, there is only one pediatrician for the Middle Keys as well. We have so many participants with children when they come to shelter they are having a hard time getting in with the Middle Keys Pediatrician because he does not take new Medicaid patients. This is another burden for the participants who are running

from their abuser that they have to go back to the area in which they came for their children's office appointments.

- Affordable healthcare option and availability of healthcare specialists

- Quality affordable health care! Residents want a local hospital and are concerned about its future. Residents care about the quality and cost, if they question one or the other; they will go elsewhere, which hurts the ability of the local hospital to keep the doors open.

- Addiction (alcohol, tobacco, illegal substances)

- The children regularly suffer from non-life threatening illnesses. The parents cannot afford to seek appropriate medical intervention so the child comes to school ill and infects others. Additionally, we see an intensive need for a child psychiatrist to assist the disabled students with intensive therapy and medication management. Currently there is no affordable psychiatric care for children in the Florida Keys. Parents appear to have the typical issues, obesity, related and unhealthy lifestyle habits.

- Lack of specialty medical care for low-income uninsured. For example, uninsured person with little or no income hurts their arm and is seen in the emergency room. Little treatment is given and a referral to an orthopedic specialist is given. That person has no way of following up with this recommendation. The "low-cost" clinic in Marathon is often still out of financial range for those that seek help and they only have basic primary care - no specialty care. Small non-profit groups then try and fill some of these gaps and do it inadequately and poorly.

- Child psychiatric supports and treatment and the affordability / access to quality care for those younger than 18 and over retirement age.

- Our second question to the local experts was, "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what."

The responses generated the following image:

Specific verbatim comments received were as follows:

- We have a growing homeless and uninsured population. Our church houses the Keys Area Interdenominational Resource agency. I see the long lines of people who are there for food, clothing and basic medicines. A hospital that can provide care for them is vital in our setting. These people cannot travel long distances for medical care.

- There are some insurance companies whose coverage is not accepted in our community. I for one must pay much more for health care here, because most providers here are "out of network" per my insurance company.

- Lack of access to health care (uninsured individuals, insufficient public transportation, lack of affordable healthcare, lack of doctors in the lower keys that accept HMO insurance).

- This community is blessed with a great diversity its citizens, young and old, people of many colors and ethnic backgrounds and our unemployment is low, however our pay scale is also disproportionately low and yet we live in the highest cost of living area within the state of Florida, and we are very seasonal, which means at times income can be very scares. The medical needs of this community are common as small communities go, but the ability to pay is a challenge for many and Fishermen's Hospital, regardless of cost, severs those needs.

- Substance abuse in the Monroe population appears to be significantly higher than in other parts of the country. Additionally, there appear to be high levels of Cancer occurring in the Keys

- We have a large Hispanic population. We also have a senior population that is part of the low income group. As I see it we need to communicate and educate these groups as to what's available to them. Maybe the best way to help these groups is to go through the school system and their churches with information sent home to the families. As an example, the school system is using the organization in Key West called Women Kind to help with a sex education program for grades 6-7-8. However it is meeting with some resistance. Even though you feel you are trying your best, human nature is a tough beast to overcome.

- Screening tests in this community are priced out of reach for the majority of residents. There is a large population of uninsured patients. in this community and no reasonable individual health insurance carriers. Health insurance rates are pretty high in this county.

- Cardio related

- I do not see that as an issue for the middle keys residents as Fishermen's Hospital does a good job providing services to those in need.

- We need a coordinated community health alliance in the Florida Keys to give stakeholders a forum in which to share their experiences with addiction (alcohol, tobacco, illegal substances) from health, business, law enforcement, youth and other perspectives. Such an alliance could identify problem areas, develop missions, conduct research, provide services and assistance and apply for grants. The public health department would coordinate the alliance, with hospitals playing a key role in developing task forces that address addiction and other public health issues across the Florida Keys.

- Children's services in Marathon are inadequate especially mental health needs and specialty needs. Mental health services overall are poor in Marathon. The current mental health clinic has a neurologist on staff but no psychiatrist. There is very little community outreach done for basic care. This would include blood pressure and diabetes screenings, nutrition counseling, wellness education in a form that could be utilized by persons with little formal education and who often speak Spanish as their primary language.

