



TAMPA GENERAL HOSPITAL 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

HILLSBOROUGH COUNTY



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LETTER FROM THE TAMPA GENERAL PRESIDENT AND CEO

Dear citizens of Hillsborough County:

I am pleased to share with you the 2025 Community Health Needs Assessment (CHNA) reports for TGH Davis Islands and our three TGH North hospitals.

The report is based on epidemiological, qualitative and comparative methods that assess health issues in a hospital organization's community and that community's access to services related to those issues. Not-for-profit hospital organizations, like TGH, are required by the Patient Protection and Affordable Care Act (ACA) to conduct a CHNA once every three years.

At Tampa General Hospital, we remain committed to transforming the well-being of all the communities and patient populations that we serve. This assessment is an incredibly valuable tool in helping us understand the complex needs of our communities and how to continue to deliver the most accessible and highest level of quality possible to all who enter our doors. Specifically, the report will enable us to improve health by leading regional outcome-driven health initiatives that have been prioritized through community health assessments. This work will be guided by an implementation strategy that we will develop.

We recognize that truly vibrant communities are ones that prioritize the overall health and well-being of all their citizens. At TGH, we are proud to be at the forefront of this work across Tampa Bay and beyond.

Sincerely,



John D. Couris
President & CEO
Tampa General Hospital

INTRODUCTION

The world has changed a lot since the 2022 Community Health Needs Assessment (CHNA). COVID-19 is no longer one of the leading causes of death, yet many of the barriers and challenges that existed three years ago still exist today. With the continuing rise in cost of living, inflation and changes in policy at the local, state and national level, there are several emerging needs that have been identified in the 2025 Community Health Needs Assessment.

The following Community Health Needs Assessment report will highlight the priority areas in Hillsborough County.

Primary and secondary quantitative and qualitative data were collected from September 2024, through February 2025. Unfortunately, during the research phase, West Central Florida was hit by hurricanes Helene and Milton in September and October 2024, respectively, which resulted in major damage across the region. To respect the community's efforts to rebuild neighborhoods and communities, the Community Health Needs Assessment was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricane are included in the findings.

Purpose

The Community Health Needs Assessment is a comprehensive process that identifies the health needs, barriers to accessing care and the social drivers of health (SDoH) in a community. Intentional outreach was made to include the voices and lived experiences of the community's most vulnerable populations that may not have historically participated in this

process in prior years. The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act (ACA) and codified under IRS Section 501(r)(3).

Acknowledgments

The Community Health Needs Assessment could not have happened without the support and participation of all community partners within Hillsborough County. The All4HealthFL Collaborative members were integral to the outreach and marketing of the stakeholder interviews, focus groups and a community survey.

Crescendo Consulting Group, a woman-owned business with over 20 years of experience conducting community needs assessments across the United States, led the research for the Community Health Needs Assessment. By partnering with the All4HealthFL Collaborative members, the Crescendo team conducted qualitative and quantitative research, facilitated the needs prioritization process, and developed the county reports. To learn more about Crescendo Consulting Group, please visit www.crescendocg.com.

ABOUT THE ALL4HEALTHFL COLLABORATIVE

Established in 2019, the All4HealthFL Collaborative is a partnership between seven not-for-profit health systems and four county departments of the Florida Department of Health in West Central Florida. The collaborative has a mutual interest in improving health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. This process is conducted every three years and aims to identify health priorities in the community and develop strategies to address them.

The All4HealthFL Collaborative works together to plan, implement and evaluate strategies that align with identified health priorities. Together, the group strives to make West Central Florida the healthiest region in Florida.

Historically, the All4HealthFL Collaborative has worked together to conduct community health needs assessments in Hillsborough, Pasco, Pinellas and Polk counties. In 2025, the work expanded to Hardee, Hernando, Highlands, Manatee, Marion and Sarasota counties.

The All4HealthFL Collaborative consists of content experts from the following organizations and agencies:



The All4HealthFL Collaborative also hosts and maintains the All4HealthFL Community Data Platform as a community resource for Hillsborough, Pasco, Pinellas and Polk counties. Additionally, all county reports and appendices are located on the website.

EVALUATION OF PROGRESS SINCE PREVIOUS CHNA

The Community Health Needs Assessment process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations' focus and targets efforts during the next CHNA cycle. The top three health priorities for Hillsborough County from the 2022 Community Health Needs Assessment were Access to Health and Social Services; Behavioral Health (Mental Health and Substance Misuse); and Exercise, Nutrition and Weight.



**Access to
Health and
Social Services**



**Behavioral Health
(Mental Health
and Substance)**



**Exercise,
Nutrition
and Weight**

Collaborative achievements

The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health needs assessments. Based on the prioritized needs in 2022, hospital systems in Hillsborough, Pasco, Pinellas and Polk counties have done their part to address behavioral health; access to health and social services; and the need to support the residents in these counties on information, resources and programs regarding exercise, nutrition and weight. This approach has

included programs and initiatives such as providing Mental Health First Aid trainings, establishing a Coordinated Regional Harm Reduction Continuum, navigation services, telehealth offerings, addressing food insecurity and implementing Exercise as Medicine programs. To learn more about these initiatives and other important efforts to address identified priorities, please see the Partner Achievements in Appendix H.

CHNA METHODOLOGY

Secondary Data

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 2024 and February 2025.

Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers and young families. Focus groups and surveys were available in multiple languages to ensure that community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.

Secondary data provided a critical insight into the demographics of Hillsborough County, social drivers of health and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, United States Centers for Disease Control and Prevention, and FLHealthCHARTS.

Qualitative Research

Qualitative research included 39 one-on-one stakeholder interviews and seven focus groups, speaking with over 60 participants. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually. Qualitative summaries included in this report are based on the qualitative findings unless otherwise noted.

A **community survey** was conducted via both SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian and Vietnamese to evaluate and address health care, housing, employment, and other needs, gaps and resources in the community. A total of 3,592 responses were collected and analyzed. Survey responses are provided for Hillsborough County in this report.

The **needs prioritization process** was conducted on March 18, 2025, with 92 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, community needs and potential strategies. A survey using a modified Hanlon Method was employed to prioritize the needs based on magnitude, severity and feasibility of addressing the need in each county.

Needs Prioritization

SOCIAL DRIVERS OF HEALTH

The social drivers of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.¹ Clinical care impacts only 20.0% of health outcomes, while social drivers impact as much as 50.0% of health outcomes.² Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The Social Drivers of Health model³ consists of five domains, which are shown below in Exhibit 1.

Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve the health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (ODPHP). The identified needs of the CHNA use similar language to the Healthy People 2030 objectives and indicators. For more information about Healthy People 2030, please visit <https://odphp.health.gov/healthypeople>.

Exhibit 1: Social Drivers of Health Framework



1. ODPHP, n.d. Social Determinants of Health.

2. Whitman et al. (ASPE), 2022.

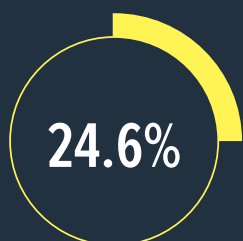
3. ODPHP, n.d. Social Determinants of Health.

DEMOGRAPHICS

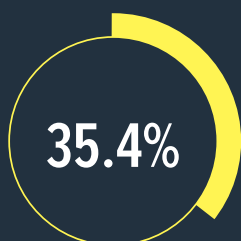
HILLSBOROUGH COUNTY, FLORIDA



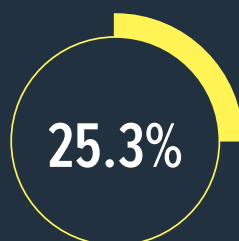
Population by Age



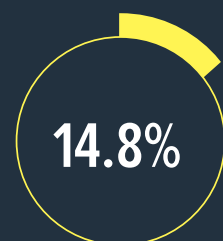
Age Under 19



Age 20-44



Age 45-64



Age 65+

Population Change



Source: U.S. Census Bureau American Community Survey, 2019-2023, Five-Year Estimates.

Education

Less Than Ninth Grade



Ninth to 12th Grade, No Diploma



High School Degree



Some College, No Degree



Associate's Degree



Bachelor's Degree



Graduate's Degree



49.6% of Hillsborough County residents have earned a higher-education degree

Trend of Population Living in Poverty

White



Black/African American



Hispanic/Latino



Foreign-Born Population

Native Born, Hillsborough County



Native Born, Florida



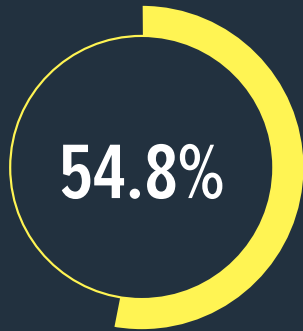
Foreign Born, Hillsborough County



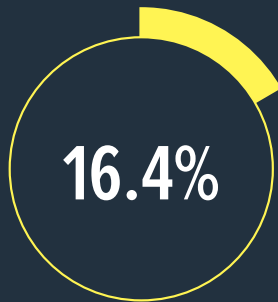
Foreign Born, Florida



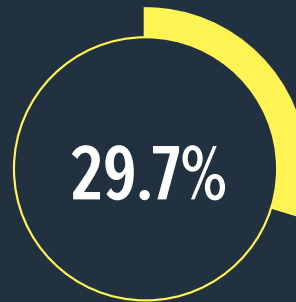
Race/Ethnicity



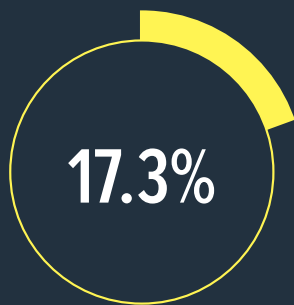
White



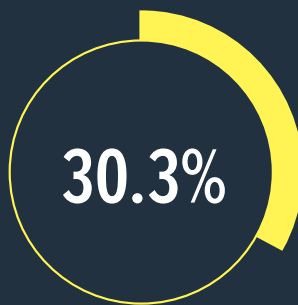
Black/African American



Hispanic/Latino



Two Races
or More



Speak a Language
Other than English
at Home

Economic Well-being

\$75,011

Median Household
Income

14.1%

Households Below
Poverty Line

4.5%

Unemployment
Rate

13.1%

Households Receiving
SNAP Benefits

NEEDS PRIORITIZATION PROCESS

The needs prioritization process is a critical step to finalizing the Community Health Needs Assessment. The quantitative and qualitative research for Hillsborough County was analyzed, and eight community needs were identified.

On March 18, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents of Hillsborough County came together to prioritize the most significant health needs for Hillsborough County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 92 individuals attended the prioritization meeting. The meeting was divided into three sections: presentation of collected data, evaluation of community needs and proposal of potential strategies.

The first part of the meeting consisted of a data presentation followed by a roundtable discussion, and additional data presented in the data placemats.

Ahead of the second roundtable discussion, each table was assigned one of the community needs. The discussion focused on the magnitude and severity of the community need, potential barriers

to addressing the needs, and what happens if the community need is not addressed in the county. All tables reported the high-level findings of their discussions to all attendees.

Following the second round of discussions, all participants completed a short survey to vote on the top needs. The needs were ranked using the modified Hanlon Method, where they are scored on a scale from one to five based on magnitude, severity and feasibility. The lower the overall score, the more pressing the health need is to address.

The final roundtable discussions focused on potential strategies for addressing the needs that were prioritized. This information is included in this report for each All4HealthFL Collaborative member for consideration as they build their hospital implementation strategy plans, and for any community partners to use for their own planning efforts.

COMMUNITY NEEDS

The following eight community needs were identified.

Behavioral
Health

Cancer

Dental

Economic
Stability

Exercise,
Nutrition &
Weight

Health Care
Access &
Quality

Heart Disease
& Stroke

Neighborhood
& Built
Environment

After the final vote during the Needs Prioritization session, the final needs in order of rank are below.

Rank	Community Need	Score
1	Health Care Access and Quality	7.84
2	Behavioral Health	9.11
3	Economic Stability	11.39
4	Exercise, Nutrition and Weight	11.88
5	Neighborhood and Built Environment	15.97
6	Heart Disease and Stroke	16.89
7	Dental	17.39
8	Cancer	19.62

HEALTH CARE ACCESS AND QUALITY

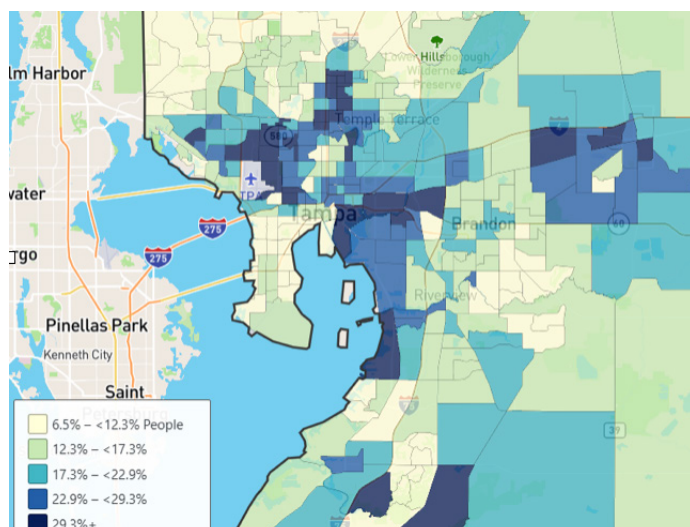
Health care access and quality is one of the five social determinants of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary health care services and medications. Increasing insurance coverage is essential to ensure more people have access to vital health services, including preventive care and treatment for chronic conditions.

— ODPHP, n.d.

Key secondary data findings

Insurance and the ability to pay for care is often one of the main reasons people do not seek health care.⁴ Even with health insurance, people may not be able to afford copays and deductibles. In Hillsborough County, 13.1% of the total population does not have health insurance. Approximately one in six (16.1%) of adults aged 19 to 64 years does not have health insurance (Exhibit 2). In the map below, the darker the blue in the regions, the greater the percentage of uninsured.

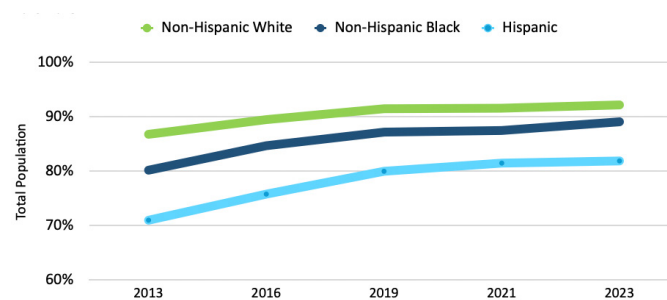
Exhibit 2: Lack of Health Insurance Among Adults, 2022



Source: CDC, n.d. BRFSS Places, 2022.

In some census tracts⁵ in Hillsborough County, nearly one in three adults does not have health insurance (Exhibit 2). Additionally, health insurance rates vary by race and ethnicity. The Hispanic or Latino population have lower percentages of people with health insurance compared to non-Hispanic Whites, as shown in Exhibit 3.

Exhibit 3: Adults with Health Insurance Coverage in Hillsborough County by Race/Ethnicity, 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

4. Taber et al., 2015.

5. Census tracts are “relatively permanent geographic divisions of a county or county equivalent.” Census tracts typically have a population of 1,200 to 8,000, with the optimum threshold of 4,000 people. For more information, please see <https://www2.census.gov/geo/pdfs/partnerships/psap/G-650.pdf>.

Hillsborough County has a provider shortage of a variety of types of providers. Hillsborough County has fewer dentists and mental health providers than the state, and limited access to OB/GYNs, with one provider for every 2,736 residents.

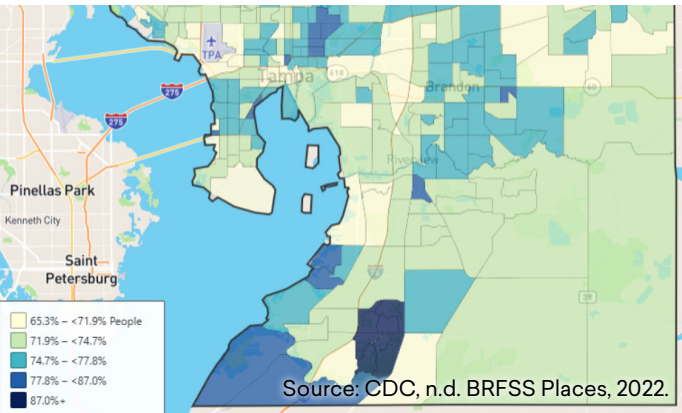
Exhibit 4: Health Care Provider Ratios (People per Provider), 2024

	Hillsborough County	Florida	United States
Primary Care Physician	747:1	858:1	879:1
Primary Care Nurse Practitioner	650:1	800:1	1,110:1
Dentist	1,738:1	1,686:1	1,532:1
Mental Health Provider	721:1	693:1	550:1
Pediatrician	822:1	879:1	795:1
Obstetrics Gynecology (OB/GYN)	2,736:1	3,919:1	3,454:1
Midwife and Doula	9,422:1	9,029:1	9,336:1

Source: CMS, n.d. NPPES NPI, 2024.

According to CDC data, in Hillsborough County, 74.5% of adults received a medical checkup in 2022.⁶ The percentage of adults varies across the census tracts in the county. There are parts of the county where nearly one in three adults did not see a doctor for a checkup in the past year, as shown in the darker blue regions on the map (Exhibit 5).

Exhibit 5: Annual Doctor Checkup in the Past Year Among Adults, 2022



6. CDC, n.d. BRFSS Places, 2022.

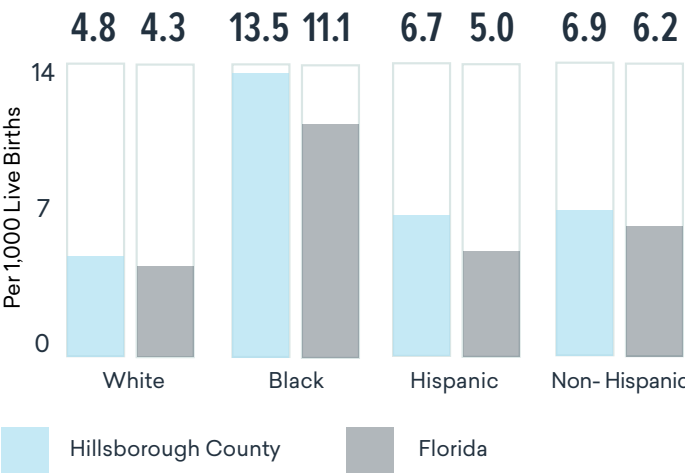
7. HRSA, n.d., Health Provider Shortage Areas.

Much of Hillsborough County has been designated a Health Professional Shortage Area (HPSA) for primary care, mental health and dental services, indicating there are not enough providers to adequately serve the needs of low-income residents.⁷

Access to care is especially critical during pregnancy, as early and consistent prenatal care plays a vital role in supporting healthy birth outcomes and reducing infant mortality.⁸

In Hillsborough County and the state of Florida, infant mortality rates are higher among Black and non-Hispanic populations compared to White and Hispanic populations. Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and Hispanic mothers less likely to access early care. These local patterns reflect national trends, where Black, American Indian and Alaskan Native, Pacific Islander, and Hispanic infants experience higher rates of infant mortality compared with White and non-Hispanic infants.⁹

Exhibit 6: Infant Mortality (Aged 0-364 Days) Rate per 1,000 Live Births by Race/Ethnicity, 2021-2023



Source: FLHealthCHARTS, n.d.

8. ODPHP, n.d. Pregnancy and Childbirth.

9. CDC. 2024. Infant Mortality.

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes.¹⁰ In Hillsborough County, non-Hispanic mothers had the highest rate of early prenatal care at 76.1%, while Black mothers had the lowest at 60.3%. Although some groups in Hillsborough approach state averages, the data shows that there are differences in access to timely prenatal care across racial and ethnic groups (Exhibit 7).

Exhibit 7: Births with Prenatal Care in the First Trimester, by Race/Ethnicity, 2021-2023

	Hillsborough County	Florida
White	71.6%	74.3%
Black	60.3%	63.7%
Hispanic	69.4%	70.5%
Non-Hispanic	76.1%	72.3%

Source: FLHealthCHARTS, n.d.

Key qualitative findings

When discussing health care access and quality, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



10. Albarqi, 2025.

Focus group and stakeholder interview participants noted that community members in Hillsborough County are struggling to access quality health care. They identified limited transportation and a shortage of specialists and primary care providers as the most significant barriers to accessing care. Participants also shared that bilingual providers are needed, as well as community care workers or case managers to help individuals navigate the health care system, which can be complex and confusing for some residents.



“Florida is the largest state for Affordable Care Act enrollment. And when the increased subsidies expire at the end of 2025, I fear we are going to be back in a worse situation with the number of people who are uninsured. And Hillsborough County might even lead, it’s either first or second in the state for the number of ACA enrollees too. So it’s not just the statewide level, but it’s certainly going to be impacting us here potentially, unless some of those get extended.”

— Stakeholder Interview

Key community survey findings

This section presents respondents’ perceptions from the community survey on access to medical care, self-rated health status and emergency room usage. Responses help identify barriers to care and highlight areas where improvement in health care delivery may be needed.

When asking respondents about their medical care access, 15.6% of the respondents reported in the past 12 months that they needed medical care but did not get it.

The top five reasons for not getting the care needed are due to being unable to schedule an appointment (52.7%), unable to pay for care (41.1%),

cannot take time off work (35.7%), doctor’s office does not have convenient hours (32.3%) and unable to find a doctor who takes my insurance (19.6%).

Exhibit 8: Was There a Time in the Past 12 Months When You Needed Medical Care but Did Not Get the Care You Need?

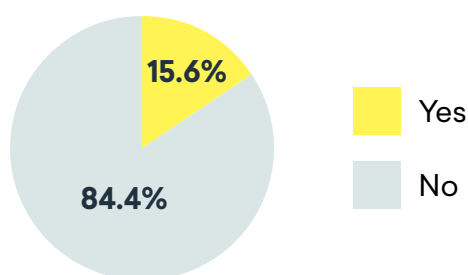
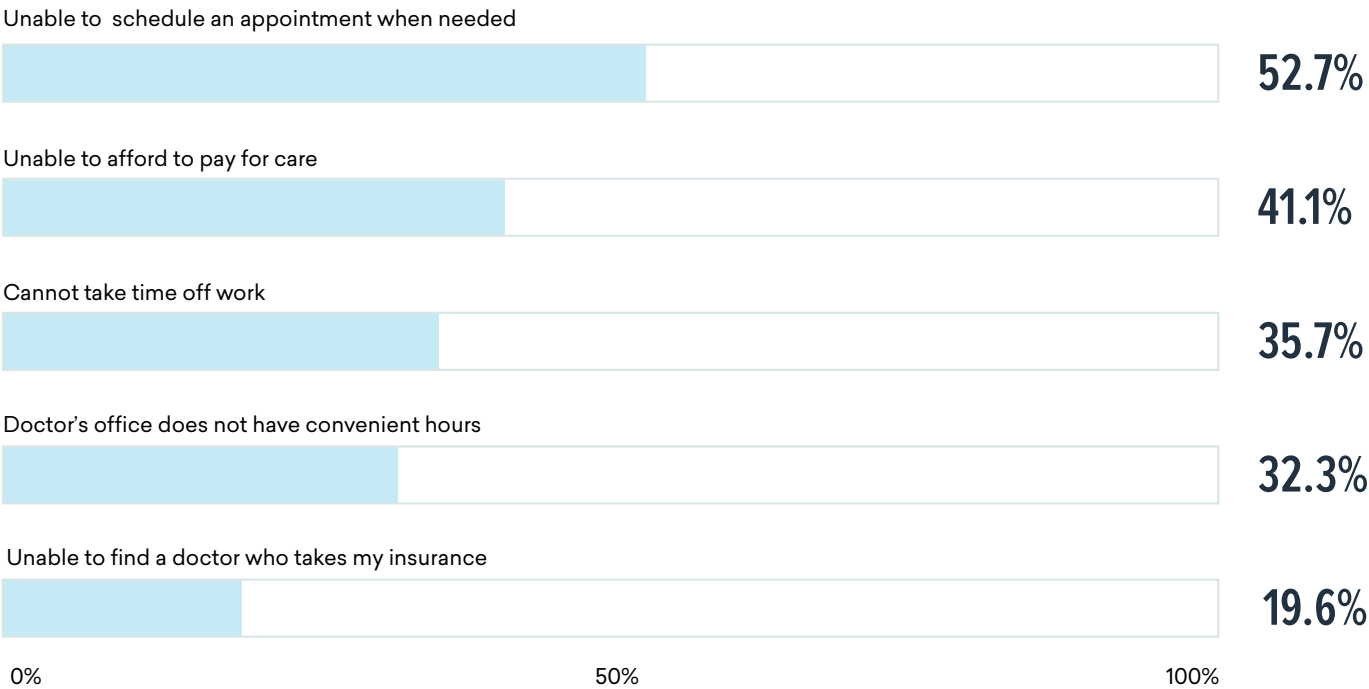
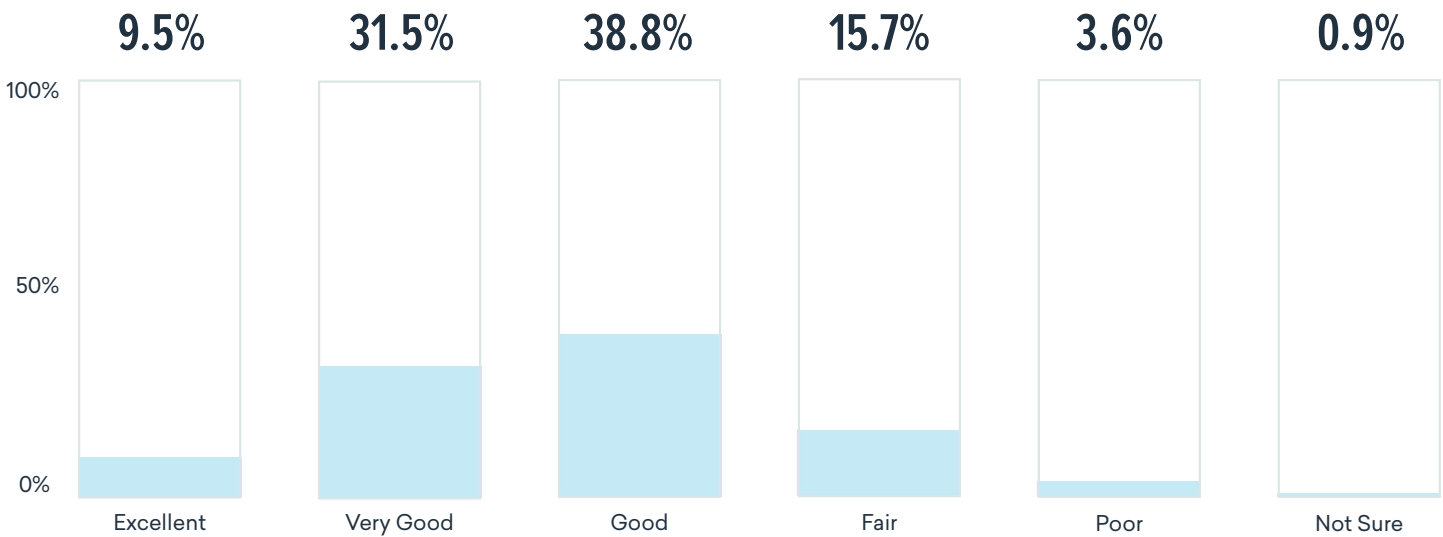


Exhibit 9: What Are Some Reasons That Kept You from Getting Medical Care?¹¹



About two in five (41.0%) respondents said their own personal health was excellent or very good. Another 38.8% of respondents reported their personal health was good. Nearly one in five (19.3%) of respondents said their own health was either fair or poor.

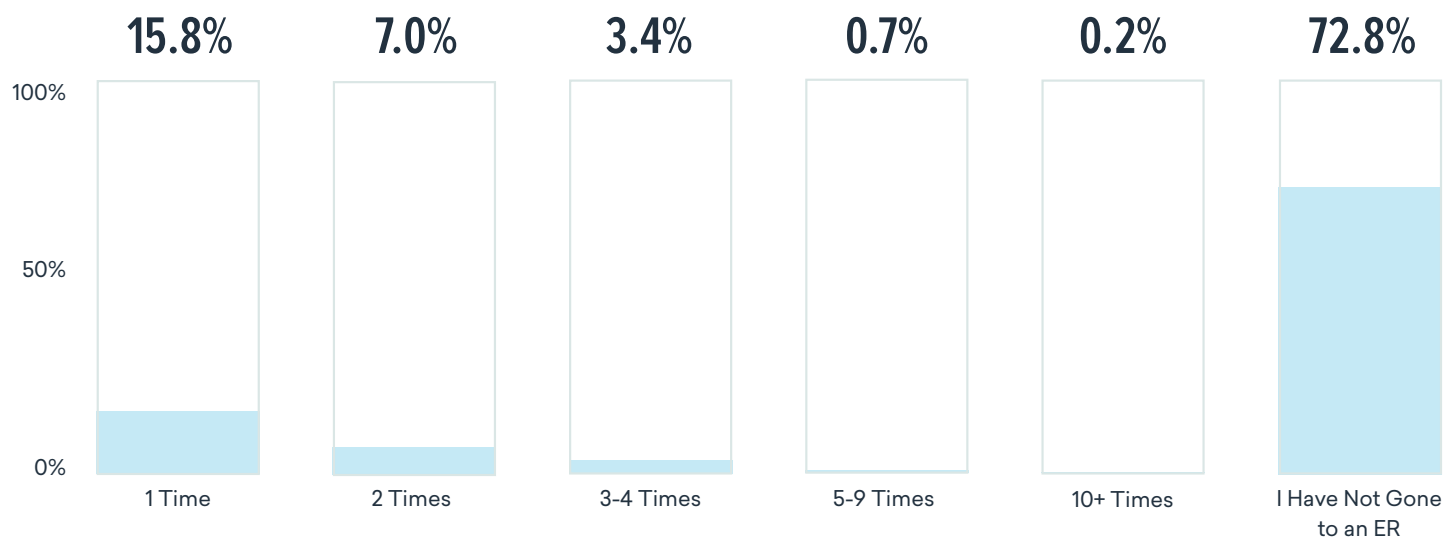
Exhibit 10: Overall, How Would You Rate Your Own Personal Health?



11. For the complete list, please refer to the Appendices.

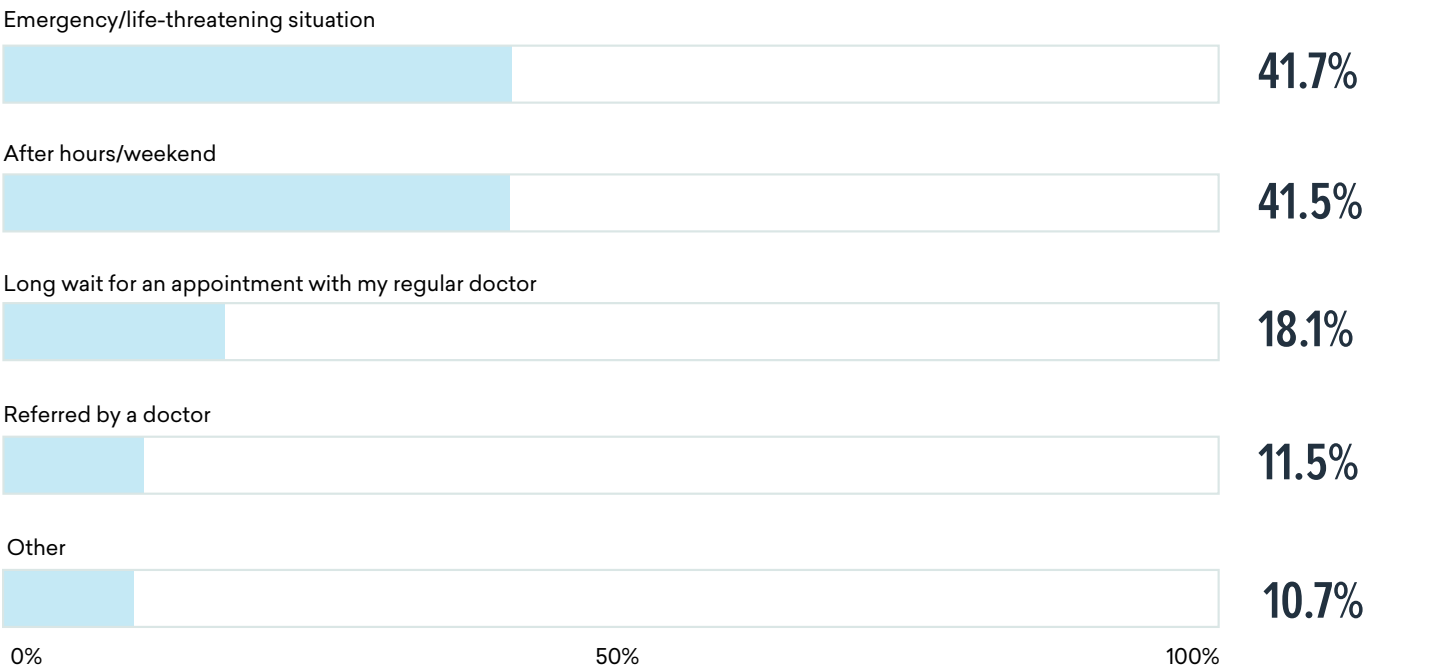
Almost 23% of respondents went to the ER one to two times in the past 12 months. Over 3% of respondents went to the emergency room three to four times, and nearly 1% of respondents went to the emergency room five or more times.

Exhibit 11: In the Past 12 Months, How Many Times Have You Gone to an Emergency Room (an ER, Not Urgent Care) About Your Own Health?



Nearly half of the respondents went to the emergency room (ER) instead of the doctor’s office because of emergency or life-threatening situations (41.7%) or because their health issue occurred after hours or on the weekend (41.5%).

Exhibit 12: What Are the Main Reasons You Used the ER Instead of Going to a Doctor’s Office or Clinic?



BEHAVIORAL HEALTH

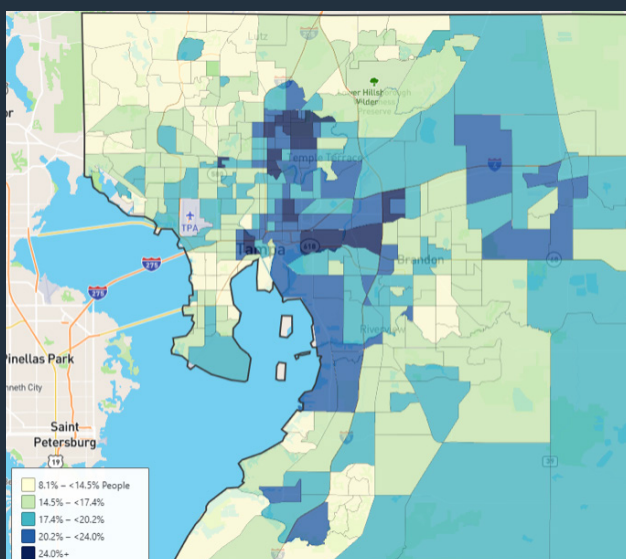
Behavioral health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions, such as diabetes and Alzheimer's disease.

— NIMH, 2024

Key secondary data findings

In Hillsborough County, a significant proportion of adults reported experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.8% of adults reported 14 or more mentally unhealthy days in the past month (Exhibit 13). This rate reflects elevated stress, anxiety and depressive symptoms that can interfere with daily functioning and quality of life.¹²

Exhibit 13: Poor Mental Health Among Adults, 2022



Source: CDC, n.d., BRFSS Places, 2022.

12. CDC, 2024. About Behavioral Health.

13. NIAA, 2025. What Is Binge Drinking?

Nearly 1 in 5 adults in Hillsborough County engage in heavy or binge drinking.

That's higher than the Florida approximate average of 1 in 6 adults.

Excessive alcohol use is linked to chronic disease, mental health challenges, injuries and early death.

Source: CDC BRFSS, 2024.

In Hillsborough County, binge drinking is a growing concern among adults. The adult binge drinking rate in Hillsborough County (19.0%) is higher than Florida's rate (16.1%); there can still be lasting effects on individuals and the community. Binge drinking in adults can lead to serious health problems, increase the risk of injuries and chronic diseases, and place significant economic and social stress on families and communities.¹³

Access to care is a critical factor in behavioral health outcomes. In Hillsborough County, the mental health provider ratio is 721:1, meaning there are approximately 721 people for every one

mental health provider. It is important to note that this provider pool includes psychiatrists, psychologists, counselors and other mental health professionals — many of whom may not be accepting new patients, may have long waitlists or may not accept certain types of insurance. Limited access can contribute to delayed care, unmet mental health needs, and increased burden on emergency and crisis services.¹⁴

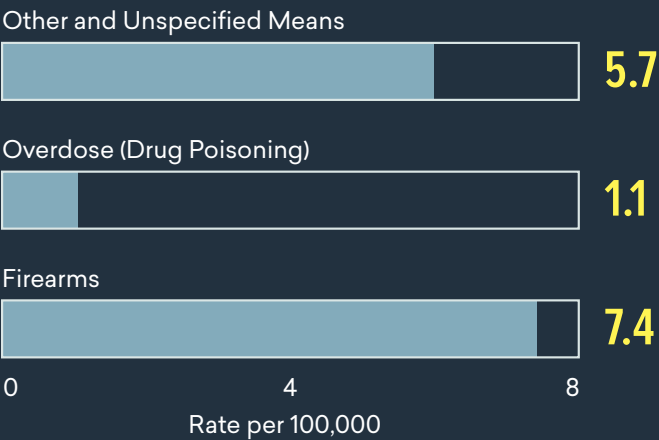
Exhibit 14: Mental Health Provider Ratio, 2024

	Hillsborough County	Florida
Mental Health Provider Ratio	721:1	693:1

Source: CMS, n.d. NPPES NPI, 2024.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021 and 2023, Hillsborough County had a suicide rate of 14.2 per 100,000 people, when combining all methods. Notably, firearms were the most common method, with a rate of 7.4 deaths per 100,000 people. These numbers highlight the importance of upstream prevention, mental health support and safe storage of lethal means.

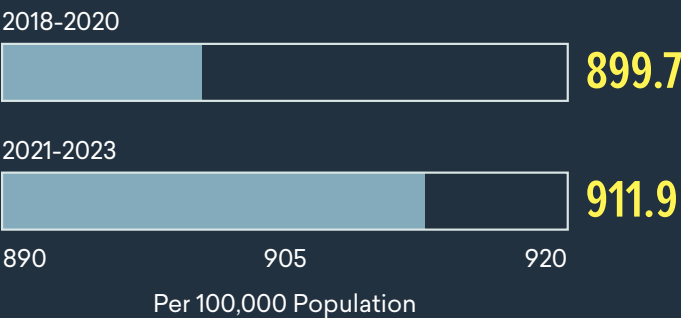
Exhibit 15: Suicide Rate by Means per 100,000 Population, 2021-2023



Source: FLHealthCHARTS, n.d.

Behavioral health also drives significant use of emergency and inpatient care. In Hillsborough County, hospitalizations due to mental health disorders occurred at a rate of 650.1 per 100,000 people, significantly below the state average of 963.2.¹⁵ In addition, the county reported a rate of 911.9 emergency department visits in 2021-2023 per 100,000 people for mental health conditions, reflecting an ongoing demand for crisis services (Exhibit 16).

Exhibit 16: Emergency Department Visits for Mental Health Conditions in Hillsborough County (2018-2020 vs. 2021-2023)



Source: FLHealthCHARTS, n.d.

14. ODPHP, n.d. Access to Health Services.

15. FLHealthCHARTS, n.d. Hospitalizations from Mental Disorders, 2020-2023.

Key qualitative findings

When discussing behavioral health, stakeholder interviews and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.

Behavioral health	Access: availability of providers, especially those who accept Medicaid, transportation to reach providers, lack of bilingual providers, unaffordable copays, insurance barriers	Youth
	Substance use: opioid, smoking, alcohol, dysfunctional coping mechanisms	Veterans
	Stigma: cultural, generational, societal; destigmatization efforts needed	Unhoused

Participants reported that mental health services, especially for youth, are needed in Hillsborough County. They identified both physical and financial barriers that prevent individuals from receiving much-needed services, especially for substance use treatment. When considering the behavioral health stigma in the community, participants often shared that the stigma dissuades people from seeking needed treatment for behavioral or mental health issues. While this effect impacts all populations, participants shared that veterans and unhoused individuals face more stigma-based barriers than do other populations in Hillsborough County.



“We know the science of trauma and brain development of young kids. The social determinants of health and situational trauma can very much impact the development of children. We don’t see any services in our communities to make sure our kids don’t end up in the gutter. It’s really important to have services to help our children.”

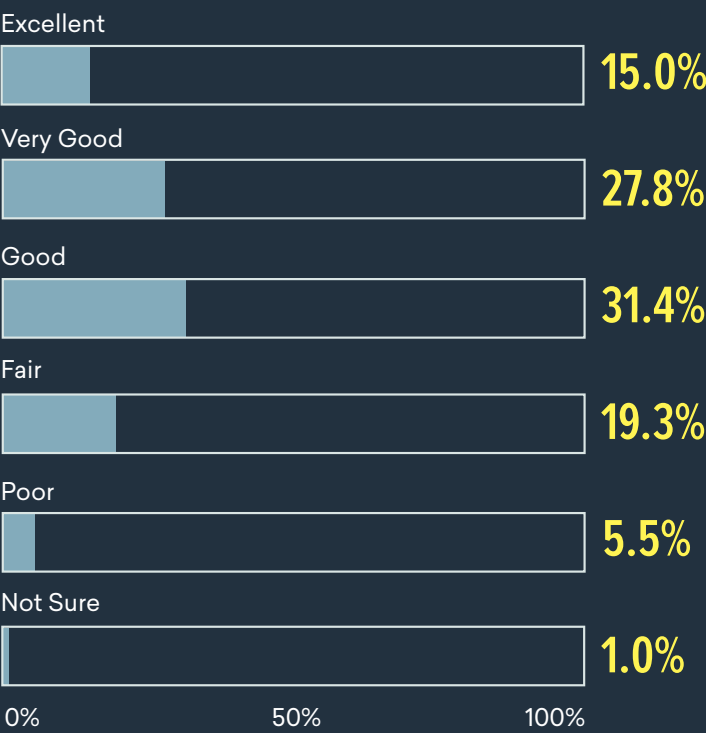
— Stakeholder Interview

Key community survey findings

This section presents respondents’ perceptions regarding mental and behavioral health needs, examines barriers to accessing care, and addresses the prevalence of adverse childhood experiences (ACEs). ACEs are potentially traumatic events that occur in childhood. These events can include physical, sexual or emotional abuse; witnessing violence in the home or community; parental separation or divorce; household dysfunction (e.g., substance abuse, mental illness); and incarceration of a parent or caregiver.¹⁶ Such experiences are known to impact long-term mental and physical health outcomes.¹⁷

Approximately two in five of the respondents said their own mental health was either excellent or very good (42.8%). About one-third (31.4%) of the respondents rated their mental health as good. Nearly one in four respondents said their mental health was either fair or poor (24.8%).

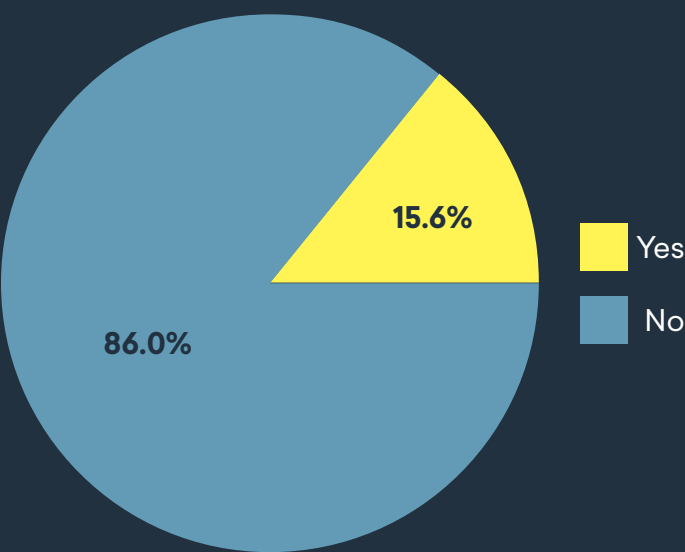
Exhibit 17: Overall, How Would You Rate Your Own Mental Health?



16. CDC, 2024. About Adverse Childhood Experiences.
17. Monnat & Chandler, 2016.

In the past 12 months, 14.0% of respondents said they needed mental health care but did not get the care they needed.

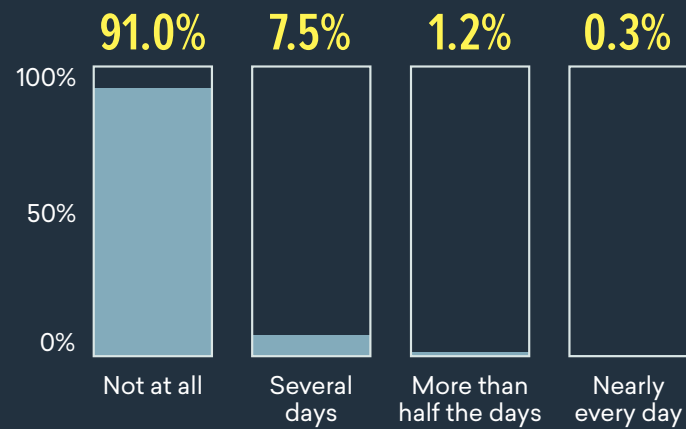
Exhibit 18: Was There a Time in the Past 12 Months When You Needed Mental Health Care but Did Not Get the Care You Needed?



When asked about self-harm and suicidal thoughts, 91.0% of survey respondents reported never having these thoughts in the past 12 months. And 7.5% indicated experiencing such thoughts several days a month, while 1.5% reported having them more than half the days or nearly every day.

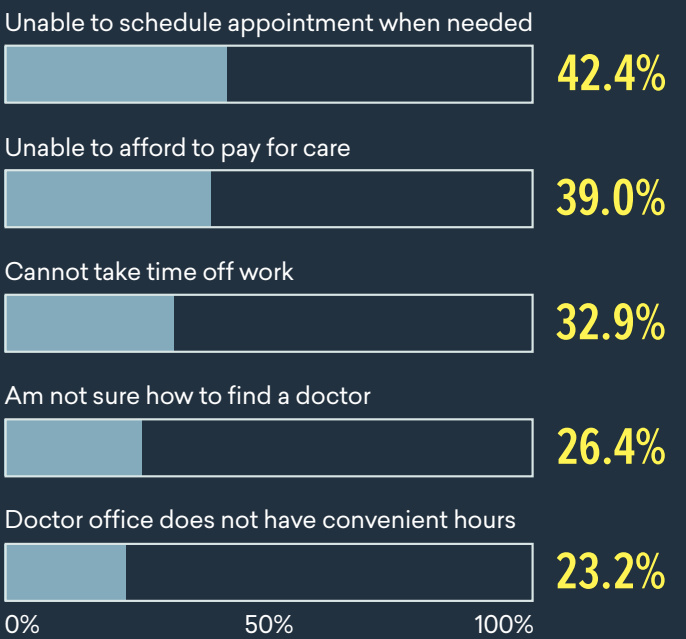
18. For the complete list, please refer to the Appendices.

Exhibit 19: In the Past 12 Months, How Often Have You Had Thoughts that You Would Be Better Off Dead or Hurting Yourself in Some Ways?



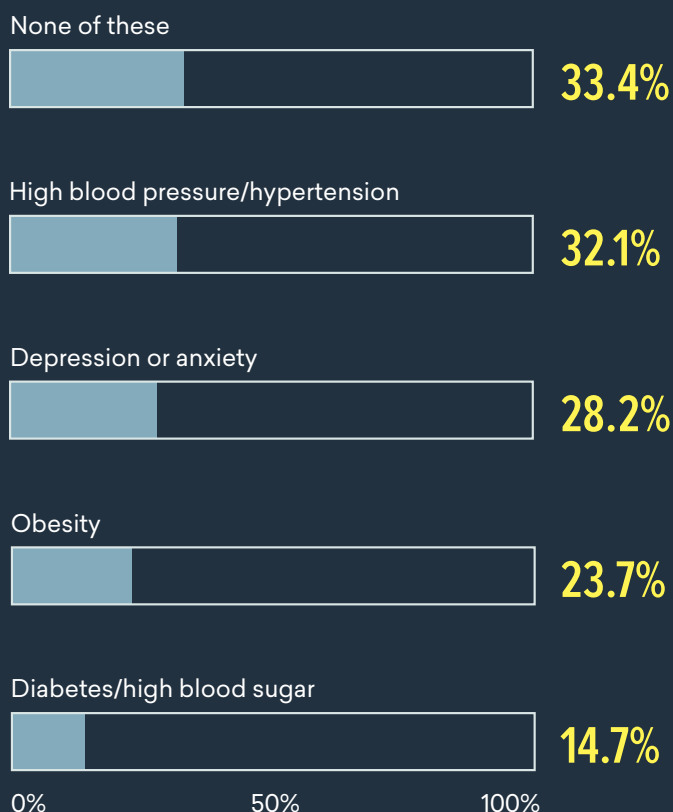
The top five reasons that prevented respondents from getting the care they needed were unable to schedule an appointment when needed (42.4%), unable to afford to pay for care (39.0%), cannot take time off work (32.9%), not sure how to find a doctor (26.4%) and the doctor’s office does not have convenient hours (23.2%).

Exhibit 20: What Are Some Reasons That Kept You from Getting Mental Health Care?¹⁸



Among survey respondents, 28.2% reported being told by either a doctor or other medical providers that they have depression or anxiety.

Exhibit 21: Have You Ever Been Told by a Doctor or Other Medical Provider That You Had Any of the Following Health Issues?

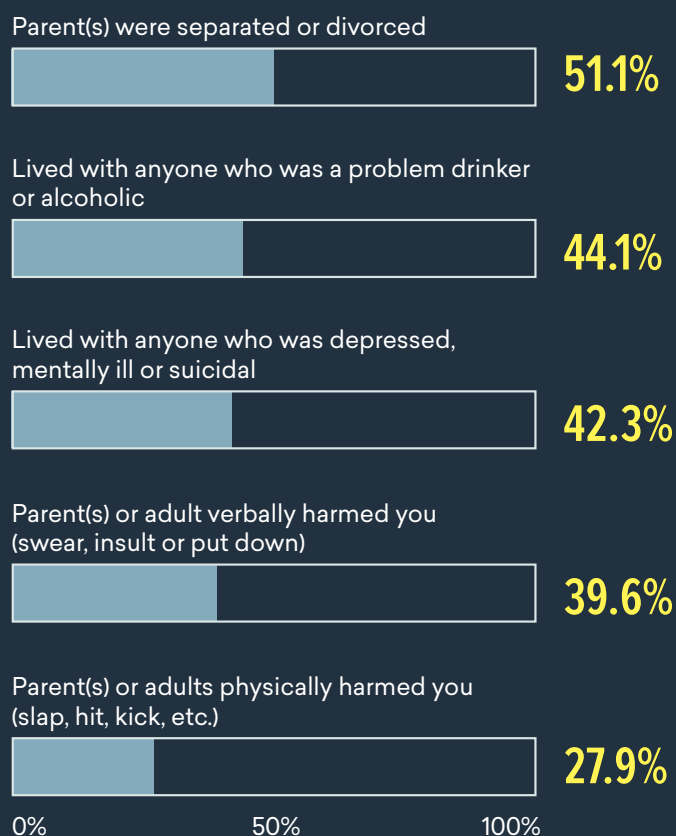


In Hillsborough County, 16.0% of respondents reported they had experienced four or more ACEs before the age of 18.

Exhibit 22 presents the percentage of respondents who reported experiencing at least one ACE during childhood. More than half (51.1%)

indicated that their parents were separated or divorced. Nearly half reported having lived with someone who was a problem drinker or alcoholic (44.1%), or with someone who was depressed, mentally ill or suicidal (42.3%). Additionally, 39.6% of respondents said they were verbally harmed by a parent, and 27.9% reported experiencing physical harm by a parent before the age of 18.

Exhibit 22: Events You Experienced Before the Age of 18¹⁹



19. For the complete list, please refer to the Appendices.

ECONOMIC STABILITY

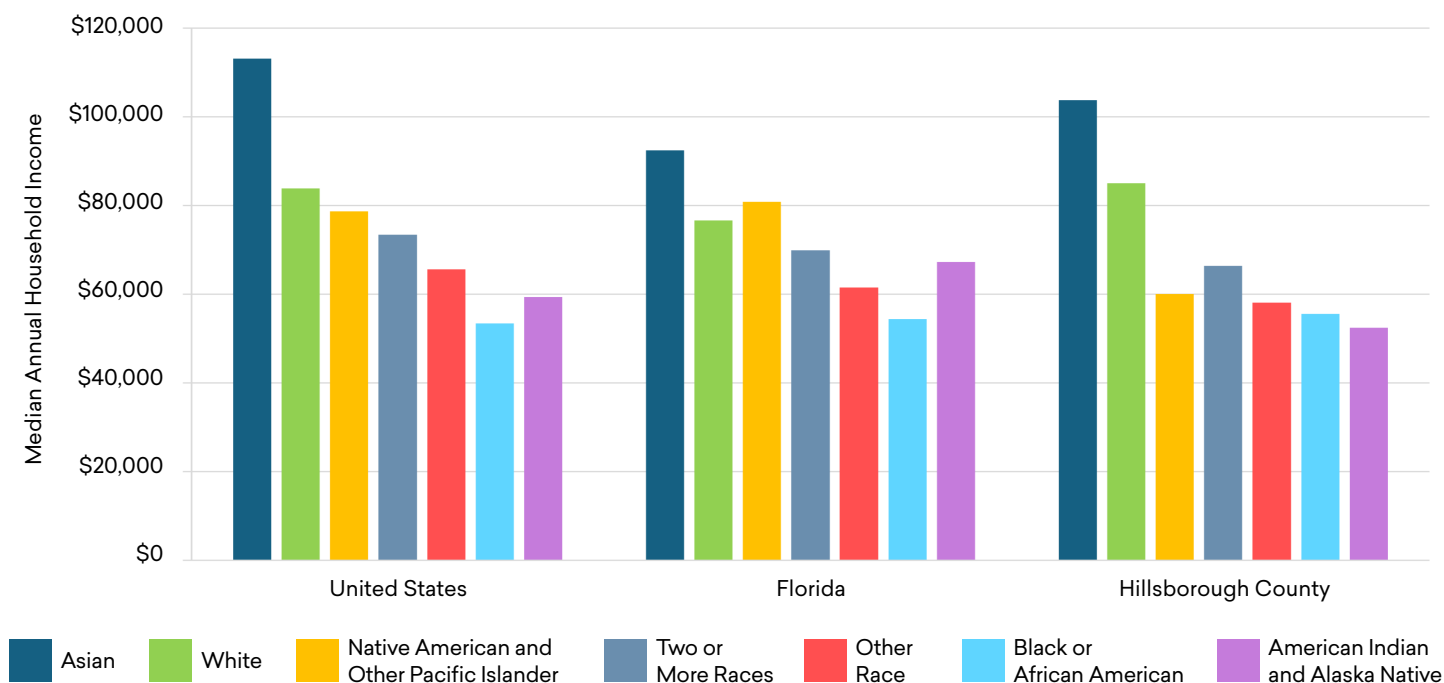
Economic stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to health care services, which can all contribute to poor health outcomes.

