

# Community Health Needs Assessment Hillsborough County

2022



Prepared by Conduent Healthy Communities Institute

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# Letter from the All4HealthFL Collaborative

To the citizens of Hillsborough County,

We are proud to present the 2022 All4HealthFL Collaborative Community Health Needs Assessment (CHNA) for Hillsborough County.

The All4HealthFL Collaborative members include AdventHealth, BayCare Health System, Bayfront Health St. Petersburg, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health, Tampa General Hospital, and The Florida Department of Health in Hillsborough, Pinellas, Pasco, and Polk counties. The purpose of the collaborative is to improve health by leading regional outcome-driven health initiatives that have been prioritized through community health assessments.

We would like to extend our sincere gratitude to the volunteers, community members, community organizations, local government, and the many others who devoted their time, input, and resources to the 2022 Community Health Needs Assessment and prioritization process.

The collaborative is keenly aware that working together we can provide greater benefit to individuals in our community who need our support to improve their health and well-being. Over the next few months, we will be developing a detailed implementation plan around the top health needs identified in this report that will drive our joint efforts.

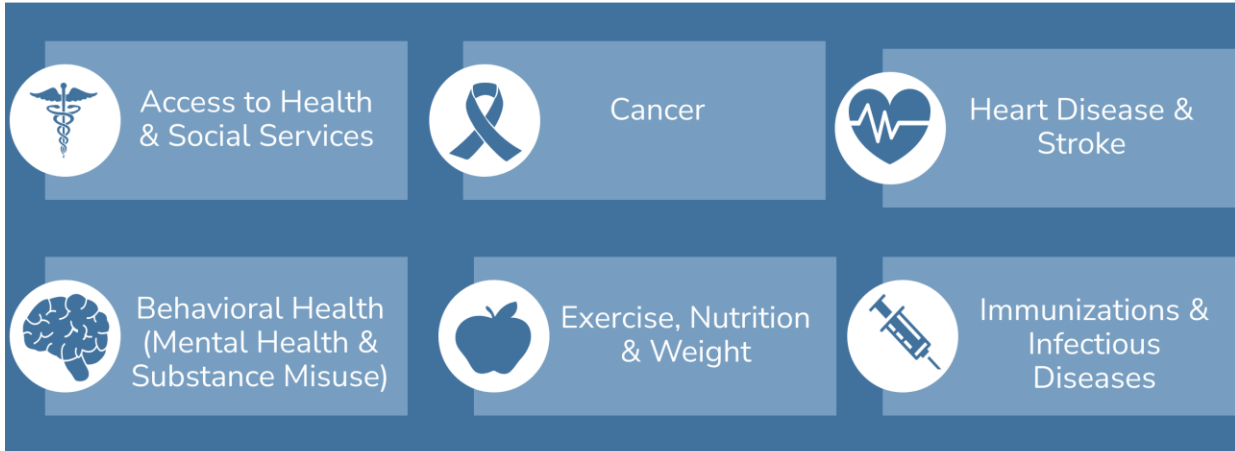
Thank you for taking the time to read the All4HealthFL 2022 Community Health Needs Assessment.

**The All4HealthFL Collaborative**

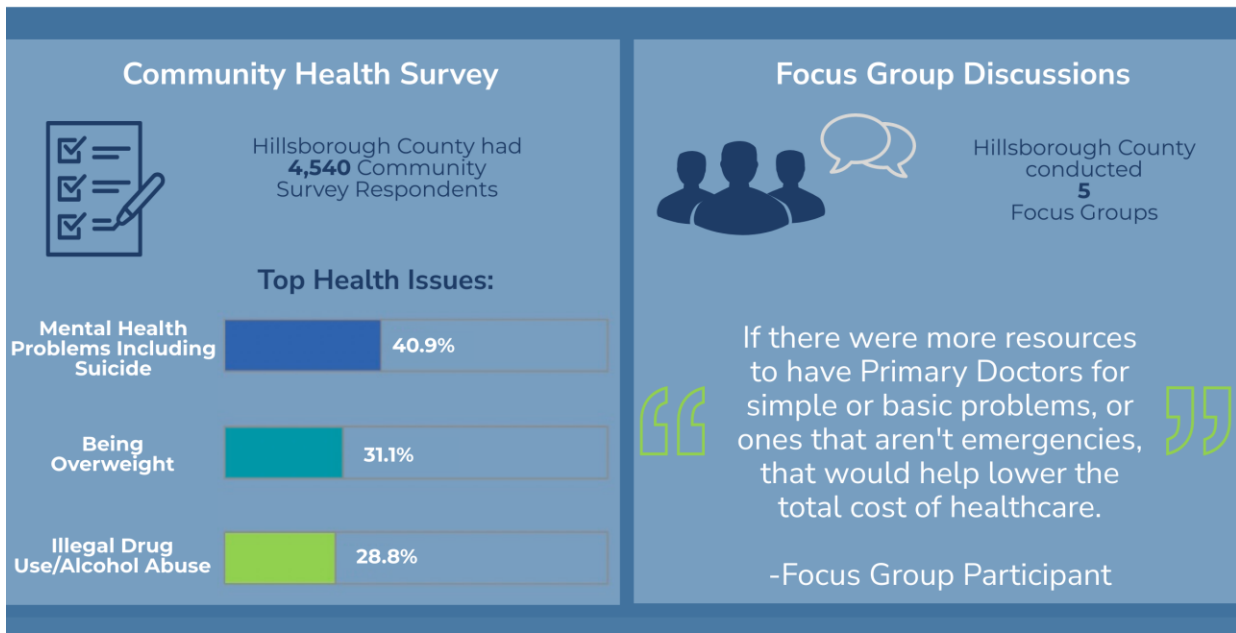
# COMMUNITY HEALTH NEEDS ASSESSMENT

## At a Glance: Hillsborough County

### Secondary Data



### Primary Data/Community Input



### Health Equity

The All4HealthFL Collaborative was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus groups consisted of community residents and organizations from the Black/African American/Haitian populations, Children, Hispanic/Latino, LGBTQ+, and Older Adults.

# Introduction & Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to offer a comprehensive understanding of health needs, barriers to accessing care, and Social Determinants of Health (SDoH). The priorities identified in this report help to guide a collaborative approach in planning efforts to improve the health and quality of life of residents in the community.

This CHNA was completed through a collaborative effort that integrated the process of the hospitals and community partners serving Hillsborough County including: AdventHealth, BayCare Health System, Johns Hopkins All Children's Hospital, Tampa General Hospital, and the Florida Department of Health in Hillsborough County. The All4HealthFL Collaborative partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2022 CHNA.

This report includes a description of the community demographics and population served. It also includes the process and methods used to obtain, analyze, and synthesize primary and secondary data and identify the significant health needs in the community. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop, and target initiatives to provide and connect patients with resources to improve these health challenges in the community.

## Acknowledgments

The Hillsborough County community was a key stakeholder in the development of the CHNA. Community organizations, leaders, and residents assisted in identifying health and social care barriers of children and families living in the community. The All4HealthFL Collaborative members spearheaded development of the community survey and its outreach and marketing, facilitated focus groups, and united organizations for the purpose of improving health outcomes. In addition, the collaborative commissioned three organizations to support the 2022 CHNA process. See Appendix E for the full list of collaborative members, supporting individuals, organizations, partners, and vendors.

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit [www.conduent.com/community-population-health](http://www.conduent.com/community-population-health).

Tampa Bay Healthcare Collaborative (TBHC) was selected to facilitate the prioritization sessions for each county. TBHC is a member-driven organization whose mission is to promote and advance health equity through increasing awareness, building capacity, and fostering collaboration. TBHC helps the underserved by connecting organizations, at no cost, within the health equity ecosystem to collaborate more effectively to reach vulnerable populations using TBHC Collaborate, an online platform, to elevate collaboration among members. To learn more about TBHC, visit <http://tampabayhealth.org/>.

Collaborative Labs at St. Petersburg College designed and facilitated community focus group discussions. Collaborative Labs works as an extension of a business or organization's team to

provide expert facilitation, customized agenda formation, and strength-based activities. They are process experts that ensure an organization’s engagement has the right stakeholders to build the best plan for future success. Learn more at [www.CollaborativeLabs.com](http://www.CollaborativeLabs.com).

## All4HealthFL Collaborative

The All4HealthFL Collaborative was officially organized in 2019. This group comes together with a mutual interest to improve 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 strategies to address them. The All4HealthFL Collaborative works together to plan, implement, and evaluate strategies that are in alignment with identified health priorities. Together, the group strives to make Hillsborough, Pasco, Pinellas, and Polk counties the healthiest region in Florida.

The collaborative consists of individuals from the following organizations and agencies:



The All4HealthFL Collaborative also hosts and maintains the [All4HealthFL Community Data Platform](#) as a community resource for the four counties comprising their combined service area.

# Evaluation of Progress Since Previous CHNA

The CHNA 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 2019 CHNA were Access to Health Care, Behavioral Health, and Exercise, Nutrition & Weight.



Implementation strategies for these health topics shifted in response to the COVID-19 pandemic. Innovative strategies were adopted to continue building capacity for addressing community health needs.

## Collaborative Achievements

In 2019, the county health departments and health systems came together to partner on a single Community Health Needs Assessment for the Tampa Bay region. Those organizations, now united as All4HealthFL Collaborative, came together with the belief that the important health challenges our community faced were best assessed and addressed as one. The work of the collaborative culminated in a set of priorities that are guiding the community health initiatives of organizations across Hillsborough, Pasco, Pinellas, and Polk counties.

While implementation of our community benefit plans was already underway, the collaborative understood all too well the tremendous impact COVID-19 had on our community. It was important to take a moment and understand how the ground shifted in terms of community health needs because of the ongoing pandemic. With that in mind, a short survey was deployed from May through June 2020 asking community partners and experts how COVID-19 brought to light new issues or reinforced existing issues facing the health needs of the community.

There were 85 responses to the survey across the region. Although there were new issues that emerged around housing and poverty, the survey respondents affirmed the 2020-2022 top three focus areas of Mental Health and Substance Misuse, Access the Health Care, and Exercise, Nutrition and Weight as still the most pressing issues. This data provided the collaborative an opportunity to consider increasing strategies to expand programs like Mental Health First Aid Training.



## Community Feedback from Preceding CHNA & Implementation Plan

Community Health Needs Assessment reports from 2019 were published on the All4HealthFL website. Additional community comments and feedback were obtained during the 2019 county-level prioritization sessions as well as via email. In post-prioritization evaluations, the community voiced their desire to have additional opportunities to process and discuss data and findings from the assessment process before participating in prioritization activities. As a result of this feedback, the six virtual prioritization sessions that were hosted as part of the collaborative's 2022 assessment were intentionally designed to create space and opportunity for facilitated discussions around overall assessment findings as well as specific health topics.

## Demographics of Hillsborough County

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the Hillsborough County community.

### Geography and Data Sources

Data are presented in this section at the geographic level of Hillsborough County. County, comparisons, state, and national values are also provided, when available. All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates)<sup>1</sup> and American Community Survey<sup>2</sup> one-year (2019) or five-year (2016-2020) estimates, unless otherwise indicated.

### Population

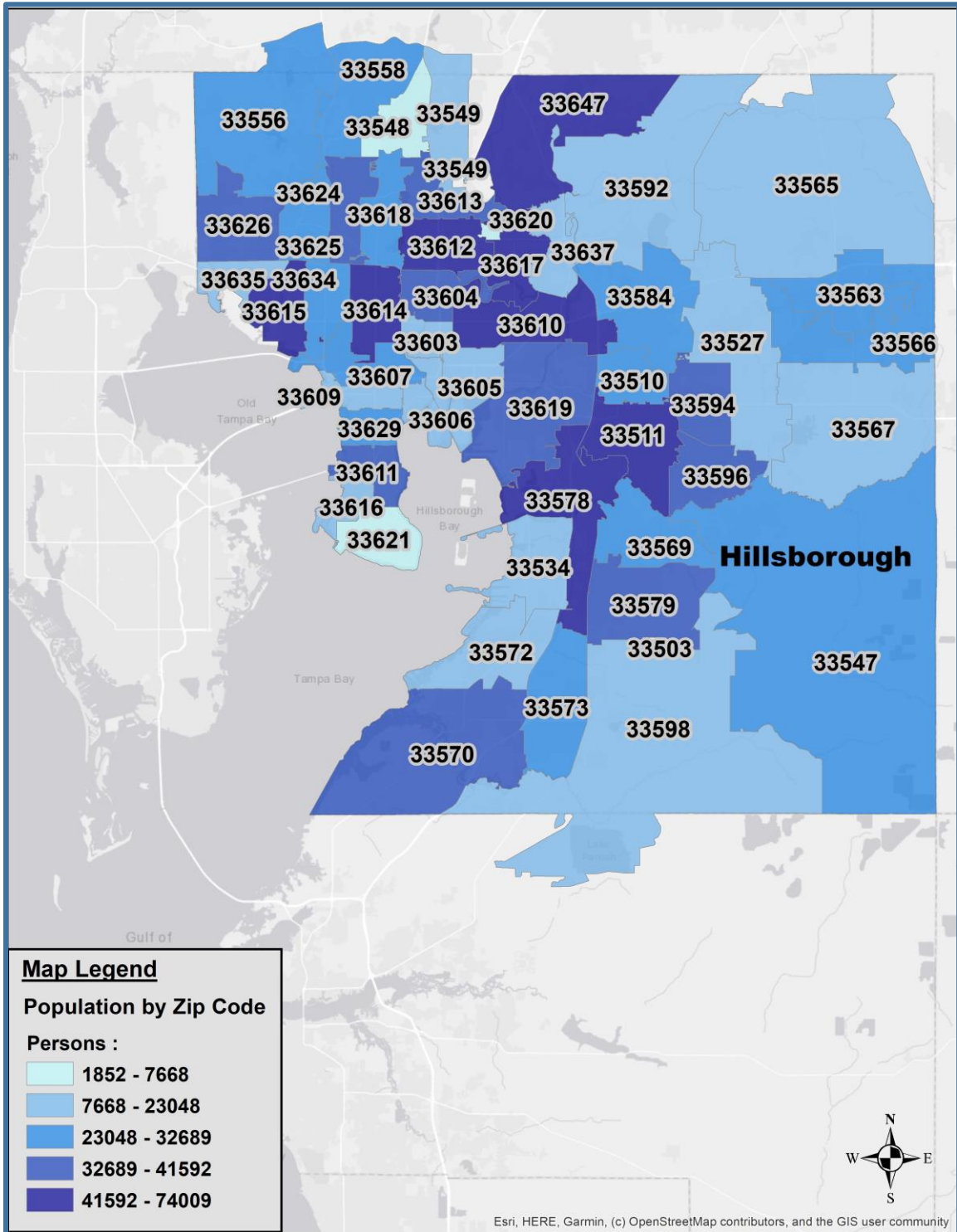
According to the 2022 Claritas Pop-Facts® population estimates, Hillsborough County has an estimated population of 1,519,364 persons. Figure 1 shows the population size by each ZIP code, with the darkest blue representing the ZIP codes with the largest population. Appendix A provides the actual population estimates for each ZIP code. The most populated ZIP code area within Hillsborough County is ZIP code 33647 (Tampa) with a population of 74,009.