Appendix B – Process to Identify and Prioritize Community Need[24]

Potential Need Topic	Number or respondents that voted	Percent of respondents	Total votes	Cummulative Percent	Point Difference	Priority Level
Affordability	10	83%	178	17.9%		High
Alcohol Abuse	9	75%	119	29.9%	59	High
Cancer	8	67%	73	37.3%	46	High
Mental Health/Suicide	9	75%	68	44.2%	5	High
Accidents	7	58%	42	48.4%	26	High
High Blood Pressure	6	50%	39	52.3%	3	High
Palliative Care and Hospice	7	58%	38	56.1%	1	High
Physician Need	7	58%	37	59.9%	1	High
Smoking/Tobacco Use	7	58%	37	63.6%	0	High
Coronary Heart Disease	7	58%	35	67.1%	2	High
Long Term Care Services	6	50%	35	70.7%	0	Low
Compliance Behavior	6	50%	31	73.8%	4	Low
Dental	7	58%	30	76.8%	1	Low
Healthy Food	6	50%	29	79.7%	1	Low
Stroke	6	50%	28	82.6%	1	Low
Obesity	6	50%	23	84.9%	5	Low
Chronic COPD and Lung Disease	5	42%	18	86.7%	5	Low
Low Back Pain	6	50%	17	88.4%	1	Low
Sexually Transmitted Diseases	6	50%	17	90.1%	0	Low
Diabetes	5	42%	16	91.7%	1	Low
Chronic Osteoporosis	6	50%	15	93.2%	1	Low
Alzheimer's	5	42%	12	94.5%	3	Low
Maternal/Infant Health	5	42%	12	95.7%	0	Low
Preventable Hospitalizations	5	42%	10	96.7%	2	Low
High Cholesterol	5	42%	9	97.6%	1	Low
Kidney	5	42%	7	98.3%	2	Low
Life Expectancy/Premature Death	5	42%	7	99.0%	0	Low
Physical Environment	5	42%	6	99.6%	1	Low
Flu	5	42%	4	100.0%	2	Low
Total			**992**			

---

[24] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

Individuals Participating as Local Expert Advisors

Company or Organization: Marathon Community United Methodist Church
Title or Position   Pastor
Area of Expertise: Church Congregation

Company or Organization: UPS Store
Title or Position   Owner
Area of Expertise: Public Health, Community Affairs, Long-term Resident

Organization: Fishermen's Community Hospital Auxiliary
Title or Position   President
Area of Expertise: Volunteer Coordinator, Long-term Resident

Organization: Florida Keys Community College
Title or Position   Marathon Center Director
Area of Expertise: Community Health Needs of College Students

Company or Organization: Monroe County Health Department
Title or Position   Health Educator
Area of Expertise: Public Health

Company or Organization: Retired
Title or Position   Volunteer
Area of Expertise: Long-term Resident

Company or Organization: MHP Consulting
Title or Position   Owner
Area of Expertise: Long-term Resident, Grandfather built hospital

Organization: Marathon High School
Title or Position   Girls Varsity Soccer and Tennis Coach
Area of Expertise: Long-term Resident, Youth Sports and Fitness

Organization: Hawks Cay Resort
Title or Position   Managing Director
Area of Expertise: Resort and Tourism

Organization: Monroe County Sheriff's Office
Title or Position   Sheriff
Area of Expertise: Law Enforcement

Organization: Florida Department of Health – Monroe County
Title or Position   Public Information Officer
Area of Expertise: Long-term Resident

Organization: Florida Keys Children's Shelter
Title or Position   President and CEO
Area of Expertise: Not for Profit CEO, Youth Care and Services

Organization: KAIR and Independence Cay
Title or Position   Director
Area of Expertise: Low income and Homeless

Organization: Domestic Abuse Shelter
Title or Position   Shelter Coordinator
Area of Expertise: Shelter and Hospital

Organization: MCSD
Title or Position   Administration
Area of Expertise: Education

Organization: Domestic Abuse Shelter
Title or Position   Shelter Coordinator
Area of Expertise: Shelter and Hospital

Advice Received from Local Experts

Q. Do you agree with the observations formed about the comparison of Monroe County to all other State counties?

- Between volunteering at the hospital and through my church, at the homeless shelter, I agree with the above observations.