— CDC, 2023

Key secondary data findings

Economic stability plays a key role in overall health outcomes, as financial insecurity can limit access to health care, nutritious food and stable housing. In Hillsborough County, the median household income is \$75,011 annually, compared to Florida's \$71,711 median household income and the United States median household income of \$78,538.²⁰

Exhibit 23: Median Household Income, by Race, 2019-2023

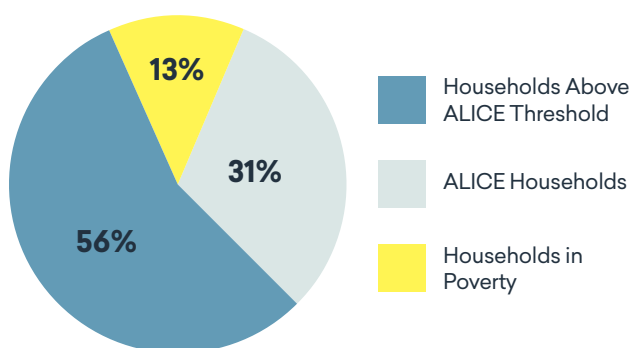


Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

20. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Poverty is a well-established driver of health outcomes. In Hillsborough County, 13.2% of the population lives below the poverty line, a higher rate than both the state (12.6%) and national average (12.4%).²¹ However, traditional poverty metrics often undercount those struggling to meet basic needs.²²

Exhibit 24: Trends in Household Income Status in Hillsborough County, 2022



Source: United Way, n.d., United for ALICE, 2022.

The ALICE (asset limited, income constrained, employed) population represents households that earn above the federal poverty level but still struggle to afford necessary costs like housing, childcare, food, transportation and health care.²³ In Hillsborough County, 31.0% of households are ALICE households.

Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost-burdened — spending a disproportionate share of their income on rent

or mortgage payments. In Hillsborough County, 37.4%²⁴ of low-income households currently spend 50.0% or more of their income on housing costs alone.²⁵

Additionally, the median home value²⁶ in Hillsborough County is \$333,300²⁷ slightly higher than the state median of \$325,000 — which can still be out of reach for many working families. The disconnect between wages, rental costs and homeownership opportunities highlights the affordability challenges faced by many Hillsborough County residents.

Internet access is essential for employment, education, health care (including telehealth) and civic participation. In Hillsborough County, 4.7% of households lack internet access, slightly below the state's overall percentage of households without internet access (6.8%).²⁸ Limited connectivity can disproportionately impact rural communities, low-income families and older adults.²⁹

To afford a modest two-bedroom rental home in Hillsborough County without being housing cost-burdened, a full-time worker must earn

\$35.60 per hour

At the current minimum wage of \$12/hour, a worker would need to work over 118 hours per week just to afford rent in Hillsborough County.

21. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

22. Kilduff (PRB), 2022.

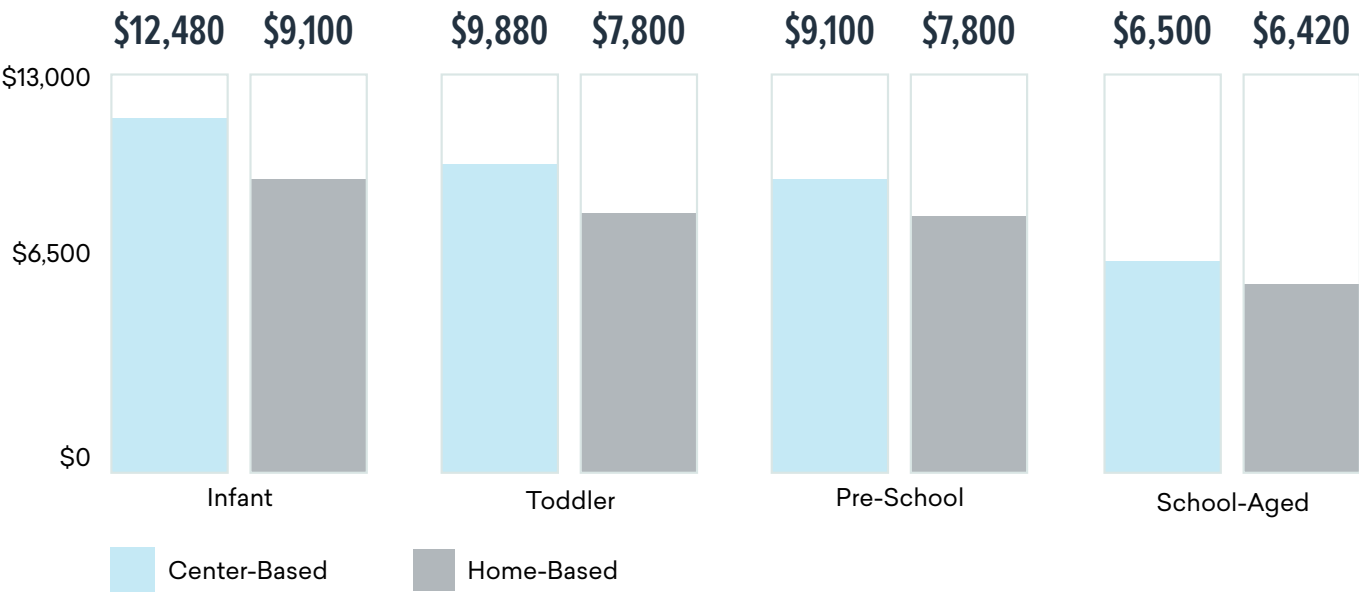
23. United for ALICE, n.d. About Us — Meet ALICE.

24, 25, 26, 27, 28. U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

29. Turcios (SAMHSA), 2023.

Childcare remains a critical yet costly need for working families in Hillsborough County. Center-based infant care costs \$12,480 annually, with home-based options having a cost of \$9,100 annually. Although childcare costs decline with age, even school-aged care costs \$6,500 annually for center-based programs. For families already navigating tight budgets – especially those classified as ALICE or low-income – these expenses represent a substantial portion of household income.

Exhibit 25: Annual Childcare Costs by Age and Type, 2022



Source: Women’s Bureau, 2025. The Price of Childcare by County, 2022.

To put this in context, the median household income in Hillsborough County is \$75,011 annually.³⁰ A family spending approximately \$22,212 per year on housing³¹ and \$9,100 on infant childcare³² would be left with just \$43,699 for all other essentials, including food, transportation, health care, utilities and emergencies. This narrow margin leaves little room for unexpected expenses or savings, underscoring how the rising cost of living can threaten household stability even among working families.

Combined with high rates of internet inaccessibility and limited affordable options for childcare, these conditions highlight the need for targeted support to improve financial security and promote equitable access to opportunity. Addressing these economic barriers is essential for improving overall health and well-being across the Hillsborough County community.

30. U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

31. NLIHC, 2024. Out of Reach: Florida.

32. Women’s Bureau, 2025. The Price of Childcare by County, 2022.

Key qualitative findings

When discussing economic stability, stakeholder interviews and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



Economic stability was at the root of many issues that participants discussed in focus groups and stakeholder interviews. The affordable housing crisis is leading to increased levels of homelessness, including veterans and seniors. With rising housing costs, community members have less money to spend on other basic needs, such as food, health care, transportation and childcare. Families are often impacted by financial hardships.



“When I think of how you define health, I think economic stability. We need some stability and we’re not seeing that. I see a lot of people challenged with economics. Most people who come through our facility work full-time or sometimes two jobs and still can’t make ends meet.”

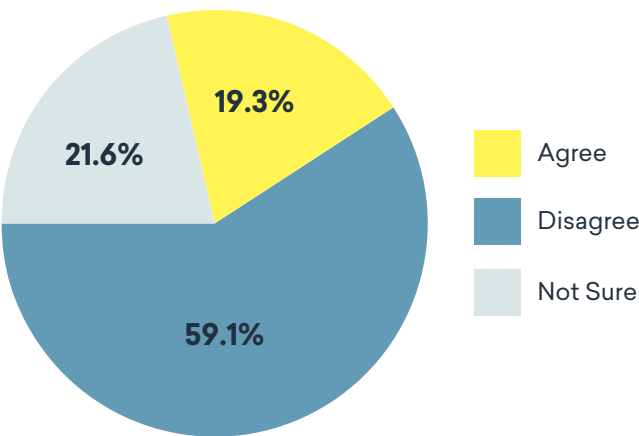
— Stakeholder Interview

Key community survey findings

This section presents community survey respondents’ perceptions related to the economic well-being of the community. It includes answers to questions asking community members to identify what they believe are important to improve the quality of life, living conditions and ability to meet their basic needs, such as livable wage jobs, housing, utilities and food. The findings are examined across income groups, race and ethnicity to better understand disparities.

Exhibits 26 through 30 present respondents’ opinions on the availability of livable wage jobs, with results analyzed by income level, race and ethnicity. When asked whether they agreed with the statement “There are plenty of livable wage jobs available,” nearly 59.1% of respondents disagreed.

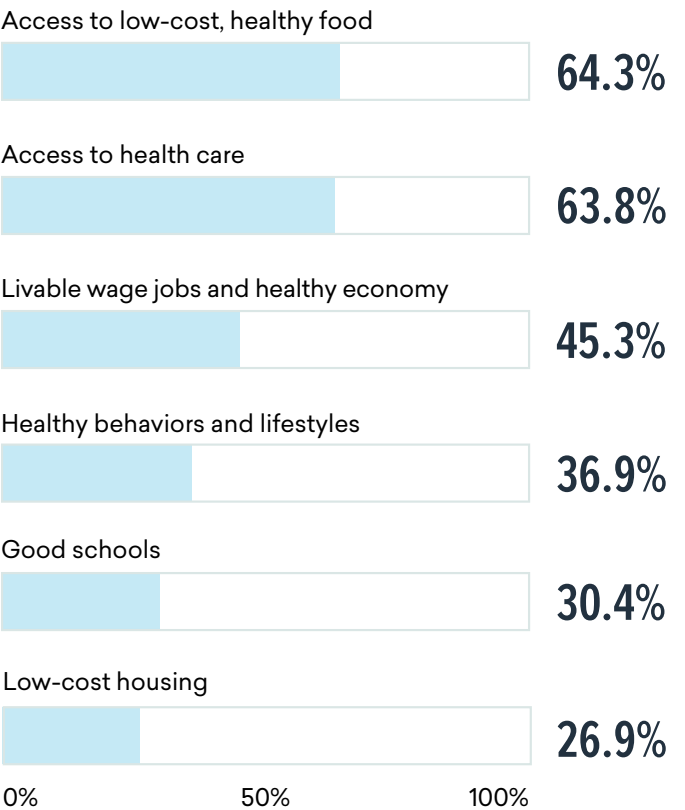
Exhibit 26: There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



Nearly half of the respondents (45.3%) identified livable wage jobs and a healthy economy as one of the most important areas to address to improve the quality of life in the community. This issue also ranked among the top five priorities. Additionally,

26.9% of respondents indicated that access to low-cost housing is another important issue that needs attention. Moreover, access to low-cost, healthy food (64.3%); access to health care (63.8%); and livable wage jobs and healthy economy (45.3%) are ranked by respondents as the top three most important factors to improve the quality of life in the community.

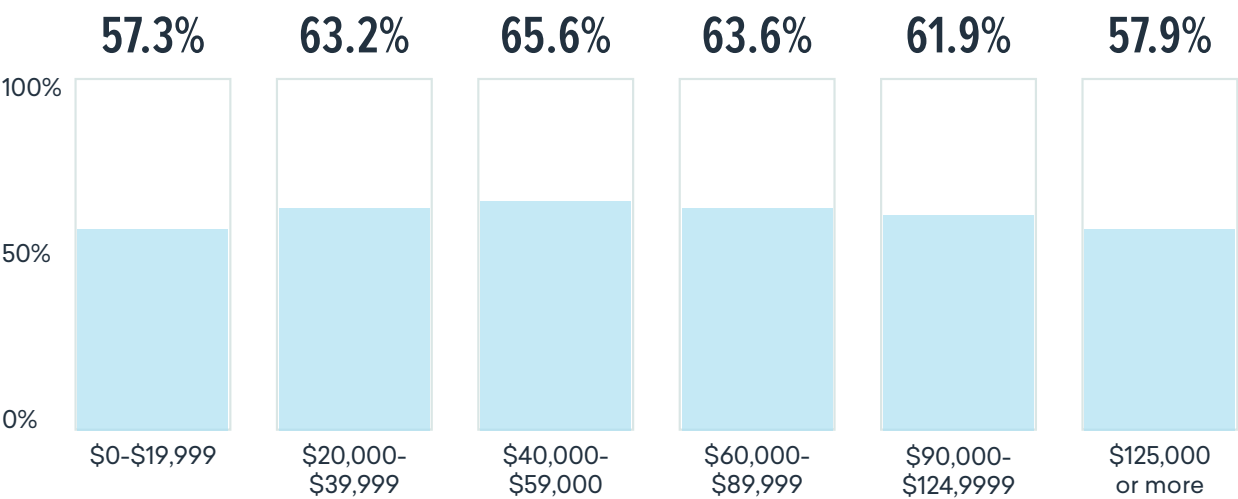
Exhibit 27: Please Read the List Below. Which Do You Believe Are the 5 Most Important Factors to Improve the Quality of Life in a Community?³³



33. The top five most important factors along with “low-cost housing” are presented in the exhibit. For the complete list, please refer to the Appendices.

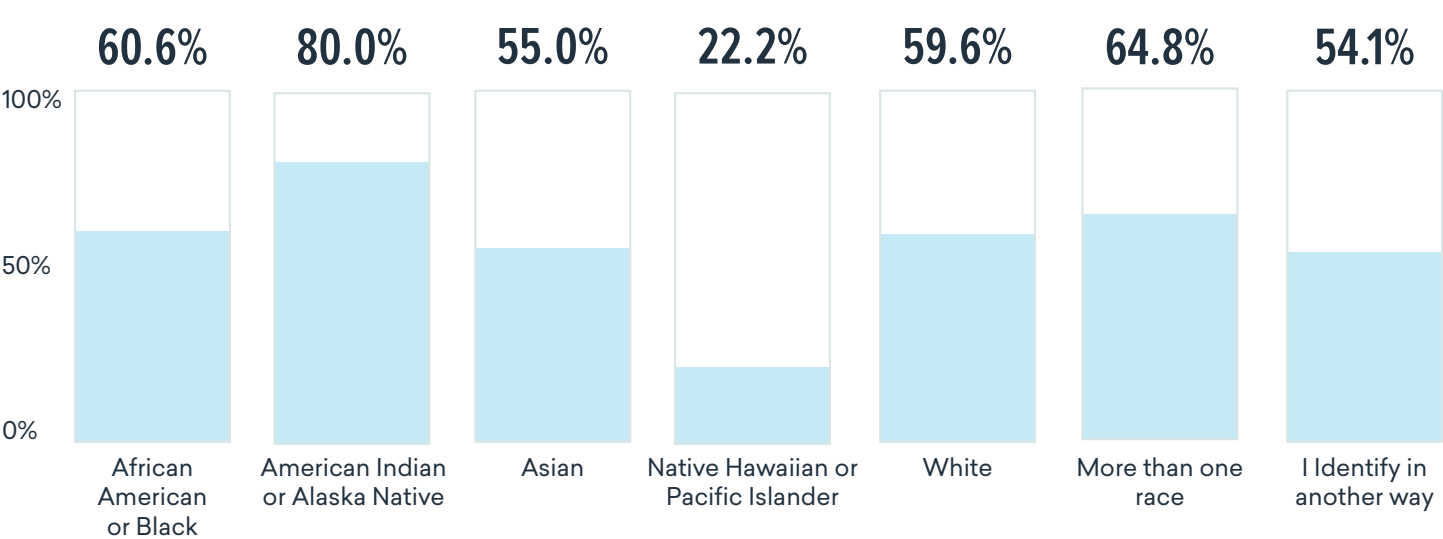
Across all income brackets, more than half of respondents expressed disagreement that there are livable wage jobs available. Respondents with household income between \$40,000 and \$59,999 expressed the highest level of disagreement with the statement (65.6%), followed by respondents with household income between \$60,000 and \$89,999 (63.6%).

Exhibit 28: Disagree by Income – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



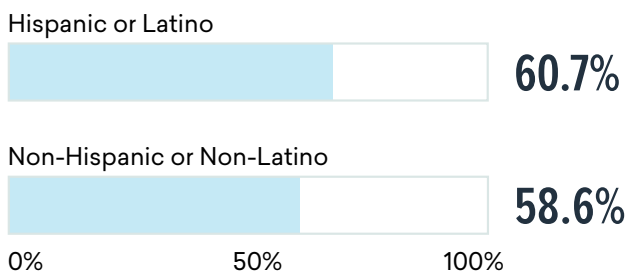
A majority of respondents from each racial group disagreed with the statement, with 80.0% of American Indian or Alaska Native respondents expressing disagreement, the highest among all groups, followed by individuals identifying as multiracial (64.8%).

Exhibit 29: Disagree by Race – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



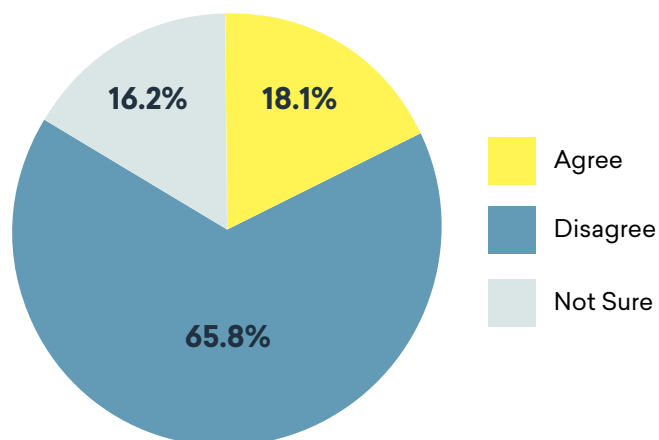
More than 60.0% of respondents who are Hispanic or Latino disagreed with the statement and 58.6% of non-Hispanic or non-Latino respondents disagreed with the statement.

Exhibit 30: Disagree by Ethnicity – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



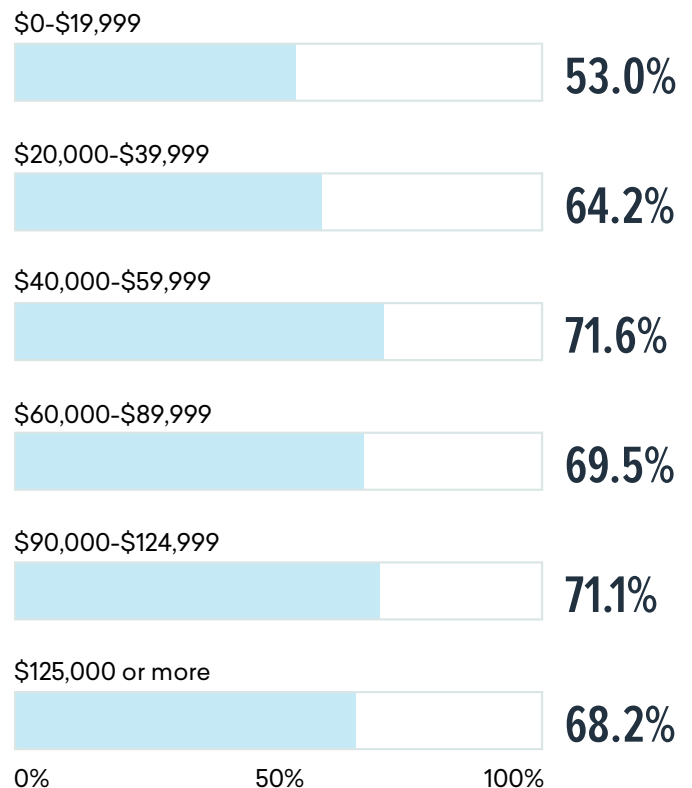
Exhibits 31 through 34 present respondents' opinions on an affordable place to live, with results analyzed by income level, race and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community", 65.8% of respondents disagreed.

Exhibit 31: There Are Affordable Places to Live in My Community



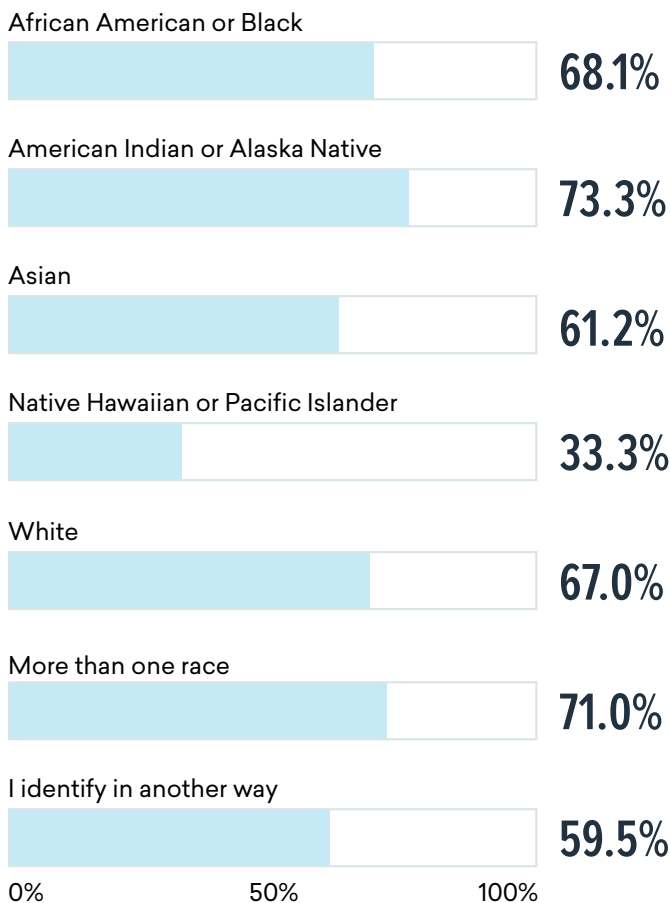
Across all income brackets, more than half of respondents expressed disagreement with the statement "There are affordable places to live in my community." Respondents with household income between \$40,000 and \$59,999 expressed the highest level of disagreement (71.6%), followed by respondents with household income between \$90,000 and \$124,999 (71.1%).

Exhibit 32: Disagree by Income – There Are Affordable Places to Live in My Community



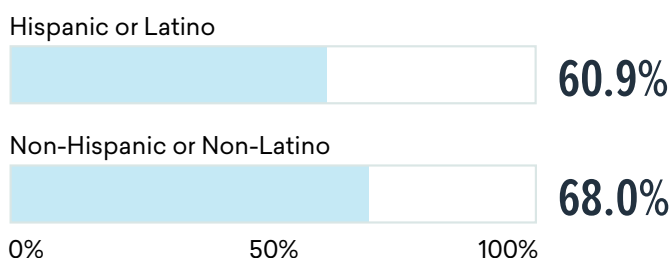
A majority of respondents from each racial group disagreed, with 73.3% of American Indian or Alaska Native respondents expressing disagreement, the highest among all groups, followed by multiracial respondents (71.0%).

Exhibit 33: Disagree by Race – There Are Affordable Places to Live in My Community



Additionally, more than 60.0% of respondents who are Hispanic disagreed with the statement (60.9%), and 68.0% of respondents who are non-Hispanic expressed disagreement.

Exhibit 34: Disagree by Ethnicity – There Are Affordable Places to Live in My Community



Exhibits 35 and 36 present a series of questions related to housing security. Approximately 12.7% of respondents reported being worried or concerned that they might not have a stable place to stay in the next two months. Additionally, 4.8% of respondents stated that in the past 12 months utility companies had shut off their services due to unpaid bills.

Exhibit 35: Are You Worried or Concerned that in the Next 2 Months You May Not Have Stable Housing That You Own, Rent or Stay?

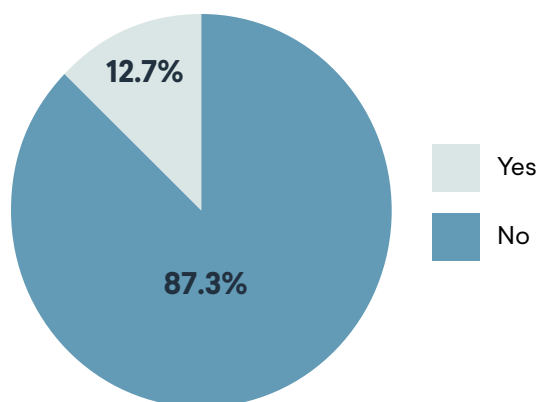
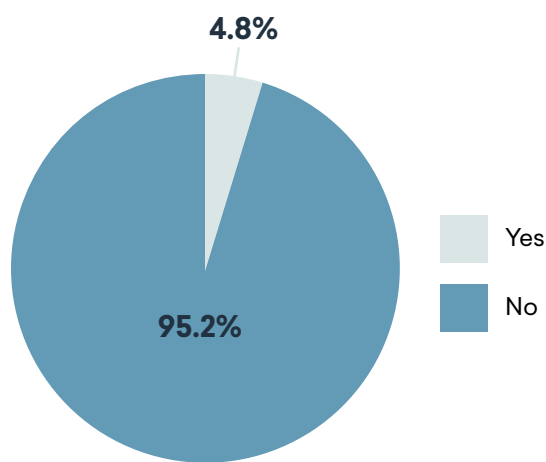


Exhibit 36: In the Past 12 Months, Has Your Utility Company Shut Off Your Service for Not Paying Your Bills?



EXERCISE, NUTRITION AND WEIGHT

Engaging in regular physical activity offers both immediate and long-term health benefits. It can enhance brain function, strengthen bones and muscles, and improve the ability to carry out daily tasks. Proper nutrition also is a vital component to healthy well-being at every stage of life.

— CDC, 2024

Key secondary data findings

The child food insecurity rate in Hillsborough County is 17.2%, considerably higher than the adult food insecurity rate of 14.0%. This means that one in five children may not have consistent access to enough food to support an active, healthy life. Food insecurity can negatively affect physical development, academic performance and mental health in children, and it often coexists with poor nutritional quality and increased risk of obesity.³⁴

Exhibit 37: Food-Insecure Individuals by Age, 2023



Source: Feeding America, Map the Meal Gap, 2022.

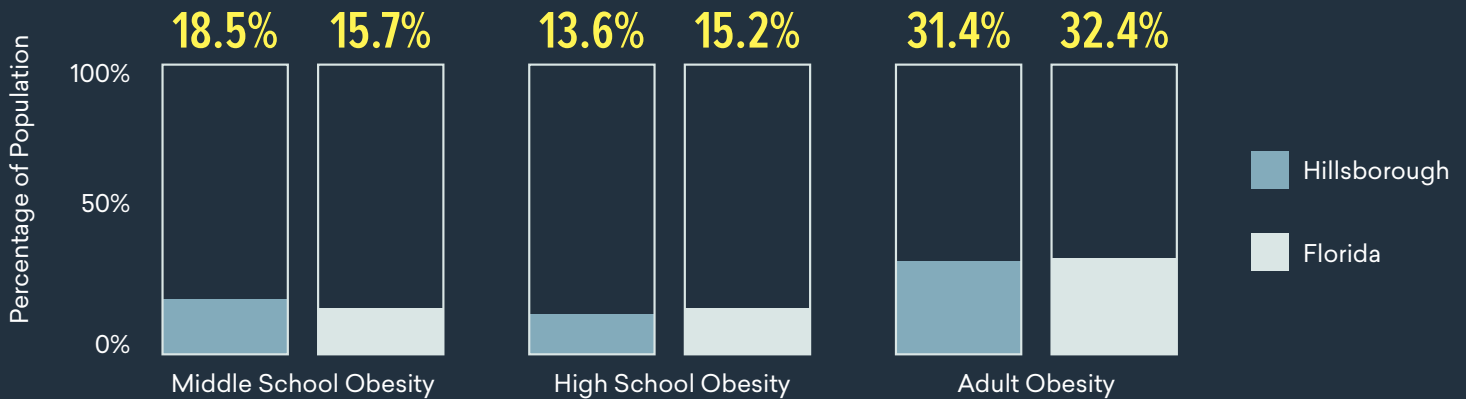
Weight-related health concerns are prevalent across all age groups in Hillsborough County. As shown in Exhibit 38, one in three adults and more than one in six adolescents are obese. These rates are concerning, as excess weight is associated with increased risk for chronic conditions, such as heart disease, diabetes and certain cancers.³⁵ Among young people, being obese can also lead to social stigma, lower self-esteem and the early onset of health problems previously seen only in adults.³⁶

34. Feeding America, n.d. Child Hunger Facts.

35. NIDDK, 2023. Health Risks of Overweight & Obesity.

36. Balasundaram, P., Krishna, S. (NIH), 2023.

Exhibit 38: Hillsborough County Adolescent and Adult Obesity, 2022



Source: FLHealthCHARTS, n.d.

Additionally, 54.1% of elementary school students in Hillsborough County are eligible for free or reduced-price lunch, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs.³⁷ At the household level, 13.1% of Hillsborough County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a slightly higher proportion than both the Florida state average (12.6%) and the national average (11.8%).³⁸

These figures highlight ongoing challenges related to food access and affordability — issues that not only affect dietary habits but also influence energy levels, physical activity and long-term health outcomes.³⁹ Lower-income families may struggle to access fresh, healthy food or safe places to exercise, compounding the risk of obesity, diabetes and other chronic conditions.^{40, 41}

37. FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

38. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

39. and 40. CDC, 2023. Healthy Food Environments.

41. ODPHP, n.d. Access to Foods.

Key qualitative findings

When discussing exercise, nutrition and weight, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Stakeholder interview and focus group participants shared that residents in Hillsborough County experience financial and physical barriers to engaging in healthy behaviors. They identified economic stability as a key factor that can impact diet quality and activity levels. They noted that individuals living in rural communities have limited transportation and affordable local healthy food options, and people with low or fixed incomes have financial barriers to maintaining physical health.

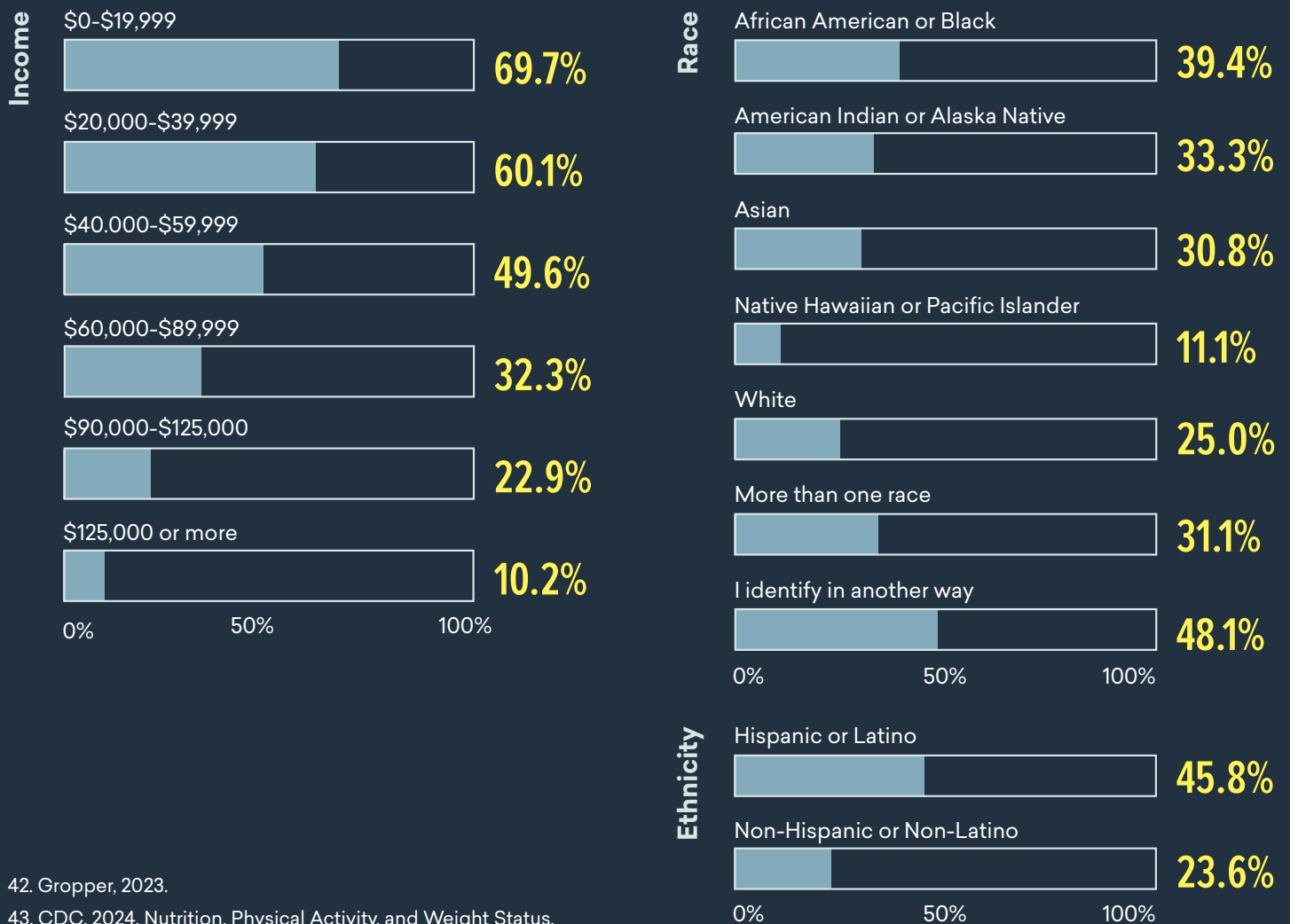
“Depending on where you live, it’s sometimes up to 15 miles for a person to get low-cost health foods.”
— Stakeholder Interview

Key community survey findings

This section presents respondents' perceptions from the community survey related to nutrition, food access and weight. These three factors, if not well maintained, can increase the risk of obesity, type 2 diabetes, heart disease and cancer.⁴² This includes eating the recommended fruits and vegetables and getting enough exercise. Understanding a community's barriers to maintaining a healthy diet and lifestyle can help prevent poor long-term health outcomes.⁴³

In Hillsborough County, 30.2% of respondents reported that they had experienced food insecurity. Among the different income groups, as income increases, food insecurity decreases. Respondents who identify their race in another way experienced the highest food insecurity (48.1%), followed by those who identified as African American or Black (39.4%). Native Hawaiian or Pacific Islanders experienced the lowest food insecurity (11.1%). Respondents who are Hispanic or Latino experienced higher food insecurity (45.8%) compared to non-Hispanic or non-Latino (23.6%).

Exhibit 39: Food Insecurity by Income, Race and Ethnicity



42. Gropper, 2023.

43. CDC, 2024. Nutrition, Physical Activity, and Weight Status.



Exhibits 40 through 43 presented respondents with a series of questions about their access to food. Nearly one-quarter of respondents reported that it was often true or sometimes true that they worried their food would run out before they had money to buy more (25.7%) and that the food they bought did not last and they lacked the money to get more (23.8%). Additionally, 14.8% of respondents reported receiving emergency food from a church, food pantry, food bank or soup kitchen in the past 12 months. While 64.1% agreed that it is easy to get healthy food, 28.9% disagreed with this statement.

Exhibit 40: I Worried About Whether Our Food Would Run Out Before We Got Money to Buy More

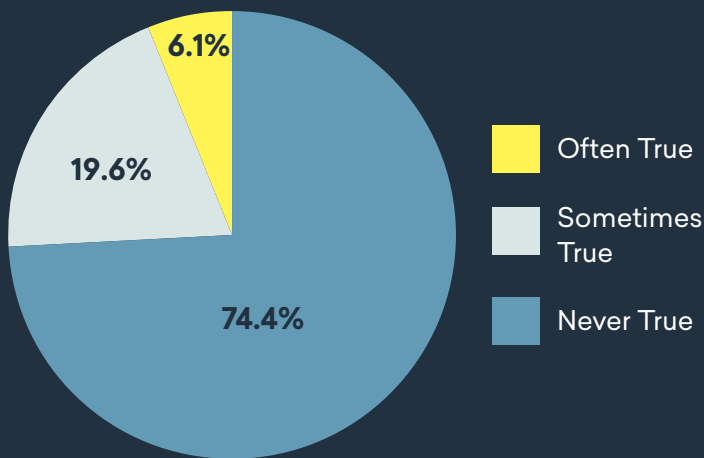


Exhibit 41: In the Past 12 Months, the Food That We Bought Just Did Not Last, and We Did Not Have the Money to Get More

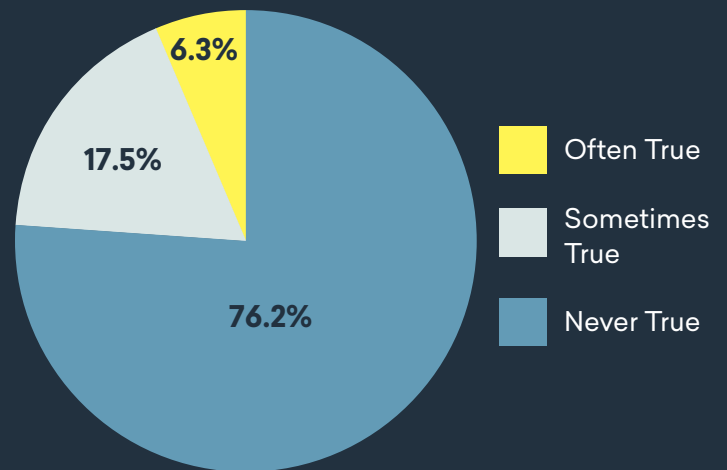


Exhibit 42: Did You Ever Get Emergency Food from a Church, Food Pantry or Food Bank, or Eat in a Soup Kitchen?

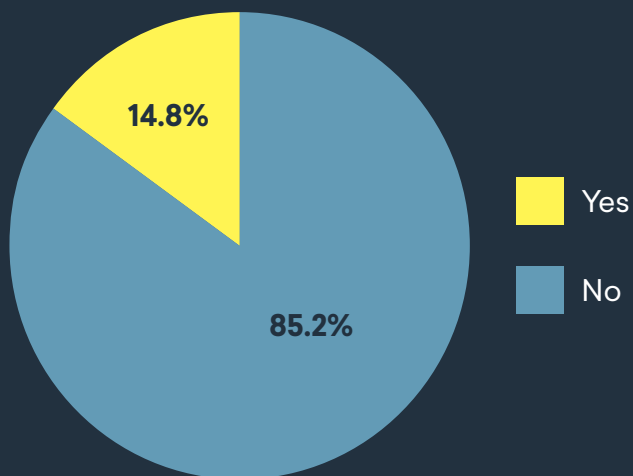
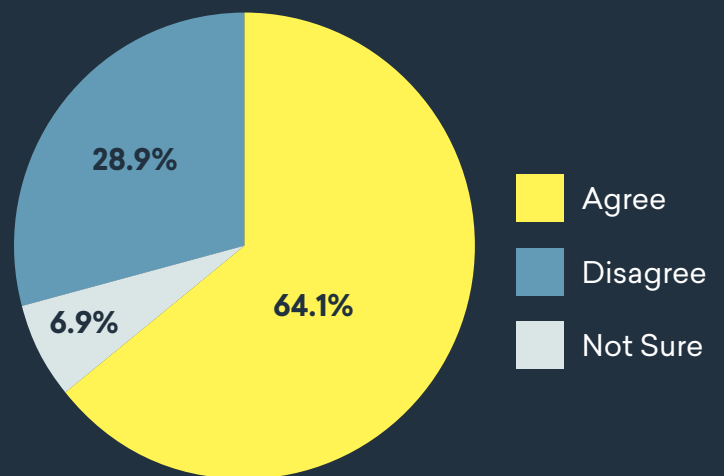


Exhibit 43: I Am Able to Get Healthy Food Easily



NEIGHBORHOOD AND BUILT ENVIRONMENT

The neighborhood and built environment of Hillsborough County plays a crucial role in shaping residents’ health and quality of life. This domain includes access to transportation, availability of healthy foods, safe places to walk or bike, and other infrastructure features of the community. These factors can either enable healthy lifestyles or create barriers — often with the greatest impact on vulnerable or low-income populations.

— ODPHP, n.d.

Key secondary data findings

The way people commute to work in Hillsborough County varies significantly: 9.8% of workers drive alone to work, much less than the state or national average. Also, 23.1% of people use public transportation, which is far higher than the entire state of Florida (1.2%) and the U.S. (3.5%).⁴⁴

Exhibit 44: Means of Transportation to Work, 2023

	Hillsborough County	Florida
Worked at Home	4.5%	13.3%
Walked	5.9%	1.3%
Bicycle	25.4%	0.5%
Carpooled	17.3%	8.7%
Drove Alone	9.3%	73.3%
Public Transportation	23.1%	1.2%
Other	14.0%	1.7%

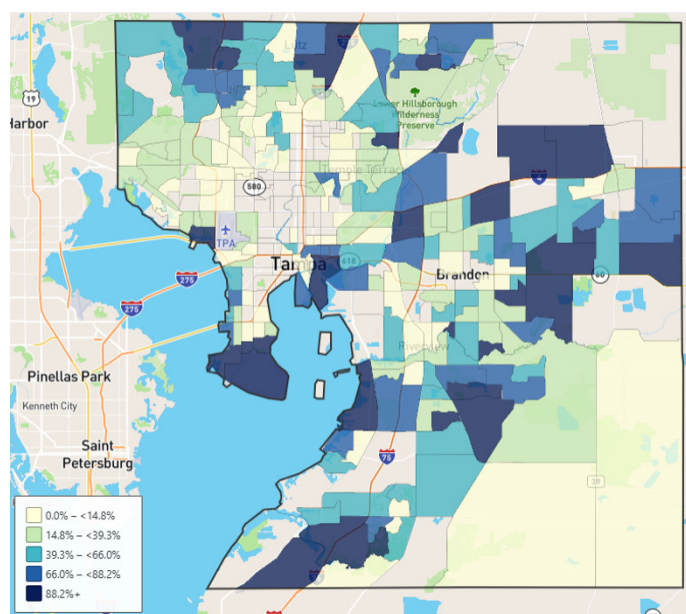
Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

The average commute in Hillsborough County is 28.7 minutes, slightly less time than most other counties.⁴⁵ Although only 5.8% of households don’t have a vehicle, those without cars face big challenges in getting to work, stores and health care.⁴⁶

44, 45 and 46. U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

Several areas in Hillsborough County are considered “food deserts” — places where people live far from full-service grocery stores or places to buy fresh food (Exhibit 45). According to the USDA, much of this need is concentrated in East Tampa, Brandon, Riverview and parts of South County. When healthy food isn’t close by, people may have to rely on convenience stores or fast food, which can increase the risk of obesity, diabetes and other health issues.⁴⁷

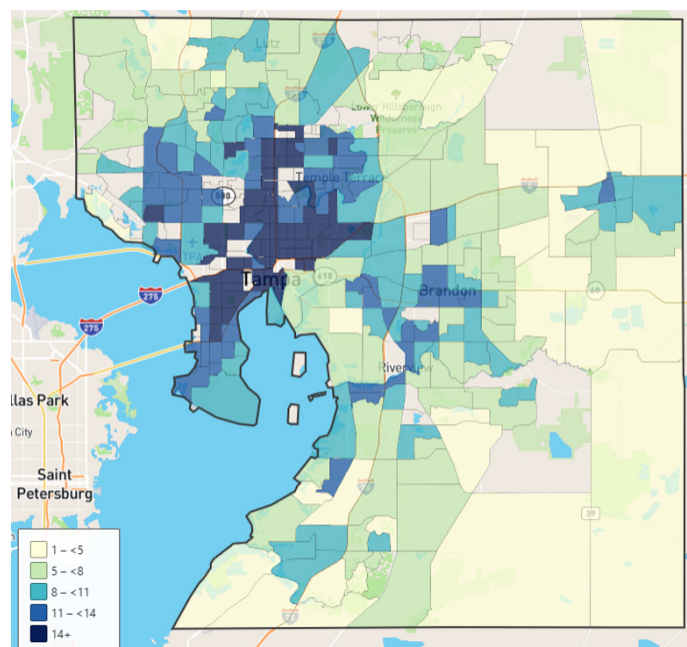
Exhibit 45: Distance from Source of Healthy Food, 2019



Source: USDA ERS, n.d. FARA, 2019.

In Hillsborough County, walkability is generally high in many areas. According to the EPA's 2021 National Walkability Index, higher walkability scores (shown in dark blue) are concentrated throughout much of the central urban areas, especially in and around Tampa. These areas tend to have more sidewalks, nearby destinations and infrastructure that supports walking as a mode of transportation. However, some neighborhoods — especially in the eastern regions of the county — have lower walkability scores (lighter colors), suggesting that residents in those areas may be more dependent on cars as their primary means of transportation.

Exhibit 46: National Walkability Index, 2021



Source: EPA, n.d.

47. CDC, 2024. Healthy Food Environments.

Key qualitative findings

When discussing neighborhoods and the built environment, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Heath Needs Assessment.



Participants described Hillsborough County as containing both rural and metropolitan areas, giving it a diverse built environment. Throughout both areas, transportation and housing were identified as key needs. Many participants shared that housing costs continue to rise, and this increase can have direct impacts on physical and financial access to resources.

Key community survey findings

This section explores respondents’ perceptions about how environmental and climate-related issues may impact their health, such as air and water quality, extreme weather, and other environmental factors shaped by the neighborhood and built environment.

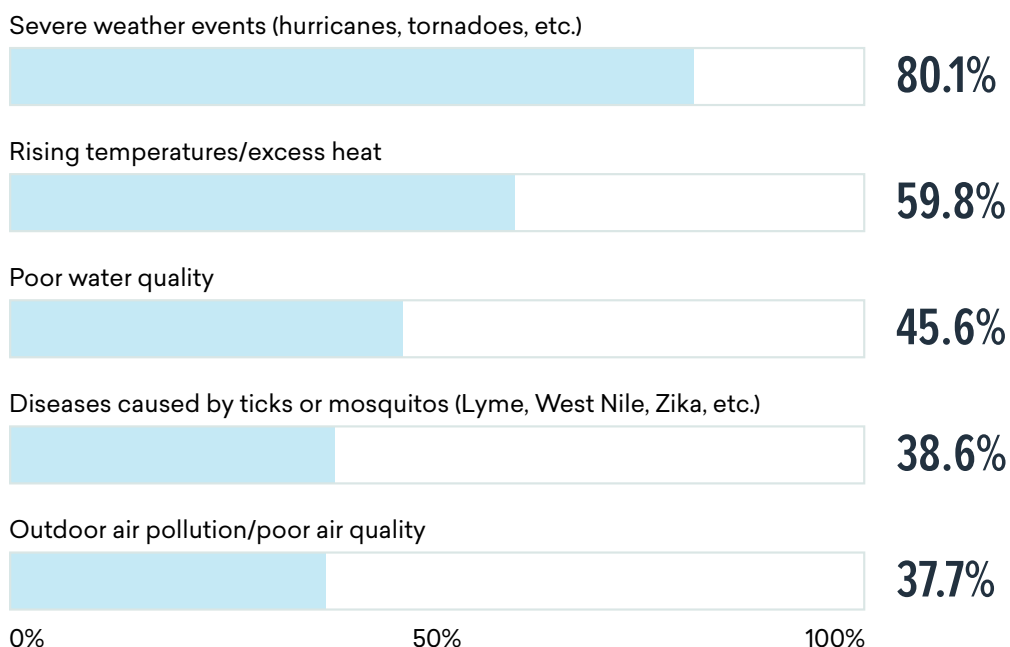
Nearly 80.1% of survey respondents expressed concern about severe weather events, such as hurricanes or tornadoes, impacting their health. This was followed by 59.8% who are concerned that rising temperatures or extreme heat could impact their health. Poor water quality ranked as the third most concerning environmental issue, with 45.6% of respondents worried about its potential effects on their health.



“I think the affordable housing crisis has had a domino effect on our communities. With rents increasing by 100%, we’re seeing people experiencing homelessness for the first time. ... When you don’t have a stable place to live, it’s hard to get your children to school, for parents to maintain jobs. When you aren’t able to meet your basic needs, your health care isn’t priority. Both communities have a public transportation system but it’s insufficient. We do have rural areas with no transportation and are food deserts and social service deserts.”

— Stakeholder Interview

Exhibit 47: Are You Concerned About Any of the Following Environmental or Climate-Related Concerns Impacting Your Health?⁴⁸



48. For the complete list, please refer to the Appendices.

Neighborhood and Built Environment

Exhibits 48 through 51 present a series of questions exploring community insights on neighborhood and environmental conditions. Responses were mixed regarding crime in the community, with an equal proportion of respondents agreeing (37.7%) and disagreeing (37.7%) that it is a problem. More than half of the respondents agreed that their neighborhoods have good sidewalks (53.1%). Although 42.7% of respondents disagreed that air pollution is a problem in their community, nearly 60.0% agreed that extreme heat is a concern (57.1%).

Exhibit 48: Crime Is a Problem in My Community

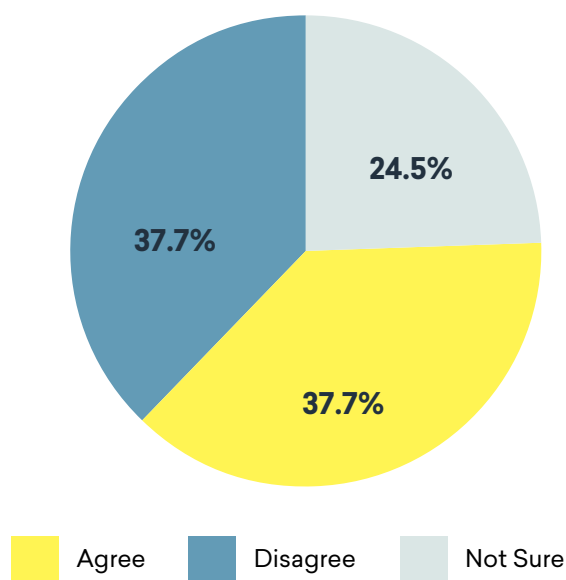


Exhibit 49: There Are Good Sidewalks for Walking Safely

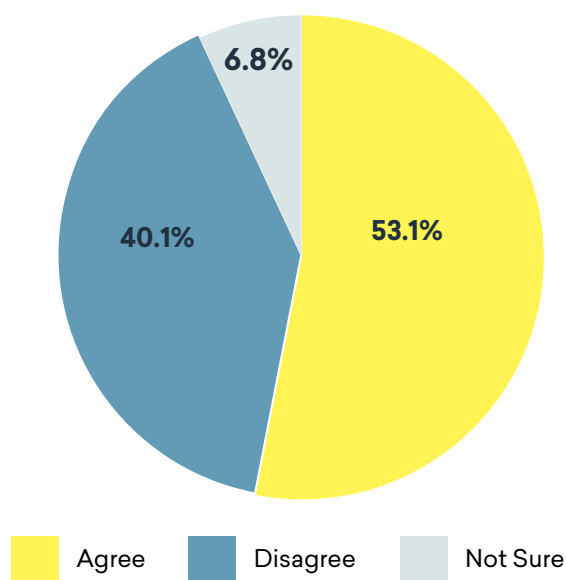


Exhibit 50: Air Pollution Is a Problem in My Community

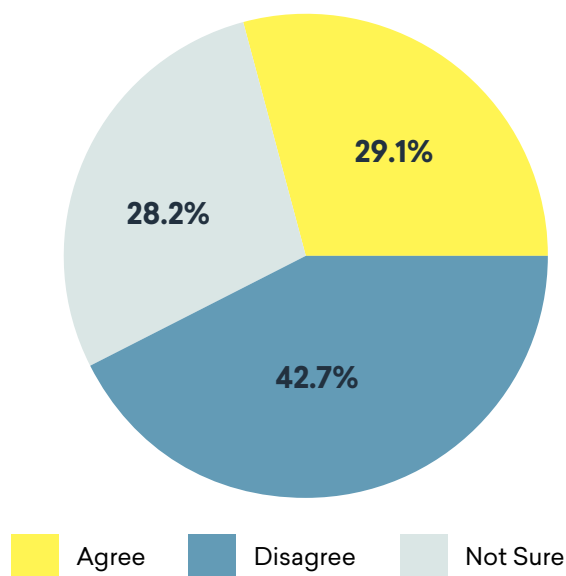
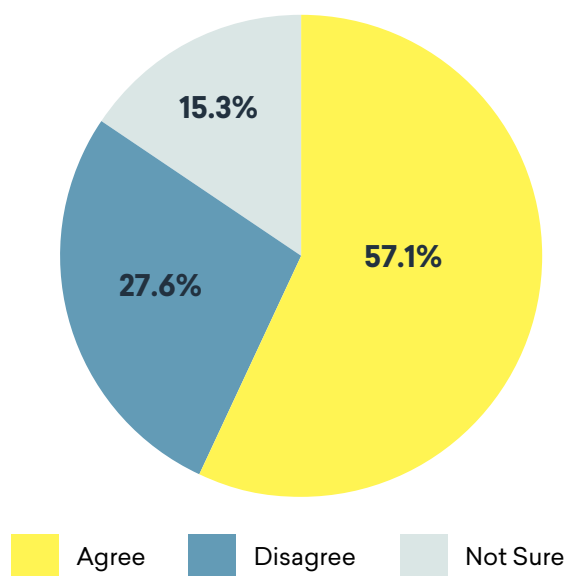


Exhibit 51: Extreme Heat Is a Problem in My Community



HEART DISEASE AND STROKE

Nationwide, heart disease is the leading cause of death. Key risk factors for heart disease include other chronic diseases and lifestyle choices, such as high blood pressure and cholesterol, smoking and alcohol use, obesity and an unhealthy diet, as well as physical inactivity, among others. A stroke, often referred to as a brain attack, happens when blood flow to a part of the brain is blocked or when a blood vessel in the brain ruptures. In both situations, areas of the brain can become damaged or die, potentially leading to permanent brain injury, long-term disability or death.

— CDC, 2024

Key secondary data findings

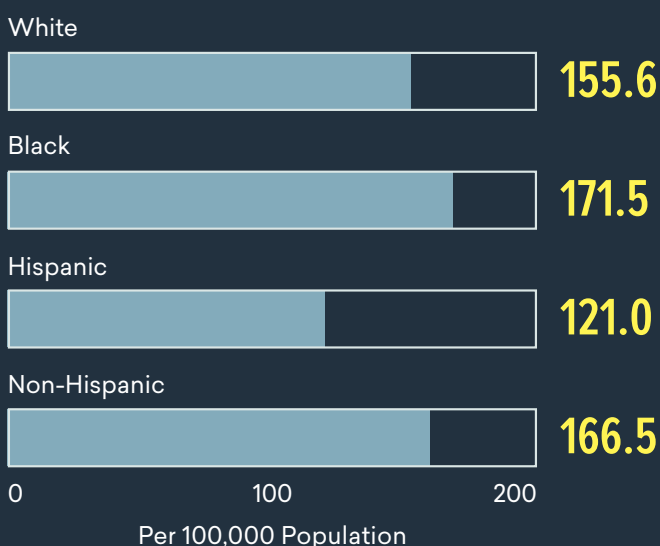
Heart disease is the leading cause of death in Hillsborough County, accounting for 148.2 deaths per 100,000 people in 2023, followed by cancer and unintentional injuries. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality and long-term disability. Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias and heart failure.⁴⁹ Many of these conditions are preventable through lifestyle changes, early detection and consistent access to health care.