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<sup>1</sup> All4HealthFL online platform. <https://www.all4healthfl.org/demographicdata>

<sup>2</sup> American Community Survey. <https://www.census.gov/programs-surveys/acs>

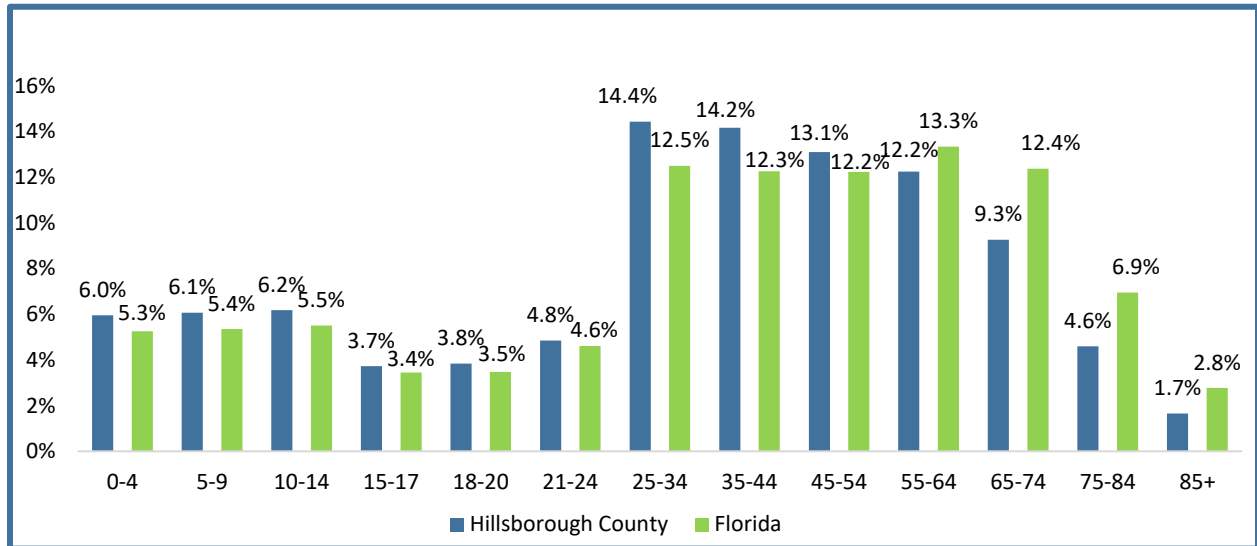
Figure 1: Population by ZIP Code by Age Under 18: Hillsborough County



## Age

Children (0-17) comprised (21.9%) of the population in Hillsborough County. When compared to Florida, Hillsborough County has a lower proportion of residents ages 65+ and a higher proportion of children population (age 0-17). Figure 2 shows further breakdown of age categories.

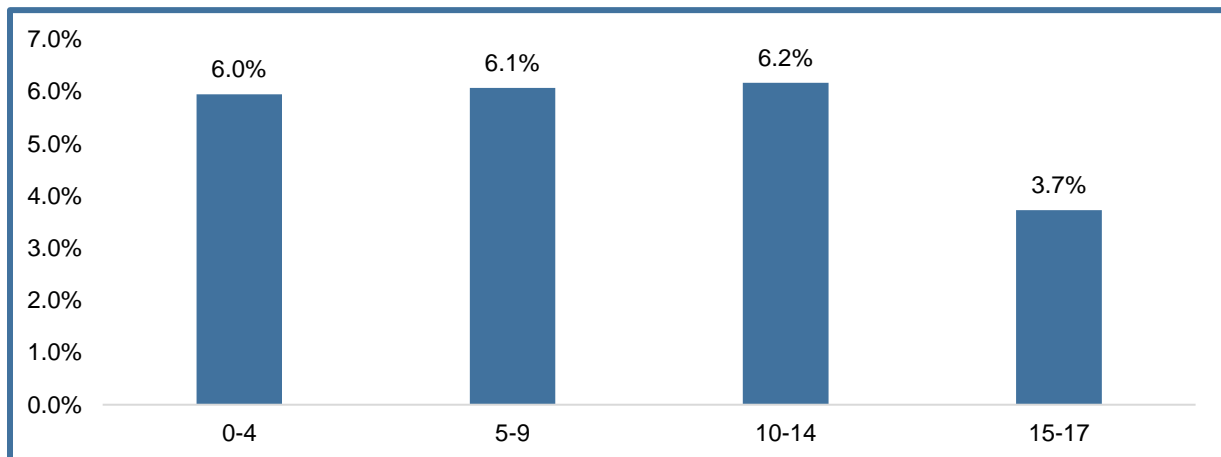
**Figure 2: Population by Age: County and State Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates)

Figure 3 shows the population of Hillsborough County by age under 18 years.

**Figure 3: Population by Age Under 18: Hillsborough County**

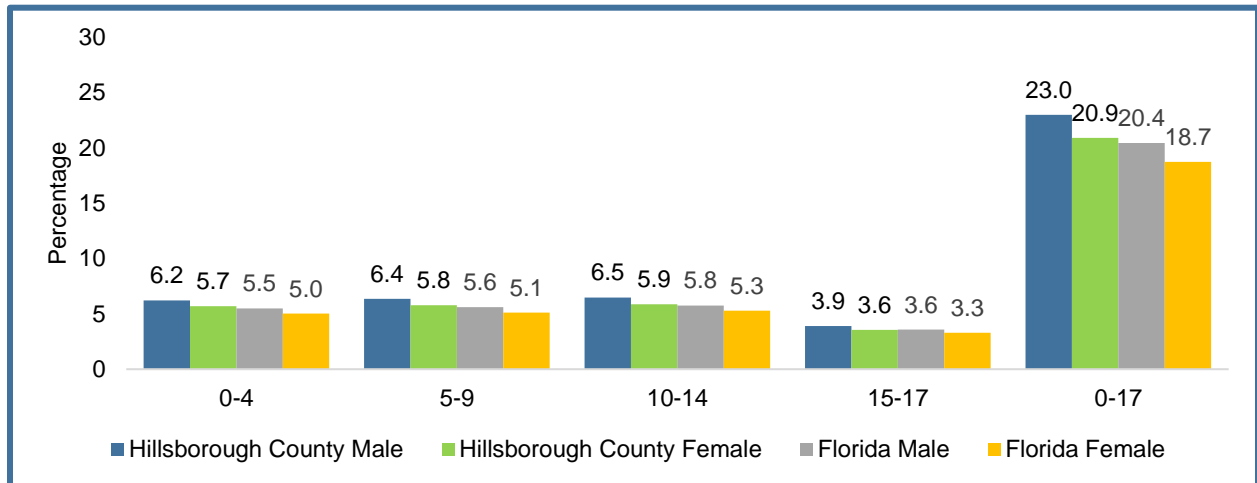


\*County values- Claritas Pop-Facts® (2022 population estimates)

## Sex

Figure 4 shows the children (under 18) population of Hillsborough County by sex. In Hillsborough County, males comprise (23%) of the population, whereas females comprise (20%) of the population, which is higher in proportion when compared to males (20.4%) and females (18.7%) in Florida.

**Figure 4: Percentage of Population by Sex Under 18: County and State Comparisons**



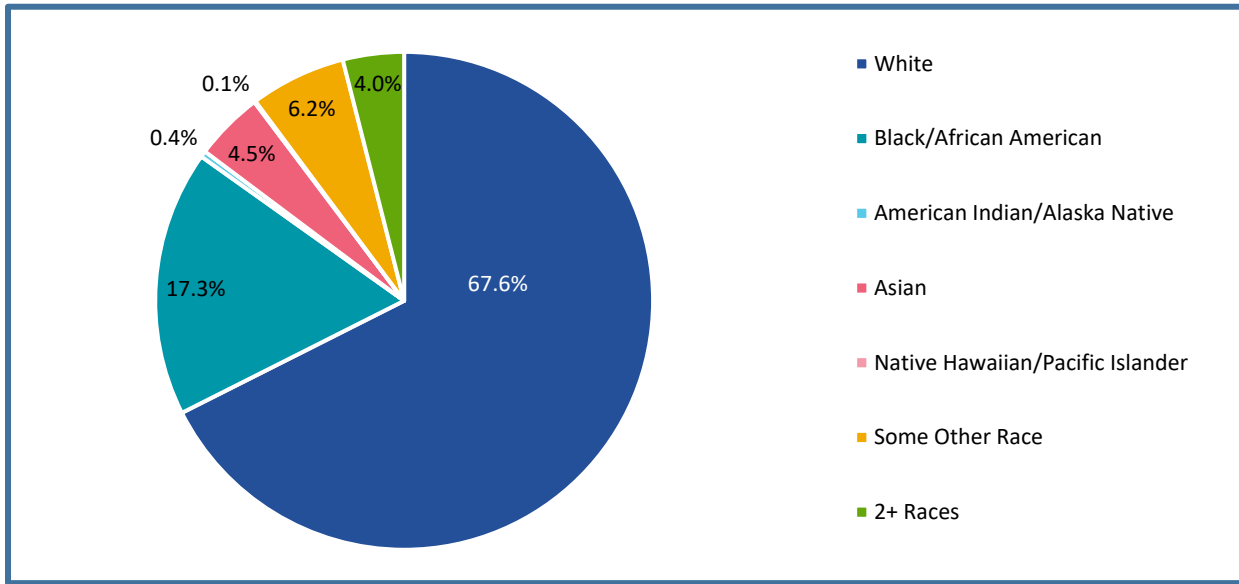
\*County values- Claritas Pop-Facts® (2022 population estimates)

## Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of Hillsborough County shows (67.6%) of the population identifying as White, as indicated in Figure 5. The proportion of Black/African American community members is the second largest of all races in Hillsborough County at (17.3%).

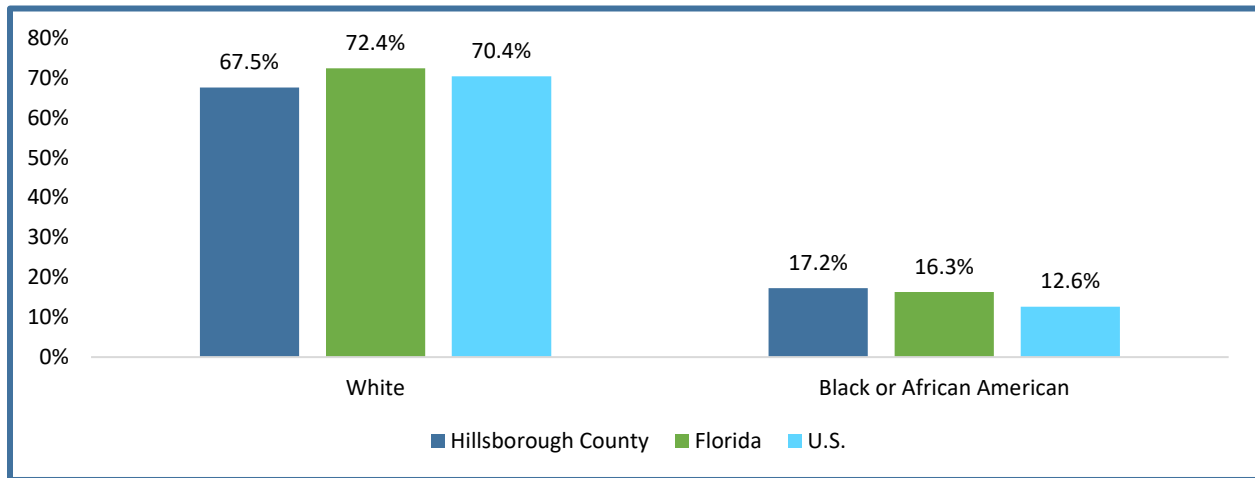
**Figure 5: Population by Race: Hillsborough County**



\*County values- Claritas Pop-Facts® (2022 population estimates)

Those community members identifying as White (67.5%) represent a lower proportion of the population in Hillsborough County when compared to Florida (72.4%) and the U.S. (70.4%), while Black/African American community members in Hillsborough County represent (17.2%) a higher proportion of the population when compared to Florida (16.3%) and the U.S. (12.6%) (Figure 6).

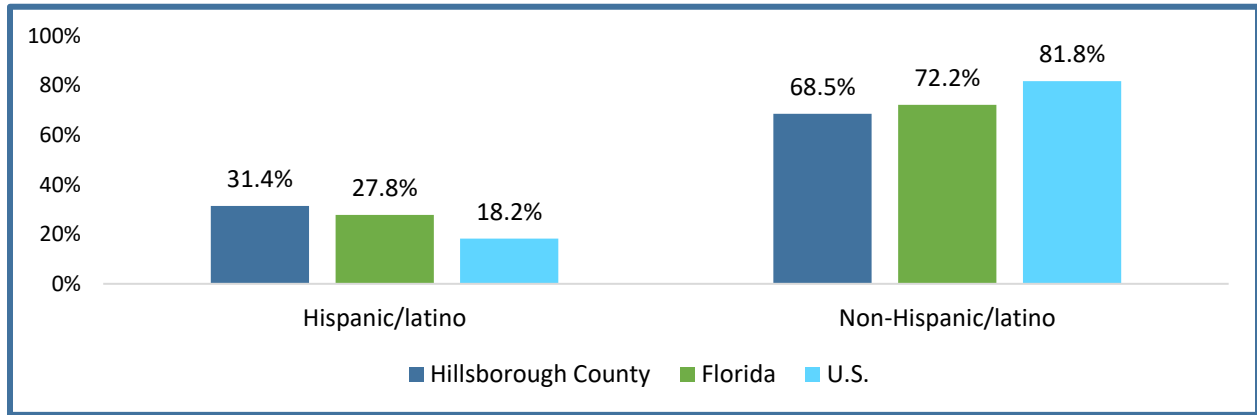
**Figure 6: Population by Race: Hillsborough County, State, and U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

As shown in Figure 7, (31.4%) of the population in Hillsborough County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Florida (27.8%) and the U.S. (18.2%).

**Figure 7: Population by Ethnicity: Hillsborough County, State, and U.S. Comparisons**



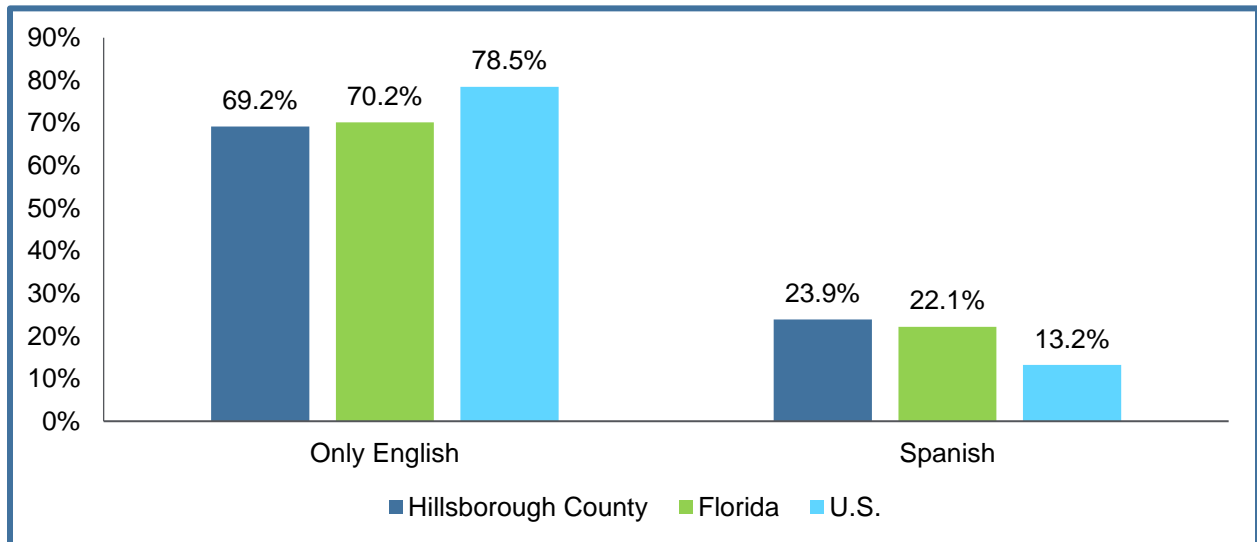
\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, (17.9%) of residents in Hillsborough County are born outside the U.S., which is higher than the national value of (13.6%).<sup>3</sup>

In Hillsborough County, 69.2% of the population age five and older speak only English at home, which is lower than both the state value of (70.2%) and the national value of (78.5%) (Figure 8). This data indicates that (23.8%) of the population in Hillsborough County speak Spanish, and (1.1%) speak other languages than English at home.