- The fact will remain with regard to excessive drinking in Monroe county, particularly in Key West, a city known for its numerous bars which are primarily frequented by tourists. However, because of the ease of accessibility to bars and alcohol, it is not surprising that there exists the problem of excessive drinking among Monroe County residents. However, regarding "access to recreational facilities," this is true in the sense that Monroe county residents have recreational parks close to their home, but the question is: do residents actively utilize these parks. In a comprehensive study that I did in a low income community called Bahama Village, there is a park available, but t lacks fitness equipment, playground,

and a jungle gym. There is also a major issue of pet owners failing to pick up after their pets. Upon asking residents why they do not use the park: it is because of the reasons of lack of equipment and failure to pick up after pets. Thus, accessibility to parks does not translate, necessarily to active community members.

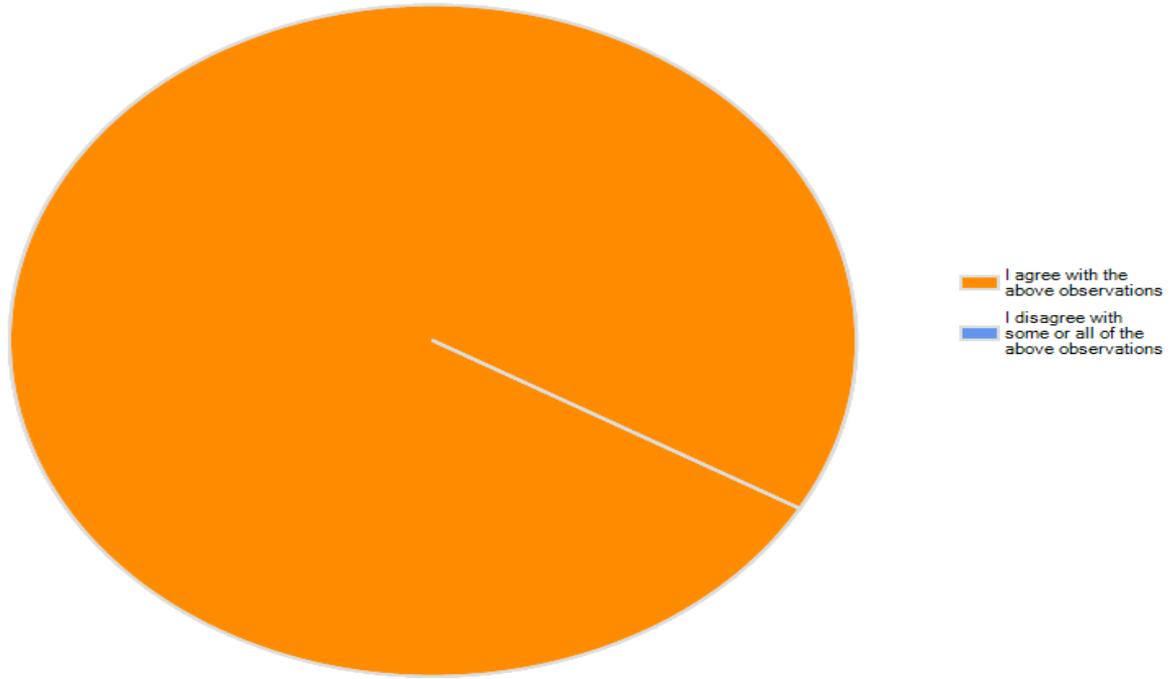**Do you agree with the observations comparing Monroe within Florida?**

- I agree with the above observations
- I disagree with some or all of the above observations