In Hillsborough County, age-adjusted death rates from heart disease were highest among Black residents (171.5 per 100,000 people), followed by non-Hispanic (166.5) and White residents (155.6).

Causes of Death Top Causes (per 100,000 People)	
Heart Disease	148.2
Cancer	130.0
Unintentional Injury	66.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Exhibit 52: Age-adjusted Deaths from Heart Disease, Rate per 100,000 Population, 2021-2023



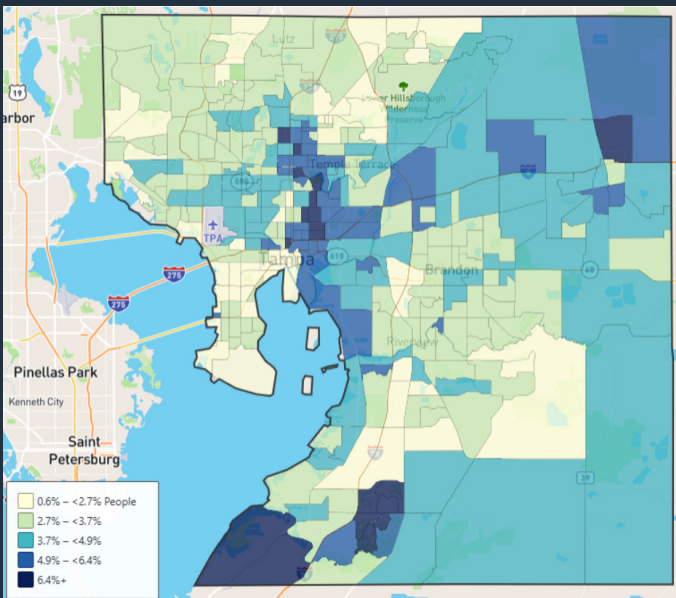
Source: FLHealthCHARTS, n.d

49. AHA, 2024. What Is Cardiovascular Disease?

Heart Disease and Stroke

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.⁵⁰ In Hillsborough County, 3.3% of adults reported having had a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.4%, signaling a need for focused prevention and support services.

Exhibit 53: Stroke Among Adults, 2022



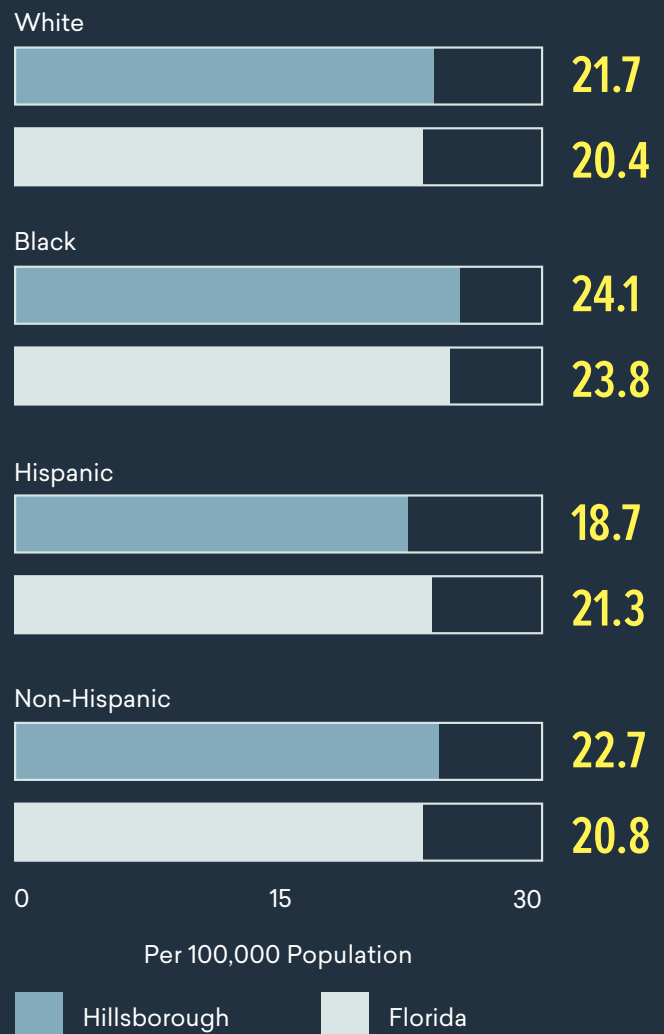
Source: CDC, n.d. BRFSS Places, 2022.

Differences in outcomes by race and ethnicity reveal important patterns in how heart disease and stroke affect the community.

Exhibit 54 shows that Hispanic residents in Hillsborough County had the lowest heart attack death rate at 18.7 per 100,000 people, slightly lower than the Florida average of 21.3 per 100,000 for Hispanic individuals. White residents in Hillsborough had a rate of 21.7, slightly above the statewide rate of 20.4. Among Black residents, the heart attack death rate was 24.1 in Hillsborough

County, also slightly higher than the state average of 23.8. Non-Hispanic residents had a rate of 22.7, compared to 20.8 across the state. Although some local rates are lower than the state average, differences across racial and ethnic groups may reflect disparities in access to early diagnosis, emergency care or follow-up treatment.

Exhibit 54: Deaths from Acute Myocardial Infarction (Heart Attack), Rate per 100,000 Population by Race, 2021-2023



Source: FLHealthCHARTS, n.d.

50. WHO, 2021. Cardiovascular Diseases.

Key qualitative findings

When discussing heart disease and stroke, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.

Heart disease and stroke	Prevention: food insecurity and low-quality diets, chronic disease and sedentary lifestyles	Low-income populations
	Insurance: Unaffordable insurance copays, limited access to specialty providers	Unhoused
	Recreation: safe, accessible areas for family recreation	Diverse communities

Participants described the risk factors in Hillsborough County that prevent residents from engaging in healthy behaviors, including high levels of food insecurity and limited food options. They shared that high copays or other financial barriers can dissuade residents from seeking primary care visits or preventative care. Participants also have safe, shared community spaces that encourage community members to engage in physical activity as an opportunity for improving the health of the community.



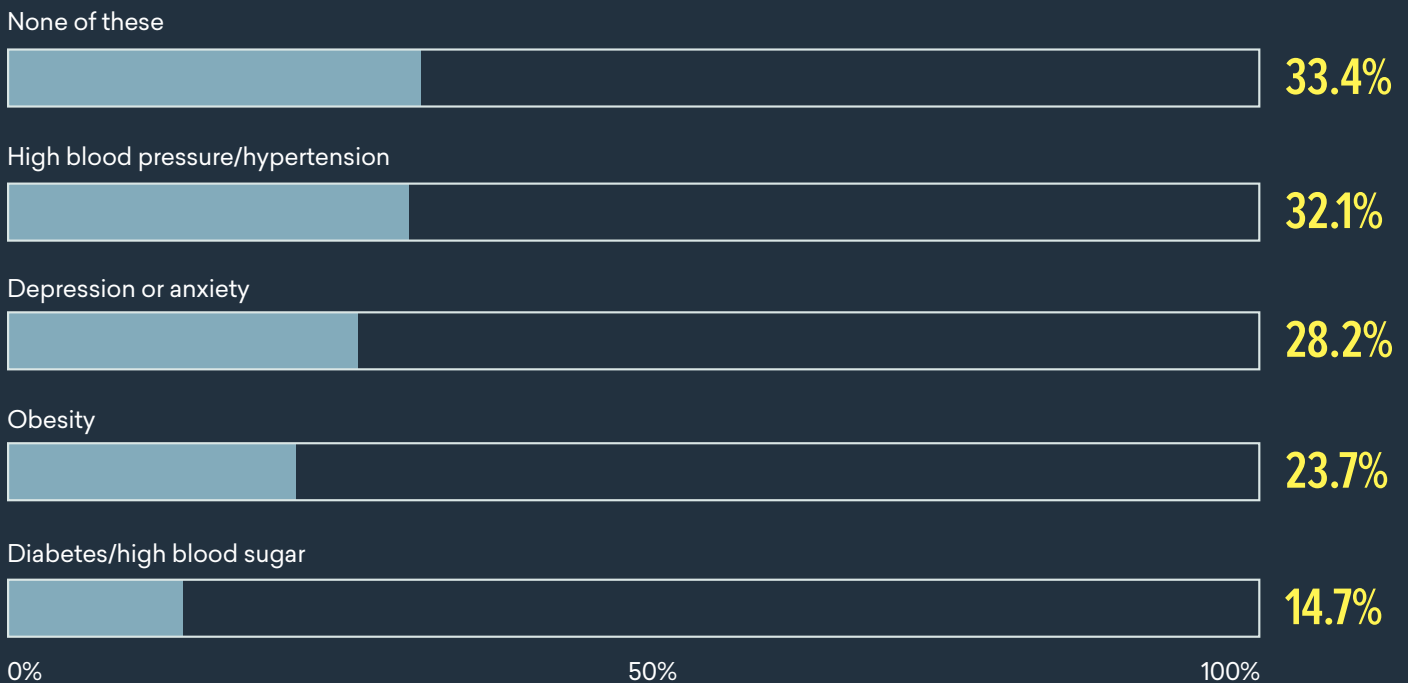
When asked, “*What services are difficult to find in your area?*”
“Safe spaces for people to get access to move their body. Nutrition education, healthy lifestyle, metabolism.”
— Focus Group Participant

Key community survey findings

This section presents community survey respondents' perceptions related to risk of heart disease and stroke, including individual and community conditions that contribute to poor cardiovascular health. These insights help us understand heart disease and stroke risks at both individual and community levels.

Approximately 32.1% of the respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension.

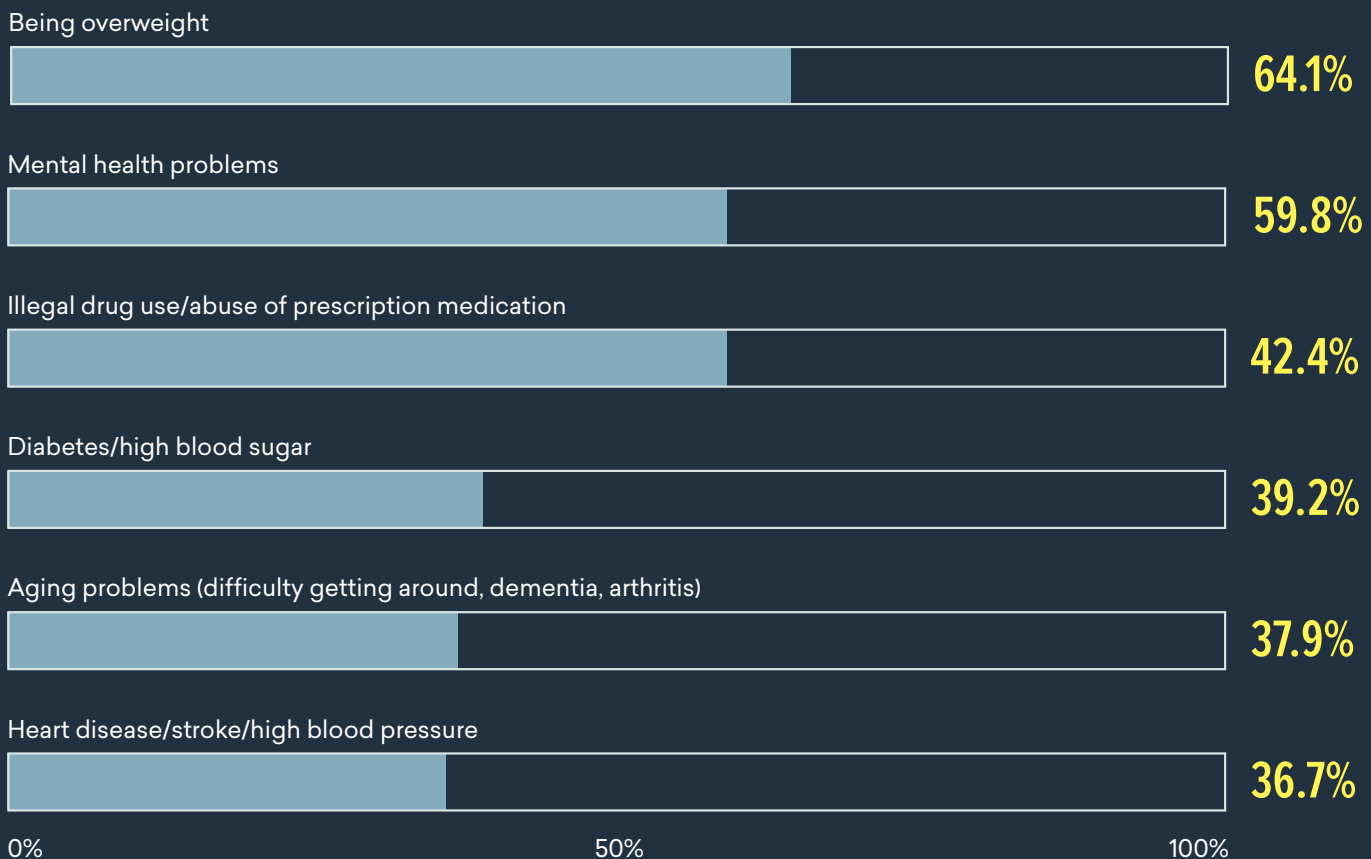
Exhibit 55: Have You Ever Been Told by a Doctor or Other Medical Provider that You Had Any of the Following Health Issues?⁵¹



51. For the complete list, please refer to the Appendices.

When asked about the most important health issue to address to improve community health, 36.7% of respondents identified addressing heart disease, stroke or high blood pressure, ranking this category sixth among the top health priorities. In addition, 64.1% of respondents identified being overweight as the number one priority, followed by mental health problems (59.8%), illegal drug use (42.4%), diabetes or high blood sugar (39.2%), and aging-related problems (37.9%).

Exhibit 56: Read the List of Factors That Contribute to Poor Health and Think About Your Community. Which of These Do You Believe Are Most Important to Address to Improve the Health of Your Community?



DENTAL

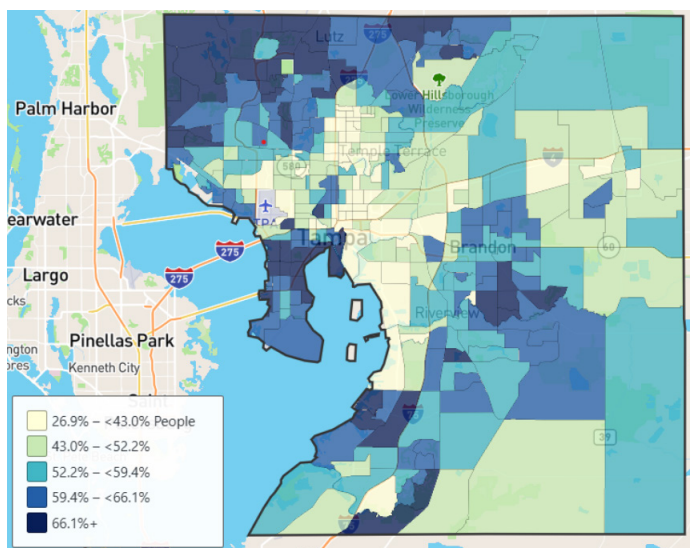
Oral health is an essential part of overall health and well-being, yet many individuals in Hillsborough County face challenges accessing timely and affordable dental care. These challenges contribute to poorer health outcomes and may lead to preventable complications that affect both physical and economic well-being.⁵²

— CDC, 2024

Key secondary data findings

In 2022, an estimated 57.4% of adults in Hillsborough County had a dental visit. In some census tracts, fewer than 30.0% of adults reported seeing a dentist, while in other areas, the percentage approached 60.0%. These differences may reflect a variety of barriers, including cost, transportation, limited provider availability and a lack of dental insurance.⁵³

Exhibit 57: Dental Visits Among Adults, 2022



Source: CDC, n.d. BRFSS Places, 2022.

52. CDC, 2024. Oral Health Facts.

53. Gupta & Vujicic (ADA HPI), 2019.

Low rates of dental visits are concerning, given Hillsborough County's shortage of dental professionals. As of 2024, there is approximately one dentist for every 1,738 residents, significantly higher than the Florida average of one dentist per 1,686 people, and the national average of one per 1,532.

Exhibit 58: Dental Care Provider Ratio (People per Provider), 2024

	Hillsborough County	Florida	United States
Dentists	1,738:1	1,686:1	1,532:1

Source: CMS, n.d. NPPES NPI, 2024.

Also, the county has fewer dental hygienists, with a rate of 53.8 per 100,000 people, compared to 63.6 per 100,000 across Florida. These provider shortages may contribute to longer wait times for appointments, delays in preventive care and reduced availability of treatment, particularly for residents in rural areas or those who are uninsured.

Exhibit 59: Dental Hygienists per 100,000 Population, 2024

	Hillsborough County	Florida
Dental Hygienists	53:8	63:6

Source: FLHealthCHARTS, n.d.

When preventive dental care is out of reach, individuals may delay treatment until conditions become severe, leading to avoidable complications that require emergency or hospital care. The rate in Hillsborough County for dental-related conditions among individuals under age 65 was 11.4 hospitalizations per 100,000 people, slightly above the statewide rate of 9.3 per 100,000 during the same period.

Exhibit 60: Preventable Hospitalizations for People Under 65 from Dental Conditions, per 100,000; Three-Year Rolling, 2020-2022

	Hillsborough County	Florida
Preventable Hospitalizations for People Under 65 from Dental Conditions	11:4	9:3

Source: FLHealthCHARTS, n.d.

From 2018 to 2023, Hillsborough County consistently reported higher rates of hospitalizations for dental conditions among residents under age 65 compared to the state average. The county’s rate declined from 15.7 per

100,000 people in 2018-2020 to 11.6 per 100,000 in 2021-2023, showing some improvement over time. However, these rates remained above the statewide average, which fell from 11.2 to 9.5 per 100,000 during the same period. Despite progress, the consistently higher rates in Hillsborough County highlight ongoing challenges in accessing timely and preventive dental care.

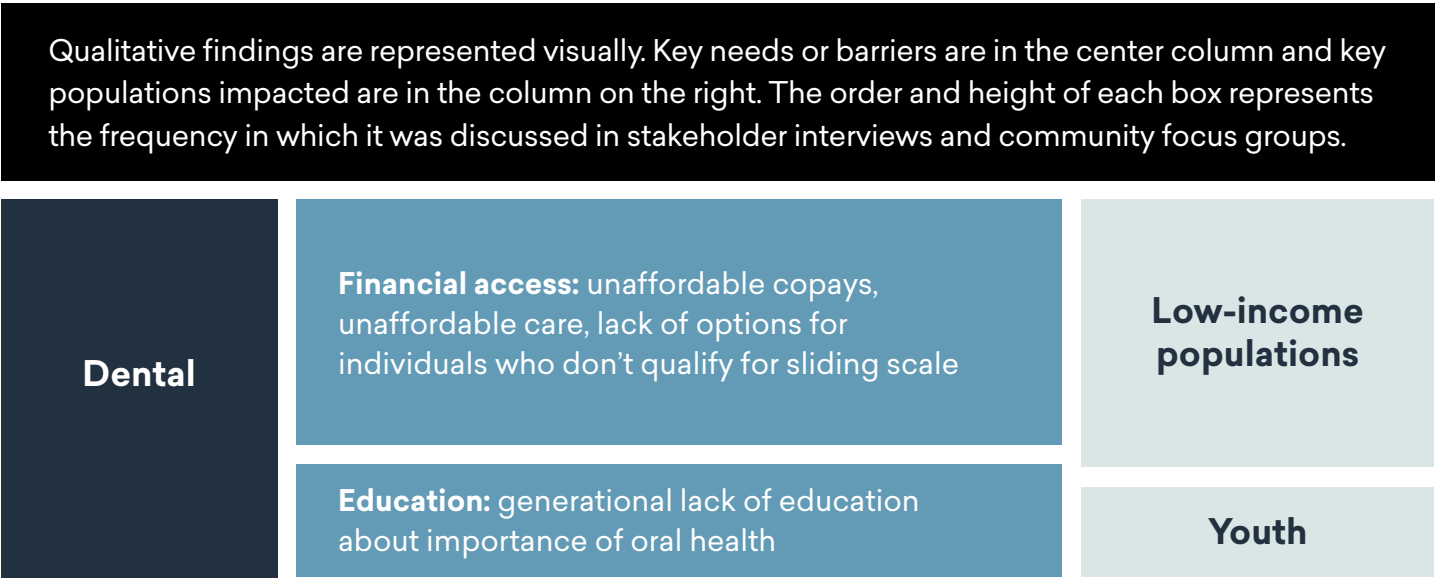
Exhibit 61: Ambulatory Care Sensitive Hospitalizations from Dental Conditions, Rate per 100,000 Population; Three-Year Rolling (0-64 Years), 2018-2023

	Hillsborough County	Florida
2021-23	11.6	9.5
2020-22	11.4	9.3
2019-21	12.8	10.1
2018-20	15.7	11.2

Source: FLHealthCHARTS, n.d.

Key qualitative findings

When discussing dental care, stakeholder interviews and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



Participants reported that community members in Hillsborough County often struggle to access dental care due to the high cost of treatment or high copays. They also identified a lack of pediatric dental care and a lack of education on the importance of dental care.

“I would say oral health is another area where we certainly have a lot of emergency room visits and things like that related to dental issues that really could have been avoided with access to dental care. And that tends to be ... cost is kind of behind that. Not necessarily just the lack of insurance, because dental insurance frankly doesn't always cover all that much and is not necessarily a good deal anyway, but it's a cost factor, I think. And then I think it's also the fear factor or even a lack of understanding why that's still important, why it's so important to overall health.”

— Stakeholder Interview

Key community survey findings

This section presents community survey respondents’ perceptions related to access and barriers to dental care. Understanding these challenges is essential for identifying gaps in dental care services and addressing unmet needs in the community.

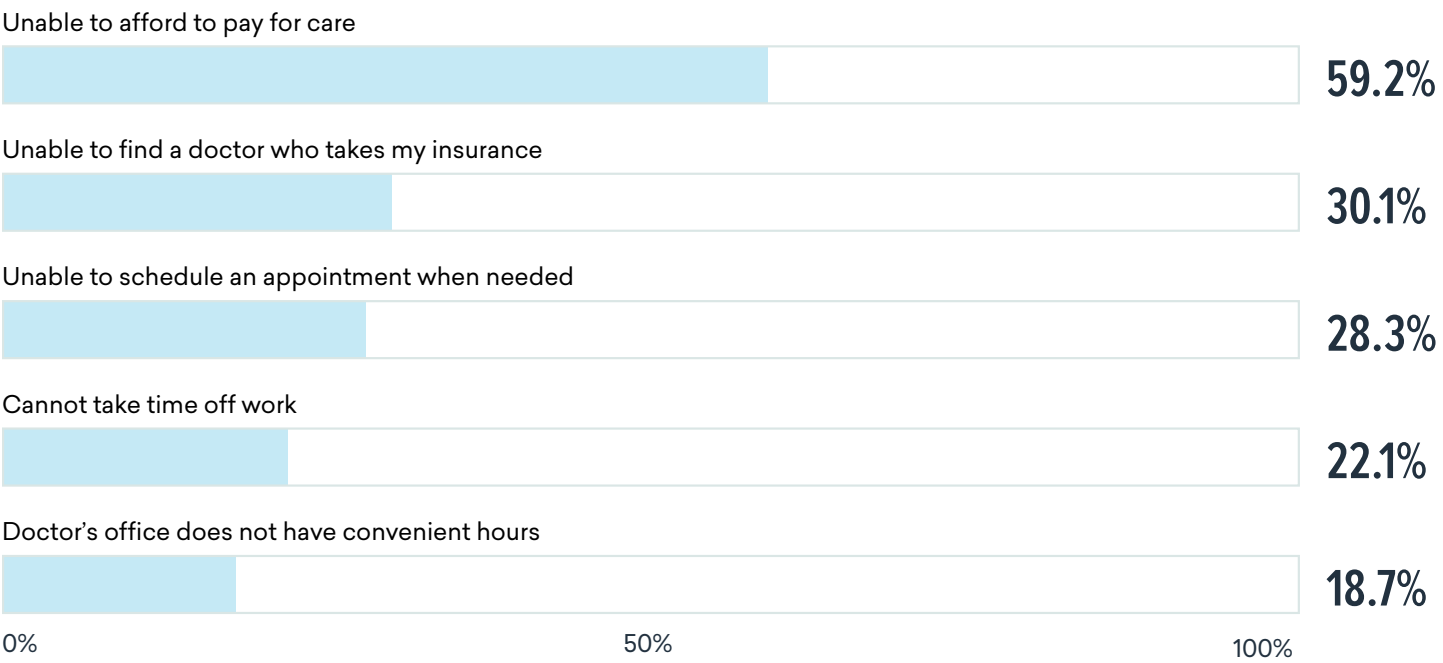
One in five respondents (19.8%) said they did not get dental care when they needed it.

Exhibit 62: Was There a Time in the Past 12 Months When You Needed Dental Care but Did Not Get the Care You Needed?



The top barriers that prevented respondents from getting the dental care they needed include being unable to afford pay for care (59.2%), followed by inability to find a doctor who takes their insurance (30.1%), unable to schedule an appointment when needed (28.3%), cannot take time off work (22.1%) and doctor’s office does not have convenient hours (18.7%).

Exhibit 63: What Are Some Reasons That Kept You from Getting Dental Care?



CANCER

Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening and treatment for everyone, supporting medically underserved communities, and enhancing the quality of life for cancer survivors.

— CDC, 2024

Key secondary data findings

Cancer continues to be a significant and persistent health concern in Hillsborough County, contributing to considerable illness and mortality. Alongside heart disease and COVID-19, it was one of the leading causes of death in the county in 2021.⁵⁴

According to the Florida Department of Health, Bureau of Vital Statistics, the three-year average for the age-adjusted cancer death rate between 2021 and 2023 was 136.4 per 100,000 people, which is higher than the statewide rate of 136.5.⁵⁵

	Hillsborough County	Florida
Cancer Death Rates (per 100,000)	136.4	136.5

Cancer affects men and women differently in Hillsborough County. From 2020 to 2022, men had a significantly higher death rate (161.6 per 100,000)

	Men	Women
Cancer Death Rates (per 100,000)	161.6	117.5

than women (117.5 per 100,000).⁵⁶ These rates may be influenced by differences in health behaviors, rates of screening, and chronic exposure to occupational or environmental risk factors.

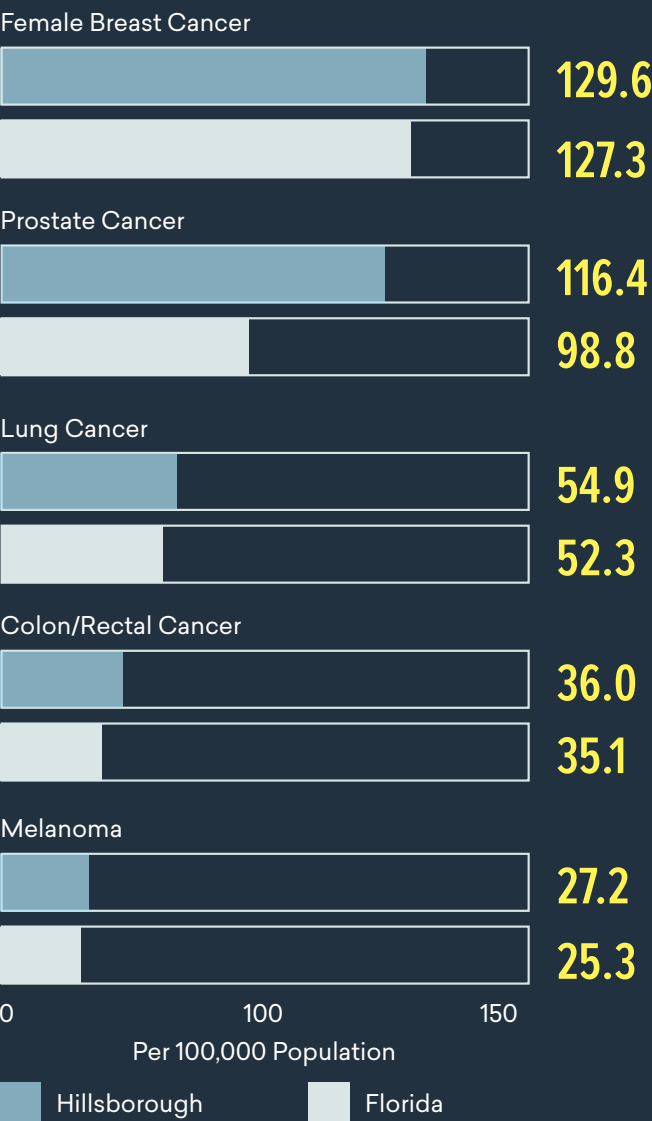
According to the Florida Department of Health, Bureau of Vital Statistics, cancer incidence rates in Hillsborough County are higher than state averages for several common cancers. The rate of female breast cancer is 129.6 per 100,000 people, compared to 127.3 per 100,000 statewide. Lung cancer occurs at a rate of 54.9 per 100,000 in the county, while the state average is 52.3. Colon and rectal cancer are reported at 36.0 per 100,000 in Hillsborough, exceeding the state rate of 35.1

54. CDC WONDER, n.d. Causes of Death, 2021.

55. FLHealthCHARTS, n.d. Deaths from Cancer, 2023.

56. FLHealthCHARTS, n.d. Deaths from Cancer, by Sex, 2022

Exhibit 64: Cancer Incidence Rate, per 100,000 Population, 2020-2022



Source: FLHealthCHARTS, n.d.

Although some cancers are highly treatable when caught early, Hillsborough County reports higher death rates than the state for prostate, breast and colorectal cancers. These differences may reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

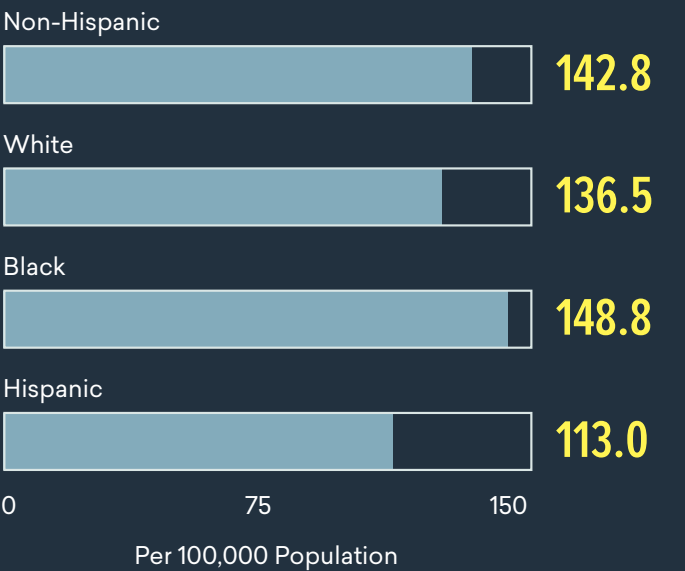
Exhibit 65: Cancer Death Rates by Type, Age-Adjusted Deaths per 100,000 Population, 2021-2023

	Hillsborough County	Florida
Female Breast Cancer	18.8	18.4
Prostate Cancer	16.7	16.6
Lung Cancer	27.9	29.6
Colon/Rectal Cancer	13.5	12.3

Source: FLHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among Black residents, 148.8, followed by non-Hispanic residents at a death rate of 142.8. Hispanic residents had the lowest rate at 113.0 per 100,000 people.

Exhibit 66: Cancer Death Rate, by Race/Ethnicity, per 100,000 Population, 2021-2023



Source: FLHealthCHARTS, n.d.

Key qualitative findings

When discussing cancer in the community, stakeholder interviews and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



Participants in stakeholder interviews and focus groups expressed concern about many community members increasing their risk for cancer either due to health behaviors or a lack of access to preventative measures, such as cancer screenings and regular primary care visits. Community members noted that long wait times, a lack of cultural competence and mistrust in the health care system can prevent people from receiving cancer treatment in a timely manner. One participant noted an increasing number of tobacco shops in the area, which impacts the accessibility of substances that can contribute to cancer risk.



“Prostate cancer is a big issue in BIPOC communities; men do not like going to the doctor.”

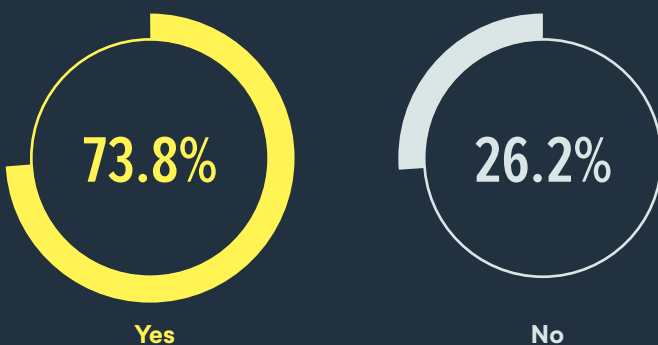
— Stakeholder Interview

Key community survey findings

This section presents community survey respondents' perceptions related to lifestyle behaviors and cancer prevention, such as responses regarding daily fruit and vegetable consumption and frequency of moderate-intensity physical activity. These insights help us to better understand the communities' perceptions on behaviors that are known as cancer risks.⁵⁷

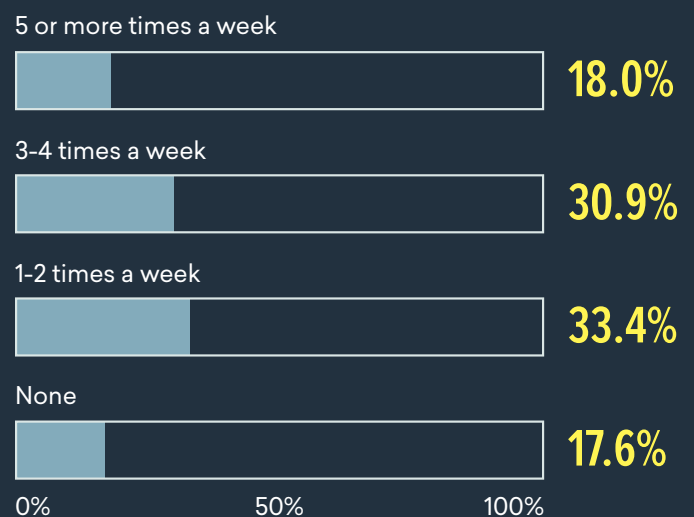
Approximately 73.8% of respondents do not eat at least 5 cups of fruit or vegetables every day.

Exhibit 67: Do You Eat at Least 5 Cups of Fruits or Vegetables Every Day?



Nearly one in five respondents (18.0%) exercise five or more times a week; more than half of the respondents (64.3%) exercise between one and four times a week. Approximately 17.6% of respondents do not exercise at all.

Exhibit 68: How Many Times a Week Do You Usually Do 30 Minutes or More of Moderate-Intensity Physical Activity?



57. Brunet et al., 2013.

CONCLUSION

Hillsborough County is a growing and evolving community. While the next three years may bring unknown challenges and opportunities, community growth requires the need for more services, providers and infrastructure to accommodate the projected population growth and social changes.

With multiple hospitals and health systems within its borders, the All4HealthFL Collaborative partners, along with their community partners, are well-suited to address some of the social drivers of health and health needs within the county.





HILLSBOROUGH COUNTY APPENDIX

**ALL4HEALTHFL 2025 COMMUNITY
HEALTH NEEDS ASSESSMENT**

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Appendix A: Secondary Data

Additional Secondary Data Tables

Domain 1: Demographics

EXHIBIT 1: SOCIOECONOMIC STATUS, 2023

	United States	Florida	Hillsborough County
Total Population	332,387,540	21,928,881	1,489,634
Population Below Poverty Level	12.4%	12.6%	13.2%
Unemployment Rate	5.2%	4.8%	4.5%
Median Household Income	\$78,538	\$71,711	\$75,011
Percent of Low-Income Households Severely Cost-Burdened	31.0%	35.9%	37.4%
No High School Diploma	10.6%	10.4%	10.4%
Uninsured Population	8.4%	11.7%	11.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 2: HOUSEHOLD CHARACTERISTICS AND MINORITY STATUS, 2023

	United States	Florida	Hillsborough County
Population Under Age 18	22.2%	19.6%	21.8%
Population Age 65 and Over	16.8%	21.1%	14.8%
Single-Parent Household	24.8%	27.4%	28.0%
Living with a Disability	12.8%	13.3%	12.0%
English Language Proficiency	8.4%	12.1%	11.9%
Racial and Ethnic Minority	41.8%	48.6%	54.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 3: HOUSING TYPE AND TRANSPORTATION, 2023

	United States	Florida	Hillsborough County
Multi-Unit Housing Structures ¹	26.7%	30.4%	28.8%
Mobile Homes	5.7%	8.2%	6.5%
No Vehicle	8.3%	5.9%	5.8%
Overcrowded Housing Units	3.4%	3.2%	3.0%
Group Quarters	2.4%	2.2%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

¹ Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing two or more housing units.

EXHIBIT 4: PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2032

	United States	Florida	Hillsborough County
Total Population (2032)	364,066,358	25,075,386	1,722,317
Total Population (2020)	331,449,281	21,538,187	1,459,762
Percent Change (2020–2032)	+9.8%	+16.4%	+18.0%
Total Population (2010)	308,745,538	18,801,310	1,229,224
Percent Change (2010–2020)	+7.4%	+14.6%	+18.8%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2020 One-year Estimates

EXHIBIT 5: MEDIAN AGE PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Hillsborough County
Median Age (2023)	38.7	42.6	37.8
Median Age (2010)	37.2	40.7	36.1
Percent Change (2010–2023)	+4.0%	+4.7%	+4.7%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 4: PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2032

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Total Population (2020)	331,449,281	21,538,187	1,459,762
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Median Age (2010)	37.2	40.7	36.1
Percent Change (2010–2023)	+4.0%	+4.7%	+4.7%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 6: POPULATION BY AGE GROUP, 2023

	United States	Florida	Hillsborough County
Under Age 18	22.2%	19.6%	21.8%
Age 18 to 64	61.0%	59.2%	63.3%
Age 65 and Over	16.8%	21.1%	14.8%
Age Under 5	5.7%	5.1%	5.8%
Age 5 to 9	6.0%	5.3%	6.1%
Age 10 to 14	6.5%	5.8%	6.3%
Age 15 to 19	6.6%	5.8%	6.4%
Age 20 to 24	6.5%	5.8%	6.4%
Age 25 to 34	13.7%	12.7%	14.9%
Age 35 to 44	13.1%	12.5%	14.1%
Age 45 to 54	12.3%	12.4%	13.1%
Age 55 to 59	6.4%	6.8%	6.4%
Age 60 to 64	6.4%	6.8%	5.8%
Age 65 to 74	10.0%	11.7%	8.9%
Age 75 to 84	4.9%	6.8%	4.3%
Age Over 85	1.9%	2.6%	1.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 7: POPULATION BY RACE (ALONE), 2023

	United States	Florida	Hillsborough County
White	63.4%	59.9%	54.8%
Black or African American	12.4%	15.3%	16.4%
Two or More Races	10.7%	16.0%	17.3%
Other Race	6.6%	5.6%	6.6%
Asian	5.8%	2.9%	4.4%
American Indian and Alaska Native	0.9%	0.3%	0.3%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 8: POPULATION BY ETHNICITY, 2023

	United States	Florida	Hillsborough County
Hispanic or Latino	19.0%	26.7%	29.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 9: POPULATION BY SEX, 2023

	United States	Florida	Hillsborough County
Females	50.5%	50.9%	50.8%
Males	49.5%	49.1%	49.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 10: LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5), 2023

	United States	Florida	Hillsborough County
English Only	78.0%	69.9%	69.7%
Spanish	13.4%	22.2%	22.8%
Asian-Pacific Islander	3.5%	1.6%	2.3%
Other Indo-European	3.8%	5.6%	3.9%
Other	1.2%	0.8%	1.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 11: FOREIGN-BORN POPULATION, 2023

	United States	Florida	Hillsborough County
Naturalized US Citizen	7.3%	12.5%	10.2%
Not a US Citizen	6.6%	8.9%	8.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 12: POPULATION LIVING WITH DISABILITY BY AGE, 2023

	United States	Florida	Hillsborough County
Age Under 5	0.7%	0.6%	0.3%
Age 5 to 17	6.1%	6.5%	6.1%
Age 18 to 34	7.7%	7.0%	6.4%
Age 35 to 64	12.4%	11.7%	11.4%
Age 65 to 74	24.0%	22.0%	25.4%
Age 75 and Over	46.5%	43.4%	49.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 13: POPULATION LIVING WITH DISABILITY BY TYPE, 2023

	United States	Florida	Hillsborough County
Ambulatory Difficulty	6.3%	6.9%	6.1%
Cognitive Difficulty	5.1%	5.1%	4.8%
Independent Living	4.5%	4.7%	4.3%
Hearing Difficulty	3.6%	3.8%	3.1%
Vision Difficulty	2.4%	2.5%	2.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 14: POPULATION LIVING WITH DISABILITY BY RACE, 2023

	United States	Florida	Hillsborough County
American Indian and Alaska Native	15.7%	15.5%	9.0%
White	13.9%	15.1%	13.3%
Black or African American	14.5%	12.2%	11.7%
Other Race	10.0%	11.2%	11.2%
Two or More Races	10.9%	10.7%	10.9%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	1.9%
Asian	7.9%	8.8%	6.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 15: POPULATION LIVING WITH DISABILITY BY ETHNICITY, 2023

	United States	Florida	Hillsborough County
Hispanic or Latino	9.9%	10.5%	10.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Domain 2: Education

EXHIBIT 16: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE, 2023

	United States	Florida	Hillsborough County
Bachelor's Degree or Higher (2023)	35.0%	33.2%	37.2%
Bachelor's Degree or Higher (2010)	28.2%	26.0%	29.0%
Percent Change (2010–2023)	24.1%	27.7%	28.3%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019–2023 Five-year Estimates

EXHIBIT 17: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2023

	United States	Florida	Hillsborough County
Less than 9th Grade	4.7%	4.3%	4.5%
9th to 12th Grade, No Diploma	5.9%	6.1%	5.9%
High School Diploma	26.2%	27.4%	25.4%
Some College, No Degree	19.4%	18.9%	17.3%
Associate's Degree	8.8%	10.1%	9.8%
Bachelor's Degree	21.3%	20.7%	23.1%
Graduate Degree	13.7%	12.5%	14.0%

Source: U.S. Census Bureau American Community Survey 2019–2023 Five-year Estimates

EXHIBIT 18: EDUCATIONAL ATTAINMENT OF BACHELOR’S DEGREE OR HIGHER BY RACE, 2023

	United States	Florida	Hillsborough County
White	37.7%	35.9%	41.4%
Two or More Races	28.2%	31.5%	29.9%
Native Hawaiian and Other Pacific Islander	19.0%	25.8%	30.7%
Other Race	15.6%	23.6%	22.0%
Black or African American	24.7%	22.3%	27.5%
American Indian and Alaska Native	16.2%	20.1%	16.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 19: EDUCATIONAL ATTAINMENT OF BACHELOR’S DEGREE OR HIGHER BY ETHNICITY, 2023

	United States	Florida	Hillsborough County
Hispanic or Latino	19.9%	28.3%	25.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 20: CHILD CARE CENTERS, 2021

	United States	Florida	Hillsborough County
Child Care Centers	77,383	4,563	341

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Domain 3: Economic Stability

EXHIBIT 21: POVERTY PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Hillsborough County
Total Households Below Poverty Level (2023)	12.7%	12.6%	14.1%
Total Households Below Poverty Level (2010)	13.1%	13.0%	13.4%
Percent Change (2010–2023)	-3.1%	-3.1%	+5.2%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2023 One-year Estimates

EXHIBIT 22: RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS, 2023

	United States	Florida	Hillsborough County
100% - 124% FPL	3.8%	4.1%	4.2%
125% - 149% FPL	4.0%	4.5%	4.0%
150% - 184% FPL	5.7%	6.5%	6.1%
185% - 199% FPL	2.6%	2.9%	2.9%
200% and Over FPL	71.5%	69.3%	69.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 23: PERCENT OF POPULATION LIVING IN POVERTY, 2023

	United States	Florida	Hillsborough County
People Below Poverty Level	12.4%	12.6%	13.2%
RACE			
American Indian and Alaska Native	21.8%	17.9%	20.1%
Asian	9.9%	10.1%	11.0%
Black or African American	21.3%	19.5%	18.7%
Native Hawaiian and Other Pacific Islander	17.2%	12.8%	3.7%
Other Race	18.2%	18.0%	21.9%
Two or More Races	14.7%	13.5%	15.2%
White	9.9%	10.2%	10.0%
ETHNICITY			
Hispanic or Latino	16.9%	15.1%	17.2%
AGE			
Age Under 5	17.6%	18.2%	17.0%
Age Under 18	16.3%	16.9%	16.5%
Age 18 to 64	11.6%	11.6%	12.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 24: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Hillsborough County
Median Household Income (2023)	\$78,538	\$71,711	\$75,011
Median Household Income (2010)	\$52,762	\$47,827	\$56,773
Percent Change (2010–2023)	+48.9%	+49.9%	+32.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 25: MEDIAN HOUSEHOLD INCOME BY RACE, 2023

	United States	Florida	Hillsborough County
Asian	\$113,106	\$92,402	\$103,723
White	\$83,784	\$76,644	\$85,039
Native Hawaiian and Other Pacific Islander	\$78,640	\$80,763	\$60,084
Two or More Races	\$73,412	\$69,877	\$66,343
Other Race	\$65,558	\$61,497	\$58,106
Black or African American	\$53,444	\$54,426	\$55,589
American Indian and Alaska Native	\$59,393	\$67,217	\$52,399

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 26: MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2023

	United States	Florida	Hillsborough County
Hispanic or Latino	\$68,890	\$66,556	\$64,307

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 27: EMPLOYMENT BY INDUSTRY, 2023

	United States	Florida	Hillsborough County
Office and Administrative Support	10.1%	11.1%	11.5%
Sales	8.8%	10.7%	10.0%
Management	10.8%	11.0%	11.1%
Food Preparation and Serving	4.9%	5.7%	5.0%
Business and Finance	5.6%	5.5%	7.2%
Construction and Extraction	4.7%	5.1%	4.9%
Education, Training, and Library	5.9%	4.8%	4.7%
Building, Grounds Cleaning, and Maintenance	3.2%	4.1%	3.5%
Health Diagnosis and Treating Practitioners	4.2%	4.2%	4.4%
Transportation	3.6%	4.0%	3.9%
Installation, Maintenance, and Repair	2.9%	3.1%	2.6%
Production	5.1%	3.0%	3.0%
Material Moving	3.6%	3.1%	3.2%
Computer and Mathematical	3.5%	2.9%	4.2%
Healthcare Support	3.1%	2.8%	2.6%
Personal Care and Service	2.4%	2.7%	2.5%
Health Technologist and Technicians	1.8%	2.0%	1.9%
Arts, Design, Entertainment, Sports, and Media	2.0%	1.9%	1.7%
Architecture and Engineering	2.1%	1.6%	1.7%

	United States	Florida	Hillsborough County
Community and Social Service	1.7%	1.4%	1.3%
Legal	1.1%	1.3%	1.6%
Fire Fighting and Prevention	1.1%	1.3%	1.1%
Law Enforcement	0.9%	0.9%	0.7%
Life, Physical, and Social Science	1.1%	0.7%	0.8%
Farming, Fishing, and Forestry	0.6%	0.4%	0.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 28: HOUSEHOLDS RECEIVING SNAP, 2023

	United States	Florida	Hillsborough County
Households Receiving Food Stamps / SNAP	11.8%	12.6%	13.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 29: ELEMENTARY SCHOOL STUDENTS ELIGIBLE FOR FREE / REDUCED LUNCH, PERCENT, 2022-2024

	Florida	Hillsborough County
Elementary School Students Eligible for Free / Reduced Lunch	55.1%	54.1%

Source: Florida Department of Education (DOE) and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 30: CHILD FOOD INSECURITY RATE, PERCENT OF POPULATION UNDER 18, PERCENT, 2021

	Florida	Hillsborough County
Child Food Insecurity Rate	14.3%	13.0%

Source: Feeding America, Map the Meal Gap, 2021

Domain 4: Neighborhood and Built Environment

EXHIBIT 31: HOUSING COSTS AND HOME VALUE², 2023

	United States	Florida	Hillsborough County
Median Household Income	\$78,538	\$71,711	\$75,011
Median Home Value	\$303,400	\$325,000	\$333,300
Renter Excessive Housing Costs	48.7%	55.0%	52.7%
Owner Excessive Housing Costs	21.8%	26.2%	24.6%
Renter Housing Mobile Homes*	21.9%	13.9%	11.6%
Owner Housing Mobile Homes*	18.1%	25.3%	19.9%
Homeowner Vacancy Rate	1.4%	2.0%	2.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 32: FAIR MARKET RENT (FMR) , 2023

	Hillsborough County
0 Bedrooms	\$1,291
1 Bedrooms	\$1,381
2 Bedrooms	\$1,659
3 Bedrooms	\$2,123
4 Bedrooms	\$2,603

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

² *U.S. HUD CHAS 2015-2019

EXHIBIT 33: HOUSEHOLD COMPOSITION, 2023

	United States	Florida	Hillsborough County
Households with Children	29.9%	26.5%	29.9%
Households with Grandparents Responsible for Grandchildren	1.3%	1.2%	1.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 34: TRANSPORTATION TO WORK, 2023

	United States	Florida	Hillsborough County
Average Travel Time to Work (in minutes)	26.6	28.0	28.7
Commute by Public Transit	3.5%	1.2%	0.8%
Commute by Drive Alone	70.2%	72.1%	68.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 35: BROADBAND, 2023

	United States	Florida	Hillsborough County
Households Without Internet Access	7.7%	6.8%	4.7%
Number of Internet Providers (2021)	2,126	72	16

Source: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Domain 5: Health and Behavioral Health

Uninsured Population

EXHIBIT 36: UNINSURED POPULATION, 2023

	United States	Florida	Hillsborough County
Uninsured Age Under 6	4.5%	5.7%	3.4%
Uninsured Age 6 to 18	5.8%	8.1%	6.3%
Uninsured Age 19 to 64	12.0%	17.5%	16.1%
Uninsured Age 65 and Over	0.8%	1.1%	1.5%
Employer-based Health Insurance Alone	46.0%	37.7%	43.2%
Direct-purchase Health Insurance Alone	6.2%	10.5%	8.8%
Tricare / Military Health Coverage Alone	0.9%	1.1%	1.7%
Medicare Coverage Alone	6.1%	9.0%	6.7%
Medicaid / Means-tested Coverage Alone	15.0%	11.9%	13.3%
VA Health Care Coverage Alone	0.3%	0.4%	0.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 37: UNINSURED BY RACE, 2019, 2021, 2023

	United States	Florida	Hillsborough County
2023			
White	6.6%	9.8%	9.1%
Black	9.5%	13.8%	10.9%
Asian	5.9%	9.2%	8.1%
Two or More Races	13.0%	15.0%	14.6%
2021			
White	7.4%	11.2%	10.8%
Black	9.9%	14.9%	12.5%
Asian	6.3%	10.7%	8.3%
Two or More Races	12.0%	15.2%	14.0%
2019			
White	7.9%	11.9%	11.6%
Black	10.1%	15.2%	12.8%
Asian	6.7%	11.8%	10.0%
Two or More Races	7.7%	12.2%	11.8%

Source: U.S. Census Bureau American Community Survey; 2019-2023, 2017-2021, 2015-2019 Five-year Estimates

EXHIBIT 38: UNINSURED BY ETHNICITY, 2019-2023

	United States	Florida	Hillsborough County
2023			
Hispanic	17.5%	17.1%	18.1%
White Alone, Not Hispanic or Latino	5.7%	8.7%	7.8%
2021			
Hispanic	17.7%	18.2%	18.5%
White Alone, Not Hispanic or Latino	6.0%	9.3%	8.4%
2019			
Hispanic	18.2%	19.1%	20.0%
White Alone, Not Hispanic or Latino	5.9%	9.2%	8.5%

Source: U.S. Census Bureau American Community Survey; 2019-2023, 2017-2021, 2015-2019 Five-year Estimates

EXHIBIT 39: MEDICARE ENROLLMENT, 2023

	Florida	Hillsborough County
Medicare Enrollment	5,023,830	260,269
Population 65 and Over	4,630,733	221,121

Source: Centers for Medicare and Medicaid Services (CMS) and Florida Department of Health, Division of Public Health Statistics and Performance Management. | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 40: HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	United States	Florida	Hillsborough County
Primary Care Physician	879:1	858:1	747:1
Primary Care Nurse Practitioner	1,110:1	800:1	650:1
Dentist	1,532:1	1,686:1	1,738:1
Mental Health Provider	550:1	693:1	721:1
Pediatrician	795:1	879:1	822:1
Obstetrics Gynecology (OBGYN)	3,454:1	3,919:1	2,736:1
Midwife and Doula	9,336:1	9,029:1	9,422:1

Source: National Plan and Provider Enumeration System NPI, 2024.

Behavioral Health

EXHIBIT 41: BEHAVIORAL / MENTAL HEALTH PROFESSIONALS, RATE PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Behavioral / Mental Health Professionals	125.2	123.3

Source: Florida Department of Health, Division of Medical Quality Assurance and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 42: HOSPITALIZATIONS FOR EATING DISORDERS, RATE PER 100,000 POPULATION AGE 12-18, 2019-2023

	Florida	Hillsborough County
2023	68.8	48.8
2022	71.8	64.9
2021	75.1	53.3
2020	46.7	50.9
2019	36.0	25.5

Source: Florida Agency for Health Care Administration | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 43: BINGE DRINKING, 2022

	Florida	Hillsborough County
Adults Who Engage In Heavy or Binge Drinking	18.0%	17.7%
Middle School Students Reporting Binge Drinking	3.0%	4.2%
High School Students Reporting Binge Drinking	7.5%	9.4%

Source: BRFSS | Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).

EXHIBIT 44: MIDDLE SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022

	Florida	Hillsborough County
Any Illicit Drug	16.7%	16.0%
Any Illicit Drug Other Than Marijuana	12.0%	11.5%
Alcohol Only	11.7%	11.1%
Alcohol or Any Illicit Drug	28.2%	26.9%
Any Illicit Drug But No Alcohol	7.5%	8.0%
Cigarette Use	5.0%	4.8%
Vaporizer / E-cigarette (Nicotine)	13.1%	12.2%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).

EXHIBIT 45: HIGH SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022

	Florida	Hillsborough County
Any Illicit Drug	29.3%	29.4%
Any Illicit Drug Other Than Marijuana	12.5%	13.2%
Alcohol Only	16.2%	12.5%
Alcohol or Any Illicit Drug	45.3%	41.9%
Any Illicit Drug But No Alcohol	7.1%	7.0%
Cigarette Use	8.6%	8.7%
Vaporizer / E-cigarette (Nicotine)	25.5%	24.0%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).