**Figure 8: Population Ages 5+ by Language Spoken at Home: County, State and U.S. Comparisons**

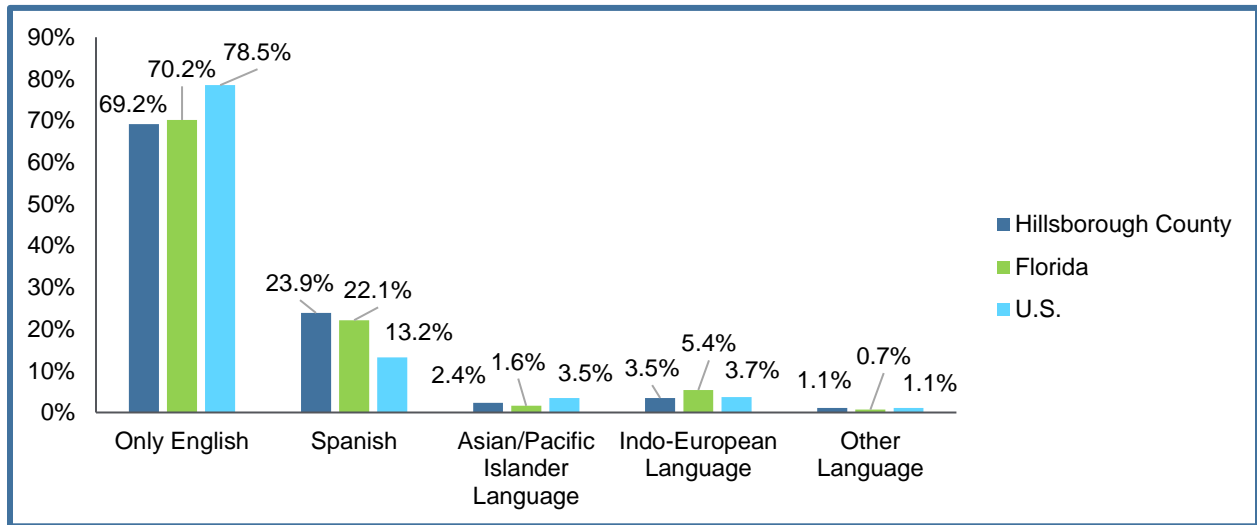


\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

<sup>3</sup> American Community Survey, 2016-2020

The most common languages spoken at home are English (69.2%), Spanish (23.9%), and Indo-European languages such as French, Portuguese, Russian, and Dutch<sup>4</sup> (3.5%) (Figure 9).

**Figure 9: Population Ages 5+ by Language Spoken at Home: County, State and U.S. Comparisons**



\*County values- Claritas Pop-Facts® (2022 population estimates)

<sup>4</sup> United States Census Bureau. [About Language Use in the U.S. Population \(census.gov\)](https://www.census.gov/about-language-use-in-the-u-s-population)

# Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting Hillsborough County community. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health (SDOH) can be grouped into five domains. Figure 10 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

Figure 10: Healthy People 2030 Social Determinants of Health Domains



## Geography and Data Sources

Data in this section are presented at various geographic levels (ZIP code and/or county) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the ZIP code level in many communities. While indicators may be strong when examined at a higher level, ZIP code level analysis can reveal disparities.

All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

## Income

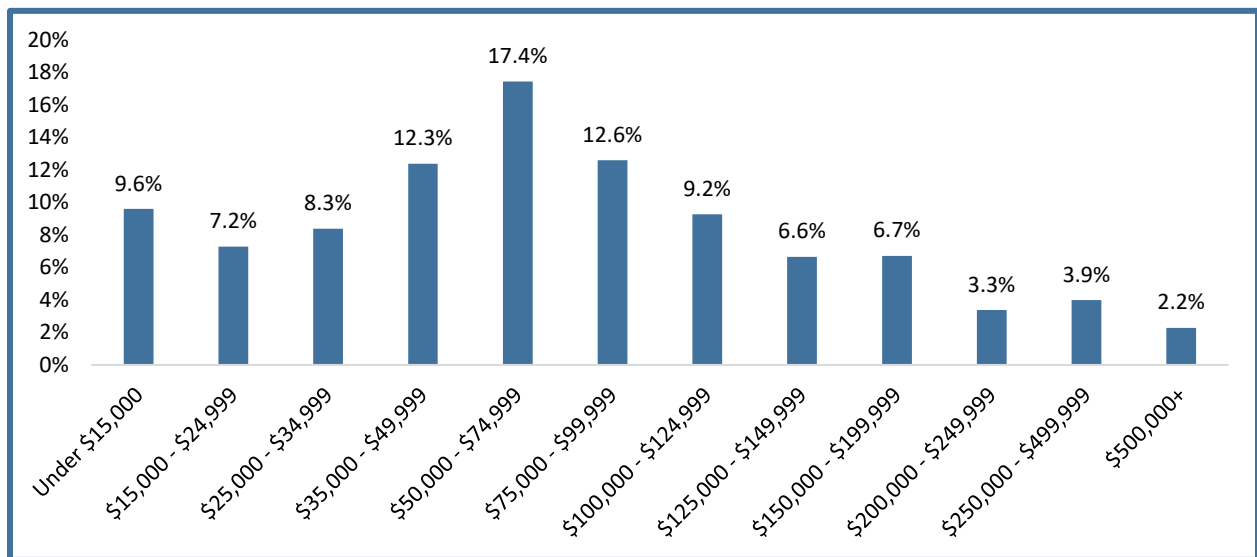
Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions



including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one’s ability to work.<sup>5</sup>

Figure 11 provides a breakdown of households by income in Hillsborough County. A household income of \$50,000-\$74,999 is shared by the largest proportion of households in Hillsborough County (17.5%). Households with an income of less than \$15,000 make up (9.6%) of households in Hillsborough County.

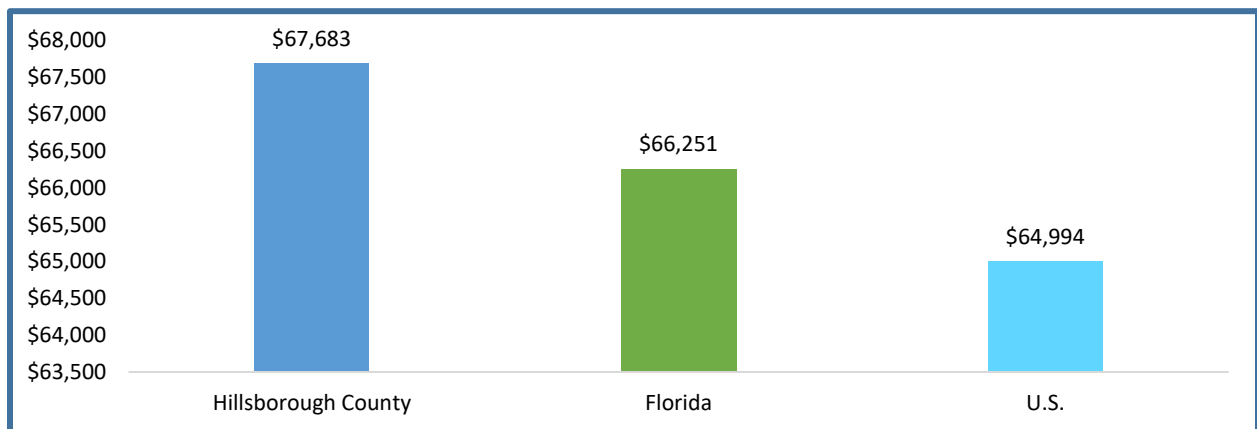
**Figure 11: Households by Income, Hillsborough County**



\*County values- Claritas Pop-Facts® (2022 population estimates)

The median household income for Hillsborough County is \$67,683, which is higher than the state value of \$66,251 and national value of \$64,994 (Figure 12).

**Figure 12: Median Households Income by: County, State and U.S. Comparisons**

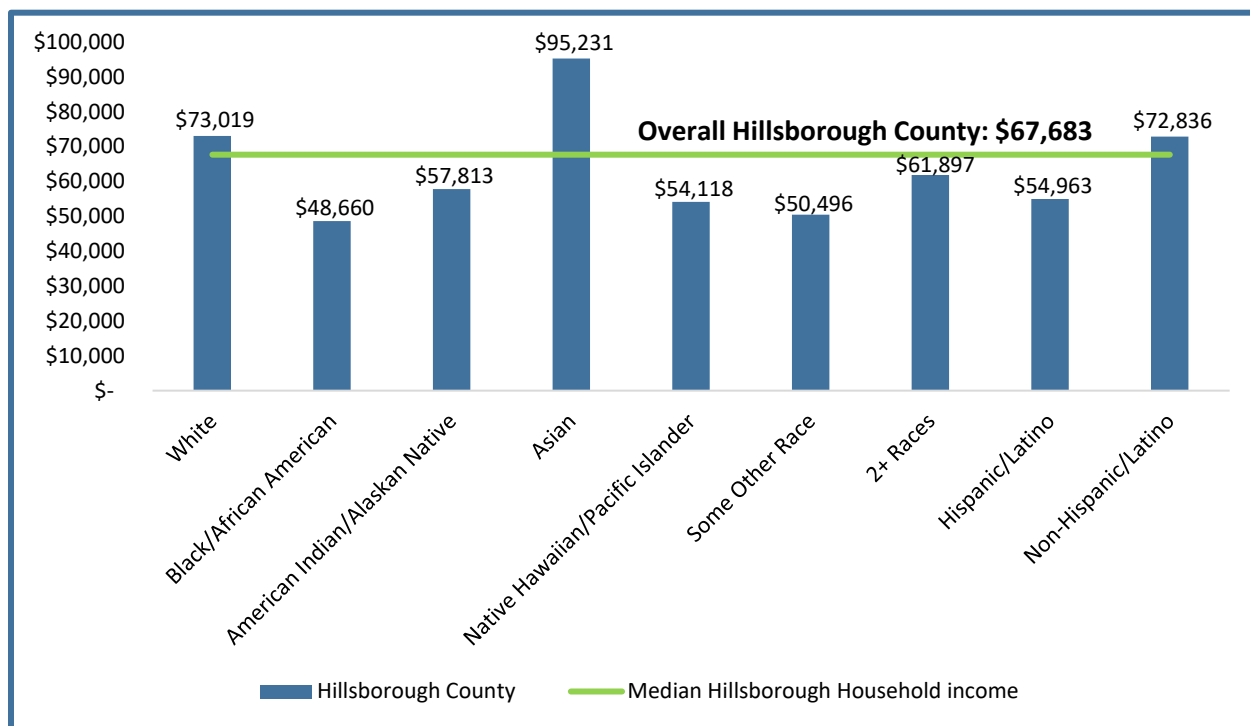


\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

<sup>5</sup> Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

Figure 13 shows median household income by race and ethnicity. Three racial/ethnic groups – White, Asian, and Non-Hispanic/Latino – have median household incomes above the overall median value. All other races have incomes below the overall value, with the Black/African American populations having the lowest median household income at \$48,660.

**Figure 13: Median Household Income by Race/Ethnicity, Hillsborough County**



\*County values- Claritas Pop-Facts® (2022 population estimates)

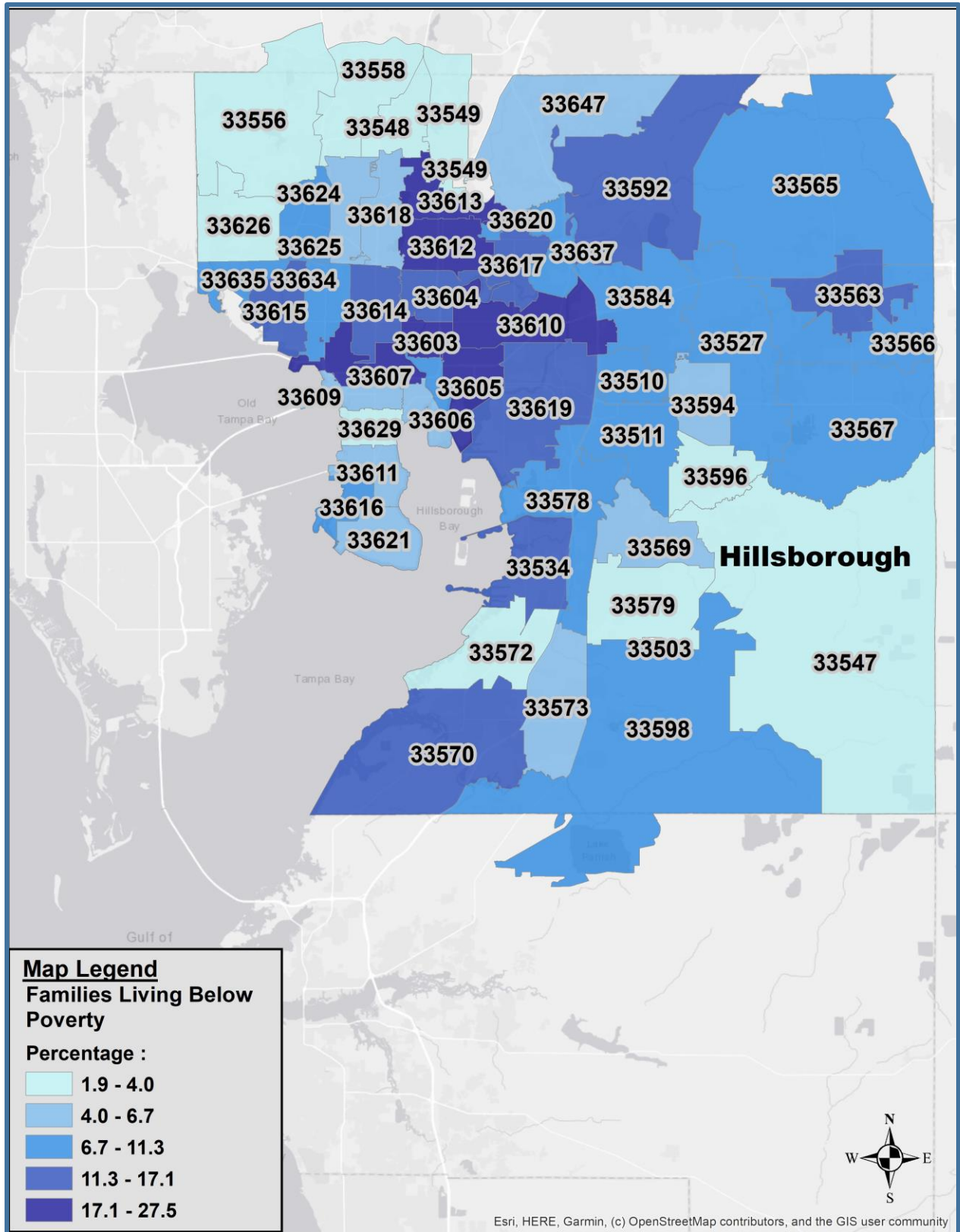
## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.<sup>6</sup>

Figure 14 shows the percentage of families living below the poverty level by ZIP code. The darker blue colors represent a higher percentage of families living below the poverty level, with ZIP codes 33605 (Tampa) and 33612 (Tampa) having the highest percentages at (27.5%) and (22.1%), respectively. Overall, (9.8%) of families in Hillsborough County live below the poverty level, which is higher than both the state value of (9.3%) and the national value of (9.1%). The percentage of families living below the poverty level for each ZIP code in Hillsborough County is provided in Appendix A.

<sup>6</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

Figure 14: Families Living Below The Poverty Level: Hillsborough County



## Employment

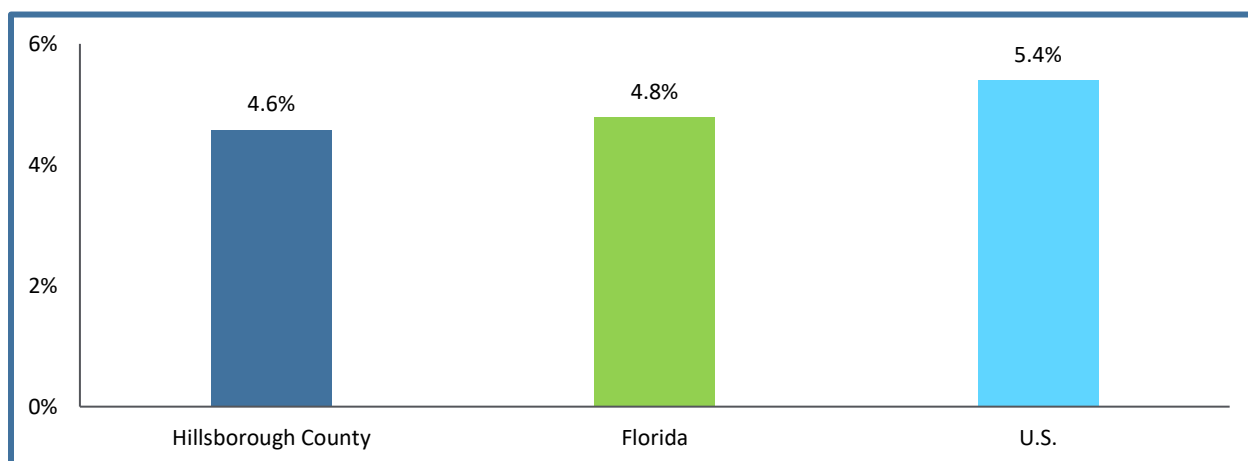
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.<sup>7</sup>

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.<sup>7</sup>

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.<sup>7</sup>

Figure 15 shows the population age 16 and over who are unemployed. The unemployment rate for Hillsborough County is (4.6%), which is lower than the state value of (4.8%) and the national value of (5.4%).