.
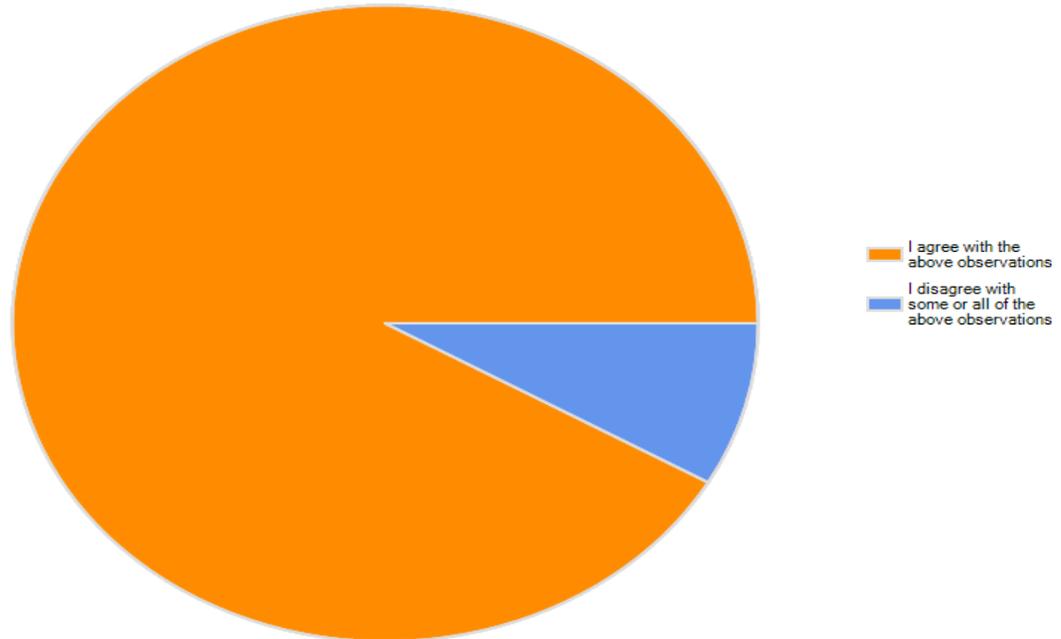
Q. Do you agree with the observations formed about the comparison of Monroe County to its peer counties?

- I agree with the observations, but since we do not provide pregnancy care or deliver babies at our hospital, I have no knowledge in those matters. It would be great if we did   Need improved/increased access to mental health services.

- I can express my opinion on the following: - Unintentional injury: due to the high proportion of elderly population in Monroe County, there exists an age risk factor for such injuries. These include falls and motor vehicle accidents with one of the reasons being poor reactive times. - Breast Cancer: age is also a risk factor, especially because a large proportion of Monroe County residents are older. Some women, particularly the sub area of Key West that I studied, Bahama Village, women there are unaware of the free services that are offered with regard to breast cancer screening. Bahama Village comprises of a majority of Black or African American, which have higher mortality compared to White or Caucasian. I believe if we educate these individuals of the importance of self exams regularly, and that there exists clinics that provide free screening, we can improve the statistics.

- I am not familiar with the data above and am unable to comment.

Do you agree with the observations Monroe County with Its Peers?

Legend:
- I agree with the above observations
- I disagree with some or all of the above observations

Q. Do you agree with the observations formed about the population characteristics of Monroe County?

- While I agree with the observations as is stated for Monroe County, the Middle Keys is a completely different picture that is skewed by largely more affluent and Caucasian populations to the north and south.

- Among the people I know in the community, this seems t0 be the case. Of course, most people I know are in my age group i.e. 50's and

- From a personal standpoint, the number and quality of doctors in Monroe County are few. We have one major hospital, Lower Keys Medical Center, which has lower than the state and national average for patient satisfaction. There are also a very limited number of doctors and health clinics that take HMO insurance in Monroe County. Among those who live in Key West, residents would have to drive 100 miles away to be able to access a doctor that takes HMO insurance. If one does not have insurance, they are left with bills they cannot afford and in some cases treatment is denied if payment cannot be received. What needs to be done to obtain a health clinic in Key West with volunteer physicians, particularly to serve socioeconomically disadvantaged where they pay little to nothing to get health care?