EXHIBIT 46: ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Alcohol-Confirmed Motor Vehicle Traffic Crashes	22.6	29.1

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 47: AGE-ADJUSTED DRUG POISONING DEATHS, PER 100,000 POPULATION, 2020-2022

	Florida	Hillsborough County
Age-Adjusted Drug Poisoning Deaths	35.4	34.1

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 48: AGE-ADJUSTED SUICIDE RATE BY METHOD, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Firearms	7.8	7.4
Overdose (Drug Poisoning)	1.4	1.1
Other and Unspecified Means	6.2	5.7

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 49: AGE-ADJUSTED HOSPITALIZATIONS FROM MENTAL DISORDERS, 2021- 2023

	Florida	Hillsborough County
Hospitalizations From Mental Disorders	963.2	650.1

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 50: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM MENTAL DISORDERS, PER 100,000 POPULATION, 2020- 2023

	Florida	Hillsborough County
2021-2023	971.7	911.9
2018-2020	1,188.6	899.7

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 51: CHILDREN RECEIVING MENTAL HEALTH TREATMENT SERVICES PER 100,000 POPULATION, 2020 TO 2023

	Florida	Hillsborough County
2021-2023	4.5	2.6
2018-2020	6.9	6.2

Source: Florida Department of Children and Families (DCF)

Health Indicators**EXHIBIT 52: BIRTH RATE PER 1,000 POPULATION, 2021**

	United States	Florida	Hillsborough County
Birth Rate	11.0	9.9	11.6

Source: CDC WONDER Natality Birth Rate, 2021

EXHIBIT 53: DEATH RATE PER 100,000 POPULATION, 2021

	United States	Florida	Hillsborough County
Death Rate	10.4	12.0	9.7

Source: CDC WONDER Causes of Death, 2021.

EXHIBIT 54: LIFE EXPECTANCY, 2020- 2022

	United States	Florida	Hillsborough County
Life Expectancy	76.4	78.0	77.5

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management and World Health Organization, Global Health Estimates, 2021

EXHIBIT 55: LEADING CAUSES OF DEATH (RATE PER 100,000 POPULATION), 2021

	United States	Florida	Hillsborough County
Heart Disease	173.8	151.3	182.2
Cancer	146.6	141.6	164.5
COVID-19	104.1	111.7	119.9
Accidents / Unintentional Injuries	64.7	74.7	77.0
Birth Defects	41.1	46.5	40.9
Chronic Lower Respiratory Disease	34.7	32.0	35.1
Diabetes	25.4	24.8	28.2
Alzheimer's Disease	31.0	19.6	27.3
Suicide	14.1	14.0	14.1
Chronic Liver Disease / Cirrhosis	14.5	13.6	15.0

Source: CDC WONDER Causes of Death, 2021

EXHIBIT 56: FETAL DEATHS (STILLBIRTHS), PER 1,000 DELIVERIES, 2020-2022

	Florida	Hillsborough County
2020-2022	6.9	6.0
2018-2020	6.8	7.0

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 57: INFANT MORTALITY, PER 1,000 LIVE BIRTHS, (AGED 0-364 DAYS), 2020 TO 2022

	Florida	Hillsborough County
2020-2022	5.9	6.8
2018-2020	6.0	6.7

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 58: INFANT CHARACTERISTICS, PER 100,000 POPULATION, 2019 TO 2022

	Florida	Hillsborough County
2020-2022		
Low Birth Weight (percent of total births)	8.9%	9.1%
Infant Mortality Rate per 1,000 Live Births	5.9	5.6
Teen Birth Rate (under 18), per 1,000 Population	2.0	2.1
2017-2019		
Low Birth Weight (percent of total births)	8.8%	9.0%
Infant Mortality Rate per 1,000 Live Births	6.0	6.5
Teen Birth Rate (under 18), per 1,000 Population	2.4	2.5

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

EXHIBIT 59: AGE-ADJUSTED CANCER DEATH RATE, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Cancer Death Rate	136.5	136.4
Cancer Death Rate by Sex		
Male	159.0	161.6
Female	118.6	117.5

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 60: AGE-ADJUSTED CANCER DEATH RATE BY TYPE, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Female Breast Cancer	18.4	18.8
Prostate Cancer	16.6	16.7
Lung Cancer	29.6	27.9
Colon / Rectal Cancer	12.3	13.5

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 61: AGE-ADJUSTED CANCER DEATH RATE, PER 100,000 POPULATION, BY RACE AND ETHNICITY, 2021-2023

	Florida	Hillsborough County
Non-Hispanic	143.8	142.8
Hispanic	106.5	113.0
Other	107.5	98.1
Black	138.5	148.8
White	136.9	136.5

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 62: DISPARITIES IN DIABETES DEATH RATE, PER 100,000 POPULATION, 2020-2022

	Florida	Hillsborough County
Non-Hispanic	23.1	24.0
Hispanic	21.7	21.1
Black	44.3	45.0
White	19.8	20.1

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 63: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM DIABETES, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
2021-2023	215.7	200.0

Source: Florida Agency for Health Care Administration (AHCA) | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 64: DISPARITIES IN PERSONS LIVING WITH HIV, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Non-Hispanic	561.3	566.3
Hispanic	580.2	453.5
Black	1573.5	1409.9
White	293.6	325.5

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 65: DISPARITIES IN HIV / AIDS DIAGNOSES, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Non-Hispanic	8.6	9.9
Hispanic	8.8	9.8
Black	27.0	28.6
White	3.5	4.2

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 66: REPORTABLE AND INFECTIOUS DISEASES, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
AIDS Diagnoses	8.7	9.9
HIV Diagnoses	19.6	21
Chlamydia	484.3	571.9
Gonorrhea	202.9	256.1
Syphilis	80.7	80.9
Salmonella Poisoning (Salmonellosis)	30.5	17.6
Hepatitis B, Acute	3.4	3.5

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 67: STROKE AMONG ADULTS, 2022

	Florida	Hillsborough County
2022	3.6%	3.3%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

EXHIBIT 68: AGE-ADJUSTED DEATHS FROM HEART DISEASES, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Hillsborough County
Non-Hispanic	149.4	172.1
Hispanic	109.7	126.3
Other	103.9	112.1
Black	166.0	188.8
White	138.9	159.5

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 69: AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES, PER 100,000 POPULATION, 2019 TO 2022

	Florida	Hillsborough County
2020-2022		
Unintentional Falls		
Death Rate	11.6	13.8
Hospitalization Rate	253.3	252.2
Motor Vehicle Fatalities and Hospitalizations		
Death Rate	16.2	14.8
Hospitalization Rate	79.3	75.2
Firearm Injuries		
Non-Fatal Hospitalization Rate	6.3	6.4
Emergency Room Visits	5.9	6.3
2017-2019		
Unintentional Falls		
Death Rate	10.0	11.7
Hospitalization Rate	242.8	276.4
Motor Vehicle Fatalities and Hospitalizations		
Death Rate	14.8	13.5
Hospitalization Rate	76.9	72.3
Firearm Injuries		
Non-Fatal Hospitalization Rate	4.2	3.8
Emergency Room Visits	4.9	3.6

Source: Florida Department of Health. Bureau of Vital Statistics Fatal Injuries Profile

EXHIBIT 70: HOSPITALIZATIONS FOR NEAR DROWNINGS PER 100,000 POPULATION AGES 1-5, 2020 TO 2023

	Florida	Hillsborough County
2021-2023	4.5	2.6
2018-2020	6.9	6.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 71: AGE-ADJUSTED RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES, PER 100,000 POPULATION, 2022

	Florida	Hillsborough County
2020-2022		
Falls	11.6	13.8
Motor Vehicle Crashes	16.2	14.8
Drowning	2.1	1.9
2017-2019		
Falls	10.0	11.7
Motor Vehicle Crashes	14.8	13.5
Drowning	1.9	1.5

Source: Florida Department of Health. Bureau of Vital Statistics Profile of Fatal Injuries

EXHIBIT 72: CHILDREN IN FOSTER CARE (AGED 0-17 YEARS), PER 100,000 POPULATION, 2023

	Florida	Hillsborough County
2021-2023	541.4	675.4

Source: Florida Department of Children and Families, Florida Safe Families Network and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 73: INFANTS IN FOSTER CARE, PER 100,000 POPULATION UNDER 1, 2020-2022

	Florida	Hillsborough County
Infants Under 1	1,481.9	1,804.6

Source: Florida Department of Children and Families, Florida Safe Families Network and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 74: CHILDREN IN FOSTER CARE BY AGE, PER 100,000 POPULATION, (AGED 1-17 YEARS), 2020-2022

	Florida	Hillsborough County
Age 1 to 4	431.3	542.6
Age 5 to 11	444.2	579.0
Age 12 to 17	402.3	481.7

Source: Centers for Medicare and Medicaid Services (CMS) and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 75: CHILDREN IN SINGLE-PARENT HOUSEHOLDS, PERCENT OF POPULATION, (AGED 0-17 YEARS), 2020-2022

	Florida	Hillsborough County
2022	27.9%	28.3%
2021	28.2%	29.4%
2020	28.4%	29.6%

Source: United States Bureau of the Census, American Community Survey, 2020-2022

Appendix B: Qualitative Research

Methodology Overview

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and wellbeing. Qualitative activities included one-on-one stakeholder interviews and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually, and focus groups were held virtually, in person, or hybrid.

Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one stakeholder interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members. Content and thematic analyses³ were conducted using ATLAS.ti software to extrapolate the strengths, themes, and needs of the community.

Strengths can serve as resources to address the needs identified.

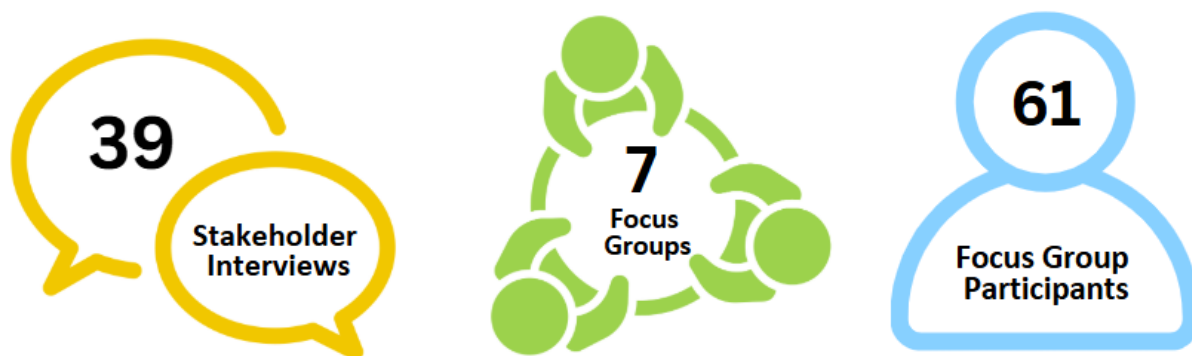
Themes are conceptual considerations that provide context so that needs are addressed in a way that is responsive to the culture and identity of the community.

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers, and concerns they face in their community.

These three concepts are intertwined and must be considered holistically to better understand and better utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, themes, and needs identified throughout the data.

³ Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. <https://doi.org/10.1111/nhs.12048>

Community Engagement



Additional Qualitative Findings

Strengths

Availability and Quality of Community Resources

Participants cited and described the numerous quality resources available in Hillsborough County. They also described effective collaboration between organizations that care about the community. The quantity and quality of resources in the area are assets that can be leveraged to meet the needs of the community.

“Our community partnerships. There is a lot of partnership opportunities. We see it all the time - other organizations working together to combine resources and always trying to increase that. We do have a large number of resources.”
– Stakeholder Interview

“Our great collection of community partners that are passionate about the community and help the community heal.” – Stakeholder Interview

Support for Youth Services

Participants highlighted many resources that focus on supporting youth, which are key investments in the next generation. Focusing on empowering youth allows them to gain knowledge and build skills. The Hillsborough County tax fund for child services was noted as a significant contributor to youth support. This support allows for exploration of career paths and establishment of healthy habits that will aid youth throughout their lives.

“So there is a tax to fund children services in the community. The children’s board generates about 60 million a year so they are one of our key funders. So 12 of the 67 counties have them and you can really tell which ones have them and which don’t.” – Stakeholder Interview

“I love this community because they invest in young people. They are set up to make sure that young people are successful.” – Focus Group Participant

Themes

Equity and Trust

Participants described the ways that historical and current trauma affect residents' ability to trust health systems, which impacts their engagement in services and care. Addressing equity improves health outcomes and is vital to eliminating disparities. Specific populations were noted as needing tailored efforts to build trust including Deaf, Black / African American, migrant, and veteran communities as well as survivors of human trafficking.

"We are very focused on the equity when it comes to care – the access is there, but there are issues when you are talking about maternal health, it's about the respectful care. You have access but do women feel respected? If they are Black and Hispanic, do they feel heard? Is it culturally competent? We talk a lot about Black mothers being three times more likely to die compared to white mothers, how do we change what is going on and really focus on that piece of the equity?" – Stakeholder Interview

"We are seeing many survivors of human trafficking, and getting back to trust with systems is one of the different challenges around health equity. It's building that trust with people who do not trust systems." – Stakeholder Interview

There used to be 21-27 deaf centers in Florida, now there are only six. [...] 75% of the time when people are denied the first time and they never get that interpreter, it discourages them from following up later. [...] Developing a mental health professional workforce that can communicate in [American Sign Language] is ideal." – Stakeholder Interview

Trauma

Participants shared concern in the community about the various forms of trauma and their impact on community members. Trauma can manifest in many ways, and if not properly addressed, it can lead to behavioral, mental, and physical symptoms. It was noted that in some cases, people are unable to

identify an event as “traumatic,” which can lead to ongoing issues such as dysfunctional coping mechanisms. Others are experiencing second-hand trauma. Approaching needs with a trauma-informed lens can be beneficial for all involved.

“There is unresolved trauma, and people don’t know what trauma is, like going through two natural disasters back-to-back, like the hurricanes, some people are still unhoused and suffering. People weren’t emotionally and psychologically prepared for what two storms would do to them.”

– Stakeholder Interview

“We just had an ICE raid in a county in Florida where they went into schools. I would say not only the direct impact on the families we serve and how scared they are to seek help, but also the past 24 hours of freezing funding.[...] Every time something like that happens, we have to work four times as hard.” – Stakeholder Interview

“Mental health is huge. When people aren’t in a healthy state, they can’t listen. We’re doing mental health and psychology and trying to help people for their best interests. The mental health of people practicing in this field is important and we have to practice mindfulness to not burn out and to maintain a balance whenever we’re trying to reach other people who are less balanced. We’re never going to give up.” – Stakeholder Interview

“We know the science of trauma and brain development of young kids. Social determinants of health and situational trauma can very much impact the development of children.” – Stakeholder Interview

Impacts from Hurricanes and Climate Change

Participants connected community trauma with the significant impacts of recent disasters. Hurricanes Helene and Milton destroyed housing, flooded neighborhoods, and disrupted the food system. The recent hurricanes affected residents in multifaceted ways, building on the effects of the COVID-19 pandemic. Participants spoke of the growing concern regarding the impacts of climate change on the community's needs.

“If we had had this conversation two weeks ago, it would be different. Three years ago, we were still coming out of the pandemic – it's not that there was a light switch after the pandemic, and everyone went back to their social and emotional well-being; these storms brought another wave.” – Stakeholder Interview

“We have a lot of high heat days. I think we've had more this year than we have in the past. More frequent storms, stronger hurricanes, all that stuff is starting to cause flooding. We've been dealing with a lot of flooding in places that didn't used to flood. [...] I'm also concerned about what that means for agriculture in the state and how that impacts food supply. What does that mean for the rise of additional vector diseases like mosquito-borne illnesses and other viruses that may be coming along?” – Stakeholder Interview

Diverse Population Growth

The recent diverse population growth in Hillsborough County impacts the community's language and cultural needs. Many noted the impacts they see on the infrastructure and traffic in the area and also noted an increase in the demand for services in multiple languages and culturally competent care.

“So many people have moved to Tampa during COVID. It's like rush hour traffic from 1:30-6:30 p.m.” – Stakeholder Interview

“The whole state of Florida is struggling to provide culturally sensitive care for Haitian Creole-speaking individuals.” - Stakeholder Interview

“[Local organization] does a really good job at employing people of all backgrounds, so our team is multi-cultural and from all different walks of life. I think employing peers has been an evolution over the past 10 years, which is hugely helpful.” – Stakeholder Interview

Needs

Healthcare Access and Quality

Despite the number of healthcare facilities available, participants described limited ability to access these services. They reported that primary care and specialty care often have long wait times. Financial barriers, insurance status, and type are key factors that prevent residents from being able to reach the care that they need. Additionally, many participants noted that when resources are available, residents often are not aware of them or lack the knowledge needed to access them.

Primary Care

Primary care is necessary for prevention, chronic disease management, health education, and more. When individuals do not have timely access to primary care, they may resort to the emergency room for healthcare, thereby using expensive, valuable, and limited resources. Participants noted that a Lack of access to primary care can exacerbate and complicate health issues.

“When we look at the number of primary care providers, it's kind of a misleading number because there's nothing that identifies which ones are doing 3,000 patients versus 300 [...] Lack of insurance and then lack of providers and all of that coming around, with a growing diverse population, making for the perfect storm of health access.” – Stakeholder Interview

“Appointments are very challenging to get. You're sick but can't be seen for three weeks, so that really doesn't work. A lot of people call 911 and the ER when they need services.” – Stakeholder Interview

Many participants shared that the metropolitan area of Tampa Bay is privy to better access to specialists than more rural areas. However, they also identified a growing trend of specialty care deserts, specifically related to perinatal health.

“A couple of years ago Florida went to a 15- then a six-week abortion ban and it's an issue. There are pockets in Florida where there are maternal health deserts. We do have clinics here, but we have 17,000 babies born in Hillsborough County per year.” – stakeholder Interview

Awareness of Resources

Residents must understand which resources are available to them and know how to access them in order to seek services. Participants described the factors contributing to low community awareness and also identified the consequences of low awareness. Many identified that information needs to be disseminated in a culturally responsive way using clear, easy-to-understand language. Ensuring clear communication empowers individuals to self-advocate and make informed decisions about program or resource eligibility, social issues, and behavioral changes.

"I think it just depends on the generation, but I have seen a rise just from social media. But for the older generation, I feel like being referred to, so like the services being knowledgeable of the other services. So, for example, if they go to their primary, then maybe they'll give them directions to go to aging services." – Stakeholder Interview

"There used to be an outreach coordinator [...] Now it's social media, in-person, mailings, contacting elementary schools to college, and staying in touch with mental health centers. We work with the [local organization] all of the time and go to resource fairs. Grassroots and technology. But people still don't know we're here." – Stakeholder Interview

Migrant Populations

Participants also noted that building awareness in the community needs to look different for different populations. For the migrant and non-English speaking population, providing outreach materials in different languages and tailored cultural focuses may be beneficial.

"The large number of languages that people are coming in, and we're also pretty high on international immigration. [...] It's not just the communication in a language and the cultural awareness, it's also understanding how things work in the United States, and that is different if I'm coming not as a refugee versus if I am a refugee." – Stakeholder Interview Participant

"There is a lot of help and we [English for Speakers of Other Languages students] don't know that they exist because there is a huge lack of information, even when there are things that can help you." – Focus Group Participant

Older Adults

Due to a lack of digital literacy and social isolation, older adults often face difficulties with awareness of and access to resources. Participants noted that older adults can become overwhelmed when navigating the healthcare or insurance system, which can serve as a major barrier to seeking and receiving much needed services. Implementing resources that provide assistance to these members of the community was identified as a strategy to meet this growing need.

“I think for older members of the community that are older and live alone, they need to have someone that's willing to take the time [...] to really explain to them. They may not understand, they may not comprehend, especially when it comes to the insurance.” – Focus Group Participant

Quality of Care

Concerns were raised regarding the quality of care received. Stakeholders and focus group participants identified a disparity in the quality of care for individuals with special needs, BIPOC communities, and LGBTQIA+ populations. Participants described problems with the emergency room, including being discharged without proper treatment. People who experience quality of care issues may lose trust in the healthcare system, which can affect whether they seek care in the future.

“[Individuals with intellectual disabilities] as patients may be more combative or intolerable, and that's why providers may not see them. They're considered a 'bad patient' – but they may just need more TLC [...] [They] are frustrated when people don't talk directly to them but rather to their caregiver.” – Stakeholder Interview Participant

“Older medical practitioners don't have empathy for trans individuals, they look at the illness not the individual. They don't understand pronouns and don't appreciate the importance of their mental health. They may not use the right pronoun throughout the chart. Just be kind.” – Stakeholder Interview

“Health care providers aren't staffed by culturally or linguistically representations of populations. I find it very offensive at the health sites that I attend, the intake people might be representative of our communities, but providers don't look like us.” – Focus Group Participant

Financial Barriers

When discussing access to healthcare, participants noted that financial barriers often prevent people from seeking and receiving services. Likewise, Hillsborough County residents are struggling to pay for basic needs, such as rent and food, which are often prioritized over healthcare. Even residents that have healthcare coverage, there are often prohibitively high co-pays. This is especially true for older adults and individuals on fixed incomes, who are forced to make decisions between paying for medications or housing costs.

“We serve families across the income spectrum, so we thought we understood the diversity of needs. We recently opened a program embedded in an FQHC, and we thought we knew what we were walking into. [...] We were not prepared for the level of poverty that we’re seeing with those families.” – Stakeholder Interview

“If you have more money, you can access health, but if you don’t have money, [...] you’re not going to get a surgery. Two months ago, I was in the emergency room for two hours, and they gave me one medicine. They asked if I had insurance and I said yes, and it was still \$3,000.” – Focus Group Participant

Behavioral Health and Mental Healthcare

Behavioral health and mental health were repeatedly highlighted as top needs in Hillsborough County. A centralized system for care does not exist, which makes it difficult for providers to coordinate. Other factors, such as financial security or education, impact behavioral and mental health. Participants identified services and resources that are needed in the county, including mental health mobile units, care navigation, destigmatization and education campaigns, and affordable housing.

Access to care

Locally available and affordable behavioral and mental health services are needed in Hillsborough County. The need and demand for services far outweighs the supply available, and language barriers also prohibit access to limited resources.

“There is a lack of mental health and substance abuse treatment clinics, crisis centers, and recovery services in the community. These services are mostly located outside of the county, making them difficult to access. There is a need for more clinics that operate on a sliding scale or free clinics that are strategically placed around the county.” – Stakeholder Interview

Stress and Behavioral Health, Including Substance Use

Participants shared that stress that stems from other issues, such as financial challenges, climate impacts, homelessness, and job-related issues, can lead to individuals feeling overwhelmed. This can lead to dysfunctional coping mechanisms, such as substance abuse, which are common in Hillsborough County.

“We are seeing a lot of suicides in the construction industry; I think it’s a national trend. I think the pay, constant deadlines, and pressure, and then constant delays. A lot of people who work in the industry might not speak English.” – Stakeholder Interview

“Since COVID, there’s been an extreme influx of population in the state, which has resulted in more people and shorter fuses, and more traffic and overbuilding that builds stress in the community.” – Stakeholder Interview

Stigma

Stigma was repeatedly mentioned as an ongoing barrier, particularly in different cultures, including religious groups. Participants noted that current internalized stigmas as well as historical institutional stigmas still prevent individuals from seeking behavioral health care. This can lead individuals to dysfunctional coping mechanisms as a result of the stigma surrounding mental and behavioral health.

“If there aren’t counselors who look like you, the treatment may not be as effective. We need to look at what works best for every individual.” – Stakeholder Interview

“I market MHFA [Mental Health First Aid] training, and we get a lot of resistance. It’s hard to fill a class. We have churches that don’t see it as important. People don’t like to talk about mental health until a crisis. [...] I would like to see hospitals do MHFA as part of their onboarding. We require it by law for all the teachers in public schools. In Georgia they were thinking about requiring barbers / beauticians to have the training as they work with the public. There are different trainings available based on identity and / or sector.” – Stakeholder Participant

“Stigma is still very big in the Black community. We have been taught to suppress it, or we may lose our jobs, etc. I’m troubled to see young people using drugs to cope with their pain, so people are overdosing and dying.” – Focus Group Participant

Financial Stress

Financial issues were frequently cited as a top concern for Hillsborough County residents. Cost-burdened residents include those who spend 30% or more of their income on housing costs⁴, which leaves less money to pay for other basic needs such as food, childcare, healthcare, transportation, and clothing. Participants cited this as a primary concern impacting community members' well-being.

"People delay healthcare due to the cost of housing; they can't pay the next month's rent." – Stakeholder Interview

"Unless you're making the upper 5-to-6-digit income then you are living paycheck to paycheck." – Focus Group Member

"We need some economic stability and we're not seeing that. I see a lot of people challenged with economics. Most people who come through our facility work full-time or sometimes two jobs and still can't make ends meet." – Stakeholder Interview

Food Insecurity and Chronic Disease

Participants mentioned different food-related issues throughout stakeholder interviews and focus group discussions. Many noted that community members are struggling to access and pay for healthy foods, which is impacting chronic disease rates. Community gardens and cooking classes that appeal to various cultures are low-cost, effective ways to help address food insecurity and local access to healthy food.

"There are food deserts depending where you live. Sometimes it's up to 15 miles for a person to get low-cost health foods." – Stakeholder Interview

"There is a lack of good food and nutrition education, contributing to chronic diseases like diabetes." – Stakeholder Interview

Housing

Participants frequently discussed the need for more affordable housing. Population growth is decreasing the availability and increasing the cost of housing in Hillsborough County. This is having a direct impact on housing insecurity in the area, increasing the need for services for unhoused individuals as well. A lack of affordable housing near Tampa Bay has forced

⁴ National Low Income Housing Coalition: About the Gap Report. <https://nlihc.org/gap/about>

individuals to live farther from the metropolitan area, subsequently impacting individuals' access to services in Tampa Bay.

"We're seeing increased homelessness. Lots of kids and parents living in cars. We have so many empty places, and the affordable ones are uninhabitable, but people live in them. They have insects, rodents, structural problems." – Focus Group Participant

Tampa proper is so expensive, so people are getting pushed further out where fewer non-profits and other resources are available. So transportation is harder when they're further out." – Stakeholder Interview

Transportation

Transportation barriers exist due to the issues with public transportation including long wait times, inconvenient routes, and unsafe and unsheltered bus stops. Additionally, infrastructure issues such as inaccessible sidewalks and increased traffic make alternative modes of transportation unsafe.

"I have asked bus drivers to stop near an intersection where it is safer. [...] We can't rely on Uber prices to get around. There are cities that have 24/7 public transportation. A lot of bus stops don't have shelter, so people have to stand in the rain and sun. [...] We're seeing more older adults on bicycles due to costs." – Focus Group Participant

"Transportation is a barrier to access to care, especially for people with disabilities who sometimes can't drive." – Focus Group Participant

Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with All4HealthFL, which is a collaboration of hospitals in X counties in the West Central Florida region, to conduct a community health needs assessment of the community. The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

Person's Name:

Organization:

Date:

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why? *PROBE List (As needed):*

Quality primary care (Services for adults, children and adolescents).

Specialty care services

Maternal and prenatal care for expectant mothers Other OB/GYN services

Labs/imaging

Immunizations and preventative testing

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? *PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.*
8. What behavioral-health resources are available in your community? *PROBE LIST: Treatment (IP and OP), Crisis, Recovery*
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?
11. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomic status? What populations are especially vulnerable and/or underserved in your community? *[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]*
12. What barriers to services and resources exist, if any? *PROBE: based on economic, race/ethnicity, gender, or other factors?*
13. Do community health care providers care for patients in a culturally sensitive manner?
14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood and Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why? *PROBE LIST AS NEEDED:*
- Affordable housing*
- Services for people experiencing homelessness*
- Food insecurity and access to healthy food*

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others

Enhancing Outreach and Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area? *PROBE: Social media, Text WhatsApp, word of mouth, etc.*
17. To what degree is health literacy in the community an advantage or challenge?
18. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

19. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?
20. If appropriate: Are you willing to host a focus group discussion?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Focus Group Guide

Welcome and introductions

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with the All4HealthFL Collaborative to conduct a community health needs assessment of this community. The All4HealthFL Collaborative is comprised of several health systems as well as four public health agencies in Hillsborough, Pasco, Pinellas, and Polk Counties. *[or for outlier counties – Citrus, Hardee, Hernando, Highlands, Manatee, Marion, and/or Sarasota Counties]*

Explain the general purpose of the discussion

Today's meeting is to learn more about the strengths and resources in the community and collect insights about community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community.

Explain the necessity for notetaking and recording

We're taking notes and/or recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Note to moderator: Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introductory Questions

1. Please tell me a little about yourself [IF REPRESENTING AN ORGANIZATION and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What health-related resources are available in your community?
6. What, if any, health care services are difficult to find and/or access? And why?

PROBE List (As needed): Quality primary care (Services for adults, children and adolescents), Specialty care services, Maternal and prenatal care for expectant mothers Other OB/GYN services, Labs/imaging, Immunizations and preventative testing, prescriptions or medications, Senior Services (PROBE: hospice, end-of-life care, specialists, etc.), Post-COVID-19/impacts of COVID-19 care, Dental

Behavioral Health

7. What behavioral-health resources are available in your community?
8. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? *PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.*
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?
11. How can we improve the overall health of your community?
12. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomic status? What populations are especially vulnerable and/or underserved in your community? *[PROBE: veterans, youth,*

immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, parents/stress of raising children]

13. What barriers to services and resources exist, if any? *PROBE: based on economic, race/ethnicity, gender, or other factors?*
14. Do community health care providers care for patients in a culturally sensitive manner?
15. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood and Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why? *PROBE LIST AS NEEDED: Affordable housing, Services for people experiencing homelessness, Food insecurity and access to healthy food, Childcare, Transportation, Internet and technology access, Employment and job training opportunities, Others*

Enhancing Outreach and Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area? *PROBE: Social media, Text WhatsApp, word of mouth, etc.*
17. To what degree is health literacy in the community an advantage or challenge?
18. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix C: Community Survey

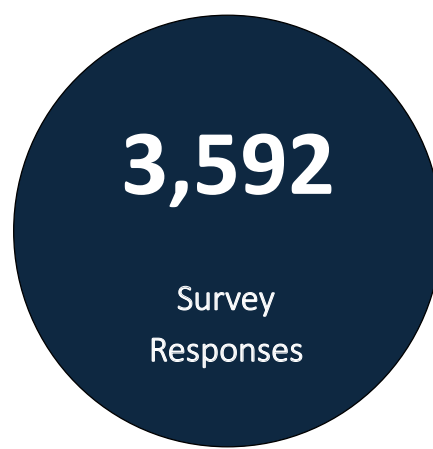
Methodology Overview

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Arabic, Russian, and Vietnamese. The questionnaire included closed-ended, need-specific questions and demographic questions. Invitations to participate were distributed by partners through channels including All4HealthFL partners, websites, social media, flyers, and emails listservs among other methods.

There were 3,592 valid survey responses from Hillsborough County included in this analysis. Response validity was adjusted based on participant completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g. question order and wording). The survey was designed to maximize accessibility in evaluating participants' insights with regards to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals across Hillsborough County, this was not a random sample. Findings should not be interpreted as representative of the full population.

Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.



Complete Community Survey Findings

EXHIBIT 76: RESPONDENTS' AGE, ETHNICITY, AND RACE

	HILLSBOROUGH COUNTY
AGE	
18 to 24	5.0%
25 to 34	15.0%
35 to 44	20.0%
45 to 54	22.2%
55 to 64	20.5%
65 to 74	13.0%
75 or older	4.2%
ETHNICITY	
Yes, Hispanic or Latino	28.3%
No, not Hispanic or Latino	71.7%
RACE	
More than One Race	7.1%
African American or Black	15.7%
American Indian or Alaska Native	0.6%
Asian	5.2%
Native Hawaiian or Pacific Islander	0.3%
White	71.2%

EXIHIBIT 77: RESPONDENTS' GENDER IDENTITY

	HILLSBOROUGH COUNTY
GENDER	
Man	18.3%
Woman	81.3%
Trans Women / Trans Feminine Spectrum	0.0%
Trans Man / Trans Masculine Spectrum	0.0%
Non-Binary / Genderqueer	0.4%
LGBTQIA+	
Yes	5.6%
No	94.4%

EXIHIBIT 78: HOW WELL DO YOU SPEAK ENGLISH?

	HILLSBOROUGH COUNTY
Very well	87.0%
Well	6.8%
Not well	4.2%
Not at all	2.0%

EXIHIBIT 79: WHAT LANGUAGE DO YOU MAINLY SPEAK AT HOME?

	HILLSBOROUGH COUNTY
Arabic	0.4%
Chinese	0.1%
English	85.5%
French	0.1%
German	0.0%
Haitian Creole	0.1%
Russian	0.1%
Spanish	13.4%
Vietnamese	0.1%
I speak another language	0.0%

EXHIBIT 80: WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

	HILLSBOROUGH COUNTY
Less than high school	2.8%
Some high school, but no diploma	1.8%
High school diploma or GED	8.4%
Some college, no degree	12.4%
Vocational / Technical / Trade school	6.8%
Associate degree	14.3%
Bachelor's degree	30.1%
Master's / Graduate or professional degree or higher	23.5%

EXHIBIT 81: HOW MUCH TOTAL COMBINED MONEY DID ALL PEOPLE LIVING IN YOUR HOME EARN LAST YEAR?

	HILLSBOROUGH COUNTY
\$0 to \$9,999	3.5%
\$10,000 to \$19,999	3.4%
\$20,000 to \$29,999	4.4%
\$30,000 to \$39,999	6.7%
\$40,000 to \$49,999	7.4%
\$50,000 to \$59,999	6.9%
\$60,000 to \$69,999	6.4%
\$70,000 to \$79,999	6.5%
\$80,000 to \$89,999	6.6%
\$90,000 to \$99,999	5.9%
\$100,000 to \$124,999	13.0%
\$125,000 to \$149,999	9.5%
\$150,000 or more	19.7%

EXIHIBIT 82: WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR EMPLOYMENT STATUS?

	HILLSBOROUGH COUNTY
Employed, working full-time	72.3%
Employed, working part-time	8.5%
Self-employed / Contract	2.7%
Not employed, looking for work	3.0%
Not employed, not looking for work	1.6%
Disabled, not able to work	2.5%
Retired	11.7%
Student	4.0%

EXIHIBIT 83: WHAT TRANSPORTATION DO YOU USE MOST OFTEN TO GO PLACES?

	HILLSBOROUGH COUNTY
I drive a car	91.9%
I ride a motorcycle or scooter	0.1%
I take the bus	2.0%
I ride bicycle	0.3%
I walk	0.6%
Someone drives me	3.2%
I take an Uber / Lyft	1.1%
I take a taxi / cab	0.1%
Some other way	0.6%

EXHIBIT 84: ARE YOU...?

	HILLSBOROUGH COUNTY
A veteran	5.3%
In active duty	0.1%
National Guard / Reserve	0.2%
None of these	94.4%

EXHIBIT 85: IF VETERAN, ACTIVE DUTY, NATIONAL GUARD, OR RESERVES, ARE YOU RECEIVING CARE AT THE VA?

	HILLSBOROUGH COUNTY
Yes	35.5%
No	64.5%

EXHIBIT 86: WHAT COVERAGE DO YOU HAVE FOR HEALTH CARE?

	HILLSBOROUGH COUNTY
I pay cash / I don't have insurance	6.1%
Medicare or Medicare HMO	13.1%
Medicaid or Medicaid HMO	2.5%
Commercial health insurance (from Employer)	67.7%
Marketplace insurance plan	3.4%
Veteran's Administration	1.1%
TRICARE	2.0%
Indian Health Services	0.0%
County health plan	1.0%
I pay another way	3.0%

EXHIBIT 87: HAVE YOU LOST YOUR HEALTH INSURANCE COVERAGE IN THE PAST 12 MONTHS?

	HILLSBOROUGH COUNTY
Yes	5.2%
No	93.0%
I don't know	1.8%

EXHIBIT 88: WHY DID YOU LOSE YOUR HEALTH INSURANCE COVERAGE?

	HILLSBOROUGH COUNTY
Medicaid lost	12.9%
I lost my job	26.3%
I switched to part-time or lost eligibility at my job	8.6%
I turned 26 and / or lost coverage under my parents' plan	7.0%
I can't afford coverage	17.7%
Other	27.4%

EXHIBIT 89: INCLUDING YOURSELF, HOW MANY PEOPLE CURRENTLY LIVE IN YOUR HOME?

	HILLSBOROUGH COUNTY
1	16.6%
2	34.1%
3	19.3%
4	17.6%
5 or more	12.4%

EXHIBIT 90: ARE YOU A CAREGIVER TO A FAMILY MEMBER WITH A DISABILITY WHO CANNOT CARE FOR THEMSELVES IN YOUR HOME?

	HILLSBOROUGH COUNTY
Yes	8.8%
No	91.2%

EXHIBIT 91: WHAT ARE THE REASONS YOU ARE PROVIDING CARE FOR A FAMILY MEMBER?

	HILLSBOROUGH COUNTY
A physical disability	41.3%
An emotional or behavioral disability or psychiatric condition	23.9%
A cognitive or intellectual disability	30.6%
Hard of hearing or deafness	11.0%
Visually impaired or blind	8.6%
A chronic health condition	29.1%
I don't know	6.1%
Other	13.1%

EXHIBIT 92: DO YOU HAVE CAREGIVING ASSISTANCE FROM ANY OF THE FOLLOWING?

	HILLSBOROUGH COUNTY
Government caregiving agency or program	11.3%
Private caregiving agency or program	6.7%
Family / Friends as caregivers	49.6%
Respite care programs for short-term care	5.4%
Other	33.8%

EXHIBIT 93: HAVE COSTS ASSOCIATED WITH YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR ABILITY TO AFFORD YOUR BASIC NEEDS?

	HILLSBOROUGH COUNTY
Rent or mortgage	51.0%
Groceries	58.2%
Diapers	14.1%
Hygiene products (i.e., period products, soap, shampoo, etc.)	30.1%
Gas for car	41.0%
Utilities (i.e., electricity, water, internet, etc.)	45.8%
Medication	34.5%
Dental care	27.7%
Vision care	20.9%
Other	20.9%

EXHIBIT 94: HAVE YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR ABILITY TO GET AND / OR KEEP A JOB?

	HILLSBOROUGH COUNTY
Yes	26.0%
No	74.0%

EXHIBIT 95: IF SO, HOW?

	HILLSBOROUGH COUNTY
No access to stable caregiving services / Inconsistent caregiving aids	26.8%
Cannot afford caregiving services	36.6%
Makes more sense to stay home and be a full- time caregiver	20.7%
Other	15.9%

EXHIBIT 96: IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED CAREGIVER BURNOUT?

	HILLSBOROUGH COUNTY
Yes	61.0%
No	39.0%

EXHIBIT 97: HAVE YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR PERSONAL RELATIONSHIPS?

	HILLSBOROUGH COUNTY
With spouse or partner	41.8%
With family, including other children	42.9%
With friends	32.6%
At work	24.5%
With my faith community	10.3%
No impact on my personal relationships	34.8%

EXHIBIT 98: DO YOUR CAREGIVING RESPONSIBILITIES IMPACT YOUR ABILITY TO PUT YOUR OWN HEALTH FIRST?

		HILLSBOROUGH COUNTY
I have enough time to exercise at my home or local gym	Disagree	55.6%
	Agree	44.4%
I regularly participate in activities that bring me joy	Disagree	53.6%
	Agree	46.4%
I have enough energy to get through my days	Disagree	51.2%
	Agree	48.8%
I get adequate sleep most nights	Disagree	54.8%
	Agree	45.2%
I eat healthy most of the time	Disagree	42.6%
	Agree	57.4%

EXHIBIT 99: HOW MANY CHILDREN (UNDER AGE 18) CURRENTLY LIVE IN YOUR HOME?

	HILLSBOROUGH COUNTY
None	64.7%
1	15.4%
2	13.7%
3	4.1%
4	1.5%
5	0.3%
6 or more	0.3%

EXHIBIT 100: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MEDICAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

	HILLSBOROUGH COUNTY
Yes	7.9%
No	92.1%

EXHIBIT 101: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MEDICAL CARE THEY NEEDED?

	HILLSBOROUGH COUNTY
Am not sure how to find a doctor	3.0%
Unable to afford to pay for care	51.5%
Cannot find a pediatric specialist	16.8%
Long wait time for appointments	22.8%
Cannot take time off work	19.8%
Unable to find a doctor who takes my insurance	18.8%
Cannot take child out of class	12.9%
Do not have insurance to cover medical care	33.7%
Doctor's office does not have convenient hours	16.8%
Transportation challenges	6.9%
Unable to schedule an appointment when needed	16.8%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	6.9%
Other	11.9%

EXHIBIT 102: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED DENTAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

	HILLSBOROUGH COUNTY
Yes	11.1%
No	88.9%

EXHIBIT 103: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE DENTAL CARE THEY NEEDED?

	HILLSBOROUGH COUNTY
Am not sure how to find a doctor	8.0%
Unable to afford to pay for care	54.7%
Cannot find a pediatric dentist	14.7%
Long wait time for appointments	19.3%
Cannot take time off work	16.7%
Unable to find a doctor who takes my insurance	20.7%
Cannot take the child out of class	10.0%
Do not have insurance to cover dental care	19.3%
Doctor's office does not have convenient hours	13.3%
Transportation challenges	4.7%
Unable to schedule an appointment when needed	18.7%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	6.0%
Other	12.0%

EXHIBIT 104: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL AND / OR BEHAVIORAL HEALTH CARE BUT DID NOT GET THE CARE THEY NEEDED?

	HILLSBOROUGH COUNTY
Yes	9.5%
No	90.5%

EXHIBIT 105: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL AND / OR BEHAVIORAL HEALTH CARE THEY NEEDED?

	HILLSBOROUGH COUNTY
Am not sure how to find a doctor	15.4%
Unable to afford to pay for care	32.5%
Cannot find a child psychiatrist or other provider	39.8%
Long wait time for appointments	41.5%
Cannot take time off work	28.5%
Unable to find a doctor who takes my insurance	41.5%
Cannot take the child out of class	13.8%
Do not have insurance to cover medical care	18.7%
Doctor's office does not have convenient hours	18.7%
Transportation challenges	6.5%
Unable to schedule an appointment when needed	24.4%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	9.8%
Other	16.3%

EXHIBIT 106: WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT THE TOP 5 MOST IMPORTANT HEALTH NEEDS TO ADDRESS.

	HILLSBOROUGH COUNTY
Accidents and injuries	29.8%
Anxiety and / or depression	52.0%
Asthma	10.7%
Attention-deficit / Hyperactivity Disorder (ADHD)	27.3%
Dental care	38.6%
Diabetes	10.4%
Drug or alcohol use	20.6%
Eye health (vision)	19.9%
Gender affirming care	4.0%
Healthy food / Nutrition	54.6%
Healthy pregnancies and childbirth	9.7%
Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)	28.7%
Infectious disease	10.5%
Mental or behavioral health (other than anxiety and depression)	35.8%
Obesity	23.7%
Physical activity	37.7%
Respiratory health other than asthma (RSV, cystic fibrosis)	6.6%

	HILLSBOROUGH COUNTY
Safe sex practices and teen pregnancy	16.5%
Special needs (physical / chronic / behavioral)	21.9%
Suicide prevention	25.9%
Vaping, cigarette, cigar, cigarillo, or E-cigarette use	24.0%
Other	4.6%

EXHIBIT 107: WHEN YOU THINK ABOUT OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH IN YOUR COMMUNITY, PLEASE RANK THE TOP 5

	HILLSBOROUGH COUNTY
Access to benefit (Medicaid, WIC, SNAP)	33.4%
Access to or cost of childcare	48.6%
Bullying and violence in school	54.8%
Domestic violence, child abuse and / or child neglect	30.4%
Educational needs	42.6%
Family member alcohol or drug use	16.6%
Housing	33.9%
Human trafficking	19.3%
Hunger or access to healthy food	35.0%
Lack of employment opportunities	12.7%
Language barriers	11.5%
Messaging on social media	28.4%
Neighborhood crime and community violence	14.7%
Parenting education (parenting skills for child development)	25.7%
Racism and discrimination	19.9%
Safe neighborhoods and places for children	33.7%
Traffic safety	18.8%
Transportation challenges	13.2%
Other	2.9%

EXHIBIT 108: OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE COMMUNITY IN WHICH YOU LIVE?

	HILLSBOROUGH COUNTY
Very unhealthy	3.5%
Unhealthy	11.2%
Somewhat healthy	39.4%
Healthy	31.5%
Very healthy	7.2%
Not sure	7.2%

EXHIBIT 109: PLEASE READ THE LIST OF RISKY BEHAVIORS. WHICH 5 DO YOU BELIEVE ARE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY?

	HILLSBOROUGH COUNTY
Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks)	49.7%
Distracted driving (texting, eating, talking on the phone)	67.8%
Driving while under the influence	35.9%
Dropping out of school	10.7%
Gambling, sports betting	5.1%
Illegal drug use / Abuse or misuse of prescription medications	48.8%
Lack of exercise	45.7%
Not getting 'shots' to prevent disease	16.1%
Not locking up guns	21.8%
Not seeing a doctor while you are pregnant	5.8%
Not using seat belts / Not using child safety seats	14.7%
Not wearing helmets	12.2%
Poor eating habits	46.2%
Too much screen time / Social media	45.9%
Unsafe sex, including not using birth control	13.2%
Vaping, cigarette, cigar, cigarillo, or e-cigarette use	44.5%

EXHIBIT 110: TREND ANALYSIS—TOP 5 RISKY BEHAVIORS THAT ARE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY

HILLSBOROUGH COUNTY			
Rank	2019	2022	2025
1	Drug abuse (34.3%)	Distracted driving (texting, eating, talking on the phone) (45.3%)	Distracted driving (texting, eating, talking on the phone) (67.8%)
2	Distracted driving (texting, eating, talking on the phone) (17.1%)	Illegal drug use / Abuse or misuse of prescription medications (45.1%)	Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks) (49.7%)
3	Alcohol abuse (10.9%)	Poor eating habits (41.7%)	Illegal drug use / Abuse or misuse of prescription medications (48.8%)
4	Poor eating habits (8.7%)	Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks) (41.5%)	Poor eating habits (46.2%)
5	Tobacco use / E-cigarettes / Vaping (6.1%)	Lack of exercise (33.9%)	Too much screen time / Social media (45.9%)

EXHIBIT 111: READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH IN YOUR COMMUNITY. WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?

	HILLSBOROUGH COUNTY
Aging problems	37.9%
Being overweight	64.1%
Cancers	30.6%
Child abuse / Neglect	17.7%
Clean environment / Air and water quality	23.2%
Dental problems	12.8%
Diabetes / High blood sugar	39.2%
Domestic violence / Rape / Sexual assault / Human trafficking	25.3%
Extreme heat	14.3%
Gun-related injuries	15.1%
Heart disease / Stroke / High blood pressure	36.7%
HIV/AIDS / Sexually Transmitted Diseases (STDs)	6.7%
Homicide	5.5%
Illegal drug use / Abuse of prescription medication	42.4%
Infant death	1.9%
Infectious diseases like Hepatitis, TB, etc.	5.5%
Mental health problems including anxiety, depression, and suicide	59.8%

	HILLSBOROUGH COUNTY
Motor vehicle crash injuries	19.9%
Respiratory / Lung disease	6.8%
Social isolation	21.1%
Teenage pregnancy	4.3%

EXHIBIT 112: TREND ANALYSIS—TOP 5 FACTORS THAT CONTRIBUTE TO POOR HEALTH IN YOUR COMMUNITY THAT ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY

HILLSBOROUGH COUNTY			
Rank	2019	2022	2025
1	Cancers (15.8%)	Mental health problems including suicide (41.3%)	Being overweight (64.1%)
2	Mental Health Problems Including Suicide (13.4%)	Being overweight (31.2%)	Mental health problems, including anxiety or depression (59.8%)
3	Child Abuse / Neglect (10.2%)	Illegal drug use / Abuse of prescription medications and alcohol abuse / Drinking too much (29.0%)	Illegal drug use or abuse of prescription medication (42.4%)
4	Being overweight (9.9%)	Aging problems (for example, difficulty getting around, dementia, arthritis) (25.5%)	Diabetes / High blood sugar (39.2%)
5	Heart Disease / Stroke / High blood pressure (7.6%)	Heart disease / Stroke / High blood pressure (21.4%)	Aging problems (for example, difficulty getting around, dementia, arthritis) (37.9%)

EXHIBIT 113: WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?

	HILLSBOROUGH COUNTY
Access to good health information	27.4%
Access to health care, including behavioral health care	63.8%
Access to low-cost, healthy food	64.3%
Arts and cultural events	7.1%
Clean environment / Air and water quality	27.1%
Disaster preparedness	9.8%
Emergency medical services	13.1%
Good place to raise children	18.3%
Good schools	30.4%
Healthy behaviors and lifestyles	36.9%
Increased shade / Tree canopy	5.2%
Livable wage jobs and healthy economy	45.3%
Low-cost childcare	17.3%
Low crime / Safe neighborhoods	24.1%
Low-cost health insurance	24.9%
Low-cost housing	26.9%
Parks and recreation	10.9%
Public transportation	10.0%
Religious or spiritual values	13.0%

	HILLSBOROUGH COUNTY
Sidewalks / Walking safety	10.8%
Strong community / Community knows and supports each other	18.7%
Strong family life	18.5%
Tolerance / Embracing diversity	10.6%

EXHIBIT 114: TREND ANALYSIS—TOP 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY

HILLSBOROUGH COUNTY			
Rank	2019	2022	2025
1	Low crime / Safe neighborhoods (20.3%)	Low crime / Safe neighborhoods (42.5%)	Access to low-cost, healthy food (64.3%)
2	Good place to raise children (14.4%)	Access to healthcare (35.9%)	Access to healthcare, including behavioral health (63.8%)
3	Access to healthcare (12.7%)	Good schools (28.7%)	Livable wage jobs and healthy economy (45.3%)
4	Good schools (8.3%)	Good jobs and healthy economy (23.3%)	Healthy behaviors and lifestyles (36.9%)
5	Good jobs and healthy economy (6.7%)	Low-cost housing (20.5%)	Good schools (30.4%)

EXHIBIT 115: BELOW ARE SOME STATEMENTS ABOUT YOUR LOCAL COMMUNITY. PLEASE TELL US IF YOU AGREE OR DISAGREE.

	HILLSBOROUGH COUNTY	
Illegal drug use / prescription medicine abuse is a problem in my community	Agree	47.7%
	Disagree	17.8%
	Not sure	34.5%
I have no problem getting the health care services I need	Agree	68.2%
	Disagree	24.4%
	Not sure	7.3%
We have great parks and recreational facilities	Agree	59.4%
	Disagree	25.3%
	Not sure	15.4%
Public transportation is easy to get to if I need it	Agree	23.9%
	Disagree	50.3%
	Not sure	25.8%
There are plenty of livable wage jobs available for those who want them	Agree	19.3%
	Disagree	59.1%
	Not sure	21.6%

	HILLSBOROUGH COUNTY	
Crime is a problem in my community	Agree	37.7%
	Disagree	37.7%
	Not sure	24.5%
Air pollution is a problem in my community	Agree	29.1%
	Disagree	42.7%
	Not sure	28.2%
Extreme heat is a problem in my community	Agree	57.1%
	Disagree	27.6%
	Not sure	15.3%
I feel safe in my community	Agree	73.8%
	Disagree	15.0%
	Not sure	11.2%
There are affordable places to live in my community	Agree	18.1%
	Disagree	65.8%
	Not sure	16.2%

	HILLSBOROUGH COUNTY	
The quality of health care is good in my community	Agree	58.0%
	Disagree	23.9%
	Not sure	18.1%
There are good sidewalks for walking safely	Agree	53.1%
	Disagree	40.1%
	Not sure	6.8%
There are healthy things for youth to do in my community	Agree	46.1%
	Disagree	30.8%
	Not sure	23.1%
I am able to get healthy food easily	Agree	64.1%
	Disagree	28.9%
	Not sure	6.9%

EXHIBIT 116: TREND ANALYSIS—THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE AND THERE ARE AFFORDABLE PLACES IN MY COMMUNITY?

	HILLSBOROUGH COUNTY			
		2019	2022	2025
There are plenty of livable wage jobs available for those who want them				
	Agree	38.1%	51.9%	19.3%
	Disagree	37.8%	25.5%	59.1%
	Not sure	24.1%	22.6%	21.6%
		2019	2022	2025
There are affordable places to live in my community				
	Agree	41.5%	18.9%	18.1%
	Disagree	43.3%	64.7%	65.8%
	Not sure	15.2%	16.4%	16.2%

EXHIBIT 117: IN THE PAST 12 MONTHS, HAS A FEAR FOR YOUR OWN SAFETY MADE YOU AVOID SOCIAL GATHERINGS OR EVENTS?

	HILLSBOROUGH COUNTY
Yes	27.7%
No	72.3%

EXHIBIT 118: HAVE YOU OR A MEMBER OF YOUR IMMEDIATE HOUSEHOLD BEEN INJURED BY OR THREATENED WITH A FIREARM?

	HILLSBOROUGH COUNTY
Injured	1.0%
Threatened	6.0%
Both	1.1%
Neither	91.9%

EXHIBIT 119: BELOW ARE SOME STATEMENTS ABOUT YOUR CONNECTIONS WITH THE PEOPLE IN YOUR LIFE. PLEASE TELL US IF YOU AGREE OR DISAGREE WITH EACH STATEMENT.

PLEASE TELL US IF YOU AGREE OR DISAGREE WITH EACH STATEMENT.

		HILLSBOROUGH COUNTY
I am happy with my friendships and relationships	Agree	88.6%
	Disagree	7.1%
	Not sure	4.3%
I have enough people I can ask for help at any time	Agree	79.2%
	Disagree	15.0%
	Not sure	5.8%
My relationship and friendships are as satisfying as I would want them to be	Agree	78.0%
	Disagree	14.7%
	Not sure	7.3%

EXHIBIT 120: IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAY?

	HILLSBOROUGH COUNTY
Not at all	91.0%
Several days	7.5%
More than half the days	1.2%
Nearly every day	0.3%

EXHIBIT 121: IN THE PAST 12 MONTHS, I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE.

	HILLSBOROUGH COUNTY
Often true	6.0%
Sometimes true	19.8%
Never true	74.2%

EXHIBIT 122: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE.

	HILLSBOROUGH COUNTY
Often true	6.3%
Sometimes true	17.5%
Never true	76.2%

EXHIBIT 123: TREND ANALYSIS—FOOD INSECURITY

HILLSBOROUGH COUNTY			
	2019	2022	2025
Food Insecure	32.5%	25.9%	30.2%

EXHIBIT 124: IN THE PAST 12 MONTHS, DID YOU OR ANYONE LIVING IN YOUR HOME EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR EAT IN SOUP KITCHEN?

	HILLSBOROUGH COUNTY
Yes	14.8%
No	85.2%

EXHIBIT 125: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?

	HILLSBOROUGH COUNTY
Yes	26.2%
No	73.8%

EXHIBIT: 126: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY

	HILLSBOROUGH COUNTY
5 or more times a week	18.0%
3-4 times a week	30.9%
1-2 times a week	33.4%
None	17.6%

EXHIBIT 127: HAS THERE BEEN ANY TIME IN THE PAST 2 YEARS WHEN YOU WERE LIVING ON THE STREET, IN A CAR, OR IN A TEMPORARY SHELTER?

	HILLSBOROUGH COUNTY
Yes	2.4%
No	97.6%

EXHIBIT 128: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?

	HILLSBOROUGH COUNTY
Yes	12.7%
No	87.3%

EXHIBIT 129: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?

	HILLSBOROUGH COUNTY
Yes	4.8%
No	95.2%

EXHIBIT 130: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING YOUR HEALTH?