**Figure 15: Population Ages 16+ Unemployed**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Education

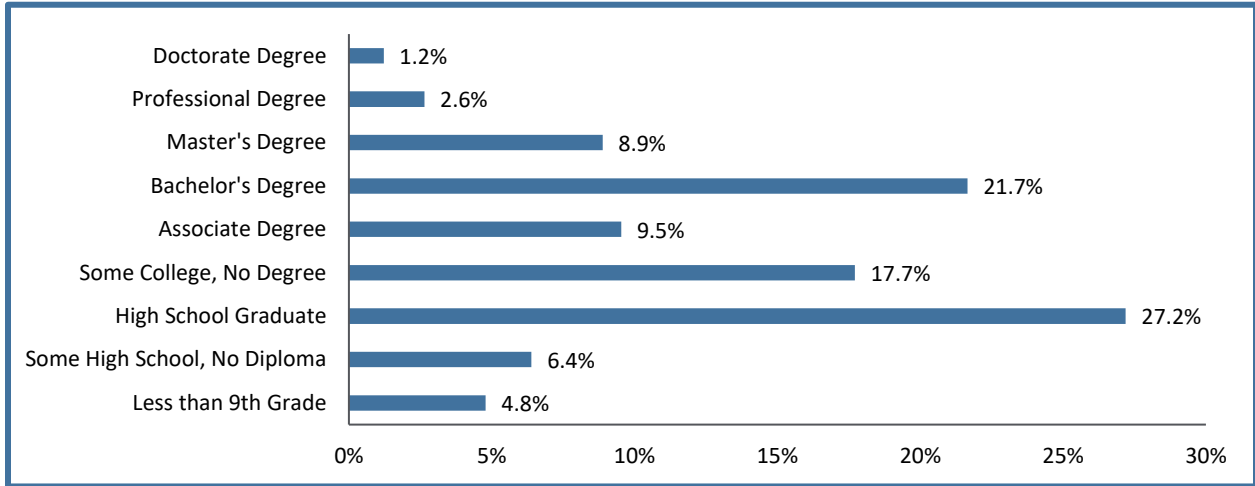
Education is an important indicator for health and well-being. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>8</sup>

Figure 16 shows the percentage of the population 25 years or older by educational attainment.

<sup>7</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

<sup>8</sup> Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

**Figure 16: Population Ages 25+ by Education Attainment, Hillsborough County**

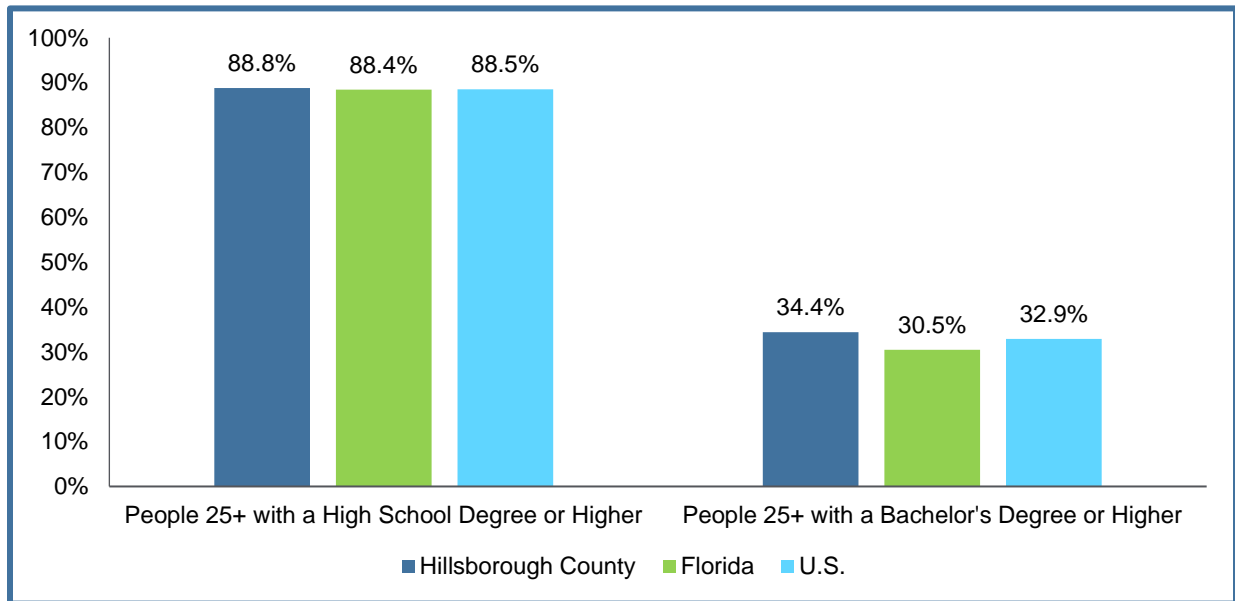


\*County values- Claritas Pop-Facts® (2022 population estimates)

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.<sup>9</sup>

Figure 17 shows that Hillsborough County has a higher percentage of residents with a high school degree or higher (88.8%) and Bachelor's Degree or higher (34.4%) when compared to both the state and the nation value for both indicators.

**Figure 17: Population Ages 25+ by Education Attainment, FL and U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

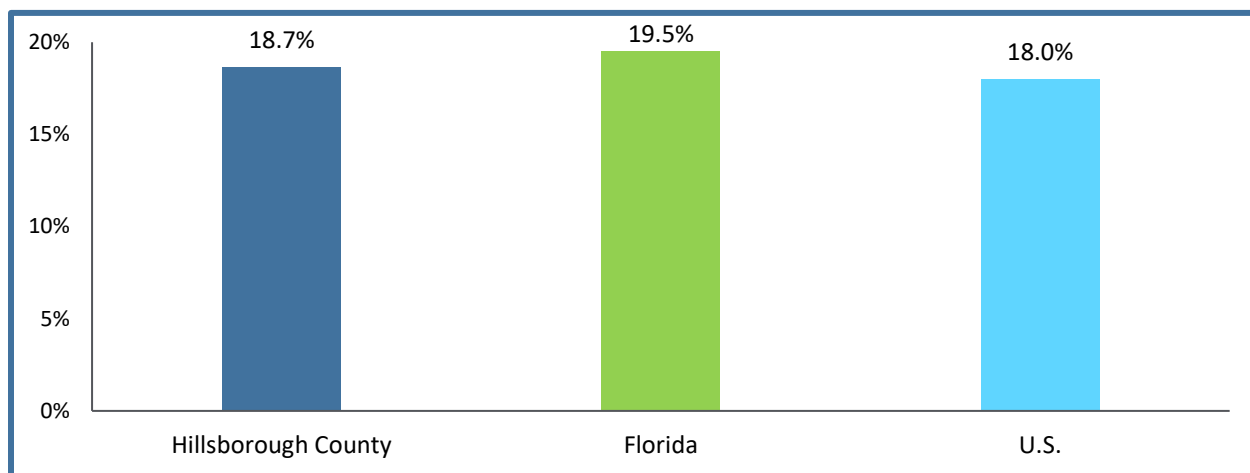
<sup>9</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation>

## Housing

Safe, stable, and affordable housing provides a critical foundation for health and well-being. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.<sup>10</sup>

Figure 18 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Hillsborough County, (18.7%) of households were found to have at least one of those problems, which is lower than the state value (19.5%), but slightly higher than the national value (18.0%).

**Figure 18: Severe Housing Problems: County, State, and U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

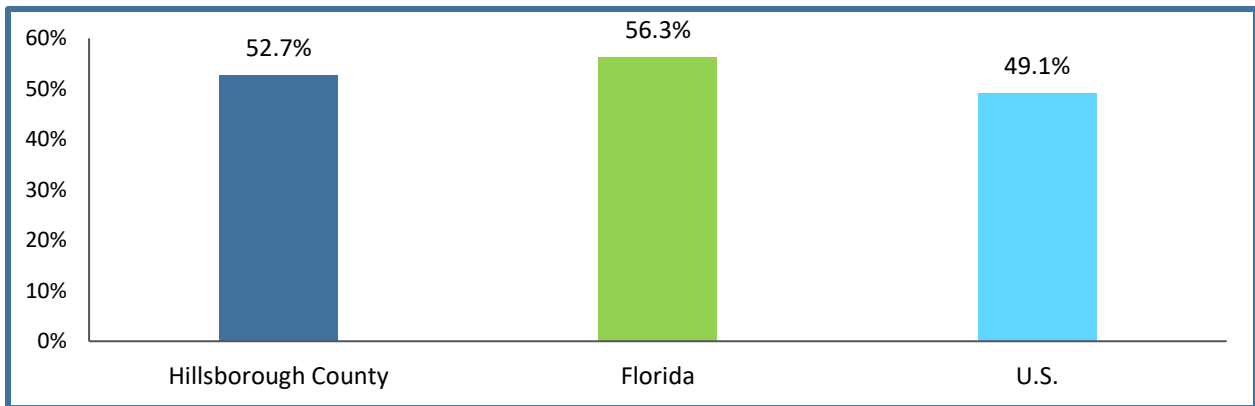
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.<sup>11</sup>

Figure 19 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Hillsborough County (52.7%) is higher than the national value (49.1%), and lower than the state value (56.3%).

<sup>10</sup> County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

<sup>11</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

**Figure 19: Renters Spending 30% or More of Household Income on Rent: County, State, U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

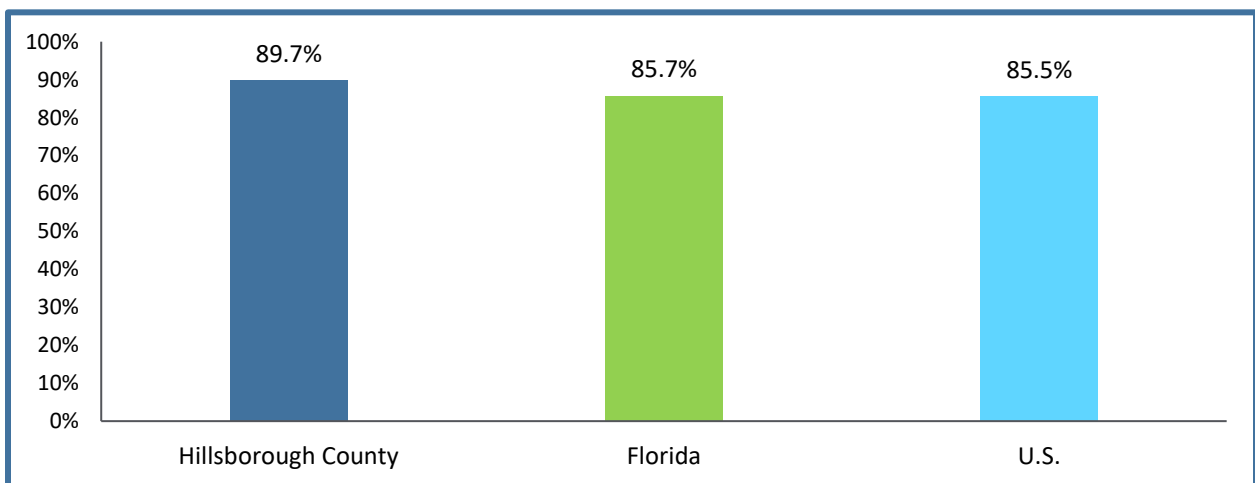
## Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.<sup>12</sup>

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>12</sup>

Figure 20 shows the percentage of households that have an internet subscription. The rate in Hillsborough County (89.7%) is higher than the state value (85.7%) and the national value (85.5%).

**Figure 20: Households With an Internet Subscription: County, State and U.S. Comparison**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

<sup>12</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

# Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action toward health equity.

## Health Equity

Health equity is the fair distribution of health determinants, outcomes, and resources across communities.<sup>13</sup> National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American, Hispanic/Latino, Indigenous, communities with incomes below the federal poverty level, and LGBTQ+ communities.

## Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity, age, and gender that is included throughout this report. It is important to note that the data is presented to show differences and distinctions by population groups. The All4HealthFL Collaborative was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus group forums consisted of community residents from various race, ethnicity, age, and gender groups to include Black/African American, Haitian/Creole, Children, Hispanic/Latino, LGBTQ+ population, and older adults.

## Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity<sup>14</sup> analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Table 1 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Hillsborough County, based on the Index of Disparity.

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<sup>13</sup> Klein R., Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Centers for Disease Control and Prevention.  
[https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

<sup>14</sup> Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.



**Table 1: Indicators with Significant Race, Ethnicity or Gender Disparities**

<b>Health Indicator</b>	<b>Group Disproportionally Impacted</b>
<b>Age-Adjusted Death Rate due to Motor Vehicle Collisions</b>	Black/African American, Male
<b>Adults Who Currently Use E-Cigarettes</b>	Black/African American, Hispanic/Latino
<b>Age-Adjusted Death Rate due to Diabetes</b>	Black/African American, Hispanic/Latino, Male
<b>Age-Adjusted Death Rate due to Kidney Disease</b>	Black/African American, Hispanic/Latino, Male
<b>Age-Adjusted Death Rate due to Prostate Cancer</b>	Black/African American
<b>Babies With Low Birth Weight</b>	Black/African American
<b>Children Living Below Poverty Level</b>	Black/African American, Hispanic/Latino, More than one race
<b>Families Living Below Poverty Level</b>	Black/African American, American Indian/Alaska Native, Multiple Races, Other Race, Hispanic/Latino
<b>HIV Incidence Rate</b>	Black/African American, Hispanic/Latino, Male
<b>Infant Mortality Rate</b>	Black/African American, Hispanic/Latino
<b>Melanoma Incidence Rate</b>	White
<b>People Ages 65+ Living Below Poverty Level</b>	Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiple Races, Other Race, Hispanic/Latino
<b>Teen Birth Rate: 15-19</b>	Black/African American, Hispanic/Latino
<b>Workers Commuting by Public Transportation</b>	White, Asian

The Index of Disparity analysis for Hillsborough County reveals that Black/African American and Hispanic/Latino populations are disproportionately impacted for several chronic diseases, including Diabetes, Kidney Disease, Prostate Cancer, Colon Cancer. Furthermore, Black/African American, and Hispanic/Latino populations are disproportionately impacted in the Infant Mortality Rate, and Teen Birth Rate: (aged 15-19). Lastly, Adults who currently use E-cigarettes and Melanoma Incidence rates are higher in White populations.

Additionally, Table 1 provides examples of significant race and ethnicity disparities across various measures of poverty. Disparities can be associated with poorer health outcomes for these groups that are disproportionately impacted. Some indicators include Families Living Below Poverty Level, Children Living Below Poverty Level and People Ages 65+ Living Below Poverty Level.