- Among the various age groups, I would think there would be huge differences in the above statistics. Affluent "snowbirds" skew many of Monroe County's statistics.
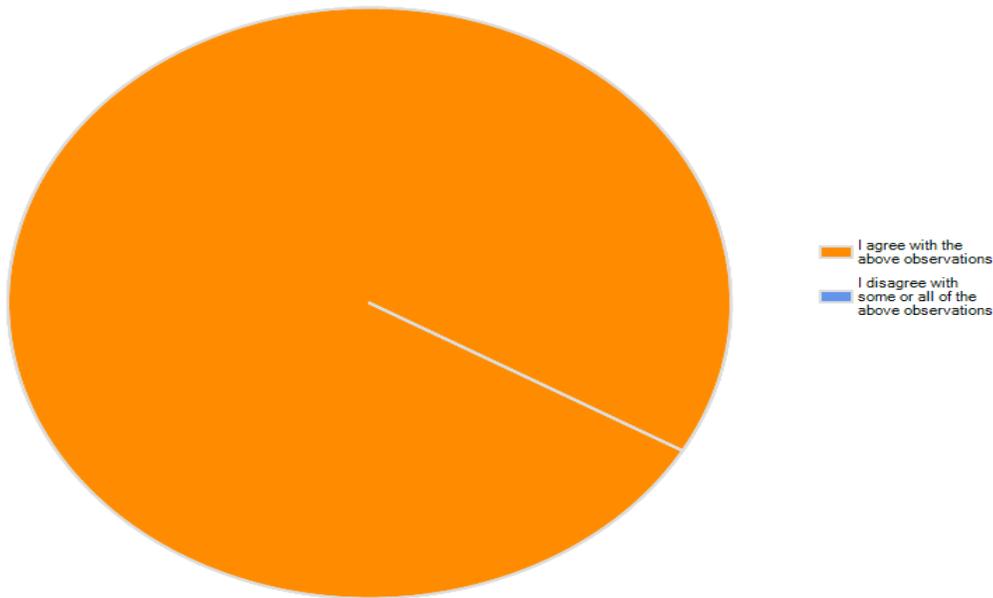

Do you agree with the observations made about Monroe County?

Legend:
- I agree with the above observations
- I disagree with some or all of the above observations
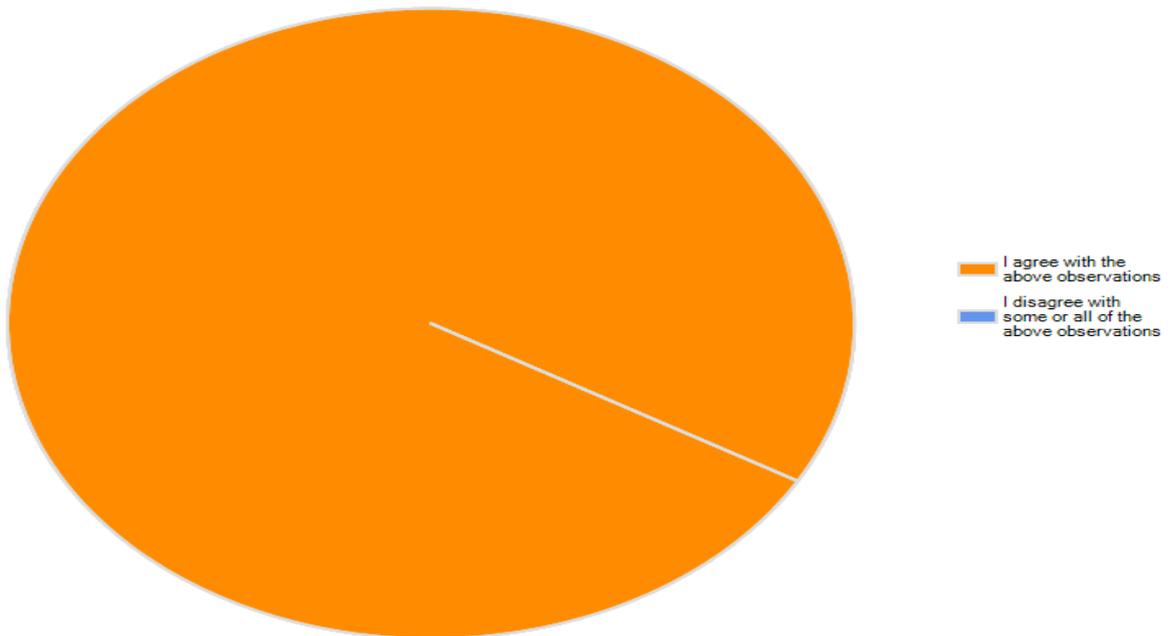
Q. Do you agree with the observations formed about the opinions from local residents?