	HILLSBOROUGH COUNTY
Diseases caused by ticks or mosquitoes	38.6%
Indoor air pollution / Poor air quality	20.3%
Outdoor air pollution / Poor air quality	37.7%
Poor water quality	45.6%
Rising sea waters	27.5%
Rising temperatures / Excess heat	59.8%
Severe weather events	80.1%

EXHIBIT 131: OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?

	HILLSBOROUGH COUNTY
Excellent	9.5%
Very good	31.5%
Good	38.8%
Fair	15.7%
Poor	3.6%
Not sure	0.9%

EXHIBIT 132: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

	HILLSBOROUGH COUNTY
Yes	15.6%
No	84.4%

EXHIBIT 133: TREND ANALYSIS— WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

HILLSBOROUGH COUNTY			
	2019	2022	2025
Yes	19.0%	19.3%	15.6%
No	81.0%	80.7%	84.4%

EXHIBIT 134: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?

	HILLSBOROUGH COUNTY
Unable to schedule an appointment when needed	52.7%
Am not sure how to find a doctor	6.8%
Unable to find a doctor who takes my insurance	19.6%
Unable to afford to pay for care	41.1%
Doctor's office does not have convenient hours	32.3%
Transportation challenges	9.3%
Do not have insurance to cover medical care	16.5%
Cannot take time off work	35.7%
Unable to find a doctor who knows or understands my culture	10.8%
Other	13.5%

EXHIBIT 135: TREND ANALYSIS—TOP 5 REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE

HILLSBOROUGH COUNTY			
Rank	2019	2022	2025
1	Can't afford it / Costs too much (47.6%)	Unable to schedule an appointment when needed (44.1%)	Unable to schedule an appointment when needed (52.7%)
2	Other (17.7%)	Unable to afford to pay for care (36.7%)	Unable to afford to pay for care (41.1%)
3	I don't have health insurance (14.9%)	Cannot take time off work (26.1%)	Cannot take time off work (35.7%)
4	I had trouble getting an appointment (9.6%)	Doctor's office does not have convenient hours (23.6%)	Doctor's office does not have convenient hours (32.3%)
5	I don't have a doctor (4.9%)	Unable to find a doctor who takes my insurance (23.0%)	Unable to find a doctor who takes my insurance (19.6%)

EXHIBIT 136: THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, HOW WOULD YOU RATE YOUR OVERALL MENTAL HEALTH?

	HILLSBOROUGH COUNTY
Excellent	15.0%
Very good	27.8%
Good	31.4%
Fair	19.3%
Poor	5.5%
Not sure	1.0%

EXHIBIT 137: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTH CARE BUT DID NOT GET THE CARE YOU NEEDED?

	HILLSBOROUGH COUNTY
Yes	14.0%
No	86.0%

EXHIBIT 138: TREND ANALYSIS—WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTH CARE BUT DID NOT GET THE CARE YOU NEEDED?

HILLSBOROUGH COUNTY			
	2019	2022	2025
Yes	13.6%	19.5%	14.0%
No	86.4%	80.5%	86.0%

EXHIBIT 139: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTH CARE?

	HILLSBOROUGH COUNTY
Am not sure how to find a doctor / Counselor	26.4%
Unable to afford to pay for care	39.0%
Unable to schedule an appointment when needed	42.4%
Transportation challenges	5.6%
Do not have insurance to cover mental health care	21.3%
Fear of family or community opinion	16.5%
Unable to find a doctor / Counselor who takes my insurance	19.6%
Cannot take time off work	32.9%
Doctor / Counselor's office does not have convenient hours	23.2%
Unable to find a doctor who knows or understands my culture	17.4%
Other	14.5%

EXHIBIT 140: TREND ANALYSIS—TOP 5 REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTH CARE

HILLSBOROUGH COUNTY			
Rank	2019	2022	2025
1	Can't afford it / Costs too much (34.4%)	Unable to afford to pay for care (38.9%)	Unable to schedule an appointment when needed (42.4%)
2	Other (21.7%)	Unable to schedule an appointment when needed (35.6%)	Unable to afford to pay for care (39.0%)
3	I don't know where to go (12.0%)	Am not sure how to find a doctor or counselor (26.8%)	Cannot take time off work (32.9%)
4	I don't have a doctor / Counselor (10.2%)	Unable to find a doctor or counselor who takes my insurance (25.8%)	Am not sure how to find a doctor or counselor (26.4%)
5	I had trouble getting an appointment (10.2%)	Do not have insurance to cover mental health care (24.5%)	Doctor or counselor office does not have convenient hours (23.2%)

EXHIBIT 141: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

	HILLSBOROUGH COUNTY
Yes	19.8%
No	80.2%

EXHIBIT 142: TREND ANALYSIS—WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

HILLSBOROUGH COUNTY			
	2019	2022	2025
Yes	26.3%	22.7%	19.8%
No	73.7%	77.3%	80.2%

EXHIBIT 143: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?

	HILLSBOROUGH COUNTY
Unable to schedule an appointment when needed	28.3%
Am not sure how to find a doctor	6.7%
Unable to find a doctor who takes my insurance	30.1%
Unable to afford to pay for care	59.2%
Doctor's office does not have convenient hours	18.7%
Transportation challenges	3.9%
Do not have insurance to cover medical care	13.9%
Cannot take time off work	22.1%
Unable to find a doctor who knows or understands my culture	3.9%
Other	13.0%

EXHIBIT 144: TREND ANALYSIS—TOP 5 REASONS THAT KEPT YOU FROM GETTING DENTAL CARE

HILLSBOROUGH COUNTY			
Rank	2019	2022	2025
1	Can't afford it / Costs too much (61.4%)	Unable to afford to pay for care (54.2%)	Unable to afford to pay for care (59.2%)
2	I don't have dental insurance (16.2%)	Do not have insurance to cover dental care (38.2%)	Unable to find a dentist who takes my insurance (30.1%)
3	Other (8.5%)	Unable to schedule an appointment when needed (21.9%)	Unable to schedule an appointment when needed (28.3%)
4	I don't have a dentist (5.0%)	Unable to find a dentist who takes my insurance (17.6%)	Cannot take time off work (22.1%)
5	I had trouble getting an appointment (4.4%)	Cannot take time off work (15.1%)	Doctor's office does not have convenient hours (18.7%)

EXHIBIT 145: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM ABOUT YOUR OWN HEALTH?

	HILLSBOROUGH COUNTY
1 time	15.8%
2 times	7.0%
3-4 times	3.4%
5-9 times	0.7%
10 or more times	0.2%
I have not gone to a hospital ER in the past 12 months	72.8%

EXHIBIT 146: WHAT ARE THE MAIN REASONS YOU USED THE EMERGENCY ROOM INSTEAD OF GOING TO A DOCTOR'S OFFICE?

	HILLSBOROUGH COUNTY
After hours / Weekend	41.5%
I don't have a doctor / Clinic	5.8%
Long wait for an appointment with my regular doctor	18.1%
Cost	4.1%
Emergency / Life-threatening situation	41.7%
Referred by a doctor	11.5%
I don't have insurance	5.2%
Other	10.7%

EXHIBIT 147: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?

	HILLSBOROUGH COUNTY
Asthma	14.7%
Cancer	6.9%
COPD	2.2%
Depression or Anxiety	28.2%
Diabetes / High blood sugar	14.7%
Heart Disease	5.9%
High blood pressure / Hypertension	32.1%
HIV / AIDS	0.5%
Obesity	23.7%
Stroke	1.2%
None of these	33.4%

EXHIBIT: 148: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING PRODUCTS: CHEWING TOBACCO, SNUFF, SNUS, DIP, CIGARETTES, CIGARS, OR LITTLE CIGARS?

	HILLSBOROUGH COUNTY
I don't use these products	95.4%
On some days	1.9%
Once a day	0.3%
More than once a day	2.4%

EXHIBIT 149: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING ELECTRONIC VAPOR PRODUCTS E-CIGARETTES, E-CIGARS, E-HOOKAHS, E-PIPES, HOOKAH PENS, VAPE PIPES, AND VAPE PENS?

	HILLSBOROUGH COUNTY
I don't use these products	94.9%
On some days	2.3%
Once a day	0.5%
More than once a day	2.3%

EXHIBIT 150: IN YOUR DAY-TO-DAY LIFE, HOW OFTEN HAVE ANY OF THE FOLLOWING THINGS HAPPENED TO YOU?

		HILLSBOROUGH COUNTY
You are treated with less courtesy or respect than other people	At least once a week	14.1%
	A few times a month	14.7%
	A few times a year	30.4%
	Never	40.8%
You receive poorer service than other people at restaurants or stores	At least once a week	4.6%
	A few times a month	7.3%
	A few times a year	27.6%
	Never	60.6%

		HILLSBOROUGH COUNTY
People act as if they think you are not smart	At least once a week	7.7%
	A few times a month	9.6%
	A few times a year	27.7%
	Never	55.1%
People act as if they are afraid of you	At least once a week	3.3%
	A few times a month	4.3%
	A few times a year	8.9%
	Never	83.4%
You are threatened or harassed	At least once a week	2.7%
	A few times a month	4.3%
	A few times a year	16.2%
	Never	76.8%
People criticized your accent or the way you speak	At least once a week	3.4%
	A few times a month	4.1%
	A few times a year	11.8%
	Never	80.7%

EXHIBIT 151: WHAT DO YOU THINK ARE THE MAIN REASONS FOR THESE EXPERIENCES?

	HILLSBOROUGH COUNTY
Your ancestry or national origins	11.8%
Your race	25.9%
Your gender	26.0%
Your age	23.7%
Your religion	3.6%
Your height	4.7%
Your weight	9.8%
Your sexual orientation	4.2%
Some other aspect of your physical appearance	10.6%
A physical disability	2.0%
A mental health condition	2.7%
Your education or income level	9.3%
I have not had these experiences	38.8%

EXHIBIT 152: PLEASE CHECK THE EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18

	HILLSBOROUGH COUNTY
Lived with anyone who was depressed, mentally ill, or suicidal	42.3%
Lived with anyone who was a problem drinker or alcoholic	44.1%
Lived with anyone who used illegal street drugs or who abused prescription medications	20.3%
Lived with anyone who served time or was sentenced to serve in jail or prison	12.3%
Parent(s) were separated or divorced	51.1%
Parent(s) or adults experienced physical harm	23.7%
Parent(s) or adults physically harmed you	27.9%
Parent(s) or adult verbally harmed you	39.6%
Adult or anyone at least 5 years older touched you sexually	20.8%
Adult or anyone at least 5 years older made you touch them sexually	10.5%
Adults or anyone at least 5 years older forced you to have sex	5.6%

EXHIBIT 153: TREND ANALYSIS—EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18

HILLSBOROUGH COUNTY			
	2019	2022	2025
Lived with anyone who was depressed, mentally ill, or suicidal	27.1%	43.9%	42.3%
Lived with anyone who was a problem drinker or alcoholic	52.2%	41.1%	44.1%
Lived with anyone who used illegal street drugs or who abused prescription medications	14.9%	20.0%	20.3%
Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility	10.9%	11.4%	12.3%
Parent(s) were separated or divorced	40.4%	49.7%	51.1%
Parent(s) or adults experienced physical harm (slap, hit, kick, etc.)	20.1%	23.0%	23.7%
Parent(s) or adults physically harmed you (slap, hit, kick, etc.)	27.1%	30.3%	27.9%

	2019	2022	2025
Parent(s) or adult verbally harmed you (swear, insult, or put down)	37.2%	44.0%	39.6%
Adult or anyone at least 5 years older touched you sexually	15.9%	22.7%	20.8%
Adult or anyone at least 5 years older made you touch them sexually	12.3%	11.1%	10.5%
Adults or anyone at least 5 years older forced you to have sex	6.9%	7.0%	5.6%

EXHIBIT 154: TREND ANALYSIS—FOUR OR MORE ACES

HILLSBOROUGH COUNTY			
	2019	2022	2025
Four or more ACEs	26.4%	16.1%	16.1%

Community Survey Tools

2025 Community Health Survey

This community health survey is supported by the All4HealthFL Collaborative comprised of local non-for-profit hospitals and local public health agencies in Hillsborough, Pasco, Pinellas, and Polk counties. Our goal is to understand the health needs of the community members we serve. Your feedback is important for us to implement programs that will benefit everyone in the community.

We encourage you to take 15 minutes to fill out the survey. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not be attributed to you personally in any way. Your participation in this survey is completely voluntary and greatly appreciated.

Thank you for your time and feedback. Together we can improve health outcomes for all.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at scottg@crescendocg.com.

1. What language would you like to take the survey in?
 - ☐ English
 - ☐ Spanish
 - ☐ Haitian Creole
 - ☐ Arabic
 - ☐ Russian
 - ☐ Vietnamese

1. In which county do you live? (Please choose only one)

- ☐ Hillsborough ☐ Pasco ☐ Pinellas ☐ Polk ☐ Sarasota
- ☐ Citrus
- ☐ Hardee ☐ Highlands ☐ Hernando ☐ Manatee ☐ Marion
- ☐ Other

2. In which ZIP code do you live? (Please write in)

3. What is your age? (Please choose only one)

- ☐ Under 18 ☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64
- ☐ 65 to 74 ☐ 75 or older

4. Are you of Hispanic or Latino origin or descent? (Please choose only one)

- ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino ☐ Prefer not to answer

5. Which race best describes you? (Please choose only one)

- ☐ More than one race ☐ African American or Black
- ☐ American Indian or Alaska Native ☐ Asian
- ☐ Native Hawaiian or Pacific Islander ☐ White
- ☐ I identify in another way: _____ ☐ Prefer not to answer

6. What is your current gender identity? (Please choose only one)

- ☐ Man ☐ Trans Woman/ Trans Feminine
- ☐ Woman ☐ Non-Binary/ Genderqueer
- ☐ Trans Man/Trans Masculine Spectrum ☐ I identify in another way:
- _____ ☐ Prefer not to answer

7. Do you identify as LGBTQIA+?

- ☐ Yes ☐ No ☐ Prefer not to answer

8. What language do you MAINLY speak at home? (Please choose only one)

- ☐ Arabic ☐ Chinese ☐ English ☐ French
- ☐ German
- ☐ Haitian Creole ☐ Russian ☐ Spanish ☐ Vietnamese
- ☐ I speak another language: _____

9. How well do you speak English? (Please choose only one)

- ☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

10. What is the highest level of school that you have completed? (Please choose only one)

- ☐ Less than high school ☐ Some high school, but no diploma ☐ High school diploma or GED
☐ Some college, no degree ☐ Vocational/Technical/Trade School
☐ Associate degree
☐ Bachelor's degree ☐ Master's/Graduate or professional degree or higher

11. How much total combined money did all people living in your home earn last year? (Please choose only one)

- ☐ \$0 to \$9,999
☐ \$10,000 to \$19,999
☐ \$20,000 to \$29,999
☐ \$30,000 to \$39,999
☐ \$40,000 to \$49,999
☐ \$50,000 to \$59,999
☐ \$60,000 to \$69,999
☐ \$70,000 to \$79,999
☐ \$80,000 to \$89,999
☐ \$90,000 to \$99,999
☐ \$100,000 to \$124,999
☐ \$125,000 to \$149,999
☐ \$150,000 or more
☐ Prefer not to answer

12. Which of the following categories best describes your employment status? (Choose all that apply)

- ☐ Employed, working full-time ☐ Student (If so, what school: _____)
- ☐ Employed, working part-time
- ☐ Self-employed / Contract ☐ Retired
- ☐ Not employed, looking for work
- ☐ Disabled, not able to work
- ☐ Not employed, NOT looking for work

13. What transportation do you use most often to go places? (Please choose only one)

- ☐ I drive a car ☐ Someone drives me
☐ I take the bus ☐ I walk
☐ I ride a bicycle ☐ I take a taxi/cab
☐ I ride a motorcycle or scooter
☐ I take an Uber/Lyft ☐ Some other way

14. Are you

- ☐ A Veteran ☐ In Active Duty ☐ National Guard/Reserves ☐ None of these **(Skip to question 16)**

15. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?

- ☐ Yes ☐ No

16. What coverage do you have for health care? (Please choose only one)

- | | |
|--|--|
| ☐ I pay cash / I don't have insurance | ☐ TRICARE |
| ☐ Medicare or Medicare HMO | ☐ Indian Health Services |
| ☐ Medicaid or Medicaid HMO (Employer) | ☐ Commercial health insurance (from Employer) |
| ☐ Veteran's Administration | ☐ Marketplace insurance plan |
| ☐ County health plan | ☐ I pay another way: |
-

17. Have you lost your health insurance coverage in the last 12 months?

- ☐ Yes
- ☐ No **(skip to question 19)**
- ☐ I don't know **(skip to question 19)**

18. Why did you lose your health insurance coverage?

- ☐ Medicaid lost
- ☐ I lost my job
- ☐ I switched to part-time or lost eligibility at my job
- ☐ I turned 26 and/or lost coverage under my parents' plan
- ☐ I can't afford coverage

19. Including yourself, how many people currently live in your home? (Please choose only one)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

20. Are you a caregiver to a family member with a disability who cannot care for themselves in your home?

- ☐ Yes ☐ No **(skip to question 29)**

Begin Caregiving

21. What are the reasons you are providing care for a family member? (Check all that apply)

- ☐ A physical disability
- ☐ An emotional or behavioral disability or psychiatric condition
- ☐ A cognitive or intellectual disability
- ☐ Hard of Hearing or Deafness
- ☐ Visually impaired or blind
- ☐ A chronic health condition
- ☐ Other (please specify)
- ☐ I don't know

22. Do you have caregiving assistance from any of the following? (Check all that apply)

- ☐ Government caregiving agency or program
- ☐ Private caregiving agency or program
- ☐ Family / friends as caregivers
- ☐ Respite care programs for short-term care
- ☐ Other (please specify)

23. Have costs associated with your caregiving responsibilities impacted your ability to afford your basic needs? (Check all that apply)

- ☐ Rent or mortgage
- ☐ Groceries
- ☐ Diapers
- ☐ Hygiene products (i.e., period products, soap, shampoo, etc.)
- ☐ Gas for car
- ☐ Utilities (i.e., electricity, water, internet, etc.)
- ☐ Medication
- ☐ Dental care
- ☐ Vision care
- ☐ Other (please specify)

24. Have your caregiving responsibilities impacted your ability to get and/or keep a job?

- ☐ Yes
- ☐ No **(Skip to Q26)**

25. If so, how?

- ☐ No access to stable caregiving services / inconsistent caregiving aids
- ☐ Cannot afford caregiving services
- ☐ Makes more sense to stay home and be a full-time caregiver
- ☐ Other please specify

Caregiver burnout is a state of physical, emotional, and mental exhaustion that happens while you're taking care of someone else. Stressed caregivers may experience fatigue, anxiety, and depression.

26. In the past 12 months, have you experienced caregiver burnout?

- ☐ Yes
☐ No

27. Have your caregiving responsibilities impacted your personal relationships? (check all that apply)

- ☐ With spouse or partner
☐ With family, including other children
☐ With friends
☐ At work
☐ With my faith community
☐ No impact on my personal relationships
☐ Other (please specify)

28. Do your caregiving responsibilities impact your ability to put your own health first?

	Disagree	Agree
I have enough time to exercise at home or my local gym		
I regularly participate in activities that bring me joy (i.e., hobbies, social, etc.)		
I have enough energy to get through my days		
I get adequate sleep most nights		
I eat healthy most of the time		

29. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

- ☐ None **(Skip to question 38)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
or more

30. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 22)

31. What are some reasons that kept them from getting the medical care they needed? (Choose all that apply)

- | | |
|---|--|
| ☐ Am not sure how to find a doctor | ☐ Unable to afford to pay for care |
| ☐ Cannot find a pediatric specialist | ☐ Long wait times for appointments |
| ☐ Cannot take time off work
my insurance | ☐ Unable to find a doctor who takes |
| ☐ Cannot take child out of class
medical care | ☐ Do not have insurance to cover |
| ☐ Doctor's office does not have convenient hours | ☐ Transportation challenges |
| ☐ Unable to schedule an appointment when needed | ☐ Other (please specify) |
| | ☐ Unable to find a doctor |

_____ who knows or understands

my culture, identity, or beliefs

32. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 24)

33. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)

- | | |
|---|--|
| ☐ Am not sure how to find a doctor | ☐ Unable to afford to pay for care |
| ☐ Cannot find a pediatric specialist | ☐ Long wait times for appointments |
| ☐ Cannot take time off work
my insurance | ☐ Unable to find a doctor who takes |
| ☐ Cannot take child out of class
medical care | ☐ Do not have insurance to cover |
| ☐ Doctor's office does not have convenient hours | ☐ Transportation challenges |
| ☐ Unable to schedule an appointment when needed | ☐ Other (please specify) |

_____ ☐ Unable to find a doctor who knows or understands

my culture, identity, or beliefs

34. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral health care but did NOT get the care they needed?

☐ Yes

☐ No (skip to question 26)

35. What are some reasons that kept them from getting the mental and/or behavioral health care they needed? (Choose all that apply)

☐ Am not sure how to find a doctor

☐ Unable to afford to pay for care

- Cannot find a child psychiatrist or other provider
- Cannot take time off work
- Cannot take child out of class
- doctor/counselor/therapist who takes my insurance
- medical care

☐ Long wait times for appointments

☐ Unable to find a

☐ Do not have insurance to cover

☐ Doctor's office does not have convenient hours

☐ Transportation challenges

☐ Unable to schedule an appointment when needed

☐ Other (please specify)

☐ Unable to find a doctor

_____ who knows or understands

my culture, identity, or beliefs

The goal of the next question (Question 36) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

- 36. When you think about the most important HEALTH needs for children in your community, please select the top 5 most important health needs to address. If you think of a health concern that is not listed here, please write it in under “other”. (Please choose only 5)**

<u>Please choose only 5</u>	
☐	Accidents and Injuries
☐	Anxiety and/or depression
☐	Asthma
☐	Attention-Deficit/Hyperactivity Disorder (ADHD)
☐	Dental care
☐	Diabetes
☐	Drug or alcohol use
☐	Eye health (vision)
☐	Gender affirming care
☐	Healthy food / nutrition
☐	Healthy pregnancies and childbirth
☐	Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
☐	Infectious diseases
☐	Mental or behavioral Health (other than anxiety and depression)
☐	Obesity
☐	Physical activity
☐	Respiratory health other than asthma (RSV, cystic fibrosis)
☐	Safe sex practices and teen pregnancy
☐	Special needs (Physical / Chronic / Behavioral / Developmental / Emotional)
☐	Suicide prevention
☐	Vaping, cigarette, cigar, cigarillo, or E-cigarette use
☐	Other: (please specify)

The goal of the next question (Question 27) is to understand what you think are OTHER important needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.

- 37. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 5 critical needs or concerns most important to address. If you think of a concern that is not listed here, please write it under “other”. (Please choose only 5)**

<u>Please choose only 5</u>	
☐	Access to benefits (Medicaid, WIC, SNAP/Food Stamps)
☐	Access to or cost of childcare
☐	Bullying and violence in school
☐	Domestic violence, child abuse and/or child neglect
☐	Educational needs
☐	Family member alcohol or drug use
☐	Housing
☐	Human trafficking
☐	Hunger or access to healthy food
☐	Lack of employment opportunities
☐	Language Barriers
☐	Messaging on social media
☐	Neighborhood crime and community violence
☐	Parenting education (parenting skills for child development)
☐	Racism and discrimination
☐	Safe neighborhoods and places for children to play
☐	Traffic safety
☐	Transportation challenges
☐	Other (please specify concern)_____

—End Children’s Section —

These next questions are about your view or opinion of the community in which you live.

38. Overall, how would you rate the health of the community in which you live? (Please choose only one)

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy ☐ Not sure

39. Please read the list of risky behaviors listed below. Which 5 do you believe are the most harmful to the overall health of your community? (Please choose only 5)

<u>Please choose only 5</u>	
☐	Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
☐	Distracted driving (texting, eating, talking on the phone)
☐	Driving while under the influence
☐	Dropping out of school
☐	Gambling, Sports betting
☐	Illegal drug use/abuse or misuse of prescription medications
☐	Lack of exercise
☐	Not getting "shots" to prevent disease
☐	Not locking up guns
☐	Not seeing a doctor while you are pregnant
☐	Not using seat belts/not using child safety seats
☐	Not wearing helmets
☐	Poor eating habits
☐	Too much screen time / social media
☐	Unsafe sex including not using birth control
☐	Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use

40. Read the list of **factors that contribute to poor health** and think about your community. Which of these do you believe are most important to address to improve the health of your community? (Please choose only 5)

<u>Please choose only 5</u>	
☐	Aging problems (for example: difficulty getting around, dementia, arthritis)
☐	Being overweight
☐	Cancers
☐	Child abuse / Neglect
☐	Clean environment / Air and water quality
☐	Dental problems
☐	Diabetes / High blood sugar
☐	Domestic violence / Rape / Sexual assault / Human trafficking
☐	Extreme heat
☐	Gun-related injuries
☐	Heart disease / Stroke / High blood pressure
☐	HIV/AIDS / Sexually Transmitted Diseases (STDs)
☐	Homicide
☐	Illegal drug use/Abuse of prescription medications and alcohol abuse/Drinking too much
☐	Infant death
☐	Infectious diseases like Hepatitis, TB, etc.
☐	Mental health problems Including anxiety, depression, and Suicide
☐	Motor vehicle crash injuries
☐	Respiratory / Lung disease
☐	Social isolation
☐	Teenage pregnancy

41. Please read the list below. Which do you believe are the 5 most important factors to improve the quality of life in a community? (Please choose only 5)

<u>Please choose only 5</u>	
☐	Access to good health information
☐	Access to health care, including behavioral health
☐	Access to low-cost, healthy food
☐	Arts and cultural events
☐	Clean environment / Air and water quality
☐	Disaster preparedness
☐	Emergency medical services
☐	Good place to raise children
☐	Good schools
☐	Healthy behaviors and lifestyles
☐	Increased shade / tree canopy
☐	Livable wage jobs and healthy economy
☐	Low-cost childcare
☐	Low crime / Safe neighborhoods
☐	Low-cost health insurance
☐	Low-cost housing
☐	Parks and recreation
☐	Public transportation
☐	Religious or spiritual values
☐	Sidewalks / Walking safety
☐	Strong community/Community knows and supports each other
☐	Strong family life
☐	Tolerance / Embracing diversity

42. Below are some statements about your local community. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
Illegal drug use/prescription medicine abuse is a problem in my community	☐	☐	☐
I have no problem getting the health care services I need	☐	☐	☐
We have great parks and recreational facilities	☐	☐	☐
Public transportation is easy to get to if I need it	☐	☐	☐
There are plenty of livable wage jobs available for those who want them	☐	☐	☐
Crime is a problem in my community	☐	☐	☐
Air pollution is a problem in my community	☐	☐	☐
Extreme heat is a problem in my community	☐	☐	☐
I feel safe in my community	☐	☐	☐
There are affordable places to live in my community	☐	☐	☐
The quality of health care is good in my community	☐	☐	☐
There are good sidewalks for walking safely	☐	☐	☐
There are healthy things for youth to do in my community	☐	☐	☐
I am able to get healthy food easily	☐	☐	☐

43. In the past 12 months, has a fear for your own safety made you avoid social gatherings or events?

- ☐ Yes
- ☐ No

44. Have you or a member of your immediate household been injured by or threatened with a firearm?

- ☐ Injured
- ☐ Threatened
- ☐ Both
- ☐ Neither

- 45. Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.**

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships	☐	☐	☐
I have enough people I can ask for help at any time	☐	☐	☐
My relationships and friendships are as satisfying as I would want them to be	☐	☐	☐

- 46. Over the past 12 months, how often have you had thoughts that you would be better off dead or hurting yourself in some way? (Please choose only one)**

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

If you would like help with or would like to talk about these issues, please call or text the National Suicide Prevention Lifeline at 988.

- 47. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)**

☐ Often true ☐ Sometimes true ☐ Never true

- 48. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)**

☐ Often true ☐ Sometimes true ☐ Never true

- 49. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?**

☐ Yes ☐ No

- 50. Do you eat at least 5 cups of fruits or vegetables every day?**

☐ Yes ☐ No

- 51. How many times a week do you usually do 30 minutes or more of moderate-intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal? (Please choose only one)**

☐ 5 or more times a week ☐ 3-4 times a week ☐ 1-2 times a week ☐ none

52. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?
- ☐ Yes ☐ No
53. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay?
- ☐ Yes ☐ No
54. In the past 12 months, has your utility company shut off your service for not paying your bills?
- ☐ Yes ☐ No
55. Are you concerned about any of the following environmental or climate-related concerns impacting your health? (Check all that apply)
- ☐ Diseases caused by ticks or mosquitoes (i.e., Lyme, West Nile, Zika, etc.)
 - ☐ Indoor air pollution / poor air quality
 - ☐ Outdoor air pollution / poor air quality
 - ☐ Poor water quality
 - ☐ Rising sea waters
 - ☐ Rising temperatures / excess heat
 - ☐ Severe weather events (i.e., hurricanes, tornadoes, etc.)
 - ☐ Other (please specify)

These next questions are about your personal health and your opinions about getting health care in your community.

56. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)
- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Not sure
57. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?
- ☐ Yes ☐ No (Skip to question 59)
58. What are some reasons that kept you from getting medical care? (Choose all that apply)
- ☐ Unable to schedule an appointment when needed how to find a doctor ☐ Am not sure
- ☐ Unable to find a doctor who takes my insurance afford to pay for care ☐ Unable to

☐ Doctor's office does not have convenient hours challenges

☐ Transportation

☐ Do not have insurance to cover medical care

☐ Cannot take time off work

☐ Unable to find a doctor who knows or understands

☐ Other (please specify)

my culture, identity, or beliefs

59. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)

☐ Excellent
Not Sure

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐

60. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?

☐ Yes

☐ No (Skip to question 62)

61. What are some reasons that kept you from getting mental health care? (Choose all that apply)

☐ Am not sure how to find a doctor / counselor
afford to pay for care

☐ Unable to

☐ Unable to schedule an appointment when needed
Transportation challenges

☐

☐ Do not have insurance to cover mental health care
community opinion

☐ Fear of family or

☐ Unable to find a doctor / counselor who takes my insurance
off work

☐ Cannot take time

☐ Doctor / counselor office does not have convenient hours

☐ Other

Unable to find a doctor / counselor who knows or

☐

understands my culture, identity, or beliefs

62. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

☐ Yes

☐ No (Skip to question 64)

63. What are some reasons that kept you from getting dental care? (Choose all that apply)

- | | |
|---|--|
| ☐ Unable to schedule an appointment when needed
how to find a dentist | ☐ Am not sure |
| ☐ Do not have insurance to cover dental care
afford to pay for care | ☐ Unable to |
| ☐ Dentist office does not have convenient hours
challenges | ☐ Transportation |
| ☐ Unable to find a dentist who takes my insurance | ☐ Cannot take time off work |
| ☐ Unable to find a dentist who knows or understands

identity, or beliefs | ☐ Other

my culture, |

64. In the past 12 months, how many times have you gone to an emergency room (ER, not Urgent Care) about your own health? (Please choose only one)

- ☐ 1time ☐ 2 times ☐ 3-4 times ☐ 5-9 times ☐ 10
 or more times ☐ I have not gone to a hospital ER in the past 12 months **(Skip to question 66)**

65. What are the MAIN reasons you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

- | | |
|--|---|
| ☐ After hours / Weekend | ☐ I don't have a doctor / clinic |
| ☐ Long wait for an appointment with my regular doctor | ☐ Cost |
| <ul style="list-style-type: none"> • Emergency / Life-threatening situation • Referred by a doctor • ☐ Other _____ | ☐ I don't have insurance |

66. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

Cancer	☐	Heart disease	☐
Asthma	☐	High blood pressure / Hypertension	☐
COPD	☐	Obesity	☐
Depression or Anxiety	☐	Stroke	☐
Diabetes / High Blood Sugar	☐	None of these	☐
HIV / AIDS	☐		

67. How often do you use any of the following products: chewing tobacco, snuff, snus, dip, cigarettes,

cigars or little cigars? (Please choose only one)

- ☐ I do not use these products ☐ On some days
- ☐ Once a day ☐ More than once a day

68. How often do you use any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e- pipes, hookah pens, vape pipes, and vape pens? (Please choose only one)

- ☐ I do not use these products ☐ On some days
- ☐ Once a day ☐ More than once a day

69. In your day-to-day life how often have any of the following things happened to you?

	At least once a week	A few times a month	A few times a year	Never
You are treated with less courtesy or respect than other people	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores	☐	☐	☐	☐
People act as if they think you are not smart	☐	☐	☐	☐
People act as if they are afraid of you	☐	☐	☐	☐
You are threatened or harassed	☐	☐	☐	☐
People criticized your accent or the way you speak	☐	☐	☐	☐

70. What do you think is the main reason(s) for these experiences? (Choose all that apply)

- ☐ Your ancestry or national origins ☐ Your gender
- ☐ Your race ☐ Your age
- ☐ Your religion ☐ Your height
- ☐ Your weight ☐ Your sexual orientation
- ☐ Some other aspect of your physical appearance ☐ A physical disability
- ☐ Your education or Income Level ☐ A mental health condition
- ☐ I have not had these experiences

The final question is about ACEs, adverse childhood experiences, that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic, and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For this question, please think back to the time BEFORE you were 18 years of age.

71. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)

- ☐ Lived with anyone who was depressed, mentally ill, or suicidal
- ☐ Lived with anyone who was a problem drinker or alcoholic
- ☐ Lived with anyone who used illegal street drugs or who abused prescription medications
- ☐ Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility
- ☐ Parent(s) were separated or divorced
- ☐ Parent(s) or adults experienced physical harm (slap, hit, kick, etc.)
- ☐ Parent(s) or adult physically harmed you (slap, hit, kick, etc.)
- ☐ Parent(s) or adult verbally harmed you (swear, insult, or put down)
- ☐ Adult or anyone at least 5 years older touched you sexually
- ☐ Adult or anyone at least 5 years older made you touch them sexually
- ☐ Adult or anyone at least 5 years older forced you to have sex

That concludes our survey. Thank you for participating! Your feedback is important.

RESOURCE List

Please find the list of community resources used for this Community Health Needs Assessment Survey.

Find Help Florida (<https://findhelpflorida.findhelp.com/>)

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

United Way 211 (<https://www.crisiscenter.com/>)

Simply call 211 to speak to someone now, or search by location for online resources and more contact information.

988 Suicide and Crisis Lifeline (<https://988lifeline.org/>)

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones. Call 988.

Crisis Text Line (<https://www.crisistextline.org/>)

Crisis Text Line provides free, 24/7 support via text message. We're here for everything: anxiety, depression, suicide, and school. Text HOME to 741741

Hillsborough County (<https://hcfl.gov/residents/parks-and-leisure/mindful-mondays/organizations-offering-mental-health-resources>)

Resources to help you with mental health

Pasco County (<https://namipasco.org/>)

National Alliance on Mental Illness, Pasco County

NAMI Pasco, an affiliate of the National Alliance on Mental Illness is a 501(c)3 not-for-profit organization that provides free support, advocacy, outreach, and education to those with mental health conditions and their loved ones.

Pinellas County (<https://nami-pinellas.org/>)

National Alliance on Mental Illness, Pinellas County

NAMI(National Alliance on Mental Illness) Pinellas supports individuals and loved ones affected by mental illness so that they can build better lives.

Polk County

Peace River Center (<https://www.peacerivercenter.org/>)

Peace River Center’s Mobile Crisis Response Team (MCRT) is a free 24-hour community resource available to anyone experiencing emotional distress. The free 24-hour Crisis Line is (863) 519-3744 or (800) 627-5906.

Information on Adverse Childhood Experiences

PACEs Connection (<https://www.acesconnectioninfo.com/>)

PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health, and that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems, and communities.

Recognizing and Treating Child Traumatic Stress (<https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress>)

Learn about the signs of traumatic stress, its impacts on children, treatment options, and how families and caregivers can help.

TEDTalk: How Childhood Trauma Affects Health Across a Lifetime

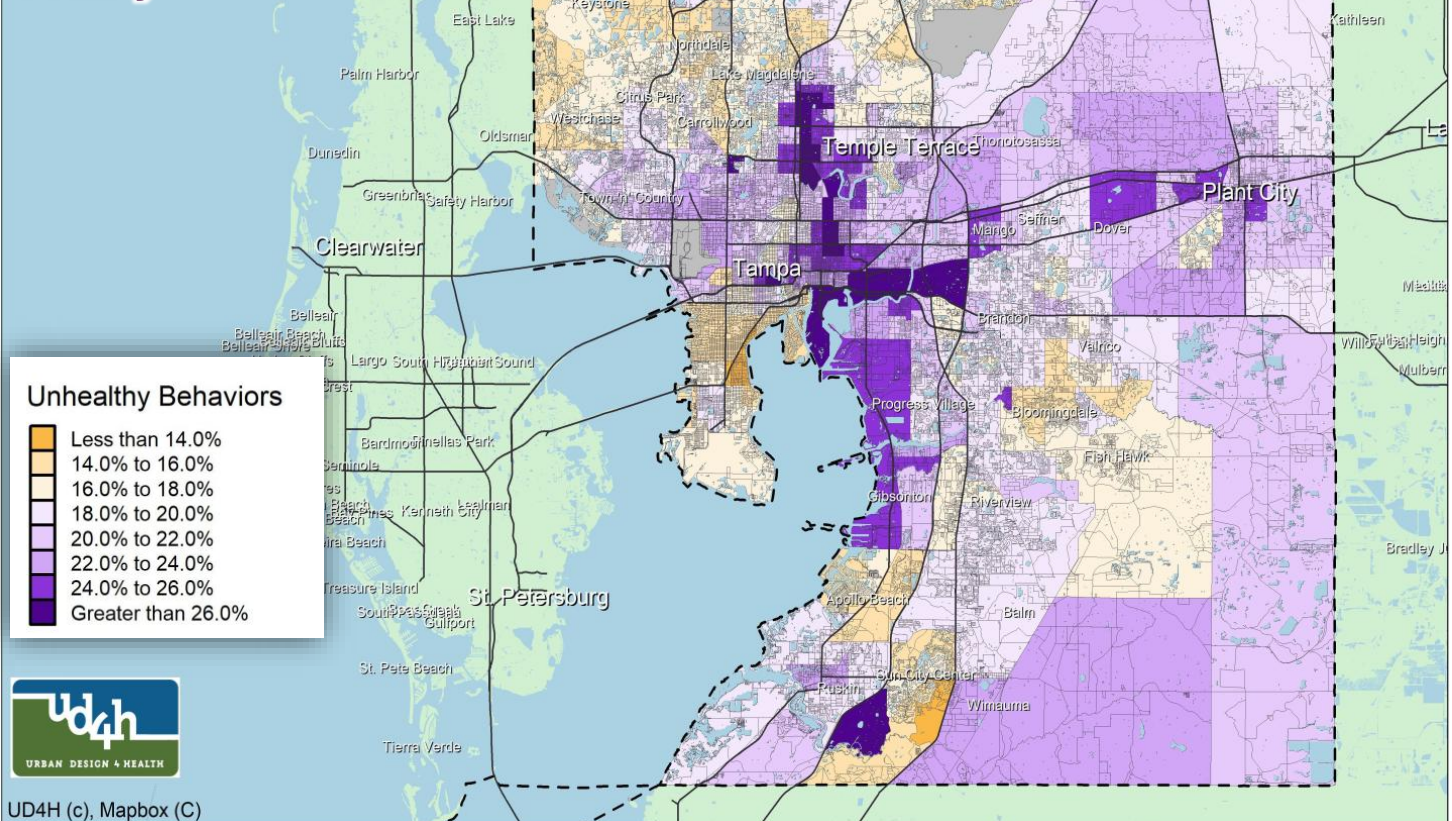
(<https://ed.ted.com/lessons/eczPoVp6>)

Nadine Burke Harris reveals a little understood, yet universal factor in childhood that can profoundly impact adult-onset disease.

Unhealthy Behaviors

The maps below show the average prevalence of unhealthy behaviors (smoking, binge drinking, and physical inactivity) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from the 2024 CDC PLACES dataset (which are **estimated** from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data).

Hillsborough County



Metric: Average prevalence of smoking, binge drinking, and physical inactivity of adults at the US Census Tract level.

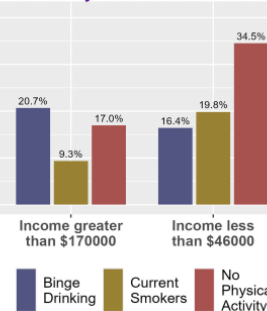
Current Smokers: Percent adults reporting smoking some days currently. Smoking and secondhand smoke exposure cause 480,000+ deaths each year in the US.

Binge Drinking: Percent of adults reporting drinking 5+ drinks (4+ drinks for women) on 1 occasion. Drinking excessively can lead to injuries, violence, poisoning, and overdose.

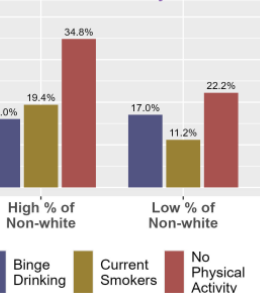
Physical Inactivity: Percent of adults reporting no leisure time physical activity. Regular physical activity elicits multiple health benefits in the prevention and management of chronic diseases

Darker purple colors in the map are estimated to have higher prevalence rates of unhealthy behaviors compared to the rest of the region. Orange areas have lower values.

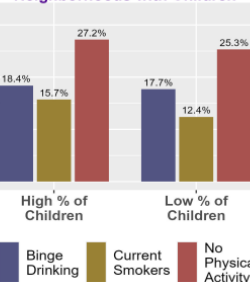
Unhealthy Behaviors and Income



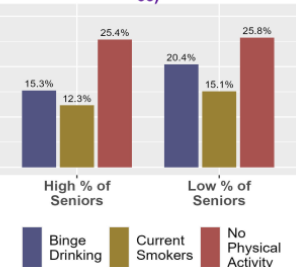
Unhealthy Behaviors and Race/Ethnicity



Unhealthy Behaviors and Neighborhoods with Children



Unhealthy Behaviors and Neighborhoods with Seniors (over 65)

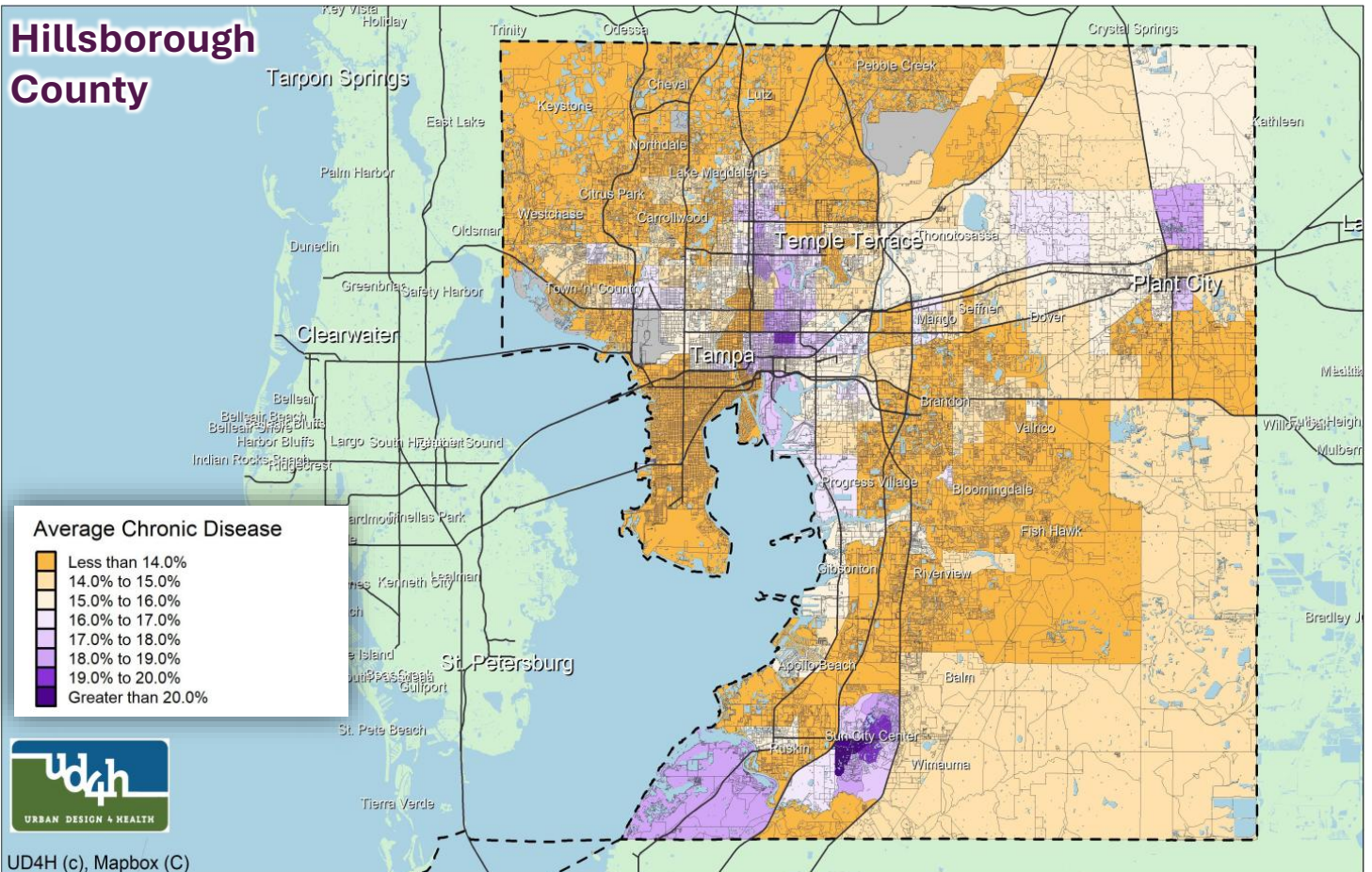




All4HealthFL Collaborative Community Health Needs Assessment Average Chronic Disease



The maps below show the average prevalence of 5 chronic diseases or conditions (Cancer, Heart Disease, Diabetes, Obesity, and Asthma) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from the 2024 CDC PLACES dataset (which are **estimated** from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data).



Metric: Average prevalence of major chronic diseases (Cancer, Heart Disease, Diabetes, Obesity, and Asthma) in adults at the US Census Tract level.

Cancer: Percent adults reporting that they were diagnosed in the past with cancer (non-skin) or melanoma

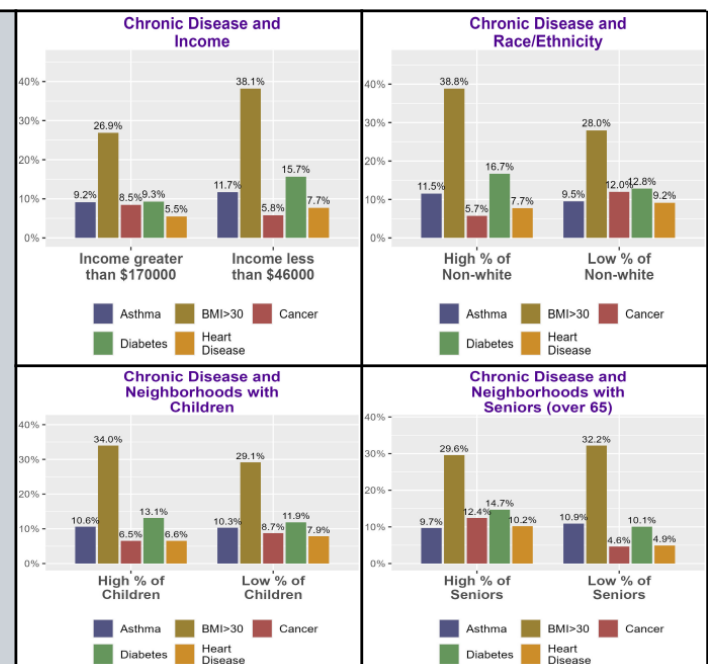
Heart Disease: Percent adults reporting that they were diagnosed in the past with coronary heart disease.

Diabetes: Percent adults reporting that they were diagnosed in the past with diabetes (any type).

Obesity: Percent adults reporting that they were diagnosed in the past with obesity.

Asthma: Percent adults reporting that they currently have asthma.

Darker purple colors in the map are estimated to have higher prevalence rates of one or more chronic disease compared to the rest of the region. Orange areas have lower values.

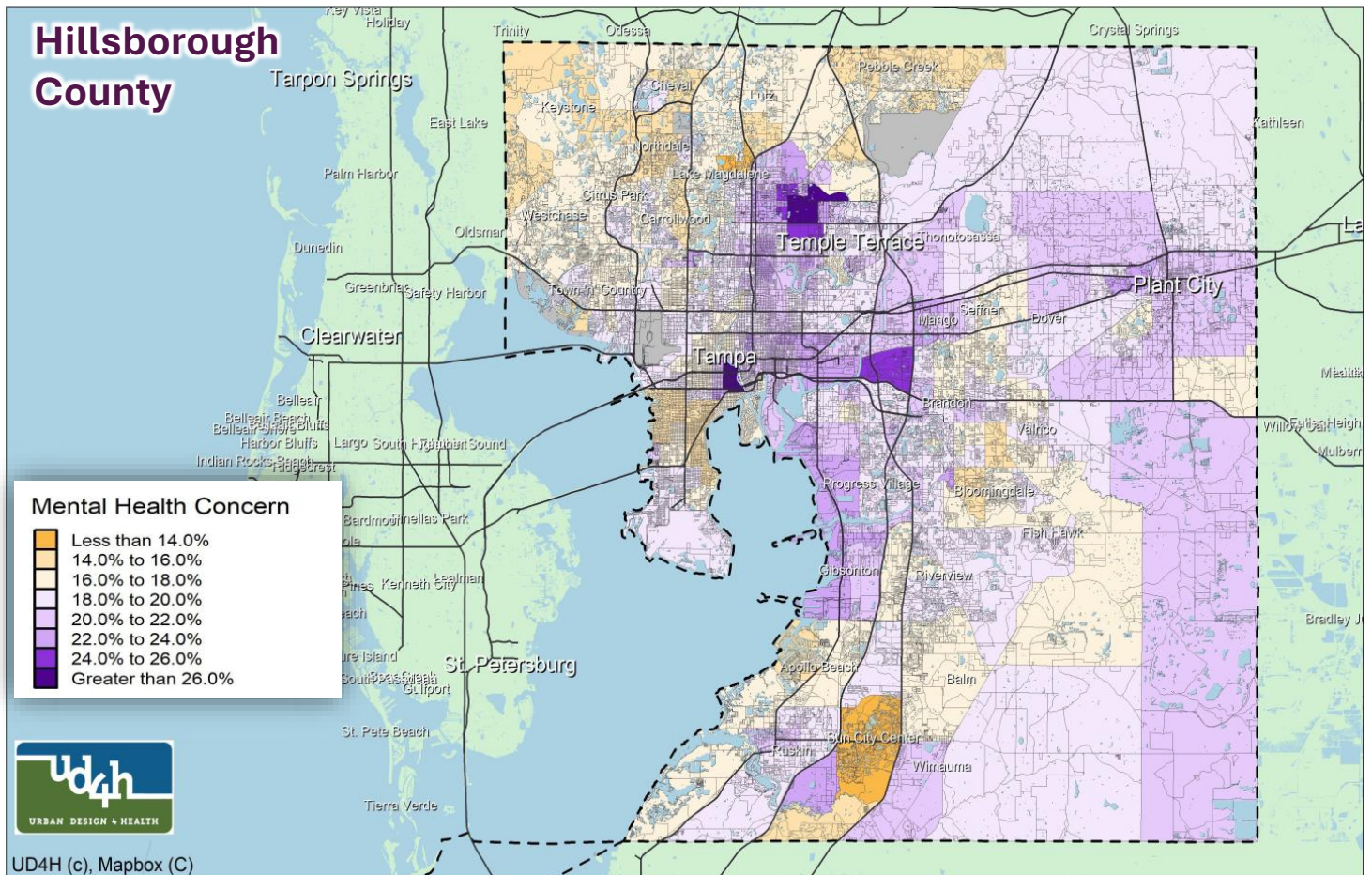




All4HealthFL Collaborative Community Health Needs Assessment Mental Health Concern



The maps below show the average prevalence of 2 conditions (Depression and frequent Mental Distress) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from 2024 CDC PLACES data, which are estimated from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data.



Metric: Average prevalence of two mental health concerns (Depression, and frequent Mental Distress) in adults at the US Census Tract level.

Depression: Percent of adults reporting that they experienced depression in the past 30 days.

Frequent Mental Distress: Percent of adults reporting having 14 or more days of poor mental health in the past 30 days. Poor mental health includes stress, depression, and problems with emotions.

“People who have depression are at higher risk of developing certain chronic diseases, including heart disease, diabetes, stroke, pain, osteoporosis, and Alzheimer’s disease.” - [NIH](#)

Darker purple colors in the map are estimated to have higher prevalence rates mental health concerns compared to the rest of the region. Orange areas have lower values.



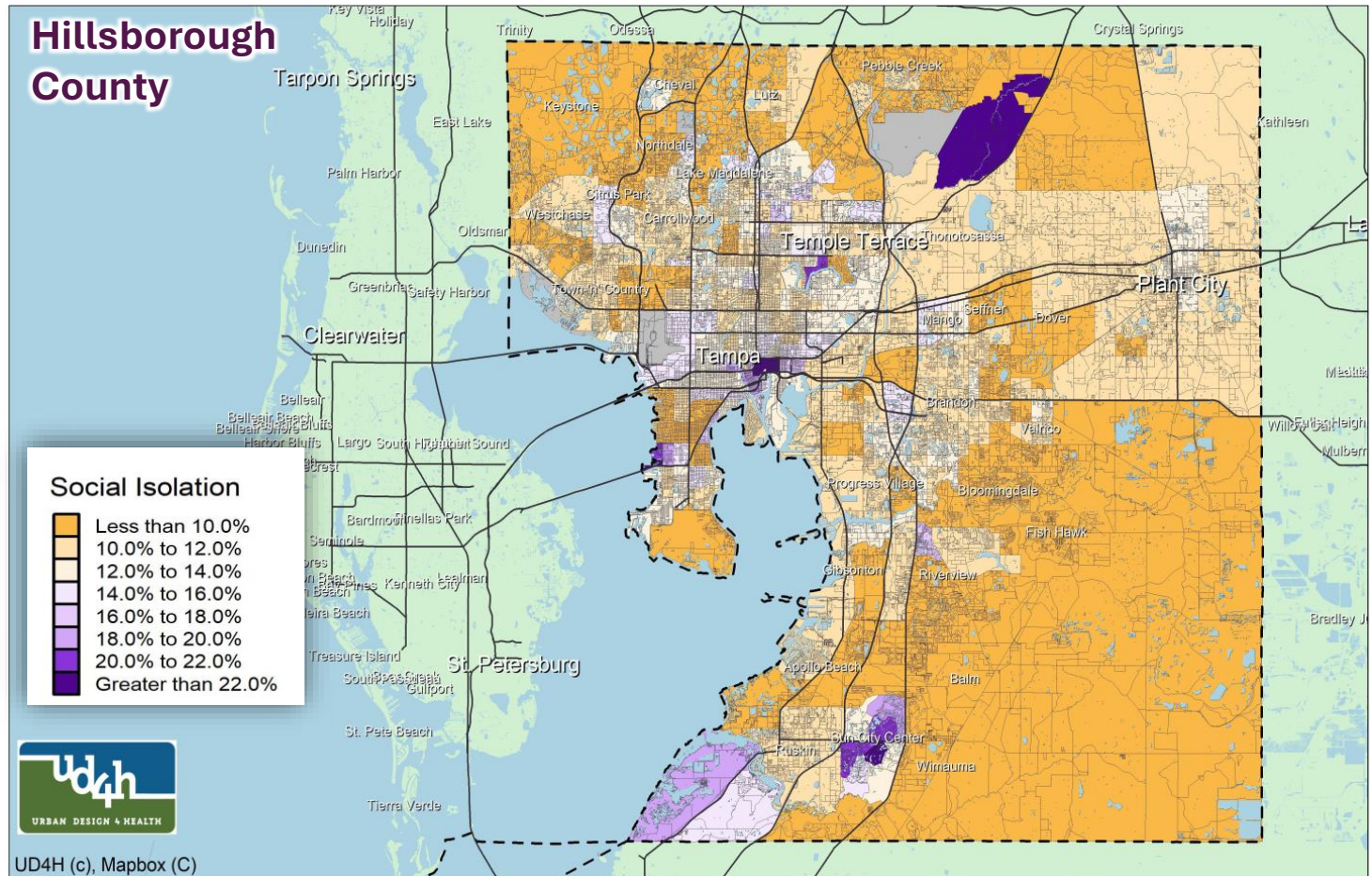


All4HealthFL Collaborative Community Health Needs Assessment



Social Isolation

The maps below show the average prevalence of 3 conditions (reported social isolation, adults living alone, seniors living alone) for residential areas in the CFC region (gray areas are non-residential). These maps and charts were developed from 2024 CDC PLACES data (social isolation) and the 2023 American Community Survey (adults living alone and seniors living alone)



Metric: Average prevalence of reported social isolation (US Census Tract level) and the percentage of adults living alone and seniors living alone (US Census Block Group level).