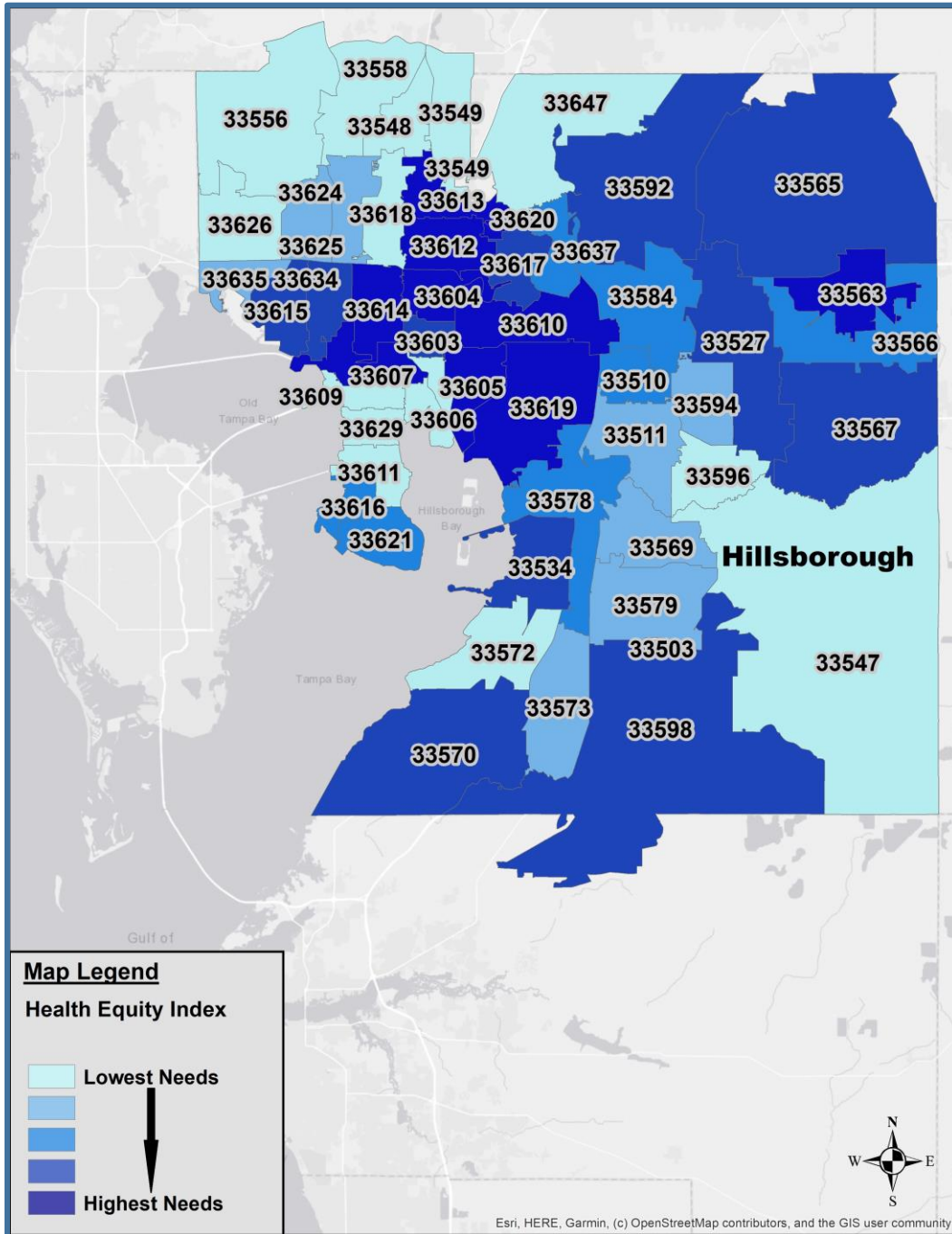
## Geographic Disparities

In addition to disparities by race, ethnicity, age, and gender, this assessment also identified specific ZIP codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity and mental health need. Conduent's Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. For all indices, counties, ZIP codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

### Health Equity Index

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 21. The following ZIP codes in Hillsborough County had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 33605 (Tampa) and 33610 (Tampa) with index values of 96.4 and 93.5, respectively. Appendix A provides the index values for each ZIP code.

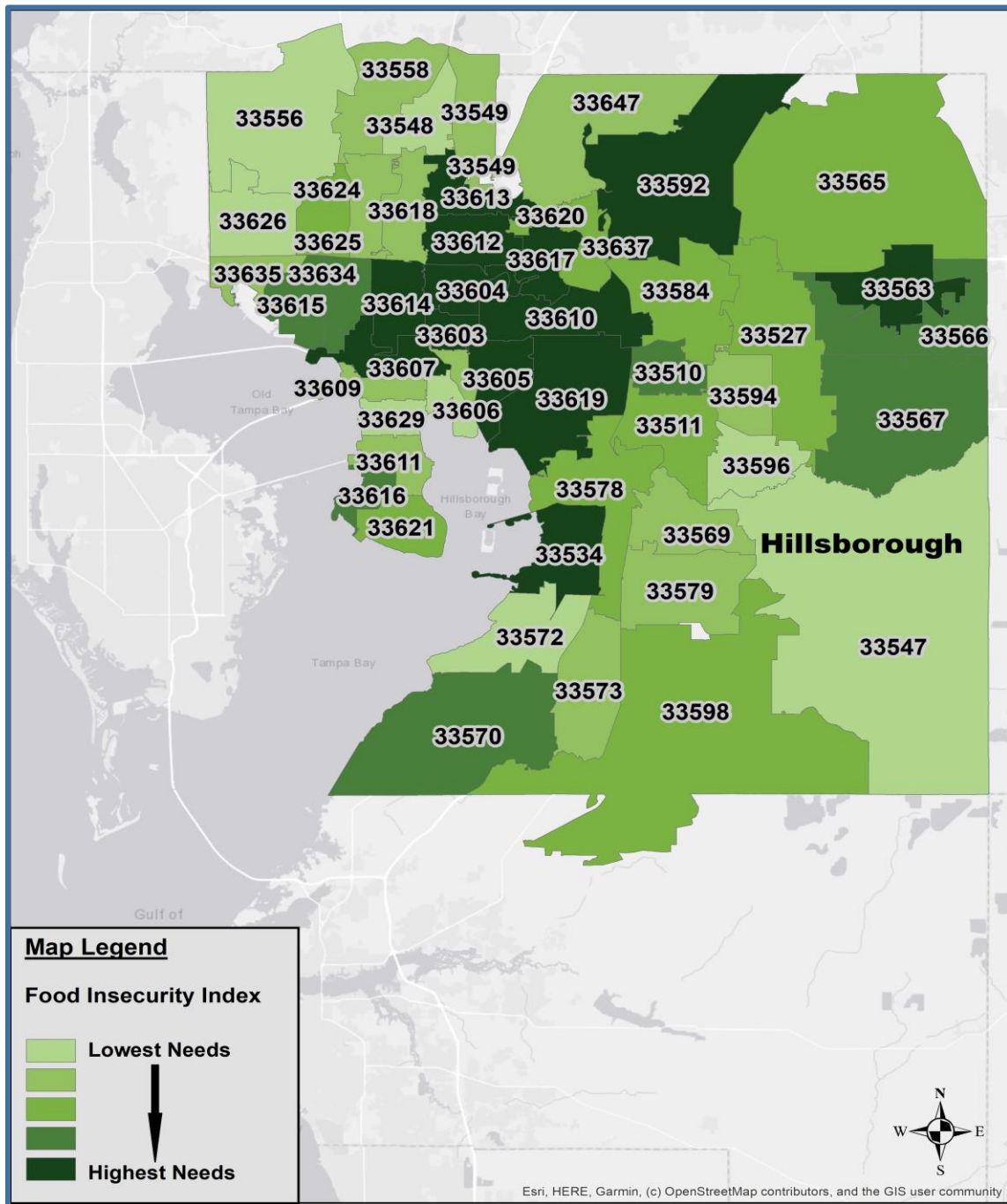
Figure 21: Health Equity Index



## Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 22. The following ZIP codes had the highest level of food insecurity (as indicated by the darkest shades of green): 33610 (Tampa) and 33605 (Tampa) with index values of 96.7 and 96.5, respectively. Appendix A provides the index values for each ZIP code.

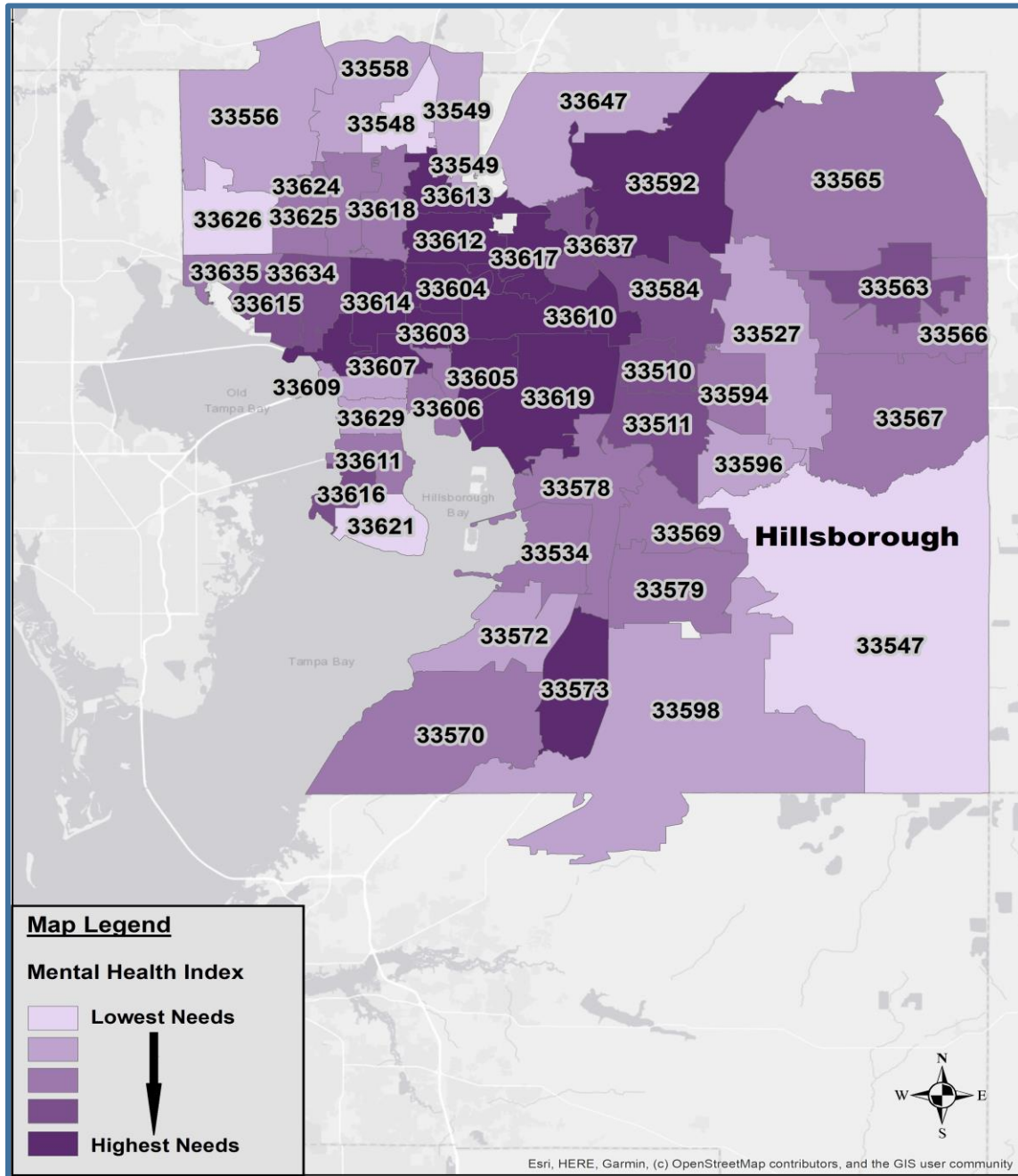
Figure 22: Food Insecurity Index



## Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, ZIP codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 23. The following two ZIP codes are estimated to have the highest need (as indicated by the darkest shades of purple): 33605 (Tampa) and 33573 (Sun City Center) with index value of 98.6 and 97.9, respectively. Appendix A provides the index values for highest need ZIP codes.

Figure 23: Mental Health Index



# Methodology

## Overview

Primary and secondary data were collected and analyzed to inform the 2022 CHNA. Primary data consisted of focus group discussions and a community survey. The secondary data included indicators of health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of health needs in Hillsborough County.

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the All4HealthFL Community Dashboard developed by Conduent Healthy Communities Institute (HCI). The Community Dashboard includes over 150 community indicators, spanning at least 24 topics in the areas of health, social determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. HCI’s Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard to rank indicators based on highest need. For each indicator, the Hillsborough County value was compared to a distribution of Florida and U.S. counties, state and national values, Healthy People 2030, and significant trends (Figure 24).

Indicators are rolled up into health and quality of life topic areas, then ranked. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time.

The analysis of national, state, and local indicators that contributed to the CHNA can be viewed in full in Appendix A. Table 2 shows the health and quality of life topic scoring results for Hillsborough County. Sexually Transmitted Infections came in as the poorest performing topic area with a score of 2.28, followed by Older Adults with a score of 1.95. Topics that received a score of 1.50 or higher were considered a significant health need. Eight topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the community survey and focus groups to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area.

Figure 24: Secondary Data Scoring

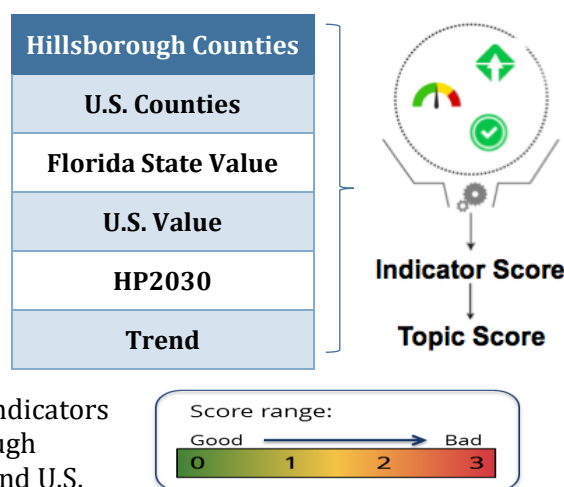


Table 2: Secondary Data Topic Scoring Results

Health Topic	Score
Sexually Transmitted Infections	2.28
Older Adults	1.95
Other Conditions	1.70
Mental Health & Mental Disorders	1.68
Cancer	1.61
Women's Health	1.60
Heart Disease & Stroke	1.54
Oral Health	1.51
Immunizations & Infectious Diseases	1.47
Wellness & Lifestyle	1.40
Physical Activity	1.40
Weight Status	1.39
Respiratory Diseases	1.36
Health Care Access & Quality	1.34
Children's Health	1.28
Diabetes	1.25
Maternal, Fetal & Infant Health	1.23
Tobacco Use	1.20
Alcohol & Drug Use	1.19
Prevention & Safety	1.19
Adolescent Health	1.18

## Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Hillsborough County residents. Primary data used in this assessment consisted of focus group discussions, and a community survey. These findings expanded upon the information gathered from the secondary data analysis.

### Community Survey

Community input was collected via a survey that was made available online and via paper copies in English, Spanish, and Haitian Creole from January 3, 2022, through February 28, 2022. The survey consisted of 59 questions related to top health needs in the community, individuals' perceptions of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix C.

The All4HealthFL Collaborative worked extensively with community and organizational leads to market, outreach, and track survey responses to ensure an equitable representation of community voices was captured. Survey marketing and outreach efforts included email invitations, social media, and coordination of onsite paper survey distribution events in collaboration with community-based organizations. A community assessment dashboard was created to track and monitor survey respondents by ZIP code, age, gender, race, and ethnicity to ensure targeted outreach for at-risk populations. A total of 4,540 residents responded for Hillsborough County.

### Community Survey Analysis Results

Survey participants were asked about the top three pressing health and quality of life issues they believe should be addressed in their community. In Figure 25, the "Top Three Health Issues" were, mental health problems including suicide (40% of respondents), being overweight (31%), Illegal drug use/abuse or misuse of prescription medications (29%). The "Top Three Risky Behaviors" included; illegal drug use/abuse or misuse of prescription medications (45% of respondents), distracted driving such as, texting, eating, and talking on the phone (45% of respondents), and poor eating habits (42% of respondents). Lastly, the "Top Three Quality of Life Issues" included low crime/safe neighborhoods (42% of respondents), access to health care (36% of respondents), and good schools (29% of respondents).

**Figure 25: Top 3 Health & Quality of Life Issues**

Top 3 Health Issues	Top 3 Risky Behaviors	Top 3 Quality of Life Issues
<ol style="list-style-type: none"><li>1. Mental Health problems including suicide</li><li>2. Being overweight</li><li>3. Illegal drug use/abuse or misuse of prescription medications</li></ol>	<ol style="list-style-type: none"><li>1. Illegal drug use/abuse or misuse of prescription medications</li><li>2. Distracted driving (texting, eating, talking on the phone)</li><li>3. Poor eating habits</li></ol>	<ol style="list-style-type: none"><li>1. Low crime/safe neighborhoods</li><li>2. Access to health care</li><li>3. Good schools</li></ol>

## Focus Groups

The All4HealthFL Collaborative partnered with Collaborative Labs at St. Petersburg College in Clearwater, Florida to conduct five focus group discussions to gain deeper understanding of health issues impacting residents living in Hillsborough County. Focus groups aimed to understand the different health experiences for Black/African American, LGBTQ+, Hispanic/Latino, Children, and Older Adults. Members of these communities were selected to participate in the focus group discussions.