- Through my volunteer work both at the hospital, I absolutely agree.

- Based on an assessment that I did in a sub community in Key West that is 22% below poverty level as compared to the city of Key West, 10%, residents in this poor community have mentioned the major issue of lack of access to healthcare that is affordable. Some have refused to go to the doctor, despite knowing the risk of infection, because they do not want a bill in their name. These individuals also admit to lack of access to transportation, particularly the public transit, which comes every one to two hours, which is an inconvenience. There are no bus benches in that sub-community either, which leaves these residents with little to no options of visiting the necessary health care provider. There also exists language barriers and consequently, lack of education that there exists free shot clinic events and other available resources. These languages include Creole and Spanish.

- The wage scale for people in the service and labor fields are not commiserate with the high cost of living in Monroe County.

Do you agree with the summary of local resident opinions?

- ■ I agree with the above observations
- ■ I disagree with some or all of the above observations

Q. Do you agree with the observations formed about the additional data analyzed about Monroe County?

- There are insufficient Medicaid providers in the county, particularly pediatric. Our organization currently transports children/youth to Key West or to south Miami Dade - an inconvenience for the child, or the family or limited staff.

- The mortality rates seem to agree with what I've witnessed since I moved here

- Age is a risk factor for a majority of the leading causes of death in Monroe County, but these numbers can be improved primarily if we take the direction of preventative care. Particularly, more affordable access to healthy foods should be available. Convenience stores are all over Old Town, Key West, but the grocery stores are located along the boulevard where drivers of cars seem to be the only individuals who have access. Elderly individuals who cannot drive their cars either rely on others to get their groceries or they take public transit which is insufficient. There also exists the risk of bicyclists and pedestrians to be hit by cars due to the narrow or nonexistent sidewalks. Exercise is encouraged in Monroe County, however, among those who ride their bicycles for health purposes and to reduce their carbon print, there are certain streets that they discourage bicyclists to ride on due to higher risk of being hit or clipped by cars. Thus, access to healthy and affordable food options as well as safe paths for bicyclists and pedestrians are needed. I firmly believe that with policy, systems, and environmental changes, as well as instilling healthy lifestyles will improve the overall health of Monroe County.

- There are multiple hospice agencies in Monroe County including VNA/Hospice of the FL Keys

Do you agree with the summary of other data analyzed?

Legend:
- I agree with the above observations
- I disagree with some or all of the above observations
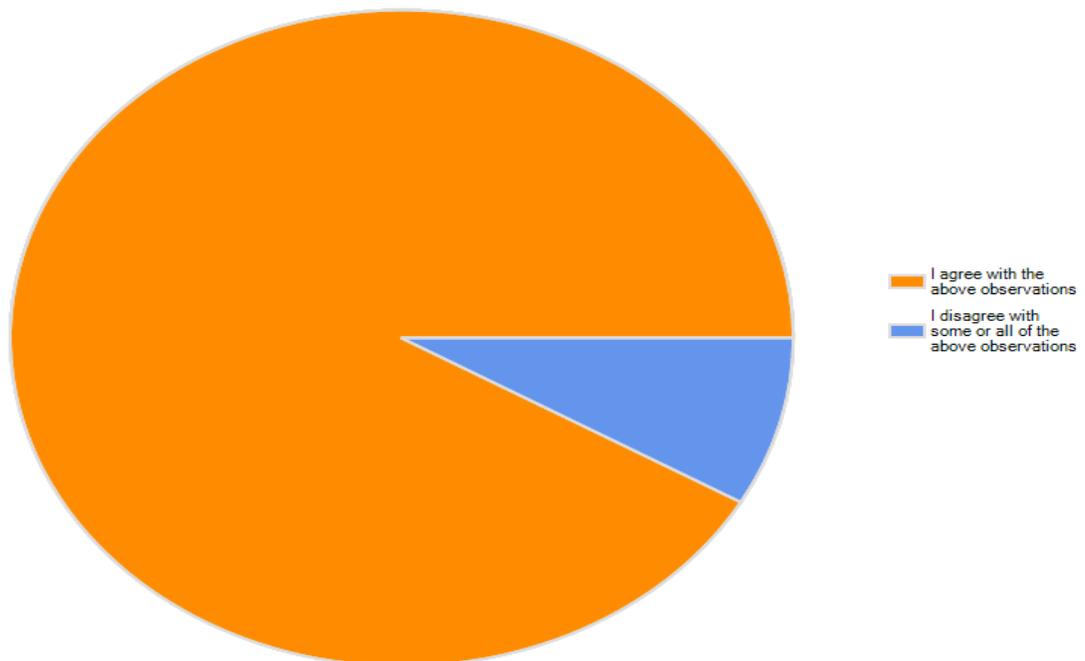
Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (form 990)[25]