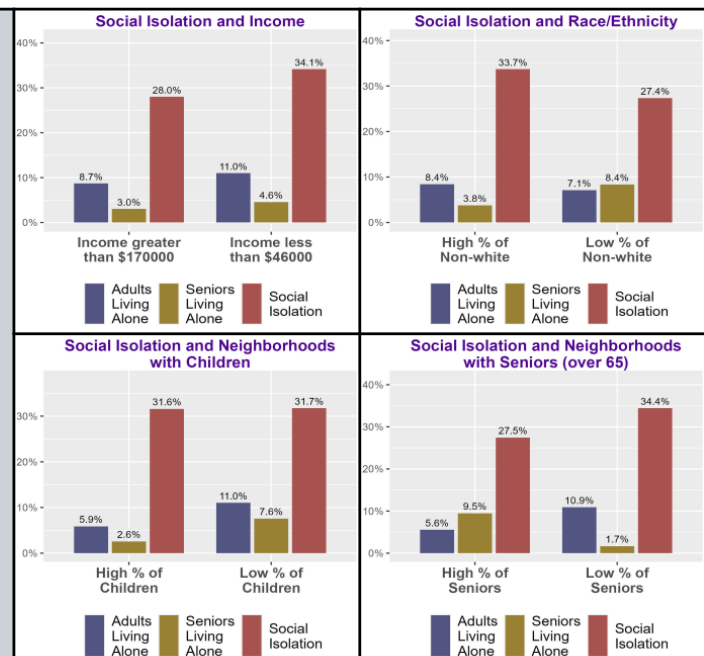
Reported Social Isolation (2024 CDC): Percent of adults reporting that they experienced social isolation

Adults Living Alone (2023 ACS): Percent of adults living alone

Seniors Living Alone (2023 ACS): Percent seniors living alone.

“Social isolation and loneliness can increase a person's risk for: heart disease and stroke, type 2 diabetes, depression and anxiety, suicidality and self-harm, dementia, and earlier death.”
- CDC

Darker purple colors in the map are estimated to have higher prevalence rates of social isolation compared to the rest of the region. Orange areas have lower values.



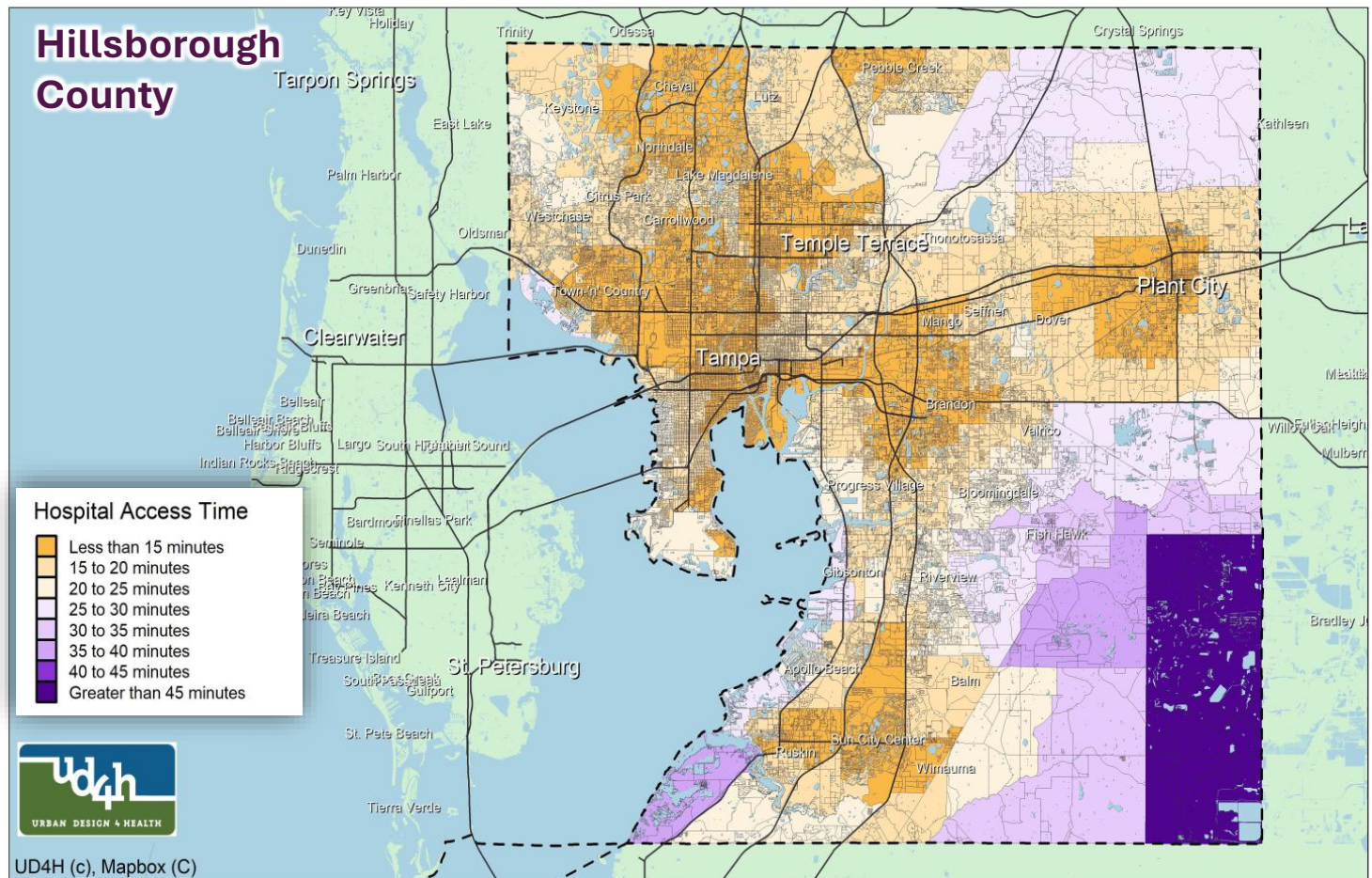


All4HealthFL Collaborative Community Health Needs Assessment

Hospital Access – Acute Care



The maps below show estimated personal vehicle drive-time to the closest “acute care” hospital in the absence of traffic congestion. Acute care hospitals are healthcare facility designated by the Federal Emergency Management Agency as a critical infrastructure point that provides immediate, short-term medical treatment for patients with severe or urgent health issues. Drive time estimates do not reflect faster travel time for emergency vehicles.



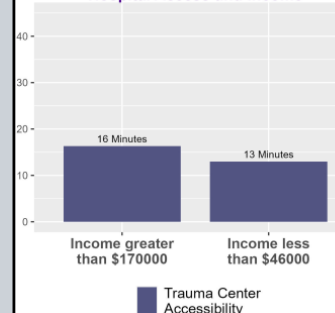
These maps show approximate personal vehicle travel time to the closest “acute care” hospital in the region.

Population-weighted values for the region are shown below:

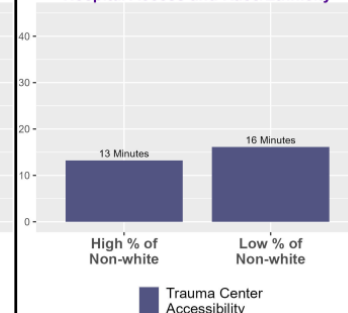
Region	17 min	Manatee	16 min
Citrus	29 min	Marion	20 min
Hardee	15 min	Pasco	14 min
Hernando	21 min	Pinellas	13 min
Highlands	18 min	Polk	19 min
Hillsborough	15 min	Sarasota	20 min

Darker orange colors in the map are estimated to have faster access to acute care by vehicle compared to the rest of the county. Purple areas take longer to reach acute care facilities.

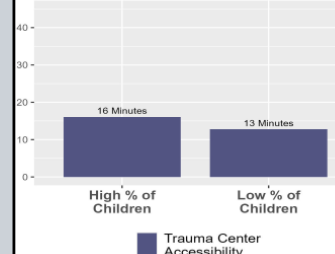
Hospital Access and Income



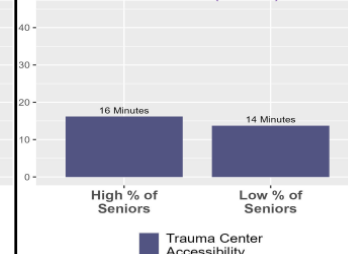
Hospital Access and Race/Ethnicity



Hospital Access and Neighborhoods with Children

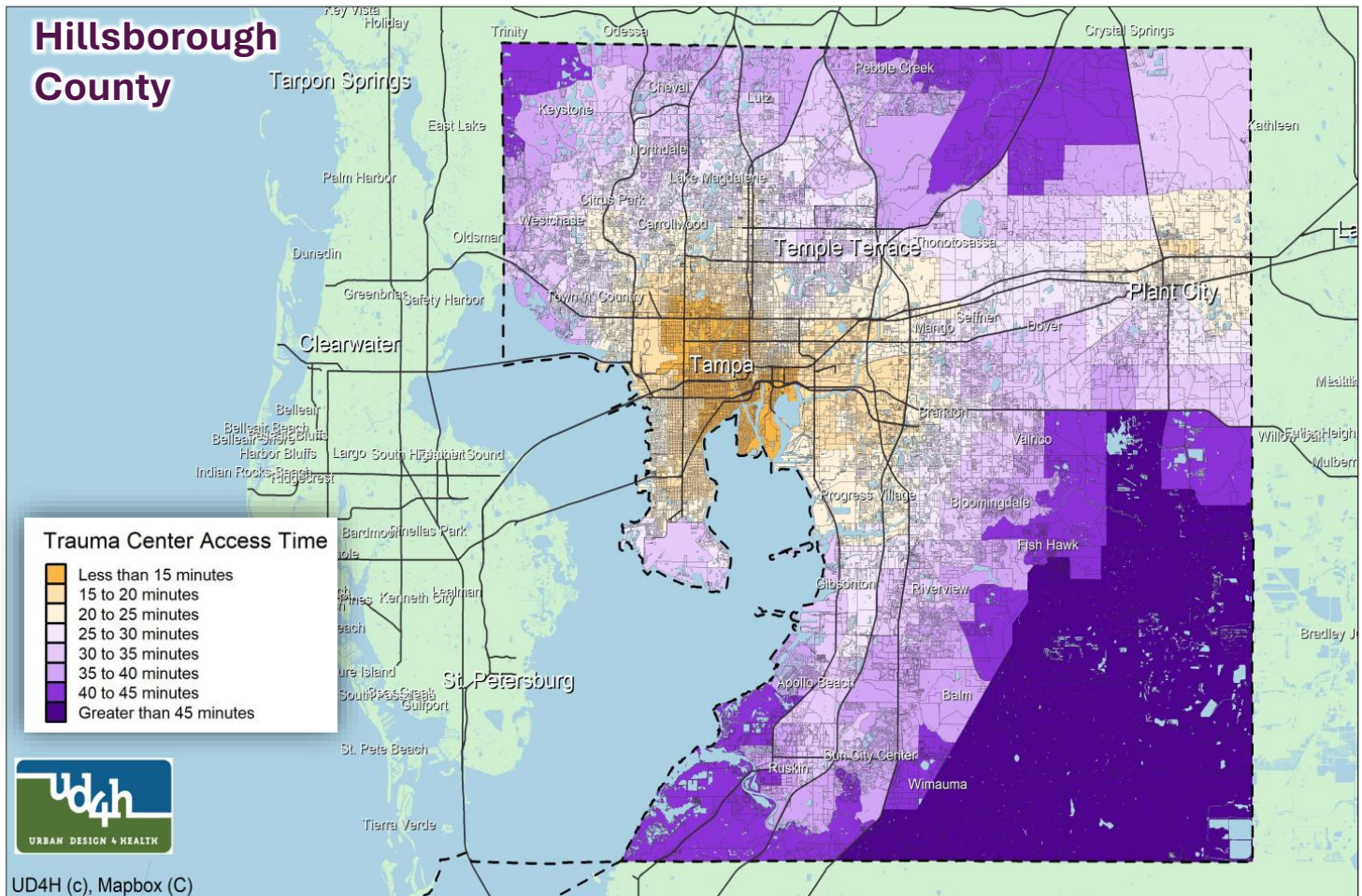


Hospital Access and Neighborhoods with Seniors (over 65)



Access to Level I or II Trauma Centers

The maps below show estimated personal vehicle drive-time contours to the closest “trauma center” hospital in the absence of traffic congestion. Trauma centers are healthcare facility designated by the Florida Department of Health. Drive time estimates do not reflect faster travel time for emergency vehicles.

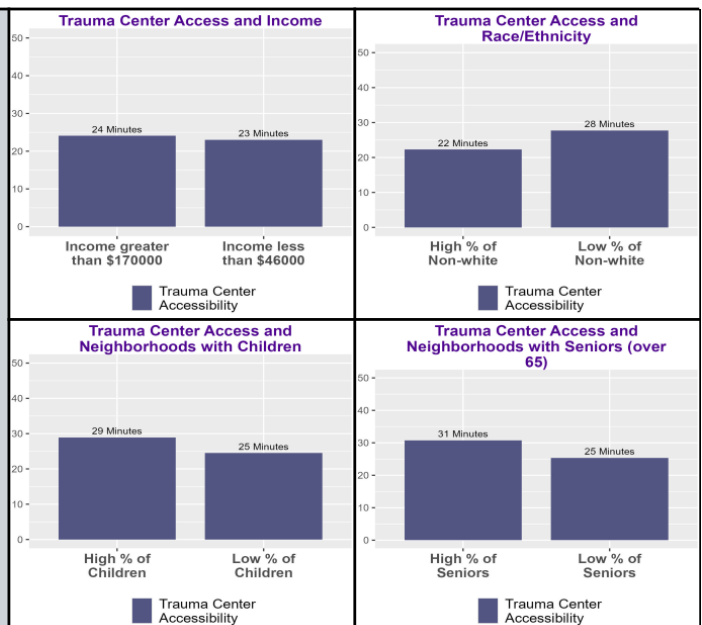


These maps show approximate personal vehicle travel time to the closest “trauma center” hospital in the region.

Population-weighted values for the region are shown below:

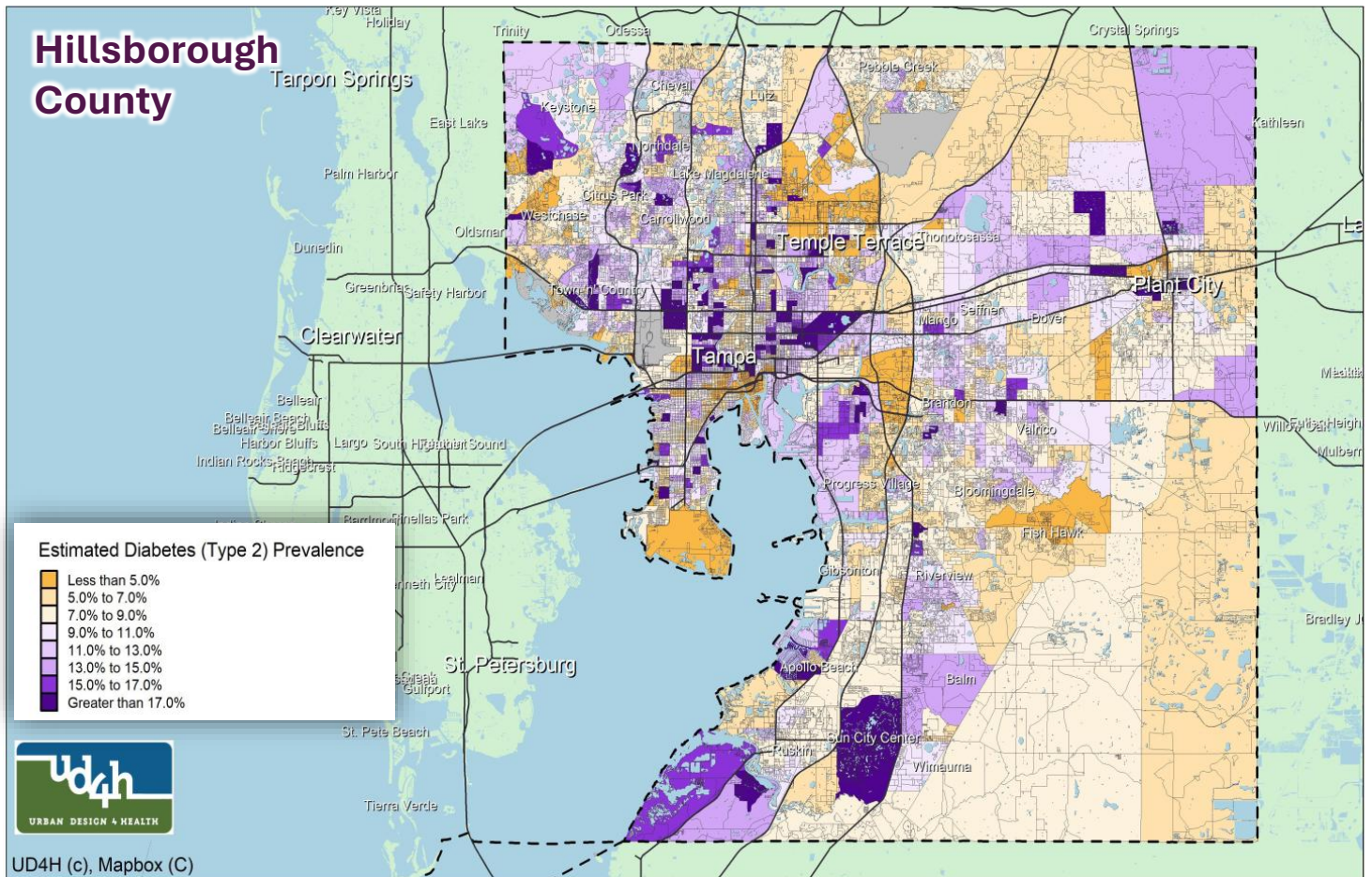
Region	30 min	Manatee	25 min
Citrus	49 min	Marion	25 min
Hardee	50 min	Pasco	33 min
Hernando	32 min	Pinellas	26 min
Highlands	50 min	Polk	32 min
Hillsborough	27 min	Sarasota	30 min

Darker orange colors in the map are estimated to have faster access to trauma centers by vehicle compared to the rest of the region. Purple areas take longer to reach trauma center facilities.



Diabetes (Type 2)

The maps below show the **estimated** prevalence of Type 2 Diabetes. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.

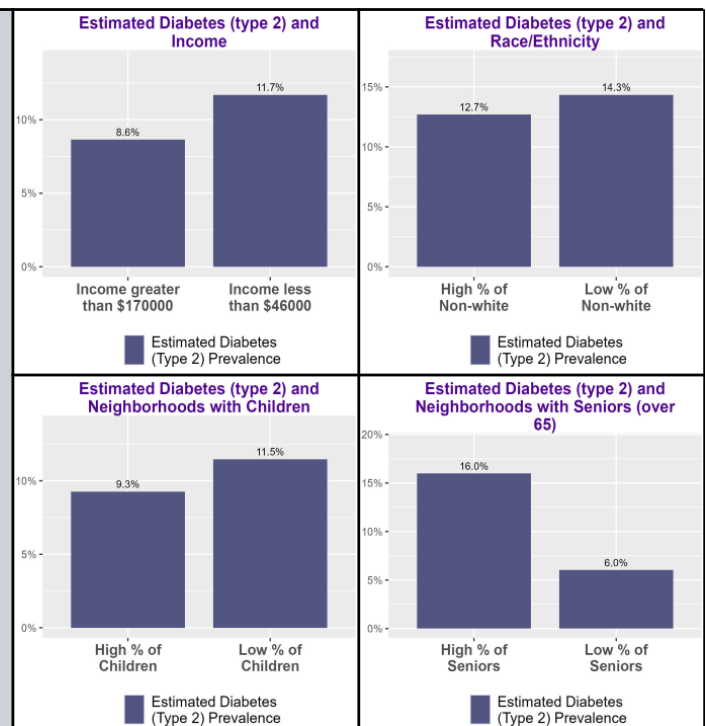


N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Type 2 Diabetes is considered preventable and untreated can lead to other chronic diseases.

Population-weighted values for the region are shown below:

Region	11.1%	Manatee	11.1%
Citrus	14.5%	Marion	13.7%
Hardee	12.7%	Pasco	10.8%
Hernando	12.5%	Pinellas	10.6%
Highlands	15.3%	Polk	11.9%
Hillsborough	9.6%	Sarasota	11.2%

Darker purple colors in the map are estimated to have higher prevalence rates of type 2 diabetes compared to the rest of the county. Orange areas have lower values.

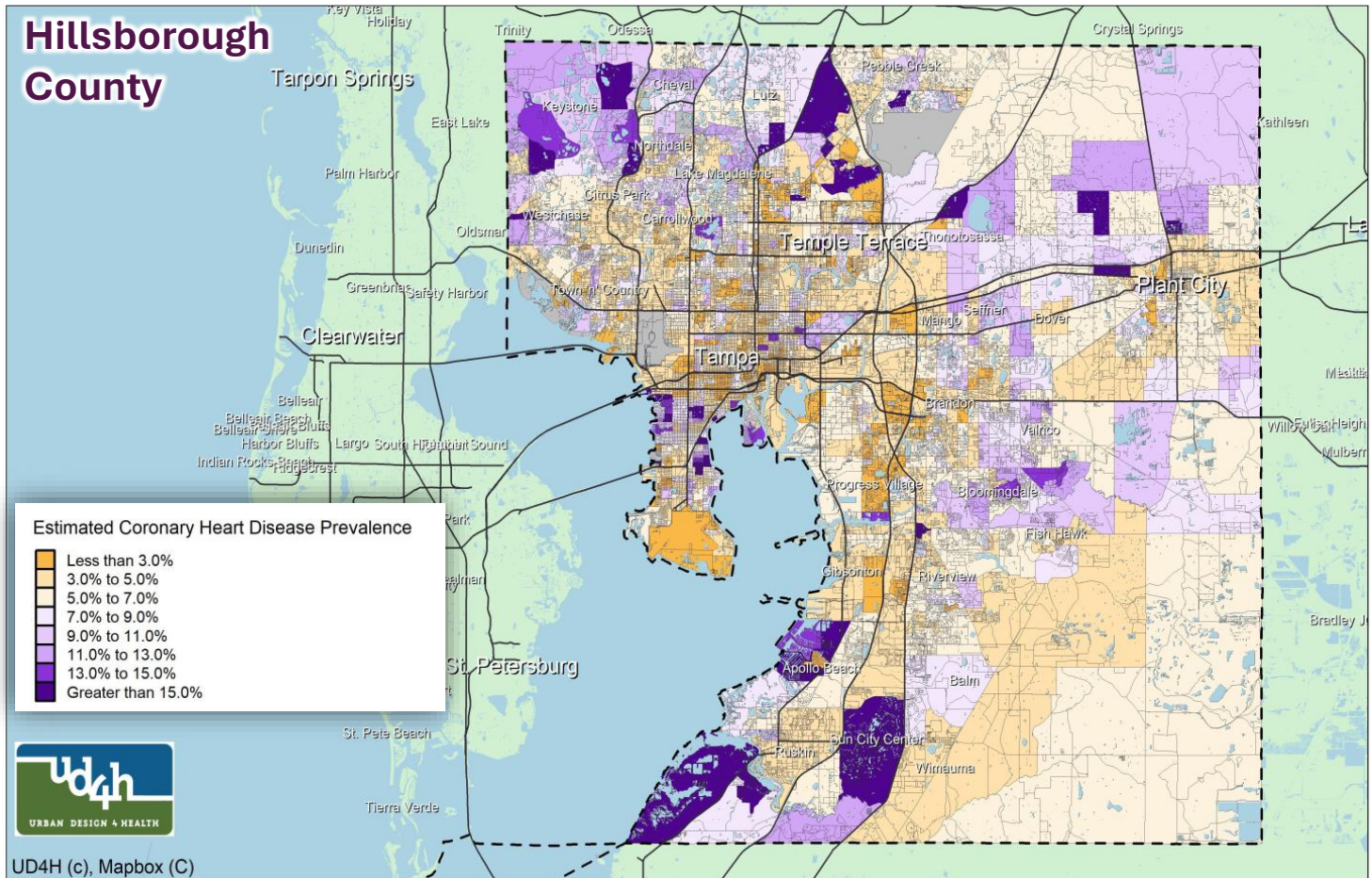




All4HealthFL Collaborative Community Health Needs Assessment Coronary Heart Disease



The maps below show the **estimated** prevalence of Coronary Heart Disease. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.



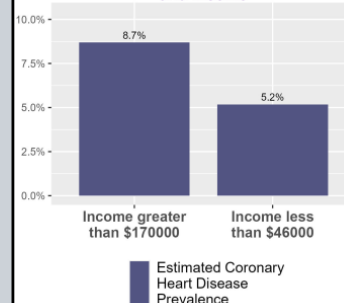
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Coronary Heart Disease is caused by the build-up of plaque in the arteries and increases with age, inactivity, and a poor diet. The CDC estimates that 5% of US adults have diagnosed heart disease.

Population-weighted values for the region are shown below:

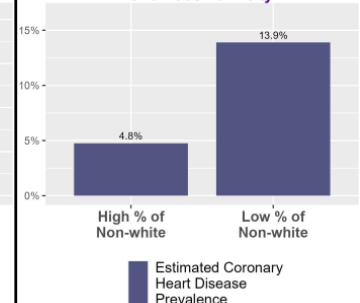
Region	8.5%	Manatee	9.2%
Citrus	13.4%	Marion	10.8%
Hardee	8.3%	Pasco	8.7%
Hernando	10.1%	Pinellas	8.5%
Highlands	12.7%	Polk	8.6%
Hillsborough	6.3%	Sarasota	9.9%

Darker purple colors in the map are estimated to have higher prevalence rates of coronary heart disease compared to the rest of the county. Orange areas have lower values.

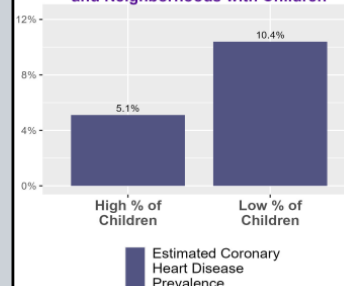
Estimated Coronary Heart Disease and Income



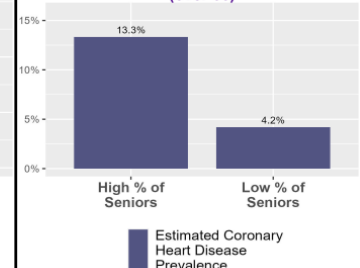
Estimated Coronary Heart Disease and Race/Ethnicity



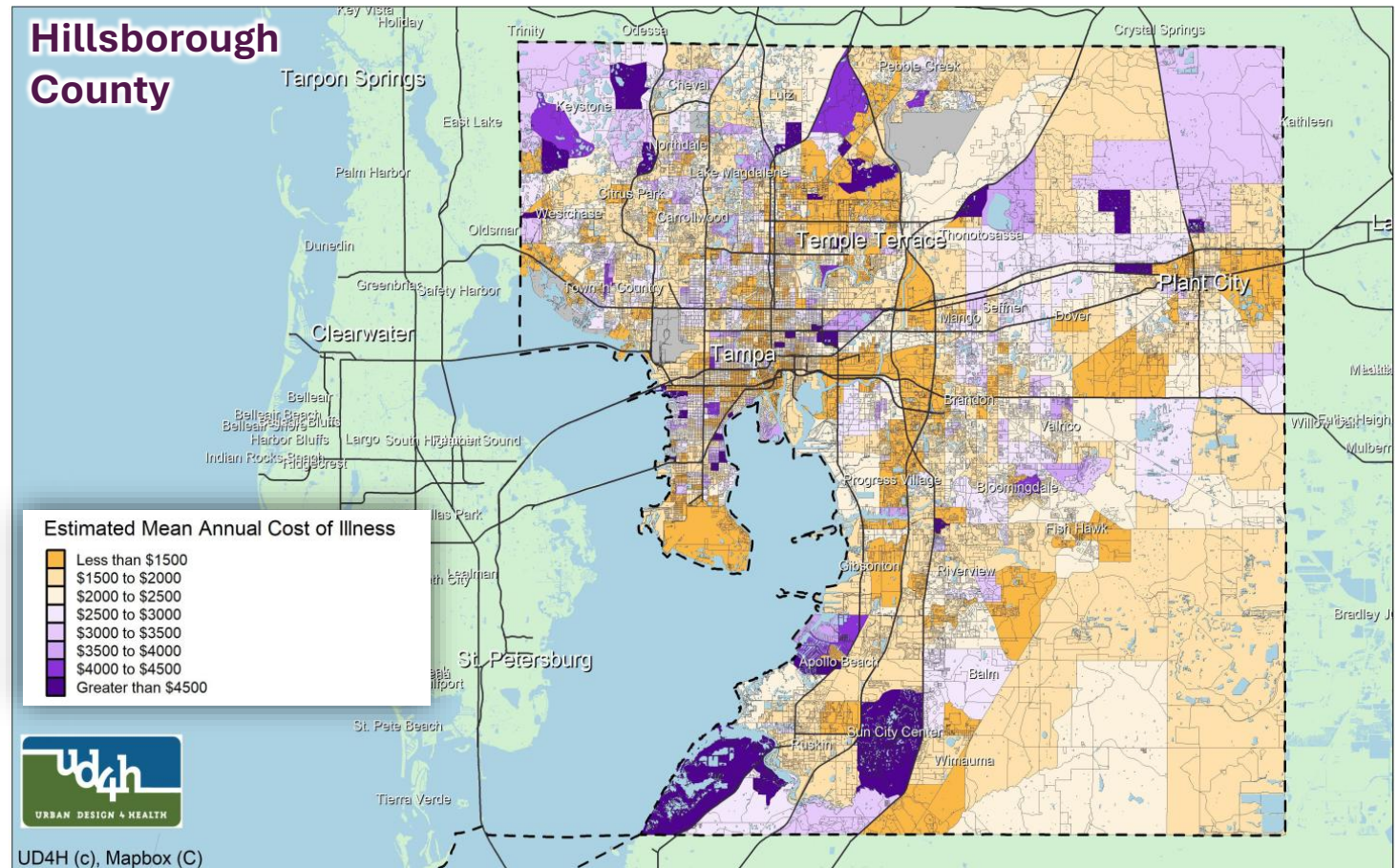
Estimated Coronary Heart Disease and Neighborhoods with Children



Estimated Coronary Heart Disease and Neighborhoods with Seniors (over 65)



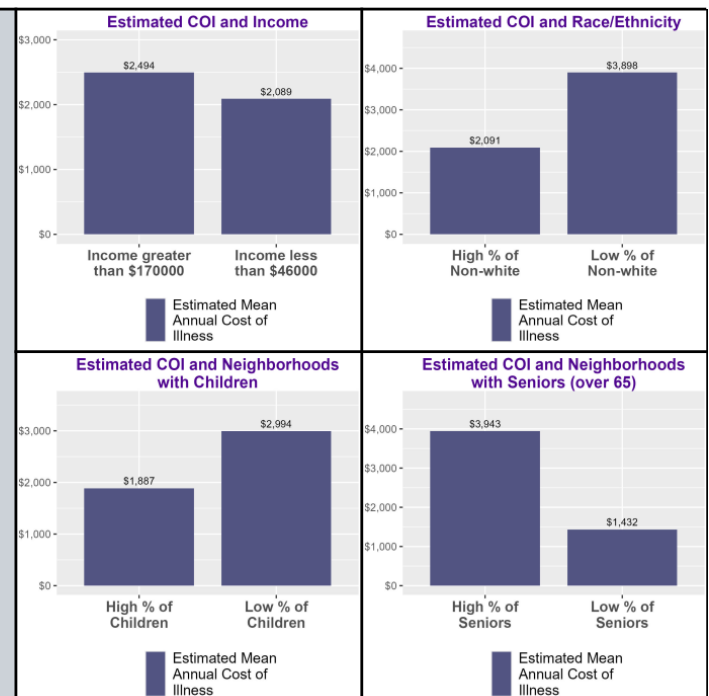
The maps below show the **estimated** cost of illness (annualized per capita). The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). The estimates represent the direct and some indirect costs to treat Type 2 Diabetes, Coronary Heart Disease, and Hypertension.



N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. An estimated annual per capita cost of illness is generated from the prevalence rates of type 2 diabetes (\$7k), high blood pressure (\$1.2k), and coronary heart disease (\$17k). These values originate from the Medical Expenditure Panel Survey (MEPS) data and include some, but not all, indirect costs.

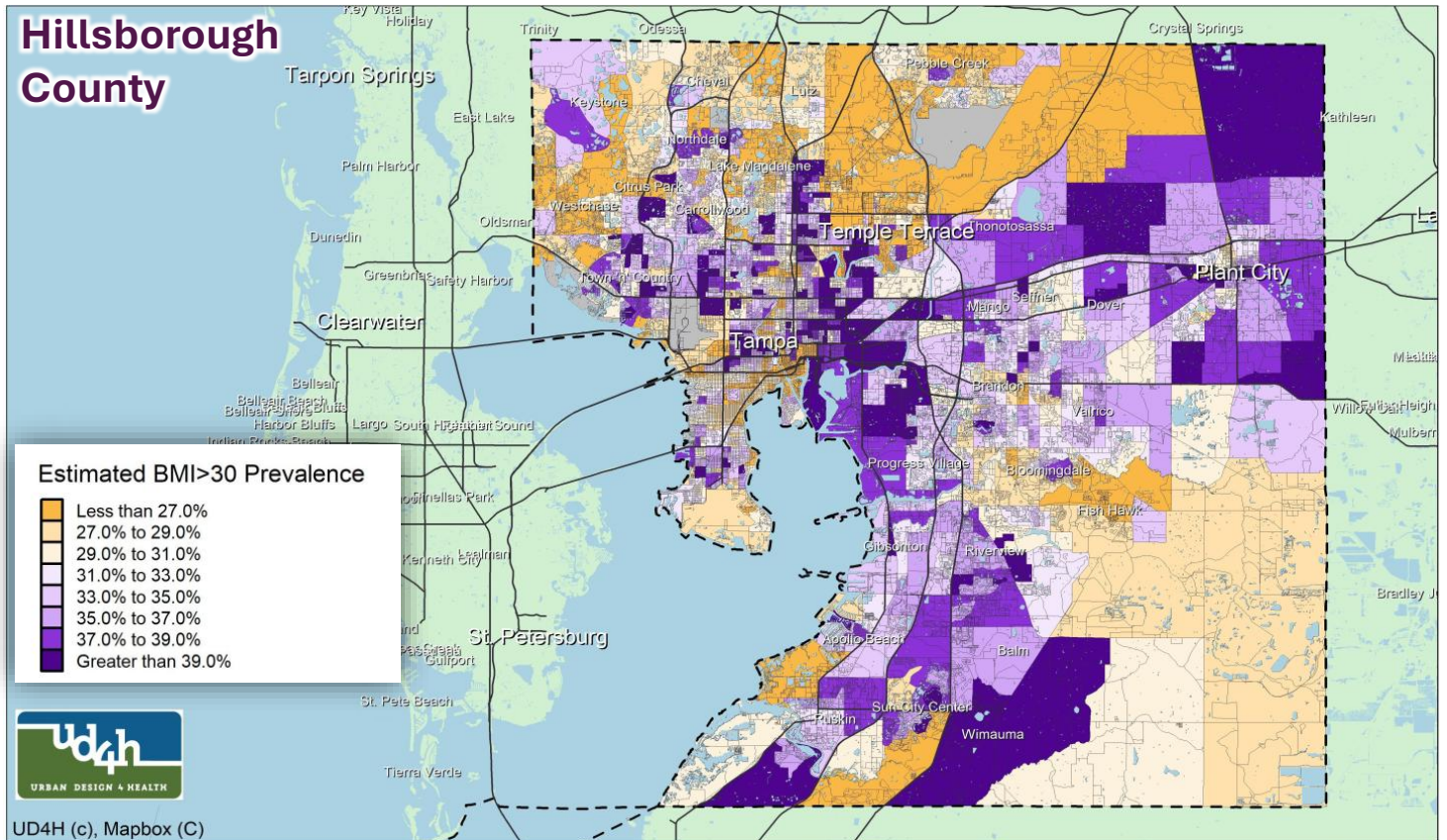
In the All4Health region, N-PHAM estimates that the average per-capita cost of chronic disease is ~\$2,700 (\$12 billion per year for the region). The weighted average for Hillsborough County is \$2,100

Darker purple colors in the map are estimated to have higher per capita average health care costs compared to the rest of the county. Orange areas have lower values.



Body Mass Index Greater than 30

The maps below show the **estimated** prevalence of Body Mass Index (BMI) greater than 30. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.



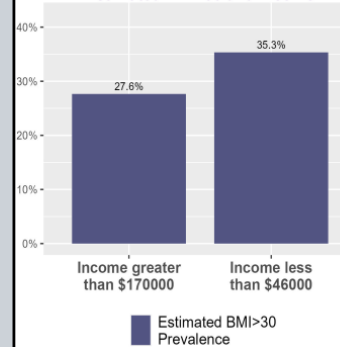
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Body Mass Index (BMI) is frequently used to estimate obesity (value of 30 or higher), a risk factor for many chronic health conditions.

Population-weighted values for the region are shown below:

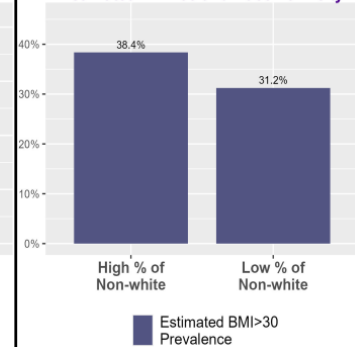
Region	33.6%	Manatee	33.3%
Citrus	35.4%	Marion	40.7%
Hardee	41.2%	Pasco	33.3%
Hernando	38.2%	Pinellas	29.8%
Highlands	39.2%	Polk	38.5%
Hillsborough	32.4%	Sarasota	27.9%

Darker purple colors in the map are estimated to have higher prevalence rates of BMI>30 compared to the rest of the county. Orange areas have lower values.

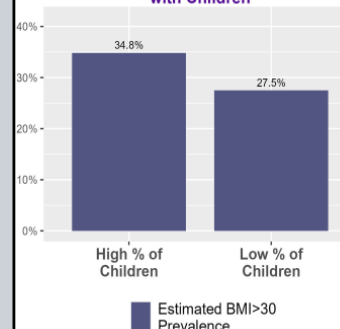
Estimated BMI>30 and Income



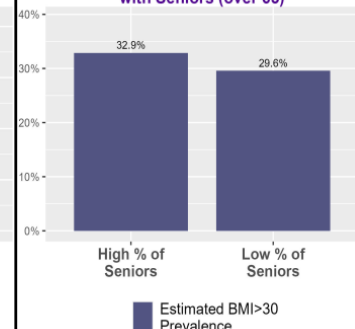
Estimated BMI>30 and Race/Ethnicity



Estimated BMI>30 and Neighborhoods with Children



Estimated BMI>30 and Neighborhoods with Seniors (over 65)

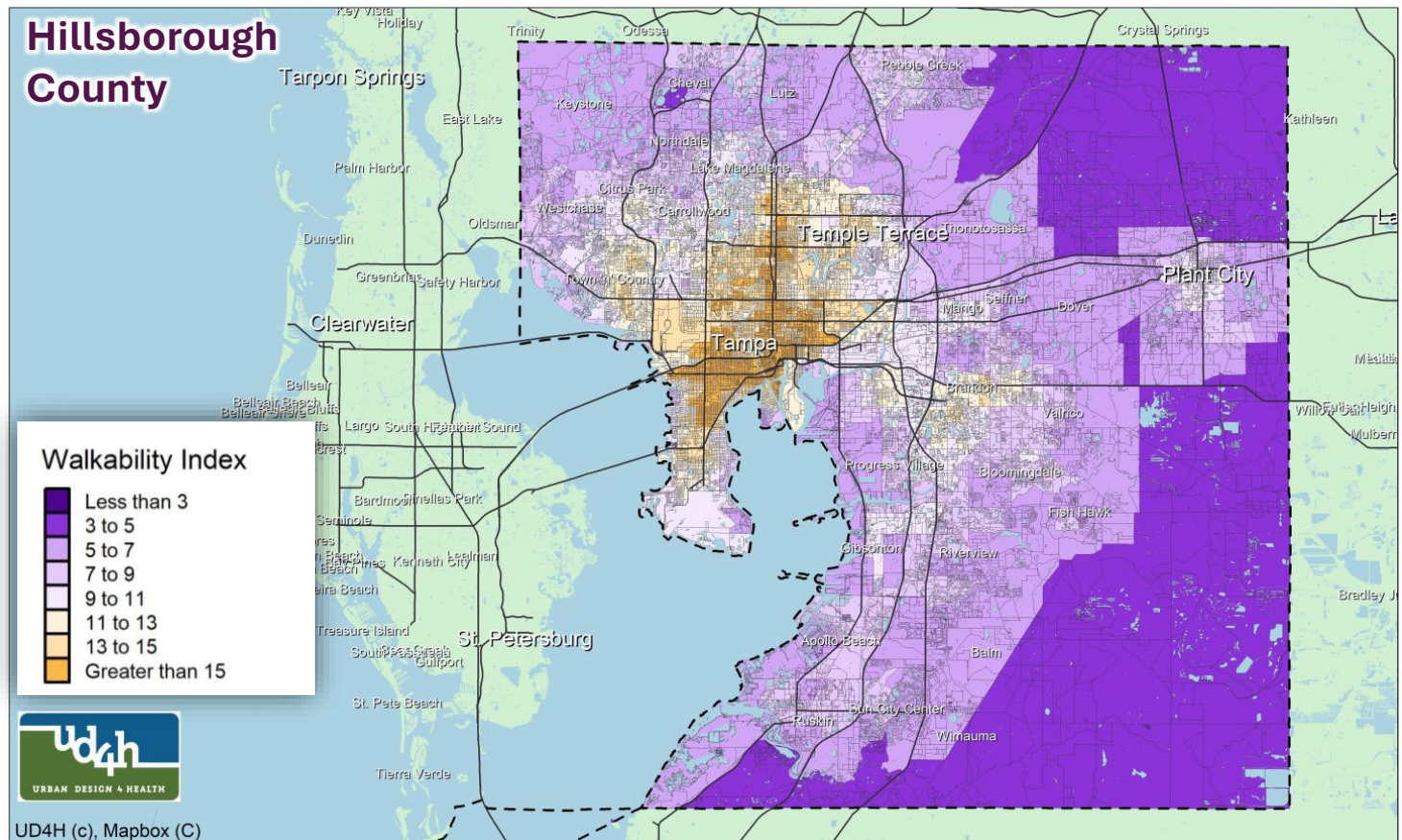




All4HealthFL Collaborative Community Health Needs Assessment National Walkability Index



The maps below show the **estimated** “walkability” of neighborhoods in the region. This US data was developed by Urban Design 4 Health for the Robert Wood Johnson Foundation in 2022. Index values can range from **1 to 20** with higher values indicating greater walkability.



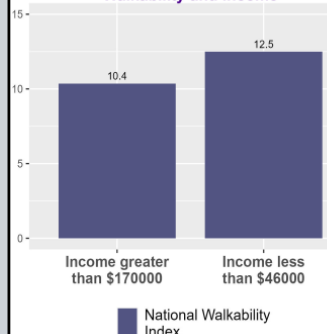
The walkability index is generated from residential neighborhood metrics that include the walkable transportation network, accessible land use mix, density, and access to active transportation alternatives. Neighborhood walkability is associated with physical activity which can impact chronic disease risk.

Population-weighted values for the region are shown below:

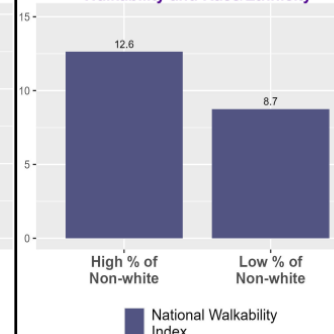
Region	9.4	Manatee	10.1
Citrus	6.8	Marion	7.4
Hardee	5.9	Pasco	8.3
Hernando	8.4	Pinellas	12.5
Highlands	6.3	Polk	7.4
Hillsborough	9.6	Sarasota	10.9

Darker purple colors in the map are estimated to have lower walkability. Orange areas are estimated to be more conducive for walking for travel or recreation.

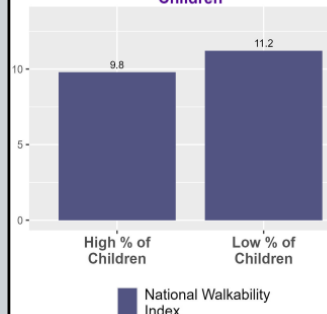
Walkability and Income



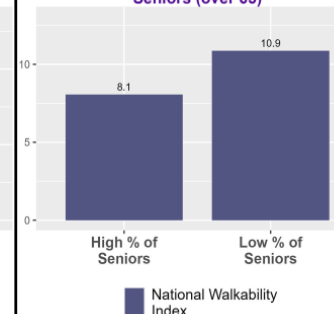
Walkability and Race/Ethnicity



Walkability and Neighborhoods with Children



Walkability and Neighborhoods with Seniors (over 65)



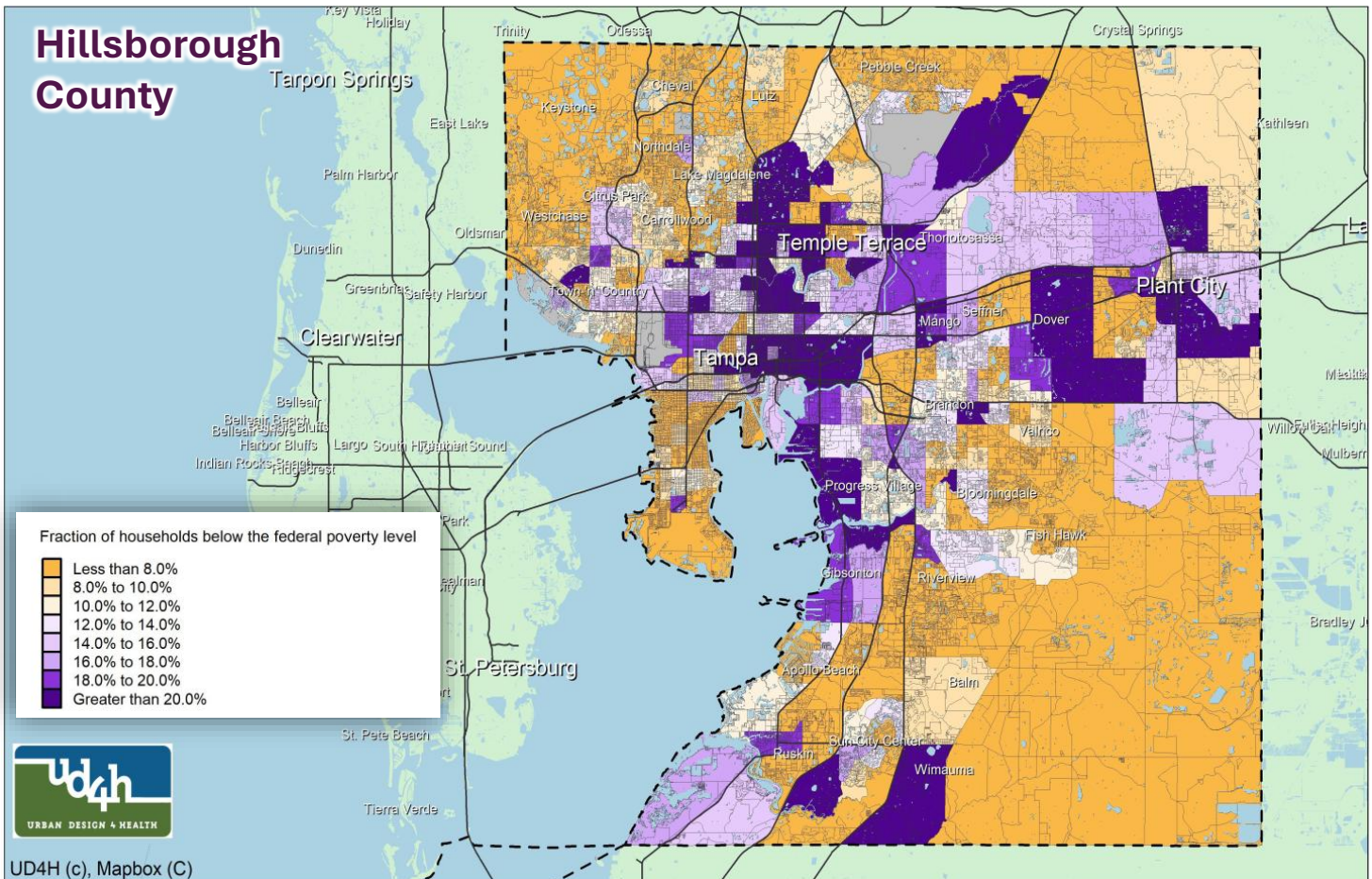


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of households below the federal poverty level

The maps below show 2023 American Community Survey 5-year estimates of the percent of households with household income below 100% of the federal poverty level.



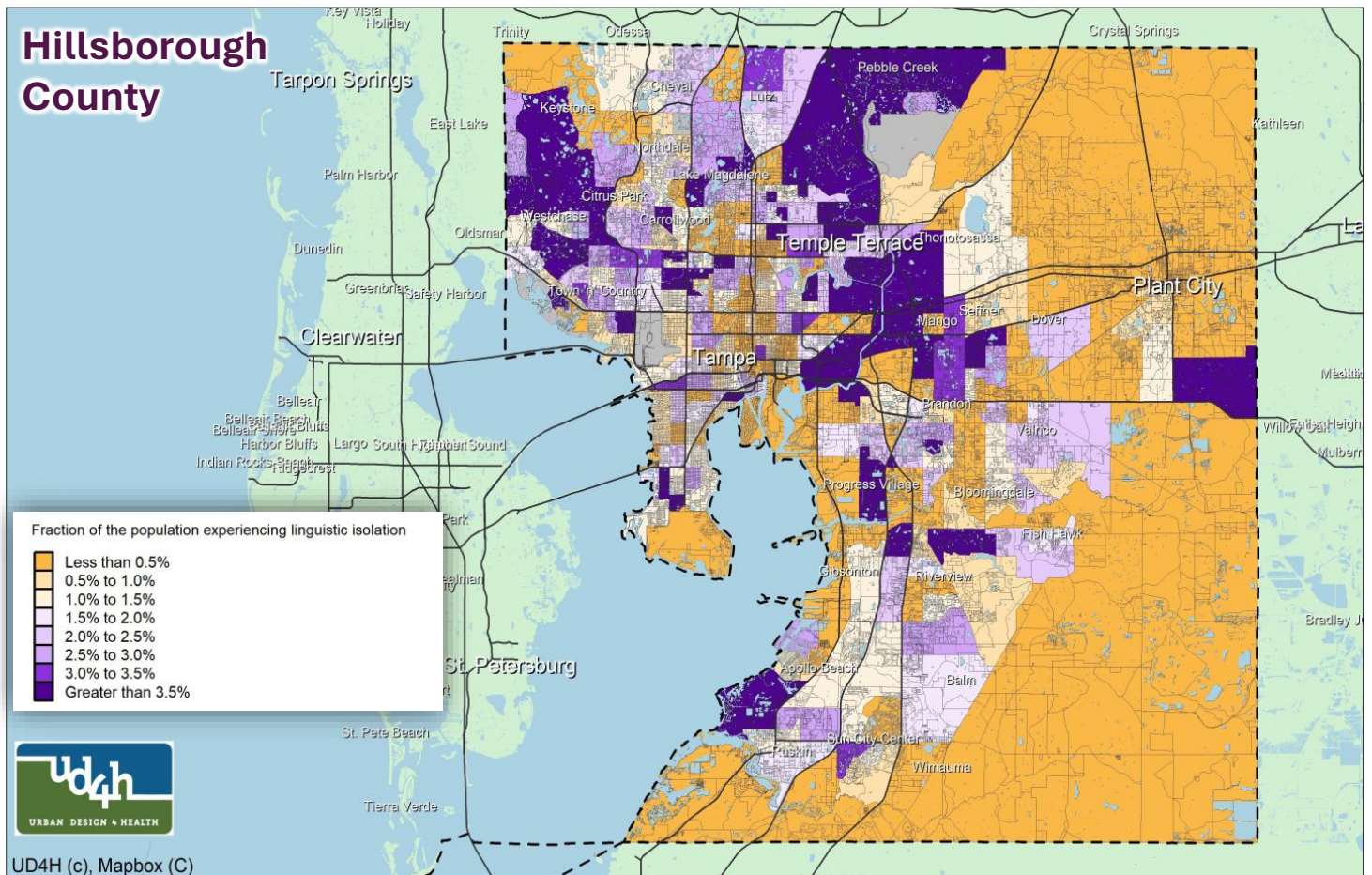


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of the population experiencing linguistic isolation

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population experiencing linguistic isolation.