Focus Group discussions took place in November 2021, with a total of 51 community participants. Due to the ongoing COVID-19 pandemic these discussions were conducted virtually. A questionnaire was developed to guide the conversations, which included topics such as Community Strengths & Assets, Top Health Problems, Access to Health, and Impact on Health. A list of questions utilized for focus group discussions can be found in Appendix C. To help inform an assessment of community assets, participants were asked to list and describe resources available in the community. The list of available resources is in Appendix E.

The project team captured detailed transcripts of the focus group sessions. The transcripts were analyzed using the qualitative analysis program Dedoose®. Text was coded using a predesigned codebook organized by themes and analyzed for significant observations. The findings from the analysis were combined with findings from other primary and secondary data and incorporated into the data synthesis, and prioritized health needs. Themes across all focus groups are seen in Figure 26. Appendix C provides a more detailed report of the main themes that trended across the individual focus group conversations.

**Figure 26: Themes Across All Focus Groups**

Top Health Issues	Barriers/Social Determinants of Health	Populations most impacted
<ul style="list-style-type: none"> <li>• Healthcare Access &amp; Quality</li> <li>• Government/Policy</li> <li>• Mental Health &amp; Mental Disorders</li> <li>• Nutrition &amp; Healthy Eating, Weight Status</li> <li>• Substance Abuse (alcohol &amp; drug use)</li> </ul>	<ul style="list-style-type: none"> <li>• Built Environment</li> <li>• Discrimination/Bias</li> <li>• Economy</li> <li>• Education</li> <li>• Employment</li> <li>• Environmental &amp; Food Security/Access</li> <li>• Health Behaviors (fear or stigma &amp; knowledge or navigation of health system)</li> <li>• Housing</li> <li>• Lack of or limited health insurance</li> <li>• Language/Culture</li> <li>• Medication cost</li> <li>• Poverty</li> <li>• Social Environment</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescents</li> <li>• Black/African American</li> <li>• Children</li> <li>• Hispanic/Latino</li> <li>• LGBTQ+ population</li> <li>• Low-income families</li> <li>• Migrant/Refugee/Immigrant</li> <li>• Older adults</li> </ul>



# Data Synthesis & Prioritization

## Data Synthesis

All forms of data may present strengths and limitations. Each data source used in this CHNA process was evaluated based on such strengths and limitations and should be kept in mind when reviewing this report. Each health topic presented a varying scope and depth of quantitative data indicators and qualitative findings. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, focus group participants, and community survey participants as possible. To gain a comprehensive understanding of the significant health needs for Hillsborough County, the findings from all three data sets were compared and studied simultaneously. The secondary data scores, focus group themes, and survey responses were considered equally important in understanding the health issues of the community. The top health needs identified from data sources were analyzed for areas of overlap. Six health issues were identified as significant health needs across all three data sources and were used for further prioritization. Figure 27 shows the final six trending health topics for consideration.

Figure 27: Trending Health Topics for Consideration



## Prioritization

On May 12, 2022, participants from collaborating organizations, as well as other community partners, came together to prioritize the significant health needs for Hillsborough County. To better target issues regarding the most pressing health needs, the All4HealthFL Collaborative conducted a two-hour virtual prioritization session facilitated by the Tampa Bay Healthcare Collaborative (TBHC). A total of 61 individuals attended the prioritization session. These participants represented a broad cross section of experts and organizational leaders with extensive knowledge of health needs in the community. The meeting objectives included: review of analyzed health data pertaining to health needs and disparities, discussion of significant health needs identified, gathering input on health topics, prioritizing significant health needs, and generating preliminary ideas on how to collaborate to address top community needs. An additional discussion was hosted to close out the session with generating preliminary ideas on how the broader community could collaborate to address top community health needs.

## Process

The prioritization session included a presentation highlighting the findings from both the primary and secondary data and the resulting top health needs that were identified. Session participants were then directed to breakout groups to discuss the findings and the six health needs. Participants captured their thoughts through these breakout discussions, specifically how the health needs are impacted by SDoH. A detailed overview of discussion themes can be found in Appendix C. Discussions were supported with additional data placemats about each need area. Data placemats and an overview of discussion themes can be found in Appendix D.

Participants ranked each of the health categories individually using the dual criteria of scope and severity and ability to impact. Criteria scores were then combined to generate an overall ranking of health needs. Criteria scores were then combined to generate an overall ranking of health needs. A total of 61 individuals completed the online prioritization activity. The cumulative total score of each health topic can be seen in Table 3. The All4HealthFL Collaborative agreed with the ranking of the health topics and selected the top three prioritized health topics: Access to Health & Social Services, Behavioral Health (Mental Health & Substance Misuse), and Exercise, Nutrition & Weight.

**Table 3: Cumulative Total Score of Significant Health Topics (n=61)**

Health Topics	Cumulative Total Score
Access to Health & Social Services	173
Behavioral Health (Mental Health & Substance Misuse)	172
Exercise, Nutrition & Weight	167.5
Heart Disease & Stroke	146
Immunizations & Infectious Diseases	133
Cancer	132.5

# Prioritized Significant Health Needs

The three significant health needs are summarized in the following section.

## 2022 Prioritized Significant Health Needs



Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.50 threshold for Hillsborough County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

	Indicates the county fell in the bottom 10% of all counties in the distribution. The county fares worse than 90% of all counties in the distribution.
	Indicates the county is in the top 30% of all counties in the distribution. The county fares better than 70% of all counties in the distribution.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, significantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

## Prioritized Health Topic #1: Access to Health & Social Services

# Access to Health & Social Services



### Key Themes from Community Input



- **Thirty Six percent (36%)** of survey respondents ranked access to health care as a quality of life issue
- Gentrification/Built Environment reduces accessibility to services
- Systemic/institutional racism in healthcare dictates the type of care received
- Mistrust in healthcare due to past treatment/experiences
- Fear & trust of government and health & social services because of trauma, discrimination, immigration status
- Barriers include: transportation, lack or limited health insurance coverage (high out of pocket costs), knowledge & navigation of health system, affordable care/insurance, medication costs, long referral wait times, discrimination/racism/sexism

### Warning Indicators



- Adults without Health Insurance
- Adults with a Usual Source of Health Care
- Median Monthly Medicaid Enrollment

“ If a patient has an emergency, we have to send them to the hospital and that's a bad use of services at the hospital. If there were more resources to have Primary Doctors for simple or basic problems, or ones that aren't emergencies, that would help lower the total cost of healthcare. ”

-Hispanic/Latino Group Participant

### Primary Data: Community Survey & Focus Groups

Access to Health & Social Services was a top health need identified from both the community survey and focus group discussions. Thirty-six percent (36%) of community survey respondents ranked Access to Health Care as a pressing quality of life issue. Reasons that prevented survey respondents from getting medical care they needed included: unable to schedule an appointment when needed, unable to afford to pay for care, cannot take time off work, doctor's office that do not have convenient hours. Other barriers included: Medicaid changes, higher than anticipated co-payments, COVID-19 restrictions, and long wait times to see a medical provider.

Focus group discussion highlighted barriers to accessing care specifically for Black/African American, Hispanic/Latino, LGBTQ+, and Older Adults. These barriers included: fear and lack of

trust because of experienced trauma and discrimination. Lack of or limited health insurance coverage created additional barriers to accessing medications and health services. Health Care knowledge and navigation of the health system was also mentioned throughout the focus groups. Often, participants’ work and school schedules did not align with provider office hours or there were long wait times to see a specialist. Many also indicated not having transportation to get to medical appointments. Barriers to accessing care by focus group community are seen in Table 4.

**Table 4: Focus Group Overall Barriers to Accessing Care**

<b>Black/African Americans</b>	<ul style="list-style-type: none"> <li>• Fear due to experienced trauma of discrimination</li> <li>• Lack of trust because of systemic racism</li> <li>• Gentrification/built environment reduces accessibility to services</li> <li>• Cost of care, insurance only available through certain employers</li> </ul>
<b>Hispanic/Latino</b>	<ul style="list-style-type: none"> <li>• Lack of bilingual providers/staff</li> <li>• Fear/trust of government, health, and social services because of trauma, discrimination, or immigration status</li> <li>• Transportation barriers</li> </ul>
<b>LGBTQ+</b>	<ul style="list-style-type: none"> <li>• Lack of trust in health system</li> <li>• Lack of support programs for treating trans community</li> <li>• Unaffordable health coverage</li> </ul>
<b>Older Adults</b>	<ul style="list-style-type: none"> <li>• Affordable care for daily living caregivers</li> <li>• Fixed incomes</li> <li>• Technological barriers</li> <li>• Fragmented system/lack of coordinated care</li> <li>• Transportation barriers</li> </ul>



I think the problem is a lack of education among healthcare providers—  
whether they’re working the front desk or they’re doctors.

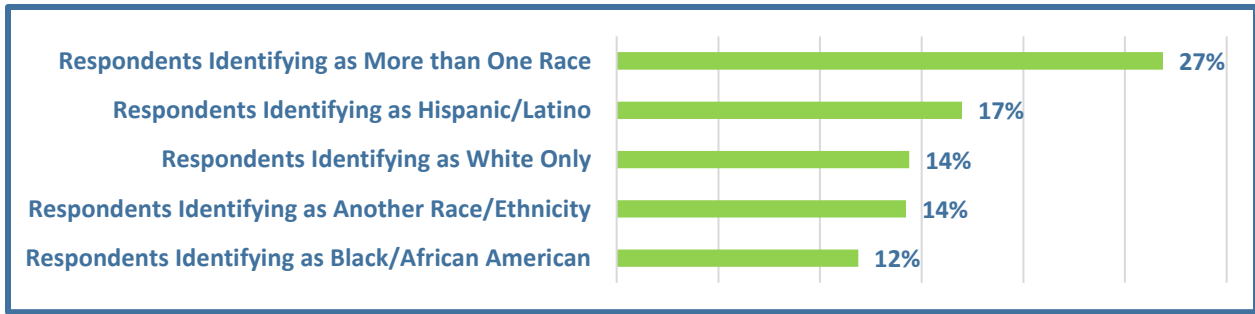


-LGBTQ+ Focus Group Participant

## **Barriers and Disparities: Access to Health Care Services**

For community survey respondents who indicated they experienced unmet health needs within the past 12 months, a percentage was calculated for each race and ethnic group to better understand the racial inequities. The percentage of respondents by racial/ethnic group with unmet health needs in the past 12 months can be seen in Figure 28.

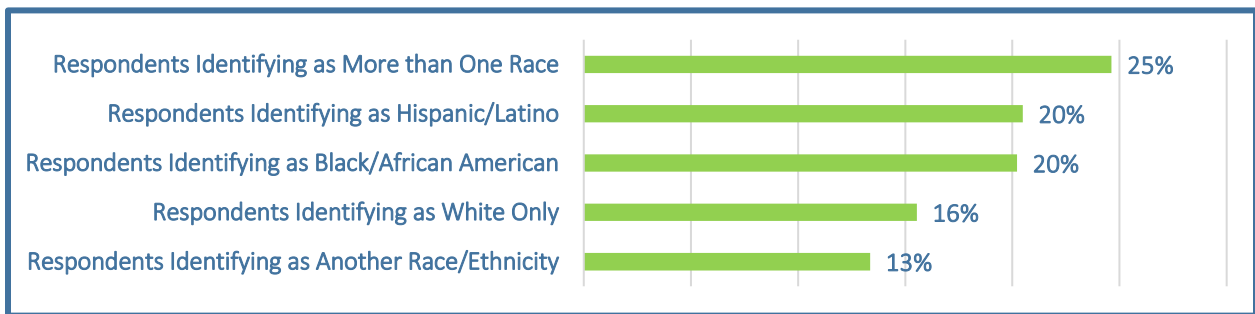
**Figure 28: Percentage of Respondents by Race/Ethnic Group with Unmet Health Needs in the Past 12 Months**



### Barriers and Disparities: Access to Dental Health Services

Access to dental health services was mentioned in the community survey as an important health issue. Twenty-three percent (23%) of survey respondents mentioned they had unmet dental needs. There were five top reasons that prevented respondents from getting the dental care they needed, which included: unable to afford to pay for care, not having insurance to cover dental care, unable to schedule an appointment when needed, unable to take time off work, and dentist offices that do not have convenient hours. The percentage of respondents by racial/ethnic group with unmet dental health needs in the past 12 months can be seen in Figure 29.

**Figure 29: Percentage of Respondents by Race/Ethnic Group with Unmet Dental Health Needs in the Past 12 Months**








### Barriers and Disparities: Access to Care in the Emergency Room

Barriers in access to care for non-emergency needs was captured within the community survey. Forty-eight percent (48%) of survey respondents use the emergency room instead of going to a doctor’s office or clinic for non-emergency needs. The main reasons the emergency room was used for non-emergent needs included: lack of after-hours/weekend services, long wait for an appointment with primary physician, do not have a doctor/clinic, and do not have insurance. Additional reasons why respondents visited the emergency room for non-emergent needs included: being referred by a doctor, experiencing pain, needing advice or consultation, experiencing a fall, or needing diagnostic testing.

## Secondary Data

From the secondary data scoring results, Health Care Access & Quality had the 14<sup>th</sup> data score of all topic areas, with a score of 1.34. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 5 below. See Appendix A for the full list of indicators categorized within this topic.

**Table 5: Data Scoring Results for Health Care Access & Quality**

SCORE	HEALTH CARE ACCESS & QUALITY	HILLSBOROUGH COUNTY	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.12	Adults without Health Insurance (2018) percent	23	--	--	12.2			--
1.85	Adults with a Usual Source of Health Care (2017-2019) percent	68.6	--	72	--		--	--
1.68	Median Monthly Medicaid Enrollment (2020) enrollments/100,000 population	21,411.1	--	19,940.3	--		--	

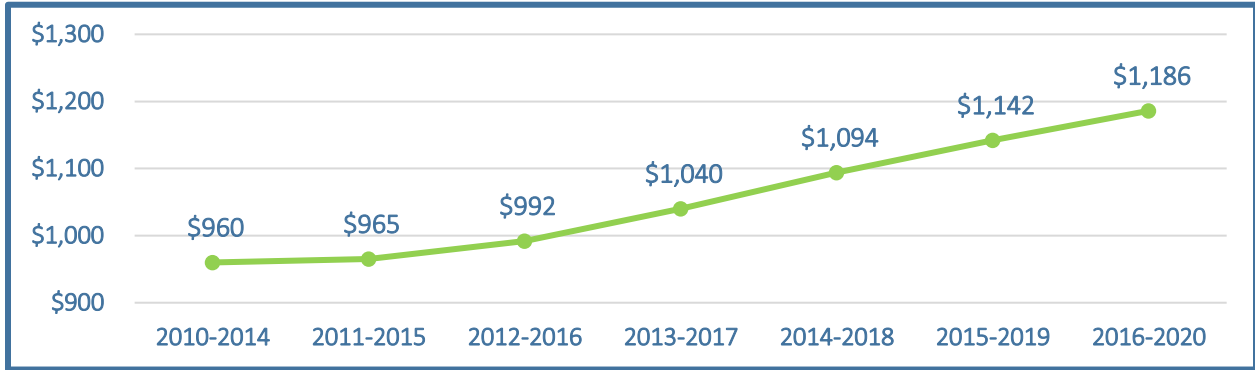
\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Adults without Health Insurance and Usual Source of Health Care are top areas of concern related to Health Care Access & Quality in Hillsborough County. The percentage of Adults without Health Insurance in Hillsborough County is (23%), which falls in the worst (25%) of counties in the nation. The indicator Adults with a Usual Source of Health Care shows the percentage of adults that report having one or more persons they think as their personal doctor or health care provider. The value for Hillsborough County, (68.6%), is in the worst (25%) of counties in the state. Furthermore, Median Monthly Medicaid Enrollments in Hillsborough County are 21,411.1 enrollments/100,000 population and trend over time is showing increasing concern.