Community Health Needs Assessment Answers

1. *During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9*

   <u>*Illustrative Answer*</u> *– Yes*

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

     a. *A definition of the community served by the hospital facility*
     b. *Demographics of the community*
     c. *Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community*
     d. *How the data was obtained*
     e. *The health needs of the community*
     f. *Primary and chronic disease needs and health issues of uninsured persons, low-income persons, and minority groups*
     g. *The process for identifying and prioritizing community health needs and services to meet the community health needs*
     h. *The process for consulting with persons representing the community's interests*
     i. *Information gaps that limit the hospital facility's ability to assess the community's health needs*
     j. *Other (describe in Part VI)*

   <u>Illustrative Answer</u> – check a. through i. Answers available in this report are found as follows:

   1. a. – See Footnotes #15 (page 11) & #16 (page 11)

   1. b. – See Footnotes #17 (page 12)

   1. c. – See Footnote #22 (page 27)

   1. d. – See Footnotes #7 (page 6)

   1. e. – See Footnotes #11 (page 8)

   1. f. – See Footnotes #9 (page 8)

---

[25] Questions are drawn from 2012 f990sh.pdf Forms and may change when the hospital is to make its 990 h filing

1. g. – See Footnote #12 (page 9) & #24 (page 48)

1. h. – See Footnote #8 (page 8) & #24 (page 48)

1. i. – See Footnote #6 (page 6)

1. j. – No response needed

2. *Indicate the tax year the hospital facility last conducted a CHNA: 20 _ _*

   <u>Illustrative Answer</u> – 2013
   See Footnote #1 (Title page)

3. *In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted*

   <u>Illustrative Answer</u> – Yes
   See Footnotes #10 (page 8)

   Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.

   <u>Illustrative Answer</u> – No

5. *Did the hospital facility make its CHNA widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)*

   a. *Hospital facility's website*
   b. *Available upon request from the hospital facility*

   <u>Illustrative Answer</u> –
   The hospital will need to obtain Board approval of this report, document the date of approval, and then take action to make the report available as a download from its web site. It may also be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. *If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):*

   a. *Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA*
   b. *Execution of an implementation strategy*
   c. *Participation in the development of a community-wide plan*
   d. *Participation in the execution of a community-wide plan*
   e. *Inclusion of a community benefit section in operational plans*

f. *Adoption of a budget for provision of services that address the needs identified in the CHNA*

g. *Prioritization of health needs in its community*

h. *Prioritization of services that the hospital facility will undertake to meet health needs in its community*

i. *Other (describe in Part VI)*

<u>Illustrative Answer</u> – check a, b, g and h

6.a. – See footnote #23 (page 29)

6.b. – See footnote #23 (page 29)

6. g. – See footnote #12 (page 9)

6. h. – See footnote #12 (page 9)

7. *Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?*

<u>Illustrative Answer</u> – Yes
Part VI suggested documentation See footnote #24 (page 48)

8. *a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?*

b. If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?

c. If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

<u>Illustrative Answers</u> – 8 a, 8 b, 8 c – No