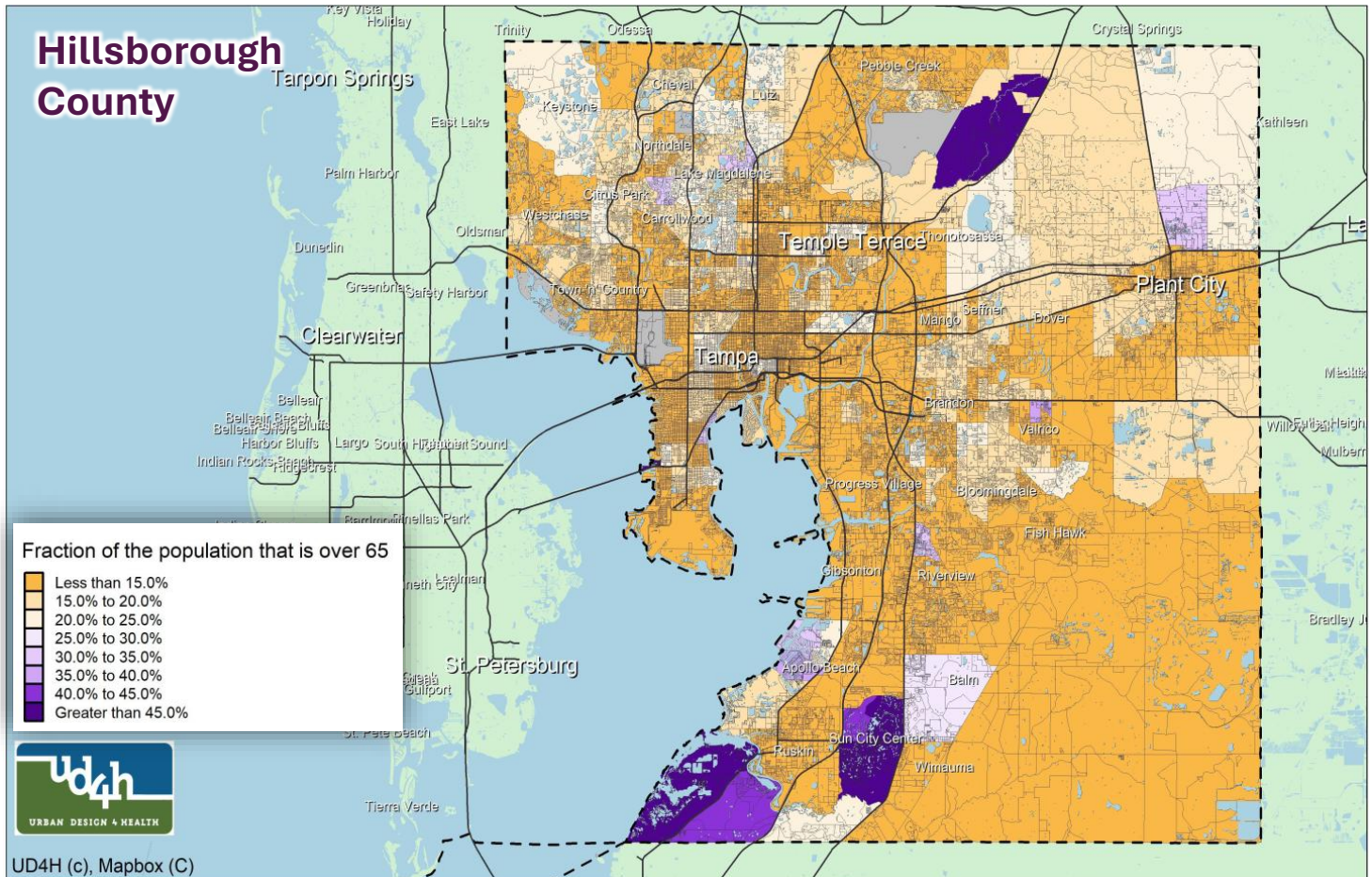


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of the population With age greater than 65

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population that is 65 or older.



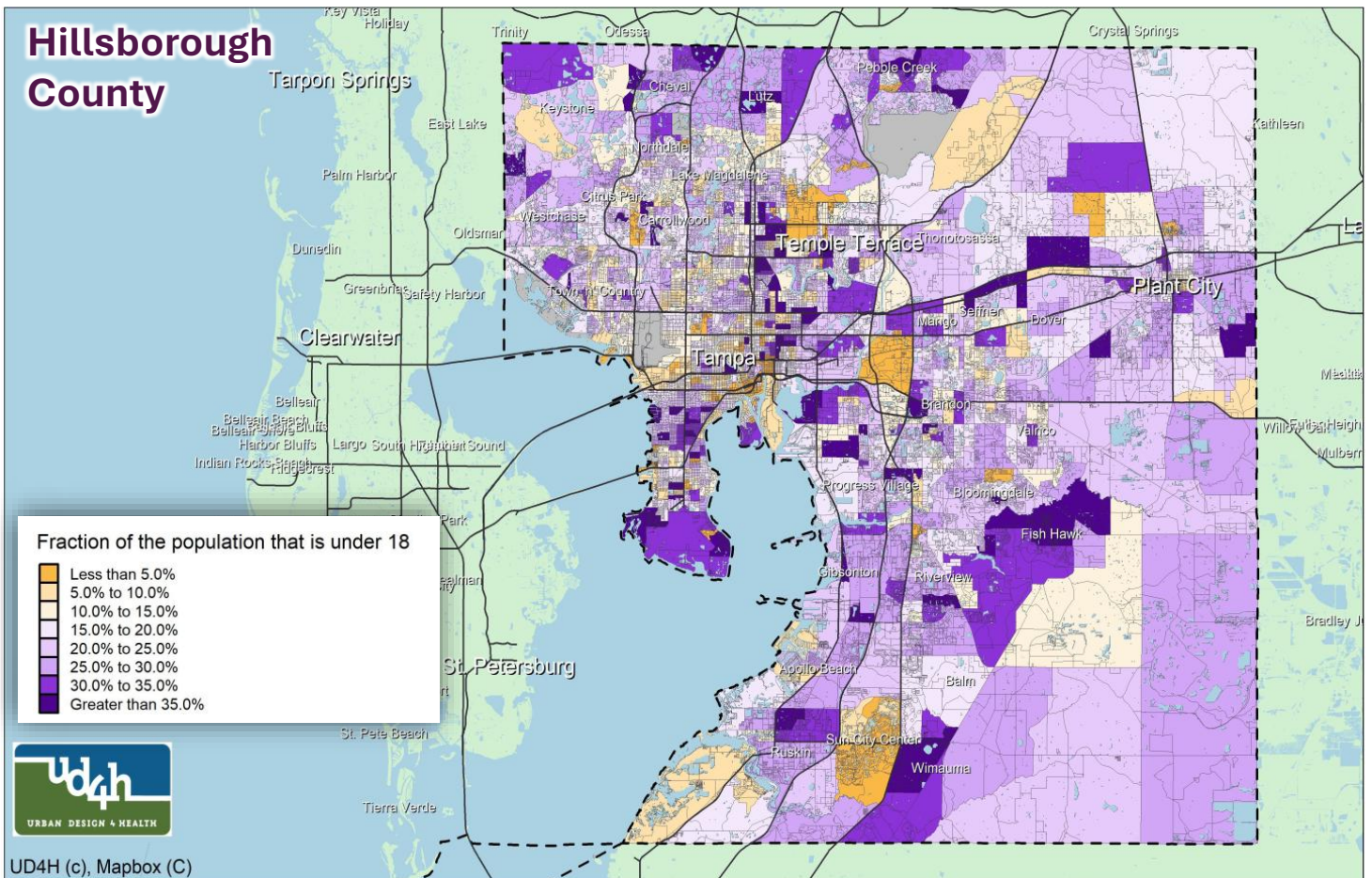


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of the population under the age of 18

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population that is under age 18.



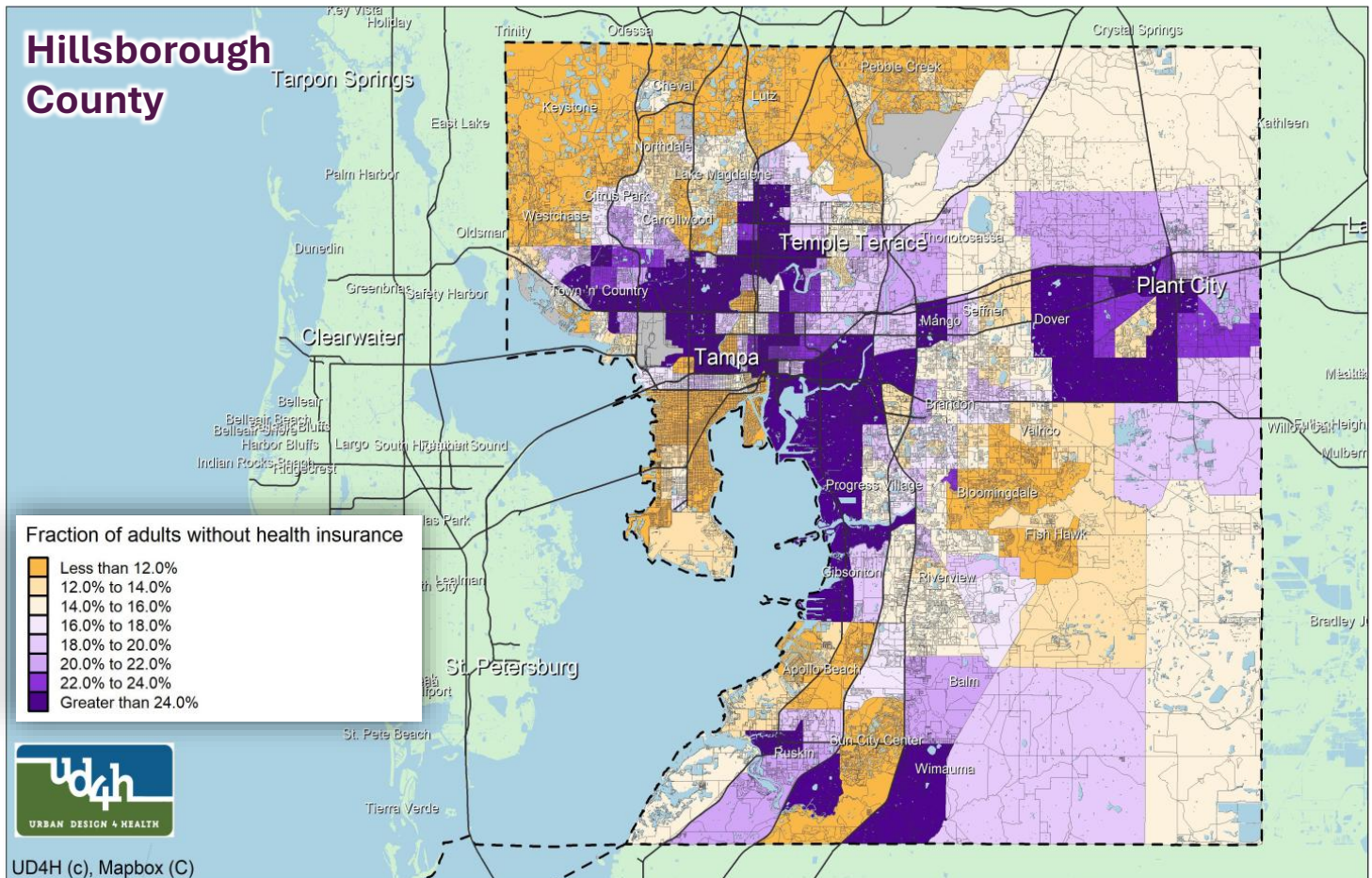


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of adults without health insurance

The maps below show 2023 American Community Survey 5-year estimates of the percent of adults without health insurance



Appendix E: Access Audit

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services across All4Health's service area in Hillsborough County, with a focus on assessing access rather than profiling specific sites. The main aim of these audits is to gain a thorough understanding of practical access to healthcare and other vital services, as well as to identify barriers faced by individuals seeking care. The findings from these audits offer valuable insights into existing gaps in access, strategies for improvement, and variations in service delivery.

The audit involved calls to eight facilities within All4Health's service area in Hillsborough County, providing diverse services such free clinics, behavioral health, homeless resources, food pantries, maternal health, and crisis care.

Health System Facilities Included in Access Audit

- | | |
|----------------------------|---|
| 1. Judeo Christian Clinic | 6. REACHUP |
| 2. Dawning Family Services | 7. Tampa Bay Thrives |
| 3. La Esperanza Clinic | 8. Agency for Community Treatment Services (ACTS) |
| 4. Champions for Children | |
| 5. Metropolitan Ministries | |

Phone calls were conducted at various times during the standard business hours from Monday to Friday in mid-March. Out of the eight calls placed, the caller spoke with a staff member and was able to collect helpful information from one facility. The caller encountered automated messages at five of the facilities that either provided eligibility information, directed the caller to the facility's website, or asked the caller to leave a message.

Ability of facilities to accept new patients

The caller spoke with a staff member at one facility, though that facility could not provide helpful information based on the information that they had. Three of the facilities used automated messages to direct new patients to their websites to fill out applications for services.

Ability of facilities to answer questions and refer the caller elsewhere when the desired services are unavailable

Out of the eight facilities called, the caller spoke with a staff member at one facility, and they were able to provide limited information to the caller based on the information that was available to the staff member.

How staff inquiries help to determine prospective patient's needs

The caller spoke with a staff member at one facility. The staff member asked the caller questions to help determine how they could be of assistance with the limited information that the staff member had available.

Ease of speaking with a person

The caller spoke with a staff member at one of the eight facilities. One of the facilities had an automated message that provided detailed information about the necessary documents for becoming a patient. The caller encountered an automated message about a disconnected number at one of the facilities, and the call did not go through at another facility. The caller was asked to leave a message at another facility where an automated message answered the call.

Language offerings

Language accessibility across the facilities was primarily focused on Spanish. Three of the facilities included Spanish as an alternative language option in their phone systems. These efforts ensure that Spanish-speaking individuals can access the services they need effectively.



2025 Community Health Needs Assessment

Hillsborough County
Needs Prioritization Meeting
March 18, 2025

Agenda

Time	Item
9:00 a.m.	Welcome
9:10 a.m.	Introduction
9:20 a.m.	Data Presentation (30 m)
9:50 a.m.	Breakout Discussion #1 (20 m)
10:10 a.m.	Quick Break
10:20 a.m.	Breakout Discussion #2 (30 m)
10:50 a.m.	Report Out From Groups
11:10 a.m.	Final Vote
11:15 a.m.	Breakout Discussion #3 (25 m)
11:50 a.m.	Closing And Preliminary Final Vote Results

About the Presenters



Katelyn Michaud, MPH
Managing Principal



Scott Good, MBA
Principal



Jackie Lopez, MPH
Bilingual Research Analyst



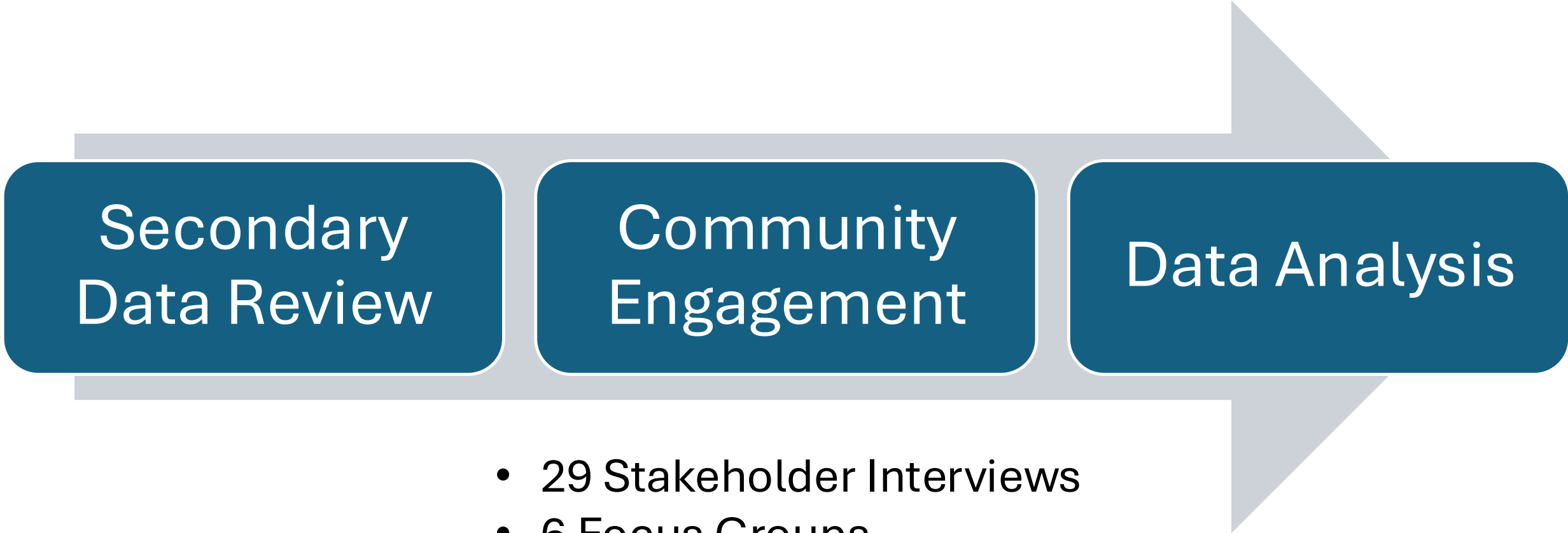
All4HealthFL Partner Organizations



Community Health Needs Assessment

- **What is a Community Health Needs Assessment (CHNA)?**
 - It is a systematic process involving the community to identify and analyze community health needs.
 - All nonprofit hospitals are mandated by the Affordable Care Act (ACA) to conduct a CHNA every three years.
 - The process provides a way for communities to identify and prioritize health needs, and to plan and act upon unmet community health needs.
 - After a CHNA, hospitals are also required to complete an implementation plan.

Methodology Overview



The diagram illustrates the methodology overview as a horizontal flowchart. It features three dark blue rounded rectangular boxes with white text, arranged from left to right: 'Secondary Data Review', 'Community Engagement', and 'Data Analysis'. These boxes are set against a light gray background that forms a large arrow pointing to the right. Below the 'Community Engagement' box, there is a bulleted list of activities.

Secondary Data Review

Community Engagement

Data Analysis

- 29 Stakeholder Interviews
- 6 Focus Groups
- 3,559 Survey Responses

Review Process

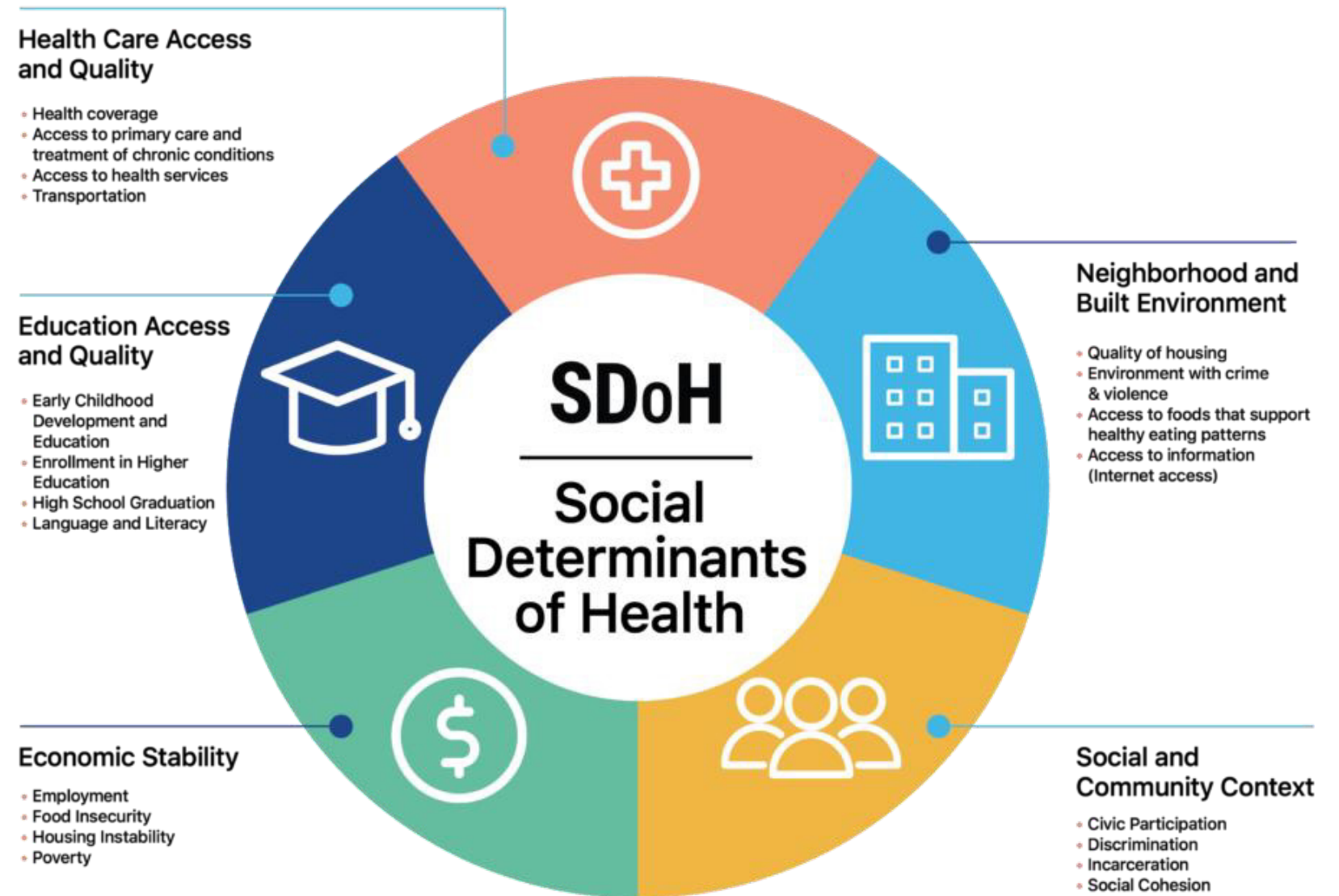
- We will review high-level data for each of the top community needs for Hillsborough County during this data presentation.
- During your roundtable discussions, you will be discussing one community need area in more detail.
- For the final vote, you will be voting on **ALL** the community needs.
- Please listen during the table report out for additional information and data on the other community needs.

Social Drivers of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDoHs also contribute to wide health disparities and inequities.

Social drivers are also known social determinants. “Determinants” suggest that nothing can be done to change our health fate. By using the term “drivers,” we can reframe the conversation that social factors don’t force health to be fated or destined, but rather something that people and communities can change.



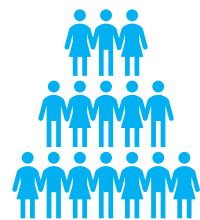
Source: Healthy People 2030

Demographics



1,489,634

Total Population



+18.0%

Projected Population
Change (2020-2032)



37.8 Years

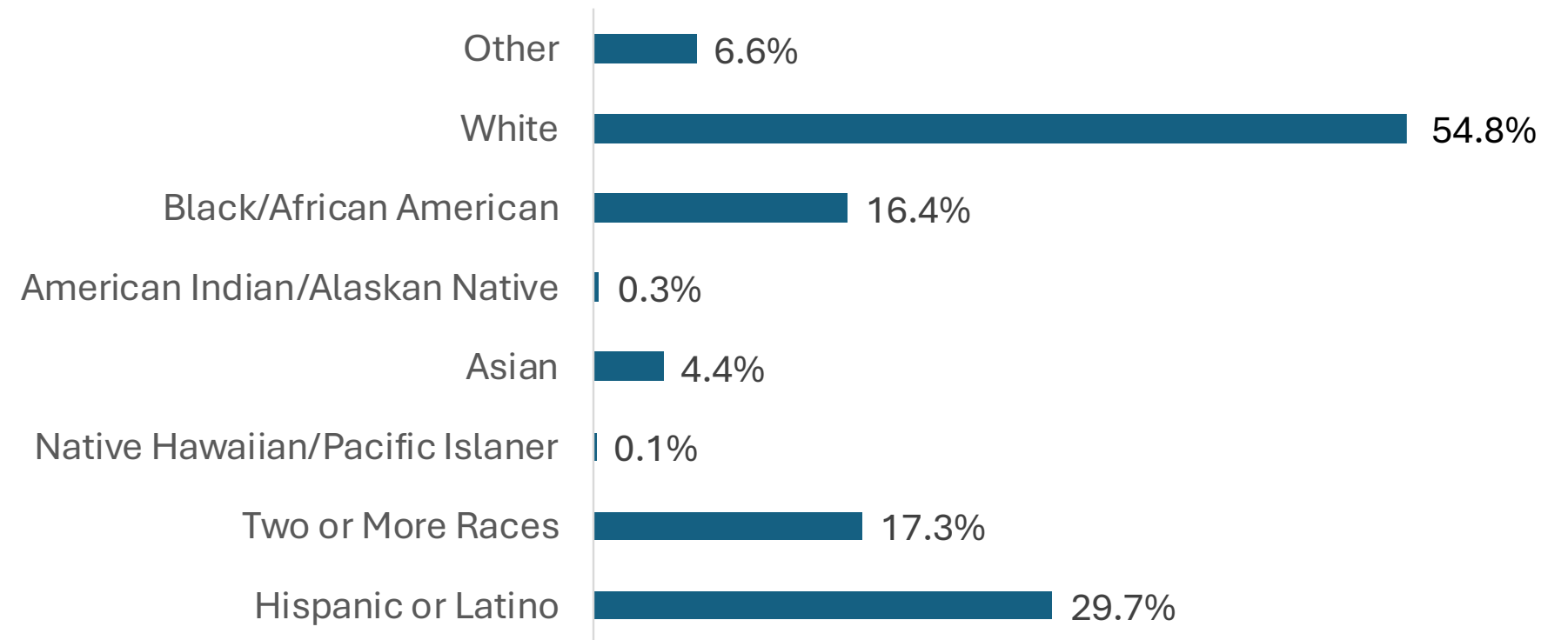
Median Age



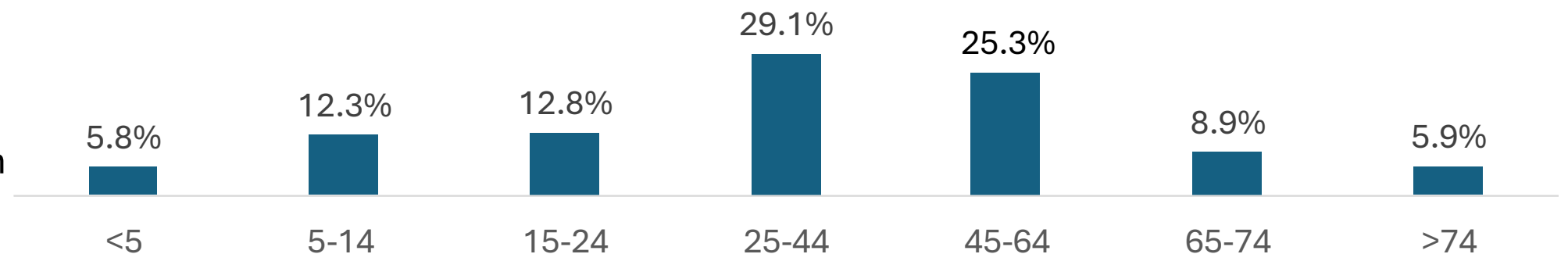
7.5%

Veteran Population

Race & Ethnicity



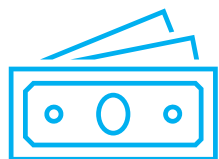
Age Groups



Source: 2023 American Community Survey (ACS) 5-Year Estimates



Economic Stability



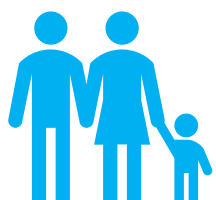
\$75,011

Median Household Income



13.2%

Individuals Below Poverty Level



31.0%

ALICE Households

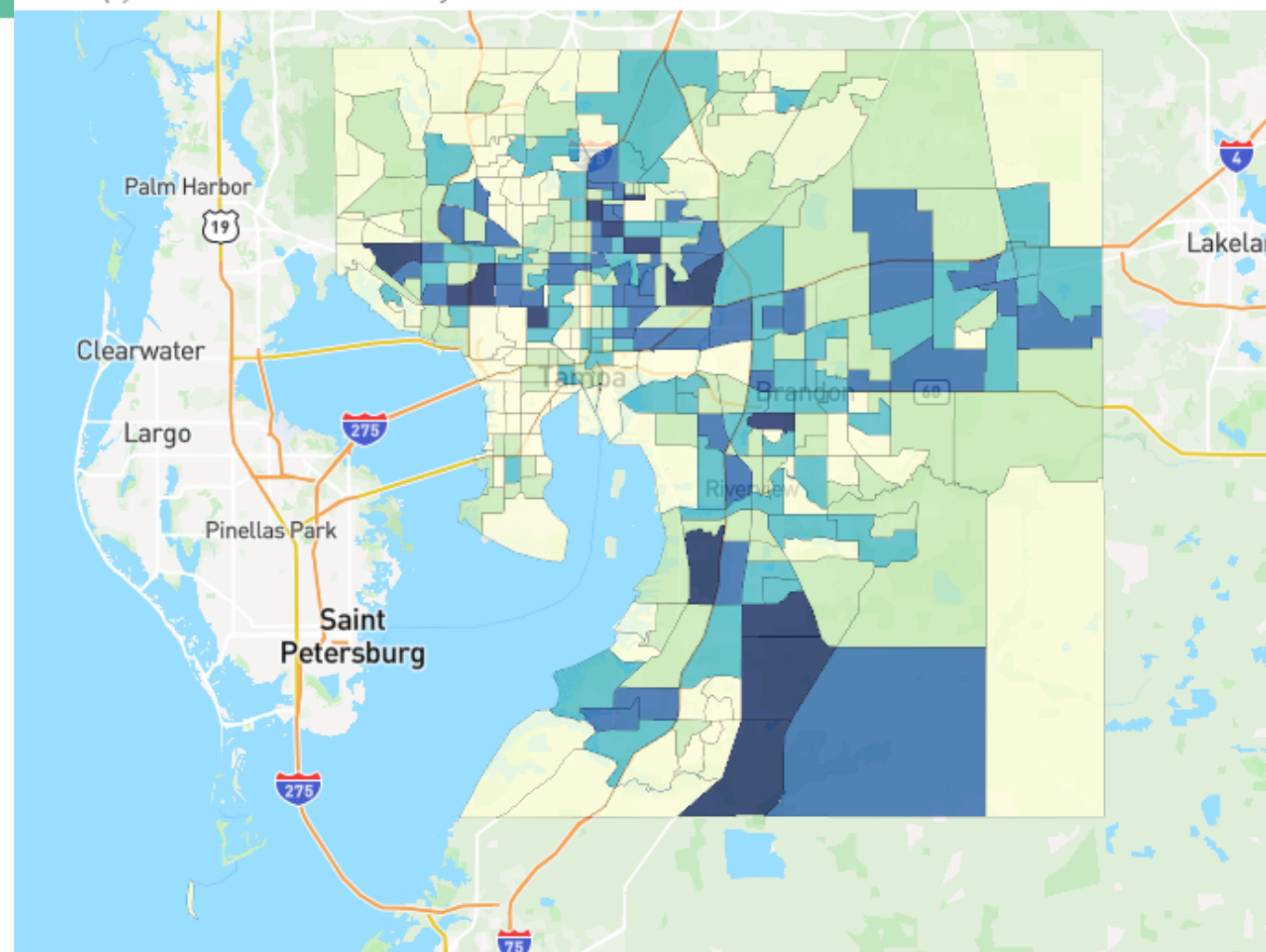


45.7%

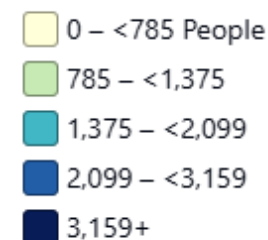
Renters Paying 35% or More of Their Income to Rent

Low Income Population (Income is 200% or Under the Poverty Level)

Source(s): US Census Bureau ACS 5-year 2019-2023



Low Income Population (Income is 200% or Under the Poverty Level)

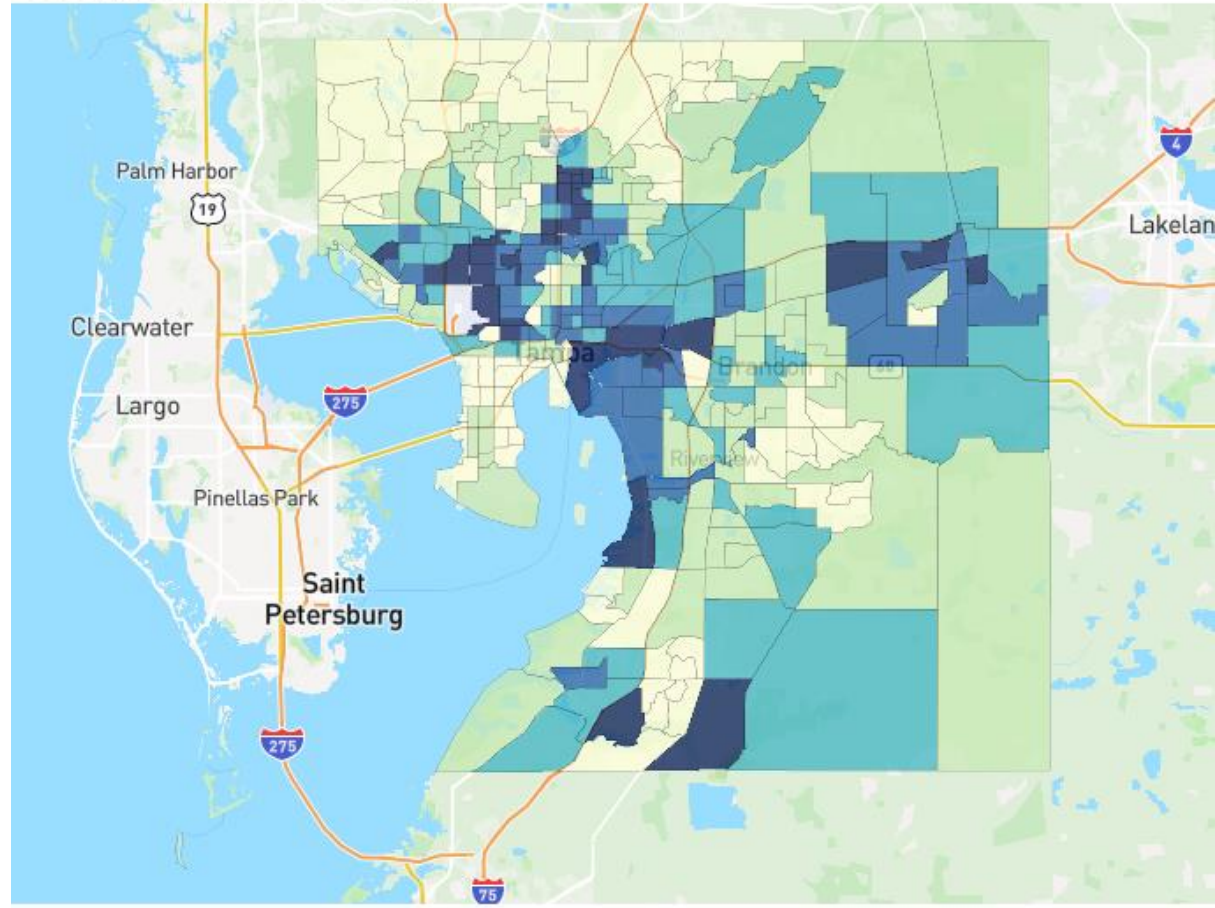


Source: 2023 ACS 5-Year Estimates, United Way ALICE

Access to Health Care & Quality

Lack of Health Insurance Among Adults

Source(s): CDC BRFSS PLACES 2022



Lack of Health Insurance Among Adults



15.6%

Reported needing medical care and not receiving it

Top 5 Reasons

1. Unable to schedule an appointment when needed
2. Unable to afford to pay for care
3. Cannot take time off work
4. Doctor's office does not have convenient hours
5. Unable to find a doctor who takes my insurance

“Getting access to general primary care is difficult just based on supply and demand. Demand is greater than the supply of providers. I think we have enough specialty care — we are a major hub of hospitals and specialty care.”
— Community Stakeholder

“People don’t get care when they start seeing symptoms because of the cost of care, and they learn about financial assistance when it’s too late or their condition is more advanced.”

— Focus Group Participant

Source: CDC, n.d. BRFSS Places, 2022.



Maternal Health

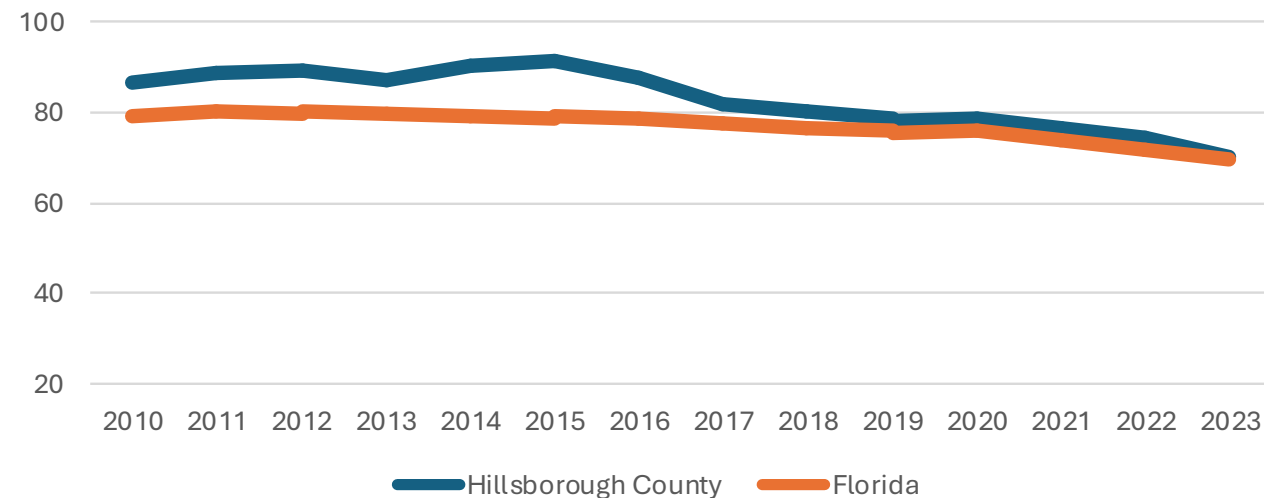
Infant and Maternal Health (per 100,000)

	Hillsborough County		Florida	
	2017-2019	2021-2023	2017-2019	2021-2023
Low birth weight (percent of total births)	9.0	9.3	8.8	9.1
Infant mortality rate per 1,000 live births	6.5	6.9	6.0	6.0
Teen birth rate (under 18), per 1,000	17.9	13.5	17.1	13.2

“For pregnant women, part of the issue we are seeing as far as access to care: There has been a decrease in early prenatal care in the first trimester and it’s continuing to decrease. A lot of providers here have changed the way they operate. There’s a confirmation of pregnancy, first visit at 12 weeks and you’re scheduled later to start your prenatal journey. There’s been a lot of loss of health care providers and that’s a big issue for pregnant women.”
— Community Stakeholder

69.9% of mothers who gave birth in 2023 who received prenatal care in the first trimester.

Births to Mothers Initiating Prenatal Care in First Trimester (%)



Source: FLHealthCharts, NPI

Behavioral Health



9.0% of survey respondents indicated they had thoughts that they would be better off dead or of hurting themselves in some way for several days, more than half of the days or nearly every day over the past 12 months

28.2% of survey respondents who were diagnosed by a medical provider with depression or anxiety

“People are reluctant to get care because they don’t know how to do it. Therefore, care navigation is critically important! It is more about knowledge than stigma.”

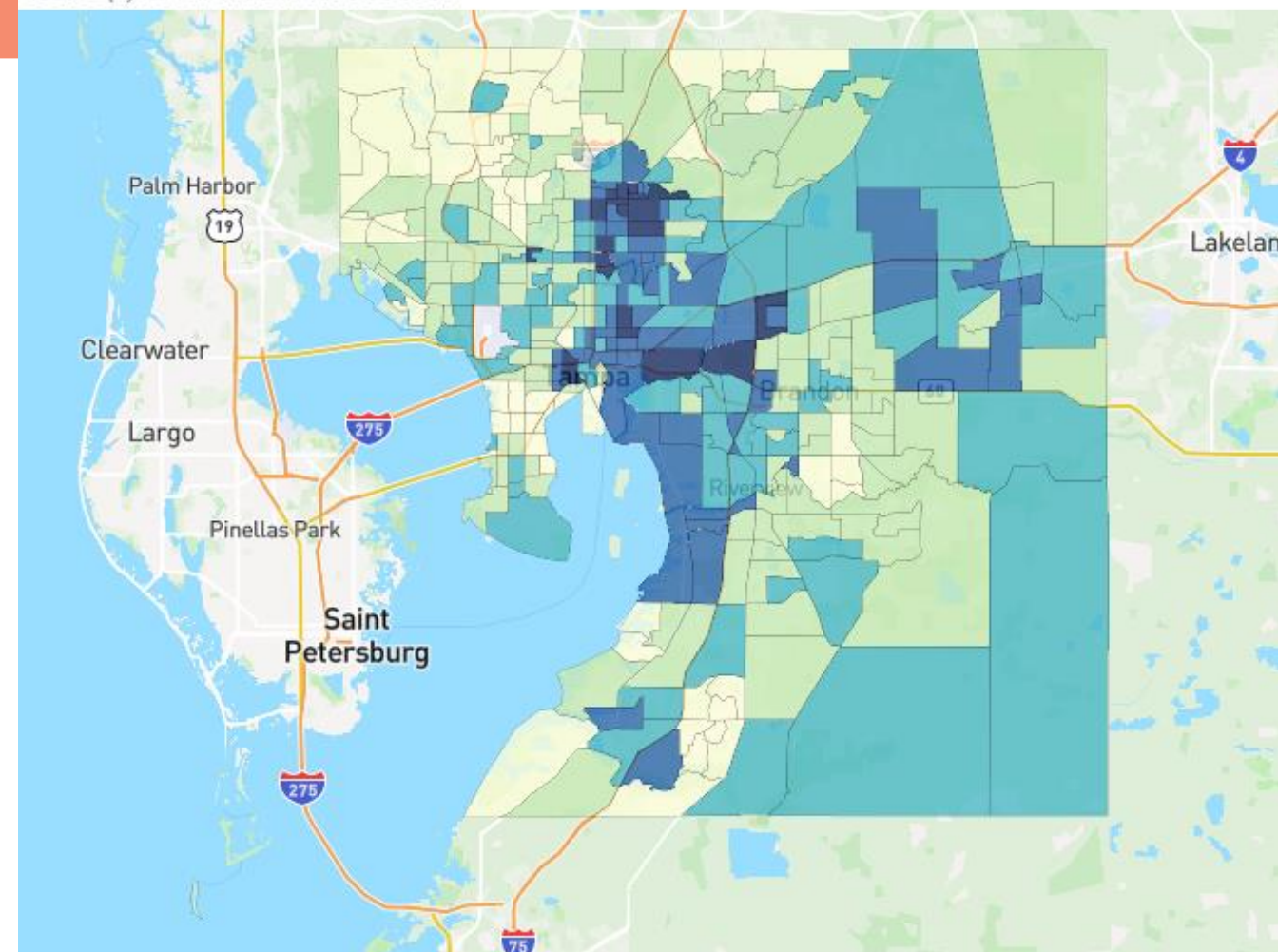
— Community Stakeholder

“I think mental health ties back into not just the insurance coverage, but also in having providers that maybe have specialization or experience with particular populations like children. I know for children, there’s a real shortage for mental health providers in general. And then if they are taking insurance or not, a lot of them are.”

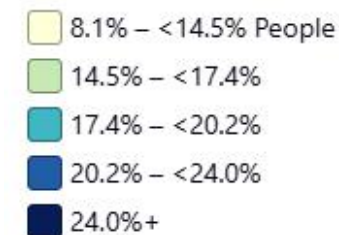
— Community Stakeholder

Poor Mental Health Among Adults

Source(s): CDC BRFSS PLACES 2022



Poor Mental Health Among Adults



Source: CHNA Survey, CDC BRFSS

Chronic Disease & Health Status

Leading Causes of Death (per 100,000)

	Hillsborough County
Heart Disease	182.2
Cancer	164.5
COVID-19	119.9
Accidents/Unintentional Injuries	77.0
Birth Defects	40.9
Chronic Lower Respiratory Disease	35.1
Diabetes	28.2
Alzheimer's Disease	27.3
Suicide	14.1
Chronic Liver Disease/Cirrhosis	15.0

32.1% survey respondents told by medical provider they have hypertension and/or heart disease

14.7% of survey respondents told by medical provider they have diabetes/high blood sugar



134 Primary Care Providers
Per 100,000 Population



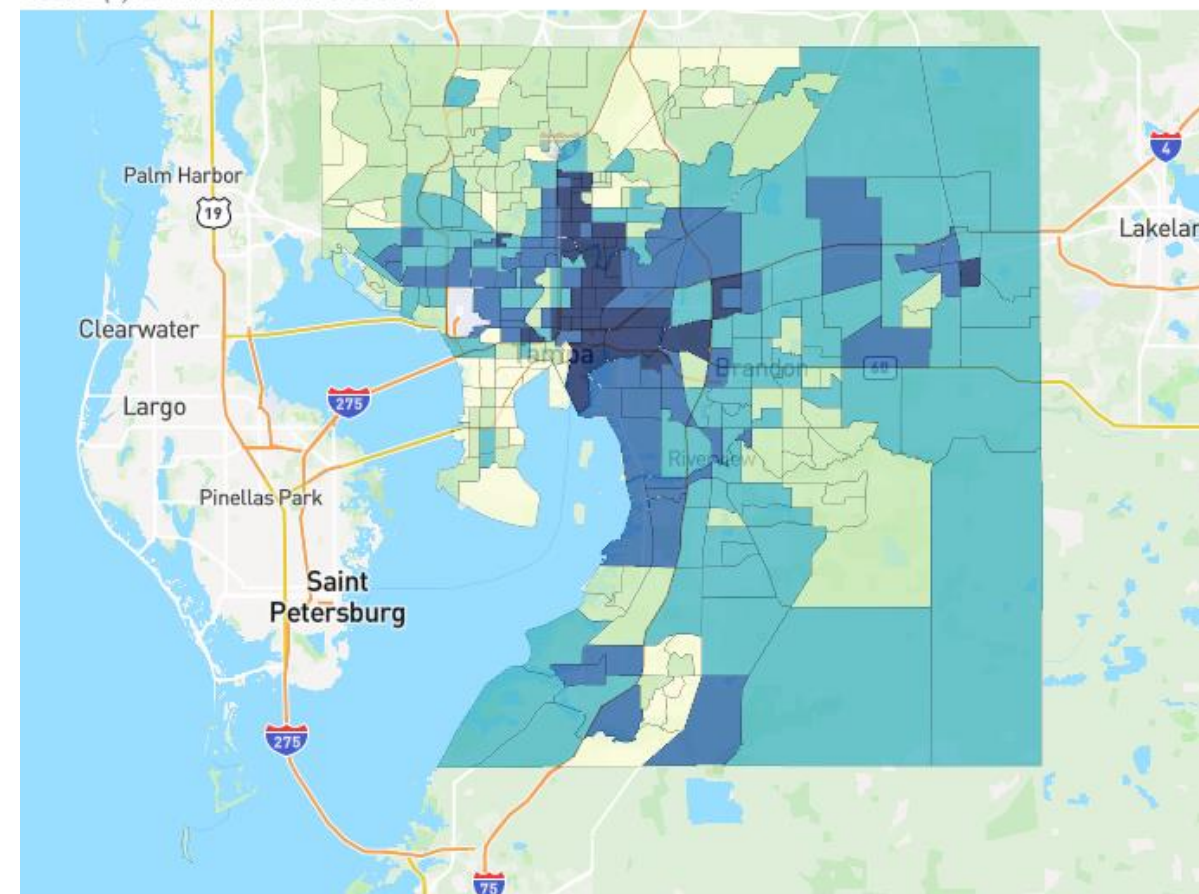
57 Dentists
Per 100,000 Population



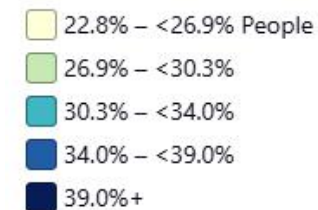
138 Mental Health Providers
Per 100,000 Population

Obesity Among Adults

Source(s): CDC BRFSS PLACES 2022



Obesity Among Adults



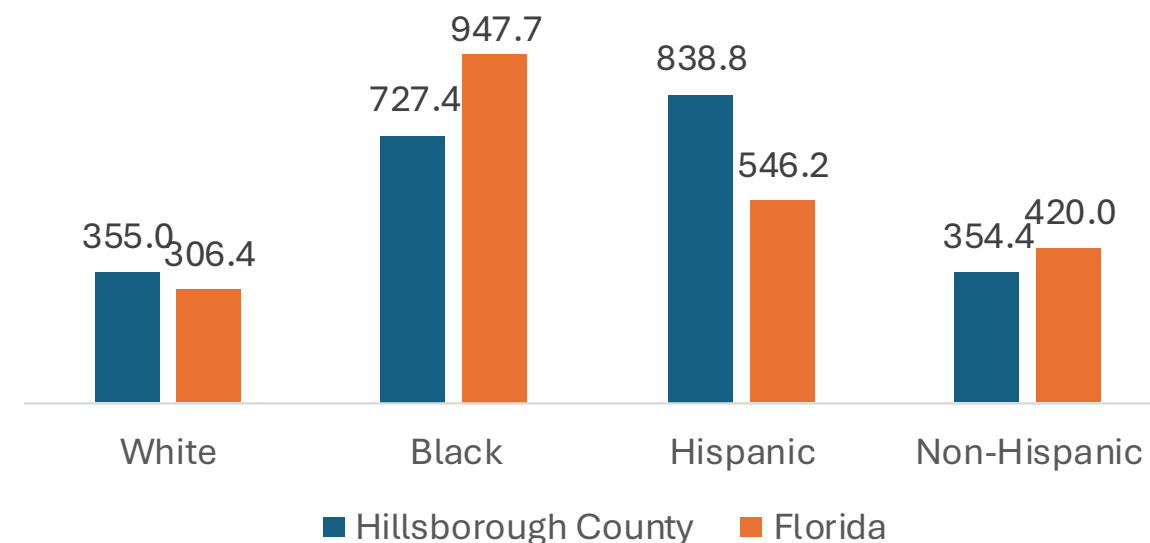
Source: FLHealthCharts, CDC BRFSS, CHNA Survey

Health Outcome Disparities

“When you look at the fact Black and African Americans have more chronic diseases. I think it's more attitude. When it comes to medical providers, and most people think they aren't there to help them. Theres a reluctance.”
— Community Stakeholder

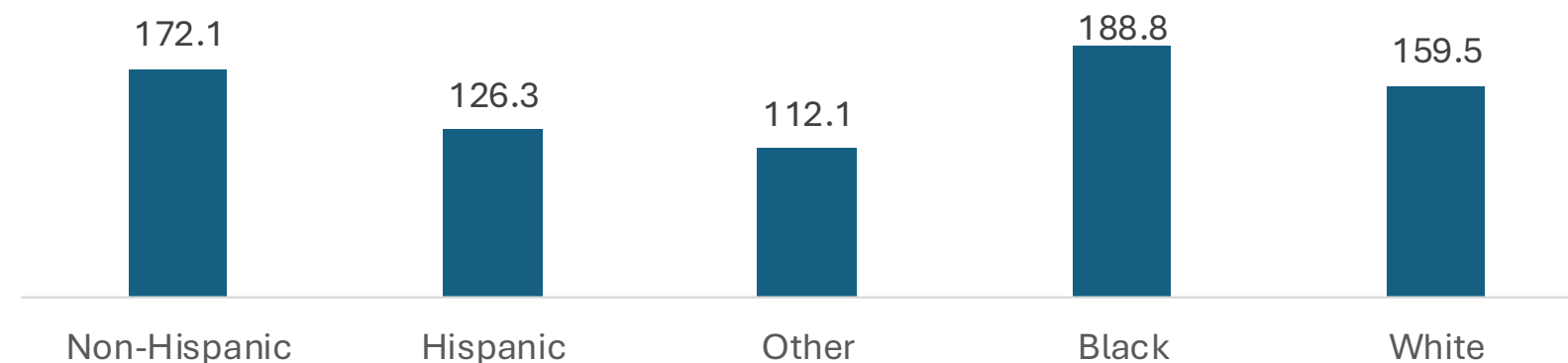
“Mental health access, especially stigma in the Hispanic community. There is a lack of capacity of providers who speak Spanish.”
— Community Stakeholder

Age-adjusted Emergency Department Visits from Hypertension, Rate per 100,000 Population, 2023



“Black individuals clearly across every measure, with maybe the exception of skin cancer, have really significantly worse [health] outcomes in morbidity and mortality than others. They have shorter lifespans and everything.”
— Community Stakeholder

Age-adjusted Deaths from Heart Diseases, Rate Per 100,000, Hillsborough County, 2020-2022



*Local county data unavailable

Source: FLHealthCharts, CDC BRFSS, CHNA Survey

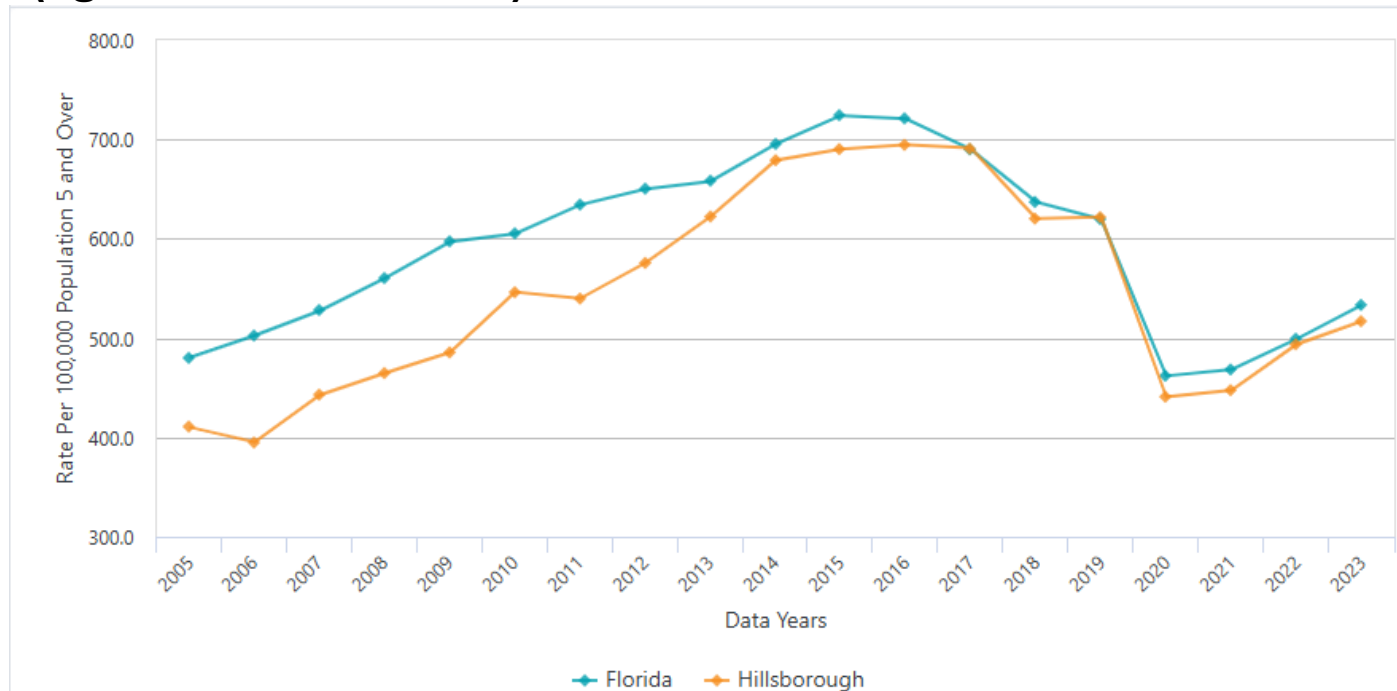


19.8% of survey respondents reported needing dental care but not receiving it in the past 12 months

Top 5 Reasons

1. Unable to afford to pay for care
2. Unable to find a doctor who takes my insurance
3. Unable to schedule an appointment when needed
4. Cannot take time off work
5. Doctor's office does not have convenient hours

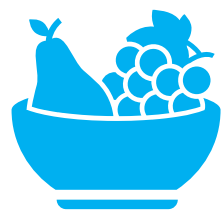
Emergency Department Visits From Dental Conditions (Aged 5 Years and Older)



“I would say oral health is another area. Dental – where we certainly have a lot of emergency room visits and things like that related to dental issues that really could have been avoided with access to dental care.”
– Community Stakeholder

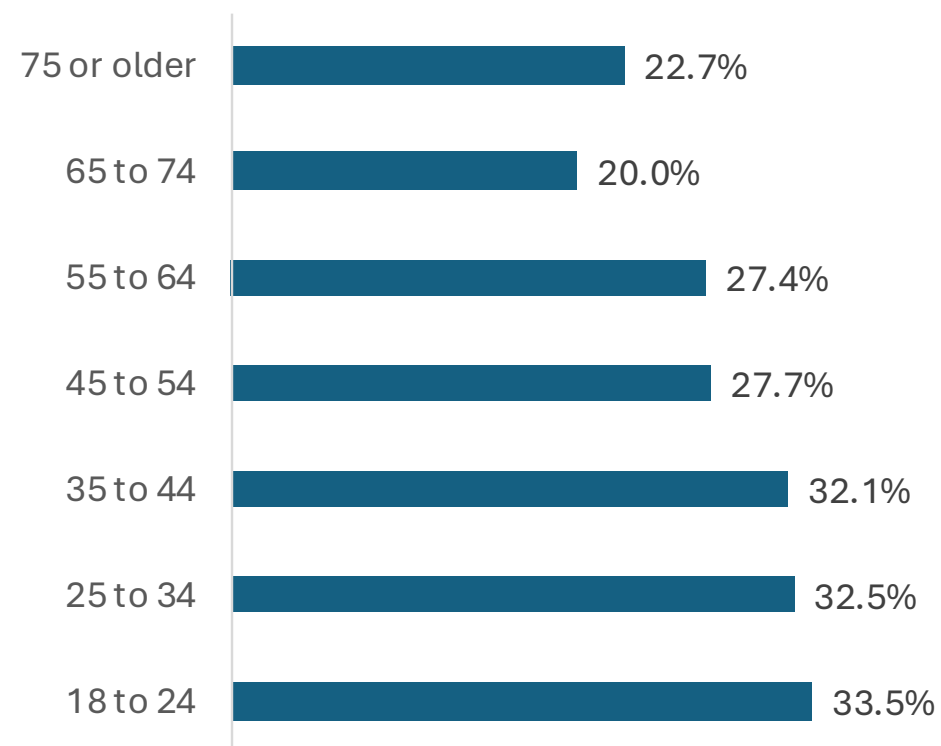
“Personally, I have had challenges with dental care. We have a lot of dentists and orthodontist[s], but a key thing I was surprised to find, we don’t have good resources for sedation dentistry. I have a lot of anxiety when it comes to dental care. I only found one practice that does sedation dentistry across Pinellas and Hillsborough county.”
– Community Stakeholder

Neighborhood and Built Environment



28.3% of survey respondents self-reported food insecurity

Food Insecure by Age



5.8%
Households with no vehicle

“We have a lot of high heat days. I think we’ve had more this year than we have in the past. More frequent storms, stronger hurricanes, all of that stuff is starting to have flooding But I’m also concerned about what that means for agriculture in the state and then food supply, and how that then impacts food supply.”