## Barriers and Disparities: Social Determinants of Health & Quality of Life

Where people live is a large indicator of their health. Sixty-five percent (65%) of survey respondents say there are not affordable places to live in Hillsborough County. Secondary data indicators confirm that rental costs are rising to national highs in the Tampa Bay region. These rising rental costs are negatively impacting communities, especially those that identify as LGBTQ+ and older adults ages 65+. Figure 30 shows the trend for the Median Gross Household Rent in Hillsborough County from 2011 through 2020. In 2016-2020 Median Household Gross Rent for Hillsborough County residents was \$1,186, which is higher than U.S. value of \$1,096, but it is lower than state value of \$1,218.

**Figure 30: Median Household Gross Rent, Hillsborough County**



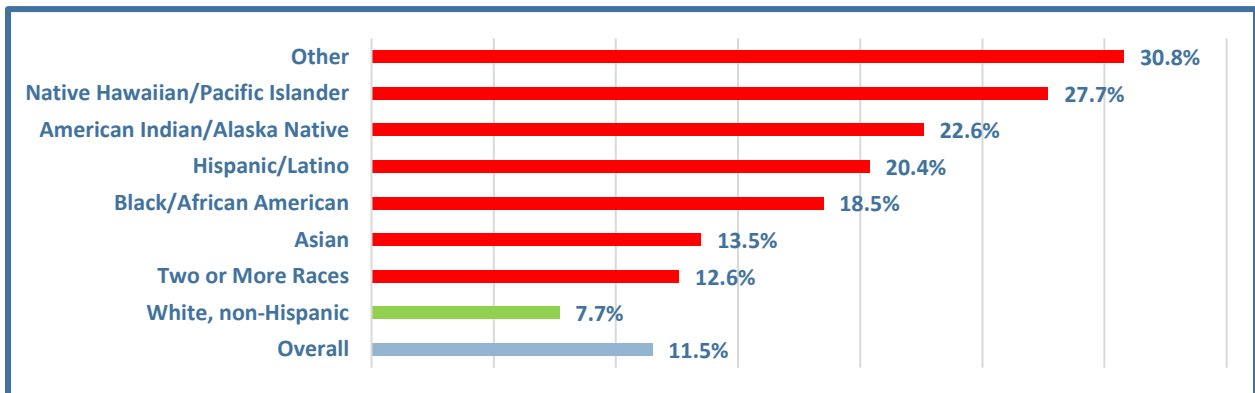
American Community Survey, 2020

“ Quality of housing is a big problem. Houses are in bad shape with holes in the walls, and the children get sick with Asthma and Bronchitis. Housing is so expensive you will see two or three families living in one house. ”

-Focus Group Participant

The rising rental costs are affecting all race and ethnic groups of the older adult population ages 65+. See Figure 31 for the race and ethnicity disparities by percentage that are higher than the overall 10% Hillsborough County value. The red bar in the graph represents disparity when compared to the overall Hillsborough County value and within all race/ethnicity/gender, while the green bar represents a particular race/ethnic group/gender doing better than the overall Hillsborough County value. Although White, non-Hispanic appears better than the overall county value, this population may be misrepresented or underreported.

**Figure 31: Percentage of People Ages 65+ Living Below Poverty Level by Race/Ethnicity**



American Community Survey, 2015-2019



## Prioritized Health Topic #2: Behavioral Health (Mental Health & Substance Misuse)

### Behavioral Health: Mental Health

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#### Key Themes from Community Input



- **41%** of survey respondents ranked behavioral health (mental health and substance misuse) as pressing health issues
- Top Reasons that prevented you from getting mental health care: Unable to afford to pay for care; Unable to schedule an appointment when needed; Am not sure how to find a doctor / counselor; Unable to find a doctor / counselor who takes my insurance; Do not have insurance to cover mental health care
- Barriers to care: stigma / fear seeking help, language barriers, shortage of affordable resources, long wait times
- COVID-19 exacerbated mental health illnesses
- Generational differences in understanding of mental health, more education is needed
- Lack of acknowledgement of trauma people have experienced by just trying to arrive to this country

#### Warning Indicators



- Depression: Medicare Population
- Alzheimer's Disease or Dementia: Medicare Population
- Age-Adjusted Death Rate due to Suicide

### Primary Data: Community Survey & Focus Groups (Mental Health)

Mental Health and Substance Misuse were identified as top health needs from the secondary data, community survey, and focus groups. The two were combined into Behavioral Health for this assessment. Forty-one percent (41%) of community survey respondents ranked Mental Health as a pressing health issue. Thirty-one percent (31%) of community survey respondents indicated being diagnosed as having depression or anxiety. The top five reasons respondents cited include: unable to access the mental health care they needed included inability to afford to pay for care, unable to schedule an appointment when needed, cannot take time off work, and do not have insurance to cover mental health care. Additional reasons cited by survey respondents included experiencing long wait times for scheduling an appointment, doctors' offices did not take new patients, and trust and fear of the health system due to COVID-19.

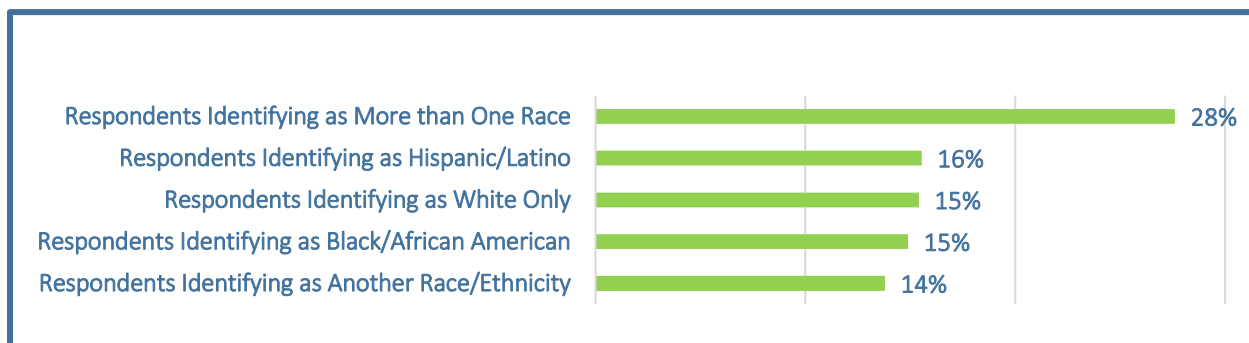
Mental Health was also a top health issue discussed during the focus group discussion. Specifically, barriers to care due to fear and stigma of seeking help was mentioned frequently. For many, the COVID-19 pandemic exacerbated mental health illnesses. Additionally, lack of affordable resources, language barriers, and long wait times to see a medical professional were also discussed. The LGBTQ+, Black/African American, and Hispanic/Latino communities stressed the importance of political and provider acknowledgment about minority stress, discrimination, and external factors

that have contributed to experienced trauma. These populations seem to experience more difficulty accessing mental health services.

## Barriers and Disparities: Mental Health

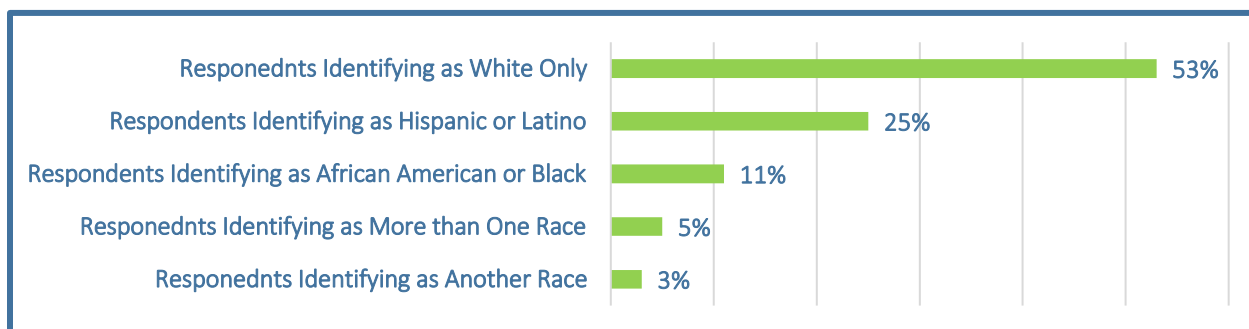
Figure 32 shows the percentage of respondents by race/ethnic group with unmet mental health needs within the past 12 months.

**Figure 32: Percentage of Respondents by Race/Ethnic Group with Unmet Mental Health Needs in the Past 12 Months**



The community survey captured a question about Adverse Childhood Experiences (ACEs). ACE scores can help health providers tell the likelihood of increased risk of psychological and medical problems. As an individual's ACE score increases so does the risk of disease and social and emotional problems. In Hillsborough County, 16% of survey respondents reported experiencing four or more ACEs before age 18. The top five reported ACEs included: parent(s) were separated or divorced, lived with anyone who was a problem drinker or alcoholic, parent(s) or adult verbally harmed them (swear, insult, or put down), lived with anyone who was depressed, mentally ill, or suicidal, and/or parent(s) or adult physically harmed you (slap, hit, kick, etc.). The percentage of respondents by race/ethnic group who reported experiencing four or more ACEs are seen in Figure 33.









**Figure 33: Percentage of Respondents by Race/Ethnic Group who Reported Experiencing 4 or More ACEs**



## Secondary Data: Mental Health

Warning indicators for Mental Health & Mental Disorders included Depression in the Medicare Population and Alzheimer's Disease or Dementia. See Table 6 for additional warning indicators from the secondary data analysis.

**Table 6: Data Scoring Results for Mental Health & Mental Disorders-Hillsborough County**

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
3.0	Depression: Medicare Population (2018) percent	22	--	19.5	18.4			
2.71	Alzheimer's Disease or Dementia: Medicare Population (2018) percent	14.4	--	12.6	10.8			
1.56	Age-Adjusted Death Rate due to Suicide (2019) deaths/100,000 population	14.1	12.8	14.5	13.9		--	

*\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.*

Depression and Alzheimer’s Disease in Medicare population are top areas of concern related to Mental Health & Mental Disorders in Hillsborough County. The percentage of Medicare beneficiaries treated for Alzheimer’s Disease or Dementia is 14.4% in Hillsborough County, which falls in the worst 25% of counties in both the state and nation. The indicator Depression: Medicare Population shows the percentage of Medicare beneficiaries who were treated for depression. The value for Hillsborough County, 22%, is in the worst 25% of counties in the state and nation. Furthermore, Age-Adjusted Death Rate due to Suicide in Hillsborough County are 14.1 deaths/100,000 population and showing definite concern in the community which is higher compared to HP 2030 Target value of 12.8 deaths/100,000 population.

“ It doesn't matter whether you're an indigent patient or you have Medicare, or the best insurance in the world — there's not enough people to provide psychiatric care. ”

-LGBTQ+ Focus Group Participant

# Alcohol and Substance Misuse

## Behavioral Health: Substance Misuse



### Key Themes from Community Input



- 29% of survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as an important health issue to address
- Deaths due to drug poisoning and opioid overdose is an increasing concern
- COVID-19 has helped remove stigma attached to seeking help

### Warning Indicators



- Adults who Binge Drink
- Driving Under the Influence Arrest Rate
- Adults who Drink Excessively
- Adolescents who Use Electronic Vaping: Past 30 Days
- Adults who Smoke

## Secondary Data

Substance Misuse is a health topic that is analyzed from two secondary data health topics, i.e., Alcohol, Drug Use, and Tobacco Use. From the secondary data scoring results, Alcohol & Drug Use had the 19<sup>th</sup> and Tobacco Use had the 18<sup>th</sup> highest data score of all topic areas, with a score of 1.19 and 1.20, respectively. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 7 below. See Appendix A for the full list of indicators categorized within this topic.

**Table 7: Data Scoring Results for Alcohol & Drug Use**



SCORE	ALCOHOL & DRUG USE	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
1.76	Adults who Binge Drink (2018) percent	16.9	--	--	16.4			--
1.59	Driving Under the Influence Arrest Rate (2019) arrests/100,000 population	237.5	--	159.7	--		--	
1.5	Adults who Drink Excessively (2017-2019) percent	17.1	--	18	--		--	--

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Twenty-nine percent (29%) of community survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as important health issues to address. From the secondary data results, there are several indicators within Alcohol and Drug Use health topic that raise concerns for Hillsborough County. The worst performing indicator under this

health topic is the Adults who Binge Drink. This indicator shows the percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more on one occasion. In Hillsborough County, 16.9% of Adults who Binge Drink, which is higher than the national value of 16.4%. Furthermore, the percentage of Adults who Drink Excessively in Hillsborough County is 17.1%. Finally, the percentage of arrests that involve Driving Under the Influence is higher in Hillsborough County (237.5 arrests per 100,000 population) than in Florida (159.7 arrests per 100,000 population).

**Table 8: Data Scoring Results for Tobacco Use**

SCORE	TOBACCO USE	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
1.68	Adolescents who Use Electronic Vaping: Past 30 Days (2020) percent	12.6	--	14.5	--	--	--	
1.5	Adults who Smoke (2017-2019) percent	16	5	14.8	--		--	--

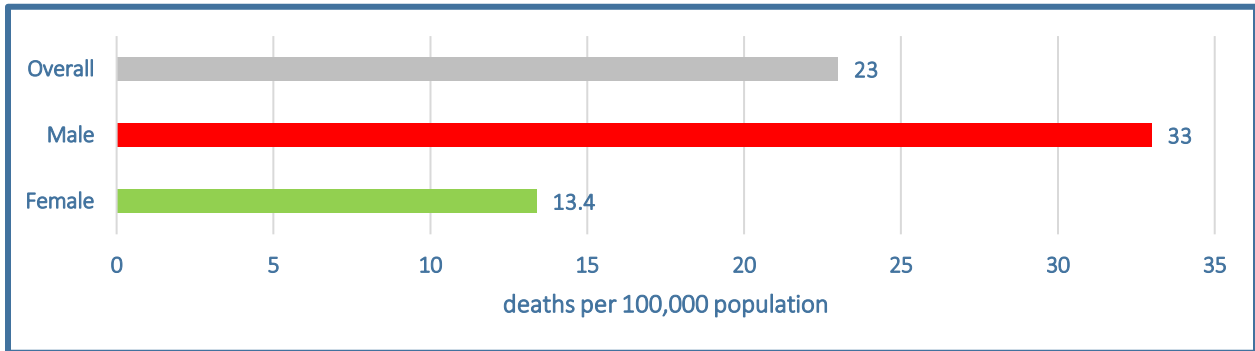
*\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.*

From the secondary data results, one indicator in Tobacco Use topic areas raises concern for Hillsborough County. This indicator shows the percentage of 6th-12th grade students who have used electronic vaping in the 30 days prior to the survey. The county has lower rates of Adolescents who Use Electronic Vaping: Past 30 days compared to Florida state, however trend over time is showing significant increase in the use of electronic vaping in adolescents.

### Barriers and Disparities: Mental Health

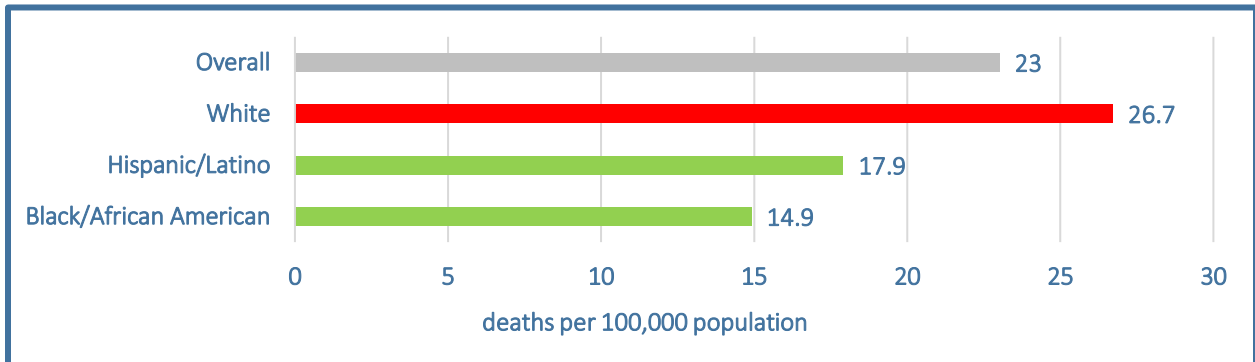
Thirty percent (30%) of community survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as important health issues to address. In Hillsborough County, Deaths Due to Drug Poisoning and Opioid Overdose have been an increasing concern, specifically for white males. See Age-Adjusted Drug and Opioid-Involved Overdose Death Rate by Gender (Figure 34) and Race/Ethnicity in (Figure 35). In the figures below the red bars indicates significantly worse than the overall value (gray bar). The green bar indicates below overall value (gray bar). Age-Adjusted Drug and Opioid-Involved Overdose Death rate per 100,000 population in Hillsborough County (23) are the same as U.S. value of (23.5). See (Figure 34) males (33) are twice as likely to experience opioid- involved deaths than females (13.4). (Figure 35) shows opioid-involved deaths rate by race/ethnicity. Overall, white populations (26.7) experience a higher rate of drug and opioid-involved deaths per 100,000 population then other race/ethnicities and the overall Hillsborough County value (23).