– Community Stakeholder

“[We need] safe spaces for people to get access to move their body. Nutrition education — healthy lifestyle — metabolism.”

– Focus group participant

59.8% of survey respondents self-reported concerns of rising temperatures and excess heat



Source: CHNA Survey, 2023 ACS 5-Year Estimates



Social and Community Context



37.7% of survey respondents agreed that crime is a problem in their community



27.7% of survey respondents have feared for their safety and avoided social gatherings or events in the past 12 months

Source: CHNA Survey

Caregivers



8.8% of survey respondents are a caregiver to a family member with a disability who cannot care for themselves in their home

61.0% of caregivers have self-reported experiencing caregiver burnout

Most Important Factors to Improve Quality of Life

1. Access to low-cost, healthy food
2. Access to health care, including behavioral health care
3. Livable wage jobs and healthy economy
4. Healthy behaviors and lifestyles
5. Good schools

Top Community Needs

Behavioral
Health

Cancer

Dental

Economic
Stability

Exercise,
Nutrition &
Weight

Health Care
Access &
Quality

Heart Disease
& Stroke

Neighborhood
& Built
Environment

Community Needs

Community Needs	Top Community Needs
Behavioral Health	Mental health Substance misuse
Cancer	Chronic disease education and prevention Specialty care access
Dental	Dental care
Economic Stability	Basic needs, including affordable housing, childcare Economic stability, including jobs and workforce
Exercise, Nutrition & Weight	Food insecurity Social services for older adults (meals)
Health Care Access & Quality	General awareness of resources and services Linguistically and culturally appropriate care Primary care access Specialty care access, especially maternal health Health outcome disparities
Heart Disease & Stroke	Chronic disease education and prevention Specialty care access Risky/lifestyle behaviors
Neighborhood & Built Environment	Basic needs, including transportation Social services for older adults (transportation)

Questions?

Breakout Session #1: Data Discussion

- What surprises you about the data?
- What factors might explain the patterns we're seeing?
- Do the findings align with your knowledge of your community?

Breakout Session #2: Severity and Feasibility

- What is the magnitude (size) and severity of this need in the community?
- What are the potential outcomes if we don't address this need in the community?
- What are some potential barriers to addressing the need in the community?

Final Results

Rank	Community Need	Score
1	Health Care Access & Quality	7.84
2	Behavioral Health	9.11
3	Economic Stability	11.39
4	Exercise, Nutrition and Weight	11.88
5	Neighborhood and Built Environment	15.97
6	Heart Disease and Stroke	16.89
7	Dental	17.39
8	Cancer	19.62

Breakout Session #3: Potential Strategies

- What is currently being done in the community to address this need?
- What are other opportunities or ideas to address the need in the community?
- What partnerships and collaboration need to occur to move the dial on addressing this need in the community?

Thank You!

Katelyn Michaud, Managing Principal

katelynm@crescendocg.com

Scott Good, Principal

scottg@crescendocg.com





HILLSBOROUGH COUNTY DEMOGRAPHICS



1,489,634 People

Median Age

37.8



49.2%

Male

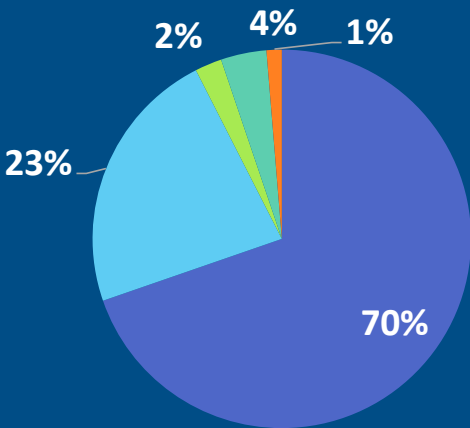


50.8%

Female

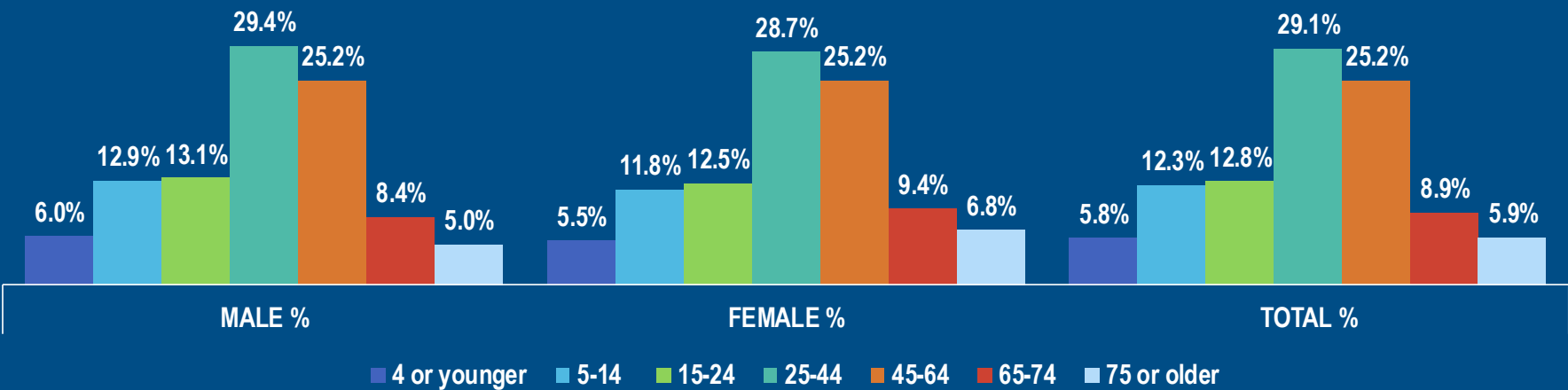


POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME



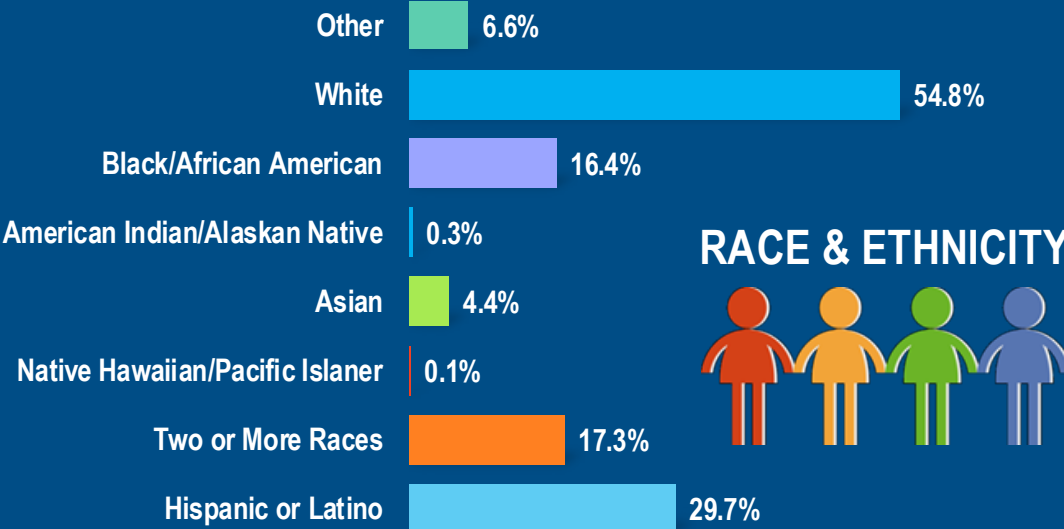
Speak Only English Speak Spanish
Speak Asian/Pac Islander Lang Speak Indo-European Lang
Speak Other Lang

HILLSBOROUGH COUNTY POPULATION BY AGE AND GENDER 2023



Level of Education, Age 25+	Hillsborough County	Florida	U.S.
Less than 9 th Grade	4.5%	4.3%	4.7%
9 th to 12 th Grade, No Diploma	5.9%	6.1%	5.9%
High School Graduate or G.E.D	25.4%	27.4%	26.2%
Some College, No Degree	17.3%	18.9%	19.4%
Associate's Degree	9.8%	10.1%	8.8%
Bachelor's Degree	23.1%	20.7%	21.3%
Graduate or Professional Degree	14.0%	12.5%	13.7%

19.2% of
the Population
Foreign Born



RACE & ETHNICITY



7.5% of
the Population
are Veterans



HILLSBOROUGH COUNTY ECONOMIC BREAKDOWN

Median Household Income



\$75,011

With a \$29.81

Mean Hourly Wage, 2023

Tampa-St. Petersburg-Clearwater Data



Unemployment Rate

4.5% Age 16+, 2024



93.2%

Have Internet Subscriptions



13.2% Of

Individuals are Below Poverty Level

Workers by Means of Transportation to Work, 2023	Hillsborough County	Florida
Worked at Home	18.1%	13.3%
Walked	1.2%	1.3%
Bicycle	0.4%	0.5%
Carpooled	7.9%	8.7%
Drove Alone	70.1%	73.3%
Public Transport	0.9%	1.2%
Other	1.3%	1.7%



We serve families across the income spectrum, so we thought we had an understanding of the diversity of needs. We recently opened a program embedded in FQHC, and we thought we knew what we were walking into. We were looking at housing issues, legal issues, basic need issues, parenting issues – that holistic support. We were not prepared for the level of poverty that we’re seeing with those families. Families will walk on broken glass to get their children’s needs met.

– Stakeholder Interview



18.4%

Population Change 2013-2023

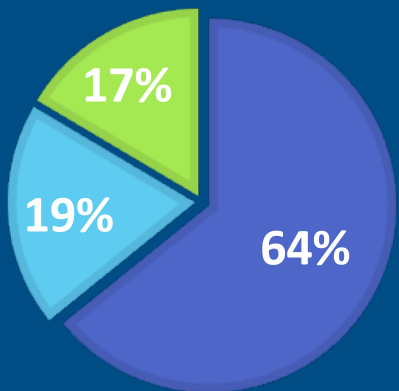
\$333,300

Median Property Value



HILLSBOROUGH EMPLOYED CIVILIAN 16+ BY OCCUPATION GROUP

- White Collar
- Blue Collar
- Service and Farming Industries





ACCESS TO HEALTH & SOCIAL SERVICES HILLSBOROUGH COUNTY



134 Primary Care Providers
Per 100,000 Population



57 Dentists
Per 100,000 Population



138 Mental Health Providers
Per 100,000 Population



The big issue in the Tampa area is providers that accept Medicaid. There's a couple of private providers that do accept Medicaid, but the vast majority of people would have to go to a FQHC.
-Community Stakeholder



"Was there a time in the last 12 months when you needed medical care but did not get the care you needed?"

15.6% Responded 'Yes'

Top 5 Reasons Why Respondents Say They Didn't Get The Medical Care They Needed

1. Unable to schedule an appointment when needed
2. Unable to afford to pay for care
3. Cannot take time off work
4. Doctor's office does not have convenient hours
5. Unable to find a doctor who takes my insurance

Low-income areas in Hillsborough County are federally designated Primary Care, Mental Health and/or Dental Provider Shortage Areas



94.6% Of children in Hillsborough County have health insurance, 2023

86.7%

Of adults with health insurance, 2023

74.5%

Of adults who have had a medical checkup in the past year, 2022

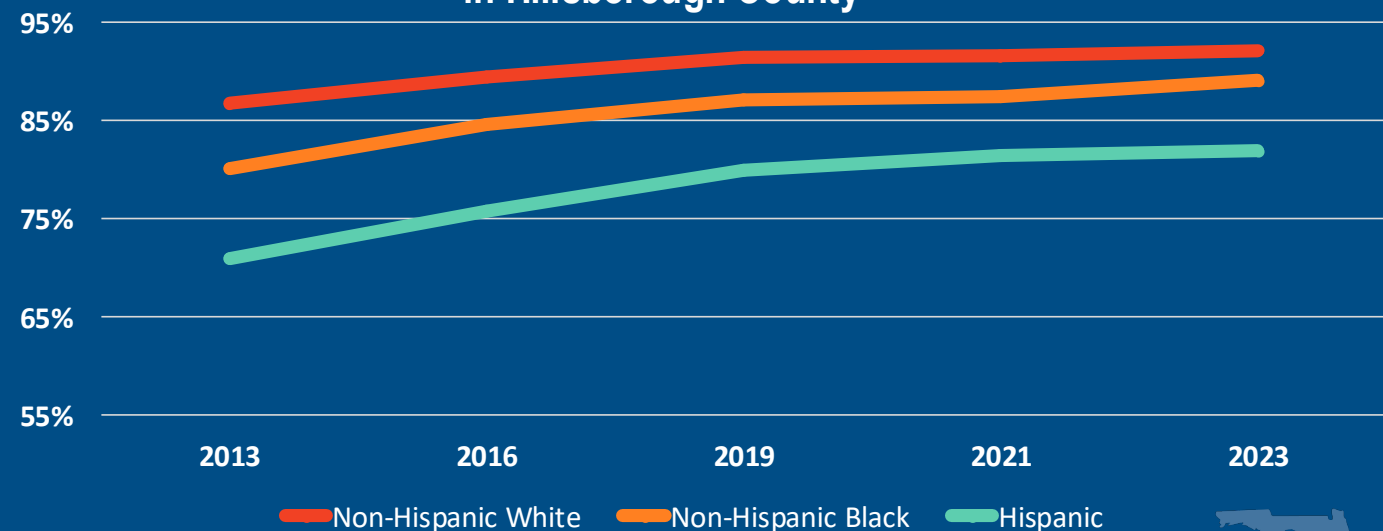
7.9%

Of survey respondents who reported their child needed medical care in the past 12 months and did not receive it.

11.4

Preventable hospitalizations under 65 from dental conditions, 3 year rolling 2021-2023, rate per 100,000

Adults With Health Care Insurance Coverage in Hillsborough County





BEHAVIORAL HEALTH HILLSBOROUGH COUNTY

(Mental Health and Substance Misuse)

59.8%

Of survey respondents ranked mental health as the most pressing health issue

16.1%

Of survey respondents reported experiencing 4 or more Adverse Childhood Experiences (ACEs) before age 18

26.9% of Middle School Students Report having used alcohol or illicit drugs in their lifetime

17.7% of Adults engage in heavy or binge drinking

29.1 Alcohol-Confirmed Motor Vehicle Traffic Crashes per 100,000 Pop.

41.9% of High School Students Report having used alcohol or illicit drugs in their lifetime

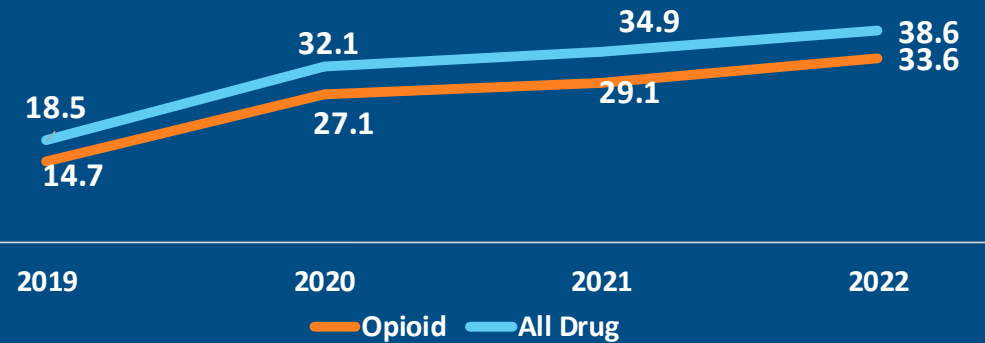
24.0% of high school students have used a vaporizer/E-cigarette, 2022

12.1% of middle school students have used a vaporizer/E-cigarette, 2022

12.8% of adults regularly smoke cigarettes, 2022



DRUG OVERDOSE DEATHS



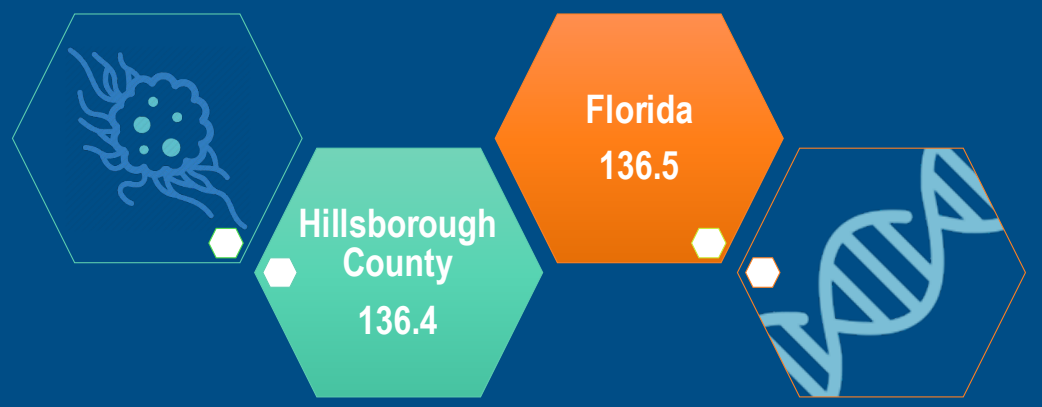
HILLSBOROUGH HOSPITALIZATIONS FOR EATING DISORDERS RATE PER 100,000 POPULATION*, AGES 12-18



9.0% of survey respondents indicated they had thoughts that they would be better off dead or of hurting themselves in some way for **several days, more than half of the days or nearly every day** over the last **12 months**.

28.2% of survey respondents were diagnosed by a medical provider with **Depression or Anxiety**

CANCER DEATH RATE
(Age-adjusted per 100,000 population, 2021-2023)



Adults who regularly smoke cigarettes, 2022

Hillsborough County **16.0%**

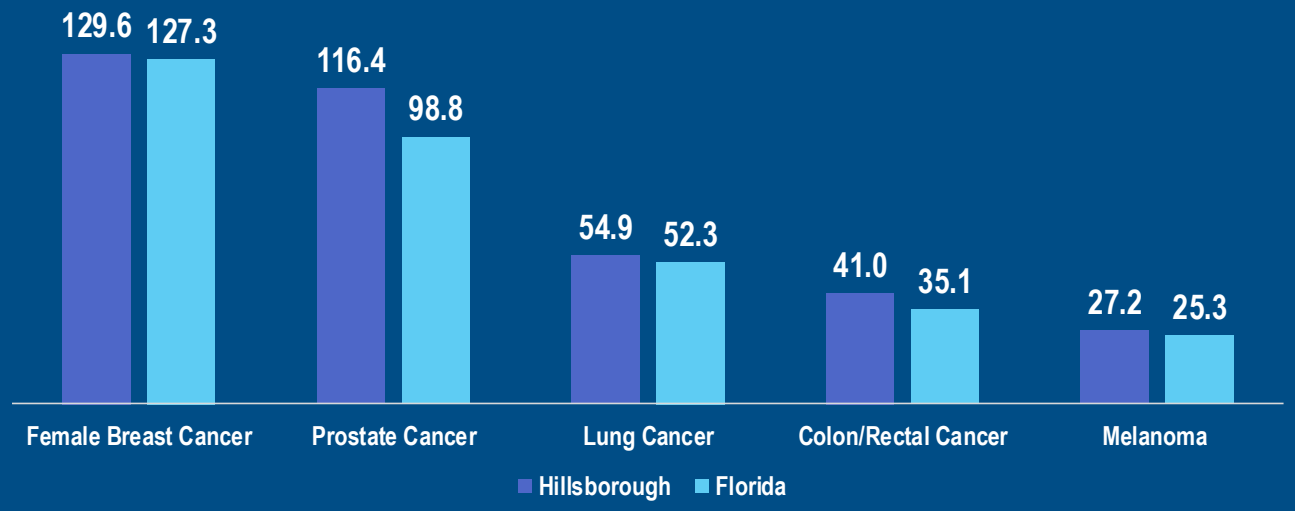
Florida **14.2%**

24.0% of survey respondents ranked Vaping, cigarette, cigar cigarillo, or e-cigarette use as a top risky behavior that is harmful to health.

CANCER DEATH RATE IN HILLSBOROUGH BY RACE/ETHNICITY
(Age-adjusted per 100,000 population, 2021-2023)



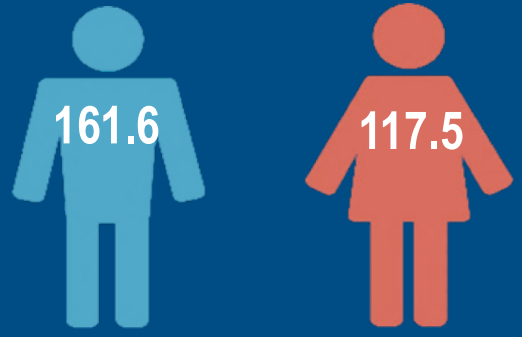
CANCER INCIDENCE RATE: HILLSBOROUGH COUNTY
(Average age-adjusted per 100,000 population, 2019-2021)



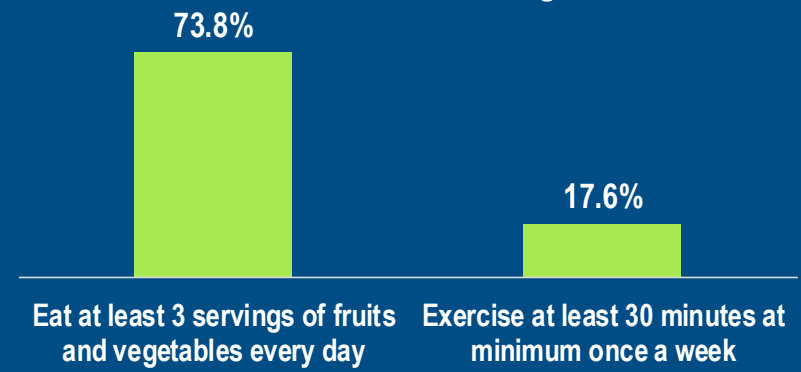
CANCER DEATH RATES BY TYPE
(Average age-adjusted deaths per 100,000 population, 2021-2023)

Type of Cancer	Hillsborough County	Florida
Female Breast Cancer	18.8	18.4
Prostate Cancer	16.7	16.6
Lung Cancer	27.9	29.6
Colon/Rectal Cancer	13.5	12.3

CANCER DEATH RATE BY GENDER
(Age-Adjusted per 100,000 Population, 2021-2023)



CANCER PREVENTION INDICATOR:
Survey respondents who answered “NO” to the following



*Age-adjusted rates is a way to make fairer comparisons between groups with different age distributions. A “standard” population distribution is used to adjust death and hospitalization rates.

30.2% of survey respondents self-reported food insecure



SURVEY RESPONDENTS FOOD INSECURITY BY RACE

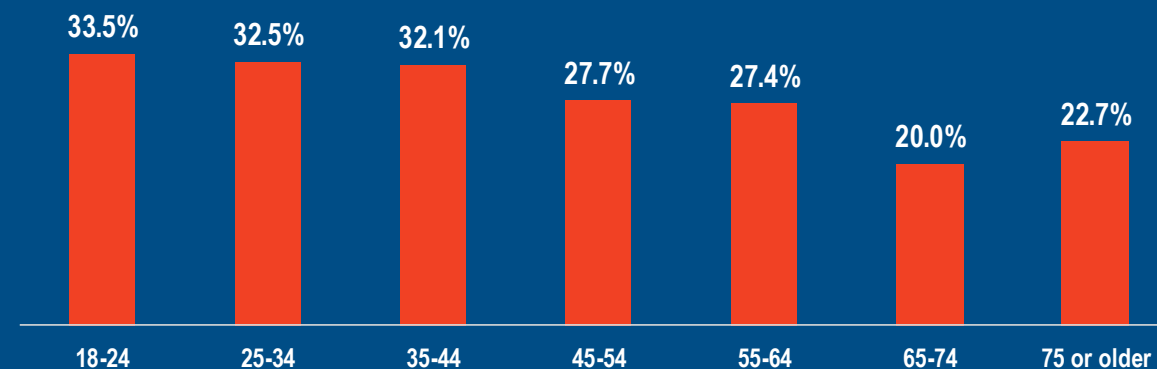


14.8% responded 'yes'

In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?



FOOD INSECURE INDIVIDUALS BY AGE



40.1%

Respondents who disagreed with the statement "There are good sidewalks for walking safely in my neighborhood"

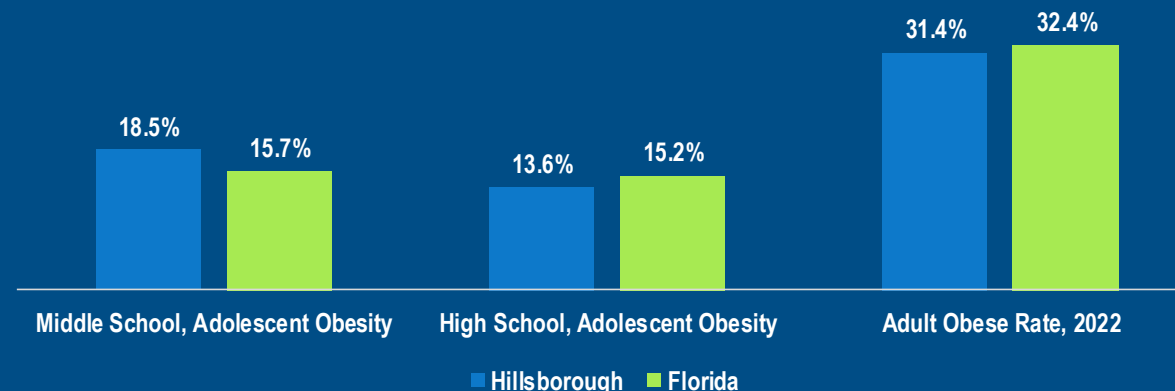
25.3%

Respondents who disagreed with the statement "We have great parks and recreational facilities"

28.9%

Respondents who disagreed with the statement "I am able to get healthy food easily"

HILLSBOROUGH COUNTY WEIGHT 2022



73.8% Do not eat at least 3 servings of fruits and vegetables every day



17.6% Do not exercise at least 30 minutes every day

14.7%

Survey respondents told by medical provider they have diabetes

200.0

Age adjusted ED visits from diabetes, 3 year rolling 2021-2023, rate per 100k

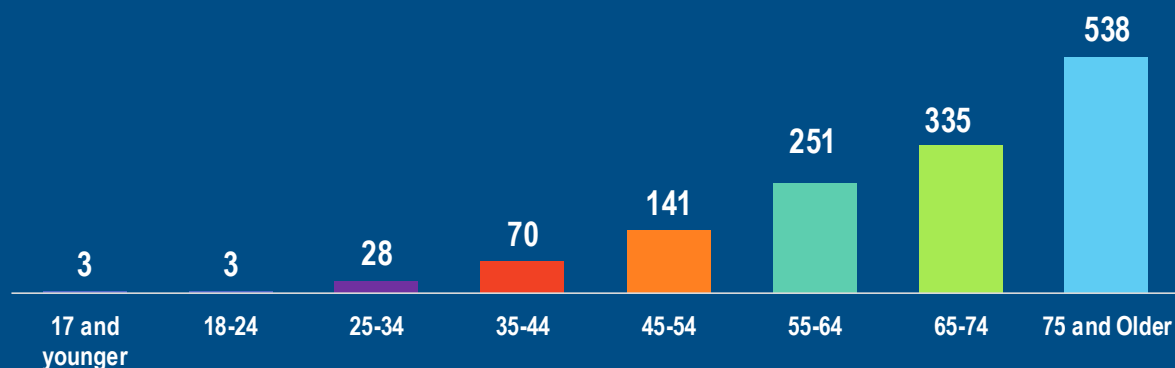




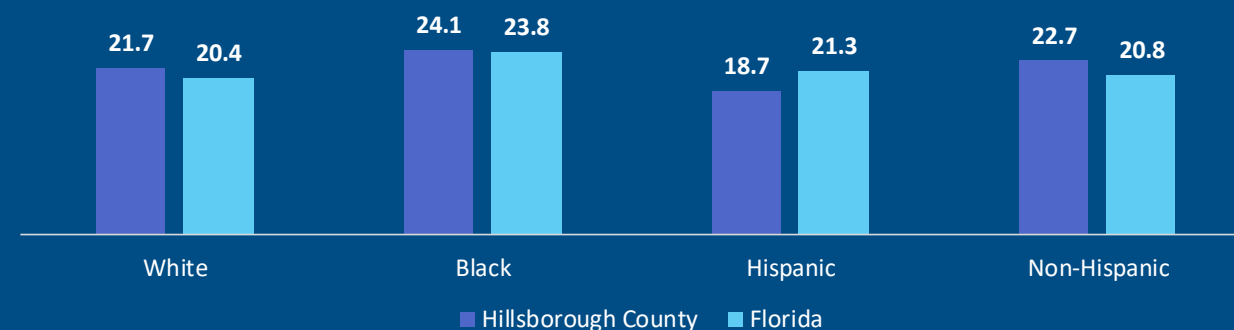
AGE-ADJUSTED DEATHS FROM HEART DISEASES*,
RATE PER 100,000 POPULATION, 3-YEAR ROLLING, 2020-2022



EMERGENCY DEPARTMENT VISITS THAT INCLUDED A DIAGNOSIS OF
HEART FAILURE BY AGE
(Sampling of five Hillsborough hospitals, 2024)



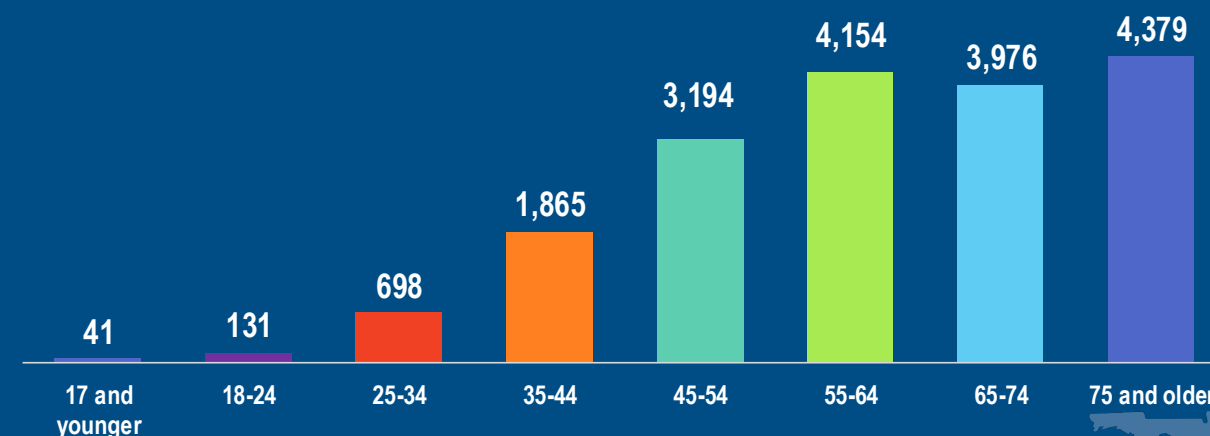
Deaths from Acute Myocardial Infarction (Heart Attack), Rate
per 100,000, by Race, Age-adjusted 3-year Rolling, 2021-2023



32.1% Of survey respondents told by a medical provider they have Hypertension and/or Heart Disease

3.3% Adults who experienced a stroke, 2022

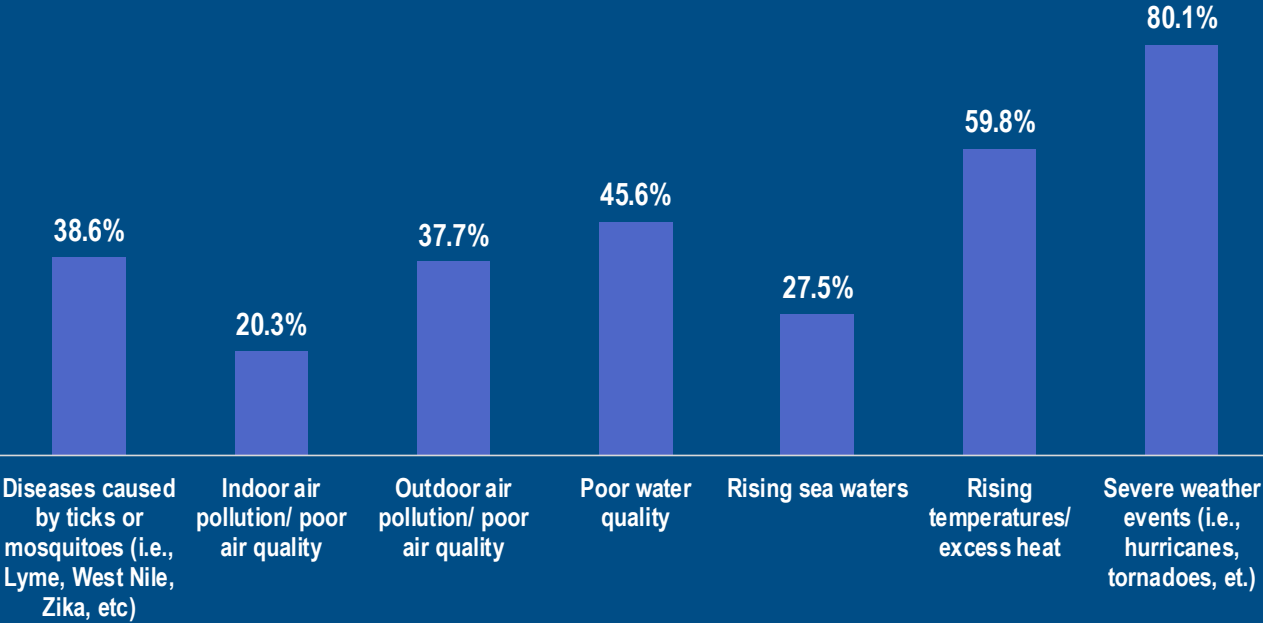
EMERGENCY DEPARTMENT VISITS THAT INCLUDED UNCONTROLLED
BLOOD PRESSURE / HYPERTENSION BY AGE
(Sampling of five Hillsborough hospitals, 2024)



*Age-adjusted rates is a way to make fairer comparisons between groups with different age distributions. A "standard" population distribution is used to adjust death and hospitalization rates.



ENVIRONMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING HEALTH



54.8%

Survey respondents reported bullying and violence in school as the top concern that affects child health

37.7%

Survey respondents agreed that crime is a problem in their community

15.0%

Survey respondents disagreed they feel safe in their community

27.7%

Survey respondents have feared for their safety and avoided social gatherings or events in the past 12 months

8.1%

Survey respondents or immediate household members who have been injured, threatened, or both by a firearm

7.5% Survey

respondents who reported being treated with less courtesy or respect than other people at least once a week



Top 5 Most Important Factors that Contribute to Poor Health in Hillsborough County

1. Being overweight
2. Mental health problems, including anxiety and depression
3. Illegal drug use / Abuse of prescription medication
4. Diabetes / High blood sugar
5. Aging problems

Top 5 Most Important Factors to Improve the Quality of Life in a Hillsborough County

1. Access to low-cost, healthy food
2. Access to health care, including behavioral health care
3. Livable wage jobs and healthy economy
4. Healthy behaviors and lifestyles
5. Good schools

Appendix G: Community Partners and Committee Members

The All4HealthFL Collaborative gratefully acknowledges the participation of a dedicated group of organizations and individuals who gave generously of their time and expertise to help guide this CHNA report.

All4HealthFL Collaborative Leading Members

The following members participated in at least one of the committees during the CHNA research phase.

Name	Credentials	Title	Organization
Sara Osborne (Co-Chair)	MSHSA	Senior Director, Community Benefit	Orlando Health
Kaila Yeager (Former Co-Chair)	MPH, CPH	Planning and Partnerships Program Manager	DOH - Pinellas
Wynton Geary (Co-Chair)			DOH – Hillsborough
Janna Netterfield	MA, MBA	Director of Community Benefit and Engagement	AdventHealth
Alyssa Smith	MPH, CPH	Community Health Program Manager	AdventHealth
Dean Whaley		Executive Director, Strategic Partnerships and Community Engagement	AdventHealth
Lauren Phillips-Koen	MPH, BSN, RN	Community Health Coordinator	AdventHealth
Alison Grooms	MPH, CPH	Community Relations Manager	AdventHealth
Amberhope Montero		Community Health Coordinator	AdventHealth
Lisa Bell	MPH	Director, Community Benefit	BayCare
Stephanie Limanowski	MPH, MBA	Community Benefit Strategist	BayCare

Name	Credentials	Title	Organization
Max Li	MPH, CPH	Community Benefit Data Analyst, Senior	BayCare
Kelci Tarascio	MPH, CPH	Community Outreach Coordinator, Pinellas County	BayCare
Krista Cunningham	MPH, CPH	Senior Community Outreach Coordinator, Hillsborough County	BayCare
Meghan Mapes	MPH, CPH	Community Outreach Coordinator, Polk County	BayCare
Katie Dunn		Community Outreach Coordinator, Pasco County	BayCare
Joel Yap			DOH - Hillsborough
Marissa Khan		Community Health Improvement Plan Coordinator	DOH - Hillsborough
Brittany Merens	MPH	Community Health Promotions and Epidemiology Program Manager	DOH - Pasco
Mia Fournier		CHAT/CHIP Program Lead	DOH – Pinellas
Jenna Levine	MPH, CPH	Director of Public Health Planning	DOH- Polk
Craig Ackerman		Operations Director	DOH – Marion
Angela Holliday	Ed.D	Community Relations and Health Equity Integration Director	Johns Hopkins All Children's
Petra (Vybiralova) Stanton	MSW, CPSTI	Injury Prevention Program Manager	Johns Hopkins All Children's
Karen Diaz Serrano	PhD, MSPH	CHNA and Community Benefits Manager	Johns Hopkins All Children's
Lauren Springfield	MA, MBA	Director, Community Health	Lakeland Regional
Ian Fitzpatrick		Community Benefit Specialist	Moffitt
Meghan Brummert		Community Benefit Manager	Orlando Health
Tamika Powe	MPH, MCHES, CDP, TTS	Manager, Community Benefit and Health Education programs	Tampa General Hospital

Appendix H: Partner Achievements

Behavioral Health

Mental Health First Aid

Since the 2022 CHNA, several partners of the All4HealthFL Collaborative provided Mental Health First Aid (MHFA) trainings as part of their implementation strategies to address the priority of Behavioral Health. Mental Health First Aid is an evidence-based training that teaches learners how to support someone experiencing a mental health or substance use crisis. Over 1,180 participants were trained in MHFA in the four-county region since the 2022 CHNA.

- **AdventHealth:** 26 classes, 374 participants
- **BayCare:** 26 classes with 251 participants
- **Tampa Bay General Hospital:** 21 classes, 253 participants; 4 additional instructors

Tampa Bay General Hospital

Behavioral Health

Coordinated Regional Harm Reduction Continuum (CRHRC)

The Coordinated Regional Harm Reduction Continuum (CRHRC) is a collaborative initiative between Tampa General Hospital and the University of South Florida Department of Emergency Medicine, providing a comprehensive continuum of harm reduction and treatment services for people who use drugs across Tampa Bay. Anchored by the BRIDGE Emergency Department MOUD program and the IDEA Tampa Syringe Services Program—Florida’s highest-volume SSP for HIV and HCV screening—CRHRC offers low-barrier MOUD, mental health care, STI and wound care, naloxone distribution, a specialized pregnant/postpartum OUD pathway, OBOT clinic services, mobile outreach, and linkage to housing and behavioral health services. Key partners include COVE Behavioral Health, ACTS, CAN Community Health, and Metro Inclusive Health. Since 2022, the BRIDGE and IDEA programs have provided services to over 20,000 individuals.

Mindful-Based Stress Reduction

Tampa General Hospital (TGH) is proactively addressing mental and behavioral health needs within the community through its Mindful-Based Stress Reduction (MBSR) program. Recognizing the pervasive impact of stress on overall well-being and the increasing demand for accessible mental health resources, the MBSR program offers evidence-based tools for stress management and enhanced emotional resilience. Since being implemented, this program has educated over 200 people.

Community Wellness Educators

Tampa General Hospital's (TGH) Community Health & Wellness Educators are certified to facilitate Powerful Tools for Caregivers (PTC), an evidence-based caregiver burnout prevention program. PTC focuses on reducing stress that is often experienced by people who are caretakers for adults with chronic conditions and children with special needs. Since 2022, this program has educated over 50 individuals.

Exercise, Nutrition, and Weight

Food as Medicine

Tampa General Hospital's Food as Medicine Program provides nutrition and health education and fresh produce to low-income, low-access community members. In December 2023, Tampa General Hospital's TampaWell initiative created an urban oasis to bridge the gap between low-income residents and adequate nutrition. The program has served 302 community members and distributed nearly 67,776 pounds of fresh produce.

Goodr

The Goodr at TGH food surplus program reroutes edible food to those in need. Through this partnership, we provide an end-to-end solution to divert food waste to support local community members who are impacted by access to nutritious foods. Since 2024, we have served 1,214 meals, diverted 1,416 pounds of food from the landfill, and prevented 792 pounds of CO₂e.

Home Base Warrior Health and Fitness Program

The Warrior Health and Fitness empowers Warriors to take control of their physical well-being, helps them overcome pre-existing injuries, and provides a portal for more complex care for those in need of treatment for the invisible wounds. Warrior Health & Fitness is designed to help Veterans improve their physical health and well-being through supervised physical exercise, nutrition, stress management, and the benefits of a healthy lifestyle. Since 2022, TGH's Home Base Warrior Health & Fitness Program has provided services to 242 veterans.

Veggie Van at TGH Healthpark

The TGH and YMCA Veggie Van partnership at Healthpark demonstrates a tangible commitment to improving community health by increasing access to fresh produce, addressing food insecurity, promoting healthy lifestyles, community engagement, and education. The Veggie Van stops often provide opportunities for informal health education and engagement. This direct interaction helps to build trust and awareness around healthy eating choices within the community. Since 2022, over 2,000 individuals have been provided with fresh produce and other services.

Community Wellness Educators

Educators at Tampa General Hospital (TGH) are certified to facilitate several evidence-based programs that address exercise, nutrition, and weight. These include the Diabetes Prevention Program, Stanford Self-Management Resource Center's Diabetes Self-Management Program, Active Living Every Day, Healthy Eating Every Day, and ADCES® accredited Diabetes Self-Management Education. Across the TGH service region, over 2,500 individuals have attended these programs.

Access to Health Care

TGH Virtual Care

Tampa General Hospital provides access to urgent care, primary care, and specialty care through virtual telehealth options. The telehealth and connected care service, TGH Virtual Care, is available 24/7/365 and helps remove socioeconomic barriers, enhances quality of care, and expands access to care. Funding received for telehealth services allows Tampa General Hospital to offer TGH Virtual Care to underserved/uninsured populations. Since 2022, Tampa General Hospital has treated over 250 patients virtually.

TGH CareStation at Catholic Charities' Tampa Hope

The TGH OnMed CareStation at Catholic Charities' Tampa Hope shelter in St. Petersburg is an innovative "clinic-in-a-box" designed to provide accessible, on-demand healthcare to individuals experiencing homelessness. This partnership between Tampa General Hospital (TGH), City of Tampa, Catholic Charities Diocese of St. Petersburg, and OnMed represents a significant step in addressing healthcare disparities. Since going live in 2024, over 700 people have been provided with healthcare services.

Navigation

Tampa General Hospital partners with organizations to train Certified Application Counselors (CAC) and navigators to assist with increased awareness among the uninsured about affordable health care coverage options available and assist consumers through and beyond the Marketplace enrollment process. To date, Tampa General Hospital has six Certified Application Counselors and three licensed navigators who serve the community. Since 2022, TGH's Certified Application Counselors (CAC) and navigators have provided enrollment services to over 3,000 community members.

Hands-Only CPR

Through a partnership with the American Heart Association, AdventHealth sponsored over 100 Hands-Only CPR demonstrations, training 8,130 community members in this life-saving skill. Tampa General Hospital certified Stop the Bleed instructors have trained over 3,000 community members in this life-saving skill.

Stop the Bleed

Tampa General Hospital (TGH) continues to make significant strides in its "Stop the Bleed" program, a vital community health initiative aligned with the national campaign launched by the White House. This program directly addresses the critical need to empower bystanders with life-saving skills to control severe bleeding in emergency situations, which is the leading cause of preventable death after injury. TGH certified instructors offer free, in-person classes to community members. Since 2022 TGH has trained over 1500 community members.

Momma Care Rising

Tampa General Hospital (TGH) is actively addressing critical maternal health disparities within the community through its impactful "MommaCare Rising" partnership. MommaCare Rising, a collaborative effort involving TGH and other Hillsborough County organizations including USF Health, B.E.S.T Academy, Grace Community Medical Center, Healthy Start, and ReachUp are designed to provide accessible and comprehensive prenatal and postpartum care. Since being implemented in 2023, over 1000 patients have received care.

Marketplace Enrollment

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Exercise is Medicine

The vision of Exercise is Medicine® (EIM), a global health initiative managed by the [American College of Sports Medicine \(ACSM\)](#), is to make physical activity assessment and promotion a standard in clinical care, connecting health care with evidence-based physical activity resources for people everywhere and of all abilities. EIM encourages physicians and other health care providers to include physical activity when designing treatment plans and to refer patients to evidence-based exercise programs and qualified exercise professionals. EIM is committed to the belief that physical activity promotes optimal health and is integral in the prevention and treatment of many medical conditions.

Advent Health

Food Insecurity

The AdventHealth Food is Health® program provides health education and fresh produce in low-income, low-access areas. The program has held 118 class series, educated 2,527 participants, and distributed nearly 121,000 pounds of fresh produce.

Hands-Only CPR

Through a partnership with the American Heart Association, AdventHealth sponsored over 100 Hands-Only CPR demonstrations, training 8,130 community members in this life-saving skill. Tampa General Hospital certified Stop the Bleed instructors have trained over 3,000 community members in this life-saving skill.

BayCare St. Joseph's Hospital

Behavioral Health

Florida Harm Reduction Street Outreach

Harm reduction provides education, basic hygiene and HIV testing supplies, and connection to health and social service resources to individuals who use drugs. BayCare supports four Peers at the Florida Harm Reduction Collective, one each in Hillsborough, Pasco, Pinellas, and Polk

counties, who engage in daily street outreach. These Peers are breaking down stigma and barriers to care for individuals engaging in substance use. Since program inception in 2023, peer street outreach has served over 1,146 community members in St. Joseph's Hospital's service area, connecting 584 to community-based health or behavioral health care.

BayCare Kids On Our Sleeves

As a healthcare partner of The Kids Mental Health Foundation, BayCare Kids On Our Sleeves is a program that aims to provide resources and education to parents, caregivers, teachers, or anyone who has a child in their life to equip them with the knowledge and skills to talk with Children about mental health. Since program inception in 2023, the page has had over 8,100 views, and 1,100 resources have been downloaded.

Salvation Army Beds for Behavioral Health

BayCare partnered with The Salvation Army of Tampa Area Command Homeless Shelter to provide transient individuals with a respite space to begin caring for their Behavioral Health needs once discharged from the hospital. Clients can stay in a Salvation Army bed for 30 nights to help with stabilization and getting connected with substance misuse resources in the community, in addition to establishing a recovery plan. Since 2023, 234 individuals have been referred from BayCare's Behavioral Health Case Management Department and have utilized this program.

Access to Health Services

Clinic Support

BayCare is committed to improving the health outcomes of our communities. One of the significant ways we enhance access to care for underserved populations is through our support of free clinics across our four-county service area, ensuring people are able to get the right care, in the right place, at the right time. In Hillsborough County, BayCare supports Judeo-Christian Clinic, the clinic has provided 2,283 office visits since 2023.

Champions for Children Baby Cafe

BayCare partnered with Champions for Children to support six Baby Cafes in Hillsborough County. These cafes offer free professional lactation consultations and support for new moms regardless of their ability to pay. Since 2023, 1,720 lactation visits have been completed.

BayCare Kids Mobile Medical Clinic

The Mobile Medical Clinic was established in 2004 to address the community-wide problem of reduced immunization compliance among young children. The mobile unit travels throughout the county to high need areas and provides services that include immunizations, well child physicals, vaccine record checks, developmental screening, hearing screenings, vision screenings, and fluoride varnish treatments, along with health and safety education. Since

starting the 2023 Implementation cycle, BayCare Kids Mobile Medical Clinic has provided services to 2,963 medically needy children.

Medication Assistance Program (MAP)

BayCare has developed and implemented a Medication Assistance Program. MAP is designed to assist patients and community members in finding available resources to help offset the cost of medication. Patients and community members receive assistance with affordable medications that they might have otherwise had to prioritize over other social or economic needs, or go without taking. The MAP program served 5,642 individuals, saving them nearly \$19,500,000 since 2023.

Exercise, Nutrition, and Weight

Healthy Living Coach Program

To address the health concerns that come with chronic conditions such as diabetes or obesity, BayCare implemented a Healthy Living Coach program. The Healthy Living Coach is a staff member of community health clinics that provide nutritional and diabetes support and education for their clients. The coach works with the clients to create health goals and plans to better manage their weight and diabetes to improve health outcomes. BayCare has six healthy living coaches in Pinellas, Pasco, and Polk counties. The Hillsborough County program has 331 enrollees with 35 program graduates.

HEALing Bags

In response to the high level of food insecurity in BayCare's service areas, programs to expand access to food have become a major priority for the system. Through a robust partnership with Feeding Tampa Bay, BayCare has implemented multiple food insecurity initiatives to increase access to healthy, nutritious foods. The first of these is HEALing Bags, the only program of its kind in the region and state. HEALing Bags are comprised of a three-day supply of non-perishable food to patients who have been screened and identified as food insecure. Since 2023, 9,385 patients have received a HEALing Bag from St. Joseph's Hospital.

Feeding Minds Food Pantries

Food insecurity, unfortunately, remains a top concern for families in Hillsborough County, including many with school-age children. To help alleviate the negative impacts of food insecurity, BayCare and Feeding Tampa Bay, in partnership with the schools, fund and operate fourteen school-based food pantries across the county. These pantries also provide an opportunity for families to engage with additional wraparound services and education, including health screenings. Each quarter, about 133,945 pounds of food are distributed to students and their families through these pantries.

BayCare South Florida Baptist Hospital

Behavioral Health

Florida Harm Reduction Street Outreach

Harm reduction provides education, basic hygiene and HIV testing supplies, and connection to health and social service resources to individuals who use drugs. BayCare supports four Peers at the Florida Harm Reduction Collective, one each in Hillsborough, Pasco, Pinellas, and Polk counties, who engage in daily street outreach. These Peers are breaking down stigma and barriers to care for individuals engaging in substance use. Since program inception in 2023, peer street outreach has served over 1,146 community members in the South Florida Baptist's service area, connecting 584 to community-based health or behavioral health care.

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Access to Health Services

Clinic Support

BayCare is committed to improving the health outcomes of our communities. One of the significant ways we enhance access to care for underserved populations is through our support of free clinics across our four-county service area, ensuring people can get the right care, in the right place, at the right time. In Hillsborough County, BayCare supports La Esperanza and San Jose Mission Clinic in partnership with Catholic Charities; the clinics together have provided 5,662 office visits since 2023.

Champions for Children Baby Cafe

BayCare partnered with Champions for Children to support six Baby Cafes in Hillsborough County. These cafes offer free professional lactation consultations and support for new moms regardless of their ability to pay. Since 2023, 1,720 lactation visits have been completed.

Seniors In Service Health Buddies

To address the increase in self-reported isolation during COVID, BayCare partnered with Seniors in Service Health Buddies. Health Buddies is a telephonic program that aims to help reduce preventable hospital re-admissions for individuals living with chronic conditions by empowering them to self-manage their health. Four hundred twenty individuals have completed the Health Buddies program.

Medication Assistance Program (MAP)

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Feeding Minds Food Pantries

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