**Figure 34: Age-Adjusted Drug and Opioid-Involved Death Rate by Gender**



*Centers for Disease Control and Prevention, 2018-2020*

**Figure 35: Age Adjusted Drug and Opioid-Involved Death Rate by Race/Ethnicity**



*Centers for Disease Control and Prevention, 2018-2020*

## Prioritized Health Topic #3: Exercise, Nutrition, & Weight

### Exercise, Nutrition & Weight



#### Key Themes from Community Input



- Built Environment: inequitable access to affordable healthy food & physical activity opportunities
- Nutritional awareness
- Food insecurity, inequitable access to affordable healthy food, transportation barriers, rising food costs

#### Warning Indicators



- Teens without Sufficient Physical Activity
- Farmers Market Density
- SNAP Certified Stores
- Adults Who Are Obese
- Adults who are Overweight or Obese
- Children with Low Access to a Grocery Store
- Fast Food Restaurant Density
- Adults who are Sedentary
- Low-Income and Low Access to a Grocery Store
- Consumer Expenditures: Fast Food Restaurants
- Frequent Physical Distress
- Insufficient Sleep



Poverty affects access to healthy living for children. Being a parent is really hard (to teach proper nutrition) because they have so much going on. It's just easier and less expensive to make unhealthy food.



-Children's Focus Group Participant

#### Primary Data: Focus Group

Focus group discussions identified built environment as a topic of concern. Specifically, inequitable access to affordable healthy foods was cited. Participants also mentioned the need for nutritional awareness and cultural competency due to some racial/ethnic groups not prioritizing healthy eating.

#### Secondary Data

Secondary data for Exercise, Nutrition & Weight included Physical Activity data scoring. Physical Activity had the 11<sup>th</sup> highest data score of all topic areas. Further analysis was done to identify specific indicators of concern, which include indicators with high data scores (scoring at or above the threshold of 1.50) and seen in Table 9. See Appendix A for the full list of indicators categorized within this topic.







**Table 9: Data Scoring Results for Physical Activity**

SCORE	PHYSICAL ACTIVITY	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.0	Teens without Sufficient Physical Activity (2020) percent	83.4	--	82.3	--		--	
1.85	Farmers Market Density (2018) markets/1,000 population	0	--	--	--	--	--	
1.82	SNAP Certified Stores (2017) stores/1,000 population	0.7	--	--	--			
1.68	Adults who are Obese (2017-2019) percent	30.2	--	27	--		--	--
1.68	Adults who are Overweight or Obese (2017-2019) percent	68.8	--	64.6	--		--	--
1.68	Children with Low Access to a Grocery Store (2015) percent	6	--	--	--			--
1.53	Fast Food Restaurant Density (2016) restaurants/1,000 population	0.6	--	--	--			
1.5	Adults who are Sedentary (2017-2019) percent	27.4	21.2	26.5	--		--	--
1.5	Low-Income and Low Access to a Grocery Store (2015) percent	7.5	--	--	--			--

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.



**Table 10: Data Scoring Results for Wellness & Lifestyle**

SCORE	WELLNESS & LIFESTYLE	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
1.94	Consumer Expenditures: Fast Food Restaurants (2021) average dollar amount per consumer unit	1,645.4	--	1,520	16,38.9			--
1.68	Frequent Physical Distress (2018) percent	12.9	--	12.6	11			--
1.5	Insufficient Sleep (2018) percent	37.6	31.4	37.3	35			--

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

One of the worst performing indicators under Physical Activity health topics is percentage of Teens Without Sufficient Physical Activity (83.4%) in Hillsborough County. Studies have shown that sedentary lifestyles and a lack of fruits and vegetables can increase the risk of many chronic diseases, including obesity, heart disease and Type 2 diabetes.<sup>15</sup>

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including heart disease, Type 2 diabetes, stroke, and cancer. In Hillsborough County, 30.2% of adults are obese, and 68.8% adults are Overweight. This is higher than the state values, although not significantly.

Other worst-performing indicators within this topic category are related to the built environment such as Children with Low Access to a Grocery Store. The percentage of Children with Low Access to a Grocery Store is 6%, which falls in worst 50% counties in both Florida and the U.S. This indicator shows the percentage of children living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Additionally, Farmers Market Density, SNAP Certified Store and Low-income and Low access to Grocery store are poorly performing indicators that measure food access. HCI's Food Insecurity Index®, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within Hillsborough County community.

<sup>15</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating>

# Non-Prioritized Significant Health Needs

Following the rigorous community prioritization process, the following were not selected as prioritized health topics for Hillsborough County for the next three years. Any current programming and additional efforts outside of the CHNA process to address these health issues will not be impacted by this decision. Future initiatives related to the prioritized health needs will likely have positive impact on the non-prioritized health needs as many topics overlap.

## Non-Prioritized Health Need #1: Cancer

### Cancer

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#### Warning Indicators



- Colorectal Cancer Incidence Rate
- Cancer: Medicare Population
- Prostate Cancer Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate
- Breast Cancer Incidence Rate
- Cervical Cancer Incidence Rate
- Age-Adjusted Death Rate due to Breast Cancer
- Mammogram in Past Year: 40+
- Age-Adjusted Death Rate due to Colorectal Cancer
- Melanoma Incidence Rate

In Hillsborough County, Cancer was not mentioned in focus groups and was ranked low in the community survey. Seventeen percent (17%) of survey respondents ranked Cancer as a pressing health issue and 10% reported being told by a medical provider that they have been diagnosed. Secondary data warning indicators showed county values at or slightly above Florida and U.S. values for cervical cancer incidence rate, melanoma incidence rate, and cancer within the Medicare population.

## Non-Prioritized Health Need #2: Heart Disease & Stroke

### Heart Disease & Stroke

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#### Warning Indicators



- Stroke: Medicare Population
- Atrial Fibrillation: Medicare Population
- Ischemic Heart Disease: Medicare Population
- Adults who Have Taken Medications for High Blood Pressure
- Hyperlipidemia: Medicare Population
- Hypertension: Medicare Population
- Age-Adjusted Hospitalization Rate due to Heart Attack
- Age-Adjusted Death Rate due to Coronary Heart Disease

Heart Disease and Stroke as a topic on its own did not come through as a top community health issue within the community survey or focus groups. Although 36% of survey respondents reported being told by a medical provider that they have hypertension and/or heart disease, the raised concern was related to nutrition and obesity, and could best be addressed within the Exercise, Nutrition, and Weight health topic.

## Non-Prioritized Health Need #3: Immunizations & Infectious Diseases

### Immunizations & Infectious Diseases

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#### Warning Indicators



- Chlamydia Incidence Rate
- Syphilis Incidence Rate
- Gonorrhea Incidence Rate
- HIV Incidence Rate
- Overcrowded Households
- Adults 65+ with Pneumonia Vaccination

Immunizations and Infectious Diseases did not come up as a top issue through community feedback. A secondary data warning indicator of concern includes Syphilis Incidence Rate in Hillsborough County (22.9 cases per 100,000 population) in 2020, which is over the U.S. value (11.9 cases per 100,000 population) and the Florida value of (16.2 cases per 100,000 population). There are opportunities to improve education on prevention of syphilis incidence rates as cases in Hillsborough County have increased gradually since 2017.

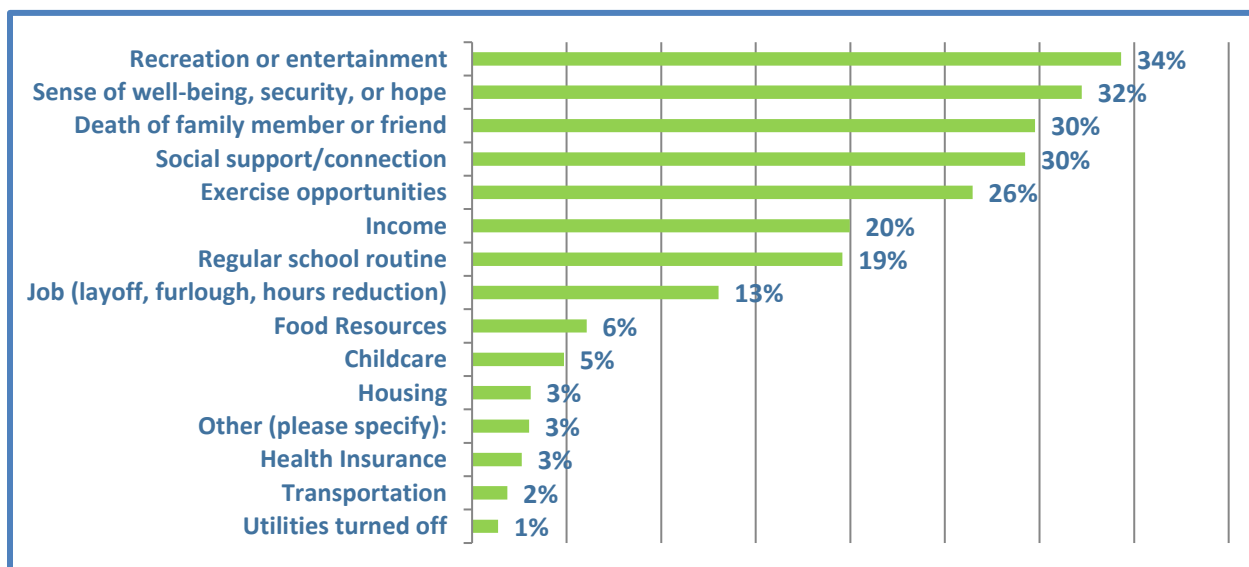
## Additional Opportunities for Impact

When possible, data from the community survey was analyzed by demographic factors to help identify vulnerable groups that may be at higher health risks in Hillsborough County. This data was used to support the prioritization process and provides additional community context to consider alongside the secondary data. It is important to note that not all differences have been included in this report, as the report focuses primarily on the prioritized health topics.

### COVID-19 Pandemic

The community survey served to assess the impact of the COVID-19 pandemic by asking respondents to report the losses they have experienced since the start of the pandemic. Recreation or entertainment was the top loss reported, followed by sense of well-being, security, or hope, and social support/connection. There were many that also reported death of a family member or friend. See Figure 36 for the complete list of reported losses related to COVID-19. These types of experienced losses can help to pinpoint where the community is going to need special attention and assistance to recover.

Figure 36: Percentage of Respondents who Reported Experienced Losses Related to COVID-19



## Community Lived Experiences Around Diversity, Equity & Inclusion

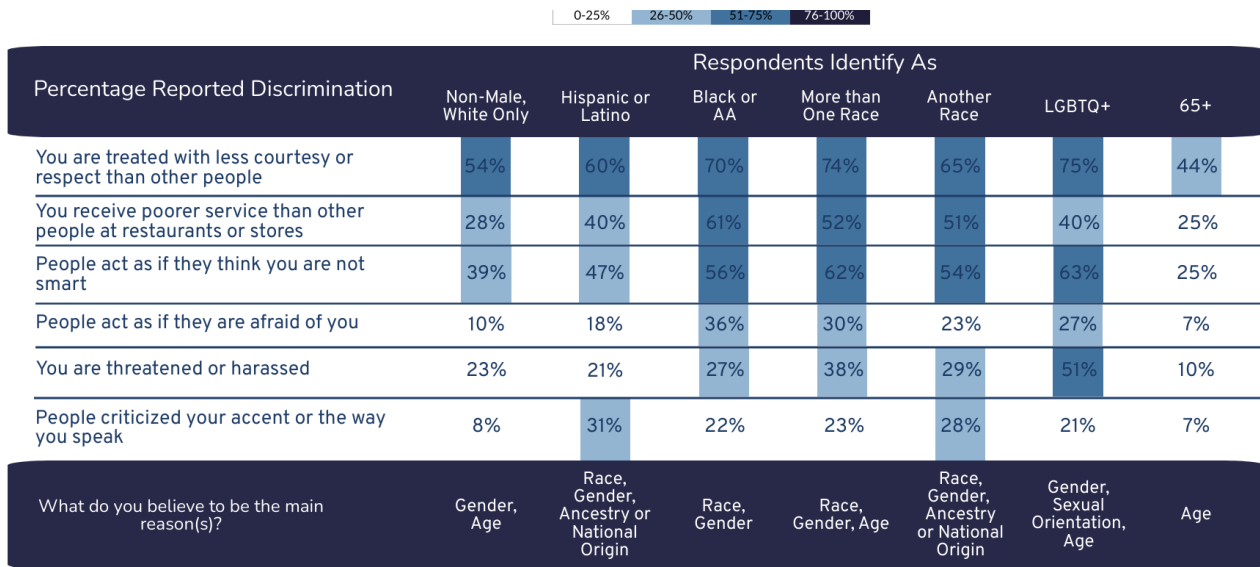
For the 2022 CHNA process, the All4HealthFL Collaborative included a survey question to specifically assess experiences of discrimination by community respondents. In addition to understanding the overall experiences of discrimination, the collaborative wanted to understand different groups' unique experiences and their perception of why they felt they were discriminated against. Figure 37 shows the percentage of survey respondents who reported experiencing discrimination by discrimination type.

**Figure 37: Percentage of Respondents from Hillsborough County who Reported Experiencing Discrimination**



Figure 38 breaks down the percentages of reported discrimination by respondents' identity of themselves, as well as why they believe they experienced this discrimination. For example, in what ways did Hispanic/Latino community members report experiencing discrimination and what did they believe was the main reason they were discriminated against? The highest level of discrimination they reported having experienced was being treated with less courtesy or respect than others. Hispanic/Latino respondents indicated they felt they had experienced this type of discrimination because of their ancestry or national origin, their gender, and/or their race. These two charts were provided to participants at the prioritization session to inform and deepen conversations and to garner additional feedback around addressing health inequities in Hillsborough County.

**Figure 38: Percentage of Respondents who Reported Experiencing Discrimination by Discrimination Type**



## Conclusion

The preceding community health needs assessment (CHNA) describes barriers to health faced by the community, putting its priority health areas into focus and providing information necessary to all levels of stakeholders to build upon each other’s work. The All4HealthFL Collaborative has established clear priorities based on the results of this community health needs assessment to improve health outcomes for residents in Hillsborough County. Over the next year, the collaborative will work together on the development of strategies to address the priorities outlined in the report. These strategies will inform the All4HealthFL Community Health Improvement Plan for Hillsborough County.

# Appendices Summary

The following support documents are shared separately on the All4HealthFL website.

## **A. Secondary Data (Methodology and Data Scoring Tables)**

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

- Secondary Data Methodology and Data Scoring Tables
- Population Estimates for each ZIP code (Demographic Section)
- Families Below poverty by ZIP code (Social & Economic Determinants of Health Section)

## **B. Index of Disparity**

Conduent's health equity index of disparity tools utilized to analyze secondary data.

- Healthy Equity Index
- Food Insecurity Index
- Mental Health Index

## **C. Community Input Assessment Tools**

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Health Survey
- Focus Group Discussion Questions and Summary of Responses
- Prioritization Session Attendee Organizations
- Prioritization Session Questions & Summary of Responses

## **D. Data Placemats**

- Access to Health & Social Services
- Behavioral Health (Mental Health & Substance Misuse)
- Exercise, Nutrition & Weight
- Immunizations & Infectious Diseases
- Maternal, Fetal, and Infant Health
- Respiratory Diseases

## **E. Community Partners and Resources**

The tables in this section acknowledge community partners and organizations that supported the CHNA process.

## **F. Partner Achievements**

This section highlights All4HealthFL Collaborative organization specific achievements in addressing health needs identified in the 2019-2021 CHNA cycle.